

Centre intégré de santé et de services sociaux de Laval  
PASSPORT FOR

# MY BARIATRIC SURGERY



BRING THIS  
BOOKLET TO EACH  
HOSPITAL APPOINTMENT

Vertical sleeve gastrectomy (Sleeve) and  
Roux-en-Y surgery (Gastric bypass)

**This booklet will help you understand and prepare for your surgery.  
Read it with your family.**

**ERAS**

Enhanced Recovery After Surgery

Québec 

We would like to thank the Surgery Recovery Program and Patient Education Office of the McGill University Health Centre (MUHC) for allowing us to use the layout and educational content of the program in the production of this booklet.

We would also like to acknowledge the patient partners of the Enhanced Recovery After Surgery (ERAS) program for their volunteer contribution.

## Important

This booklet is for educational purposes only. It is not intended to replace the advice or instructions of a medical professional or be a substitute for medical care. If you have any questions about your care, please contact a qualified medical professional.

### **Traduction and adaptation of**

Passeport pour ma chirurgie bariatrique : gastrectomie verticale (Sleeve) et dérivation gastrique avec anse de Roux en Y (Bypass), 2019

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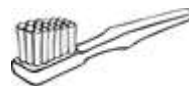
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# What to bring to the hospital

- This booklet
- An up-to-date list of your medications from your pharmacy
- Your hospital card
- Device for breathing exercises (Respirex). The nurse will give it to you during your appointment at the pre-admission clinic.
- Non-skid slippers, robe and comfortable clothing
- Tissues, toothbrush, toothpaste, soap, comb, hairbrush, deodorant and shaving supplies
- Glasses, contact lenses, hearing aid and dentures, if needed; bring them in a bag or container labelled with your name
- Your CPAP device, if you have sleep apnea
- Your health insurance card (valid, not expired)
- Pencil and notepad
- Your medications, drops, creams and pumps in their original packaging
- If needed, cane, crutches or walker labelled with your name
- Incontinence briefs, if needed



**Please leave all jewellery and other valuables at home.  
The hospital is not responsible for lost or stolen items (lockers are not locked).  
Rings will need to be cut off if not removed.**



## **Patient care pathway: Bariatric surgery ERAS**

When you are admitted to the hospital for your bariatric surgery, you will be part of the Enhanced Recovery After Surgery (ERAS) program. The goal of this program is to help you recover quickly and safely.

This booklet is meant to:

- help you understand your surgery and how to prepare for it
- explain the active role you play in your recovery
- provide daily goals for you to reach

Here are the next steps after the information session, the nutrition session and the review of your file:

### ✓ **At your appointment at the outpatient surgical clinic:**

- You will meet with a nurse and receive your booklet.
- You will meet with your surgeon and, based on your file, he or she will fill out the documents for your surgery.

#### **Appointment with the nurse and surgeon**

- Data collection
- Starting weight and waist size
- Explanation of the surgery and the risks/benefits
- References to other professionals, as needed

### ✓ **At the nutrition group meeting:**

- You will receive information on how to properly follow your preoperative and postoperative diet.
- You will receive your nutrition guide.



## **Patient care pathway: Bariatric surgery ERAS**

### **✓ At home, waiting for surgery:**

- Carefully read this booklet with your family.
- Write down any questions and comments at the end of this booklet.
- Start getting ready for your surgery (page 14).
- Start planning your return home after surgery. If you need to, ask friends and family for help.
  - Prepare meals according to the dietary restrictions
  - Organize help for housework and errands for your return home
  - Arrange transportation to your medical appointments once you are discharged
  - Decide who will come with you to your medical appointments
  - Plan on having someone stay with you at home if you feel the need
- Wait for the pre-admission clinic to call you with the date of your appointment.
- If necessary, the surgeon at the bariatric surgical clinic may want to have a second appointment with you.

Before your appointment at the pre-admission clinic, you may need to wait **1 to 2 years**

### **✓ During your appointment at the pre-admission clinic:**

- Bring this booklet and your up-to-date list of medications from your pharmacy.
- Arrive on time accompanied by an adult friend or family member.
- Ask your questions and write down the instructions given.
- Discuss with the nurse your plan for your return home.
- Ask the nurse for advice, as needed.



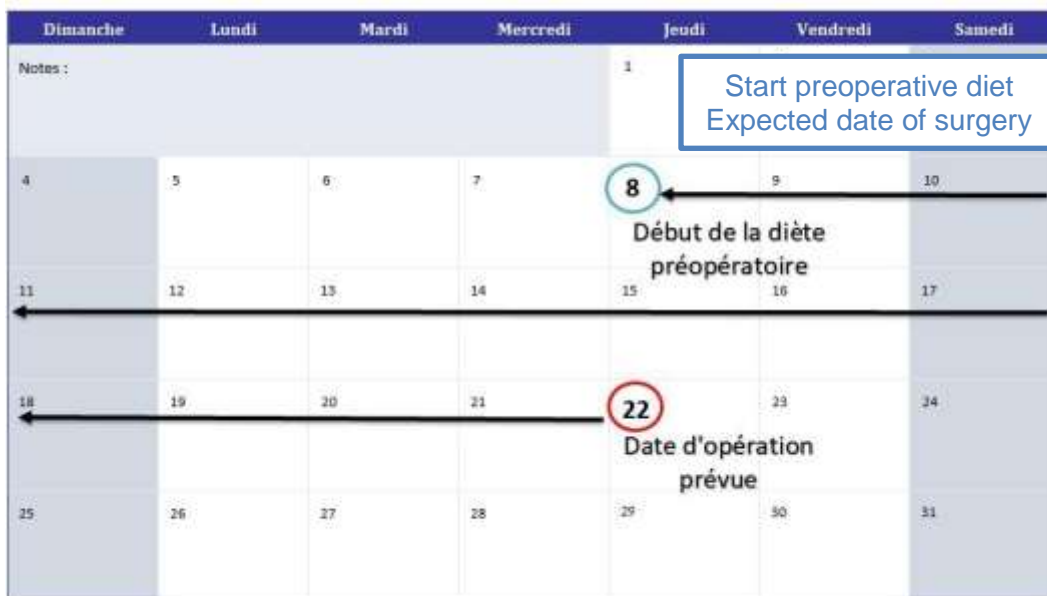
# Patient care pathway: Bariatric surgery ERAS

## ✓ After your appointment at the pre-admission clinic:

- Continue getting ready for surgery.
- Follow all the instructions provided by the nurse and nutritionist.
- Practise your breathing exercises (page 35).
- Continue preparing your return home.
- Call the pre-admission clinic at 450 975-5566 if you have questions.

## ✓ A few days before your surgery:

- Start your checklist (page 5).
- Continue preparing your return home.
- Start your **preoperative diet 14 days before your surgery** (see nutrition guide handed out at the group meeting). If you have questions, call the nutritionist at 450 668-1010, ext. 23253.
- If you have problems or questions, call the pre-admission clinic at 450 975-5566 or the bariatric surgical clinic at 450 975-5562.





## **Patient care pathway: Bariatric surgery ERAS**

### **✓ On the eve of the surgery:**

- Make sure you correctly follow all instructions (pages 26 and 27).
- Confirm arrangements made with your family for your return home.

### **✓ On the day of the surgery:**

- Bring your booklet.
- Follow all the instructions you were given (fasting time and drinking – page 26).
- Take your medications according to the instructions provided (page 28).
- Complete your checklist (page 5).
- Arrive on time.
- Come accompanied by **one person only**.



This booklet will help you understand and prepare for your surgery.

It explains how you can play an active role in your recovery and gives you daily goals to reach.

You should read this booklet with your family before your appointment at the pre-admission clinic.

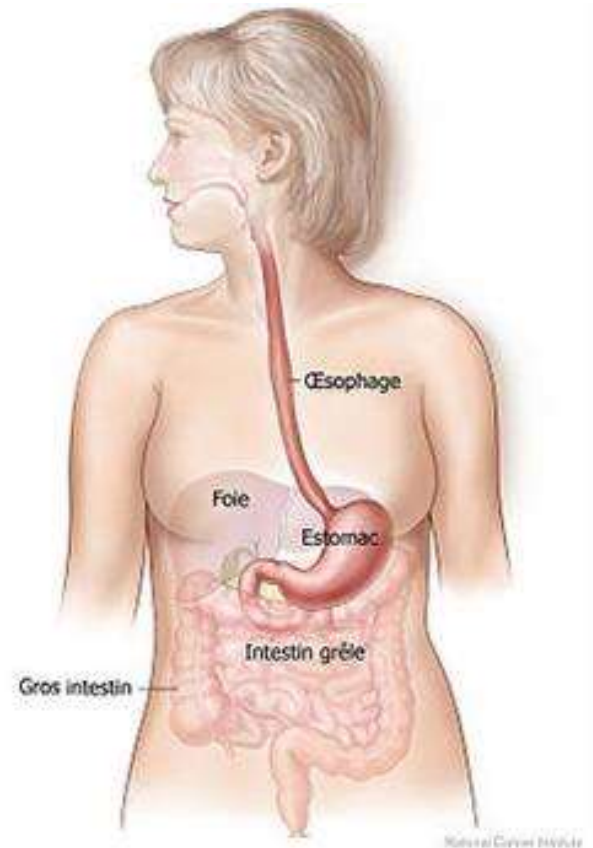
Bring this booklet with you to all your appointments before your surgery and on the day of your surgery.



# What is the digestive system?

When you eat, food passes from your mouth through your esophagus and into your stomach.

|                 |
|-----------------|
| Esophagus       |
| Liver           |
| Stomach         |
| Small intestine |
| Large intestine |



The digestive system is made up of various organs, including the stomach, which are essential to the digestive process. The stomach is a J-shaped sac that can hold up to 4 litres of food. It plays an important role in the assimilation of food. The stomach temporarily holds the food, where it churns and grinds it before gradually emptying its contents into the small intestine. Digestion in the stomach can take from 3 to 7 hours. Any waste not absorbed by the body is eliminated through the rectum.

# What is bariatric surgery?

Bariatric surgery is a procedure used to reduce the adverse health effects associated with morbid obesity. Candidates for the surgery are people who have made many attempts at losing weight by dieting, but have not been successful. Bariatric surgery is not a miracle cure. You need to be motivated to achieve the desired results, which includes weight loss and improved quality of life.

## The objectives

In combination with lifestyle change, the objectives of bariatric surgery are:

- To generate weight loss ranging from 40% to 60% of excess body weight
- To reduce, correct or improve obesity-related conditions:
  - ▶ high blood pressure
  - ▶ diabetes
  - ▶ sleep apnea
  - ▶ hypercholesterolemia (cholesterol and lipids)
  - ▶ musculoskeletal problems



Two types of bariatric surgery are performed at Cité de la Santé hospital:

👉 **Vertical sleeve gastrectomy (Sleeve)**

👉 **Roux-en-Y surgery (Gastric bypass)**



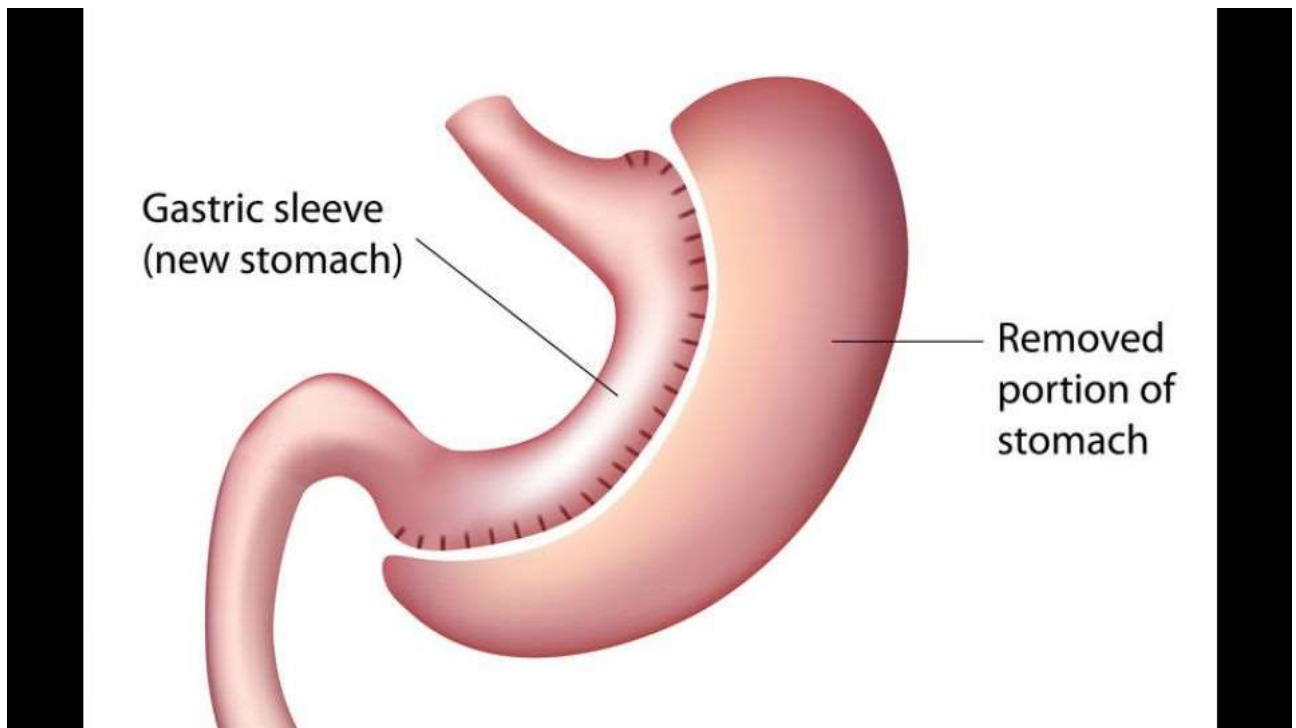
Both procedures are performed by laparoscopy. This means the surgeon makes small incisions (cuts) in your abdomen and then uses a camera and instruments to do the operation.

It is important for you to understand the advantages of both types of surgery, but also the risks involved, which your surgeon will explain to you.



## Vertical sleeve gastrectomy

The vertical sleeve gastrectomy is an irreversible procedure that restricts the amount of food the stomach can hold. The surgeon reduces the size of the stomach by two-thirds. What remains is a thin, banana-shaped tube or "sleeve." The rest of the stomach is removed and analyzed in the lab.



After the procedure:

- 👉 Your stomach will be smaller (by approximately 75% of its original size). Food transit will be much slower.
- 👉 You will feel full faster. You will not be able to eat as much as before.
- 👉 Your level of ghrelin (hunger hormones) will decrease, leading to a loss of interest in food.
- 👉 You will lose approximately 60% to 65% of your excess weight in 12 months.

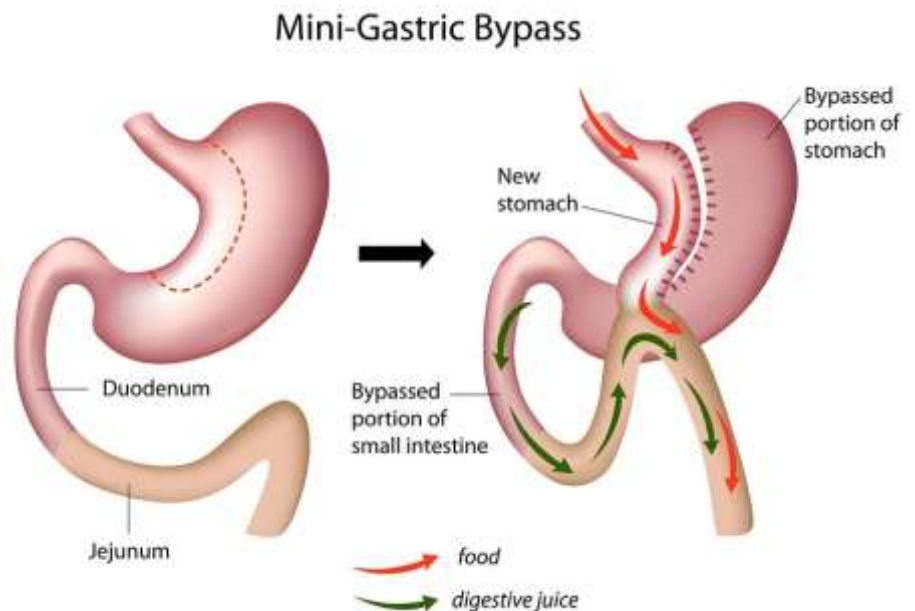


## Roux-en-Y surgery (Gastric bypass)

A gastric bypass (also known as roux-en-y surgery) is an irreversible procedure that restricts the amount of food the stomach can hold. The surgeon reduces the size of the stomach by creating a small pouch able to hold about 30 to 45 ml. The procedure is performed by laparoscopy.

The rest of the stomach is not removed, but rather completely isolated from the gastric pouch. The new pouch is directly attached to the lower portion of the jejunum, resulting in the slower absorption of nutrients.

To do this, the surgeon sections off the small intestine just below the duodenum and brings it upward to connect to the new gastric pouch. The remaining portion is connected to the lateral part of the intestine, which then forms a Y, hence the name of the technique “Roux-en-Y.”



After the procedure:

- 👉 Your stomach will be smaller.
- 👉 You will feel full faster. You will not be able to eat as much as before.
- 👉 Your body will absorb fewer calories and nutrients, which will lead to vitamin deficiency. Vitamin supplements to be taken daily will be prescribed to you.
- 👉 You will lose approximately 60% to 75% of your excess weight in 12 months.



## Preparing for your surgery

### ✓ Smoking

If you smoke, you will need to quit before your surgery.

Quitting smoking reduces the risk of respiratory problems after surgery, improves the healing of your surgical wound and helps you better manage any pain.

**You must quit smoking completely **12 weeks** before surgery. If you do not, **your surgery will be cancelled.****

During your appointment at the bariatric clinic, your surgeon will recommend **nicotine-replacement therapy** with patches or lozenges.



To find additional support in quitting smoking, contact:

- ✓ **the Centre de services ambulatoires de Laval** at  
**450 978-8300, option 1, ext. 13169**  
(For Laval residents)
- ✓ Your pharmacist or family doctor
- ✓ The Quit Smoking Centre nearest you at  
**1-866-JARRETE (527-7383)**  
**[tobaccofreequebec.ca/iqitnow/](http://tobaccofreequebec.ca/iqitnow/)**
- ✓ See tips on page 54.





## Preparing for your surgery

### ✓ Alcohol



Eliminate alcohol **14 days before your surgery.**

Alcohol can interact with certain medications and increase the risk of bleeding and postoperative complications.

If you need help to cut back on your drinking before your surgery, these resources could be helpful.

**To get help now:**  
Contact the regional helpline

**Alcochoix+ Laval at  
450 622-5110 ext. 64005**  
(For Laval residents)

<https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus>





## Preparing for your surgery

### ✓ Be active

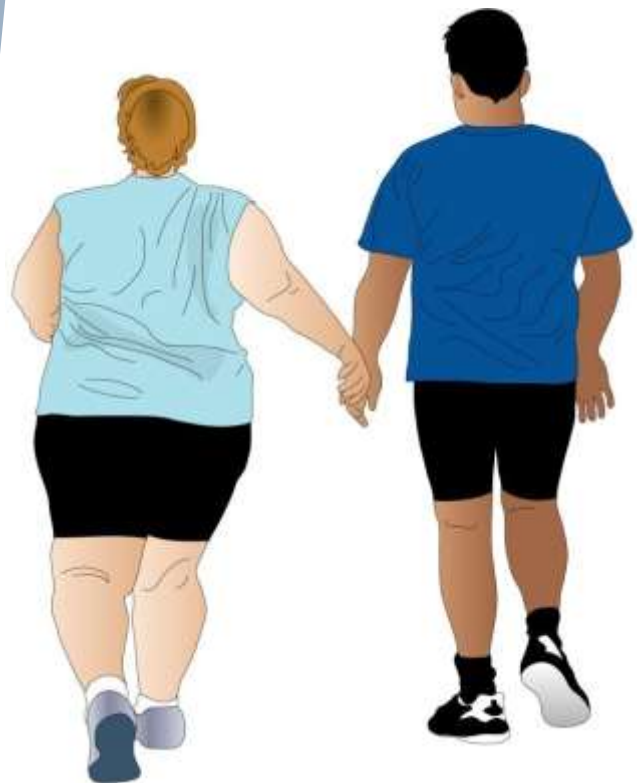
**By staying active and doing exercise** you can make sure you are as fit as possible before your surgery.

If you already exercise, keep up the good work and continue with your routine.

Otherwise, you can start by slowly working physical activity into your day.

Exercise does not need to be strenuous to be useful. A **15-minute walk** every day is enough.

Go to the exercise section of this booklet (page 35) for a description of the exercises you will need to start doing a few days before your surgery. During your appointment at the pre-admission clinic, you will be given a device to be used for exercises while in hospital.





# Preparing for your surgery

## Planning

Make sure you have made all the necessary arrangements for your return home after your surgery (page 6).

You may need your friends and family to help you with meals, laundry, bathing and errands.



Patients are generally discharged from the hospital

**1 to 2 days after bariatric surgery.**

If you have concerns about your return home, tell the nurse at the pre-admission clinic during your appointment.

## Making transportation arrangements

When you leave the hospital, ask a friend or relative to drive you home.





## Before your appointment at the pre-admission clinic

You will receive a call from the hospital's pre-admission clinic.

The administrative agent will tell you **the date and time of your appointment at the pre-admission clinic.**

If possible, make arrangements to have someone with you during this appointment.

The administrative agent will give you the date of your surgery.

24 to 48 hours before the day of your surgery, you will receive a phone call letting you know what time to arrive at the hospital.



**Date and time of your appointment:**

---

**Person who will accompany you:**

---

### **ATTENTION**

If, one week before your surgery, you experience any of the following:

- Sore throat, cold or flu
- Fever above 38° C
- Use of antibiotics
- Contagious disease (e.g., chickenpox) or contact with someone who has a contagious disease
- Any other ailment

**Call the administrative agent right away**

**Bariatric clinic:**

**450 975-5409**





## During your appointment at the pre-admission clinic

1

You will meet a nurse who will tell you how to get ready for your surgery and what to expect while you are in the hospital.



2

If the nurse finds it necessary, you will have an ECG (electrocardiogram).

3

You will be referred to the hospital's blood testing centre for blood tests.



4

The nurse will tell you if you need to have others tests or appointments with other doctors.



## During your appointment at the pre-admission clinic

### ✓ Consent to surgery and anesthesia

During your appointment at the pre-admission clinic, the nurse will ask you to sign a consent to surgery and anesthesia.



Your signature confirms that when your surgeon told you about the surgery, he or she clearly explained the reason for the procedure, the operation itself, the possible risks and the expected outcomes.

If you still need information, you will have to speak with your surgeon. The nurse will help you make arrangements for this.



## Medications to stop or continue taking

During your appointment with the surgeon or nurse at pre-admission, you will be told if you need to stop or keep taking the following medications before your surgery.

Aspirin™,  Asaphen™,  Rivasa™,  Entrophen™,  Novasen™,  Persantine™,  ASA,  Aggrenox™ (dipyridamole/ASA), etc.

Stop \_\_\_\_\_ days before surgery.

Do not stop.

Plavix™ (clopidogrel)

Stop \_\_\_\_\_ before the surgery.

Do not stop.

Effient™ (prasugrel),  Ticlid™ (ticlopidine),

Brilinta™ (ticagrelor)

Stop \_\_\_\_\_ before the surgery.

Do not stop.

**Anti-inflammatories** (e.g., Advil™, Ibuprofen, Motrin™ (including for children), Celebrex™, Maxidol™, Aleve™, Naprosyn™, etc.)

Stop   2   days before surgery.

**All natural health products** (glucosamine, omega 3, vitamin E, etc.)

Stop   7   days before surgery.

*You can take medications such as Tylenol™, Extra-Strength Tylenol™, acetaminophen and Tempra™ until midnight on the eve of the surgery.*

If you take **Coumadin™, Sintrom™, Pradaxa™, Xarelto™, Lixiana™, Eliquis™**

A pharmacist from the hospital will call you 1 to 3 weeks before the surgery and may ask you to do a blood test.

Once the pharmacy department has received the results, the pharmacist will call you again to tell you when to stop this medication.



**Compliance with this directive is mandatory.**



## After your appointment at the pre-admission clinic

### ✓ Date and time of admission

You will receive a call from the hospital's pre-admission clinic. The administrative agent will tell you the date of your surgery. Then, 24 to 48 hours before your surgery, you will receive another call letting you know at what time you need to arrive at the hospital.



**Day of the surgery:**

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**Time of arrival:**

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On the day of the surgery, go to Block C, ground floor, Room RC-5, where you will be directed to the patient care unit to prepare for your surgery.

You can only be accompanied by one person.

Once you arrive, you will need to wait before going into surgery. If you want, bring something to pass the time (book, music with headphones, etc.).



# Preoperative diet



**If you do not follow these instructions, your surgery will be cancelled.**

Before your surgery, you must follow to the letter **a restrictive preparatory diet** for a few weeks. The goal of this diet is to reduce the size of your liver, which will allow the surgeon to perform the surgery and avoid medical complications.

You will have a 90-minute information session with a nutritionist to help you properly prepare for your surgery.

**This diet will last 2 weeks**

You must choose one of the five following options:

1

### **Slim Time (Minogue Medical):**

Mix powder with 300 ml of water.  
**4 times per day + 1 serving of fruit per day allowed.**

This product must be ordered directly from the company's Website ([www.slimtime.com](http://www.slimtime.com)) or by phone (1-800-665-6466)



2

### **Optifast:**

Mix powder with 300 ml of water.  
**4 times per day + 1 serving of fruit per day allowed.**

This product must be ordered using the order sheet and sent by email or fax.



3

### **Nutribar protein powder:**

Mix 1 scoop of product with 250 ml of 1% milk  
**4 times a day. FRUIT IS NOT ALLOWED.**



# Preoperative diet

4

## Slim Fast:

Advanced Nutrition Smoothie. Powder.  
Mix 1 scoop of product with 250 ml of  
1% or skim milk.

**4 times per day + 1 serving of fruit  
per day allowed.**



5

## Boost Diabetic:

Ready to drink

**4 Boosts per day + 1 serving of fruit  
per day.**



## Food and beverages permitted:

Water  
Coffee, tea, herbal tea (no sugar, no milk, no cream)  
Artificial sweeteners (e.g., Splenda™, Sweet 'n  
Low™, Sugard Twin™ and Stevia)  
Powered low-calorie drinks (e.g., Crystal Light™,  
Mio™, etc.)  
Sugar-free Jello™, gelatin  
Salt, pepper, spices, vinegar, lemon, garlic



Eau



Café, thé, tisane (sans sucre,  
pas de lait/ crème)



Édulcorants (par exemple  
Splenda™, Equal™, Sweet 'n Low™,  
Sugar Twin™ et Stevia)



Mélange de breuvage en poudre  
pauvre en calories (par exemple  
Crystal Light™, Mio™, etc.)



Jello™, Gélatine,  
sans sucre seulement



Sel et poivre, herbes et épices,  
vinaigre, citron, ail

# Preoperative diet



Proper hydration is very important.  
Drink about **1 to 2 litres of fluid per day**



**You can also eat or drink:**



## **Raw or cooked vegetables:**

2 to 3 cups (500 ml to 750 ml) per day.

Only the following vegetables are allowed: broccoli, celery, mushrooms, cabbage, cauliflower, cucumber, lettuce, rutabaga, peppers, radishes, onions, sprouts, bean sprouts.

No dip or salad dressing.



## **Chicken broth:**

It is suggested that you **drink 1 to 3 cups (250 to 750 ml) of chicken broth every day** (store-bought, fat-free) to meet your sodium requirements and avoid feelings of dizziness and a significant drop in blood pressure.

**One serving of fruit** = 15 grapes, ½ banana, 1 small apple, 1 peach, 1 pear, 1 orange, 10 cherries, 2 clementines, 2 cups of strawberries, 2 small kiwis, 1 cup of diced cantaloupe, 1 cup of raspberries, ½ mango, ¾ cup of blueberries.



***People with diabetes*** who are taking hypoglycemic medication or insulin must contact their attending physician or endocrinologist to have their dose adjusted. Since this diet has a low carbohydrate content, **you must monitor your blood glucose levels** to prevent hypoglycemia. If you have questions, contact the nutritionist (see page 8 for contact information).



# Morning of the surgery

➔ **Instructions for all patients:** As of midnight on the eve of the surgery:

- Do not eat any solid food.
- Do not eat or drink dairy products.
- Do not drink alcohol and do not smoke.
- What you can drink: water, tea, coffee and pulp-free juice.



**In accordance with the nurse’s instructions, you must stop drinking clear liquids:**

You must stop drinking clear liquids the morning of the surgery. The exact time you need to stop will depend on the time you were told to arrive at the hospital on the morning of the surgery. Remember that your arrival time will be given to you by phone 24 to 48 hours prior to your surgery.

| I must be at the hospital   | I need to stop drinking clear liquids at |
|---|--|
| Before 10 a.m.  | 6 a.m.                                   |
| After 10 a.m.   | 8 a.m.                                   |
| I am waiting at home; I don't have an arrival time; my surgery is on an on-call basis | 11 a.m.                                  |

## **IMPORTANT:**



These instructions are meant to make sure your surgery is safe for you and free of serious complications.

If you have not properly followed these instructions, you must notify the nurse when you arrive at the hospital.



# Morning of the surgery

## ✓ Hygiene

### Disinfectant soap (Dexidin 4%)



1

On the morning of your surgery, you must take a shower with the disinfectant soap. It can be purchased at the gift shop at the main entrance to the hospital in Block C or Block D or at the pharmacy.  
Wash your body from chin to toe then rinse.



2

Put on clean clothes after your shower.

3

Do not apply makeup, artificial nails, cream, deodorant or perfume, or wear jewellery or body piercings.

4

Do not shave the surgical area.





# The morning of the surgery

## ✓ Medications

Take only these medications (with a sip of water).

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## Arriving at the unit

On the day of the surgery, go to **Block C, on the ground floor**, to room **RC-5**. From there, you will be directed to the patient care unit, where you will prepare for your surgery.

**Only one person** can accompany you.

Once you arrive, you will need to wait before going into surgery. If you want, bring something to pass the time (book, music with headphones, etc.).

Your friends and family will not be able to go with you to the operating room or to the recovery room. They will need to wait for several hours before being able to visit you in your room. During this time you will, however, have access to many resources (see resources below).

Your friends and family can wait in the cafeteria on the 2<sup>nd</sup> floor or, if you already know your room number, in the hallway of the unit. There are chairs available for visitors.

### Resources available at the hospital:

Library: Block D, basement, room D.SS.84

Snack bar: Block C, ground floor, to the left of the main entrance

Cafeteria: Block B, 2<sup>nd</sup> floor

Automated teller machine (ATM): Block C, ground floor, to the left of the main entrance and in the emergency waiting room

Vending machines: Block D, at emergency, Block C, ground floor, across from the snack bar and Block C, 3<sup>rd</sup> floor

Prayer and meditation room: Block B, 3<sup>rd</sup> floor, just outside the elevator



## Arriving at the unit

When you arrive at the patient care or day surgery unit, a nurse will help you prepare for your surgery:

1



She will give you a hospital gown to wear. (You need to remove all your clothing before leaving for surgery). She will help you store your personal belongings in a safe place.

2



She will do blood tests or other tests or insert an intravenous line, as needed.

3



She will make sure you have followed all the instructions given to you (drinking, fasting, etc.).



## Going to the operating room

Once the surgeon is ready for you in the operating room, the nurse will let you know.

Before leaving for the operating room, you must remove:

- 👉 Glasses, contact lenses, artificial lashes
- 👉 Underwear, jewellery and piercings
- 👉 Dentures, hearing aid, wig



You must go to the bathroom to urinate before you leave.

You will walk to the operating room or be wheeled in on a stretcher. The anesthesiologist will meet with you when you get to the operating room in order to discuss with you the best types of anesthesia and pain relief that will be right for you.



For more information on anesthesia, refer to the patient leaflet on the topic:

**“Rôle de l’anesthésie – feuillet d’enseignement” (In French only)**

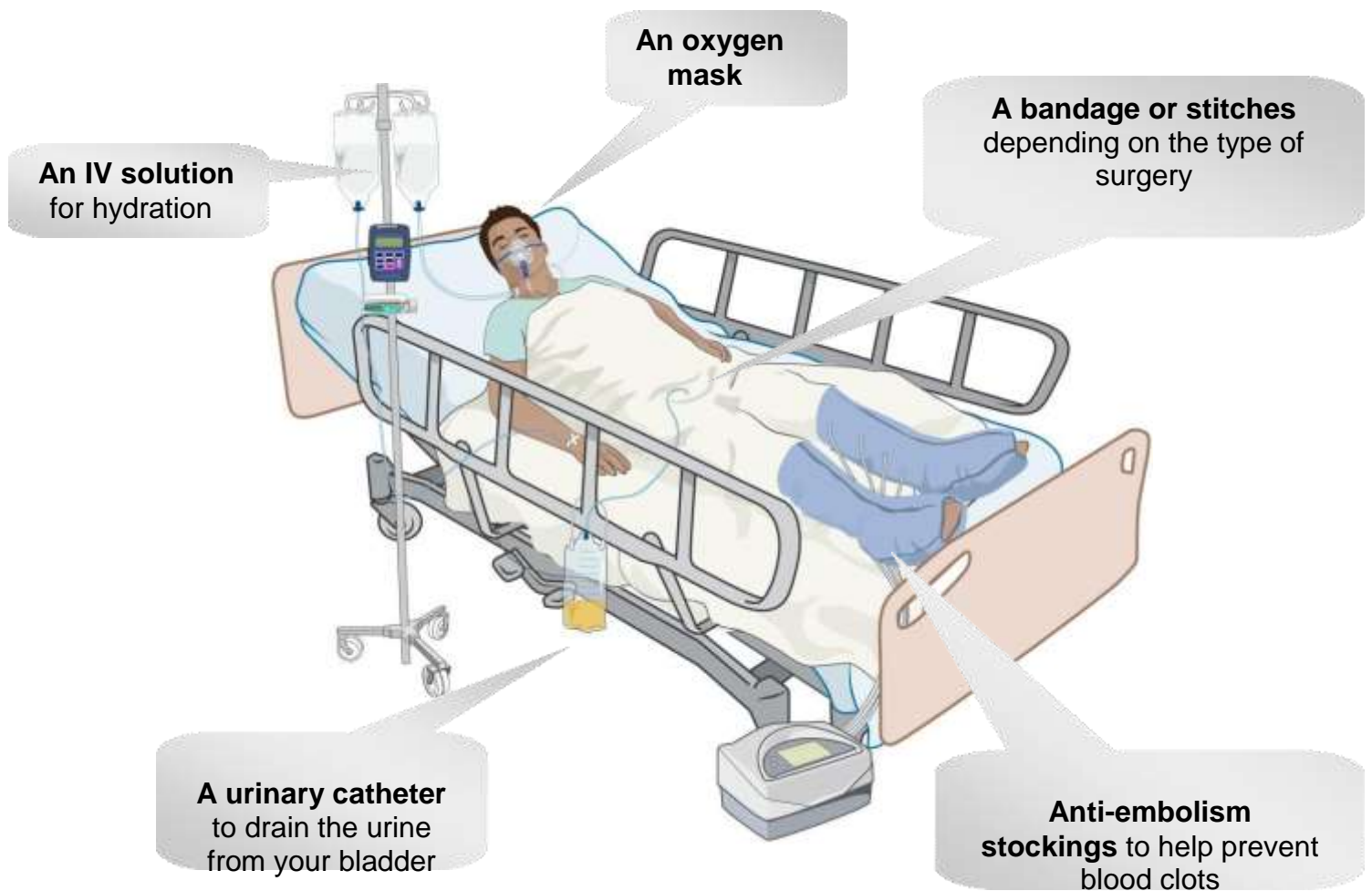
A nurse will give you a copy of this leaflet during your appointment at the pre-admission clinic.



## In the recovery room

You will wake up in the recovery room. You will stay there about one hour, depending on your condition:

You may have:






**Visitors are not allowed in the recovery room**



## In the recovery room

You will not be allowed to eat or drink right away.

Once you are comfortably settled in the recovery room, the nurse will:

-  Check your vital signs several times
-  Check your bandages
-  Assess your general condition and level of pain



Once your condition is stable and your pain is under control, you will be transferred to the patient care or intensive care unit depending on the level of monitoring you need.

**Visitors are allowed to stay in the patient care unit until 8:30 p.m.**



**Maximum  
2 visitors**



If you had laparoscopic surgery, you may experience **pain in your shoulder**. This is caused by the gas used to inflate your abdomen. The pain will resolve on its own in a few days. **Movement helps to relieve this type of pain.**



# Pain management

It is normal to feel pain after surgery. Pain levels are different for each person. However, with the medications prescribed to you by your surgeon, your pain can be properly managed.

**You will be asked to rate your pain on a scale from 0 to 10.**

No pain

The worst pain you can imagine



0



2



4



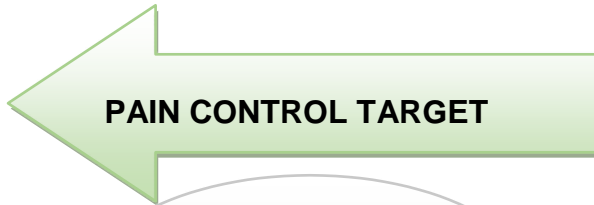
6



8



10







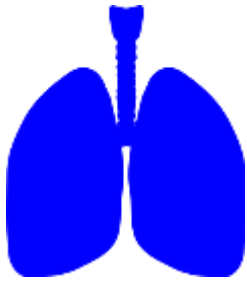
Our goal is to keep your pain score below 4/10



What's important is that the pain is tolerable at rest and when you move.

**Pain relief is important because it will help you:**

-  Breathe better
-  Move better
-  Sleep better
-  Eat better
-  Recover faster
-  Do the things you enjoy

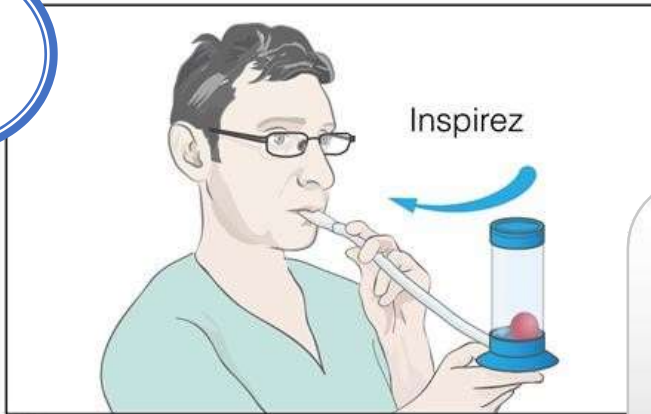


# Breathing exercises

## Deep breathing and coughing exercises (Respirex)

An inspirometer is a simple device used to prevent respiratory complications, such as pneumonia. These exercises make it easier for secretions to be eliminated from your lungs, which helps them expand properly.

1



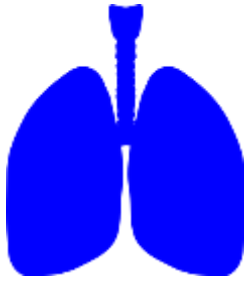
Inhale

Put your lips firmly around the mouthpiece. Take a deep breath in and try to keep the ball in the air as long as possible (about 3 seconds). This step is used to inflate your lungs well.

2

Exhale from your mouth with your lips together and take a break for a few seconds.





## Breathing exercises

3



Repeat 10 times every hour



Place the device within reach so that you are reminded to do the exercises.

If you need to, hold a pillow or small blanket against your incision, then take a deep breath and cough.

4





## Exercises

It is important to move after surgery to prevent complications, such as pneumonia, blood clots and muscle weakness. Lying in bed without moving can lead to these problems.

You can start doing the following exercises as soon as you wake up from surgery and continue to do them while you are in the hospital.

### ✓ Leg exercises

These exercises will help the blood flow in your legs when you are in bed. Do them 30 times per minute for 1 to 2 minutes every 2 hours while you are awake.

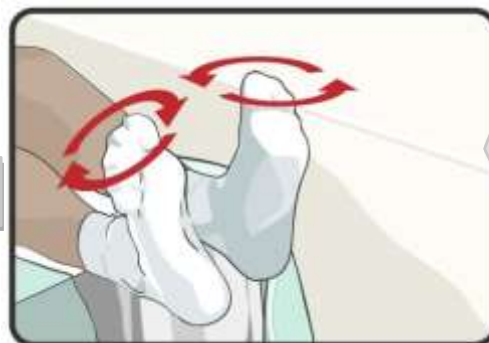
**Repeat 30  
times  
per  
minute**



Point your toes towards the bed and then towards you chin.



Stretch your legs then release.



Rotate your ankles from left to right and then from right to left.



# First night after surgery

## ✓ Objectives for the first night after surgery



Get up and sit in a chair with the help of a nurse.




Start to eat liquid food and drink water.



30 times/minute every 2 h

Do your leg exercises (see page 37).



10 times each hour

Do your breathing exercises (see page 35).



## Objectives for day 1: After your surgery

### ✓ **Breathing:**

Do your breathing exercises (see page 35).

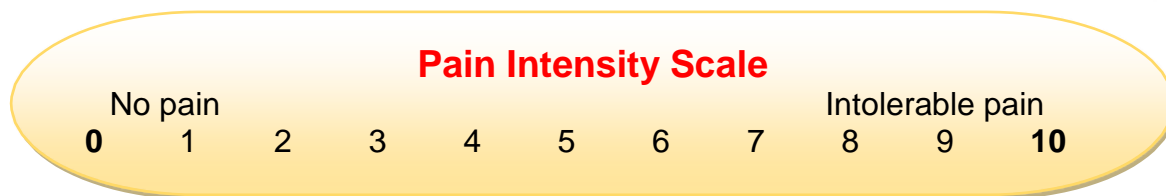
### ✓ **Activities**

Sit in a chair to eat your meals.

Walk in the hallway and try to stay out of bed.

### ✓ **Pain management**

If your pain is more than 4/10, tell your nurse.



### ✓ **Diet**

You will be on a liquid diet during your hospital stay.

Take protein-rich meal replacement drinks (Ensure or Boost). You will see the nutritionist again during your hospital stay.

### ✓ **Tubes and drains**

Your urinary catheter will probably be removed on this day. If you are hydrating well, your IV solution will also be taken out.



### ✓ **Preventive anticoagulant therapy**

To prevent blood clots, your surgeon may prescribe Lovenox™ injections once or twice a day. The nurse will show you how to self-administer this medication before your discharge from the hospital. Once you are discharged, you will need to continue the Lovenox™ injections for 28 days. The nurse will give you an information brochure and material before you leave the hospital.





## Objectives for day 1 or day 2: Going home

### ✓ The day you go home

You will be able to leave the hospital when:

- ✓ All members of your care team have discharged you
- ✓ Your pain is under control with the medication
- ✓ You are able to move safely and normally
- ✓ The nurse has given you all your discharge papers and explained them to you:
  - Prescription for pain medication you will need to get from the pharmacy
  - Proof of hospitalization or medical certificate for sick leave, as needed. Please tell your surgeon if you need these documents.

**Ask someone to pick you up from the hospital**, since you will not be able to drive after your surgery. Make this arrangement in advance.

### Insurance form

If you need to have insurance forms filled out, leave them in the white box in front of room RC-49, Block C, ground floor (general surgery outpatient clinic).

You must write:

- Your name
- Your telephone number
- Your file number
- The name of your surgeon



**The administrative agent will call you within 7 to 10 business days to pick up your insurance documents.**



If you need to follow up on your insurance forms, call  
**514 230-2571**



**If you are unable to leave the hospital at the expected time**, we might ask you to sit in a wheelchair by the nursing station, since we need to prepare the room for the next patient.



## Instructions for home

### ✓ Post-discharge follow-up

You will have a follow-up appointment with your surgeon **4 to 6 weeks** after your discharge and another one **6 months** later. This second appointment will also involve a blood test to see if you have vitamin deficiencies.



To make sure your appointment is not cancelled, you must **go for a blood test** before.

### ✓ Wound care

Your incisions (cuts) are not bandaged.

They have been closed with wound closure strips. They will fall off on their own after a few days (about 7 to 10). If they do not, you can remove them yourself after 10 days.

### ✓ Pain relief

It is normal to have pain for a few weeks after surgery.



To relieve your pain, be sure to follow your surgeon's prescription and the pharmacist's advice. Unless otherwise indicated, take acetaminophen (Tylenol™) regularly. If the pain is stronger, take narcotic medication according to your prescription.

### ✓ Hygiene

You can shower as soon as you get home. Let the water flow over your incisions, but do not rub them.

You can wash your surgical wound or wounds with a mild, unscented soap. Rinse and dry well after.

**You cannot take a bath for 1 week**

Following your surgery.

Swimming in a pool or lake is not permitted.





## Instructions for home

### ✓ Activities and travel



It is preferable not to travel **for the first 4 weeks** to make sure you have regained your strength. Before planning a trip, be sure to consult your surgeon and insurance company.

Do not lift anything that weighs more than **10 lbs for 4 to 6 weeks** after your surgery.

### ✓ Sexual relations

The first time you have sex after your surgery, you and your partner may have some concerns. You can return to your normal sexual activities when you feel ready. As your body changes, it is important to keep the communication lines with your partner open.

### ✓ Contraception after bariatric surgery

To avoid certain complications, it is recommended to wait up to one year before considering pregnancy.

Weight loss results in many hormonal changes that could **increase your fertility**.

Contraception is very important during the weight-loss period, which can last from one to two years.

Oral contraceptives (the birth control pill) are not the first recommended option for contraception, since they are not well absorbed by the body after gastric bypass surgery.

**The first choice is the intrauterine device (IUD)**, which provides more reliable protection for up to 5 years.



# Instructions for home

## ✓ Activities and exercises

✓ You need to continue staying active after surgery, but alternate between periods of activity and periods of rest. It is normal for you to feel tired. You will be able to go back to your normal activities **one month after your surgery.**

✓ Pain should not prevent you from doing your daily activities, such as getting dressed, eating or washing yourself. If the pain is too intense, take pain medication, at least 30 minutes before an activity.

✓ Walking is one of the best forms of exercise. Increase your walking distance every day and alternate with periods of rest. Avoid strenuous exercise, sudden movements and contact sports.



### You can drive again when:

- 👉 you no longer feel dizzy
- 👉 you no longer have pain
- 👉 you have stopped taking narcotic medications at least 24 hours previously

### Ask friends and family to help with:

- Transportation
- Meals
- Grocery shopping
- Housework
- Laundry



Your return to work will depend on the type of job you have. The recovery period is generally 4 weeks.





## Instructions for home

### Bowel movements

Your bowels will start **working normally after a few days**. You will have gas at first. Move and walk, based on your tolerance, since this promotes better intestinal recovery.

**To prevent constipation** that can be caused by pain medication and dietary changes:



- ✔ Drink 6 to 8 glasses of water or liquid per day (**do not eat during meals**).
- ✔ Walking can help bowel function.
- ✔ Try eating whole or stewed prunes, based on your tolerance
- ✔ Refer to the nutrition guidelines on page 18.

If, after following these tips, you are still unable to have a bowel movement:

- ☞ Take the laxative prescribed by your surgeon (Colace™ and Lax-a-Day™).
- ☞ Otherwise, go to the pharmacy and purchase a gentle over-the-counter laxative such as Metamucil™, Colace™, Prodiem™ or Lax-a-Day™. Ask your pharmacist for advice.

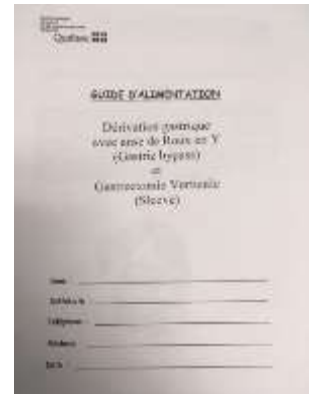


**If after following the above instructions and eating a healthy diet you still have not had a bowel movement for more than 3 days, consult a health professional (family doctor, pharmacist, Info-Santé at 811).**

# Postoperative diet

After your surgery, you will start a progressive, 6-stage diet. This will give your stomach time to heal. To avoid complications, make sure you follow the recommended time for each stage.

A group class will be offered to give you clear instructions on each stage of the diet and advice that will make it easier to follow. You will receive a nutrition handbook during this class.



## In summary

**Do not skip any stages; follow all instructions carefully.**

- 👉 **Stage 1:** Strict liquid diet: how long = 3 days (at the hospital)
- 👉 **Stage 2:** Nutritious liquid or semi-liquid diet: how long = 14 days
- 👉 **Stage 3:** Diet of pureed food: how long = 14 days
- 👉 **Stage 4:** Diet of ground/pureed food: how long = 7 days
- 👉 **Stage 5:** Soft diet: how long = 7 days
- 👉 **Stage 6:** Normal/soft diet

## Your 2 nutritional priorities are:

1. Eating enough protein (about 60-80 grams per day)
2. Drinking 1.5 to 2 litres of fluid every day to avoid dehydration



To reach these goals and meet your nutritional requirements, you will need to **eat 3 meals and 3 snacks a day**. It is also recommended to **drink your fluids 30 minutes before and after each meal**.



# Supplements

After bariatric surgery by sleeve gastrectomy or gastric bypass, it will be important for you to **take vitamins and minerals to prevent nutritional deficiencies**. You will not be eating a sufficient amount of food to meet your needs and the change in your anatomy due to the surgery will reduce your body's ability to absorb nutrients.

Your surgeon will prescribe supplements to you during your hospital stay.



1

## Multivitamins and minerals:

Centrum Select 50+ or Centrum Select chewables or equivalent  
→ 2 tablets per day

2

## Calcium:

1200-1500 mg of calcium (calcium citrate) per day



Eventually, you will be able eat foods that have a lower nutritional value in moderate quantities; these foods are not prohibited. Speak with your nutritionist about your food weaknesses.

**During your journey, one of the most important things to remember is to let your body be your guide.**

**It is your BEST ALLY in helping you learn about your new level of tolerance to foods.**

# Multivitamins

**Multivitamins** are a complement to the four other supplements (iron, calcium, vitamin A and vitamin D), which **you will need to take for life**. They contain small doses of many vitamins and minerals that may be deficient in your system after your surgery.



## Iron

Iron contributes to the production of hemoglobin, which is essential for the transfer of oxygen in the blood.

➔ Iron deficiency can lead to anemia, shortness of breath and extreme fatigue.

## Calcium

Calcium supports tooth and bone health; it also stabilizes heart function.

➔ Calcium deficiency can lead to bone pain and cardiac arrhythmia.

## Vitamin D

Vitamin D supports the absorption of calcium.

➔ Vitamin D deficiency can lead to bone pain.

## Vitamin B12

Vitamin B12 is essential for the proper formation of red blood cells and a well-balanced nervous system.

➔ Vitamin B12 deficiency can lead to anemia and neurological symptoms (numbness, loss of dexterity, etc.).

# Weight loss

You could be losing weight for up to two years after your surgery. Weight loss is faster at first then gradually slows down.

Most people reach their target weight **approximately 18 months** after surgery. Once your weight has been stable for 6 months, your weight loss is complete.



Do not weigh yourself every day, since this could be discouraging. Weighing yourself once a week is enough.

After two years, once your weight loss is completed, you will need to continue eating a healthy diet and exercising in order not to gain back the weight.

A nutritionist can help you make changes to your diet to help you keep off the weight.

Weight loss can affect:

- **Your hair:**  
You may experience more hair loss than usual. This will stop once your weight is stable. To reduce hair loss, be sure to eat enough protein and avoid hair colouring.
- **Your skin and nails:**  
Your skin may be drier and your nails more brittle. Use moisturizer and keep your nails short.

# Symptoms to monitor after surgery

1

## Difficulty eating

Avoid foods that are very spicy, difficult to digest or those that have a tough consistency.

If you have difficulty tolerating foods of a given consistency, you can always revert back to the previous stage (for example, from a solid diet to a soft diet).

2

## Regurgitation

Eat slowly and chew well.

Eat smaller portions of food throughout the day.

Do not drink when eating and do not use a straw.

3

## Reflux

Do not drink when eating.

Limit chocolate, tea and coffee.

Eat slowly

Limit very spicy foods, acidic fruit and tomatoes.

Avoid soft drinks.

Do not chew gum.

Avoid bending down after a meal.

## Most common complications:

Gastric dumping syndrome, dehydration, constipation and diarrhea.

For more information, refer to **pages 17 and 18** of your **nutrition handbook** (given to you at the nutrition group meeting).

# Complications

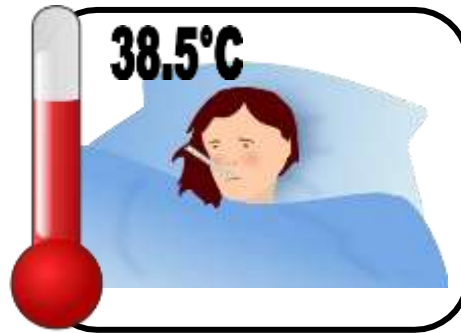


**If you have difficulty breathing:** Immediately call **911** or go to the emergency room.

If you have one or more of these signs and symptoms:



Your pain increases and is not relieved with medications.



Fever (**38.5°C** or **101°F** and above) for more than **24 hours**



**Long-lasting** cramp or pain in your calf. If you observe redness or a sensation of heat in your calf.



If you experience vomiting and are not able to tolerate liquids

**Watch for signs of infection at the surgical site:**

- Redness
- Pain
- Swelling
- Greenish or yellowish discharge

Call a nurse at **Info-Santé** at **811 any time** (24h/day) or go to the emergency room





## Available resources

In case of emergency, call 911 Info-Santé – CLSC call 811 **24 hours a day, 7 days a week**

### ✓ Outpatient clinic

|  |              |
|--|--------------|
| Pre-admission (pre-surgery only) ..... | 450 975-5566 |
| Bariatric clinic.....                  | 450 975-5562 |

### ✓ CLSC

#### Laval region

|                                 |                         |
|---------------------------------|-------------------------|
| CLSC Frontline intake .....     | 450 627-2530 ext. 64922 |
| CLSC du Marigot .....           | 450 668-1803            |
| CLSC des Mille-Îles .....       | 450 661-2572            |
| CLSC du Ruisseau-Papineau ..... | 450 682-2952            |
| CLSC Ste-Rose de Laval.....     | 450 622-5110            |

#### Laurentides region

Centre intégré de santé et de service sociaux des Laurentides:

|   |              |
|---|--------------|
| Thérèse-de-Blainville .....                           | 450 430-4553 |
| Des sommets.....                                      | 819 324-4000 |
| St-Jérôme .....                                       | 450 432-2777 |
| Pays d'en haut.....                                   | 450 229-6601 |
| Lac des Deux-Montagnes (Hôpital Saint-Eustache) ..... | 450 473-6811 |
| Argenteuil (Mont-Laurier Hospital) .....              | 450 562-3761 |
| Antoine-Labelle.....                                  | 819 623-1234 |

#### Lanaudière region

|   |                |
|---|----------------|
| Centre intégré de santé et de service sociaux de Lanaudière ..... | 450 759-1157   |
| Toll-free number .....  | 1 800 668-9229 |



## Available resources

### I want to learn more about my surgery

Obesity Canada: <https://obesitycanada.ca/managing-obesity/bariatric-surgery/>

### I want to eat better

Groupe d'action sur le poids: <https://equilibre.ca/> (In French only)

Canada's 2019 food guide by Health Canada for download:  
<https://guide-alimentaire.canada.ca/fr/guide-alimentaire-en-bref/>

Défi TOUGO: <https://montougo.ca/>



For more information, visit the CISSS de Laval website:  
[www.lavalensante.com](http://www.lavalensante.com)



## Available resources

### I need psychological support



Ask your employer if you have access to an employee assistance program

Ordre des psychologues du Québec: <https://www.ordrepsy.qc.ca/>

Service populaire de psychothérapie: <http://spp-laval.qc.ca/>

Taking part in activities to improve your lifestyle with others in your community can be a source of motivation: Coalition Poids <https://www.cqpp.qc.ca/en/>

Info-Social (call 811, option 2)



# Tips to help you quit smoking

There are 4 stages to quitting smoking:

- 1 Getting ready
- 2 Choosing a quit date
- 3 Quitting
- 4 Managing relapses



- 👉 Quit smoking now. You're already well underway to ending your addiction to tobacco.
- 👉 Take it one day at a time. Picture yourself as a non-smoker. Take pride in your efforts.
- 👉 Ask your friends and family not to smoke in front of you.
- 👉 Encourage a family member or friend to quit with you.
- 👉 Join a support group for people trying to quit.
- 👉 Ask your doctor about the types of smoking cessation aids available, such as nicotine patches.



For more information, call

**Cible Santé**

450 978-8300, option 1, ext. 3169

1-866-JARRETE (527-7383)

<https://tobaccofreequebec.ca/iquitnow/>



# References

McGill University Health Centre. Patient Education Office (2017). A Guide to Bariatric Surgery

Centre intégré de santé et de services sociaux de Laval (2016). Guide de préparation à une chirurgie (sleeve).

Institut universitaire de cardiologie et de pneumologie de Québec (2017). Obésité et chirurgie, guide de l'utilisateur (5<sup>e</sup> édition).

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**Centre intégré  
de santé  
et de services sociaux  
de Laval**

**Québec** 

Novembre 2022  
Direction des services professionnels  
62-100-346