

Your follow-up care after surgery is a key part of your treatment and progress. We look forward to seeing you throughout your weight loss surgery journey.

Contact Us:

Message us through **Patient Gateway!**

Physician Assistant voicemail for medical questions Mon – Fri (8am-4pm) 617-732-8882

Dietitian phone line for nutrition questions Mon – Fri (8am-4pm) 617-732-8884

Brigham/Faulkner On-Call Line (to reach your surgeon off-hours): 617-732-6660

Brigham and Women's Center for Weight Management and Wellness
www.brighamandwomens.org/weightlossurgery

BRIGHAM HEALTH



BRIGHAM AND WOMEN'S
Center for Weight Management and Wellness

Preparing For Your Bariatric Surgery

Before Surgery:

- Start your preoperative diet 2 weeks before surgery; stop eating after midnight the day before surgery
- Drink 1 carbohydrate drink (10oz *Ensure Pre-Surgery*, 12oz *Clearfast*, or 12oz of *Gatorade*) 3 hours before surgery. If you did not finish the drink, stop drinking 2 hours before surgery
- If prescribed by your surgeon, take Emend (Aprepitant) medication for nausea 3 hours before surgery
- You will receive a Scopolamine patch behind your ear in the preoperative area to prevent nausea
- You will receive a heparin shot to help prevent blood clots from forming

After Surgery:

- As soon as you wake up from anesthesia, you will be moved to the recovery floor
- You will be expected to walk on the unit every 1-2 hours. Moving will help decrease your chances of developing blood clots and help you maintain your muscle strength. You will also be encouraged to do deep breathing exercises to help promote circulation
- You will begin Stage 1 diet (clear liquids) on the same day as your surgery

Day after Surgery

- You will begin Stage 2 diet (clear liquids and protein shakes)
- You will be seen by a dietitian to make sure you understand your nutrition goals when you are home
- **Most patients are discharged the day after surgery**

- You will be discharged with the following medications:
 - Prilosec (omeprazole) 20 mg once a day, open capsules and sprinkle in unsweetened apple sauce (prevents heartburn). Make sure to take daily, until it runs out (even if not having heartburn)
 - Alternate Tylenol (acetaminophen) 640 mg every 6 hours as needed; Alternate with Motrin (ibuprofen) 600 mg every 6 hours as needed (*Only in patients that had a Sleeve gastrectomy*)
 - Oxycodone (or similar narcotic pain medication) every 6 hours as needed if pain is not adequately improved with Motrin and Tylenol
 - Zofran 4 mg every 6 hours as needed for nausea
 - Some patients with spasm of the esophagus may be prescribed Levsin (hyoscyamine sulfate) 0.125 mg, every 6 hours as needed
 - Some patients may go home on Lovenox (enoxaparin) injections to prevent blood clots

What to Expect For Your Recovery:

- It is normal to experience some fatigue, nausea, and surgical pain in the early days and weeks after surgery
- You will receive a call from our PA team about 5-7 days after your surgery
- Your first appointment with your surgeon or physician assistant (PA) will be scheduled for 10 days to 2 weeks after surgery
- Your first appointment with the dietitian will be in a virtual group, scheduled for 10 days to 2 weeks after surgery

How to Prepare for Your Discharge and Recovery:

- Arrange for transportation home as early as possible the day after your surgery
- Remember to have plenty of fluids and protein shakes (variety is good) ready at home
- **Hydration is your #1 priority! Drink every hour to avoid dehydration**