

# Weight loss pre-op

If you are reading this information package, you may be seriously considering weight loss surgery as a way to help you control your weight. You have probably tried many other ways to lose weight in the past, which may have left you feeling humiliated, embarrassed, defeated, helpless and frustrated at your lack of success. This booklet is designed to give you a good overview of what you could expect from weight loss surgery, and should address many of your questions or concerns.

We encourage you to learn as much as you can about this surgery and its effects on your weight, health and psyche. Speak with people who have had weight loss surgery, engage with our staff and check out the internet. Explore any sources of information you feel might help you. The more informed you become, the better your experience will be.

Please read this booklet carefully and make a note of anything you may not understand. The professional staff at the Christchurch Weight Loss Surgery are always available to discuss any of your questions or concerns.

# Weight loss surgery pre-op

## The Pre-operative Screening Process

The first stage towards weight loss surgery is embarking on the pre-operative screening process. This process is designed to assess your suitability for weight-loss surgery, and to prepare you for the many changes that will occur following your operation. Any issues that could jeopardise the success of surgery are identified at this stage. Please note that surgery cannot be confirmed until the pre-operative screening process has been completed, and it is the duty of the surgeon to refuse surgery if they deem it unsafe.

### Goals of the pre-operative screening process:

- **Is weight-loss surgery appropriate for you?**  
This will depend on your weight and any other existing medical conditions that may affect the surgery. In general most patients fit the criteria for surgery:
  - BMI of greater than 30.
  - Have exhausted all other means of weight loss.
  - Have no medical or psychological conditions that would put them at undue risk for surgery.
- **Is weight-loss surgery understood?**  
The dietician will educate you on how your eating habits will change after surgery. It is expected you will gain a realistic expectation of the many life-changes that occur after weight loss surgery and will accept these realities **BEFORE** you have surgery.
- **Are you prepared for surgery?**  
There are occasions where surgery has to be abandoned because of a fatty liver that is so large the stomach cannot be accessed at time of operation. So it is essential that you undertake a period of dieting prior to surgery. You will be prescribed a very low calorie diet for 2–4 weeks to starve the liver of glycogen and reduce its size.

## 1 Surgeon consult

First you will meet Dr Flint to discuss weight loss surgery. A medical history and examination will be performed and any medical issues will be assessed. If any pre-operative tests are required, these will be organised at this visit.

## 2 Dietician consult

Your dietitian will ask you about your eating habits, review your food records and discuss your individual eating plan. You will be asked to keep records of food consumption prior to surgery and as needed. A detailed guideline will be provided to assist you in managing your meal patterns before and after surgery. Review this plan carefully. It is essential that you adhere to the pre-operative diet **BEFORE** surgery to aid the success of the operation.

## 3 Psychologist consult

Occasionally a psychologist will be asked to review your suitability for this surgery. The visit will include a review of your present lifestyle, your existing support networks, any depression or anxiety issues you may be dealing with, stresses you may face after the surgery, and if you are in therapy, permission will be sought to speak with your therapist.

## 4 Finances

Some patients use their insurance or access Kiwisaver to fund their surgery. We can aid in these steps that need to be completed before booking for surgery.

## 5 Surgery booking

If no issues are raised, then surgery can be booked at a time that is convenient for your work and family commitments.

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## Days before surgery

### Pre-operative Diet

- Follow the prescribed pre-operative diet: Usually starts 3 weeks before surgery and is designed to maintain a daily calorie count of no more than 1000kcal per day.

### Medication and Supplements

- Some medication will need to be withheld before surgery.
- Bring your regular medications in their original packaging to the hospital, and follow instructions on which ones to take on the day of surgery.

### Special Considerations

- Notify us if you develop a cough, infection, or any change in health in the week before surgery.
- Arrange help at home for the first two weeks after surgery, especially for transportation, meals, and household tasks.
- Plan not to drive for a week after surgery so arrange for transport and assistance as needed.
- It is normal to feel anxious. Bring something to help you relax, such as headphones, music, or a book.

## The day of surgery

- Remove all jewellery, piercings, make-up, and nail polish before coming to the hospital.
- Wear comfortable clothing and bring any hearing aids or glasses you may need.
- Bring your CPAP machine with you if you use one regularly.
- You may wish to bring a friend or family member to accompany you, and drive you home.
- Arrive at the hospital at the specified time and bring all necessary paperwork and identification.

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## The day of surgery

### Where will my surgery be performed?

Dr Flint performs his surgery at St Georges Hospital.

Please note that the hospital will require payment **BEFORE** the day of operation.

### When do I arrive?

You will be required to arrive at hospital a few hours before surgery so that the hospital staff can be prepared for the operation.

If you have a **morning** operation, arrive at the hospital at 7am. Do not have any food or drink after midnight prior (do not have breakfast).

If you have an **afternoon** operation, arrive at the hospital at 11am. Have your last Optifast no later than 8am and drink only water until 10am. Do not have anything after 10am.

It is important that your stomach is empty at the time of surgery.

You can expect to stay in hospital for up to two nights.

### What happens when I arrive at hospital?

At the hospital you will be met by a nurse who will take you to your room. They will review your medical history and laboratory tests, and may perform an ECG. All documentation will be checked and confirmed.

Prior to surgery you will meet your anaesthetist who will review your medical history, perform an examination and review any investigations you have had. They will discuss your anaesthesia and post-operative pain control. This is often the first time you will have met your anaesthetist, so it is important you are prepared to ask any questions you may have.

You will also have an opportunity to speak with Dr Flint again prior to surgery.

### What happens when I go to the operating theatre?

You will be given a theatre gown to wear that opens at the back. You will also be given leg compression stockings to wear, which are below the knee in length. If they feel too tight it is important that you tell your nurse. All jewellery, make up and nail varnish must be removed prior to going down to the operating theatre, however wedding bands may be left on and taped.

There will be a number of people, all doing different things to get you ready for surgery. At times this may feel overwhelming, and may be confusing. However, this is entirely normal, as it takes a variety of skilled staff to ensure your surgery is performed safely.

Once in the pre-op suite an intravenous drip will be inserted into your arm or the back of your hand. Other items will be attached to monitor you during surgery. These include: a peg on your finger monitoring your oxygen saturation level, a blood pressure cuff and three stickers on your chest to monitor your heart. This is standard for any type of surgery.

When everything is ready, an oxygen mask will be placed on your face and you will be asked to breathe in deeply. While you may notice a strange smell, this is oxygen only. You will slowly fall asleep as the anaesthetist inserts medications into your intravenous drip.

# Weight loss surgery post-op

## What will happen immediately after the operation?

You will wake up either in the theatre or the recovery room. Once awake you will notice that you are still connected to a number of things, including a drip, oxygen mask and blood pressure cuff. This is entirely normal, and for the first few hours after your surgery you will be closely monitored and your blood pressure and pulse will be checked frequently. You may also notice that you are wearing foot pumps that might feel like they are pulsating. These are used to help reduce the risks of blood clots.

You may also have a PCA (patient controlled analgesia) which you are able to press if you need pain relief. It is preset so there is no danger of overdose. It is important to tell your nurse if you feel nauseated or have pain, as you may require additional medication. Being comfortable means you will breathe, move and drink more easily – all things that will ensure you have a positive and rapid recovery.

Once you are awake your nurse will encourage you to stand up, move around and walk to the toilet as soon as you are able. This early movement is very important and plays a large role in the prevention of complications such as blood clots and chest infections. The use of blood thinning drugs and leg compression stockings are used to further help reduce the risk of blood clots. You will also be encouraged to take deep breaths, cough and do breathing exercises, all things that will help with your recovery.

Movement is the key to reducing the risk of post-operative complications. The more you can sit out in a chair and walk around the ward, the better it is for you. You might find it more comfortable to sit up than to lie down and you may even prefer to sleep sitting in your chair.

Your drip and the cannula are usually taken down the following day.

## Wound care

- Your wounds will usually have dissolving stitches and will be covered in a waterproof dressing. Keep your wound dry for the first 24–48 hours. After this period, you may shower, but avoid submerging the incision in water (baths, swimming) for two weeks.
- After showering pat incisions dry. Inspect the dressing after showering. The waterproof dressing may become wet or loose. If so you may remove it, but try not to disturb the sticky plaster dressing underneath that is adhered to the wound. This plaster normally falls off at two weeks.
- Avoid direct sunlight on your incisions.
- Do not scratch your incisions (it is normal for your incisions to feel itchy).
- Do not apply ointments, antiseptics, or powders to the incision. Simply keep it clean and dry.
- Check your incisions for abnormalities such as unusual drainage, redness, or tenderness.

## Diet

- Follow the diet instructions outlined in the post-op diet packet, provided by your dietitian.
- Sip fluids regularly during the day to prevent dehydration. A common trick is to have a timer set at 20 minutes to remind yourself to sip regularly. If you feel uncomfortable, withhold drinking on that beep and wait for the next one. As long as you are passing urine 2-3 times a day you are drinking enough.

# Weight loss surgery post-op

## Activity

- You can expect to be very tired for 1-2 weeks after your surgery.
- Gradually increase your activity. Start with short walks several times each day. You should be walking around your home frequently during the day.
- Avoid sudden changes in position. Move slowly from lying to standing and from sitting to standing.
- Avoid lifting more than 5kg for 2 weeks.
- No abdominal exercises for 6 weeks.
- Consult your doctor to find out when you can resume more strenuous activity.

## Bowel and bladder

- Monitor your urine output. You should be passing urine 2-3 times a day. It should be clear and without odor.
- Do not strain to have a bowel movement. A stool softener is recommended.
- Contact your doctor if you have black or bloody stool.

## Medications

Take your medications exactly as prescribed on your medication discharge instruction sheet.

Unless otherwise directed by your doctor, all of your medications and vitamins can be swallowed as they are given. Alternatively you may crush tablets, use chewable or liquid forms. If you are uncertain how large a pill you can swallow then it is useful to use the rule that you swallow no pill larger than the top of a thumbtack.

### Usual post-op medications are:

- Paracetamol 1g gelcap orally every 4hrs for pain (cut pills in half if difficult to swallow).
- Celecoxib 200mg caps twice a day for pain.
- Codeine or tramadol as prescribed for pain.
- Pantoprazole 20mg gelcap orally once a day for 12 months.
- Laxsol tablets for constipation.
- Ondansetron 4mg tabs or wafers every 4-6 hours for nausea.

## When to seek medical advice

Contact Dr Flint at the rooms or your GP if you experience:

- A temperature higher than 38°C
- Your incision(s) opens up or become red, swollen, tender, or have new drainage
- Abdominal pain that is not relieved by your pain medication
- Persistent nausea or vomiting
- Shortness of breath
- Any pain or swelling in your legs
- One leg appears noticeably larger than the other
- Painful, frequent urination or inability to urinate
- Black or bloody stool
- Vomiting blood

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