A guide for physicians with patients who have undergone bariatric surgery
An overview of our program

St. John Providence Weight Loss is dedicated to providing overweight and obese people the treatment, knowledge and tools that will help them effectively lose and maintain their weight. Our specially trained team is committed to reducing your patients’ health risks and improving their quality of life.

We offer various bariatric surgeries:
- Laparoscopic and open Roux-en-Y gastric bypass
- Laparoscopic adjustable banding (LAP-Band®)
- Biliopancreatic diversion with duodenal switch
- Laparoscopic sleeve gastrectomy
- Revisional procedures (open and laparoscopic)

What does it mean to be a bariatric surgery Center of Excellence?

- Industry-leading results in patient safety and clinical outcomes.
- Board-certified surgeons who’ve performed more than 6,000 weight loss surgeries.
- Certified bariatric nurses, registered dietitians, insurance coordinators and certified support group leaders to care specifically for morbidly obese patients.
- Our experienced bariatric surgeons provide on-call coverage for our clinic and are available for patients through a 24-hour answering service.
- Specialized equipment and comfortable furnishings designed for obese patients.
- Individualized nutrition planning for healthy weight loss and weight maintenance.
- Lifestyle counseling and modification.
- Safe and effective exercise routines.
- Support groups.

We encourage your patients to visit www.stjohnweightloss.com to learn more about our program. They can also register online to attend a free informational seminar.
Our multidisciplinary team consists of certified bariatric nurses, registered dietitians, insurance coordinators and certified support group leaders to care specifically for morbidly obese patients. Our clinic staff is available along with our surgeons to help your patients through the weight loss surgery process.

Is bariatric surgery right for your patient?

To be diagnosed as obese, a person must register a body mass index (BMI) of 30 or over. Morbid obesity is indicated with a BMI greater than 35. As your patient’s BMI increases over time, so does his/her risk for obesity-related health problems and premature death. To calculate their BMI, your patients can visit www.stjohnweightloss.com anytime.

Bariatric surgery is for morbidly obese people who have made multiple unsuccessful attempts to lose weight by traditional (non-surgical) methods. Surgery leads to weight loss by restricting food intake and interrupting the digestive process. Your patient may be eligible if:

• they are more than 100 pounds overweight;
• their BMI is over 35 with at least 2 comorbidities or a BMI over 40;
• they suffer from weight-related health problems

Our affiliated surgeons

- Taghreed Almahmeed, MD
- Abdelkader Hawasli, MD, FACS
- Gary Katz, DO
- Kerry Kole, DO, FACOS
- Keith Marshall, DO
- Ahmed Meguid, MD, FACS
- Carl Pesta, DO
- Mubashir Sabir, MD
Post-operative considerations for weight loss surgery patients

Dehydration
Drinking an adequate amount of fluids may be a challenge for bariatric patients, especially in summer weather. The following information may be helpful to review with patients who are having fluid intake issues.
- Goal for daily fluid intake: 48-64 ounces/day.
- Recommended fluids: water, Crystal Light® or other low-calorie beverages, decaffeinated coffee, decaffeinated tea, low-fat milk, sugar-free popsicles and crushed ice.
- Sip fluids slowly – NO STRAWS.
- IV fluid rehydration may be necessary if oral intake is not sufficient.

Diarrhea
Diarrhea is not an uncommon occurrence following the Roux-en-Y or duodenal switch procedures. It is usually not seen with the gastric sleeve or the LAP-Band®. If diarrhea persists longer than 3 days, the patient should contact their bariatric surgeon. Patients who are more than 4 weeks post-op may experience diarrhea in response to their food choices.
Intake of concentrated sweets and/or fried food may result in episodes of diarrhea.
*For recurrent diarrhea, the patient should contact the bariatric surgeon and bariatric dietitian for evaluation and treatment.*

Medications
Patients will find that Coumadin and anticonvulsant medications will need to be monitored more closely after the Roux-en-Y and the duodenal switch due to changes in absorption.
With medications related to most health problems, such as upper respiratory symptoms or urinary tract infections, the main concern for bariatric patients is the size of the medication tablet. Tablets bigger than the size of an M&M® will need to be crushed and mixed in applesauce or sugar-free pudding, divided in half, or changed to a liquid form for the first 12 weeks after surgery.

Depression
It is not unusual for bariatric patients to experience depression symptoms in the first month or two after surgery. The post-operative lifestyle changes that are required often seem overwhelming at first. Patients may also grieve the loss of their former comfortable and familiar behaviors.
It may be beneficial for a bariatric patient to be prescribed a short-term anti-depressant to help them through the initial transition period. If the patient is already taking antidepressants, those medications will be resumed before the patient leaves the hospital.
Patients who are more than a year post-op may also find themselves working on psychological issues, such as body image or changes in their personal lives involving relationships or career decisions. Some patients find that they need to incorporate additional support services to help resolve their psychological issues.
*St. John Providence Weight Loss has relationships with psychiatrists, psychologists, and therapists who can work with bariatric patients on various issues. It is important that the patient discuss these issues with their bariatric surgeon, since psychological issues may impact the patient’s nutritional status. St. John Providence Weight Loss can facilitate a referral to the appropriate mental health provider.*
Special considerations for Roux-en-Y gastric bypass patients

**Narrowing of the gastric outlet**

Narrowing of the gastric pouch outlet, or stomal stenosis, occurs in 10-15 percent of post-operative bariatric patients. It is most commonly seen within the first 2 months after Roux-en-Y gastric bypass surgery.

Symptoms of stomal stenosis are:
- Difficulty tolerating solid foods
- Epigastric sensation that food does not "pass through" the stomach pouch
- Recurrent vomiting after eating or drinking

Vomiting may indicate stricture or ulceration at the gastrojejunostomy or a bowel obstruction. Endoscopy may be needed.

*Contact the patient’s surgeon. The surgeons at St. John Providence Weight Loss will perform the endoscopy, if needed.*

**Ulcers**

Another possible issue after Roux-en-y bypass surgery is the occurrence of marginal ulcers. These ulcers may occur at or near the site of the gastrojejunostomy in approximately 10 percent of post-operative bariatric patients.

Symptoms frequently include:
- Epigastric pain
- Nausea/vomiting
- Delayed pouch emptying
- Heartburn
- Dysphagia
- Frank bleeding

*Bariatric patients should contact their bariatric surgeon if any of these symptoms persist.*

**Internal hernia**

An internal hernia happens when the small intestine becomes trapped in a defect in the Roux or small bowel mesentery. With weight loss there is a decrease in mesenteric fat, which can create potential spaces for herniation.

Bariatric patients may report the following symptoms in conjunction with an internal hernia:
- Intense, cramping abdominal pain
- Nausea
- Mass effect in abdomen
- Abdominal pain may be intermittent
- Vomiting

Diagnostic test results of an abdominal CT scan or a UGI with small bowel follow-through may be normal, though the hernia symptoms persist.

*Referral to the patient’s bariatric surgeon is important since ischemia of the bowel could develop.*
Special considerations for biliopancreatic diversion duodenal switch patients

Hypokalemia and other electrolyte abnormalities
It is not uncommon to find that bariatric patients will experience hypokalemia or other electrolyte abnormalities with episodes of diarrhea. The bariatric surgeon will obtain lab values to monitor electrolytes if the diarrhea has persisted more than 3-4 days. Though these episodes may occur more frequently during the first post-op year, it is essential to obtain lab values on those patients with diarrhea who are more than a year post-op.

Special considerations for LAP-Band® patients

LAP-Band® adjustment
Patients may require an inflation of the LAP-Band® with saline via a port system 6 weeks or more after the initial surgery. This outpatient procedure is often called a “fill”. The saline inflation of the LAP-Band® decreases the size of the gastric stoma.

If the stoma becomes too small, solids and liquids may not pass through the LAP-Band® opening. The patient must notify the bariatric surgeon, who will then remove some of the saline in the band.

LAP-Band® slippage
Slippage or displacement of the LAP-Band® is not common, but when it occurs the band must be removed and or replaced surgically.

Symptoms of band slippage include:
• Vomiting of solids and liquids
• Upper abdominal pain
Dietary education

Patients undergoing bariatric surgery at St. John Providence Weight Loss meet with a registered dietitian pre-operatively to discuss the post-op diet and lifestyle changes after surgery. Patients receive:

- Diet progression after surgery
- Guidelines for protein, vitamin and mineral supplementation
- Foods to avoid
- Label reading and the different types of sugars

An overview of our dietary guidelines

Roux-en-Y gastric bypass/gastric sleeve

- Four to six meals consisting of 3-4 ounces; portion sizes likely will increase over time and therefore the frequency of meals generally decreases to three to four meals per day by one year post-op.
- Liquid diet for approximately 2 weeks after surgery and then pureed foods for one week following.
- Soft foods as tolerated after completion of pureed diet and then patient’s progressing to solid foods as tolerated.
- Foods are to be chewed well.
- High-protein foods should be eaten first at meal times; goal is 60-80 grams of protein daily.
- Protein supplementation is recommended for 6-8 weeks post-op, and may be necessary long-term, especially if meats are not tolerated well.
- Avoid straws.
- Drink 48-64 ounces of low-calorie beverages daily.
- Do not drink with meals. Patient may resume drinking 30 minutes after meals.
- Avoid carbonated beverages.
- Two chewable multivitamins daily; liquid vitamins if unable to tolerate chewable form. Patients may change to pill form of multivitamin after 12 weeks post-op.
- 1500 milligrams of calcium citrate with vitamin D daily.
- Dumping syndrome may occur with high-fat, high-sugar foods.

Patients may require additional vitamin or mineral supplementation based on lab work. Typical vitamin deficiencies seen in bypass patients include vitamin B12, and may also include vitamin D, iron, and thiamine (B1). Please see the following section for recommended laboratory work.
Biliopancreatic diversion with duodenal switch
• Four to six meals consisting of 3-4 ounces; portion sizes likely will increase over time and therefore the frequency of meals generally decreases to three to four meals per day by one year post-op.
• Liquid diet for approximately 2 weeks after surgery and then pureed foods for one week following.
• Soft foods as tolerated after completion of pureed diet and then patient’s progressing to solid foods as tolerated.
• Foods are to be chewed well.
• High-protein foods should be eaten first at meal times; goal is 60-80 grams of protein daily.
• Protein supplementation is recommended for 6-8 weeks post-op, and may be necessary long-term, especially if meats are not tolerated well.
• Avoid straws.
• Drink 48-64 ounces of low-calorie beverages daily.
• Do not drink with meals. Patient may resume drinking 30 minutes after meals.
• Avoid carbonated beverages.
• Two chewable multivitamins daily; liquid vitamins if unable to tolerate chewable form. Patients may change to pill form of multivitamin after 12 weeks post-op.
• 1500 milligrams of calcium citrate with vitamin D daily.
• May need to supplement vitamins A, D, E and K if unable to meet needs from multivitamin and calcium intake. Total amounts needed per day:
  – Vitamin A – 10,000 – 30,000 IU/day
  – Vitamin E – 100-800 IU/day
  – Vitamin D – 800 – 2000 IU/day
  – Vitamin K – 120-450 mcg/day
• Dumping syndrome is not a consideration, but diarrhea is common.

LAP-Band®
• Three to four meals consisting of approximately 3-4 ounces - most LAP-Band® patients will end up with 3 meals per day eventually.
• Liquid diet for approximately 2 weeks after surgery and then pureed foods for one week following.
• Soft foods as tolerated after completion of pureed diet and then patient’s progressing to solid foods as tolerated.
• High-protein foods should be eaten first at meal times.
• Protein supplementation is recommended for 6-8 weeks post-op.
• Goal is 60–80 grams of protein daily.
• Encourage 48-64 ounces of low-calorie, non-carbonated fluids daily.
• Two chewable multivitamins daily.
• 1000-1200 milligrams of calcium citrate daily.
• Dumping syndrome is not a consideration. Sweets are generally well tolerated, but should be avoided.
• Do not drink with meals and avoid drinking liquids for one to two hours after completing meals.
Foods that post-surgical bariatric patients should avoid

The following is not a complete list, but includes common foods that may cause adverse reactions following surgery, including nausea, vomiting, diarrhea or slowed weight loss.

- Sweets or bread products prepared with yeast
- Fried foods or foods with a high fat content
- Steak
- Processed meats such as bacon, canned meat, lunchmeats, and sausages
- Acidic foods and juices, including tomato-based products and orange juice for the first 3 months
- Cream sauces and gravies
- Ice cream
- Alcohol

Helpful dietary hints for post-surgical bariatric patients

- Many patients cannot tolerate water immediately following surgery, but can drink flavored products such as Crystal Light® and Sugar-free Kool Aid®. Warm fluids or room-temperature beverages may be tolerated better than cold fluids.
- High-protein foods may be difficult to digest, especially meats. Since it is critical for patients to take in adequate amounts of protein, some patients may be required to puree or grind meats short- and long-term.
- Ketosis is quite common following surgery. If a patient is complaining of low energy and bad breath, encourage the patient to take in more carbohydrates.

Dietary counseling is a free service for patients who have surgery through St. John Providence Weight Loss. If your patient has questions about their diet, we encourage you to refer them back to our dietitians. Our registered dietitians are available at all scheduled follow-up visits and as needed throughout the surgery process.
Other patient follow-up considerations

Lab work
It is recommended that our patients receive routine lab work to check for abnormalities, malnutrition, and vitamin and mineral deficiency. During the first year after surgery, we recommend the patient checks lab values at 3 months post-surgery, 6 months post-surgery, and 12 months post-surgery. We then recommend lab work annually or as needed for each patient. Our multidisciplinary team reviews the labs and recommends additional supplementation as needed.

Routine labs include:
Comprehensive metabolic panel, electrolytes, CBC, lipid panel including cholesterol and triglycerides, iron and TIBC, albumin and prealbumin, magnesium, phosphorus, zinc, and vitamins B12, B1 (thiamine), folate, vitamin D and PTH intact.

Expected weight loss
Different surgeries will produce weight loss at different rates. It is important for patients to understand this. We also stress to patients that the surgery is a tool; lifestyle modifications are needed to achieve and maintain weight loss success.

Roux-en-Y, duodenal switch and sleeve gastrectomy
Most weight loss with these procedures generally occurs in the first 12 -18 months. Because of this rapid weight loss, patients may have a greater risk of side effects such as hair loss and vitamin deficiency.

LAP-Band®
Weight loss with the LAP-Band® is generally a slower process. Weight loss generally occurs at 1 – 2 pounds per week so a weight loss goal may be achieved after 2 – 3 years. It is important for LAP-Band® surgery patients to come in when a “fill” is needed to help achieve their desired weight loss results.
Questions?
For any questions related to your patient’s Diet Plan, contact 248-967-7428 to reach a registered dietitian.

For any questions related to your patient’s Nursing needs, contact 248-967-7138 to reach a registered nurse.

For any questions related to your patient’s Support Group needs, contact 866-823-4458.

If you have any other questions about the Management of your patient or questions about the program, contact 866-823-4458.
St. John Providence
Weight Loss Center of Excellence

St. John Macomb–Oakland Hospital
Madison Heights Campus Professional Building
27483 Dequindre, Suite 204
Madison Heights, MI 48071
866-823-4458

East Satellite
29000 Little Mack
St. Clair Shores, MI 48080
866-823-4458

West Satellite
47601 Grand River Ave., Suite B136
Outpatient Building
Novi, MI 48374
866-823-4458