

Calgary Adult Bariatric Surgery Clinic Guide Book



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The information in this booklet is to be used for informational purposes only. It is not intended as a substitute for professional medical advice, diagnosis or treatment. Please contact your health care provider for advice about a specific medical condition.

April 29, 2021

The Calgary Adult Bariatric Surgery Clinic

Welcome to the Calgary Adult Bariatric Surgery Clinic (CABSC). This booklet will guide you through the CABSC program. Read it carefully and bring it to all classes and appointments.

Bariatrics

Bariatrics is a branch of healthcare that specializes in the causes, prevention, and treatment of obesity.

Mission Statement

CABSC is an Alberta Health Services referral program that addresses obesity through bariatric surgery, education and interdisciplinary support to help reduce chronic disease and improve overall quality of life.

Self-Management

Bariatric surgery is one of the tools that can help you on your personal health journey. The bariatric team is here to provide education and guidance; you are responsible for managing your own health.

Pregnancy

If a patient of the Calgary Adult Bariatric Surgery Clinic becomes pregnant, the patient will be discharged.

Attendance Protocol

Missed appointments and classes impact wait times for other patients. Call our clinic (403-955-8088) to reschedule if you cannot attend due to illness or unforeseen circumstances.

- If you miss two (2) appointments or classes, either in-person, telephone, or online, you will be discharged from the program.
- An appointment or class cancelled with less than 48 hours' notice will be considered a missed appointment.
- If you are late or unprepared for your appointment you may be required to reschedule.
- You are required to attend appointments every 2-3 months once you have completed your assessment with a Registered Nurse.

The length and order of appointments may vary. Appointment dates and times may change due to unforeseen circumstances. We will provide you with as much notice as possible when this occurs. We appreciate your understanding if we need to reschedule your appointment.

If you have not had contact with the program for six (6) months, you will be discharged. If you are unable to participate in and meet the CABSC program requirements, you will be discharged and can be re-referred at a later date.

There is no guarantee you will be a candidate for bariatric surgery. Assessing safety for surgery and your understanding of how the surgery will affect your life is our primary concern. Assessment is ongoing, and surgical candidacy can change at any time.

About Bariatric Surgery

Many organizations, including the Canadian Medical Association and the World Health Organization, classify obesity as a chronic disease. The goal of bariatric surgery is to help you manage obesity, manage other chronic diseases such as diabetes or hypertension, achieve better health, and improve your overall quality of life. Bariatric surgery is not a vanity surgery.

Average weight loss following surgery is typically 20-30% of your starting weight. It is normal to gain back a small percentage of this weight over time. Some people are content with this progress and enjoy the health benefits that come with weight loss. Unfortunately, some people are not satisfied with their weight loss and expect to reach and sustain unrealistic weight loss goals. Managing expectations about bariatric surgery is a necessary part of surgery success. We encourage you to accept your "best weight". "Best weight" is the lowest weight you can achieve while at the same time maintaining the healthiest lifestyle you can enjoy.

Establishing and maintaining a healthy lifestyle **for life** is the key to long term surgery success. The bariatric team will help you do this. The fundamentals of a healthy lifestyle include:

- Healthy eating habits,
- Engaging in regular physical activity, and
- Maintaining good mental health.

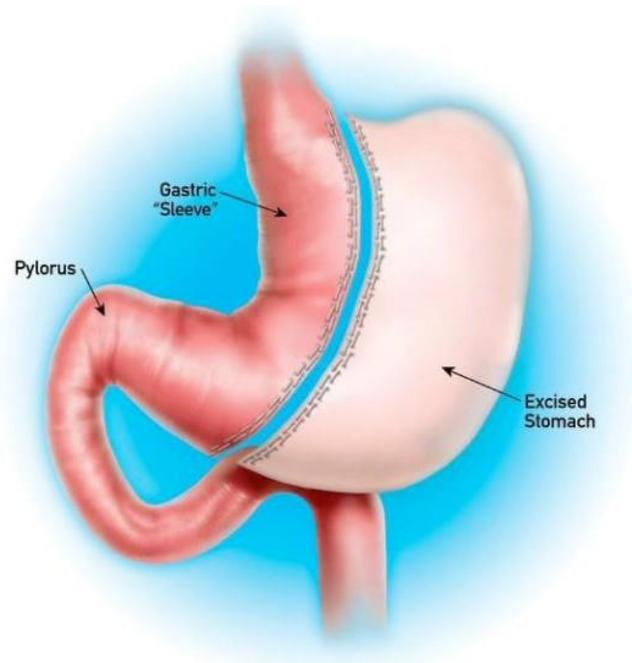
The CABSC offers two surgeries: Laparoscopic Vertical Sleeve Gastrectomy (sleeve) and the Laparoscopic Gastric Bypass Roux-en-Y (bypass). It is important to educate yourself about both surgeries to understand the pros and cons of this major operation and life-changing event.

For more information about bariatric surgery, visit:

- CABSC website www.calgarybariatric.ca.
- Obesity Canada website and read the information at the managing obesity link <https://obesitycanada.ca/managing-obesity/>
- The American Society for Metabolic and Bariatric Surgery (ASMBS) website and read the information at the Patient Learning Centre <https://asmbs.org/patients>

Laparoscopic Sleeve Gastrectomy (Sleeve)

A Vertical Sleeve Gastrectomy is often simply referred to as a “sleeve”. During a Vertical Sleeve Gastrectomy a large portion of the stomach is permanently removed. This surgery reduces the stomach to a pouch the size of a small banana. There are no changes to the intestine, only to the stomach, so the body will continue to absorb most of the calories and nutrients from food and fluids.



Advantages of the sleeve gastrectomy

- The sleeve helps to restrict the amount of food you can eat at one time. It causes a change in gut hormones, which suppresses hunger, promotes satiety, and reduces the way obesity triggers diabetes.

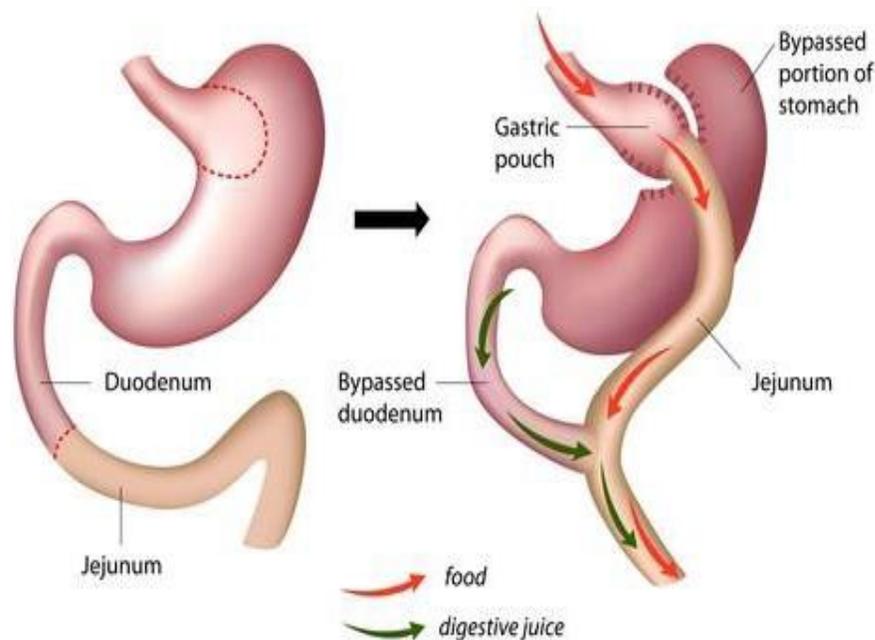
Disadvantages of the sleeve gastrectomy

- The disadvantages of sleeve surgery are that it is irreversible, and there is an increased risk of heartburn and reflux.
- There is a risk of long term nutrient deficiencies; however, it is lower than bypass surgery.

Laparoscopic Roux-en-Y Gastric Bypass (Bypass)

A Laparoscopic Roux-en-Y Gastric Bypass is often simply referred to as a “bypass”. During a Laparoscopic Roux-en-Y Gastric Bypass, the stomach is reduced to a small pouch, the size of an egg. The small pouch is created by stapling off a section of the stomach. The larger portion of the stomach is not removed. The upper part of the small intestine, (the duodenum) is then surgically separated from the middle of the small intestine (the jejunum).

The surgeon attaches the jejunum to the new stomach pouch. The duodenum is reattached further down the small intestine so that digestive and gastric juices from the stomach mix with food. Food will now bypass the larger portion of the stomach and the upper part of the small intestine where calories and nutrients are absorbed.



Advantages of the bypass surgery

- Bypass surgery is successful because it restricts the amount of food you can eat at one time. It causes a change in gut hormones, which suppresses hunger, promotes satiety, and reduces the way obesity triggers diabetes.
- One additional advantage of bypass surgery is that it changes food and fluid absorption, leading to more significant weight loss.

Disadvantages of the bypass surgery

- Bypass surgery is technically challenging which can result in greater complication rates.
- Due to the complexity of this procedure, this surgery should be considered irreversible.
- There is a risk for nutrient deficiencies because food bypasses the upper portion of the small intestine.

Possible Surgical Complications

Surgical complications are not common, but bariatric surgery is not without risk.

- As with any surgery, there is a risk of infection, blood clots, reaction to the anesthetic, and a rare but real risk of death.
- Immediate post-operative complications may include bleeding, leaks from the internal suture lines, and infection. You will be monitored at the hospital for signs and symptoms of these complications and treated as needed. For example, if you have a bleed or leak, you may need a second drain inserted or a second surgery.
- Early complications can result in decreased food intake, which may necessitate tube feeds (parental nutrition).
- Long-term post-operative complications may include gallstones, nutritional deficiencies, ulcers in the stomach or small intestine, and strictures (narrowing of the digestive tract).

It is essential to discuss any symptoms that you are worried about with your bariatric team, your surgeon, or your family physician.

Possible Benefits of Bariatric Surgery

- Remission of type 2 diabetes
- Improved cardiovascular health
- Decrease in medications
- Less joint pain
- Relief of obstructive sleep apnea (OSA)
- Improved quality of sleep
- Improved fertility
- Improved quality of life
- Increased energy and mobility
- Increased ability to travel
- Improved longevity

The Bariatric Team

We are a team of specialized professionals committed to assisting you through your bariatric surgery journey. We are here to support you before, during and for one year post surgery. Your team will include a registered nurse, registered dietitian, registered psychologist, an internal medicine specialist, a bariatric surgeon, our clerical staff and your family physician. You may also work with our registered social worker, a registered nurse practitioner, who is also a certified diabetes educator (CDE), and/or researchers from the University of Calgary.

My Bariatric Team	Name
Registered Nurse (RN)	
Registered Dietitian (RD)	
Registered Psychologist (RPsych)	
Internal Medicine (IM) Physician	
Bariatric Surgeon	
Registered Social Worker (RSW)	
Nurse Practitioner (NP) CDE	

Getting Started

First Steps	Date
Referral received and you are accepted into the assessment phase of the CABSC program.	✓
<p>Orientation Class Learn about the program expectations and bariatric surgery.</p> <ul style="list-style-type: none"> <input type="checkbox"/> This class will be scheduled for you by the clerical staff. <input type="checkbox"/> Ensure that you follow all the ‘Orientation – pre class instructions’ that will be emailed to you <input type="checkbox"/> For the virtual class you will be asked to verbally provide 2 of the following: your full name, birth date, health care number, or address. Please inform the bariatric team member if you have a support person attending this virtual class with you. <input type="checkbox"/> Should in-person classes resume, have your Alberta Health Care card and one piece of photo identification ready to present. 	
<p>Complete the intake package. Once we have received your completed package the clerical staff will call you to schedule an assessment with a Registered Nurse (RN) who will become your case manager.</p>	
<p>While waiting for your assessment with the RN, visit the CABSC website (www.calgarybariatric.ca) and:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sign up for our CABSC monthly newsletter on the homepage. <input type="checkbox"/> Review the videos under the ‘Patients’ tab and practice the skills and health care suggestions outlined in these videos. <input type="checkbox"/> Review the links and resources listed under the ‘Additional Resources’ tab. 	

Bariatric Surgery Essentials

see also online at calgarybariatric.ca under the 'Patients' tab

1. Have regular meals

- Eat regularly throughout the day to ensure you are getting the nutrition you need. This practice will also help you manage your hunger which may reduce overeating.
- By eating at regular intervals now, you will be better prepared to adjust to the post-surgical eating pattern which generally requires eating 3 meals and 1-2 snacks evenly spread over the day.

2. Choose balanced meals

- Include protein rich foods, vegetables, fruit, and grains at every meal. Including a variety of foods at your meals and snacks can help you meet your nutrition needs.

3. Use the Four Ps (**Plan, Purchase, Prepare and Pack**) for meal planning

- Plan** what you want to eat ahead of time.
- Purchase** the food needed to make meals and snacks.
- Prepare** meals/snacks in advance to save time and stress.
- Pack** meals/snacks to bring with you to work, school, or when you are on the go. Packing meals and snacks can help you reduce eating out.

4. Keep a food record

- Use a food record to track your food and fluid intake. Share your food record with your dietitian so they can help you meet your nutrition needs.
- It is important to note that your food record is a tool to provide you with information about your habits, it is not a tool used for judgment. Use your food record to help you make decisions.

5. Engage in Physical Activity

- There are many benefits to physical activity including improved strength, sleep, mobility, flexibility, circulation, heart health and mental health.
- Find ways to add enjoyable physical activity to your day. Physical activity can take place at home, outside, at a pool or a gym.

6. Seek Social Connection and Support

- Seek support from family, friends, and coworkers.
- A support person who accompanies you to appointments and classes and/or educates themselves about the surgery can help with physical and emotional adjustments post-surgery.

7. Plan for no carbonated beverages

- Carbonated beverages can cause gas, bloating and discomfort post-surgery.
- Many carbonated beverages are high in calories and do not provide nutritional value. We ask you also avoid non-caloric carbonated beverages as well.

8. Plan for no non-steroidal anti-inflammatory drugs (NSAIDs)

- Stop taking anti-inflammatory medications (NSAIDs) like Aspirin®, Ibuprofen®, Motrin®, Naproxen® or Aleve®. These drugs can cause ulcers or stomach irritation in anyone but are especially linked to a kind of ulcer called “marginal ulcer” after gastric bypass. Marginal ulcers can bleed or perforate leading to months or years of recovery.

- Speak with your family physician, medical specialist, or pharmacist about other medications you can take for pain management.

9. No nicotine

- Nicotine use is associated with slower recovery post-surgery and increased risk of stomach ulcers.
- Smoking tobacco/cannabis, chewing tobacco, smoking e-cigarettes, vaping or using any nicotine products are grounds for discharge from the CABSC.

10. Plan for no alcohol or substance use

- Alcohol tolerance can change post-surgery because alcohol moves through your digestive system differently and may be absorbed into your bloodstream more quickly.
- Alcohol irritates the lining of the stomach.
- Alcohol is high in calories and does not provide nutritional value.
- Substance use is associated with poor health among bariatric patients and is associated with poor surgical outcomes.
- Substance use disorder is an increased risk post-surgery.

11. If applicable - Plan to delay pregnancy for two (2) years after surgery.

- If you are a woman of childbearing age, we strongly advise you to **NOT** get pregnant for **at least two (2) years after your bariatric surgery**.
- There are several reasons to **avoid** getting pregnant during this time:
 - Your body needs time to heal after surgery.
 - You need to adjust to significant life changes.
 - It is challenging to eat enough to support a healthy pregnancy.
 - Many women do not have enough folic acid, vitamin B12, and iron in their bodies post-surgery to support a healthy pregnancy.
 - Nutrient deficiencies can cause severe birth defects, and your baby may be born too small.
- Many women are more fertile post-bariatric surgery. We encourage you to speak to your family physician, gynecologist, or reproductive health care provider about effective birth control methods post-bariatric surgery. It is important to note that oral contraception ("The Pill") may **not** be effective. If you are considering a tubal ligation, this procedure should be done several months before bariatric surgery to ensure you are protected from becoming pregnant.
- If you become pregnant at any time after bariatric surgery you and your baby will require close monitoring and support. You will need to be followed by a High-Risk Pregnancy Clinic and community dietitian.

Assessment Phase

Bring, or have available, the following for **all appointments**:

- Your Alberta Health Care card and one piece of photo identification (for in-person appointments)
- This guide book
- Your medication, vitamin, mineral and natural health supplement bottles or a list of these, including dose(s), time of dose(s) and brand names.
- An up-to-date food record.
- Any questions you would like to discuss.

Registered Nurse (RN) Assessment	Date & Time
<p>You will meet with a Registered Nurse (RN) who will be your case manager and help you navigate the CABSC program. The RN will review your health history, lifestyle changes, and knowledge of bariatric surgery. Together, you and the RN will create a list of goals that may be checked and added to by each bariatric team member. It will be your responsibility to work towards these goals while you are waiting for your next clinic appointment. A blood work requisition will be given to you to complete before your appointment with a dietitian.</p> <p>For this appointment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bring a list of your medical conditions and specialists. <input type="checkbox"/> Be prepared to discuss your progress on the Bariatric Surgery Essentials, other lifestyle changes you have made and goals that you wish to work towards. <input type="checkbox"/> Be prepared to answer these questions: <ul style="list-style-type: none"> ○ Is bariatric surgery right for me? ○ Is this the right time in my life for bariatric surgery? 	
Nutrition Basics Class with Registered Dietitian (RD)	Date & Time
<p>In this class you will learn about eating habits that are recommended specifically for people considering bariatric surgery. You are welcome to have a support person attend this class with you.</p>	
Registered Dietitian (RD) Assessment	Date & Time
<p>The Registered Dietitian (RD) will review your eating habits and blood work results and provide education on eating well before and after surgery. You and the RD will review your list of goals and add to them as needed.</p> <p>For this appointment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete your blood work at least one (1) week before this appointment. <input type="checkbox"/> Ensure you have a copy of your food record available for the dietitian. This can be e-mailed to your dietitian in advance or they can access your online food record from their computer. 	

Registered Psychologist (RPsych) Assessment	Date & Time
<p>Prior to being considered for surgery, a psychologist will assess lifestyle and behavioral factors related to positive post-surgical outcomes.</p> <p>For this appointment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Be prepared to discuss your progress on the goals agreed upon with your bariatric team. 	
Other Assessments as Needed	Date & Time
<p>Internal Medicine (IM) Physician Assessment</p> <p>The IM physician will review your health history, your medical concerns, and your medications and will assess your safety for bariatric surgery. You may be asked to complete additional testing.</p> <p>An Internal Medicine (IM) physician is NOT a bariatric surgeon.</p> <p>For this appointment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bring a list of your medical conditions and specialists. 	
<p>Registered Social Worker (RSW) Assessment</p> <p>The social worker can provide information and education, referrals to community agencies and services, and speak with government agencies and other healthcare providers on your behalf. Prior to being considered for surgery, the social worker may also assess lifestyle and behavioral factors related to positive post-surgical outcomes.</p> <p>For this appointment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> If applicable, bring your Alberta Works or AISH health benefits card. <input type="checkbox"/> If applicable, bring the contact name, phone number and office location of your Alberta Works or AISH worker. 	
<p>Nurse Practitioner (NP) Assessment</p> <p>The nurse practitioner specializes in diabetes management.</p> <p>For this appointment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bring a list of your medical conditions and specialists. <input type="checkbox"/> If applicable, bring your glucose meter and blood sugar log book. <input type="checkbox"/> If applicable, bring your blood pressure monitor and record of blood pressure. 	

Follow-up Appointments	Date & Time
<p>You will follow-up with a bariatric team member at least every 2-3 months. Not every person will have the same number or type of appointments. It is your responsibility to ensure that you have follow-up appointments booked.</p> <p>It can take many follow-up appointments over a long period time to assess readiness and safety for bariatric surgery. Failure to attend appointments (whether they are in-person, phone, or by virtual appointment will result in discharge from the CABSC).</p>	
<p>Follow-up Appointment with: _____</p>	

Surgery Assessment	Date & Time
<p>You will be scheduled for a surgeon assessment by the RN once the team feels you are prepared and safe for surgery. Timeframes to see a surgeon vary. It could take several months before an assessment is scheduled. The surgeon will discuss which bariatric surgery is best for you, assess your surgical safety, and determine if any diagnostic testing is required (see below).</p> <p>At this appointment, clerical staff will book the Preparing for Surgery class and a follow-up with a team member.</p>	
Possible Diagnostic Testing	
<p>Endoscopy</p> <p>Endoscopy allows your surgeon to view your esophagus, stomach, and upper portion of your small intestine using an endoscope, a small tube with a camera attached. You will receive sedation during this procedure therefore you will need someone to drive you to and from this test.</p> <p>Your surgeon will refer you to a physician to complete the endoscopy. The physician's office will call you directly with your appointment date, location, and instructions on how to prepare for your endoscopy. Hospitals in Calgary and High River perform this procedure.</p> <p>You will need to call and confirm your appointment time one to three days before your endoscopy. The physician's office will provide you with a date and phone number to call to do this.</p> <p>Date you need to call to confirm appointment: _____</p> <p>Phone number to call: _____</p> <p>For further information about this test: https://myhealth.alberta.ca/health/tests-treatments/pages/conditions.aspx?Hwid=hw267678</p>	
<p>Upper Gastrointestinal (GI) Series (Barium Swallow)</p> <p>An upper GI study allows the physician to view the inside of your mouth, throat, esophagus, stomach, and upper portion of the small intestine. At this appointment you will drink liquid barium which has a thick and chalky texture. As you ingest the liquid, a series of x-rays are taken.</p> <p>The clerical staff will arrange for this test through a diagnostic centre.</p> <p>For further information about this test: https://myhealth.alberta.ca/health/tests-treatments/pages/conditions.aspx?Hwid=hw235227#hw23230</p>	

Esophageal manometry

Manometry assesses the function of the esophagus. During the procedure, a thin tube is guided down your throat to measure the esophagus' pressure and muscle strength. Local freezing into your mouth and nose may be provided before the procedure to make the test more comfortable.

Your surgeon's office will book the appointment for you. This test will be scheduled at South Health Campus.

For further information about this test:

<https://myhealth.alberta.ca/health/tests-treatments/pages/conditions.aspx?Hwid=hw4640>

Surgeon Follow-up	Date & Time
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Once your tests are done, **you must call** the CABSC clerical staff (403-955-8088) to book your surgeon follow-up appointment. The surgeon will review test results, and if safe for surgery, you will sign consent for surgery.

Preparation Phase

Getting your Surgery Date

Your surgeon's office will call you with a surgery date and location. The wait time could be several weeks or months. **Please call the CABSC clerical staff (403-955-8088) once you have your surgery date.** Failure to advise us could delay your surgery. It is also essential to inform us if your surgery date changes. The clerical staff will book your mandatory pre and post-surgery appointments.

The surgeons perform bariatric surgery at the Peter Lougheed Centre (PLC) and South Health Campus (SHC). The type of surgery and operating room availability will determine the location of your operation.

Surgery date: _____

Type of surgery : _____

Location of surgery: _____

Name of surgeon(s): _____

Phone number of surgeon: _____

Length of liquid diet: _____

Surgery may be canceled or postponed at any time before your surgery or on the day of surgery. Hospital staffing, changes in your physical, mental, or nutritional health or inability to maintain lifestyle changes may result in your operation being canceled or postponed.

Staying in Contact

It is your responsibility to stay in contact with your bariatric team every **2-3 months** while waiting for surgery. Staying in contact includes in-person, online, or scheduled phone call appointments with one of the bariatric team members, or attending an optional pre-surgery class (see below).

If you are unable to fulfill this commitment, your surgery will be canceled, and you will be discharged.

Medications

Bariatric surgery and weight loss can alter the absorption of prescription and non-prescription medications (including supplements). It is essential to inform your medical team (family doctor, pharmacist, nurse practitioner, or medical specialist) of your upcoming surgery. Your medical team will review medications before and after surgery.

Be aware that:

- The type or dose of medication that you are taking may need to change after surgery. Take time to review this with your family doctor, nurse practitioner, or specialist.

- If you are taking medications to manage diabetes, you will require close monitoring pre and post-surgery by your physician, nurse practitioner, or specialist. As you lose weight, your medications may need to be adjusted to avoid low blood sugar (hypoglycemia).
- If you are taking medication to manage mental health conditions such as depression or anxiety, you will need to speak with your family physician or psychiatrist regarding your prescription. The dosage may change as you lose weight.
- Non-steroidal anti-inflammatories (NSAIDs) such as Aspirin®, Ibuprofen®, Motrin®, Naproxen®, or Aleve® can increase your risk of developing ulcers, especially after bariatric surgery. If you are still using these medications, you must discuss it with your medical team as NSAIDs may not be safe. See pg. 7 for additional information.
- Birth control pills are not well absorbed following bariatric surgery and are not reliable for contraception.** Speak to your family doctor, gynecologist, or reproductive health care provider about effective birth control. See pg. 8 for additional information.

Pre-Surgery Classes and Appointments	Date & Time
<p>Preparing for Surgery Class Learn about preparing for bariatric surgery, what to expect in the hospital, and what to do once you are discharged home. You will also learn about post-surgery eating recommendations. This class is taught by an RD and RN. You are welcome to have a support person attend with you.</p>	
<p>Nurse Practitioner (NP) Appointment (if applicable) Review diabetes management pre and post-surgery.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review the signs and symptoms of a low blood sugar and how to treat <input type="checkbox"/> How often to test your blood sugars while on the pre-surgery liquid diet and how often to test your blood sugars after bariatric surgery. <input type="checkbox"/> Review suggested medication adjustments and when to call with questions. 	
<p>Pre-Surgery Nutrition (RD) Appointment Discuss your pre-surgery liquid diet, blood work and review post-surgery eating recommendations.</p> <ul style="list-style-type: none"> <input type="checkbox"/> If applicable, complete your blood work one (1) week before this appointment. <input type="checkbox"/> Bring your handouts and questions from the Preparing for Surgery Class. 	
<p>Pre-Admission Clinic A nurse from the hospital will call you to review your medical history, medications and book an in-person appointment. Location: _____ Phone number of Pre-Admission Clinic: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bring all of the medications, vitamin, mineral and natural health supplements you take (in their usual packaging), or a list of these including: doses, time of dose(s) and brand names. <input type="checkbox"/> Complete pre-op blood work as directed by the Pre-Admission Clinic. This is not the same blood work requested by your bariatric team. 	

At this appointment:

- You may get a hospital wrist band to wear – do not remove until after surgery.
- If you use a c-pap or bi-pap you will be given instructions for its use at the hospital
- You will be instructed when to stop your medications, vitamins and supplements
- You will be instructed when to have your last meal
- You will be instructed when to stop fluids
- You may meet an Anesthesiologist.
- You may meet an Internal Medicine specialist.
- You may be required to get further medical testing.

Optional Pre-Surgery Classes	Date & Time
<p>Pre-Surgery Bariatric Cooking Class Cook and taste dishes that represent the post-surgery diet progression. To attend this class, you must have signed consent for surgery but not yet had surgery, and you must have attended the Preparing for Surgery Class.</p> <p>Location: South Health Campus Wellness Kitchen To register: Call 403-956-3939 or https://app.booking.ca/bkshcwellnesspub You are welcome to bring a support person who must also register for the class.</p>	
<p>Improve Your Relationship with Food Led by a Registered Psychologist, this group provides education and support to help you improve your relationship with food. This group is for both pre-surgery and post-surgery patients. Class is offered monthly at varying times.</p> <p>To register: Call 403-955-8088 This group is for registered pre and post-surgery CABSC patients only.</p>	
<p>Bariatric Peer Support Group This peer run support group will discuss important topics related bariatric surgery.</p> <p>To register: Call 403-955-8088 This group is only for registered pre and post-surgery CABSC patients.</p>	

Surgery Day

Pack and bring:

- Your medications, vitamins, mineral and natural health supplements, or a list of these including doses, time of dose(s), and brand names.
- If applicable, bring your CPAP or BiPAP machine.
- Personal items (i.e., toothbrush, toiletries, change of clothes, slippers, reading materials, etc.)
- Do not bring valuables to the hospital.

Once you are at the hospital:

- Go to the Admitting Department.
- You will be directed to either the Day or Inpatient Unit. There, your demographics and health history will be reviewed by a nurse. It is helpful to know the time of your last dose of any medication you are taking. An IV may be started.
- You will be escorted to the waiting room, also called the Pre-Op Holding Area. You will meet your anesthesiologist and see your surgeon here before surgery.
- You will then be wheeled or asked to walk into the Operating Room for your surgery.
- After surgery, you will be taken to the Recovery Room, where the nurses and doctors will monitor you closely while you wake up from the anesthesia.

When you wake up you will have:

- An intravenous line in your hand or arm to give you fluids and medication.
- Oxygen tubing or a mask on your face.
- A blood pressure cuff on your arm.
- A device like a clothespin on your finger to check your oxygen.
- Compression stockings or pants on that will inflate and deflate automatically to promote blood circulation.
- Several small incisions on your abdomen, covered with small bandages. The bandages will stay on for 24-48 hours.
- A drainage tube in your abdomen to remove extra fluid and blood from the surgical area. The drain will be removed before you go home.

Once you are medically stable (usually 1-2 hours), they will take you to the Inpatient Unit where you stay for 1-2 nights until you are ready for discharge.

The morning after surgery:

- You will have an upper GI Series test (see page 12). You will swallow a contrast liquid followed by an x-ray to ensure you have no leaks or obstructions in your new stomach.
- If all is well, you will be started on a full fluids diet and discharged within 1-3 days, depending on your condition.

Hospital Stay

To help prevent surgical complications:

- You will be advised to practice coughing and taking deep breaths. These exercises will help you to avoid breathing and lung problems.
- You will be encouraged to move around often or wear compression stockings to prevent blood clots from forming in your legs.

Medications prescribed in the hospital may include:

- Pain medication. You can ask the nursing staff for this medication to lower your level of pain following surgery.
- Blood thinners to help prevent blood clots.
- Antibiotics to prevent or treat infections.
- Pantoloc (Pantoprazole) or a similar medication, to prevent stomach ulcers and heartburn. Heartburn is also called acid reflux or gastroesophageal reflux disease (GERD). This medication is typically prescribed for six months, though some people need to take it longer. It is important to take this medication until the prescription is complete, even if you don't have any symptoms. Your surgeon will discuss this medication with you at your 6-month post-surgery appointment.

At Home

Hygiene

- You can shower once you get home from surgery or when your surgeon advises.
- Do not take a bath or swim until your incisions are well healed. Talk to your surgeon at your 1-month post-surgery appointment if you have further hygiene questions.

Incision Care at Home

- The strips of tape over your incisions are called steri-strips. The steri-strips help to keep the edges of your incision together. Keep the steri-strips on your incisions clean and dry for 7-10 days, depending on your surgeon's instructions.
- If the steri-strips fall off, leave them off. If the steri-strips do not fall off in 10 days, remove them in the shower.
- It is normal to have some swelling or bruising around the incisions. It can take a few weeks to go away. If you noticed increased drainage or odor from your incisions or severe swelling, bruising, or redness spreading around the incision, contact your surgeon.
- You may notice numbness in the incision area. During surgery, nerve endings to the skin are cut, resulting in numbness around the incision. The feeling may or may not return slowly over the next 2-3 months.

Physical Activity

- For the first month after surgery start with short walks a few times a day. As you recover you will be able to walk further and more frequently. Remember – movement is medicine!
- You may resume sexual activity when you are comfortable and feel ready to do so.
- At your 1-month post-surgery appointment discuss with your surgeon when to resume other physical activities and exercise routines in the weeks to come. Bring a list of your questions.
- In general, do not lift or carry anything heavier than 10 pounds for about 4-6 weeks. This includes things like a grocery bag, suitcase, laundry basket, vacuum cleaner, pet or child.

Driving and Travelling

- Speak to your surgeon regarding when you may resume driving. It may be as soon as 1-2 weeks after surgery once you are no longer taking narcotic pain medication and can move with ease (e.g. shoulder checking).
- If you are planning to travel on a long car trip or take a flight, first speak with your surgeon to see when this is safe. They will recommend some ways to travel safely and comfortably.

Work or School

- Most people return to work or school 4-6 weeks after surgery. Returning to work depends on what you do and how you feel. Talk to your surgeon at your 1-month post-surgery appointment about your return to work date.

Symptoms of Surgical Complications

Listed below are symptoms that would indicate a **serious complication** and require you to go to the Peter Lougheed Centre (PLC) Emergency Department:

- Unable to eat and/or drink anything
- Ongoing vomiting and nausea for more than two (2) days
- Extreme diarrhea or constipation for more than three (3) days
- Blood in vomit or stools
- Fever over 39C (102F) or chills
- Very low blood sugar, fainting, passing out
- An incision that appears open, red or swollen, begins to drain pus or blood, and/or feels warm to the touch
- Abdominal pain and/or bloated or swollen stomach
- Pain with deep breathing or shortness of breath
- Redness or pain in legs or arms
- Increase in pain that cannot be managed with pain medication

If you experience any of these symptoms, go to the Peter Lougheed Centre (PLC) Emergency Department. Tell them that you have had bariatric surgery. The CABSC surgeons are on call at Peter Lougheed Centre (PLC) which is why you must go to this Emergency Department.

Post-Surgery Support Phase

Bring the following to all appointments:

- Your Alberta Health Care card and one piece of photo identification (for in-person appointments)
- This guide book
- A food record.
 - Ensure you have a copy of your food record available for the dietitian. This can be e-mailed to your dietitian in advance or they can access your online food record from their computer.
- Your medication, vitamin, mineral and natural health supplement bottles or a list of these including dose(s), time of dose(s) and brand names.
- Any questions you would like to discuss.

Post-Surgery Appointments	Date & Time
<p>1-Week Phone Check-in with a Nurse (RN) A nurse will call you to address surgery recovery questions and concerns. The nurse will remind you to book your 1-month post-surgery follow-up appointment with your surgeon.</p>	
<p>1-month Appointment with a Surgeon The surgeon will examine your surgical incisions and answer any questions you may have. This appointment usually occurs at the surgeon’s office and not at our clinic.</p> <p>Location: _____</p>	
<p>1-month Appointment with a Nurse (RN) and Dietitian (RD)</p>	
<p>3-month Appointment with a Nurse (RN) and Dietitian (RD) You will be provided with a blood work requisition. Future post-surgery appointments will be booked at this appointment.</p>	
<p>6-month Appointment with a Nurse (RN) and Dietitian (RD)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete your blood work at least one (1) week before this appointment. 	
<p>6-month Appointment with a Surgeon The CABSC is the location for this appointment. You will be provided with a blood work requisition.</p>	
<p>9-month Appointment with a Psychologist (RPsych) This can be an individual or group appointment. The group is for registered CABSC patients only.</p>	
<p>12-month Appointment with Nurse (RN) and Dietitian (RD)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete your blood work at least one (1) week before this appointment. 	

Optional Post-surgery Classes	Date & Time
Bariatric Support Group (see page 16)	
<p>Body Image Led by a Registered Psychologist, this class discusses changes in body image after weight loss from bariatric surgery. Class is offered every second month at varying times. To register: Call 403-955-8088 This group is for registered CABSC patients only.</p>	
Improve Your Relationship with Food (see page 16)	

Discharge	Date & Time
<p>After 12 months of post-surgery care, we will transition you to your family physician for annual blood work and testing. Should you have medical complications related to your bariatric surgery, contact your surgeon, not the CABSC program. We will contact you every year for at least five years to set up a follow-up appointment to track your progress. Follow up with our patients helps us with program development, growth and ongoing funding to continue to provide bariatric surgery.</p>	
Two Year Follow up: brief appointment with registered nurse for data collection.	
Three Year Follow up: brief appointment with registered nurse for data collection.	
Four Year Follow up: brief appointment with registered nurse for data collection.	
Five Year Follow up: brief appointment with registered nurse for data collection.	

Life After Bariatric Surgery

Weight Loss

- Bariatric surgery is a tool to help you manage obesity and to improve your overall health.
- People lose weight at different rates. Periods of rapid weight loss followed by periods of no weightloss are common in the first year after surgery. It is also common for people to lose weight at a fairly consistent rate. Do not compare your weight loss to others.
- Many people expect to lose more weight than is realistic. Therefore do not set a weight loss goal. Having unrealistic expectations may bring up negative emotions when that goal is not met. You cannot fully control how much weight you lose after bariatric surgery.
- It is important to understand the idea of 'best weight' (see page 2).
- While research varies on the number, weight regain of approximately 5-10% after you have reached your lowest weight is normal. This weight is what you must take as your 'best weight'. Your work is to maintain this weight, not continually strive to reach a possibly unattainable goal.
- You will likely still have obesity following bariatric surgery, but you will have less obesity, and will hopefully enjoy the many possible health and lifestyle benefits of your weight loss.

Your Relationship with Food

- You may use food for comfort, overeat out of habit, or generally have a poor relationship with food. Emotional eating or loss of control eating post-surgery can lead to weight regain or complications like regurgitation or dumping syndrome. It is important to start using skills to manage problem eating prior to bariatric surgery and to continue using these skills after surgery. This is easier said than done, however helpful resources are available.
 - Watch the 'Set Yourself up for Success' videos on our website (calgarybariatric.ca), especially Modules 5 and 6.
 - Make an appointment with one of the CABSC psychologists.
 - Enroll in the 'Improve Your Relationship with Food' class (see page 16).

Body Image

- After bariatric surgery, your body may look and feel different than you had imagined. It can take time to get used to a different body shape and size. Be patient and you will adjust to these new feelings.
- Loose skin is a reality for many people who lose a significant amount of weight. Your bariatric team will give you information on skin removal surgery and/or discuss ways to accept loose skin as part of your weight loss journey.
- People may tell you your weight, and your looks have changed, but you may not see it yourself. Taking pictures of yourself at some point before your surgery and then regularly until you reach your best weight is a good way to help you manage your self-perception.
- You might not be prepared for the attention you receive from family, friends and co-workers. It is normal for people to notice change in your weight. Weight loss is highly valued in our culture, so most people are trying to be kind when they make comments. It is important to think about how this makes you feel as some people enjoy the attention and others do not. Either way it may be helpful to come up with a response so you are prepared for the attention. For example, saying "Thank you, I am enjoying how much easier it is to get in and out of the car" acknowledges their attention yet focuses on improvement in movement, not on the amount of weight you have lost.

- Make an appointment with one of the CABSC psychologists or attend the ‘Body Image Class’ offered to post surgery patients if body image is a problem for you.

Relationships

- Some people in your life may be jealous or resentful of your weight loss and may try to sabotage your weight management efforts. You will need to communicate assertively with these people. Invite them to change their attitude and become a part of your support system. Unfortunately, if they are not willing to become supportive, the relationship may have to end.
- You may find a new confidence after weight loss which results in creating new and healthy relationships. Surround yourself with people who are positive and who support you.

Managing Mental Health

- You might expect to experience only positive emotions and improved mental health after bariatric surgery because you have lost weight. Hopefully this is true for you. However, as with any major life event, you may experience negative emotions too, such as sadness, anger, stress, boredom or even depression. You may also feel regret about having the surgery itself. Be prepared to experience both emotional ups and downs. Manage your mental health using resources you have in place or looking up the resources listed below.
- Research suggests that bariatric surgery is associated with an increased risk of substance abuse and/or addictions. If you find yourself using substance please reach out for help. Resources are listed below.

Resources

- The Calgary Adult Bariatric Surgery Clinic psychologist or social worker
- Your family physician
- Alberta Health Services: Access Mental Health
- Alberta Health Services: Help in Tough Times
- Mental Health Hotline: 1-877-303-2642. Translation services available
- Canadian Mental Health Association
- Canadian Psychological Association
- Centre for Addiction and Mental Health (CAMH)
- The Distress Centre

Family and Friends - How You Can Help

- Accompany your family member/friend to appointments both in person and virtually.
- Learn the facts about obesity being a complex chronic disease and the real challenges of weight management and maintaining weight loss.
- Learn about the lifelong lifestyle changes your family member/friend will have to make for bariatric surgery success.
- Be patient as change takes time.
- Serve your family member/friend food that meets their needs. If you invite them to dinner, ask about their menu preferences so you can both relax and enjoy the visit. Don't be a "food cop". There is no such thing as "good" or "bad" food, or a "perfect diet".
- Take part in physical activities with your family member/friend.
- Ask how your family member/friend would like to be supported. What you may think is support, your family member/friend may feel as annoyance.
- Offer encouragement and note the positive changes your family member/friend has made.
- Celebrate without food. Demonstrate support through flowers, gift cards, books, notes or cards of encouragement, etc.
- Celebrate non-scale victories to take the focus away from weight and weight loss. Focus on behaviours, not numbers, when you congratulate them on what they have accomplished.
- Be clear, open and honest about how you feel. Every so often, check in and ask yourself how you are doing as a support person. Relationships change over time and yours will too so make sure you keep discussing your support role with your family member/friend.
- Encourage your family member/friend to have a broad base of support. Help them connect to bariatric support groups or individuals who have had surgery, either in person or online.

