

The Ultimate Pre-Op Guide

Everything you need to know before bariatric surgery.

Rewrite Your Story.

bariatricrewrite.com

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TAKE A BREATH.

If you're here, you've probably been Googling at 2 AM, spiraling through forums, and convincing yourself every weird sensation is a sign from the universe. Stop. This is a no-nonsense guide for bariatric patients who want clear answers, real priorities, and zero fluff.

You're not "overthinking." You're under-supported. And the internet loves chaos. This guide is here so you don't show up to the hospital with **no pillow, full stomach, and three questions** you meant to ask but didn't write down.

Let's say it plainly: **surgery isn't the hard part, everything before and after is.** The prep is where people sabotage themselves. The aftercare is where results are made or wasted. The procedure is a tool. The plan is the weapon.

You don't need motivation. You need a checklist, a timeline, and someone to tell you what actually matters. That's what this is. Read it like your future depends on it—because it does.

The final rule: bariatric surgery is not the finish line, it's the starting line.

The surgery changes your stomach.

The work afterward changes your life.

You're not here to shrink, you're here to **Rewrite**.

INSIDE:

- **30-day habit prep** - what to practice now so post-op doesn't punch you in the mouth later.
- **Hospital bag checklist** - what you'll actually use (and what's a waste of space).
- **Surgery morning rules** - the non-negotiables that keep you safe and on schedule.
- **What to expect post-op** - the normal stuff that feels scary if nobody warned you.
- **The 3 priorities that actually matter** - the only things you should obsess over early on.
- **What nobody tells you** - the honest truth (so you don't get blindsided and quit).

Not medical advice. Very much a 'please follow your surgeon's protocol' educational guide.

30 Days Before Surgery

START PRACTICING YOUR POST-OP HABITS NOW

The people who struggle the least after surgery didn't "get lucky." They trained. They practiced. They built the boring habits before the stakes were high, and then they walked into surgery with a system already running in the background. That's not coincidence. That's a head start.

Here's what you're really doing in the next 30 days: you're reducing the number of battles your brain has to fight later. Because post-op you'll be operating with a stomach the size of an egg, on two hours of sleep, living off a protein shake, and trying to remember what your surgeon said while your body is busy healing. Every habit you build now becomes automatic later, and automatic is how you stay consistent when you feel rough.

This is why "I'll start after surgery" is a trap. After surgery you're not starting—you're recovering. You're learning a new body, new signals, new limits. If you wait, you'll be trying to change everything at once, and that's where people spiral. Practice now so post-op isn't a full-contact sport.

Do This	Why It Matters
Prioritize protein at every meal	Your muscle mass is going on this journey with you. Feed it.
Drink at least 64 oz of water daily - sip , do not chug	Builds the hydration habit before your pouch makes sipping non-negotiable.
Eat slower. Put the fork down between bites.	Your new stomach will not give you the same warning signals. Practice now.
Take smaller bites and chew thoroughly	Chewing is digestion. Post-op, this is not a suggestion.
Reduce or eliminate carbonated beverages	Gas + small pouch = a very uncomfortable situation.
Reduce or cut alcohol	Transfer addiction is real. This is worth starting early.
Reduce sugar and highly processed foods	You are retraining your palate. Now is a great time to start.
Track your food - no shame math, just data	You cannot improve what you are not measuring.

Rewrite note: You are not on a diet. You are practicing. There is a difference. Diets end. Practices become who you are.

NO FOOD FUNERALS

The pre-op diet is not punishment. It is preparation.

This is the part where people get loud in their own heads. Not because they're weak but because change threatens the system that kept them alive. So your brain starts pitching dramatic, emotional bargains like: "I'll never have this again." "I deserve one last meal." "I'm starting over after surgery anyway." "One more weekend won't matter."

Here's the truth: **that is not logic. That is autopilot negotiating.** It's the part of you that wants relief right now, not results later. It will dress up cravings as "closure," and it will call panic "intuition." Don't confuse noise with truth.

You are not saying goodbye to food. You are saying goodbye to the version of you that had to use food to survive, cope, numb, celebrate, hide, reward, punish, and disappear. That version got you here. **We don't hate her. We don't shame her.** But we also don't let her drive the bus into surgery week with a milkshake in one hand and panic in the other.

So when those thoughts show up, treat them like pop-up ads: noticed, not clicked. You don't need a "last meal." You need a **last excuse**. You're not losing something, you're gaining a future where you don't have to negotiate with yourself every time life gets hard.

BUILD YOUR RECOVERY STATION

Pick a spot in your home right now, your recliner, a corner of the bedroom, or the couch nobody is allowed to sit on, and claim it. This is your **recovery station**. Stock it before you leave for surgery so you come home to calm, not chaos.

Because when you're post-op, you will not want to hunt for things. You're going to feel like you got hit by a truck while wearing a hospital bracelet. The goal is simple: everything you need should be within arm's reach so your only job is to **sip, rest, and heal**.

Stock It With This	Notes
Multiple water bottles within arm's reach	You should never have to get up to find water in week one.
Pill organizer	Vitamin timing post-op is not optional . Make it easy.
Heating pad	Gas discomfort and incision soreness. This earns its spot.
Phone and extra chargers	You will be sitting a lot. Plan accordingly.
Comfortable blankets and a pillow	Comfort is part of recovery. Take it seriously.
Protein shakes - surgeon-approved, label-checked	Not all protein shakes are created equal. Read the label before you buy.
Bariatric vitamins , filled and organized	Start the habit before you need it.
Prescription medications	Filled, organized, and within reach. Not in the other room.
Measuring cups and a food scale	Portion awareness is a skill. Build it early.

Pre-Op Diet Reality Check

YOUR LIVER IS NOT BEING DRAMATIC

Most bariatric programs include a specific **pre-op diet**, usually starting about **2–3 weeks** before surgery. People assume it's about "losing weight before surgery." It's not. It's about giving your surgeon a safer, clearer path to do the procedure correctly.

Here's the anatomy problem: your **liver sits directly over your stomach**. When the liver is enlarged from **fat storage** (which is common in patients pursuing bariatric surgery) it can physically block access and make the operation harder. A liver-shrinking pre-op diet reduces **glycogen stores** (and the water stored with them), which helps **shrink the liver** and improve visibility and working space. That's not aesthetics. That's surgical safety.

This is why many programs treat the liver-shrinking diet as standard preparation for many patients, and why **ASMBS** guidance recognizes it as a common part of pre-op readiness. The goal is simple: less liver volume = easier access = safer surgery. Your job isn't to "prove willpower." Your job is to reduce risk.

This is not punishment. This is surgical prep.

Your liver is not being dramatic. It is literally in the way. Every day you follow the pre-op protocol is a day you are making your surgery safer. That is not restriction. That is preparation.

A NOTE ON PRE-OP LIQUIDS AND YOUR REWRITE PHILOSOPHY

During the liquid phase, this guide supports using **protein shakes** and **sugar-free popsicles** as **surgeon-approved** options, because at this stage your priority is meeting a medical target with the least friction possible. This is not the time to freestyle your nutrition values. It's the time to follow the plan that keeps you safe.

That said: these tools may not match your long-term **Rewrite** approach, and they don't have to. Short-term surgical phases exist to get you through **healing** and **compliance**. Long-term Rewrite is about rebuilding your life with real habits and real food once your body is ready for it.

Surgical Phase (Short-Term)	Rewrite Lifestyle Phase (Long-Term)
Follow your surgeon's protocol exactly	Rebuild with real whole food after healing
Use the cleanest protein shake you can tolerate that still hits your medical target	Prioritize whole-food protein sources as you progress
Surgeon-approved popsicles or electrolyte options for hydration	Sugar-free does not mean Rewrite-approved forever, this is a short-term healing tool
This phase is about survival, healing, and compliance	After this phase, we rebuild differently

NICOTINE NEEDS ITS OWN WARNING

Alcohol is in this guide. Nicotine deserves equal airtime.

Nicotine is not 'better than food addiction' during surgery prep.

It can affect healing, increase complication risk, and - especially for bypass patients - raise the risk of ulcers significantly. Many bariatric programs require nicotine cessation before they will clear you for surgery. If you use nicotine in any form - cigarettes, vapes, patches, pouches, gum - tell your team now. Not later. Not after the test. Now.

TAPER YOUR CAFFEINE BEFORE SURGERY WEEK

Many surgeons require stopping caffeine before surgery (sometimes before your pre-op diet starts, sometimes the week of surgery). It's not a moral rule. It's a safety and tolerance rule—your stomach and hydration status are about to change, and your team is trying to reduce preventable stress on your body while it heals.

Most people wait until surgery week to find out what caffeine withdrawal actually feels like. Do not be most people. Surgery week is already full: liquid diet, nerves, disrupted sleep, and a thousand tiny logistics. Adding a predictable headache and irritability spiral on top is unnecessary suffering.

Caffeine withdrawal headache + pre-op liquid diet + pre-surgery nerves + no chewing.

That is a tiny personal thunderstorm and it is completely avoidable. If your surgeon's protocol requires stopping caffeine, taper it down in the weeks before - not the day before. Headaches are not the cute kind of character development.

2 Weeks Before Surgery

CONFIRM EVERYTHING

Do not assume. Call your surgical team if anything is unclear. The time to discover a scheduling problem is not the morning of surgery.

If you are thinking “I’m sure it’s fine,” that’s your cue to double-check. Clarity now prevents chaos later—and protects your stress levels when you need them lowest.

Confirm This	What Happens If You Don't
Surgery date and exact arrival time	Showing up late to your own surgery is a special kind of chaos.
Hospital location and parking situation	You do not want to be circling a garage at 5 AM.
Transportation arranged - you cannot drive yourself home	Non-negotiable. This is not a discussion.
Caregiver lined up for at least 48-72 hours post-op	You will need help. Plan for it before you need it.
Time off work approved and communicated	Surprises at work the week of surgery are avoidable stress.
Pre-op diet instructions received and understood	If you do not understand them, call. Not Google. Call.
All pre-op labs and appointments completed	Missing a pre-op requirement can delay or cancel surgery.

MEAL PREP YOUR RECOVERY

Stock your home before you leave for surgery. When you get back, the last thing you want to do is shop.

The second to last thing is sending someone else who comes back with the wrong broth. Make it easy on Future You: choose your items, buy them now, and put them where you can reach them.

Stock This	Notes
Protein shakes - check labels against your surgeon's protein targets	The brand matters less than the macros. Read the label.
Low-sodium broth or bone broth	Warm, savory, and easy on a post-op stomach. Keep several cartons.
Sugar-free popsicles	Hydration + something cold when your throat is sore. Stock up.
Decaf herbal tea	Sipping something warm helps with compliance. Have options.
Anything else on YOUR surgeon's approved liquid list	Your program is your protocol. Follow it.

Important:

Always follow **YOUR** surgeon's specific pre-op diet protocol. Every program is different. When in doubt, call your surgical team - not the internet, not a Facebook group, not your neighbor who had surgery in 2007. Your team.

Do Not Freelance Your Medications

ASK YOUR TEAM. GET IT IN WRITING. DO NOT GUESS.

The “night before surgery” instructions (nothing to eat, when to stop liquids, shower rules, what time to arrive) only cover part of the medication picture. Many medications and supplements need decisions made **days to weeks** ahead of surgery, and those decisions depend on your procedure, your medical history, your labs, and your surgeon’s protocol. Do not assume your usual routine applies, and do not assume a generic online list fits you.

Before surgery, you need a clear answer from your surgical team on **every single item below**. This is not a list of instructions from this guide. This is a list of **questions** to bring to your team so you can follow **your** plan safely. If the answer is “continue,” confirm **when** to

take it and whether it should be taken with a sip of water. If the answer is “stop,” confirm **exactly when** and what to do instead.

Ask Your Team About This	Why It Matters
Prescription medications, which to stop, which to continue, when	Some meds need to be stopped days or weeks before surgery, not just the night before.
GLP-1 medications (Ozempic, Wegovy, Mounjaro, etc.)	ASMBS guidelines recommend stopping GLP-1s before surgery due to gastroparesis risk.
Insulin and diabetes medications	Dosing changes significantly around surgery. Do not assume your normal dose applies.
Blood thinners and anticoagulants	These affect bleeding risk . Your surgeon and prescribing doctor both need to weigh in.
NSAIDs (ibuprofen, aspirin, naproxen)	Often stopped before surgery. Especially important for bypass patients long-term.
Birth control	Some forms increase clot risk post-op. Ask specifically about your method.
Nicotine (any form)	Patches and gum count. Tell your team now if you use any nicotine product.
Cannabis and THC products	Can affect anesthesia and healing. Disclose honestly — your team needs to know.
Sleep medications	May interact with anesthesia or post-op pain management.
Vitamins and supplements	Many need to be stopped before surgery. Do not assume they are harmless.
Herbal supplements	Fish oil, turmeric, garlic, St. John’s Wort and others can affect bleeding and anesthesia.

Get the answers in writing or in your patient portal.

A phone call is good. Written confirmation is better. Do not rely on memory the morning of surgery.

Questions to Ask Your Surgeon Before Surgery

These are not trick questions. These are the basics your team expects you to know — and the ones nobody thinks to ask until they need the answer at 11 PM.

Print this (or keep it in your notes app), bring it to your pre-op appointment, and write the answers down. If anything is unclear, ask again. Clarity now prevents panic later.

Question	Write the Answer Here
What is my exact pre-op diet start date and protocol?	
When do I stop eating? When do I stop drinking?	
Which medications do I stop or continue and when?	
What protein target do you want me hitting post-op?	
What fluid goal do you want after surgery?	
When do I start vitamins after surgery?	
What symptoms mean I should call you?	
When can I walk, shower, drive, lift, and return to work after surgery?	
What is my diet progression timeline?	
Who do I call after hours or on weekends?	

1 Week Before Surgery

PACK YOUR HOSPITAL BAG NOW

Not the night before. Not the morning of. Now. Pack it, zip it, put it by the door. This is not a last-minute activity.

Bring This	Leave This at Home
Photo ID	Jewelry (rings, earrings, watch, all of it)
Insurance card	Strong fragrances or perfume
Medication list	Excessive electronics
CPAP machine (if required)	Guilt, fear, and shame
Phone and charger	Food and drinks
Lip balm (hospitals are dry)	Tight clothing
Hair tie	Unrealistic expectations
Comfortable loose robe	Comparison
Slip-on shoes	Anxiety about being perfect
Pillow for the ride home	Your nerves (easier said than done, but try)
Earbuds or headphones	A non-supportive partner (emotionally or literally)

The Night Before & Morning Of Surgery

THE NIGHT BEFORE

Follow your surgeon's instructions exactly. This is not the time to improvise, negotiate, or decide that one small snack probably does not count. It counts.

Do This Tonight	Do Not Do This
Follow all eating and drinking restrictions - NPO means nothing by mouth	Eat or drink anything not approved. Surgery may be cancelled.
Take only the medications your surgeon approved for tonight	Take your regular meds without checking. Ask first.
Review your arrival time and location one more time	Assume you remember. You might not at 4 AM.
Lay out everything you are bringing	Pack the morning of and forget something important.
Go to bed at a reasonable hour	Stay up scrolling bariatric groups until midnight.

Do not cheat the pre-op process. Not even a little.

Food in your stomach during surgery is a serious safety risk. Your surgeon may cancel the procedure. Your instructions exist to protect your life, not to ruin your Tuesday.

SURGERY MORNING

Keep it simple. Keep it calm. Everything is already packed.

Do This Before You Leave	Skip This
Shower using any special soap your surgical team provided	Skip the pre-op shower - it matters for infection risk.
Wear comfortable, loose clothing you do not mind wearing home	Wear anything with a waistband you will regret later.
Remove all jewelry before leaving the house	Wear rings or piercings and deal with it at check-in.
Remove nail polish if instructed - it interferes with pulse ox	Assume it does not matter. Ask if you are not sure.
Grab your ID, insurance card, and packed bag	Assume you have everything and do a mental checklist in the car.
Leave with enough time - do not rush this morning	Cut it close. Rushing adds stress you do not need today.

What to Expect After Surgery

NORMAL IS A WIDE LANE

Every patient is different. Most people experience some version of the following - all temporary, all manageable, and none of them mean something went wrong.

What You Might Experience	What to Know
Soreness at incision sites	Expected. Move gently. Use your heating pad.
Fatigue - sometimes significant in the first week	Your body just had surgery. Rest is part of recovery.
Gas discomfort	Walking is the best thing you can do for this. Short walks, often.
Shoulder or chest pain from surgical gas	Common with laparoscopic procedures. Walking helps. It passes.
Emotional ups and downs	Normal. Your relationship with food just changed overnight. Your brain needs time.
Difficulty meeting fluid goals in the first 24-48 hours	Expected. Keep sipping. Small sips count.

Recovery is not a competition.

What your cousin's neighbor did in week one is not your benchmark. Your body just had surgery. Give it the grace it earned.

Your Three Post-Op Priorities

Everything else is secondary. These three things run the show in early recovery.

Priority	What to do (and why it matters)
1. Hydration	Sip constantly. Small sips. All day long. Dehydration is the #1 reason post-op patients end up back in the hospital. Your first job is fluids. Sip like it is your job because right now, it is.
2. Walking	Start moving as soon as your team clears you. Walking reduces gas pain, prevents blood clots , and improves circulation. Short laps around the house count. Slow counts. Just move.
3. Protein	Hit your surgeon's protein target every single day. Protein protects your muscle. Muscle protects your metabolism. Skipping protein to chase the scale is how people regret this later. Not optional.

Red Flags vs. Normal Weird Stuff

Recovery comes with a lot of sensations your body has never had before. Most of them are normal. Some of them are not. Know the difference before you need to.

This section is here so you don't waste energy panicking over normal discomfort—or ignore something that needs medical attention. When a symptom is on the “call urgently” side, treat it like a safety issue, not a mindset issue.

Normal-ish - Keep Going	Call Your Surgical Team Urgently
Gas pain and bloating, especially in the first few days	Fever over 101°F / 38.3°C
Fatigue - sometimes significant in week one	Uncontrolled or worsening pain not relieved by approved medications
Incision soreness and mild bruising	Persistent vomiting or inability to keep fluids down
Emotional swings, tearfulness, irritability	Chest pain or shortness of breath
Shoulder or upper back pain from surgical gas	Signs of dehydration - dark urine, dizziness, no urination
Difficulty hitting fluid goals in the first 24 to 48 hours	Calf pain, swelling, or redness - possible blood clot
Loose or watery stool as diet progresses	Racing heart or heart palpitations
Feeling full after just a few sips	Worsening redness, swelling, or drainage at incision sites
Constipation in the first week (very common)	Inability to pass gas or stool for multiple days

When in doubt, call.

Internet advice is not a substitute for medical care when your body is waving a red flag with both hands. Your surgical team would rather hear from you than not.

PLAN FOR CONSTIPATION BEFORE IT HAPPENS

Post-op constipation is extremely common, and somehow it still surprises people. Nobody warns you enough because it sounds “small” compared to surgery, until it isn’t. Pain medications slow your gut. Your intake is tiny. Fiber is low. Movement is reduced. If you’re under-hydrated (also common early on), your body will pull water from your stool and make the whole situation worse.

It can sneak in wearing a trench coat and ruin week one: you feel bloated, uncomfortable, nauseated, and suddenly everything feels harder than it needs to. This is not you failing. This is predictable physiology. The move is to plan for it like a grown-up: ask ahead, follow the plan, and call early if things aren’t moving, because waiting until you’re miserable turns a fixable problem into a weekend crisis.

Before surgery, ask your team:

What stool softeners or laxatives are approved for me? When should I start them?
What is the threshold for calling you about constipation? Get the answer before you need it at 9 PM on a Saturday.

Your First 7 Days Home - A Simple Map

Your job this week is not weight loss. Your job is healing. Here is what that actually looks like.

Days	Your Only Job
Day 1-2	Sip. Walk. Rest. Repeat. That is the entire plan. Do not add to it.
Day 3-4	Emotional weirdness may hit. This is normal. Keep sipping. Call a human you trust.
Day 5-7	Do not overdo it just because you feel slightly better. Feeling better is not clearance.
All week	Hydration, protein, vitamins, walking, rest. In that order. The scale is not the assignment yet.

THE SCALE IS NOT THE ASSIGNMENT

Pre-op and early post-op patients get very strange about the scale. We need to address this directly.

The scale will lie to you in the first weeks. Let it.

Swelling, IV fluids from surgery, inflammation, constipation, hormones, and the healing process all affect the number. The first assignment is hydration, walking, protein, vitamins, and recovery. The scale gets to participate later. Right now it is not invited.

A Script for Your Support System

Most people's loved ones genuinely want to help. They just do not know how - and they default to either the food police or complete denial that anything changed. Give them something to work with.

This is about reducing friction in your home and protecting your early recovery. Clear requests prevent resentment - on both sides.

What to Ask For	What to Ask Them Not to Do
Help me follow the plan by keeping trigger foods out of common spaces	Monitor everything I eat and report back with commentary
Remind me that regret feelings are not facts	Tell me I look fine and offer food to celebrate
Help me sip water by keeping bottles filled and visible	Make the house a negotiation zone for what I can and cannot have
Check in on how I am feeling emotionally, not just physically	Ask me how much weight I have lost every time you see me
Celebrate non-scale wins with me	Treat this like a diet I will get off of eventually

You can send this to them directly:

"I do not need you to monitor me. I need you to help me follow the plan, keep trigger foods away from me for the first few weeks, and remind me that regret feelings are not facts."

What Nobody Tells You

THE EMOTIONAL PART IS REAL

You will probably feel excited. You will probably feel terrified. You may cry at something completely unrelated. You may wake up on day three and genuinely wonder if you made a mistake. That is normal. Almost every post-op patient experiences some version of it. Surgery changes your relationship with food faster than your brain can keep up, and your brain is going to have some feelings about that.

This is not a sign you failed. This is not proof you “weren’t ready.” This is your nervous system adjusting while your body heals and your routines get rewritten in real time. Keep going. Trust the process. Sip, walk, rest, repeat. Call your support system and tell the truth about how you feel—out loud, to an actual human. You do not need to be brave in silence to be doing this right.

What They Say	What It Actually Means
You will feel great right away.	Some people do. Some feel rough for a week. Both are normal.
Just focus on protein.	Yes - but also hydration, vitamins, sleep, and not panicking about every new sensation.
Surgery is the easy part.	Surgery is the beginning. The real work is the behavioral change that follows.
You will never want junk food again.	Food addiction does not disappear with a new stomach. Transfer addiction is real. That work is ongoing.
Everyone loses weight fast.	The tool works when the work happens. There are no shortcuts, just a head start.
Your relationship with food will just fix itself.	It will not. Autopilot does not care how small your stomach is. The behavioral work is the point.

The Rewrite Pre-Op Rule: No Food Funerals

The pre-op diet is not punishment. It is preparation.

This is where a lot of people get loud in their own heads.

"I'll never have this again."

"I deserve one last meal."

"I'm starting over after surgery anyway."

"One more weekend won't matter."

That is not logic. That is autopilot negotiating.

It's the part of you that wants relief right now, not results later. It will dress up cravings as "closure," and it will call panic "intuition." Don't confuse noise with truth.

You are not saying goodbye to food. You are saying goodbye to the version of you that had to use food to survive, cope, numb, celebrate, hide, reward, punish, and disappear. That version of you got you here. **We do not hate her. We do not shame her.**

But we also do not let her drive the bus into surgery week with a milkshake in one hand and panic in the other. She can ride along. She cannot steer.

YOUR JOB BEFORE SURGERY IS NOT TO BE PERFECT.

YOUR JOB IS TO PRACTICE:

- Sip instead of chug.
- Pause instead of panic.
- Protein before chaos.
- Call your team instead of Googling.
- Follow the protocol instead of freelancing.

This is not your last chance to eat.

This is your first chance to prove to yourself that you can do hard things before the operating room ever opens.

CLOSING

You've done the research. You've faced the fear. You've chosen a path that requires courage and consistency. From here forward, your job is simple (not easy): follow your plan, protect your recovery, and keep showing up, especially on the days you don't feel like it.

Bariatric surgery is not the finish line. It is the starting line.

The surgery changes your stomach. The work afterward changes your life. That is where the real transformation begins. You are not here to shrink. You are here to Rewrite.

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Want more Rewrite guides? Visit bariatricrewrite.com

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