



Gastric Bypass Surgery

instructions for after your surgery



Center for Weight Loss Surgery
513-686-6850

Jewish Hospital

Health Alliance™

The following is a list of instructions to help you get better after your surgery. Please read over this material carefully. Feel free to discuss these and any other matters with the hospital staff. While instructions may vary from patient to patient, the material should provide you with a general idea of things to do to help you get well after your surgery.

ACTIVITY

Exercise

You should move around as much as possible when you get home. Walking is good exercise during the first week after surgery. Set a plan for your exercise, increasing the number of minutes you walk every day. This will make you feel better sooner, cut your risk of complications and improve your bowel function. Take your pain medications as prescribed to stay active. Avoid swimming or other activities that expose your wound to soaking in water for the first 10 days (30 days for **open** bypass surgery.)

PLAN: _____ minute walk, _____ times/day. Increase each walk by one minute every few days as tolerated.

After two weeks, you may try aerobic classes, bike riding or other activities that have been approved by your doctor. **Ultimate Goal:** 30 minutes of aerobic activity every day.

Stairs

You may go up stairs slowly as long as you do not feel weak. Have someone around the first few times you attempt stairs or exercise. Anytime you feel faint, you should sit or lie down.

Driving

Do not drive if you are taking the narcotic pain medication that has been prescribed for you. If you are not taking anything stronger than Tylenol (acetaminophen) for pain, then you may drive when you can react as usual in an emergency situation. It's important that you do not take Roxicet and Tylenol at the same time, because Tylenol is an ingredient in both of them and may cause harm if you take too much. If you are trying to take yourself off Roxicet by switching to Tylenol, allow six hours between doses.

Lifting/Coughing

Do not lift heavy objects (more than 20 pounds) for the first two weeks. When you cough, be sure to place a pillow over the incision and gently press inward to reduce the pressure (from coughing) on your incision.

Returning to Work

When to return to work will depend on the type of work you do. The more movement involved with the job, the more time may be needed before being able to return. Ask your surgeon to determine the best time to resume work duties.

Diet

Follow the diet instructions given by the Weight Management Center.

The following is a list of your intake goals after your surgery:

- Day 1: one ounce of sugar-free clear liquids every hour.
- Day 2: one ounce of a sugar-free high protein full liquid AND one ounce of sugar-free clear liquid every hour, alternating on the ½ hour.
- Day 3: two ounces of a sugar-free high protein full liquid every hour, AND sugar-free clear liquids, with your goal of 24 ounces of liquids every day.
- Days 4 to 7: continue to follow a full liquid sugar-free diet. Your goal for the next few days is to work up to drinking 24 to 32 ounces of high protein full liquids every day. It is suggested that you drink 3 to 4 ounce portions 8 times a day.
- If you are drinking less than 24 ounces of sugar-free liquids by post-operative day 4, call your surgeon.
- It is not unusual to have some nausea during the first few weeks after surgery. You can try to reduce this by using ice water for your fluid source and also using a small number of food items. People who try to add too many different foods too soon may have the greatest amount of nausea.
- Continue sipping on water or Crystal Light for a total of 24 ounces a day. If you can drink more water and be comfortable, you may, and begin to work towards a goal of 32 ounces.
- Remember that swallowing chunks of foods or drinking large amounts of fluids at one time may cause a blockage of your stomach or cause your stomach staple line to tear. Eating too much will also make you sick.
- **Call the Weight Management Center (513-686-6820) with any questions regarding your diet.**

Start taking your chewable multivitamin on day 7.

Bowel Function

You may feel constipation for a few days after the surgery, but this is not harmful. If you need to take something, try 30 ml of Milk of Magnesia, which will increase the activity of your bowels. If you are belching often, you may be swallowing too much air. You should avoid the use of straws and drinking carbonated drinks. Gum should also be avoided as it can make this problem worse and may cause a blockage if swallowed.

Medications

Discharge Medications

A number of medications are used routinely following gastric bypass. Your pain medicine is usually Roxicet elixir, but you may be given another medicine. You may also be given a prescription for Pepcid to take two times a day for 3 weeks after your surgery. This is a medicine to prevent ulcers.

*** You should not take any pills larger than the size shown here (approximately 9 mm in diameter). When possible, obtain medicines in liquid form, or cut/crush the pill if allowed, without changing the medication(s). Consult your pharmacist if you have any questions regarding your medication.

It's important that you do not take Roxicet and Tylenol at the same time, because Tylenol is an ingredient in both of them. If you are trying to take yourself off Roxicet by switching to Tylenol, allow six hours between doses.

Routine Medications

After your surgery, your regular medicines may be adjusted or stopped. It may be possible to stop blood pressure medicines and/or diabetic medicines, but this will be discussed with you at the time of discharge. Patients who have had problems in the past with blood clots in the legs (thrombophlebitis) or lungs (pulmonary embolus) may be sent home on blood thinners.

If you were using a machine before the time of your operation such as C-PAP or BiPAP, you should continue this when you go home. The same is true if you were using home oxygen. These may be able to be stopped sometime in the future.

Birth Control

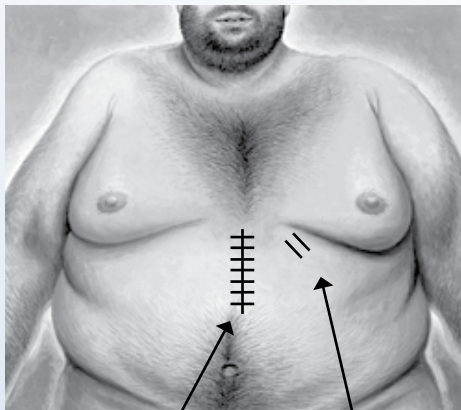
It is suggested that you avoid getting pregnant for at least the first 18 months after surgery. A barrier contraceptive (such as a condom, diaphragm or patch) is suggested **in addition** to the birth control pill (if prescribed) as hormone changes may alter the effectiveness of the birth control pill.

Return To Office

When you are discharged home, call Dr. Fegelman's office at 791-0707 for an appointment in 10-14 days. You should also schedule a follow-up appointment with your family physician to transfer care. For patients with diabetes, heart disease, high cholesterol, high blood pressure and kidney disease, a follow up appointment in one month is suggested. For all others, an appointment in three to six months is suggested. **It is suggested that long-term follow up with your family physician should occur every six months after surgery for the first two years and every year after that.**

Wound Care

If you had an open bypass, you will be sent home with your staples on your incision. If your procedure was done laparoscopically, you will be sent home with steri-strips on your incisions. When taking a shower, allow clean, soapy water to run over the incision then pat it dry. Keep the incision site clean and dry.



suture line

drain site

Your incision may drain a small amount of gold-colored liquid, which is normal. You may cover the site with a clean dressing or a bandage. If your wound develops any **thick drainage, greenish-brown color, a foul odor, redness, and/or tenderness**, it may be a sign that your wound is infected. If this is the case, call **Dr. Fegelman's office**.

Precautions—When should I call the physician?

Severe, constant vomiting: Your new gastric pouch will only hold about one ounce of liquid or food. You may experience vomiting if you eat too fast or too much. However, if you have constant vomiting, or vomiting that looks **black, bloody or like coffee grounds**, this could indicate the development of an ulcer.

Diarrhea: Occasional loose bowel movements are not uncommon. However, constant watery diarrhea, especially with fever, can indicate a severe infection of the bowels.

Fevers with or without cough: This could be a sign of lung, wound or stomach infection.

Sudden shortness of breath and/or chest pain: This could be associated with a heart problem, such as heart attack, or could be related to a blood clot to the lung (pulmonary embolus) or a lung infection.

Leg swelling and pain: Blood clot formation in the leg, particularly if it is on one side, could cause swelling with pain in the calf.

Passing out: This could be a sign of low blood pressure, which could be caused by blood loss, low blood sugar or other causes.

Sudden new abdominal pain: This could be a sign of leakage around your stomach or an infection in your abdomen.

If you should develop any of the above problems, you should call Dr. Fegelman's office at 791-0707. Please notify Dr. Fegelman's office (791-0707) if you are treated in an emergency room or admitted to any hospital other than Jewish Hospital for any surgery-related problem.

Special Issues:

Nutrition: It is important that you take the amount of protein and vitamin supplements as ordered to help maintain a healthy nutritional state. Symptoms of underfeeding may include always feeling tired, new onset of swelling, especially in your lower legs, and excessive hair loss. Inform your family physician if you develop these symptoms.

Dumping Syndrome and Lactose Intolerance: After your surgery, you may find that you cannot tolerate certain foods like you did before your surgery. Certain foods that are high in sugar content, or some dairy products, may cause cramping, bloating and diarrhea after they have been eaten. You may have to identify which foods cause these symptoms and avoid them in the future. Please discuss this with your dietitian at the Weight Management Center for guidance.

Loss of Appetite: This is a normal symptom of weight loss surgery and force-feeding should not be considered. If you follow up with your physician(s) as suggested, and keep to your diet and vitamin supplement suggestions, your nutritional needs should be met.

Dehydration (becoming too dry from a loss of fluid): Because your stomach size has been reduced you may become more at risk to develop dehydration. Letting your physician(s) know when you are having conditions that may lead to dehydration such as constant vomiting or diarrhea early will help to prevent this situation. Symptoms of dehydration that you may experience include dark, concentrated urine, or less than your normal urinary output, feeling dizzy when you change positions and/or feelings of thirst. If you experience any of these symptoms, notify your physician(s) immediately.

Bloating/Gas: Some foods may make you develop unusual bloating or heavy gas. If you feel these symptoms, avoid those foods and/or cut your food intake until you have relief of these symptoms. You may take any over-the-counter medication for gas or bloating that can be chewed or crushed for the temporary relief of these symptoms. Please let your dietitian at the Weight Management Center know about this.

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www.JewishHospitalCincinnati.com
4777 East Galbraith Road
Cincinnati, OH 45236

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