

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Procedure: [Date of Surgery]

Procedure Type: [Type of Bariatric Surgery]

Dear [Patient Name],

This letter provides your official discharge instructions following your bariatric procedure. Please follow these guidelines closely to ensure a safe recovery and successful long-term outcome.

1. Wound Care

Keep your incision sites clean and dry. You may shower 24-48 hours after surgery, but do not soak in baths, pools, or hot tubs until cleared by your surgeon. If you have adhesive strips (Steri-Strips), let them fall off naturally.

2. Diet and Hydration

- **Phase 1:** Follow the prescribed clear liquid diet for the first [Number] days.
- **Hydration:** Sip at least 64 ounces of water or sugar-free liquids daily. Avoid using straws and do not drink carbonated beverages.
- **Protein:** Aim for [Number] grams of protein daily as instructed by your nutritionist.

3. Medications and Supplements

- Take all prescribed pain medications and anti-nausea medications as directed.
- Resume your home medications only as instructed in your discharge packet.
- Begin your bariatric-specific multivitamins on [Date/Phase].

4. Activity

- Walk at least 5-10 minutes every hour while awake to prevent blood clots.
- Do not lift anything heavier than 10-15 pounds for the next [Number] weeks.
- No strenuous exercise or core workouts until approved at your follow-up visit.

5. When to Call the Doctor

Contact the surgical office immediately or go to the Emergency Room if you experience:

- Fever over 101.5F (38.6C).
- Persistent nausea or vomiting.

- Severe abdominal pain that does not improve with medication.
- Redness, warmth, or foul-smelling drainage from incisions.
- Shortness of breath or sudden chest pain.
- Swelling or pain in your calves or legs.

6. Follow-Up Appointment

Your follow-up appointment is scheduled for:

Date: [Follow-up Date]

Time: [Time]

Location: [Clinic Address/Provider Name]

Sincerely,

[Surgeon Name]

[Surgical Department/Hospital Name]

[Contact Phone Number]