

**Chapter 4:**

**Nursing**



*This chapter explores obesity, types of weight loss surgery, and your care team. It also explains how to get started, get ready for surgery, and which medications to avoid. You will learn how to take care of yourself after surgery and avoid problems.*



*We are here to help you understand your surgery and support your health every step of the way.*

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## Section 1:

# Preparing for Your Surgery

## Gastric bypass and sleeve gastrectomy

*This section explains how to prepare for your gastric bypass or sleeve gastrectomy surgery. It covers what to expect before, during, and after surgery, including instructions on fasting, showering, and what to bring. It also includes tips on avoiding constipation and information on parking and directions to the hospital.*

## Your Surgery Experience

It is important that you understand what will happen during your surgery and why. We are committed to working with you for a safe surgery experience. Your surgery will be at the University of Washington Medical Center (UWMC).

**Clinic hours:** Monday to Friday from 8 a.m. to 5 p.m.

**After hours:** Call 206.598.6190 and ask for the “surgery or resident doctor on call.”

**Urgent needs:** Call 911 or go to the emergency department if you are experiencing bleeding, chest pain, shortness of breath, or difficulty breathing.

## Where to Check in for Your Surgery

### 2<sup>nd</sup> Floor Surgery Pavilion Admitting

Surgery Pavilion

UWMC – Montlake Campus

1959 N.E. Pacific St., Seattle, WA 98195

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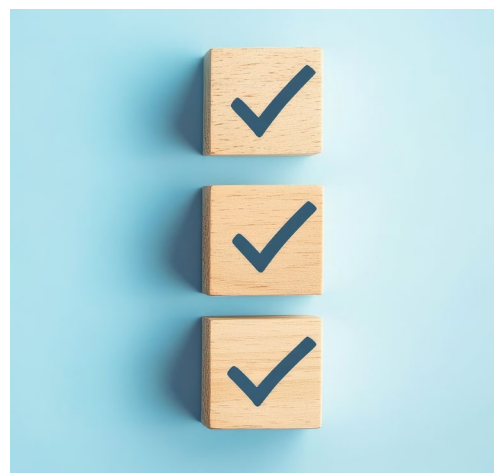
## Arrival Time

Operating Room Scheduling staff will call you 1 to 2 days before your surgery, between 9 a.m. and 3 p.m. They will tell you your admitting location, when to arrive, and what to bring with you. If your surgery is on a Monday, they will call you the Friday before.

If you have not received this call from Scheduling by 3 p.m. the day before your surgery, please call 206.598.4045 or 206.598.6334.

## Interpreters

If needed, UWMC has interpreters to help you before and after surgery. Please tell us if you need an interpreter. You may also call Interpreter Services at 206.598.4425 to ask for an interpreter.



*There are many steps to take before surgery. Use this section to help you keep track of everything you need to do!*

## Pre-Surgery Checklist

- ☐ You need to have a responsible adult (your support person) drive you home from the hospital. You cannot drive or use public transit alone after this procedure.
- ☐ Your support person must stay with you for the first 24 hours after you leave the hospital.
- ☐ Carefully follow the fasting guidelines below.
- ☐ Follow the shower and shaving instructions below.
- ☐ Do not use make-up, deodorant, lotions, hair products, or fragrances on surgery day.
- ☐ Remove all jewelry and body piercings.
- ☐ If you use a CPAP machine at night to help you breathe, bring it with you.
- ☐ Bring your medical insurance card and a photo ID with you.
- ☐ Bring a method of payment for any co-pays for medications needed after surgery.
- ☐ Bring a copy of your healthcare directive and/or durable power of attorney for healthcare so they can be placed in your medical record.
- ☐ Do not bring any unattended children with you. If children aged 17 and under (minors) come to the hospital, they must be supervised by a responsible adult at all times. Children must be supervised in all areas of the hospital including the waiting room.

## How to Prepare for Surgery

### Fasting Instructions

- 24 hours before surgery, follow a liquid diet:
  - 2-3 protein shakes and 64 ounces (8 cups) of hydrating fluids.
- Drink one bottle of apple juice at bedtime the night before surgery.
- Do not eat any food after midnight the night before surgery. Water is okay.
- On surgery day, bring the other bottle of apple juice with you to your surgery appointment.
- Start drinking this other bottle of apple juice when you arrive at the hospital parking lot. After you check in, do **not** drink any more liquids.
- **Your stomach needs to be empty for 2 hours before surgery.**

### Shower and Shaving Instructions

- Starting 2 days before surgery, do not shave your body.
- In the 2 days before surgery, take a total of 5 showers using surgical soap.
  - 2 days before surgery: Take 2 showers (morning and evening)
  - 1 day before surgery: Take 2 showers (morning and evening)
  - Day of surgery: Take 1 shower (in the morning)
- Wash your entire body below your shoulders. Do not wash your hair or face with surgical soap.
- After your final shower on the day of surgery: Do not use makeup, hair products, lotions, deodorant, and fragrances.

## Before Coming to the Hospital

- Remove all jewelry, acrylic nails, and body piercings.
- Wear loose, comfortable clothing.
- Do not bring valuables with you.

## What to Bring with You to the Hospital

- CPAP machine (if you have one). This will be especially important to use after surgery because:
  - You will be sleeping on your back
  - Your breathing may be shallow (because your stomach muscles will be recovering)
  - You will be on narcotics, which are medications that can decrease respiratory rate (breathing rate)
- Bring your insurance information and a photo ID.
- Bring a list of all medications you are currently taking.
- Do not bring any unattended children (age 17 and under).

## Constipation Before Surgery

To avoid constipation, you can use these recommended medications before surgery:

- Over-the-counter (OTC) recommendations:
  - Senna
  - Milk of Magnesia
  - Glycerin suppositories
  - Fleets enema
  - Miralax
- Avoid harsh laxatives
  - Magnesium citrate
  - Phospho-soda
  - Ex-lax
  - Bisacodyl

## Parking on Surgery Day

After your surgery, you can have your parking at the hospital validated for a reduced rate. For more information on:

- **UW Campus parking and fees:** Please call 206.685.1543.
- **Hospital parking:** Please call 206.598.5275.

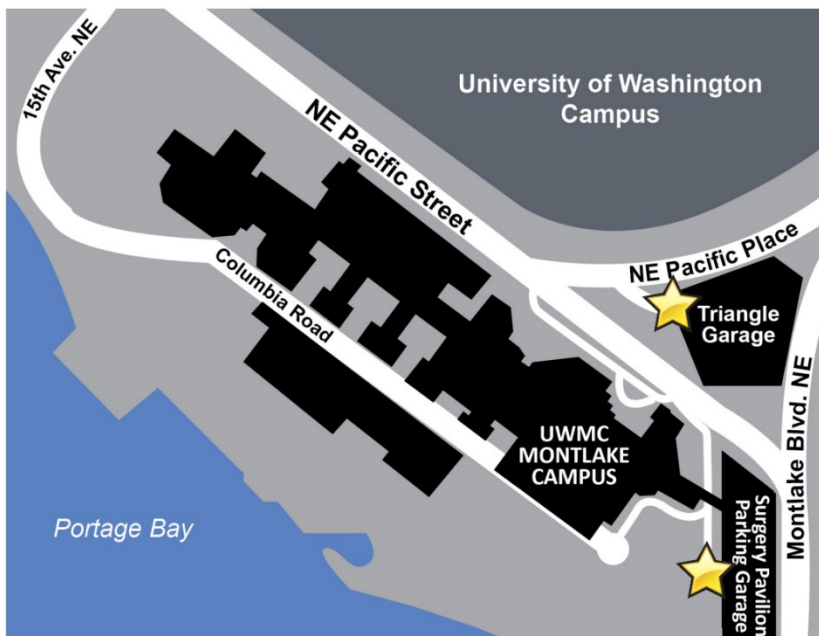
UWMC – Montlake is at the south end of the UW Campus. The address is 1959 N.E. Pacific St., Seattle, WA 98195. You may park in one of these garages:

- Triangle Parking Garage: Across N.E. Pacific St. from the hospital.
- Surgery Pavilion Parking Garage: At the east end of the hospital.

### Driving Directions to UWMC – Montlake

- From Interstate 5:
  - Take Exit No. 168B (Bellevue /Kirkland) onto State Route 520.
  - Take the first exit off State Route 520 to Montlake Boulevard.
  - Follow the signs to University Washington Medical Center.
- From Interstate 405:
  - Take exit 14 (to Seattle via State Route 520) heading west.
  - Take the Montlake Boulevard exit.
  - Follow the signs to University Washington Medical Center.

UWMC - Montlake campus is east of Interstate 5 and north of State Route 520.



***Stars on the map show the entrances to the Triangle Garage and the Surgery Pavilion Parking Garage.***

## Section 2:

# Medications to Stop Before Surgery

## Important safety instructions

*This section explains which medications and supplements you should stop taking before surgery to help prevent bleeding problems. It also provides important safety instructions about when to stop specific medications, like pain relievers and blood thinners.*

## Getting Ready for Surgery

To prevent bleeding problems, your doctor may tell you to stop taking certain medications before your surgery. This may include medicine you take with a prescription, without a prescription (“over the counter”), vitamins, or herbal supplements.

Tell your provider about **ALL** the medications and supplements you are taking.

**IMPORTANT:** Talk with your doctor **BEFORE** you stop taking the following prescription and anti-platelet drugs used to prevent blood clots, heart attack, or stroke:

- Aspirin
- Clopidogrel (Plavix)
- Dipyridamole (Persantine)
- Aspirin/Dipyridamole (Aggrenox)
- Prasugrel (Effient)
- Ticagrelor (Brilinta)

**IMPORTANT:** These prescription anticoagulant (blood thinning) drugs require special instructions before you stop or restart taking them. Ask your prescribing doctor or Anticoagulation Clinic for instructions:

- Apixaban (Eliquis)
- Dabigatran (Pradaxa)
- Dalteparin (Fragmin)
- Edoxaban (Savaysa)
- Enoxaparin (Lovenox)
- Fondaparinux (Arixtra)
- Rivaroxaban (Xarelto)



*You must carefully follow all medication instructions. This is for your safety.*

## Medications to Avoid

You **must NOT** take the products listed below in the days before your surgery.

**Stop taking the products listed below 7 days before your surgery date:**

Pain relief medications that contain aspirin or other salicylates	<ul style="list-style-type: none"><li>• Ascomp with Codeine</li><li>• Alka-Seltzer</li><li>• Bayer (aspirin)</li><li>• Ecotrin</li><li>• Empirin with Codeine</li></ul>	<ul style="list-style-type: none"><li>• Excedrin</li><li>• Fiorinal</li><li>• Pepto-Bismol</li><li>• Zorprin</li></ul>
Pain relief medications that contain nonsteroidal anti-inflammatory medications (NSAIDs)	<ul style="list-style-type: none"><li>• Advil</li><li>• Aleve</li><li>• Diclofenac (Flector, Zipsor, Zorvolex)</li><li>• Indomethacin (Tivorbex)</li><li>• Ketorolac (Toradol)</li><li>• Meclofenamate (Meclomen)</li></ul>	<ul style="list-style-type: none"><li>• Meloxicam (Mobic)</li><li>• Ibuprofen</li><li>• Midol</li><li>• Motrin</li><li>• Naproxen</li></ul>
Other prescription pain-relief medications	<ul style="list-style-type: none"><li>• Celecoxib (Celebrex)</li></ul>	<ul style="list-style-type: none"><li>• Valdecoxib (Bextra)</li></ul>

## Vitamins and Other Natural Supplements

Starting 7 days before your surgery, **stop taking ALL:**

- Herbal supplements
- Multivitamins
- Fish oil or omega-3
- Vitamin D
- Vitamin E

### Section 3:

## Self-Care After Weight Loss and Metabolic Surgery

### Post-operative care instructions

*This section explains how to take care of yourself after surgery. It covers what to do while you're in the hospital, how to care for your incision, and the goals you need to meet before going home. It also gives advice on what to eat and drink, how to stay hydrated, and how to safely dispose of any leftover pain medication.*

### At the Hospital

To meet your discharge goals:

- **Breathe deeply and cough.** We will teach you how to use an *incentive spirometer*, which is a device to help your lungs recover. You will use this spirometer 10 times each hour you are awake.
- **Do not get out of bed on your own.** Ask for help from a nurse or nurse aid. Once it is safe, get out of bed and walk as many times a day as you can.



*Plan ahead to make sure you're ready for a safe and comfortable recovery after surgery.*

### Discharge Goals

Once you meet all the goals below, you will be discharged home from the hospital:

- Adequate pain control
- Able to urinate after your catheter is removed (if you have one)
- Nausea control
- Able to get out of bed on your own

### Incision Care

- Shower every day and let soapy water flow over your incisions. Pat yourself dry and do not rub your incisions.
- Check your incision(s) daily and leave the Steri-Strips in place. These usually fall off on their own in 7 to 14 days.
- Watch for signs and symptoms of infection:
  - Increased redness
  - Increased swelling
  - Increased pain
  - Bad smell
  - Any creamy-colored drainage
  - Fever greater than 101.5°F
  - Chills
  - Shaking
- Be active and increase your activity daily. Take several walks throughout the day.



- For 6 weeks:
  - Do not submerge yourself in water (go all the way underwater). Do not swim, use a jacuzzi or hot tub, or take a bath.
  - Do not lift more than 10 pounds (about the weight of a gallon of water).

## Post-Operative Diet

After your surgery:

- Consume a thin, pourable liquid diet (see below) for 2 weeks until your follow-up appointment.
- Drink 8 cups (64 ounces) of hydrating liquids each day (see more on page 9).
- Consume at least 60 grams of protein each day.
- Log everything you eat and drink in a journal. You will use this when you see your dietitian.
- If you cannot eat, make sure you continue to drink fluids to stay hydrated.
- Signs that you are not drinking enough:
  - The amount you urinate is less than normal.
  - Your urine is dark-colored and strong-smelling.
  - You feel dizzy when you stand up.

## Liquid Protein Meals

Slowly sip 4 to 5 liquid protein meals each day. Each meal is 1/4 to 1/2 cup of smooth, blended protein. Sip each meal for 30 minutes.

The liquid should be thin and smooth like milk. Try:

- Blended chicken or fish with broth.
- Blended cottage cheese.
- Add unflavored protein powder to strained low-fat cream soup.
- Plain Greek yogurt with no fruit pieces or added sugar.
- Smooth protein shakes that have at least 15 grams total protein and less than 15 grams total carbohydrates.

## Hydrating Liquids

Be sure to stay hydrated after your procedure. Examples of hydrating liquids:

- Sugar-free flavored water
- Sugar-free Jell-O
- Sugar-free popsicles
- Water infusion
- Plain water
- Hydrating liquids do **not** contain protein, caffeine, or carbonation (bubbles).

- Do not drink for 30 minutes before and after each meal.
- Drink at least 1 cup (8 ounces) hydrating liquid each hour, between meals. Aim to drink 1 to 2 ounces every 15 minutes.

### Example of One Cycle

Repeat this cycle every 3 hours throughout the day:

1. 9:00 to 9:30 a.m.: 1/2 cup (4 ounces) blended cottage cheese (10 to 15 grams of protein)
2. 9:30 to 10:00 a.m.: Do not eat or drink anything (30 minutes)
3. 10:00 to 11:30 a.m.: 1 ½ cups (8 to 12 ounces) hydrating liquids. Sip 2 ounces every 15 minutes
4. 11:30 a.m. to 12:00 p.m.: Do not eat or drink anything (30 minutes)

Repeat steps 1-4 until the end of the day.

### Daily Goals

<b>Daily Hydration Goal</b>	Slowly sip hydrating liquids between meals to equal 8 cups (64 ounces)	<b>Drink:</b> 8 to 10 ounces between meals over 60 to 90 minutes
<b>Daily Protein Goal</b>	Slowly sip 10 to 15 grams of protein at each meal. Aim to get at least 60 grams of protein	<b>Drink:</b> 4 ounces over 30 minutes

Until Your Follow-up Visit:

- Do not take vitamins or minerals.
- Do not change the texture of your meals.

## How to Properly Dispose of Opioid Medication

Opioid medications falling into the wrong hands is one of the leading causes of the ongoing opioid epidemic. People die daily from opioid overdoses.

### Opioid Safety

- **To dispose of leftover opioids:** Find a local take-back program with [www.takebackyourmeds.org](http://www.takebackyourmeds.org)
- Do **not** tell others you are taking opioids. Lock them up when using them.

## Section 4:

# Stomach Problems After Weight Loss and Metabolic Surgery

## *Why it happens and what you can do*

*This section explains common stomach problems that can happen after surgery, like constipation, diarrhea, and gas. It describes symptoms and treatment you can do at home.*



*There are many things you can do to help with discomfort after surgery.*

## Constipation

*Constipation* is when you have fewer bowel movements, and your *stool* (poop) is harder. Symptoms include pain in your *abdomen* (belly), bloating, swelling, and having to *strain* (push hard) during a bowel movement.

Constipation is common after having surgery. You may feel uncomfortable until your constipation gets better.

### What causes constipation after surgery?

You may get constipated when there are changes to your:

- Diet (such as more protein or less fiber)
- Fluids (bariatric surgery can increase the risk of dehydration)
- Level of activity and exercise

Your abdomen will also feel sore after surgery. This can make it harder to use your muscles while having a bowel movement.

### Tips to Decrease Constipation

#### Drink more water:

- Staying hydrated keeps your stools soft.
- Try to drink 8 cups of water each day (64 fluid ounces).
- Warm beverages may work better.

#### Eat regularly and add fiber:

- Try to eat your meals at the same time each day, especially your breakfast. This helps to get your digestion back on a regular schedule.
- Slowly add fiber into your diet with high-fiber foods:
  - Use a blender to blend cooked beans, lentils, split peas, and vegetables.
  - Add 1/3 cup of frozen berries to protein shakes.
  - Add flax seeds or chia seeds to protein shakes.
- Use fiber supplements such as Metamucil, Konsyl, and Citrucel. Choose powder or chewable options. Do not use tablets or capsules.

### Other helpful tips:

- Take probiotic supplements.
- Take 1,000 mg of fish oil per day.
- Add 1 to 2 teaspoons of olive oil to protein shakes.
- Try drinking Smooth Move tea.
- Try to be a little more active and walk a little bit more each day. This will help your digestion.
- If you feel like you need to poop, try to go right away. Most people have the urge to have a bowel movement about 20 minutes after a meal.

### Medications

Sometimes after surgery, a *laxative* medicine can make it easier to have a bowel movement. You can buy laxatives at most stores, and you do not need a prescription.

- **For long-term use (follow the directions on the package):**
  - Colace (Docusate)
  - Senokot (Senna)
  - Miralax (Polyethylene glycol)
- **For short-term use:**
  - Milk of Magnesia liquid works overnight. Do not take this for more than 3 days in a row.
  - Glycerin suppositories work in about 20 minutes.
  - Fleets enema works in about 15 minutes.

### Diarrhea

Diarrhea is having 2 or more loose or watery stools a day. Diarrhea can cause dehydration, weakness, feeling tired, poor appetite, and weight loss. Diarrhea can also make it difficult for your body to absorb enough of the important nutrients, vitamins, and minerals that you need to be healthy.

### What causes diarrhea?

- Caffeine (from coffee, energy drinks, or certain teas)
- Lactose
- Sugar alcohols (such as xylitol, sorbitol, and erythritol)
- Non-nutritive sweeteners (such as aspartame, sucralose, and saccharin)
- Foods and drinks that are high in sugar or fat
- Food intolerance (difficulty digesting certain foods)
- Illness (such as bacterial infection, flu, or food-related illness)

## Treatment Options for Diarrhea

- Drink plenty of hydrating fluids.
- Write down what you eat and drink. Record any symptoms of diarrhea to see if you can notice any triggers.
- Limit foods that are high in sugar and fat.
- Limit foods that are high in refined carbohydrates (such as white bread, pasta, pastries, sweets, and sodas).
- Avoid milk and dairy products. Lactose (the sugar in milk) can cause diarrhea.
- Do not eat any sugar alcohols, such as sorbitol, xylitol, or maltitol.
- Take Imodium medication and follow the directions on the package.

## Gas

Gas happens when air builds up in your abdomen. Symptoms may include abdominal pain and discomfort, bloating, and cramping.

### Why do I have gas?

- You may have swallowed air. This may happen if you eat quickly, drink through a straw, or drink carbonated beverages, such as soda.
- There may be undigested carbohydrates in your colon. This may be due to:
  - Bacteria in your colon that eat the undigested food and create gas.
  - Non-nutritive sweeteners.
  - Lactose.



*You can take care of yourself by learning which foods and drinks upset your stomach and digestion.*

### How to treat and prevent gas

- Use a food journal to log your food intake. Record signs and symptoms of gas to help you identify triggers.
- Eat slowly and chew thoroughly.
- Avoid carbonated beverages.
- Avoid chewing gum.
- Avoid sugar-free foods (such as mints and candies) for 1 week.
- Avoid lactose or choose lactose-free options instead. You may want to try taking lactase enzymes.

- Avoid gas-producing foods such as beans, asparagus, Brussels sprouts, broccoli, cabbage, cauliflower, apples, and pears.
- Take probiotics – these support healthy bacteria in your colon.
- Drink peppermint or ginger tea.
- To control bad-smelling gas, consider taking internal deodorant tablets such as Devrom. Do not use these within the first 3 weeks of your procedure.
- Consider taking the medications below. Follow their package directions:
  - Gas-X
  - Beano
  - Phazyme

## When to Call

Call the Center for Weight Loss and Metabolic Surgery at 206.598.2274, option 2 and ask to talk with a nurse if you:

- Are sick to your stomach and throwing up
- Feel dizzy and lightheaded when you stand up
- If you have not had a bowel movement in 3 days after discharge from the hospital