

LE **CISS** DES LAURENTIDES  
complice de votre santé

# YOUR BARIATRIC SURGERY



This booklet was developed by the Enhanced Recovery After Surgery (ERAS®) committee of the Centre intégré de santé et de services sociaux (CISSS) des Laurentides in collaboration with the Nursing Department, the Professional Services Department, the orthopedists, the anesthesiologists, and the Multidisciplinary Department as well as a patient partner.

It is provided to every patient undergoing a bariatric surgery.

With special thanks to the Institut universitaire de cardiologie et de pneumologie de Québec and the Centre intégré de santé et services sociaux de la Montérégie-Est for their generous sharing of documentation.



**IMPORTANT!**

This booklet was designed for educational purposes.  
It in no way replaces the advice of a healthcare professional and is not a substitute for medical care.

Do not hesitate to contact a healthcare professional  
for any questions about your health.

This booklet is available online at: <https://www.santelaurentides.gouv.qc.ca/english/care-and-services/surgery/>



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This booklet is to help you properly prepare for your bariatric surgery. Your involvement in this process is the key to success.

The advice in this booklet is for information only. The professionals involved in your treatment will give you personalised information tailored to your needs.

In addition to your surgeon's expertise, playing your part is essential to the success of your surgery and recovery. The more prepared you are, the greater your chances of success.

Preparing yourself mentally and physically for surgery is an important step. Do not hesitate to ask questions and to find out more about your procedure, your hospital stay and your return home. Those are excellent ways of addressing fears and putting your mind at ease.

**Read this booklet regularly, before, during and after your hospital stay.**

**Bring it with you to all your appointments.**



**If the instructions in this document are not followed,  
your surgery may be cancelled.**

# Understanding your procedure

## Objectives of the surgery

- Improve health
- Improve quality of life
- Increase life expectancy.

## Patients eligible for this surgery

- Body mass index (BMI = mass [Kg]/height [m<sup>2</sup>]) higher than normal:
  - BMI greater than 40.
  - BMI above 35 with health problems.
  - BMI between 30 – 35 and diabetic.
- Inability to lose weight with traditional methods.
- Ready to adopt a healthy lifestyle before and after the surgery.

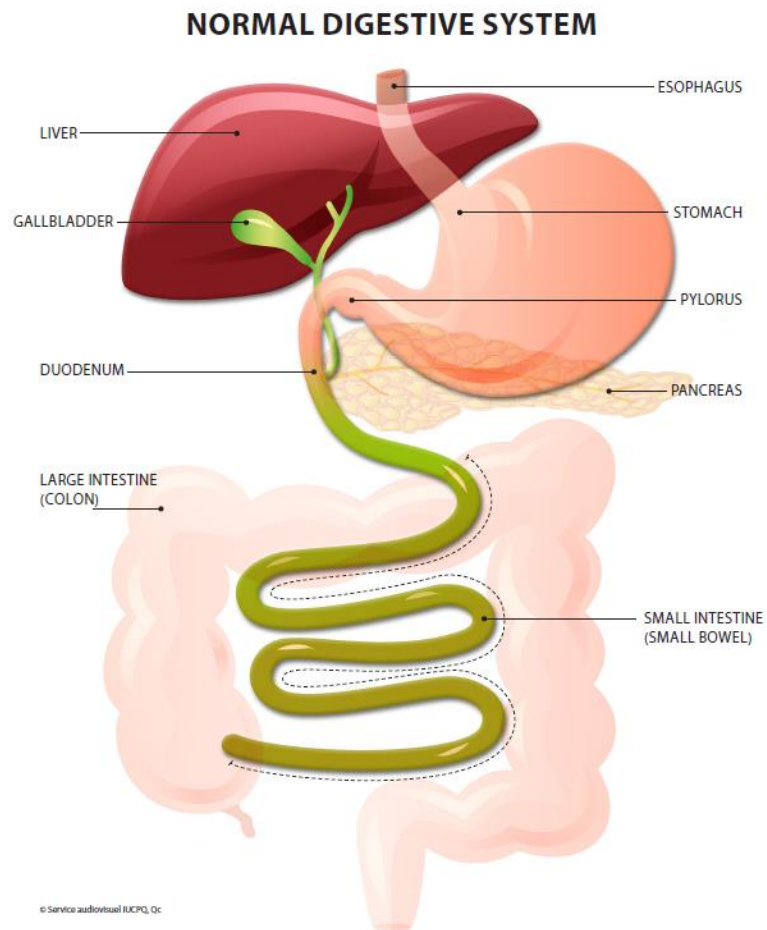
## Four types of bariatric surgery

- Parietal gastrectomy (sleeve)
- Roux-Y gastric bypass (RYGB)
- Biliopancreatic diversion (BPD)
- Simple duodenal-ileal bypass (SADI)

The most common bariatric surgery used at the CISSS des Laurentides is parietal gastrectomy (sleeve). Some patients may be candidates for Roux-Y gastric bypass (RYGB), biliopancreatic diversion or simple duodenal-ileal bypass. These last two surgeries are often performed as a second choice.

## The Normal Digestive System

The digestive system includes, among other things, the mouth, the esophagus and the stomach. The stomach grinds the food, then pushes it into the small intestine where it is mixed with fluids secreted by the liver (bile) and pancreas (pancreatic enzymes).

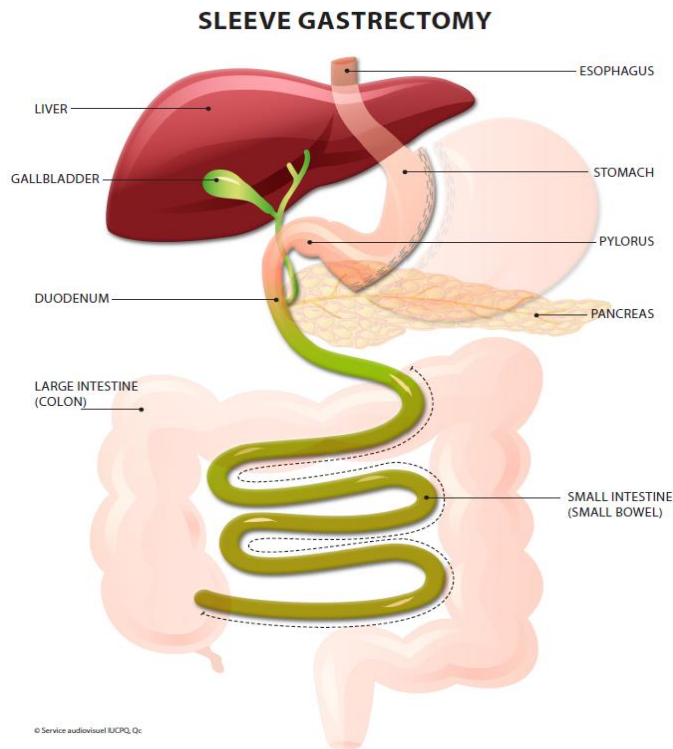


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# Effects of the surgery

## Parietal gastrectomy (sleeve)

The parietal gastrectomy, also called vertical gastrectomy or sleeve, is a laparoscopic gastric operation that lasts approximately 45 minutes. This surgery makes it possible to make small incisions through which long-handled instruments are introduced to remove the external part of the stomach (approximately 2/3 of the stomach). The parietal gastrectomy allows the volume of the stomach to be reduced to decrease the amount of food you can eat. The surgeon creates a new, smaller stomach pouch that restricts food storage capacity. You will then feel full more quickly, which will allow you to eat less and to lose weight. This bariatric surgery also reduces the appetite by lowering hormone secretions which control hunger. With this surgery, you will lose about 20% to 30% of your weight.



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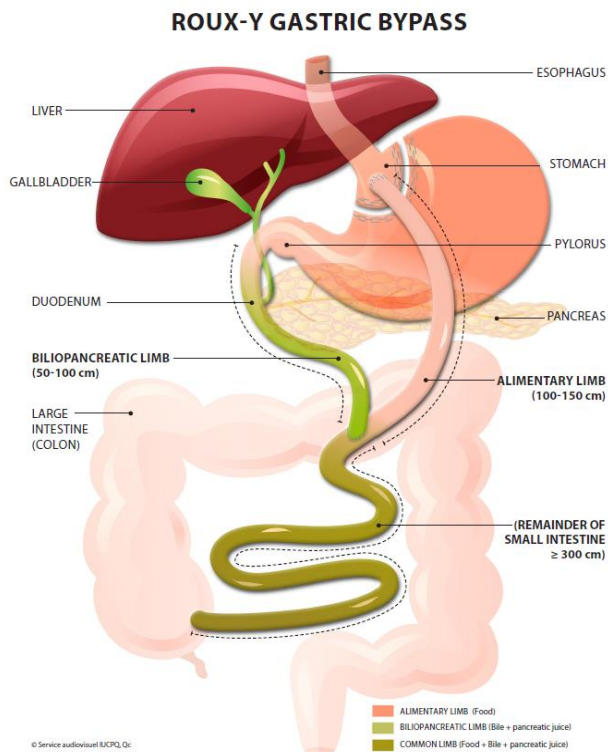
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## Roux-Y gastric bypass (RYGB)

This operation, which lasts about 2 hours, consists of creating a small stomach reservoir of about 30 to 50 mL; what remains of your stomach is separated from the new gastric reservoir. This surgery reduces the ability to eat (restriction principle) and decreases the absorption of food (malabsorption principle).

The path of your small intestine is altered to direct the food toward the alimentary loop which moves the food. Secretions from the liver and pancreas pass through a new route, the biliopancreatic channel, which moves the bile and the pancreatic fluids to where no food passes. The absorption of fats and some minerals and vitamins takes place in the common channel (the only part of the intestines where foods and biliopancreatic fluids are in contact). With this surgery, you will lose about 25% to 35% of your weight.

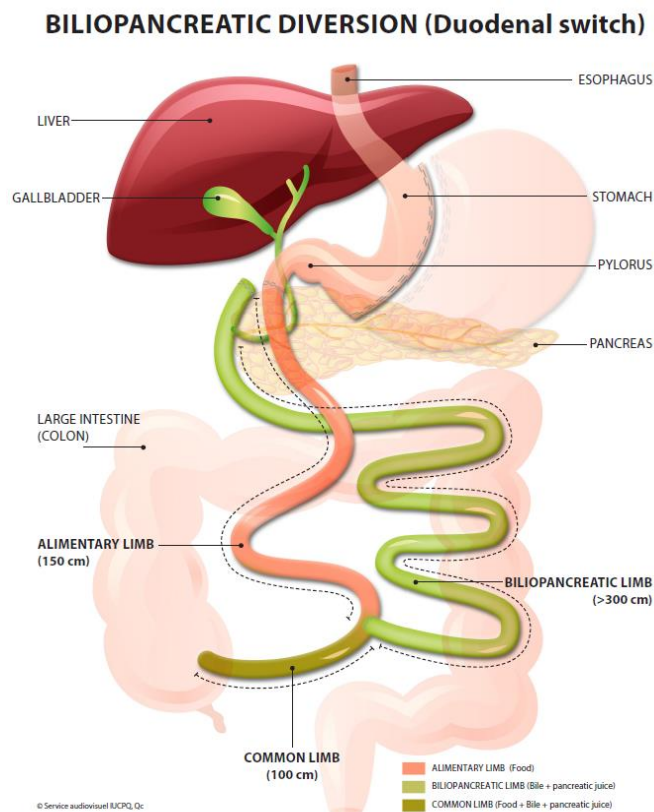


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## Biliopancreatic diversion (BPD)

This operation, lasting for approximately 3 hours, reduces the ability to eat and the absorption of food. The stomach is reduced by two-thirds (leaving about 100 to 250 mL) and a large part of the small intestine is thereby short-circuited.

The path of your small intestine is altered to direct the food toward the alimentary loop which moves the food. Secretions from the liver and pancreas pass through a new route, the biliopancreatic channel, which moves the bile and the pancreatic fluids to where no food passes. The absorption of fats and some minerals and vitamins takes place in the common channel (the only part of the intestines where foods and biliopancreatic fluids are in contact). It is usually 100 cm long, which decreases the absorption of food. This is the most effective method for weight loss. With this type of surgery, you will lose about 35% to 45% of your weight.

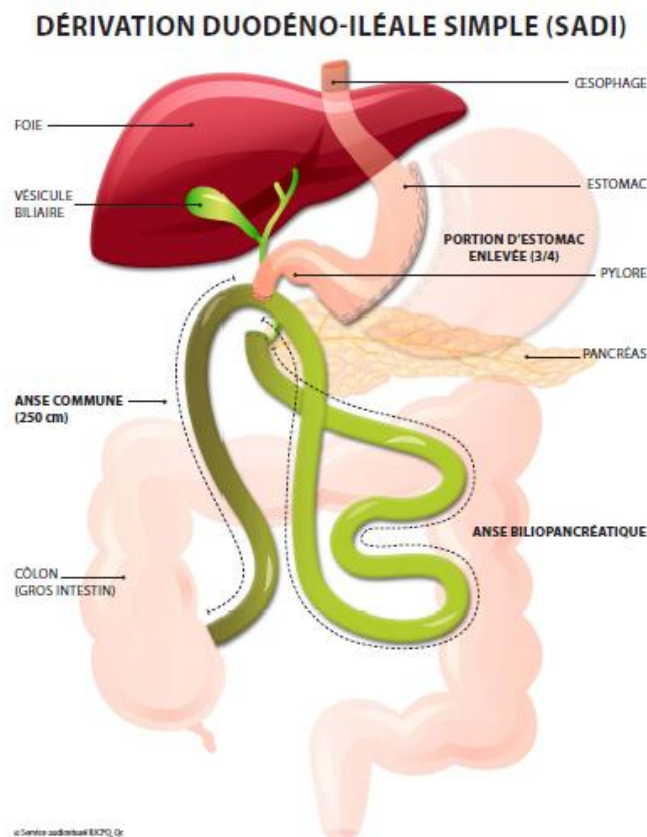


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## Simple duodenal-ileal bypass (SADI)

This operation lasts approximately 2 hours. It decreases the ability to absorb food.

The path of your small intestine is altered. Food is absorbed in approximately 250 cm of the small intestine via the common channel. Secretions from the liver and digestive fluids take a new route, the biliopancreatic loop, where no food goes. With this type of surgery, you will lose about 35% to 40% of your weight.



(in French only)

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## Preparing for surgery

Once the bariatric surgery clinic receives your request for consultation and it is accepted, the secretary will call you to plan the coming appointments with the various healthcare professionals.

It is important to note that no acknowledgment of receipt of the request for surgery will be sent. When your request is received, it will be placed on the waiting list. The wait can be more than two years before you receive the call from the secretary.

If you have any questions, contact the secretariat or the nurse-clinician in the bariatric surgery outpatient clinic.

### **Hôpital régional de Saint-Jérôme**

**Bariatric surgery outpatient clinic secretariat (*appointment or request*)**

**450-432-2777**, ext. 27580

**Bariatric surgery outpatient nurse-clinician**

**450-432-2777**, ext. 27592

## Understanding the process

### Important information for your follow-up

| Date                     | Time | Appointment               | Place  | Details  |
|--------------------------|------|---------------------------|--|--|
|                          |      | Bariatric nurse-clinician | Outpatient clinic<br>190 Rue St-Marc,<br>Saint-Jérôme<br>Room P-133                |  |
|                          |      | Surgeon<br>Dr. _____      |  |  |
|                          |      | Nutritionist              |  | If indicated   |
| <b>Other appointment</b> |      |                           |  |  |
|                          |      |                           |  |  |
| <b>Preadmission</b>      |      |                           |  |  |
|                          |      | Bariatric nurse-clinician | Outpatient clinic<br>190 Rue St-Marc,<br>Saint-Jérôme<br>Room P-133                | Bring an up-to-date list of your medications.  |
|                          |      | Blood test                | Centre de prélèvement (testing centre)<br>480, 5 <sup>e</sup> Rue,<br>Saint-Jérôme | <p>You must not eat after midnight; water is allowed.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> You can take your medication except any for diabetes treatment.</li> <li><input type="checkbox"/> Have on hand your health insurance card and/or your hospital card.</li> <li><input type="checkbox"/> Your requisition will be faxed to the testing centre the day before.</li> </ul> |

|  |  |                         |  |                           |
|--|--|-------------------------|--|---------------------------|
|  |  | Electrocardiogram (ECG) | 4 <sup>th</sup> floor of the hospital  | No appointment necessary  |
|  |  | Internal medicine       | Centre Ambulatoire de médecine interne (CAMI)<br>Located on the main floor of the hospital | If indicated by the nurse |
|  |  | Nutrition               | Outpatient clinic<br>190 Rue St-Marc,<br>Saint-Jérôme<br>Room P-133                        | Group meeting             |

### Important information for your surgery

Your procedure is scheduled for \_\_\_\_\_

Time of arrival at the hospital: \_\_\_\_\_

Place: \_\_\_\_\_

If you are eligible for day surgery, you must plan to be within 30 minutes of the Saint-Jérôme hospital for the 24 hours following your operation and be accompanied by a responsible adult. Hotel/motel at your expense.



## Diet

A healthy diet encourages speedier recovery after an operation and helps prevent post-operative complications. Eat three balanced meals per day following Canada's Food Guide. Drink lots of water, especially on the days before your operation, so that you have optimal hydration when you undergo surgery (2.5 litres per day) unless your liquid intake is restricted. Make sure you also eat sufficient protein (meat, poultry, fish, eggs, tofu, legumes, nuts, dairy products or their substitutes). Eliminate carbonated beverages from your diet. Maintain stable weight in the months preceding your surgery. Avoid diets (keto, fasting, meal-replacement based...), as they risk slowing your post-operative recovery.

## Alcohol



Alcohol consumption can affect your hospital stay. Reduce your alcohol consumption according to your surgeon's instructions.

Alcohol, anesthesia and analgesics can interact. If you have a history of alcohol abuse, you must **be dry for at least 6 months**. Resources are available to help you reduce your consumption at: <https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus/>

## Drugs

The use of drugs, in any form, must be stopped **at least 3 months** before the surgery. Daily use is an exclusion criterion for surgery. Resources are available to support you in ending your drug use.

- Government of Québec: <https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling>
- Drug help and referral
  - <https://www.aidedroque.ca/en/>
  - Telephone: 514-527-2626 (Montreal area) or 1-800-265-2626 (elsewhere in Québec)
- CISSS des Laurentides: <https://www.santelaurentides.gouv.qc.ca/soins-et-services/dependance-et-toxicomanies/> (French only)



## Tobacco

Tobacco use slows the healing of wounds. It is also a factor in pulmonary complications. Stop smoking **at least 3 months before your operation** and do not start again because cigarettes increase the risk of gastric ulcers and slow healing.

Healthcare professionals are available to support you during every step of the quitting process.



Many resources are available to help you quit smoking:

- The I Quit helpline: 1-866-527-7383 (toll-free) or <https://tobaccofreequebec.ca/iquitnow/>;
- Quit Smoking centres: 1-844-440-AIDE (1-844-440-2433)  
\*\* Without absolutely quitting, they can help you feel better during your stay;
- <https://www.santelaurentides.gouv.qc.ca/sante-publique/prevention-et-promotion-de-la-sante/tabagisme/> (French only)  
Contact your CLSC if you are out of our territory.
- L'Association pulmonaire du Québec lung association: 1-888-768-6669 (toll-free) or <https://poumonquebec.ca/en/>

## Physical activity

Surgery is stressful for the body. This is why a key to successful outcomes is to be physically fit before surgery. Exercising before surgery can help you improve your stamina, muscle strength, posture, balance and cardiac health. It may help you recover more quickly after your procedure. Continue exercising if you already do or start gradually with a type of exercise that interests you. For example, walking for 15 minutes a day may be sufficient. It is preferable to increase to 30 minutes a day.



## **Stress management, positive thinking and restorative sleep**

Stress has negative impacts on your health, your immune system, your cardiorespiratory system, and your general state of mind. It is crucial to know how to relax your body and calm your mind. The benefits of positive thinking will allow you to better control your emotions, to slow your breathing, to relax any tension in your muscles and to reduce your anxiety before surgery. Avoid overloading your schedule for the 2 weeks before your operation; rest. We recommend that you make your preparations several days ahead of your surgery to enable you to be fully rested on the day of your procedure.

## Planning your return home

Plan your return home so that everything is arranged when you are discharged from the hospital:

- Discuss getting help for your return home after your operation with your family and friends. Plan to have someone at the house for the first week after leaving the hospital. If this is impossible for you, discuss it with the nurse at the bariatric surgery clinic; she will refer you to the appropriate resources.
- You may need help with meals, grocery shopping, laundry, housework and getting to and from your appointments after surgery.
- You cannot lift anything weighing more than 4.5 kg (10 lb) for the first weeks following the surgery (this can vary between 2 and 8 weeks).
- Find a grocery store that offers home delivery or telephone or online orders.
- Buy or prepare meals ahead of time that you can freeze and reheat in the microwave.
- Plan to buy supplements or protein powder, based on the nutritionist's recommendations.
- Find a pharmacy with home delivery service.
- Plan for your home maintenance during your recovery, e.g., for lawn-mowing in summer or snow removal in winter.
- Depending on which surgery you undergo, make plans for your transport home after your hospital stay and to your appointments.

## Your escort

Ask **one** person you know to accompany you to appointments and to help you at every stage of the surgical process, from preparing for your procedure to recovering from your operation. If needed, she can help you for the first few days after you return home.

If your mother tongue is neither French nor English, it is all the more important that you be accompanied by someone you trust.

Name of the person who will accompany you: \_\_\_\_\_

**Your escort will not be allowed in the OR nor the recovery room.**

When your operation is over, we will tell the person that they can join you in your room, the surgical care unit or the day surgery unit, depending on the policies in force.



## Confirming your surgery

The waiting time before the surgery is influenced by the date of the surgeon's request for the operation, the priority of the request, and the patient's planned post-operative orientation.

You will receive a call from your hospital advising you of the date set for your surgery. You must arrive according to the instructions you will be given, keeping in mind that the time of your surgery is not definitive.



If you are ill, have an infection, are pregnant, have been in contact with someone with contagious disease (ex.: chickenpox) or unable to come to the hospital for your surgery, call us as soon as possible at the number for the hospital where you are to have your operation

# The day before surgery

## Hygiene

- You must remove all nail polish from your fingers and toes, artificial fingernails, all makeup and all jewellery. You must remove contact lenses and piercings.
- You must also take a bath or shower with a disinfectant soap the day before the operation to lessen the risk of infection. You can get the soap at your pharmacy or from the gift shop at the hospital.
  1. Wash your hair with shampoo and your face with your usual soap.
  2. Using the chlorhexidine-based disinfectant soap, wash yourself from the neck downwards. Pay special attention to your armpits, genitals, the fold in your buttocks, your nails and your feet. Take care to wash your navel, with a Q-Tip if necessary.
- Do not shave the area to be operated on.
- Wear clean pyjamas to sleep.



## Nutrition

- You must follow the **liquid protein diet for 2 weeks before the operation** if the nutritionist tells you to. This diet can reduce your liver's size to facilitate your surgery and to thus reduce the risk of complications. Refer to the document given to you by the nutritionist during the preadmission day.
- Ideally, you should avoid consuming alcohol for 1 week before your operation.

## The day before your operation, starting at midnight...



**Do not** eat, chew gum or drink liquids other than those mentioned above.

## The morning of your operation

We encourage you to drink a **clear liquid (one you can see through) 1 hour before leaving home.**



### Authorized clear liquids until you leave for the hospital

- Water
- Tea or coffee
- Sweetened sports drinks  
(e.g., Gatorade™, Powerade™)
- Filtered fruit juice without pulp



### Prohibited liquids

- Alcoholic beverages
- Coffee with milk
- Fruit juice with pulp
- Dairy products
- Energy drinks  
(e.g. : RedBull™, Monster™)
- Vegetable drinks  
(e.g. : almond or soy milk)
- Oral nutritional supplement  
(e.g. : Boost™, Ensure™)



Take the authorized medications.

If medications must be taken before your operation, you can have a sip of water to swallow them.



**Do not drink anything more leaving home.**

## Preparing your personal effects

Here are the things to prepare for the day of your surgery:

- This information booklet.
- Any other information brochure you have been given.
- Your valid health insurance and hospital cards;
- Your medication, in their original containers, pumps or insulin and an up-to-date list of your medications (ask your pharmacist to provide you with one)
- Housecoat, anti-skid slippers, ample and comfortable clothes, toiletries (tissues, toothbrush, soap, etc.) if you are going to stay overnight at the hospital.
- Other personal effects (cane, hearing aid, eyeglasses, container for dentures, CPAP device if you have sleep apnea).
- Rehydration drink like *Gatorade*<sup>™</sup> or *Powerade*<sup>™</sup>, if desired, **except for red-coloured ones.**
- Attestation for leave from work, if needed.
- A few dollars in case of need.
- Books, magazines, or a cellphone with ear pods to listen to music if you like

**THE HOSPITAL IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.**

We urge you to leave valuables at home.





## Which medication to stop or continue taking?

Your surgeon or the nurse at your preadmission appointment will tell you whether to stop or continue taking your medication before your operation. Bring a list of your medication to your appointments.

### Stop taking<sup>1</sup>

- \_\_\_\_\_; stop \_\_\_\_\_ days before surgery
- \_\_\_\_\_; stop \_\_\_\_\_ days before surgery
- \_\_\_\_\_; stop \_\_\_\_\_ days before surgery

**Anti-inflammatories** (e.g., Ibuprofen, Advil®, Motrin®, including children's, Celebrex®, Maxidol®, Aleve®, Naprosyn®, etc.)

\_\_\_\_\_; stop \_\_\_\_\_ days before surgery

**Natural health products** (glucosamine, omega 3, vitamin E, etc.)

\_\_\_\_\_; stop \_\_\_\_\_ days before surgery

**To be taken on the morning of your surgery:**

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<sup>1</sup>You can take medication such as acetaminophen (Tylenol®, Tempra®, etc.) until midnight the night before your surgery.



## The morning of your surgery

- Shower the same way as the night before your surgery.
- Do not apply cream, perfume or make-up.
- Remove any nail polish or false nails.
- Remove any wig, hairpiece or false eyelashes.
- Remove any jewelry, including piercings.
- Do not shave the area to be operated on. Nursing staff will shave you if necessary.
- If you ordinarily use contact lenses, do not wear them. Wear your glasses instead.
- Wear clean, ample, comfortable clothes.
- You can brush your teeth before leaving home.
- We encourage you to **drink 500 mL (2 glasses)** of clear liquid of sweetened drinks (one you can see through) 1 hour before leaving home.
  - Rehydration drink like *Gatorade*<sup>TM</sup> or *Powerade*<sup>TM</sup>, if desired, **except for red-coloured ones**
  - Filtered juice without pulp (apple, grape or cranberry)
  - Water
  - Black coffee or tea (do not add milk or cream to your coffee or tea)

**You can no longer have a drink after you leave for the hospital.**

## Arriving for surgery

On the day of your surgery, go directly to the unit you were told to when the hospital called to confirm your surgery.

1. We are located on the hospital's first floor. In the corridor from the main entrance, find the clock attached high on the wall. You are at **Door 4**.
2. After entering Door 4, go straight ahead following the yellow dots on the floor.
3. You will arrive at the door to Day Surgery (Chirurgie d'un jour).

**Arrive at the scheduled time.**

**If there are any changes, we will let you know.**

The day surgery nurse will:

- Ask you to put on a hospital gown.
- Show you where to store your personal effects.
- Fill out a preoperative checklist with you.
- Take blood samples or examine you, depending on your doctor's requirements.
- Ask you whether you followed the instructions for your preparation.
- Administer oral medication to prevent pain and nausea after surgery.

Before leaving for the OR:

- Remove your glasses.
- Remove your underwear and jewelry if you have not already.
- Remove your dentures or hearing aid.
- Urinate.



## Going to the OR

An orderly will lead you to the operating room. You will meet your anesthesiologist (the specialist who will ensure your safety and comfort during the operation) to discuss the type of anesthetic you will receive.

Throughout the operation, you will be monitored constantly by a respiratory therapist, an anesthesiologist, nurses, your surgeon and their assistants.

The duration of the operation will depend on the type of surgery and on the specific procedure your condition requires. In general, a regular operation lasts on average of 45 minutes to 3 hours.

# Types of anesthesia

## General anesthetic

Through your IV, several drugs will be administered to you to induce a state during which you will "sleep," feel nothing and have no memory of the operation as such.

A member of the anesthesia team will stay near you throughout the operation to control the effects of the anesthesia on your body (breathing, blood pressure, heart, etc.).

### What are the side effects?

#### Heartburn following general anesthesia.

You may feel nauseous.

You can:

- Change position.
- Practise deep breathing.
- Take the prescribed nausea medication, if needed.

*On returning home (if allowed according to the nurse's instructions):*

- Drink a bit of water, tea or coffee.
- Wait 30 minutes.
- If you tolerate the liquid, continue with a non-fat soup and toast (if allowed).
- Gradually introduce other foods; avoid spicy foods.
- If you vomit, stop solid foods and have only liquids.
-

### **Sore throat following general anesthesia**

Normal side effects that will gradually disappear:

- Sore throat
- Dry throat
- Hoarse voice.

#### **Recommandation:**

- Drink cold water

### **Airway congestion following general anesthesia:**

- Do deep breathing exercises.
- Cough and spit.
- Do spirometry exercises if available (see the section of this booklet on breathing exercises and postoperative relaxation).

### **It is normal to be drowsy and dizzy during the 24 hours following your operation. During this period:**

- Do not drive a vehicle.
- Do not use public transit by yourself.
- Do not drink any alcohol or take any unprescribed medication.
- Do not make any important decisions.
- Do not use any tools that require you to be alert.
- Gradually begin eating, starting with liquids.

# After your surgery

## Recovery room

After surgery, you will be taken to the recovery room. You will be in the recovery room from 60 minutes

When you wake up, you will see many medical devices, there to conduct the necessary post-operative monitoring. An intravenous drip installed in your arm in the operating room will be used to hydrate you and to give you intravenous medications if required.

You will have compression leggings that stimulate your blood circulation when you are in bed.

Subsequently, you will be taken on a stretcher to your room in the post-operative care or day surgery unit, depending on whether you are hospitalized or not. On a regular basis, the nurses will assess your vital signs, your abdominal incision, your dressings, and your pain level.

## The inpatient or day surgery unit

Your hospital stay will last from 6 hours to one day, depending on the duration pre-established by your surgeon. You will be discharged from the hospital either on the same day or on the day after your operation. Take advantage of your stay to progressively restart your activities. Here are the follow-ups that will be done:

- The nurse will monitor your blood pressure, pulse and breathing rate, and check the dressing on your incision.

- The nurse will give you the appropriate medication, such as analgesics and anticoagulants (medication to thin the blood to prevent the formation of clots) that are prescribed for you for several days or weeks following your surgery.
- Your surgeon will prescribe your usual medication.
- You will be given IV fluids or venous access, to keep you hydrated until you are able to hydrate yourself.
- You will be required to do the breathing exercises every hour.
- Mobility (sitting down, standing up) will begin several hours after your operation.

## Pain management

Reducing pain is an important element in your healing. If your body is stressed because of pain, you will take longer to heal, your functional abilities will be more limited, your sleep will be altered and that will affect your mood. Pain is normal for several weeks after surgery.

Here's what you can do to help reduce your pain:

- You will be asked to rate your pain on a scale from 0 to 10, where 0 equals no pain and 10 equals the worst pain possible and imaginable
- We aim for a pain level below **4/10** or compatible with movement and tolerable.
- In addition to assessing the intensity of your pain, don't hesitate to describe it. The more accurate the assessment, the better the relief and the safer the administration of painkillers.
- There are other ways that can help you relieve your pain such as relaxation and deep breathing exercises.
- Don't wait until your pain level is too high before telling the nursing staff.

## Pain scale

| No pain  |   | Minimal |   | Light   | Moderate |   | Severe  |   | The worst |    |
|--|---|---------|---|---|----------|---|---|---|-----------|----|
| 0  | 1 | 2       | 3 | 4   | 5        | 6 | 7   | 8 | 9         | 10 |
| <b>Between 0 and 3</b><br>mild, tolerable discomfort or pain that does not prevent you from performing your activities |   |         |   | <b>Between 4 and 6</b><br>moderate and difficult to tolerate pain that slows down the performance of your activities and makes them difficult |          |   | <b>Between 7 and 10</b><br>severe and intolerable pain that makes it almost impossible to perform your activities |   |           |    |

**If you have severe pain not relieved by medication, a new pain, or worsening pain, call your bariatric nurse-clinician, Info-Santé (811), or come to Emergency.**



## Medication

| Medication   | Use   | Instructions  |
|--|---|---|
| <p><b>Analgesic (painkiller)</b></p> <p>Actaminophen (Tyléno<sup>®</sup>)</p> <p>Celecoxib (Celebrex<sup>®</sup>)</p>                                      | <p>For light pain (0 to 4)</p>  | <p>Take regularly during the first week then adjust based on your pain level.</p>   |
| <p><b>Opioid (painkiller)</b></p> <p>Tramadol (Ultram<sup>MD</sup>)</p> <p>Hydromorphone (Dilaudid<sup>MD</sup>)</p> <p>Morphine (Statex<sup>MD</sup>)</p> | <p>For moderate to severe pain (4 to 10)</p>  | <p>Take regularly for 48 to 72 hours following the operation. Then reduce the dose or space doses out based on the evolution of the pain.</p> <p>until you leave for the hospital</p> <p>Reduce the dose if side effects are bothersome. Side effects include constipation, drowsiness, heartburn, dizziness. Do not drink alcohol.</p> |
| <p><b>Anticoagulant (blood thinner)</b></p> <p>Rivaroxaban (Xarelto<sup>®</sup>)</p> <p>Dalteparin sodium (Fragmin<sup>®</sup>)</p>                        | <p>To thin blood. To reduce the risk of a clot forming that could block a vein in the leg (phlebitis) or,</p> | <p>Ensure that you take it for the full prescribed time. If you forget a dose, contact your pharmacist as soon as possible. If your anticoagulant is taken by injection, you and the person accompanying you will be trained to administer it. You can help reduce the risk</p>   |

|                        |  |  |
|------------------------|--|--|
| Enoxaparine (Lovenox®) | more rarely, a vein in the lungs (pulmonary embolism). | of developing a clot by remaining active, by moving around as much as you can. |
|------------------------|--|--|

**Special recommendations regarding the anticoagulant**

As long as you are taking the anticoagulant, avoid cuts and injuries by:

- Shaving carefully, preferably with an electric razor.
- Using a soft toothbrush.
- Cutting your nails carefully.
- Always wearing shoes.
- Following fall prevention guidelines.

| Medication  | Use                                | Instruction  |
|---|------------------------------------|--|
| <p><b>Antiemetic (for nausea)</b></p> <p>Metroclopramide (Maxeron®)</p> <p>Dimenhydrinate (Gravol®)</p> | <p>For heartburn and vomiting.</p> | <p>This medication is more effective if taken 30 minutes before eating. Follow the instructions provided by your healthcare team or your pharmacist.</p> |
| <p><b>Laxatives (for constipation)</b></p> <p>Docusate de sodium</p>                                    | <p>For constipation</p>            | <p>Ask your pharmacist for advice. Consult the “Constipation” section as well.</p>   |

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|--|---|---|
| (Colace®)                                |   |   |
| Sennosides<br>(Senokot®)                 |   |   |
| Polyethylene glycol 3350<br>(Lax-A Day®) |   |   |
| <b>Antacids</b>                          |   |   |
| Pantoprazole<br>(Pantoloc®)              | To relieve stomach acidity, gastric reflux. | Follow the prescription's recommendations or the pharmacist's advice. |
| Dexilant®                                |   |   |
| Prevacid®                                |   |   |

**Consult your pharmacist to properly understand the adjustment of your medication or for any other related question.**



**If you experience severe pain that is not relieved by the medication, a new pain, or pain that gets worse:  
call your doctor, Info-Santé (811) or go to the Emergency Room**

## Homecare



When you are discharged, someone must provide transport for you because you cannot drive your car. We recommend that you have someone with you for at least 24 hours after you return home.

Before leaving the hospital, ensure that you have the information about your follow-up appointment with your surgeon, the prescription for your medications, as well as the information about the removal of the staples on your incision, if applicable.

Don't hesitate to ask us questions before you leave for home.

## Forms

If your insurance requires you to get your doctor to fill out specific forms, you must leave the documents at the surgeon's office, located at the medical clinic where they practice. Fees apply for completing these forms.

## Telephone follow-up

In the 24 to 72 hours following your return home, you will receive a phone call from the nurse to assess the risks of complications and to answer your questions. The nurse will communicate with the nutritionist if necessary.

## Post-operative Follow-up

Follow-up meetings with the bariatric clinic's interdisciplinary team vary, depending on the type of surgery.

Examples of follow-up to bariatric surgery:

| <b>Follow-up</b>   |   |
|--|---|
| Parietal gastrectomy (sleeve)  | <p>Follow-up alternating between the doctor and the bariatric clinic nurse-clinician:</p> <ul style="list-style-type: none"> <li>• 1 month, 6 months, then 12 months.</li> </ul>                        |
| Roux-Y gastric bypass (RYGB)<br>Biliopancreatic diversion (BPD)<br>Simple duodenal-ileal bypass (SADI) | <p>Follow-up alternating between the doctor and the bariatric clinic nurse-clinician:</p> <ul style="list-style-type: none"> <li>• 1 month, 4 months, 8 months, 12 months, then once a year.</li> </ul> |
| Nutrition  | <p>Follow-up with the nutritionist:</p> <ul style="list-style-type: none"> <li>• 1 month, 3 months, 6 months, 12 months, then based on need, no matter the type of surgery.</li> </ul>                  |
| <b>Blood tests</b>   |   |
| Parietal gastrectomy (sleeve)  | 6 months and 12 months  |
| Roux-Y gastric bypass (RYGB)<br>Biliopancreatic diversion (BPD)<br>Simple duodenal-ileal bypass (SADI) | 4 months, 8 months, 12 months, then every year.   |

During these follow-ups, there will be a private meeting with the nurse-clinician and/or the nutritionist. The nurse will assess your physical and psychological state (your vital signs, your BMI, your blood glucose level, etc.) and will reassess your pharmaceutical profile. The nurse will also check your wound and your intestinal function.

The nutritionist will assess the progress of your diet and will ensure that you are properly meeting your nutritional needs, that you tolerate foods well and properly and that your eating habits are balanced. To do this, a food diary is often helpful.

## **Family doctor**

We strongly recommend that you make an appointment with your family doctor in the month following your operation to adjust your usual medications and to monitor you while you lose weight.

***Coming to your appointments and your commitment contribute greatly to the success of your operation!***

## Wound care

### Wound dressings

You must remove your dressings 2 days after the procedure.

### Infection

We recommend that you inspect your incision daily and watch for the following signs of infection:

- The area around the incision becomes redder and redder; hot and very swollen; or a new pain arises and grows.
- The edges of the incision separate.
- Fluid (green, yellow or pus) leaks from your wound.
- Your wound emits a bad odour.
- You have shivers or fever (temperature above 38.5 °C/101 °F, 30 minutes after eating/drinking) for more than 24 hours.

***Inform the bariatric nurse-clinician if you suspect an infection. If the clinic is closed, go right to Emergency.***

### Wound closure strips

If you have wound closure strips, they will fall off by themselves after 5 to 7 days. If you have staples under your dressings, you must make an appointment at your local CLSC to have them removed 7 to 10 days after the operation.

## Situations to Monitor

### Shivers

It can be normal to have shivers following the surgery because you are losing weight. Some people say that they feel a sense of cold in their hands and feet and feel chillier (sensitive to cold) while losing weight.

If you have the shivers, it is important to take your oral temperature to ensure that you don't have a fever. An oral temperature above 38.5 °C is considered a fever.

Do not worry if you do not have a fever because people who have undergone bariatric surgery often have this type of sensation.



**Go to Emergency if you have:**



| <b>Signs of</b>           |   |
|---------------------------|---|
| <b>Hemorrhage</b>         | <ul style="list-style-type: none"><li>• Your blood pressure drops.</li><li>• You are pale.</li><li>• You are breathing rapidly, or you are short of breath.</li><li>• Your pulse rate increases.</li><li>• You have cold sweats or clammy skin.</li><li>• Drowsiness, confusion, weakness and/or loss of consciousness.</li><li>• You feel anxiety or distress.</li></ul> |
| <b>Excessive bleeding</b> | <ul style="list-style-type: none"><li>• Your urine is red or dark.</li><li>• Your stool is red or dark.</li><li>• Your nose or gums bleed.</li></ul>  |
| <b>Pulmonary embolism</b> | <ul style="list-style-type: none"><li>• You have pain in your chest.</li><li>• Your breathing is difficult or wheezy or you are short of breath even at rest.</li><li>• You have unexplained sweats.</li><li>• You become confused.</li><li>• You feel a stitch in your shoulder during a deep breath.</li></ul>  |
| <b>Thrombophlebitis</b>   | <ul style="list-style-type: none"><li>• You have persistent pain in the calf of only one leg, increased by activity or by touching the calf, with or without swelling.</li></ul>  |

## Problems sometimes encountered

| Problems                 | Possible solutions  |
|--------------------------|---|
| <b>Difficulty eating</b> | <ul style="list-style-type: none"> <li>• Avoid foods that are too spicy, too hard to digest, or of too firm a consistency. If you have problems tolerating more solid food, do not hesitate to go back to purees until you better tolerate these foods.</li> <li>• However, if you do not tolerate liquids, consult or contact the bariatric surgery clinic.</li> <li>• Take small mouthfuls and chew for a long time.</li> <li>• Split your food intake into smaller, more frequent portions.</li> </ul> |
| <b>Vomiting</b>          | <ul style="list-style-type: none"> <li>• If you vomit once a week or less, this is not a concern during the first month.</li> <li>• Avoid eating too fast and make sure to chew well.</li> <li>• You can take an antiemetic such as Gravol<sup>TM</sup> to relieve nausea and vomiting.</li> <li>• However, if you can neither drink nor eat for more than 24 hours without this making you vomit, consult or contact the bariatric surgery clinic.</li> </ul>  |
| <b>Dehydration</b>       | <ul style="list-style-type: none"> <li>• Signs of dehydration can appear. For example, having dry mucous membranes in your mouth and dry lips, feeling thirsty or tired.</li> <li>• Quench your thirst with small amounts of liquid each time. Avoid drinking while eating.</li> <li>• If you are nauseous, eat slowly and take in small amounts at a time.</li> </ul>  |

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| <p><b>Regurgitation or acid reflux</b></p>      | <ul style="list-style-type: none"> <li>• Avoid eating before going to bed, eat smaller amounts more often.</li> <li>• Take your Pantoloc™, Dexilant™ or Prevacid™ as prescribed.</li> <li>• Avoid drinking while eating.</li> <li>• Stop smoking.</li> <li>• Avoid consuming coffee, tea, carbonated drinks, alcohol, chocolate and acidic or spicy foods as well as all other foods that can cause reflux.</li> <li>• If this doesn't work, contact the bariatric surgery clinic; medication may solve the problem.</li> </ul> |
| <p><b>Nausea and bad taste in the mouth</b></p> | <ul style="list-style-type: none"> <li>• If you have these two symptoms, you must inspect your tongue. If it is covered by a whitish crust, it may be thrush (an infection caused by a fungus).</li> <li>• Rigorous oral hygiene is important in preventing these symptoms.</li> <li>• Gently brush your tongue and gargle with salt water.</li> <li>• You can contact the bariatric surgery clinic where treatments are available by prescription.</li> </ul>  |
| <p><b>Constipation</b></p>                      | <ul style="list-style-type: none"> <li>• Constipation is a complication that can appear after a parietal gastrectomy.</li> <li>• If you take painkillers, try to reduce the amount because narcotics can cause constipation.</li> <li>• Make sure you drink between 1.5 and 2 litres of fluids per day.</li> <li>• Exercise.</li> <li>• Walk to eliminate intestinal gas.</li> <li>• Eat a diet rich in fibre.</li> <li>• You can take the <i>Lax-a-day™</i> prescribed by your</li> </ul>                                      |

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|  | <p>surgeon.</p> <ul style="list-style-type: none"> <li>• If the problem persists, contact the bariatric surgery clinic.</li> </ul>   |
| <p><b>Hypotension<br/>(drop in blood pressure)</b></p> | <ul style="list-style-type: none"> <li>• Make sure you drink the recommended amount of fluids.</li> <li>• Avoid sudden changes of position (getting up too quickly from lying down).</li> <li>• It is possible that medication you are taking for blood pressure will require adjustment because of your weight loss. Measure your blood pressure regularly and record it for your next visit to your family doctor. Don't hesitate to talk with your pharmacist while waiting for your medical appointment.</li> </ul>  |
| <p><b>Pain</b></p>                                     | <ul style="list-style-type: none"> <li>• It is normal to feel pain.</li> <li>• Before taking your narcotic painkillers, first try to reduce the pain by taking a painkiller like acetaminophen.</li> <li>• If you are planning to do something that may cause more pain, take the narcotic medication 30 minutes beforehand.</li> <li>• If you feel more pain at night, you can take the narcotic medication before going to bed.</li> <li>• It is normal to feel pain during meals. If that happens, take a break and relax. You can eat a bit later. Don't force anything, recovery happens slowly.</li> <li>• Caution! If you suffer intense new pain which does not go away with painkillers, contact the bariatric surgery clinic.</li> <li>• If you have chest or back pain accompanied by problems breathing, go to Emergency.</li> <li>• If you notice swelling or pain in one or both calves, go to Emergency.</li> </ul> |

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| <p><b>Hypoglycemia</b></p>               | <p>If you have diabetes and you have the following symptoms:</p> <ul style="list-style-type: none"> <li>• Dizziness</li> <li>• Palpitations</li> <li>• Nausea accompanied by an inability to concentrate</li> <li>• Trembling</li> <li>• Sweating</li> </ul> <p>It is possible that you have hypoglycemia (drop in blood sugar). This situation can occur when too much time passes between meals or if you skip a meal. If this happens:</p> <ul style="list-style-type: none"> <li>• Drink 125 mL of milk or have a tablespoon (15 mL) of honey or maple syrup or sugar.</li> <li>• Eat a protein snack between meals to avoid a recurrence of the problem.</li> <li>• Talk to your doctor about the problem to see if you need to have your medications adjusted.</li> </ul> |
| <p><b>Diarrhea</b></p>                   | <ul style="list-style-type: none"> <li>• Reduce your consumption of fatty foods (fried foods, fatty meats, cheeses with more than 20% fat content, cold cuts) as they may cause oily and smelly stools.</li> <li>• If you have diarrhea during the night, avoid liquids in the evening, especially if you had a biliopancreatic diversion.</li> <li>• Avoid over-hydrating and drinking while eating. Aim for about 1.5 to 2 litres of water a day.</li> <li>• Eat slowly, take small mouthfuls, and chew them well.</li> <li>• Avoid foods containing caffeine, including coffee, tea and chocolate.</li> <li>• Limit or avoid foods for which you have observed an intolerance.</li> </ul>  |
| <p><b>Gastric flushing (dumping)</b></p> | <ul style="list-style-type: none"> <li>• Gastric flushing is characterized by nausea, weakness, dizziness, cold sweats, increase in heart rate,</li> </ul>  |

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|  | <p>abdominal cramps as well as diarrhea, and happens most frequently to people who have undergone gastric deviation or Y-curl surgery.</p> <ul style="list-style-type: none"><li>• Avoid foods containing lots of concentrated sugar (juice, candies, syrup, desserts, pastries, soft drinks, chocolate, ice cream, etc.)</li><li>• Avoid fatty and large meals.</li><li>• Avoid alcohol.</li><li>• Eat many small meals, 6 per day, and do not drink while eating.</li><li>• Increase your fibre intake by eating legumes or whole-grain cereal products.</li></ul> |
|--|--|

**In all cases, don't hesitate to contact the nutritionist to discuss the options for adjusting your food to deal with these problems.**

## Resuming your daily activities

After your operation, you must progressively resume your activities based on your tolerance. It is important to listen to your body and to respect your limits. As your tolerance for effort will be reduced, you must arrange your schedule to include periods of rest alternating with short periods of light physical activity.

1. Start with 5-to-10-minute activity sessions, many times each week.
2. Then continue with 2 to 3 sessions per day, for 2 or 3 days per week.
3. As the weeks pass, when you feel ready you can progressively increase the length of your sessions to gradually get to more than 30 minutes of continuous activity per session.

We highly recommend that you walk as much as possible and resume the pace of normal life to avoid many risks of complications. Note that your activities must not under any circumstances cause pain or discomfort. You must avoid exercising your abdominal muscles for the first 3 months.

### **Physical activity is essential to:**

- Balance your weight loss.
- Restore your mobility and flexibility.
- Improve your tolerance of effort.
- Avoid muscle and bone mass loss.
- Reduce muscle and joint pain caused by the surgery and weight loss.
- Reduce stress and anxiety and allow better control of your pain at the same time.

There is no contraindication for sleeping on your stomach. If you sleep better in this position, you can do so without fear.

## Post-operative Nutrition

As it was before your operation, it is important to eat a balanced diet to:

- Encourage the healing of your incision.
- Reduce the risk of infection.
- Improve your health.
- Ensure the success of your operation.

Foods will progressively be added back based on your condition to allow your stomach to recover from the trauma of the operation. Following the surgery, you must respect a food reintroduction procedure. The first two weeks, you must nourish yourself with nutritional and protein fluids such as soups enriched with protein powder or nutritional supplements like *Boost* or *Ensure* or protein smoothies. Then, if these foods are tolerated well, you can progress to the next stage which consists of eating pureed foods for 2 weeks. You can then start to eat normally textured foods. You must eat slowly, learn to chew your food well, and ensure that you do not overfill yourself. You will need to eat three meals and three snacks per day to meet your needs.

You may feel bloating, cramps, gas, stomach spasms or other discomforts. Listen to your body to determine which foods cause the most discomfort. If in doubt, don't hesitate to contact your nutritionist for support and help.

In addition, to ensure optimal nutrition, you must eat very nutritious foods given your restricted food intake. You must also eat a variety of foods and follow the nutritionist's recommendations, as seen in the group meeting about nutrition.

The operation you just underwent causes alcohol to pass through the stomach to the small intestines much more rapidly than before the surgery. As a result, the effect of alcohol is quicker and more intense. The consumption of alcohol is



therefore strongly discouraged during the 6 months following your bariatric surgery.

## **Vitamins**

Vitamins must be started as prescribed. However, it is better to wait until the liquid diet is well tolerated and to no longer have digestive symptoms such as nausea, pain or gastroesophageal reflux. Your body is able to store some vitamins, so it isn't urgent to start taking vitamins in the days following your operation. In addition, a lack of vitamins is only felt after several months. Therefore, do not base it on whether you feel good or not. It also takes several months to feel the beneficial effects of vitamins.

You must take a multivitamin daily for the rest of your life to fully provide the missing vitamins. You must also take vitamin B12, calcium and vitamin D. Your vitamin and mineral supplements will be prescribed for 12 months but you must renew the prescriptions annually through your family doctor. Unless otherwise indicated, you must take these vitamins for the rest of your life. Following post-operative blood tests, adjustments may be made. These vitamins are essential for you; without them serious complications may arise. Additional vitamins (such as vitamin A and iron) will be prescribed for you if you have had biliopancreatic diversion, SADI or Roux-Y gastric bypass surgery.

## **Personal Hygiene**

We recommend that you take a shower within 48 hours after the operation. You must not let the wounds receive direct shower jets. You must use gentle scent-free soap without rubbing the wounds. After your shower, dry the wound by patting it with a clean towel. Do not apply any cream, perfume or powder on your surgical wounds.

We recommend that you wait 10 days after the operation before taking a bath and 14 days before going into a swimming pool or spa to avoid the risk of infection because bacteria are found mostly in these environments. You must wait until your wounds have healed.

## **Aesthetics**

### **Hair**

For about the first 6 months of your weight loss, you may notice greater hair loss than usual. This situation is normal and will stabilize when you stop losing weight. After a year, hair loss should stabilize.

To minimize hair loss, you should:

- Eat an adequate amount of protein (meat, poultry, eggs, dairy products, tofu, legumes).
- Avoid hair colouring, highlighting, and permanents, and preferably keep your hair short.

If the problem persists and there is serious hair loss, contact the bariatric surgery clinic.

### **Skin and nails**

Drier skin and more fragile nails also accompany weight loss. Use a good hydrating cream and keep your nails shorter until the situation recovers.

## **Pregnancy, contraception and sex**

Following surgery, it is normal to worry about sex. You need to allow your wound to heal for about one month after the operation.

After the first month has passed, your wound being well secured, you can resume normal sexual activity. The vagina, uterus and urinary tract are not attached to the digestive system; there is therefore no risk of tearing around the site of the surgery.

The loss of weight might affect your libido, raising or lowering it. Your body is changing as is your body image and self-esteem. Take the time to discuss this with your partner.

For women, weight loss causes many hormonal changes that can disturb the balance between fertility and infertility. For those suffering infertility or abnormal periods, we highly recommend that you consult a gynecologist after the surgery, during the weight loss period. You may also experience a disruption of your menstrual cycle due to the hormonal changes and an increase in your menstrual flow when taking the Fragmin™ anticoagulant after the operation.

For these reasons, contraception is important to avoid pregnancy during the weight loss period. Oral contraceptives remain an effective way for patients who have undergone a parietal gastrectomy, but it is not advisable to start them before the 4th week after the operation, given the risks of blood clots. However, oral contraceptives are not recommended after a Y-curl gastric diversion or a biliopancreatic diversion. You must therefore consider an alternate method. We highly recommend that you wait 18 months before beginning a pregnancy. It is preferable to await weight loss stability to minimize deficiencies that could have an impact on the baby's development. However, an unplanned pregnancy does not require its termination. It is only at greater risk and requires closer monitoring. Your eating must also be adapted; contact your nutritionist for help. Don't forget to inform your surgeon if you are pregnant.

## Driving

When to resume driving after your surgery depends on several factors: What is your general state of health since your surgery? Are you taking medication that causes impairment or drowsiness? Consult your surgeon before resuming this activity.

During your convalescence, long trips are not recommended, even as a passenger

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THE SOCIÉTÉ DE L'ASSURANCE AUTOMOBILE DU QUÉBEC (SAAQ) STIPULATES THAT IN ORDER TO DRIVE SAFELY, A PERSON MUST BE ABLE TO TURN THE STEERING WHEEL ALL THE WAY IN BOTH DIRECTIONS AND TO OPERATE THE CONTROLS EASILY, QUICKLY, WITH PRECISION, AND SIMULTANEOUSLY, IF NECESSARY, ESPECIALLY IN AN EMERGENCY.

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## Convalescence

The convalescence period lasts about 6 weeks, depending on the type of surgery. The rapid weight loss may be demanding so you will tire more rapidly than before your operation.

# Resources

## Bariatric Surgery Clinic

To make, cancel or change an appointment, and for any questions about sending requisitions and forms, contact the secretariat.

Monday to Friday, 8:00 am to 4:00 pm.

**Secretariat** : 450 432-2777, ext. 27580

**Bariatric surgery nurse-clinician**: 450 432-2777, ext. 27592

**Nutritionist** : 450 432-2777, ext. 27588 ou 27591

## CLSCs in the Laurentians

Main number for the region: **1-833-217-5362**

(If you need to leave a message, give your name, date of birth, municipality, and the date of your surgery).

|   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> CLSC Argenteuil              | <b>450 562-3761</b>              |
| <input type="checkbox"/> CLSC Jean-Olivier-Chénier    | <b>450 491-1233</b>              |
| <input type="checkbox"/> CLSC Thérèse de Blainville   | <b>450 433-2777</b>              |
| <input type="checkbox"/> CLSC Lafontaine              | <b>450 432-2777</b> , ext. 26221 |
| <input type="checkbox"/> CLSC des Pays-d'en-Haut      | <b>450 229-6601</b>              |
| <input type="checkbox"/> CLSC Sainte-Agathe-des-Monts | <b>819 326-3111</b>              |
| <input type="checkbox"/> CLSC Mont-Tremblant          | <b>819 425-3771</b>              |
| <input type="checkbox"/> CLSC Rivière-Rouge           | <b>819 275-2118</b>              |
| <input type="checkbox"/> CLSC Labelle                 | <b>819 686-2117</b>              |
| <input type="checkbox"/> CLSC Mont-Laurier            | <b>819 623-1228</b>              |

## CLSCs in Lanaudière

Main number for home support: **1 866 757-2572**

- ❑ CLSC Lamater **450 431-2881**
- ❑ CLSC Saint-Esprit **450 839-3676**

## CLSCs in Laval

Main number for the integrated health / social services receptionist: **450 627-2530**  
poste 64922

## Info-Santé : 811

## Hospitals

### **Hôpital de Mont-Laurier**

**819 623-1234**

2561, chemin de la Lièvre Sud,  
Mont-Laurier (QC), J9L 3G3

### **Hôpital de Saint-Eustache**

**1 888 234-3837**

520, boul. Arthur-Sauvé,  
Saint-Eustache (QC), J7R 5B1

### **Centre multiservices de santé et services sociaux de Sainte-Agathe-des-Monts**

**1 855 766-6387**

234, rue Saint-Vincent,  
Sainte-Agathe-des-Monts (QC), J8C 2B8

### **Hôpital de Saint-Jérôme**

**1 866 963-2777**

290, rue De Montigny,  
Saint-Jérôme (QC), J7Z 5T3

### **Centre multiservices de santé et de services sociaux d'Argenteuil**

**450 562-3761**

145, avenue de la Providence,  
Lachute (QC) J8H 4C7



# Service Quality and Complaints Commissioner

The Service Quality and Complaints Commissioner provides support to individuals who receive services provided in the following facilities of the CISSS des Laurentides.

1 866 822-0549 ou 450 432-8708

- [info-plaintes@ssss.gouv.qc.ca](mailto:info-plaintes@ssss.gouv.qc.ca)
- <https://www.santelaurentides.gouv.qc.ca/english/service-quality-and-complaints-commissioner/>

## CISSS des Laurentides Users' Committees

The Users' Committees provide support to individuals who receive care and services provided in the facilities of the Centre intégré de santé et de services sociaux (CISSS) des Laurentides.

[www.santelaurentides.gouv.qc.ca/a-propos-de-nous/comites-des-usagers/](http://www.santelaurentides.gouv.qc.ca/a-propos-de-nous/comites-des-usagers/)

# Your exercise program

## Guidelines

**Do these exercises before your surgery, during your hospital stay and when you return home.** Doing them daily will speed up your recovery. Their main purpose is to help you regain your strength and mobility and to prevent circulatory, respiratory and intestinal complications.

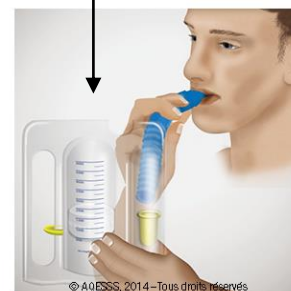
Practise the exercises before your surgery to help you feel more confident about being able to do them after surgery, and to optimize your recovery.

## Breathing exercises

**Do these 10 times every hour.** Continue at home until you are mobile.

**Purpose:** To prevent respiratory complications and promote relaxation.

| Without spirometer   | With spirometer  |
|--|--|
| 1. While sitting or lying down, place one hand on your stomach.  |  |
| 2. Take a deep breath through your nose, ideally by inflating your belly naturally, without forcing, hold it for 3 seconds, then exhale gently through your mouth, pursing your lips as if blowing out a candle. | 1. Insert the tip of the spirometer in your mouth, breathe the same way as without the spirometer. Keep the ball raised for 3 seconds during the inhalation. |
| After the respiratory exercises, cough several times and spit if necessary.  |  |



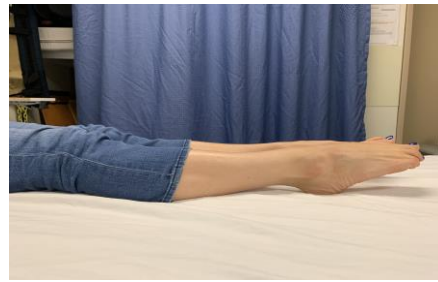


## Exercises to improve circulation

**Purpose:** To help prevent circulatory complications and improve blood circulation.

Lying on your back, flex your feet as far back as you can toward your knees, to stretch your calves. Point your toes as far forward as possible until you feel your calves get firmer.

**Do it 30 times in 1 minute or more; repeat every hour.**



Lying on your back with one or both legs straight, press the back of your knees into the mattress and flex your toes back toward you, tensing your thighs and buttocks.

**Repeat 10 times every hour.**

