

Patient and Family Resource Manual



September 2021

Weight Loss Surgery Team

Bariatric Surgeon

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Yetunde Akingbemi

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Christopher Molina
Eliana Coreas

I.D.E.A.L- Weight Management Clinic

Providers

Nazrat Mirza, MD
-Medical Director

Susma Vaidya, MD-
Assistant Medical Director

Alicia Tucker, MD

Leslie Tillman, NP

Brittany Taylor, MD

If you are experiencing a surgical emergency after hours or on a holiday, please call: (202) 476-5000 and ask to speak with the general surgery fellow on call or go to the Emergency Department.

Important Contact Information

☐ To Schedule Consult and/or Follow Up with Dr. Nadler

Call: General Surgery Call Center
202-476-2150

☐ To Schedule Psychology Clearance with Dr. Eleanor Mackey

Email: emackey@cnmc.org

☐ IDEAL (Medical Weight management clinic)

Call: 202-476-7200

Or

Email IDEALclinic@cnmc.org

☐ To Schedule Surgery call Jasmine Goldring

Call: 202-476-3376

**☐POCC (pre-operative care clinic)- before the surgery
call for anesthesia planning**

Call: 202-476-7622

☐Pre- Operative (before surgery) Nurse

Call: 202-476-3370

**☐Clinical Questions or concerns contact Caitlin
Nurse Practitioner (NP)**

- (contact info above)

Considering Surgery

Weight Loss surgery is a step toward having a healthier life. We know that obesity can lead to medical conditions including migraines, pseudotumor cerebrii (false brain tumor), obstructive sleep apnea, type 2 diabetes, high blood pressure, high cholesterol, asthma, liver disease, orthopedic problems, PCOS (polycystic ovarian syndrome), and depression. Losing excess weight can **decrease the risk** of these diseases and the need for **medications or interventions** associated with them.

To qualify for surgery, you must:

- Have a BMI of 35 with an obesity-related condition, or a BMI greater than 40 without an obesity-related condition
- Have a history of obesity for at least 3 years- that includes 3- 12 months (insurance company dependent) of documented failed attempts at diet and medical management of obesity (usually completed in our IDEAL clinic or by pediatrician)
- Complete all clinically required laboratory and diagnostic tests

- Have confirmation from a psychologist or psychiatrist that you have supports in place to complete requirements before and after surgery

Life after surgery is hard. You will need to make healthy choices and exercise to maintain your weight loss. Surgery is a **tool** to help you lead a healthier lifestyle. Family support can also aid in your weight loss success. Family members can provide healthy food choices, offer praise, and encourage exercise. **They can also be a part of your new lifestyle by exercising with you and eating the same foods.** Finally staying in close contact with your surgery team, psychologist and dietician can help make your weight loss journey easier.

Insurance Approval

If you have any questions or concerns about your insurance coverage please call your insurance company to discuss your options

Know your policy

It is important for you to be aware of your insurance company's policy for coverage of bariatric surgery. Knowing what is required by your insurance company will ensure that our team is able to submit all the necessary paperwork for surgery approval.

Before submission to the insurance company, you must:

1. Complete psychological and surgical evaluations
2. Complete the required number of medically supervised weight management visits as approved by your insurance (visits may be completed through your primary care physician or through the IDEAL clinic)
3. Complete any other clearances determined by medical team or insurance (for example sleep study)

Scheduling surgery:

When the surgery has been approved by the insurance company, we can schedule your surgery usually within 3-4 weeks.

Our office will follow up on the insurance approval process and keep you updated. Any questions regarding insurance approval can be directed to Tracey Edey, our surgical scheduler at (202) 476-5213.

Surgical Options

Sleeve Gastrectomy: (Majority of our patients get this surgery)

In this surgery, part of the stomach (approximately 75-90%) is removed leaving you with a long banana shaped stomach. The intestines are not altered. All of the food that you eat is supposed to be absorbed. It is thought that this surgery works by not only **restricting** the amount of food the stomach can hold, but by also removing the **hormones that make you hungry**.

Advantages:

- Rapid weight loss
- Less risk of nutritional deficiencies
- Lower complication rate

Disadvantages:

- Long term results more variable
- Potential leak from staple line
- Higher rate of heart burn



Roux en Y Gastric Bypass:

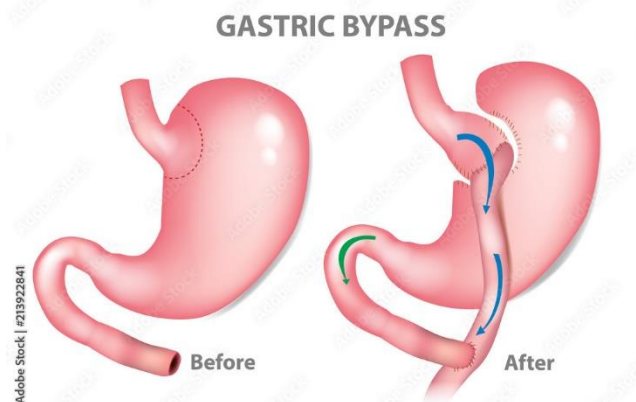
In this surgery, the stomach is made into a smaller pouch and the intestines are re-routed to allow food to bypass part of the small intestines. This means that not all of the food that is eaten is absorbed.

Advantages:

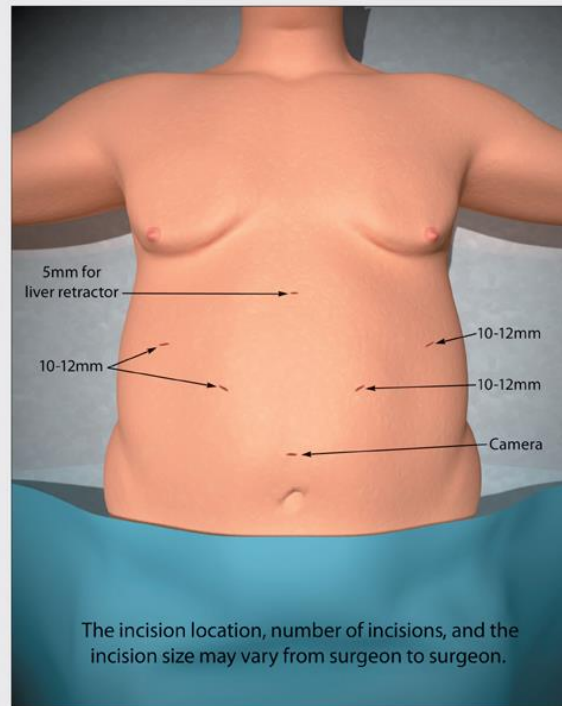
- Long term results
- Rapid weight loss

Disadvantages:

- Risk of bowel obstruction
- Risk of nutritional deficiencies
- High complication rate
- Multiple staple lines



INCISIONS FOR LAPAROSCOPIC BARIATRIC SURGERY



Risks

Below are some of the most common complications related to weight loss surgery.

Leak

A leak is when gastric (stomach) or intestinal contents are able to come out of the staple line. Leaks are most common right after surgery and in the first weeks following surgery. Signs of a leak are fever, increased heart rate and severe abdominal pain. If this occurs, you may have to have another surgery. Your stomach is tested for a leak in the operating room. **You can decrease your risks of a late leak by closely following the diet after surgery.**

Pneumonia

Pneumonia can occur after surgery from not taking deep breaths. Signs of pneumonia include fever, cough, shortness of breath and chest pain. If you develop pneumonia, you will receive antibiotics and oxygen if needed. **You can prevent pneumonia by walking often, taking deep breaths and using the incentive spirometer (breathing device) 10 times every hour while awake.**

Blood clots

Blood clots form when blood flow is slowed down. These most commonly form in the veins of the lower leg. These clots can break off and travel through the bloodstream and into the lungs. If this occurs, it may be a life-threatening emergency. Signs of a blood clot in the legs are swelling, pain, tenderness, warmth or redness. Signs of a blood clot in your lungs are severe chest pain and shortness of breath. **You can decrease your risk of developing a clot while in the hospital by walking and wearing your compression boots.** You should be walking at least 3 times a day.

Compression boots are small boots that wrap around your feet and pump up with air. This helps to keep the blood circulating. In addition to these measures, a medication called Lovenox may be given to you every 12 hours while you are in the hospital.

The Surgical Process

Pre-operative diet (2 weeks before surgery): This diet is a protein-sparing modified fast which includes:

- 5-6 protein shakes and 2 servings raw vegetables or salad
- 64 ounces water daily to maintain hydration (flavored calorie free water ok)

Most patients lose 7-15 pounds on this diet and it shrinks the liver and makes the surgery safer.

Day of surgery:

- Bring the clothes and toiletries you will need for a few nights stay
- Bring any medications you take on a daily basis
- Remove piercings or metal (silicone is ok)

After surgery you will:

- Wake up in the recovery room.
 - In the recovery room you will receive some pain medications.
 - In the recovery room you may also wake up with oxygen coming through your nose.
- Be transferred to your room a few hours after surgery and given IV fluids and medications
- **Not** be allowed to eat or drink anything after surgery
 - You will be able to drink the next day
 - **You will not be allowed carbonated beverages (like soda), straws, or sugar sweetened drinks**
- **Not be allowed to swallow pills**
- **Walk the day of surgery and 3 times a day in the days following surgery.** Remember walking is important to prevent the formation of blood clots and pneumonia.

Discharge:

- **You will be allowed to go home when you are able to drink 2-4 ounces of fluid an hour, your pain is controlled, and you are walking on your own**
- **You may stay 1 night in the hospital**
- You will be discharged home on pain medications for 2-3 days, an anti-reflux medication for 2 weeks, stool softener as needed, and a multivitamin forever

Recovery:

- **For the first 3 weeks after surgery, all of your medications must be crushed, chewed or taken in a liquid form.** After 3 weeks you can take pills again!
- We recommend you take a multivitamin forever, after 3 weeks it can be a gummy.
- You will restart a diet similar to pre-op including protein shakes, greek yogurt, broth when you go home (see dietary guidelines packet)
- You will be able to return to school or work **1-2 weeks** after surgery
- No strenuous activity until 2 weeks after surgery, but we **encourage walking**
- Try walking 3-5 times per day for 3-20 min until your follow up appointment
- **You may start cardiovascular exercise + chest/arm exercises at 2 weeks post surgery. No abdominal workout (crunches/sit ups) until 6 weeks after surgery.**

Follow up:

- **Initial follow up** with surgeon or nurse practitioner **1 month (telemed or in person)**
- Follow up, in person, **every 3 months** Call **202-476-2150** to schedule
- IDEAL clinic at 1-2 months following surgery and continue as needed **202-476-7200**

Life after surgery

Alcohol:

Alcohol should only be consumed in small amounts and by those of legal drinking age. Surgery can change how alcohol is absorbed and digested. You may feel the effects of alcohol quicker. Alcohol can affect the way your body breaks down medications. Remember alcohol has a lot of empty calories.

Sex and pregnancy:

As women lose excess weight, their ovulation may become more regular, increasing the chance of getting pregnant. It is important if you are choosing to be sexually active that you are protecting yourself against sexually transmitted diseases and pregnancy. Talk to your primary care provider about the right birth control for you after surgery. Some birth control options can increase food cravings. If you need help finding someone to talk to about birth control, you can ask our nurse practitioner to aid in getting you an appointment with our adolescent health clinic. Due to nutritional demands on the body, **we strongly recommend against pregnancy for 2 years after surgery.**

Nutrition Tips:

- Avoid mindless eating- in front of the computer, TV or phone
- Assess your feelings: Are you hungry, or are you actually thirsty, bored, stressed or sad?
- Sit down at a table to eat
- Take small bites
- **Chew thoroughly** (about 20 times)
- Stop eating BEFORE you are full
- **Plan your meals ahead of time every 3-4 hours (5-6 meals per day)**
- **Drink lots of water about 64 ounces a day**
- Limit Caffeine – it can make you dehydrated
- **Eat Protein** at every meal – aim for **60 grams** of protein every day
- Eat **breakfast** every day
- **Read labels** – look for high protein and low sugar, low fat foods

- Use an app – If you are eating out, look up the calories in your food choices first. You will be shocked!
- If you are eating out, have the restaurant box up half of your meal before bringing it to the table
- Eat your vegetables!
- Write down EVERYTHING you eat. You will be surprised how quickly it adds up.
- Track your exercise

Resources

- **Recommended educational website (not affiliated with our program):**
 - Includes obesity resources, education, advocacy, surgery education
 - www.obesityaction.org
- **Our Surgery Program Facebook information or peer support:**

Parents, Providers, or Patients Page (open group):

<https://www.facebook.com/groups/dmvbariatric/?ref=share>
[facebook.com]

Patient page ,closed group of patients only and must have parental permission if under 18. No parents. No providers:

<https://www.facebook.com/groups/sleevesocialgroup/> [facebook.com]

- **Child Life Team** available for preparation before surgery . They can help with any concerns or anxiety about the surgery, treatments, or procedures.

They can provide:

- Preparation books with pictures of the surgery center
- Resources on how to explain surgeries to children in developmentally appropriate ways
- Resources for patients with developmental delays, Autism, and special needs
- Support on the day of surgery from before surgery,, operating room, and recovery room experience

Contact info:

Laura Thackeray & Taytum Orshan
202-476-8796
lthackeray@childrensnational.org
torshan@childrensnational.org

- **Apps** can make it easier to track your food, calories, and exercise.
 - Recommended apps: **My Fitness Pal, Restaurant Nutrition, The Carrot, Calorie Counter, Lose It, Spark People**

Checklist

Before surgery:

- ☐ Complete 3-12 month medically supervised weight loss visits
- ☐ Complete psychological evaluation
- ☐ Complete any work-up required by IDEAL or insurance company (sleep study, cardiology clearance)
- ☐ Check in with insurance company and surgery team about surgical approval and scheduling

The weeks before surgery:

- ☐ Meet with the anesthesiologist in POCC clinic (not always required)
- ☐ **Adhere to 2 week pre-operative diet**
- ☐ Discuss daily home medications with **prescribing provider or pharmacist- convert to chewable or liquid if they cannot be crushed (3 weeks supply)**

In the hospital:

- ☐ Walk 3-5 times a day

- ☐ Use your incentive spirometer (to prevent pneumonia)
- ☐ Drink 2-4 ounces liquid per hour while awake
- ☐ Wear your compression leg pumps while in bed

After surgery:

- ☐ Take multi-vitamin every day
- ☐ Drink **at least 60** ounces water daily . Drink more if exercising or sweating- this will take 6 weeks or so to work up to this amount
- ☐ Eat **60** gram **protein** per day
- ☐ **60** min of **exercise** per day (goal of 5+ days per week) when cleared
- ☐ Follow up in surgery clinic at 3, 6, 9, 12, 18 months, 2 years and then every year
- ☐ Follow up in the IDEAL clinic at 1-2 months after surgery, 6 months after surgery (for nutrition labs)