

Steps toward a healthier you:

Bariatric Surgery

Program Guide



Ohio County
HEALTHCARE



We are pleased to welcome you into our Bariatric Surgery Program.

Please be advised that your approval is for the program. You will need to have your bariatric benefit at the time of surgery, which will be verified once your surgery is scheduled. Please notify us if you have a change in your benefits. Do not be concerned about the expiration date on your authorization letter. Your surgery does not need to be completed by that date.

We would like to introduce you to the overall process of this care and the team of health care providers who will be working with you throughout your experience. You are an important part of the team and will be actively involved in your care as you participate in this program. Adequate preparation and planning before surgery and your active involvement after surgery will help you accomplish the best possible results.

This notebook is your program information guide. It describes the steps leading up to surgery, what to expect during your hospital stay and recovery, and how to maintain long term benefits from the procedure. Please keep this notebook! You will find the answers to many of your questions, both before and after your surgery.

We are committed to helping you throughout this life-changing and sometimes challenging experience. Working together, we expect a difference in your long-term health. Keep this worthy goal in mind to help cope with any frustrations you may encounter along the way.

In order to continue to improve the care we provide, we ask for your feedback and suggestions.

Keep Up the Momentum

Once you get your notebook, read through it – and begin your journey toward weight loss and improved health.

The medical testing and consults necessary will be ordered for you. Please keep in mind that if any follow-up is recommended as a result of any testing or consults, that must also be completed. This might include a sleep study or treatment / therapy for depression or eating disorder assessment and possible treatment. When further Gastroenterology testing is required, that also extends your time in the program. It may seem like a long and possibly intimidating to-do list and you can expect the medical testing and pre-op work-up process to take 6 months to complete.

If you are delayed to treat depression, an eating disorder or other issue, please follow through with the recommendations. We know that this can be upsetting, to be

delayed, however following through on the recommendations will only serve to benefit you. Untreated or under-treated depression and eating disorders can result in problems following surgery – sometimes significant problems that could result in hospitalization and in rare incidence another surgery.

Our goal is to make sure you are ready and thoroughly prepared for your surgery. Being proactive and motivated can make the process move along smoothly. Our growing team of bariatric professionals are here to assist all along your journey, from today and for many years to come!

Care Team

Your care takes place in different settings and is coordinated by the Bariatric Surgery Program team, to make sure you have a successful and safe procedure. The team will provide you with information to make sure you are ready for surgery and assist with your recovery afterwards. Each team member has a special role and responsibility.

Our Bariatric Clinic is part of both the Family Practice and the Specialty Clinics.

Family Practice:

Hours: 7:00am – 5:00 pm

Monday through Friday

Phone:

(270) 504-1300 – main

(270) 504-1325 – Nurse

Specialty Clinic:

Hours 8:00 am – 5:00 pm

Monday through Friday

Phone: (270) 730-5344



Dr. John Jefferies, MD
Bariatric surgeon



Dr. Nicole Akers, MD
Obesity Medicine



Devu Patel, RDN, LD
Clinical Dietitian

Locations

Ohio County Hospital/Specialty Clinic

1211 Old Main St
Hartford, KY 42347

Ohio Family Care

20 E McMurtry Ave
Hartford, KY 42347



Preparing for Bariatric Surgery

Once you receive your notebook, please read it through carefully. Failing to review all information may result in missing important information and delaying your progress.

Unsure?

If you are ambivalent or on the fence at all about moving forward with surgery, we absolutely recommend that you attend the initial visit with Dr. Akers. This visit is to discuss/ start the process of healthy lifestyle modifications. You can always continue with medically managed weight loss and opt to not proceed in the path for surgery. If at any time you change your mind about the surgical option discuss that decision with Dr. Akers.



Pre-Op Checklist - Steps to complete before surgery

Step	What to expect	Date	Complete
Provider seminar	Details on next page		
Initial visit and Nutrition	Develop an individualized plan	Multiple visits	
Psychology Visit	Referral will be placed at initial visit for medical weight loss		
Questionnaires	Complete and bring to first visit		
Visit with surgeon	Discuss surgical intervention		
Pre- op Boot Camp	Small groups to discuss what to learn pre op and post op care		
Other Appointments:	Labs		
	CXR		
	EKG		
	Sleep Consult		
	Cardiology Consult		
	Pulmonology Consult		
<p>In addition to the above requirements, all patients must lose weight prior to surgery The required amount of weight loss depends on your weight / BMI at the time of your referral into the program. Most often this will range between 5%-10% of your body weight. Patients with BMI's higher than 60 may be required to lose more than 10% or more prior to surgery or referred to a larger facility for surgical intervention. This is determined on an individual basis</p>			
My Weight Loss Goal: _____ (End goal weight)	My Starting Weight _____ (weight before first visit)	Weight Loss Goal for Surgery _____ (_____% weight Determined at first visit)	

Weight Loss Requirement

The weight loss requirement helps to make your surgery safer and more likely to be laparoscopic, as losing weight shrinks the liver. The liver lies over a portion of the stomach that the surgeon will be working on. The term fatty liver refers to fat accumulation in the liver. If the liver is too large and can't safely be moved out of the way, your surgery may need to be converted to an open procedure, which certainly results in more post-surgical pain and requires additional healing time. Losing just 5% of your total body weight will result in a decrease of fat in the liver.

Making healthy eating and life style changes prior to surgery also shows acknowledgement that this is not a quick fix and will require that you make changes for sustained results and it shows compliance with the recommended changes prior to surgery.

How to Make This Happen: At your initial visit with Dr. Akers you will discuss lifestyle changes and set goals to help you make these lifestyle changes to lose weight. You will also be referred to a registered dietitian to help with further reinforcement as the 6-month process progresses. You may also discuss medications

or medication changes that will help assist in reaching your weight loss goals. A good place to start might be downsizing meals, eliminating refined carbohydrates, such as bread, pasta, cookies, crackers and pastries. These are changes that will be required after surgery. Making small changes, one at a time helps to develop new habits. This is a good time to begin to make those small changes, as they will help in reaching the 5% weight loss goal. Beginning to add exercise to your daily routine will also assist in meeting this goal. Try adding short walks to your daily routine, which burns calories. Add additional exercise as tolerated. Every little bit will make help in establishing new habits and burning calories and is essential for long-term success. Failure to be able to make changes prior to surgery significantly decreases the chances of success after surgery.

Requirement: You must have met the weight goal prior to surgery. If your date is within a week and you have not met the goal your surgery will not be scheduled. If BMI is greater than 50 your weight loss goal for surgery may be higher as determined by Dr. Akers in order to make surgery safer.

Laparoscopic Sleeve Gastrectomy (LSG)

Laparoscopic sleeve gastrectomy was originally performed as a first-stage bariatric operation for high risk patients who were to undergo a second stage gastric bypass or duodenal switch. Over the past 5-6 years it has been shown to be an effective primary bariatric operation, but longer term results are not yet available. Using surgical staplers, the operation permanently removes a significant portion of the upper stomach creating a long, tubular stomach along the lesser curve of the stomach. This portion of the stomach has a lesser ability to stretch than the portion of the stomach removed. Unlike the gastric bypass there is no rearrangement of the small intestine and food flows in the same direction as it did prior to the operation.

How does LSG help you lose weight?

The procedure has a number of effects that result in weight loss. With the removal of approximately 3/4 of the stomach, the sleeve gastrectomy causes restriction so patients are more quickly satisfied when they eat. Like gastric bypass, sleeve gastrectomy reduces the production of the intestinal hormone Ghrelin that increases appetite.

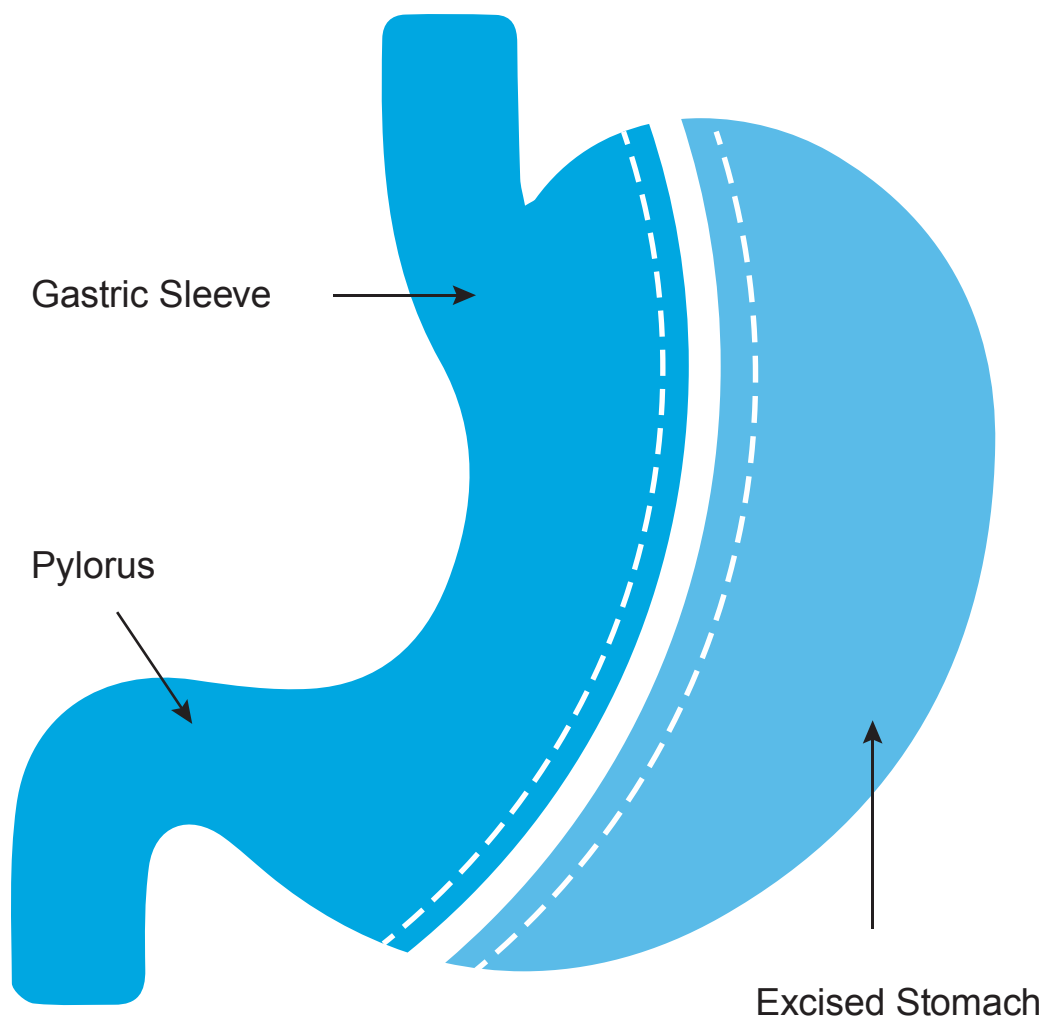
What are the results of LSG Surgery?

The small stomach created after sleeve gastrectomy empties more quickly and may be responsible for improvements in diabetes after the surgery. Initial results have shown that the effect on diabetes is significant with effects that are close to what is seen with gastric bypass and superior to what is seen with the Lap Band. With significant weight loss, improvement in other co-morbidities such as sleep apnea, hypertension and arthritis are seen as well. Reflux symptoms can worsen after LSG.

What weight loss should I expect?

Results from the published medical literature show that approximate excess body weight loss at 3 years is 66-68% and at 6 years is 53%. The number of patients followed for 6 years is small and longer-term results are not yet available at the time.

Laparoscopic Sleeve Gastrectomy



What are the risks of Bariatric Surgery?

All surgical procedures have some risk. Medical complications such as diabetes, cardiac or pulmonary disease, which effect morbidly obese persons, can increase the risk of surgery. Pre-operative evaluation is undertaken to reduce unnecessary risk. Being aware of the following risks allows you to make an informed decision about surgery.

- **National statistics** have shown a 0.5 to 4% death rate related to immediate post- operative complications following bariatric surgery.
- **Blood clots or Deep Vein Thrombosis (DVT)**
DVT's can occur with any major surgery. Blood flow through the legs can be slowed and a clot may form. Pieces of the clot can move from the leg to the lungs and form an embolism. This can be life threatening.

Obesity and abdominal surgery increase the risk of this complication. Preventing DVT and embolism after surgery is an important part of your recovery. Getting out of bed and walking, taking anticoagulation medications, and using leg compression devices while in bed are some of the treatments used to avoid this complication. Your surgeon will make a plan for you to reduce your individual risk of blood clots.
- **Lung infections or pneumonia**
General anesthesia, pain following surgery, and obesity contribute to the risk of developing pneumonia. Use the incentive spirometer at least every 1 to 2 hours while awake. Getting out of bed and walking after surgery helps reduce the risk of this complication.

Use pain medication, as needed, to help stay comfortable enough to do these activities frequently. Continue these suggestions even after you are discharged from the hospital.
- **Heart problems** Bariatric surgery can cause major stress to your heart. Confirming your heart's good health before surgery and close monitoring during hospitalization helps to minimize this complication.
- **Weakness in the abdominal wall or hernia**
With the open procedure, the incision extends from the bottom of the breastbone to the navel Obesity and a long incision can lead to a weakening of the abdominal wall, which could allow a hernia to develop. This complication occurs in approximately 20 to 25% of bariatric patients who have an open procedure. This risk is reduced when the laparoscopic procedure is used.
- **Bleeding** Blood loss can occur at the time of, or following surgery. Blood replacement or transfusion is not usually required.
- **Gallstones** Significant weight loss, as occurs after Roux-en-Y Gastric Bypass and Laparoscopic Sleeve Gastrectomy surgery, can increase the risk of gallstone formation.
- **NSAID Use**
 - The use of aspirin, ibuprofen, naproxen, or other Non-Steroidal Anti-Inflammatory Drugs (NSAID's) will greatly increase your risk of stomach ulcers after bariatric surgery (much more so with the RNY)
 - If you currently take any of these products routinely, please talk with your primary doctor or prescribing doctor (if they are recommended by a doctor), about an alternative that you can take after your surgery.

Other complications that can occur long term with bariatric procedures

- **Nausea / Vomiting**

Not chewing adequately, eating too much, or eating too quickly leads to this problem. Also, eating/drinking inappropriate foods/drinks.

- **Constipation**

Reduced food intake results in less waste products and firmer, smaller stools, which can be more difficult to pass. Eating fiber foods, drinking water, taking probiotics and activity help to avoid this problem. Any sugar-free fiber supplements, such as Metamucil may be used (once you are drinking at least 64 oz. of fluids per day).

- **Hair loss**

Consuming fewer calories in the first few months after surgery can result in some hair loss. This is not usually a permanent condition and the hair grows back as calorie intake increase. Avoid chemical treatments of the hair during the first year following surgery. The use of Biotin, a B vitamin, can be useful.

- **Intestinal obstruction**

A blockage can form with the new anatomy following this surgery. Frequent vomiting unexplained by over eating, can be a symptom of this problem.

Informed Consent

The surgeon will review the above risks with you at your consult appointment. Ask questions about anything you do not understand. You will be asked to sign an informed consent stating that you clearly understand your treatment. Be sure to read the consent form before you sign it.

Receiving Anesthesia

- Problems from anesthesia are rare. Your risks will be discussed with you during your interview with the anesthesia provider on the day of your surgery. Be sure you ask any questions and resolve any concerns you might have at that time.
- Your anesthesia provider watches you the entire time that you are in the operating room (OR). Your blood pressure, heart rate and rhythm, and oxygen saturation are carefully observed and monitored throughout the surgery.



Before your surgery

(Preparing for surgery)

Arrange for help after surgery

- Your hospital stay is expected to be 1-2 nights in the hospital.
- On the day of discharge, you will need someone to drive you home.
- During the first 1 to 2 weeks you may need assistance with activities such as:
 - Transportation
 - Care of your home
 - Grocery shopping
 - Care of your children and/or pets
 - Meal preparation
- If you do not have someone who can provide this assistance, talk with the social worker from your primary care clinic. They may be able to recommend resources.

Time-Off Work for Recovery

It is recommended that you take 2-4 weeks off work for recovery. This allows for time to recovery from your surgery physically, adjust to new eating patterns, begin exercising and basically spend some time taking care of yourself. This is going to be a time of adjustment and it's in your best interest to take the time to heal and recover without the stress of work to worry about.

We are happy to complete FMLA forms, other time off request forms or write letters for time off and return to work requests; however, it saves time and energy if we know what you are asking for in advance. Please bring forms required by your employer to the last pre-operative appointment with Dr. Jefferies.

Get ready for eating differently

- Remove inappropriate food types from your home and go shopping prior to your surgery, for foods to be used after surgery.
- Practice new eating behaviors before your surgery. Eating slowly and chewing your food well, reducing portion sizes, and stopping when you first feel full are the only ways you will be able to eat without causing problems following surgery.
- Keep a record of the foods/fluids that you eat/drink each day. This will be expected following surgery, start this habit before surgery.
- Get a set of measuring cups and spoons, a food or postal scale, smaller plates and utensils to assist in tracking food portions.
- Your diet will begin as clear liquids in the hospital, full liquids once you are home, soft/puree diet at about 2-3 weeks post op. You will need a blender or food processor to prepare the proper consistency.

**** Important ****

Many patients with morbid obesity may have one or more eating disorders which, if not addressed appropriately can complicate their post-operative safety and success. It is important to think about how you use food as a way of dealing with stress, anxiety, depression, boredom, or in any way as a coping mechanism. It is then very important that you identify and use other ways of coping, such as exercise or support groups.

Contraception

Prior to surgery

- If you are a woman of child bearing years, you will need to be on some form of reliable birth control before and after surgery
- Options with gastric sleeve include the pill, patch, ring, Nexplanon, or an IUD. Please speak with your PCP or OB/GYN regarding which method works best for you.
- Condoms/ spermicide or natural family planning is NOT recommended as a sole form of birth control before or after surgery

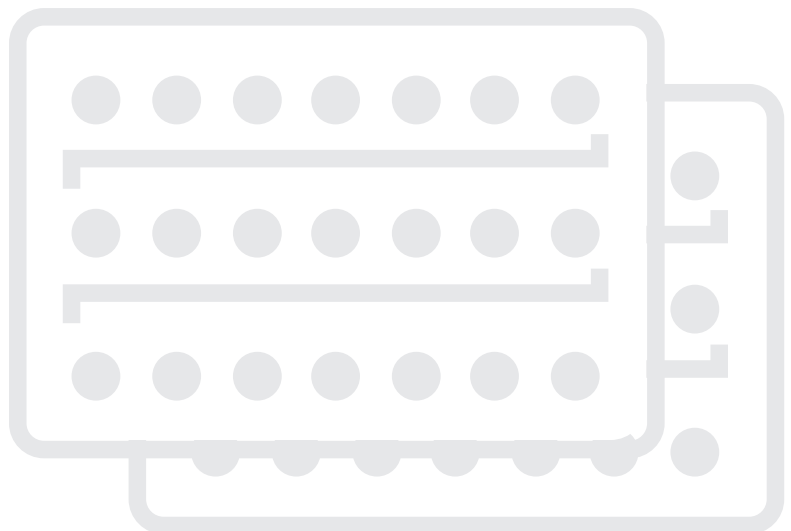
After surgery

- Pregnancy is not recommended for at least 18-24 months following bariatric surgery.
- If you were infertile or had trouble conceiving prior to surgery, this may change quickly following surgery, with even minimal weight loss.

Smoking

If you smoke, STOP!

- There is a nearly 100% ulcer-formation rate in those smoking or with tobacco exposure after surgery. These ulcers can result in perforation, stricture, bleeding or, all of the above.
- Surgery will not be performed on anyone who currently smokes. You must be completely smoke free for at least 30 days prior to surgery.
- If you resume smoking after surgery, the chances of developing ulcers, bleeding and/or intestinal perforation increases dramatically.



Sleep Apnea

What is obstructive sleep apnea?

- Caused by upper airway collapse during sleep
- While awake: muscles hold upper airway open
- During sleep, airway muscles relax, resulting in airway narrowing
- Mild narrowing → snoring
- Moderate narrowing → reduced airflow (“hypopnea”)
- Severe collapse → absent airflow (“apnea”)

How does obstructive sleep apnea affect your health?

- Consequences of sleep fragmentation
 - Unrefreshed sleep
 - excessive daytime sleepiness lead to motor vehicle accidents
- Cardiovascular consequences of OSAS
 - increased risk of hypertension
 - Probable increased risk of heart disease and stroke
- Other consequences of OSAS
 - Night time reflux, morning headaches, gout attacks, frequent urination, leg swelling, impotence

Why it is important to treat obstructive sleep apnea?

1. Treatment of obstructive sleep apnea can improve overnight sleep quality, daytime alertness and overall functional status. It may improve blood pressure, cholesterol and blood sugar measurements and it may reduce the risk of heart problems.
2. Automatically adjusting positive airway pressure machines (APAP) stent open your airway to prevent the collapse allowing you to breathe normally.
3. Since anesthesia and pain medications sedate you that relaxes your airway more so; this in turn can worsen your sleep apnea. It is VERY important to bring your APAP/CPAP or BiPAP to the hospital to use post-operatively.

Pre-surgery diet recommendations

You will meet with a dietitian at least 3 months prior to your surgery date. At that time, you will receive education and you, along with the dietitian, will set goals together in order for you to achieve additional weight loss prior to surgery. You will also receive information about the post-surgery diet.

All of the recommendations are for your benefit in preparing for surgery and life after surgery. Your plan will be individualized. More detailed information will be provided at your visits; however, typical recommendations are as follows (unless contraindicated):

THREE MONTHS BEFORE SURGERY:

Reduced carbohydrate, reduced sugar diet (typically 100grams of carbohydrate and 25 or less grams of added sugar per day).

SIX WEEKS BEFORE SURGERY:

Modified diet: 3 small meals (Lean Cuisine size) that include at least 5 servings of non-starchy vegetables + 2 protein shakes daily.

TWO WEEKS BEFORE SURGERY:

Full liquid diet. You will continue this up until you are NPO the night before surgery.

You can drink as many of the listed liquids you need to stay full throughout the day. You may include anything listed under clear liquids or full liquids.

No solid food; nothing blended. Do not eat or drink after midnight the night before your surgery.

FULL LIQUIDS	
Protein shakes- pre-made	
Water	
Soup - liquid only broth, bouillon, cream	
Milk (fat free [skim], low fat [1%], Lactaid) Soy milk	
Yogurt (one consistency-no fruit or toppings added)	
Sugar-free pudding (in powder form, made with fat-free [skim] or low-fat [1%] milk)	
Protein powder (whey, soy, whey isolate)	
Carnation Instant Breakfast (no sugar added)	
CLEAR LIQUIDS	
Jello sugar-free (no red juices or jello 2 days before surgery)	
Water and/or sugar free alternatives such as: Flavored water such as Fruit 2-0, Propel, Vitamin Water Zero, Sobe Water, Mio, or Hint Crystal Lite (made with NutraSweet sugar substitute) Lemonade Light (Minute Maid) Decaffeinated coffee or tea (you may add milk and/or sugar substitute) Powder packages of True Lemon, True Lime, Just Lemon, or Just Lime	
Juice (no orange juice) tomato or V-8 juice	
Clear broth or bouillon	
Popsicles (no red or purple 2 days before surgery)	

Note: You will need to be prepared to become very familiar with things like keeping food records, carbohydrate counting, nutrition label reading, etc., to ensure success after surgery. This is essential and must start before surgery.

DAY OF SURGERY

Nothing to eat or drink after midnight the night before surgery!

The Day of Surgery

- ☐ DO NOT eat or drink anything – other than medications you have been instructed to take, with just a small sip of water.
- ☐ Shower or bath the night before or the morning of surgery with Hibiclens
 - Bacteria on your skin can cause infection. Thoroughly wash between | skin folds
 - Do not apply lotion, creams, powders or oils
- ☐ Do not wear make-up, face creams or hair products
- ☐ Remove all jewelry (including wedding rings and body piercings)
- ☐ Wear loose fitting clothes
 - Bring a set of loose fitting clothes to wear home as well
- ☐ Take medications as directed by your surgeon
 - Make sure that you know which medications to take and not to take
 - Taking a medication that you shouldn't have could get your surgery canceled
- ☐ Do not take vitamins, supplements or non-prescription medications
- ☐ Do not bring medications to the hospital
- ☐ Do bring inhalers, eye drops and nasal sprays, if you use these
- ☐ Bring your APAP, CPAP or BiPAP machine, if you use one
- ☐ If you have a pacemaker, bring the ID card
- ☐ Bring your insurance card & picture ID
- ☐ Do not bring large sums of money or valuables
- ☐ Bring your advance directives, if they are not in your electronic medical record
- ☐ Arrive at the given time and place (Ohio County Hospital will provide this information)
- ☐ Report to Ohio County Hospital Outpatient surgery at the check-in time that you have been given.
 - It is very important that you show up by the given time.
- ☐ You must have a driver arranged to take you home on discharge
 - You will not be released on your own or to public transportation

Arriving at Ohio County Hospital

You have used the information in this guide to prepare for your surgery. The following information is focused on the next phase of your care; your actual operation and the first days of your recovery. Learning what to expect from your health care team and what you can do as you work with them can give you:

- Confidence
- A feeling of control as you recover
- Will help you achieve a successful outcome

The day of surgery is a busy one, filled with many new places and activities. The following information will help you know what to do and what to expect on this important day.

Ohio County Hospital Admission

- Answer questions and complete the hospital admission paperwork.
- Be directed to the pre-operative area.

Pre-Operative area:

- Confirm information from your preoperative paperwork
- Have your vital signs taken and recorded
- Have your weight recorded
- Have an Intravenous line (IV) started
- Receive an anticoagulation medication
- Given an opportunity to ask any other questions with a nurse or your surgeon
- Be encouraged to try to relax and feel comfortable
- Meet with the Anesthesiologist

Just before you go to the operating room, you will:

- Empty your bladder
- Take off items such as underwear, any prosthetics, hairpin, and any metal jewelry including rings. Hands can swell during surgery making it necessary to cut rings off. Jewelry should be given to family or friends for safekeeping
- Have visitors wait in the Surgical Waiting Area. The surgeon will speak with your family in this area, after the procedure, while you are recovering in the Post Anesthesia Care Unit (PACU)
 - Visitor Policies are always changing currently due to COVID - please ask about current policies at your pre op appointment
- Confirm your consent for surgery
- May receive antibiotic medication through your IV
- Go by stretcher to the Operating Room

During and after surgery

Operating Room During surgery in the Operating Room (OR)

- Be placed on the operating bed and secured with safety straps similar to seat belts
- Have a SCD's placed on your legs.
 - These inflate and deflate simulating the act of walking and stimulate the circulation of the feet and legs to help prevent blood clots from forming.
- Never be left alone.
 - The surgeon, anesthesia provider (Anesthesiologist or CRNA), and other surgical assistants will be with you. They will be wearing surgical clothes, including hats and masks and you may not be able to recognize them immediately

After surgery in the Post Anesthesia Care Unit (PACU)

- A nurse will take your vital signs frequently
- **You may:**
 - Hear a lot of noise and activity
 - Have an altered feeling of the passage of time
 - Feel as if it takes a lot of energy for you to talk
 - Not have any visitors
- **You may have:**
 - A foley catheter in your bladder to drain urine. If you do have a foley catheter, it will be removed the day after your surgery. You will not need to urinate while the catheter is in place.
 - A small plastic tube (nasal cannula) with oxygen flowing into your nose. This will be used through the first night after surgery. A pulse oximeter will be attached to your finger or toe to measure the amount of oxygen circulating in your blood.
 - A dressing(s) covering your incision(s), which have been closed by staples.
 - Receive pain medicine. See Pain Control for more information about pain relief options.
 - Be transferred to your hospital room after your anesthesia has begun to wear off and your vital signs are stable.

In your hospital room after your surgery

- You may be given ice chips and possibly sips of water on the day of surgery
- The day following your surgery you will be started on clear liquids, as instructed by your surgeon
- Have the head of your bed raised 30-45 degrees at all times, to increase the amount of oxygen in your blood and to prevent reflux
- Have your vital signs taken and recorded frequently Have blood tests, as needed
- Continue to receive oxygen, as needed
- Use an incentive spirometer to take deep breaths to help reduce your risk of pneumonia, as directed by your nurse
- Receive pain medication, as needed to keep you comfortable
- Receive medications by IV to prevent infection, nausea, and excess stomach acid
- Continue to use the SCD's to help prevent blood clots from forming. The device is worn continuously while in bed, during your hospital stay. Do not remove them yourself. Notify the nursing staff, who will assist you when you get out of bed
- Be encouraged to get up and walk, as able on the day of surgery and at least 3-6 times each day thereafter
- You will start to take small amounts of water, and remain on clear liquids while in the hospital.
- Your IV will be disconnected from the tubing and capped with a saline lock, as you tolerate your liquid diet. Refer to the nutrition section, for more information on diet and recovery

Blood Clots

- After any major surgery there is a chance of developing a blood clot
- A blood clot can happen when the blood flow through the legs is slowed as happens after surgery, when you remain in bed for prolonged periods, or when you sit for long trips in cars or airplanes
- Most blood clot forms in the leg, however they may occur in any other part of the body. A blood clot that develops in, or moves to the lungs is called an embolism. This can be life threatening

Blood Clot Prevention

- After any major surgery there is a chance of developing a blood clot
- A blood clot can happen when the blood flow through the legs is slowed as happens after surgery, when you remain in bed for prolonged periods, or when you sit for long trips in cars or airplanes
- Most blood clot forms in the leg, however they may occur in any other part of the body. A blood clot that develops in, or moves to the lungs is called an embolism. This can be life threatening

Leaving the Hospital

Patients will leave the hospital typically on the 2nd day after your surgery. Though you may go home on the first day and on a rare occasion a longer stay may be necessary

You will need someone to drive you home from the hospital

Before you leave the hospital

The Surgeon will:

Make a plan for your medical needs, providing information about your incision, diet limitations, medications, activity restrictions, follow-up appointments and what to watch for. You will receive written discharge instructions in regards to medications and follow up

The Nurse will:

Review the instructions that your surgeon has given. You are given a written copy of all these instructions

The Pharmacist will:

Review your medications and make sure there are no drug interactions

The Dietitian will:

Provide education and written materials on post-op diet recommendations.

You will:

- ☐ Make sure your questions have been answered
- ☐ Know what your discharge instructions are
- ☐ Know any medication changes that have been made
- ☐ Know when your post op appointment is scheduled for
- ☐ Have your driver available at the time of discharge

Post-surgery diet recommendations

DAY OF SURGERY

You will remain NPO (nothing by mouth) except for possibly some ice chips.

DAYS 1 & 2 AFTER SURGERY (In hospital):

CLEAR LIQUID DIET. A clear nutritional supplement may be added to your clear liquid diet if your stay is prolonged.

DAY 3 AFTER SURGERY

(typically will discharge home)

Start PHASE I of home diet plan (outlined below)

Home diet plan overview

Phase I: Weeks 1-2 (Days 3-14)

FULL LIQUID DIET

Start taking recommended vitamins
(Chewable/dissolving or liquid)

Phase II: Week 3 (days 14-21)

BLENDED/PUREED FOODS

Phase III: Weeks 4-5 (days 22-36)

SOFT FOODS

Phase IV: Week 6 (days 37+)

START SLOWLY ADDING SMALL AMOUNTS OF REGULAR FOODS

if tolerating soft foods well (examples: raw fruits/veggies, nuts, seeds, etc.)

Can switch to regular vitamins after 8 weeks

Follow up with surgeon/Dr. Akers as scheduled. Dr. Akers will monitor vitamin/mineral levels and advise if adjustment is needed.

***Note:** The above represents recommendations on advancing the diet. Every patient is different. It may be necessary to prolong the time in a certain phase based on your tolerance of the diet. It is NOT recommended to advance phases; however, until the designated time.

**THINGS TO REMEMBER:

- NO STRAWS
- NO ALCOHOL (6 MO to 1 YEAR)
- NO CARBONATED BEVERAGES
- NO ADDED SUGAR
- NO CAFFEINE (FIRST 8 WEEKS)

Post surgery vitamins and minerals

You will need to have chewable and/or liquid vitamins available for the first 8 weeks following surgery. Typically patients can switch to swallowing pills after the first 8 weeks.

- Take 2 chewable “complete” multivitamins in the morning.
- Take 1 chewable/liquid calcium supplement at lunch and 1 at dinner. Only take 1 calcium dose at a time. Wait 2 hours or more between each calcium dose.
- Take 1 vitamin B-12 tablet (under the tongue) anytime during the day.
- Take vitamin D-3 (3,000 IU) anytime during the day.

POST SURGERY FLUID RECOMMENDATIONS

Females: At least 24 ounces of full liquids (protein shakes) and 24 ounces of clear liquids daily for the first two weeks following surgery.

Males: At least 30 ounces of full liquids (protein shakes) and 30 ounces of clear liquids daily for the first two weeks following surgery.

*Increase as tolerated.

Detailed information on every phase of the home diet, including food lists and sample menus, will be provided prior to discharge from the hospital.

For any additional questions, please contact our in-house dietitian at (270) 298-5472.



Long-term calorie recommendations

Researchers have found that patients who achieved weight loss success consumed less than:

- 830 calories at one month
- 1133 calories at six months
- 1523 calories at one year

The above information has been found to be an average. Your individual calorie goal will depend on many factors including but not limited to: height, weight, goal weight, age, sex and activity level.

**Thank you for choosing Ohio County
Hospital for your journey to better health!**



Lined writing area with horizontal lines.