

Patient and Family Resource Manual For Bariatric Surgery Candidates



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**CENTER FOR OBESITY AND ITS
CONSEQUENCES IN HEALTH
(C.O.A.C.H. CLINIC)**

Important Contact Information

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If you are experiencing a surgical emergency after hours or on a holiday, please call:
501-364-1100 and ask to speak with the general surgery resident on call

Considering Surgery

Obesity can lead to many lifelong medical complications including high blood pressure, type 2 diabetes, heart disease, obstructive sleep apnea and depression. Losing excess weight can decrease the risk of these diseases. Bariatric surgery can be a tool to help you get a step closer in achieving a healthier life.

Surgery is not for everyone. To be **considered** for surgery, one must:

- Attend 6 months of supervised weight management program at C.O.A.C.H. clinic
- Be at least 10 years old at the time of enrollment in the program.
- Have a BMI \geq 120 percentile of the 95th percentile with an obesity-related condition, or a BMI \geq the 140th percentile of the 95th percentile without an obesity-related condition
- Be willing to complete follow-up visits for 5 years after surgery
- Be willing to complete all clinically required laboratory and diagnostic tests
- Have confirmation from a psychologist or psychiatrist that he or she is sufficiently mature to comply with the clinical protocol

Life after surgery is not easy. Having good family support makes this journey easier. Care-givers can provide healthy food choices, offer praise, and encourage exercise. They can also be a part of your new lifestyle by exercising with you and eating the same foods. To maintain your weight loss you must continue to make healthy choices and exercise. In addition, your surgical and medical team will follow you closely to help you transition to the new way of life.

Before Surgery

All patients are required to complete 6 months of supervised medical weight management in C.O.A.C.H. clinic. Assessments will be made by the medical team to see if you qualify for this surgery.

Once you have been qualified, you will be asked to:

- Continue being committed to changing your eating and exercise habits
- Complete a sleep study to rule out obstructive sleep apnea
- Consult with our anesthesia department
- Schedule other medical consultations as needed
- Obtain fasting blood work two weeks prior to surgery
- Stick to the **two week pre-surgery weight loss diet***

***Pre-Surgery Weight Loss Diet**

All surgery patients must undergo a two week pre-operative weight loss diet. This diet consists of protein shakes, sugar-free drinks and limited raw vegetables.

This diet is vital to having a safe surgery. Adhering (sticking) to this diet helps to shrink the liver, which makes the operation easier and safer. If patients do not follow this diet, **the surgeon may cancel surgery the day of the operation.**

Recovery After Surgery

Expect to spend one or two nights at the hospital after surgery depending on your needs.

You will be discharged home on liquid pain medicines and will be able to return to school one week after surgery.

After surgery, the diet will be advanced slowly from clears to liquids to allow healing to take place. You can expect to return to drinking shakes for 2-3 weeks. Gradually, the diet will be advanced to include pureed foods and finally solid foods of varying textures.

Insurance Approval

Please call your insurance company to discuss your options.

It is important for you to be aware of your insurance company's policy for coverage of bariatric surgery. Knowing what is required by your insurance company will ensure that our team is able to submit all of the necessary paperwork for surgery approval.

Before submission to the insurance company, you must:

- Complete nutritional, psychological and surgical evaluations
- Complete 6 months of medically supervised weight management visits through C.O.A.C.H. clinic
- Comply with behavioral changes recommended by the team

Documentation needed for insurance submission:

- Letter documenting 3-6 months of medically supervised weight loss
- Letter from psychologist clearing you for surgery

If your medically supervised weight loss is completed in C.O.A.C.H. clinic, and you have been given the clearance to go forward with the surgery we will write a letter to the insurance company detailing why you should have surgery. If your primary care provider supervised your weight management, then **this letter must come from him/her**. Please request this letter from them and have it faxed to our office at **501-978-6471**. This letter should clearly detail your weight loss attempts and any weight related comorbidities (conditions) you may have.

Scheduling Surgery

Once the surgery has been approved by the insurance company, we can schedule your surgery in 2-4 weeks.

Our office will follow up on the insurance approval process and keep you updated. Any questions regarding insurance approval can be directed to Darlene Houser, our surgical scheduler at 501-364-1446.

Surgical Procedure

Sleeve Gastrectomy

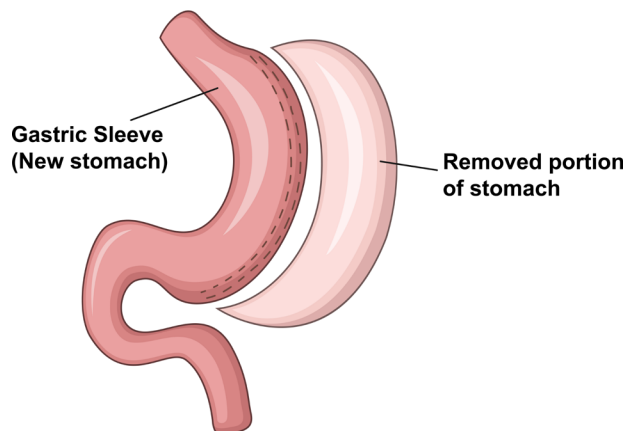
In this surgery, part of the stomach (approximately 75-90%) is removed leaving the patient with a long banana shaped stomach. The intestines are not altered. Therefore, all of the food that you eat is absorbed. It is thought that this surgery works by not only restricting the amount of food the stomach can hold, but by also removing the hormones that make you hungry.

Advantages:

- Rapid weight loss
- Less risk of nutritional deficiencies
- Lower complication rate

Disadvantages:

- Not reversible
- Potential leak from staple line
- Higher rate of heart burn
- One long staple line



Risks

Weight loss surgery, like other surgeries, has risks. Everything possible is done to decrease risks. Below are some of the most common complications related to these procedures.

Leak

A 'leak' is when gastric contents are able to come out of the staple line. Leaks are most common right after surgery and in the first few weeks following surgery. Signs of a leak are fever, increased heart rate and severe pain. If this occurs, you may need another operation. Your stomach is tested for a leak in the operating room and with a swallow study the day after surgery. You can decrease your risks of a late leak by closely following the post-operative diet.

Pneumonia

Pneumonia can occur after surgery from not taking deep breaths. Signs are fever, cough, shortness of breath and chest pain. If you develop pneumonia, you will receive antibiotics and oxygen as needed. You can prevent pneumonia by walking frequently, taking deep breaths and using the incentive spirometer (breathing device) 10 times every hour while awake.

Blood clots

Blood clots form when blood flow is slowed down. These commonly form in the veins of the lower leg. These clots can break off and travel through the bloodstream and into the lungs. If this occurs, it may be a life threatening emergency. You should tell the team if anyone in your family has a bleeding or clotting disorder as this may put you more at risk for a blood clot. Certain medicines, such as birth control, also make you more at risk for a blood clot. Signs of a blood clot in the extremities are swelling, pain/tenderness, warmth or redness. Signs of a blood clot in your lungs are severe chest pain and shortness of breath. You can decrease your risk of developing a clot while in the hospital by walking and wearing your compression boots. **You should be walking at least three times a day.** Compression boots are small boots that wrap around your feet and pump up with air. This helps to keep the blood circulating. In addition to these measures, a medicine called Lovenox is given to you every 12 hours while you are in the hospital.

Surgery Timeline

After surgery has been approved, you will be seen by the pre-operative anesthesia clinic who will ensure it is safe to proceed with surgery. **Two weeks before surgery** you will start the pre-operative diet.

Day of surgery:

- Bring the clothes and toiletries you will need for a few nights stay.
- Bring any medicines you take on a daily basis.

After surgery you will:

- Wake up in the recovery room.
- Receive some pain medicines. Other pain medicines are available, but you must ask your nurse for these medicines.
- Be transferred to your room a few hours after surgery.
- Not be allowed to eat or drink anything after surgery.
- Have an x-ray study the morning after surgery where you drink a special liquid. This is done to check for a leak along the staple line on your stomach. After this test, you will be allowed to sip small amounts of liquid. You will not be allowed carbonated beverages (like soda), straws or sugar sweetened drinks.
- Not be allowed to swallow pills. Once you are tolerating small amounts of liquid, your pain medication will be changed to a liquid form.

The goal for discharge is to be able to consistently drink 120mL of fluid an hour.

You will be expected to walk the day of surgery and 3 times a day in the days following surgery. Please do not walk without the assistance of your nurse or an aid. Remember walking is important! It can help to prevent the formation of blood clots and pneumonia.

Discharge & Follow-Up

Discharge

- For the first 3 weeks after surgery, all of your medicines must be crushed or taken in a liquid form.
- You will be discharged with pain medicine. You can also take liquid or chewable Tylenol for pain.
- You must take a chewable or liquid multi-vitamin once a day. You will also take a calcium and vitamin D supplement twice a day. You must take these vitamins forever.
- You can return to school in about 4-5 days after surgery.
- No strenuous activity until after the follow up appointment, but we encourage walking. Try walking about 20 minutes a day until your follow up appointment.

Follow up

You will be scheduled to follow up in the C.O.A.C.H. clinic with your surgeon and physician/advance practice registered nurse 2-3 weeks after surgery. After that appointment, you will need to follow up with the medical team. Make an appointment to see the surgical team at 3 months, 6 months, 9 months and 1 year after surgery. You may call 501-364-4000 to schedule these appointments. At your one year follow up appointment, blood tests will be drawn to compare to the ones that were drawn prior to surgery and a repeat swallow study will be completed. We recommend you follow up with the C.O.A.C.H. clinic for 5 years. It is easy to backslide into old habits. Being involved with the C.O.A.C.H. clinic can help keep you accountable.

Life After Surgery

Alcohol

Alcohol should only be consumed in small amounts (and by those of legal drinking age) because:

- Surgery can change how alcohol is absorbed and digested. You may feel the effects of alcohol more quickly.
- Alcohol can affect the way your body breaks down medicines.
- Alcohol has a lot of empty calories that can cause weight gain.

Sex and pregnancy

As women lose excess weight, their ovulation may become more regular, increasing the chances of getting pregnant. It is important if you are choosing to be sexually active that you are protecting yourself against sexually transmitted diseases and pregnancy. Talk to your primary care provider about the right birth control for you after surgery. Some birth control options can increase food cravings. If you need help finding someone to talk to about birth control, we can assist you in getting an appointment with our adolescent health clinic. Due to nutritional demands on the body, we strongly recommend against pregnancy for 2 years after surgery.

Nutrition Tips

- Avoid mindless eating. Mindless eating is eating in front of the computer, TV or while doing other activities.
- Assess your feelings. Are you really hungry or are you thirsty, bored, stressed or sad?
- Sit down to eat.
- Take smaller bites.
- Chew thoroughly (about 20 times).
- Stop eating **BEFORE** you are full.
- Plan your meals ahead of time.
- Drink plenty of water (approximately 64 ounces a day).
- Limit caffeine – it can make you dehydrated.
- Eat protein at every meal – aim for 60 grams of protein every day.
- Eat breakfast every day.
- Read labels – know what you are putting in your body.
- Use a calorie counting app – If you are eating out, look up the calories in your food choices first.
- If you are eating out, have the restaurant box up half of your meal before even bringing it to the table.
- Use smaller plates. You are more likely to fill up a bigger plate with more food and then eat it.
- Eat your vegetables!
- Write down **EVERYTHING** you eat. You'll be surprised how quickly it adds up.
- Track your exercise.

Checklists

Before surgery

- ✓ Complete 6 month medically supervised weight loss
- ✓ Complete psychological evaluation
- ✓ Complete nutrition counseling

The weeks before surgery

- ✓ Get blood work completed
- ✓ Adhere to 2 week pre-operative diet
- ✓ Bring medications to the hospital

In the hospital

- ✓ Walk 3 times a day
- ✓ Use your incentive spirometer
- ✓ Wear your compression boots

After surgery

- ✓ Exercise
- ✓ Take multi-vitamin every day
- ✓ Follow nutrition guidelines on healthy food choices
- ✓ Follow-up in surgery clinic 3, 6, 9 and 12 months after surgery
- ✓ Follow-up in the C.O.A.C.H. Clinic