

METABOLIC & BARIATRIC SURGERY

# Enhanced Recovery After Surgery (ERAS)

Your Guide to Healing



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Patient Name

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Surgery Date/Time to Arrive

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Surgeon

We want to thank you for choosing the University of Virginia Health System for your surgery. Your care and well-being are important to us. We are committed to providing you with the best possible care using the latest technology.

This handbook should be used as a guide to help you through your recovery and answer questions that you may have. Please give us any feedback that you think would make your experience even better.

Please bring this book with you to:

- Every office visit
- Your admission to the hospital
- Follow up visits

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# Your Care Team

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In addition to the nursing staff, the Bariatric Team will care for you. This team is led by your surgeon, and includes a fellow or a chief resident along with residents, 1-2 medical students, an Advanced Practice Nurse and a Dietitian. There will always be a physician in the hospital 24 hours a day to tend to your needs.



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# Contact Information

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The main hospital address: UVA Health System  
1215 Lee Street  
Charlottesville VA 22908

Contact	Phone Number
Dr. Schirmer's Office	434.924.2104/ Fax: 434.243.9433
Dr. Hallowell's Office	434.243.4811/ Fax: 434.243.7272
Anesthesia Perioperative Medicine Clinic	434.924.5035
If no call for surgery time by 4:30pm the day before surgery	434.982.0160
UVA Main Hospital	434.924.0000/ (toll free) 800.251.3627 (ask for the Orange Surgery resident on call)
Discharge Wrist Band Phone Number	434.924.2121



For more information on ERAS, helpful links for getting ready for surgery, and to view this booklet online, visit:

<https://uvaeras.weebly.com>



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# Enhanced Recovery After Surgery (ERAS)

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## What is Enhanced Recovery?

Enhanced recovery is a new way of improving the experience of patients who need major surgery. It helps patients recover sooner so life can return to normal as quickly as possible. The ERAS program focuses on making sure that patients are actively involved in their recovery.



There are four main stages:

1. **Planning and preparing before surgery** – giving you plenty of information so you feel ready.
2. **Reducing the physical stress of the operation** – allowing you to drink up to 2 hours before your surgery.
3. **A pain relief plan** that focuses on giving you the right medicine you need to keep you comfortable during and after surgery.
4. **Early feeding and moving around after surgery** – allowing you to eat, drink and walk around as soon as you can.

It is important that you know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the most important part of the care team.

It is important for you to participate in your recovery and to follow our advice. By working together, we hope to keep your hospital stay as short as possible.

# Introduction to the Bariatric Surgery

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## GASTRIC BYPASS SURGERY:

For this surgery, we create a pouch by cutting and stapling the upper part of the stomach. The pouch is the size of a small egg.

We measure 100-150 cm (40-60 inches) of the small intestine, where the bottom end is connected to the pouch.

The top of the small intestine is joined lower down so the stomach acids and digestive enzymes join with the food. This way you can absorb nutrients.



## SLEEVE GASTRECTOMY

For this surgery, 80% of the stomach is removed. The remaining stomach is a tube-like pouch (it looks like a banana). This restricts the amount of food that can be eaten.



For more detailed information visit: [asmbs.org/patients](http://asmbs.org/patients)

# Before Your Surgery

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## Pre-operative Visit with your Surgeon

During your pre-operative clinical workup visit, you will meet with the members from the team to plan your surgery.

- A date will be set for your surgery
- The surgeon will review the surgery consent forms with you and you both will sign them.
- The nurse and dietitian will give you preoperative instructions and weight loss information.
- We will ask you to identify a Care Partner and someone that will drive you home.
- If you are not enrolled in MyChart®, we will recommend that you sign up for a secure, online connection to your medical record. Call 434.243.2500 for information or visit [mychartuva.com](http://mychartuva.com)
- You may be sent to the Anesthesia Perioperative Medicine Clinic before your surgery.

If you are on any blood thinner medications, your nurse may give you specific instructions as to when to stop taking them before surgery. It is very important to follow these instructions.

We are giving you instructions on \_\_\_\_\_

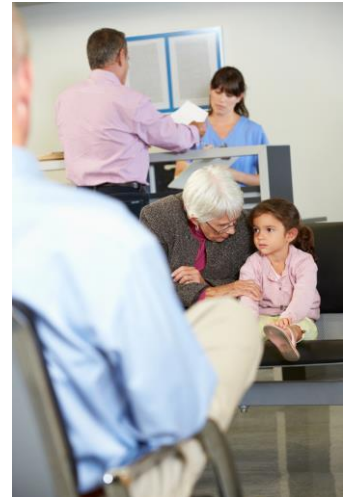
- Your last dose of blood thinning medication **before surgery** should be on \_\_\_\_\_
- We are recommending a bridge of this medication. Please refer to you After Visit Summary (AVS) for specific instructions about this medication.
- Please follow up with \_\_\_\_\_

## **Anesthesia Perioperative Medicine Clinic (APMC)**

The Anesthesia Perioperative Medicine Clinic will review your medical and surgical history to determine if you will need an evaluation prior to surgery.

If an in person or telephone anesthesia evaluation is needed the Anesthesia Perioperative Medicine Clinic will notify you. Then:

- An appointment will be scheduled for an office visit a few weeks prior to the surgical date
- Your medications will be reviewed
- You may have a blood test, test of the heart (EKG), and/or other tests the surgeon or anesthesiologist requests
- For questions or if unable to keep the appointment with Anesthesia Perioperative Medicine Clinic please call **434-924-5035**. Failure to keep this visit with Anesthesia Perioperative Medicine Clinic before surgery may result in cancellation of surgery.



There may be times that you are instructed to go to the Anesthesia Perioperative Medicine Clinic after your appointment with your surgeon. If this is the case you are welcome to a same day appointment but please allow for up to 2 hours.

## **Pre-Operative Diet**

Some patients may be required to follow a **very low carb diet** for two weeks prior to surgery. This low carb diet may be necessary to reduce the size of your liver, making it easier to perform your surgery. Your care team will advise if your surgeon requires a very low carb diet. **Please see page 12 for specific instructions prior to surgery based on your preop diet requirements.**

# Preparing for Surgery

You should expect to be in the hospital for about **2 days**. When you leave the hospital after your surgery, you will need some help from family or friends. It will be important to have help with meals, taking medications, etc.

You can do a few simple things *before* you come into the hospital to make things easier for you when you get home. These include:

- Clean and put away laundry.
- Put clean sheets on the bed.
- Put the things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- Bring the things you are going to use often during the day downstairs if you have more than one floor of your house. However, remember that you **WILL** be able to climb stairs after surgery.
- Cut the grass, tend to the garden, and do all house work.
- Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- Be sure you have a working digital thermometer. We will ask you to monitor your temperature once you are discharged from the hospital.
- If you **ARE** on a very low carb diet before your surgery, you **CAN** take multivitamins with minerals. All other vitamins, herbal supplements and drinks should be stopped **2 weeks before your surgery**.
- If you **ARE NOT** on a very low carb diet before surgery, stop taking all vitamins, herbal supplements and drinks **2 weeks before your surgery**.
- For additional medication instructions please see the next page.



Remember to follow any medication instructions you received. *This is very important to prevent your surgery from being postponed or cancelled!* If you have any questions on the instructions you received, call your surgeon's office right away.

## Medications to Stop Prior to Surgery

### 14 Days Prior

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Stop birth control pills and ALL vitamin, herb, and joint supplements, such as (but not limited to):

CoQ10	Glucosamine	Juice Plus®	Ogen	Omega 3, 6, 9
Chondroitin	Flaxseed oil	St. John's Wort	Ginkgo	Ginseng
Echinacea	Fish oil	Saw palmetto	Garlic	Multivitamins
Emcy	Kava	Valerian	Ephedra	MSM

### 7 Days Prior

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STOP all aspirin containing products, such as:

Alka-Seltzer®	Excedrin®	BC Powder®	Goody's Powder®	Percodan®
Aspirin (81mg to 325mg)	Fasprin® (81mg)	Bufferin®	Norgesic®	Ecotrin®
Disalcid® (Salsalate)	Pepto-Bismol®	Dolobid®		

(Diflunisal) Stop all non-steroidal anti-inflammatory medications

(NSAIDs), such as:

Advil® (ibuprofen)	Aleve® (naproxen)	Arthrotec® (volatren/cytotec)
Ansaid® (flubiprofen)	Anaprox® (naproxen)	Cataflam® (diclofenac)
Celebrex® (celecoxib)	Clinoril® (sulindac)	Daypro® (oxaprozin)
Feldene® (piroxicam)	Indocin® (indomethacin)	Meclomen® (meclofenamate)
Mediprin® (ibuprofen)	Mobic® (meloxicam)	Motrin® (ibuprofen)
Naprelan® (naproxen)	Naprosyn® (naproxen)	Nuprin® (ibuprofen)
Orudis® (ketoprofen)	Oruvail® (ketoprofen)	Relafen® (nabumetone)
Tolectin® (tolmetin)	Voltaren® (diclofenac)	

**Remember:** If you are taking any blood thinning medications be sure to tell your doctor and nurse as it may need to be stopped before surgery. IF you have heart stents and take Aspirin, check with your cardiologist about stopping prior to surgery. It is very important to follow the instructions given to you to prevent your surgery from being postponed or cancelled!

**If you have any questions on the instructions you received, call your surgeon's office right away.**

### Medications you may continue prior to surgery:

Iron, Tylenol® or other pain medications such as Codeine®, Lortab®, Percocet®, Ultram® (tramadol), or Vicodin®.

If uncertain, please discuss you medications with your doctor and nurse.



## Pre-Surgery Checklist

### What you SHOULD bring to the hospital:

- A list of your current medications.
- Any paperwork given to you by your surgeon
- A copy of your Advance Directive form, if you completed one
- Your “blood” bracelet, if given one
- A book or something to do while you wait
- A change of comfortable clothes for discharge
- Any toiletries that you may need
- Your CPAP or BiPAP, if you have one



### What you SHOULD NOT bring to the hospital:

- Large sums of money
- Valuables such as jewelry or non-medical electronic equipment

\*Please know that any belongings you bring will go with your care partner or be locked away in “safe keeping.”\*

### For your safety, you should plan to:

- Identify a Care Partner for your stay in the hospital.
- Have a responsible adult with you to hear your discharge instructions and drive you home. If you plan to take public transportation, a responsible adult should travel with you.
- If possible, identify someone to stay with you the first week after discharge to help take care of you.
- If you are having any difficulty performing self-care tasks after your surgery, you may be encouraged to use adaptive equipment to help maintain independence. Your occupational therapist will instruct you on how to use any equipment you need.

# Days Before Surgery

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## MiraLax Bowel Preparation



In order to get your bowels regular before surgery, we ask that you take 1 dose (1 heaping capful) of MiraLax daily on each of the 5 days before you come in for surgery. If you begin having diarrhea, you can stop taking the MiraLax.

You may also need to continue taking this **after your surgery** so please purchase a large bottle.

## Diet the Day Before Surgery

You will be on a **clear liquid diet for the full day prior to your surgery day**. You may have water, apple juice, Gatorlyte™, broth and Jell-O. You may not have any solid foods or dairy products.

## Drink the Day Before Surgery



You **CAN** drink as much water or **Gatorlyte™** all day on the day before your surgery, up until you arrive at the hospital.

Be sure to have a 20-ounce Gatorlyte™ **ready and available for the morning of surgery**. Drink this on your way into the hospital in the morning.

**\*Please note that you are able to drink Gatorlyte before surgery. After surgery, we will ask that you drink G Zero ONLY\***

## **Scheduled Surgery Time**

A nurse will call you the **day before your surgery** to tell you what time to arrive at the hospital for your surgery. *If your surgery is on a Monday, you will be called the Friday before.*



If you do not receive a call by 4:30pm, please call 434.982.0160.

## **Instructions for Bathing**

We will give you a bottle of HIBICLENS foam (body wash) to use **the night before and the morning of your surgery.**

HIBICLENS is a skin cleanser that contains chlorhexidine gluconate (an antiseptic). This key ingredient helps to kill and remove germs that may cause an infection. Repeated use of HIBICLENS creates a greater protection against germs and helps to lower your risk of infection after surgery.

### **Before using HIBICLENS, you will need:**

- A clean washcloth
- A clean towel
- Clean clothes

### **IMPORTANT:**

- HIBICLENS is simple and easy to use. If you feel any burning or irritation on your skin, rinse the area right away, do NOT put any more HIBICLENS on.
- Keep HIBICLENS away from your face (including your eyes, ears, and mouth).
- DO NOT use in the genital area. (It is ok if the soapy water runs over but do not scrub the area.)
- Do NOT shave your surgery site. This can increase the risk of infection. Your healthcare team will remove any hair, if needed.



**Directions for when you shower or take a bath:**

1. If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly with water to remove any shampoo residue.
2. Wash your face and genital area with water or your regular soap.
3. Thoroughly rinse your body with water from the neck down.
4. Move away from the shower stream.
5. Apply HIBICLENS directly on your skin or on a wet washcloth and **wash the rest of your body gently from the neck down.**
6. Rinse thoroughly.
7. Do NOT use your regular soap after applying and rinsing with HIBICLENS.
8. Dry your skin with a clean towel.
9. Do NOT apply any lotions, deodorants, powders, or perfumes after using HIBICLENS.
10. Put on clean clothes after each shower and sleep on clean bed linens the night before to surgery.

# Day of Surgery

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## Before You Leave Home



- Remove nail polish, makeup, jewelry and all piercings.
- Continue drinking water or Gatorlyte™ (no red) on the morning of your surgery. Do NOT drink any other liquids. If you do, we may have to cancel surgery.
- Remember to drink your Gatorlyte™ (no red) on the way to the hospital.

## Hospital Arrival

- Arrive at the hospital on the morning of surgery at the time you wrote on page 1. (this will be approximately **2 hours before surgery**)
- Finish the Gatorlyte™ (no red) as you arrive. **You cannot drink after this.**
- Check in at your scheduled time in the Family Waiting Lounge.
- Your family will get a surgery guide to explain the process. They will be given a tracking number so they can monitor your progress.

## Surgery

When it is time for your surgery, you will be brought to the preoperative area. Here you will:

- Be identified for surgery and get an ID band for your wrist.
- Be checked in by a nurse and asked about your pain level.
- Be given an IV and weighed by the nurse.
- Be given several medicines that will help keep you comfortable during and after surgery.
- Meet the anesthesia and surgery team where your consent for surgery will be reviewed. Your family can be with you during this time.



## In the Operating Room

From the preoperative area, you will then be taken to the operating room (OR) for surgery and your family will be taken to the family waiting lounge.

Many patients do not recall being in the OR because of the medication we give you to relax and manage your pain.



Once you arrive in the OR:

- We will do a “check-in” to confirm your identity and the location of your surgery.
- You will lie down on the operating room bed and will be hooked up to monitors.
- Boots will be placed on your legs to prevent the development of blood clots during surgery. You may also be given a blood thinner shot to prevent blood clots (usually after you are asleep).
- We will give you antibiotics, if needed, to prevent infection.
- The anesthesiologist will then put you to sleep with a medicine that works in 30 seconds.
- Just before starting your surgery, we will do a “time out” to check your identity and confirm the location of your surgery.

After this, your surgical team will perform your operation.

During your surgery, the OR nurse will call your family approximately every 2 hours to update them, when possible.



# After Surgery

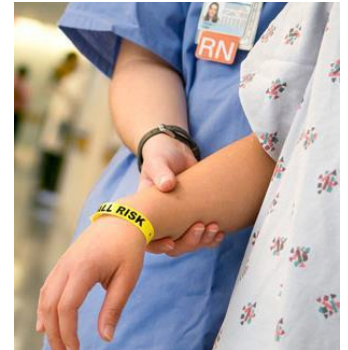
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## Recovery Room (Pre/Post East)

After surgery, you may be taken to the recovery room. Patients can remain in the recovery room for about 4-6 hours and are then assigned an inpatient room on the Acute Care Unit.

Once you are awake:

- You will get out of bed (with help) to start moving as soon as possible. This speeds up your recovery and decreases the chances you will get blood clots and pneumonia.
- Post-operative nausea and vomiting is very common after your surgery. We give you medication to reduce this.



The surgeon will also call your family after surgery to give them an update.

## Hospital Inpatient Unit

Once to your room, you:

- Will be given oxygen and have your temperature, pulse, and blood pressure checked after you arrive.
- Will have an IV in your arm to give you fluid.
- Will be allowed to have small amount of ice chips or clear liquids.
- Will be given an incentive spirometer (a device to help see how deeply you are breathing). We will ask you to use it 10 times an hour to keep your lungs open and help prevent pneumonia.
- Will receive a blood thinner injection every day and be asked to wear special squeeze boots (SCDs) to help prevent blood clots.
- Will get up and out of bed on the day of your surgery, with help from the nurse and other staff.
- May have an abdominal binder in place.

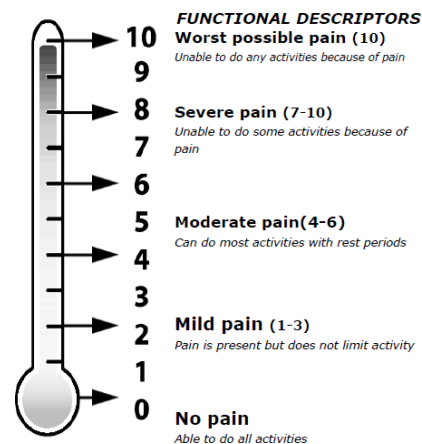


## Pain Control Following Surgery

Managing your pain is an important part of your recovery. It is normal for you to have some pain for a few days after surgery. The goal is to lower the pain so that you can comfortably walk and take deep breaths effectively. We will ask you regularly about your level of comfort.

One way your care team will help you safely control your pain after surgery is by using *non-opioid* medications during your recovery. The goal is to use as little *opioid* medication as possible to control your

pain. If you need stronger pain medication, it is OK. If your pain is worsening and it is not relieved with any medication, you should let your surgeon know.



- You will get several *non-opioid*, pain medications around-the-clock to keep you comfortable.
  - **Tylenol (acetaminophen)** – is a pain killer and reduces fevers.
  - **Toradol (ketorolac)** – is a medication that decreases swelling and pain after surgery. This medication is known as an NSAID and is safe for short-term use after surgery (unless you had a gastric bypass).
  
- You will have *opioid* pain medication as needed for additional pain.
  - Opioids are powerful pain medications, with many serious side effects. Opioids (usually **oxycodone**) may be used after surgery only when needed for severe pain, but they should not be used first to treat mild or moderate pain.
  - Side effects of opioids include nausea, constipation, dizziness, headache, drowsiness, vomiting, itching, and respiratory depression.
  - Prescription opioid drug use may lead to misuse, abuse, addiction, overdose and death. Your risk of opioid abuse gets higher the longer you take the medication.

If you are on long-standing pain medication prior to surgery, you will be provided with an individualized regimen for pain control with the assistance of our pain specialists.





We will encourage you to use the “Splinting Technique” to minimize pain at your surgical site. To do this, press a pillow or your hand against your incision area and support it when you take a deep breath, cough, sneeze, laugh, move, etc.

## Comfort Menu

Your comfort and controlling your pain are very important to us. In addition to medication, we offer other options to help make you comfortable during your stay. We hope this comfort menu will help you and your healthcare team to better understand your pain and recovery goals. Please discuss your pain control goals and comfort options with your nurse. If you need additional items or have any questions, please ask.



- Distraction:** focus your mind on an activity like creating art with our art supplies, doing puzzle books and reading magazines
- Ice or Heat Therapy:** ice packs and dry heat packs are available, depending on your surgery
- Noise or Light Cancellation:** an eye mask, earplugs and headphones are available for your comfort and convenience. We can also help you create a sleep plan.
- Pet Therapy:** hospital volunteers visit the unit with therapy animals. Ask about their availability.
- Positioning/Movement:** changing position in your bed/chair or getting up to walk (with help) can improve your comfort.
- Prayer and Reflection:** connect with your spiritual or religious center of healing and hope through prayer, meditation, reflection and ritual. Also, ask about our chaplaincy services.
- Controlled Breathing:** taking slow deep breaths can help distract you from pain you are feeling. This can also help if you are feeling nauseated (upset stomach). Using the **4-7-8** technique, you can focus on your breathing pattern:
  - Breathe in quietly through your nose for 4 seconds
  - Hold the breath for 7 seconds
  - Breathe out through your mouth for 8 seconds
- Television Distraction:** we offer a relaxation channel through the UVA in-room television. Turn to channel 17.
- Calm App:** for Android or iOS: if you have a smart device, download the free Calm app for meditation and guided imagery. You can find it by searching in the app store.



## Laparoscopic Gas Pain

You may have discomfort in your stomach, neck or shoulders for a few days after your surgery. This pain is because gas is used to inflate your abdomen during surgery. The pain will go away as the gas is reabsorbed in your body. Some ways to help with this pain are walking around, using a hot compress (heating pad), and avoiding carbonated drinks

## First Day After Surgery



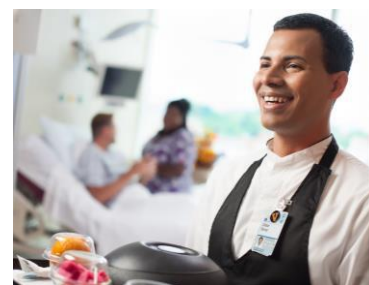
On the day after your surgery, you will:

- Be asked to get out of bed with help, walk the hallways, and sit in the chair for 6 hours.
- Start on a sugar-free clear liquid diet (also known as a Stage 1 diet).

## Second and Third Day After Surgery

If you have a longer stay, two to three days after your surgery, you most likely will:

- Continue on your diet plan
- Have your IV turned off but not removed.
- Be asked to be out bed for the majority of the day and walking 3 times with help.
- Meet with an Advanced Practice Provider (APP) for medication review and to assess your readiness for discharge
- Receive your discharge medications at your bedside prior to discharge.



You will also be preparing for discharge if you are:

- Off all IV fluids and drinking enough to stay hydrated.
- Comfortable and your pain is well controlled.
- Not nauseated or belching (burping) and your nausea is well controlled.
- Passing gas.
- Not running a fever.
- Able to get around on your own.

Remember, we will not discharge you from the hospital until we are sure you are ready. For some patients this requires an additional day in the hospital.

# Complications Delaying Discharge

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Sometimes there are things that may happen after surgery which may keep you in the hospital longer. We do our best to prevent these from happening. These may include:

**Wound infection** – the surgery site might open up, become red, or drain fluid. You may need some antibiotics if your wound becomes infected.

**Postoperative Nausea** – you may experience nausea after surgery. You are given medications during surgery to help prevent this but some patients can still experience significant nausea.

**Delayed gastric emptying** – your stomach may empty slowly and you may feel sick after your surgery. We feed you slowly when you first start your sugar free clear liquids to prevent this.

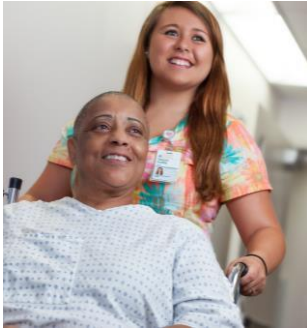
**Blood clots** – we encourage you to get up and walk around as much as possible to prevent blood clots from forming. We will also have you on blood thinner medicine while you are in the hospital in order to help prevent this.

**Bleeding** – there is always a risk of bleeding after surgery. We monitor you closely to watch for any signs of bleeding.



## Discharge

Before you are discharged, you will:



- Be given a copy of your discharge instructions.
- Be given a list and instructions of any medications you may need.
- Have your discharge medications delivered to your bedside.
- Be given instructions on when to return to see your surgeon in clinic. This is usually 3 weeks after your surgery. We may see you sooner if you have a surgical wound or drain.

We would also like you to see your local doctor within a month after your surgery.

## Before You Leave the Hospital

- We will ask you to identify how you will get home and who will stay with you.
- If you use oxygen, we will want to make sure you have enough oxygen in the tank for the ride home.
- Be sure to collect any belongings that may have been stored in “safe keeping.”

Our Case Managers help with discharge needs. Please let us know the names, locations, and phone numbers of:

- Your home pharmacy:

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- Your home healthcare agency (if you have one):

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- Any special needs after your hospital stay:

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# After Discharge

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## When to Call

Complications do not happen very often, but it is important for you to know what to look for and who to call in case you start to feel bad.



### **Red Zone:** Medical Alert – Call 911

- Unrelieved shortness of breath
- Chest pain

### **Yellow Zone:** Worsening Symptoms

- Temperature over 101.5 °F or chills
- Increase in drainage from your incision
- Colored or cloudy drainage from your incision
- Odor or redness to the incisional area
- Any increase in swelling or pain in your lower leg
- Severe calf pain
- No bowel movement in 4-5 days
- You experience unusual signs of bleeding, such as dark brown or red urine, blood in stool (red or black), nosebleeds or any bleeding that does not stop
- You are vomiting, nauseated or have diarrhea or stools that look lighter, are abnormal in color, or appear oily.
- You have a heart beat that feels fast, too slow, or skips
- You are feeling faint
- You have a change in your mental status
- You are feeling weaker instead of stronger
- You are unable to pass urine for more than 6 hours
- You fell at home



### **Green Zone:** Symptoms are under control

- Low grade temperature of 100.0-101.4 °F
- Light drainage on your incisional dressing



## Contact Number

You will be provided with a wrist band at discharge. This wrist band has the phone number **434.924.2121**. You can call this number at any time if you have any questions or concerns. After 4:30pm and on weekends this number will go to the operator, ask to speak to the Orange Surgery Resident on call. The resident on call is often managing patients in the hospital so it may take a few minutes longer for your call to be returned.

## Wound Care Instructions

For the first 1-2 weeks following your surgery, your wound may be slightly red and uncomfortable. If your wound is inflamed, painful, swollen or leaking milky fluid, please contact us.

If your incision(s) has/have been closed with a type of transparent skin glue called **Dermabond**, allow the skin glue to wear off on its own in the next 10-14 days. Do not peel it off.

If your incision(s) has/have been closed with **steri-strips**, these will fall off on their own within two weeks. After two weeks, gently remove any remaining Steri-Strips. You may also trim them if they start to curl before two weeks.

Instructions for showering are the same for Dermabond or steri-strips:

- You may shower and let warm soapy water wash over your incisions, but do not scrub, soak in a tub, or swim for **2 weeks**. After a shower, you should pat the area dry.
- Other than showering, you should keep the incisions dry and avoid ointments unless directed to use.
- It is common for your incisions to be tender and pink and have pinkish/yellowish drainage. It is important to monitor for signs and symptoms of infection such as fever, change in drainage color or smell.



Avoid direct sunlight on your surgery site. It will take a few months for your scar to become less red. You will need to wear sunscreen on your scar line for the first year.

## Ulcer Prevention

If you had a gastric bypass, you should not take NSAIDs for the rest of your life. The use of NSAIDs will put you at an increased risk for serious damage to the stomach pouch and possibly result in gastric ulcers. Examples of NSAIDs include ibuprofen (Motrin), naproxen (Aleve, Naprosyn), and aspirin, to name a few.

## Ursodiol

Ursodiol is a medication prescribed to patients who still have their gallbladder.

- Rapid weight loss after bariatric surgery is a risk factor for developing gallstones.
- Ursodiol 300 mg is taken 2 times a day for 6 months to help prevent the formation of gallstones.

## Anticoagulation

You may be sent home with a medication to help prevent blood clots after surgery. This therapy is recommended for 30 days. While you are in the hospital, your nurse will teach you and your care partner how to administer the injections.

The most common anticoagulation medication prescribed is Enoxaparin (Lovenox).

### **How to take Enoxaparin:**

- Take the injection at the same time each day.
- The injection goes just under the skin (subcutaneously), at least 2 inches away from your belly button, on the sides of your abdomen. (Infants, children, and thin adolescents & adults, you can use the outer area of your thighs.)
- Keep track of where you give the shot so you can rotate the areas (i.e. left side of abdomen yesterday, right side today, left side tomorrow).

### **If you miss a dose:**

- Do NOT take 2 injections at the same time to make up for a missed dose.
- If you remember the same day and your next injection is 6 or more hours away, take the missed injection as soon as you remember. Take the next injection at the usual time.
- If your next injection is less than 6 hours away, skip the missed dose and take your next injection at the usual time. Using a calendar or electronic reminder may help remind you to take this medication.

### **STORAGE OF ENOXAPARIN**

- Keep enoxaparin at room temperature (not in the refrigerator or freezer)
- Keep enoxaparin in a dry place (not in the bathroom).
- Keep this medication in a safe place, away from children.
- Discard unused syringes in a thick plastic container (i.e. empty bleach bottle) or in a local pharmacy disposal bin

## Pain

Depending on the type of your surgery, you may alternate NSAIDs (like ibuprofen) and acetaminophen (Tylenol) for improved pain control. Take these over-the-counter medications as prescribed. Remember, you should not take NSAIDs if you had a gastric bypass.

Additionally, we may send you home with a prescription an opioid pain medication to use for severe pain only. If you would like this filled at the hospital pharmacy, please tell your nurse so it will not cause delay in your discharge home.

Since opioid pain medications can often cause nausea, you should take this medication with a small amount of food.

Your health care team will work with you to create a treatment plan based on the medications you are prescribed. It's important to remember that misuse of opioid pain medicines is a serious public health concern. If you take more of your opioid



pain medication than was prescribed or more often than what was prescribed, you will run out of your medication before your pharmacy will allow a new prescription to be filled. Virginia has a Prescription Monitoring Program for these types of medications to help keep patients safe.

Ask your health care team if you have specific questions.

## **How You Should Store Your Opioids**

You should have a safe plan for storing your opioids at home. You should always keep them out of reach of children and pets. Hide or lock up your medication to help with this. It is important you keep your medication in its original bottle or container so you do not take it by mistake. You should keep track of the location and number of pills in the bottle at all times.

## **Pain Medication Weaning**

You may find that your pain is well controlled by your non-opioid medications. However, if you are taking opioid pain medication, you will need to wean off these medications as your pain improves. Weaning means slowly decreasing the amount you take until you are not taking it anymore. Weaning to lower doses of opioid pain medication can help you feel better and improve your quality of life. Use the smallest amount of opioid possible for the shortest amount of time.

It's important to remember that taking opioid pain medication may not provide good pain relief over a long period of time and sometimes they can actually cause your pain to get worse. Opioid pain medications can also have many different side effects including constipation, nausea, tiredness and even dependency (addiction). The side effects of opioid pain medications increase with higher doses which means the more you take, the worse the symptoms may be.

To wean from your opioid pain medication, we recommend slowly reducing the dose you are taking. *You can increase the amount of time between doses.*

If you are taking a dose every 4 hours, extend that time:

- Take a dose every 5 to 6 hours for 1 or 2 days
- Then, take a dose every 7 to 8 hours for 1 or 2 days.

*You can also reduce the dose.* If you are taking 2 pills each time, start taking fewer pills:

- Take 1 pill each time. Do this for 1 or 2 days.
- Then, increase the amount of time between doses, as explained above.



If you are not sure how to wean off your opioid pain medication, please contact your family doctor.



It is important to properly dispose of your unused opioids. **We ask that you bring your unused opioid medications to your follow up appointment at the Metabolic and Bariatric Surgery Clinic.** The nurse will help you safely dispose of the opioids you no longer need.

Also, the **UVA Pharmacy** is now a **DEA registered drug take-back location.** There is a Drop Box available in the main lobby of the pharmacy 24 hours 7 days per week for patients or visitors to safely dispose of unwanted or unused medications.

### **Infection**

If you develop a low fever, this may mean that you need to work on deep breathing.

You should use your incentive spirometer (lung exerciser) 10 times every 2 hours while awake. You should continue every 2 hours for 7 days.

You should also walk at least 3 times per day to help prevent pneumonia after surgery.



### **Staple line leak**

A leak might develop at the “anastomotic site.” This is where your new connections are sewn together inside. Sometimes this may require another surgery to fix the leak. If you have a staple line leak you may experience a rapid heart beat, fever, chills, abdominal pain, shortness of breath, nausea and vomiting.

Write any questions you have here:

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# Common Difficulties after Weight Loss Surgery

## Acid Reflux (heartburn)

This can be common after weight loss surgery and is often caused by certain eating habits. If you do experience heartburn, you should speak to your registered dietitian. He/she may be able to provide some helpful suggestions.

If you are following your diet stages and still experience reflux, please call our support staff. This may be due to an ulceration in the stomach and must be treated with medications.

## Constipation

You will be given a prescription for pain medicine (opioid) when you are discharged from the hospital. Constipation is very common with the use of opioid pain medicine. We designed the ERAS program to decrease the risk of constipation by using pain medicine alternatives to help keep you comfortable.

It is very important to AVOID CONSTIPATION AND HARD STOOLS after surgery. Excessive straining will cause pain and possible harm to the surgery site.

We recommend taking a stool softener such as docusate sodium (Colace) while taking opioid pain medication. If the stool softener is not enough, you may try a mild laxative such as MiraLax as directed until your bowel habits are regular. Speak with your pharmacist if you have any questions about what to take.



It is also important that you drink 6-8 cups (48-64 ounces) of non-caffeinated fluids per day to prevent constipation. Walking and regular activity will also help to prevent constipation.

## **Diarrhea**

Diarrhea may occur after weight loss surgery, especially the first weeks after gastric bypass. Diarrhea can be avoided by decreasing the amount of sugar in one serving, or drinking water instead of cow's milk.

## **Dumping Syndrome**

Dumping Syndrome occurs when food exits the stomach pouch rapidly and “dumps” into the intestine. This causes the intestine to immediately pull water from the rest of the body to dilute the food. The food then moves rapidly through the intestines and out of the body. This usually happens after consuming a meal high in fat or sugar. Symptoms include rapid onset of vomiting, urgent diarrhea, rapid heart rate,

headache, lightheadedness, sweating, bloating, dizziness, and abdominal pain. Dumping can occur as quickly as 30 to 60 minutes after eating but may occur hours later. It can take 4 to 24 hours for symptoms to resolve. Dumping rarely requires emergency attention.



## **Gas**

Certain foods can cause gas.

Soluble fiber: (increases gas) Examples are oats, wheat, bran and other grains that do not dissolve in water.

Insoluble fiber: (little effect on gas) Examples are vegetables, fruit, and grain products.

Keeping a balanced diet means consuming both soluble and insoluble fiber in your diet. Ask your dietitian if you are experiencing any difficulty.

## **Lactose Intolerance (after gastric bypass)**

Lactose intolerance means your body cannot break down the natural sugar found in most dairy products. The enzyme that normally breaks down lactose in your digestive system is no longer present.

Symptoms include:

- Gas
- Cramping
- Diarrhea
- Bloating

If you continue to experience the symptoms of lactose intolerance, simply switch to lactose-free diet.

## **Nausea**

Nausea is very common after surgery. It *may* be related to your food choices. Be sure to follow your postoperative diet plan. Do not use a straw (this adds too much air while drinking, which can cause nausea.) Eat slowly and do not drink while eating food.

Nausea can also be related to other things, including certain medications or supplements. Do not take your vitamin/mineral supplements or pain medication on an empty stomach.

You will be sent home with a prescription for an anti-nausea medication. Take it as prescribed.

## **Vomiting**

Occasional vomiting after weight loss surgery is normal. As your diet advances in the weeks after surgery many patients experience vomiting. Vomiting can occur if you eat too quickly or eat too much food. Please remember to chew all foods well. If you experience vomiting, wait several hours and begin with liquids and slowly progress back to your current stage.

If vomiting is persistent or you experience sharp pain, call our surgery clinic immediately.

**\*\*AVOID carbonated beverages, which can cause pain, nausea, and vomiting\*\***

## Emotional Changes

Be prepared for emotional ups and downs after you go home from the hospital. Some patients feel like they are on an “emotional roller coaster.” Some people feel as though they are grieving a loss. These feelings are completely normal and usually go away within a week or so. If these feelings continue or get worse, you should get help.

Please be aware that some patients develop an addiction to alcohol or other substances when they can no longer over eat.

If this any emotional changes continue or get worse, please seek help. If you have a therapist or counselor, call them for an appointment. If you need help finding a therapist, call the **Behavioral Medical Center** (434.924.5314) for a referral. Talk to your nurse coordinator about the weight reduction support group at UVA. For more information visit the Obesity Action Coalition at [www.obesityaction.org](http://www.obesityaction.org)

## Hobbies and Activities

Walking is encouraged from the day following your surgery. Plan to walk three or four times daily.

You should NOT:

- Do any lifting, pulling or pushing over 10 pounds heavy lifting for 6 weeks. (no more than a gallon of milk = 10 lbs.).
- No bending or twisting

You SHOULD:

- Walk and engage in light activity for the next 2 weeks.
- Start with a regular exercise program 2 weeks after surgery.
- Be able to climb stairs and go outside from the time you are discharged.
- Use your arms and legs to assist raising from the bed and chair.
- Return to hobbies and activities soon after your surgery. This will help you recover.

Remember, it can take up to 2-4 months to fully recover. It is not unusual to be tired and need an afternoon nap 6-8 weeks following surgery. Your body is using its energy to heal your wounds in the inside and out.



## Exercise

Exercise is essential for weight loss and maintenance. If you were not exercising before surgery, you should start with seated exercise, walking in place, or water exercise. You should work up to 30 minutes, then 60 minutes, with a goal of exercising 5 days a week. Planning exercise into your daily schedule is recommended, otherwise it is harder to make it happen.

## Resuming Sexual Relationships



You should be able to resume a normal, loving relationship after you have recovered from your surgery and you are not feeling any discomfort.

Please use **BIRTH CONTROL**. Do **NOT** get pregnant for 18 months after weight loss surgery. Your body is going through a lot of changes and it is important to maintain your daily protein intake and mineral requirements.

## Work

You should be able to return to work 3 weeks after your surgery. This might be longer or shorter depending on your recovery rate and how you are feeling. If your job is a heavy manual job, you should not perform heavy work until 6 weeks after your operation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.

If you need a “Return to Work” form for your employer or disability papers, ask your employer to fax them to our office at the number provided on page 3 of this handbook.

## Driving

You may drive when you are off opioids for 24 hours and feel secure and pain-free enough to react quickly with your braking foot. For most patients this occurs at 3 weeks following surgery.



## Join Our Support Group!

A support group is available through clinic. The group meets once a month. Please ask your nurse coordinator for more information.

## Maintenance

Following your surgery, most people continue to lose weight for 12-18 months after surgery. However, weight maintenance is a lifelong process.



You will continue to visit us in the clinic on a regular schedule – 3 weeks, 3 months, 6 months, and then yearly for the rest of your life.

During your follow up visits, a Registered Dietitian will be available to discuss your food intake and exercise regiment. At your follow up visit, we will check in on your weight loss trend and have blood drawn to check on labs specific to this surgery. For example, we will look for nutrient deficiencies that your primary care doctor may not identify.

These vitamin and mineral deficiencies are very important. These can affect many important things in your body. These deficiencies can cause anemia (reduced energy), skin issues like sores and delayed wound healing, night blindness, and may even affect your neurologic function if not identified right away. For these reasons and many others, it is very important to return to our clinic each year after your surgery.

Write any questions you have here:

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## Preparing Yourself and Your Home for Bariatric Surgery

Laparoscopic gastric bypass and sleeve gastrectomy are major abdominal surgeries. There are some activity guidelines that you will want to follow after your surgery to help you heal properly and more comfortably. It is best to begin preparing yourself and your home for your recovery process prior to surgery.

### Abdominal surgery activity precautions:

- No lifting, pushing or pulling over 10 pounds.
- No driving while using narcotics for pain management
- Use your arms and legs to assist raising from bed and chairs
- Limit activities and positions that strain the abdomen, including bending and twisting

### Questions to ask yourself while preparing prior to surgery

#### Social Support

1. Do you live alone or are you by yourself for large portions of the day?
  - If yes, it is advisable to arrange for someone to be available to help you in your home for the first few days after surgery.
2. Are you responsible for young children or pets at home?
  - If yes, you will be unable to lift due to restrictions from surgery as well as walk pets on a leash. Please discuss with your children how you will not be able to lift them after surgery. Please make arrangements accordingly for childcare needs and pet care assistance.
3. Are you responsible for certain tasks for you and your household including: Cleaning, Cooking, Laundry, Driving, Caring for family members, Shopping?
  - If yes, please make arrangements to support these needs for the next several weeks as you recover from your surgery (other members of the household, friends, neighbors, church, etc)

#### Preparing Your Home for Your Recovery:

4. Are there stairs to enter your home?
  - You are not restricted from stairs after surgery. However, stairs can be challenging after surgery. We recommend having someone assist you up and down the stairs for the first few days after surgery until you can comfortably navigate them. Rails or bars can be helpful.

5. Do you have stairs to reach your bedroom or bathroom once in the home?
  - Again, you are not restricted from stairs after surgery. However, stairs can be challenging after surgery. Some patients choose to temporarily stay on the main level on a couch, recliner or alternate bedroom or choose to stay upstairs for a few days to make mobility easier. Some patients come down the stairs in the morning and stay on the main level during the whole day, going back upstairs at night. You will need to have access to a bathroom, so please look at your home setup and see what will work best for you. In addition, make sure to prep your home so you have what you need if are by yourself (cell phone, water, etc)
6. Do you own or currently use any durable medical equipment (walker, rollator, cane, wheelchair)?
  - If you currently use an assistive device, it will be important to start mobilizing prior to your surgery to improve your pre-op activity level. Refer to the Mobility Preparation for Surgery section below for further information
  - Some patients benefit from using a walker for the first few days after surgery due to pain. Check with friends or family if you can borrow a walker or other helpful equipment. A walker can be ordered during your hospital stay if needed, as well.
  - Consider grab bars or a raised toilet seat to avoid straining abdomen when raising/lowering from seat.
7. What type of bed do you sleep in?
  - One of the most difficult tasks is getting in/out of bed after your abdominal surgery. It will be important to practice the logrolling technique prior to surgery, which adheres to your post-op precautions (see below). You can use an adjustable bed or bedrails to make it easier (if available). Some patients find it comfortable to sleep in a recliner the first few days after surgery
  - If your bed is very high or very low, it may be very difficult to get in and out of bed after surgery. It would be beneficial to look at another sleeping surface or make modifications as necessary (i.e-foot stool to help get into bed)

**Log-roll technique for getting out of bed** (To ensure safety, please have someone with you when you are practicing.)



**Step 1-** Move close to the edge of your bed and bend your knees



**Step 2-** Reach your arm across your body towards the edge of the



**Step 3 -** Roll to your side – Try to do this without twisting



**Step 4 -** Let your feet drop off the bed, and use your elbow and extended arm to push up from the bed



**Step 5 -** Come up to a full sitting position, rest feet on the floor

Additionally, it may be more comfortable to get in on all fours when getting into bed:



**Step 1-** Place two hands and one knee on the bed



**Step 2 -** Bring your other leg up to get on all fours



**Step 3 -** Roll to your side by tucking your knees to the side (try to do this without twisting)

#### **Other Home preparation tips:**

- Clear any tripping hazards from walkways
- Remove throw rugs to prevent falls, especially if using a cane or walker
- Place frequently used items on counter or easily reached locations to avoid excessive bending and reaching
- Ensure bed and chairs are not too low

## Mobility Before Surgery:

- The more mobile you are prior to surgery, the easier your recovery will be. It is highly recommended that you start increasing your activity before surgery. Walking is a great way to start. No set distance is required and every little bit helps. You might find it motivating to track how often, how far, or how long you can go. Some people like using an activity tracker (i.e. pedometer, app on your phone, Fitbit, Apple watch) to gauge their activity level and to track their progress. We provide an activity log that you can record your daily walks and exercise to track your progress.
- When exercising, try to be aware of “*how hard am I working,*” so you don’t exhaust yourself. The Rating of Perceived Exertion Scale can be a good tool to help with this.

RPE Scale	Rate of Perceived Exertion
10	<b>Max Effort Activity</b> -Feels almost impossible to keep Going. Completely out of breath. Unable to talk. Cannot maintain for more than a very short time.
9	<b>Very Hard Activity</b> -Very difficult to maintain exercise intensity. Can barely breathe and speak only a few words
7-8	<b>Vigorous Activity</b> -borderline uncomfortable. Short of breath, can speak a sentence
4-6	<b>Moderate Activity</b> -Breathing heavily, can hold a short conversation. Still somewhat comfortable, but becoming noticeably more challenging
2-3	<b>Light Activity</b> -feels like you can maintain for hours. Easy to breathe and carry a conversation.
1	<b>Very Light Activity</b> -Hardly any exertion, but more than sleeping, watching TV, etc.

- When exercising, we recommend you aim for the 2-3 zone and do not push yourself beyond a rating of 4-6. Once you reach this level, stop exercising and allow your body to rest.
- If you have trouble going up and down stairs to enter your home or to get to your bedroom/bathroom, we also recommend practicing these prior to surgery. Use the scale above to rate your exertion level and stop when you reach a rating of 4-6.

## Tips to Reduce fatigue:

- Walk for short bouts of 5-10 minutes to start. It is best to start with short bouts of walking multiple times a day instead of 1 long bout of walking which could wipe out your energy for the rest of the day
- Goal is to build up to walking at least 30 minutes a day
- This is in addition to necessary walks like to the bathroom.
- A good progression is to increase the amount of exercise/walking performed by 10-30% each week.

## **Strengthening exercises**

- We recommend performing strengthening exercises at least 2 times a week.
- You build strength when you exercise a muscle to the point of muscle fatigue. Muscle fatigue is where it is hard to perform the exercise slowly or with good control.
- Strengthening exercises can be broken up into shorter time periods, but try to make sure you work through all the muscle groups.
- Start with short 5-10 minutes of strengthening exercises.
- It takes 6-8 weeks of performing strengthening exercises before people improve their strength. So stick with it!
- It is important to stop or avoid any strengthening exercises that cause pain. Warming up with gentle stretching before performing strengthening exercises can help reduce the risk of injury as well
- Recommended Strengthening Exercises (see end of section for pictures and instructions)
  - Heel Raises
  - Long Arc Quads
  - Sit to Stands
  - Standing Hip Abduction

## **Mobility After Surgery:**

- After surgery, you will be expected to be out of bed and walking the evening of your surgery. You will be out of bed and in the chair a total of 6 hours throughout the day and walk the hallways at least three times on your first day after surgery. This will continue throughout your hospital stay and when you are discharged home.
- Physical Therapy and Occupational Therapy will see you on the day after your surgery to evaluate and assess your mobility and activities of daily living. We will review your mobility precautions after surgery. Please make sure to ask any questions/concerns about your mobility and daily activities during this time.
- Nursing Staff can assist you to walk hallways after surgery as well as help you out of bed to the chair. Please reach out for their assistance during your stay.

## **Abdominal Surgery Activity Precautions and Guidelines:**

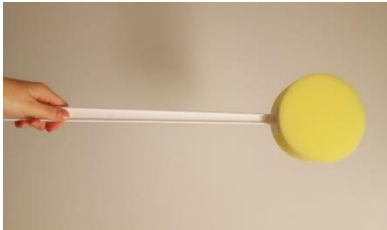
- These restrictions will remain approximately 4 weeks after surgery
- No lifting, pushing or pulling over 10 pounds
- Use your arms and legs to assist with standing up from bed and chairs
- Limit activities and positions that strain the abdomen including excessive bending or twisting.
- Up and out of bed 6 hours throughout the day
- Walk minimum 3 times per day

## Adaptive Equipment & Post-op Care:

If you are having any difficulty performing self-care tasks after your surgery, you may be encouraged to use adaptive equipment to help maintain your independence. Your occupational therapist will teach you how to use this equipment. If your doctor approves the use of an abdominal binder, you may be encouraged to wear an abdominal binder to prevent pain with walking.

Examples of equipment you might use:

Long handheld sponge



Reacher



Toilet Aid



Sock Aid



Abdominal binder

## Mobility After Discharge:

- After discharge, expect to continue your precautions for at least 4 weeks after the date of your surgery or until your surgeon says you can return to normal activity.
- Continue to walk and be out of bed frequently. It is very important to be active and moving every day to avoid post-operative complications, such as blood clots. Movement can even help decrease your pain.
- Try to progress your activity and resume your pre surgery walking routine. Again, we recommend recording the distance and time of your walks or using an activity tracker (i.e. pedometer, app on your phone, Fitbit, Apple watch) to gauge your activity level and to help progress your activity. Use the activity log to record your daily walks and exercise to track your progress.
- Continue to use the RPE (rating of perceived exertion) scale to as a guide on how to increase your activity level.
- Resume your strengthening exercises once you discharge home.

Please write any questions or concerns you have about activities of daily living or your home environment following your surgery. Share these with your therapist in the hospital and they will do their best to help you!

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## Strengthening Exercises:

### 1. Heel Raises

Start/End Position



Middle Position



#### Instructions:

1. Stand next to or in front of a solid support.
2. Keeping knees straight, lift both heels up off the floor.
3. Slowly lower heels back down to floor.
4. Repeat.

Repeat \_\_\_ times for \_\_\_ sets.

Perform \_\_\_ times a day.

Perform \_\_\_ times a week.

### 2. Long Arc Quads

Starting/End Position



Middle Position



#### Instructions:

1. Sit upright in chair with feet flat on floor.
2. Keeping toes pointed toward ceiling, lift one foot to straighten knee. Hold foot up with knee straight for slow count of 5.
3. Slowly lower foot back to flat on floor.
4. Repeat

Repeat 10 times with each leg for \_\_\_ sets.

Perform \_\_\_ times a day.

Perform \_\_\_ times a week.

### 3. Sit to Stand Using Arms

Starting/End Position



Middle Position



#### Instructions:

Sitting on front half of chair or seat. Scoot forward to front of seat if needed. Place hands on seat or on arm rest of seat.

1. Lean forward and push through arms and legs to fully stand.
2. Stand for a count of 5.
3. Step back to seat until you feel it on the back of your legs.
4. Reach back for seat or arm rests on seat and slowly sit down.

Repeat \_\_ times for \_\_ sets.

Perform \_\_ times a day.

Perform \_\_ times a week.

### 4. Hip Abduction Standing

Starting/End Position



Middle Position



#### Instructions:

1. Stand fully upright in front of stable surface.
2. Lift one foot up toward buttocks.
3. Slowly kick foot back behind you without leaning forward.
4. Bring leg forward under you.
5. Slowly lower foot down to the ground.
6. Repeat with same leg.
7. After 1 set with 1 leg, switch to perform with other leg.

Repeat \_\_ times for \_\_ sets.

Perform \_\_ times a day.

Perform \_\_ times a week.





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## Bariatric Surgery Pathway: The Patient's Checklist

GOAL: Safe transition from hospital to home or next care setting through learning basic knowledge of postoperative care and monitoring.

Weeks prior to Surgery	Actions	Check when complete
Medications	If you are on any blood thinner medications, follow any specific instructions that your nurse gave you regarding <b>if</b> and <b>when</b> to stop taking them before your surgery. If you have any questions, call your surgeon's office.	
Medications	<p>STOP taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery.</p> <p><b>If you ARE on a very low carb diet before your surgery, you CAN take multivitamins with minerals. All other vitamins, herbal supplements and drinks should be stopped 2 weeks before your surgery.</b></p> <p><b>If you ARE NOT on a very low carb diet before surgery, stop taking all vitamins, herbal supplements and drinks 2 weeks before your surgery.</b></p>	
Actions	<p>Purchase the following supplements prior to your surgery. These will be needed after surgery:</p> <ul style="list-style-type: none"> <li>- Liquid or chewable multivitamin/multi-mineral</li> <li>- Calcium w/vitamin D</li> <li>- Vitamin B12</li> <li>- Thiamine (B1) (this will only be needed for 3-4 weeks following surgery, as advised by your care team)</li> </ul> <p>Please note that your care team may also advise you to purchase <b>iron</b> before surgery, if you aren't already on it. This is only recommended to certain patients.</p>	

Day prior to Surgery	Action	Check when complete
Medications	Follow orders given to you for blood thinners and diabetes medications.	
Diet	Drink only clear liquids the full day before surgery. You may have water, apple juice, or Gatorlyte™ all day. Be sure you have a Gatorlyte™ ready for the morning of your procedure.	
Actions	On the evening before your surgery, take a shower with the soap provided to you. Use <b>half</b> of the bottle as instructed.	
Actions	Call 434.982.0160 if you don't receive a call from OR by 4:30 PM with your arrival time.	
Morning of Surgery	Action	Check when complete
Medications	Take any medication you were instructed to take the morning of surgery.	
Actions	Take a shower with the soap provided to you. Use the remaining <b>half</b> of the bottle.	
Diet	Continue drinking clear liquids (water and Gatorlyte™) until you arrive at the hospital.  Drink your Gatorlyte™ before check in, then nothing more to drink.	
Actions	Bring your CPAP or Bi-PAP machine with you, if you use one.	
Actions	Bring your blood band with you, if you were given one.	
Actions	Bring an updated <u>list</u> of your medications.	
Actions	Bring this handbook and checklist in to the hospital with you when you check in for surgery.  See the “Pre-Surgery Checklist” page in your handbook for some additional helpful items to bring with you on your day of surgery.	

Post-operative Day 2-3	Action	Check When Complete	RN Initials
Mobilize	Spend at least 6 hours out of bed. Walk three times in the hallway.		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Infection Prevention	Identify signs and symptoms of wound infection. Demonstrate appropriate wound care.		
Diet	Meet with nutritionist to discuss a diet plan. Tolerate your recommended diet.		
Pain Management	Pain well-controlled on oral pain medications. Verbalize pain management plan for discharge.		
Discharge	Action	Check When Complete	RN Initials
Discharge Instructions	Verbalize understanding of signs and symptoms of a potential complication and what actions to take in the event of a complication.		
Discharge Preparation	Ensure you have a ride home from the hospital, extra oxygen (if you need it), and all of your belongings that may have been stored in "safe keeping" during your hospital stay		