

Weight Loss Surgery Program

INFORMATION GUIDE



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617-414-8052



EXCEPTIONAL CARE. WITHOUT EXCEPTION.



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Weight Loss Surgery Patient Pre-Operative Compliance Agreement

Welcome!

We look forward to working with you to help you achieve your goals. Please take a moment to fill out the following crucial information before you proceed with the Boston Medical Center Weight Loss Surgery Program.

I understand that I must quit smoking at least two months prior to surgery and that I can NEVER again smoke after surgery.

My goal weight to achieve prior to surgery is:

For patients taking prednisone/steroid:

I will talk to my doctor about the possibility of stopping any prednisone/steroid treatment at least one month prior to surgery.

Print Name

Date of Birth

Patient's signature

Today's Date

Inside you will find...

Deciding to undergo weight loss surgery takes courage and commitment. Your treatment team supports you in your positive decision to take care of yourself and improve your health. Throughout this program, you will encounter new challenges and opportunities as you adjust to a new method of eating and a new way of life. We are here to answer any questions or concerns you might have during this process.

Think of this booklet as an information guide. After you are finished reading, you should have a better idea of what to expect from surgery. The information should answer the many questions you have as you prepare for the operation. The manual will also serve as a reference source for you after you return home and begin to deal with the changes in your life. However, this guide was not designed to answer all questions or issues related to surgery. We encourage you to ask questions at any time.

Inside you will find the following:

- Weight Loss Surgery Process..... 3
- Schedule of Appointments..... 4-6
- Who Are You? / Why Surgery?..... 7
- Gastric Bypass Procedure..... 8 - 9
 - Adjusting to Eating after Gastric Bypass..... 10 - 11
- Vertical Sleeve Gastrectomy..... 12
 - Adjusting to Eating after Sleeve Gastrectomy..... 13 - 14
- Adjustable Gastric Band (Lap Band)..... 15
 - Adjusting to Eating after Lap Band..... 16 - 17
- Pre-Operative Instructions for Weight Loss Surgery..... 18
- Items Needed for Weight Loss Surgery..... 19
- During your Hospital Stay..... 20 - 21
- Compliance Form..... 22
- Addendums..... 23 - 24
- Commonly Asked Questions..... 25 - 26
- Problem / Solution Guide..... 27 -30
- Final Note on Managing Stress..... 31

Weight Loss Surgery Process

After you meet with your surgeon, you will see the other members of the treatment team including the nutrition doctor, dietitian, psychologist and nurse-coordinator.

- The nutrition doctor will ask you about your weight loss attempts and review your medical problems.
- The dietitian will ask you about your eating habits and will discuss your eating plan before and after your surgery. Both the dietitian and the internist can help you lose weight prior to surgery. You will be asked to keep food records before and after surgery so we can help you create a comfortable eating plan.

Weight loss before surgery will be asked of all patients.
- The psychologist will interview you to determine whether you are emotionally prepared for the surgery and to evaluate the lifestyle changes you have made in preparation for surgery.
- We require at least two visits with a support group before your surgery.
 - A support group comprised of patients being evaluated for surgery and patients who have had surgery is available to help support you. It is helpful to meet other people who have been through the experience – they can be a source of inspiration and encouragement. They can also provide you with their unique perspective on the weight loss surgery experience.
- Before undergoing surgery, several tests will be performed.
 - Blood test
 - EKG
 - Abdominal ultrasound (to check for gallstones)
 - Chest X-ray
- Physical activity
 - It is helpful for you to be active while preparing for surgery, it will help you recover faster. Physical activity will also help you lose the amount of weight recommended by your treatment team prior to surgery.
- Once you have been scheduled for surgery, you will meet with your surgeon again.
 - At this time, you will be asked to sign a consent form, which gives the surgeon permission to operate.
 - Be sure to come to this appointment with any questions that you might have. We also encourage you to bring a member of your support system such as a close family member or friend.
- The week before your surgery you will have an appointment at the Pre-Anesthesia Screening Testing clinic.
 - You will receive written guidelines for the night before surgery including instructions on diet and bowel preparation.

Bring this booklet and the information about your diet with you to the hospital. Try to relax and get plenty of rest the evening before your surgery.

Weight Loss Surgery Program

Schedule of Appointments

Following your initial consultation with your surgeon, you will need to complete a number of medical tests and meet with members of the treatment team. You can use the following timetable to plan your schedule. It usually takes approximately six to eight months to complete the process from now until your surgery, pending the results of your consultations and clinical findings and preoperative weight loss.

If you are unable to attend a visit, please contact the office at 617-414-8052 to reschedule. RESCHEDULING A VISIT MAY EXTEND YOUR SURGERY PROGRAM TIME.

___ Step 1 Meet with Surgeon

Please ensure you comply with your insurance company’s guidelines regarding referrals. It is your responsibility to obtain the appropriate referrals mandated by your insurance company to avoid unnecessary billing issues. You will likely have blood work done at this visit.

___ Step 2 Program Requirements

- Regular attendance of Support Group Meetings**
(no appointment required)

Please complete at least one group meeting before your psychological evaluation.
You are required to attend at least two meetings before surgery.

<i>1st and 3rd Thursday each month</i> 5:30p.m. – 7:00p.m. 88 East Newton Street Pavilion 2 nd floor cafeteria, Conference Room C-D	<i>2nd and 3th Wednesday each month</i> 10:30a.m. – 12:00p.m. 88 East Newton Street Pavilion 2 nd floor cafeteria, Conference Room C-D	<i>2nd Monday each month</i> 6:00p.m. – 7:30p.m. Quincy Marriott 1000 Marriott Drive, Quincy
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- Tests/ Requirements**

- Weight Loss
(All patients will be required to lose weight prior to surgery)

- Blood test
- Abdominal ultrasound (if gallbladder present).

Some Patients may require:

- Mammogram if necessary.
- Sleep Study if indicated.
- Cardiac Echocardiogram if indicated.

- Nutrition Appointment**

- Meet with Medical Nutrition Doctor on the Team *(You may have to obtain a referral for this visit from your Primary Care Physician).*

Dietitian Appointment

- Meet with Dietitian on the Team for initial consultation and follow-up visit. *You must visit with the dietitian at least twice prior to surgery.*

Clinical Evaluation Appointment

- Consultation with our Boston University Psychologist or Psychiatrist Clinical Nurse Specialist.

- **Supportive Counseling**

Based upon the findings provided by our clinic psychologist it is sometimes recommended that weight loss surgery candidates engage in pre, and/or post-operative supportive counseling provided by our clinic social worker. The purpose of this process is to assure that a candidate may be ready from a mental health perspective to move forth with the major changes of weight loss surgery. If post-operative counseling is warranted, patients are asked to attend a counseling appointment once a month for six months following surgery.

- **Personality Inventory Evaluation (MMPI)**

Appointment to be determined based on the findings provided by our Psychiatrist or Psychiatric Clinical Nurse Specialist.

Additional Appointments may include:

- Medical Clearance from Primary Care Physician, Cardiologist, Psychiatrist or any other specialist's care you are under.
- Additional testing or clearance if clinically indicated.

___ **Step 3 At the completion of all program requirements**

Our staff begins working with your insurance carrier for authorization to perform surgery. All HMO's, commercial insurance companies and major health insurance plans mandate that we obtain pre-certification for your surgery. This is based on medical necessity demonstrated by our provided notes and clinical documentation. Each insurance company varies with regard to specific requirements and parameters necessary to obtain authorization for this type of surgery. Occasionally, patients are asked to assist in obtaining previous records and documentation to expedite this process. ***It is in your best interest to know your insurance carrier's requirements before proceeding with the program.*** The clinical staff will keep you informed of all progress. **Please note that your operative date will not be discussed or provided until final authorization is obtained from your insurance company.** It is at this time that we expect to have insurance authorization for the gastric restrictive procedure and can proceed to the next step of scheduling an operative date.

___ **Step 4 Final Preparation**

Who are you?

You are usually 100 pounds above your ideal weight, have health problems related to your obesity and have been unable to maintain sufficient weight loss using supervised weight control programs. By now you are frustrated, depressed and even angry about your weight problem and the inability to get it under control. You are not alone and that is why you have entered our program.

Why surgery?

You have been on many diets in your lifetime. So many that you feel you've probably tried them all. You know by now that diets have not helped you to either lose weight or to keep it off permanently. You also have realized that there is no magic solution to weight loss. It takes a lot of hard work. In order to lose weight, you must eat fewer calories than your body uses. Weight loss surgery will not change this basic formula:

Calories in = Calories out

So why undergo surgery? Because it works. Statistics show that an operation is far more successful than non-surgical weight loss methods involving dieting alone. In 1991, the National Institutes of Health (NIH) Consensus Conference Panel endorsed weight loss surgery as a treatment for medically severe obesity. We agree with these findings. We have seen hundreds of our patients control their weight and improve their health.

Weight loss surgery provides you with an excellent tool for managing your weight – but you have to make it work for you. You still need to control your calories by eating a low-fat diet and exercising regularly to burn calories. The main difference is that you will be eating less without feeling hungry.

Sounds too good to be true? Only if you think this will happen without any effort. You must be totally committed to your decision on a daily basis and follow all instructions. If you consistently follow the guidelines in this booklet, you will have the best chance for successful weight loss.

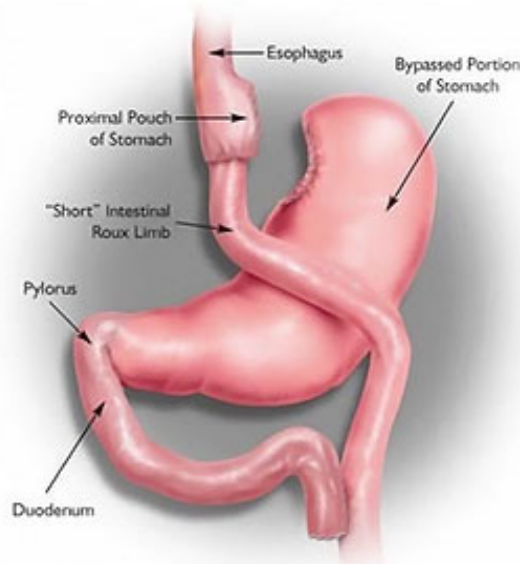
At Boston Medical Center, we offer two types of weight loss surgery, the gastric bypass and the adjustable gastric band. Both procedures limit the amount of food you can eat, and both result in excellent weight loss. The two surgeries are commonly performed laparoscopically. There are some important differences that must be considered when you and your surgeon are deciding on the best procedure for you. These will be addressed in the next section.

After undergoing weight loss surgery, you will have to learn a new way of eating and practice choosing the right foods to help avoid discomfort and maintain your weight. It is important to take responsibility for your own recovery during this period. Your treatment team is here to help you to adjust to these new behaviors along the way, so do not be afraid to ask for help if you need assistance.

Gastric Bypass Procedure

This is a diagram of the gastric bypass procedure. Your stomach will be made smaller by stapling and dividing it into two compartments. The smaller compartment is called a pouch. The larger part of the stomach is bypassed, meaning that the food is going around it, rather than passing through it. A small opening called an outlet is made in the newly formed pouch and is connected to a limb of intestine. The food will pass directly from the pouch into the intestine, but it will take several hours for the pouch to empty because the outlet opening is small, making you feel full longer. Also, because the pouch holds about 2 ounces of food, you will eat less food at one time – this will help you lose weight.

You will eat smaller quantities of food and you will feel full very quickly. Because the limb of intestine used to empty your stomach will bypass the upper part of your intestines, it will reduce the absorption of food, which will also help you to reduce and control your weight. You will need vitamin and mineral replacements because the main stomach and the first part of the small intestine are bypassed.



As you begin to eat and take medication, remember that everything passing through the stomach must be small enough to fit through the opening of the outlet. As a guideline, food should be able to pass through a straw, which is why you are placed on a special liquid diet immediately following surgery. The goal is to let the stomach heal; only liquids and soft solids should be eaten during the first two months. Since many pills are quite large and will not fit through the outlet, we ask you to crush all medications or take them in liquid or chewable form. You will receive written instructions on the proper diet to follow from your dietitian.

Gastric Bypass Procedure

Adjusting to a new eating style after gastric bypass

The first 8 weeks after gastric bypass

Your new stomach will take six to eight weeks to heal. You will need to stay on a high-protein full liquid diet for two weeks before adding soft solids and pureed foods. Your surgeon and dietitian will tell you during your office visits when you can move ahead to the next dietary stage. ***Do not make this decision on your own.***

Your meals should last for approximately 30 minutes to one hour. Liquids should be sipped slowly, between meals only, so you will still have room in your stomach for food. Drinking liquids immediately after eating can push food too quickly into your small intestine, causing the dumping syndrome.

Be cautious when trying new foods. You might have trouble tolerating a particular food at first. If this happens, try eating the same thing again a few weeks later. You might be surprised to find that some of your food preferences have changed. This is not unusual.

Initially, milk might cause cramps, gas or diarrhea because of an intolerance to lactose, the sugar found in milk.

This reaction is often temporary and is not experienced by everyone. If you suspect this might be the case, you should switch to lactose-free milk, soy milk or try chewable lactase enzyme tablets prior to consuming dairy products. If there is no improvement in these symptoms, you may need to eliminate milk products altogether. If there still is no resolution, contact the office.

REMEMBER

Do not force yourself to finish your food within a specific period of time. Stop eating as soon as you start to feel full. If necessary, wait and finish your meal later. Give yourself some time to learn to recognize these signals. You are becoming familiar with your stomach as a new and different part of your body.

IMPORTANT

There are no substitutions for this diet. You should only be eating those foods listed in your diet booklet. The more compliant you are with these guidelines, the more successful you will be. If you have any questions about a particular food, please check with your dietitian.

Gastric Bypass Procedure

Adjusting to a new eating style after gastric bypass

Six weeks after your surgery, you will be able to eat solid foods. This is the time to introduce different food groups into your diet. Try to focus on the low-fat, low-sugar foods to minimize stomach upset and promote further weight loss. Refer to your diet booklet for further suggestions. At this point you will be relieved that the first phase of the surgery is over. Nevertheless, keep the following in mind:

You might still need to pay attention to what you eat. Weight loss starts to slow down during this phase.

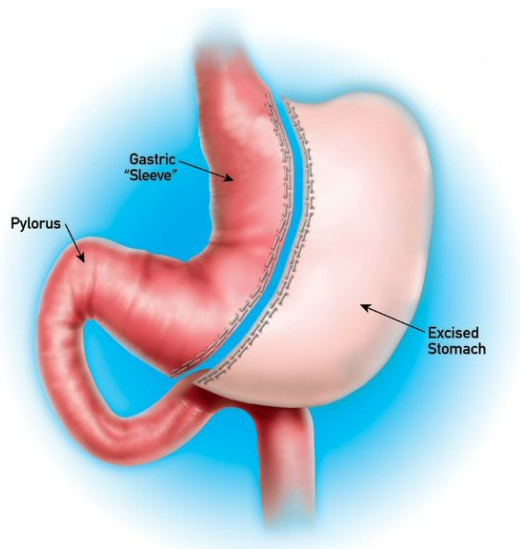
You might be experiencing some psychological or emotional changes related to weight loss. It is not unusual to feel anxious about receiving compliments on your weight loss, or to continue to “feel fat” in spite of weight loss. You may also be trying to adjust to a new body image. If you are having difficulty in any of these areas, we recommend you see the psychologist, attend support group meeting or discuss your concerns with any of the members of your treatment team.

Practice dealing with negative emotions (such as anger, loneliness, or fear) in ways other than eating. You might find that you are more emotional than usual. Be sure to get as much support as you can during this adjustment phase. Talk to people who are close to you about your feelings, and don't forget to consider that they might be changing in response to you.

Vertical Sleeve Gastrectomy

With the sleeve gastrectomy, your stomach will be made smaller by stapling and dividing the majority of your stomach and removing it from your body. The remaining stomach is shaped like a long narrow tube with a small reservoir for food at the end of the tube. This reservoir only holds about 3 ounces of food, meaning you will feel full more quickly and therefore lose weight.

The sleeve gastrectomy retains the normal valve (pylorus) that allows food to exit your stomach. Because of this, the stomach is able to move food into the small intestines at a normal rate, which avoids the dumping syndrome that is common with the gastric bypass procedure. Additionally, the acids and digestive enzymes that help absorb vitamins and minerals are not bypassed during a sleeve gastrectomy, which places you at lower risk for vitamin deficiencies. However, since your stomach is smaller, it will absorb these substances less efficiently, so you will still need to take vitamin replacements.



As you begin to eat and take medications, there will be some swelling of the tube that makes it difficult for any solid food to pass. As a guideline, food should be able to pass through a straw, which is why you are placed on a special liquid diet immediately following surgery. The goal is to let the stomach heal; only liquids and soft solids should be eaten during the first six weeks. Since many pills are quite large and will not fit through the tube, we ask you to crush all medications or take them in liquid or chewable form. You will receive written instructions on the proper diet to follow from your dietitian.

Vertical Sleeve Gastrectomy

Adjusting to a new eating style after sleeve gastrectomy

The first 6 weeks after sleeve gastrectomy

Your new stomach will take six to eight weeks to heal. You will need to stay on a high-protein full liquid diet for two weeks before adding soft solids and pureed food. Your surgeon and dietitian will tell you during your office visits when you can move ahead to the next dietary stage. ***Do not make this decision on your own.***

Your meals should last for approximately 30 minutes to one hour. Liquids should be sipped slowly, between meals only, so you will still have room in your stomach for food. Drinking liquids immediately after eating may result in vomiting.

Be cautious when trying new foods. You might have trouble tolerating a particular food at first. If this happens, try eating the same thing again a few weeks later. You might be surprised to find that some of your food preferences have changed. This is not unusual.

Initially, milk might cause cramps, gas, or diarrhea because of an intolerance to lactose, the sugar found in milk. This reaction is often temporary and is not experienced by everyone. If you suspect this might be the case, you should switch to lactose-free milk, soy milk, or try chewable lactase enzyme tablets prior to consuming dairy products. If there is no improvement in these symptoms, you may need to eliminate milk products altogether. If there is still no resolution, call the office.

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Vertical Sleeve Gastrectomy

Adjusting to a new eating style after sleeve gastrectomy

Six weeks after surgery, you will be able to eat solid foods. This is the time to introduce different food groups into your diet. Try to focus on the low-fat, low-sugar foods to minimize stomach upset and promote further weight loss. Refer to your diet booklet for further suggestions. At this point you will be relieved that the first phase of surgery is over. Nevertheless, keep the following in mind:

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You might be experiencing some psychological or emotional changes related to weight loss. It is not unusual to feel anxious about receiving compliments on your weight loss, or to continue to “feel fat” in spite of weight loss. You may also be trying to adjust to a new body image. If you are having difficulty in any of these areas, we recommend you see the psychologist, attend support group meetings, or discuss your concerns with any members of your treatment team

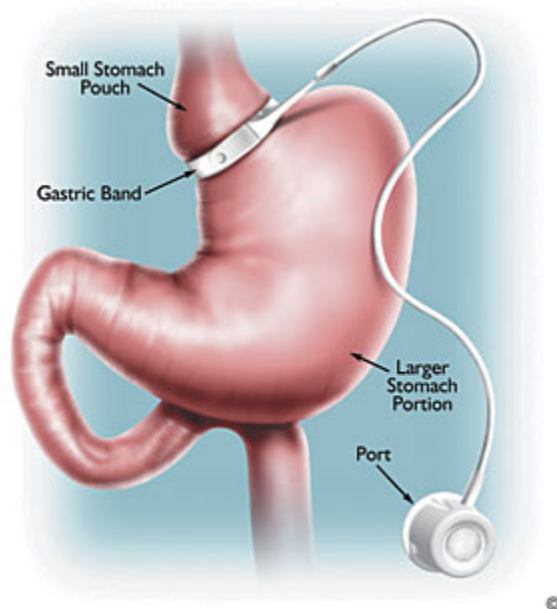
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Be sure to get as much support as you can during this adjustment phase. Talk to people who are close to you about your feelings and don't forget to consider that they might be changing in response to you.

Adjustable Gastric Band (Lap Band)

This is a diagram of the adjustable gastric band. A soft plastic band is placed at the top of your stomach, dividing the stomach into two compartments. The small portion of stomach above the band is called the pouch. The outlet, or stoma, is created by placing the band around the upper part of your stomach. The band is adjustable as it can be filled with saline to alter the size of the outlet between the two parts of the stomach. The size of the outlet helps control the passage of food from the pouch to the main stomach. As the outlet is made smaller by filling the band, you will feel full sooner and have a feeling of satiety. Because the stomach and intestines are not rerouted, food will still travel through all parts of your digestive tract. Because of this, there is less chance for nutritional deficiencies.

Immediately after the surgery, the band will not be filled. However, due to swelling at the surgical site, you will feel some restriction. The outlet between the pouch and the main stomach will be very small. Because of this, we will maintain you on a high-protein liquid and soft-solid diet during the first two weeks after surgery. As you begin to take medications, remember that they must be small enough to pass through the outlet. We will ask you to crush your pills, or take them in a chewable or liquid form. It is very important not to overeat early after surgery. This can result in slippage of the band which will limit its effectiveness.



Your first band fill will take place 5-6 weeks after surgery. Most often the fills can be done in the office. If the port is hard to locate, you might be asked to have your fill in a radiology suite. The success of the band depends upon good follow-up, especially during the first year. There is an optimal amount of fluid that each band should hold, which varies from patient to patient. If the band is under filled, it will lead to poor weight loss because the outlet will be too big and food will pass too quickly into the main stomach, limiting the feeling of satiety. If the band is too tight, you might develop maladaptive eating behaviors to compensate. You might also turn to high-calorie liquid foods which will be easier to tolerate, but will undermine your weight loss efforts.

Adjustable Gastric Band (Lap Band)

Adjusting to a new eating style after the gastric band

Eating will feel different after the Lap Band. This new sensation can be broken up into two different periods: the first six weeks after placement and the first few days after adjustments. The first six weeks are focused on allowing the band to heal in place. Eating after adjustments is focused on preventing you from feeling like foods are getting stuck. The Lap Band works by taking away your hunger, not by making you unable to eat a healthy diet.

THE FIRST SIX WEEKS

In the first two weeks after your band is placed, there will be considerable swelling around the top of your stomach. Because of the swelling, you will feel restriction, that is, you will feel as if you get full more quickly and the food you take in will take some time to “slide” past the band. This is normal. As the swelling decreases, this sensation will also fade away. It is for this reason that you will be on a liquid diet for the first 2-3 weeks after your operation. As the swelling improves, you will be able to consume more solid foods. You will be advanced to a diet which includes soft diced foods.

Since the Lap Band is entirely dependent on restriction for weight loss, you must take care in how much you consume in the first six weeks after your operation. During this time the stitches that are holding your Lap Band in place are healing. Eating too much (more than 2 ounces over 10-15 minutes) or drinking carbonated liquids can stretch your pouch and increase the amount of food you will be able to eat at one sitting. This will affect your overall weight loss because with a large pouch, no matter how much we inflate your Band, you will not feel full early enough.

At six weeks after you operation, the Lap Band will be healed in place enough to start filling the balloon. Usually a week or so before this you might start feeling less restriction because the swelling has also resolved. You will have your first fill or adjustment in the office.

AFTER YOUR ADJUSTMENTS

After you have a fill performed, you will be asked to follow a liquid diet for several days. After the two days pass, you should slowly start introducing solid foods back into your diet. It is a good idea to start with eggs for breakfast with no toast, then try hearty soups for lunch and if that goes well, a more regular dinner. If you cannot tolerate the breakfast then you should continue on liquids for another day before you attempt breakfast again.

If you feel that a piece of food is stuck, do not panic. Most of the time it will pass by itself, but to help it along, sometimes drinking a small cup of warm tea will loosen up the food particles and help them pass.

If you feel heartburn, you should try to eat more slowly or take smaller bites. If the heartburn lasts longer than 3-4 days, it might indicate the band is too tight. You should call the office.

It is important to avoid high-calorie or high-fat liquids. Ice cream, chocolate, alcohol and fruit juices are all very high in calories and these fluids slip right past the band and don't allow you to feel full.

Adjustable Gastric Band (Lap Band)

Adjusting to a new eating style after the gastric band

Six weeks after your surgery, you will be able to eat solid foods. This is the time to introduce different food groups into your diet. Try to focus on the low-fat, low-sugar foods to minimize stomach upset and promote further weight loss. Refer to your diet booklet for further suggestions. At this point you will be relieved that the first phase of the surgery is over. Nevertheless, keep the following in mind:

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You might be experiencing some psychological or emotional changes related to weight loss. It is not unusual to feel anxious about receiving compliments on your weight loss, or to continue to “feel fat” in spite of weight loss. You may also be trying to adjust to a new body image. If you are having difficulty in any of these areas, we recommend you see the psychologist, attend support group meeting or discuss your concerns with any of the members of your treatment team.

Practice dealing with negative emotions (such as anger, loneliness, or fear) in ways other than eating. You might find that you are more emotional than usual.

Be sure to get as much support as you can during this adjustment phase. Talk to people who are close to you about your feelings, and don’t forget to consider that they might be changing in response to you.

Pre-Operative Instructions for Weight Loss Surgery

1. No aspirin products or aspirin containing products, Ibuprofen, Aleve, Advil, Pepto Bismol, Naproxen/Naprosyn, Appetite Suppressants, Herbal supplements or fish oils 7 days prior to surgery.
2. In the late afternoon the day before surgery, take one bottle of citrate of magnesia. It is available in most pharmacies.
3. After the citrate of magnesia, only take clear liquids. For example: Gatorade, Ginger ale, broth, Jell-O, tea or coffee without milk/cream.

Patients with diabetes may require special instructions.

4. You will be asked to take two showers before your surgery with an antibacterial soap given to you at your pre-surgical screening visit. Take one shower the night before your surgery and another the morning of your surgery. You will use the soap on your chest and abdomen.
5. Nothing to eat or drink after midnight before surgery.
6. Remember to review your diet stages carefully

***Adjustable Gastric Banding** patients are not required to take the **Citrate of Magnesia**. Start the clear liquid diet the day before your procedure at 4pm.

Items Needed after Weight Loss Surgery

YOU MUST HAVE:

- Carnation Instant Breakfast (Carb Conscious)
 - *(Available at the supermarket, phone order, or web order), SmartForme high-protein products or other approved high-protein liquid supplement*
- Children's chewable multivitamin (*Flinstones Complete or Centrum Junior*) or *Adult Chewable multivitamins*
- Chewable Calcium Citrate containing vitamin D
- Unflavored whey protein powder

YOU SHOULD HAVE:

- Yogurt-Light – *no added sugar, remember to puree or strain if contains fruit*
- Tomato soup – *no bits or pieces, make with Lactaid skim milk*
- Sugar-Free pudding mix – *make with Lactaid skim milk*
- Sugar-Free cocoa mix – *make with Lactaid skim milk*
- Skim milk – *Lactaid 100 brand*
- Sugar-Free Gelatin Mix – *diet Jell-O*

LIQUID OPTIONS:

- Water – *filtered or spring, non-carbonated*
- Decaffeinated coffee or tea
- Broth or bouillon
- Tomato or V-8 juices
- Sugar-Free popsicles – *<20 calories each and not more than 2 or 3/ day*
- Diet-ginger ale or other caffeine-free clear sodas – *remember to drink it “flat”*
- Crystal Light

NON-FOOD ITEMS TO HAVE READY:

Wire mesh strainer, blender, tablespoon measure (2 tbsp. equals 1 ounce), small food scale

During Your Hospital Stay

The day of your surgery, you will be asked to arrive at the hospital at a certain time, usually two hours before the scheduled time of your operation. The nurses will help you get ready and will take care of your personal belongings. While you are in the prep room, the anesthesiologist will explain the procedure and answer any questions you might have. You will be given some medication to help you relax before going to the operating room.

After surgery, you will be taken to the recovery room. You will spend a few hours there as you wake up from general anesthesia. You will then be moved to your room where your family can see you. During the first night you will be connected to a continuous oxygen saturation monitor. Obesity, general anesthesia and preexisting lung conditions (asthma, sleep apnea) make it likely that you will need oxygen the first night to keep your saturation above 90%.

The night of surgery, you will be asked to walk. This is very important to help prevent blood clots in your legs from forming. This condition is called a deep venous thrombosis or DVT. Wearing the lower leg compression devices while in bed also prevents DVTs.

It is normal to feel uncomfortable during the first few days after surgery, but each day you will feel stronger and more active. You will be given pain medication to ease your discomfort. Your nurse will teach you how to use your PCA (patient controlled analgesia) pump. This allows you to give yourself pain medication through your IV as needed. There is no danger of overdosing, and it allows you to control the pain yourself.

Your mouth might feel dry the first 24 hours after surgery. This is usually due to the medication administered during anesthesia. You will be allowed to swab your mouth, but not to drink anything until the first day after surgery.

While you are in the hospital, your surgeon, surgical residents and nurses will provide your medical care. You might be assigned nursing or medical students as well. Your surgeon will visit you daily, so have questions ready. You will be visited by a dietitian while in the hospital. They will provide a written quiz, which you will be asked to complete. It is a good idea to involve family members in learning about the diet after surgery.

During Your Hospital Stay (cont.)

On the first day of surgery, patients who have had a gastric band will be scheduled for an upper GI. This test is done in the radiology department. You will be asked to drink a small amount of contrast that can be seen traveling down your esophagus into your stomach. This test confirms the placement of the band, and makes sure there is no obstruction at the band from early postoperative swelling. Once this test is done, you will return to the floor and be started on a liquid diet.

The patients who have had a gastric band will likely be discharged after one night in the hospital. You will be on Stage 3 diet, given a liquid pain medication and asked to crush all of your pills. You will be asked to make an appointment with your surgeon and dietitian two weeks later. At this visit, your wounds will be checked and your diet advanced. No fluid will be placed in the band.

The patients who have had gastric bypass will be advanced to a Stage 1 diet and the catheter in your bladder will be removed. The remainder of the first morning will be spent sipping water and walking to prevent DVTs (blood clots in the leg). Later that day, you will be switched to an oral pain medication, and you will be advanced to a Stage 2 diet. On the morning of the second day, you will be advanced to a Stage 3 diet, the drain in your abdomen will be removed, and if you are feeling exceptionally well, you will be sent home. Your medications will be reviewed as they might change after surgery and you will be asked to crush all pills (*with the exception of time released medications*). You will be asked to make an appointment with your surgeon and dietitian two weeks later. At this visit, your wounds will be checked and your diet will be advanced.

Do not be surprised if you have gained a few pounds immediately after surgery. Weight gain is very common due to fluid retention from the intravenous fluid given to you during your hospitalization. It is only temporary.

Expect to be in the hospital for one to three days depending on the type of procedure you underwent. You can help yourself recover quickly by following all instructions and participating in your care. Be aware of what is going on around you at all times. Question someone if they tell you to take a large pill or bring you food that is not part of your diet. Remember, you are in charge of what goes into your mouth.



EXCEPTIONAL CARE. WITHOUT EXCEPTION.



Boston University School of Medicine

DONALD T. HESS, JR, MD

Director, Weight Loss Surgery Program
Boston Medical Center

BRAIN J. CARMINE, MD

Weight Loss & Advanced Laparoscopic Surgery
Boston Medical Center

Weight Loss Surgery Patient Post-Operative Compliance Agreement

- I understand that I play an essential role in the treatment of my obesity and that my continuous active participation in my treatment is essential.
- I understand that it is crucial to the success of my operation that I follow all of my treatment team’s written and verbal instructions and inform them if I am having any problems.
- I understand the importance of returning for all required scheduled visits (including clinical appointments and dietitian visits) and that I need to call in advance if I need to re-schedule an appointment.
- I understand that this surgery requires long-term follow-up for optimal health and success with weight loss.
- I will make every effort to attend as many support group meetings as possible, especially in the first year after surgery.
- I will inform Boston University Surgical Group of any changes in my address, telephone number and health insurance.
- I understand that after my surgery I cannot smoke at all. I understand that I should not take ibuprofen, Naproxen and that I should not drink alcohol on a regular basis. I understand that women should abstain from pregnancy for 1 year (during the rapid weight loss phase).
- I understand that after my surgery I am required to take supplements that include multivitamin/mineral chewable tablets, Calcium citrate and Vitamin B12 every day; and may include Vitron-c (iron tabs) all of which are not covered by insurance.
- I understand that after my surgery, I must take the prescribed acid blocker for at least 3 months.
- I understand that after my surgery I cannot crush any sustained/time release medications.

Required Surgeon Visits	2 weeks after surgery 6 weeks after surgery 6 months after surgery 12 months after surgery Then once yearly after surgery
Required Medical Nutrition Visits	3 months after surgery 9 months after surgery 18 months after surgery Then once yearly after surgery
Required Dietitian Visits	2 weeks after surgery 6 weeks after surgery 6 months after surgery 12 months after surgery Then once yearly in conjunction with clinical visit

Schedule may be modified depending on your progress.

Patient’s signature

Date

Physician’s signature

Date



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**Gastric Bypass Surgery
Addendum to Risks**

Leaking of Pouch or Anastomosis.....	1-2%
Deep Vein Thrombosis/Pulmonary Embolism	1%
Bleeding (Requiring Transfusion).....	1%
Infection of Wounds.....	1%
Incisional Hernias.....	1%
Stricture of Anastomosis	1-2%
Dehydration.....	5-10%
Nutrient Deficiencies	25%
Prolonged Nausea.....	1%
Failure to Lose Weight	
Marginal Ulcer.....	5%
Internal Hernia.....	1-2%
Fistula Between Stomach and Pouch.....	1-2%

Mortality from this surgery is about 0.2%

These complications may require additional surgery.

Factors that increase risk: Increasing BMI, Increasing Age, and Male Gender

_____ Date

_____ Patient

_____ Physician's Signature

_____ Responsible Relative or Guardian

_____ Print Name

_____ Relationship



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Boston Medical Center

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Weight Loss & Advanced Laparoscopic Surgery
Boston Medical Center

**Laparoscopic Adjustable Gastric Banding
Addendum to Risks**

Infection of Wounds.....	1-2%
Bleeding (Requiring Transfusion).....	1%
Injury to Stomach.....	1%
Band Slippage.....	1-3%
Band Erosion.....	1%
Port Related Complications.....	1-5%
Deep Vein Thrombosis/Pulmonary Embolus.....	1%
Obstruction at the Level of the Band.....	1%
Failure to Lose Significant Weight	

These complications may require additional surgery.

_____ Date

_____ Patient

_____ Physician's Signature

_____ Responsible Relative or Guardian

_____ Print Name

_____ Relationship

Commonly Asked Questions

How can I avoid stretching my new pouch?

- Follow your eating plan and stop whenever you feel full.
- Remember: “When in doubt... wait it out.”

How can I avoid vomiting?

- Stay away from high fat and sugary foods. Avoid alcohol.
- Chew your food thoroughly.
- Make sure you crush all medications. If the taste is very unpleasant, try mixing it with a few teaspoons of unsweetened applesauce (no apple peels).
- Eat only those foods allowed during each stage of the diet.
- Eat slowly. Never gulp your food. *Sip* all liquids.

How can I make sure I continue to lose weight?

- Eat a low-fat, high-protein diet with high-fiber complex carbohydrates. Talk to your dietitian for more advice.
- Stick to four or five small meals per day. Do not snack frequently or drink too many high-calorie beverages.
- Exercise for 30 minutes or more at least a few times per week.

How much exercise should I be getting?

- As much as you can. Walking is very helpful. Start slowly in the beginning and stop if it hurts. Do not overdo it, but rather work to increase the amount and intensity over time. You may also climb stairs.
- Do not do abdominal exercises for four weeks.
- Do not lift anything greater than ten to twenty pounds the first four weeks.

How can I make sure I'm getting enough nutrition?

- By following your eating plan as outlined in your booklet and by taking your multivitamins and calcium supplements as directed.
- By returning for your prescribed visits the first year, then yearly thereafter. Lab work will be checked at these visits, especially iron, vitamin B12 and vitamin D. These might be low — your surgeon and dietitian will direct you as how to best supplement them.

How long will it take to lose the weight?

- *Bypass patients:* The length of time depends upon how much weight you have to lost and how hard you work at it. Generally patients lose 75% of their excess body weight in the first year. If you weigh 260 pounds, but your ideal weight is 125 pounds, you are 135 pounds overweight. In the first year you will lose approximately 100 pounds. This is usually broken down into 50 pounds at the first three months, 75 pounds at six months and 100 pounds at a year. It might take up to two years to reach your goal weight.
- *Band patients:* The band works slowly over a longer period of time. Even at two years, we do not expect band patients to have reached their goal weight. In the first year the average patient has lost 40% of their excess body weight, and by the second year, 50%. Weight loss typically takes place at one to two pounds a week. If you weigh 260 pounds but your ideal weight is 125 pounds, you are 135 pounds overweight. In the first year you would lose approximately 55 pounds. By the second year, this would be closer to 70 pounds. Your weight loss depends upon many things including following the prescribed

Commonly Asked Questions (cont.)

diet, exercise plan and returning for fills when the restriction of the band no longer promotes sufficient satiety.

When can I drive?

- You may drive when you are no longer taking the prescribed narcotic pain medication.

May I shower?

- Yes. Clean your incisions with soap and water unless otherwise instructed. Do not soak in a bath until all the scabs have fallen off and the wounds are completely healed (typically 4 weeks).

When can I go swimming?

- When all the wounds are fully healed, typically four weeks after surgery.

When can I have intercourse?

- Two weeks after surgery.
- If you are a woman you will have an *increased chance of becoming pregnant*. It is difficult to maintain a healthy pregnancy during the rapid weight loss phase (first year after surgery for bypass patients). If you are planning to have a gastric bypass, we recommend that you postpone pregnancy plans for at least one year after surgery or until your weight is stable.

When can I go back to work?

- This depends upon the recovery course and what type of job you have. Generally most people don't go back to work before four weeks after surgery (although this can vary from 1 to 6 weeks). You should discuss this with your surgeon at your first appointment after surgery.

Are there any activities that I shouldn't do?

- Use your judgment when deciding which activities might be too difficult; for example, heavy lifting or strenuous activity might be too hard at first. Social activities centered around food should be limited. Initially this might be difficult for your family and friends to understand, but you must assert your needs. Avoiding foods that are not part of a gastric bypass diet early on after surgery will help with long term behavior changes and weight loss. Before making plans to dine out at a restaurant, see your dietitian for guidelines and recommendation.

How often do I need to come back to the office?

- You will receive a written schedule listing your appointments with your surgeon and dietitian. During the first year, your appointments will be fairly frequent. After the first year you will be seen at 18 months and then 2 years. After that you will be seen yearly. It is critical to continue to see your surgeon on a yearly basis to check for nutritional deficiencies and follow your weight.

Problem / Solution Guide

The following guidelines are provided to you as a reference in case you experience problems.

They are helpful hints to try on your own;

they are not a replacement for keeping your medical team informed.

If any of these problems arise, please notify your surgeon and dietitian. It might help to keep a record of anything unusual that occurs and what you tried to do to correct it.

The commonly reported problems are listed as follows:

• CONSTIPATION
• DIARRHEA (NOT RELATED TO EATING DAIRY PRODUCTS)
• DIZZY OR GETTING HEADACHES
• EXCESSIVE HAIR LOSS
• EXCESSIVE WEIGHT LOSS
• FEAR OF GAINING WEIGHT
• FEEELINGS OF FRUSTRATION OR DEPRIVATION
• GAS, BLOATING OR DIARRHEA AFTER EATING DAIRY PRODUCTS
• HEARTBURN / BURNING FEELING IN STOMACH
• INABILITY TO LOSE WEIGHT
• LEG CRAMPS
• MONOTONY OF DIET
• NAUSEA
• SIGNIFICANT INCREASES IN HUNGER
• STOMACH BLOATING AFTER EATING
• SUDDEN LIGHT-HEADEDNESS
• VOMITING

<p><u>CONSTIPATION</u></p> <p>If it occurs in the first month after surgery:</p> <ul style="list-style-type: none"> • Drink eight 8 fluid ounce glasses of water in between meals. • Try 4-8 fluid ounces of unsweetened prune juice. • Take one tablespoon of Milk of Magnesia. • Try warm liquids in the morning. • Try to walk every day. <p>If it occurs after the first month:</p> <ul style="list-style-type: none"> • In addition to the above, try Sugar-free Metamucil or Benefiber powder as an additional fiber supplement. Dietary stages three and four are very low in fiber. <p>Two months after surgery or later:</p> <ul style="list-style-type: none"> • Try all of the previously listed suggestions and increase the amount of fiber in your diet (fruits, vegetables, wholegrains). See your dietitian for more ideas. 	<p><u>DIARRHEA (NOT RELATED TO EATING DAIRY PRODUCTS)</u></p> <ul style="list-style-type: none"> • Eat more slowly. Stop eating when full. • Avoid having beverages with meals. • Avoid sugar, fat, alcohol and spicy foods. • Keep eating well-tolerated foods until you feel better, or go back to clear liquids for a day. • Limit the amount of sorbitol or mannitol in foods (these sugar alcohols are usually found in sugar-free candies and sugar-free ice cream products). • Limit beverages containing caffeine to 2 cups per day including regular coffee, tea and flat diet colas. • Quit smoking if you resumed it after surgery. If the diarrhea continues, we may need to check for a bacterial infection. Do not take anti-diarrheal medication without checking first with your surgeon. 	<p><u>DIZZY OR GETTING HEADACHES</u></p> <ul style="list-style-type: none"> • Drink eight 8 fluid ounce cups of water every day. • Add salt, broth or soy sauce to your foods. • Drink regular V-8 or tomato juice. • Eat meals on a regular schedule. If you experience acidity in between meals, try nibbling on some dry fat-free crackers.
<p><u>EXCESSIVE HAIR LOSS</u></p> <p>It is normal for most patients to experience hair loss between the second and ninth month after surgery. The following will help minimize the hair loss.</p> <ul style="list-style-type: none"> • Make sure you are consuming sufficient amounts of high-quality protein. Check with your dietitian and surgeon for assistance. • Drink at least 64 fluid ounces of fluid every day. This can include beverages such as skim milk or Crystal Light. • Remember to take your multivitamins regularly. <p><i>Consider taking prenatal vitamins, biotin, zinc and/or essential fatty acid supplements; however <u>DO NOT</u> take these unless they are prescribed by your surgeon and dietitian.</i></p>	<p><u>EXCESSIVE WEIGHT LOSS</u></p> <p>This rarely occurs. However, read the following suggestions if this seems to be a chronic problem.</p> <ul style="list-style-type: none"> • Monitor what you eat to identify if you are eating enough calories. Review food records with your dietitian. Increase the amount of food in your diet if necessary. Your dietitian will help you with this. • See your internist or surgeon. There might be a medical reason for the weight loss. • Consider your emotional state. <p><i>Do you have a fear of gaining weight or remaining at your current weight? If so, please refer to the section entitled "FEAR OF GAINING WEIGHT".</i></p>	<p><u>FEAR OF GAINING WEIGHT</u></p> <p>It is normal to have a certain degree of fear. However, if you find yourself constantly worrying about your weight, you will probably need to address this issue.</p> <ul style="list-style-type: none"> • Are you realistic about how much you should weigh? Talk to your doctor and dietitian about this. • Are you having trouble adjusting to your new body? This reaction is very common because your body might be changing faster than your brain can adapt to what you see in the mirror. Talk to your therapist or support group for help. Don't be afraid to ask for help – you will feel better for taking a positive action. • Focus on being healthy and fit, rather than worrying about the number on the scale.

<p><u>FEELINGS OF FRUSTRATION OR DEPRIVATION</u></p> <ul style="list-style-type: none"> • Feelings of frustration or deprivation are normal. Realize that you are going through an adjustment period with your eating patterns. You might need to learn new coping methods besides eating. • Don't keep your feelings bottled up inside. Talk to someone. Seek help from a therapist, the treatment team or the support group. • Talk to successful members of the support group to see how they handled feelings of frustration and discouragement. • Remember why you had the surgery in the first place. Pay attention to your body when it is getting healthier and stronger. • Don't neglect your physical health – it affects your mental attitude. Be sure to eat a well-balanced diet, take your vitamins and get enough sleep. 	<p><u>GAS, BLOATING OR DIARRHEA AFTER EATING DAIRY PRODUCTS</u></p> <p>You might be experiencing the lactose intolerance mentioned earlier in this booklet. Try avoiding all dairy products for a few days to see if your stomach gets any better. Then try the following suggestions:</p> <ul style="list-style-type: none"> • Replace regular milk with non-fat <i>Lactaid-100</i> % milk. Most Lactaid products can be found in large grocery stores. • Take 1-3 Lactaid Ultra tablets with meals containing dairy products. They can be purchased in a chewable form. • Try non-fat, calcium-fortified soy milk. <p><i>If you avoid milk, talk to your dietitian about ways to replace the calcium in your diet.</i></p>	<p><u>INABILITY TO LOSE WEIGHT</u></p> <ul style="list-style-type: none"> • Keep food records and write down the amount of fat and calories you are eating. Show these records to your dietitian and discuss your diet and eating habits openly. • Avoid foods high in fat. • Avoid excess amounts of high-calorie beverages such as juice. • Be aware of your eating patterns. Are you snacking frequently? Remember, the surgery will only prevent you from eating too much at one time, but it does not prevent you from gaining weight through constant snacking. Try to stick to four – five meals per day. • Exercise more as tolerated. • Find out why you are eating. Talk to your doctor, therapist or dietitian if you find yourself eating when you are not hungry. Attend a support group meeting. • Make sure you are not trying to reach an unrealistic weight goal. Try not to rely on the scale as the only way to measure your progress. For instance, you might be losing inches while the scale reads the same.
<p><u>HEARTBURN / BURNING FEELING IN STOMACH</u></p> <ul style="list-style-type: none"> • Avoid the following foods: coffee, tea, caffeinated fluids, chocolate, spicy foods with black or red pepper and alcohol. • Stop smoking. • Avoid aspirin and try Tylenol instead. • Take antacid medication as prescribed per your surgeon. • Avoid foods and fluids that are too hot or too cold. • Discuss your symptoms with your surgeon. Be sure to discuss all the medications that you are taking. 	<p><u>LEG CRAMPS</u></p> <ul style="list-style-type: none"> • Make sure you are following the diet as advised by your surgeon and dietitian. • Remember to take your multivitamin every day. • Try to increase your activity. Do not sit in the same position for more than a half hour. Try putting your legs up on a chair if they look swollen. • Avoid crossing your legs. Don't wear socks or knee high stockings that have tight bands. 	

<p><u>MONOTONY OF DIET</u></p> <ul style="list-style-type: none"> • Keep a positive attitude and focus on the good things that are happening. Your new way of eating is nourishing your body and allowing you to look and feel better every day. • Meet with your dietitian to discuss creative ways to prepare foods. You will be surprised at how many tasty, low-fat meals you can enjoy. Subscribe to a low-fat cooking magazine or purchase a cookbook written for the reader who has had weight loss surgery. You can find these types of cookbooks in major bookstores. 	<p><u>NAUSEA</u></p> <ul style="list-style-type: none"> • Don't eat past the point of fullness. • Avoid foods that you have not tolerated well. • Keep drinking fluids. • Try nibbling on 1-2 low-fat crackers when you first feel nauseated. Make sure they are very soft before swallowing them. Sometimes flat-diet ginger ale, herbal tea or broth also help. • Avoid spicy or acidic foods (e.g., citrus or tomato juices). • Try to figure out what you have eaten that could have caused the reaction – the nausea could also be related to your emotional state. 	<p><u>SIGNIFICANT INCREASES IN HUNGER</u></p> <p><i>This might be related to physical changes in the pouch. We might need to do a test called an upper GI.</i></p> <p>In the meantime...</p> <ul style="list-style-type: none"> • Do not wait to feel full before you stop eating. Actually measure the amount of food you should eat and don't go back for seconds. • Monitor the amount of carbohydrates you eat. These can increase insulin levels in your body which cause blood sugar to drop, resulting in feelings of hunger. Keep food records and review them with your dietitian. • Avoid falling into old eating habits. Pay attention to when you are hungry and what triggers your eating. See if you can detect any patterns during the times that you feel especially hungry.
<p><u>STOMACH BLOATING AFTER EATING</u></p> <ul style="list-style-type: none"> • Stop eating when full. • Avoid eating too quickly. • Do not drink liquids during meals. • Exercise regularly to eliminate gas build-up. <p><i>If you notice that your stomach is bloated after eating dairy products, please refer to the section entitled "GAS, BLOATING OR DIARRHEA AFTER EATING DAIRY PRODUCTS".</i></p>	<p><u>SUDDEN LIGHT-HEADEDNESS</u></p> <ul style="list-style-type: none"> • Make sure you are getting enough protein in your diet. Are you eating enough food? If you do not get sufficient protein calories, your body will burn fat as well as muscle for fuel, making you feel very tired. Keep food records and show them to your dietitian. • Limit caffeine-containing beverages to 2 cups per day including regular coffee, tea and colas. • Take all recommended vitamins and minerals. • Remember to drink at least 64 fluid ounces of water per day. • Are you getting enough sleep? Are you trying to do too much too soon? Be realistic about exercise and other activities. • Check your medications with your surgeon or internist. • Make an appointment to have blood work done. After gastric bypass, anemia secondary to iron or B-12 deficiency can occur. <p><i>It is natural to feel tired after surgery; however, you should start to feel better over time.</i></p>	<p><u>VOMITING</u></p> <ul style="list-style-type: none"> • Go back to the previous dietary stage until you find foods you can tolerate. Do not stop eating altogether. Keep up with clear liquids if you can (water, broth, Crystal Light, flat diet ginger ale). • Chew all foods thoroughly. • Eat slowly – at least 30 minutes per meal. Relax and choose pleasant, quiet surroundings when you eat. • Make sure foods are moist. • Avoid foods high in fat or sugar. Do not drink alcohol. • Do not eat food and drink liquids at the same time. • Make sure all medications and vitamin pills are crushed, chewable or in a liquid form. <p><i>If these suggestions don't work, or if you vomit bright red or dark brown liquid, call the office or come to the hospital immediately.</i></p>

