verve
HEALTH GROUP

POST-OPERATIVE CARE PATHWAY AFTER

LAPAROSCOPIC GASTRIC BYPASS OR SLEEVE GASTRECTOMY

CONSULTANTS: MR J HEWES, MR A OSBORNE, MR H NAGESWARAN

EXPECTED LENGTH OF STAY: 24-48 HOURS (1-2 NIGHTS)

EXPECTED OPIATE REQUIREMENT IN FIRST 24 HOURS: 20mg ORAMORPH

FROM THEATRE TO WARD (FIRST 12 HOURS OVERNIGHT):

- Hourly observations of pulse, respiratory rate and temperature
- Continuous pulse oximetry measurement overnight
- Surgical review on evening of surgery
- Flowtron compression devices to continue overnight
- Ensure well-fitting TED stockings worn
- Mobilise to chair after 4 hours
- Walk with assistance on evening of surgery
- CPAP to be used as normal if Obstructive Sleep Apnoea
- Encourage deep respirations – increase analgesia if discomfort prevents this
- Continue IV fluids
- Contact RMO if NEWS >4

ORAL PROTOCOL:

- Water only to be drunk overnight. Start with sips in recovery and aim to increase to 200mL/hour or more

MEDICATIONS:

- LMWH Clexane. 40mg od s/c (40mg bd if weight >100kg). First dose at surgery or at 18:00 unless stated in operation notes
- All other oral medications need to be crushed, sublingual or soluble. No tablets to be swallowed whole
- Prophylactic antibiotics on induction only. No routine post-op antibiotics
- Lansoprazole fastabs 30mg s/l od. To start on evening of surgery
- Regular analgesia with Paracetamol (IV, soluble, crushed), Codeine (crushed) or Oramorph as required
- Nausea control important. Antiemetics as required (Cyclizine or Ondansetron)
- Restart all essential regular medications (see later for diabetic drugs)

IMPORTANT…..

Bariatric patients can be difficult to assess and clinical examination not always reliable

- Major immediate concern post-op is of anastomotic or staple line leak or bleed
- Contact RMO or Consultant at any time if high pulse or respiratory rate, fever or worsening abdominal pain (NEWS >4)
- Contrast imaging or CT scanning not always reliable in detecting leak; there is a low threshold for repeat laparoscopy
- Mr Hewes and Mr Osborne are happy to be contacted at any time if concerns (numbers via switchboard)

DAY 1-2:

- Step down to standard ward care. 4 hourly observations
- Restart all regular medications (soluble, liquid or crushed)
- Encourage deep breathing exercises
- When tolerating 200mL/hour orally, stop IV fluids
- TED stockings to be kept on. Remove at least daily to check skin
- Surgical review in morning
- Start oral protocol after review
- Active mobilisation: walk up and down the ward/corridor
- No routine blood tests required unless specified by the surgeon
- Prepare TTOs
- Teach patient how to self-administer Clexane injections

ORAL PROTOCOL:

- If tolerating water well, can move on to free fluids in the morning. Tea, coffee, milk, shakes, clear soups/consommé are fine. Avoid fizzy drinks. Refer to post-operative texture modified diet sheet (patient will have been sent this)

DISCHARGE AND TTO CHECKLIST:

- Paracetamol soluble 1g qds/prn
- Codeine 30-60mg qds/prn (crushed)
- Lansporazole fastabs 30mg s/l od for 6 weeks
- Clexane 40mg s/c od for 14 days
- Prochlorperazine 3mg buccal qds/prn
- Any current medication in soluble, liquid or crushable form for 4-6 weeks post-op. May need pill cutter (liaise with pharmacy)
- Bariatric clinic follow up with consultant at 6 weeks (e-WLS coordinator will organise)
- Patient has copy of dietetic post-operative information (patient will have been sent this)
- Keep TED stockings on for 2 weeks post-op or until back to normal daily activities

- Can bath and shower normally (wounds have subcuticular dissolvable sutures and topical glue dressings). No heavy lifting for 1 month
- Ensure that DVT booklet is read and understood

VITAMIN AND MINERAL SUPPLEMENTATION TTO TO INCLUDE:

- Cacit D3 (2 sachets/day, split dose morning and evening)
- Elemental Iron such as Ferrous Fumarate liquid (140mg in 5mL) 10mL total daily dose
- Multivitamin and mineral twice per day chewable (OTC, purchased by patient, not supplied)

DIABETES MANAGEMENT:

- If diabetic on Insulin or Sulphonylureas TTO to include Glucogel 1po and Glucagon 1mg s/c prn in case of hypoglycaemia
- Diabetic medication plan will have been adjusted pre-operatively by bariatric practitioner. If any concerns post-op patient to contact bariatric team

NURSE-LED DISCHARGE CRITERIA:

- Nurse-led discharge appropriate for patients on Day 2 or later
- NLD agreed with surgeon and documented in notes
- Patient must have normal observations with EWS 0-1
- Good oral intake, mobilising well and good pain control with oral analgesia
- Patient happy to be discharged, and someone at home with them

ANY CONCERNS FOR THE PATIENT AFTER DISCHARGE:

Patient can contact bariatric team via:

- Phone: Verve Health Group on 0117 235 5354
- Email: (mrjameshewes@vervehealthgroup.co.uk, mralanosborne@vervehealthgroup.co.uk, mrharinageswaran@vervehealthgroup.co.uk, Dafydd@vervehealthgroup.co.uk, Lucy@vervehealthgroup.co.uk)

Patient to be aware of the following symptoms after discharge as they may show a serious complication:

- Pain that is worsening or severe
- High temperature or fever
- Dizziness, feeling faint or shortness of breath
- Vomiting and unable to keep fluids down
- It is very important to inform the team if there are any issues with recovery. During normal working hours patient can contact the team for advice. Out of hours or if significantly unwell patient to attend the Emergency Department at Southmead Hospital