



PATIENT GUIDE FOR BARIATRIC SURGERY



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MESSAGE FROM THE CHIEF SURGEON

Dear Friends,

I am delighted to extend my warmest greetings and share some insights into the world of bariatric surgery. I am Dr. Neha Shah, Chairman and Chief Surgeon at our esteemed institution, where we prioritize your well-being above all else.



Let me begin by emphasizing that bariatric surgery is a life-changing journey, and it requires unwavering commitment from each patient for life-time. Your determination and dedication are key to achieving the best outcomes and embracing a healthier future.

At our center, we take great pride in our exceptional team of experts, working harmoniously like a well-tuned orchestra. Our multidisciplinary team comprises skilled bariatric surgeons, anaesthesiologists, general physicians, gynecologists,, patient coordinators, bariatric educationists, dieticians, and fitness trainers. It is indeed true that it takes a village to ensure the success of bariatric surgery.

Our motto revolves around personalized and empathetic care, tailored to suit each individual's unique needs. We understand that every patient is different, and hence, our approach is never one-size-fits-all. Our team is dedicated to walking alongside you throughout your journey, providing unwavering support and guidance.

With a shared vision of a healthier, happier tomorrow, we embark on this transformative voyage together. Trust in us, and together, we shall achieve remarkable milestones.

Wishing you all the best for a healthier life ahead.

Dr. Neha Shah

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Fellow in Metabolic Surgery (Taiwan)

Fellow in Advanced Bariatric Surgery (Cleveland, U.S.A)

THE CHALLENGE OF OBESITY

Obesity is a chronic disease that affects millions of people worldwide, leading to a myriad of health issues and reducing the overall quality of life. Traditional weight loss methods, such as nutritional, medical, and behavioral therapies, can be effective for some individuals, but they may not yield significant and sustainable results for everyone. This has prompted the emergence of weight loss surgery, also known as bariatric surgery, as one of the most effective tools in combating obesity and its associated comorbidities. However, understanding the need for bariatric surgery requires recognizing the multifaceted nature of obesity management and the underlying reasons for weight gain.

As per Indian Council of Medical Research (ICMR) study published in 2023, the prevalence of obesity and abdominal obesity in India was alarmingly high at 13.85% and 57.71%, respectively.

Long term or un-treated obesity increases health risks and leads to multiple conditions. Please note that this is not an exhaustive list, and obesity can be associated with various other health conditions and diseases.

Diabetes (Type 2)	Plantar Fasciitis (Foot Pain)
Dyslipidemia (Abnormal Cholesterol Levels)	Polycystic Ovary Syndrome (PCOS)
Eating Disorders (e.g. binge eating disorder)	Psychosis
Fatty Liver Disease	Sleep Apnea
Gallstones	Thrombosis (Blood Clots)
Gastroesophageal Reflux Disease (GERD)	Trauma
Gout	Certain Cancers
Hypertension (High Blood Pressure)	- Breast Cancer
Insomnia	- Colon Cancer
Intertrigo (Skin Infection)	- Kidney Cancer
Osteoarthritis	- Bladder Cancer

KEY PRINCIPLES OF OBESITY MANAGEMENT

- **Long-term Approach:** Obesity management is not a quick fix but a long-term commitment to improving health and well-being. Short-term solutions often lead to weight regain, emphasizing the importance of sustainable strategies.
- **Identifying Root Causes:** Each individual's weight gain may have different root causes, such as socio-cultural factors, emotional eating, mental health issues, and medication use. Addressing these underlying issues is crucial for successful health changes.
- **Defining Success:** Success in obesity management is different for every person. It should be based on realistic goals and improvements in overall health and quality of life rather than solely focusing on the number on the scale.
- **Working towards the "Best" Weight:** Setting realistic goals that align with an individual's lifestyle and behavior changes can lead to achieving their "best" weight, which might not be the lowest weight possible but one that is maintainable and healthy.



NEED FOR BARIATRIC SURGERY

The notion that one can achieve any desired weight through sheer effort is a prevalent belief, but the reality is much more complex. Weight loss is a challenging process. This difficulty can be attributed to a combination of factors, some of which are within our control, while others are not. Few major causes of weight gain are:

- **Metabolic Factors:** Each person's metabolism varies, and some individuals may naturally burn calories at a slower rate, making weight loss more difficult for them.
- **Genetic Disposition:** Genetics play a key role in weight management, influencing factors like metabolism and appetite control. While genetic predisposition can impact weight loss, adopting healthy habits remains crucial for sustainable results.
- **Mechanical Limitations:** Certain medical conditions or physical limitations might restrict physical activity, making it harder to engage in exercise routines.
- **Mental Health and Emotional Factors:** Mental health issues like depression, anxiety, or emotional eating can lead to weight gain or hinder weight loss efforts.
- **Monetary Constraints:** Access to healthy food options and resources for weight loss programs may be limited by financial circumstances.
- **Health Conditions:** Various medical conditions, such as diabetes, hypertension, dyslipidemia, and others, can affect weight management and make it more challenging to lose weight.
- **Pain and Mobility Issues:** Chronic pain or mobility restrictions can hinder individuals from participating in physical activities that aid in weight loss.
- **Sleep Disorders:** Sleep apnea and insomnia can disrupt the body's natural processes and affect weight management.
- **Psychological and Behavioral Disorders:** Conditions like eating disorders, addiction, and psychosis can have a significant impact on weight management.
- **Trauma and Stress:** Emotional trauma and high levels of stress can lead to unhealthy coping mechanisms, including overeating.
- **Socioeconomic Factors:** Limited access to education, employment opportunities, and income can influence the ability to adopt healthier lifestyles.

ROLE OF BARIATRIC SURGERY

While non-surgical weight loss methods can be effective for some, there are cases where the benefits of bariatric surgery outweigh the risks associated with obesity. Bariatric surgery can be the most effective approach for individuals who have struggled with other methods and are experiencing severe health issues due to obesity. The benefits of bariatric surgery include:

- **Significant and Sustainable Weight Loss:** Bariatric surgery can help individuals lose a substantial amount of weight and maintain it in the long term, which is often difficult with non-surgical methods.
- **Treating Comorbidities:** Obesity is linked to various comorbid conditions, such as diabetes, hypertension, dyslipidemia, and sleep apnea. Bariatric surgery can lead to significant improvements or even resolution of these conditions.
- **Reducing Cancer Risk:** Research suggests that bariatric surgery may decrease the risk of obesity-related cancers by up to 30%, highlighting its potential impact on overall health.
- **Indications for Bariatric Surgery:**

1. Failure of Non-Surgical Methods:
- When other weight loss strategies have not worked
- Individuals with a BMI over 35 (or over 30 with comorbidities) may be candidates for surgery if non-surgical methods have not yielded significant results.
2. Severe Comorbidities:
- Obesity-related health conditions like diabetes, high blood pressure, sleep apnea, and others can significantly improve or even resolve after bariatric surgery.
3. Improving Quality of Life:
- Bariatric surgery can enhance overall health and well-being, leading to a better quality of life for those struggling with obesity.

PATIENT SELECTION FOR BARIATRIC SURGERY

Bariatric surgery is recommended when the potential benefits outweigh the risks of being obese and an individual has not achieved significant results through other weight loss methods. Below is a non-exhaustive list of eligibility and non - eligibility criteria.

ELIGIBLE:

- Age: At least 18 years old.
- Body Mass Index (BMI): A BMI of 30 or greater with comorbidities (health problems) or a BMI of 35 or greater without comorbidities.
- Presence of Physical Problems or Diseases Related to Obesity: Including diabetes, high blood pressure, elevated blood fats, heart problems, sleep apnea, chronic back or knee pain, or degenerative arthritis.
- Duration of Overweight: Having been overweight for more than 5 years.
- Unsuccessful Previous Attempts: Previous serious attempts to lose weight yielding only short-term success.
- Willingness to Make Lifestyle Changes: Preparedness to make significant changes in eating habits and lifestyle.
- Commitment to Follow-Up Care: Willingness to continue working with the bariatric team for lifetime follow-up care.

MAY NOT BE ELIGIBLE:

- Have Medical Conditions that Increase Surgery Risk.
- Have Current Issues with Substance Abuse or Unstable Psychiatric Conditions.
- Have Uncontrolled Eating Disorders.
- Are Not Ready to Commit to Dietary Changes and Physical Activity.
- Are Unwilling to Maintain Lifelong Follow-Up Care.

MECHANISM OF BARIATRIC SURGERY

Bariatric surgery operates through various mechanisms to achieve significant and sustained weight loss. These surgical procedures focus on two primary approaches: restriction and malabsorption. By leveraging these mechanisms, bariatric surgery helps individuals overcome weight loss challenges, improve metabolic health, and enhance overall well-being.

1. Restriction:

Bariatric surgeries that employ restriction aim to reduce the stomach's capacity, thereby limiting the amount of food an individual can consume during meals. A smaller stomach size leads to early satiety, making the person feel full with smaller portions of food. The reduced food intake subsequently results in a decrease in calorie consumption and promotes weight loss. Gastric Sleeve is an example of surgery that primarily rely on the restriction mechanism.

2. Malabsorption:

In contrast to the restriction approach, bariatric surgeries that focus on malabsorption aim to alter the digestive process, leading to reduced nutrient absorption from the consumed food. By bypassing or rerouting a segment of the small intestine, these surgeries limit the body's ability to absorb certain nutrients and calories from the food. This mechanism further contributes to weight loss as fewer calories are absorbed by the body. Procedures like Roux-en-Y Gastric Bypass and Biliopancreatic Diversion with Duodenal Switch are examples of surgeries utilizing the malabsorption mechanism.

3. Combination Approach:

Some bariatric surgeries, such as the Mini Gastric Bypass, employ a combination of restriction and malabsorption. These surgeries create a smaller stomach pouch to restrict food intake while also bypassing a segment of the small intestine to limit nutrient absorption. The combined effect enhances weight loss and metabolic improvements.

4. Beyond Weight Loss:

While the primary goal of bariatric surgery is to facilitate significant weight loss, these procedures often offer additional health benefits. Many individuals experience remission or improvement in obesity-related comorbidities, such as type 2 diabetes, hypertension, dyslipidemia, and sleep apnea. Bariatric surgery has also been shown to positively impact metabolic health and improve overall quality of life. It is essential to recognize that bariatric surgery is a comprehensive approach that requires careful consideration, collaboration with healthcare professionals, and commitment to adopting healthy lifestyle habits for long-term success and well-being.

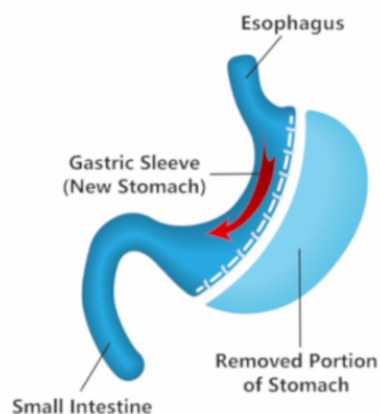
The success of bariatric surgery extends beyond weight loss and encompasses the improvement of medical issues associated with obesity. Before the surgery, a comprehensive evaluation of medical conditions and excess body weight is conducted. Excess body weight refers to the weight above the ideal weight for a person's height. A favourable outcome is typically considered when patients achieve a weight loss of more than 50% of their pre-operative excess body weight. Encouragingly, it is expected that 85 to 90% of patients will achieve a good to excellent result.

Different bariatric procedures yield varying degrees of weight loss. On average, patients undergoing sleeve gastrectomy lose 50% to 70% of excess body weight, gastric bypass leads to 50% to 75% weight loss, and duodenal switch results in 60% to 85% weight loss. However, individual responses can vary significantly, with some patients experiencing more substantial weight loss while others may lose less.

The positive effects of weight loss through bariatric surgery are not limited to physical changes alone. Many patients observe significant improvement or complete resolution of obesity-related medical conditions. Remarkably, some medical issues show signs of improvement even before significant weight loss occurs. For example, individuals with diabetes may experience improvements or remission within a few weeks after surgery.

GASTRIC SLEEVE SURGERY

Gastric Sleeve Surgery, also known as Vertical Sleeve Gastrectomy (VSG), involves resecting a large part of the stomach, creating a small pouch that functions as a reservoir for food, leading to reduced caloric intake and improved portion control. The procedure brings about changes in hunger sensations and offers remission of obesity-related diseases like diabetes, empowering patients with more freedom and a renewed sense of life.



How It Works:

Gastric Sleeve Surgery works through several mechanisms to facilitate natural and sustainable weight loss:

- **Reduction in Stomach Capacity:** By decreasing the stomach volume by 80% and reshaping it to resemble a banana, the surgery limits the amount of food an individual can consume during meals. This restriction leads to feeling full with smaller-sized portions, significantly contributing to weight loss.
- **Appetite Suppression:** Resection of the gastric fundus during the surgery leads to a notable reduction in the production of the hormone ghrelin, responsible for triggering hunger. As a result, patients experience decreased hunger sensations and reduced cravings, making it easier to control eating habits.
- **Satiety Enhancement:** Gastric Sleeve Surgery enhances sensitivity to the hormone leptin, which signals fullness and satiety. This heightened sensitivity promotes a feeling of fullness after meals, further supporting weight loss efforts.
- **Accelerated Gastric Emptying (GE):** The surgery induces accelerated gastric emptying, allowing liquids and solids to pass through the stomach at a faster pace. This mechanism mirrors the weight loss outcomes achieved with gastric bypass surgery, further contributing to rapid weight loss.

Would Benefit:

- BMI above 30 (with co-morbidities) or above 35 without co-morbidities
- Volume Eaters (or Frequent Overeating): Suitable for reducing the stomach's capacity and limiting food intake.
- Sweet Tooth (Cravings for Sugary Foods): Effective in limiting sugary food consumption and controlling cravings.
- Vegetarians / Vegans: People who follow vegetarian style for eating habit

Procedure Details:

- The patient is admitted on same day or one day before surgery
- The procedure takes 60-90 mins to complete.
- Done as a minimally invasive surgery.
- The patient is discharged within 24-48 hours after surgery

Expected Excess Weight Loss Percentage (EWL%)

EWL% = (Pre-Operative Weight - Current Weight) / (Pre-Operative Weight - Ideal Weight at BMI 25 for your height)

3 months	6 months	12 months	18 months	36 months	60 months
25%-35%	45%-55%	65%-70%	70% - 80%		

Important Note:

- Everyone loses weight at there own pace. Results vary and may not be typical.
- Follow of post-surgery behavioural guideline will be important for weight loss and sustaining weight loss over long period of time.

Pros:

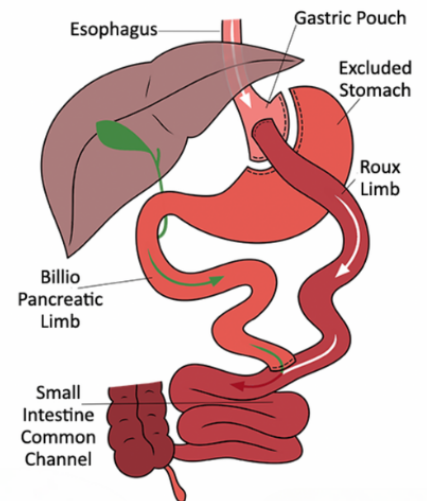
- Effective weight loss with reduced caloric intake.
- Decreased hunger sensations and improved appetite control.
- Potential remission of obesity-related diseases like type 2 diabetes.
- Quick, Minimally invasive procedure with shorter recovery time
- Reduce stomach's hunger hormones
- No changes to intestine anatomy
- Low complication rate

Cons:

- Irreversible alteration of the stomach's anatomy.
- Potential risks associated with any surgical procedure

ROUX EN-Y GASTRIC BYPASS

Roux-en-Y Gastric Bypass is a highly effective and transformative bariatric surgery that combines two key mechanisms, stomach capacity reduction, and digestive pathway rerouting, to foster significant weight loss and substantial improvement in obesity-related conditions. This intricate procedure creates a smaller stomach pouch, limiting food intake and promoting early satiety, while also rerouting a segment of the small intestine to reduce nutrient absorption, thus encouraging malabsorption of calories and nutrients.



How it Works:

Roux-en-Y Gastric Bypass achieves weight loss through the following mechanisms:

- **Stomach Restriction:** The surgery creates a small stomach pouch, significantly reducing the amount of food an individual can consume during meals. This restriction leads to early satiety and reduced food intake, contributing to weight loss.
- **Bypass and Malabsorption:** By rerouting the digestive pathway, the procedure bypasses a segment of the small intestine. This limits nutrient absorption, resulting in fewer calories and nutrients being absorbed by the body, further supporting weight loss.
- **Hormonal Changes:** Roux-en-Y Gastric Bypass alters gut hormone levels, including ghrelin and GLP-1, which influence hunger sensations and satiety. These hormonal changes help patients experience reduced appetite and improved appetite control.

Would benefit:

- BMI above 30 (with co-morbidities) or above 35 without co-morbidities
- Rich food eaters: Recommended for patients who consume very rich food or frequently non vegetarian food as it reduces the absorption of calories and nutrients, supporting weight loss despite dietary challenges.

Procedure Details:

- The patient is admitted on same day or one day before surgery
- The procedure takes 90-120 mins to complete.

- Done as a minimally invasive surgery.
- The patient is discharged within 48-72 hours after surgery

Expected Excess Weight Loss Percentage (EWL%)

EWL% = (Pre-Operative Weight - Current Weight) / (Pre-Operative Weight - Ideal Weight at BMI 25 for your height)

3 months	6 months	12 months	18 months	36 months	60 months
35%	55%	72%	78%		

Important Note:

- Everyone loses weight at there own pace. Results vary and may not be typical.
- Follow of post-surgery behavioural guideline will be important for weight loss and sustaining weight loss over long period of time.

Pros:

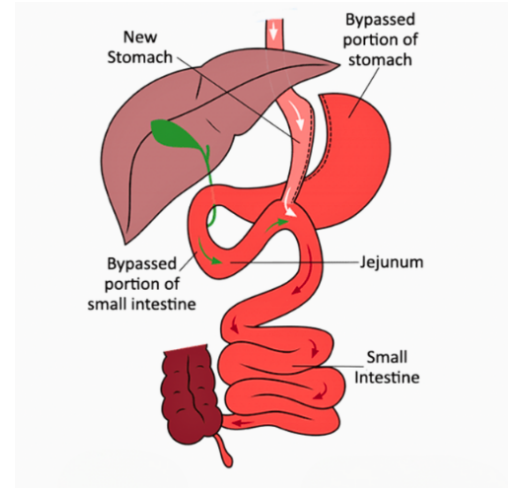
- High amount of expected weight loss.
- Improvement or remission of obesity-related diseases like type 2 diabetes and hypertension.
- Positive impact on metabolic health.

Cons:

- Irreversible changes to the digestive system.
- Life long need for supplements
- Potential risks associated with any surgical procedure.
- Chances of vomiting and duping syndrome

MINI GASTRIC BYPASS

Mini Gastric Bypass, also known as Single Anastomosis Duodenal Switch (SADS), is a bariatric surgery option for individuals with severe obesity seeking significant weight loss outcomes. Through a single connection (anastomosis) between the stomach and small intestine, the surgery effectively reduces stomach capacity while rerouting the digestive pathway. This combined mechanism of restriction and malabsorption fosters rapid weight loss, decreased appetite, and improved metabolic health.



How it Works:

Mini Gastric Bypass achieves weight loss through the following key mechanisms:

- **Stomach Restriction:** The surgery creates a small stomach pouch to limit the amount of food an individual can eat during meals. This restriction promotes a feeling of fullness with smaller portions, leading to reduced caloric intake and consistent weight loss.
- **Malabsorption and Bypass:** The rerouting of the digestive pathway bypasses a portion of the small intestine, resulting in reduced nutrient absorption from consumed food. This dual approach to malabsorption further aids in weight loss, as fewer calories and nutrients are absorbed by the body.
- **Hormonal Changes:** Mini Gastric Bypass has been shown to alter gut hormone levels, including ghrelin and GLP-1, which play significant roles in hunger regulation and satiety. These hormonal changes contribute to decreased hunger sensations and improved appetite control.

Would be beneficial for:

- BMI above 30 (with co-morbidities) or above 35 without co-morbidities
- Poor Eater (Low Food Intake): Ideal for patients who eat sparingly but struggle to lose weight, as it encourages weight loss through restriction and malabsorption.
- Good Dietary Control (Able to Manage Eating Habits): A suitable option as it aids in portion control and satiety enhancement.

Procedure Details:

- The patient is admitted on same day or one day before surgery
- The procedure takes 90-150 mins to complete.
- Done as a minimally invasive surgery.
- The patient is discharged within 48 - 72 hours after surgery

Expected Excess Weight Loss Percentage (EWL%)

EWL% = (Pre-Operative Weight - Current Weight) / (Pre-Operative Weight - Ideal Weight at BMI 25 for your height)

3 months	6 months	12 months	18 months	36 months	60 months
35% - 40%	55%-60%	75%	80%		

Important Note:

- Everyone loses weight at there own pace. Results vary and may not be typical.
- Follow of post-surgery behavioural guideline will be important for weight loss and sustaining weight loss over long period of time.

Pros:

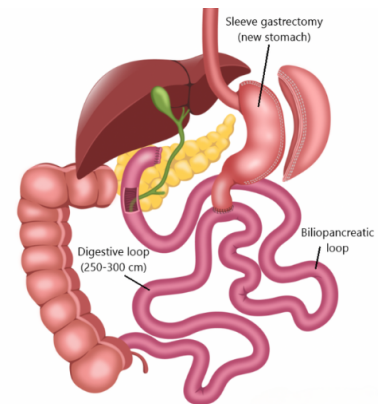
- Effective and rapid weight loss outcomes.
- Less invasive than Gastric Bypass
- Potential remission of obesity-related diseases.
- Low complication rate

Cons:

- Irreversible changes to the digestive system.
- Risks and complication are slightly more than Gastric Sleeve
- Higher risks of ulcer
- Potential risks associated with any surgical procedure.

SINGLE ANASTOMOSIS DUODENO-ILEAL SWITCH (SADI-S)

The Single Anastomosis Duodeno-Ileal Switch (SADI-S), commonly known as SADI-S, is an innovative and effective bariatric surgery that combines elements of both gastric sleeve and biliopancreatic diversion with duodenal switch (BPD/DS). This procedure achieves weight loss through a unique balance of restriction and malabsorption, providing patients with a promising path towards a slimmer and healthier future.



How it Works:

SADI-S facilitates weight loss through the following key mechanisms:

- **Stomach Restriction:** Similar to gastric sleeve surgery, SADI-S involves reducing the stomach's size to create a smaller stomach pouch. This restriction limits food intake during meals, promoting early satiety and decreased caloric consumption.
- **Bypass and Malabsorption:** SADI-S reroutes a portion of the small intestine, reducing nutrient absorption. However, unlike BPD/DS, SADI-S maintains a longer common channel to ensure the absorption of essential nutrients, striking a careful balance between weight loss and preserving nutritional health.
- **Gut Hormone Impact:** SADI-S affects gut hormone levels, such as ghrelin and GLP-1, which play roles in appetite regulation and satiety. These hormonal changes contribute to reduced hunger sensations and improved appetite control.

Would be beneficial for:

- BMI above 30 (with co-morbidities) or above 35 without co-morbidities
- Require Remission of Obesity-Related Diseases Quickly: Shown to provide rapid improvement or remission of obesity-related diseases like type 2 diabetes.
- Prefer Maximum Weight Loss with Greater Malabsorption: Ideal for patients seeking significant weight reduction through both restriction and malabsorption.

Procedure Details:

- The patient is admitted on same day or one day before surgery
- The procedure takes 180-240 mins to complete.
- Done as a minimally invasive surgery.

- The patient is discharged within 72 - 96 hours after surgery

Expected Excess Weight Loss Percentage (EWL%)

EWL% = (Pre-Operative Weight - Current Weight) / (Pre-Operative Weight - Ideal Weight at BMI 25 for your height)

3 months	6 months	12 months	18 months	36 months	60 months

Important Note:

- Everyone loses weight at there own pace. Results vary and may not be typical.
- Follow of post-surgery behavioural guideline will be important for weight loss and sustaining weight loss over long period of time.

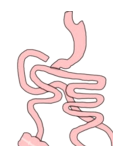
Pros:

- Highest expected weight loss outcomes.
- Majority of weight loss in first year
- Potential remission of obesity-related diseases.
- Combines the benefits of both gastric sleeve and BPD/DS procedures.

Cons:

- Irreversible changes to the digestive system.
- Higher risks than other bariatric procedure
- Strict vitamins required through out life-time
- Potential risks associated with any surgical procedure..

BARIATRIC SURGERY - COMPARISON CHART



Surgery Type	Gastric Sleeve	Gastric Bypass	Mini Gastric Bypass	SADI-S
Method of Weight Loss	Restrictive	Restrictive & Malabsorptive	Restrictive & Malabsorptive	Restrictive & Malabsorptive
Changes to Stomach	~ 80% of stomach removed	Small pouch (stoma)	Small sleeve shape pouch	~ 80% of stomach removed
Changes to Intestines	No changes	Small intestine is bypassed	Small intestine is bypassed	Small intestine is bypassed
Realistic Expectations	60% to 70% EWL in 1-2 years after surgery	70% to 80% EWL in 2 years after surgery	70% to 80% EWL in 1 year after surgery	75% to 85% EWL in 1 year after surgery
Success Rate	85% to 95%	85% to 95%	85% to 95%	85% to 95%
Operating Time	1 to 2 hours	2.5 hours	2.5 hours	2 to 3 hours
Avg Hospital Stay	2 days	2 to 3 days	2 to 3 days	2 to 3 days
Time Off Work	1 week	1 week	1 week	1 week
Recovery Time	3 weeks	3 weeks	3 weeks	3 weeks
Advantages	<ul style="list-style-type: none"> - No changes to anatomy - High weight loss - Helps with comorbidities - No need of long term supplements 	<ul style="list-style-type: none"> - Higher expected weight loss - Helps with comorbidities - Reversible 	<ul style="list-style-type: none"> - Higher expected weight loss - Helps with comorbidities Reversible 	<ul style="list-style-type: none"> - Highest expected weight loss - Helps with comorbidities
Disadvantages	<ul style="list-style-type: none"> - Non-reversible - Reflux can be a problem - Weight regain if not careful 	<ul style="list-style-type: none"> - Dumping syndrome - Lifelong on supplements - Weight regain 	<ul style="list-style-type: none"> - Higher risks of ulcers - Lifelong on supplements - Diarrhea - Weight regain rarely 	<ul style="list-style-type: none"> - Non-reversible - Lifelong on supplements
Post Surgery Diet	4 Stages Post-Op Diet	4 Stages Post-Op Diet	4 Stages Post-Op Diet	4 Stages Post-Op Diet
Post Surgery Supplements	Water, Protein, Calcium, B12, and Multivitamins Occasionally	Water, Protein, Calcium, B12, Zinc, Iron, and Multivitamins Lifelong	Water, Protein, Calcium, B12, Zinc, Iron, and Multivitamins lifelong	Water, Protein, Calcium, B12, Zinc, Iron, and Multivitamins lifelong

Candidate Eligibility	BMI of 35+	BMI of 30 to 50 with diabetes	BMI of 30+ with Diabetes	BMI of 30+ with Diabetes
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GETTING READY FOR BARIATRIC SURGERY

Making positive changes before your surgery can significantly ease the transition afterwards. By incorporating these goals into your daily routine, you can prepare yourself for a successful surgery and a healthier lifestyle ahead. Here are some initial goals to help you get started:

Diet Modifications:

- Consume three main meals daily (breakfast, lunch, and dinner). Do not skip meals.
- Reduce or eliminate excessive consumption of tea and coffee.
- Opt for balanced meals with a variety of food groups, including grains, pulses, vegetables, and dairy products.
- Avoid snacking between meals to maintain better portion control.
- Minimize fried foods and choose healthier cooking methods like baking, steaming, or grilling.
- Incorporate traditional Indian spices and herbs in your meals for added flavour without excessive use of oil and butter.
- Choose whole grains like brown rice, whole wheat roti, and oats over refined grains.
- Prioritize fruits and vegetables as a daily part of your diet.
- Avoid sugary beverages and choose healthier options like lime water, coconut water, or other homemade healthy drinks
- Use healthier cooking oils like olive oil, mustard oil, or groundnut oil in limited amount and avoid excessive use of ghee or butter.
- Consume lean protein sources such as lentils, legumes, skinless chicken, fish, and tofu.
- Stay hydrated with water or traditional beverages like buttermilk (chaas) or coconut water.

Food Behaviours to Practice:

- Eat within 1-1.5 hours of waking up.
- Eat every 4-5 hours (do not skip meals).

- Consume well-balanced meals that include protein, starch/grain, fruit/vegetable, and healthy fat.
- Ensure enough protein intake based on your dietitian's recommendation.
- Eat slowly, taking 15-20 minutes per meal.

Fluid Behaviours to Practice:

- Drink 6-8 cups (1.5-2.0 litres) of total fluids per day.
- Make water the drink of choice.
- Stop all alcoholic drinks for life.
- Stop all caffeinated drinks before surgery.
- Stop all carbonated drinks before surgery.
- Separate liquids and solids, wait 30 minutes after meals to have a drink.

Behavior Modification:

- Aim for regular exercise six or seven days a week, with each session lasting 30 to 45 minutes. Incorporate activities like walking, yoga, surya namaskar, etc.
- Opt for smaller 8”–10” plates for meals to control portion sizes effectively (similar to the size of a salad plate).
- Start reading food labels to compare products and choose options lowest in fats and calories. Pay attention to sodium content as well.
- Maintain a food journal to be mindful of your food intake.
- Avoid going grocery shopping on an empty stomach to make healthier food choices.
- Plan your weekly menus in advance, incorporating a variety of traditional Indian recipes with a focus on balanced nutrition.
- Avoid eating while watching TV or engaging in other distractions to savour and enjoy your meals mindfully. Spend at least 20 minutes eating per meal.
- Take your vitamin and mineral supplements as prescribed.
- Stop taking anti-inflammatory medications such as Aspirin, Ibuprofen or as advised by doctor.

YOUR HOSPITAL STAY

Pre-Surgery Preparation:

- Please complete all pre-surgery diagnostics, blood work, ECG, scans as advised during pre surgery consultation
- Please follow all instructions to stop certain medication like blood thinners, supplements with similar effects as advised by doctor during pre-surgery consultation
- Our care team will discuss and schedule surgery date and time basis mutual availability.
- DO NOT consume solid food, drink liquids, chew gum, or suck on candy 8 hours before the scheduled surgery time. You are allowed to drink 2 cups (500mL) of water up to six hours before your scheduled arrival time at the hospital.
- Carry all medical, diagnostics report to the hospital.
- Carry all your regular medications, inhalers, CPAP or BiPAP machine if you use to the hospital
- Carry your insurance papers, Pan Card, Aadhar Card to hospital.
- Take your thyroid or BP medicine with sip of water on day of surgery. Do not take your sugar medicine on the day of surgery.

The Day of Surgery:

- Arrive on the same day approximately four hours before your surgery. It is advisable to be accompanied by a support person.
- If you wish to be admitted one night prior, please discuss with surgeon in advance.
- Do not wear lotion, perfume, makeup, fingernail polish, jewellery or piercings.
- Do not shave the area where the operation will be performed.
- An intravenous (IV) tube will be inserted into a vein in your arm to provide fluids and necessary medications before and after the surgery. Before the procedure, you may receive an antibiotic through the IV to prevent infections.
- You will be changed into hospital gown and may undergo site cleaning before surgery.

In the Operating Room:

- When it's time for your surgery, you will be taken to the Operating Room. The room is well-lit and maintained at a cool temperature.
- You will be asked to lie onto the operating table.
- The medical team will administer anaesthesia to put you to sleep for the procedure.
- The surgery usually lasts around 1-3 hours depending on the bariatric procedure.
- After surgery, you will be transferred to the post surgery recovery unit, where nurses will monitor you and provide required medications. You will remain here until you wake up, after which you will be moved to an inpatient unit.

On the Inpatient Unit:

- The typical hospital stay is for 1-3 nights depending on the bariatric procedure.
- You may experience some pain from your incisions and trapped air in your stomach due to the surgery.
- Nausea is common after surgery, so inform your nurse, and they can provide medication to alleviate it.
- The IV will be used to deliver fluids and medications after surgery and will be removed once you can safely consume liquids.
- You will be given liquids to sip at regular intervals, asked to walk around or do breathing exercises as per the advice of the surgeon and care team.

Discharge and Going Home:

- It is essential to arrange for someone to support you at home after your discharge from the hospital. Please make these arrangements before your surgery.
- You will receive a follow-up visit appointment at the clinic and a prescription for any necessary medications as part of discharge summary.

POST OPERATIVE INSTRUCTIONS

Hospital Stay and Recovery:

- Typically, 1- 3 nights of hospital stay depending on the procedure you have underwent
- Recommended one week off from work for recovery.

Wound Care and Incision Care:

- You will be given water proof dressing on the wounds within 48 hours so that you can take bath and it will be kept for 5 days.
- Monitor for signs of infection (redness, warmth, swelling, pain, or abnormal drainage). Contact doctor for severe swelling, bruising, or spreading redness.
- Numbness in the wound area is normal and may improve over 2-3 months.
- Sutures are absorbable and do not need removal.

Shower/Bathing:

- Showering is allowed after surgery.
- Pat abdomen dry after showering.
- Do not take baths or swim until your wounds have healed.

Activities:

- Avoid heavy lifting (over 5 kg) for first 4 weeks after surgery.
- No strenuous activities during the first 4 weeks.
- Light walking for healing is encouraged
- Refrain from driving while taking narcotic pain medication.

Medications:

- As per discharge summary provided by doctor
- Certain medications may be altered or stopped altogether

Post-Surgery Exercises:

- Deep breathing and coughing exercises.
- Calf pumping and ankle exercises to prevent blood clots.

Getting Out of Bed:

- Roll onto the side and bring knees up.
- Raise the upper body off the bed and sit up.

Return to Work or School:

- Plan for a one-week leave after surgery.

Follow-Up Care:

- Regular follow-up visits as scheduled.

CONTACT YOUR SURGEON IMMEDIATELY IF YOU EXPERIENCE:

- Fever over 101
- Signs of infection
- Bowel or urination issues
- Persistent pain
- Vomiting
- Difficulty drinking water.

Your well-being and adherence to post-operative instructions are essential for a successful recovery

POST OPERATIVE DIET INSTRUCTIONS

Stage 1 – Clear Fluids (Day 1-2):

- Start with 1-2 small medicine cups of clear fluids every 30 minutes.
- Gradually increase to 3-4 small medicine cups per hour as tolerated.
- Sip slowly and drink often.
- Add water to juices for better hydration.
- Aim for 6-8 cups (1.5-2.0 litres) of fluids per day.
- Fluid Examples: Water, Clear Broth, Herbal Tea (without milk), Coconut Water (unsweetened).

Stage 2 – Full Fluids (Day 3-10):

- Sip on fluids throughout the day, aiming for 6-8 cups (1.5-2.0 litres) daily.
- Include liquid protein supplements, making half of your liquids from protein sources.

Fluids	Protein Supplement	Food Examples
Milk	Whey or Soy Protein Isolate	Milk with Protein Supplement
Soy Milk (Unsweetened)		Soy Milk with Protein Supplement
Yogurt (Regular, Greek)		Yogurt with Protein Supplement

Stage 3 – Pureed Foods (Day 11-17):

- Start with very small amounts of pureed foods, using a small spoon or fork.
- Increase amounts up to 1/2 cup (125 mL) per meal.
- Introduce one new food at a time.
- Chew food well and take at least 15-20 minutes to eat a meal.
- Sip on fluids and protein shakes between meals, aiming for 6-8 cups (1.5-2.0 litres) daily.

Sample Pureed Foods:

- Khichdi (Lentil and Rice Porridge)
- Dahi (Yogurt) with Blended Fruits

- Dal (Lentil Soup) Puree
- Mashed Vegetables (e.g., Carrots, Pumpkin, Bottle Gourd)

Stage 4 – Soft Foods (Day 18 onwards):

- Eat three small meals and 2-3 snacks each day; avoid grazing throughout the day.
- Increase the amount per meal to 1/2 to 1 cup (125-250 mL) of food.
- Chew food well, take 15-20 minutes to eat, and stop when you feel full.
- Introduce one new food at a time, starting with small amounts (1-2 tbsp).
- Sip on fluids throughout the day, aiming for 6-8 cups (1.5-2.0 litres) daily, but wait 30 minutes after eating before drinking.

Sample Soft Foods:

- Dal Khichdi with Vegetables
- Mashed Khichdi with Curd
- Soft Cooked Rotis with Dal
- Vegetable Soups (Blended)

Remember to follow the guidelines provided by dietician and progress to the next stage as tolerated. Each person's healing may vary, so listen to your body and consult your healthcare team for any concerns or questions.

REGULAR DIET PLAN: GENERAL GUIDELINE

Choose 1-2 items form each food group

Breakfast

Protein	Fruit/Vegetable	Grain/Starch
1 boiled egg	1 medium apple	2 multigrain rotis (chapatis)
1 cup yogurt (curd)	1 medium banana	1 dosa (fermented rice and lentil)
50-75 gm paneer	1 orange	1 serving of poha (flattened rice)
1/2 cup sprouts	1 cup mixed berries (strawberries,	2 small idlis (steamed rice cakes)
1/2 cup cooked lentils	1 slice papaya	1 uttapam (rice and lentil pancake)
50-75 gm grilled	1 cup watermelon	1 small paratha (whole wheat
1 cup milk or soy milk	1 guava	1 small serving of upma (semolina
1/2 cup quinoa	1 cup pineapple	1 small serving of sevai (rice
1 small serving of	1/2 cup grapes	1 small serving of pongal (rice and
1 tbsp almond butter	1/2 cup mixed fruit salad (mango, kiwi,	1 small serving of thepla

Lunch

Protein	Vegetable	Grain/Starch
75 gm grilled fish	1 cup mixed vegetable curry	1 small serving of brown rice
1 cup cooked chickpeas	1 cup spinach (palak)	2 small whole wheat phulkas
1/2 cup cooked moong dal	1 cup bottle gourd (lauki)	1 small serving of millet pulao
50-75 gm tandoori chicken	1 cup okra (bhindi)	1 small serving of jowar roti
1/2 cup rajma (kidney beans)	1 cup cauliflower (gobi)	1 small serving of ragi mudde
75 gm paneer tikka	1 cup cabbage (patta gobi)	1 small serving of bajra khichdi
1 cup black-eyed peas (lobia)	1 cup bitter gourd (karela)	2 small jowar bhakris
1/2 cup cooked dal tadka	1 cup drumstick	1 small serving of quinoa pulao
50-75 gm tofu	1 cup eggplant (baingan)	1 small serving of barnyard millet
1 small serving of biryani	1 cup ridge gourd (turai)	1 small serving of multigrain chapatis

Dinner

Protein	Vegetable	Grain/Starch
75 gm grilled chicken	1 cup mixed vegetable stir-fry	1 small serving of quinoa
1/2 cup cooked chana dal	1 cup zucchini	1 small serving of whole wheat
50-75 gm palak paneer	1 cup bell peppers	1 small serving of barley

1 cup cooked moong dal	1 cup broccoli	1 small serving of millet roti
75 gm tandoori fish	1 cup carrots	1 small serving of brown rice
1/2 cup black chana (chickpeas)	1 cup cauliflower (gobi)	1 small serving of bajra roti
1 cup cooked rajma (kidney)	1 cup spinach (palak)	1 small serving of ragi dosa
50-75 gm tofu	1 cup peas (matar)	1 small serving of jowar bhakri
1 small serving of vegetable pulao	1 cup bottle gourd (lauki)	1 small serving of quinoa chapati
1/2 cup cooked masoor dal	1 cup mushrooms	1 small serving of multigrain

Please note that the serving sizes and ingredients can be adjusted based on individual preferences and dietary needs. Also, the dishes mentioned above are just examples, and there are numerous other options to explore as per Indian or International cuisine.

POST-SURGERY FOLLOW-UP PLAN

1 week after surgery:

- Visit the clinic as per instruction in discharge summary
- Review post-operative instructions and guidelines for incision care.
- Assess wound healing and address any concerns.
- Discuss the transition to the next phase of the diet, if applicable.
- Review medication management and make necessary adjustments.
- Address any immediate post-operative issues or questions.

6 weeks after surgery:

- Discuss post-surgery lifestyle changes, nutrition, and exercise.
- Individual follow-up with dietician to assess progress and address any challenges.
- Review dietary changes and adherence to the recommended eating plan.
- Evaluate weight loss progress and set realistic goals for the next phase.

3 months after surgery:

- Evaluate dietary habits and nutrient intake.
- Adjust the meal plan if necessary to ensure adequate nutrition.
- Address any issues related to eating, such as intolerances or aversions.
- Discuss the importance of hydration and vitamin supplementation.
- Review physical activity and exercise routine.

6 months after surgery:

- Assess weight loss progress and discuss any plateaus or fluctuations.
- Review the need for continued protein supplementation and vitamin intake.
- Address any body image or emotional challenges related to weight loss.

- Reinforce the importance of maintaining a healthy lifestyle and adherence to dietary guidelines.

9 months after surgery:

- Evaluate weight loss progress and diet plan
- Evaluate progress with behavioral changes and set new goals for long-term success.

12 months after surgery:

- Review overall progress and celebrate achievements.
- Conduct a comprehensive health evaluation, including blood work and nutrient levels.
- Discuss long-term dietary habits and lifestyle changes.
- Address any potential challenges or concerns for the future.
- Develop a maintenance plan for ongoing success and weight management.

Throughout the follow-up period:

- Schedule regular check-ins and follow-up appointments as needed based on individual progress and requirements.
- Provide continuous support and encouragement to help the patient stay motivated and committed to their weight loss journey.
- Before each follow-up visit, the patient should have blood work done as advised by doctor to monitor nutrient levels and overall health. This ensures any deficiencies or issues can be addressed promptly.

SUPPLEMENTS AND VITAMINS GUIDELINE

After surgery, there is a greater chance for vitamin and mineral deficiencies. You may need daily vitamin and mineral supplements for life depending on the procedure you underwent because:

1. Vitamin and minerals are not absorbed as well after surgery.
2. Your stomach is smaller in size. This will limit your food intake, reducing the amount of vitamins and minerals you eat and drink.

Multi-Vitamin/Mineral: If you do not take your multivitamin/mineral supplements you may have trouble with:

<ul style="list-style-type: none">• Moving around well• Seeing• Tasting• Memory• Speaking	<ul style="list-style-type: none">• Mood• Physical energy• Bone strength• Heart health• Muscle strength
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Vitamin B12: If your body does not have enough Vitamin B12 you may have trouble with:

<ul style="list-style-type: none">• Muscle weakness• Stiff or rigid muscles• Tingling feeling in hands, arms, feet, and legs• Low blood pressure	<ul style="list-style-type: none">• Trouble controlling urine and bowel movements• Trouble seeing• Trouble thinking• Poor mood
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Calcium and Vitamin D: If your body does not have enough Calcium and Vitamin D you may have trouble with:

<ul style="list-style-type: none">• Brittle and weak bones• Pain in joints	<ul style="list-style-type: none">• Muscle cramps
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Iron: Some people may need to take extra Iron after surgery. If your body does not have enough iron, you may have:

<ul style="list-style-type: none">• Hair Loss• Low Energy• Poor Concentration• Memory Loss	<ul style="list-style-type: none">• Lower Immune System• Poor mood
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TIPS FOR MANAGEMENT OF SOME COMMON PROBLEMS POST SURGERY:

Difficult Foods:

- Problematic foods: Very dry or tough meat, doughy breads, high sugar, high-fat foods, pasta, and rice.
- Tips: Cut food into small bites, chew well, add gravy or sauce, and choose moist cooking methods like slow-cooking or stewing.

Dumping Syndrome:

- Dumping syndrome symptoms: Cramping, diarrhoea, bloating, feeling faint, nausea, increased heart rate.
- Tips: Avoid high sugar or high-fat foods, separate liquids from solid foods, avoid very hot or cold liquids, and maintain smaller food portions (1/2–1 cup).

Nausea and Throwing Up:

- Causes: Pain medication, overeating, eating too fast, not chewing food well, skipping meals, or progressing food textures too quickly.
- Tips: Consider using a doctor prescribed medicine

Dehydration:

- Signs: Dark urine, nausea, fatigue, lower back pain, making less urine, dry mouth, feeling dizzy, and irritability.
- Tips: Sip on fluids throughout the day, try ice chips or sugar-free popsicles.

Constipation:

- Tips: Ensure sufficient fluid intake, include fibre-rich foods in meals and snacks.
- Solution: Use fiber supplement – 2 tbsp (30 mL) one or two times per day for two consecutive days if no bowel movement in three or more days.

Diarrhoea:

- Causes: Drinking liquids with solid foods, caffeine in coffee, tea, cola, and energy drinks, eating high-sugar foods.
- Tips: Limit caffeine intake and avoid high-sugar foods.

Gas:

- Causes: Eating too fast, inadequate chewing, skipping meals.
- Tips: Eat slowly, chew food thoroughly, avoid skipping meals.

Hair Loss:

- Causes: High-fat foods, excessive sugar alcohols (sorbitol, mannitol, xylitol), using straws, chewing gum, carbonated beverages.
- Tips: Focus on well-balanced meals, include suggested supplements, and understand that biotin supplements may not prevent hair loss.

Remember, it is normal to experience some of these issues in the initial post-surgery period. However, if problems persist or worsen, contact the clinic and follow instructions from the nursing line or dietitian line for further assistance.

STRESS MANAGEMENT

Too much stress or prolonged stress can negatively impact our body, mind, and overall health. Identifying stressors in your life and adopting effective coping strategies is crucial for maintaining well-being.

Signs of long-lasting stress:

<p>Cognitive:</p> <ul style="list-style-type: none">• Memory problems (forgetfulness)• Difficulty concentrating• Poor judgment• Negative thought patterns• Anxious or racing thoughts• Constant worrying• Depression and general unhappiness	<p>Physical:</p> <ul style="list-style-type: none">• Aches and pains• Digestive issues (diarrhea or constipation)• Nausea, dizziness• Chest pain, rapid heart rate• Loss of sex drive• Frequent colds or flu• Changes in appetite or sleep patterns
<p>Emotional:</p> <ul style="list-style-type: none">• Anxiety and agitation• Mood swings, irritability, or anger• Feeling overwhelmed• Loneliness and isolation• Other emotional health issues	<p>Behavioral:</p> <ul style="list-style-type: none">• Withdrawing from others• Procrastination or neglecting responsibilities• Increased use of alcohol, cigarettes, or drugs• Stress or Binge eating

Stress Management Tips:

- **Exercise Regularly:** Engage in regular physical activity for relaxation and conditioning of both body and mind.
- **Practice Deep Breathing:** Take a few deep breaths to calm your mind and body.

- **Avoid Quick Fixes:** Refrain from using alcohol or non-prescribed drugs as stress coping mechanisms.
- **Mind Your Thoughts:** Reflect on how you perceive stressors and seek support from trusted individuals or counsellors to gain new perspectives.
- **Relax Your Muscles:** Practice relaxation techniques to release tension from the areas where stress is felt the most.
- **Recognize What You Can't Control:** Focus on things you can control and learn to let go of things beyond your control.
- **Take Breaks:** Allocate time for relaxation, such as napping, meditation, reading, or engaging in hobbies.
- **Pursue Enjoyable Activities:** Make time for activities you enjoy, explore hobbies, or learn something new.
- **Minimize Stress Triggers:** Avoid exposure to unnecessary stressors, such as distressing TV shows.
- **Evaluate Commitments:** Assess how you spend your time and consider letting go of some commitments to reduce stress.

Emotional Health Tips:

- **Practice Deep Breathing:** Deep breathing techniques aid in relaxation, lowering blood pressure, and heart rate.
- **Name Your Emotions:** Acknowledge and name your emotions to increase self-awareness and choose appropriate responses.
- **Avoid Judging Emotions:** Avoid judging your emotions, as self-criticism can exacerbate negative feelings.

- **Identify Emotional Triggers:** Recognize situations or circumstances that evoke strong emotions, allowing you to prepare better.
- **Practice Mindfulness:** Be present in the moment, paying attention to your thoughts and feelings.
- **Engage in Physical Activity:** Regular exercise reduces anxiety, improves mood, and boosts self-esteem.
- **Seek Social Connection:** Make time to talk and connect with friends and family.
- **Prioritize Sleep:** Ensure sufficient rest as it is crucial for physical and emotional well-being.
- **Challenge Unrealistic Expectations:** Avoid setting overly high expectations on yourself.
- **Pursue Happiness:** Identify activities that bring joy and make time for them.

Adapting these stress management and emotional health tips can significantly improve your well-being and help you navigate life's challenges more effectively.

LIFE TIME GUIDELINES : POST-BARIATRIC

- **Delay Drinking with Meals:** Refrain from drinking beverages until 30 minutes after a meal. This helps food stay in your pouch longer, promoting satiety and preventing overeating. Avoiding drinking and eating simultaneously also reduces the risk of dumping syndrome.
- **Say No to Carbonated Beverages:** Carbonated drinks can stretch your pouch over time, affecting your weight loss progress. Avoid carbonated beverages like soda, beer, and seltzers to maintain a tight pouch.
- **Avoid NSAIDs and Aspirin:** For gastric bypass patients, steer clear of non-steroidal anti-inflammatories (NSAIDs) and aspirin, as they may increase the risk of ulcers. Stick to prescribed alternatives only.
- **Quit Smoking and Nicotine Products:** Smoking can irritate the stomach, leading to potential ulcers. Be nicotine-free before surgery and abstain from nicotine products for a healthier post-surgery life.
- **No Alcohol or Recreational Drugs:** Alcohol metabolises faster post-surgery, leading to quicker intoxication. Avoid alcohol to make better food choices and prevent dumping. Abstain from recreational drugs which can affect appetite and hinder weight loss goals.
- **Three Meals a Day, No Snacks:** Focus on three balanced meals a day without snacks. Avoid grazing habits and opt for protein-rich drinks as snacks when needed.
- **Regular Exercise:** Incorporate daily physical activity, at least six or seven days a week, to avoid weight regain.
- **Limit Caffeine Intake:** Consume a maximum of one 8oz cup of coffee with caffeine per day. Switch to decaf options after that to avoid dehydration and unnecessary snacking.
- **Lifelong Vitamin Intake:** Commit to taking prescribed vitamins for life to maintain optimal health after surgery.

- **High-Protein Drinks for Recovery:** Prepare for the immediate post-operative period by purchasing high-protein drinks for the first six months. These drinks will aid in recovery and provide essential nutrients.

Embrace these lifestyle guidelines for a successful post-bariatric journey, ensuring long-term health and weight management. Remember to consult your dietitian for personalized advice and support.

FREQUENTLY ASKED QUESTIONS

○ **Is Bariatric surgery covered by health insurance?**

The coverage for bariatric surgery under insurance can vary depending on your insurance provider, policy, and the specific inclusion or exclusion criteria. Our team can provide all necessary documentation and support needed for approval of insurance if covered by your provider.

○ **How long will I be off work?**

Take two weeks off for proper recovery.

○ **Why do I need a pre-op diet?**

The pre-op diet helps reduce liver size, making surgery safer. It also aids in weight loss and prepares you for surgery.

○ **What should I bring to the hospital?**

Leave valuables at home. Bring comfortable clothing, slippers, and any personal items you prefer. Bring your insurance documents and ID card. One set of clothes to be worn during discharge.

○ **What can I expect in the hospital?**

You'll wear compression devices on your legs. You'll be up in a chair on the same day or next day after surgery. Use an incentive spirometer to aid breathing. You will be given liquids to sip at regular intervals.

○ **How much pain can I expect?**

Prescription pain meds are given post-op. Pain at incisions is normal. It will subside with time.

○ **Will I have gas after surgery?**

Some gas is normal due to carbon dioxide during surgery. Walking and over-the-counter remedies like Gas-X may help if you experience gas pains.

○ **What if I have constipation?**

- Stay hydrated, exercise, and consider remedies like fiber powder or doctor prescribed medicines if needed.

- **Why do some experience a bad taste in the mouth?**

A metallic taste is rare but may occur. Maintain good oral hygiene, stay hydrated, and consult if it persists.

- **What are long term financial costs involved of undergoing Bariatric surgery?**

Pre-op diet, vitamins, post-op protein supplements, and clothing are costs to consider. Budget approximately 2000 per month for your multivitamins and protein supplements.

- **How many follow-up appointments will I have?**

You'll have several follow-ups with your surgeon and dietitian, starting from two weeks post-op, then every 6 months.

- **Can't drink enough fluids or dislike protein drinks after surgery?**

Take your time while drinking to avoid discomfort. Protein drinks are crucial for nutrition. Try different types and forms to find what suits you best.

- **What about hair loss after bariatric surgery?**

Hair loss can occur post-surgery but is temporary. Proper nutrition, hydration, and meeting protein needs will promote hair regrowth.

- **What about plastic surgery after weight loss?**

Excess skin varies, and plastic surgery may or may not be needed or opted. Wait until maintaining your goal weight for 12 months before considering it.

- **Is it safe to get pregnant after surgery?**

Wait at least 12 months post-op to get pregnant. Work closely with dietitian during pregnancy for proper nutrition.

- **How soon can I resume sexual activity?**

You can resume sexual activity when you feel able. There is potential for increased fertility after surgery. You should not get pregnant in the first 12 months after surgery.

o **How often should I weigh myself?**

- Weigh once a week initially for 6 months then once a month after 6 months. Follow the trend rather than focusing on daily fluctuations.

उद्धरेदात्मनात्मानं नात्मानमवसादयेत् ।
आत्मैव ह्यात्मनो बन्धुरात्मैव रिपुरात्मनः ॥

*"Lift yourself by yourself; don't degrade yourself.
For you are your own friend, and you are your own enemy."*

(Sri Bhagavad Gita, Chapter 6, Verse 5)



LEPTYN