



Dear Patient,

Congratulations on choosing Bariatric surgery, you have made a life-long commitment to improving your health and quality of life.

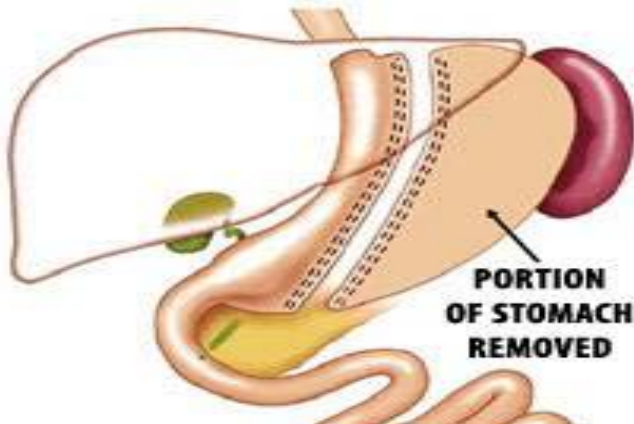
Your surgeons and staff are highly trained in the field of laparoscopic surgery and bariatrics, and are recognized nationally as quality bariatric surgery providers. As a Center of Excellence Hospital and Bariatric Program, Bluegrass Bariatric Surgical Associates and Central Baptist Hospital/Baptist Physicians' Surgery Center can offer patients the more choices than any other program in Kentucky. Our center was the first center in central Kentucky to offer adjustable gastric banding as well as the gastric sleeve procedure. Currently we are also the only center in the area offering the Laparoscopic Greater Curvature Plication and the ROSE procedure.

This manual is designed to educate you on your surgical procedure, as well as the care you will receive before and after. You will also find education on your nutritional needs and changes, vitamin requirements, risks and benefits, and encouragement to make appropriate changes to improve your health and quality of life. Please read this manual thoroughly, keep it with your Toolkit, and follow the guidelines and recommendations as written. If you have any questions, don't hesitate to ask, we are here to help you every step of the way.

Thank you,

The staff of Bluegrass Bariatric Surgical Associates & Central Baptist Surgical Weight Loss Center.

Laparoscopic Gastric Sleeve is a restrictive procedure. The small tube-shaped stomach limits the amount of food you can eat at one time because your stomach is significantly smaller than it was before surgery, about 85% smaller. Because your stomach holds less food, you feel full sooner and stay full longer. Following the Gastric Sleeve patients report significantly less hunger. This is believed to be the result of the removal of the fundus or stretchy part of the stomach and a reduction in the hunger hormone Ghrelin that occurs with this procedure. The Gastric Sleeve is a great option for patients with higher BMI (>50) or those with multiple major health concerns like high blood pressure, lung disease, heart disease, breathing problems, and more.



Gastric Sleeve Advantages

- Stomach volume is reduced, but it tends to function normally so most foods can be consumed in small amounts.
- Eliminates the portion of the stomach that produces the hormones that stimulate hunger (Ghrelin.)
- 50% excess body weight (EBW) loss expected in first year. 30% EBW loss with adjustable gastric band (AGB) in first year. 70% EBW loss expected with Roux-en-Y gastric bypass in first year.
- No dumping syndrome because the pylorus is preserved.
- Minimizes the chance of ulcer occurrence.
- Chance of intestinal obstruction, anemia, osteoporosis, protein deficiency and vitamin deficiency are almost eliminated by avoiding intestinal bypass.
- Results appear promising as a single stage procedure for low BMI patients (BMI 35 to 45 kg/m²).
- Appealing for patients with existing co-morbidities that make them high risk for intestinal bypass procedures.
- Done laparoscopically in patients weighing more than 500 pounds.
- You can have upper endoscopy or ERCP if needed after this procedure.
- GS can always be converted to another bariatric surgery procedure.

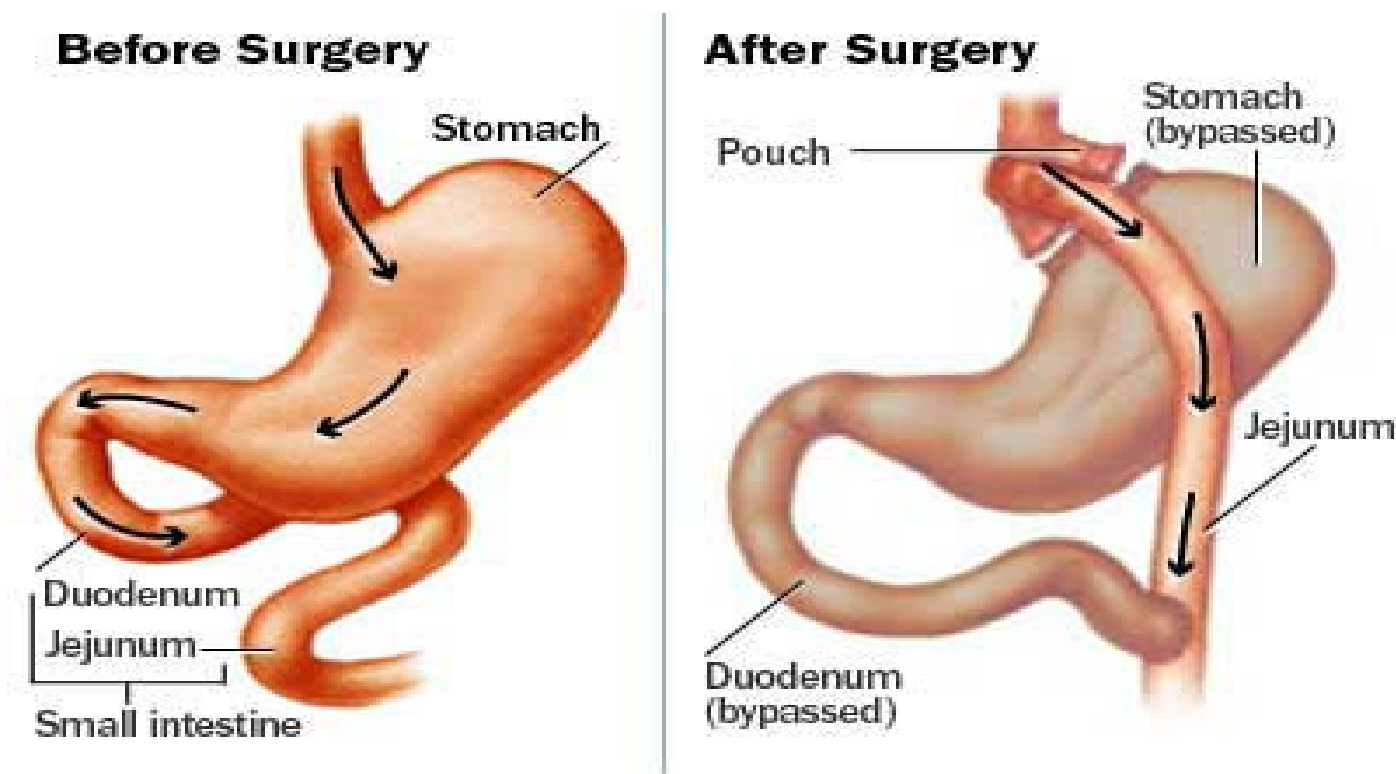
Gastric Sleeve Disadvantages

- Potential for inadequate weight loss or weight regain. While this is true for all procedures, it is theoretically more possible with procedures without intestinal bypass.
- Higher BMI patients may need to have a second stage procedure to lose the remainder of the excess weight. Two stages may ultimately be safer and more effective than one operation for high BMI patients.
- Soft calories from ice cream, milk shakes etc., can be absorbed and may slow weight loss or cause weight gain.
- Irreversible since the stomach is removed. However, it can be converted to almost any other weight loss procedure.
- The long-term results are unknown. There is potential for the stomach to “stretch out” with loss of restriction and possible weight regain.
- May require a second stage procedure, especially in the very high BMI patients.
- Will require life-long vitamin supplementation.
- Will require short-term protein supplementation.
- Procedure considered investigational and usually not covered by insurance.
- Often difficult or impossible to get coverage for a two-stage procedure.
- Not offered by the majority of bariatric surgeons.
- Requires a 23 hour hospital stay.

Possible Complications: *(this is a partial list of potential complications)*

- **Death** (0.5-1.0%)
- **Cardiovascular Problems:** (especially with unidentified pre-existing heart disease): heart attack, stroke or death. You may be required to undergo an evaluation with a cardiologist to be cleared for surgery.
- **Gastric leak & peritonitis** is a risk because the stomach is cut and stapled. This risk is highest while you are still in the hospital. You will be educated in pre-op class on signs and symptoms to watch for at home, but this risk is nearly zero by the time you have your first follow-up appointment.
- **Respiratory Problems:** pneumonia, inability to clear secretions from lungs, aspiration of stomach contents, need for respiratory support or possible tracheotomy, pulmonary embolus (blood clots traveling to the lungs). Using the incentive spirometer and walking often will greatly reduce the likelihood of pneumonia. If you smoke, quit now as this increases your respiratory risk during and after surgery.
- **Wound Problems:** infection in wound (<5%), hernia development (1% for laparoscopic.)
- **Circulation Problems:** phlebitis in leg veins (**blood clots in legs**), pulmonary embolus (blood clots migrate to lungs). Walk often to prevent this complication. If you smoke, quit now as this increases your risk of blood clots.
- **Injury to Nearby Organs:** spleen-splenectomy (<1%), significant liver bleeding (<1%), or increased risk of blood transfusion. Your pre-op liquid diet will decrease this risk even further.

Laparoscopic Gastric Bypass:



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Laparoscopic Gastric Bypass is a restrictive and Malabsorptive procedure. This picture illustrates the anatomy of your stomach before and after Gastric Bypass. The surgeon creates a 3-4oz pouch (the size of an egg) by cutting the stomach. Next the surgeon will dissect the small intestine and attach it to your new pouch. The larger portion of the stomach will remain with a portion of intestine (duodenum) that is then attached further down to the portion of the intestines that receive food. Gastric juices drain into the intestine and allow food to be absorbed. The resulting arrangement of the intestines forms a "Y". Gastric bypass causes your body to absorb fewer calories. That is part of the mechanism by which you lose weight. The amount of food you can consume is limited by the size of the pouch, and the absorption of the food is altered by the new intestinal path.

Gastric Bypass Advantages

- Seventy percent (70%) excess body weight loss in the first year.
- Rapid and most significant resolution of co-morbidities including; diabetes, high blood pressure, high cholesterol and triglycerides, sleep apnea, and joint pain.
- Lowest rate of weight loss failure.
- Low risk of technical failure, pouch or outlet stretching, due to the micro pouch.
- Resolution or less medication for other problems associated with obesity such as GERD or reflux/heartburn, infertility or polycystic ovarian syndrome (PCOS), back pain and others.

Gastric Bypass Disadvantages:

- Stomach and intestines are cut, divided and re-routed. This leads to an increase risk of leak or peritonitis.
- Risk of bowel obstruction and internal hernia.
- Potential for bleeding during surgery.
- Two day hospital stay.
- Dumping syndrome or the inability to tolerate certain foods.
- Two months to return to a 'normal' diet.
- Need for lifelong commitment to protein, vitamin and mineral supplements.
- Risk of vitamin and mineral deficiency in not compliant with follow-up appointments and vitamin regimen.
- Need to avoid certain medications; NSAIDs, steroids, aspirin.
- NO SMOKING after surgery, due to high risk of pouch ulceration.
- Not easily reversed.

Possible Complications: *(This is a partial list of potential complications)*

- **Death** (0.5-1.0%)
- **Cardiovascular Problems:** (especially with unidentified pre-existing heart disease): heart attack, stroke or death. You may be required to undergo an evaluation with a cardiologist to be cleared for surgery.
- **Respiratory Problems:** pneumonia, inability to clear secretions from lungs, aspiration of stomach contents, need for respiratory support or possible tracheotomy, pulmonary embolus (blood clots traveling to the lungs). Using the incentive spirometer and walking often will greatly reduce the likelihood of pneumonia. If you smoke, quit now as this increases your respiratory risk during and after surgery.
- **Circulation Problems:** phlebitis in leg veins (**blood clots in legs**), pulmonary embolus (blood clots migrate to lungs). Walk often to prevent this complication. If you smoke, quit now as this increases your risk of blood clots.
- **Stomach/Intestinal**
 - Leak from the staple line in the stomach and intestine (peritonitis)
 - Intestinal blockage
 - Stomal stenosis or stricture, requiring an EGD to correct
 - Gallstones
 - Micro pouch ulceration
- **Nutritional**
 - Excessive weight loss or malnutrition, protein deficiency
 - Vitamin and mineral deficiency
 - Hair loss
- **Injury to Nearby Organs:** spleen-splenectomy (<1%), significant liver bleeding (<1%), or increased risk of blood transfusion. Your pre-op liquid diet will decrease this risk even further.
- **Wound Problems:** infection in wound (<5%), hernia development (1% for laparoscopic.)

Dumping Syndrome

Dumping syndrome is a group of symptoms most likely to develop if you've had surgery to remove all or part of your stomach, or if your stomach has been surgically bypassed to help lose weight. Also called rapid gastric emptying, dumping syndrome occurs when the undigested contents of your stomach are transported or "dumped" into your small intestine too rapidly. Common symptoms include abdominal cramps and nausea.

Most people with dumping syndrome experience symptoms soon after eating. In others, symptoms may occur one to three hours after eating. In either case, symptoms can range from mild to severe.

Dumping syndrome often improves on its own without medical treatment or after adjusting your diet. In more-serious cases of dumping syndrome, you may need medication or surgery.

Symptoms: When symptoms of dumping syndrome occur during a meal or within 15 to 30 minutes following a meal, they may include:

- Nausea
- Vomiting
- Abdominal pain, cramps
- Diarrhea
- Dizziness, lightheadedness
- Bloating and belching
- Fatigue, weakness
- Heart palpitations, rapid heart rate
- Shakiness
- Sweating
- Low Blood Sugar (hypoglycemia)

Some people experience both early and late signs and symptoms. Conditions such as dizziness and heart palpitations can occur either early or late — or both. No matter when problems develop, however, they may be worse following a high-sugar meal, especially one that's rich in table sugar (sucrose) or fruit sugar (fructose).

Some people also experience low blood sugar (hypoglycemia), related to excessive levels of insulin delivered to the bloodstream as part of the syndrome. Hypoglycemia is more often related to late signs and symptoms. Insulin influences your tissues to take up the sugar present in your bloodstream.

Pre-Op Diet for Weight Loss Surgery

The time leading up to weight loss surgery is not the time to splurge, binge or plan a “last meal”. This is the time to start making changes and preparing for the upcoming surgery. At your consult visit, Dr. Weiss or Dr. Oldham will prescribe a specific diet for you that you to follow 2 weeks immediately before surgery. This diet is based on your BMI and medical history. Basically, if your BMI is ≥ 50 you will consume a combination of high protein meal replacement shakes and bars each day. If you BMI is < 50 you will consume high protein shakes and bars and a healthy high fiber, high protein meal. Patients who have been following a high protein, low carb diet and who have lost weight since their intake appointment may not be placed on a more lenient meal plan.

Benefits of Pre-Operative Weight Loss

Pre-operative weight loss will decrease the risk of complications by reducing the amount of intra-abdominal fat and the size of your liver. Pre-operative weight loss also improves your ability to breath lying down, reduces time in the operating room and speeds recovery time.

Additionally, losing weight before surgery:

- Improves the visual field for the surgeon during surgery
- Reduces the severity of comorbidities
- Increases patients understanding of post-op requirements
- Reduces post-operative risks

Vitamin Requirements

Begin taking your vitamins as soon as you decide to have bariatric surgery to build up your supply of the vitamins and minerals in your system before surgery.

Your vitamin requirements may change after surgery; we will check your vitamin levels at your follow-up visits.

- **Adult Chewable Multi-Vitamin**
 - Two tablets daily
 - If using a generic, make sure the formula is the same, especially the iron and Vitamin K

- **Calcium with Vitamin D and Vitamin K**
 - 1200mg Calcium
 - 400IU of Vitamin D
 - 80mcg Vitamin K
 - Viactiv, Spring Valley (Wal-Mart brand) is sugar free, other generic chewable calcium

- **Vitamin B1 or Thiamine**
 - 100-250mg daily

- **Vitamin B12**
 - 1000mcg daily.
 - Sublingual, absorbed under the tongue.
 - Injections and Nasal spray are also available.

- **Iron**
 - 65mg daily
 - For women in addition to the multi-vitamin, men do not have to take additional iron supplements.
 - Do not take the same time as your calcium and multi-vitamin, this will alter the absorption of the supplements.

- **Vitamin C**
 - 500mg daily
 - Take with your iron supplement for better iron absorption.
 - Chewable tablets are recommended.
 - Vitron C (available by special order in your pharmacy)
 - Contains supplemental iron and Vitamin C in one tablet.

- **Vitamin D**
 - 800 IU daily

POST-OP DIET FOR GASTRIC SLEEVE / GASTRIC BYPASS

Days 1-7 Stage 1 (week 1)	Day 8-14 Stage 2 (week 2)
<p>Clear liquids (sugar-free Jell-O, sugar-free Popsicles, broth, water, decaf. tea or coffee, Crystal Light, sugar-free Kool-Aid and flavored waters), liquid protein supplement (70 grams per day) and start taking your vitamin supplements.</p>	<p>Add full liquids, skim milk, thin cream soups (e.g. Healthy Choice or Campbell's Cream of Tomato, Mushroom or Chicken), tomato juice, V8 juice, yogurt (no fruit chunks), sugar-free, low-fat pudding, sugar-free Carnation Instant Breakfast, low-fat/sugar-free frozen yogurt and sugar-free Fudgesicles.</p>
Day 15-21 Stage 3 (week 3)	Day 22-28 Stage 4 (week 4)
<p>Add protein smoothies, applesauce, smooth (creamy) peanut butter and bananas.</p>	<p>Add eggs, potatoes, cottage cheese, oatmeal, cream of wheat, soft cooked vegetables, cheese, crackers, dried beans and peas, soft canned fruits (peaches and pears), low-carb tortillas</p>
Day 29-35 Stage 5 - Week 5	Day 36 – and beyond Stage 6 –Week 6 and beyond
<p>Add baked or canned fish (e.g. tuna)</p>	<p>Add crackers / melba toast, cereal, pasta, Toasted bread, Special K High Protein cereal, salads, protein bars, beef or turkey jerky, lean ground beef, chicken and turkey.</p>
4 months and beyond	GOALS
<p>Pork, beef and ham</p>	<ul style="list-style-type: none"> • Protein: 70 grams per day (unless your physician has placed you on a restricted protein diet due to kidney disease) • Carbohydrates: ≤100 grams per day. • Fat: 25 - 33 grams per day. • Fluids: 64 ounces per day at a minimum. • Don't drink during or 1 hour after meals. • Choose whole grains • Limit cheese, nuts and peanut butter

Advancing Your Diet after Gastric Sleeve or Gastric Bypass

Stage 1: Clear Liquid Diet (Usually starts post-op Day 1)

- You must sip fluids all day. The goal should be 2 – 4 ounces per hour for a total of 64 ounces of clear liquids per day when tolerated.
- Begin your vitamin supplements

Sugar-Free Clear Liquids (or no sugar added – sugar alcohols are negligible, but can cause diarrhea – laxative effect)

- Water
- Tea (Diet Lipton Green Tea is not decaf.)
- Coffee (non-dairy creamer is ok.)
- Propel Water, PowerAde Option
- Sugar-free Jell-O
- Clear Broth or Bullion – Chicken, Beef or Vegetable
- Sugar-free Popsicles
- 100% Real Fruit Juices (no juice drinks or juice cocktail) – 4 to 6 ounces maximum, no pulp.
- Protein supplement with sugar-free clear liquids of your choice
- Sugar-free Kool-Aid

REMEMBER: Some beverages may contain too much sugar. Read food labels and aim for less than 18 grams of carbohydrates per serving.

- Limit carbonated beverages
- No straws (for six months)
- Sip slowly and steadily throughout the day
- No gulping fluids
- No alcohol for the first six months
- Limit caffeine

Stage 2: Full Liquid Diet (Usually starts on Day 8)

MEAL PLAN:

1. Begin **High Protein Full Liquids** in addition to **Sugar Free Clear Liquids** (from stage 1).

RECOMMENDED FOODS:

- All food from previous stage 1 diet
- Skim or fat-free milk

- V-8 or Tomato Juice
- If protein powder with clear liquid is tolerated, then mix protein powder of choice with non-fat or skim milk. If lactose intolerant, use non-fat lactase-enzyme treated milk.
- Sugar-Free Fudgesicles
- Low-fat creamed soups – thinned (no chunks), (i.e. Campbell’s or Healthy Choice Cream of Mushroom, Tomato or Chicken soups)
- Sugar-free yogurt (no chunks) – Greek Yogurt is preferred because it is high in protein
- Sugar-free, low-fat pudding (box pudding made with skim milk)
- Sugar-free Carnation Instant Breakfast (any flavor)

SAMPLE DAILY INTAKE:

- You may feel full after 2 tablespoons to ½ cup food. The denser the food the earlier the satiated (fullness) feeling.
- Between meals drink water and other mentioned beverages frequently. You may also consume sugar-free Popsicles and/or sugar-free Jell-O.
- Aim for 2 to 4 ounces of fluid per hour for a total of 64 ounces per day to prevent dehydration.

Stage 3 &4: Soft Diet
(Usually days 15 through 28)

MEAL PLAN:

1. Continue full liquids. **Add one new food at a time as tolerated.**
2. Eat three (3) meals a day and (2) two snacks.
3. Aim for 48 to 64 ounces of fluid per day to prevent dehydration.
4. Protein is the priority (70 grams per day).
5. Limit fats and avoid sugars.

RECOMMENDED FOODS:

- All foods from previous stages. Try to include protein supplement whenever possible.
- Blended protein shakes with non-fat, sugar-free frozen yogurt smoothies.
- Natural applesauce.

- Smooth (creamy) peanut butter.
- Bananas, Cream of Wheat, Cream of Rice cereal or Oatmeal – start with 1-2 tbsp at a meal.
- Soft canned fruits (pears or peaches) in natural juice.
- Soft Cooked Vegetables (avoid asparagus and celery)
- Potato – mashed or baked, skin removed (not fried), about 1-2 tbsp should be enough. (No butter or cream added)
- Low Fat or Nonfat Cottage Cheese (¼ cup)
- Egg/Egg substitute. For example, scrambled and cooked with non-stick cooking spray. Maximum of ¼ of the egg per meal.
- Dried beans and peas – navy beans, kidney beans, refried pinto beans, lima beans, lentils, split peas cooked without added fat until very tender (remember that these foods may cause abdominal discomfort and/or gas).
- Low-fat Cheese containing less than 5 grams of fat per ounce.
- Low-carb Tortillas
- Crackers containing less than 3 grams of fat per serving and wholegrain or whole-wheat such as Melba toast, soda crackers, Triscuits or plain graham crackers.

TIP: If hunger is a problem, you probably need more protein or fluid.

Remember:

- Continue supplemental protein drinks (70 grams of protein is the daily goal)
- Avoid starchy foods like rice, pasta, un-toasted bread, biscuits, cornbread, bagels and muffins as they swell in your stomach and make you feel uncomfortable
- Chew completely and slowly
- Add one new food at a time
- Choose high protein first, fruit, vegetable or salad next, and toast/crackers or potatoes last.
- Try making instant mashed potatoes with broth instead of water or milk for more flavor.

Note: You can add unflavored protein to most foods to increase grams of protein.

Stage 5: Mechanical Diet

Day 29-35

(Begins when you have tolerated soft foods)

- Slowly add regular foods one at a time.
- Be careful to avoid high sugar foods and maintain adequate fluid intake.
- Protein 70 grams per day

RECOMMENDED FOODS

- Baked or canned fish such as catfish, tilapia, salmon, grouper, cod or whitefish. Baked, steamed, broiled or grilled. NEVER FRIED or DEEP FRIED

Stage 6: Regular Diet (Day 36 and beyond)

Recommends Foods

- Toast
- High Protein and high fiber cereals (not frosted or honey coated)
- Salads
- Protein Bars
- Turkey Jerky
- Chicken, skinless white meat
- Turkey
- Lean ground beef

CONGRATULATIONS! When you return to regular foods, focus on 70 grams of protein daily. Protein is important because it helps to make you feel satisfied. It also helps with tissue healing, preserves your lean muscle mass and helps avoid significant hair thinning.

Continue to use small eating utensils. Please cut your food into pea sized, pinky fingernail sized pieces initially. Remember to CHEW very well. Avoid drinking liquids during and 60 minutes after your meals. The liquids occupy space thus you will not be able to tolerate much food and it flushes the food out of your pouch, making you hungry sooner. It is okay to SIP a little water if food is thick and difficult to swallow.

Begin to add new foods into your meals. When trying a new food, eat a small amount and do it at home rather than in a restaurant in case you are unable to tolerate it. If you cannot tolerate a certain food at 2 months that does not mean that you will not tolerate it later. Try it again in a couple of weeks. Use spices sparingly until you see if you can tolerate them.

Eat SLOWLY, protein first followed by vegetables, fruit or salad and finally starches (toast, crackers or potatoes.) Remember that bread, pasta and rice can swell and expand in your new pouch. Toast, crackers and potatoes are easier to digest as the resistant starch is broken down. Always choose wholegrain and whole wheat products.

We don't want you to consider yourself to be on a diet. Just do your best to make healthy choices. We know that bad habits and bad choices contributed to your obesity. If there is something you want that is probably not a "healthy choice," you can have it, but make it the **"EXCEPTION AND NOT THE RULE."**

Dietary Recommendations (Stage 6 and Beyond)

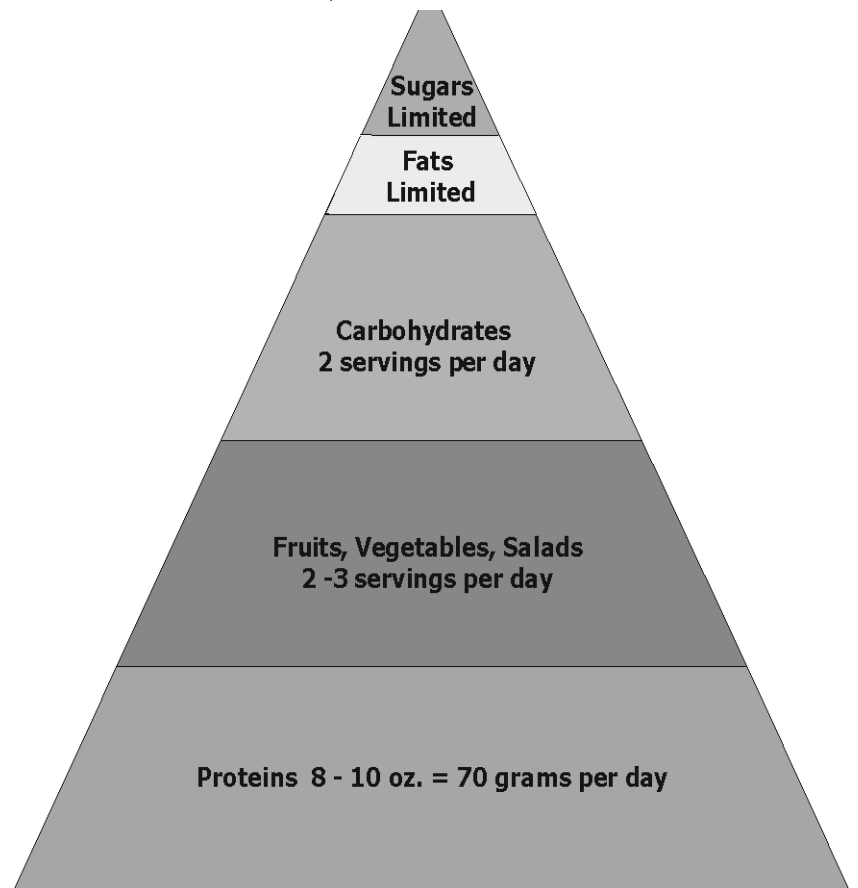
High Protein Low Fat

- **70 grams protein per day**
- **25 grams or less fat per day**
- **Protein foods:**
 - Lean red meats, pork, chicken, fish
 - Turkey
 - Cut fat off of meat, skin off of chicken
 - Low Fat 2% or fat free cheese
 - Eggs
 - Soy
 - **NO FRIED FOODS**
- Nuts (measure one serving/use sparingly; high fat content)
- Peanut butter (use sparingly; high fat content)
- Tofu, beans
- High protein cereals such as Carb Well and Go Lean Crunch

Low Carbohydrates

- **Less than 100 grams** per day of complex carbohydrates
 - Whole grain breads, cereal, brown rice, sweet potato
 - Whole grain pasta
 - Peas & corn
 - Oatmeal (Quaker Weight Control)
- **Simple carbohydrates (sparingly):**
 - Sugar, honey, cake, pie, pastries
 - Juice

Bariatric Food Pyramid



Eat protein first!!!

Helpful Tips:

- **No straws**-Straws introduce excess air into the stomach, causing burping and bloating.
- **Cut food into small pieces**- Then cut it again (size of pinky fingernail). Chew very well.
- Caffeine is a diuretic and can lead to dehydration. Caffeine can also stimulate your appetite.
- **EAT ONLY 3 SMALL MEALS A DAY** - Learn how much your stomach can comfortably hold and do not exceed this amount. Overeating can lead to vomiting.
- **EAT SLOWLY AND CHEW THOROUGHLY** - Allow plenty of time when eating. Take small bites (pinky fingernail sized) and chew chew chew food thoroughly.
- **STOP EATING WHEN YOU ARE NO LONGER HUNGRY** - Eating until you are full can lead to nausea and vomiting.
- **DO NOT DRINK WHILE YOU ARE EATING** - Do not drink liquids 15-20 minutes before and for at least 60 minutes after eating.
- **DRINK 64 OZ. OF FLUIDS DURING THE DAY** - As you lose weight your fat content will drop. Drink plenty of fluids to rid your body of waste products. Remember to keep liquids separate from food intake. Do not gulp fluids—that could be painful.
- **EXERCISE REGULARLY**- As you lose weight, exercising should become easier. Increase activity in daily living. Patients who exercise 30 minutes daily lose more excess body weight than patients who do not!

FOODS TO AVOID: High-Calorie, Nutritionally void foods:

- Syrups & Honey
- Cakes & cookies
- SWEET TEA
- Sweets
- **Carbonated, Alcoholic and Caffeinated beverages**
- Jam
- Chocolate
- High fat dressings
- Chips
- Pie
- Pastries / Biscuits
- Gravy
- Cheese Sauces

Common Problem Foods

Some foods have difficulty passing through the opening of the stomach and may cause blockage, pain and possibly vomiting. Introduce these foods slowly and individually to see if they are tolerated. These include foods such as:

- Dry meat
- Shrimp
- Untoasted bread
- Pasta
- Rice
- Peanut butter
- Dried fruit
- CARBONATED BEVERAGES: Gas from the carbonated beverages expand in your stomach causing discomfort and/or pain.
- Certain vegetables like corn, asparagus and celery
- Nuts
- Breading or cornmeal coated food
- Coconut
- Popcorn
- Seeds and skins of fruit and vegetables
- Membrane of citrus fruit or apples

The Importance of Support

After bariatric surgery, behavioral, lifestyle and dietary changes will affect you physically & emotionally. A strong support system can assist you with these changes. You are not alone on this journey. Please read the following list and if at all possible, check every box before you have surgery.

- Attend our support group meetings led by our Nutrition Coach. Please attend at least one meeting before surgery and as many as you can after surgery. We have our meetings in a classroom at HealthwoRx in Lexington Green, the first Saturday of every month at 11am.
- Bring your family to the support group meeting, we can answer their questions and bring them on board for your continued success. They can join you on your journey to a healthier life.
- Educate yourself and your friends and family. Visit our website at www.cbhweightloss.com or go to another website such as www.bluegrassbariatrics.com, www.obesityhelp.com.
- Discuss the reasons for surgery with your family. Explain to them the health benefits you expect with significant weight loss and ask them to help you achieve your goals.
- Surround yourself with other individuals who have had the surgery and can identify with you and share your experience.
- Form your own network; get together with others to talk, exercise or just to hang out to share your feelings.
- Start planning activities together that help you visualize life after significant weight loss, like playing with children or grand children, taking a vacation, or attending an event.
- Become aware of when, why and how much you eat. Learn what triggers you to overeat. Ask someone to be your accountability partner on this one. That person may recognize patterns in your eating behaviors that you do not. Knowing when and why we eat is as important as what and how much we eat.
- Visualize yourself healthy, active and at your goal weight.



Nutrition Coaching

You will have a nutritional consultation with our Professional Nutrition Specialist twice before surgery, during intake and pre-operative visits. Studies have demonstrated that individuals who attend follow up visits with their dietitian and attend support group meetings before and after surgery have more successful weight loss.

During your nutritional evaluation, our Professional Nutrition Specialist will review your 24 hour diet recall, discuss your eating habits and assess your knowledge of nutrition. She will review your basal metabolic rate test results with you. She will evaluate your willingness and ability to comply with pre and post-operative nutritional requirements for bariatric surgery. From this interview & evaluation process the registered dietitian will write a report on your readiness for surgery. This report is required for insurance coverage and will be submitted to your insurance provider before surgery. All BBSA & CBH Surgical Weight Loss Patients, including those who are self-paying for surgery, are required to undergo a nutritional evaluation with our Professional Nutrition Specialist.

Exercise: A Step in the Right Direction

Regular exercise is an important part of successful weight loss surgery. Done properly and under supervision, exercise speeds healing and recovery and provides a host of health benefits. Starting any post surgical exercise program may be difficult, especially if you are unaccustomed to exercising or have been previously unable to exercise. So, we invite you to begin your routine exercise program *before* surgery, to ease into healthy habits and become more comfortable with exercise in a quiet, safe, and personal environment.

HealthWorx, Central Baptist Hospital's Fitness and Wellness Center is located in Lexington Green just off Nicholasville Road overlooking New Circle Road. HealthWorx is equipped with state-of-the art strength training and cardio equipment and hosts a variety of fitness classes, specialty classes, personal training, nutrition counseling, massage therapy and more. If you are interested in beginning a supervised exercise program, we recommend the professionals at HealthWorx. Your orientation to an individualized exercise program will be with an American College of Sports Medicine Certified Personal Trainer or a professional Exercise Physiologist, by appointment to provide you with one-on-one attention and privacy. After your initial visit, you can workout anytime. The fitness center is always staffed with a trainer to ensure safety and help clients with workouts, answer questions or demonstrate exercises.

We host all of our support group meetings at Healthworx, the first Saturday of every month at 11:00am. You are welcome to tour the facility when you come to your support group meeting, and then schedule an appointment for consultation with an exercise professional is you choose.



Walking

Your post-operative recovery requires walking. Walking will prevent blood clots and pneumonia and a host of other complications. Walking after surgery is not an option and will begin the day of your surgery. If possible, you need to begin your walking program before surgery. Below is a simple guideline for starting a walking program:

1. Find a walking partner. You will enjoy the experience more and you will feel safer walking with someone who can help you if you need assistance. This is especially important for those who have been sedentary for a long time.
2. Wear comfortable, supportive walking shoes and comfortable clothing.
3. Focus on the amount of time you walk rather than the distance. Increase the amount of time you walk gradually each day.
4. Be consistent and walk every day.
5. Keep a log to show your progress.
6. Consider starting a walking program such as Walk of Life. This is a great way to motivate yourself and keep track of your progress.

Walk of Life - 10 Week Program

We recommend using a walking program such as Walk Of Life. You can find details at <http://walking.about.com/od/weightloss/u/weightloss.htm>. Walk to fitness, weight loss, and a healthy lifestyle. Day-by-day walking assignments, exercise, tools for eating right, setting and achieving your fitness goals.

Walk of Life Intro

Introduction to the Walk of Life 10 Week Program to get fit through walking and healthy nutrition.



Is another great place to find support online when beginning an exercise plan by offering an online calorie counter and workout tracking tool.



Insurance & Financial Considerations

Bluegrass Bariatrics & Central Baptist Hospital Surgical Weight Loss Center have separate insurance & financial counselors specifically for the bariatric program. These counselors will meet with you to discuss your insurance coverage, financial obligations, financing options, out-of-pocket expenses, co-payments, deductibles, program fees, payment policies required for surgery.

Once you have met the BBSA/CBH and insurance or CMS requirements for surgery, all the necessary documentation will be submitted to your insurance company. The insurance company may take up to 90 days to review and ultimately approve of or deny your bariatric surgery.

- Please be aware, payment to Central Baptist Hospital is required one week before surgery. That includes all hospital co-payments, out-of-pocket and deductibles.
- If you are using a financing company such as Care Credit or BLIS Financing, CBH must receive payment no later than one week prior to your scheduled date of surgery. We may postpone your surgery if payment is not received by that date. We highly recommend that if you are using Care Credit or BLIS, that you complete the application process as soon as possible to avoid any delays.
- Payment to BBSA and CBH are separate.
- Payment to Baptist Physicians' Surgery Center is made only at that facility.
- Your program fee is payable only to BBSA.
- BLIS insurance questions are deferred to BBSA.



Medications:

- Stop cortisone injections, birth control pills, estrogen replacement therapy or any herbal supplements **30 days before** surgery because these medications can increase your risk for blood clots after surgery.
- No Depo-Provera shots 3 months before and 1 month after surgery (and approval by your surgeon) due to increased risk of blood clots.
- If you are unsure about which medications to stop, contact Bluegrass Bariatrics.
- Schedule an appointment with your PCP to discuss any medication changes necessary before surgery.
- Do not take aspirin, non-steroidal anti-inflammatory drugs (for example ibuprofen or Aleve) or other prescribed arthritis medications (Celebrex, Mobic) 1 week before surgery as these medications can increase the risk of bleeding.
- Start Foltx (Folic Acid), which is the prescription that was given to you at your surgeon consult, one week before surgery.

Surgeon Consult Day

At your pre-operative appointment you will meet Dr. Derek Weiss or Dr. John S. Oldham, Jr. Your surgeon will discuss your preferred surgery, the risks, benefits and potential complications. If you have not decided which surgery you want to pursue, that's ok, you can discuss the possibilities with your surgeon at this appointment.

You will watch a consent video specific to your surgery and ask Dr. Weiss questions with a group of patients who are interested in the same surgical option.

You will attend an educational class and watch a pre-operative video specific to your surgery. Everything you see in video format is also given to you in print. We want you to have a great outcome, so watch, read, listen, and ask what you need to know before your surgery. Pay Attention!

Before Surgery Instructions

Careful attention to personal hygiene can help reduce the risk of infections after surgery. Daily bathing several days before surgery with any antibacterial soap will be helpful. Careful attention should be given to cleansing the abdominal area (from breasts to groin) making sure to clean well between folds of skin. PLEASE brush your teeth, floss and gargle with Listerine twice/day.

24 Hours before Surgery Instructions

- Begin a clear liquid diet - broth, black coffee, tea, Jell-O, popsicles.
- Shower with antibacterial soap,
- You will receive antibacterial wipes at your Pre-Admission Testing appointment.
- Use these after your shower the night before surgery; follow the directions provided with the wipes.
- No insulin or diabetic medications after 12:00 midnight unless instructed otherwise by the physician or nurse.
- Nothing by mouth after midnight. This includes gum, mints and/or water.
- PLEASE brush your teeth and gargle with Listerine twice each day.

Morning of Surgery Instructions

- You may shower, and then use the 2nd envelope of wipes received at your Pre-Admission Testing appointment at Central Baptist Hospital or you may skip the shower and use the wipes alone. Remember that if you shower first, you must allow adequate time for the skin to dry before using the wipes. Please refer to the instruction sheet provided with the wipes.
- Take any blood pressure, heart or seizure medication (with just a sip of water) the morning of surgery unless instructed otherwise by a doctor or nurse.
- PLEASE brush your teeth and gargle but do not swallow anything.
- Have a responsible adult with you to drive you home. We recommend that someone be with you for 24 hours. If you do not have someone to drive you home, your surgery will be canceled.
- Please wear comfortable clothes and slip on shoes, no makeup, no contact lenses.

Arriving at CBH:

From main registration in the 1720 building E you will be taken to the pre-op waiting room and then on to pre-op to be prepared for surgery. Your family can join you in the pre-op room, limited to two visitors at a time.

When you are taken to the surgery suite your family may wait in the surgery waiting area. They will be notified of your progress during surgery and see you approximately 2 hours after surgery.

In the surgery suite, the anesthesiologist will put you to sleep and insert a breathing tube for. Your throat may be sore after surgery from the breathing tube. You will have oxygen on when you wake up; this may be continued for the night.

Evening After Surgery:

- You will have compression devices on your legs to prevent blood clots.
- You will have a catheter in your bladder to drain your urine. This will be removed in the morning.
- Oral and IV pain medication is prescribed for you after surgery. Please let the nurse know if you are in pain. You will have an On-Q device with 2 small tubes delivering a numbing medication to your surgical area. This will remain for approximately 48 hours. Instructions for removal of this device are included later in this manual as you may be discharged with the On-Q still in place.
- Once in your room you will begin using your incentive spirometer and acapella device 10 times every hour. You will be assisted into a chair and walking a few hours after surgery. Remember, activity is extremely important after surgery to avoid blood clots and pneumonia.
- You will be offered ice chips, eat them slowly to avoid nausea and vomiting.

Post-Operative Day One, in the hospital:

- Your nurse or family may help you bathe today.
- If a drain was placed in your abdomen, the nurse will monitor and record the drainage.
- Your diet will be advanced to clear liquid. Sip slowly, DO NOT GULP. This diet includes water, ice chips, sugar-free Jell-O, sugar-free popsicles and broth.
- Blood thinning medication (Lovenox) injections have been ordered while you are in the hospital and may continue following discharge. This medication prevents blood clots. Instructions for self injection are included later in this manual.
- Continue using your incentive spirometer and acapella device 10 times every hour to prevent pneumonia.
- Continue to walk at least every four hours, increasing the distance every time you walk. This will decrease the risk of blood clots.

Post-operative Day Two:

- Read your discharge instructions, write down any questions or concerns for your doctor.
- Continue your post-op clear liquid diet.
- Continue to use the incentive spirometer and walking in the halls.
- If you have a JP drain, it will be removed before you are discharged.
- Watch the discharge video.

You will follow-up in the office with the physician assistant or nurse practitioner one week after surgery. This appointment will be made for you by your nurse. If you do not receive an appointment call the office on the next business day.

Discharge Instructions:

Pain:

You will be given a prescription for pain medication to control your pain. If you feel the dose is too strong, you may take half the ordered dose, or you may take Tylenol adult liquid per package instructions for minor pain.

- **Do not take medications such as: Aspirin or products containing aspirin or ibuprofen, Motrin, Aleve, Ibuprofen, Advil, Naproxen, Celebrex, Daypro, Bextra or other medications commonly used for arthritis or joint pain.** Bypass patients NEVER take these medications, Sleeve patients may be permitted to 6 months after surgery.
- No steroids or cortisone injections. There may be some minor pain, which should improve on a daily basis. Pain should not suddenly get worse or more intense. Pain that suddenly changes and is constant and severe should be called in to the surgeon's office. Any sudden pain in the lower extremities with associated warmth and redness should be called in to the surgeon's office immediately. Do not rub or massage this area, as it could be a blood clot.

Nausea and Vomiting:

You will have a prescription for medication to treat nausea and vomiting. One of the most important things after bariatric surgery is to avoid vomiting. Possible causes of nausea and vomiting are:

- Drinking too much or too fast.
- Sinus drainage / post nasal drip for allergy sufferers (may take Sudafed, Claritin, Tylenol Sinus Allergy or other decongestants or nose sprays to help with this discomfort).
- Low blood sugar (sweating, shaky, irritable, weakness, dizzy or tunnel-vision) – Sip 100% fruit juice-no sugar added until symptoms subside.

Any nausea/vomiting that prohibits you from keeping fluids down for greater than 24 hours requires a call to the surgeon's office.

Walking, Driving & Other Activity

Ambulation prevents complications such as blood clots, pneumonia and enhances your overall recovery period. It also decreases pain. Please follow these guidelines when you get home:

- Do not drive or operate machinery for 24 hours. You cannot resume driving while taking pain medication or sedatives.
- Do not consume alcohol, tranquilizers, sleeping medications or any non-prescribed medication for 24 hours.
- Do not make any important decisions or sign any important documents in the next 24 hours.
- Have someone stay with you at home the first night.
- No lifting, pushing, pulling or tugging anything over 25 pounds for 3 weeks after surgery. Moderate walking is recommended every 2 hours. Further exercise will be discussed at the first visit after surgery.
- No tanning bed use for 8 weeks after surgery, and in general, not recommended due to the increased risk for skin cancer. Incisions will burn very badly with tanning bed use.

Urine

Use your urine color as a guide to determine if you are drinking enough fluid. The darker the urine, the more fluids you need to drink. Urine should be clear to light yellow if you are getting enough fluid. If you should experience frequency, burning or pain with urination, blood in urine, contact us or your primary care physician for possible UTI (urinary tract infection), which could require antibiotics (liquid preferred).

Bowel Movements

You may not have a bowel movement for 2-5 days after going home. You may then experience liquid, runny or loose stools for approximately 3-4 weeks following surgery. This would require you to drink even more fluids to prevent dehydration. Some patients may experience constipation, which can be treated with increased fluids, drinking warm liquids, increased activity and the use of a Fleets Enema, Milk of Magnesia, or suppositories. The first couple of **bowel movements could be bloody**, tarry black or dark maroon in color. **This is OK** as long as the stool returns to a normal color in 1-2 days. If however, you have frequent or a large amount of bloody or tarry black stools and/or become light-headed or dizzy, you may be bleeding and require urgent attention. Please call us right away.

Bathing

You may shower 24 hours after your surgery time. Your incisions may get wet when you shower but otherwise keep them dry. No tub baths, swimming or use of hot tubs for at least 3 weeks after surgery or until incisions are well-healed.

Abdominal Incisions

You will have 1-5 small incisions. Do not scrub incisions. Allow the warm soapy water to run over the incisions, rinse well, and pat dry. You may use any brand of anti-bacterial soap. Do not use peroxide, alcohol, salves or ointments on sites. Check these incisions daily for cloudy drainage with a foul odor, pain, and redness; swelling, heat at incision site, fever, body aches and chills. These are signs of infection and should be reported to Bluegrass Bariatric Surgical Associates.

Medications:

Please schedule an appointment with your primary care provider to review your current medications. If you go home on blood pressure or diabetic medications, please record your blood pressure and blood sugar so you may discuss the results with your provider. Do not take any medications that are extended or time released. Any pill larger than a regular M&M candy will have to be broken in half or crushed. Most capsules will have to be opened and diluted with clear liquids. Check with your physician or pharmacist as to which pills may be crushed and which capsules may be opened and diluted safely. Continue taking **Folic Acid** as surgeon orders. Again, **NO ASPIRIN OR BLOOD THINNING MEDICATIONS** unless directed by the surgeon to do. If you still have your gall bladder and were prescribed Actigall or Ursodiol, you may start this medication one week after your surgery. If needed, open and dilute in 1 oz. of no sugar added fruit juice. When you reach stage 3, you may open the capsule and place in a small amount of applesauce. You will remain on Actigall for approximately 6 months.

Pneumonia Prevention & Respiratory Concerns

You will be given an **incentive spirometer** after your surgery. Instructions are included in this manual. Using the incentive spirometer will prevent pneumonia, help you wake up and become alert following anesthesia, and help you expel the gas used to inflate your abdomen during surgery. If you are using a **C-Pap** or Bi-Pap machine prior to surgery, you may resume using it at anytime.

Illness

Your primary care provider should treat general illness such as ear infections, sinus infections, and viral type illnesses, etc. Medications prescribed should be in liquid/elixir form when possible for the first 30 days.

Return to Work If you do not lift, push, or pull 25 pounds or more you may return to work following your first appointment in the surgeons' office. Otherwise, you may return to work in 3 weeks. Please inform us if you will need return to work paperwork.

Medications to AVOID after Gastric Bypass Surgery

This is a partial list and you should always check with your physician or pharmacist to make sure any new medications you are taking, including over-the-counter, do not contain:

- ANTI-INFLAMMATORIES / STEROIDS / ASPIRIN

A.S.A. Enseals	Feldene
Aches-N-Pain Advil	Fioinol
Advil	Florinol
Aleve	Halfrin
Alka Seltzer	Ibuprofen
Alka Seltzer Antacid/Tablet/Cold	Indocin
Anacin	Lodine Magnaprin
Anaprox	Magprin
Anaprox DS	Measurin
Ancid/Ansaid	Meclomen
Arthritis Strength Tri-buffered Bufferin	Midol
Ascriptin	Mobigesic
Asperbuf	Motrin
Aspergum Aspirin	Nalfon
BC Powder/Cold powder	Naprosyn
Befferin	Norgesic
Bextra	Nuprin
Bufferin	Orudis PAC
Buffinol Cama Arthritis strength	Pamprin
Cataflam	Pepto-Bismol
Celebrex	Persantine
Clinoril	Plavix
Coricidin	Ponstel
Cortisone	Relafen
Coumadin	Rimadyl
Daypro	Salflex
Dipyridamole	Ticlid
Dislcid	Tolectin
Doan's pills	Tolmetin
Dolobid	Toradol Trendar
Dolobin	Trigesic
Easprin	Tramdol
Ecotrin	Ultram
Emperin	Ursinus Inlyay
Empirin	Vanquish
Excedrin	Vioxx
Warfarin	Voltaren
Westprin Buffered	Zorpin

Guidelines for Removal of the On-Q Pain Buster®

Removal of Catheter

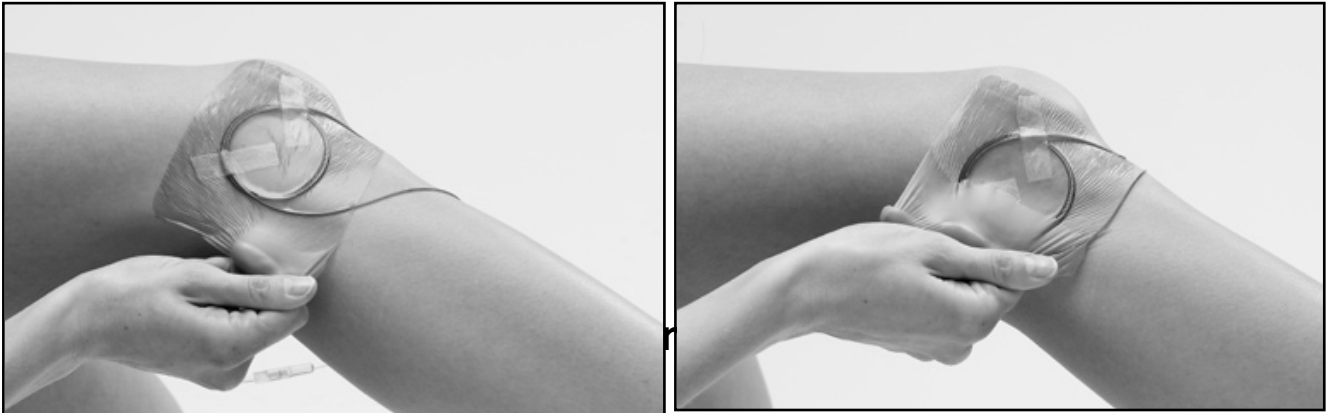
If your doctor has instructed you to remove the catheter, then follow these instructions:*

1. Grab a corner of the dressing (in picture below) and slowly pull parallel to your skin to easily remove. If the dressing is peeled back or ripped off quickly, it will remove hair and skin cells...possibly causing pain.
2. Grasp the catheter close to the skin and gently pull on the catheter. It should be easy to remove and not painful. If it becomes hard to remove or stretches, then STOP. Call your doctor. Continued pulling could break the catheter.
3. Do not cut or pull hard to remove the catheter.
4. Place a bandage over the catheter site.
5. For any problems with the pump, please call 1 (800) 444-2728.

* Repeat these steps for other catheter site if you have more than one catheter.

Call your doctor if you have:

1. Redness, warmth or excessive bleeding from the catheter site.
2. Pain, swelling or a large bruise around the catheter site.



A 6-step instructional guide demonstrates how to safely and effectively self-administer LOVENOX®, with an added safety device feature for proper needle disposal.

Instructions for Use: LOVENOX®: Administration with safety device



- 1 Patients should be sitting or lying down while the LOVENOX® Injection is administered into the areas shown in the picture. Pick an area on the abdomen between the left or right anterolateral and left or right posterolateral abdominal wall. Clean the injection site with a sterile alcohol swab and let dry. Administration should be alternated between the left and right sides.



- 2 Carefully remove the needle cap by firmly pulling it straight off the syringe and discard. If required, dose adjustment must be done prior to injection.



- 3 Gently pinch the cleansed area of the abdomen between your thumb and index finger to make a fold in the skin. Introduce the full length of the needle at a 90° angle into the skin fold held between the thumb and forefinger; inject using standard technique, pushing the plunger to the bottom of the syringe. The skin fold should be held throughout the injection. To minimize bruising, do not rub the injection site after completion of the injection.



- 4 Remove the needle from the injection site, keeping your finger on the plunger. During this step you can release pressure on the plunger.



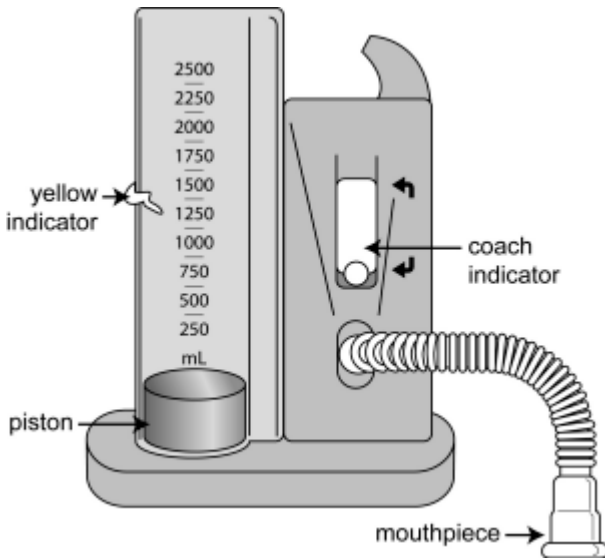
- 5 Pointing the needle away from you and others, activate the LOVENOX® safety device by firmly pushing the plunger. The protective sleeve will automatically cover the needle, and an audible "click" will confirm shield activation.



- 6 Immediately dispose of the syringe in the nearest sharps collector.

HOW TO USE AN INCENTIVE SPIROMETER

Using your Incentive Spirometer and coughing after surgery will help prevent pneumonia by assisting you to fully expand your lungs and clear your secretions. The Incentive Spirometer will also help your lungs expel the anesthesia gas you were given during surgery.



How to use the Incentive Spirometer

1. Sit on the edge of your bed if possible, or sit up as far as you can in bed.
2. Hold the Incentive Spirometer in an upright position. Blow out to empty your lungs.
3. Place the mouthpiece in your mouth and seal your lips tightly around it.
4. **Breathe in slowly** and as deeply as possible, raising the blue piston toward the top of the column. The blue coach indicator should float between the arrows.
5. Hold your breath as long as possible (for at least five seconds). Allow the piston to fall to the bottom of the column.
6. **Rest for a few seconds** and repeat Steps one to five at least 10 times every other hour when you are awake.
7. Position the blue indicator on the left side of the Spirometer to show your best effort. Use the indicator as a goal to work toward during each repetition.
8. After each set of 10 deep breaths, cough to clear your lungs. Support your incisions when coughing by placing a pillow firmly against your abdomen.
9. Two to four hours after surgery you will get out of bed and walk; breathe deeply and cough well. You will use the Incentive Spirometer 4 times each day, 10 repetitions, for several days unless otherwise instructed by your health care provider.

Common problems and solutions

Symptoms	Cause	Treatment
<p>Excessive salivation (Frothing) Heartburn Nausea Regurgitation Pain, pressure, fullness in chest</p>	<p>Food not passing through the pouch correctly. Did not chew well enough.</p>	<p>Relax Drink sips of warm fluids. Stay on liquid diet for 12-24 hours If no relief in 24 hours call the office. Chew food well and eat small bites.</p>
<p>Nausea and vomiting</p>	<p>Common to feel nauseated for few weeks-months after surgery. Advancing diet quicker than instructed.</p>	<p>Frequent vomiting, or unable to keep liquids down call the office. Liquid protein supplement to keep nutritional level up. Follow the dietary guidelines as directed.</p>
<p>Frothing or excess salivation</p>	<p>Mucus backing up into the esophagus causing a clear vomit.</p>	<p>Small bites, chew well, follow dietary guidelines. Drink warm fluids. If persists with liquids, call office.</p>
<p>Gas pains Shoulder pain Foul smelling gas</p>	<p>Common first week after surgery, due to gas used to inflate stomach during surgery. Foul smelling gas and excessive belching is common months after surgery due to change in food passage.</p>	<p>Gas-X , liquid Mylicon, Mylanta for some symptom relief. Deep breaths and activity will remove air from abdominal cavity. Try Darvon to help with odor.</p>
<p>Hair thinning or shedding</p>	<p>Lack of protein. Due to anesthesia.</p>	<p>Increase your protein to 70grams a day. Re-growth takes up to 3 months. Try Biotin supplement and hair care products (Nioxin) to help stimulate growth.</p>

Bowel habit changes	Change in diet.	Constipation: increase fluids to 64oz daily, increase or add fiber supplement, milk of magnesia, OTC stool softener if needed. Diarrhea: may take OTC Imodium for loose bowel movements. Call for any black tarry stools, maroon colored stools or excessive diarrhea.
Headaches	Lack of caffeine or other causes. Seasonal allergies.	Liquid Tylenol as needed, per package directions. Sudafed, Claritin, Allegra, and nose spray for allergy relief.

If you have any questions do not hesitate to call the office at (859) 543-1577. Someone is available to help you 24 hours a day 7 days a week. There is a Nurse Practitioner/Physician Assistant on call 24 hours a day. If you need us after hours, on the weekend or on holidays please call the office or Medical Society Exchange (859) 276-2594.

When to call you physician's office

- Bleeding from your incision, blood in vomit or stools. An episode of dark tarry stools is normal just following your surgery, any more than one or two should be reported to the office staff.
- Signs of infection.
 - Temperature of 101° or more.
 - Redness, swelling, or foul smelling drainage from the incision site
- Separating or opening of any of the incisions.
- Nausea and vomiting that is not relieved by medication or that prevents you from getting enough fluid intake for the day.
- Pain that is not relieved by the medication.
- Calf pain or swelling.

When to call 911

- New onset of shortness of breath, difficulty breathing is an emergency.
- Chest pain, dull or sharp, front or back is an emergency.

Follow-up care

- You will be scheduled for your first follow-up appointment one week after surgery.

BBSA Smoking Policy

Complete cessation of smoking 6 months prior to surgery.

NO SMOKING EVER AFTER SURGERY!

Following Roux-en-Y gastric bypass surgery the stomach is reduced to a micro pouch the size of an egg. Smoking with a micro pouch leads to a high risk of pouch ulceration.

If you are unable or unwilling to abide by the above policy then please do not proceed with the gastric bypass operation. The high risk of ulceration with smoking after bypass is significant and can be life threatening. If the ulceration is bad enough chronic tube feeding through a large IV line may be required. Fatal gastric bleeding or perforation of the ulcer can also result in peritonitis, sepsis and can lead to death. Smoking puts you at higher risk of developing an ulcer. If you cannot or will not stop smoking please consider changing to the adjustable gastric band procedure or not having bariatric surgery at all.

Information Change

If any your information has changed since your surgery, please feel out this form and forward it to our office. If your name has changed, please note your former name parenthesis.

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work phone: _____

Cell Phone: _____

Email Address: _____

Surgeon: _____ Surgery Date: _____

Is there anything else you would like to share with us?

When you have completed this page, please return it by mail to:

Bluegrass Bariatric Surgical Associates

2716 Old Rosebud Road, Suite 350

Lexington, Kentucky 40509

Fax: 859-543-1637



**Laparoscopic
Gastric Sleeve /Gastric Bypass
Owners Manual**

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