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:

In case you need to reach your Brigham/Faulkner surgeon off-hours for an emergency, call 617-732-6660 to have your surgeon (or on-call surgical team) paged.

For non-urgent questions/concerns:
Message us through Patient Gateway, or call the:

**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

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**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 (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, take Emend (Aprepitant) medication for nausea 3 hours before surgery
- You will receive a Scopolamine patch behind your ear and Gabapentin orally in the preoperative area to prevent nausea
- You will receive an enoxaparin (Lovenox) shot to help prevent blood clots from forming
**After Surgery:**

- From the recovery room, you will be transferred to the surgical floor or home hospital (if enrolled)

- To promote circulation and decrease blood clots, you will be expected to walk in the unit every 1-2 hours and do deep breathing exercises

- Stage 1 diet (clear liquids) will start the same day as your surgery

- **Most patients do not require narcotic (opioid) pain medication due to our comprehensive pain management protocol**

**Day after Surgery**

- You will begin Stage 2 diet

- 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**

**Medications on Discharge:**

- Prilosec (omeprazole) 20 mg once a day, (prevents heartburn). Take daily, until it runs out (even if not having heartburn)

- Alternate **Tylenol** (acetaminophen) 650 mg every 6 hours as needed; with Motrin (ibuprofen) or Celebrex 200 mg every 12 hours as needed *(if prescribed)*

- Zofran 4 mg every 6 hours as needed for nausea

- Some may be discharged with Oxycodone, but most will recover well as part of our opioid-free pathway

- If spasms of the esophagus are noted, you 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

- Miralax is encouraged if you have not had a bowel movement for 3 days. It should be stopped if you have loose stools

**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 3-5 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**