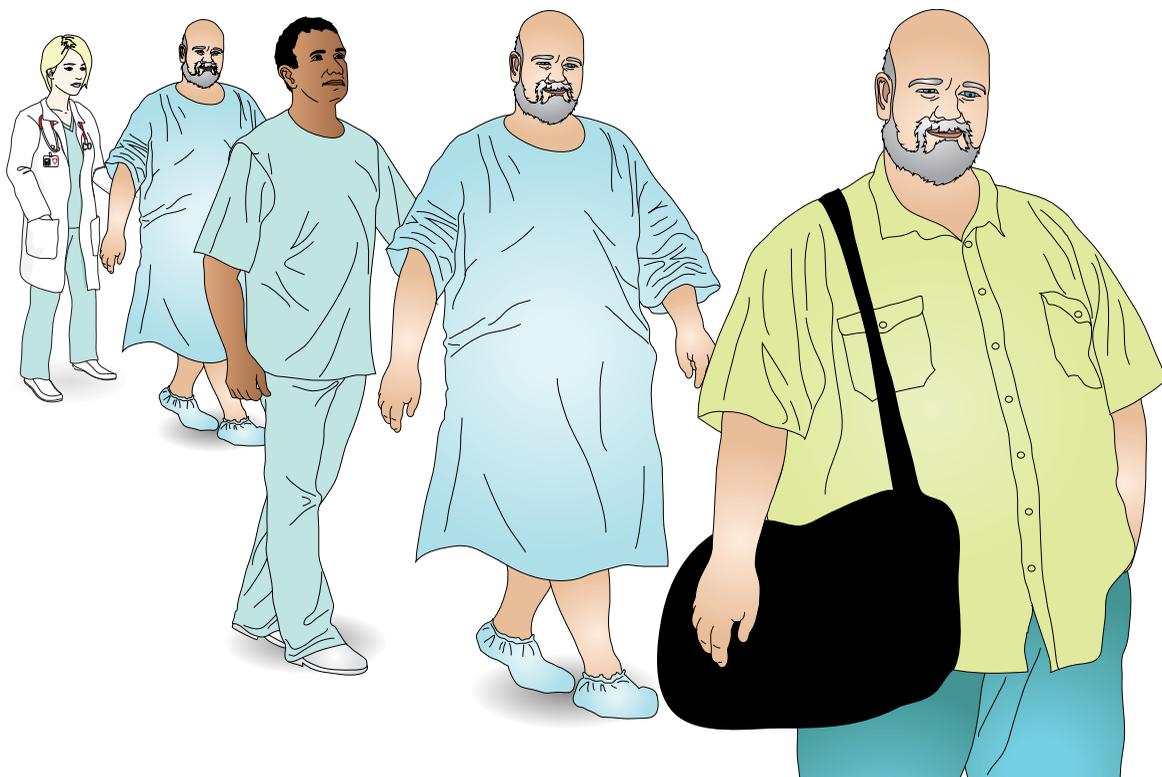


# A Guide to Bariatric Surgery



This booklet will help you understand and prepare for your surgery. This booklet also gives you information after your surgery, at the hospital and home.

This booklet was developed by The MUHC Surgical Recovery (SURE) working group, the Bariatric Team and the MUHC Patient Education Office.

We would like to thank the MUHC Patient Education Office for their support throughout the development of this document, including the design, layout and creation of all the images.

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### **Important: Please Read**

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



This material is also available through the MUHC Patient Education Office website [www.muhcpatienteducation.ca](http://www.muhcpatienteducation.ca)

Centre universitaire  
de santé McGill



McGill University  
Health Centre

Office d'éducation des patients  
Patient Education Office

**PRET SURE**  
Parcours de rétablissement chirurgical du CUSM  
MUHC Surgery Recovery Program

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Map of Montreal General Hospital/Lachine General Hospital	back cover

# What is a care pathway?

When you are admitted to the hospital for bariatric surgery, you will be part of a recovery program called a Clinical Care Pathway. The goal of this program is to help you recover quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- help you understand and prepare for your surgery
- explain how you can play an active part in your recovery
- give you daily goals to achieve

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These things will help you feel better faster and go home sooner.

**Please bring this booklet with you to the preoperative appointment and on the day of your surgery.** Use it as a guide in hospital and when you go home after your hospital stay. Staff may refer to it as you recover, and review it with you before you go home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Please ask us if you have questions about your care.

## Your MUHC surgery team

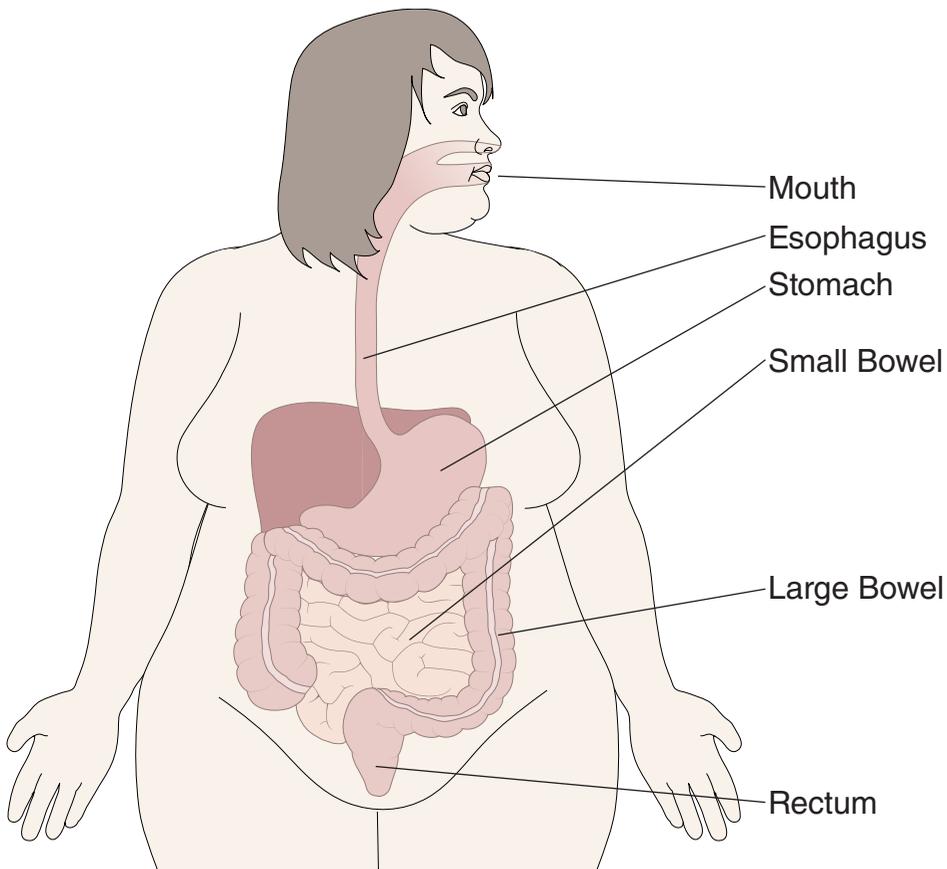
If you do not speak French or English, please bring someone to translate for you at every visit.

# What are the stomach and the bowel?

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

Your stomach holds, mixes, and grinds the food. It also secretes acid and enzymes that break down the food. This partly digested food then leaves your stomach and passes into your small bowel. This is where nutrients (proteins, sugars, fat, vitamins and minerals) are absorbed.

Finally, what is left of your food passes into the large bowel. The large bowel, which is about 6 feet long, absorbs fluid from your food. The leftover waste is your stool. This is stored in the rectum, until it passes out of the body.



# What is bariatric surgery?

Bariatric surgery helps to treat severe obesity. Obesity is a serious health problem where a person has too much body fat. Very high levels of body fat can lead to other serious health problems (i.e.: heart disease, cancer).

There are many causes of severe obesity. Severe obesity is not just a simple lack of self-control. It is more complex than that. To learn more, speak to your doctor and treatment team. They are here to answer your questions.

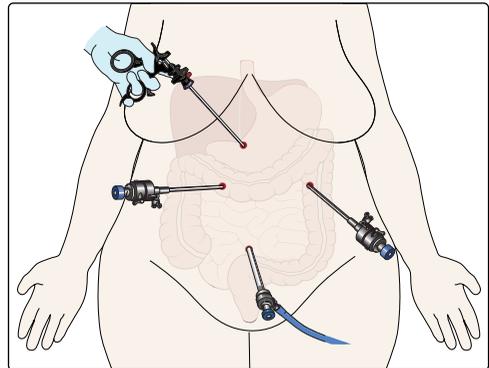
At the MUHC, there are 3 types of bariatric surgery:

- sleeve gastrectomy
- roux en Y gastric bypass
- biliopancreatic diversion with duodenal switch

These surgeries are done laparoscopically. This means your surgeon will make small cuts in your belly then use a camera and instruments to do the surgery.

You and your surgeon have decided which surgery is best for you. It is important that you understand how this might help you, but also the possible risks involved when having bariatric surgery.

For this reason, these surgeries have been explained to you at the information session but we will briefly explain these again. If you do not understand, ask us to explain again.



Laparoscopic surgery

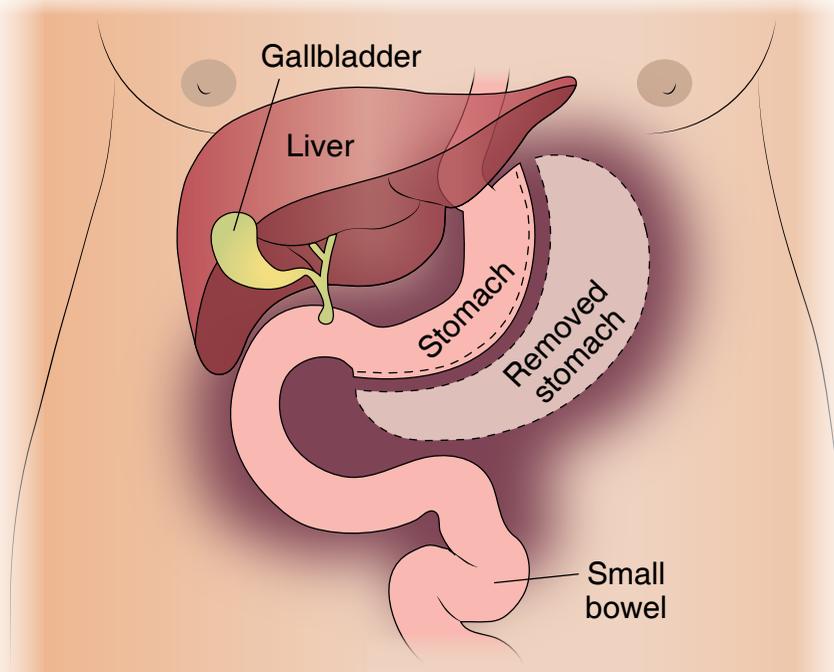


# Sleeve gastrectomy

During this surgery, we will remove about  $\frac{3}{4}$  of your stomach. This will make your stomach smaller, about the size of a banana, thin sleeve or tube. We will use staples to keep your new stomach closed.

This means:

- You will have a smaller stomach.
- You will feel full faster. You will not be able to eat as much as before.
- You will lose about 60% of your extra weight. (I.e.: If you have to lose 100 pounds, you will probably lose 60 pounds in the first 12 months after your surgery).



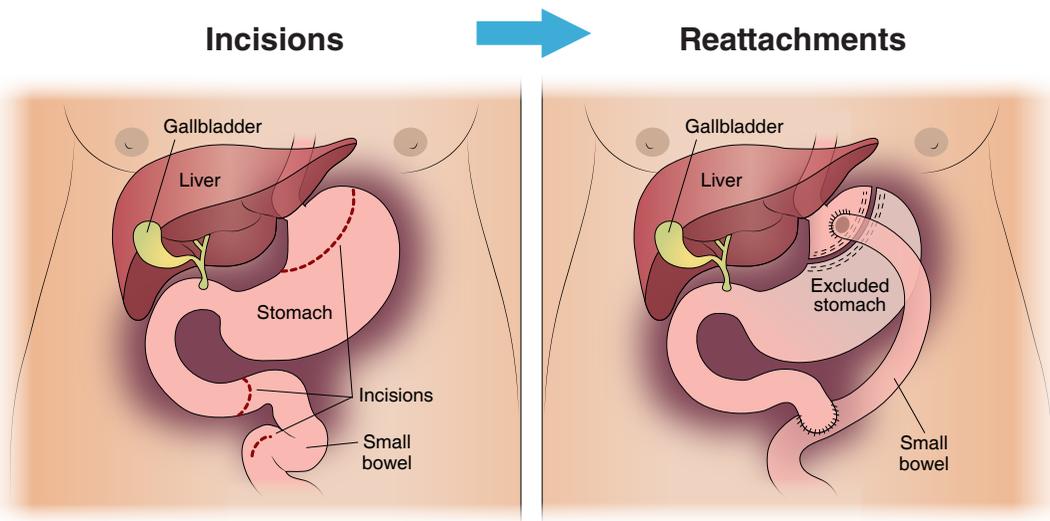
# Roux en Y gastric bypass

During this surgery, we will make your stomach smaller (about the size of an egg). Your new smaller stomach will be connected to the middle of your small bowel.

After this surgery, the food you eat will skip over (bypass) part of the small bowel.

This means:

- You will have a smaller stomach.
- You will feel full faster. (You will not be able to eat as much as before).
- Your body will absorb less calories and nutrients.
- You will lose about 70% of your extra weight. (I.e.: If you have to lose 100 pounds, you will probably lose 70 pounds in the first 12 months after your surgery).

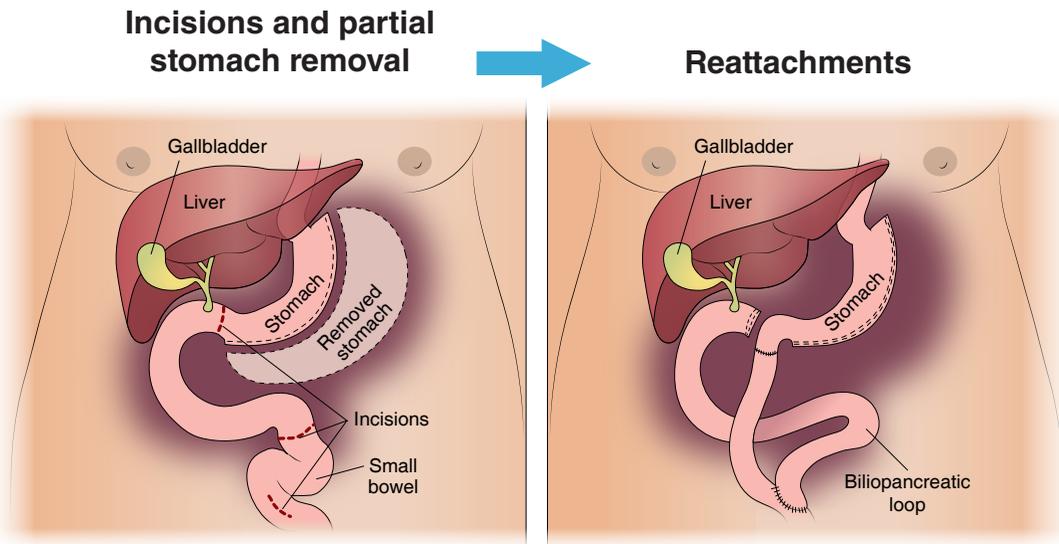


# Biliopancreatic Diversion with Duodenal switch

Your surgeon will do a sleeve gastrectomy (see page 7). The surgeon will reconnect part of your bowel to the very end of your small bowel. This surgery can be done in 2 separate stages for heavier patients.

This means:

- You will have a much smaller stomach.
- You will feel full faster. (You will not be able to eat as much as before).
- Your body will absorb less calories and vitamins.
- You will lose about 80% of your extra weight. (I.e.: If you have to lose 100 pounds, you will probably lose 80 pounds in the first 12 months after your surgery).



# Preparing for surgery

Having bariatric surgery is a life changing decision. It requires you to make lifestyle changes about exercise, smoking, diet and alcohol use.

## Be active

Exercising may:

- reduce risk of dying prematurely
- reduce risk of developing numerous diseases including some types of cancer, diabetes and heart disease
- build and maintain healthy bones, muscles and joints
- reduce feelings of depression and anxiety
- improve your general health and energy levels

Walking is an excellent way to start an exercise program.

- Start gradually and increase the distance and pace slowly over time.
- Get a pedometer and challenge yourself to increase your steps every week.
- Walk outside during nice weather and move indoor to a gym or a mall during cold weather.
- Start by walking on a flat surface and gradually add hills as you get stronger.
- Join a walking club or walk with a family member or a friend.
- Change your walking routes to prevent getting bored.

Exercise will help your body to be as fit as possible and will prepare you for the surgery. It will keep your weight under control after the surgery. If you are already active, keep up the good work. If you are not, start adding activity into your day. Exercise does not need to be strenuous to make a difference. A 15-minute walk is better than no exercise at all.



# Preparing for surgery

## Stop smoking

**Stop smoking at least 1 month before your surgery** to reduce your risks of complications (pneumonia, blood clots, infection, and stomach ulcers). Your bariatric team can help you stop smoking by prescribing medication.



## Quit alcohol

**Quit alcohol 1 month before surgery.** Alcohol contains many empty calories. Tell us if you need help decreasing your alcohol use before surgery.



## Pregnancy

**Important:** Do not get pregnant 1 year before surgery and 1 year after surgery. This is to avoid risk to you and your baby.

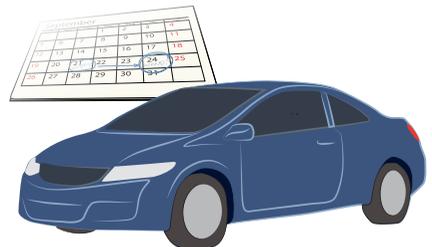
## Plan ahead

Refer to our nutrition booklet titled “Your guide to healthy eating after Bariatric Surgery” and “Your menu planner” for the items suggested to get before your surgery. Make plans with your family and friends so you will have help if you need it.



## Arrange transportation

The day of surgery is called day 0. Patients may leave to go home on Day 1. Some patients may stay at the hospital an extra day and go home on Day 2. Tell your nurse if you have any concerns about going home.



# Eating and Drinking

## Low Calorie Diet

Unless your surgeon or your nutritionist has told you differently, you will need to start on a low-calorie diet 2 weeks before your surgery.

**This diet will make your liver smaller, which is extremely important for the success of your surgery.**

You will lose weight while you are on the low calorie diet. It is a low calorie liquid diet of only 900 calories per day.

Please keep in mind: This is not how you will always need to eat. This is how you will need to eat for a short time to prepare for your surgery.

## Eating or drinking while on your low calorie diet

Eat and drink only the foods listed here while you are on your low-calorie diet. If there are any foods you do not see here this means you **cannot** eat them.

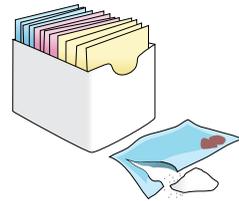
## Drinks and food ingredients that you can eat:



Water



Coffee, tea, herbal tea  
(no sugar, no milk/cream)



Sweeteners (Splenda®, Equal®,  
Sweet'n'Low®, Sugar Twin®, stevia)



Powdered beverage mix,  
low calorie (i.e. Crystal  
Light®, Mio®, etc.)



Jello®, gelatine,  
sugar free only



Salt and pepper, herbs and  
spices, vinegar, lemon, and garlic

# Eating and Drinking



## Low-calorie vegetables that you can eat:

Alfalfa or radish sprouts	Fiddleheads
Artichoke	Vegetable or tomato juice
Asparagus	Leeks
Bamboo shoots	Lettuce
Bean sprouts	Mushrooms
Beans, green or yellow	Okra
Beet or dandelion leaves	Onions
Beets	Peas, snow
Broccoli	Peppers
Brussels sprouts	Pumpkin
Cabbage	Radish
Carrots	Rapini
Cauliflower	Rutabaga
Celeriac	Shallots
Celery	Spinach
Chard, and other leafy greens	Tomato sauce
Chicory	Fresh tomatoes
Cucumber	Canned tomatoes
Eggplant	White Turnip
Endive	Water chestnuts
Escarole	Zucchini



# Eating and Drinking



Do NOT eat the following foods:



Oil, butter, margarine,  
and other fats



Sugar



Dairy products  
(milk, cream, etc.)

These are NOT allowed because they are high in calories:



Avocado



Corn



Green peas



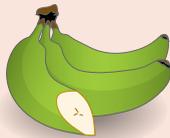
Olives



Parsnip



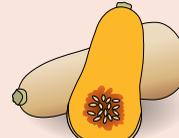
Legumes: lentils,  
beans, chickpeas



Plantains



Potato



Squash



Sweet  
potato

# Eating and Drinking

- Drink at least 1.5 – 2 liters of water each day.
- If you have hard stools even though you drink a lot of water, eat 4-5 cups of vegetables.
- Take Metamucil®, BeneFibre®, stool softeners, glycerin suppositories, or similar products. You can find these at the pharmacy without a prescription.



If you are diabetic and on medication to control your blood sugar, we will refer you to the bariatric endocrinologist (a doctor that specializes in diabetes).

Call the bariatric department right away if:

- you have not seen the endocrinologist yet

**OR**

- you do not have an appointment with the endocrinologist scheduled before you start your low-calorie diet.



# Eating and drinking

## The evening before and the morning of your surgery

- Stop eating at midnight the night before your surgery.
- Do not have any dairy products including your pre-op liquid shake.
- You may have only water or clear fluids until your expected time of arrival to the hospital. Here are some examples of clear fluids:



Coffee



Tea



Juice without pulp



Jello®



Popsicle®

A small number of people should not drink at all on the day of surgery. Your preoperative nurse will tell you if you also need to stop drinking at midnight.

### Remember

Stop drinking any fluids starting from your expected time of arrival at the hospital. For example, if you have to arrive at the hospital at 11:00 a.m., do not drink fluids after 11:00 a.m.

**Exception:** if your expected time of arrival is between 6:00 and 6:30 a.m. stop drinking at 5:30 a.m.

# Pre-op Clinic visit

When you visit the Pre-op Clinic, you will:

- have blood tests
- have an ECG (electrocardiogram)
- meet with a nurse who will explain how to get ready for surgery and what to expect while you are in the hospital
- meet with a doctor who will review your medication and ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.
- meet an anesthetist (the doctor that will put you to sleep for the surgery)

You may need to stop taking some medications and herbal products before surgery. The Pre-op Clinic doctor will explain which medications you should stop and which ones you should keep taking.

If you have any questions, you may contact the Pre-op Clinic nurses.

**Montreal General Hospital:**

514-934-1934 ext.. 43778

Monday to Friday

1:00 p.m. – 3:00 p.m.

**Lachine General Hospital:**

514-934-1934 ext.. 77129

Monday to Friday

1:00 p.m. – 3:00 p.m.



# Phone call from Admitting

## Montreal General Hospital

The day before your surgery, the Admitting Department will phone you to tell you when to come to the hospital. If you do not receive a call by 2:00 p.m. call 514-934-1934 ext. 42190.

## Lachine General Hospital

2 days before your surgery, the Admitting Department will phone you to tell you when to come to the hospital. If you do not receive a call between 4:00-8:00 p.m. call 514-934-1934 ext. 77155 or 77160.



We will ask you to arrive 2 to 3 hours before your planned surgery time. The time of surgery is not exact. Your surgery may happen earlier or later than planned.

Date of surgery: .....



Time of arrival at the hospital: .....

**Montreal General Hospital patients:**  
report to the Surgical Admission Services  
D10.124 D wing, 10th floor, room 124.

**Lachine General Hospital patients:**  
report to the Guichet 5-6 Admission 1st floor

# Cancelling

## Montreal General Hospital

If you get sick, pregnant, or you are not able to come to the hospital for your surgery, call as soon as possible:

Bariatric clinic: 514-934-1934 ext. 31531

and

The Central Operating Room Booking (CORB) at 514-934-4460  
(between 9 am-11 am and 1 pm- 3 pm).

## Lachine General Hospital

If you get sick, pregnant, or you are not able to come to the hospital for your surgery, call as soon as possible:

Bariatric clinic: 514-934-1934 ext. 31531

If you cannot reach the bariatric clinic,  
call the admitting department at  
514-934-1934 ext. 77155 or 77160.



Your surgery might be delayed or cancelled because of an emergency. Your surgeon will reschedule your surgery as soon as possible. Speak to your bariatric nutritionist if your surgery is cancelled on the day of surgery so that you may plan your next diet.

# Washing

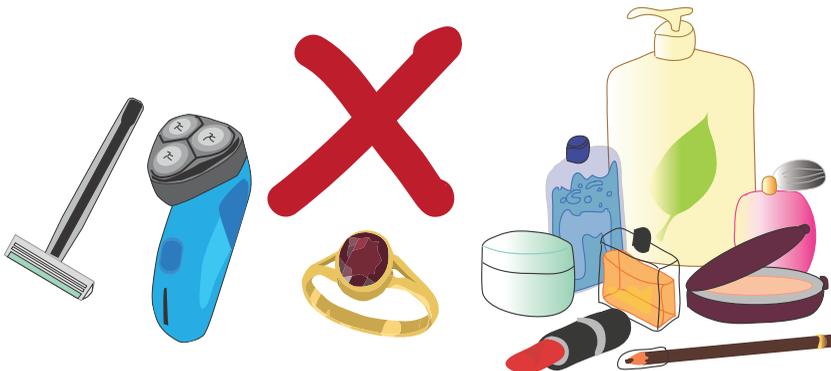
The night before surgery:

- Take a shower or bath using one of the sponges you were given
- Wash your body from the neck down, including your belly button
- Use regular soap and shampoo for your face and hair
- Wear clean clothes to bed



The morning of surgery:

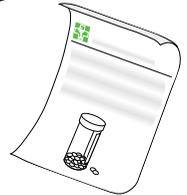
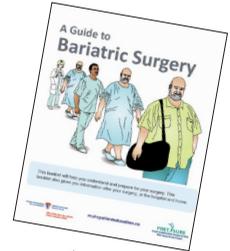
- Take a shower or bath using the second sponge
- Wash your body from the neck down, including your belly button
- Put on clean clothes
- Do not wear lotion, perfume, makeup, nail polish, jewellery or piercings
- Do not shave the area of the operation



# Things to bring to the hospital

Here is a list of items to consider bringing with you for your surgery stay:

- this booklet
- your CPAP machine - if you have sleep apnea
- the list of medication you take at home (your pharmacist may provide you one)
- medicare and hospital cards
- private insurance information, if you have any
- bathrobe, slippers, pyjamas, loose comfortable clothing
- toothbrush, toothpaste, mouthwash, comb, deodorant, soap, tissues, and perhaps earplugs
- glasses, contact lenses, hearing aids, dentures, and their storage containers labelled with your name
- cane, crutches, walker, if you use these, labelled with your name



Do not bring anything of value, including credit cards, jewellery and cell phones. The hospital is not responsible for lost or stolen items. **Note:** if you are interested in renting a TV you will need to pay with either a credit card or cash. Have someone take the credit card home after paying or have them arrange payment).



The usual time off work is 4 weeks. If you have insurance papers bring these on the day of surgery and your surgeon will fill these out. There are fees to complete these forms.

# At the hospital

## Montreal General Hospital

### Admitting area

Report to the Surgical Admission Services D10.124 (D wing, 10th floor, room 124) at the time given.

The admitting clerk will ask you to sign an admission form and ask you what kind of room you prefer. It is not always possible to have a private or semi-private room.

### Pre-operative area

The nurse will ask you to change into a hospital gown and will complete a preoperative checklist with you.

## Lachine General Hospital

### Admitting area

Report to the guichet 5-7 admission- 1st floor at the time given.

The admitting clerk will ask you to sign an admission form and ask you what kind of room you prefer. It is not always possible to have a private or semi-private room.

### Day Surgery Area- morning of surgery

The nurse will ask you to change into a hospital gown and will complete a preoperative checklist with you.



### Operating room:

An orderly will take you to the operating room. You will meet your anesthetist (the doctor who will put you to sleep) and other members of your surgical team. You will be asleep and pain-free during your surgery.

# At the hospital

## Montreal General Hospital Waiting room:

Family or friends may wait for you in Room D wing, 10th floor, room 117. The space is small, so limit the number of people who come with you.

There is a phone available in the waiting room to call the Post-Anesthesia Care Unit (PACU) for updates. The PACU nurse will phone in the waiting room or call the cell phone number provided with an update once the surgery is finished. The nurse may call again if more information is available like your room number. There are no visitors allowed in the PACU.

### Other resources:

- Coffee shops- 1st floor Pine Ave. entrance and the 6th floor near the main entrance D.6.125, D wing, 6th floor, room 125
- Cafeteria - 4th floor- D wing
- small sit down restaurant called “The Hospitality Corner”- D.6.125, D wing, 6th floor, room 125
- Bank machines- 1st floor Pine Ave. entrance and 6th floor near the main entrance on Cedar Ave.
- Gift shop on the 6th floor near the main entrance D.6.145, D wing, 6th floor, room 145

## Lachine General Hospital Waiting room

If your room has been assigned the nurse will give the room number. Your family and friends may bring your belongings to your room and wait for you in your room. If your room has not been assigned the waiting area is on the 6th floor (6B8). The nurse will tell your family member when your room number is assigned.

If your room number was not given before the surgery, the nurse will let your family/friends know during or after the surgery. There are no visitors allowed in the PACU.

### Other resources:

- Coffee shop: 1st floor near the main elevators
- Cafeteria: 1st floor behind main elevators

# In the PACU

After your surgery, you will wake up in the Post-Anesthesia Care Unit. This is a quiet area where patients are watched closely. You will be there for several hours.

You may have:

- A mask, giving you oxygen
- An intravenous (IV), giving you fluids
- Compression boots to your legs to prevent blood clots

A nurse will:

- Check your pulse and blood pressure often
- Check your bandage(s)
- Make sure you are comfortable

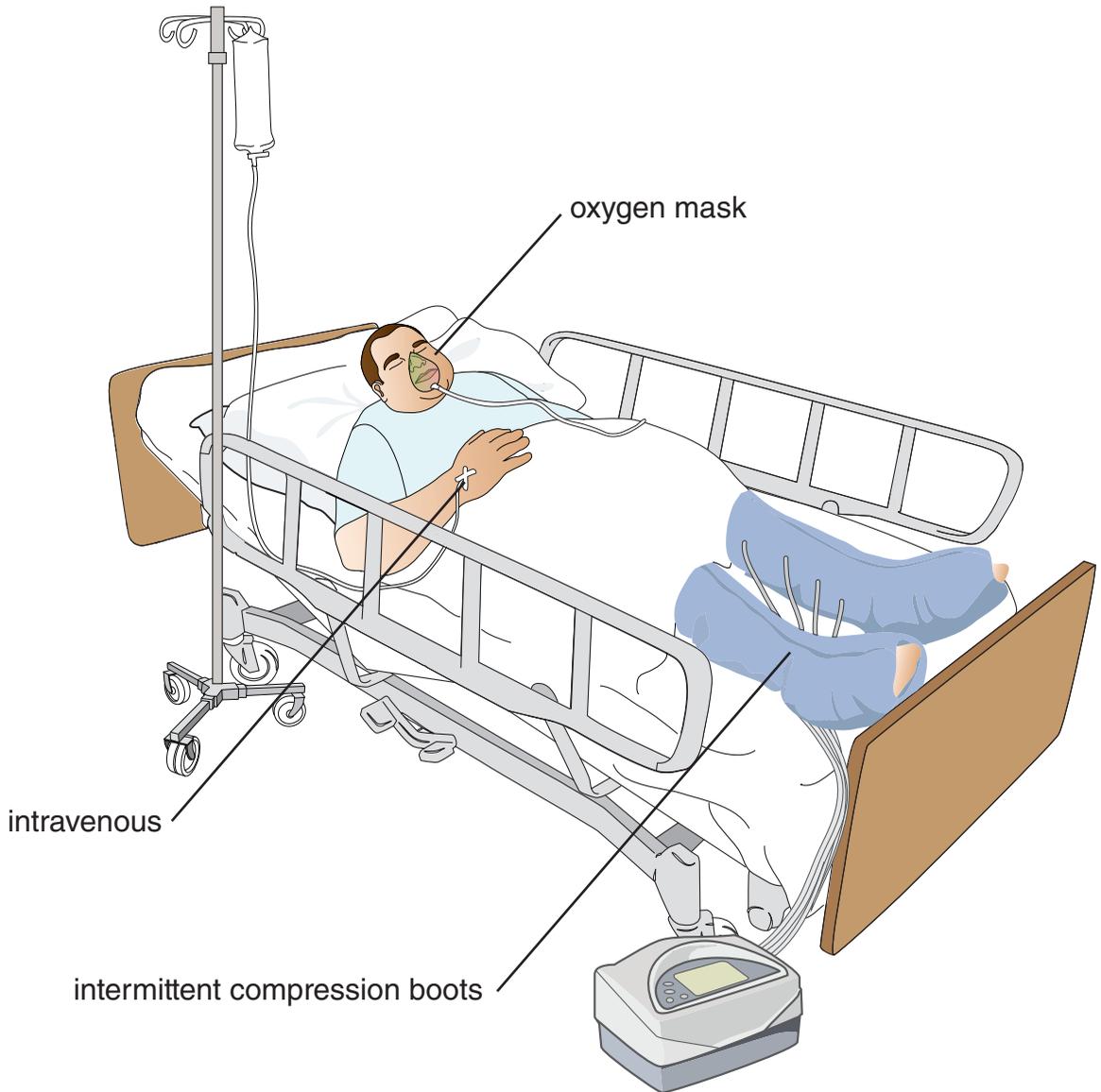
## Montreal General Hospital

There are no visitors in the PACU, unless you are staying overnight in the PACU. Once you are ready and transferred to your room, only then will your family and friends be able to visit.

## Lachine General Hospital

When you are ready, you will go to your room. Your family may visit you once you are in your room. A small number of patients are transferred to the intensive care unit after surgery. Your family may visit you in the intensive care unit.

# In the PACU



# Pain control

It is important to control your pain because it will help you to:

- Take deep breaths
- Move more easily
- Eat better
- Sleep well
- Recover faster
- Do things that are important to you



You will be asked to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine. We want to keep your pain below 4/10. Please tell us if you have pain. We will help you.

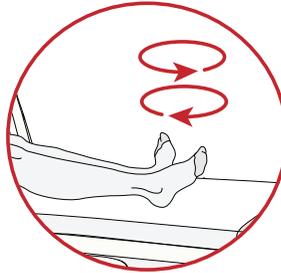


# Exercises

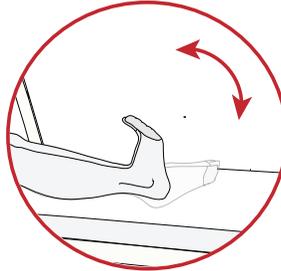
It is important to move around in bed to prevent pneumonia, blood clots, and muscle weakness. Do these exercises when you wake up and continue them while you are in the hospital.

## Leg exercises

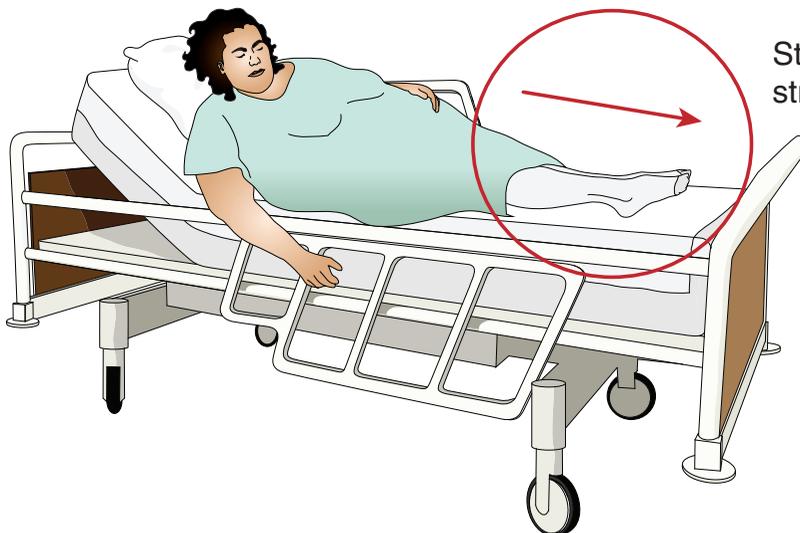
These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

# Exercises

## Deep breathing and coughing exercises

An inspiriometer is a device that helps you breathe deeply to prevent pneumonia.



To use your inspiriometer:

- Put your lips around the mouthpiece, breathe in deeply, and try to hold the red ball up as long as you can
- Remove the mouthpiece, breathe out, and rest for a few seconds
- Repeat this exercise 10 times every hour while you are awake
- Take a deep breath and cough using a small blanket or pillow to support your incision

# In your room: Goals for the evening of surgery

## Activities



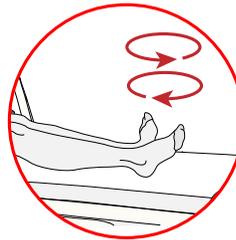
Do your breathing exercises (see page 28).



Get up and sit in a chair with your nurse's help.



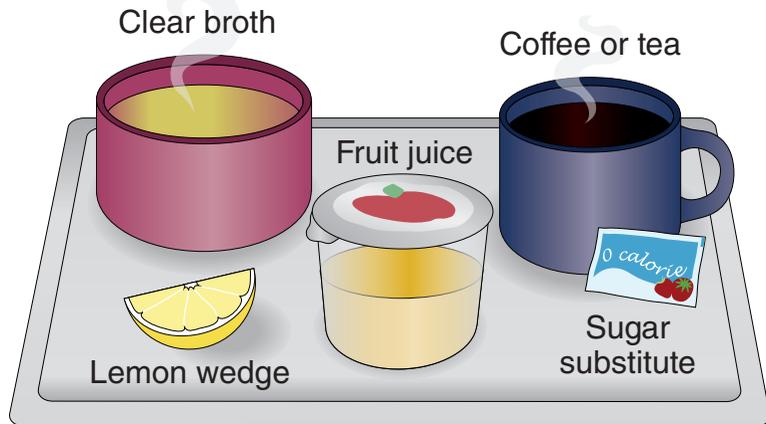
It is important to get out of bed and walk. You should walk in the hallway, at least every 2 hours, or more often.



Do your leg exercises (see page 27).

## Diet

You will receive a clear fluid tray. These clear fluid items are usually on the tray:



Take only what you can. Drink slowly over at least 30 minutes.

# Goals for Day 1

Many patients go home on Day 1. Some patients may stay at the hospital an extra day and leave on Day 2.

## Breathing

- Do your breathing exercises



## Activities

- Sit in a chair for all meals.
- Walk in the hallway every 2 hours or more often.
- At the Montreal General Hospital, there are two beautiful solariums on the 18th floor- 1 on each end of the floor. Take advantage of the spectacular view.



## Pain control

- Tell your nurse if your pain reaches 4/10 on the pain scale.



# Goals for Day 1

## Diet

You will receive a fluid diet. The items found on the tray are fluids but are thicker than yesterday.

These fluid items are usually on the tray:



### For Breakfast

- cream of wheat
- skim milk
- fruit juice
- yogurt
- coffee
- sugar substitute
- 1 pouch of Beneprotein® (or equivalent protein powder)



### For lunch and supper

- Cream soup
- skim milk
- fruit puree
- tea
- sugar substitute
- 1 pouch of Beneprotein® (or equivalent protein powder)

- Eat and drink slowly over at least 30 minutes.
- Have 3 small meals and 3 snacks. A snack is either a juice or a yogurt.
- Make sure to ask for your 3 snacks. Take only what you can but try to eat frequent small amounts.
- Stop whenever you start feeling full.
- Your IV fluids will be removed when you are drinking well.

# Goals for Day 2: Going home



Plan to go home today before 11:00 a.m.

## Breathing

- Do your breathing exercises



## Activities

- Sit in a chair for all your meals.
- Walk in the hallway at least every 2 hours.



## Pain control

- Tell your nurse if your pain reaches 4/10 on the pain scale.



# Goals for Day 2: Going home

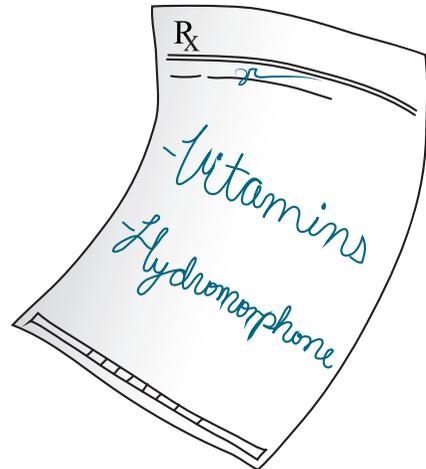
## Diet

- Have 3 small meals and 3 snacks.
- Make sure to ask for your 3 snacks.
- Take only what you can but try to eat frequent small amounts. Stop whenever you start feeling full. Eat and drink slowly over at least 30 minutes.



## Before you leave the hospital

- You will get an appointment about 10-14 days after your surgery at the MGH Bariatric clinic with a nurse.
- Before you leave the hospital, you will receive a prescription for your vitamins and other medications.



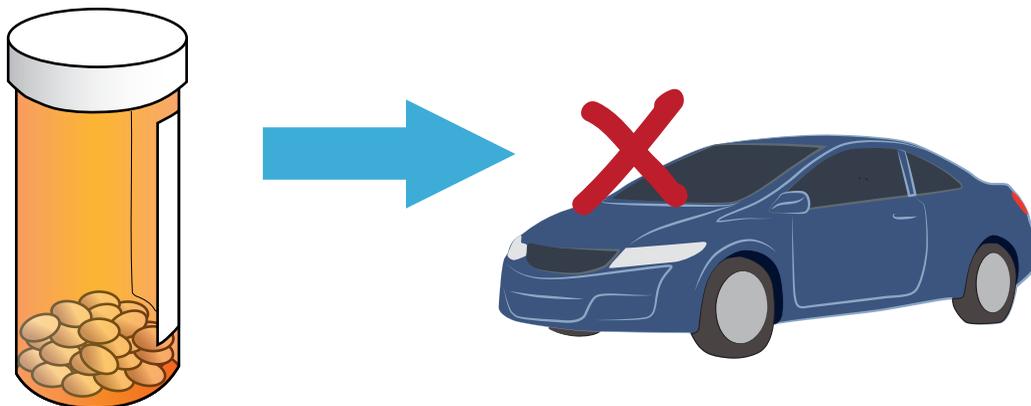
# Pain

You will receive a prescription for medication to control your pain.

Take Tylenol® (acetaminophen) first to control your pain. If your pain is not well controlled (over 4/10 on the pain scale) by Tylenol® alone, add the narcotic hydromorphone.



Follow the instructions written on the bottle of the medication. Do not drive if you are taking narcotic pain medication. Narcotics can cause constipation.

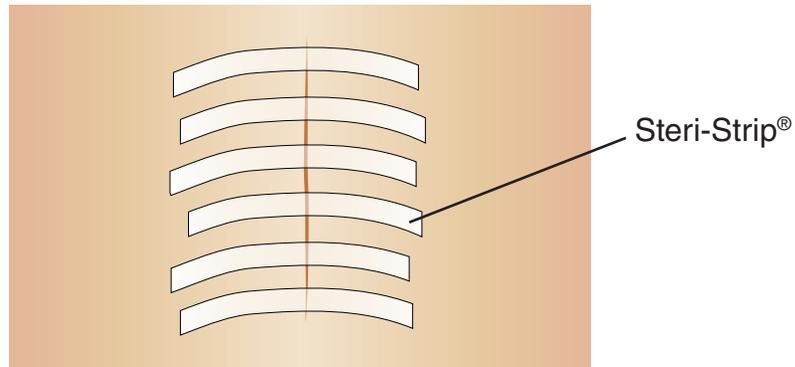


**Attention:** Non Steroid Anti-Inflammatory Drugs such as Motrin®, Advil®, Indocid®, Celebrex®, Naprosyn® and Aspirin should not be taken. These medicines can cause irritation and ulcers to your stomach. Talk to your surgeon if you need to take these.

# Incision

Your incisions (cuts) are not covered by a bandage. If they are covered you can remove the dressings after 1 day.

If your incisions have Steri-Strips® leave them on. These should peel off by themselves. The incisions are open to air (without a bandage over them) to help healing.



You may shower every day and let water run on the incisions. Do not rub the incisions. Pat gently with a clean towel to dry.



If you have staples the nurses will remove the staples (clips) in 10-14 days after your surgery at the Bariatric clinic of the Montreal General Hospital. Make sure you have the appointment.

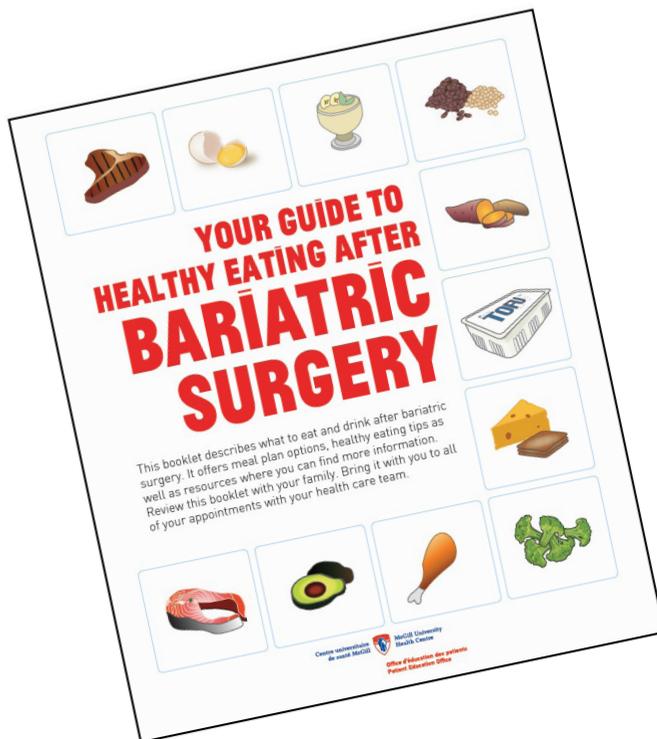
Call the bariatric nurses if you have concerns about your incisions.

# Diet

Follow the instructions found in the booklet “Your Guide to Healthy Eating After Bariatric Surgery”. Bring this booklet with you at every follow up appointment. The instructions in this booklet will help you to recover and lose weight safely. You will lose the majority of your weight in the 1st year but you need to follow the instructions in this booklet. Regaining weight is always possible.

If you have questions about your diet phone the nutritionist. If you do not understand the information, phone us. We are here to help.

You may reach the nutritionist by phoning 514-934-1934 ext. 35272



# Medications and vitamins

Take the multivitamin “Centrum®”; the skim milk powder (or the Beneprotein® if you are lactose intolerant), the pantoprazole and the ursodiol (if you have your gallbladder). If you were prescribed other vitamins, wait until you see the bariatric nurse at your post-op 10-14 days appointment to start them.



Take pain medication and laxatives as needed.

If you were prescribed calcium and iron (Palafer®), do not take them at the same time (at least 2 hours apart).

Iron (palafer) should not be taken with milk products or tea.

For your regular medications (like diabetic or blood pressure medications), follow the instructions you were given by the bariatric team or the Endocrinologist.

If you have any questions with your medication that was prescribed by the bariatric team phone the nurse at 514-934-1934 ext. 36887. For all other medication, phone your family doctor.



Make an appointment with your family physician or your specialist to follow up on your regular medications.



# Exercise and Activity

Do not start heavy exercise like aerobics or weight lifting for the first 4 weeks after your surgery. Do not lift more than 15 pounds for the first 4 weeks. During that first month, restart daily walking and increase the distance, as you feel stronger.

After a 1-month recovery, do any exercise you like: bike riding, dancing, aqua form classes or join a gym. Increase the level of intensity as tolerated.

Exercising helps to prevent losing muscle mass if started soon after surgery.

Exercise does not need to be expensive to be helpful. Walking everyday is free and is good way to get back into shape. You can get a pedometer and challenge yourself to increase your steps every week. Gradually increase the distance and your pace.

You may benefit from help of a personal trainer or specialized center if you have mobility problems or limitations.

Your long-term goal should be 150 minutes a week of moderate to intense exercise for example exercise 30 minutes a day for 5 days a week. If you can't exercise for 30 minutes straight try to exercise 10 minutes at a time 3 or 4 times a day.

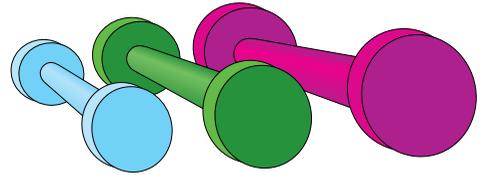
If you have heart problems, check with your family doctor or specialist before starting exercise.



# Exercise and Activity

Tips to keep up your exercise program:

- start with small goals and progress slowly over time
- vary your exercise program to prevent boredom
- set specific, realistic and achievable goals
- keep your walking shoes or exercise clothes in the car
- make your exercise time an important time for yourself and for your well-being
- ask your bariatric team to give you advice on exercise and how to stay motivated



## Sexual activity

There are no restrictions but we suggest that you wait 2 weeks or until you are pain free.



The chance of getting pregnant increases after surgery. The pill may not work as well after a gastric bypass or duodenal switch. Plan to use other methods to prevent getting pregnant.



# The importance of social support

You have taken a huge decision in your life to lose weight by having bariatric surgery. This choice might have an impact on different aspects of your life. At times, you may feel like you need support. This is normal.

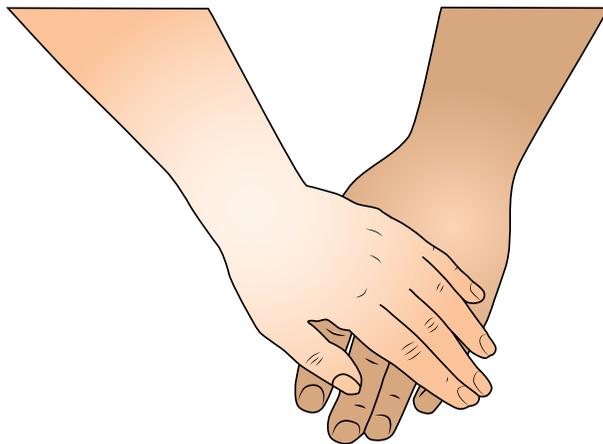
Unrealistic expectations, disappointments, sad feelings and a lack of support from friends and family can all play a part in decreasing your motivation.

Joining a support group can help to keep up your motivation.

- A French support group is offered at the Montreal General Hospital. Call the bariatric nurses at 514-934-1934 ext. 36887 for more information.
- An English support group meets in Ville Saint-Laurent. Call Jennifer Schultz 514-631-5502 or email her at [Jennifer@johnlschultz.com](mailto:Jennifer@johnlschultz.com) for any information.

Talk to one of the bariatric nurses at 514-934-1934 ext. 36887 if you would like to talk to a psychologist.

For non-urgent questions, you can e-mail the bariatric nurses.



# When to go to the Emergency Room

Go to an Emergency Room (ideally the Montreal General Hospital emergency room) right away if:



You have a fever  
(greater than  
 $38^{\circ}\text{C}/100.4^{\circ}\text{F}$ )



You have difficulty  
breathing, or chest  
pain or you feel short  
of breath



You have pain or  
swelling and redness  
in your calf area



You have severe abdominal  
(stomach) pain or shoulder  
pain that does not go away  
with pain medications



You can't keep any liquids  
down (vomiting)

## Other possible side effects of the surgery to keep track of:

**Constipation:** It is common to have less frequent bowel movements within the first month after your surgery. Take your laxative as needed and drink plenty of water to prevent being constipated. The constipation will improve with time as you start your solid food. If you have not had a bowel movement in 7 days or if you have difficulty passing a stool despite taking the stool softener and drinking plenty of fluids, call the bariatric nurse at 514-934-1934 ext. 36887.

**Diarrhea:** If you have frequent watery stools (more than 3 per day), call the bariatric nurse at 514-934-1934 ext. 36887. Stop taking the laxative to prevent constipation after surgery. Drink more water to prevent dehydration.

- **Biliopancreatic Diversion Surgery:** With this type of surgery, your bowels need to adapt. Some patients can have a period of loose and frequent stools. This problem should decrease with time. It can also continue and be permanent. The foul smelling stools and gases can be an unpleasant side effect. To prevent this problem, reduce fatty foods and sweets as much as possible.

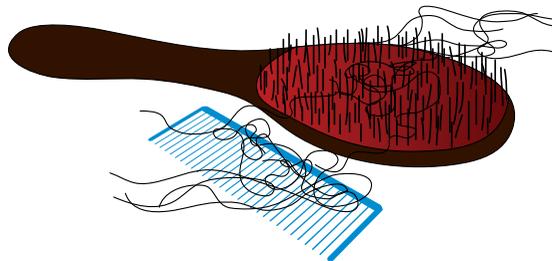


## Other possible side effects of the surgery to keep track of:

**Heartburn or reflux:** Eating more often in small quantities can help. If this does not help call the bariatric nurse at 514-934-1934 ext. 36887.



**Hair loss:** During the first 6 months after surgery, it is normal to lose some hair. Your hair will grow back with a healthy diet and adequate protein. If your hair loss continues after 8 months or starts after 8 months, speak to your bariatric nurse or nutritionist as this may be a sign of not getting enough vitamins or minerals.



# Follow-up appointments

To make an appointment at the bariatric clinic call 514-934-1934 ext. 35280.  
You will have an appointment 10-14 days after your surgery made for you before you leave the hospital.

Then, you must make your appointments at these times:

- 1 month after surgery
- 3 months after surgery
- 6 months after surgery
- 9 months after surgery
- 1 year after surgery
- 1.5 years after surgery
- 2 years after surgery
- and every year for life



You will get better weight loss success if you keep these follow-up appointments.



# Blood tests

You will need to have regular blood testing to make sure you don't lack vitamins or minerals. If this happens, we will adjust your dose of vitamins. The blood tests can be done at any hospital, CLSC, or clinic every 3 months during the first year after your surgery.

The blood test should be done 2 weeks before your appointment so that we have the results available at your appointment with us. You are responsible to discuss the results of your blood test with your bariatric team.

\*Exception: Bloods testing for the Sleeve gastric bypass surgery are needed only 6 months after the surgery.



# Resources

The following links might be useful.

## **If you would like to know more about anesthesia:**

<http://www.cas.ca/english/patient-information>

## **If you would like to know more about tips on quitting smoking:**

<http://www.cancer.ca/en/support-and-services/support-services/quit-smoking/?region=qc>

<http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/quit-cesser/now-maintenant/index-eng.php>

<http://www.pq.lung.ca/services/poumon-9/quit-cesser/>

## **If you would like to know more about bariatric surgery:**

<http://www.ontariobariatricnetwork.ca/our-programs/surgical-program>

<http://www.mayoclinic.org/tests-procedures/bariatric-surgery/basics/definition/prc-20019138>

<http://www.webmd.com/diet/obesity/video/weight-loss-surgery-choices>

<http://www.niddk.nih.gov/health-information/health-topics/weight-control/bariatric-surgery-severe-obesity/Pages/bariatric-surgery-for-severe-obesity.aspx>



Looking for information on

# YOUR SURGERY ?



Visit the Patient Education Collection  
Search: Surgery Patient Guides  
[muhcpatienteducation.ca](http://muhcpatienteducation.ca)



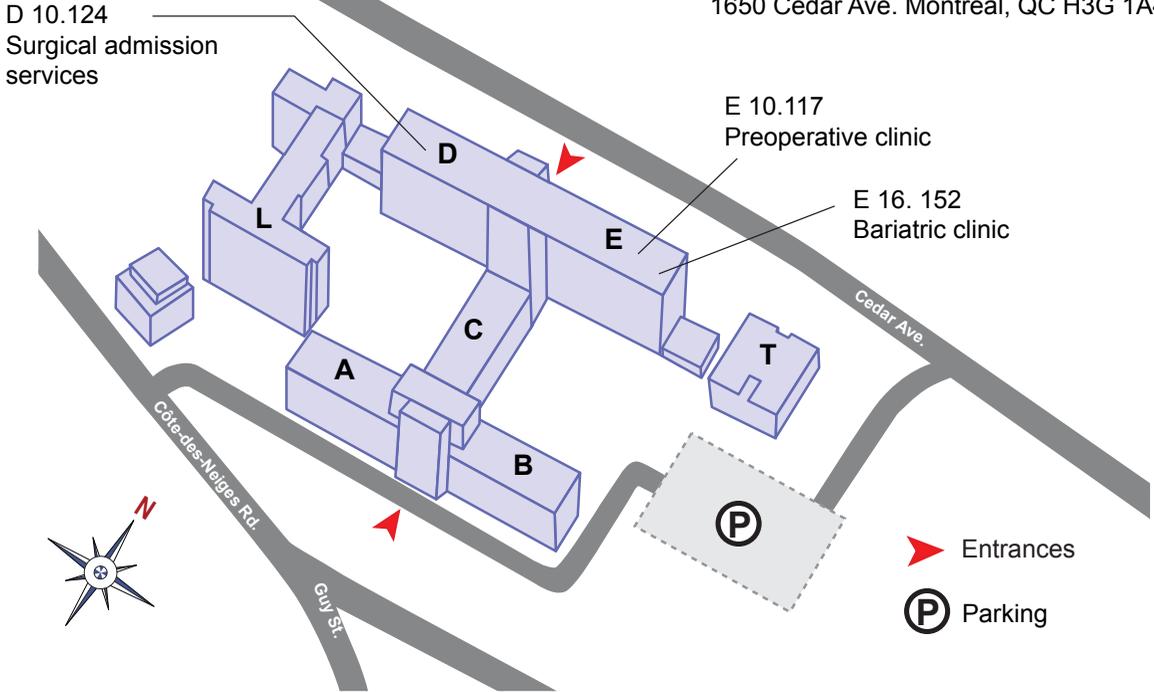
Centre universitaire  
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McGill University  
Health Centre

Office d'éducation des patients  
Patient Education Office

**Montreal General Hospital**  
1650 Cedar Ave. Montreal, QC H3G 1A4



**Lachine Hospital**  
650 16th Ave.  
Lachine, QC H8S 3N5

