

## Guide for BARIATRIC DISCHARGE SUMMARY

### Advice Given to Patient:

- Maintain appropriate mobilisation when you go home.
- Take only oro-dispersible or liquid solution tablets in the first month post-surgery
- You will need to take chewable OTC multivitamin tablets for first 4 weeks: e.g Asda chewable multivitamins, Centrum fruity chewables, Bassetts adult multivitamins pastilles and Forceval Soluble tablets. The dieticians will review you and advise you with the long-life multivitamin tablets in the next follow up.
- Wear TEDs stockings for 7 days, plus Tinzaparin injections as prescribed below for 14 days.
- Safety advice to return to A&E if any warning signs: Feeling unwell, severe abdominal pain, repeated vomiting, Fever, chest pain, breathlessness, signs of bleeding in stool or blood vomits.
- **Diet after discharge:** You should follow the 3 diet stages over the next 6-9 weeks post-surgery. Each stage will take 3-4 weeks before moving to the next stage. You will be guided by our bariatric dieticians at outpatient clinics through these stages. Please read carefully the diet sheets you received from the dieticians to understand all information about each stage.
  1. Stage 1-Fluid only stage: You should start by sip drinks slowly; start with a maximum of 200 mls/hour (a small teacup). Once this feels comfortable you can build up the quantity. Aim to build up to 2½ litres (4 pints) each day to prevent dehydration. Approximately 1.7 litres of this (3 pints) should be nutritious drinks with aim is to build up to 60-80g protein a day. The details of this stage can be found in **'Stage One: Starting on Fluids' protocol sheet.** Make sure that you receive this sheet from ward 21 at time of discharge.
  2. Stage 2- Introducing Puree foods: The texture should be smooth like yoghurt and pour off a spoon so that lumps of food don't get stuck. Use a blender or food processor to get it right. Take very small amounts (5-6 teaspoons) of pureed food per meal for the first few days. Aim to eat 4-6 meals per day at this stage and only increase the amounts when you can do so comfortably. The details of this stage can be found in **After Weight loss Surgery diet: How and What to eat.** You received this sheet from dieticians during the preoperative preparation phase.
  3. Stage 3- Introducing soft food: Try foods which are mashable with a fork. You will still need to add nutritious liquids so food stays moist. Aim for the texture of shepherd's pie or dhal. Try to have not more than a starter size or tea plate portion per meal. If you cannot manage this much at once you could eat it over two sittings but try not to have more than a tea plate portion in total for each meal. Eat three starter or tea plate sized meals a day with two low fat/ low sugar snacks such as fruit, yoghurt or milk. Always eat the protein part of the meal first. The details of this stage can be found in **After Weight loss Surgery diet: How and What to eat.** You received this sheet from dieticians during the preoperative preparation phase.
- For any questions regards the diet: Please contact dieticians on Telephone: **01274 365108** (8.30am – 4.30pm). Answerphone available outside office hours- or by email: **Dietitians.Office@bthft.nhs.uk**

### **Advice / Recommendations to GP:**

- Please prescribe vitamin B12 injections every 3 months (lifelong treatment) and to start 3 months post-surgery.
- Patient will need lifelong multivitamin and mineral tablets.
- Some medications have been changed for the first few weeks post-surgery (as below).
- Review the patient's regular medications for the long-term. The formulations and doses may need adjusting to allow for changes in bio-availability post-surgery.
- Continue to review co-morbidities post-surgery such as diabetes mellitus, hypertension, hypercholesterolemia and sleep apnoea.
- Be aware of potential nutritional deficiencies that may occur and their signs and symptoms; e.g: anaemia, protein malnutrition and vitamin D deficiency.
- Please arrange regular bariatric profile blood tests on regular basis (3,6,12 months then annually) as per BOMSS guidelines:

*O'Kane M, Parretti HM, Pinkney J, et al. British Obesity and Metabolic Surgery Society Guidelines on perioperative and postoperative biochemical monitoring and micronutrient replacement for patients undergoing bariatric surgery—2020 update. Obesity Reviews. 2020; 21:e13087. <https://doi.org/10.1111/obr.13087>*

### **Follow Up Arrangements:**

- You will have follow up with the dietician team after 1-2 weeks
- You will have follow up with your surgical consultant (Please write the name of consultant) after 4-6 weeks. Please, ensure it's requested on EPR

### **Medications:**

- Lansoprazole fast tab 30mg OD; required for 3 months at least post-surgery (GP to provide 2 month supply after initial 1 month supply from hospital).
- Prophylactic tinzaparin (dosed by weight) for 14 days post-op. 4500units OD for <109 kg, 7000 units OD for 110-149kg and 9000 units OD for >150kg
- Please speak to the ward pharmacist if the patient takes any regular medication, these may need to be altered/adjusted post-surgery. All medications should be oro-dispersible or liquid solution forms in first 4 weeks.