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## **Post-op Instructions**

**Please call 602-234-8995 for any questions or concerns**

**Call the office if you experience any of the following:**

- Shortness of breath
- Fever greater than 101 degrees
- Rapid heart rate
- Pus draining from incisions
- Redness around incisions bigger than a dime
- Persistent vomiting

### **Pain Control**

For the first three days, please take ibuprofen 400mg (two 200 mg over-the-counter tablets) every four to six hours to stay on top of the pain. Use the narcotic prescription [usually Vicodin tablets] (Acetaminophen and hydrocodone)] only as needed. After three days the pain should be easily managed by an occasional Tylenol (acetaminophen) or Advil (Motrin, ibuprofen) as needed. Try to not take ibuprofen on an empty stomach and make sure you are well hydrated. You should not take ibuprofen if you get dehydrated or if you have a history of stomach ulcers. If you have trouble swallowing pills, you can use an equivalent amount of liquid ibuprofen or liquid Motrin. It is not unusual to have some shoulder pain after surgery. This pain is from irritation to the diaphragm during the surgery. A heating pad on your shoulder blades or the upper abdomen may help. This pain, if you have it, should gradually subside over several days, but occasionally lasts longer.

### **Vitamins**

You need to take a daily multi-vitamin. The easiest is Flintstones chewable vitamins. Any multi- vitamin will do realizing that it may be hard to take large pills. Some patients prefer liquid adult vitamins, chewable adult vitamins or breaking regular vitamins in half.

### **Constipation**

If you go more than two days without a bowel movement, it is time to get things moving. Over- the-counter stool softeners (Colace, DSS, or docusate sodium) are mild and a good first choice. If this doesn't work, take Phillips Milk of Magnesia two tablespoons once or twice per day. This tends to work really well so make sure you have ready access to a bathroom. Once you are eating regular food it will be important to have plenty of fiber in your diet to promote good bowel function. Examples of high fiber foods are bran cereal, fruits, vegetables, and beans.

### **Diarrhea**

On a liquid diet, you can expect loose stools. Kaopectate, which can be found in your grocery store or pharmacy, is a good medication to take because it simply gels the stool as opposed to constipating you. If you are having more than 6 watery stools per day for more than one week after surgery, you may have a special kind of diarrhea associated with the antibiotics we give prior to surgery and you should call the office so we can arrange a stool specimen for culture.

### **Bleeding from Incisions**

Due to the blood thinners we give before surgery to prevent blood clots, it is common and normal for the small incisions to ooze blood and clear or yellow fluid for several days after surgery. Consequently, bruising around the incisions is normal as well. This will resolve on its own. This is caused by tiny vessels under the skin. If blood is continuously dripping out of an incision, apply firm pressure with a gauze or paper towel for five minutes and then leave an ice pack on it for several hours and it should stop. If this happens, switch from ibuprofen to acetaminophen as well since ibuprofen can prolong bleeding.

**Bandages**

Leave the round plastic band-aids and steri-strips (small white tapes) in place. You may change the bandages if they become soaked with fluid, and after 24 hours the wounds can be left open to air. If they fall off on their own, this is okay. If you have dissolving sutures (stitches) they do not need to be removed. The two other sutures we use are non-dissolving sutures which we will remove in a week. Or sometimes we use staples—that are easily removed in the office. To minimize scarring, once the steri-strips and band-aids are off, you may apply Vitamin E oil, Scar Guard or Mederma to the incisions twice daily for two months. You can get Vitamin E oil by poking a hole in the end of a gel Vitamin E capsule and squeezing the oil onto the incision. Vitamin E oil is very sticky. Scar Guard or Mederma should be available by asking your pharmacist. It does not require a prescription.

**Activity**

It is a good idea to try to get in some walking or other physical exercise every day. Start out slowly and build up gradually. A simple walking program is a good place to start if you have not been physically active before surgery. Start out walking for 5 or 10 minutes and build gradually to 30 minutes per day. As you lose weight, you will likely find a calorie burning activity that you enjoy. Most people go back to work within 1 to 5 days, depending on the type of job they have. You can resume sexual activity whenever you feel ready. You can begin exercising moderately after a week or 10 days. There are no restrictions on lifting, but take it easy for a week or two or you will cause more pain in the incisions. Typically the port incision is the most tender due to the fact that the port is stitched to the muscle. This pain will resolve with time. Showers are okay. Do not rub the bandages vigorously with a washcloth. Blot the bandages dry with a towel after a shower. No underwater submersion of the incisions or swimming for two weeks (no baths, swimming or hot tubs). Sitting in the tub with the incisions above water is okay.

**Vomiting**

Try to avoid vomiting. Vomiting increases the slippage and erosion rate of the band. If you are nauseated from the medications or anesthesia, take the prescribed anti-nausea pills. If you are vomiting after eating, it may mean that you are eating too fast or too much and you should eat slower or in smaller amounts.

## **Appointments**

Please call the office to schedule a post-op appointment for one to two weeks after surgery. You may have your first band adjustment 6 weeks after surgery if needed. Some patients will not need an adjustment for several months.

## **Post-Op Diet**

The first six weeks after band surgery are about giving the band time to heal. That is why we recommend liquids for one week and then soft, mushy foods for two weeks. The simple rule for liquid foods in the first week is that you can eat anything that would come through a straw. You don't have to drink it through a straw, but that is the ideal consistency. This includes foods like apple sauce, yogurt without fruit, sugar-free Jell-O, sugar-free pudding and pureed soups. Any soup is okay as long as it is pureed in a food processor or blender. Some people have a hand blender that purees it in the soup pot. If the soup is very thick, you can cut it down with chicken broth. Unjury® is an excellent post-op food source. Unjury® is a thick liquid that will help you feel full, and allow you to lose weight. We allow our patients to use this drink for the first week after surgery. Designed for pre op and post op lap band patients, this is the only protein drink we recommend for our patients. Available through our office.

After one week, you can have soft, mushy foods. This includes chicken and fish, but you want to make sure they are tender and moist. You should avoid foods such as steak, red meats and pork. Also, Lap Band patients find it hard to eat doughy bread, sticky rice, raw vegetables and micro-waved pasta. Fibrous vegetables are easier to eat when steamed or cooked. All foods should be cut into very small pieces, eaten slowly and chewed well. It is important to chew your food way more than you ever did before surgery. We cannot emphasize enough how important it is to chew your food well. Stop eating at the first sign of fullness and avoid vomiting as much as possible. Remember to eat sugar-free foods, diet drinks and non-fat milk. High calorie liquids will not help you lose weight. Repetitive vomiting will increase your risk of a slipped band.

Do not drink carbonated beverages unless you let them go flat. Carbonated beverages will fill your pouch with gas, distend your stomach and might increase the risk for a slipped band.

We will give you more suggestions about eating after adjustable gastric banding at the monthly support group meetings. Support group meetings will be held the 2nd Tuesday of each month, and the 4<sup>th</sup> Thursday of each month in Phoenix at Surgical Specialty Hospital of Arizona, at 6:30 p.m.