Getting Ready for

Bariatric Surgery
Talk to your doctor or health care team if you have any questions about your care.
For more health information, contact the Library for Health Information at 614-293-3707 or e-mail health-info@osu.edu.
Bariatric Surgery

Metabolic Surgery

Surgeries to promote weight loss change the size or shape of the stomach to help you feel full with a smaller amount of food. There are different types of surgery. All require you to have an understanding about what you should be eating and how to eat after surgery.

About the surgery

There are 2 ways this surgery can be done. Your doctor will talk with you about the best surgery choice for you.

- **Laparoscopic surgery, also called robotic surgery or minimally invasive surgery:**
  Several small cuts are made into the belly, and the doctor works with a special camera and tools through the small cuts to do the surgery. Most bariatric surgeries are done this way.

- **Open surgery:**
  The belly is cut open, so there is one large cut or incision. This may be needed if you have too much scar tissue from other surgeries. It may also be needed if the abdominal wall or the liver are too thick to see the stomach well.

Types of bariatric surgery

- **Roux-en-Y gastric bypass:**
  Your stomach is reduced to the size of an egg and connected to your small intestine. The small pouch will make you feel full with a small amount of food.

- **Sleeve gastrectomy:**
  A large part of your stomach is removed and you will feel full sooner and eat less. The sleeve part of the stomach that remains is about the size of a garden hose.
• **Adjustable gastric banding:**
  A band is placed around the upper stomach. The band is inflated with saline through a port to adjust how tight it fits around the top of the stomach. This creates a smaller pouch at the top of the stomach to limit the amount of food to cause you to feel full.

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**Your recovery after surgery**

• Our goal is to get you home as soon as you are able after your surgery. If you are taking in enough fluids, have your pain and nausea under control, and you are taking your medicines as needed, **you may be sent home the day after surgery.** Most people need to stay 1 to 3 days after bariatric surgery to be safe going home.

• In the hospital, you will have a **nurse care coach** as well as your bedside nurse. Your care coach is a nurse who specializes in caring for bariatric patients. Your care coach will work with you to help you understand your care in the hospital and at home. Your care coach will follow up with you by phone after you leave the hospital.

• We will do all we can to keep you comfortable after surgery, but **some nausea and discomfort at the incision sites is to be expected.** You will be given medicine to treat your pain and nausea even before surgery to help you recover more quickly. We will use **several different medicines to manage your pain,** such as acetaminophen (Tylenol), gabapentin (Neurontin), celecoxib (Celebrex), and ketoralac (Toradol). These tend to reduce the need for narcotic pain medicines, which may have more side effects and slow your recovery.

• **You will be helped to sit up in a chair or walk to the bathroom the day of your surgery.** The day after surgery, you will have goals for getting out of bed and walking in the halls. Recovery tends to be better and faster for patients who get out of bed and move right after surgery.

• **You will be encouraged to walk.** Walking will help get your bowels moving, help you breathe better and prevent blood clots from forming. We encourage you to walk when you leave the hospital as well.

• **You will be able to drink liquids slowly the day of your surgery.** Your care coach or nurse will bring you water and liquids from your special diet to drink when you are awake enough in your room.
Preparing for Your Surgery

Review all of these instructions as soon as you get them, so you are well prepared for your surgery. You may need to stop or change certain medicines. You also may need to contact your health insurance provider.

You will be given a surgery prep kit that contains 2 bottles of a carbohydrate drink and a breathing exerciser, called an incentive spirometer. You will need these days before and the day of your surgery.

Being well prepared can help you have a better recovery. Follow these instructions to keep your surgery on schedule. Call your doctor’s office if you have any questions.

30 days before surgery

- **Exercise 30 minutes each day most days of the week.** The stronger you are before your surgery, the more quickly you will recover. Walking, riding a bike, and strength training with light weights are all good options.

- **Practice using your incentive spirometer several times each day before your surgery.** Exercising your lungs will help you breathe better, reduce your need for oxygen and reduce your risk of pneumonia after surgery. See page 8, How to Use Your Incentive Spirometer: Breathing Exerciser.

- If you take **any medicines that contain estrogen, you need to stop them 30 days before surgery.** Use an alternate method for birth control before your surgery. You will need a pregnancy test before your surgery.

- If you have **sleep apnea and use CPAP or BiPAP**, be sure you are using your device every time you sleep in the month before your surgery. It has been shown to help reduce problems after surgery.

- If you have **diabetes, keep your blood glucose levels as near normal as possible** before surgery. It can lower your risk of infection after surgery and also reduce your risk from anesthesia.

- Be sure to avoid alcohol and smoking or use of other tobacco products before your surgery.

2 weeks before surgery

- You may be told to follow a **Liver Shrink Diet for the 2 weeks before surgery.** This diet can help make your abdominal wall thinner and reduce the swelling in your liver. **You will be given directions** about this diet if you are to follow it before surgery.

- If you get **sick with a cold, sore throat, cough, or fever in the 2 weeks before your surgery**, **call the office.** Your surgery may need to be rescheduled.
If you need paperwork filled out for medical leave or disability, bring it with you to your appointment. If the forms are dropped off, mailed, emailed, or faxed to your surgeon’s office outside of your appointment time, there will be a $25 charge, and you will need to allow 7 to 10 days to get the forms completed. If you have any questions, please call the surgeon’s office.

Arrange to have an adult to take you home after surgery or your hospital stay. You will not be permitted to leave the hospital alone for your safety.

**Medicine changes**

- If you take weight loss medicines, such as phentermine (Adipex or Qsymia), you need to stop these medicines 2 weeks before your surgery.
- If you take aspirin or medicines that contain aspirin, ask your doctor if you need to take a different pain medicine before your surgery.
- **If you are on blood thinners or antiplatelet medicines**, please let your surgeon know in case the medicine needs to be stopped or changed before surgery. This includes medicines, such as:
  - Arixtra (Fondaparinux)
  - Brilinta (Ticagrelor)
  - Coumadin (Warfarin)
  - Effient (Prasugrel)
  - Eliquis (Apixiban)
  - Fragmin (Dalteparin)
  - Lovenox (Enoxaparin)
  - Plavix (Clopidogrel)
  - Pletal (Cilostazol)
  - Pradaxa (Dabigatran)
  - Savaysa (Edoxaban)
  - Ticlid (Ticlopidine)
  - Xarelto (Rivaroxaban)

If you have a stent or you have had a blood clot, talk to the doctor who placed the stent or treated your blood clot before you stop taking this medicine. Your medicine may need to be changed or adjusted before surgery.

If your surgery date gets changed, and you had stopped or changed your medicine to prevent clots, call your doctor. You may need to restart the medicine while you wait for your surgery to be rescheduled.

**Medicines to stop 24 hours before surgery**

If you take any of these medicines, stop taking them 24 hours before your surgery:

- **ACE inhibitor medicine**, such as Captopril, Ramipril, Lisinopril, Benazepril, Fosinopril, Quinapril, Trandolapril, Moexipril, Enalapril, Maleate, Enalaprilat, or Perindopril.
- **ARB (angiotensin receptor blockers) medicine**, such as Azilsartan, Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, or Valsartan.
- **Metformin or medicines that contain metformin**, such as Glumetza, Glucophage, Fortamet, and Riomet.
Check Your Insurance and Preregister

Call your health insurance before surgery
It is always a good idea to call your insurance company to check for authorization before you have surgery or other procedures, or your insurance may not pay. Check your health insurance card for a phone number, so you can call and check your benefits and authorization.

• If your insurance will not pay the full amount, you will be asked to pay a deposit before surgery.

• You will be expected to pay your co-pay, co-insurance, or deductible amount when you arrive for your surgery.

Preregistration

• You should expect a call from the hospital to preregister for surgery. If you have not been called within 2 days before your surgery date, please call Preregistration at 614-293-8200 or 866-312-7846. Our staff will help you understand what fees you may be expected to pay for your surgery, the doctors, and the hospital charges.

• If you have MyChart, you may sign in to complete your preregistration questionnaire.
How to Use an Incentive Spirometer
Breathing Exerciser

Steps for use

1. If possible, sit up straight. It may help to sit on the edge of a chair or your bed.

2. Hold the incentive spirometer upright.

3. Breathe out, then close your lips tightly around the mouthpiece and take in a slow deep breath through your mouth. The piston in the clear chamber of the incentive spirometer will rise. **Breathe in slowly** to allow the air sacs in your lungs time to open. Your incentive spirometer has an indicator to let you know if you are breathing in too fast.

4. After you breathe in as deeply as you can, **hold your breath for 3 to 5 seconds**. Set the goal indicator tab at the level that you reached.

5. **Take out the mouthpiece and breathe out slowly.** Relax and breathe normally until the piston returns to the bottom of the chamber.

6. **Repeat these steps a total of 10 times.** If you start to feel light-headed or dizzy, slow down your breathing and give yourself more time between the deep breaths.

7. **After you do the 10 deep breathing exercises, take a deep breath and cough to clear the mucus from your lungs.**
Day before Surgery

Your surgery time
You will receive a call 24 to 48 hours before your surgery date to tell you the time of your surgery. The person calling will tell you when you should arrive and answer any other questions you may have.

Carbohydrate drinks
Two bottles of carbohydrate drink were given in your surgery prep kit.
- Drink 1 bottle the evening before your surgery.
- Drink the other bottle the morning of your surgery.

Pack a small bag for the hospital
- Gather the clothes and personal items, which you want to have at the hospital. You may want to bring a robe, slippers, and personal toiletries.
- Be sure to leave any jewelry, piercings, and valuables at home.
- Review the list of things to bring with you on page 11, so you have everything together before you need to go to the hospital.

Cleaning your skin with CHG foam wash
Your surgery involves cutting through the skin. Because germs live on everyone’s skin, there is a chance of getting an infection. To lessen your chance of getting an infection, you need to wash your skin with a special soap, called chlorhexidine gluconate (CHG), also known by the brand name of Hibiclens, before your surgery.

You will need to take a shower with CHG the night before your surgery and then again the morning of your surgery. Use 3 pumps of the foam wash for each shower. Please call your surgeon’s office if you have any questions.

See page 10, Cleaning Your Skin with CHG Foam Wash, for more information.
Cleaning Your Skin with CHG Foam Wash

1. Wash your hair as usual with your regular shampoo and then wash your body with regular soap. Rinse well.

2. Wet a clean washcloth. Turn off the shower.

3. Apply some CHG soap to the wet washcloth.

4. Use the washcloth to wash your whole body from the neck down. Keep adding more CHG and continue to wash for 5 minutes.

5. Turn on the shower water and rinse your whole body well.

6. Pat yourself dry with a clean towel.

7. Put on clean clothes.

8. Note: On the morning of surgery when you finish showering, do NOT put on hair or skin care products, deodorant or make-up. Do NOT wear jewelry to the hospital or surgery center.
Day of Surgery

Finish your prep for surgery

- Take another shower with the CHG foam wash and put on clean clothes. Do not put on any hair or skin care products, deodorant, or makeup. Refer to page 10, Cleaning Your Skin with CHG Foam Wash.
- Drink the last bottle of carbohydrate drink 2 to 4 hours before your surgery time.
- Take any medicines you were instructed to take the morning of your surgery with the carbohydrate drink or small sips of water.
- Remove any nail polish, artificial nails, piercings, and all makeup before your surgery.

Things to bring with you

Please bring these items with you:

- Your photo ID and health insurance card(s).
- Co-pay or co-insurance or deductable amount you are responsible for.
- Phone number for the doctors and pharmacy you use.
- List of preferred home health agencies or rehabilitation centers, if needed.
- Current copy of your medicine list. Be sure to include any vitamins, herbals, or other over the counter medicines. Also list the last time the medicine was taken.
- Your Living Will and Health Care Power of Attorney forms (if you have them)
- Comfortable clothing, such as a robe, slippers, and toiletries.
- Do NOT bring jewelry, money, or other valuables.

Plan to arrive at Registration 2 hours before your surgery.
What to Expect after Surgery

Your plan of care
To help you and your family know what to expect after surgery, we have created this plan. Changes may be made based on your needs and recovery.

You and your family need to learn about your care, so you know what to do after you leave the hospital. Please ask questions and share any concerns with your care team.

Every day
- Ask your care coordinator, nurse, and doctor about your progress.
- Tell us about your pain, nausea, and positioning, so we can help you to be as comfortable as possible.
- Be active. Staff will help you up to a chair the evening of your surgery, and they will help you to walk if you are able. The goal is to walk 3 to 5 times each day and increase the distance walked every other day.
- Use your breathing exerciser (incentive spirometer) 10 times every hour while you are awake.
- Compression wraps need to be worn on your legs when you are in bed or in the chair to help prevent blood clots.

Day of surgery
- The breathing tube and stomach tube (NG) will often be removed before you wake up from surgery. Your throat may feel sore or irritated for a few days.
- You will start with ice chips. Your diet will be advanced to clear liquids and then to full liquids as you are able to tolerate.
- Staff will help you up to sit in a chair.

Day 1 after surgery until discharge
- Get out of bed and walk at least 3 to 5 times. Staff will help you walk safely until you are comfortable on your own or with your loved one.
- Start your full liquid diet as soon as you are able. Drink 1 ounce every 10 minutes.

Day of discharge
Be sure you understand:
- How to care for your incisions.
- Medicines you are to take, how much and when, and any side effects to watch for.
- Follow up appointments.
- When and who to call if you have problems.

You will be given more specific instructions in your After Visit Summary. You may also have prescriptions that you need to have filled at the pharmacy.
We want you and your family to learn about your care. **Write down your questions and concerns**, so you do not forget to ask. It is often hard to remember or you may feel rushed, so it can help to write your questions down. **If you do not understand something, please ask us to explain it in a different way.**