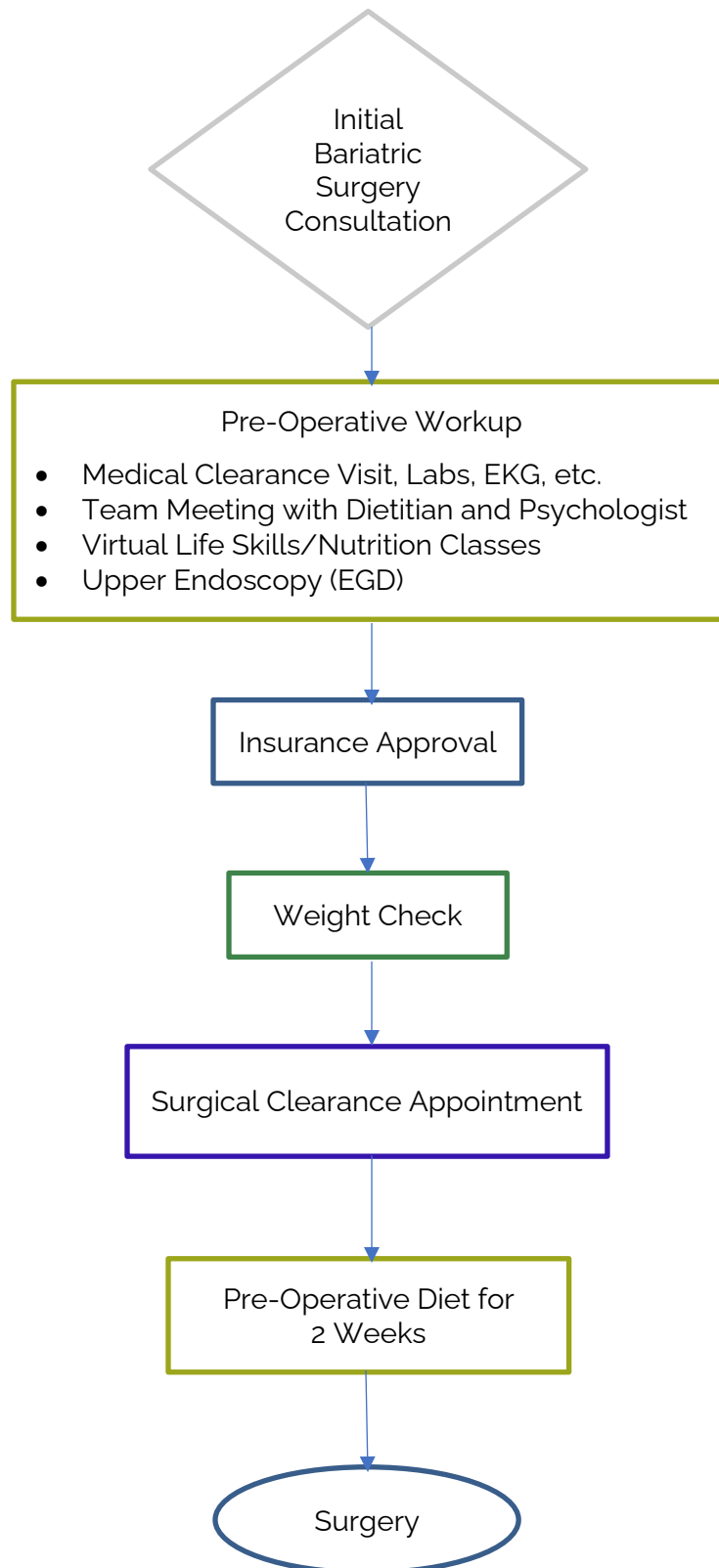


# Bariatric Surgery Services Guide



**ChristianaCare**<sup>TM</sup>  
**Wilmington Campus**

Caitlin Halbert, DO, MS, FACS  
Anthony Tascone, MD, FACS  
Mingwei Ni, MD, PhD, FACS, FASMBS  
Michael Goldberg, MD, FACS, FASMBS  
Elizabeth McCarthy, MD



## PRE-SURGERY CHECKLIST

**My Surgeon:** \_\_\_\_\_ **Initial Weight:** \_\_\_\_\_ lb.

**Primary Care Provider:**

	Date	Time
<b>Weight Loss Surgery Information Seminar</b>		
<b>Surgical Consultation Appointment</b>		
<b>Upper Endoscopy</b>		
<b>CSO Evaluation for Medical Clearance (302) 320-5131</b>		
Lab Work		
EKG		
Sleep Study (if needed)		
Compliance Report (if needed)		
Other Testing/ Consultations (if needed):		
<b>Weight Management Center (302) 623-3475, Option 2</b>		
Team Appointment with Registered Dietician and Psychologist		
Classes (All classes are virtual)		
Life Skills Class 1		
Life Skills Class 2		
Life Skills Class 3		
Nutrition Class 1 (if needed)		
Nutrition Class 2 (if needed)		
Nutrition Class 3 (if needed)		
<b>Weight Check Appointment</b>		
<b>Pre-Operative Appointment with Surgeon</b>		
<b>Surgery Date</b>		

*\*Please note that appointments may not be in the order listed above*

**Please sign up for the Virtual Bariatric Support Group by emailing:  
 BariatricSurgeryProgram@christianacare.org**

## REFERRAL DIRECTORY

<b>ChristianaCare Primary Care</b>	
<b>Wilmington Adult Medicine</b> Wilmington Health Center Wilmington Hospital 501 W. 14 <sup>th</sup> Street Wilmington, DE 19801 <b>302-320-4410</b> Monday-Friday 8am-5pm. Tuesday until 8:30	<b>ChristianaCare Primary Care at MAP 2</b> 4735 Ogletown-Stanton Road, Suite 1250 Newark, DE 19713 <b>302-623-0200</b> Monday 7:30am to 7:30pm Tuesday-Thursday 7am-7pm Friday 7am-4:30pm. Saturday 8am-12pm

<b>ChristianaCare Cardiology Consultants 302-623-1929</b>		
<i>Practice Locations (ask about more locations):</i>		
<b>Medical Arts Pavilion 2</b> 4735 Ogletown Stanton Rd Suite 2123 Newark, DE 19713	<b>Smyrna Health &amp; Wellness Center</b> 100 South Main Street Smyrna, DE 19977	<b>Concord Plaza</b> Quillen Building 3521 Silverside Road Suite 1C Wilmington, DE 19810

<b>ChristianaCare Pulmonary Associates 302-623-7600</b>	
<i>Practice Locations</i>	
<b>Medical Arts Pavilion 1</b> 4755 Ogletown-Stanton Rd Suite 220 Newark, DE 19713	<b>Wilmington Hospital</b> 501 West 14 <sup>th</sup> Street Gateway Bldg., 4 <sup>th</sup> Floor Wilmington, DE 19801

<b>ChristianaCare Endocrinology Specialists 302-661-3070</b>		
<i>Practice Locations</i>		
<b>Medical Arts Pavilion 2</b> 4735 Ogletown-Stanton Road Suite 3201 Newark, DE 19711	<b>Wilmington Hospital</b> 501 West 14 <sup>th</sup> Street Gateway Bldg., 4 <sup>th</sup> Floor Wilmington, DE 19801	<b>Smyrna Health</b> 100 South Main Street Smyrna, DE 19977

<b>ChristianaCare Lab Services</b>	
<i>Practice Locations (ask about more locations)</i>	
Lab Services at Christian Hospital Campus 4745 Ogletown-Stanton Road Newark, DE 19713 302-733-6244 6am- 5pm, Monday – Friday	Lab Services at Wilmington Hospital 501 West 14 <sup>th</sup> Street, Room 2S03A Wilmington, DE 19801 302-320-6801 7am-4:45pm Monday – Friday 8am – 11:45am Saturday

## **BEFORE SURGERY FAQ**

### **Q: What weight is submitted to insurance?**

A: You will be weighed at your surgery consult appointment. This is the weight we use to qualify you for surgery. You will be weighed again just before you are scheduled for your surgery to show that you have maintained or lost weight during your surgical workup. Surgery will be delayed in patients that gain weight during the pre-operative process.

### **Q: What will my insurance require?**

A: First, you should call your insurance company to see if your insurance covers bariatric surgery. Each insurance company will have different requirements to get final approval for your surgery. It is important for you to check with your insurance company regarding those requirements. Our team will work with you to make sure you have met all requirements before submitting your chart for insurance approval.

### **Q: What are the ChristianaCare Bariatric Surgery requirements?**

A: The ChristianaCare Bariatric Surgery Program requires you to have a consult with a bariatric surgeon, to get medically cleared through our CSO Clinic, to undergo a psychology evaluation and nutritional evaluation, and to attend three Life Skills classes. Life Skills classes are designed to educate you on your surgery, pre-operative and post-operative diets, lifestyle changes, and nutritional requirements.

### **Q: What is CSO and what do I need to do?**

A: The CSO (Center for Surgical Optimization) clinic is where your surgeon will refer you to make sure you are safe to have surgery. This team will order any necessary testing for you to complete to be cleared to have your surgery. This could include lab work, an EKG, a sleep study, or consultations with specialists. Please refer to the Before Surgery Section of your binder titled "Pre-Surgery Checklist".

**Q: When will I know if I have met all the requirements to have my surgery scheduled?**

A: You will be contacted by the surgical office to schedule a pre-operative appointment with the surgeon and an in-person weigh-in after completion of the following:

- Medical clearance by the CSO team
- Life Skills classes (and other nutrition classes, if necessary)
- An upper endoscopy (EGD)
- Final approval by your insurance

After your final weigh-in, you will be scheduled for your surgery. You will also be given instructions on when to start your pre-operative diet.

**Q: When do I start the pre-operative diet?**

A: This will start 2 weeks before your surgery. You will need to follow this diet closely. The diet will help shrink the liver, making the surgery safer. You should lose weight in the process as well. Hunger and other symptoms usually go away after about 3 days. Please refer to the Life Skills Section of your binder for more information about the diet. To prevent constipation, please take a stool softener 1-2 times daily.

**Q: What should I bring on the day of surgery?**

A: Please do not wear jewelry, including body jewelry, makeup, or contact lenses. Remove nail polish, if possible. Wear loose and comfortable clothing. Do not bring money, credit cards, wallets, or purses. Bring photo identification and a copy of Living Will or Power of Attorney, if available. If you have obstructive sleep apnea, bring your CPAP. You will use this while in the hospital.

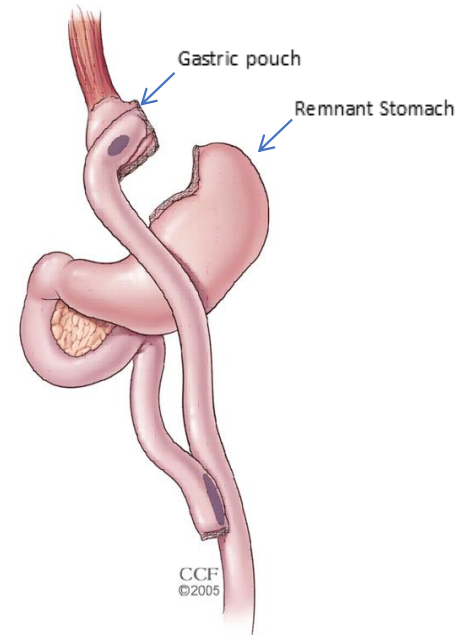
**Q: What if I have questions during the pre-operative process?**

A: The best way to contact the team for nonurgent questions is to send a message through the ChristianaCare Patient Portal. All patients should be signed up for the Patient Portal at their initial consultation with the surgeon. For more urgent matters please call the office. Phone numbers are listed at the top of the page.

## SURGERIES WE OFFER

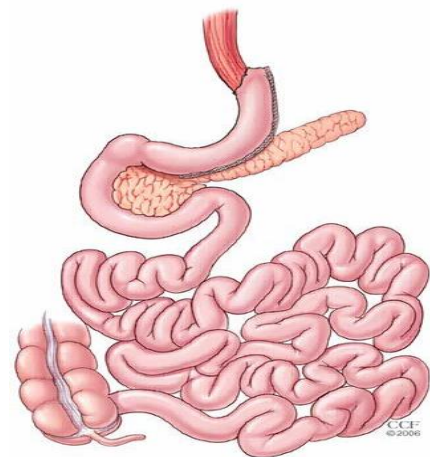
### Roux-en-Y Gastric Bypass

In the Roux-en-Y gastric bypass procedure, a small pouch is created that is roughly the size of an egg. The lower intestines are then brought up to this pouch and a connection is made. Because of this, food flows from the small stomach pouch directly into the lower intestines, "bypassing" most of the stomach and the first part of the small intestines. Nothing is removed from the body in a gastric bypass, but the intestines are "rearranged." This procedure causes patients to eat much less food because of the small stomach pouch, and it also causes certain foods to be absorbed less effectively. For this reason, a gastric bypass tends to produce better weight loss than the sleeve gastrectomy.



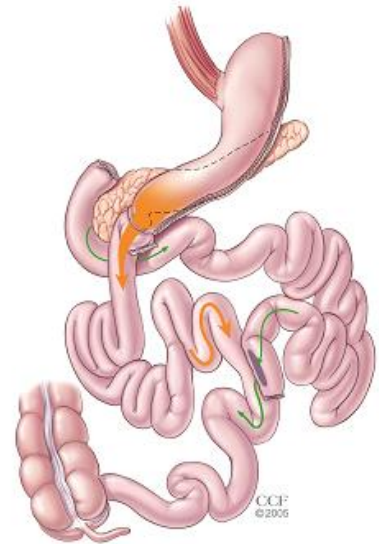
### Sleeve Gastrectomy

The sleeve gastrectomy is an operation in which most of the stomach is removed from the body. This results in a new stomach that is roughly the size and shape of a banana. This operation does not involve any "rearranging" of the intestines. After a sleeve gastrectomy, patients can eat only a small amount of food before feeling full.



## Biliopancreatic Diversion with Duodenal Switch

In the duodenal switch (DS) the stomach is reduced in size in similar fashion to a sleeve gastrectomy. The first part of the small intestine is then disconnected from the stomach. About halfway down the small intestine, it is divided again, and this piece of intestine is connected to the stomach. Like the gastric bypass, this allows food to "bypass" the first portion of the small intestine thereby causing many foods to be absorbed less effectively. Of the surgeries listed in this binder, the duodenal switch has been shown to give the best weight loss, but it is also associated with the most complications.



## Revisional Bariatric Surgery

It is incredibly important to follow-up with a Bariatric provider lifelong after Bariatric surgery to avoid complications. In rare cases, patients may require revision of their original bariatric surgery. We at ChristianaCare accept any patient who has previously undergone Bariatric surgery. Revisional bariatric surgery may entail conversion from one bariatric procedure to another. Revisional surgery is much riskier than the original procedure, upwards of 10 times the risk associated with the original surgery. Please speak to your surgeon about your specific situation for more details about these operations.



## **WEIGHT MANAGEMENT PROGRAM**

Dear Patient:

Your surgeon has referred you to enroll in the ChristianaCare Weight Management Program to prepare you for bariatric surgery. To schedule your first visit, call (302) 623-3475 and choose option 2.

Our comprehensive program will help you prepare for surgery. The program will also teach you how to keep your diet healthy after surgery so you can continue to lose weight. Your care team in Weight Management consists of registered dietitians, clinical psychologists, a nurse case manager, and exercise physiologists.

You will be required to attend:

- A TEAM visit which consists of seeing the registered dietitian and psychologist for a 1-hour evaluation with both providers.
- 3 Life Skills classes.
- Additional classes or dietitian visits may be required depending on your insurance.
- Post-operative follow-up visit with the dietitian.

The cost of the provider visits and/or additional classes or assessments can vary depending on your insurance plan. Our scheduling team will help you sign up for the classes that you need and time them according to your insurance requirements to be approved for surgery.

To be approved for bariatric surgery all required steps of the pre-surgical program will need to be completed. To avoid any delay in scheduling your surgery, please keep all your appointments and follow the recommendations of our staff.

We thank you for choosing the ChristianaCare Weight Management Program and look forward to assisting you with a healthy weight loss program and a successful journey to bariatric surgery.

## **WORK LEAVE PAPERWORK POLICY**

We understand that to successfully undergo surgery, patients will need a given amount of time away from work. Please discuss these expectations with your surgeon at the time of your visit. Many employers will require their employees to obtain "return to work" notices and/or complete Family Medical Leave Act (FMLA) paperwork. We aim to provide you with support to seamlessly transition back to work when the time comes.

### **Return to Work Notes:**

We ask that you request your "return to work" notice from your surgeon at the time of your post-operative visit. Our staff will be able to print you a copy or even fax a copy directly to your employer on the day of your visit. If you have forgotten, please feel free to contact the office staff by communicating via the Patient Portal (preferred) or calling our office.

### **FMLA Paperwork:**

If you will require FMLA paperwork to be completed, please complete the "employee sections" prior to faxing or dropping off your paperwork in our office. To be as accurate as possible, it is optimal to have your surgery date decided before we complete your FMLA forms. Please allow our staff **5 business days to complete** the forms. Please try to avoid calling/messaging the staff prior to the end of the 5 days. If provided, our staff will fax/send the paperwork to your employer. Please let us know if you would like a copy of your records. Our team will contact you when the forms are completed.

There is currently a charge for filling out the form. You will be notified of the exact amount when form is submitted. This may be subject to change.

If you have any questions about the above policy, please do not hesitate to contact us.

Thanks so much,

The Team at ChristianaCare's Bariatric Surgery Services Office

## AFTER SURGERY FOLLOW UP

**Primary Care Provider:** \_\_\_\_\_

<b>Schedule</b>	<b>Timeframe After Surgery</b>	<b>Comment</b>
Bariatric Surgeon	Within 1 month (30 days)	This is usually a virtual visit
Registered Dietitian	Within 30 days after surgery	This is important to make sure you are reaching your nutrition goals
Nurse Practitioner	Within 90 days after surgery	In person visit for accurate weight check and physical exam. Order given for lab work to complete 2 weeks before next visit.
Nurse Practitioner	6 months after surgery	The 6-month lab work will be discussed along with recommendations for abnormal values. Discuss weight loss progress and goals. Can be virtual or in person.
Registered Dietitian	6-9 months	This is optional or may be recommended by dietician or provider
Nurse Practitioner	Yearly Exam with Bariatric Surgery Team for the remainder of your life	It is important to have yearly lab work to make sure you are not having Vitamin or Mineral deficiencies. Yearly visits help you stay on track with your goals in addition to making sure we are aware of any issues you may be having. Example: Reflux.
Registered Dietitian	One year follow up	Help to make sure you are reaching your goals
Support Group	Monthly	Recommended to help you stay Engaged
Behavior Health Counselor	Referral needed	If struggling with barriers to make behavior change

## MEDICATIONS AFTER SURGERY

Your surgeon may order one or more of the following postoperative prescriptions. These prescriptions will be sent to your pharmacy before your surgery, but please do not start them until after surgery, as described below.

[ ] You will be prescribed **omeprazole**, a proton pump inhibitor, for a total of 6 months following surgery. The purpose of this medication is to reduce acid and allow for healing of the stomach. This will be started the day after you leave the hospital.

[ ] You will be prescribed **ursodiol** to reduce the risk of gallstone formation during rapid weight loss. This is especially important in the first 6 months following surgery. If you already have gallstones this will not remove them, but it will lower the risk of forming new stones. This medication will be started 2 weeks after surgery.

[ ] You will be prescribed **cyclobenzaprine**, a muscle relaxing medication, to help with post-operative pain. This medication should be used in combination with Tylenol and a heating pad.

[ ] You will take **docusate (Colace)**, a stool softener, for at least 2 weeks after surgery to prevent constipation. You can discontinue taking the medication if you develop diarrhea or loose stools.

[ ] If you have a BMI over 50 or other risk factors for blood clots, you will be prescribed 30 days of subcutaneous **Lovenox** injections. This medication is used to reduce the risk of deep vein thrombosis (blood clots in the legs) after surgery. Patients with higher BMIs have a higher risk of deep vein thrombosis. You will receive this medication in the hospital after surgery and your nurse will teach you how to give the injection to yourself. You will start your 30-day course of this medication the day after you leave the hospital.

## Caring for Yourself after Weight Loss Surgery

Follow the steps below to get better as quickly as possible.

### How can you care for yourself at home?



#### Activity

- Walk often, at least 3 or 4 times a day. This helps boost blood flow and prevent pneumonia and blood clots. It is ok to climb stairs.
- Do not drive for 1 week, or while taking narcotic medicine.
- Avoid strenuous activities and do not lift over 20 pounds for at least 4 weeks.
- You may shower. Do not take a bath or swim for 2 weeks.



#### Diet

- For the first 2 days, you will follow a clear liquid diet. This includes things like clear broth, sugar free Jell-O, and sugar free clear drinks. You may take medicines with sugar free, or unsweetened applesauce.
- Then, for the rest of the 2 weeks after surgery, follow a full liquid diet. This includes things like low-fat milk, protein shakes, and strained, thinned cream soups. A liquid diet includes only fluid drinks or food that are liquid at room temperature, like sugar free ice pops, or sugar free water ice.
- Drink at least 48 to 64 ounces of fluid a day. This is the same as 6 to 8 cups of water, or 4 16.9-ounce water bottles.
- Aim for at least 60 grams of protein a day. Your dietitian may give you a different protein goal that works best for you.
- At first, you may feel full very quickly. It may be hard to meet all of

your goals in the first few days after surgery. It is important to try to sip water throughout the day to avoid dehydration. Sugar free ice pops are another good option to get fluid in slowly and keep your mouth moist.

- Wait 30 minutes before or after eating to drink.
- When drinking, sip slowly and be sure to sit up. Do not drink and lay down right away.



## Medicines

- Your doctor will tell you if and when you can restart your medicines. You will also be given instructions about taking any new medicines.
- If you take aspirin or some other blood thinner, ask your doctor if and when to start taking it again. Make sure that you understand exactly what your doctor wants you to do.
- Be safe with medicines. Take pain medicines exactly as directed.
  - If the doctor gave you a prescription medicine for pain, take it as prescribed.
  - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.



## Incision care

- Keep incisions clean and dry.
- Wash the area daily with warm, soapy water, and pat it dry. Don't use hydrogen peroxide or alcohol, which can slow healing. You may cover the area with a gauze bandage if it weeps or rubs against clothing. Change the bandage every day.
- It is okay to get the strips of tape (steri-strips) or surgical glue wet in the shower. Remove steri-strips in 5 to 7 days if they do not fall off on their own. Surgical glue can be removed in 2 weeks if it is still in place.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems.

## When should you call for help?



Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You are short of breath or having chest pain.

Call your doctor now or seek immediate medical care if:

- You have pain that does not get better after you take pain medicine.
- You cannot pass stool or gas.
- You feel like your heart is racing.
- You are vomiting or coughing up blood, or have blood in your stool.
- You are sick to your stomach, cannot drink fluids, are vomiting for more than 4 hours, or not getting enough protein.
- You have loose stitches, or your incision comes open.
- You have signs of a blood clot, such as:
  - Pain in your calf, back of the knee, thigh, or groin.
  - Redness and swelling in your leg or groin.
- You have signs of infection, such as:
  - Increased pain, swelling, warmth, or redness of your abdomen.
  - Red streaks leading from the incision.
  - Pus draining from the incision.
  - A fever higher than 101.5

## AFTER SURGERY FAQ

**Q: What should I expect in the hospital after surgery?**

A: All patients stay at least one night in the hospital after surgery. Nausea is very common, so multiple types of nausea medication will be available. Pain from the incisions is usually tolerable with Tylenol, a heating pad, and the other pain medications that are available. You will be encouraged and helped to walk on the same day as your surgery. If you are feeling well, tolerating your clear liquid diet, and walking in the hallway you can usually go home in the afternoon on the day after your surgery.

**Q: What is the most important thing to do when I get home from the hospital?**

A: You must drink enough to avoid dehydration. Your fluid goal is to drink **48-64oz** of fluids each day, which will not be easy. Start sipping when you wake up making sure to track all your fluid intake for the day. This can feel like a full-time job. On day 3 you can start drinking protein shakes and drinks. By week 2 you should be getting 64 oz of fluids daily. Example: If you drink 8 oz each hour over an 8-hour period that equals 64 oz. For more information refer to the "Post-operative Diet Progression" page in the Life Skills section of the binder.

**Q: What appointments need to be made after my surgery?**

A: You will have at least 3 follow up appointments within the first 3 months after your surgery. These will all be scheduled before your surgery, so you will not need to call to make any appointments after you get home. Please refer to the "After Surgery Follow Up" page in the After Surgery section of your binder for more information. If you have any questions or need to reschedule your appointments call the Wilmington Surgical Services Office (302) 320-4175, and/or the Weight Management Center, (302) 623-4375, Option 2.



**Q: What medications will I be on after surgery?**

A: All patients will need to take a Bariatric multivitamin after surgery. Most patients will also be started on at least one of the following medications: omeprazole, ursodiol, and Lovenox. Specific information about these medications including why we give them, when to start them, and how long you will be on them can be found on the "Post Surgery Medications" page in the After Surgery section of your binder.

**Q: When should I call the surgeon after I am home?**

A: The main reasons to call your surgeon include worsening abdominal pain, fevers over 101°F, persistent vomiting, or trouble meeting your fluid goals. For more information, please refer to the "Hospital Discharge Instructions" in the After Surgery section of your binder. You can call the Bariatric Surgery Services office at (302) 320-4175. If it is a life-threatening emergency, please call 911.

**Q: What should I do if I have constipation?**

A: Constipation is very common after bariatric surgery. To help avoid it you should start a daily over-the-counter stool softener when you get home from surgery. You may need to add an over-the-counter laxative if you are still constipated. For more information, please refer to the After Surgery section of your binder, "Constipation After Surgery."

**Q: How can I avoid losing my hair after surgery?**

A: Unfortunately, hair loss or hair thinning can occur after bariatric surgery. It happens more after gastric bypass surgery than after sleeve gastrectomy. Getting to your protein goal and taking a bariatric multivitamin as soon as possible after surgery will help avoid hair loss. You can also take supplements like Biotin and Omega 3 Fish Oil. For more information, please refer to the After Surgery section of your binder, "Will I Have Hair Loss?".

**Q: What happens if I catch a cold, or I am not feeling well after my surgery?**

A: If you develop new symptoms of fever, cough, and malaise (tiredness) you should get tested for COVID-19 and you should avoid contact with others until you have a negative test result. If you catch a common cold or the flu, be sure to get in plenty of fluids to avoid dehydration. There are other important tips in the "Sick Day Guidelines" pages of the After Surgery section of your binder.

**Q: What medications am I allowed to take over the counter?**

A: There are many over-the-counter medications you can take safely. Please refer to the After Surgery section of your binder, "Sick Day Guidelines", second page, "Recommended Medications" along with "Medications to Avoid". Patients should avoid taking NSAID medications like Advil, Motrin, Excedrin, Aleve, and ibuprofen. These medications can cause ulcers in your stomach, especially after gastric bypass surgery. You can take Tylenol as needed for pain.

**Q: Is it normal to have nausea after surgery?**

A: Nausea is common the first 24 hours after surgery, and you will have multiple medications to help treat nausea while you are in the hospital. However, nausea is NOT common after you get home from surgery. If you are having nausea at home, it is usually a sign that you are dehydrated, or you are not getting enough protein. Anyone having constant nausea at home should reach out to their surgeon so a workup can be completed.



**Bariatric Surgery Services**  
**Phone: 302-320-4175 Fax: 302-320-6403**

**Weight Management Program**  
**Phone: 302-623-3475 Fax: 302-623-3089**

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## WILL I HAVE HAIR LOSS?

It is common to experience some hair loss after having Bariatric surgery. Although this can be stressful, it is a temporary condition that will resolve on its own. Hang in there. There are several reasons that can cause temporary hair loss:

- Surgery puts stress on your body, which can cause hair to temporarily stop growing. This usually starts about 2-4 months AFTER surgery. Once your body starts to recover from stress, the hair will start to grow again but it can take months before you notice a difference.
- Your body will go through hormonal changes after surgery that can also contribute to hair loss.
- Your diet changes dramatically after surgery – sometimes this can cause a protein or vitamin deficiency that can cause hair loss or slow down hair growth.

### How Can I Avoid Hair Loss?

**Protein:**

- Make sure you are getting to your recommended protein goal each day; you can check your Life Skills packet for protein.

**Vitamins/Supplements:**

- Take the recommended vitamins as directed
- You can add Biotin 2000-5000 mcg and Omega 3 Fish Oil 1000 mcg

<b>Foods that Have Collagen or Amino Acids that Boost Collagen Production</b>		
Fish and Shellfish	Citrus	Avocado
Bone Broth	Oysters	Leafy Green Vegetables
Lean Meat	Berries	Nuts
Egg Whites	Bell Peppers	Legumes
Pumpkin & Sunflower seeds	Dairy	Chia Seeds

**Follow up with your team:**

- Make sure to keep your recommended follow up appointments with the Surgeon for 3 weeks and the Nurse Practitioner at 2 months, 6 months and then yearly.

**Routine Lab Work:**

- Make sure to get your lab work checked 6 months after surgery and then at least yearly so we can evaluate any deficiencies.

## CONSTIPATION AFTER SURGERY

Constipation is common following bariatric surgery. This may occur within the first few weeks after surgery because your fiber intake is low. You will be on a low fiber diet for the first 2-4 weeks after surgery while your pouch is healing. It is common to go without having a bowel movement for 2-3 days after surgery. However, you should be passing gas. Even though you will only be drinking liquids for the first 2 weeks you should still have bowel movements because your body is always getting rid of waste products.

Constipation means that you have a tough time passing stools (bowel movements). Most people have a bowel movement every day or every other day. However, this may be different than before surgery. The tips below can help prevent constipation. If you still struggle even after trying some of the suggestions below, please call the office. **DO NOT** wait a week without having a bowel movement to call.

### **These Tips Can Help:**

- Make sure you are getting enough fluids. The first week your goal is 48oz per day. The second week is 48-64oz per day.
- Walking frequently can also help to “wake up” your bowels to get them going.
- You can try Smooth Move Tea that has Senna leaves which is a laxative. This can also help increase your fluid intake. The tea does not contain caffeine.
- Take your time having your bowel movement. Support your feet with a small step stool when you sit on the toilet if needed. This help flex your hips and places your pelvis in a squatting position.
- You will take Colace stool softener one to two times a day for the first few weeks after surgery. You can discontinue this medication if you develop diarrhea.
- You can take MiraLAX which is a gentle laxative daily as needed until you are able to get more fiber in your diet. If you have diarrhea, then stop taking this laxative.
- You can try Milk of Magnesia which is a laxative.
- You can start adding more fiber once in the puree phase of your diet. Applesauce, pureed oatmeal, cream of wheat, low fat refried beans, baby food prunes or pears can help.
- You can add Metamucil or Benefiber once getting to 64oz of fluids. You should wait at least 2 weeks after surgery to start these fiber supplements.

## **SICK DAY GUIDELINES**

It is important to meet at least the minimum fluid goal of 48-64 oz. Over the counter medications are available to treat your symptoms without a prescription. It is important to know which over the counter medications are safe to take after bariatric surgery. Reading labels will be important to make sure these drugs are safe. The list below will help guide you in purchasing over the counter medications for symptom relief. You can always ask the pharmacist if you have questions.

### **Some Helpful Tips**

- Whenever possible select products that have little to no sugar or "sugar-free"
- Avoid cold medications that contain alcohol that are typically used for night.
- Combination products will treat multiple symptoms so make sure to select a product that fits your needs.
- Signs of Dehydration are dark urine, fatigue, nausea, dizziness upon standing.

### **GI Symptoms**

Upset stomach, nausea, diarrhea, stomach cramps, muscle aches, low grade fever, mild headache, and/or loss of appetite. Focus on fluids. Drink as much as possible to replace the fluid loss by continuously sipping small amounts of sugar free fluids. Eat foods that are easier to digest. You can go back to a liquid or pureed diet if that is easier. Here are some helpful hints:

- Try beverages that contain electrolytes like Powerade Zero, Propel, Gatorade G2, chicken or bone broth. You can also try sugar free popsicles.
- It is okay to stop your vitamins temporarily if needed. Sometimes vitamins can upset the stomach.
- Advance diet as tolerate and go slow. Make sure to eat small portions.
- Do not do any strenuous exercise when sick – walking is fine if able.
- Mylanta – relieves heartburn, gas and upset stomach
- Gaviscon- relieves heartburn and upset stomach
- Alka-Seltzer – reduces pain, fever, heartburn and upset stomach – contains aspirin so do not use it daily
- Imodium will help if you have diarrhea.
- Gas X can help if you have gas pains.
- Devrom (Bismuth subgallate) can be used for flatulence or foul-smelling stools.

## **Common Cold Symptoms**

Runny or stuffy nose, sore throat, cough, congestion, slight body aches, mild headache, sneezing, low grade fever and feeling unwell. Focus on symptom relief as this is typically viral in nature. Staying well-hydrated is so important when you are not feeling well.

## **Recommended Medications**

- Tylenol – for muscle aches, pains, fever
- Tylenol Cold and Flu – reduces fever/pain, suppresses cough, loosening phlegm (mucous) to reduce cough, decongestant for reducing nasal/sinus stuffiness
- Benadryl – antihistamine that can cause drowsiness used for allergic runny nose, sneezing, itchy/water eyes, itch nose/throat, also used to treat hives
- Claritin, Zyrtec – non-drowsy antihistamine to relieve allergic runny nose, sneezing, itchy/watery eyes, itchy nose/throat, also used to treat hives
- Sudafed Cold & Sinus – relieve cough, decongestant for reducing nasal/sinus stuffiness
- Mucinex – loosening phlegm (mucous) to relieve chest congestion and cough
- Theraflu Severe Cold & Cough – reduces fever, pain, cough and a decongestant
- Nasal Sprays & Irrigations – helps clean out sinus passages
- Robitussin, Delsym, Vicks 44 – relieves cough

## **Medications to Avoid**

- NSAIDS such as Advil, Motrin Excedrin, Aleve, Ibuprofen- can cause stomach ulcer
- Pepto-Bismol – contains ibuprofen which can cause stomach ulcer
- Oral Steroids – can cause ulcer in stomach
- Nyquil (contains alcohol) which is not recommended after bariatric surgery
- Sugary cold medications – may cause dumping syndrome after gastric bypass surgery.

## **When to Call for help**

1. Fever higher than 100 degrees for 24 hours that does not improve with Tylenol.
2. Diarrhea more than 5 times OR diarrhea for more than 6 hours in a day.
3. Vomiting and unable to keep fluid down for more than 4 hours.
4. Severe abdominal pain, difficulty breathing.
5. Other unexplained symptoms. If in doubt, call your doctor!

## WAYS TO STAY ENGAGED

**Staying engaged with your Bariatric team is important to maintain lifelong success after your surgery. Our team and ChristianaCare offer several opportunities to remain involved!**

### **Website**

Please visit our **ChristianaCare Bariatric Surgery Services** website for updates on our office, information regarding surgery, and other key contact information. Go to <http://www.christianacare.org/bariatrics> to learn more!

### **Support Groups**

The Bariatric Surgery Program at ChristianaCare offers monthly virtual **Support Groups**. Varying topics are covered every month for one hour. To be placed on the mailing list for the Support Groups and our monthly **Newsletter**, please email [BariatricSurgeryProgram@christianacare.org](mailto:BariatricSurgeryProgram@christianacare.org) to sign up?

### **Social Media**

We encourage our patients to engage in our **ChristianaCare Bariatric Surgery Program Facebook** discussion page. This Facebook page shares content regarding recipes, motivating education and activities, and even reminders about support groups! Go to [www.facebook.com/christianacarebariatricprogram](http://www.facebook.com/christianacarebariatricprogram) to "like" and follow!

You can also "**friend**" your surgeon on **Facebook** or check out their videos on **YouTube**! Our surgeons love to inspire our community of Bariatric patients to come together and share their experiences. This is a great way to learn more about Bariatric Surgery and your surgeons. Simply go to the links below to find them!

<https://www.facebook.com/drhalbertdo>

<https://www.youtube.com/channel/UCVnI7BW87T2onHddWduEfFg>

Dr. Halbert and her team have also created a safe place on Facebook for her patients. First, we have the **Delaware Bariatric Support Group** for our patients to create their community without threat of misinformation. They also have a marketplace group called **Delaware Bariatric Clothing Swap**. If you search for the name, you will find it on Facebook. Simply request to join and you will be able to





**Bariatric Surgery Services**  
**Phone: 302-320-4175 Fax: 302-320-6403**

**Weight Management Program**  
**Phone: 302-623-3475 Fax: 302-623-3089**

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swap clothes with other Bariatric patients!!