

Bariatric Programme Guide for Patients

Introduction

Welcome to the Bariatric Programme!

It takes courage to make the commitment to weight loss surgery, to pass through our programme and achieve the results and outcomes that you deserve. This guide will provide you with the information required during the journey. Please take the time to read it.

There is a blank section in the back called 'My Journal.' We encourage you to write any thoughts, feelings and expectations, as you head down the weight loss surgery pathway. We also suggest you write down questions in order to remember them when you see your specialist.

It can be a difficult road to follow and there can be some bumps along the way, but the rewards of weight loss and a positive lifestyle are worth it.

All the best!

- The Bariatric Team

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1. Key Contacts:

1.1 Blood forms, clinic appointments & theatre bookings

Booking clerk - Bariatrics: 09 486-8900 extn 47204

Perioperative Nurse Coordinator – Bariatrics: 486-8920 extn 42863

1.2 Clinical Nurse Specialists

Katie Garmonsway 021 679 436

Megan Pimm 021 954 147

bariatricCNS@waitematadhb.govt.nz

1.3 Dietitians

Caryne McKeand Caryne.McKeand@waitematadhb.govt.nz (on leave from March, 2022 – March 2023)

Kayla Whitehurst Kayla.Whitehurst@waitematadhb.govt.nz

2. Surgery

The surgeries offered at Waitematā District Health Board are Gastric Bypass, Gastric Sleeve, Duodenal switch and Revisional Surgery. A description of each operation can be found in the 'Surgical Weight Loss Options' booklet you received at the Bariatric Seminar.

3. Preparation

3.1 Fitness

By the time of your surgery you should have built yourself up to a **minimum of 30 minutes of cardiovascular exercise five days a week**. The exercise should result in you feeling puffed and having worked up a sweat. Successful weight control is a result of healthy eating AND regular exercise. The best type of exercise is one you can enjoy and can continue to do on a regular basis. Exercise will help you to improve or maintain your weight loss, increase your metabolism, and improve your general health. Getting fit for surgery stands you in good stead for recovering quickly with lower risks and fewer complications.

Try to include extra forms of exercise into your daily routine. For example:

- ✓ Park further away from work and walk
- ✓ Take the stairs rather than the lift
- ✓ Go for a walk at lunch time

After surgery it is important to maintain a sustainable exercise regime to burn calories, maintain tone and reduce excess skin.

3.2 Work

We advise 1-2 weeks off work for laparoscopic and up to 6 weeks for open weight loss procedures. It is best to allow for 2 weeks off and return sooner if you are well. Please discuss with your surgeon if you are uncertain.

3.3 Mental Preparation

Start to analyse your eating behaviour and any triggers for comfort eating or over-eating (for example situational, emotions, times of day, etc.). If you cope with stress or boredom by eating, you need to start finding alternative ways of coping or other things that you can do at these times. It is better if you can find other strategies to cope before surgery.

3.4 Smoking

Smoking increases the risk of wound and respiratory complications, sepsis, anastomotic leaks, and ulceration after surgery. **We will not consider you for surgery if you are actively smoking.** If you are struggling to stay off cigarettes or are beginning to feel an urge to start smoking let one of the Nurse Specialists know and we can refer you to the Waitematā DHB smoking cessation service.

3.5 Surgical Consent form

Make sure you have read and fully understand the consent form for surgery before signing. If you have any questions or concerns, please raise them with a member of the Bariatric team.

3.6 Medications

We will advise you if any of your regular medications need to be stopped before surgery and when they can be restarted. If you are taking anticoagulants or blood thinners be sure to discuss this with the Doctors or Nurse Specialists.

Stop all herbal supplements at least two weeks prior to surgery, as they can cause bleeding. Refer to the list below.

HERBAL REMEDY	COMMON USES	POSSIBLE SIDE EFFECT	PERI-OPERATIVE CONCERNS	RECOMMENDATIONS
ARNICA	Reduces swelling and bruising	Inhibits blood Clotting	May increase risk of bleeding or potentiate the effects of Warfarin therapy	Discontinue at least 24 hours before surgery
ECHINACEA	Boosts immunity	Impairs wound healing and suppresses immunity if used long term	Allergic reactions, impairs immune suppressive drugs, can cause immune suppression, when taken long term could impair wound healing	Discontinue as far in advance as possible
GARLIC	Lowers cholesterol and BP	Inhibits platelet aggregation & increases fibrinolysis	Risk of bleeding especially when combined with other drugs that inhibit clotting	Discontinue at least 7 days before surgery

GINGER	Reduces nausea, vomiting and vertigo	Inhibits blood clotting	Risk of bleeding, especially when combined with other drugs that inhibit clotting	Discontinue at least 7 days before surgery
GINKGO BILOBA	Improves circulation, memory and alertness	Inhibits platelet aggregation	Risk of bleeding, especially when combined with other drugs that inhibit clotting	Discontinue at least 36 hours before surgery
GINSENG	Increases concentration and stamina	Lowers blood glucose. Inhibits platelet aggregation	Lowers blood sugar levels. Increases risk of bleeding. Interferes with Warfarin	Discontinue at least 7 days before surgery
ST JOHN'S WORT	Reduces anxiety, helps depression and sleep problems	Inhibits re-uptake of neurotransmitters (similar to Prozac)	Alters metabolism of other drugs such as Cyclosporin, Warfarin, Steroids, and Protease inhibitors. May interfere with many other drugs	Discontinue at least 5 days prior to surgery
FEVERFEW	Treats migraine, arthritis and allergies	Inhibits blood clotting	May increase bleeding, especially in patients already taking anticoagulants	Discontinue at least 36 hours before surgery
EPHDRA	Suppresses appetite	Increases heart rate, increases blood pressure	Risk of heart attack, arrhythmias, stroke, interaction with other drugs, kidney stones	Discontinue at least 24 hours before surgery
CAVA	Reduces anxiety	Sedates, decreases anxiety	May increase sedative effects of anaesthesia. Risks of addiction, tolerance and withdrawal unknown	Discontinue at least 24 hours before surgery
VALERIAN	Reduces anxiety & sedates	Sedates	Could increase effects of sedatives. Long-term use could increase the amount of anaesthesia needed. Withdrawal symptoms resemble Valium addiction	If possible, taper dose weeks before surgery. If not, continue use until surgery. Treat withdrawal with Benzodiazepines

4. In Hospital

You may be asked to come to the hospital the afternoon before your surgery date. This will be to have a blood test and have any necessary medications administered. After this is completed you will go home for the night and return to hospital the next morning.

You will normally be admitted early the morning of your surgery.

Please bring this paperwork with you and use the time waiting to review the sections on your hospital stay and going home.

4.1 Surgery

You will be taken into theatre around the indicated time. The anaesthetist will put an IV line into your vein; you will breathe with an oxygen mask, and gradually drift off to sleep.

4.2 Recovery unit

You will wake up in the recovery unit with monitoring attached to you. You will stay in recovery under the care of a recovery nurse until you are awake, stable and comfortable. Then, you will be transferred to the ward.

4.3 Returning to the ward

You will be drowsy and probably sleep on and off for a few hours.

It is important to move around (mobilise) as soon as possible; this helps to clear your chest, remove gas pains and reduces the risk of blood clots.

5. Fluid intake post-operative (after surgery):

Once you have been moved to the ward after your surgery you can sip slowly up to 30 mls per hour.

The day after surgery increase the water/mls every 2 hours if you can

30mls per hour for 2 hours = 2.5mls every 5 minutes

60mls per hour for 2 hours = 5.0mls every 5 minutes

80mls per hour for 2 hours = 7 mls every 5 minutes

100mls per hour for 2 hours = 8 mls every 5 minutes

Once you have tolerated drinking 100mls of water for 2 hours - then you can start your Optifast® mixed with **400mls** of water, sipping slowly working back up to 100mls per hour or more. Increase the amount of fluids every day as you will need to drink over the 2.0 litres.

2.0 litres per day includes 3 Optifast® per day for the first week and in the second week you will increase to 4 Optifast® per day. Remember **NOT** to drink your Optifast® quickly, as this can cause nausea and loose stools.

Please implement bowel support as per your 'Weight Loss Surgery – Constipation' information sheet. If you are not emptying your bowels (pooping) regularly please see your GP for a prescription, recommended medications are on the information sheet.

6. Going Home

You will be reviewed by your surgical team prior to discharge. **You should be able to move around (mobilise), tolerate fluids well and have a good control of your pain.** You will receive a phone call from one of the Clinical Nurse Specialists the week following your surgery.

- ✓ Continue to wear your TED stockings for 2-4 weeks post-operatively. A Clinical Nurse Specialist will advise you during your 1-week post-op phone consult how long to continue wearing the TED stockings for.
- ✓ Keep mobile.

6.1 Medication after surgery

You will be provided with a prescription by your discharging clinician. Please take the medications as prescribed when you are discharged from hospital. If you have any questions, please contact the Clinical Nurse Specialists.

Proton Pump Inhibitor: Omeprazole/Pantoprazole

You will be given a prescription for a Proton Pump inhibitor either Omeprazole **OR** Pantoprazole when you are discharged from hospital. You will need to take this medication daily for at least 3 months post-surgery. If you have the Gastric Bypass procedure you will need to take it daily until at least 12 months post-surgery.

Omeprazole and Pantoprazole are used to treat acid reflux and ulcers, they work by decreasing the amount of acid your stomach makes. Taking this medication daily reduces the risk of developing ulcers post bariatric surgery.

For the first 3 weeks post-surgery you will need to open the Omeprazole capsule and swallow the contents only. Discard the capsule. Once you are tolerating a pureed diet you can swallow the tablet whole.

For the first 3 weeks post-surgery you will need to crush the Pantoprazole tablet. Once you are tolerating a pureed diet you can swallow the tablet whole.

6.1.2 Medications to avoid after Bariatric surgery: NSAIDs

Non-steroidal Anti-Inflammatory Drugs (NSAIDs) are medications used to treat pain and inflammation. Examples include Aspirin, Ibuprofen, Nurofen, Diclofenac, Voltaren. These medications can increase the risk of post-operative complications such as ulcers. If you have a Gastric Bypass you must NOT take NSAIDs for the rest of your life. We also recommend avoiding NSAIDs if you have a Gastric Sleeve or Duodenal Switch. Please ensure your future doctors are aware you have had bariatric surgery if they are considering prescribing you a NSAID medication.

6.2 Appointment with GP

Make an appointment with your regular General Practitioner (GP) 7-10 days post-operatively for a review.

There is a letter in the back section of this folder for you to give your GP at this appointment.

6.3 Wound

Your wound will have a temporary waterproof dressing on it to allow for showering. The wounds will be reviewed by your GP at the appointment you make 7-10 days post operatively. It is not recommended to go swimming or into a spa until 2 weeks after surgery.

Keep a close watch on the wound sites for any signs of:

- Swelling or inflammation
- Increased tenderness or pain in the wound, particularly if it is associated with increased skin reddening or discharge of fluid from the wound

Please see your GP in the first instance for advice. If referral to the hospital is required, they will complete this for you.

6.4 Activity

You will be able to get out of bed and start walking the day of surgery. It is important to get back to 30 minutes a day of cardio exercise, such as brisk walking, as soon after surgery as possible. Most people can return to work 1-2 weeks after surgery. We do not recommend heavy lifting or strenuous activity for 4- 6 weeks after the surgery. You will be able to start exercising at the gym 6 weeks after the operation. As mentioned, **gentle exercise such as walking should be done immediately.**

6.5 Concerns

Please present to North Shore Hospital's Emergency Department if you experience any of the following:

- Swollen calf muscles, with pain on walking (Medical team need to exclude deep venous thrombosis)
- Sudden shortness of breath for no obvious reason (Medical team need to exclude pulmonary embolus)
- Severe stomach pains, nausea, regurgitation, persistent vomiting (Medical team need to exclude intestinal problems, leaks, narrowing of the new connection between stomach pouch and small intestine)
- Fever, sweating or chills

These are serious and must be seen to as soon as possible! Please do not delay seeking care.

6.6 Alcohol


Please be careful when consuming alcohol after surgery. The absorption of alcohol will be much faster and more unpredictable after surgery. One glass of wine may result in excessively high blood alcohol levels (i.e., you becoming drunk more easily). Alcohol should be avoided completely for the first year after surgery and as much as possible long-term, as it is high in calories, can be more toxic to the liver and may slow your weight loss.

Do not drive after consuming any alcohol. The safe drinking guidelines do not apply to patients following bariatric surgery, particularly gastric bypass.

6.7 Transfer Addiction following Bariatric Surgery

Transfer addiction after bariatric surgery occurs when individuals trade compulsive eating for other compulsive behaviours. For those affected by transfer addiction, food is no longer a source of comfort, distraction, reward or escape. Other behaviours or substances are used instead of eating and can become problematic. Addictions, such as gambling, shopping, sex addiction, and exercise can occur, as well as addictions to alcohol and other drug abuse. In some cases, after a period of initial remission, food addiction can reoccur.

Addiction can happen to anyone. If you think you have a problem with transfer addiction, admitting you are struggling is an important first step. If you are using alcohol or drugs, it is important to let a



member of the Bariatric team and/or primary care physician know what you are dealing with, as substance use following bariatric surgery can impact your physical health.

The Bariatric Service at Waitematā District Health Board does not have a psychologist on the team. If you require support in managing transfer addiction from a specialised healthcare professional, please see your General Practitioner for a referral to the appropriate service.

6.8 Pregnancy

We do not recommend falling pregnant while you are rapidly losing weight after surgery. During weight loss, your body may not be getting all the essential nutrients it needs for you and your baby to be healthy. We advise that you wait 18 months to 2 years after surgery before falling pregnant. If you do fall pregnant, let a member of the Bariatric team know so we can monitor you more closely. Additional vitamin supplementation will be required.

7. Vitamins

It is important to take supplements as you have reduced food intake and have reduced intestinal absorption. Before surgery please purchase the vitamin and mineral supplement recommended for the first month after surgery.

7.1 Gastric Bypass and Sleeve Patients

- Berocca® Performance: 1 tablet dissolved into 250mls water; consume once flat (no bubbles). Continue until end of 1 week on a pureed diet then stop. You can start the day after surgery.

After 1 week on the pureed diet you must start your Multivitamin tablet

- All Bypass and Sleeve patients must then take **ONE** of the following products:
 - Centrum 50+® purchase from a pharmacy or supermarket \$24.99 for 100 tablets
 - Clinicians Multivitamin & Mineral Boost purchase from a pharmacy \$41.90 per bottle of 180 capsules.
 - NutriChew® purchase online: www.bandbuddies.co.nz or Waitemata Specialist Centre, Shea Terrace \$49.95 per bottle of 60 tablets
 - BariLife® “Just One” purchase online: www.barilife.co.nz \$87.00 per bottle of 90 tablets
 - BNMulti® purchase online: www.bnmulti.co.nz \$91.90 for 3-month supply
- Mr. Booth’s and Mr. Robertson’s Bypass and Sleeve patients must take **two tablets** per day for the first 12 months, then one per day. Except BariLife® “Just One” once daily, this will always be once daily.
- Mr. Hammodat’s Sleeve patients must take **one tablet** per day (including BariLife® “Just One” once daily)

7.2 Duodenal Switch Patients

Because you have reduced food intake and have reduced intestinal absorption it is important to take supplements. Before surgery please purchase the vitamin and mineral supplement recommended for the first month after surgery.

- Berocca® Performance: 1 tablet dissolved into 250mls water; consume once flat (no bubbles). Can start day after surgery. Prioritise Optifast over Berocca. Continue until one-week after surgery.

- BariLife® Powder to start **one week after surgery**
 - 1 scoop/sachet added to 250mls water x3 per day

Once you are tolerating pureed foods (day 2 or 3 on Stage 3 diet Puree - soft), you can decide if you want to continue your multivitamin regimen with Protocol A **OR** Protocol B.

- **Protocol A**

- Vitamin A 1 capsule daily
- VitABDECK® 1 capsule twice daily
- Centrum Advance 50+® 1 capsule daily
- Calcium Citrate powder 1 ½ teaspoons daily **OR** Calcium + Vitamin D capsules 6 capsules daily (2 tablets after each meal)
- Ferro-F®-Tab 1 capsule daily (prescription)
- Vitamin D 1 capsule daily (prescription)

- **Protocol B**

- BariLife® Tablets - 8 Tablets per day split across the day: 3 morning / 3 afternoon / 2 evening

8. Some expected symptoms after weight loss surgery

8.1 Altered Bowel Habits

Bowel habits change after surgery. Do not expect your bowel movements to be regular until you start eating solid food. **Constipation is very common and can be quite distressing. It is important to keep water intake up and take laxatives only if necessary.**

8.2 Vomiting

After surgery you may experience episodes of vomiting.

It is important to remember your new stomach can easily be over filled. **You must eat slowly, chew your food well and stop when you feel full.** Meals should take up to 30 minutes. Vomiting can occur due to eating too fast, or too much, poor chewing and eating food that is too solid in consistency.

If you cannot keep anything down for 12-24 hours, please present to the Emergency Department.

8.3 Nausea

Nausea may start as early as the day of the operation and can last a couple of weeks after discharge from the hospital. Often anti-nausea medications can relieve this symptom completely.

Even though you may experience nausea you should make the effort to consume your Optifast and daily fluid requirements. If persistent, nausea may require further investigation.

8.4 Dizziness

Occasionally you may feel lightheaded. This may be because you are not drinking as much liquid as you were able to before surgery; therefore, the blood volume in your body is reduced. If you can find a comfortable place to sit or lie down, do so. Your body will adjust, and the blood will be redistributed adequately after a short interval. Be careful standing up particularly if you are tall as your blood pressure may drop significantly.

It is important to check with your GP if you think the dizziness is due to one of your regular medications (E.g., blood pressure tablets). Aim to drink 2 litres of fluid per day and monitor your intake.

Please avoid sugar and sugar containing foods such as sweets and sauces. They may cause dizziness and dumping syndrome.

8.5 Redundant Skin

Most people are left with some loose skin, especially around the abdomen, arms and thighs. You may feel you need surgery to remove some of this skin. Factors which cause saggy skin include massive weight loss in areas where there was a lot of fat (e.g., abdomen, inner thighs), smoking (destroys elastic fibres in skin), multiple pregnancies and advancing age. Going to the gym and exercising all muscle groups with resistance training may reduce saggy skin.

The surgical removal of excess skin is undertaken in the public sector by plastic surgeons at Middlemore Hospital. A referral to Middlemore can be made by your General Practitioner (GP). There are also many surgeons in private practice who perform this surgery. Commonly plastic surgeons will only consider surgery once a patient's weight has completely stabilized. This is usually at least 24-36 months after weight loss surgery.

8.6 Hair loss

Although hair loss can happen after bariatric surgery, it is not permanent, and your hair will grow back. This is a normal side effect of the procedure and can occur because of your body's response to surgery, weight loss, and an altered diet. You will not lose all your hair, but you may see more of it in your hairbrush or when you wash your hair. Most commonly occurs at 3-5 months post-op. As the body adjusts to the changes, the hair loss will decrease and then stop. Hair should grow back as normal as long as there are no nutrient deficiencies and you are consuming adequate protein.

9. Follow up Schedule *

Timeframe	Type of clinic	Clinician	Blood test required 10-14 days prior
1 Week Post Op	Phone	Clinical Nurse Specialist (CNS)	No
2 Weeks Post Op	Zoom	Dietitian	No
6 Weeks Post Op	Face to face	Dietitian	No
3 Months Post Op	Face to face	Dietitian	Yes
6 Months Post Op	Face to face	CNS	Yes
9 Months Post Op	Face to face	Dietitian	Yes
12 Months Post Op	Face to face	Surgeon	Yes
18 Months Post op	Zoom - Group	Dietitian/CNS	Yes
2 years +	Face to face - Group	Dietitian/CNS	Yes

If you would like to reschedule your appointment or require a blood form, please call the Bariatric Booking Clerk on: 09 486-8900 Extn 47204 or the Perioperative Nurse Coordinator on 09 486-8920 Extn 42863 mobile: 021-716-491.

**the follow up schedule is subject to change based on waiting lists, clinic space and staff availability. Face to face clinics may be changed to phone clinics or Zoom sessions, if so, you will be notified.*

9.1 Group sessions

Once you are 18 months post-surgery your follow up will be in a group session hosted by Dietitians and Clinical Nurse Specialists. The groups will consist of presentations by Dietitians and Clinical Nurse Specialists about diet, exercise, multivitamins and the next steps in your journey. There will be an opportunity to ask questions at the end of the session. If your blood test results require a prescription or further discussion you will be contacted at a later time.

9.2 Discharge from the Bariatric Service

Once you are 2 years post-surgery you **will be** discharged from the Bariatric Service back to your General Practitioner for continued follow-up. If there are any ongoing issues requiring medical input, follow-up may be continued at the discretion of the Bariatric Service.

9.3 Role of General Practitioner after Bariatric surgery

After you have Bariatric surgery your General Practitioner will be an important part of your follow-up. This begins with seeing your GP one week after you are discharged from the hospital for a wound check. You will also need to see your GP to renew any prescriptions.

Once you have been discharged from the Bariatric Service a letter will be sent to you and your GP outlining the yearly blood tests you will need to have, your GP will then follow-up any abnormal results. If at any time your GP is concerned about a Bariatric related issue, they can send a referral to the Bariatric department for advice.

10. Ongoing Costs of Bariatric surgery

There are costs associated with having Bariatric surgery that you need to be aware of as they will be ongoing post-surgery. These are listed below and are subject to change/increase:

- Optifast®/alternative protein shakes: Approximately \$45 per pack of 10 sachets.
- Prescriptions: Cost of having medications dispensed.
- GP visits: Can be up to \$55-\$65 depending on your GP per visit
- Hospital Parking for clinic visits: Approximately \$10 per visit

10.1 Multivitamin costs for Duodenal Switch

- Multivitamins Duodenal Switch: Bari-Life powder (for the first 3-4 weeks) \$100 per month. After the first 4 weeks of having the Bari-Life Power you can decide if you want to continue your multivitamin regimen with Protocol A or Protocol B. The costs are below.
- **Protocol A:**
 - Vitamin A \$7.50 per month
 - VitABDECK® \$40 per month
 - Centrum Advance 50+® \$7 per month
 - Calcium Citrate powder \$ 10 per month **OR** Calcium + Vitamin D capsules \$32 per month
 - Ferro-F-Tab® and Vitamin D, these are prescribed, prescription cost to have it dispensed
- **Protocol B:** Post Duodenal switch: Complete Bariatric Multivitamin tablets \$80 per month.

10.2 Multivitamin costs for Gastric Bypass/Gastric Sleeve

- This depends on which multivitamin you choose to take. The starting cost is Centrum Advance 50+® which is approximately \$25 per bottle of 100 tablets.

11 Frequently asked questions:

- HOW LONG WILL I BE IN HOSPITAL FOR?

1 - 3 days on average if you have no complications.

- IS THE OPTIFAST FUNDED?

Before surgery you need to fund this yourself. The Dietitian will arrange a prescription for 3 weeks hospital funded supply after surgery. You will collect this from the Hospital pharmacy on discharge home. You will be required to take ongoing Optifast/alternative protein shakes until your 3 months post-surgery review. This means the last nine weeks need to be self-funded.

- HOW LONG DO I NEED TO TAKE OFF FROM WORK AFTER SURGERY?

1 - 2 weeks on average.

- WHEN CAN I DRIVE AFTER SURGERY?

As soon as you can drive safely and use the brake in an emergency. On average, this is 1 week after surgery.

- WHEN CAN I RETURN TO EXERCISING AFTER SURGERY?

You will need to be walking daily, but no heavy lifting until six weeks post-surgery.

- WHEN CAN I GET PREGNANT AFTER SURGERY?

Not recommended until after 18 months to 2 years.

- IS MY SURGERY DATE GUARANTEED?

Bariatric surgery is classified as an 'Elective surgery.' Unfortunately, you could get a surgery date and be deferred to another date due to acute hospital admissions, or other unforeseen circumstances such as availability of theatre space, pandemics or cancer cases taking priority.

- DO I NEED TO TAKE THE RECOMMENDED MULTIVITAMINS?

Yes. These are your wellness medications and there can be serious complications if you do not take these long-term.

- DO I NEED TO HAVE MY FASTING BLOOD TEST DONE PRIOR TO MY APPOINTMENT?

Yes. This is very important as the levels are a scientific tool used to review how your body is coping with the bariatric procedure.

- DO I NEED TO FOLLOW ALL THE POST SURGERY INSTRUCTIONS?

Yes. It is important as the programme is designed to keep you well and give you the best direction with weight loss and better health outcomes for the rest of your life.

- WHEN CAN I DRINK ALCOHOL?

Not recommended in the first 12 months due to the risk of liver disease, transference of addiction and excess calorie intake. Be careful if you decide to drink and don't drive if you have been drinking.

- HOW DO I GET MY PRESCRIPTIONS BETWEEN CLINIC APPOINTMENTS?

If you run out of a prescription medication you will need to get a repeat from your General Practitioner.

13. Follow up dates

One-week post op phone call with Nurse Specialist: _____

2-week post op Dietitian Zoom session: _____

6-week face to face clinic with Dietitian: _____

14. Post Op documents

- GP Letter – make an appointment with your GP 7-10 days post-surgery.
- Table for monitoring fluid intake post op
- My daily 'to do's'
- Blood form – will be completed electronically and sent to Labtests by the Nurse Specialist. Please see your local Labtests 10-14 days prior to your follow up appointments. This is a fasting blood test.

16. Daily 'To do' list

- Multivitamin Berroca/Barilife Powder first 3 wks – 3 wks onwards multivitamin tablets as per Surgeon recommendation.
- Exercise 30 minutes – start mobilising every day working back up to the 30 minutes per day.
- No heavy lifting for the first 6 weeks.
- 2 litres fluids per day – can drink more if comfortable.
- 3 x optifast for the first week, mix with 400mls of water
- 4 x optifast for the second and third week – (re read your dietitian instructions)
- Take your Omeprazole OR pantoprazole daily. Omeprazole – open capsule and swallow contents only, then can take whole from 3 weeks onwards. Pantoprazole - crushed for the first 3 weeks then can take whole from 3 weeks onwards
- Take pain relief regularly in the first 7 days.

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- 4 x optifast for the second and third week – (re read your dietitian instructions)
- Take your Omeprazole OR pantoprazole daily. Omeprazole – open capsule and swallow contents only, then can take whole from 3 weeks onwards. Pantoprazole - crushed for the first 3 weeks then can take whole from 3 weeks onwards
- Take pain relief regularly in the first 7 days.

- Multivitamin Berroca/Barilife Powder first 3 wks – 3wks onwards multivitamin tablets as per Surgeon recommendation.
- Exercise 30 minutes – start mobilising every day working back up to the 30 minutes per day.
- No heavy lifting for the first 6 weeks.
- 2 litres fluids per day – can drink more if comfortable.
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