1. **What do I need to do to be successful after surgery?**

The basic rules are simple and easy to follow:

- Immediately after surgery, you will begin the diet guidelines provided to you prior to surgery. You will need to follow these guidelines closely. You will begin with a liquid diet, move to semi-solid foods and later, solids foods will be added and tolerated without risk to the surgical procedure performed. Allowing time for proper healing of your new stomach pouch is necessary and important.

- When you are able to eat solids, eat 3 meals per day, no more. Protein in the form of lean meats (chicken, turkey, and fish) and other low-fat sources should be eaten first. These should compose at least half of the volume of the meal eaten. Foods should be cooked without fat and seasoned to taste. Avoid sauces, gravies, butter, margarine, mayonnaise and junk foods.

- Never eat between meals.

- Drink 2-3 quarts or more of water each day. Water must be consumed slowly, 1-2 mouthfuls at a time, due to the restrictive effect of the operation.

- Exercise aerobically every day for at least 20 minutes (one-mile brisk walk, bike ride, stair climbing, etc.) Weight/resistance exercise can be added 3-4 days per week, as instructed by your doctor.

2. **What's so important about exercise?**

When you have a weight loss surgery procedure, you lose weight because the amount of food energy (calories) you are able to eat is much less than your body needs to operate. The body has to make up the difference by burning reserves or unused tissues. Your body will tend to burn any unused muscle before it begins to burn the fat it has saved up. If you do not exercise daily, your body will break down your unused muscle and you will lose muscle mass and strength. Daily aerobic exercise for 20 minutes will communicate to your body that you want to use your muscles and force it to burn the fat instead.
3. **What is the right amount of exercise after weight loss surgery?**

Many patients are hesitant about exercising after surgery, but exercise is an essential component of success after surgery. Exercise actually begins on the afternoon of surgery - the patient must be out of bed and walking. The goal is to walk further on the next day, and progressively further every day after that, including the first few weeks at home. Patients are often released from medical restrictions and encouraged to begin exercising about two weeks after surgery, limited only by the level of wound discomfort. The type of exercise is dictated by the patient’s overall condition. Some patients who have severe knee problems can’t walk well, but may be able to swim or bicycle. Many patients begin with low stress forms of exercise and are encouraged to progress to more vigorous activity when they are able.

4. **When can I start doing sit ups or lifting weights?**

Sit-ups & weight lifting are ok after about 6 weeks.

5. **When can I start to swim or exercise in the water?**

Swimming or water exercise is ok after 2 - 3 weeks.

6. **Can I get pregnant after weight loss surgery?**

It is strongly recommended that women wait at least one year after the surgery before a pregnancy. Approximately one year post-operatively, your body will be fairly stable (from a weight and nutrition standpoint) and you should be able to carry a normally nourished fetus, you should consult your surgeon as you plan for pregnancy.

7. **What if I'm not hungry after surgery?**

It's normal not to have an appetite for the first month or two after weight loss surgery. If you are able to consume liquids reasonably well, there is a level of confidence that your appetite will increase with time.

8. **Is there any difficulty in taking medications?**

Most pills or capsules are small enough to be tolerated after surgery. Early on after surgery medication can be taken in liquid form or crushed.

9. **Will I be able to take oral contraception after surgery?**

Most patients have no difficulty in swallowing these pills. However, a backup form of contraception should be used in the months following your surgery. The concern is that
your birth control pill may not be as effective, especially if you are experiencing vomiting or diarrhea. Using a barrier method is suggested, however, diaphragms may not be the most appropriate option. Diaphragms have to be individually fitted and thus significant weight loss can change the way your diaphragm fits. Using condoms with a spermmicide is an appropriate measure that you can take to reduce your risk of pregnancy.

10. Is sexual activity restricted?

Patients can return to normal sexual intimacy when wound healing and discomfort permit. Many patients experience a drop in desire for about 6 weeks.

11. Is there a difference in the outcome of surgery between men and women?

Both men and women generally respond well to this surgery. In general, men lose weight slightly faster than women do.

12. Will I be asked to stop smoking?

Patients are required to stop smoking at least 6 weeks before surgery.

13. If I start smoking again, what happens?

Smoking increases the risk of lung problems after surgery, can reduce the rate of healing, increases the rates of infection and interferes with blood supply to the healing tissue. Smoking may also increase risks of developing ulcers.

14. How can I know that I won't just keep losing weight until I waste away to nothing?

Patients may begin to wonder about this early after the surgery when they are losing 20-40 pounds per month, or maybe when they've lost more than 100 pounds are they're still losing weight. Two things happen to allow weight to stabilize. First, a patient's ongoing metabolic needs (calories burned) decreases as the body sheds excess pounds. Second, there is a natural progressive increase in calorie and nutrient intake over the months following weight loss surgery. The stomach pouch and attached small intestine learn to work together better and there is some expansion in pouch size over a period of months. The bottom line is that, in the absence of a surgical complication, patients are very unlikely to lose weight to the point of malnutrition.

15. What can I do to prevent lots of excess hanging skin?

Many people heavy enough to meet the criteria for weight loss surgery have stretched their skin beyond the point from which it can "snap back." Some patients will choose to have plastic surgery to remove loose or excess skin after they have lost their excess weight. Insurance generally does not pay for this type of surgery (often seen as elective
surgery). However, some do pay for certain types of surgery to remove excess skin when complications arise from these excess skin folds. Ask your surgeon about your need for a skin removal procedure.

16. Will exercise help with excess hanging skin?

Exercise is good in so many other ways that a regular exercise program is recommended. Unfortunately, most patients may still be left with large flaps of loose skin.

17. Will I have to change my medication?

Your doctor will determine whether medications for blood pressure, diabetes, etc., can be stopped when the conditions for which they are taken improve or resolves after weight loss surgery. For meds that need to be continued, the vast majority can be swallowed, absorbed and work the same as before weight loss surgery. Usually no change in dose is required. Two classes of medications that should be used only in consultation with your surgeon are diuretics (fluid pills) and NSAIDs (most over-the-counter pain medicines). NSAIDs (ibuprofen, naproxen, etc.) may create ulcers in the small pouch or the attached bowel. Most diuretic medicines make the kidneys lose potassium. With the dramatically reduced intake experienced by most weight loss surgery patients, they are not able to take in enough potassium from food to compensate. When potassium levels get too low, it can lead to fatal heart problems.

18. What medication can I take for pain?

The gastric bypass patient is limited as to what he/she may take for pain mainly because of the common adverse effects associated with pain medications.

Tylenol (acetaminophen) is a good choice because it is effective and appears to have little effect on the lining of the stomach and intestines, even in large doses. The maximum daily dose is 4000mg (equivalent to eight regular strength tablets or six extra-strength tablets).

Aspirin and NSAIDs should be avoided because of gastrointestinal (GI) side effects. Prolonged treatment with aspirin can produce gastric ulcers in up to 50% of patients, though this risk may decrease with the use of enteric-coated tablets.

Naproxen sodium, the ingredient found in Aleve, was shown to have a two-fold higher incidence of upper GI tract bleeding than ibuprofen (Advil, Motrin), which when compared with other NSAIDs, was shown to carry the lowest risk of serious GI effects. This risk associated with ibuprofen did increase however, with increased doses (i.e. >1500mg/day). Patients at increased risk of developing adverse GI effects include the elderly, those with a history of Peptic Ulcer Disease (PUD), and those also using corticosteroids (i.e. prednisone) or anticoagulants (ex: Coumadin). Precautions that should be taken if using an NSAID include taking the medication with a meal, while in an upright position (either sitting up or standing), and with a full glass of water.
Prolonged or regular use of narcotics such as Darvocet (propoxyphene) and Lortab (hydrocodone + acetaminophen) should also be avoided when possible because they cause constipation.

19. What is a hernia and what is the probability of an abdominal hernia after surgery?

A hernia is a weakness in the muscle wall through which an organ (usually small bowel) can advance. Approximately 20% of patients develop a hernia. Most of these patients require a repair of the herniated tissue. The use of a reinforced mesh to support the repair is common.

20. Is a blood transfusion required?

Infrequently: If needed, it is usually given after surgery to promote healing.

21. What is phlebitis and is it preventable?

Phlebitis is undesired blood clotting in veins, especially of the calf and pelvis. It is not completely preventable, but preventative measures will be taken, including:

- Early ambulation
- Special stockings
- Blood thinners
- Pulsatile boots

22. Will I lose hair after surgery? How can I prevent it?

Hair loss is common after many times of physical stress. The stress of abdominal surgery can certainly contribute to hair loss. The amount of hair loss will vary between individuals. This hair loss cannot be prevented, but it is definitely a temporary effect.

Nutritional deficiencies such as inadequate protein, iron and zinc consumption can also contribute to hair loss. In the early weeks following surgery, it is difficult to take in all the necessary nutrients in adequate amounts. It is important to take a vitamin/mineral supplement regularly to help preserve body stores of critical nutrients.

Protein intake will be reduced during the early weeks following surgery. You will gradually be increasing the amount of protein in your diet to reach a target of 60 grams/day by about 6 weeks following surgery. If you are having difficulty getting this amount of protein into your diet, you can ask for recommendations for a liquid protein supplement. New hair growth is usually seen within 6-8 weeks after surgery and after correction of any nutritional deficiencies.

23. What are adhesions and do they form after this surgery?

Adhesions are scar tissues formed inside the abdomen after surgery or injury. Adhesions can form with any surgery in the abdomen. For most patients, these are not
extensive enough to cause problems.

24. What is sleep apnea?

It is the interruption of the normal sleep pattern associated with repeated delays in breathing. Sleep apnea often shows rapid improvement after surgery. In most patients, there is a complete resolution of symptoms by six months following surgery.

25. I live alone at home. Do I need someone staying with me after surgery?

It is probably a good idea to have someone to help out for at least 1 week.

26. How long do I have to be out of work?

This is quite variable, if your job involves strenuous physical activity especially heavy lifting, we suggest 6 - 8 weeks, whereas if your job is very sedentary then you might return to work as early as 3 to 4 weeks after surgery.

27. I heard people say there is a honeymoon period after surgery, what does that mean?

We sometimes consider the first 6 months to a year the honeymoon period. The reason is people tend to be very focused on what they are doing and follow the rules; however they do not always embrace the changes that they have made for a lifetime. They can find themselves falling back into old habits. Eating healthy, learning to listen to your body, taking responsibility for your choices and regular exercise is a lifelong commitment. You can think of the surgery as a tool to assist you in these lifelong changes for healthy life long success.

28. I heard people have problems with family and friends after surgery. Why is this?

When a person decides to have gastric bypass surgery they are making a decision that will affect their lives and those around them. Patients find their personalities do change and their desire to do different activities increases. This changes different family and friendship dynamics. As much as you need to adjust to the significant emotional changes you are going through, so do your loved ones. Communication is a key component to prevent problems in relationships.

Some people find the problems always existed, however, before surgery they did not feel confident enough to do anything and now they are confident enough to deal with it. When dealing with your friends and family try to understand where they are coming from and discuss your concerns and acknowledge their support. Often they can feel left out or ignored.