

Bariatric Patient Manual

Goals and Objectives

- ❖ Describe obesity and health effects of obesity
- ❖ Describe weight loss surgeries offered by Kular Hospital
- ❖ Describe pre operative work up and post operative care related to weight loss surgery

Our Informational Materials

- ❖ This is not intended to persuade you to have surgery and should NOT be considered medical advice
- ❖ Only you, your family, your medical doctor, and your surgeon know if bariatric surgery is right for you
- ❖ Further information regarding the appropriate surgery for you will be discussed in person with the surgeon at your first visit

Why have your surgery with Kular?

- ❖ Our surgeons Dr. Kuldeepak Singh Kular & Dr.Naveen Manchanda are highly qualified experts.
- ❖ Dr Kular has been personally trained by Dr Robert Rutledge , the father of Mini Gastric Bypass from USA , Dr Kular and Dr Rutledge are the top surgeons of the world for the technique of Mini Gastric Bypass. They have Jointly trained and mentored many reputed surgeons for this technique across the Globe in countries like India , UK , France , Germany , Portugal , Check Republic etc.
- ❖ We are involved in research
- ❖ We have an array of services aimed at providing care to morbidly obese clients and their families
- ❖ We genuinely want to help you reach your goals

Choosing a Surgeon

- ❖ You or your doctor may choose a specific surgeon from our practice to see.
- ❖ The surgeon that you select may require additional personal or medical information in order to schedule an appointment.
- ❖ Once you have established a relationship with our surgeons, you should then follow their advice and educational materials

What is Morbid Obesity?

- ❖ Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have a negative effect on health, leading to reduced life expectancy and/or increased health problems.
- ❖ Using the Body Mass Index (BMI) Morbid Obesity is defined as a person: BMI of 35 or higher OR BMI of 30 or higher with co-morbidities related to morbid obesity

Weight Category	BMI
Normal Weight	18.5 - 24.9
Overweight	25 - 29.9
Obesity	30 - 34.9
Severe Obesity	35 - 39.9
Morbid Obesity	≥40

What's My BMI?

- ❖ Used to determine if you qualify for surgery
 - ❖ Measures obesity based on weight and height
 - ❖ Calculate your BMI and find in which category you fall.
- <http://halls.md/body-mass-index/av.htm>

Different Perceptions of Society

In the Past:

- ❖ Obesity was seen as a weakness or failure of individual
- ❖ Diet and exercise were prescribed treatments
- ❖ Weight loss surgery was viewed as dangerous and extreme

Now in the Present:

- ❖ Obesity is considered a disease and the cause of many serious health conditions
- ❖ Surgery has gained acceptance as the only proven method to treat this disease

What are the impacts of Obesity??

- ❖ Social Implications: Unfortunately, still an acceptable form of social discrimination
- ❖ Economic Implications: Diets, food, Prescriptions
- ❖ Medical and Health Implications (With BMI > 30)
 - 70% increase in coronary artery disease
 - 75% increase in stroke
 - 400% increase in diabetes
 - 55% increase in mortality

Co-Morbidities with Obesity

- | | |
|------------------------------|-----------------------|
| ❖ High Blood Pressure | ❖ Gallbladder Disease |
| ❖ Congestive Heart Failure | ❖ Heart Disease |
| ❖ Degenerative Joint Disease | ❖ Swelling(legs,feet) |
| ❖ Shortness of Breath | ❖ Sleep Apnea |
| ❖ Stress Incontinence | ❖ Acid Reflux |
| ❖ Irregular Menstrual Cycles | ❖ Depression |
| ❖ DVT (Blood Clots) | |

What are your options??

1. Diet, Exercise, Behavioral Changes
 - up to 10% loss of excess body weight
 - ineffective long-term, less than 5% sustain significant weight loss
2. Weight Loss Drugs
 - minimal sustained weight loss
 - side effects prevent long-term use
3. Weight-Loss Surgery--55 to 75% loss of excess body weight

Who Qualifies for Weight-Loss Surgery?

Normal
Weight
(BMI 18.5 to
24.9)



Overweight
(BMI 25 to
29.9)



Obese
(BMI 30 to
34.9) with
Metabolic
syndrome



Severely
Obese
(BMI 35 to
39.9) with a
comorbidity



Morbidly
Obese
(BMI 40 or
more)



Characteristics of Potential Candidates

- ❖ Body Mass Index: 35 or greater with no co-morbidities /30 or greater with Diabetes or Metabolic Syndrome
- ❖ Age of 18 to 65+ (assessed on individual basis)
- ❖ Failed attempts at weight loss
- ❖ Health complications related to obesity
- ❖ No psychological contraindications
- ❖ Understanding of the surgery/risks
- ❖ Compliance with diet/exercise requirements

Relative Contraindications

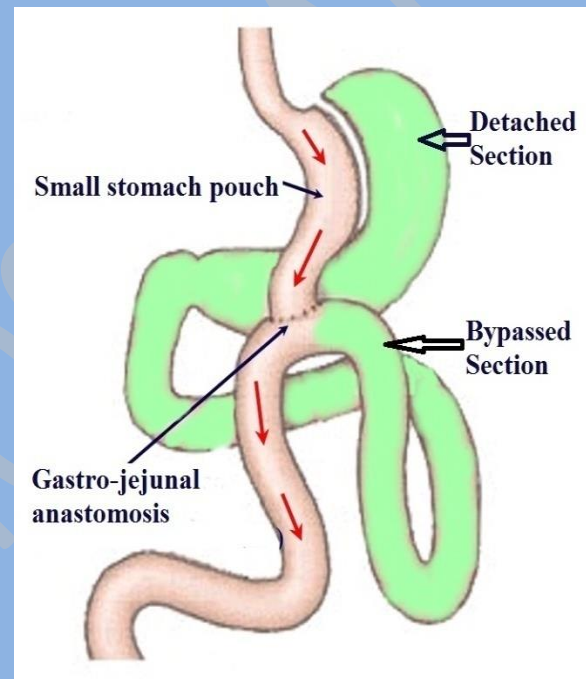
- ❖ Severe medical disease that makes anesthesia or surgery prohibitively risky (American Society of Anesthesiologists class IV).
- ❖ Mental incompetence that prevents the patient from understanding the procedure.
- ❖ Inability or unwillingness of the patient to change lifestyle postoperatively.

- ❖ Drug, alcohol or other substance addiction.
- ❖ Uncontrolled bulimia or other eating disorder
- ❖ Psychological instability, Non-ambulatory status.
- ❖ Patient view of surgery as a “magic bullet”
- ❖ Antagonistic family, unsupportive home environment, Noncompliant behavior

Most Common Surgical Options

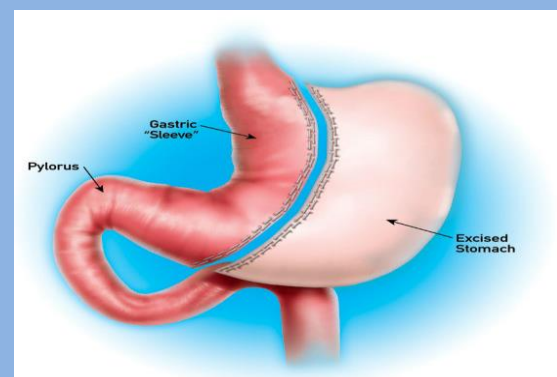
Mini Gastric Bypass ,MGB

- ❖ It involves making a sleeve of the stomach and attaching the small intestine at 6-8 feet of length. By doing that we reduce the size of the stomach and bypass the first 6-8 feet of the intestine as well. So this makes you eat less and absorption of fat and sugar is also decreased. Thereby, helping the treatment of morbid obesity by making you lose weight and treating your diabetes and other associated problems like sleep apnea etc. The MGB is easily reversible and revisable .It has shown a better weight loss as compared to other techniques and has been reported to be safer and a shorter procedure with better metabolic strength..



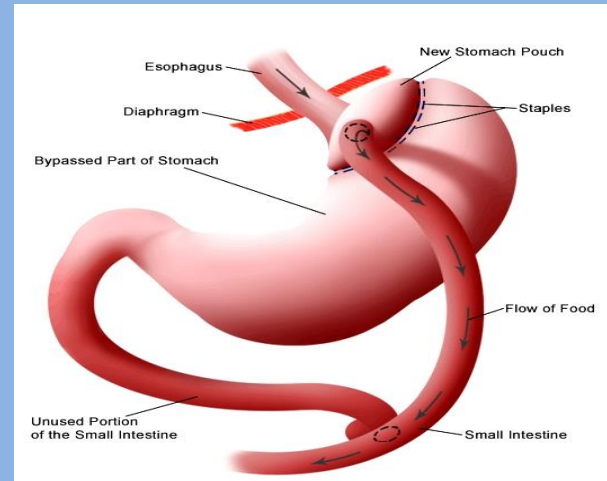
Sleeve Gastrectomy

- ❖ Sleeve gastrectomy, or gastric sleeve, is a surgical weight loss procedure in which the stomach is reduced, by surgical removal of a large portion of the stomach, following the major curve. The procedure permanently removes a major part of the stomach.



Roux-en-Y gastric bypass (RYGB)

- ❖ Roux-en-Y gastric bypass (RYGB) is a type of weight-loss surgery that reduces the size of your stomach to a small pouch – about the size of an egg, and then attaches this pouch directly to the small intestine, bypassing most of the rest of the stomach and the upper part of the small intestine. Not only is the stomach pouch too small to hold large amounts of food, but by skipping the intestine, fat absorption is substantially reduced.



Which Surgery is Right for Me?

REMEMBER.....

- ❖ All surgery are good but for the right patient , your surgeon will help you decide this.
- ❖ Not all patients are candidates for surgery
- ❖ Discuss your options with your surgeon

Possible Risks and Complications

- ❖ Remember: there are risks associated with any surgery
- ❖ Your surgeon will discuss specific details regarding each surgical option at your first new patient appointment.

Gastric Bypass Potential Complications

Early Post-Operative Complications:

- | | |
|-----------------------|-----------------------------|
| ❖ Spleen Injury | ❖ Heart Attack |
| ❖ Pneumonia | ❖ Anastomotic Narrowing |
| ❖ Bowel Obstruction | ❖ Leak from the Bowel |
| ❖ Abdominal Infection | ❖ Pulmonary Embolus , death |
| ❖ Bleeding | ❖ Wound Infection |

Late Complications:

- | | |
|-----------------------------|----------------------------|
| ❖ Wound (Incisional) Hernia | ❖ Dumping Syndrome |
| ❖ Acid Reflux | ❖ Weight Regain |
| ❖ Staple Line Breakdown | ❖ Nutritional Problems |
| ❖ Bile Reflux | ❖ Ulcer at the Anastomosis |
| ❖ Bowel Obstruction | |

Your Appointments With the Surgeon and the Surgery Practice

- ❖ You will have to visits with your surgeon before your surgery or consult on phone or video conference , for the overseas patient.
- ❖ You can click here to [**BOOK AND APPOINTMENT**](#)
- ❖ At your visit, you will do the following:
 - Talk with the surgeon about the procedure in detail, all questions about the surgery are answered.
 - The risks and benefits of the surgery are discussed with you.
 - Explore financial issues
 - Have a brief physical examination
 - Determine preoperative evaluations you may need
 - We will remind you to STOP NICOTINE PRODUCTS!!!
 - Have an opportunity to complete a few tests before going home.
 - Blood testing (lab work)
 - Anesthesia Consult
 - Consult with cardiologist
 - Chest X-Ray
 - ECG
 - Echocardiography
 - Possible Pre-Operative Evaluations
(you may need these additional tests before your second visit if your surgeon feels it is necessary)
 - Other Lab Work
 - Sleep Study
 - Upper gastric endoscopy
 - Consult with pulmonologist
 - Consult with vascular doctor
 - Ultrasound of the abdomen
 - Psychological evaluation
 - Nutrition evaluation
 - Upper Gastric Exam

Prescription Diet Before Surgery

- ❖ Now a days , in most of the fit patients , generally , no pre operative preparation is required , specially for the MGB.
- ❖ There are a few high risk cases which are not fit for surgery rightaway , thus these patients are given fibre powder , liquid diet and respirotary exercises for some days prior to surgery to make them better and fit to have surgery.

Day Before Surgery

(you have been approved and deemed fit for the surgery)

- ❖ You will be admitted to our Bariatric Unit .
- ❖ Peglec powder might be given to you to clear your GI tract.
- ❖ You will be kept Nill Orally for 6 hours before surgery.
- ❖ You will be additionally guided by the nurse

Day of Surgery

- ❖ After you have been prepared for surgery, you will go to the operating holding area

- ❖ Your family may wait in the family waiting area or your room and will be contacted after the operation.

Recovery

- ❖ Hospital Stay: 2-3 days
- ❖ Out of Work-10 days
- ❖ No driving for 10 days following surgery
- ❖ No heavy lifting for one month after surgery

What medicines must I take and how do I take them?

So that the medicines can be absorbed and used by your body, you must:

- ❖ ***You can crush all non-chewable tablets. Mix powder with food.***
- ❖ ***Chew any chewable tablets completely***
- ❖ ***You may take liquid forms of your medicines, when available. Shake the bottle well before you pour the medicine dose.***

1. Tablet Pantowok (Pantoparazole) 40 mg (empty stomach) by mouth for a month. Then if you feel well it can be stopped. This is for acidity & gas/bloating. Later on it can be taken whenever required.
2. Mucaïne gel (Magaldrate&Simethione Suspension)/ Syrup Iccicool (Alumina , Magnesia &Oxetacaine suspension Anaesthetic Gel) 2 tea spoons by mouth three times in a day for first 1-4 months following surgery. This is for acid.
3. Tablet Cephbid 500 mg twice a day by mouth for 8 days following surgery.
4. Tablet Temifix (Tramadol+Paracetamol) twice a day by mouth for 8 days following surgery.
5. Tablet Paracip (Paracetamol) 500 mg by mouth if body temperature $\geq 100^{\circ}\text{F}$.
6. Tablet Udiliv (Ursodial) 300 mg twice a day by mouth and start it after 8 days following surgery. This has to be continued till the weight stabilizes.
7. Tablet ultra mega for woman(Multivitamin) once daily by mouth and start it 8 days following surgery for lifetime
8. Tablet Chewcal (calcium) 500 mg twice daily and chew in mouth and start it 8 days following surgery for lifetime.
9. Tablet Iron complete once daily and start it 8 days following surgery (menstruating women only).

Note: Do not take Iron with Calcium/ multivitamin supplements. Take these with the gap of one hour.

Medicines to Avoid?

Do not take aspirin or aspirin containing products. Do not take non-steroidal anti-inflammatories such as ibuprofen and naproxen. They may cause ulcers in your stomach pouch. Check with us if you are not sure which medicine you can take.

If you need to take any of these medicine, even once, call us. You may need a medicine to protect your stomach, or a different prescription.

Alcohol, steroids, painkillers (NSAIDS), smoking are strictly prohibited. They can lead to ulcers.

How do I care my Incision?

Change your bandage every day. Gently wash the area with soap and water and apply new bandage. The incision may itch during healing; this is normal. Do not scratch the area. If the incision becomes red or starts to drain, you should immediately contact us.

Can I shower or bathe?

It is OK to shower with soap. Pat the incision dry after showering. But do not soak in a bathtub for 8 days.

What kind of activity is allowed?

Walking is started on the day of surgery in the evening. Routine daily activities can be started 3 days after surgery. Do not drive or do any vigorous exercise for 8 days following surgery. Stop any strenuous activity if it is uncomfortable during the first month. Walk as much as is comfortable for you. Your goal for the first 4 weeks after surgery is to walk 30 minutes per day, 7 days a week. This can be started from the day of discharge.

You are advised to wear elastic stockings designed to compress the veins in your legs and help to protect you from Deep Vein Thrombosis(clots in your legs) and from Pulmonary Embolus (clots in your lungs). You should continue to wear your stockings after you go home until you are back to normal levels of activity. Stockings should be continued for one month atleast.

How do I manage Constipation?

If you do not have a bowel movements within 5 days of surgery, try Cremaffinplus(2 teaspoons at night). If this does not work, call us.

How do I do if I vomit?

If you vomit, probably you have eaten or drunk too quickly and/or too much. **Chew well and go slow.** Wait for an hour and try some liquid that doesn't have sugar. If this liquid doesn't make you nauseous or vomit, then take only liquids for next 12 hours. Gradually try semi solids and then move to solids. If vomiting continues, call us.

Tips for Eating After Surgery

- ❖ Do not drink liquids with meals, either drink 30 minutes before or 30 minutes after the meal.
- ❖ Chew food well, 20 chews for a bite specially in first two months.
- ❖ Take small bites of food
- ❖ Eat meals every 2-3 hours, small amounts.
- ❖ Eat meals on small plate, use baby spoon

Post Surgical Diet Progression

After Single Anastomosis Gastric Bypass/MGB/OAGB

- ❖ Semi solids (like dal, curd, soup, yoghurt) are started on post op day 1 and continue till day 8.
- ❖ Priority should be on hydration which means more of liquid and salt.
- ❖ ***REMEMBER Take more of salt and liquids.***
- ❖ Fluids intake should be minimum of 2Litre/day.
- ❖ Swallow slowly & stop if feeling full or nauseous.
- ❖ You need to eat quite frequently but in small volume.
- ❖ After 8 days, when staples are removed you can start full meals but with physician's advice.
- ❖ ***You can take anything but REMEMBER CHEW WELL AND GO SLOW.***
- ❖ Do not try to eat too much too fast.
- ❖ Try to have healthy food like fruits, vegetables, non veg and milk products
- ❖ You need to listen to your tummy if it is full, you need to stop
- ❖ Once you start taking moderate amount of diet (like one or one and half chappati with vegetable) may be 2 months after surgery then donot do binge eating. Then fix your meal(two full meals a day with one or 2 snacks in between)
- ❖ Not to drink fluids with meals; wait 30 min before & after each meal to have beverages
- ❖ *Avoid fried foods, alcohol, fizzy drinks as these may leads to lesser or slow weight loss or weight regain & also may lead to acidity & later may lead to ulcer formation.*
- ❖ Continue to separate fluids from your meals
- ❖ Always avoid junk food, soft drinks, alcohol, candies, chocolates and other sweets

After Laparoscopic Sleeve Gastrectomy/Lap Roux-en-Y Gastric Bypass

Liquid diet for 6 weeks. No solids. Start solids gradually after 6 weeks. Chew very well and Go slow. After 6 weeks you can follow the same instructions given above.

How Much Weight Can a Patient Expect to Lose Following Surgery?

- ❖ Most of the patients would lose a significant amount of weight nearing 70-80% of the excess body weight. There are a few who might lose 100% or more of the excess body weight.
- ❖ A few (4-5%) might loose lesser , these are the patients who are doing binge eating , taking lots of alcohol or are addicted to sugars etc.
- ❖ Most of the patients generally would lose good amount of weight but it is not possible to specify in Killos.

- ❖ Don't think that Bariatric surgery will put a lock on the weight. 4-5 % of the patients will have lesser results if they have addiction to wrong foods like sodas (pepsi, coke etc), binge eating (eating throughout the day) or taking too much of sugar/sweet eatables or alcohol. These patients might even start weight gain. So be true to yourself- bariatric surgery gives you an easy way to lose weight, easy way to maintain weight, but still you have to maintain!!!.
- ❖ Do some regular exercise 10-15 mins daily.

Common Problems After Bariatric Surgery

After surgery always remember that now you will be eating less as you have a lesser space in your tummy pouch now. So.....EAT LESS BUT EAT GOOD & HEALTHY....This is the key to success after bariatric surgery. Good means high protein diet.

- ❖ **Dehydration:** If you feel dizzy, low, weak, may be dehydration, Drink plenty of liquids, more salt and eat little every 2 hours
- ❖ **Nausea and Vomiting:** Eating too quickly or too much, drinking with meals or drinking too close to meals, not chewing thoroughly, or advancing the diet too quickly can all lead to nausea and/or vomiting. Persistent vomiting can lead to thiamine deficiency. Encourage patients to drink and eat slowly, stop if feeling full or nauseous, and take "small bites and chew their foods thoroughly.
- ❖ **Dumping Syndrome:** *Stomach contents move too rapidly through the small intestines following surgery.* Symptoms: *Rapid heart beat, Headache, Sweating, Nausea, Dizziness, Diarrhea, Lightheadedness, Stomach cramping, Sleepiness.* To avoid these symptoms patients should avoid high fat and high sugar foods. Always eat fruits, salads with meal.
- ❖ **Constipation:** Generally patient have constipation in first two months because of low volume diet, might need some laxative.
- ❖ **Diarrhea:** No problem, take more of salad and fruits. Stop fried food and stop milk products. Increase intake of curd, yoghurt, buttermilk and liquids 5-7 times per day. If not resolved then call us.
- ❖ **Common Nutrient Deficiencies:** Everybody needs to take multivitamin and Iron supplements for life. Most common: Iron, Vitamin B-12, Folic acid, Fat soluble Vitamins A, D, & E, Thiamin (seen in patients with frequent vomiting), Calcium, Protein malnutrition. Some common deficiencies seen in special groups are as follows :

In young ladies(reproductive age) - Iron deficiency is common, because they are menstruating every month. Take Iron tablet every day. Check your Iron levels properly. Any time you feel weak/dizzy , please get your Blood tests. if Iron goes low, You might need Iron shots

In **old ladies above 45 yrs age – Calcium deficiency is common.** Be careful about taking calcium daily .Although everybody must take multivitamin and calcium, but ladies above 45 years need extra calcium and vit.d3, also take curd 2-3 times in a day.

Everybody must get their blood work done 6 month or yearly.

If some patients are not eating properly because of any reason like gastritis, depression then they can have more deficiencies. If you lost too much of weight and have become very skinny then you need to check your proteins levels.

- ❖ **Syncope Attacks:** You may have dizziness or fainting while changing position from sitting to standing, sometime even while sitting. To avoid this: take more of salt, more of liquids and do cycling daily for minimum of 10 minutes. Monitor your blood pressure, you might need to stop B.P Medication.

May I become pregnant?

Females should not become pregnant for at least 18 months following Gastric Bypass. *Pregnancy prior to this could result in fetal demise or neural tube defects.* You must follow what your surgeon tells you is best, and please inform them if you plan on having children in the future after weight loss surgery.

When do I follow up after surgery?

- ❖ Lifelong commitment
- ❖ 8 days after surgery for staple removal
- ❖ 4 weeks after staple removal
- ❖ Every 3 months for the first year after surgery
- ❖ Yearly for a lifetime
- ❖ **OVERSEAS PATIENTS** DO ONLY ONE FOLLOW UP AT DAY 8 , THERE AFTER THEY GET THEIR BLOOD WORK DONE AT THEIR PLACE AND EMAIL US THE DETAILS.THIS FOLLOW UP IS ONLY TO KEEP A TRACK OF THE PATIENTS RESULTS.

Support Groups

We encourage the local patients to join a support group prior to surgery and maintain participation with the support group after surgery. Ideally, you should attend the support group offered by your surgical practice only or else be in touch with us on email and keep us updated about your progress.

Our Support Group is on every Wednesday at 12 pm.

Exercise

Exercise is an important part of your weight loss journey. *Remember, surgery is a tool to help you reach your goals. You must do your part as well !* You will work up to doing exercise daily for 20-30 minutes per day.Exercise options can include: Walking, Cycling, Aerobics, Swimming, Jogging.This will keep your body toned up and energetic.

When should I call ?

Call us if you notice:

- ❖ Increasing redness, swelling or pain at surgery site.
- ❖ Discharge from the surgery site.
- ❖ A fever greater than 100°F
- ❖ Severe Abdominal Pain
- ❖ Frequent Vomiting
- ❖ Shortness of breath
- ❖ Generally not feeling or doing well

Plastic Surgery Consult Following Surgery

- ❖ There may be excess skin on the chest, abdomen and arms and legs
- ❖ We can offer you a plastic surgery when the following criteria is met:
 - After you Have Maintained a Stable Weight (12-18 months usually)
 - Your nutritional status is adequate
 - Your surgeon will ultimately decide when this referral is appropriate

Conclusion

Thank you for reviewing our informational material. We look forward to working with you in the future, and we are available to answer any questions you may have.

We look forward to seeing you soon!

Thank You!!!