



Capital Health

# Sleeve Gastrectomy Weight Loss Surgery

## Hospital Discharge Instructions

This handout goes over some common questions or concerns you or your family may have following weight loss surgery (WLS). If you have additional questions, or don't understand something about your operation, please contact a WLS staff member.

### **You may:**

- Feel weak or “washed out” for up to 4 - 6 weeks. Simple tasks may exhaust you. You might want to nap often and it is important to rest.
- Have a sore throat because of a tube that was in your throat during surgery.
- Have trouble concentrating or difficulty sleeping. You might feel somewhat depressed.

All these feelings and reactions are normal and should go away in a short time. If they do not, tell your surgeon.

### **Daily Activities**

- Do not drive until you have stopped taking pain medicine and feel you could respond in an emergency.
- You may climb stairs.
- You may go outside, but avoid traveling long distances until you see your surgeon at your next visit.
- You may shower in 48 hours after surgery. If you have a dressing on your abdomen, you should remove it before you shower but leave white strips in place. After your shower, gently pat the incision dry. Put a new, dry dressing in place.
- Do not take a tub bath or go swimming until after your incisions are well healed (usually after your 4 week follow-up appointment with your surgeon).
- Sleeping with your head elevated may be more comfortable than lying flat. Make sure you have plenty of pillows, or a wedge pillow, so that your upper body is raised 45 degrees. Remember that uninterrupted sleep is an important part of your recovery. If you are getting thirsty at night, keep some fluid by your bed.
- Don't lift more than 10-15 pounds for 6 weeks, unless your surgeon tells you

otherwise. This applies to lifting children, but they may sit on your lap.

- Check with your surgeon before participating in heavy exercise.
- You may resume sexual activity 6 weeks after an “open” procedure and sooner after a laparoscopic surgery, unless your doctor has told you otherwise. However, women of childbearing age, including women who have passed through menopause within the last two years, must be sure that they do not get pregnant. This applies even if you have not had regular periods or if you believe you are not capable of becoming pregnant. In general, it is not safe for women to become pregnant in the first two years following bariatric surgery.

## **Pain Management**

- It is normal to feel some discomfort/pain following surgery. This pain is often described as “soreness.”
- Your pain should get better day by day. If you find the pain is getting worse instead of better, please contact your surgeon.
- You will receive a prescription from your surgeon for pain medicine to take by mouth. It is important you take this medicine as directed. Do not take it more frequently than prescribed. Do not take more medicine at one time than prescribed.
- Your pain medicine will work better if you take it before your pain gets too severe.
- Talk with your surgeon about how long you will need to take prescription pain medicine. Please don’t take any other pain medicine, including non-prescription pain medicine (i.e. Tylenol), unless your surgeon has said it is OK. Please note, NSAID medications such as Advil, Motrin, Ibuprofen and Aspirin are NOT recommended for 10 days before or after surgery.
- If you are not experiencing any pain, it is OK to skip a dose of pain medicine.
- To reduce pain, remember to exhale with any exertion or when you change positions.
- Remember to use your “cough pillow” for splinting when you cough or when you are doing your deep breathing exercises.
- If you experience any of the following, please contact your surgeon:
  - ✓ sharp pain or any severe pain that lasts several hours
  - ✓ pain that is getting worse over time
  - ✓ pain accompanied by fever of 101F or 39C or greater
  - ✓ a drastic change in nature or quality of your pain

## **Prevention of Deep Vein Thrombosis (DVT) “Blood Clot”**

- Anyone who has had surgery is at risk for a deep vein thrombosis (DVT). A DVT is a blood clot which most often forms in the leg or pelvis, but can also occur in the arms. Your health care provider will discuss your risk of a DVT as it relates to your

surgery.

- Until you have resumed your normal activities, try to walk 4 to 6 times a day. Walking improves circulation and will help keep your legs strong.
- In addition to walking, we recommend you do ankle exercises while in a chair or bed. The purpose of these exercises is to squeeze the veins in your legs pushing blood toward the heart. These exercises should be done at least 6 times a day and each exercise should be done in repetitions of 12 for each leg.
- Do not cross your legs while sitting. This puts pressure on the veins under the knees and slows blood flow.
- Avoid sitting for long periods. If you have a long car ride ahead, stop the car every two hours and walk around.

### **Signs and symptoms of a DVT**

- Leg swelling – usually in one leg only
- Tenderness in the calf muscle
- Warmth and redness in the calf muscle
- Pain in the calf muscle when walking or flexing the ankle

**If these symptoms do not go away within 1 to 2 days, call you health care provider.**

### **Exercise**

- You should start some light exercise as soon as you can. Remember, establishing a regular exercise routine is an important part of your weight loss plan. People who put off regular exercise until they feel completely recovered generally have a harder time sticking to an exercise habit.
- Exercise helps to maintain your muscle mass and strength after surgery and with weight loss.
- We recommend walking as an excellent, basic exercise. You may walk around your neighborhood or local mall.
- Many patients wonder how to get started, especially if they have not exercised in a long while. Remember, the first steps you take are in many ways the most important, even if they are small. They show that you are on your way to a healthier lifestyle. For many patients, this means walking for 5 or 10 minutes a day at first. Gradually, work your way up to at least 30 - 60 minutes once a day.

#### **Exercising safely after surgery**

- ✓ Start as soon as possible
- ✓ Start slowly and gradually increase your workload
- ✓ Don't lift anything more than 10 -15 pounds for 6 weeks unless your surgeon has told you otherwise.
- ✓ If you have any pain with lifting, do not lift!
- ✓ Talk to your surgeon before doing any heavy exercise.

### **Eating and Drinking**

- You will be discharged on a full fluid or liquid (“Stage 3”) diet. This diet consists of liquids that are high in protein. Please follow the instructions regarding the Stage 3 diet. Note: straws are NOT recommended.

- Your new stomach is very small compared to your old stomach. This means that you will only need to take in very small amounts of food. Over filling your new stomach may lead to nausea, vomiting and other side effects or possibly stretching it.
- If you are vomiting on Stage 3 diet, please remember to drink small amounts slowly and never gulp. Although vomiting can occur after this type of surgery, you should let your doctor know if you are not able to keep fluids down, or if you are vomiting every day or more than once in a day. Also let your doctor know if you vomit bright red or dark brown liquid.
- You will remain on this diet for 4 weeks. This is about the time of your first follow-up appointment with the surgeon, nurse practitioner and dietitian.
- At your follow-up appointment, you will be evaluated if it is medically safe to advance your diet and detailed Stage 4 information (ground, pureed, soft foods) will be reviewed with you. **It is important for healing purposes to NOT self advance your diet.** The Stage 5 diet, which will be your new, permanent eating plan, begins at 8 weeks after surgery.

### **Your Surgical Incisions**

- Your incisions may be slightly red around the stitches or staples. This is normal. If you see areas of redness that are spreading, please contact your surgeon.
- You may have a dry dressing over your incisions. The dressing is needed only to protect your clothes against any drainage. You should change the dressing if it gets wet. Once all drainage has stopped, you may remove the dressing.
- You may gently wash away dried material around your incisions.
- Do not remove steri-strips (thin paper strips that might be on your incisions). But if they fall off on their own, it's OK.
- It is normal to feel a firm ridge along the incisions. This will go away.
- Avoid direct sun exposure to the incision areas.
- Do not use any ointments on the incisions unless you were told otherwise.
- You may see a small amount of clear or light red fluid staining your dressing or clothes. If the staining is severe or if you see bright red blood coming from any incision, please call your surgeon.
- Call your surgeon if signs of infection appear, including cloudy or foul-smelling fluid coming from any incision, or if you develop a fever of 101F or 39C or greater.
- Over the next 6-12 months, your incisions will fade and become less prominent. It is important to protect your incisions from the sun to avoid discoloring.

## Your Bowels

- Changes in your usual bowel habits are normal. These are due to changes in your diet, both volume and consistency.
- It is normal for you to be passing gas. If it becomes excessive, talk with your doctor.
- Some patients may have frequent, loose stools for the first few weeks following surgery. Others may experience constipation. See the end of this section for remedies.

## Medications

- You should not take any aspirin or other anti-inflammatory products such as ibuprofen (Motrin), Aleve, or Nuprin for 10 days before or after surgery. Read labels of all over-the-counter medications to make sure they don't contain these kinds of substances. If you aren't sure if a medicine is allowed, please talk with your doctor.
- You should take all the medications you were on before the operation, unless you have been told differently. **Do not stop taking any prescribed medicine without talking with the doctor who prescribed it.**
- Women of childbearing age, including women who have passed through menopause within the last two years, must be sure that they do not get pregnant. This applies even if you have not had regular periods or if you believe you are not capable of becoming pregnant. Discuss any concerns about family planning or birth control with your family doctor.

## As your weight starts to drop, your need for certain medicines may change:

- General recommendations for treating blood sugar after surgery:
  - ✓ Diabetic medication may change as early as the day after surgery. You will likely be discharged from the hospital on less diabetic medication.
  - ✓ **Patients with diabetes should monitor blood sugar more frequently** than they did before the surgery...at least 4 times a day.
  - ✓ Check your blood sugar if you feel unwell or dizzy.
  - ✓ Keep a log of your blood sugars.
  - ✓ Maintain close follow up with your WLS team.
- General recommendations for blood pressure medication adjustments:
  - ✓ Your need for blood pressure medication may change in the first few weeks or months after surgery.
  - ✓ Talk with your WLS team or family doctor about your blood pressure medicines and have regular blood pressure follow-up.
  - ✓ If you feel dizzy after surgery, and are drinking good amounts of fluids, have your blood pressure checked. If your blood pressure is low, call your WLS team or doctor.

- A change in dose for other medicines may be needed as well. It is very important that you stay in close contact with the doctor who prescribes your medications so that you will know if a change is needed. **Never change your medicine on your own** without talking first with your doctor.
- You will go home with prescriptions for pain medicine to take by mouth. In some cases, you will have a prescription for antibiotics or other medications.
  - ✓ If you still have your gallbladder, you may need a prescription for Ursodiol (also called Actigal) to help prevent gallstones. Gallstones can form when you lose weight quickly and this medication is recommended for 6 months after surgery to reduce your risk of developing gallstones.
  - ✓ Also you may be prescribed Zantac or OTC chewable Pepcid for the first 30 days to help with healing and prevent ulcers.

If you have any questions about what medicine to take or not to take, please call your WLS staff.

### **Your Emotional Well-Being**

As you know, you have had a life-altering operation. It is not unusual to have strong emotional reactions to this surgery. That is why we recommend that patients seek supports such as a support group or on-line supports as well as family and friends.

If at any time you feel that your emotions are out of control, please call our team for help. Signs that should concern you are constant or overwhelming feelings of sadness, frequent crying, or feeling hopeless. If you feel unsafe at any time, call 911.

### **Weight Gain During Hospitalization**

It is common to gain weight while you are in the hospital. This weight gain is likely due to IV fluids you received during your surgery. Avoid weighing yourself in the first week after discharge.

### **Side Effects and Complications of Surgery**

Although WLS is safe and effective, complications and side effects can occur. Please be aware of the following additional symptoms that can occur. Follow the advice given if you experience these effects. If symptoms are severe, please contact your surgeon.

- **Headaches or dizziness:**
  - ✓ Drink plenty of fluids
  - ✓ Drink regular V-8 or tomato juice
  - ✓ Drink bouillon
  - ✓ Call for help if headaches or dizziness are severe
  - ✓ Have your blood pressure checked
- **Fatigue and weakness**
  - ✓ Make sure you are getting enough fluid and nutrition
  - ✓ Keep a food record to review with your dietitian
  - ✓ Make sure you are getting enough sleep
  - ✓ Don't overdo your exercise routine

- **Diarrhea**
  - ✓ Limit your diet to clear liquids for 24 hours.
  - ✓ If you smoke, please try to quit smoking. Ask your primary care doctor for help if needed.
  - ✓ Make sure you take in some extra fluid to replace water lost in the bowel movement. Soup broth as well as diluted cranberry or orange juice are recommended.
  - ✓ Some sugar-free or “diet” products contain sugar alcohols: sorbitol or mannitol, which can cause diarrhea. Read labels and avoid these products.
  - ✓ If these measures don’t work in 1-2 days, call your surgeon for advice. **Do not take anti-diarrhea medicine** without first checking with your surgeon.
  
- **Constipation**
  - ✓ Be sure to sip plenty of water throughout the day
  - ✓ Try warm liquids in the morning
  - ✓ Try 2 ounces of diluted prune juice. Mix one ounce of juice with one ounce of water.
  - ✓ Keep up with your exercise routine
  - ✓ If these measures do not work and you have not had a bowel movement in 4 days, call your surgeon. **Do not take a laxative** without clearing it with your WLS team first.
  
- **Gas and Bloating**
  - ✓ Walking can decrease gas pain
  - ✓ Try TUMS
  - ✓ You could also try a medicine called simethicone (i.e. Gas X).
  
- **Dehydration**
  - ✓ Keep sipping fluids every hour you are awake
  - ✓ Monitor your urine volume and color
  - ✓ Come to the emergency room for IV fluids if become severely dehydrated.
  
- **Nausea**
  - ✓ Make sure your are drinking enough fluids
  - ✓ Avoid gulping or chugging fluids, just take small sips
  - ✓ Try warm fluids for comfort
  
- **Vomiting**
  - ✓ Follow Stage 3 diet closely – drink small amounts slowly
  - ✓ Avoid thick, chunky fluids
  - ✓ Do not drink and eat together
  
- **Hypoglycemia (low blood sugar)**
  1. Stop what you are doing – sit down.
  2. Test your blood glucose level, to verify it is low.
  3. Consume 15 grams of carbohydrate: ½ cup juice, or 3 tsp jelly, or 3 glucose tablets
  4. Retest after 15 minutes. Repeat treatment if glucose is under 4.0. After you treat the low, consume some protein with a bit of carbohydrate to prevent the

low from returning: ¼ cup ricotta cheese or ¼ cup blended cottage cheese with 2 Tbsp applesauce or ½ cup protein smoothie

5. If lows are happening often, call your WLS team.

- **Heartburn**

- ✓ If you have a prescription for Zantac, make sure you are taking it as prescribed. If you do not have a prescription, you can get non-prescription Zantac or OTC chewable Pepcid Complete at your local pharmacy. This may help your heartburn. However if your heartburn persists please call your WLS team.
- ✓ Elevate the head of your bed at night.
- ✓ If none of this helps, talk with your doctor about taking prescription Prilosec or Prevacid.

**Your appointments – It is very important that you keep in touch with your WLS team and attend all appointments. Be sure to have your blood work done before your appointment and bring your WLS binder to the hospital and all appointments.**



**Remember:**

**To lose weight, not be hungry and to stay healthy:**

- Drink at least 64 oz (8 cups) of **FLUIDS** every day (add up milk, soup, high protein drinks, water, etc)

- You need 60 – 80 grams of **PROTEIN** every day (add up the protein in milk products, high protein drinks, and then add protein powder to further increase your protein to at least 60 grams)

- Take a **multivitamin-mineral supplement**

every day. Use a chewable for the first 4 weeks and then switch to an adult complete tablet **forever**.

- **EXERCISE** every day. Start slowly, doing whatever you are able, but be consistent, and build to 30 to 60 minutes or more daily.