

# **St. Francis Surgical Weight Loss Program Manual**



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## Surgical Weight Loss at St. Francis

The St. Francis Surgical Weight Loss Program has been designated as an MBSAQIP Accredited Center, CIGNA Center of Excellence, and a Blue Distinction Center.

Our program is distinctive in that it offers preoperative education as well as postoperative support. We not only guide you through the steps necessary to have surgery, but we also will provide the necessary tools fundamental to your postoperative success for many years to come.

Surgery is a “tool” and is just the beginning of your journey. We provide nutrition and physical activity guidance, monthly and on-line support groups with educational components, and pre-operative psychological consultations.

Our program includes an emphasis on nutrition, physical activity, psychology, and wellness. Over the years, we have had the opportunity to hear many of our patients’ life stories. While no two have followed the same journey, there is a common thread that unites those who have been successful: a demonstrated ability to accept that their surgery is not a “magic pill”. At some point, each has realized that their surgeon only operated on their stomach, and not their brain! Each has come to understand that their continued success depends on how they change their hearts and minds. What seems to differentiate these successes is that when challenges or setbacks were encountered, this group didn’t fall victim to feeling overwhelmed or defeated. Instead, in the face of challenge, they demonstrated the courage to reach out for help and guidance, embracing the full range of support services available to them.

Psychological support has proven to be so instrumental in achieving weight loss success and support with the SWL tool. We have a support group that meets on the 2<sup>nd</sup> Thursday of each month at 6pm. The group welcomes pre- and post-operative patients. The meetings are facilitated by a licensed clinician, are cost-free, and no registration is required. We feel that support plays an enormous role in your weight loss journey. Therefore, we strongly **RECOMMEND** that you attend at least one support group session prior to being scheduled for surgery. Regular attendance at support group will help you optimize your success and overall wellbeing.

We also offer a Facebook support group solely for St. Francis Surgical Weight Loss patients. You can find the link on our St. Francis Surgical Weight Loss page and request to be added to the group (<http://www.facebook.com/pages/St-Francis-Surgical-Weight-Loss>). The group name is St. Francis Surgical Weight Loss Support. This is an area where you are able to talk to others, ask questions, and get advice on your own terms. To ensure privacy, you will not be added to this group until you have had surgery with our program.

## Our Team

Our surgeons and staff are skilled and experienced – both of our surgeons have received specialty/fellowship training in Bariatrics and are members of the ASMBS (American Society for Metabolic and Bariatric Surgery).



**David G. Anderson, M.D.**  
**Bariatric and Minimally Invasive Surgeon**

### **Medical Education**

- New York Medical College

### **Advanced Training Internship and Residency**

- Westchester County Medical Center, Valhalla, New York
- Baptist Hospital, Miami, Florida

### **Specialties**

- Bariatric Surgery, General Surgery and Minimally Invasive Laparoscopic Surgery

### **Board Certification**

- American Board of Surgery
- National Board of Medical Examiners

### **Professional Affiliations**

- Fellow member of the American College of Surgery
- Member of the American Society for Metabolic & Bariatric Surgery (ASMBS)
- Member of the American Medical Association
- Member of the South Carolina Surgical Association
- Member of the Society of American Gastrointestinal Endoscopic Surgeons

### **Hospital Staff Privileges**

- Bon Secours St. Francis Health System, Greenville, SC



**Jessica Gonzalez Hernandez, M.D.**  
**Bariatric and Minimally Invasive Surgeon**

**Medical Education**

- University of Puerto Rico School of Medicine

**Advanced Training Internship and Residency**

- Baylor University Medical Center, Dallas, Texas
- UT Southwestern Medical Center, Dallas, Texas

**Specialties**

- Bariatric Surgery, General Surgery and Minimally Invasive Laparoscopic Surgery

**Board Certification**

- American Board of Surgery
- National Board of Medical Examiners

**Professional Affiliations**

- Member of the American College of Surgery
- Member of the American Society for Metabolic & Bariatric Surgery (ASMBS)
- Member of the American Medical Association
- Member of the Society of American Gastrointestinal Endoscopic Surgeons
- Member of Alpha Omega Alpha

**Hospital Staff Privileges**

- Bon Secours St. Francis Health System, Greenville, SC

**Languages**

- English and Spanish

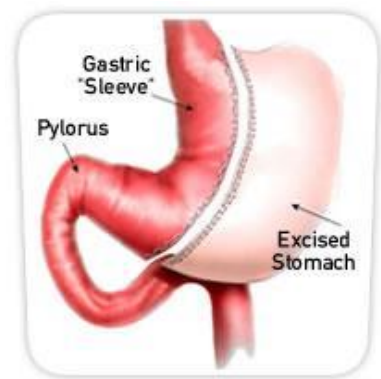
## About Bariatric Surgery

We offer two bariatric surgeries: the Roux-en-Y Gastric Bypass and the Sleeve Gastrectomy. Both surgeries lower the body's intake of calories by reducing the size of your stomach making you feel full faster.

Before surgery, your stomach is approximately the size of your two fists, with the ability to expand and stretch. After surgery, your new pouch is approximately the size of your thumb and can only hold a few ounces of food at one time – it cannot stretch in the same way as your old stomach. For this reason, the type of food that enters your pouch should be nutritious.

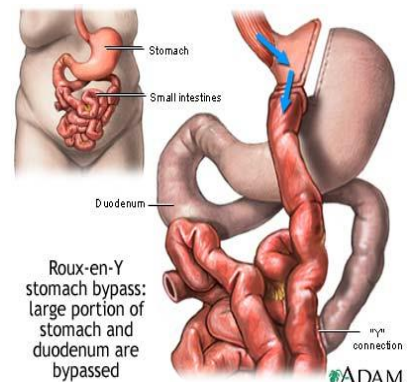
A. The **Sleeve Gastrectomy** is a restrictive procedure:

- Staples are used to create a thin vertical sleeve of the stomach (about the size of a banana).
- The procedure limits the amount of food a person can eat and helps you to feel full sooner – the sleeve will typically hold between 50-150 ml.
- Food continues to be digested through the normal digestive and absorption process.



B. The **Roux-en-Y Gastric Bypass** surgery results in weight loss in two ways:

- By causing nutrient malabsorption from bypass of a portion of the gut
- By surgically altering the size of the stomach to limit the amount of food that can be eaten.



## Surgical Pathway

- **Consult Visit:** You will meet with our Multidisciplinary team and discuss your health history and review our surgical offerings. Based on your insurance and health history, the team will provide you with a list of requirements that must be completed to continue your pursuit of bariatric surgery.
- **Completion of tests, clearances, and evaluations**
- **Pre-Operative Visit:** You will return to our office to meet with our Multidisciplinary team to review your various tests, evaluations, etc. If at that time you are found to be a good candidate for surgery, we will schedule your surgery date and submit necessary information to insurance. Our Quality Coordinator will assist you with any questions related to surgeon fees. You may call Ann Sexton at St. Francis Hospital at 282-4946 if you have questions regarding hospital fees.
- **Pre-Assessment Visit:** You will meet with the hospital prior to surgery to review hospital requirements, do additional labs, and prepare you for upcoming surgery.
- **Surgery**
- **Follow Up:** We will see you for regular follow up visits around 1.5 weeks post-operative, 3 weeks, 6 weeks, 3 months, 6 months, 1 year, and annually. Any additional visits will be on an “as needed” basis. Our program encourages a return visit to the surgeon every 6 months to a year for life.

## Program Statistics

- **2022 Case Volume:** 180 procedures-71% Sleeve, 25% Bypass, 4% Other (Band Removal, Conversion, etc.)
- **2022 Outcome Data:** 4% re-operation rate, 6% re-admission rate

## Nutrition

Post-operatively, the surgical weight loss patient's nutrition needs have changed. With only a small amount of space in the new stomach, patients are advised only to put in what is most nutritious and will contribute to overall good health.

**The following habits must be in place prior to surgery and be sustained after surgery to achieve success with the surgical weight loss tool:**

- Eat at least 3 times per day with a lean protein focus
- Eliminate all soda, caffeine, and sugar-sweetened beverages
- Practice mindful eating behaviors
- Practice not drinking with meals; wait at least 30 minutes after eating to drink
- Avoid fried foods and high sugar foods
- Decrease fast food and going out to eat, prepare majority of meals at home
- Participate in a physical activity routine

**Avoid bingeing/“last supper” eating:** Remember that surgery is a “tool”. There are no foods that are completely off limits. However, we should be trying to make healthier food choices that best fuel our body. Priority at meals and the amount we intake will change. In order to create this lifestyle change, try not to focus on what foods you “can’t have”, but rather the benefits that you are making to your overall health.



# Mindful Eating Behaviors

## 1. Listen to your body cues:

- Focus on what your body does when it is hungry and when it is full.
- Rate your body on a scale of 1-10 at various points during the day: 1 is starving and feeling weak/dizzy, 10 is so full that you feel sick.
- Distinguish between physical and emotional hunger:
  - *Physical*: stomach growling, low energy, time has passed since last meal, food is satisfying
  - *Emotional*: no physical cues, specific cravings, food doesn't satisfy

## 2. Chew food thoroughly: With the decreased size of your stomach after surgery, you must chew food to a pudding-like consistency before swallowing.

- Cut food into smaller pieces and take smaller bites.
- Chew each bite at least 20 times.
- Choose moisture rich foods.

## 3. Practice slowing down at meals:

- Put your fork down in between bites.
- Avoid distractions while eating (phone, TV, driving, etc.)
- Savor your food and acknowledge its smell, taste and texture.

## 4. Sip on fluids throughout the day and avoid drinking with meals: Drinking with meals can cause issues with absorption and discomfort. Drinking too fast or gulping can cause pain and nausea.

- Slowly sip fluids throughout the day. Keep a bottle or cup around you at all times.
- Avoid straws as they may introduce air, which can cause discomfort.
- Practice waiting at least 30 minutes after you eat to drink. You may drink up to 15 minutes before a meal, but must wait the full 30 minutes after.

# Macronutrients

## Carbohydrates: Sweet and starchy foods

- Provides energy to support physical activity and bodily functions.
  - Complex Carbohydrates contain vitamins, minerals, and fiber that are often lacking in other forms of carbohydrates (simple carbohydrates).
    - Cereal and Grains with less than 6g sugar per serving and at least 5g fiber per serving
    - 100% Whole grain or whole wheat breads, crackers, tortilla, pasta and rice
    - Starchy Vegetables: corn, peas, potatoes
    - Legumes and Beans: soybeans, lentils, peas, all beans
    - Fruits without added sugar or syrup
- \*Non-starchy vegetables without added sauces or gravies: broccoli, cauliflower, green beans, greens, onions, peppers, etc.

## Protein: Any animal, anything that comes from an animal, beans, peas, soy, nuts and seeds.

- Powers necessary processes in the body, provides transport of materials, and provides structure to body tissues, like muscles.

## Fat: Oils, butter, salad dressing, nuts and seeds, high fat meats (bacon, sausage, hot dogs)

- Protects organs, aids in production of hormones, and stores energy
- Focus on healthy fat options from: fatty fish, oils, nuts and seeds, avocados, etc.
- **AVOID:** high fat meats (bacon, sausage, hot dogs), lard or margarine, processed foods

# Meal Priority

- Protein is an essential part of cells in the body and is necessary for healing.
- Eat protein foods first, followed by non-starchy vegetables and then complex carbohydrates.
  - Think Protein first, Produce second

# Meal Planning and Preparation

Try to incorporate different healthy cooking methods, while avoiding frying, breading, and gravies. To add flavor to dishes, utilize various seasonings and spices (look for low/no sodium), rather than high-fat and/or high-sugar sauces.

## **Cooking Methods**

**Baking:** food is placed in an oven, surrounded by hot, dry heat

**Boiling:** cooking food in hot water

**Grilling:** food is placed over a heat source that is open to air

**Roasting:** food is placed in an oven, surrounded by hot, dry heat; typically, at a higher temperature than baking

**Sautéing:** food is placed in a hot pan, with a small amount of liquid or fat, to quickly cook

**Steaming:** food is placed above boiling water, the food is cooked by the gas/steam from water

## Sources of Lean Protein

**\*Avoid frying, breading and gravy**

**\*Avoid high-fat meats like bacon, sausage, bologna, hot dogs, etc.**

### Seafood/Fish

Fish is one of the healthiest sources of lean protein. It is naturally lower in saturated fat than poultry, beef or pork. Coldwater fish, such as salmon, is an excellent choice as it contains high amounts of omega-3 fatty acids, a good fat that can be beneficial to your health.

### Chicken and Turkey

Poultry is a good source of protein usually low in calories and cholesterol. Choose white meat and remove skin before eating. Ideal preparation methods include roasting, grilling and baking.

### Beef and Pork

Watching your calories and fat intake doesn't mean you give up red meat. Choose healthier cuts like ones with "round" or "loin" in the name and those with less visible marbling. Trim excess fat and look for 90% or above on ground meats.

### Eggs

Despite getting a bad reputation a few years back due to cholesterol concerns, eggs can truly be part of any healthy diet. Eggs provide around 6-7g of protein per serving. They can be extremely budget friendly as well! If you are concerned about fat, use fewer yolks, as the fat is housed in the yolk. Tip: Try making scrambled eggs with one whole egg and 1-2 egg whites.

### Low-Fat Dairy

Low-Fat dairy products are an ideal source of lean protein because much of the saturated fat has been removed from them. They provide Vitamin D and Calcium. Low-fat cheese, cottage cheese and Greek yogurt are staples of a healthy diet and can be worked into almost any meal, or as part of a healthy snack.

### Legumes, Nuts and Seeds

Beans, peas and lentils are also good lean protein sources, particularly for those following a vegetarian diet. Nuts and seeds also pack a good amount of protein and healthy fats. As a whole, these foods provide good fiber, which along with protein can help you feel fuller for longer and prevent overeating. Try adding these foods to various dishes, soups and even salads.

## Fluids

The goal range of fluid is > 64 oz per day. Right after surgery, fluid intake may be difficult due to swelling. Work toward incorporating at least 4-8 oz of fluid per hour. All fluids must be:

- Decaffeinated
- Non-carbonated
- Sugar-free or no-sugar
- Non-alcoholic

Caffeine and alcohol may be able to be incorporated back after at least 2 months post-operative. However, remember that alcohol is empty calories.

## Counting Protein

After surgery, your goal range of protein will be **60-80 grams per day**. You will need to know how to count your protein following surgery to ensure that you are meeting your needs. You only need to count the strong sources of protein, not the smaller amounts in vegetables, etc. Most foods have a nutrition facts label where you can identify the amount of protein you are consuming. You can also estimate your protein intake based on the following:

**\* 1 oz of protein = 7 grams of protein**



\*photo from gbhealthwatch.com









- **3 oz of protein is about the size of a deck of cards or your palm**
- **1 oz is the size of a matchbox or 2 dominos**
- **1 oz slice is the size of a CD**

# Surgical Weight Loss Vitamins and Supplements

## Protein Supplements

- Protein supplements can come in many forms: powders, ready-to-drink beverages (“shakes”), protein “shots”, jello, puddings, etc. All protein supplements used in the first 3 months must be in liquid or soft form (pudding/jello). NO PROTEIN BARS.
- Whey protein** is preferred because it is more readily absorbed by the body. However, you can use alternative sources of protein (soy, egg, plant-based) if dietary concerns arise.
- Supplements can be purchased at most retail/grocery stores as well as GNC, Vitamin Shoppe, Walmart/Target, and Costco/Sam’s Club. You can also order many supplements online.
- Supplements may come in powder or pre-made forms. They may also contain various sweeteners including, sucralose (Splenda), acesulfame k, stevia, monk fruit extract, and/or sugar alcohols. You are not restricted on any of these sweeteners, as they are a personal decision.
- Rules to follow when purchasing protein supplements:**
  - 1. Total Carbohydrates must be:**  
**-LESS than 10g per serving**
  - 2. Protein must be between 20-30g per serving.**
  - 3. Do not be concerned with calories, but they will typically fall within 160-240 calories per serving.**

## Examples of compliant protein supplements:

<p>Premier Protein/Premier Protein Water</p> 	<p>Ensure Max</p> 	<p>Pure Protein</p> 	<p>Fairlife Core Power</p> 
<p>Quest Protein Shake</p> 	<p>Protein20</p> 	<p>Jay Robb-Egg White Protein Powder</p> 	<p>Orgain Organic Protein</p> 

**Unique ways to use protein supplements:**

- Mix vanilla protein shake or powder into oatmeal, Greek yogurt or SF orange beverage.
- Mix strawberry protein powder with SF lemonade or unsweetened iced tea.
- Mix chicken soup protein powder into mashed potatoes, plain Greek yogurt as a dip to eat with non-starchy vegetables or into any soup.
- Mix unflavored protein powder with any liquid for added protein boost. Ideas include adding it to: salad dressings, casseroles and low-fat sauces.
- Add sugar-free syrups to protein supplements and/or non-fat Greek yogurt.

**Post-Operative Vitamin Requirements****What vitamins do I need to take?**

We recommend you take a Bariatric MVI with Iron and Calcium with Vitamin D. All vitamins/minerals MUST be in chewable or liquid form for the first 1 month after surgery. The following is a description of the vitamins:

- Bariatric MVI with:
  - Iron – 45-60 mg/d
  - Vitamin B1 (Thiamin) – 12 mg/d
  - Folic Acid - 400-800 mcg/d; 800-1000 mcg/d females of child-bearing age
  - Zinc - 8-22 mg/d
  - Copper - 1-2 mg/d
  - B12 - 350-500 ug/d
- Calcium with Vitamin D: 1000-1500 mg/d
  - Calcium Carbonate MUST be taken with food. Calcium Citrate can be taken with or without food.
  - MUST BE DIVIDED INTO ~400-600 MG DOSES THROUGHOUT DAY
  - MUST NOT BE TAKEN WITHIN 2 HOURS OF MVI
  - TAKE DOSES AT LEAST 4 HOURS APART

**Sample Vitamin/Mineral Schedule - *number of chews/tablets determine by product label***

Breakfast: MVI

Lunch: Calcium (500-600mg)

Dinner: Calcium (500-600mg)

**Multivitamin Recommendations: Choose 1****\*Reminder: Vitamins MUST be chewable or liquid for the first month after surgery**

Name	Serving Size/d	Average Cost/month <small>*see links below for discounts</small>
Bariatric Advantage Advanced EA	2 chews	\$41
Bariatric Advantage Chewable Ultra Solo	1 chew	\$25
Bariatric Advantage Ultra Solo	1 capsule	\$25
CelebrateOne 45	1 capsule	\$17
CelebrateOne 18*	1 capsule	\$17
Celebrate Multivitamin Soft Chews*	2 chews	\$33
Opurity Multi Chewable 45	1 tablet	\$13
Opurity Multi Capsule 45	2 capsules	\$13
ProCare Health Once Daily Capsule 45	1 capsule	\$15
ProCare Health Once Daily Chewable 45	1 chew	\$15
ProCare Health MVI + Probiotics 45	2 capsules	\$23

\*Contain less than 45 mg of Iron and may require additional Iron supplementation

**Calcium with Vitamin D Recommendations (1200-1500mg/d):** Should be taken 4 hours apart from MVI with Iron**\*Reminder: Calcium Carbonate MUST be taken with food**

Name	Serving Size/d	Form	Average Cost/Month	Where to Purchase
Unjury Calcium Plus Chewable	2 chews, 2x/d	Citrate	\$17	Unjury.com
Up Cal D Powdered Calcium	1 pack/scoop, 3x/d	Citrate	\$15	ProCareNow.com, Amazon, Walmart
Caltrate Chewable and Soft Chews	1 chew-chewable, 2x/d	Carbonate	\$9	Walmart, Target, CVS
Citrical Petites	2 tablets, 3x/d	Citrate	\$9	Walmart, Target, CVS
Viactive	1 chew, 3x/d	Carbonate	\$10	Walmart, Target, CVS

\*\*\*Look for store brands from Target (Up &amp; Up) and Walmart (Equate) as the product may be the same, but the price may be cheaper.

**Where can I purchase my vitamins/minerals?**

- All Multivitamins can be purchased online:
  - Bariatric Advantage: [www.bariatricadvantage.com](http://www.bariatricadvantage.com)
    - 15% Off Discount code: <https://joannasmyers.bariatricadvantage.com/>
  - Celebrate: [www.celebratevitamins.com](http://www.celebratevitamins.com)
    - 10% Off Discount code: <https://celebratevitamins.com?aff=20>
  - ProCare Health: [www.procarenow.com](http://www.procarenow.com)
    - 10% Off Discount code: <https://procarenow.com/?ref=joannasmyers>
- Nascobal Supplement Program; ~\$25 per month \*commercial insurances only
  - All vitamin/mineral supplements (MVI, B12, Calcium, Iron) delivered to your home. B12 is in nasal spray form.

**When do I start taking my vitamins/minerals?**

- The day following discharge from the hospital.

**What if I feel nauseated or discomfort from my vitamin/mineral supplements?**

- See page 24 of the program manual for troubleshooting tips.



## 2-Week Pre-Operative Diet

- Three meals per day (plus snacks as needed) of lean protein and salad-type vegetables.
- 64 oz fluid per day: Water, Sugar-Free drink mixes, Decaf tea or coffee without sugar.
- Do not fry or use gravy! Fat Free Salad Dressing is allowed.
- During the last 5 days of the diet, you will consume one premade protein shake per day (Premier protein, Ensure Max, etc.)
- Use your **spirometer** twice a day, in the morning and at night, (10 breaths each time).

This is a **Low-No Carbohydrate Diet**:

EAT	LIMIT	AVOID
<b>Lean Protein:</b> Turkey/Chicken Pork (chops, loin, roast, ham) Fish Beef (roast, 95% ground beef) Venison Eggs Shrimp, Crab, Lobster Tofu Low-Fat Cottage Cheese Low-Fat Cheese  <b>Salad Type Vegetables:</b> Lettuce/Spinach/Collards/Kale Cabbage Onions Zucchini/Yellow Squash Broccoli/Cauliflower Peppers Mushrooms Cucumber Celery Green Beans Eggplant Carrots Asparagus Beets  SF Jello/Popsicles	Tomatoes Nuts Seeds Ketchup Mayonnaise Oils/Sprays	Bread (breadings) Gravy Frying Rice/Quinoa Pasta Cereal Candy/Sweets Milk Potatoes Beans Peas Corn Fruit Yogurt BBQ Ribs Sausage Bacon

**Day Before Surgery:** **NO SOLID FOOD**, Broth, SF drink mixes, SF popsicles

-Night Before Surgery: 10oz of Ensure Pre-Surgical Drink \*provided at pre-assessment

**Day of Surgery:** \*\*\***NOTHING TO EAT OR DRINK**\*\*\*

## Incentive spirometer

Using the incentive spirometer helps expand the small air sacs of your lungs, helps you breathe deeply, improves your lung function, and helps prevent pneumonia.

Use your spirometer twice a day, in the morning and at night, (10 breaths each time) for 2 weeks prior to surgery (during your 2 week diet).

How to Use Your Incentive Spirometer:

1. Hold the incentive spirometer in an upright position.
2. Breathe out as usual.
3. Place the mouthpiece in your mouth and seal your lips tightly around it.
4. Take a deep breath. Breathe in slowly and as deeply as possible. Keep the blue flow rate guide between the arrows.
5. Hold your breath as long as possible. Then exhale slowly and allow the piston to fall to the bottom of the column.
6. Rest for a few seconds and repeat steps one through five at least 10 times.

## Day of Surgery

Entrance A, St. Francis Eastside Hospital

- You will arrive approximately 2 hours prior to your scheduled surgery time.
- Someone will call you the day before surgery to confirm your arrival time.
- Bring your CPAP or BiPAP, if you use one.
- Bring your incentive spirometer.
- Surgery usually lasts ~1-4 hours.

Following surgery, you will be transferred to a patient room on the 3<sup>rd</sup> Floor. When you are in the hospital, you will be focusing on the following:

- **Ambulation:** You will be out of bed within 3 hours of surgery. You will be seen by physical therapy and will have the opportunity to stay active by walking in the halls. This is vital to prevention of blood clots and improved recovery.
- **Incentive Spirometer:** To prevent pneumonia, you will use your incentive spirometer 10x per hour when you are awake in the hospital.
- **Fluid Intake:** You will be cleared to start clear liquids and liquid protein supplements while you are in the hospital. Your goal is to be drinking 1oz of fluid (1 medicine cup) every 15 minutes while awake.

## Discharge

- Most patients leave the hospital the morning after surgery.
- You will go home with the following medications:
  - Prescribed pain medication: Take as directed
    - \*No driving while taking prescription pain medication
  - Proton Pump Inhibitor: Take daily for the next 90 days
  - Zofran: as needed for nausea
  - Carafate: combined with water to create a slurry 4 times per day \*only Dr. Gonzalez's patients
- To prevent constipation, you will follow this daily bowel regimen once you discharge home:
  - *Colace*: 100mg 2x/d
  - *Miralax*: 17g packet 1-2x/d
  - *Fiber supplement*: can be in gummy form \*DO NOT TAKE FIBER CAPSULES
  - *Fluid intake* of >64oz/d
  - \*Maintain this regimen until a consistent bowel pattern is achieved. Discontinue if experiencing diarrhea.
- Once you go home, you should shower daily. Do not take a bath or immerse yourself in water (swimming) until released by the team, usually 3 weeks post-operative. Pat your incision sites dry.
- No lifting more than 25 pounds until released by the team. Regular, light physical activity is required, including walking and/or physical therapy exercises.
- It is normal to experience moderate discomfort or pain after surgery, along with swelling, bruising, or itchiness at the incision sites. If you experience any of the following symptoms, please contact our office immediately (864-675-4815):
  - Fever of 101° F or above
  - Redness, swelling, or pus-like drainage from incision sites
  - Shortness of breath or intense chest pain
  - Nausea and/or vomiting lasting more than 12 hours
  - Pain and/or swelling in legs
  - Urination less than four times in 24 hours
  - Excessive pain that is unrelieved by pain medication
  - Increased heart rate over 100 beats per minute for longer than 2 hours
  - Severe abdominal pain

## Follow Up with Primary Care Physician

We ask that you set an appointment to see your primary care physician within a week following surgery to discuss your health and future plan of care. Please discuss the following **if applicable**:

- Blood sugar levels, blood pressure, hyperlipidemia, and any associated medications
- Any provider prescribed medications that may change with weight loss or surgery

# Nutrition Plan AFTER Surgery

## In-Hospital: Clear Liquid + Protein Supplements

- Clear liquids and sips of protein supplement
  - While in the hospital, your goal is to sip 1oz (1 medicine cup) of fluid, protein supplement or clear liquid, every 15 minutes. This will continue when you are discharged. You will be given measuring cups at your pre-operative visit that can help ensure you are getting adequate fluids.
- Sip slowly – **no straws**
- **Remember to take one medication at a time, NOT all at once.**

*You may drink:*

- Water
- Protein supplements
- Sugar-Free, **non-carbonated** drinks, such as Crystal Light (not available in the hospital but you can bring your own)
- Decaf tea or decaf coffee with low calorie sweetener
- Beef or chicken bouillon/broth (clear)
- Sugar-free Jell-O/Gelatin (must dissolve completely in your mouth before swallowing)
- Sugar-free popsicles

**Day of Discharge-First Office Visit with SWL Team: Clear/Full Liquid + protein supplements – Start when you go home \*NO SOLID FOOD**

### Goals

- Start with clear liquids and progress to full liquids as tolerated.
- Work toward **60 grams of protein per day** (~2-3 protein supplements/d).
- Work toward **64 oz of fluid per day**. Protein supplements count toward fluid goals.
- Work on sipping 15mL of fluid, protein supplement or clear liquid, every 15 minutes.

### Recommended Foods

- All foods on clear liquid diet
- Skim, 1% or 2% milk
- Liquid protein supplements
- Soups (no chunks) i.e. Tomato, Cream of Potato, etc.
- Sugar Free Pudding, Sugar free Jello/Gelatin
- Light yogurt or Greek yogurt: no fruit at the bottom

**Post-Operative Week 2 to 4: Pureed/Smooth - DO NOT START until cleared by your SWL team**

**\*All foods should be pureed in a blender or soft enough to mash. Chew well.**

**Goals**

- **60-80 grams of protein per day.** Use protein supplements as snacks, NOT meals.
- **64 oz of fluid per day.**
- Eat lean protein first (3x/d) followed by cooked non-starchy vegetables as able.

<b>Food Type</b>	<b>CHOOSE</b>	<b>AVOID</b>
<b>Protein</b>	Fish, chicken, eggs, crab/imitation crab, lean beef, lean pork *all moist and tender  Cottage cheese, Greek yogurt, cheese, milk *all low-fat/fat-free  Tofu, beans	High fat meats, dry meats *no frying, breading or gravy  Nuts, seeds and nut butters  Whole milk products
<b>Produce</b>	Vegetables: any cooked and soft  Fruits: bananas, applesauce	Raw, fibrous or with seeds and tough skins *be aware as broccoli may cause discomfort  Raw with seeds and tough skins
<b>Starches &amp; Grains</b>	Oatmeal, grits, cream of wheat  Potatoes	Pasta, rice, bread, crackers  Avoid tough skin
<b>Miscellaneous</b>	SF Jello, pudding, popsicles	

**How to Blenderize Foods**

- Canned Fruits and Vegetables in their own juice/water:
  - Drain and place in blender with no additional liquid. Blend on high speed until no chunks are present.
- Cold Cooked Meat or Fish (made into a spread)
  - Place meat or fish in blender (drain if necessary).
  - Add low-fat mayonnaise or low fat Miracle Whip. Blend until smooth.
- Hot Cooked Meats or Fish:
  - Place cooked meat or fish in blender with appropriate liquid (broth, sauce, etc.). Do not use water as it will not blend well. Blend until smooth.
- Tips:
  - Blended foods can be refrigerated for up to 48 hours or frozen for longer storage.

## Post-Operative Week 4 to 6: Soft

### Goals

- 60-80 grams of protein per day. Use protein supplements as snacks, NOT meals.
- 64 oz of fluid per day.
- Eat protein first, followed by non-starchy vegetables, fruits and then starches/grains.

Food Type	CHOOSE	AVOID
<b>Protein</b>	Fish, chicken, eggs, crab/imitation crab, lean beef, lean pork, deli meats *all moist and tender  Nut butters  Cottage cheese, Greek yogurt, cheese, milk (low-fat/fat-free)  Tofu, beans	High fat meats, dry meats *no frying, breading or gravy  Nuts and seeds  Whole milk products
<b>Produce</b>	Vegetables: any cooked and soft  Fruits: bananas, applesauce, canned fruits in 100% juice	Raw, fibrous or with seeds and tough skins  Raw, with seeds and tough skins
<b>Starches &amp; Grains</b>	Oatmeal, grits, cream of wheat Crackers, toast  Potatoes	Pasta, rice, soft bread  Avoid tough skin
<b>Miscellaneous</b>	SF Jello, pudding, popsicles	

## Post-Operative Week 6: Regular Bariatric Diet

### Goals

- 60-80 grams of protein per day. Use protein supplements as snacks, NOT meals.
- 64 oz of fluid per day.
- Eat protein first, followed by non-starchy vegetables, fruits and then starches/grains.
- Add raw vegetables, fruits, nuts and seeds as desired

### Recommended Foods

- *Meats/Proteins/Protein Substitutes*
  - ALL meats– chew well before swallowing
- *Vegetables*
  - any fresh, canned, frozen or cooked vegetable

- *Fruits*
  - Fresh, frozen or canned fruit. Use caution with apples, grapes or other fruits w/skin or peels
- *Breads/Starches \*LIMIT\**
  - Rice, pasta, bread, crackers
  - Cooked and dry cereal
  - Potatoes, corn and peas
- *Fats*: ALL, in small amounts
- *Nuts and Seeds*: May try, but be aware can cause distress at first

**Suggested Meal Plan:** \*\* Protein supplements are for use between meals

*Breakfast:*

**Scrambled Egg**

Yogurt

Banana

*Lunch:*

**Broiled Chicken breast**

Boiled carrots

Grapes

*Dinner:*

**Fish, baked or broiled**

Green beans

Mashed potatoes

Possible snack ideas: 1 oz cheese with apple slices, Greek yogurt, Hummus with carrots/celery, natural peanut butter

## Six Habits of Successful Patients

1. Eat three meals per day – remember protein first!
2. Drink 64 ounces of fluid daily. *Wait at least 30-60 minutes after eating to drink.*
3. Take your Vitamins/Minerals every day. These are vital to your overall health and well-being. Vitamins are required for life.
4. Get adequate rest and sleep. Sleep deprivation increases your appetite, increases susceptibility to illness, and may even contribute to weight gain.
5. Participate in a regular physical activity routine.
6. Take personal responsibility for your weight loss: Follow guidelines, keep follow up appointments, attend support group meetings.

### **\*Focus on:**

1. **Hydration:** more than 64 oz per day
2. **Protein:** 60-80 grams per day
3. **Movement:** 30-45 minutes daily

## Post-Operative Concerns and Troubleshooting

Body Contouring: Body contouring can be discussed once you are at least 18 months after surgery and/or when you have reached your goal weight. We are more than happy to refer you for a consult visit with a plastic surgeon at this time. This surgery may or may not be covered by insurance. Seeing your primary care for documentation of any rash or irritations that are caused by excess skin is the best way to document medical necessity.

Bowel Movements: It is normal for your bowel habits to change following surgery. Many patients may have 1-3 bowel movements per day or go 2-3 days without a bowel movement. The decreased volume of food, along with increased protein consumption may cause constipation. See constipation below.

Constipation: It is normal for your bowel habits to change following surgery. Many patients may have 1-3 bowel movements per day or go 2-3 days without a bowel movement. The decreased volume of food, along with increased protein consumption may cause constipation. First, ensure that you are getting adequate fluid of at least 64oz per day. Increase fiber in food choices through vegetables, fruits, beans and whole grains.

### *To Prevent Constipation:*

- Colace: 100mg 2x/d
- Miralax: 17g packet 1-2x/d
- Fiber supplement: can be in gummy form \*DO NOT TAKE FIBER CAPSULES
- Fluid intake of >64oz/d

\*Maintain this regimen until a consistent bowel pattern is achieved. Discontinue if experiencing diarrhea.

### *To Treat Constipation:*

- Miralax, Milk of Magnesia, Dulcolax, or any other laxative. You may double the recommended dose. Make sure you increase water intake. If no results, you may use 1-2 bottles of magnesium citrate.

Decreased appetite: It is normal to experience a decrease in appetite in the first few weeks/months after surgery. Regardless of appetite, make sure that you are consuming 3 meals per day and meeting your protein and fluid goals.

Dehydration: Dehydration occurs if not enough fluids are consumed. It is very important that you sip on fluids throughout the day (water, protein supplements, sugar-free beverages, etc). Common symptoms of dehydration include lethargy, dizziness, nausea, fainting, and dark colored urine. Avoid beverages with caffeine. Our goal range of fluid for our patients is > 64oz per day. You may need to drink more if you sweat more, participate in more physical activity, or have an active job.



Diarrhea: It is normal for your bowel habits to change following surgery. Many patients may have 1-3 bowel movements per day, especially as the diet is progressed. If you are having cramping and watery stools (more than 3-5 per day), please call our office. If you notice loose stools after consuming protein supplements, try an alternative protein supplement or a different protein type (egg, soy, vegetable, etc.). Diarrhea may also occur after eating foods that the body no longer tolerates well (high fat, high sugar foods). Avoid these foods to prevent diarrhea.

Dry Mouth: Make sure you are getting at least 64 oz fluid per day. You may use SF hard candy or mouthwashes (ex: Biotene) to try and alleviate this.

Gas: Gas is created from swallowed air and breakdown of foods. An increase in flatulence is normal, especially in the first few weeks following surgery. If you continue to have issues with gas, try limiting chewing gum and hard candy, eliminate carbonated beverages and straws, and chew meals thoroughly. Make sure you are sipping fluids instead of gulping and that you are eating slowly. Document if there are any certain foods that the gas is occurring with. You may take Gas-X pills if needed, following directions on box.

Hair Thinning: Hair thinning is normal with rapid weight loss and typically occurs around 3-6 months after surgery. This often resolves by itself with adequate protein intake (at least 60 grams per day). You may wish to take biotin if desired or see a dermatologist if the problem persists.

Heartburn: See Reflux below

Hernias: Typical symptoms of a hernia are pain and/or a bulge at the incision site when you cough or when lifting heavy objects. If you are noticing any of these symptoms, please call our office.

Lactose Intolerance: Some patients develop intolerance to products containing high lactose (milk, yogurt, cheese). Symptoms of this may be loose stools or increased gas after consuming these items. If you notice this becoming an issue, limit or avoid intake of the culprit.

Nausea: Nausea following surgery is normal and often easily prevented. Make sure you are following mindful eating behaviors: chewing well at meals, eating slowly, not overeating, and not drinking when eating. Nausea can also be brought on by pain medication or dehydration. Following surgery, nausea can be controlled with anti-emetic medications if necessary. If nausea is preventing you from taking in adequate fluids or protein, please call our office.

Reflux: For the first 90 days after surgery, you are often put on reflux medication. If you are experiencing heartburn or reflux:

- avoid coffee, tea, carbonated drinks and caffeine
- do not use straws
- avoid fatty, fried and spicy foods
- avoid chocolate, onions, peppermint and tomatoes
- be aware of portion sizes and make sure you are not overeating
- don't lie down right after eating; wait at least 2 hours after eating to lie down
- elevate the head of your bed 30 degrees

Sexuality/Pregnancy: Once you feel physically and emotionally stable you may return to normal sexual activity. We recommend that women refrain from actively pursuing pregnancy for the first 12-18 months following surgery.

Taste Changes and Bad Taste in Mouth: Taste changes are common after surgery. Try a variety of foods to determine what you are able to tolerate best to meet your protein and fluid goals. The bad taste in mouth following surgery can be normal and should improve or resolve in the weeks following surgery.

Supplement Issues: It is necessary for life-long vitamin/mineral supplementation after bariatric surgery. These supplements should be specially formulated for bariatric patients. If you are having issues tolerating your supplements, you may try the following:

- Try a different brand or flavor
- Try taking the vitamin with or without food; this can often make a difference with nausea
- Take an over-the-counter multivitamin (ex: Flintstones, One a Day, etc.) for the first 2 months, THEN switch to bariatric capsules or tablets.
- Find a bariatric multivitamin that can be crushed or cut for easier intake.

Vomiting: Along with nausea, vomiting can many times be controlled by behavior modifications. Make sure that you are eating slowly, chewing well, not overeating, and abstaining from drinking with meals. If you are having issues swallowing or keeping foods down for more than 24 hours, please call our office.

# Physical Activity Recommendations and Guidelines

A physical activity routine is vital to your success with the SWL tool.

- Make sure you are cleared by a physician before starting a new physical activity routine.
- Create a routine with a mix of cardio and resistance/strength exercises.
- Start slowly and build on your routine.
- Dividing physical activity into 10 minute bouts can be effective and helpful for time management.

General guidelines from the NIH (National Institute of Health) and the U.S. Department of Health and Human Services (HHS) are as follows:

- For major health benefits, do at least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity or 75 minutes (1 hour and 15 minutes) of vigorous-intensity aerobic activity each week (or a combination of both).
- For even more health benefits, do 300 minutes (5 hours) of moderate-intensity aerobic activity or 150 minutes (2 hours and 30 minutes) of vigorous-intensity activity each week (or a combination of both).
- When doing aerobic activity, do it for at least 10 minutes at a time. Spread the activity throughout the week. Muscle-strengthening activities that are moderate or vigorous intensity should be included 2 or more days a week. These activities should work all of the major muscle groups (legs, hips, back, chest, abdomen, shoulders, and arms).

If desired, you can also look into comprehensive and adaptive fitness packages in our area:

HealThy Self Fitness at our Millennium Campus (p. 41)

PREP Program at Sportsclub (discuss with team)

# In-Patient Physical Activity Guide

You are required to be up and moving 2-4 hours after surgery. This early mobility improves recovery. We encourage walking and physical therapy exercises, both in the hospital and for the first 3 weeks post-operative, before released to full activity.



## Seated Ankle Pumps

**REPS:** 10 | **DAILY:** 3x

### Setup

- Begin sitting upright with one leg straight forward.

### Movement

- Slowly pump your ankle, bending your foot up toward your body, then pointing your toes away from your body, and repeat.

### Tip

- Make sure to move your foot in a straight line and try to keep the rest of your leg relaxed.



## Seated March

**REPS:** 10 | **DAILY:** 3x

### Setup

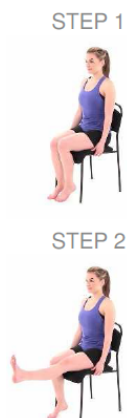
- Begin sitting upright in a chair with your feet flat on the floor.

### Movement

- Keeping your knee bent, lift one leg then lower it back to the ground and repeat with your other leg. Continue this movement, alternating between each leg.

### Tip

- Make sure to keep your back straight and do not let it arch as you lift your legs.



## Seated Long Arc Quad

**REPS:** 10 | **DAILY:** 3x

### Setup

- Begin sitting upright in a chair.

### Movement

- Slowly straighten one knee so that your leg is straight out in front of you. Hold, and then return to starting position and repeat.

### Tip

- Make sure to keep your back straight during the exercise.

STEP 1



STEP 2



## Seated Shoulder Flexion Full Range

**REPS:** 10 | **DAILY:** 3x

### Setup

- Begin sitting upright with your arms at your sides.

### Movement

- With your thumbs pointing up, raise your arms straight forward and directly overhead, then bring them back down and repeat.

### Tip

- Make sure to maintain good posture and keep your shoulder relaxed during the movement.

STEP 1



STEP 2



## Seated Elbow Flexion and Extension AROM

**REPS:** 10 | **DAILY:** 3x

### Setup

- Begin sitting upright in a chair with one arm straight at your side.

### Movement

- Bend your elbow upward as far as is comfortable, then straighten it and repeat.

### Tip

- Make sure to keep your movements slow and controlled.

Disclaimer: This program provides exercises related to your condition that you can perform at home. As there is a risk of injury with any activity, use caution when performing exercises. If you experience any pain or discomfort, discontinue the exercises and contact your health care provider.



## Physical Activity Resource Guide

The following pages will provide you with strength/resistance exercises that can be used both pre and post-operatively. Do not do any exercises that cause pain. Ensure that your medical conditions are under control before beginning physical activity (blood sugar levels, blood pressure, etc.).

These exercises can be performed without any resistance, with a resistance band, free

weights, or alternative weight options (kettlebells, etc.). There will be multiple ways to progress or regress these exercises to make them harder or easier. Please pay special attention to your body and modify the exercises as necessary. Remember to do each exercise on both sides of the body to ensure equal gains. Make sure you warm up with gentle cardio prior to performing these exercises. It is also vital to stretch before and after strength/resistance exercises. As you continue to do these exercises you can progress them or add weight or reps to make them more challenging.

Email or speak with our office if you have any questions regarding your physical activity routine or plan of care.

### **Prone Iso Abs**



#### **Tips:**

1. Place elbows on chair.
2. Contract abdominals/core.
3. Keep hips low & in line with body.
4. Keep a flat back.

### ***Regression/Progression:***



*To make easier:* Place hands on chair.

*To make harder:* Move to the floor with elbows on the floor and stabilized on knees or toes.

### **Resistance Core Twist**

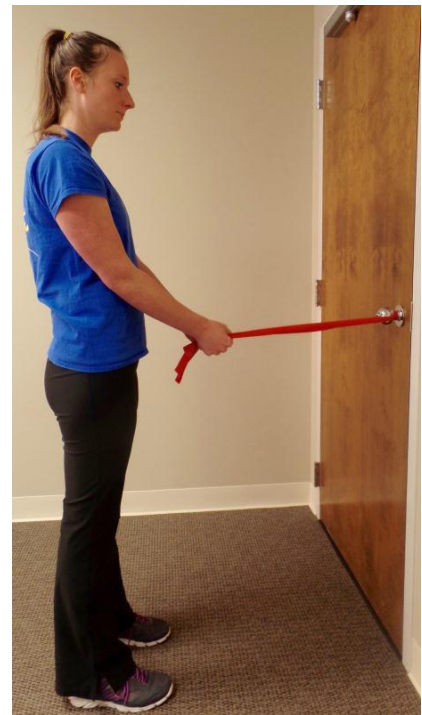
Tips:

1. Wrap resistance band around stable object at level of stomach.
2. Contract abdominals/core.

#### ***Regression/Progression***

*To make easier:* Do not use resistance band.

*To make harder:* Increase resistance band strength or use medicine ball.



### **Single Leg Balance Squat**

Tips:

1. Spread toes on stabilizing foot.
2. Remove one foot from ground as high as comfortable and maintain balance.
3. Lower hips and touch knee with hand.

#### ***Regression/Progression***

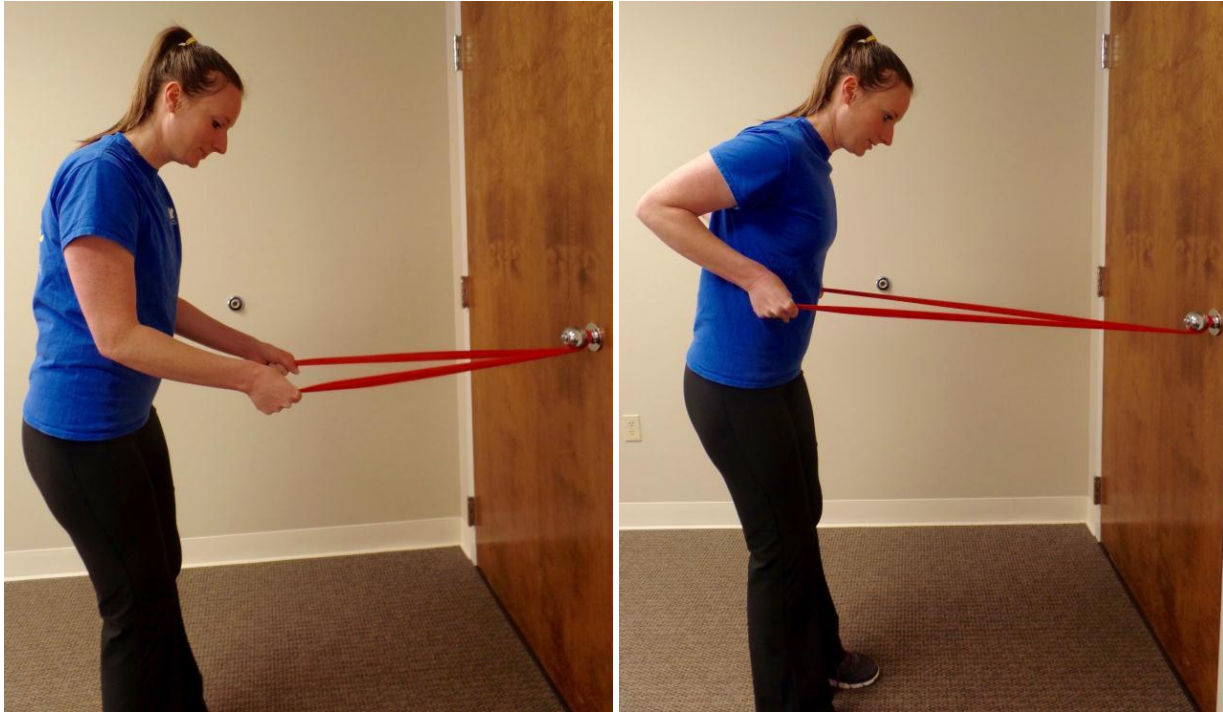
*To make easier:* Hold single leg balance as able for ~20 seconds. Hold onto chair or object if necessary.

*To make harder:* Touch shin or foot with hand





## **Dumbbell Row**



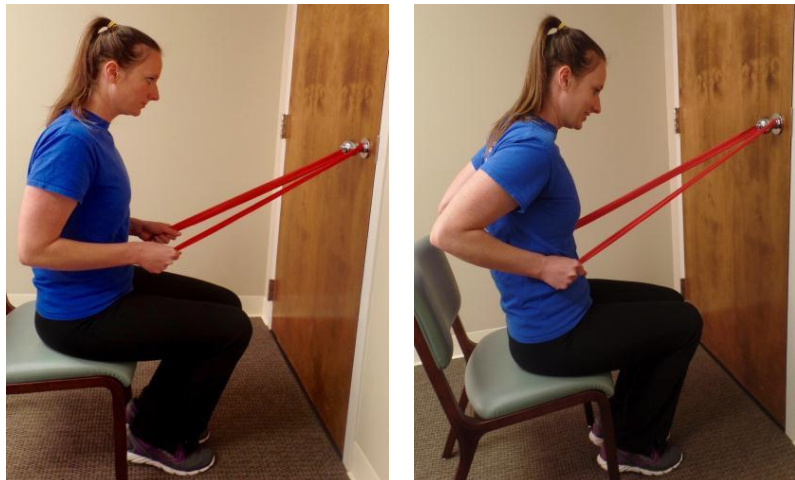
### **Tips:**

1. Wrap resistance band around stable object at level of stomach.
2. Pull band toward the body, while keeping elbows close to body.

### ***Regression/Progression***

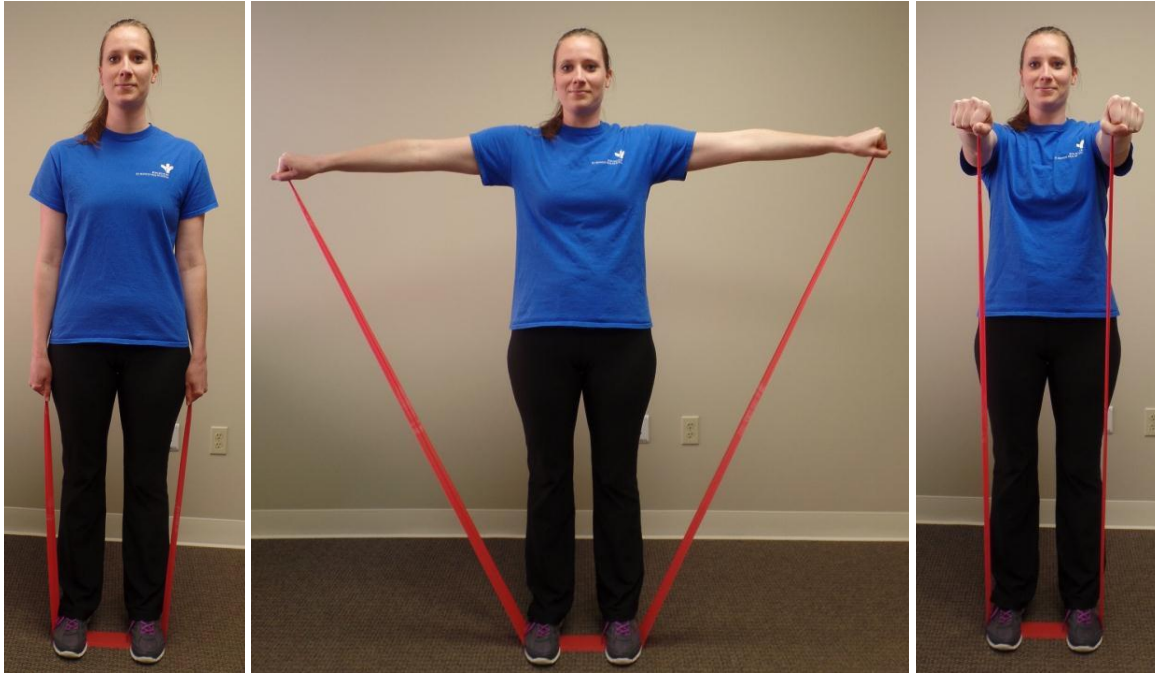
*To make easier:* Perform while seated.

*To make harder:* Increase resistance or use free weights.





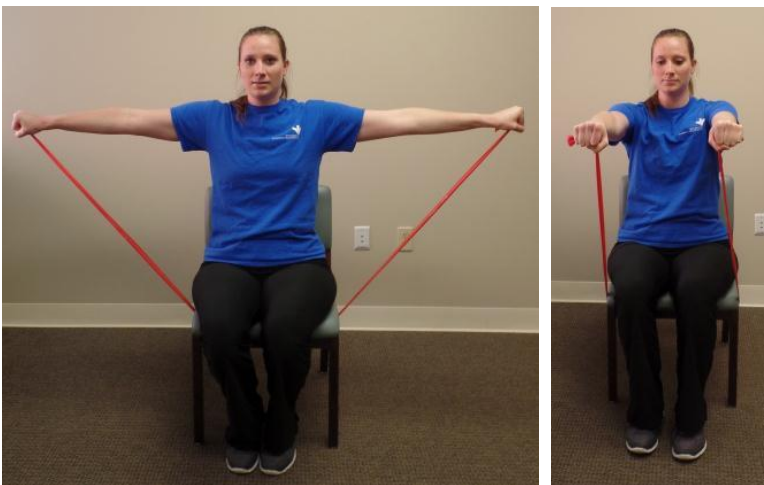
## **Arm Scaption**



### **Tips:**

1. Stand on resistance band with feet and hold band with arms at side.
2. Keeps arms straight and slowly raise them to the sides of the body until reaching shoulder level.
3. Slowly lower arms back down to side.
4. Slowly raise arms in front of body to shoulder level, while keeping arms straight.
5. Lower to sides.

### ***Regression/Progression***



*To make easier: Perform while seated*



*To make harder:* Perform in single leg stance. Increase resistance or use free weights.

### **Dumbbell Curl**

Tips:

1. Stand on resistance band with feet and hold band with arms at side.
2. Turn arms so palms are facing up, but in fists.
3. Contract arms and pull fists toward shoulders.
4. Release slowly.

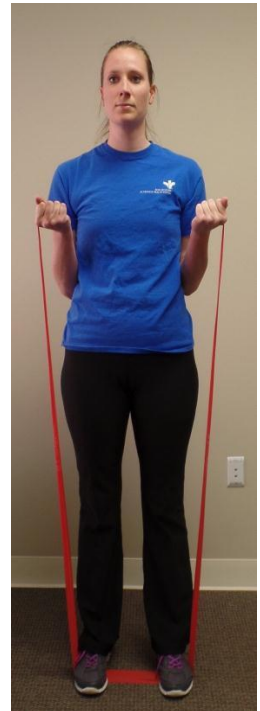
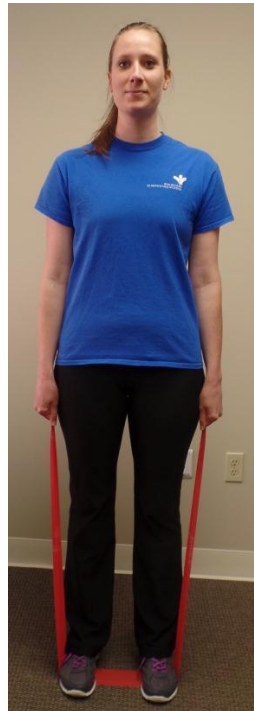
### ***Regression/Progression***



*To make easier:* Perform while seated



*To make harder:* Perform in single leg stance. Increase resistance or use free weights.



## **Shoulder Press**

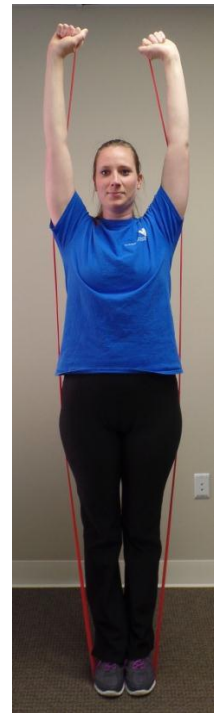
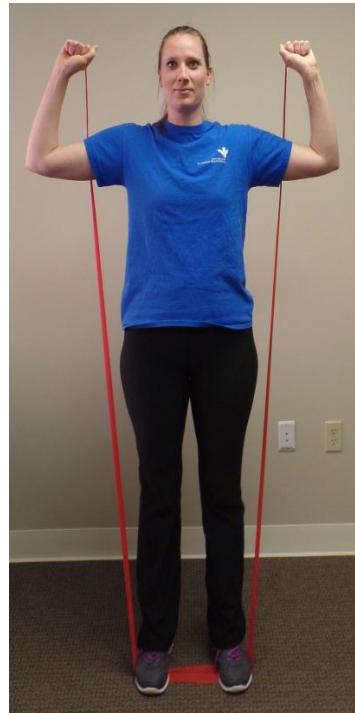
Tips:

1. Stand on resistance band with feet and hold band with arms bent at shoulder height.
2. With palms facing up in fists, press arms above head until straight.
3. Slowly release to starting position.

## **Regression/Progression**

*To make easier:* Perform while seated.

*To make harder:* Increase resistance or use free weights.



## **Push Down**

Tips:

1. Wrap resistance band around stable object at shoulder level.
2. Position arms in front of body in relaxed position, while holding band.
3. Pull down on the band until arms are straight.
4. Slowly release to starting position.



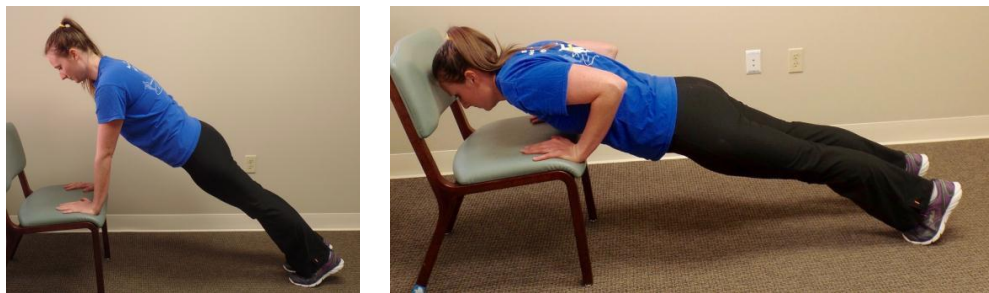
### ***Regression/Progression***

*To make easier:* Perform while seated.

*To make harder:* Increase resistance or use free weights.



### **Push Ups**



Tips:

1. Start facing chair, with arms straight, hands shoulder width apart on chair and feet on the ground.
2. Bend arms and lower chest to the chair.
3. Push body back up by straightening arms.

### ***Regression/Progression***

*To make easier:* Perform standing using wall.

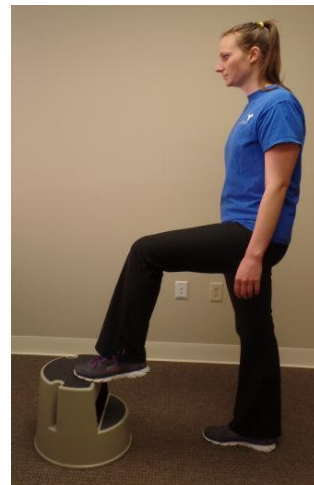
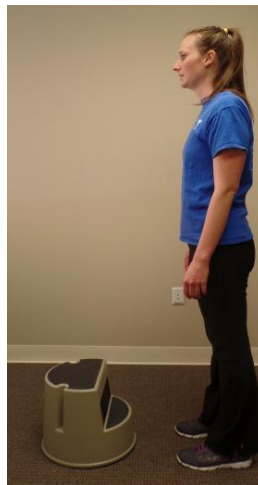
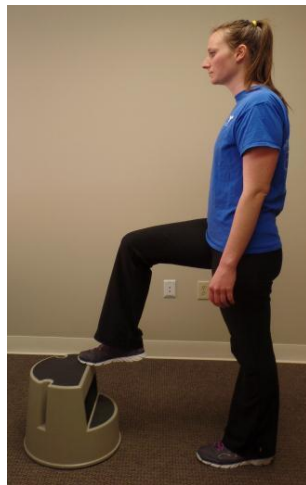
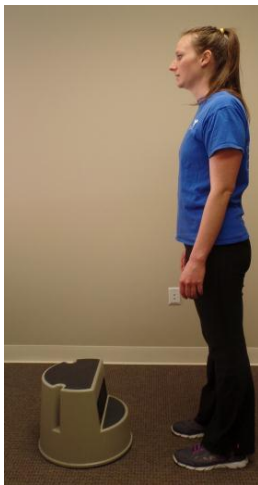




*To make harder:* Perform on the ground on knees or toes.



### **Toe-Taps**



Tips:

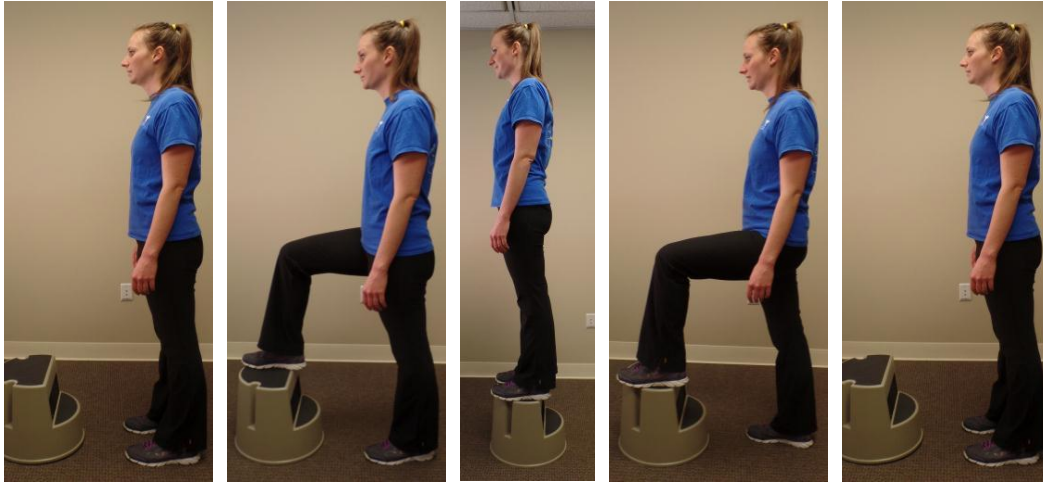
1. Stand in front of stable stair or box. Lift one foot and tap your toe on the edge of the stair/box.
2. Release foot down and repeat with opposite foot.

### ***Regression/Progression***

*To make easier:* Perform while seated or hold onto chair while standing.

*To make harder:* Increase speed of taps or height of stair/box.

## **Step Ups**



### **Tips:**

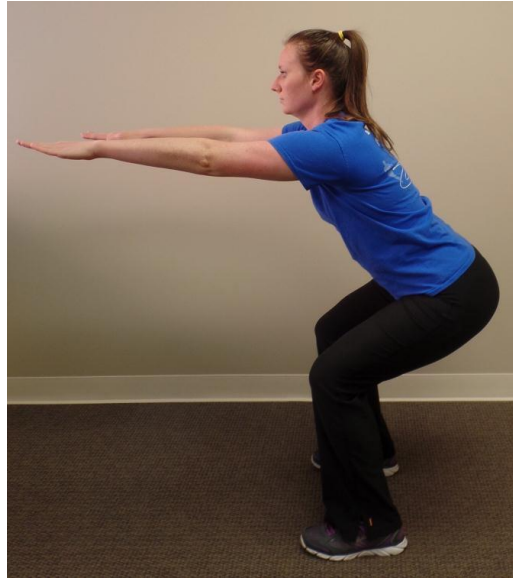
1. Stand in front of stair or box. Lift right foot and step up onto top of stair/box with opposite foot following.
2. Step back down onto ground with right foot and left foot following.
3. Alternate starting foot.

### ***Regression/Progression***

*To make easier:* Hold chair or railing while performing.

*To make harder:* Increase height of stair or box. Add knee lift.

## **Squats**



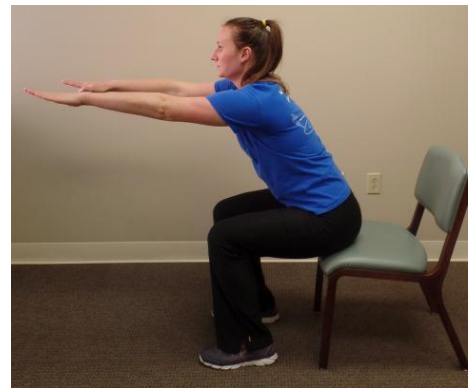
### **Tips:**

1. Place feet shoulder width apart.
2. Lower hips to 90 degrees, while keeping back straight.
3. Slowly push back up into standing position.

### ***Regression/Progression***

*To make easier:* Lower as low as possible and/or lower onto seat. Hold chair or railing as needed.

*To make harder:* Add weight or perform Squat jumps



## Post-Operative Physical Activity

The physical activity progression recommended by clinical exercise physiologists' post-surgery is as follows:

### Cardio/Aerobic Progression

Time Post Surgery	Frequency	Duration
0-2 Weeks	Several Times per day	As tolerated
2-4 Weeks	5-6 days/week	20-30 min in 10 min increments
4-6 Weeks	5-6 days/week	30-40 minutes
6+ Weeks	5-6 days/week	40-60 minutes

### Resistance Progression: \*not to begin until cleared for physical activity

Time Post Surgery		
3-7 Weeks	1 set of 20	2-3 days/week
7-11 Weeks	2 sets of 15	2-3 days/week
11+ Weeks	3 sets of 12-15	2-3 days/week

### Example Upper Body Workout

**Warm Up:** Cardio 5+ minutes

#### Stretches

Exercise	Sets	Reps
Prone Iso Abs	2	Hold 20 seconds
Dumbbell Row	2	15
Arm Scaption	2	15
Dumbbell Curl	2	15
Shoulder Press	2	15

**Cool Down:** Cardio 5+ minutes





## HealThy Self St. Francis Millennium

### HealThy Self Fitness

HealThy Self at St. Francis Millennium Campus is different from a standard gym – we’re staffed with medical professionals who share a passion for empowering our clients to take charge of their health. Chronic illnesses like heart disease and type-2 diabetes can be prevented by physical activity and nutrition, and HealThy Self gives you the tools you need to make a positive change in your health.

#### Facility

Membership to HealThy Self includes use of the entire specially-designed facility, with modern weight and cardio equipment and a walking track. Group fitness classes such as Total Body and Stretching are available to help you reach your goals. We offer all this in a supportive environment that meets you wherever you are on your journey to be a healthier you.

#### Healthy Living

HealThy Self also offers other health related services. We offer Diabetes Self-Management Education classes to help you understand and control diabetes.

#### Hours of Operation

**Monday – Thursday 6:00 am – 8:00 pm**

**Friday 6:00 am – 5:30 pm**

**Saturday 8:00 am – 1:00 pm**

**Cost \$30.00/month for surgical weight loss candidates**

#### Location

HealThy Self is conveniently located on the St. Francis Millennium Campus, Suite 200, near I-85 and Laurens Road.

**Join Today!** Ready to make a healthy change in your life? For more program and rate information, call 864-400-3651

## **Labs: Bon Secours St. Francis Surgical Weight Loss**

As surgical weight loss procedures are restrictive, and can be malabsorptive, it is required that you have lab work done at 6 months, 12 months, and then annually to identify any deficiencies. We will order these labs at the necessary visits. If your insurance requires you to have labs completed with your primary care, you can provide them with this sheet for guidance.

Weight loss - ICD10: 63.8

Malabsorption - ICD10: E43

### **6 month Recommended Labs for Follow up of Gastric Bypass and Sleeve Gastrectomy**

- [X] Lipid Panel
- [X] Kidney Function
- [X] Liver profile
- [X] CBC
- [X] Vitamin D, 25-OH

### **Annual Recommended Labs for Follow up of Sleeve Gastrectomy**

- [X] Lipid Panel
- [X] Kidney Function
- [X] Liver profile
- [X] CBC
- [X] B12
- [X] Phosphorus
- [X] Folate
- [X] Iron Studies: Iron Level, TIBC, Ferritin
- [X] Hgb A1C
- [ ] TSH \*if hx of hypothyroidism

### **Annual Recommended Labs for Follow up of Gastric Bypass**

- [X] Lipid Panel
- [X] Kidney Function (including calcium)
- [X] Liver profile
- [X] CBC
- [X] B1 – Thiamine
- [X] B12
- [X] Calcium
- [X] PTH
- [X] Phosphorus
- [X] Magnesium
- [X] Copper
- [X] Selenium
- [X] Folate
- [X] Iron Studies: Iron Level, TIBC, Ferritin
- [X] Vitamin D, 25-OH
- [X] Zinc
- [X] Hgb A1C
- [ ] TSH \*if hx of hypothyroidism

## Policies

- Surgical weight loss is an elective procedure. Participation in our program, including any medically supervised diet/physical activity plan and psychological evaluation, is not a guarantee since you have to be accepted as a surgical candidate. All members of our multidisciplinary team must approve you for surgery. If at any time during the pre-op program you are felt to be an inappropriate candidate, we reserve the right to dismiss you from our program.
- Being respectful and courteous to office staff is required. Dismissal from our program can occur for problematic behavior, including but not limited to, two missed appointments and rude behavior.
- All fees not covered by insurance are due prior to your pre-assessment appointment. If you have not paid the full amount by that date, your appointment will be cancelled, and your surgery date may be changed or cancelled.
- Tobacco free for 6 months, prior to starting with our program. Nicotine blood level will be completed prior to surgery.
- Drug abuse free for 1 year. Alcohol abuse free for 1 year.
- Ages 18-65. If over age 65, your records will be reviewed by the surgeon to determine potential candidacy prior to starting our program.
- No undiagnosed or untreated psychological issues. If you are followed by a Psychiatrist, Psychologist, or Counselor, we require those medical records. Our physician will review the records. If you have conditions that we deem could be exacerbated in the perioperative period\*, you will not be a candidate for our program as we do not have comprehensive psychiatric capabilities at our hospital. \*see below
- No failed: psychological, dietitian or other team evaluation from another program.
- Psychological evaluation must be within 6 months of surgery.
- We do not require a specific amount of weight loss in the pre-operative phase of our program; however, **you must not have a net gain.**
- If you are being followed by our dietitian for a supervised diet/physical activity program and are late to or miss > 2 appointments, you will be dismissed from our program.

- If you are found to not be an appropriate surgical weight loss candidate or are dismissed from our program for any reason during completion of the required steps of our program, your payment for psychological, dietitian, or physician services will NOT be refunded. These are required services to determine your eligibility.
- We request that you have a visit with your primary care physician within 6 months prior to surgery. If you do not have a primary care physician, you will need to establish care prior to starting our program.
- There is a \$25 fee for FMLA and/or Short Term Disability paperwork. This payment will be collected upon receipt of your paperwork.

\*Potential conditions that could be exacerbated by surgical weight loss and may be reason for contraindication of surgical pursuit with Bon Secours St. Francis Surgical Weight Loss: Active drug abuse, active suicidal ideation, Borderline personality disorder, Schizophrenia, Bipolar disorder, Psychotic disorder, uncontrolled depression or anxiety, defined non-compliance with previous medical care, self-destructive or suicidal behavior, psychiatric hospitalizations

Carolina Surgical Associates (864) 675-4815

Monday – Thursday 8:00 am – 5:00 pm

Friday 8:00 am - 12:00 pm

St Francis Surgical Weight Loss (864) 675-4819

Monday – Thursday 8:00 am – 5:00 pm

Friday 8:00 am - 12:00 pm

# Out-of-Pocket Expenses

## Program Fee

St. Francis takes great pride in offering our program **without a program fee**. The only upfront cost to you, the patient, will be your deductible, co-insurance, co-pays, etc. once your insurance is verified. If you do not have insurance, financing is available through Prosper Healthcare Lending. Call our Quality Coordinator for more information regarding this.

## Dietary Evaluation

Dietary assessment(s) is **required** prior to surgery. Once notified by our Quality Coordinator, you will schedule an appointment with our dietitian. This service is of no additional cost to you. You will work with our dietitian until she feels as though you are comfortable with the habits and educational material necessary to achieve success with the SWL tool.

## Psychological Evaluation

A psychological evaluation is **required** prior to surgery. Once notified by our Quality Coordinator, you will be given the necessary information for your evaluation. The fee of this evaluation may or may not be covered by your insurance company. You are responsible for any fee incurred for this evaluation. This is non-refundable.

## Records, Recommendations and Labs

We will need to review various medical records for evaluation. Our Quality Coordinator will discuss what records are needed and will have you sign a release to obtain those records. Some insurance companies now require a separate medical evaluation from a physician other than the requesting surgeon that includes both a recommendation for bariatric surgery as well as a medical clearance for surgery. Depending on your insurance this may or may not be a requirement.

You will be required to complete lab work during the surgical process. This lab work is specific to the surgery. The Quality Coordinator will provide you with this information when necessary. These labs will be filed to your insurance.

## Deductibles, Co-Payments, and Non-Covered Services

You, the patient, are responsible for any deductibles, co-payments, etc., and/or non-covered services as required by your insurance provider. You will be given a breakdown of the procedure charges once your insurance has been verified for coverage. These charges are preliminary and are subject to a normal procedure without unforeseen complications. You will be notified at the time you schedule surgery and after your insurance is verified indicating the estimate for your financial obligation to Carolina Surgical Associates and Bon Secours St. Francis Health System.

St. Francis Hospital requires that all Surgery Deposits be paid in full prior to your procedure. Your surgeon fees will be paid to Carolina Surgical Associates in full prior to your pre-assessment visit.

## Frequently Asked Questions

### **How long will I be in the hospital?**

The typical laparoscopic Roux-En-Y and Sleeve Gastrectomy patient will be in the hospital 1 to 2 nights; if the procedure is open, the patient will remain in the hospital for an average of 4 days.

### **How long will I be out of work?**

You will typically be out of work for 1-3 weeks. This time will also be adjusted according to the type of work you perform.

### **Will I need to be on a diet for life?**

You will need to make major lifestyle changes after surgery. Keep in mind, the surgery is only a “tool”. You will only be able to eat very limited amounts of food. You should eat at least 3 meals every day and every meal will consist of protein. You should avoid sugar and simple carbohydrates; you will need to focus on protein.

### **Will I need to stop smoking?**

Yes, you must stop smoking at least 6 months prior to scheduling surgery. You must also be nicotine free for at least 6 months prior to surgery (vaping and e-cigarettes must NOT contain nicotine, 0%). Nicotine can cause very serious complications such as delayed incision healing and potentially fatal blood clots. Resuming smoking or nicotine products following surgery can lead to a 70-80% greater chance of developing complications such as strictures and/or ulcers.

### **What about physical activity?**

In order to promote and maintain your weight loss, it is crucial that you begin a physical activity program within the first few weeks of recovery. Lifestyle changes are necessary in all areas.

### **Do you offer Support Groups?**

We have a support group that meets on the 2<sup>nd</sup> Thursday of each month at 6 pm. The group welcomes pre- and post-operative patients, as well as anyone locally who had bariatric surgery elsewhere. The meetings are facilitated by a licensed counselor, are cost-free, and no registration is required. We feel as though support plays an enormous role in your weight loss journey. Regular attendance at support group will help you optimize your success and overall wellbeing.

We also offer a Facebook support group solely for St. Francis Surgical Weight Loss patients. You can find the link on our St. Francis Surgical Weight Loss page and request to be added to the group (<http://www.facebook.com/pages/St-Francis-Surgical-Weight-Loss>). The group name is St. Francis Surgical Weight Loss Support. This is an area where you are able to talk to others, ask questions, and get advice on your own terms. To ensure privacy, you will not be added to this group until you have been approved by the doctor for surgery.

**How long will this process take before I can have surgery?**

The length of the process varies for each individual. The timeline often depends on your insurance company. Some insurance companies require a supervised diet program or other medical requirements prior to surgery. Our surgeons and team will also determine if additional medical requirements are necessary to ensure that you are a candidate for the surgery.

**Why do I need a Psychological Evaluation?**

In accordance with the National Standards for Bariatric Surgery, and as part of our multidisciplinary program, each patient is required to have a psychological evaluation completed. The psychologist can help you understand some of the major lifestyle changes you will need to make. They can also be a valuable resource post-operatively if those changes seem more difficult than you anticipated. You will also be assessed for any depression or mental illness to assure your success post-operatively and that you are properly medicated. At least 20 percent of all morbidly obese patients have some level of depression.

*REMINDER:* The psychological and dietitian evaluations are not rated on a pass/fail scale. You will NOT receive a notification at the end of your evaluations stating the result. They are used by the doctor and multidisciplinary team to determine if you are a good candidate for surgery. These evaluations alone do not determine whether or not you will be a candidate for surgery.

**Weight Loss Surgery Resources**

- Bon Secours St. Francis Health System: <http://www.gottolose.org>
- Facebook Support Group: <https://www.facebook.com/#!/groups/341161369318212/>
- Association for Morbid Obesity Support: [www.obesityhelp.com](http://www.obesityhelp.com)
- National Association for Weight Loss Surgery: [www.nawls.com](http://www.nawls.com)
- OAC-Obesity Action Coalition: [www.obesityaction.org](http://www.obesityaction.org)
- Beyond Change: [www.beyondchange-obesity.com](http://www.beyondchange-obesity.com)
- Mayo Clinic: [www.mayoclinic.com](http://www.mayoclinic.com)
- Obesity On-Line: [www.obesity-online.com](http://www.obesity-online.com)