



Discharge Instructions Adjustable Gastric Band Surgery

Please Call the office at (513) 939-2263 if you have questions or experience any of the following:

- Shortness of breath
- Fever greater than 101 degrees
- Rapid heart rate
- Pus draining from incisions
- Redness around incisions bigger than a dime
- Persistent vomiting

Pain Control

Take ibuprofen 400mg (two 200 mg over-the-counter tablets) every four to six hours regularly for the first three days to manage the pain. Use the narcotic prescription (usually Lortab elixir) only if pain is not controlled with ibuprofen. After three days the pain should be easily managed by an occasional acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) as needed.

Caution:

- Do not take ibuprofen if you already take a non-steroidal anti-inflammatory drug (NSAID)
- Do not take ibuprofen if you become dehydrated or have a history of stomach ulcers.
- No driving while taking the narcotic prescription
- Lortab has acetaminophen in it, do not take additional acetaminophen at the same time

Shoulder Pain

It is not unusual for some people to experience shoulder pain after laparoscopic surgery. This is referred pain from the diaphragm. A heating pad on your shoulder blades or the upper abdomen may be helpful. This pain should gradually subside over several days, but occasionally lasts longer.

Incision Care

Leave the band-aids and underlying steri-strips (white tape strips, "butterfly") for two weeks. After two weeks you may remove them. If they fall off before two weeks, don't worry about it. They do not need to be covered. The incisions have dissolving sutures (stitches) that do not need to be removed.

You may shower after 24 hours post surgery, pat the incisions dry with a clean towel afterwards, no need to cover the incisions. No underwater submersion of the incisions for two weeks, this includes tub bathing, hot tubs and swimming.

You may apply Vitamin E oil, or an anti-scarring gel, such as Mederma or Scar Guard, once the steri-strips (white tapes) and band-aids have fallen off or have been removed after two weeks. You can get Vitamin E oil by poking a hole in the end of a gel Vitamin E capsule and squeezing the oil onto the incision. Vitamin E oil is very sticky. Avoid direct sunlight to the scars as this may darken them.

Bleeding from Incisions

It is common and normal for your incisions to ooze blood and clear to yellow fluid for the first several days after surgery. You may reapply band-aids as needed to protect your clothing, but leave the steri-strips in place. This oozing is related to the blood thinners you were given prior to surgery to prevent blood clots. Bruising around the incisions is also normal.

If blood is continually dripping out of the incisions, apply firm pressure with gauze or a paper towel for 5 minutes. If this doesn't stop the bleeding, apply an ice pack to the incision and discontinue the use of ibuprofen as this can prolong bleeding.. This should stop the continual dripping. If this does not stop the bleeding, call the office for further instructions.

Vomiting

Try to avoid vomiting. Vomiting increases the incidence of pouch dilation and erosion. If you are nauseated from the medications or anesthesia, take the prescribed anti- nausea pills. If you are vomiting after eating, it may mean that you are eating too fast or too much and you should eat slower or in smaller amounts.

Dizziness and/or blurred vision

Typically, an anti-nausea patch is placed behind your ear prior to anesthesia. This has been shown to reduce nausea and vomiting associated with anesthesia and is left in place until 2-3 days after surgery. Some patients will experience dizziness and/or blurred vision, however, and the patch should be removed right away to improve these symptoms. Whenever you touch the patch make sure you thoroughly wash your hands because the patch contains the drug and if you rub your eyes you will develop a dilated pupil on one side.

Vitamins and Other Medications

You need to take a daily multi-vitamin. Vitamins in liquid or chewable form tend to be easier to swallow. You may resume your regular medications unless told otherwise by your physician. It is advised to take your pills one at a time instead of several at a time. Also, avoid taking your pills when you have a full stomach pouch as this may cause discomfort or vomiting.

Activity

Beginning with the day of surgery, it is important to get up and walk as much as you feel comfortable. Walking is good for your lungs, and helps avoid blood clots from forming in your legs.

You can begin exercising moderately after 1-2 weeks. Walk or get in some other physical exercise every day. Start out slowly and build up gradually. A simple walking program is a good place to start if you have not been physically active before surgery. Start out walking for 5 or 10 minutes and build gradually to 30 minutes per day. As you lose weight, you will likely find a calorie burning activity that you enjoy.

There are no restrictions on lifting, but you may want to avoid strenuous activity the first few weeks after surgery. Overdoing it will cause more pain in the incisions. Typically the port incision is the most tender due to the fact that the port is stitched to the muscle. This pain will resolve with time.

Most people go back to work within 3 to 7 days after surgery. You can resume sexual activity whenever you feel ready.

Constipation

If you go more than two days without a bowel movement, it is time to get things moving. Over-the-counter stool softeners (Colace, DSS, or docusate sodium) are mild and a good first choice. If this doesn't work, take Phillips Milk of Magnesia two tablespoons once or twice per day. This tends to work really well so make sure you have ready access to a bathroom. Once you are eating regular food (after 3-4 weeks) it will be important to have plenty of fiber in your diet to promote good bowel function. Examples of high fiber foods are bran cereal, fruits, vegetables, and beans.

Diarrhea

On a liquid diet, you can expect loose stools. Kaopectate, which can be found in your grocery store or pharmacy, is a good medication to take because it simply gels the stool as opposed to constipating you. If you are having more than 6 watery stools per day for more than one week after surgery, you may have a special kind of diarrhea associated with the antibiotics we give prior to surgery and you should call the office so we can arrange a stool specimen for culture.

Follow-up Visits

It is essential that you remain in contact with us on a regular basis so that we may monitor your progress and weight loss. Please schedule a post-operative appointment for one to two weeks after surgery to evaluate your incisions and recovery. Schedule a visit 4 – 6 weeks after surgery to evaluate your need for your first band adjustment.