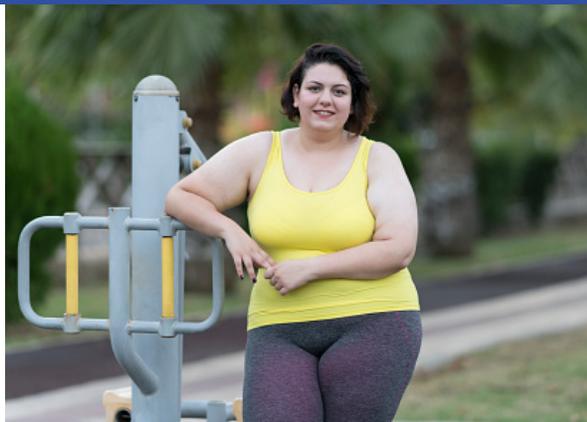




Orientation Class Booklet

Bariatric Surgery



Island Health Bariatric Program

Island Health Surgery Resources



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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

1

About Bariatric Surgery

What is Bariatric Surgery?

Bariatric surgery, also known as weight-loss surgery, is a treatment for obesity. People decide to have bariatric surgery because losing excess weight can reduce the risk of weight-related health problems such as heart disease, high blood pressure, severe sleep apnea, Type 2 diabetes and stroke.

Not everyone who is seen by the Bariatric Program team will be approved for bariatric surgery, and some people will decide the surgery is not for them.

Types of Bariatric Surgery

There are 2 types of Bariatric surgery at Island Health:

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

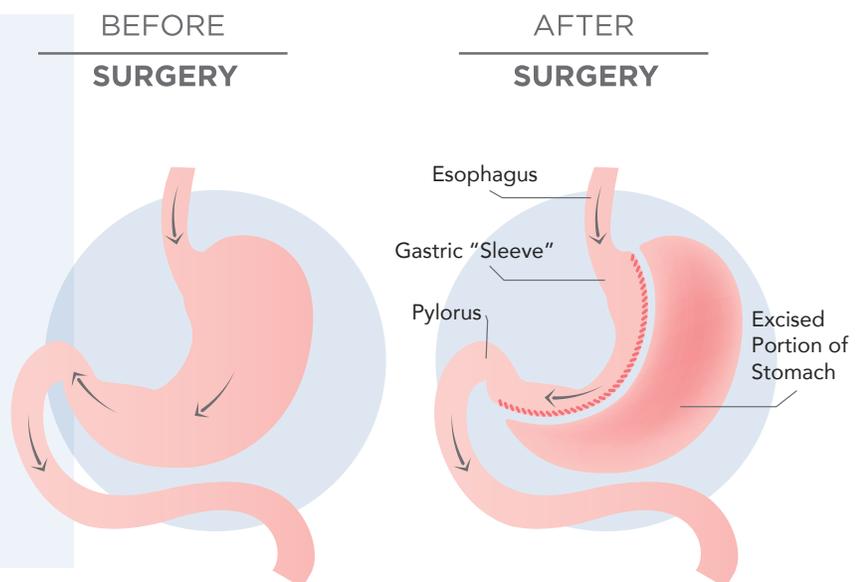
You and your surgeon will decide which type is right for you.

Laparoscopic Sleeve Gastrectomy

This is the most common type of Bariatric surgery.

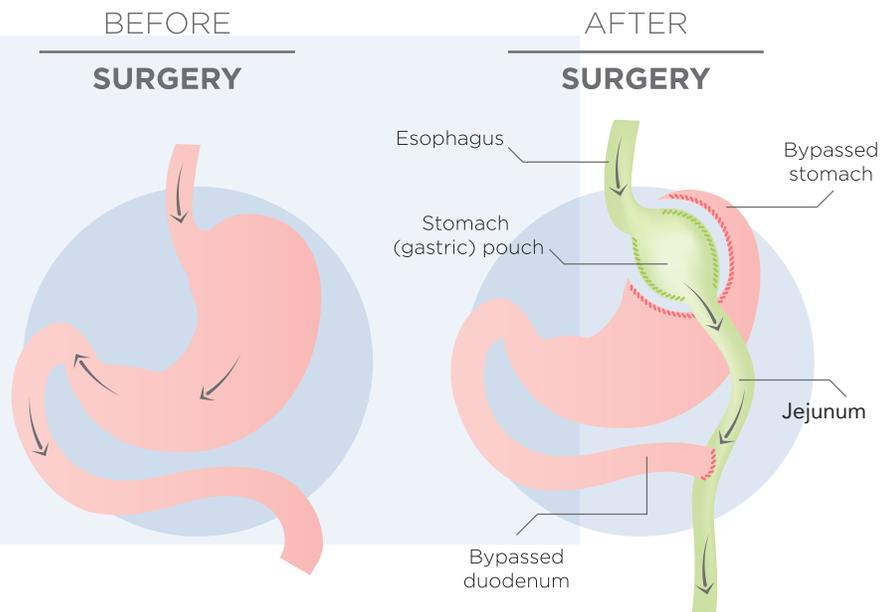
After surgery your stomach will be the shape of a banana and will hold about 250ml (1cup) of food or drink.

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



Laparoscopic Roux-En-Y Gastric Bypass

After this type of Bariatric surgery your stomach will be the size of an egg and will only be able to hold a small amount of food. The amount of food and nutrients that your stomach will be able to absorb will be much less too, due to the bypass of the first part of the small intestine.



Preparing for your appointments

Once you have decided to have bariatric surgery, you will have appointments with a number of different specialists. Some of the specialists are part of the Bariatric Program team, while others are not.



What kind of support will I receive leading up to surgery?

Your health care team is made up of a Medical Internist, a Registered Dietitian (RD), a Nurse, and a Social Worker from the Bariatrics Program. You may meet with other team members, such as a Psychiatrist, a Respirologist, and/or an Endocrinologist. Together, these people will work with you and assess your readiness for surgery.

You will meet with the Surgeon once you are medically fit for bariatric surgery.

Your health care team should be seen as a support network. They are there to help you through the ups and downs of this process, to troubleshoot the challenges with you, and, most importantly, help you achieve your health and weight loss goals.

Getting approved for Bariatric surgery

- **The Internist (Physician)** will determine when you are medically fit for surgery and refer you to the surgeon at that time. **The Internist** makes sure that any medical issues you have are stable, and that you are physically fit for surgery.
- **The Dietitian** works with you to make the needed diet and lifestyle changes to be successful after surgery. These changes can be found on the bariatric nutrition checklist (on page 23 of this booklet).



Missed appointments

If you cannot come to an appointment for any reason, we require at least **24 hours notice**. There are a lot of people on our waitlist who also need our services. As well, your commitment to attending regularly-scheduled appointments is critical to your success.



If you miss 2 appointments without giving us at least 24 hours notice, you will be removed from the program. You will then need to get a new referral from your family doctor so you can be put on our waitlist again if you decide that you still want surgery. This is agreed on in the Program Contract you signed.

What can I do to help prepare myself for my visit with the Medical Internist?

- ✓ Bring a complete list of all of the medications you are currently taking.
- ✓ Complete the blood work you were given at orientation, within 2 weeks.
- ✓ Quit smoking and drinking alcohol (you must be smoke-free for 6 months and alcohol-free for 3 months before we will approve you for bariatric surgery).
- ✓ If you have OSA and use a CPAP machine, use your CPAP regularly and provide compliance data from your CPAP machine.
- ✓ Stop using NSAIDS (non-steroidal anti-inflammatory medications) such as Ibuprofen, (Advil®, Motrin®), Aleve®, Naprosyn, Naproxen, and Aspirin® (ASA). These drugs can increase the risk of ulcers and bleeding after surgery.
 - If chronic pain is an issue, please ask your health care team about other options.
- ✓ Take your medications as prescribed by your doctor/pharmacist and any vitamins/minerals recommended by the Dietitian.
- ✓ Ensure you are recreational-drug free (including marijuana).
 - If you are using medical marijuana, please speak with your internist at the clinic.

Obstructive Sleep Apnea (OSA)

All patients wishing to have bariatric surgery must be screened for OSA. This test will be arranged by your health care team. Most patients will have a simple overnight screening test done using a machine in their own homes. About 55-90% of people with obesity have some form of OSA.



What is Obstructive Sleep Apnea?

Obstructive Sleep Apnea (OSA) is a serious breathing disorder that happens when you sleep. People with OSA stop breathing, sometimes frequently, during the night.

Even if you do not actually wake up during in the night, you may wake up in the morning feeling tired and with a headache and dry throat.

Because of the lack of sleep, you may be sleepy during the day. This can put you at risk for injury (such as when driving or when operating heavy machinery).

How is OSA caused?

For those with obesity, OSA can be caused by extra fat tissue, which can make your throat or upper airway narrower. This results in less air flowing when you are asleep.

Why is it important to know if I have OSA?

Diagnosing and treating OSA for patients who are going to have bariatric surgery will reduce risks from surgery and will lower the risks of complications after surgery.

If you have OSA and it is not treated, your weight loss after surgery can be affected. It can also lead to long term problems such as high blood pressure, heart attack, heart failure, diabetes, weight gain, depression, and stroke.

To learn more about OSA and treatment, talk to your family doctor, or the team at the Bariatric Clinic.

What is the treatment if I am diagnosed with OSA?

If you have OSA, the best treatment is usually a CPAP (Continuous Positive Airway Pressure) machine. You wear this machine when you sleep; it helps keep your airway open, which helps prevent snoring and the decrease in airflow and oxygen.

What if I am already on CPAP?

If you are already on a CPAP, or if you have just been diagnosed with OSA and need a CPAP, a CPAP compliance record is required.

The Sleep Study Clinic will contact you to ask you for the microchip from the CPAP machine. They will then send the report to the Bariatric team.

Compliance records show how many hours you used the CPAP per night, and the days that the machine is being used. This information shows that the machine is being worn often enough and is working properly for you.

Will I have to use my CPAP after surgery? For how long?

Keep using your CPAP until your health care team tells you it is safe to stop.

As you lose weight after surgery, the doctor at the Bariatric Clinic will order a follow-up sleep study. They do this to see if there are improvements in your OSA, which may result in changes to your CPAP machine. Another sleep study will be performed 12-18 months after surgery to see if the condition has improved.



2

Nutrition

Bariatric surgery requires major changes in how, when and what you eat.

Keeping a food diary, measuring portion sizes, and taking supplements are all critical to the success of this surgery. Bloodwork will be done 6 months after surgery to make sure that you are absorbing nutrients well and do not need more supplementation.



Knowing what to expect and slowly changing your behaviours related to food and eating habits before surgery can help make your new way of life after surgery easier. Amount of food (portion sizes), types of food, and when and how often you eat and drink are only a few things that will change after surgery.

During your first appointment and every 3 months until you have your surgery, you will meet individually with a Registered Dietitian (RD). Together, you will work on diet and lifestyle changes to prepare you for surgery. This will include creating a maintainable personalized plan, while including the changes that need to be made from a surgical standpoint.

After surgery, you will continue to meet with the RD every 3 months. They will help make sure that you are meeting your nutritional needs, that any symptoms you have are well managed, and that you are losing weight at a healthy rate.

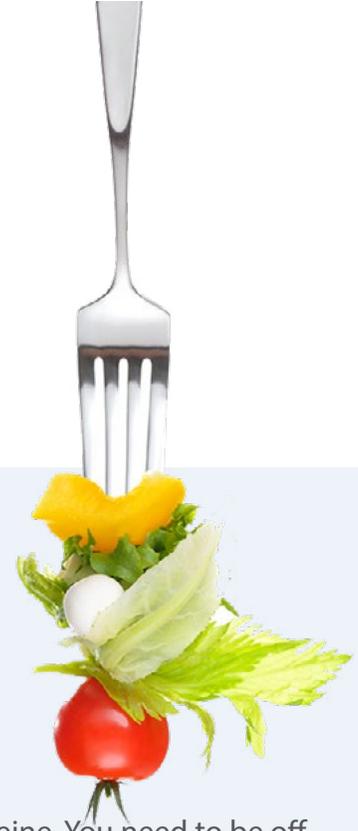
What to do before your first visit with your Registered Dietitian

Bariatric surgery will change everything in relation to food for the rest of your life. Therefore, before surgery, it is important to examine all of your eating habits. This includes what you eat, when you eat, how much you eat, and why you eat. Working towards a healthy, balanced diet is important before surgery so you make changes to your diet. This will make an easier transition to your new lifestyle after surgery.

Before your first appointment, start reading labels, keep a food diary, and become familiar with areas where you struggle in terms of eating and think of how you can address those struggles. Everyone has an area that can be “tweaked” to help them improve their health going into surgery and to help them successfully lose weight and maintain the weight loss following the surgery.

Lifestyle changes you can start working on now:

- Keep a food diary. Science shows us that those who self-monitor lose more weight and keep it off longer than those who don't.
 - Reduce portion sizes. Use small plates and utensils to help you with portion size.
 - Take small bites. Chew each bite 20-30 times.
 - Avoid eating until you are “stuffed.” Stop eating when you feel satisfied; this will help you avoid pain related to eating too much food or not chewing enough.
 - Separate solid food and liquid. Sip fluids throughout the day instead of in large quantities with meals. After surgery you will not be able to eat and drink at the same time due to your smaller sized stomach. Carry water with you at all times to help avoid dehydration.
 - Start looking closely at protein and carbohydrates when label reading. Eating enough protein is an especially important part of healing and maintaining muscle mass after surgery. Decreasing simple carbohydrates may be helpful for some patients, especially those with insulin resistance. Talk to your health care team.
- Cut back on caffeine. You need to be off caffeine for 1 month before and 1 month after your surgery.
 - Stop drinking carbonated (fizzy) drinks. You will never be able to have these again after surgery.
 - Keep the house a safe zone! Do not allow “tempting” foods into your cupboards. Instead, keep treats out of the house and reserve them for special occasions.
 - Avoid thinking “I’m never going to eat this or that after surgery.” Over-eating before surgery can cause weight gain, which means you are not a candidate for surgery.
 - Sit at your kitchen table, away from any distractions (work, TV, phone, internet) when you are eating. Distracted eating results in larger portion sizes, eating quickly, and less awareness of fullness feelings.
 - Do at least 30 minutes a day of exercise sustained activity, including walking.



Keeping a food diary

To change life-long habits around food and food behaviours, we need to be very aware of what we are actually eating. This is especially important when are stressed or busy.



Why is it important to track your food intake?

Science shows that keeping a food diary is an important weight-loss and long-term weight maintenance tool.

Studies show that keeping a food journal and practicing mindful eating are highly correlated with decreasing the risk of gaining weight. What we think we are doing, what we are actually doing, and what we should be doing are 3 different things; keeping a food diary is our best way of figuring it out.

A food diary should put the focus on what you are doing now and where you need to make changes. It is a template for awareness and change. It can also be a great tool for learning and understanding what we are doing well.

Committing to keeping a food diary, regardless of changes to our food choices, is part of the behavioural change process. We can feel success even in one small change. When we feel success, then we think more positively and this motivates us to keep going.

How do I get started?

Electronic food journals

Electronic food journals (such as phone apps or online programs) are ideal; they provide the most detail and immediate feedback on calories and macronutrients (carbohydrates, proteins and fats).

The Bariatric team can give you tip sheets on how to use the electronic food journals.

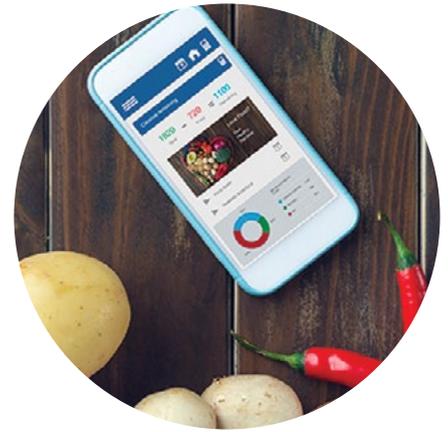


Commonly used phone apps or online food trackers:

www.myfitnesspal.com (please ask a member of the Bariatric team for an information sheet about MyFitnessPal and videos on YouTube that explain how to use it).

www.baritastic.com

www.loseit.com



If you are not comfortable using electronics, you can keep track with pen and paper (see Appendix A: Sample Blank Written Food Journal). If you'd like sample sheets on how to track your food, please speak with the Registered Dietitian.



Important things to remember when food tracking:

- Be as detailed as possible. For example:



For a sandwich:

What kind of bread did you use? How much meat was on it? Were there any vegetables? Did you use any sauces such as mayonnaise or mustard?



Yoghurt:

What kind did you have? Was it regular or Greek? Was it a 0% or 10% fat content? Was it plain or flavoured?



- Include serving sizes. You may need to measure or weigh your food at first to get familiar with serving sizes.

- If you decide to track your eating with pen and paper, you will need to read nutrition labels and determine the calorie and protein content of the foods you are eating so you can add up your daily totals.



3

Get Support!

Taking care of your mental, emotional, and social health needs will help your overall health and wellbeing over the long-term.

Stress, anxiety and depression are common when living with chronic health conditions, and there are many things that contribute to emotional eating.

You can help take care of yourself through counselling, joining a support group, or reading self-help books.



Support groups:

As well as the Bariatric team, there are many good resources and support groups available to you. We also suggest that you look into local programs to learn the skills, and get the ongoing support, to work on these changes at home, such as:

- **Craving Change™:** a cognitive-behavioural program that helps people change their eating.
- **In Person:** Overeaters Anonymous, TOPS, Weight Watchers.
- **Online:** obesitycanada.ca
- **Facebook:** "Victoria Bariatrics," and "BC Bariatric Recipes and Support"
- **Peer Mentors:** The Bariatric team can put you in touch with a Peer Mentor who has been successful through the program.
- **Support groups:** Bariatric surgery support groups.
- **Outpatient Dietitian:** Get in touch with your local outpatient Dietitian. Most communities have a Registered Dietitian for individual or group education and weight loss support.
- **Grocery store tours:** Ask your grocery store Customer Service desk if they have a Dietitian on staff who gives grocery store tours.
- **Bariatric team:** To contact a member of the Bariatric team, please call the general program number: 250-370-8641 (Victoria, BC).



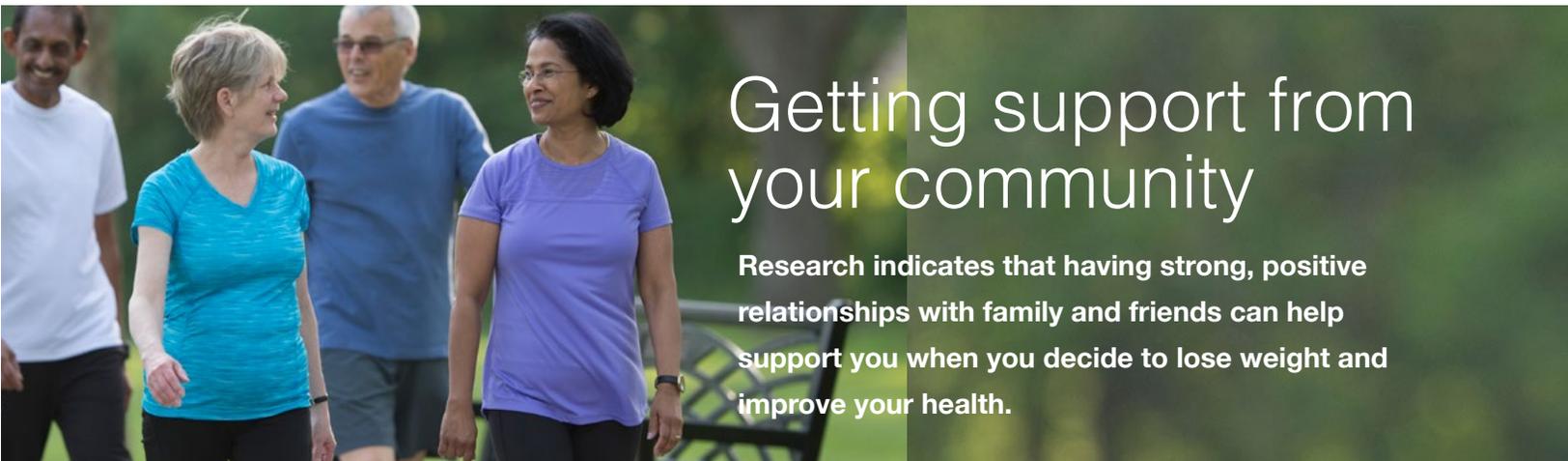
Recommended reading:

The Complete Weight-Loss Surgery Guide and Diet Program by Sue Ekserci, RD



Get active:

- Physical Activity Services at HealthLink BC at <https://www.healthlinkbc.ca/physical-activity-services> or by dialing “8-1-1” and asking for the Physical Activity Line – for ideas to help you get more active no matter your physical limitations.



Getting support from your community

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.

Make your needs known

Changing behaviours that help you lose weight is a challenge. Many strategies are needed to reach and maintain your weight loss goal. Surgery is one step towards losing weight. The other important steps are changing your eating habits and incorporating exercise into your life. Many people look to their families and friends for support in reaching their goals.

How family and friends can help

It is important that you speak to your friends and family about how they can support you during this time.

- Your support network can learn about obesity and weight loss with you. It is helpful for family and friends to understand that obesity is often related to psychological, emotional and physical issues – it is never someone’s plan to become overweight.
- Ask family members to incorporate healthy food choices and smaller portions at meal times. Families who encourage healthy eating enjoy the benefits of maintaining a healthy weight, and supports positive change.

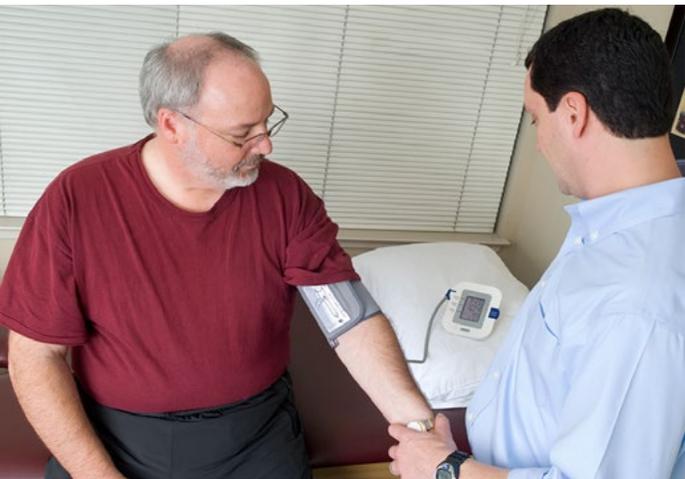
- Ask your family and friends to plan or participate in regular physical activities. Getting together with friends to walk, bike or swim makes exercise enjoyable, improves mental health and encourages you to keep up with your routine.
- Communication is important. While it can be difficult, try to be honest and open about how you feel, and try to express yourself as clearly as possible. Talking to family and friends about how you're doing will help make sure you are getting support that works.

Resources Provided by Your Social Worker

Our clinic Social Worker is available to meet with patients who need extra support.

The Social Worker will discuss your support system, mental health history, substance use history, financial situation and eating patterns, to help meet lifestyle changes needed for surgery. Some patients find it helpful to discuss stressors and reactions that may occur before, during and after surgery, and to explore possible coping techniques.

The Social Worker can provide supportive counselling in person or over the phone. Referrals to community resources, government agencies, support groups and/or mental health professionals can be made as needed.



Support after your surgery

Research shows that follow-up after surgery is very important to losing weight and keeping it off.

It is therefore very important to attend all of your post-surgery follow-up appointments with the Dietitian and other health care providers.

Follow-up appointments should take place every 3 months after surgery, starting 1 month after surgery. For example: at 1, 3, 6, 9, 12, 15, 18, and 24 months after surgery.

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



Mental Health, Cross-Addiction and Bariatric Surgery

Research shows that food can be an addiction; it affects the same areas of the brain as drugs and alcohol.

How does my mental health relate to bariatric surgery?

Many patients believe that once they have bariatric surgery they will not have the emotional connection with food that they once did, and that they will not have the urge to eat like they did before surgery.

Unfortunately for many patients this is not their experience. Understanding this before undergoing surgery is critical to your health and well-being after surgery.

What is cross-addiction?

Bariatric surgery works only on the stomach to help patients address their battles with weight. The surgery does not work on the brain to address any of the other areas of stress that may have contributed to emotional eating and weight gain leading up to surgery. Therefore, unresolved issues related to trauma, abuse, neglect and other stressful situations need to be addressed before surgery.

Taking away the ability to comfort using food can put patients at high-risk for cross addiction. If mental health issues that caused patients to turn to food are not addressed before surgery, it is common for patients to turn to other addictive substances or behaviours such as drugs, alcohol, gambling or sex to help them cope with their stress and emotions after surgery.

Where can I get mental health support?

Your health care team is dedicated to your physical, emotional and mental health during this process.

Reducing your risk for cross addiction is critical to the success of this surgery. Patients who spend time addressing their emotional and mental health are most successful with long term weight loss and maintenance.

Please talk with your health care team if you have any concerns about your mental health during this process, or ask to speak with the clinic Social Worker. They can provide you with many resources to help you.

4

Before and After your surgery

BEFORE your surgery

For 3 weeks before your surgery, you are required to follow a low-calorie, high-protein liquid diet.



Following a low-calorie, high-protein liquid diet will help shrink your liver and promote weight loss. If your liver is too large your surgery may be postponed because a large liver can interfere with the surgery.

If you are on insulin

Because this diet is lower in calories and carbohydrates, you may need to adjust your diabetes medications, if you are on insulin. Talk to your endocrinologist, family doctor or the Bariatric Program Medical Internist for more information.

You will learn more about this diet from the Registered Dietitian once you have been sent to the surgeon.



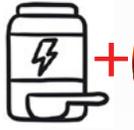
AFTER your surgery

After your surgery, you will start with only liquids, and over the next few weeks, move to regular foods.



WEEKS 1 AND 2 LIQUIDS (Full Fluids)

- Consistency of water.
- Protein-fortified.



WEEKS 3 AND 4 PUREED DIET

- Consistency of baby food.
- Protein-fortified.



WEEKS 5 AND 8 SOFT DIET

- Soft, easy-to-chew foods



ONGOING: BARIATRIC DIET

- Protein first, vegetables and fruits second, with small servings of whole grains if enough room.
- No carbonated (fizzy) or sweetened beverages.



Vitamin and Mineral Supplements after Surgery

Before your bariatric surgery, the Registered Dietitian will give you a list of supplements. The supplements will help make sure your body gets enough nutrients, now that your diet and how your body digests food have changed. You will need to take the supplements **forever**.



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.
- Food intolerances or aversions.
- Depression, due to inability to eat for comfort/stress.
- Vitamin and mineral deficiencies.
- Temporary hair thinning due to protein malnutrition.
- If you had *Sleeve Gastrectomy* bariatric surgery, you may get GERD (Gastro-esophageal reflux), also known as acid reflux.
- If you had *Roux-En-Y Gastric Bypass* bariatric surgery, you may get Dumping syndrome (when food, especially sugar, moves from your stomach into your small bowel too quickly).

Frequently asked questions:

How much weight will I lose?

Weight loss will be different for each patient. Healthy weight loss is 1 to 2 pounds (0.5 to 1kg) per week; you can expect to lose about 40% of excess weight after surgery (regardless of the type of Bariatric surgery you have).

It is normal to have some weight regain once you reach your lowest weight following surgery. For most patients, their weight will stabilize approximately 10% higher than their lowest post-surgery weight.



How fast will I lose weight?

Weight loss usually continues 12 to 18 months after surgery. It is important to note that losing weight too quickly can put you at risk for muscle loss, hair loss, and nutritional deficiencies.

During the first 18 months after surgery, many patients express concern when they do not see their weight decreasing for a few weeks in a row. Keep in mind that your body must adjust to its "new normal." Keep tracking your intake and follow your exercise and nutritional guidelines during these times. Do not make any drastic changes to your diet or revert back to a full liquid diet. If you are having concerns, speak with the Dietitian.



Is weight loss permanent?

Bariatric surgery is a life-changing tool for patients when it comes to weight loss. Studies have shown that approximately 30% of patients, or 1 in 3 patients, will regain weight.

It is important to remember that without longstanding lifestyle changes weight loss may not remain permanent. However, when longstanding lifestyle changes are maintained, including both healthy eating and exercise on a regular basis, weight loss can be maintained.



How long is the recovery following surgery?

Recovery varies from patient to patient, but is usually fairly quick. Most patients will be in hospital for 1 to 2 days after surgery.

Within 1 day after surgery, it is important to start low impact exercise, such as short walks, to encourage healing and to help prevent blood clots or pneumonia from developing.

Do not lift objects greater than 10 pounds for at least 6 weeks after surgery, to allow your incision(s) to heal.

When can I return to work?

When you return to work depends on the type of work you do. People who work desk jobs are usually able to return to work after 2 weeks; people whose jobs require physical labour or professional driving need to take 4-6 weeks off.



Post-bariatric body contouring (PBBC)/ plastic surgery

After Bariatric surgery, some patients decide to have Post Bariatric Body Contouring (PBBC), or plastic surgery. This surgery is done to remove excess skin.



PBBC surgery changes the physical appearance and improves function and/or physical movement. You might decide to have this surgery for either cosmetic reasons or functional reasons (if the excess skin makes physical activity difficult).

The decision to have PBBC surgery is deeply personal; not all patients who lose weight wish to have plastic surgery following their weight loss.

What are the most common types of body contouring procedures for bariatric patients?

The most common body contouring procedures for bariatric surgery patients are the tummy tuck (abdominoplasty), circumferential body lift, breast lift (mastopexy), arm lift (brachioplasty) and thigh lift.

These are major surgeries, so the decision to have body contouring should not be taken lightly. They can have a big impact on your life, including a lot of time off work in some cases, and limited physical activity during recovery. During recovery you may need to depend on friends and family to help with daily activities and housework.

How soon after bariatric surgery can I have this surgery?

Before you can have PBBC surgery you need to be approved by the Surgeon. If you are approved, you may have PBBC surgery at least 18-24 months after your bariatric surgery. This is because you are still losing weight for 12-18 months after bariatric surgery, and then we need to wait up to 6 months for your weight to stabilize.

An extensive workup will need to be done to ensure that you are a good candidate and meet criteria for surgery. The Surgeon will complete a physical exam, review your health history to identify any risk factors for surgery, and order any necessary health investigations. They will discuss your hopes and give you education about the procedure.

At this time, expectations about the results of the procedure and details of recovery should be discussed as well. If the surgery is being done privately, a quote or estimate of fees should also be provided at this point.

Is the cost of body contouring surgery covered by the Medical Services Plan?

Certain surgeries will be covered by MSP but only if deemed medically necessary by a physician. The price of the surgery will vary from patient to patient depending on the complexity of the surgery required.



Bariatric surgery nutrition checklist

Use this checklist to stay on track before and after surgery.



REQUIREMENTS	<input checked="" type="checkbox"/>
I track my eating and drinking every day.	
I do not drink any fruit juice, pop, or other sweetened or carbonated (fizzy) drinks.	
I have protein with every meal, and meet the daily protein goals the Registered Dietitian has given me.	
I include vegetables and fruit every day, as part of my daily diet.	
I limit the amount of fast food, processed food and desserts I have.	
I do not skip meals.	
I do not eat when I am distracted (I do not eat when watching TV or playing on my phone).	
I get regular physical activity (such as walking, water aerobics, going to the gym, doing yoga, etc.)	
I take the medications and supplements my Bariatric team has told me I need to take.	
I am alcohol-free (for 3 months before being approved for surgery date).	
I am smoke- and recreational drug-free (for 6 months before being approved for surgery).	
I am on track for losing weight so my BMI is below 60 before my surgery date.	

	 BREAKFAST	 snack	 LUNCH	 snack	 DINNER
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

DATE: _____

	 BREAKFAST	 snack	 LUNCH	 snack	 DINNER
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

DATE: _____

