



Getting ready for and recovering from Bariatric Surgery



About these materials

This booklet was developed with input from doctors and health care providers. It provides specific information to help you prepare for your surgery and recovery.

Please read this booklet as soon as you get it!

This booklet is meant to be read with the *Getting ready for and recovering from Surgery* booklet; it provides general information to help you prepare for your surgery and recovery. It is important that you read both booklets. You can find copies by:

- Asking your surgeon's office, or
- Going to Island Health's Surgery website:

www.islandhealth.ca/learn-about-health/surgery



Help your care team help you!

Share this booklet with your care team so they know about your plans to recover and get home as soon as possible.

Please note that the information in this booklet is current as of the date printed on it.

Surgical Services, Island Health



Preparing for Surgery



Welcome to the Victoria bariatric program!

Deciding to have bariatric surgery can be scary and exciting. To help you make this decision, we have created this manual; it will help guide you through the process leading up to your surgery and let you know what you can expect during and after.

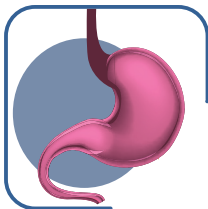
This manual has resources and references you can use through all stages of this process – from the day you decide to have surgery to the many years after surgery.

Bariatric surgery can be truly life changing; however, it does not come without its challenges. One of these challenges is a long-term commitment to changes in nutrition and exercise.

Your health care team looks forward to supporting you through this process and we encourage you to contact us with any questions or concerns before or after surgery.

Sincerely,

Your Health Care Team



What is bariatric surgery?

Common types of bariatric surgery

There are 2 types of Bariatric surgery at Island Health:

- Laparoscopic Sleeve Gastrectomy
- Laparoscopic Roux-En-Y Gastric Bypass

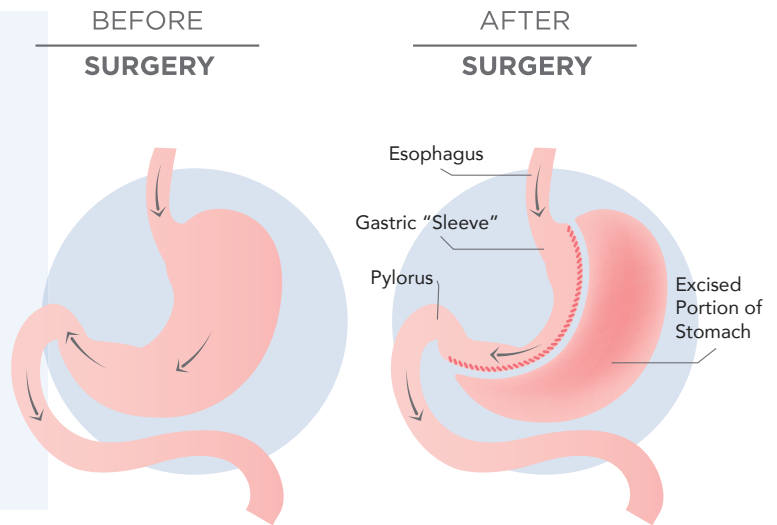
You and your surgeon will decide which type is right for you.

1

Vertical sleeve gastrectomy

This is the most common type of bariatric surgery.

The sleeve gastrectomy is a restrictive procedure; this means that the stomach is made smaller, which limits the amount you can eat or drink at one time.



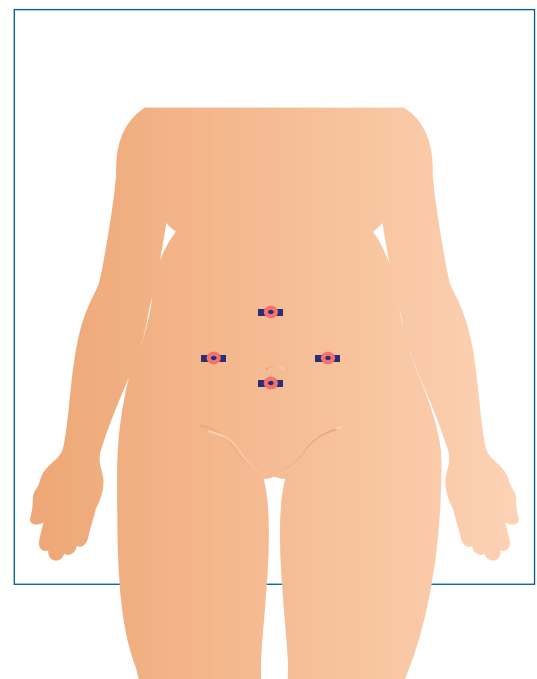
How is the surgery done?

The surgeon makes 5-7 small cuts (incisions) in your belly (abdomen).

They then remove 75-85% of your stomach.

After surgery your stomach will be the shape of a banana. Once you have fully healed, your stomach will hold about 250ml (1cup) of food or drink.

This surgery also removes some of the hunger hormones produced in your stomach, so you may feel less hungry.



2

Roux-en-Y gastric bypass

The Roux-en-Y gastric bypass is a restrictive and malabsorptive procedure. This means that the stomach is made smaller, which limits the amount you can eat or drink at one time. As well, part of the intestine (duodenum) is bypassed, which reduces the amount of nutrients that can be absorbed.

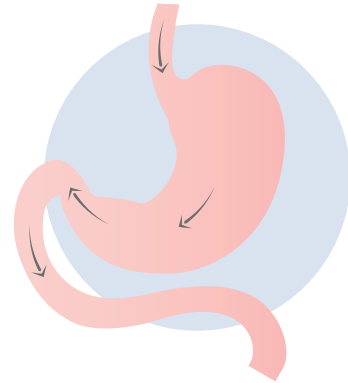
How is the surgery done?

The surgeon cuts out a small pouch off your stomach and reattaches it to the second part of your small intestine.

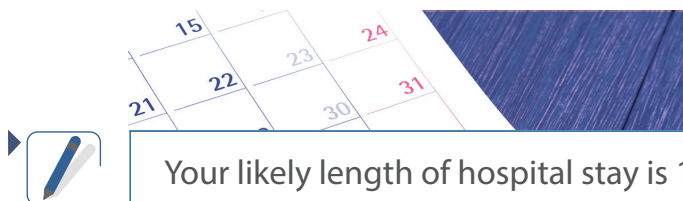
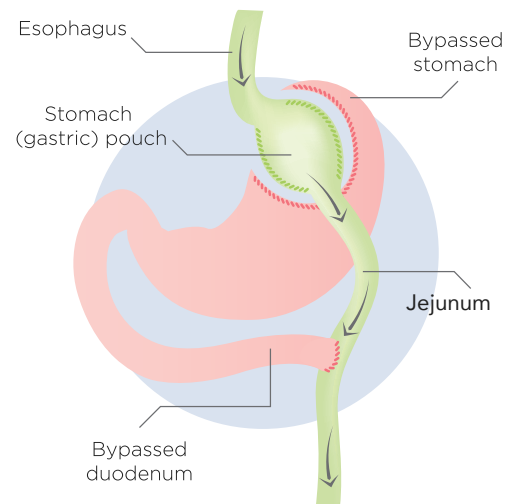
The first part of your small intestine (the duodenum) is by-passed. The remaining stomach and first section of small intestine stay in place and are reattached to the second intestine. This allows digestive enzymes and hormones to flow back into the small intestine.

Your stomach will be the size of an egg and will only be able to hold a small amount of food. As well, the amount of food and nutrients that your body will be able to absorb will be much less, due to the bypass of the first part of the small intestine.

BEFORE
SURGERY



AFTER
SURGERY



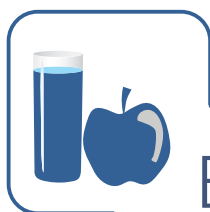
Your likely length of hospital stay is 1-2 days. You may go home later, depending on your recovery.

Your diet before surgery

While you are waiting for surgery, you should be working on making changes that will help you lose weight before and after surgery.



- Keep a food and exercise journal every day. On-line programs, such as MyFitnessPal or baritastic are ideal because they provide detailed calorie and protein intake information. If you are not comfortable with these programs, pen and paper are okay but you will need to find out calorie and protein content of your foods and write them down too.
- Make time for at least 30 minutes of exercise every day. Walking is a great option, but if you have joint issues or chronic pain consider swimming, water aerobics, or a recumbent bike.
- Eat 3 meals every day. Do not skip meals.
- Avoid sugary drinks (including juice and iced tea), carbonated (fizzy) drinks, and alcohol.
- Choose foods high in protein, vitamins, and minerals.
- Avoid high-fat and high-sugar foods.
- Identify your problem eating areas, and begin working on these.
- Focus on eating slowly, chewing thoroughly, and avoiding distractions such as TV and computers while eating.



Eating and drinking before surgery

3 Week OPTIFAST PRE-OP LIQUID DIET

In order to shrink your liver and promote weight loss before surgery, you must follow a low-calorie, high-protein liquid diet for 3 weeks before surgery. This liquid diet consists of 4 packages of Optifast **each day**.

Water and other non-caffeinated, non-carbonated, sugar-free liquids such as Crystal Light or MiO and decaf coffee/tea are allowed. 1 cup of clear broth each day is also permitted.

What is Optifast?

Optifast is a complete meal replacement that is high-protein, low-carbohydrate, and low-fat. When taken as prescribed, it will provide all the vitamins and minerals you need to keep healthy before surgery.

OPTIFAST

Where do I get Optifast?

Your dietitian will give you a sample of both the chocolate and vanilla flavours when you are approved for surgery. You will also receive an order form. You can email or fax your order and it will be delivered to your doorstep within 5 business days after the order is received.



How much will Optifast cost?

The 3-week supply will cost you approximately \$230 (including tax).

TIPS

Helpful tips for this liquid diet:

- Pour your meal replacement drinks over ice.
- Freeze your drinks in small ice cube trays or into popsicles so you can chew on them.
- Mix decaffeinated coffee with the Optifast for a flavour change.
- Try adding extracts (e.g., almond, mint, vanilla) or spices (e.g., cinnamon) to change flavors.
- Chew sugar-free gum if you find it difficult not having any solid food.

TIPS

- About 50% of patients will have liquid diarrhea during the first week of the liquid diet. If you are having ongoing diarrhea call us at the clinic so we can try to help you manage this.
- Some patients may become very constipated during this 3-week diet. If you go 3 or more days without a bowel movement, add a stool softener (such as Colace®) each evening. If you do not have a bowel movement within 2 days of taking Colace®, contact the Bariatric Surgery Clinic.
- You may need to adjust your diabetes medications while on this diet because you are having fewer calories and carbohydrates (compared to your usual diet). Speak to your doctor or Endocrinologist before starting the 3-week liquid diet.

Please note that you are required to follow this 3-week liquid diet.

The 3-week liquid diet is important because it will shrink your liver. If not followed properly, your surgeon may not be able to operate because the enlarged liver will prevent safe access to your stomach.

If you gain weight during this time, your surgeon may decide not to operate on you.

***If you are on Warfarin, discuss with your doctor before taking Optifast.**





Before surgery checklist

I have ordered my 3 week supply of Optifast (I will order it at least 4 weeks before my surgery date to be sure it arrives in time for me to start it).	<input checked="" type="checkbox"/>
I have purchased all of my supplements: <ul style="list-style-type: none"> • Prenatal multivitamin in a tablet form (not chewable) • Vitamin D3 (2,000IU/day) • Vitamin B12 (500mcg/day) • Calcium 500mg (two pills every day) 	<input type="checkbox"/>
I have planned out and prepared my protein-rich drinks for the first two weeks after surgery.	<input type="checkbox"/>
I have picked up a stool softener (such as Colace®).	<input type="checkbox"/>
I have picked up Gravol™ for nausea.	<input type="checkbox"/>
I have purchased a sugar-free whey protein powder.	<input type="checkbox"/>
I have booked accommodation the night before surgery to make sure I am in Victoria in time for my surgery (if I live outside of Victoria).	<input type="checkbox"/>
I have purchased 2 packages of CHG scrubs to prepare my body for the surgery.	<input type="checkbox"/>
If I have OSA, I have packed my CPAP machine (I will need to wear it after surgery in the hospital)	<input type="checkbox"/>



What to expect after your surgery

The most important outcomes are to help resolve other health conditions and improve quality of life. Significant improvements in diabetes, hypertension, cholesterol levels, obstructive sleep apnea, and blood lipid levels have been seen following bariatric surgery.

- The average rate of weight loss is 1-2 pounds (0.5-1 kg) per week.
- The average total weight loss is 40% of excess weight.
- Weight loss can continue for 12-18 months after surgery.
 - o When you lose weight too quickly, you can experience hair loss, reduced muscle mass and nutritional deficiencies.
 - o Reduced muscle mass can result in less ability to keep losing weight and makes it more difficult to maintain weight loss
- For most people, your weight will stabilize at 10% higher than your lowest post-surgery weight.
- Up to 25% of people will regain weight; lifestyle changes are essential for success!
- After your surgery, it is important to follow the diet guidelines explained in this handout. Not doing so can result in damage to your gastric pouch, as well as pain, nausea, vomiting and less success at weight loss.
- Your successful weight loss and maintenance after weight-loss surgery is closely linked to the changes that you commit to making before and after the surgery. The purpose of this handout is to help you to be well-prepared for surgery by understanding what your role is in this process.



Research indicates that having strong, positive relationships with family and friends can help support you when you decide to lose weight and improve your health.

After surgery checklist	✓
<p>I have picked up my medications from the hospital pharmacy:</p> <ul style="list-style-type: none"> • Tecta™ • Tylenol 3® • Tinzaparin/ Dalteparin 	
<p>I am sipping on small amounts of water every 10 minutes throughout the day.</p>	
<p>I am getting up and walking around at least once every hour while I am awake.</p>	
<p>I am adding protein powder to everything I am having, to help maintain my muscle mass as I lose weight and to help my body heal.</p>	
<p>I am drinking slowly, listening to my stomach, and stopping when I am full.</p>	
<p>I am food tracking each day because I know this will help me make sure I am getting enough nutrition.</p>	
<p>I will contact the Bariatric Clinic if I have any questions or concerns (250.370.8641).</p>	



Eating and drinking after surgery

Stage 1 Diet



CLEAR FLUIDS while in the hospital

On the first day after surgery, while in the hospital, you will receive these clear fluids:

- Water
- Jello
- Juice (no pulp)
- Decaffeinated coffee/tea
- Clear broth

If there is some food or liquid on your hospital tray other than what is listed above, do not eat or drink it!

TIPS

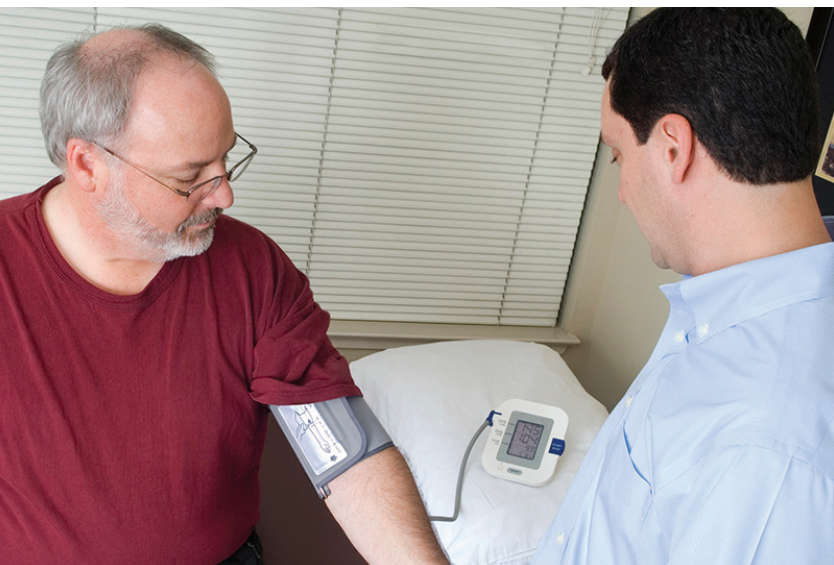
Drink 1 ounce (30 mL, or a medication cup-sized amount) of clear fluid every hour while you are awake. Stop if you feel pain or nausea.

Do not drink from a straw. You will swallow more air, which produces more gas and will make you feel uncomfortable.

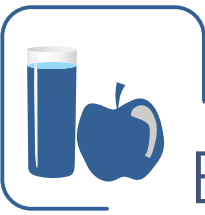




Going home after Surgery



Your likely length of hospital stay is 1-2 days. You may go home later, depending on your recovery.



Eating and drinking at home

Stage 2 Diet









FULL FLUIDS

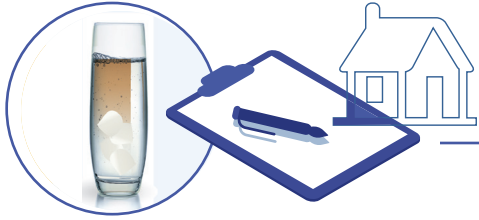
2 weeks once home from hospital

- Fluids should be the same consistency as water.
- Drink 6 small meals a day, each meal consisting of ¼- ½ cup of approved fluids.
- Take at least 30 minutes to finish each meal.
- Listen to your body and stop when you feel satisfied, ideally before you feel pain or nausea.
- Make a schedule for the day of all the medications, supplements, water, and high protein drinks you need to take.
- Sip on at least 4 cups of water or calorie-free fluids through the day in addition to the 6 small meals per day. Setting a timer every 10 minutes to remind you to take a sip can be helpful.
- Meal replacement drinks such as Premier Protein®, Glucerna®, Rumble or Diabetic BOOST® can be taken.
- Add whey protein powder to everything you are drinking to meet nutritional needs. This will help with healing and muscle maintenance, and will help lower the chances of hair loss.
- Monitor your intake; aim for 70 grams of protein and 600-1000 calories daily and 1 litre of water.



Sample menu for full fluid diet

 BREAKFAST	<p>¼ cup thin cream of wheat cooked with ¼ cup high-protein skim milk (with the added protein powder)</p> <p>¼ cup plain Greek yogurt</p>
morning Snack 	<p>⅓ cup Premier Protein® or Rumble® drink</p>
 LUNCH	<p>⅓ cup strained cream soup made with milk and blended with unsweetened whey protein powder</p> <p>2 Tbsp thinned unsweetened pureed fruit with no seeds</p>
afternoon Snack 	<p>⅓ cup plain Greek yogurt or kefir</p>
 DINNER	<p>½ cup strained cream soup made with milk and blended with unsweetened whey protein powder</p> <p>2 Tbsp low sodium vegetable juice</p>
evening Snack 	<p>⅓ cup meal replacement beverage</p>



Stage 2: Full fluids

weeks 1 and 2

Food Group	Choose	Avoid
Milk and Alternatives	<ul style="list-style-type: none"> • Skim, 1%, 2% or lactaid milk • Unsweetened soy beverage • Smooth, plain or low-sugar Greek or Icelandic yogurt • Fat-free low-sugar pudding (smooth, without fruit) • Strained cream soup made with milk • Skim milk powder added to allowed fluids • Unsweetened kefir • Unsweetened whey protein powder 	<ul style="list-style-type: none"> • Whole-fat milk and milk products • Sweetened or full-fat yogurt • Ice cream, ice milk, sherbet, milkshakes • All milk products that are not liquid (e.g., cheese) • Sweetened protein powder • Sweetened full fat puddings • Regular cream soups
Meats and Alternates	<ul style="list-style-type: none"> • Silken or soft tofu, blended in allowed fluids • Consommé, broth 	<ul style="list-style-type: none"> • All meat, fish, poultry • All beans and legumes • Firm tofu, nuts, seeds
Grain Products	<ul style="list-style-type: none"> • Thin plain oatmeal, oat bran cereal, cream of wheat/rice cereal (cook with milk for extra protein) 	<ul style="list-style-type: none"> • All bread • All cold cereals • All pasta and rice • Any grains not listed in the "Choose" section
Fruits and Vegetables	<ul style="list-style-type: none"> • Low sodium vegetable or tomato juice (up to ½ cup/day) • Thinned applesauce/pureed unsweetened fruit without seeds 	<ul style="list-style-type: none"> • All vegetables • All fruit not listed in "the choose" section • All seed-containing foods, (e.g., berries)
Other	<ul style="list-style-type: none"> • Water • Decaffeinated coffee/tea • Herbal tea • Unsweetened almond/ rice beverages • Non-carbonated sugar-free beverages (e.g., Crystal Light or MiO) 	<ul style="list-style-type: none"> • All caffeinated beverages • All carbonated (fizzy) beverages • All non-liquid foods • Sugar, honey, syrup

Stage 3 Diet









PUREED FOODS Weeks 3 and 4 after surgery

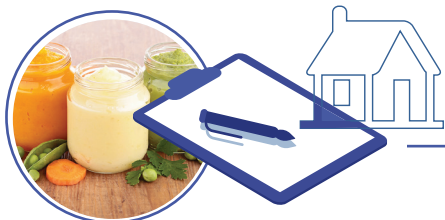
After you have followed the Stage 2 diet for 2 weeks, you will start the Stage 3 diet. This diet is made up of pureed food that is:

- The consistency of baby food.
- Protein-fortified.

To follow this diet:

- Use a blender or food processor to prepare pureed food (so it looks like baby food).
- Eat 6 small meals each day with $\frac{1}{2}$ - $\frac{3}{4}$ cup of food per meal.
- Take at least 30 minutes to eat each meal/snack.
- Stop eating when you feel full or if you have pain related to eating.
- Sip on 4-6 cups of water or calorie-free and caffeine-free fluids throughout the day.
- Monitor your intake: **aim for 70-120 grams protein and 800-1000 calories per day** (or as prescribed by your dietitian).

Sample menu for pureed diet	
 BREAKFAST	1 egg, poached soft $\frac{1}{4}$ cup oatmeal (made with milk and protein powder) 2-4 Tbsp. unsweetened applesauce
morning Snack 	$\frac{1}{2}$ cup cottage cheese 2 Tbsp. unsweetened pureed fruit
 LUNCH	$\frac{1}{2}$ cup pureed soup with protein powder $\frac{1}{4}$ cup pureed sweet potato
afternoon Snack 	$\frac{1}{2}$ cup homemade smoothie with milk/yogurt, protein powder & banana
 DINNER	$\frac{1}{2}$ cup pureed meat or fish 2 Tbsp. pureed vegetables 1 Tbsp. pureed squash
evening Snack 	$\frac{1}{2}$ cup sugar-free Greek yogurt



Stage 3: Pureed foods

weeks 3 and 4

Food Group	Choose	Avoid
Milk and Alternatives	<p>+ Same as full fluid diet, plus:</p> <ul style="list-style-type: none"> • Fat-free cottage/ricotta cheese, mashed • Plain or low-sugar Greek or Icelandic yogurt • 1% buttermilk • Low fat evaporated milk • 1% or fat-free sour cream 	<ul style="list-style-type: none"> • Whole-fat milk and milk products • Sweetened/full-fat yogurt • Ice cream, sherbet, milkshakes • Hard and full-fat cheese • Regular sour cream
Meats and Alternates	<p>+ Same as full fluid diet, plus:</p> <ul style="list-style-type: none"> • Pureed chicken, turkey, lean beef, or fish • Pureed legumes (beans, lentils) • Pureed or smooth tofu • Soft poached egg • Pureed vegetable protein 	<ul style="list-style-type: none"> • High-fat or processed meat • Minced or whole meats • Firm tofu, nuts, seeds
Grain Products and Starchy Foods	<p>+ Same as full fluid diet, plus:</p> <ul style="list-style-type: none"> • Mashed potato, sweet potato, and yam • Oatmeal and cream of wheat/rice 	<ul style="list-style-type: none"> • Pasta, rice, bread or muffins • Sweetened cereals
Fruits and Vegetables	<p>+ Same as full fluid diet, plus:</p> <ul style="list-style-type: none"> • Pureed cooked vegetables (carrots, green beans, parsnips, peas, cauliflower, squash, asparagus tips) • Pureed fruit (bananas, avocado, apples, mango) 	<ul style="list-style-type: none"> • All edible skins, membranes, seeds from fruits and vegetables • Sweetened canned fruit • Fruit juices • Dried fruits • Raw vegetables
Other	<p>+ Same as full fluid diet.</p>	<p>Same as full fluid diet.</p>




Stage 4 Diet

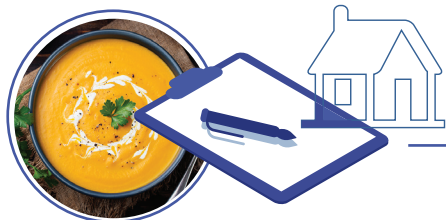


INTRODUCING SOFT SOLIDS TO YOUR DIET Weeks 5 to 8

- After you have been on the pureed diet for two weeks and are tolerating it well, you may transition to the **Stage 4 diet**. These foods are soft and easy to chew.
- Continue to choose small portions (no more than 1 cup, or less if you are feeling discomfort).
- Eat 3 small meals and 3 snacks every day.
- Chew 25-30 times per bite.
- Remember to drink an additional 6-8 cups of water or other calorie-free liquids throughout the day.
- Wait 15 minutes before and after your meals to drink liquids to not overfill your stomach.
- Monitor your intake: **aim for 70-120 grams of protein and 1000-1200 calories per day.**

Sample menu for pureed diet

 BREAKFAST	1 poached egg with ½ slice whole wheat toast ¼ cup pureed prunes
morning Snack 	½ cup plain Greek yogurt 2 Tbsp sliced banana
 LUNCH	½ cup soft ground chicken ¼ cup well-cooked vegetables
afternoon Snack 	½ cup cottage cheese 2 Tbsp unsweetened canned peach
 DINNER	¼ cup poached fish ¼ cup well-cooked vegetables 2 Tbsp mashed sweet potato
evening Snack 	½ cup oatmeal cooked in milk



Stage 4: Introducing soft solids to your diet

weeks 5 to 8

Food Group	Choose	Avoid
Milk and Alternatives	<p>+ Same as pureed diet, plus:</p> <ul style="list-style-type: none"> Hard cheeses 	<ul style="list-style-type: none"> Whole milk, whipping cream Coffee whitener, half-and-half Milkshakes Cheese spreads Yogurt containing seeds or dried fruit Cream and cheese sauces
Meats and Alternates	<p>+ Same as pureed diet, plus:</p> <ul style="list-style-type: none"> Soft/ground chicken, turkey, beef, pork Fish and seafood, cooked, or canned without added fat or oil Boiled, poached, and scrambled eggs Low-fat low-sodium luncheon meats Cooked/canned beans, peas, lentils Tofu and edamame Hummus Unsalted smooth nut butter 	<ul style="list-style-type: none"> Meat or fish that is battered or fried Meat that is not soft or ground Jerky Poultry skin and chicken wings Fried egg Bacon Sausages, smokies, wieners, pepperoni High-fat luncheon meats (e.g., bologna, salami)
Grain Products and Starchy Foods	<p>+ Same as pureed diet, plus:</p> <ul style="list-style-type: none"> Lightly toasted whole grain bread (easier to swallow) Unsweetened hot or cold cereals Rice (only if very well cooked/soft) Whole-grain pasta, well cooked Tortillas, naan bread, roti, other flat breads Unsweetened rice cakes High-fibre, low-fat crackers 	<ul style="list-style-type: none"> Breads and cereals containing coconut, nuts, seeds or dried fruit Muffins, Danishes, doughnuts and croissants French toast/pancakes/ waffles Granola/sweetened cereals Popcorn Perogies Rice or pasta cooked "al dente"
Fruits and Vegetables	<p>+ Same as pureed diet, plus:</p> <ul style="list-style-type: none"> Well-cooked or canned soft vegetables Soft fruit canned in juice, unsweetened Low-sodium low-sugar tomato sauce Plain spaghetti sauce Salsa Banana, avocado, seedless watermelon 	<ul style="list-style-type: none"> Seeds, skins, membranes Berries, grapes with seeds, rhubarb, pineapple Dried fruit Raw vegetables Battered and fried vegetables Tough or stringy cooked vegetables such as celery, cabbage, corn



Regular bariatric diet



Once you have followed the soft diet for a month and are tolerating most of the foods on this diet, you can slowly introduce small amounts of harder-to-digest foods such as raw vegetables, fruit, nuts/seeds (limit nuts and seeds to 1/3 cup per day, as they are high in calories), and meats that require more chewing.

Add one new food at a time and pay attention for signs of poor tolerance (stomach pain, nausea, vomiting, stomach cramps or excessive gas). If these occur, avoid the food for at least a week before trying it again.

Continue to keep your food journal and note any problem foods. You may increase meal size to **one cup total**, but monitor tolerance, and weigh yourself weekly to ensure your weight loss is on track.

Be sure you continue to track your protein and calorie intake. Lack of protein and calories can result in hair loss, muscle wasting, and poor healing. Taking in too many calories can result in slower weight loss or even weight gain.

Speak to your dietitian to determine appropriate calorie and protein goals to meet your long term nutritional needs.



Sample menu for regular bariatric diet

 BREAKFAST	2 egg omelet with vegetables and cheese
morning Snack 	$\frac{3}{4}$ cup plain Greek yogurt with added berries
 LUNCH	$\frac{1}{2}$ cup tuna packed in water, mixed with chopped celery, chopped onion, and 2 Tbsp. of plain Greek yogurt $\frac{1}{4}$ cup chopped vegetables $\frac{1}{2}$ slice multigrain toast
afternoon Snack 	$\frac{1}{2}$ cup cottage cheese or a 30g. (1 oz.) slice of cheese
 DINNER	3 oz. baked skinless chicken $\frac{1}{4}$ cup mashed squash $\frac{1}{4}$ cup cooked vegetables
evening Snack 	$\frac{1}{4}$ cup almonds with 1 apple



Post Bariatric Surgery Diet Guidelines

Research indicates that having strong, positive relationships with family and friends can help support you when you decide to lose weight and improve your health.



Choose high-protein and low-sugar foods

- In order to meet your needs during the first 4 weeks after surgery, you will need to buy and use an unsweetened, unflavoured whey protein powder.
- Unflavoured protein powder can be mixed into milk, strained soups, thinned oatmeal, and yogurt.
- Choose lean protein first, then vegetables/fruit, and a small serving of whole grains, if you are able.

3 meals and 3 small snacks

- Your new stomach has a very small capacity. Initially after surgery you will only be able to take 2 tbsps.-1/3 cup. Eventually you will be able to take ¾-1 cup at once (depending on what you are having).
- In order to meet your nutritional requirements in this small a capacity you need 6 small meals each day.

Sip fluids throughout the day

- Aim for 6-8 cups (1.5-2 L) water daily.
- Do not drink large quantities of fluids around meal times as it can cause your food to move through you more quickly and will fill you up too much to have room for protein rich foods.
- Wait 15 minutes before and after each meal to have fluids.
- If you have had Roux-En-Y Gastric Bypass, do not mix fluids and food; this can cause nausea, vomiting and dumping syndrome. Wait at least 30 minutes before and after meals to drink liquids.
 - Dumping syndrome is characterized by sweating, rapid heartbeat, low blood sugar and diarrhea. Dumping syndrome can also be caused by eating high-sugar foods.



Eat slowly and chew thoroughly

- Each meal should take around 30 minutes.
- Chew 25-30 times per bite.
- Try using small utensils and side plates.
- Put your fork/spoon down after each bite to slow down eating.

Track calories and protein you are consuming so you can adjust your food choices accordingly, to help meet your nutritional needs.

- Continue food tracking every day with MyFitnessPal, Baritastic or Lose It! You need to get enough calories and protein to ensure you are not at risk of becoming malnourished or losing muscle mass.
- Research consistently shows that people lose more weight and, more importantly, maintain that weight loss long-term, when food journaling.



Avoid juice and sweetened drinks.

- Juice and sweetened drinks provide a lot of empty calories.

Avoid caffeine for at least one month after surgery.

- Caffeine can irritate the new stomach and increase risk of dehydration.

Avoid carbonated (fizzy) beverages.

- Carbonated (fizzy) beverages are not recommended lifelong after surgery. Carbonation can cause pain, excess weight gain and over the long term can actually stretch out your pouch. Never re-introduce carbonated drinks into your diet.

Do not drink alcohol for at least one year following surgery.

- There is an increased risk of alcoholism following bariatric surgery, so drink responsibly.









Vitamin and mineral supplements after surgery

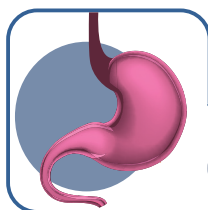
After bariatric surgery, you must take the recommended supplements forever. The supplements will help make sure your body gets enough nutrients, now that your diet and how your body digests food have changed.

For the first 4 weeks after surgery, your nutritional supplements can be cut into quarters and taken with yogurt to help you swallow them. Speak to your nurse or pharmacist about your medications to determine which ones can be cut or crushed and which ones must be taken whole.



Guide to how to use your vitamin and mineral supplements

Supplement	Daily Dosage	Schedule	
Vitamin B12 (sublingual or tablet)	500 mcg	Breakfast	
Calcium citrate <ul style="list-style-type: none"> • Kirkland™ Signature Calcium Plus with Vitamin D3 & minerals • Jamieson Mega Cal™ Calcium Mini-Tab • Equate Calcium Citrate + D 	500-600 mg twice daily	1 at breakfast and 1 at lunch (do not take both at the same time; your body can only absorb so much at once)	 
Vitamin D3 (drops, chewable, or tablets)	2000 IU	Lunch or dinner	
Prenatal Multivitamin and Mineral with iron <ul style="list-style-type: none"> • Centrum® prenatal multivitamin/mineral • Kirkland™ Prenatal multivitamin 	1	Bedtime	
Iron <ul style="list-style-type: none"> • May be required for women of child-bearing age with a history of iron deficiency 	Speak with RD	Bedtime	



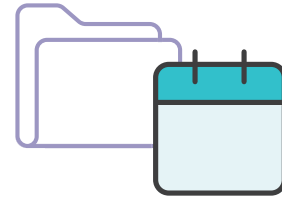
Common problems and concerns following bariatric surgery

The following is a list of common Bariatric surgery side effects/symptoms; your health care team will work with you to help manage them.

- Nausea and vomiting
- Dehydration
- Constipation
- Gas and bloating
- Food getting “stuck”
- Lack of appetite
- Low blood sugars
- Increased risk of stomach ulcers
- Temporary hair thinning
- Food intolerances or aversions, often only temporarily
- Depression, due to inability to eat for comfort/stress
- Vitamin and mineral deficiencies
- GERD (Gastro-esophageal reflux, also known as acid reflux), if you had *Sleeve Gastrectomy* bariatric surgery
- Dumping syndrome, if you had *Roux-En-Y Gastric Bypass* bariatric surgery



Health concerns



Support after your surgery

It is very important to attend all of your post-surgery follow-up appointments with the Dietitian and other health care providers; follow-up at 1, 3, 6, 9, 12 and 18 months is recommended.

Research shows that follow-up is very important to a successful long term outcome (i.e., losing weight AND keeping it off).

Call (250) 370-8641 to arrange your follow-up appointment with the dietitian or if you have concerns or questions.

Your health care team is here to help you and can offer advice and support in the weeks, months and years after your surgery.

Attending behaviour change classes (i.e., Craving Change, Changeways, and Weight Wise) and weight-loss surgery support groups is recommended to keep you on track. Ask at your local health unit or hospital about classes offered there.

Who to Contact:

Call 911 if you have:

- Chest discomfort with sweating, nausea, faintness or shortness of breath.
- Shortness of breath that gets worse and is not relieved by resting.
- Fainting spells.
- Bright red blood in stool or urine, or when you cough.
- Sudden problems with speaking, walking or coordination.
- Significant bleeding from your incisions.
- Very severe abdominal pain that does not go away (especially with a fever).

Who to Contact:

Call your Surgeon if you have:

- Severe abdominal pain and generally feeling unwell.
- Bleeding from your anus.
- Persistent nausea or vomiting.
- Persistent diarrhea or constipation.
- Bleeding (enough to soak through a tissue).
- Drainage from your incision that is persistent or changes in appearance or colour (i.e., yellow or green).
- Increased tenderness, redness or warmth around the surgery site.
- Irritation or blisters from your dressing or tape.
- Pain that is not relieved by your medication.
- A fever spike (greater than or equal to 39° Celsius/102.2° Fahrenheit) with or without shakes and body chills.
- A high-grade fever (38.5° Celsius/101.3° degrees Fahrenheit and over) for 2 days or more.
- Your calves (lower portion of your legs) become swollen and painful.

If you cannot reach your surgeon:

- Call your family doctor, or
- Go to a walk-in medical clinic, or
- If it is after clinic hours, go to a hospital emergency department.

For non-emergency health information and services:

- Contact HealthLinkBC – a free-of-charge health information and advice phone line available in British Columbia.



HealthLinkBC

- phone: *8.1.1 from anywhere in BC.*
7.1.1 for deaf and hearing-impaired assistance (TTY)
- email: www.healthlinkbc.ca
Translation services are available in over 130 languages.



Compliments and concerns

Quality care is important to all of us. You have the right to give feedback about your care and know you will be treated fairly. Your feedback gives us an opportunity to improve the care and services we provide.

If you have a compliment, complaint or concern, you can speak directly to the person providing your care, or you may contact the **Patient Care Quality Office**.

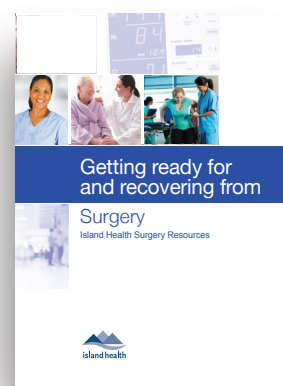
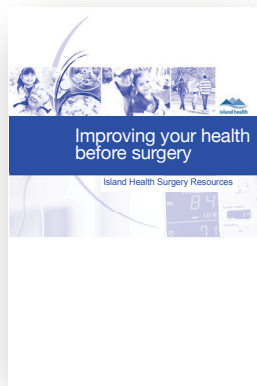


Patient Care Quality Office
Royal Jubilee Hospital
1952 Bay Street Victoria, BC V8R 1J8
Memorial Pavilion, Watson Wing, Rm 315
Toll-free: 1.877.977.5797 / Greater Victoria: 250.370.8323
patientcarequalityoffice@viha.ca
www.viha.ca/patientcarequalityoffice

Resources



Other Island Health surgery resources you might find helpful:



Island Health Surgery Resources

www.islandhealth.ca/learn-about-health/surgery

Tell us what you think!

After reading this booklet please respond to the following statements. Your answers and comments will help us improve the information.

Circle one number for each statement:



strongly
disagree

strongly
agree

I read all of the information provided.

1 2 3 4 5



Comments

The information is easy to read.

1 2 3 4 5



Comments

The information is easy to understand.

1 2 3 4 5



Comments

Reading this information helped me
prepare for and recover from my surgery.

1 2 3 4 5



Comments

The information answered my questions.

1 2 3 4 5



Comments

I would recommend this information to
other patients.

1 2 3 4 5



Comments

I prefer to have this information in:

_____ A book just like this one

_____ Separate handouts on each topic that I need

Comments

I would have liked MORE information about:

I would have liked LESS information about:

What changes would you make in this booklet to make it better?

I am: ___ a patient ___ a family member

Thank you!

Please mail this evaluation form to:

Bariatric Clinic

HW 122, Memorial Pavillion

1952 Bay Street

Victoria, BC V8R 1J8

