BARIATRIC SURGERY
Patient Handbook
A Guide to Your Bariatric Care at Wilmington Health
Introduction

The Wilmington Health Bariatric Surgery team is here to help you with your weight-loss journey!

Wilmington Health’s Bariatric Surgery Program is dedicated every step of the way in your treatment plan, as our ultimate passion is serving as your support team on your path to improved health and wellness. Bariatric surgery has exponential benefits, including lower blood pressure, increased activity, maintenance of a healthier weight, normal blood sugars, and more!

Sometimes obesity cannot be treated by diet and exercise alone. Bariatric surgery could be the best option for patients who are severely obese and are unable to lose weight by traditional means and/or suffer from serious obesity-related health problems. Our Bariatric Surgery team includes expert physicians and clinicians who are ready to provide you excellent care and help you reach your weight-loss goals.

About Jayme B. Stokes, MD

Dr. Jayme Stokes is a board-certified, experienced general surgeon with over 14 years of surgical experience. He received his Bachelor of Science in Biology at East Carolina University in Greenville, North Carolina. He earned his medical degree from East Carolina University-Brody School of Medicine in Greenville, North Carolina.

He completed his general surgery residency and minimally invasive surgery fellowship at the University of Virginia Health System in Charlottesville, Virginia.

Licensures/Certifications:
American Board of Surgery
Advanced Trauma Life Support

Professional Associations:
American College of Surgeons
American Society of Metabolic and Bariatric Surgery
Society of American Gastrointestinal and Endoscopic Surgeons
American Hernia Society

Jayme B. Stokes, MD
Your Booklet Includes

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Contact Information

Wilmington Health
Bariatric Surgery
☎ 910-763-6289 phone
910-251-1420 fax
wilmingtonhealth.com/bariatrics

Chrysalis Center
☎ call or text 910-790-9500

E-mails can be sent through the Wilmington Health Patient Portal.
Preparing for Bariatric Surgery

PATIENT CHECKLIST

Getting bariatric surgery approved by your insurance takes multiple steps. Please bring this book to any appointment related to your bariatric surgery.

- **Surgical Consultation**
  Consult weight: _______
  You must not gain weight during the pre-operative evaluation process. Failure to maintain your consult weight or lose weight may result in delay of your surgery or termination of your participation in the program.

- **Medically supervised weight loss with dietitian and mental health assessment**
  Our office will submit referrals to the Nutritionist and mental health professional. A mental health evaluation is required prior to surgery.

**Medically Supervised Weight Loss**

Preparing for bariatric surgery requires patients to understand healthy nutrition and to adopt these strategies prior to undergoing surgery. This is best achieved through a program of medically supervised weight loss. During this program, you will need to meet with our dietitian on a monthly basis for the time required by your insurance. A medically supervised weight-loss program includes:

- Keeping within the calorie goal your tracking tool specifies, cutting portion sizes, and eating high-quality food.
- Drinking 64 ounces of fluids daily, and start reducing how many caffeinated and carbonated beverages you drink.
- Exercising three times a week for at least 20 minutes, and move up to 45-60 minutes, three to five days a week, when you can. If you can’t exercise due to a health condition, you can do physical therapy exercise or water therapy.
- Not gaining weight during the insurance approval process.

- **EGD, upper endoscopy**
  Our office will schedule this procedure. Previous EGD records must be submitted to our office if done outside of Wilmington Health.

- **Mammogram** (women over 40 within the last 12 months)

- **Sleep apnea screening**, if indicated
  Our office will submit a referral to a Pulmonologist. Previous sleep study records must be submitted to our office if done outside of Wilmington Health.

- **Pulmonary clearance**, if indicated
  Our office will submit a referral to a Pulmonologist if you do not have an existing provider.

- **Cardiac clearance**, if indicated
  Our office will submit a referral to a Cardiologist if you do not have an existing provider.

- **EKG** (within the last 12 months)

- **PCP pre-op visit, labs, clearance letter**
  After all of the steps have been completed, we will send a letter to your PCP to schedule a pre operative clearance appointment. The letter will provide exact details of what labs must be completed. If missing a mammogram or an EKG, they can be ordered by your PCP during this visit. The PCP must submit a letter stating they support your decision, that you are a good candidate and medically fit for gastric surgery.

If you have any questions, please call 910-763-6289. You are responsible for keeping track of when you complete the necessary steps and letting Wilmington Health know when you have fulfilled all the requirements.

When the pre-op process is complete, we will turn in all documentation to your insurance company for authorization.
You must follow these post-operative guidelines for a successful bariatric surgery.

PROTEIN
- Goal: 60-80g of protein per day.
- High-protein foods include meat, fish, poultry, beans, dairy, eggs, and soy.
- Your dietitian will make specific recommendations regarding protein supplements.

CARBOHYDRATES
- Goal: 100-120g per day.
- Foods to limit: bread, rice, pasta, cereal, sugar, and processed carbohydrates like crackers and chips.

SUGAR AND FAT
- Goal: limit sugar and fat to less than 10g of each per meal and/or snack.
- Goal: 30-40g of fat per day.
- High-sugar, high-fat foods cause dumping syndrome/intolerance and hinder weight loss.

FLUIDS
- Drink 48-64 oz. of fluids daily.
- All drinks must be sugar-free and zero calories.
- Avoid carbonated beverages, excess caffeine, and straws.
- Follow the 30/30 rule—do not drink 30 minutes before, during, or after meals.

EATING HABITS
- Eat three meals and two to three snacks per day.
- Measure portions.
- Three 4 oz. (½ cup) meals will be the new normal portion sizes.
- Eat slowly and chew each bite well—take 20-30 minutes to eat.

SUPPLEMENTS
- It is a lifetime commitment to take prescribed vitamins and supplements.
- Chewable vitamins including multivitamin, calcium, B12.
- Your dietitian will make recommendations for quality bariatric vitamins.

PLANNING AND TRACKING
- Plan when you will eat, drink, and exercise!
- Use MyFitnessPal or some type of tracker to assist with food choices and planning.

PHYSICAL ACTIVITY
- Start with 20 minutes of activity three days a week.
- Patients with decreased mobility may do physical therapy exercises.
- Work up to 45 and then 60 minutes, with a goal of at least three to five days a week.
- Exercise must be planned in your schedule and be realistic.

QUICK TIP
Protein in double digits
Fat and sugar in single digits
Nutrition Guidelines

DIET PROGRESSION

The weight-loss surgery diet progression is divided into four stages, outlined below. If you have trouble moving from one level to the next, it is okay to stay at the current level for a few additional days. If still unable to progress, please notify your surgeon that you are having difficulty. After the first month, your new, healthy eating routine needs to be a sustainable lifestyle, not a diet.

Level 1: Sugar-Free, Clear Liquids (days 1-2)
- These are liquids you can see through and have a water consistency.
- Consume sugar-free, clear liquids such as water, broth, Jell-O, and zero-calorie flavored waters.
- Sip slowly and pay attention to your feelings of fullness.
- Aim for 1 oz. every 10-15 minutes or 4 oz. per hour.
- Aim for a minimum of 4-8 oz. per waking hour.
- Goal: 48 oz. of fluids daily.
- Avoid straws and gum.
- You may initially be sensitive to hot or cold fluids.

Level 2: Full Liquids + Protein Shakes (days 3-14)
- Continue sugar-free, clear liquids and add full liquids.
- Continue to avoid caffeine, carbonated drinks, sugary beverages, and alcohol.
- Full liquids include protein shakes; skim milk; and fat-free, sugar-free milk products.
- Start multivitamin, calcium, and B12 after several days of full liquids.
- Goal: 48-64 oz. of fluids.
- Goal: 60-80g of protein daily.

Level 3: Blended/Pureed Food (days 15-28)
- All foods you eat must be the consistency of smooth, thin applesauce or yogurt.
- Everything you have had until now is still allowed.
- Avoid seeds, skins, and chunks.
- Stay with this level until you are four weeks out from surgery.
- Eat up to ½ cup, 4-6 times a day.
- Each small meal should have 10-15g of protein (keep track).
- Take small bites and eat slowly (20-30 minutes).
- Follow the “30 Rule.”
- Your protein shakes can count toward your fluid goal.
- Goal: 48-64 oz. of fluid.
- Goal: 60-80g of protein daily.

Level 4: Soft Foods (start after 4-week post-op visit)
- The general rule is “Can I mash this food with a fork?”
- Eat up to ½ cup (4 oz.) 4-6 times a day.
- Anchor your meals with protein.
- Eat slowly (20-30 minutes); take small bites, and chew very well.
- Continue to follow the 30/30 rule for fluids between meals.
- Taste and flavors may change after surgery, so be open minded.
- Goal: 48-64 oz. of fluid.
- Goal: 60-80g of protein daily.

Solids – Your new normal!
- Try new foods one at a time!
- Avoid eating dried out foods—moisture is important.
- Eat up to ½ cup (4 oz.) 3-4 times a day.
- Eat slowly (20-30 minutes); take small bites, and chew well.
- Continue to follow the 30/30 rule for fluids between meals.
- Goal: 48-64 oz. of fluid.
- Goal: 60-80g of protein daily.
<table>
<thead>
<tr>
<th>FOOD</th>
<th>SERVING SIZE</th>
<th>GRAMS OF PROTEIN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meat and Seafood</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lean beef</td>
<td>1 oz. cooked</td>
<td>8</td>
</tr>
<tr>
<td>Lean pork</td>
<td>1 oz. cooked</td>
<td>8</td>
</tr>
<tr>
<td>Lean chicken</td>
<td>1 oz. cooked</td>
<td>8</td>
</tr>
<tr>
<td>Fish/shellfish</td>
<td>1 oz. cooked</td>
<td>6</td>
</tr>
<tr>
<td>Tuna (canned)</td>
<td>1 oz.</td>
<td>7</td>
</tr>
<tr>
<td>Lunch meat</td>
<td>1 oz. (2 thin slices)</td>
<td>4</td>
</tr>
<tr>
<td><strong>Dairy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egg</td>
<td>1 large</td>
<td>6</td>
</tr>
<tr>
<td>Egg whites</td>
<td>1 large</td>
<td>3.5</td>
</tr>
<tr>
<td>Skim or 1% milk</td>
<td>1 cup</td>
<td>9</td>
</tr>
<tr>
<td>Low-fat, low-sugar Greek yogurt</td>
<td>4-6 oz.</td>
<td>15-18</td>
</tr>
<tr>
<td></td>
<td>5.3 oz.</td>
<td>10-12</td>
</tr>
<tr>
<td>Light yogurt</td>
<td>6 oz.</td>
<td>5</td>
</tr>
<tr>
<td>Reduced-fat, 2% cheese</td>
<td>1 oz.</td>
<td>7</td>
</tr>
<tr>
<td>Low-fat, 1% fat cottage cheese</td>
<td>½ cup</td>
<td>13</td>
</tr>
<tr>
<td>Sugar-free, fat-free instant pudding</td>
<td>½ cup (made with skim milk)</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>High-protein recipe</td>
<td>7</td>
</tr>
<tr>
<td>No-Sugar-Added Carnation Breakfast Essentials</td>
<td>One packet (made with 1 cup skim milk)</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>High-protein recipe</td>
<td>21</td>
</tr>
<tr>
<td>Non-fat dry milk powder</td>
<td>1 Tbsp.</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>¼ cup (add to low-protein foods)</td>
<td>8</td>
</tr>
<tr>
<td><strong>Beans and Nuts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fat-free refried beans</td>
<td>½ cup</td>
<td>6</td>
</tr>
<tr>
<td>All beans (black, kidney, pinto, etc.)</td>
<td>½ cup</td>
<td>7.5 (average)</td>
</tr>
<tr>
<td>All nuts</td>
<td>1 oz. (¼ cup)</td>
<td>6.5 (average)</td>
</tr>
<tr>
<td>Hummus</td>
<td>¼ cup</td>
<td>4</td>
</tr>
<tr>
<td><strong>Meat Substitutes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egg beaters</td>
<td>½ cup</td>
<td>12</td>
</tr>
<tr>
<td>Tofu</td>
<td>3 oz.</td>
<td>11</td>
</tr>
<tr>
<td>Veggie burger (soy, bean, veggie)*</td>
<td>1 burger</td>
<td>11-16</td>
</tr>
<tr>
<td>Veggie sausage patty*</td>
<td>1 patty</td>
<td>12 (average)</td>
</tr>
</tbody>
</table>

*Name brands: Morningstar Farms®, BOCA Burger®, Gardenburger®, Amy’s®. Use a food scale and read all food labels for accurate protein content.
**TWO COMPLETE MULTIVITAMINS**

(one multivitamin two times/day, A.M. and P.M.)

- Your multivitamin should include at least 12 mg of thiamine and 400-800 mcg of folic acid (folate).
- It should also contain 8-22 mg zinc, 2 mg copper, and selenium.
- Avoid gummy vitamins, which are usually not complete vitamins and can lead to serious deficiencies.
- You may switch to a non-chewable multivitamin as tolerated (3-6 months post-op).
- Note: If you are taking a regular multivitamin and the dose is one per day, then you would need to double the dose to two per day. If you are taking a “Bariatric Multivitamin,” follow the dosage on the label.

**B12**

- 350-500 mcg sublingual B12 daily
- Nascobal Intranasal B12 nasal spray weekly

**CALCIUM WITH VITAMIN D3**

- Take calcium citrate with or without food. Take calcium carbonate with meals.
- You may switch to a non-chewable form of the calcium citrate as tolerated (3-6 months post-op).
- 1200-1500 mg/day in divided doses.
- Total vitamin D supplementation should equal about 3000 IU/day (including what is in your multivitamin).

**IRON SUPPLEMENT**

Start four weeks post-op.

Premenopausal females and those at risk for anemia: Take 45-60 mg of iron total daily.

Men and post-menopausal females: Take 18 mg iron/day.

- The ferrous fumarate form of iron is recommended for best absorption.
- Take iron two hours apart from your calcium supplement.
PRE-OP SHOPPING LIST

Proteins
- Canned tuna, chicken, and salmon
- Eggs
- Skim or 1% milk
- Low-fat, low-sugar Greek yogurt
- Low-fat or 2% cheese and cottage cheese
- Fat-free refried beans

Blending Foods
- Low-fat or fat-free, high-protein soups
- Broth or bouillon
- Skim or 1% milk

Other Foods
- Fat-free, sugar-free gelatin and pudding
- Vegetables (frozen, fresh, or canned)—cook vegetables well and纯e before eating
- Fruit (frozen, fresh, or canned in juice)—puree before eating
- Oatmeal, grits, Cream of Wheat
- Applesauce (no sugar added)
- Sugar-free popsicles

Drinks
- Water
- Decaf diet iced tea
- Sugar-free drink mix
- Zero-calorie flavored water
- Decaf hot tea and coffee
- Sugar-free Gatorade (G2), Propel Zero®, PowerAde Zero®
- Skim or 1% milk

Meal Supplies
- 2 oz. and 4 oz. plastic containers
- Water bottles with ounces marked
- Baby spoons and forks
- Baby bowls and plates
## BEVERAGES TO CHOOSE

<table>
<thead>
<tr>
<th>WATER is best!</th>
<th></th>
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</thead>
</table>
| **Water enhancers** | Crystal Light  
Mio  
Stur  
SweetLeaf Sweet Drops  
Skinnygirl  
True Lemon Fruit Infusions |
| **Liquid & flavored sweeteners** | Pure Via liquids  
Sweet Drops by Stevia |
| **Juices** | Minute Maid Light  
Diet Juices  
Diet V8 Splash |
| **Sports drinks** | Gatorade G2  
Propel Zero  
Vitamin Water Zero  
PowerAde Zero |
| **Soft drinks** | Fuze  
SoBe Lifewater zero  
Diet Snapple  
Ocean Spray PACt Cranberry Extract  
Water |
| **Coffee & tea** | Decaf diet or unsweetened iced tea  
Diet green tea  
Decaf hot tea or decaf coffee |

### Avoid

- Carbonation
- Straws
- Drinks with sugar, more than 5 calories/serving, and excess caffeine

*Be sure to look at the nutrition label to make sure there is no sugar.*
LEVEL 1 SAMPLE MENU

8 A.M. .................... 4 oz. broth (This may take a full hour to consume.)
9 A.M. .................... 4 oz. water
10 A.M. ................... 4 oz. sugar-free, calorie-free gelatin
11 A.M. ................... 4 oz. water
Noon ...................... 4 oz. broth
1 P.M. ..................... 4 oz. Crystal Light
2 P.M. ..................... 4 oz. broth
3 P.M. ..................... 4 oz. sugar-free, calorie-free lemonade
4 P.M. ..................... 4 oz. sugar-free flavored water
5 P.M. ..................... 4 oz. broth
6 P.M. ..................... 4 oz. sugar-free tea
7 P.M. ..................... 4 oz. broth
8 P.M. ..................... 1 sugar-free popsicle or gelatin
9 P.M. ..................... 4 oz. water
10 P.M. .................... 4 oz. Crystal Light
11 P.M. .................... 4 oz. water

Note:
½ cup = 4 oz.
This is a minimum for each hour. If you are able to drink more, you may do so.
LEVEL 2 SAMPLE MENU

8 A.M. ............... 4 oz. high-protein hot cocoa
9 A.M. ............... 4 oz. Crystal Light
10 A.M. .......... ½ protein shake
11 A.M. .............. 1 sugar-free, calorie-free popsicle
Noon .................. 4 oz. high-protein broth
1 P.M. ............... 4 oz. light Greek yogurt
2 P.M. ............... 4 oz. Crystal Light
3 P.M. ............... 4 oz. water
4 P.M. ............... ½ protein shake
5 P.M. ............... 4 oz. sugar-free flavored water
6 P.M. ............... 4 oz. broth
7 P.M. ............... 4 oz. high-protein pudding
8 P.M. .............. 1 sugar-free, calorie-free popsicle
9 P.M. ............... 4 oz. water
10 P.M. ............. 4 oz. Crystal Light
11 P.M. ............. 4 oz. diet cranberry juice

Note: Each protein drink should provide 20-25 grams protein. To start: ½ ready-made protein shake four times first day or two, a day with clear liquids in between.
HIGH-PROTEIN SNACKS
Everything you eat should be high in protein and low in fat and sugar.

• ½ cup low-fat cottage cheese with ½ cup fresh fruit (13g protein)
• 1 mozzarella string cheese with 6 whole-grain crackers (9g protein)
• 5 oz. light yogurt with ¼ cup fresh fruit (8g protein)
• 1 cup light vanilla soymilk (6g protein)
• ½ of a light “Flat Out” wrap with ¼ cup 2% cheddar cheese, melted (11g protein)
• ½ cup fat-free refried beans with ¼ cup 2% cheddar cheese, melted (13g protein)
• 1 veggie or black bean burger (Morningstar Farms® or Gardenburger®) (10g+ protein)
• ½ cup cooked edamame (green soybeans) (11g protein)
• 5 oz. Greek yogurt (20g protein)
• ½ cup sugar-free, fat-free pudding and 2 Tbsp. skim milk powder (9g protein)

HIGH-PROTEIN TREATS

• ½ of a protein bar that meets nutrition guidelines (10g+ protein)
• Chobani Bites (8-10g protein; watch sugar content)
• Triple Zero, 80- or 100-calorie Greek yogurt (12-15g protein)
• ½ pack RAP Protein Gummies (10g protein)
• ½ cup fat-free chocolate pudding with 2 Tbsp. of PB2 (9g protein)

HEALTHY FATS

• Use low-fat cooking methods: bake, broil, boil, sauté, and grill foods.
• Avoid fried foods!
• Use healthy oils or cooking spray in small amounts.

FOOD INTOLERANCE

• Some patients experience “dumping syndrome” when eating sweets and high-fat foods.
• Dumping syndrome occurs when food exits the stomach pouch rapidly and “dumps” into the intestine. This causes the gut to pull water from the rest of the body to quickly eliminate the food. This is most common with gastric bypass.
• Symptoms include:
  Urgent diarrhea
  Nausea
  Light headedness
  Flushing
  Sweating
  Bloating
  Gas
  Stomach cramps
Surgery Information

This page will be completed by the nurse at your pre-operative appointment.

Procedure: ________________________________

Date: _________ / _________ / _________       Estimated Surgery Time: _________ AM/PM

Location:

☐ New Hanover Regional Medical Center Surgical Pavilion, 17th Street

You will receive a call the evening before your surgery to advise of check in time. If you DO NOT receive a call by 8 pm, please call 1-877-343-7649. If there is no answer, leave a brief message and your call will be returned as soon as possible. Please DO NOT leave multiple messages.

☐ Phone interview or Pre Admission Testing Appointment:

NHRMC Medical Mall Assessment Nurse will telephone you up to 1 business day before your surgery date to complete a phone interview or schedule an appointment at NHRMC Medical Mall prior to your surgery. Take this packet with you.

If you do not hear from the Medical Mall please call 910-667-7150

Preparation:

1. Nothing to eat or drink after midnight. This means NO food, water, gum, hard candy, use of tobacco products or e-cigarettes. Dr. Stokes will provide instructions for any patients needing to follow additional preparation (i.e. clear liquid diet).

2. For Safety: Help prevent Infection and surgical complications by:
   • Showering with Chlorhexidine or any antibacterial soap according to instructions from medical mall.
   • Do not shave near the surgical area for 3 days prior to surgery.
   • Contact your surgeon immediately if you have any open wounds, infections, toothache, cold, flu, or other illness within 72 hours before surgery.
   • Plan ahead to have your home, bed linens and bathroom clean for after discharge.
   • Make sure you have provided us with an accurate home medication list and inform your surgeon if you take blood thinners (even aspirin or anti-inflammatory medicines).

3. Do bring a current medication list.

4. Sleep Apnea: If you have sleep apnea and use a c-pap or bi-pap machine, please bring your mask and setting. If you do not know your settings, call your supplier.

5. Should you have emergent concerns regarding your post-operative care, please call our office at 910-763-6289 nights and weekends to reach the surgeon on call.

SPECIALIZED PREPARATION/ADDITIONAL INSTRUCTIONS:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
BARIATRIC SURGERY DISCHARGE INSTRUCTIONS

Important phone numbers
Always remember, you can call us with any questions or concerns.

Wilmington Health Bariatric Surgery
☎ 910-763-6289
Appointments, nights, weekends and emergencies

Call immediately if you have the following:
- Constant nausea and/or vomiting (if you can't keep clear liquids down)
- Abdominal pain that prescribed medication isn’t helping
- Redness, swelling, drainage, or foul odor by your incision
- Fever higher than 101.5 degrees
- Opening or pulling apart at the incision site
- Anything that is not normal to you
- If you are having difficulty having a bowel movement following surgery (no bowel movement for the first five days), you can take a cap of Miralax daily for three days until your bowels begin to move.

Activity and lifestyle restrictions
- Try to walk around a little bit every day, and rest when you need to.
- The medicine used to make you sleep during surgery might make you feel like you have a hangover. If you can’t sleep at night, walk around or watch TV.
- Difficulty concentrating and crying for no reason are not abnormal after surgery and usually stop after two weeks.
- Do not lift anything that weighs more than 10 pounds for at least two weeks after surgery (10 pounds weighs about as much as a gallon of milk).
- You can start doing light housework one week after surgery, but do not vacuum or do any heavy lifting.
- Walk every day and slowly work your way up to two miles per day. If you want to try a different form of exercise, please call our office.
- If your surgeon clears you, you can start driving two weeks after surgery (if you are done with narcotic medications and you aren’t restricted from moving).
- You can return to work when your surgeon clears you.
- Do not smoke.
- Some patients require less blood pressure and glucose medicine after surgery. Call Wilmington Health Bariatric Surgery if you think you might need less of your medication.
After Your Surgery

BATHING OR SHOWERING
• You may begin to shower daily as you did prior to surgery.
• If you have a drain, it can get wet but should not be put under water in the tub or a pool. You can safely wash over your incisions with soap and water.
• AVOID tub baths until your doctor says you can start taking them again.

SEXUAL RELATIONS AND PREGNANCY
• You can resume sexual relations around two weeks after surgery, as long as it is comfortable for you.
• Use an effective form of birth control, because you should avoid getting pregnant in the first 18 months after surgery.
• Talk to your surgeon and obstetrician or primary care provider before you decide to stop using contraception.

TAKING MEDICATIONS
• Talk to your pharmacist or physician before your surgery about the medications you take and how they should be taken after surgery.
• We will give you a prescription for liquid pain medication when you are discharged. After a week, liquid Tylenol should meet your pain control needs.
• Do not take non-steroidal, anti-inflammatory medications (NSAIDS) or any other medication unless your surgeon has approved their use. NSAIDS are fairly safe medications, but side effects can include stomach ulcers and bleeding. Before you return home, talk to your doctor about all medications that you regularly take at home.

PRESCRIPTION AND NON-PRESCRIPTION NSAIDS

<table>
<thead>
<tr>
<th>GENERIC NAME</th>
<th>COMMON BRAND NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aspirin (salicylate)</td>
<td>• Bayer, Ecotrin, Ascriptin</td>
</tr>
<tr>
<td>• Salicylate derivatives</td>
<td>• Trilisate, Disalcid</td>
</tr>
<tr>
<td>• Diclofenac</td>
<td>• Voltaren</td>
</tr>
<tr>
<td>• Etodolac</td>
<td>• Lodine</td>
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<tr>
<td>• Ibuprofen</td>
<td>• Advil, Nuprin, Motrin</td>
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<td>• Indomethacin</td>
<td>• Indocin</td>
</tr>
<tr>
<td>• Ketoprofen</td>
<td>• Orudis</td>
</tr>
<tr>
<td>• Ketorolac tromethamine</td>
<td>• Toradol</td>
</tr>
<tr>
<td>• Nabumetone</td>
<td>• Relafen</td>
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<tr>
<td>• Naproxen</td>
<td>• Aleve</td>
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<tr>
<td>• Oxaprozin</td>
<td>• Daypro</td>
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<tr>
<td>• Piroxicam</td>
<td>• Feldene</td>
</tr>
<tr>
<td>• Sulindac</td>
<td>• Clinoril</td>
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</tbody>
</table>
FOLLOW-UP APPOINTMENTS

We need to closely monitor you after surgery, so it’s important to keep your appointments. We understand that you may need to reschedule an appointment, and that is okay! If you miss an appointment or don’t reschedule, we will try to get in touch. We want you to lose weight safely and successfully!

Brandy Rhodes, FNP, is a nurse practitioner with our bariatric team and will be involved in your care after surgery. Your surgeon will see you for the first visit after surgery, and either Dr. Stokes or Brandy will see you for all other visits.

You will need to see your bariatric surgical team:
- Two weeks after surgery
- Four weeks after surgery
- Three months after surgery
- Six months after surgery
- One year after surgery
- Yearly

We highly recommend monthly follow ups with your bariatric dietitian at the Chrysalis Center for ongoing support and accountability to maximize your success on this journey.

RESOURCE LIST

Online resources
- www.obesityaction.com
- www.obesityhelp.com
- www.wlslifestyles.com
- www.bariatriceating.com
- www.bariatriccookery.com
- Wilmington Virtual Bariatric Support Facebook Group

Online support groups & forums
- Bariatric Pal: www.bariatricpal.com
- Banded Living: www.bandedliving.com
- Bariatric Foodie: bariatricfoodie.blogspot.com

Apps to support change
- Baritastic
- My Fitness Pal
- Eat Slow (free), Chew Well (free), Mindful Bite ($0.99)
- Bariatric Pal
- BariMate
SUPPORT GROUP MEETINGS
You should go to support group meetings as much as possible to help you through your lifestyle changes and weight-loss efforts.

HOW TO JOIN A VIRTUAL BARIATRIC SUPPORT MEETING WITH JITSI MEET
1. Download the FREE Jitsi Meet app
2. The link to the virtual meeting is in the e-mail notification and on Facebook https://meet.jit.si/WilmingtonVirtualBariatricSupport
3. When you click on the app, you see several choices
   - Download the app
   - Continue to the app
   - There are international numbers and a pin #
4. If you have downloaded the app, just click “continue to the app”.
5. You cannot do a virtual meeting without the app!
6. Without the app, you can call US number 1-512-402-2718 and enter the pin #1024 9396 86
   - The U.S. number and the pin number are on the page when you click the link
   - The phone call does not allow you to see folks or for them to see you

The virtual meetings are as follows:
The FIRST Tuesday of each month at 6:30 pm
The THIRD Monday of each month at 6:30 pm
WEIGHT LOG

Bring this book with you to each visit to record your weight change and BMI to track your progress.

Pre-op:_________  BMI:________

2 weeks post-op:_______  BMI:_______  Total weight change: _______

4 weeks post-op:_______  BMI:_______  Total weight change: _______

3 months post-op:_______  BMI:_______  Total weight change: _______

6 months post-op:_______  BMI:_______  Total weight change: _______

1 year post-op:_________  BMI:_______  Total weight change: _______

NOTES

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