



Patient Guide for Bariatric Surgery

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Prior to Approval for Bariatric Surgery— Pre-Op Checklist

BMI: _____

**1. Emmi Programs
(a web-based patient information site)**

Patient education programs, called Emmi, are available for gastric bypass, sleeve gastrectomy and lap band. We would like you to watch the Emmi program for the appropriate surgery you discussed with your bariatric surgeon.

2. Psychological Evaluation

A psychological evaluation is required for approval for bariatric surgery. Refer to the Psychologist Referral List (page 6).

3. Monthly “Supervised Medical Weight Loss” (SMWL)

You will need _____ months of SMWL, which equals _____ visits with _____ providers.

These visits may be with:

- A psychologist who specializes in weight loss management
- A bariatric dietitian (these visits MAY NOT be covered by your insurance)
- Liz Farwell, APN, our Bariatric Coordinator, and Cassandra Snitowsky, CNP, can perform SMWL at NorthShore Evanston Hospital, NorthShore Glenbrook Hospital or NorthShore Highland Park Hospital.

4. Support Group or Information Session

You will need to attend at least one NorthShore bariatric support group meeting or a NorthShore Bariatric Information Session prior to surgery. Please see the NorthShore Bariatric Support Group Schedule (page 12).

Please see the box for the Bariatric Information Sessions on page 2. Both meetings are free; and no advance registration is necessary.

5. Dietitian Appointment

If you are not seeing the dietitian for SMWL, you will need to have at least one pre-op appointment with the dietitian. It is best to see the dietitian near the end of your monthly “supervised medical weight loss” visits, as you will discuss post-operative diet progression.

It is important to continue appointments with the dietitian after surgery AND for the rest of your life. Please note that the dietitian appointment may be an out-of-pocket expense for you. You may be eligible for a self-pay discount. Please ask your dietitian.

6. Letter of Support

Some insurances require a letter of support from your Primary Care Provider (PCP). Please see the example on page 15.

7. Stop Smoking and Recreational Drug Use

You will need to be completely nicotine-free prior to bariatric surgery, including e-cigarettes with nicotine cartridge, nicotine patches, nicotine gum, etc. You will need a negative nicotine test for approval. If you have used any recreational drugs in the past 365 days, you will need at least two negative random drug tests prior to surgery. We will call you in the morning and expect you to go to a NorthShore lab that same day for a drug test. Failure to comply with this will delay your surgery.

8. Sleep Evaluation

If it is determined you are at risk for sleep apnea, you may need to complete a sleep consult with a NorthShore sleep physician. If the sleep physician deems it necessary, you may need to complete a sleep study. Sleep apnea occurs when your oxygen level drops and carbon dioxide level rises during sleep.

(continued on next page)

Prior to Approval for Bariatric Surgery (continued)

9. Weight Loss

To increase your chance of insurance approval and decrease your surgical risks, we encourage you to lose 10 percent of your excess body weight prior to obtaining approval for bariatric surgery. That 10 percent is based on today's weight. You will NOT be allowed to proceed if you gain weight, we strongly encourage you to aim for 10 percent.

10 percent is _____ from today's weight of _____ so your preapproval weight should be less than _____.

10. Return Appointment

A return appointment with your bariatric surgeon expected _____

11. A1C

If you have diabetes, your HbA1c will need to be < 7. The Diabetes Nurse Educators are available for assistance.

12. Exercise Physiologist

We have an exercise physiologist available to help you incorporate exercise into your day. The cost for the exercise physiologist will NOT be covered by your insurance.

13. Vascular Consult

In some cases (prior history of pulmonary embolism/deep vein thrombosis or higher Body Mass Index [BMI]), a vascular consult may be necessary.

14. Approval

Call us when you have completed the above items. Once your file is complete, we will submit to your insurance company for approval. We will call you as soon as we hear a response, which may take four to six weeks.

Bariatric Information Sessions

Who: Any new patient considering bariatric surgery for weight loss. Feel free to bring family and friends along.

When: Third Tuesday of every month from 6 until 7 p.m.

Where: Northbrook facility located at 501 Skokie Blvd. in Northbrook, IL (1st floor).

Sessions are free of charge. Our bariatric team highly recommends that all new bariatric patients attend.

We look forward to meeting you!



Additional Pre-Op Steps

1. Additional Diagnostic Tests

After you complete the appropriate tests, we will discuss the results with you and schedule your surgery.

For Gastric Bypass, Sleeve Gastrectomy or Loop Duodenal Switch:

Upper Endoscopy (EGD)

If you are going to have a gastric bypass, sleeve gastrectomy or loop duodenal switch, you will have an EGD prior to surgery to make sure you do not have any ulcers or erosions. This test is performed in the GI lab. A scope with a camera on the end of it will look at your throat and stomach. On the day of the EGD, you may NOT have any solid foods to eat. You may drink clear liquids up until six hours prior to the EGD. A biopsy will be done at the same time. The test itself takes about 15–20 minutes, but you should plan to be there about two hours. You will be sedated with conscious sedation. Thus, you cannot drive home after the test.

You should not return to work after the EGD. You should refrain from making any important decisions for the remainder of the day. Biopsy results will be available in 24–48 hours. You will be able to schedule surgery after we get your biopsy results.

2. Scheduling Surgery

You will schedule surgery with your bariatric surgeon's office. You will need to follow the pre-op diet for the time period listed below prior to your surgery date:

- BMI 30–39 = 2 weeks
- BMI 40–49 = 3 weeks
- BMI 50–59 = 4 weeks
- BMI 60–69 = 6 weeks
- BMI 70–79 = 7 weeks, etc.

Please review the pre-op AND post-op instruction sheet and the information you received from the dietitian.

3. Pre-Op History and Physical

Once you have scheduled your surgery, you will need to make an appointment with your PCP for a pre-op history and physical. This should be completed within 30 days of your surgery date.

Additional labs, diagnostic tests or consultations may be necessary depending on your medical history. If you have a pacemaker or a defibrillator, these will need to be evaluated prior to surgery. You may schedule this by calling Cardiology at (847) 570-2640.

4. Nasal Swab

All surgical patients at NorthShore need to have a nasal swab two weeks prior to surgery. (See Staphylococcus Aureus, page 9.) If your doctor is not on staff with NorthShore, we will order the nasal swab for you.

5. Prior to surgery, please purchase at least two different post-op high-protein supplements (specified in the dietitian binder) to be started upon discharge after surgery. You will not feel like shopping after surgery, so it is important for you to purchase these prior to surgery. One of these post-op high-protein supplements should be “unflavored” so it can be added to food if needed (e.g. cream of wheat, yogurt, soup).

Prior to surgery, also purchase the vitamins you will need after surgery.

6. Follow-Up Appointments— Surgeon/Advanced Practice Nurse (APN)

The first follow-up appointment with your bariatric surgeon or APN will be two weeks post-op. You can schedule this follow-up appointment at the same time you schedule your surgery. You will also see the surgeon/APN at eight weeks, six months, 12 months and then annually for the rest of your life. Additional appointments may be scheduled if needed.

7. Follow-Up Appointments—Dietitian

The first follow-up appointment with your dietitian will be 30 days after surgery. Please schedule this appointment once you have a surgery date. You will also see your dietitian at three months, six months and 12 months post-op and then annually for the rest of your life. Additional appointments may be scheduled with your dietitian if needed.

Bariatric Team



Woody Denham, MD



Steve Haggerty, MD



John Linn, MD



Mike Ujiki, MD



Liz Farwell, APN

Bariatric Surgeons

Four Board-certified surgeons who specialize in bariatric surgery

Advanced Practice Nurse

Certified in bariatric surgery, assists and counsels weight-loss patients; performs patient histories and physicals; supervises medical weight loss, lap band adjustments and follow-up appointments; helps with insurance issues and any questions or concerns

Licensed Clinical Psychologists

Perform pre-operative psychological assessments required by insurance companies; available for ongoing therapy and support throughout weight-loss process

Dietitians

Specialized bariatric dietitians who provide initial surgery evaluation and education, as well as follow-up counseling and education (related to vitamins and food choices)

Registered Nurses

Two dedicated RNs specializing in bariatrics, available for questions and concerns during the pre- and post-operative periods; assist with insurance approvals and communicating lab and test results

Surgery Schedulers

Schedule bariatric surgery and bariatric-related EGD (if needed)

Exercise Physiologist

Available to assist with a healthy exercise plan

Referral Coordinator

Manages insurance approvals and hospital admission precertifications

Clinics/Surgery Sites

Clinics:

- NorthShore Evanston Specialty Suites
- Vernon Hills NorthShore Medical Group
- Gurnee Immediate Care Center
- Glenbrook Medical Office Building
- Highland Park ACC Specialty Suites

Surgery Sites:

- Evanston Hospital
- Glenbrook Hospital
- Highland Park Hospital

Procedures

The NorthShore Bariatric Surgery Program offers multiple options to patients:

- Laparoscopic Roux-en-Y gastric bypass
- Laparoscopic sleeve gastrectomy
- Laparoscopic loop duodenal switch
- Endoscopic sleeve gastroplasty
- Laparoscopic adjustable gastric band (lap band)
- Revisional surgeries—laparoscopic and endoscopic revisions
- Gastric balloon

Bariatric Coordinator:

Liz Farwell, RN, MS, APN, CBN
(847) 570-1700

Obesity Medicine Nurse Practitioner:

Cassandra Snitowsky, MSN, APRN, CNP-BC, CBN
(847) 570-1700

Bariatric Staff Nurses:

Kimberly Miller, RN, BSN, Jen Samuels, RN, BSN,
and Christine Sula, RN, BSN
(847) 570-1700

Dietitians

You will need to see a bariatric dietitian at one of the locations below.

Evanston Hospital:

Mary Suarez, RD, LDN
(847) 926-6800

Glenbrook Hospital:

Marisa Spiegel, RD, LDN
(847) 926-6800

Highland Park Hospital:

Atara Schayer, RD, LDN
(847) 926-6800

Skokie Hospital:

Marisa Spiegel, RD, LDN
(847) 926-6800

Gurnee Medical Group Office:

Atara Schayer, RD, LDN
(847) 926-6800

Diabetes Nurse Educators:

(847) 926-5032

**NorthShore Medical Group
Sleep Center Evaluation:**

(847) 663-8200

**NorthShore Medical Group
Vascular Surgery Evaluation:**

(847) 663-8050

Exercise Physiologists

Evanston and Glenbrook Hospitals:

To schedule, please call (847) 503-1400

Administrative Providers

Kathleen Kopp, Selma Zukancic
(847) 570-1700

Exercise Options

Galter Life Center:

5157 N. Francisco Ave.
Chicago, IL 60625
(773) 878-9936

YMCA:

ymca.net

Local Community Centers or Park Districts:

Check for workout facilities and exercise or dance classes

Health Clubs

Psychologist Referral List

All patients need a pre-operative evaluation with a psychologist to determine their readiness for bariatric surgery and rule out any disorders that would interfere with the surgery and recovery. If you have Public Aid: Please note, we do NOT have any Public Aid providers, so you will need to pay out of pocket for your psychiatric evaluation with one of the providers listed below.

Psychologist Provider Listing

Be sure to ask if the psychologist accepts your insurance plan when you call.

Always verify with your insurance if the provider is in or out of your network.

1. **Dr. Dawn Epstein** □ * △
9669 Kenton Ave., Suite 204
Skokie, IL 60076
(847) 425-6400

Dr. Leslie Guidotti Breting □
909 Davis St., Suite 160
Evanston, IL 60201
(847) 425-6400

Dr. Ashley Rolnik □ * △
2300 N. Lehigh Ave., Suite 215
Glenview, IL 60026
(847) 425-6400

Dr. Laura Pettineo * △
2180 Pfingsten Rd., Suite 2000
Glenview, IL 60026
(847) 425-6400

Kayleigh Parent, MSW * △
2640 Ridge Ave.
Evanston, IL 60201
(847) 425-6400
2. **Insight Behavioral Health ***
333 N. Michigan Ave., Suite 1900
Chicago, IL 60601
(312) 638-2246

Also has therapists available at:
500 Davis St., 10th Floor, Suite 1003
Evanston, IL 60201

1535 Lake Cook Rd., Suite 303
Northbrook, IL 60062
3. **Dr. Diane Copeland** □ * △
747 Lake Cook Rd., Suite 112W
Deerfield, IL 60062
(847) 707-4585
4. **Dr. Jeremy Clorfene** □ * △
185 N. Milwaukee Ave., Suite 210
Lincolnshire, IL 60069
(847) 877-1331
5. **Dr. Brad Saks** □ * △
(payment required up front)
707 Skokie Blvd., Suite 600
Northbrook, IL 60062
(847) 509-7560
6. **Dr. Tom Alcock** □ * △
2402 N. Lincoln Ave.
Chicago, IL 60614

1845 E Rand Rd., Suite L111
Arlington Heights, IL 60004
Phone: (773) 469-6675
7. **Dr. Rachelle Gold** □
7101 N. Cicero Ave., Suite 203
Lincolnwood, IL 60712

636 Church St. Suite 714
Evanston, IL 60201
(773) 991-7224
8. **Dr. Arina Polevoy** □ * △
Progressive Psychological Healthcare
1100 W. Lake Cook Rd., Suite 130
Buffalo Grove, IL 60089
(847) 979-0268
9. **Dr. Angela Eads** □ △
Grand Oaks Behavioral Health
1800 Hollister Dr., Suite 201
Libertyville, IL 60048
(847) 549-1189

Legend: □ = Initial psychiatric evaluation * = Monthly medical weight loss △ = Post-op counseling

Labs

Pre-Op

With any bariatric surgery, it is important to monitor your lab work to ensure that you are nutritionally sound. Thus, we will draw labs at various intervals, starting at your initial bariatric consult. Thus, as you work through the pre-op process, we will have time to correct any deficiencies, ensuring the healthiest body possible on the day of surgery.

Any lab result that is low and needs to be treated will be reassessed to ensure effective correction. Some people prefer to have their bariatric coverage verified prior to having their initial lab work done.

If you choose not to have your labs done at your initial bariatric consult, please be sure to go to a NorthShore lab and have them drawn as soon as your bariatric coverage has been verified.

The orders will be in your chart. You do not need an appointment. You do not need to fast.

Post-Op

We will check labs at the two-month post-op appointment, six-month post-op appointment and 12-month post-op appointment and then annually thereafter. Any lab result that is low and needs to be treated will be reassessed to ensure effective correction.

Vitamin D

We obtain most of our vitamin D from the sun. We are not exposed to enough direct sun, as we live in the Midwest and the use of sunblock is encouraged; thus, many are low in vitamin D. Believe it or not, very few dairy products actually contain vitamin D. Read the labels and see for yourself. We would need to be unclothed outside in the sun 15 minutes a day in order to absorb the vitamin D we need on a daily basis from the sun.

Low levels of vitamin D have been associated with:

- **Osteoporosis**
Vitamin D and calcium work together to promote strong bones in men and women of all ages. We used to think of osteoporosis as a brittle bone disease for “little old ladies.” However, we are now seeing the effects of poor bone health in individuals as young as 30 years of age.
- **Colon cancer**
- **Breast cancer**
- **Prostate cancer**
- **Memory issues**

Normal vitamin D levels are 32–50. Research is suggesting levels 50–80 are preferred for optimal bone, colon, breast and prostate health in bariatric patients.

The most common form of replacement is vitamin D ergocalciferol 50,000 international units (IUs) once a week. (This drug is not measured in milligrams; it's measured in international units.) Most multivitamins contain about 400–600 IUs of vitamin D. We will not be able to raise your level with only 400 IUs. We need 50,000 IUs and still it may take six months if your level is very low.

If you have any questions about the above information, please do not hesitate to ask. That is why we are here.

Goals Prior to Bariatric Surgery

Remember, any improvements you make before surgery will help make the transition after surgery easier. Here are a few goals to get you started.

Diet Modifications

- Consume three meals daily (breakfast, lunch and dinner). Do not skip meals.
- Reduce or eliminate caffeine and carbonated beverages.
- Reduce overall portion sizes.
- Consume balanced meals—choose three food groups per meal.
- Eliminate snacking between meals.
- Eliminate fried foods.
- Do not allow more than five to six hours between meals.
- Check blood sugar levels as needed.
- Reduce or eliminate liquids with meals.
- Avoid trans fats (partially hydrogenated) and saturated fats (fully hydrogenated).
- Consume at least one serving of fruit and one serving of vegetables daily.
- Avoid liquid calories such as juice, soda, lemonade, sports drinks, etc.
- Choose olive oil or PAM spray for cooking. Avoid butter and margarine.
- Switch grains from white to brown—for example, choose whole wheat pasta, brown rice and whole wheat bread.
- Bake, broil or grill meats and avoid frying.
- Avoid foods with any type of sugar listed in the first five ingredients.
- Choose lean meats, such as chicken breast, fish and turkey, most often.
- Increase water intake—aim for six to eight oz glasses of water per day. “Water” includes any NON-carbonated, NON-calorie (except G2) and NON-caffeine beverage. For example, Vitaminwater Zero, SoBe LifeWater, Crystal Light, sugar-free Kool-Aid, MiO drops, decaf tea, decaf coffee or G2 (or diet Gatorade). G2 is OK even though it has 20 calories. Regular Gatorade is NOT OK.

Behavior Modifications

- **Exercise goal is six or seven days per week for 30 to 45 minutes each day.**
- Use a smaller 8”–10” plate for meals to help control portion sizes. (This is similar to the size of a salad plate.)
- Begin reading food labels to compare items. Choose items lowest in fat and calories.
- Keep a food journal to be aware of what you consume. There are over 2,500 weight-loss websites and apps, many of which allow you to track food intake. Examples include Loselt.com or Lose It! app, MyFitnessPal, etc.
- Use grocery lists, and do not shop for food when hungry.
- Plan menus ahead of time.
- Do not eat while watching TV or reading.

Information Guide: Staphylococcus Aureus

To Be Done About Two Weeks Before Surgery

What is staphylococcus aureus?

It is a germ, often called staph, that is normally found on the body in 20 to 30 percent of healthy people. Throughout our lives, all of us have this germ colonizing us at one time or another. It usually causes no illness but occasionally can cause infections. These range from small sores on the skin, to boils (abscesses), to blood poisoning (infection of the bloodstream). Occasionally (less than 5 percent of the time) an infection develops after surgery. When infection occurs after surgery, the single biggest cause is *S. aureus*.

What can be done to prevent infection from staph after my surgery?

Medical professionals have known for many years that most staph infections developing after surgery result from the same *S. aureus* that you, as a patient, normally carry prior to your operation. During the last year, it was shown that getting rid of any staph someone may be carrying could reduce the likelihood of an *S. aureus* infection after surgery by 50 to 70 percent. In order to provide our patients with the best possible surgical outcome, we are now screening all patients for *S. aureus* before any orthopaedic, cardiothoracic, vascular, general or neurosurgical operation. Those with a positive test will be treated with a nasal ointment (Bactroban) for five days to remove the staph. If your culture shows that the staph is methicillin resistant (MRSA), you will also have to shower with

Hibiclens soap on days 1, 3 and 5 of nasal treatment to lower the chance for infection.

What is the difference between infection and colonization?

Infection means that the germ is causing a problem or disease in your body with symptoms such as fever, redness/swelling and/or pus at the site of your infection. Colonization means the germ has taken up residence in or on your body and is not currently causing infection. If you are colonized with staph, you have the potential to develop an infection from it after an operation.

What if my test is positive?

If the test is positive for staph, you will receive treatment prior to surgery with Bactroban nasal ointment. If it is a methicillin resistant staph, you will also have to shower with Hibiclens soap.

Patient Notes:

- Apply the nasal ointment twice a day for five days (12 hours apart).
- Use a Q-tip or your finger to apply the medicine.
- Avoid contact of the medication with the eyes.
- Call your surgeon to discontinue usage of the medication if severe local irritation occurs.

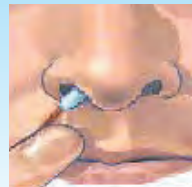
Medication Dosing Instructions for Bactroban



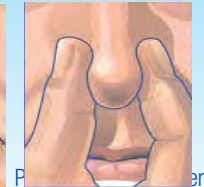
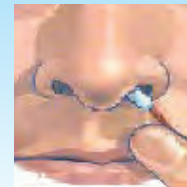
Remove cap from the tube



PEA-SIZE AMOUNT



Apply a pea-size amount in each nostril using a Q-tip or your finger



and massage for about one minute

Instructions for Hibiclens Shower if Your Staph Is Methicillin Resistant (MRSA)

1. Shower or bathe with Hibiclens soap (4 percent chlorhexidine) on days 1, 3 and 5 of nasal treatment.
2. Use two tablespoons of soap as you would any other liquid soap. It will not bubble or lather.
3. Rinse completely after the shower or bath.
4. AVOID CONTACT OF THE SOAP WITH YOUR EYES AS THIS CAN CAUSE IRRITATION. If some soap gets in your eyes, rinse thoroughly with water.
5. Discard the Hibiclens container in a regular garbage receptacle when finished with total treatment.

Pre-Operative Instructions

Pre-op medication instructions:

- Please notify your surgeon if you are taking blood thinners, for example: Coumadin, Ticlid, Plavix, heparin, lovenox, Pradaxa, etc. The doctor will determine the date we will stop these medications prior to surgery—and whether you need another form of blood thinner.
- You should continue taking aspirin without interruption unless directed to stop by your surgeon. If you receive other instructions regarding aspirin, please call us to confirm.
- If you take metformin (Glucophage, Fortamet, Glumetza, Riomet) for diabetes, this medicine will need to be stopped 48 hours before surgery.
- If you are taking weight loss medications, please discuss these with the bariatric surgery team, as some may need to be stopped prior to surgery.
- You will need to stop any blood-thinning products such as: nonsteroidal or anti-inflammatory medication (NSAIDs). Examples include: Motrin, Ibuprofen, Mobic, Advil, Aleve, Lodine, Anaprox and Naprosyn.
- Stop taking any blood-thinning herbs or supplements, such as: fish oil, green tea, vitamin E, glucosomine and garlic pills.
- You may use Tylenol or Extra Strength Tylenol for pain.
- Make sure you have purchased the high-protein supplements you will need post-op. Please refer to the dietitian binder.
- Make sure you have purchased the various bariatric vitamins you will need post-op. Please refer to the dietitian binder.

Pre-op diet:

- Liquid diet: ONE weight-loss drink four times a day. Please refer to the binder you will receive from your bariatric dietitian.
Drink a minimum of eight glasses of water a day. You may have raw, fresh vegetables. No canned vegetables, no frozen vegetables, no avocados, no salads and no dressings.
 - If your BMI is 39 or less, you will be on the pre-op diet for two weeks prior to surgery.
 - If your BMI is 40–49, you will be on the pre-op diet for three weeks prior to surgery.
 - If your BMI is 50–59, you will be on the pre-op diet for four weeks prior to surgery.
 - If your BMI is 60–69, the pre-op diet will include five drinks per day for six weeks prior to surgery.
 - If your BMI is 70 or greater, the pre-op diet will include five drinks per day for seven weeks prior to surgery.
- Please do not start the pre-op diet until you have been given a specific surgery date.
- Please take a multivitamin every day while on the pre-op diet.
- Please treat constipation as suggested on page 23 if you have not had a bowel movement in two days.

Evening prior to your surgery:

- The hospital will call you the business day prior to surgery and tell you the time you should arrive. If you have questions, you may call the Ambulatory Surgery Center:
 - Evanston Hospital: (847) 570-2150
 - Glenbrook Hospital: (847) 657-5832
 - Highland Park Hospital: (847) 480-3729
- After midnight on your day of surgery, do not eat any fresh, raw veggies or drink any protein drinks. You may have clear liquids until two hours before your scheduled arrival time to the hospital.

On the day of your surgery:

- On the day of surgery, please do not eat any solid foods. Please do not drink your protein drinks. You may have clear liquids up until two hours before the time you are told to arrive at the hospital. Clear liquids include non-calorie non-carbonated non-caffeine beverages. Please also avoid red and purple beverages at this time.
- Take a shower and wash with soap.
- You may take your heart medications with a sip of water.
- If you have sleep apnea, bring your CPAP to the hospital with you.
- You will be walking in the halls every two hours while awake. Bring whatever you need to feel comfortable—e.g., sweat shorts, pajamas, baseball cap.

Things to Bring to the Hospital

- This booklet
- Photo ID (driver's license or state ID)
- Insurance card and information
- List of prescription and nonprescription medications you take (including vitamins, supplements and herbal medications)
- Assistive devices such as walkers, crutches, canes, hearing aids and glasses. (Please label all personal items with your name.)
- Names and phone numbers of family or friends to contact in case of emergency

- Robe, slippers, loose comfortable clothes to wear home
- Copy of your advance directives, if you have such documents
- Personal toiletries such as shampoo, deodorant, toothbrush, toothpaste, denture cream and moisturizer

Note: Please do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.

Morning of Surgery Instructions

Getting dressed:

- Put on clean clothes.
- Do not wear lotion, perfume, makeup, fingernail polish, jewelry or piercings.
- Do not shave the area where the operation will be performed.
- Deodorant is OK.

Evanston Hospital—Please park in the main structure on the 5th floor (Notre Dame level). Walk through the entrance doors and proceed to the ambulatory surgery check-in desk located on the same level. You will be directed to your room.

Highland Park—You will enter through the main hospital entrance. A staff member will greet and direct you. You will check in at the front desk.

2020 NorthShore Bariatric Support Group Schedule

No reservations are required. Support group meetings are held in two locations:

225 N. Milwaukee Ave.
Vernon Hills, IL 60061

Skokie Hospital
9600 Gross Point Rd., Skokie, IL 60076
Abramson Conference Room (1st floor)

Date	Time	Location	Leader/Topic
Monday, January 6	7 p.m.	Vernon Hills	Brad Saks, PhD/JS Getting Back on Track after the Holidays
Thursday, January 16	7 p.m.	Skokie	Rachelle Gold, PsyD/JS Coping Strategies to Keep You on Track, Even in the Winter
Monday, February 3	7 p.m.	Vernon Hills	Liz Farwell, APN
Thursday, February 20	7 p.m.	Skokie	Mary Suarez, RD
Monday, March 2	7 p.m.	Vernon Hills	Stephen Haggerty, MD
Thursday, March 19	7 p.m.	Skokie	Cancelled due to Coronavirus Precautions
Monday, April 6	7 p.m.	Vernon Hills	Cancelled due to Coronavirus Precautions
Thursday, April 16	7 p.m.	Skokie	Cancelled due to Coronavirus Precautions
Monday, May 4	7 p.m.	Vernon Hills	Woody Denham, MD
Thursday, May 21	7 p.m.	Skokie	Cassie Snitowsky, APN
Monday, June 1	7 p.m.	Vernon Hills	Dena Dobbs, Bariatric Advantage/KM Surgeries and Supplements
Thursday, June 18	7 p.m.	Skokie	Nadea Minet, Celebrate Vitamins/Atara Schayer, RD
Monday, July 6	7 p.m.	Vernon Hills	Marisa Spiegel, RD
Thursday, July 16	7 p.m.	Skokie	Dawn Epstein, PhD/Mary Suarez, RD
Monday, August 3	7 p.m.	Vernon Hills	Arina Polevoy, PsyD/KM
Thursday, August 20	7 p.m.	Skokie	Michael Ujiki, MD
Monday, September 14	7 p.m.	Vernon Hills	Diane Copeland, PhD/JS
Thursday, September 17	7 p.m.	Skokie	John Linn, MD
Monday, October 5	7 p.m.	Vernon Hills	Jeremy Clorfene, PhD/KM
Thursday, October 15	7 p.m.	Skokie	Ashley Rolnick, PhD/Marisa Spiegel, RD
Monday, November 2	7 p.m.	Vernon Hills	Liz Farwell, APN
Thursday, November 19	7 p.m.	Skokie	Laura Pettineo, PhD/Mary Suarez, RD Managing Food Pushers During the Holidays
Monday, December 7	7 p.m.	Vernon Hills	Liz Farwell, APN
Thursday, December 17	7 p.m.	Skokie	Dena Dobbs, Bariatric Advantage/Atara Schayer, RD Holiday Deficiency Bingo

General Information—Items You Should Know

NorthShore Rules of the Pouch

1. Do not drink beverages until 30 minutes after a meal

We do not want you to “wash” your food down. The longer the food stays in your pouch, the sooner you will feel satisfied by eating smaller meals.

Avoiding eating and drinking at the same time will also decrease the risk of dumping that may occur if food is rushed out of the pouch too quickly.

Think of a glass with a funnel on top. If you pour water in the funnel, it goes right down. If you pour applesauce in the funnel, it takes a while for it to drop into the glass.

2. No carbonated beverages

You have had bariatric surgery in order to make a small pouch. The bubbles in the carbonation will make the pouch more pliable—in other words, instead of having a tight, small pouch, carbonation will lead to a larger pouch over time. Carbonated beverages include pop or soda, carbonated waters, beer, seltzers, champagne, etc.

3. No nonsteroidal anti-inflammatories (NSAIDs) or aspirin products for gastric bypass patients

(This includes Advil, Motrin, Aleve, Naprosyn, ibuprofen, etc.) After bariatric surgery, you have a small pouch. These medicines put you at risk for developing an ulcer. We need to protect your pouch as much as possible. It is acceptable to take a baby aspirin (81 mg) as ordered by your physician. You may take Celebrex (prescription from your PCP) if an NSAID is necessary, as it does not have the same ulcer-creating issues.

4. No smoking or nicotine replacement products—e-cigarette nicotine cartridge, Nicorette gum, nicotine patch, etc.

Smoking has been associated with stomach irritation. Stomach irritation from smoking can lead to ulcers. We need to protect your pouch as much as possible. Thus, you will need to be completely nicotine-free prior to surgery, and you should abstain from any nicotine products for the rest of your life to decrease potential complications from nicotine in any form.

5. No alcohol and no recreational drugs

Alcohol is metabolized faster after bariatric surgery. You will get drunk much quicker on a smaller volume. We do not make good food choices when we are drunk. In addition, alcohol is full of empty, non-nutritional calories and can also cause dumping due to the sugar alcohols.

When you are 12+ months post op, if you desire an alcoholic beverage, please choose one with no carbonation. Keep in mind, the smaller the drink, the better for your ultimate goals (e.g., half a glass of wine).

Do not drink and drive, as you will be impaired much more quickly post op. Be advised that if you had a previous addiction (smoking, drugs, eating, etc.), there is a risk for trading addictions, so please be cautious.

We recognize marijuana is legal in Illinois. Marijuana is an appetite stimulant. This would be counterproductive to helping you adhere to your dietary instruction and weight loss goals. Thus we do not recommend smoking or edible marijuana products.

(continued on next page)

General Information—Items You Should Know (continued)

6. Eat three meals a day; no snacks

In the real world, “they” talk about having five or six meals a day. This is the weight-loss surgery world. You have had surgery to make your stomach smaller for a reason. Thus, we do not want to feed it all day. Our bariatric patients are encouraged to eat three meals a day and no snacks (once they are past the initial post-op period). One of the problem areas that leads to obesity in the first place is snacking and grazing. We are trying to break bad habits and start new, healthier habits. Thus, we want you to eat three meals a day. We do not want you to eat snacks in between meals. Rather, you and your dietitian will discuss protein drinks (from the approved protein list) that can be used for snacks. As your post-op period progresses and your exercise increases, you and your dietitian will determine the appropriate protein needs.

7. Exercise or get some form of physical activity EVERY day

Our patients need to exercise six or seven days a week or weight regain is a high probability.

8. Limit caffeine to ONE 8oz cup a day.

After those 8oz, switch to decaf options.

An 8oz cup of regular coffee has approximately 95 grams of caffeine. We do not want you to exceed 95 grams of caffeine per day due to diuretic effects—which can lead to dehydration, and stimulating effects—which can lead to the desire to snack.

9. You will need to take vitamins for the REST OF YOUR LIFE. Please consider this expense prior to proceeding with surgery.

You will learn more about the vitamins from your dietitian.

10. You will need to purchase high-protein drinks for the immediate post-operative period (usually the first six months).

Please consider this expense prior to proceeding with surgery. You will learn more about the protein drinks from your dietitian.

Example of Bariatric Letter of Support

Patient Name

Patient Date of Birth

Letter of Support for Bariatric Surgery

To Whom It May Concern:

[Patient Name] is [a/an] [age]-year-old [male/female] who has suffered from morbid obesity since [he/she] was ** years old. [Patient Name] has made multiple prior attempts at weight loss, including: [weight-loss methods].

[He/She] has the following obesity-associated conditions: [list obesity-associated conditions].

I believe [he/she] will be helped by bariatric surgery. This surgery will result in weight loss and hopefully will resolve or, at the very least, improve [his/her] obesity-related co-morbidities.

[Patient Name] has been a patient of mine for the past ** years. I believe [he/she] is committed to making the necessary lifestyle changes to assist with [his/her] success. [He/She] is a reliable patient, and I believe [he/she] will attend follow-up appointments with the bariatric surgery team, as well as the bariatric dietitian, as instructed. I believe [he/she] will be compliant with vitamin supplements and bariatric lab work, as instructed.

I will be examining this patient for [his/her] pre-operative history and physical prior to the bariatric surgery.

Sincerely,

Exercise Expectations

Mode:

- You can incorporate exercise without joining a fitness center or gym. Your overall goal should be to target large muscle groups; e.g., walking, biking, marching in place, chair aerobics, taking the stairs instead of the elevator. See the list under “Ideas for Increasing Daily Physical Activity” (page 17).
- Resistance training can also help you target large muscle groups. Resistance bands, hand weights or your own body weight can be used for resistance training.
- You can even use 16oz soup cans, a towel or half-gallon or gallon milk containers filled with varying amounts of water to give you a little resistance.
- Try to mix things up! Have other options available to add variety to your workouts. Do not forget to stretch your muscles, too. This will help combat any soreness you may feel from your increased activity.

Frequency:

- Bariatric surgery patients should exercise every day. Your minimum exercise frequency should be five times a week.
- Again, try to mix things up—not doing the same thing. This will help combat boredom in your workouts.

Duration:

- If you are just starting out, try to work up to 30 minutes.
- You should strive for 45–60 minutes of exercise on most days. This can be broken up to accumulate to 30–60 minutes.

Intensity:

- When beginning an exercise program, you should perform low-intensity exercises. You should be able to hold a conversation with someone while you are exercising. If you are alone, can you hum or sing your favorite song to yourself? If not, you are working too hard. Slow down!
- Initially, it is better to focus on the frequency and duration of your exercise routine rather than your intensity. As your body adapts to your current level of exercise, you should gradually increase your intensity.

Your Goal for Each Week:

- Starting out, you should aim for a goal of 150 minutes total for the week—30 minutes, five times a week—then work your way up to 200–300 minutes each week.
- If you are wearing a pedometer, initially you should strive for 5,000–7,000 steps per day. The goal is to work up to at least 10,000 steps per day (approximately five miles).

Tools to Help You:

- **IMPORTANT:** Keep your exercise log updated to track your progress!
- Find indoor walking places as alternatives if you exercise outside. You do not have to join a club to start your exercise routine!
- Purchase an exercise tracker—pedometers, Fitbit, Garmin, Vivofit, etc.—to help you count your steps every day.
- Resistance bands or hand weights can be purchased at any sporting goods stores (e.g., Dick’s, Sports Authority or Target stores).
- Staff is available by phone or *NorthShoreConnect* if needed.
- Many exercise apps are available.
- Your local library should have exercise DVDs you can check out.

Ideas for Increasing Daily Physical Activity

- Do housework yourself instead of hiring someone else to do it.
- Work in your garden or mow the grass. Using a riding mower does not count!
- Go out for a short walk before breakfast, after dinner or both! Start with five to 10 minutes, and work up to 30 minutes.
- When watching TV, sit up instead of lying down.
- During commercials, march in place or do squats.
- Do squats while brushing your teeth.
- Walk or ride your bike to the corner store instead of driving.
- Instead of asking someone to bring you a drink, get up and get it yourself.
- Stand up while talking on the phone.
- Walk the dog.
- Park farther away at the mall to walk that extra distance. Wear your walking shoes, and sneak in an extra lap or two around the mall.
- Stretch to reach items in high places, and squat or bend to look at items at floor level.
- Take a walk with co-workers to brainstorm for new project ideas.
- Walk down the hall to speak with someone rather than using the telephone.
- Take the stairs instead of an elevator or escalator. Or, get off a few floors early and take the stairs the rest of the way.
- Stay only at hotels with fitness centers or pools so you can use them while on business trips.
- Schedule exercise time on your business or home calendar and treat it as any other important appointment.
- Get off the bus a few blocks early and walk the rest the way home or to work.
- Walk around your building at work for a break during the day or during your lunch.
- Plan family outings and vacations that include physical activity (hiking or backpacking).
- See the sights of new cities on walking or biking tours.
- Play your favorite music while exercising—something that motivates you.
- Dance with someone—or by yourself.
- Sit and squeeze. Whenever you find yourself sitting—in a meeting at work or in a traffic jam—squeeze the muscles in your butt, arms, shoulders, tummy, back and legs. Hold for five counts, then release.
- Stand before you sit. When you are about to sit down in a chair, do a squat. Begin to sit down, and as soon as your butt nears the seat of the chair, stand back up.
- Set an alarm to go off every so often to remind you to stand up, stretch and walk for about 10 minutes.
- March in place or do squats while folding clothes to burn a few extra calories.
- Skip the cart. At the grocery store, carry a basket in each hand. If you use a cart, pick up the pace when near temptations.
- Ditch the drive-thru. Walk inside the bank and dry cleaner.

Helpful Websites and Apps to Aid Your Weight-Loss Progress

Diet and Exercise; Motivation

Jump Start website info: www.northshore.org/psychiatry-behavioral-sciences/clinical-services/groups/

bariatriceating.com

Bariatric post-op support, menus, recipes, coupons and more

loseit.com or Lose It app

Website or smart phone application to help you stay on track

bariatricpal.com or Bariatric Pal app

Weight-loss surgery social network—support and education

baritastic.com or Baritastic app

Offers support, various tracking options

bariatrictimes.com or Bariatric Times app

Clinical developments and metabolic insights in total bariatric care

Activity Trackers, Websites and Apps

fitbit.com or Fitbit app

connect.garmin.com or Garmin Connect app

Step Trackers on Various Smartphones

MapMyWalk app

MapMyRun app

5K Runner

Couch Potato to 5K trainer app

My Diet Diary

Calorie counter app

Seven

Seven-minute workout training challenge

Tabata Timer app

Quick four-minute workout

fitday.com

Motivation, diet logs, exercise logs, Q&A

sparkpeople.com

Motivation, diet logs, exercise logs

obesityhelp.com

An overall helpful website for all of your questions!

obesityaction.org

An obesity action coalition website that provides educational resources, advocacy, support, etc.

weightwatchers.com

Low-calorie eating, motivation

Cooking Light

cookinglight.com

Great recipes and tips on cutting some calories

mayoclinic.com/health/

weight-loss-recipes/RE00126

Recommendations for weight-loss ideas from the Mayo Clinic

Cooking for One or Two

mayoclinic.com/health/

health-cooking/HQ00474

A healthy way to add variety and cut back on wasted food

www.ag.ndsu.edu/eatsmart

Tips on keeping your favorite healthy recipes and just reducing!

Low Fat on a Budget

lowcaloriecooking.about.com/od/

menuplanning/tp/budgetmeals.htm

Great meals to make on a budget

Meals on the Go

HealthyDiningFinder.com

An online resource that makes it easy to find healthier choices at restaurants

Frequently Asked Questions

1. What is this I hear about hair loss?

It is possible you will lose some hair following bariatric surgery. There is no way to determine who will and who will not lose hair post-op, but rest assured that any hair loss is temporary. As your body adjusts to life after bariatric surgery and you meet your protein needs, take your vitamins and stay hydrated, your hair will grow back.

2. What financial concerns or out-of-pocket costs will I have?

There are definitely expenses associated with bariatric surgery. You can watch for sales, use coupons, or ask for some of these items for birthday or holiday gifts. Some of the costs you should plan for are listed below.

Pre-Op Diet

You will have to purchase drinks for the pre-op liquid diet. The length of your pre-op diet will depend on your BMI. The higher your BMI, the longer the pre-op diet. Your pre-op diet will usually be four drinks per day. There will be pre-made options and powder options. Usually pre-made drinks are more expensive, but they may be more convenient. You will receive a binder from the dietitians that contains a list of approved pre-op drinks.

Vitamins

There may be vitamins needed prior to surgery based on your lab results. There are three vitamins needed after surgery and FOR THE REST OF YOUR LIFE. You will receive a binder from the dietitians that contains a list of approved vitamins.

Post-Op Whey Protein

After your surgery, you will start on clear liquids, then full liquids, followed by pureed, soft and eventually general diet. You will receive a binder from the dietitians that details each phase of the post-op diet, a list of post-op approved protein supplements and a timeline for when you will

progress to each stage. In order to be nutritionally sound, you will need to have whey protein drinks at least twice a day. You can expect these protein supplements to continue for at least the first six months after surgery, or longer if needed.

So, between the pre-op diet, the vitamins and the post-op diet, you can expect to spend around \$100 per month for about five to six months. After that, it will likely just be vitamins. Vitamins can vary, depending on where you purchase them—on average about \$40 per month. Keep in mind, your grocery bill will be decreasing, and you will not be eating out in the early post-op stages, so those expenses will be avoided.

Clothing

One of the biggest expenses is clothing. As you lose weight, your clothes will quickly become too large. Many people use belts for as long as possible, until they have to start replacing clothes. Usually when we go shopping, we purchase one, two or three items at a time. When you have to replace an entire wardrobe (shirts, pants, bras, underpants, belts, coats, even shoes) multiple times, it can get expensive, depending on your clothing tastes. This is an expense you should budget for, as there is no way to avoid it. Second-hand stores may be helpful here, as each new size will quickly become too large in the first few months after surgery. Old Navy has good sales, and coupon mailings and online shopping may be helpful. There are some new websites that offer the option of renting clothes. Some patients have found that to be a useful option; however, it also comes with a price.

Activity Tracker, Pedometer, Health Club

In order to be successful after surgery, you need to be more active. Some people are motivated by activity trackers (Fitbit, Apple watch, etc.). These are not mandatory but may be an added expense, if you purchase one.

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Frequently Asked Questions (continued)

Some people join health clubs, Orangetheory, Planet Fitness, LA Fitness, YMCA, community centers, etc. Some people have their own exercise equipment, treadmill, bike, elliptical, etc., in their own homes. Some people walk outside. We do not expect you to join a health club, but it would be an added expense if you choose that option.

Dietitian Appointments

Your insurance may or may not cover dietitian appointments for bariatric surgery. We have negotiated an out-of-pocket discount for our bariatric surgery patients if you have to pay out of pocket for the full cost. However, you need to call the billing department to have this discount applied to your account. The dietitians will give you the number to call during your appointment. If your insurance covers your dietitian appointments, then an out-of-pocket discount will not be applied.

3. What should I bring to the hospital?

We encourage you to leave your valuables (jewelry, money, computer) at home. You should expect to spend one night in the hospital. Bring what you need to feel comfortable walking in the hallways in the hospital. For some patients, that includes baseball hats, hair scarves, sweatpants or sweat shorts, and slippers. We want you up walking every two hours that you are awake. It might be helpful to choose all of the even hours or all of the odd hours.

Bring your CPAP or BiPAP if you use one. Some people prefer their own pillow, though one will be provided for you.

For a list of additional items to bring to the hospital, please see page 11.

4. What can I expect in the hospital?

You will have sequential compression devices (SCDs) on your legs. Some patients refer to these as squeeze boots. Their purpose is to help prevent blood clots.

You can expect to be up in the chair the day you have surgery and walking that same day or the next day.

You will use an incentive spirometer (IS) to assist you in taking big, deep breaths. Using the IS 10 times each hour followed by a cough will help re-expand your lungs and help you exhale any residual anesthesia.

5. I have heard you can have a bad taste in your mouth. Why does that happen?

While it is rare, some patients have a metallic taste in their mouth after surgery. Frequently brushing your teeth or using Listerine strips may help. Staying hydrated is important because dehydration may make it worse.

6. What about plastic surgery?

There is no way to predict how much excess skin someone will have. Some people lose 30 pounds and have excess skin, and some people lose 100 pounds and do not have excess skin. Plastic surgery is rarely, if ever, covered by insurance, so this would be an out-of-pocket expense if you decide to pursue it. We encourage you to get to your goal weight (which may take 12–18 months) and stay at your goal for 12 months PRIOR to pursuing plastic surgery. If you have cosmetic surgery too soon and continue to lose weight, you may still have hanging skin. We have expert plastic surgeons at NorthShore who work with post-op bariatric surgery patients.

7. What if I can't drink eight glasses of fluids after surgery? What if I don't like the protein drinks after surgery?

Bariatric surgery results in a new stomach or pouch. It takes a little time to get used to how that new pouch feels after surgery. Some people get “full” very quickly, even with drinking. Some people report feeling “rocks” in their stomach when they drink. This is a sign of dehydration. The more you drink, the more that sensation will stop. You should plan to use the medicine cups

you will be given in the hospital to drink liquids after surgery. The little medicine cups will help you avoid drinking too quickly. Drinking too fast can make you nauseous and perhaps even vomit. We encourage you to drink slowly to avoid vomiting.

You **MUST** drink protein drinks after bariatric surgery. That is the only way to stay nutritionally sound after bariatric surgery. Also, you will find that if you slack on the protein drinks, your weight loss will stall. The dietitians will give you a binder with the approved post-op protein supplement list. **The post-op protein supplements are different than the pre-op diet supplements.** They serve two different purposes. The pre-op diet is meant to help you lose weight prior to surgery. The post-op protein supplements are whey protein, which is the kind of protein you need to aid in healing after surgery and to be nutritionally sound. It is not necessary to buy different supplements pre-op, to “try,” because very likely your taste buds will change and the ones you once liked pre-op may be too sweet post-op. So we would encourage you to buy two different kinds—one flavored and one unflavored. Unflavored protein powder is easier to “hide” in other foods like soups or broths.

There are “ready-made” protein drinks, which may be a little more expensive than the powders, but they may be more convenient for you. Remember, your post-op grocery bill will be quite low. There is also a chicken broth on the approved post-op protein list. The ready-made protein drink, Isopure, can also be frozen into ice cube trays or made into popsicles. Sometimes trying it in a different form may make it more palatable.

You will likely not need protein drinks for the rest of your life, but you absolutely need them for the first six months. Just as you would “force” your children to “take their medicine” when they were sick, even when they did not want to, you need to use this same philosophy on yourself. You need to drink your protein drinks after bariatric surgery. Period.

8. Will I have gas?

Some people have gas following bariatric surgery. It is normal to feel abdominal bloating. Gas pains or aches in your shoulders and abdomen for one to five days are due to the carbon dioxide placed inside your abdomen during surgery (which is all removed at the end of surgery). This is harmless and will disappear in a few days. Sometimes walking helps with this sensation. If you have the urge to release air, please do so. Keeping it in to be polite will just make you more uncomfortable. If your gas continues, you can try any over-the-counter remedies, like Gas-X, Mylicon, simethicone, Beano, etc.

9. How much pain can I expect?

You will be discharged from the hospital with a prescription for pain medicine. Most people use the pain medicine for the first couple days and then are comfortable enough to switch to regular Tylenol. Keep in mind, the longer you are on a narcotic, the more issues with constipation you can expect. It is very rare that the narcotic prescription would need to be refilled. Pain at the incisions is normal and usually relieved with Tylenol.

10. How long will I be off work?

We encourage you to take two weeks off from work. Even though most bariatric surgeries are done laparoscopically (with small incisions), it is a big surgery. It also takes time to get acquainted with the new way of eating and drinking. You may feel fatigued for the first four to six weeks, but your energy will be better once you return to your normal activities of daily living. The literature shows that people who return to their normal activities sooner rather than later do better with incorporating exercise, healthy eating, proper sleep, proper hydration, etc.

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Frequently Asked Questions (continued)

11. How many follow-up appointments will I have?

We will see you in the office two weeks post-op, eight weeks post-op, six months post-op, 12 months post-op, then annually thereafter for the rest of your life. It is important to review your medication list, review the vitamin routine and vitamin schedule, assess your adherence to your diet and exercise plan, and check bariatric labs. You will also have follow-up visits with the bariatric dietitians at 30 days post-op, three months post-op, six months post-op and 12 months post-op. The bariatric dietitians are also available on NorthShoreConnect for any diet questions you may have. We have three dedicated bariatric dietitians within our program.

12. When can I get pregnant? Is it safe to get pregnant after bariatric surgery?

Yes, it is perfectly safe to get pregnant after bariatric surgery, but we do NOT want you to get pregnant until 24 months post-op. It will be important for you to work closely with the bariatric dietitians throughout your pregnancy. Most obstetricians continue your same bariatric vitamins and may just add one additional supplement, DHA. It is important to know that you will actually become more fertile with weight loss. Testosterone is a fat-soluble hormone. As you shrink after bariatric surgery, you have more circulating testosterone. It is very important to use birth control unless you have reached menopause. We have had a number of patients with unplanned pregnancies, some of which were sure they could not get pregnant because they needed fertility assistance in the past. Please, practice safe sex.

13. Why can't I see my surgery date on NorthShoreConnect?

Your follow-up appointments will be visible on NorthShoreConnect, but surgery dates are not currently visible on NorthShoreConnect. Rest assured, once you have completed the pre-op

process and have been approved by your insurance, we will get you scheduled for surgery! We will also tell you exactly when to start the pre-op diet, etc.

14. Why do I have to see a psychologist on the list and not my own psychiatrist/psychologist for the presurgical bariatric psych evaluation?

The psychologists who are associated with our program have particular expertise in bariatric surgery. This is a unique specialty. When a psychologist is used who is not on our list, many times the report is not detailed enough and the psychiatric evaluation needs to be repeated, costing you more in the long run. Please know that many of our psychologists are available for post-op counseling as well, should you desire a specialist. There is a lot to adjust to after bariatric surgery: eating and drinking slower, smaller portions, new body image, and unsolicited advice or comments from others, to name a few. Our bariatric psychologists can help you adjust along your weight-loss journey.

15. Why do I need to start a diet prior to surgery?

The purpose of the pre-op diet is weight loss. Many people with obesity have some liver enlargement, a condition called fatty liver. This condition causes the liver to enlarge and sometimes not function as well. The liver can cover up the stomach and make it more difficult to perform bariatric surgery. The research shows that we can shrink the liver with a calorie-restricted diet. The higher your BMI, the longer the pre-op diet. The more weight you can lose before surgery, the better it is. Your surgery will go more smoothly and your recovery will be better. The pre-op diet will also keep you from gaining weight before your surgery, which increases the surgical risk and is hard on your body. Keep in mind, you will be able to eat anything after bariatric surgery, you will just eat it differently, so there is no reason to binge prior to surgery. You are doing this to help reach your goal.

16. What if I have constipation?

It is possible you will experience constipation. Some people will be constipated during the pre-op diet. Others will be constipated during the initial post-op period. The goal is to have a bowel movement at least every other day or every third day. You should not go longer than three days without a bowel movement. If it has been more than three days since you last had a bowel movement while you are on the pre-op diet or after surgery, you should contact our office.

Here are some tips to assist with constipation:

Stay hydrated

When you are thirsty, your body is already dehydrated. Your body will use the fluid from your bowels first, which in turn leaves you with “cement” (dehydrated stool) in your bowels. It is difficult for hardened stool to move through the intestines and the loops of bowel.

Exercise

Walk, walk, walk. Exercise helps stool move through the intestines and bowels.

Senokot-S or Senna-S or Peri-Colace (over the counter)

These include a stool softener and a stimulant in one pill. You may take one or two pills, once or twice a day.

Miralax (over the counter)

This powder will completely dissolve in a beverage. Follow the directions on the package. This may be used as needed for regularity.

Prunes or baby food prunes

Some people just need one or two prunes a day. You can cut up prunes and put them on your salad, in your cereal or on a chicken breast, or you can just eat them by themselves, etc.

Flaxseed powder

Sprinkle into food or protein shake to assist with constipation.

Fiber capsules

You will not be able to drink liquid Metamucil (because it gets too thick, if it is not consumed quickly, and you cannot guzzle after bariatric surgery). Instead, You can take Metamucil fiber capsules. You can also try Citrucel, Benefiber, products.

17. How often should I weigh myself?

We suggest you weigh yourself ONCE a week after surgery. It is exciting to see the scale going down, but small fluctuations are normal. So it is better to weigh once a week and follow the trend. One you have celebrated your one-year anniversary post-op, if you desire to weigh every day, to hold yourself accountable, that is your choice. But definitely, initially please only weigh once a week.

If you have additional questions at any time, please let us know. We are here to help you. We truly believe the more people understand the rationale or the “why” behind the “rules,” the easier it will be to follow the rules. The more you follow the rules, the more weight you will lose and the more success you will have. Good luck! This is an exciting time in your life. Congratulations on making this decision. We know this was not an easy decision. It takes bravery to get this far. You can do it!

Initial Post-Operative Instructions

Bariatric Surgery:

- You should expect to stay in the hospital ONE night. You should plan to take two weeks off from work.
- You will need someone to drive you home from the hospital when you are discharged.

Incision Care:

- Keep Steri-Strips on the incisions. However, if Steri-Strips fall off prior to your two-week follow-up visit, do not worry—it is OK.
- Remove any Band-Aids or gauze covering the Steri-Strips.
- Wash incisions gently with a sudsy washcloth, rinse and pat dry.
- Observe incisions daily. Signs of infection are: redness (“fire engine” red), area warm to the touch, swelling, pain or drainage that is greenish, or fever.
- It is normal to feel a ridge along the incisions and to have numbness or reduced sensation around the incisions.

Shower/Bathing:

- You may shower after surgery.
- Steri-Strips may get wet and should be washed with a soapy washcloth.
- After showering, pat your abdomen dry. Keep lotions away from the incision sites.
- Tub baths and swimming are not allowed until you are seen in the office for your first follow-up appointment, usually two weeks post-op.

Activities:

- Avoid heavy lifting. Do not lift, pull, shove or push more than 20 pounds for 14 days after surgery.
- Do not drive if taking narcotic pain medication.
- Walking is highly encouraged. Take short walks multiple times a day. You may climb stairs. No vigorous activity is allowed.
- You may have sexual intercourse at any time post-op, once you feel up to it.

Medications:

- Use pain medication as prescribed. As pain level subsides, Extra Strength Tylenol or regular Tylenol may be used. Remember to AVOID ibuprofen, Advil, Aleve, Motrin or any nonsteroidal anti-inflammatory. Celebrex is okay. Please discuss any aspirin therapy with your surgeon.
- Remember that some of your medications may need to be stopped or have the dosage decreased after surgery; e.g., diuretics (we do not want you to get dehydrated) and/or medicines for diabetes.

Diet:

- Please pay particular attention to the dietary instructions in the binder provided to you by your bariatric dietitian.
- Once discharged, you will take 2–3 protein shakes per day. Your protein goal will be given to you by the dietitian at the pre-op appointment.
- Drink a minimum of eight glasses (64oz) of fluid a day. Your urine should be very pale and clear. If your urine is dark yellow or brownish, you need more fluids.

Call your surgeon if you experience the following:

Fever greater than 101 or chills, pain not relieved by pain medication, any sign of infection from incision (“fire engine” red around incision, odorous drainage or thick discharge); if you cannot have a bowel movement or pass urine; frequent vomiting and/or inability to tolerate drinking water.

