

## DISCHARGE AND POST OPERATIVE SECTION (DOC-09)

**Immediate Hospital Discharge:** You will also receive a discharge form when you leave the hospital.

1. **Follow up appointment:** On the day of discharge the doctor will let you know when your first post op appointment will be. You are responsible for calling the office to set the date and time 1-661-725-4847.

2. **Medications:** You will receive any needed prescriptions and be told which pre-op medications to take before you leave the hospital. You may have been taking other medications prior to your operation but after your discharge from the hospital, take only those recommended by your surgeon. Over the counter medications should be cleared by the doctor before taking.

3. **Incision Care:** Your incision may or may not have a gauze dressing over it. If you do have a dressing over your incision, remove it daily and wash over the incision with soap and water in the shower. Dry it well after you shower. The general principal is to keep it clean and dry. The incision should be left open to air to prevent infection. There may be some drainage from the incision, however, it should be clear or pink, and in this case you may put clean gauze dressing over the incision. If there is any drainage other than clear or pink, such as green, white, yellow, or redness around the perimeter of the incision or foul smelling CALL the office immediately.

Your incision may open slightly and leak or ooze fluid. Do not panic. If the oozing is new or your incision opens call the office. Note the color of the fluid, color of the skin color around the incision site, if you have had a temperature, amount of drainage, smell if any, and consistency of the drainage. If the incision opens note in inch increments how much it has opened. Do not submerge your incision for 3 weeks unless cleared by your surgeon. Take your temperature every AM and PM for the first month after surgery.

4. **Activity:** Continue walking at least four times a day. Start with short walks and increase your distance. Please read the exercise section in the workbook. No lifting greater than 15 pounds for 6 weeks after surgery. You should not drive for 2-3 weeks due to the chance of accident and the steering wheel causing damage to your incision. Many patients go back to halftime work the fourth week to ease back into a work schedule.

5. **Diet:** Please refer to your Nutrition and Vitamin section. Start taking two children chewable vitamins until you are taking enough protein and fluids and then you may start taking regular Multivitamins and 1500mg Calcium. Always remember that Protein and Water are the most important nutrients for the first few months.

**CONCERNS: We do not expect you to have any serious concerns but if you do experience fever 101 or above, wound drainage, chest pain, shortness of breath, vomiting, leg pain or swelling, or any other unusual symptoms call the office IMMEDIATELY! 1 (661) 725-4847**

***Exercise:*** Walking is the best postoperative exercise and since you have been doing laps around the nurse's station in the hospital you are all geared up! Time your walks and walk around your home initially and then go outside adding both time and distance to each walk. Keep up the good work that you started before surgery! You will feel fatigued at times; listen to your body. Learn to push yourself gently. Remember to stretch before and after walking, swimming (you can not submerge your incision until cleared by your surgeon) or any type of exercise. Stretching helps to warm up your muscles and gives your tendons strength and flexibility.

Take your water bottle with you on your walks and continuously sip. While exercising you need to pay attention to your hydration. You will need to take in increased amounts of fluid if you are perspiring. Adequate fluid intake is essential to prevent and fight dehydration that could lead to possible kidney damage. Of course, water is your fluid of choice and must be continually sipped all day. Gatorade is an excellent source of fluids because it contains potassium, remember that is also contains a large amount of sugar and may slow your weight loss.

Patients who have committed themselves to an exercise program list many benefits such as: helping ease incision pain, help ease the discomfort you may feel after eating too much, improved sleeping, less back pain, and increased feeling of well being.

You can keep up with the upper body work out that you began before surgery! However, you need to listen to your body; *if it hurts do not do it!* Continue with your arm curls and lifts that you started before surgery. You may find it harder and need to decrease the weight or go to a smaller soup can or less water in the bottle. But remember to increase your repetitions in sets of 10's and add weight as you progress. Remember not to lift more than 15 pounds before six weeks.

Push-ups may be started by leaning on a wall at first and then progressing to the floor adding more repetitions as you go.

*You should not do any abdominal crunches (low sit-ups) or sit-ups until 10-12 weeks and after first checking with your surgeon.* When you are cleared to start abdominal crunches listen to your body. Start slowly and increase your repetitions in the typical floor position, on your back, knees bent, hands clasped behind your head supporting your head. Keep your elbows out flat; if you are able to see your elbows then you are not in an efficient body position.

The average Gastric Reduction Duodenal Switch patient will lose an average of 100 pounds. Exercise will affect the weight loss tremendously. If one has 200-300 pounds to lose, the surgery may not be as successful unless exercise becomes an integral part of the program.

If you want to feel good, help your skin bounce back and maintain and build muscle mass you must exercise. *Exercise also helps to keep your bones tissue dense and strong, maintains weight loss, increases strength and balance, boosts energy, and improves quality of life.* Research has shown that the patient who decreases sugar intake and exercises 3 or more times a week for at least 30 minutes has a 22% increase in their weight loss.

There is no accurate way to estimate how one's skin will react to surgery or weight loss. There are many factors, such as age, genetics, and elasticity of the skin, that influence the change in one's skin. Exercise may help the skin's ability to tighten up after the weight has been lost. You want to give your body the best chance possible while rapidly losing weight. **Do not cheat your body of this important aspect of exercise and weight loss. You will need to make a life long commitment to exercising!**

Protein and water are essential during the weight loss period. Remember to eat your protein items first and try to take a minimum of 80 grams of protein daily. This will prevent muscle loss, provide energy, and help with tissue repair and healing.

### ***Emotional and Psychological changes:***

This surgery will have both physical and psychological effects on your life. Please do not take these changes lightly. All patients need to consider these changes before their surgery. Some of the feelings that you will begin to experience will be depression, frustration, anxiety, anger, disappointment, helplessness, euphoria, excitement, and joy. This will be a normal reaction to the changes that you will be experiencing in your body image. If these changes are over whelming or you or our office feels you need further assistance with dealing with the psychological changes after weight loss surgery we will refer you to a mental health care professional. This is another important purpose for the psychological evaluation. It gives us someone to refer you to, if the need should arise, to a professional that has had contact with you in the past.

Remember this surgery will NOT fix your everyday problems with spouses, significant others, children, or family members. This surgery will begin to allow you to gain control over one aspect of your life. Be ready to hear positive and negative comments from people close to you. Some of your immediate family members will also be affected by your surgery. You may also have family or friends that may have difficulties with your weight loss. It is important to try and resolve these issues but the most important thing is you and your well being. Your relationships may change due to the weight loss. Some people may be threatened by your weight loss or become insecure. You might experience family conflict as you go through the process and your body begins to change. You will go through ups and downs in the months after surgery. You may even have libido changes, either increased or decreased.

There may even be times when you ask yourself "WHAT DID I DO!"

You may miss eating favorite foods or eating large meals. It will be difficult to adjust to not having the emotional comfort that food has provided you in the past. We, as a society, don't realize the effect food has or the role it plays in our everyday lives. One of the keys to the success of this surgery is for you to learn to replace those comforts with healthy activities. It will be harder to take smaller portions of food and for your mind to realize that the smaller portions are satisfying. Try to use a smaller sized plate to give yourself the illusion that your plate is fuller than if you had a larger plate.

It is sometimes difficult for patients to see themselves as smaller sized people even one year after surgery. They still may go to the large size section of the store to buy clothing.

It is important to discuss these issues with your support persons and come up with good coping mechanisms to deal with issues as they come up. Only you know yourself and it

is important to share with your support persons how you are feeling and what you think may help get you through the rough times. The important lesson to gain from this is to be prepared for these times. Just knowing that these changes may happen is not always enough. You need to have a goal or plan ahead of time to prepare for these changes.

It helps to keep a journal or diary, make connections with other patients, talk or cry with family or friends and most important to set goals for yourself. Set goals for where you want to be six months or a year after surgery. When these rough periods arrive focus on your goal and try not to get stuck in the emotional lows.

There may be times when you may need to seek assistance from a professional regarding these psychological issues. Your surgeon needs to be aware of how you are doing emotionally and psychologically. Please keep the lines of communication open to facilitate the best possible outcome for you. This is also one reason that we have you see a psychologist prior to surgery. If you need to see a psychologist after surgery it is best to see someone who has seen you at least one other time during a lower stress period.

Exercise is also a great tool to stay positive. It keeps the chemical levels in the brain balanced and helps to keep you motivated and increase weight loss. Good rest is also very important.

**Long Term Commitments:** Remember this surgery is only a **tool**; a tool to help you win the battle against Morbid Obesity. How effectively you use this tool will affect your weight loss. Please follow the recommended guidelines within this workbook.

Your window of weight loss is anywhere from 12 to 18 months. This is the most effective time to take advantage of exercise, eating healthy, and behavior modification. You can control weight loss and may see weight loss up to 24 months if you are diligent with your adding dietary/nutritional changes and exercise. Only with improved nutrition and increased activity can you expect to come close to your goal weight and maintain that goal weight. You will need to change the amount and types of foods that you eat. This surgery can assist you in making these changes but you need to actively pursue and maintain these changes.

The average Duodenal Switch patient loses anywhere from 70% to 85% of their excess weight. If you do not achieve this weight loss you must consider your sugar and carbohydrate intake, the frequency of meals (snacks and grazing will not help to lose the weight), and activity level. Please take this tool and gain back your health and well being. Your journey has begun! Now follow the guidelines and ENJOY this beautiful life that lies ahead of You!

- **Follow up:** Lifetime follow up is critical! Following up with your surgeon and scheduled lab work will help identify any nutritional deficiencies and problems you might develop and should be easily corrected. It is important to remember that you have altered your anatomy and you need to be followed by a surgeon who is familiar with the procedure and the entrescies of the procedure. Blood work may be ordered at 3 months, 6 months, 9 months and annually after that. The office staff will inform you when you are due for blood work. Blood work and multivitamin and calcium are your best defenses against nutritional deficiencies.
- **Daily Multivitamins & Calcium:** The limited absorptive part of the surgery makes it necessary for you to take and be committed to taking multivitamins and

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1500mg calcium for life. The multivitamin should be a general multivitamin with minerals and added calcium (you may need to add a calcium tablet to get 1500mg of calcium a day). The Calcium should be taken in divided doses over the day, not the entire 1500mg in one dose. Read your vitamin labels! If you are a menstruating female you maybe at risk for iron deficiency anemia and may need to take iron supplements also. We will also be monitoring your vitamin D and A levels to see if it is necessary for you to take water soluble Vitamin A & D. The limited absorptive properties of the surgery can put you at risk for loss of bone density but with exercise and taking calcium supplements this can be avoided. Bone density scans are something one should consider having done as a baseline and every few years after surgery especially if you are 50 years and older.

- **Exercise:** The more weight that you lose the easier this element will be. Exercise has many benefits such as tightening loose skin, relieves stress, and depression. Setting a consistent (at least 3-4 times a week) aerobic and weight bearing exercise program is the most beneficial. If you do not make exercise an integral part of your lifestyles you may re-gain weight.
- **Diet and Nutritional Changes:** Surgery is only a tool and the key to the success of the tool is the long term diet and nutritional changes that surgery can afford you. GRDS is not a cure for bad eating choices and will not be effective if you are eating unhealthily, eating larges amounts, over stuffing yourself, eating between meals, snacking or grazing during the day. Having surgery **DOES NOT** give you license to eat as much as you want whenever you want. If you choose to eat in this fashion you **WILL GAIN WEIGHT**.
- **Monthly Group Meetings:** We consider group meetings MANDATORY. We know realistically we cannot make you attend these meetings, but they are for you: for education, support, and nutritional and Medical advice. Family member are always encouraged to attend. Studies have shown that patients who regularly attend group meetings seem to have more successful weight loss and mental adjustments down the road.