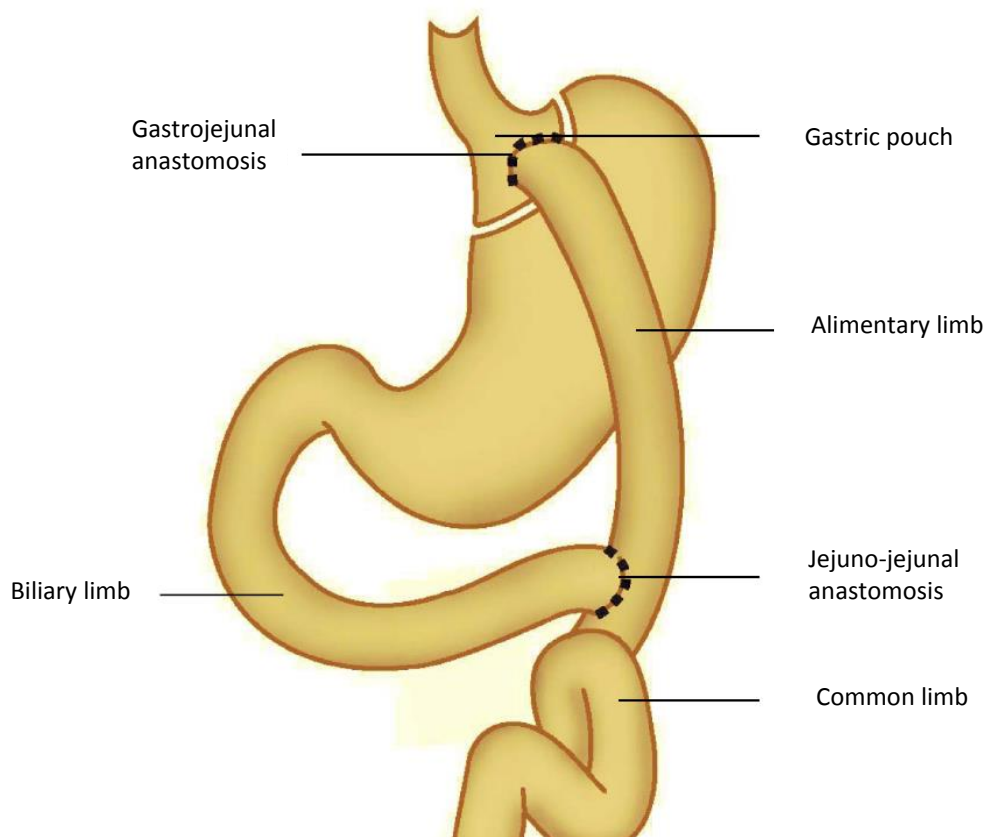


Roux-en-y Gastric bypass



What should I be doing after my operation?

It is important to mobilise to reduce the risk of blood clots. The nurses will help you sit out of bed after your operation. You should be walking around on the first day after your operation

What can I eat and drink after my operation?

You can start sips of water on the evening of your operation. On the first day you can drink freely. On the second day you can start a liquid diet. You should stay on a liquid diet for 1 week.

What medication do I need after my operation?

Some medications may be able to be stopped, such as tablets for blood pressure and diabetes. Your doctors will advise you about this. Your doctors will also start you on a multivitamin supplement, and it is important to continue this lifelong.

When can I go home?

Most patients stay in hospital 2 nights after this operation.

What happens after I go home?

Your surgeon will see you in clinic in 6 weeks. The dietitians will also see you regularly in their clinic. If you were taking tablets for blood pressure or diabetes before your surgery you should arrange to see your own doctor in 1-2 weeks to see if these are still needed.

Who can I contact if I have any questions or problems after I go home?

Helen Simpson: 0113 206 8872 (for any general queries)

Mary O’Kane: 0113 392 3256 (for any dietary queries)

Medicines information hotline: 0113 206 4376 (advice about any medication changes)

Clinical care pathway for patients undergoing GASTRIC BYPASS surgery

Expected discharge: Day 2 post-op

| | | Day 0 (day of surgery) | Day 1 | Day 2 |
|-----------------------------|---------------------------------|---|--|-------------|
| INTAKE | Oral intake | Sips | Free Fluids | Liquid diet |
| | Dietician input | Check patient has received dietary information pre-admission. If not, request dietetic review on ward. | | |
| MEDS | Antibiotics | Nil post-op | | |
| | VTE Prophylaxis | Start evening of surgery. Tinzaparin 50units/kg. If eGFR<20 use Enoxaparin 40mg (100-149kg) or enoxaparin 60mg (>150kg). Will need 28days prophylaxis (see discharge section below) | | |
| | Analgesia | Paracetamol & codeine in liquid/dispersible form. PRN morphine sulphate liquid. Avoid PCAS | | |
| | Insulin/hypoglycaemics | Stop oral hypoglycaemics. Monitor capillary blood glucose. If required, restart insulin at half patient's usual dose. | | |
| | Regular medications | Stop antihypertensives. All medication should be changed to a liquid or dispersible form. Liaise with ward pharmacist if changing preparations, especially for antidepressants and anti-epileptics | | |
| TESTS | Gastrograffin swallow | Not routine. Check op-note and book if specifically requested | | |
| | Blood tests | | FBC, U&E, CRP | As required |
| TUBES | Nasogastric tube / drain | Not routinely used in laparoscopic cases. Check op-note or with operating surgeon if a drain or NG tube is present. | | |
| MOBILITY | Mobilisation | Aim to be out of bed on evening of operation | Encourage mobilising and walking and physio review | |
| DISCHARGE ADVICE | Medication | Continue weight-adjusted Tinzaparin (total 28 days) Lansoprazole fasttab (4 weeks) | Dispersible paracetamol and codeine (1 week) Forceval soluble 1 daily (4 weeks) | |
| | Advice to patient | Liquid diet 4 weeks. See GP in 10 days to check blood sugar and blood pressure. Dietary supplements should continue lifelong. | | |
| | Surgical follow-up | Book 6 weeks surgical clinic | | |
| | GP advice | <ul style="list-style-type: none"> • Please check patient's capillary blood glucose and BP at 10 days and review need for anti-hypertensive and diabetic medications • Please change nutritional supplements at 4 weeks to Forceval tablet 1 daily, Calceos (or Adcal-D3) 2 tablets daily, ferrous sulphate 200mg daily (200mg BD in menstruating women) and vitamin B12 injections 3 monthly. These should continue lifelong. • Lansoprazole fasttab can be changed to any oral PPI at 4 weeks and should be continued for a total of 3 months. | | |
| FOLLOW-UP | Surgical outpatients | 6 weeks, 6 months, 12 months, 24 months | | |
| | Dietitian outpatients | 6 weekly in first year, less frequent in 2nd year | | |
| | Monitoring bloods | NB. Monitoring of bloods remains the responsibility of the hospital whilst under active follow-up (usually first 2 years) At 3, 6, 12 months, then annually: FBC, U&E, LFT, ferritin, folate, calcium, VitD, PTH At 6 months then annually: B12 Annually: selenium, zinc, copper | | |

