



# Pre-Operative Bariatric Surgery Education



# PowerPoint Videos

- I have included several videos through this presentation to make it a little less boring
- In order to keep the document size small enough to share with you, I had to upload the videos to YouTube
- Please click on all of the links throughout the presentation
- I apologize for the lack of professionalism in the quality
- Please give me a little grace, as this is my first time to make selfie videos & I did not do great. Sorry 😊
- VIDEO: <https://youtu.be/GPBqFE0aqkk>
- VIDEO: [https://youtu.be/VHN09fP8\\_Ic](https://youtu.be/VHN09fP8_Ic)

# Kenneth Bruce Jones, MD, FACS, FASMBS

Specialty: General Surgery & Bariatric Surgery



**Accredited Metabolic  
and Bariatric Center**

NEA Baptist -  
Jonesboro is proud  
to be one of six  
centers in Arkansas  
to be accredited for  
Bariatric Surgery



## **Accredited Metabolic and Bariatric Center**

We are also a Blue  
Distinction Center  
with BCBS, a Center of  
Excellence with UHC,  
and an Institute of  
Quality with Aetna.

# MBSAQIP BSTOP

(Bariatric Surgery Targeting Opioid Prescriptions)

- Please read the pamphlet in your packet that says Guide to Pain Management after your bariatric or metabolic procedure
- NEA Bariatric Surgery is participating in a national quality project
- Your pain will be treated
- The pamphlet provides you with education about pain management and opioids
- You will be asked some questions at your first follow up appointment about your pain medication prescription you are given at discharge
- VIDEO: <https://youtu.be/302J5aelNfE>

# Bariatric Surgery Folder Contents

(PLEASE READ ALL HANDOUTS)

- Contact info for Gayla Smith, Bariatric Coordinator and Tina Harris, Dietician
- \*Not in Folder\* Dr. Jones' office phone number: **870-936-8000**
- Agenda
- Bariatric Surgery Pre-op Notes
- Bariatric Surgery Diet
- Bariatric Surgery Complications
- Bariatric Surgery "Rules"
- Counseling Contacts
- BSTOP Pamphlet
- Incentive Spirometry
- Drink, Drink, and Drink Some More
- All About Hair Loss
- Vitamin & Mineral Supplements
- Supplements after Surgery
- Crave This, Eat That
- Healthy Substitutions
- Visual Cheat Sheet for Protein
- Food Journal

# Bariatric Support Group

Encouragement • Education • Socialization

**First Tuesday of each month • 6:00 PM**  
**Conference Center Room #4**

Fun • Fellowship • Information

Discuss your weight loss journey, gather information about your approaching bariatric surgery and even exchange recipes. No topic is off limits!

We are here for you as a resource, for encouragement and as support whether you are just beginning your weight loss course or are maintaining your program.

**Nutrition Class • 2nd Thursday of each month • 6pm**

Gayla Smith, RN, Bariatric Coordinator  
neaweightlossurgery@neabc.com • Phone: 870-936-2019



Weight Loss Support-NEA Baptist

**NEA BAPTIST.**

Get Better.

- Research has proven those people who get support are much more successful at weight loss and maintenance. Come to support group.
- See bottom of flyer for name of Facebook support group - we will accept you to that group after you've had surgery.
- Additional support resources:

<https://neabaptistclinic.com/weight-loss/resources/>

- VIDEO: <https://youtu.be/QTb-iBWMQ3I>

# Respiratory Health

- **PLEASE** read incentive spirometry handout & click the link below to watch instructions
- Dr. Jones expects for you to practice this at home to prepare for your hospital stay.
- Your lungs will be a little lazy after having anesthesia and you will be sore in your abdomen which will decrease your drive to take deep breaths.
- This device encourages you to take deep breaths and cough to help prevent pneumonia or atelectasis.
- The handout gives instruction on how to perform the exercise. Make sure to set your goal (tab on side) about 500 to 1,000 above your best effort to continue to improve.
- Do NOT use this and then stand up quickly because it could make you light headed and potentially cause a fall.
- Step 3 in the instructions says to hold breath as prescribed – you can hold for 1-2 seconds and then exhale.
- Dr. Jones expects for you to use this device 10 times per hour while you are awake in the hospital.
- VIDEO: <https://youtu.be/VHN5zPaw96w>



# General Information for Laparoscopic Surgery

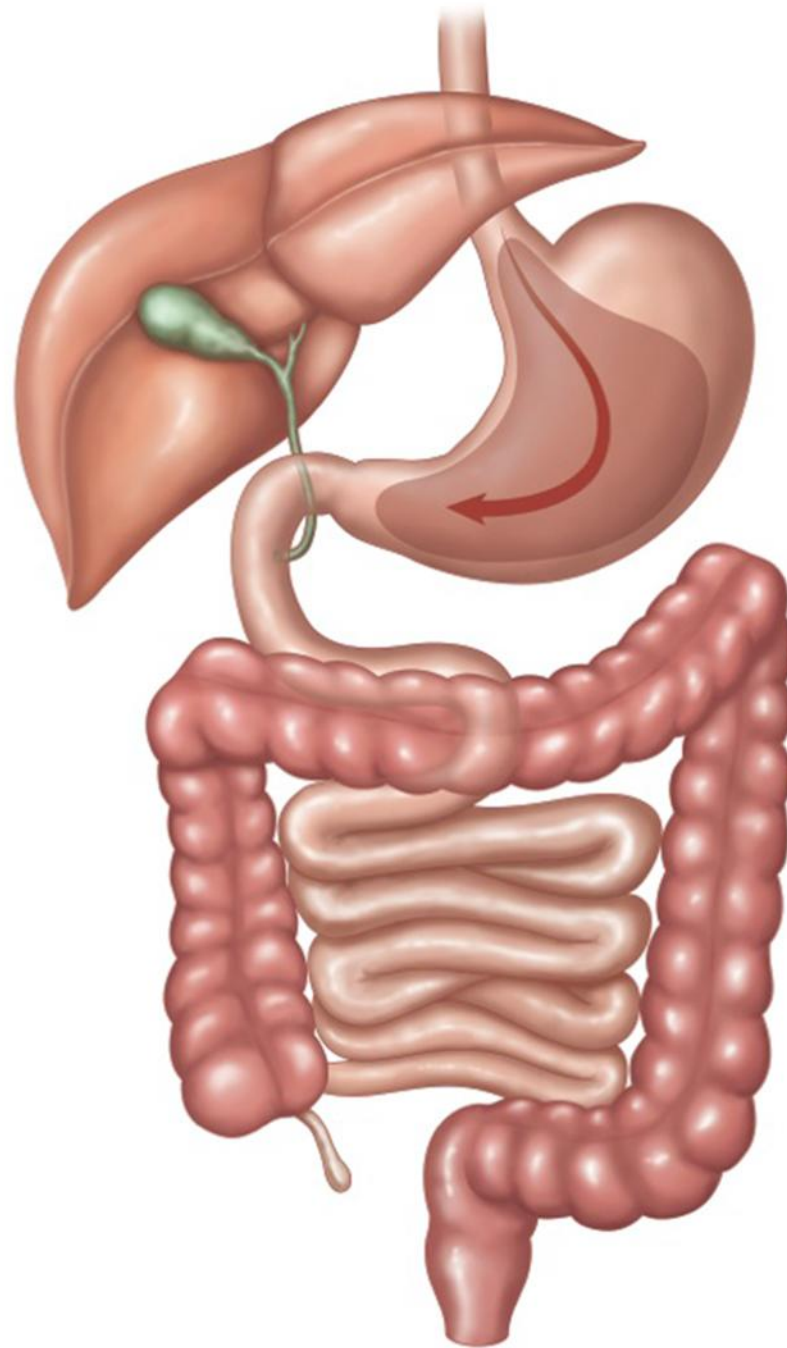
- Hospital Stay – 1 night (typically discharged in the afternoon not morning)
- Surgery Length – 1.5 to 2 hours of OR time (away from family approx. 4 hours)
- Additional Surgery – If you have scar tissue or hiatal hernia that can increase OR time by approx. 30 minutes to 1.5 hours
- Open Surgery – If you have to have one incision instead of a laparoscopic surgery; you will spend at least one extra night in the hospital and OR time will vary.

# Digestive Tract Before & After Bariatric Surgery

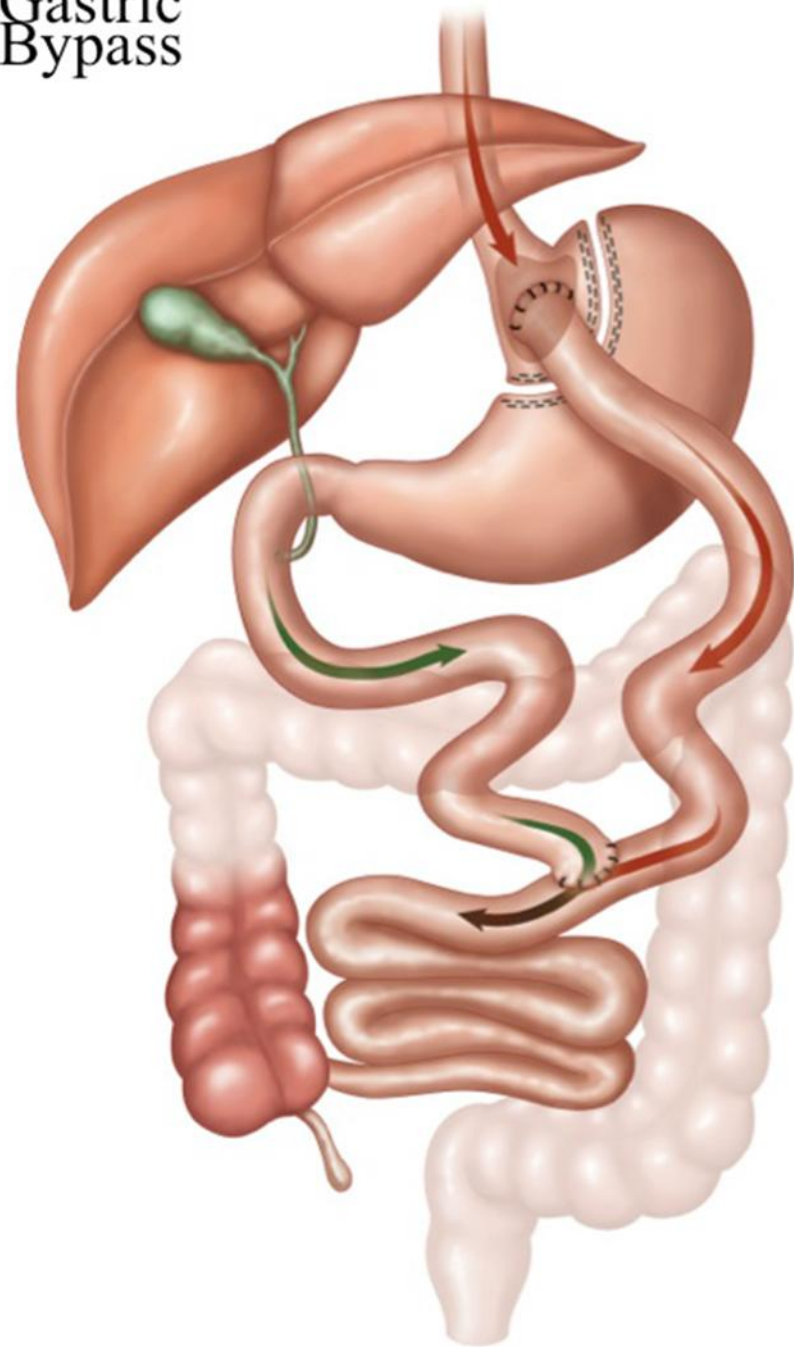
- The next three slides show normal digestive anatomy and then the four approved weight loss surgery options.
- Note the size of the stomach in the first picture compared to the gastric sleeve and gastric bypass surgeries.
- The stomach is very small after surgery and you will have swelling inside your stomach after surgery for a little while.
- The swelling will limit what can be swallowed into the stomach for a period of time.
- VIDEO: <https://youtu.be/hS9EDfqDZiM>

**Nothing larger than a baby aspirin until Dr. Jones  
or his staff release you to do so**

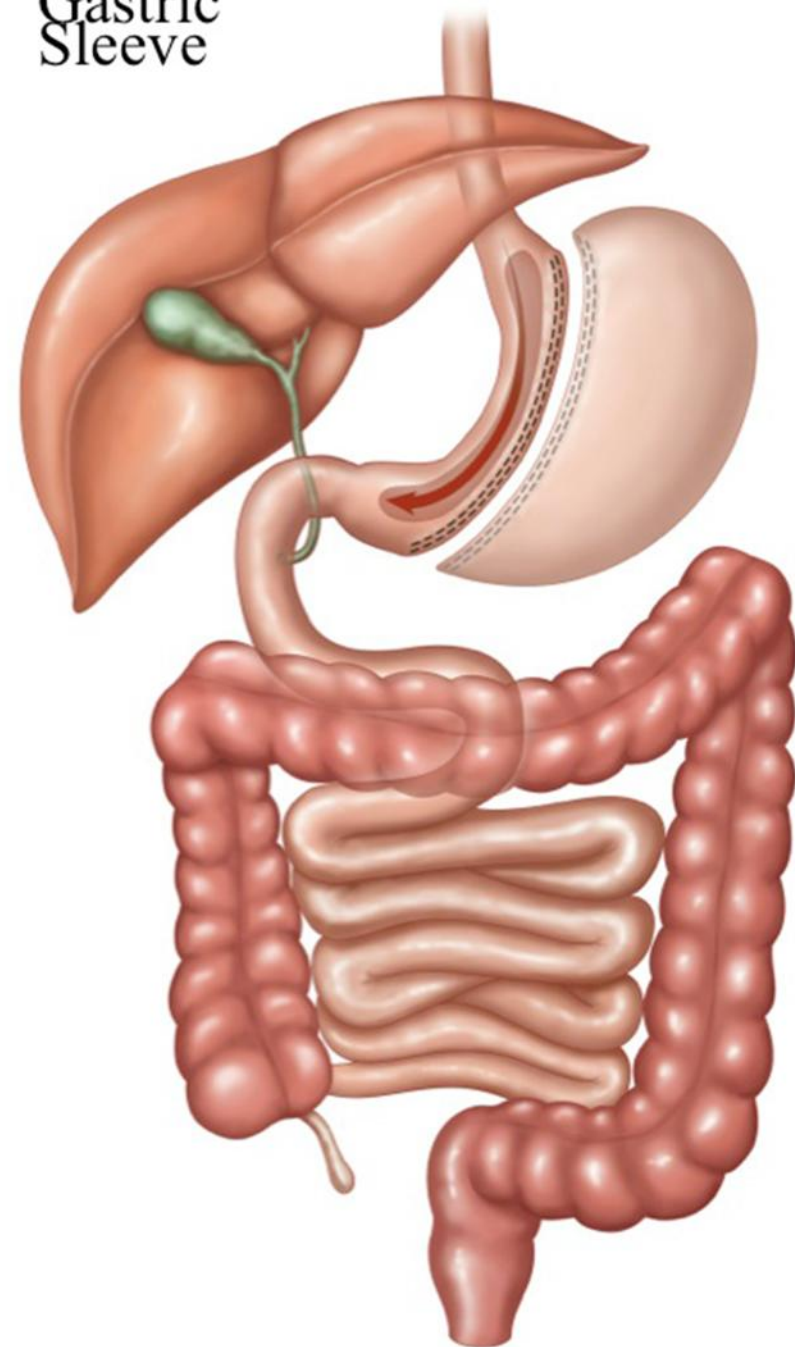
# Digestive Tract



Gastric  
Bypass

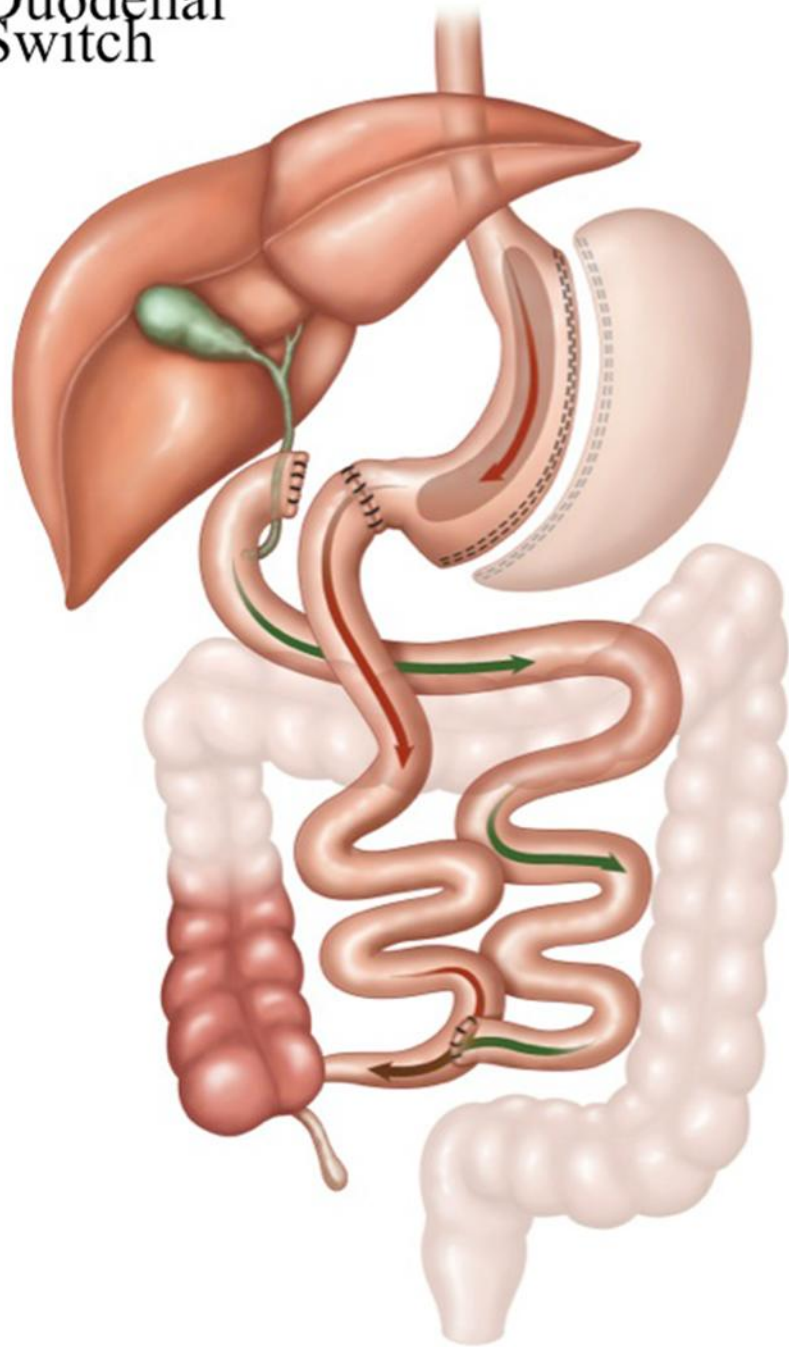


Gastric  
Sleeve

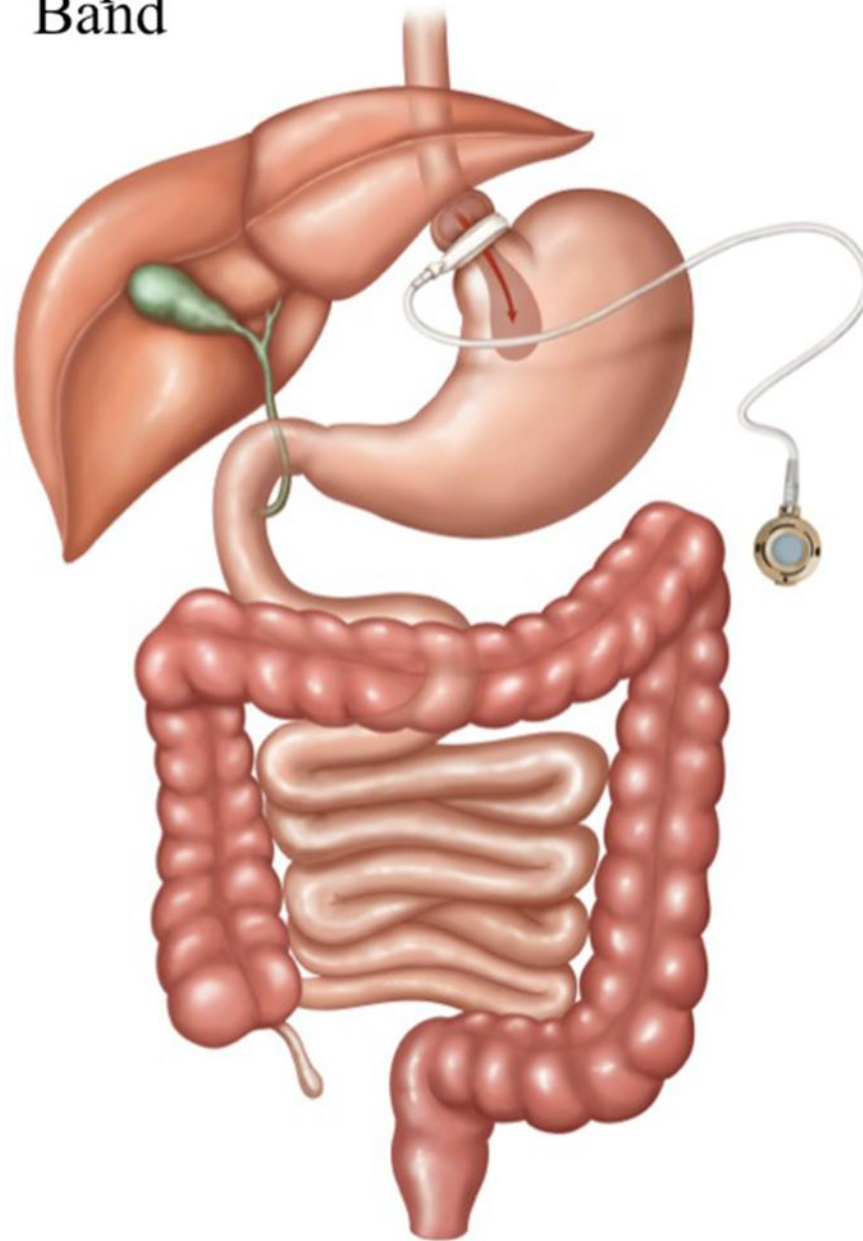




Duodenal  
Switch



Lap  
Band



# How Does Weight Loss Surgery Work

- **Magic?** – NOPE
- **Restriction:** Small amount of food = small amount of calories. Does that many eat anything? - NO. Food choices matter & will affect hunger level.
- **Malabsorption:** Not everything is absorbed that is put in so make every bite count. 😊 (Sleeve gastrectomy patients only have slight malabsorption)
- **Decreased hunger:** Hunger hormones likely originate from area of stomach removed or bypassed. Smaller space helps the use of the nerves at the top of the stomach.

# Your Biggest Priority Immediately Following Surgery

## HYDRATION

- Learn to sip slowly. It will not be as easy to drink in the beginning.
  - Pay attention to temperature and swallowing of a air if you are having discomfort.
  - Measure the amount you are able to consume.
  - VIDEO: [https://youtu.be/PBr3X\\_mCb1w](https://youtu.be/PBr3X_mCb1w)
- You can count it toward your water consumption if it meets these criteria:
- Sugar / Fat Free (may use artificial sweetener)
  - Caffeine Free
  - Carbonation Free

# NO's for Liquid Consumption

- No fat – GI distress & not part of long term eating plan.
- No sugar – GI distress & not part of long term eating plan.
- No caffeine – Acts as a diuretic and can increase your risk of dehydration. You may reintroduce once you are able to consume the recommended daily amount (8 – 8oz. servings {48-64ozs.} per day - I was able to do this around 4 months post-op)
- No carbonation – Can cause gas pain & chronic dilation of sleeve or pouch.
- No straw – Can swallow air and cause gas pain.



# Long Term Diet

- **PLEASE** read Bariatric Surgery “Rules” handout
- It is **YOUR** responsibility to learn how to use your new tool
- We do and will provide you with many resources to help you
- We are committed to your success so please utilize what we offer
- Support Group and Nutrition Class are GREAT resources for you

# Major Keys To Success From Dr. Jones

- ❖ Food Choices
- ❖ Exercise
- ❖ Timing of Liquids
- ❖ Avoid liquid calories
- ❖ Avoid snacking when not hungry
- ❖ Avoid carbonation - I added this one 😊



# Hierarchy of Needs Post Bariatric Surgery

1. **Fluid:** 48-64 oz. / day of non-caloric clear liquid
2. **Protein:** 60g for women & 80g for men – incorporate protein in each 4 oz. meal 3-4 times daily
3. **Veggies:** Make one meal daily a salad (can increase volume to 8oz)
4. **Starch (AKA: Carbohydrates):** Does not provide nutrition unless it's a vegetable, like: corn, beans, potatoes. You get to decide what is most important each time you eat. Nutrition Vs \_\_\_\_\_ – Health or making eating entertainment / pleasure.

\*\*\*\*TAKE YOUR DAILY VITAMINS AS INSTRUCTED\*\*\*\*

# Vitamins are a Must for Life

VIDEO: [https://youtu.be/lkF328\\_F6hQ](https://youtu.be/lkF328_F6hQ)

## Lap Gastric Sleeve

- Multivitamin with Iron
- B12
- Calcium with Vitamin D
  - Iron: 45-65 mg
  - B12: 500 mcg
  - Calcium: 500-1000 mg
  - Vitamin D3: 200-400 IU
    - Take Iron & Calcium 2 hours apart

## Gastric Bypass

- Multivitamin
- Iron - Integra or Tandem
- B12
- Calcium with Vitamin D
- Protein – rarely

\*\*\*\*NO GUMMIES\*\*\*\*USE CHEWABLE until Dr. Jones allows you to swallow pills\*\*\*\*

# Post Bariatric Surgery Diet

- **PLEASE** read Post Bariatric Surgery Diet Handout thoroughly
- Put handout near refrigerator & leave on page of your current stage
- **DO NOT** progress your diet without Dr. Jones' or his staff's instruction
- The handout volumes are **SUGGESTIONS** & limits – Do **NOT** overeat
- When measuring food – Look at **Volume** not **Weight** (use measuring cup/spoon)
- Think of texture when advancing – as you would introduce foods to a baby.....Thin liquid/food initially & increasing thickness with each advancing stage
- Slow Down – This is one of the hardest things to do (baby spoon/fork may help)
- Make good food choices – avoid fried, high fat, & high sugar foods
- **VIDEO:** <https://youtu.be/EV-Sc6yHQSM>

# Post Bariatric Surgery Diet Continued

- Make sure that protein is the star in each meal & eat it first
- The handout explains the stages used when advancing your diet after surgery, typically tolerated volumes and limits, estimated time frames, and sample food options for each stage that are typically comfortable/tolerated & uncomfortable/not tolerated
- Everyone is different on how fast they progress through the diet and advance to regular food again - If you do not tolerate a certain food/stage, go back to the previous stage for a day or two and then try to advance to the next stage again
- Meals should take at least 20 minutes & no longer than 30 minutes
- For all diet stages: you may drink clear liquids up to meal time, stop drinking during your meal, and resume drinking 30 minutes after your meal

# Stage 1: Clear Liquids

- Liquids that you can see a utensil through
- If it would be liquid at body temperature (meaning frozen & gelled foods included)
- Goal: 48-64 oz./day (It will take some time to reach- It most likely will NOT happen for a couple weeks)
- Limit: 2oz./hour the day after surgery (the next day start to increase if tolerated well)
- Make sure to measure liquids (to insure that you know how much is being consumed)
- Sip instead of gulp (you will cause discomfort by swallowing more air if you drink too fast)
- Pay attention to temperature (room temperature is often most comfortable)
- Avoid sugar & fat (you may use artificial sweetener of choice - avoid high carbohydrate options)
- See Slide #15 - **NO's for Liquid Consumption**

## Stage 2: Full Liquids

- Thicker than clear liquid but still smooth texture with no bits or chunks of food
- Can have a milky consistency
- You can strain things like cream soup if there are bits of food present
- Even though it is liquid this is considered eating
- Start to gradually increase protein intake (Goal: Men – 80 grams/day & Women – 60 grams/day) – it will take time to reach this goal
- You may add protein powder or dry milk to your food to increase protein consumption

**\*\*\*\*Start vitamins with this stage\*\*\*\***



# Stage 2: Full Liquids Continued

## (Week Two)

- You may increase the texture to foods that are easing into the next stage except **NO MEAT**
  - Foods with texture like refined cereals or cream of wheat – you will need to make it thin with extra liquid
  - Soft food like cottage cheese or really soft scrambled eggs
- \*\*Make sure these are chewed to a liquid prior to swallowing\*\***
- Foods that are already pureed like apple sauce
  - You can try refried beans that are really thin but avoid skins and melty cheese

## Stage 3: Pureed

- Foods without skins, seeds, strings, or hulls that can be blended to a smooth (baby food) consistency
- NO BABY FOOD
- Even though the food has been blended still chew and make sure to swallow only when food is smooth and thin
- Foods like soft baked fish or bananas could be masked with fork and chewed well instead of blending if that is more palatable
- TIP: You can puree foods in advance and freeze in ice cube trays to equal 2oz. servings. Use broth or marinade as your blending liquid instead of water to make food taste good.

# Stage 4: Soft

- Eat soft foods & continue to chew to a smooth mush, almost liquid, before swallowing – no bits or chunks
- Now you may add lean ground meats and creamy or whipped peanut butter to your diet
- Continue to avoid skins, seeds, strings, & hulls
- Soft breads will most likely **NOT** be tolerated – gums up and does not pass well through your sleeve or pouch
- **REMEMBER:** We do not push for low/no carb dieting BUT be picky about your carbohydrate choices. Many (bread, pasta, rice, crackers, cookies, candy) do not offer any nutrition and can be eliminated in your new, healthy lifestyle. If you choose to eat carbohydrates make them nutritious and beneficial to your health (fruits/veggies/legumes/nuts/seeds). Also, carbohydrates will increase hunger and cravings.

# Stage 5: Regular

- Introduce new foods/textures slowly & if you do not tolerate something try again later
- Cut whole pieces of meat into small  $\frac{1}{4}$  inch pieces so if accidentally swallowed it will still pass through sleeve or pouch
- Tough or dry meats & raw vegetables may take some time to tolerate so advance slowly
- Always measure portions – goal: at or under 4oz. servings per meal
- Continue to make healthy food choices by avoiding fried, cakey, bready, fatty, or sugary foods

# Medications

- Make sure to take all your medications with you to your PAT (Pre-Admitting Testing) appointment
- You will not swallow anything larger than a baby aspirin for approximately 4 weeks after surgery
- You will be given instruction on how to take your home medication prior to discharging from the hospital
- VIDEO: <https://youtu.be/wASEteqSRyY>

# Medications Continued

- Use a back up birth control method for thirty days after surgery if you use any type of hormone contraceptive – this includes implants and IUDs – you will be given a medication in the hospital that impairs the effectiveness of birth control

**\*\*\*NO PREGNANCIES FOR 2 YEARS AFTER SURGERY\*\*\***

- If you have ovaries & uterus without tubal ligation – You **MUST** use some type of contraceptive for 2 years even if you have not had a period in a very long time
- It is **VERY** likely that with a some weight loss you will start making eggs again & be able to get pregnant!!!!

# Medications Continued

- Diuretic, Antihypertensive, & Antidiabetic Medications: Make sure you assess the diseases that you take these medications for even if you are taken off the medication at hospital discharge & notify us if you have abnormal results
- Aspirin: You may only take this if your doctor prescribed and you use enteric coated
- NSAIDs: May NOT take chronically by mouth anymore - May cause ulceration or bleeding in the stomach (examples: Ibuprofen, Aleve, Meloxicam, Toradol) Non-oral routes are acceptable (topical/injection)

# What to Expect in the Hospital

- IV: You will get medications & fluids through a tube in your vein
- PCA (Patient Controlled Anesthesia): You will have a button to push when you need pain medication – This is **NOT** for family to push
- Nausea Medication: You will receive through your IV on schedule for 24 hours after surgery – you will need to request it if past 24 hours
- Blood Thinner: Will be a small dose shot in belly to prevent blood clot
- SCDs (Sequential Compression Devices): Squeeze calves to prevent blood clot – **MUST** be in use unless you are walking
- Drain: Bulb on the end of a small tube that enters your abdomen – the tube sits near your stomach staple line (This is typically removed prior to discharge from the hospital)



# Suggested Items to Bring to The Hospital

- Chewable Gas Reducer such as GasX – any brand with GasX active ingredient that is chewable will work
- Mouth Lubricant – See products by mouth wash – my favorite is Biotene
- Comfortable Shoes – slip on is fine but stable that you can walk in
- Personal Care Items
- ChapStick
- Approved Clear Liquids – Protein water, Powerade Zero, Propel
- Long Phone Charger or Extension Cord

# Early Ambulation

- This is Dr. Jones **EXPECTATION**
- You will be up to the bathroom & around in your room the day of surgery
- You will walk in the hallway the morning after surgery
- You should be up in chair during waking hours as much as possible
- At home: walk or flex calves hourly while awake to prevent blood clot
- VIDEO: [https://youtu.be/\\_acN0RKJU\\_M](https://youtu.be/_acN0RKJU_M)

**\*\*\*\*If your activity is decreased due to illness or injury within a year after surgery PLEASE notify us\*\*\*\***

VIDEO CORRECTION: Incentive Spirometer is to be done 10 x per hour while awake – not just 10 x per day 😊

# COMPLICATIONS

Report to Dr. Jones' Office – 870-936-8000

- Elevated heart rate
- Fever greater than 100.5 degrees Fahrenheit
- Excessive, severe, or increased abdominal pain
- Colored or foul smelling drainage from any surgical site
- Shortness of breath
- Leg pain
- Continuous or frequent vomiting
- Continuous or frequent diarrhea
- Inability to take in fluids
- Dehydration – Dry skin/mouth, extreme weakness, decreased urine output
- VIDEO: <https://youtu.be/Y1wMXCbx2gg>

# Hospital Discharge

- Your nurse will go over your discharge instructions before you leave the hospital
- Please ask questions if you do not understand something
- Your instructions will include how you are to take home medications
- Your instructions will include how to care for your incisions – PLEASE call if you have questions when you get home – do not disturb steri-strips but do not leave on other dressings on, unless instructed to do so, when you shower
- Wash with soap and water – no lotions, creams, or powders near incisions
- No submersion in water (tub bath or swimming) until Dr. Jones' office releases you

# Medical Follow Up

- When you signed your surgery consent, you also signed a follow up agreement
- The agreement is to keep scheduled appointments with the surgical office at one week, three weeks, two months, six months, one year, eighteen months, & then yearly for life
- The bariatric surgery office will insure that you are not having any vitamin/mineral deficiencies and you are getting the best possible benefit from your new tool

# Emotional / Mental Effects From Surgery

- Greif and/or depression can present after surgery due to the inability to use food as your coping mechanism
- Be kind to yourself and allow yourself room to have feelings even if they're not positive
- Do NOT feel like you're alone & know these feelings are not because there is something wrong with you
- Reach out to our support group
- Set up counseling – you may contact us & we will make a referral for you or see counseling contacts in your folder
- Remember: These feelings are usually temporary & you will most likely be extremely grateful for your new tool sooner than later
- VIDEO: <https://youtu.be/69URDgNa43E>

# Surgical Expectations

- Weight loss surgery is not magic - even though it feels like it the first year
- Use the year to eighteen months after surgery to start developing good habits while it's easy because later on comes & you will get some of your cravings & appetite back - See your Bariatric Surgery "Rules" handout to help get you started on the right path
- Take time to assess mental vs physical hunger & relearn your signs of each – treat each appropriately – if physically hungry then eat but don't if not
- It's **YOUR** responsibility to learn how to use your new tool (Support Group & Nutrition Class is a great place to start 😊)
- Everyone loses weight at a different pace – don't compare
- Weight loss stalls **WILL** happen throughout the process – Do NOT stress over it & get off the scale (weigh once per week unless you have heart failure)

# PRE-OP DIET

- Follow instructions given to you by Dr. Jones' office
- It can be difficult but YOU can do it
- You may not see the scale move daily but you should have an average weight loss of a pound per day at the end of the diet
- Dr. Jones knows you followed the diet by your weight loss
- Dr. Jones would not ask you to do it if it were not important
- VIDEO: <https://youtu.be/by8uY14-Dyg>



# Extra Info

- Exercise is a MUST: Regular exercise changes the needs of your cells. It is a big game changer for weight loss but more so for maintenance. Dr. Jones wants you to at least walk 20 minutes five days per week.
- Post op swelling: You will likely weigh more when you get home after surgery than you did when you checked in due to the amount of IV fluids given during your hospitalization.
- Where to get vitamins: You can order brands like Bariatric Advantage, Celebrate, & Fusion online (most have coupons) or you can purchase locally brands like Flintstone Complete (take 2) & Caltrate Chewable.