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Advanced Surgical and Bariatrics of NJ, PA
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Bariatric Surgery Center

RWJUH Bariatric Comprehensive Program
Clinical Guidelines and Pathways

Robert Wood Johnson | RWJ Barnabas
University Hospital | HEALTH





Welcome to your new life

Thank you for choosing the Bariatric Surgery Center at Robert Wood Johnson University Hospital (RWJUH) to begin your weight-loss journey and lifelong commitment to healthy living. RWJUH's award-winning Bariatric Surgery Center is committed to providing the highest-quality patient care and was specially designed by our bariatric surgery experts to ensure a safe, compassionate and efficient transition for patients to their new lifestyle.

Bariatric surgery is not a cosmetic procedure; nor is it the easy way out when it comes to weight loss. Bariatric surgery is a health tool that serves as a stepping stone to your new way of healthy living. Our dedicated team of professionals will be available to support you before, during and after surgery. Bariatric patients have many needs and RWJUH understands that it's a knowledgeable, comprehensive staff that can make the difference between good and great results.

Inside this packet, you will find:

- } Your pre-surgery checklist that contains detailed information about the requirements you need to meet prior to surgery
- } Upcoming dates and times available for the required pre-operative education session
- } Your new pre-operative diet for you to follow
- } A detailed explanation of what to expect before, during and after your surgery
- } The post-operative diet you are required to follow
- } RWJUH's Bariatric Support Group information
- } Post-surgery Bariatric Wellness and Exercise Programs

Lastly, we strongly recommend and encourage you to keep your follow-up appointments after surgery. While it may not seem important now, our experts maintain they are critical to ensuring you stay on the path to great health and success after surgery.

We hope you find this packet to be an informative and resourceful guide as you navigate through our program. We congratulate you on making one of the most important decisions of your life. RWJUH will be there with you from the beginning and long into the future.

If you have any question or concerns that were not addressed in this guide, please do not hesitate to contact us.

Welcome to your new life,

Arlex Matulac, MSN,BSN,RN,NE-BC
Vice President, Perioperative Services
Robert Wood Johnson University Hospital

Ragui Sadek, MD, FACS
Director of Bariatric Surgery,
Clinical Associate Professor of Surgery
Robert Wood Johnson University Hospital

Meet our staff



Ragui Sadek, MD FACS

Director of bariatric surgery, Clinical associate professor of surgery

Dr. Ragui Sadek's career has been one of significant experience and distinction. With over 5,000 surgeries performed, Dr. Sadek is a premier surgeon in the New York and New Jersey area. As the founder and director of the bariatric center of excellence at Robert Wood Johnson University Hospital, Dr. Sadek has established one of the safest and a state-of-the-art bariatric surgery programs in the state. His program has a complication rate far below the national average, while providing a cutting-edge variety of laparoscopic, robotic, endoscopic and bariatric surgery techniques. Dr. Sadek initiated the Bariatric Surgery program at Robert Wood Johnson University Hospital where, prior to his arrival, weight loss surgery was not being performed.



Michael Donaire, MD

Laparoscopic and bariatric surgeon

Dr. Donaire joined our practice in August 2014. He completed the Bariatric and Advanced Gastrointestinal Minimally Invasive Surgery Fellowship at the State University of New York Health Science Center in Brooklyn, NY. Having earned his medical degree at St. George's University, he completed his internship at St. Vincent's Hospital and Medical Center of Manhattan and residency in general surgery at New York Medical College at Westchester Medical Center.



Lora Melman, MD

Laparoscopic and bariatric surgeon

Dr. Melman is a fellowship-trained, board-certified, and daVinci robot-certified specialist offering patients the latest in cutting-edge surgical techniques together in combination with enhanced recovery protocols (ERAS) and the benefits of multi-modal peri-operative pain management. Her extensive experience in combining these strategies helps to reduce recovery time and hastens return to normal activity. Dr. Melman offers minimal-access surgery for adrenal masses, heller myotomy for achalasia, surgical treatment for severe reflux disease (GERD), and comprehensive care for surgical weight loss (bariatrics). She also has conducted extensive research in the area of biomaterials (hernia meshes) for repair of all types of abdominal wall and diaphragmatic hernias.

Dr. Keith J. King, MD

Laparoscopic and bariatric surgeon



Keith J. King grew up in Pennsylvania and went on to obtain his medical degree from the University of Maryland School of Medicine. He then came to New Jersey to complete his general surgery training at Rutgers Robert Wood Johnson Medical School followed by fellowship training in bariatric and minimally invasive surgery at St. Luke's University Health Network. Dr. King is board-certified, fellowship-trained, and da Vinci certified bariatric and minimally invasive surgeon. Dr. King performs laparoscopic and robotic sleeve gastrectomy, gastric bypass, hiatal and paraesophageal hernia repair, surgery for severe acid reflux (GERD), as well as bariatric endoscopy. He has also published research and presented both nationally and internationally on robotic bariatric surgery, revisional bariatric surgery, endobariatrics, as well as GERD. Dr. King is an active member of the ASMBS and serves on the ASMBS General and Foregut Surgery Committee.



Christopher Buchholz, DO, MPH

Laparoscopic and bariatric surgeon

Dr. Chris Buchholz is a board certified, fellowship trained robotic and laparoscopic bariatric and general surgeon. Dr. Buchholz performs the sleeve gastrectomy, gastric bypass, and minimally invasive general surgery procedures including abdominal wall hernias, gallbladder surgery, anti-reflux procedure, and surgery for achalasia. Dr. Buchholz grew up in the Midwest attending Kansas City University Of Medicine for medical school. He then moved to New Jersey to complete his general surgery training at St. Josephs Regional Medical Center Paterson. Having developed a passion for weight loss and foregut surgery, he then completed a bariatric and minimally invasive surgery fellowship at Hackensack University Medical Center in Hackensack.



Lisa Siracusa, RPAC

Physician assistant laparoscopic and bariatric surgery

Lisa Siracusa is a board-certified physician assistant with specific specialization in the field of minimally invasive surgery (RPA-C). As a graduate of Wagner College and Bayley Seton Hospital PA program in 1993, she has had several years of experience in the surgical medical field. Moreover, Mrs. Siracusa was the senior Physician Assistant in SIUH from 2000 to 2008. Her responsibilities included but were not limited to, training surgical residents, assisting surgeons during surgery, and managing surgical floor of SIUH. Being an important member of Advanced Surgical and Bariatrics of NJ, she is devoted to the needs of her patients. As a caring individual she is dedicated to secure satisfaction of her patients. She is currently responsible for follow up visits with patients, as well as assisting Dr. Sadek in the OR during surgery.



Jaclyn Taglia, RN

Office Registered Nurse

Jaclyn Taglia is the Quality Improvement Registered Nurse at Advanced Surgical and Bariatrics. She is responsible for evaluating, assessing and following up with patients throughout their surgical journey. Jaclyn is responsible for the quality improvement program which entails improving and monitoring the way care is delivered to patients.

High-Risk Bariatric Program at New Brunswick

Under the leadership of Medical Director of Bariatric Surgery, Ragui Sadek, MD, FACS and Surgeon of Excellence in Metabolic and Bariatric Surgery (SOEMBS), Robert Wood Johnson University Hospital New Brunswick has developed a program for high-risk patients.

Patients who may qualify for our high-risk Program include:

- } LVAD and heart failure patients as a bridge to transplant
- } Kidney/pancreas transplant patients and donor patients
- } Natural Orifice Transluminal Endoscopic Surgery (NOTES) surgeries with two separate devices
- } Super morbidly obese adults & adolescents (BMI >60)
- } Adolescents (15-21 years of age)
- } Revision bariatrics (laparoscopic and/or da Vinci)

A comprehensive program

RWJUH's Bariatric Surgery Center incorporates a number of different specialties all working together to develop a personalized care plan for you. This care plan includes extensive education and evaluation before surgery, and the lifetime follow-up care and support crucial to keeping the weight off and staying healthy.

Prior to surgery you will be asked to see the following:

Gastroenterologist

It is important to see a gastroenterologist (GI doctor) because we need to have a baseline status of your everyday digestive system. The GI doctor will also perform an endoscopy of your esophagus and stomach anatomy prior to surgery. In addition, the doctor will look for reflux disease, polyps, erosions and hernias.

Nutritionist

You will meet with a nutritionist prior to surgery to discuss nutritional goals and upcoming lifestyle changes. The nutritionist will help guide you to modify your diet prior to surgery so you can obtain success with your nutrition choices after surgery.

Psychiatrist

A psychological consult before surgery is important to help identify your own strengths as well as areas that you may need some more support in. The psychological consult is here for you to help find ways to adapt to your upcoming lifestyle change.

You may also be asked to see the following doctors:

Pulmonologist

A pulmonologist will perform pulmonary function tests and possible sleep studies to diagnose any existing sleep apnea, an important condition to be aware of prior to your surgery.

Cardiologist

A cardiologist to determine your basic cardiac function, or what your heart is capable of handling. The cardiologist may also perform a cardiac stress test and/or echocardiogram

Endocrinologist

An endocrinologist, a doctor who specialized in metabolic disorders. The endocrinologist will evaluate you to determine if diabetes is present.

Primary Care Physician You may need to see your primary care physician before surgery to discuss surgery, receive a physical exam and go over medications.

Pre-surgery requirements checklist

- ___ Supervised medical educational program for six months.
(or the number of months needed to fulfill your insurance company's requirements).
- ___ Medical necessity letter from your primary care or referring doctor.
- ___ Two visits with a registered dietitian.
- ___ Psychologist or psychiatrist counseling session, required for lifestyle changes.
- ___ Recent cardiology work-up/visit and results.
- ___ Recent pulmonology work-up/visit and results.
- ___ Upper gastrointestinal endoscopy.
- ___ Recent ultrasound results.
- ___ Completion of online pre-operative education video and survey or attendance at a pre-operative education session.
(Education class flyer with dates/times included in this packet.)
- ___ Pre-admission testing at RWJUH, located at 10 Plum Street, 3rd floor, New Brunswick, NJ 08901.
- ___ Pre-admission testing must be completed 4 weeks prior to your surgery date.
- ___ Endocrinologist (as required).

Our Goal is to help you recover from your operation quickly and safely.

Shopping List



You will be on a special diet for the first few weeks after surgery.

It is highly recommended that you do your shopping a week before surgery to make sure that you have everything ready when you go home.

- Diet Jell-O (avoid red-colored jello)
- Sugar- free beverages (non-carbonated)
- Broth (chicken, beef or vegetable)
- Decaffeinated coffee or tea
- Protein shakes (please see list of recommended shakes)
- Chewable or liquid multivitamins
- Chewable with Calcium Citrate
- Sugar-free popsicles
- Small dishes
- Small spoons and forks
- Strainer for food
- Food processor or Magic bullet
- Protein shaker bottle

Pre-operative diet

Your last official “diet!” Make sure you follow this! It is needed to shrink your liver and it will also help you jump-start your weight loss.

Typically this is started 7-10 days prior to your surgery. Your surgeon and dietitian will discuss your individual goals with you.

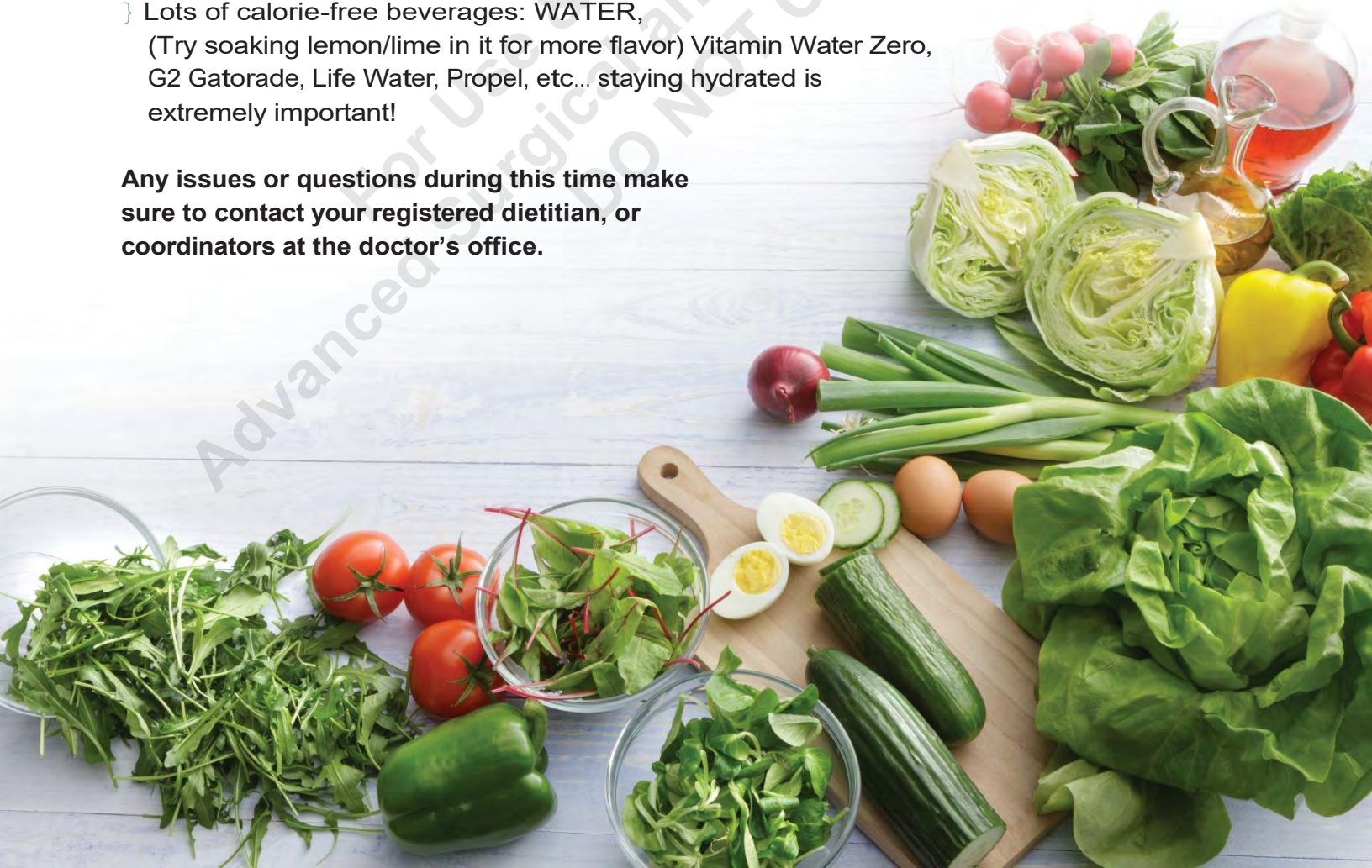
What it is:

- } 3 protein shakes per day, one for breakfast, lunch, and dinner
 - Shakes should be consumed 4-5 hours apart
 - Blend 2 scoops of powder with 8 ounces of milk (almond, soy, skim, 1%, or light coconut) and ice

Other allowed items this week include:

- } Tea (can sweeten with lemon wedge or sugar substitute)
- } Coffee (can sweeten with sugar substitute)
- } Chicken/beef broth, low sodium (1-2 cups per day)
- } Sugar-free Jell-O
- } Sugar-free ice pops
- } Lots of calorie-free beverages: WATER, (Try soaking lemon/lime in it for more flavor) Vitamin Water Zero, G2 Gatorade, Life Water, Propel, etc... staying hydrated is extremely important!

Any issues or questions during this time make sure to contact your registered dietitian, or coordinators at the doctor’s office.





Pre-operative Education Video

The Bariatric Surgery Center at RWJUH offers an educational video on what patients can expect moving forward now that they've officially begun their weight loss journey.

Some topics discussed in the video include but are not limited to:

- } What your hospital stay will be like
- } Length of hospital stay
- } What recovery is like
- } Importance of surgery as a tool for a healthy life

Weight Loss and Bariatric Surgery

Information on program's procedure types, volume and outcomes

Website: <https://www.rwjbh.org/rwj-university-hospital-new-brunswick/treatment-care/weight-loss-and-bariatric-surgery/>

The link of the Preoperative video can be found:

Website: <https://www.rwjuh.org/rwj-university-hospital-new-brunswick/treatment-care/weight-loss-and-bariatric-surgery/preparing-for-surgery/pre-surgery-instruction/>

Click: Menu and preparing for surgery

After viewing the video, complete the survey below the video session

Virtual Pre-operative Education Sessions

The Bariatric Surgery Center at RWJUH offers a free, interactive session with information on what patients can expect moving forward now that they've officially begun their weight loss journey.

Some topics covered includes, but are not limited to:

- } Length of hospital stay
- } Recovery after surgery
- } Post-Operative diet
- } Importance of surgery as a tool for a healthy life

When: Second (2nd) Tuesday of every month at 12:00noon

Where: Virtual: Zoom access link will be sent out to registered participants in advance.



Bariatric surgery: What to expect

Day before your surgery

The day before surgery you will be asked to drink:

- } 2 bottles of carbohydrate drinks the night before your surgery
- } 1 bottle of carbohydrate drink before leaving your house for surgery

The carbohydrate drink may be Ensure or G2 depending on your doctor's preference

Pre-operative holding phase

Once you get to the hospital, your nurse or nursing tech will take your weight and supply you with a gown to get dressed into. You will be asked questions by your nurse about your health information and medications you are currently taking. You will have an IV placed, this will be your access for medications and IV fluids while you are in the hospital. Your nurse will give you medications through the IV as well as one injection or shot. The injection is an important medication that helps prevent blood clots while you are in the hospital. A medication patch will be applied to the skin behind your ear. This helps decrease the chances of nausea after the surgery. You will meet with your surgeons, anesthesia team and the OR nurse prior to your surgery and they will escort you to the operating room by stretcher.

Intraoperative phase

During the intraoperative phase, or the operating room phase, you will be assisted to the operating bed and placed in a comfortable position. The surgeon will place SCD's on your legs. These help circulate your blood preventing blood clots. You will be using SCD's after the OR too! During the operating procedure, you will never be left alone. Your surgeons along with the anesthesia team and nurses will be by your side the entire operation.

Post-anesthesia phase

After your surgery is completed, you will recover in the Post Anesthesia Care Unit (PACU). A nurse will be by your side as you recover from the anesthesia. You may feel sleepy and have pain or discomfort—this is common after surgery. You will be attached to a monitor so your nurse can monitor your heart rate as you recovery. The monitor may be loud as it monitors your heart rate. You may have a plastic tube around your face going into your nose. This is called a nasal cannula, it delivers oxygen to your body after surgery. Your nurse will take your vital signs frequently, which can include your blood pressure, temperature, heart rate and oxygen level. Your nurse will give you the appropriate medications prescribed by your doctors. You will be receiving IV fluids through your IV site, this will help you stay hydrated during your hospital stay. Once recovered from anesthesia, about two hours after surgery, your nurse will assist you out of bed and help you walk. It is important to walk after surgery to help with gas pains, to help circulate blood in the body and to get back to your walking baseline at home. Before getting out of bed, please be sure to have the nurse or nursing tech help assist you – you will have a call bell to use when you need assistance! In PACU, your nurse will teach you how to use an incentive spirometer. An incentive spirometer is an important breathing device that helps prevent pneumonia after surgery. You will use this during your hospital stay and bring it home to use too! Your nurse will help place SCD machine on while you are in bed. The machine helps prevent blood clots. It is important to keep the machine while you are in bed. Once you are walking, you will be sent for your Upper GI x-ray. During your Upper GI x-ray you will be asked to stand up in front of a machine and drink a small amount of liquid and an x-ray will be taken. Transport will escort you to the floor once your bed is ready for you.

Post-operative floor phase

Once you get to the floor, you will walk to your bed from the transport stretcher with the help of the staff. You will be greeted by your nurse and nursing tech. They will take your vital signs and will continue to frequently take your vital signs throughout your stay. You will have a portable, pocket heart monitor placed on until you are discharged. This is so your nurse can continue to monitor your heart rate during your hospital stay. Before getting out of bed, please be sure to have the nurse or nursing tech help assist you – you will have a call bell to use when you need assistance! If your Upper GI was not completed in PACU, transport will escort you off the floor to get the x-ray done. Once your Upper GI is completed, your surgeon will review the x-ray and if cleared, you will be placed on a bariatric clear liquid diet. A bariatric clear liquid tray will be sent to your bedside once the diet order is in. Your nurse will provide you with medicine cups to help guide your intake of the fluids. Each medicine cup is 1 oz. Go slow and listen to your body. You will be medicated by your nurse as appropriate. Most of the medications are similar to the medications you received in the pre-operative area. Blood sugar monitoring may be done by your nursing tech or nurses. You may have pain and some nausea after surgery. This is common. Be sure to communicate with your nurse on how you are feeling during your stay. You will continue using your incentive spirometer – it is recommended to use your incentive spirometer 10 times an hour while you are awake. You will continue to wear your SCD's while you are in bed to help prevent blood clots. You will be encourage by the nursing staff to walk frequently. Set a goal for yourself before you come to the hospital on how far you want to walk! Walking is extremely important after surgery.

Patient Education Pathway

What Activities Should I do Before, During My Hospitalization and Immediate Post-Surgery?

Activities	Before Surgery	Hospitalization	Post-Surgery
Peri-op Education	<p>Watch the Pre-op Bariatric Video using the web link given by your healthcare provider</p> <p>Attend a Pre-op Education Session if you have questions</p> <p>If you have any questions regarding your upcoming surgery please send email to: Bariatrics@rwjbh.org</p> <p>Call: 732-640-5316 [Surgeon's Office]</p> <p>Call: 732- 828- 3000 x35753 [Pre Admission Testing Office]</p> <p>Call: 732-253-3156 [Hospital Administrative/Clinical Office]</p>	<ul style="list-style-type: none"> Participate in educational sessions at your bedside regarding your care You are encouraged to: 'Speak up'; asked questions 	<ul style="list-style-type: none"> Look for more information electronically on My Chart regarding your recovery. Review your discharge instructions
Clear Liquid Diet	<p>Follow surgeon's instructions until night before surgery.</p> <p>Drink-carbohydrate loading drink x2 as instructed</p>	<ul style="list-style-type: none"> Ice chips Use the medication cup given to you and pour in 30 mills of clear fluid of choice from off your "bariatric tray" and drink all in 15 minutes. Repeat as tolerated 	<ul style="list-style-type: none"> Follow healthcare team instructions and written guidelines
Pain Management	<p>Partner with a member of the health care team and discuss how you can minimize using:</p> <ul style="list-style-type: none"> pain medicine with narcotics and instead Use non-narcotic pain medicine e.g. oral Tylenol or IV Tylenol as ordered or non- pharmacological intervention as alternative e.g. slow deep breathing, walking, hot or cold packs to surgical sites etc. 	<ul style="list-style-type: none"> Use non-narcotic pain medication first Use the lowest dosage of pain medication second if needed Walk as soon as possible to relieve discomfort from abdominal pain due to "gas pain" 	<ul style="list-style-type: none"> Discard any unused medication in an identified disposal agency

Patient Education Pathway

What Activities Should I do Before, During My Hospitalization and Immediate Post-Surgery?

Activities	Before Surgery	Hospitalization	Post-Surgery
Skin Care	Bathe with the anti-septic solution given to you pre-procedure, as instructed	<ul style="list-style-type: none"> Wash your hands during your hospital stay 	<ul style="list-style-type: none"> Do Not pick at your surgical wound site
Incentive Spirometer	Practice using the incentive Spirometer given to you during pre-procedure visit	<ul style="list-style-type: none"> Bring your incentive spirometer with you on the day of your surgery. When awake use your Incentive Spirometer ten (10) times each hour 	<ul style="list-style-type: none"> Continue to use at home for another 5-6 days
Early Mobilization (Activity)	Participate in education on early mobilization	<ul style="list-style-type: none"> Approximately three (3) hours after surgery, start walking for at least 10mins; it will help you to ease any discomfort from gas pain 	<ul style="list-style-type: none"> Continue with walking and returning to activities of daily living
X Ray	Test done post-surgery	<ul style="list-style-type: none"> Go to X-ray dept. for Upper GI series post-op day 0 or as instructed by the surgeon 	<ul style="list-style-type: none"> Keep hydrated by drinking fluids

Complaints, Problems and Solutions

Complaints/Problem	Likely Cause	Solutions
Burping/Hiccups	<ul style="list-style-type: none"> Swallowing too much Air 	<ul style="list-style-type: none"> Chew with mouth closed Avoid using Straw Eat slowly Avoid Carbonated beverages
Nausea /Vomiting	<ul style="list-style-type: none"> Food intolerability, eating large portions of food (Unrelieved nausea/vomiting can be a sign of a more serious problem). Please consult your surgeon if you are vomiting more than twice a month(banding patients) or if you are unable to tolerate anything including liquids 	<ul style="list-style-type: none"> Avoid concentrated sugars, fried and high – fat foods Eat/Chew slowly Limit portions sizes Drink Liquids between meals not with meals
Dizziness/Headache	<ul style="list-style-type: none"> Dehydration 	<ul style="list-style-type: none"> Consumes at least 48-64 ounces fluid daily(If you are on blood pressure medication, Contact your doctor immediately)
Dumping Syndrome Sweets	<ul style="list-style-type: none"> Bypass patients only-consumption of food comprised of highly concentrated sugar 	<ul style="list-style-type: none"> Avoid concentrated sugars
“Food “getting stuck”	<ul style="list-style-type: none"> Eating too much or too quickly 	<ul style="list-style-type: none"> Eat smaller portions Eat/chew slowly Cut food into smaller bite size Avoid “dry” and “tough” foods
Hair Loss(typically occurs daily at 3-9 months post-op) Dry skin, Dry eyes	<ul style="list-style-type: none"> Rapid weight loss and/or not consuming enough protein Dehydration or nutrient deficiency 	<ul style="list-style-type: none"> Eat the recommended protein Take recommended multivitamin daily and – Biotin Consult your Metabolic Physician

Complaints, Problems and Solutions (*continued*)

Complaints/Problem	Likely Cause	Solutions
Constipation	<ul style="list-style-type: none"> Not consuming enough fluids or <u>fiber</u> 	<ul style="list-style-type: none"> Consume at least 48-64 ounces of fluids daily Discuss with your doctor the need for adding more fiber to your diet If blood work show iron is adequate, then reduce iron supplement to twice a week
Abdominal pain/to feeling Bloating	<ul style="list-style-type: none"> Eating too quickly at one time 	<ul style="list-style-type: none"> SLOW down at each meal - strive Take 30-35 minutes for each meal
Weight Loss stops or Weight gain occurs	<ul style="list-style-type: none"> Consumption of large portion sizes and high-calorie foods 	<ul style="list-style-type: none"> Evaluate your portion sizes Limit high calorie foods and beverages Increase physical Activity Consult your Registered Dietician and/ or Physician

Before leaving the hospital

Someone from your surgical team will see you prior to you leaving the hospital. Your nurse will review your discharge instructions with you as well as your medications you will be taking at home. It is important that you:

- } Have a ride home from the hospital on day of discharge
- } Ask any additional questions you may have
- } Be aware of any medication changes
- } Know when to follow up with your surgeons, doctors and nutritionist.

Post-discharge phase

Continue to stay hydrated and follow your bariatric diet guidelines. Continue taking your medications as prescribed by your doctor. Continue to walk, resume all your daily activities at home. Exercise as tolerated. No heavy exercise, heavy lifting or straining for 4 weeks or until cleared by your doctor. Shower daily at home, no direct lotions to your incision sites, any gauze or dressings over your incisions may be removed day 2 after surgery. Any sutures will be removed by your surgeon at your follow up appointment. You may take over the counter stool softeners/bowel regiment as needed for constipation. Wait one week after surgery to drive unless otherwise stated by your surgeon.

Our Goal is to help you recover from your operation quickly and safely.

Your hospital experience

First and most importantly, understand that everything we do here at RWJUH centers around YOUR care, safety, and satisfaction

We utilize a unique team approach known as ENHANCED RECOVERY AFTER SURGERY (ERAS) which coordinates the jobs of everyone from the scheduler at your doctor's office to your anesthesiologists, nurses, surgeons, social workers and everyone in between to give you the highest-quality care possible.

Who is part of the multidisciplinary team?

- } **Surgeon:** A surgeon is a medical doctor with additional training to perform general or specialized types of surgeries. While the surgeon spends time preparing for procedures, reviewing files and meeting with patients, his/her most critical role is to perform accurately and efficiently in the operating room.
- } **Anesthesiologist:** An anesthesiologist is a medical doctor trained in the relief of pain and in the care of the patient before, during, and after surgery. An anesthesiologist will meet with you prior to surgery to discuss the medication used during the surgery.
- } **Registered Nurse (RN):** They will work with your surgeon and other members of the healthcare team to provide you with comprehensive and compassionate care. A nurse will care for you before, during and after your surgery. He or she will guide you through your recovery and provide ongoing education to meet your needs.
- } **Social Work:** A social worker is part of the team and will assist with plans should you need to go to a rehab facility prior to going home.
- } **Case Manager:** Your case manager will assist you with planning for your needs such as visiting nurse services and any patient care equipment that may be required for your care at home after surgery.
- } **Nutritionist:** Your surgeon may ask a nutritionist to help you during your hospital stay. A nutritionist will help you with the dietary recommendations made by your surgeon. A nutritionist can educate you on good nutrition and healthy eating habits.

During your hospital stay you may also see:

- } **Physical Therapists:** Your surgeon may order physical therapy (PT) as part of your recovery. A physical therapist can help you with problems of strength and movement after surgery. They can also provide you with a personal home exercise program.

Post-Surgery Diet Stages

Sleeve Gastrectomy and Gastric Bypass

These are allowed items, they are not mandatory to consume.

If you have any questions or concerns, please contact your registered dietician.

STAGE 1:

CLEAR LIQUIDS	Protein Goal: 40 grams
Days: 1-3	Fluid Goal: 48 ounces or more
<ul style="list-style-type: none">• Non-carbonated/sugar-free liquids: can dilute 8 ounces of low sugar juice with water• Clear liquid protein drink: blend with water/ice for first 3 days• You can use 1 scoop of powder with 4 ounces of liquid, or 2 scoops with 8 ounces at a time, whichever is easiest for you• Sugar free propel, G2 Gatorade, Vitamin Water Zero, Bai 5, Life Water• Sip liquids as tolerated all day; try to keep a water bottle with you• Take bariatric powdered vitamins• Aim to get 1-3 clear liquid protein drinks during these days	

STAGE 2:

FULL LIQUIDS	Protein Goal: 50 grams or more
Days: 4-13	Fluid Goal: 64 ounces or more
<ul style="list-style-type: none">• Drinkable or thin consistency yogurt (no fruit pieces)• Milk-based protein shakes• Pudding• Soup: cream or water based, strained• Cream of wheat/oatmeal (make with milk or add protein powder)	

STAGE 3:

PUREE/MUSHY	Protein Goal: 60 grams or more
Days: 14-20	Fluid Goal: 64 ounces or more
<ul style="list-style-type: none">• Ricotta cheese/cottage cheese/any type of yogurt (Greek yogurt has extra protein)• Refried beans/guacamole/hummus• Tuna/egg salad with tablespoon of mayonnaise• Any type of white fish (broiled/baked tilapia, flounder, etc.)• Scrambled eggs• Follow up with your registered dietician so you can discuss your goals	

STAGE 4:

SOFT FOODS/ADVANCE AS TOLERATED	Protein Goal: 60 grams or more
Days: 21+	Fluid Goal: 64 ounces or more
<ul style="list-style-type: none">• Slowly reintroduce food back. You should have your guidelines from your registered dietician. If not, make sure to schedule a follow up appointment.	

REMEMBER: PROTEIN FIRST AT MEALS

Post–Surgery *(continued)*

Sample Meal Plan

STAGE 2:

FULL LIQUIDS (Days: 4-13)

Sample Menu: Remember each person is able to tolerate different amounts. You need to consume liquids/solids slowly and mindfully to see what your new stomach can hold. The items below are not mandatory, just ideas to help get you started. If you have any questions please contact your registered dietician.

Remember: Protein first and do not drink fluids with meals - wait at least 30 minutes before drinking fluids after eating!

MEAL	SAMPLE MENU CHOICES
Breakfast	Protein shake
Throughout morning	Drinking fluids
Lunch	4 ounces of yogurt
Throughout afternoon	Drinking fluids
Afternoon snack	Pudding
Throughout late afternoon/early evening	Drinking fluids
Dinner	Cream of tomato soup
Evening	Drinking fluids
Snack	1/2 protein shake

Continue to sip on clear liquids throughout the day for hydration.

Post–Surgery *(continued)*

Sample Meal Plan

STAGE 3:

PUREE/MUSHY (Days: 14-20)

Sample Menu: Remember each person is able to tolerate different amounts. You need to consume liquids/solids slowly and mindfully to see what your new stomach can hold. The items below are not mandatory, just ideas to help get you started. If you have any questions please contact your registered dietician.

Remember: Protein first and do not drink fluids with meals - wait at least 30 minutes before drinking fluids after eating!

MEAL	SAMPLE MENU CHOICES
Breakfast	Protein shake
Throughout morning	Drinking fluids
Lunch	1/4 cup of egg salad
Throughout afternoon	Drinking fluids
Afternoon snack	1/2 chocolate peanut butter protein shake
Throughout late afternoon/early evening	Drinking fluids
Dinner	1/4 can tuna salad
Evening	Drinking fluids
Snack	Chocolate protein pudding

Continue to sip on clear liquids throughout the day for hydration.

Our favorite quick buys for pureed foods:

- Cottage cheese fruit doubles
- Cream of chicken soups
- Instant cream of wheat
- Protein shake
- Greek yogurt
- No sugar added puddings
- Egg whites
- Egg beaters
- Blend fruit pieces to protein shakes to add extra flavor
- Add unflavored protein to soups and cream of wheat to increase protein!

Post–Surgery *(continued)*

Sample Meal Plan

STAGE 4:

SOFT FOODS/ REGULAR DIET (DAYS 21+)

Sample Menu: Remember each person is able to tolerate different amounts. You need to consume liquids/solids slowly and mindfully to see what your new stomach can hold. The items below are not mandatory, just ideas to help get you started. If you have any questions please contact your registered dietician.

Remember: Protein first and do not drink fluids with meals - wait at least 30 minutes before drinking fluids after eating!

MEAL	SAMPLE MENU CHOICES
Breakfast	1 scrambled egg and toasted English muffin
Throughout morning	Drinking fluids
Lunch	1/4cup chicken avocado salad with 2-3 crackers
Throughout afternoon	Drinking fluids
Afternoon snack	2 tbsp. Hummus and 2-3 turkey slices
Throughout late afternoon/early evening	Drinking fluids
Dinner	3 ounces skinless cilantro lime chicken Breast, 1/4cup steamed brown rice
Evening	Drinking fluids
Snack	1/2 Protein shake

Continue to sip on clear liquids throughout the day for hydration.

Recipes

Chocolate protein pudding - 2 servings

Diet phase: Full liquid/pureed/soft diet

- 1 cup 0% fat plain Greek yogurt
- 2 tbsp. chocolate whey protein powder

Add ingredients to a bowl and stir, combine until well blended and enjoy!

Chocolate peanut butter protein shake

1 serving

Diet phase: Full liquid/pureed/soft diet

- 1 cup skim milk
- 1 scoop chocolate protein powder
- 1 tablespoon smooth peanut butter
- 1 cup ice cubes

In a blender, combined ingredients and blend until smooth, enjoy!

Egg salad - 2 servings

Diet phase: pureed/soft diet

- 2 hard-boiled eggs
- 1 tablespoon reduced-fat mayonnaise
- 1 tablespoon plain Greek-style yogurt
- Salt and pepper to taste

Slice 2 hard-boiled eggs. Place the egg slices into a food processor. Chop eggs until there are no longer large pieces. Add mayonnaise, Greek yogurt, and seasonings to chopped eggs. Blend well until the egg salad is smooth.

Mango peach smoothie - 1 serving

Diet phase: Full liquid/pureed/soft diet

- 1 cup nonfat Greek style yogurt
- 1/2 cup skim milk
- 1/2 cup frozen peaches
- 1/2 cup frozen mango
- 1 cup ice

In a blender, combined ingredients and blend until smooth, enjoy!

Chicken avocado salad

Diet phase: soft diet

- 1 chicken breast cooked
- 1/2 avocado
- 1/8 tsp celery salt
- 1/8 tsp garlic powder
- 1 tbsp. light mayo
- 1 teaspoons lime juice

Using a food processor, chop cooked chicken breast until smooth. Place chicken into bowl. Use a fork mash avocado until smooth and combine mayo, chicken, avocado, and celery salt and garlic powder. Stir until well combined and soft, top with lime juice.



Baked ricotta - 5 servings

Diet phase: pureed/soft diet

- Place chicken breast into a food processor.
- Grind chicken until it is a fine consistency.
- Olive Oil Spray
- 15- ounce Part-skim ricotta
- 1/3 cup parmesan cheese
- 1/8 tsp basil
- 1/8 tsp garlic powder
- Pinch of salt and pepper
- Optional top with smooth marinara sauce smooth

Preheat oven to 350 degrees F. Spray 5 ramekins with olive oil and place on a baking sheet. In a medium bowl combine ricotta cheese, parmesan cheese, basil, garlic powder, salt, and pepper. Stir ricotta mixture to fully combine. Place 1/4-1/3 cup of the ricotta mixture into the prepared ramekins. Top with 1 tablespoon of smooth marinara sauce. Bake for 20 minutes. Serve warm.

Pureed salsa and beans - 2 servings

Diet phase: pureed/soft diet

- 1/2 can pinto beans
- 1 tbsp. salsa
- 1 tbsp. chicken broth
- 1/2 scoop unflavored whey

protein powder

Combine all ingredients into a small sauce pan. Place on stovetop over medium high heat. Stir occasionally until ingredients are warmed throughout. Transfer to a blender. Blend on high for a couple minutes until mixture looks smooth. Transfer to serving dish. Divide leftovers into small food storage containers.

Cilantro lime chicken

Diet phase: Soft/Regular diet

- 4 thin boneless, skinless chicken breast
- 1/4 cup lime juice
- 1/2 cup chopped fresh cilantro
- 6 cloves garlic, chopped
- 1 tablespoon honey
- 1 tablespoon olive oil
- 1/2 teaspoon salt
- 1/4 teaspoon pepper

In a mixing bowl combine lime juice, cilantro, garlic, honey, olive oil, salt, and pepper. Pour over chicken and coat chicken. Cover chicken and place in refrigerator 30 minutes. Place chicken on grill or on a pan and place over stove top on medium heat and cook, turning once, until no longer pink in the center, chicken should reach 160 degrees to be safely consumed.



Bariatric support group

Join us for answers to those questions you need to ask, and connect with peers who have also had bariatric surgery. The group is open for continued support and discussion about life after surgery.

Every first Tuesday of each month

7:00 to 8:00pm

GoToMeeting Online Platform

To register for our support group please visit:

<https://www.bariatricsurgerynewjersey.com/virtual-support-groups/>

or email: bariatrics@rwjbh.org

IT IS TIME FOR A NEW YOU! Take the first step to a **NEW YOU** by finding out if you are a candidate for weight loss surgery. Sign up for one of our **FREE** seminars today!

When: 3rd Wednesday of the month at 7pm

Where: Facebook Live at Advanced Surgical and Bariatrics of NJ, PA Facebook page

No registration needed - Just to tune in at 7pm on Advanced Surgical and Bariatrics' Facebook page and it will start at 7pm with a physician!



Bariatric Wellness Program

NO MEMBERSHIP REQUIRED

The Bariatric Program provides supervised exercise, education, and support throughout your weight loss journey. Our wellness coordinator will work closely with your healthcare team, which may include your physician, nurse, physical therapist, and Bariatric program coordinator. Each exercise program is based upon your individual needs and goals while utilizing the most current evidence regarding methods to safely achieve and sustain weight loss.



This program consists of twenty-four one-hour sessions over eight weeks.

Potential health benefits of the Bariatric Wellness Program include:

- Gains in muscular strength and endurance
- Better flexibility and balance
- Enhanced cardiovascular fitness
- Improved gait and self-selected walking speed
- Decreased risk of falls
- Increased sense of well-being
- Reinforced ability to achieve long-term results

Why join the Bariatric Wellness Program?

- Judgement-free atmosphere
- Get motivated and feel great
- Gain confidence
- Have fun and build friendships

The Bariatric Wellness Program was created in partnership with the health care professionals for the RWJ Fitness and Wellness Center, Medical Advisory Board.

For more information about the Bariatric Wellness Program, please contact us at:

732-853-8335 | rwjfitnesswellness.com/bariatric
100 Kirkpatrick Street, Suite 201, New Brunswick, NJ 08901

**Inquiries will be responded to within one business day*

Test Your Readiness

This fast and easy quiz can help you assess your readiness for change

1.) Which of the following is your first thought when contemplating changing the types of food that you eat?

- a) I really dread making this change. I enjoy the foods that I normally eat.
- b) I am slightly anxious about it, I will find it difficult but I think that I can do it
- c) I am fine with the idea of changing my diet, I am even looking forward to it a little bit.

2.) How necessary do you think that it is for you to make some lifestyle changes?

- a) I do not think that it is all that important. I think that the media over emphasizes the importance of these things
- b) I do think that it is important, but it is not one of my most pressing priorities.
- c) I know that it is extremely important right now, I am willing to make it priority

3.) The idea of preparing home cooked meals from fresh food makes me feel:

- a) Overwhelmed and unhappy , I do not have the desire to do this
- b) OK, but I am used to eating a good many convenience and restaurant meals
- c) Good, I am looking forward to trying new recipes and techniques
- d)

4.) Exercise is:

- a) Torture for me. It is boring and/or I do not have time for it, and/or I just do not enjoy doing it.
- b) OK but I would rather do other things
- c) Important for my health. I think I will find it fun once I figure out something that I like. I am committed to it

5.) Why are you thinking of making these lifestyle changes?

- a.) To get other people off my back. I am sick and tired of hearing about it. Personally, I do not think it really matters whether or not I do this
- b.) Mainly for my appearance and /or so that other people will approve of me
- c.) I am doing it for myself, my health, my self-esteem and my appearance

6.) How do you plan on attacking the challenge of changing your lifestyle?

- a.) I am just going to keep trying things and hopefully something will work.
- b.) I am going to change several specific things at one time, I am just going to wake up on the designated day and start a new life
- c.) I have chosen a few important steps. I am going to incorporate them into my life one at a time and then will move onto the next

7.) What preparations have you done to get ready for these changes?

- a) No preparation is necessary
- b) I have a few ideas about things that will help me
- c) I actually have gathered or purchased several items that I need, such as hand weights or cookbooks

8.) Do you have a support network of people who will help you?

- a.) I either do not have a support network, or I have many people telling me what to do or making negative remarks about my plans
- b.) I think that I have a few people who would help, although I would not want to bother them if it was not very important
- c.) I have several people who I know will help me and encourage me through this

9.) My level of motivation:

- a) Is definitely lacking. I wish that I just wake up tomorrow with the change already there.
- b.) Is pretty good. However I still have too many doubts whether I will succeed.
- C.) Is very high, I am ready to do whatever I need to do

10.) Regarding previous attempts to change my lifestyle:

- a) I have never bothered before, or I was not successful
- b.) I did manage to make some changes, although they did not last
- c.) I have made positive changes in the past and was successful

Test Your Readiness (*continued*)

SCORING

Score yourself with the following key:

- a) = 1 point
- b) = 2 points
- c) = 3 points

Total the number of points you scored

10-16 points: You are not yet ready to make this change. Talking to professionals and learning more about your options might help you. You most likely have long held negative associations about the very same changes that you need to make.

17-23 points: You are definitely on the right track, although you should not make any changes just yet. Try creating a comprehensive list of why you want or need to make these lifestyle changes. Set goals that are specific, measurable, attainable, realistic, and have a time requirement (SMART goals)

For example:

“I want to improve my diet by eating at least five servings of fruits and vegetables each day for the next month. I will keep a food diary and a running record of how I am doing”

24-30 points: You are ready to make this lifestyle change! Continue to reinforce the idea by focusing on why you are doing it. Also, continue to gather resources and learn new ways of doing things. Keep your energy up by rewarding yourself for your progress toward success.

SMOKING CESSATION PROGRAMS

At Robert Wood Johnson University Hospital we encourage patients to stop smoking in preparation for surgery. Below are some resources to help you quit smoking.

Contact us for a confidential assessment:
833-795-QUIT or quitcenter@rwjgh.org

Website:

<https://www.rwjbh.org/landing-pages/nicotine-and-tobacco-recovery-services/>

- On line support

www.smokefree.gov

- On line support

www.becomeanex.org

- Become an Ex- Smoker

www.ffsonline.org

- Freedom from Smoking; On line support

www.quintet.com

- The Quit Net

www.nicotine-anonymous.org

- A 12 step approach to quitting

Phone Numbers

- 1-800-QUITNOW

Phone Apps:

- Smoke Free- Quit Smoking Now
- Quit Smoking- My Last Cigarette

APPOINTMENT REMINDERS AFTER YOUR SURGERY

Patients are to follow up with their surgeon, nutritionist and other doctors they may see (example Primary Care Provider (PCP), Endocrinologist, Cardiology, as required)

Short Term and Long Term Follow-up with surgeons office occurs:

- 1 week after surgery
- 1 month post op surgery
- 3 month post op surgery with bariatric bloodwork
- 6 month post op surgery
- One year after surgery and every year after

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Pre-Operative Medication Guidelines

Guidelines apply to patients receiving the following procedures:

*Laparoscopic Gastric Sleeve
Laparoscopic Gastric Bypass
Laparoscopic Gastric Revision*

ASPIRIN	Stop 7 days before surgery, EXCEPT if: <ul style="list-style-type: none"> • Patient is taking Aspirin for secondary prevention of Coronary Artery Disease or other conditions.
Clopidogrel (PLAVIX)	Stop 5 days before surgery
Ticagrelor (BRILINTA)	Stop 3-5 days before surgery
Non-Aspirin (NSAIDs)	Stop 3 days before surgery
Warfarin (COUMADIN)	Stop 5 days before surgery
Direct Oral Anticoagulants (DOACs) Dabigatran (PRADAXA) Apixaban (ELIQUIS) Rivaroxaban (XARELTO)	Stop 2 days before surgery: <ul style="list-style-type: none"> • Or 4 days before for Chronic Kidney Disease patients)
PDE-5 Inhibitor / Erectile Dysfunction Medications	Stop 72 hours before surgery (Unless PDE-5 is taken for Pulmonary Hypertension)
High blood pressure Medication	Call office for instructions on dosing 1 week prior to your scheduled procedure date. 732-640-5327
BEFORE STOPPING OR RESTARTING ANY MEDICATION/S ABOVE PLEASE CONSULT YOUR CARDIOLOGIST	
Hormone Replacement (Estrogens) Or Selective Estrogen Receptor Modulators (SERMs)	Stop 4 weeks before surgery. <ul style="list-style-type: none"> • Stoppage must be cleared by Oncologist or Primary Medical Doctor
Diabetes Oral Medication	DO NOT TAKE the morning of Surgery
Insulin (Injectable)	Take the morning of surgery but ½ your normal dose
Herbal Supplements / Vitamins	Stop 7 days before surgery

Post-Operative Medication Guidelines

Congratulations! you've completed your surgery. There is a bit of information you should be aware of depending on the surgery you've chosen. Because the Gastric Bypass and Gastric Sleeve surgeries alter the digestive tract, certain medications will be absorbed differently in the body after the operation. On the other hand, this is not the case with the Gastric Balloon and Gastric Band surgeries. Please refer to the table below for general information about medicines and the surgery you've underwent. If you have any further questions, you may refer to our office or your prescribing specialist. You should inform your specialist about the surgery you've underwent so you can discuss with them your medications and proper dosing schedules accordingly.

Medication	Gastric Bypass	Gastric Band	Gastric Sleeve	Gastric Balloon	Biliopancreatic Diversion (DS)
NSAIDs	No	No	No	Yes	No
Acetaminophen	Yes	Yes	Yes	Yes	Yes
Opiates	Yes	Yes	Yes	Yes	Yes
Insulin and Diabetes Pills	Yes, under strict blood glucose control	Yes, under strict blood glucose control	Yes, under strict blood glucose control	Yes, under strict blood glucose control	Yes, under strict blood glucose control
Hypertension Pills (except Lasix and ACE inhibitors)	Yes	Yes	Yes	Yes	Yes
Antidepressants	Yes	Yes	Yes	Yes	Yes
Extended-Release Coated Medications	No	Yes	Yes	Yes	No

As a general rule, we do not advise having medications sitting in the digestive tract as it may cause ulcers or jeopardize the integrity of the staple line. We advise crushing your medication if the medicine can be crushed. The link below is a list of medications that cannot be crushed.

Link: <http://www.ismp.org/tools/donotcrush.p>