



Obesity Wellness and Surgical Weight Loss Program

Your Surgery Information

Patient's Name: _____

Begin Pre-Op Protein Liquid Diet (2 weeks for
BMI greater than 40 or 1 week for BMI less than 40): _____

Surgery Date: _____



The Bariatric Department will contact you with the surgery time on the last working day before surgery – if Monday will call on Friday.

Surgeon: _____ Kyle Jakob, MD

Report to: **Ochsner Medical Center - Baton Rouge**
17000 Medical Center Drive
Baton Rouge, Louisiana 70816
225-752-2470

Important Notes

- If you are allergic to any medications, please inform your doctor or nurse responsible for your care.
- Tell your doctor if you are taking aspirin, products containing aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs). **You will not be able to resume these medications after surgery FOR LIFE.** If you are taking 81 mg of aspirin for your heart's health, you can continue to do so. However, this is the exception.
- Tell your doctor if you are taking herbal medications or anticoagulants such as Coumadin, Pradaxa®, Eliquis® or PLAVIX®, because these medications can increase the risk of surgical bleeding. You will need to stop these medications before surgery and resume them after surgery based on the recommendations of your prescriber and surgeon.



You must arrange for someone to drive you home following surgery. You will not be allowed to leave the surgical facility alone or drive yourself home.

- **Please bring your medications and this instruction book with you to all appointments as well as the day of surgery.**
- After surgery, if you have questions or concerns, contact the bariatric clinic 8 am-5 pm, Monday-Friday at 225-761-5459. If it is after hours or on the weekend you may reach out to the Surgical Resident on Call at 225-726-2432.

Ochsner Medical Center - Baton Rouge Campus Map

All procedures are performed at Ochsner Medical Center - Baton Rouge, located off of O'Neal Lane.

17000 Medical Center Drive
Baton Rouge, LA 70816
225-752-2470



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Ochsner Bariatric Surgery Clinic

This guide is to provide you with important information about your upcoming weight loss surgery. Please read it carefully as the instructions will help you move smoothly through each phase of your surgery and recovery.

Before, during, and after your surgery, you will be cared for by some of the most skilled and experienced medical professionals. Our surgeons, anesthesiologists, nurses, specialists, social workers and other healthcare professionals work with you and your family to ensure a safe, smooth and comfortable surgery and recovery.

Your Medical Care

Your doctor is the main source of information and advice for your medical care before and after your surgical procedure. The information contained in this guide should not be used as a substitute for the medical care and guidance provided by your physician and healthcare team.

Since many departments within Ochsner will be calling you prior to your procedure, it is essential we have your phone number where you may be reached. **Be sure your doctor's office has this correct information entered in our computer system when you check in for your next appointment.**

+ **Questions or concerns?** Contact your surgeon's office or any of these departments:

Ochsner Medical Center: 225-752-2470

Bariatric Financial Coordinator: 225-754-6836

Bariatric Surgery Clinic: 225-761-5459

Pre-Operative Center: 225-755-4820

Preparing for Surgery

There are many important things you will need to do leading up to and on the day of your surgery. Please use these checklists to ensure you are prepared.

Before Surgery

- ☐ Stop taking all herbal medications including green tea **14 days prior to surgery** _____.
- ☐ Stop drinking alcoholic beverages.
- ☐ Stop smoking, vaping and using nicotine products 6 weeks before surgery. You should never resume these products because of the increased risk of ulcers and other potential complications.
- ☐ **If you have problems with constipation, begin MiraLAX®/stool softeners/laxatives following the package instructions.**
- ☐ Complete your Initial Patient-Reported Outcome Survey. This survey will reflect your pre-surgery health and quality of life. A link to this survey will be sent to you in an email from MBSAQIP.

One Week Before Surgery _____

- ☐ Stop taking aspirin, products containing aspirin, and non-steroidal anti-inflammatory medications (NSAIDS) **7 days** before surgery. **You will not be able to resume these medications after surgery FOR LIFE.** If you are taking 81 mg aspirin for your heart health, you can continue it; however, this is the exception (please confirm with bariatric staff). Tylenol®/acetaminophen is okay to take.
- ☐ Stop taking blood thinners/anticoagulants such as Coumadin, Pradaxa®, Eliquis® or PLAVIX®. These medications can increase the risk of bleeding during surgery. You may resume them after surgery based on your prescribing provider and surgeon's recommendations.
- ☐ Stop all vitamin supplements **7 days before your surgery date** _____.
- ☐ Clean your belly button with **Hibiclens®** (over the counter) 2-3 times during the week before surgery (should only be used before surgery and not as daily routine). This helps decrease the chance of a wound infection.

How to clean your belly button with Hibiclens before surgery

1. Gather the following supplies: clean cotton swabs (like Q-tips), water, Hibiclens cleanser.
2. Dip one end of the clean cotton swab into the Hibiclens.
3. Insert the cotton swab in your belly button. Gently work your way around the belly button, being careful not to rub inside too hard.
4. Discard the used swab and repeat the process with a clean swab if your navel is still dirty. It should only take one or two times to get your belly button clean.
5. Use a clean swab to gently remove any cleaning solution still present in the navel. Make sure to remove as much water and cleanser soap from your belly button as possible.



TIP: Before showering, use a little coconut oil or olive oil in your navel. Oil binds to dirt and other particles, making it easier for it to be washed away during your shower.

Day Before Surgery _____

- ☐ **If you are still constipated at this time, you may drink 1 bottle of Magnesium Citrate by noon if needed.**
- ☐ Continue liquid protein diet (protein shakes and clear sugar-free, caffeine-free items) until midnight.
Be sure to complete this before midnight.
- ☐ After midnight, also stop all sugar-free gum, hard candy, and mints.
- ☐ You may have a few sips of water up until your surgery arrival time.
- ☐ Take a shower with Hibiclens the night before surgery. This helps decrease the chance of a wound infection.

How to shower with Hibiclens the night before surgery

1. Wash your hair with your normal shampoo. Rinse your hair and body thoroughly afterward to remove the residue.
2. Do not shave the area of your body where your surgery will be performed.
3. Turn the shower water off. Apply Hibiclens to your entire body from the jaw down. **Do not get Hibiclens in your eyes, ears, nose, mouth or genital area.** Wash thoroughly for five minutes, paying special attention to the area where your surgery will be performed. Do not scrub your skin too hard. Do not wash with your regular soap.
4. Turn the water back on and rinse your body well.
5. Pat yourself dry with a clean, soft towel. Put on clean clothes or pajamas and sleep on freshly laundered bed linens.



Day of Surgery _____

- ☐ Take a shower with Hibiclens the day of surgery. This helps decrease the chance of a wound infection.

How to shower with Hibiclens on the day of surgery

1. Washing your hair is optional. If you do, wash your hair with your normal shampoo. Rinse your hair and body thoroughly afterward to remove the residue.
2. Do not shave the area of your body where your surgery will be performed.
3. Turn the water off. Apply Hibiclens to your entire body from the jaw down. **Do not get the Hibiclens in your eyes, ears, nose, mouth or genital area.** Wash thoroughly for five minutes, paying special attention to the area where your surgery will be performed. Do not scrub your skin too hard. Do not wash with your regular soap.
4. Turn the water back on and rinse your body well.
5. Pat yourself dry with a clean, soft towel. Do not apply any lotions, creams, deodorants, perfumes or powders. Put on clean clothes.

- ☐ Purchase a pre-surgery beverage at your pre-op appointment in the Ochsner Pharmacy on the first floor. There are 2 options: ClearFast CF (Preop) or Ensure Pre-Surgery. If you are unable to purchase one of these, you may drink 8 ounces of water instead. **Please drink it within 30 minutes of your surgery arrival time.**

Example: if your scheduled surgery time is 7:00 am, your arrival time to the surgery center will be 5:00 am. You would drink your pre-surgery beverage or water at 4:30 am.

- ☐ Take the medications in the morning as instructed by your Anesthesiologist or pre-op personnel. They will call you before the day of your scheduled surgery to review these instructions.
- ☐ Take heart and blood pressure medications as advised by the pre-operative team with a small sip of water. **DO NOT take diuretics or fluid pills.**
- ☐ Take diabetes medications as advised by your primary care doctor, endocrinologist, or pre-operative team.
- ☐ You may brush your teeth and rinse your mouth.
- ☐ Do not apply perfume, cologne, powder, body lotions or deodorant on the day of surgery.
- ☐ If you choose to wear makeup, it should be minimal. Limit mascara and remove nail polish. No false eyelashes.
- ☐ Leave all jewelry and valuables at home.
- ☐ Remove all body piercings, hair pins and clasps before entering the operating room.
- ☐ You may wear glasses, contact lenses, dentures, and hearing aids before and after surgery. These must be removed before you are brought to the operating room. Bring a case to store all of these items before going to surgery.
- ☐ Bring any devices you will need after surgery such as crutches or canes.
- ☐ If you have sleep apnea, bring your CPAP/BiPAP machine and supplies.
- ☐ If you have an implantable device, pacemaker or AICD, bring the device information card.

Clinical Pathway for **SLEEVE** Patients

Action	Day of Surgery (Post-Op Day 0 or “POD 0”)	Day After Surgery (Post-Op Day 1 or “POD 1”)
Vitals Signs and Labs	<ul style="list-style-type: none"> Heart rate, blood pressure, temperature every 4 hours 	<ul style="list-style-type: none"> Heart rate, blood pressure, temperature every 4 hours CBC, BMP (blood work)
Treatments	<ul style="list-style-type: none"> Incentive spirometry every 2 hours (deep breathing) Wean nasal cannula oxygen by nose and keep oxygen saturations within normal limits 	<ul style="list-style-type: none"> Incentive spirometry every 2 hours (deep breathing) Wean nasal cannula oxygen by nose and keep oxygen saturations within normal limits
Medications	<ul style="list-style-type: none"> Liquid oral medication, Hycet® for post-op pain IV anti-emetics as needed every 4 hours for nausea 	<ul style="list-style-type: none"> Oral medications (crush all meds larger than tip of pencil eraser) Continue Hycet for post-op pain Oral or rectal anti-emetics for nausea
Activity	<ul style="list-style-type: none"> Out of bed to chair with nursing assistance at least once Walk in hall with nursing assistance at least once before bedtime 	<ul style="list-style-type: none"> Out of bed to chair as much as tolerated Walk in hall as much as tolerated
DVT Precaution (preventing blood clots)	<ul style="list-style-type: none"> Lovenox® 30-60 mg once or twice (dosage based on BMI and kidney function) Sequential compression devices will be used on lower legs 	<ul style="list-style-type: none"> Lovenox® 30-60 mg once or twice (dosage based on BMI and kidney function) Sequential compression devices will be used on lower legs
Nutrition/ Fluids	<ul style="list-style-type: none"> May have a few small sips of water the night of surgery for comfort (30-60 cc or 2 medicine cups) until water protocol starts the morning of POD 1 May swab mouth and brush teeth IV fluids 125 cc’s per hour unless stated otherwise by your doctor 	<ul style="list-style-type: none"> Water Protocol (tiny sips of water, slowly) May begin bariatric clear liquid diet after water protocol is tolerated. NO carbonated beverages, straws, or fruit juice with sugar. May begin protein packets with water Discontinue IV fluids. Notify your nurse if you’re unable to tolerate sufficient fluids.
Education/ Prepare for Going Home	<ul style="list-style-type: none"> This information will be provided by hospital staff. Your nurse will give you instructions regarding your pain meds, walking, incentive spirometry (deep breathing), and incision site care. Begin discharge planning. 	<ul style="list-style-type: none"> This pathway will be provided by hospital staff. Your nurse will give you instructions regarding your pain meds, walking, incentive spirometry (deep breathing), and incision site care. Begin discharge planning - plan for discharge by noon.
Surgical Care	<ul style="list-style-type: none"> 1 or 2 intravenous (IV) sites present (to receive fluids or medications) Antibiotic IV prior to surgery. 	<ul style="list-style-type: none"> 1 or 2 intravenous sites present. They will be discontinued before you leave to go home.

Clinical Pathway for **GASTRIC BYPASS** Patients

Action	Day of Surgery (Post-Op Day 0 or "POD 0")	Day After Surgery (Post-Op Day 1 or "POD 1")	If Needed
Vitals Signs and Labs	<ul style="list-style-type: none"> Heart rate, blood pressure, temperature every 4 hours 	<ul style="list-style-type: none"> Heart rate, blood pressure, temperature every 4 hours CBC, BMP (blood work) 	<ul style="list-style-type: none"> Heart rate, blood pressure, temperature every 4 hours
Treatments	<ul style="list-style-type: none"> Incentive spirometry every 2 hours (deep breathing) Wean nasal cannula oxygen and keep oxygen saturations within normal limits 	<ul style="list-style-type: none"> Incentive spirometry every 2 hours (deep breathing) Wean nasal cannula oxygen and keep oxygen saturations within normal limits 	<ul style="list-style-type: none"> Incentive spirometry every 2 hours (deep breathing) Wean nasal cannula oxygen and keep oxygen saturations within normal limits
Medications	<ul style="list-style-type: none"> Liquid oral medication, Hycet® for post-op pain IV anti-emetics as needed every 4 hours for nausea 	<ul style="list-style-type: none"> Oral medications (crush meds larger than tip of pencil eraser) Continue Hycet for pain Oral or rectal anti-emetics for nausea 	<ul style="list-style-type: none"> Oral medications (crush meds larger than tip of pencil eraser) Continue Hycet for pain Oral or rectal anti-emetics for nausea
Activity	<ul style="list-style-type: none"> Out of bed to chair with nursing assistance at least once Walk in hall with nursing assistance at least once 	<ul style="list-style-type: none"> Out of bed to chair as much as tolerated Walk in hall as much as tolerated 	<ul style="list-style-type: none"> Out of bed to chair as much as tolerated Walk in hall as much as tolerated
DVT Precaution (preventing blood clots)	<ul style="list-style-type: none"> Lovenox® once or twice Sequential compression devices used on lower legs 	<ul style="list-style-type: none"> Lovenox® once or twice Sequential compression devices used on lower legs 	<ul style="list-style-type: none"> Lovenox® once Sequential compression devices used on lower legs
Nutrition/ Fluids	<ul style="list-style-type: none"> May have a few sips of water the night of surgery for comfort (2 medicine cups) until water protocol starts the morning of POD 1 May swab mouth, brush teeth IV fluids 125 cc's per hour unless stated otherwise by your doctor 	<ul style="list-style-type: none"> Water Protocol (tiny sips of water, slowly) May begin bariatric clear liquid diet after water protocol is tolerated. NO carbonated beverages, straws, or fruit juice with sugar. May begin protein packets with water Discontinue IV fluids. Notify your nurse if you're unable to tolerate sufficient fluids. 	<ul style="list-style-type: none"> Bariatric clear liquid diet. NO carbonated beverages, straws, or fruit juice with sugar. Protein packets with water
Education/ Prepare for Going Home	<ul style="list-style-type: none"> Information provided by hospital staff. Nurse will give instructions regarding pain meds, walking, incentive spirometry, and incision site care. Begin discharge planning. 	<ul style="list-style-type: none"> Information provided by hospital staff. Nurse will give instructions regarding pain meds, walking, incentive spirometry, and incision site care. Plan for discharge by noon. 	<ul style="list-style-type: none"> Discharge home (around noon if possible)
Surgical Care	<ul style="list-style-type: none"> 1 or 2 intravenous (IV) sites present (to receive fluids or medications) Antibiotic IV prior to surgery 	<ul style="list-style-type: none"> 1 or 2 intravenous sites present. They will be discontinued before you leave. 	<ul style="list-style-type: none"> 1 or 2 intravenous sites present. They will be discontinued before you leave.

Family and Visitors

Ochsner understands that visiting family and friends provide valuable support for our patients. To enhance the recovery of all patients, we welcome visitors. However, please respect the need for a quiet environment. For the safety of all patients, people who are sick should not visit. Also, children must always be accompanied by an adult. Please check with nurse on the floor for visiting guidelines.

At any time, visitors may be limited to ensure continuity and quality of care.



Preventing Falls in the Hospital

Patient/Caregiver Responsibilities



1. Provide Information

- Current medications
- History of falls
- Bathroom routine
- Walking/transferring needs



2. Press the Red Call Button

- For help getting out of bed/chair
- For help to the bathroom
- To grab items out of reach



3. Before Standing

- Call for help
- Wait for your care team even if a caregiver is in the room
- Rise slowly if lying down
- Sit on the edge of the bed



4. Before Walking

- Wear non-skid socks or fitted closed-toe shoes
- Use a walker or cane as needed

Care Team Responsibilities

1. While on Duty

- Orient you to your room
- Place your call light within reach
- Raise your bedrails
- Keep room well-lit and clutter-free
- Give clear medication instructions
- Encourage and assist with movement

2. As Needed

- Place a "Fall Risk" band on your wrist
- Turn on your bed/chair alarm
- Use TeleSitter with camera to monitor you

3. Movement Support

- Stay within arm's length to, from, and during toileting/dressing to ensure your safety
- Provide you with proper assistive devices as needed

Post-Operative Nutrition

- All bariatric patients need to take very small sips of fluid throughout the day to stay hydrated.
- Bariatric patients should NOT have alcohol, sugar or sugary drinks, carbonated beverages, caffeine.
- **Do not use a straw for drinking.**



After you leave the hospital, follow the nutrition discharge instructions in the Bariatric Nutrition Guidebook.

- Once home, **begin sipping on homemade protein powder shakes**, first made with water. The next day you may mix protein with skim (1%) milk or unsweetened soy (Lactaid) milk.
- **Drink 1 ounce/ 30 ml (1 medicine cup) every 15 minutes and increase as tolerated.**
- Measure and document protein and fluid intake on log sheet (Protein and Fluid Diary).
- **Premade shakes can be tried on Day 4 after surgery as tolerated.**
- **Continue full protein liquid diet for 2 weeks after surgery.** Your diet progression will be discussed at your 2-week post-op appointment.
- **Begin your vitamin regimen upon discharge from the hospital. You will continue this regimen for life.** Our bariatric dietitians will discuss this with you in the clinic. Follow the instructions on the next page regarding pill size when taking vitamins.
 - You should begin taking a multivitamin of your choice immediately upon discharge. You may take a multivitamin with 18 mg iron added or take as these as separate supplements daily. **Do not take 'gummy' vitamins.**
 - You should begin taking 500 mg of Calcium Citrate and Vitamin D three times daily. **Remember that iron and calcium must be taken 2 hours apart.**
 - You should begin taking 500 mcg of Vitamin B12 every day. This should be in sublingual form and placed under your tongue for best absorption.
 - **You should begin taking Vitamin B1 (Thiamine)/Super-B Complex with at least 50 mg of Vitamin B1 (thiamine) daily.**



The Bariatric Nutrition Guidebook is available at ochsner.org/bariatrics, if your book given to you by your dietitian isn't readily available. You should refer to your book every day for success and available choices.

Post-Operative Medication Instructions

Continue all prescribed medications once you return home from the hospital. Follow the instructions from your prescribing providers or the discharge instructions from the hospital. Specific, written instructions about your medicines will be given to you by your nurse when you are discharged from the hospital.

If you have any questions or concerns about changes to medications prescribed by someone outside the bariatric team, talk to your primary care doctor or the physician who prescribed the medication.

Bariatric patients may swallow pills smaller than 5 mm or the tip of a pencil eraser right after surgery; however, **patients are unable to swallow any pills larger than 5 mm (tip of pencil eraser).**

If your medications are larger than 5 mm you will either need crushable, chewable, liquid forms, or a capsule that can be opened. Review your current medications with prescribing provider and/or pharmacy to determine if medications are appropriate to crush/open or alter. **Extended release medications should never be altered and are meant to be taken whole.**

If a change in any of your medications is needed, please talk to the provider who prescribes that drug. They will prescribe an alternative form or medication.

- Gastric Sleeve patients may swallow whole pills greater than 5 mm beginning 2 weeks after surgery.
- Gastric Bypass patients may swallow whole pills greater than 5 mm beginning 4 weeks after surgery.



You should NOT take aspirin, Motrin®, Ibuprofen, Advil®, Celebrex® or other pain medications in this group for LIFE. These drugs are referred to as non-steroidal anti-inflammatory drugs or NSAIDs. Tylenol® is OK.



Above: Actual size of a 5mm pencil eraser



Medications

Take as prescribed

To prevent ulcers

You will receive a prescription for an antacid (usually Omeprazole) to take each day after surgery to prevent ulcers. **PLEASE TAKE AS PRESCRIBED, NOT AS NEEDED. This is a medication you will need to take for 3 months after surgery.** At your 8 week follow-up appointment, the bariatric provider will discuss whether you can taper this medication at that time.

Since you are unable to swallow pills, pull it apart, mix its contents with a tablespoon of apple sauce or 2-3 tablespoons of your protein shake, then swallow it. This medication should be taken 30 minutes prior to eating/drinking/taking other medications.

To prevent gallstones

If you still have your gallbladder, you will receive a prescription for Urso Forte/Ursodiol. **Start this medication after your 2-week post-operative visit.** This is a bile thinning medicine to help reduce your chances of forming gallstones during the most rapid period of your weight loss. You will take this medicine for six months after surgery. It is a large pill. Break or crush as needed or per bariatric post-op medication instructions on page 9.

Take as needed

For gas

Take **over-the-counter Gas X® chewables** if you have gas discomfort after you leave the hospital. Follow the package instructions.

For pain

You will receive a prescription for a liquid oral pain medication (usually Hycet® elixir) to take as needed once you leave the hospital. Be sure you have your prescription for pain prior to going home. If not, speak to the hospital floor nurse who is taking care of you. You can substitute over-the-counter Tylenol® or acetaminophen if/when narcotic prescription pain medication is no longer needed.

*Ochsner Pharmacy can deliver prescription medications to your hospital room before you leave the hospital. To use this service, speak to your floor nurse **early in the morning** the day you are being discharged or call the pharmacy at 225-842-3205 to request bedside delivery. This will ensure your medications are ready and delivered to you before you go home.*

For nausea

You will receive the following medications for nausea to take as needed: Zofran® dissolving tablet and possibly Phenergan® suppository. If both are prescribed, you can take either medication. **Do not take both at the same time.**

For constipation

To decrease the risk of constipation, you may receive a prescription for Glycolax®. You can also take over-the-counter MiraLAX®. Take 1 capful of either medication per day at home after discharge from the hospital until your bowel movements are regulated. You may increase to 2 capfuls per day if needed.

NOTE: If stools are loose or watery, discontinue use and resume as needed. Please call us if you've not had a bowel movement in 5 days or if you are feeling bloated prior to this.



For any issues with medications/prescriptions, contact our office as soon as possible. If it's after hours or on the weekend you may reach out to the Surgical Resident on call at 225-726-2432.



After Surgery

Family meeting with your physician

Once your surgical procedure is complete, your physician will report to your family. The meeting with the family will occur in a conference room; this is for privacy and compliance with HIPAA laws and does not indicate there is a problem. The anesthesia provider will remain with you until you are transferred back to the Surgery Center or to the Post Anesthesia Care Unit (PACU/Recovery). This may take anywhere from 15-90 minutes after the surgeon reports to your family.

Prescriptions

After your surgery, you will be discharged from the hospital with one or more prescriptions. Ochsner Pharmacy can deliver prescription medications to your hospital room before you leave the hospital. To use this service, speak to your floor nurse **early in the morning** the day you are being discharged, or call the pharmacy at 225-754-5160 to request bedside delivery. This will ensure your medications are ready and delivered to you before you go home.

Preparing for discharge from the hospital

Getting ready for discharge from the hospital should begin before you arrive:

- Decide if you will need someone with you for a few days and arrange for that assistance.
- To ensure your safety, on the day of discharge you will not be allowed to leave the hospital alone or to drive yourself home. **Make sure you have someone available for anticipated time of discharge to bring you home.** Please provide the name and phone number of the caregiver that will be driving you home to the Bariatric Nurse at the time of the pre-surgery phone call.



When you are discharged from the hospital, you and your caregiver will receive verbal and written instructions regarding your medications and diet.



Managing Your Pain

After surgery, it is normal to feel some pain or discomfort. At Ochsner, our goal is to help you manage this pain safely. By controlling your pain, we can help you sleep better, be more active and recover faster. To do this, your physician has prescribed a combination of methods that should help. This may include a short course of prescription pain medication which can be used if other pain relief methods are not enough. These medications are called opioids or narcotics. When taken correctly, opioids are very good medicines for post-surgery pain. But they can be misused. This guide will help you understand how to take your pain medication safely and keep others safe.

How to use opioids safely

- **Take as directed.** Your physician and pharmacist will give you specific instructions for taking this prescription. Follow these instructions.
- **Keep it to yourself.** Don't share - this prescription is only for you. Sharing prescriptions is illegal and can put other people in danger.
- **Ask about your other prescriptions.** Some medications should not be taken at the same time as opioids because they can slow or stop your breathing. Talk to your physician or pharmacist if you are taking benzodiazepines (such as Ativan, Xanax, Valium), seizure medications, muscle relaxers, or psychiatric drugs.
- **Talk to your provider about other health conditions.** Tell us if you're pregnant, have a history of sleep apnea, mental health conditions, or substance use disorder.
- **Stay sober.** It can be very dangerous to use alcohol and other substances while you're taking an opioid pain medicine. Skip the alcohol, sleeping pills, or illegal drugs until you've stopped this medication.
- **Be cautious.** Don't drive or operate heavy machinery until you know how this medication affects you.

How to store opioids safely

- **Keep it in the original container.** Don't transfer the prescription to another bottle or package. This way you will always know exactly what is in the container and who it is for.
- **Keep it where children can't see or reach it.** The safest place to store prescription pain medication is in a locked cabinet or on a high shelf.

How to dispose of opioids safely

- **Discard properly when done.** Immediately after your pain is gone, dispose of any unused prescription pain medication.
 - Contact your local law enforcement agency or pharmacist to find a drug "take back" or disposal location near you. You can also find a location at this website: <https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations>.
 - If there is no take back or disposal location near you, check the FDA's Flush List. This is a list of drugs that CAN be flushed down the toilet <https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines#FlushList>

- If your medication is not on the FDA Flush List, you can put it in the trash. To do so, remove the medication from its container and combine it with something unpleasant such as used coffee grounds or kitty litter. Place this mixture in a sealable bag in the garbage so it cannot leak or break out. Scratch out all personal information on the original container and throw it away or recycle it.

Know the risks

- **If not used correctly**, prescription pain medications can be just as dangerous as illegal drugs.
- **Misuse can have serious consequences** including dependence, addiction, overdose, even death.
- **Get medical attention immediately** if
 - You have taken your medication incorrectly and you have
 - Overall low energy
 - Physical weakness
 - Nausea and/or vomiting
 - Trouble breathing
 - You have taken more medication than your prescription instructs

How Ochsner providers prescribe opioids

We are committed to helping end opioid misuse and its serious consequences. To ensure we play our part, Ochsner providers are very careful about opioid prescriptions and refills. **We have strict policies to ensure your safety and the safety of those around you.**

1. Some opioid prescriptions cannot be refilled through your pharmacy. We may ask you to make a clinic appointment before your prescription pain medication is refilled. That way we can help manage your pain the best way possible and avoid overuse of opioids.
2. We will only consider refills three days (or less) before the end of your medication regimen. Be sure to take your medication as your provider directs.
3. We do not mail or ship prescription pain medication. Opioids are considered “controlled substances” by law and must be picked up in person.
4. We only use prescription pain medications for patients undergoing surgery or other procedures. If you have pain for other reasons, we have many other resources to help you, including our Pain Management specialists, physical therapists, and others.

Ochsner does not prescribe medical marijuana, CBD or THC products at this time.

To learn more, visit one of these sites or talk to your Ochsner provider

- www.drugabuse.gov - National Institute for Drug Abuse
- www.samhsa.gov - SAMHSA (Substance Abuse and Mental Health Services Administration) or call the SAMHSA National Helpline at 1-800-662-HELP (4357) for treatment referrals
- www.fda.gov/drugs/resources-you-drugs - Find resources to answer regulatory and drug-related questions.

Activity After Surgery

After surgery, walking is highly encouraged. You should walk as far as you can at least once or twice each day. This means you should **get out of the house and walk around the neighborhood**. Going up and down stairs will not impair healing. Taking stairs is OK as long as you're steady on your feet.



You should not lift, push or pull anything greater than 10 lbs. for six weeks after your surgery.

Riding in a car is OK, but **DO NOT drive until you have stopped taking all pain medications**. If you are traveling greater than 1 hour, stop hourly and walk at least 5-10 minutes as tolerated to prevent developing blood clots.

You cannot travel by plane until one week after your surgery. Check with your surgeon.



Wound Care

Do not allow your incision to get wet. Keep your incision site completely dry for the first 48 hours after surgery. No showers for the first 48 hours after surgery. Sponge baths are ok. After 48 hours, you may resume showers, but no bathing in a tub or swimming until incisions are healed and your provider has cleared you to do so. We will discuss this during your 2 week post-op appointment.

Your incisions will be covered with Band-aids®, Steri-strips™, or skin glue. If you have Band-aids, remove them 48 hours after surgery. Leave the Steri-strips or skin glue in place until it falls off (usually 7-14 days). Clean the incisions with antibacterial soap such as Dial, rinse with water and pat dry. If the Steri-strips are still in place at your 2-week post op appointment, your provider will remove them.

For women whose incision extends underneath the usual spot for their bra straps, put a piece of gauze on the upper end of the incision. The gauze will pad the incision.



Be on the lookout for signs of an infection in the wound. If you have redness, increasing pain, a thick white or yellow substance leaking from the wound or have a fever, call our office at 225-761-5459 right away.

Some patients develop a red-orange drainage from the incision within the first two weeks at home. In most cases, this is not a problem. Call if you have any questions or concerns.

Follow-Up Care



It is important that we maintain a relationship with you for life. We want to ensure you remain healthy and stay on track, so your weight loss journey is a success.

Do's and Don'ts

DO see your surgeon for a general checkup two weeks after you have gone home. Refer to the bariatric follow-up schedule and keep your follow-up appointments.

DO follow up with all your providers who regulate your blood pressure and diabetic medications at 1 week post-op and routinely, to adjust medications as needed.

DON'T schedule any elective procedures involving any type of anesthesia/sedation for 30 days before or after surgery to prevent back-to-back anesthesia exposure and stress to your body.

DON'T start any antibiotics for 30 days after surgery unless cleared by the Bariatric Department.

DO call our office at 225-761-5459 about any of the following problems:

- Any obvious bleeding (some dried blood is normal)
- Fever of 101° F or greater
- Chills
- Worsening or unrelieved pain
- Increasing or pus-like drainage from your incision
- Redness, swelling or increasing tenderness for the incision
- Inability to keep down liquids
- Increased heart rate or palpitations of the heart
- Extreme thirst
- Less frequent urination
- Dark-colored urine
- Fatigue
- Dizziness
- Confusion
- Signs/symptoms of Urinary Tract Infection
 - burning or painful urination
 - frequent or urgent urination
 - back or lower abdominal pain
 - cloudy, dark, bloody or strange smelling urine

If you suspect you have a complication from your surgery, call the Bariatric clinic. They can assess your situation, order appropriate tests and treat you appropriately.



Emergencies

Go to the Ochsner Emergency Room for bloody stool or vomiting blood. If you experience any of the following problems, go directly to the closest Emergency Room. Be sure to tell them you had a bariatric procedure and notify your surgeon.

- Shortness of breath
- Chest pain
- Redness, swelling, or tenderness in lower extremity - behind knee or calf area

Bariatric Appointments

You should expect to attend these appointments before and after bariatric surgery. Please commit yourself to making all appointments. These appointments are important for both medical and nutritional follow up. We look forward to your successful outcome!

For Gastric Bypass and Gastric Sleeve Surgery Patients

Appointment	MD/PA	Dietitian (RD)	Labs
Initial consult	√		√
Initial nutrition consult		√	
Additional diet visits		As needed	
Pre-operative visit	√	√	√
2 week post-op visit	√	√	√
8 week post-op visit	√	√	√
6 month post-op visit	√	As needed	√
12 month post-op visit	√	As needed	√
Annual follow up	√	√	√

Your doctor is the main source of information and advice for your medical care before and after your surgical procedure. The information contained in this guide should not be used as a substitute for the medical care and guidance provided by your physician and healthcare team.

Support

General Support Group Meetings

We recommend that our bariatric patients join a support group. Support groups provide a place for patients to share experiences, have questions answered, and gain encouragement from others.

Please make sure you are signed up for the MyOchsner patient portal. Bariatric Support Groups are currently held via Zoom. The link to the Zoom meeting will be sent to your MyOchsner patient portal. They are hosted on a rotational schedule by our dietitians, nurses, PA's, psychologist, and sometimes guest hosts as well. Meetings are scheduled each month from 5:30 pm to 6:30 pm.

No registration is required. The Support Group schedule is available online at ochsner.org/bariatrics. You also may call 504-842-2701 for the date of our next support group or to ask any questions.

Psychiatric Support

For more info about specific dates, fees, and to sign up for the groups or individual therapy appointments, please call 504-842-4025.



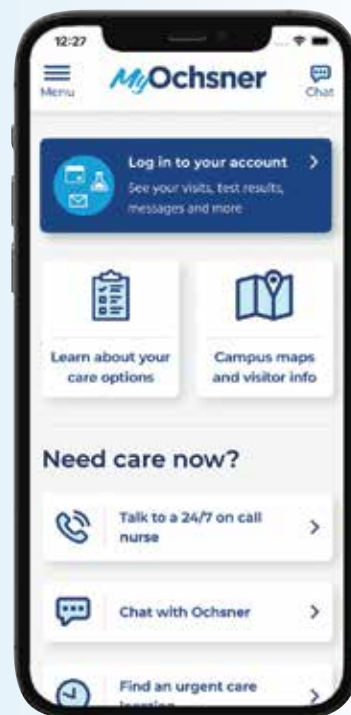
MyOchsner

MyOchsner is our online patient portal. Using MyOchsner can help you take charge of your health via direct access to your medical information. You can communicate with your care team, check test results, and see all your appointments in one place. Learn more about MyOchsner by visiting ochsner.org/my-ochsner.

The free, easy-to-use MyOchsner app connects directly to your electronic medical record at Ochsner. It offers live chat support, better resources to help you understand your billing and insurance, location information, campus maps and more.

Visit the App Store for Apple devices or the Google Play Store for Android devices to download the MyOchsner app.

MyOchsner®



Coping Strategies

Many patients greatly underestimate the significant psychological impact that changing one's lifestyle can have. For many patients, turning to food as a coping strategy in times of stress has been the norm.

With bariatric surgery, the tendency to turn to food for comfort can decrease your weight loss success. How you choose to deal with stress will significantly affect your weight loss journey.

There are many reasons that our relationship with food can be complicated. Boredom, negative emotions, a culture focused on food and celebration, or unhealthy habits can all lead to a tendency to turn to food inappropriately. Spend some time assessing your relationship with food, your food habits in times of stress, and healthy choices that you can begin to make as you start your weight loss journey. This self-knowledge will be essential to your success.

Ask yourself the following questions:

- When do I tend to eat?
- Are there any emotions that trigger a desire to turn to food?
- Do my family or friends impact my eating patterns?
- Does relationship conflict often end in mindless eating?
- Do I have healthy ways to cope with stressful times/situations?

Once you have assessed your behaviors and triggers, you can more easily identify and begin utilizing healthy alternatives other than turning to food.

Know your triggers

Stress is inevitable. Be aware of your triggers. If you know that you tend to become stressed in certain situations you can prepare yourself better. Knowing that a situation has been stressful in the past can allow you to think of different ways to handle it in the future.



Relax

Schedule time for relaxation. We all need relaxation on a consistent basis, to refresh both our minds and bodies from the tensions of the day.

Make some time for yourself. Spending just a few minutes alone without distractions may allow you to feel more prepared to manage your stressors. Take a walk, listen to calming music or try to focus on your breathing to help increase a sense of peace.

Get support

Develop a support system. Spend time with people who are supportive and encouraging of the changes you are making.

Common support persons may include family members, friends, coworkers or members of your religious or spiritual group.



Plan for success

Plan ahead. Lack of organization, feeling overwhelmed, or being stuck in chaotic patterns can all lead to making impulsive and often unhealthy decisions about food and coping. Try to plan your daily schedules ahead of time, with specific times dedicated to your bariatric nutrition needs and healthy strategies for coping with stress.

Express yourself

Express your feelings verbally or try writing down your thoughts about what you're feeling and experiencing. Internalizing your emotions can lead to unnecessary stress. Having an outlet for feelings can be especially helpful. Having someone to talk to can also be helpful, such as a family member, friend or professional.

Get distracted

Find healthy distractions. Engaging in activities that you enjoy can be especially helpful to reduce stress. You may find spending time engaged in volunteering, hobbies, music, exercise or crafts meaningful. These occupations may help distract you from a tendency to turn to food in times of stress.

Tips for a Successful Weight Loss Surgery

Here are some important things to keep in mind for navigating the bariatric surgery process successfully.

- **Plan and prepare ahead of time.** Always have a back-up plan. Don't hesitate to bring your own food to a social event or gathering, or call ahead to a restaurant.
- **Don't test yourself.** Pushing your limits is a slippery slope. Stick to the bariatric diet and don't test your body or your limits. Remember, the goal is progress not perfection!
- Immediately after surgery, getting all your protein, liquids, and vitamins in may feel like a full-time job. Don't worry, **it gets better with time!**
- **Follow the schedule and diet no matter how you feel.** Remember, you have to eat. Not eating is just as much of a problem as overeating. If you're struggling with a schedule, speak with your dietitian.
- **Be honest with yourself and with members of the bariatric team if you are struggling.** Don't hesitate to utilize support from members of the team.
- **Be patient and trust the process.** It will take time to work through all of the changes.
- **Celebrate all of the little accomplishments you make.** Don't just focus on the number on the scale. Pay attention to the changes you will experience – with how your clothing fits, your level of energy, and your general level of comfort.



This is a lifelong process. To be successful, you must always make your commitment to a bariatric surgery lifestyle a priority.

Notes

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Ochsner Medical Center Obesity Wellness and Surgical Weight Loss Program
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