**Roux-En-Y Gastric Bypass Surgery**

This information will guide you through your gastric bypass surgery. It describes the care needed before, during and after your hospital stay and will answer many of your questions.

To understand Roux-En-Y gastric bypass surgery, it is helpful to know how the digestive system works.

**Digestive System**

When you eat, food travels from the mouth to the stomach. It then moves to the small intestine, where digestion is completed. There, the nutrients from food are absorbed for use by your body. The unused parts of the food then pass into the colon, which absorbs water from the remaining material. By the time this waste reaches the rectum, it is in a solid form (stool). (See Figure 1.)
Roux-En-Y Gastric Bypass

In a Roux-En-Y gastric bypass:

- The lower half of the stomach is closed off.
- The smaller upper portion of the stomach is connected directly to the middle part of the small intestine (jejunum).
- The lower section of the stomach and the first part of the small intestine (duodenum) are bypassed.

As a result:

- The “new,” smaller stomach (pouch) limits food intake.
- Less calories, fats and nutrients are absorbed.
- The patient loses weight.

Getting Ready for Surgery

Please follow these guidelines. This will help us provide you with safe, timely and effective care. If you have questions prior to the day of surgery, call your surgeon.

Testing

In preparing for surgery, you will need certain tests and exams. Talk with your surgeon or primary care doctor. They can assist with testing and exam sites. The NMPG Pre-operative Assessment Clinic at Northwestern Memorial Hospital is an exam site option. Test results are interpreted by physicians on the medical staff at Northwestern Memorial. It is located on the 5th floor of Galter Pavilion, 201 E. Huron St. The phone number is 312-926-4343. “Walk-ins” are accepted, but appointments are suggested to decrease your wait time. If you do not have an appointment, the wait time is about 1 hour. Call 312-926-4566 to schedule an appointment. You and your insurance company may be billed by the Pre-operative Assessment Service.

Pre-registration

Telephone pre-registration helps ease check-in on the day of surgery. Have the following ready when you call to register at 312-926-2950:

- Contact information (your name, address, telephone number).
- Social Security number.
- Medical insurance information.

Please register at least 2 business days before your surgery.

Diet

For 10 days prior to surgery, follow a carbohydrate-reduced, high protein diet.
Medication and Herbal Supplements
Once you have your surgery date, contact your primary care doctor right away to review all your current medicines, including:

- Prescribed medicines.
- Over-the-counter (for pain, colds, etc.) medicines.
- Herbals, vitamins and supplements.

This is important for certain medicines:
- Can increase your risk for bleeding during and after surgery and may need to be stopped.
- Will need to be adjusted prior to surgery (such as heart, diabetes medicines).

Please contact your doctor to confirm the medicines that should be:
- Taken (check doses and timing).
- Stopped (this could be as little as 2 days or as long as 14 days before surgery).

Before taking any new medication, tell your other doctors or healthcare providers of your surgery date.

Day Before Your Surgery

You will receive a call from the Same Day Surgery (SDS) Unit.

On the day before your surgery (or on Friday for Monday surgery), the SDS Unit nurse will call you to confirm arrival time for your surgery.

Please ask the nurse any questions you have during this call. The nurse may refer you to your surgeon for questions about your specific surgery.

If you don’t hear from the SDS nurse by 5 p.m., please call the Same Day Surgery Unit at 312-926-5450.

Should you have a question later on, call your surgeon.

Diet

Continue with the carbohydrate-reduced, high-protein diet until midnight. Do not eat or drink after midnight before your surgery. You may take your medicines as directed on the morning of surgery with small sips of water. If you are diabetic, follow your doctor’s guidelines about insulin. Otherwise, do not swallow anything, including the water you use to brush your teeth.

Self Care

It is a good idea to shower and wash your hair the night before your surgery. Also, remove all nail polish, one gel/acrylic nail as well as any make-up. During surgery, your circulation is checked by looking at your nail beds and skin.
Day of Surgery

What to Bring

- Photo ID.
- Medical insurance information.
- Medicare card (for Medicare patients).
- CPAP machine (if prescribed).
- Containers for contact lenses, glasses or dentures.
- Toiletries and other personal items (if you choose, but we can provide).
- Loose-fitting clothing to wear going home.
- List of allergies and current medicines or the original bottles.
- List of all healthcare providers and their phone numbers.
- Education packet (given in pre-op class).

Please leave all valuables (jewelry, credit cards, money) at home. This also includes body-piercing jewelry and tongue studs, which cannot be worn during surgery.

For use in the waiting room, visitors may choose to bring a cell phone and laptop computer (for wireless Internet access).

There are computers with Internet access for visitor use in Northwestern Memorial’s Health Learning Center on the 3rd floor of the Galter Pavilion and in the 8th floor visitors lounge.

Arrival

Please arrive 1½ hours before the time of your surgery (unless told otherwise). Come to the Galter Pavilion, 201 E. Huron St. Check in at the registration desk in the Same Day Surgery Unit on the 5th floor.

Parking is available for patients and visitors in the garage at 222 E. Huron, across from the Feinberg and Galter pavilions. For discounted rates, please bring your parking ticket with you. Tickets can be validated at the Customer Services Desks on the 1st and 2nd floor of the Feinberg and Galter pavilions; 1st floor of Prentice (including the Prentice 24-hour desk near the Superior entrance).

When you first arrive at the registration desk, your information is checked and updated as needed. You will be directed to the waiting area until called by the nurse. (The staff will tell you if your wait will be longer than expected.)

Preparation

Once in the pre-operative (pre-op) room, you will be given a hospital gown and asked to remove all your clothing and jewelry. The nurse will review your medical history and take your temperature, blood pressure and pulse. An IV (into the vein) line is placed in your hand or arm. It will be used for giving needed fluids and medications.
Doctor Visits
While you are in the pre-op area, your surgeon or anesthesiologist, as well as residents and medical students, may visit. If you have already met with the surgeon and anesthesiologist, you may not see them prior to your surgery. If you do have questions for them, please ask your nurse.

While You Wait
You will be in the pre-op room for about 2 hours. The nurse will keep you informed of any delays. You may have 2 adult visitors at a time with you. Other visitors can wait in the family waiting room. Glasses, contact lenses, hearing aids, dentures and hairpieces are removed before you go to the operating room (OR). Visitors may not go with you when you are moved to the OR.

Your family and friends can wait in the Surgery Waiting area on the 5th floor of the Feinberg Pavilion. After your surgery, the surgeon will talk with them in the waiting area either in person or by phone and answer any questions they may have. Please make sure they check in and out with the volunteer.

During Surgery
In the operating room, you will be given medicine to help you relax and feel drowsy. You are connected to a heart monitor and you will breathe through an oxygen mask. Next, you will be given general anesthesia. It includes IV medicine and the breathing of anesthetic gases mixed with oxygen. You will not be aware of the surgery or your surroundings. A tube will be placed into your windpipe to help you breathe during surgery. This is why some patients have a slight sore throat after surgery.

Once you are asleep, surgery begins. It can be done in one of 2 ways:

- The laparoscopic procedure involves a tiny camera on a tube that is inserted into an incision near the navel. Another 4 or 5 incisions are made to perform the surgery itself. The small incisions are closed with a dissolving suture and covered with small tapes (Steri-Strips®) and Band-Aids®.
- In an “open procedure,” a 6- to 10-inch vertical incision is made down the center of the abdomen. After surgery, your skin is closed with metal clips.

Surgery lasts about 3½ to 5 hours, which includes prep and recovery time.

After Surgery
Recovery
You will go directly to the Post Anesthesia Care Unit (PACU). Most patients stay in the PACU about an hour. This may be longer based on your recovery time and hospital room openings.

From the PACU, you may go to either the Intensive Care Unit (ICU) or a hospital inpatient unit.
The nursing staff will be at your bedside often to check on you and keep you comfortable. The nurse will assist you to turn from side to side every 2 to 3 hours. This promotes comfort and prevents lung or skin breakdown problems. To improve your circulation and prevent blood clots, you may have sequential compression devices (SCDs) on your legs.

After surgery, you will have many tubes in place that will:

- Remove blood or fluid that may build up near your incision (Jackson-Pratt or JP drain).
- Provide fluid and medicines (IVs).
- Drain your urine (Foley catheter).
- Keep your stomach pouch empty (nasogastric (NG) tube).

The nurse will have you begin deep breathing and coughing exercises. To be sure you are taking deep breaths, you will need to use your incentive spirometer (Blue Breather). You should take 10 breaths every hour while you are awake. Your nurse will show you how to do this and how to splint your incision with a pillow when coughing. This, along with turning in bed, helps to:

- Prevent mucus and fluid build-up in your lungs.
- Avoid complications, such as pneumonia.

**Pain Control**

Good pain relief can help you be more active and speed your recovery. A Patient-Controlled Analgesia (PCA) machine will be used to control your pain. A PCA allows you to give yourself small doses of pain medicine IV. The PCA pump is attached to your IV line. The PCA pump has a cord with a button. When you have pain and press the button, the ordered dose of pain medicine flows into your IV line. After the dose is given, the PCA pump locks for a short period. During this time, you will not be able to give yourself more pain medicine even if you press the button.

Let your nurses and doctors know how your pain medicine is working. Rate your pain on a scale of 0 to 10, with 0 meaning no pain and 10, the worst pain you could imagine.
Activity
Many patients may be strong enough to get out of bed the day of surgery. Walking also helps decrease discomfort related to laparoscopic surgery. As you are able, your nurse will assist you with a short walk in your room. Later, you will walk in the hall. Always ask your nurse for help with walking to the bathroom or in the hallways.

Foot pumps are to be done 10 times every hour while awake. Point your toes and feet toward the foot of the bed, then pull them up toward your head. Use ankle movement only—do not bend your knees. This helps prevent blood clots from forming.

First Day After Surgery
It is important to:
- Use your PCA for pain control.
- Cough and deep breathe every hour while awake.
- Use the Blue Breather 10 times every hour while awake.
- Do foot pumps 10 times every hour while awake.
- Sit in the chair and walk in the hall at least 3 times a day.

Diet
You may begin drinking 30 mL (small medicine cup) of water every hour while awake. Drink slowly to allow your new pouch to get used to taking in fluids again.

Your diet may be advanced to the Roux-En-Y Gastric Bypass Sugar Free Clear Liquid Diet. Once this diet is started, you do not need to drink 30 mL of water every hour. You can drink your sugar-free clear liquids as your pouch allows. Watch for signs of fullness such as a tight feeling or nausea. If you are drinking slowly, your pouch will give you a warning sign before fullness occurs.

If your Foley catheter is still in place, it will be removed today.

Second Day After Surgery
You will start on the Roux-En-Y Gastric Bypass Sugar Free Clear Liquid Diet, if you have not yet done so.

As your oral intake improves, you will be switched to oral pain pills. You will need to ask your nurse for pain medication. Pain medicine takes about 20 minutes to start working and about 60 minutes to be in full effect.

Good pain relief can help you before activity and speed your recovery. It is important you take your pain medicine as needed to control your pain. Do not wait to feel severe pain. It is much better to prevent the build-up of pain than to try to stop it once it is there.
Increase your activity each day. Walk in the hall at least 4 times today. Each time you walk, increase the time and distance. This will help you become stronger as you prepare to go home.

**Going Home (Discharge)**

Your discharge depends on how you are doing. Before going home:
- Your vital signs are normal (for you).
- You are able to take in needed fluid.
- You are ready to start a pureed, high-protein diet at home.
- Your pain is controlled by pain pills.
- You can walk safely without help.
- Medical conditions are under control.

To assess your progress:
- Your surgeon will be in to see you each day.
- Every morning before 7 a.m., the medical residents will be in to see you.
- The nurse practitioner (NP) will be in to see you during the day.

If you have any questions or concerns, ask your nurse to page the NP.

When you are ready to go home, your doctor or nurse will review your discharge guidelines about:
- Activity.
- Wound care.
- Diet.
- Medicines.
- When to call the doctor.
- Follow-up appointments.

If you have any questions or concerns about your home care, please ask. Remember that you must have a responsible adult to assist you in getting home.

Most patients have their JP drain removed before going home.

**Visitor Information**

General surgery unit—11 a.m. to 8:30 p.m.
Intensive care unit—24 hours; depends on your condition
Children under the age of 12 may visit only if approved by the nurse manager
You may have a family member or friend stay overnight in the general surgery units.
They must be over the age of 18 and be able to care for themselves.
Discount housing is offered at area hotels. Dial 312-926-ROOM (7666) to make a reservation.

Parking validation is offered at the 1st or 2nd floor information desk. If staying overnight, visitors should purchase the 24-hour validation.

**Location**

Northwestern Memorial Hospital is located north of the Chicago Loop. It is 2 blocks east of Michigan Avenue, between Erie and Huron streets. The address is 251 E. Huron St., Chicago Illinois 60611.

Maps are available by request.

**Health Information Resources**

For more information, visit one of Northwestern Memorial Hospital’s Health Learning Centers. These state-of-the-art health libraries are located on the third floor of the Galter Pavilion and on the first floor of the Prentice Women’s Hospital. Health information professionals are available to help you find the information you need and provide you with personalized support at no charge. You may contact the Health Learning Centers by calling 312-926-LINK (5465) or by sending an e-mail to hlc@nmh.org.

For additional information about Northwestern Memorial Hospital, please visit our Web site at www.nmh.org.