

LAPAROSCOPIC GASTRIC BYPASS SURGERY DISCHARGE INSTRUCTIONS

When you are discharged from the hospital it is important to have help at home. We suggest either a family member or a friend stay with you for the first few days. **It is best to stay within two hours driving distance until after your first post-operative appointment.**

If you have any questions or concerns while at home you can always call Dr. Monash's office at (520) 319-6000. After 5:00 pm and on the weekend, calls will transfer directly to the answering service. Dr. Monash will be contacted regarding your questions and/or concerns.

When to Call the Surgeon

- Persistent nausea or vomiting lasting more than 4 to 6 hours which prevents the intake of any fluids
- Post operative pain not relieved by the pain medication
- Fever greater than 101 degrees F
- Development of foul smelling drainage at staple or wound sites.
- If there are any changes in your recovery that concern you, call

Wound Care

- Shower daily beginning the day after surgery
- Let soap and water run over the incisions, scrub VERY gently, and pat dry
- Do not submerge the incisions for two weeks (bathtub, swimming etc)
- Do not apply lotions, creams, or salves to the wound sites
- Notify your surgeon if the wounds become red and swollen, or develop a foul smelling drainage

Activity

- You must walk at least four times daily; stop when you become fatigued
- Increase your activity a little bit each day
- Do not drive a motorized vehicle until you are off of the prescribed narcotic pain medication for at least 24 hours
- You may walk up and down stairs
- Do not lift anything greater than 15 pounds until you have your first post-op visit
- No strenuous activity for four weeks
- Use your RIGHT arm for support when changing positions from lying to sitting to standing, and for any preferential weight bearing when needed

Bowel Function

It is not imperative that you have a bowel movement before leaving the hospital. If you are having difficulty at home, over the counter Milk of Magnesia, Colace, or similar stool softeners work well to combat the constipating effect of narcotic pain medications.

Importantly: A small amount of blood in your first one or two bowel movements is normal. If the bleeding persists beyond two bowel movements, call the office.

Medication

Medications taken by mouth must be crushed or taken in liquid form during the first week after surgery.

Standard Discharge Medications

- **Nexium** - 40 mg daily, **to begin one week following surgery**. This is an antacid that helps to prevent ulcers where your small intestine connects to your new stomach pouch. You will take this medication for six months.
- **Lortab Elixir** -15 to 30 mL every 6 hours; take only as needed for operative pain relief. If you do not have pain, do not take Lortab. If you have mild pain or discomfort you may take Children's Tylenol (crushed) one tablet every 4 to 6 hours. If you were taking a narcotic for other pain prior to surgery, please call your primary care provider for pain medication adjustment.
- **Lovenox** - two injections daily, approximately 12 hours apart, for one week. This medication is to help prevent blood clots from forming. These blood clots (DVT, or Deep Venous Thrombosis) are your most serious post-operative risk as they may travel to your lungs (PE, or Pulmonary Embolism). You **MUST ALSO** stay active when you get home, and **WALK AT LEAST FOUR TIMES PER DAY** to help prevent this possibly fatal complication. Injections are usually easiest to administer and least painful when given in the abdomen.
- **Vitamin supplement** - 2 chewable multiple vitamins every day. Recommended chewable multivitamins are Flintstones chewable with minerals.

Pre-operative Medication

- You are instructed to resume your pre-operative medications. **Arrange an appointment with your primary care provider soon after hospital discharge to review these medications.**
- For one week post-operatively, **medications taken orally must be crushed or taken in liquid form.**

Prohibited Medication

- NSAID (non steroidal anti inflammatory) medications are prohibited after gastric bypass surgery because they may form ulcers in the part of your stomach that is not accessible by endoscopy, or form an ulcer at your new pouch connection that may cause significant post-operative bleeding. Examples of NSAIDS are: Motrin, Advil, Alleve, Celebrex, Excedrin, and Ibuprofen.

Diet

Please refer to the dietary instructions given in your Bariatric Booklet for details.

- Always drink slowly to avoid discomfort or vomiting. Start with 30 mL (one ounce) every 15 minutes. Increase the amount as tolerated.
- Stop drinking when you feel full. Allow 10 to 15 minutes for your stomach to empty.
- Your goal is **NO LESS THAN 60 grams** of protein every day. Aim for 80 grams if possible. This will help to prevent your body from taking protein from areas that you don't want it to while you are losing weight (your hair, muscle, etc.).
- **KEEP HYDRATED.** Protein-based liquids and water intake **must** total at least 8 cups (64 ounces) every day. It's not easy, but it will help with recovery and weight loss!

Follow-Up

Call the office (520) 319-6000 to schedule an appointment for 10 to 14 days following your discharge. The next appointments will be at one month, three months, six months, and then at least yearly thereafter. You will be given the appropriate instructions to have blood taken before your follow-up appointments to help identify and supplement any vitamin and/or mineral deficiencies. Be sure to have blood drawn no less than one month from your next appointment, as the results take time to receive.