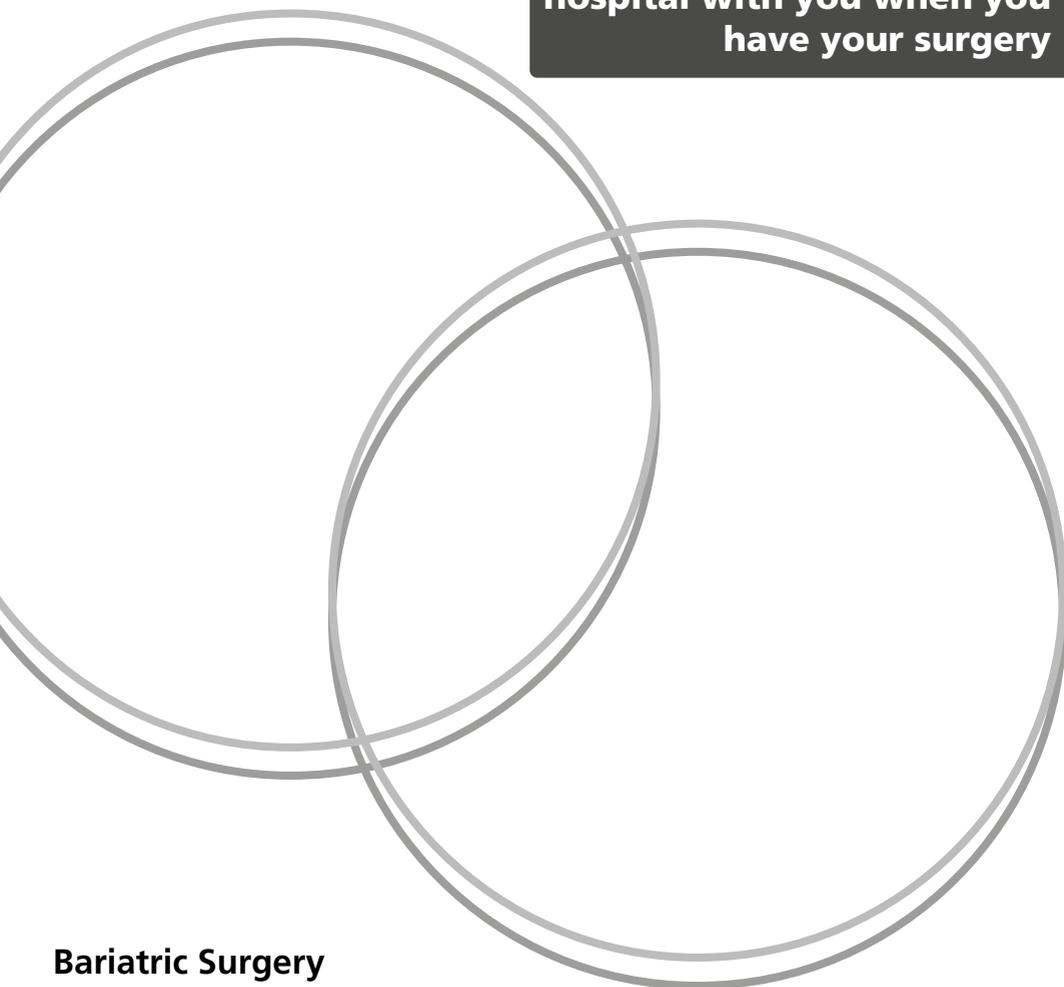


Sleeve Gastrectomy and Gastric Bypass

My Post-operative Plan

**Please bring this leaflet into
hospital with you when you
have your surgery**



Introduction

The purpose of this post-operative plan is to allow you to record your progress, thoughts and feelings during your time in hospital after your operation.

Though we will aim to discharge you from hospital the day after your surgery, you may find it useful to continue recording your post-operative progress in this booklet.

This plan sets out an example of what to expect during your time in hospital and provides goals and targets for you to focus on to aid your recovery.

This document is for guidance and support only. Do not worry if your recovery differs to the programme. We realise that each person is different and everyone will achieve goals at their own pace.

Whilst we hope that you complete this booklet, it will not affect your care if you choose not to.

For more detailed information about your ongoing recovery after you have left hospital, please refer to the "Your guide to bariatric surgery" booklet, which will be given to you by your Bariatric Specialist Nurse.

When this booklet refers to high-protein fluids, this includes drinks that contain approximately 20g of protein per 200ml bottle (e.g. Nualtra Altraplen, Fresubin Protein Energy). Avoid drinks with high sugar and low-protein content, such as Ensure drinks, Fortisip, Fortijuce and Slimfast. Please ask your Bariatric Dietitian or Bariatric Specialist Nurse if you need further information.

Post-operative plan: Day of surgery

These are the aims for today:

Recover from anaesthetic, have sips of water, pain and nausea controlled, sit out of bed, walk to the toilet.

Nutrition: *(tick if achieved)*

You will be given 500mls of water. Sip this, do not take big gulps.

I was able to have sips of water

Mobility: *(tick if achieved)*

I was able to sit upright in bed

I was able to sit out of bed for 30-60 minutes

I was able to walk to the toilet

Are you experiencing any of the following symptoms?

If so, you MUST discuss this with your nurse:

- nausea
- pain
- difficulty in swallowing or vomiting
- dark, concentrated urine.

How do you feel?

Post-operative plan: Day One

These are the aims for today:

Sit out of bed, go for a walk, pain and nausea controlled, possibly be discharged home.

Nutrition: *(tick if achieved)*

Including your high-protein fluids and other free fluids, aim to drink about 1.5-2 litres in total.

I was able to drink free fluids

(Free fluids include: tea or coffee without sugar, water, low calorie or no added sugar squash, unsweetened pure fruit juice (diluted with water).

*Low calorie hot chocolate, Ovaltine or Horlicks are included if made with milk, but not if made with water or if they are **not** a low calorie variety.)*

I was able to have my high-protein energy shots
(e.g. Altraplen or Fresubin Protein Energy)

(Aim to drink 30mls on 10 separate occasions, at least 1 hour apart)

Pain:

Has your pain been assessed today *(please tick)*

Yes No

I have taken my painkiller medication (if needed)

Mobility: *(tick if achieved)*

I was able to sit in the chair for 2-3 hours

*(Aim to sit in the chair on **three** separate occasions)*

I was able to go for three walks

Distance walked (aim for 3 times the length of the ward)

Are you experiencing any of the following symptoms?

If so, you MUST discuss this with your nurse:

- nausea
- pain
- difficulty in swallowing or vomiting
- dark, concentrated urine.

How do you feel?

Post-operative plan: Day Two (at home)

These are the aims for today:

You may already be at home today. Aim to sit out of bed and go for several walks.

Nutrition: *(tick if achieved)*

Including your high-protein fluids and other free fluids, aim to drink about 1.5-2 litres in total.

I was able to drink free fluids

(Free fluids include: tea or coffee without sugar, water, low calorie or no added sugar squash, unsweetened pure fruit juice (diluted with water).

*Low calorie hot chocolate, Ovaltine or Horlicks are included if made with milk, but not if made with water or if they are **not** a low calorie variety.)*

I was able to drink high-protein fluids

(aim for 2-3 portions)

(See your post-operative diet plan provided by your Dietitian)

Pain:

I have taken my painkiller medication *(if needed)*

Mobility: *(tick if achieved)*

I was able to sit in the chair for 2-3 hours

*(Aim to sit in the chair on **three** separate occasions)*

I was able to go for three walks

Are you experiencing any of the following symptoms?

If so, you MUST contact your Bariatric Specialist Nurse or GP for advice.

- nausea
- pain
- difficulty in swallowing or vomiting
- dark, concentrated urine
- constipation, difficulty in opening your bowels.

How do you feel today?

Going home

You should only need to be in hospital for one night after your surgery. Below is a list of goals that you will need to meet before you are ready to go home (*please tick when achieved – this is for your reference only*).

Discharge criteria	Tick when achieved
No pain or pain controlled by oral painkillers, taken by mouth	
No nausea or nausea controlled by anti-sickness medications	
No vomiting	
Able to drink high protein fluids	
Independently mobile; able to get self out of bed and on/off toilet	
Competent with administering dalteparin injections (if applicable) or have a suitable alternative option in place	

Medications for going home

After your surgery, you will need some new medications to take home. Please check with the Bariatric team whether you need to continue taking the medications you were on before your surgery. Please use the list below to check that you have everything you need. If you have any questions, please speak to your ward nurse or doctor.

Medication:	Tick if supplied:	Explanation:
Lansoprazole FasTabs or Ranitidine		To protect your stomach after your surgery. To be taken for 6 weeks after surgery.
Dalteparin injection		An injection to reduce your risk of blood clots. If you already take medication to thin your blood you may not be given this. To be used for 28 days after surgery.
Multivitamin and mineral chewable tablet		Vitamin and mineral supplement. You will need to purchase this from your local pharmacy, as the hospital does not stock the chewable preparation. To be taken life-long.
Calcium and vitamin D chewable tablet		Vitamin and mineral supplement. To be taken life-long.
Metoclopramide tablet		For nausea, if needed
Prochlorperazine buccal tablet		For nausea, if needed
Sodium docusate		A laxative to help soften your stools. To be taken if you were constipated on the pre-operative diet or have not had your bowels open before you leave hospital.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Authors: Frances Young (Bariatric Specialist Nurse) and
Mei Mei wright (Bariatric Dietitian)

June 2022

Review: June 2025

Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)



Your experience (1)

We would like to understand how you felt about your recent stay in hospital and would be grateful if you could answer the following questions. Your answers will be treated confidentially. We value your input in helping us look at ways of improving our service. Thank you.

Were you involved as much as you wanted to be in decisions about your care and treatment? *(please tick one answer)*

Yes, definitely

Yes, to some extent

No

How much information about your condition or treatment was given to you? *(please tick one answer)*

Not enough

Too much

The right amount

Did you feel you were involved in decisions about your discharge from hospital? *(please tick one answer)*

Yes, definitely

No

Yes, to some extent

I did not need to be involved

Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

(please tick one answer)

Yes

Don't know/Can't remember

No

What did we do well? *(please comment)*

What could we improve? *(please comment)*

Your experience (2)

Did you find the My Post-operative Plan leaflet useful?

Yes No

Did this make you feel – *please circle the most appropriate word(s)*

well informed prepared in control confident happy supported
unclear unprepared out of control anxious stressed
unsupported frustrated

Did your overall care experience make you feel – *please circle the most appropriate word(s)*

well informed prepared in control confident happy supported
unclear unprepared out of control anxious stressed
unsupported frustrated

Do you have any other comments?

*After completion, tear this page out of the booklet and leave it on the hospital ward before you are discharged home.
Thank you.*