

ENHANCING YOUR RECOVERY AFTER METABOLIC AND BARIATRIC SURGERY (ERAMBS): A GUIDE TO WEIGHT LOSS SURGERY



MASSACHUSETTS
GENERAL HOSPITAL

WEIGHT CENTER

This pamphlet is to help you understand and prepare for your surgery. Please read it thoroughly and review it with your family as well as your clinician prior to the surgery, and bring it with you on the day of the surgery.

Contact Information

Weight Center Office Contacts	
Monday – Friday, 8:00 AM – 5:00 PM	
General phone:	617-726-4400
Dr. Hutter & Dr. Meireles:	617-726-1476
Dr. Gee & Dr. Witkowski:	617-724-6132
After hours, weekends, holidays	617-726-2000 *ask for the on-call surgeon in Division of Gastrointestinal and Oncologic Surgery
Epic (medical record platform)	Patient Gateway If you do not currently have Patient Gateway, please self-enroll by visiting the MGB Patient Gateway Sign-Up Page



Table of Contents

Information about my surgery	4
Introduction	5
What is the <u>ERAmbS</u> program?.....	5
Before your Surgery	6
How can I prepare for my Surgery?.....	6
Pre-Op Phone Calls.....	6
Pre-Habilitation.....	7, 8
Countdown to Surgery.....	9
The Day Before Surgery.....	10
Carbohydrate Supplement Drink.....	11
Medications.....	11
Antibacterial Shower/Bath.....	12
At Time of your Surgery/Hospitalization	14
When you arrive at the hospital.....	13, 14
After your Surgery	15
Recovery Room/PACU.....	15
Pain Control.....	16, 17, 18
Activity: When can I start moving, sitting, walking?.....	19
Diet: When can I start drinking?.....	20
How long will I be in the Hospital?.....	20
Discharge: When can I go home?	20
Discharge instructions.....	21, 22

◆ Information about my surgery ◆

<u>Date</u> of Surgery:		
<u>Time</u> of Surgery:	TBD	Please arrive <u>3 hours</u> before scheduled surgery time.

Procedure:	<input type="checkbox"/> Laparoscopic Sleeve Gastrectomy <input type="checkbox"/> Laparoscopic Gastric Bypass <input type="checkbox"/> Other: _____
-------------------	--

Your Surgeon(s):	
<input type="checkbox"/> Denise Gee, MD	<input type="checkbox"/> Matt Hutter, MD
<input type="checkbox"/> Oz Meireles, MD	<input type="checkbox"/> Elan Witkowski, MD

Notes:
When to call your surgeon after surgery:
<ul style="list-style-type: none"> You have a temperature >101 Difficulty breathing or catching your breath Abdominal pain Persistent nausea or vomiting <p>If you feel you are having a medical EMERGENCY, call 911 and/or go to the nearest hospital.</p>



.....◆ Introduction ◆.....

This pamphlet is part of the Mass General Brigham Healthcare System ERAmbS (Enhanced Recovery After Metabolic and Bariatric Surgery) Program which is now the standard practice for all scheduled metabolic and bariatric surgery (or weight loss surgery) patients in the Mass General Brigham Healthcare System and affiliated hospitals.

What is the ERAmbS Program?

The Enhanced Recovery After Metabolic and Bariatric Surgery program is a little bit different from the traditional approach to surgery and has been shown to improve patient recovery after surgery along with reducing complications, reducing the number of days you stay in the hospital, and reducing readmissions to the hospital after surgery. We want you, the patient, to also be an active participant in the recovery process. The overall goal is for you to have a better surgical experience and get back to normal as soon as possible. With your help, we can achieve these goals.

This program is designed to keep you actively involved in your recovery prior to and after your surgery. This guide is divided into three stages:

1. Pre-surgery or Before Your Surgery
2. Peri-op or At the Time of Surgery and Hospitalization
3. Post-surgery or After Your Surgery (a brief overview – more specific nutrition information will be shared at your follow up appointments)

Each stage of this program is tailored to minimize your pain, avoid complications, and allow for earlier resumption of diet and activity.

.....◆ Before Surgery ◆.....

How can I prepare for my surgery?

.....◆ Pre-Habilitation

Pre-habilitation refers to steps you can take to help decrease complications from surgery, and improve your post-operative recovery (see attached Pre-habilitation chart for details).

.....◆ Pre-Op Phone Calls




Before your surgery, you will be receiving **2 phone calls** by different members of the surgical team who will be going over different parts of your care:




Who	When	Why
A member of the anesthesia team	This phone call will be scheduled ahead of time to ensure that you are available to take this call	During this call, a provider will: <ul style="list-style-type: none">• Ask questions to assess your health and explain the surgery process.• Review which medications you should take on the day of your surgery and which, if any, need to be stopped prior to surgery.
MGH Weight Center Navigator/Scheduler	1-3 days prior to surgery	During this call, a scheduler will: <ul style="list-style-type: none">• Finalize your surgery time and confirm exactly what time you need to arrive to check in;• Answer any questions.

.....◆ Countdown to Surgery

Countdown to surgery is a handy guide to the MGH Weight Center requirements leading up to the day of surgery. Please be sure to read this carefully and adhere to all the steps, unless otherwise indicated, to prevent possible complications or surgery from being postponed or canceled.

PREHABILITATION

Activity	Preparation for Surgery	Rationale
 <p>Exercise</p>	<p>If you do not exercise regularly, it is advised to start slowly. Exercise does not need to be strenuous, even 15 – 30-minute walks daily are better than not exercising.</p>	<p>Improves the body’s response to stress and improves fitness, which aids in recovery.</p>
<p>Nutrition, Shrink the Liver</p>	<p>In preparation for weight loss surgery you will be instructed on a Shrink the Liver diet. For most patients this diet will begin 2 weeks prior to surgery. Some patients may start sooner – please discuss this with your surgeon and dietitian before starting.</p> <p>*Please refer to “Countdown to Surgery” for further instructions.</p>	<p>The primary goal will be to lose weight and ultimately shrink the liver, which in turn will make the surgical procedure easier, minimize potential complications, and make your recovery easier as well.</p>
<p>Nutrition, Liquids</p>	<p>Be sure to drink 48 – 64 oz of water or similar fluid on a daily basis. Avoid consumption of alcohol, caffeine and carbonated beverages at least 2 weeks (ideally one month) before your surgery.</p>	<p>Drinking 48 – 64 oz of clear liquids per day helps to prevent dehydration and other problems associated with dehydration.</p>
 <p>Nicotine</p>	<p>Stop all forms of nicotine (ie cigarettes, hookah, chew, and/or nicotine patches) completely <u>at least</u> 6 weeks before your surgery.</p> <p>*If you would like more information on how to quit smoking please speak to your primary care clinician, nurse or pharmacist for options.</p>	<p>This will reduce the chances of respiratory (or breathing) complications as well as other complications during and after surgery, and improve your recovery.</p>
 <p>Bathing</p>	<p>Shower or bathe daily and thoroughly with an antibacterial soap (Hibiclens) starting 2 days before, the day before, and on the morning of the surgery (i.e. once daily for 3 days).</p> <p>Bottles of antimicrobial soap (Hibiclens) soap should be purchased at your local pharmacy and does not require a prescription.</p> <p>*Please see the special instructions included for bathing with an antimicrobial soap.</p>	<p>Helps to prevent infection. Using this soap will help prevent infections from occurring after surgery.</p>

Activity	Preparation for Surgery	Rationale
<p>Medications, Hormones</p> 	<p>Stop all hormone replacement medications that contain estrogen 1 month prior to surgery. This will include some oral birth control pills as well as hormonal replacement for menopause and other conditions.*</p> <p>*Please be sure to discuss this further with your prescribing clinician, and please be sure to use another form of birth control if you are sexually active to avoid an unplanned pregnancy.</p>	<p>To reduce the risk of blood clots from forming.</p>
<p>Medications, Aspirin Containing Products</p> 	<p>Avoid any aspirin and aspirin containing products 1 week prior to surgery unless discussed with your surgeon. This will include products that contain Ibuprofen such as Motrin, Aleve and other pain relievers.</p> <p>Acetaminophen (Tylenol) is okay to take.</p> <p>If you are on a blood-thinner, you will need to stop this as well, but please discuss this with your surgeon or clinician who prescribes the blood thinner for further instructions.</p>	<p>To reduce the risk of excessive bleeding at the time of surgery.</p>
<p>Plan Ahead</p> 	<p>Arrange for someone to accompany you at the time of admission and at the time of discharge.</p> <p>Make prior preparations at home for your arrival after surgery, make sure there is enough clear liquids and full liquids, as well as vitamins and minerals as recommended by the Weight Center.</p> <p>You should be able to walk and eat and care for yourself as usual, but you might need some extra assistance initially from family or friends, especially to avoid strenuous tasks immediately after your surgery like laundry, cleaning, grocery shopping, etc.</p>	<p>Helps to prepare for surgery and immediately after.</p>



COUNTDOWN TO SURGERY:



	Time Frame	Task
<input type="checkbox"/>	6 WEEKS BEFORE SURGERY	<ul style="list-style-type: none"> STOP ALL NICOTINE – INCLUDING SMOKABLES, CHEW, PATCHES, ETC...
<input type="checkbox"/>	1 MONTH BEFORE SURGERY	<ul style="list-style-type: none"> PHONE CALL WITH PRE-ADMISSION TESTING (PATA) BLOOD WORK UPPER GI TEST, IF INDICATED STOP HORMONE REPLACEMENT (IE ORAL BIRTH CONTROL PILLS) & USE ANOTHER METHOD OF BIRTH CONTROL IF SEXUALLY ACTIVE BECOME PHYSICALLY ACTIVE/EXERCISE
<input type="checkbox"/>	2 WEEKS BEFORE SURGERY	<ul style="list-style-type: none"> START SHRINK THE LIVER DIET AVOID CAFFEINE, ALCOHOL AND CARBONATED BEVERAGES
<input type="checkbox"/>	1 WEEK BEFORE SURGERY	<ul style="list-style-type: none"> AVOID ASPIRIN AND ASPIRIN CONTAINING PRODUCTS (UNLESS OTHERWISE DISCUSSED)
<input type="checkbox"/>	2 DAYS BEFORE SURGERY	<ul style="list-style-type: none"> CALL FROM WEIGHT CENTER WITH TIME OF SURGERY HIBICLENS/ANTIMICROBIAL SOAP WASH TO ABDOMEN
<input type="checkbox"/>	1 DAY BEFORE SURGERY	<ul style="list-style-type: none"> FULL LIQUID DIET UNTIL MIDNIGHT... THEN SWITCH TO CLEAR LIQUIDS HIBICLENS/ANTIMICROBIAL SOAP WASH TO ABDOMEN
<input type="checkbox"/>	DAY OF SURGERY	<ul style="list-style-type: none"> CLEAR LIQUID DIET UNTIL 2 HOURS BEFORE SURGERY CARBOHYDRATE DRINK (SEE SPECIFIC INSTRUCTIONS ON PAGE 11) NOTHING TO EAT OR DRINK; NO GUM, NO MINTS, NO CANDY, NO FOOD, NO LIQUIDS (OTHER THAN CARBOHYDRATE DRINK) HIBICLENS/ANTIMICROBIAL SOAP WASH TO ABDOMEN ARRIVE AT WANG 3 (MGH) AT THE DESIGNATED TIME BRING CPAP/BiPAP MACHINE TO THE HOSPITAL (IF APPLICABLE) DO NOT BRING ANYTHING OF SIGNIFICANT VALUE TO THE HOSPITAL



.....◆ The Day Before Surgery

.....● **Can I eat or drink, the day before my surgery?**

Do **NOT** eat any solid food on the day **BEFORE** Surgery. You may only drink full liquids and clear liquids for the day. Continue on full/clear liquids until midnight, then switch to clear liquids only.

- A full liquid is any liquid that can go through a strainer (soup or yogurt without chunks of food or fruit, sugar-free pudding, and other products) and includes protein supplements.
- A clear liquid is any liquid you can see through with the exception of alcohol. Dairy drinks, including milk and yogurt-based, are **NOT** clear fluids but are full fluids.
- Stop full liquids at midnight and change to sugar-free clear liquids only.

NOTE: Please follow these instructions carefully, if you consume solid foods or non-full/clear liquids during this period it may jeopardize the effectiveness of your surgery and affect your recovery, and your surgery may even be postponed!

See the following table for examples of **full liquids and clear liquids** as well as what to avoid:

Clear Liquids	Full Liquids	Not Allowed
Water	Milk	Solid foods
Sugar-free Juices (without pulp)	Yogurt (without fruit or food bits or chunks)	Orange Juice
Sugar-free Gelatin (Jell-O)	Dairy-based drinks (Protein supplements)	Carbonated beverages (Soda, sparkling water, etc...)
Clear broth or soup		Alcohol
Decaf Tea or Coffee (without Milk)		Caffeine
Frozen clear liquids like sugar-free Popsicles		



.....◆ On the Day of the Surgery

.....● **Carbohydrate Drink**

Please follow the instructions in the pamphlet included in the kit you pick up from the Weight Center regarding the carbohydrate supplement drink (Clearfast). If you are not able to come to the Weight Center, you may purchase a similar product at your local pharmacy (Ensure Pre-Surgery Clear). **Do NOT** follow the instructions listed on the bottles themselves.

Please remember that this is not a laxative, so you do not need to be worried about being close to a bathroom. Most people end up drinking this drink in the car, on the way into the hospital. The Clearfast and a small sip of water to take your medications should be the only things you drink within 2 hours before arrival.

Carbohydrate supplement drink instructions:
Drink 2 bottles of 12oz Clearfast (or Ensure Pre-Surgery Clear) 2 hours before arrival on the day of surgery
Finish 1 hour before checking-in at the hospital
<input type="checkbox"/> Carbohydrate drink <u>started</u> 2 hours prior to checking in for surgery
<input type="checkbox"/> Carbohydrate drink <u>finished</u> 1 hour prior to checking in for surgery

Consuming a Carbohydrate supplement drink before surgery will make sure the sugar level in your blood is more consistent during the surgery which allows you and your bowel to recover faster and heal more quickly.

.....● **Medications**

Please take only the medications that were approved by the anesthesia team and your surgeon as discussed during your pre-op phone calls. It is okay to take medications with a sip of water the morning of surgery.

SHOWERING INSTRUCTIONS

SHOWERING INSTRUCTIONS:



Hibiclens is available at your local pharmacy and does not require a prescription.

These instructions will differ from the instructions on the Hibiclens package. Package instructions are meant for surgeons using this product as a skin antiseptic prior to performing the surgical procedure.



Please use the following instructions for showering:

1. Rinse your body thoroughly with water first.
2. Turn the water off to prevent rinsing the Hibiclens soap off too soon, or have your back to the shower.
3. Wash from the neck downwards. Be especially careful to wash the part of your body (abdomen) where your operation will be performed. Be sure to get in your belly button – you can use a Q-Tip as needed to help with this.
4. Wash your abdomen gently for five (5) minutes. Do not scrub your skin too hard. You can use a sponge to help with lathering.
5. Turn water back on, or turn to face the shower, rinse well and pat dry with a clean towel.
6. Do not apply powder, lotion, deodorant or hair products after the third shower.
7. Do not shave the area of your body where your surgery will be performed. Shaving increases your risk of infection.

DO NOT USE HIBICLENS:

- If you have an allergy to chlorhexidine-containing products.
- On your head or face (if you get this soap into your eyes flush with water)
- In the groin area.

Allergic reactions and skin reactions are rare, but can occur. If you develop a rash or skin irritation, please contact your physician. If you develop an allergic reaction involving hives or difficulty breathing, call 911 or report to your nearest emergency department.



◆ Day of Surgery ◆

◆ When you arrive at the hospital:

- **Admission process:** Please enter through the main hospital entrance or Wang Ambulatory Care Center entrance. Proceed to the 3rd floor of the Wang building. You will be checking in at the Center for Peri-operative Care (CPC). Once you have checked in a liaison will bring you to the pre-operative holding area.
- **Pre-Operative area:** Here you will meet a number of members from the surgical team.
 1. Nursing:
 - A nurse in the pre-operative area will help you prepare for surgery by going through this pamphlet with you and reviewing your checklist items
 - The nurse will also measure your vital signs and glucose level.
 - You will also meet the nurse who will be in the operating room.
 2. Anesthesia team:
 - Will give medications by mouth to help prevent pain, nausea and vomiting.
 - Insert an IV line into your vein to give fluids, medications or blood needed during or after surgery.
 - Review options for pain management during and after surgery.
 3. Surgical team:
 - Discuss your procedure and answer any questions or concerns.
 - Finalize consent forms.

The Anesthesiologist is responsible for looking after your vitals (heart rate, blood pressure, temperature and breathing), fluid and blood replacement if needed, as well as your general comfort, pain level during and after your surgery.



.....● **When you arrive at the hospital (cont.):**

- **Operating room:** You will be helped onto the operating room table by the team and made comfortable as we continue to prepare you for surgery.
 - a. **IV lines** – another IV may be placed to help with administration of medications needed for surgery. These medications include: antibiotics, pain medication and nausea medication etc.
 - b. You will be given an anesthetic and put to sleep.

During general anesthesia a breathing tube will be temporarily placed in your throat to help your breathing. This will be removed at the end of surgery or when you are able to breathe on your own again. Sometimes this can cause a mild sore throat in the day or two after surgery, but it is temporary and should resolve on its own.



◆ After Surgery ◆

Recovery Room/ PACU

When your surgery is over you will be transported by the team to the post anesthesia recovery unit (PACU). You will likely still feel quite sleepy and disoriented. This is normal and related to the anesthesia you received during surgery. It will take some time for these medications to wear off.

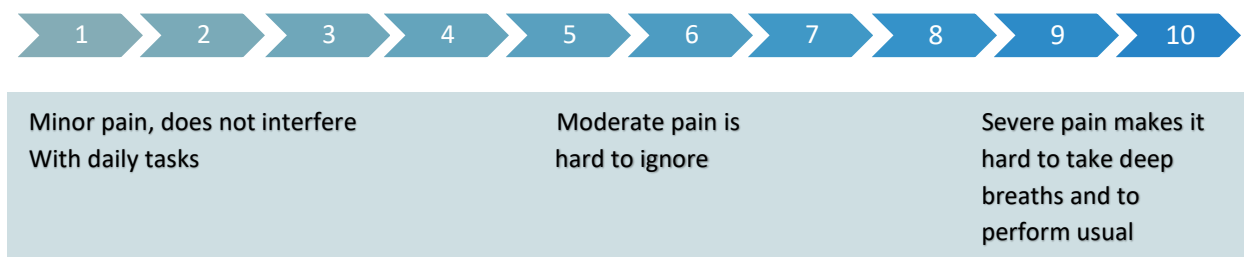
You will spend at least 2 hours in the recovery room being monitored after surgery. During this time, you can expect most of the following:

- Nurses checking your vital signs frequently – blood pressure, heart rate, breathing and temperature, blood glucose level as well as your wound and dressing.
- Anesthesia team checking on your pain and nausea level.
- Being kept on oxygen – either through your nose or a face mask, until you are able to take nice deep breaths on your own
- Being attached to an IV for fluids and pain medications

Once you are settled in the PACU, 1-2 family members/friends may be allowed to visit for a short time, but protocol may vary related to circumstances. When the team feels that you are stable and your pain is controlled, you will be transferred out of the recovery room to your assigned room on the floor.

Pain Control

Postoperative (pain after surgery) is very common and can vary from person to person. It is normal to have some pain for a few days after surgery. There is no way to completely eliminate pain, but there are a variety of ways to help manage your pain. A number pain scale may be used to measure your pain. It can be a helpful tool to track your pain after surgery. The number pain scale can be helpful when deciding if you may need opioids (pain medication) for severe pain, if prescribed to you. The goal is to lower the pain so that you are reasonably comfortable to tolerable pain, not zero pain – with a pain score of 4 or less out of 10, most of the time. Please let your nurse or doctor know if you are in any pain or discomfort.



● Pain Medication

There are many types of medicines that can help relieve pain. Non-opioid medications such as Tylenol, Ibuprofen, Aleve and Motrin, are good to use when the pain is hard to ignore, is noticeable at rest, and interferes with usual activities (please check with your surgeon first before using). Opioids are another type of pain medication that should only be used for severe pain. Opioids are not necessarily better.

Examples of Opioids include Tramadol (Ultram), Codeine with acetaminophen (Tylenol #3 or #4), Hydrocodone with acetaminophen (Norco, Vicodin, Lorcet, Hycet), Morphine, Hydromorphone (Dilaudid), Oxycodone (Roxycodone), Oxycodone with acetaminophen (Percocet, Endocet).



Here are some differences between Opioids and Non-Opioids:

Side Effects of Opioid Medication	Benefits of Non-Opioid Medication
May lead to misuse, abuse, addiction, or overdose	Reduced risk of misuse, abuse addiction or overdose
Nausea	Less nausea
Constipation	Less constipation
Itchy	Effective method of pain control
Dizziness, drowsiness, tired	Less dizziness, drowsiness, tired

●..... **OPIOID SAFETY** – If you need to take Opioids for pain relief, here are some helpful hints for safety:

- Use the smallest amount possible for the shortest amount of time
- Never take more medication than prescribed
- Never mix alcohol with any pain medications
- Keep out of reach of children and pets
- Hide or lock up your medication
- Keep your medication in its original bottle or container so you do not take it by mistake
- Keep track of the location and number of pills in the bottle
- Get rid of unused opioids as soon as you no longer need them

●..... **HOW TO DISPOSE OF EXTRA OPIOID MEDICATIONS:**

1. Store them safely – Keep all opioids in a secure safe place, and never share with others.
2. Dispose of them properly – when you have finished taking opioids as directed by your doctor you can:
 - Bring them to a medicine disposal station in your city or town. Or bring them to MGH and put them in the marked container across from the Outpatient Pharmacy in the Wang building
 - Mix with used coffee grounds and place in the trash
 - DO NOT flush them down the toilet



Pain Management Guide

HOW BAD IS MY PAIN	WHAT SHOULD I TAKE FOR PAIN	PAIN RATING (OUT OF 10)
I hardly notice my pain OR I notice my pain and it bothers me, but I can still do activities (such as walking, sitting up and standing)	<input checked="" type="checkbox"/> NON-OPIOIDS, AS NEEDED <input type="checkbox"/> NON-OPIOIDS, ON A SCHEDULE <input type="checkbox"/> OPIOIDS as needed plus non-opioids on a schedule	
My pain is hard to ignore or My pain interferes with my usual activities	<input type="checkbox"/> NON-OPIOIDS, AS NEEDED <input checked="" type="checkbox"/> NON-OPIOIDS, ON A SCHEDULE <input type="checkbox"/> OPIOIDS as needed plus non-opioids on a schedule	
I am focused on my pain and am not able to do my usual activities or I am groaning in pain, and I cannot sleep or My pain is as bad as it could be and nothing else matters	<input type="checkbox"/> NON-OPIOIDS, AS NEEDED <input type="checkbox"/> NON-OPIOIDS, ON A SCHEDULE <input checked="" type="checkbox"/> OPIOIDS as needed plus non-opioids on a schedule	

*** If your pain has not reached a tolerable level and you still require Opioid pain medication – please contact your surgeon**

Activity after surgery: When can I start moving, sitting, and walking?

You can start moving as soon as you wake up, however it is best to always progress slowly. Therefore, you should initially start with some basic leg exercises like wiggling your toes, stretching your legs out straight and rotating your feet. Do these for a few minutes every half hour, and it will help you get on your feet sooner. Stop doing this if it causes pain and let your nurse or doctor know.

Avoiding movement and lying in bed for an extended period can lead to complications like clots, bed sores and muscle weakness. This will slow your recovery.

- **3-6 hours after surgery:** You may be ready to sit at the edge of the bed or even a chair the same day as your surgery. Your nurse will help you, especially the first time you are getting up. You may also be able to take a short walk if you are feeling well. It is important to always have someone close by for assistance as you may be weak and unsteady on your feet.
- **On the day after surgery:** Starting the day after surgery, the goal will be for you to be out of bed at least 3 or 4 times a day and to take walks in the hallway and/or at home. We also expect you to be sitting in a chair as well. There will be someone to help you do this in the beginning until you are strong enough to get up on your own.
- **Breathing exercises:** It is important to be able to take deep breaths after surgery to prevent lung infections. The nursing staff will show you some breathing exercises that are helpful. It is also a good tip to take a few deep breaths during each commercial break while you are watching TV. Do these brief breathing exercises at least 5-10 times an hour while awake.

Diet After Surgery: When can I start drinking?

With the ERAmbS program we are able to advance your diet starting the same day of surgery. As soon as you are awake and alert in the PACU/Recovery room or in your hospital room, you will be allowed to take small amounts of clear liquids by mouth.

1. As a general rule, you will have IV fluids until the next morning;
2. You will be started with sips of water – about the size of a medicine cup the same day as surgery, up to 2 sips (or 2 medicine cups of water).
3. The day after surgery, you will be allowed more clear liquids. If you can drink 2 big cups (8 oz each), without nausea or vomiting, you should be able to go home. It is more important to keep yourself hydrated with fluids.

Urinary Catheters

Urinary catheters are not recommended for use after metabolic and bariatric surgery. Therefore, you will need to get up out of bed to go to the bathroom to urinate after surgery. Sometimes it can take 6-8 hours before you feel the need to urinate, which is normal.

Discharge from Hospital

How long will I be in the hospital?

In order for you to be discharged from the hospital, you must meet the following requirements:

- Pain and nausea well controlled with pain medication by mouth
- Able to take in enough fluids to keep hydrated
- Normal vital signs and blood work


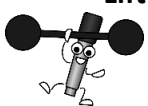



You may be able to go home as early as the next morning after your surgery. Otherwise you will be observed in the hospital until these goals are achieved.

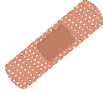



It is NOT required for you to pass gas or have a bowel movement before you are discharged.

Note: Please plan appropriate arrangements for transportation from the hospital and care at home

Discharge Instructions

You will be given a set of discharge instructions before you leave the hospital. Please be sure to adhere to the instructions from the hospital, but here are some general instructions to help you prepare:

Activity	Home Care Instructions	Rationale
Driving 	<p>Please do not drive for at least 4-5 days.</p> <p>Do not drive while taking narcotics. You may be a passenger and you can wear a seat belt.</p>	<p>You need to be able to respond safely in an emergency.</p> <p>Narcotics may make you sleepy.</p>
Lifting 	<p>No pushing, pulling, lifting or strenuous activity for 4-6 weeks; anything greater than 10 lbs is considered too heavy.</p>	<p>Prevents incisional hernia from forming.</p>
Walking 	<p>Walk for 20 minutes 3 times per day by the end of your first week after surgery and gradually increase activity. Do not sit for long periods of time.</p>	<p>Helps to speed your recovery and prevent blood clots from forming; also helps with the breathing and normal function of the bowels.</p>
Bathing 	<p>May shower (beginning 2 days after surgery), no tub baths or soaking in any water until your surgeon sees you.</p> <p>Pat your incisions dry (do not rub).</p>	<p>Allows the incisions to heal.</p> <p>Prevents disruption of the incisions.</p>
Medications 	<p>Be sure to resume all medications as instructed – you will be given a list of medications to continue and discontinue, as well as some new medications to start.</p> <p>Start your vitamin and mineral supplements as recommended by the MGH Weight Center.</p>	<p>To prevent any problems or issues with other medical conditions.</p> <p>Provides Recommended Daily Allowance of vitamin and minerals.</p>
Other	<p>You may want to bring your incentive spirometer home with you and continue using 10X/hour while awake.</p>	<p>Prevents pneumonia and other respiratory problems from developing.</p>

Activity	Home Care Instructions	Rationale
<p>Wound Care, Incisional Care</p> 	<p>Remove dressing (if there is one) in 24 hours. There may be Steri-strips under the dressing. These will usually fall off, but you may remove these in <u>14 days</u> if they have not fallen off.</p> <p>If the incision is draining clear fluid, you may cover it with a dry dressing; please be sure to call your surgeon if the incision requires frequent change of the dressing.</p> <p>No lotions, creams or powders to incisions until okay with surgeon.</p>	<p>Helps promote healing.</p> <p>Helps to keep any drainage concealed and prevent infection.</p> <p>Helps prevent incision from becoming infected.</p>
<p>Diet</p> 	<p>Stage 1 the first night home – advance to Stage 2 on the first full day at home.</p> <p>Try not to gulp when drinking. You may drink both hot and/or cold liquids. Your ultimate goal is to drink a minimum of 60 oz daily.</p> <p>DO NOT EAT SOLID FOOD until you have met with the Weight Center Dietician</p>	<p>Gradual advancement of diet – to prevent any complications with the new anatomy.</p> <p>Prevents dehydration.</p> <p>Prevents any complications with the new anatomy.</p>
<p>Traveling</p> 	<p>The Weight Center strongly discourages any travel by plane, and/or long trips during the first 4-6 weeks after having surgery.</p> <p>Any long car rides during the recovery period should include several stops to get out of the car and walk around.</p>	<p>Helps prevent blood clots from forming.</p>
<p>Additional patient instructions</p> 	<p>Please be sure to keep <u>all</u> of your follow-up appointments with the MGH Weight Center.</p>	<p>Helps to identify any problems or issues and ensures compliance with recommendations from the MGH Weight Center.</p>