

Patient Care Guide for Metabolic and Bariatric Surgery

Guide to help you get ready for surgery and prepare for life after surgery.

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

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 packet will 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, obesity medicine specialists 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

Content	Page Numbers
Contacting CWMW	<u>2</u>
Your Bariatric Care Team	<u>3</u>
Surgery Overview (including risks/complications)	<u>4-7</u>
Cost and Insurance Information	<u>8-9</u>
Preoperative Appointment Attendance Policy	<u>9</u>
Preoperative Appointments	<u>10</u>
Preparing for your Bariatric Surgery	<u>11</u>
Home Care after your Bariatric Surgery	<u>11-12</u>
Postoperative Appointments	<u>13</u>

Contacting Your Bariatric Team

Remember: In an emergency, ALWAYS call 911.

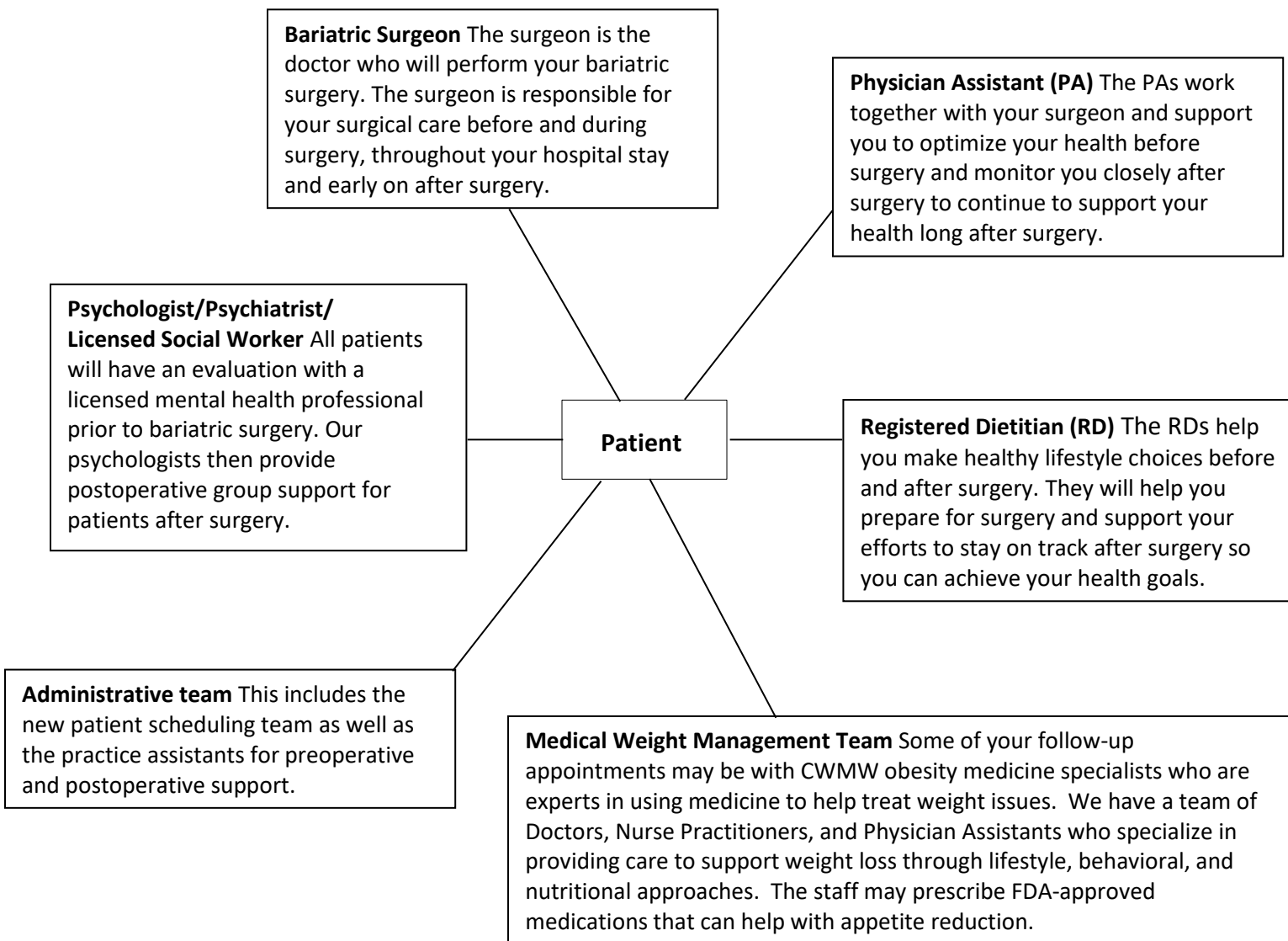
Message us through **patient gateway!**

Tips for patient gateway:

- It is best to send messages that are brief, straightforward, and only focus on one concern at a time.
- Patient gateway can be used for non-urgent messages. We aim to respond to messages within 2-3 business days.
- You may get a response from a member of the team other than your doctor.
- Please call the office directly for any urgent concerns.

Clinical Phone Numbers	
Urgent problems during “off hours” (weekends/evenings) if you had your surgery at <u>Brigham and Women’s Hospital/Brigham and Women’s Faulkner Hospital</u>	617-732-6660 Ask the page operator to page the bariatric surgeon on call.
Urgent problems “off hours” (weekends/evenings) if you had your surgery at <u>South shore Hospital</u>	781-534-7700 Ask the page operator to page Dr. Ghushe and/or the surgeon covering bariatrics.
Physician Assistant Voicemail Please use for non-emergent medical questions (not for scheduling or insurance questions). You will get a response from clinical staff within 24 hours or the next business day, Monday-Friday 8:30-4:30pm.	617-732-8882
Dietitian Voicemail	617-732-8884
Administrative Phone Numbers	
Dr. Ghushe	781-534-7706
Dr. Nimeri	617-525-8570
Dr. Robinson	617-732-8272
Dr. Sheu	617-732-6337
Dr. Shikora	617-525-8570
Dr. Spector	617-983-4887
Dr. Tavakkoli	617-732-6337
Dr. Tsai	617-983-4512
Dr. Vernon	617-732-6337
Billing Coordinator	617-732-5580
CWMW Access Center Team	617-525-3597

Your Bariatric Team



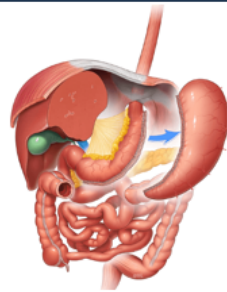
Primary Weight Loss Surgery Options

Commonly Performed Procedures



Adjustable Gastric Band

- Lowest weight loss
- Highest risk of long-term reoperations
- Highest risk of weight regain
- Rarely performed now



Sleeve Gastrectomy (SG)

- Introduced in 2000's
- **Most commonly performed**
- Lose 25% current weight
- Lower risk than RYGB
- Less weight loss in BMI>50
- May cause reflux



Roux-en-Y Gastric Bypass (RYGB)

- Introduced in 1960's
- Lose 31% current weight
- Better improvement in diabetes than SG
- Better weight loss than SG
- Improves reflux
- Risk of ulcer and hernias

If your BMI is >50, you may qualify for



SG with Single Anastomosis Duodenoileostomy (SADI-S)

- Introduced in 2000's
- Lower risk than DS
- Less weight loss than DS
- More reflux than DS



Duodenal Switch (DS)

- Introduced in 1970's
- Greatest weight loss
- Higher surgical risk

Greatest risk of nutritional deficiencies

Revisional surgery recommendations may vary based on other factors

Understanding Risks and Complications of Metabolic/Bariatric Surgery

Using the MBSAQIP Risk Calculator with your surgeon can help you understand *your* risk of possible complications.

	Sleeve Gastrectomy (SG)	Roux-En-Y Gastric Bypass (RYGB)	Sleeve with Single Anastomosis Duodenoileostomy (SADI-S)	Duodenal Switch (DS)
Major bleeding	In the stomach or intestines leading to blood to pass in the stool or appear during vomiting. Bleeding may also occur outside the intestines and into the abdomen (belly) or as bruising near incisions. A blood transfusion or additional surgery may be needed to treat these conditions.			
Leak	A leak is a rare complication that may result in extra time in the hospital, additional surgery, a long period of time when eating by mouth may not be available, the need for antibiotics, organ failure and/or death.			
Blood clots in the legs which could travel to the lungs	A blood thinner will be given to decrease the risk of blood clots forming and, in some cases, may be needed for an extended period after surgery. The risks of blood thinners include bleeding and allergic reactions. You will be asked to wear leg compression devices while in the hospital and will walk after surgery to decrease the risk of blood clots forming in the legs. <i>It's important to let us know if you have personal or family history of blood clots.</i>			
Risk of injury to organs in area of surgery	Including but not limited to the esophagus, stomach, spleen, pancreas, liver, gallbladder, small and large intestines. Additionally, if there is significant bleeding from the spleen it may require removal.			
Obstruction of stomach or intestines	This can occur due to tightness (stricture) or a kink of the stomach made at the time of surgery. Other causes of blocking include bleeding, scar tissue, twists of the intestines or hernias. This problem may occur at any time immediately or several years after the surgery and require endoscopies or other surgeries to fix.			
Reflux of stomach acid and heartburn	This can be a common symptom after a sleeve gastrectomy or SADI-S and medications may be needed to control it. However, heartburn may sometimes be difficult to control even with medications and additional surgery, such as conversion to a Gastric Bypass, may be required.			
Food intolerance	Especially fatty, greasy foods, and/or foods or liquids containing milk, and/ or sweets.			
Vitamin and mineral deficiency	Deficiencies may result in a low blood count (anemia), weakened bones (osteoporosis), and/or, in rare circumstances, permanent injury to the brain. The risk of this happening is decreased with vitamin and mineral supplementation and lab monitoring.			
Change in bowel habits	Including constipation, diarrhea, and excessive gas. SADI-S and DS surgeries are likely to cause more changes in bowel habits.			
Gallbladder problems	Gallstones formation may occur. If this happens, gallbladder removal may be needed. We will give you a medication in the first 6 months after surgery to minimize development of gallstones.			
Gaining some or all of weight back	Some degree of weight gain occurs in all surgeries. Chances of this are reduced with regular follow up with your medical team, including surgeon/physician assistant, psychologist and dietitian.			

Temporary hair loss	This occurs in many people after a weight loss operation but, the hair grows back.
Ulcers	May form causing pain, bleeding, or a hole in the intestines or stomach. Taking NSAID medications (Advil®, Motrin®, Aleve®, Ibuprofen, Aspirin, Celebrex®, etc.) and smoking cigarettes will significantly increase the risk of getting an ulcer. Most common after RYGB or SADI-S and DS.

Less common complications include but are not limited to:

Possible need to change from laparoscopic to open procedure

Heart Attack

Stroke

Need for intensive care unit admission for breathing machine (ventilator or respirator)

Excessive Weight Loss

Kidney Failure

Psychiatric Complications

Other complications that may occur include but are not limited to: allergic reactions, headaches, medication side-effects, heartburn, bruising, gout flares, anesthetic complications, gas bloating, minor wound drainage, wound opening, scar formation, urinary tract infection, urinary retention, pressure sores, low blood sugar, dizziness when standing up, and pneumonia.

Weight Loss Surgery Options

All surgeries are performed laparoscopically, with 4-6 small incisions. Your surgeon will review risks and benefits of each and provide recommendations based on your personal history and health goals. Most people will return to work within 2-4 weeks, depending on the physical demands of your job.

	Sleeve Gastrectomy (SG)	Roux-en-Y Gastric Bypass (RYGB)	Single Anastomosis Duodenal- Ileal Bypass with Sleeve (SADI-S)	Duodenal Switch (DS)
Surgery overview	About 80% of the stomach is removed, creating what looks like a tube or a sleeve and is the size of a small banana.	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.	The SADI-S starts the same as a SG by removing ~ 80% of the stomach. In addition, part of the upper small intestine gets divided and connected to a loop of the lower, small intestine.	The DS is like the SADI-S, as it starts as a SG by removing ~80% of the stomach. The upper small intestine gets divided. The lower intestine is divided much further down than SADI-S, so it is the most malabsorptive procedure. This part gets connected to the stomach. The remaining intestine is connected back to itself to allow enzymes and bile to mix with food, to support digestion.
How it helps with weight loss and health improvements	Restriction (helps with eating less)			
	Hormonal changes (hunger is less, stronger fullness signals)			
	Malabsorption of calories			
Length of surgery	~1 hour	~ 1.5 – 2 hours	~ 3 hours	~ 3.5 hours
Time in hospital*	1 night	1-2 nights	1-2 nights	1-2 nights
Average total weight loss at 1 year	25%	31%	Higher than RYGB	Higher than SADI-S

***You may be eligible to participate in our Home Hospital Program (more information will be reviewed at your first visit with your Surgeon and/or Physician Assistant).**

Determining Your Insurance Coverage for Bariatric Surgery

Required steps for every patient:

1. Make sure to speak with a benefits representative at your insurance company to confirm if you have coverage for bariatric surgery.
 - Sometimes employers can customize the plan to exclude specific coverage, such as bariatric surgery.

2. Ask if you have coverage for your surgery:

Gastric Bypass	CPT code = 43644
Sleeve Gastrectomy	CPT code = 43775
SADI-S or Duodenal Switch	CPT code = 43659

3. Ask if your surgery can be done at the following hospital(s):
 - Brigham and Women’s Hospital
 - Brigham and Women’s’ Faulkner Hospital
 - South Shore Hospital (Dr. Ghushie patients only)
4. Ask if your plan requires a “**Center of Excellence**” institution.
 - This is common with some United, Aetna, Blue Cross, Cigna and other plans (this always subject to change).
5. 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.

Lastly, in addition to our program visits , you may need additional visits. Verify with your plan if a certain amount of time is needed to demonstrate medically supervised weight loss prior to surgery.				
Health Plan Related Requirements for Bariatric Surgery	No additional visits required	3 months	4-6 months	6 months
	BCBS MA	Medicare	MassHealth	Anthem BCBS (any state)
	BCBS New England	BCBS Federal	MGB Healthplan/ MGBHP ACO	BCBS Rhode Island
	Harvard Pilgrim	Cigna	Timeline varies based on progress towards pre-op goals and visit history with weight management providers.	Commonwealth Care Alliance
	MGB Health Plan	Aetna*		Wellpoint (Unicare/GIC)
	Tufts	*A minimum of 12 appointments with health professionals that discuss a nutrition and/or behavioral treatment plan that supports weight management		Fallon
	Wellsense			BCBS Minnesota
	BCBS TX			
	BCBS IL			
United/United Choice Plus is 0-6 months depending on individual plan.				

Other possible financial impacts of bariatric surgery:

- Consider the costs of your 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.
- Check your mental health benefits to see if our psychologist is covered under your insurance plan.
- Check your coverage for nutrition visits with the dietitian under your insurance plan.
- Verify any other out-of-pocket costs to expect.
- If your insurance changes at any time, contact patient registration (866 489-4056) and our offices immediately.

Additional reminders:

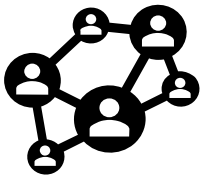
Virtual visit expectations:



- Please remember to conduct virtual visits with your video on, in a quiet space away from others who could hear your conversation. We do not recommend that you complete a virtual visit in a public area or while driving.
- Please remember that you will need to be in Massachusetts during your virtual visit unless your provider is licensed in another state. Please see additional tips for virtual visits [here](#).

Preoperative appointment 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” multiple appointments, your 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.



Looking to connect to other patients in the program?
Ask how to join our private CWMW Facebook page.



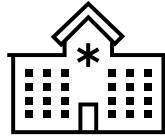
Your Pre-surgery Appointments:

Both in person and virtual appointments available.

You will be asked for your weight during many of your virtual appointments so please do your best to have a scale, or a recent weight available.

Appointment Type	Brief examples of what will be reviewed:
Consult with Bariatric Surgeon or Physician Assistant (PA)	<ul style="list-style-type: none"> • Which surgery (or which obesity treatment) is best • Medical and surgical history • <i>If necessary</i>, set goals around stopping smoking, alcohol reduction, losing weight before surgery • Outline additional appointments that may be needed
Consult with Bariatric Program Psychologist	<ul style="list-style-type: none"> • Review of your mental health and weight history • Current and past problematic eating behaviors • Support system, housing, financial and food insecurity • Motivation and knowledge around bariatric surgery • Preparing for healthy eating practices, incorporating exercise, addressing sleep habits
Group Nutrition Class with Dietitian	<ul style="list-style-type: none"> • Importance of mindful eating and drinking • Learn about hydration, protein shakes, and the stages of eating after surgery • Overview of vitamins/minerals
Individual Nutrition Assessment with Dietitian	<ul style="list-style-type: none"> • Current eating patterns/food log and what can cause eating patterns to change (stress, work, people, etc.) • Support system, food insecurity • Set goals for lifestyle change • How to be prepared for protein shakes, vitamins, and minerals
Individual Nutrition Follow-up(s) with Dietitian	<ul style="list-style-type: none"> • The early stages of eating and drinking after surgery (including vitamins and minerals) • Progress towards your own goals • Getting ready for the 2-week preoperative diet
Follow-up with your Bariatric Surgeon or PA	<ul style="list-style-type: none"> • Weight loss progress check-in (if necessary) • Risks and benefits of surgery • Review medication changes • Review the “Before your Bariatric Surgery” pamphlet (Emend prescription), medication changes, etc. • Make sure you have the right contact information for questions • Research study introduction • FMLA paperwork (this usually takes a few weeks)
Pre-op Group with PA (virtual)	<ul style="list-style-type: none"> • Optional; 2-3 weeks before surgery, refreshers on hospital stay and immediate post-op information is reviewed
Anesthesia appointment	<ul style="list-style-type: none"> • Typically, a phone call to review medications and medical history before your surgery
More appointments may be helpful for some patients to optimize care before 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.
- You can shower 2 days after surgery. Pat the incisions dry after your shower. Do not soak or scrub your incisions. Do not take a bath or go swimming for 2 weeks after surgery.
- 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 fluids. 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 (Refer to [page 2](#) for phone numbers):

- 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.

Staying Connected to the Program Through Your Postoperative Appointments

We want to help you be successful and stay healthy long after your surgery. Remember to meet with your team regularly after surgery at these times. Both in person and virtual appointments are available!

Time after surgery	Surgeon	Physician Assistant (PA)	Psychologist	Dietitian	Bariatric Forum
1-3 weeks	✓	✓		Nutrition Post-op Group	This is our support group that is available to all patients, no sign-up needed. Our schedule is available on our website.
6-8 weeks		✓	Initial Post-op Group		
8-12 weeks					
3 months				✓	
6 months		✓	Bariatric Behavioral Group (encouraged to attend monthly)	✓ *	
9 months				✓ *	
1 year		✓		✓ *	
18 months		✓		✓ *	
2 + years		✓		✓ *	
(Individual visit or *Lifestyle Group is available)					
If you need additional support with weight and health goals after your surgery, our medical weight management team is here to help you explore medication options.					

Why is follow-up important after surgery ?

- Obesity is a chronic disease and staying connected to the program will help make sure you get the right support when you need it.
- The rate and amount of weight you lose varies by age, gender, eating patterns, activity level, etc. so meeting with your care team regularly will make sure the right nutrition plan is in place to support you.
- Help you through weight plateaus
 - Weight plateaus are when your weight doesn't move for a few weeks. These are very common after surgery and the cause isn't always known. After surgery, many internal changes are happening that don't always get noticed by the scale so make sure you pay attention to how your clothes are fitting, (and other non-scale related areas) as another way to track your progress.
- Check your vitamin/mineral labs to minimize the risk of vitamin deficiencies.