

# Preparing for Gastric Bypass Table of Contents

Preparing for Surgery	page 2
2 Week Liquid Diet	page 3
What to Expect after Surgery	page 5
Your Diet after Surgery	page 6
Healthy Habits	page 7
Consent Form	page 8

# Preparing for Gastric Bypass Surgery

## Print the consent form

Below is an 8-paged consent form. Please print the form, read it, and bring it with you to your next office appointment. You will have to initial and sign the form before surgery.

## You will need to go shopping for:

1. Multivitamin (e.g. Flintstones Complete, Centrum)
2. Calcium + vitamin D (e.g. Caltrate + D, Calcium carbonate + D)
3. Vitamin B<sub>12</sub> 500 mcg
4. Protein powder

## Start taking your vitamins now

You will need to continue this regimen for life:

<b>In the Morning</b>	<b>In the Evening</b>
1 Multivitamin	1 Multivitamin
1 Calcium + D	1 Calcium + D
1 Vitamin B-12	

## Start your liquid diet 2 weeks before surgery

For the **2 weeks** prior to your surgery, you will need to be on a liquid diet. The diet will shrink your liver to make your surgery safer. The liquid diet is very important.

## On the night before surgery

1. **Do not eat or drink anything after midnight** on the night before your surgery. You may take medicines with sips of water. The anesthesiologist will usually advise you which medicines to take and which you should not.

## 2 Week Liquid Diet

For the **2 weeks** prior to your surgery, you will need to be on a liquid diet. The diet will shrink your liver to make your surgery safer. The liquid diet is very important. Your daily goal is 800-1000 calories, 70 grams of protein, and 80-100 grams of carbohydrate. Here is how to do it.

### 70 grams of protein per day

You will need to drink 70 grams of protein each day to keep from getting malnourished. You may use any protein powder or protein drink of your choice. Mix your protein powder with any of the approved liquids, and drink enough to meet your goal of 70 grams of protein per day.

See examples of protein powders on the next page.

### 10 cups of liquid per day

You need to drink at least 10 cups of fluid per day to keep from getting dehydrated. Whatever you drink for your protein does count toward these 10 cups. Fluids should be sugar-free and low calorie. **A liquid is anything you can drink through a straw.** Examples include:

- Water
- Crystal Light, Splenda, & Nutra-sweet drinks
- Coffee, tea (decaffeinated, & no cream)
- Skim milk, 1% milk, or Lactaid milk
- Ocean Spray Light (limit to 1 cup daily)
- Diet V8 splash (limit to 1 cup daily)
- Fruit<sub>2</sub>O
- Broth
- Sugar-free drink mixes
- Sugar-free ice pops
- Sam's choice flavored water

If you experience temporary dizziness, dark colored urine, or decreased urine volume it could be a sign of dehydration. If these symptoms occur, increase your fluid intake to 12 cups of liquid per day. Do not exercise or use a hot tub if you are dehydrated. In the event that you experience persistent, severe dizziness, contact your doctor or go directly to an emergency room.

You may also experience constipation, and only have one bowel movement every 2 to 4 days. Consuming adequate liquid and exercising regularly will help you through this change. If you become uncomfortable and constipation persists, a gentle laxative may help.

# Protein Supplements

**Unjury** (20g whey protein isolate)

To Purchase: [www.unjury.com](http://www.unjury.com)

\* **Great protein source if you are lactose intolerant**

**Designer Whey Protein** (18g protein)

To Purchase: GNC, Vitamin World, National Discount Nutrition Store

**Isopure** (50g protein)

To Purchase: GNC

**AdvantEdge Whey Protein (EAS)** (20g protein)

To Purchase: Local grocery stores, GNC, Vitamin World

**American Whey 100% Whey Protein** (22g protein)

To Purchase: GNC, Home Economist

**Designer Protein** (35g protein)

To Purchase: GNC, Home Economist

**Carb Solutions Shake mix** (19 g protein)

To Purchase: CVS, Eckerd, Food Lion, GNC, Harris Teeter, Target, Walmart

**Beneprotein** (6g protein/scoop) (**Promod** and **Casec** are acceptable – 5g protein/scoop)

To Purchase Beneprotein: Call 1-800-828-9194

To Purchase Promod or Casec: Local Pharmacy

**Carnation Instant Breakfast, low sugar** (4g protein)

To Purchase: Available in the cereal isles at most grocery stores

**Nonfat Dry Milk** (2.5 g protein per tablespoon)

To Purchase: Available in the baking aisle at most grocery stores

**Glucerna Select** (Good choice for people with diabetes) (needs protein powder added)

Instructions: No mixing required (cans can be frozen, chilled or served at room temperature)

To Purchase: Local Pharmacies, can be requested from your pharmacist

# What to Expect After Surgery

## General Instructions

1. Make a follow-up appointment with your surgeon 1 week after your surgery.
2. You may shower at any time. Do not remove your steri-strip stickers. They will fall off on their own in 2-3 weeks.
3. You may drive when you are off of pain medications, and feel you can drive responsibly.
4. Slowly work up to walking 40 minutes per day for exercise. You will need to continue this regimen for the rest of your life.
5. Women should not become pregnant until at least 18 months after surgery, and when their weight has stabilized. Otherwise, injury could occur to the unborn child.
6. Do not donate blood.

## Call us for these Problems

1. Check your temperature twice per day for the first week. Call if you have a fever over 101.
2. Call if you notice redness or pus draining from an incision.
3. Call if you have persistent, severe abdominal pain, vomiting, or diarrhea. If you go to an Emergency Room, have the physician there contact your surgeon immediately. Serious errors in treatment could occur otherwise.

## Medications

1. Continue to take all of the medicines that you took before surgery unless your doctor instructs you otherwise.
2. Take your vitamins as directed.
3. Do not take any anti-inflammatory pain medicines (e.g. motrin, advil, naprosyn, aleve, ibuprofen, daypro, bextra, mobic, etc.). These medications can cause ulcers in your stomach. You may take Tylenol though. It will not cause ulcers.

## 6 Week Post - Op Diet

Following this diet is critical because you will be healing internally for the first 6 weeks after surgery.

### Liquid diet for 2 weeks

For the first 2 weeks after surgery, you will continue the same liquid diet that you were on before surgery. Drink your protein shakes slowly. Sip unlimited water and sugar-free liquid through the day. Avoid carbonated drinks. When you feel full STOP!!!

By the end of week 2, daily nutrition goals are: 400-600 calories  
50-60 grams of protein  
5-6 glasses of sugar-free liquids per day (8 oz each)

### Then soft foods for 4 weeks

After 2 weeks of liquids, you will be on a soft food diet for 4 weeks. Choose soft foods that are low in fat and sugar, and high in protein. Chew well. Your food must be almost liquid before swallowing. Your portion size for the entire meal will be ¼ cup initially, but may eventually expand to about ½ cup.

Continue to drink at least 8 cups of sugar-free liquid each day. But do not drink anything for 30 minutes before your meal, during the meal, or for 30 minutes after your meal.

If you feel full, nauseated, or pressure in the upper stomach then STOP!!! Do not eat or drink anything else for 2 hours. Let the food pass.

By the end of week 6, daily nutrition goals are: 600-800 calories  
60-70 grams of protein  
6-8 glasses of sugar-free liquids per day (8 oz each)

Categories of Foods	Do's	Don'ts
Fruits	Soft fruits (banana, melon, strawberries), sugar-free puddings or yogurt	Dried fruits, citrus fruit, skins of fruit, pineapple, coconut
Vegetables	Soft cooked vegetables	Corn, raw vegetables, celery, mushrooms
Starches	Sweet potatoes, soft pasta	Rice, french fries, chips, popcorn, granola
Cereals	Oatmeal, grits, cream of wheat	Sugared cereals
Breads	Dry or toasted bread	Soft bread, rolls, bagels, muffins, cake, cookies
Meats	Baked or broiled flakey white fish, eggs, low-fat soups	Steak, roast beef, gristly meat, shrimp, fried fish or chicken, creamed soups
Dairy	Cottage cheese, low-fat cheeses,	Regular cheeses

# Healthy Habits for Life

Once you are 6 weeks out from surgery, you may start introducing solid foods into your diet. For the rest of your life you should enjoy a low-calorie, heart healthy diet that emphasizes lean protein, vegetables, fruit and whole grains. Your lifetime daily nutrition goals are:

**800-1000 calories**

**60-80 grams of protein**

**8 glasses or more of total liquids per day (8 oz each)**

1. **Set 3 meal times per day.** and only eat at the designated times. No grazing. You can sneak in a lot of calories by snacking between meals or sipping on sodas throughout the day. If you absolutely must have a snack during the day, choose fruit or a low carb protein bar.
2. **Get your protein in first.** At mealtime, eat your lean meat or high protein foods first. Then eat your vegetables and whole grains, and finally fruits. Your total meal volume should be about  $\frac{3}{4}$  cup – 1 cup. Your small stomach is like precious real-estate now, so make sure you prioritize how to fill it. When you fill full, STOP!!!
3. **Separate your food and drink.** Do not drink anything for 30 minutes before your meal, during your meal, or for 30 minutes after your meal. Drinking with meals will wash food out of your small stomach and make you hungry faster. Avoid alcohol and caffeine.
4. **Enjoy and savor your food.** Eat slowly. It should take 20-30 minutes to eat each meal. Try putting your fork down between bites, and chew food until it is almost liquid. Do not look at T.V. while eating.
5. **Exercise, exercise, exercise.** Exercise is critical to you getting the most out of your surgery. You need to exercise 40 minutes per day. Patients who exercise lose more weight than those who don't.
6. **Attend support group.** Support group meets on every third Monday at 6:30 pm at Presbyterian hospital in the Bobcat room, which is on the first floor near the cafeteria. We highly encourage support group as a key to your success. You are welcome to attend even before your surgery.

## Laparoscopic Roux-en-y Gastric Bypass Consent Form

**\_\_\_\_\_ Patient Initial** The informed consent process is an important conversation between you and your health care provider. This consent form should tell you the risks, benefits, alternatives, and complications that could happen with your operation. Read this form carefully and use this opportunity to educate yourself about the treatment/operation you are about to have performed on you. If, after you have read and reviewed this form with your doctor, you do not believe that you really understand the risks, benefits, complications, and alternatives of the operation, **do not sign the form until all your questions have been answered.**

**\_\_\_\_\_ Patient Initial** I have looked at drawings of each of the available bariatric operations. I have had a chance to tell the doctor my eating habits and my medical history. The doctor has helped me to come to a decision as to the best operation for me, considering my:

- Eating and medical background,
- Future weight loss goals,
- Pregnancy plans,
- Bowel habits, and
- Personal limits regarding acceptable meal size.

The doctor has counseled me about my decision to have this operation. My doctor has made recommendations, and we have agreed that this operation is acceptable and appropriate.

Your doctor has discussed with you the risks of obesity and the risks and possible benefits of this operation, called the Laparoscopic Roux-en-y Gastric Bypass.

The purpose of this form is to confirm your decision, based on your complete knowledge and understanding of the operation. You may always change your mind about proceeding with the operation.

***This form is intended to make you think carefully about your decision.***

### My Problem

I know that I am very overweight. I understand that being this overweight has been shown to be dangerous and increases my risk of death from a variety of illnesses. I understand that many scientific studies show that being this overweight increases my risk for breathing problems, high blood pressure, heart disease, high cholesterol, stroke, diabetes, arthritis, blood clotting problems, cancer, and death.

## The Risks

I understand that all operations have risks. I have been told and I understand that my weight increases my risk of problems and complications during and after this operation. These risks include, but are not limited to, the following:

**Allergic Reaction:** All kinds of allergic reactions are possible, from minor reactions such as a rash to sudden overwhelming reactions that can cause death.

**Anesthesia Problems:** Medicines used to put you to sleep for the operation can cause a variety of problems up to and including brain injury and death.

**Bleeding:** Operations involve incisions and cutting which can result in bleeding problems. If bleeding cannot be stopped, you may need emergency surgery or a blood transfusion. This can sometimes cause death.

**Blood Clots:** Blood clots either in the veins of the legs or in the lungs can sometimes cause death. You must get out of bed the evening of the operation and move your feet and legs to try to prevent clots from forming in the legs.

**Bowel Blockage:** Any operation in the stomach can leave behind scar tissue that can put you at risk for later bowel blockage. The bowel can twist, become blocked, and burst, leading to serious problems and even death.

**Breathing Problems (also called Respiratory Failure):** Breathing problems may happen after the operation and may require you to have a machine to help you breathe. This can sometimes lead to death.

**Death:** A gastric bypass is a major and serious operation. Problems and complications may lead to death.

**Depression:** Depression (feelings of sadness) and anxiety (feelings of stress) may occur in some patients after this type of operation.

**Excess Skin After Weight Loss:** If you lose a large amount of weight after your operation, your skin could lose its tightness. You could develop large folds of sagging skin. The only way to remove this extra skin is to have another operation. The extra operation is a choice and the costs could be your responsibility.

**Gallstones:** After a bariatric operation, you are at a higher risk for developing gallstones. Gallstones are hard stones that form in the gallbladder, a small sac located under the liver. Another operation may be needed to remove the gallbladder and hard stones.

**Too Much Weight Loss:** Some patients may experience a large weight loss after the operation and may require reversal of the bypass to prevent starvation, sickness to the stomach, vitamin and mineral shortages, or even death.

**Hair Loss:** Many patients have hair loss for a period of time after the operation. When this happens, it usually starts about three to four months after the gastric bypass and stops at about seven to nine months after the operation. The hair loss may be permanent.

**Hernia:** Because your stomach will be cut during this operation, there is a higher chance of developing a weakness or tear in the stomach wall which allows the inner lining of the stomach to push through and form a sac (called a hernia) after the operation. Hernias can cause pain and bowel blockage and could even burst. Treatment of hernias usually requires another operation.

**Failure to Lose Weight:** You may not lose weight after this operation. Some patients will fail with any type of weight loss operation. Not losing weight is a risk with all types of weight loss surgery.

**Infection:** You could get infections in the wound, the bladder, the lungs, the skin, and the stomach. These infections could lead to death.

**Laparoscopic Surgery Risks:** In laparoscopic surgery, small cuts are made into your stomach. This can sometimes cause injury to organs and other tissues in the stomach. This can cause bleeding and even death. Sometimes laparoscopic surgery needs to be changed to an open procedure. An open procedure involves one large cut (incision) into your stomach instead of several small cuts. Your doctor will use his/her medical judgment to decide if your surgery will be laparoscopic or open.

**Leakage:** After the operation, when the stomach is bypassed, sometimes the new connections can leak stomach acid, bacteria, and digestive liquids, causing a bad infection. This leakage can require another operation, a stay in the Intensive Care Unit and can even cause death.

**Narrowing (also called Stricture):** A narrowing of the connection between the stomach and the small bowel can happen after the operation. This can require an emergency operation, a stay in the Intensive Care Unit and can even cause death.

**Birth Control Failure:** Female gastric bypass patients who take oral contraceptives ("the pill") should understand that the pill will **NOT** work as well after the operation. Birth control pills do not work in up to 20% of women who have had a gastric bypass. Couples need to use another kind of non-hormonal birth control (such as condoms, a diaphragm, etc.) for 6 to 12 months after a gastric bypass.

It is recommended that you **NOT** get pregnant for the first 12 to 18 months after the operation. A rapid weight loss could lead to lack of nutrition and birth defects in the baby as it grows in your body.

**Low Vitamin and Mineral Levels:** After a gastric bypass, your body cannot absorb all of the vitamins and minerals it needs. This means that after the surgery, you must take vitamin and mineral pills every day **for the rest of your life** to avoid problems. **This is VERY important!** You will need to take vitamin and mineral pills **FOREVER**. In some cases, the lack of vitamins and minerals is so bad that it can lead to nerve and brain damage. If that happens, the gastric bypass surgical operation must be attempted to be reversed.

You will need to have blood tests to measure the levels of vitamins and minerals in your body. These blood tests are usually done on the following schedule: at 1 week, 6 weeks, 4 months, 8 months, and 12 months after your surgery, then every year thereafter.

***Gastric Bypass is only a tool used by a patient to lose weight.  
You must also eat a proper diet and exercise to lose weight.***

## Common Complications

Some patients will experience hardly any of these complications while others may have lots of the problems listed here.

**Dumping Syndrome:** This symptom usually occurs when eating sweet or sugary foods after the operation. Symptoms can include some or all of the following: faintness, weakness, palpitations (where you may feel as if your heart is beating very fast), fainting, sickness to the stomach, vomiting, low blood pressure, sweating, mild to explosive diarrhea, cramps, pain, and other problems.

**Sickness to the Stomach & Vomiting:** Frequent mild to debilitating symptoms of sickness to the stomach and vomiting after a gastric bypass can happen. This may cause your doctor to prescribe the use of one to four anti-emetics (drugs that help sickness to the stomach and vomiting) that are administered by mouth and/or rectally as frequently as every two hours and sometimes requires repeated stays in the hospital. This can cause significant depression (feelings of sadness), complications such as dehydration (not having enough water in your body), and further life threatening or organ threatening problems (such as kidney failure).

**Inability to Eat Certain Foods:** Foods you are able to eat before the operation may become **FOREVER** impossible to eat after a gastric bypass. This will require you to relearn what can and cannot be eaten.

## **Alternatives**

All other options currently available and in common practice in the United States have been explained to me in complete detail in a setting where I have had a chance to ask questions.

I have asked all questions that I wished to ask about alternatives and all have been answered in a satisfactory manner.

I have been counseled about other surgical and non-surgical options and techniques available for treating obesity, including but not limited to:

- Various diets and weight-reducing plans with or without the use of drugs,
- Exercise regimens,
- Psychological or psychiatric therapy, and
- Other regimens.

I have made numerous attempts at permanent weight loss in the past, all without long-lasting success.

## **Benefits**

I have been told and understand that this weight reduction operation has been reported to improve several health problems such as diabetes, sleep apnea (breathing problems while sleeping), high blood pressure, and high cholesterol. Other benefits include improved heart function, having more energy, and improved ability to move around. I understand that these benefits are different for each patient.

## **The Operation and Follow-Up**

I understand that during the operation a small stomach pouch will be created by stapling or by a process known as vertical banding. This pouch will restrict the amount of food I can eat. Next, a Y-shaped section of the small intestine will be attached to the pouch to allow food to bypass the first and second parts of the small intestine (called the duodenum and jejunum). This will reduce my body's ability to absorb nutrients and calories.

I understand that after this operation, if I eat large amounts of fat or sugar, I will experience a bad reaction. This reaction may involve sickness to the stomach, vomiting, diarrhea, sweating, and weakness. The desire to avoid this problem will help me remember to make healthy food choices.

I understand that an operation on my stomach and upper digestive tract for weight loss is a serious undertaking with known **long-term risks** that have been explained to me. I am committed to following my doctor's instructions for long-term follow up. I understand that I will need to follow up with other medical specialists such as a nutritionist, physical therapist, occupational therapist, psychiatrist, or other specialists at my doctor's request. I understand that my doctor expects me to return to his/her clinic for follow up for regularly scheduled visits.

## Patient Understanding

I understand that there is no plan to reverse this operation in the future and it is considered to be permanent.

I understand that I must be willing to make major changes in my eating habits and lifestyle. I have agreed to make the changes explained to me by my doctor.

I understand and it has been explained to me that this type of surgery requires:

- Psychological reviews (before and sometimes after surgery),
- Support group meetings,
- A commitment from me to change my way of life,
- Maintenance of an exercise program, and
- Support from family members.

***I understand there are no guarantees to this operation and success is dependent upon my cooperation and commitment to behavior change and medical follow-up.***

I understand and it has been explained to me that I will be scheduled for ongoing visits with my doctor. I understand that these visits are necessary to monitor my progress and to make sure that my nutritional and medical needs are met.

I certify that I have read and filled out the patient registration and medical history fully and correctly to the best of my knowledge, and that the information that I have given is complete and correct. I understand that not telling my doctor all medical information could cause complications or problems that may have been prevented if that information were known by my doctor before my operation.



## Note to Witness

You have been asked to witness this procedure-specific informed consent. By witnessing this consent form you are acknowledging that you have asked and the patient has confirmed to you that he/she:

- Has read the whole form,
- Understands the form as it is written,
- Has had his or her questions satisfactorily answered, and
- Chooses to proceed with the doctor's recommended treatment or operation.

## Physician

I confirm with my signature that I have discussed with the above-named patient the risks, potential complications, alternatives, and intended benefits of the Laparoscopic Roux-en-y Gastric Bypass surgery. The patient has had the opportunity to ask questions, all questions have been answered, and the patient has expressed understanding. Thus informed, the patient has requested that Laparoscopic Roux-en-y Gastric Bypass surgery be performed upon him/her.

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_