

# Patient Care Manual

## Preoperative and Postoperative Guidelines

Brigham and Women's Center for Weight Management and Wellness  
75 Francis Street Boston, Massachusetts 02115

[www.brighamandwomens.org/cwmw](http://www.brighamandwomens.org/cwmw)

Dear Patients,

On behalf of Brigham and Women’s Center for Weight Management and Wellness (CWMW) we’d like to welcome you to our program! It is our pleasure to assist you with whatever questions may arise while you are a patient with our center. This manual is meant to help guide you during your preoperative and early postoperative course.

Our team has performed thousands of weight loss surgeries and is supported by a professional staff of dietitians, physician assistants, and psychologists who specialize in caring for bariatric patients. All our surgeons are certified by the American Board of Surgery and are respected faculty members of Harvard Medical School. Our program offers quality care to every patient by developing an individual plan based upon each patient’s needs.

On behalf of our entire staff, we thank you for allowing us to accompany you on your life-changing journey.

Regards,

Your Team at Brigham and Women’s CWMW

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## Your Bariatric Team

**Bariatric Surgeon** The surgeon is the doctor who will perform your bariatric surgery. The surgeon is responsible for your surgical care before and during surgery, throughout your hospital stay after surgery, and forever after your operation. Each of our surgeons is certified by the American Board of Surgery, is a member of the American Society of Metabolic and Bariatric Surgery, and a respected faculty member of Harvard Medical School.

**Nurse Practitioner (NP) and Physician Assistant (PA)** The PAs are licensed healthcare professionals who are equipped to address any medical issues under the supervision of your surgeon. The surgeon, NP and PAs work together to review all treatment plans and medication management for each patient.

**Registered Dietitian (RD)** The RDs are licensed healthcare professionals who help you make healthy diet and lifestyle choices before and after surgery. All our RDs specialize in the field of bariatric surgery nutrition. They will help you prepare for surgery and stay on track after surgery so you can achieve your health goals.

**Psychologist/Psychiatrist/Licensed Social Worker** Our psychologists are PhD level doctors who will help with the behavioral and emotional elements of bariatric surgery. All patients will have an evaluation with a licensed mental health professional prior to bariatric surgery. Our psychologists then provide post-operative individual and group support for patients after surgery.

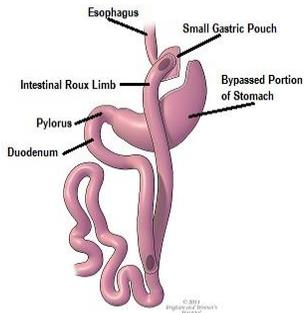
**Obesity Medicine Specialists** Some of your follow-up appointments will be with CWMW obesity medicine specialists who are expert in using medicine to help treat weight issues. We have a team of Doctors, Nurse Practitioners, and Physician Assistants who specialize in providing care to support weight loss through lifestyle, behavioral, and nutritional approaches. The staff may prescribe FDA-approved medications that can help with appetite reduction.

**Finance and Billing Coordinator** The Billing Coordinator helps patients navigate the insurance requirements during the preoperative approval process. The Billing Coordinator is also responsible for collecting the bariatric administrative program fee.

**New Patient Coordinator and Administrative Assistant** The New Patient Coordinator is your gateway to Brigham and Women's CWMW and will help you get started in the program by scheduling your initial core appointments with your bariatric surgeon, dietitians, and psychologist. You will then work with your surgeon's Administrative Assistant to schedule your appointments for after surgery.

# Surgeries Offered

## Roux-en-Y Gastric Bypass

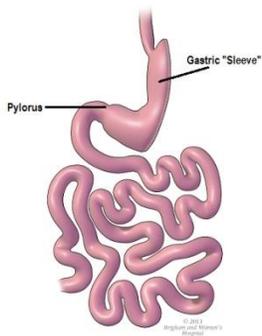


The Roux-En-Y gastric bypass is performed laparoscopically through 5-6 small incisions and takes about 90 minutes to perform. Patients typically stay in the hospital for 1-2 nights and return to work 2-4 weeks after surgery.

In this operation, the stomach is divided to create a small pouch which is about the size of an egg. The intestine is cut and attached to the small gastric pouch. Food does not pass through the larger part of the stomach or the first part of the small intestine.

After gastric bypass surgery, patients cannot eat as much food at one time. There are also stomach hormone changes which can help with medical conditions like diabetes. After gastric bypass surgery, many patients can achieve an average total weight loss of ~30% 2 years after surgery.

## Sleeve Gastrectomy



The sleeve gastrectomy is performed laparoscopically through 5-6 small incisions and takes about 75 minutes to perform. Patients typically stay in the hospital for 1 night and return to work 2-4 weeks after surgery.

In this operation about 80% of the stomach is removed, creating what looks like a tube or a sleeve and is the size of a skinny banana. In the sleeve gastrectomy, the intestines are not moved or rerouted like in the gastric bypass.

After sleeve gastrectomy, patients cannot eat as much food at one time. There are also stomach hormone changes which can help with medical conditions like diabetes. After the sleeve gastrectomy many patients can achieve an average total weight loss of ~25% at 2 years after surgery.

## Conversion and Revisional Surgeries

These procedures are done on a case by case basis and vary patient to patient. If you have had previous bariatric surgery, and are interested in a second procedure, it will be reviewed by the surgeon and our team to decide whether it is medically necessary.

## Risks

Bariatric surgery is associated with some risks, including, but not limited, to: Obstruction or blockage in the intestines, ulcer, stricture or tightening of the connections, vitamin and mineral deficiencies, bleeding, blood clots, organ injury, leaks from staple lines or along digestive tract, infections, breathing problems, heart attack or stroke, and death.

## **Finance and Insurance Information**

### **Patient Responsibilities**

- Speak with a benefits representative at your insurance company to confirm you have coverage for bariatric surgery and that Brigham and Women's Hospital, Brigham and Women's Faulkner Hospital and/or South Shore Hospital is within network.
- Always ask if you have any specific insurance policy exclusions. If you have more than one insurance plan, make sure you check both to make sure bariatric surgery is included.
- Please consider the costs associated with the preoperative work up, such as having blood drawn and other tests, and find out how much your insurance will cover, and the amount applied toward your deductible.
- If your insurance requires referrals, please get referrals from your primary care physician for the bariatric surgery providers you are scheduled with (surgeons, psychologists, dietitians, and other specialists). Check your mental health benefits to see if our psychologist is covered under your insurance plan. Additional information for verifying your coverage for nutrition visits is below.
- If your insurance changes at any time during your preoperative phase, contact patient registration (866 489-4056) and our offices immediately.

### **Verifying Your Coverage for Visits with the Dietitians**

Call the member services number on the back of your card. Here are some important questions to ask:

- a. Does my plan cover outpatient nutrition counseling?
  - If yes, how many sessions are allowed?
  - Does my plan only cover visits that considered "medically necessary"?
- b. Do I have a deductible to meet first?
- c. What is my co-pay amount for outpatient nutrition counseling?

Notes:

- Nutrition counseling is sometimes considered a "specialist" appointment and the co-pay may be different than what is listed on your card.
- If you have concerns about your coverage, call our team to discuss possible alternative options.

## **Pre-operative Appointment Attendance Policy**

The mission of Brigham and Women's Hospital is to provide quality care to its patients. Critical to our ability to provide this care, is for our patients to keep their regularly scheduled appointments. If you miss or "no-show" 2 or more appointments, your surgeon and multidisciplinary team will evaluate your future involvement with CWMW. Please make every effort to cancel appointments with more than 24 hours' notice and/or keep us updated with your availability.

## **Guide to Your Preoperative Appointments**

### **Required Preoperative Appointments**

#### **Appointment Types:**

- Consult with bariatric surgeon
- 1-hour group nutrition class with dietitian
- 30-min individual nutrition assessment with dietitian
- 30-min individual nutrition follow-up appointment with dietitian
- Health and physical assessment from Primary Care Physician (within the last year)
- 1-hour Consult with psychologist
- 1-2 hour preoperative appointment (Anesthesia appointment)
  - Mandatory for all patients to be cleared by anesthesia
  - Can be no more than 30 days prior to surgery and no less than 24 hours prior to surgery

Additional Preoperative Appointments May be Required (depending on your insurance or medical history):

- 3 to 6 consecutive months of nutrition visits
- Additional appointments with your surgeon, psychologist and/or dietitian
- Pulmonary clearance
- Upper GI Series X-Ray
- Abdominal ultrasound to evaluate for gallstones
- Endoscopy
- Cardiology clearance
- H. Pylori Test
- Other medical clearance appointments as needed

## Guide to Your Postoperative Appointments

We are wishing you the best for your surgery! We want to help you be successful and stay healthy. Remember to meet with your clinical team regularly after surgery at these times:

### **Postoperative Appointments with the Surgeon or Physician Assistant**

- 2-3 weeks
- 6-8 weeks
- 6 months
- 12 months
- Meet with your surgeon as needed

### **Postoperative Appointments with the Medical Weight Management (MWM) Team**

- 9 months
- 18 months
- Continue at least every 6-12 months

### **Postoperative Appointments with the Dietitian**

- 2-3 weeks (group visit)
- 3 months
- 6 months (group visit available)
- 9 months (group visit available)
- 12 months (group visit available)
- After 12 months, meet with the dietitian at least twice per year (individually, or in a group setting)

### **Postoperative Appointments with the Psychologist**

- 6-8 weeks (group visit)
- 6 months (group visit)
- 12 months (group visit)
- After 12 months, meet with the psychologist at least once per year

#### **Outline of your recommended appointments for after surgery:**

	<b>2-3 weeks</b>	<b>6-8 weeks</b>	<b>3 months</b>	<b>6 months</b>	<b>9 months</b>	<b>1 year</b>	<b>18 months</b>	<b>2+ years</b>
<b>Surgeon/PA</b>	✓	✓		✓		✓		✓
<b>MWM Team</b>					✓		✓	
<b>Dietitian</b>	✓		✓	✓	✓	✓	✓	✓
<b>Psychologist</b>		✓		✓		✓		✓

### **Bariatric Forum**

Please join us before or after surgery for our monthly Virtual Bariatric Forum. A full schedule with monthly topics can be found on our website under Program Events:

[www.brighamandwomens.org/cwmw](http://www.brighamandwomens.org/cwmw)

### **Bariatric Behavioral Support Groups**

Our psychologists hold virtual support groups designed to help those who are requiring extra support. Please contact your surgeon’s administrative assistant to schedule.

# Preparing for Your Bariatric Surgery

## 1. Nutrition preparation

- You will work with the dietitians on forming habits that will help your recovery and help you reach your health and weight goals after surgery. Some of these habits could be related to:
  - Supporting hydration
  - Eating and drinking slowly and mindfully
  - Meal planning
  - Eating on a schedule to avoid grazing patterns
  - Preparing for a preoperative diet
  - Following a vitamin/mineral plan to prevent deficiencies
- More information will be reviewed in your preoperative appointments

## 2. Preoperative weight loss

- Our team may encourage you to lose some weight before surgery. This will be discussed in more detail with your surgeon.
- All patients will be asked to go on a Preoperative Diet 2 weeks before surgery to help make surgery safer (this will be reviewed with the dietitians).

## 3. Behavioral preparation

- You'll work with your psychologist to prepare for common challenges after surgery that could include:
  - Body image adjustments
  - "Mourning" the loss of food
  - Managing compulsive behaviors
- More information will be reviewed in your preoperative appointments

## 4. Stop smoking

- You'll be asked to stop smoking for at least 6 weeks before your surgery.

## 5. Stopping/reducing alcohol

- Our recommendations are to avoid alcohol for 12 months after surgery.

## Preparing for Your Hospital Stay and Recovery

- In the hospital after surgery, you will be expected to walk around the unit every 1-2 hours. Moving will help decrease the chances of developing blood clots. You will also be encouraged to do deep breathing exercises to help promote circulation.
- Most patients are sent home the day after surgery and will continue their recovery from home.
- It is normal to experience some fatigue, nausea, and surgical pain in the early days and weeks after surgery.
- You will receive a check-in call from our Physician Assistant team about 3-5 days after your surgery.

## Home Care After Surgery

### Wound Care

- If you have dressings, remove dressings after 24 hours of being home.
- Do not remove steri-strips or derma bond. They will fall off by themselves in 10-14 days after your surgery.
- Leave your incisions open to the air. You do not need to cover them with a bandage.
- After showering, pat your incisions dry. Do not soak or scrub your incisions. Avoid submerging yourself in water such as taking a bath or pool until you see your physician.
- Do not scratch your incisions (it is normal for your incision to feel itchy).
- Do not use creams or gels on your incisions for 14 days after surgery or after the skin glue or steri-strips have fallen off.
- Check your incisions daily for abnormalities such as unusual drainage, redness or tenderness. Take pictures of your incisions if you are concerned, to track how they are changing.

### Nutrition & Hydration

- It is important to drink lots of fluid. Try taking one small sip every few minutes.
- Remember to use the nutrition guidelines booklet to follow the postoperative diet stages.

### Activity

- Get up and walk in the house every 1-2 hours. You can walk more as you feel stronger. It is okay to walk outside once you feel up to it.
- Move slowly from lying to standing and from sitting to standing so that you don't feel dizzy.
- Do not drive after taking any prescription pain medicine in the last 24 hours. It is okay to drive if you are only taking Tylenol (acetaminophen) for pain.

### Medicine

- If you plan to take Motrin, Advil, ibuprofen, Aleve, and Naprosyn on a regular basis, please discuss this with your physician. These medicines can irritate your stomach. They can also cause pain and stomach ulcers with certain weight loss procedures. If you are unsure, please call your physician.
- Do not swallow pills that are bigger than the top of a thumb tack. Pills that are bigger should be cut into small pieces or crushed.
- It is okay to take Tylenol (acetaminophen). Follow the directions on the bottle. Do not take more than 3 grams (3,000 mg) of Tylenol in 24-hours

- Your doctor may prescribe narcotic pain medicine upon your discharge from the hospital. Reduce your narcotic pain medicine as you are healing. You should no longer be taking narcotics by your first follow-up appointment.
- Take immediate-release medications. Avoid taking long-acting or extended-release medicines. These do not work well after surgery and most should not be cut or crushed.

### **Bowel and Bladder**

- Pay attention to the color of your urine. It should be light yellow, not dark. If dark, try to do your best to drink more.
- You should pass gas every day. You might not have a bowel movement every day.
- For constipation, you can take a mild-laxative such as Miralax.
- It is okay to take fiber supplements (such as Metamucil) if you can drink at least 48froz/day.
- It is common to develop a temporary lactose intolerance after surgery. This can cause cramping, bloating, gas, and/or diarrhea. If you are experiencing these symptoms:
  - Stop drinking protein shakes for 24 hours. Keep drinking your fluids.
  - After temporarily stopping protein shakes, look for lactose-free shakes or shakes that are made from "whey protein isolate," or call the dietitian line if you need help.
  - Call the PA line with diarrhea lasting for more than 2 days.

### **Call your doctor/PA if you have any of the following:**

- A temperature higher than 100.5° F.
- An incision that looks red, swollen, or has green or yellow drainage.
- Belly (abdominal) pain that does not get better after using your pain medicine.
- Uncontrolled nausea that does not improve with medications or vomiting.
- Not able to drink more than 20oz of fluid in a day.
- Pain or swelling in one of your legs.
- Sudden onset of shortness of breath.
- Pain or trouble with urinating.
- Black or bloody bowel movements.
- Dark urine throughout the day.
- Trouble taking your medicines or questions about your medicines.

### **Go to the emergency room immediately if you have any of the following:**

- Chest pain or trouble breathing that does not get better when you rest. Call 911.
- Vomit with bright red blood.

## Contacting CWMW

**Remember: In an emergency, ALWAYS call 911.**

Message us through **patient gateway!**

### Phone Numbers:

- Dr. Ghushe 781-624-4906
- Dr. Robinson 617-732-8272
- Dr. Sheu 617-732-6337
- Dr. Shikora 617-732-6337
- Dr. Spector 617-983-4887
- Dr. Tavakkoli 617-732-6337
- Dr. Tsai 617-983-4512
- Dr. Vernon 617-732-6337
- Physician Assistant Voicemail 617-732-8882
- Dietitian Voicemail 617-732-8884
- Billing Coordinator 617-732-6408
- New Patient Coordinator 617-732-6960

**Please call 617-732-6660 if you have an urgent problem or an issue that occurs during the evening or weekend. Ask the page operator to page the bariatric surgeon on call.**