



Pre-op Checklist:

- ☐ I have purchased my Bariatric Advantage Vitamin from:
wholehealthweightloss.bariatricadvantage.com
- ☐ I have purchased one of the protein shakes recommended by the program dietitians
- ☐ I have picked up my post-op prescriptions
- ☐ I have listened to the "pre-op meditation"
- ☐ I have watched the online info-seminar at least once and completed the online seminar questions
- ☐ I have purchased a food scale
- ☐ I have reviewed the post-operative diet progression and understand how to advance my diet



PRE-OP PRETEST

PATIENT NAME: _____

DATE: _____

1. My surgery will be the:

- ☐ a. Vertical sleeve gastrectomy
- ☐ b. SADI-Sleeve
- ☐ c. Roux-en-y Gastric bypass
- ☐ d. Adjustable Gastric Band
- ☐ e. Intra gastric balloon

2. My anticipated hospital stay will be:

- ☐ a. 1 night
- ☐ b. 2 nights
- ☐ c. 3 nights
- ☐ d. 1 week
- ☐ e. Unknown

3. After surgery, my minimum water intake should be:

- ☐ a. 24 oz per day
- ☐ b. 36 oz per day
- ☐ c. 48 oz per day
- ☐ d. 12 oz per day
- ☐ e. 72 oz per day

4. When I start eating (phase 3 diet), my protein intake should be:

- ☐ a. 90-100g per day
- ☐ b. 40-50g per day
- ☐ c. 60-70g per day
- ☐ d. 70-80g per day
- ☐ e. 150-160g per day

5. Reasons to call surgeon after surgery include:

- ☐ a. Fever
- ☐ b. Pain not controlled by pain meds
- ☐ c. Heart racing/palpitations
- ☐ d. Uncontrolled nausea/vomiting
- ☐ e. Skin redness
- ☐ f. Shortness of breath
- ☐ g. I'm thinking of going to the emergency room
- ☐ h. All of the above

6. My first bowel movement is likely to occur.

- ☐ a. On my first day home from the hospital
- ☐ b. Within 2 days after discharge
- ☐ c. Days 5-7 after surgery
- ☐ d. While in the hospital



7. For the first 4 weeks surgery, I should walk every day for:

- ☐ a. 20 minutes
- ☐ b. 5-10 minutes
- ☐ c. 10-15 minutes
- ☐ d. 60-90 minutes
- ☐ e. >2 hours

8. If I have any concerns or questions after hours (before 9 am or after 5 pm), I will

- ☐ a. Ask my friend who had Bariatric Surgery
- ☐ b. Call the hospital and speak with the emergency room nurse
- ☐ c. Go to the Emergency Room
- ☐ d. Call my physician's cell phone number (provided to me in my discharge document)
- ☐ e. Just wait until the office opens

9. My post-operative prescriptions will include:

- ☐ a. Pain meds
- ☐ b. Antacid
- ☐ c. Anti-gallstone medication (if I still have my gallbladder)
- ☐ d. A blood thinner
- ☐ e. A stool softener
- ☐ f. All of the above

10. For the first week after surgery, the most important dietary rule is:

- ☐ a. Getting >90 g of protein
- ☐ b. Taking the anti-gallstone medication
- ☐ c. Drinking 48 oz of water daily
- ☐ d. Taking an antacid

11. The operative procedure involves

- ☐ a. Entering the abdomen and removing the outer 80-90% of stomach with a stapling device
- ☐ b. Inserting a sleeve into the stomach, via endoscopy, to limit intake
- ☐ c. Entering the abdomen and wrapping the stomach with a sleeve to limit intake
- ☐ d. Stapling off the outer 80-90% of stomach without removing it.

12. Potential complications of the operative procedure include:

- ☐ a. Dumping syndrome
- ☐ b. GERD (heartburn)
- ☐ c. Staple line leak with sepsis, multi-organ system failure and death
- ☐ d. Stricture (stomach too narrow)
- ☐ e. Injury to spleen requiring splenectomy
- ☐ f. Bleeding with need for blood transfusion
- ☐ g. Blood clots (Pulmonary Embolus)
- ☐ h. Gallstones
- ☐ i. All of the above
- ☐ j. All except A

13. The supplements I need to take include:

- ☐ a. Any multivitamin



- ☐ b. A "Bariatric Advantage" multivitamin with/without iron (chewable or swallowed)
- ☐ c. A "Bariatric Advantage" Calcium Citrate Chew
- ☐ d. A B-Complex vitamin
- ☐ e. Biotin
- ☐ f. B & C

14. I am thinking (or my family is thinking) I should go to the Emergency room, I should:

- ☐ a. Call or text Dr. Perryman
- ☐ b. Just go to the Emergency room
- ☐ c. Just wait and see if things get better
- ☐ d. Call my friend who is a nurse
- ☐ e. Call my friend who is a family doctor
- ☐ f. Call my family doctor

15. I am thinking (or my family is thinking) I should go to the Emergency room, I should:

- ☐ a. Call or text Dr. Perryman
- ☐ b. Call or text Dr. Perryman
- ☐ c. Call or text Dr. Perryman
- ☐ d. Call or text Dr. Perryman
- ☐ e. Call or text Dr. Perryman
- ☐ f. Call or text Dr. Perryman

Reviewed by: _____

Date: _____

Patient Signature: _____

Date: _____