

BARIATRIC POST OP CARE

POST OPERATIVE COMPLICATIONS

1. LEAK—tachycardia HR>100 sustained, Fever >101.5, Abdominal & Epigastric pain, Hiccups, Unexplained Sepsis, Increased WBC, “Sense of Doom”
2. HEMORRHAGE—Hypotension, Tachycardia, Low HCT, Low Urine Output, Changes in VS, Shortness of Breath, Epigastric Discomfort
3. BOWEL OBSTRUCTION/ILEUS—Abdominal Pain, Abdominal Distention, Nausea/Vomiting, increased bowel sounds with obstruction, decreased bowel sounds with ileus
4. PULMONARY EMBOLISM—Chest pain, SOB, decreased O2 sat, hemoptysis
5. DVT—Calf pain, calf swelling, warmth, redness

POST OPERATIVE CARE

1. Early Ambulation
2. Bariatric Clears, 1 ounce every 15 minutes, water and ice readily available for patients at all times along with medicine cups to measure intake (4 medicine cups per hour minimum)
3. DVT Prophylaxis SCDs should be on at all times when in bed, patient should be up walking every 2 hours
4. Pain Control
5. Use of incentive spirometer 10 times per hour while awake during the daytime hours
6. Wearing abdominal binder for support while healing
7. Treat nausea and prevent vomiting to decrease risk of aspiration and anastomotic leak

DIET RESTRICTIONS

1. Clear Liquids, SUGAR FREE, NO CARBONATION, NO CAFFIENE, may have sugar free jello, sugar free popsicles, and broth
2. Clear liquids for 24 hours, then advance to sugar free full liquid diet, NO CARBONATION, NO CAFFIENE
3. Minimum requirement 64 ounces per day/ 4 ounces an hour

MEDICATIONS

1. DO NOT crush meds, may break, cut, or split larger meds, should be no larger and ½ inch long
2. All meds must be taken 5 minutes apart for the first 4 weeks post op
3. Avoid all NSAIDS
4. Have patient refer to discharge instructions for continuation of home meds.

DISCHARGE

1. Patients must report drinking at least 4 ounces per hour
2. Walking halls every 2 hours minimum
3. Controlled pain
4. No nausea/vomiting
5. Patients should have all follow up appointments already scheduled.