CPP WLS

Chirurgie Perte de Poids

Spécialisé en chirurgie bariatrique par laparoscopie

Weight Loss Surgery

Specializing in laparoscopic bariatric surgery

BARIATRIC SURGERY PREPARATION GUIDE

Table of Contents

Preparing for Surgery: The weeks before ____ *6*

Lifestyle changes ____ **6**

Diabetes control ____ **8**

Pregnancy and Breastfeeding ____ **8**

Plan ahead ____ **9**

Pre-op tests ____ **10**

Preparing for Surgery: The days before ____ *11*

COVID testing ____ **11**

Eating and drinking ____ **11**

- **Have your 4 meal replacement shakes, drink your water and have your coffee, tea, tisane, broth and Jello if desired.** ____ **11**
- **You can choose to have vegetables from the ones that are permitted. Refer to your nutrition documents for this information.** ____ **11**
- **Note: Do not have any vegetables the day before your surgery.** ____ **11**

Preparing for surgery: The night before ____ *12*

Eating and drinking ____ **12**

- **The day before your surgery, have your 4 meal replacement shakes like normal, drink your water and have your coffee, tea, tisane, broth and Jello if desired.** ____ **12**
- **Do not have any vegetables the day before your surgery.** ____ **12**
- **Stop eating and drinking at midnight the day before your surgery. This means you should have your last pre-operative shake before midnight.** ____ **12**

Hair removal ____ **12**

Washing ____ **12**

Things to bring for your admission ____ **12**

Time to present to the surgical centre ____ **13**

Cancelling surgery ____ **13**

The Day of Surgery ____ *14*

Eating and drinking ____ **14**

The morning of your surgery, don't eat or drink anything (other than a few sips of water). ____ **14**

Washing ____ **14**

Medications ____ **14**

Present to the surgical centre ____ **14**

After the surgery: In the surgical centre ____ *15*
In the recovery room ____ **15**
Pain control ____ **15**
In your short stay room ____ **16**
After the surgery: At home ____ *18*
Pain ____ **18**
Incisions ____ **18**
Hydration ____ **19**
Diet ____ **19**
Constipation ____ **19**
Gas ____ **20**
Medications and vitamins ____ **20**
Your Personal Medication - IMPORTANT ____ **20**
Exercise and activity ____ **21**
Dumping Syndrome ____ **21**
Danger signs: When to go to the emergency room ____ *22*
Follow-up appointments and social support ____ *23*
Follow-up appointments ____ **23**
Social support ____ **23**
Frequently asked questions (FAQ) ____ *24*
Contact ____ *26*

A message from your surgeon

Thank you for choosing Weight Loss Surgery to embark on your bariatric journey for improved health.

I (Dr. Chow) want to assure you that your health, your concerns, and your safety are of the utmost importance to us. We are dedicated to ensuring you are well informed to ensure a smooth transition towards surgery, during your surgery, and in the hours, days, and months following your surgery. This is why we have assembled this *Bariatric Surgery Preparation Guide* to equip you with the information and knowledge that you will need in moving forward with your surgery alongside us. This information package was created with the help of our nurse, dietitians, and our patient coordinator, all ensuring that we address the concerns and questions you may have along the way.

At Weight Loss Surgery we strive for continual improvement. If you feel that there is information missing from this guide that you believe should be included, we welcome any comments or feedback. Please direct them to our manager at info@cppwls.ca or inform a member of our team.

On behalf of all our staff, we are humbled to be on this health improvement journey with you and look forward to supporting you in the process.

Sincerely,

Dr. Simon Chow

Preparing for Surgery: The weeks before

Lifestyle changes

Bariatric surgery will result in significant improvements to your health, but a healthy lifestyle will be important to maintain these improvements. It takes time to work on creating healthy habits, therefore the sooner you begin to improve on these, the more likely you are to sustain them. A healthy lifestyle includes:

- Exercise
    - Although this will become physically easier after surgery, the habit of exercising will not change. Exercise will help prepare your body for surgery and will help maintain the weight you will lose after surgery.
    - If you are not currently physically active, walking is a great way to start because oftentimes when inactive people suddenly start an extreme exercise program, they tend to injure themselves very easily.
    - Start walking gradually by increasing the distance, time, or pace over time as it becomes easier. You can begin by investing in a pedometer, or a step counter, to give yourself numerical goals to improve on every week. It's important to get to learn more about yourself in the process; if after one week you begin to feel like you dislike the activity, ask yourself some questions:
        - Do you prefer walking while listening to music or a podcast for extra stimulation and distraction?
        - Do you prefer walking with someone instead of walking alone?
        - Do you prefer to take different routes each day for a different scenic view?
        - Do you prefer to walk in the evening or in the morning?
- Smoking
    - Smoking can cause complications with bariatric surgery leading to pneumonia, blood clots, infections, and stomach ulcers, in addition to an increased risk of:
        - Being intubated for longer than normal (63% increased risk)
        - Having to be re-intubated after surgery (61% increased risk)
        - Sepsis, an infection in the blood (44% increased risk)

        - Shock, meaning your organs are not receiving enough oxygen (96% increased risk)
        - Longer hospital stays

    - We advise you to stop smoking 6 weeks before your surgery.

    - Nicotinic substitutes may also put you at increased risk of these surgical complications.

    - If you need help to stop smoking, discuss this with your bariatric surgeon or nurse.

- Alcohol

  We advise you to stop all alcohol intake at least 2 to 4 weeks prior to surgery. In addition to being high in calories, alcohol is metabolized very differently after surgery which can lead to more rapid intoxication on a very small amount. The research also shows a higher risk of alcohol abuse and addiction after surgery. If you have concerns about reducing or stopping your alcohol intake, discuss this with your bariatric team.

- Diet and Nutrition

    - In the weeks before you start your preoperative diet, it's recommended to maintain your weight. It's normal to have increased cravings and an increased desire to eat out more often with surgery fast approaching but try to be reasonable.

    - If you're interested in making changes to your eating before surgery in preparation for life after surgery, this is highly encouraged! Here are some goals to work towards:

        - Eat 3 meals every day.
        - Drink 1.5-2.0 L of water every day.
        - Limit coffee to 3 cups per day.
        - Start decreasing the amount of juice, soda and alcohol you consume (if you're drinking high amounts).
        - Eat slower and chew more (if you're a fast eater).
        - Make sure you're having fruit and vegetables every day.
        - Start reducing the amount of junk food, takeout and sweets you have (if you feel you're eating high amounts).
        - Practice not drinking any beverages (even water!) during your meals.

- If you feel you're someone who struggles with emotional eating, eating in the middle of the night, being addicted to sweets, etc., it's recommended to start looking for a psychologist who can support you after surgery. You can also ask our clinic for our recommended list of psychologists.

- Two to four weeks before your surgery, you will follow a strict preoperative diet. You will discuss this with your dietitian at your preoperative appointment. They will order the meal replacement shakes for you. The shakes are included in the surgery package.

- There is a very specific diet to follow in the weeks after bariatric surgery. This will begin with liquids, progress to pureed textures, and finally you will eat solid food. This progression takes up to 5 weeks on average. Our dietitian will review this with you in detail before your surgery. Be sure to equip yourself with the proper food textures so that this is ready for you upon returning home after surgery as you may not feel well enough to grocery shop in the days after your surgery.

Diabetes control

- If uncontrolled diabetes is diagnosed through your pre-operative tests, we will refer you to an endocrinologist before your surgery or start you on medication to help control your diabetes.

- If you are already known to have diabetes and you are taking medication for this, it's possible that our bariatric team will refer you to an endocrinologist if your diabetes is not properly controlled.

- Ensure you inform the WLS team of all of the medications you are taking to help control your diabetes, please bring your prescription list with you to your pre-op appointment.

Pregnancy and Breastfeeding

It's very important to avoid becoming pregnant for at least 1 to 2 years after your surgery. A pregnancy early on after bariatric surgery poses risks to you and your future baby. Even if you have had difficulty getting pregnant before surgery, have had an irregular menstrual cycle, or no menstrual cycle at all, you are still at risk of becoming pregnant after surgery due to the hormonal changes that occur with rapid weight loss. It's important to use protection during intercourse to prevent pregnancy for a minimum of 1 year after surgery, ideally up to 2 years. If you are having the gastric bypass surgery (Roux-en-Y), oral contraceptives do not protect against a pregnancy. You must therefore consider other forms of contraceptive, such as an IUD, condoms, hormonal

patch, or spermicides, to name a few. Discuss these options with your doctor or bariatric team.

If you are actively breastfeeding and want to continue to do so after surgery, it is important to note that the pre-operative liquid diet, the surgery, and the post-operative diet may negatively impact your milk supply. No one can guarantee that you will have sufficient breastmilk to feed your baby from the moment you begin the pre-operative liquid diet, onwards.

Plan ahead

- Arrange for help
    - Plan for an accompanying adult to leave the surgical centre with you as **it is strictly forbidden to leave unaccompanied, with your vehicle, or in a taxi.**
    - Choose a responsible person to be by your side for your first 24 hours at home as you will require help to move around, with personal care, and with your daily activities.

- Arrange for transportation
    - The surgeon will discharge you from the surgical centre after 1day after your surgery date. Be sure to plan a form of transportation to return home, or if you are from out-of-town, to a nearby hotel.
    - You will not be permitted to drive the first few days after surgery, therefore you will need someone to accompany you.

- Arrange for accommodation
    - We ask our out-of-town patients to stay in Montreal for at least 1 extra night after they leave the surgical centre before they fly home.

- Have the following medical supplies available
    - Have a thermometer at home to check your temperature.
    - Have access to a blood pressure machine or locate local access (i.e. the pharmacy), if you are taking blood pressure medication.

  - Have access to a glucometer or blood glucose meter, if you are taking diabetic medications or insulin.

- Documents to be signed
  - Remember to ask your surgeon about claiming a leave of absence from work and, if applicable, to suspend any gym memberships.

Pre-op tests

- You will need to do some pre-operative tests before surgery to ensure your safety on the day of your surgery.

- You can expect the following at your pre-operative appointment:
  - Blood test
  - Electrocardiogram (ECG), if you are over 40 years of age or known to have severe asthma, heart disease, or valve disease.
  - Chest X-ray (if applicable)
  - A physical exam and physical measurements (i.e. height, weight, neck circumference)
  - A meeting with the nurse to review some important information for your surgery. The nurse will also review your official pharmacy medication list with you; be sure to bring this list to your pre-operative appointment.
  - A meeting with the surgeon who will review some of your test results that day and will tell you which medications to stop before surgery. Make sure that you provide your surgeon with an updated list of medication from your pharmacy.
  - A meeting with our dietitian to review the pre-operative diet as well as the post-operative diet progression. Please bring a 3-day food journal with you to this appointment for review. You are also encouraged to bring a list of questions.

- It is mandatory to email your completed pre-op questionnaire to Angela (angela@cppwls.ca) at least 1 week before your scheduled appointment.

- If your appointment is at our clinic, it is highly advised to bring the Weight Loss Surgery folder with you as you may be handed additional documents while other documents may be reviewed with you.

- If you do not live close to our clinic the bariatric team may have arranged for some of these tests to be done with your family doctor.

Preparing for Surgery: The days before

COVID testing

- **The Covid-19 PCR/TAAN test is NO LONGER mandatory for all patients. The test is only necessary if in the 10 days prior to the date of your surgery:**
    - You have been exposed to a person with COVID-19.
    - You develop Covid-19 symptoms.

If either or both conditions apply to you, please contact our nurse **immediately** by email at med@cppwls.ca.

Eating and drinking

- Have your 4 meal replacement shakes, drink your water and have your coffee, tea, tisane, broth and Jello if desired.
- You can choose to have vegetables from the ones that are permitted. Refer to your nutrition documents for this information.
- Note: Do not have any vegetables the day before your surgery.

Preparing for surgery: The night before

Eating and drinking

- The day before your surgery, have your 4 meal replacement shakes like normal, drink your water and have your coffee, tea, tisane, broth and Jello if desired.
- Do not have any vegetables the day before your surgery.
- Stop eating and drinking at midnight the day before your surgery. This means you should have your last pre-operative shake before midnight.

Hair removal

For men who have facial hair, it is advised to shave this for anesthesia purposes.

Washing

- Purchase the preoperative chlorhexidine soap from your pharmacy.
- Night before your surgery:
    - Take a shower or bath the night before your surgery.
    - Wash your body from the neck down, including your belly button, and to your pubic bone, with the chlorhexidine soap.
    - You can use regular soap and shampoo for your face and hair, respectively.
    - Wear clean clothes to bed.

Things to bring for your admission

Space to store your personal effects is limited. Bring the smallest size of bag possible. List of things to bring (if applicable):

1. This booklet and the Weight Loss Surgery information folder that was given to you at the office consult.
2. Your health insurance card (for identification purposes);
3. An up-to-date list of your medications from your pharmacist;

4. All of your medication that you take regularly, all of which **MUST** be in their original containers. We cannot accept medications in dosettes prepared by a pharmacist;
5. Your inhalers and aerochambers if necessary;
6. Your glasses, contact lenses, hearing aids, dentures, and their storage containers;
7. Cane, crutches, walker, if you use these;
8. Slip-resistant slippers;
9. Sanitary napkins;
10. A robe, nightgown or pyjamas;
11. A personal hygiene kit (toothpaste, toothbrush, soap, etc.);
12. Loose-fitting, comfortable clothing adapted to your surgery for your return home;
13. Books and silent entertainment (iPod, laptop, etc.). Bring earphones with you in order to keep a quiet and respectful environment for other patients recovering from surgery.
14. If you use special equipment for **sleep apnea, you MUST bring your CPAP machine to the surgical centre.**

Note:
We strongly suggest you leave money, jewelry, and other valuables at home. **Weight Loss Surgery Inc., and the Centre de chirurgie Mont-Royal are not responsible for the loss of valuables or money that you keep in your possession.**

Time to present to the surgical centre

Instructions for arrival at the surgical centre will be sent to you by email two weeks before your surgery date, whereas your post-operative prescriptions will be sent to you one week before surgery.

Cancelling surgery

If on the day of your operation, you have a fever, flu, sore throat, diarrhea, singles, a new rash, or are pregnant, it may be best to postpone surgery. If, for whatever reason, you must postpone your operation, **directly notify the Centre de chirurgie Mont-Royal nursing staff by calling 514-399-3993, option 1.**

The Day of Surgery

Eating and drinking

The morning of your surgery, don't eat or drink anything (other than a few sips of water).

Washing

- Take a shower or bath the morning of your surgery.
- Wash your body from the neck down, including your belly button, and to the pubic bone, with the chlorhexidine soap.
- Put on clean clothes.
- Do not wear lotion, perfume, makeup, nail polish, fake nails, jewelry, or piercings.

Medications

On the day of surgery**, do not take any medications (including heart, blood pressure, diabetes, and anti-anxiety medications) before seeing the anesthesiologist**. They will determine which medications to take or avoid. Simply bring these medications with you to the surgical centre. Inhalers must be taken on the morning of your surgery even if you normally only use them as needed.

Present to the surgical centre

Our surgeries are performed at the Centre de chirurgie Mont-Royal located at 38 Rockland Road, Town of Mount-Royal, Quebec, H3P 3E5. Report to the reception on the day and time designated by our bariatric surgery coordinator.

After the surgery: In the surgical centre

In the recovery room

- Your operation will last from 60-150 minutes depending on your BMI, the type of surgery chosen and previous surgeries if any. A stay in the recovery room is required. This stay varies from person to person. Once you are stable, you will be transferred to the short stay unit where you will remain overnight.

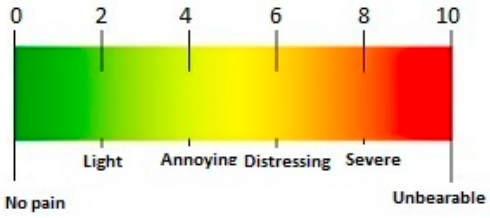
- You will be under the continuous supervision of the nursing staff who will regularly verify your pulse, oxygen saturation, blood pressure, respiration, pain, dressings, etc., until your transfer to the care unit.

- If you experience any nausea, pain, or discomfort, do not hesitate to mention this to the staff as they are there to help you. Upon your return from the recovery room, you will be transferred to your room where an attendant will help you from your stretcher and into bed.

Pain control

- Postoperative pain varies from person to person. It is essential to control your pain because this will help you to:
    - Take deep breaths
    - Move more easily
    - Eat better
    - Sleep well
    - Recover faster
    - Do things that are important to you.

- Unrelieved pain can slow recovery and have a negative impact on sleep, digestion, and anxiety. The nursing staff will frequently ask you to describe your pain on a scale of zero to 10, zero meaning a complete absence of pain and 10 indicating the worst pain. Remember that the more intense the pain is and the longer you wait, the more difficult it is to completely relieve it. Inform the nurse at if you are having a lot of pain before you leave the surgical centre that day. If you are at home, use this pain scale to determine when you should take an analgesic. Be sure to follow the prescription and your pharmacist's recommendations.



- With the laparoscopic approach to weight loss surgery used in all our patients, pain and discomfort are minimized. Immediately after the operation, you will experience some abdominal discomfort from the carbon dioxide gas used to inflate your belly for the surgery. Most of this gas is removed at the end of the operation. The remaining gas will be absorbed into your blood and removed by breathing it out of your lungs over the next 36 hours. Even though your nurse may give you very strong pain medicine, this discomfort will be a bit unpleasant on the night of your surgery. The only pain medication you will need when you go home is acetaminophen (Tylenol). In some cases, you will receive a prescription for a stronger pain medication (narcotic like oxycodone).

In your short stay room

- The nursing staff will check your pulse, blood pressure, breathing, dressing, pain, etc. You will be given oxygen and your blood oxygen level will be continuously monitored using an oxygen saturation monitoring device. We do this as a precaution because our patients may have obesity hypoventilation syndrome or sleep apnea. This, together with the anesthetic can result in low oxygen levels in the blood which can be harmful.

- Exercises in your room:
    - It's important to move around in bed to prevent pneumonia, blood clots, and muscle weakness. Do the following exercises when you wake up and continue them while you are admitted:
        - Rotate your feet in circular motions towards the left and towards the right.
        - Wiggle your toes and bend your feet up and down
        - Stretch your legs out straight.
        - Repeat all these exercises 4 to 5 times every half hour while you are awake.

    - Deep breathing and coughing exercises:
        - An inspirometer is a device that helps you breathe deeply to prevent pneumonia. You will be given one during your stay.

        - Put your lips around the mouthpiece, breathe in deeply, and try to hold the ball up as long as you can.
        - Remove the mouthpiece, breathe normally.
        - 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 incisions. Ask the nurse to show you how to do this if you are unsure.

    - After surgery you will be expected to participate actively in your care. You need to take an active role in preventing complications and promoting the natural healing that will occur. As soon as you are awake, we will encourage you to do breathing exercises at least every hour. Deep breathing and coughing are necessary to clear the lungs of the mucus that develops after you have been under anaesthetic. The day of your surgery, the nurse will help you get up and sit in a chair. You will be assisted when walking more frequently and for longer distances in the following days. Getting out of bed is important to help your circulation, as well as to help expand your lungs and get rid of secretions. When you are getting up for the first time, it is normal to feel dizzy and weak as well as to feel some pain.

- Goals for the evening and day 1 after surgery

    - Do your breathing exercises (the nurse can show you how to do this).
    - Get out of bed and walk in your room at least every 2 hours, or more often
    - Begin the clear fluid diet provided to you. Take only what you can. Drink very slowly. The following morning you may be provided thicker fluids.

- Our surgeon will discharge you from the surgical centre. He will answer any last-minute questions and review your medication list with you. You will start your vitamins about 2 weeks after your surgery.

- The discharge time is at 9:30 AM. You must be accompanied in order to leave.

After the surgery: At home

Pain

- If you are having **pain**, take Tylenol 1g every 6 hours as needed.
- You can use a cold compress over the area (not wet).
- If this does not control your pain, let the bariatric nurse know by calling the nurse's emergency number (**514-227-0468**), or email the bariatric nurse (med@cppwls.ca).
- If your pain is intolerable or you have signs/symptoms of a complication listed in the "Danger signs" section (page 21), please present yourself to the closest ER.
    - Note: non-steroidal anti-inflammatories (NSAIDs) such as Motrin, Advil, Indocid, Celebrex, Naprosyn, and Aspirin **should not be taken after surgery.** These medications can irritate your stomach and cause an ulcer. Talk to your surgeon or nurse if you need to take these.

Incisions

When you leave the surgical centre, you will have 5 small incisions on your abdomen which will be covered by dry dressings. After your first shower, you should remove the dressings and leave the incisions open to air. If you notice any discharge coming from your incisions, please contact the nurse.

- It is important to keep your incisions as dry as possible. **No creams, no oils, no polysporin, no baths/pools/saunas** for up to 1 month after surgery, until the nurse has assessed the healing of your incisions.
- You are allowed to take showers, however, do not scrub the incisions or apply soap directly to the incisions. Simply let the water run over your abdomen, then pat the incisions dry first with a clean/new towel.
- You may notice some redness around the incisions, this is normal. Please look at your incisions every day without touching them directly! Check to see if the redness increases or if you notice the following: swelling, fever, oozing, foul odour, bleeding, and opening of incisions. Please send a photo or email your weight loss surgery nurse right away at med@cppwls.ca

- Surgical incision clips are to be removed by your bariatric surgery nurse or a healthcare professional near you. You will receive an email for this appointment date with our nurse one week before your surgery date. Be sure to mark this down in your calendar. If you are scheduled for a clip removal at our clinic and you are unable to present yourself, please notify Angela immediately.

Hydration

Drink at least 1.5-2 L (6-8 cups) of water per day. This may not be realistic in the first couple of days after your surgery, but it is important to do your best. Sip on your chosen beverages constantly throughout the day whether you feel thirsty or not. In addition to water, you can sip on low-sugar sports/electrolyte drinks, herbal tea, decaf coffee, and water with added flavour enhancers. Preventing dehydration is a priority after surgery.

Diet

Once you leave the surgical centre, follow the diet plan that the dietitian discussed with you. If you have questions or concerns, please contact the dietitian.

- Water intake is very important, this will also help with having regular bowel habits and facilitate the passage of stool. It is also important for healing and recovery.

- The prescribed vitamins are to be started when you start your puree diet, about 2-3 weeks after surgery.

Constipation

Constipation after surgery is common with anesthesia, pain medications, and the reduction of foods and fluids. Please use your laxative prescription every day for the first week or two after surgery to prevent constipation. This is a white powder that you dissolve in water and drink as you would normally drink your water throughout the day.

- Our goal is for you to have soft and easy-to-pass bowel movements every day or every other day.

- If it is 3 days after your surgery and you still have not yet had a bowel movement, please inform your bariatric surgery nurse immediately. They will help you make a plan to control your constipation.

Gas

Gas after surgery is normal but it can be uncomfortable. Here are some ways to relieve it:

- Warm (dry) compress on the abdomen for approximately 15 minutes every 1-2 hours as needed.
- Walking 30 minutes daily.
- Taking Tylenol to control discomfort.

Medications and vitamins

Your post-operative prescriptions will include the following:

Vitamin B12, Vitamin D, Calcium, Multivitamin, Iron (if indicated), Gravol, Tylenol, Lax-a-Day, Antacids (various), and Ursodiol.

- Gravol, Tylenol and Antacids are to be taken as needed.
- Ursodiol is to prevent biliary stones and should be taken twice a day for the first 6 months starting it when you begin your puree diet. If you have had your gallbladder removed, there is no need to take this medication.
- Vitamin B12 should be taken twice a day
- Vitamin D and Calcium should be taken twice a day
- Multivitamin is taken once a day
- Iron should be taken once a day, ONLY if you are a woman who stills has their menstrual cycle, or if you are anemic.

If you have questions about your prescription or medications please email your weight loss surgery nurse at med@cppwls.ca

Your Personal Medication - IMPORTANT

Due to a rapid post op weight loss, be sure to contact your family doctor or psychiatrist approximately one month after your surgery to reassess the need to adjust certain medications such as antidepressants, antipsychotics, mood stabilizers, and certain anticoagulants. If you are taking antihypertensive drugs, these will be reassessed by our team during the immediate postoperative phase. As for oral antihyperglycemic agents and insulin, please follow the recommendations of your endocrinologist or family doctor. Also, if you are taking Epival/Divalproex please make sure to ask your prescriber to switch your pill form to liquid form temporarily to better tolerate it after surgery.

Exercise and activity

Do not begin any heavy or intense exercise in the first 4 weeks after surgery. This is a time for you to recover and heal. However, we do recommend that you begin walking to prevent losing too much muscle mass, improve healing, and prevent complications. Avoid abdominal exercises for at least 6 weeks and do not lift anything heavier than 15 lbs up until 4 to 6 weeks after surgery.

- Walk 30 minutes a day.
    - Can increase the time if you are managing to drink at least 1.5-2 L of water per day.
    - Include time for rest as well.
    - Listen to your energy levels, if you are fatigued then take the time to rest.

- When you start exercising more intensely, please listen to your body. If you notice any pain/discomfort, you should stop the exercise, take acetaminophen
- (ex: Tylenol) and rest. If the pain does not go away please let your bariatric nurse know so we can evaluate. If the pain goes away, please take a few more days of rest and then restart exercise at a lower intensity than previously and only increase progressively if no pain is noticed.

Dumping Syndrome

Dumping syndrome most commonly occurs after a gastric bypass and is the result of poor food choices. This is a side effect that occurs typically when someone drinks or eats refined sugars such as juice, cookies, maple syrup or honey, cakes, cookies, ice cream, etc. The symptoms of dumping syndrome include feeling sweaty and lightheaded, having a rapid heart rate, palpitations, nausea, abdominal cramping, and shakiness.

If this occurs, lie down and let it pass and then contact your weight loss surgery nurse to inform her of this. It is best to avoid refined sugars until you have spoken to both the nurse and dietitian.

Danger signs: When to go to the emergency room

Keep an eye open for the following signs and symptoms.

- **Severe abdominal pain not relieved by Tylenol**
- **Have a temperature of more than 38.5° C**
- **Heart rate of > 110 beats/minute**
- **Become very short of breath while resting**
- **Painful, warm, swollen calves**
- **General feel of malaise (i.e. not feeling well and can't walk with ease)**
- **Unusual intense pain in the left shoulder**
- **Vomit blood**

Remember that these are rare, however we would rather you be informed and know what to do in this circumstance.

If you experience any of these danger signs, you are **strongly encouraged to present yourself at the Jean Talon Hospital emergency room** and ask that the Bariatric Service be contacted immediately.

Jean Talon Hospital
1385 rue Jean Talon East
Montreal, Quebec, H2E 1S6

If you live **outside of the Montreal area**, please **present yourself at the emergency of the closest local hospital**.

No matter the emergency room you present yourself to, please ensure that you also contact our bariatric nurse so that she is aware that you have a complication and that you are seeking medical care.

Monday to Friday 8 AM - 3 PM:
Contact the nurse by phone (**514-227-0468)** or email (med@cppwls.ca).

Weekends or outside of business hours:
Contact the nurse by email only (med@cppwls.ca).

Follow-up appointments and social support

Follow-up appointments

You will have a follow-up appointment planned at the following intervals:

- 2 weeks: nurse (if coming in locally to the clinic)
- 1 month: surgeon, nurse, dietitian
- 3 months: surgeon, nurse, dietitian
- 6 months: dietitian and nurse (as needed)
- 12 months: dietitian and nurse

You will have bariatric blood tests to do at the following intervals:

- 6 months, with your family doctor
- 12 months, with your family doctor
- Annually for the rest of your life, with your family doctor.
- If you do not have a family doctor, please inform us so that we may provide you with a bariatric blood test requisition.

Note: If you are already followed by a psychologist and/or psychiatrist, it is strongly recommended to follow up with them within the first few months after your surgery. It is important to know that medication effectiveness can change after bariatric surgery. Therefore, if you experience mood changes or do not feel like yourself, it is imperative to consult your mental health professional.

Social support

- Bariatric surgery results in big changes both in your weight, health, but also in your relationships with food and people. At times, you may feel like you need some support from others who have also had surgery and who can understand the changes you're going through.

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

- There are many bariatric support groups online through social media.

- If you feel you would benefit from speaking to a psychologist, we can provide a list that specializes in our clientele upon your request.

Frequently asked questions (FAQ)

How long will I be in surgery?
60-150 minutes

How long will I be admitted after surgery?
1 night

How long will I be followed by your team after surgery?
For a duration of 6 months and afterwards as needed by the nurse.

How long before I can return to work?
It depends on the type of work that you do, it is best to discuss this with your surgeon. The standard time off work is 4 weeks however, you may be able to return to work sooner if you prefer, or this may be prolonged, at the discretion of the surgeon.

Are there any activities I shouldn't do after surgery?
No lifting objects that weigh more than 15 lbs (i.e. groceries, housework, yard work, lifting children, etc.).

How much exercise can I do after surgery?
For the first 4-6 weeks, walking for minimum 30 minutes a day is sufficient. After this time, you can increase your activity and there are no restrictions. Simply be aware of how your body is feeling and if you are in pain to stop and rest.

Can I regain weight?
Weight regain is certainly possible. There are many factors that can contribute to weight regain, however the most common reason is not following the dietary guidelines.

Can I drive my car?
Yes, as soon as you have stopped all narcotics for 24 hours, feel strong enough, and feel comfortable sitting upright for extended periods of time. Usually, this is two weeks after leaving the surgical centre.

Can I wear my seat belt?
Yes.

When can I have intercourse?
As soon as you feel like it and there is no pain. Women must take precautions not to become pregnant for at least 1 to 2 years after surgery. Even if you have had difficulty getting pregnant before surgery, have had an irregular menstrual cycle, or have no menstrual cycle at all, you are still at risk of becoming pregnant after surgery due to the hormonal changes that occur with rapid weight loss. It's important to use protection during intercourse to prevent pregnancy for a minimum of 1 year after surgery, ideally

up to 2 years. If you are having gastric bypass surgery (Roux-en-Y), oral contraceptives ("the pill") do not protect adequately against pregnancy. You must therefore consider other forms of contraceptive, such as an IUD, condoms, hormonal patch, or spermicides, to name a few. Discuss these options with your doctor or bariatric team.

Can I go swimming?
Yes, approximately 1 month after surgery, once your incisions have completely healed. You can verify this with your medical team at your appointment.

Contact

If you have any questions or concerns please direct them to either your weight loss surgery nurse, dietitian, or Angela:

Patient Coordinator

Angela Rieux
angela@cppwls.ca

Nurse

Tania Couto
med@cppwls.ca

Dietitians

Alexa Fiorentino
nutrition@cppwls.ca

Monica Bashaw
monica@cppwls.ca