SURGICAL WEIGHT LOSS
PRE-OP & DISCHARGE INSTRUCTIONS

THIS IS IMPORTANT INFORMATION.

PLEASE READ IT CAREFULLY!

V10.2019
Dear patient,

Congratulations on your decision to proceed with weight loss surgery! We are committed to a safe and successful procedure for you. Please read through this booklet which contains important information that you need to know regarding your surgery. If you have any questions at all, please be sure to discuss them with a provider. Also, if you haven’t already done so, please download the free CurryCare app for iOS or Android. This will be an important tool in your post-op care!

Sincerely,

Dr. Trace Curry
Medical Director
JourneyLite Physicians

____________________________

Surgery Date: Facility:

*Exact times are not set until 24 hours prior to surgery, you will be contacted by our schedulers with your arrival time.

Clearances/Tests Remaining: Due By:¹ Send To:²

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

¹If blank, due 2 week prior to surgery

²If blank fax to 513-559-1235

Follow-up Visits:

1 week visit _____________________________  Cincy  NKY  Day
    Cbus

1 month visit _____________________________  Cincy  NKY  Day
    Cbus
IMPORTANT: If you have sleep apnea and are having surgery at JourneyLite you **must** bring your CPAP machine with you the day of surgery.
Diabetes and the Pre-Operative Diet (For Diabetics Only!)

Before surgery you will need to be on a low-calorie, low-carbohydrate diet. During the time you are on the diet, your blood sugars will naturally be lower. This is because you are not eating as many carbohydrates (sugars). Because of the lower blood sugars, we need to change your blood sugar medications to keep your blood sugars from going too low.

Starting the first day of your pre-operative diet, take half of your oral diabetes medications. This includes Glucophage (Metformin), Actos (Pioglitazone), Glucotrol (Glipizide), Januvia (Sitagliptin), Starlix (Nateglinide), and all other oral medications prescribed for diabetes.

If you are taking insulin, such as Lantus, NPH, or 70/30, you will also need to cut the amount you take by half. If you use a regular insulin sliding scale coverage, continue your current sliding scale dosing while on the pre-operative diet.

Please monitor your blood sugars at least 3-4 times a day and keep a record. If your blood sugar readings are less than 80 or you are having signs of low blood sugar (tired, shaky, nausea, blurred vision, or light headed) drink 4 oz of juice, eat one of your pre-portioned meals, and call our office. The juice and meal should raise your blood sugar back into the normal range, but you will likely need to make more changes to your diabetic medications, so please contact the prescribing physician.

Below is a list of your specific medications and how much you should take.

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DOSE AFTER STARTING PRE-OP DIET</th>
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Blood Thinners and Surgery

Blood thinners are medications that stop your blood from clotting. These medications are sometime prescribed to heart patients or people who are at risk for developing blood clots. Some common blood thinners are:

- Aspirin
- Plavix (Clopidogrel)
- Coumadin (Warfarin)
- Pletal (Cilostazol)
- Pradaxa (Dabigatran)
- Xarelto (Rivaroxaban)

In addition to the medications above, some pain medicine can also thin the blood. Some examples of the medications are:

- Ibuprofen (Advil, Motrin)
- Naproxen (Naprosyn, Aleve)
- Daypro (Oxaprozin)
- Celebrex
- Mobic

You will need to stop all these medications before surgery. Most medicines will need to be stopped 1 week before surgery.

Below is a list of your specific medications and when you should stop taking them. If you are taking any of these medications to control pain, please be aware that Acetaminophen (Tylenol) is the only over-the-counter pain medication that may be used immediately before surgery.

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>STOP DATE</th>
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• If you take Coumadin (warfarin), you may need to be on what is called “bridge therapy” before surgery. Bridge therapy is when we stop your Coumadin for 5-7 days prior to surgery and put you on Lovenox (enoxaparin) injections until after surgery when we restart your coumadin and your PT/INR is in therapeutic range again.
  ○ Be sure to contact your prescribing physician immediately after restarting coumadin after surgery to schedule a PT/INR blood test. After weight loss surgery, your coumadin dosage will likely be reduced significantly. **If you don’t stay on top of things your PT/INR could become dangerously high!**

• If you were prescribed Lovenox or heparin for before surgery, **DO NOT INJECT** the night before OR the morning of surgery.

• If you were prescribed Lovenox or heparin for after surgery:
  ○ If your surgery started after 3pm, start injections the following AM
  ○ If your surgery started before 3pm, start your injections at 8pm on the night of surgery
  ○ You will inject the Lovenox twice a day, preferably 12 hours apart
  ○ If you got heparin instead of Lovenox, it is to be injected three times a day
  ○ Rotate injection sites in lower abdomen, don’t inject the same area repeatedly
  ○ Do not take NSAIDs/anti-inflammatory medications or other blood thinners while taking Lovenox or heparin injections
  ○ See LoseWeightCincy.com/Lovenox for more info on injections, etc.
Post-Operative Hypertension Medications

Stop all diuretic (water pills) medications (example: hydrochlorothiazide, furosemide/lasix, spironolactone, etc.) for the first week after surgery. Discuss with surgical team at your first post-op visit about resuming these meds.

- Continue all non-diuretic blood pressure medications.
- Monitor your blood pressure (can use a cuff at home or go to the pharmacy).
- If your BP is normal (110-150/60-85), continue your medications as instructed at the time of your discharge.
- If your BP is consistently high (> 150/85) then contact prescribing physician for advice on whether to resume or add BP meds.
- If your BP is consistently low (< 110/60) stop all blood pressure medications and call the surgical team as soon as possible.
- If you experience any significant swelling in your legs, shortness of breath or chest pain, please call the office immediately or go to your nearest Emergency Room.
LET’S GET STARTED…

Now that you are ready for surgery here is some information to help you take care of yourself when you go home!

What medicines should I take and how do I take them?

The facility where you are having your surgery may give you specific instructions on what to do with your medications on the morning of surgery before you come in. If not, we generally recommend holding all of your meds except for blood pressure (you can take it with a little sip of water). If your blood pressure medicine involves a diuretic (water pill), then do not take it.

You will be given instructions from the nurse when you are discharged home as to which of your regular medications you are to resume. Use the following guidelines as to take your pills:

1. You can swallow pills whole of any size, except for vitamins which must be chewable. PLEASE NOTE: This is a change from our protocol in the past as we used to recommend crushing medications, but this is no longer the case. Do NOT crush any of your medications!
2. Chew any chewable tablets completely then wash them down with liquid.
3. Although not necessary, you may also take liquid forms of your medicines, if available and you prefer. Shake the bottle well before you pour the medicine dose.

PLEASE GET YOUR PRESCRIPTIONS FILLED IMMEDIATELY AS THEY ARE ONLY VALID FOR 7 DAYS!
### Nausea Medications After Surgery

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phenergan-for nausea (generic-promethazine)</td>
<td>Take 1 tablet by mouth every 4-6 hours as needed for nausea.</td>
<td>This medication may make you very drowsy!</td>
</tr>
<tr>
<td>Zofran-for nausea (generic-ondansetron)</td>
<td>Dissolve under tongue for nausea every 6 hours as needed.</td>
<td>Does not cause drowsiness. Alternating between Zofran and phenergan is useful!</td>
</tr>
<tr>
<td>Levsin (generic-hyoscyamine)</td>
<td>Dissolve 1-2 tablets under tongue every 4-6 hours as needed for cramps/spasm.</td>
<td></td>
</tr>
<tr>
<td>Emend (generic-aprepitant)</td>
<td>Take 1 tablet immediately prior to arrival at JourneyLite.</td>
<td>Optional medication to be taken before surgery in patients who are very sensitive to post-op nausea/vomiting.</td>
</tr>
</tbody>
</table>

Phenergan and zofran are both nausea medications and can be used together. Although the prescriptions are written to be used as needed for nausea, for the first 24-48 hours it’s a good idea to use them regularly. Even with the use of medications, nausea and even occasional vomiting is very common for the first couple of days. This typically resolves within 72 hours.

Emend is a powerful newer anti-nausea medication but also can be expensive depending on insurance coverage. This medication is optional, if you feel it is too expensive you do not have to get it filled.
Pain Medications After Surgery

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norco tablets-for pain</td>
<td><em>(generic-hydrocodone/acetaminophen)</em></td>
<td>Once your discomfort lessens, change to Extra-Strength Tylenol as needed. Both of the prescription medications contain Tylenol, so you can’t take Tylenol along with them.</td>
</tr>
<tr>
<td>or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percocet tablets-for pain</td>
<td><em>(generic-oxycodone/acetaminophen)</em></td>
<td>Take according to directions on bottle.</td>
</tr>
<tr>
<td>or</td>
<td></td>
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</tr>
<tr>
<td>Dilaudid tablets-for pain</td>
<td><em>(generic-hydromorphone)</em></td>
<td></td>
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</tbody>
</table>

Unfortunately due to the opioid crisis, the state has greatly restricted our ability to prescribe post-op narcotic pain medications, so use these sparingly and transition to Tylenol as soon as you can. Both Norco and Percocet contain Tylenol so you have to use one or the other, you can’t use both together.
# Other Medications After Surgery

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin supplements</td>
<td>Will be discussed at 1 week post-op visit, <strong>none needed til then.</strong></td>
<td>Take only chewables for the first 3 months after your surgery!</td>
</tr>
<tr>
<td>Omeprazole</td>
<td>One tablet daily, start post-op day 1.</td>
<td><strong>Sleeve patients:</strong> to be used as needed. <strong>Bypass/SIPS patients:</strong> Must take for <strong>3 months</strong> after surgery.</td>
</tr>
<tr>
<td>Lovenox or heparin (generic-enoxaparin)</td>
<td>Optionaly used in some patients to prevent blood clots.</td>
<td>Start per prescription directions. Continue per prescription directions. Use until gone!</td>
</tr>
</tbody>
</table>

## More Lovenox Info

As mentioned early, injectable blood thinners may be prescribed in some patients to prevent blood clots. There are two forms of injectable blood thinners: **Lovenox** (generic-enoxaparin) and **heparin**. Lovenox is the more modern medication but is also more expensive. Typically we write our prescriptions to allow the pharmacist to substitute heparin if your coverage for Lovenox results in it being too expensive. Lovenox is injected twice daily, while heparin is injected three times a day. Your prescription will indicate how many times a day you need to do your injections, which is the important part!

Another important thing to know is whether your injectable blood thinners are meant for use **before AND after surgery** or just to be started **after surgery**. Usually we only start these before surgery in patients who use oral blood thinners such as coumadin, warfarin, etc. **If your prescription doesn’t indicate, or you are unsure, please message us through the CurryCare app, email us at provider@curryweightloss.com, or call us at 513-559-1222!**

**IMPORTANT:** If you are prescribed a blood thinner it is not optional and will greatly increase your risk of blood clots and serious complications after surgery if you do not get this prescription filled and use it all until gone!
FAQ’s

What kind of pain will I have?

You may have some left shoulder or neck pain. This is from the gas that we use to inflate your abdomen so that we can see during the procedure. It tends to irritate the lining of the diaphragm, which causes the pain. If you have a hiatal hernia repaired at the time of your surgery, it may aggravate it even more. Some patients don’t experience it at all, while others have it on and off for a week or two. There is no magic cure for this other than time.

You will also experience some pain around your sternum/breast bone area, as well as around your belly button. It is common to feel some mild pain when you take a deep breath due to irritation of the diaphragm.

How do I care for my incisions?

Remove the dressings (if still present) the next morning after you are discharged. For bypass and SIPS patients, this will usually be done by the nurses before you leave the facility. Leave the Steri-strips (strips of tape over the incision that are directly on the skin) in place; they will curl and begin to fall off in about 10-14 days. If they are still in place by two weeks after your surgery, gently peel them off. The incisions may itch during healing; this is normal. Do not scratch the area!

You may have a little drainage from the incisions, which is ok. The drainage should be clear to pinkish-colored. If your incision develops any thick drainage, greenish-brown color, foul odor, redness and/or tenderness, it may be a sign that your incision is infected. If this is the case, email us pictures of the concerned area and call us!

Can I shower/bathe or swim?

It is ok to shower with soap starting the day after discharge from the facility. Pat the incision dry after showering. Do not take a bath, soak in water, swim, or get in a hot tub for at least 2 weeks.
When can I drive?

Do not drive for at least 72 hours or until your pain is gone and does not require prescription pain medicine. You can not be taking any pain medicines stronger than Tylenol, Advil, or Aleve at the time you are driving, nor should you be having a great deal of pain, as this will affect your ability to react. Pain can make it hard to move quickly!

How much can I lift?

No lifting, pushing, pulling or tugging over 10 lbs for the first week. You can increase the limit by 10 additional pounds for every subsequent week. After 4 weeks you can lift as much as you feel comfortable.

When can I start exercising?

Right after surgery, please get up and move/walk around every hour and increase your activity as tolerated. After a few days, walk as much as you can tolerate. This will make you feel better sooner, decrease your risk of complications, and improve your bowel functions. After two weeks, you may try light aerobic activity like walking on a treadmill or elliptical machine, bike riding, or other activities that don’t put strain on your abdominal muscles. After 4 weeks, you can resume any type of activity you wish.

When can I go up stairs?

You may go up stairs slowly right after surgery, as long as you do not feel dizzy. Have someone around the first time or two you go up. Anytime you feel faint you should sit or lie down.

When can I return to work?

Returning to work will depend on the type of work you do. The more movement and heavy lifting involved with the job, the more time may be needed before being able to return. Ask your surgeon to determine the best time to resume work duties, but typically it’s about a week for a gastric band and 1-2 weeks for gastric bypass and sleeve. If you have a job that involves lifting, it will be 3-4 weeks.
How do I manage constipation?

It’s very common not to have a bowel movement for up to 5 days after surgery. If you are prone to constipation, you may begin to take Miralax powder the day after surgery. You can also add Colace if needed. If you still do not have a bowel movement within 5 days of surgery, try Milk of Magnesia® (2 Tablespoons, twice a day). If this does not work after one day, try 2 Dulcolax® suppositories. If none of these measures help, call the office and ask to speak to a nurse.

How do I manage my bloating/gas issues?

Anesthesia and narcotics are known to slow your bowel motility down. Walking will help to stimulate the bowel and increase the motility. Some foods may make you develop unusual bloating or heavy gas as well. If you feel these symptoms, avoid those foods or cut your food intake until you have relief of these symptoms. You may also take over-the-counter medication for gas or bloating (that can be chewed, such as Mylicon or Gas-X) for the temporary relief of these symptoms.

What do I do if I vomit?

Vomiting is very common, especially in the first few days after surgery. If you vomit, you may have eaten or drank too quickly, too much, or the food may have been too solid. **Wait four hours** and then try one ounce of liquid that doesn't have any sugar. If this liquid does not make you nauseous or vomit, then take only liquids until the next day. Then you can try pureed or solid foods again, depending on the diet stage you are currently on. However, if you have constant vomiting, or vomiting that looks black, bloody or like coffee grounds, this could indicate a problem you should call the office immediately.

What about pregnancy?

**Women should avoid getting pregnant for 18 months after any type of weight loss surgery.** Rapid weight loss also rapidly increases fertility, so birth control must be used correctly and at all times to avoid pregnancy, even if you were not able to get pregnant in the past. A barrier contraceptive (such as a condom, diaphragm or patch) is suggested in addition to the birth control pill, as hormone changes may alter the effectiveness of the birth control pill. **We get calls**
from patients all the time who end up pregnant a few months after surgery, who didn’t think they could get pregnant. So take this seriously!

When do I follow-up after surgery?

You will meet with you’re the team 7-14 days after surgery for a post-op check of your incisions and diet follow-up. If you live out-of-town, we may be able to do this visit by phone or virtual visit. If you can, take a digital picture of your incisions and email them to us at provider@curryweightloss.com.

It is a good idea to make an appointment with your primary care physician for about 2 weeks after your surgery date to monitor your medical conditions.

A member of the team is always available to take your call in the case of an emergency. You can reach the on-call provider by calling the office and following the phone message prompts at 513-559-1222, or 877-442-2263.

For Lap Band patients, when will I get my band adjusted?

For band patients, the first adjustment of your Lap Band will be done at the 4 week visit in the office. We recommend that you see the team every 4-8 weeks initially, until your band is adjusted appropriately for you, then every 2-3 months for the remainder of the first year, every 4-6 months for the second, and yearly thereafter. We will evaluate the need for additional adjustments at each follow-up appointment.

On the day of any band adjustment, eat a light breakfast (like Carbmaster Yogurt or low-fat cottage cheese, nothing solid). After each adjustment, you must go back to liquids for the rest of the day, pureed the following day, and then to soft solid foods for a day (or longer if necessary).
When should I call the doctor?

1. **Bleeding**
   - Excessive bleeding from the incisions
   - Vomiting blood
   - Blood in stool

2. **Signs of infection**
   - Fever of 101.0 or above
   - Redness, swelling, heat, or excess pain at an incision
   - Drainage from an incision that is pus-like or foul smelling

3. **Separating or opening of incision(s)**

4. **Nausea/vomiting that is not relieved by medications**

5. **Pain that is not relieved by medications**

6. **New onset of calf pain or leg swelling**

   **IF YOU DEVELOP ANY OF THE ABOVE PROBLEMS, CALL YOUR SURGEON AT 513-559-1222 or 877-442-2263.**
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<thead>
<tr>
<th><strong>Starting the day of discharge and for one week afterwards</strong></th>
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<tbody>
<tr>
<td>For the first 48 hours, consume <em>one to two ounces</em> of <em>liquid</em> no more frequently than every fifteen or <em>twenty minutes</em> while you are awake. After 48 hours start to increase your fluid intake to reach 64oz daily. You can have water, chicken broth, diet gelatin and decaffeinated tea. <em>If you cannot tolerate these liquids</em>, call us. Do <strong>not</strong> try pureed foods during your first post op week! Drink <em>one</em> clear high protein drink per day, <em>one to two ounces</em> at a time. Examples: Fast Track fruit drink, Isopure, Trusource, or Protein2O.</td>
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<th><strong>For the next 3 weeks</strong></th>
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<tr>
<td>Eat 6 tiny meals of <em>pureed</em> foods each day. Make sure that you eat/drink 1 to 2 servings from the dairy group per day and 4 to 6 servings from the protein group per day. Drink <em>one</em> high protein drink per day. <strong>Eat slowly! Stop eating when you are comfortably satisfied.</strong> Do not spend more than <strong>30 minutes</strong> eating at one meal. Do not eat foods or drink liquids that have any type of sugar listed as one of the first three ingredients.</td>
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<tr>
<th><strong>More about liquids</strong></th>
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<tbody>
<tr>
<td>Stop drinking 30 minutes <strong>before</strong> you eat and wait at least 30 minutes <strong>after</strong> eating before you start drinking. You’ll need to eliminate drinking with meals. Drink slowly and do not use straws. Do <strong>not</strong> drink <em>carbonated</em> or <em>alcoholic</em> beverages for <strong>six month</strong> after surgery.</td>
</tr>
<tr>
<td>When you arrive home on the day of your surgery</td>
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<tr>
<td>Day after surgery and for the next 2 weeks</td>
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<tr>
<td>More about liquids</td>
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TEAM CONTACT INFO

Cincinnati office: 513-559-1222
Columbus office: 614-526-4463
Dayton office: 937-280-LOSE
NKY office: 859-331-1035

Toll free: 877-442-2263

Fax: 513-559-1235

If you haven’t already done so, please download the free CurryCare app for iOS or Android and create a user account! All of our team members can be messaged directly through the app and this is the best way to contact us for non-emergency situations.

(Note for Android users: if the app doesn’t show up for download, a newer version of Android OS is required to run the app)

If you think you have an urgent problem, please call the office 24/7 at 513-559-1222. If your issue needs attention but is not an emergency, use CurryCare and we will respond as quickly as possible. If you don’t have a smart phone you can use the contact info below.

Providers: All providers general email - provider@curryweightloss.com
Dr. Curry – dr.c@curryweightloss.com
Dr. Pitt – dr.pitt@curryweightloss.com
Dr. Udelhofen – dr.udelhofen@curryweightloss.com
Dr. Cohn – dr.cohn@curryweightloss.com
Nurse Practitioner/PA - provider@curryweightloss.com

Dietitians: All dietitians general email - RD@curryweightloss.com
Erin – erin@curryweightloss.com
Rebecca – rebecca@curryweightloss.com
Parul – parul@curryweightloss.com
Wendy – wendy@curryweightloss.com
Jessica – Jessica@curryweightloss.com

You can also find this document at LoseWeightCincy.com/consent