Your Guide to Bariatric Surgery

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VANDERBILT UNIVERSITY
MEDICAL CENTER
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What is gastric bypass surgery?

Surgery for obesity (bariatric surgery) is a way to help some patients lose weight. The type of bariatric surgery that you will have is laparoscopic gastric bypass surgery. Laparoscopic gastric bypass surgery does two main things:

1. It makes the stomach much smaller which helps you eat smaller meals and feel less hungry.
2. It makes food bypass the small intestine. The small intestine is where most food and nutrients are absorbed. You will lose weight because food is not going into the small intestine.

To lose weight successfully after surgery, you should:

- **not eat** snacks
- **not eat** and drink high-calorie meals and liquids
- **not eat** foods that flow easily through your pouch
- **not drink** fluids for 30 minutes before and after your meals
- eat high-protein meals
- increase your activity.

What is gastric sleeve surgery?

Surgery for obesity (bariatric surgery) is a way to help some patients lose weight. The surgery that you will have is laparoscopic gastric sleeve surgery. Gastric sleeve surgery removes a part of the stomach so the stomach “sleeve” that is left is small which helps you eat smaller meals and feel less hungry.

To lose weight successfully after surgery, you should:

- **not eat** snacks
- **not eat** and drink high-calorie meals and liquids
- **not eat** foods that flow easily through your sleeve
- **not drink** fluids for 30 minutes before and after your meals
- eat high-protein meals
- increase your activity.

Where will the surgery be?

Your surgery will be done at Vanderbilt University Medical Center at 1211 Medical Center Drive, Nashville, TN 37232. The main number is (615) 322-6000. We have a dedicated bariatric management team to help care for you while you are in the hospital.
How do I get ready for surgery?

Primary Care Provider

After your surgery you will need to have your regular medicines in a form that can be taken after bariatric surgery. Make an appointment 1-2 weeks before your surgery with your primary care doctor (PCP) to discuss and get the needed prescriptions filled. Your PCP will be an important part of your health care after surgery.

After surgery, your medical conditions should get much better, your medicine needs will change, and your lab results will need to be watched.

You may need to break or cut your pills or take liquid medicine for the first 30 days after surgery. Ask your PCP or pharmacist if your medicines are available in liquid, chewable, or breakable form.

Support Groups

Before surgery, you must go to at least 1 support group meeting. We strongly suggest that you go to support group meetings after surgery, too. Support groups are a good way to get information about what to expect. You will be able to talk with others who have had gastric bypass surgery and those who are waiting for surgery.

Studies show the more you know, the better off you will be right after surgery and for years to come. There is a list of support groups in the seminar packet you got at your first visit.

You can find a current list on our website at www.VanderbiltSurgicalWeightLoss.com.

Medicines

At least 10 days before surgery, you should stop taking all:

- aspirin and products that contain aspirin
- fish oil
- vitamin E
- non-steroidal anti-inflammatory drugs (NSAIDs), such as:
  - naproxen (brand name: Aleve)
  - ibuprofen (brand names: Advil and Motrin)
  - meloxicam (brand name: Mobic)
  - diclofenac (brand name: Voltaren)
  - celecoxib (brand name: Celebrex)

Do not take NSAIDs again after gastric bypass surgery, due to the risk of pouch upset (gastritis), sores in your pouch (ulcers), or bleeding from your pouch. Acetaminophen (Tylenol) may be taken for aches and pains.

At least 14 days before surgery, you should stop taking all hormone replacements, including birth control. Do not take hormone replacements until at least 4 weeks after surgery. Use another form of birth control during this time.

Some diabetes medicines may need to be stopped. The nurse or surgeon will let you know about medicine changes.

Do not eat anything after midnight before your surgery. Drink at least 24 oz of a low sugar electrolyte drink or water up until 2 hours before your scheduled procedure time.
Bowel Preparation Before Surgery

You will be on a liquid diet the day before your surgery, unless your surgeon or dietitian tells you something else. Your dietitian will review the diet with you to make sure you understand what to do. You must drink a lot of water during this time so you have enough water in your body. If you do not have enough water in your body, you will be dehydrated.

**Do not have anything to eat after midnight before your surgery.**

Your stomach must be empty at the time of surgery to keep from throwing up while you are asleep for surgery and having other complications.

Your surgeon will provide additional instructions if medicines are needed before surgery.

What to Bring to the Hospital

You should bring these items with you to the hospital:

- **Black pre-op folder**
- **Dietary Guidelines packet**
- **CPAP or BiPAP machine** (with settings) and mask if you have sleep apnea
- **Incentive spirometer**

The following are suggested items to bring with you:

- Knee-length bathrobe
- Non-slip pair of shoes that are easy to put on and take off
- Hand lotion
- Comb or brush
- Lip balm
- Soft Kleenex
- Toothbrush and toothpaste
- Deodorant
- Magazines
- Women: supplies for your menstrual cycle
- Eyeglasses or contacts with supplies
- Wear loose, comfortable clothing to the hospital that you can also wear home.
- Do not bring valuables like watches or jewelry.
What happens on surgery day?

Getting Ready to Come to the Hospital

- Be sure to shower with an antibacterial soap.
- Remove all jewelry and body piercings, and leave them at home.
- Remove all nail polish.
- Pull long hair back in an elastic band. The band must not have any metal on it.
- Do not put on lotions, creams, hair products, or make up.
- Take any medicines, with a small sip of water, that your surgeon said you should.
- Come to the hospital 2 hours before your scheduled surgery time. Be sure to bring a photo identification.

What happens first at the hospital?

You will check-in using your photo ID and wait to be called to the holding room. One family member or support person can go with you to the holding room.

The Holding Room

In the holding room you will change clothes and put on a hospital gown. You will take off wigs or hairpieces, dentures, contact lenses, jewelry, eyeglasses, and hearing aids. You may give them to your support person to hold for you.

An intravenous (IV) line will be put in your arm to give you fluids and medicine during surgery.

Your surgeon will come to the holding room to answer any last-minute questions you may have. Your anesthesiologist and nurses will ask you many questions. Some questions may be asked more than once by different members of the surgery team. This is for your safety and makes sure everyone knows who you are and why you are there.

As part of pain management after surgery, our anesthesia team will discuss administering a nerve block with you. An abdominal nerve block involves injection into your abdomen before surgery to aid in pain control after surgery.

When you are taken to the operating room, your support person will go to the waiting area.

The Operating Room

After we take you to the operating room, you will be moved from the wheeled bed to the operating room table. The anesthesiologist will place a mask over your nose. You will breathe in the sleep medicine and go to sleep. The anesthesiologist will place a tube in your throat to help you breathe during the surgery.

We will give you a lot of fluid during surgery through your IV to help keep your blood pressure and heart rate normal while you are asleep.

The Recovery Room

After surgery, you will be moved to the recovery room and your surgeon will let your support person and family members know how the surgery went. You will be in the recovery room for about 2 hours before being moved to a regular hospital room.
What happens during the rest of my hospital stay?

You may feel bloated right after surgery. This is normal. You may notice you have to urinate more than usual. It takes about 3 days to get rid of the extra fluid we gave you during surgery.

You will be given ice chips and water the evening of your surgery. You must sip slowly and not drink more than 4 ounces per hour.

You will get a bariatric clear diet the day after surgery. This will include broth, sugar-free Popsicles, and sugar-free Jell-O.

You will be given pain medicine through your IV and be kept as comfortable as possible. Once you are able to drink, you will be able to take your pain medicine by mouth. Be sure to tell the nurse when you begin to have pain. It may take a few minutes for your nurse to get your pain medicine, so do not wait until you feel really bad pain to ask for pain medicine.

You will stay in the hospital 1 to 2 days after the surgery. You will stay in the hospital longer if there are any complications or if you are not able to drink liquids well. There are actions you need to take so that you get better and you are able to go home. This list will give you an idea of what your hospital stay might be like. We will help you know what is expected.

Walking

The evening of your surgery you will get out of bed and walk. The first time you get out of bed is usually the hardest, so the nurse or care partner will help you. Patients who walk at least 4 times a day get better faster. Walking lowers the chance of blood clots and pneumonia.

Deep Breathing

You will need to breathe deeply and cough. Use the incentive spirometer every hour when you are awake during your hospital stay. You should take at least 10 slow, deep breaths each time. The incentive spirometer is a device that measures how well you are breathing. Breathing deeply helps your lungs expand, which helps lower your risk of pneumonia.

Compression Devices

You must wear compression devices on your legs while you are sleeping or resting in bed. You can take off the compression devices while walking, sitting, or in the bathroom. If wearing the compression device on your legs makes you feel hot, there is a cooling button on the front of the pump. Once pressed, the pump will blow cool air into the devices that wrap around your legs.

Exercise

You must exercise your feet and legs every hour, even while lying in bed, to help with circulation and lower the risk of blood clots. While in bed, you can exercise by pointing and flexing your feet, as if you are pushing a gas pedal on a car. Getting out of bed and walking is the best way to exercise your legs and circulate blood.

Abdominal Binder

After surgery we will give you an abdominal binder to take home. You can wear the binder to help your abdomen from moving and to reduce pain when coughing.
How do I get home safely and take care of myself?

Give some thought to your living situation and grocery needs before surgery.

Make sure all your medicines are liquid, chewable, or can be broken/cut. It is important to have these items ready before surgery so that you may rest and heal when you go home. You must have someone stay with you at your home for the first few days after surgery. Your first clinic appointment will be about 1 week after surgery.

The Drive Home

You will need someone to drive you home from the hospital. If you live more than 60 minutes from the hospital, you must get out of the car every 60 minutes and walk around the car 3 or 4 times. You are still at a high risk for blood clots. When you are sitting in the car, you can exercise by pointing and flexing your feet — pretend you are pushing the car’s gas pedal and then lifting your toes toward your knees.

Incision Care

The number and size of incisions will depend on the type of gastric surgery you have. Your body mass index and your surgery history will help your surgeon decide which is best for you, open or laparoscopic. If you have laparoscopic surgery, you will have 5 or 6 small incisions. These are usually closed with sterile glue. If you have open surgery, you will have one large incision from your breastbone downward along your belly. This is usually closed with surgical staples that will be removed at your clinic visit after surgery.

- Do not remove the glue on your incisions. It will come off on its own.
- Keep your incisions clean and dry.
- You may shower the evening of your surgery, but do not soak in a tub bath, swimming pool, or hot tub until your incisions are completely healed.
- While showering, wash incisions with soap and water, pat them dry with a clean towel. Do not rub your incisions.
- Do not put any creams or ointments on your incisions.

Be sure to check your incisions 1 or 2 times every day to look for any sign of infection. Call us right away at (615) 322-8134, if you have:

- a temperature of more than 101° F (38.3° C)
- increased redness at the incision or redness spreading out from the incision
- swelling at the incision
- cloudy or bloody drainage from the incision
- pain that your pain medicine does not make better
- more pain or your pain gets worse.

Activity

- Do not lift anything heavier than 10 pounds for 4 weeks. Your incisions need time to heal. Lifting before 4 weeks can put you at risk for a hernia, which is when an organ or tissue squeezes through a weak spot in the tissue around the organ. By following the lifting rule you can lower your risk of getting a hernia.
- You may go up and down stairs.
- If you have an open procedure (long incision), you should not drive for 2 weeks. If you have a laparoscopic procedure, you may drive when you have had no pain medicine for 24 hours and are able to turn and twist, or move around comfortably, in the vehicle.
- The only exercises that are allowed for the first 2 weeks are walking and riding a stationary bike. You should walk as much as you feel you can, as soon as you go home.
- Do not stand or sit in the same position for long periods of time.
- You should use your incentive spirometer until you are back to your normal activity level. Do 10 slow, deep breaths, 4 times a day on your incentive spirometer.
- You may have sexual activity when you feel physically able. For women of childbearing age, use 2 reliable methods of birth control to keep from getting pregnant. To give your body time to heal, you should avoid getting pregnant for 18 months after surgery.

**Common Problems After Surgery**

Understanding the normal process of recovery can lessen many problems and ease your concerns. The following are common symptoms of recovery and how to deal with them.

**Feeling sick to your stomach (nausea)**

You may have nausea, but it usually goes away shortly after surgery. Often nausea is caused by not having enough fluids in your body (dehydration). You need 48 to 64 ounces of water everyday. If your nausea does not go away, call us at (615) 322-8134.

Some patients feel nausea because of sinus drainage and may throw up clear, frothy mucus. Drinking a cup of warm tea first thing in the morning can help clear the drainage from your pouch. However, if you continue to throw up, call us at (615) 322-8134.

Another cause of nausea after surgery is the increased sensitivity to odors, eating and drinking too quickly, drinking with meals, and increased acid in the stomach. Sometimes herbal tea with chamomile will help calm your stomach. Sensitivity to odors will go away with time.

**Do not drink carbonated beverages.**

**Throwing Up (vomiting)**

Vomiting is usually caused by eating too quickly, taking large bites of food, not chewing food well enough, drinking with meals, and over-eating. You will feel full quickly after gastric bypass surgery. Take your time, take dime-sized bites, and chew your food well. Call the office if you vomit, especially if you have pain with vomiting. Vomiting can lead to dehydration, which can be a serious health problem.

Make sure that you drink at least 48 to 64 ounces of fluids a day. However, you must not drink for 30 minutes before and after meals. Take water with you everywhere you go. You should take small sips of liquids throughout the day to help prevent dehydration. If you stop urinating, your amount of urine gets very low, or your urine is dark yellow, drink more fluids. If drinking more fluids does not fix the problem, call us at (615) 322-8134.

**Constipation**

Constipation can be a serious complication of surgery. It can be caused by drinking less fluids, taking pain medicine, and being less active. Once your diet is advanced to softer foods, your bowel movements should become more consistent. You need to make sure you are taking in at least 48 to 64 ounces of water every day to stay hydrated and keep from getting constipated.

**If you do not have a bowel movement for 3 days, call us at (615) 322-8134.** You may take Milk of Magnesia according to directions on the bottle to help get your bowels moving again. Walking will help the bowel work better. Remember to walk a lot.
**Diarrhea**

Diarrhea can have many causes. Please call us at (615) 322-8134, if you have diarrhea.

**Numbness**

Nerves to the skin are sometimes cut with surgery. It is normal to experience numbness at the incision site. Sensation at those areas will come back slowly over time.

**Decreased Energy**

It is normal to feel tired after surgery. You must keep in mind that you have just undergone major surgery. Be sure to drink a lot of non-carbonated fluids. Follow up with your primary care physician for medicine management as you may need less medicine after surgery. This is especially true with diabetes and blood pressure medicines.

**Bruising or Swelling**

Some bruising and swelling is normal after surgery. If you have a lot of bruising or swelling or it gets worse, call us at (615) 322-8134. You may feel a small lump in the incision. This is normal.

**Hair Loss**

Hair loss is common with rapid weight loss. The hair loss is temporary and your hair should grow back. Hair loss usually begins around 3 months after surgery and lasts until around nine months.

Good amounts of protein along with a wide variety of healthy foods will help correct hair loss. You may take an over-the-counter hair growth supplement. If you feel you need this, contact your dietitian.

**Scars**

It is normal for your scars to be red or dark pink. Scars are red because blood vessels are still working in the healing process. It takes the scar about a year to completely heal.

**Lactose Intolerance (not being able to digest dairy products)**

Many patients who were able to eat and drink dairy products before surgery find that after gastric bypass, these products may give you stomach cramps, make you feel sick to your stomach, and give you diarrhea. The intolerance to lactose can be treated with Lactaid, an over-the-counter medicine that you may take before eating dairy products. The bowel will adjust over time, and most patients can start having dairy products within 6 months.

**When can I return to work?**

Most patients return to work 2 weeks after surgery, but every patient is different. If you have an open procedure, it will be longer before you can go back to work. If you need a return-to-work note, please ask us at your 1-week visit. We will have a better idea of how you are doing and when you can return to work at that visit.
What medicines will I take?

You may need to break/cut your pills or take liquid medicine for 30 days after surgery. As you lose weight, you may be able to stop taking some medicines or take less medicine than you took before surgery.

The following is a list of medicines that you may be given a prescription for when you leave the hospital:

- Oxycodone is a narcotic pain relieving medicine. You will get a prescription for either liquid or tablets. If you get tablets, you can break/cut them. Use this medicine for incision pain, if needed. If your pain is not controlled by the medicine or your pain gets worse, call us.
- Acetaminophen (Tylenol) can be used instead of the oxycodone, if your pain is mild.
- Gabapentin (Neurontin) is used to treat nerve pain and can be taken with Tylenol to help with mild pain. You can swallow the capsule.
- Ondansetron (Zofran): a medicine to treat nausea. You should break/cut the tablets. Use before meals if you are having nausea when you eat.
- Omeprazole (Prilosec): an acid-reducing medicine that helps your stomach pouch heal and prevent ulcers. This is a capsule. You should take this for 30 days after surgery.

You may swallow pills and capsules that are ½ inch or less. Bigger pills will need to be broken or cut. Check with your doctor to see if large capsules can be opened.

What vitamins and supplements will I take?

You will need to take vitamins and supplements for the rest of your life to keep from having nutrition problems that are common after gastric surgery. For the first 30 days after surgery, you will need a liquid or chewable form. See your diet packet for brand name suggestions and where to find these products. Take these vitamins and supplements:

**Complete Multivitamin with Iron and Minerals**

Buy an over-the-counter multivitamin with iron and minerals (18 milligrams, 18 mg) and take it twice a day, or take 2 once a day. Take multivitamins at a different time of day than your calcium supplement. Make sure to separate your multivitamin and calcium supplement by at least 2 hours.

**Calcium Citrate with Vitamin D**

Take at least 500 mg, 2 to 3 times a day, for a total of 1,200 mg to 1,500 mg each day. Calcium should be taken with a meal, and not taken at the same time as your multivitamin. Make sure to separate your multivitamin and calcium supplement by at least 2 hours.

**Why do I need calcium?**

Calcium is needed for healthy bones and teeth, muscle contraction, and blood clotting. If you do not get enough calcium, you may have muscle aches and pains, muscle twitching and spasm, and muscle cramps. If you do not get enough calcium for a long time, you can lose bone density and get kidney stones. You also need vitamin D so that the calcium supplement is absorbed and used by your body.

If you do not have calcium in your system, your body will take calcium from your bones. This makes your bones soft and weak (osteoporosis). If your bones get very soft and weak, they can break more easily.
Iron

We may suggest more vitamins or supplements based on your nutritional lab work, such as Vitamin B12, B complex, and extra vitamin D or iron.

Why do I need iron?

Your body needs iron to make hemoglobin, the part of red blood cells that carries oxygen from the lungs to body tissues. If you do not have enough iron, also called iron-deficiency anemia, you may get tired easily, feel dizzy, be easily bothered, get headaches, have a hard time concentrating, be short of breath during exercise, look pale, have brittle nails, and have cracked lips.

Why might I need vitamin B12?

Your body needs vitamin B12 to make red blood cells and keep your nervous system healthy. If you do not have enough vitamin B12, you may feel weak, lose your balance, get tired easily, have low blood counts, and be confused or forgetful.

Things to Remember When Taking Your Vitamins for Life

- Calcium is best absorbed when taken in doses no larger than 600 mg at a time, so you will need to take at least 2 to 3 separate doses per day to get the 1,200 to 1,500 mg needed each day. It is a good idea to take calcium at meal times to get the best calcium absorption possible.
- Calcium and iron interfere with each other. Try not to take iron or a multivitamin that contains iron at the same time as your calcium. Try to take them at least 2 hours apart.
- There are medicines that need to be separated from vitamins and calcium. Check with our nurses about which of your medicines should be separated from vitamins and calcium. We will help you make up a schedule that works for you.
- A good vitamins for life schedule might look like this:
  - Before breakfast: Multivitamin
  - With breakfast: Calcium plus vitamin D
  - With lunch: Calcium plus vitamin D
  - With dinner: Calcium plus vitamin D
  - At bedtime: Multivitamin, iron supplement
How much do I need to eat?

After surgery, you will need to make changes in your eating patterns. Your after-surgery diet will take steps and start as a liquid diet, then change to a soft diet, and then a new, regular diet. The diet steps give your body time to heal. At first, the diet will help you get enough protein and liquid, and later the diet will help you get enough nutrition while keeping the weight off. It is very important that you follow the diet’s steps and stick to the schedule to heal the best way possible and lower the risk of complications.

Refer to your diet packet for your diet steps details. The Diet Guidelines Packet is a very important guide, so keep it with you and read it often!

At first, the amount your stomach pouch can hold is very limited, so be patient. You may find that 2 to 3 teaspoons of food fills you up. This is expected because of swelling after surgery. You may also find that you are able to eat more of one type of food than others — liquids will go down easily, but solids will sit longer in the pouch. That is okay, because over time your stomach pouch will let you eat a wide variety of foods.

By 6 months after surgery, most patients can eat all consistencies of foods, as long as they chew well and eat slowly. Long term, the size of your pouch will allow you to eat ½ cup to 1 cup of food per meal. This amount will help you keep the weight off, if you are choosing the right kinds of foods to eat.

For your after-surgery diet, eating enough protein is the biggest goal, because your body will not be able to absorb all of the protein from your diet. Unlike carbohydrates, which begin to be absorbed as soon as they enter the mouth, protein must be chewed well, and eaten slowly in order to help your stomach digest it well and absorb it fully. Getting enough protein daily will help you lose weight, help you feel full and prevent hunger, and keep you from feeling weak.

You may think you are wasting food. Even though you have had gastric surgery, your eyes and head will still work the same way they did before surgery. However, because of the new stomach pouch, you will be satisfied with much less food. It is very important that you listen to your body’s new signals of fullness. We recommend taking dime-sized bites, stopping after each bite of food, and eating very slowly in order to feel the new sensation of fullness. Stop when you feel the first sign of fullness, so you don’t get sick or have pain.

You may also be surprised at how the surgery changes your wants and desires for certain foods. Foods you may have loved before may not appeal to you.
How much weight will I lose?

Gastric surgery can help you lose weight, but surgery alone will not promise long-term success. Surgery is a tool — something to help you with weight-loss. However, to reach a healthy weight, you must change your eating and exercise patterns.

Most patients lose the highest percent of their extra weight in the first year and continue to lose weight slowly after this point. There is no amount of weight loss that is guaranteed. Weight control is your responsibility.

Successful habits include eating 3 small, well-balanced meals. You may add snacks as needed for true hunger or to help meet your protein goals. Carbonated, caffeinated, sugary, and alcoholic drinks should be avoided. Patients tend to gain back weight if they start eating larger portions, snack or “graze,” eat high fat or junk foods, or drink high-calorie beverages. Not getting enough protein is a common problem in patients who regain weight.

A program of regular exercise is also very important for reaching your weight loss goals and keeping the weight off. Studies have shown that patients who exercise at least 45 minutes, 3 times a week, lose an average of 18% more extra weight than patients who do not exercise regularly.

Right after surgery is a very important time in which you must be faithful to changing old behaviors and forming new, lifelong habits.

The most important habits for weight loss success:

1. sticking with the recommended diet
2. getting regular physical activity and exercise
3. finding ways to help you cope that do not include food or alcohol
4. seeking family and psychological support to help you reach your weight-loss goals
5. scheduling and keeping all follow-up appointments with the bariatric team.

How much should I exercise?

Making exercise a priority in your life can be done if you understand its importance and relationship in helping you lose weight and keep your weight where you want it. Do not start a brisk exercise program until your surgeon says it is okay.

The following tips might be helpful in making your exercise program fun and exciting in the days ahead.

- Select an activity that makes sense for you and that you enjoy.
- Set long-range and short-range goals for yourself. Keep track of things like how far you have walked, how many pounds you have lost, or how many miles you have biked.
- Exercise with family or friends when possible.
- Set aside specific times and days of the week for your exercise program.
- Remember that the ability to exercise changes from day to day. Some days will be better than others.
- Be positive, a day missed is no reason to feel sad.
- Realize that success of your exercise program is in your hands.
Follow-up schedule

Follow-up appointments after gastric bypass surgery are very important to your overall health and weight loss success. We expect you to come in for follow-up visits regularly for the first year. If you live out of town and have trouble getting to Nashville for your visits, we can work with your primary care physician for follow-up, as long as we talk with you on the phone or online through My Health At Vanderbilt (MHAV) to ask you questions and get lab work from your doctor.

We recommend follow up once a year for life. Remember you are part of our family forever!

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