

## **FREQUENTLY ASKED QUESTIONS ABOUT WEIGHT LOSS SURGERY**

### **1) How do I know if I qualify for weight loss surgery: You must:**

- Weigh twice your ideal body weight and/or have a BMI (body mass index) greater than 35 with co-morbidities or greater than 40 with no co-morbidities. (Co-morbidities are illnesses related to being overweight.)
- Be between the ages of 18 and 60
- Have a documented attempt to lose weight by a medically supervised diet.
- Have an evaluation at the Behavioral Medical Center, if recommended.
- Have a primary care physician who has referred you and is willing to take care of non-surgical medical problems and long-term follow-up.
- Have a plan for support and healthy lifestyle after surgery.
- Have health insurance coverage or a plan to pay for the surgery.

### **2) How much weight will I lose?**

On average, people lose one half to two thirds of their excess body weight. For example, if you weigh 300 lbs. and your "ideal" weight is 150 lbs, you should expect to lose about 100 lbs. Of course, weight loss depends on you and how well you follow a good diet and how often you exercise.

### **3) How long do I have to stay in the hospital?**

The average number of days a patient stays in the hospital is 2-3 days. We have a program called "Care Partners". You can name 1 or 2 adults to be active member of your team in the hospital.

Discharge planning begins on day 1 when we start identifying needs that you might have. Our social worker, dietitian and nurse coordinator will all be working together making sure your discharge to home goes as smoothly as possible. Please take time to talk with the team about any concerns you have regarding your care at home. It will be your responsibility to arrange for any help you may require at home i.e.: cooking, cleaning, bathing, personal hygiene etc. We will help arrange for home health care if medically necessary.

### **4) How long does the Gastric Bypass operation take?**

The length of the operation depends on several factors. If you have not had previous surgery, and you are not excessively large, and we do not have any difficulty getting to the area of your stomach, then the operation usually takes 2 to 4 hours.

### **5) What are some expectations we have of our patients?**

The surgical team expects you to cooperate with the nurses and physical therapist in working together with one shared goal, to get you home. In order

for us to do this, you must get out of bed the evening of your surgery; use your incentive spirometer when the nurses instruct you to do so and walk the hospital hallways, increasing your activity each day. It is very important for us to work together to achieve this goal.

**Smoking Cessation:** All patients undergoing weight loss surgery must stop smoking at least six weeks prior to surgery. (A nicotine lab test will be drawn prior to surgery date.)

## 6) What can I eat after surgery?

### **Bariatric Diet Following Weight Reduction Surgery**

#### **Stage 1: Sugar-free Clear Liquids (64 ounces per day)**

Water  
Sugar-free flavored water  
Sugar-free drinks  
Sugar-free gelatin, popsicles  
Decaf coffee or tea  
Low-fat broths

#### **Stage 2A: Sugar-free Liquids + Protein Shakes (about one week)**

#### **Stage 2B: Blended/Pureed Food + Protein Shakes (weeks 2 and 3)**

#### **Stage 3: Soft Food**

#### **Stage 4: Solid Food**

Note: the dietitians will see you at your pre- and post-operative visits, and will provide more detailed guidance including; verbal and written instructions on nutrition guidelines after surgery.

You will receive detailed information.

## 7) What will my long-term diet be like?

- Eat 3-4 small, high protein meals a day. It is important to eat slowly, take small bites, and chew your food thoroughly. You will have the opportunity to see our dietitian when you come back for your follow up appointments.
- Drink 6-8 cups (48-64 oz.) of fluids daily, sipping slowly throughout the day to prevent dehydration. You may drink up until you start eating, but avoid drinking with your meals and for 30 minutes after eating. Drinking during a meal may overfill the stomach pouch and cause vomiting. It can also cause food to exit the stomach too quickly, which may leave you feeling hungry between meals.
- It is helpful to keep a record of your dietary intake. -Include everything you eat and drink, as well as the date/time/amount of each meal. **Bring your food diary** with you to your follow up appointments, so the dietitian can evaluate your dietary intake and make recommendations.
- Eat foods high in protein – you need 60-70 grams of protein per day after surgery, spaced out throughout the day. Protein foods are very important for the healing of your pouch and staple line; they are also important for maintaining your muscle mass. Hair loss is one side effect of not eating

enough protein.

- Eat foods that are low in fat and low and added sugars. The natural sugars found in unsweetened fruits and plain dairy products are okay. Try to avoid sweets (including desserts and regular sodas) and fried foods.
- **ALCOHOL:** It is best to avoid alcohol. Some studies suggest there is a lower tolerance to alcohol. Also, alcohol has a high calorie content. Another concern is the addictive nature of alcohol.
- Please contact our dietitians if you have questions regarding eating and drinking after surgery.

### **8) What supplements should I take after surgery?**

After surgery, there are several vitamin/mineral supplements that you must take daily *for the rest of your life*. These include: a complete multivitamin/multimineral supplement, calcium with vitamin D, and vitamin B12.

It is essential that you get into a routine of taking your supplements because you will not be able to meet your daily requirements for vitamins/minerals with food. Buy these supplements before surgery. Start with liquid or chewable forms then you may use tablets (usually six months post-op.) Please contact our dietitians if you have questions regarding vitamin/mineral supplements.

### **9) Will I lose any hair?**

Hair loss can accompany rapid and significant weight loss due to a drastically lower amounts of calorie intake. Very seldom does hair loss last greater than six months. Other common reasons are:

- Poor protein intake
- Vitamin/mineral deficiency

### **10) When can I go back to work?**

Most patients go back to work after about 3 weeks following surgery. It depends on your job description and how much you are required to lift at work. We will be happy to complete a work excuse for you as well as complete any disability forms you might have.

### **11) Why is it necessary for me to have a primary care physician (PCP)?**

A primary care physician must refer all patients for weight reduction surgery. We will not perform your surgery unless you have identified a medical doctor for long-term follow-up. Many insurance companies require documentation about medically supervised diets. In addition, your medical doctor must confirm by letter his/her role as your medical doctor and his/her willingness to see you for any medical problems that are not related to the surgery itself (like flu, back pain depression, throat infections, gynecological problems, and changes in medications).

## **12) What about the medications I take?**

There are several medications you should check with your family doctor about before you have surgery. Medications like Fosamax and Actonel for osteoporosis can cause irritation of the pouch and ulceration of the area where the pouch and the intestine are joined (marginal ulcer). This can also happen with aspirin or NSAIDS such as Motrin®, Advil®, Aleve®, and others. During the first two weeks after surgery, some people who take a lot of medications have difficulty swallowing so many pills. As you lose weight and become healthier, please check with your doctor about reducing the amount of your medications for diabetes and high blood pressure.

## **13) When can I start exercising?**

You will begin walking within two hours of your surgery. Walking is essential to decreasing the chance of blood clots. Each day increase the amount of time your walk. Six weeks after surgery you can start going to the gym. Most exercise facilities offer water aerobics. This is a preferred form of exercise especially for patients with arthritis or degenerative joint problems.

## **14) Why do you take out the gallbladder during surgery?**

If you have gallstones on the ultrasound of your gallbladder, your surgeon will take out your gallbladder to prevent painful gallbladder attacks. Removal of your gallbladder adds about 30 minutes to your operation and may slightly increase your operative risk.

Several studies recently have shown that 1/3 of people who have rapid weight loss develop gallstones. During "dieting" periods the gallbladder does not fill and empty as often, and sludge material can build up in the gallbladder. As such, it is important to take a medication called Actigall for six months after your operation if your gallbladder is not removed.

## **15) What are the surgical and post-operative risks and complications?**

Gastric bypass is major surgery. This operation is associated with a complication rate of about 15%. This means that about 1 in every 6 patients have some type of complication after surgery.

Some of these complications are as minor as a draining wound or difficulty swallowing.

More major complications include wound infections, bleeding, and pneumonia, leaks that form abscesses, ulcers and hernias.

One life threatening complication is a deep vein thrombosis. This is a blood clot in the leg that can travel up to the lungs (pulmonary embolism) and possibly cause death.

One of the complications following sleeve gastrectomy is leakage from the staple line. If you have a leak, there is a possibility that you will have to have another surgery to fix the leak. Another potential complication is stenosis (narrowing) of the new stomach. If this happens, you will have difficulty eating and drinking. We can place a balloon catheter into the stomach and stretch it. This may take several attempts to stretch it in order for you to be able to eat and drink.

### **Plastic Surgery**

Most patients also have loose skin on certain parts of the body after weight loss. These areas include the stomach, underarms, thighs, breasts, and neck. In many cases, patients elect to have plastic surgery. Insurance companies will only pay for this type of surgery if it is “medically necessary.” Please work with your PCP and insurance company in order to provide the necessary documentation.

### **16) What is laparoscopic surgery?**

Most patients are candidates for laparoscopic weight reduction surgery. Laparoscopic surgery means we are able to perform the surgery by making small incisions and inserting miniature instruments through these incisions. A telescope and camera transmit the image of the organs and the surgical instruments onto a TV screen. Obviously this cuts down a great deal on the pain after surgery since the incisions are so much smaller. Please consult your surgeon about learning more about this type of surgery.

### **17) Why do I need to see a psychologist before I have the surgery?**

There is a relationship between your obesity and your “whole-self.” Understanding these relationships will impact your weight loss success. The behavioral health specialist can help you learn (and work with) your relationships with:

- Food
- Other people
- Work
- Your emotions
- History of abuse
- Negative thought patterns
- Physical/ physiological factors
- Spirituality

Also, weight loss surgery makes necessary changes to your stomach and digestive system, it *does not* make any changes to your thought processes or the people in your life. Just as it is important to understand your surgery and the changes you will be experiencing from a physical prospective, it is also vitally important to understand what to expect from the changes in your overall life.

***“it is not what you are eating, it is what’s eating you.”***