### Mr Anthony Clough MBBS FRACS GradCert

Dietary & Discharge Instructions For Bariatric Surgery Patients



## Day of surgery

Most patients can commence **Bariatric Clear Fluids** in the evening of their procedure which will include diet cordial, black tea/coffee, water, diet jelly, apple juice (sleeve only) and Resource Fruit Beverage<sup>™</sup>. *Please note that* <u>non diet</u> jelly, sorbet and fruit juices may make the patient feel unwell and should be avoided.

### Day 2-3 post surgery

Patients will commence **Bariatric Free Fluids** if they remain well. As their capacity for even liquids is extremely reduced (and compounded by swelling around the operative site) they will be very limited in volume. For this reason it is important to offer them nourishing fluids not just water.

The patient should sip slowly and continuously (50ml of fluid will take 10 – 20 minutes). Please offer nourishing drinks such as Optifast<sup>™</sup> (if available) / Resource<sup>™</sup> / Ensure<sup>™</sup> / Sustagen<sup>™</sup>. N.B. Resource Fruit Beverage<sup>™</sup> can be offered if milk based drinks are not tolerated. The patient can also have strained soups or clear broth. Water should be available at the patient's bedside for them to sip slowly in-between other more nourishing fluids (especially when their IV has been removed)

Sleeve patients can also be offered juices (note that juices should not be offered to Gastric Bypass patients as it can cause Dumping Syndrome in the early post operative period).

Note that some patients will choose to bring in their own nourishing fluids and know these must be sealed and dated. This will have been agreed to by their private dietitian.

Nausea is common and may be due to over filling the small / swollen pouch in the first few days. Education on small, frequent sips is vital and reassurance that nausea is common often helps. Any concerns about **excessive** nausea or vomiting should be referred to Mr Clough.

The patients have been educated before admission and should have written literature detailing how to manage the immediate post-operative diet once discharged.

#### A suitable bariatric fluid diet is described as follows:

#### **Bariatric Clear Fluids menu**

- Day of surgery: Main meal RFB + clear broth
  - Mid meal snack diet cordial, diet jelly, apple juice (sleeve only)

## **Bariatric Free Fluid menu**

- *Breakfast:* Sustagen<sup>™</sup>/Resource<sup>™</sup>/Resource fruit beverage<sup>™</sup> + carton of apple/orange juice
- *Morning tea:* Finish high protein fluid (HPF) + tea/coffee/low fat milk or water
- Lunch: Bowl of strained or clear soup + Sustagen<sup>™</sup>/Resource<sup>™</sup>/Resource fruit beverage<sup>™</sup>
- Afternoon tea: Finish HPF from lunch + tea/coffee/low fat milk, juice or water
- *Dinner:* Bowl of clear or strained soup + Sustagen<sup>™</sup>/Resource<sup>™</sup>/Resource fruit beverage<sup>™</sup> + diet jelly (if desired)
- Supper: Finish HPF from lunch + tea/coffee/low fat milk, juice or water

## **Further Guidelines**

- High protein fluids should be consumed in preference to all other fluids. Aim for three HPFs per day
- Use Resource fruit beverage<sup>™</sup> if milk based HPFs are not tolerated
- Replace cow's milk with soy milk if dairy is not tolerated
- Juice should not be given to gastric bypass patients in the early post-operative phase, replace with low fat milk
- Patients should sip slowly and continually and concentrate on nourishing fluids in the first few days.
- Take all fluids off the meal time service tray to continue sipping on in-between meals

# Post Discharge & Recovery for patients

- 1. A post operative appointment with Mr Clough is required within two weeks of discharge
  - a. If this has not been organised before admission, please contact the rooms or ask the nursing staff to help organise on your behalf on discharge
- 2. Proceed on your fluid-only-diet as per previous instructions from your dietician and the written information you have been provided
- 3. Most usual activities can be undertaken when discomfort, dizziness and nausea has abated, usually around 4-5 days post op. These activities include driving and most general tasks around the house.
- 4. Most patients will take two weeks off work for recovery however if your job is very physical four weeks is preferred
- 5. Strenuous activities including heavy lifting (e.g. 15kg or more), similar strenuous pushing/pulling, contact sports, lifting weights at the gym etc. require four weeks recovery
- Dressings can be taken off at your post operative review or by yourself after 10-14 days. There are usually no stitches to remove (dissolving stitches used only) and you can shower safely after this time
- 7. To prevent constipation a fibre supplement is recommended (e.g. Benefibre/Metamucil twice a day). Add Lactulose syrup to this if need be (obtain from Chemist no script)

# Red flags and danger symptoms. These include...

- a. Increasing pain that doesn't get better over time.
- b. Persistent sweatiness/fevers
- c. Worsening tolerance of fluids or ongoing vomiting.
- d. Vomiting blood or passing blood in the motions.

If you are experiencing persistent Red Flag symptoms you should contact us straight away.

- In hours call the rooms: 03 9958 3000
- > Out of hours Mr Clough: 0407 335 085 (call/text)

If you decide to attend Emergency Department, either Epworth Richmond or Box Hill Hospital are best as Mr Clough attends both of these places. If you attend another Emergency Department you should still let us know on the above contact numbers.