

Guidelines for Success: Annually after surgery

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

- Increasing 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

	Dosage	Gastric Bypass	Sleeve Gastrectomy	
Complete Multivitamin/Mineral Celebrate	1 chew/tab	2x daily Celebrate 60: 2x daily	2x daily - multivitamin 1x daily – Celebrate One	
Calcium citrate Vitamin D	600 mg 400 IU	2x daily	2x daily	Calcium carbonate can be used but should be taken with meals
Iron/Ferrous Sulfate	325 mg (65 mg elemental iron)	1x daily – unless you are taking Celebrate	Only if your provider recommends	Separate calcium and iron by 2 to 3 hours for best absorption of both minerals
Vitamin B12	1000 mcg	1x daily – unless you are taking Celebrate	1x daily – unless you are taking Celebrate	
Thiamin B1	12 mg (minimum)	1x daily – unless you are taking Celebrate	1x daily – unless you are taking Celebrate	Most dosages are 50-100 mg

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 – Lifestyle Bariatric Meal Plan

- Continue to **prioritize** following the lifestyle meal plan (60g Protein and 1300-1500 calories daily). Your volume of food should be 1- 1 ¼ cups of food per meal.
- Do not drink 30 minutes before, during or after. Continue to avoid carbonated beverages and limit caffeine to 6oz. daily.
- **Alcohol should be used with caution** as it adds extra calories and its intoxicating effects are magnified.
- Pre-plan menus (3 balanced meals + 2 healthy snacks) to ensure meeting daily protein (60g protein) and nutritional needs. It is recommended that you periodically keep a food diary and calculate the amount of protein and calories you are consuming.

Hypoglycemia

If you wait too long in between meals or skip meals you may experience hypoglycemia (low blood sugar). Symptoms include lightheadedness, shakiness, and feeling in a “fog”. These symptoms often occur 1-3 hours after meals. Hypoglycemia can be prevented by eating 5-6 times daily, eating at regular intervals, meeting daily protein needs, and avoiding sweets

Exercise

A good fitness routine will include a combination of flexibility, cardio and strength training.

Aim to incorporate moderate aerobic physical activity to include a minimum of 150 minutes per week

(30 minutes x5/week) and an ultimate goal of 300 minutes/week, including strength training 2 to 3 times per week.

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

Bowel Movements

Your bowel movements should be regular by now. Bowel movements after bariatric surgery tend to be varied (they may be frothy, foamy, hard, floating to top of toilet bowl). There is no normal.

Gas

You may experience foul smelling gas. This is related to the rearranging of your intestines and the breakdown and absorption of your food. You may try Beano or Gas X. Some patients have tried Acidophilus (over the counter) with some success. Unfortunately, for some people, this will be a lifelong issue.

Hair Loss

Some hair loss is common following surgery and typically occurs between the third and sixth months following surgery. This is a result of several factors including the physiologic stress, the emotional stress of the adjustments and the nutritional stress following surgery. This is **temporary**, and an adequate intake of protein, vitamins and minerals will help to ensure hair re-growth. Most patients report that this problem has resolved by one year after their surgery.

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

- 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 at the end of your first year.
- The rate of weight loss differs between people. Try not to compare yourself with anyone else.

Energy Level

Your energy level should be back to normal, if not better than before!

Body-Contouring Surgery

Body-contouring surgery may be performed after bariatric surgery to manage excess tissue that impairs hygiene, causes discomfort, and is disfiguring. This surgery is best pursued after weight loss has stabilized (12-18 months after bariatric surgery). If loose or “hanging” skin is a concern you may contact the Life After Weight Loss initiative at the University of Rochester Medical Center by calling (585)-276-5295 for a consult.

Bone Density Test

Bone density measurements are recommended 1-2 years after surgery to establish a baseline and every 2-3 years thereafter as weight loss surgery increases your risk for bone thinning (osteoporosis).

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”