

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

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

Preparing For Your Bariatric Surgery

Before Surgery:

- Start your preoperative diet 2 weeks before surgery; stop eating after midnight the day before surgery
 - If on a GLP1 RA, you will need to be on a Clear Liquid Diet 1 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 a 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**