

Hospital Stay

Surgical Weight Loss

Your Inpatient Nursing Stay

Dear Prospective Patient:

I have been informed that you are having weight loss surgery at Northern Light EMMC. As you know our program has the highest level of accreditation from the American College of Surgeons. I want to personally welcome you to the hospital and to Merritt 3 Surgical (or IPR Intervention Prep and Recovery- level 1 if you are having a band). These are the units where you will be for your postoperative course. The staff here has been specially trained to take care of you, so that you can rest assured that you will receive the best of care.

You are to be congratulated on making the decision to improve your health by undertaking this surgery. It shows your commitment to participating in your own health care. That being said, I want to give you a preview of what you can expect during your stay here. Understanding what it will take to ensure a successful outcome is a key to your recovery.

Your hospital stay will average from being discharged the day of surgery (bands) to staying 2 nights for sleeve or bypass. If you are being discharged the same day you will go to IPR, also known as the Intervention Prep and Recovery. If you will be staying a few nights you will go to Merritt 3 Surgical. From admission, our goal will be to help you transition back to your pre-hospitalization independence. It is important that you be ready to participate fully in the activities that will assist you in achieving a positive outcome.

Ambulation will be encouraged shortly after you return to the unit. You will be encouraged to walk frequently to help you reduce postoperative complication. When you arrive on the floor you will be asked to take deep breaths and cough frequently. This will keep you from getting respiratory complications such as pneumonia. You will be taught to use an incentive spirometer, a breathing tool to assist you with deep breathing. The nurses will encourage you to work to your full capacity as you perform these necessary activities.

Because we are asking you to do these activities we will be counting on you to let us know if you are in pain. You will have IV or oral medication for pain. The emphasis will be on a transition to oral pain meds ASAP. You will have incisions so naturally you can expect some discomfort. Ideally, pain control should be adequate so that you can perform the activities necessary for recovery, but not so much that you are sedated. We will work with you to achieve the fine balance. It is your responsibility to let us know how you are feeling and to help us to assist you.

A large part of the lifestyle change with surgery is a new way of eating. While you are in the hospital we will work with you as transition from ice chips to a small amount of water sipped over an hour to high protein liquids. Our band patients may get advanced to a soft, high protein diet before discharge. You may see a nutrition services employee and should feel free to ask any question you wish to make sure that you understand the regimen. Most often you are leaving on the same high protein liquid diet you have just spent two weeks on.

Because you are on a surgical floor you will probably be in a room with someone who has not had weight loss surgery. We ask for your understanding that they may not be on the same treatment plan you are. We will try to make you as comfortable as possible.

At the time of discharge we will provide you with detailed instructions for your routine at home. To be discharged you must meet criteria which include tolerance to your diet without nausea and vomiting, good pain control and your ability to maintain healthy vital signs. We want you to be ready to ask any questions at that time and to make sure that you understand them.

If you have any questions about what to expect after surgery feel free to call me at 973-8514. For questions about same day discharge (for gastric bands) call Rena Toomey, RN Clinical Nurse Educator at 973-4332.

We look forward to your arrival and the chance to get to know and care for you.

Very truly yours,

Danielle Lawson BSN, RN-BC

Nurse Manager

Merritt 3 Surgical

973-8514



Northern Light Surgical Weight Loss A Patients Guide To Gastric Bypass And Sleeve Gastrectomy

PRIOR TO YOUR SURGERY

Surgeon's Office

- You will be examined by your surgeon and will receive information about your surgical procedure.

Pre-Admission Testing (PAT) Surgical Navigation Department

You may receive a telephone call a week or two before your procedure from a staff member in Surgical Navigation if you need additional labwork or an EKG prior to the day of surgery. They will set up a time and place for you to have that done.

Surgical Navigation Department Pre-Anesthesia Assessment

- You will receive a telephone call from a Registered Nurse in Surgical Navigation a few days before your procedure. You will be asked questions regarding your past medical history, current medical problems, allergies and current medications. . You will be instructed by them when to arrive. This could change and if so they will contact you the day prior to surgery. Please call with any questions or concerns at 973-5456 or 1-877-366-3662, ext. 5456. You will have nothing to eat after midnight before surgery.
- You will arrive on day of surgery at the Surgical Patient Reception Department. Please enter in the main lobby and take the elevator to P3 (Penobscot Pavilion).

DAY OF SURGERY *Surgical Patient Reception*

- A Registered Nurse will review your medical history and medication list to update any changes that may have occurred since the telephone interview. Please bring a list of your current medications, dosages and how often you take it.

- The nurse will take your vital signs (temperature, blood pressure, pulse and respirations) and will weigh you.
- The staff will instruct you on how to use an incentive spirometer to help determine how strong your lungs are. You will be asked to use this frequently the first 72 hours after surgery.
- You will be asked to change into a hospital gown. Your clothing and personal items will be packed and delivered directly to your assigned room. If you prefer, your family may take your belongings.
- The RN will explain the post-operative (after surgery) expectations to you.
- An IV (intravenous) will be started in the Pre-Anesthesia department prior to your going to the operating room.
- You will be given pre-operative (before surgery) medications to reduce the occurrence of post-op nausea.
- The nurses will be notified by the operating room nurse when it is time for you to be taken to surgery.

Operating Room

- You will be taken into the surgical suite and will be assisted onto the operating room table.
- You will not remember much beyond this point.

Post Anesthesia Care Unit (PACU or Recovery Room)

- You will wake up in the recovery room.
- They will do frequent vital signs and monitor you closely until you are ready to return to the floor.
- You will be in PACU a minimum of one to two hours.

POSTOPERATIVE EXPECTATIONS

Merritt Three Surgical (M3S)

- When you are ready to leave the recovery area, the PACU nurse will transport you to a room on Merritt 3 Surgical.
- You will be shown how to use the call light.
- The PACU nurse will give the floor nurse a report about your surgical procedure and your stay in PACU.
- Your vital signs will be monitored as follows: upon return to the floor, 15 minutes after arrival, every 30 minutes for 2 sets, every 60 minutes for 1 or 2 sets, every 4 hours for 48 hours, then every 8 hours until discharge.
- Incisions are covered by derma bond and steri-

strips, which are not removed during your hospital stay allowing the incisions to be open to the air.

- You will be encouraged to use your Incentive Spirometer. This will assist you in taking deep breaths and will help prevent post-op pneumonia. You will be asked to use this 10 times every hour while you are awake.
- You may be given oxygen for 24 hours or until your oxygen saturation is at an adequate level.
- You will be asked to wear pneumatic stockings. These are used to prevent clots from developing in your legs. These will be discontinued when you are up ambulating independently.

Diet

- You will not be allowed to eat or drink until your 1st post-operative day with no ice chips or water for the first 24 hours. Then you will be started on 30mL (2 TBSP) of water each hour. If this is tolerated you will be advanced to a post-op full liquid, high protein diet (phase 2). You will remain on this until your 2-week postop appointment with the dietitian and surgeon.
- Once discharged you will take two chewable multivitamin and mineral supplements. Your dietitian will advise you on what brands and will recommend when to add other supplements such as calcium, vitamin B-12 and iron as necessary.

Ambulation

- You will begin walking the day of surgery. You will be given assistance until you are steady on your feet. Then you will be encouraged to walk independently. You will be asked to walk at least three times per day.

IV (Intravenous)

- You will have IV fluids running when you return to the floor. Your IV will remain running until you are tolerating an adequate amount of fluids to keep you hydrated. Your IV site will be changed every 96 hours or sooner if necessary.

Pain Control

- You will be asked to rate your discomfort on a scale of 0-10, 0=no pain and 10=the worst pain imaginable.
- Pain control is a priority for our patients. It is easily managed by intravenous and oral pain medications as well as anti-inflammatories, heat or ice and early ambulation.

- For laparoscopic procedures, air is used to insufflate your abdomen during the procedure. This air needs to move out of you after surgery. It can cause discomfort especially in the shoulder area. The best treatment is walking.

Discharge Instructions

- You will receive a follow-up appointment with your surgeon and dietitian, which will be from 2 weeks from the time of your surgery
- Your pain medication script will be filled prior to discharge.
- If your surgery was minimally invasive your incisions should be left open.
- You will not be able to perform any strenuous activity or heavy lifting (greater than 10 pounds) for 6 weeks.
- You may climb stairs and go for walks.
- You should not drive as long as you are taking pain pills.

GLOSSARY OF TERMS

- **Surgical Navigation (Pre-Admission Testing “PAT”):**—The team that gathers basic information from you for anesthesia before your procedure.
- **Surgical Patient Reception:** A team will admit you to the hospital and begin preparations for your surgery.
- **Pre-Anesthesia:** A team will make the final preparations for your surgery, i.e. start your IV.
- **PACU of Post Anesthesia Care Unit:** the recovery room or the place you will wake up after surgery.
- **Merritt 3 Surgical:** the floor you will go to after the recovery room.
- **OR or Operating Room:** the place you will have your surgery.
- **Anesthesiologist:** a doctor who gives anesthesia
- **Anesthesia:** the means by which an anesthesiologist puts you to sleep while having surgery
- **IV or Intravenous:** a plastic needle placed in a vein in your arm
- **Foley Catheter:** a tube which drains urine from your bladder
- **Pneumatic Stockings:** stockings, which prevent blood clots by intermittently putting pressure on your legs.

EMMC: A Patients Guide To Gastric Banding

PRIOR TO YOUR SURGERY

Surgeon's Office

- You will be examined by your surgeon and will receive information about your surgical procedure.

Pre-Admission Testing (PAT)

- You will receive a telephone call from a Registered Nurse. You will be asked basic questions about your past medical history and current medical problems.

Pre-Anesthesia Assessment/Surgical Navigation

- You will receive a telephone call from a member of the anesthesia department. You will be asked questions regarding your medical history and will discuss the type of anesthesia you will receive. You will be instructed by them when to arrive. This could change and if so they will contact you the day prior to surgery. Please call with any questions or concerns at 973-5456 or 1-877-366-3662, ext. 5456.
- You will have nothing to eat or drink after midnight before surgery.
- You will arrive on the day of surgery at Surgical Patient Reception. This is located on P3 (Penobscot Pavilion). Take the main lobby elevators to the 3rd floor.

DAY OF SURGERY

Surgical Patient Reception

- A Registered Nurse will review your medical history and medication list to update any changes that may have occurred since the telephone interview. Please bring a list of your current medications, dosages and how often you take it.
- The Patient Intake Center nurse will take your vital signs (temperature, blood pressure, pulse and respirations) and will weigh you.
- The Patient Intake Center staff will instruct you on how to use an incentive spirometer to help re-inflate your lungs completely after general

anesthesia. You will be asked to use this frequently the first 72 hours after surgery.

- You will be asked to change into a hospital gown. Your clothing and personal items will be packed and delivered directly to your assigned room. If you prefer, your family may take your belongings.
- The RN will explain the post-operative (after surgery) expectations to you.
- An IV (intravenous) will be started in the Pre-Anesthesia department prior to your going to the operating room.
- You will be given pre-operative (before surgery) medications to reduce the occurrence of post-op nausea.
- The nurses in PACU will be notified by the operating room nurse when it is time for you to be taken to surgery.

Operating Room

- You will be taken into the surgical suite and will be assisted onto the operating room table.
- You will not remember much beyond this point.

Post Anesthesia Care Unit (PACU or Recovery Room)

- You will wake up in the recovery room.
- They will do frequent vital signs and monitor you closely until you are ready to return to the floor.
- You will be in PACU a minimum of one to two hours.

POSTOPERATIVE EXPECTATIONS

When you are ready to leave the recovery area the PACU nurse will call report to the floor you are going to. You will be transported to either M3S if you are staying overnight or IPR (interventional prep and recovery located on the main level, behind the curved stone wall in the main lobby.

- You will be shown how to use the call light. Your vital signs will be monitored as follows: upon return to the floor, frequently until fully awake from anesthesia, then every 4 hours for 48 hours, then every 8 hours until discharge. Nursing staff will check your incision at least every shift.
- You may be encouraged to use your Incentive Spirometer. This will assist you in taking deep breaths and will help prevent post-op pneumonia. You will be asked to use this 10 times every hour while you are awake.
- You will be given oxygen until your oxygen saturation is at an adequate level. You will have

your pulse and oxygen levels monitored and you will be weaned off oxygen prior to discharge.

- You will be asked to wear pneumatic stockings. These are used to help prevent blood clots from developing in your legs. These will be discontinued before you are discharged home.

Diet

- You will not be allowed to eat or drink until your 1st post-operative day when you will be given sips of water and then advanced to the phase 3 diet (see nutrition section of this binder for more details on the phases of the diet)
- **Diet is the key to a successful surgery.** Your diet will consist of high protein, low carbohydrate foods. You should avoid drinking with your meal or for ½ hour before or after meals.
- Once discharged, you will take a multivitamin and mineral supplement as directed by your dietitian and surgeon.

Ambulation

- You will begin walking the day of surgery. You will be given assistance until you are steady on your feet and then you will be encouraged to walk independently. You will be asked to walk at least five times per day.

IV (Intravenous)

- You will have IV fluids running when you return to the floor. Your IV will remain running until you are tolerating an adequate amount of fluids to keep you hydrated.

Pain Control

- You will be asked to rate your discomfort on a scale of 0-10, 0=no pain and 10=the worst pain imaginable.
- Your post-operative discomfort will be controlled by oral or intravenous pain medication.

Discharge Instructions

- You should already have received a follow-up appointment with your surgeon and dietitian, which may be from around 2 weeks from the time of your surgery
- You will be given a prescription for an oral pain medication.
- You will go home with steri-strips that are kept in place for 7 days. They will come off on their own at that time.

- You will not be able to perform any strenuous activity or heavy lifting (greater than 10 pounds) for 6 weeks.
- You may climb stairs and go for walks.
- You should not drive as long as you are taking pain medications.

GLOSSARY OF TERMS

- **PAT/PACE of Preadmission Testing:** A group of nurses who obtain basic information from patients prior to their admission to the hospital
- **Surgical Patient Reception:** A group of nurses who will admit you to the hospital and begin preparations for your surgery.
- **Pre-Anesthesia:** A group of nurses, who will make the final preparations for your surgery, i.e. start your IV.
- **PACU of Post Anesthesia Care Unit:** the recovery room or the place you will wake up after surgery.
- **Merritt 3 Surgical:** the floor you may go to after the recovery room.
- **OR or Operating Room:** the place you will have your surgery.
- **Anesthesiologist:** a doctor who gives anesthesia
- **Anesthesia:** the means by which an anesthesiologist puts you to sleep while having surgery
- **IV or Intravenous:** a plastic needle placed in a vein in your arm
- **Foley Catheter:** a tube which drains urine from your bladder
- **Pneumatic Stockings:** stockings, which aid in preventing blood clots by intermittently putting pressure on your legs.

WHAT TO EXPECT DURING YOUR INPATIENT STAY

Please be advised that the following is a list of common surgical care practices that may occur during your surgical stay. Your surgeon may modify this specifically for you.

For Gastric Bypass and Sleeve Gastrectomy

- 4 or 5 small dressing sites
- Drainage on abdominal dressings
- NO ice chips and no water for the first 24 hours.
- Oxygen supplied by a nasal cannula (tubing into your nose)
- Instruction and use of incentive spirometer to re-inflate your lungs completely after general anesthesia
- Sequential stockings squeezing legs—to prevent blood clots from forming in your legs which could then travel to your lungs.
- IV—Tubing into your arm for IV fluids to hydrate you

Occasionally you may require:

- Foley catheter used to collect your urine. If you have a catheter it is usually removed the day after surgery
- Drains

For Adjustable Gastric Banding

- IV—Tubing for IV fluids to help hydrate you
- Oxygen—supplied by tubing into your nose
- Sequential Stockings (please see above)
- 23-hour admission with a one-night stay or same day discharge if your surgeon believes you are appropriate for same day discharge

During your hospital stay you may experience:

- Women—you may begin your menstrual cycle (even if it has been a long time since you have had one)
- Depression—which is common after major surgeries. This is unrelated to missing a dose or two of your anti-depression medication during surgery.
- Nausea—Please notify the nurse if you are experiencing this
- Pain or discomfort at the incision site—this is common on the day of surgery. If you experience any pain please notify your nurse who has been given an order for medications to help you.

You will be expected to participate in your own self-care including these things

- Bathing yourself
- Feeding yourself
- Getting up to walk frequently—even on the day of surgery. Walking early and often is critical in your healing. It can reduce the chances of blood clots forming and helps you to heal more quickly.

What to Expect Day by Day

The Day of Your Surgery

- ❖ After surgery, you will be in recovery room until you are alert, awake, and a bed is available on Merritt 3 Surgical
 - ❖ You will likely have a roommate
 - ❖ Your roommate may not be another bariatric surgery patient
- ❖ Nothing by mouth (NPO) until 6am the following morning
 - ❖ Nothing to eat or drink
 - ❖ Little to no oral meds
 - ❖ Swabs available to moisten mouth (don't swallow water or eat ice)
- ❖ Up walking as soon as possible after surgery and frequently
- ❖ Using the incentive spirometer every hour while awake
 - ❖ Keeps your lungs open and prevents pneumonia
- ❖ You must pee in a "hat" (white thing in the toilet) or urinal
 - ❖ Surgeons require accurate measurement of the amount of urine you produce

The Day After Surgery

- ❖ You may begin to drink 30mL of water every hour at 6am
 - ❖ No more than 30mL (your stomach went through a lot, and you don't want to push it)
- ❖ You may begin taking oral meds again
 - ❖ Goal is to take only oral pain and nausea meds, as this is what you will be going home with
- ❖ Continue to walk frequently around unit
- ❖ Continue to use incentive spirometer
- ❖ We will continue to measure your urine until you go home
- ❖ Your prescriptions that the doctor will prescribe you for when you are home should be delivered to your hospital room if you have them filled at Miller Drug within the hospital
- ❖ You can usually shower at this point

Two Days After Surgery (postop day #1)

- ❖ You will receive a Carnation Instant Breakfast shake at 6am
 - ❖ Goal is to be able to drink it all with minimal pain or nausea
 - ❖ Please tell us ahead of time if you are lactose intolerant

- ❖ The surgeon or one of the PAs from Northern Light Surgery will come to see you in the morning to give you the final okay to go home
- ❖ You can usually shower at this point
- ❖ Your prescriptions will be delivered to your room if they were not delivered the day before
- ❖ Your nurse will go over, then give you discharge paperwork with instructions on what to do when you get home
- ❖ Discharge usually occurs between 8-10am depending on when the provider sees you
 - ❖ You may be brought to our Discharge/Family Room on the unit to wait for your ride

Other Helpful Facts

- ❖ If your blood sugar is 180 or greater after surgery, you may be put on an insulin drip for a short period of time
 - ❖ Requires staff to check your blood sugar every hour
- ❖ Most discomfort is felt in your upper abdomen, back, and sometimes shoulder blades due to the medical air that they fill your abdomen with during surgery
 - ❖ Medical air allows them to see better during your surgery
 - ❖ Walking frequently will allow your body to absorb this air faster, and it will find its way out one way or the other (don't worry...we celebrate burps and toots here 😊)
- ❖ You can bring a **guest** with you: We try to accommodate those who are going to have someone stay overnight in a private room. We can't have cots or recliners in double rooms as it is a fire hazard.
 - Guests must be at least 12 years of age.

Things you may want to bring for your stay in the hospital

- ❖ Your own pillow
- ❖ A small fan
- ❖ Cell phone charger
- ❖ Loose fitting, comfortable pants and shirt to wear home (and during your stay if you don't like the hospital johnnie look)
- ❖ A book, magazines, puzzle books (something you like to do to pass the time)
- ❖ Comfortable footwear with a good tread
- ❖ CPAP and BiPAP machine if you use this at home
- ❖ Toiletries if you have a type that you like
 - ❖ The hospital has Johnson and Johnson head-to-toe
 - ❖ Leave your own medications at home. Anything that you need to take, we will provide for you

Your Rights and Responsibilities

While you are a Patient at Northern Light EMMC

Please read this information carefully before you enter
the hospital.

What You Can Expect From Us

- 1.** You will get considerate care and respect for your personal values, and your cultural beliefs. This includes pain management, prompt emergency attention and, where possible, privacy in treatment. There are interpreters for the deaf and for those who speak another language.
- 2.** Information about you will be kept confidential. You may see your record, get a copy, or have a copy given to someone else.
- 3.** You will be informed about your condition and care. This includes information about risks and benefits for treatment, and alternative forms of treatment. It also includes knowing who your caregivers are and what their relationship to Eastern Maine Medical Center is. You will be advised how to care for yourself after you leave.
- 4.** Your treatment is a decision between you and your doctor. You may refuse treatment. You may name another person to make decisions about future care in case you become unable to decide for yourself. Whether you participate in medical research or education during your care is up to you.
- 5.** The medical center will assist you with concerns you have about your care. You may transfer to another hospital if you prefer.
- 6.** You may have an itemized bill. We will tell you about available financial help and free care if you desire.

What We Need From You

- 1.** Tell us about your present and past health conditions. Ask questions if you do not understand anything or want to know more. This way you and your doctor can make better choices.
- 2.** Follow the instructions your caregivers give you. Ask questions if you do not understand. Tell us if you will have any problems in carrying out your treatment. Understand the results of not knowing your doctor's recommendations.
- 3.** If you have a living will, healthcare power of attorney, or other written instructions, give us a copy.
- 4.** Be considerate of other patients and staff, and follow rules about smoking, noise, and visitors. Ask your visitors to do the same.
- 5.** You are responsible for giving us insurance information and for paying your bills if you are able.
- 6.** Tell your doctor or nurse how we can serve you better or contact Patient Relations at extension 8110 during weekdays. If Patient Relations is not available, call the hospital operator and ask for the nursing supervisor.

Items to Take to the Hospital

The following items are available to you at the hospital (though you may wish to bring your own):

- ✓ Johnnies
- ✓ nonstick slip on socks,
- ✓ toothbrush & toothpaste
- ✓ shampoo
- ✓ dial soap
- ✓ hand lotion
- ✓ lip balm
- ✓ comb
- ✓ small pillow
- ✓ feminine napkins

The following items we recommend you bring from home:

- Nightgown/pajamas
- Sweater to wear if chilly
- Underwear
- Loose fitting outfit, shoes and socks to wear home
- Deodorant
- Button blouse or shirt
- Brush
- Powder (to use under surgical stockings)
- Small pillow
- Case for glasses or contacts
- Reading material
- Pen and paper
- Thank-you cards/envelopes and stamps
- Your SWL education binder
- CPAP or BIPAP machine if used to treat sleep apnea

Please leave any items of value at home.

You may want to leave any luggage in your car if you have someone who can bring it in after surgery.

Surgery Day

THE MORNING OF SURGERY

- **3 hours** before the surgery, **drink one and a half cups (12 ounces) of:**
 - Apple
 - Cranberry
 - Cran-apple
 - White grape juice
 - This should not be light, low calorie or a diet drink—we want you to have the carbohydrates
- **Make sure that you are done drinking this by 2 hours before surgery giving you a one-hour window to drink the juice.**



Welcome to the Riverside Inn

Each year, many of our patients travel to Bangor from other parts of the state and Canada for their healthcare needs. Friends and family members often accompany them and want to stay nearby while their loved one is receiving care and/or recovering from surgery.

The Riverside Inn is a quaint Inn located on the campus of Northern Light Eastern Maine Medical Center provides direct connection to Northern Light EMMC via an enclosed passageway.

Hotel Availability

The Inn is available for you 24 hours, seven days a week when your loved one is referred to Northern Light Eastern Maine Medical Center via the Northern Light Transfer Center of Eastern Maine.

When they are coordinating Northern Light EMMC's inpatient facilities, the Inn can assist you in taking care of your lodging needs to be close to them during their medical stay.

Room Reservations

We have many rooms, but they fill up fast.

Check our available rooms by calling us at 207-973-4100

What's Included?

Covered walkway to Northern Light EMMC

Free Wi-Fi

Cable Television

Free permit parking

Easy badged access to Northern Light EMMC

On-site coin-op laundry