

# Gastric Bypass Post-Op Instructions



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BARIATRIC & GENERAL SURGERY

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## General Directions

Relax—it's hard to mess up. You may remove band-aid and shower 24 hours after surgery.

There will be white tape known as steri-strips on your incision sites. These need to stay on for five days, post-op. They should then be removed so the incisions can have open air. Don't worry about the incisions coming apart—there are two layers of dissolving sutures under the steri-strips. You may wear a band-aid if there is drainage or irritation from clothing.

There is usually some degree of bruising, especially around the port site (the incision that is largest and is furthest to the right). There may be more tenderness and the skin may be firmer as well. Redness around the incision of 1/4 inch is not unusual, and you can expect a small amount of drainage for a few minutes after the strips are removed, or if the incision sticks to clothing. However, a scab will form within 48 hours and this will cease unless the scab is disturbed (do not disturb it—the scab will come off by itself).

Some pain at the incisions is normal, but after 48 hours it should improve daily. If it becomes obviously more tender after this period, especially if there is increased redness 1/2 inch or greater, if swelling has increased (hard as opposed to firm), and if there is drainage or bleeding (need to change the band-aid or gauze more than four times in 24 hours), then there may be infection. Call the Wellborn Clinic immediately so we can check it. Again, with infection, the pain will always get worse rather than better, and it will become more and more tender with time rather than less tender. If it stays pretty much the same tenderness and is not redder, even if it lasts a week, it is probably not infected.

## Activity

We want you to be active! The more you are walking, stirring about the house and getting out in the car, the quicker you will recover. Activity speeds the return of strength and intestinal function. It also prevents blood clots and speeds up your metabolism. If you are active, you will be feeling pretty much back to normal in less than a week. The only activities we restrict are lifting more than 15 pounds and straining (if you can do something with your mouth open you will not strain). The restriction on lifting and straining is six to eight weeks. You may start driving as soon as you are off your pain medications, usually 10 – 14 days.

The most common complaint we hear after Bariatric surgeries, including the bypass, is gas and bloating. This is because when you go to sleep then wake up from anesthesia, you swallow air. The net result of the surgery is that you will have a quart or so of air in your intestines. It is too far down to belch up and too far up to be expelled below. After surgery, we use pain medications, which slow the intestines making it harder to get rid of the gas.

Any cramp or pain that occurs mainly at rest is your intestines waking up. Taking pain medication for this type of pain or for bloating will only make things worse in the long run, because it will delay return of intestinal function.

You need to be active to recover, so it is OK to use pain medication for pain that is aggravated by movement, pain in the joints, or pain that prevents sleep. Use your medication to help you be active. Activity will get rid of your pain and counteract the slowdown effects of pain medications on the gastrointestinal tract.

If the gas builds up, you will be miserable. We want you to get rid of it as fast as possible so you will have room for liquids and decrease the pressure on the incision that can cause increased pain.

The best way to help get rid of gas is to walk a lot, NO MATTER WHAT. Many people will have a normal bowel movement within a few days of surgery. This is great, but there is still a lot of gas that needs to move down and be expelled.

We have found over the years that if patients will take a laxative (Milk of Magnesia, Dulcolax tablets three or four times daily, or Dulcolax suppositories as needed) for a week post-op they have much less problem with gas and a speedier recovery. You need to use one of the above laxatives at least daily for 48 hours. If gas is stubborn, you can use the laxative twice daily, and you may need to use the laxative for more than just the first two days. Usually your intestines will be back to normal within a week or two, but for occasional constipation or gas you may use two tablespoons of Milk of Magnesia at bedtime.

Do not use Metamucil, Correctol, Fibercon or stool softeners. They do not work and can swell in the pouch causing discomfort. Gas-x can help with belching, but it does no good for intestinal gas.

## Exercise

We would like to see you start a walking program (or swimming, stationary bike, treadmill, elliptical trainer etc.) immediately after your surgery. Try to exercise for 30 minutes to an hour at a time, three to four times a week, at least. The more exercise you get, the better. The length of exercise time is more important than the intensity, but intensity will automatically increase with consistent exercise.

Weight training is also recommended for weight loss and muscle toning. Participating in programs like Curves or working with weights at the gym for 45 minutes to an hour two or three times a week is recommended. Obviously, you need to wait at least four weeks before beginning a weight program. When you start, begin with light weights.

What is the best exercise? The answer is whatever you can do consistently. Simpler is better. Walking is ideal because it's free, you can go at your own speed, and it's relatively easy to work into your busy day. Treadmills, exercise bikes, and elliptical trainers are simple and relatively inexpensive, and you can do them in any weather. Pick whatever exercise program you can stick with. That is what is important! If you can stick with it you will lose weight faster and feel much better in the process.

Do not expect extra skin to spring back tightly. Exercise can help, but if your skin—particularly arms, legs, and lower abdomen—has been stretched, exercise will not totally get rid of extra skin. But don't be discouraged. Building up your muscles will compensate for some degree of extra skin even if it doesn't completely eliminate it. And besides, you will feel 100 percent better.

## Diet After Gastric Bypass

There are a lot of myths and misinformation in the world. Just about every surgeon has his or her own preference, and the information below is a combination of absolute rules on which everyone agrees, and some personal observations and dietary practices we have learned over the past four years. We have included some general principles of post-op diets as well as specific recommendations for the various phases of the post-op period.

### Early Post-Op Diet, Days 1-14: Liquids Only

If you can pour it, you can have it. If you can suck it through a straw, about the consistency of pancake batter or thin cream of wheat, you can have it.

Most people need 1500-2000cc per day (one to two quarts or six to eight cups) to maintain hydration. This should be your daily goal including meals. This may sound like a lot, but liquids should pass easily out of your pouch if taken slowly. Obviously, thicker liquids (cream soups, yogurt, cream of wheat, etc.) must be taken slower than thin or clear liquids.

### Examples of What You Can Drink

#### Between Meals:

- Water
- Juices (no more than 4oz/day)
- Crystal Light
- Unsweetened tea
- Coffee
- Propel
- Gatorade
- Diet soda poured over ice and “flattened” for 5 minutes

#### As Meals/Week One:

- Broth
- Cream soups
- Diet popsicles
- Watery grits
- Oatmeal
- Cream of wheat

#### As Meals/Week Two:

- Blenderized soups (vegetable beef, chicken noodle, etc.), and soup as long as you blenderize it on “chop” or medium speed for 10 seconds. As long as no particle is any bigger than 3mm, you will have no problems. So be creative and eat slowly.
- Low fat yogurt
- Sugar free Jell-O
- Sugar-free pudding
- Low calorie, high-protein smoothies

## Important Dietary Changes

Invariably after weight loss surgery, there are dramatic dietary changes that must be made. Some of these involve changes in the types of food that can be eaten, the timing of meals, and certainly the amount of food that can be consumed. The whole point of Bariatric surgery is to drastically reduce the number of calories consumed. In the process, it will be necessary to learn how to eat properly. Almost every patient asks, “what can I eat?” when we think a better question should be, “how should I eat?” Here are some important dietary guidelines to follow:

- **Count Calories**

Remember, you need to watch your calories. Many people drink milk, juices, and protein shakes following surgery because they think they are healthy. They are healthy, but they are loaded with calories and should be avoided. Don't worry too much about the protein the first two weeks. Eat that when you start solid foods. Focus on maintaining hydration and avoiding high carbohydrate beverages for the first two weeks. During this time, your brain and your body will begin to automatically tell you what it can handle by the cravings you will have for certain foods.

Please, count calories. Your goal is 400-700 calories a day for maximum weight loss, so make sure to drinking low-calorie beverages and avoid sweets with hidden calories.

- **Eat Small Portions**

The first thing to consider is your new pouch. The pouch is designed to hold approximately one tablespoon of solid, unchewed food. Your teeth compress the food to about one fourth of its unchewed volume. You can hold approximately three tablespoons of unchewed food, which would be about the size of a golf ball or a hard-boiled egg.

- **Avoid High-Calorie Liquids**

Patients are physically able to drink water or similar liquids without restriction unless they basically chug them. That is why Lap-Band patients are restricted from high calorie liquids such as non-dietary sodas, juices, milk, ice cream, milkshakes, etc.

- **Avoid Drinking With Meals**

Even more important is to note that the *timing* of liquid consumption can help improve weight loss or can defeat it. Rapidly drinking eight ounces of water five to 10 minutes before a meal when there is the urge to snack will “pre-fill” the pouch and decrease appetite. On the other hand, sipping with a meal will “wash out” the pouch enabling one to eat two to three times as much, particularly with soft foods, and cut weight loss in half or more.

# Gastric Bypass Post-Op Diet Rules

**Rule No. 1:** Drink eight ounces of water or other non-sweetened beverage five to 10 minutes before meals, or as fast as you comfortably can if you are tempted to snack. This will also help with dry mouth.

**Rule No. 2:** Don't drink with meals. Wait as long as you can afterward to avoid "wash-out." Thirty minutes is minimum and one hour is better.

**Rule No. 3:** Eat protein at every meal.

**Rule No. 4:** Eat protein first.

**Rule No. 5:** At least half or more of what you eat should be protein.

## Apply the Rules

To illustrate the above concepts, we have found it helpful to have patients try the following:

Take a Styrofoam or paper cup and pierce its bottom with the thick part of pencil or an ink pen. This will leave a ¼ inch hole, which is about the size of your outlet. Pour water in it slowly and it goes right through the hole almost as fast as it goes in. As you pour faster, it will begin to back up, but as soon as you stop it will empty rapidly. That's why Gastric Bypass patients can usually drink without difficulty.

Next, take a soft food, like mashed potatoes. Notice that the first spoonful stays in the cup, but as you put more in, it forces some out of the outlet. Try it with chopped up hamburger tuna, steak, or chicken and notice it empties very slowly. Try it with bread or large chunk of meat and it won't empty at all.

## Eat Food in Layers

This will give some idea of how the pouch works. Think of your pouch as a parfait cup. You want to layer your pouch with the denser foods on the bottom. Protein (meat, chicken, fish, beans, cheese, egg) is denser than carbohydrate and should be eaten at every meal during the soft and solid phases of the post-op diet.

Below is how much of each food group you should eat each meal:

- Carbs: 1-2 bites
- Veggies: 2-4 bites
- Protein: 3-6 bites

## Diet and Weight Loss

Most people lose from 13 to 20 pounds in the first six weeks, and most of this weight is lost in the first two weeks because of the diet. Don't be alarmed if you lose 10 pounds in two weeks then three pounds over the following four weeks. Remember, this is as loose as you will ever be, and that there is plenty of time for weight loss after the Gastric Bypass surgery has healed.

# Follow-up Appointments

Please be sure to schedule follow-up appointments as follows, and check the appointments as they have been confirmed.

**First Visit: Two Weeks Post-Op**

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

**Second Visit: Three Months Post-Op**

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

**Third Visit: Six Months Post-Op**

Dr. Wellborn will need six-month labs at this time. Please call our office to schedule this.

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

**Fourth and Future Visits: One Year Post-Op**

Dr Wellborn will need yearly labs at this time and yearly thereafter.

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

**If you have any questions please call our office or e-mail us anytime.**

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