

Guidelines for Success: 4-6 weeks after surgery

Important: Call the office if you are experiencing any of the following:

- Increasing abdominal pain
- Diarrhea accompanied by fever and abdominal pain
- Nausea/vomiting and unable to consume the recommended foods and fluid

Call **911** or go to the emergency room if you are experiencing a life threatening condition. If you have non-life threatening concerns, please call the office at 585-341-0366.

Bariatric Medications/Vitamins Guide

Gastric Bypass

Option 1:

- Celebrate Multi-Complete 60 - 1 chew/tab 2x daily
- Calcium Citrate with Vitamin D - 600 mg w/ 400 IU D 2-3x daily
 - Serving size varies by product

Option 2:

- Complete Multivitamin - 1 chew/tab 2x daily
- Calcium Citrate with Vitamin D - 600 mg w/ 400 IU D 2-3x daily
 - Serving size varies by product
- Iron 325 mg (65 elemental iron) – 1x daily
 - Separate calcium and iron by 2 hours
- Vitamin B12 (1000 mcg) – 1x daily
- Thiamin (B1) - 1x daily or a B-complex
 - Most B1 pills come in 50-100 mg
 - You will need to take a minimum of 12mg/day

Sleeve Gastrectomy

Option 1:

- Celebrate One-45 - 1 chew/tab 1x daily

OR

- Celebrate Multi-Complete 45 – 1 tab/chew 2x daily
- Calcium Citrate with Vitamin D - 600 mg w/ 400 IU D 2-3x daily
 - Serving size varies by product

Option 2:

- Complete Multivitamin - 1 chew/tab 2x daily
- Calcium Citrate with Vitamin D - 600 mg w/ 400 IU D 2-3x daily
 - Serving size varies by product
- Vitamin B12 (1000 mcg) – 1x daily
- Thiamin (B1) – 1x daily or a B complex
 - Most B1 pills come in 50-100 mg
 - You will need to take a minimum of 12 mg/day

DO NOT TAKE NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) For example ibuprofen, naproxen, Motrin®, Advil®, Aleve®, Celebrex® and Mobic®. These medications will increase your risk of ulcer formation and GI bleeding.

Diet and Exercise

Hydration

It is important that you drink 64 ounces of fluid each day. Not getting the recommended daily fluid intake can cause nausea, headaches, decreased energy levels and constipation.

Diet – Soft Meal Plan

- You are gradually increasing the texture and variety of foods as you heal from surgery.
- Prepare foods to be moist and soft so they can easily be chewed to an applesauce consistency and digested without discomfort. There is no need to continue to puree meats, fruits and vegetables.
- Protein intake is very important. You may reduce your protein supplements to one per day as long as you are consuming at least **60g of protein per day**.
- Continue to eat 5-6 times per day and limit the size of the meal to ¼- ½ cup.
- Do not drink during meals or 30 minutes before or after.

Exercise

- You should continue to increase your physical activity.
 - Work your way up gradually to **30 minutes per day of exercise, 5 days per week.**
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Personal Care

Constipation

Constipation is common after bariatric surgery. This can be due to iron supplements, pain medication, decreased fluid and decreased fiber intake. If you experience constipation:

- Increase your fluid intake
- Continue with Miralax and Colace twice a day
 - If you are still not moving your bowels at your normal pre-surgery frequency, you can increase the Miralax to three times a day for one day.
 - If you do not have results after this, you may use **one** of the following. Please **follow package instructions**:
 - Milk of Magnesia
 - Magnesium citrate
 - Dulcolax pills or suppository
 - Fleet enema

Skin Care

Once all of your incisions are healed you may apply lotion to your skin and resume tub baths and swimming

Smoking

NO SMOKING! Smoking increases your risk of gastritis or ulcers in your pouch.

Birth Control

Weight loss can increase fertility. We strongly recommend that you **DO NOT BECOME PREGNANT until 2 years** after your surgery. It has been shown that women who had absent or irregular periods before surgery are likely to begin regular cycles and ovulation with weight loss. If you were not able to get pregnant before surgery this can change with weight loss.

Lifestyle Changes

Monarch Support Group

The Monarch meetings are held on the 2nd Wednesday of each month. Register to participate at bariatricsupport.urmc.edu.

Your weight loss

- Do not weigh yourself more than 1x per week for the first 3 months as fluid intake and constipation can affect weight.
- Make sure you are eating and drinking as recommended in this packet. You will be weighed at each of your office visits.
- Our goal is for you to lose 60% or more of your excess body weight by the end of your first year.
- The rate of weight loss differs between people. Try not to compare yourself with anyone else.

Office Visit Schedule

4-6 weeks post-op	This visit will be with the dietitian and will be held via Zoom. No labs will be drawn at this visit. Please keep a food journal for one week prior to your visit so that you may review this with the dietitian.
2-3 months post-op	This visit will be with a provider. Labs will be drawn at this visit.
6 months post-op	This visit will be with a provider. Labs will be drawn at this visit.
1 year post-op	This visit will be with a provider. Labs will be drawn at this visit.
Annuals	This visit will be with a provider. Labs will be drawn at this visit.

Research shows that patients who consistently follow up with visits to their surgeon's office maintain a higher percentage of weight loss.

Lab Results

You will receive a MyChart message or a letter from this office if your labs are abnormal and require any adjustment to your vitamins/supplements. **If your labs are all within normal limits you will not receive a message or a letter.**

We will check the following labs at each visit:

- CBC
- Chemistry
- Vitamin D
- Iron
- Ferritin
- B12
- Folate
- PTH

MyChart Portal:

- You may access your health information through MyChart at **mychart.urmc.edu**
- If you do not have a MyChart account, click on the button "I don't have a code" under "Sign Up"