Intragastric Balloon Handbook

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 Center for Bariatrics team is honored to be part of your life & transformation.

We are driven to create the most humane, safe, and patient-oriented 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-Procedure Nutrition Support
- Support Group System and Follow-up Care
- Comprehensive Post-procedure Care and Support
- Fully-integrated Team Approach
- Safe, Caring & Experienced Physicians & Clinicians

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 Center for Bariatrics
Program Director

MBSAQIP
METABOLIC AND BARIATRIC SURGERY
ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM
ACCREDITED CENTER

Rose Center for Bariatrics
Rose Medical Center
303.320.2134
RoseKnowsWeightLoss.com
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WEIGHT LOSS PROCEDURE PATHWAY

First Things First
- Hold Initial Consultation with Your Bariatric Physician
- Complete Lab Work (or supply recent lab work as approved by your doctor)
- Medical Clearance by your Primary Care Provider (PCP)
- Complete Cardiac, Psychological, EGD or other screenings (only if ordered)
- One-on-One Consultation with Dietitian
- Pre-Procedure Nutrition Class

Balloon Insertion Procedure
- Fill all medications prescribed and start prescribed medications 2 days before procedure
- Start liquid diet 24 hours prior to procedure; Nothing to eat or drink after midnight before procedure or as ordered
- Outpatient balloon insertion at Rose Medical Center; home same day

First 6 Months Post-procedure Follow Up
Official Support group times & Locations listed each month in Rose Bariatric Newsletter
- Daily follow-up calls first 3-4 days
- 1 Week Required follow-up with Nurse and Bariatric Physician
- 1 Month Required follow-up with Dietitian and/or Provider
- 2 Month Required Group Class with Dietitian
- 3 Month Required individual session with Dietitian
- 4 Month Required Group Class with Dietitian
- 5 Month Required individual session with Dietitian
- 6 Month Pre-Retrieval visit with Bariatric Physician

Balloon Retrieval Procedure (at or before 6 months)
- Start pre-retrieval diet as indicated 2-4 days prior to removal of balloon
- Outpatient balloon retrieval procedure at Rose Medical Center; home same day

Post-Retrieval 6-12 Months Follow Up
- Months 6, 8, 10, & 12 – Required Group Class with Dietitian
- Months 7, 9, & 11 – Required individual sessions with Dietitian
- Month 12 – Required follow-up with Bariatric Physician

Lifestyle Maintenance
- Educational offerings throughout the year
  - Newsletter with dates/times of classes and support groups located on our website: www.RoseKnowsWeightLoss.com
  - Back to Basics and Menu Planning Classes offered each month
  - Support Groups and Education Programs offered at Rose Medical Center
Shopping List

Purchase Prior to Your Procedure

1. Supplements
   - Daily Multivitamin - Start when home from your procedure
   - Stool softener (colace): continue daily at home after procedure. Milk of Magnesia as needed
   - Fiber – Start with Solid Food Diet

2. 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.

3. 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

Bring to Hospital Day of Procedure

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

2. As Desired
   a. Camera (start to chronicle your journey)
   b. Cell phone & charger
   c. Reading material

NOTE: Please do not bring valuables to the hospital. Have a loved one keep your belongings. 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 or ice wrap (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)
Glossary of Related Medical Terminology

**Anesthesia:** Medication that takes away pain from part of your body or makes you sleep or feel sleepy so that you don’t feel pain during a medical procedure.

**Anesthesiologist:** A doctor specializing in the use of anesthesia for medical procedures. An anesthesiologist gives you the medications and checks your health while medication is in your body.

**Balloon Intolerance:** Your body does not get use to the balloon and causes stomach upset and throwing up that does not get better with medicine. If this happens the balloon may have to be removed before six months.

**Bariatrics:** The branch of medicine and surgery that is related to obesity treatment and care.

**Body Mass Index (BMI):** A measure of body fat based upon height and weight which is used to tell if your weight is in a healthy range.

- 18-25 – Healthy weight
- 25-30 – Overweight
- 30 – 40 – Obesity class 1 & 2
- 40 & above – obesity class 3

**Bowel Obstruction:** A possibly serious problem with your body where the intestines are blocked and bowel surgery may be required. If they become blocked, food and drink cannot pass through the body.

**Endoscopy:** A medical test where your doctors look inside your body using an Endoscope which shows video images.

**Endoscope:** A long, bendable tube with a tiny camera attached. The doctor moves it down your throat to see inside your stomach.

**Endoscopic:** Using an endoscope for a medical test or procedure.

**Esophagus:** The tube that carries food and liquids from your mouth to your stomach.

**Hypertension:** High blood pressure.

**Dietitian:** A trained person who helps others plan what foods to eat that are good for their health.

**Nausea:** A feeling of sickness to the stomach, often with an urge to vomit.

**Obesity:** A medical condition in which extra body fat builds up to the point that it may be unhealthy. People with a BMI number of 30 and above have obesity.

**Orbera Intragastric Balloon:** A balloon made of a soft, rubber-like material used to help with weight loss. Latex free. It is designed to take up space in the stomach which means there is less space for food. Also known as a “gastric balloon” or simply the “balloon.”

**Saline:** A solution of salt in water. Saline is primarily used to fill the Orbera intragastric balloon.

**Sedation:** Medication used to make you feel sleepy and not feel pain during a medical test or procedure.

**Side Effect:** Something bad or harmful that can happen as a result of a medical treatment that may or may not be expected.

**Rules of the “Tool”:** Your bariatric procedure and guidelines are the Tool you will use to manage and improve your weight and quality of life.
## ORBERA INTRAGASTRIC BALLOON
### PATIENT MEDICATIONS

<table>
<thead>
<tr>
<th>Medication</th>
<th>How to take</th>
<th>When to take</th>
<th>Uses</th>
<th>Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ativan 1 mg</td>
<td><strong>Orally</strong> Take 2 days before procedure &amp; 2-3 days after procedure then as needed for anxiety</td>
<td>3 x day</td>
<td>Anxiety</td>
<td>Drowsiness, blurred vision, dry mouth, ↓ urine output, ↑ heart rate</td>
</tr>
<tr>
<td>Prilosec 20 mg</td>
<td><strong>Orally</strong> Take 2 days before procedure and 5 days after</td>
<td>2 x day</td>
<td>heartburn</td>
<td></td>
</tr>
<tr>
<td>Levsin 0.125</td>
<td><strong>Sublingual</strong> (under the tongue) Take 2 days before procedure and 5 days after</td>
<td>3 x day</td>
<td>Smooth stomach muscle relaxant</td>
<td>Dry mouth, blurred vision, ↓ urine output</td>
</tr>
<tr>
<td>Scopolamine Patch</td>
<td><strong>Apply patch behind ear day of surgery</strong> And replace after 3 days as needed for nausea</td>
<td>Every 3 days as needed</td>
<td>Nausea</td>
<td>Drowsiness, blurred vision, dry mouth, ↓ urine output  <em>Do not rub eyes after touching patch</em></td>
</tr>
<tr>
<td>Zofran 8 mg</td>
<td><strong>Orally every 6 hours first 5 days then as needed for nausea</strong></td>
<td>4 x day</td>
<td>Nausea</td>
<td>Mild drowsiness, headache, mild fever, ↓ urine output,</td>
</tr>
<tr>
<td>Phenergan 25 mg</td>
<td><strong>Orally every 6 hours first 5 days then as needed for nausea</strong></td>
<td>4 x day</td>
<td>Nausea</td>
<td>Drowsiness, blurred vision,</td>
</tr>
<tr>
<td>Colace 100 mg</td>
<td>2 x day</td>
<td>2 x day</td>
<td>Stool softener</td>
<td>If not working for constipation may take Milk of Magnesia</td>
</tr>
<tr>
<td>Milk Of Magnesia</td>
<td>2 x day as needed</td>
<td>2 x day as needed</td>
<td>Mild laxative</td>
<td>Cramping, loose stools</td>
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Revised 11/2015
Procedure Preparation

Anticipating Your Procedure Date

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

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 your procedure.

We encourage you to attend at least one Bariatric Support Group prior to the procedure! Discover that others have experienced similar fears and overcome them. Make this time before the procedure 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 event.

It is typical to take time to adjust to your procedure, including a brief period commonly known as “Buyer’s Remorse.” This usually occurs just prior to the procedure 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 and nausea subside and you begin to reap the benefits of weight loss.

Keep in mind that all procedures 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.

Be proud of the education and preparation you have accomplished to reach this point! Remind yourself of the many reasons you have chosen to pursue a bariatric procedure, and the improvement it may bring to your quality of life. Bariatric weight loss procedures are a proven, safe, and durable weight loss management tool.
Orbera™ Intragastric Balloon

About the Program
The Orbera intragastric balloon is a revolutionary weight loss management program combining a non-surgical, non-cutting and same day balloon procedure with intensive nutritional and fitness counseling and support. The program includes frequent office visits, consultations with our clinical staff including dietitians, and monthly support groups.

The Orbera intragastric balloon is theorized to assist with weight loss via three potential pathways:
- **Delayed gastric emptying** – After 2 hours over 60% of food is still retained in the stomach (normally less than 25% is retained). This delay has been shown to correlate with improved weight loss.
- **Gastric Volume reduction** – with more than half a liter of fluid in the stomach at all times, the volume available to fill with food is decreased.
- **Baroreceptor stimulation** – “Stret” receptors in the stomach are more quickly and easily stretched with the balloon in position. These receptors signal the hypothalamus in the brain to initiate fullness, making patients less hungry.

About the Orbera Balloon
The Orbera intragastric balloon has been used for more than two decades through hundreds of thousands of insertions in over 80 countries around the world to achieve safe, effective, durable weight loss.

<table>
<thead>
<tr>
<th>Orbera™ Intragastric Balloon</th>
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<tr>
<td>Soft, Round, no hard edges</td>
</tr>
<tr>
<td>Silicone material – LATEX FREE</td>
</tr>
<tr>
<td>Holds between 400-700ml saline based fluid</td>
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<td>No food or liquid will hurt the balloon</td>
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Weight Loss with the Orbera Balloon
Weight loss generally occurs in four phases during your balloon weight loss management program.
- **Acclimation:** As your mind and body become used to the balloon, patients will experience significant weight loss during the first two weeks.
- **Maximized Effectiveness:** From three weeks through about 12-16 weeks, patients will be motivated and excited by continued weight loss. This is the time to increase exercise and focus on maintaining strict nutrition and dietary constraints in consultation with the dietitian.
- **New Lifestyle:** Patients frequently will note decreasing weight loss during this time before the balloon is removed at six months. Patients generally still lose weight, but not as much. This is the time to reinvigorate learning new habits and tools in preparation for the moment when the balloon is removed. This is a time to focus on sustainable, durable life balance that you can maintain over time. The final two to three weeks before the balloon is removed there seems to be a renewed effort by patients to lose weight before the balloon is removed.
- **Healthy Living:** The next six months are focused on creating and maintaining an ongoing and balanced healthy lifestyle. You will work with our dietitians and clinical staff to continue strategies which help mimic the success of the balloon to develop long-term strategies for success.
Preparing for Your Procedure Day

Pre-procedure Physical & Consultation
In the weeks before your procedure you will have a visit with your bariatric physician, 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 procedure!

Pre-Procedural Diet
For the 24 hours before your balloon insertion procedure, you will be required to limit your intake to clear liquids. Further, you may not have anything at all to drink or eat from Midnight prior to your procedure.

- Drink plenty of water to stay hydrated!
- Clear fluid options include water, beef or vegetable or chicken broth, gelatin, popsicles, and decaffeinated coffee or tea. You may have protein drinks if desired.
- You may have clear juices such as apple or white grape juice.
- **Remember: Nothing by mouth after midnight before your procedure.** However, if your procedure is scheduled for late afternoon you may have water (only) up to 6 hours prior to your procedure.
- You are encouraged to take morning medications as listed below.

**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.

**Medications**
The Bariatric physician and clinical staff will review your personal medications at your pre-procedure office visit and make recommendations on what medications to take and when.

Generally, medications **TO BE TAKEN** the morning of your procedure with a few sips of water include:

- (Start Reflux medicine, Levsin & Anti - Anxiety medicine **2 days** before procedure when indicated by Bariatric physician’s office)
- Hyper/Hypothyroid medications
- Anti-Seizure Medications
- Anti-Depressants
- Anti-Arrhythmic
- GERD/PUD, Hiatal Hernia Medications (PPIs, H2 Blockers, Non-Particulate Antacids)
- Asthmatic or COPD medications (Singulair, Inhalers, etc.)
**Bowel Preparation**
You should take a stool softener daily for 2 days prior to your procedure (such as Colace or docusate). Fiber supplement that contain psyllium as the active ingredient (e.g. Metamucil) are acceptable. Be sure to take fiber with a large glass of water.

If your stools are still firm, then you may use the stool softener twice a day – and you should always be well-hydrated before and after the procedure. Continue taking the stool softener daily after the procedure until you are tolerating a good fiber diet and having regular stools.

**Anesthesia / Sedation**
Your Anesthesiologist typically calls the night prior to your procedure to review your medical history, explain anesthesia or sedation 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 for your Journey**
Take photos of yourself the week before your procedure! 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-procedure sizes. Following the procedure, you can follow your “inches lost” as you go.
Day of Balloon Insertion Procedure: What You May Expect

On the day of your procedure please plan to arrive at Rose Medical Center 90 minutes before your procedure. Check in with Main Admissions at the front of the hospital. After this you will be escorted to our Endoscopy Center and be asked to change into a hospital gown. You may get comfortable while your nurse takes your vital signs and start your IV line. You will be asked to sign an Informed Consent document if you have not already done so. Your bariatric physician’s team will stop by to greet you and help soothe any last minute jitters you may be experiencing. Your physician and anesthesiologist will be on hand to answer any last questions you or your family may have.

Once it’s time for your short procedure, a relaxing agent will be administered via IV to help prepare and begin sedating you for the procedure. You may not recall much from this point until after being roused from sedation. In the Endoscopy suite, monitors will be placed, oxygen may be administered via face mask, and the procedure will begin.

Your procedure will take approximately 15 to 20 minutes. The uninflated balloon is placed in the stomach through the mouth via a brief, non-surgical endoscopic procedure performed in the outpatient setting. Patients generally go home the same day. The balloon is filled with saline based fluid and is about the size of a grapefruit and remains in the stomach for up to six months. The balloon acts as a temporary means of curbing appetite, creating fullness, and helping patients lose weight.

When the procedure is complete, the anesthesiologist will administer medications to bring you back to alertness comfortably, with additional agents to prevent or reduce the severity of nausea or vomiting. You may expect to spend a total of 2-4 hours in the Endoscopy Center and Recovery areas for the procedure and recovery. You will be allowed to leave the hospital once your pain and nausea have been stabilized and you are able to drink clear fluids.

Discharge

Discharge instructions will be provided before you leave the hospital with detailed activity, lifestyle and diet information. You will follow up with your Bariatric physician’s staff in the office after one week. We are available via phone for any questions or issues you may wish to discuss.

The primary concern after this procedure is dehydration related to feelings of nausea and fullness. If you have not urinated in 8-12 hours, if you develop a headache, or if you haven’t kept down at least 4 ounces of fluids per hour for 6 to 8 hours, please call your bariatric physician’s office!

You may use the prescribed medications to assist with maintaining appropriate hydration at home.

After Your Procedure: Managing Side Effects

There is an expected physiological response to having the soft balloon in your stomach. Common side effects experienced by most patients after this procedure include nausea, vomiting, abdominal discomfort or pain, and intense fullness.

For most patients these are of mild to moderate severity. Please use recommended medications and initial liquid diet to alleviate these common side effects until they subside, typically within three days to a week.
Activity
You may walk as much as tolerated after the procedure and once you feel steady, without dizziness, drowsiness or being lightheaded. No strenuous physical activity for 48 to 72 hours and until you feel alert, oriented, and are able to maintain appropriate hydration. No driving until you have been off pain and anxiety medications for at least 8 hours and are alert and appropriate to drive.

Complications
There are certain complications which should be reported to your physician upon onset of symptoms. Please review these common signs and symptoms of complications.
- Deflation: loss of satiety, increased hunger and/or weight gain
- Obstruction: increasing nausea, vomiting, or abdominal pain, inability to keep food or fluids down.
- Ulceration: increasing abdominal pain, nausea or vomiting, blood in emesis or stool
- Dehydration: inability to drink at least 4 ounces of fluid per hour for 6-8 hours, not urinating in 8-12 hours, headache, dizziness, rapid heart rate, dry mouth or constant thirst.

Hydration Tips
Along with medications advised by your physician, please use the following tips to stay hydrated after the balloon insertion. If you are not staying hydrated, call your bariatric physician’s office immediately.
- Liquid diet first week. Avoid caffeine and alcohol.
- First 24 hours – consume intermittent small amounts of fluids. Experiment with temperature of fluid as one may work better for you.
- Avoid continuous consumption – the fluid needs time to pass through the stomach
- Progressing to solid food: Increase diet slowly over 2-3 weeks as recommended by your dietitian.

What can you drink immediately after your procedure?
In recovery, you may start drinking clear fluids as soon as you are alert and able to drink. Start by sipping fluids to ensure you tolerate them, and this helps to alleviate dry mouth and is an expected part of ensuring you will be able to stay hydrated at home.

Diet: First week
Clear liquids are required during your first week and as long as there is significant nausea. Better choices for staying hydrated include:
- Water
- Low-calorie, no-calorie, and sugar free drinks preferred
- Protein drinks
- Diet lemonade, decaffeinated teas and coffees
- Sugar free flavor drops may be added to water
- Broth, diet gelatins and sugar-free popsicles
- NO: Alcohol, carbonation, or solid foods

Reminders
- If you have any concerns or issues, do not hesitate to contact your bariatric physician’s office
- If you feel you are becoming dehydrated, call your bariatric physician’s office immediately
- Fluids: Avoid alcohol, carbonation or any solid foods the first week
- Ensure you have your 1-week follow-up appointment set with the bariatric physician’s office
- Use the prescribed medications and diet to alleviate side effects which commonly include nausea, vomiting and abdominal pain
Balloon Retrieval: 6 months after Insertion

After the six months with the balloon in place, including structured nutritional and fitness counseling and support, the balloon is safely removed via nearly identical endoscopic outpatient procedure by our hospital physician who specializes in foreign body retrieval.

Comprehensive medical monitoring and intensive nutritional therapy continue for an additional six months after balloon removal, for a total of a one-year process towards your better health. This second six month process helps to continue your weight loss progress and cement the knowledge, tools and awareness to be successful for the long term.

Pre-Retrieval Diet

Because of significant delayed gastric emptying with the balloon in position, your pre-procedure diet will vary significantly from the diet requested before the balloon was inserted!

Pre-retrieval, you will be required to limit intake to clear liquids for 48 hours. Similar to the pre-insertion diet, you may not have anything at all to drink or eat from the Midnight prior to your procedure. For the retrieval, you may not have anything to drink the day of the procedure.

- Drink plenty of water to stay hydrated!
- May drink moderate amount of non caloric Seltzer Water to help mobilize food particles off of the Balloon and clear the stomach.
- Clear fluid options include water, beef or vegetable or chicken broth, gelatin, popsicles, and decaffeinated coffee or tea. You may have protein drinks if desired.
- You may have clear juices such as apple or white grape juice
- **Remember: Nothing by mouth after midnight before your procedure.** (Note: no exceptions for scheduled afternoon procedures!)
- You are encouraged to take morning medications with a sip of water.
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 become 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. You may drink any **diluted** juice you desire (the best ratio is 3 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.

3. We discourage the use of caffeinated drinks or alcohol, especially during the initial adjustment phase, as these substances can irritate the stomach. In addition, their effects on your system may be more variable due to the balloon’s effect in delaying gastric emptying. Small amounts of tea or decaf coffee are okay. Herbal teas with minimum sweetening are excellent choices.

4. It is a good idea to avoid beverages 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. 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 time to empty. 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 your procedure. You have been prescribed antacids to assist with this discomfort.

7. At your 1-week post-procedure visit we will discuss advancing you to the next stage of your diet. At 3 weeks you will be able to advance to the Solid Food Diet. Advancing your diet early, before you receive instruction to do so, may result in increased nausea and/or vomiting.
Medications at Home

1. You should start taking a multivitamin when you get home.
2. For pain, nausea, reflux or heartburn, and anxiety you have been given prescription medications which can be used to alleviate your symptoms while your body and mind are adjusting to having the balloon in place.
3. Please continue the proton-pump inhibitor (antacid) medication throughout the time the balloon is in place.
4. If you have questions regarding your medication, do not hesitate to contact your bariatric physician’s office.

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 your procedure may be used once or twice a day on a routine basis to assist with constipation.
2. Diarrhea is uncommon and almost always goes away 7-10 days post operatively. You may use 1-2 doses of Imodium (loperamide) 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 bariatric physician’s office. We will help you with hydration recommendations and may wish to check you for possible 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 within a few 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. More exercise will result in more weight loss and greater sense of strength and fitness.
3. Avoid heavy lifting or straining for the first 48-72 hours after your procedure. Simply put, do not do anything that will require you to grunt or strain and put pressure on your abdomen.
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 bariatric physician’s office.

Driving

You may drive when you are off of narcotic pain and anxiety 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 Procedure 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 for the first several weeks
5. No meat or solid foods until authorized.

Post-Procedure Follow Up

1. You are required to return to your bariatric physician’s office one to two weeks following your procedure, with monthly follow-up meetings and the balloon retrieval at 6 months.
2. The Monthly Bariatric Newsletter contains dates, times and locations for ALL post-procedure classes and support groups including 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.
3. 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 phase after discharge, 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 procedure.

We have faith that you will succeed.
Remember, we are always available if you need us.

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

Choosing the Right Protein for You

It's difficult to consume enough protein from foods alone during the first few weeks after your procedure. 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 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 stomach while liquids pass through more quickly.

Protein Goals (Hilary to Update)

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. WEEK ONE: 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. WEEK TWO: Soft Food Diet – Day 14 through 21 after procedure. 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. WEEK THREE: Solid Food Diet – After 3 weeks and onward this is your new diet for a better 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.

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 procedure, you must take in sufficient protein every day to preserve your lean body mass and enhance your fat-burning metabolism.

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 a procedure 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 a few weeks post-procedure 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 without protein. Therefore, a serving of protein (between 10-15 grams) should be consumed at each 3 to 4 hour interval.

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 Balloon Procedure

### Supplements REQUIRED for LIFE

<table>
<thead>
<tr>
<th>Vitamin</th>
<th>Start</th>
<th>Dose</th>
<th>Notes</th>
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</table>
| Multi vitamin | Immediately following procedure | 1 doses per day | - Multivitamins are required due to malabsorption and inability to attain all required vitamins from food  
- Tablets, Chewable or Liquid  
- Take each dose at a separate time |
| Calcium Citrate | 6 weeks post-op (beginning of solid foods) | 1000-1500 mg per day (2-3 doses of 500 mg) | - As you lose weight, you lose bone density, so Calcium is extremely important  
- Chewable or Liquid  
- Take Calcium doses (500 mg/dose) at least 2 hours apart  
- Do not take Calcium with Multivitamin or Iron |
| Vitamin D    | 3 weeks post-op, start of Soft Food Diet | 1000-2000 IU/day | - Salmon, tuna, sardines, milk, eggs  
- Some Calcium supplements have Vit D, but may need to eat Vit D foods in addition |
| Fiber        | 6 weeks post-op, start of Solid Food Diet | 2 doses/day of 3-5 grams fiber from supplement. Total fiber 25-35grams per day from food & supplement | - High fiber food contains more than 3-5 grams per serving  
- Fiber supplements should have about 3-5 grams/serving  
- Distribute servings throughout day and be sure to drink plenty of water |

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

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

- Expect this journey to be unique to you. Everyone is different in how they tolerate foods after a bariatric procedure. Foods easily eaten by one patient may cause another to have discomfort or even vomit.
- The balloon procedure works in several ways, one of which is to make you feel full – very full. This fullness takes 1-2 weeks to become accustomed to, and is an expected part of having the procedure.
- Expect to have changes in your favorite foods and food cravings. Foods you loved prior to your procedure may no longer sound appetizing. Foods you didn’t really care for in the past may become your new favorite!
- 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.
- 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 your procedure, YOU WILL BE NOW! This is a necessary aspect of your success, both short-term and long-term!
- It is imperative that you follow the diet progression as specified in this book and by your surgical team.

- Warm or cool fluids? There are no pain or temperature receptors in stomach, so whatever works best for you to stay hydrated is what you should focus on.
- If you are feeling increased gastric motility and rumbling, drink normally until you feel fullness. Then wait several hours before taking more fluids. This may help reduce gastric motility and discomfort. Why? Each ingestion of fluids increases gastric motility and contractions – causing more nausea and vomiting.

Intragastric Balloon First Week

Liquid Diet

- Low cal, low-acid fruit juices (apple, grape, cranberry)
- Weak coffee or tea, preferably decaf
- Fat-free clear broth or soup
- Low calorie gelatin (no fruit chunks)
- Sugar-free popsicles (no fruit or cream)
- Low-fat yogurt drink
- Skim milk
- Thinned cream of wheat made with skim milk
- Protein shakes

1st Week Tips for Thriving with your new balloon:

- First day – limit intake to clear fluids – water, juice, broth
- Remember! No food or liquid will hurt the balloon, you can focus on whatever is most tolerable for you in terms of consistency, sweetness, and saltiness

Conversion of Measurements

1 oz
First week Sample day menu

Breakfast

- ½ cup protein shake
- ¼ cup skim milk
- ¼ cup unsweetened juice

Morning Snack

- ½ c unsweetened juice
- 1 sugar-free popsicle
- ½ cup skim milk

Lunch

- ½ c strained low-fat vegetable soup
- ¼ c protein shake
- ¼ c skim milk

Afternoon snack

- ¼ c protein shake

Dinner... similar to breakfast and lunch

Evening snack... ditto

Diet progression

- Liquid first week day 0-6
- Soft food – days 7-13 (2nd week)
- Solid food days -21 + (3rd week)

- Solid food introduction tips
  - Introduce solid foods one at a time
  - Try cooked foods first before raw/hard foods
  - Limit bread, pasta, rice, and starches – stick to balloon and cause bad breath

- Avoid eating and drinking at same time...
  - Drink ½ hour before and a cup of fluid ½ hour after to “rinse” balloon
- Chew very well and eat slowly
- Plenty of fluids with balloon to stay hydrated
**Soft Food Diet: Use day 7-14 (1-2weeks) after Procedure**

**Sample Menu**

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal 1</th>
<th>Meal/Fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td>7am</td>
<td>1-3 oz low fat cottage cheese with canned peaches</td>
<td><em>(Within 1 hour of waking up)</em></td>
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<td>8am</td>
<td>8-10 oz Water</td>
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<td>9am</td>
<td>1-3 oz egg Beaters with sprinkle of cheese</td>
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<tr>
<td>10am</td>
<td>4-8 oz protein shake</td>
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<tr>
<td>11am</td>
<td>1 oz string cheese</td>
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<td>12pm</td>
<td>8-10 oz Water or Sugar Free Popsicle</td>
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<td>1pm</td>
<td>1-3 oz low carb vanilla yogurt with a tsp of creamy PB</td>
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<td>2pm</td>
<td>8-10 oz Water</td>
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<td>3pm</td>
<td>1 oz ground turkey with 1T of marinara</td>
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<td>4pm</td>
<td>8-10 oz Water</td>
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<td>5pm</td>
<td>1 oz tuna with low fat mayo (no pickles or onions)</td>
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<tr>
<td>6pm</td>
<td>8-10 oz Water</td>
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<tr>
<td>7pm</td>
<td>1 oz broiled tilapia</td>
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<tr>
<td>8pm</td>
<td>4-8 oz protein shake</td>
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<td>9 pm.</td>
<td>1-3 oz black beans with non-spicy green chili</td>
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<td>10pm</td>
<td>8-10 oz Water</td>
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<td>Totals</td>
<td><strong>Protein:</strong> 65-75 grams <strong>Fluid:</strong> 64-80 oz (approximately 2 Liters)</td>
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**Soft Food Diet: Weeks 1 -3**

- 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: Use 3+ Weeks after Procedure

Sample Menu

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal 1</th>
<th>Meal/Fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td>7am</td>
<td>1-2 scrambled eggs with salsa</td>
<td>(Within 1 hour of waking up)</td>
</tr>
<tr>
<td>8am</td>
<td>8-10 oz Water</td>
<td></td>
</tr>
<tr>
<td>9am</td>
<td>8-10 oz Water</td>
<td></td>
</tr>
<tr>
<td>10am</td>
<td>Cheese and turkey rollup (1 slice of each)</td>
<td>8-10 oz Water or Sugar Free Popsicle</td>
</tr>
<tr>
<td>11am</td>
<td>8-10 oz Water</td>
<td></td>
</tr>
<tr>
<td>12pm</td>
<td>8-10 oz Water or Sugar Free Popsicle</td>
<td>1-2 oz Tuna salad on cucumber slices</td>
</tr>
<tr>
<td>1pm</td>
<td>8-10 oz Water</td>
<td></td>
</tr>
<tr>
<td>2pm</td>
<td>8-10 oz Water</td>
<td></td>
</tr>
<tr>
<td>3pm</td>
<td>8-10 oz Water</td>
<td></td>
</tr>
<tr>
<td>4pm</td>
<td>1-2 oz Taco meat with sliced avocado</td>
<td>8-10 oz Water</td>
</tr>
<tr>
<td>5pm</td>
<td>8-10 oz Water</td>
<td></td>
</tr>
<tr>
<td>6pm</td>
<td>8-10 oz Water</td>
<td></td>
</tr>
<tr>
<td>7pm</td>
<td>1-2 oz Grilled chicken with mango salsa</td>
<td>8-10 oz Water</td>
</tr>
<tr>
<td>8pm</td>
<td>8-10 oz Water</td>
<td></td>
</tr>
<tr>
<td>9 p.m.</td>
<td>8-10 oz Water</td>
<td></td>
</tr>
<tr>
<td>10pm</td>
<td>2-3 oz Greek yogurt with blueberries</td>
<td>Meal 6 (if needed)</td>
</tr>
<tr>
<td>Totals</td>
<td>Protein: 65-75 grams</td>
<td>Fluid: 64-80 oz (approximately 2 Liters)</td>
</tr>
</tbody>
</table>

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 64oz fluids per day
- NEW: No drinking with meals!
  - Drink 10-15 min before meals
  - Drink 45-60 min after meals
**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

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### 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 procedures is 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.

- Bariatric procedures provide 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 life-long success!
- The balloon procedure creates a physical change in your body that requires training on its use.
- The balloon procedure alone will not guarantee weight loss, and ignoring the “Rules of the Tool” will result in poor weight loss or eventual weight gain.
- Your bariatric procedure was a decision you made in order to be able to actively participate in your life. Always remember why you had the procedure 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. Measure out your meals to avoid the mistake of eating “until you feel full.” Your brain is on a 20-minute delay from your 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.
   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 procedures 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 bariatric physician’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 your procedure 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 the procedure 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 your bariatric procedure in order to change your life for the better. You have gone to great lengths to succeed with your weight loss goals. The balloon procedure 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 the procedure 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 your procedure!
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 mealt ime 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 mealt ime; 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 throughout the 12 months of the program 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 bariatric physician’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 bariatric physician’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 procedure and future 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.

Begin to incorporate your long-term exercise plans at this time. After clearance from your bariatric physician, 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 2-3 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 you 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.

<table>
<thead>
<tr>
<th>Perceived Exertion Scale</th>
<th></th>
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<tbody>
<tr>
<td>0</td>
<td>No Exertion</td>
</tr>
<tr>
<td>1</td>
<td>Very, Very Light</td>
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<tr>
<td>2</td>
<td>Very Light</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
</tr>
<tr>
<td>4</td>
<td>Somewhat Hard</td>
</tr>
<tr>
<td>5 to 6</td>
<td>Hard</td>
</tr>
<tr>
<td>7 to 8</td>
<td>Very hard</td>
</tr>
<tr>
<td>9</td>
<td>Extremely Hard</td>
</tr>
<tr>
<td>10</td>
<td>Maximum</td>
</tr>
</tbody>
</table>
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.
Warnings & Precautions

Warnings
Always tell your health care providers that you have the Orbera intragastric balloon. If they do not know
that you have a gastric balloon, they may not be able to treat you correctly. Tell your doctor if anything
listed in this section happens to you. This will help you get the right care. Tell your doctor if you cannot
keep liquids down and cannot swallow, or if you are nauseated or throwing up. You could become
dehydrated and your kidneys could shut down.

Tell your doctor if you feel very tired, your stomach hurts, you can't remember things, if you have trouble
sleeping, or are constipated. These may be signs that you are having a problem with the balloon.

Tell your doctor if you no longer feel full after eating, if you are hungrier between meals than before you
received the Orbera intragastric balloon, or if you gain weight. If this happens to you, your balloon may
have deflated. A deflated balloon can stop food from passing. This may lead to stomach pain and swelling,
throwing up, constipation, or even cause death. Your doctor can check to see if the deflated balloon has
moved. If it has, you will need to be watched closely to see if it passes in your stool. Or you may need an
operation to remove it.

Do not use the Orbera intragastric balloon for more than 6 months. The balloon is more likely to deflate
and cause the bowels to block if it is left in place longer than 6 months. A blocked bowel can cause death.
Do not eat or drink anything before your procedure. Food or liquid in your stomach could enter your lungs
and cause harm. If you have food in your stomach, you will have to wait until you can go 12 hours without
food or drink. If you take medications, ask your doctor about how they should be taken during that time
period.

Do not eat solid foods for 24 hours before your balloon is removed. Also, do not drink liquids for 12 hours
before your balloon is removed. If there is food or liquid in your stomach, it can go to your lungs. Food or
liquid in your lungs can cause death. If you take medications, ask your doctor about how they should be
taken during that time period.

Precautions
You must follow the diet, exercise, and other directions from your doctor while the gastric balloon is in
place. If you do not follow directions, you may not lose weight or you may not maintain the weight you
have lost already. Tell your doctor right away if you feel nonstop nausea, or if you cannot stop throwing up.
Tell your doctor right away if you have stomach cramps that are so bad that you cannot drink any liquids. If
you do not tell your doctor about your nausea or vomiting, your body could lose too much water and salts.
You may need to go to the hospital to make sure you do not develop problems with your heart and kidneys.
Your doctor may give you medicine to take, replace fluids through your vein, or may even have to remove
your gastric balloon. The safety and effectiveness of the Orbera intragastric balloon has not been
established during pregnancy or with breastfeeding. As soon as you know you are pregnant, tell your doctor
so the gastric balloon can be removed. If you are a breastfeeding mother or planning to become pregnant
within the next year, you should not use the Orbera intragastric balloon.

Risk/Benefit Information
Risks Related to Endoscopic Procedures and Sedation
After you have been given a sedative medication, the gastric balloon will be placed and removed by your
doctor using an endoscope that goes down your throat and into your stomach. Endoscopy is very safe, but
there are small risks. The most common risks of endoscopy include bleeding, infection, and tearing of the
esophagus or stomach. These problems only occurred in about 3–5 of every 10,000 endoscopies. Risks
related to sedation during endoscopic procedures are rare, occurring in less than 1 in every 10,000 people. The most common side effects of sedative medications are a temporary slowing of your pulse or breathing rate, which can be improved by the doctor giving you extra oxygen or medication to reverse the effect of the sedative. Patients with heart, lung, kidney, liver, or other chronic diseases are at higher risk for side effects from medications. In order to reduce the chance of having a side effect during the gastric balloon procedures, you should follow your doctor’s instructions on how to prepare for endoscopy, such as not eating and stopping certain medications.

The gastric balloon causes stomach upset as your body gets used to the balloon. You can expect to feel some nausea, throwing up, pain, and acid reflux. These may stop on their own, or you may need medicine. Your doctor may give you medicine to help as your body gets used to the balloon.

**Side Effects Reported with the Orbera Intragastric Balloon**

Nausea; Pain or discomfort; Throwing up; Acid reflux; Burping/belching; Heartburn; Constipation; Stomach bloating; Lack of body water and salts; Diarrhea; Gas; Slowed digestion of food; Tiredness, weakness, dizziness, or uneasy feeling; Headache or migraine; Device intolerance; Sinus or respiratory infection, nasal congestion, or chills; Bad breath; Hard to swallow; Irritation of the lining of the esophagus, which may be caused by not taking acid reducing medication as instructed; Stiff stomach muscles; Lack of Vitamin B1; Sore throat; Infection in the stomach; Hiccups; Lung infection; Fear, worry, or hard time falling asleep; Lack of appetite; Unable to control bowels; Spasm of the intestine; Low potassium; Low blood count.

**Contraindications for the Orbera Intragastric Balloon**

- The presence of more than one intragastric balloon at the same time.
- Prior gastrointestinal or bariatric surgery.
- Any inflammatory disease of the gastrointestinal tract including esophagitis, gastric ulceration, duodenal ulceration, cancer or specific inflammation such as Crohn’s disease.
- Potential upper gastrointestinal bleeding conditions such as esophageal or gastric varices, congenital or acquired intestinal telangiectasis, or other congenital anomalies of the gastrointestinal tract such as atresias or stenoses.
- A large hiatal hernia or > 5 cm hernia or ≤ 5 cm with associated severe or intractable gastro-esophageal reflux symptoms.
- A structural abnormality in the esophagus or pharynx such as a stricture or diverticulum that could impede passage of the delivery catheter and/or an endoscope.
- Achalasia or any other severe motility disorder that that may pose a safety risk during removal of the device.
- Gastric mass.
- Severe coagulopathy.
- Hepatic insufficiency or cirrhosis.
- Patients who are known to have or suspected to have an allergic reaction to materials contained in the balloon.
- Any other medical condition that would not permit elective endoscopy such as poor general health or history and/or symptoms of severe renal, hepatic, cardiac, and/or pulmonary disease.
- Serious or uncontrolled psychiatric illness or disorder that could compromise patient understanding of or compliance with follow up visits and removal of the device after 6 months.
- Alcoholism or drug addiction.
- Patients who are unable or unwilling to take prescribed proton pump inhibitor medication for the duration of the device implant.
- Patients unwilling to participate in an established medically-supervised diet and behavior modification program, with routine medical follow-up.
- Patients receiving aspirin, anti-inflammatory agents, anticoagulants or other gastric irritants, not under medical supervision.
- Patients who are known to be pregnant or breast-feeding.
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 class 1 with a BMI of 30-35. A BMI of 35 – 40 is obesity class 2 and a BMI of 40 and up is obesity class 3.

2. **What are common tests before your procedure?** Required tests are based on each patient’s current medical challenges and include:
   a. Complete Blood Count (CBC)
   b. Metabolic Blood Panel (CMP)
   c. Echocardiogram (EKG)
   d. Pregnancy test
   e. GI Evaluation / Endoscopy (EGD)
   f. Behavioral Health / Psych consult
   g. Cardiology Evaluation

3. **Is the intragastric balloon a cure for obesity?**
   Weight-loss procedures are a tool, not a cure. 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. **What if I am planning to have children following my procedure?** There is a greater likelihood of conceiving after weight loss procedures. Your body is going through rapid and major changes and it is not advised to plan a pregnancy during your first year after the procedure! Women of childbearing age should use effective birth control during the first 12 months after the procedure to avoid any unplanned pregnancies.

5. **How long does it take to schedule my procedure?** Once you have completed all necessary pre-procedure testing your bariatric physician’s office can usually schedule your procedure within approximately 3-4 weeks. 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 your procedure.

6. **How long does the operation last?** The intragastric balloon placement takes about 15-20 minutes to complete. The retrieval generally takes a few minutes longer.

7. **Will I have a lot of pain?** Most patients are pleasantly surprised at how little discomfort they experience. However, your bariatric physician will work with you to minimize any discomfort after the procedure.

8. **How can I best manage nausea and/or vomiting?** Quick tips.

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

10. **How long after my procedure can I drive?** Your bariatric physician will recommend that you do not drive until you have stopped taking narcotic, anxiety or other medications and can move quickly and alertly to stop your car, especially in an emergency. This may take several days after the procedure.

11. **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-procedure tests and follow-up appointments that must take place during this time. Most patients stay at a nearby hotel or with relatives or friends.

**Life With the Balloon**

1. **Feeling of fullness... ADD.**

2. **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!

3. **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. Also, once the balloon is removed, 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 new life so that you will know how to maintain your weight at its desired level.

4. **What are weight plateaus?** During your first 12 months after the procedure 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.

5. **What medical benefits will I reap other than weight loss?** A variety of medical concerns can be improved as a result of Bariatric procedures. **High Blood Pressure** can often be alleviated or eliminated by weight loss procedures. **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 bariatric procedures. **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 your procedure. **Low Back Pain and Degenerative Disk and Joint Disease** may be relieved with weight loss, and greater comfort may be experienced even after only 25 lost pounds.

6. **Can I drink carbonated beverages after the procedure?** We recommend against using carbonation the first week after the procedure. Carbonation initially causes gastric irritation and can stretch your stomach muscle and can cause you to overeat. Many patients experience discomfort from the gas. It is recommend that you avoid any drinks such as pop, beer, champagne, or seltzer.

7. **Why is exercise so important?** Exercise is imperative before and after your procedure. Pre-procedure, 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 your procedure!) Post-surgically, exercise must become a habit you embrace and continue the rest of your life. When you have Bariatric procedures 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.
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?

- 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 balloon placement
- You may require additional vitamins to compensate
- Too much food will mean pain and nausea/vomiting, not just an “overfull” feeling

Orbera Intra Gastric Balloon

Pre-Surgery Shopping List

- Multivitamins: Chewable or Liquid
- Vitamin B12: sublingual, nasal spray, or injection
- 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”

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>

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

Ratio = Total Calories / Grams Protein
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 Procedure

- 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!
Rules of the Tool

Bariatric DIET after your Balloon Placement

- 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
Rules of the Tool

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-procedure Considerations
- 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!

Your Medications

• If you are a patient with diabetes
  • Check with your doctor for blood sugar guidelines
  • You should be checking you 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 Balloon Placement

• 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 procedure 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 Procedure Day

- Arrive 3 hours before your scheduled surgery
- Start IV for medications and fluids
- Family may be with you in Pre-op, but not during the procedure. They can see you after when you have woken up.
- Surgery takes about 30 minutes, with 1-2 hours in Recovery before you can be discharged home.

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”

You Know the Truth – This is Your Victory 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!

Discharge Key Points

- Drink – Drink – Drink! Staying hydrated is critical to success
  - At least 4oz per hour minimum
  - Goal 64+ oz per day
- Protein: Goal is 65-75 grams protein per day (min: 30-40gm)
- Start Multivitamins and B-12 once home
- Pain medications given – may cut pill
- Nausea patches and medication as needed – use them!
- Activity & walking are keep you safe and on track
**Post-Procedure Follow Up**

- 1 weeks first post-balance placement at 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

**Diet Progression after Balloon Placement**

- **Discharge Diet:** discharge through first week post-op
  - **Fluids only** - (unlimited fluids, minimum 4oz/hr, small portions)
  - Water, low-calorie / no-calorie fluids, protein drinks and shakes, diluted juice, decaf tea and decaf coffee, sugar free popsicles

**Diet Progression after Procedure**

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

- **Solid Food Diet:** This is it! From 3 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
### Post-Procedure Complications

<table>
<thead>
<tr>
<th>Minor Warning Signs</th>
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<tbody>
<tr>
<td>Minor warning signs usually require a consultation with your surgeon’s office, but not necessarily an emergency room visit</td>
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<table>
<thead>
<tr>
<th>Major Warning Signs</th>
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<tr>
<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>
</tr>
</tbody>
</table>

### Common Warning Signs - Minor
- Low grade temperature less than 101 F
- Temporary numbness in extremities
- Mild Edema/swelling
- 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
- 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”?

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
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, ulceration, infection, scarring, gallstones, pain, nausea, vomiting, bowel dysfunction, deep vein thrombosis, cardiovascular complication, blood clots, allergic reaction, blood loss, nervous system complication, pneumonia, defecation, 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

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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!

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Questions?
Visit RoseKnowsWeightLoss.com
- Class & Support Group information and schedules
- Bariatric Topic of the Month
- Surgeon and office contact information

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Rose Bariatric Center
Post-Balloon Placement
Soft Food Diet Class

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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 Balloon Placement**
- 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 stomach!

**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
PROTEIN FIRST!
- To get enough protein while eating a small volume of food, the majority of the foods eaten must be...PROTEIN
  - At least 90-100% of portion from protein!
  - Low fat
- Very small amount (0-10%) can be complex carbohydrates (non-protein food)
  - Only if getting adequate protein
- Low fat condiments (light mayo, light or fat-free dressing)
  - helpful to moisten
- Veggies, fruit, whole grain
  - Carb portion will increase slightly as pouch increases in size (protein first)

SOFT DIET (1-2 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 weeks)
- Soft and Pureed protein choices are now a big part of your protein intake
  - 1 oz every other hour (3-4 oz max) as tolerated
  - Start with less and LISTEN to your pouch
  - Portion base on pouch size
  - ALWAYS measure!
- What soft foods are appropriate?
  - If a food is a source of pure, low-fat protein
  - Foods from animals are optimal protein options
  - AND ... if you can make it into a soft or pureed consistency
SOFT DIET: 3 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
  - Breast and Loin meat is preferable – choose low-fat options
  - Canned/Ground Chicken (No Baked or Grilled Chicken yet)
- **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

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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 (3 weeks)

Soft Diet: 3 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
  • Not a protein option
• 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
  - 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**
  - 3 weeks post procedure
  - 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

Visit
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.

Rose Bariatric Center
Post-Balloon Placement
Solid Food Diet Class

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**

<table>
<thead>
<tr>
<th>4 Parts to your Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOOL</strong></td>
</tr>
<tr>
<td>- Education and follow up for life</td>
</tr>
<tr>
<td><strong>Behavior Modification</strong></td>
</tr>
<tr>
<td>- Empowering behavioral changes</td>
</tr>
<tr>
<td><strong>Exercise</strong></td>
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<td>- Ongoing commitment</td>
</tr>
<tr>
<td><strong>Diet</strong></td>
</tr>
<tr>
<td>- Eating to fuel body</td>
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</tbody>
</table>

**Behavior Modification**

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

---

**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!

---

**Behavior Changes**

- Reduce portions
  - Small plate/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

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

- Include weight resistance training after 4-6 weeks
  - Wait until cleared by Surgeon’s office
  - Start with low weight and build up slowly
- Change up your routine every 6-8 weeks
  - Helps prevent boredom & plateaus
- FITT – alter one component
  - Frequency
  - Intensity
  - Type
  - Time

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 3 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
Solid Food – at 3 Weeks
- 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 3 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 3 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

QUESTIONS
Orbera Intragastric Balloon

- Esophagus
- Small Intestines
- Stomach
- Orbera Balloon

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Warning Signs

**Minor Warning Signs / Conditions**
These usually require a consultation with your bariatric physician’s office, but not necessarily an ER visit.

**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 bariatric physician’s office. You may use Imodium for relief as directed.

**Nausea** – Nausea is common in the post-procedure 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 bariatric physician’s office.

**Major Warning Signs / Conditions**
Requires consultation with your bariatric physician’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. Do not wait for resolution when 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.

**Oral Yeast Infections (Thrush)** – Thrush is not uncommon after a medical procedure. Characterized by white areas on the tongue, you may have some discomfort to the mouth and a metallic taste. Call your bariatric physician 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 bariatric physician 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.