

**Surgical Manual****General Information**

Office Hours: Monday – Friday 8:00am – 4:30pm

Phone: (320) 240-2828 *(Please use this number during business hours, after hours and on weekends.)*

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 CentraCare River Campus
 1200 6th Avenue North
 St. Cloud, MN 56303

www.centracare.com/mychart

Check List**Pre-operative Check List**

- ✓ Attend or view Seminar
- ✓ Complete Health History Questionnaire
- ✓ Initial consultation
 - Goal weight before surgery: _____
 - Additional instructions: _____
- Dietitian appointments (3-6 visits in consecutive months)
- Psychology appointments
- Lab tests
- Attend one support group
 - First Thursday of every month from 5:15-6:15pm – St Cloud Hospital
- Surgeon Visit
- Insurance submission and approval
- Team visit 2 weeks prior to surgery
 - Weight Check
 - FMLA paperwork (if needed)
- Pre-surgery history and physical with your primary care provider
- Liquid diet
- Bowel prep
- SURGERY

Surgical Options

Overview

Deciding to undergo bariatric surgery takes commitment, courage and lifestyle changes. During this process you will encounter new challenges and opportunities as you adjust to a new method of eating and a new way of life. Our entire staff is here to answer your questions and address concerns you may have during this process.

Why choose bariatric surgery for weight loss?

Bariatric surgery provides an effective tool to create and maintain weight loss. Weight loss also may improve or resolve many conditions including:

- Diabetes
- High blood pressure
- Fatty liver disease
- High cholesterol
- Heart disease
- Sleep apnea
- Gallstones
- Reflux disease
- Arthritis
- Cancer
- Depression
- Migraines

Who is a candidate?

A person MAY qualify for surgery if they have:

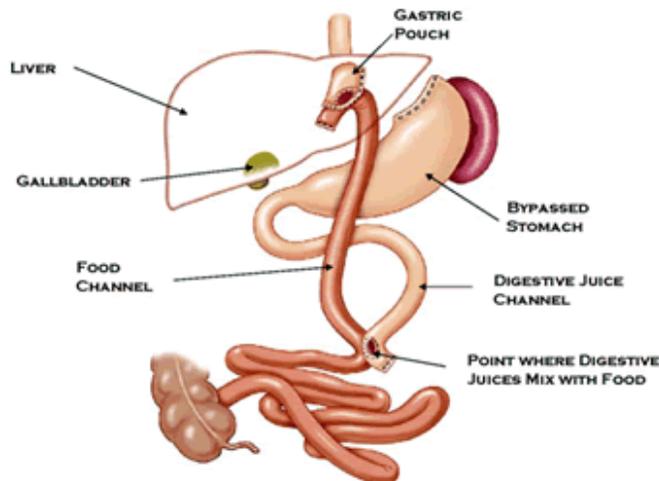
- A body mass index (BMI) > 40
- A BMI between 35 and 40 with a significant medical condition

At your initial visit you will receive a list of tasks to complete as part of your evaluation. This will include letters from your doctors, blood tests, and a mental health evaluation. Based on the results, the bariatric team will work with you to determine the best weight loss option. Sometimes, even if you meet all of the criteria, the team may not recommend surgery because of a medical or mental health issue that may impact the safety and effectiveness of surgery.

Option 1: Gastric Bypass

Description of the Surgical Process:

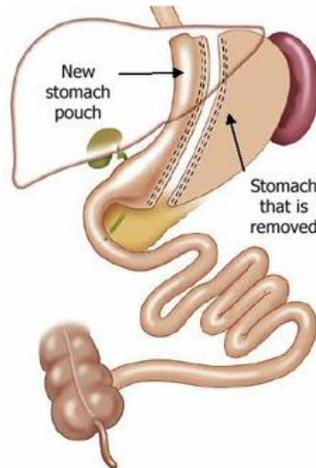
When a gastric bypass surgery is performed, the surgeon creates a small stomach pouch divided from the rest of the stomach. The resulting walnut-sized pouch holds about 1 ounce of food. The small intestine is then divided and the lower part (jejunum) is connected to the newly formed pouch. This allows food to bypass the first segment of the small intestine (duodenum) resulting in malabsorption of calories and nutrients.



Option 2: Sleeve Gastrectomy

Description of the Surgical Process:

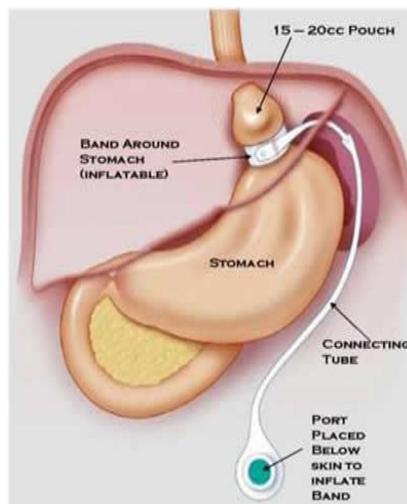
When a sleeve gastrectomy is performed, the left side of the stomach, including the portion that produces hormones for hunger stimulation, is removed. The remaining portion of the stomach is stapled into a narrow tube or sleeve. The reduced stomach size causes a feeling of fullness after eating a small amount of food.



Option 3: Adjustable Gastric Band

Description of the Surgical Process:

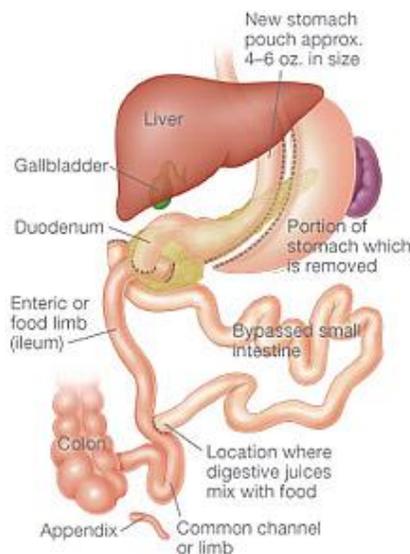
When the adjustable gastric band surgery is performed, the surgeon places an adjustable band around the top of the stomach near the esophagus. The band is made of silicone rubber and can be adjusted through an injection port. Through adjustment, the surgeon can increase or decrease the opening between the upper and lower stomach to restrict the amount of food ingested and the rate at which the food empties into the larger portion of the stomach.



Option 4: Duodenal Switch

Description of the Surgical Process:

The duodenal switch (DS) may be performed with robot assistance. The surgeon creates a sleeve pouch and the intestines are rearranged to create a short common channel (75-100 cm).



Possible Complications of Abdominal Surgery

All surgeries carry risk of complications. The following are possible complications of abdominal surgery.

Bleeding at the incision sites

Blood Clots (Deep vein thrombosis/Pulmonary embolism) in the legs or lungs

Bowel Obstruction or blockage in the GI tract

Death

Infection

Leak at the site where the stomach or intestines are sewn together

Pneumonia

Ulcers

Additional Risks Specific to Gastric Bypass:

- An anastomotic leak may occur. This happens when the connection between the pouch and the small intestine does not heal properly and contents from the inside of the stomach leak into the abdominal cavity.
- The passageway between the stomach and the small intestine may become narrowed (stricture).
- Vitamin and mineral deficiencies may result from the inadequate absorption.
- Intolerance to certain foods may occur.
- Hypoglycemia (low blood sugar).
- Ulcer formation especially with nicotine, alcohol or NSAID use.
- Dumping syndrome after ingestion of high carbohydrate foods. Symptoms include: cramping, nausea, bloating, weakness, sweating, faintness, and diarrhea.
- Gallbladder disease may worsen.
- Anemia

Additional Risks Specific to Sleeve Gastrectomy:

- A leak may occur. This happens when the staple line does not heal properly and contents from the inside of the stomach leak into the abdominal cavity.
- A stricture (narrowing of the stomach) may occur, preventing food from entering or exiting the stomach.
- Vitamin and mineral deficiencies may result due to the inadequate absorption.
- Heartburn may occur.
- Gallbladder disease may worsen.

Additional Risks Specific to Adjustable Gastric Band:

- The band may slip from its intended location causing pain. Additional surgery may be necessary to correct this problem.
- The band may erode into the stomach requiring surgery.
- Heartburn, regurgitation and night time coughing may occur
- The access port tubing or the band can leak or break requiring an additional procedure for repair.
- The port may flip or shift out of place.

Additional Risks Specific to Duodenal Switch:

- A leak may occur. This happens when the staple line does not heal properly and contents from the inside of the stomach leak into the abdominal cavity.
- A stricture (narrowing of the stomach) may occur due to scarring, preventing food from entering or exiting the stomach.
- Vitamin and mineral deficiencies may result due to the inadequate absorption.
- Gallbladder disease may worsen.
- Frequent bowel movements
- Protein deficiency

Support Group

Bariatric surgery changes your life. Your daily routine, your body, your food choices, and your attitude are all impacted by significant weight loss. We hope that all these changes are good but sometimes support is desired. The CentraCare Bariatric Surgery support group is a great place to find support and assistance.

Who: The group is open to all pre- and post- bariatric surgery patients.

What: A variety of topics are discussed. You get to hear from and talk with others who have experienced similar challenges and successes from surgery.

When: We offer support group the first Thursday of every month from 5:15-6:15pm.

Where: St. Cloud Hospital Riverside Conference Center. Please enter the hospital through the north entrance and follow the blue signs to the meeting room.

Fundamentals for Pre and Post Weight Loss Surgery

- Eat three meals daily – no between meal eating. Forkable, rough and tough foods provide desired fullness and are the most effective food for weight loss.
- Choose 10-calorie-or-less fluids only.
- Practice dry meals. No drinking 30 minutes before, during, and after the meal (30-30-30).
- Eat slowly and chew thoroughly. Take 20-30 minutes per meal.
- Eat protein foods first at every meal.
- Eat higher fiber foods second at every meal.
- Take the recommended vitamin and mineral supplements daily.
- Incorporate physical activity daily.
- Self-monitor progress (i.e. food records).
- Remain smoke and nicotine free (including nicotine gum and patches) **at least 3 months prior to surgery** with continued lifetime abstinence.
- Do not use NSAIDS (Ibuprofen, Motrin, Advil, Aleve, Celebrex).
- Attend Surgical Support Group .

Pre-Surgery Liquid Diet

Pre-Surgery Diet: Liquid Diet

- Use 4 New Direction products per day (shake, soup or pudding with the options of 1 supplement bar per day).
 - Product is available at CentraCare Weight Management only.
 - Overview of products and ordering will be completed when dietary visits are complete and surgery date is scheduled.
- Cost: \$150-200

Post- Surgery Full liquid Diet

- Use 2 New Direction products per day (Shakes, puddings, or soups).
 - Product is available at CentraCare Weight Management only.
 - Overview of products and ordering will be completed when dietary visits are complete and surgery date is scheduled.
- Cost: \$100

Total Pre- and Post- Surgery Liquid diets: \$300 (due at team visit).

Continue your vitamin and mineral supplement regimen.

Drink at least 64 oz of fluids daily.

Non-carbonated, non-caffeinated, 10-calorie-or-less beverage suggestions:

- Water
- Iced tea (artificially sweetened or unsweetened)
- Sugar-free Popsicles
- Clear broth
- Propel
- Powerade Zero
- Mio
- Crystal Light
- Vitamin Water Zero
- Decaffeinated coffee or tea with no sugar or honey (artificial sweeteners are okay)
- Sugar-free Jell-o

General FAQs

How do I qualify for weight loss surgery?

Individuals with a BMI of 40 or greater or a BMI of 35 or greater with obesity-related co-morbidities (such as type 2 diabetes) may be candidates for bariatric surgery.

How soon after my first appointment will I have surgery?

The process usually takes about six months from your first visit. During this time, you will complete a psychological assessment, meet frequently with a bariatric dietitian, and complete other insurance requirements.

When can I drive?

You may drive after you are done taking narcotic medications and are feeling alert. Usually, this is about a week after surgery.

Will there be scars?

After the incisions have healed, your scars will look like small scratches. These scars first appear pink. Over the next few months, they will become less and less noticeable.

Is sexual activity restricted?

You may resume sexual activity after your wounds have healed and you are no longer experiencing discomfort.

Will I be able to drink alcohol after surgery?

After undergoing weight loss surgery, you will find that even small amounts of alcohol will affect you quickly. Alcohol is a high-calorie beverage that should be consumed infrequently or not at all.

Will I be overly hungry after surgery?

Most patients say no. During the first 3-6 months most patients do not have an appetite. Appetite gradually returns.

Will I be able to use tobacco?

No. Nicotine use after surgery increases your risk of complications.

Can I regain weight after surgery?

It is possible to regain weight after all weight loss surgeries. The chance of weight regain is greatly reduced if a complete lifestyle change is embraced, including a healthy diet and regular exercise.

Will I need to eat a specific diet?

Once you progress to the regular diet, we recommend protein and fiber foods at every meal. Other nutrition recommendations will be discussed during your dietitian visits.

What happens to the staples in my abdomen? Can I have an MRI? Will I set off airport metal detectors?

The staples used in the operations are tiny pieces of stainless steel or titanium. The staples are non-magnetic and will not be affected by an MRI or set off airport metal detectors.

Can I get pregnant after weight loss surgery?

It is recommended that women wait at least 18-24 months after surgery before becoming pregnant. Your weight and nutrition status will likely be stable at this point. Fertility may increase with weight loss. Please talk with your primary care provider about birth control.

What can I do to prevent excess hanging skin?

Many factors will affect how much excess skin you have after weight loss. These factors include genetics, age, skin elasticity, and the amount of weight lost. Some people choose to have surgery to remove excess skin. Insurance companies typically do not pay for these types of surgeries, unless complications arise from the excess skin folds.

Will I have to change my medications?

Many conditions improve or resolve after weight loss surgery. These conditions include high blood pressure, type 2 diabetes, etc. It is possible your medications will be decreased or discontinued.

Will I have hair loss?

Patients may experience hair loss due to the rapid loss of weight and reduced nutritional intake. This may occur for up to one year after surgery. Normal hair growth will eventually return.

Will I have pain after surgery?

Mild discomfort at the incision sites is common. Pain medications will be prescribed to help with discomfort.

What will my diet be after surgery?

You will follow a full liquid diet for two weeks after surgery. Your diet texture will gradually progress from pureed to soft over the next month and finally to regular foods at about 3 months after surgery. The recommended meal plan is adequate in protein and low in sugar. The most noted change is smaller portions.

After surgery, when do I follow up with Weight Management provider(s)?

You will have office visits at 2 weeks, 4 weeks, 3 months, 6 months, 12 months, and yearly.

How long will I be in the hospital?

Patients typically stay 1-2 nights in the hospital after bariatric surgery

When can I return to work?

Most patients return to work 2-6 weeks after surgery.

Will I require vitamin supplements after surgery?

Patients must take multivitamins/minerals, calcium, and vitamin B12 supplements lifelong. The number of supplements daily depends on the type of surgery. Check with your registered dietitian for your specific needs.

What is dumping syndrome?

Dumping syndrome occurs when foods high in carbohydrate are consumed after gastric bypass. The symptoms include nausea, cramping, diarrhea, vomiting, weakness, and dizziness.