



Your Bariatric Surgery: What to Expect



Ephraim McDowell
Bariatric Center

A Department of Ephraim McDowell Regional Medical Center

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Thank you for choosing Ephraim McDowell Bariatric Center. Your experience as our patient is very important to us. We are providing the following information to help you prepare for your surgery and also to let you know what to expect when you arrive at the hospital for your surgery.

Six Months Before Surgery

Good habits start before surgery!

- Stop consumption of all carbonated beverages.
- Stop consumption of all beverages containing caffeine.
- Begin cutting your food into small bites and chew them well.
- Stop drinking with your meals.
- Start your vitamin supplements and look for protein supplements. Tastes may change after surgery, so do not buy bulk protein supplements until you know you can tolerate them.
- Begin an exercise program.
- Stop smoking now. NO SMOKING after surgery.

One Month Before Surgery

Stop any hormone replacements, birth control pills, and herbal supplements. They may be resumed 30 days after surgery. Depo-Provera injections should be stopped 90 days prior to surgery to lessen your risk for blood clots, and may be resumed 30 days after surgery.

Two Weeks Before Surgery

Start your Two-Week Pre-Operative Diet (see Pre-Operative Diet book).

One Week Before Surgery

Stop any NSAIDs (nonsteroidal anti-inflammatory drugs such as Ibuprofen or Aleve) and aspirin products. Do not take aspirin or Plavix for six weeks after surgery. You may not resume other anti-inflammatory medication such as Motrin, Ibuprofen, etc. after surgery.

Other Pre-operative Instructions

- Good personal hygiene will help reduce the risk of infection during surgery. Daily bathing with an antibacterial soap is encouraged. Pay close attention to the abdominal area when bathing, making sure to clean under folds of skin and dry well.
- Have your primary physician change all time-release or extended-release medications to non-time release forms.

Day Before Surgery

- Follow a full liquid diet only.
- Take diabetic medication and insulin as instructed by your physician.
- Take a shower using the moistened antiseptic disposable brush provided to you, paying close attention to your abdominal area.
- Do not take anything by mouth after midnight, including gum, mints, water, or chewing tobacco.
- Remove all nail polish.
- Use Listerine mouthwash for 60 seconds before bed and the morning of surgery.

Day of Surgery

- Use the moistened antiseptic disposable cloths, cleansing from head to top of thighs.
- You may brush your teeth, but do not swallow water. Use Listerine mouthwash and gargle for 60 seconds.
- Do not eat or drink anything.
- Take all scheduled heart and blood pressure medicine the morning of surgery with a sip of water, unless otherwise directed by your physician.
- Do not use makeup, body lotion, powder, or perfumes due to the risk of infection.
- Do not wear any jewelry to the hospital. Remove all body jewelry, no matter where it is located.
- Bring a denture cup and eyeglass case as needed.

- Bring an incentive spirometer if received on pre-op appointment day.
- If you are currently using a C-Pap or Bi-Pap machine, please bring it to the hospital with you.

Day of Surgery

On the day of your surgery, remember to bring a list of all medications (both prescription and non-prescription) that you are currently taking along with all insurance cards, a photo ID and/or your driver's license and COVID vaccine card if you have one.

Please arrive at the hospital at least one and one-half to two hours before your scheduled surgery time. Please go to the Surgery Waiting Room on the second floor of the hospital to sign in. A Registration Associate will register you for your surgery, and you will remain in the Waiting Room until the Holding Room staff calls you in to prepare you for surgery.

For your safety, once you are taken to the Holding Room, the nurse will confirm your medical history and review your medications with you one final time. An IV will be started, and your surgeon and the anesthesia provider will visit you before your surgery to answer any questions you may have. The OR Nurse will also visit with you. Once you are ready for surgery, your family will be allowed to remain with you in the Holding Room until you are ready to be moved to the OR.

During Your Surgery

While you are in the OR, the OR nurse will periodically update your family on your surgery. Please leave a number that your family can be reached at if they plan to leave the Surgery Waiting Room. Once your surgery is completed, the surgeon or a member of our staff will contact your family.

Once you arrive in the surgery suite, the anesthesiologist will put you to sleep and insert a breathing tube for the surgery. Your throat may be sore after surgery from the breathing tube. You may have oxygen when you wake up. It will be removed as soon as you are awake and breathing deeply.

Recovery

Following your surgery, you will be moved to our Recovery Unit. Your family will be contacted when you have arrived. Generally, you will be in this area for approximately one hour. If you need to remain in the Recovery Unit longer, your family will be notified. You will receive medications to help with pain control.

You will remain in the Recovery Unit until you are ready to be moved to a patient room. There may be times when a patient being admitted following surgery has to go to Recovery III to await a bed assignment. Once you arrive in Recovery III, you will stay a minimum of 30 to 60 minutes. Your family will be permitted to visit at this time.

After Your Surgery

Oral and IV pain medication will be given to you after surgery. You will have compression devices (SCDs) on your legs to prevent blood clots. You may also have a catheter in your bladder to drain your urine if it is deemed necessary.

Once you are in your patient room, you will begin using your incentive spirometer 5 times every hour while you are awake. You will be assisted into a chair and encouraged to walk a few hours after surgery. Remember, activity is extremely important after surgery to avoid blood clots and pneumonia.

Discharge instructions will be provided to you. As you review those, start making a list of questions you may have for your nurse and physician so that your questions can be answered before you leave the hospital.

How to Use an Incentive Spirometer

Using your incentive spirometer and coughing after surgery will help prevent pneumonia by assisting you to fully expand your lungs and clear your secretions. The incentive spirometer will also help your lungs expel the anesthesia gas you were given during surgery.

Directions for use:

1. Sit on the edge of your bed, if possible, or sit up as far as you can in bed.
2. Hold the incentive spirometer in an upright position. Blow out to empty your lungs.
3. Place the mouthpiece in your mouth and seal your lips tightly around it.
4. Breathe in slowly and as deeply as possible, raising the blue piston toward the top of the column. The blue coach indicator should float between the arrows.
5. Hold your breath as long as possible (for at least five seconds). Allow the piston to fall to the bottom of the column.
6. Rest for a few seconds and repeat steps one to five at least 5 times every hour when you are awake.
7. Position the blue indicator on the left side of the spirometer to show your best effort. Use the indicator as a goal to work toward during each repetition.
8. After each set of 5 deep breaths, cough to clear your lungs. Support your incisions when coughing by placing a pillow firmly against your abdomen.
9. Two to four hours after surgery you will get out of bed and walk; breathe deeply and cough well. You will use the incentive spirometer four times each day, 5 repetitions, for several days unless otherwise instructed by your physician.

Day After Surgery

Your nurse or family may help you to bathe. The nurse will change any surgical dressings. A JP drain may have been placed in your abdomen during surgery to drain any fluid collection

following surgery and to prevent infection. The nurse will be monitoring and recording the drainage.

Your diet will be advanced to clear liquids, which includes water, ice chips, sugar-free popsicles, protein shots and broth. Sip slowly, DO NOT GULP. Be sure to slowly drink one full protein shot with each meal during your hospital stay. Starting protein early will help you to heal and maintain muscle.

Blood-thinning medications may be started to prevent blood clots. This medication is injected below the skin in your lower abdomen or leg. Walking is very important in preventing blood clots after surgery.

Remember to continue using your incentive spirometer 5 times every hour. Continue to walk at least every four hours, increasing the distance every time you walk.

You may be discharged on this day, providing you are taking fluids well and your blood work is normal.

Day of Discharge

- Re-read your discharge instructions, and write down any questions or concerns for your doctor.
- Continue with a clear liquid diet.
- Continue to use the incentive spirometer and walk in halls.
- If you have a JP drain, it may be removed before you leave the hospital. If it is not removed in the hospital, it will be removed on your first office visit one week after surgery.
- You will be given a prescription for liquid pain medication. The surgeon may have injected a numbing medication into your operative site during the procedure; this medication will last about 72 hours after surgery.
- Your routine medications will be reviewed by your surgeon and an internal medicine doctor. You will be given instructions on how to take your medications after surgery.

- You will follow up in the office with the physician or nurse practitioner two weeks after surgery. This appointment will be made for you by your nurse while you are in the hospital. If you do not receive an appointment before you are discharged, call the office on the next business day after you get home. The office staff will be glad to schedule the appointment for you.

Discharge Instructions

Bathing. You may shower when you get home using an antibacterial soap. Do not scrub your incisions; just wash lightly. The glue on your incisions is there to protect them. Please do not remove the adhesive, but allow it to fall off over time. Do not take a tub bath or go swimming or get in a hot tub for at least six weeks or until your incisions are completely healed over.

Incision Care. You will have two to six small incisions. Some clear to blood-tinged drainage from the incisions or JP drain site is normal. Please report any foul odor, yellow or discolored drainage, redness or increased swelling of the incisions to the office immediately. You may cover the incisions with gauze or a Band-Aid if you like. Do not use peroxide or antibacterial ointment unless instructed by the office staff.

Activity. Avoid lifting, pulling or pushing greater than 8 to 10 pounds for four weeks. Walk every two to four hours for at least two weeks to prevent blood clots and pneumonia. Continue to deep breathe, cough, and use your incentive spirometer.

Driving. You may resume driving when you are no longer taking the prescription pain medication.

Return to Work. If no heavy lifting is involved with your job, you may return to work in as little as one week. Otherwise, you may return to work three to four weeks after surgery with restrictions on weight/lifting. Please inform us if you need paperwork to submit to your employer.

Medications. Liquid forms of medications are well tolerated immediately after surgery. Gas-X may be used up to seven times a day for bloating and discomfort. Use Imodium if needed for loose stools. Do not take Plavix or aspirin for six weeks after your surgery. During the first six weeks after surgery, always inform any physician who treats you that you have had bariatric surgery before prescribing any new medication.

Lovenox®. The nurse will educate you regarding Lovenox® self-injections if you have been given a prescription by the surgeon for this medication. You will be instructed on when to start these injections.

C-Pap or Bi-Pap Machine. If you were using either machine prior to surgery, you must continue to use them.

When to Call Your Physician's Office

After you return home, please call your doctor if any of the following occur:

- Bleeding from your incision or blood in vomit or stools.
An episode of dark tarry stools is normal following your surgery, but any more than one or two should be reported to the office staff.
- Temperature of 101° or more
- Redness, swelling, or foul-smelling drainage from the incision site
- Separating or opening of any of the incisions
- Nausea and vomiting that is not relieved by medication or that prevents you from getting enough fluid intake for the day
- Pain that is not relieved by the medication
- Calf pain or swelling

When to Call 911

A new onset of shortness of breath or difficulty breathing is an emergency as is a dull or sharp pain in the front or back of your chest.

Follow-up Care

You will be scheduled for a follow-up appointment in the office two weeks after surgery to check how your incision is healing as well as a general check-up. Subsequent follow-up visits will be scheduled:

- Two weeks and six weeks after surgery
- Three months after surgery
- Six months after surgery
- Nine months after surgery
- One year after surgery
- 18 months after surgery
- Two years after surgery
- Annually thereafter

Labs including your vitamin/mineral levels, protein stores, liver function, and blood count will be followed closely. Any adjustment to your vitamins will be made after receiving each lab data results.

Follow-up visits with the dietitian may be helpful to ensure that you are making good food choices, consuming the proper vitamins and minerals and making suggestions for changes in your diet. Please contact the office if you would like to schedule an appointment with the dietitian.

Nutrition and Food Principles

Diet After Weight Loss Surgery

Following your bariatric surgery, your diet must be high in protein and low in fat and carbohydrates. You will need to follow a special diet for the first four weeks after surgery. The purpose of the diet stages is to allow your stomach time to heal. Do not move on to the next diet stage early. Doing so could have serious consequences, including hospitalization and surgery, or even death. Please refer to your Post-Bariatric Surgery Diet Plan book.

Diet Guidelines

- Do not use straws after surgery. Sipping through a straw puts air into your stomach.
- Do not consume caffeine after surgery. Caffeine is a diuretic and can lead to dehydration while also stimulating your appetite. Caffeine is also a gastric irritant and can cause irritation in your stomach after surgery.
- Do not consume carbonated beverages after surgery. Gasses from carbonated beverages expand in your stomach, causing discomfort and/or pain. This can stretch your stomach over time, making your surgery less effective. Avoid sodas, carbonated waters, and beer.
- Try to consume 64 ounces of fluid each day, choosing beverages that are decaffeinated, non-carbonated and sugar-free. Sip slowly, only 1 ounce of fluids every 10-15 minutes in the first one to two weeks following surgery.
- Do not drink anything for 15 minutes before or while eating food, and for 60 minutes after eating. This will help to keep you feeling full for longer and help prevent stretching your stomach.
- Consume three meals each day, on average, and stop eating as soon as you feel full. You may have one to two small, healthy snacks per day as needed.
- You must cut all food into small pieces, about the size of your pinky finger (from the nail bed to the end of your finger), and chew each bite very well.
- Read food labels, looking for and paying attention to portion size, carbohydrates, protein, and fat grams. You should keep a food and drink log to track fluids, protein, and carbohydrate intake. This may be done on a food-tracking app (Baritastic) or on paper.
- Depending on the food, you will initially feel satisfied after consuming between 2 tablespoons to $\frac{1}{2}$ cup of food. The denser the food, the earlier the feeling of fullness will be recognized (for example, you can eat more yogurt than tuna salad). Typically, over the next six to nine months, your stomach pouch will mature (relax) and the capacity for

food will increase to hold approximately 1 cup of food at one time.

- You will need 70-100 grams of protein per day. Protein drinks will be necessary after surgery until 70-100 grams is achieved through regular food. We recommend a maximum of 30-35 grams of protein per serving at one time to maximize absorption.

Returning to Regular Foods

Continue to follow a high-protein, low-carbohydrate and low-fat diet. Remember, dietary changes after surgery are a lifelong commitment for long-term success.

High Protein: 70-100 grams per day (if you have kidney problems please check with your physician first). Protein is important because it helps to make you feel satisfied. It also helps with tissue healing, preserves your lean muscle mass and helps avoid significant hair thinning.

- The main protein foods are meat, soy, chicken, turkey, fish, cheese, eggs, nuts, peanut butter, tofu and beans.
- Protein drinks help you to meet your goal of 70-100 grams per day.
- At each meal, eat protein first, followed by a vegetable or salad, then a fruit. Eat starches last.
- The majority of your nutrition will come from high protein foods. Usually 1 oz. of meat (fish, beef, poultry and pork) will provide 9 grams of protein. One egg or $\frac{1}{4}$ cup egg substitute provides 7 grams of protein. 1/2 cup beans (pinto, kidney, black or garbanzo beans) will provide 6-9 grams of protein.

Low Carbohydrate (“Carbs”): Less than or equal to 100 grams per day

- Carbohydrate sources include starches (e.g. breads, pastas, rice, crackers), starchy vegetables (e.g. potatoes, corn, peas, lima beans), milk, fruit, and sugar.

- A typical serving size of a carbohydrate food is $\frac{1}{2}$ cup and will provide approximately 15 grams of carbohydrates.
- Choose carbohydrate foods that are high in fiber and nutrients such as vegetables, fruits, beans, and whole grains (read food labels to ensure the first ingredient is “whole-wheat” or “whole grain”).
- Bread, pasta, and rice can swell and expand in your new pouch and are not always tolerated after surgery. Whole wheat toast and crackers are usually better tolerated.
- Sugars should be limited. Sugar-free products such as sugar-free popsicles and sugar-free jelly are good substitutes. However, these foods do not contain much nutritional value and should be eaten sparingly.
- Sweeteners are a great alternative to sugar in drinks. Try Equal (Nutrasweet), Splenda, Sweet N Low or Stevia.

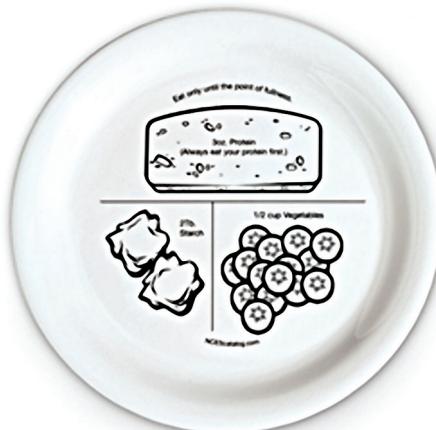
Low Fat

- Limit fried foods and fast food.
- Choose low-fat and fat-free products.
- Choose lean cuts of meat such as chicken, turkey, fish, and seafood (trim fat off meat and cut skin off chicken).
- Choose low-fat milk and cheese.
- Heart-healthy fats such as olive oil, sunflower oil, safflower oil, and canola oil may be used in moderation.
- Limit regular butter, mayonnaise, salad dressings, and high-fat meats such as bacon, sausage, pepperoni, salami, hot dogs, and bologna.

Other Dietary Guidelines

Eat three meals per day with one to two snacks between meals as needed. Do not skip meals. Skipping meals will cause you to miss out on important protein and nutrients. Avoid excessive snacking and grazing. You may use small plates, bowls, and utensils to help manage your portions. Continue to use small eating utensils and cut your food into pinky fingernail-sized pieces initially and chew very well.

- Start with a 7-9 inch plate.
- Fill half the plate with a protein.
- The other half should be divided between a vegetable and starch or fruit.
- Always eat the protein first at each meal.
- Eat slowly, chewing well.
- Stop when you are full.



Remember that 64 ounces of clear liquids is recommended per day. Sugar-free and very low-calorie beverages are allowed, but carbonated and caffeinated beverages should be avoided. Avoid drinking liquids approximately 15 minutes before, during and 60 minutes after your meals. The liquids occupy space thus you will not be able to tolerate much food and it flushes the food out of your pouch, making you hungry sooner. It is ok to SIP a little water if food is thick and difficult to swallow. Do not use straws.

Begin to add new foods into your meals. When trying a new food, eat a small amount and do it at home rather than in a restaurant in case you are unable to tolerate it. If you cannot tolerate a certain food the first try, that doesn't mean that you will not tolerate it later. Try it again in a couple of weeks. Use spices sparingly until you see if you can tolerate them.

When eating out at a restaurant, get a to-go box at the beginning of the meal and put half of the food in the box before you start eating. Ask the waiter to not bring the bread basket to your table. Order a glass of water and set it aside or do not order a drink at all.

Have a planned nutritious snack available during your “head hunger” times. Planning ahead for those times you seem to snack the most will help you to make good choices and not overeat. Avoid buying any “trigger foods”; if they are not easily available you will be less likely to eat them.

Begin a journal (you can either use an app or you can use pen and paper) to help document your weight loss and your goals for the future. A journal can also be a place to express your excitement and frustration during this process.

It is important to make healthy choices. Bad habits and bad choices contributed to your obesity. If there is something you want that is not a part of your new, healthy eating plan, you can have it, but make it the exception and not the rule. Educate your family and friends so they can better help you during this process. Take them with you to your follow-up appointments.

Plateaus

Plateaus are normal, usually your body’s way of taking a break to catch up with the weight loss process. If you are eating the same foods and have been following the same exercise regimen, change it. Adding variety in both food and activity will help you get over the plateau and begin losing weight again. You may also try keeping a food journal to track carbohydrate and protein intake and measure or weigh foods. If needed, you may replace one or two meals with a meal replacement protein shake for a short period of time.

Weight loss is difficult. Not only are you denying your body’s basic drive to eat and meet calorie needs but also your lifestyle

is changing. You may have to learn new ways to de-stress and cope without food. You may have to try new foods and activities, which takes time and energy. There is a definite beginning and end to the weight loss process, but maintenance is a life-long issue.

Vitamins

You should begin taking a daily multivitamin as soon as you decide to have bariatric surgery. Bariatric vitamins will help to build up the supply of vitamins and minerals in your system before surgery. After surgery, it is imperative that you continue to take a **chewable**, bariatric multivitamin every day. This is a lifelong commitment since you are at a higher risk for vitamin and mineral deficiencies following weight loss surgery. Our office offers Bariatric Fusion Multivitamins for purchase and additional options can be found on Amazon or bariatric websites. Please ask the dietitian for assistance finding an appropriate multivitamin if needed. Your vitamin requirements may change after surgery, depending on your lab values drawn during your follow-up visits. Refer to page 13 of the Post-Bariatric Surgery Diet Plan book for vitamin and mineral supplement requirements needed in a bariatric vitamin.

Recommended Protein Supplements

Protein supplement products can be found at grocery stores (e.g., Wal-Mart, Kroger), various health food stores, and online (e.g., Amazon, Bariatric Pal, Baritastic Store). Research your options before surgery by talking to other patients and searching online.

Individuals who have bariatric surgery need a total of 70-100 grams of protein daily. Due to the limited capacity in your stomach after surgery, you are only able to eat a small amount of protein at each meal. This is why you need supplemental protein after surgery.

During the liquid phase of your diet after surgery, it is especially important to get all 70-100 grams from your protein supplements

(shakes, shots and drinks). Adding unflavored powders to puddings, soups, oatmeal, and liquids are a good option in stages 3-4 after your surgery. (These stages are explained in the Post-Bariatric Surgery Diet Plan that will be provided to you). Once you are on a solid diet and able to consume adequate amounts of food, more of your protein will come from food sources (meats, nuts, low-fat cheese, etc.). Supplement with protein drinks as needed to reach a total of 70-100 grams.

There are many protein flavors and vendors available. Try a few prior to surgery, but do not buy in bulk as your tastes can change after surgery. You may purchase pre-made drinks or protein powder to mix yourself. Regular powders should be blended in water, skim milk, or unsweetened almond milk. Clear protein powders should be mixed in water. Look for protein supplements that offer 20-30 grams of protein and < 10 grams of carbohydrates per serving. Protein drinks should contain high-quality protein such as whey, casein, milk, egg, or soy. Recommended brands include:

Regular protein shakes

- Premier Protein
- Equate High Performance Protein Shake
- Fairlife Protein or Core Power
- Dymatize Iso100 Whey Protein
- Isopure Low Carb Protein
- Quest Protein Shake
- Muscle Milk
- Bariatric Fusion (in-office)

Clear protein drinks

- Premier Clear
- Protein 2O Water
- Dymatize Iso100 Clear
- MuscleTech Iso Whey Clear
- Isopure Infusions
- Single Shot Protein
- Syntrax Nectar (in-office)

You can also check online for recipes for protein smoothies, and ask at support groups for favorite ways to prepare your protein supplements.

Alcoholic Beverages

It is recommended that you avoid alcohol after weight loss surgery. Alcohol is not broken down like most other foods during the digestive process. It is absorbed through the stomach and intestine lining; without food in your stomach it only takes 20 minutes for the alcohol to enter your bloodstream. Alcohol is also a diuretic, causing you to lose fluids, as well as a depressant plus it can cause Vitamin B1 deficiencies.

Body size, gender, and weight all play a role in your body's ability to break down alcohol. Weight loss surgery and the change of your digestive track greatly alter your ability to absorb alcohol. Most individuals who have had weight loss surgery find a greater sense of effect from fewer drinks.

Alcohol carries no nutrient/vitamin/mineral benefits. Consider the calorie content:

- 12 ounces of regular beer has 150 calories.
- A six pack of beer has 900 calories.
- 5 ounces of wine has 100 calories.
- 1.5 ounces of liquor has 100 calories.
- Mixed drinks would have higher caloric value due to the sugar-based liquids used.

Exercise

Make time in your daily schedule for exercise. It is important to treat your time for activity as any other appointment you may have.

Learn the importance of exercise as the key to long-term weight loss and maintenance. Walking should be the main source of exercise for the first four to six weeks. No lifting, pulling, pushing, or tugging anything over 8 to 10 pounds for four weeks after surgery.

You should discuss an exercise program with your primary care provider or the bariatric staff before starting. Depending on your physical limitations, your exercise routine will vary. It is recommended that you engage in 30 minutes of strenuous activity at least three times a week as a starting point. Remember to drink plenty of water while exercising. During exercise, your heart rate will increase but you should be able to breathe easily and talk during the activity.

You should know your target heart rate while exercising. To calculate your maximum heart rate, subtract your age from 220. While exercising, aim for your heart rate to be 60% to 80% of the maximum; this is your target heart rate.

For example, the maximum heart rate for a 40-year-old woman is 180 (220 minus age 40 equals 180), and the target heart rate is 110 to 140 beats per minute (60% to 80% of 180 equals 110 to 140).

Always warm up when beginning your exercise and cool down afterwards. Stretching is also important. You should stop exercising if you experience any chest pain or pressure, lightheadedness or joint pain. Water aerobics is a great option for individuals with arthritis, back pain and joint pain since it is a non-weight bearing activity.

A good goal for exercise is to walk 10,000 steps per day. Buy a pedometer and see how many steps you are getting in a day.

Common Problems and Solutions

All surgeries have risks and complications. Your surgeon will discuss specific details with you before surgery. Following are some of the common problems associated with weight loss surgery.

- **Excessive salivation (frothing).** Mucus backing up into the esophagus causes a clear vomit. Remember to take small bites, chew well, follow dietary guidelines and drink warm fluids. If this persists with liquids, call our office.

- **Pain, pressure, fullness in chest.** This could be due to food not passing through the pouch correctly because of not chewing thoroughly, gulping rather than sipping, or eating too fast. Drink sips of warm fluids. Return to and stay on a liquid diet for 12-24 hours. If not relieved in 24 hours, call our office.
- **Nausea and vomiting.** It is common to feel nauseated for a few weeks or months after surgery, generally due to advancing your diet quicker than instructed. This will lead to frequent vomiting, so if you are unable to keep liquids down call our office. Use liquid protein supplements to keep your nutritional levels up. Follow the dietary guidelines as directed. Continue to drink 48 to 64 ounces of fluids daily as nausea can be triggered by dehydration.
- **Gas pains.** These will sometimes present as back or shoulder pain, along with a cramping sensation in the abdomen. Foul-smelling gas is common along with excessive belching, sometimes for months, after surgery due to the change in the food passage. Gas-X, liquid Mylicon, or Mylanta can be used for symptom relief. Deep breaths and activity will remove air from the abdominal cavity.
- **Hair thinning or shedding.** This often occurs due to a lack of protein and is reversible. Increase your protein to 70-100 grams a day. Re-growth takes up to 12 months. Take your bariatric multivitamin every day. Try Biotin supplement and hair care products (Nioxin) to help stimulate growth.
- **Bowel habit changes.** These changes are typically due to changes in diet. If you experience diarrhea, it could be caused by ingesting protein that is too concentrated. Dissolve protein and slow down consumption. You may take Imodium for loose bowel movements. Avoid foods and drinks high in sugar and fat as these may make diarrhea worse. Do not drink fluids while eating solids as this can cause foods to move through your GI tract too quickly. If you are constipated, increase fluids to 64 ounces or more daily, increase high-fiber foods or add fiber supplement, or use milk of magnesia or an over-the-counter stool softener

if needed. Increasing physical activity can also help with constipation. Call our office if you have any black tarry stools, maroon colored stools or excessive diarrhea.

- **Headaches.** These can be caused by a lack of caffeine or seasonal allergies or dehydration. Take Tylenol as needed, per package directions. You may also use Sudafed, Claritin, Allegra, and nose spray for allergy relief. Increase fluid intake for possible dehydration.
- **Dehydration.** Dehydration can occur when fluid intake is too low, or when fluid is lost through vomiting or diarrhea. It is important to drink clear liquids frequently, even if you do not feel like it. Common signs and symptoms include dark urine, fatigue, nausea/vomiting, dizziness upon standing, and headache. Please contact our office if you experience any of these symptoms as you may require IV fluids.
- **Fatigue or general weakness.** If you experience fatigue or general weakness, ensure you are drinking plenty of fluids, sleeping regularly, staying physically active, taking your daily multivitamin and consuming adequate calories, protein, and carbohydrates. Eating on a regular schedule can help ensure you are meeting your nutritional needs.
- **Heartburn.** Heartburn can be common following weight loss surgery. Avoid caffeine, spicy foods, foods that are too hot or cold, and alcohol. Do not lie down for 2 hours after eating. Please contact our office for recommendations on heartburn medications if needed.



Ephraim McDowell Bariatric Center

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