



Weight Loss Surgery

Patient Guide



Owensboro
Health

Weight
Management

Patient Guide

This booklet is designed to serve as a guide as you prepare for your weight loss surgery. You as the patient, your family, the hospital staff and your doctor are all important parts of your healthcare team. Learning about weight loss surgery and the information in this book will help you understand and manage your care before, during and after surgery.

Resources:

Please watch our brief online Patient Education Video in addition to reading this booklet. Access the video at OwensboroHealth.org/LiveWell/Seminar or scan the QR code below.



Weight Loss Surgery Patient Education Video



Owensboro Health Weight Management Facebook Page

Owensboro Health Weight Management

2235 Mayfair Ave.
Owensboro, Kentucky 42301

Office: 270-688-1500
Email: swlc@owensborohealth.org
Online: OwensboroHealth.org/LiveWell

Additional Patient Resources can be found on page 38 of this patient guide.



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YOUR HEALTHCARE. YOUR WAY.

MyChart

Ask our team about MyChart and start managing your healthcare today.

Learn more at OwensboroHealth.org/MyChart



Weight Loss Surgery at Owensboro Health

Our weight loss surgery program is designed for success by helping you build healthy eating habits and encouraging you to become physically active. We use a comprehensive team approach to provide you with excellent care as you proceed through our program:

- An experienced team assisting weight loss surgery patients
- Nutrition counseling
- Psychological evaluation
- Lifelong follow-up care
- Support groups

My commitment:

- I commit to participate in a regular physical activity program.
- I commit to changes in diet and lifestyle.
- I commit to maintain follow-up appointments.

What matters most to me: _____

**If you smoke or drink alcohol,
you need to STOP!**

**These activities can slow your
recovery and increase your risk
of getting sick!**

**If you have problems stopping,
talk with your doctor.**

Ask about the **Freedom From Smoking** class at the Healthpark or call 270-688-3263 or 270-688-3291.

Contact a Tobacco Treatment Specialist at 270-417-7564.

Online Resources

FreedomFromSmoking.org | OwensboroHealth.org/Freedom | SmokeFree.gov



Appointments/Testing Before Surgery

Appointment/Class	Date/time
Initial consultation	
Nutrition appointment #1 (telehealth option)	
Nutrition group class (online)	
Nutrition appointment #2 (telehealth option)	
Follow-up appointment	
Support group	
Pre-operative appointment	
Weight loss surgery class (online)	
Pre-admission testing	
Test/Lab/Clearance	
Lab work	
Upper GI	
Chest X-ray	
Gallbladder ultrasound	
H. Pylori testing	
EGD	
Psychological evaluation	
Cardiology clearance	
Pulmonology clearance	

Physician-Supervised Weight Loss Trial (Must be one visit each month.)

Month #1	
Month #2	
Month #3	
Month #4	
Month #5	
Month #6	

Appointments After Surgery

Post-operative #1	
Post-operative #2	
Nutrition (telehealth option)	
Post-operative #3	
3-month follow-up	
6-month follow-up	
1-year follow-up	
18-month follow-up	
2-year follow-up	
Lifelong annual follow-up	

About Weight Loss Surgery

The decision to have weight-loss surgery is a lifetime commitment that takes dedication to maintain a healthy lifestyle in diet and exercise. It may not be the right option for everyone. It is not a quick fix or an easy way out for people who struggle with obesity.

Weight loss surgery is a tool to help you control hunger and limit your food intake. It requires you to change the way you eat and drink. Reaching your goals and maintaining your weight loss for good requires healthy lifestyle changes on your part.

Many post-surgical patients are able to do activities that were not possible before weight loss surgery.

Risks of Obesity

Several factors play a role in obesity: individual genetic makeup; home, work and social environments; and behavioral choices. It is not just about how much you eat or exercise.

Weight loss improves overall health by decreasing or eliminating many health conditions associated with obesity.

Resolution of Weight-Related Conditions After Weight Loss Surgery

(ASMBS.org)

Condition/disease	Remission rate
High blood pressure	75%
Type 2 diabetes	92%
High cholesterol	76%
Sleep apnea	96%
Heart disease	58%

How Weight Loss Surgery Works

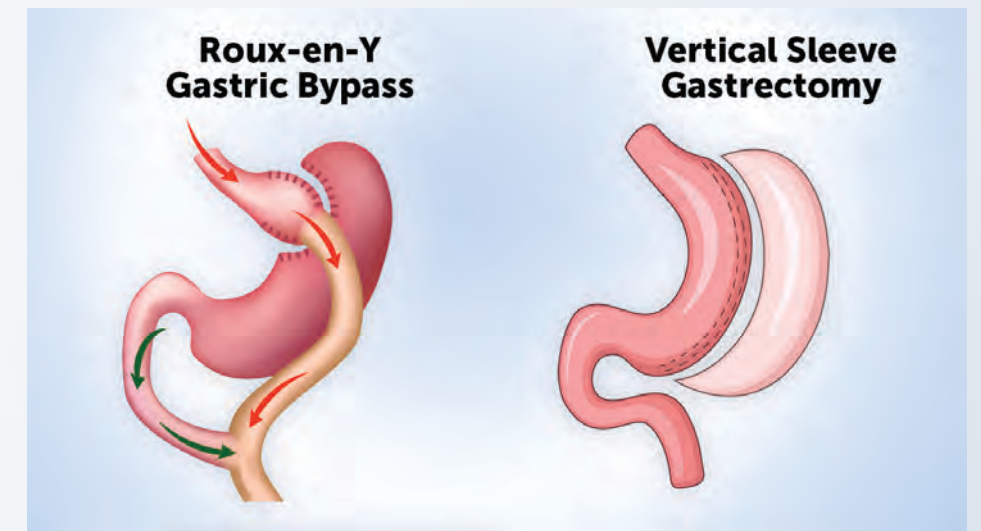
- Weight loss surgery changes the relationship your body has with food and metabolism.
- It changes your metabolic set point.
- Allows your body to stop storing fat.
- Hormone signals that control hunger & metabolism are altered.
- Allows body to manage weight more effectively.

Weight Loss Surgery Procedures

At Owensboro Health, we offer two types of weight loss surgery, which is sometimes called bariatric surgery. Both procedures limit food volume and influences multiple hormones that affect appetite and induce a feeling of fullness. You and your surgeon will decide which procedure is the best option for you.

In a **Roux-en-Y Gastric Bypass**, a small stomach pouch is created and connected directly to the small intestine. This restricts the total volume of food consumed and reduces the number of calories and nutrients you absorb from food. This is called malabsorption. Immediately after gastric bypass surgery, your new stomach pouch will only be able to hold two tablespoons or less of food and liquid.

In a **Vertical Sleeve Gastrectomy**, a portion of the stomach is removed creating a much smaller stomach. Immediately after this surgery, your new stomach will only hold up to four tablespoons of food and liquid.



Procedure Comparison	Roux-en-Y Gastric Bypass	Vertical Sleeve Gastrectomy
Type of procedure	Restrictive and malabsorptive	Restrictive
Surgery time	2-3 hours	1-2 hours
Hospital stay	1 day	1 day
Post-op stomach volume	2 tablespoons or less of food or liquid	4 tablespoons or less of food or liquid
Post-op meals	Small, slow, focus on protein	Small, slow, focus on protein
Nutritional concerns	Calcium, iron, b-complex deficiency	Vitamin d, iron deficiency
Weight loss	75-80% excess body weight	70% excess body weight

Basic Nutrition Guidelines

Learn to Read Food Labels

Nutrition Facts

8 servings per container
Serving size 2/3 cup (55g)

Amount per serving
Calories 230

	% Daily Value*
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 240mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

(For educational purposes only. These labels do not meet the labeling requirements described in 21 CFR 101.9.)

1. Serving Size

This section is the basis for determining the number of calories, amount of each nutrient, and percent Daily Value (%DV) of a food. Use it to compare a serving size to how much you actually eat. Serving sizes are given in familiar units, such as cups or pieces, followed by the metric amount, e.g., number of grams. The serving size reflects the amount people typically eat and drink today. It is not a recommendation of how much to eat.

2. Amount of Calories

If you want to manage your weight (lose, gain, or maintain), this section is especially helpful. The key is to balance how many calories you eat with how many calories your body uses.

3. Nutrients

You can use the label to support your personal dietary needs—look for foods that contain more of the nutrients you want to get more of and less of the nutrients you may want to limit.

- **Nutrients to get more of: Dietary Fiber, Vitamin D, Calcium, Iron and Potassium.** The recommended goal is to consume at least 100% Daily Value for each of these nutrients each day.
- **Nutrients to get less of: Saturated fat, Sodium, and Added Sugars.** The recommended goal is to stay below 100% Daily Value for each of these nutrients each day.

4. Percent Daily Value

This section tells you whether the nutrients (for example, saturated fat, sodium, dietary fiber, etc.) in one serving of food contribute a little or a lot to your total daily diet: **5%DV or less is low and 20%DV or more is high.**

5. Footnote

The footnote explains that the %Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Added Sugar

Added sugars are sugars and syrups that are added to foods or drinks. This does not include naturally occurring sugars such as those found in dairy products or in fruits. Too much added sugar can contribute to chronic health problems, such as:

- Weight gain and obesity
- Pre-diabetes or type II diabetes
- High cholesterol and high triglycerides
- High blood pressure

Limit your sugar intake to less than 5% of your daily calories. For example, if you are eating 1,800 calories per day, keep your sugar intake under 22.5 grams, which is about 5.5 teaspoons or 90 calories.

Added Sugar Comes in Many Forms With Many Names		
Agave syrup/nectar	Fruit juice concentrate	Malt/maple syrup
Brown sugar	Glucose or glucose syrup	Molasses
Cane crystals	High fructose corn syrup	Raw sugar
Coconut sugar	Honey	Sucrose
Evaporated cane juice	Invert sugar	Turbinado sugar
Fructose		

Foods and drinks high in added sugar

- Table sugar and brown sugar
- Syrups added to coffee and sweet tea
- Drinks, such as soda, tea, fruit punch and sports drinks
- Cereals, instant oatmeal and granola
- Snack bars or meal replacement bars
- Yogurts and fruit smoothies
- Flavored milk (chocolate, strawberry, vanilla)
- Jams and jellies
- Condiments such as ketchup and barbecue sauce
- Sweet treats like cookies, pies, candy and ice cream

Tips for cutting down on added sugar

1. Read the food label and pick foods with less than 5g of added sugar per serving.
2. Eat a piece of fresh fruit instead of drinking fruit juice.
3. Drink water or low-calorie and sugar-free water flavors.
4. Cook more meals at home using ingredients with less sugar.
5. When you have dessert, pick a small portion or share with someone.
6. If you eat chocolate, choose dark chocolate, which has less sugar than milk chocolate.

Eating at Restaurants

Portion size

Studies show that when you are served more food, you eat more food. When eating at a restaurant, you may eat two or three times what you would at home.

“Value meals” and “supersize meals” make this worse: bigger portions for fewer dollars. Large portions of high-calorie, high sugar, and high fat foods can be a problem when eaten often.

Tips for controlling portion size:

- Split a meal with a family member or friend.
- Order a side salad or cooked vegetables instead of French fries or chips.
- Split your meal in half before eating. Ask the waiter for a to-go box and take the other half home to have the next day.
- Do not order supersized or extra value meals.

Sneaky salads

Salads are great if you like them. Be aware that tasty toppings add lots of calories. Many restaurant salads can have over 1,000 calories.

Tips for a Healthy Salad:

- Skip the deep-fried items
- Cheese, nuts, avocado and bacon are delicious choices on a salad but not all at once; limit to one or two of these.
- Choose colorful vegetables and lean protein like grilled chicken, turkey, or hardboiled egg.
- Get dressings on the side and start by using only half the dressing.

Bottomless bread baskets, chips and “freebies”

Many restaurants offer “bottomless” bread baskets and tortilla chips that get refilled as long as you’re at the table. Eating half of a loaf of bread or bag of tortilla chips can be easy while waiting for your meal. Limit yourself to one piece of bread, or avoid the temptation and politely ask your server to skip the bread or chips.

Creamy sauces and hidden fats

Restaurants add extra fats and oils to foods, which adds extra calories. Everything from grilled chicken to broccoli is usually cooked in extra butter or cooking oil. Ask your server how dishes are prepared and maybe ask if a dish can be prepared differently such as grilled rather than fried. Watch for these words on menus to help make a healthier choice.

- Healthier: grilled, broiled, roasted, baked, steamed, poached, blackened
- Less healthy: fried, deep fried, sautéed, battered, breaded, crispy
- Choose: broth-based soups, tomato-based sauces, plain baked potatoes with extras on the side
- Limit or skip: au gratin, buttered, cheesy, creamy sauces

Salt

Salt makes food taste better, so restaurants add a lot. Salty foods make us crave more, and we tend to eat more. Eating too much salt can make you retain water. Try to eat low-salt foods for the rest of the day when you eat out. Here are some tips to cut down on salt:

- Choose meals made to order.
- Ask for your meal without added salt.
- Look for low-salt options on the menu.
- Skip the extra salty items like chips, pickles and olives.

Mindful Eating

Eating too fast or while distracted can take away the enjoyment of eating and lead to overeating. Research shows that eating slowly and paying attention to your food can help you lose weight. Slowing down while eating helps your mind and body communicate better. It can take 10-20 minutes for your stomach to tell your brain you're full. Eating slowly gives your body time to send the "full" signal so you don't overeat.

This approach is called mindful eating. This means being fully aware of your meal and your surroundings. It includes:

- Chewing your food
- Eating slowly
- Noticing the colors, smells, flavors, and textures of your food
- Sitting down to eat
- Setting your fork down between bites
- Avoiding distractions such as watching TV, reading, using electronic devices or working while eating

Cultivate a mindful eating environment by eating at set times and places.

Tips for mindful eating

- Eat your meals at about the same time every day.
- Stick to your schedule and routine.
- Move away from places you are likely to get distracted, like in your car or at your desk at work.

Tips for a mindful kitchen:

- Out of sight, out of mind
- Store high calorie snacks & desserts on a high shelf
- Keep low calorie snacks like veggies or fresh fruits within easy reach

Avoid these behaviors:

- Skipping meals
- Wandering around the kitchen looking for food
- Eating at random times and places
- Eating while standing in the kitchen
- Eating in the car while on the way somewhere



Nutrition Plans

Protein supplements

You can find protein supplements at all grocery stores, large retail stores, pharmacies and specialty nutrition stores. There are many sizes, flavors and brands to choose from, but there are two basic forms:

- Pre-made, ready-to-drink bottles or cartons
- Dry powder that you mix into milk or water

Before Surgery

1. Start shopping for protein products. Try different brands, flavors and preparations to find some you like.
2. Your tastes may change after surgery. Don't buy several cases of a single brand or flavor.
3. Have enough protein supplements to last for several days after surgery.

Protein requirements

- 20-30 grams of protein per serving
- Less than 15 grams of total carbohydrates per serving
- No added sugar or very low sugar
- Between 100-200 calories
- Made from whey, casein, egg white, or plant-based protein

Not Acceptable Products:

Ensure, Boost, Glucerna, Slim-Fast or other meal-replacement shakes used on a diet plan.

Vitamins and minerals

Due to the stomach's smaller size in the immediate post-op 5 weeks period, vitamins must be crushed, chewable, liquid or topical (patches). Crushed vitamins can be mixed with a teaspoon of sugar free pudding, yogurt or unsweetened applesauce. Gummy vitamins are not acceptable until at least 6 months after surgery. Gummies are slow to break down in the stomach. Even after chewing them, they can cause severe digestive complications.

Vitamin patches are placed on the skin and changed daily. The vitamins and minerals are absorbed through the skin. This is an affordable alternative to oral supplements.

Read Labels Carefully!

The abbreviation "mcg" means micrograms and "mg" means milligrams. These are very different amounts.

Vitamin requirements

1. **Vitamin B12:** Take 2,500 – 3,000 mcg/week or (400 – 500 mcg/day). After weight loss surgery you will not absorb as much B12. It is essential for several critical functions in the human body. Sub-lingual B12 is recommended.
2. **Calcium Citrate:** 1,200 – 1,500 mg. Your body cannot absorb more than 600 mg of calcium at a time. You'll need to take it two to three times per day.
3. **Iron:** It may be recommended to take an iron supplement daily. For best absorption, take iron with at least 500mg of vitamin C.

Take Iron and Calcium supplements at least two hours apart.

4. **Fiber:** An over-the-counter fiber supplement may help maintain regular bowel habits following surgery. There are many forms. Always use as directed.

Multivitamins

- Contain vitamins: A, D, E, C, Thiamin (B1), Folate (B9), B12
- Contain minerals: iron, zinc, iodine, magnesium, copper
- Vitamins will absorb better when taken within 60 minutes of eating.
- When possible, do not take vitamins on an empty stomach.

High-fiber foods

Public health recommendations advise adults to consume between 25 and 30 grams of fiber per day from foods they eat. Eating enough fiber can be challenging following bariatric surgery. Including small portions of these foods every day will improve digestive health. Be mindful of portion sizes and how much you are eating. Remember to eat slowly and to maintain your fluid intake. Constipation may be related to not consuming enough fiber, but also can be caused by mild dehydration or may worsen when you aren't drinking enough fluids. Drink plenty of water and other low-calorie, non-carbonated beverages.

These are examples of foods with between 2 and 4 grams of fiber per serving:

Whole grains	1/4 cup cooked oatmeal (no added sugar), 1/4 cup quinoa or barley
Vegetables	Broccoli; Brussels sprouts; cabbage (cooked); carrots; cauliflower; eggplant (cooked); okra; spinach; kale; turnip greens (cooked); squash: winter, summer, or zucchini (cooked); sweet potatoes or yams (baked or roasted, never fried); tomatoes (fresh, canned, sliced or diced)
Beans and Legumes	1/2 cup cooked red beans, kidney beans, large lima beans, navy beans, pinto beans, white beans, lentils, black-eyed peas
Fruits	1 apple (3-inch diameter) or 1/2 cup applesauce; 1 medium banana; 1/2 cup dates (whole); 1/2 grapefruit; 1 kiwi fruit; 1 orange or tangerine; 1 pear (fresh); 1 plum (2-inch diameter); 1/4 cup raisins or prunes; 1/2 cup strawberries; blueberries; raspberries; blackberries
Nuts	2 tablespoons almonds, walnuts, pecans

Before Surgery: Pre-Operative Diet

The pre-op diet will shrink your liver and produce rapid weight loss. Strictly following this diet for two to three weeks before your surgery is very important. Once your surgery is confirmed, you will be given the date to begin this diet.

Date to start the Pre-Op Diet:

Foods you can eat on the pre-op diet

- Approved protein drinks (see section on page 12.)
- Any non-starchy vegetables from the box on the next page.
- ½ cup low-fat (2%) cottage cheese, or low-fat yogurt (no sugar added)
- ½ cup of fresh fruit (no canned fruit, fruit snacks, or fruit cocktail)
- ½ cup of cooked beans in water or broth (no added pork fat, bacon or ham)
- Evening or final meal of the day (only once per day): one 4 to 6 ounce serving of boneless/skinless chicken breast or thigh, turkey breast, any fish, or shrimp. These should be grilled, baked, roasted, or rotisserie (nothing breaded, crusted or deep fried). This takes the place of a protein drink.

**Any food that is not listed is not allowed on the pre-op diet.
Please discuss any concerns with your dietitian.**

1. Salads cannot have croutons, meats, eggs, bacon bits or other high-fat toppings; vegetables only.
 - Salad dressing-low-fat, no added sugar and contain less than 20 calories/serving.
 - Simple dressing or veggie dip-use plain low-fat yogurt and dried seasoning blends (like a packet of ranch dressing mix).
2. Soups cannot contain any starches like potatoes, corn, peas, rice, pasta noodles, barley, or other grains.
 - Simple vegetable soup: use vegetables, broth, vegetable juice such as V8, herbs and seasonings.
3. Vegetables can be eaten fresh or raw or cooked in broth (chicken, vegetable, or beef). Aerosol cooking spray is fine but no other oils or fats. Prepare vegetables steamed, baked, roasted, or boiled.
4. Herbs and spices add flavor without adding calories. Experiment using different combinations. Remember that over-seasoning can be just as bad as no flavor at all.

Please talk to your dietitian at Owensboro Health Weight Management if you have questions or need additional help.

Non-starchy vegetables

Broccoli	Carrots
Cauliflower	Cabbages
Leafy greens (lettuce, kale, spinach)	Brussels sprouts
Zucchini and squash	Green beans
Onions	Celery
Peppers	Fennel
Tomatoes	Endive
Cucumbers	Sauerkraut
Pickles	Kimchee
	Mushrooms

Herbs and spices

Basil	Bay Leaves
Parsley	Pepper
Lemon Zest	Onion powder/flake
Dill Weed	Thyme
Paprika	Oregano
Pinch of salt	Soy sauce
Garlic	Tarragon
Rosemary	Turmeric
Sage	Chili Powder
Ginger	Lemon/Lime juice
Marjoram	

Tips for pre-op diet:

- Eat approved foods.
- Drink protein shakes, at least two to three per day. You can have up to four per day.
- Stay hydrated. Drink lots of water and low-calorie, zero-sugar beverages.
- Consume at least 60 grams of protein each day.



Pre-Operative Diet – Sample Meal Plan

Meal	Day One	Day Two	Day Three	Day Four	Day Five
Breakfast	½-cup low-fat yogurt ½-cup sliced strawberries	Protein shake 1 Banana	½-cup low-fat yogurt	Protein shake Sliced apple sprinkled with ground cinnamon	Smoothie: Protein shake blended with crushed ice, ½ banana, and ½ cup of fresh berries
Snack	Protein shake	½-cup low-fat cottage cheese	1-cup sliced Veggies with 2 to 3 ounces of plain, low-fat yogurt blended with dry ranch dressing mix.	½-cup low-fat yogurt	1 cup veggies with low-calorie dressing or yogurt dip
Lunch	Protein shake 2 to 3 cups salad greens topped with chopped/diced veggies of your choice and low-calorie dressing	Protein shake ½-cup cooked and seasoned broccoli florets, 1 cup sliced cucumbers with dill and lemon juice ½ cup tomato soup	Protein shake 1 to 2 cups of simple homemade vegetable soup (recipe available on request)	Protein shake 1 cup vegetable noodles (zucchini or palm heart pasta) ½ cup tomato sauce 1 cup mushrooms, peppers and onions with Italian seasoning	Protein shake Mixed salad greens with low-calorie dressing ½-cup cooked black beans or bean soup
Snack	Protein shake Medium apple	½-cup low-fat yogurt ½-cup blueberries	Protein shake	Protein shake	Protein shake
Dinner	4 to 6 ounces skinless rotisserie chicken 1 to 2 cups of roasted vegetables with herbs (seasoned and cooked on a baking sheet, broil for 12-15 minutes)	4 to 6 ounces of baked turkey breast 1 cup mixed salad with veggies Low-calorie dressing ¾-cup green beans	4 to 6 ounces of sliced or ground chicken, taco seasoning Sauté pepper and onion blend in 2-3 ounces of spicy V-8, roll up in romaine lettuce leaves, top with salsa, cilantro, lime juice	4 to 6 ounces grilled salmon or tuna steak 1 cup roasted vegetables asparagus, endive, spinach, with herbs de Provence	Teriyaki-style riced cauliflower (recipe available on request) ¾-cup diced grilled chicken

Day Before Surgery: Clear-Liquid Diet

You will begin this diet 24 hours before your surgery. A “clear liquid” is something you can see through, even if it has some color to it. The goal is to keep yourself well-hydrated with liquids.

Date to start the Clear-Liquid Diet:

Day Before Surgery: Clear-Liquid Diet

- Water
- Vitamin Water Zero
- Crystal Light, Mio, zero-sugar Kool-Aid, and other zero-sugar water flavors
- Gatorade Zero, Powerade Zero, Propel
- Decaffeinated coffee and tea: black or sweetened with zero-calorie sweetener
- Sugar-free Jell-O and sugar-free popsicles
- Broths-chicken, beef, vegetable, bone and miso broth, bouillon with hot water
- One protein shake. DO NOT use 2% or whole milk to mix protein powders

Drink at least 64 ounces of fluids.

DO NOT EAT ANYTHING AFTER MIGNIGHT THE NIGHT BEFORE YOUR SURGERY.

You can have only water and ice chips until 4 hours before your hospital arrival time. No protein shakes on the morning of surgery.

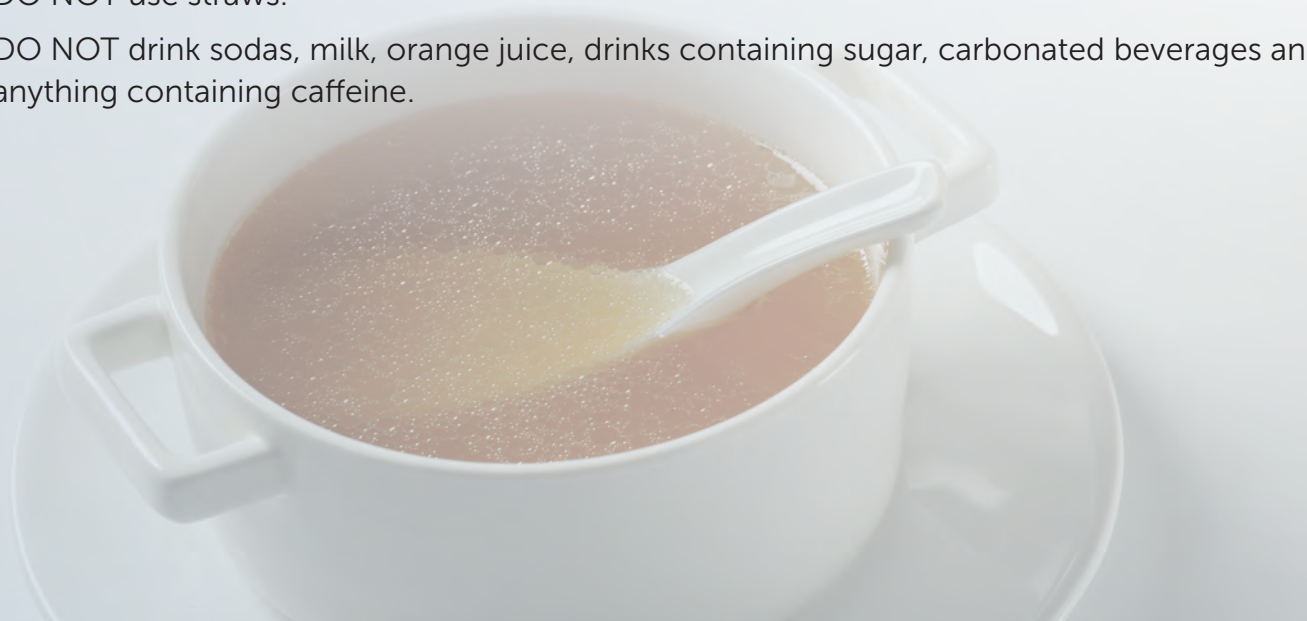
After Surgery: Post-Op Diet Stages

Stage One: Clear-Liquid Diet (36-48 hours after surgery)

Hydration is the most critical need immediately after surgery. A liquid diet will allow time for the stomach to heal and for swelling to decrease. You will begin this diet after your surgery while you are in the hospital. Initially your goal is to drink one medicine cupful every 15 minutes.

Stage One: Clear-Liquid Diet

- Water
 - Vitamin Water Zero
 - Crystal Light, Mio, zero-sugar Kool-Aid, and other zero-sugar water flavors
 - Gatorade Zero, Powerade Zero, Propel
 - Decaffeinated coffee and tea: black or sweetened with zero-calorie sweetener
 - Sugar-free Jell-O and sugar-free popsicles
 - Broths—chicken, beef, vegetable, bone and miso broth, bouillon with hot water
- Sip slowly with small, frequent sips to avoid vomiting.
 - STOP drinking if you feel full, experience abdominal pain, nausea or vomiting.
 - Slowly increase fluids to reach your goal of at least 64 ounces per day (at least 2-4 ounces every 30 minutes).
 - Divide your daily liquid intake to 24 ounces before lunch, 20 ounces before dinner, and 20 ounces before bed.
 - DO NOT wait until you are thirsty to take a drink.
 - DO NOT use straws.
 - DO NOT drink sodas, milk, orange juice, drinks containing sugar, carbonated beverages and anything containing caffeine.



Stage Two: Full-Liquid Diet (Day 2 – 28 after surgery)

Hydration will remain the focus of the stage two full-liquid diet. Your fluid goal is 64 ounces every day. You will sip liquids throughout the day. Most of your nutrition will come from high-protein supplements. These include shakes and protein powders mixed with water or milk. There are also supplements that are pre-mixed liquids, gels, soups and high-protein puddings. You will need to consume at least 60 grams of protein each day.

Date to start the Full-Liquid Diet:

Stage Two: Full-Liquid Diet

- Anything allowed on stage one clear-liquid diet
 - Protein shakes
 - Unsweetened almond/soy/rice milk
 - Skim or 1% low-fat milk
 - No sugar-added applesauce
 - Sugar-free yogurt
 - Sugar-free pudding
 - Smooth, pureed soups and broths
 - V-8 and vegetable juice (no pulp)
- Drink liquids with a smooth, pureed consistency without solid pieces of food. Use a colander or strainer to remove pieces of solid food from soups.
 - Drink 8 ounces of liquids every hour.
 - DO NOT drink 2% and whole milk, half and half, cream, oils and fats and creamed soups.
 - **DO NOT attempt to eat any solid foods for the first 28 days after surgery.**

Stage Three: Soft-Food Diet (Day 28 After Surgery)

At this stage, you will begin reintroducing solid foods. Begin by eating soft foods that are easy to digest and reintroduce one food at a time. This way you can quickly identify foods that might lead to digestive symptoms. Start with a portion size of 1-2 ounces of food, about ¼ cup. You may gradually increase portion sizes as you feel your stomach tolerates a little more food without any discomfort. Stop eating when you feel full or a sensation of pressure around your stomach.

Date to start the Soft-Food diet:

Drink 64 ounces of fluids and consume 60 grams of protein per day.

Start with these foods

Cooked soft foods that are high in protein:

- Lean white meats like chicken or turkey
- Flaky fish such as tuna, salmon, tilapia and cod
- Eggs: the yolk is somewhat high in fat and may cause some mild indigestion during the transition to solid foods. Add these back as you can tolerate them
- Beans cooked soft enough to mash with a fork
- Cottage cheese, ricotta cheese and soft cheeses like skim mozzarella

Stage three soft foods

Fish, poultry, lean meats

- Cooked soft and moist, with broth or light dressing
- Baked, broiled, grilled, or broiled
- Cut meat into small pieces and chew to a soft consistency

Eggs, cooked anyway you prefer

Dairy

- Low-fat, sugar free yogurt
- 1% or 2% cottage cheese or ricotta cheese
- Soft cheeses: mozzarella, Colby jack, string cheese

Beans, non-starchy vegetables

- Cooked and easily mashed beans or lentils
- Nothing deep fried, breaded or cooked with added fats such as port fat, ham or bacon
- Non-starchy vegetables cooked to a soft texture, steamed, boiled or sautéed

Fruits

- Any soft fruit that can be peeled or skinned
- Packed in water or juice like pears, peaches. Not packed in syrup, light syrup or added sugars
- Avoid dried fruit, such as raisins and dates

- Eat at routine times-do not skip meals
- Eat and drink slowly
- Chew food very well and wait between bites of food

Sample Meal Plan: 5 Weeks After Surgery

Before breakfast: sip 4 to 8 ounces of fluids	
Breakfast	Scrambled eggs or low-fat cottage cheese or light yogurt (no added sugar, or sugar free)
Wait 30 minutes then sip on 12-16 ounces of fluids and a protein shake	
Lunch	2 ounces tuna, chicken, or egg salad made with light mayo, or cooked beans, or ricotta cheese with marinara sauce
Wait 30 minutes then sip on 12-16 ounces of fluids and a protein shake	
Dinner	Crockpot chicken cooked in tomato sauce w/sprinkle of mozzarella cheese, or baked chicken w/light savory marinade, or 2 to 3 ounces of simple bean soup
Wait 30 minutes then sip on 8-16 ounces of fluid until bedtime	

Dumping syndrome (gastric bypass patients only)

For gastric bypass patients, some foods may not be absorbed well as they move quickly from the stomach into the lower digestive tract. This is called dumping syndrome. You may experience one or more of these unpleasant symptoms.

A high carbohydrate meal can cause "delayed dumping." Symptoms can occur one to two hours after eating as the carbohydrate is slowly converted to simple sugars. Do not drink liquids within 30 minutes of eating a meal. Stop drinking 30 minutes before each meal and do not drink fluids until 30 minutes after each meal. Be aware of items that are a combination of fluid and food such as cereal with milk.

These foods can cause dumping syndrome

- **Foods high in carbohydrates**
Concentrated sweets, cakes, cookies, pies, candy, regular fruit juice, added sugars, maple syrup, honey
- **Foods high in fats or oils**
High-fat salad dressings, butter, oil, breakfast gravy, alfredo sauce
- **Foods high in fat & carbohydrates**
Ice cream, pasta, French fries, snack chips, whipped coffee drinks, loaded baked potatoes, cheeseburgers

Three Months After Surgery and Beyond

An appropriate serving size for most foods will be 2 to 3 ounces. This will equal about ¼ cup for most vegetables, fruits and high-fiber grains such as oatmeal, brown rice and quinoa. Many foods will meet the above criteria. If you are looking at the nutrition facts label, be sure to look at the serving size.

- Continue to focus on fluid and protein intake—at least 64 ounces of fluids and 60 grams of protein per day.
- Continue taking your multivitamin supplement.
- Eat high protein choices and other nutritious foods.
- You can only tolerate a small amount of food at one time-STOP eating when you feel full.
- DO NOT eat foods high in fat and sugar.
- Over 4 to 6 months slowly work up to 4-5 ounces of food at mealtimes.
- In the coming weeks, your stomach will gradually tolerate tougher, crunchier and more fibrous textures-raw vegetables, salads, fruits and vegetables with hard/tough skins.
- As you approach 12 months after surgery, you should be able to comfortably consume 1,000 to 1,200 calories per day.

Sample Meal Plan: Three Months After Surgery	
Breakfast	1 to 2 eggs with 1 ounce of soft cheese or ¼ cup cooked oats with ¼ cup berries
Lunch	2 to 3 ounces turkey breast or rotisserie chicken, ¼ cup of cooked vegetables or small salad
Dinner	2 to 3 ounces baked or grilled fish, ¼ cup cooked spinach with garlic, light cream cheese, or Parmesan cheese
Snack or dessert	¼ cup sliced banana, 2 tablespoons sugar free yogurt (vanilla, banana, cinnamon flavors), ¼ teaspoon cinnamon or pumpkin spice

High-protein foods

High protein foods such as lean meats, poultry, fish, shellfish and eggs provide an average of 7 to 8 grams of protein per ounce. This refers to pre-cooked weight.

Many individuals find that they can comfortably tolerate about 2 ounces of chicken, turkey, fish, shellfish, and between 1 to 2 soft cooked eggs. Until you can meet your protein goal by eating 60 grams per day, you will need to continue to supplement with a high protein drink.

2 ounces x 8 grams protein (per ounce) = 16 grams of protein

X 3 meals/day = 48 grams of protein

High-Protein Foods		
Food	Serving	Grams of protein
Beans (kidney, baked, garbanzo, lima)	½ cup	7
Beans (white, navy, great northern)	½ cup	9
Lean ground beef (10% fat or less)	1 ounce	9
Lean steak, pork tenderloin	1 ounce	10
Cheese (sliced, shredded)	1 ounce	7
Cottage cheese, ricotta cheese	½ cup	15
Chicken breast	1 ounce	9
Egg white or egg substitute	¼ cup	7.5
Egg whole with yolk	1 egg	6-7 (depends on size)
Fish (most varieties)	1 ounce	7.5
Beef or pork frankfurter	1 link	5
Lentils	½ cup	9
Deli meats, cold cuts, thin sliced	1 ounce	4
Milk	1 cup	8
Peanuts, pistachios, almonds	¼ cup	6
Cashews, walnuts, mixed nuts	¼ cup	4 to 5
Peanut butter, almond butter	2 tablespoons	7



Food intolerances after surgery

A food intolerance happens when you have trouble digesting a particular food. After surgery, you may find some foods cause digestion issues such as:

- Upset stomach
- Gas or bloating
- Mild reflux
- Changes in bowel habits

Lactose intolerance: If you find that drinking milk, eating soft cheeses, and sour cream are causing symptoms-switch to lactose free dairy products.

Milk protein intolerance: For people sensitive to milk protein, drinking protein shakes made from milk protein concentrate (casein or calcium caseinate) can cause or contribute to constipation

High fiber foods: some types often lead to excess gas for some people. You may find these foods are more difficult to tolerate.

Tough, crunchy, and dense foods: These may cause indigestion during the first 3 to 6 months after surgery. Always chew your food well, eat slowly and stop eating when you feel full.

If you have difficulty tolerating foods, talk to your dietitian at Owensboro Health Weight Management. We are here to help you.

Foods not well tolerated in first 3-6 months

- Dry, cured & processed meats: pepperoni, salami, jerky, corned beef, bologna
- Soft breads: rolls, buns, baked goods made from soft dough (these act like a sponge and absorb fluid)
- Pasta, rice, dumplings
- Deep fried foods and greasy foods

Common Symptoms & Causes After Surgery	
Symptom	Possible causes
Diarrhea	Overeating, eating high fat foods, lactose intolerant
Heartburn	Carbonated drinks, spicy foods, lying down after eating
Bloating	Consuming too much fluid or food at a time
Nausea	Eating too quickly, not chewing thoroughly, dumping syndrome (gastric bypass patients only), bitter taste from crushed medicines, chronic post-nasal drip
Vomiting	Foods not moist enough, foods not chewed thoroughly, eating too fast, dumping syndrome (gastric bypass patients only)
Lack of energy	Inadequate protein, inadequate fluids, dehydration, not taking vitamins/supplements, low Iron or B12, not reintroducing solid foods

Preparing for Surgery

Before Surgery:

What to have at home:

- Thermometer
- Home blood-pressure and heart-rate monitor
- Glucose monitor for blood sugar
- Protein supplements
- Multivitamins and supplements
- Adult strength liquid Tylenol (acetaminophen)

Items to pack for the hospital:

- This patient guide book
- Casual, loose fitting clothing for after surgery
- Comfortable shoes or slip-on shoes
- Eyeglasses, dentures, hearing aids
- CPAP or BI-PAP if you use one at home
- Your home medications or a current, complete list of all medications

Do not wear:

- Contact lenses
- Jewelry
- Body piercings
- Make-up, deodorant, lotion
- Acrylic, gel, or dipped nails. No polish (natural nails only)

Preparing your skin:

It's important to follow these specific instructions to reduce your risk of infection.

You will have special instructions on how to clean your skin with antimicrobial soap.

Follow these instructions exactly how they were given to you:

- **Do not** use lotion, ointment or powder on your surgical area.
- **Do not** shave the area of your surgery within 5 days of your procedure
- **Do** tell your nurse or doctor about any open areas or rashes on your skin, including cuts, scratches, scrapes or open bug bites
- **Do** follow the instructions on pages 25 and 26 for showering with CHG
- **Do** follow the instructions on pages 27 and 28 for using Mupirocin ointment.
- **Do** use the calendar on page 39 to track your showers and nasal ointment usage.

My surgery date:

Hospital arrival time:

My support person:

- Stop drinking clear liquids 4 hours before hospital arrival.
- No protein shakes on the morning of surgery.

Showering with CHG

What is Decolonization?

Decolonization = Pre-emptive treatment to kill bacteria on your body BEFORE surgery, to reduce the risk of life-threatening infections AFTER surgery.

Some common bacteria can live on your skin and in your nose for long periods of time. Normally, these germs won't cause any problems. But in certain situations, they can cause severe infections – such as when you have surgery. Surgery greatly raises the risk of a severe infection.

To prevent that from happening, you can perform **decolonization** with **CHG**, reducing the number of bacteria on your body. Fewer bacteria = lower risk of infection. It's a simple but crucial step to protect your health.

What is Chlorhexidine Gluconate (CHG)?

Chlorhexidine Gluconate – or **CHG** – is a special antiseptic cleanser that's safe on skin and works better than regular soap at removing bacteria. Cleaning your skin with CHG kills germs and helps to prevent germs from being on your skin for up to 24 hours.

CHG can make your skin feel sticky. This is normal. Let it sit on your skin for at least 2 minutes before rinsing. It's important to let the CHG dry to get the full protective effect. Your skin might be a bit red or feel a bit dry.

When do I use the CHG?

Start using the CHG five (5) days before your surgery. Take a shower before bed, then use the CHG, following the instructions closely. On the morning of your surgery, shower again and use the CHG one more time. You'll complete six (6) CHG applications in total.

TIPS:

- Other soaps, shampoos, and skin products can stop the CHG from working.
- To prevent this, **use shampoo and other soaps BEFORE you apply the CHG.** Make sure to **rinse it off thoroughly** before you use the CHG.
- **Don't wash with shampoo or other soaps AFTER using CHG.** It's usually best to shower with the CHG as the last thing you do before going to bed.

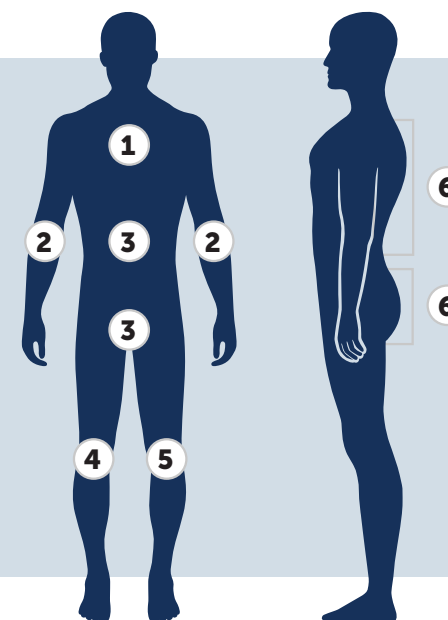
How to Shower with Chlorhexidine Gluconate (CHG)

ONLY USE CHG BELOW THE CHIN. DO NOT APPLY TO YOUR FACE.

If you accidentally get CHG in your eyes or ears rinse well with cold water.

1. Take a shower as normal. Rinse off all soap and shampoo thoroughly!
2. Turn the water off before applying the CHG to your body.
3. Using a clean washcloth/mitt, rub a generous amount of CHG (approximately 1/3 of a 4 oz. bottle) on your skin.
4. **Only use CHG below the chin!** Use the diagram below as a guide. Clean your back and buttocks last.
 - Pay extra attention to the location where your surgery will take place.
 - **For best results, leave CHG on skin for at least 2 minutes before rinsing.** Your skin might feel sticky. This is normal.

1. Neck, shoulders and chest
2. Both arms and hands
3. Stomach and groin
4. Right leg and foot
5. Left leg and foot
6. Back and buttocks



5. Turn the water back on and rinse yourself off thoroughly.
6. Dry with a clean towel and dress in clean, freshly laundered clothes. **Don't apply any lotion, deodorant, perfume, or powder AFTER the CHG.** These skin products can inactivate the CHG.
7. On the first night, make sure you have clean bedsheets and pillowcases on your bed.

Make sure you apply CHG to all joints and crevices – including in your armpits, under your neck, and under skin folds. It's important to clean these areas.

Make sure these areas dry completely!

Nasal Decolonization With Mupirocin

What is Nasal Decolonization?

Some bacteria can live inside your nostrils for long periods of time. Normally, these bacteria won't cause you any problems at all. But when you're having surgery, you're at much higher risk that those bacteria might cause a severe infection. Because we touch our faces a lot, it's very easy for bacteria in your nose to spread to other parts of your body. **Nasal decolonization** is a process to kill off and reduce the bacteria in your nose, which lowers the chances of it spreading elsewhere.

What is Mupirocin?

Mupirocin is a topical antibiotic ointment. It's used for nasal decolonization because it's very effective at killing certain bacteria -especially Staphylococcus aureus, or "staph", which you may have heard of before.

How often do I use it?

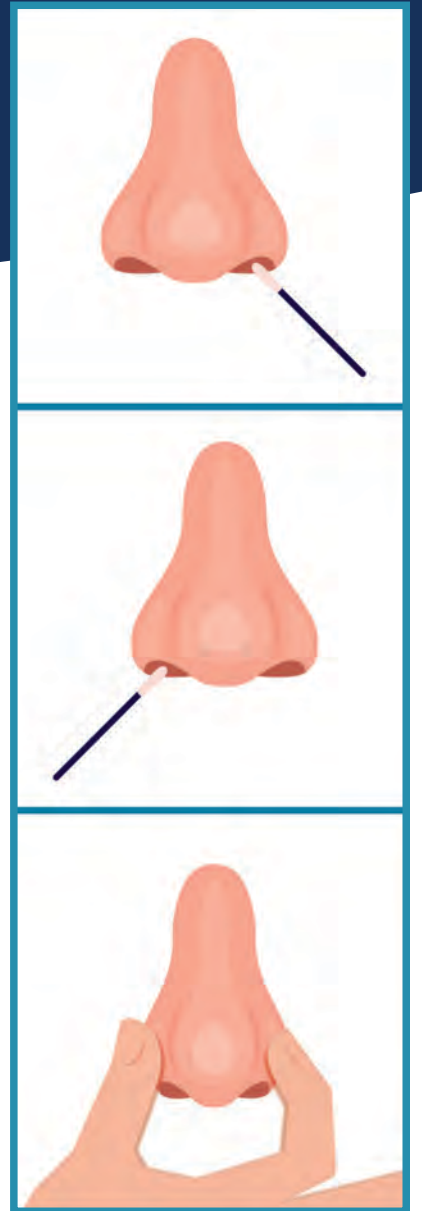
You should apply the mupirocin ointment **twice (2x) every day** – once in the morning and once in the evening – for **five (5) days leading up to your surgery**. Then apply it **once (1) on the morning of surgery**.

Where do I get my CHG and Mupirocin?

You will be instructed how to pick up your CHG and Mupirocin during your pre-admission visit at Owensboro Health.

Instructions for Nasal Decolonization with Mupirocin Ointment

1. Before getting started, wash your hands thoroughly with soap and warm water for 30 seconds.
2. Blow your nose into a tissue to clear your nostrils.
 - Don't blow your nose **AFTER** applying the mupirocin.
3. Squeeze out a pea-sized amount of mupirocin ointment onto a cotton swab.
4. Tip your head backward slightly.
5. Put the swab inside of your nostril and smear the ointment just inside of your nose by twirling the cotton swab. Be sure to coat the entire inside of your nostril.
 - Don't apply mupirocin on the outside of your nose.
6. Gently pinch your nostrils together and massage them together for 60 seconds to spread the ointment.
7. **Repeat for the other nostril, using a new, clean swab.**
8. Wash your hands with soap and water for 30 seconds when you are finished.



The mupirocin is goopy, and my nose feels stuffy afterward.



The ointment is thick, so it can coat the inside of your nose. Massaging your nostrils together will help it spread around and make it feel less goopy.

- Blowing your nose **BEFORE** can help!
- Use no more than a pea-sized amount for each nostril.

What to Expect

When You Arrive for Surgery

- Your support person will be responsible for your belongings.
- Your operative site will be cleaned to reduce your risk of infection.
- You will receive antibiotics before surgery to prevent infection.
- You will be given any medications that your surgeon has ordered before surgery.
- You will be placed on the cardiac monitor and have foot pumps placed on your legs.
- A member of the anesthesia team will evaluate and speak to you before your surgery. Don't hesitate to ask any questions that you may have.

During Surgery

- Your support person will wait for you in the surgery waiting area. Using a number assigned to you, they can follow your surgery progress on a status board.
- The surgeon or a member of the surgery team will speak with your family once your surgery is finished and you are recovering.
- You will be taken to the post-anesthesia care unit (PACU) where you will stay until you are ready to go to your room. Your support person will be given your room number and they will meet you there.

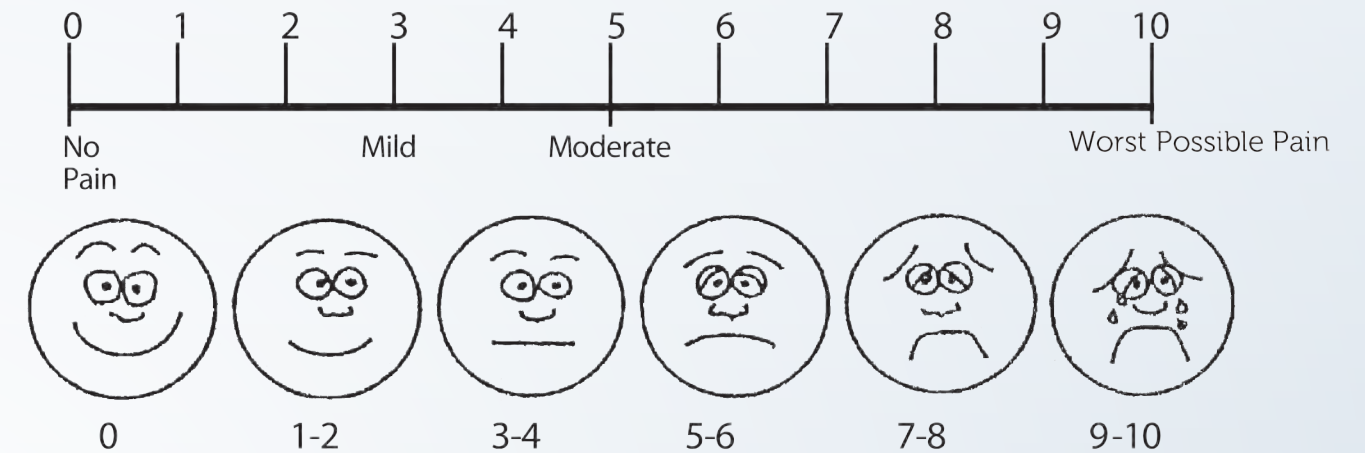
After Surgery

Your care team will consist of nurses, doctors, certified nursing assistants, pharmacists, therapists, dietitians and discharge planners. The team will work together to meet all of your needs.

- You will stay one night in the hospital.
- You will receive a blood thinner (anticoagulant) to prevent you from getting a blood clot.
- You will be given an incentive spirometer to promote deep breathing and prevent pneumonia.
- You will be given an abdominal binder to wear while out of bed and walking to help support your abdomen.
- You will be expected to walk laps as soon as possible. This is to prevent complications. Please call for assistance before getting up.
- You will receive IV fluids while in the hospital. You will begin stage 1 Clear liquid diet shortly after your surgery is completed.
- You will have a scopolamine patch behind your ear to help with nausea. Do not hesitate to tell your nurse if you are nauseous so additional medications can be given.

Pain management

You will have a TAP (transabdominal plane) block in conjunction with your surgery to help control post-operative pain. After surgery, your nurse will assess your pain and ask you to rank your pain using a 0-to-10 scale. Your surgeon will prescribe medication for you based on your pain score. A heating pad may also be used to reduce pain.



Going Home from the Hospital

Your nurse will provide written instructions (after-visit summary) that are individualized to your plan of care before leaving the hospital. It is important to listen closely for your surgeon and nurses' instructions. Do not hesitate to ask any questions before leaving the hospital.

Important reminders:

- Wear the abdominal binder when up and walking.
- Use the incentive spirometer.
- You will have medication to help control your pain at home. Follow your surgeons' instructions.
- Do take your prescribed PPI medication (proton pump inhibitor) for six months after surgery. This is to prevent ulcers.
- **Do not resume using tobacco products or drinking alcohol.**
- Bowel function returns within 48-72 hours after surgery and may be mostly liquid at first.
- Walk several times a day (every 2 hours while awake) to prevent complications.
- Take blood pressure and heart rate twice a day. Write this on the daily vitals log on page 37.
- Take blood sugar readings twice a day. Write this on the daily vitals log on page 37.
- All medications must be crushed, in liquid form, or opened and sprinkled if in capsule form.
- **No solid food for 28 days after surgery.**
- Do not lift anything more than 10 pounds for six weeks after surgery.
- Do not drive while taking narcotic pain medication.
- You will have travel restrictions immediately after surgery. Please call the clinic for recommendations if you plan to travel.

Follow-up appointment:

Your first follow-up appointment with your surgeon will be within one week. If you do not know when this appointment is, please call the clinic. **Don't be afraid to ask questions. Your engagement with your care team can assist you in a successful recovery.**

Recovery at home

Common things to Expect

- Nausea and/or vomiting
- Bloating and gas discomfort
- Heartburn
- Loss of energy
- Diarrhea or constipation
- Hair changes
- Right sided abdominal discomfort due to deep stitch

Wound care and reducing infection:

- Your incisions will be closed with skin glue (dermabond). Do not peel this off.
- Only touch your incisions when cleaning them.
- Wash your hands before cleaning your incisions.
- Clean your incisions daily with soap and water only.
- Do not use ointments, lotions or creams on your incisions.
- Do not immerse your incisions in water. Showering is okay, but no tub baths, swimming or hot tubs.

DO NOT take these Medications after surgery:

- Non-steroidal anti-inflammatory medications (NSAIDS), such as Motrin, ibuprofen, Aleve, Naproxen, and aspirin.
- Alka-seltzer effervescent tablets
- Oral steroids for 6 weeks after surgery

If you are unsure if you are taking a medication that you should avoid after surgery, please call the clinic for guidance.

When to call your surgeon:

- You have a temperature above 101 degrees.
- You have persistent nausea, vomiting or dry heaves.
- Your blood pressure is higher than 160/100.
- Your heart rate is above 115 beats per minute or below 60 beats per minute.
- You have a rash.
- You cannot drink more than 30 ounces of fluid per day.
- You have diarrhea or constipation for 48 hours.
- You have swelling or pain in your lower leg(s).
- You are dizzy or feel faint upon standing.
- You are having uncontrolled abdominal or shoulder pain.
- You are experiencing excessive redness, swelling, or drainage at the surgical sites.
- Your IV site becomes reddened, tender or begins to swell.
- **You have chest pain or shortness of breath.**
- **You have any bleeding, from rectum or vomiting blood.**

Returning to work:

Your return to work date will be individualized. Generally, this is two weeks. If your job is physically demanding, more time off will be needed (4-6 weeks).

Support groups:

Owensboro Health offers a weight loss surgery support group. These meetings offer a variety of speakers and activities related to before and after surgery. This is a great way to meet others that are on the same journey as you. For information on upcoming support groups, visit online at OwensboroHealth.org/LiveWell/SupportGroups.



Call Owensboro Health
Weight Management at
270-688-1500.

*This number is
answered 24/7.*

After hours, an on-call
provider will be contacted.

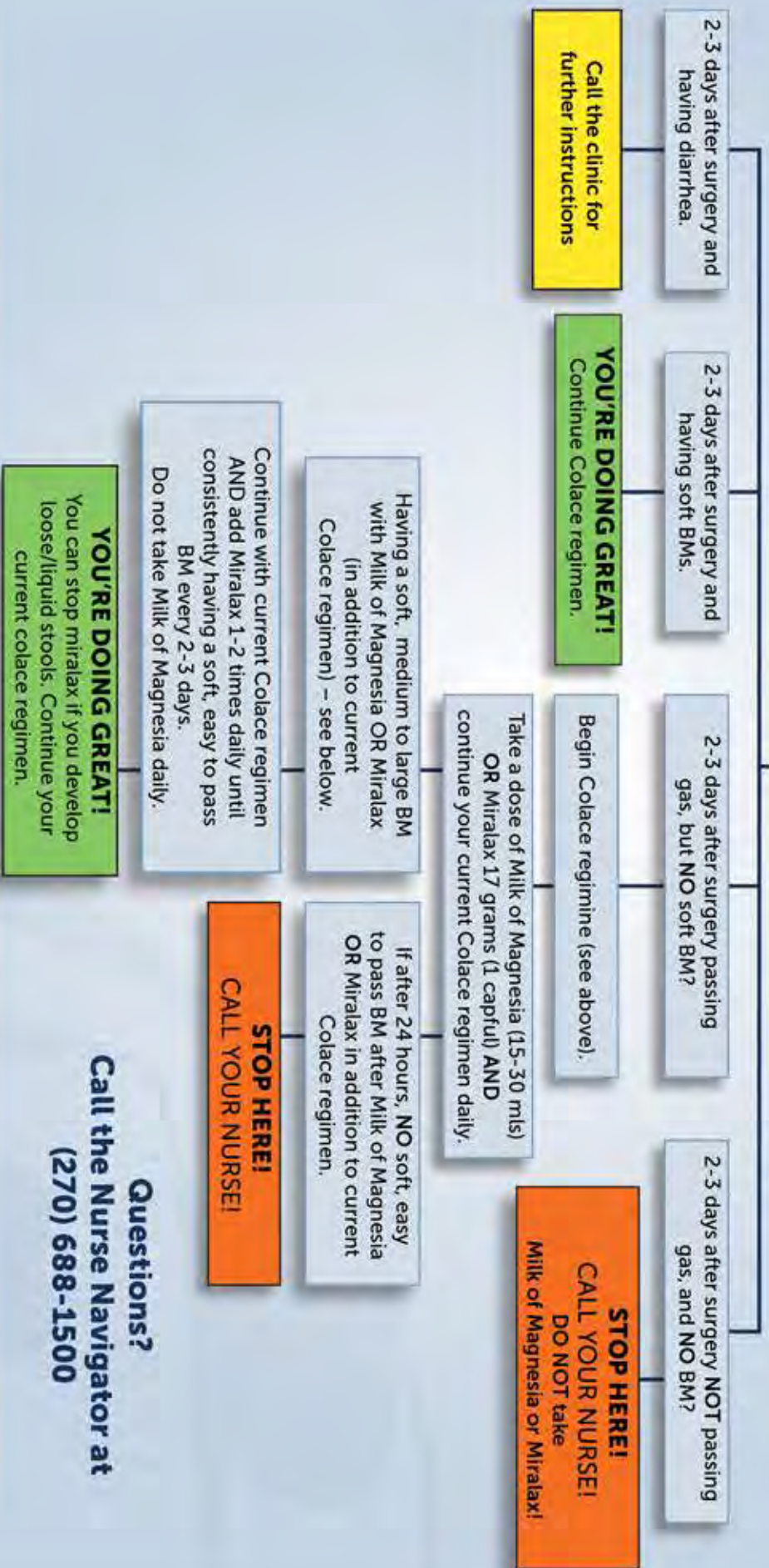
Signs of dehydration

- Dark colored urine with strong odor
- Infrequent urination
- Dry mouth
- Dizzy or lightheaded
- Fatigue



GOAL: Your goal AFTER surgery is to have a soft, easy-to-pass bowel movement (BM) every 2-3 days.

On the day after hospital discharge, if you have a history of constipation, you may begin the following: Colace (Docusate) 100 mg, 1 tablet daily (Crush and mix with sugar-free pudding, applesauce, etc.)



Ford Medical Building | 2235 Mayfair Avenue | Owensboro, KY 42301 | 270-688-1500 | OwensboroHealth.org/LiveWell

The Exercise Challenge:

Find a form of exercise you can add into your daily life. Here are some ideas:

- Take the stairs.
- Go to the park.
- Park further away from the store.
- Get up and move during TV commercial breaks.
- Walk your dog.
- Work in your yard, plant flowers or grow a garden.
- Dance to a favorite song.
- Join a gym.
- Try new things such as swimming, water aerobics or an exercise class.
- Do exercise videos at home.
- Walk with a friend in your neighborhood or a local park.

Tips for staying motivated:

- Set goals that you can reach.
- Start slow.
- Add a variety of exercises.
- Have fun.
- Make it a routine part of your day.
- Write down goals and successes.
- Track progress.
- Have a support system.
- Be flexible.
- Reward yourself for a job well done.



	5 Days Before	4 Days Before	3 Days Before	2 Days Before	1 Day Before	Day of Surgery
Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Nasal Mupirocin <input type="checkbox"/>	Nasal Mupirocin <input type="checkbox"/>	Nasal Mupirocin <input type="checkbox"/>	Nasal Mupirocin <input type="checkbox"/>	Nasal Mupirocin <input type="checkbox"/>	CHG Shower <input type="checkbox"/> Nasal Mupirocin <input type="checkbox"/>
	CHG Shower <input type="checkbox"/>	CHG Shower <input type="checkbox"/>	CHG Shower <input type="checkbox"/>	CHG Shower <input type="checkbox"/>	CHG Shower <input type="checkbox"/>	

- CHG Shower:**
- Use the CHG once a night.
 - Use the CHG once more the morning of your procedure.
 - Turn the water off before applying.
 - Leave the soap on your skin for 2 minutes.
 - Don't use any skin products after using the CHG.

- Nasal Mupirocin:**
- Use mupirocin 2x a day: every morning, every night.
 - Blow your nose before you apply the ointment.
 - Use a pea-sized amount of ointment per nostril.
 - Gently pinch your nose and massage them for 60 secs.
 - Don't blow your nose afterwards.

This document is intended to provide health related information so that you may be better informed. It is not a substitute for your doctor's medical advice and should not be relied upon for treatment for specific medical conditions.



Patient Resources:

Owensboro Health Weight Management

2235 Mayfair Ave.

Owensboro, Kentucky 42301

Office: 270-688-1500

Email: swlc@owensborohealth.org

Online: OwensboroHealth.org/LiveWell

Patient Education Video:

OwensboroHealth.org/LiveWell/Seminar

Support Group Information:

OwensboroHealth.org/LiveWell/SupportGroups

Important Contacts

Owensboro Health Regional Hospital

1201 Pleasant Valley Rd.,

Owensboro, KY 42303

(270) 417-2000

Owensboro Health Regional Hospital

Emergency Department

270-417-5911

Owensboro Health

Twin Lakes Medical Center

Emergency Department

270-259-9501

Owensboro Health Healthpark

1006 Ford Ave.

Owensboro, KY 42301

270-688-5433

OwensboroHealth.org/Healthpark

Owensboro Health

Muhlenberg Community Hospital

Emergency Department

270-338-8332

Quit Now Kentucky

QuitNowKentucky.org

Freedom from Smoking

FreedomFromSmoking.org

OwensboroHealth.org/Freedom

Smoke Free

SmokeFree.gov

Owensboro Health

Tobacco Treatment Specialist

270-417-7564



Owensboro
Health

Weight
Management

OwensboroHealth.org/LiveWell