



DISCHARGE INSTRUCTIONS FOR LAP BANDINGS

MEDICATIONS

1. You may resume your home medications. Pill size should not exceed the size of a plain M&M.
2. Begin taking a chewable children's vitamin (two per day) or one adult chewable vitamin after you go home.

DIET

1. You will stay on the clear liquid diet for two days (refer to diet handout given to you). Transition to a liquid diet with substance (anything through a straw) until seen by your surgeon.
2. Drink 48-64 ounces/day of water. Avoid gulping water, sip small amounts slowly and gradually through a straw.
3. Stay away from carbonated or citrus drinks to decrease nausea- "sugared" drinks are okay for a source of carbohydrates at this time.
4. You can resume caffeine if you choose **AFTER** two weeks of consuming 64 ounces of liquid every day.

INCISION

1. Remove outside dressing 24 hours after surgery. There are steri-strips that should be left in place until they come off or removed by surgeon. Then you may shower, but no tub baths. Pat your incisions dry, do not rub.
2. If the incisions are draining place a clean, dry dressing back over them otherwise keep them open to the air.

ACTIVITY

1. No heavy lifting (greater than 10 pounds), pushing, pulling, straining, or driving until okay with your physician.
2. Walking is encouraged beginning the day of your surgery. Stairs are okay. Continue to do active leg exercises at home.

PAIN MEDICATION

1. Take the pain medication as prescribed by your physician. Remember narcotics can make you sleepy, nauseated, or constipated so take plenty of fluids with them.
2. Do not drive or return to work while taking pain medication. Also you may not drink any alcohol.

THINGS TO WATCH FOR

1. Call your surgeon immediately with a fever greater than 100.5, vomiting, persistent nausea, pain in abdomen that lasts greater than one to two hours and is not relieved by pain medication, increasing incisional redness, pain between the shoulder blades, shortness of breath, sweating, persistent hiccups, cramping or calf pain.
2. Call your surgeon at **785-232-0444**, with any other questions or concerns.

THINGS TO REMEMBER

1. Always inform the ER or any other medical personnel you have a gastric band.

You have a follow up appointment scheduled with Dr. _____ on _____

WE STRONGLY SUGGEST A RESPONSIBLE ADULT REMAIN WITH YOU AT HOME TODAY AND TONIGHT FOR YOUR PROTECTION AND SAFETY. IF YOU HAVE ANY QUESTIONS, OR IF A PROBLEM DEVELOPS, PLEASE CALL YOUR PHYSICIAN IMMEDIATELY. IF YOU ARE UNABLE TO CONTACT YOUR PHYSICIAN AND YOU FEEL THIS IS AN URGENT SITUATION REQUIRING A PHYSICIAN'S ATTENTION, GO TO THE EMERGENCY ROOM CLOSEST TO YOU.

DESIGNATED CAREGIVER CONSENT

I WILL BE THE DESIGNATED DRIVER OF THIS PATIENT AFTER DISCHARGE FROM TALLGRASS SURGERY CENTER. I AM FULLY AWARE THIS PATIENT NEEDS CAREGIVING ATTENTION FOR THE FIRST 24 HOURS.

X _____
PATIENT/PATIENT FAMILY MEMBER

X _____
REGISTERED NURSE