



Pre-Op Education for Bariatric Surgery

└ NewYork-Presbyterian
└ Weill Cornell Medical Center

Center for
Advanced Digestive Care

Pre-Op Education

Designed to prepare patients and families for surgery and decrease stress

- Helps patients and family to prepare for bariatric surgery
- Helps patients understand their surgical procedure
- Reviews the pre-operative evaluation requirements, admission process and hospitalization details
- Familiarizes patients and families with the care team and their roles

YOUR PHYSICIAN'S INSTRUCTIONS TAKE PRIORITY OVER MATERIAL PRESENTED HERE

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Your Health Care Team



- Surgeon
- Physician Assistant
- Nurse Practitioner
- Medical Secretaries
- Unit Nurses
- Nursing Assistants
- Surgical Fellows and Residents
- Medical Students
- Social Workers
- Dietitians
- Medical Consultants
- Others - Housekeeping, Lab Tech, Food Service Workers

Preparing for Your Surgery

Pre-Op Testing



- **Pre-testing Location:**

Greenberg 3 West

- No appointment necessary
- Walk-in basis ONLY

- Your surgeon's office will order the required testing and any additional tests PRIOR to surgery

- **Tests must be completed within 30 days of surgery**

Medical Clearance

IMPORTANT

- Medical clearance is required PRIOR to surgery
- Your primary care physician must complete a medical history and physical examination within 30 days of your surgery

Pre-op Paperwork

- Check with your employer's Human Resources Department for medical leave or disability forms

Pre-Operative Medications

These are **general recommendations**. If you have any questions, please discuss with your doctor.

STOP Ibuprofen (Motrin, Advil), NSAIDS (Aleve, Relafen): **7 days prior** to surgery

STOP Gout medications (indomethacin, colchicine): **7 days prior** to surgery

STOP Glucosamine +/- Chondroitin: **7 days prior** to surgery

STOP Vitamin E, Ginseng, St. John's Wort, Garlic supplements: **7 days prior** to surgery

STOP Glucophage / Metformin: **2 days prior** to surgery

DISCUSS with surgeon when and if to stop: Aspirin, Coumadin, Pradaxa, Plavix, & other medications that affect clotting

DO NOT TAKE DAY OF SURGERY: Diuretics (also known as water pills). For example:

- Lasix / furosemide
- Hydrochlorothiazide (HCTZ)
- Aldactone / spironolactone
- Diovan
- ACE/ARB medications- see next page. . .

Pre-Operative Medications

These are **general recommendations**. If you have any questions, please discuss with your doctor.

Weight Loss Medications:

STOP Lomaira/Adipex/phentermine: 7 days prior to surgery

STOP Qsymia/phentermine-topiramate: 7 days prior to surgery, However, discuss with your prescribing physician as depending on your dose, you may need to decrease your dose gradually

STOP Contrave/naltrexone-bupropion: 7 days prior to surgery. Note if you are taking only bupropion, you should continue this up until surgery

CAUTION: Revia/Vivitrol/naltrexone: Please discuss with your prescribing physician, taking this medication may interfere with your surgery

ACE/ ARB meds: do Not take day of surgery

- Accupril (Quinapril), Accurectic, Aceon (Perindopril), Aliskiren, Aliskiren + Amlodipine (Tekamlo), Amlodipine/Aliskiren/Hydrochlorothiazide (Amturnide), Amlodipine Besylate Olmesartan Medoxomil (Azor), Altace (Ramipril), Amturnide (Amlodipine/Aliskiren/Hydrochlorothiazide), Atacand (Candesartan), Avalide (Irbesartan), Avapro (Irbesartan), Azilsartan Medoxomil (Edarbi), Azilsartan Medoxomil/Chlorthalidone (Edarbyclor), Azor (Amlodipine Besylate; Olmesartan Medoxomil), Benazapril, Benicar (Olmesartan), Benicar HCT, Candesartan, Capoten (Captopril), Capozide (Captopril-HCT), Captopril, Cozaar (Losartan), Diovan (Valsartan), Diovan HCT, Edarbi (Azilsartan medoxomil), Edarbyclor (Azilsartan Medoxomil/Chlorthalidone), Enalapril, Eprosartan, Fosinopril, Hyzaar (Losartan-HCT), Irbesartan, Lexxel (Enalapril-Felodipine), Lisinopril, Losartan, Lotensin (Benazepril), Lotensin HCT, Lotrel (Amlodipine-Benazepril), Mavik (Trandolapril), Micardis (Telmisartan), Micardis HCT, Moexipril, Monipril (Fosinopril), Olmesartan, Olmesartan medoxomil (Azor), Olmesartan Medoxomil + Amlodipine + Hydrochlorothiazide (Tribenzor), Perindopril, Prinivil (Lisinopril), Prinzide (Lisinopril- HTZ), Quinapril, Ramipril, Tarka (Trandolapril/Verapamil), Tekamlo (Aliskiren + Amlodipine), Tekturna (Aliskiren), Teveten (Eprosartan), Teveten HCT, Trandolapril, Tribenzor (Olmesartan Medoxomil + Amlodipine + Hydrochlorothiazide), Uniretic (moexipril-HCT), Univasc (Moexipril), Valturna (Aliskiren and Valsartan), Valsartan, Vasotec (Enalapril), Zestorectic (Lisinopril-HCT) and Zestril (Lisinopril)

Pre-Operative Medications

- Insulin doses should be adjusted prior to surgery while on clear liquids, and also on the morning of surgery.
 - Please consult your endocrinologist or Primary Care Physician for appropriate dosing instructions.

Pre-Op Shopping

- Review your “Dietary guidelines” packet along with suggested menus for when you get home from the Hospital.
- Review your “Pre-op shopping list” and make sure you have the items listed before you go to the Hospital so that they will be available when you get home

Some important items on this list are:


Food processor/blender
Pill crusher
Protein shakes
Chewable multivitamins
Calcium with vitamin D

The Cornell GI Metabolic & Bariatric Surgery Program:

Dietary Guidelines for
Laparoscopic Sleeve
Gastrectomy

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646-962-8462

www.CornellWLS.com



Cornell GI Metabolic & Bariatric Surgery

Two Days Before Surgery

- No solid foods **after midnight two days before surgery**

Example: If surgery is scheduled for Monday, on Friday at midnight, you will begin your CLEAR LIQUID DIET, and continue with clear liquids all day Saturday and Sunday

- Drink plenty of clear liquids to prevent dehydration, such as
 - water, tea, coffee (no milk, cream, or non-dairy creamers; sugar substitute is ok) seltzer, clear diet soda (e.g. lemon/lime), broth / bouillon, diet/sugar free Jello (not pudding), and diet/ sugar free popsicles, ices, or sorbet, and *diet* drinks such as Crystal Light, Diet Snapple. No alcohol.
- In addition to the above, unlimited fluids, **you must consume carb-loading (“sugar”) drinks on the night before surgery and AGAIN the morning of surgery. Finish your 2nd drink before you get to the hospital. Pick 1 product from the left side and follow the instructions:**

Product	1 st time the night before surgery	2 nd time the morning of surgery
ClearFast (CF) Preop	12oz (1 bottle)	12oz (1 bottle)
Ensure Pre Surgery Clear	10oz (1 bottle)	10oz (1 bottle)
Cranberry Juice	24oz	12oz
Grape Juice	24oz	12oz
Apple Juice	32oz	16oz

Preparing to Go to the Hospital

What to Bring to the Hospital

Important Paperwork

- Medical Insurance information
 - On day of admission & for pre-operative testing as well
- A **LIST** of all your current medications, including dosage and frequency:
 - Prescriptions and over-the-counter medications
 - Vitamins
 - Herbal supplements
- List of all Allergies (medications, latex, food, etc.)
- A Photo ID, such as a driver's license or passport
- List of telephone numbers for your contacts

Other Important Paperwork

Advance Directives

What They Are:

- Documents that plan in advance your wishes about treatment if you become unable – for a short or long period – to decide for yourself
- If you do not have an advanced directive, you can complete the necessary paperwork the morning of surgery

Types:

- Health Care Agent / Proxy – A person appointed by you who will protect your treatment wishes
- Living Will – A document with written instructions given by you about your specific treatment desires

What to Bring: Packing

Do Bring

- Personal toiletries (toothbrush, comb, soap etc.)
- Slip-on slippers (non-skid sole)
- Socks
- Loose roomy underwear
- Loose roomy outfit to wear home
- Comfortable shoes to wear home
- Soft sports bra
- Cell phone (if desired)
- Roomy bathrobe (only if preferred - we recommend using our gowns)
- Books, magazines, crossword puzzles
- If you use a CPAP Machine, please bring only your mask
- Reading glasses

Do Not Bring

- Money
- Jewelry or other valuables
- Your medications from home
- Electrical appliances (i.e., hairdryers, other plug-in items)

**For a complete list, please refer to the
*NewYork-Presbyterian Preparing for Your Stay Guide***

What to Consider

- Visiting Hours: Open
- Parking Validation available for day of discharge
- Private Duty Nursing: Call (212)746-4091
- Private Room: Call Admitting Department (212)746-4250
- Guest Facility at Helmsley Medical Tower: Call (212)472-8400

The Day Before Surgery

- 3 West (or Pre-op Surgery) will call you the day before surgery to give you arrival time and location
- For Monday surgeries, you will be called on Friday
- If you do not receive a call, you may call 3 West/Pre-op Surgery: (212) 746-5299 between 4 pm – 6 pm for your arrival time.



The Day of Surgery

The Day of Surgery

At your scheduled time, report to:

NYP/Weill Cornell Medical Center
525 East 68th Street
Greenberg 3 West
Same Day Surgery Center

- Personal belongings will be collected on 3W and then taken to your room once it is assigned
- Family may stay with you until you go to Operating Room (OR)
- A Family Waiting Room is on the same floor as the OR
- The Liaison Nurse will provide updates to families during the surgery
- The surgeon will speak to your family after surgery

The Day of Surgery

While we always do our best to be on time, unexpected delays in the operating room schedule may occur.

Your patience is greatly appreciated.

What to Expect After Surgery

What to Expect After Surgery

- Within a few hours of your surgery, you will begin to sip water and clear liquids.
- Large pills will be crushed in order for you to take them safely
- You will be given an incentive spirometer to encourage deep breathing after anesthesia
- Expect to spend 1 night in the hospital



What to Expect After Surgery

- Expect to get out of bed with assistance within 6 hours after surgery
- Slowly increasing activity (as your pain allows) is important for your recovery
- Your vital signs will be checked multiple times after surgery to ensure that you are recovering safely
- You will also be seen daily by members of the bariatric surgery team
- Your attending surgeon will approve all care provided

Feel Empowered

Feel Empowered



- All personnel should identify themselves. If they do not, ASK.
- All personnel should wash their hands with soap or Purell upon entering your room. If they do not, ASK.
- Before any testing and administration of medications, staff will confirm your identity. If they do not, ASK.

Discharge

Discharge

In Most Cases, You are Ready for Discharge When:

- Your vital signs are stable, including blood pressure, heart rate, and temperature
- Your pain is controlled with oral pain medication
- You are able to drink adequate amounts of liquids without difficulty
- You are passing gas or have a bowel movement
- You are able to get in and out of bed with minimal assistance

Your doctor will make the final decision regarding when you are ready for discharge.

Going Home

Questions to Consider:

- Who will take me home from the hospital?
- How will I get my prescriptions filled?
- Do I have my chewable vitamins, protein shakes, and pill splitter/crusher at home?
- **Appointments to Make**
 - Call your doctor's office *before* you leave if you do not already have your 3-week follow up appointments with BOTH your surgeon and nutritionist scheduled.

Continue bariatric surgery follow up visits with your surgeon and nutritionist at the 3 month, 6 month, and one year mark, and once every year thereafter

Home Instructions

- You can take small pills (approximately the size of a dress shirt cuff button) whole
- You must either crush large medications with a pill crusher, or split or crumble them into button-sized pieces, then take them with a spoon of a clear or full liquid (eg Diet Snapple ®, yogurt, blended soup)
- Peel the small tapes (“Steri-strips”) off of your incisions after 2 weeks
- No baths, no swimming
- No heavy lifting (10 pound limit)
- No gym workouts – only walking until cleared by your surgeon
- No driving until you are off of prescription pain medications
- Climbing stairs is allowed
- If you are allowed to shower, **pat** surgical area dry, do not wipe or rub area
- Most return to work in 2-4 weeks

Home Instructions

Contact your surgeon's office if you experience **any** of the following symptoms:

- Fever > 101.5° F
- Severe Nausea / Vomiting
- Inadequate Pain Control
- Diarrhea with Abdominal Cramps
- Constipation
- Redness/Drainage from your Incision
- Swelling and/or pain in one leg or calf

Once You Are Home

If You Have Any Questions or Concerns
Once You Return Home,
Call Your Surgeons Office:
(646)962-8462

Remember

Please follow specific instructions from your surgeon's office;
they supersede any material presented in these slides.