Courage is not the absence of fear.

Courage is taking action in spite of fear.

- Anonymous
Welcome!

Fellow Bariatric Patients –

Congratulations on taking the next step towards a new and exciting part of your life!

The entire Rose Bariatric Center team is honored to be part of your life and transformation.

We are driven to create the most humane, safe, and patient-oriented surgical experience possible. We will be alongside you throughout your journey. Do not hesitate to take advantage of our comprehensive programs to ensure your success!

- Accredited Center of Excellence
- Experienced Care Coordination
- Pre-Operative Nutrition
- Support Group System and Follow-up Care
- Comprehensive Post-operative Care and Support
- Fully-integrated Team Approach
- Safe, Caring & Experienced Surgeons

Rose Medical Center is the longest-standing Accredited Center of Excellence program in Colorado. We are committed to developing the most inclusive, safe, caring and effective program to help you achieve durable and lasting weight reduction and meet all of your goals for improved health.

Kim Delamont, NP
Rose Bariatric Center
Program Director

Rose Center for Bariatric Surgery
Rose Medical Center
303.320.2134
RoseKnowsWeightLoss.com
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WEIGHT LOSS SURGERY PATHWAY

First Things First
- Hold Initial Consultation with Your Surgeon
- Attend Weight Loss Bariatric Seminar (In person or online)
- Complete Lab Work
- Complete Psychological Evaluation
- Attend Pre Op Surgery Nutrition Class (schedule after initial consultation)
- One-on-One Consultation with Dietitian
- Pre-Op Physical with Surgeon
- Pre-Admission Testing at Rose Medical Center
  - Blood lab workup
  - EKG (If ordered)
  - Pulmonary / Sleep Study (If ordered)
  - Review of home medications
  - Nursing Pre-Admission Intake History / Registration

Post-Op Follow Up (Most classes in Rose Bariatric Center Classroom)
*Official Times & Locations listed each month in Rose Bariatric Newsletter*
- 1 Week Required Pre-Select Diet Class one week after surgery
- 3 Week Required Soft Food Diet Class three weeks after surgery
- 6 Week Required Solid Food Diet Class six weeks after surgery
- Six Month Required Post Op Follow-up Class six months after surgery
- Common follow up visits with your Surgeon’s office
  - 1-2 week class and appointment with Surgeon’s office
  - 3-6 week class and appointment with Surgeon’s office
  - 3 month class and possible appointment with Surgeon’s office
  - 6 month class and appointment with Surgeon’s office (lab work commonly required)
  - 9 month class and/or possible appointment with Surgeon’s office
  - 12 month appointment with Surgeon office & dietitian (lab work commonly required)
  - May continue every 3 month appointments until close to goal
    - Surgeon
    - Registered Dietitian
- Expected yearly follow-up with your Surgeon!

Lifestyle Maintenance
- Educational offerings throughout the year
  - Back to Basic Classes offered every month
  - Menu Planning Classes
  - Additional special sessions listed in the monthly Rose Bariatric Newsletter
    - Newsletter located on our website: www.RoseKnowsWeightLoss.com
- Support Groups and Education Programs offered at Rose Medical Center – See Monthly Newsletter
Shopping List

Purchase Prior to Your Surgery

1. Supplements
   - Multivitamin - Chewable / Liquid or cut – Start when home from surgery
   - B-12: 1000mcg (sublingual, nasal, or injection) – Start when home from surgery
   - Stool softener (colace): start daily at home after surgery. Milk of Magnesia as needed
   - Calcium Citrate: 500mg dose (chewable or liquid) – Start with Solid Food Diet (6 weeks)
   - Fiber – Start with Solid Food Diet

2. Wound Care
   - Gauze Pads (4x4)
   - Paper Tape and Band-Aids
   - Triple Antibiotic Ointment (only for increased incisional redness, may soften skin glue)

3. Protein Powders or Drinks
   Designer, Nectar, Isopure, Mega Whey, Premier, Pure Protein, Soy Protein, Bariatric Advantage or other high protein and low carb protein formulation. May be powders or pre-mixed drinks.

4. Food
   - Sugar free gelatins
   - Broth (any flavor)
   - Diet lemonade, sugar-free flavor drops
   - Protein Mixers: Water, Skim or 1% Milk, unsweetened Soy or Almond Milk
   - Decaffeinated coffees and teas

5. Kitchen Utensils
   - Kitchen Timer (timing is essential in the first few weeks) or Bariatric Timer Mobile App
   - Small bowls, baby spoons/forks

Bring to Hospital Day of Surgery

1. Personal items
   a. This handbook
   b. Robe & slippers (you will be walking the halls)
   c. Bath items
   d. Loose fitting clothing to wear home
   e. CPAP machine (if you have sleep apnea)
   f. Home Oxygen tank for transport if you currently use daytime oxygen

2. As Desired
   a. Personal fan
   b. Toilet tongs (if needed)
   c. Wet wipes
   d. Camera (start to chronicle your journey)
   e. Cell phone & charger
   f. Reading material

NOTE: Please do not bring valuables to the hospital. Have a loved one keep your belongings until arrival in your hospital room. If you wear eye contacts or piercings they must be removed.

Have Ready at Home

1. Medical Equipment
   a. Blood pressure cuff if diagnosed with hypertension (high blood pressure)
   b. Glucometer & test strips if diagnosed with diabetes or pre-diabetes

2. If Desired (Creature Comforts)
   a. Heating pad (for abdominal discomfort)
   b. Easy Chair or La-Z Boy (lying down to sleep may be difficult at first)
   c. Blender or Magic Bullet (for blending protein drinks)
Post-Surgery Shopping Options

There are now many online shopping options for your food and supplement needs. Here are just a few patient favorites!

Kay’s Naturals is dedicated to bringing better alternatives to traditional snacks and cereals. Made with a better balance of soy protein, fiber, carbohydrates, and good fats, our products are delicious and uniquely satisfying snacks and cereals that can actually help curb the appetite, whether at home, at work, or at play.

www.kaysnaturals.com

Kay’s Naturals

Bariatric Choice

We are committed to offering you the finest bariatric diet foods and vitamins, along with the highest level of care and customer service. We're so certain you'll be pleased with our products, we offer our Money Back Guarantee on all purchases.

www.bariatricchoice.com

Bariatric Choice

Bariatric Advantage® offers a comprehensive line of bariatric vitamins/nutrition products designed specifically to meet the needs of individuals who have undergone weight loss surgical procedures. We believe that through quality and adherence to scientific principles we can help to support a vision of life-long health after bariatric surgery.

www.bariatricadvantage.com

Bariatric Advantage

If you've had or are considering a surgical weight loss procedure - Gastric Bypass, RNY, Lap Band, or Gastric Sleeve, you've landed in the right place for good post-op nutrition, accurate info, and positive support. Protein Drinks and our Bariatric Post-Op food choices do not have to be a punishment! We've assembled a Success Team to create a path for you to follow. We're all in this together.

www.bariatriceating.com

Bariatric Eating

Revival Soy is here to serve you with good nutrition, education and medical research. We are the company that makes soy taste good!

www.revivalsoy.com

Revival Soy

We're your source for the same medical-grade diet foods used by physicians and weight loss clinics - at discount prices! We are committed to offering you the highest-quality diet and weight loss products and the highest level of care and customer service. We gladly offer our Money Back Guarantee.

www.dietdirect.com

Diet Direct

Local Retailers & Websites

www.maxmuscle.com

www.willowhollow.com

www.vitaminshoppe.com

GNC.com

naturalgrocers.com

wholefoodsmarket.com

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Pre-Op Preparation

Anticipating Your Surgery Date

In the days preceding surgery, many patients have discussed experiencing feelings of anxiety. Doubts may surface about a so-called elective surgery, and patients are concerned about complications, pain, or nutrition issues with surgery.

Anxiety stems from fears about the future. To reduce anxiety we help you plan and give you tools to manage and have better control over future events. Some may feel a lack of control, but we will help you take ownership and be prepared for this surgery.

We encourage you to attend at least one Bariatric Support Group prior to surgery! Discover that others have experienced similar fears and overcome them. Make this time before surgery for you and about you. Relax and think of the upcoming changes and your plans for coping with potential setbacks. Concerns are a normal part of your mental preparation for this exciting and yet stressful event.

It is typical to adjust to surgery, including a brief period commonly known as “Buyer’s Remorse.” This usually occurs just prior to surgery or within the first few weeks of recovery. You may think to yourself, “What have I done?” or “What was I thinking?” These thoughts tend to fade as your pain subsides and you begin to reap the benefits of weight loss. In part, these feelings are caused by hormonal changes triggered by the surgery process and are temporary.

Keep in mind that all surgeries have inherent risks of complications up to and including mortality. You need to be honest with yourself and your family about these risks. Potential complications should be discussed and planned for with your loved ones. It is always best to be prepared. And remember, not having surgery also has many complications related to obesity!

It is important to discuss any questions with your surgeon and the medical team before surgery. Remember, you’ve undergone extensive medical testing in preparation of this surgery. Your surgeon and team are proceeding with your surgery only because they believe your body can physically handle this procedure.

Be proud of the education and preparation you have accomplished to reach this point! Remind yourself of the reasons why you initially chose to pursue Bariatric surgery. After all, most patients have researched the option of Bariatric surgery for years before they ever meet with a surgeon. Bariatric surgery is a safe, effective, and durable weight loss management tool.
Preparing for Your Surgery Day

Medication Prep
(You should NOT take certain medications prior to surgery)

Discontinue 1 month before surgery

Birth control pills – Discontinue birth control pills. Condoms with spermicide should be used instead. A pregnancy test will be done during your Pre-Admission Testing (PAT) at Rose Medical Center as a precaution. You may restart birth control pills 6 weeks after surgery. Birth control pills contain high doses of estrogen, which increases your risk of clotting after surgery and thus you must discontinue their use for this period of time. Do not remove prior to surgery: IUD’s & Implanon implants.

NSAID class pain medications – NSAIDs are a class of medication associated with the treatment of inflammation. Common side effects include gastric irritation, gastric ulcers and gastric bleeding. NSAIDs are dangerous to Bariatric patients due to the propensity to cause ‘marginal’ ulcers that form at or near the pouch and stomach outlet. Marginal ulcers can cause pain, bleeding, obstruction, and perforation. Common NSAIDs include: Aspirin, ibuprofen, Motrin, Aleve, and naproxen.

You will NO LONGER be able to take NSAIDS after surgery at any time. Rapid Release Tylenol (Acetaminophen) should be your new pain medication of choice!

Discontinue 1 day before surgery

1. Metformin/Glucophage (Potential lactic acidosis), possibly some oral glycemic control medications
2. Insulin – Regular (consult with PCP/Endo if BS > 160)
3. Insulin – NPH = ½ dose for the 2 days of clears, none AM of surgery (consult PCP/Endo if BS > 160)
4. Lantus/Levemir = ½ dose for 2 days of clears, none AM of surgery (consult PCP/Endo if BS > 160)
5. Diuretics (Lasix, furosemide, HCTZ)
6. Antihypertensive Combinations
7. ACE Inhibitors with Diuretics
8. Hypertension meds including Ace inhibitors and Calcium Channel Blockers

Do NOT discontinue before surgery

Some important medical conditions warrant taking essential medications first thing the morning of surgery:

1. GastroEsophageal Reflux Disease – GERD or Acid Reflux (Prilosec, Prevacid, Protonix, Pepcid, Xantac, etc.)
2. Heart Arrhythmias
3. Seizure Disorders
4. Asthmatic or COPD (Singulair, Albuterol Inhalers, Atrovent Inhalers, etc.)
5. Hypothyroidism (low thyroid), and sometimes Hyperthyroidism (high thyroid)
6. Beta Blocker hypertension medication (even though other hypertension medications discontinued)
7. Take your essential prescription medication the morning of surgery with a small sip of water. If you are unsure whether your medication is essential or not please ask your Surgeon ahead of time.

Medical Prep

Pre-Op Physical
In the week or two before surgery you’ll have a Pre-Op visit with your surgeon, who will review specifics of your procedure and answer any last questions you may have. This is the perfect time for you to voice any concerns or issues you have so that they may be adequately addressed ahead of your surgery!
Pre-Admission Testing Unit (PATU)

Your PATU visit normally occurs at Rose Medical Center the week or two prior to surgery. During your visit the nurse will draw blood and go over your medications, medical history and pre-registration. Please bring a complete, up-to-date list of prescription medications for review. You may also have an EKG ordered.

Anesthesiology

Your Anesthesiologist typically calls the night prior to your surgery to review your medical history, explain anesthesia and associated risks.

Please Notify Your Anesthesiologist of the Following
1. Any rare reactions/allergies to medications/anesthesia
2. Family history of severe anesthesia complications
3. Difficulties with your airway (e.g. nasal surgery)
4. History of intractable nausea/vomiting or any recent illness

Visual Aid Prep

Take photos of yourself the week before surgery! You may regret not having a chronicle of your journey to look back and reflect on. Many patients also enjoy watching their measurements change. Measure yourself “all over” and record your pre-op sizes. Following surgery you will be able to follow your “inches lost” as you go along.

Skin Prep

The night prior and morning of surgery you may be asked to shower with Hibiclens soap. Take showers the night before and morning of surgery: use prescribed soap liberally. Wash from your chin to mid-thigh, about 10 minutes per shower. Pay particular attention to skin folds, breasts, & belly button. Again, use liberal amount of soap, do not use sparingly!

Bowel Prep

You should take a stool softener daily for 4 days prior to surgery. Any fiber supplement containing psyllium (e.g. Metamucil) is acceptable. Always take any fiber with a large glass of water. If your stools are still firm you may use a stool softener 2x day. Hydration is key - drink plenty of water in the days leading to surgery!

On the day prior to admission, take an over-the-counter stool softener (active ingredient docusate sodium, e.g. Colace) in the morning and 1x at night. It is also good to have stool softener on hand post-operatively.

Diet Prep

This is the Surgeon’s Preference – please check with your surgeon: Eating a normal balanced diet the week preceding surgery is important. It is only necessary to follow a clear liquid diet a minimum of two days prior to surgery (if you can’t see through it you can’t have it). You may have Isopure or other clear protein drink and clear juices such as apple or white grape (undiluted / not sugar free). Additionally, you should be sure to drink plenty of water to stay hydrated. You may add clear protein drinks if you get too hungry. Also, consider tapering down intake of caffeine, alcohol, and carbonation as these are restricted after surgery.

On the evening before surgery, do not take any liquids or food after midnight. If surgery is scheduled for morning you cannot drink or eat anything that day. If surgery is scheduled for late afternoon you may have clear liquids up to 6 hours prior to surgery. Remember: NO solid food two days prior to surgery, and clear liquids only until the midnight before surgery.

Diabetic Patients: If you are only on oral glycemic agents—with moderately high blood sugars (140-160)—decrease oral carbohydrate intake by removing or diluting juices to 1/4 strength and use sugar-free products. Caution: use of sugar-free products for extended periods of time may cause low blood sugars.
NOTE: Please do not bring valuables to the hospital. Have a loved one keep your belongings until you arrive in your hospital room. If you wear eye contacts they must be removed. Please remove ALL piercings.

Surgery Preparation: What You May Expect

On the day of surgery please plan to arrive at Rose Medical Center 3 hours before your surgery (e.g. 7:30 am if your surgery is at 10:30 am), noting that 5:30am is the earliest you may arrive. You will Check in with the 2nd Floor Pre-Op Department (North elevator bank is closest). Your medical history will be confirmed and your family given waiting room instructions. You will change into a hospital gown and get comfortable while your nurse takes your vital signs, starts your IV line and puts sequential compression device (SCD’s) on your legs to prevent blood clots. Your surgeon’s team will stop by to greet you and help soothe any last minute jitters you may be experiencing. Your surgeon and your anesthesiologist will be on hand to answer any last questions you or your family may have.

Once it’s time for your surgery, a relaxing agent will be administered via IV to help prepare you for going to the operating room. You may not recall anything from this point until after you awaken in the recovery room. In the operating room monitors will be placed, oxygen will be administered via face mask, and you will be put to sleep by intravenous (IV) medication.

After you are completely asleep, an endotracheal tube (breathing tube) will be inserted into your trachea (windpipe) to breathe for you. You will not have any recollection of the breathing tube going in or coming out, but you may recognize some throat soreness after surgery.

Your surgery will take approximately 1 to 2 hours. When finished the anesthesiologist will administer IV narcotics to wake you up comfortably as well as agents to prevent or reduce the severity of nausea or vomiting. Next you will be taken to the recovery room where you will be monitored one-on-one by a nurse for 1-2 hours. Your surgeon will visit with loved ones once your surgery is complete. While you are in surgery and recovery your family and loved ones will be in the waiting room, and will next see you when you reach the surgical recovery floor for the remainder of your stay.

After Surgery: What You May Expect

After leaving recovery for the surgical floor you will be allowed to rest a few hours in your hospital room. You may wake to find a drain called a JP drain. It will probably be removed before you leave the hospital. Within 3 hours of arriving in your room you will be asked to get up and walk around. It might just be to the door of your room and back, but it is imperative you begin moving as soon as possible to prevent blood clots and pneumonia. You are encouraged to walk as often as you can, as soon as you can – starting the first day! You will also start using your Incentive Spirometer breathing device right after surgery.

Pain: In the hospital, we ask you to rate your pain on a scale of 1 to 10, with 10 being the worst pain imaginable. We will work to keep your pain around a level 3-4 or below on this scale. If your pain is higher than this or you do not feel your pain is appropriately controlled, you must let the nurses know so we can adjust your pain medication accordingly.

What can you drink immediately after surgery?

After you arriving to the surgical floor, your diet starts slowly. You may only have 1 oz of ice chips every hour until your UGI Study (if ordered) has been reported as negative (meaning there are no concerns). This is called the Bariatric Diet Stage 1.
Post-Operative Period

What Can You Expect?

Gastric Sleeve patients usually go to Radiology about 4-6 hours after surgery for an UGI Study (if ordered). Gastric Bypass and Duodenal Switch patients have an UGI Study the first morning after surgery (if ordered).

Throughout your stay you will receive a blood thinner by injection in your abdomen, thigh or arm to prevent blood clots. Lab work is drawn the morning after surgery and as needed for your surgeon to review. You may shower the first morning after. A Hospitalist provider may see you while you are in the hospital to assist your surgeon in making medical decisions concerning your care and discharge.

Each day in your private hospital room you will be expected to walk in the hall every 2-3 hours (at least 6 times per day). You’ll be asked to use the provided Incentive Spirometer breathing device at least 10 breaths each hour while you’re awake to improve oxygenation and reduce the risk of acquiring pneumonia. When you are in bed or the recliner for more than ½ hour, you must have your Surgical Compression Devices (SCD’s) on – please ask staff for assistance. Regarding your fluid intake, it will be your responsibility to record your fluid intake after your diet is advanced.

What is an Upper GI Study (UGI)?

An Upper GI Study is performed in Radiology to view your new stomach pouch under fluoroscopy (live X-ray) and ensure that no leakage or obstruction is present. The exam usually takes approximately 45 minutes, but may be longer depending on your anatomy.

**While in Radiology, you may expect to:**
1. Stand while two abdominal X-rays are taken.
2. Be seated while the X-rays are reviewed by the Radiologist.
3. After the film is reviewed, stand again and take small sips of a special contrast.
4. While standing and drinking contrast, digital images are taken until contrast passes into the stomach.
5. If the contrast does not naturally progress through the small intestine, a nasogastric (NG) tube may need to be placed under fluoroscopy at your surgeon’s discretion. If additional steps are needed, your surgeon will discuss these with you.

What Is Your Diet Advanced to?

Patients start on the Bariatric Stage 1 Diet once surgery is complete. Next, after the UGI study or as ordered, your surgeon will advance you to a Bariatric Stage 2-3 Diet. You may have clear fluids such as water, sugar-free gelatin and popsicles, broth, and decaffeinated tea and coffee. From the time you start this diet, you’ll be asked to record everything you put in your mouth for the rest of your hospital stay. This is extremely important and provides the surgeon and staff with your accurate intake for safety.

In-Hospital Bariatric Diet Stages and Advancement

**Stage 1 Diet:** 1oz ice chips per hour, if tolerated. Used until UGI is negative or diet advanced.

**Stage 2 Diet:** Initiated once UGI is negative or surgeon advances diet. 1oz clear fluids every 30 minutes (total 2oz per hour). No protein drinks. If tolerating for 1-3 hours, progress to Stage 3 diet.

**Stage 3 Diet:** 1oz clear fluids every 15 minutes (4oz per hour). Protein drinks added – 1oz per hour. This is your target diet before you leave to ensure you will stay hydrated at home. You can drink more than 4oz per hour at home, but this is the minimum to indicate you will be safe at home.
Drains & Pains
If you have any drains placed during surgery, these will be stripped and emptied periodically by staff during your stay. Some leakage is common around drain sites and bandages will be changed as necessary by staff. You may shower with drains. Most drains are removed prior to your discharge from the hospital. However, if your surgeon determines you will need to go home with any drains, instructions will be provided prior to discharge. If you have a urinary catheter placed in surgery, this will be removed the first day after surgery.

Some pain and discomfort is an expected part of the surgical experience. However, your pain should be appropriately managed so you are comfortable enough to be active and walking in the hospital while limiting effects that may sedate or cause concerns. Additionally, some people report feelings of regret after surgery caused by stress hormone changes from the procedure which will dissipate over a couple of days.

Managing your Pain – In addition to Intravenous (IV) and oral pain medications, ambulation, rest, re-positioning and hot/cold therapy as appropriate, most patients also receive an On-Q Pain Ball in a black bag which delivers a round-the-clock non-narcotic numbing medication directly along the incision sites to help with your surgical pain.

Your pain level should be improving as you approach discharge, but you may still feel discomfort and slight nausea. Along with surgical pain, many patients also note what is known as “gas pain” in their shoulder for a few days after surgery. This is related to gas used in the abdomen during most laparoscopic surgeries that irritates nerves connected to the shoulder. Traditional opiate narcotics provide little relief for this discomfort. Instead, it is recommended to massage your abdomen and/or put a heating pad on your shoulder to reduce the pain if uncomfortable. Walking also helps dissipate this pain.

Discharge Process
Gastric Sleeve patients are commonly discharged the first day after surgery. Gastric Bypass and Duodenal Switch patients are commonly discharged after 2-3 nights in the hospital. By the day of discharge you should be able to drink at least 4oz of fluids per hour for at least several hours, which indicates you will be able to stay hydrated when you return home.

Supplemental Oxygen Requirements
The night before discharge a nocturnal oximetry study will be conducted (a.k.a. NocOx). After surgery, it is common for patients to require use of supplemental oxygen at home, which is measured via the NocOx study. The day of discharge you can expect to be tested for daytime resting and walking oxygen needs. If you require daytime oxygen, a tank must be delivered to you before your hospital departure. If you require any supplemental oxygen, this is a temporary intervention and not considered permanent.

On the day of discharge you will attend a Discharge Class or receive one-on-one instruction. Patients are provided a lot of information prior to surgery – Discharge Class helps narrow the focus to ensure you can go home safely and be independent after surgery. Discharge instructions handouts will be provided at this time.

Generally you will be discharged between about 1pm–3pm or later, depending on your condition. However, if you are not ready and your surgeon does not feel you are ready, you will likely stay an additional day. Please voice any concerns about going home to your surgeon and hospital team.

When you get home, please refer frequently to your discharge paperwork, and do not hesitate to contact your surgeon’s office if you feel that you are having any issues that are not resolving. We are here with you every step of the way!
Discharge – There’s No Place Like Home!

Hydration & Fluid Balance

1. Your first priority is drinking enough fluid to maintain hydration. You need 60-80 ounces of fluid per day to maintain your fluid balance. The best way to judge your hydration is to watch your urine color. In the morning your urine should be a light straw color and becoming clearer through the day. Inability to void within 6 hours should be a red flag that your fluid may be compromised. It is a good idea to maintain your fluid intake in a planned fashion: for example, 25 ounces in the morning, 25 in the afternoon, and 25 in the evening. There is no reasonable upper limit to the amount of fluid you can drink. Try to avoid ice-cold beverages, as they may induce nausea.

2. Water should be your primary source of fluid and hydration, as it contains no calories. In the first 6 weeks, you can drink any type of diluted juice you desire (the best ratio is 3-4 parts water to 1 part juice). Calorie containing fluids such as fruit and vegetable juices should be used in small amounts and as an occasional treat. High calorie liquids such as undiluted juices or shakes will defeat your weight loss goals and may cause unwanted side effects such as dumping syndrome (Bypass surgery only).

3. We discourage the use of caffeinated drinks or alcohol, especially during the healing phase as these substances irritate the small gastric pouch and do not add to the promotion of healing. In addition, their effects on your system are more variable due to your new anatomy. Small amounts of weak tea or decaf coffee are okay. Herbal teas with minimum sweetening are excellent choices.

4. It is a good idea to avoid beverages that are high in NutraSweet (aspartame) or saccharin, as these can create added sensations of hunger. Try using Splenda or Stevia.

Meals (Protein Drinks)

1. You may drink as much as you can tolerate, but be sure to have protein every 1-2 hours. Protein intake should add up to 50-75gms/day. This is sometimes difficult, so aim for at least 35-40 total grams of protein per day minimum.

2. Protein is the essential food you will need from here on out. Examples of protein drinks you may start with include: Bariatric Advantage, Premier, Pure Protein, Designer Protein, EAS, Edge, Isopure, Precision Protein, UnJury, Sport Pharma Protein and innumerable others that can be found at any health food or supplement store. Low-carb Carnation Instant Breakfast, Resource, Ensure, or Slim-Fast may be used to add additional flavor. However, use these with caution as they contain more carbohydrates than specific protein powders.

3. Protein Powders may be mixed with nonfat milk or 1% milk or unsweetened non-dairy liquids such as soy or almond milk. Use a protein powder that tastes good to you and contains soy or whey protein. The shake or powder should contain about 20 or more grams of protein per serving, minimal carbohydrates (no more than 10-15 grams per serving), and minimal saturated fats (no more than 2 grams per serving).

4. Again, your daily goal is to drink 1.5 -2 Liters of fluids per day. This equates to drinking 4–8oz every hour over a 12 hour day. Work at this, and fit protein in as you are able.

5. If you feel full, stop drinking until the feeling goes away. If you feel nauseated after feeling full and the feeling goes away in 5-10 minutes, resume drinking. However, if nausea lasts 15 minutes or more, the stomach is trying to give you a strong message to stop any intake by mouth for at least 1-2 hours after the nausea and fullness is completely gone. You need to allow your stomach to empty. If nauseated and overly full, you may try spitting out your saliva as there is no place for it to go. Trying to belch is not productive and may result in increased swallowing of air, which will make you more uncomfortable.
6. Some people may experience heartburn after surgery. It is seldom helpful to use antacids. Usually heartburn is caused by overload of the new stomach and swallowing anything is only likely to make it worse.

7. At your 1-week post-op class we will discuss a few Pre-Select Soft Foods to try and at the 3-week post-op class you will be advance to a Soft Food Diet including blenderized and pureed foods. At your 6-week visit you will be advanced to the Bariatric Solid Food Diet. Advancing your diet early, before you receive instruction to do so, may result in vomiting and/or damage to your procedure.

Medications

1. You must take multivitamins twice a day when you get home—once in the morning and once at night. Choices include: (i) Adult vitamins cut in half such as Centrum Silver (or a generic equivalent), Centrum Chewable, Bariatric Advantage or OptiSource (available online), or (ii) children’s chewable or liquid vitamins — Note: the dose of children’s vitamins must usually be doubled (2 in the morning and 2 at night).

2. Start your B-12 (1000mcg/daily) when you get home, either daily sublingual, weekly nasal spray or monthly injection.

3. For pain you have been given either a liquid or pill form of pain medication. Pills may be cut in half before being taken (especially with Gastric Bypass surgery).

4. To judge whether a pill is “safe” to take, place it in a glass of water. If it dissolves within 5-10 minutes, it is okay to take. If it dissolves more slowly then it may obstruct your pouch outlet and a substitute medication should be found. Extra strength Tylenol is generally a “safe size” pill. Never swallow a pill larger in diameter than a pencil eraser or longer than ¾ inch.

Constipation and Diarrhea

1. If you become constipated (i.e. firm stools or bowel movements less than once per 2-3 days) use a stool softener such as Colace (docusate sodium). If you are uncomfortably constipated, then use Milk of Magnesia or a Dulcolax suppository. The Colace used before surgery may be used once or twice a day on a routine basis to assist with constipation. Please do not use fiber laxatives at this point!

2. Diarrhea is common and almost always goes away 7-10 days post operatively. You may use 1-2 doses of Imodium (loperamidine) for the diarrhea if you like. If you feel that the diarrhea is dehydrating you (i.e. occurs more than 3-4 times per day or is liquid and voluminous) or lasts more than a few days, contact your surgeon’s office. We will help you with hydration recommendations and may wish to check you for possible infection.

Wound Care & Infection

1. You may shower after you return home, but no tub bathing, hot tubs or pools for 3-6 weeks and until the skin is sealed and healed at all surgical sites. Use bandages or gauze to cover any weeping surgery sites, and change your dressings after showering or if they become wet.

2. Please check incisions daily for signs of infection at surgical sites including increased redness, warmth, fever, foul drainage or pain that does not resolve. Call us if you suspect an infection.

Incentive Spirometer (the “I.S.”)

1. Deep breathing exercises have been shown to be vitally important to respiratory fitness after surgery. Deep breaths expand the small air sacs of your lungs for improved oxygenation. You will receive an Incentive Spirometer (I.S.) when you reach the post-surgical floor, which measures the volume of air you can breathe in
and shows how effectively you are filling your lungs each time you inhale.

2. After surgery deep breaths are often suppressed in an effort to minimize pain. The I.S. helps you resume a normal breathing pattern despite having some discomfort.

3. Please follow the directions given to you to reduce the risk of respiratory complications. You will quickly begin to receive the benefits of slow, deep breathing exercises, which will speed your recovery and help you towards better breathing and reduced supplemental oxygen needs.

4. Following surgery it is important to use your I.S. for 10 breaths per hour in the hospital when awake and for the first week as you recover.

5. Coughing is not harmful to your surgery and is actually very important to loosen secretions after your procedure. You may use a pillow held against your abdomen as a splint or brace and cough 2-3 times an hour. This is important! Coughing both opens your airways after surgery, but also loosens secretions from the base of your lungs which could lead to infection.

Exercise

1. The importance of exercise to the long-term success of your operation cannot be overstated. Exercise burns calories, which increases fat loss. Exercise is also essential to counteract the predictable and inevitable fall in your metabolic rate (how fast you burn calories). Your appetite control center sees changes in your diet as “starvation” and changes your metabolism to try to prevent you from losing weight.

2. You should be working up to aerobic exercise 45-60 minutes per day after 6 weeks. This is the only known antidote to this fall in your metabolic rate. Exercise is essential to significant weight loss and the return of your sense of energy and well-being.
   a. During your first week at home, walk at least 6 times per day in a safe (non-slippery) environment. Push your exercise as you can tolerate.
   b. When you are able to exercise for 30 minutes then you can reduce the number of exercise periods to 2 per day.
   c. When you can tolerate 45-60 minutes at a time, then you can exercise 1 time per day, but continue to be active. This should be your goal after healing for about 6 weeks after surgery. More exercise will result in more weight loss and greater sense of strength and fitness.

3. Avoid heavy lifting or straining for a full 6-8 weeks post operatively. Simply put, do not do anything that will require you to grunt or strain and put pressure on your abdominal wound. Your surgeon’s office will tell you when resistance exercises may be added.

4. Those of you who cannot walk or who are wheelchair-bound will receive alternative exercise recommendations.

Overload symptoms

1. When your new stomach outlet plugs or the pouch over-stretches – nausea, pain and heartburn can result. The pain is usually felt just below your breastbone or in the middle of your back.

2. If this happens then you should stop all intake by mouth and consider spitting out your saliva. A heating pad to the chest may relax the smooth muscle and help with discomfort.

3. Then, sit upright and try to relax. The pain almost always goes away in 10-30 minutes. Vomiting may help if it occurs spontaneously, but do not make yourself vomit. If the pain persists or occurs frequently, please call your surgeon’s office.

Driving

You may drive when you are off of narcotic pain medications for at least 8 hours AND feel that you can handle your car without limitations in an emergency situation and without straining.
Essential Bariatric Surgery No-No’s

1. No smoking
2. No alcohol
3. No high calorie liquids such as soda pop, smoothies, sugary drinks or undiluted juices
4. No Carbonated drinks
5. No Straws for drinks
6. No NSAID medications — e.g. Aspirin, ibuprofen, Motrin, Aleve, naproxen, etc.
7. No meat or solid foods until authorized. Not even 1 bite! You may injure the pouch and you will most definitely vomit

Post-Surgery Follow Up

1. You are required to return to your surgeon’s office one to two weeks following your surgery.
2. Drain removal: If you still have a JP drain after discharge, it will be removed in your surgeon’s office. If you have a G-Tube, this will remain for 3-4 weeks.
3. The Monthly Bariatric Newsletter contains dates, times and locations for ALL post-operative classes and support groups including the required 1 week, 3 week, and 6 week nutrition classes! The latest newsletter is always available online at RoseKnowsWeightLoss.com and if you have provided your email you will receive a monthly email notification.
4. For out-of-town patients, we offer an extensive array of teleconferences and online class and support group options. Details are provided in the Monthly Bariatric Newsletter.

Remember

You have made a wonderful commitment to your health and improved quality of life. We admire all that you have done to get to this point! The most dramatic transformation of your life has now begun.

You have the right to be proud of yourself.

During this early healing phase, it is critically important that you take care of yourself. Live within the guidelines established above. Ensure that you get an adequate amount of rest and get help with your daily responsibilities. Everyone you know will benefit from the success of your surgery and recovery.

There will be emotional ups and downs, you may become frustrated, and your weight loss will hit plateaus. However, take your new life one day at a time and realize that the transformation will happen as you follow our program and your body adapts to the physiologic and metabolic changes that you are consciously making.

We have faith that you will succeed.

Remember, we are always available if you need us.
Protein Basics

Choosing the Right Protein for You

It's difficult to consume enough protein from foods alone during the first few weeks after surgery. Integrating liquid protein supplements such as shakes, cold or hot drinks, soups and puddings into your diet provides a balanced, convenient source of protein and nutrition.

By the time you are ready to move on to a solid diet you will not use protein drinks to replace your meals, but rather as a meal supplement.

Protein is Key to Success! The proper use of your bariatric surgery tool will be to use denser proteins which remain in your new stomach for longer periods of time. In other words, solids remain in your pouch while liquids pass through quickly.

Protein Goals

1. **Daily protein intake** = At each stage of your diet, a minimum of 35-40 grams of protein per day to keep energy and nutrition intact. The target is at least 50-75 grams of protein daily.
2. **Liquids only – Arrival home through first week.** 90-100% of all meals should be protein, with complex carbs = 10% or less. Be sure to reach your protein goal first before adding carbs!
3. **Pre-Select Diet – Week 1 through week 2 after surgery.** 90-100% of all meals should be protein, with complex carbs = 10% or less. Be sure to reach your protein goal first before adding carbs!
4. **Soft Food Diet – Week 3 through week 5 after surgery.** 90-100% of all meals should be protein, with complex carbs = 10% or less. Be sure to reach your protein goal first before adding carbs!
5. **Solid Food Diet – From week 6 and onward this is your new Bariatric Diet for life!** 75% of all meals should come from protein with complex carbs and fats = 25%. Denser proteins work better.
   a. Daily meal quantity = 5 to 6 meals per day / every 3-4 hours.

The Importance of Protein

Next to water, protein is the most abundant substance in your body. The word "protein" is derived from the Greek word meaning "of first importance." This is an ultimate truth for bariatric patients. Protein is undeniably the most important nutrient in your diet – Protein is your primary source of energy and will maintain blood sugar levels between meals.

Foods high in protein should always be your priority and eaten first during meals. The preferred sources of protein from food include lean meats (chicken, beef, pork, lamb, poultry and fish), eggs or egg substitutes, low fat cheeses, skim or soy milk, beans and lentils. Keep in mind that some red meats may be difficult to digest – especially the first 3 months after surgery.

Why is Protein Critical?

1. Protein is necessary for life, for cell growth, and for healing
2. Protein is part of every cell and enzyme in your body from your bones, to your hair and skin
3. Protein is needed to replace worn out cells and repair damaged tissue
4. Protein helps your body burn fat instead of muscle for healthy weight loss
5. Protein curbs physical hunger between meals (unfortunately, emotional or “head hunger” is NOT curbed effectively by protein)
When the body is stressed in any way physically or mentally, protein is lost. Research shows that meals high in protein help keep you awake and alert while meals high in carbohydrates can make you tired and sleepy. After bariatric surgery, you must take in sufficient protein every day to speed wound healing, preserve your lean body mass, enhance your fat-burning metabolism and minimize hair loss.

What are Proteins?

Amino acids are the base component of all proteins. When you eat protein it is broken down into amino acids which aid in the repair and building of muscle and production of the body’s enzymes. There are 20 amino acids, of which the body can produce 10. The other 10 are known as essential amino acids. Complete protein food sources contain all of these essential amino acids needed by the body. Incomplete proteins lack one or more essential amino acids. Good sources of complete proteins are animal proteins such as lean meats and dairy products. Vegetable and plant proteins are incomplete proteins. Thus, plant-based protein should be used in conjunction with animal protein sources to provide all of the essential amino acids your body needs to function.

How Much Protein do I Need to Eat?

The Recommended Daily Allowance (RDA) for adult protein consumption is 50 grams per day. For bariatric patients it is recommend that you eat 50–75 grams of protein each day. If you exercise heavily (more than 1 hour per day) or are recovering from surgery or illness your protein needs may increase.

How Often do I Need to Eat Protein?

Eat protein with every meal!!! You should be eating 5-6 small meals a day (every 3 to 4 hours). After 6 weeks post-op you should consume 75% of your food volume from low-fat protein and 25% from complex carbohydrates such as vegetables and fruits. It is very important to eat in the proper ratio. It is not healthy for your body or for your metabolic rate to have a meal void of protein. Therefore, a serving of protein (between 10-15 grams) should be consumed at each 3 to 4 hour interval.

Why are Some Proteins Harder to Digest Than Others?

After surgery some proteins may treat your new stomach less kindly than others – this is normal. In order to metabolize proteins it is necessary that we have a certain amount of hydrochloric acid and pancreatic enzymes available for digestion. In your smaller stomach these acids are less plentiful and digestion can be more difficult. If you find you have less tolerance to one form of protein, it may be something you can try again at a later point when your new system matures. Remember, high-fat and fibrous proteins (red meats in particular) can be less tolerable than low-fat proteins.

Do I Need to Count Calories Along With My Protein Intake?

No. However, it is necessary to pay attention to the Rules of the Tool – getting 50 to 75 grams of protein per day. It is also important to limit moderate or high-calorie protein choices as they contain extra calories, usually in the form of fat. The recommendation is no more than one high-calorie protein choice per day with the remainder being mostly low-calorie protein choices.

What Happens if I Don’t Get Enough Protein?

Protein deficiency takes time to recognize because at first your body uses protein it has stored. Prolonged protein deficiency can lead to symptoms such as fatigue, insulin resistance, hair loss and loss of hair pigment, loss of muscle mass, low body temperature and hormonal irregularities. It is important that you make protein in your diet “of first importance” in order to avoid protein deficiency.
## VITAMINS & MINERALS

Supplements Required After Gastric Surgery

### Supplements REQUIRED for LIFE

<table>
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<tr>
<th>Vitamin</th>
<th>Start</th>
<th>Dose</th>
<th>Notes</th>
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<tbody>
<tr>
<td><strong>Multi vitamin</strong></td>
<td>Immediately following surgery</td>
<td>2 doses per day</td>
<td>• Multivitamins are required due to malabsorption and inability to attain all required vitamins from food</td>
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<td>• Tablets, Chewable or Liquid</td>
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<td>• Take each dose at a separate time</td>
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<td><strong>Vitamin B₁₂</strong></td>
<td>Immediately following surgery</td>
<td>1,000 mcg / day. May use daily sublingual tab, weekly nasal spray, or monthly injection</td>
<td>• OTC Daily sublingual tab melts under tongue</td>
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<td>• Prescription Nasal Spray once weekly</td>
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<td>• Prescription injection once monthly (self administer or at physician’s office)</td>
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<td><strong>Calcium Citrate</strong></td>
<td>6 weeks post-op (beginning of solid foods)</td>
<td>1000-1500 mg per day (2-3 doses of 500 mg)</td>
<td>• As you lose weight, you lose bone density, so Calcium is extremely important</td>
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<td>• Chewable or Liquid</td>
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<td>• Take Calcium doses (500 mg/dose) at least 2 hours apart</td>
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<td>• Do not take Calcium with Multivitamin or Iron</td>
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<tr>
<td><strong>Vitamin D</strong></td>
<td>3 weeks post-op, start of Soft Food Diet</td>
<td>1000 IU/day</td>
<td>• Salmon, tuna, sardines, milk, eggs</td>
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<td>• Some Calcium supplements have Vit D, but may need to eat Vit D foods in addition</td>
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<tr>
<td><strong>Fiber</strong></td>
<td>6 weeks post-op, start of Solid Food Diet</td>
<td>2 doses/day of 3-5 grams fiber from supplement. Total fiber 25-35 grams per day from food &amp; supplement</td>
<td>• High fiber food contains more than 3-5 grams per serving</td>
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<td>• Fiber supplements should have about 3-5 grams/serving</td>
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<td>• Distribute servings throughout day and be sure to drink plenty of water</td>
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<td><strong>Fat soluble A, D, E, &amp; K</strong></td>
<td>Duodenal Switch patients only</td>
<td>DS patients: Start week 1</td>
<td>• Malabsorption of fats with the Duodenal Switch require lifetime supplementation of A, D, E, and K vitamins</td>
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</table>

### Supplements required for some patients based on Surgeon evaluation & labs

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<th>Vitamin</th>
<th>Start</th>
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<tr>
<td><strong>Iron</strong></td>
<td>Per surgeon or PCP</td>
<td>30-60mg elemental iron/day</td>
<td>• Do not take with multivitamin or calcium</td>
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<td>• Do not take with milk products</td>
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<td><strong>Biotin (B7)</strong></td>
<td>Per surgeon</td>
<td>100mg/day</td>
<td>• For those experiencing thinning hair or dry skin, especially good for Bypass patients</td>
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<td><strong>Omega 3 Fatty Acids</strong></td>
<td>Per surgeon or PCP</td>
<td>1000-2000mg / day</td>
<td>• Fish and flaxseed are considered healthy</td>
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<td>Omega 3 sources, recommended all patients</td>
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<td><strong>Thiamine (B1)</strong></td>
<td>Per surgeon or PCP</td>
<td>1-2mg / day</td>
<td>• Good sources include: tuna, black beans, skim milk, sunflower seeds and pistachio nuts</td>
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# Determine your Body Mass Index (BMI)

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**Weight Status** | **BMI Range**
--- | ---
Healthy Weight | 18.5-24.9
Overweight | 25.0-29.9
Obese Class 1 & 2 | 30.0-39.9
Obese Class 3 | 40 and over
Bariatric Food Journey

What to Expect
1. Expect this journey to be unique to you. Everyone is different in how they tolerate foods after surgery. Foods easily eaten by one patient may cause another to ‘dump,’ have discomfort, or even vomit.
2. Expect to have changes in your favorite foods and food cravings. Foods you loved prior to surgery will no longer sound appetizing. Foods you didn’t really care for in the past may become your new favorite!
3. Expect to gain a heightened sensitivity to sweet and salty foods. You will want to pursue a ‘less is more’ philosophy when seasoning foods in the beginning.
4. Expect to have water in your hand, on your desk, on your table, and in your car at all times. Even if you weren’t a big water drinker prior to surgery, YOU WILL BE NOW! This is a necessary aspect of your success, both short-term and long-term!
5. It is imperative that you follow the diet progression as specified in this book and by your surgical team.
6. Your pouch size will change through time. To avoid stretching your pouch and overfilling, MEASURE everything (by volume) and start slow (with less than you think your pouch can hold). Serving sizes are approximations; you will slowly increase your serving size as your body changes — LISTEN TO YOUR TOOL!

Your Expected New Stomach or Pouch Size

<table>
<thead>
<tr>
<th>Time from Surgery</th>
<th>Surgical Procedure</th>
<th>Approximate stomach pouch size</th>
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<tbody>
<tr>
<td>0 days to 6 weeks</td>
<td>Bypass</td>
<td>1 oz</td>
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<tr>
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<td>Sleeve &amp; DS</td>
<td>3-4 oz</td>
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<tr>
<td>6 weeks to 3 months</td>
<td>Bypass</td>
<td>1.5-2 oz</td>
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<tr>
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<td>Sleeve &amp; DS</td>
<td>4-5 oz</td>
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<tr>
<td>3 months to 6 months</td>
<td>Bypass</td>
<td>3-4 oz</td>
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<td></td>
<td>Sleeve &amp; DS</td>
<td>4-6 oz</td>
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<tr>
<td>6 months to 1 year</td>
<td>Bypass</td>
<td>4-5 oz</td>
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<td>Sleeve &amp; DS</td>
<td>6-8 oz</td>
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<td>1 year and beyond</td>
<td>Bypass</td>
<td>6-10 oz</td>
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<tr>
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<td>Sleeve &amp; DS</td>
<td>6-10 oz</td>
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Conversion of Measurements
1 oz (ounce) = 30 cc = 30 ml
6 tsp (teaspoon) = 1 oz
2 tbsp (tablespoon) = 1 oz
1 c (cup) = 8 oz = 16 tbsp
1 p (pint) = 16 oz = 2 c
1 q (quart) = 32 oz = 4 c
1 L (liter) = 33.8 oz
1 gal (gallon) = 128 oz = 16 c = ~4
Pre-Select Diet: Start 1 Week through 2nd Week after Surgery
Sample Menu

Pre-Select Diet Foods & Liquid Protein
- Consume 65-75 grams of protein every day.
- Add following pre-selected soft foods if you are tolerating your minimum intake of water (48 oz) and protein (35-40 grams).
- Goal of 1 oz pre-selected foods every other hour as your meals (start with ½ oz)
- Low-carb yogurt: No fruit chunks/seed
- Low fat refried beans: Canned Taco Bell or Rosarita vegetarian low fat beans are best
- Egg whites or Egg Beaters: no yolks (too high in fat and generally not tolerated well)
- No/Low fat cottage cheese: small curd, < 1%
- Pudding (sugar free): add protein powder
- Each food above equals approx. 2-3 grams of protein per ounce and selected as well tolerated and appropriate protein options.
- In between meals, consume protein shakes and/or fluids for added protein and hydration.
- Switch between Pre-Select foods and liquid protein shakes/fluids every hour. It is okay to consume fluids at the same time, the fluid rule starts with the Solid Food Diet at 6 weeks.
- Log your protein and fluids to ensure you are reaching your minimum goals! Logging options include: Notebook, calendar, online Apps and Gadgets such as Fitbit, Jawbone, Garmin
- Don’t attempt to eat solid food. Don’t even think about it, it isn’t worth it!

Food Guidelines and Preparation
1. Always start with less than you think your pouch can hold. Start with ½ oz and stop if satisfied. Increase volume to 1 oz and so on. Remember to sip, sip, sip protein drinks. NOTE: Immediately decrease your volume to ½ oz if you feel “stuffed” or nauseated
2. Protein shakes still play a major role in your protein intake. For variety try Syntrax Cappuccino or Bariatric Advantage Orange Cream. If you are having trouble tolerating milk-based protein try alternatives like fruit flavored Isopure (in glass bottles).
3. To boost your protein intake try adding a little protein powder to your pudding or yogurt. Unflavored protein powder can also be added to your foods.

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal/Fluids</th>
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<tbody>
<tr>
<td>7am</td>
<td>Meal 1 (Within 1 hour of waking up)</td>
</tr>
<tr>
<td>8am</td>
<td>½-1 oz low carb, low sugar yogurt</td>
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<tr>
<td>9am</td>
<td>Meal 2</td>
</tr>
<tr>
<td>10am</td>
<td>½-1 oz Egg Beaters</td>
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<tr>
<td>11am</td>
<td>½-1 oz Low fat refried beans</td>
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<tr>
<td>12pm</td>
<td>½-1 oz Low fat cottage cheese with protein powder</td>
</tr>
<tr>
<td>1pm</td>
<td>½-1 oz Low fat Cottage cheese with protein powder</td>
</tr>
<tr>
<td>2pm</td>
<td>4-8 oz Protein shake or Isopure</td>
</tr>
<tr>
<td>3pm</td>
<td>½-1 oz pudding with protein powder</td>
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<tr>
<td>4pm</td>
<td>4-8 oz water</td>
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<tr>
<td>5pm</td>
<td>½-1 oz Low fat refried beans</td>
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<tr>
<td>6pm</td>
<td>4-8 oz broth</td>
</tr>
<tr>
<td>7pm</td>
<td>½-1 oz low carb/low sugar yogurt &amp; protein powder</td>
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<tr>
<td>8pm</td>
<td>2-6 oz Protein shake or Isopure</td>
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<tr>
<td>9pm</td>
<td>Meal 8</td>
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<tr>
<td>10pm</td>
<td>½-1 oz pudding with protein powder</td>
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<td></td>
<td>4-8 oz Water</td>
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<tr>
<td>Totals</td>
<td>Protein: 65-75 grams</td>
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<td></td>
<td>Fluid: 64-80 oz (approximately 2 Liters)</td>
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Soft Food Diet: Use 3rd through 5th Weeks after Surgery

Sample Menu

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<th>Meal/Fluids</th>
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<tbody>
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<td>7am</td>
<td>1-3 oz low fat cottage cheese with canned</td>
<td>8-10 oz Water</td>
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<td>peaches</td>
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<td>8am</td>
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<tr>
<td>9am</td>
<td>1-3 oz egg Beaters with sprinkle of cheese</td>
<td>4-8 oz protein shake</td>
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<td>10am</td>
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<tr>
<td>11am</td>
<td>1 oz string cheese</td>
<td>8-10 oz Water or Sugar Free Popsicle</td>
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<td>12pm</td>
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<tr>
<td>1pm</td>
<td>1-3 oz low carb vanilla yogurt with a tsp of</td>
<td>8-10 oz Water</td>
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<td>creamy PB</td>
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<td>3pm</td>
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<tr>
<td>Totals</td>
<td>Protein: 65-75 grams</td>
<td>Fluid: 64-80 oz (approximately 2 Liters)</td>
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Soft Food Diet: Weeks 3 through 5

- Consume 65-75 grams of protein every day.
- Add easy to chew, moist protein based foods. Soft foods are anything that can be forked to a soft consistency (similar to a flaky fish).
- Eat 1 oz every other hour (3 oz max) as tolerated.
- Start with less and listen to your pouch.
- Always measure & go slow with new choices

**Optimal food choices**
- Egg white or Egg Beaters (still no yolks)
- Dairy/Cheese low-fat options
  - Cottage cheese, string cheese, shredded cheese, Greek yogurt
- Fish & Shellfish (no bones)
- Ground or canned chicken or turkey
- Ground beef

**Food preparation**
- Boil, broil, bake, poach, barbeque, crockpots
- Remove any visible fat before cooking
- Nothing deep-fried

- Soak dry foods in water or broth and pull apart into very small pieces
- **Foods to avoid**
  - Raw fruits/vegetables (nothing crunchy)
  - Spicy foods
  - Tough/stringy or overcooked meats
  - Plant sources of protein – not as high in protein as animal protein. Try:
    - Creamy nutbutters (peanut butter, almond butter)
    - Beans
    - Soy products (tofu, edamame/soy beans)
  - 4oz of plant based protein food = 5-10 grams of protein whereas 1 oz of animal based protein food = 5-10 grams of protein
  - Protein shakes/powders: Supplement diet with protein drinks/powders until you are able to reach your protein goal with food alone (no more than 1 protein shake/day)
  - Don’t forget fluids!
    - Goal of 64 oz fluids per day, remember to sip, sip, sip!
Solid Food Diet: General Bariatric Diet

- Consume 65-75 grams of protein every day.
- You can now have spicy, crunchy, dense foods!
- Eat 1 oz every 3 hours (with 3 oz max, as tolerated)
  - Start with less and listen to your stomach, always measure all foods, and go slow with new items
- Optimal Food Choices
  - Protein first: 75+%
  - Add complex carbs 0-25% such as fruits, vegetables, whole grains
  - Choose dense proteins such as chicken, turkey, fish, and beef
- Food Preparation
  - Boil, broil, bake, poach, barbeque, crockpots
  - Remove visible fat before cooking
  - Nothing deep fried
- Foods to Avoid
  - Tough/stringy/overcooked meats
  - Hard to chew foods that might get stuck
  - Refined white carbs
  - Fried or high-fat foods
  - Protein shakes
- Don’t Forget Fluids!
  - Goal of 64 oz fluids per day
- NEW: No drinking with meals!
  - Drink 10-15 min before meals
  - Drink 45-60 min after meals

Sample Menu

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal 1 (Within 1 hour of waking up)</th>
<th>Meal/Fluids</th>
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<tbody>
<tr>
<td>7am</td>
<td>1-2 scrambled eggs with salsa</td>
<td>8-10 oz Water</td>
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<tr>
<td>8am</td>
<td></td>
<td>8-10 oz Water</td>
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<tr>
<td>9am</td>
<td></td>
<td>8-10 oz Water</td>
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<tr>
<td>10am</td>
<td>Cheese and turkey rollup (1 slice of each)</td>
<td>8-10 oz Water or Sugar Free Popsicle</td>
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<tr>
<td>11am</td>
<td></td>
<td>8-10 oz Water</td>
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<tr>
<td>12pm</td>
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<td>8-10 oz Water</td>
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<tr>
<td>1pm</td>
<td>1-2 oz Tuna salad on cucumber slices</td>
<td>8-10 oz Water</td>
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<td>3pm</td>
<td></td>
<td>8-10 oz Water</td>
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<tr>
<td>4pm</td>
<td>1-2 oz Taco meat with sliced avocado</td>
<td>8-10 oz Water</td>
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<tr>
<td>7pm</td>
<td>1-2 oz Grilled chicken with mango salsa</td>
<td>8-10 oz Water</td>
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<td>8-10 oz Water</td>
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<tr>
<td>9 p.m.</td>
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<td>8-10 oz Water</td>
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<tr>
<td>10pm</td>
<td>2-3 oz Greek yogurt with blueberries</td>
<td>8-10 oz Water</td>
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Totals
- Protein: 65-75 grams
- Fluid: 64-80 oz (approximately 2 Liters)
Protein On-the-Go

Smart Protein-packed foods when you’re on the road

- Edamame: fresh or roasted soy beans
- Roasted chicken with herbs/spices
- Non-fat cottage cheese with fruit, berries, veggies, or salsa
- Non-Fat Greek yogurt with fruit (berries)
- Light and low-carb yogurt (e.g. Dannon Light & Fit)
- Hard-boiled egg (cut out the yolk to save fat and calories)
- Beef jerky/Turkey jerky
- Tuna/Salmon meal-to-go pouches
- Light string cheese
- Deli meat and low fat cheese (2%)
- Canned chicken
- Hummus
- Fish with herbs/spices (e.g. Mrs. Dash)
- Beans with spices and tomatoes (salsa)
- Grilled fish: salmon, halibut, cod
- Frozen fully-cooked grilled chicken strips
- Boca/Morning Star veggie patties

Don’t get stuck in the snack bar mentality! Use bars as a back-up or eat only one a day.

Examples:
- South beach high Protein Cereal bar
- Zone Bars (1.2 bar)
- Think Thin (1/2 bar)
- Kashi GOLEAN! Crunchy (1/2 bar)
Rules of the Tool

The true power of Bariatric weight loss surgery lies in effectively using your procedure as a Tool for success. It is fundamentally true that activity level, attitude, and commitment are of utmost importance. Your bariatric procedure Tool, however, is the cornerstone to your successful program and progress. The “Rules of the Tool” deserve special attention.

- Surgery provides you with a new Tool for weight loss – following the Rules of the Tool empower you to succeed! Ongoing utilization of the Tool’s components ensures lifelong success!
- Surgery creates a physical change in your body that requires training on its use, and proper maintenance over time.
- Surgery alone will not insure weight loss, and ignoring the “Rules of the Tool” will result in poor weight loss or eventual weight gain.
- Surgery was a decision you made in order to be able to actively participate in your life. Always remember why you had surgery and how much this decision meant to you!!

The 4 Components of the Tool

1. DIET
2. EXERCISE
3. THE TOOL
4. YOU! (Behavior Modification)

1. Diet
   a. Water (or other suitable low-calorie drink, preferably without aspartame), 60-80 ounces per day. Within reason, more is better...especially if you are doing heavy exercise. Always have water with you!
   b. 5-6 meals per day. Eating every 3-4 hours is just right. Set a regular schedule – for example, you may eat at 6am / 9am / 12noon / 3pm / 6pm / 9pm. Set your watch or use an App as a reminder. Carry meals with you in order to stay on schedule when you are out. Planning is vital because if you don’t eat regular meals your body will think you are depriving it and hold onto fat! Giving your body frequent, small, high quality/high protein meals “tricks” the body into giving up the fat.
   c. The ideal volume of your meals depends on how far out you are post-operatively. At about 1 year out most people stabilize meal volumes around 5-6 ounces, maximum of 8 ounces. Measure out your meals to avoid the mistake of eating “until you feel full.” Your brain is on a 20-minute delay from your new stomach. If you eat until you “feel full” you have eaten for 20 minutes too long! Measure the appropriate amount of food on your plate, eat it, sit back for 20 minutes, and you will feel full. High bulk foods (such as salads) are fine every few days, but ONLY if they fit your volume limits. It’s really easy to over eat with salads. If they are a large part of your diet and you are eating a large volume then you may permanently stretch your pouch.
d. There is no time or need for snacking if you eat 5-6 meals per day. If you need a particular snack food, work it into your next meal. For example, if you need something sweet, try a protein cookie or brownie. If (on a rare occasion!!) you crave Doritos, eat 5 chips as the carb portion of a meal with the appropriate amount of protein at your next meal.

e. Think about your off-plan meals in advance. Off-plan food should not exceed 10% of your weekly intake (1x - 2x maximum). The enemy of weight loss surgery is mindless eating. Off-plan items are impulse items. Therefore, if you need to be off-plan, examine the “what,” “when” and “why” you are eating a particular food before you take your first bite. When you are at least 6 months out you may allow yourself an off-plan meal once or twice per week, but make sure you plan it out and stay within your volume limit. These off-plan meals will help keep you from feeling deprived which will aid in your long-term success.

Remember: Just because you CAN eat it doesn’t mean you SHOULD eat it!

**Protein**

a. Protein is critical to your success. 75% or more of your diet needs to be high-quality, dense protein. Using the clock analogy as a way to portion out your meals – protein should be from 12 noon all the way around to 9 o’clock! All other food should be from 9 to 12 o’clock. The “other food” you eat should have a minimum of processed “white” foods such as rice, bread, pasta, potatoes, popcorn. Your additional 25% should ideally be fruits and vegetables and complex carbohydrates.

b. Protein bars are okay as meals, but they are not a “free” food to be eaten at one’s leisure. The best bars contain protein which is twice the amount of carbs and have minimal saturated and zero trans fats. Protein drinks are not to be consumed after the first 6 weeks unless specifically directed by your surgeon’s office. If you need extra protein, try drinks which are protein but no carbs, such as the clear, bottled Isopure protein drink.

c. Choose primarily low-fat protein with no more than one or two high-fat protein choices per day. High-fat proteins are those with more than 20 calories per gram of protein. These proteins add unnecessary calories and you would do better to seek out lower cal/gm proteins.

d. Eat a serving of protein with every meal (10-15 grams)

e. Eat protein within 1 hour prior to a workout and within 1 hour following a workout.

f. Protein should be consumed within the first hour awake and last hour before bed. This does not have to be any more than 1 smaller serving (5-10 grams).

g. Combine protein + carbohydrates together at most every meal to optimize energy expenditure (75%/25%)

- BEST: Low Cal/gm protein < 10 cal / gm protein (low fat meats, chicken, fish)
- OKAY: Mod Cal/gm protein = 10 – 20 cal/gm protein (mod fat meats, some protein bars, grains)
- POOR: High Cal/gm protein > 20 cal/gm protein (nuts, peanut butter, high-fat meats - bacon)

**Fats**

a. Most fats should be monounsaturated and polyunsaturated fats.

b. No more than 1-2 high-fat protein choices per day.

**Carbohydrates**

a. Rule of 15 – No more than 15 grams carbs per sitting/meal

b. Carbs should be complex – mostly from fruit and vegetables

c. Never eat carbs without a protein
Rule of Too’s

You will become sick to your stomach, even throw-up in some instances, if you eat TOO...

Too Much
Too Big
Too Fast

2. Exercise

Exercise is the component that will be essential to your long-term success. Be sure to exercise in order to optimize your weight loss and maintain a healthy lifestyle. Start the day you arrive home from surgery and work your way up! Exercise gets easier as you lose weight and gain energy.

An exercise program is like any other habit – hard to get into, but easy to maintain once established. Work to establish a habit of exercising a minimum of 5x a week for at least 45-60 minutes. You must increase your heart rate to a level where you know you are working out. If you are not a little sweaty or can comfortably talk through your routine you probably need to bump up your routine a notch.

Weight resistance training is a must to help your body build lean body muscle. This is important as rapid weight loss can cause you to lose lean muscle. Lean muscle has a higher metabolic rate than fat and can therefore help in your continued weight loss. Plan on 3-4x week with alternating days off as your muscles need time to rest between workouts.

It is important to re-evaluate your exercise program every couple of months. You will become increasingly fit as you gain strength and you may need to increase the workload to compensate. Altering routines may also help with weight plateaus.

Evaluate the following aspects of your fitness program every 8-12 weeks to help ensure you maximize your returns.

F  Frequency
I  Intensity
T  Type
T  Time

Doing the math: You must burn 500 calories a day for 7 consecutive days to lose 1 pound in a week. However, after surgery do not focus on counting calories! Instead, focus on creating good habits by eating the right proportions of protein to carbs, in the right amounts, attend classes and support groups, and follow the Rules of the Tool.
3. The Tool – Your Bariatric Procedure

You made the decision to have bariatric surgery in order to change your life for the better. You have gone to great lengths to succeed with your weight loss goals. Bariatric surgery is a powerful tool – but it is only a tool.

There is no golden ticket, no magical spell, no one-time-only offer involved in your process. In the beginning you will lose weight quickly, but as time passes you will need to think more about what you eat, when you eat, and how much you eat. Like anything in life – if you choose to cheat you will find a way to cheat. It is vitally important that you remain committed to your journey and that you remain as an active participant in your life. Don’t underestimate the power of your new Tool and never underestimate your ability to succeed and live the life you deserve!

Tool Rules

1. PROTEIN FIRST. Make this your new mantra.
2. Following surgery it is imperative that you adhere carefully to your diet progression.
3. In the beginning, your mouth is literally bigger than your stomach! Do not eat the way you did before surgery!
4. Avoid absolutes and listen to your Tool. **If your new stomach indicates fullness – STOP EATING**, even if you still have food on your plate. Your stomach may be a little smaller during one meal and slightly bigger at the next.
5. Your ideal mealtime is 15 minutes or less in duration to avoid the very bad habit of grazing.
6. The keys to maintaining satiety (non-hunger) is eating 5 to 6 times a day; eating on schedule; not drinking immediately before, during or immediately after meals; getting your 75% protein to 25% carb ratio at mealtime; and not skipping meals just because you aren’t hungry.

4. You

You may be the most challenging part of the program to change. The more you remain connected with the program, the easier the transition to your new body and new life will be. Get involved in as many elements of your program as you can.

This includes regular follow-ups through the first five years post-op and participation in support groups, classes and other programs offered throughout the year. **Support systems are imperative to your success.** You may need to frequently re-evaluate behaviors related to food, and this may take a little time and effort on your part.

Depression

Depression is a strong force for stopping weight loss or even causing weight gain. A small number of patients, who do well at the beginning, disappear from follow-ups only to return later having gained weight back. As is often the case with depression, they may self-destruct and do the opposite of the Rules.

Perhaps they graze through the day, drink high-calorie liquids, eat foods that travel quickly through the new stomach, drink immediately before/during and directly following meals, and stop exercising. If this resembles you, seek out the support and help needed to spring out of this depression.
When you hit a difficult time with food, remember to get out of your own way! Stop and think, “Is it worth it?” and remind yourself that reaching out for help is a necessary and courageous move. Contact your surgeon’s office, get back to support groups, and take advantage of behavioral health counseling or medication if needed to get back on program and embrace all four components of the Rules!

**Compliant But Stuck – The Weight Plateau**

Sometimes you can be generally compliant with your food plan, not depressed, and have no physical problems with your pouch but still stop losing weight or even gain weight.

First, don’t get discouraged! This is simply a time when you need to re-evaluate your program –

- Are you going to support groups on a regular basis? Have you been able to get to your follow-up appointments?
- Are you challenging yourself with exercise that raises your heart rate and make you build up a sweat?
- Are you consistent in your routine on a daily/weekly basis?
- Are you following the Rules of the Tool about drinking fluids while eating? Waiting 20 minutes to feel full? Keeping with a 75% protein and 25% complex carb mix?
- Have portion sizes crept back up?

Often, if you stop and examine your activities you will catch yourself doing the little things you didn’t even realize are sabotaging your success.

Unfortunately, we know that everything around you will encourage you to live like a ‘normal’ person. Guess what? That person is a myth! So think about whether you may be taking little sips of liquid during meals, eating too quickly, not making protein the top priority in your diet, drinking alcohol more often than you think, or not getting enough fiber.

If so, it’s time to get back on track. We are excited to help, and it’s important to review the components of the Tool and reconnect with your program – and us!

If you need additional coaching in the above rules and/or how to adapt them to your life, then please contact your surgeon’s office. We love to help and are so proud of your efforts and successes.
Exercise 101

The importance of exercise to the success of your surgery can’t be overstated! Exercise burns calories, which increases fat loss and is essential to counteracting the predictable and inevitable fall in your metabolic rate. Your appetite control center sees the changes in your diet as starvation and will change your metabolism to try to prevent you from losing weight.

Post-Operative Limitations

**Weeks 1 & 2** – No limitation on maximum distance or time walking, but you must be up and moving a minimum of every 2 hours while awake. No heavy lifting (nothing more than 10-15lbs) or straining during the first 4 to 5 weeks post-op. If you have small children have them crawl up on to your lap as much as possible.

**Weeks 3 thru 6** – You can begin swimming once all incisions have healed completely. Continue with daily exercise regime and begin to incorporate alternate forms of exercising that do not require abdominal exertion at this point – for instance biking or walking on a treadmill.

**Week 6 & Beyond** – Begin to incorporate your long-term exercise plans at this time. After clearance from your surgeon, there are no limitations on exercise moving forward! Adding weight resistance training will optimize your weight loss and increase your metabolic rate. Lean body mass burns more calories than fat. Exercise with caution and use a personal trainer as needed to protect yourself as you begin a new exercise regimen.

Exercise Guidelines

Build up slowly! You probably won’t be able to do a full daily exercise routine until after 6 weeks or so.

Start with small amounts - three 10 minute sessions are equal to 30 minutes at one time. Exercise should make you breathe a little harder and maybe even sweat a little.

1. **Check with your PCP first if you haven’t been exercising regularly**
2. Perform an adequate warm-up of 3–5 minutes of light activity using the same muscle and motion that you will be using in the activity you are about to perform
3. Developing an exercise routine you can & will follow is key to your success
4. Gradually build up to a new exercise routine – Don’t start our “full steam ahead”
5. Cool-down and stretch after exercising, 3–5 minutes of light activity, gradually lowering heart rate
6. Don’t do strenuous exercise right after eating
7. Drink plenty of liquids before, during and after exercising
8. Exercise with a companion when you can and choose activities you enjoy
9. Wear adequate shoes & non-restrictive clothing appropriate for the temperature & activity
Precautions & Signs of Overexertion

1. General Exercise Precautions
   a. Stop exercising if you have any of the following symptoms:
      i. Angina (pain/tightness/squeezing in the upper body, neck or arms)
      ii. Nausea
      iii. Dizziness/Lightheadedness
      iv. Shortness of Breath (beyond what is usual for exercise)
      v. Excessive Sweating (beyond what is usual for exercise & you don’t feel well)
      vi. Irregular Heart Rate (palpitations)
   b. Dress properly for the conditions
   c. Hydrate before, during and after exercise
   d. Diabetics – carry source of sugar with you
   e. If your Doctor has prescribed nitroglycerin, carry it with you at all times

2. Orthopedic Injury Precautions
   a. If you experience sudden joint pain while exercising (acute pain) stop the exercise immediately and sit down. Tell someone what the problem is and he/she will further advise you. Never continue to exercise through the pain if you have twisted an ankle, fallen, or have sharp joint/muscle pain of any kind.
   b. Chronic orthopedic problems include low back pain syndrome, tendonitis, arthritis or other problems that limit joint range of motion.

3. Pay attention to how your body feels during exercise. If you experience any of the symptoms describes above or something doesn’t feel right, stop your exercise and inform someone as these symptoms suggest that you may be placing too much of a demand on the heart muscle and need to stop and rest.

Warm Up Guidelines

Warm up should be 5 –10 minutes of slow movements that gradually increases in intensity. It should not leave you fatigued or out of breath. Warming up before exercising helps the body to prepare itself for exercise. It dilates the blood vessels of the exercising muscles and heart. This helps to prevent injury and increases exercise capacity. Your warm up should incorporate the muscles that you will be using during exercise sessions – such as the thighs, hamstrings, calves and arms. Begin warming up at an intensity that is fairly light and then increase the intensity to your desired exercise level of “moderate” to “somewhat hard.”

Cool Down Guidelines

Never suddenly stop once you have been exercising. Cool down should be around 5 –10 minutes to allow blood vessels to return to resting size. Always decrease your intensity back to warm up levels or lighter in order to bring your heart rate and blood pressure down gradually. Failure to cool down can lead to blood pooling in the extremities as well as feeling of dizziness and lightheadedness. By allowing the body to return to its natural resting state slowly the body can make adjustments needed to keep the blood flowing and the heart happy.
Taking Your Pulse
1. Place your non-dominant hand out, palm facing up. Using the fingers of your dominant hand as the pulse sensors.
2. Place your index and middle fingers on the thumb side of the wrist on your non-dominant hand. Find a groove just under your wrist bone and press your fingers down lightly to feel your pulse.
3. Start with zero and count the number of beats you feel in 15 seconds. Multiply by 4 to get your heart rate for one minute.

Types of Exercise

Cardiovascular Training
Cardiovascular exercise is also referred to as aerobic activity. It includes any activity that uses major large muscle group in a rhythmic and continuous fashion for an extended period of time (i.e. biking, walking, jogging, swimming, rowing, etc.).

The intention of cardiovascular exercise is to enhance and train the heart, lungs, blood vessels and exercising muscles. To achieve the training benefits of cardiovascular exercise, you should strive for 30 – 60 minutes. The 30 – 60 minutes does not include your warm-up or cool-down time.

Frequency
Aerobic activity should be conducted most days of the week.
- 1-2 days will see decrease in cardiovascular fitness
- 3 days a week provides minimum to maintain fitness level
- 5 – 6 days to improve fitness level, always allow one day off to avoid musculoskeletal injury

Intensity
A simple way to determine appropriate intensity is to use the Talk Test = you should be able to talk in sentences or whistle comfortably without shortness of breath while exercising. You may also use the Perceived Exertion Scale of 0 – 10, with the acceptable “Target Pace” range of 3 – 5.

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Resistance Training
This type of exercise is intended to strengthen the muscles, bones and connective tissues of the body. Strength training can be performed with weights such as dumbbells, elastic bands, special resistance machines or by using your own body weight.

Frequency
Resistance training should be performed two to three days per week. Leave at least 36-48 hours between strength training sessions in order for your body to rest and recover.

Intensity & Time
Perform 2 to 3 sets and 10 – 15 repetitions for each exercise, achieving muscular fatigue with the last repetition. The duration of your resistance program depends on the muscle groups you are training. Rest approximately 30–60 seconds between sets.

Flexibility Training
Also known as “stretching,” flexibility exercises help the body maintain the ability to move easily and attain an appropriate range of motion for joints, muscles and connective tissues.

Frequency
Stretching is especially beneficial when following an aerobic or weight training session. For the most benefit, try and stretch three to four days a week.

Intensity & Time
Stretches should be held to a point of mild to moderate tension. You should not feel pain and should avoid those stretches. Hold each stretch for 15 – 30 seconds.
Frequently Asked Questions

The Basics

1. **What is the difference between Overweight, Obese, Severe Obesity, and Morbid Obesity?**
   An adult is considered "overweight" when they are above a healthy weight, which varies according to a person's height. The standard used by researchers to define a person's weight according to their height is "body mass index" (BMI). An individual is overweight when their BMI is between 25–29.9 and has obesity with a BMI of 30-35. A BMI of 35 – 40 is severe obesity and a BMI of 40 and up is morbid obesity.

2. **What are common tests before surgery?**
   Required tests are based on each patient’s current medical challenges and include:
   a. Complete Blood Count (CBC)
   b. Pulmonary Function Testing
   c. Echocardiogram (EKG)
   d. Sleep Studies
   e. GI Evaluation / Endoscopy (EGD)
   f. Behavioral Health / Psych consult
   g. Cardiology Evaluation

3. **Is Bariatric surgery a cure for obesity?** Weight-loss surgery is a tool, not a cure. Morbid obesity is a disease requiring lifelong treatment. For long-term success in achieving and maintaining a healthier weight, you must commit to lifestyle changes such as regular exercise, staying connected via support groups and a healthy food plan. You will need to be an active participant in improving your own health.

4. **Is there a difference in the outcome of Bariatric surgery between men and women?** Both men and women respond well to this surgery. In general, men lose weight slightly faster than women do.

5. **What if I am planning to have children following surgery?** There is a greater likelihood of conceiving after weight loss surgery. Your body is going through rapid and major changes and it is not advised to plan a pregnancy during your first year after surgery! Women of childbearing age should use effective birth control during the first 12 months after surgery to avoid any unplanned pregnancies.

Insurance Issues

1. **How long does it take to schedule surgery?**
   Once you have completed all necessary pre-op testing your surgeon’s office can usually schedule surgery within approximately 3–4 weeks. Insurance approval or confirmed self-payment arrangements are also a prerequisite. When your doctor’s office obtains approval, you will be contacted to determine if, and when, you wish to schedule surgery.

2. **Why does it take so long to get insurance approval?** Insurance approval can be quite easy or it can takes months. Even though your insurance may cover bariatric surgery, you may jump through many hoops prior to approval. They often require medically supervised weight loss plans, and usually require medical proof of comorbidities along with a letter of medical necessity. Once this has been completed and submitted to the insurance company, the time it takes to get an answer can vary significantly. Your surgeon’s insurance specialist will follow up regularly on approval requests. You can also ask your insurance carrier to assign a case manager to you – this way you know who to call and they know your situation.

3. **How can my insurance deny coverage when they know my health will improve after surgery?** Coverage may be denied because there is a specific exclusion in your policy for obesity surgery. Such exclusions can often be appealed by the reasoning that surgical treatment is recommended as the best therapy for your comorbidities, which usually are covered. Coverage may also be denied for lack
of "medical necessity." In the case of Morbid Obesity, alternative treatments are considered to exist – according to conventional wisdom – such as dieting, exercise, behavior modification, and medications. Usually, medical necessity denials hinge on the insurance company's demand for some form of documentation, such as 1 to 5 years of physician-supervised dieting or a psychiatric evaluation. The best approach to these demands is to try to produce reasonable information.

4. **What can I do to help speed the process?** First, get all the information together in your case (diet records, medical records, medical tests), so the carrier cannot deny for failure to provide "necessary" information. Letters from your personal physician and consultants, attesting to the "medical necessity" of treatment, are particularly valuable.

When one or more physicians corroborate the necessity of treatment, it can be harder for the carrier to contradict them. After the letter is submitted, call your case manager weekly to ask about your status. You may also be able to protest unreasonable delays through your employer or human relations/personnel office.

5. **What if I don't have health insurance or receive final denial of insurance coverage?** If you do not have insurance, don't give up! You may choose to be a self-paid patient. The benefit of paying for the surgery yourself is that you don't have to wait for insurance approval and can usually have surgery within a few weeks after pre-operative testing.

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**Surgery & Hospital Stay**

1. **Why Laparoscopic Surgery?** Any surgery carries a certain level of risk, including Laparoscopic operations. Laparoscopy typically means less discomfort, shorter hospital stays, earlier recovery and return to work, and significantly reduced scarring.

2. **How long does the operation last?** Band and Sleeve operations take about an hour. Bypass and Duodenal Switch operations take 1 to 2 hours to complete. Share with your visitors that the operation doesn't begin immediately after they leave your bedside, so please do not watch the clock. Once surgery is complete your surgeon will update guests (with your permission). If the operation goes longer, the doctor may be able to send word.

3. **Will I have a lot of pain?** Your surgeon will work very hard to manage pain after surgery. Most patients are pleasantly surprised at how little discomfort they experience.

4. **How long will I stay in the hospital?** As long as it takes to be self-sufficient and your surgeon agrees that you are ready to go home. *Typical* hospital stays include an overnight for Sleeves and 2 to 3 nights for Gastric Bypass & Duodenal Switch.

5. **How soon after surgery will I be able to walk?** Almost immediately! Patients walk or stand at the bedside within a few hours of surgery and take several walks starting the day of surgery and thereafter.

6. **How long after surgery can I drive?** Your surgeon will recommend that you do not drive until you have stopped taking narcotic medications and can move quickly and alertly to stop your car, especially in an emergency. Usually this takes 7 -14 days after surgery.

7. **If I'm from out of town, when can I leave to go home?** Patients who come from outside the Metro area or out-of-state are usually required to remain in the vicinity for a few days to a week. There are important educational sessions and post-operative tests and follow-up appointments that must take place during this time. Most patients stay at a nearby hotel or with relatives or friends.
Post Surgery

1. **How much weight will I lose the first week, first month, first year?** Everyone’s journey is different. Don’t compare your weight loss to that of another patient. This may frustrate you and distract you from your long-term goals! Statistically speaking, most patients lose 60% of their excess weight in the first 6 months. Keep in mind this is an average!

2. **Will my weight loss slow down and stop?** This is an interesting phenomenon. Provided you follow the rules of the tool and your food program, your body will make these decisions for you. As you approach your “ideal” weight (determined by your genes) your new stomach will grow in size. It can often grow to 6 to 10 ounces in volume. Remember that your stomach was 45 to 50 ounces in size before surgery. This additional volume will allow you to get enough calories and thwart additional weight loss, but not so many that you gain all weight back. It is imperative to learn proper techniques for your pouch so that, as your pouch increases in size, you will know how to maintain your weight at its desired level.

3. **What are weight plateaus?** During your first 6 months after surgery your weight loss will be very rapid. The next 6 months may seem a bit frustrating as you go weeks without losing a pound on the scale. It is during these times that you must become aware of the other changes taking place in your body. A true weight plateau is less than one pound lost per week for 4-6 weeks. And yet, weight plateaus can be a time of aggressive loss of ‘inches’ of body surface area! The scale may not move much, but your waistline usually will. Focus on these changes and try to ignore the scale. If the plateau continues, we are ready to work with you to manage any concerns and get you back where you want to be.

4. **What medical benefits will I reap other than weight loss?** A variety of medical concerns can be improved as a result of Bariatric surgery. **High Blood Pressure** can often be alleviated or eliminated by weight loss surgery. **High Blood Cholesterol** in 80% of patients can be alleviated or eliminated. **Heart Disease** may become less likely. **Diabetes Mellitus** is frequently helped and based upon numerous studies, the problems associated with diabetes will be arrested in their progression, when blood sugar is maintained at normal values. **Abnormal Glucose Tolerance or Borderline Diabetes** is more likely to be reversed by gastric surgery. **Asthma** sufferers may experience fewer and less severe attacks, or sometimes none at all. **Obstructive Sleep Apnea Syndrome** sufferers may see dramatic effects and many find their symptoms completely gone and even stop snoring or requiring a CPAP! **Gastro-Esophageal Reflux Disease (GERD)** symptoms may be greatly relieved within a few days of surgery. **Gallbladder Disease** can be surgically handled at the time of weight loss surgery if your doctor has cause to believe that gallstones are present. **Low Back Pain and Degenerative Disk and Joint Disease** can be considerably relieved with weight loss, and greater comfort may be experienced even after only 25 lost pounds.

Life After Surgery

1. **Will my hair fall out?** There is a good chance that you will experience some hair thinning or loss the first year after surgery when weight loss is most rapid. This usually begins three months after surgery and concludes about three months after you reach your weight goal. You may curb hair loss by taking Biotin starting pre-operatively and checking nutrition to be sure you are eating the required minimum amounts of protein.

2. **Can I drink carbonated beverages after surgery?** Drinking carbonated drinks is strongly discouraged! Carbonation initially causes gastric irritation and can stretch your stomach muscle and can cause you to overeat – stretching out your pouch is to be avoided at all costs! Many patients experience discomfort from the gas. It is recommend that you avoid any drinks such as pop, beer, champagne, or seltzer.
3. **Can I drink milk? Some patients can and some can’t.** Milk contains a special sugar called lactose which is not well digested. This sugar passes through undigested until bacteria in the lower bowel act on it, producing irritating byproducts such as gas. Depending on individual tolerance, some people find the smallest amount of milk or milk sugar will cause dumping. The best bet is to try non-fat milk and see if you can tolerate it, but treat any milk consumption as a caloric beverage, and limit intake to no more than 8 ounces per day (roughly 90 calories).

4. **What is Dumping Syndrome?** Dumping syndrome affects Gastric Bypass patients only, and is caused by eating sugars or other foods which contain many small particles on an empty stomach. These foods produce a high osmotic load. Your body handles these by quickly diluting the food particles with water, which reduces blood volume, and causes a shock-like state. The symptoms of dumping are light-headedness, dizziness, nausea, sweating, Shakiness, racing heart, blurred vision, cramps and diarrhea. Dumping can last for 30-60 minutes and is very uncomfortable – you may have to lie down until it goes away. Avoid it by not eating foods which cause dumping. Small amounts of sweets, such as fruit, are better tolerated at the end of a meal.

5. **Can I eat low-fat meats after surgery?** Yes. We recommend that you limit intake the first 6-8 weeks and then start carefully. Some meats contain tough fibers which hold the piece of meat together and prevent easy separation into small parts when you chew. The dense protein can plug the outlet of your new stomach and prevent anything from passing through – which is uncomfortable.

6. **Why is exercise so important?** Exercise is imperative before and after surgery. Pre-surgically, exercise helps prepare your body by strengthening your lungs and increasing your stamina (remember, you will need to get out of bed and begin moving just hours after surgery!) Post-surgically, exercise must become a habit you embrace and continue the rest of your life. When you have Bariatric surgery you lose weight because the amount of food energy (calories) you are able to eat is much less than your body needs to operate. It makes up the difference by burning reserves, i.e. unused tissues. Your body wants to burn unused muscle first, before it begins to burn the precious fat it has saved up. Daily exercise reduces your body’s consumption of muscle in favor of fat. Not exercising means you will lose muscle mass and strength.

7. **What about sagging skin and reconstructive plastic surgery?** It is very VERY rare for sagging skin to repair itself. The best exercise routines will not help sagging skin recover completely. However, for many patients, tummy tucks and other plastic surgery are not necessary. Depending on age, degree of obesity prior to surgery and many independent factors, some patients will indeed require or desire some form of reconstructive surgery to remove excess skin. The abdominal apron (belly) is a common area of concern. Upper arms, breasts, neck, thighs, and buttocks may be seen as problem areas. It is very important to document any skin issues or conditions that exist with sagging skin – rashes, cracked or bleeding skin, foul odors, etc. This may be just the evidence you need to change the surgery in the insurance company’s mind from cosmetic to reconstructive surgery. Remember, insurance may pay for the reconstructive surgery sometimes, but NEVER for cosmetic surgery.
Pre-operative Class Goals

- Understand your anatomy and new “tool” function
- Anticipate common pitfalls after surgery
- Learn about the perioperative process
- Establish techniques and good habits to ensure long-term success
- Learn which foods will best serve your specific needs and goals

What’s so different about me after surgery?

- Sleeve, Bypass, DS, Band: Stomach size significantly reduced from 40-60oz to just 1-4 ounces!
- Bypass only: Outlet from stomach changed from pliable 2cm to rigid 1cm (key to pouch working)
- Bypass and DS: Small intestine food path shortened to reduce nutrient/calorie absorption
- Solid foods take longer to empty – creates fullness
- Good satiety and limited hunger the first year

Why are these changes important?

- You can not eat as much after surgery
- You may require additional vitamins to compensate
- Too much food will mean pain and nausea/vomiting, not just an “overfull” feeling
- Bypass patients (only) – Highly-concentrated carbohydrates can cause “dumping syndrome”
  - Sleeve, DS and Band patients do not experience dumping
- What is Dumping Syndrome?!?
Duodenal Switch
Traditional

Gastric Band

Gastric Band with Plication

Pre-Surgery Shopping List
- Multivitamins: Chewable or Liquid
- Vitamin B12: sublingual, nasal spray, or injection
- 4 x 4 gauze pads & paper tape (Bypass, Sleeve, DS)
- Clear Liquids –
  - Broth, decaf black tea, mint or chamomile, decaf coffee
  - diet lemonade or other diet flavors (non-carbonated)
  - Sugar free popsicles, diet gelatins
- Protein powders and shakes – low in carbs
- Baby spoons or appetizer forks, smaller plates

Choosing Protein Supplements
- Many protein supplements available. Powder or pre-mixed liquids acceptable
- Key tip: try several brands before surgery. Stock up!
- ~5 grams (gm) protein per ounce after mixing powders, usually about 20-25g/scoop
- Mixers: water, skim or 1% milk, no sugar added soy or almond milk
- “Unflavored” protein powder to increase intake

Post-Surgery Eating Considerations
- Eat every 3 hours after transition to solid foods
- Serve only what you know your pouch will hold
- Don’t eat until you are full – an old habit to kick!
- Primarily lean animal proteins and low-fat dairy
- Limit fruits and vegetables at first
- Small bites and chew well
- No soups – poor use of nutrition, often high in carbs and fats, broth is OK
- No salads – often not tolerated well
Critical Fluid Management & Hydration

- Not getting minimum 48oz fluids can land you back in the hospital with dehydration – Call if struggling
- GOAL is 64oz fluids or more every day – forever!
- AFTER solid food begins (e.g. at 6 weeks) – No liquids with meals
  - Liquids are liquids – meals are meals (keep separate)
  - Liquids should be low or no calorie (15 calories or less)
  - Wait 60 minutes after meal before drinking
  - Best time to drink is 15 minutes before meals

Post-Surgery Vitamins and Minerals

- Multivitamins daily – All procedures, 2x normal dose
- B-12 daily 1000mcg (sublingual, nasal, or injection) – Bypass, DS and Sleeve
- Calcium Citrate – can only absorb 500mg at a time
- Iron (Ferrous Fumerate) if needed – can be constipating
- Fiber – important for bariatric patients, start when told
- Protein drinks – to supplement but not replace a “meal”
- DS Only: Fat-soluble vitamins A,D,E,K

Post-Surgery Cooking Rules

- Fry Nothing!
- Remove visible fat from meat prior to cooking
- Add no calories to the cooking process (butter, oil)
- Preferred: Bake, broil, poach, microwave, barbeque

Choosing Protein Sources

<table>
<thead>
<tr>
<th>Low Calorie Protein</th>
<th>Moderate Calorie Protein</th>
<th>High Calorie Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10 calories per gram of protein</td>
<td>11-19 calories per gram of protein</td>
<td>Greater than 20 calories per gram of protein</td>
</tr>
</tbody>
</table>

Choose most of the time

Choose occasionally

Only choose 1-2 X per day

Rule of thumb: Divide total calories per serving by the number of grams of protein per serving.

Nutrition: Rules of “15”

**First Rule of 15**

15 total calories or less per gram of protein

**Second Rule of 15**

No more than 15 grams of carbohydrates per meal

Note: use rules of 15 when buying protein bars such as ZONE, South Beach, Quest, Pure Protein.

Low Calorie Protein Choices

- Lean Fish
- Shellfish
- Dairy – low-fat cottage cheese, low-fat and low-carb yogurt, Greek yogurt, non-fat mozzarella
- Poultry - light or dark meat
- Lean beef and pork
- Egg whites and egg substitutes
- Tofu
Medium & High Calorie Proteins

- Most Nuts and seeds (25-30cal/gm protein)
- Vegetable proteins such as beans (18-23cal/gm)
- High fat pork – bacon, sausage, ham (20-35cal/gm)
- Most Grains (15-30cal/gm)
- High-sugar yogurts, milk, soft cheeses (15-25cal/gm)
- Whole Eggs (12cal/gm)

White Carbohydrates: No-No’s

- Popcorn
- Pastas
- Potatoes
- White Breads (including crackers and cereals)
- White Rice and grains
- Refined sugar products – most packaged products

Prior to Surgery

- Cut down on eating carbohydrates
- Increase frequency of meals to 5x/day with smaller portions and increased protein intake
- Begin an exercise / fitness habit
- Start taking multivitamins
- Experiment with different protein shakes to learn which ones you like before surgery – Stock up!
- Cut food into smaller pieces than usual
- Reduce caffeine and alcohol intake, stop smoking

Rules of the Tool

- 4-Part Program
  - Diet
  - Exercise
  - Tool
  - You
- Your Surgery is the Tool!

Bariatric DIET after surgery

- 75% Protein, 25% complex carbohydrates
- No more than 1-2 high-fat choices per day
- 5-6 smaller meals/day = every 3 hours
- Protein with every meal
- Protein and carbs together, most of the time
- 1st meal – within first hour of waking up
- Last meal – 1 hour before bed if necessary

Rules of the Tool

- Ideal meal volume limits depend on your specific surgery, pouch size, and level of restriction
- Feeling of fullness may take up to 20 minutes, so don’t rely on it – stop eating before you feel full
- AVOID protein drinks after solid foods begin – they are not meal replacements, just supplements
- Protein bars OK (pick low-to-mod cal/gm protein)
- No more than 1 “cheat” per week
- Plan your cheat in advance
- Stop and think before you eat it!
Rules of the Tool

**EXERCISE**
- Minimum 5x/week for at least 30 minutes
- Start by trying to exercise as you are able, but work up to 30-60 minutes, 5 days week
- Include weight resistance training after 4-6 weeks and cleared for activity, start with low weight and build up
- Change up your routine every 8 weeks – sticking with routines can be a source of weight plateau
- FITT
  - Frequency
  - Intensity
  - Type
  - Time

**The TOOL**
- What’s the Tool? The surgery is your new Tool!
- Be constantly assessing the effective use of the Tool
- Eat an adequate amount of food for nutrition (10-15g protein) every 3 hours
- Do not need to always eat to capacity
- Listen to your Tool!!

Rules of the Tool

**YOU**
- Stay connected: socially and online
- Adjust to your Tool and trust yourself
- Regular follow-ups are critical to ongoing success
- Take advantage of Support groups
- Bariatric Buddy
- Behavioral modification
- You are the hardest one to change!

Pre-operative Consideration

- Anxiety & Concerns
  - The weeks leading to surgery
    - Pre-op admissions
    - Pre-op Nurse – labs/EKG/pre-admission
  - Pre-op appointment with your Surgeon
  - Pre-op instructions
    - Diet – 48 hours of clear liquids before surgery
    - Fiber/stool softeners
    - Skin prep if ordered
    - No smoking or alcohol

Your Medications

- Stop all NSAID pain relievers 2-3 weeks before any surgery (e.g. aspirin, Motrin, Aleve, ibuprofen, naproxen)
- Tylenol (acetaminophen): Your new pain med of choice!
- Tabs should dissolve in 1oz warm water over 10-15min
- Bypass only: No capsules or extended release tabs
- Can use pill cutter or crusher if needed
- Size of your meds should be about the size of a pea
- Hormone Replacement Therapy (HRT) ok to continue
- No birth control pills, patch or NuvaRing for 1 month prior to surgery and 6-8 weeks after. Must use backup birth control for at least 1 year!

- If you are a patient with diabetes
  - Check with your doctor for blood sugar guidelines
  - You should be checking your blood sugar regularly, before & after surgery. Notify your surgeon if your BS is >200 before surgery
  - If you are on insulin you need to talk with your healthcare provider about your “plan” before and after surgery

- If you have high blood pressure
  - You should be checking your blood pressure regularly, before and after surgery

- If you are on a blood thinner (e.g. coumadin/Xarelto)
  - You must discuss with your healthcare provider when/how you are to stop the medication, and whether you will need a Lovenox or heparin anticoagulation bridge before and after surgery
Follow-up Appointments

After Surgery
- Each surgeon has a specific post-operative appointment schedule – work directly with the surgeon’s office to schedule all follow-up appointments
- Stick to your appointment schedule, it is important!
- Make an appointment with your primary care provider 1 week after surgery to review your medications and to continue to manage your comorbidities (such as diabetes, hypertension, sleep apnea, etc.)
- Follow up with Rose Bariatric Center Classes & Support Groups (in-person, teleconference, online options)

Your Hospital Stay – First Day

- Follow pre-op instructions regarding diet, prep, and what to bring (e.g. CPAP/BiPAP, travel O2 tank)
- Arrive 3 hours before your scheduled surgery
- Start IV for medications and fluids
- Antibiotics – standard before surgery
- Leg Compression Device (SCDs) applied to legs to help prevent possible blood clots
- Heparin / anticoagulant to prevent blood clots
- Family may be with you in Pre-op, but not Surgery or Recovery (PACU)

Your Hospital Stay – First Day

- Surgery takes about 1 ½ hours, with 1-2 hours in PACU Recovery before you are taken to your hospital room
- You may have an additional IV and/or central line placed in Surgery after you are asleep
- You may have a urinary catheter placed overnight
- 1-2 drains are common: typically removed prior to discharge
- G-Tube for some (surgeon will review if needed)
- On-Q Pain Pump in black bag placed in surgery: delivers numbing medicine. You may remove this after 72 hours

Victory Meal!

- Congratulations! You will enjoy the first meal of the rest of your life with us at Rose Medical Center. It’s going to be great!
- Some people may look at the liquids in front of you and wonder how that is a “real meal”
- We have teamed with our surgeons and dietitians to provide a variety of safe nutrition options only for bariatric patients
- Food Service: When you receive water, broth, gelatin, tea, popsicles and protein drinks… These are more than just liquids – they are powerful new tools for a great new you, and the tools to help meet your challenges and accomplish your goals
- Savor your food and know: these meals truly are the best!

Your Hospital Stay – First Day

After Surgery = Clinical Path
- In PACU/Recovery for 1-2 hours post-op (occasionally longer)
  - During this time, family/visitors can wait for patient up on surgical floor or wait in surgical waiting area
  - Surgeon will either see your family in person or call them after surgery
  - Some patients may need higher level of early post-operative care & will be admitted to Intermediate Care (IMC) or the Intensive Care Unit (ICU)
  - All patients have a Nocturnal PulseOximetry or “NocOx” study the night prior to discharge for assessing home oxygen needs
  - Incentive Spirometer (IS) breathing device provided: Use hourly!
- Most patients receive UGI Study afternoon after surgery or next morning

Your Hospital Stay – First Day

- Activity: All patients expected to walk 3 hours after surgery!
- Pain expected after surgery. You will have many options available to you to manage this discomfort – so you can be more comfortable and keep active and walking. Some patients start on IV pain meds before transitioning to oral pain medications
- The left side of your abdomen is commonly where more discomfort is felt. This is normal
- Some people report feelings of regret/remorse the 1st or 2nd day. This is normal as stress hormones begin to level
- You have put a lot of effort in to this process. Feel very proud of your decision to improve your health and wellbeing!
- Gastric Band patients usually go home from PACU/Recovery after surgery and do not spend the night or receive UGI or NocOx studies
**Your Hospital Stay – Second Day**

- Some patients have Upper GI in morning to ensure no leaks, obstruction or complications
- Bariatric Stage 2 Diet starts after UGI or per Surgeon: clear fluids such as broth, decaf tea, sugar-free gelatin, sugar-free popsicles, diluted juice
  - 1 oz portion every 30 min
- When tolerating well, may increase to Bariatric Stage 3 Diet
  - Add provided protein drinks (1oz per hour)
- Total fluids increase to Four 1 oz portions hourly for hydration
- IV fluids commonly continue the second day; urinary catheter usually removed; and ambulate 6x per day!
- Gastric Sleeve patients commonly discharged on this day

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**Hospital Day – Final Day**

- When taking oral fluids well, IV may be “capped” or stopped
- Safe & Independent Discharge
  - you will attend a special discharge class the day of discharge and receive materials to prepare you for going home and knowing what to expect your first couple of weeks
  - Continue walking, breathing (use IS) and coughing exercises
  - Continue drinking Bariatric Stage 3 Diet: at least 4 oz per hour
  - IV lines and most drains removed prior to discharge
  - Gastric Bypass & Duodenal Switch: If doing well may go home third day (after two nights) or may need to wait one more day

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**Discharge Key Points**

- Drink – Drink – Drink! Staying hydrated is critical to success
  - At least 4 oz per hour minimum
  - Goal 64+ oz per day
  - Protein: Goal is 65-75 grams protein per day (min: 30-40 gm)
  - Start Multivitamins and B-12 once home
  - Pain medications given – may cut pill
  - Nausea patches and medication as needed – use them!
  - Drain care provided if drain left in when you go home
  - Activity & walking are keep you safe and on track
  - MOST PATIENTS go home with at least night-time Oxygen (O2), and commonly daytime O2 as well. Use it!  
    Don’t worry, this is NOT long term.
  - Note: If self pay, your medical insurance may pick up O2 charge

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**Post-Op Follow Up**

- 1-2 weeks first post-operative surgical office visit
- Post-Op Nutrition Classes held weekly
  - See Newsletter or ask surgeon office for schedule
  - Classes cover advancing to soft foods and solid food
  - These classes are generally held in the Rose Bariatric Center - not the hospital or surgeon office!
    - Classes usually held in the Rose Bariatric Center
    - 4545 E. 9th Avenue, Suite #650
    - Physician Office Building 1

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**Diet Progression after Surgery**

**Discharge Diet: discharge through first week post-op**

- Fluids only - (unlimited fluids, minimum 4 oz/hr, small portions)
- Water, low-calorie / no-calorie fluids, protein drinks and shakes, diluted juice, decaf tea and decaf coffee, sugar free popsicles

**Pre-Select Food Diet: 1 week to 3 weeks post-op**

- Pre-Select protein foods (1 oz every other hour as desired)
  - Nonfat refried beans (or similar consistency beans)
  - Low-fat, small-curd cottage cheese
  - Egg beaters or egg whites (no egg yolks)
  - Light and low-carb yogurt or low-fat Greek yogurt (no fruit)
  - Puddings (Sugar-free)

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**Diet Progression after Surgery**

**Soft Food Diet: from 3 weeks to 6 weeks post-op**

- Advance to soft foods (1-2 oz max per serving every 2-3 hours)
- Portions based on procedure pouch size
- Puree, soft, chunky foods, easy to chew
- Nothing crunchy, spicy, or has to be cut with a knife

**Solid Food Diet: This is it! From 6 weeks and onward**

- Advance to solid food – Time to start following the Rules of the Tool: Behavior, Tool, Exercise & You
- NOW start separating eating of food and drinking fluids
- Primarily Protein
- Small bites; chew well; stop before full; add fiber
Gastric Band Fills
- First Gastric Band Fills
  - First Fill at 4-6 weeks
  - Follow-up Fills: As Needed – if meeting criteria
  - 2nd Fill as soon as 2 weeks, average 4-6 Fills during the first year
- Before a Band Fill
  - No solid food 1-2 hours prior to Fills
  - Fluids OK
  - Add’l. guidelines of when you need Fills discussed in class
- Eating Warning Signs – Watch for the 3 Too’s!
  - Too Much
  - Too Fast
  - Too Big

Post-Surgical Complications

<table>
<thead>
<tr>
<th>Minor Warning Signs</th>
<th>Major Warning Signs</th>
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</thead>
<tbody>
<tr>
<td>Minor warning signs usually require a consultation with your surgeon’s office, but not necessarily an emergency room visit</td>
<td>Requires a consultation with your surgeon’s office and/or may require emergency room visit</td>
</tr>
<tr>
<td><em>Contact your surgeon’s office if you go to E.R. to facilitate your visit.</em></td>
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</tbody>
</table>

Common Warning Signs - Minor
- Low grade temperature less than 101 F
- Seroma – blister like appearance around your incision
- Temporary numbness in extremities
- Incision abscess along stitch or suture lines
- Mild Edema/swelling
- Loose stitch or suture knot
- Constipation and/or Diarrhea
- Mild Nausea
- Oral yeast infection (Thrush)

Common Warning Signs - Major
- Fever greater than 101 F
- Leg/arm pain or swelling
- Shortness of breath
- Severe Nausea with protracted vomiting
- Dizziness
- Change in JP Drain output (volume / color change)
- Chest Pain

Call 911 and use closest Emergency Room for urgent care

Exercise & Activity
- Walking
  - Start slow and build up
  - No limits on walking – minimum 30 min/day
  - Keep active around your home
- No heavy lifting, pushing, pulling > 15 lbs or straining until after 6 weeks and cleared by surgeon
- No abdominal crunches or exercises until after 6 weeks
- Swimming okay after wounds have sealed & healed (~3-4wks)
- Exercise with your individual health limitations in mind
- Weight resistance training: 3-4 times/wk, start 6 weeks post-op

Frequently Asked Questions
- Will my hair fall out?
- When can I start exercising?
- Can I drink milk?
- What about alcohol?
- Will there be weight plateaus?
- Will I need a “tummy tuck”?
- What is “dumping syndrome”?

Newsletters & info at RoseKnowsWeightLoss.com
Socializing & Eating Out

- Learn to be involved socially at restaurants with family and friends
- Look up nutrition facts online before going out
- Choose protein-based meals
- Ask for “to go” box
- Others will see your success by your example
- Restaurant card & request smaller portion meal
- Remember to cut your food up and chew well

Glossary of Terms

- **Bariatric**
  - Related to treatment of obesity, also refers to weight loss surgery
- **The Tool**
  - Your surgery is your new Tool to manage your weight and comorbidities for life!
- **Pouch**
  - Surgically-formed stomach, smaller than old stomach. Size depends on procedure, usually about 1 to 4 ounces in size
- **Weight Plateau**
  - Occasional period when weight loss may stall – we can help!
- **Dumping Syndrome** (Gastric Bypass Surgery Only)
  - Foods (usually high in carbs) empty quickly from new pouch to small intestine. Physiologic cascade triggered
  - May cause sweating, flushing, tachycardia, fullness, nausea, diarrhea, cramping, shakiness

Risks & Complications: the Fine Print!

- **Read Your Surgical Consent!**
  - You will sign a full legal surgical consent provided by your surgeon – read carefully!
- **Bariatric Surgery General Risk & Complication Highlights**
  - Need for reoperation, readmission or other intervention due to surgical complication, bleeding, obstruction or stricture, dehydration, urination, infection, scarring, gallstones, pain, nausea, vomiting, bowel dysfunction, deep vein thrombosis, cardiovascular complication, blood clots, allergic reaction, blood loss, nervous system complication, pneumonia, dehydration, abscess, injury to internal organs, anemia, reaction to anesthesia, electrolyte or vitamin or mineral imbalance, heart attack, cerebrovascular event, depression and/or other complication.
  - Excessive weight may restrict/reduce ability to conduct diagnostic or other interventions
  - Bariatric procedures carry a risk of disability or even mortality

Stay Connected

- **#1 Predictor of Your Success: FOLLOW-UP!**
  - Follow up every 3 months until you reach and maintain your weight and other personal goals
  - Support groups: Great food / lifestyle tips from peers
  - Bariatric Buddy: Ask about connecting up with a mentor
  - Web
    - RoseKnowsWeightLoss.com
    - Obesityhelp.com
    - RoseBariatricBlog.com
  - Facebook, Twitter, Surgeon websites
  - Monthly newsletter – class times & updates
  - E-mail anytime with questions or concerns
  - Support continues for life!

Questions?

Visit RoseKnowsWeightLoss.com
- Class & Support Group information and schedules
- Bariatric Topic of the Month
- Surgeon and office contact information
Rose Bariatric Center
Post-Operative
Pre-Select Diet Class

Pre-Select Agenda
- Discussion of your questions and concerns
- Are my experiences normal?
- Bringing it all together – How to use the Tool
- What should I be eating and drinking?
- Pre-select Diet food choices
- Supplements
- Exercise
- Wound care
- Medications
- Expectations - Warning Signs
- Upcoming events

Pre-Select Food Choices
- Start Pre-Select (Soft) Foods for 1-2 weeks before gradual transition to Soft Diet at 3 weeks
- Bypass: 1 ounce every other hour as tolerated
- Sleeve & DS: 1-2 ounces every other hour as tolerated

Pre-Select: Easily Tolerated & Appropriate Soft Protein Foods
- Low Carb (Light) Yogurt or Greek yogurt
- Low-fat Refried Beans
- Egg Whites or Egg Beaters® (plain Egg Beaters® – nothing flavored at this point). NO YOLKS: too high in fat and generally not well tolerated
- Low-fat Cottage Cheese – small curd 3% or fat free
- Pudding (fat free/sugar free) – add protein powder

Diet After Surgery
- Defining: Diet
  - Usual food and drink of a person or animal
  - Food and drink considered in terms of its qualities, composition, and effects on health
  - Regulated selection of foods

Following a specific diet after surgery is crucial as part of an overall and durable LIFESTYLE change towards improved health.

Diet After Surgery
- Follow precise diet progression to ensure proper healing
  - Modified texture due to inflammation post surgery
  - Liquids move through pouch quickly, while soft and solids stay in pouch longer (think about a funnel)
  - Portion size based on pouch size post surgery
    - Bypass = 1-2 ounces
    - Sleeve = 2-3 ounces
    - DS = 2-4 ounces
  - Pouch = new stomach
  - Remnant = old stomach (Bypass only)

TIP: Listen to your pouch!

Dumping Syndrome
(Gastric Bypass Only)
- Dumping occurs when food / drinks move quickly through pouch into small intestine
  - If high in carbohydrates & sugar – which are digested quickly, food can “dump” into small intestine
  - Correlated with rapid movement of water

Symptoms vary
- Diarrhea
- Sweating
- Dizziness
- Lightheaded
- Fainting
- Nausea
- Vomiting

* Tip: Limit diluted juice (diluted with water in a 1:4 ratio), skim milk, etc.
Protein Shakes & Powders
- Continue supplementing with protein drinks and powders until you are able to reach your protein goal with food alone
- Drink protein shakes between meals as a protein supplement (about 1-4 ounces every other hour)
- Log all protein intake (to ensure you meet your minimum and goal amounts)
- Add protein powder (flavored or unflavored) to pre-selected foods to increase protein concentration in meals

FLUIDS
- Crucial to prevent dehydration
- Minimum of 48 ounces per day
- Goal of 64 or more ounces per day (2 liters)
- Full time job!
- 1-2 ounces at a time to prevent overfilling pouch
- Sip, sip, sip...
- Fluid “rules” (to keep you safe)
  - No straws – easy to drink too quickly which can cause discomfort
  - No carbonation – irrates pouch and takes up space
  - No caffeine – irrates pouch (ulcers)
  - Low calories – to prevent dumping syndrome as well as weight gain (fluids do not = satiety)
  - Water (best choice), decaf tea, crystal light (sugar free drink), sugar free gelatin or popsicles, broth, etc.
  - Tip: DO NOT need to keep fluids separate from meals until Solid Food Diet (6 weeks)

Vitamin and Mineral Supplementation
- Lifelong Requirement to prevent deficiencies!!
  - Bypassing main absorption site for some vitamins and minerals
  - Not eating as much food
  - Purchase in liquid or chewable form
    - Crush or cut pills (when appropriate and approved by medical team)
  - After 3-6 months you may switch to (small) pills
    - Size of a “pea” or smaller
    - Avoid pill getting “stuck” in small opening
    - Use cutter or knife to make appropriate size
    - Can remain on liquid or chewable if preferred

Supplements - After Surgery
- Multivitamins
  - Should have already started
  - 2 pills/day (1 adult pill twice daily)
- B12 – 1000mcg/day
  - Sublingual - melts under tongue (OTC)
  - Nasal Spray (prescription)
  - or Monthly shot at physician’s office
    - (may also be self injected)
  - Additional vitamin/minerals recommended based on labs
    - Doses may change based on lab values
    - Take until RD/MD give the order to discontinue
  - Calcium and Fiber start at Solid Food Diet (6 weeks)

Exercise
- Exercise is as important as water & protein, must be used together to ensure success
  - Helps with healing – promotes circulation
  - Improves mood & energy
  - Increases metabolism
  - Part of lifestyle change – start a routine
- Walk 4-6 times a week at first
- Try to get in an optimum 30 minutes /day – can split time
- Set obtainable goals – start slow
- You may be fatigued, but try to continue to move
- Still no heavy lifting, pushing, pulling or straining > 15 lbs!

Wound Care
- Remove plastic dressings if still in place. Incisions should be allowed to air dry.
- If incisions still oozing, dress with gauze and paper tape. Change dressings daily
  - Daily checks for incisional infection
  - No soaking baths – risk of infection
    - Wait until 3-4 weeks for wounds to completely seal and heal before soak or swim
  - Showering continues to be okay
- If still have drain, notify surgeon office if change in drain output or character
Medications

- Follow up with primary care provider (PCP) within 1-2 weeks of surgery, especially with medication changes
  - Small amounts of weight loss can make a big difference in medication dosages
  - Do not change dosage based on how you “feel” – work with PCP to address medication regimen
- Monitor your blood sugars frequently if diabetic
- Monitor your blood pressure daily if you have high blood pressure (hypertension)

Expectations

- Are these normal aches and pains?
  - Left-sided abdominal pain is very common
    - There was a lot of manipulation on the left side of your body during surgery
- Make sure your pain is not accompanied by
  - Unexplained nausea
  - Vomiting
  - Fever
  - Unresolved diarrhea
  - Constipation

Expectations - What’s Normal?

- Mild nausea can be a normal symptom of your recovery ("the healing process")
- Make sure you are not overfilling your pouch
  - You may or may not feel fluid coming back up to the back of your throat
  - Listen to your pouch!
- Attempt to meet your daily minimal fluid intake so as not to become dehydrated. Meeting protein goals will reduce hunger and improve energy and recovery

Bowel Habits

- Normal to experience changes
  - Loose stools common on liquid diet
  - Less frequent stools on solid diet (mostly protein)
- Less food intake
- Less Fiber, need for supplement
- Will discuss adding Fiber during Solid Food Diet class at 6 weeks
- Diarrhea
  - Frequent liquid stools
  - Risk of DEHYDRATION
  - urine is dark, you feel tired, dizzy, nausea, dry mouth
- Constipation
  - No bowel movement for 3 or more days

Common Warning Signs - Minor

- Low grade temperature less than 101 F
- Seroma – blister like appearance around your incision
- Temporary numbness in extremities
- Incision abscess along stitch or suture lines
- Mild Edema/swelling
- Loose stitch or suture knot
- Constipation and/or Diarrhea
- Mild Nausea
- Oral yeast infection (Thrush)

Common Warning Signs - Major

- Fever greater than 101 F
- Leg/arm pain or swelling
- Shortness of breath
- Severe Nausea with protracted vomiting
- Dizziness
- Change in JP Drain output (volume / color change)
- Chest Pain
- Dehydration: intake < 48oz/day, urinating < 4x/day

Call 911 and use closest Emergency Room for urgent care
Soft Food Agenda

- Discussion of your questions and concerns
  - Are my experiences normal?
  - Bringing it all together – How to use the tool
- Soft Food Diet instructions
- Food choices, preparation, label reading
- Upcoming events

Diet After Surgery

- Follow precise diet progression to ensure proper healing
  - Modified texture due to inflammation post surgery
  - Liquids move through pouch quickly, while soft and solids stay in pouch longer (think of a funnel)
- Portion size based on pouch size post surgery
  - Bypass = 1-2 ounces
  - Sleeve = 2-3 ounces
  - DS = 2-4 ounces
- Desire and tolerance for certain foods may change
  - always start with foods easy to tolerate
- 65-75 grams of protein daily
  - Minimum requirement for health!

- Primary source of nutrition = PROTEIN
- TIP: Listen to your pouch!
  - Pouch = new stomach
  - Remnant = old stomach (Bypass only)

Why is PROTEIN such a big deal?

- Maintains and replaces tissue/cells in the body
- Found in muscles, organs, hormones and most living cells
- Produces hemoglobin that carries oxygen throughout the blood
- Produces antibodies that fight infection and disease
- Important for healing
- Energy source – broken down slower than carbs to allow for greater satiety
  - Protein keeps you full!

PROTEIN FIRST!

- When food portions are reduced, protein requirements are often hard to reach
- Be sure you are reaching the minimum of 40-50 grams per day, with an ultimate goal of 65-75 grams per day
- Eat at least 5-10 grams protein per meal to reach your goal
  - 1 ounce of animal-based protein = 5-7 grams protein
SOFT DIET (3-6 Weeks)
- Gradual transition from liquids to solids
- Easy to chew, moist foods
- Combination of soft/pureed foods
- Nothing that crunches
- Nothing you have to cut with a knife or fork
- Nothing spicy

Puree – food made into a thick paste by mashing or blending
- similar to baby food consistency

Soft Food – soft but can be forked to a soft consistency
- similar to flaky fish

SOFT DIET: 3-6 Weeks
Optimal Food Choices
- Eggs - Egg Whites or Egg Beaters®
  - No yolks – too high in fat
- Dairy/Cheese – low fat
  - Cottage Cheese – low fat
  - String cheese – light and low fat
  - Yogurt – light and low carb
- Greek yogurt – non-fat, highest in protein
- Fish & Shellfish – canned tuna/salmon, tilapia, cod, white fish
- Poultry – Lean Turkey, Chicken, Game Hen and lean cuts of Pork
- Beef – Ground Beef
  - Beef is often difficult for some people to tolerate post surgery

Plant sources of protein
- Plant-based proteins are not as high in protein as animal-based proteins, but some options to consider...
  - Creamy nut butters (peanut butter, sunflower seed butter)
  - Beans
  - Soy products (tofu, packaged foods, edamame/soy beans)

It takes 4 OUNCES of PLANT protein to = 5-10g protein
It takes only 1 OUNCE of ANIMAL protein to = 5-10 g protein
- Animal protein more concentrated source!

Protein Shakes & Powders
- Continue to supplement with protein drinks and powders until you are able to reach your protein goal with food alone
  - Log all protein intake (to ensure you meet minimum and goals)
  - No more than one protein shake a day
  - Drink protein shakes in between meals as a protein supplement if needed
  - Add protein powder (flavored or unflavored) to foods to increase protein concentration in meals
- Especially when eating plant-based protein foods

Don’t Forget FLUIDS
- Crucial to prevent dehydration
  - Minimum of 48 ounces per day
  - Goal of 64 or more ounces per day (2 liters)
  - Full time job!
  - 1-2 ounces at a time to prevent overfilling pouch
  - Sip, sip, sip...

DO NOT need to keep fluids separate from meals until Solid Food Diet (6 weeks)
Soft Diet: 3-6 Weeks

- Go slowly with new choices
  - No more than 1-2 new choices a day until you know the food is tolerated (tolerance varies by person)
  - Try mixing various soft foods together – once each is tolerated separately (cottage cheese and yogurt)
- Avoid raw fruits and vegetables
  - Difficult to digest
- Avoid spicy foods – can cause irritation
- All protein foods consumed should be moist, falling apart, and easy to chew
  - No tough, stringy, or overcooked meats
- Everything should be MEASURED
  - Nothing should be consumed off a bone
- Difficult to know the portions consumed

Food Preparation

- Cooking methods:
  - Boil – Crock pots work great!
  - Broil
  - Bake
  - Poach
  - Barbecue
- Remove visible fat prior to cooking
- Nothing deep-fried
  - Filled with grease (high fat) – even if batter is removed
- Soak dry foods in water or broth
- Pull food apart into very small pieces
- Puree technique
  - Put in blender or food processor with liquid (water or broth)
  - Puree to the consistency of baby food
  - Meat sources of baby food can be purchased, if preferred

Food Choices – Detailed

READING THE LABEL

- Start with serving size and compare to what YOUR POUCH can hold
  - Determine how many calories, protein grams, etc. you are consuming based on YOUR SERVING
- Looking at the label...
  - "Is this a good option?"
  - "Is this the best fuel for my body?"
- Important to consume the most protein for the lowest amount of calories/serving
  - Relative Protein Value (RPV)

RPV: Lower is Better

- Relative Protein Value – divide total calories by total protein grams to find RPV
  - Sample label at right
  - 90 calories
  - 3 gm protein
  - RPV = 30 cal/gm of protein (High RPV)
- Prefer 15 or fewer cal/gm protein
  - This keeps you in a safe place in terms of cost of calories for each gm protein.

- Relative Protein Values
  - Low cal/gm protein is 10 or less
  - Mod 10-20 cal/gm protein
  - High > 20 cal/gm protein

- Goal: no more than 1-2 high RPV foods per day

Understanding Food Labels

- Protein
  - GOAL = 5-15 grams protein per meal
  - 5-6 meals per day
  - Prefer low RPV
- Fat – Keep it LOW!
- Take your time eating
- Reading Ingredient list
  - listed in descending order of weight from most to least used

Understanding Food Labels cont.

Watch for:

- Low Total Carbohydrates
  - MAX of 10-15 grams carbs per meal
  - If eating lots of carbs, not enough room for adequate protein, which is the best fuel
  - High fiber – 3-5 gm/serving
- Low Sugar – included in carbohydrate total
  - Keep less than 5 grams per serving
  - Sugar not the best fuel
- Low Sugar Alcohol – included in carbohydrate total
  - Listed on ingredient list as sorbitol, xylitol, mannitol
  - Keep less than 5 grams per serving
  - Can cause diarrhea and stomach upset
What if I get hungry?

- Normal for pouch to gradually increase in size after inflammation is reduced
- Increase protein grams – will keep you fuller longer
  - LOG!
- Wait 45-60 minutes after meals before fluids
  - Don’t need to start separating fluids until Solid Foods (6 wks)
- Increase density of foods – soft versus pureed
- Decrease the low gram protein foods (e.g. plant proteins)
- Eat every 2-3 hours – schedule your meals
- Start identifying “Head Hunger” and “Emotional Eating”

Upcoming Events

- Next we will graduate to Solid Food Diet (YEAH!)
- SOLID Food Diet Class
  - 6 weeks post op
  - Starting supplements like calcium and fiber
  - Protein drinks will be used only as a supplement and not a meal replacement

QUESTIONS

Visit RoseKnowsWeightLoss.com

- Class & Support Group information, schedules, locations and call-in numbers
- Bariatric Topic of the Month
- Surgeon and office contact information

RoseBariatricBlog.com

Rose Bariatric Center hosts a blog with links and information about the latest updates and findings in bariatric medicine and procedures.

Bookmark RoseBariatricBlog.com and visit frequently!

Appointment Reminder

Notice!

Please ensure you have your next follow-up appointment scheduled with your Bariatric Surgeon
Solid Food Agenda
- Discussion of your questions and concerns
  - Are my experiences normal?
  - Bringing it all together – How to use the tool
- Rules of the Tool
  - Beginning solid foods
  - Behavioral changes
  - Ongoing commitment to exercise
  - Supplements
  - Upcoming events

Rules of the TOOL - Components for Success -

4 Parts to your Program
- TOOL
  - Education and follow up for life
- Behavior Modification
  - Empowering behavioral changes
  - Emotional management
- Exercise
  - Ongoing commitment
- Diet
  - Eating to fuel body

Use the TOOL (Bariatric surgery) to help
- YOU are the one that ultimately needs to make the necessary changes!

Behavior Changes
- Reduce portions
  - Small plates/bowls
  - Small serving utensils – baby spoons, cocktail forks
- Set aside 30 minutes for meals
  - Distractions can lead to overfilling (overloading) the pouch
  - Concentrate on “process of eating” and sit at a table
  - Feeling of “satisfaction” may not occur for 10-20 minutes
- Slow eating
  - Take small bites – small serving utensils
  - Put your fork down in between bites
- Chew each bite of food 20-30 times until consistency of applesauce
- Help prevent food getting stuck or vomiting and many potential complications
- Choose appropriate food choices for nutrition
  - Set yourself up for success
  - Make home “Safe” with a Healthy Kitchen!

Emotions
- Surgery has physical and psychological effects
- What can I expect?
  - Relationship changes
    - family, friends, co-workers, others’ opinions
  - Meal time changes – social gatherings, holidays
- Be prepared
  - Help others understand what you need from them
- Outside help is available
  - Program team members
  - Counseling
  - Support Groups
  - Family & Friends

The TOOL
- Be constantly assessing the effective use of the Tool
- Do not need to always eat to capacity
  - What is your pouch size?
- Eat an adequate amount of food for nutrition
  - 10-15 gms protein every 3 hours
- Listen to your tool!!
- Behavioral Changes and Diet will help you assess the effectiveness of your tool
  - Tool is most effective 1-2 years post op
  - Your Tool’s success depends on how you use it!

Be Prepared Now!
Emotions related to weight changes

As weight changes –
- Every person’s weight-loss journey is different
- Weigh no more than once per week – same day, same time
- Weight will fluctuate due to water changes in body
- Weight plateaus are possible
- Look for “trends”
- Number on scale can affect your emotions
  - Focus on all the reasons WHY you had surgery and your current successes

Exercise

- Helps you lose and maintain weight
  - After surgery, the ONLY way to combat fall in metabolic rate
- Stimulates endorphins that make you feel good
- Make realistic weekly GOALS
- Schedule time – make an appointment with YOU
  - Determine length
  - Determine activity
- Many options available
  - Choose what works best for YOU
- Capacity for exercise will improve as weight changes – very motivating
  - Change goal
  - Start small and build up
- Exercise
  - Helps you lose and maintain weight
  - After surgery, the ONLY way to combat fall in metabolic rate
  - Stimulates endorphins that make you feel good
  - Make realistic weekly GOALS
  - Schedule time – make an appointment with YOU
    - Determine length
    - Determine activity
  - Many options available
    - Choose what works best for YOU
  - Capacity for exercise will improve as weight changes – very motivating
    - Change goal
    - Start small and build up

Diet - Nutrition

- Use your Tool (Bariatric surgery) with your Diet (meaning a way of eating) properly for success!
- Beginning Solid Food Diet
  - One bite at a time, chewing well
  - Take your time
  - Start slow with new choices
  - Stop at feeling of comfort
  - Feeling of fullness takes at least 10-20 min

Solid Food – at 6 Weeks

Moving Forward: How to “Eat to Live” rather than "Live to Eat.”
Find the right balance.
- Focus on Fuel foods
  - 75% Protein – Protein first
  - 25% Complex Carbohydrates (high fiber)
    - Portion depends on pouch size and protein intake
    - Veggies – start with veggies
    - Whole grains – high fiber
    - Go slow with whole grains because they may cause discomfort
    - Fruit – be careful of dumping syndrome for Gastric Bypass patients

- Low sugar
  - Gastric bypass - Avoid dumping syndrome by avoiding high carbohydrates/sugar
  - If it tastes sweet it probably contains some sugar, so take in moderation
  - Be careful at restaurants and social gatherings

- Low fat - No more than 1-2 high fat choices/day (RPV)
  - Dining out
    - Be prepared in advance
    - Choose high protein, low fat options – “No butter, No oil”
    - Limit portions
    - Restaurant Card
Solid Foods – at 6 Weeks

- 5-6 meals/day – every 3 hours
- Meal timing
  - 1st meal – first hour after waking
  - Last meal – 1 hour before bed
- Avoid snacking
  - Snacking/Grazing is the #1 cause of post-op weight gain
  - Occasional treats are not forbidden, but should be planned to prevent overconsumption and possible emotional eating
  - No more than 10% of the time (1 time/week)
- Portion sizes – Measure!
  - Listen to your pouch

Fluids

- Continue drinking plenty of fluids 60-80oz
- Sip, sip, sip
- Water is best
- Wait about 1 hour after meals to drink
  - To prevent pushing food through pouch too quickly
- Wean protein drinks and shakes
  - Not meal replacements
  - Attempt to reach protein goal exclusively from solid foods
  - Fluids will not keep you full – empty out of pouch quickly

Supplements

- Continue multivitamins
- Continue B-12 (1000mcg)
- Start your Calcium supplements
- Start your Fiber supplements

Calcium Citrate

- As you lose weight, you will lose bone density
  - Places you at risk for osteoporosis (Yes, even the men are at risk for this!)
- Calcium Citrate is the most absorbable form of calcium
  - Chewable or liquid
  - Look at label to identify form of calcium
  - Supplement should also contain vitamin D
  - Take 2-3 doses of 500 mg per day divided (Total: 1000-1500 mg/day)
- Take Calcium doses at least 2 hours apart from each other
  - The body can only absorb approximately 500 mg at a time
- Take Calcium 2 hours separate from multivitamins, which often contain iron, and 2 hours from iron supplements if recommended
  - Calcium interferes with iron's absorption
- Supplement Schedule

Fiber – Start at 6 Weeks

- Bariatric patients have a tendency to become constipated
- Difficult to get enough fiber from food alone because:
  - Smaller amount of food after surgery (less waste)
  - Focus on protein (animal foods)
    - Plant foods are highest in fiber
  - Fiber is important for overall health (colon, cholesterol) and fullness (satiety)
  - Fiber supplement (1-2 doses per day) necessary
    - Fibersure
    - Benefiber
    - Psyllium (Metamucil or generic)
    - Flaxseed (ground)

YOU! - Continued Lifestyle Changes -

You are the hardest one to change!

- Stay connected – Your TEAM wants to help YOU
- Regular follow ups
- Support groups
  - Monthly Newsletter Update
  - Review classes
  - Behavioral modification classes
  - Menu Planning classes
  - Exercise & Fitness classes and specialists
Upcoming Events

- Follow appointment schedule (per surgeon)
- 6 Month Diet Class & Back to Basics Classes
- Don’t forget to join your Support Group!
- RoseKnowsWeightLoss.com
  - Class and support group details
  - Monthly Newsletter & Updates
  - Fitness Specialists
- RoseBariatricBlog.com
Gastric Sleeve

- New Stomach Pouch
- Small Intestines
- Separated Stomach Remnant (removed)
Roux-en-Y Gastric Bypass

New Stomach Pouch
Separated Stomach Remnant
Roux Limb
Biliopancreatic Limb
Small Intestines
“Y” Intestinal Anastomosis
Gastric LapBand

New Stomach Pouch

LapBand Around top of Stomach

Fill & Unfill Access Port

Small Intestines
Loop Duodenal Switch

Traditional Switch

Modern Loop Switch

New Stomach Sleeve
Loop Intestinal Anastomosis

Esophagus
Stomach Sleeve
Lateral stomach removed
Gallbladder Removed
Liver
Duodenum
Alimentary limb (ileum)
BPL
Appendix
Location where Digestive Juices Mix with Food
Common Channel
Spleen
Pyloric Valve
Diet Advancement in Hospital
Sample Menu

Bariatric (1)—Ice Chips Only

Tips for Success

- Ice chips help provide mouth and throat comfort. You may also ask for a mouth swab for symptoms of dry mouth.
- 1 ounce of ice chips per hour

Bariatric (2) Clear Liquid Menu

**Broths:**
Chicken
Beef
Vegetable
Low Sodium Chicken
Low Sodium Beef
*Dessert:
Diet Gelatin
Sugar Free Popsicle

**Beverages:**
Decaf Iced Tea
Decaf Coffee
Decaf Espresso
Decaf Hot Tea
Decaf Mint Tea
Decaf Chamomile
Diet Lemonade
Bottled Water

*Protein Supplements:
Isopure Zero Carb®
OptiSource®

Call 5444 to place your order.

*The room service operator can offer you a variety of flavors.

Tips for Success

- Try sipping up to 2 one-ounce portions every hour.
- You may have clear liquids and ice chips

Bariatric (3) Full Liquid Menu

**Broths:**
Chicken
Beef
Vegetable
Low Sodium Chicken
Low Sodium Beef

**Beverages:**
Decaf Iced Tea
Decaf Coffee
Decaf Espresso
Decaf Hot Tea
Decaf Mint Tea
Decaf Chamomile
Diet Lemonade
Bottled Water

Tips for Success

- Sip slowly a minimum of 48 ounces per day
- Drink 1 ounce of protein drink and 3 one-ounce portions of clear liquids every hour (1 ounce each 15 minutes)
Warning Signs

Minor Warning Signs / Conditions

These usually require a consultation with your surgeon’s office, but not necessarily an ER visit.

**Seroma or Abscess** – A fluid collection under the surface of an incision area requiring follow up if unresolved. Sometimes this is associated with infection and may contain pus. Call if signs of infection are present such as heat at site, increasing redness, pus or foul discharge.

**Loose Sutures** – If incision remains closed there may be no need to follow up as the stitches simply approximate edges of the healing wound.

**Constipation** – Use stool softeners or fiber supplements with adequate fluids and exercise to minimize constipation. Milk of magnesia may be used when above does not provide relief.

**Diarrhea** – Get plenty of fluids! If unresolved after 24 hours call your surgeon’s office. You may use Imodium for relief as directed.

**Mild Nausea** – Some nausea is common in the postoperative period as your body becomes accustomed to your new stomach. Use prescribed anti-nausea medication as needed. You may return to clear fluids for a day to see if you get relief. If vomiting occurs after most meals or other medical problems such as a stricture or hernia occur contact your surgeon’s office.

**Oral Yeast Infections (Thrush)** – Thrush is not uncommon after major surgery and use of antibiotics. Characterized by white areas on the tongue, you may have some discomfort to the mouth and a metallic taste. Call your surgeon for a prescription to use at home.

**Edema** – After periods of inactivity and hospitalization you may experience swelling, often in the lower extremities. Applying heat and taking Tylenol may offer some relief. HOWEVER, call your surgeon if you have pain in your lower legs, one-sided swelling or increased pain in the extremity. These are signs of possible blood clots. Do not massage or apply heat if you are symptomatic, instead call for possible evaluation.

**Major Warning Signs / Conditions**

Requires consultation with surgeon’s office and may require emergency room follow up.

**Fever greater than 101 degrees** - This is an indication of an infection.

**Leg/Arm pain or swelling** – Follow up needed for the following: One-sided swelling, increased pain when pointing foot back towards head, and/or warmth to touch or increasing pain. Do not use heat until blood clot ruled out.

**Shortness of breath** – If your lips turn pale or blue and you experience difficulty catching your breath this may be an indication of increased oxygen needs or pulmonary embolism.

**Severe Nausea or Protracted Vomiting** – This may indicate a blockage or stricture (narrowing of the outlet of your stomach). You may also have excessive salivation.

**Dizziness** - A possible sign of hypoglycemia, lack of cerebral oxygen needs such as blood clot or other cause that needs emergent evaluation.

**Chest Pain** – There should never be severe pain to your chest area. Yes, there is some shoulder discomfort due to gases used in surgery. This type of mild pain may be relieved with heat or pain medicine. Do not wait for resolution if pain persists or increases. This may be a sign of a blood clot or cardiac event!

Call 911 and use closest Emergency Room for urgent Care. Explain that you are a Bariatric Patient. If you go to Rose Hospital, the doctors are very familiar with your surgeon’s protocols!

Always let your surgeon’s office know when you head to the ER so they can facilitate your care.