

Bariatric Surgery Pre-Operative Instructions

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Medical Record Number: [Insert MRN]

Dear [Patient's Name],

We are pleased to inform you that your bariatric surgery is scheduled for [Insert Surgery Date]. To ensure a successful procedure, please carefully read and follow the pre-operative instructions below:

1. Pre-Operative Dietary Guidelines:

- Adhere to a high-protein, low-carbohydrate diet starting [Insert Start Date].
- Avoid sugar, high-fat foods, and carbonated beverages.
- Drink at least 64 ounces of water daily.

2. Medications:

- Continue taking your prescribed medications, unless instructed otherwise.
- Do not take any blood thinners, including aspirin, for 7 days prior to surgery.

3. Pre-Operative Appointments:

You must complete all necessary pre-operative appointments by [Insert Deadline]. This includes:

- Meeting with your nutritionist
- Undergoing any required lab tests
- Consulting with the anesthesiologist

4. Day Before Surgery:

- No solid food after [Insert Time].
- Only clear liquids are allowed.
- Do not consume anything after midnight, including water.

5. Day of Surgery:

- Arrive at the hospital by [Insert Time].
- Bring a responsible adult to drive you home after the procedure.
- Wear comfortable clothing and leave valuables at home.

If you have any questions or concerns, please do not hesitate to contact our office at [Insert Phone Number].

Best regards,

[Your Name]

[Your Title]

[Your Medical Facility]