



MINIMALLY INVASIVE SURGERY

CARE OF THE BARIATRIC POSTOP PATIENT

Pre-Op (day of surgery)

Emend (aprepitant 40mg – taken 3 hours before surgery patient to take at home)

Cefoxitin 2g IV

Heparin 5000 U SQ

Exparel 266mg/20ml

1 liter normal saline given in preop (exclude patient if CKD stage 3 or EF less than or equal to 30% or NYHC 3/D)

Scopolamine patch given in preop (exclude patient if narrow-angled glaucoma or QT prolongation)

Postop orders – MUST use order set

In EPIC, order entry, go to “order sets”, type in “bari” and choose **Gen surg/bariatric MIS postop orders**

- Lap-bands are outpatient or extended recovery (OPEC)
- Vertical sleeve gastrectomy (VSG) & gastric bypass (RNYGB) are to be admitted, basic care, VS Q4H with continuous pulse ox, and cardiac telemetry for at least 24 hours
 - o NPO
 - o D5 ½ NS 20K @ 125 mL/hr
 - o Pain management: dPCA (RNYGB), PRN Toradol (VSG), PRN Dilaudid for BTP
 - o IV Ofirmev (Tylenol) Q6H x 24 hours
 - o Zofran 4mg IV Q6H PRN 1st line agent
 - o Reglan 5mg IV Q8H PRN 2nd line agent
 - o Robaxin 750mg IV Q8H pain/muscle spasm (Attending dependent)
 - o NO NSAIDS!!
 - o Bilateral SCDs
 - o SQ Heparin 5000 units (unless contraindicated)
 - o If diabetic: Accucheck Q6H and ISS PRN
 - o No NGT (post sign)
 - o Adult Nutrition Consult
 - o Early ambulation, ambulate same day of surgery

- Continue perioperative beta blocker if indicated
- IV Protonix or other PPI – until d/c to home
- Not routinely ordered unless indicated:
 - JP drain care
 - Lab draws
 - Foley removal in AM, POD #1 if applicable
 - UGI w/ KUB POD #1 (Gastrograffin 30mL only)
- IF patient is euvolemic, 500ml PRN fluid bolus for intractable nausea. IF patient has history of heart failure, evaluate fluid status prior to bolus
- Endocrine consult if T1DM with hgA1c >8% preoperatively
- **Dr. Scharf and Dr. Kannappan's** patients usually start bariatric clears 6hrs postop (unless contraindicated).

POD #1

-DC foley 0600, UGI (If indicated), ambulate, pain control. UGI to be reviewed with bariatric attending or fellow prior to initiating diet.

-Once UGI cleared: start on bariatric clear liquids, DC PCA, transition to oral analgesia. Verify if opioid naïve & dose appropriately

-Decrease IVF to 60ml/hr

-If glucose an issue, remove dextrose from IVF

-If nausea an issue, be sure patient is euvolemic, bolus of isotonic fluid as appropriate

-Both VSG & RNYGB may be discharged on POD#1 if fluid intake appropriate 500ml/day or 240ml/shift & nausea controlled

-Verify endocrinology has evaluated patient & implement recommendations (as appropriate)

-Resume home medications as appropriate. Resume any antidepressants or antipsychotics. Review home antihypertensives and confirm with chief resident/fellow who will double check with attending if appropriate to restart at home.

-Goal fluids 240ml/shift or 500ml/day

POD#1 or 2

-VSG/RNYGB LOS 1 day. If warranted, continue to monitor and re-evaluate status for discharge to home

-IF pt is dc'd home with JP drain, needs JP drain education

-DC meds are usually prescribed preop, verify patient has received: oral analgesia, milk of magnesia, PPI (for 6 months) & if still has gallbladder then Ursodiol 300mg BID (for 6 months), ondansetron ODT 4mg Q6H PRN nausea, vitamins/supplements to start at home ~1 week later.

- All meds crushed, chewable, liquid or smaller than size of M&M for 6 weeks. Diet at home is full liquids
- Resuming any statins or diuretics (some patients may continue if necessary, check with NP/Fellow/Chief Resident), review BP meds, review antidiabetic/insulins prior to DC, if patient is DM and glucose is controlled during hospitalization, check with NP/Fellow/Chief Resident about resuming antidiabetic regimen.
- If indicated, patient is to check their glucose BID & call if glucose is ≥ 180 for 3 days.
- If indicated, patient is to also check their BP daily & to call if their SBP is ≥ 160 for 3 days
- Follow up with bariatric surgeon in 2 weeks; verify patient has an appointment prior to discharge. If not, call MA to obtain appointment prior to discharge.

Outpatient diet advancement (goal fluid intake 48oz-64oz/day & protein 60-80gm for women 80-100gm for men)

When patient is discharged to home: diet to start once home is a Full Liquid Diet x 2 weeks.

Puree x 2 weeks

Soft x 2 weeks

Use the smartphrase “.pkbaridc” (this includes extensive instructions for post-op bariatric patients). Smartphrase can be obtained from our NP Panicha Kittipha. Include it in the patient’s AVS which is accessed by clicking on the DC to home tab. Under **discharge instructions**, click on the **patient discharge/education** section and add the smartphrase. It will outline instructions that are bariatric specific. Be sure to go through sections of the smartphrase, and update the appropriate items for that patient. Please use your clinical judgment if certain instructions are appropriate for specific patients. Any questions, please verify with NP/Fellow/Chief Resident.

Nursing to attach appropriate educational handouts upon discharge.

CLINIC NOTES

Drs. Scharf, Kannappan & Michelotti use a specific postop template for clinic & H&P template, discuss with them regarding this when you are in clinic. There is a bariatric SmartSet “Surg Bari” that you should use to for note templates, orders, etc.