Enhanced Recovery After Surgery (ERAS)

Stomach Surgery (Gastrectomy)

IMPORTANT!
Please read this booklet BEFORE your surgery to prepare you.

Please bring this booklet with you to the:
• Pre-Admission Clinic
• Hospital
• Family Doctor
Pre-op Information at a Glance

Your Surgeon is: ____________________________________________

Office number: _______________________________

Your surgery date is: __________________________

If you have any of the following before your surgery:
  • cold
  • fever
  • cough
  • flu
  • other infections (e.g. bladder infection)
  • any new sickness
  • become pregnant
Call your surgeon's office as soon as possible.

Your planned surgery is: _______________________________

Check in time is: _______________________________

One business day before your surgery date, your surgeon’s office calls you to give you your check-in time. If you have not heard from the office by 2:00 p.m., call the office yourself.
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Important Notice - the information contained in this booklet is intended for educational purposes and describes anticipated events. Each person responds differently and your recovery may not be exactly as described. This booklet does not replace instructions or advice given by your healthcare provider. If you have any questions, please ask any member of your care team.
In this section, you will learn about:

- Enhanced Recovery After Surgery (ERAS) program
- Patient checklists
- What is the stomach
- What is Gastrectomy?
You are going to have stomach surgery. This is also known as a gastrectomy. This booklet will help guide you through the sequence of events and provide you with information to answer common questions you may have.

We will be using a program called Enhanced Recovery After Surgery (ERAS) to help plan your surgery. The ERAS program contains care guidelines with specific daily goals for early eating and early mobilization. Studies have shown that most patients using this program are able to go home sooner.

To find out more about ERAS and your role, click the link http://bit.ly/enhancedrecovery to watch a 5 minute video (if the link fails, cut and paste directly into your web browser) or scan the QR code.

For a 4 minute video about the patient’s experience with the ERAS journey, click the link http://bit.ly/eraspatient or scan the QR code.

Having a surgery can be a stressful event. We hope this booklet will help you understand your surgery, decrease some of the stress, and give you information to help speed up your recovery.

Quick facts about the ERAS program

• A care pathway that has instructions about eating and drinking, physical activity, and controlling your pain and nausea.

Why use ERAS?

• Patients feel better faster
• Less complications
• Shorter hospital stay

When does ERAS happen?

• Before, during, and after surgery

Who takes part in ERAS?

• Patient
• Family members
• Everyone in your health care team

Where is it used?

• Around the world
Different parts of your ERAS journey

Pre-Optimization - Getting yourself into better shape for surgery
1. Being active and exercising
2. Practicing your deep breathing exercises
3. Stop smoking
4. Eating healthy
5. No alcohol for at least 48 hours before surgery
6. Relax
7. Improving anemia/hemoglobin
8. Controlling blood sugar

ERAS - Before surgery
1. Reading the ERAS booklet
2. Pre-admission counselling
3. Drinking the juice or PREcovery® the night before and morning of surgery
4. Planning about going home after surgery
5. Taking the prescribed antibiotics if ordered

ERAS - During surgery
1. Medicine to reduce pain, nausea, and blood clots
2. Keeping your body warm with blankets

ERAS – After surgery
1. Gum chewing
2. Medicine to reduce nausea
3. Early eating
4. Early walking
5. Early catheter removal
6. Reviewing your daily goals in the ERAS booklet

You are an important member of your care team. You will benefit from taking an active part in preparing for your surgery and your recovery. Your care team is here to help you and your family through your surgery.

Please feel free to ask any health care provider to wash their hands.
Quick Overview of the Patient Journey:
Home ➔ Surgeon’s Office ➔ Home ➔ Pre-Admission Clinic ➔ Home ➔ Admitting, Pre-Operative Care Centre, Operating Room, Post-Anesthesia Care Unit ➔ Surgical Ward ➔ Home ➔ Surgeon’s Office

Patient Checklists

What to bring to the Pre-Admission Clinic (PAC):

☐ This booklet
☐ All of your prescription medicine, supplements and herbal products you are taking in their original containers
☐ A list of all your non prescription medicine
☐ A summary of your medical history and your health problems
☐ A family member or a friend
☐ Advanced directive or a living will

Things to prepare for when you are discharged home:

☐ Arrange a ride home from the hospital for 10:00 a.m.
☐ Arrange accommodation for after you leave the hospital (home, hotel, friend's place, etc.)
☐ Arrange for a family or friend to help with house work for the first week after your discharge
☐ Prepare and freeze meals ahead of time so all you have to do is microwave or reheat
☐ Shop for extra food that is easy to prepare
☐ Do your laundry
☐ Clean the house
☐ Move frequently used items to places where they are easy to reach
☐ Pay your bills
☐ Register for Fair PharmaCare
What to bring to the hospital?

☐ This booklet

☐ 2 packages of sugar-free gum (chewing gum will help wake up your bowels after surgery)

☐ Your BC CareCard and private insurance information

☐ Your Driver’s License or other government-issued identification

☐ If you do not speak English, bring someone to assist you. If you need an interpreter, please advise your surgeon before your hospital admission.

☐ All your medicines in original containers (including non-prescription medicines - DO NOT bring your narcotics to the hospital

☐ Housecoat, slippers with non-slip soles, pyjamas

☐ Toothbrush, toothpaste, soap, deodorant, shaving equipment, earplugs

☐ Clothes to wear on the day of going home

☐ Glasses, dentures, hearing aids and spare batteries (in the case with your name on it)

☐ Mobility aids you normally use (cane, walker)

☐ Continuous Positive Airway Pressure (CPAP) machine

☐ Noise cancelling headphones (if applicable)

Please limit belongings to one small bag.

The hospital is not responsible for lost or stolen valuables. Please leave any valuables at home (including credit cards and jewelry).
Before you leave the hospital, do you:

☐ Know what to do or who to call if you have a problem?
☐ Have a prescription for your medications (if needed)?
☐ Know how to care for your incision?
☐ Know where and when you are to get your staples removed?
☐ Asked your surgeon when you need to make a follow-up appointment?
☐ Know how to manage your pain?
☐ Know how to prevent constipation?
☐ Know how to self-inject your blood thinner? (if applicable)
☐ Know about your activity levels at home?
☐ Talked with an occupational therapist or a physiotherapist if you need equipment at home?
☐ Talked with an occupational therapist if you need equipment at home
☐ Asked your surgeon when you need to make a follow-up appointment
☐ Someone to stay with you for the first few days at home in case you need help

If you have staples or stitches, you need to have these taken out by your family doctor unless you are told otherwise.

If you have discharge prescriptions, try to get a family member or a friend to fill the prescription ahead of time. This can be done prior to discharge or on the day of discharge.

Things to pack before you leave the hospital:

☐ All your personal belongings including any medications you brought with you
☐ Your house keys
☐ Your phone and charger
☐ Your prescriptions
☐ Discharge summary sheet
☐ Instruction sheet for any new medications
☐ This booklet
  - ERAS Stomach Surgery
What is the stomach?

**Esophagus** is a tube that connects your mouth to your stomach and allows food to enter the stomach.

**Stomach** is a pouch that mixes and breaks down food into smaller pieces. It also mixes acids and enzymes into the food.

**Small Intestine** (Bowel) is divided into three parts; the duodenum, the jejunum and the ileum. This part of the bowel is where most of the digestion and absorption of nutrients from your food happens.

<table>
<thead>
<tr>
<th>How do you say that?</th>
</tr>
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<tbody>
<tr>
<td>Duodenum sounds like ‘do-oh-dee-num’</td>
</tr>
<tr>
<td>Jejunum sounds like ‘jew-juh-num’</td>
</tr>
<tr>
<td>Ileum sounds like ‘ill-ee-um’</td>
</tr>
</tbody>
</table>

What is Gastrectomy?

Gastrectomy is a medical term for stomach surgery. Gastrectomy means removing part or all of the piece of the stomach that is diseased. There are several reasons why stomach surgery is needed. The type of surgery you have depends on your stomach disease and medical history.

There are 2 main types of gastrectomy surgery:

1. **Total gastrectomy** is when the whole stomach is removed.
2. **Partial gastrectomy** is when part of the stomach is removed.

We do the surgery in one of two ways:

1. **In laparoscopic surgery**, several small cuts or incisions are made on the belly where instruments and a camera are inserted.
2. **In open surgery**, the surgeon makes a single, larger incision on your belly.

Your surgeon talks with you about the way he or she feels is best for you.

In most cases, the stomach is connected to the bowel, or **anastomosed**, after the diseased piece of stomach is cut out.
Exact location and number of laparoscopic port sites may vary according to the procedure and surgeon.

**Total Gastrectomy**

**Partial Gastrectomy**
In this section, you will learn about:

- Getting yourself ready
- Planning ahead
- Pre-Admission Clinic
Getting yourself ready

It is important for you to be in the best possible condition for your surgery. This will help you recover faster and decrease the chances of any problems.

The recommendations below are things you can do to help prepare yourself for surgery.

1. Be active
Exercise helps you be in the best shape possible before your surgery and can help speed your recovery. You do not need to join a gym. Just going for a 15–30 minute walk is better than no walk. Talk to your doctor before starting an exercise plan. The mall is a good place to walk during the winter and summer months.

Exercising may:
- Build and maintain healthy bones, muscles and joints.
- Reduce feelings of depression and anxiety.
- Increase energy levels.

2. Breathe
Deep breathing opens up your lungs, exercises the lung muscles and improves oxygen delivery to your body.

Doing these exercises BEFORE surgery helps speed up your recovery AFTER surgery.

Do the deep breathing exercises on page 25 every hour:
- Start by placing your hands on your ribs.
- Take a deep breath slowly through your nose, expanding your lower chest until you feel your ribs push against your hands.
- Hold your breath for a count of 3.
- Breathe out slowly through your mouth.
- Repeat this 5 more times.
3. Smoking and tobacco use

Studies show us that people who stop smoking at least 1 month before surgery have fewer complications after surgery such as infections.

Patients concerned about the health risks related to vaping should consider refraining from using vaping products. However, if vaping nicotine-containing products is a way to quit smoking cigarettes, you should not return to smoking cigarettes.

a. For free nicotine patches, gum, lozenges, or inhaler: 
   Visit your local pharmacy or call 8-1-1 (HealthLink BC). You do not need a prescription but you will need to sign a declaration form.

b. For smoking cessation prescription drugs: Ask your doctor for your options.

c. For more information visit the website: [www.gov.bc.ca/bcsmokingcessation](http://www.gov.bc.ca/bcsmokingcessation) or [www.quitnow.ca](http://www.quitnow.ca)

d. To attend the Vancouver General Hospital Smoking Cessation Clinic call: 604-875-4800 (select option 2)

For a video about quitting smoking, click the link [http://bit.ly/2wtpo7Q](http://bit.ly/2wtpo7Q) or scan the QR code.

For more information about vaping from the Health Canada website, click the link: [https://www.canada.ca/en/health-canada.html](https://www.canada.ca/en/health-canada.html) or scan the QR code.

4. Nutrition

Your body will need extra energy, nutrients, and calories to heal. It is important that you be in the best nutritional shape that you can be in.

If you have had any of the following:

- unexplained weight loss or weight gain in the past 6 weeks
- decrease in appetite
- overweight
- underweight

It may be helpful to speak with a dietitian. A dietitian can help you choose healthy foods that will help prepare you for surgery.

You can get a referral to a dietitian from your family doctor or you can contact a dietitian by dialing 8-1-1 (HealthLink BC) on your phone. Be sure to tell them you are going for surgery.

For a video about the VCH Healthy Plate, click the link: [http://bit.ly/2Xh37WE](http://bit.ly/2Xh37WE) or scan the QR code.
5. Alcohol
Alcohol can interfere with your anesthetic and other medicines we give you during and after surgery. *Do not drink any alcohol for at least 48 hours* before your surgery.

6. Relax
It is very normal to feel anxious or worried before surgery. Having pain or trouble moving can affect your mood and disrupt your sleep. We also know that stress increases the release of hormones that can delay healing and recovery.

Exercise, meditation, relaxation and breathing exercises can help improve your outcomes after surgery. These can also help to reduce pain and promote sleep.

Try this focused breathing exercise:
- Sit or lie down in a quiet place
- Relax your muscles and be aware of feeling them 'let go'
- Take a slow deep breath in
- When you breathe out, focus on making it long, steady and slow

7. Improve anemia and iron stores
Anemia occurs when your red blood cell count (hemoglobin) is low. This impairs your body’s ability to adequately deliver oxygen to tissues. Anemia is commonly caused by bleeding or low iron stores.

Anemia is the greatest risk factor for needing a blood transfusion during surgery. Both anemia and blood transfusions are associated with a greater risk of complications in hospital.

Improving your hemoglobin will also allow you to heal better, and have more energy when you return home. If your hemoglobin or iron stores are low, you may be contacted by the Perioperative Blood Management Program (PBMP) with suggestions to help improve your hemoglobin and iron stores.

8. Blood sugar control
Your blood sugar will be checked with a blood test called HgA1C. If the result is high, you may be referred to an endocrinologist (diabetes doctor) to improve your blood sugars before surgery. Maintaining normal blood sugar is important for wound healing, especially after surgery.
Planning ahead

You are admitted to hospital on the morning of your surgery.

You can expect to go home 3 to 7 days after your surgery but this varies with each person depending on the type of surgery you are having and your health. Most people are ready to go home at 10:00 in the morning. Please arrange for a ride home. Before you come to the hospital, think about what you will need when you go home (or wherever you will be staying).

Get things ready in advance so they are ready when you leave the hospital. You will need help with meals, laundry, bathing, etc for the first week or so. Try and arrange for family and friends to help you. If you need help with wound care or other care, we will arrange this before you leave the hospital.

Fair PharmaCare Plan

We encourage all British Columbians with Medical Services Plan (MSP) coverage to register for Fair PharmaCare. Coverage under this plan is based on family net income.

It is available to single people or to families. You may be eligible to get your discharge prescription medicines at reduced cost with Fair PharmaCare Plan. Ensure you have registered for Fair PharmaCare before your surgery at this link:

https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/who-we-cover/fair-pharmacare-plan
Pre-Admission Clinic

Depending on the kind of surgery you are having and your overall health, you will either come in to the Pre-Admission Clinic or have a telephone interview with a nurse. If a Pre-Admission Clinic visit is required, you will be contacted by the Pre-Admission Clinic to schedule an appointment.

During your Pre-Admission Clinic visit, you meet with an anesthesiologist and a nurse. The anesthesiologist will talk with you about any specific health concerns, choices for anesthesia, and options for managing your pain during surgery. You might have blood work or other tests done while at the hospital.

To treat pain after surgery, you may be offered an epidural. An epidural is a small tube that is put in your back just prior to surgery. It delivers medicine that numbs the surgical area. Because it has fewer side effects than narcotics, such as morphine, it is the preferred method for pain control.

If you cannot have an epidural, the anesthesiologist will order you a Patient Controlled Analgesia (PCA) pump to manage your pain after surgery. A PCA pump is a computer controlled narcotic pump that is attached to your intravenous line. When you have pain, you can press a button to receive a dose of narcotic. The computer has a safety feature to prevent narcotic overdose, which makes PCA’s a very safe method of providing analgesia while allowing you better control of your pain.

Since we give you a lot of information during this visit, we encourage you to bring a family member or a friend with you.

This visit will be approximately 2 hours.

During this visit:

- We take your blood pressure, heart rate, height, and weight.
- We ask questions about your health and medical history.
- We will help guide you through the steps of your surgery.
- We start planning for when you go home after surgery.
- We tell you which medicines, supplements and herbal products you are to take or stop taking before the surgery.
- We review what you need to do to prepare for the surgery using this booklet and other pamphlets.
Emergency admission

Sometimes people are admitted to the hospital through the Emergency Department and require urgent or emergent surgery.

If this happens to you, your experience will be different.

The nurse on the hospital ward will:

• Guide you through the process of your surgery and explain the preparation required.
• Give you this patient education booklet.
• Answer questions you may have.

The Anesthesiologist will visit you on the hospital ward. He/She will:

• Ask you questions about your health and medical history.
• Discuss how your pain will be managed during and after your surgery.
Preparations for Surgery

In this section, you will learn about:

➤ The week before your surgery
➤ The day before your surgery
➤ The day of your surgery
We have specific instructions for you on how to prepare for the surgery depending on what type of surgery you are having. Your surgeon might also give you other specific instructions.

The week before your surgery

Medications

- **DO NOT** take any non-prescription vitamins, supplements, herbal medications or herbal tea for 7 days before your surgery.
- Follow the instructions from the anesthesiologist in the Pre-Admission clinic.

The day before your surgery

Surgery time

- Your surgeon’s office calls you to tell you what time you are having your surgery and what time you need to check into the hospital.
- Write this time on the inside cover of this booklet.
- If you have not heard from the office by 2:00 p.m., call the surgeon’s office to get this information.

Contact your surgeon’s office as soon as possible if:
- You feel sick (fever, cold, other infection e.g. bladder infection)
- You have become pregnant
- For any reason you feel you need to cancel your surgery
Preparations for Surgery

Preparing your skin

Our hospitals are starting a new program to reduce the risk of infection after surgery. Follow the instructions in the pamphlet “Lowering Your Risk for a Surgical Infection”. This will be given to you at your Pre-Admission Clinic appointment.

- You may continue to use an electric razor to shave.
- Do not apply any lotions, moisturizers or makeup after washing your skin.
- Go to bed in clean, unused pyjamas and bed linens.

The Pre-Admission Clinic nurse will give you instructions on what to eat and drink before your surgery.

Diet

- Stop eating solid food at midnight, but you can continue to drink clear fluids up to 1 hour before your check-in time at the hospital.
- A clear fluid is water, apple juice, or red or white cranberry juice (but not alcohol).
- **Milk is not a clear fluid.**
The day of your surgery

**Medicines**

The Pre-Admission Clinic anesthesiologist will tell you what medicines to take on the day of surgery. You can take these medicines in the morning with a small sip of water.

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**Carbohydrate loading for Non-Diabetic and Diabetics NOT on insulin**

☐ 1 hour before your check-in time at the hospital, choose a drink from below.

<table>
<thead>
<tr>
<th>Choose one to drink:</th>
<th>Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREcovery®</td>
<td>1 package (mix in 400ml of water and drink within 20 minutes)</td>
</tr>
<tr>
<td>Apple juice</td>
<td>250mL 1 cup</td>
</tr>
<tr>
<td>Cranberry juice (red or white)</td>
<td>250mL 1 cup</td>
</tr>
</tbody>
</table>

**Stop drinking all fluids once you have finished this drink.**

DO NOT drink this sugared drink if you have been told not to drink or eat after midnight..

PREcovery® is evidence supported to show improved patient outcomes during and after surgery. However, PREcovery®, apple juice, or cranberry juice are all recommended options. If you are interested in purchasing the PREcovery®, please ask the Pre-Admission Clinic nurse for further information.

**Carbohydrate loading for Diabetics ON insulin**

☐ 1 hour before your check-in time at the hospital, drink 250 mL (1 cup) of water. You may drink a clear juice instead (up to 250 mL) if you feel hypoglycemic.
At the hospital

• Go directly to the Admitting Department.
• We check you in and make sure all your preparations are complete.
• You will be asked to wash again with the chlorhexidine wipes and then change into a hospital gown.
• You can keep your glasses on, hearing aid(s), cochlear implant, and dentures in until we ask you to take them out.
• We might give you some medicines to help prepare you for your surgery.
• We encourage you to leave your bag of clothes and other belongings with family.
During Your Hospital Stay

In this section, you will learn about:

- The surgery
- Surgical waiting room
- Post-Anesthesia Care Unit
- High Acuity/Stepdown Unit
- Pain control
- Nausea and vomiting
- Eating, drinking, and digestion
- Activity
- Deep breathing and coughing/iCOUGH
- Leg exercises
- Blood clots
The surgery

We take you into the operating room about an hour before your surgery.

You meet with the anesthesiologist who will take care of you while you sleep through the surgery.

You will also meet the surgeons and may also meet the surgical learners (e.g. fellows, residents, and medical students).

We insert an intravenous (IV) into your arm.

The anesthesiologist might also insert a small tube into your back called ‘an epidural’. We use this to give you pain medicine to numb the surgery area to control your pain.

The anesthesiologist gives you the anesthetic and looks after you while you sleep through the surgery.

• **General Anesthesia:** The anesthesiologist gives you anesthetic drugs through your intravenous to help you sleep and manage pain during surgery. We also place a mask over your mouth and nose to give you oxygen and possibly other drugs to help with your breathing.

Surgical waiting room

Your family or friends can wait for you in the surgical waiting room.

Your visitors will not be able to see you until you have been moved to the nursing unit.

On the day of surgery the Perioperative Care Centre will provide your family with detailed instructions regarding how to speak to the surgeon following the operation, designated waiting areas, and location and contact information for post-surgery destination.
After surgery

Post-Anesthesia Care Unit

When your surgery is finished, we move you to the Post-Anesthesia Care Unit (PACU), often called the ‘recovery room’. You wake up in the recovery room, although you may be drowsy.

You may have some or all of the following:

- An oxygen mask
- An intravenous (IV)
- An epidural in your back to help control pain
- A Patient-Controlled Analgesia (PCA) pump connected to your IV
- A nasogastric (NG) tube
- A urinary catheter to drain your bladder
- Calf compressors on your legs to prevent blood clots
- Drains to collect blood and fluid from your surgical area

The PACU nurse will:

- Check your blood pressure, pulse, and breathing rate
- Check your bandage (or dressing)
- Ask you about your pain and nausea

You can begin to have ice chips and gum to "wake up" your bowels. You can also begin to do your leg exercises (page 27).

When you are well enough to be cared for on the surgical nursing unit, we move you to that unit. Your family and friends can visit once you are on the unit.

High Acuity Unit/Stepdown Unit

Some people need to be watched for a longer period of time. If this is the case, you are moved to the High Acuity Unit. You can stay here overnight and up to several days. This may be because of other conditions you have or because of the type of surgery. When you are well enough, we move you to the surgical nursing unit.
**Surgical Nursing Unit**

You stay on this unit until you are ready to leave the hospital. Our goals are to control your pain, prevent complications, increase your activity, and return you to your normal diet. Most people will stay on the unit 3 to 5 days, but this varies with each person depending on the type of surgery you have had and your health. The team will keep you informed of your progress and anticipated discharge date.

**Accommodations**

There are private (one-person), semi-private (two-person), and shared (three-person) rooms on the unit.

It is not possible to guarantee that your room mate will be of the same gender; however, your privacy is important and every bedroom has privacy curtains.

Please contact the Admitting Department to inquire about requesting a private or semi-private room for an extra fee. We try our best to accommodate the requests; however, the care needs of patients take priority over room preferences.

In addition, family members or friends may not reside at the hospital during your stay.

**Medications**

While in hospital, your medications will be dispensed by our pharmacy and given to you by the nursing staff.

It is important that you only take medications that have been given to you by the nursing staff.

This is to protect you from any dangerous drug interactions. Sometimes you may be taking a medication that is not supplied by our pharmacy. In this case, the pharmacy will check them and the nursing staff will give you the medications and it will be returned to you before your discharge.
Pain control

Many people are concerned about pain after their surgery. Some people try to “grin and bear their pain” while others do not want to take pain medicine because they are afraid of becoming addicted. When you take opioid medicine for acute pain, such as the pain that happens after operations or accidents, the risk of addiction is low.

Adequate pain control is important to your recovery. Having your pain under control allows you to:

- breathe deeply to prevent lung infections
- move to prevent blood clots
- sleep well
- eat better for wound healing
- recover faster

We give you several different pain medicines regularly. This helps give you better overall pain relief. You will receive these pain medicines even if you are not in pain at the time. If you are asleep, the nurse will wake you to take these regular medicines.

- You will get regular acetaminophen (Tylenol®) every 4 to 6 hours throughout your stay
- You may have a pain pump for you to give yourself pain medicine (such as Patient-Controlled Analgesia [PCA]) or an epidural catheter
- You will get other pain medicines as needed

Non medicine therapy you can do to help ease the pain:

- listening to music
- doing slow and relaxed breathing
- heat or cold compresses
- positioning
- imagining peaceful situations

Your pain score

An important part of managing pain is monitoring how much pain you are having. The best way to monitor your pain over time is to use something to measure the amount of pain you have.
To help us assess your pain, and the effectiveness of pain medicine, we use a pain rating scale. We will ask you to rate your pain on a scale of 0 – 10, where 0 means no pain at all and 10 is the worst pain ever.

Where we want your pain level to be:

- at a level less than 4 on the number scale, or
- at a comfortable level that allows you to carry out your normal activities such as washing up, sitting and walking

***Pain medicine works best if it is taken BEFORE the pain becomes uncomfortable.***

It is important to know that pain medicine will not make your recovery completely painless. The goal is to manage your pain and to help you resume your regular activities.

Let your nurse know if your pain does not get better with pain medicine or is getting worse.

**Nausea and vomiting**

You might feel sick to your stomach (nauseated) or throw up (vomit) after surgery. You will get medicine to prevent nausea every 8 hours for the first 1 to 2 days, and then as needed.

***If you feel sick to your stomach, DO NOT eat or drink anything and let your nurse know RIGHT away.***

The nurse can give you medicine right away and prevent it from getting worse.

Other ways to help settle your stomach:

- Place a cool damp cloth on your face.
- Take some slow deep breaths.
- Take small sips of cold water or suck on ice chips.
- Try distracting yourself with music or watch TV.
Eating, drinking, and digestion

Every person’s recovery is different. The following describe what most people can expect following stomach surgery.

- On the day of your surgery, you will not be able to have anything to eat or drink. But you may have some ice chips or sips of water for comfort.
- On postoperative day 1 (the day after your surgery) you can have sips of clear fluid.
- On postoperative day 2 (2nd day after your surgery) you can have a full fluid diet (liquid and semi-liquid food) and high protein drink (e.g. Boost®).
- On postoperative day 3 (3rd day after your surgery) and onwards you can have post-gastric surgical diet (more solid food) with high protein drink (e.g. Boost®).

After surgery, your body needs healthy foods with extra calories and protein to help you heal. It is normal for your bowels to move slower than normal after surgery.

Drinking and eating as soon as you can after surgery helps your bowels return to working normally. The nurses will be providing you with a high protein drink (e.g. Boost®) twice a day to supplement your diet.

We ask you often if you are passing any gas. This is a sign your bowels are starting to ‘wake up’ after the surgery.

- Chewing sugar-free gum helps wake up your bowel faster. It can also help keep your mouth moist.
- You may chew gum for 15 to 60 minutes several times a day.
- Do not swallow the gum.
- Drinking coffee may also help wake up your bowels faster.

The stress of surgery can cause high blood sugars. Your blood sugar will be tested several times after surgery. Some patients temporarily need insulin to lower their blood sugar right after surgery.
Activity
It is important for you to get up and move around as soon as you can.
Lying in bed leads to muscle weakness and can cause blood clots and lung infections.
Activity:
• increases strength
• prevent complications
• helps get your bowels moving
Remember to do your leg exercises (see page 27) while you are in bed.
On the day of your surgery, your nurse or physiotherapist gets you up into a chair next to your bed.
When you start to eat, you will sit up in the chair for all your meals.
As you improve each day, you will be able to do more for yourself. Keep your activities short and do them often rather than trying to do everything at once. We don’t want you to get too tired.
We will encourage you to get up and walk around the unit as soon as you can. Most people are up and walking the day after surgery.
Deep breathing and coughing/iCOUGH Protocol

After surgery, your lungs make extra mucus. Deep breathing and coughing exercises help to clear this mucus from your lungs and prevent lung infections. Deep breathing opens up your lungs and helps to loosen the mucus. Coughing helps remove the mucus from your lungs.

Before doing these exercises, make sure your pain score is at a level that allows you to do these exercises. If needed, ask for pain medicine at least one hour before doing these exercises.

Deep breathing exercise
Do EVERY HOUR while you are awake.

1. Start by placing your hands on your abdomen.
2. Take a deep breath slowly in through your nose, expanding your lower chest until you feel your abdomen push against your hands.
3. Hold your breath for a count of 3.
4. Breathe out slowly through your mouth.
5. Repeat this 5 more times.

* The nursing staff may provide you with an incentive spirometer to help you with your deep breathing exercises.

Coughing exercise
Do EVERY 2 HOURS while you are awake and after your deep breathing exercise.

1. Place a small pillow or blanket over your surgery area to protect or splint your incision. This helps decrease pain with coughing and allows a stronger cough.
2. Do your deep breathing exercises.
3. Cough several times.
Moving around in bed

Change position in bed at least **EVERY 2 HOURS**. This helps keep you from getting stiff and gets blood flowing to your arms, legs, and skin. You might find moving difficult because of incision pain.

**To move your body sideways:**

1. Lie on your back.
2. Bend your knees.
3. Lift your hips and shift them sideways.
4. Then follow with your shoulders.

**To roll onto your side:**

1. Bend your knees.
2. Support your incision with a pillow and one hand (the hand on the side you are rolling onto).
3. With the other hand, reach across to the bed side-rail.
4. Pull yourself onto your side, rolling like a log.

**To sit up on the side of the bed:**

1. Bend the knee on the side you are not turning onto.
2. Use your bent leg to help you log roll onto your side. Roll your whole body as one as much as possible.
3. Drop your legs over the edge of the bed.
4. Push yourself up with your arms.
Leg exercises

Exercises help keep the blood flowing through your legs, keep your muscles strong, and prevent stiff joints. Exercises reduce the chances of you getting a blood clot.

- Do all of these exercises Every Hour while you are awake until you can get up and walk around the nursing unit.

Ankle pumps
1. Bend your foot up towards your head.
2. Bend your foot down towards the foot of the bed.
3. Repeat 5 times.

Ankle circles
1. Move your feet around slowly in large circles.
2. Repeat 5 times in each direction.

Hip flexion
1. Bend your knee by sliding your heel up toward your body as shown.
2. Slide your heel back down.
3. Repeat 5 times.

Thigh muscle contraction
1. With your leg straight, tighten the muscles on the top of your thigh.
2. Press the back of your knee down.
3. Hold for 5 seconds. Relax.
4. Repeat 5 times then repeat this exercise with the other leg.
Blood Clots

Hospital patients are at risk of having a blood clot form in the leg veins. This is called a Deep Venous Thrombosis (DVT). Sometimes, the clot can break off and “travel” to the lungs, causing a Pulmonary Embolism (PE) which can make breathing difficult. Although it is rare, PE can be fatal.

Risk Factors for Blood Clots after Your Hospital Stay

The higher risk of DVT and PE persists for at least the first month after you go home from the hospital. The risk is particularly high if you:

• Just had surgery for cancer
• Have had previous DVT or PE
• Spend more than half the day in bed or sitting (when you were able to walk around before being hospitalized).
• Taking hormone drugs or chemotherapy

If your risk of DVT/PE remains high after you go home from hospital, your doctor may prescribe a blood thinner for you to take at home to lower your risk.

Signs and Symptoms of Blood Clots

It is important that you recognize the signs and symptoms of DVT and PE.

If you have DVT, you may experience any of these:

• Swelling, throbbing, cramping or redness in a leg or calf
• Pain in your leg when you stand or walk

If you have PE, you may experience any of these:

• Sudden shortness of breath that you can’t explain
• Sudden chest pain that feels sharp or gets worse when you take a deep breath
• Coughing up blood
• Heart palpitations or racing, especially if you also feel light-headed or faint
How Can You Reduce Your Risk of Blood Clots?

Effective ways to reduce your risk of DVT/PE:

- Take the injectable blood thinner (e.g. dalteparin, enoxaparin, heparin) if it is prescribed by your doctor.
- Walk and remain as active as possible as instructed by your doctor.
- Go to http://www.healthlinkbc.ca/healthguide.stm for information on leg exercises that you can do.
- Avoid getting dehydrated by drinking enough water and limiting alcohol intake.
- Some medications can increase the risk of DVT or PE, such as birth control pills or hormone replacement therapy. Speak with your doctor to find out if you should stop taking these.

Additional Information

- Please note: Your doctor may prescribe you an injectable blood thinner (e.g. dalteparin, enoxaparin, or heparin) to take once you are at home.
- If the doctor orders the injectable blood thinner prescription on discharge, training and education will be provided in hospital by the nursing staff.
- Please ask the healthcare team if you require any further information on self-injecting prior to going home.
- There may be an associated cost with the blood thinner (approximately $100/week).
- Depending on the surgery you had and your overall health, you may be on the injectable blood thinner for approximately a month.
What to Expect Each Day

In this section, you will learn about:

- Surgery day
- Day 1
- Day 2
- Day 3
- Day 4 until you leave the hospital
- Day you go home
- Follow-up visit
Every person’s recovery is different. These next pages describe what most people can expect following stomach surgery.

If you like, you can check off ☑ each item that you complete each day in the check box □ provided.

Most people are ready to go home in 3 to 7 days after surgery. We use the guidelines below to help us decide when you are ready to go home. You are ready to go home when you meet the 5 criteria below:

1. Your pain is managed with pills only
2. You are able to eat food without pain or bloating
3. You are passing gas or have had a bowel movement
4. You are able to do your basic activities of daily living as you were before surgery
5. There is no sign of problems from your surgery

Any time you have questions about your care and recovery, talk with your nurse, your surgeon, or other care providers.

<table>
<thead>
<tr>
<th>Surgery day</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic</td>
<td></td>
</tr>
<tr>
<td>How will I feel?</td>
<td>You probably feel sleepy and need lots of rest.</td>
</tr>
<tr>
<td>What equipment do I have?</td>
<td>You might have several pieces of equipment and tubes. These are different for everybody but can include: Oxygen mask Intravenous for fluids Pain pump – For you to give yourself pain medicine (Patient-Controlled Analgesia [PCA]) or Epidural catheter for pain control Catheter into your bladder to empty and to measure the amount of urine Nasogastric tube to empty your stomach Dressing or bandage over your incision Abdominal drain</td>
</tr>
</tbody>
</table>
## Surgery Day, continued

### How is my pain treated?

If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.

### We treat your pain several ways:
- Pain pump (Epidural pump and/or PCA Pump)
- Regular acetaminophen (Plain Tylenol®) every 4 to 6 hours
- Other pain medicines
- Relaxation techniques such as deep breathing, warm blankets, or listening to music.

<table>
<thead>
<tr>
<th>My activity goals for today</th>
<th>Keep the head of the bed elevated (30-45 degrees)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Get up to a chair or sit on the edge of the bed with help, for 15 minutes at a time</td>
</tr>
<tr>
<td></td>
<td>Every hour while awake: Deep breathing and coughing</td>
</tr>
<tr>
<td></td>
<td>Leg exercises when in bed</td>
</tr>
<tr>
<td></td>
<td>At least every 2 hours: Turn or change position in bed</td>
</tr>
</tbody>
</table>

### What can I eat?
- Ice chips and sips of water for comfort. You will get nausea medicine every 8 hours to prevent nausea.
- Start chewing gum for up to 15 minutes, 3 times a day

### Can I wash?
- We may help you wash in the evening

### Can I have visitors?
- You can have visitors but remember you will be tired. Keep visits short. We suggest only close family visit you today.

### Notes:

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### Day 1

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I feel?</td>
<td>You should feel stronger today but might still feel tired. Rest between activities.</td>
</tr>
<tr>
<td>What equipment do I have?</td>
<td>You could have several pieces of equipment and tubes. We might start removing some equipment or tubes today.</td>
</tr>
<tr>
<td></td>
<td>- Intravenous – we leave it in place if you are not drinking liquids or we are using it to give you medicines</td>
</tr>
<tr>
<td></td>
<td>- Pain pump</td>
</tr>
<tr>
<td></td>
<td>- Catheter in your bladder</td>
</tr>
<tr>
<td></td>
<td>- Nasogastric tube</td>
</tr>
<tr>
<td></td>
<td>- Dressing over your incision</td>
</tr>
<tr>
<td></td>
<td>- Abdominal drain</td>
</tr>
<tr>
<td>How is my pain treated?</td>
<td>We will ask you for your pain score at least every 4 hours. We treat your pain several ways:</td>
</tr>
<tr>
<td>If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.</td>
<td>- Pain pump (Epidural pump and/or PCA Pump)</td>
</tr>
<tr>
<td></td>
<td>- Regular acetaminophen (Plain Tylenol®) every 4 to 6 hours</td>
</tr>
<tr>
<td></td>
<td>- Other pain medicines if needed</td>
</tr>
<tr>
<td></td>
<td>Relaxation techniques such as deep breathing, warm blankets, or listening to music.</td>
</tr>
</tbody>
</table>

**My activity goals for today**

- [ ] Get up to walk short distances with help (minimum 2 times a day)
- [ ] Walk to the bathroom with help.
- [ ] Sit up in a chair (minimum three times)
- [ ] Every hour while awake:
  - Deep breathing and coughing
  - Leg exercises when in bed
- [ ] At least every 2 hours:
  - Turn or change position in bed
- [ ] Chew gum for 15 minutes, three times a day
### Day 1, continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What can I <strong>eat</strong>?</td>
<td>You can drink sips of clear liquids.</td>
</tr>
<tr>
<td></td>
<td>Tell the nurse if you pass gas or have a bowel movement.</td>
</tr>
<tr>
<td></td>
<td>You will receive nausea medicine if you need it.</td>
</tr>
<tr>
<td>Can I <strong>wash</strong>?</td>
<td>Wash at your bedside or in the bathroom. You might need some help to set up.</td>
</tr>
<tr>
<td>Can I have <strong>visitors</strong>?</td>
<td>Yes.</td>
</tr>
<tr>
<td></td>
<td>Ask your family and visitors to let you rest for 2 hours during the day.</td>
</tr>
<tr>
<td>When can I go <strong>home</strong>?</td>
<td>Plan to go home on day ________.</td>
</tr>
<tr>
<td></td>
<td>Review page 38 in this booklet to help get ready for discharge.</td>
</tr>
</tbody>
</table>

**Notes:**

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# Day 2

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How will I feel?</strong></td>
<td>You start feeling stronger today. Rest between activities.</td>
</tr>
</tbody>
</table>
| **What equipment do I have?** | If not already taken out, we may remove the:  
  - Intravenous  
  - Pain pump  
  - Abdominal drain |
| **How is my pain treated?** | We treat your pain several ways:  
  - Regular acetaminophen (Plain Tylenol®) every 4 to 6 hours  
  - Other pain medicines if needed  
  - Relaxation techniques such as deep breathing, warm blankets, or listening to music. |
| **If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.** | |
| **My activity goals for today** | ☐ Get up to the chair without help  
☐ Sit up in a chair for all meals  
☐ Walk to the bathroom with someone standing by  
☐ Every hour while awake:  
  - Deep breathing and coughing  
  - Leg exercises when in bed  
☐ At least every 2 hours when in bed:  
  - Turn or change position  
☐ At least 2 times a day, walk one circuit around the unit with someone standing by  
☐ Chew gum for 15 minutes, three times a day |
**Day 2, continued**

| **What can I eat?** | You can have full fluid diet like milk, soup, and pudding.  
| | □ Drink 2 high protein drinks (e.g. Boost®).  
| | Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation.  
| | Tell the nurse if you pass gas or have a bowel movement.  
| | You will receive nausea medicine if you need it. |

| **Can I wash?** | Wash at your bedside or in the bathroom. |

| **Can I have visitors?** | Yes.  
| | Ask your family and visitors to let you rest for 2 hours during the day. |

| **When can I go home?** | Plan to go home on day __________.  
| | Review page 38 in this booklet to help get ready for discharge.  
| | If you need to take injectable blood thinners when you go home, we will start teaching you how to take it.  
| | Ensure that you are registered for Fair PharmaCare.  
| | If you need help or equipment at home, you talk to a social worker, an occupational therapist, and physiotherapist. |

**Notes:**

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<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I <strong>feel</strong>?</td>
<td>You feel stronger today. Continue to rest as required.</td>
</tr>
<tr>
<td>What <strong>equipment</strong> do I have?</td>
<td>We change the dressing over your incision. If the incision is dry and clean, we leave it uncovered. You will see staple, sutures or tapes along the incision line. All other equipment and tubes should be removed or stopped.</td>
</tr>
</tbody>
</table>
| How is my **pain** treated? | We treat your pain several ways:  
  - Regular acetaminophen (Plain Tylenol®) every 4 to 6 hours  
  - Other pain medicines if needed  
  Relaxation techniques such as deep breathing, warm blankets, or listening to music. |
| My **activity** goals for today | □ Walk to the bathroom without help  
□ Sit up in a chair for all meals  
□ Every hour while awake:  
  - Deep breathing and coughing  
  - Leg exercises when in bed  
□ At least every 2 hours when in bed:  
  - Turn or change position  
□ At least 2 times a day, walk one circuit around the unit on your own  
□ Drink 2 high protein drinks (e.g. Boost®)  
□ Chew gum for 15 minutes, three times a day |
| What can I **eat**? | Easy to digest solid foods.  
Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation. |
### Day 3, continued

<table>
<thead>
<tr>
<th>Can I <strong>wash</strong>?</th>
<th>You can have a shower today. Try not to let the water spray on your incision.</th>
</tr>
</thead>
</table>
| Can I have **visitors**? | Yes.  
Ask your family and visitors to let you rest for 2 hours during the day. |
| When can I go **home**? | Plan to go home on day _________.  
Arrange for someone to pick you up by 10:00 a.m. on the day you go home.  
Review page 38 of this booklet to help get ready for discharge.  
If you need to injectable blood thinners when you go home, we will continue teaching you how to take it.  
Ensure that you are registered for Fair PharmaCare. |

**Notes:**

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# Day 4 until you leave the hospital

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How will I feel?</strong></td>
<td>You continue to feel stronger. Continue to rest.</td>
</tr>
<tr>
<td><strong>What equipment will be on me?</strong></td>
<td>Your incision will be left open to air if there is no drainage. No other equipment or tubes.</td>
</tr>
</tbody>
</table>
| **How is my pain treated?** **If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.** | Use ways to relax and control the pain such as deep breathing, warm blankets, or listening to music. You will receive:  
  - Regular acetaminophen (Plain Tylenol®) every 4 to 6 hours  
  - Other pain medicines as needed |
| **My activity goals for today** | ✅ Sit up in a chair for all meals  
  ✅ Do deep breathing and coughing exercises  
  ✅ At least 2 times a day, walk one or more circuits around the unit. You can do all your activities on your own  
  ✅ We encourage you to chew gum for up to 15 minutes, 3 times a day  
  ✅ Drink 2 high protein drinks (e.g. Boost®)  
  ✅ Chew gum for 15 minutes, three times a day |
| **What can I eat?** | Easy to digest solid foods. Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation. |
| **Can I wash?** | You can take a shower. |
| **Can I have visitors?** | Yes. Ask your family and visitors to let you rest for 2 hours during the day. |
Day 4 until you leave the hospital, continued

When can I go home?

Plan to go home on day _________.

Review The Day You Go Home on page 38 of this booklet.

If you need to take injectable blood thinners when you go home, we will continue teaching you how to take it.

Before you leave, if you still have questions, take time to ask us.

Notes

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The day you go home

How you know you are ready

Everybody recovers at a different pace depending on their general health, any existing health conditions, and the type of surgery. Generally, you are ready to leave the hospital when:

- your blood tests are normal or close to normal
- your blood pressure, heart rate, and temperature are normal for you
- your incision is healing
- your abdomen is soft and not bloated
- you have bowel activity (passing gas or having bowel movements)
- you are able to control your pain with just pain pills
- you are eating well enough
- you are able to walk around the unit and do most activities you could do before you had your surgery
- you can look after yourself at home (with help if needed)
- you can self inject your low molecular weight heparin (LMWH)

Your ride home

Most people are ready to go home at 10:00 a.m.

Ask the person picking you up to come and get you from the unit.

If you cannot get picked up by 10:00 a.m., we may ask you to wait in the Patient Lounge. We do this so we can get your bed cleaned, ready for the next patient.

If there is a problem getting a ride or getting home, you might need to stay in a local hotel for one or two nights. You cannot continue to stay in the hospital if we feel you are well enough to leave the hospital.
Follow-up visit

Your surgeon will discuss with you your plan for follow-up before you go home.

If you are admitted to a different hospital related to a surgical complication, we would like to ask that a family member notify your surgeon’s office.

Call your surgeon’s office before you leave the hospital to make a follow-up appointment. If you go home on the weekend, call the next day the office is open.

At the appointment, your surgeon reviews how you are recovering, talks with you about any test results from your surgery, and tells you if you need any further treatment.

You can (optional) call and make an appointment to see your family doctor within a week of going home. This will allow your family doctor to review your postoperative baseline and general health status. If you happen to come across any complications, at least your family doctor has a baseline to compare you with.

Medications

Your surgeon may send you home with some medications. You will be provided with a prescription and be responsible for filling it from a drug store. Remember to take them as ordered and ask your pharmacist if you have any questions.

You will also be told whether you need to continue with your previous medications and when to re-start them. If by chance you are not told by the time you are discharged home, ask your family doctor.

Please do not stop or change your medications on your own. Your family doctor may change, re-order or stop them for you.

Avoid aspirin (in any form) as it can increase the chance of bleeding. If you usually take a regular low dose of ASA, ask your family doctor prior to taking it.

Please ask your surgeon and/or family doctor before taking any herbal medications (some of them can also cause a risk of bleeding).

Do not drink alcohol when taking any type of medication.
Caring for Yourself at Home

In this section, you will learn about:

- Pain
- Caring for your incision
- Post gastric surgery diet
- Caring for your bowels
- Activity and exercise
- Emotions and feelings
- When to get help
It can take 6 to 8 weeks to recover from stomach surgery. Even when you are ‘healed’, it can still be several months before you feel completely recovered. There are some things you can do to help your recovery.

**Pain**

When you are discharged home, it is normal to have some abdominal pain for the first few weeks. Adequate pain control can help in your recovery so you can participate in physiotherapy and resume your regular activities. The goal is to take the least amount of medication, which will limit the side effects you may experience.

**How to manage pain:**

Remember to take your pain medication before activity or bedtime.

1. Use a pillow for support when you do your deep breathing and coughing exercises.
2. Try non medicine therapy such as: heat or cold compresses, positioning, guided imagery, listening to music.
3. First taking regular acetaminophen (Plain Tylenol®).
4. If Tylenol® alone is not enough to ease your pain, take ibuprofen (Advil®, Motrin®) or another non-steroidal anti-inflammatory medicine.
5. If you’ve been prescribed opioid pain medicine (e.g. hydromorphone, oxycodone, morphine), take this medicine if the Tylenol® and ibuprofen does not help.

**Opioid pain medicine**

They are sometimes called “narcotics.”

Commonly prescribed opioids include:

- Codeine: Tylenol 3
- Morphine: M-Eslon, MS Contin
- Tramacet/Tramadol
- Oxycodone: Percocet
- Hydromorphone: Dilaudid
Information on opioid pain medicine

Can I get addicted to morphine-like medicines?

When you take opioid medicine for acute pain, such as the pain that happens after operations or accidents, the risk of addiction is low.

Taking opioid medication for an extended time can lead to dependence.

It is important to taper off opioid medication as your pain improves.

What are the side effects of opioid pain medicine?

• Sleepiness
  ***Do NOT drive, use power tools, or operate machinery while taking opioids. **It is against the law to drive while taking opioids***
• Confusion
• Nausea
• Vomiting
• Constipation
• Itchiness
• Inability to urinate
• Slowed breathing

When do I start tapering off opioid medicine?

When the surgical pain becomes manageable, you should start to reduce how much opioids you take.

How do I taper off opioid medicine?

1. Reduce how much you are taking (the number of pills you take).
   For example: If you were taking 2 pills each time, start taking 1 pill to see if the pain is controlled. If it does, continue with 1 pill each time. Do this for 1–2 days.

2. Then reduce how often you are taking the medicine.
   For example: If you are taking a dose every 4 hours, then take a dose every 6 hours instead for 1–2 days. Then take a dose every 8 hours for 1–2 days. Then consider stopping.
Can I go through withdrawal?

Withdrawal symptoms are a sign that your body is used to taking opioids regularly and that you need to reduce the opioids more slowly.

Withdrawal symptoms are:

- Sweating
- Fever
- Nausea
- Vomiting
- Feeling agitated or irritable

How do I store opioid medicine?

These medicines should be kept out of sight and ideally in a hidden or locked area. Make sure you keep your opioid medications safely out of reach of children and the elderly as taking these can cause harm to them.

How do I dispose of extra opioid medicine?

If you have unused opioids, most pharmacies in British Columbia have a drug return program where they will properly dispose of extra medicines.

Never save medicines, thinking you may use them at a later date.

All medicines have expiration dates and may not be safe to take later.

Caring for your incision

- The incision can be left open to air
- If you have staples or sutures, these can catch on your clothing; if this happens, place a light dressing over top
- **DO NOT** put on creams or lotions (such as Polysporin, Vitamin E) to the wound unless your surgeon tells you
Washing:

- You can gently wash your incision with soap and water
- Pat your incision dry with a clean towel
- **DO NOT** rub your incision
- You may shower the day after you go home, unless told otherwise (even with staples in place)
- The water can run on the incision but **NOT** directly spray the incision
- **DO NOT** soak in a bath for 2 weeks after your surgery
- **DO NOT** soak in a bath, pool, hot tub, or lake until your surgeon or family doctor says it is safe to do so

As your incision heals it may become itchy. Avoid any rubbing or scratching as the itchiness is a normal part of the healing process.

The staples to your incision may be removed while you are in hospital. When the staples are removed, white paper tapes (steri-strips) will be applied for extra support to your incision. Do not remove them yourself. After 5 to 7 days these tapes will start to become non-sticky and eventually peel and fall off. There is no need to replace them.

Slight numbness, swelling, tingling, bumpiness, firmness and discolouration around the incision site are normal findings after surgery. They will improve with time. If they persist with no improvement, inform your surgeon or family doctor.

**Staple removal:**

Call your family doctor to have your staples removed.

Your surgeon will tell you when to have your staples removed. If you cannot remember, call your surgeon’s office.
Wound care

If you are sent home with a wound that requires dressing changes and/ or packing, the nurse clinician will make arrangements for a home care nurse to either visit you at home or for you to visit their ambulatory clinic. The home care nurse will change your dressing, monitor the wound progress and help you with any other health problems you may come across once you are at home. The number and length of visits depends on your needs. The nurse will contact your surgeon if concerned about any aspect of your health.

Please note: the number of times a dressing is changed in the community is different than in the hospital. They use different products.

You may continue to have showers with an open wound. A home care nurse will contact you the morning of the visit with a time. Inform the nurse, that you’ll be taking a shower 30 minutes prior to that time. In doing so, you will prevent yourself from sitting in a wet dressing (cause for infections).

There are two different ways you may take a shower. You may either leave the current dressing on, wrap a piece of plastic saran wrap on top and tape the edges with waterproof tape. This will allow the plastic wrap to be damp and prevent the dressing from being soaked. After your shower, you can remove the plastic wrap and leave the dressing to be changed by the nurse.

Or you can completely remove all the dressings and take a shower with an exposed open wound. Pat it dry with a clean towel and wait for the nurse to come and change the dressing (most prefer the first option).
Post gastric surgery diet

Depending on your surgery, you might have to eat a special diet. Even though dietitians review your diet with you before you leave the hospital, you might still have questions. You can call 8-1-1 (HealthLink BC) any time and ask to speak to a dietitian.

Post gastric surgery diet helps to:
- Prevent and minimize the symptoms that may occur after stomach surgery: feeling full, dumping syndrome and weight loss.
- Provide small, frequent, nutrient dense meals.

What is dumping syndrome?

Group of symptoms that occur when food enters the intestinal tract too quickly.

What are the symptoms?
- Diarrhea
- Nausea, vomiting
- Cramps
- Feeling weak
- Shaky
- Sweaty 1–3 hours after eating

What causes dumping syndrome?

It is a phenomenon usually caused by the change to the pyloric sphincter of your stomach due to surgery.

How do you prevent dumping syndrome?
- Minimize sugar intake
- Have small frequent meals
- Eat foods high in proteins, calories, and fibre
- Have liquids 30–60 minutes before or after eating solids
It might take some time before your appetite returns to normal. To heal and to feel less tired, your body will need extra calories, nutrients, and especially protein.

- Solid food is harder for your stomach to break down and empty, while liquids empty from the stomach faster. If symptoms such as vomiting are present, you can temporarily choose liquids over solids.

- Examples of high protein foods
  - Eggs
  - Fish
  - Beans/legumes/ lentils/dried peas
  - Meat (beef, pork)
  - Shellfish
  - Nuts
  - Chicken/poultry
  - Tofu/soy
  - Milk/yogurt/cheese

- Example of high fibre foods:
  - Whole grains
  - Fruit
  - Beans
  - Vegetables
  - Nuts

- Eat high fibre foods

- You may find tender cuts of meat sliced thinly easier to digest than large pieces of steak. Consider ground, minced, strained or pureed foods for easier digestion. Cook/overcook protein foods in sauces, stews so they are finely broken down.

- Weigh yourself each week. If you are losing weight, you need to eat more at your usual meals and snacks, or you need to have more meals or snacks daily. Talk to your doctor and dietitian about your weight loss.

- A daily multivitamin with minerals supplement will help you heal from surgery. Discuss with your doctor or dietitian for suggestions.

- Ask your doctor to check your vitamin B12, iron and folate levels yearly, as you may need supplementation.

- Try to eat 5 or 6 small meals throughout the day rather than 3 big meals.

- If you are not able to eat enough food each day, you can continue drink 1 or 2 oral nutrition supplement drinks (e.g. Boost® or Ensure®) each day.
Considerations:

- Chew your food well
- If dumping occurs you may want to lie down for 15 minutes after the meal
- If vomiting occurs, you want to avoid lying down
- Sit upright while eating and sit upright for at least an hour after the meal
- Limit sweet foods (substitute sugar is okay)
- Have meat and/or alternative protein with each meal
- Have regular portions at breakfast
- Have small portions at lunch and dinner
- Only have up to 120mL of liquids with each meal
- If you experience discomfort with chewing or swallowing, try taking the pain medication 30 minutes before your meals
- You may want to initially limit tough fibre foods such as tough meat, corn, nuts, popcorn and fruit skin

In some situations, people experience difficulties with swallowing and/or tolerating oral food; therefore they require a feeding tube in their stomach for nutrition. The nurses and dietitian will teach you how to manage and feed yourself through the tube. When you go home, the nurse clinician and dietitian will arrange home care nursing and all your feed formulas and supplies.
## Sample Eating Plan

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal</th>
<th>Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>• 1 slice of toast with margarine</td>
<td>• 1 egg</td>
</tr>
<tr>
<td></td>
<td>• ½ banana</td>
<td>• 125mL (½ cup) milk (1 hour AFTER meal)</td>
</tr>
<tr>
<td>Mid-morning</td>
<td>• 2-4 crackers</td>
<td>• Peanut butter</td>
</tr>
<tr>
<td></td>
<td>• 125 mL (½ cup) unsweetened juice</td>
<td>• 125 mL (½ cup) unsweetened juice (1 hour AFTER snack)</td>
</tr>
<tr>
<td>Lunch</td>
<td>• 1 sandwich made with meat, fish, or cheese, and margarine and/or mayonnaise</td>
<td>• 125mL (½ cup) unsweetened fruit</td>
</tr>
<tr>
<td></td>
<td>• 125mL (½ cup) milk</td>
<td>• 125mL (½ cup) milk (1 hour AFTER meal)</td>
</tr>
<tr>
<td>Mid-afternoon</td>
<td>• 1 small, plain muffin with margarine</td>
<td>• 50-125mL (¼-½ cup) plain or unsweetened fruit yogurt</td>
</tr>
<tr>
<td>Dinner</td>
<td>• 90 grams (3 ounces) meat, fish, or poultry</td>
<td>• 1 small potato with margarine or gravy</td>
</tr>
<tr>
<td></td>
<td>• 125mL (½ cup) vegetables</td>
<td>• 125mL (½ cup) unsweetened fruit</td>
</tr>
<tr>
<td></td>
<td>• 125mL (½ cup) unsweetened juice</td>
<td>• 125mL (½ cup) unsweetened juice (1 hour AFTER meal)</td>
</tr>
<tr>
<td>Evening</td>
<td>• 2-3 crackers with hummus</td>
<td>• Cheese</td>
</tr>
<tr>
<td></td>
<td>• 125mL (½ cup) milk</td>
<td>• 125mL (½ cup) milk (1 hour AFTER snack)</td>
</tr>
</tbody>
</table>
Foods to Eat & Avoid ONLY if you Have Dumping Syndrome (diarrhea):

<table>
<thead>
<tr>
<th>Type of Food</th>
<th>Foods Allowed</th>
<th>Foods Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk and Milk Products</td>
<td>• Milk (whole milk preferred) *Drink 30 minutes before or after meals.</td>
<td>• Milkshakes</td>
</tr>
<tr>
<td></td>
<td>• Yogurt (plain or flavoured)</td>
<td>• Chocolate milk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Other sweetened milk beverages (like instant breakfast)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Yogurt with nuts or seeds</td>
</tr>
<tr>
<td>Breads and Cereals</td>
<td>• Plain cereal (hot or dry)</td>
<td>• Sweetened or sugar coated cereals and granola (e.g. Frosted Flakes)</td>
</tr>
<tr>
<td></td>
<td>• Breads</td>
<td>• Cereals with dried fruits</td>
</tr>
<tr>
<td></td>
<td>• Pasta</td>
<td>• Pastries</td>
</tr>
<tr>
<td></td>
<td>• Rice</td>
<td>• Doughnuts</td>
</tr>
<tr>
<td></td>
<td>• Congee</td>
<td>• Cookies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cakes</td>
</tr>
<tr>
<td>Meat, Fish, Poultry and Alternates</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Fruits and Vegetables</td>
<td>Fresh, canned, dried fruits and vegetables</td>
<td>Canned fruit in heavy syrup</td>
</tr>
<tr>
<td>Soups</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Fats and Oils</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Desserts and Sweets</td>
<td>Plain cookies (e.g. digestives, social teas)</td>
<td>• Chocolates</td>
</tr>
<tr>
<td>Beverages</td>
<td>• Unsweetened fruit juice</td>
<td>• Candies</td>
</tr>
<tr>
<td></td>
<td>• Coffee</td>
<td>• Honey</td>
</tr>
<tr>
<td></td>
<td>• Tea</td>
<td>• Jams and jellies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Syrup</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sweetened fruit juices</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lemonade</td>
</tr>
</tbody>
</table>
**J tube**

Your surgeon may decide to place a feeding tube either during or after your surgery. The feeding tube will allow you to receive adequate nutrition for healing and the recovery phase. Sometimes this tube is only used within the hospital and other times you may need it to feed yourself at home. Some people are dependent only on tube feeds and others can eat by mouth and have tube feeds to provide extra nutrition.

Please read through the ‘Home Tube Feed’ booklet (provided by the dietitian) for additional information around managing and administering home tube feeds.

Note: If the feeding tube is not being used, it still needs to be in place for at least 4 to 6 weeks from the time it was inserted to form a tract. Your surgeon will remove it in their office during your follow-up appointment. You will need to flush the tube once a day with 30mls of tap water to prevent it from becoming blocked. You will be taught how to do this and provided with the equipment. Additional supplies can be purchased from any medical supply store.

Your surgeon will tell you when you can eat and drink again and when the tube feeds can be stopped (if appropriate).

**Caring for your bowels**

You might find your bowels do not work the same way they did before your surgery. It can take a few weeks for your bowels to work normally.

**Constipation**

- This can be from your pain medicine, especially if you are taking opioids.
- To prevent constipation:
  - Include fruits, vegetables, dried peas, beans, lentils and whole grains in your diet each day. These foods are high in fibre.
  - Keep active. Go for a walk every day.
- To treat constipation, talk to your pharmacist about a mild laxative or stool softener. Do not use an enema or suppository without checking with your surgeon first.

**Diarrhea**

- Persistent severe diarrhea is not normal and should be brought to your surgeon’s attention.
Activity and exercise

Rest

• Rest is important for your recovery. Your body does its healing when you are resting.
• Try to get at least 8 hours of sleep each night.
• Take naps or rest breaks frequently during the day.

Exercise

• Exercise helps build your strength, improves your circulation, and generally makes you feel better.
• Be careful not to tire yourself out. Slowly increase your activity. Let pain be a general guide to what you do and how often you do it.
• When you get home you may be surprised by how tired you feel. This is a normal feeling. Your energy level will improve over the next few weeks.

These are only general guidelines. Please confirm them with your surgeon.

• Plan your day to allow time for both rest and activity.
• Continue with your deep breathing and coughing exercises.
• Begin with taking short walks, gradually increasing how far you walk.

• For the first 4 to 6 weeks after your surgery:
  DO NOT lift, push, or pull anything over 4 to 5 kg (10 pounds). This includes carrying children and groceries.
  Use your legs when you lift.
  DO NOT do any activities that pull on your incision and abdominal muscles such as:
    vacuuming
    raking
    painting walls
    reaching for things in high places
• For at least 8 to 12 weeks after surgery:
  DO NOT do anything that puts extra stress on your stomach muscles such as doing sit-ups.
Driving a car

Before you start driving, check with your doctor to make sure it is okay.

• Only drive if you are able to:
  Put pressure to the brake quickly and without pain.
  Safely do a shoulder-check.
  Wear your seatbelt.

• You can drive if you are ONLY taking Plain Tylenol or ibuprofen.
  Do not drive your car while you are still taking opioid pain medicine.
  ***It is against the law to drive while taking opioids***

Sports

Ask your surgeon when it is safe for you to resume exercises and to play any sports.

Sexual activity

Some people find they do not have the same interest in sex as they had before surgery. This is normal and interest usually increases as you feel stronger.

You can resume sexual activity when you feel you have enough strength and your pain is under control.

Going back to work

Always check with your surgeon or family doctor before going back to work.

When you go back to work depends on the type of work you do and the type of surgery you had.
**BC Cancer referral**
If necessary your surgeon may refer you to BC Cancer.

All relevant information will be faxed to BC Cancer for them to review along with your pathology reports. You may or may not see them prior to going home.

If you do not see them prior to going home, you will be contacted by BC Cancer with your appointment.

**Emotions and feelings**
If you have been given a diagnosis of cancer, this can be a devastating experience. Some of the emotions you may feel are anger, anxiety, fear, despair or hope, sadness or depression or acceptance. Some experience changes in their sleeping habits, concentrating and remembering. This can happen in hospital or after going home.

This is common and may last a few days or sometimes a few weeks. Family members may also feel a range of emotions.

Each person’s recovery is unique, and there is no right or wrong way to cope with it. Many people find by sharing and talking about their concerns with their family members, friends or surgeon helps. And others find attending support groups helps. Ask your family doctor and/or surgeon about any support groups that may be available.

BC Cancer has several support services. You can contact them at 604-877-6000.
When to get help

Contact your surgeon, family doctor, or go to the emergency room if any of the following happens:

• Your pain gets worse or does not go away with pain medicine.
• You have a fever over 38.5° C (101.3° F).
• Your incision becomes red, swollen, or hot to touch.
• You notice foul smelling liquid coming from your incision.
• You start bleeding from your incision.
• Difficulties with swallowing resulting in decrease appetite and constant weight loss.
• You feel sick to your stomach (nauseated) or throw up (vomit) often for more that 24 hours.
• You have diarrhea that lasts for more than 2 days.
• No bowel function for 48 hours.
• If you have a drain that is accidentally pulled out.
• If you experience any pain, aching or redness in your calves and/or swelling of the legs
• You have difficulty breathing

If you are not able to contact your surgeon or family doctor, go to the nearest Emergency Department, or call HealthLink BC at 8-1-1 to talk to a registered nurse. Be sure to tell them about your recent surgery.
Resources
## Resources

### Vancouver Coastal Health

#### Admitting Department
Vancouver General Hospital  
– Jim Pattison Pavilion  
899 West 12th Avenue  
Jim Pattison Pavilion, 1st Floor  
604-875-4300  
604-875-4937 (Sunday and statutory holidays from 9:30-12:30)

#### BC Cancer Agency
BC Cancer – Vancouver  
600 West 10th Avenue  
Vancouver, BC, V5Z 4E6  
604-877-6000  
Toll-free (within BC): 1-800-663-3333

#### CIBC Centre for Patients and Families
Vancouver General Hospital  
– Jim Pattison Pavilion  
899 West 12th Avenue  
604-875-5887  
Resource centre for patients and family.

#### Pre-Admission Clinic
Gordon and Leslie Diamond Health Care Centre  
2775 Laurel Street  
3rd Floor  
604-675-3675

### Health Professionals

<table>
<thead>
<tr>
<th>Health Professionals</th>
<th>Accommodations</th>
<th>Equipment</th>
<th>Transportation</th>
</tr>
</thead>
</table>
| Dietitians of Canada  
www.dietitians.ca | Government of British Columbia  
Hotel accommodation for patients (and accompanying family members) requiring out-of-town Medical Services  
[csa.pss.gov.bc.ca/medicaltravel/](csa.pss.gov.bc.ca/medicaltravel/) | Red Cross  
[redcross.ca](redcross.ca)  
1-800-565-8000 or check local listings for phone number | HandyDART  
Provided by local bus services throughout BC (check your local listings for phone numbers)  
In Lower Mainland:  
604-575-6600  
[translink.ca/Rider-Guide/Accessible-Transit/HandyDART.aspx](translink.ca/Rider-Guide/Accessible-Transit/HandyDART.aspx) |
| HealthLinkBC  
8-1-1  
Non-emergency health information provided by a nurse, pharmacist or dietitian.  
[healthlinkbc.ca](healthlinkbc.ca) | | TAP (Travel Assistance Program)  
1-800-661-2668  
[health.gov.bc.ca/tapbc](health.gov.bc.ca/tapbc) |
| Health Canada  
1-866-225-0709  
Resource for general health information.  
| Pain BC  
1-844-880-7846  
Resource for pain management.  
[painbc.ca](painbc.ca) | | | |
| Physiotherapy  
Association of British Columbia (PABC)  
– to find a physiotherapist in your area  
[bcphysio.org](bcphysio.org) | | | |
| QuitNow  
1-877-455-2233  
Resource for quitting smoking.  
[quitnow.ca](quitnow.ca) | | | |
Acknowledgements


We hope you found the information in this booklet helpful.
If you would like to provide feedback, please email us at:
eras@vch.ca

“Tylenol” is a registered trademark of McNeil Consumer Healthcare, a subsidiary of Johnson & Johnson, Inc.

“Voltaren” is a registered trademark of Novartis Pharmaceuticals Canada Inc.
Going home at a glance

Usually you are ready to leave at 10:00 AM.
Please arrange for your ride to come just before this time.

Your Surgery: ____________________________________________________

Surgery Date: ____________________________________________________

Your Surgeon: ______________ Office phone: ______________

Follow-up Appointment: _________________________________________

Special instructions:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Hospital language I need explained:
My questions: