Education Workbook

METABOLIC AND WEIGHT LOSS SURGERY PROGRAM

Baylor Scott & White
CENTER FOR METABOLIC AND WEIGHT LOSS SURGERY
DALLAS
A member of HealthTexas Provider Network

Welcome

to the Baylor Scott & White Center for Metabolic and Weight Loss Surgery.

We are excited that you have made the decision to become healthier and live better. This journey is thrilling, however, it can be a long road. We will partner with you to help you each step of the way. Our goal is to provide you with excellent service along your journey.

Our program provides extensive pre-surgical clearance, education and post-surgical follow-up and support. Our goal is to prepare and support you before, during and after surgery by providing extensive education about your weight loss procedure as well as dietary and lifestyle change requirements.

Contents

Section 1:
All about Weight Loss Surgery-related Nutrition

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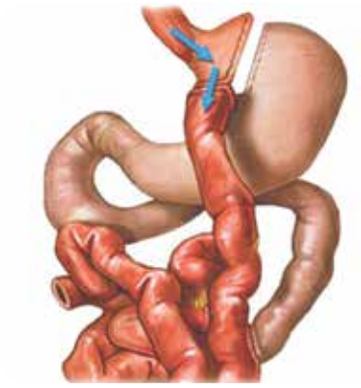
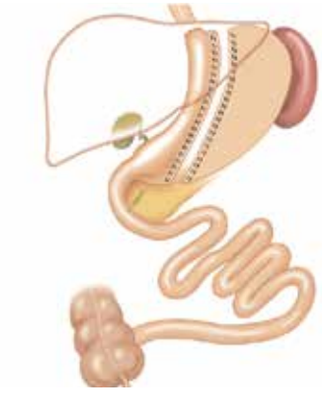
About surgery

Types of weight loss surgery



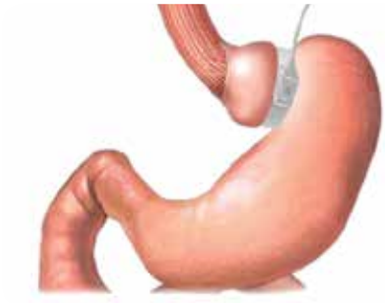
Gastric Bypass

The gastric bypass, also known as Roux-en-Y, works by reducing how much food your stomach can hold and by mild malabsorption. Typically, weight loss is 70 – 80% of your excess body weight. Of course, how close you come to your goal relies on how well you follow the nutrition and exercise guidelines.



Gastric Sleeve

The gastric sleeve works by reducing how much food your stomach can hold. Typical weight loss is 60 – 70% of your excess body weight.



Gastric Banding

Gastric banding, also known as Lap Band or Realize Band, works by reducing how much food your stomach can hold. Typical weight loss is 50 – 60% of your excess body weight.

Basic nutrition guidelines

Develop a routine. Eat meals about the same time every day and do not skip meals.

Eat a minimum of 3 meals per day about 4 – 5 hours apart.

Cut back on your portions and limit second helpings. Use smaller plates and bowls.

Choose lean meat, fish, or poultry. Portions should be about the size of a deck of cards or a woman's palm. Bake, broil, boil, and grill rather than frying.

Include high fiber foods such as dried beans and legumes, whole grains, fresh fruit and vegetables.

Enjoy plenty of non-starchy vegetables at each meal and snack. They fill you up and add a lot of fiber.

Use less added sugar and concentrated sweets like sugar-sweetened beverages, sugary cereals, snack cakes, candy, and sweet desserts.

Use sugar substitutes to sweeten your food instead of sugar. Saccharin, aspartame, Splenda (sucralose), Trevia, Equal and Stevia are all good choices.

Use sugar-free, calorie-free foods as desired: decaf tea, sugar-free Kool-aid, Crystal Light, G2, sugar-free popsicles, and low-sugar or sugar-free jelly and syrup.

Choose foods lower in fat. Cut back on thick/creamy sauces, gravies, salad dressing, mayonnaise, butter or margarine. Eat less fried foods. Avoid fatty meats like bacon, sausage, bologna, pepperoni, and hotdogs.

Hydration

Fluid guidelines

- **Drink at least 60 ounces of fluid each day.**
- Drink between your meals and snacks.
- Avoid carbonation and caffeine.
- Limit decaffeinated beverages to less than 16 ounces per day.
- Limit alcoholic beverages.
- Activity, weather, some health conditions and pregnancy/breast feeding can increase your fluid requirements.

What counts as fluid?

- Water
- Flavored water such as Crystal Light ®
- Naturally flavored waters (e.g. water with lemon, lime, cucumber, mint or other sugar-free, non-carbonated drinks)
- Propel, Powerade Zero, SoBe, Life Water, Zero Cal
- All liquids at room temperature count as fluid (except alcohol).
- Anything less < 15 calories per 8 ounces that is also caffeine and carbonation-free

Beverages to avoid

- Fruit juice
- Sunny Delight, Gatorade (G2 is okay), Hawaiian Punch, lemonade
- Carbonated drinks such as soda, diet soda, club soda, 7-Up, ginger ale, root beer, sparkling cider, beer, champagne, etc.
- Any drink that has more than 15 calories per serving
- Alcohol
- Sweet tea

Many of these beverages are very high in sugar which prevent you from losing weight.

Protein

Protein is the first priority in your diet.

Protein is used as "building material." This is what your skin, hair, nails, organs and lean muscle is made of. Women need at least 60g of protein everyday. Men need at least 75 g per day.

Solid protein

Egg/Egg white	Beef	Yogurt
Chicken	Pork	Soy/Tofu
Turkey	Cheese	Deli meat
Fish	Cottage cheese	

Other sources of protein

Milk	Beans
Nuts	Chick peas/Garbanzo beans

For each ounce of meat/fish/poultry/cheese, there is 7 grams of protein. A large egg is 1 ounce (oz). See a typical day below.

Example 1

Item	Grams of protein
1 oz egg =	
2 oz ground turkey =	
2 oz fish =	
Daily Total	35 g of protein

Item	Grams of protein
1 oz egg =	7 g of protein
1/2 c cottage cheese =	7 g of protein
3 oz ground turkey =	21 g of protein
1 oz cheese =	7 g of protein
3 oz fish =	21 g of protein
Daily Total	63 g of protein

Protein supplement guidelines: You may need protein supplements to help you meet your protein requirements. Instead of snacks, have protein drinks between your meals. Start by sipping 2 – 4 oz at a time.

Protein supplements should have:

- Less than 200 calories
- Less than 3g of sugar
- Greater than 15 grams of protein

The source of protein should be whey, soy or egg based. Read the ingredients list to verify the source of protein. Avoid drinks with collagen, beef protein or wheat gluten listed in the ingredients.

Healthy protein drinks

Brand	Calories	gm of protein	Flavors	Where to buy
Muscle Milk Light™ (8.25-11 oz)	100-180	15-20	Chocolate, Vanilla Creme	Walgreens™, CVS™, Walmart™, grocery stores
AdvantEDGE Carb Control Ready-to-Drink™ RTD (11 oz)	100 - 110	17	Chocolate Fudge, French Vanilla, Strawberry Cream, Rich Dark Chocolate, Cafe Caramel	Walgreens™, WalMart™, Target™, SAMS™, other grocery stores
Isopure Zero Carb™ (20 oz) RTD Powder (1 scoop)	160 (RTD) 100	40 25	Icy Orange, Grape Frost, Blue Raspberry, Apple Melon, Coconut, Pineapple Orange Banana, Mango Peach	GNC™, Vitamin Shoppe™, other health food stores
Pure Protein™ (12 oz can) RTD	110 - 120	23	Cookies n' Cream, Peanut Butter Cup, Frosty Chocolate, Banana Cream, Strawberry Cream, Vanilla Cream	WalMart™, Vitamin Shoppe™
Slim Fast **High Protein**™ (10 oz)	180	20	Creamy Chocolate, Vanilla	WalMart™, Vitamin Shoppe™, Walgreens™, CVS™, grocery stores
Designer Whey Protein Blitz (10 oz) RTD/2GO packets (x2)	100	18	Chocolate, Vanilla, White Chocolate, Instant Packets: Tropical Orange, Lemonade, MIxed Berry	Vitamin Shoppe™, Target™, GNC, other grocery stores
Premier Protein Drink (11oz)	160	30	Chocolate, Vanilla, Strawberry, Banana	SAMS™, CostCo™, GNC, WalMart™ , Tom Thumb, CVS
Nectar Powder™ (1 scoop) add 8 oz clear liquid	100	24	Lemon Tea, Twisted Cherry, Strawberry Kiwi, Fuzzy Navel, Roadside Lemonade, Caribbean Cooler, Apple Ectasy, Crystal Sky	Vitamin Shoppe™ (best for patients with lactose intolerance)
PURE Unflavored Protein	100	24	Unflavored Powder	bariatriceating.com
UNJURY™ Protein Powder (1 scoop) add 8 oz skim milk	90 -140	21	Unflavored, Chocolate, Vanilla, Strawberry Sorbet, Cheese Sauce, Chicken Soup	unjury.com, 800.517.5111
Bariatric Advantage™ High Protein Meal Replacement (2 scoops)	150-160	27	Chocolate Mint, Coffee, Chocolate, Vanilla, Strawberry, Banana, Unflavored	bariatricadvantage.com
Six Star Professional Strength Whey Protein™ (1 scoop) add 4 oz skim milk	150 -170	26-30 (30-34 with skim milk)	Chocolate, Vanilla, Triple Chocolate, Banana Cream, Cookies and Cream	WalMart™, Walgreen's™, CVS™
Atkins Advantage™ 11 oz	160	15	Chocolate, Caramel, Mocha Latte, French Vanilla, Dark Chocolate, Strawberry	WalMart™, Target™, Tom Thumb, CVS

Lean sources of protein

Protein sources are first priority in your diet.

Cook meat in a low-fat method, for example: bake, broil, crock pot or grill. Avoid frying protein. This will add fat and calories.
Choose protein sources that are labeled "extra lean," "lean," "select," "choice," "loin" or "round cuts."

Poultry: fat trimmed
- White meat without skin
- Dark meat without skin
- Cornish hen without skin
- Extra lean or lean ground

Fish and shellfish:
- Mackerel, lake trout, herring, sardines in water, tuna in water, and salmon
- Shrimp and crayfish

Pork: fat trimmed
- Tenderloin
- Ham
- Boneless top loin chop and roast
- Bone-in center loin chop
- Bone-in sirloin roast

Veal: fat trimmed
- Cutlet
- Blade or arm steak
- Rib roast
- Rib or loin chop

Lamb: fat trimmed
- Leg
- Loin chop
- Arm chop

Beef: fat trimmed
- Eye round roast and steak
- Sirloin tip side steak
- Top round roast and steak
- Bottom round roast and steak
- Top sirloin steak
- 95% lean ground beef
- Round tip roast and steak
- Round steak
- Shank cross cuts
- Chuck shoulder pot roast
- Sirloin tip center roast and steak
- Chuck shoulder steak
- Bottom round steak (western griller)
- Top loin steak (Kansas City or New York strip steak)
- Shoulder petite tender and medallions
- Flank steak
- Shoulder center (ranch) steak
- Tri-tip roast and steak
- Tenderloin roast and steak (filet mignon)
- T-bone steak

Other: fat trimmed
- Egg/white/substitute
- 1% milk or skim milk
- Deli meats including chicken, turkey, ham, or if less than 3 gm of fat per ounces

Non-starchy vegetables

Non-starchy vegetables are second priority in your diet.

Non-starchy vegetables are a great way to get fiber in. This helps you to feel full on less food and minimal calories. All non-starchy vegetables can be enjoyed, per your tolerance, medical conditions and taste preferences.

Artichoke
Asparagus
Bamboo shoots
Beans: green, Italian, yellow or wax
Bean sprouts
Broccoli
Brussels sprouts
Cabbage
Carrots
Cauliflower
Celery
Chicory/Endive
Chinese cabbage
Cucumber
Eggplant
Green onions or scallions
Greens: beet, collard, dandelion, kale, mustard or turnip
Jicama
Kohlrabi
Leeks
Lettuce (endive, escarole, leafy varieties, romaine or iceberg)
Mushrooms
Okra
Onions
Parsley
Peppers (all varieties)
Radishes
Rutabaga
Sauerkraut
Snow peas/pea pods
Spinach
Sugar snap peas
Summer squash
Swiss chard
Tomato
Turnips
Water chestnuts
Watercress
Zucchini

Fruit

Fruit is the third priority in your diet.
Fruits are high in vitamins and antioxidants.

They can also be high in fiber. Choose fruits that are whole, with skins or seeds to increase fiber content. Monitor your fruit intake as some can be higher in calories. If you want to have canned fruit, make sure it is light or canned in its own juice, no syrup.

Apple
Apricot
Banana
Bilberry
Blackberry
Blackcurrant
Blueberry
Cantaloupe
Cherry
Cherimoya
Clementine
Cranberry
Currant
Date
Elderberry
Figs
Gooseberry
Grape
Grapefruit
Honeydew melon
Huckleberry
Kiwi
Kumquat
Lemon
Lime
Mango
Nectarine
Orange
Papaya
Peach
Pear
Pineapple
Plum
Pomegranate
Prune
Raisin
Raspberry
Redcurrant
Star fruit
Strawberry
Tangerine
Ugli Fruit
Watermelon

Starch

Starches are last priority in your diet because they are typically higher in calories.

For example, one cup of rice has 200 calories while one cup of broccoli has only 30 calories, and one cup of strawberries has 50 calories. Whole grain starches can be an excellent source of fiber and vitamins.

Choose breads that are whole wheat or multigrain to increase the fiber content. Choosing corn tortillas will save calories and increase your fiber intake. Look for items that have at least 3 grams of dietary fiber per serving. Also, avoid foods that have "enriched wheat" or "enriched flour" in the ingredients list. This means they are not whole grains.

Bread
Cereal
Oatmeal (fiber content varies)
Grits
Cream of wheat
Corn
Cornbread
Crackers
Noodles
Pasta
Granola
Peas
Potato
Rice (choose brown)
Tortillas – flour
Tortillas – corn
Sweet potato
Lentils
Lima beans
Chick peas/garbanzo beans

Refined carbohydrates

These are foods that are processed and have less fiber. They tend to have higher calories and very little nutritive value. These items should be very limited in your diet.

Cake
Candy
Cereal
Cookies
Crackers
Custard
Granola
Ice cream
Jam and jelly
Jell-O
Oatmeal (some)
Pastries
Pies
Puddings
Rice (white)
Sweet rolls
Sweetened condensed milk
Sweetened fruit
Syrup
Sugar (table sugar/white sugar/ brown sugar/powdered sugar)
Any bread/pasta with less than 3 grams of dietary fiber

Fat

Fat is important for certain vitamin absorption and coating of your nervous sytem.
A healthy amount of fat is important, but limit portions to no more than 1 tbsp. at a time.

Better choices:

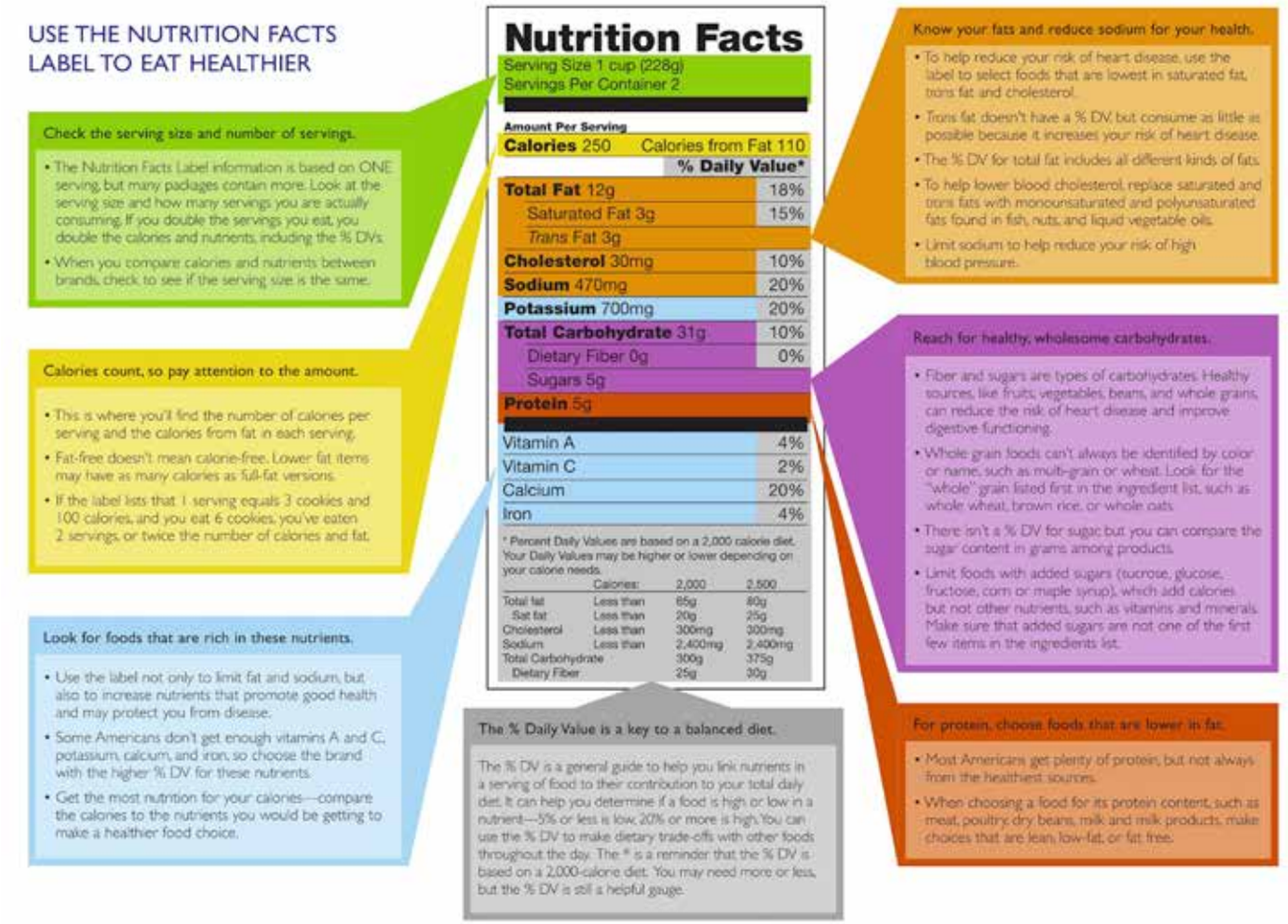
Canola oil
Olive oil
Olives
Nuts such as: walnuts, almonds, pecans
Seeds
Avocado

Limit:

Mayonnaise
Cream
Butter
Saturated fat (from animal fat)
Trans fat
Cream-based dressings

Nutrition label targets

Calories for a meal may vary from 200 – 350 calories.
Calories for a snack may vary up to 150 calories.



Aim for 25% of your calories to come from fat.

- On a food label choose foods that have less than 3 grams of saturated fat.
- Trans fat should be limited to less than 0.5 grams per serving.
- Cholesterol should be limited to 300 mg a day.
- A low sodium diet is 2000 mg a day or less.
- Choose starches with at least 3 grams of fiber per serving.
- Sugar alcohols: Use caution with amounts higher than 10 grams per serving. Sugar alcohols can cause a laxative effect along with other GI symptoms such as dumping syndrome.
- Avoid foods with added sugar.
- The ingredients are listed by volume; therefore what the product has the most of will be listed first.
- Avoid items that have sugar listed in the first three ingredients.
- Pay attention to protein! Goal of 20 grams per meal and 7-10 grams per snack

Protein bars

A quick and easy shopping guide

Protein bars can be a health addition to your post-op regular diet as long as you know what you are looking for. Here's a quick and easy guide to shopping for protein bars after weight loss surgery.

Protein bars vs. meal replacement bars

When looking for protein bars for weight loss, you aren't necessarily looking for a full meal replacement. Protein bars should typically be used between meals for a snack that gives you a convenient boost while preventing unhealthy snacking. If replacing a meal with a protein bar, keep in mind the general rule is to avoid replacing more than one meal per day. Having a protein bar on hand can help you reach your protein goals and avoid grazing on slider foods such as chips or crackers.

Importance of protein

Look for bars with whey, soy, casein, or egg-based protein after surgery. Daily goal is at least 60 grams of protein per day. The benefits of protein include:

- Aids in wound healing after surgery
- Keeps hair, nails and skin healthy
- Forms important hormones, enzymes, and immune system antibodies
- Helps the body burn fat and spare lean muscle for healthier weight loss

Label guidelines

When reading the label on a protein bar package, use these guidelines to help you pick the best and safest protein bar for after surgery use.

- **For bars that are less than 3 oz:**
  - ✓ 200 calories or less
  - ✓ Less than 10 grams of fat
  - ✓ Less than 10 grams of sugar
  - ✓ At least 10 grams of protein

Bars that are 3 oz or less:

- Garden of Life Fuco Protein - chocolate with macadamia nuts
- Atkins Indulge
- EAS - Advantage Card Control bars
- Trio-O-Plex Chocolate Chip Cookies
- Quest bar
- Pure protein bar
- Think Thin protein bar

Snack ideas

For a complete snack, choose one serving of each group.

Protein

1 stick of 'light' string cheese
1 'light' Baby Bell™ cheese round
1 slice reduced-fat deli cheese
¼ cup low-fat or fat-free cottage cheese
1-2 slices deli turkey, chicken or roast beef
¼ cup tuna (packed in water)
1 stick beef or turkey jerky
1 egg or 2 egg whites
¼ cup egg substitute
½ cup 0% fat, plain Greek yogurt
1 Tbsp. peanut butter**
¼ cup nuts**

** indicates a high fat source, limit to 2 times per week

High Fiber

(3 gm of dietary fiber per serving)

2-4 light wheat crackers
¼ cup blueberries
2-4 Triscuits™
¼ cup strawberries
½ corn tortilla
8 small grapes
½ whole wheat/grain English muffin
1 small fresh fruit
1 slice whole wheat/grain bread
2 Tbsp. raisins; small box
½ whole wheat pita bread
¼ cup raw vegetables (baby carrots, bell pepper, edamame, sugar snap, peas, etc)
1 oz baked whole wheat pita chips
4-6 oz light yogurt
¼ cup hummus
½ Oroweat™ Sandwich Thin
4 oz canned fruit; in own juice/no sugar added

Sugar and sweeteners

You can enjoy:

Artificial sweeteners: NutraSweet™/Equal™ (aspartame), Splenda™ (sucralose),
Sweet 'N Low™ (saccharin), Ace-K™ (acesulfame potassium)
Other sugar substitutes in moderation: Stevia™, Truvia™

Read only the first three ingredients:

Avoid foods containing any of the following in the first three ingredients.

- Beet sugar
- Brown sugar
- Cane sugar
- Confectioners' sugar
- Corn syrup
- Glucose (dextrose)
- Granulated sugar
- High fructose corn syrup
- Honey
- Invert sugar
- Maltose
- Maple sugar
- Maple syrup
- Molasses
- Powdered sugar
- Raw sugar
- Sorghum
- Sucrose (table sugar)
- Turbinado

We advise avoiding these foods, unless they are sugar-free. Remember sugar-free does not mean it is also calorie free!

- Cake
- Candy
- Cookies
- Custard
- Granola
- Honey
- Ice cream
- Jam and jelly
- Jell-O
- Molasses
- Pastries
- Pies
- Puddings
- Sugar-coated cereals
- Sweet rolls
- Sweetened condensed milk
- Sweetened fruit
- Syrup

****Some sugar-free foods contain sugar alcohols that may cause diarrhea****
Examples: Mannitol™, Sorbitol™ and Xylitol™

Beverages to avoid:

Carbonated beverages
Regular fruit drinks or fruit punch (such as HI-C™ or Sunny Delight™)
Ensure™, Boost™, Slim-Fast™, Glucerna™ and Sustacal™
Fruit juice (diet fruit juices with 15 calories or less are okay)
Gatorade™ and other sports drinks (Propel™ and POWERade Zero™ are fine)
Any sugar sweetened beverage

Examples

Yogurt 1

Ingredients: Water, ultra-fite, whey protein concentrate, modified corn starch, natural and artificial flavors, Kosher gelatin, sucralose (Splenda® brand), ...

Nutrition facts:

Calories, 60
Total fat, 3 grams
Saturated fat, 2 grams
Total carbohydrates, 3 grams
Sugars, 2 grams
Protein, 5 grams

Yogurt 2

Ingredients: Cultured pasteurized Grade A lowfat milk, sugar, raspberries, modified cornstarch, whey protein concentrate, ...

Nutrition facts:

Calories, 170
Total fat, 1.5 grams
Saturated fat, 1 grams
Total carbohydrates, 33 grams
Sugars, 27 grams
Protein, 5 grams

Yogurt 3

Ingredients: Fat free milk, fruit preparation (food starch - modified, lime flavor with other natural flavors, sucralose, potassium sorbate as preservative, yellow 5, blue 1, whey protein concentrate

Nutrition facts:

Calories, 80
Total fat, 0.5 grams
Saturated fat, 0 grams
Total carbohydrates, 10 grams
Sugars, 9 grams
Protein, 24 grams

Yogurt 4

Ingredients: Cultered ultrafiltered nonfat milk, cultured skim milk, natural flavor, vitaimin A palmitate, vitamin D3

Nutrition facts:

Calories, 140
Total fat, 0.5 grams
Saturated fat, 0 grams
Total carbohydrates, 10 grams
Sugars, 9 grams
Protein, 24 grams

Dining out

Aim for less than 3 meals per week

- Share entrées to avoid another high calorie meal from leftovers
- Get a to-go box with your order to clear the plate of extra portions
- Know your facts: get the nutrition stats on your favorite dishes

Salad suggestions

- Get a lot of plain, raw, grilled/roasted vegetables
- Avoid vegetables with mayo or oil
- Low-fat salad dressing – always on the side
- Add some protein:
  - Eggs, low-fat cheese, ham, grilled chicken, beans
- Choose spinach, spring mix, or romaine lettuce when available

Better burger

- Look for leaner options: grilled chicken, bison, venison, turkey
- Skip the fries

Enticing Italian

- Avoid or limit the bread slices/sticks; avoid dipping sauces
  - 1 bread stick – 150 calories
- Choose tomato sauces instead of creamy or oil-based sauces
  - Linguini alla marinara vs. fettuccine alfredo
  - Lunch serving: 310 calories vs. 800 calories
- Go light on the cheese

Mexican mania

- Count the chips – or put a handful on your plate (don't eat from the bowl)
- Average basket of chips has over 500 calories
- Ordering á la carte can reduce portions and calories
- Child's portion of cheese quesadillas – 970 calories without sides!
- Choose whole pieces of beef or chicken over ground
- Cup of queso can add up to over 400 calories
- Avoid sour cream, choose salsa
- Limit guacamole

Pizza predicament

- Thin crust!
- Order fat-free or low-fat toppings:
  - Onions, green peppers, mushrooms, tomatoes, ham, pineapple, grilled chicken
- Go light on the cheese

Asian flare

- Avoid fried meat, fish, vegetables
- Spring rolls (not fried), lettuce wraps and soups can be low calorie options
- Opt for grilled meats, shrimp, or tofu with steamed vegetables and steamed rice instead of fried rice
  - Fried rice- ½ cup 370 calories vs. Steamed rice- ½ cup 170 calories

Alcohol

- Surgeons usually recommend avoiding alcohol until 6 months post-op.
- Wine, 6 oz = 150 calories
- Distilled Spirits
  - (80 proof gin, rum, vodka, tequila, or whiskey)
  - 1.5 oz = 96 calories

Pre-op diet

Full liquids, 1-2 weeks before surgery

A Pre-op diet is a full liquid diet recommended by your surgeon. It is designed to reduce the size of your liver to help your surgeon access your stomach and help you recover from surgery faster. Follow this program for a full 7 or 14 days prior to having surgery. These shakes are nutritionally complete and will be your sole source of nutrition during this time period. You should avoid eating and drinking anything that does not meet the criteria listed below.

If your BMI is 45 or below, follow this program for 7 days.
If your BMI is more than 45, follow this program for 14 days.

- You should have 3 – 4 shakes per day
- Drink an 8 ounce shake every 3 hours.
- Have a shake within 30 – 60 minutes of waking up.
- If using a protein powder, you can mix the powder with 1 cup of water, skim milk (or 1%) or ice.
- Do NOT add fruit or other calories to the shake.
- Drink 60 ounces of any very low calorie (≤ 15 calories) drink such as water, tea, Crystal Light™, or G2. Avoid drinks such as regular Gatorade and Powerade.
- You may also have things such as broth, sugar-free popsicles, sugar-free Jell-O™ .
- Limit caffinated drinks to 16 ounces per day. Avoid regular creamer, sugar, etc. Artificial sweeteners and non-fat creamers are okay to use if desired.
- Please do not substitute other shakes during this 7 or 14 day time period. If you have difficulty with these shakes, please contact the dietitian.
- This program is safe for people with diabetes and chronic renal failure.

14 Day Pre-Op Diet

On the 14 day pre-op diet, you may subsitute 1 lean high protein/low carb meal per day for the first week (ex. grilled chicken with broccoli)

Date to start: _____

Post-op bariatric clear liquid diet

Day 1 after surgery in the hospital

You will be on this after surgery, while you are in the hospital. It is usually only for one day after surgery.

The goal of a clear liquid diet is to allow proper healing and/or hydration. Unlike solid foods, clear liquid foods are easy for your body to digest and they won't leave unwanted residue in your intestinal tract. Strictly following a clear liquid diet allows you to maintain adequate hydration. The most important rule to remember when you are on a clear liquid diet is the see-through rule: only eat it or drink it if you can see through it.

Consume at least 4 - 6 ounces every hour.

Type of food	OK to use	DO NOT use
Beverages	Sugar-free drink mix, decaffeinated tea, decaffeinated coffee, sugar-free drinks, clear liquid protein supplement (e.g. Protein Blitz, Isopure Zero Carb), very low calorie sports drinks/waters (Powerade Zero, Vitamin Water Zero, Propel, Sobe Lifewater Zero)	Fruit drinks/juice, hot drinks (warm is okay), alcohol, sugar sweetened drinks, carbonated drinks, caffeinated drinks
Soups	Broth, bouillon, or strained broth-based soups	All others
Grains/Starches	None	All
Vegetables	None	All
Fruits	None	All
Milk/Milk products	None	All
Others	Sugar-free gelatin, sugar-free popsicles	All others

- Drink 1 oz of fluids in small sips every 15 minutes

Post-op diet stage one

Bariatric Full Liquid Diet, weeks 1-3 after surgery

The first 6 weeks after surgery are a very important time to allow your body time to heal. It is essential that you follow this diet very closely to help prevent complications such as a leak or an obstruction.
Let your pouch be your guide on portion sizes. Stop eating before you feel full.
Remember overeating can lead to nausea, vomiting, and stretching out your stomach.

The first 21 days (3 weeks) after surgery, you will be on a Bariatric Full Liquid Diet. start this the day you ome home from the hospital.

What is your surgery date?_____

What is the date 21 days later?_____

1 ounce of fluid should be sipped every 10 – 15 minutes while awake. Try to consume at least 4 – 6 ounces of liquids every hour. It is important to record your intake of fluid to make sure you are consuming at least 60 ounces of fluid daily.

Menu: All foods should NOT be thicker than applesauce consistency. This means there should be NO lumps, bumps or chunks in your food.

- Beef, chicken, vegetable broth
- Pureed cream of chicken or mushroom soup (low fat); blend/puree soups to eliminate chunks
- Cream of Wheat™ or grits, thinned with skim or 1% milk
- Natural, no sugar added, applesauce
- Sugar free gelatin flavoring (not formed)
- Sugar free pudding thinned
- Plain yogurt
- Skim milk with no sugar added instant breakfast
- Sugar free drink mixes, water
- Sugar free popsicles
- Limit decaf tea/coffee to 16 ounces per day
- Protein supplements

Avoid until after 6 weeks:

- All raw fruit and vegetables, including lettuce and tomato
- Dense protein (such as chicken breast, chicken thighs, steak, bacon, hot dog, etc.)
- Cooked or raw asparagus, celery, corn or peas
- Non-toasted bread, pasta or rice
- All nuts
- Skins and seeds such as cherries, grapes, strawberries, etc.

Post-op diet stage one

Full Liquid Diet detailed list of food choices, weeks 1-3 after surgery

Type of food	OK to use	DO NOT use
Beverages	Sugar-free drink mix, decaffeinated tea, decaffeinated coffee, no added sugar instant breakfast, sugar-free drinks, liquid protein supplement	Fruit drinks, juice, tea with sugar, hot drinks (warm OK), alcohol, sugar sweetened drinks, carbonated drinks, regular coffee, sweet tea
Soups	Low fat meat and milk based soups (that have been strained or blended), broth, bouillon	All others, tomato soup (may contain high fructose corn syrup and citric acid), chunky soups
Grains/Starches	Cooked cereals (cream of rice or wheat), potato soup (all thinned with fat-free milk or broth)	All others, no pasta, rice or noodles
Vegetables	Pureed/strained vegetables (thinned with vegetable juice), vegetable juices	All others
Fruits	Unsweetened applesauce (no sugar added)	All others
Milk/Milk products	Skim or 1% milk, sugar-free and low-fat yogurt (without seeds or whole fruit)	Chocolate or strawberry flavored, 2% or whole milk, sweetened or condensed milk; flavored yogurt with fruit
Others	Sugar-free gelatin flavoring (unformed), sugar-free pudding (thinned with skim milk), sugar-free custard, sugar-free popsicles	All others

Post-op diet stage one

Sample menu for Bariatric Full Liquid Meal Plan, weeks 1-3 after surgery

Day 1	Day 2	Day 3	Day 4	Day 5
Breakfast	**Breakfast**	**Breakfast**	**Breakfast**	**Breakfast**
Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable) B12 (sublingual)
1/4 cup – 1/2 cup Cream of Wheat (thinned)	1/4 cup – 1/2 cup Natural Applesauce (thinned) & unsweetened	1/4 cup – 1/2 cup Light Yogurt (thinned)	1/4 cup – 1/2 cup Grits (thinned with skim or 1% milk)	1/4 cup – 1/2 cup Instant Breakfast – No Sugar Added w/ 1% Milk
Snack	**Snack**	**Snack**	**Snack**	**Snack**
Protein Shake	Protein Shake	Protein Shake	Protein Shake	Protein Shake
Lunch	**Lunch**	**Lunch**	**Lunch**	**Lunch**
Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)
1/4 cup – 1/2 cup low-fat Cream of Chicken soup (pureed)	1/4 cup – 1/2 cup low-fat Cream of Broccoli soup (pureed)	1/4 cup – 1/2 cup low-fat Cream of Mushroom (pureed)	1/4 cup – 1/2 cup Broth	1/4 cup – 1/2 cup low-fat Chicken and Vegetable soup (pureed)
Snack	**Snack**	**Snack**	**Snack**	**Snack**
Protein Shake	Protein Shake	Protein Shake	Protein Shake	Protein Shake
Dinner	**Dinner**	**Dinner**	**Dinner**	**Dinner**
1/4 cup – 1/2 cup low-fat Cream of Mushroom (pureed)	1/4 cup – 1/2 cup low-fat Chicken and Vegetable soup (pureed)	1/4 cup – 1/2 cup low-fat Cream of Wheat (thinned)	1/4 cup – 1/2 cup Light Yogurt (thinned)	1/4 cup – 1/2 cup low-fat Cream of Chicken Soup (pureed)
Snack	**Snack**	**Snack**	**Snack**	**Snack**
Protein Shake	Protein Shake	Protein Shake	Protein Shake	Protein Shake

- Three protein shakes per day
- This meal plan is only a sample menu; please consider your personal tolerance to each food item and volume
- Your main source of protein is your PROTEIN DRINKS; should total 60 grams (3 shakes per day)
- Vitamin and mineral regimen shown reflects complete multivitamin with iron
- See your vitamin and mineral page for supplementation guidelines

Post-op diet stage two

Bariatric Soft Diet, weeks 4-6 after surgery

Stage two of your post-op diet is a soft diet. You will follow this diet from day 22 after surgery for the next 21 days (3 weeks.) This will take you through the first 6 weeks after surgery. Again, it is imperative that you follow this guideline.

What is the date 22 days after your surgery? _____

What is the date 21 days after that day (6 weeks after surgery date)? _____

Let your pouch be your guide on portion sizes. Stop eating before you feel full.
Remember overeating can lead to nausea, vomiting, and stretching out your stomach.

Menu: Includes foods listed on the full liquid diet plus...

- Lean ground 90% lean beef, ground chicken and ground turkey (90% lean)
- Fish, egg whites or egg substitute
- Lean canned chicken or tuna (in water)
- Low-fat deli meat, thinly sliced
- Low-fat or fat-free cottage cheese and ricotta cheese
- 2% or fat-free string cheese or cheese slices
- Bananas (remove strings)
- Soft cooked or canned vegetables
- Toasted breads (well toasted and dry) and crackers (e.g. light Wheat Thins or melba toast)
- Light greek yogurt, any flavor with 7g of sugar or less

Avoid until after 6 weeks:

- All raw fruit (except banana) and vegetables, including lettuce and tomato
- Dense protein (such as chicken breast, chicken thighs, steak, bacon, hot dog, etc.)
- Cooked or raw asparagus, celery, corn, or peas
- Non-toasted bread, pasta, rice
- All nuts
- No skins or seeds such as cherries, grapes and strawberries

Post-op diet stage two

Soft Diet detailed list of food choices, weeks 4-6 after surgery

Type of food	OK to use	DO NOT use
Grains/Starches	Cooked cereals (Malt-O-Meal™, Cream of Wheat™, thinned oatmeal, grits), skinless mashed sweet potatoes, whole grain toast, whole grain crackers	Regular bread, biscuits, bagels, croissants, doughnuts, french fries, granola, saltine crackers, rice, pasta
Vegetables	Soft cooked vegetables, vegetable juices (no more than ½ c per day)	Fibrous vegetables (celery, asparagus), tough skins or hulls (peas, corn), raw vegetables
Fruits	Unsweetened applesauce, unsweetened or "Lite" canned fruit without seeds or skins, banana without membranes (peel well!)	No raw fruits except for bananas, fruit juices
Meat, Protein, and Protein substitutes	Lean ground meat, fish, poultry, egg whites or egg beaters, creamy peanut butter, vegetable patties, lean canned meats in water (tuna/chicken breast), cooked beans/lentils, fat free refried beans, hummus	Avoid nuts, tough cuts of meat (grilled steak), fried meat, bacon, bologna, breaded or fried meats, chicken wings, hot dogs, sausage
Milk/Milk products	Skim or 1% milk, sugar-free and low-fat yogurt (without seeds or whole fruit), low-fat cottage cheese, low fat string cheese	Half and half, 2% milk, whole milk, chocolate milk, regular soy milk, sweetened or condensed milk
Fats and Oils	Butter buds, fat-free butter spray, low-fat or light mayo, olive oil, canola, oil, safflower oil **Note most oils contain 120 calories per TABLESPOON, so use sparingly	All fried foods, butter, lard, gravy, regular margarine, regular mayo, shortening
Condiments and Miscellaneous	Herbs, mild spices **Most herbs, spices, and low calorie condiments are okay to use in small amounts (e.g. ketchup, mustard)	Hot sauce or other strong spices may be difficult to digest or irritate the pouch

Post-op diet stage two

Sample menu for Soft Bariatric Meal Plan, weeks 4-6 after surgery

Day 1	Day 2	Day 3	Day 4	Day 5
Breakfast	**Breakfast**	**Breakfast**	**Breakfast**	**Breakfast**
Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable) B12 (sublingual)
1 egg – 7 g protein 1/4 cup peaches (light, canned)	1/4 cup – 1/2 cup Natural Applesauce (thinned)	1/4 cup – 1/2 cup Light Greek yogurt	1/4 cup – 1/2 cup Grits (thinned with skim or 1% milk)	1/4 cup – 1/2 cup Instant Breakfast – No Sugar Added w/ 1% Milk
Snack	**Snack**	**Snack**	**Snack**	**Snack**
Protein Shake ->15 g protein	Protein Shake ->15 g protein	Protein Shake ->15 g protein	Protein Shake ->15 g protein	Protein Shake ->15 g protein
Lunch	**Lunch**	**Lunch**	**Lunch**	**Lunch**
2 oz low-fat canned chicken – 14 g protein 1/4 cup cooked carrots	1/4 cup – 1/2 cup low-fat Cream of Broccoli soup (pureed)	1/4 cup – 1/2 cup low-fat Cream of Mushroom (pureed)	1/4 cup – 1/2 cup Broth	1/4 cup – 1/2 cup low-fat Chicken and Vegetable soup (pureed)
Snack	**Snack**	**Snack**	**Snack**	**Snack**
Protein Shake ->15 g protein	Protein Shake ->15 g protein	Protein Shake ->15 g protein	Protein Shake ->15 g protein	Protein Shake ->15 g protein
Dinner	**Dinner**	**Dinner**	**Dinner**	**Dinner**
Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)
2 oz canned salmon – 14 g protein 1/4 cup steamed broccoli florets (no stumps)	2 oz ground beef (90% lean) – 14 g protein 1 Tbsp cooked, chopped tomatoes 1 Tbsp avocado	2 oz canned chicken – 14 g protein 1/4 cup baked sweet potatoes	2 oz tuna – 14 g protein 1/4 cup mango (light, canned) 1 Tbsp salsa	2 oz ground beef (90%) – 14 g protein 1/4 cup steamed cauliflower (no stumps)

- Two protein shakes per day
- This meal plan is only a sample menu; please consider your personal tolerance to each food item and volume
- Vitamin and Mineral regimen shown reflects complete multivitamin with iron.
- See your vitamin and mineral handout for supplementation guidelines.

6 weeks after surgery

At this point you can start to try many different varieties of foods. You may include any of the solid foods from the Stage II diet as well. Use caution when reintroducing certain foods back into your diet, and remember to avoid specific types of foods that will cause diarrhea and/or slow or prohibit weight loss. Be careful not to overeat, as it can lead to nausea, vomiting, and stretching out your pouch. **Variety is key!**

Start to incorporate:

- More dense protein sources
- Raw, whole fruits and vegetables
- High fiber starches

Remember:

- The basics
  - ° Eat 3 solid meals + 1 – 2 pre-portioned snacks per day
  - ° Avoid liquids before, during and after meals
  - ° Maintain vitamin and mineral regimen
  - ° Strive for at least 60 grams of protein and 60 oz of fluid daily
- Maintain portion control
- Find balance between the food groups
- Limit eating out to 2 – 3 times per week
- Become and stay physically active

Use caution with:

Be cautious when introducing these foods. If you experience difficulty tolerating them, wait 1 – 2 months and try again.

- Non-toasted breads
- Brown rice
- Whole wheat pasta
- Tough protein source: chicken breast, beef jerky, steak, etc.
- Iceberg lettuce
- Peels/skins of fruit and vegetables
- Highly seasoned, spicy foods

Avoid the following:

These foods may cause diarrhea and/or slow or prohibit weight loss.

- High fat protein sources: ribs, bacon, sausage, ribeye steak, etc.
- High fat/fried foods
- Full fat dairy (whole milk, regular cheese, half and half, and cream)
- High sugar foods and drinks

Post-op diet

Sample menu for 6-week Regular Bariatric Meal Plan

Day 1	Day 2	Day 3	Day 4	Day 5
Breakfast	**Breakfast**	**Breakfast**	**Breakfast**	**Breakfast**
Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable) B12 (sublingual)
Egg white omelet 1 egg white – 7 g protein 1 Tbsp salsa 1 Tbsp low-fat cheese	1/2 whole wheat English muffin (well toasted) 1 scrambled egg – 7 g protein	1/2 c 0% plain Greek yogurt – 14 g protein 2 Tbsp blueberries	1 oz Canadian bacon – 7 g protein 1/4 cup oatmeal 1 Tbsp raisins	1 oz turkey sausage (3 g of fat or less) – 7 g protein 1 slice whole wheat toast (well toasted)
Snack	**Snack**	**Snack**	**Snack**	**Snack**
Calcium (chewable)	Calcium (chewable)	Calcium (chewable)	Calcium (chewable)	Calcium (chewable)
8 oz Protein Shake – Mixed berry – 15 g protein	8 oz Protein Shake – Orange – 15 g protein	8 oz Protein Shake – Melon – 15 g protein	8 oz Protein Shake – Strawberry – 15 g protein	8 oz Protein Shake – Peach – 15 g protein
Lunch	**Lunch**	**Lunch**	**Lunch**	**Lunch**
Calcium (chewable)	Calcium (chewable)	Calcium (chewable)	Calcium (chewable)	Calcium (chewable)
2 oz rosemary & lemon chicken – 14 g protein 1/4 cup asparagus	Southwest Salad 1 oz ground turkey – 7 g protein 1/4 c black beans – 4 g protein 1/4 c lettuce 1 Tbsp avocado 1 Tbsp pico de gallo	Tuna Sandwich 1 slice rye toast 2 oz tuna (in water) – 14 g protein 1 tsp mayonnaise 1 Tbsp diced celery 1 slice tomato 1/2 small pear	Turkey Sandwich 1 slice whole grain toast 2 oz turkey – 14 g protein 1 slice roasted bell pepper 1 tsp pesto 1 slice swiss cheese – 7 g protein 1/4 cup broccoli	Ham Sandwich 1/2 whole wheat pita 1/4 cup fresh spinach 2 oz sliced ham – 14 g protein 1 tsp Dijon mustard 1/4 cup cucumbers & tomatoes
Snack	**Snack**	**Snack**	**Snack**	**Snack**
Calcium (chewable)	Calcium (chewable)	Calcium (chewable)	Calcium (chewable)	Calcium (chewable)
8 oz Protein Shake – Mixed berry – 15 g protein	8 oz Protein Shake – Orange – 15 g protein	8 oz Protein Shake – Melon – 15 g protein	8 oz Protein Shake – Strawberry – 15 g protein	8 oz Protein Shake – Peach – 15 g protein
Dinner	**Dinner**	**Dinner**	**Dinner**	**Dinner**
Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)
2 oz salmon filet – 14 g protein 1/4 cup asparagus	2 oz grilled chicken – 14 g protein 1/4 cup grilled bell peppers & onions	Turkey Salad 2 oz turkey - 14 g protein 1/4 cup spinach shredded carrots 1 Tbsp vinaigette	2 oz boneless skinless Chicken –roasted – 14 g protein 1/4 cup green beans & onions	2 oz grilled sirloin steak – 14 g protein 1/4 cup baked sweet potatoes

- This meal plan is only a sample menu; please consider your personal tolerance to each food item and volume
- Vitamin and Mineral regimen shown reflects complete multivitamin with iron.
- See your vitamin and mineral handout for supplementation guidelines.

Regular Bariatric

Slow and steady wins the race!

- Use the "20 minute rule." It usually takes 20 minutes after eating to feel full. Take one small bite, chew it well, put down the utensil, keep chewing, swallow and pause. Eating quickly, without pauses, can lead to excessive eating.
- Eat and chew more slowly. Try to make meals last 20 – 30 minutes and snacks last 10 minutes.
- Lay down your utensil between bites. Place your utensil, sandwich or hamburger, for example, back on your plate after each bite.
- Finish each bite before taking the next one.
- Take smaller bites. Try to increase the number of bites that are needed to consume a food item. For example, eat a small pork chop in 20 bites instead of 10.
- Enjoy the atmosphere. Take a few minutes to talk to people at the table or observe the scenery.
- Include vegetables at lunch and dinner. High fiber, low-calorie vegetables can make you feel full thereby decreasing how much of the meal you eat.
- Make your eating environment enjoyable. Use fancy plates and dishes. Play soft music. Keep surroundings relaxed, pleasant, and attractive. No TV! Do not eat in your car; go inside the restaurant or eat at home.
- Savor each bite. Enjoy the flavor, aroma, texture, and color of your food.
- Use a fork, knife, or spoon to eat everything. Cut an apple into small slices rather than eating it in a few bites. Do not use your fingers for any food.
- Avoid bending over your plate while eating. Sit up straight and bring the food to your mouth – not your mouth to your food.

Sample menu for 6-month and beyond Regular Bariatric Meal Plan

Day 1	Day 2	Day 3	Day 4	Day 5
Breakfast	**Breakfast**	**Breakfast**	**Breakfast**	**Breakfast**
Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable) B12 (sublingual)
Breakfast Burrito 1 corn tortilla (6 in) 1 egg white – 7 g protein 1/4 cup sautéed peppers and onions	1/2 whole wheat English muffin (well toasted) 1 scrambled egg – 7 g protein, 1 oz low-fat shredded cheddar cheese – 7 g protein, 1/2 pear	1/2 c 0% plain Greek yogurt – 14 g protein 1/4 blueberries	2 oz Canadian bacon – 14 g protein 1/2 cup oatmeal 1 Tbsp raisins	1 oz turkey sausage (3 g of fat or less) – 7 g protein 1 slice whole wheat toast (well toasted) 1/2 banana
Snack	**Snack**	**Snack**	**Snack**	**Snack**
Calcium (chewable)	Calcium (chewable)	Calcium (chewable)	Calcium (chewable)	Calcium (chewable)
1/4 cup almonds – 7 g protein 1/4 cup cantaloupe	1/4 cup cottage cheese – 7 g protein 1/4 cup pineapple	1 low-fat cheese stick – 7 g protein 1/4 cup watermelon	1/2 cup 0% plain Greek yogurt – 14 g protein 2 Tbsp chopped strawberries	1 hard boiled egg 1/2 cup grapes
Lunch	**Lunch**	**Lunch**	**Lunch**	**Lunch**
Calcium (chewable)	Calcium (chewable)	Calcium (chewable)	Calcium (chewable)	Calcium (chewable)
3 oz rosemary and lemon chicken – 21 g protein 1/2 cup asparagus	Southwest Salad 2 oz ground turkey – 14 g protein 1/4 c black beans – 4 g protein 1/4 c lettuce/ tomato 1 Tbsp avocado 1 Tbsp salsa	Tuna Sandwich 1 slice rye toast 3 oz tuna (in water) – 21 g protein 1 tsp mayonnaise 1 Tbsp diced celery 2 slices tomato 1 small pear	Turkey Sandwich 1 slice whole grain toast 3 oz turkey – 21 g protein 1 slice roasted bell peppers 1 tsp pesto 1 oz swiss cheese – 7 g protein 1/2 cup broccoli	Ham Sandwich 1/2 whole wheat pita 1/4 cup fresh spinach 3 oz sliced ham – 21 g protein 1 tsp Dijon mustard 1/2 cup cucumbers and tomatoes
Snack	**Snack**	**Snack**	**Snack**	**Snack**
Calcium (chewable)	Calcium (chewable)	Calcium (chewable)	Calcium (chewable)	Calcium (chewable)
1 oz low-fat cheese – 7 g protein 4 whole grain crackers	1 Tbsp peanut butter – 3 g protein Small sliced apple	1 oz lean turkey jerky – 15 g protein 2 Tbsp raisins	2 wedges of low-fat Laughing Cow™ cheese – 6 g protein 2 3-in celery sticks	1/4 cup cottage cheese – 7 g protein 1/4 cup peaches
Dinner	**Dinner**	**Dinner**	**Dinner**	**Dinner**
Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)	Multivitamin (chewable)
3 oz salmon filet – 21 g protein 1/4 cup cauliflower 1/4 cup peas	3 oz grilled chicken – 21 g protein 1/2 cup grilled bell peppers & onions	3 oz boneless skinless Chicken –roasted – 21 g protein 1/4 cup green beans & onions 1/4 cup corn	Turkey Salad 3 oz turkey – 21 g protein 1/2 cup spinach shredded carrots 1 Tbsp vinaigrette 4 whole grain crackers	3 oz grilled sirloin steak – 21 g protein 1/4 cup broccoli 1/4 cup mashed sweet potatoes

- This meal plan is only a sample menu; please consider your personal tolerance to each food item and volume
- Vitamin and Mineral regimen shown reflects complete multivitamin with iron. See your vitamin and mineral handout for supplementation guidelines.

Vitamins and minerals

All vitamin and mineral supplements must be either chewable or liquid form to enhance absorption and prevent ulcers. Avoid all gummies.

Multivitamin

Start vitamins when you get home and nausea resolves (usually within 1-2 weeks post-op)

- 2 'Complete' chewable multivitamins per day for gastric bypass and sleeve.
- For band patients, you need only one chewable multivitamin.
- "Complete" means added iron and zinc. Check iron to make sure it has 18 mg per serving (100% Daily Recommended Value)

Calcium

Start calcium 6 weeks after surgery

- Choose calcium citrate as this is the best absorbed (not calcium acetate)
- 1500-2000 mg per day
- Allow 2 – 3 hours between doses; 500 mg at a time
  - ° Can be taken with or without food
- Avoid drinking more than 16 ounces of decaf tea; the tannins in tea decrease absorption
- Take calcium separately from iron

Vitamin B12

- 1000 mcg sublingual B12 at least once per week
- Or B12 injection once per month

Iron for gastric bypass

- 'Ferrous fumarate' form is best tolerated
- Men and postmenopausal women: 18 – 27 mg total per day
- Premenopausal women/history of anemia: 50 – 100 mg total per day
  - ° Example: If taking two complete multivitamins provides you with 36 mg of iron; you need to take additional 18-60 mg.

Iron for gastric sleeve and band

Take the RDA for your gender and age.

- Men and postmenopausal women: 8 mg total per day
- Premenopausal women or people with a history of anemia: 18 mg total per day

Vitamin	Recommended needs
Calcium	1,500-2,000 mg/day
Vitamin B12	1,000 mcg/week
Vitamin D3	3,000 IU/day
Iron	Men & post-menospausal women: 18-27 mg/day Pre-menopausal women: 50-100 mg/day

Behavior change

Your Golden Rules for long term success

In order to have long term success, you must make a commitment to your health every day. During your diet monitoring with the dietitian, you will work on laying a solid foundation of healthy habits. This, coupled with your surgery, is what will make you successful. The surgery will help you make these changes. Individuals that maintain these changes for life have more success with losing weight and keeping it off.

Here are the basic health behaviors that you will implement and live by:

- Aim for 3 balanced meals daily, spacing meals and snacks about 4 – 5 hours apart. Avoid skipping meals and stop eating when you are satisfied.
- Eat slowly and chew well. Follow the 20/20/20 rule. Meals should last about 20 minutes, chew each bite 20 times and pause 20 seconds before taking another bite.
- Have a lean source of protein with each meal and snack. This allows you to create a "plug" that will help you get full on less food.
- Eating your foods in a particular order will help maximize results. Eat your protein first, then a non-starchy vegetable, fruit and lastly starches. (See pages 56-60 for a detailed list of examples in each category.)
- Take a multivitamin every day (after surgery 2 times a day for sleeve and bypass, once a day for band).
- Adequately hydrate yourself. You need at least 60 ounces of fluid each day (unless you are on a fluid restricted diet – e.g. dialysis). Fluid is any liquid that does not contain alcohol or caffeine (e.g. water, Crystal Light®, sugar free KoolAid®, diet Snapple, etc.).
- All beverage should contain less than 15 calories per 8 ounces.
- Eliminate carbonated beverages. They increase your risk of ulcers and stretch your pouch.
- Avoid drinking 30 minutes before, during and after meals.
- Exercise 30-60 minutes every day. Include a variety of aerobic and resistance training. Aim for 150 – 300 minutes every week.
- Get 7 – 8 hours of sleep. Not getting enough sleep increases a hormone called leptin. More leptin in your body increases your hunger.
- Attend support group. See the support group calendar under Section 3: Tips for Long Term Success.
- Keep your post operative appointments.

Contents

Section 2:
Your Procedure, Hospital Stay and Aftercare

Hospital admission procedure

The process of pre-admission is required for your admission to the hospital for surgery. You are required to go to the Pre-Admitting office 12 – 14 days prior to surgery in order to facilitate your admission on your surgery day. In this office you will sign various forms for insurance and consent for surgery. This office also obtains some of your pre-op testing required for surgery including blood work, EKG, and chest X-ray. The blood work must be drawn within two (2) weeks of your scheduled surgery date. Medicare requires a nicotine test before surgery. This must be negative for them to pay for surgery. Any unpaid claims are your responsibility.

Pre-admission office information: The Pre-Admission office is located at **3501 Junius Street, Dallas, in the Jonsson Building, first floor.** The hours are 8:00 a.m. – 4:30 p.m. You need to arrive at the office no later than 4:00 p.m. No appointment is necessary however you can schedule one by calling 214.820.6200. You will need to bring your insurance card and photo identification (e.g. driver's license). You may also bring a copy of your living will, if you have one, or you can verbally indicate to the staff that you have a living will and name the person you have appointed as your health care power of attorney.

If you have any questions, please call us at 214.820.8220.

Medications before surgery

Four weeks before and after surgery

- Avoid steroids (oral and injection) since they interfere with healing. (e.g. prednisone, back and knee injections, injections for sinus infection).

Two weeks before and after surgery

- Stop any estrogen products and any omega fatty acids (e.g. fish oil, flax seed oil, etc.) or any drug that suppresses your immune system.

One week before surgery

- Stop taking the following medications:

  Ibuprofen

  Aspirin

  Aleve

  Any medications for blood-thinning

  If you are on any blood thinners (e.g. Coumadin, Warfarin, etc.) let your surgeon know.

The day before and morning of surgery

- Do not eat or drink anything after midnight before your surgery. This includes your medications unless otherwise instructed by a health care provider.
- The morning of surgery, if you take a beta blocker, take it with a small sip of water at least 4 hours before your scheduled surgery time. You should also take any antidepressants or thyroid medication with a small sip of water (if you usually take them in the morning).
- The morning of surgery do not take diuretics (water pills) unless specifically told to do so by the bariatric provider.
- You will see the anesthesiologist in the pre-op holding area before surgery. When you speak with the anesthesiologist, be prepared to provide:
  - ° A written copy of all medications and dosage you are taking
  - ° Previous complications with anesthesia
  - ° Severe nausea with anesthesia
- Do not take any vitamins the day of surgery

Your day of surgery

Sequence of events

Before leaving home

- Be sure to take a shower with liquid antibacterial soap.
- Remember no water, gum or mints unless otherwise directed.
- If you start your menses, please wear a pad and do not use a tampon.

Check in at day admitting

- The Roberts Surgery Center is located on the second (2) floor of the Roberts building.
- You may be asked to sign more consent forms even if you signed at the WLS center or the Pre-Admission office. This is to verify to the hospital that you have been informed about this procedure and understand the surgery, risks and outcomes.

To pre-op holding

- Next, you will go to Pre-op Holding, also on the second floor of the Roberts building.
- Here you will be asked to change into a gown and be placed on a stretcher.
- You will wait in this area to see the anesthesiologist.
- You may have 1 – 2 family members with you.

To the operating room

- From pre-op holding you will be transported on the stretcher into the operating room.
- Your family will be instructed to wait in the surgery waiting room in the Roberts Surgery Center on the second floor. This is NOT the main waiting area located directly by the elevators. When your surgery is finished, a nurse will call the waiting room to notify your family.

In the recovery room

- You will wake up in the recovery room in your hospital bed and will have a highly trained registered nurse in constant attendance at your bedside.
- You may have a catheter in your bladder so you will not need to get out of bed right away to urinate.
- Compression pumps will be attached to your feet or legs to promote circulation.
- You will spend 2 – 4 hours in recovery. This is for your safety. It is a high level of care setting, so family may or may not be able to visit. There is no secure place for your belongings in the recovery room. Cards and flowers are also not permitted in the recovery room.

Your day of surgery

Sequence of events

At your hospital room

- You will be transferred to your hospital room in your bed. Here you will continue to be monitored by a registered nurse. It is recommended that you sit up on the side of the bed as soon as you feel able.
- You will get up to walk that evening. Please call the nurse for assistance. You are to walk every 2 – 4 hours starting that evening, and once during the night for the next two weeks. This is to help prevent blood clots, the most common complication after any surgery. It may be helpful to set an alarm to remind you.
- Coughing and deep breathing are also required to help expand your lungs, reduce post-operative fever and prevent pneumonia. You will receive an incentive spirometer to use for breathing exercises. You can use a pillow or rolled-up towel for support and to splint your incisions while coughing and deep breathing.
- It is normal to experience discomfort after surgery. Some common complaints are: left shoulder pain, left-side abdominal soreness, nausea, gas pain, loose stools beginning day 2 – 3, weakness and fatigue. Immediately report any complaints of sudden severe or persistent pain or shortness of breath.
- Concentrate on taking small frequent sips of all liquids available. You will need to get 60 ounces of liquids every day. A good guideline is to take a 1-ounce sip every 10 – 15 minutes. No carbonation forever and avoid straws the first 2 weeks.
- When the surgeon determines that you are able to hold down fluids and your liquid pain medication, you will be discharged from the hospital. This is usually 1 – 2 days after surgery.

Going home

- Be sure to take your incentive spirometer home with you and continue to use it every 2 hours while awake the first week.
- There is no surgical reason why you are unable to wear your seat belt after surgery. Be a good passenger – please buckle up!

Incentive Spirometer

Your hospital stay

What to pack for the hospital

- A small overnight bag with your personal essentials
- Robe (be sure it is loose and comfortable)
- Slippers (non-skid)
- Lip balm
- Telephone list
- Small notebook and pen
- Very comfortable, loose clothing to wear home
- Small pillow to hold to your stomach when you cough and during the ride home
- CPAP or BiPAP machine, if you use one
- Books, magazines, word search, etc.
- Inhaler if you use one

Be sure to leave jewelry and other valuables at home. We encourage you to pack a couple of days before your surgery date so you can relax the day before your surgery.

Hospital discharge instructions

Medications to be taken at home the first two weeks after surgery

- Pain medication: Take as prescribed for pain. Do not take any Ibuprofen or Aspirin products. See the medication section for a detailed list of aspirin products.
- Medications immediately following surgery:
    - ° Diabetes medications: continue to monitor blood sugar the same as prior to surgery. Medications can usually be tapered over the first weeks after surgery.
    - ° You should also contact your prescribing physician or talk with your bariatric provider regarding medications prescribed prior to surgery, as dosages may need to be adjusted.
- Fiber supplement (e.g. Benefiber or Miralax): Take per instructions for constipation if needed.
- Fluids should be sipped after surgery using a medicine cup (1 ounce) every 10 – 15 minutes for the first week after surgery.
- Take a short walk (2 – 5 minutes) every 2 – 4 hours for the first two weeks after surgery. Make sure to get up and walk at least once through the night. This helps to prevent blood clots.
- Take 2 tbsp milk of magnesium if you have not had a bowel movement by day 4 after surgery.
- You may be asked to take self-administered Lovenox injections after surgery to prevent blood clots. This is decided upon an individual basis.

Supplements to begin after surgery

- Sublingual B12: take 1000 mcg once per week under the tongue for sleeve and bypass
- Complete multivitamin, chewable or liquid

Six weeks after surgery:

- Calcium Citrate: take 500 mg 3 times a day
- Iron: needs vary based on sex and age
- During your regular lab work done at the WLS clinic, we will check your levels and adjust vitamin and mineral supplementation as indicated.
- See the page of vitamin guidelines for detailed instructions.

Medications after surgery

Medications that are larger than an aspirin will need to be cut into small pieces after surgery. Some medications are enteric coated or time-released and should not be split or crushed. Gel caps or capsules are okay. All vitamins must be chewable or liquid after surgery. No gummy vitamins.

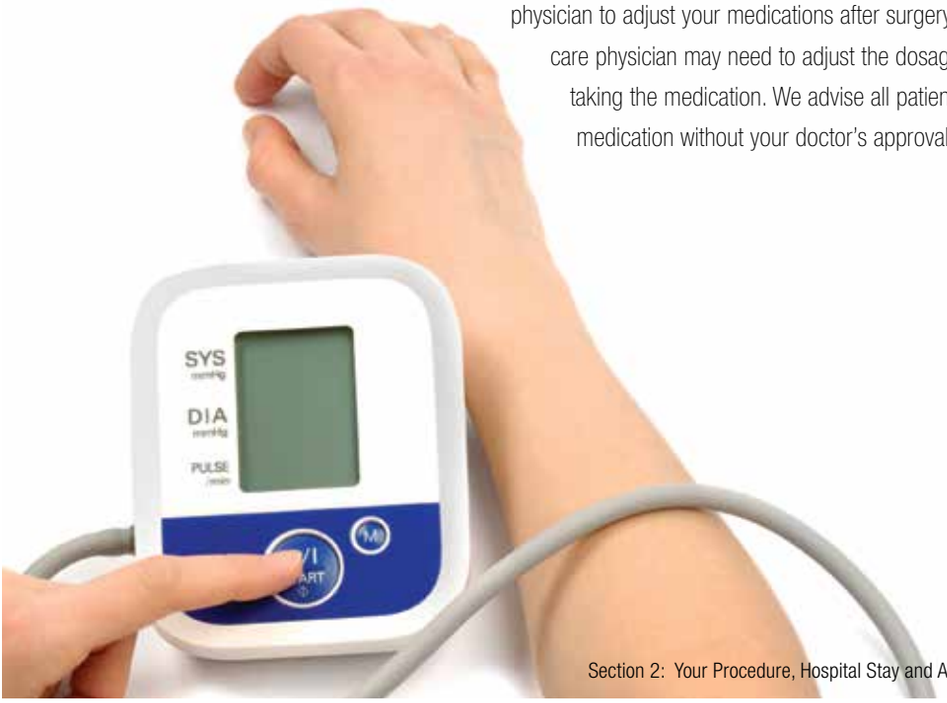
Before you leave the hospital, your bariatric provider will discuss what medications you should resume at home. Medications and pills may irritate or get caught in your new pouch after surgery so be sure to take one pill at a time followed by water. Please call the clinic at (214) 820-8220, your prescribing doctor or your pharmacist.

After surgery your medications may require an adjustment in dosage depending on:

- What type of medication and/or dosage you are on.
- How much food you are eating or how much fluid you are able to drink at one time.
- How much weight you lose and/or how fast.

It is very important to monitor your blood pressure if you have high blood pressure. You may have to decrease or stop your blood pressure medication if your blood pressure is normal or lower than normal (e.g. less than 120/80). Always check with your health care provider prior to stopping any medications.

It is very important to monitor your blood sugar levels if you have diabetes. Blood sugar can go to very low levels if you take diabetes medication. You may need to decrease or stop your diabetes medications if your blood sugar is lower than 100 mg/dL. Call the clinic for instructions on how to manage your blood sugars. Another reason to call the clinic is an elevated blood sugar. Blood sugar over 200 mg/dL may be a sign of infection or a sign to adjust your diabetes medication. Remember to schedule a follow up visit with your primary care physician to adjust your medications after surgery. Your surgeon, nurse practitioner or primary care physician may need to adjust the dosage or decide when and how to discontinue taking the medication. We advise all patients to not just decide to quit taking a prescribed medication without your doctor's approval.



Medications to avoid

Drugs that can damage the pouch:

Advil	Aspirin	Feldene	Mortin	Rexolate
Aleve	Asproject	Fiorinal	Nalfon	Tandearil
Amigesic	Azolid	Ibuprofen	Naprosyn	Tolecin
Anacin	Bufferin	Indocin	Nayer	Uracel
Anaprox	Butazolidin	Ketoprofen	Orudis	Voltaren
Ansald	Clinorial	Lodine	Oruval	
Anthra-G	Disalcid	Meclomen	Pamprin-IB	
Arthropan	Dolobid	Midol	Percodan	
Ascriptin	Equagesic	Mobic	Ponstel	

Avoid taking aspirin or aspirin-like medications.

It is important to remember that the anatomy of your stomach is very different after surgery. This change can bring about an increased risk of ulcers. Therefore, we advise that patients avoid taking aspirin or aspirin-like medications after surgery unless advised and supervised by a doctor. This includes but is not limited to Ibuprofen, Motrin, Advil, Aleve, Excedrin, Orudis, Naprosyn, Mobic, and Alkaseltzer. Some cold/cough remedies also contain Aspirin or Ibuprofen. Tylenol is safe to take after surgery but not in conjunction with the liquid pain medication routinely prescribed. Lortab elixir contains a full dose of Tylenol along with a narcotic.

Do not take these medications after surgery.

The following is a list of the medications that are not safe to take orally once you have had weight loss surgery. Any drug containing aspirin or NSAID (non-steroidal anti-inflammatory drug) is not safe due to the risk of gastric and small intestinal bleeding and possible ulceration.

- Aspirin
- Bromfenac (Duract)
- Diclofenac (Fenac, Voltaren, Rapide, Cataflam)
- Etodolac (Ultradol, Lodine)
- Fenoprofen (Nalfon)
- Flurbiprofen (Ansaid, Froben, Apo-Flurbiprofen)
- Ibuprofen (Aches-N-Pain, ACT-3, Actiprofen, Advil, Amersol, Apo-Ibuprofen, Bayer Select, Brufen, Excendrin IB, Genpril, Haltran, Ibuprin, Ibuprohm, Ibu-Tab, Medipren, Menadol, Midol, Pamprin, Navo-Profen, Nuprin, Nurofen, Rafen, Saleto, Trendar)
- Indomethacin (Apo-Indomethacin, Arthrexin, Indochron, Indocid, Indocin, Novo-Methacin)
- Ketaprophen (Actron, Apo-Keto, Novo-Keto, Orudis, Oruvail, Rhodis)
- Nabumetone (Relafen)
- Naproxen (Apo-Naproxen, Naprosyn, Naxen, Novo-Naprox, Nu-Naprox, Aleve, Anaprox, Apo-Napro-Na, Naprelan, Naprogenesic, Synflex)
- Oxaprozin (Daypro)
- Piroxicam (Apo-Piroxicam, Feldene, Novo-Pirocam, Pirox)
- Sulindac (Aclin, Apo-Sulin, Clinoril, Novo-Sundac, Saldac)

Medications that are safe

Pain medication options after gastric surgery:

Tylenol in any form
Tylenol with codeine
Vicodin
Percocet, Darvocet, Fioricet, Oxycontin
Toradol (ketoraloac) – only if given by injection or IV
Soma, Flexeril, Robaxin, Zanaflex
Cox-2 Inhibitors (Celebrex)
For migraines: Imitrex, Ergotamine, Deseril
Glucosamine 1500 mg and/or chondroitin 1200 mg

Drugs that are considered safe:

Allegra
Benadryl
Claritin Reditaps
Colace
Dimetapp
Dulcolax suppositories
Fleet enema
Gas-X
Glycerin suppositories
Immodium AD
Milk of Magnesium
Miralax

Bariatric home instructions

Quick Guide

Bariatric full liquids for 3 weeks after surgery.
No straws or gum for two weeks and no carbonated drinks.

- Need to get in at least 60 grams of protein and 60 oz (2 quarts) of liquids daily.
- Begin your chewable/liquid multivitamins and B12 (sublingual) when nausea resolves.
- Make sure medicines are no larger than an aspirin and take them one at a time. (capsules ok)
- No lifting greater than 10 – 15 lbs first 2 weeks but nothing strenuous for 4 weeks.
- May shower next day after surgery but no baths, pools or hot tubs for at least 2 weeks.
- No Neosporin on incisions.
- May drive when off pain medicine. Be sure to use your seat belt.
- May have sex when it is comfortable.
- If in a car, airplane, or sitting at a desk first month, change positions every hour.
- Take 2 Gas-X strips every 2 hours as needed for gas.
- Take incentive spirometry home and do every 2 hours at home the first week.
- Follow up at the clinic 1 week after surgery.

Notify the Weight Loss Surgery Program at
214.820.8220 for any of the following

- Temperature of 101 or higher
- Nauseated and cannot drink
- Vomit bright red or bright red in stools
- Stools exceeding 3-4 a day or no stool after 4 days and taking Milk of Magnesia
- Incisions that are red, swollen or draining
- Leg pain, chest pain unrelenting, or shortness of breath
- Anything that doesn't feel right!

After surgery: common problems & solutions

It is vital that you continue to see the surgeon, nurse practitioner and dietitian after surgery. This is to help ensure your long-term success.

Food intolerance: Many patients experience food intolerances, especially with dry meats, rice, pasta, breads, asparagus, lettuce or stringy fruits and vegetables. Since intolerances vary with the individual, our staff can help in sorting out food choices to minimize symptoms. It is a good idea to keep a food journal with a list of foods that are and are not well tolerated. Often time food intolerances are temporary, so you may try a food again in a couple of months.

Food getting stuck: It takes time to learn the new behaviors of eating slowly and chewing well, especially early after surgery, so you may get food "stuck" in the lower esophagus. If this occurs, you may experience mid-chest pain and your mouth begins to have increased saliva. It is recommended to get up and walk around to help the feeling pass. The food will either come back up (called productive belching) or it will eventually pass into the pouch. If this occurs, it is best to go back to liquids for 2 – 3 days to let the area recover from the trauma of the food irritating the esophagus and pouch.

Hair loss: Some patients notice some increase in hair loss around 3 – 5 months following surgery. For some patients the amount of hair loss is dramatic. They describe clumps of hair in their brush, over the floor of the shower, etc. This occurs as part of the body's response to sudden calorie and protein deprivation shortly after surgery. The body puts some of its normal maintenance activities "on hold" until nutrition improves and the effects take a few months to show. In fact, nothing actually happens to the hair follicles, by the time the hair loss is noticed the follicles are already onto a new cycle of regenerating hair. It is common for patients to have thinner hair one year after surgery than they did prior to surgery. However, at 18 months after surgery most patients have fuller and healthier hair because the body's hormone balance is significantly improved. Nioxin shampoo can be used to help and may be combined with Biotin supplements (2000 – 5000 mcg per day). Adequate protein and iron intake also contributes to less hair loss.

Gout: Some times gout can flare after bariatric surgery so be sure to drink plenty of fluids and lower your protein intake to 50 grams per day. Call the clinic for assistance.

Kidney stone: If you have a history of kidney stones, you need to drink extra fluids after surgery to prevent formation of stones. Also make sure your calcium is calcium citrate, this form is less likely to cause kidney stones.

Gallstones: This may occur after surgery. The symptoms are mid upper gastric pain that tends to radiate to the back, bloating, nausea especially after fatty foods. Please contact the clinic if you experience these symptoms.

Nausea, vomiting and bloating

Action: Take small bites. Chew each bite 20-30 times. Eat slowly; pause between bites. Avoid the use of straws, concentrated sweets and carbonated beverages. Call the clinic if you are vomiting more than twice in one week.

Slimming: a thick mucous coming up

Action: Reduce your portions, take smaller bites and eat slowly.

Dehydration

Action: Take in adequate fluids between meals. Consume at least 60 ounces of fluid throughout the day. Increase fluids until urine is pale yellow.

Dumping syndrome: symptoms include fatigue, nausea, vomiting, sweating, abdominal cramping, loose stools with all gastric bypass and some sleeve patients.

Action: Eat dry meals (liquids separated from meals). Avoid simple sugars/sweets and high fat/fried foods.

Constipation

Action: Constipation may occur during the first month after surgery, but your body will adapt. Consume at least 60 ounces of fluid daily. If constipation becomes a chronic problem, contact the clinic. You may use a fiber supplement (e.g. Benefiber), stool softener or Miralax.

Diarrhea

Action: Remember to avoid sugars and sweets. Limit high fat and greasy foods. If you have 4 or more a day, please contact the clinic. You may become temporary or permanently lactose intolerant. This means you lack the necessary digestive enzyme to digest dairy products such as milk, yogurt, cheese and ice cream. Your tolerance may vary. Some people that are lactose intolerant can handle a small amount of yogurt but not milk. Drink lactose-free milk, if intolerant.

Stretching of stomach pouch

Action: Avoid eating large quantities of food at one time. Eat slowly over a 20-30 minute period. Avoid carbonation after surgery.

Weight gain or lack of continued weight loss

Action: Avoid high calorie beverages and high fat, high caloric foods; and drinking with meals. Avoid grazing, which is eating small amounts all day. Use portion control and EXERCISE. Make an appointment with the clinic.

After surgery: post-operative complications

From gastric bypass, sleeve and band

Bleeding is when blood is lost into a body cavity or drains externally. You may notice bright red blood in your stools or you could be vomiting bright red blood. You may also feel extremely tired and your heart seems to be racing.

Leakage is when an opening occurs along the internal suture line of the stomach or intestine depending on the type of surgery. If this occurs it is usually within 3 weeks of a bypass or sleeve surgery. Signs can be high fevers, stomach pain/left shoulder pain and feeling very sick.

Pulmonary embolism is a blood clot that travels to the lung and can actually cause death. The signs can be pain in the chest, either front or back, that does not move and is always accompanied by shortness of breath.

DVT or Deep Vein Thrombosis is a blood clot that develops in an extremity. It most commonly forms in the leg with bariatric patients after surgery. The signs are calf tenderness and swelling in the affected leg. In addition, you may have pain in the calf area when walking. DVT can cause a pulmonary embolism.

Small bowel obstruction can occur any time after surgery. The blockage in the intestines prevents food and waste to pass through. The signs are bloating, stomach swelling, nausea, abdominal pain and severe constipation or no stools.

Internal abdominal hernia can occur after bypass surgery. The intestines can get caught or twisted and result in bowel obstruction or can cut circulation to the bowel. The signs are usually pain after eating and can progress to bloating, nausea and vomiting and severe abdominal pain.

Anemia is a condition where your hemoglobin gets low in your body. Most of the time, in bariatric patients it is caused by bleeding or iron deficiency. Symptoms include being tired, craving eating ice, pale skin, shortness of breath, dizziness or feeling cold.

Vitamin deficiency can occur any time any of the vitamins become low in the body. Symptoms vary depending on which vitamin is low.

Gallstones/gallbladder inflammation can develop in approximately 25% of the people who have bariatric surgery. Symptoms are mid-chest pain right under the sternum, going through to the back, bloating, belching, large amounts of gas and sometimes nausea.

Strictures is a narrowing, usually of the stomach or new connections, which makes it difficult for food or liquid to pass. You may feel that food is hanging up in the chest after eating.

Excess skin Unfortunately, the skin that holds all of your fat tissue before surgery may not shrink down as much as the fat does. Most people are left with areas of excess skin, especially the abdomen, upper arms, upper thighs and breasts. Exercise is very important for your overall success, but it is not effective in shrinking skin. However, excess skin draped over muscle is more aesthetically pleasing than skin that is draped over little muscle tissue. Some people choose to undergo plastic surgery to remove excess skin. It is recommended that you wait at least 18 months or once you have reached your goal weight and have been stable for several months following weight loss surgery. This delay is because the skin removal surgery works best for the long term, once your weight is stable. Also, the skin will shrink some and is not finished shrinking until 18 – 24 months after surgery.

After surgery: post-operative complications

Band-specific complications

Slippage is when the stomach slips up through the band and makes the pouch above the band larger. This can occur after severe vomiting episodes. The signs are sudden onset of heartburn, reflux, coughing at night when lying down or just not being able to get any food or liquids down.

Erosion is literally when a hole develops in the stomach under the band. The symptoms can be abdominal discomfort or pain. It can show as an infection of the port. Sometimes there are not any symptoms. Can occur after taking aspirin, anti-inflammatory medications, or with smoking.

Port problems include twisting or flipping of the port. It needs surgery to reposition the port against the abdominal wall. The port, tubing or band can develop a hole and leak. Any of these problems require replacement of the affected part. This requires an operation to do the replacement.

Esophageal dilation is when the esophagus becomes larger than it should be and can be caused by consistently overeating or having your band too tight. Symptoms can be heartburn, reflux, vomiting, or pain behind the breastbone.

Follow up after surgery

Your office visits

- Keeping your regular office visits helps you to stay on track and identify problems quickly.
- Part of your routine follow up is lab work.
- What labs are ordered is specific to your procedure, age, and medical history.
- You may need to do a bone density scan yearly until you are stable, then every 5 years or as needed, based on your risk factors.

Contents

Section 3:
Tips for Long Term Success

Exercise

It is your goal to exercise 150 – 300 minutes every week. This averages out to at least 30 minutes a day, 5 times a week and up to 1 hour, 5 times a week. Your fitness routine should include each of these three types of exercise:

1 Aerobic exercise

Provides cardiovascular endurance and fat-burning benefits.

Examples:

Vigorous activities: race walking, biking, jogging, swimming, aerobic dance, dancing, spin classes, jumping rope, stair climbing machine, vigorous tennis, martial arts, etc.

Moderate activities: brisk walking, yard work, vacuuming/mopping, car-washing, basketball shooting, etc.

Lifestyle (light) activities: walking, shopping, sightseeing, golf, laundry, light gardening, playing with children or pets.

2 Strength training

Provides muscle tone and endurance, muscular strength, bone density and a faster metabolism (from muscle).

Examples: calisthenics, resistance exercises (push-ups, abdominal crunches, free weights, weight machines, etc.).

3 Flexibility/stretching

Provides muscle agility, protection from injury and relaxation. Warm up and stretch before and after exercise.

For best results with fitness, weight loss and weight maintenance, combine aerobic and strengthening and stretching exercises.

Aerobic fitness goals for weight loss

Frequency: 4 – 5 times per week

Intensity: moderate to vigorous

Time: 30 – 60 minutes per workout

Make SMART goals

Specific **M**easurable **A**chievable **R**ewarding **T**imely

Example:

Walk 2 miles in 36 minutes at 7 a.m., Monday, Wednesday, Friday and Saturday in my neighborhood, listening to my favorite music and news station.

Write down realistic short and long-term goals (weekly, monthly, yearly).

Examples:

Be consistent with my aerobic activity 4 times a week and strength training 3 times a week for the next 6 weeks.

Participate in 2 benefit walks/races in my community this year.

Plan an active vacation (hiking, biking, etc.).

Gain 5 pounds of muscle in one year to restore what I've lost.

Smoking cessation

Why stop smoking before surgery?

Smoking is bad for your health.

- It causes your blood vessels to constrict and decreases your oxygen supply.
- Smoking also increases your chance of developing complications after surgery including wound infections, poor healing, and heart and lung problems.
- Smoking will cause gastritis (inflammation in the lining of your stomach), leaks, and stomach ulcers after surgery. The ulcers do not heal as long as you continue to smoke. They can actually progress to the point of causing internal bleeding or even stomach perforations. These are life-threatening conditions and people have died due to these problems.

You will want to stop smoking at least 6 weeks before your surgery and refrain from smoking afterwards. You are required to stop smoking permanently to avoid ulcers. Some insurance companies require a nicotine test to verify that you are tobacco free.

What are the health benefits for smokers who quit?

- 20 minutes after quitting: your heart rate and blood pressure drops.
- 2 hours after quitting: the carbon monoxide level in your blood drops to normal and your smoker's breath disappears.
- 2 weeks to 3 months after quitting: your circulation improves and your lung function increases.
- 1 to 9 months after quitting: coughing and shortness of breath decrease; cilia (tiny hair structures that move mucus out of the lungs) regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection.
- 1 year after quitting: the excess risk of coronary heart disease is half that of a smoker's.

When you quit smoking, you'll feel better. You'll breathe more easily and your lungs will work better. Your heart won't have to work as hard and your risks for both heart attack and cancer will decrease. After surgery, you will heal and recover faster. Each day that you do not smoke is a small victory which adds up to a huge victory over time. You'll be living a healthier life!

Where can I get more information?

Ask your health care provider for help and discuss your smoking cessation plan.

In addition, the American Cancer Society is a great resource for people who are trying to quit. They may be contacted at
1.800.ACS.2345 or
www.cancer.org

Another resource is Dallas office of the American Lung Association of Texas. For more information or to enroll in their free online smoking cessation program contact them at:
214.631.5864
www.texaslung.org

Weight plateaus

You've hit a plateau, now what?

Remember, this is a normal part of your weight loss journey. This is the time to evaluate your current diet and exercise routine to make sure you are on the right track and to mix things up a bit! Things to consider when overcoming your plateau:

Accountability

- Weigh yourself regularly (once a week…not every day)
- Set goals (weight, health, quality of life goals)
- Create a PLAN: identify steps needed to achieve your goals…what's your strategy?

Good nutrition basics

- Consume 3 small, balanced meals.
- Meals should be 4 – 5 hours apart and last 20 minutes.
- Aim for 60 grams of protein daily, include it with each meal and snack.
- Stay hydrated with at least 60 ounces of fluid daily
- If you get hungry between meals pick a fiber and protein rich snack.
- Are you drinking fluids with meals? You should still only consume liquids 30 minutes before and 30 minutes or more after meals and snacks.
- Are you drinking beverages that provide "empty calories"? Avoiding carbonated beverages and alcohol can help you trim extra-unwanted calories.

Portion control

- Eat enough to be satisfied at mealtime but limit to 1 – 1 1/2 cups total.
- Look to foods that help keep you full longer: protein, non-starchy vegetables, and high fiber starches.

Regular exercise

- Strive for 30 – 60 minutes of moderate intensity activity, preferably every day of the week. Your goal is 150 – 300 minutes per week.
- Change your routine by increasing frequency, intensity and duration. For example: If you use a treadmill, increase your pace or incline.
- Do not expect to break a plateau without exercise!

Journaling

- Keep a food log
  - When/how often you are eating
  - What cues drive you to eat (stress, boredom, fatigue, social environment)
  - How much time do you delay drinking before, during, and after your meals?

Remember, continued weight loss or weight maintenance is all up to you! Your healthy habits should not end once you reach your "goal" weight…they should be lifelong! You've worked hard up to this point – continue these habits and enjoy the new you! "Successful people do those things which unsuccessful people are not willing to do." --Jeff Olson

Helpful books and websites

www.obesityhelp.com
Obesity Help, Inc. Making the Journey Together

www.realize.com
Weight Loss Surgery Info
(sponsored by Ethicon Endo-Surgery, Inc.)

www.asbs.org
American Society for Bariatric Surgery: for patients

www.obesityaction.org
Obesity Action Coalition

www.obesity.org
The American Obesity Association

www.nlm.nih.gov/medlineplus/weightlosssurgery.html
Medline Plus: Weight Loss Surgery

www.bariatriceating.com
Web site of bariatric surgery patient and additional links to try various products

www.txtabs.org
Texas Association for Bariatric Surgeons

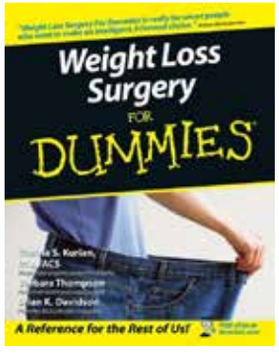
www.eatright.org
The American Dietetic Association: Your link to nutrition and health

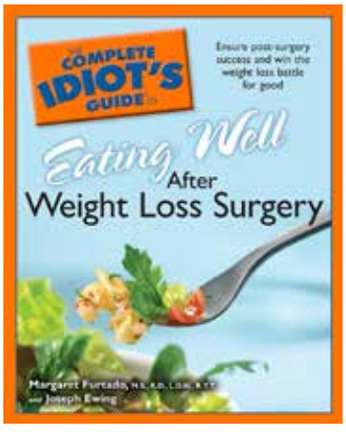
Weight Loss Surgery for Dummies
–by Marina S. Kurian, MD, FACS, Barbara Thompson, Brian K. Davidson

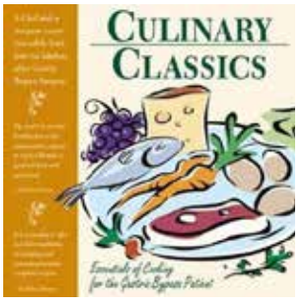
The Real Skinny on Weight Loss Surgery:
An Indispensable Guide to What You Can Really Expect!
–by Julie M. Janeway, Karen J. Sparks, Randal S. Baker, MD, FACS

Weight Loss Surgery:
Finding The Thin Person Hiding Inside You, Third Edition
–by Barbara Thompson

The Doctor's Guide to Weight Loss Surgery:
How to Make the Decision That Could Save Your Life
–by Louis Flancbaum, MD, Deborah Flancbaum, Erica Manfred







Message boards/support groups

www.obesityhelp.com

There are specific boards for different types of surgery (RNY, Lap-Band, DS, etc), as well as one for MD locals, and several others based on commonalities or interests. There is one for people with a starting BMI of over 50, one for African Americans, one for spouses, etc. No registration is required to view.

www.bariatricpal.com

General WLS support and discussion. Registration is free.

www.dailystrength.org/c/Gastric-Bypass-Surgery/forum

General WLS support and discussion. No registration required to view.

ww.bariatriceating.wcom/BEsupport/supportgroup

Online live support group chat on Wednesday evenings, plus online logs of past support group meetings.

www.thinnertimesforum.com

WLS discussion board

www.groups.yahoo.com/group/DFWBandsters/

www.theworldaccordingtoeggface.blogspot.com

Cookbooks and recipes

www.livingafterwls.com/Recipes

Culinary Classics:

Essentials of Cooking for the Gastric Bypass Patient

–by David Fouts

Eating Well After Weight Loss Surgery:

Over 140 Delicious Low-Fat, High-Protein Recipes to Enjoy in the Weeks, Months and Years after Surgery

–by Patt Levine, Michele Bontmpo-Saray, William B. Inabnet, MD, & Meredith Urban-Skuros, MS, RD

Recipes for Life After Weight–Loss Surgery:

Delicious Dishes for Nourishing the New You

–by Margaret Furtado, MS, RD, LDN and Lynette Schultz

Complete Idiots Guide to Eating Well After Weight Loss Surgery

–by Margaret Furtado, MS, RD, LDN and Joseph Ewing

The Web sites referenced herein are provided solely for the convenience of the reader. Neither Baylor Health Care System, Baylor Weight Loss Surgery Program of Dallas, nor their subsidiaries, affiliates, or community medical centers own these websites or control their content or privacy, and the reference to the websites should not be construed as an endorsement of the entities that own the websites or of the information, products or services offered by them.

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