

Methodist Health System

Enhanced Recovery
After Surgery (ERAS) for

Major Gynecological Surgery

Helpful Phone Numbers

- Methodist Dallas general operator 214-947-8181
- Outpatient registration (2nd floor Pavilion II) 214 947-3440
- Presurgery Assessment Center (Pavilion II) 214-947-3888
- Radiology scheduling 214-947-3441
- Hospital billing 214-947-6300
- 8th floor Schenkel Tower (surgery) 214-947-8099
- 9th floor Schenkel Tower (orthopedics) 214-947-9099
- 10th floor Schenkel Tower (gynecology) 214-947-1099
- ICU (4th floor Sammons Tower) 214-947-3399
- Cancelling, prior to surgery *contact your surgeon*
- Cancelling, morning of surgery 214-933-6308

Surgeon: _____

Office phone: _____

Scheduled surgery date: _____

Please arrive at the hospital by: _____

Please check in at Outpatient Services on the 2nd floor in Pavilion II.

Enhanced Recovery After Surgery Guide

We are excited to join your team!

You have been referred to Methodist Dallas Medical Center for gynecological surgery. Studies show that gynecologic surgeries have better outcomes and fewer complications if done at a hospital that performs these specialized surgeries more frequently.

At Methodist Dallas, a multidisciplinary team with increased skill and expertise in this specialty will be caring for you. This team includes surgeons, nurses, radiologists, internal medicine doctors, pathologists, cancer doctors, and other specialized caregivers.

Our Goal

We want to help you through your treatment from beginning to end with as few complications as possible. This guide book will help you learn what to expect before and after surgery so you and your family will know how to play an active part in your recovery and healing.

Enhanced Recovery After Surgery (ERAS)

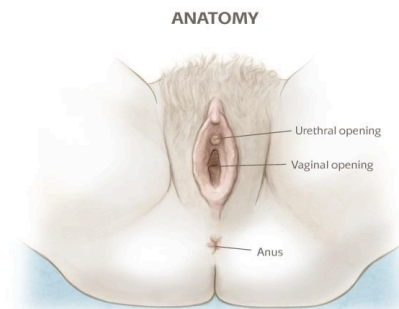
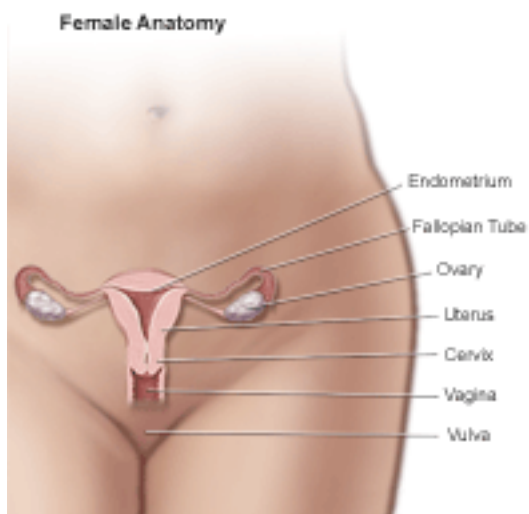
ERAS is an evidence-based recovery program developed to minimize the stress of surgery and help you recover as soon as possible.



Unique areas of focus for ERAS include:

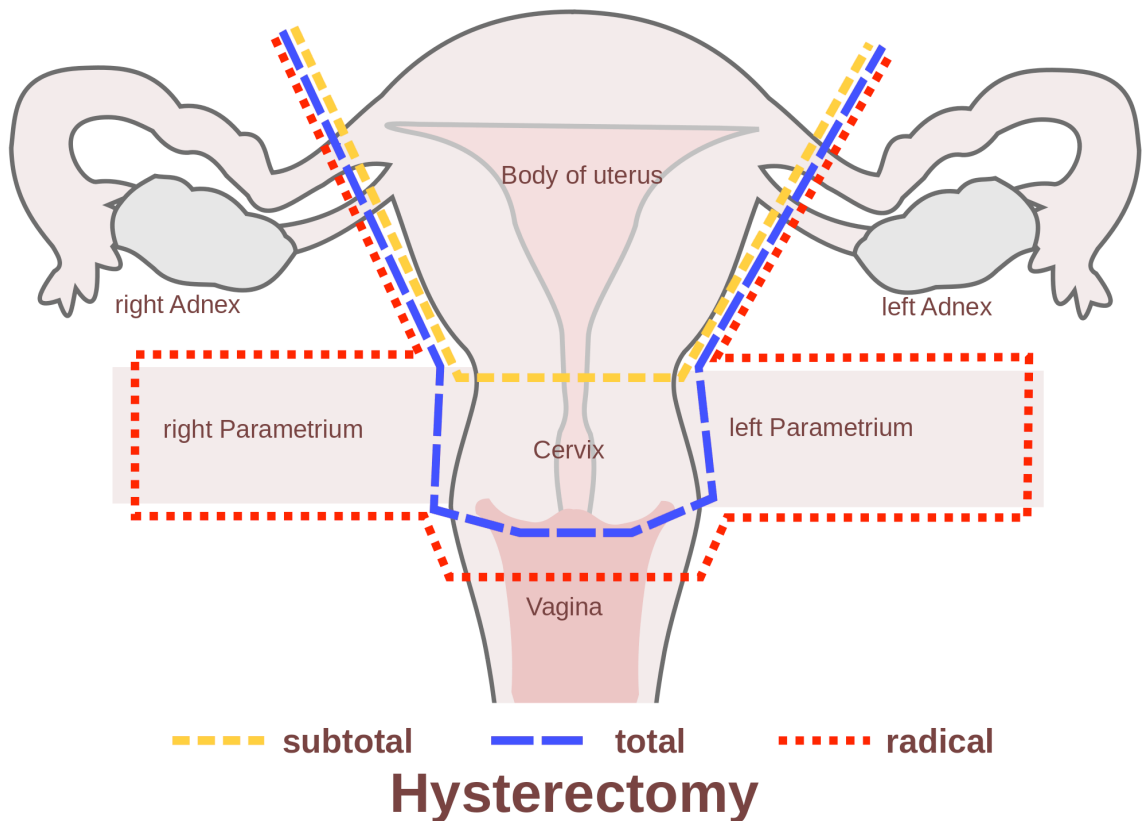
- Preparation for surgery
- Preoperative diet
- Nausea prevention
- Surgical techniques
- Mobility and rehabilitation
- Pain relief and anesthesia options.

Introduction to Gynecologic Surgery Terms



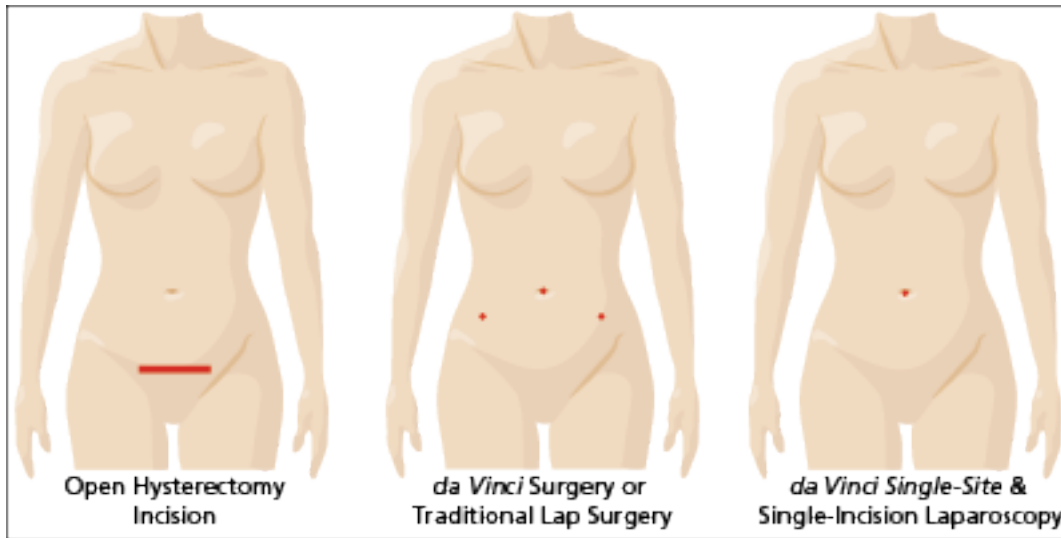
Surgical Procedures:

- **Hysterectomy:** Surgical removal of the uterus



- **Oophorectomy:** Surgical removal of the ovaries.
- **Salpingectomy:** Surgical removal of the fallopian tubes.
- **Lymphadenectomy:** Removal of the lymph nodes usually performed in conjunction with hysterectomy. This is often done as part of staging for cancer.
- **Open surgery (laparotomy):** An incision made through the abdomen. This could be up and down or across the lower abdomen (at or below the bikini line). The surgeons use their hands and instruments to perform surgery through that opening.
- **Vaginal surgery:** For this type of surgery, there are no incisions on the abdomen and the surgeon performs the surgery through the vagina.

- **Minimally invasive surgery** or laparoscopy: This type of surgery is done through very small incisions in your abdomen through which a camera and other tools are placed during surgery. Your abdomen is filled with a gas called carbon dioxide to provide space to perform the surgery.



This type of surgery may oftentimes be done with the use of the robotic **DaVinci® Surgical System** to provide improved recovery and less postoperative pain.



Typically, patients who undergo an open hysterectomy require one to two days in the hospital. Those who have robotic surgery can usually be discharged home the same day of surgery. Please note, however, that not all patients are good candidates for robotic surgery. Your surgeon will discuss the surgical approaches best suited for you prior to your surgery.

How to prepare for your surgery

Nutrition plays a key role in helping your body recover from surgery. Proper preoperative nutrition has been shown to improve the surgical outcome and shorten your length of stay in the hospital. It is important that you begin to prepare your body for surgery several weeks prior to your scheduled surgery date.

- We encourage you to drink two protein drinks per day, in addition to your regular meals as prescribed by your physician and registered dietitian. We recommend starting two to four weeks before your surgery. If your surgery date is in less than two weeks, you can still make a positive impact on your outcome by drinking two protein shakes a day in addition to eating a balanced diet. By increasing your protein intake, you will increase your muscle strength and prepare your body to handle the stress of surgery.
- Our nutrition experts recommend eating five servings of fruits or vegetables per day to maximize your nutrient status prior to surgery.
- If you are diabetic, please ensure that you obtain a protein drink appropriate for glucose control. You may need additional insulin or you could run the possibility of higher glucose levels during this time.
- Your surgeon and registered dietitian will choose the type of drink best suited for you based on a number of factors, including any recent weight loss, obesity, or disease state.

Recommended protein drinks:

| General | Pts with >10% weight loss in 3 mo | Diabetics | Obese |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> •Ensure •Boost •Glucerna | <ul style="list-style-type: none"> •Boost •Ensure Complete | <ul style="list-style-type: none"> •Glucerna Complete •Glucerna Shake •Boost Glucose Control | <ul style="list-style-type: none"> •Isopure Plus •Boost Glucose Control •Glucerna Shake |

- It is important that you try to make yourself as fit as possible before surgery by **exercising daily** or as much as you are able to tolerate. You can start with a 15- to 30-minute walk three times a week and increase the length of time and/or number of days when you feel you are ready. Please keep your routine simple and set realistic goals.
- We strongly recommend that you **stop smoking at least one month before your surgery** in order to decrease the risk of serious complications during and after surgery. Possible complications related to smoking include:
 - Formation of blood clots in your veins
 - Difficulty breathing during and after surgery
 - Increased risk for infection
 - Increased risk of stroke or heart problems
 - Significant delay in surgical healing and increased breakdown of wounds.
- **Do not drink alcohol for 24 hours prior to your surgery.** The consumption of alcohol may also lead to serious complications such as:
 - Increased risk of bleeding
 - Increased risk of tolerance to pain medications, increasing the likelihood of postoperative pain and complications
 - Interaction with certain medications in ways that can be very dangerous to your health
 - Dehydration and increased kidney problems.
- **Vitamins and herbal supplements** should be stopped two weeks before your procedure.
- **Please stop all NSAIDs (ibuprofen, Motrin®, Aleve®, and aspirin) one week prior to surgery.** If you are taking other anticoagulants such as Coumadin® (warfarin), Eliquis®, or argatroban, you will need to contact your surgeon's office for instructions regarding stopping these medications. If you are taking medications for chronic pain, you may continue these up the day of surgery.
- **Prepare in advance.** You may need additional help from family and friends for the first few days with meals, chores, bathing, etc., so please try to make arrangements with your support system at home. If your bedroom is upstairs, then try to move essential items to a downstairs area where you might sleep and recover safely rather than attempt stairs until you are

stronger. Stock your house with the foods that you like to eat in the event that you might not feel up to going shopping for the first week at home.

Preoperative Visit

About one to two weeks before surgery, you may be called to make a pre-op appointment at your surgeon's office. During this appointment, your healthcare provider will record your medical history and draw your blood.

- Please bring your medicine bottles with you to your appointment. this will give you the opportunity to review your medications with your surgeon and discuss how to best prepare for surgery.
- Your surgeon may order a variety of tests (for example, lab tests, X-rays, and/or an EKG) in preparation for your surgery.
- You may be referred for an evaluation by a heart or lung specialist.
- You may be given a prescription for gabapentin (Neurontin®) to be started and increased over several days immediately prior to your scheduled surgery date. This drug will be continued after your surgery to help with your pain.
- You may also be asked to visit the **Presurgery Assessment Center** for evaluation by an anesthetist at that time; **call 214-947-3888 to schedule an appointment.** Please bring your medication bottles to this appointment if possible. The anesthesia personnel will review your medications and provide additional information regarding anesthesia and advanced procedures used to control surgical pain postoperatively.
- **You will receive your carbohydrate pre-op drink (ClearFast® or preOP powder) at the Presurgery Assessment Center, so making a visit there before your surgery is important.**
- You will receive additional education regarding preparing for surgery and information related to your plan of care during your hospital stay.

Before Surgery

- Please shower with the antibacterial soap (chlorhexidine) before you go to bed and again in the morning to cleanse your skin and decrease the risk for infection.
- You are encouraged to eat a balanced meal the night before surgery, typically stopping all solids by midnight; however, if your surgery is scheduled in the afternoon, you might be able to have an early breakfast as long as you stop solids eight hours in advance of surgery. **During the eight hours before your surgery, you may only have clear liquids. Examples include chicken broth, Jell-O®, water, ClearFast, Gatorade®, apple juice, and black coffee (no cream.)** Please avoid gum or chewing tobacco.
- You may be instructed to take a laxative the day before surgery. Please take as directed if you receive instructions to do so.
- **The day before surgery, please drink one bottle of the ClearFast (or preOP powder) by 8 p.m. and another at bedtime.** This drink will best prepare you for your surgery and should be picked up from the Presurgery Assessment Center in advance (see above). If you don't get your ClearFast bottle(s), then you may substitute 8-ounce bottles of Gatorade for each ClearFast bottle.
- **Please drink the final bottle of ClearFast the morning of surgery up to two to four hours before your scheduled procedure time.** For example, drink it at 5 a.m. for a 7 a.m. scheduled surgery. The decision about when to stop drinking will be made by your surgeon and/or anesthetist.



Please write down the times of your ClearFast bottles and report them to the nurse upon your arrival to Methodist Dallas.

Times:

Bottle 1 (by 8 p.m. (ex. dinner)/day before surgery): _____

Bottle 2 (right before bedtime/day before surgery): _____

Bottle 3 (on the way to the hospital/day of surgery): _____

If you are diabetic and taking insulin for your diabetes, then please test your sugar level prior to leaving for the hospital. If your glucose level is greater than 180, then treat this as you would normally treat the blood sugar level and report your insulin dose to the nurse. If you take pills for your diabetes, please remember to stop this medication the day before surgery.

Day of Surgery

- Arrive 2½ hours before your surgery. This will give you time to **register in Outpatient Services on the 2nd floor of Pavilion II** and give the staff enough time to carry out any additional tasks and provide any needed medication prior to your surgery. You may **park in garage A or B** and follow the signs to Pavilion II. Once in Outpatient Services, you and your family will be escorted to the operating room.
- Please bring your home CPAP if you use one.
- Do not chew gum, eat hard candy, or use chewing tobacco the morning of surgery.
- Please bring a copy of your **advanced directive** form if you have completed one.
- Please bring a book or something to read while you are waiting.
- You will need your toiletries and a change of clothes for discharge.
- Please bring a list of your medications.
- You may receive a packet of antibacterial wipes to cleanse your skin with after changing out of your clothes. Please use these wipes before putting on the hospital gown that will be given to you.
- Both your surgeon and anesthesiologist will meet with you prior to your surgery. This is a good time to voice any remaining questions you or your family may have.
- Your anesthesiologist will discuss which techniques will be used and your options to minimize pain and nausea.

Immediately After Surgery (Recovery Room)

Immediately after surgery, you will be transferred to the recovery room (PACU) for about an hour, until you are able to wake up. Immediately after surgery, your family will be greeted by your surgeon and given an update on your progress. If you undergo an **open hysterectomy, you will be admitted**. If you undergo a robotic hysterectomy, your surgeon will assess your progress immediately after surgery and either send you to Phase 2 Surgery Discharge (Pavilion II) for later discharge that day or admit you to 10th floor in the Schenkel Tower. Once you are in your hospital room, your family can visit.

On the Postsurgical Ward (if you are admitted)

Eating and Drinking

Sometimes the bowels slow down in activity after surgery, usually due to direct surgical exploration or narcotics, creating an **ileus**, a blockage in the bowel. This may result in nausea and vomiting postoperatively.

Chewing gum and hard candy have been shown to stimulate your bowels and get them working again. Regardless of whether you had an open or laparoscopic surgery, once you are fully awake following surgery, you are encouraged to chew gum for 30 minutes every four hours for the first two days while you are resuming your diet.

You will be started initially on a clear liquid diet the same day of surgery, beginning with small sips of liquids increasing to a full clear liquid diet and ultimately to a normal diet as soon as you can tolerate it.

A **registered dietitian** may also visit you in the hospital and work with your surgeon to develop the best dietary plan for you.

It may be hard to eat and drink at first because of feeling sick to your stomach. This is not unusual. Please let your nurse know. He or she will give you medicine to help with your nausea.

Tubes and Drains

Occasionally, you might have a small drainage tube exiting your skin and connecting to a little bulb. This is called a **Jackson-Pratt drain**. This tube will drain the extra fluid in the area where surgery was done. This tube will be removed after one or two days depending on drainage.

Depending on the type of procedure, you may have a **urinary catheter** or some other type of drain in place after surgery. This catheter is usually in place during your first night's stay and removed as soon as you are getting in and out of bed freely the following morning. Once removed, you are expected to urinate on your own within six hours of removal.

After Surgery:

Pain Expectations and Management

What kind of pain should I expect after surgery?

Everyone's pain experience after surgery is different and unpredictable due to opioid tolerance, previous experience, comorbidities, age, gender, type of surgery, and type of anesthetic.

Will I be pain-free?

The goal of pain management is to restore function after surgery. We will work with you to establish a safe level of pain relief. Your discomfort level may not go down to 0 out of 10, but we want to do everything we can to make you as comfortable as possible without over-sedating you.

Why is pain management important?

With good pain management, you get well faster. You can start walking, do your breathing exercises, and regain your strength more quickly. Good pain management has been shown to speed recovery and increase good outcomes by allowing the patient to meaningfully participate in postsurgical recovery activities.

How can I participate in my pain management?

Ask about the schedule of pain medicines. Some medicines are scheduled and will be brought at a set time. Other medicines are brought to you only when you request them. Please inform your nurse if your pain is not being well controlled.

Can I get addicted to pain medicine after surgery?

As long as you take pain medication when there is actual pain and not for other reasons, addiction should not be an issue. Addiction to pain medication can happen if the medications are used improperly. Each week your need for pain medication will decrease as your incision heals.

How will my pain be managed?

During surgery

Your anesthesiologist and surgeon will work together and decide which pain management options would be best for you, depending on the type of surgery and your physical anatomy. The most common option would be to perform a **TAP block** while you are asleep, using a long-acting numbing medicine which may last up to three days. A second alternative would be to undergo an injection in your back with pain medicine immediately before surgery while under sedation. This is known as **spinal morphine** and works well during the first day after surgery to allow you to participate in your rehabilitation. And lastly, your surgeon may choose to insert an **On-Q® pain catheter** that releases numbing medicine to the surgical site over several days.

After surgery

IV narcotics: After surgery, you will receive intravenous (IV) pain medications to treat any severe pain in the event that oral medications are ineffective. The most common are morphine or hydromorphone (Dilaudid®).

Oral narcotics: Once you are able to tolerate a clear liquid diet, you will receive oral pain medications to treat pain. Common oral medications are hydrocodone (Norco®) and tramadol (Ultramr).

Non-narcotics: In addition to narcotics, your physician may order other medications to assist with pain relief. A common myth is that mild medications like Tylenol® or ibuprofen cannot treat pain better than strong narcotics. The truth is that they work very well when used together and can greatly improve pain relief while reducing the amount of narcotic you will need; narcotics can keep your intestines from working and prolong your hospital stay. Using the latest ERAS protocols, we may also use gabapentin (Neurontin®) or pregabalin (Lyrica®), both which have been shown to be effective in improving your pain control. While these drugs have traditionally been used as antiseizure medications, they also are used by pain physicians to treat acute and chronic pain.

What alternatives are there to medications?

- Relaxation: Simple techniques can help to increase comfort.
- Music: Music can provide relaxation and distraction.
- Physical agents: Heat or cold therapy, massage, rest, and good body alignment may help to lessen pain.

Will I have pain management help after going home?

You will go home with a prescription for oral pain medication if needed at the time of discharge.

After Surgery

Preventing Problems

Blood clots: After surgery, you may receive a daily injection of a blood thinner until you go home. You will also have blue wraps on your legs that pump up to help your blood circulate. The risk of blood clots goes up if these wraps are not used.



Pneumonia: You will use a breathing device called an incentive spirometer. You will suck on this like a straw, and it will help you take deep breaths. It may make you cough as well, which is good for your lungs. You should take **10 breaths with the incentive spirometer every hour** (while you are awake) to reduce the risk of getting a lung infection and decrease the use of the oxygen supplement. Some patients find it useful to use each commercial they see on TV as a reminder to perform their incentive spirometry.

Getting out of bed and walking: You can bring a robe from home for walking in the halls. After you have your Foley catheter removed, you can wear your own pants or pajama bottoms.



Activity Plan

Day of surgery: Depending on when you arrive to the floor, the staff will help you into a chair, and you may have a chance to walk later in the day.

Day 1: Spend four hours out of bed in the chair. This can be done one hour or two hours at a time if you need breaks. Complete three or more walks outside the room with assistance.

Day 2: Take four or more walks around the halls from this day forward.

**ALWAYS WAIT FOR STAFF TO ASSIST YOU
BEFORE GETTING OUT OF BED.**

The above activity plan is recommended to help with recovery. Incomplete participation in out-of-bed activities can lead to slower recovery time and possibly more serious problems.

Discharge Home

You are getting close to discharge when:

- You are able to eat solid food and drink fluids on your own without the need for IV fluids
- Your pain is controlled with pain pills
- You are able to walk around the postsurgical floor with limited or no assistance
- You are able to use the bathroom without difficulty
- You do not have fever or signs of infection.

With a **robotic (laparoscopic) hysterectomy**, most patients go home the same day or within 23 hours of surgery. With an **open hysterectomy**, most patients go home in one to two days.

- **Please make arrangements for transportation home prior to the day of discharge.**
- We ask that you gradually resume your exercise program once your surgeon clears you for increased activity.
- Prior to discharge, nursing staff will review your medications with you and answer any questions you have regarding your postoperative care. Please fill your pain medication prescription as soon as possible and follow the directions on the bottle.
- Please schedule your follow-up appointment with your surgeon's office prior to leaving the hospital.
- When you go home, we may help arrange for you to have resources close to your home.

If you have any other questions, please contact your surgeon.

Follow-Up

You should make a follow-up appointment with your surgeon one to two weeks after your discharge. If you have staples or nonabsorbable suture, your surgeon will remove them in the office at that time.

Further Treatments and Testing

Your surgeon will review any pathology findings with you at your second-week postoperative visit. If you need further testing or treatment, he or she will discuss your options at that time.

At Home

Getting Back to Normal

Wound Care

Your wounds may be red and sore for one to two weeks following surgery. Vaginal cramping and varying amounts of vaginal bleeding after certain surgical procedures may be expected. Bleeding that is heavier than a normal period should be reported to your surgeon.

- Showering is OK to briefly rinse your wounds with soap and water. Please ensure that you dry your incisions well following showering. Do not put lotion, talcum powder, or any other type of moisturizer on your wounds.
- Your surgeon will tell you whether soaking in a bathtub is OK.
- It is normal for your abdominal wound to “soften” in a few months after surgery.
- It is common to have lumpy areas around the abdominal wound near your belly button and at either ends of your incisions.
- If you have sutures or staples on the outside of your skin, your surgeon will remove them in his or her office seven to 14 days after discharge from the hospital.

Diet

It is not uncommon to have less of an appetite following surgery. We recommend four to six small frequent meals throughout the day to avoid constipation. Depending on your bowel pattern, you may have to make adjustments in your diet. If you don't have an appetite, choose higher-calorie foods and try to make the most of times when you feel hungry.

Try to eat a balanced diet, including:

- Foods that are soft, moist and easy to swallow
- Foods that can be broken into smaller bite-sized pieces
- Foods that can be softened by cooking or mashing
- Plenty of soft breads, pastas, rice, potatoes, and starchy foods
- Enough protein in the form of meat, eggs, milk, and cottage cheese
- The same nutritional drinks you were drinking before your surgery until you are able to resume your diet fully
- Plenty of fluids (eight 8-ounce drinks per day) in the form of water, fruit juice, teas/coffee, and milk.
- Steamed and soft-cooked fruits and vegetables instead of hard raw fruits and vegetables.

Avoid:

- Letting your stomach get completely empty — this can lead to nausea, so intersperse your bigger meals with little snacks
- Carbonated beverages during the first few weeks
- Tough, thick pieces of meat
- Fried, greasy food
- Spicy food
- Gas-forming foods such as broccoli and cauliflower, beans and legumes.

If you develop nausea that does not subside after trying these tips, then please contact your surgeon's office.

Exercise and walking

Activity is great for recovery. You will start walking the first day after surgery and should continue at home. The best exercise for the first few weeks is walking. Begin as soon as you get home and set your mind to walk each day. It is normal to feel tired after walking. If needed, stop and take rests. If you are athletic, do not play contact sports for at least six weeks following your surgery. Watersports such as water skiing, scuba diving, and pool activities should be discussed with your surgeon.

Lifting

For the first six weeks after surgery, do not lift anything weighing more than 10 to 15 pounds (no more than a gallon of milk) and do not push anything heavy. This can put too much pressure on the incisions and they can reopen or cause a hernia if the muscles are not yet strong.

Driving

Most people resume driving after six weeks, but always listen to your body and the advice of your surgeon. You should not drive until you know you can make an emergency stop without experiencing pain. Also, you should not drive if you have taken narcotic pain pills in the last four hours.

Resuming Work

Fatigue is common. The time it takes you to return to work usually depends on the type of surgery you had (large or small incisions) and the type of work that you do. Some people return to work after six weeks. If your job involves lifting heavy things or spending a lot of time on your feet, you may need more time. It's a good idea to start back to work on light duty or part time (if possible) until your normal energy level returns. Your doctor's office can fill out paperwork to explain why and how long off you will need.

Sexual Relations

Medications, hormones, and your general condition can alter your desire and response to sex. You may experience hot flashes immediately after surgery, even if your ovaries are not removed. These will resolve in several weeks if you did not have your ovaries removed. **While you are healing from surgery, you should avoid placing anything into the vagina, including having intercourse, using tampons, and douching.** After your incisions heal and pain is controlled, you may resume your usual activity — usually at least six weeks after an open or vaginal procedure and at least 12 weeks following laparoscopic or robotic surgery. If you experience problems or have questions, ask your doctor at your follow-up appointment.

Gas Pain

Sharp, stabbing gas pain is a very common complaint following laparoscopic procedures. You should have Gas-X® on hand ahead of time for use during the first three days following surgery when it is usually at its worst. Using narcotics to treat gas pain oftentimes will make your gas pain worse as the narcotics can delay and slow your bowel function, intensifying the problem. Please use Gas-X to treat your gas pain and narcotics to treat your incisional pain.



Constipation

It is very important to avoid constipation and hard stools after surgery. Straining during passing stools may cause pain, bleeding, and possibly tear vaginal sutures.

To prevent constipation, it is important to stay hydrated and take stool softeners if there is any sign of constipation.

Miralax®

- Mix 1 heaping tablespoon of Miralax powder daily in 8 ounces of fluid.
- Drink 6 to 8 cups (64 ounces) of fluid per day to stay hydrated.
- If no bowel movement occurs within two days, then increase Miralax to twice a day and add Senokot-S® daily.
- If no bowel movement occurs in three days, please contact your surgeon's office.



Urinary Function

After your surgery, you may get a feeling that your bladder is not emptying fully — this usually resolves with time. If you are having difficulty urinating or having stinging or burning when passing urine, then please contact your surgeon's office.

When to call your surgeon

Complications are not that common, but it is important to recognize them when they occur in order to better treat them.

What to look for:

- Fever greater than 100.5°F
- Severe or worsening pain unrelieved by medications
- Vomiting, inability to keep down fluids, or severe diarrhea
- Unable to pass gas for 24 hours or no bowel movement in three days
- If you have increasing fluid (thick, cloudy, or smells bad) coming from your incisions or vagina or signs of skin infection (redness, warmth, and tenderness of the skin)
- New bleeding or bruising or bleeding more than a typical period
- Have chest pain or shortness of breath.

Please contact your surgeon's office in the event of suspected complication.

Call 911 if you think you are having any problems that you think are an emergency.

Lifestyle Changes and Prevention

Smoking

Smoking puts you at risk for cancer and poor healing. We recommended that you stop smoking as soon as possible. If you need help with this, your doctor can prescribe medication to help you stop. Please let your doctor know if you would like assistance.

Alcohol

We recommended that you avoid alcohol to prevent interactions with your pain medications, as it can make your pain medication(s) act much stronger and in some cases cause you to stop breathing altogether. You are encouraged to discuss your use of alcohol with your surgeon prior to resuming drinking.

Drinking alcohol in large amounts is a risk factor for developing breast cancer, liver damage, oral and esophageal cancer, bleeding from the esophagus and stomach, pancreatitis, and pancreatic and colon cancer.

Weight

Being overweight is not only a risk factor for cancer, but it can also lead to diabetes and heart disease. In general if you are overweight, we recommend a healthy diet and regular exercise to improve your health and prevent further disease.

