

Please bring this booklet with you for clinic visits and hospital stays

A guide to

Bariatric Surgery

Saskatchewan Health Authority

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Introduction

You have chosen to have Bariatric Surgery. The purpose of this booklet is to provide information for you and your support person(s) before your bariatric surgery. This booklet gives you instructions on preparing for surgery and what to expect after your surgery.

Your healthcare team will do all they can to make your surgery a success. We hope that keeping you informed helps you understand what to expect and how you can take an active role in your care. How well you prepare for surgery and the efforts you make after surgery will be important in your recovery. Your success depends on you.

What is a Care Pathway?

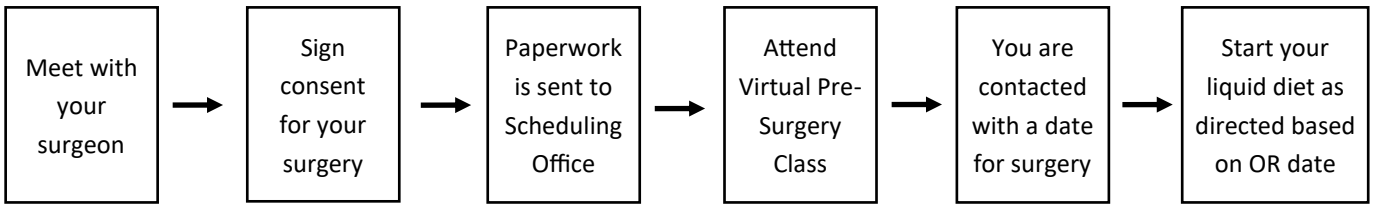
A Clinical Care Pathway is a program that helps you recover quickly and safely after bariatric surgery. Your team will provide you with information and goals throughout your surgery and recovery. The pathway helps to provide clear communication and expectations between you and your healthcare providers.

This booklet will:

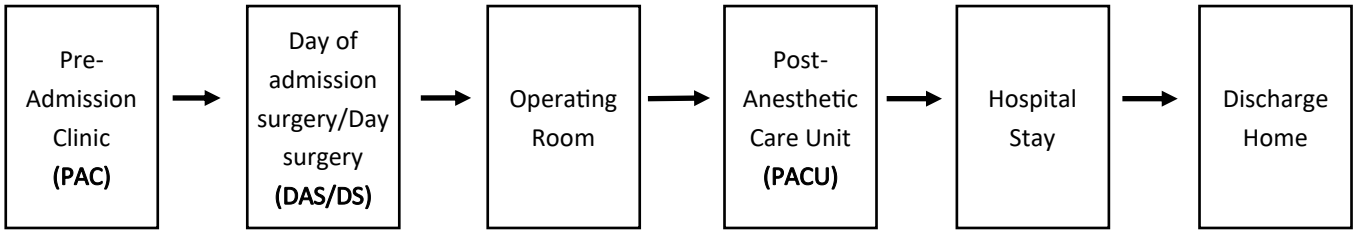
- help you understand and prepare for your surgery.
- explain how you can play an active part in your recovery.
- give you daily goals to achieve.
- provide you instructions on eating and drinking before and after surgery.
- give you guidelines on physical activity.
- help you to manage your pain.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We support you each step of the way. Following a care pathway helps you feel better faster and go home sooner. Please ask us if you have questions about your care.

Pathway to Surgery—Your surgeon will give you an approximate time line



Steps of Surgery

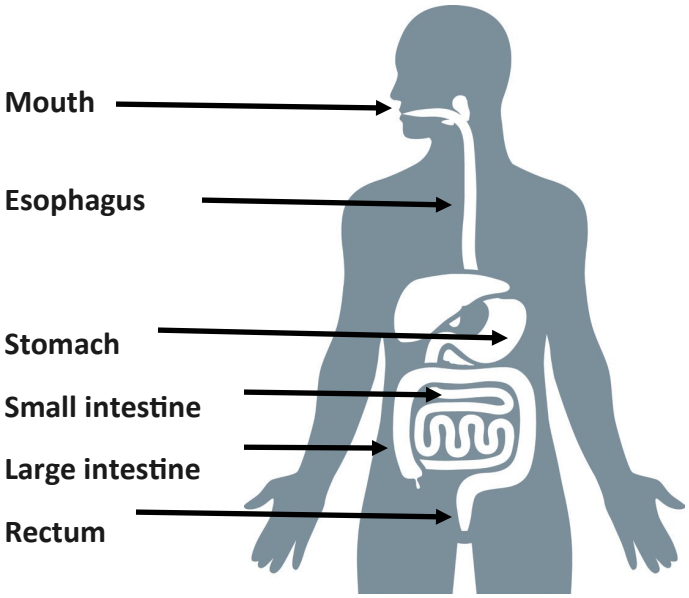


About Your Stomach and Intestines

Digestion begins in the mouth. When you eat, food passes from your mouth, through your esophagus and into your stomach.

When food enters your stomach, it is mixed with digestive enzymes and stomach acids. This creates partially digested food which leaves your stomach and goes into your small intestine. This is where nutrients (proteins, sugars, fat, vitamins and minerals) are absorbed.

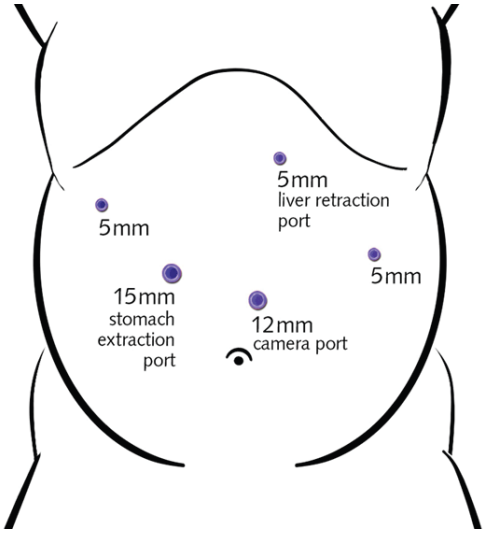
Finally, what is left of your food passes into the large intestine. At 6 feet in length, the large intestine absorbs fluid from your food and the leftover waste passes in your stool.

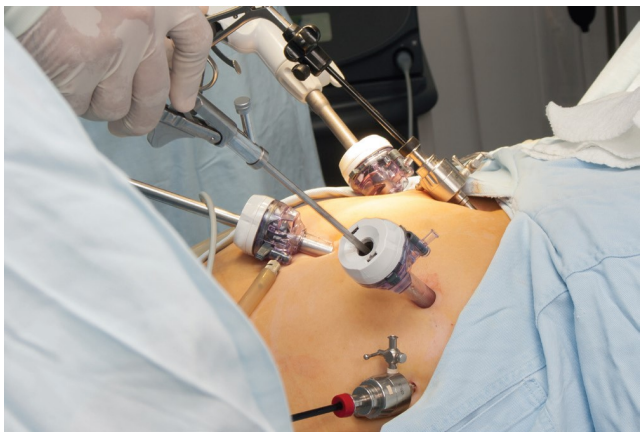


What is Bariatric Surgery?

Bariatric surgery helps to treat obesity. Obesity is a chronic condition. If left untreated it can lead to other serious health problems.

Surgical procedures performed in the bariatric program are “laparoscopic”. Laparoscopic surgery is a minimally invasive surgery performed using 5 to 6 small incisions. Each incision is about 5 mm to 15 mm long. One incision is used to insert a small camera while the other incisions are used to insert instruments needed to perform the surgery. The incisions are then closed using dissolvable sutures or staples.



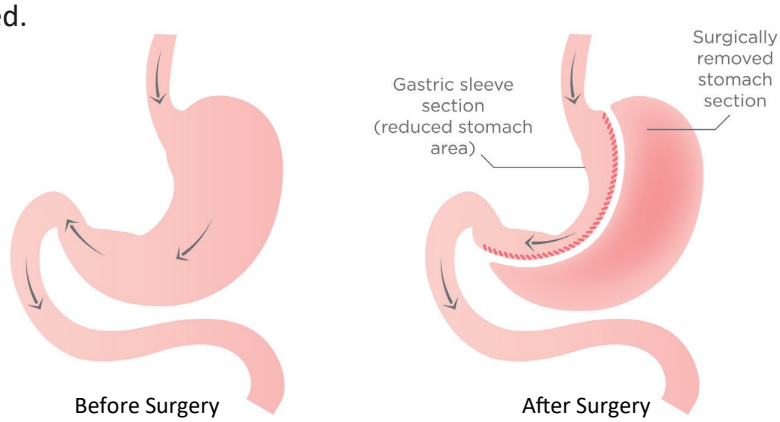


Sleeve Gastrectomy

During this surgery, we will remove about 80% of your stomach, creating a sleeve-like pouch. This will make your stomach smaller – about the size of a small banana. We will use surgical staples to keep your new stomach closed.

This means:

- You will have a smaller stomach.
- You will feel full faster. You will not be able to eat as much as before.
- Over time you will lose about 25% up to 30%. of what your weight is the day of your surgery.



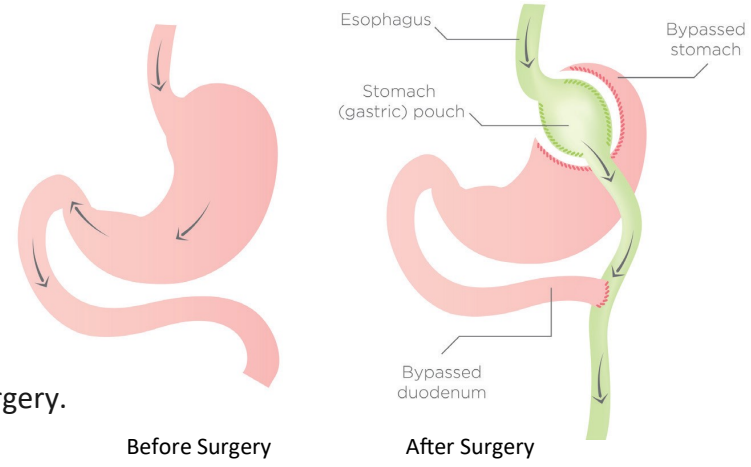
This procedure cannot be reversed.

Roux-en-Y Gastric Bypass

During this surgery, we will make your stomach smaller — about the size of an egg. Your new smaller stomach will be connected to the middle of your small intestine. After this surgery, the food you eat will skip over (bypass) part of the small intestine.

This means:

- You will have a smaller stomach.
- You will feel full faster. You will not be able to eat as much as before.
- Your body will absorb less calories and nutrients.
- Over time you will lose up to 30% of what your weight is the day of surgery.



This procedure cannot be reversed.

Before Your Surgery - Planning Ahead

You are called to confirm your surgery date approximately 4 to 8 weeks before surgery. Try to take care of urgent tasks and errands before surgery if you can, and look after your emotional and physical health. Be sure to confirm that you have a ride home after surgery.

Managing your Iron Levels

Your doctor may give you advice about iron therapy based on your iron levels. Improving your iron levels before surgery may help avoid a blood transfusion. A blood transfusion after surgery may mean your recovery is slower.

Important Information for Your Surgeon

Keep your surgeon informed about your medical health. Health problems such as allergies, diabetes, breathing problems, any heart conditions and obesity can affect your surgery and treatment outcome. Plan early to reduce worry and anxiety by having arrangements ready for your discharge from the hospital.

Length of Stay

You are discharged once you have met your care goals. You can expect to be discharged 2 days after surgery.

Return to Work or School

Six weeks is the recommended time to be off work or school. Discuss this timeframe with your surgeon at your scheduled follow up visit. When you can return to your regular activities depends on what you do and how you feel.

Nutrition Supplies

It is a good idea to stock up on recommended supplies and food preparation equipment before your surgery so they are readily available when you need them.

Checklist of supplies:

- Meal replacement product as advised by Registered Dietitian
- Vitamin supplements for after surgery
- Suggested sugar free fluids
- Food scale
- Measuring cups
- Blender
- Small bowls, baby spoons

Advance Care Planning

What is Advance Care Planning?

It is the process of sharing your wishes for your future health care treatment. When you go for surgery, it is helpful to know who your substitute decision maker or proxy is.

What is a Substitute Decision Maker or Proxy?

Your Substitute Decision Maker is your voice when you cannot speak for yourself.

A proxy is an adult you trust, ask, and who agrees to make medical decisions for you if you are unable to.

To be legal, write down who you want as your proxy, sign and date what you have written and provide a copy to your Proxy. A Proxy is <u>not the same</u> as a Power of Attorney.

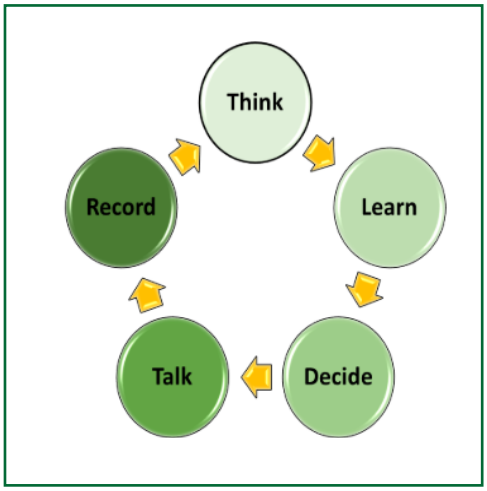
Think about what makes you happy, what you value and what brings you joy.

Learn about your health and what medical choices you may need to think about making in the future.

Decide who you want to make your choices for you if you cannot: Appoint a proxy.

Talk about what is important to you with your doctor and anyone who will be making your medical choices for you.

Record your plan by writing your health care directive, appointing your proxy, and sign and date them. Give copies to your proxy(ies)



SHA Advance Care Planning Program | Serving Saskatchewan with offices in Saskatoon and Regina
Phone: 1-833-544-2255
Email: advancecareplanningprgm@saskhealthauthority.ca

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Preparing for Surgery

Pre-Admission Clinic (PAC)

The Pre-Admission Clinic (PAC) is an outpatient clinic that is the final step in preparing you for surgery. The clinic is located in Regina: Surgical Assessment Center #102 1621 Albert St. **Paid Parking in Effect.**

- This appointment happens approximately 2 to 4 weeks before surgery.
- You are contacted with an appointment date and time for this clinic.
- It is recommended that you bring a support person.
- Bring your medications in their original containers or bubble packs (include all prescriptions, supplements, herbals, vitamins and over-the counter medications).
- If you have any last minute questions, this is an excellent time to ask.
- You are given instructions on how to prepare for your surgery date.
- A medical history is taken and teaching about the surgery is done during this appointment.
- The surgeon may ask you to have further investigations completed before the surgery. This may include being seen by other specialists or an anesthesiologist.

Medications

Your surgeon reviews your current medications and may recommend follow up with your family doctor regarding any changes needed.

It is important to talk with your diabetes health care team before surgery, as your diabetes medications may need to be adjusted while you are on the low-carbohydrate pre-surgical diet. You need to closely manage your diabetes while on the pre-surgical diet.

Blood Tests

You may be asked to complete blood work prior to surgery. The Pre-Admission Clinic makes the necessary arrangements with you.

What to Bring to the Hospital

DO NOT bring valuables or large sums of money with you to the hospital. Your health care facility is not responsible for lost items.

- **Nutrition and Bariatric Surgery booklet**
- **This booklet "A Guide to Bariatric Surgery"** and a pen
- Your Saskatchewan Health Services card
- Your current prescription medications in their original container or bubble pack and a list of any herbals, vitamins and over the counter medications you take
- Non scented personal care items such as: toothbrush and toothpaste, comb or brush, razor, deodorant, soap, shampoo and conditioner (if desired)
- Non-slip walking shoes with a rubber sole
- Tissue
- Any special equipment or aids you may use at home such as a CPAP machine, crutches, walker, wheelchairs or braces (label them with your name and address)
- Hearing aids, dentures and glasses (with cases) if you have them
- A small amount of cash if you wish (for the cafeteria or gift shop)
- A hospital gown and housecoat are provided. You may bring your own, but you are responsible for the care of these items.

Pre-Surgery Diet

Prior to surgery, you must follow a liquid high protein diet as advised by your surgeon. The length of time varies from 14 to 28 days before surgery and is discussed at your surgeon consult. The pre-surgery diet helps shrink the liver and makes it easier for the surgeon to perform the surgery. After surgery, you transition through a liquid to a pureed/soft and then a regular diet. This transition is designed to help you heal and to meet your fluid and nutritional needs.

There are many variations in both the pre-surgery and post-surgery diet progression for bariatric surgery. Follow the diet instructions given to you at the Pre-Surgery Class.

Managing Your Blood Sugar

The pre-surgical diet is a low carbohydrate diet. ***If you have diabetes,*** you need to monitor your blood sugar while on the pre-surgical diet.

If you have an episode of low blood sugar while on the liquid pre-surgical diet, it is important to **treat it right away**. This is the one time you can "break away" from the pre-surgical liquid diet.

If your blood sugar is **less than 4.0 mmol/L**, take 15 g of fast acting sugar right away.

Choose **one** of the following:

- 1 tablespoon (15 mL) sugar or 3 sugar cubes, dissolved in water
- ¾ cup (200 mL) juice
- 6 Life Savers® (must be chewed)
- 1 tablespoon (15 mL) honey

Wait 15 minutes. Check your blood sugar. Repeat treatment if still less than 4.0 mmol/L or if symptoms persist.

What if your Health Changes Before Surgery?

If you do not feel well, or if there is a change in your health, let your surgeon's office know at least 24 hours before your surgery.

Some important changes could be:

- Fever or chills (temperature higher than 38°C or 100.4° F), muscle aches, new cough or a cough that is getting worse
- Diarrhea
- Extreme fatigue or feeling very unwell
- Vomiting (throwing up)
- Shortness of breath (worse than your usual)
- Severe headache (worse than your usual)

If You Must Cancel Your Surgery

Monday to Friday from 7:30 a.m. to 4:00 pm: call your surgeon's office or the surgical waitlist inquiry line at 1-866-622-0222.

For immediate cancellation or the next day's surgery (after 4:00 p.m. to 7:30 a.m.) or anytime on weekends, leave a message at facility: RGH 306-766-4526.

The Day Before Surgery

Skin Preparation

- The night before or the morning of surgery, shower or bathe and shampoo your hair using an unscented or non-perfumed soap.
- Remove all body piercings and jewelry.

Nutrition

It is important to have an empty stomach before surgery. Anesthesia can weaken the systems that keep food and drink safely in your stomach. Serious problems can arise if food or drink find their way out of the digestive system and into your lungs.

- Continue to follow your bariatric diet.
- No protein drink after midnight.
- Clear fluids are allowed up to 2 hours before surgery. Refer to your Nutrition and Bariatric Surgery booklet for examples.

Day of Surgery

You will be given detailed instructions on what to do the day of surgery during your Pre-Admission Clinic visit.

- DO NOT use mints, gum, candy, throat lozenges and/or chewing tobacco the morning of surgery.
- You may brush your teeth and/or use mouthwash as long as you do not swallow.
- If you are instructed to take medications on the morning of your surgery, only a sip of water is allowed.
- Take your medications as directed and remember to bring them with you in their original bottles.
- Bring your CPAP (Continuous Positive Airway Pressure) machine and equipment, if applicable.
- Have someone drive you to the hospital.
- An intravenous (IV) will be started in one of your arms.
- You will be given sedation and other medication before your surgery.
- An anesthesiologist will meet with you to discuss the anesthesia that will be given to you in the operating room.

In the Hospital

Go directly to the Day of Admission Surgery/Day Surgery (DAS/DS) Unit on the 2nd floor. You are admitted to the hospital following your surgery. Staff take you to a patient room and ask you to change clothes and pack up your belongings.

In the DAS/DS unit

- **One visitor** at bedside for adult patients.
- No outside food at the bedside.
- Visitors are to keep cellphones on silent or vibrate.
- Please keep noise levels at a minimum. It is important for you to rest.
- When your support person comes to take you home, have them bring a wheelchair up to the unit from the entrance for when you are discharged.
- Once you have gone into the Operating Room, your loved one is directed to the waiting room.

When you arrive to the DAS/DS Unit

- You change into a hospital gown.
- Patients spending one or more nights: You place your belongings into a plastic bag which is labeled with your name and taken to your room later in the day.
- Your height and weight are measured.
- Your blood pressure, temperature, heart rate and oxygen levels are checked.
- Your nurse clips your hair in the surgical area, if required.
- Your nurse confirms your medical history and medications.
- Your nurse starts an intravenous (IV) in your arm.
- Your surgeon may mark the area of your surgery.
- You are given a warm blanket before surgery to keep you warm, if you wish.
- You empty your bladder before you go in for your surgery.

Once all of the preparations are complete and the OR is ready, a porter or nurse takes you to the OR.

Family and friends **are not** allowed in the OR.

Surgery— In the Operating Room

When you arrive in the OR

- OR staff ask you questions as part of the Surgical Safety Checklilst. Many of these questions you have already answered and the questions are repeated for safety reasons.
- You can ask questions of your surgical team at any time.
- You move into the operating theatre and then move to the operating room bed.
- A nurse places electrodes (or sticky tabs) on your chest to monitor your heart.
- A blood pressure cuff is put on your arm to measure your blood pressure and a clip on your finger to track your oxygen level.
- The operating rooms are kept at a constant temperature which may feel cool. Tell your healthcare team if you would like a warm blanket.
- You are given antibiotics and a blood thinner to help decrease your chance of infection and blood clots.

Types of Anesthetic:

There are different types of anesthesia. Your anesthesiologist discusses the appropriate type for your surgery.

General Anesthesia

This anesthesia is a combination of medications given to you through intravenous (IV) and a mask. These medications cause you to go to 'sleep' and not feel any pain. You receive an oxygen mask to breathe from before the medications are put into your IV. Once you are 'sleeping', your anesthesiologist helps you breathe using a tube or mask. The tube is removed once the surgery is done. After surgery, you are taken to the Post Anesthetic Care Unit (PACU) where you wake up.

Possible side effects include nausea, drowsiness, mild sore throat, and dry mouth.

After Your Surgery

Post Anesthetic Care Unit (PACU)

- After your surgery, you move to the PACU to recover from the anesthetic.
- PACU is a large room with other patients, so it may be noisy. Your dignity and privacy are maintained at all times.
- You receive oxygen as soon as you arrive in PACU.
- A nurse checks the area where you had your surgery and monitors your vital signs and breathing closely.
- Your length of stay in PACU varies.
- You get medication for nausea as needed.
- You get pain medications as needed. Everyone experiences pain and discomfort after surgery.

Pain Control

Pain is expected after surgery. The aim is to make pain bearable.

Several types of pain control are available. Your medical team will discuss which types are best for you.

Oral Pain Medication

- Usually pain is well controlled with oral pain medication.
- When you are able to sip fluids, you will be given your medication by mouth.

Intravenous or Injected Pain Medication

This pain medication is given through an intravenous line (IV) or injected into a muscle (IM) if you are unable to take medication by mouth.

Pain Control

It is important to control your pain because it will help you to:

- Take deep breaths
- Move more easily
- Eat better
- Sleep well
- Recover faster
- Do things that are important to you
- Perform your daily activities

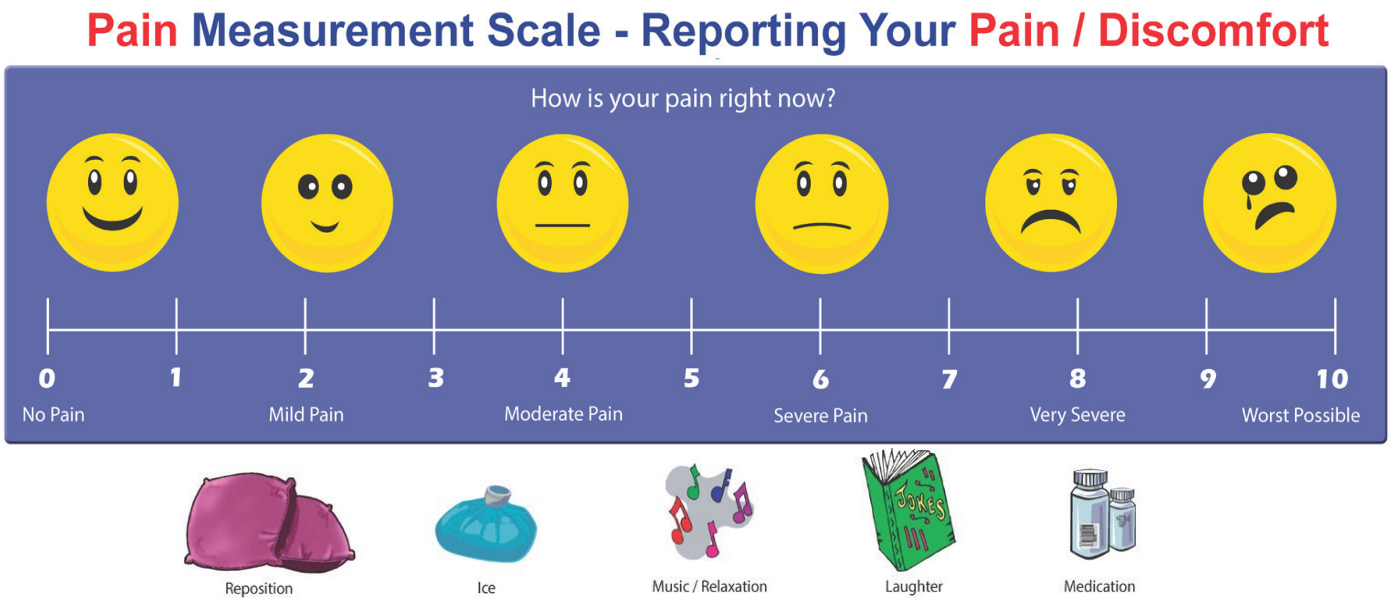
Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you have ever had. See chart below.

Nurse's Responsibility is to:

- Take your pain seriously.
- Routinely assess and treat your pain as quickly as possible.
- Provide safe pain management treatment.
- Give clear answers to your questions.

Patient's responsibility is to:

- Tell your nurse if you are having pain.
- Ask for pain relief before you become too uncomfortable.
- Give your nurse an honest report of your pain using the pain scale.
- Tell your nurse if your pain is not relieved.
- Tell your nurse if you are experiencing side effects of the medication (nausea, constipation, etc.).
- Attend therapy as scheduled (mobility promotes healing).

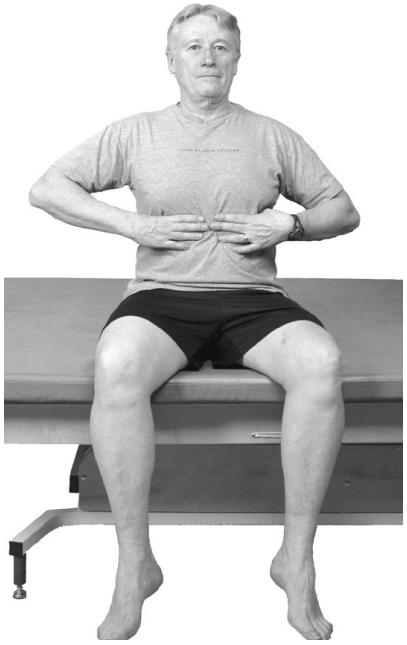


After Surgery Exercises in Hospital

Your healthcare team reminds you to do these after-surgery exercises to prevent complications and speed up your recovery following your surgery. **Try to do these exercises every half hour when you are awake.**

How to Breathe Deeply:

- Inhale as deeply as you can.
- Hold the breath for 2 seconds.
- Exhale completely.
- Repeat 3 times.

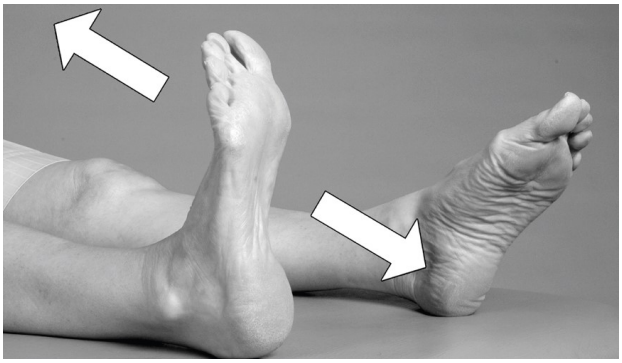


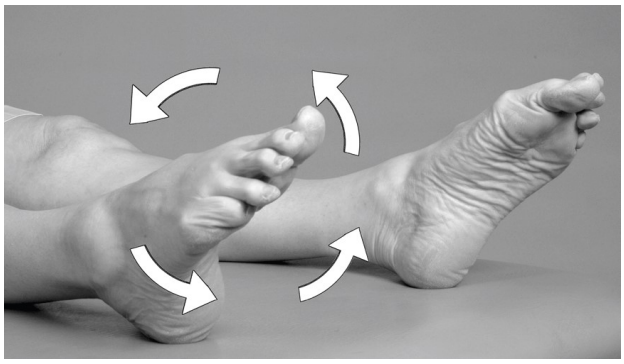
How to Cough:

- Inhale deeply.
- Cough. The cough should come from your abdomen, not from your throat.
- Hold a pillow on your abdomen for support.

How to Exercise Your Feet and Legs:

- Push your toes toward the end of the bed, as if you are pressing down on a gas pedal.
- Pull your toes toward the head of your bed, then relax.
- Circle each ankle to the right, then to the left.
- Repeat 3 times.





Remember: Your recovery will go more smoothly if you do breathing and circulation exercises, get out of bed, and walk with assistance as early as possible.

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Goals After Surgery

Your Path Home After Bariatric Surgery

	Day of surgery	Day 1 after surgery	Day 2 after surgery
Activities	• Do breathing exercises • Do leg exercises • Sit in chair with help • Up walking in room	• Do breathing exercises • Sit in chair for meals • Walk in hallway 3 times • Be out of bed for a total of 6 hours	• Do breathing exercises • Sit in chair for meals • Mobilize independently • Perform self-care independently (toilet, dress, wash)
Nutrition	• Stage 1 (water)	• Stage 2 (clear fluids)	• Stage 3 (low-sugar, high-protein liquids) • No solid food for 2 weeks after surgery! • Tolerating your diet • Passing urine and gas
Treatments	• I may have: • Oxygen (removed today) • Intravenous line • Urinary catheter • Calf compressors to prevent blood clots	• My urinary catheter will be removed today, if it was not yesterday • My intravenous line will be removed when I am drinking well	• No tubes or line 

At Home

After You Go Home:

- Try to walk several times each day. Slowly increase the distance until you reach your usual level of activity.
- Do not lift more than 10 to 15 lbs for 6 weeks after surgery.
- Ask your surgeon when you are able to drive again.
- Ask your surgeon when you may return to work.

Ask Your Family and Friends for Help With:

- Transportation
- Meal preparation
- Laundry
- Grocery shopping
- House cleaning
- Yard work

Sexual Activity

There are no restrictions but we suggest that you wait 2 weeks or until you are pain free. The chance of getting pregnant increases after bariatric surgery. The contraceptive pill may not work as well after a Roux-en-Y Gastric Bypass. Plan to use other methods to prevent getting pregnant.

Incision

Your incision(s) may be slightly red and uncomfortable for 1 to 2 weeks after surgery. It is normal for your incision to be itchy, feel tender, tight and numb while healing.

48 hours after surgery, you may take a shower.

- Let the water run softly over your incision(s) and wash the area gently.
- Do not scrub.
- Do not take a tub bath, sit in a hot tub or go swimming until your surgeon says it is okay to do so.

When discharged, you are given instructions regarding care of your incisions. Refer to your discharge instructions from hospital.

Medications

After your surgery is complete, your body is undergoing many changes that affect your medications. Your stomach is smaller and makes less acid, therefore certain medications need to be changed to a form you can take. Ask your doctor what you need to know about your medications after bariatric surgery.

Medication Changes

Your surgeon may reduce or stop your medications for blood pressure or diabetes. **If you have diabetes or high blood pressure,** continue to monitor your blood glucose and blood pressure and keep a log of your results that you can show your doctors on follow up appointments. **If you are having a Roux-en-Y Gastric Bypass surgery**, birth control pills may be less effective after surgery as less drug may be absorbed. Other contraceptive methods such as the patch (Evra®), ring (Nuvaring®), injection (Depo-Provera®) or intrauterine device (IUD such as Mirena®) may be considered. Discuss possible restart dates or alternatives with your surgeon prior to discharge from hospital or at your follow up visit.

Lansoprazole (Prevacid®) 30mg tablets are prescribed and used to protect the stomach from acid irritation and ulceration, and reduces the chances that ulcers will form in the stomach. It is taken for 6 weeks following surgery.

Medications to Avoid

Non-Steroidal Anti Inflammatory Drugs (NSAIDs) can cause stomach irritation and increase your risk of bleeding.They include pills such as ibuprofen (Advil®), naproxen (Aleve®), and ASA (Aspirin® or ASA Enteric Coated). Many over-the-counter products such as cough and cold medications contain these medications. Ask your pharmacist if you are unsure about which medications to take. Acetaminophen (Tylenol®) is a safe option for pain and fever.

If you require more information, please ask your nurse if you can speak with a pharmacist.

Avoid bisphosphonates, which are commonly used for people with osteoporosis. These medications can also cause stomach irritation and should only be used if approved by your surgeon. Examples are Didrocal Kit®, Fosamax® (alendronate), Actonel® (risedronate).

If you are having a Roux-en-Y Gastric Bypass surgery, avoid enteric coated (EC) and long acting or extended release tablets as absorption may be altered. Many of these medications have an ER, SR, CR or XR in their name. Examples of these medications include Tylenol Arthritis® and some prescription medications.

Potential Nutrition-Related Complications

Nausea and Vomiting

This is often caused by eating too much food at one time, eating too quickly, or not chewing food thoroughly and swallowing large chunks of food.

If you are following all of these diet recommendations and are still vomiting or experiencing persistent nausea, go to your local Emergency Department.

If you are experiencing any vomiting, ask yourself, are you:

- eating small portions and using baby spoons to help you take small bites of food?
- chewing your food very well to a liquid consistency?
- eating slowly? A good rule of thumb is 10 minutes per ounce of food. Your meals should take 30 minutes to eat.
- avoiding foods that are typically less tolerated after surgery and have the potential for blockages (bread, rice, pasta, tough meats).

Dehydration

After surgery, when the size of your stomach is much smaller, it can be difficult to consume all of the fluids your body needs. If you do not drink enough fluids, you can become dehydrated. Symptoms of dehydration include thirst, dry mouth, headache, light headedness, and dark coloured urine.

Even though you cannot drink a large volume of water at one time, it is important to sip on water throughout the day. Your goal is 6 to 8 cups (1500 to 2000 mL) of fluid/day.

Keep track of your fluid intake every day.

Tips to Prevent Dehydration

- Drink 3 to 4 oz (90 to 120 mL) of water or other acceptable low calorie beverages between meals.
- The goal is a combination of protein supplement drinks and low sugar fluids to achieve a goal of 8 cups (2L) total fluids per day.
- Try to drink out of the same pre-measured container every day to help you track your fluid intake.
- Carry a water bottle with you wherever you go and sip on it throughout the day.
- Drink water rather than juice, carbonated, sweetened, caffeinated, and alcoholic beverages.
- Flavour your water with fruits or vegetables such as lemon, lime, frozen berries or cucumber for variety.
- Make sure you track the amount of fluid that you consume each day to ensure you are drinking enough.

Constipation

Often, constipation may occur in the early weeks after surgery. It may be the result of not eating enough fibre rich foods, especially during the pre-surgical and post-surgical diet. It is often caused by not drinking enough fluids, taking pain medications or decreased activity. Even once you transition from the liquid diet to a pureed/soft diet, the diet is typically low in fibre as protein becomes the focus. A fibre supplement added to your water such as Clearly Fiber™ or The Right Fibre4®can be added. Follow the directions on the package. If medications are needed, laxatives (lactulose, Restoralax® or Lax-A Day®) are preferred. These medications are available without a prescription.

Gas

After surgery, it is not uncommon to experience some gas especially as your bowels start to move. To help prevent gas, make sure you are eating slowly and chewing food well. Do not chew gum or use straws. To help eliminate gas, walking is encouraged.

Dumping Syndrome

Avoid foods high in sugar. Eating these foods may cause a condition known as “dumping syndrome”. Dumping syndrome occurs when food passes too quickly from the stomach to the small intestine. Symptoms may include a combination of nausea, uncomfortable fullness, cramping, diarrhea, weakness, sweating, and fast heart rate. Reduce your intake of sweets and notify your doctor if these symptoms occur despite the elimination of sugars. High sugar foods are often high in calories, but contain few nutrients.

When to Call Your Doctor

Call your surgeon if:

- Your incision becomes warm, red, or you see drainage or blood coming from the incision.
- You have a fever (greater than 38°C/100.4°F) or chills.
- You have excessive nausea, vomiting, or bloating.
- You have pain that your pain medicine does not help.
- You have not had a bowel movement for 5 to 7 days from your surgery date.
- Redness or pain in your lower legs, even with resting.

If you cannot reach your doctor, go to the nearest Emergency Department

Long Term Maintenance

Vitamins

Two weeks from your surgery date you are directed by the Registered Dietitian or Registered Nurse to start vitamins. **Do not** take vitamins until your 2 week follow up phone call.

Blood Tests

You need to have regular blood testing to make sure you do not lack vitamins or minerals. If this happens, your recommended vitamin supplementation dosage is adjusted. The blood tests should be done 2 weeks before your appointment so that we have the results available at your appointment with us. We contact you to discuss where and when to have blood work taken and provide a lab requisition.

Follow-Up Appointments

Time after surgery	Appointment type	Who you will see	Bloodwork
2 weeks	Phone	Registered Dietitian Registered Nurse	Not required
6 weeks	In person *this date will be given at your 2 week phone call*	Surgeon Registered Dietitian Physiotherapist Registered Nurse	Not required
3 months	Phone	Registered Dietitian	*Required – Registered Nurse reviews
6 months	Phone	Registered Dietitian	*Required – Registered Nurse reviews
9 months	Phone	Social Work	Not Required
12 months	In person	Registered Dietitian Registered Nurse	*Required

***Please complete your bloodwork 2 weeks prior to appointments.**

Before You Leave Hospital

You are ready to go home when:

- ☐ You have no vomiting and your nausea is manageable.
- ☐ You have progressed to the Stage 3 liquid diet.
- ☐ You are passing gas and urine.
- ☐ You are able to mobilize safely.
- ☐ You are able to do your activities of daily living or have a support person in place.
- ☐ Your questions or concerns about your recovery at home have been answered by your healthcare team.

When you are discharged home, you need to know:

- ☐ What medicine you need to take at home.
- ☐ What to eat and drink.
- ☐ How to care for your incision/bandages.
- ☐ What supplies you need at home (items for Stage 3 diet; vitamin and mineral supplements).
- ☐ When to return to regular activities (driving, exercise, lifting).
- ☐ Signs and symptoms of an emergency and what to do/who to call.

If you are still unsure before discharge, ask your surgeon some of the following common questions:

- When can I go back to work?
- When can I drive?
- Can I progress my diet earlier than 2 weeks?
- When do I start my vitamin and mineral supplements?
- How do I take my medications at home?
- How do I manage my diabetes at home?
- How do I manage my blood pressure at home?
- Do I need to take my lansoprazole (Prevacid®) for the full 6 weeks?

Hospital Visitor Information

Visitor Hours

- Visiting hours vary according to the unit.
- We know that visitors are important to recovery.
- Patients need their rest after surgery.
- Some units have a daily rest period. Visitors are asked not to visit during these hours so that you can rest.
- Talk to the staff on the unit for more information.
- Before bringing any flowers or food into the hospital for the patient, please check with the nursing staff.
- We suggest that only 2 people visit at a time.

Patient Safety

We care about patient safety: protecting you, your family and friends from infectious illnesses when you are at our hospital. We all have a role to play in helping to protect you, your family members, friends and other patients from serious infectious illnesses that can be spread in hospital. Please ensure you wash your hands with soap and water or with hand disinfectants provided at the hospital entrance before and after your visit to the hospital. It is important that your visitors are feeling well before coming to the hospital. If they are sick, we ask that they stay home until they are better as they may make you, other patients or health care workers in the hospital sick.

Before coming to the hospital, visitors need to check if they have had any of the following symptoms in the past 24 hours:

- A new cough or a cough that is getting worse
- Fever or chills, or both
- Diarrhea
- Shortness of breath (worse than your usual)
- Severe headache (worse than your usual)
- Muscle aches
- Extreme fatigue or feeling very tired
- Vomiting



If a visitor has any of these above symptoms, stay at home.

Reports of Patient Condition

Any personal information about patient's diagnosis and treatment is considered confidential. This information is available only to designated members of the patient's immediate family, provided the patient has given permission.

Protecting Your Privacy

The Saskatchewan Health Authority (SHA) understands that your health information is a very personal and private matter. We are committed to keeping it confidential and secure. The SHA collects personal health information about you for the primary purpose of providing the health care service you need.

The SHA ensures that your personal health information is shared only as necessary amongst members of your health care team for the purpose of giving you care or as permitted or required by law. The SHA stores your information securely and disposes of the information properly, when the time comes to do so.

Contacts:

Patient Advocate Services

Main Floor 2110 Hamilton Street
Regina, Saskatchewan S4P 1A5
Telephone: 306-766-3232
Toll Free: 1-866-411-7272
Facsimile: 306-766-7792

Notes

Resources

Surgical Wait List Phone Lines

Regina: 306-766-0460
Toll free: 1-866-622-0222
TTY Access: 1-866-312-7674

HealthLine

Call 811 or visit
www.healthlineonline.ca

Obesity Canada

www.obesitycanada.ca

More Surgery Information

www.sasksurgery.ca

LiveWell with Chronic Conditions

1-877-548-3898 or visit
www.tinyurl.com/CDM-LiveWell

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Healthy People, Healthy Saskatchewan

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.

PIER—Patient Information and Education Resource

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Saskatchewan Health Authority

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