

## **Allina Health**

### **Pre-Surgery Education Class**

Hello. My name is Tracy, and I'm here today to talk to you about the pre-surgery education class, okay? The first thing we're going to talk about is the pre-op diet. Most people are on that for two weeks before their surgery. Some people are on that a little bit longer, but you would know that already.

The pre-surgery diet:

- We want it to be about a thousand calories, you don't want to go over a thousand calories
- 80 grams or more of protein; the more protein you have, the fuller you'll feel
- 50 grams of carbohydrates or less; now, those are like the sugars, so carbohydrates are sugars
- and at least 64 ounces or eight cups of liquids you want every day

Now, one thing about this diet, it can be very constipating, so you want to pay attention to your bowels. If you need an over-the-counter stool softener, you can certainly get that. Also, if you go longer than three days without a bowel movement, then you'll want to take 60 mls (60ml) of milk of magnesia. Okay, that can be bought over the counter.

So, what you're going to do is you're going to take your three protein shakes a day. You're going to have a protein shake for breakfast, one for lunch, one for dinner. And then you take the calories of those three protein shakes and then whatever, you add them up and then whatever is left over, you can make up with the approved snacks.

Now, the approved snacks are a half a cup of cream soup or tomato soup. You can have a half a cup of yogurt. It must be Greek yogurt. You can have the plain Greek yogurt or you can have some with fruit. We do like the Oikos triple zero. You can have half a cup of cottage cheese, a half a cup of sugar free pudding. You can have a cheese stick or you can have an egg.

Now, a lot of you may have the older version of our book. It does recommend that you have applesauce and juice, but you cannot have applesauce or juice before surgery or after surgery. So just go to your section: "Nutrition Before Surgery" and it's at the very back, and cross off those, applesauce and juice. And then write in the cheese stick, the egg, the cottage cheese. You can have any amount of free liquids. So, broth, you can have sugar-free Jell-O, you can have sugar-free popsicle.

And also, during this two weeks, we want you to be on decaf coffee or tea, but try not to just stop it abruptly, otherwise, you'll get a really bad headache. So, make sure you wean off that before the pre-op diet, okay? You can have Gatorade zero, you can have Propel zero, any of the zero-calorie things. You can have bone broth, different things like that, and plenty of water.

So, now we're going to go through the pre-op handouts that you were sent in an email. The first one is called "Speak Up". If you have any concerns or comments, make sure you're letting somebody know. A nurse will come and see you the day after your surgery, and then you'll get

a phone call the day after you go home after your surgery. And then, in about a week, you'll have a follow-up appointment with one of our physician's assistants. So you will have plenty of time to voice any concerns or problems.

So, this is the Care Map. This gives you an idea of what's going to happen during your two days of surgery. So, the first day will be surgery. The second day will be the day that you go home. Everybody stays overnight one night, for sure. But if you do have to stay a second night, it might be because you were nauseated, or had pain, or couldn't drink. It doesn't mean anything bad happened. It just may be some people need to stay a little longer, and that's okay. You can come to surgery by yourself, but you do need to have a ride home after surgery. Now, you could be discharged as early as 11 a.m. the next day, or it could go into the afternoon, depending on what your needs are. So, review through this Care Map, it'll just kind of give you an idea of what's going to happen. It goes through some different areas.

The next thing we're going to talk about is called the "Shopping List". This talks about things that you'll need at home after surgery. Clear liquids, make sure you have plenty of clear liquids at home.

Now, one thing about surgery, your tastes change after surgery. So don't buy a whole bunch or whole cases of stuff that you might have enjoyed before surgery, because after surgery they may not taste very good for you. Sometimes your tastes change for quite some time, months. It does get better. They kind of go back and you're able to enjoy some of the things that you enjoyed before. But just buy a couple bottles of some different things, just to make sure that you don't have a bunch of stuff at home that you can't drink. So, make sure you've got clear liquids. Also, you're going to want to have an oral thermometer. It doesn't need to be anything very expensive, it can be just a little regular thermometer or it can be an ear one or anything like that.

Make sure you've got Tylenol at home. No liquid Tylenol. We want you to have the caplets, the tablets, the capsules—something like that. Make sure you have a bottle of milk of magnesia. That is an over-the-counter purchase. You are going to be taking some before surgery and you may need it after surgery. Now, when they do laparoscopic surgery, they do put gas in the tummy so they can visualize it better. So, sometimes that gas can be very painful after surgery, if you have pain up into your shoulders, your neck, your chest, that sometimes that's the gas from the surgery. So, Gas X is something that you can take at home and in the hospital.

Now, after you get home from surgery, you're going to want to do clear liquids for a week, but you're also going to do a protein shake. This can be a creamy protein shake. It can be ready-made. You can mix it with milk, or if you need an alternative milk such as almond milk or cashew milk or something, you can certainly mix it with that. You can also mix your protein shake with water, but you don't have to. If you have a ready-made one and it feels like it's too thick, you can mix it with milk or water to thin it out. Fairlife Milk is another one that you can be using. Also, things that you're going to want or need after surgery is a blender. You won't need a blender until the pureed stage. But it's very important that you have one. It can be a handheld one. It can be a regular blender, or you could even use a little Ninja blender that, you know, has the little containers.

You want to have some measuring cups, definitely need measuring cups. This helps you keep in portion control during the pureed stage. Baby or toddler spoons are another nice idea for the pureed stage, again, keeping you taking those small bites.

Another good thing is to have a “before” photo. A lot of people don't feel like they want one, but you do want one. You also may take measurements before surgery. Sometimes the scale might not show that you've lost weight, but you might have lost inches. So, that would be a non-scale victory that we want to celebrate. So, but that's up to you. There is a spot in the back of your education book that you can record your measurements and your “before” photo.

The next thing we have is managing your pain. This is basically if you're having pain, make sure you let somebody know that, it's easier to take care of your pain before it gets really bad. So, because it's harder to catch up with pain medication.

So now we'll get into the slides. This is the Pre-Surgery Education Class. So the first thing that comes up is the “Nourishing the New You” video. So, we want you to watch this before surgery. And we want you to watch it in the hospital. I do recommend, though, you watch it at home prior to it when you're not in pain, and not sleepy in that kind of thing. It is on YouTube. So you just click on YouTube and put in “Nourishing the New You video”. Okay? It is a little bit out of date and we are working on upgrading it. So, it does talk about juice and applesauce. But again, those are not our program recommendations anymore. So NO juice and applesauce before surgery or after surgery.

So, the purpose of this class is to provide a smooth transition in and out of the hospital. We're going to prepare for weight loss surgery. What to expect the day of surgery, care after surgery, and your recovery. So the first thing you need to do is have a pre-op physical with your primary doctor when you get a surgery date. The best time to have this done is 10 to 30 days before your surgery. So it can't be older than 30 days, and we'd like it at least ten days before surgery so they have time to process that and in case there's any complications, then we need to know about. During that pre-op physical, you need to make sure that you talk to your primary doctor about what medications you can take on the day of surgery, particularly diabetic medications. You need to find out when you can stop those or what you need to do with those.

I will go through a little section of medication, but I don't cover all of them, so make sure, again, you're talking to your primary doctor about what medications you can take. Preoperative COVID test is no longer needed after January 10th, 2023. So, if you're having surgery after that date, you can go ahead and cancel your COVID test. Also, if you've had COVID in the last seven weeks prior to your surgery, if you tested positive at home or you had a test somewhere else, make sure you're letting us know. It is not safe for you to have surgery within seven weeks of having COVID. There are some clotting issues and stuff, so we want to make sure you're scheduled out farther if you did have COVID at some point.

So, diet progression. We'll review this information in a little bit, the after-surgery diet progression. You can continue taking the supplements that we give you or recommend that you

take: the multivitamin with iron, the calcium citrate and the vitamin D3. You can take those until the day before surgery.

So, we want you to see your primary care provider within five days after surgery, especially if you've been on a lot of medications, diabetic medications, etc., and you did not go home on them. So, you'll want to follow up with your primary doctor and make sure that your blood pressure is okay (as an example) or your blood sugars, that type of thing.

Within a week you're going to see our physician's assistant or our nurse practitioner. They will guide you on diet advancement. They will guide you on what vitamins you'll start taking. And then at five weeks, you see the dietitian and the nurse clinician, and then you'll transition over to our lifestyle aftercare program. Our lifestyle aftercare program is for patients that have had surgery. It's our medical part of our program. We want to provide whole-person care for you after your surgery. So, you'll see the lifestyle aftercare program and your dietitian at six months, and one year after surgery, and then we'd like to see you every year after that. They'll talk about different things: sleep, resilience, stress management, women's health, mental health, relationships, nutrition.

And then we want to support you to meet your weight loss goals or if you have any weight regain. One thing about medications: I will go through another little section of medication as well, but very important is to stop phentermine ten days prior to surgery. If it is not stopped, we will have to reschedule your surgery because it can interfere with anesthesia and it's not safe for you to have surgery. So, again, phentermine, make sure you stop at ten days before surgery.

Birth control pills, patches, NuvaRing, the depo injections: you have to stop for one month before surgery, and you have to stop them for one month after surgery. So a total of 60 days. During that time you need to be doing/using an alternative form of birth control. We prefer two forms, such as a foam and condom. So, if you have an IUD or a Nexplanon you do not need to have it removed or do anything with that, that can stay in place. And then no pregnancy until you are at a stable weight, which is usually about two years after surgery. Also, if you are on Premarin or a hormone, you have to stop those for 60 days as well. And I'll review that when I go into the medical part, the medicine part.

Make sure you're continuing to exercise. Make sure you're not smoking. Keep learning. There are many mobile apps that we like and recommend. This helps you track your food, your intake, your water, your exercise. Sometimes it just helps you be accountable and keep track of what's going on. We have Myfitnesspal, Lose It, or Carb Manager are some really good ones that we recommend and then as you know, we're always available if you have any questions.

Make sure you're getting support for any physical or mental health care needs prior to your surgery and after your surgery. Again, we're going to plan for discharge and home recovery. We're going to plan for discharge by 11, but again, if you need to go into the afternoon, such as your ride isn't available or you need to drink more or something like that, that's okay, too. You do have to have a ride home from the hospital. Most people find it helpful to take two weeks off from work after surgery.

Anybody that's having just a weight loss surgery has no restrictions after surgery. Our motto is, "If it hurts, don't do it". But, with the hiatal hernia repair, you cannot lift over 20 pounds for four weeks. So if your job won't let you come back with restrictions, then you may have to take that four weeks off. Also, if you have a very physical job, some people do take more than two weeks off and that's okay with us.

Now, family medical leave paperwork should be submitted to the clinic as soon as possible. Now, not everyone has family medical leave paperwork, it's through your job so contact your H.R. department. They will help you sort through what you need. That can be submitted to us. And we will fill that out when we have a surgery date. If you just need a note for your work, we can do that as well. These are the sites that you can send your paperwork to if you know where your home site is, go ahead and send it to that particular email. If you're not sure what your home site is, just send it to the top one, the Abbott Weight Management at Allina.com, and then they can—we'll figure out who's going to fill that paperwork out for you. Make sure you include your full name, your date of birth, and your return to work date in your email. Those are very important things that we need to know. If you don't put those in there, then we need to call you in and get that information from you.

So, your surgery could be postponed if your health and history, your pre-op physical is older than 30 days, if you don't quit smoking or nicotine products, if you gain weight from your initial visit weight. That isn't as important as other things, and we do understand. So, that is looked at. But, if you've gained, you know, less than 5 pounds, it's okay.

If you have a change in your health, if you have a bronchitis or a pneumonia, then you would not be able to have surgery because it affects your breathing. If you have COVID symptoms at the time of surgery, they will test you for COVID. If you do test positive for COVID, then your surgery will have to be rescheduled out at least seven weeks. If you have a cough, a cold, a sore throat, a urine infection, a dental problem, like a sore tooth, make sure you let us know and then also you'll need to have that addressed by either your primary care provider, the emergency room, or an urgent care. You can still come to the hospital and have surgery if, say, you have strep throat. As long as you're on antibiotics and it's addressed, then you can still have surgery. But if you come to surgery with a fresh, open wound or dental problem, then you will have to reschedule you.

So, the day before surgery, we want you to update your list of medications and allergies. We do have a list in the hospital, you know, in your chart at the at the hospital. However, if there's a bunch of changes or deleted medications or new allergies or anything like that, make sure you're bringing an updated list for us. So, the day of surgery, the pharmacist will go over those medications with you, they want to know when you last took them and any new or changed medications.

Label anything that you bring. If you're on CPAP or BiPAP, make sure you bring that and it's labeled. They will use that in the recovery room and they will—you'll use it up at the hospital when you sleep at night. Make sure you have glasses cases, dentures case, cell phone's chargers are labeled. You cannot wear contacts into the operating room. So make sure you've got containers and glasses that are needed.

This is the slide I talked about before: call us if you have any change in your health like a sore throat, cold, fever, dental problems, urinating problems, and then any skin conditions, rashes, abrasions, open wounds, that type thing.

Need to bring these things to the hospital with you

- your insurance card,
- a driver's license or a photo I.D.
- Again, we talked about a current list of your medications
- glasses or contacts
- your CPAP machine
- a copy of your health care directive

Now, not everyone has a health care directive. A health care directive is something that gives us information on what to do if there's an emergency during your surgery. You don't need to have one, but if you do have one and you want it on your chart, just bring it the day of surgery and we'll put it on there. But again, not everyone has one and you don't have to have one. Make sure you're wearing loose, comfortable clothes to wear home, your tummy is going to be bloated, you're going to have incisions, and we don't want anything to rub on those so make sure you've got the loose, comfortable clothes to wear home.

Don't bring any of the following

- Any valuables
- large amounts of money
- jewelry must be removed and you must remove all your piercings

You can bring your phone, a charger, a tablet or something like that, those are fine.

So, patients often struggle with constipation after surgery due in part to the high protein pre-op diet, we talked about that. So you're going to get a bottle of milk of magnesia. On the top of the milk of magnesia is a little cup that will usually be about 60ml. You want to take one dose of that two days before your surgery. This will help produce a bowel movement that day or the day before surgery. Now, if your surgery's on a Wednesday, then you'll take it on Monday. It doesn't matter what time you take it, but make sure you take it two days before.

Now, the night before surgery or the morning of surgery (either is fine), you're going to do a scrub with soap and water, and you can use regular soap and water. Wash from your rib cage to your hips. Make sure you include the inside of your belly button. Check your skin, go under any skin folds, anything like that. Make sure you check for rashes, infections and wounds. If you have any skin changes, make sure you let us know. Do not shave or mark your skin anywhere near your surgery site. No oils, lotions or powders to your abdomen after cleaning your skin and then put on clothes, clean clothes, or sleepwear. If you're doing it the night before surgery, make sure your bed linens are clean when you get in them.

So, the day of surgery, everyone will stop their diet at midnight, the pre-op diet, they'll stop at midnight before the surgery. Depending on what time your surgery is, after midnight, you can

have plain water only. No protein water, no protein shakes, just plain water only. You can have that up to 4 hours prior to your surgery. You have to be at the hospital 2 hours before your surgery. So if your surgery is at 10 a.m., you will stop your pre-op diet at midnight and then you can have plain water until 6 a.m. in the morning. And then nothing to eat or drink until after surgery.

You can brush your teeth the morning of surgery. And if you were given instructions to take some medication in the morning, try to do it during the time when you can have plain water or just take a sip of water if it's after that time.

So, the day of surgery, you're going to check into the patient registration 2 hours before surgery. Support persons are welcome. But again, you do not need anyone to come with you. If you bring someone with you for support, then there are some visitor restrictions currently. So, you can only bring one person with you to surgery. The waiting room in the surgery part at Abbott is too small for more than that. So, one support person. So, support persons will be asked to wait in the waiting area while the nursing staff checks you in.

The nurse will review your health history, have you changed into hospital clothing. They'll start an I.V. line in your arm. After that, then your support persons can join you. Once you've been checked in. And then they'll finish waiting those 2 hours with you. During the 2 hours that you're here before surgery, you'll meet with the surgeon, anesthesia, and nurses before surgery. They'll answer any questions, and you'll sign a consent form.

So this is the pre-op care center in Abbott. You will come to the Piper building at Abbott, and then you will go down into the lower level, which is where this is. Other areas of care have similar setups. So this is a room where you're going to get ready for surgery. This is a suite where you're going to have surgery. You'll be on the bed and they'll roll you up to the bed and then you'll slide over. They'll make sure everything's padded, and you're comfortable for the surgery. If you come to the hospital with a support person, then they'll be in the waiting room during your surgery.

When you're done with surgery, you're going to go to the recovery room for 1 to 2 hours. It just depends on how you feel. After that, you'll go up to the hospital. So, when you're in the recovery room, then the surgeon will come out and talk to your support person. If you came to surgery by yourself, then they will call whoever you designate them to call with an update for you. Then when you're done in the recovery room, like I said, you'll go up to the hospital and your support persons can come with you.

Visiting hours up on the floor are 8 a.m. to 8 p.m. only, you cannot have an overnight visitor. So, surgery time will vary from 1 to 3 hours. It's possible that it might take longer. A lot of times it is a little over an hour. It just depends because they have to get you ready for surgery. So, the surgeon will talk to your support persons after surgery, you'll be moved to the recovery area and then you'll go up to the hospital. During the recovery room, and the hospital, they use a pain scale of 0 to 10. Usually 0 to 3, you're pretty comfortable, when it gets into the fours and five, make sure you're taking something for pain because we want you to be comfortable.

This is a comfort menu. This is something we can use in conjunction with our pain medication. So, there's aromatherapy, there's medications for nausea, ice packs, warm packs, different things that we can all use to enhance that pain medication. Because, again, we want you to be comfortable, we don't want you to be in pain and miserable.

This is a care board that is in your room. It just keeps you oriented to what is happening. It's got the day, the date, your room number, your preferred name, the room phone number you can give to your family. It'll have your nurse, your doctor, activities, goals, pain management.

During your hospital stay, you'll be on a clear liquid diet only. You do—you're able to get some broth and jello and tea or coffee as well. But basically, it's just clear liquids. During the hospital stay.

You'll have 4 to 6 small incisions in your abdomen. You can shower the following day. Just let the soap and water run over your incisions and then pat them dry.

You're going to be wearing these compression wraps. These are inflatable wraps used to prevent blood clots. They're worn around your lower legs. You only have to wear them when you're in the hospital, in bed. If you're walking or up in the chair, they're not needed. Another thing you may have is a pulse oximeter. Usually, it's that little sticky flat one that you have on, and this records the amount of oxygen in your blood.

You may have it be on oxygen as well after surgery, and that's okay. You're going to be wanting to use this incentive spirometer. This is a handheld breathing device to help you breathe deeply. This prevents pneumonia. There's a mouthpiece right here, you'll take that down, and it is one where you breathe in, so you suck air in on that tube, and then that this little thing will rise up, and you want to do that ten times every hour. A good tip is if you're watching television, every time there's a commercial do two or three breaths, and then by the end of the hour you'll have ten done. You also want to take this little guy home and use it for one week at home to make sure that you're keeping those lungs inflated and taking very deep breaths. Also, this can cause you to cough. That can be painful, so you want to make sure you have a blanket or a pillow that you can kind of hold on your tummy if you do cough, it'll just make it feel a little bit better.

So, the day of your surgery—this is the day you have surgery—when you get back, you're going to be up walking in the hallways, we're going to address your pain control, you're going to use your incentive spirometer ten times every hour while you're awake, you're going to get oxygen as needed, the compression wraps when you're in bed, and you're going to get IV fluids to stay hydrated. We used to stop the IV fluids when you were drinking, but now we don't stop them until you go home, because dehydration is one of the biggest reasons that people come back to the hospital after surgery.

So the first day after your surgery, this is the day you're going to go home. You're going to start taking pain medicine by mouth for pain control. You'll also get an injection of heparin; it's a blood thinner to prevent blood clots. Now, you get more than one of these, they go in the lower tummy. It's a very small needle, but sometimes they do burn. So if you end up with some little



bruises on your lower tummy, that's okay, those are fine. If you have other bruises that are very concerning to you, make sure you let us know.

So, you want to walk in the halls at least seven times. You can be up and shower and then you're going to be on a clear liquid diet. You're going to drink one ounce every 15 minutes.

Now we're going to go to this paper. This is called "Keeping Track of How Much You Drink". This talks about the drinking process after surgery. So they will bring you in a small bag, it'll have a water bottle, it'll have a timer, it'll have a pencil, it'll have one of these sheets, and it'll also have these little white medicine cups. So, you're going to be drinking out of these little medicine cups in the hospital and for a week after you go home. You're going to be drinking everything out of these little medicine cups. So what you do, you take two of the little cups, you fill them up half full, so half full of that little medicine cup. You set your timer for 15 minutes and then you drink one half cup. One drink, one swallow. Don't sip it. And don't drink it very fast. You want to just drink it regularly, that half a cup. And then during that 15 minute time, when your timer's going—you're going to drink the other half cup, just depending on how you feel. And then you can increase how many of those half cups you drink in a 15-minute period as you can tolerate them. Just take your time, make sure you're not getting over full.

Some symptoms of dehydration, again dehydration is one of the things that brings people in the most after surgery, some symptoms of dehydration are:

- decreased urine volume
- Urine that is very dark. So we want our urine to be yellow like lemonade. If it's starting to be kind of orange-y dark, then you're not getting enough fluids
- Another thing is headache, nausea, dizziness or a fast heartbeat

So, very important: When you go home, again, you're going to take your timer home and you're going to take these very small cups home. You're going to drink out of those for a week at home. Everything you drink: protein shake, water, broth, etc., all goes in these small cups.

You want to make sure that you're sitting straight up when you're drinking in the hospital and at home. You want your feet on the floor, you want your shoulders back and your chest out. That makes this more of a straight shot for the water. Otherwise, the water's kind of fighting to get down into the tummy and it can be very painful. You can have pressure in the middle of your chest, your shoulders can hurt, that type of thing. So make sure you're sitting straight up, feet on the floor, shoulders back to drink any time, especially if you're taking medication.

Now, we used to say that you couldn't drink out of a straw. You couldn't drink very cold liquids or you couldn't drink ice or you couldn't have ice in your beverages. Now, those are up to each person. If you really like to drink out of a straw, then try it. If it gives you pain or a bunch of air in your stomach, then give it another week or two and then you can try it again, okay? The same with the cold liquids. Sometimes the cold liquids will cause a spasm right in between the breast area, right there in the middle of the chest and it feels like a big cramp. So if you're getting those spasms, then you need to stop the cold liquids or the ice or the straw. We also

have medication for that called Levsin, or hyoscyamine, and you can take that every 4 hours as you need it.

Carbonation is something that you want to wait for at least six months. That can be very painful with carbonation. So, on the back of this paper are little boxes . So, every time you drink two half cups, that's an X, So half cup, half cup, one X. It's very important that you keep track of what you've been drinking because when then the practitioners come up, they can look at it and make sure you've had adequate fluid for you to go home.

You also want to take this home and use that again for a week. So when you first get home, the first couple days might be a little more difficult for you to get fluids down, but you still need to drink something every 15 minutes. At least two of those little half cups every 15 minutes while you're awake. If you're sleeping at night, then you don't need to get up and drink. But if you happen to get up, then go ahead and have a drink.

So, IV fluids will be stopped when you're ready to go home. You make sure you're using your incentive spirometer ten times every hour while you're awake and make sure you take that home with you. When you're ready to go home make sure you're sitting in the chair or walking most of the day.

So these are the things you have to do before you can go home:

- You have to be able to drink without problems
- You can take your pain medicine by mouth
- You're able to urinate without problems
- You return to your level of activity before surgery

So if you were using a cane or a walker before surgery, then you just have to get back to that level.

Now, with the urination, the bladder goes to sleep at the same time as your body does. Sometimes it doesn't wake up as soon. So if you have a bunch of urine in your bladder and you're uncomfortable, they will do bladder ultrasound, which is just the wand with the gel on it, and they'll run it over your bladder to see how full it is. If it's full and you're uncomfortable, they will put a catheter in and drain the urine and then take the catheter out. Now, this doesn't happen to everybody and it doesn't happen all the time. It just wants you to know that it could happen so you know what's going on.

Make sure when you get home that you're drinking enough fluids each day. This will help prevent dehydration. You'll be able to increase how much you drink over the first several weeks. You should work towards drinking at least 64 ounces or eight cups of liquids each day. If you drink more than that, that's wonderful. But you need get up to that.

Now, this is the after-surgery diet progression. This is in your book. It's under "Nutrition After Surgery". Each little bit gives you some tips on how to manage this. Like I said, in the hospital, you'll be on clear liquids. When you get home, for one week you want to be on clear liquids and you're going to add a protein water or a watered-down protein shake. Some people use some

protein shakes that are ready-made and they aren't that thick. So some people can tolerate those. And again, they all go in those small cups for this first week after surgery.

Now, a lot of people have trouble with the shakes after surgery. They just don't like the taste of them. So you could do only protein water after surgery, if you like. Or you do a combination of a shake and protein, water, whatever, as long as you're getting your protein in.

So, during this week, you're going to just do one protein shake. Then you'd have to do two protein waters because they don't have as much protein as the shakes do. This is a look at the clear liquids. So, for one week you have tea, you have sugar-free jello, you can do bone broth because that has added protein to it. Again, you're going to be doing the shakes or the protein water.

Now, for the first three weeks after surgery, you're doing your just drinking so you don't have to follow the 30/30 rule. So just drink all day long while you're awake. Now, for two weeks then after surgery, you're going to be on a full liquid diet. Make sure you're getting your 64 ounces or eight cups of total fluid intake, so anything you drink counts towards your goal, your protein shakes, your broth, etc. This is Fairlife milk. We have an almond milk. So if you need an alternative form of milk, you can do that as well. We have soup, we have cream soup. So really, the only thing you're adding in this full liquid phase is the cream soups. Otherwise, you're going to do your protein shakes, water, broth, etc.. Now, again, for these two weeks, you're just drinking, no 30/30 rule. Now, during this time, you want to do two, at least two protein shakes worth of protein. So that's because our goal for protein is 60 grams a day. You can go over that, you can get up to 80.

If you had a distalization or a duodenal switch, then your protein needs are higher. So you would have to do at least 100 grams of protein in a day and you would know that too. So just remember, the more protein you have, the better you'll heal and the better you'll feel.

So now getting into the pureed stage, this is for two weeks. The pureed stage is everything needs to go in the blender except cottage cheese, if you're doing baby food, meats and vegetables, those don't have to go in the blender. This, they're making own chicken salad with the canned chicken. You can take scrambled eggs, make sure they're very thin, and then mash them up with a fork. You can have yogurt, Greek yogurt. If it has fruit in it, you can't have the fruit. It has to be blended up. Another thing you can do is you can take chicken breasts. You can bake them with some broth. And then when they're very soft, you can put them in the blender. You can put some spices if you'd like. And a lot of times pureed food doesn't look very good, but it does taste good when you get to this point because it's more protein and some variety.

We always eat our protein first. Then you move to vegetables and very, very limited fruits and like potatoes and pasta and rice. You can take, for pureed, you can take a boiled egg and blend it up. You can take canned chicken. You can take canned tuna. Then you can even add a little bit of mayonnaise to it to make like an egg salad or chicken salad, that type of thing.

Another one that we want to incorporate is good fats. So that's like the olive tapenade or the avocado. Hummus is another one you do that for good fats. That'll again make you feel fuller, that type of thing. So, then we're going to advance. Week six and beyond. We're going to advance to regular diet. Now, you don't want to start out with steak and broccoli. You want to start out with some softer foods, like the canned tuna, canned chicken, canned salmon. There is some vegetables here you can steam. We want to do eggs and you can do eggs however you want to make them. You can do deli meat. You could do shrimp. Chili is another good one that you can start out on. You could puree chili to for your pureed diet. They have cheese sticks, different things like that during the pureed stage. You want to make sure you're doing a protein shake in between meals and you want to have structure. So after week three, you'll have structure in your diet. You'll do breakfast, lunch, dinner, and then a protein shake in between.

And at week six and regular diet, you're still going to be wanting to do that protein shake. But we don't want you to be doing two and three protein shakes a day. We want you to just do one because we want you to get most of your protein and things from food.

So there's no lifting restrictions unless you've had the hiatal hernia repair. The general rule of thumb: if it hurts, don't do it. And that applies to all activities after surgery.

So, no driving for a week after surgery. And basically, it's because we don't want you—if you would get into an accident that you might hit your tummy on the steering wheel. So, no driving for a week. You shouldn't need any dressings over your incisions.

You don't need to apply any medicine or cream to your incision. Some people use the steri strips. Those are those small strips of tape over your incisions. They'll curl up and fall off. We also use the dermabond or the surgical glue. This will fall off as your incisions heal. Do not scratch, rub or pick at the glue. It will itch, but just don't pick at it, because then they'll be the fresh incision underneath if it comes off. It's normal for them to itch when they're healing, but don't scratch them.

So, no underwater activities for two weeks at least. That includes a bathtub, a lake, an ocean, a hot tub, anything like that. If your incisions aren't healed in two weeks, don't get in the water. Just make sure you keep taking showers. In two weeks, everything's healed then you can go ahead and get in the water.

Now, pain medication. We want to make sure that you're putting your Tylenol on an every six-hour schedule when you get home, at least for the first couple days. You can have up to 1000 milligrams of Tylenol every 6 hours.

So that is two extra-strength Tylenol every 6 hours. No liquid Tylenol. It's got too much sugar and it can really hurt your tummy. You can use the caplets, you can use the Tylenol capsules, you can use the tablets. And they do have some new sprinkles that you can use. Now, for pain medication most of the time you get Dilaudid unless you're allergic to it.

You do get a very small amount of those. So we want to make sure your Tylenol is every six and then you can do the Dilaudid, or the pain medication that you get as you need it only. A lot

of times the first couple days, you may need one or two during the day and then you can just go to taking it at night if you need extra pain medication during the night.

So these are when to call any time, any of these things go on, make sure you're calling us or going into an emergency room or an urgent care. So, any trouble breathing, a fast heartbeat or both. If you have any shortness of breath or if it hurts to breathe, if you have wheezing or your heart is beating faster than usual.

If you don't feel well, you feel anxious or questions not answered in your manual. So in your book, there is a section called "Care After Surgery". It's in near the back. So this talks about everything you might have a question about. So make sure you're reading through those several times so you're familiar. If you're not able to keep liquids down or drinking, something like that; talks about incision care, nutrition, liquids, that type of thing.

These are also when to call: severe abdominal pain that is not controlled with pain medicine or worsens over time. So, if you're taking your pain medicine on a schedule and you're really keeping up with it, but this your tummy pain just will not go away and it keeps getting worse. You need to make sure you call us or get in. If you're not able to drink or keep liquids down.

If it feels like something is stuck and the liquids won't go down, or if you have repeated vomiting or throwing up, because that is not normal. If your temperature is higher than 100.5, make sure you call us. Any redness or drainage from your incision. Now, you can call us or you can do this trick. Make sure you're washing the area gently with soap and water. Pat it dry. Put a thin layer of antibiotic ointment on the incision site, cover with a bandage. If it doesn't get better in 24 hours, make sure you're giving us a call. Leg pain. This can be related to a blood clot in your leg, pain in one leg only, sudden leg swelling, and large veins near the surface of the skin, reddish blue skin or warm skin at the area of pain or swelling.

You can also have a problem like a clot in the arm or something. You know, it doesn't have to necessarily be in the legs. So, for several weeks after surgery, you're at risk for blood clots. If you're having a sleeve gastrectomy, you may go home on enteric-coated aspirin every day for two weeks. It's 325mg enteric-coated aspirin. That just means that it's got a coating on it to protect your tummy. So it's kind of that brown color. If you want to have some at home, if you're having a sleeve, you can or we can order it before you go home and you'll take it home with you.

So prevention for blood clots before surgery. Make sure you're moving your legs around after surgery, you wear your compression wraps whenever you're in bed, and then you take walks often. At home make sure you're up and about doing your activities of daily living every hour for at least 5 minutes, and then increase your walking time each day. Your goal is to walk at least 15 minutes each day by one week after your surgery. And you can certainly walk more than that. Again, it's: "if it hurts, don't do it". So if you're okay to lift light weights or if you want to walk on the treadmill or whatever is okay with you at five weeks, then we clear you for all exercise.

New as of 2019, we only do surgery at Abbott in Minneapolis, or United in Saint Paul, and that's the only two emergency rooms that the bariatric surgeons will see you in. But, if you have an emergency and something's going on, you need to go to the closest emergency room to you. We don't want you on the road trying to get to one of these other sites if you have an emergency. If you need to be transported, you will be transported to Abbott or United. If a lot of things can be handled over the phone, such as if you just need IV fluids or you need a scan or something like that. So it's pretty rare that you're actually transported to one of those sites.

So, pill size after surgery: Now, as of October, we agreed that our patients can use whole size pills after the operation. Now, that doesn't mean you can't break them up. It just means that you don't have to. Make sure you're using your common sense when you're taking the pills. Take them one at a time. Make sure your mouth is moist or you have a little water in there so you can take the pills down. But like Tylenol tablets, if you want to break those in half, you certainly can, until you're more comfortable. Everybody's going to go home on a medication called omeprazole that is a capsule. And you're okay to take the whole capsule. You don't have to sprinkle it on Jell-O and take it. You can take the whole capsule down. But again, make sure you take it by itself. Another medication you're going to go home on is stool softeners. Those will be twice a day unless you have diarrhea, okay? Then if you go more than three days without a bowel movement, you want to take a dose of milk of magnesia.

Also, no vitamins or minerals. The vitamins that we give you, you're not going to take any of those for one week after surgery. And we will tell you which ones you can start taking. So no vitamins for the first week after surgery.

Now, the other section in our book is called "Preparing for Surgery", okay? This is the medication section I'm going to go through real quick. So I told you that the three vitamins we give you, the multivitamin with iron, the vitamin D, those you can take up until the day before surgery. Any other herbal products or over-the-counter medications, not your regular blood pressure medicine, etc.--these are herbal products, vitamins or minerals--those have to be stopped for two weeks before surgery. These would be things like fish oil, anything like that that you take over the counter. Anything diabetic, medicine, you'll have to talk to your primary doctor and find out when you stop those. Again, we talked about birth control pills, for 60 days, nothing like that. And then the hormone replacement therapy, Premarin, too, is you're off of it for 60 days: 30 before surgery and 30 after surgery.

Again, the phentermine you make sure you stop that ten days before surgery. Also the the medication class of NSAIDs. So, ibuprofen, Aleve, Motrin, Celebrex, Voltaren, anything like that you have to stop for ten days before surgery. The thing you can take for pain is Tylenol or acetaminophen only. Now, blood pressure medications, most people can take their blood pressure medication the day of surgery, one that you cannot have before surgery is lisinopril. This has to be stopped the day before surgery because it interferes with anesthesia.

Thank you very much for watching this pre-op class! Again, if you have any questions, you make sure you let your nurse or you can message your doctor on MyChart.