

OPERATIVE AND HOSPITAL SECTION (DOC-06)

Preoperative Registration: Hospital preoperative registration takes place in the Medical Office building 1205 Garces Hwy in Suite #105. There you will need your insurance card and driver's license. It is possible if you have not had your preoperative blood work, x-ray, or EKG that this will also be done at this time. After you have completed the paperwork necessary in Suite #105 you will need to proceed to Out Patient Surgery in the main hospital building. The Registered Nurse in Out Patient Surgery will discuss with you what your pre-op preparation will be and the time you are to report back to Out Patient Surgery the day of surgery. Remember that the prep in your workbook is what your doctor wants you to do. The Anesthesiologist will also come and speak with you to ask about your medical/surgical history and look at your airway.

Day One (Surgery Day): You will need to report to Out Patient Surgery 1 ½ to 2 hours prior to your surgery time. When you arrive the staff will put you in a room and have you change into a hospital gown. They will then have you lay on a gurney, start an IV, wrap your legs in ace wrap or TED hose (to prevent deep vein thrombosis DVT), give you a dose of antibiotic through your IV, draw lab work, and give you a dose of Heparin via a very small injection in your abdomen (Heparin is a blood thinning medications also to prevent DVT). The staff will also have you sign consent for surgery. Your family can be with you in Out Patient Surgery.

Thirty minutes prior to your surgery time the nurse from the Operating Room will come and take you to the OR suite on a gurney. Your family can wait in the waiting room next to the cafeteria or in your surgical pavilion room. The waiting room or surgical pavilion room is where your surgeon will come to speak to your family after the surgery is complete.

The surgery can take between 2 and 3 ½ hours. The nurse will take you directly to the OR suite where you will be helped onto the OR table and a safety strap will be put across your thighs. They will also put your arms straight out on arm boards and a Velcro strap will be place on them to prevent your arms from falling. The anesthesiologist will put an oxygen mask on you. He/She will have you take deep breaths. The anesthesiologist will tell you when he is ready to sedate you. After you are sedated the anesthesiologist will put a breathing tube into your trachea. The OR nurse will put a foley catheter into your bladder to monitor your urine output during the surgery and after. They may also start a second IV. If we cannot insert IV's into your arms, we may need to put a larger IV into your neck. The staff will put foot pumps on your feet to simulate walking (to prevent DVT). A nasogastric tube will be put through your nose down to your stomach. The nasogastric tube is to decompress your stomach and after surgery will drain off gastric juices that may form and make you nauseated. You will have the nasogastric tube in for approximately two to three days. The procedure will then begin.

Most patients wake up in the OR suite. If you do, then the anesthesiologist will take out the breathing tube. In some case patients do not wake up enough in the OR and need to go to the recovery room on a breathing machine. They will give you time to wake up there and then take out the breathing tube. In some cases patients do not wake up enough in the OR or the recovery room and need to go to ICU over night on a breathing machine. If this happens we will take out the breathing tube as soon as you are awake enough and breathing well.

After surgery you will have two drains in your abdomen to drain extra fluid and to tell us, once you are eating, if you have a leak (Leaks can happen from the stomach suture line or from the connections of the duodenum and/or small bowel). You will also have an abdominal binder on to keep the incision secure and prevent stretching the incision. You will need to wear this throughout your hospital stay except when showering and for the first 6 weeks after surgery. You will continue to have the Foley catheter, nasogastric tube, an oxygen mask, and the two IV's.

In addition, you will have a PCA machine (patient controlled analgesic). You will be shown how to use this button to control your pain. Because this is a major surgery there will be some discomfort that the pain medicine will not be able to take away. However, you need to keep your pain level tolerable so that you can use your Incentive Spirometer (breathing exerciser), cough, and deep breath (all important to prevent pneumonia and atelectasis) and walk after surgery. If the PCA is not controlling your pain please let the nurses know.

You will also possibly have nausea. It is common when having surgery on the stomach and after anesthesia for patients to become nauseated. Again please let your nurses know and we can give you medications to help. You will stay in the recovery room 1- 2 hours until you are awake and stable enough to be transferred to your private room.

You will then be moved to your room. Most patients go to the Surgical Pavilion where the rooms are private with private bathrooms. There is also space for a cot or the rooms have Murphy beds for a family member to stay with you. If you should have to go to ICU family members may visit but not stay. You will be getting up to walk 4-5 hours after surgery. If you would like to get up sooner you may. The more you are up moving and walking the better you will feel and the more you decrease your risk of complications such as DVT and pulmonary embolus. You also need to start using your Incentive Spirometer (breathing exerciser) and coughing and deep breathing at least every hour while you are awake the entire time you are in the hospital and for the first month after surgery. This is an important task that your support person can help remind you to do.

Day 2 through 3 or 4: The second day will be filled with more walking and breathing exercises. It will hurt to get up but the more you move the easier it will get and the less pain you will have. Walking can also help relieve gas pains and soreness of your back.

You may experience nausea and odd tastes in your mouth. You may have ice chips. Your surgeon may have you drink a blue colored drink in the afternoon of the second day. Drinking the blue drink can give us information about the possibility of leaks at the stomach and duodenal anastomosis. If you tolerate the drink he may have the nasogastric tube taken out. However, this may not happen until the third day. You may start eating a clear liquid diet then advance to bariatric diet as you tolerate it. It is your responsibility to know your dietary limitations and to follow the guidelines within this workbook.

If at any time you experience shortness of breath, severe sharp abdominal pain, pain in your legs, bleeding or any unusual symptoms you need to tell the nurse IMMEDIATELY!

You will be showering in the hospital, usually the second or third day depending on when your surgeon feels you are ready. During your shower you should get your incision wet and wash it with soap and water and then dry it well. There may be drainage from the incision and you may need gauze dressings to cover it. The nurses will help you in the shower and with your dressing.