



Nirmal S. Jayaseelan M.D.
General & Bariatric Surgery
Diplomat American Board of Surgery & Fellow American College of Surgeons

PRE-OPERATIVE INSTRUCTIONS FOR BARIATRIC SURGERY

Preparation for surgery:

- When preparing for surgery, it is important to stop anticoagulants also known as “blood thinners”. If you are taking a blood thinner such as Warfarin (brand name Coumadin), Apixaban (brand name Eliquis), Edoxaban (brand name Savaysa), Rivaroxaban (brand name Xarelto), Dabigatran (brand name Pradaxa), Clopidogrel (brand name Plavix) or Aspirin, please inform the prescribing physician about your upcoming procedure ASAP. There are general guidelines for anticoagulant management and the time frame to stop the medication can range from 3-5 days or 7-10 days, based on the medication you take. You should talk to your doctor about your anticoagulation management at least 14 days prior to surgery. Your doctor will instruct you when to stop your medication and work with you to manage your anticoagulation therapy. Follow all of your doctor’s instructions and contact your doctor if you have questions about these instructions. If you do not follow these instructions, your bleeding risk or clotting risk may increase, or your procedure may be postponed.
- Do not take any NSAIDs (Non-Steroidal Anti-Inflammatory) 2 weeks prior to surgery; this includes Ibuprofen, Motrin, Aleve, Advil, Mobic, Celebrex, Naproxen, Bufferin, Alka-Seltzer. You may take Tylenol only. If you are taking Phentermine or other appetite suppressants, these must be discontinued 2 weeks before your surgery.

- If you take medication daily, please check with your prescribing physician for instructions on whether to stop or continue to take them the day of surgery. Medication taken the day of surgery can be taken with a SIP of water that morning.
- No smoking the 6 weeks prior to surgery.
- No alcoholic beverages 2 weeks prior to surgery.
- Pre-op testing for surgical clearance should be completed at least 2 weeks prior to surgery. Pre-op testing may be completed with your primary care physician; testing orders will be given to you. Testing may also be coordinated with the hospital or you may be referred to a laboratory and cardiologist. This will be discussed during time of booking surgery and confirmed with surgery scheduler.
- Pre-op liquid diet will begin 1 week prior to surgery if your BMI is below 50, if greater than 50 you will begin your liquid diet 2 weeks prior to surgery (Diet instructions on the following page).
- Begin OTC Thiamine 250mg also known as vitamin B1 1 week prior to surgery. This will help prevent nausea post-surgery.
- Shower the night before and morning of surgery with anti-bacterial soap (OTC Hibiclens or Dial soap).
- Apply Scopolamine Base Patch behind the ear the night before surgery (Rx for anti-nausea).
- You are required to do bowel prep OTC Magnesium Citrate. You can take this as early as 12pm, but no later than 6pm. You must finish dosage (10oz) within 30 minutes. Once started, you may only have clear liquids, but nothing after midnight. You can expect frequent trips to the bathroom once you begin your bowel prep.
- Nothing to eat or drink after midnight, except for instructed medications.

The day of the procedure:

Take Aprepitant (brand name Emend, Rx for anti-nausea) morning of surgery with a SIP of water. Shower with antibacterial soap. Brush your teeth. No makeup, face lotions, jewelry, or hair accessories with metal. If you wear contacts or glasses bring your case with you. Wear loose fitting clothing. Leave all your valuables at home; only bring your DL, insurance card, form of payment, and your CPAP machine if you use one.

Be assured that every effort is made on the part of the surgery center team to ensure your surgery begins at the scheduled time. However, your surgery may be delayed as a result of a hospital emergency, or because of commonly encountered variations in the length of certain procedures due to unanticipated findings. Please bring reading material or other things to help pass the time while you wait.

All patients are required to have an escort (relative or friend) drive you home after surgery. You will not be allowed to drive until you have stopped taking your pain medication.

PRE-OP & POST-OP DIET

Prior to surgery you will need to begin a SUGAR FREE, LOW CALORIE, CLEAR LIQUID DIET. The purpose of the pre-surgery diet is to shrink your liver so that Dr. Jayaseelan is able to see your stomach clearly. If you do not fully adhere to this diet, Dr. Jayaseelan may choose to postpone your surgery until you have complied with the liquid diet. This diet helps make the surgery safe. If your BMI is below 50 you will need to do a 1 week pre-surgery liquid diet, if greater than 50 you will need to do a 2 week pre-surgery liquid diet with the exception of 1 sensible meal allowed during the first week and strictly liquids 1 week prior to surgery.

CLEAR LIQUIDS PRIOR TO SURGERY & POST SURGERY FOR 3 WEEKS

Protein shake examples: Advocare, Premier Protein, Ensure Max Protein, Bariatric Advantage, Atkins Nutritional Shake, Isopure, UNJURY, New Whey Shots, Muscle Milk, Whey Protein, Organic Plant Based protein, etc. You can buy protein powder and mix it yourself or you can get pre-made liquid shakes. Protein shakes will be your meal replacements and you're allowed up to 4 per day (breakfast, lunch, dinner, and snack), even though they're considered a "full liquid" we allow you to have them during your clear liquid diet. They must be high in protein low in sugar (sugar cannot exceed protein). Protein shakes will give you the energy you need and help you feel full longer. Below is a

list of clear liquids you can have in addition to your protein shakes. Clear liquids are transparent; you must see through them when held up to light. Please avoid adding sugar to your coffee and tea.

CLEAR LIQUID DIET LIST

- Water/ ice chips
- Tea
- Coffee
- Crystal Light
- Sugar free Kool-aid, Tang
- Diet Snapple, G2, Powerade Zero, Vitaminwater Zero
- Mild, clear juices: cranberry, apple, or grape – dilute with water to avoid citrus
- Skim milk, light soy, almond, coconut, or lactose free milk
- Sugar free popsicles or jello
- Low sodium broths

STAGE 1: BARIATRIC CLEAR LIQUIDS

Discharge from hospital 1st week: you will be on a clear liquid diet along with protein shakes. Your liquid protein intake should be 1-2 shakes per day (goal 40-60 grams daily) along with clear liquids 48oz minimum. All protein shakes must be low in sugar high in protein. To prevent dehydration make sure to keep in minimum of 48 oz. of fluid in daily, but STOP when you feel full!

Each meal will equal about 2-4 oz or, or ¼ - ½ cup in volume (1 ounce= 2 Tbsp) Small amounts (1oz every 15min.). Sip slowly and stop when you feel full or nauseated. Begin liquid or chewable multivitamin, sublingual or nasal spray B12, and acid reducer. NO CARBONATED BEVERAGES, sweetened drinks, caffeine, and alcohol. Start with very thin liquids and advance slowly to thicker liquids. Remember to walk, walk, walk! It is the key to faster recovery.

STAGE 2: BARIATRIC FULL LIQUIDS (Gastric Sleeve- weeks 2 & 3)

For weeks 2 & 3 you may now add cream blended soups and drinkable yogurts (NO chunks or lumps, strain your soups).

Use protein supplement 2 per day (goal 60-80 grams daily), minimum of 64oz of fluid daily.

Continue multivitamin, B12, and acid reducer.

Avoid sugar sweetened drinks, carbonation, caffeine, and alcohol.

STAGE 3: BARIATRIC SOFT (Gastric Sleeve- weeks 4, 5, & 6)

Week 4, 5, & 6 you may introduce soft foods to your diet.

Continue all supplements multivitamin, B12, and protein.

Continue acid reducer.

Begin calcium citrate supplement (500mg dose 3 times a day with at least 2hrs in between doses. If you take iron, do not take calcium and iron at the same time, space at least 2hrs apart from each other).

Continue 64 oz of fluid daily.

GOAL: at least 80-100 grams of protein daily and exercise 20 minutes 5 times a week.

Avoid sugar sweetened drinks, carbonation, and alcohol.

SOFT FOOD DIET

- Thin cook cereals: oatmeal, cream of wheat, grits.
- Mashed potatoes, mashed beans, softened tofu.
- Low fat cottage cheese or ricotta.
- Low fat or sugar free pudding or yogurt.
- Very softly scrambled eggs or plain liquid egg or egg whites.
- Canned chicken or tuna (must be moist).
- Thin sliced preservative free deli meats.
- Flakey fish like tilapia or salmon.
- Vegetables (cooked, canned, or pureed, only if able to be mashed with fork).
- Fruits (cooked, canned, or pureed, only if able to be mashed with fork and only to be eaten sparingly for maximum weight loss).

Please note: You must be able to mash food with fork; otherwise it is not considered a soft food. NO pasta, bread, crackers, tortillas, rice or leafy vegetables during this phase.

STAGE 4 BARIATRIC REGULAR (Gastric Sleeve- week 7 to 3 months)

You may now introduce ground beef and meats (moist cooking).

NO steak or raw vegetables until 3 months.

Continue all supplements multivitamin, B12, calcium, and protein.

Continue acid reducer.

May continue protein supplement (protein shake) if you're unable to get 60grams of protein with regular diet.

Continue a minimum of 64oz of fluid daily.

GOAL: 80-100grams of protein daily. Exercise planned activity 20- 30 minutes, 5 times weekly.

REGULAR DIET

- Low fat soups.
- Wild rice, angel hair pasta, whole wheat pasta.
- Meats: chicken, turkey, pork, beef, seafood. Cooking method must be moist.
- Cooked, canned or pureed vegetables.
- Cooked, canned or pureed fruits. Only to be eaten sparingly for maximum weight loss.

3 MONTHS (Gastric Sleeve- 3 months and after)

You may now introduce lean beef and raw vegetables to your diet.

Continue all supplements multivitamin, B12, calcium, and protein.

GOAL: Protein and produce (80-100grams of protein and 64oz of fluids daily). Exercise planned activity 45 minutes, 6 times weekly.

THINGS TO EXPECT AFTER SURGERY

- Up and walking shortly after surgery.
- Discomfort and drowsiness.
- Possible Upper GI study to check for problems about 1 hour after surgery.
- Nothing to drink until clearance from surgeon.
- Metallic taste and very dry mouth.

11970 North Central Expy • Suite 670 • Dallas, TX 75243 • 972-331-1111 • Fax: 972-331-1112

www.dallasbariatriccenter.com

- Surgery is considered outpatient unless told otherwise by Dr.Jayaseelan.

PAIN OVERVIEW

- Pain medicine will be ordered and administered via IV liquid oral medication.
- Expect some pain, but it should be tolerable, 5 or less on a scale 1 to 10.
- If pain medicine is not working, tell your nurse.
- Ask for pain medicine before going home to make your trip more tolerable.
- Get a prescription for pain medication at your pre-op appointment and have it at home waiting for you.
- If pain medication is not working once you get home, call your surgeon's office and have pharmacy phone number on hand.
- Left shoulder pain and incisional pain is common (left side is usually the most uncomfortable).

INCISIONAL CARE

- Staples, sutures (stitches), skin glue, or possibly steri-strips.
- Pinkness or redness around incisions is normal (bruising near incision or in abdominal area is normal).
- May have some clear drainage.
- May have hardness around or under incision site(s).
- Ok to wash with antibacterial soap but do not scrub or attempt to take glue off do not use alcohol or peroxide.
- No ointments or creams (such as Mederma) for 6 weeks. If pain cream is prescribed make sure to apply AROUND incision not on open wound.

MEDICATIONS

- For 6 weeks post-surgery you will need to crush, open capsule, or have pharmacist convert your medication into liquid form– check with pharmacist about crushing

pills and opening delayed released capsules. After six weeks, pills should be no larger than Aspirin size.

- No NSAIDs (Non-Steroidal Anti-Inflammatory) such as Advil, Aleve, Motrin, Ibuprofen or any aspirin unless if approved by Dr. Jayaseelan.
- Find out about resuming medications before leaving the hospital.
- Start liquid or chewable multivitamin, B12, and Acid Blocker as instructed.
- Calcium Citrate to be started week 4, 500mg 3 times a day.

POST-OPERATIVE INSTRUCTIONS

- No lifting more than 25 pounds for 4 weeks after surgery.
- No strenuous exercise for 4 weeks after surgery. Only walking is permitted and must be done daily (at least 5 minutes every hour while awake to prevent blood clots).
- Incentive spirometry- every hour to encourage deep breathing. Use this 4-5 times each hour while awake. Take it home and continue to use until 1st follow up.
- Showers only. No submerging your incisions in water for 4weeks (bathtub, pools, lakes, hot tubs,ect).
- You may have left shoulder pain that is referred from surgery, walking will help this pain go away.
- Make sure you are having bowel movements daily. (Milk of Magnesia or liquid Gas-X can help with bloating and constipation). For Milk of Magnesia instructions take 2 tablespoons twice a day until you have bowel movement.
- No driving until you stop all pain medications.
- You may continue to have some mild incisional pain for up to 4 weeks after surgery, especially if twisting or bending certain ways.
- Return to work in approximately 4-10 days (lifting restrictions applied in that time frame).
- When back at work be sure to get up and move every hour for the first 4 weeks to help prevent blood clots.
- Be sure to drink at least 48oz of fluids each day the 1st week (64oz a day thereafter).
- Be sure to get 40 grams of protein each day the 1st week (60 grams a day thereafter).

- Measure your sips; they should be less than 30ml at a time about the size of a medicine cup.
- Take supplements liquid or chewable multivitamin and B12 daily, calcium will begin after week 3.
- Take Rx or OTC acid reducer (Omeprazole, Dexilant, Pepcid Complete chewable, Prilosec, or Prevacid) for 3 months after surgery.

THINGS TO HAVE WAITING AT HOME

- Chewable Gas-X & Milk of Magnesia (for intestinal gas pain).
- Extra Strength Liquid Tylenol (or generic equivalent).
- Liquid or chewable multivitamin, B12, and acid reducer.
- Protein shakes and clear liquids.
- Comfortable walking shoes.
- Help and support around the house for at least 1 to 2 days.

COVID 19 GUIDELINES

Facilities currently have a NO VISITOR policy. Only the patient will be allowed inside the facility. For the safety of the patients, they ask that you come to the facility wearing a mask. Please note that building access is being limited to specific *entryways* to help improve social distancing. You will be greeted by one of their team members at the door and they will ask you screening questions about your general health and take your temperature. This screening process is mandatory for every person entering the facility. Upon completion of the screening process you will be escorted into the building to complete registration and begin your pre-surgical care.

For the utmost safety of all, visitors will need to remain in their cars or return home as visitors are prohibited at this time. Discharge nurse will contact them upon completion of your recovery and will provide them with your instructions for discharge.

To learn more about coronavirus symptoms, visit [cdc.gov](https://www.cdc.gov)

If you have any questions about your surgery, pre-operative instructions or preparations, please contact Yaneth at 972-331-1111.