

Bariatric Post-operative Education Prior to Discharge.

Diet tolerance/adherence

1. Review volume intake per day, goal is 48 oz.

Reviewed with patient he/she is to record & know how much she is taking in with goal of 48oz. Reviewed the various methods to keep track, set out all liquids in The morning for the day, use her food journal, or an app.

2. Review what liquids they are drinking.

Reviewed appropriate liquids, to be no calorie, no sugar liquids in addition to the recommended protein supplement, such as Premier Protein. Should be no more than 200 calories/serving, sugar less than 10gm/serving, protein minimum of 20gm/serving.

3. Review utilizing their food journal or other method for tracking volume & protein goals.

4. Nausea? Review amounts & frequency of fluid intake, may need antiemetic prescribed.

Meds

1. Are they taking pain medications, PPI, stool softener, ursodiol (if gallbladder present)?

2. Review their usual medications & clarify any changes in meds from discharge (typically should no longer be taking statin, see changes for their anti-diabetic or anti-hypertensive meds in dc summary).

Exercise

1. Encourage minimum 30 min walking daily.

2. Remind to stay hydrated, keep water or low sugar/no calorie electrolyte replacement at all times.

Bowel/bladder

1. Alert patient to S/S of urinary trouble, frequency, hesitancy, dysuria, retention.

2. Make sure patient has daily BM. If no BM since prior to surgery, verify they are taking their prescribed bowel regimen. Can take over-the-counter suppository if needed.

Other

1. Should still be doing their incentive spirometer 7 days post-op.

2. If uses CPAP, be sure they are continuing to wear it.

3. If they were told to track their blood sugars & blood pressures, review this with patient (check dc summary for parameters given).

4. Wound care instructions.