

## Post-Operative Instructions

### Percutaneous Vertical-Banded Gastroplasty (VBG) Reversal

#### **Description of the Operations**

I will be reversing your vertical-banded gastroplasty (gastroplasty, VBG, stomach stapling) using upper endoscopy and one or a few small puncture wounds on your abdomen. This involves cutting the plastic ring narrowing the outlet of your stomach pouch. The operation should allow you to eat more normally without vomiting and improve (although not necessarily eliminate) acid reflux. I'll leave a small tube in your stomach but will remove it in the office during your follow-up appointment in 3-4 weeks. Be prepared to spend one night in the hospital, although you might not need to, depending on how you feel after surgery.

#### **Your Recovery**

Because of the way your operation will be performed, I'll put little or no restrictions on your physical activity after the operation. Your level of discomfort should prevent you from over-exerting yourself. As long as you don't lift or strain beyond the point where it hurts, you should be fine. Your pain will most likely fade rapidly, so you should be able to return to work or normal activities within a few days to a few weeks, depending on the activities. You may resume showering the day after surgery. Keep the stomach tube clamped and the skin around it clean and covered with a bandage. Change the bandage as often as you need but at least daily.

#### **Pain Relief**

1. Take Extra Strength Tylenol (or generic acetaminophen) 1000mg every 6 hours for 3 days, then only as needed to control discomfort.
2. Take Advil (or generic ibuprofen) 600mg every 6 hours for 3 days, then only as needed to control discomfort. [DO NOT use Advil if you have a history of stomach or intestinal ulcers or have had problems taking aspirin in the past.]
3. Take 1-2 oxycodone 5mg tablets every 3 hours as needed for discomfort that remains after taking Tylenol & Advil. Not everybody needs this, so you might choose not to fill the prescription. This is a narcotic pain killer. If you use it you must beware of becoming drowsy or inattentive, and you will not be able to drive or operate dangerous equipment. It can also cause nausea and constipation.

The above combination is for maximum pain control. You may skip some or all of the medications if you're comfortable without them.

## **Other Medications**

1. Continue taking any anti-reflux medications (Prilosec, Prevacid, Aciphex, Protonix, Pepcid, Zantac, Axid, Tagamet) after you go home from the hospital. Discontinue it after your follow-up appointment in my office unless I instruct you otherwise.
2. Resume all other usual medications unless I instruct you otherwise.

## **Diet**

1. For the first 3 days, stay on liquids and soft foods that don't require chewing (yogurt, applesauce, mashed potatoes, etc.).
2. Then gradually advance your diet back to regular foods.

## **Most Frequent Problems**

**Tube discomfort/irritation:** Most, if not all, of your discomfort will be at and around the stomach tube. That skin area usually becomes red and irritated at some point before I finally remove the tube. The small adjustable piece of plastic (T-piece) should rest loosely on your skin. If it becomes too tight and starts indenting your skin it will make the irritation worse. Don't hesitate to call for advice.

**Nausea:** If you feel okay when you leave the hospital but start to feel nauseated at home, it is probably caused by the prescription pain killer. You might want to take only the Tylenol and Advil in that case or call me for a different prescription (which might also causes nausea).

**Weight Gain:** This operation will undo some or all of the weight-loss properties of the vertical-banded gastroplasty. You should become able to eat many foods you haven't been able to tolerate because of the gastroplasty. Your weight will increase unless you make healthy choices about what and how much you eat. Make every effort to replace junk food with the more nutritious foods the gastroplasty wouldn't permit.

## **Reasons to Call Me**

1. Pain not controlled by your medication
2. Persistent vomiting or dry heaves
3. Fever and wound redness or persistent leakage from an incision or from around the tube
4. Any questions or concerns what-so-ever

## **Pre-Operative Appointment** (if required)

Hospital: \_\_\_\_\_

Report to: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## **Surgery Appointment**

Don't eat or drink after midnight before surgery (except to take your usual medication).

Hospital: \_\_\_\_\_

Report to: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### **Post-Operative Office Appointment**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

I would like to see you in 3-4 weeks, sooner only if problems require it (since I can't remove your stomach tube for at least 3 weeks). Please call to confirm your appointment or to arrange one if you don't have a date & time yet. If you have any questions, please call (207) 761-6642.