



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,

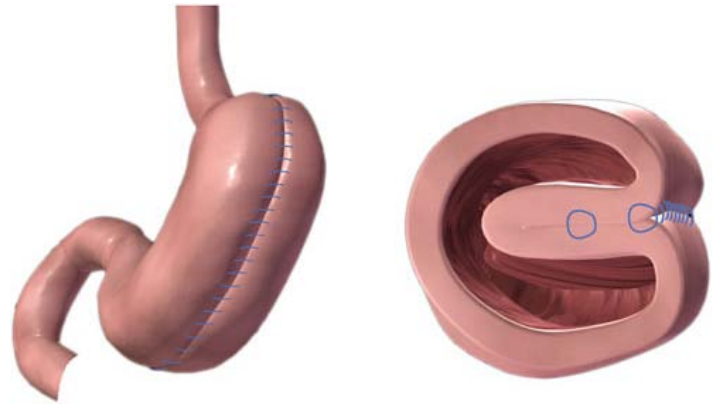
**The staff of Bluegrass Bariatric Surgical Associates and The Central Baptist Surgical Weight Loss Center.**

## Laparoscopic Greater Curvature Plication

In this minimally invasive procedure, the camera and instruments are inserted through small incisions to reduce the size of your stomach to a small tube. Your smaller stomach holds much less food and allows you to get full on small portions. Digestion is normal and there is no re-routing of the intestines. Weight loss is rapid for most patients, comparable to patients who have gastric bypass but with less surgical risk.

### Advantages of LGCP:

- Stomach volume is reduced.
- Decreased hunger and appetite.
- No Dumping Syndrome.
- Can be converted to another weight loss procedure.
- Faster weight loss as compared to LAGB.
- No foreign body issues (slip or erosion).
- Potential for fewer follow-up visits than LAGB.



### Disadvantages of LGCP:

- Potential for sutures to “stretch” over time.
- As of 2010, the procedure is considered investigational by most insurance companies.

---

### Possible Complications (aside from standard surgery risks):

- Nausea/Vomiting, Sialorrhea (excessive salivation)-studies shown to improve/resolve at two weeks.
- **A “leak” at the sutures.** This could lead to peritonitis and sepsis, and/or an abscess. This risk is low and often requires drainage and/or surgical repair.
- There is a slightly **higher risk of spleen injury** which may require conversion to an open procedure and spleen removal. This is because the attachments of the outer part of the stomach to the spleen must be separated.
- There is a small risk of herniation of an inner folded part of the stomach up through the outer folded layer possibly resulting in pain and/or perforation and possibly requiring surgical intervention.
- Some or all of the suture plications (stitches) may come undone leading to increased volume of stomach and technical failure of the procedure. In animal studies and humans to date, this has not been observed. Follow up endoscopy at one year shows the rolled in stomach to have remained intact.

## **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 that you will follow for the 2 weeks immediately prior to surgery. This diet is based on your BMI and medical history. Basically, if your BMI is  $\geq 50$  you will consume a combination of high protein meal replacement shakes and bars each day. If your BMI is  $< 50$  you will consume 3-4 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 be placed on a more lenient meal plan.

## **Benefits of Pre-Operative Weight Loss**

Pre-operative weight loss will decrease the risk of complications during surgery by reducing the amount of intra-abdominal fat and the size of your liver. Pre-operative weight loss 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 intra-operative and post-operative risks

**Basic Nutrition and Food Principles  
POST-OP DIET FOR LGCP: OVERVIEW**

**Lifetime Supplements:** After surgery, you will need daily supplements. **We recommend Bariatric Advantage Vitamins, which are available at [ww.bluegrassbariatrics.com](http://ww.bluegrassbariatrics.com).** Other options include over the counter products.

<b>Days 1-2</b>		<b>Days 3-4</b>	<b>Days 5-6</b>
Clear liquids (32-64 ounces per day). Add liquid protein supplements (70 grams per day).		Add full liquids, V-8 juice, thin soups and yogurt.	Add sugar-free applesauce, pudding, smoothies and bananas.
<b>Day 7 (1 week)</b>	<b>Days 8-10</b>	<b>Days 11-12</b>	<b>Day 14 (2 weeks)</b>
Add mashed potatoes and cream of wheat (No grits, rice, pasta or peanut butter). Well-cooked vegetables, vegetable soup and legumes (beans).	Add sweet potato, oatmeal, soft-boiled eggs, low fat cottage cheese and no sugar-added canned pears.	Slowly add fresh fruits.  Continue protein supplement.  Drink 64 ounces per day of sugar-free no-calorie fluid like Crystal Light, Propel or water.	Slowly add baked fish, tuna, whole grain toast or crackers, small amount of brown rice, whole grain pasta, vegetables (caution with asparagus, celery, corn) and whole grain cereal (granola bars, protein bars). <b>Decrease protein shake to 1 or less daily</b>
<b>Days 16-18 (approx. 3-4 weeks)</b>	<b>Day 56 (8 weeks and after)</b>	<b>GOLDEN RULES</b>	
You'll be ready to try baked turkey and chicken.	You can move to lean ground beef, gradually add roast beef, ham and turkey sausage. Steak should be last.	Eat until comfortable NOT FULL. Choose protein first. Eat slowly, chew well. Do not drink with or 60 minutes after meals. Liquids will <u>not</u> satisfy hunger. Exercise regularly.	

**Remember:**

**Try one new food at a time, in small (1-2oz) servings, and chew, chew, chew.**

## Advancing Your Diet after LGCP

Days 1-2: 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, decaf tea or coffee (non-dairy creamer is ok), Propel water, PowerAde Option, sugar-free Jell-O, clear broth or bullion, sugar-free popsicles, 100% real fruit juice (4-6 ounces max)
- Decaf Tea (Diet Lipton Green Tea is not decaf.)
- 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.

- No carbonated beverages.
- Sip slowly and steadily throughout the day.
- No gulping fluids.
- No alcohol for the first six months and then sparingly, thereafter.
- Limit caffeine.

Days 3-6 Full Liquid Diet

MEAL PLAN:

1. Begin High Protein Full Liquids in addition to Sugar Free Clear Liquids.

RECOMMENDED FOODS:

- All food from previous days, skim or fat-free milk, V8 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) – made with NutraSweet or Splenda. Sugar-free, low-fat pudding (box pudding made with skim milk) All foods from previous days. Try to include protein supplement whenever needed.

- Blended protein shakes with non-fat, sugar-free frozen yogurt smoothies.
- Natural applesauce or creamy peanut butter (use sparingly).
- 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)
- 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.
- 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.

**TIP:** If hunger is a problem, you probably need more protein or fluid. You can add unflavored protein to most foods to increase grams of protein

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.

Days 8-14
-----------

- Slowly add regular foods one at a time; avoid high sugar foods and maintain adequate fluid intake. Maintain protein 70 grams per day.
- Egg/Egg substitute. For example, scrambled and cooked with non-stick cooking spray. Maximum of ¼ of the egg per meal.

**Recommended Foods**

- Baked or canned fish

After Two Weeks  
Regular Diet

Recommends Foods

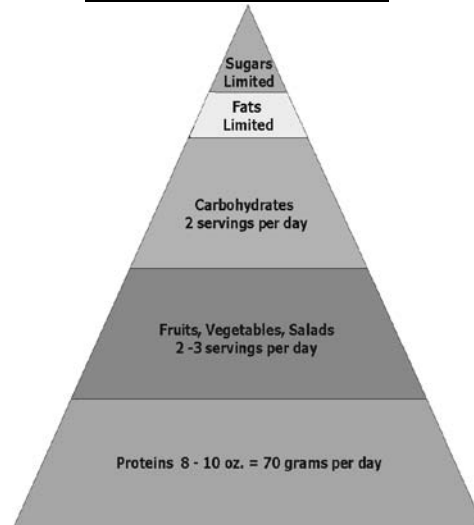
- High Protein and high fiber cereals (not frosted or honey coated)
- Salads
- Protein bars, turkey jerky, chicken, turkey, lean ground beef

**Dietary Recommendations**

**Protein**

- **40 to 70 grams per day**
- **Protein foods:**
  - Lean red meats, pork, chicken
  - Turkey
  - Low fat cheese
  - Eggs
  - Weight Control Oatmeal
- **EAT PROTEIN FIRST**
  - 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

**Bariatric Food Pyramid**



**Carbohydrates**

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

**Fat**

- 25 grams or less
- Use low fat/fat-free products
- Use lean cuts of meat
- Take fat off meat
- Take skin off chicken
- NO fried foods

## Helpful Tips:

- **Caffeine** is a diuretic and can lead to dehydration. Caffeine also stimulates your appetite.
- **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.
- Breeding and/or cornmeal may be difficult to tolerate if you have a band. Consider a small bite as a trial, to test your tolerance, before consuming the usual band serving.
- For band-friendly meals, remember to consume the lean protein first, followed by vegetables and/or fruits then grains.
- Fish is a good source of protein.
- Choose lean cuts of beef and pork that end in “loin” for softer, better-tolerated meats. Avoid meats that are dry, stringy and/or thick.
- **EAT ONLY 3 SMALL MEALS A DAY** - Learn how much your stomach pouch can comfortably hold and do not exceed this amount. Overeating can lead to vomiting.
- **LIMIT SNACKS TO 1-2 PER DAY** - Appropriate snacks include carrot sticks, apple slices and beef jerky and limited to ≤100-200 calories.
- **EAT SLOWLY AND CHEW THOROUGHLY** - Allow plenty of time when eating. Take small bites and 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 45-60 minutes after eating.
- **EAT ONLY HIGH QUALITY FOODS** - Choose lean protein, fruits, vegetables and whole grains.
- **DRINK ENOUGH FLUIDS DURING THE DAY** - As you lose weight your body’s stored fat will metabolize. Drink plenty of fluids to rid your body of waste products. Remember to keep liquids separate from food intake.
- **DRINK ONLY NON-CALORIE LIQUIDS** - Weight loss will be minimal if you drink calorie-containing beverages even if otherwise following the diet guidelines.
- **EXERCISE REGULARLY-** As you lose weight, exercising should become easier. Walking and swimming are good ways to start an exercise routine. Increase activity in daily living.
- Patients who exercise 30 minutes each day 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
  - Jam
  - Chocolate
  - High fat dressings
  - Chips
  - Pie
  - Pastries / Biscuits
  - Gravy
  - Cheese Sauces
- **Carbonated, Alcoholic and Caffeinated beverages**

### ***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
- Certain vegetables like corn, asparagus and celery
- Nuts
- 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](http://www.cbhweightloss.com) or go to another website such as [www.bluegrassbariatrics.com](http://www.bluegrassbariatrics.com), [www.obesityhelp.com](http://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 your 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 intake nutritional evaluation, our dietitian 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.

## **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 beginning 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 specialist.

## Tips for Beginning an Exercise Program:

- An exercise program should be discussed with your primary care provider, the bariatric staff or the physical therapist before starting. Depending on your physical limitations your exercise routine will vary.
- Drink plenty of water during exercise.
- The recommended exercise includes 30 minutes of strenuous activity at least 3 times a week. Cardiovascular activity gets your heart rate up, you should be able to breathe easily and be able to talk during the activity.
- Target heart rate calculation;
  - Maximum heart rate should be  $220 - \text{your age}$
  - 60-80% of maximum is your maximum heart rate is your target heart rate.
    - Example: 40 year old woman
      - $220 - 40 = 180$
      - 60-80% of maximum is 110-140
      - Target heart rate is 110-140 beats per minute
- Warm up and cool down with each exercise time. Follow the instructions given to you by the physical therapist on stretching activities.
- When to stop exercising;
  - Any chest pain or pressure, light-headedness, joint pain (more than at baseline)
- Water aerobics is great for those with arthritis, back pain and joint pain since it is a non-weight bearing activity. Find your local YMCA or community center and see if they have an indoor pool available and water aerobics classes.
- A good goal is 10,000 steps per day. Buy a pedometer and see how many you are getting in a day.

Start your exercise program today!





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.

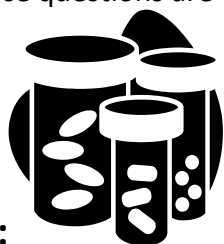


## Insurance & Financial Considerations

*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, and 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 paying with a personal check, we must post it 2 weeks before surgery. AMEX is not accepted. Visa and MC are.
- If you are using a financing company such as Care Credit, or BLIS Financing, CBH must receive payment from 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.

## What Steps Must I Take Before I See My Surgeon?

When you leave from your Intake appointment, your bariatric healthcare provider will have discussed with you specific steps you are responsible to take care of with your primary care provider between now and your appointment with your surgeon. This will be given to you in *writing*, called your **Consult Plan**.

**The following necessary steps will be discussed with you at your intake appointment and include:**

- Complete the My Informed Choice Education at [www.myinformedchoice.com](http://www.myinformedchoice.com).
- Having your primary care provider complete the bariatric referral form.
- Obtaining a letter of support from any specialist that provides you care (i.e. heart doctor, lung doctor, cancer doctor).
- Complete other necessary exams, lab work, etc.
- Stop any necessary medications and smoking as instructed by your bariatric healthcare provider.
- Change dietary guidelines as discussed with your bariatric healthcare provider and Dietitian.
- Start to modify your eating behaviors as necessary and initiate exercise program after clearing it with primary care provider.

Monitor dietary intake by keeping a food journal.

### 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 sit in on a question and answer session with a group of patients who are interested in the same surgical option. Your surgeon will be present for this discussion.

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.

### Before Surgery

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

- 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.
- Nothing by mouth after midnight. This includes gum, mints and/or water.
- PLEASE brush your teeth and gargle with Listerine twice each day.

## Day of Surgery

- You may shower, and then use the 2<sup>nd</sup> 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.

## After Surgery

### Pain Control

Pain medication is available to you should you need it. Please ask the nurse. You may be given a prescription for pain medication at home; however, Tylenol as directed will work for most LGCP patients.

There may be some minor pain, especially where your port is located (usually the longest incision), which should improve on a daily basis. Pain should not suddenly get worse or more intense. You should contact BBSA with worsening, constant or severe pain. Any sudden pain in the lower extremities with associated warmth and redness should be called into BBSA immediately. Do not rub or massage this area.

### *Nausea and Vomiting*

You will have medication to treat nausea or vomiting. One of the most important things after bariatric surgery is to avoid vomiting. Notify your nurse immediately if you feel nauseated or vomit. You will be allowed ice chips then liquids after surgery if you are not vomiting. Take small sips to prevent vomiting.

The following are possible causes for Nausea/Vomiting:

- 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.
- If you are frothing, have difficulty swallowing normal secretions or have persistent or prolonged nausea and vomiting, please call your surgeon's office immediately.
- 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**

You will get up to a chair and walk soon after surgery; the nurse or assistant will help you the first time you get up. 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.

***When you are discharged please remember that if your home is a distance greater than 30 miles, you will need to stop every 30-45 minutes and walk 5-10 minutes each time.***

### ***Urine***

*If you do not urinate within 8 hours after surgery, you must go to the nearest emergency room or contact your surgeon immediately. 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.*

### ***Bowel Movements***

You may not have a bowel movement for 2-5 days after going home. You may also experience loose stools for a day or two. If so, increase your fluids to avoid dehydration. Some patients may experience constipation that can be treated with increasing fluids, drinking warm liquids and/or increasing activity. Pain medication can cause constipation.

### ***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***

Unless directed by your surgeon or other prescribing healthcare providers, you may restart your medications. Please continue taking a multivitamin daily. Check with your primary care provider or pharmacist as to which large pills may be split and/or which capsules may be opened and diluted safely. Continue taking Foltx (or generic) until finished. If you still have your gallbladder and were prescribed Actigall<sup>®</sup> or Ursodiol, you may start this medication one week after your surgery. If needed, open and dilute in a liquid, applesauce or yogurt. You will remain on Actigall<sup>®</sup> 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.

## 6-step Guide for the Self-Administration of LOVENOX<sup>®</sup>

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

### Instructions for Use: LOVENOX<sup>®</sup>: Administration with safety device



- 1 Patients should be sitting or lying down while the LOVENOX<sup>®</sup> 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.



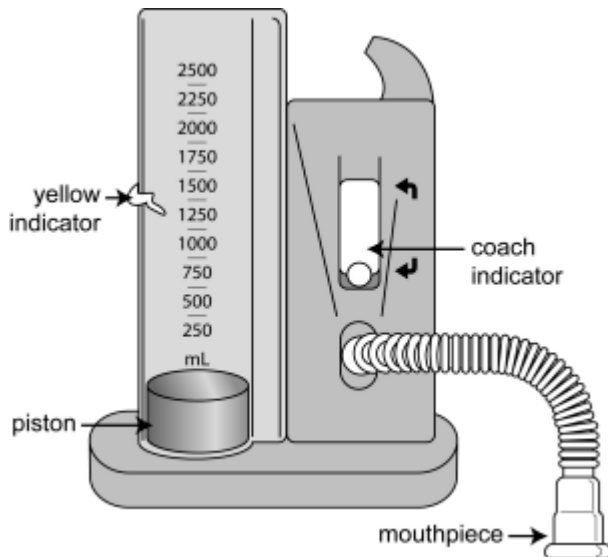
- 5 Pointing the needle away from you and others, activate the LOVENOX<sup>®</sup> safety device by firmly pushing the plunger. The protective sleeve will automatically cover the needle, and an audible “click” will confirm shield activation.



- 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.

## Miscellaneous areas of importance following surgery

### Alcohol

Alcohol is not broken down like most other foods in the digestive process. It is absorbed through the stomach and intestine lining and without food in your stomach it only takes 20 minutes. Alcohol is also a diuretic causing you to lose fluids. Body size, gender, and weight all play a role in your body's ability to break down alcohol. Weight loss surgery and the change of your digestive track greatly alter your ability to absorb alcohol. Most find a greater sense of effect on fewer drinks. Alcohol is 100% "empty" calories. It carries no nutrient/vitamin/mineral benefits.

- Calorie content
  - 12 ounces of regular beer has 150 calories
    - A six pack of beer has 900 calories
  - 5 ounces of wine has 100 calories
  - 1.5 ounces of liquor has 100 calories
  - Mixed drinks would have higher caloric value due to the sugar based liquids used.
- Alcohol can cause limited absorption of many vitamins, including B1 (thiamine).
- Alcohol is a depressant.
- It is possible to change an addiction to food for an addiction to alcohol, if at any time you or someone you know is concerned about your drinking please talk to your primary care provider or a clinician at BBSA.

### Key points to remember:

- Please review [Appendix B](#) for potential questions you may have and possible solutions.
- LGCP surgery and your "new" stomach are a tool. You must incorporate the above healthy lifestyle changes to be successful.
- You need to get at least 70 grams of protein a day.
- Take your vitamins as prescribed.
- Keep your follow-up appointments to get your lab values checked.
- 64 ounces of fluid daily, sugar-free, caffeine-free, non-carbonated.
- Attend a support group meeting as much as possible.
- Call Bluegrass Bariatric Surgical Associates office or on-call bariatric clinician with any questions (859) 543-1577.

## APPENDIX B

### Common Problems and Solutions

Symptoms	Cause	Treatment
Excessive salivation (Frothing) Heartburn Nausea Regurgitation Pain, pressure, fullness in chest	Food not passing through the pouch correctly. Did not chew well enough.	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.
Nausea and vomiting	Common to feel nauseated for few weeks-months after surgery. Advancing diet quicker than instructed.	Liquid protein supplement to keep nutritional level up. Do not advance diet, follow the guidelines.
Frothing or excess salivation	Mucus backing up into the esophagus causing a clear vomit.	Small bites, chew well, follow dietary guidelines. Drink warm fluids.
Gas pains Shoulder pain Foul smelling gas	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.	Gas-X, liquid Mylicon, Mylanta for some symptom relief. Deep breaths and activity will remove air from abdominal cavity.
Hair thinning or shedding	Lack of protein and vitamins/minerals. Due to anesthesia.	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.
Bowel habit changes	Change in diet.	Constipation: increase fluids to 64 oz 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.

## 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

This manual was created September 24, 2009. Modified June 14, 2011.



## Laparoscopic Greater Curvature Plication (LGCP) Owners Manual

**CENTRAL BAPTIST HOSPITAL**

*Surgical Weight Loss Center*

1-800-935-4083 • [www.cbhweightloss.com](http://www.cbhweightloss.com)



Center of  
Excellence  
BARIATRIC SURGERY

