WESTERN ZONE OBESITY NETWORK

NOVA SCOTIA

Guide to Bariatric Surgery

Understanding weight-loss surgery in the Western Zone

For patients in the Western Zone Bariatric Surgery Program

Western Zone Obesity Network · Last updated June 2026

What's inside

Welcome

If you are reading this, you or someone you love may be thinking about bariatric surgery. It's an important step, and we're here to help you understand your options. The most important thing to know is this: struggling with your weight is not your fault. Obesity is a medical condition, not a choice. Your body has powerful systems that control hunger, cravings, and how it stores fat, and they can make managing weight very hard, no matter how hard you try.

KEY MESSAGE

Bariatric surgery is not "taking the easy way out." It is a real medical treatment for a real medical condition, and it changes your body's biology to help you lose weight and improve your health.

About the Network

The Western Zone Obesity Network

The Western Zone Obesity Network (WZON) was created to improve obesity care in Nova Scotia. We bring together patients, doctors, nurses, dietitians, and other healthcare providers to give you the best possible care. We believe the best care happens close to home, and your family doctor will be your main point of contact throughout your journey.

Network leads

- **Medical Lead:** Dr. Michael Mindrum
- **Surgical Lead:** Dr. Victoria Bentley
- **Dietitian Lead:** Kate Wentzell, RD

Who you'll work with

- Your family doctor or nurse practitioner
- A dietitian to help with nutrition

- **Bariatric Surgeons:** Dr. Ryan Kelly, Dr. Victoria Bentley

- A psychologist or counsellor for mental-health support
- A kinesiologist or exercise specialist
- Internal medicine specialists, for complex conditions
- Your bariatric surgeon

Understanding Bariatric Surgery

More than just a smaller stomach

Many people think bariatric surgery simply makes your stomach smaller so you eat less. It does much more than that. Bariatric surgery is really a *metabolic* treatment: it changes how your body and brain communicate about hunger, fullness, and energy.

- **Hunger hormones decrease.** The part of the stomach that makes most of the "hunger hormone" (ghrelin) is removed or bypassed, so you feel less hungry overall.
- **Fullness hormones increase.** Surgery changes how food moves through your digestive system, raising hormones that tell your brain you're full and satisfied.
- **Your brain's "set point" changes.** Surgery helps reset the brain's weight "thermostat" to a lower level, making it easier to stay at a lower weight.
- **Blood sugar improves.** Changes in gut hormones help the body use insulin better, which is why many people with type 2 diabetes see major improvement, sometimes even remission.

The bottom line

Bariatric surgery works *with* your biology instead of against it. It changes the automatic, unconscious systems that drive hunger and weight gain.

Types of Surgery

The two procedures offered in the Western Zone

Both procedures are done using laparoscopic (keyhole) surgery through small incisions.

Vertical Sleeve Gastrectomy (VSG)

"Gastric sleeve" or "the sleeve"

The surgeon removes about 80% of the stomach, leaving a thin, banana-shaped stomach.

- Smaller stomach: you feel full after much smaller amounts
- Less hunger hormone: the removed part makes most of your ghrelin
- Hormonal changes help the brain recognize fullness

Roux-en-Y Gastric Bypass (RYGB)

"Gastric bypass"

The surgeon creates a small pouch (about the size of an egg), then reconnects the small intestine in a "Y" shape, so food bypasses most of the stomach and the first part of the intestine.

- Very small pouch: you can only eat small amounts
- Less calorie absorption
- Major hormonal changes that control hunger and blood sugar

Bypass may be recommended if you have severe acid reflux (GERD) that hasn't responded to other treatments, type 2 diabetes that needs better control, or a previous sleeve with weight regain.

Comparing the two

	Sleeve Gastrectomy	Gastric Bypass (RYGB)
The surgery	80% of stomach removed; irreversible	Small pouch + rerouted intestine; potentially reversible
Average weight loss	20–25% of total body weight	25–30% of total body weight
Surgery time	About 1 hour	About 1.5–2 hours
Vitamin needs	Daily multivitamin, B12, vitamin D, calcium	More supplements, due to less absorption
Often best for	Most patients; simpler procedure; those needing NSAIDs, prior surgeries, higher starting weight, IBD or cirrhosis	Severe diabetes/metabolic disease and severe acid reflux (GERD)

Longer-term complications, compared

Some problems can develop months or years after surgery. This table shows which are more associated with each procedure (more plus signs = more associated).

Late complication	Sleeve	Bypass
Anastomotic (marginal) ulcer	—	+ +
Stenosis / narrowing	+	+
Incisional hernia	+	+
Internal hernia	—	+
Gallstones & kidney stones	+	+
Dumping syndrome	—	+

Late complication	Sleeve	Bypass
Vitamin deficiency / malnutrition	+	+ +
Chronic abdominal pain	+	+ +
Low blood sugars	+	+ +
Nausea / vomiting	+	+

Your surgeon will recommend the best option for you based on your health conditions, not just which one has more weight loss.

Eligibility

Who can have bariatric surgery?

To be considered for bariatric surgery in Nova Scotia, you must meet certain requirements.

Weight requirements (at least one)

- BMI of 40 or higher, **or**
- BMI of 35 or higher *with* a serious weight-related condition (such as type 2 diabetes, sleep apnea, or heart disease), **or**
- BMI of 30–35 *with* type 2 diabetes that is hard to control despite your best efforts

There is no strict age or upper-weight limit, though your team will assess your individual situation (special assessment is needed for BMI over 60).

⚠ **Important: smoking and cannabis**

You must be smoke-free (no cigarettes, vaping, or cannabis) for at least 6 months before surgery. This is a safety requirement, not optional. Smoking greatly increases the risk of serious complications.

Surgery may not be right for you if you are currently smoking or using cannabis, have current problems with alcohol or drug use, have an untreated eating disorder, have severe mental-health problems that are not stable, or have medical conditions that make surgery too risky.

✓ Is there a cost?

Bariatric surgery is covered by the Nova Scotia provincial health plan. You don't pay for the surgery itself, but you will need to pay for meal replacement before surgery and multivitamins for life.

Benefits & Risks

Weighing the decision

Potential benefits

- **Type 2 diabetes:** many patients see major improvement or complete remission
- **High blood pressure:** often improves or resolves
- **Sleep apnea, high cholesterol, joint pain:** frequently improve
- More energy, better mobility and mood, better sleep, and longer life expectancy

Short-term risks (within 30 days)

Complication	How often
Bleeding	1–5 in 100 patients
Leak from a surgical connection	1–3 in 100 patients
Blood clot in the legs	1–2 in 100 patients
Blood clot in the lungs	About 1 in 200 patients
Death from surgery	Less than 1 in 100–1,000 patients

The overall chance of having *any* complication is about 10%, and most complications can be treated successfully. Longer-term considerations include gallstones (from rapid weight loss), nutritional deficiencies (why vitamins are lifelong), marginal or internal hernias, dumping syndrome and low blood sugars (more common after bypass), and an increased risk of problems with alcohol in some people.

Weighing the decision

For most patients, the health risks of living with severe obesity are greater than the risks of surgery. Your healthcare team will help you understand your personal risk level.

What to Expect

Realistic weight-loss expectations

- **Sleeve gastrectomy:** on average 20–25% of total body weight (a 300 lb person might reach about 225–240 lb).

- **Gastric bypass:** on average 25–30% of total body weight (a 300 lb person might reach about 210–225 lb).

Understanding the numbers

These are averages. Some people lose more, some less, depending on genes, age, starting weight, hormones, and how you follow the program. Results that differ from average are not a "failure"; they are your biology.

The goal of bariatric surgery is to improve your health, not to reach a specific number on the scale. Many patients remain in the "obese" BMI category afterward yet see major gains in health, mobility, energy, and quality of life. **That is success. Health improvements matter more than any number on a scale.**

A typical weight-loss timeline

Knowing what to expect month by month can help you stay motivated:

When	What usually happens
Months 1–3	Weight loss is usually rapid, often 15–25% of your eventual total. Your body is adjusting to eating much less.
Months 3–6	Loss continues steadily. You'll notice real changes in how clothes fit, how you move, and how you feel.
Months 6–12	Loss begins to slow. This is normal; your body is finding a new equilibrium.
Months 12–18	Most patients reach their lowest weight somewhere in this window. The rate of loss tapers off significantly.
18–24 months+	Weight typically stabilizes. A small amount of regain (5–10%) is a normal biological response, not a failure.

Throughout this journey, the most important thing is to focus on healthy habits, not the number on the scale.

Getting Ready

Preparing for surgery

Preparation takes time and effort. It matters for two reasons: it makes the surgery safer, and it builds the skills you need for long-term success.

How to get a referral

- **Learn about the program:** read this guide and visit valleymetabolichealth.com.
- **Talk to your doctor:** your family doctor, nurse practitioner, or specialist can send a referral to our surgeons.
- **Work with your team:** dietitians, counsellors, and others will help you get ready.

Your journey from referral to surgery

Step 1: Referral and initial assessment (weeks 1–4). After your doctor sends a referral, our team reviews it and contacts you to schedule your first appointment, where you'll review your health history and goals and learn what lies ahead.

Step 2: Medical assessments (months 1–4). Your team arranges testing to make sure surgery is safe for you. This may include:

- Blood work: nutrition levels, blood sugar, liver, kidney, and thyroid function
- Sleep study: to check for sleep apnea; if present, you'll use a CPAP machine before and after surgery
- Heart testing: an ECG, and possibly a stress test or echocardiogram
- Breathing tests: if you have lung disease or significant shortness of breath

- Endoscopy (scope): particularly if bypass is being considered
- Cancer screening: making sure you're up to date (mammogram, Pap test, colonoscopy)
- Mental-health assessment: a supportive conversation about readiness and coping, not a pass/fail test

Step 3: Working with a dietitian (ongoing). A dietitian who specializes in bariatric surgery helps you learn the post-surgery diet stages, practise eating slowly and recognizing fullness, understand your protein and fluid goals, cut back on ultra-processed foods and sugary drinks, and start your supplements. This is one of the most important parts of your preparation.

Step 4: Surgeon consultation and booking. Once assessments are complete, your surgeon reviews your results, recommends the best procedure for you and explains why, discusses your specific risks, answers your questions, and books your date.

Step 5: Final preparation (2–4 weeks before). You'll attend a pre-operative education session, start the pre-surgery diet, stop certain medications as directed, and arrange time off work and support at home.

The pre-surgery (liver-shrinking) diet

For two to four weeks before surgery, you'll follow a special liver-shrinking diet, one of the most important steps in your preparation.

Why it matters

Your liver sits right next to your stomach. Extra weight makes it store fat and enlarge, which makes surgery technically harder and riskier. The pre-surgery diet shrinks your liver, giving the surgeon better access and making the procedure safer.

- You'll replace most meals with a high-protein, low-calorie meal replacement (such as Optifast), typically 3–4 shakes per day plus one small, low-carbohydrate meal.

- Stay well hydrated: at least 1.5 litres of non-caloric fluids per day.
- Avoid all sugary drinks, alcohol, and high-carbohydrate foods.

The first 2–3 days are usually the hardest, and you may feel hungry, irritable, or have headaches as your body adjusts. These symptoms typically improve, and many people report more energy after the first few days. **This diet is mandatory;** if your surgeon feels you haven't followed it, surgery may be postponed for your safety.

Medications before surgery

Some medications need to be adjusted or stopped. Your team reviews your full list, but common changes include:

- **Blood thinners:** your surgeon gives specific instructions on when to stop.
- **Diabetes medications:** often reduced or stopped during the pre-surgery diet, since your blood sugars will fall as you eat less.
- **NSAIDs** (ibuprofen, naproxen, Advil, Aleve, Motrin): stop before surgery; after a bypass you must avoid them permanently.
- **Birth control:** some forms may need to be stopped due to blood-clot risk.
- **Herbal and over-the-counter supplements:** stop at least 2 weeks before surgery.

Do **not** stop any medication without talking to your healthcare team first.

Preparing your mind, your home, and the day itself

Surgery changes more than your body. Begin developing coping strategies other than food now, set realistic expectations (surgery is a powerful tool, not a fix for every problem), and tell the people closest to you so you have support. At home, stock approved clear fluids and protein shakes, set up a comfortable resting area, arrange a driver and someone to stay with you for the first few days, and plan 2–4 weeks off work. The day before, follow your surgeon's eating instructions (usually nothing after midnight), shower with the antibacterial wash provided, remove nail polish and jewellery, and lay out loose clothing.

Surgery readiness checklist

Knowledge: understand obesity as a medical condition, the risks and benefits, realistic expectations, and life after surgery. **Nutrition:** work with a dietitian, know the post-surgery diet stages, get enough protein, reduce ultra-processed foods, take supplements. **Lifestyle:** smoke- and cannabis-free for at least 6 months, regular activity, behaviour-change support if needed. **Medical:** established primary care, blood work done, sleep-apnea test done (CPAP if needed), mental health stable, cancer screening current, medications reviewed, NSAIDs avoided. **Support:** a support person for recovery and a plan for follow-up.

After Surgery

The first few weeks

Most patients stay in hospital for 1–2 nights. You'll start sipping clear fluids, be encouraged to walk the same day (this helps prevent blood clots), and be monitored for early complications. The first 4–6 weeks at home are for healing; feeling tired is normal, so rest as needed and walk as much as you can.

A few key points for recovery

- Don't lift anything heavier than 10–15 lb for 6 weeks, and don't drive while taking prescription pain medication.
- You can shower 48 hours after surgery (pat incisions dry, leave Steri-Strips in place); no baths or swimming until incisions are healed (2–3 weeks).
- **Pain medication:** after a sleeve, naproxen may be used short-term; after a bypass, use acetaminophen (Tylenol); **no NSAIDs** (aspirin, ibuprofen/Advil, naproxen/Aleve).
- You'll be prescribed a stomach-protecting medication (a proton pump inhibitor): about 1 year after a sleeve, 6 months after a bypass.

Your post-surgery diet, stage by stage

Your stomach needs time to heal, so you'll advance through a careful diet progression. Your dietitian guides each stage, so don't skip stages or advance faster than recommended.

The full nutrition guide

This is a summary. For the complete picture (the bariatric plate, protein targets, food lists, sample meals, and each eating stage in detail), see the Nutrition Guide for Bariatric Surgery.

Stage	Timing	What it looks like
1. Clear fluids	Days 1–2 (hospital)	Water, clear broth, sugar-free gelatin and popsicles, herbal tea. Small sips (about 1 tbsp at a time), no straws. Aim for ~1 cup per hour while awake.
2. Full fluids	Weeks 1–2	Protein shakes (aim for 60 g protein/day), skim/1% or unsweetened plant milk, strained cream soups, smooth sugar-free yogurt. At least 1.5 L fluid daily.
3. Pureed foods	Weeks 3–4	Baby-food / smooth-pudding texture: pureed lean meats, beans and lentils, mashed banana, applesauce, smooth hummus, soft scrambled eggs. Meals take 20–30 min; stop at first fullness.
4. Soft foods	Weeks 5–8	Moist, tender, easy to chew: baked fish, canned tuna/salmon, soft chicken or ground meat, soft-cooked vegetables, ripe or canned fruit, cottage cheese, oatmeal. Protein first; chew 20–30 times.
5. Regular foods	Week 9 onward	Wider variety in small portions, protein first, one new food at a time. Bread, pasta, rice, tough meats, and raw vegetables may not sit well. Keep avoiding sugary foods, carbonated drinks, and fried foods.

Hydration

Staying hydrated takes real effort because your stomach is small. Aim for at least 1.5 litres (6 cups) a day, sip constantly (carry a water bottle), and **don't drink during meals or for 30 minutes after eating**, because drinking with meals flushes food through too quickly. Watch for dark urine, dizziness, dry mouth, headache, or fatigue. If plain water is hard to tolerate, try lemon, cucumber, or herbal tea.

Vitamins and supplements

After surgery your body absorbs fewer nutrients, so daily vitamins and minerals are a **lifelong requirement, not optional.** Chewable, liquid, or sublingual forms are easiest for the first few months. Buy them before surgery, set a daily routine, and never stop, because deficiencies develop slowly and silently.

Sleeve gastrectomy

Supplement	Daily dose	Notes
Bariatric multivitamin (with minerals)	1 complete multivitamin	Chewable/liquid for the first 3 months, then tablets
Calcium citrate	1200–1500 mg, in divided doses	Split into 2–3 doses (~500 mg absorbed at a time). Must be citrate, not carbonate
Vitamin D3	2000–3000 IU	Often taken with calcium; adjusted to blood levels
Vitamin B12	1000 mcg sublingual, or injection	Sublingual absorbs more reliably than a swallowed tablet
Iron	As recommended by blood work	Menstruating women often need it; take 2+ hours apart from calcium

Gastric bypass (RYGB)

All of the above, with higher doses because bypass patients absorb less:

Supplement	Daily dose	Notes
Bariatric multivitamin	2 per day (or 1 high-potency)	Higher doses needed
Calcium citrate	1500–2000 mg, in divided doses	The calcium-absorbing part of the intestine is bypassed
Vitamin B12	1000 mcg sublingual, or monthly injection	Absorption is more affected after bypass
Iron	Often 45–60 mg	Take with vitamin C, away from calcium
Vitamin D3	3000+ IU	Higher doses often needed
Thiamine (B1)	In multivitamin; more if deficiency suspected	Report persistent vomiting, which raises the risk

Managing common problems

Problem	What to do
Constipation	Drink more fluids, stay active, try a stool softener
Diarrhea	Stick to clear fluids for 24 hours; avoid sugar-free products with sorbitol
Gas and bloating	Walk often; try simethicone (Gas-X)
Nausea or vomiting	Sip fluids slowly; don’t eat and drink at the same time; return to liquids if needed
Dehydration	Sip fluids all day; watch for dark urine, dizziness, dry mouth
Heartburn	Raise the head of the bed; don’t eat before bed; take medications as directed
Hair loss	Common at 3–6 months and usually temporary; ensure enough protein and vitamins

Problem	What to do
Feeling cold	With less insulation and fewer calories, dress in layers

Emotions and returning to life

A wide range of emotions is normal: relief and excitement, but also frustration with the liquid diet, mood swings from rapid hormonal change, grief over losing food as comfort, and even brief “buyer’s remorse” that usually passes as the benefits arrive. Talk to someone, keep moving, and stay connected with your team. If sadness or anxiety persists beyond the first few weeks or interferes with daily life, reach out, because post-surgery depression is treatable. Most people return to desk work in 2–3 weeks, light physical work in 3–4 weeks, and heavy labour in 6 weeks or more.

⚠ When to call your healthcare team

Contact your surgeon or go to the emergency room for: vomiting lasting more than 24 hours; being unable to keep fluids down; severe stomach pain; fever over 38.5°C (101°F); signs of infection (redness, warmth, or drainage from incisions); chest pain or trouble breathing; or dehydration that doesn’t improve. In an emergency, call 911.

For Life

Life after surgery

Bariatric surgery is a powerful tool, but it is not a cure. Long-term success depends on lifelong commitments:

- **Take your vitamins every day:** for the rest of your life. Untreated deficiencies (iron, B12, calcium/vitamin D, thiamine, vitamin A) can cause fatigue, nerve damage, bone loss, and vision

problems that develop silently. Regular blood work catches them early.

- **Follow nutrition guidelines:** protein first (aim for 60–80 g/day), eat slowly and chew thoroughly (20–30 min per meal), stop when full, don't drink with meals, avoid sugary and high-fat foods, and stay hydrated. See the Nutrition Guide.
- **Stay physically active:** aim for 150–300 minutes a week, including some strength training. Any activity is better than none.
- **Attend all follow-up appointments:** surgeon at 4–6 weeks; dietitian at 4, 8, and 12 weeks; blood work at 3 and 6 months and a full team review at 12 months; then annual blood work and primary-care review for life.
- **Prioritize your mental health:** body image takes time to catch up, relationships can shift, and some patients develop "transfer" behaviours (alcohol, shopping, gambling). Be open with your team; support groups help.

Why follow-up matters

Missing follow-up can lead to serious problems that develop silently. Nutritional deficiencies can cause nerve damage, bone loss, and other harm if not caught early. Your commitment to lifelong follow-up is as important as the surgery itself.

Alcohol after surgery

Your body processes alcohol differently now: you feel the effects faster, your blood alcohol rises higher for the same amount, effects last longer, and the risk of alcohol use disorder increases, and is highest 2–3 years after surgery, especially after bypass. **Avoid alcohol completely for at least the first year.** After that, be very cautious (one drink may affect you like two or three did before), never drink and drive, and tell your team if you notice yourself drinking more or relying on it to cope.

Pregnancy after surgery

Surgery can improve fertility, especially with PCOS. Wait at least 12–18 months before becoming pregnant so your body can stabilize, and use reliable contraception in the meantime; oral pills may

be less effective after bypass, so ask about an IUD or injection. When you're ready, tell your team: you'll need closer nutritional monitoring, and your vitamin doses may be adjusted. With proper planning, outcomes are excellent.

Medications and dumping syndrome

Surgery changes how you absorb medications. Avoid NSAIDs permanently after a bypass (use acetaminophen instead), watch for extended-release forms that may not absorb properly, and expect that diabetes, blood-pressure, and psychiatric medications may need dose changes under supervision. **Always tell every doctor, dentist, and pharmacist that you've had bariatric surgery.**

Dumping syndrome, more common after bypass, happens when sugary or high-fat food moves too quickly into the intestine. Early dumping (within 30 min) causes nausea, cramping, diarrhea, sweating, and a rapid heart rate; late dumping (1–3 hours) causes low-blood-sugar symptoms. Prevent it by avoiding sugary foods, eating small protein- and fibre-rich meals, and not drinking with meals. It's unpleasant but not dangerous, and often reinforces healthier eating.

About weight regain

Some weight regain over time is normal and does not mean you have failed. It can come from your unique biology, the brain defending against weight loss, the stomach stretching slightly over years, a return of old habits, life stresses, or weight-promoting medications. If you notice regain, don't give up, and reach out early. Options include reviewing your eating with a dietitian, adding weight-management medication, support for emotional eating, and, in some cases, revision surgery.

Resources & Contacts

Where to go for help

Helpful apps

- **Baritastic:** free app built for bariatric patients, with stage-by-stage post-op diet guidance, protein and fluid tracking, and appointment reminders
- MyFitnessPal
- Cronometer

Trusted information

- Obesity Canada: obesitycanada.ca
- “ASMBS patient video series” on YouTube
- Local and online bariatric support groups (ask your team)

Important numbers

- **Emergency:** 911
- **NS Health Link:** 811, a free 24/7 line to speak with a registered nurse
- Your surgeon’s office: provided at your appointment
- Your family doctor: keep this handy

Getting a referral

- Talk to your family doctor, nurse practitioner, or specialist about a referral for bariatric surgery.

YOU ARE NOT ALONE

Obesity is a medical condition, not a personal failure. Surgery changes your biology to help you succeed, and every step forward, no matter how small, is progress.

This guide is for educational purposes only and does not replace advice from your healthcare provider. It is based on guidelines from Obesity Canada. *Last updated: April 2026.*

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diagrams.