The Center for Bariatric Surgery

EDUCATION FOR THE BARIATRIC PATIENT

REVISED NOVEMBER 2011
Patient Candidacy

We follow National Institutes of Health (NIH) guidelines in determining patient candidacy for Bariatric surgery.

- A BMI (Body Mass Index) of 30-34 (approximately 50 pounds of excess body weight) with at least one high-risk co-morbid condition such as high blood pressure, sleep apnea, diabetes or high cholesterol. These patients qualify for the Lap-Band procedure, ONLY.

  OR

- A BMI of 35-39 (approximately 75 pounds of excess body weight) with at least one high-risk co-morbid condition such as high blood pressure, sleep apnea, diabetes or high cholesterol.

  OR

- A BMI of 40 or higher (approximately 100 pounds of excess body weight or more), with or without co-morbid conditions.

- Patients must be at least 18 years of age.
Pre-op Requirements

- Consult with a Center surgeon, to ensure patient meets physical candidacy requirements.

- Psychological evaluation with a Center psychotherapist to ensure the patient understands the commitment he/she is making and to ensure there is nothing in his/her medical history that would preclude eligibility for surgery.

- Consult with a Center Registered Dietitian to review the pre-op and post-op nutrition requirements. The patient will be given a 70-page Surgery Guide that provides detailed explanations of the program from the pre-op requirements and nutrition to other information of assistance to patients.

- A 20-question Dietary Test: the dietitian will provide this to the patient and the answers are based on the consult and the Surgery Guide. Patients must fax this to the Coordinator for grading within a week of the consult and they must pass with a minimum grade of 75%.

- Education: This requirement can be met in one of two ways. The patient may view this presentation on the Center’s website and take a 20-question comprehensive test that validates to the Bariatric Coordinator that the patient watched the videos and that he/she understood the material. OR the patient may meet one-on-one with the Coordinator to review the procedures and the program.
Pre-op Requirements

If a patient is converting to a second Bariatric procedure, for example, from Band to Bypass, and it is not an emergency case, the patient is required pre-operatively to:

- See the program psychotherapist for follow-up evaluation.
- See the Registered Dietitian, during which time he/she may be provided with the most updated version of the Surgery Guide.
- Take and pass the 20-question Dietary Test.

If the patient is having a revision to the original Bariatric procedure, typically a Band replacement, the patient does not need to follow this protocol.
## Nutrition: Pre-op

<table>
<thead>
<tr>
<th>Bypass &amp; Sleeve Gastrectomy Patients</th>
<th>Lap-Band Patients</th>
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<tr>
<td>• If the patient’s BMI is 39 or less, the patient will be on clear liquids for three days prior to surgery.</td>
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Laparoscopic Approach to Surgery

All Bariatric procedures are performed laparoscopically, through five tiny incisions. This approach:

- Has less discomfort for the patient
- Speeds healing and recovery,
- Drastically reduces the risk for
  - pneumonia,
  - wound infection,
  - Blood clots
  - incisional hernias
THREE PROCEDURES

At the Center for Bariatric Surgery at West Hills Hospital & Medical Center we perform three proven procedures for weight loss:

- **Roux-en-Y Gastric Bypass**
- **Sleeve Gastrectomy**
- **Gastric Banding**
Gastric Bypass is considered the gold standard of Bariatric procedures because it has been around for more than 50 years. This is a “combination” procedure because it is both restrictive and malabsorptive.

The surgeon creates a staple line at the top of the stomach and then separates the newly-formed “pouch” from the remnant stomach. This limits the amount of food the patient can eat (restrictive).

The surgeon then counts off approximately five feet of small bowel and makes another staple line and separates the bowel. He attaches one end to the pouch and then creates an opening called the stoma through which the food will exit the pouch into the small bowel.

The surgeon then makes a second connection of small bowel to small bowel. This five feet of small bowel, now connected to the pouch, does not absorb any calories or nutrients (malabsorptive).

RESULT: Patients can lose up to 90% of their excess body weight in six to nine months.
Roux-en-Y Gastric Bypass

Complications of Gastric Bypass include:

- **Leak at the staple line of the pouch**
  If there is a leak at the pouch, the patient may experience tachycardia at rest and an elevated temperature. The surgeon may or may not need to re-operate to close the leak.

- **A marginal or “stomal” ulcer**
  If there is an ulcer, the surgeon will typically give the patient a medication such as Protonix or Prevacid for a period of several months; the surgeon may also do so as a preventative measure if the patient has a history of ulcers.

- **Stricture**
  This is a condition where too much scar tissue has grown at the stoma, effectively closing it and preventing food from entering the small bowel. The patient will have an upper endoscopy with balloon dilation to stretch the tissue.
Roux-en-Y Gastric Bypass

Other information:

- The patient stay for Bypass is, typically, two nights.
- Post-op, the patient will have a PCA (pain) pump, compression stockings and may have a Foley catheter in the bladder.
- Bypass patients will have an Upper GI on Day 1 post-op and will not consume anything orally until the surgeon has reviewed the film and has issued orders.
Sleeve Gastrectomy

Sleeve Gastrectomy is the newest procedure; the Center has been performing this procedure since May of 2008 (the other procedures have been done since 2004, when the Center opened its doors).

In this procedure, the surgeon does not change the function of the patient’s anatomy, except to remove approximately 80% of the “excess” stomach, creating a narrow, banana-shaped “sleeve” of stomach between the esophagus and the pylorus. This procedure is purely restrictive.

While this procedure can be performed on any qualifying Bariatric patient, it is also used as the first stop for patients who are super morbidly obese (the BMI is in excess of 60). This procedure is easier for these patients to tolerate and, after the initial weight loss of 150-200 pounds, the surgeon can, at that time, more safely convert the patient to a Bypass which will allow the patient to lose the rest of his/her excess body weight.

RESULT: Patients can lose up to 75% of their excess body weight in approximately 12 months’ time.
Sleeve Gastrectomy

Complications of Sleeve Gastrectomy include:

Leak at the staple line.
Sleeve Gastrectomy

Other information:

- The patient stay for Sleeve Gastrectomy is, typically, one night.
- Post-op, the patient will have a PCA (pain) pump, compression stockings and may have a Foley catheter in the bladder.
- These patients will have an Upper GI on Day 1 post-op and will not consume anything orally until the surgeon has reviewed the film and has issued orders.
Gastric Banding has been extremely popular since it received FDA approval in June 2001. Patients like the fact that it is reversible and that it is adjustable.

In this procedure, the surgeon inserts a flexible silicone band and wraps it around the upper portion of the stomach creating a small pouch. When the patient eats, the food enters the pouch and slowly trickles through the constriction caused by the Band into the larger stomach.

The Band has a small catheter that ends in a port. The port is installed in the upper left quadrant of the abdomen and is attached to muscle under the skin. The surgeon injects simple saline into the port, which travels up the catheter and starts to fill the inflatable balloon inside the Band. This causes greater constriction which slows the pouch emptying into the stomach.

RESULT: Patients can lose up to 55% of their excess body weight in 12 to 18 months.
Complications of the Gastric Banding include:

- **Slippage**
  It is possible for the Band to slip upwards or downwards, although typically it slips downwards. The patient will complain of not being able to keep any food down.

  If this happens, the surgeon will perform an Upper GI to confirm the diagnosis and then will need to replace the Band.

  The surgeon will minimize the risk of the Slippage by suturing the stomach lining to the pouch, effectively covering the Band and locking it into place.

- **Erosion**
  Erosion is where the Band eats into the stomach’s lining. In this case, the surgeon would have to remove the Band, wait several months until the patient has healed, and then can either replace the Band or convert to another Bariatric procedure. This is very rare.

- **Port problems**
  Very rarely is there a problem with the port, itself; however, should the port need to be replaced, the surgeon would simply go into that one incision and replace the port. The Band, itself, is not affected, nor does it need to be replaced.
Other information:

- Band patients are done on an out-patient basis.
- Post-op, the patient will have compression stockings. The surgeon will leave orders for administering pain medications.
- These patients will have an Upper GI a few hours post-op and will not consume anything orally until the surgeon has reviewed the film and has issued orders.
During the Hospital Stay

Patients will be taught deep-breathing exercises and coughing every hour as well as the use of the Incentive Spirometer.
Discharge

Upon discharge, the discharge instructions include:

- Calling the surgeon as soon as possible to schedule the first post-op visit at 7-10 days post-op.

- Prohibitions for the patient not to lift anything over 10 pounds in the first four to six weeks and no strenuous exercise during that time, although the patient should be walking every day.

- Instructions for the patient to call the surgeon if they are experiencing any of the following urgent symptoms: fever of 101 or above; yellow/green, purulent and/or odorous incision drainage; chest or shoulder pain; shortness of breath, vomiting for more than 24 hours; leg pain or swelling.
Nutrition: post-op 3-stage plan

While in the Hospital, the patient will only take clear liquids. Per the surgeon’s orders, the patient will start with 15 ml of water to be consumed slowly over a period of 30 minutes. The patient’s goal will be to drink 15 ml of water in 15 minutes.

Once the patient has tolerated this, the surgeon will order a clear liquid Bariatric tray which contains decaf tea, broth and sugar-free sorbet or jello.

This is all the patient will consume during a typical stay, depending on the procedure. If the patient experiences complications and is here longer, the surgeon may add a high protein liquid to this regimen.

In the Bariatric Surgery Guide, the post-op nutrition plan starts on Page 30.
## Nutrition: post-op 3-Stage Plan

### Stage I: High Protein Liquids

<table>
<thead>
<tr>
<th>For Bypass &amp; Sleeve Gastrectomy patients</th>
<th>For Band Patients</th>
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<tbody>
<tr>
<td>Stage I lasts for two weeks and should be followed Weeks 1-2 post-op upon the patient’s arrival home.</td>
<td>Stage I lasts for five days and should be followed Days 1-5 post-op upon the patient’s arrival home.</td>
</tr>
<tr>
<td>Patients are required to take a daily multi-vitamin, daily calcium citrate and 1000 mcg of Vitamin B-12 weekly.</td>
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<td>Medications must be crushed or in liquid, chewable or sub-lingual form (under the tongue) during this period.</td>
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Nutrition: post-op 3-Stage plan

Stage I: High Protein Liquids

Examples of High Protein Liquids
Whey-based or soy-based protein shakes, 1% or non-fat milk; sugar-free cocoa drinks, 1% or nonfat yogurt (smooth, plain, no fruit added), lowfat strained cream soups; blended, thinned bean soups; tomato soup, blended butternut squash soup, blended split pea soup, sugar-free pudding, sugar-free popsicles, sugar-free jello.

REMEMBER, TO GET IN ALL YOUR PROTEIN AND LIQUIDS, YOU MUST SIP ALL DAY LONG!!
# Nutrition: post-op 3-stage plan

**STAGE II: Pureeds**

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<tr>
<th>For Bypass &amp; Sleeve gastrectomy patients</th>
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<tbody>
<tr>
<td>Stage II lasts for two weeks and should be followed Weeks 3-4 post-op.</td>
<td>Stage II lasts for ten days and should be followed Days 6-15 post-op.</td>
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<td>Patients are required to take a daily multi-vitamin, daily calcium citrate and 1000 mcg of Vitamin B-12 weekly.</td>
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Examples of Pureeds
Whey-based or soy-based protein shakes, baby food meats, pureed chicken thinned with fat-free broth, pureed nonfat refried beans or pureed lentils; lowfat or nonfat Ricotta or cottage cheese. Baby fruits and vegetables or pureed canned fruits and vegetables; cooked and thinned Cream of Wheat, Cream of Rice or Oatmeal in small amounts. All foods at Stage I.

REMEMBER, TO GET IN ALL YOUR PROTEIN AND LIQUIDS, YOU MUST SIP ALL DAY LONG!!
# Nutrition: post-op 3-stage plan

## STAGE III: Soft Foods

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<th>FOR BYPASS &amp; SLEEVE GASTRECTOMY PATIENTS</th>
<th>FOR BAND PATIENTS</th>
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<tbody>
<tr>
<td>Stage III lasts for two weeks and should be followed Weeks 5-6 post-op.</td>
<td>Stage III lasts for ten days and should be followed Days 16-25 post-op.</td>
</tr>
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<td>Patients are required to take a daily multi-vitamin, daily calcium citrate and 1000 mcg of Vitamin B-12 weekly</td>
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Nutrition: post-op 3-stage plan

STAGE III: Soft Foods

Examples of Soft Foods

Whey-based or soy-based protein shakes; meats that are moist and chopped fine before eating, then chewed well; canned fruits; well-cooked vegetables; scrambled eggs cooked soft; mashed potatoes (white or sweet). All foods in Stages I and II.

REMEMBER, TO GET IN ALL YOUR PROTEIN AND LIQUIDS, YOU MUST SIP ALL DAY LONG!!
Nutrition: post-op 3-stage plan

When patients complete the 3-stage plan, they will begin a modified high-protein, low-carb, low-fat food plan.

Examples include high protein, lowfat, low carb, sugar-free food choices.

Foods should be consumed in the following order: proteins then vegetables then fruit.

Don’t forget, you must at least walk every single day!!

If you have any questions, please contact the Bariatric Coordinator at ext. 4141.

Don’t forget to take the accompanying test!