

## COUNTDOWN TO SURGERY

## **MGH Weight Center**

50 Staniford Street, Suite 430

Boston, MA 02114

Phone: 617-726-4400 Fax: 617-724-6565

Date:	Surgical Procedure:	Surgeon:
	□ GASTRIC BYPASS	
	☐ SLEEVE GASTRECTOMY	
	□ OTHER:	

TIME FRAME		TASK
6 WEEKS BEFORE SURGERY	□ STO	P ALL NICOTINE - INCLUDING SMOKABLES, CHEW, PATCHES, ETC
1 MONTH BEFORE SURGERY	□ РНО	ONE CALL WITH PRE-ADMISSION TESTING
		OOD WORK
		PER GI TEST, IF INDICATED
	□ STO	P HORMONE REPLACEMENT (IE ORAL BIRTH CONTROL PILLS) & USE
	ANC	THER METHOD OF BIRTH CONTROL IF SEXUALLY ACTIVE
2 WEEKS BEFORE SURGERY	□ STA	RT SHRINK THE LIVER DIET – NO "LAST SUPPERS"
	□ AVC	DID CAFFEINE, ALCOHOL AND CARBONATED BEVERAGES
	□ BEC	COME PHYSICALLY ACTIVE
1 WEEK BEFORE SURGERY	□ AVC	DID ASPIRIN AND ASPIRIN CONTAINING PRODUCTS (UNLESS
	OTHE	RWISE DISCUSSED)
2 DAYS BEFORE SURGERY	□ CAL	L FROM WEIGHT CENTER WITH TIME OF SURGERY
	□ HIB	ICLENS/ANTIMICROBIAL SOAP WASH TO ABDOMEN
1 DAY BEFORE SURGERY	□ FUL	L LIQUID DIET UNTIL MIDNIGHT THEN SWITCH TO CLEAR LIQUIDS
	□ HIB	ICLENS/ANTIMICROBIAL SOAP WASH TO ABDOMEN
DAY OF SURGERY	□ CLE	AR LIQUID DIET UNTIL 2-3 HOURS PRIOR TO SURGERY THEN
	□ <b>NO</b> 1	THING TO EAT OR DRINK; NO GUM, MINTS, CANDY, ETC
	□ HIB	ICLENS/ANTIMICROBIAL SOAP WASH TO ABDOMEN
	□ BRI	NG CPAP/BIPAP MACHINE TO THE HOSPITAL
	□ <b>DO</b>	NOT BRING ANYTHING OF SIGNIFICANT VALUE TO THE HOSPITAL