Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Surgery: [Surgery Date]

Discharge Summary and Recovery Instructions

Dear [Patient Name],

This letter confirms your discharge following your Gastric Bypass surgery. Your procedure was successful, and you are now cleared to continue your recovery at home. Please follow the instructions below carefully.

1. Diet and Nutrition

- **Phase 1 (Days 1-14):** Strict clear liquid diet only (water, broth, sugar-free gelatin).
- **Hydration:** Sip slowly throughout the day. Aim for 64 ounces of fluids to avoid dehydration.
- **Protein:** Start protein shakes as directed by your nutritionist.
- **Prohibited:** No carbonated drinks, no straws, and no sugar-added beverages.

2. Wound Care

- Keep the incision sites clean and dry.
- You may shower 48 hours after surgery, but do not soak in baths, pools, or hot tubs until cleared.
- Do not remove any adhesive strips (Steri-Strips); let them fall off naturally.

3. Activity and Restrictions

- **Walking:** Walk for 5-10 minutes every hour while awake to prevent blood clots.
- **Lifting:** Do not lift anything heavier than 10 pounds (approx. 4.5kg) for the next 4 to 6 weeks.
- **Driving:** Do not drive while taking prescription pain medication.

4. Medications

- **Pain Management:** Take prescribed pain relief only as needed.
- **Vitamins:** Start your bariatric multivitamins, calcium, and B12 supplements on [Date].
- **Crushing Pills:** All medications must be crushed or in liquid form for the first 30 days unless otherwise told.

5. When to Call the Doctor

Seek immediate medical attention if you experience:

- Fever over 101.5°F (38.6°C).
- 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 sudden chest pain.

6. Follow-Up Appointment

Your follow-up appointment is scheduled for:

Date/Time: [Follow-up Date and Time]
Location: [Clinic/Hospital Name]

Sincerely,

[Surgeon Name]
[Department/Hospital Name]
[Contact Phone Number]