

Patient Handbook

Transforming your life through weight loss surgery starts today. Our team will educate, support, and encourage you through the process of making behavior and lifestyle changes to maximize your success with our weight loss surgery and wellness program. Our team looks forward to providing you with lifelong support and education toward a healthier you!

41 Donald B Dean Drive. South Portland, ME 04106

Phone: 207-661-6064 * Fax: 207-253-6073 Website: www.mmc.org/weight-wellness-program

Preoperative Checklist

Date_____ Weight_____ Height_____ BMI_____

You will be required to complete the following to prepare for surgery:

- Each patient has a goal to lose weight prior to surgery. We encourage a weight loss goal of 10% of your total body weight
- Counseling and approval from Registered Dietitian; Date Completed: _____
- Eating for Life Course; Date completed: _____
- Counseling and approval from Behavioral Health; Date Completed: _____
- Preoperative Lab Tests; Date Completed: _____
- EGD; Date completed: _____
- Cancer screenings results sent to Weight & Wellness Program. Consult your primary care provider to order what is appropriate for your age.
 - Mammogram; Date completed: _____
 - Pap Smear; Date completed: _____
 - Colonoscopy; Date completed: _____
- Using CPAP? Using BiPAP? Sleep Study; Date completed: _____
- Cardiac Clearance (if needed); Date Completed: _____
- Other clearances (if needed) _____
- Review Group Class; Date Completed: _____

MMC Weight & Wellness Mission Statement

Our mission is to provide patients with an individualized treatment program for the chronic disease of obesity. This may include both medical and surgical options with a goal of losing weight while improving overall health. We have a comprehensive team of health care professionals and are able to provide care for both adults and children. Our team educates and supports patients through the process of making behavior changes to achieve lasting results.

Our goal is for you to experience a healthier tomorrow, starting today!

Program Goals

- To provide compassionate care to patients who meet the criteria for weight loss surgery.
- To provide each patient with accurate and up-to-date information about weight loss surgery, ensuring each patient is educated about the benefits and risks of weight loss surgery.
- To identify the individual needs of each patient and help them through each step of the process. To perform individualized evaluation and treatment plans to provide each patient with the tools for long-term success.
- To provide each patient with a safe surgical experience. Our staff and surgeons utilize evidence-based approaches, the latest technology, and best practices to ensure the safest possible surgical experience.
- To help prevent and improve illnesses caused by obesity to prolong the life of each patient.
- To maintain a long-term, collaborative relationship in order to help each patient achieve and maintain a healthy, realistic, and satisfying weight loss.

Statement of Patient Understanding

- Every patient moves through the program at an individualized pace, on an individualized course.
- Try to avoid comparing your journey with other patients.
- We will always be respectful of our patients and their individual needs.
- We expect that all patients be respectful of our staff.
- Not all patients are appropriate candidates for surgery.
- The bariatric team will discuss each patient's case as a team, including the surgeon, nurse practitioner, physician assistant, nurse, social worker, dietitian and front desk staff.
- Not all patients that register with our program will have surgery.
- A positive relationship must be maintained between the patient and the staff at all times.
- We expect that all patients will commit to long-term follow-up.

Contact Information

Maine Medical Center Weight & Wellness Program

41 Donald B Dean Drive, Suite A

South Portland, ME 04106

Phone: 207-661-6064

Fax: 207-253-6073

Hours of Operation: Monday - Friday, 8:00 am – 4:30 pm

After Hours Calls: 24 hour answering service coverage

The Maine Medical Center Weight & Wellness Program is where patients come to have their routine preoperative and postoperative appointments with the physician assistants or nurse practitioners, dietitians, and social workers.

Your Bariatric Team

As you progress through the preoperative process, you will meet many different members of the multidisciplinary team. Our team is lead by the surgeons but also consists of bariatricians, nurse practitioners, physician assistants, nurses, dietitians, social workers, and an experienced administrative staff.

Surgeons

Kirk Sahagian, DO, FACS

Medical Director Weight & Wellness Program Maine Medical Center

Dr. Kirk Sahagian is a board certified general & bariatric surgeon and weight loss surgery specialist at the Weight & Wellness Program. He is a member of the American Society for Metabolic and Bariatric Surgery (ASMBS). Dr. Sahagian's professional experience includes general, bariatric, and trauma surgery as well as time as the medical director of the bariatric surgery programs at Blanchfield Army Medical Center, Fort Campbell, KY and Gateway Medical Center in Clarksville, Tenn.

Dr. Sahagian earned a bachelor's degree in biology from College of the Holy Cross in Worcester, Mass., and graduated with a doctorate in osteopathic medicine from the University Of New England College Of Osteopathic Medicine. Following medical school, he underwent specialized medical training programs for laparoscopic and endoscopic surgery, sleeve gastrectomy, and robotic surgery.

Lindsay Tse, DO

Dr. Lindsay Tse is a board certified minimally invasive general and bariatric surgeon. Prior to joining MaineHealth, Dr. Tse was the Surgical Director of Care at New England's Esophageal Center where she practiced minimally invasive general and bariatric surgery in Warwick, Rhode Island. She completed her fellowship at the Houston Methodist Hospital in the Texas Medical Center and was a resident at Hackensack University Medical Center Palisades where she served as the Chief Academic and Administrative Resident in her final year.

Dr. Tse completed her medical degree at the New York College of Osteopathic Medicine. Her clinical interests are bariatric surgery (including revisional bariatrics), complex foregut surgeries, common bile duct explorations and advanced flexible endoscopy

Robert Doiron, MD

Dr. Robert Doiron is a board certified general & bariatric surgeon. He was born and raised in Southern Maine. He did my medical school training at the University of Buffalo in New York followed by surgery residency and fellowship training in Bariatric and Minimally Invasive Surgery at the University of California, Davis in Sacramento, CA. His primary focus is to improve patients' lives whether that be in the acute setting or elective surgical setting and offer the benefits of Minimally Invasive Surgery

Administrative Staff

The administrative staff works hard to set up your appointments, compile your paperwork, and make sure your experience at the Weight & Wellness Program is a positive one. They can help you navigate your way through our program.

Medical Bariatricians

Our Medical Bariatricians are physicians who specialize in obesity medicine. Your first appointment at Weight and Wellness will be with a Bariatrician to discuss your medical history, weight history, medications, labs and procedures, and more. This will help the Bariatricians determine the best treatment path for you and provide individualized recommendations. At the visit, you can discuss both medical and surgical management for obesity and which treatment may be best suited for you.

Nursing

The Program Nurses review each patient's medical information to assure candidates are medically appropriate for the program and meet National Institutes of Health criteria for weight loss surgery. The nurses will meet with you before and after surgery to help you complete all of the preoperative requirements and then check on your progress. They are available to address any problems you encounter.

Nutrition

Our Registered Dietitians evaluate each patient's nutrition and weight history, typical daily food intake, and previous weight loss attempts. They provide nutrition counseling to help patients understand the pre and postoperative bariatric diets. Appointments after surgery are geared towards preventing nutritional deficiencies, optimizing weight loss and helping to prevent weight regain. Our dietitians teach classes, lead support groups, as well as meet with patients individually. Our dietitians are available for support and advice between scheduled appointments.

Behavioral Health

The role of the Behavioral Health Clinician is to complete in-depth psychosocial evaluations of patients before surgery. Since weight loss surgery requires a great deal of adjustment and lifestyle change, our BH clinicians help patients to understand and deal with some of the issues surrounding the disease of obesity. They coach patients to utilize positive coping skills and help develop new behaviors that will be important after surgery and beyond. They also lead bi-monthly support groups for patients.

Surgical Policies

Qualifying For Surgery

The first parameter we identify to determine if a patient qualifies for weight loss surgery is Body Mass Index (BMI). BMI is a standard measure used by medical clinics and insurance companies to determine eligibility for surgery. In addition to BMI, our program utilizes other criteria to determine eligibility. Below is a list of criteria our program looks for before approving a patient for surgery.

1. **Body Mass Index (BMI):** BMI \geq 40 or BMI of \geq 35 and obesity related illnesses (diabetes, high blood pressure, or sleep apnea).
2. Failed attempts at non-surgical weight loss methods.
3. Commitment to life-long diet changes and follow-up.
4. A negative nicotine level will be required for current tobacco users.
5. Willingness to participate in the program's appointments and assignments.
6. Patient has at least one support person willing to learn about the surgery.
7. All patients are encouraged to inform their medical legal next of kin of their plans for surgery. This person can also be their support person.

Tobacco policy

We have a strict policy of **not operating on people who use tobacco.**

We require:

1. Negative nicotine level prior to your first appointment, if you are a recent tobacco user
2. Repeated negative nicotine level prior to surgery

The reason we do not operate on tobacco users is because these patients have more complications during and after surgery. Tobacco use can promote the formation of ulcers in your pouch (gastric bypass) and poor wound healing. These ulcers are very serious and can occur at any time after surgery. For this reason, we require that you quit smoking before surgery and do not go back to smoking after the surgery. In pursuing lifestyle changes, a very good place to start is with tobacco cessation.

No show/cancellation policy

We request a 24-hour notice if patients are unable to attend a scheduled appointment. “No Showing” an appointment will delay your progress through our program and may result in dismissal from the practice. Arriving greater than 10 min late for an appointment may require rescheduling of your visit.

Weight Loss Goal

We have a no weight gain goal after your initial appointment at the Weight & Wellness Program. We are a weight loss program and encourage you to start losing weight during the pre-operative process. Your surgeon may ask you to lose additional weight before surgery. Some insurance companies will deny coverage if you gain weight during the program.

Support person

Each patient undergoing surgery should have a support person to help them through the physical and emotional challenges that can be encountered after surgery.

Billing.

When a patient has a visit with the physician/app, nurse, dietitian, behavioral health, or surgeon at the Weight & Wellness Program, a bill will be generated through Maine Medical Center and sent to your insurance company.

After surgery, the patient will receive statements from Maine Medical Center (for fees incurred with the surgery, such as medical supplies and the hospital stay), and Spectrum Anesthesiology.

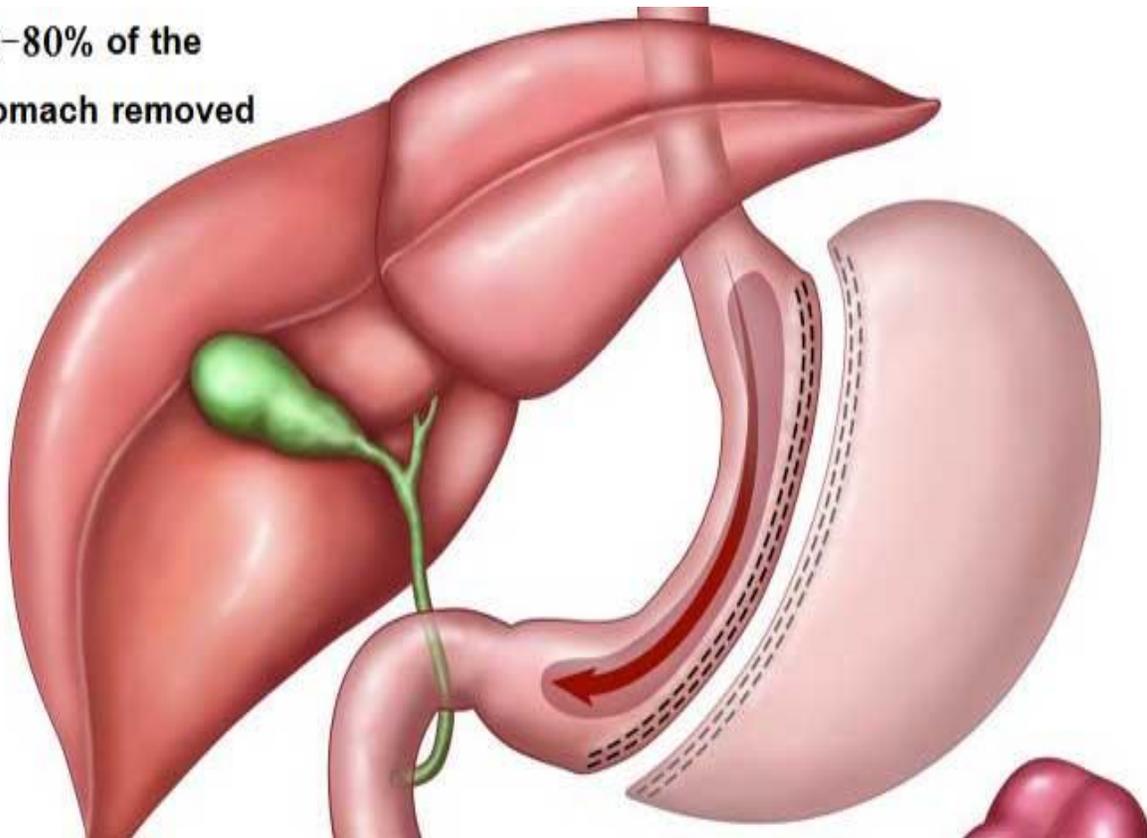
Weight Loss Surgery Options

Our program offers the Vertical Sleeve Gastrectomy and the Roux-en-Y Gastric Bypass. Both surgeries are performed laparoscopically or robotically. These minimally invasive techniques speed recovery, decrease complications, and provide a better cosmetic result.

Vertical Sleeve Gastrectomy (VSG)

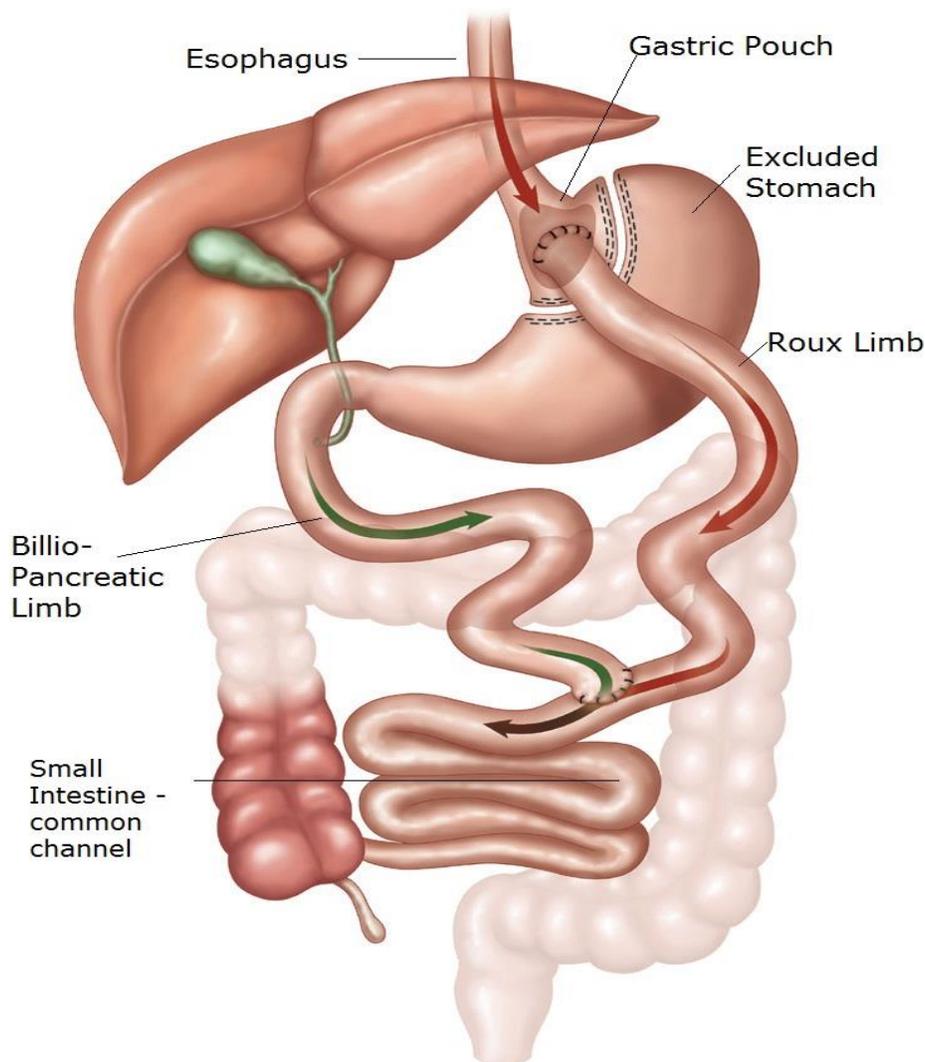
Commonly referred to as the “sleeve”, in this surgery 80% of the stomach is permanently removed. The vertical sleeve gastrectomy begins by placing a tube shaped guide (bougie) down into the stomach which allows the surgeon to fashion a consistent sized sleeve. A banana-shaped tube is created using advanced stapling technology that allows simultaneous cutting of the stomach and securing it with staples. The remainder of the stomach is removed from the body permanently.

**70–80% of the
stomach removed**



Roux-en-Y Gastric Bypass (RYGBP)

The gastric bypass operation begins by separating a small portion of the upper stomach from the main chamber of the stomach. This small portion of the stomach is called the pouch. The rest of the stomach is called the remnant stomach. The remnant stomach remains in place and continues to produce digestive juices. The operation also involves connecting the small intestine to the new small pouch. This allows food to go around (bypass) the remnant stomach and part of the intestine. The stomach and intestine that have been bypassed are reconnected to another part of the small intestine so that digestive juices can rejoin the food stream. This is the second connection, or anastomosis, and it gives the reconfigured bowel a “Y” appearance. This is why the procedure is called a Roux-en-Y gastric bypass.



How It Works

In the end, the mechanism(s) that leads to the success of metabolic surgery is unknown. In fact, there are likely at least 60 mechanisms which contribute to the success of metabolic surgery. One possibility is that since the surgeries result in different changes to the anatomy that they work by different mechanisms. For example, altering where the food actually flows may play a role in how RYGB causes weight loss. However, recent studies have revealed that the increased rate at which food empties from the stomach after both RYGB and VSG may play a more important role in why patients lose weight.

Given the similar changes in body weight, glucose tolerance and speed at which the stomach empties between VSG and RYGB, an alternative explanation on how the operations result in weight loss focuses on the similar changes to patient's physiology after these surgeries. These would include similar changes in gut hormones, bile acids and the normal organisms growing in the digestive tract following the two surgeries.

Mechanical Restriction and Malabsorption are not the primary mechanisms which drive weight loss and improvement of co-morbid illness

Historically, bariatric surgery was thought to lower body weight primarily by physical manipulation of the surgery to **restrict** the stomach size and/or re-routing of the intestine to cause a **malabsorption** of energy. However, this hypothesis has been challenged by multiple studies.

Gut Hormones

Both human and animal research has shown that multiple GI hormones change following RYGB and VSG, and it is possible that each plays an important role; however, no single gut hormone has been identified as the one critical "orchestra conductor" which guides the metabolic success of VSG or RYGB.

Bile Acids

Increase in bile acids in the blood likely contribute to the metabolic effect of weight loss surgery and ultimately weight loss. These acids bind to certain receptors which have been proven to contribute to both weight loss and glucose regulation.

Gut Microbiota

The gut microbiota refers to the normal community of bacteria in the gut composed of several different types. Some of these communities have been shown to be sensitive to dietary changes as well as to changes in body weight. Many studies have linked certain microbiota composition to obesity and metabolic diseases. Metabolic surgery results in a significant change to the gut microbiota. Metabolic surgery could

change the gut microbiota of an obese individual to a population more similar to that observed in a lean individual. Therefore, a 'lean' microbiota population may contribute to the sustained success of metabolic surgery.

Metabolic surgery is effective

Bariatric surgery has been shown to be the most effective and durable treatment for morbid obesity.

Patients typically lose the most weight one-to-two years after surgery, and maintain substantial weight loss with improvements in obesity-related conditions

Patients may lose as much as 60% of excess weight six months after surgery, and 77% of excess weight as early as 12 months after surgery

On average, five years after surgery, patients maintain 50% of their excess body weight loss

Surgery results in significant weight loss and helps prevent, improve or resolve more than 40 obesity-related diseases or conditions including type 2 diabetes, heart disease, obstructive sleep apnea and certain cancers

Studies show surgery reduces a person's risk of premature death by 30-40%

60% reduction in mortality from cancer, with the largest reductions seen in breast and colon cancers

56% reduction in mortality from coronary artery disease

92% reduction in mortality from type 2 diabetes

Metabolic surgery is safe

The Agency for Healthcare Research and Quality (AHRQ) and recent clinical studies report significant improvements in metabolic and bariatric surgery safety

Primary reasons for improved safety include the increased use of laparoscopy, advancements in surgical techniques, and ASMBS and American College of Surgeons (ACS) accreditation program

Laparoscopic bariatric operations increased from 20.1% in 2003 to 90.2% in 2008

Overall mortality rate (chance of death) is about 0.1% — less than gallbladder (0.7%)¹⁴ and hip replacement (0.93%) surgery¹⁵ — and overall likelihood of major complications is about 4.3%

Clinical evidence shows risks of morbid obesity outweigh risks of metabolic and bariatric surgery

Risks After Metabolic Surgery

Short Term Risks After Sleeve Gastrectomy and Gastric Bypass Surgery

Anastomotic/Staple Line Leak – This occurs 0.5-1.0 percent of the time.

The staple line that allows the sleeve to be formed and the staple lines which are used to construct the pouch, connect the pouch to the small intestine and lastly connecting the small intestine to itself heal together rapidly. However, initially there is a chance that food and digestive juices could leak into the abdominal cavity, potentially causing a serious infection. This problem usually requires immediate medical attention and may require surgical or procedural treatment.

Bleeding – This occurs < 1 percent of the time Postoperative bleeding typically stops on its own. A reoperation can be necessary to stop more serious bleeding. Occasionally, a blood transfusion is needed.

Pulmonary Embolism/Deep Vein thrombosis (DVT) This occurs 0.2-1.0 percent of the time. – This occurs when blood clots form in the large veins of the legs and pelvis, break loose and travel to the lungs. We administer a blood thinner and prescribe lower leg compression devices while in the hospital, but the best way to prevent a pulmonary embolism/DVT is to get up and walk.

Death – This occurs 0.1 percent of the time. Death may occur due to a complication of the operation, usually a leak or pulmonary embolism. Those patients who have serious associated medical conditions from their obesity (such as severe heart or pulmonary disease or poorly controlled diabetes) may have greater difficulty recovering from any operative complication.

Damage to abdominal structures- This occurs <1 % of the time. The operations occur inside of the abdomen and therefore any structure inside the abdomen is at risk for injury. If this occurs you may need a larger incision, additional surgery during or after your surgery and could experience a very prolonged hospitalization with the need for intensive care unit care or ventilator to help you breath.

Atelectasis/Pneumonia – It can be uncomfortable to take deep breaths and cough immediately after surgery. When patients fail to do so, portions of their lungs tend to collapse (atelectasis). This can cause fevers, a fast heart rate and can lead to pneumonia. The best way to avoid this complication is to breathe deeply, cough, and walk.

Infection – Infection can occur after surgery. Patients should report any fevers to the program nurse. (101.5 F or greater) Incision site infections occur occasionally. Keeping the sites clean will allow them to heal without infection.

Nausea/Vomiting - Some patients feel nauseated for weeks or even a few months after surgery. Medication is available to treat this. Fortunately the nausea usually resolves on its own.

Adhesions/Small Bowel Obstruction – Adhesions are scar tissue inside the abdomen. Small bowel obstruction means there is a blockage in the intestines. Vomiting and abdominal pain are common symptoms associated with small bowel obstruction.

Long Term Risks After Sleeve Gastrectomy

Gallstones - During any period of rapid weight loss, some people may form stones in their gallbladder. Gallstones usually present with pain on the right side of the abdomen that radiates through to the back. Gallstones could ultimately cause the need for an operation to remove your gallbladder or other procedures to remove gallstones from your bile ducts.

Stricture – Patients may develop a narrowing (stricture) of the new tubular stomach. This narrowing leads to vomiting that will gradually get worse, making it difficult to keep fluids down. A stricture can usually be easily treated with endoscopic treatment.

Vitamin & Mineral Deficiencies – Vitamin/mineral deficiencies can cause serious and permanent nerve damage, bone loss, and anemia. It is essential to take 2 daily multivitamins with minerals. The dietitian may recommend additional vitamin and/or mineral supplementation based on each patient's blood work results.

Long Term Risks After Gastric Bypass Surgery

Ulcers – Gastric Bypass patients are at a higher risk for ulcers for the rest of their lives. Ulcers usually occur where the stomach and intestines have been reconnected after surgery. Symptoms of an ulcer include pain with eating, nausea, vomiting, and regurgitation of stomach acid. The most common causes of ulcers after gastric bypass surgery are the use of NSAIDS (non-steroidal anti-inflammatory medications), smoking, steroid medications, excessive alcohol intake, and stress. Certain medications, such as Omeprazole and Carafate, will help to heal an ulcer. In most cases, an endoscopy is necessary to check the severity of the ulcer. Ulcers can lead to life-threatening complications or the need for surgical revision.

Internal Hernia – An internal hernia occurs when the intestine slips underneath or spins around another part of the small intestine. It occasionally happens after substantial weight loss. An internal hernia usually causes cramping or severe mid-abdominal pain that comes without warning. The pain can last for hours, and then disappear. It can be life threatening if left untreated.

Stricture – Patients may develop a narrowing (stricture) where the intestine connects to the gastric pouch. This narrowing leads to vomiting that will gradually get worse, making it difficult to keep fluids down. A stricture can usually be easily treated with endoscopic treatment.

Gallstones - During any period of rapid weight loss, some people may form stones in their gallbladder. Gallstones usually present with pain on the right side of the abdomen that radiates through to the back. Gallstones could ultimately cause the need for an operation to remove your gallbladder or other procedures to remove gallstones from your bile ducts.

Dumping Syndrome - Many people who have had gastric bypass experience "dumping syndrome" after eating foods high in sugar or fat. Symptoms of dumping syndrome include gas, cramping, diarrhea, and sweating. Although dumping syndrome is unpleasant, it is not dangerous and usually goes away in about one hour.

Vitamin & Mineral Deficiencies – Vitamin/mineral deficiencies can cause serious and permanent nerve damage, bone loss, and anemia. It is essential to take 2 multivitamins daily. The dietitian may recommend additional vitamin and/or mineral supplementation based on each patient's blood work results.

Roadmap to Your Care

New Patient Orientation Video

The new patient orientation video is a one hour video that will help you get started in the program. During this video, Dr. Sahagian will provide a review of our team, the program philosophy and approach to care. He will also delve into common myths about obesity along with current treatments for the disease.

Nutrition Evaluation

You will be scheduled for an initial nutrition assessment with a Registered Dietitian. Your dietitian will assess your diet history, relationship with food, and behavior changes necessary for long term success. You will work closely with your dietitian to maximize long term success. You will also complete our online Eating for Life course which will lay a foundation of information regarding what to eat both before and after your weight loss surgery. The dietitian will be an essential part of your recovery period and postoperative success. All of our dietitians specialize in the care of patients having weight loss surgery.

Behavioral Health Evaluation

You will be scheduled for a behavioral health assessment with one of our behavioral health clinicians. You will be asked about any significant issues that have taken place in your lifetime as well as questions about your eating behaviors. Often, you may be required to seek additional therapy before moving forward with weight loss surgery. **If you have private insurance, please call the behavioral health number listed on the back of your insurance card for prior-authorization.**

Review Group

All patients are required to attend a review class before their surgery. This class, taught by the nursing team, will help you prepare for your upcoming surgery. They will review what to expect before and after your surgery, the preoperative and postoperative diet, and answer any questions you have.

Exercise Program

Each patient will be required to begin some type of regular exercise program. We can provide you with resources to help you get started.

Required Weight Loss

Our surgeons often require weight loss before surgery. Weight loss can help release fat stores around the liver and inside the abdomen, allowing surgery to be performed more safely.

Sleep Study

If you have never had a sleep study to determine if you have sleep apnea you will be screened and may be referred by our office to have this done.

Cancer Screenings

All screening should be up to date prior to surgery. For females this includes Pap Smears and Mammograms, if age appropriate and Colonoscopies for females and males over age 50. These should be completed through your PCP. Please have results of these tests sent to our office.

Surgical Evaluation

You will be scheduled for an appointment with your surgeon at the Weight & Wellness Program. You are encouraged to bring your support person to this appointment. During this visit, your surgeon will review the operations, do a brief physical exam, and ask you questions about your medical history. We encourage you to ask questions during this time.

Sometimes the surgeon will require additional testing, which may include:

Endoscopy

Patients may need to have an endoscopy to evaluate the esophagus, stomach and small bowel. This procedure involves inserting a flexible scope through your mouth and into the stomach. Patients who undergo this procedure are sedated.

Ultrasound

Patients with a gallbladder may need to have an ultrasound of their gallbladder before surgery. The ultrasound is a painless procedure that will determine if gallstones are present in the gallbladder. If you have stones in your gallbladder, your surgeon may recommend removing your gallbladder before or at the time of your operation.

Medication Management

If you are taking medications that are quite large in size, your surgeon may recommend that they be liquid or crushed for two weeks after surgery. If your medication cannot be crushed, please discuss this with your primary care physician (PCP) so he or she can address the situation.

Pre-Admission Interview

The pre-admission interview is a required evaluation by the anesthesia staff before any operation done at Maine Medical Center. This interview will take place either on the phone or in person at the MMC Brighton Campus, depending on your medical history. Please be aware that if you gain any weight or we find nicotine in your blood, we will have to delay your surgery. This is done for your safety.

Day of Surgery

Your surgery will be performed at the Maine Medical Center Bramhall campus or at the Southern Maine Healthcare Biddeford campus. Most patients are advised to arrive 1-2 hours before surgery. You will be given paperwork with your time of arrival.

Please remember:

- It is best not to bring any valuables (including jewelry) to the hospital.
- Patients with sleep apnea need to bring a properly working CPAP or BIPAP machine to the hospital.
- Feel free to bring bathrobe/slippers or other personal items and loose/comfortable clothing to go home in.

Post Anesthesia Care Unit (PACU or Recovery Room)

After surgery, you will be taken to the PACU. You can plan on staying in the PACU for a few hours or until you are considered stable enough to be moved to a different location. Generally, family members are not allowed in the recovery room.

Your Hospital Stay

Once you are discharged from the recovery room, all sleeve gastrectomy and gastric bypass patients will be brought to the surgical floor where you will remain for your hospital stay. The nurses are specially trained to take care of weight loss surgery patients. Please do not hesitate to ask them questions. You can plan to stay in the hospital for one night and then expect to be discharged by the afternoon the day after surgery. You will stay until your pain is well controlled and you are able to hydrate yourself adequately.

What to Expect After Your Surgery

Pain Management

Your pain will be controlled by medications while you are in the hospital. When you are discharged, you will be given a prescription to manage your pain at home. Please

let your nurse know if you have an allergy to or have nausea/vomiting from any pain medications.

Diet Advancement

After your surgery you will begin sugar free clear liquids. It is important that you receive only a liquid diet while you are in the hospital. You will not be allowed to eat solid food during your stay. You should start on the stage 1 diet when you get home from the hospital. If you have any questions refer to your diet manual “Eating For Life”, or contact your dietitian at the Weight & Wellness Program.

Walking

You will be expected to walk only a few hours after surgery. The day of your surgery, your nurse will have you walk with assistance. Walking helps to prevent blood clots from forming in your legs. You will increase your walking with the help of a nurse.

Other Medications

You will be sent home with a prescription for medication (i.e. Omeprazole, Prilosec, Protonix) that decreases the production of stomach acid. Take this as directed to protect your new sleeve, stomach pouch and help prevent ulcers.

Criteria for Hospital Discharge

You will be given a set of discharge instructions that are specific to the type of weight loss surgery you have (either Sleeve Gastrectomy or Gastric Bypass).

The three main criteria for discharge from the hospital include:

1. Pain is managed by pain medications taken by mouth.
2. Liquid intake is sufficient and well-tolerated.
3. You are up and walking.

Once You Get Home

If you have any problems, please call the Weight & Wellness Program during our regular hours of 8am-4pm. If you have a problem outside of these hours or on the

weekend, call the Weight & Wellness Program for 24 hours answering service. They will determine if you need to go to the emergency room. If you are requiring an emergency room visit, it is recommended that you go to the Maine Medical Center Emergency Room. Many hospitals are not familiar with bariatric surgery or problems that may occur as a result of the surgery. Even though MMC may be further away, it is safer to make the trip, if possible. If you are critically ill and cannot get to the MMC Emergency Room, please call us and tell us what Emergency Room you are going to.

Pain Control

You will be given a prescription for a pain medication before leaving the hospital. To control your discomfort, first try Extra Strength Tylenol as directed (unless you cannot tolerate Tylenol). If Extra Strength Tylenol does not control your discomfort or you cannot tolerate Tylenol, use your prescription pain medication as directed. Taking prescription pain medication can cause drowsiness or make it hard to concentrate. For this reason, driving or operating dangerous equipment is prohibited. Additional side effects may include nausea and constipation. You should take pain medication only as prescribed. We expect that most people should be able to decrease their pain medication over the first few days at home. Most people will not need pain medication at all after the first week.

Do not take Aspirin, Advil, Ibuprofen, Motrin, Aleve, Naprosyn, Indocin, Celebrex, any Non-steroidal Anti- Inflammatory (NSAID) or related medication after Gastric bypass surgery unless advised by your surgeon. These medications are too harsh for your new stomach and can cause ulcers.

Discomfort

Abdominal soreness below your ribs on the left side is the most common site of tenderness after waking up after gastric bypass and on the right side after sleeve gastrectomy. This discomfort can last for several weeks. You may also feel stomach pressure for 12 to 24 hours or left shoulder pain because of the gas used to fill your abdomen during your surgery. Despite this discomfort, it is very important that you get out of bed and take several short walks daily.

Fluid

The most important goal after surgery is drinking enough fluid. Dehydration is the most common reason to return to the hospital after surgery. Your goal is to drink 8 cups (64 oz) of fluid a day. At first you will likely only tolerate one ounce every 15 minutes. You may not be able to drink 64 oz. daily at first, but come as close as you can. Refer to your nutrition packet for more details.

Activity

It is very important that you get up and walk several times each day. Regular activity will help prevent complications after surgery. Most patients can expect to resume usual activity within a few days after surgery. Do not lift more than 20 lbs. in each hand or do significant twisting/climbing until you are cleared by your surgeon at the 2-3 week visit.

Wound Care/Showering

It is important to care for your incisions to prevent infection. Do not put band aids, ointments, lotions or powder on your incisions. You may get your incisions wet and wash with soap but avoid scrubbing them. Pat them dry. It is not unusual for an incision to drain a little bloody fluid after you go home. If you have some drainage, dab the wounds with gauze and then cover with a dry gauze. Doing this twice a day will speed your recovery.

Infections are uncommon and rarely serious after a laparoscopic operation. An infection will be red, warm, firm, and tender. The infected fluid will look more like pus than like blood. If you notice this please call the nurse at the Weight & Wellness Program to discuss your symptoms.

You may shower but avoid soaking in a tub or pool for two weeks. Pat incisions dry with a towel. Avoid rubbing incisions.

Time Off From Work

Bariatric surgery patients can generally return to work after 2-4 weeks. It is very important to take enough time to learn how to take care of your sleeve or pouch and keep yourself hydrated. Some people also find it helpful to return to work for a few half days or at the end of the work week. Speak to the program nurse if you have any back to work issues.

People with Diabetes

Before you are discharged, your diabetes medications will be reviewed and adjusted if necessary. Some people go home on no medication, where others go home on a decreased strength of their diabetes pills or insulin. You should monitor your blood sugar at least four times each day. We recommend that you contact your primary care doctor immediately if your blood sugar is running >180 or <70 .

It is very important for ALL diabetic patients to schedule an appointment with their Primary Care Physician or Endocrinologist within 7-10 days of being discharged from the hospital to review all diabetes medications and their dosage.

Common Concerns after Bariatric Surgery

Symptoms to be Aware of

If you experience any of the following symptoms, please contact the Weight & Wellness Program at 661-6064 or go to the Emergency Room immediately.

- A temperature higher than 101.5°F or 38.5°C
- Your incision(s) open up or become red, swollen, tender, or have new drainage
- Abdominal pain that does not get better after using your pain medication
- Persistent nausea, vomiting or dry heaves
- Shortness of breath that does not improve with rest
- Persistent pain or swelling in your legs particularly if one leg appears noticeably larger than the other
- Painful, frequent urination or inability to urinate
- Black or bloody stool
- Cloudy, dark and/or foul smelling urine
- Vomiting blood
- Chest pain and/or shortness of breath not relieved by rest

Incision Pain

If you develop fever > 101.5 F, redness, pus or increasing pain at the incision site, we recommend that you call the Weight & Wellness Program as soon as possible. If this occurs at night or on the weekend, please call the Weight & Wellness Program for 24 answering service.

Dehydration

Your main goal after surgery is to stay hydrated. Take small sips of fluid throughout the day to help prevent becoming dehydrated. Your goal should be a minimum of one ounce of fluid every 15 minutes. Signs of dehydration include headache, dizziness, nausea, muscle weakness, sluggishness and dark yellow urine. If you are unable to drink at least 32 ounces of water a day for 2 days in a row, please call the nurses at the Weight & Wellness Program. If this occurs on weekends, please call the Weight & Wellness Program for 24 hours answering service.

Shortness of Breath

If you are suddenly short of breath, this may indicate a problem, call the nurses at the Weight & Wellness Program or go directly to the MMC Emergency Room for evaluation.

Fever

Fever is caused by an infection or inflammation somewhere in your body. If you have a fever over 101.5°F or 38.5°C, please call the nurses at the Weight & Wellness Program to discuss your symptoms. If this occurs at night or on the weekend, please call the Weight & Wellness Program for 24 hour answering service.

Abdominal Pain

The incision on your upper left side is often the most painful after laparoscopic gastric bypass and the incision on your upper right side with the sleeve gastrectomy. Muscles were cut to make the incision, so when you start using your muscles, the pain may increase. A warm shower, stretching, or alternating ice and heat may help control this pain. Please call the nurses at the Weight & Wellness Program if your pain does not resolve. If this occurs at night or on the weekend, please call the Weight & Wellness Program for 24 hour answering service.

Nausea

You may feel nauseated after your surgery. If it is making it hard for you to drink or eat, we can prescribe medications to help. Please call the nurses at the Weight & Wellness Program if your nausea does not get better. If this occurs at night or on the weekend, please call the Weight & Wellness Program for 24 hour answering service.

Vomiting

It is important to avoid vomiting after weight loss surgery if at all possible. Vomiting increases the risk of complications, especially in the early period after surgery. Once you start to feel like you have eaten enough, stop eating right away. If you develop vomiting and your vomiting persists, call the Weight & Wellness Program. If this occurs at night or on the weekend, please call the Weight & Wellness Program for 24 hour answering service.

Constipation

Constipation can be caused by inactivity, dehydration, low fiber intake, and pain medication. Be sure to drink the recommended eight 8oz glasses of water daily and stay active to help prevent constipation. If you are drinking the 64 ounces of fluid per day, you may try adding more fiber to your diet.

Managing Constipation:

On day 1 and 2 after surgery:

- try Benefiber[®] and a stool softener

If you have not had a bowel movement on day 3 after surgery:

- try Miralax once or twice a day

If you have not had a bowel movement on day 4 after surgery:

- continue Miralax once or twice a day and try one Dulcolax suppository

If you have not had a bowel movement on day 5 after surgery:

- call the nurses at the Weight & Wellness Program

Diarrhea

Some patients may experience diarrhea or loose stools. Be sure to eat slowly and avoid drinking with your meals. Also, be sure to avoid high sugar, high fat foods. Some sugar-free products can cause diarrhea. Limit these products to see if the diarrhea subsides. If the diarrhea persists, contact the nurses at the Weight & Wellness Program for additional assistance.

Gas/Bloating

Gas and bloating can occur after surgery from the air that is pumped into your abdomen during the procedure. This will decrease as long as you stay active and move around frequently. If the gas pains continue, be sure not to overeat and avoid drinking with meals. If the gas/bloating persists, contact the nurses at WWP.

Pain with Eating

If you have pain when you eat, there may be several different reasons. Make sure you are not eating too much or too fast. The pain may actually be from your sleeve or pouch being full. If the pain persists, contact the nurses at the Weight & Wellness Program for additional assistance.

Heartburn

All patients go home on an antacid prescription for the first three months to aid healing. If you experience heartburn after this, please call the nurses at WWP.

Lactose Sensitivity

You may find that you are unable to tolerate milk products after surgery. Signs of lactose intolerance may include bloating, stomach cramps, gas, diarrhea, and nausea. If you are (or have become) lactose intolerant, try Lactaid® milk, tablets, chews, or drops. These are available at your local pharmacy. There are also many high protein, lactose-free products available for purchase in the supermarket. Your dietitian can help you identify these products.

Dumping Syndrome

Dumping syndrome occurs specifically in gastric bypass patients. It occurs when you eat foods with added sugar or that are high in fat. These foods may include sweet foods like juice, sugar sweetened beverages, cakes, cookies, pies, ketchup and salad dressing. The food passes too quickly into the small intestine and causes symptoms such as: nausea, discomfort, cramping, diarrhea, general weakness, profuse sweating, vomiting, and heart palpitations (an increase in heart rate). Most patients experience a combination of these symptoms and subside in about an hour. Dumping syndrome is not dangerous, but it is quite unpleasant and can be avoided by adhering to the prescribed diet.

Surgical Complications

If you are having any issue with your weight loss surgery and feel you may need medical guidance/attention do not hesitate to call the Weight & Wellness Program. At night or on weekends, please call the Weight & Wellness Program for 24 hour answering service. **If you have any problems requiring an emergency room visit, it is very important that you go to the MMC or SMHC Emergency Room if possible.**

Wound Infection

Infections are uncommon and rarely serious after a laparoscopic operation. An infection will be red, warm, firm, and tender. The infected fluid will look more like pus than like blood. If you notice this please call the nurses at the Weight & Wellness Program to discuss your symptoms. At night or on weekends, please call the Weight & Wellness Program for 24 hour answering service.

Hernia

Hernias are uncommon after laparoscopic surgery. If one occurs, it may cause a bulge, pain or discomfort at any of the incision sites. An operation is usually required to repair this problem. If you have pain in your abdomen, it is important to contact the nurse at the Weight & Wellness Program immediately. If this occurs at night or on a weekend, please call the Weight & Wellness Program for 24 hour answering service.

Ulcer

Weight loss surgery patients are at a higher risk of developing ulcers, because of the nature of the surgery. If you have pain in upper middle part of your abdomen that occurs suddenly in the middle of the night, with eating or drinking, or persistent nausea, you may have an ulcer. People who resume smoking, drink excessive alcohol or caffeine, take NSAIDs, or take steroids (such as Prednisone) are much more likely to get ulcers. Please call the Weight & Wellness Program nurse and discuss your symptoms. At night or on weekends, please call the Weight & Wellness Program for 24 hour answering service.

Blood Clots

Blood clots in the legs are more likely to occur in overweight people, particularly in the first 6 weeks after an operation. Once you are home, stay active by taking short walks multiple times each day to keep the blood moving in your legs. Blood clots can be dangerous if they travel to the lungs causing a blood clot in the lung — a serious condition that can lead to death. If you develop leg swelling on one side, a painful calf, chest pain or shortness of breath, this should be considered an emergency. Go to the MMC Emergency Room.

Anastomotic Leak

A leak of the sleeve staple line or between the connections of the stomach and intestine of the gastric bypass can be life threatening but rare complications and may occur shortly after surgery. Signs of a leak may include a rapid heartbeat, abdominal pain, and fever. If you have these symptoms, contact the Weight & Wellness Program nurse, or if at night or on weekends, please call the Weight & Wellness Program for 24 hour answering service, or go to the MMC Emergency Room.

Stricture

A stricture is caused by scar tissue that forms as your sleeve or new pouch heals. Usually this does not occur until several weeks to months after surgery. You will notice a gradual decrease in the amount of food you can eat. If you suddenly cannot eat solid foods and have a hard time drinking liquids, sip warm fluids which usually are tolerated more easily. If you experience these symptoms or are having persistent vomiting, please call the Weight & Wellness Program nurse immediately. At night or on weekends, please call the Weight & Wellness Program for 24 hour answering service.

Postoperative Follow-Up

Our nurse will call you a few days after your surgery. She will check on your recovery and ensure that you have a follow-up appointment with the Weight & Wellness Program Team.

It is very important to follow-up with the surgeon, nurse, dietitian and social worker after weight loss surgery. Below you will find your post-operative follow up schedule:

2 weeks post op visit with your surgeon or physician's assistant/nurse practitioner

1 month post op dietitian group visit

6 week post op visit with our physician assistant or nurse practitioner

3 month individual post op dietitian visit

6 month post op visit with your surgeon or physician's assistant/nurse practitioner

9 month post op visit with your dietitian

1 year post op visit with your surgeon or physician's assistant/nurse practitioner

18 month post op visit with your dietitian

2 year post op visit with your surgeon or physician's assistant/nurse practitioner

Please make an appointment with your Primary Care Provider 1-2 weeks after surgery for prescription management.

Support Groups

Support groups are recommended for all patients before and after surgery. We offer many support groups each month that are free to all patients. These groups will give you the support during your transition and connect you with other people going through the same experience.

Support Group Ground Rules

1. Classes and support groups begin and end on time.
2. Respect each other's privacy. What's said here stays here.
3. Please give everyone a chance to speak and do not take over the conversation.
4. Remember that listening is often more productive than giving advice.
5. Accept others without judgment. We are here to support and learn; not to be critical.
6. All positive feelings are acceptable. Profanity, rude, sexual, or threatening comments are not acceptable. You will be asked to leave if you use these comments.
7. No unauthorized product sales or marketing is allowed at support groups.
8. Insurance and administrative issues should be addressed individually with our administrative staff during regular business hours, rather than at support group
9. Please turn your cell phone off or to vibrate. If you need to answer your phone, please step outside the room before answering.

Lab Work

We order blood work at certain intervals after surgery. This is done to identify any nutrient deficiencies or toxicities. We will notify you and give you proper recommendations.

Vitamin and Mineral Supplementation

Vitamin and mineral supplementation is not optional. It is recommended that all gastric bypass patients take 2 chewable multivitamins and 2-3 chewable calcium supplements daily, unless otherwise indicated. It is recommended that all sleeve gastrectomy patients take 1 chewable multivitamin and 1-2 chewable calcium daily, unless otherwise indicated. It is recommended that all patients take a B-50 complex supplement that contains at least 15 mg of thiamin (vitamin B1). Three months after your surgery, we recommend that all patients start taking a Vitamin B12 supplement of 500 mcg daily.

Birth Control

Pregnancy in the first 18 months after weight loss surgery can prevent patients from achieving their long term weight loss goals and can be dangerous to the health of the fetus and result in a poor outcome if proper prenatal care is not received. Nutrition intake during rapid weight loss tends to be inadequate to support a fetus and can have devastating results. **Therefore, it is required that reliable contraception is in place prior to and for at least 18 months following weight loss surgery. Oral forms of birth control may not be affective, please discuss with primary care physician, OB/GYN specialist, or Weight & Wellness Program Staff prior to surgery in order to confirm an adequate birth control plan.**