Gastric Sleeve Surgery and You

Fairview Southdale Weight Loss

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Introduction

This booklet explains the Gastric Sleeve weight-loss surgery program at Fairview Southdale Hospital. Before surgery, you must go to a class called “Weight-Loss Surgery and You: Gastric Sleeve.” This class covers many topics that will help you prepare for surgery.

**Before coming to the class, read this booklet and take the test at the end.** If you have any problems taking the test, we will help you during the class.

Our mission is to provide a caring, balanced program to help you manage your obesity. Our care team includes:

- Surgeons
- A bariatric physician (weight-loss doctor)
- A physician assistant
- A nurse educator
- A psychologist
- Dietitians
- Physical and occupational therapists

Remember, surgery is only a tool—it is not a quick fix. You will have a lot of work ahead of you after surgery. To stay healthy and prevent weight gain, you must follow the rules for nutrition and exercise.

Our patients are committed to changing their lives and improving their health. We believe that education and support are the keys to success, both before and after surgery. For this reason, we offer follow-up care long after our patients go home. Patients are expected to go to all clinic visits and classes.

How can I prepare for surgery?

This surgery will change your body, but it will not change your mind. If you eat because you are stressed or bored, surgery may not change your eating habits.

You must prepare both your body and mind for surgery. You may need the help of a dietitian or psychologist. You must follow the advice of your entire care team:

- Practice healthy eating.
- Lose weight. This will make surgery safer.
- Keep records of your moods and of the foods you eat.
- Practice eating and drinking very slowly. Chew food well and take small bites.
- Sip 48 to 64 ounces of fluid daily. Avoid caffeine, soda pop and alcohol.
- Take your vitamins and minerals as you are told.
- Exercise.
- Check the folds in the skin on your belly. Keep them clean, dry and free of infection.
- Think about how you will go up and down stairs, get to the toilet and take showers after surgery.
- Sleep a minimum of 7 hours in a 24-hour period.
- Surround yourself with supportive people.
- Do not use Advil, Motrin, Aleve or ibuprofen products.

If you practice these habits now, you will have an easier time after surgery.

We also urge you to join our support group.

Do not smoke, chew tobacco or use any products with nicotine for **3 months** before surgery. Avoid all tobacco and nicotine products after surgery. Smoking and chewing tobacco can cause an ulcer. If you use tobacco after an ulcer has been diagnosed, it will not heal.

If you are a woman, do not plan to get pregnant for at least **18 months** after surgery. This is the time you will lose the most weight. If you get pregnant, you and your baby could have problems. Be sure to use two forms of birth control—it may be easier to get pregnant after surgery.

Your doctor will give you clear steps to follow for the weeks and days leading up to surgery. This includes...
when to stop eating and drinking and what to do about your medicines. Always follow your doctor’s orders. This will make surgery as safe as possible.

On the morning of surgery, we will ask you to sign a consent form. You will also meet with the doctor who provides anesthesia (medicine to put you to sleep for the surgery). Please tell the doctor if you or any family members have had a bad reaction to this medicine.

What happens during surgery?

Each patient is different. In general, you can expect the following.

The surgery lasts two to three hours. While you are in surgery, your family can wait in the area near the welcome desk. They can check your progress on the computer screen.

The doctor will put an oxygen mask over your mouth and nose and ask you to breathe deeply. You will also get medicine through an IV tube (small needle in your vein). This prevents pain and helps you to fall asleep. When you are asleep, a breathing tube will be placed in your windpipe to help you breathe.

To keep you safe, the doctor will watch your blood pressure, heart rate and oxygen levels. If there are any changes, he or she will treat them right away.

This surgery is most often a laparoscopic surgery. The surgeon will make five or more small cuts in your belly. He or she will then insert a small camera (called a laparoscope) through one of these cuts. This lets the doctor view the stomach on a TV screen.

The doctor inserts special surgery tools through the other cuts. We will pump air into your belly to make room for the camera and tools. (At the end of your surgery, we will suck out the air. Your body will absorb most of the air that remains.)

The gastric sleeve (vertical sleeve gastrectomy) is a weight-loss surgery that removes about 85 percent of the stomach. This is permanent. The surgeon does this by using a stapler that makes a thin vertical “sleeve” out of the stomach. The new stomach is about the size of a skinny banana or test tube. Because the rest of the stomach is removed, it cannot be reversed.

Gastric sleeve surgery

With this surgery, the connection between the stomach and intestines does not change. Because of this, you will digest and absorb (use) food the same as before surgery. This lowers the risk of being deficient in nutrients. But you will still need to take vitamins and minerals because the size of the stomach is so small.

After surgery, your stomach will be able to hold about 2 ounces of food. Patients lose weight because they eat less and feel full faster. Gastric sleeve may also take away hunger and cravings. Less food often leads to major weight loss.

This surgery cannot be reversed. It will change the way you eat—forever. The first year after surgery can be an emotional time. Make sure that you have family and friends to support you. We also suggest you visit your psychologist.

Changing from Laparoscopic to Open Surgery

Once your surgeon has started operating, he or she may need to switch to an open surgery to give you the safest results. This means that you may have small cuts as well as a larger cut in the middle of your belly.
What happens after surgery?

**In recovery**

You will wake up in the recovery room. You may stay there for one to two hours. You will feel a bit sleepy when you wake up, and you may have a sore throat from the breathing tube. You may also have pain or pressure in your belly or shoulder (from the air we pumped into your belly).

- You will receive oxygen from two small tubes in your nose.
- You will have a tube (Foley catheter) in your bladder to drain your urine.
- You may have a drain in your belly to remove fluids. We will remove this a week after surgery.
- You will have “pneumoboots” (special leg wraps) on your legs to help blood flow.
- You will have a clip on your finger to measure the oxygen in your body.
- You will receive a shot (Lovenox injection) to prevent blood clots. You will have shots every 12 hours while you are in the hospital.
- You will have one or more IV tubes in your arm. We use these to give fluids and pain medicine.

Strips of tape (called Steri-Strips) will close the wounds from your surgery. These should fall off in about two weeks. You will also have several layers of stitches under the skin.

We will give you ice chips to suck on. Be sure to let them melt before you swallow them. If you don’t, they could cause gas or spasms in your new small stomach.

A nurse will ask you to rate your pain on a scale from 0 to 10, with 10 being the worst pain you have ever had. He or she will give you pain medicine through your IV tube. You may also have a button to control your pain. When you push the button, it pumps medicine through the IV and into your body. You can give yourself pain medicine as you need it. **Visitors may not touch this button.**

**In the hospital room**

When you are ready to leave the recovery room, we will take you to your hospital room on Unit 33. That night, nurses will help you out of bed so you can begin walking.

The nurses will also teach you:

- **Leg exercises (to prevent blood clots).** While lying in bed, you will point and flex your toes and make circles with your feet. You will do these exercises every one to two hours when you are awake.

- **Breathing and coughing exercises (to prevent lung problems).** You will hold a pillow against your incisions (cuts) to make coughing easier. You will also use an incentive spirometer (a small, plastic breathing device) every one to two hours while awake. This helps you deep breathe and can help prevent pneumonia.

**The day after surgery**

Your nurses will urge you to take six to eight short walks. You will increase your time and distance as you are able. Getting up and out of bed will help you heal faster. This will prevent lung problems (such as pneumonia) and blood clots and get gas moving out of your system.

We will take you to the radiology (X-ray) department. We will ask you to swallow dye, and then will take an X-ray of your stomach. This will tell us if you have any leaks in your stomach.

Soon you will start taking small sips of water by mouth. You will drink from a small medicine cup (at least 1 ounce every 15 minutes). If your body can handle water, we will give you clear liquids such as juice, sugar-free Jell-O and broth. If your body can handle these liquids and make enough urine, we will take out your IV tube and Foley catheter.

You may start taking pain pills and some of your other pills by mouth. Your nurse will know which pills can be crushed and when it is safe to change your medicines.
You will keep walking and doing your breathing exercises.

**Two days after surgery**

You will begin full, low-fat liquids (such as cream soup, yogurt, Cream of Wheat and approved protein drink). You may have no more than ½ cup per meal. You will stay on this diet for two weeks. Family and friends may not bring you food.

Before you leave the hospital, we will show you how to care for your incisions. Remember:

- Keep them clean and dry. This will help them heal.
- When you shower, wash your cuts with soap and water, then rinse and pat them dry.
- You can cover your wounds with gauze pads if they are oozing or catching on your clothes.
- Call the clinic if a wound does not seem to be healing properly. We want to make sure you do not have an infection.

**What are the most common problems after surgery?**

The overall chance of patients having serious problems (such as bleeding, blood clots, leaking and stomach strictures (narrowing of the stomach tube) within 30 days of surgery is about 4 percent. The risk of dying is about 0.2 percent for a patient who had laparoscopic surgery. This is less risk than if a patient has had the gallbladder removed.

Below are some of the more common problems that can occur right after weight-loss surgery. This is not a complete list. Your age, weight and medical history all will affect your risk for problems. Your surgeon will talk to you about these and other risks.

Your care team will work to prevent problems. We will also watch you closely while you’re in the hospital. If any of the following problems arise, we will treat them quickly.

**Atelectasis (part of the lung tissue collapses after surgery).** This can occur after you spend time on a breathing machine during surgery. To prevent it, we will teach you deep-breathing and lung exercises. We will urge you to do these over and over again after surgery.

If part of your lung tissue does collapse, you must keep doing your breathing and lung exercises. This will help prevent pneumonia. We may give you medicine to help you get better.

**Pulmonary embolism (blood clot that travels to the lungs).** This can occur anytime, but it is more likely to happen in the first month after surgery, especially in an obese person.

Since it’s hard to move around or get out of bed after surgery, blood can pool in the legs. This can cause a clot to form in the veins of the legs. If a clot breaks loose and travels to the lungs, it can cut off blood flow. This puts more stress on the heart, which can lead to death.

To prevent a blood clot in the lungs:

- We will give you medicine to thin the blood. This makes your blood less likely to clot.
- We will put “pneumoboots” (special leg wraps) on your legs. These will inflate and deflate from time to time. This keeps the blood flowing better in the veins, so there is less chance of a blood clot.
- We will help you walk a few hours after surgery. This keeps the blood flowing in the legs. Walking is very important. The nurses will make you get out of bed to walk, even though you may not want to.

To check for a blood clot in the lungs, we will watch your oxygen levels, breathing, heart rate and pain levels. If we find a clot, we will give you medicine to break it up. Or you may need a procedure to fix the problem.

**Abscess.** This is a pocket of pus (fluid that has become infected). After surgery, fluid will collect in
your belly. If germs are present, an infection might form. To prevent this, we may place a drain in your belly during surgery. This removes most of the fluid that builds up—your body will absorb the rest. You may have the drain for one week. We will remove it at your first follow-up visit in the clinic.

If an abscess occurs, a doctor may place another drain so you won’t need more surgery. We will give you medicine to kill the germs.

**Wound infection.** Infections may cause pain, oozing and redness around the surgery sites. We can easily treat this with medicine. Sometimes we need to drain the wound. You may need to go to the hospital for more treatment.

**Dehydration (not enough fluids).** Be sure to follow your care team’s advice about drinking fluids. If you cannot get enough fluids, you may start to vomit. You may need to come back to the hospital to receive fluids from an IV (needle in the vein).

**Bleeding.** This can occur under the skin or inside your belly. During surgery, organs that are near your stomach may get damaged and start to bleed. This can happen because the surgeon has to work in such a small place. Bleeding may occur anywhere a stapler is used.

We will watch for signs of bleeding, and we will check your breathing, blood pressure and heart rate. We will also take blood from your arm and run some tests. If we think you have a high risk for bleeding, we may stop or decrease your blood-thinning medicine.

Most of the time, bleeding stops when we stop the medicine used to prevent blood clots. Some people may need more surgery to stop the bleeding, but this is very rare.

**Stomach strictures (narrowing of the stomach tube).** During surgery, the stomach is made into a skinny tube. This tube is only about ½ to ¾ inches in diameter to allow for smaller portions and slow the passage of food from the stomach.

Sometimes, as the stomach heals, it becomes too narrow. This can prevent food from moving into the small intestine. The blockage will cause you to vomit (throw up) over and over again. If this happens, you will need to go to a clinic to receive fluids.

You will also need to have the stomach dilated (stretched) back to its post-surgery size with an endoscope. This is a tube with a camera on it that a doctor (other than your surgeon) places down your esophagus (the swallowing tube) and into your stomach. The end of the tube has a balloon attached to it. This balloon will be used to stretch the stomach. You may need to have your stomach stretched more than one time.

**Leaking stomach or intestinal fluid.** Sometimes the staples that make the new stomach do not seal well. If this happens, fluid from the stomach can leak into the belly. This fluid often contains germs, which can cause a serious infection.

To watch for leaking fluid, we will check your heart rate, labs, blood pressure, surgical site and drainage from your belly. If you show signs of a leak, we will treat the problem right away. You may need more surgery. More likely, we will use a drain to remove the fluid from the belly—the leak will often seal on its own. We will use medicine to treat any infection.

**Reaction to your medicines.** You might have a minor reaction such as a rash. Or you may have worse symptoms such as trouble breathing, a swollen tongue or swollen lips. In rare cases, reactions can cause death.

Before surgery, please tell your doctor if you have had a bad reaction to any medicine, or if anyone in your family has had a reaction to anesthesia. After surgery, we will stop any medicines that seem to be causing problems. You might receive a new medicine to help get rid of your symptoms.

**Stroke or heart attack.** These are rare, but the risk is greater for people who are obese. We will work to prevent a stroke or heart attack. If a problem occurs, you will be treated by skilled nurses and surgeons.
When can I go home?

If your healing goes as planned, you will leave the hospital two days after surgery. Before you leave, we will make sure you have good pain control and can drink enough fluids.

Once you are home, you may feel tired for a few weeks. This is normal and will go away. You just had major surgery. Get plenty of rest. Increase your activities as you are able. This will help you get your strength back faster.

If you have diabetes: Contact your doctor or diabetes nurse. Your medicine may need to change. Follow your doctor’s orders for checking your blood sugar at home. This will help your doctor know how to adjust your diabetes medicine.

If you take blood pressure medicine: Follow your doctor’s orders for checking your blood pressure at home. Share your numbers with your family doctor. Tell your doctor about any changes to your medicines. If you get light-headed or dizzy when you sit up or stand up, your blood pressure may be too low. Tell your doctor and we will check your blood pressure on your next visit to the clinic.

Supplies You May Need at Home

- 2×2-inch gauze pads and tape (to cover your incisions)
- Thermometer (to check for fever)
- Heating pad or ice pack to help with sore muscles (do not place it directly on the skin)
- Tylenol for pain or fever
- Baby wipes (for personal cleaning)
- A peri-bottle or small sports-top water bottle (for personal cleaning)

What can I expect during recovery?

The most common problems include:

- Nausea (feeling sick to your stomach) and vomiting (throwing up). This happens when your stomach fills too quickly. It can also happen if you skip meals, don't drink enough fluids, take certain medicines or are sensitive to odors.

Try to slow down and eat small portions. Drink fluids between meals. Ask your doctor about medicine that can help. If you vomit for more than 24 hours, call the clinic.

- Small amounts of blood in your stool, or bowel movements, that look darker than normal. This will go away in one to two weeks. It is caused by minor bleeding after your doctor has cut and stapled the stomach. If there are large amounts of blood in your stool, call the clinic.

- Gas. This will get better in time. Walking, antacids or Gas-X may help. Gas comes from swallowed air and the breakdown of foods in the intestines. Because your stomach is narrower, you will have more gas, and you will pass gas more loudly.

- Acid or bile reflux. Your new stomach is very narrow. This can create a lot of pressure that causes food, liquids or bile to back up into the esophagus (the swallowing tube). This should get better as you change your diet and learn to eat and drink more slowly. You will also take an acid reducer for at least 3 months after surgery to prevent irritation of the esophagus. You may also have less reflux if you sleep with 3 pillows under your head or in a recliner.

- Pain. This goes away as you heal. We will give you pain medicine when you leave the hospital, or you may take Tylenol. (Ask your care team how much Tylenol is safe for you.) You may only need to take this for one to two weeks. Avoid ibuprofen (Advil), naproxen sodium (Aleve) and other pain-killers that you buy over-the-counter. These can hurt your stomach and increase bleeding.
• Fluid leaking from around the drainage tube (if you have one). This is normal. Tell a nurse if it leaks too much (if you need a wash cloth to cover the site, so the fluid doesn’t get on your clothes). We can fix this.

• Swelling or bruising. These are normal after surgery. If the swelling or bruising is severe, call the clinic. These may be signs of bleeding or infection.

• Nerve sensations. As your nerves heal, you may have itching, numbness and a small amount of tingling. It may take at least three months or more for your nerves to heal.

Many other problems can occur weeks or months after surgery. Some can be managed at home, others need treatment in the hospital. (See pages 15 and 16.)

Do I need to limit my activities?

Yes. As you return to your normal routine, you will need to use your energy wisely.

• Spread heavy and light tasks throughout the day. Stop before you get too tired. Be sure to plan times for rest.

• Plan only one heavy activity a day, such as laundry, shopping, washing floors, vacuuming or yard work.

• Change positions often (move from sitting to standing, for example). This will lower your risk for blood clots.

• Do not lift more than 20 pounds for four weeks after surgery.

• Wear your binder to support your belly muscles. This will also reduce discomfort. But try to use it less (or not at all) by about 2 weeks after surgery. This will prevent your belly muscles from getting weak, as this will in turn hurt your back muscles.

• Do not do stomach exercises for four weeks after surgery.

• It is okay to climb stairs. Move slowly, so you don’t feel light-headed.

• It is okay to shower. Do not bathe, soak your wounds or go swimming until the wounds have healed. If you do, it might cause an infection.

• Do not drive while taking pain medicine. (Most people take it for about a week after surgery.)

• Because you will be sore, you may want to wait a week or two before having sex.

• If you are a woman, do not get pregnant for the next 18 months. You are more likely to get pregnant during this time. Be sure to use two forms of birth control.

Will special equipment help?

For the first few weeks after surgery, you will have trouble bending and twisting. This could make it harder to do daily activities such as getting dressed, taking a shower and using the toilet.

You can buy or rent equipment to make your daily activities easier. Ask us for a list of helpful items. For example, a sock aid or dressing stick can help you get dressed more easily. A raised toilet seat will make it easier to get on and off the toilet. You can find these and other items at most pharmacies. You can also get them from a durable medical equipment company.

If you wish, you may ask to see an occupational therapist. This person can show you how to do normal activities as you heal from surgery.

You will come back to the clinic within one week of surgery. At that visit, you and your care team will talk about how to safely advance your activity.
When can I go back to work?

You may be ready to return to work in two to three weeks. The timing depends on:

- The type of work you do.
- How fast you heal.
- If you’ve had any problems after surgery.
- How well you follow your diet and exercise rules.
- How fit you were before surgery.

Why is exercise so important?

You should begin an exercise program as soon as you can. (In fact, it is best to start exercising before surgery.) Benefits include:

- More calories burned—and more weight lost
- More energy
- Better posture
- Release of endorphins (hormones that make you feel good)
- Less tension and greater ability to cope with stress
- Fewer diseases
- Stronger bones and muscles.

You will come back to the clinic within 1 week of surgery. At that visit, you and your care team will talk about how to safely advance your activity.

What kind of exercise should I do?

Choose an activity that is easy on the joints. Walking and biking are good choices right after surgery. You may start swimming after all your incisions heal.

How long should I exercise?

Aim for 60 minutes per session. Start slowly, and try to go a little longer each time. Go at your own pace.

Don't get frustrated if you can't do as much as you'd like at first. If you can only walk for 5 minutes at a time, do this four to five times a day. Do longer sessions as you are able. It won't be long before you're up to 60 minutes per session.

How often should I exercise?

Try to exercise on most days of the week. If you only exercise for 5 to 10 minutes at a time, you may want to do it a few times per day.

How hard should I exercise?

At first, you only need to focus on the goals above. Once you can exercise for 60 minutes three times per week, try going faster. You will work up a light sweat. You may be winded, but you should not be so out of breath that you can't talk.

Include a 5-to-10-minute warm-up and cool-down period each time. This is where you walk, bike or swim at a slow, easy pace. Stretching is also a good idea after exercise. Remember, no bouncing! Hold each stretch at least 15 to 20 seconds.

How do I know if I'm working hard enough?

There are two ways to know: by keeping track of how you feel while exercising, and by keeping track of your heart rate.

How you feel during exercise: To use this method, think about how hard you are working as you exercise. Somewhat hard? Very hard? Consider the stress on your body, how much effort you are using and how tired you are. Don’t focus on any one factor, like leg pain or shortness of breath. Try to come up with your total, inner feeling.

Now, use the “effort scale” to rate your feeling. This is a scale of 0 to 10, where 0 is the easiest and 10 is the hardest. In most cases, you should aim for about a 5, or somewhat hard.
**Your target heart rate:** Another way to know how hard you’re working is to check your heart rate. This is the number of times your heart beats per minute. When you exercise, your heart rate increases. To find your target heart rate:

1. Subtract your age from 220. This is your maximum heart rate. During exercise, your heart rate should never go above this number.

2. Multiply your maximum heart rate (the number above) by 0.6. This is the lower limit of your target heart rate.

3. Multiply your maximum heart rate by 0.8. This is the upper limit of your target heart rate.

4. When you exercise, your heart rate should be between your upper and lower limits. You want to be in this range during most of your exercise session.

For example, Jean is 40 years old. Her maximum heart rate is 180. During exercise, she does not want her heart rate to go above this number. She tries to stay at her target heart rate—between 108 and 144.

Here’s how Jean found her target heart rate:

- Maximum heart rate: \(220 - 40 = 180\)
- Lower limit for exercise: \(180 \times 0.6 = 108\)
- Upper limit for exercise: \(180 \times 0.8 = 144\)

Now, find your own target heart rate.

Your target heart rate is _________ to _________.

(your lower limit) (your upper limit)

If you take heart or blood pressure medicine, ask your doctor what your target heart rate should be.

Now that you know your target heart rate, you must learn how to find your pulse. The easiest place to feel it is at your neck, but you can also find it on the inner wrist (on the thumb side).

Once you’ve found the pulse, use a stopwatch to time yourself. For the next 15 seconds, count the number of pulses you feel. Multiply this number by 4. This is your current heart rate—the number of times your heart is beating per minute.

At the peak of your exercise session, stop to check your pulse. Are you within your target heart rate? If your heart rate is too low, you should push yourself a little harder or faster. If your heart rate is too high, you need to slow down.

**Exercise tips:**

- Walk mornings and evenings if the weather is hot.

- Try walking at the mall, on outdoor trails, in a school gym or on a walking track. These have good, even surfaces to walk on.

- It may help to have an exercise partner.

- Don’t be afraid to try new kinds of exercise. This will help keep you moving, and it makes exercise more fun.

- Progress slowly. Let your body get used to exercise, so you’ll be able to do a little more at each session.

If you have questions about your activity level, please call 952-924-1340.

**Suggested Walking Program**

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<th>How long</th>
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<tr>
<td><strong>Week 1</strong></td>
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<td><strong>Week 2</strong></td>
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<td>3 times per day</td>
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<td><strong>Week 3</strong></td>
<td>15 minutes</td>
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<td><strong>Week 4</strong></td>
<td>20 minutes</td>
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<td><strong>Week 5</strong></td>
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<td><strong>Goal: week 6</strong></td>
<td>30 minutes</td>
<td>1 to 2 times per day</td>
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What should my diet be like?

Your diet has five stages. You will slowly move from liquids to solids. **Do not eat solids until your care team tells you to.** If you do, the foods may cause a blockage.

Follow your dietitian’s orders. Your diet will look something like this.

**Stage 1 (first day after surgery):**
- Sugar-free clear liquids
- No more than ½ cup per meal

**Stage 2 (day 2 to day 13):**
- Low-fat liquids (approved protein drink, cream soups, yogurt, Cream of Wheat, Cream of Rice)
- No more than ½ cup per meal

**Stage 3 (day 14 to day 27):**
- Baby-food textures (low-fat cottage cheese, scrambled eggs, mashed potatoes, tofu)
- No more than ½ to 1 cup per meal

**Stage 4 (from day 28 to 7 weeks after surgery):**
- Soft foods
- Solid foods that are soft, moist and tender (soft-cooked eggs, egg salad, chicken salad, tuna salad, mashed or well-cooked vegetables)
- No more than ½ to 1 cup per meal

**Stage 5 (8 to 12 weeks after surgery):**
- Low-fat solid foods
- No more than 1 cup per meal (eat small portions and chew well)
- Avoid foods that may block your stomach outlet (no tough meats, untoasted breads, stringy vegetables and fruits, vegetables and fruits with skins, coconuts, seeds or nuts)
- Foods low in sugar
- Foods high in protein

What supplements should I take?

After surgery, you will eat less food. This is why you must follow your diet and take your vitamins as ordered.

**You will do this for the rest of your life.** If you do not, you will not get enough vitamins, minerals and protein. This can cause serious, lifelong problems and even death. To check for problems, we will test your blood at three and six months after surgery and then every year after that.

**Before surgery, you must make a lifelong promise to take your vitamins and minerals and follow your diet.** We will give you a set of rules for eating. These are rules, not suggestions. You will need to follow them to succeed in your weight loss.

You can buy these vitamins and minerals at your local drug store. If you have problems finding them or your body cannot handle them, call the nurse line at 952-915-8680.

**Multi-vitamin with minerals**

Your multi-vitamin with minerals should have **all** of the following:
- at least 18 mg of iron
- at least 400 mcg of folic acid
- at least 2 mg of copper
- at least 1.5 mg of thiamin

**Choose one type:**

- ☐ Children’s complete chewable multi-vitamin with iron. Each day, **take twice the adult dose** listed on the label.
  
  **OR . . .**

- ☐ Adult complete multi-vitamin with minerals. **Take two tablets each day.**

Start with a chewable or liquid form. You may switch to whole tablets when your body can handle them.
**Vitamin D**

Take at least a total of 3000 IU (international units) of vitamin D each day. You may take it with your calcium.

**Calcium**

Take 1200 to 1500 mg of calcium each day.

Choose a brand that includes vitamin D. Calcium citrate is best. If you cannot find this, take calcium carbonate instead.

- If you take calcium carbonate, take it with food.
- Take no more than 500 to 600 mg of calcium at one time. Your body can only take in this amount at once.
- Do not take your calcium within 2 hours of your multivitamin or iron supplement.

**Vitamin B12**

☐ Take 1 tablet of vitamin B12 (1000 mcg) each day. Buy the kind that goes under your tongue.

OR . . .

☐ Take 1 shot (injection) of vitamin B12 (1000 mcg) each month. You will need to see your family doctor for this.

**Iron**

Take iron if you are a woman who gets her periods, or if your care team asks you to. Choose one:

☐ Take 1 tablet of Vitron C each day (includes vitamin C to help you absorb the iron).

OR . . .

☐ Take both daily:
  - 1 tablet of ferrous sulfate (325 mg) and
  - 1 tablet of vitamin C chewable (500 mg).

Avoid drinking a lot of tea. Tea contains tannins, which reduces the amount of iron your body can use.

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**Sample Schedule for Vitamins and Minerals**

<table>
<thead>
<tr>
<th>Time</th>
<th>Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>Twice the adult dose multivitamin with minerals</td>
</tr>
<tr>
<td></td>
<td>Vitron C or 325 mg ferrous sulfate with vitamin C (if you are a woman who has her periods)</td>
</tr>
<tr>
<td></td>
<td>1000 mcg vitamin B12 (if taken under the tongue)</td>
</tr>
<tr>
<td>Mid-morning</td>
<td>500 to 600 mg calcium that has vitamin D</td>
</tr>
<tr>
<td>Evening</td>
<td>500 to 600 mg calcium that has vitamin D</td>
</tr>
<tr>
<td>Bedtime</td>
<td>2000 to 3000 IU vitamin D</td>
</tr>
<tr>
<td></td>
<td>500 to 600 mg calcium that has vitamin D</td>
</tr>
</tbody>
</table>

If you do not take your vitamins and minerals, you could have serious, lifelong problems.

- If you don’t get enough thiamine (vitamin B1), it can lead to confusion, feeling disoriented, pain, poor motor control and sometimes brain damage.

- If you don’t get enough B12, it can cause anemia (blood that doesn’t carry enough iron) and poor wound healing. Your body will have trouble getting enough B12 because you have such a small stomach. That is why you must take your B12 vitamin.

- If you don’t get enough folate or iron, it can lead to severe anemia.

- If you don’t get enough calcium and vitamin D, it can cause brittle bones and teeth.
Remember . . .

- No solid foods until you are told.
- Have only three meals a day. Snacking can slow your weight loss and lead you back to the old eating habits that made you gain weight. But don’t go without food for a long period of time. This might lead you to overeat later in the day.
- Take up to 30 minutes for each meal. Take small bites and sips. Chew food well. Remember that moist meat goes down best.
- Stop eating at the first sign of fullness (a feeling of pressure just below the ribcage). You want to be comfortable, not full.
- Sip 48 to 64 ounces of fluid daily. No “fizzy” drinks (like soda pop), caffeine or alcohol.
- No liquids with meals. Don’t drink anything for 30 minutes before or after meals.
- Avoid gum. If you swallow it, the gum may get stuck in your stomach tube.
- Avoid hard candy, straws, chewing gum and ice. All of these can produce gas in your small stomach.
- Take your vitamins and minerals every day.
- It’s easy to overeat at parties. Parties are not an excuse to snack. And they are not the best place to try a new food because your body may not be able to handle it.
- It’s okay to enjoy food. You can only eat small amounts. Food should not only be healthy, but also look and taste good.

What problems should I watch for?

Some problems can occur weeks or months after surgery. Many of these can be managed at home. Others need to be treated at the hospital. If you have any questions about your symptoms or treatment, call us right away. We have listed the most common problems below.

Nausea and vomiting (throwing up). After surgery, you need to learn how to eat again, just like a baby. You will “spit up” or vomit from time to time. This may last at least six to eight weeks. You may still vomit years later if you eat too fast or too much.

During surgery, the stomach is cut, stapled and sewn. This causes swelling. You must treat your stomach very gently at first. We will give you medicine to help with nausea and vomiting. You will need to:

- Eat and drink slowly.
- Eat and drink only small amounts.
- Chew your food very well.
- Avoid foods that might upset your stomach.
- Avoid foods that are dry.
- Drink enough fluids.

If you eat or drink too fast or don’t chew your food well enough, the food will get stuck in your stomach tube. This will cause pain until you vomit, pushing out the food.

You may find that you can eat a certain amount or kind of food one day and not the next. That’s because food leaves the stomach more slowly after surgery. Also, different foods leave the stomach at different rates. This varies from person to person. If you are still full from last night’s meal, you might vomit after only two or three bites.

Bowel (intestine) blockage. Scars may form after belly surgery. These scars can act like cords and wrap around part of the intestine.

If the intestine gets kinked, food cannot get through. This can cut off the blood supply, causing the intestine to die. While rare, this may happen years after surgery. Signs include nausea, vomiting, belly pain that gets worse and worse, and being unable to have a bowel movement. If we think you have a blockage, you will need to have surgery.
**Hernia.** This is a weakening of the belly wall, near the place where the doctor cut into your belly. Symptoms include pain, some nausea (feeling sick to your stomach) and an odd bump or swelling. If you have these symptoms, call the clinic. If you have a hernia, you will need surgery after meeting your goals for weight loss.

**Gallstones.** These may occur because of your fast weight loss. Signs include nausea, throwing up and very bad pain in the upper-right part of your belly. If you have gallstones, you may need surgery to take out the gallbladder.

**Stomach ulcers (sores).** Ulcers are rare. If you get one, it will take longer for your body to heal after surgery. Symptoms include nausea, vomiting and belly pain. To prevent ulcers, take your Zantac (or other anti-acid medicine) for 3 months after surgery. You should avoid caffeine, alcohol, smoking and most over-the-counter pain medicines. (Tylenol is okay.) If you smoke after surgery, you will get an ulcer. It will not heal until after you stop smoking.

**Yeast infections.** After surgery, you may have thrush (a coating on your tongue that looks like cottage cheese). Women may have a yeast infection in the vagina. If you notice any symptoms, call our clinic.

**Hair loss.** This is often due to the rapid weight loss right after surgery. It tends to happen about two to nine months after surgery. It only lasts a short while, and your hair will grow back. Nioxin shampoo may help. Talk to your hair stylist. You may need to avoid perms and hair coloring. These can make hair brittle and more likely to break at the scalp.

**Skin changes.** You may have acne or dry skin after surgery. Your skin will improve over time. To help keep your skin healthy, be sure to get enough protein, vitamins and fluid.

**Anemia (low iron) and poor nutrition.** Symptoms include pale skin, feeling very tired and feeling dizzy. Be sure you follow your dietitian’s advice for eating and drinking. If you have problems, you may need iron pills to help you get better. You may even need to go to the hospital.

**Heartburn.** To prevent heartburn:
- Don’t drink with a straw.
- Avoid “fizzy” drinks, like soda pop.
- Avoid very cold fluids. When cold meets the heat of your stomach, it can cause gas.
- Avoid gum and hard candies.
- Avoid gassy or greasy foods that have strong flavors.
- Stay upright for 30 minutes to an hour after eating. Or take a short walk after meals.
- Try not to eat for at least two hours before going to bed.

**Poor nutrition.** Make sure you follow your dietitian’s advice for eating and drinking. If you have problems, you may need extra vitamins and minerals to help you get better. You may even need to go to the hospital.

**Scars.** Your scars will fade over time. They will heal better if you stay out of sunlight. Always use a sunscreen.

**Dumping.** This can happen if you eat too much or too quickly. Symptoms include nausea, weakness, sweating, faintness and diarrhea after eating. This happens because the size of your stomach has changed. It is smaller and works a bit different than it did before.

**When should I call the doctor?**

Some people have serious problems after surgery. If you have any of these problems, you need to call us right away at 952-915-8626. (After office hours, call 952-927-7004.)

Serious problems include:
- Swollen legs with pain behind the knee or calf.
- A fever over 101°F (38°C), taken under the tongue.
- Chills.
- Chest pain or feeling very short of breath.
- A sudden and severe increase in your heart rate.
- Belly pain that gets worse and worse.
- Vomiting that gets worse and worse.
- Redness, swelling, increased pain or fluid from your incision (cut). If you have fluid, it may smell bad. It may look green, yellow or thick and white.
- You do not urinate (empty your bladder) two to three times each day.

**What else do I need to do?**

Surgery is not magic. It is only a tool. You are the key to your success.

You should go to regular support groups for at least the first year. And make an appointment for your 3-month follow-up with your psychologist. You will need to come to all of your clinic visits before and after surgery. You can expect to be seen at least 5 times during the first year after surgery, and at least once a year after that.

It is important that you see us when you are supposed to. It is also important to tell us when things are not going well. We can help if your weight loss does not go as planned, or if you want to maintain your weight without falling back into old habits.

If you want to succeed at weight loss, you must make life-long changes in your eating and behavior. You must get regular exercise. You must take your vitamins and minerals every day for the rest of your life. You must have blood tests to check for nutrition problems on a life-long basis.

You are the key to your success. You make it happen!

**Resources**

Below is a list of helpful resources. Look to the Internet or Yellow Pages for more information.

**Obesity support group:** [www.obesityhelp.com](http://www.obesityhelp.com)

**Fairview Southdale web sites:**
- [www.fairview.org/weightloss](http://www.fairview.org/weightloss)
- [www.freewebs.com/swls-support](http://www.freewebs.com/swls-support)

**American Society for Metabolic and Bariatric Surgery:** [http://asmbs.org](http://asmbs.org)

**Weight-control Information Network:**
- [win.niddk.nih.gov](http://win.niddk.nih.gov)

**American Obesity Association:** [www.obesity.org](http://www.obesity.org)

**Fitness support**

**American Heart Association:**
- [http://startwalkingnow.org/home.jsp](http://startwalkingnow.org/home.jsp)
  (exercise diary available)

**American College of Sports Medicine:**
- [www.acsm.org](http://www.acsm.org)

**Athletic clubs in the Twin Cities metro area**

**Lifetime Fitness:** [www.lifetimefitness.com](http://www.lifetimefitness.com)

**Curves:** [www.curves.com](http://www.curves.com)

**YMCA or YWCA:**
- [www.twincitiesymca.org](http://www.twincitiesymca.org)
- [www.ywcaofstpaul.org](http://www.ywcaofstpaul.org)
- [www.ywca-minneapolis.org](http://www.ywca-minneapolis.org)

**Community education:** Find walking paths and group class information for your area (for example: [http://www.edinaschools.org/communityed](http://www.edinaschools.org/communityed)).

**Important phone numbers**

**Main clinic** (for scheduling and insurance questions): 952-915-8626

**Nurse line:** 952-915-8680
952-927-7004 (after hours)

**Occupational and physical therapy:** 952-924-1340

**Dietitian:** 952-915-8682 or 952-915-8768
Take-home test

T  F  I will need to make my meals last 30 minutes.
T  F  I do not need to take my vitamins and minerals every day.
T  F  I will need to take liquids with my meals.
T  F  I have to drink 28 ounces of fluid daily.
T  F  If I am a woman who plans to get pregnant, I should wait at least one year after surgery.
T  F  I can easily get my surgery reversed.
T  F  If I eat more than is suggested after my surgery, I will most likely have nausea and vomiting.
T  F  It is suggested that I attend a support group after surgery.
T  F  If I can talk while I am exercising, I am not working hard enough.
T  F  I must exercise for one hour, seven days per week to reap the benefits of exercise.
T  F  Every person having weight-loss surgery will see an occupational therapist while in the hospital.
T  F  There is a 1 percent chance that I could die from this surgery.
T  F  I can get a blood clot or pneumonia after surgery.
T  F  I may get dumping syndrome if I eat too little protein.
T  F  I may need another operation if I have a hernia.