

## After Surgery

Recovery from weight loss surgery requires both a short-term plan and a long-term plan. To manage the effects of morbid obesity and bariatric surgery, your post-weight loss surgery care plan may involve several different types of health care professionals, who will work together to help ensure your overall health, manage your food addiction and provide a smooth transition to new day-to-day activities.

Weight loss surgery is a genuine life-changing experience. Changes in your life may include the ability to fully perform day-to-day activities, the reduction of your risk of disease, the possible resolution of some medical conditions and new opportunities for jobs or relationships. The benefits from weight loss surgery should outweigh the personal commitment and financial investment associated with the surgery and its aftercare.

It is important to follow your surgeon's instructions for a safe recovery and a long-term plan that will help you maintain the benefits of massive weight loss for the rest of your life.

### Activities After Weight Loss Surgery

Before you leave the hospital after surgery, you will be asked to stand up and move around a bit. You will also be directed to try to walk around the house several times throughout each day, over the course of your recovery.

It is important to remember that you will require assistance leaving the hospital and at home for a period of time after surgery. Everyone recovers at a different rate: some people require assistance for a day or so, but others need help for several weeks. The type of assistance you will need includes driving you home from the hospital and driving you for a few days or weeks after that. It also includes meal preparation, medication assistance and dressing.

The type of pain management program you and your surgeon select may also impact the duration and severity of the recovery period. If you receive local anesthesia, you may require less assistance, and for a shorter duration, than if you have general anesthesia or require narcotic pain management.

Patients can usually drive within two weeks after surgery and can return to normal activities within six to eight weeks. These times may vary, depending on the type of surgery, your general health and the type of activities you performed before surgery.

### Your Diet and Eating Habits

You will need to adjust your diet because of the changes that were made to your stomach during surgery. It is very important to adhere to your surgeon's diet recommendations. Some common recommendations include:

- Chew your food slowly and thoroughly, to reduce it to very small pieces. You may want to grind your meat before eating it.
- Wait two to three minutes between bites.
- Drink fluids at a time other than when you are eating, to avoid a premature feeling of fullness that may make you feel like vomiting.
- Avoid eating foods high in sugar and fat, such as nondiet soda, juices, high-calorie nutritional supplements and milkshakes. Eating many of these foods can lead to dumping syndrome, a rapid emptying of the stomach into the small intestine that causes considerable discomfort.
- On the other hand, you should prioritize foods that contain high amounts of proteins, such as fish, dairy products, meat, beans and legumes. You should also try to eat plenty of fresh vegetables and fruits.
- Daily vitamin and mineral supplements at higher than normally recommended doses are a must, because you will not receive adequate nutrition from the small amounts of food you eat. You may wish to use vitamins in liquid or chewable forms, because they cause less discomfort than swallowing large solid vitamin pills.
- B-complex vitamins, iron and calcium require special attention if you have had a Roux-en-Y gastric bypass, because of the changes to your digestive system. If you have had a gastric bypass or intestinal bypass, the following information is important for you to know. (This does not affect those who have had gastric banding operations.)
  - Vitamin B-12 is particularly difficult for your body to absorb after surgery, and you should look into taking it in forms other than a pill. Insufficient intake of vitamin B-12 will cause you to become fatigued easily.
  - Likewise, you should take calcium (as the citrate) in large amounts, to avoid early osteoporosis, a disorder in which the bones become porous, brittle and easily fractured.
- Be careful with alcohol. It is absorbed and metabolized much more rapidly after surgery. In addition to the risk of rapid and unexpected intoxication, alcohol consumption can cause ulcers in your stomach pouch or intestine.
- Plan meal times, and avoid snacking. You should eat several small meals per day because of your stomach's smaller capacity. Below is an example of a daily diet.

	banana – 1/4 medium
Breakfast	scrambled egg – 1 ham – 1 slice
Lunch	broiled chicken breast – 2 ounces carrots, boiled – 1/4 cup

	margarine – 1 teaspoon pasta salad – 1/4 cup
Afternoon Snack (if hungry)	fruit cocktail, water-packed – 1/2 cup
Dinner	haddock, baked or broiled – 2 ounces green beans – 1/4 cup rice – 1/4 cup
Evening Snack	cheese, American – 1 ounce saltine crackers – 2 mustard – 1 teaspoon

Important: Consume 6 to 8 glasses of water each day.

### **Your Medications After Weight Loss Surgery**

Your pain management medication might be in the form of a local anesthetic that can be administered in the surgical area, such as around the incision. You may need narcotic medications to manage your pain. You may also continue your maintenance medications, such as for high blood pressure or high cholesterol, but the need for these medications will be monitored, and sometime after surgery your doctor may decide to change them.

It is important to talk with your surgeon about your post- bariatric surgery nutrition so you can stave off vitamin deficiencies. You will likely be monitored for low levels of iron, calcium, folate and vitamin B-12, and you may need to take supplements. This pertains specifically to Roux-en-Y gastric bypass, biliopancreatic diversion and duodenal switch.

If you are a woman of child-bearing age, you may be advised to use birth control for 18 to 24 months postsurgery. Physicians advise against pregnancy during the period of maximum weight loss, due to intrauterine restrictions and possible nutritional deficiencies. You will be able to get pregnant sooner after surgery if you have a gastric band operation, because weight loss tends to be more gradual, without the risk of nutritional deficiencies. Regardless of the operation you have, multivitamins with iron, folate and B-12 are imperative during pregnancy.

## **Lifestyle Changes**

Weight loss surgery is not a guaranteed cure for obesity or the disabilities that may occur as a result of obesity. Instead, the surgery helps diet and exercise to finally work, by controlling your appetite and making you feel full with smaller amounts of food. Because obesity may have affected your psychological well-being, you will be referred for counseling to help you adjust to life after surgery.

With so many changes in your life, you may need assistance in managing your relationship with food, handling changes in your relationships or career, and increasing your ability to perform daily activities. Bariatric surgeons usually suggest support groups as a means to obtain the best long-term outcome.

## **Psst. Want in on a Secret? Follow-Up is the Secret to Success Following Weight Loss Surgery, Says Survey**

The secret to success after bariatric surgery may be as simple as following your surgeon's instructions, a new survey shows. After bariatric surgery, patients are advised to exercise, change their eating habits, receive nutritional counseling and psychological support, keep a food diary, go to patient support groups and see their surgeon or doctor regularly.

In a new survey of 282 bariatric surgeons and 409 patients who underwent gastric banding or gastric bypass in the previous one to five years, those patients who heeded their doctor's advice following surgery lost about 35 percent more weight than those who did not take their doctor's advice as seriously or as literally. What's more, those who listened were more likely to keep the weight off. The survey findings were released at the 25th annual meeting of the American Society for Metabolic and Bariatric Surgery in Washington, D.C. in June, 2008.

Specifically, people who underwent bariatric surgery and closely followed their doctor's advice dropped more than 123 pounds in the first year, while their less compliant counterparts lost 92 pounds. Five years out, the more compliant patients lost more than 127 pounds, compared with about 100 pounds in the less compliant group. Less than 50 percent of survey respondents participated in five or more of the typically recommended aftercare activities, and participation decreased each year.

Consumer Guide to Bariatric Surgery advisory board member Neil E. Hutcher, MD, routinely asks his patients to recite the following mantra every morning. "Get up, look in the mirror and say, 'I am going to eat less, make good choices, take supplements, do a little exercise and keep my next appointment.'"

It makes a difference, he says, agreeing with the survey's main conclusion. "After care is immensely important, and if a patient stays in follow-up, they almost have to really make a major effort to sabotage themselves and have anything less than a good result."

Such post-surgery care may be even more crucial for people who undergo gastric banding than gastric bypass, the survey showed. In fact, gastric banding patients who participated in five or more doctor-recommended activities lost 30 percent more weight and reported a better quality of life than their counterparts who participated in four or fewer components of aftercare.

Other factors that help bariatric surgery patients drop weight and keep it off include liking their surgeon. Gastric banding patients who liked their surgeon and his or her office staff showed greater reduction in body mass index than their counterparts who did not like their surgeon. This relationship was less important for gastric bypass patients.

Gastric banding patients have more follow-up appointments with their surgeon to adjust the inner diameter of the band, which is done by injecting saline through this port. Such periodic adjustments or fills are based on weight loss, food cravings and other physical reactions to the surgery.

### **Long Road to Surgery**

On average, people in the new survey had tried 24 diet and exercise programs before deciding on the surgery. The greatest amount of weight they reported ever losing as a result of these efforts was 50 pounds.

The average patient was obese for 20 years before surgery, and fully two-thirds had an average of five obesity-related conditions, including high blood pressure, diabetes and sleep apnea. They mulled over whether to have surgery for about three years before making the final decision.