

Discharge Instructions for Bariatric (Obesity) Surgery



You have had a procedure called bariatric surgery. During this procedure, a healthcare provider surgically changed your stomach (and maybe your small intestine as well) so it can only hold a small amount of food at one time, absorb a certain amount of food at one time, or both. It depends on the type of operation you had. This should help you lose weight and decrease your risk of health problems. These include diabetes, respiratory problems, and coronary artery disease. This surgery will make it difficult for you to eat large amounts of solid foods. After the surgery, you must eat very small meals. Eating too much food or too fast may cause unpleasant symptoms, such as nausea, vomiting, or pain in your upper belly. You'll need to make lifelong behavior changes to keep off the weight you lost through bariatric surgery.

Changes in how you eat

Here are suggestions to change how you eat:

- Follow the diet that was prescribed for you in the hospital. You may need to have only liquids for 2 weeks after the surgery, or you may be able to eat pureed foods.
- Drink liquids in smaller amounts than you used to. This will make it easier for your body to digest liquids. But it's important that you continue to drink liquids (in small amounts) throughout the day so that you don't become dehydrated. Some signs of dehydration include dry mouth and dark or little urine.
- Eat slowly. Plan on taking at least 20 to 30 minutes to finish a meal. Eating too much or too fast will cause nausea and vomiting.
- Prevent the unpleasant effects of dumping syndrome. This can happen after a bariatric operation. The syndrome refers to stomach pain and cramping, nausea, vomiting, diarrhea, sweating, dizziness, rapid or irregular heartbeat, and bloating that happen after eating foods high in sugar, such as ice cream and milkshakes. Symptoms can happen within 10 to 30 minutes after eating, or sometimes as long as 2 to 3 hours after a meal. In some instances, you may have fainting and weakness. So don't eat foods that could cause this. These foods include milk and milk products, candies, cookies, sugary drinks, and other foods and drinks that have added sugar. To help prevent dumping syndrome eat 6 small meals a day. Lie down after you eat a meal, and eat more protein, fiber, and fat.
- Take vitamin supplements as directed by your healthcare provider.

Activity

Here are suggestions for being active after surgery:

- Keep in mind that recovery takes several weeks. It's normal to feel tired. Rest as needed.
- Walk as often as you feel able. Increase your activity slowly. Try to walk even a short distance every day, even if it's only a block.
- Don't lift anything heavier than 10 pounds. Don't do any stomach-straining exercises until your healthcare provider says it's OK.
- Don't do strenuous chores, such as vacuuming or lifting full bags of garbage, until your healthcare provider says it's OK.
- Climb stairs slowly and pause after every few steps.
- You can benefit from simple activities, such as walking or gardening. Ask your healthcare provider how and when to get started.
- Ask your healthcare provider when you can expect to return to work.

Home care

Suggestions for taking care of yourself after surgery:

- Continue the coughing and deep breathing exercises you learned in the hospital.
- Shower as needed. But stay away from baths, swimming pools, and hot tubs until your healthcare provider says it's OK. This helps prevent infection of the incision (cut) site.
- Keep the incision clean and dry. Wash the incision gently with mild soap and clean, running water. Then gently pat the incision dry with a towel.
- Follow your healthcare provider's instructions about caring for the dressing covering your incisions.
- If your healthcare provider used small, white adhesive strips to close the incision, don't remove them. Let the strips fall off on their own. If they don't come off within 2 weeks after you were sent home, call your healthcare provider.
- Take your medicines in crushed or liquid form for 3 weeks after surgery and as directed.
- Keep in mind that your medicines will need to be adjusted as you lose weight. Ask your healthcare provider about what changes you should make in your medicines.
- If you use a CPAP or BiPAP machine for sleep apnea, continue to use it every time you sleep.
- Learn to take your own pulse. Keep a record of your results. Ask your healthcare provider which readings mean that you need medical attention. Some newer smartwatches can also monitor heart rate.
- Ask your healthcare provider when you can start driving again. Don't drive if you are taking pain medicine.

When to call your healthcare provider

Call your healthcare provider right away if you have any of the following:

- Drainage from the incision site. Watch for an odor or fluid that is green, white, brown, or yellow.
- Bleeding from the wounds.
- Redness, pain, or increased swelling at the incision site
- Fever of 100.4°F (38°C) or higher, or as directed by your provider
- Shaking chills
- Fast pulse
- Night sweats
- Sudden difficulty breathing or chest pain
- Swelling or pain in your calves
- Persistent pain, nausea, or vomiting after eating
- Diarrhea beyond the first week after discharge
- Pain in your upper back, chest, or left shoulder
- Persistent hiccups

- Confusion, depression, or unusual fatigue
- Signs of bladder infection. These include urinating more often than usual; burning, pain, bleeding, or hesitancy when you urinate.

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