



BAY SURGICAL GROUP

Minor Surgery Discharge Instructions

Please call the office at 305-856-1002 with any questions or concerns.

Pain Control: You will have some discomfort associated with surgery. Effective pain control is essential for a comfortable recovery. Please take the following medications:

- Tylenol 650 mg, please take this medication every 6 hours for 3 days.
- Ibuprofen 600 mg, please take this with food every 6 hours for 3 days.
- For additional relief you may ice wounds for the first 2 days- 20 minutes on, 20 minutes off. Place a cloth around the ice to protect your skin. After 48 hours, you may use a heating pad on a low setting for 10-15 minutes at a time, 2-3 times per day.
- You may experience some numbness and tingling around the incisions. This is a normal reaction and should decrease with time.

Bathing / Incisions: Following surgery, your incision may be closed with internal sutures and skin glue or external sutures covered with a bandage. Any external bandage over your incisions may be removed after 48 hours, if there are smaller bandages underneath please leave them in place. Bruising or swelling may be seen around incisions which will gradually fade. Do not scratch or rub incisions. No tub bathing or submerging incisions for 14 days after surgery.

- If you have Steri-Strips: these typically fall off on their own after 10-14 days. Any Steri-Strips remaining after 14 days may be gently peeled off in the shower.
- If you have external sutures: after 48 hours please remove the external bandage and allow the sutures to be open to air. Apply antibiotic ointment to the incision twice daily. Your sutures may be removed at your follow up appointment in 7-14 days.

Activity: Avoid any heavy lifting (anything over 10 lbs) for 2 weeks after surgery to allow the incisions to fully heal.

Follow Up: Please be sure you have a follow-up appointment within 7-14 days after surgery. If you do not have one, please call the office to schedule or confirm.

Concerns: Please call the office at 305-856-1002 with any questions or concerns. If you are unable to reach someone from the office you may also dial 911 or go to the nearest hospital.

Please call for the following:

- Increased redness around incisions
- Pus or thick, foul-smelling drainage from incisions
- Increasing pain
- Persistent fever (temperature greater than 100.9°F) or chills



BAY SURGICAL GROUP

General Surgery Discharge Instructions

Please call the office at 305-856-1002 with any questions or concerns.

Pain Control: You will have some discomfort associated with surgery. Effective pain control is essential for a comfortable recovery. Please take the following medications:

- Tylenol 650 mg, please take this medication every 6 hours for 3 days.
- Diclofenac 50 mg, please take this with food every 12 hours for 3 days.
- For additional relief you may ice wounds for the first 2 days- 20 minutes on, 20 minutes off. Place a cloth around the ice to protect your skin. After 48 hours, you may use a heating pad on a low setting for 10-15 minutes at a time, 2-3 times per day.
- You may experience some numbness and tingling around the incisions. This is a normal reaction and should decrease with time.

Bathing / Incisions: Following surgery, your incision may be closed with internal sutures and skin glue or external sutures covered with a bandage. Any external bandage over your incisions may be removed after 48 hours, if there are smaller bandages underneath please leave them in place. Bruising or swelling may be seen around incisions which will gradually fade. Do not scratch or rub incisions. No tub bathing or submerging incisions for 14 days after surgery.

- Skin glue typically falls off on its own after 10-14 days. Any skin glue remaining after 14 days may be gently peeled off in the shower.
- If you have external sutures: after 48 hours please remove the external bandage and allow the sutures to be open to air. Apply antibiotic ointment to the incision twice daily. Your sutures may be removed at your follow up appointment in 7-14 days.
- If you were given an abdominal binder after surgery please wear it when out of bed or moving around and take it off when resting or sleeping.

Diet: Drink plenty of fluids and stick to lighter foods for the first 24 hours. After that you may slowly resume your regular diet. Smaller meals taken frequently is also a reasonable way to resume your normal diet.

Bowel Movements: It is common to have constipation after surgery. Make sure to drink plenty of water. If you feel that you need medication to move your bowels, Miralax or Milk of Magnesia can be helpful and gentle. Please discontinue laxatives once you have regular bowel movements or diarrhea.

Activity: Typically after surgery you will be able to walk, go up and down stairs, get in and out of bed, etc. Avoid any heavy lifting (anything over 10 lbs) for 4 weeks after surgery to allow the incisions to fully heal and prevent formation of a hernia.

Driving: You may resume driving when you feel comfortable and as long as you are not taking narcotic pain medication, generally after 1-3 days.

Follow Up: Please be sure you have a follow-up appointment within 7-14 days after surgery. If you do not have one, please call the office to schedule or confirm.

Concerns: Please call the office at 305-856-1002 with any questions or concerns. Someone is always available to return your phone call and answer questions. If you are unable to reach someone from the office you may also dial 911 or go to the nearest hospital. Please call for the following:

- Increased redness around incisions
- Pus or thick, foul-smelling drainage from incisions
- Persistent nausea, vomiting, or diarrhea
- Difficulty urinating
- Increasing pain
- Persistent fever (temperature greater than 100.9°F) or chills



Breast and / or Axillary Surgery Discharge Instructions

Please call the office at 305-856-1002 with any questions or concerns.

If undergoing any breast reconstruction, refer to instructions from your Plastic Surgeon for specific details in all areas below.

Pain Control: You will have some discomfort associated with surgery. Effective pain control is essential for a comfortable recovery. To avoid constipation, we ask patients to only take prescription pain medications when needed. Please take the following medications:

- Tylenol 650 mg, please take this medication every 6 hours for 3 days.
- Diclofenac 50 mg, please take this with food every 12 hours for 3 days.
- If prescribed gabapentin
- For additional relief you may ice is helpful the first 48 hours for a LUMPECTOMY ONLY: 20 minutes on then off for 20 minutes as needed for comfort. A bag of frozen peas is a good ice pack. NO ICE ON MASTECTOMY AREA. After 48 hours, you may use a heating pad on a low setting for 10-15 minutes at a time, 2-3 times per day.
- You may experience some numbness and tingling around the incisions. This is a normal reaction and should decrease with time.

Bathing / Incisions: The stitches are hidden beneath the skin and do not need to be removed. Skin glue has been applied on top of the incision. It will peel off in about 10-14 days and assists in optimal wound healing. After 14 days, the glue may be removed by peeling it off in the shower or scrubbing gently with soap and water. You may shower 24 hours after surgery unless you have a drain in place (see below).

Drain: If you have a drain, keep a dry, clean dressing around the drain site and change daily or as needed for soilage. The drain should be emptied 2-3 times during the day and the amount of drainage accurately measured for each 24-hour period until your follow up appointment. The drain also needs to be “milked” in the morning and evening. This ensures minimal clotting within the drainage tube. Please record the drain output for each day on a slip of paper and bring it to your next appointment. The drain is removed when the amount is 30 mL or less in 24 hours for 2 consecutive days, usually 7-14 days after surgery. PLEASE- review this procedure with your nurse while at the hospital prior to discharge. Please, do not shower while the drain is in place. You may sponge bathe only.

Bra: Please wear a comfortable bra around the clock until your follow up appointment to support the breast and minimize swelling or discomfort. It is best if you do not wear an underwire bra. We encourage you to use a good sports bra.

Activity: Typically after surgery you will be able to walk, go up and down stairs, get in and out of bed, etc. Avoid any heavy lifting (anything over 10 lbs) and vigorous exercise until your follow up appointment. 48 hours after surgery you may begin range of motion exercises for the affected arm 2 or 3 times a day. The sooner the exercise is started, the easier it becomes to achieve full range of motion.

Driving: You may resume driving when you feel comfortable if you have full range of motion on the affected side and as long as you are not taking narcotic pain medication.

Follow Up: Please be sure you have a follow-up appointment within 10-14 days after surgery. If you do not have one, please call the office to schedule or confirm. At the follow up appointment you will be examined and the final pathology report will be reviewed in detail.

Concerns: Please call the office at 305-856-1002 with any questions or concerns. Someone is always available to return your phone call and answer questions. If you are unable to reach someone from the office you may also dial 911 or go to the nearest hospital. Please call for the following:

- Increased redness around incisions
- Pus or thick, foul-smelling drainage from incisions
- Persistent nausea, vomiting, or diarrhea
- Difficulty urinating
- Increasing pain
- Persistent fever (temperature greater than 100.9°F) or chills



Port Placement Discharge Instructions

Please call the office at 305-856-1002 with any questions or concerns.

Pain Control: You will have some discomfort associated with surgery. Effective pain control is essential for a comfortable recovery. Please take the following medications:

- Tylenol 650 mg, please take this medication every 6 hours for 3 days.
- Diclofenac 50 mg, please take this with food every 12 hours for 3 days.
- For additional relief you may ice wounds for the first 2 days- 20 minutes on, 20 minutes off. Place a cloth around the ice to protect your skin. After 48 hours, you may use a heating pad on a low setting for 10-15 minutes at a time, 2-3 times per day.
- You may experience some numbness and tingling around the incisions. This is a normal reaction and should decrease with time.

Bathing / Incisions: Following surgery, your incisions will be closed with internal sutures (which dissolve over time) supported externally by skin glue. Any external bandage over your incisions may be removed after 48 hours. Skin glue typically falls off on its own after 10-14 days. Any skin glue remaining after 14 days may be gently peeled off in the shower. Some bruising or swelling may be seen around incisions; this is normal and will gradually fade. Do not scratch or rub incisions. No tub bathing or submerging incisions for 14 days after surgery.

Activity: Avoid any heavy lifting (anything over 10 lbs) for 2 weeks after surgery to allow the incisions to fully heal.

Driving: You may resume driving when you feel comfortable and as long as you are not taking narcotic pain medication, generally after 1-3 days.

Follow Up: Please follow-up with your surgeon, oncologist, or primary care doctor within 1 week of surgery. If you do not have one, please call the office to schedule or confirm.

Concerns: Please call the office at 305-856-1002 with any questions or concerns. If you are unable to reach someone from the office you may also dial 911 or go to the nearest hospital.

Please call for the following:

- Increased redness around incisions
- Pus or thick, foul-smelling drainage from incisions
- Increasing pain
- Persistent fever (temperature greater than 100.9°F) or chills



Anorectal Surgery Discharge Instructions

Please call the office at 305-856-1002 with any questions or concerns.

Pain Control: In the operating room, your bottom (anus) will be numbed up with a long acting medicine similar to Novocain; this generally wears off 6-8 hours after the operation. It is normal to have some pain or discomfort for several days to weeks after this type of surgery. Sitz baths can also help to relieve the pain- especially after a bowel movement. Please take the following medications:

- Tylenol 650 mg, please take this medication every 6 hours for 5 days.
- Diclofenac 50 mg, please take this with food every 12 hours for 5 days.
- Lidocaine 5%, apply ointment to the anus every 3 hours as needed for pain.
- If prescribed a narcotic (ex. oxycodone) please use this medication for severe pain that is not relieved with the medications above.

Sitz Baths: Sitting in hot water for 10-20 minutes a day helps to relax the muscles in the pelvic floor (around the anus). You do not need to use Epsom salts but it will not hurt your wounds if you choose to use Epsom salts. You may start with sitz baths 24 hours after surgery. The dry gauze covering your wound can be replaced daily or as needed for soilage. You should take hot baths or use a sitz bath 2-3 times per day for at least the first week after your surgery. After the first 2 weeks, you may keep using sitz baths if you feel that they are helpful. They are not needed for the wound to heal.

Bowel Movements: It is normal to have pain or discomfort with bowel movements for several days after your surgery. You may experience some bleeding when you wipe yourself after a bowel movement for several days after your surgery. It is also common to have a degree of constipation after surgery. It is suggested that you use a fiber supplement twice daily (see below) and drink plenty of water (4-8 glasses a day). If you do not have a bowel movement every 2-3 days, please take Miralax or Milk of Magnesia as directed on the packaging. Please discontinue laxatives once you have regular bowel movements or diarrhea.

Fiber supplements:

- Powders: Metamucil, Konsyl, Citrucel, Benefiber
- Chewable Tablets: Fiber Choice-2 tablets
- Breakfast Cereals: Fiber One, Bran Buds, Kashi (1/2 cup-3/4cup)

Activity: Typically after surgery you will be able to walk, go up and down stairs, get in and out of bed, etc. Avoid any heavy lifting (anything over 10 lbs) until your follow up appointment.

Driving: You may resume driving when you feel comfortable and as long as you are not taking narcotic pain medication, generally after 1-3 days.

Follow Up: Please be sure you have a follow-up appointment within 7-14 days after surgery. If you do not have one, please call the office to schedule or confirm. At the follow up appointment you will be examined and the final pathology report will be reviewed in detail.

Concerns: Please call the office at 305-856-1002 with any questions or concerns. Someone is always available to return your phone call and answer questions. If you are unable to reach someone from the office you may also dial 911 or go to the nearest hospital. Please call for the following:

- Persistent nausea, vomiting, or diarrhea
- Difficulty urinating
- Increasing pain
- Persistent fever (temperature greater than 100.9°F) or chills



Peritoneal Dialysis Catheter Discharge Instructions

Please call the office at 305-856-1002 with any questions or concerns.

Pain Control: You will have some discomfort associated with surgery. Effective pain control is essential for a comfortable recovery. Please take the following medications:

- Tylenol 650 mg, please take this medication every 6 hours for 3 days.
- For additional relief you may ice wounds for the first 2 days- 20 minutes on, 20 minutes off. Place a cloth around the ice to protect your skin. After 48 hours, you may use a heating pad on a low setting for 10-15 minutes at a time, 2-3 times per day.
- You may experience some numbness and tingling around the incisions. This is a normal reaction and should decrease with time.

Bathing / Incisions: Your incisions will be closed with internal sutures (which dissolve over time) supported externally by skin glue. Skin glue typically falls off on its own after 10-14 days. Any skin glue remaining after 14 days may be gently peeled off. Some bruising or swelling may occur around incisions; this is normal and will gradually fade. Do not scratch or rub incisions. Do not shower, sponge bath only until follow up appointment. Do not remove or change surgical bandages, dressing changes will be done by the dialysis nurse. Never submerge the catheter in water- no swimming or tub baths.

Diet: Stick to lighter foods for the first 24 hours. After that you may slowly resume your regular diet. Smaller meals taken frequently is also a reasonable way to resume your normal diet.

Bowel Movements: It is common to have constipation after surgery. If you feel that you need medication to move your bowels, a fiber supplement or Milk of Magnesia can be helpful and gentle. Please discontinue laxatives once you have regular bowel movements or diarrhea.

Activity: Typically after surgery you will be able to walk, go up and down stairs, get in and out of bed, etc. Avoid any heavy lifting (anything over 10 lbs) for 4 weeks after surgery to allow the incisions to fully heal and prevent formation of a hernia.

Driving: You may resume driving when you feel comfortable and as long as you are not taking narcotic pain medication, generally after 1-3 days.

Follow Up: Please be sure you have a follow-up appointment within 7-14 days after surgery. If you do not have one, please call the office to schedule or confirm.

Concerns: Please call the office at 305-856-1002 with any questions or concerns. Someone is always available to return your phone call and answer questions. If you are unable to reach someone from the office you may also dial 911 or go to the nearest hospital. Please call for the following:

- Increased redness around incisions
- Pus or thick, foul-smelling drainage from incisions
- Persistent nausea, vomiting, or diarrhea
- Difficulty urinating
- Increasing pain
- Persistent fever (temperature greater than 100.9°F) or chills



Colon Surgery Discharge Instructions

Please call the office at 305-856-1002 with any questions or concerns.

Pain Control: You will have some discomfort associated with surgery. Effective pain control is essential for a comfortable recovery. Please take the following medications:

- Tylenol 650 mg, please take this medication every 6 hours for 3 days.
- Diclofenac 50 mg, please take this with food every 12 hours for 3 days.
- If prescribed a narcotic (ex. tramadol, oxycodone) please use this medication for severe pain that is not relieved with the medications above.
- For additional relief you may ice wounds for the first 2 days- 20 minutes on, 20 minutes off. Place a cloth around the ice to protect your skin. After 48 hours, you may use a heating pad on a low setting for 10-15 minutes at a time, 2-3 times per day.
- You may experience some numbness and tingling around the incisions. This is a normal reaction and should decrease with time.

Bathing / Incisions: Following surgery, your incision may be closed with internal sutures and skin glue or external sutures covered with a bandage. Any external bandage over your incisions may be removed after 48 hours, if there are smaller bandages underneath please leave them in place. Bruising or swelling may be seen around incisions which will gradually fade. Do not scratch or rub incisions. No tub bathing or submerging incisions for 14 days after surgery.

- Skin glue typically falls off on its own after 10-14 days. Any skin glue remaining after 14 days may be gently peeled off in the shower.
- If you have external sutures: after 48 hours please remove the external bandage and allow the sutures to be open to air. Apply antibiotic ointment to the incision twice daily. Your sutures may be removed at your follow up appointment in 7-14 days.

Diet: For 1 month after surgery avoid high fiber foods including but not limited to: raw fruits and vegetables, beans, seeds, legumes, popcorn, whole grains. Drink plenty of fluids and stick to lighter foods for the first 24 hours. After 1 month you may slowly resume your regular diet.

Bowel Movements: It is common to have diarrhea and bloody stools after surgery which usually resolves within 1 month of surgery. Make sure to drink plenty of water.

Activity: Typically after surgery you will be able to walk, go up and down stairs, get in and out of bed, etc. Avoid any heavy lifting (anything over 10 lbs) for 4 weeks after surgery to allow the incisions to fully heal and prevent formation of a hernia.

Driving: You may resume driving when you feel comfortable and as long as you are not taking narcotic pain medication, generally after 1-3 days.

Follow Up: Please be sure you have a follow-up appointment within 7-14 days after surgery. If you do not have one, please call the office to schedule or confirm.

Concerns: Please call the office at 305-856-1002 with any questions or concerns. Someone is always available to return your phone call and answer questions. If you are unable to reach someone from the office you may also dial 911 or go to the nearest hospital. Please call for the following:

- Increased redness around incisions
- Pus or thick, foul-smelling drainage from incisions
- Persistent nausea, vomiting, or diarrhea
- Difficulty urinating
- Increasing pain
- Persistent fever (temperature greater than 100.9°F) or chills
- Constipation for more than 4 days
- Large amounts of rectal bleeding or blood clots
- Rectal bleeding that doesn't stop for more than 1 hour after a bowel movement



Bariatric Surgery Postoperative Instructions and Diet

Please call the office at 305-856-1002 with any questions or concerns.

Pain Control: You will have some discomfort associated with surgery. Effective pain control is essential for a comfortable recovery. Please take the following medications:

- Tylenol 650 mg, please take this medication every 6 hours for 3 days.
- Diclofenac 50 mg, please take this with food every 12 hours for 3 days.
- For additional relief you may ice wounds for the first 2 days- 20 minutes on, 20 minutes off. Place a cloth around the ice to protect your skin. After 48 hours, you may use a heating pad on a low setting for 10-15 minutes at a time, 2-3 times per day.
- You may experience some numbness and tingling around the incisions. This is a normal reaction and should decrease with time.

Bathing / Incisions: Following laparoscopic surgery, your incisions will be closed with internal sutures (which dissolve over time) supported externally by skin glue. Any bandage over your incisions may be removed after 48 hours. Skin glue typically falls off on its own after 10-14 days. Any skin glue remaining after 14 days may be gently peeled off in the shower. Some bruising or swelling may occur around incisions; this is normal and will gradually fade. Do not scratch or rub incisions. No tub bathing or submerging incisions for 14 days after surgery.

Bowel Movements: It is common to have constipation after surgery. Make sure to drink plenty of water. If you feel that you need medication to move your bowels, Miralax or Milk of Magnesia can be helpful and gentle. Please discontinue laxatives once you have regular bowel movements or diarrhea.

Activity: Typically after surgery you will be able to walk, go up and down stairs, get in and out of bed, etc. Avoid any heavy lifting (anything over 10 lbs) for 4 weeks after surgery to allow the incisions to fully heal and prevent formation of a hernia.

Driving: You may resume driving when you feel comfortable and as long as you are not taking narcotic pain medication, generally after 1-3 days.

Follow Up: Please be sure you have a follow-up appointment within 7-14 days after surgery. If you do not have one, please call the office to schedule or confirm.

Concerns: Please call the office at 305-856-1002 with any questions or concerns. Someone is always available to return your phone call and answer questions. If you are unable to reach

someone from the office you may also dial 911 or go to the nearest hospital. Please call for the following:

- Increased redness around incisions
- Pus or thick, foul-smelling drainage from incisions
- Persistent nausea, vomiting, or diarrhea
- Difficulty urinating
- Increasing pain
- Persistent fever (temperature greater than 100.9°F) or chills

Guidelines for Post-Operative Diet Stages First Eight Weeks

Do not chew gum

Do not use a straw

Avoid carbonated beverages (unless flat, diet, and caffeine-free)

No juice or sweetened beverages

No honey, sugar, syrup

Avoid protein bars, rice, fresh bread, lettuce, nuts, seeds

Avoid skin and seeds of fruit (because of nuts)

Avoid spicy and acidic foods, drinks for 8 weeks, including:

- Pineapple Juice
- Grapefruit Juice
- Orange Juice
- Hot Sauce
- Peppers
- Tomato, Vegetables Juice
- Tomato Sauce, Soup

Preoperative Diet

The main dietary goal before surgery is shrinking your liver. A large liver makes gastric sleeve surgery harder for your doctor to do, and more dangerous for you to have done.

Beginning two weeks before your scheduled surgery date you should be on a liquid diet.

Week 1 Diet

For the first week after the procedure, you'll continue with the same clear liquid diet you followed in the days leading up to surgery. This will help to avoid postoperative complications, including bowel obstruction, gastric leakage, diarrhea, constipation, and dehydration. Your body needs time to heal, and this regimen will help with that goal. Tips to keep in mind include:

Make sure to drink plenty of clear liquids. If you have trouble remaining hydrated, talk to your doctor about electrolyte drinks to try, such as low-calorie Gatorade.

Don't drink anything with sugar. Sugar can contribute to dumping syndrome, a complication caused by too much sugar entering the small intestine quickly. This results in severe nausea,

fatigue, diarrhea, and even vomiting. Sugar is also full of empty calories. It should be avoided now and minimized in the long term.

Caffeine may contribute to acid reflux and dehydration, and should also be avoided.

Carbonated beverages, including those with sugar, no-calorie options, and seltzer, can all contribute to gas and bloating. These should all be avoided postoperatively and possibly even long term.

Week 2 Diet

During the second week after surgery, you will graduate to a full-liquid diet. Options include:

no-sugar nutrition shakes, such as Ensure Light

instant breakfast drinks

shakes made with protein powder

thin broth and cream-based soups with no chunks — soft soup noodles are ok in very small amounts

unsweetened milk

sugar-free, nonfat pudding

sugar-free, nonfat frozen yogurt, ice cream, and sorbet

nonfat plain Greek yogurt

fruit juices with no pulp, diluted with water

thinned, hot cereal, such as Cream of Wheat, or oatmeal

During this period, you may feel your appetite increase. That is perfectly natural, but not a reason to eat solid food. Your system is still unable to handle solids. Vomiting and other complications can result. Filling up on liquids and avoiding sugar and fat will help prepare you for the next stage of your diet. Carbonated beverages and caffeine should still be avoided.

Week 3 diet

During week three, you can add soft, pureed foods to your diet. Make sure to eat slowly and chew food thoroughly — at least 25 times, if possible. Any low-fat, sugar-free food that you can puree, including lean protein sources and non-fibrous vegetables, are acceptable. It's important to start increasing your protein intake. If you don't like the taste of pureed lean protein sources, continue to drink no-sugar protein shakes or eat eggs daily. Foods to eat include:

jarred baby food

silken tofu

cooked, pureed white fish

soft-scrambled or soft-boiled eggs

soup

cottage cheese

canned fruit in juice

mashed bananas or very ripe mango

hummus

pureed or mashed avocado

plain Greek yogurt

Continue to avoid chunked and solid foods, as well as caffeine, during this time. You should also stick to bland food with mild or no seasoning. Spices may contribute to heartburn.

Week 4 diet

Now that you're one month post-surgery, you can start adding solid foods to your diet. This is the time to put your new healthy-eating skills into action, full force. Sugar and fat, including high-fat dairy, should still be avoided, as should hard-to-digest foods such as steak, fibrous vegetables, and nuts. Other foods to avoid include pasta, white potatoes, and other high-carb options. Caffeinated beverages can usually be reintroduced, in moderation, at this time. Foods you can add to your list include:

well-cooked chicken and fish

well-cooked vegetables

sweet potatoes

low-fat cheese

fruit

low-sugar cereal

Week 5 diet and beyond

Now that you can eat solid food safely, it's time to put your new-normal eating plan into long-term effect. Keep the emphasis on lean protein and vegetables, introducing one food at a time so that you can monitor your body's reaction. Foods you should avoid entirely, or only eat on occasion from this point forward, include sugary sweets and soda. All other foods can be incorporated back in unless they trigger symptoms.

Choose your foods wisely, picking nutrient-dense options, and avoid empty calories. Eating three small meals a day, with minimal snacks, may help you stick to your plan. Also make sure to always remain hydrated.

Guidelines and tips

Post-surgical recovery tips that can help you stay on track include:

- Use a blender or food processor to puree foods.
- Learn to recognize the difference between hunger (physical) and appetite (mental/emotional).
- Don't overeat — your stomach will stretch in time and stabilize in size.
- Chew slowly, and eat slowly.
- Avoid non-nutrient calories.
- Avoid concentrated sugars / simple sugars, which are found in candy, cookies, ice cream, table sugar, doughnuts, cake, honey, syrup, pies, sherbet, jelly, and fruit juice.
- Avoid trans fats and fried, processed, and fast foods.
- Avoid dehydration by sipping water or low-calorie versions of Gatorade.

- Don't eat and drink at the same time.
- Talk to your doctor about bariatric vitamins and supplements to decide what you should take, and when.
- Build movement into your life. Start with walking, and explore other exercises that you enjoy, such as swimming, dancing, and yoga.
- Avoid alcohol. Gastric sleeve surgery and other types of bariatric surgeries may increase, and quicken, alcohol's effects.
- Avoid nonsteroidal anti-inflammatory drugs (NSAIDs), such as Ibuprofen, aspirin, and naproxen. These types of over-the-counter pain medications may reduce your stomach's natural, protective coating.
- Avoid carbonated beverages. They contain refined sugar and will be counterproductive in your weight reduction goal. They also cause diuresis and may tilt you toward dehydration. Coffee should be avoided as it is acidic and may cause gastric reflux.