

A Guide to Your Bariatric Day Surgery

This booklet will help you understand and prepare for your surgery. Bring this booklet with you on the day of your surgery.



PRET/SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

Centre universitaire
de santé McGill



McGill University
Health Centre



This material is also available through the
MUHC Patient Education Office website
www.muhcpatienteducation.ca

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This booklet was produced by Precare, a Montreal-based company focused on improving patient education. Precare creates custom patient guides, interactive media for information delivery, and digital solutions for healthcare institutions to integrate into their workflows easily. Learn more at [Precare.ca](https://www.precare.ca)

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IMPORTANT

The 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 for medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



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What is a Care Pathway?

When you have your surgery, you will be part of a Care Pathway program.

The Care Pathway program helps you get better 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 what you can do to get better, faster
- Give you information for when you go back home

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 will help you feel better faster.

Bring this booklet with you on the day of your surgery. Use it as a guide. Your health care team will review it with you before you go home.

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

Your MUHC surgery team

If you do not speak French or English:

Bring someone with you during your visits and hospital stay who can help you understand.

What Are the Stomach and the Bowel?

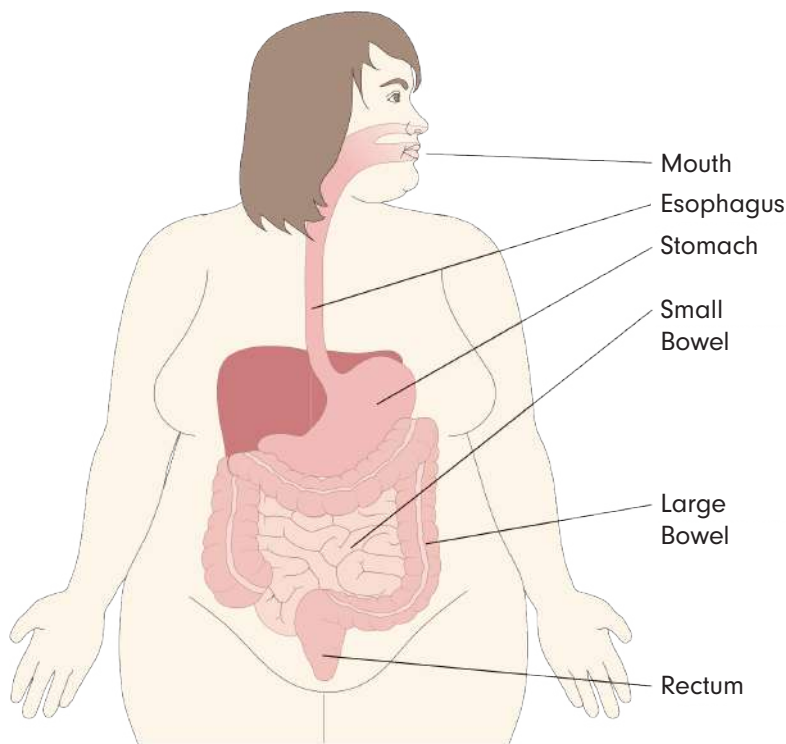
When you eat, food passes from your mouth, through your esophagus and into your stomach.

- The esophagus is the tube that connects your mouth to your stomach.
- The stomach holds, mixes, and grinds food. It also secretes acid and enzymes that break down the food.

This partly digested food leaves the stomach and passes into your small and large bowel.

- The small bowel is where nutrients (proteins, sugars, fat, vitamins and minerals) are absorbed.
- The large bowel then absorbs fluid from the food. It is about 6 feet long.

The leftover waste is called stool. It 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 fat can lead to other serious health problems, such as heart disease or 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 health care team. We are here to answer your questions.

At our hospital, there are 3 types of bariatric surgery. This booklet gives information about the sleeve gastrectomy and the gastric bypass, which are the only bariatric day surgeries we do.

What Is Day Surgery?

A day surgery is a procedure where you usually do not need to stay the night in the hospital. This means you will have the surgery and be able to go home on the same day.

Some of the benefits of day surgery are:

- It can help you to be up and about faster after surgery
- It shortens wait times for surgeries



Sleeve Gastrectomy

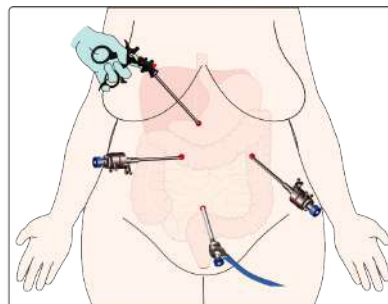
You and your surgeon have decided which surgery is best for you.

It is important that you understand how this surgery can help you as well as the risks of the surgery.

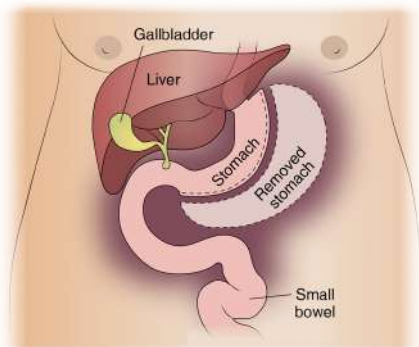
This surgery was discussed with you at the information session, but we will briefly explain it again. If you do not understand, ask us to explain again.

The sleeve gastrectomy is a laparoscopic surgery.

- Laparoscopic surgery is sometimes also called keyhole surgery or minimally invasive surgery.
- This means that your surgeon will make small cuts in your belly.
- The surgeon will then use a camera and instruments to do the surgery.



Laparoscopic Surgery



About $\frac{3}{4}$ of your stomach will be removed.

- 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.
- A smaller stomach means you will feel full faster.

You will lose about 60% of your excess weight. This means that if you have 100 pounds to lose, you will probably lose 60 pounds in the first 12 months after your surgery.

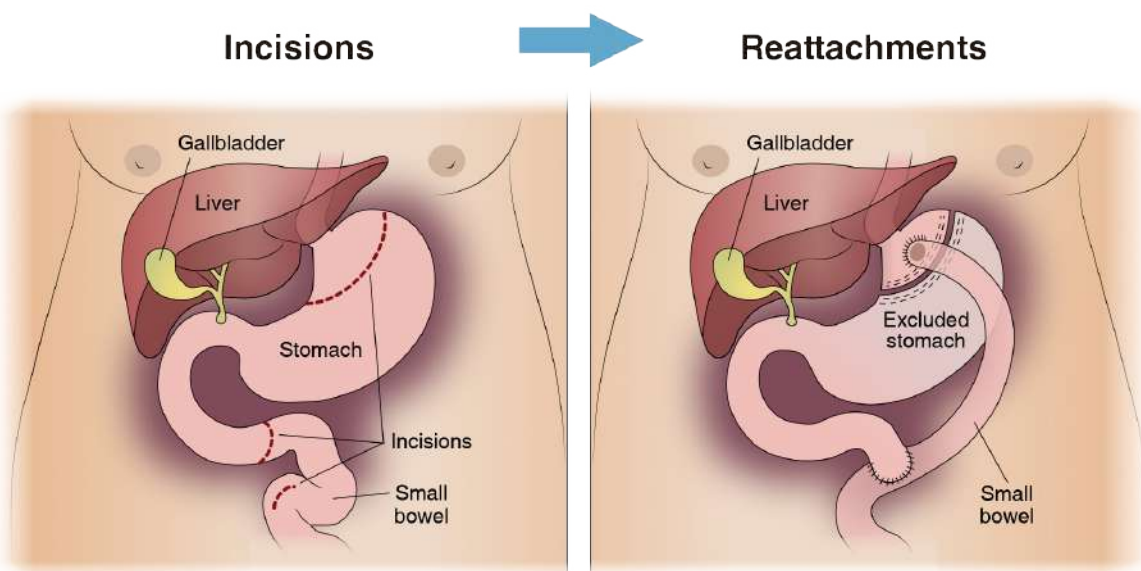
Gastric Bypass (Roux-en-Y)

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 will 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.)
- By skipping part of the bowel, your body will absorb fewer calories and nutrients.
- You will lose about 70% of your extra weight. (For example, if you must lose 100 pounds, you will probably lose 70 pounds in the first 12 months after your surgery.)



Preparing for Your Surgery

Having bariatric surgery is a life-changing decision. You will have to make a lifestyle changes about exercise, smoking, diet and alcohol use starting before your surgery.



Be Active

Exercising can:

- Reduce the risk of dying at a younger age
- Reduce the risk of getting some diseases, such as some types of cancer, diabetes and heart disease
- Build and maintain healthy bones, muscles and joints
- Reduce feelings of depression and anxiety
- Improve your overall health and energy levels



Exercise does not need to be intense to make a difference. A 15-minute walk is better than no exercise at all.

Walking is an excellent way to start an exercise program.

- Start slowly and increase the distance and pace over time.
- Get a pedometer (step counter). Challenge yourself to take more steps every week.
- Walk outside during nice weather.
- Move indoors to a gym or a mall during cold weather.
- Start by walking on a flat surface. Slowly add hills as you get stronger.
- Join a walking club or walk with a family member or friend.
- Change up your walking routes so that you do not get bored.

Exercise will help your body to be as fit as possible. You will be better prepared for surgery.

Exercise will help keep your weight under control after surgery.

- If you are already active, keep up the good work.
- If you are not active, start adding activity into your day.

Preparing for Your Surgery

Stop Smoking & Vaping

Quit smoking and vaping at least 4 weeks before your surgery.

- Quitting before surgery can help you recover faster and prevent complications, such as pneumonia (lung infection), blood clots, infections, and stomach ulcers.
- Quitting is possible even if you are a heavy smoker and have tried many times in the past.
- Your health care team can prescribe medication to help you stop smoking.
- It is never too late to stop! See page 38 to learn more.



Stop Drinking Alcohol

Do not drink alcohol for 4 weeks before your surgery.

- Alcohol can affect how well you recover.
- Alcohol can change the way some medications work.
- Alcohol contains many empty calories.



Tell us if you need help to stop drinking alcohol.

Cannabis Use

Let us know if you use cannabis (marijuana).

- **If you use cannabis for enjoyment or leisure reasons:**

Stop using cannabis 4 weeks before your surgery.

- **If you use cannabis, authorized by a doctor, for medical reasons:**

Let us know during your pre-op visit. We may ask you to take your usual morning dose if you need one, on the day of surgery. If you need another dose at the hospital, bring your cannabis and your prescription with you.



Pregnancy

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

Preparing for Your Surgery

Arrange Transportation

You should be able to go home from the hospital on the same day of your surgery.

Arrange to have an adult with you to take you home from the hospital and stay with you for the first 24 hours after your surgery. You will not be allowed to leave the hospital alone.

You cannot drive or take a taxi or public transportation by yourself.

Plan Ahead

- **Important:** Remember to go to your education sessions with the bariatric nutritionist before and after your surgery.
- Refer to our nutrition booklet, **Your Guide to Healthy Eating after Bariatric Surgery**, for items to get before your surgery.
- Make plans with your family and friends so you will have help if you need it.

Your surgery will be cancelled if you do not have someone to take you home and stay with you for the first 24 hours.

Tell your nurse if you are worried about going home.

See information on parking rates at muhc.ca/patient-and-visitor-parking.



Insurance Forms: CNESST, SAAQ and Salary Insurance

If you have insurance forms to be filled out, bring them with you on the day of your surgery.

Your surgeon or their assistants will take the forms. The Bariatric Clinic will contact you when they will be ready for pick-up. These forms cannot be filled out ahead of time.

There are fees to have these forms filled out.

If you need a note for work, let your surgeon know before the surgery so that it is ready when you leave the hospital. The usual time off work is 4 weeks.

What to Eat and Drink



Pre-Op Low-Calorie Diet

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

Diet start date: _____

Why Do I Need to Follow a Low-Calorie Diet before Surgery?

- The low-calorie diet helps to make your liver smaller before surgery. An oversized (big) liver can lead to problems (complications) during surgery.
- You may also lose weight while on this diet.

What Can I Eat and Drink?

There are two parts to this diet:

1. Meal replacement shakes
2. Other allowed drinks and foods

This diet is mostly a liquid diet. This is not how you will always need to eat. You will need to eat this way for a short time to prepare for your surgery.



1. Meal Replacement Shakes

Unless your surgeon or your nutritionist has told you otherwise, take one of the products below for at least 2 weeks. Space your shakes out through the day.

Optifast or Slimtime:

- Take 4 packets per day.
- Mix the powder in the packet with 300 mL of water.
- For ordering information, speak with your nutritionist.

Boost Diabetic:

- Take 5 bottles per day.
- Shake the bottle before drinking.
- You can buy this product at the pharmacy or the grocery store.
- You cannot use other types of Boost or other diabetic shakes such as Glucerna.

What to Eat and Drink



2. Other Allowed Drinks and Foods

While you are on this low-calorie diet, you can only eat and drink the foods listed here. If there are any foods or drinks you do not see here, this means you cannot have them.



Water
1.5 to 2 litres every day



Coffee, tea, or herbal tea
No sugar, no milk, cream, or creamer



Sweeteners
Splenda, Equal, Sweet'n'Low, Sugar Twin, stevia



Powdered beverage mix or drops, sugar-free
Crystal Light, Mio, etc.



Jello or gelatin, sugar-free only
No more than 4 portions a day



Salt, pepper, herbs, spices, vinegar, lemon, garlic, soy sauce, fat-free broth
No butter, margarine, or other fats

Low-Calorie Vegetables You Can Eat

No more than 5 cups a day

These vegetables can be eaten raw or cooked.

Alfalfa or radish sprouts	Celeriac	Peppers
Artichoke	Celery	Pumpkin
Asparagus	Chard, and other leafy greens	Radish
Bamboo shoots	Chicory or escarole	Rapini
Bean sprouts	Cucumber	Rutabaga
Beans, green or yellow	Eggplant	Shallots
Beet or dandelion leaves	Endiv	Snow peas (not green peas)
Beets	Fiddleheads	Spinach
Bok choy	Juice, vegetable or tomato	Tomato sauce
Broccoli	Leeks	Tomatoes, fresh
Brussels sprouts	Lettuce	Tomatoes, canned
Cabbage, red or green	Mushrooms	Turnip, white
Carrots	Okra	Water chestnuts
Cauliflower	Onions or green onions	Zucchini

What to Eat and Drink



Prevent Constipation

Most people will have bowel movements (poop) less often while on this diet.

If you have hard stools even though you drink a lot of water, you may use a fibre supplement (ex.: Metamucil, BeneFibre), stool softeners, suppositories, or mild laxatives.

A laxative is a product that softens stools or speeds up bowel movements. You can find them at your pharmacy without a prescription (over the counter).

If You Have Diabetes

If you are diabetic and are taking medication to control your blood sugar, you will need to meet with an endocrinologist (a doctor who specializes in diabetes).

Call the Bariatric Clinic right away if:

- You have not seen the endocrinologist yet
- OR
- You do not have an appointment with the endocrinologist before you start your low-calorie diet.



The Night Before and the Morning of Your Surgery

After midnight:

- Do not have any food, dairy products, or juice with pulp.
- Do not take the Optifast, Slimtime or Boost Diabetic shakes.

The morning of your surgery:

Drink clear fluids until 2 hours before your surgery. Examples of clear fluids:

- Water
- Clear juice with no pulp (juice that you can see through)
- Jello or a popsicle.

Exception: If you are asked to come to the hospital at 6 a.m., stop drinking clear fluids at 5:30 a.m.

What to Eat and Drink

Special Instructions for Some Montreal General Hospital Patients

Your Pre-Op Clinic nurse will let you know if this section applies to you and where to get the PREcovery beverage.

The morning of your surgery:

Drink 1 PREcovery beverage. This drink has special sugars and salts that will give you energy to prepare for your surgery. It is a clear fluid.

When: Drink it 2 to 3 hours before surgery.

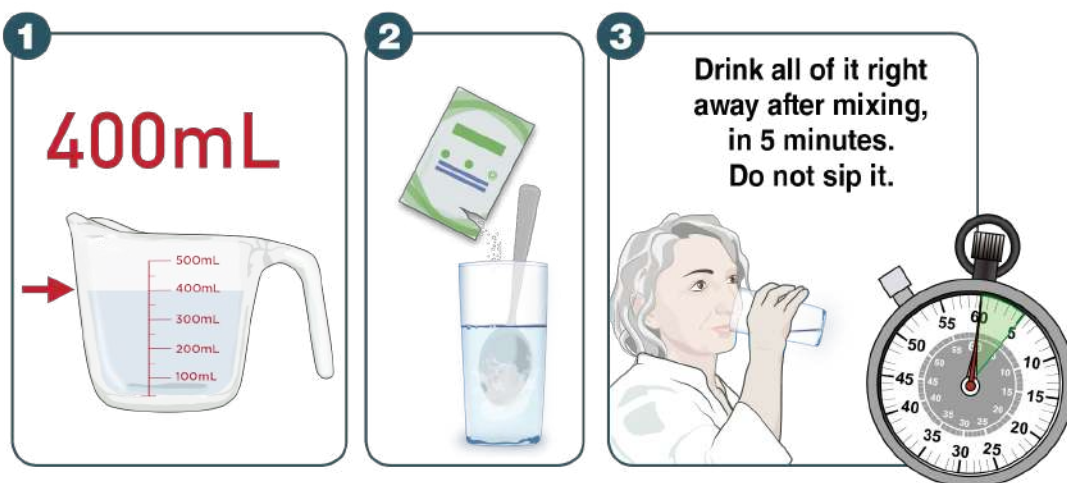
This is usually the same time that you are asked to arrive at the hospital.

Exception: If you are asked to come at 6 a.m., drink it between 5 and 5:30 a.m.

How:

1. Measure 400 mL (1 and $\frac{3}{4}$ cups) of cold water.
2. Add all the powder in the pouch to the water and stir until fully dissolved.
3. Drink all of it right away after mixing, in 5 minutes. Do not sip it.

To know more about PREcovery, visit emnhealth.com/products/precovery



Pre-Op Clinic Visit

The reason for this visit is to check your health, plan your care and make sure you are ready for surgery.

When you visit the Pre-Op Clinic, you will meet with:

- A nurse, who will explain how to get ready for surgery and what to expect while you are in the hospital.
- A doctor, who will review your medication and ask you questions about your health. If you have health problems, you may be referred to another doctor (a specialist) before surgery.

You may also:

- have blood tests
- have an ECG (electrocardiogram)
- meet an anesthesiologist (the doctor who puts patients to sleep for surgery).

You may need to stop taking some medicines and herbal products before surgery.

The Pre-Op Clinic doctor will explain which medicines you should stop and which ones you should keep taking.

If you have any questions, contact the Pre-Op Clinic nurses:

Montreal General Hospital

514-934-1934, ext. 43778
Monday to Friday
1 p.m. to 3 p.m.
L10-509 (L wing, 10th floor, room 509)

Lachine Hospital

514-934-1934, ext. 77155
Monday to Friday
7:30 a.m. to 3:30 p.m.
3D-7 (3rd floor)



Phone Call from Admitting

We will ask you to arrive 2 to 3 hours before your planned surgery time. The only exception is if your surgery is planned for 7:30 a.m. – in this case, we will ask you to come at 6 a.m.

The time of surgery is not exact. Your surgery may happen earlier or later than planned.

Montreal General Hospital

The day before your surgery, the Admitting Department will call you to tell you when to come to the hospital. If your surgery is scheduled on a Monday, hospital staff will call you the Friday before.

If you do not receive a call by 2 p.m., call 514-934-1934, ext. 42190.

Date of surgery: _____

Time of arrival at the hospital: _____

Where to go: Surgical Admission Services D10-124 (D wing, 10th floor, room 124)

Lachine Hospital

Two days before your surgery, the Admitting Department will call you to tell you when to come to the hospital.

If you do not receive a call between 4 p.m. – 8 p.m., call 514-934-1934, ext. 77155 or 77160.

Date of surgery: _____

Time of arrival at the hospital: _____

Where to go: Guichet 5-6 Admission, 1st floor

Cancelling Your Surgery

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

The Bariatric Clinic

514-934-1934, ext. 31531

and

Central Operating Room Booking

514-934-4460

If you call outside of opening hours, leave a message.



When you call or leave a message, provide these details:

- ✓ Your full name
- ✓ The date of your surgery
- ✓ Your phone number
- ✓ Your hospital card number
- ✓ Your surgeon's name
- ✓ The reason for cancelling or postponing your surgery
- ✓ How long you are not available to have the surgery

Exception: If you need to cancel your surgery the day before after 3 p.m.:

Call the Admitting Department of the hospital where you are supposed to have your surgery.

Montreal General Hospital

514-934-1934
ext. 42190

Lachine Hospital

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.

If your surgery is cancelled on the day of surgery, call your bariatric nutritionist at 514-934-1934, ext. 35272. You will need to talk about your diet.

Washing



The Night Before Your Surgery



Take a shower or bath.



Wash your body from the neck down, including your belly button and your genital area.



Use regular soap and shampoo for your face and hair.



Do not shave the area where the surgery will be done.



Wear clean clothes to bed.



The Morning Before Your Surgery



Take a shower or bath.



Do not put on lotion, perfume, makeup, or nail polish. Do not wear jewelry or piercings.



Do not shave the area where the surgery will be done.



If you wear contact lenses, wear your glasses instead.



Put on clean and comfortable clothes.

If you have your period, use a pad. Do not use a tampon or menstrual cup.

What to Bring to the Hospital

- ✔ This booklet
- ✔ Medicare and hospital card
- ✔ List of medications that you take at home (your pharmacist can give you one)
- ✔ Loose comfortable clothing (for when you go home)
- ✔ Your glasses, contact lenses, hearing aids, dentures, and their storage containers, labelled with your name
- ✔ Your cane, crutches, or walker, labelled with your name
- ✔ Any insurance forms that need to be filled out by the hospital



- ✔ Your cane, crutches, or walker, labelled with your name



- ✔ Any insurance forms that need to be filled out by the hospital



Bring these items in a small bag with your name on it. There is very little storage space.

Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.



At the Hospital

Montreal General Hospital

Admitting Area:

Go to Surgical Admission Services (D10-124 – D wing, 10th floor, room 124) at the time given. The admitting clerk will ask you to sign a form.

Your nurse will:

- Ask you to change into a hospital gown
- Fill out a pre-operative checklist with you
- Make sure your personal items are in a safe place

Operating Room:

A patient attendant (orderly) will take you to the Operating Room.

In the Operating Room, you will meet your surgical team and the anesthesiologist.

The anesthesiologist is the doctor who will give you medication (general anesthesia) so you will be asleep and pain-free during your surgery.

Lachine Hospital

Admitting Area:

Go to Guichet 5-6 Admission, 1st floor, at the time given. The admitting clerk will ask you to sign a form and explain the next step.

Day Surgery Area – 6th floor



At the Hospital

Montreal General Hospital - Waiting Room

Family or friends can wait in D10-117 (D wing, 10th floor, room 117). The space is small. 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 or Recovery Room) for updates.

Other Resources

Free Hospital Wi-Fi	Connect to: Network: CUSM-MUHC-PUBLIC Username: public Password: wifi
Coffee Shops	1 st floor, Pine Ave entrance & 6 th floor, near the main entrance on Cedar Ave (D6-125 - D wing, 6 th floor, room 125)
Cafeteria	D4 - 4 th floor, D wing
The Hospitality Corner (small restaurant)	D6-125 - D wing, 6 th floor, room 125
Bank Machines (ATMs)	1 st floor, Pine Ave entrance & 6 th floor, near the main entrance on Cedar Ave
Gift Shop	6 th floor, near the main entrance on Cedar Ave (D6-145 - D wing, 6 th floor, room 145)
Parking	Rates: muhc.ca/patient-and-visitor-parking

At the Hospital

Lachine Hospital - Waiting Room

You will be assigned a stretcher in the Day Surgery Area.

Your family and friends may wait next to your stretcher or in the waiting room on the 6th floor (6B-8). Your belongings will be placed in a closet next to your stretcher.

Other Resources

Free Hospital Wi-Fi	Connect to: Network: CUSM-MUHC-PUBLIC Username: public Password: wifi
Coffee Shops	1 st floor, near the main elevators
Cafeteria	1 st floor, at the end of the hall located between the main elevators
Parking	Rates: muhc.ca/patient-and-visitor-parking



The PACU (Recovery Room)

After your surgery, you will wake up in the PACU, which stands for Post-Anesthesia Care Unit (PACU). It is also sometimes called the Recovery Room. You will stay here for about 6 to 8 hours before going home.

You will have:

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

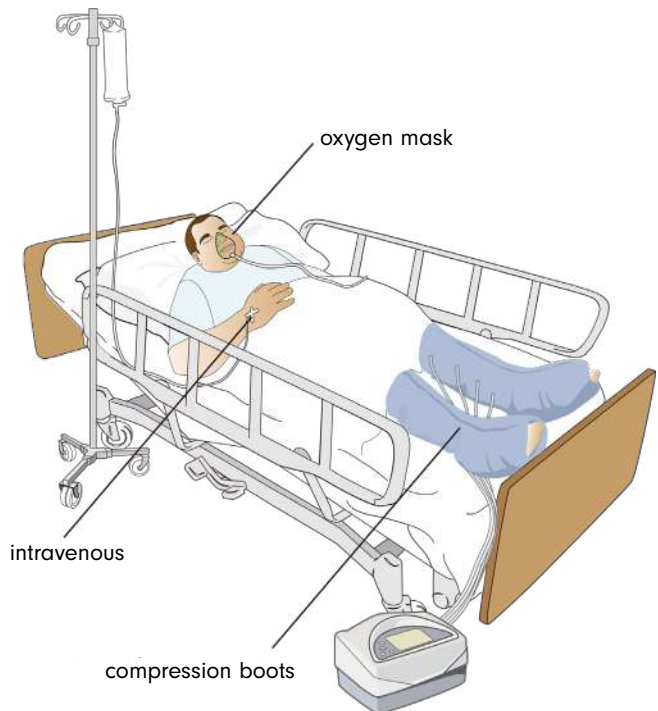
A nurse will:

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

There are no visitors allowed in the PACU.

After your surgery, a nurse or doctor will call the family member or friend you have chosen as your contact person to tell them how you are doing.

You will stay in the PACU until you go home.



Pain Control

Our goal is to keep your pain low so that you can:

- Breathe better
- Move better
- Eat better
- Sleep better
- Recover faster

Your nurse will ask you to rate your pain on a scale from 0 to 10.



Pain Intensity Scale

0 means no pain and 10 is the worst pain you can imagine. This number will help your nurse know how to best manage your pain.

If you have pain, tell us right away. When you have pain, you may not want to move around. This can slow down your recovery.



Ways to Control Your Pain

We will give you pain pills so that you are comfortable and able to move around.

Your anesthesiologist will also talk to you about the best ways to control your pain.



Going Home

You will be able to leave the hospital on the same day of your surgery.

For the next 24 hours:

- Do not drive a vehicle or operate machinery
- Do not drink alcohol
- Do not make important decisions

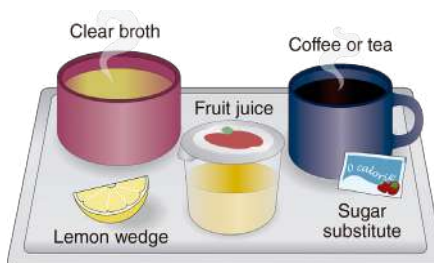
You must have someone to take you home and to stay with you for the first 24 hours after your surgery.

You will not be allowed to leave the hospital alone. You cannot drive, take a taxi or public transportation by yourself.



Before Leaving the Hospital

- You will receive a clear fluid meal. Drink only what you can. Drink slowly, over at least 30 minutes.
- Make sure you have information for your follow-up appointment and a prescription for your medication. Tell your nurse if you have any concerns about going home.
- You will get an appointment with the bariatric nurse 10 to 14 days after your surgery at the Montreal General Hospital Bariatric Clinic.
- Read the section of the booklet called **At Home** (pages 27-35).
- Ask any questions you have before leaving the hospital.



The Day After Your Surgery

The recovery room nurse will call you the day after your surgery. They will call to see how you are doing.

Managing Pain

Your surgeon will prescribe pain medication for you. This is to control your pain and help you get back to your normal activities as soon as possible.

These medications will include:

Tylenol and anti-inflammatory pills (medications that reduce swelling)

- These medications are for mild to moderate pain.
- You should take both of these medications as prescribed for the first 3 days after your surgery, even if you don't have much pain.

If you have had a gastric bypass:

Do not take anti-inflammatory pills. Anti-inflammatory pills are only for patients who have had a sleeve gastrectomy.

After the first 3 days, do not take any anti-inflammatory pills. They can cause irritation and ulcers in your stomach if you take them for a longer time.

Some common anti-inflammatory pills are:

Advil, Motrin, Celebrex, Indocid, Naprosyn, and Aspirin.

Opioids (narcotics)

- If Tylenol and anti-inflammatory pills do not control your pain well, you can also take this stronger pain medication.
- If you take this medication, do not stop taking Tylenol and the anti-inflammatory pills as prescribed.
- Follow the instructions on the pill bottle. It is important to understand the risks and benefits of using an opioid.
- Opioids can make you constipated.

If you take an opioid pain medication:

- Do not drive a vehicle or operate machinery
- Do not drink alcohol
- Do not make important decisions

Bring all unused medications back to your pharmacy.

Managing Pain

It is normal to have some pain after surgery. You might not be completely pain-free, but you should be able to go about your normal activities.

The pain will be more severe in the first few days after surgery. As you recover, it will fade to a dull ache, like a pulled or sore muscle.

If you are still feeling a lot of pain, even after adding an opioid, contact the bariatric nurse.



Not sure what questions to ask? Want to know about how to use pain medication safely when you get home? Visit:

Five Questions to Ask about Your Medications
ismp-canada.org/medrec/5questions.htm

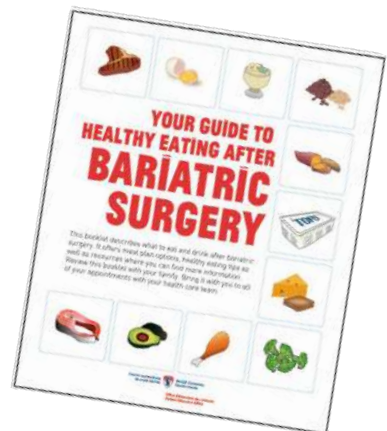
Diet

Follow the instructions in the booklet **Your Guide to Healthy Eating After Bariatric Surgery.**

Bring this booklet with you to every follow-up appointment. The instructions in this booklet will help you recover and lose weight safely.

You will lose most of the weight in the 1st year, but you will need to follow the instructions in this booklet and keep good eating habits for life. Regaining weight is always possible.

If you have questions or concerns about your diet, contact the bariatric nutritionist.



Caring for Your Incisions (Cuts)



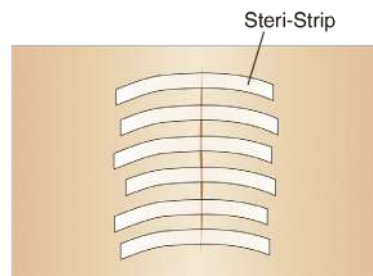
Bandages and Tape

Remove the bandages that cover your cuts 2 days after your surgery. After that, you can leave the cuts without any bandages on them.

Your cuts will have thin pieces of tape called Steri-Strips on them. They normally peel off by themselves.

If the pieces of tape have not fallen off before your follow-up appointment (2 weeks after surgery), remove them:

- Lift up one end of the tape.
- Roll it to the other end of the tape.



Washing

You may take showers every day. Let the water run softly over your cuts. Pat them gently with a clean towel to dry.

Do not scrub or rub your cuts.

Do not take a bath for 2 weeks.



What to Expect

Your skin may get thicker where the cuts are. This is normal.

Many people feel numbness near the cuts. This feeling is normal and will go away over time.

Your cuts may be slightly red and uncomfortable for 1 to 2 weeks.

Contact the bariatric nurse if you have concerns about your cuts.

Medications and Vitamins



Take these medications and vitamins:

- Your multivitamin
- Ursodiol (if you have your gallbladder)
- Lansoprazole
- Your pain medication, as needed
- A laxative called polyethylene glycol (Lax-A-Day), as needed to prevent constipation



Reminder: After the first 3 days after your surgery, do not take any anti-inflammatory medications. They can cause irritation and ulcers in your stomach.

Anti-inflammatory medications include:

Advil, Motrin, Celebrex, Indocid, Naprosyn, and Aspirin.

If you have had a gastric bypass:

Do not take anti-inflammatory pills. Anti-inflammatory pills are only for patients who have had a sleeve gastrectomy.

For your regular medications (like for diabetes):

Follow the instructions you were given by the bariatric team or the endocrinologist.

For questions about medication prescribed to you by the bariatric team:

Contact the bariatric nurse.

For questions about all other medications you are taking:

Contact your family doctor.



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

Exercise and Activity

The 1st Month After Surgery

- Sit in a chair for all your meals.
- Keep active by walking every 2 hours or more often.
- Do not start heavy exercise like aerobics or weightlifting.
- Do not lift more than 15 pounds.
- Restart daily walking and increase the distance as you get stronger.

1 Month After Surgery

You can do any exercise you choose, such as:

- Bike riding
- Dancing
- Aqua form classes
- Joining a gym

Increase the level of difficulty as you are able.

The Importance of Keeping Active

Start exercising soon after surgery. This helps to prevent you from losing muscle.

Exercise does not need to be expensive to be helpful. Walking every day is a free and good way to get in shape.

Some tips:

- Start slowly and increase the distance and pace over time.
- Get a pedometer (step counter). Challenge yourself to take more steps every week.
- Your long-term goal should be 150 minutes a week of moderate to intense exercise. For example, you could exercise for 30 minutes a day, 5 days a week.
- If you cannot exercise for 30 minutes straight, try to exercise for 10 minutes at a time, 3 or 4 times a day.

If you have mobility problems or limitations:

You may find it helpful to get a personal trainer or go to a specialized centre.

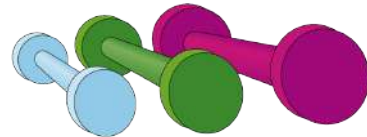
If you have heart problems:

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 increase slowly over time.
- Change up your exercise program so that you do not get bored.
- Keep your walking shoes or exercise clothes in the car.
- Make exercise time an important time for yourself and for your well-being.



Set SMART exercise goals. To know more, visit:

Your Guide to Setting Healthy Living Goals

<https://www.unlockfood.ca/en/Articles/Menu-Planning/Your-Guide-to-Setting-Healthy-Living-Goals.aspx>

10 “SMART” Physical Activity Goals

<https://www.unlockfood.ca/en/Articles/Weight-and-Health/10-SMART-Physical-Activity-Goals.aspx?aliaspath=%2fen%2fArticles%2fWeight-Management%2f10-SMART-physical-activity-goals>

Sexual Activity

We suggest that you wait to have sex until 2 weeks after your surgery or until you are pain-free.

The chance of getting pregnant increases after surgery. Use birth control methods to prevent getting pregnant for 1 year after surgery.

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.

To learn more about support groups or to get a referral to a psychologist:

Contact the bariatric nurse at 514-934-1934, ext. 36887.

For non-urgent questions, you can email the bariatric nurse at barinursing@muhc.mcgill.ca.

Follow-Up Appointments

You will have your 1st follow-up appointment with the bariatric nurse 10 to 14 days after your surgery. This appointment will be given to you before you leave the hospital on the day of your surgery.



In general, your next appointments will be 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
- As needed after that

If you miss or have to cancel an appointment, you have to contact the Bariatric Clinic at 514-934-1934, ext. 35280 to make a new appointment. You will have better success with your weight loss if you keep up with your follow-up appointments.

Blood Tests

You will need to have regular blood tests to make sure you are not missing vitamins or minerals.

For the First 2 Years After Surgery:

You will have blood tests every 6 months with the bariatric nurse.

Do your blood tests 2 weeks before your follow-up appointment so the results are ready in time.

After 2 Years:

You should have blood tests every year with your family doctor.

Your bariatric team will not have access to the results of the blood tests you do with your family doctor. You will have to bring up the results of these blood tests with your bariatric team.

Possible Side Effects of Bariatric Surgery

Below are some side effects that you could have after bariatric surgery. Keep track of any side effects you have and follow the tips below. Contact the bariatric nurse if needed.



Heartburn or Acid Reflux

Try eating smaller amounts more often. Limit caffeine, acidic, spicy, and fatty foods (such as coffee, any citrus fruits, tomato sauce, and any fried foods).

Contact the bariatric nurse if this does not help.

Possible Side Effects of Bariatric Surgery



Constipation

It is common to have bowel movements (poop) less often in the 1st month after your surgery.

Take the laxative you have been prescribed and drink plenty of water to prevent being constipated. The constipation will slowly improve as you start adding solid food to your diet.

If you have not had a bowel movement in 7 days or if you have trouble passing stool even though you are taking the laxative and drinking plenty of fluids, call the bariatric nurse.



Diarrhea

If you have more than 3 watery stools a day:

- Contact the bariatric nurse.
- Stop taking the laxative you were prescribed.
- Drink more water to avoid getting dehydrated.



Hair Loss

During the first 6 months after surgery, it is normal to lose some hair.

Your hair should grow back if you maintain a healthy diet, eat enough protein, and if you take your vitamins as prescribed.

If your hair loss continues after 8 months or starts after 8 months, speak to your bariatric nurse or nutritionist. This may be a sign that you are not getting enough vitamins and minerals.

When to Go to the Emergency Room

Go to an Emergency Room right away if:



You have a fever (temperature of 38.5°C / 101°F or more).



You are having trouble breathing, chest pain or feel short of breath.



You have pain or swelling and redness in your calf (lower leg) 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).



If possible, go to the Emergency Room of the Montreal General Hospital.

Important Contacts and Locations

For Appointments

Surgeon	514-934-1934, ext. 31531
Bariatric Clinic	514-934-1934, ext. 35280

For Bariatric Questions or Guidance

Nurse	514-934-1934, ext. 36887 or barinursing@muhc.mcgill.ca (for non-urgent requests)
Nutritionist	514-934-1934, ext. 35272

Important Locations

Montreal General Hospital	1650 Cedar Ave., Montreal, QC H3G 1A4
Pre-Op Clinic	L10-509 (L wing, 10 th floor, room 509)
Surgical Admission Services	D10-124 (D wing, 10 th floor, room 124)
Waiting Room	D10-117 (D wing, 10 th floor, room 117)
Bariatric Clinic	E16-152 (E wing, 16 th floor, room 152)
Parking	Accessible from Cedar Ave or Côte-des-Neiges Road (see map on back cover) Rates: muhc.ca/patient-and-visitor-parking

Important Contacts and Locations

Important Locations

Lachine Hospital	650 16th Avenue, Lachine, QC H8S 3N5
Pre-Op Clinic	3D-7 (3 rd floor)
Admission of Day of Surgery	Guichet 5-6 Admission (1 st floor)
Waiting Room	6B-8 (6 th floor)
Parking	On rue Saint-Antoine (see map on back cover) Rates: muhc.ca/patient-and-visitor-parking

Resources to Help You Stop Smoking

- I QUIT NOW phone line: 1-866-527-7383 (free) or iquitnow.qc.ca
- Quit smoking centres: ask your CLSC for information
- The Quebec Lung Association: 1-888-768-6669 (free) or poumonquebec.ca/en
- Smoking cessation clinic at the MUHC: This requires a referral from your doctor. Send the request by fax to 514-934-8488.

McConnell Patient Resource Centre

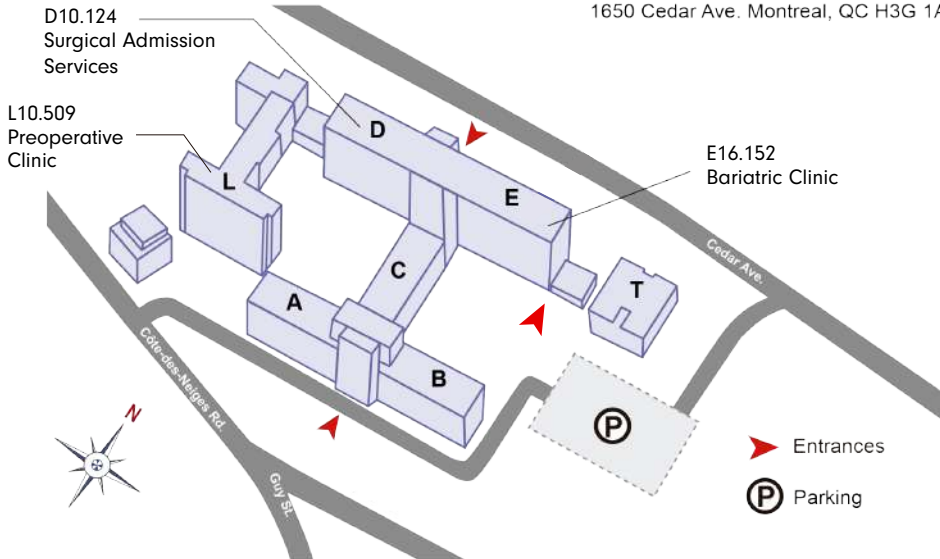
For more information about surgery, anesthesia or quitting smoking, visit the McConnell Patient Resource Centre's online resource pages:

- Bariatric Surgery: muhclibraries.ca/bariatric-surgery
- Weight Loss: muhclibraries.ca/weight-loss
- Pain: muhclibraries.ca/pain
- Anesthesia: muhclibraries.ca/anesthesia
- Quitting Smoking: muhclibraries.ca/smoking-cessation

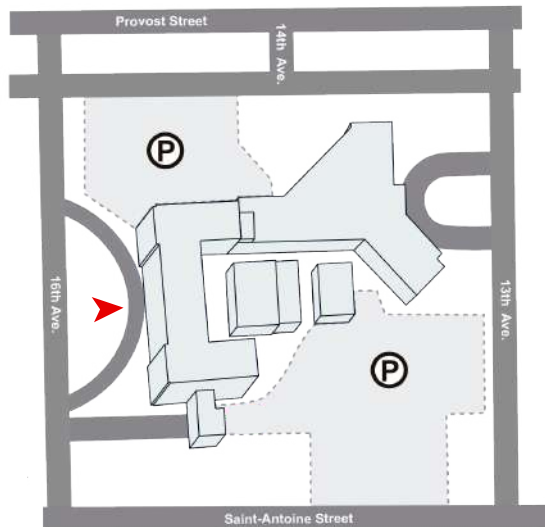
For help finding reliable health and wellness information, contact the McConnell Patient Resource Centre at crp-prc@muhc.mcgill.ca.

You may also visit their website for more information and resources: muhclibraries.ca/patients.

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



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



Map of Montreal General Hospital
1650 Cedar Ave. Montreal, QC, H3G 1A4
Pre-Op Clinic: L10-509
Surgical Admission Services: D10-124
Bariatric Clinic: E16-152

Map of Lachine Hospital
650 16th Avenue, Lachine, QC, H8S 3N5
Hospital entrance: on 16th Avenue
Parking entrance: on Saint-Antoine Street
Pre-Op Clinic: 3D-7 (3rd floor)
Admission on day of surgery: Guichet 5-6 Admission (1st floor)