



# 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

Liz Goldenberg MPH, RD, CDN  
Adiana Castro MS, RD, CDN  
Lauren Kelly MS, RD, CDN  
646-962-8462

[www.CornellWLS.com](http://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 2<sup>nd</sup> drink before you get to the hospital. Choose from:**
  - ClearFast (CF) Preop: 12oz (1 bottle)
  - Ensure Pre-Surgery Clear Carbohydrate Drink: 10oz (1 bottle)
  - Gatorade Prime: 8oz (two 4oz pouches)
  - Cranberry or Grape Juice: 12oz
  - Apple Juice: 16oz
  - Gatorade/ Powerade/ Vitamin Water (not: G2, Zero, Zero Sugar): 30oz

# 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.