Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Procedure: [Insert Procedure Type, e.g., Gastric Sleeve / Bypass]

Surgeon: [Insert Surgeon Name]

Discharge Instructions and Summary

Dear [Patient Name],

This letter summarizes your discharge instructions following your bariatric surgery. Please follow these guidelines closely to ensure a safe recovery.

1. Diet and Hydration

- **Phase 1 Diet:** Clear liquids only for the next [Number] days.
- **Hydration:** Sip small amounts of water constantly. Aim for [Number] ounces per day.
- **Protein:** Start protein supplements as instructed on day [Number].
- **No Straws:** Do not use straws to avoid swallowing excess air.

2. Medications

- **Pain Relief:** Take [Medication Name] as prescribed. Do not take NSAIDs (like Ibuprofen/Advil) unless cleared by your surgeon.
- **Vitamins:** Begin your chewable bariatric multivitamins on [Insert Date].
- **Acid Reflux:** Take [Medication Name] daily for [Number] months.

3. Activity and Incision Care

- **Walking:** Walk for 5-10 minutes every 2 hours while awake to prevent blood clots.
- **Lifting:** Do not lift anything heavier than 10 pounds for [Number] weeks.
- **Wound Care:** Keep incisions clean and dry. Do not submerge in baths or pools until cleared.

4. When to Call the Doctor Immediately

- Fever over 101.5F (38.6C).
- Persistent nausea or vomiting.
- Severe abdominal pain that does not improve with medication.
- Redness, swelling, or foul-smelling drainage from incisions.

- Shortness of breath or chest pain.
- Pain or swelling in your calves.

5. Follow-up Appointments

- **Post-Op Check:** [Insert Date and Time] with [Provider Name].
- **Nutritionist:** [Insert Date and Time].

If you have any urgent questions, please contact the clinic at [Insert Phone Number].

Sincerely,

[Surgeon Signature/Name]
[Department Name]