



Maine Medical Center
MaineHealth

Bariatric Surgery Program

Patient Handbook

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Mission Statement

The Maine Medical Center Bariatric Surgery Program is dedicated to providing compassionate care to patients who meet the criteria for weight loss surgery.

We strive to provide each patient with accurate and up to date information about weight loss surgery, ensuring each patient is educated about the benefits and risks of weight loss surgery.

We are committed to identifying the individual needs of each patient and helping them through each step of the process. Individualized evaluation and treatment plans provide each patient with the tools for long term success.

We seek to provide each patient with a safe surgical experience. Our staff and surgeons utilize evidence based approaches, the latest technology and bariatric best practices to ensure the safest possible surgical experience.

We are dedicated to the prevention and improvement of illness caused by obesity and prolonging the life of every patient.

Our dedicated staff strives to maintain a long term, collaborative relationship with each patient to help them achieve and maintain a healthy, realistic and satisfying weight loss.

Statement of Patient Understanding

- Every patient moves through the program at an individualized pace, on an individualized course.
- Try to avoid comparing your journey with that of other patients.
- We will always be respectful of our patients and their individual needs.
- We expect that all patients be respectful of our staff.
- Not all patients are good candidates for surgery.
- The bariatric team will discuss patient concerns as a team, including the surgeon, nurse, social worker, dietitian and front desk staff.
- Not all patients that register with our program will have surgery.
- A positive relationship must be maintained between the patient and the staff at all times.
- We expect that all patients will commit to long term follow up.

Directions to Our Office

From the Maine Turnpike

Take Exit 46. Turn left after passing the toll booth; head away from the jetport. You'll very quickly come to a big right bend in the road and a traffic light at Congress Street. Go straight through the intersection and onto Hutchins Drive. Once on Hutchins Drive - Take the first left turn (at the bottom of the hill) - onto Andover Road; there are signs at the corner for Casco Bay Surgery, Spring Harbor Hospital, and the MMC Bariatric Program. The parking lot is then immediately on your left. Park anywhere you like, but the entrance is on the right side of the building (straight ahead as you pull into the parking lot). The "Casco Bay Surgery" entrance is not the correct entrance.

From Congress Street (Route 22), Portland

Pass Unum-Provident on your right, cross the outer Congress Street bridge over the Turnpike and turn right at the first traffic light after the bridge onto Hutchins Drive. Once on Hutchins Drive - Take the first left turn (at the bottom of the hill) - onto Andover Road; there are signs at the corner for Casco Bay Surgery, Spring Harbor Hospital, and the MMC Bariatric Program. The parking lot is then immediately on your left. Park anywhere you like, but the entrance is on the right side of the building (straight ahead as you pull into the parking lot). The "Casco Bay Surgery" entrance is not the correct entrance.

From Congress Street (Route 22), Westbrook

Pass the Cinemagic movie theater and Racket and Fitness Center on your left then turn left at the next traffic light onto Hutchins Road. Once on Hutchins Drive - Take the first left turn (at the bottom of the hill) - onto Andover Road; there are signs at the corner for Casco Bay Surgery, Spring Harbor Hospital, and the MMC Bariatric Program. The parking lot is then immediately on your left. Park anywhere you like, but the entrance is on the right side of the building (straight ahead as you pull into the parking lot). The "Casco Bay Surgery" entrance is not the correct entrance.

Contact Information

Maine Medical Center Bariatric Surgery Program

12 Andover Road

Portland, Maine 04102

Phone: 207-761-5612

Fax: 207-253-6073

Hours of Operation: Monday - Friday, 8:00 am – 4:00 pm

www.mmc.org/bariatricsurgery

The Maine Medical Bariatric Surgery Program is where patients come to have their routine preoperative and postoperative appointments.

When Do I Call the Bariatric Surgery Program?

- Questions about information sessions & support groups
- Questions about your referral
- Questions about your status in the program
- To schedule or change an appointment
- Questions about scheduling a sleep study or ultrasound
- Non-emergent questions or problems after surgery
- Questions for the Dietitians, Social Worker and/or Nurses
- Questions about the diet, supplements or vitamins

Casco Bay Surgery

10 Andover Road

Portland ME 04102

Phone: 207-761-6642

Fax: 207-773-2603

Hours of Operation: Monday - Friday, 8:00 am – 4:00 pm

After Hours Calls: 24 hour answering service coverage : 207-761-6642

www.cascobaysurgery.com

Casco Bay Surgery (CBS) is the private office of Dr. Roy Cobean and Dr. Renee Wolff. CBS will manage the scheduling of the surgery and insurance preauthorization.

When Do I Call Casco Bay Surgery ?

- ANY emergency, regardless of the time of day, day of week, holidays, etc.
- After-hours questions or problems that cannot wait until the next business day
- Question about scheduling an endoscopy
- Questions about your insurance company approval or denial
- Questions about disability or other insurance forms
- Questions about your surgery date (only after the Bariatric Team has approved your surgery and you & your surgeon have signed your surgical consent form together)

Your Team

As you progress through the preoperative process, you will meet many different members of the bariatric team. Our team consists of surgeons, nurses, dietitians, social workers and an experienced administrative staff.

Renee S. Wolff, MD
Roy Cobean, MD
Barbara Corriveau, RD
Deb Dumoulin, RD, RN
Sarah Keeley, RD
Marissa Stanley, RD
Sandra Horne, LCSW

Jana Roberts, LCSW
Catherine Lapointe, NP-C
Holly Greene, RN
Josh Levy, MS, RD
Wendy Briggs
Bethany Allen

OUR SURGEONS

Our surgeons dedicate a substantial amount of their surgical practice to bariatric surgery. Both are experienced, advanced laparoscopic surgeons.

Renee S. Wolff, MD

Medical Director of the Bariatric Surgery Program

Dr. Wolff is board certified in General Surgery with additional fellowship training in advanced laparoscopy. She is a member of the American Society for Metabolic and Bariatric Surgery (ASMBS). Her expertise is in laparoscopic surgery and gastrointestinal endoscopy. She is involved in all aspects of patient evaluation and selection. Dr Wolff has been performing gastric bypass surgery since 2002 and Lap Band surgery since 2006.

Roy Cobean, MD

Dr. Cobean is board certified in General Surgery with additional fellowship training in Surgical Critical Care. He is a member of the American Society for Metabolic and Bariatric Surgery (ASMBS). His expertise is in laparoscopic surgery and gastrointestinal endoscopy. He is involved in all aspects of patient evaluation and selection for those patients he operates on. Dr Cobean has been performing gastric bypass surgery since 1999 and Lap Band surgery since 2006.

NUTRITION

Barbara Corriveau, RD

Deb Dumoulin, RD, RN

Sarah Keeley, RD

Marissa Stanley, RD

Our Registered Dietitians evaluate each patient's nutrition and weight history, typical daily food intake, and previous weight loss attempts. They provide nutrition counseling to help patients understand the pre and postoperative bariatric diets. Appointments after surgery are geared towards preventing nutritional deficiencies, optimizing weight loss and helping to prevent weight regain. Our dietitians lead support groups as well as meet with patients individually. Our dietitians are available for support and advice between scheduled appointments.

SOCIAL WORK

Jana Harbaugh, LCSW

Sandra Horne, LCSW

The role of the Licensed Clinical Social Worker is to provide in depth psychosocial evaluations of patients before surgery. Since obesity surgery requires a great deal of adjustment and life change, our social workers help patients to understand and deal with the issues that may have led to their obesity in the first place. The social workers coach patients to utilize positive coping skills and new behaviors that will be important after surgery. Our social workers also lead monthly support groups for postoperative patients.

NURSING

Catherine Lapointe, NP-C

Holly Greene, RN

The Program Nurses review each patient's medical information to assure candidates are medically appropriate for the program and meet National Institutes of Health criteria for weight loss surgery. The nurses will call you after surgery to check on your progress and are available to address any problems you encounter.

ADMINISTRATIVE STAFF

Wendy Briggs

Bethany Allen

The administrative staff works hard to set up your appointments, compile your paperwork and make sure your experience at the Bariatric Surgery Program is a positive one. You will meet administrative staff at the Bariatric Surgery Program as well as at Casco Bay Surgery

PROGRAM MANAGER

Josh Levy, MS, RD

The Program Manager takes care of the day to day operations of the bariatric surgery clinic. He is available to answer your questions and help you with any challenges you may be experiencing.

About Obesity

According to the Centers for Disease Control, 34% of the American population is obese. Morbid obesity is a medical term that describes a person who weighs about 100 pounds over their ideal weight. Excess weight causes or contributes to many health conditions and illnesses (such as diabetes, high blood pressure, high cholesterol, heart disease, reflux or GERD, urinary incontinence, arthritis, gallbladder disease and female infertility). For some of these conditions, the only hope of improvement or control is through sustained weight loss. Unfortunately, even well organized and monitored diet programs fail to maintain weight loss for more than 2-3 years. Surgery has been proven in many published studies to be the only successful method of achieving lasting weight loss for most people with morbid obesity.

Qualifying for Weight Loss Surgery

The first indicator we look for when determining if a patient qualifies for weight loss surgery is Body Mass Index (BMI). BMI is a standard measure used by medical clinics and insurance companies to determine eligibility for surgery. In addition to BMI, our program utilizes other criteria to determine eligibility. Below is a list of criteria our program looks for before approving a patient for surgery.

1. **Body Mass Index (BMI)**
 - a. BMI 40 or greater (this represents being roughly 100 pounds overweight)

OR

- b. BMI of 35 or greater and two serious obesity related illnesses (diabetes, high blood pressure, or sleep apnea).

$$\text{Formula for BMI: } \frac{\text{Weight (lb)} \times 703}{[\text{height (in)}]^2}$$

2. Failed attempts at non-surgical weight loss methods.
3. Commitment to life long diet changes and follow up.
4. No tobacco use for at least 3 months before beginning the program. A negative nicotine level will be required for current tobacco users.
5. Willingness to participate in the program's instructions, appointments, and assignments.
6. Patient has at least one support person willing to learn about the surgery.
7. All patients are encouraged to inform their medical legal next of kin of their plans for surgery. This person can also be their support person.

Essential Policies for All Patients

TOBACCO POLICY

We have a strict policy of not operating on people who use tobacco.

We require:

1. No tobacco use for 3 months prior to your first appointment
2. Negative nicotine level prior to your first appointment, if you are a recent tobacco user
3. Repeated negative nicotine level prior to surgery

The reason we do not operate on tobacco users is because they tend to have more complications during and after surgery. Tobacco use can promote the formation of ulcers in your pouch and poor wound healing. These ulcers are very serious and can occur at any time after surgery. For this reason, we require that you quit smoking before surgery and do not go back to smoking after the surgery. In pursuing lifestyle changes, a very good place to start is with tobacco cessation.

NO SHOW / CANCELLATION POLICY

We require a minimum of 24 hour notice if patients are unable to attend a scheduled appointment

If you have an EMERGENCY (death in the family, illness requiring physician visit or hospitalization) we will waive the 24 hour requirement and reschedule the appointment to the next available appointment.

We are concerned that failure to keep scheduled preoperative appointment(s) without advance notification indicates the patient will not follow through with postoperative visits and instructions.

WEIGHT GAIN POLICY

We have a strict policy of not allowing any patient to gain weight after their initial appointment at the Bariatric Surgery Program. People who gain weight after entering the program tend to have poor outcomes after the surgery. Your surgeon may ask you to lose additional weight before surgery. This is done to increase your surgical safety.

SUPPORT PERSON POLICY

It is mandatory for each patient undergoing surgery to have a support person to help them through the physical and emotional challenges that can be encountered the first few months after surgery. This support person can be a spouse, relative, friend, minister, or anybody else willing to be there in mind and body when needed. We encourage all patients to inform their immediate next of kin of their intention to have weight loss surgery.

FINANCIAL POLICY

Our clinic is made up of two separate entities: The **Maine Medical Center Bariatric Surgery Program** and **Casco Bay Surgery, P.A.**. Each entity has its own billing process.

When a patient has a visit at the MMC Bariatric Surgery Program with the Nurse, Dietitian or Social Worker, a bill will be generated and sent to your insurance company.

When a patient meets with the surgeon they will be charged a specialist co-pay by Casco Bay Surgery. Before moving on to surgery, all patients must give a \$500 deposit to Casco Bay Surgery. This deposit will cover any additional fees or co-insurance charges generated by your surgery. If any portion of the \$500 is not used, it will be returned to you. Any patient who has surgery will receive statements from Casco Bay Surgery for the surgeon's fees, Maine Medical Center for fees incurred with the surgery (i.e. medical supplies and the hospital stay), and Spectrum Anesthesiology.

** Please see Casco Bay Surgery's Financial Policy attached.*

Weight Loss Surgery Options

The Maine Medical Center Bariatric Surgery Program offers both the Roux-en-Y Gastric Bypass surgery and the Adjustable Gastric Band (Lap Band) surgery. Both surgeries are performed laparoscopically.

Laparoscopic Surgery

Laparoscopic Surgery means the operation is performed through five tiny abdominal incisions. Video cameras and surgical instruments are inserted into the small incisions to perform the operation. Performing a surgery laparoscopically speeds recovery, lessens some of the problems associated with the open abdominal approach, and provides a better cosmetic result. There is a remote possibility that a laparoscopic operation must be converted into an open operation. The chances of a patient requiring an open incision during surgery is extremely small.

Regardless of whether the operation is done open or laparoscopically, the procedure is done the same way inside the body and is expected to achieve the same long term results. Weight loss surgery is complex, technically difficult and should be considered permanent. Revisions or reversals are rarely done, and only under unique situations.

Roux-en-Y Gastric Bypass

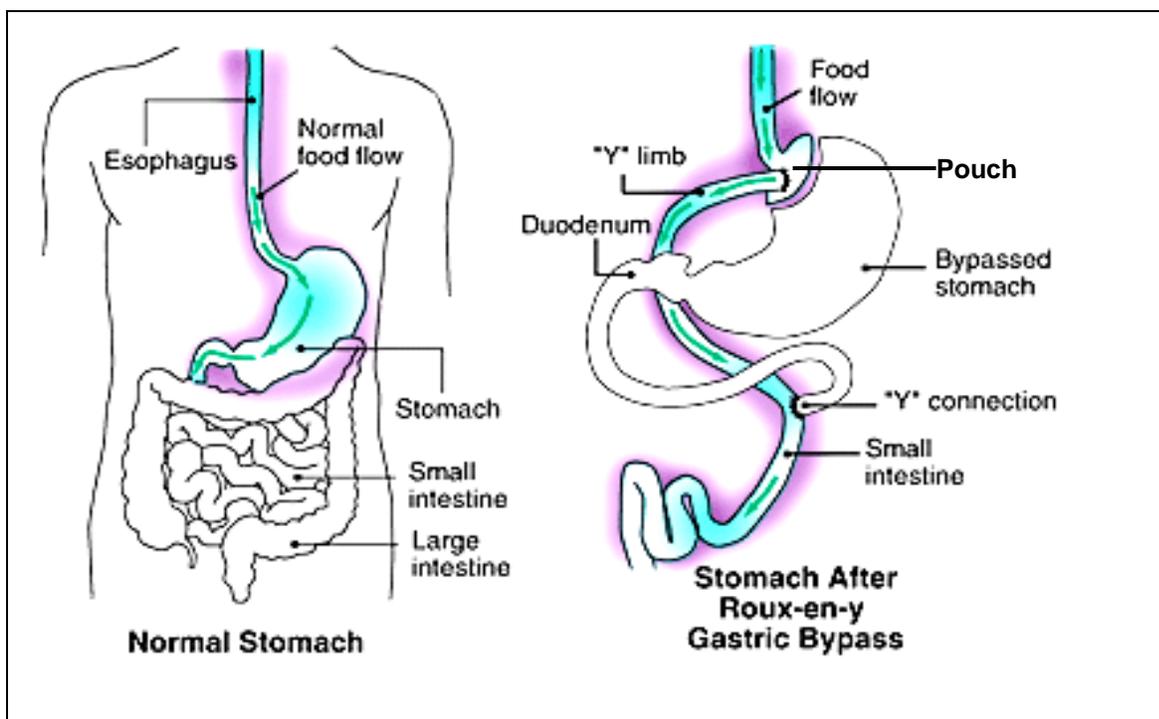
The Procedure

Gastric bypass surgery works in two ways; it is both restrictive and malabsorptive. Restrictive, because the stomach is divided into two parts, one larger and one small, decreasing the amount of food a person can eat. Most people will feel satisfied after eating a very small amount of food. The procedure is also considered malabsorptive because part of the small intestine is bypassed, causing some calories and nutrients not to be absorbed. With the smaller pouch and bypassed stomach/intestine, people eat less and absorb less of what they eat, resulting in weight loss.

The gastric bypass operation begins by separating a small, golf ball sized portion of the upper stomach from the main chamber of the stomach. This small portion of the stomach becomes what we call the "*pouch*". This is the restrictive portion of the operation. The rest of the stomach is called the *remnant* stomach. The remnant stomach remains in place and continues to produce digestive juices.

The malabsorptive part of the operation involves connecting the small intestine to the new small pouch. This allows food to go around (bypass) the remnant stomach and part of the intestine. The stomach and intestine that have been bypassed are reconnected to another part of the small intestine so that digestive juices can rejoin the food stream. This is your second hook up, or anastomosis, and it gives the reconfigured bowel a "Y" appearance. This is why the procedure is called a Roux-en-Y gastric bypass.

The laparoscopic gastric bypass surgery will take approximately 2-3 hours in the operating room. Patients can plan on staying in the hospital for about 2 days after surgery. Most patients return to work or usual daily activities in 2-3 weeks.



Advantages of Gastric Bypass

The advantages of laparoscopic gastric bypass surgery are significant. Many patients experience an improvement in medical conditions, a decrease in prescription medications and an increase in quality of life. On average a patients will lose 60-80% of his or her excess body weight (amount over their ideal body weight) within the first 18-24 months. The majority of the weight loss occurs within the first six months. After five years, some weigh gain is normal. On average, patients regain 10-15% of the weight they lost. Maintaining long term weight loss depends on a patient's commitment to a healthy lifestyle and diet changes.

Risks of Gastric Bypass Surgery

There are risks involved with having any surgery. The risks associated with having gastric bypass surgery can be divided into immediate risks and long term risks.

Serious Risks Immediately After Surgery

- **Anastomotic Leak** [0.5-1%] – Immediately after surgery the stomach and intestine are connected to each other only by tiny staples and stitches. They heal together rapidly, but initially there is a chance that food and saliva will leak into the abdominal cavity, potentially causing a serious infection. This problem usually requires immediate reoperation.
- **Pulmonary Embolism** – This occurs when blood clots form in the large veins of the legs and pelvis, break loose and travel to the heart and lungs. We administer a gentle blood thinner while in the hospital, but the best way to prevent a pulmonary embolism is to get up and walk.
- **Death** [0.5% (1 in 200 operations)]. Death may occur due to a complication of the operation, usually a leak or pulmonary embolism. Those patients who have serious complications from their obesity (such as severe heart or pulmonary disease or poorly controlled diabetes) may have greater difficulty recovering from any operative complications.
- **Bleeding** – Patients occasionally receive a blood transfusion after surgery. This is usually for postoperative bleeding that stops on its own, but reoperation can be necessary to stop more serious bleeding.
- **Atelectasis/Pneumonia** – It can be uncomfortable to take deep breaths and cough immediately after surgery. When patients fail to do so, portions of their lungs tend to collapse (atelectasis). This can cause fevers, a fast heart rate and can lead to pneumonia. The best way to avoid this complication is to breathe deeply, cough, and walk.
- **Infection** – Infection can occur after surgery. Patients should report any fevers to the program nurse. Incision site infections occur occasionally. Keeping the sites clean will allow them to heal without infection.
- **Nausea** - Some patients feel nauseated for weeks or even a few months after surgery. Medication is available for this problem but it can not always correct the nausea. Fortunately the nausea usually resolves on its own. Regardless of nausea, you must drink 64 ounces of fluid a day.
- **Vomiting** – Vomiting is expected during the first few months after surgery. It is often difficult to explain or to prevent. It can happen when overeating or eating too fast. It is important that you do not force yourself to vomit.

Serious Risks Immediately After Surgery (continued)

- **Anastomotic Stricture** – In the first 1-2 months as many as 20% of our patients develop a narrowing (stricture) where the intestine connects to the gastric pouch. This narrowing causes vomiting that will gradually get worse over a few days or week. A stricture can usually be easily fixed. The surgeon will give you a sedative and then will stretch out the stricture using an endoscope.
- **Reoperation** – Our surgeons do not hesitate to reoperate on patients who are not progressing well the first few days after surgery. Complications that are detected early, before a patient gets critically ill, can more often be easily managed without a major setback.

Long Term Risks After Surgery

- **Dumping Syndrome** - Many people who have had gastric bypass experience "dumping syndrome" after eating sweet, sugary, or fatty foods. Symptoms of dumping syndrome include gas, cramping, diarrhea, and sweating. Usually sugars are digested slowly in the stomach and are passed into the small intestine. Because your stomach is bypassed the sugars are instead being flushed rapidly into the small intestine, causing the symptoms of dumping syndrome. Although dumping syndrome is unpleasant, it is not dangerous and usually goes away in about one hour.
- **Gallstones** - During any period of rapid weight loss, some people may form stones in their gallbladder. Gallstones usually present with pain on the right side of the abdomen that radiates through to the back. If a patient already had gallstones before surgery, the surgeon may remove the gallbladder at the time of surgery. This decision is made on an individual basis and will be discussed with the surgeon before the operation.
- **Internal Hernia** – An internal hernia occurs when the intestine slips underneath or spins around another part of the small intestine. It occasionally happens after substantial weight loss. An internal hernia usually causes cramping or severe mid-abdominal pain that comes without warning. The pain can last for hours, and then disappear. It can be extremely serious and usual tests may not locate it. Laparoscopic surgery is sometimes necessary to diagnose an internal hernia.
- **Calcium Deficiency** – Calcium is not absorbed well after gastric bypass surgery and it will be necessary to take a daily calcium supplement.
- **Vitamin B₁₂ Deficiency** – This vitamin is poorly absorbed after gastric bypass surgery, therefore it will be necessary to take a daily pill, a weekly nasal spray or a monthly injection to prevent deficiency.
- **Iron Deficiency** – This problem is more common in menstruating women, but can occur in any patient. If a patient is iron deficient, a daily supplement may be indicated. Any patient who has gastric bypass should have their iron levels monitored through regular laboratory testing.
- **Other Vitamin Deficiencies** – Vitamin deficiencies can cause serious and permanent nerve damage. It is essential to take a daily multivitamin.
- **Dissatisfaction With The Operation** – Not everybody achieves his or her desired weight loss results. Others lose weight but don't like the diet restrictions. A gastric bypass revision operation can be a high risk operation. For that reason, our surgeons will not reverse a gastric bypass unless it is absolutely necessary for health reasons.

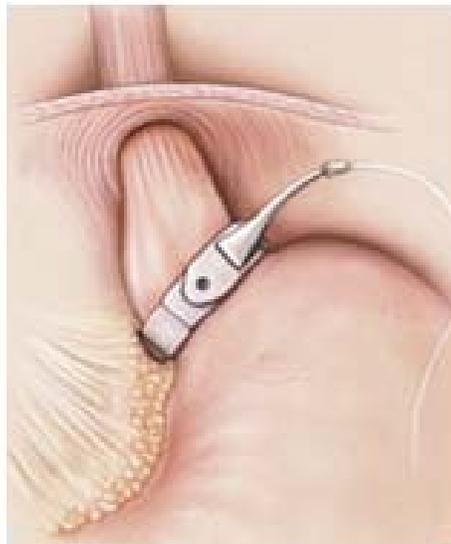
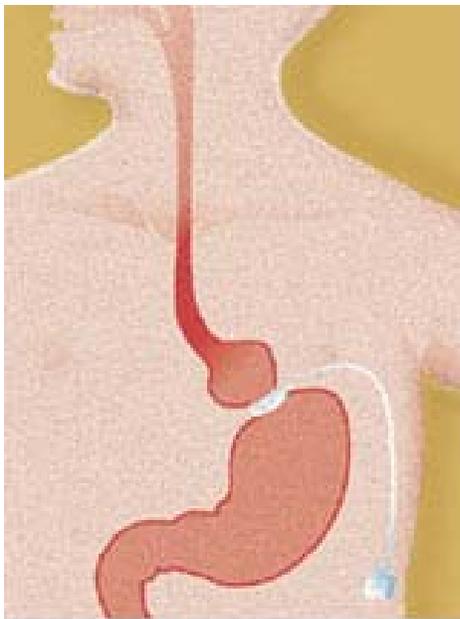
Laparoscopic Adjustable Gastric Banding - LAP BAND

The Procedure

Lap Band surgery is considered a restrictive operation. Restrictive, because an adjustable band is placed around the stomach, restricting the amount of food a person can eat. There is no cutting or re-routing of the digestive tract. Most people will feel satisfied after eating a very small amount of food.

The surgery is performed by placing an adjustable band around the upper part of the stomach. The band divides the stomach into a small pouch above the band, and a larger pouch below the band. The small stomach limits the amount of food a person can eat at one time, and will result in a feeling of satiety for a longer period after eating. The band can be adjusted to be tighter or looser by injecting saline solution into a special port that is connected to the band. Adjusting the band directly influences the amount of food a person can consume.

Lap Band surgery will take approximately 1 hour in the operating room. Patients can plan on staying in the hospital for about 0-1 day after surgery. Most patients return to work or usually daily activities in 1 week.



Advantages of Lap Band Surgery

The advantages of Lap Band surgery are significant. Many patients experience an improvement in medical conditions, a decrease in prescription medications and an increase in quality of life. The average patient will lose 40-50% of his or her excess body weight (amount over their ideal body weight) over 2-4 years. Weight loss is slower but steadier compared to a gastric bypass. Unlike a gastric bypass, a Lap Band is adjustable so weight loss continues for a longer period of time. Patients who exercise regularly, adhere to a healthy diet, and maintain follow up at the Bariatric Surgery Program will do better long term.

Risks of Lap Band Surgery

There are risks involved with having any surgery. The risks associated with having Lap Band surgery can be divided into immediate risks and long term risks.

Serious Risks Immediately After Surgery

- **Atelectasis/Pneumonia** – It can be uncomfortable to take deep breaths and cough immediately after surgery. When patients fail to do so, portions of their lungs tend to collapse (atelectasis). This can cause fevers, a fast heart rate and can lead to pneumonia. The best way to avoid this complication is to breathe deeply, cough, and walk.
- **Infection** – Infection can occur after surgery. Patients should report any fevers to the program nurse. Incision site infections occur occasionally. Keeping the sites clean will allow them to heal without infection.
- **Nausea** - Some patients feel nauseated for weeks or even a few months after surgery. Medication can not always correct it, but fortunately the nausea usually resolves on its own. Regardless of nausea, you must drink 64 ounces of fluid a day.
- **Vomiting** – Vomiting is expected during the first few months. It is often difficult to explain or to prevent. It can happen when overeating or when eating food too fast. It is important that you do not force yourself to vomit.
- **Port Site Problems**- These problems may include infections around the port or leaks in the tubing caused by difficult adjustments. The nurses and surgeon will work with you to correct these problems.
- **Reoperation** – Our surgeons do not hesitate to reoperate on patients who are not progressing well the first few days after surgery. Complications that are detected early, before a patient gets critically ill, can usually be easily managed without a major setback.

Long Term Risks After Surgery

- **Slippage** – A slip occurs when a portion of the stomach slides up underneath the band. Stitches are placed during surgery to prevent the band from slipping but occasionally a slip occurs anyway. Slippage can cause difficulty eating, vomiting, and upper abdominal pain. The diagnosis would be made by endoscopy or x-ray after Lap Band adjustments are not properly working. Treatment for a slip may require laparoscopic surgery to replace the band.
- **Erosion** - Erosion occurs when the band gradually moves from being wrapped around the outside of stomach to being partially inside the stomach by eroding through the stomach. The symptoms can be similar to a slippage. Treatment requires removal of the band.
- **Dissatisfaction with the operation** – Not everybody achieves his or her desired weight loss results. Others lose weight but don't like the diet restrictions. Our surgeons will not remove a Lap Band unless it is absolutely necessary for health reasons.

A Roadmap To Your Care

There are several steps on the road to having weight loss surgery. All of the steps taken during this journey are intended to increase the chances of a safe and successful surgery.

Information Session

We require that all patients attend an information session before having an appointment at the Bariatric Surgery Program. This session will review each of the operations we offer, outline our pre and postoperative procedures and answer any questions you may have about weight loss surgery at Maine Medical Center. Information sessions are held on the 3rd Tuesday of each month from 6:00-7:30 at the Wyndham Portland Airport Hotel. Be sure to fill out the online registration form before the information session. The form is located at: www.mmc.org/bariatricsurgery. Once you arrive at the information session, please check in with our administrative team. Checking in is the only way we have to prove that you did attend the session.

Referral and Review

You will need to request a referral from your Primary Care Physician (PCP) in order to register with our program. The referral should include:

- Your address
- Your phone number
- Result of your most recent (within one year) physical exam
- Any lab tests that have been drawn recently
- A letter signed by your Primary Care Physician supporting your decision to have weight loss surgery.

Once we receive your referral, we will pair your referral with your information session registration form. We will then mail you a letter asking you to register with the program via the internet. Please let us know if you do not have internet access. We can still accommodate you.

All patients will need to double check their insurance policy to verify that it includes coverage for weight loss surgery. Some insurance companies require primary care physician documented efforts of dieting and exercise. You will receive a notice on insurance coverage in your letter. Please read it carefully.

Once you have registered online, our certified bariatric nurse will review the information you entered into the computer along with the information we received from your primary care physician to ensure that you meet the minimum requirements to qualify for surgery.

- You will receive a letter from our nurse that will outline the steps you must complete before surgery. You will also receive the date of your New Patient Orientation Class.

New Patient Orientation Class

The new patient orientation class is a 2 hour class that will help you get started in the program. During the first hour, our administrative team will help you complete any required paperwork, briefly discuss insurance considerations, and review any additional steps you may be required to complete (additional testing, required weight loss, etc). During the second hour, our nursing team will review both weight loss surgery options and help you decide which surgery would be the best fit for you.

Social Work Evaluation

When you receive the letter from our nurse, that letter may include an appointment to meet with the Social Worker at our clinic for an Initial Social Work Assessment.

If you did not receive a social work appointment with your nurse letter, there is no need to call us to schedule an appointment; we will mail you a separate letter with the date of your appointment. **It is important that you get a separate mental health referral for the Maine Medical Center Bariatric Surgery Program (not the name of the social worker you are seeing at the bariatric surgery program).** Please call your insurance company and ask for a mental health referral.

During your meeting with the social worker s/he will ask you questions about any significant issues that have taken place in your life time as well as questions about your eating behaviors. Sometimes the social worker may require you to seek additional therapy before moving forward with weight loss surgery. The social worker will complete some paperwork and forward it on to our office.

If your insurance will cover it, and if you would rather see someone outside of our clinic, you may also see one of our Approved Outside Social Worker Assessors. **It is important that you get a separate mental health referral for the name of your outside assessor.** Please contact your insurance company to see if they will cover this service.

If you choose to use an Approved Outside Social Work Assessor, please contact one of the individuals listed below to schedule your initial bariatric social work assessment. You must contact your insurance company for a referral to see an Approved Outside Social Work Assessor.

Approved Outside Social Worker Assessors:

Faith Sheehan, LCSW, CCS
205 Ocean Avenue
Portland, ME 04103
Phone: 207-773-7993 x14
Handicap Accessible: Yes
Insurance: Private Insurance

Mary Lou McManus-Richter, RN, LCPC
67 Shaker Road, #10
P.O. Box 440
Gray, ME 04039
Phone: 207-712-6131
Handicap Accessible: Yes

Patti Gwynne, LCSW
98 Clearwater Drive
Falmouth, ME 04105
207-415-3649
pgwynne1@maine.rr.com

Lisa Bals, LCSW
2 Union Street, Suite #303
Portland, ME 04101
207-450-9558
Insurance: Private Insurance, Medicare, Mainecare
lbals@hotmail.com

Approved Outside Social Worker Assessors: (continued)

Kiely L. Geary, MSW, LCSW
200 High Street, Suite 1C
Portland, Me. 04101
Phone: 207-712-5316
Handicap Accessible: No
Insurance: Private Insurance, Medicare, Mainecare

Calla E. Wells, LCSW
384 Court Street
Auburn, Me. 04210
Raymond, Me. as well
Phone: 207-782-3900
Insurance: Private Insurance, Medicare, Mainecare

Suzanne White, LCSW
49 Oak Street
Augusta, ME 04330
207-649-4047
Insurance: Private Insurance, Medicare, Mainecare
ohsuzza@aol.com
Insurance: Private Insurance, Mainecare

Rebecca Hardy, MSW
P.O. Box 25
Paris, Me. 04271
Phone: 207-743-9337
Insurance: Private Insurance

Bob Fowler, LCSW
124 Main Street
Topsham, ME 04912
207-809-5323, 207-232-4112
Insurance: Private Insurance, Medicare, Mainecare
bofowlerlcsw@maine.rr.com

Kathy Muzzy, LCSW
PO Box 63
Belfast, ME 04912
207-322-5540
Insurance: Private Insurance, Medicare, Mainecare
kmuzzy@bluestreakme.com

Laura Olken, LCSW
31 Main Street
Gorham, ME 04038
Phone: 207-839-9142
Handicap Accessible: Yes
Insurance: Private Insurance, Medicare

Sharon Ash Tancredi, LCSW
56 William Street
Portland, ME 04103
Phone: 207-879-8909
Handicap Accessible: No
Insurance: Private Insurance, Medicare w/Suppl. Policy

Nutrition Evaluation

Once we receive the approval from the social worker, we will schedule you for your 2 part ***Eating for Life Classes***. These classes are 90 minutes each and will help you understand what to eat both before and after your weight loss surgery. You can expect many changes in how you eat both before and after weight loss surgery.

Once you complete the 2 part ***Eating for Life Classes***, we will schedule you for a visit with a bariatric dietitian. During your initial dietitian visit, your dietitian will assess your diet history, and review your menus and written quiz from the ***Eating for Life Class***. You may meet with the dietitian for additional visits if deemed necessary.

The dietitian will require that you have blood drawn before your weight loss surgery. This will help identify any preoperative vitamin or mineral deficiencies you may have. If there is any issue with your blood work, the dietitian will contact you to discuss the next steps.

The dietitian will be an integral part of your recovery period and postoperative course. Our dietitians specialize in the care of patients having weight loss surgery. For this reason, you must see one of our program dietitians rather than an outside dietitian.

Review Class

All patients are required to attend a review class 2 weeks before their surgery. This class, taught by the nursing team, will help you prepare for your upcoming surgery. They will review what to expect before and after your surgery, the preoperative and postoperative diet, and answer any questions you have. You will take a review quiz at the end of the class. A passing grade on the quiz is required to proceed with your surgery.

Exercise Program

Each patient will be required to begin some type of regular exercise program. The dietitian will work with you to get started with this.

Required Weight Loss

Our surgeons often require weight loss before surgery. Weight loss can help to decrease tightness in the belly. A large or tight belly can make a surgery more difficult. By decreasing the tightness, the surgery will be safer and easier to perform. We recommend that all patients lose 5-10% of their original weight before surgery. We encourage you to start trying to lose weight immediately. Sometimes our surgeons will hold patients back from surgery pending weight loss. The sooner you start trying to lose weight, the less likely your surgery will be delayed.

Ultrasound (Gastric Bypass Only)

Patients with a gallbladder will be required to have an ultrasound of their gallbladder before surgery. The ultrasound is a painless procedure that will determine if gallstones are present in the gallbladder. If you have stones in your gallbladder, your surgeon may recommend removing your gallbladder at the time of your operation.

Barium Swallow (Lap Band Only)

Some patients may need a test to determine if they are good surgical candidates for the Lap Band. The barium swallow test involves drinking a liquid that can be seen under x-ray. It shows if you have a hard time swallowing or have problems with your esophagus. We will determine if this test is necessary for you.

Surgical Evaluation

Once you have completed all of the program requirements at the Bariatric Surgery Program, you will be contacted by Casco Bay Surgery to schedule your first meeting with your surgeon. You are encouraged to bring your support person or next of kin to this appointment. During this visit, your surgeon will review the operation s/he will be performing, do a brief physical exam and ask you questions about your medical history. We encourage you to ask questions during this time.

Sometimes the surgeon will require additional testing. Some of the more common tests that the surgeon may order include:

Endoscopy

Occasionally the surgeon may ask patients to have an endoscopy to evaluate the stomach or esophagus. This procedure involves inserting a flexible scope through your mouth and into the stomach. Generally patients who undergo this procedure are sedated. By doing an endoscopy, your surgeon can rule out the presence of ulcers or any other stomach and intestinal conditions.

Upper GI

Some patients will need an evaluation of the upper gastrointestinal tract to determine if there is a hiatal hernia. The Upper GI (UGI) study is a video x-ray taken while you drink a special drink that shows up on x-ray. If you have a long history of reflux symptoms, you may need to have an upper endoscopy instead.

Sleep Study

Some patients snore or wake up frequently throughout the night. If your Berlin Questionnaire indicates a moderate or high risk of sleep apnea, the surgeon will recommend that you have a sleep study. This study will help diagnose sleep apnea. Sleep apnea is a common medical problem effecting patients that are overweight. Sleep apnea can be dangerous to patients undergoing anesthesia, therefore it is important to identify the condition before your weight loss surgery. A sleep study involves sleeping at a center that monitors your breathing during your sleep cycle. Diagnosing patients with sleep apnea before weight loss surgery will allow for patients to have a safer operative process.

Echocardiogram

Patients that have used certain weight loss drugs or have other potential heart conditions may be required to have an echocardiogram, which is an ultrasound of the heart. This painless procedure will help to determine if your heart is healthy enough to undergo weight loss surgery.

Cardiology

Patients with a history of heart problems may be required to see a cardiologist or heart doctor prior to surgery. The cardiologist will evaluate your heart function using a variety of tests such as an EKG, "stress test", or ultrasound of the heart. The cardiologist is looking for any conditions that may pose a risk during the surgical process.

Pulmonology

Some patients with breathing problems may need to be evaluated by a lung doctor or pulmonologist. The pulmonologist will evaluate your lung function and look for any conditions that may pose a risk during the surgical process.

Medication Management

If you are taking medications that are quite large in size, your surgeon may recommend that they be liquid or crushed for two weeks after surgery. If your medication cannot be crushed, please discuss this with your primary care physician (PCP) so he or she can address the situation.

Before Your Surgery

Surgical Consent

Each patient will have to sign an informed consent for surgery before surgery can be scheduled. Sometimes the surgeon will have you sign consent at your first meeting together. Other times, the surgeon will need more information and will have you come back for a consent visit. This is a brief visit with the surgeon and an excellent opportunity to ask questions.

Pre Admission Interview

The Pre admission interview is a required evaluation by the anesthesia staff before any operation done at Maine Medical Center. This interview will take place either on the phone or in person at the MMC Brighton Campus, depending on your medical history and the type of surgery you will be having. Each patient may have some blood tests, as well as a height and weight taken. Please be aware that if you gain any weight or we find nicotine in your blood, we will have to delay your surgery. This is done for your surgical safety.

Preoperative Diet

Each patient must go on a special diet for two weeks before surgery. This diet is required primarily for your surgical safety. The liver sits over the stomach much like a ceiling. The surgeons must move the liver out of the way before operating on the stomach. If the liver is too large, there can be problems during surgery. The preoperative diet can help decrease the size of the liver and help to make your weight loss surgery safer.

Your Surgery

Surgery

Your surgery will be performed either at Maine Medical Center Bramhall or Scarborough Campus. Most patients are advised to arrive 1-2 hours before surgery. You will be given paperwork with your time of arrival.

When arriving at the Maine Medical Center, patients should go to the Ambulatory Surgery Unit (ASU). When arriving at the Scarborough Surgery Center, patients should go to reception desk. Your support person or next of kin can accompany you while the nurse prepares you for surgery. The anesthesiologist or a member of the anesthesiology team will come and talk with you before going into surgery.

Please remember:

- It is best not to bring any valuables (including jewelry) to the hospital.
- Patients with sleep apnea need to bring a properly working CPAP or BIPAP machine to the hospital.
- Feel free to bring bathrobe/slippers or other personal items and loose/comfortable clothing to go home in.

Post Anesthesia Care Unit (PACU or Recovery Room)

After surgery, you will be taken to the PACU. You can plan on staying in the PACU for a few hours or until you are considered stable enough to be moved to a different location. Generally, family members are not allowed in the recovery room.

Your Hospital Stay

At MMC, once you are discharged from the recovery room, most gastric bypass patients will be brought to Richards 3 also known as R3, this is the surgical floor where you will remain for your hospital stay. The nurses on R3 are used to and enjoy taking care of our patients. Please do not hesitate to ask them questions. You can plan on staying in the hospital for 1-2 days after your surgery.

At the Scarborough Surgery Center, you are discharged from the recovery area. Generally, most patients go home the same day of their surgery. The nurses at the Scarborough Surgery Center are also used to and enjoy taking care of our patients. Please do not hesitate to ask them questions.

What to Expect After Your Surgery

Pain Management

Your pain will be controlled by medications while you are in the hospital. When you are discharged, you will be given a prescription to manage your pain at home. Please let your nurse know if you have an allergy to or get sick from any pain medications.

Diet Advancement

The day of your surgery you will begin the postoperative diet. It is important that you receive only a full liquid diet while you are in the hospital. You will not be allowed to eat solid food during your stay. You will be expected to know what liquids you can consume when you are in the hospital and when you go home.

Walking

You will be asked to walk as soon as possible after surgery. The day of your surgery, your nurse will have you walk with assistance. Walking helps to prevent blood clots from forming in your legs. You will increase your walking with the help of a nurse.

Other Medications (Gastric Bypass Surgery Only)

You will be sent home with a prescription for medication (Prilosec, Protonix, etc) that decreases the production of stomach acid. Take this as directed to protect your new stomach pouch and help prevent ulcers.

Criteria for Hospital Discharge

You will be given a set of discharge instructions that are specific to the type of weight loss surgery you have (either Gastric Bypass or Lap Band).

The two main criteria for discharge from the hospital include:

1. Pain is managed by pain medications taken by mouth
2. Liquid intake is sufficient and well tolerated

Once You Get Home

If you have any problems, please call us during our regular hours of 8am-4pm. If you have a problem at night or on the weekends, call Casco Bay Surgery. They will determine if you need to go to the emergency room. **If you are requiring an emergency room visit, it is recommended that you go to the MMC Emergency Room.** Many hospitals are not familiar with bariatric surgery or problems that may occur as a result of the surgery. Even though MMC may be further away, it is safer to make the trip, if possible. If you are critically ill and cannot get to the MMC Emergency Room, please call us and tell us what Emergency Room you are going to.

Pain Control

You will be given a prescription for a pain medication before leaving the hospital. To control your discomfort, first try Extra Strength Tylenol as directed (unless you cannot tolerate Tylenol). If Extra Strength Tylenol does not control your discomfort or you cannot tolerate Tylenol, use your prescription pain medication as directed. Taking prescription pain medication can cause drowsiness or make it hard to concentrate. For this reason, driving or operating dangerous equipment is prohibited. Additional side effects may include nausea and constipation. You should take pain medication only as prescribed. We expect that most people should be able to decrease their pain medication over the first few days at home. Most people will not need pain medication at all after the first week.

Do not take Advil, Ibuprofen, Motrin, Aleve, Naprosyn, Indocin, Celebrex, any Non-steroidal Anti- Inflammatory (NSAID) or related medication for the first month after Gastric Bypass surgery. These medications are too harsh for your stomach and can cause ulcers.

Discomfort

Abdominal soreness below your ribs on the left side is the most common site of tenderness after waking up. This discomfort can last for several weeks. You may also feel stomach pressure for 12 to 24 hours or left shoulder pain because they fill your belly with air during your surgery. Despite this discomfort, it is very important that you get out of bed and take short walks.

Fluid

Your most important job after surgery is drinking enough fluid. Dehydration is the most common reason to return to the hospital after surgery. Your goal is to drink 8 cups (64 oz) of fluid a day. You may not be able to drink this much fluid at first, but come as close as you can. Refer to your nutrition packet for more details.

Activity

It is VERY important that you get up and walk several times each day. Regular activity will help prevent complications after surgery. Most patients can expect to resume usual activity within a few days after surgery. Do not lift anything heavy, twist your body, or swim until you are cleared by your nurse at your 4 week visit.

Wound Care

It is important to care for your incisions to prevent infection. You will have small fiber tapes on your wounds. This should keep your wound dry and closed. Leave them on until they fall off by themselves. Do not put band aids, ointments, lotions or powder on your incisions. You may get your incisions wet but avoid scrubbing them. Pat them dry. It is not unusual for an incision to drain a little bloody fluid after you go home. If you have some drainage, dab the wounds with diluted hydrogen peroxide (hydrogen peroxide mixed half and half with water) and then cover with a dry gauze. Doing this twice a day will speed your recovery.

Infections are uncommon and rarely serious after a laparoscopic operation. An infection will be red, warm, firm, and tender. The infected fluid will look more like pus than like blood. If you notice this please call the nurse at the Bariatric Surgery Program to discuss your symptoms.

Showering

You can get all of your incisions wet after leaving the hospital. It is recommended that you avoid swimming or soaking in a tub for about a month. Pat incisions dry with a towel. Avoid rubbing incisions.

Time Off From Work

Laparoscopic Gastric Bypass patients can generally return to work after 2-4 weeks. Lap Band patients can generally return to work after one week. It is very important to take enough time to learn how to take care of your pouch and keep yourself hydrated. Some people also find it helpful to return to work for a few half days or at the end of the work week. Speak to the program nurse if you have any back to work issues.

Diabetics

Before you are discharged, your diabetes medications will be reviewed and adjusted if necessary. The diabetes medicine necessary at home will depend on how quickly your blood sugar improves after surgery. Some people go home on no medication, where others go home on a decreased strength of their diabetes pills or insulin.

It is very important for ALL diabetic patients to schedule an appointment with their Primary Care Physician or Endocrinologist within 7-10 days of being discharged from the hospital to review all diabetes medications and their dosage.

You should monitor your blood sugar at least twice each day. We recommend that you contact your primary care doctor immediately if your blood sugar is running too low or too high.

Common Concerns After Bariatric Surgery

Things to Watch For

If you experience any of the following symptoms, please contact the Bariatric Surgery Program at 761-5612 or go to the MMC Emergency Room immediately. **If you have any problems requiring an emergency room visit, it is very important that you go to the MMC Emergency Room.**

- A temperature higher than 101.5° F or 38.5° C
- Your incision(s) open up or become red, swollen, tender, or have new drainage
- Abdominal pain that does not get better after using your pain medication
- Persistent nausea
- Persistent vomiting or dry heaves
- Shortness of breath that doesn't improve with 5-10 minutes of rest
- Any pain or swelling in your legs
- One leg appears noticeably larger than the other
- Painful, frequent urination or inability to urinate
- Black or bloody stool
- Cloudy, dark and/or foul smelling urine
- Vomiting blood
- Chest pain and/or shortness of breath not relieved by rest

Incision Pain

If you develop fever, redness, pus or increasing pain at the incision site, we recommend that you call the Bariatric Surgery Program as soon as possible. If this occurs at night or on the weekend, please call Casco Bay Surgery.

Dehydration

Your main goal after surgery is to stay hydrated. Take small sips of fluid throughout the day to help prevent becoming dehydrated. Signs of dehydration include headache, dizziness, nausea, muscle weakness, sluggishness and dark yellow urine. If you are unable to drink at least 32 ounces of water a day for 2 days in a row, please call the nurses at the Bariatric Surgery Program. If this occurs on weekends, please call Casco Bay Surgery.

Shortness of Breath

If you are suddenly short of breath, this may indicate a problem, call the nurses at the Bariatric Surgery Program or go directly to the MMC Emergency Room for evaluation.

Fever

Fever is caused by an infection somewhere in your body. If you have a fever over 101.5°F or 38.5° C, please call the nurses at the Bariatric Surgery Program to discuss your symptoms. If this occurs at night or on the weekend, please call Casco Bay Surgery. The nurses will ask you for your pulse rate. Please refer to the handout on taking your pulse.

Abdominal Pain

The incision on your upper left side is often the most painful after laparoscopic weight loss surgery. Muscles were cut to make the incision, so when you start using your muscles, the pain may increase. Gently massage these muscles under a warm shower, stretching, or alternating ice and heat may help control the pain. Please call the nurses at the Bariatric Surgery Program if your pain does not resolve. If this occurs at night or on the weekend, please call Casco Bay Surgery.

Nausea

You may feel nauseated after your surgery. If it is making it hard for you to drink or eat, we can prescribe medications to help. Please call the nurses at the Bariatric Surgery Program if your nausea does not get better. If this occurs at night or on the weekend, please call Casco Bay Surgery.

Vomiting

It is important to avoid vomiting after weight loss surgery if at all possible. Vomiting increases the risk of complications, especially in the early period after surgery. Once you start to feel like you have eaten enough, stop eating right away. Prescriptions are available that help curb vomiting if the vomiting persists. If you develop vomiting and your vomiting persists, call the Bariatric Surgery Program. If this occurs at night or on the weekend, please call Casco Bay Surgery.

Constipation

Constipation can be caused by inactivity, dehydration, low fiber intake and pain medication. Be sure to drink the recommended 8 glasses of water daily and stay active to help prevent constipation. If you are drinking the 64 ounces of fluid per day, you may try adding more fiber to your diet.

Managing Constipation:

On day 1 and 2 after surgery:

- ✓ try Benefiber[®] and a stool softener

If you have not had a bowel movement on day 3 after surgery:

- ✓ try Miralax once or twice a day

If you have not had a bowel movement on day 4 after surgery:

- ✓ continue Miralax once or twice a day and try one Dulcolax suppository

If you have not had a bowel movement on day 5 after surgery:

- ✓ call the nurses at the Bariatric Surgery Program

Weak and Tired

Initially after surgery, you will likely feel tired and weak, but this will get better each day. Not drinking enough fluid or getting enough protein can cause you to be weak or tired. If 1 week after your surgery you are unable to increase your fluid and protein intake, please call the nurses at the Bariatric Surgery Program.

Diarrhea

Some patients may experience diarrhea or loose stool. Be sure to eat slowly and don't drink with your meals. Also, be sure to avoid high sugar, high fat foods. Some sugar free products can cause diarrhea. Limit these products to see if the diarrhea subsides. If the diarrhea persists, contact the nurses at the Bariatric Surgery Program for additional assistance.

Gas/Bloating

Gas and bloating can occur after surgery from the air that is pumped into your abdomen during the procedure. This will decrease as long as you stay active and move around frequently. If the gas pains continue, be sure not to overeat and avoid drinking with meals. If the gas/bloating persists, contact the nurses at the Bariatric Surgery Program for additional assistance.

Pain with Eating

If you have pain when you eat, there may be several different reasons. Make sure you are not eating too much or too fast. The pain may actually be from your pouch being full. If the pain persists, contact the nurses at the Bariatric Surgery Program for additional assistance.

Heartburn or pain between your breasts

If you had heartburn before your surgery, it will most likely stop after your surgery. If after your surgery you continue to have heartburn, or if it goes away and then starts again, please call the nurses at the Bariatric Surgery Program. If you did not have heartburn before your surgery and start to have it after your surgery, please call the nurses at the Bariatric Surgery Program.

Lactose Intolerance

You may find that you are unable to tolerate milk products after surgery. Signs of lactose intolerance may include bloating, stomach cramps, gas, diarrhea, and nausea. If you are (or have become) lactose intolerant, try Lactaid[®] milk, tablets or drops. These are available at your local pharmacy. There are also many high protein, lactose free products available for purchase in the supermarket. Your dietitian can help you identify these products.

Unable to eat after a Lap Band Adjustment (Lap Band Surgery Only)

If after an adjustment visit, you are able to drink but unable to eat, please call the nurses at the Bariatric Surgery Program. At nights or on weekends, if you are unable to eat AND drink, call Casco Bay Surgery.

Dumping Syndrome (Gastric Bypass Surgery Only)

Dumping syndrome occurs specifically in gastric bypass patients. It occurs when you eat foods with added sugar or that are high in fat. These foods may include sweet foods like juice, sugar sweetened beverages, cakes, cookies, pies, ketchup, salad dressing. The food passes too quickly into the small intestine and causes symptoms such as: nausea or queasiness, a sense of fullness accompanied by discomfort, cramping, diarrhea, general weakness, profuse sweating, vomiting, and heart palpitations (an increase in heart rate). Most patients experience a combination of these symptoms. Usually the symptoms will subside in about an hour. Most patients find the symptoms get better after they lie down for a while. Dumping syndrome is not dangerous, but it is quite unpleasant and can be avoided by adhering to the prescribed diet.

Surgical Complications

Although most patients do not experience complications after surgery, they can occur. If you suspect something is wrong, please call the Bariatric Surgery Program. At night or on weekends, please call Casco Bay Surgery. **If you have any problems requiring an emergency room visit, it is very important that you go to the MMC Emergency Room.**

Below are some complications that can occur after surgery. The incidence of these complications is low but indeed possible.

Wound Infection

Infections are uncommon and rarely serious after a laparoscopic operation. An infection will be red, warm, firm, and tender. The infected fluid will look more like pus than like blood. If you notice this please call the nurses at the Bariatric Surgery Program to discuss your symptoms. At night or on weekends, please call Casco Bay Surgery.

Hernia

Hernias are uncommon after laparoscopic surgery. If one occurs, it may cause pain or discomfort. An operation is usually required to repair this problem. If you have pain in your abdomen, it is important to contact the Bariatric Surgery Program nurses immediately, at night or on weekends, please call Casco Bay Surgery.

Ulcer

Weight loss surgery patients are at a higher risk of developing ulcers, because of the nature of the surgery. If you have pain that occurs suddenly in the middle of the night, with eating or drinking, or persistent nausea, you may have an ulcer. People who resume smoking, drink caffeine, take NSAIDs, or take steroids are much more likely to get ulcers. Please call the Bariatric Surgery Program Nurse and discuss your symptoms. At night or on weekends, please call Casco Bay Surgery.

Blood Clots

Blood clots in the legs are more likely to occur in overweight people. Once you are home, stay active by taking short walks to keep the blood moving in your legs. Blood clots can be dangerous if they travel to the lungs causing a blood clot in the lung — a serious condition that can lead to death. If you develop leg swelling on one side, a painful calf, chest pain or shortness of breath, this should be considered an emergency. Go to the MMC Emergency Room .

Anastomotic Leak (Gastric Bypass Surgery Only)

A leak between the connections of the stomach and intestine can be a life threatening but rare complication and may occur shortly after surgery. Signs of a leak may include a rapid heartbeat, abdominal pain and fever. Contact the Bariatric Surgery Program Nurses, at night or on weekends, please call Casco Bay Surgery, or go to the MMC Emergency Room if you have these symptoms.

Stricture (Gastric Bypass Surgery Only)

A stricture is caused by scar tissue that forms as your new pouch heals. Usually this does not occur until several weeks after surgery. You will notice a gradual decrease in the amount of food you can eat. If you suddenly can not eat solid foods and have a hard time drinking liquids sip warm fluids, which will encourage it to go down. If you experience these symptoms or are having persistent vomiting, please call the Bariatric Surgery Program Nurse immediately. At night or on weekends, please call Casco Bay Surgery.

Postoperative Follow Up

The bariatric nurse will call you a few days after your surgery. She will check on your recovery and ensure that you have a follow up appointment with the Bariatric Surgery Team.

It is very important to follow up with the surgeon, nurse, dietitian and social worker after weight loss surgery. Different insurance companies have different policies regarding payment for postoperative visits at the Bariatric Surgery Program. Please check your policy and call your Primary Care Physician for a referral (if needed) for your appointment.

You should follow up with the Bariatric Program on this schedule after your operation:

GASTRIC BYPASS						
	4 Weeks	3 Months	6 Months	12 Months	18 Months	Annually
Surgeon	<input type="checkbox"/>					
Nurse	<input type="checkbox"/>					
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Scheduled Postoperative Support Group			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Social Worker		<input type="checkbox"/>		<input type="checkbox"/>		

LAP BAND							
	2 Week Postop Class	4 Weeks	Months 2,3,4,5	6 Months	12 Months	18 Months	Annually
Surgeon		<input type="checkbox"/>					
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	Monthly				
Dietitian	<input type="checkbox"/>		Month 3	<input type="checkbox"/>			
Scheduled Postoperative Support Group					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker				<input type="checkbox"/>	<input type="checkbox"/>		

Postoperative Appointment with the Surgeon

You will see your surgeon 4 weeks after your surgery. By the time you get home from surgery, you should have received a letter from both Casco Bay Surgery and the Bariatric Surgery Program informing you of your postoperative appointments. If you have questions or concerns, please do not hesitate to call the Bariatric Surgery Program at 207-761-5612. If you have an emergency once you get home, dial 911 or immediately go to the local emergency room. We encourage you to inform us of this visit.

Please make an appointment with your Primary Care Doctor 1-4 weeks after surgery if you have Diabetes, Hypertension or other significant medical problems.

2 week Lap Band Class (Lap Band Only)

All Lap Band patients will attend this class taught by a nurse and a dietitian. They will discuss Lap Band adjustments, the postoperative diet, and answer any questions you have. This class will help set the stage for your postoperative care.

Postoperative Appointment with the Nurse

All patients will meet with the nurse 4 weeks after surgery. She will check in to see how you are feeling and look at your incisions. If you have a Lap Band, you may receive an adjustment at this visit. If you have any concerns at all, please feel free to call the Program Nurse at any time. She is always available to see patients outside of the recommended follow up schedule.

Lap Band Adjustments (Lap Band Only)

Your Lap Band can be adjusted every four weeks, as needed, after your initial adjustment. Some people feel that they do not need an adjustment right at the 4 week point. We can hold off on adjusting the lap band until you feel ready. The number of adjustments needed varies with each individual, in order to obtain optimum weight loss.

Postoperative Appointment with the Social Worker

We recommend that you see our social worker after your surgery. She will focus on how you are responding to losing weight and will help you explore feelings that may come up regarding body image, self esteem, behavior changes and relationships.

Postoperative Appointment with the Dietitian

We recommend that you meet with the dietitian regularly after your weight loss surgery. During these visits, your dietitian will review the postoperative diet stages and help you navigate through each stage.

Postoperative Support Groups

Support groups are recommended for all patients after surgery. We offer many support groups each month. You do not need to register for the groups and they are free of charge. We will also schedule you for regular support groups that are facilitated by our Dietitians and Social Workers. These groups will give you the support during your transition and connect you with other people going through the same experience.

Postoperative Support Group Ground Rules

1. Classes and support groups begin and end on time.
2. Respect each other's privacy. What's said here stays here.
3. Please give everyone a chance to speak and do not take over the conversation.
4. Remember that listening is often more productive than giving advice.
5. Accept others without judgment. We are here to support and learn; not to be critical.
6. All positive feelings are acceptable. Profanity, rude, sexual, or threatening comments are not acceptable. You will be asked to leave if you use these comments.
7. No unauthorized product sales or marketing are allowed at support groups.
8. Insurance and administrative issues should be addressed individually with our administrative staff during regular business hours, rather than at support group
9. If you arrive 15 minutes late or more for a required class or support group, you are welcome to stay but are unable to receive credit for attending.
10. Please turn your cell phone off or to vibrate. If you need to answer your phone, please step outside the room before answering.

Lab Work

The dietitian will recommend that you have blood drawn at certain intervals after surgery. This is done to identify any nutrient deficiencies. If you do have a deficiency, the dietitian will call you and educate you on the next steps.

Weight Loss (Gastric Bypass Surgery Only)

The amount of weight you lose depends on how closely you follow the recommended diet. Patients who have a gastric bypass will lose most of their weight in the first 6-12 months after surgery.

Weight Loss (Lap Band Surgery Only)

The amount of weight you lose depends on how closely you follow the recommended diet. Lap Band patients may not feel any restriction immediately after surgery and may start to lose weight only after the appropriate restriction is achieved through the band. If after receiving the lap band you do not feel any restriction, this does not mean the band isn't going to work. It simply needs an adjustment.

Vitamin and Mineral Supplementation (Gastric Bypass Surgery Only)

Vitamin and mineral supplementation in gastric bypass patients is NOT optional. Part of your intestine has been bypassed which can result in serious nutrient deficiencies. Supplementation is essential in preventing these deficiencies. It is recommended that all gastric bypass patients take 2 chewable multivitamins and 2-3 chewable calcium supplements daily unless otherwise indicated by the surgeon. Three months after your surgery, we recommend that you start Vitamin B12 supplements.

Vitamin and Mineral Supplementation (Lap Band Surgery Only)

Vitamin and mineral supplementation is important because you are consuming fewer nutrients than you have in the past. It is recommended that all lap band patients take 1 chewable multivitamin and 1-2 chewable calcium daily to help avoid any potential deficiency.

Contraception

Pregnancy in the first 18 months after weight loss surgery can prevent patients from achieving their long term weight loss goals and can be dangerous to the health of the fetus and result in a poor outcome if proper prenatal care is not received. Nutrition intake during rapid weight loss tends to be inadequate to support a fetus and can have devastating results. **Therefore, it is required that reliable contraception is in place prior to and for at least 18 months following weight loss surgery.** Patients should see their primary care physician or OB/GYN specialist prior to surgery in order to initiate a birth control plan. All patients will be required to sign a contract outlining the type of birth control they plan to use prior to having weight loss. If you do become pregnant before the recommended 18 month window, please contact our office immediately. We will work closely with your obstetrician to ensure a healthy pregnancy.

Pregnancy

You can have a healthy baby after gastric bypass surgery but regular prenatal care is essential to the health of your baby. Frequent communication between your obstetrician, surgeon and dietitian is critical. Below are some things you need to know if you have had a gastric bypass and become pregnant:

Weight Gain

Appropriate weight gain is important for a healthy pregnancy outcome. Eating well-balanced meals that contain adequate protein is very important. You should plan to gain between 15 and 40 pounds over the course of your pregnancy. This amount can vary depending on how long ago you had your surgery and how much you currently weigh. Your physician or dietitian can help you to determine the amount of weight gain that is appropriate for you. The table below can give you an estimate of how much weight you should plan on gaining.

BMI <19.8	28-40 lbs
BMI 19.8-25	25-35 lbs
BMI 26-29	15-25 lbs
BMI >29	15 lbs

Less than 6 months post-op

Goal: Slow down or minimize weight loss. Increase food intake slightly.
Spread over 4-5 meals daily

More than 6 months post-op

Take 300 calories above regular postoperative diet of 1200-1500 calories per day to promote desired weight gain

A minimum weight gain of 15 pounds is recommended

Protein

Adequate protein intake is important to support the tissues and cells of the growing baby. Protein should be the priority food at each meal and snack. Try some of these foods that are rich in protein

- Turkey
- Chicken
- Chunk light tuna
- Beef
- Pork
- Lamb
- Cheese-pasteurized only
- Egg
- Milk
- Yogurt
- Sugar free pudding
- Soy milk
- Tofu
- Tempeh
- Soy protein isolate
- Whey protein isolate
- Cooked beans (kidney, black, lentils, etc.)
- Peanut butter
- High protein, low sugar protein shake

Vitamin and Mineral Supplementation

It is important that you take the appropriate vitamin and mineral supplementation during your pregnancy. Your physician will test your blood for vitamin and mineral deficiencies during your pregnancy. You will typically be asked to continue with your current vitamin and mineral regimen and add a chewable prenatal vitamin on top of that. All vitamin and mineral supplementation must be evaluated on a case-by-case basis.

<u>Multivitamins:</u>	1 children's chewable vitamins (Look for beta-carotene as source of Vitamin A)
<u>Prenatal Vitamin:</u>	1 chewable prenatal vitamin
<u>Folic Acid:</u>	Adequate amounts are provided in the prenatal/multivitamins
<u>Iron:</u>	Your physician will assess your iron levels and let you know if additional supplementation is necessary
<u>Calcium:</u>	1200-1500 mg per day
<u>Vitamin B12:</u>	Your physician will assess your vitamin B12 levels and let you know if additional supplementation is necessary

Glucose Tolerance

Usually at 28 weeks women are routinely tested for a type of diabetes that occurs in pregnancy by drinking a very sweet beverage. People who have had gastric bypass are unable to tolerate this beverage and will likely experience dumping syndrome. Please be sure to discuss this with your obstetrician. Alternative tests may be advised such as a Hemoglobin A1C or a blood test taken 2 hours after a meal.

Fluids

Patients should sip fluids constantly throughout the day to prevent dehydration. Eight - 8 ounce cups or 64 ounces should be the minimum goal during pregnancy.

Artificial Sweeteners

Splenda (sucralose) is an artificial sweetener made from table sugar. Its use does not need to be restricted during pregnancy. The use of aspartame (NutraSweet) should be restricted to less than the Accepted Daily Intake of 50mg/kg of body weight. Your dietitian can help you figure out this amount. It is recommended that pregnant women consume no more than 1-2 servings of aspartame per day. The use of saccharine is not recommended during pregnancy.

Caffeine

Caffeine consumption during pregnancy is discouraged. Try to consume less than 300mg of caffeine per day (one – 10 oz cup of coffee).

Plastic Surgery After Bariatric Surgery

Significant weight loss can leave excess skin, which can hang and cause cosmetic and/or medical problems. In the vast majority of cases, the problems are more 'cosmetic' in nature than a health problem, that is the skin hangs and either prevents people from wearing the clothes they would like, prevents them from doing some of the activities they would like, or is just felt to be unsightly. The types of surgery that are available depend on the location of the excess tissue, the type of problem it presents, and the amount of excess skin that is present. The most common location for excess skin, however, is the abdomen.

Abdominoplasty vs. Panniculectomy: These two terms mean different things and are often confused by patients, doctors, insurance companies, and web sites. It is important to know the differences between them and understand that the people you talk to might be using different definitions. In general, excess skin that hangs from the abdominal area is called a pannus or panniculus.

Panniculectomy

A panniculectomy refers to removal of the excess skin associated with a pannus. It does not usually include any reconstruction of the abdominal wall or tightening of the abdominal muscles. It is usually performed for medical necessity, when the pannus is causing a medical problem such as an infection. In a circumstance such as this, the surgery is often covered by insurance. A panniculectomy should not be thought of as cosmetic surgery even though much of the excess skin is removed.

Abdominoplasty

An abdominoplasty refers to removal of excess skin in the abdominal area along with a tightening of the abdominal muscles. This operation has the goal of producing a flatter, more cosmetically appealing abdomen. An abdominoplasty is what some refer to as a "tummy tuck". There are several different types of abdominoplasty, and the type of procedure is decided between the patient and the plastic surgeon.

Abdominoplasties are cosmetic operations and are not covered by most insurance companies. Many people who have had gastric bypass surgery and want excess skin removed are candidates for abdominoplasty but will have to pay the full cost of the operation. Unfortunately, insurance regulations prevent you from receiving insurance payment for a panniculectomy and then paying the difference in order to get an abdominoplasty. An abdominoplasty should be thought of as major surgery, and carries with it the risks and complications of major surgery.

There are other types of plastic surgery that patients consider after weight loss surgery. Surgery to remove loose skin from arms and thighs, for example, is possible but can be big operations and will almost always be considered cosmetic surgery by insurance companies.

The following general principles are useful to remember when considering plastic surgery after bariatric surgery:

- Most plastic surgeons perform these operations after you have lost most or all of your excess weight and have reached your new, weight plateau (usually 12-18 months after your weight loss surgery).
- After weight loss surgery, most of the operations done by a plastic surgeon are not covered by insurance. Most insurance carriers who cover plastic surgery require you lose at least 100 pounds since your surgery. Please check with your insurance carrier about the specifics of your plan.
- It is very important to know what kind of surgery is appropriate for you and then find out if it is covered or not.
 - The plastic surgeon's office is a good resource and can help you decide what type of procedure is best for you and how to pay for it.
 - Make sure you don't submit a claim to the insurance company for a procedure that is not covered or is a lesser procedure than you have decided on.

Plastic surgery of this nature often involves a significant recovery time and will result in permanent scars. Make sure you talk to your plastic surgeon so that you have reasonable expectations.

Useful Contact Information

Ultrasounds

Maine Medical Center - Brighton Campus
335 Brighton Ave
Portland, Maine 04102
Phone: 207-662-8345

Maine Medical Center – Scarborough Campus
98 Campus Drive
Scarborough, Maine 04074
Phone: 207-885-7750

Sleep Studies

Maine Medical Partners Otolaryngology
Christopher Murry Jr., B.A.
ENT Clinical Coordinator
Phone: 207-797-5753 Ext. 125
Fax: 207-797-9571

Maine Medical Partners Otolaryngology
Kimberly Jackson, ASMA
Medical Assistant
Phone: 207-797-5753 Ext. 105
Fax: 207-797-9571

Blood work can be drawn at any lab facility near you.

The lab closest to our office:
NORDX
MMC – Scarborough Campus
96 Campus Drive
Scarborough, Maine 04074
Phone: 207-885-8207

Pre Admission Unit

Maine Medical Center - Brighton Campus
335 Brighton Ave
Portland, Maine 04102
Phone: 207-662-8217