



The Real Thing Is Now Here!

New Image Bariatric Surgical Associates
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In association with the

Parkview Center for Weight Loss Surgery

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The Pre-operative Appointment.

This will occur a few days before your operation. During this visit we will:

- Look over all of the laboratory tests, x-ray reports, and various clearances to be sure that you are really ready for surgery.
- Examine you to be sure that no new problems are present that would affect your surgery adversely.
- Require you to examine again the Informed Consent document and sign it.
- Answer any and all remaining questions you have about your surgery.
- Complete your pre-op orders and give you the necessary paper work to give to the hospital
- Have you complete the anesthesia questionnaire which we will then include in the paper work to give to the hospital
- Confirm your surgery time and tell you when and where to check into the hospital
- Give you precise instructions regarding food and medications before surgery
- Set up for you a time to pre-register at the admitting area of the hospital
- Arrange for your pre-op lab work to be drawn, and
- Wish you well.

The Day of Surgery.

You will check into the hospital the morning of your surgery and will be taken to the **Pre-op Area**. There the staff will verify completion of all necessary paperwork and perform a final check of preparation for surgery. An **I.V. line** will be started for **fluid and antibiotic administration**. Special stockings called **Sequential Compression Devices** will be applied to your lower legs or feet. These serve to reduce the chance of blood clots during and after the operation. Also, **heparin**, or a similar medication, to reduce the chance of blood clots, will be given to you by injection. And, if you are cold, the staff will apply a warming blanket to you to make you more comfortable.

A doctor from the **Anesthesia Department** will also visit you in the **Pre-op Area** and discuss with you the anesthesia to be given to you. You will have a chance to ask any anesthesia related questions you have at this time. After your questions have been answered, the doctor will give you a **relaxing medication** that will typically cause you to forget most everything that will happen the rest of the day. After you have relaxed, you will be taken to the **operating room**.

In the **operating room** you will be positioned on the OR table and given some additional **medication through your I.V. line to put you to sleep**. Then a **general anesthetic** will be given to you. Following the onset of this anesthesia, a **tube will be put into your bladder**. This is very important in that it not only keeps your bladder from filling up during the operation, but it will allow us to be sure that your kidneys are working during and after the operation. This bladder tube will typically be removed within the next two days. And it does not hurt to have it taken out of the bladder. Also, an **antiseptic solution will be applied to your abdominal skin** to reduce the chance of a wound infection after surgery.

We now actually start the operation. Your **team** will typically consist of your **bariatric surgeons, one or two surgical technicians, the anesthesiologist, and the circulating nurse**. During the operation, additional staff may help as the situation requires.

After the **operation is over**, you will be taken to the **Recovery Room**. In the Recovery Room a nurse will watch you very carefully to be sure you are waking up without any problems. Occasionally, as you wake up and become aware that you are OK, you will notice that you have a **tube in your mouth and cannot talk**. This tube is a breathing tube that facilitates your breathing and allows us to assist your breathing if needed. Sometimes, obese patients have trouble breathing deeply enough to get adequate oxygen. Using this tube we can be sure you are getting adequate oxygen. Typically, as you **wake up and get stronger**, we will be able to **take out the tube**. Then, you will be able to talk. The main point to remember is that this tube is there to help you breathe and does not mean that you had any type of complication.

Once **recovery is complete**, you will be taken to your **hospital room**, usually on **the 3rd Floor**. Sometimes, particularly if we think your **risk of a complication** after surgery is higher than usual, we will take you to the **Intensive Care Unit (ICU)** instead. Again, that **does not mean** that you had a complication during surgery, but typically means that we want to follow you more closely than is usually necessary.

Your Family.

Family and friends may stay with you in the Pre Op Area. Usually one or two members are all that are allowed due to the small size of the cubicle you will have. Once you are taken to the Operating Room, the staff will direct your family to the Surgical Waiting Room. Following **completion of your operation**, one of the **bariatric surgeons will talk with your family** about how the operation went and how you tolerated it. Only rarely does anything go wrong.

Post Operative Care in ICU.

If you should go to Intensive Care after Recovery, visitors will be limited to immediate family and typically only two at a time and only for short periods of time. Most patients spend only one night in ICU and can then be transferred to the 3rd Floor. The most common reason for going to ICU is to monitor you more closely than is possible on the 3rd Floor. Only rarely does admission to ICU mean anything went wrong.

Post Operative Care on the 3rd Floor.

Since the most **common complication** we see post operatively is **atelectasis**, the nursing staff will literally “drive you nuts” insisting that you cough, breathe deeply, get out of bed, at least walk around the room, and maybe even walk in the hallway. Atelectasis is a condition where the little air sacs in the lungs do not expand all of the way, thus causing mucus to collect in them. Because of this mucus collection, a fever often results. And if the **lungs remain incompletely inflated, pneumonia is likely to result**. That is an even bigger complication. Therefore, “suck away with great vigor” on the **incentive spirometer**. This is the funny looking plastic thing with the mouth piece attached to it and the yellow floating piston inside that moves with your breathing. This little gizmo, stupid as it may look, is **incredibly helpful** in expanding those recalcitrant air sacs and **eliminating atelectasis**. By the way, all of this **movement** is also very helpful in **keeping blood clots from forming**. Since these blood clots can go to the lungs and plug up the heart. Keeping these blood clots from forming is of paramount importance. In addition to getting you out of bed, we will give you **heparin twice a day** and keep the **Sequential Compression Devices** on your legs even though the operation is all over. Actually, we insist that you have these things on during the entire hospital stay, **especially when you are sleeping or are in bed for more than a few hours at a time**.

Pain management initially consists of a device called a **Patient Controlled Analgesic (PCA) pump**. The PCA pump will give you a metered amount of narcotic into your vein when you press the button. If you find that you are in moderate to severe pain in spite of the PCA pump, then you should call the nurse and she will contact one of the bariatric surgeons about your pain. Later that same day of surgery, or the next day, you will start getting **another pain medication called Toradol**. This is a non narcotic drug that helps control the pain in a totally different way. Typically, the two medications together will provide good relief from the post operative pain. And, **after a few days**, the PCA pump will be stopped and an **oral pain medication** will be started. One of the complications of intravenous narcotics, even though they provide good pain relief, is that they slow down recovery of the intestines from the shock of surgery. Thus, we like to discontinue the use of narcotics once the pain can be controlled with other medications.

We do not allow any liquids by mouth the day of surgery . We know this is uncomfortable and will leave you with a dry mouth in spite of adequate fluids given to you through the I.V. If all is going well, we will allow you to have **ice chips sparingly the first day after surgery**. And if you continue to progress well, we will order **Gastric Bypass Liquids on the second or third day after surgery**. These are decisions that your bariatric surgeon will make as you progress through the post operative period. We ask your indulgence and tolerance on this issue as we have extensive experience regarding when it is safe to feed patients.

Discharge Instructions.

When to **discharge you from the hospital** is another one of those **judgment decisions that your bariatric surgeon will make**. We want to be sure that you are doing well, that the chance of complications is minimal, that you are capable of accomplishing your activities of daily living, that you are capable of taking in adequate oral fluids, and that your pain is under good control. Thus, you will be discharged **only when we believe it is safe to do so**. Your first post op visit in the office will also be arranged at this time and will typically be scheduled for 3-5 days after discharge. On occasion, we will ask you to call the office the next business day after discharge to get your post operative appointment, particularly if you are going home after the office has closed. At the time of discharge, the nursing staff will give you specific instructions regarding wound care, diet, activity, pain control, showering, and follow up care. In addition, you will get another copy of *Post Op Instructions* and *Post Op Diet #1* if you do not already have these. Should you have any questions before your first post op visit, be sure to call us at **951.352.5643**, which is answered 24 hr/day.