

Nutrition Guidelines for Bariatric Surgery

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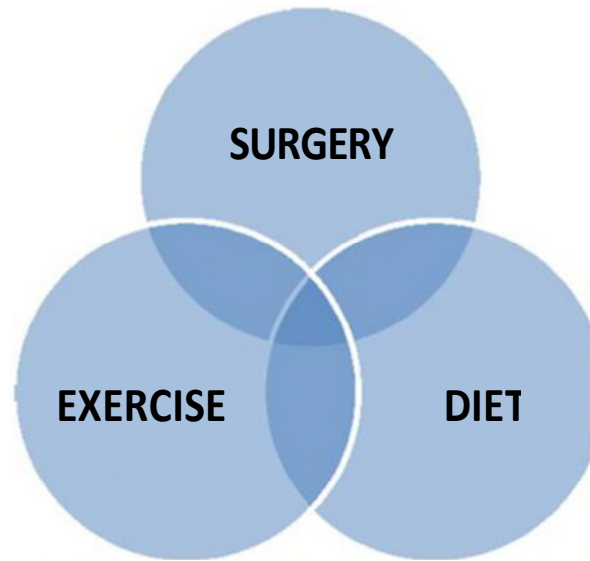
Nutrition Guidelines

The decision to have bariatric surgery should be made with a complete understanding of the risks, benefits and lifelong changes that are necessary after surgery. In order to achieve weight loss and maintain good health, it is important to develop and maintain proper eating habits before and after surgery. Failure to modify and maintain eating habits can result in complications, such as blockage of the anastomosis, vomiting, nutrient deficiencies, and decreased weight loss. The following information is to help you understand healthy eating before and after surgery. Remember, you are not on a “diet”. Once you have surgery, your stomach will forever be changed.

General Guidelines

Adopting healthy lifestyle changes before surgery is vital to success after surgery. This is the time to break unhealthy habits such as skipping meals and crash diets.

- Stop eating fast food – even salads from fast food chains may have 700 calories or more!
- Stop eating high calorie snack foods (i.e. ice cream, candy, chips, seeds).
- Stop drinking alcoholic beverages.
- Stop carbonated and caffeinated beverages.
- Eat three balanced meals a day.
- Carefully monitor portion sizes (use a food scale and measuring cups and spoons).
- Eat low-fat protein at each meal.
- Eat fewer carbohydrate foods (bread, rice, pasta, bagels, cereal, oatmeal, etc.).
- Chew foods 30 times per bite.
- Separate food and drink by 30 minutes.
- Take time for each meal. Sit down, eat slowly and enjoy your food.
- Don't eat at your desk, in the car or in front of the television or computer.
- Engage in regular physical activity.
- Stop drinking high calorie beverages (Starbucks, Jamba Juice, fruit juice, soda, energy drinks).
- Take your vitamins and minerals every day for life.



Surgery is just the beginning!

For the rest of your life, you **MUST**:

- Exercise
- Follow a low calorie/high protein diet.

Try this **mindful eating** exercise:

Learning to eat mindfully is essential to long term weight loss maintenance. It takes practice. Be patient with your learning process. Use the table on the next page, at least once a month for the rest of your life to pick up on non-mindful eating practices.

- Tune in to your body's sense of hunger.
- Start eating only when you experience moderate hunger- NOT just the urge to eat.
- Hunger feels like a hollow or empty feeling in your stomach.
- CHEW your food well before swallowing.
- LOOK up from your plate often.
- PAUSE and ENJOY the taste of what you are eating.
- PUT DOWN your utensils occasionally or between bites.
- Check to see if you are still hungry between bites or have reached MODERATE fullness.
- STOP eating when you are moderately full.

Use the following table at least once a month for a self-check. Rate your hunger both before and after eating on a scale of 0-5, with 0 being not hungry at all and 5 being ravenous.

What you ate	Hunger before eating rate 0 to 5	Hunger after eating rate 0 to 5	Why did I eat? What was I feeling?

Understanding the relationship between your eating, your hunger, and your emotions is critical to changing NON-HUNGER eating. If you ate for reasons other than hunger (e.g. boredom, stress, “it was there”), identify these and make **VERY CONCRETE** changes to address NON-HUNGER EATING. For example, if you identify that you eat when you are stressed, address the stress. If you cannot do this yourself, **GET HELP**. Consider seeing a counselor or psychologist. Be **PROACTIVE** for your health.



Kura PERMANENT!

Fresno, California

THE EATING PROFILE QUESTIONNAIRE (EPO)

By

Cynthia G. Last, Ph.D.

Read each question and circle the answer that best describes your behavior.

- | | |
|---|--------|
| 1. Do you often eat standing up? | YES NO |
| 2. Is it difficult for you to remember everything you ate today or yesterday? | YES NO |
| 3. Do you often eat between meals? | YES NO |
| 4. Do you tend to finish your food before others? | YES NO |
| 5. Do you often not use plates or utensils when eating? | YES NO |
| 6. Do you frequently do other activities while eating? | YES NO |
| | |
| 7. Is quality of food more important than quantity? | YES NO |
| 8. Do you tend to eat slowly? | YES NO |
| 9. Do you enjoy trying different types of food? | YES NO |
| 0. Do you love high-fat or high-sugar foods? | YES NO |
| 1. Do you pass on food that isn't tasty? | YES NO |
| 2. Is eating one of your greatest pleasures? | YES NO |
| | |
| 3. Are you a nervous or high-strung person? | YES NO |
| 4. Do you often snack when you're tense or uptight? | YES NO |
| 5. Is it hard for you to resist eating something that is right in front of you? | YES NO |
| 6. Is it difficult for you to relax? | YES NO |
| 7. Is the act of eating often more important than what you are eating? | YES NO |
| 8. Are you a worrier? | YES NO |
| | |
| 9. Is it difficult for you to be assertive? | YES NO |
| 0. Do you have upsetting dreams? | YES NO |
| 1. Do you often eat to avoid thinking about upsetting things? | YES NO |
| 2. Is it sometimes hard for you to identify your feelings? | YES NO |
| 3. Do you have problems that seem impossible to overcome? | YES NO |
| 4. Are you a people-pleaser? | YES NO |
| | |
| 5. Do you have special feel-good foods? | YES NO |
| 6. Does eating initially give you a lift or a high? | YES NO |
| 7. Do you often feel sad, bored, or down in the dumps? | YES NO |
| 8. Do you often plan out food treats for yourself? | YES NO |
| 9. Are you overly critical of yourself? | YES NO |
| 10. Do you lack energy or enthusiasm? | YES NO |

Last, Cynthia, Ph.D. (1999), *The 5 seasons Why We Overeat How to Devaop a Long-Terra WeightConiroi Ran That Right for You*, Carol Publishing Group, 1939. Permissionfor use granted by Dr. Last

Scoring you're eating profile questionnaire

Use the questionnaire on the previous page to help identify your eating personality. It is beyond the scope of these guidelines to address each of these issues in detail but being able to identify possible areas of weakness will help you to better address them.

Interpretation:

Mostly YES to questions 1-6:

IMPULSE eater: not paying attention, often unplanned meals. Look at the mindful eating tips on the previous pages.

Mostly YES to questions 7-12:

ENJOYS FOOD: These eaters often tend to eat foods high in fat or sugar.

Mostly YES to questions 13-18:

STRESS eater: Look into alternatives to help address your stress such as meditation, exercise or yoga. If you are unable to address these on your own, then **GET HELP**. Consider counseling or psychological assistance.

Mostly YES to questions 19-24:

AVOIDANCE eater: You would rather eat than face a difficult situation or undertake and unpleasant task. You may need training on how to be assertive.

Mostly YES to questions 25-30:

PICK ME UP eater: You use food to try to improve your mood or give comfort. Explore other ways to give yourself a boost. Exercise is a well recognized mood enhancer.

Eating Triggers

Many things can trigger a person to eat when they are not hungry. Identifying your triggers and preparing to handle them can help maintain your weight loss. Below is a list of triggers you may be familiar with. You may have some of your own that are not listed.

- > Thoughts and excuses: “It doesn’t matter what I eat, I’ll never lose the weight” or “I deserve it” or “I’ve already blown it”
- > Emotions: Boredom, anger, sadness, anxiety
- > Sensations: Fatigue or physical discomfort
- > Dissatisfaction with taste, texture or quantity even when you are full
- > People who encourage you to eat or drink excessively
- > Environmental cues: The mall food court, festivals, fairs
- > Parties, holidays, special events, work place break room

MY TRIGGERS: List any triggers for you that are not listed above

-
-
-
-

Review your action plan. Note things that are working and consider adjustments to your plan for those things that are not working. Use a table similar to this one:

Action/Behavior change	Working or Not Working	Effectiveness and Changes
Example: <i>Bring healthy food to work instead of using vending machine</i>	<i>Working</i>	<i>Continue...I can't believe it's so easy</i>
<i>Snack while watching TV</i>	<i>Not working</i>	<i>It's too hard to just sit there...I'll try knitting while the TV's on</i>

Changing Behavior Tips

Below are suggested diversions and stress management techniques. You can also add to this list yourself. Try to plan in advance for potential “danger situations”. Have your technique ready to put into action. **Weight loss surgery will not change the stresses you face in life. It is ESSENTIAL that you have ways to lower the impact of these stresses.**

Diversions:

To replace my urge to eat I CAN:

- Read
- Work on a predefined project
- Do a puzzle (have one ready)
- Call a friend
- Take a class
- Take up a new hobby
- Play an instrument
- Walk
- Stretch
- Go to the gym
- Do an exercise video

Environmental Changes:

To help avoid temptation I CAN:

- Keep temptation out of the house, office and car
- Avoid places that tempt me
- Avoid people that tempt me
- Change my routine/route to avoid temptation
- Use the buddy system in places or situations that tempt me

Stress Management/Relaxation

Techniques:

- Journal
- Deep breathing
- Deep relaxation
- Take a shower or bath
- Talk to someone
- Meditate
- Listen to music
- Yoga

Challenges:

I need to prepare for:

- Food available at work
- Work/school schedules that interfere with regular meals
- Social eating with family or friends
- Ordering meals from menus
- Food shopping temptations
- The food court at the mall
- Travel

Success Habits: Before and After Surgery

Adopting healthy lifestyle changes before surgery is vital to success after surgery.

EAT MINDFULLY

WHAT you eat:

- Eat low-fat **PROTEIN FIRST** at each meal.
- **NO** high calorie snack food (i.e. ice cream, candy, chips, and seeds).
- **NO** alcoholic beverages
- **NO** juice and other high calorie beverages (Starbucks, Jamba Juice etc.).
- **NO** crash diets such as Slim Fast, Ensure, Atkins, South Beach Diet, etc.
- Always have “safe food” and water in your car, in case of an emergency.

WHEN you eat:

- Eat **THREE** meals a day: Breakfast, Lunch and Dinner.
- **NO SNACKING.**
- **NO SKIPPING MEALS.**
- **NO** fluids with your meals. **STOP** 20 to 30 minutes beforehand. Drink fluids 3060 minutes after meals.
- Complete meals in a timely manner. Avoid grazing on your meals.

WHERE you eat:

- Do not eat on the run, at your desk, in the car, or watching TV. **Eat at the table.**
- Make healthy choices at restaurants – even salads from fast foods chains can contain up to 700 calories or more! Ask for nutrition information or look up restaurant chains online (ex: CalorieKing.com)
- When eating out, ask the waiter to bring you a half order **or** pack up half the order to go **BEFORE** it is served.
- Pack your meals for work to help avoid poor food choices at work.

HOW you eat:

- Eat **S-L-O-W-L-Y**, take time to eat.
- Take small bites and chew food 30 times a bite.
- Carefully monitor portion sizes (with a food scale).
- Use a **SMALL** plate and **SMALL** spoon.
- Do **NOT** drink fluids with your meals. **STOP** 20 to 30 minutes beforehand. Drink fluids 30-60 minutes after meals.
- Stop eating at the first sign of fullness.
- Get involved in a regular **EXERCISE** routine a minimum of 5 days a week
- Take your **VITAMINS** every day.
- Join a **SUPPORT** group

THE BASICS OF BARIATRIC NUTRITION

Calories

Calories are talked about a lot in any discussion of obesity and weight loss. They are necessary to consume and important to understand. A calorie is simply a “unit of energy”. Energy is the ability to do work. Work can be physical work, like carrying a suitcase up the stairs, or biological work, like the ongoing beats of your heart pushing blood throughout your body. When the body gets too many calories, from any source – carbohydrate, protein or fat, it will store those extra calories as body fat. When the body uses more energy than it takes in, you will lose weight.

3500 calories is equivalent to approximately 1 pound

If you are currently taking in 3200 calories a day you can lose approximately 4 pounds a week by following a low calorie diet (1200 calories). Your surgeon will ask you to lose weight prior to your surgery and follow a low calorie diet.

EXCESS calories add weight!

100 calories extra a day

=

36,500 calories extra a year

=

10 pound weight gain a year

10 pounds a year over 10 years = 100 pound weight gain

Food

Food provides calories which in turn provide the energy we need to get us through our daily activities. Although people eat real food like an apple or a peanut butter sandwich, dietitians describe food by breaking it down into its biochemical components which are: carbohydrate, protein and fat. If you have surgery, you will need to work with a dietitian who will address your individual nutrient needs to prepare you for both before and after surgery.

Protein

Protein is a primary component in every cell and tissue in the body. It is used to make hair, skin, nails, muscles, organs, blood cells, nerves, bone, brain tissue and more!

Importance of Protein

An adequate protein intake is important following surgery. Since your stomach capacity is severely restricted, you must be sure to eat enough protein every day to keep you healthy.

Protein is necessary to:

- Preserve muscle tissue and allow the body to lose fat instead of muscle
- Allow wounds to heal properly
- Prevent protein deficiency
- Reduce your hunger. Protein is more satisfying and filling than carbohydrates. You are less likely to feel the need to snack between meals.

- > Women need about 60-70 grams of protein a day; men need about 70-80 grams
- > Foods that are high in protein include lean red meats, pork, poultry, fish, dairy, cheese, eggs, tofu and seafood
- > At each meal, **CONCENTRATE ON EATING YOUR PROTEIN FOODS FIRST.** This helps you meet your protein needs before filling up on other foods.
- > Be sure to **select lean sources of protein** to help keep your total fat intake low and to help prevent unwanted weight gain. The table on the next page lists the protein and calorie content of various protein-rich foods to help guide your choices.

Protein Deficiency

Signs of protein deficiency include poor wound healing, fatigue, hair loss, muscle wasting and scaly skin.

Keep Proteins Moist

After surgery, many people have difficulty tolerating dry or tough pieces of meat. Chicken breast, pork and steak are some protein foods that may become tough and/or dry. Remember to prepare protein foods using a moist method such as braising, steaming, or cooking in a slow-cooker. Also, preparing foods with a little bit of moisture (such as a low sugar marinade sauce or a small amount of low fat gravy) will also help these dry foods to be better tolerated. Moist protein foods that are often better tolerated include fish, cottage cheese, yogurt, eggs and tofu.



In order to meet your protein needs, you will need to eat approximately **60-80 grams of protein a day**. Most protein foods have 7 grams of protein per ounce. Choose lean meats to limit calories and fat intake. One ounce of protein looks like the size of a domino or golf ball. Three ounces of protein equals approximately 21 grams of protein which is the size and thickness of a deck of cards. Below is a list of protein sources.

Protein Sources

Serving Size	Food	Grams of Protein	Calories
1	Egg	7 grams	75 calories
2	Egg whites	7 grams	35 calories
1/4 cup	Egg substitute	7 grams	35 calories
1 ounce	Chicken breast (skinless)	7 grams	35 calories
	Chicken thigh (skinless)	7 grams	55 calories
1 ounce	Fish (tilapia, salmon, halibut, cod, catfish, trout, mahi mahi)	7 grams	35-55 calories
1 ounce	Ground beef/turkey (lean)	7 grams	35-55 calories
1/4 cup	Tuna (water packed)	7 grams	35 calories
1 ounce	Shrimp, lobster, crab	5.5 grams	35 calories
1 ounce	Ham (lean)	5 grams	55 calories
1 ounce	Roast beef or lamb	7 grams	55 calories
1 ounce	Pork loin or tenderloin	7 grams	55 calories
1/4 cup	Cottage cheese (non-fat)	7 grams	35 calories
	Cottage cheese (low fat)	7 grams	55 calories
1 ounce	Cheese (low fat – regular)	8 grams	60-80 calories
4 ounces	Soy milk	3.5 grams	35-50 calories
4 ounces	Non-fat milk	4 grams	45 calories
	1% low fat milk	4 grams	55 calories
	2% low fat milk	4 grams	70 calories
1/2 cup	Tofu (regular)	5 grams	75 calories
4 ounces	Yogurt (non-fat regular) Greek	4 grams	35-50 calories
4 ounces	yogurt (non-fat regular)	8 grams	35-50 calories
1/4 cup	Beans/lentils	3 grams	60 calories
1/2 cup	Vegetables (most)	2 grams	25 calories

Carbohydrates

Carbohydrates are a major source of energy for your body prior to surgery. After surgery, the need for carbohydrates diminishes and protein and fat become the primary energy sources. Your body will still need carbohydrates (for your brain and to fuel muscles for activity). After surgery you will get most of your carbohydrates in the form of fruits, vegetables and dairy, not from bread, pasta, etc.

Simple Carbohydrates: Sugar

Sugar is a simple carbohydrate and is found in many foods. Before and after surgery, it is important to **avoid foods that are high in sugar.**

Too much sugar can cause:

- Dumping syndrome
- Hypoglycemia
- Slow weight loss by providing extra calories

Read labels carefully to be sure foods are low in sugar.

Avoid foods with more than 5 grams of sugar per serving.

Foods that contain any of the following types of sugars, listed as one of the first 3 ingredients are likely to be high in sugar:

- Sugar
- Brown sugar
- Corn syrup
- High Fructose Corn Syrup
- Modified food starch
- Honey
- Powdered sugar
- Fructose
- Glucose
- Sucrose
- Dextrose
- Maltose
- Maple syrup
- Molasses

Foods high in sugar:

- Gum
- BBQ sauce
- Candy
- Jam/Jelly
- Chocolate milk
- Juice bars
- Sweetened juices
- Fudgsicles
- Sweetened tea
- Donuts
- Pies
- Frozen yogurt
- Honey
- Kool-Aid
- Regular soda
- Ice cream
- Cake
- Popsicles
- Regular pudding
- Tapioca
- Sports drinks
- Muffins

Complex Carbohydrates

Complex carbohydrates (breads, pasta, rice, etc.) can be a problem after surgery because these foods can become doughy and expand in the stomach. In addition, eating too many carbohydrates can fill up the stomach pouch leaving less space for protein foods. These foods should be avoided. When allowed, a **small** amount of very well toasted bread, crackers and baked potato (no skin) may be eaten after surgery **but only after you have eaten your protein food.**

A word on “Low Carb” foods

Grocery store shelves are full of “low carb” products. You’ll see everything from “low carb” beer to “low carb” vitamin supplements. The use of the phrase, “low carb” is not monitored by the FDA and there is no regulated definition of the term. Some “low carb” products only have 1 or 2 grams of carbohydrate less than the original version of the food. **REMEMBER THAT YOUR PRIORITY IS TO EAT PROTEIN FIRST.** “Low carb” products are often high in fat and contain sugar alcohols, which may lead to gas, bloating and diarrhea.

Sugar-Free Products

Be aware of “sugar-free” products. Most “sugar-free” products are dessert-type foods and have very little to no protein and no nutritional value. **“Sugar-free” does NOT mean calorie-free.** Calories from use of “sugar-free” products can add up and slow down weight loss. “Sugar-free” products generally contain sugar alcohols or artificial sweeteners, which may lead to stomach discomfort if consumed in excess.

- Aspartame (NutraSweet, Equal): it is hundreds of times sweeter than table sugar. It is found in table sweeteners and in processed baked goods.
- Acesulfame-K (Sunette): this calorie free sweetener is typically listed in the ingredients of processed baked goods.
- Saccharin (Sweet ‘N’ Low): This sweetener is both hundreds of times sweeter than sugar and contains no calories. It is found both as a table sweetener and in processed foods.
- Sucralose (Splenda): This sweetener is made by taking table sugar and taking its form so that it cannot be digested. Remember to read labels for this product. Many Splenda “blends” contain real sugar and should be avoided because they contribute excess calories.
- Sugar Alcohols (such as maltitol, xylitol, sorbitol, mannitol, isomalt, etc.): These ingredients are usually found in foods marketed to diabetics and are advertised as not contributing to cavities in teeth. Despite the name, sugar alcohols are not the same kind of alcohol found in alcoholic beverages (alcoholic beverages contain ethyl alcohol, which does contain significant calories). Sugar alcohols are not absorbed by the intestines and are a fermentable carbohydrate. This means that containing too much sugar alcohol leads to diarrhea, gas and bloating and may be confused with dumping syndrome.

Dairy Products

Dairy products include milk, yogurt and cheese. These foods are a good source of protein, calcium and vitamin D. Some people become lactose intolerant after surgery. Some patients find Lactaid or low-fat soy milk easier to digest. Processed milk products such as hard cheeses and Greek yogurt are often better tolerated due to their lower lactose content.

Yogurt is an excellent food choice both before and after surgery. Yogurt contains protein and it has a soft texture which makes it easily tolerated after surgery. Greek yogurt provides a higher amount of protein per serving (14-18 grams per serving versus only 6-8 grams for regular yogurt), and is ideal for bariatric patients. However, some yogurts are processed with added sugar and may contribute to Dumping Syndrome. When selecting a yogurt, choose one that has between **15 to 18 grams of “Total carbohydrates”**. Avoid “Fruit on the Bottom” yogurts which are higher in sugar.

*For those who cannot tolerate milk, soy milk is an alternative that provides the same amount of protein per serving. If you want to try almond, coconut, or rice milk as an alternative, utilize the unflavored options. Take note, **almond, coconut, and rice milk are NOT equal in protein** to milk or soy milk (only 2-3 grams per cup versus 8 grams per cup in milk or soy milk). Include other protein sources.

Fat

Fat is a necessary but often overeaten component of the average diet. Fat contains over twice the calories (energy) as protein or carbohydrates, so be careful to avoid foods high in fat. Excessive fat intake before surgery can make it hard to reach your pre-operative weight loss goal. Too much fat after surgery can result in poor weight loss success. **Select food items with 3-5 grams of fat per serving.**

Types of Fats

There are four different types of fats found in foods: monounsaturated fat, polyunsaturated fat, saturated fat and trans fats. It is important to limit total fat intake to 30-40 grams or less, each day.

Monounsaturated Fat



- Are liquid at room temperature
- Are the most heart healthy of the three types of fats
- Are required for health
- Sources include:
 - olives, olive oil, canola oil, avocados



Polyunsaturated

- Are liquid at room temperature
- Are more heart healthy than the saturated fat

Fat

- Sources include: vegetable oil, corn oil, sunflower oil and margarine spreads, fatty fish such as salmon, mackerel, herring, and trout, and flaxseeds, walnuts, sunflower seeds.

Saturated Fat



- Are solid at room temperature (butter, lard)
- Are found in animal fats and in tropical oils (palm oil, palm kernel oil, coconut oil)
- Eating foods high in saturated fat may increase the risk of heart disease by increasing the LDL or “bad” blood cholesterol

Saturated fats should be chosen less often or avoided by removing the visible fat from meats, selecting lean cuts of meats, removing the skin from poultry products and switching to lower fat cheese or milk products.

Trans Fats Can occur



naturally but are most often created artificially by food manufacturers. Trans fats are created in a process called ‘hydrogenation’ where a liquid oil is converted into a solid fat. Food manufacturers created trans fats to increase the shelf life of foods and to improve their texture and flavor. Foods rich in trans fats include vegetable shortening, some margarines, crackers, cookies, snack foods and other foods made with or fried in partially hydrogenated oils. Trans fat, like saturated fat, raises the ‘bad’ LDL cholesterol in your blood, which increases your risk for heart disease.

Tips for Low-Fat Eating

- **Read food labels! A low-fat food = less than 3 to 5 grams of fat per 100 to 150 calories**
- Select skinless chicken, turkey, fish and shellfish instead of fatty meats such as sausage, salami, bacon and high fat beef
- Bake, broil, roast, grill or steam your foods instead of frying
- Use nonstick sprays and/or cookware
- Avoid all fast food
- Choose low-fat and lean foods more often. For example, when you shop for meats look for labels that read 95-99% lean. This indicates that the meats contain a higher percentage of protein than fat
- Cut back on bacon. Bacon is not a healthy low fat choice.

REMEMBER...

Low fat DOES NOT mean low calories.

While low fat is better for your heart, food manufacturers often substitute sugar or sodium to improve the flavor of a low fat product. Make sure, as always, to read your food labels completely. Low sodium is considered to be **140 mg or less** per serving. Look at the fat, sugar, sodium and the total calorie count.

Fluid requirements

Carry a water bottle with you at ALL times.

It is very important that you drink **at least 64 ounces of decaffeinated, noncarbonated** fluid each day to prevent dehydration. Immediately after surgery, it will be more difficult to drink all 64 oz because of the small size of your stomach pouch.

- You must sip your liquids slowly, consuming about a half cup to three quarters of a cup (4 to 6 oz) every hour between meals throughout the day.
- Consuming the recommended 64 oz will help:
 - Promote weight loss
 - Encourage wound healing
 - Help prevent constipation
- Do NOT drink and eat at the same time after surgery. When you eat and drink at the same time, the fluid liquefies the food and causes it to empty out of the pouch sooner. Empty pouches trigger your body to feel hungry and to want to eat again. It can also stretch out your pouch.
- You must stop drinking 20-30 minutes BEFORE meals. Waiting will allow time for the fluid to empty out of the pouch.
- Wait 30-60 minutes AFTER your meals to begin drinking again.

Recommended Beverages: All of these fluids can contribute to the 64 oz of fluid you need to consume every day.

- **Water** (#1 choice)
- Crystal Light
- Diet Snapple
- PowerAde Zero
- Aquafina flavored water
- Special K Protein Water
- Decaffeinated tea
- Decaffeinated coffee
- Sugar free beverages
- Vitamin Water Zero
- Dasani flavored water
- SOBE Lifewater

Beverages to AVOID:

- Regular and Diet soda
- Fruit juice
- Carbonated beverages
- Coffee drinks (iced or blended)/flavored creamers
- SOBE
- Sparkling water
- Whole or flavored milk
- Milkshakes
- Alcoholic beverages
- Jamba Juice
- Vitamin water
- Energy drinks (Red Bull, Monster, Full Throttle, etc.)
- PowerAde/Gatorade
- Kool Aid/Lemonade
- Sweetened teas

*Avoid carbonated beverages because the bubbles may cause cramping and discomfort. The high calorie drinks listed will impair your weight loss and may cause Dumping Syndrome. **These drinks are common reasons for weight gain.**

Meal Plan to Help You Meet Your Pre-Surgery Goal Weight

A 1200 calorie meal plan is provided to help you lose weight prior to surgery and is designed to be well-balanced and healthy.

Calories: 1200 calories per day

Protein: 60-80 grams per day

Carbohydrate: 130 grams per day

Fat: 30-40 grams per day

Fluid: at least 64 ounces per day

- **Practice principals of mindful eating**
- **Eat 3 meals per day; no snacking or grazing**
- **Drink at least 64 oz decaffeinated, noncarbonated fluid per day (8 cups)**
- **Eat slowly (one bite a minute), chew food completely (30 times)**
- **In each meal, be mindful of your portion size**



Sample Meal Plan

Breakfast	Lunch	Dinner
2 Protein	3 Protein	3 Protein
0 Vegetables	2 Vegetables	2 Vegetables
1 Fruit	1 Fruit	0 Fruit
1 Dairy	0 Dairy	1 Dairy
1 Starch	1 Starch	1 Starch
1 Fat	1 Fat	1 Fat
Beverage between meals		

Sample Meals

Breakfast	Lunch	Dinner
1/4 C low fat or fat free cottage cheese (1 protein); 1 egg scrambled (1 protein)	3 oz low fat turkey (3 protein)	3 oz broiled halibut (3 protein)
	2 C salad greens with cucumbers, tomatoes (2 veg)	1 C steamed broccoli (2 veg)
1 C strawberries (1 fruit)	1 med apple (1 fruit)	
1 C fat-free low sugar yogurt (1dairy)		1 C fat free milk (1 dairy)
1 slice whole grain toast (toasted) (1 starch)	5-6 Saltine crackers (1 starch)	1/2 c small potato (1 starch)
1 tsp margarine (1 fat)	1 tbsp low fat salad dressing (1fat)	1 tsp margarine (1 fat)

Breakfast	Lunch	Dinner
1/2 C egg substitute (2 protein)	3 oz Tuna fish (canned in water) (3 protein)	3 oz skinless chicken breast (3 protein) Stir fry:
	1 C raw vegetables (1 veg)	1/2 C diced onions and 1/2 C mushrooms (1 veg), 1/2 C broccoli, 1/2 C peppers (1 veg), 1/2 C baked yam or sweet potato
1 med orange (1 fruit)	1/2 C fresh fruit salad (1 fruit)	
1 C non-fat milk (1 dairy)		1 C nonfat low sugar free yogurt (1 dairy)
1 slice bread (very well toasted) (1 starch)	6 whole wheat crackers (1starch)	
1 tsp margarine (1 fat)	1 tbsp low fat mayo (1 fat)	1 tsp olive oil (1 fat)



Each Item (Dot) Equals One Serving

Very Lean Protein choices have **35 calories** and 1 gram of fat per serving:

One serving equals:

- 1 oz turkey breast or chicken breast, skin removed
- 1 oz fish fillet (flounder, tilapia, sole, cod, haddock, halibut)
- 1 oz canned tuna in water
- 1 oz shellfish (clams, lobster, scallop, shrimp)
- 1/4 cup cottage cheese, nonfat
- 2 each egg whites
- 1/4 cup egg substitute
- 1 oz fat free cheese
- 1/2 cup cooked beans (black, kidney, chickpeas, or lentils) - **count as 1 starch AND 1 very lean protein**

Lean Protein choices have **55 calories** and 2-3 grams of fat per serving:

One serving equals:

- 1 oz chicken-dark meat, skin removed
- 1 oz turkey – dark meat, skin removed
- 1 oz fish (salmon, swordfish, herring, catfish, trout)
- 1 oz lean beef (flank steak, London broil, tenderloin, roast beef)
- 1 oz veal, roast or lean chop
- 1 oz lamb, roast, or lean chop
- 1 oz pork, tenderloin or fresh ham
- 1 oz low fat cheese (3 grams or less of fat per ounce)
- 1 oz low fat luncheon meats (with 3 grams or less of fat per ounce)
- 1/4 cup cottage cheese, low fat
- 2 medium sardines

Medium Fat Protein choices have **75 calories** and 5 grams of fat per serving.

One serving equals:

- 1 oz beef (any prime cut), corned beef, ground beef**
- 1 oz pork chop
- 1 each whole egg (medium)**
- 1 oz mozzarella cheese
- 1/4 cup ricotta cheese
- 4 oz tofu (note - this is a heart healthy choice)

Vegetables contain **25 calories** and 5 grams of carbohydrate.

One serving equals:

- 1/2 cup cooked vegetables (carrots, broccoli, zucchini, tomato, onion, cabbage, asparagus, spinach, green beans, okra, bok choy, mustard greens, cauliflower, artichoke, beets, brussel sprouts, celery, mushrooms, eggplant, snap peas)
- 1 cup raw vegetables (lettuce, cucumber, tomato, peppers, onions, jicama) or salad greens
- 1/2 cup low-sodium, low-sugar vegetable juice

**** Choose these infrequently**



Milk (fat free and 1%) contains **90 calories** and 8 grams protein per serving.

One serving equals:

- 8 oz milk, fat free or 1% fat
- 6 oz yogurt or Greek yogurt, plain, nonfat, low fat

Fruits contain 15 grams of carbohydrates and **60 calories**.

One serving equals:

- 1 small apple, orange, nectarine, peach (size of tennis ball)
- ½ banana
- 1 medium fresh peach
- 1 kiwi
- ½ grapefruit
- ½ mango, papaya
- 1 cup fresh berries (strawberries, raspberries, or blueberries)
- 1 cup fresh melon cubes (honeydew, cantaloupe, watermelon)
- 17 small grapes
- 12 fresh cherries
- ¾ cup fresh pineapple
- 1 small tangerine
- ½ cup canned fruit (apricots, fruit cocktail, mandarin oranges, peaches, pears, pineapple)

Starches contain 15 grams of carbohydrate and **80 calories** per serving. Most of these foods contain only 2-4 grams of protein and **will not meet protein needs**. Remember untoasted bread, rice and pasta may not be tolerated after surgery. Note- Beans are considered both a starch AND a very lean protein serving and provide 7 g protein per ½ cup.

One serving equals:

- 5-6 whole grain crackers
- ½ cup baked potato, yam, sweet
- ½ cup potato, corn
- 1/3 cup brown rice whole grain pasta
- 1/3 cup whole grain pasta (cooked)
- ½ cup whole grain cereal, oatmeal
- 1 slice whole grain bread
- ½ whole wheat pita or whole grain English muffin
- 6 inch corn or whole grain tortilla
- ½ cup beans, cooked (black beans, kidney, chickpeas, lima, pinto, navy, or lentils) - **count as 1 starch and 1 very lean protein serving**



Fats contain **45 calories** and 5 grams of fat per serving.

One serving equals:

- 1 tsp oil (vegetable, corn, canola, olive, etc.)
- 1 tsp butter
- 1 tsp trans fat free margarine or spread
- 1 tsp mayonnaise
- 1 T reduced fat margarine or mayonnaise
- 1 T light salad dressing, cream cheese
- 6 almonds, cashews
- 10 peanuts
- 16 pistachios
- 4 halves pecans, walnuts
- 2 T seeds (flaxseed, pumpkin, sunflower)
- 2 T light cream cheese
- 1/8 or 2 slices avocado
- 8 large black olives
- 10 large stuffed green olives
- 1 slice bacon
- 1/2 T peanut, cashew, almond butter (creamy)

Condiments/Herbs / Seasonings

- Basil
- Parsley
- Curry Powder
- Garlic
- Garlic Powder
- Marjoram
- Thyme
- Salsa; 1/4 cup
- Cocoa Powder
- Nonstick spray
- Oregano
- Cinnamon
- Pickles
- Rosemary
- Ginger
- Soy Sauce
- Onion Powder
- Taco Sauce; 1 tablespoon
- Flavor extracts (vanilla, almond, peppermint)
- Cilantro
- Pepper
- Dill Pickle Relish
- Saffron
- Salt
- Mustard
- Vinegar
- Lemon Juice
- Hot Pepper Sauce
- Broth (chicken or vegetable)
- Worcestershire sauce



7 Days of Sample Meals for Reaching Your Goal Weight (1200 Calories a day)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast	2 oz low fat cheese 1 slice toast 1 tbsp reduced fat/ trans fat-free margarine 1 c skim milk 1 small orange	2 hard boiled eggs, 1/4 c granola, 6 oz low calorie yogurt, 6 almonds, 1/2 medium grapefruit	2 oz deli ham, 1 slice whole grain toast, 1 tbsp reduced-fat/trans fat-free margarine, 1 c skim milk, 1/2 c applesauce	2 scrambled eggs, 1/2 English muffin, 1 tbsp reduced-fat/trans-fat free margarine, 6 oz low calorie yogurt, 1/3 small cantaloupe	2 oz string cheese, 1/2 English muffin, 1 c skim milk, 3/4 c blueberries, 1 tsp butter	Omelet made with 2 egg whites, 1 oz low-fat cheese, 1 tsp canola oil, 1 slice toast, 6 oz yogurt, 1/2 banana	1 oz turkey sausage, 1 fried egg white with 1 tsp canola oil, 1/2 English muffin, 1 c skim milk, 15 grapes
Lunch	1/4 c low-fat cottage cheese 1/2 English muffin, 2 c carrots, sliced cucumbers, 2 Tbsp low-fat salad dressing, 1 small peach	1/2 c tuna salad, 1 slice whole grain bread, 2 c lettuce, tomato and cucumber salad, 2 Tbsp low-fat dressing, 1 1/4 c strawberries	2 oz turkey breast, 6 crackers, 2 c baby spinach and sliced tomatoes, 1 Tbsp fat-free dressing, 1 small pear	1/2 c chicken salad with 1 c celery, onions, pickles, 1 Tbsp light mayonnaise, 6 wheat crackers, 1 c sugar-free Jell-O with 1/2 banana and fat-free cool whip	2 Tbsp peanut butter, 1 slice whole grain toast, 1 c carrots, 1 Tbsp light ranch dressing, 1/4 c cottage cheese, 1/2 pineapple	1 chicken leg with low sugar BBQ sauce, 1/2 c baked potato, 2 c green beans, 1 Tbsp light margarine, 1 1/4 c watermelon	3 oz shrimp sautéed with 1 tsp olive oil and garlic, 1/2 c linguini pasta, 1 c broiled eggplant, 12 cherries
Dinner	3 oz top sirloin steak, 1/2 c baked potato, 1 Tbsp light sour cream, 1 c green beans, 1 c skim milk	3 oz pork tenderloin, 2 small oven browned potatoes, 1 c asparagus spears, 1 c skim milk	3 oz chicken breast, 1/2 c potato, 1 c zucchini, 1 c skim milk	1 stuffed green bell pepper with 3 oz 10% fat ground beef and 1 6" tortilla, 1 c salad with 1 Tbsp low-fat dressing, 6 oz yogurt	3 oz broiled halibut, 1/2 c potato, 1 Tbsp trans-fat free margarine with a dash of parmesan cheese, 1/2 c tomato, 1/2 c broccoli, 1 c skim milk	4 small turkey meatballs, 1/2 c spaghetti sauce, 1 c cooked green beans, 1 slice garlic toast made with 1 tsp butter and garlic powder/salt, 6 oz yogurt	1 chicken taco: 1, 6" tortilla, 2 oz chicken, 1 oz low-fat cheese, lettuce, tomato, 1/8 avocado, 1/4 c salsa, 1 c skim milk



Nutrition Guidelines for Weight Loss Surgery Patients

Read these guidelines carefully

Once you have decided to have weight loss surgery, you **MUST** make significant changes to your eating and lifestyle habits. **THIS SURGERY IS NOT A QUICK FIX OR DIET.** Surgery is a tool for you to use to achieve weight loss and improve your quality of life. Once you have surgery, your stomach will be forever changed, and you must maintain healthy eating habits for a **LIFETIME**. In order to achieve weight loss and maintain good health, it is important to develop and maintain proper eating habits before and after surgery. Failure to modify eating habits will result in weight regain and possible complications.

Your New Anatomy & Nutrition Basics

The size of your new stomach will be approximately 1 oz. (2 Tbsp). With such a small stomach size, the nutritional value of the food you eat becomes very important. Only foods with high nutritional quality should be eaten, such as protein, vegetables, and fruits. Food of low nutritional quality such as popcorn, chips, and candy should be avoided. If you overeat or eat past the point of feeling full, you will feel very uncomfortable and may vomit. If you snack frequently throughout the day or drink high-calorie beverages, you will not lose as much weight as you potentially could and will **regain** weight. **To lose weight, you must eat at least three small well-balanced meals each day and avoid snacking and high-calorie beverages.**

Vitamin and Mineral Supplements

Appendix A: Vitamin/Mineral List

Appendix B: Vitamin Timing Chart

Appendix C: Supplements: What to Choose

Vitamin Information — Gastric Bypass/Sleeve **Take** **Vitamins For THE REST OF YOUR LIFE**

WHATP	HOW MUCH	WATCH OUT!	WHY	WHEN
<p>Multivitamin (with iron)</p> <p>Regular</p>	<p>1 TWICE a day</p> <p>Chewable Centrum® lacks Selenium, but you can take Selenium as 200mcg 3x/week in ADDITION to Centrum® chews</p> <p>"If you select ProCare, Celebrate, OR Bariatric Advantage Multivitamins, you would then only take additional 1500mg/day Calcium Citrate, UNLESS OTHERWISE DIRECTED.</p>	<p>AVOID AGE or SEX specific: prenatal, men's women's, kid's — these lack minerals. NO GUMMIES, NO PATCHES Get a brand containing IRON</p> <p>GOOD: Adult Centrum, Walmart Equate, Costco Kirkland Adult Daily Multi *ProCare Health Bariatric Multivitamin with 45 mg iron (1 per day) , *Bariatric Advantage Ultra Multi with Iron (3 per day), *Bariatric Advantage Advanced Multi EA Chewable (2 a day), *Celebrate Multi-Complete 45 with iron (2 or 3/day)</p>	<p>Prevents deficiency in:</p> <ul style="list-style-type: none"> Vitamin A Vitamin K Copper Zinc <p>(vision, clotting, bone marrow, skin problems)</p> <p>www.procarenow.com</p> <p>www.bariatricadvantage.com</p> <p>www.celebratevitamins.com</p>	<p>Start taking months BEFORE surgery.</p> <p>RESUME on day 5 after surgery</p>
<p>B12 (CYANOCOBALAMIN)</p>	<p>Minimum 3,000 mcg Total per week</p> <p>1,000 mcg daily is okay</p>	<p>UNDER THE TONGUE ("sublingual")</p> <p>Will NOT be absorbed if swallowed</p>	<p>Prevents damage</p> <ul style="list-style-type: none"> Brain and nerve Anemia 	<p>Start taking months BEFORE surgery.</p> <p>RESUME on day 5 after surgery</p>
<p>B1</p>	<p>50-100 mg of B1 (thiamine)</p>	<p>Continue this EVEN if you have nausea and vomiting. Deficiency occurs very quickly.</p>	<p>Prevents</p> <ul style="list-style-type: none"> Brain and nerve damage 	<p>Start taking months BEFORE surgery. RESUME on day 5 after surgery</p>
<p>Vitamin D (In addition to Vitamin D in Calcium Citrate)</p>	<p>2,000 iu D3 or D2 a day</p>	<p>MINIMUM 4,000 iu TOTAL per day</p> <p>800 from 2 multivitamins + 1,500 IU from calcium plus D+ 2,000 IU vitamin D tablet</p>	<p>Prevents</p> <ul style="list-style-type: none"> Bone disease Muscle & bone pain Fatigue & falls 	<p>Start taking months BEFORE surgery.</p> <p>RESUME on day 5 after surgery</p>
<p>Iron Ferrous fumarate Or Ferrous gluconate (approx 60 mg iron)</p>	<p>Menstruating women need DAILY iron. EVERYONE needs iron eventually. NO Ferrous Sulfate NO slow release</p>	<p>HELPS absorption: Vitamin C 500 mg. NOT orange juice. PREVENTS absorption so take 2 hrs APART from these: Tea, meals, multivitamin, calcium Severe deficiency: Ferrimin 150</p>	<p>Prevents</p> <ul style="list-style-type: none"> Iron deficiency anemia 	<p>Iron is easiest to take JUST BEFORE BED TIME. RESUME Two weeks after surgery.</p>
<p>Calcium CITRATE plus D</p> <p>LOOK at the serving size</p>	<p>1500 mg/day total</p> <p>2 tablets three SEPARATE times per day is best.</p>	<p>DO NOT take calcium carbonate (Tums/Caltrate/Viactive/Oscal) It is NOT absorbed GOOD: Citracal®, Equate CHEWS: Bariatric Advantage, Celebrate LIQUID: Nature's Way 1 Tbsp 3x/day</p>	<p>Prevents</p> <ul style="list-style-type: none"> Calcium deficiency Osteoporosis Muscle cramps 	<p>RESUME Two weeks after surgery.</p>



Fresno Medical Center Bariatric Program Vitamin Supplements: What to Choose and What to Avoid

Multivitamin Brands to Choose:

Adult Daily Formula Multivitamin and Mineral (Kaiser)
Centrum Adult (tablet or chewable)
Equate (Walmart) Complete Multivitamin
Bariatric Advantage Ultra Multi with Iron - (3 a day)
Pro care Health Bariatric Complete Multivitamin (1 a day)
Kirkland (Costco) Regular Multivitamin with Minerals
CVS Adult Multivitamin
Walgreens Adult Multivitamin
Target Multivitamin and Mineral for Adults
Bariatric Advantage Advanced Multi EA chews (2 a day)

Multivitamin Brands to Avoid:

Centrum Liquid Formula
Lil' Critters or Adult Gummi Vites
Viactiv Multivitamin Chews and Flavor Glides
Mega Multivitamins
Prenatal Vitamins
Nature Made Diabetes Health Pack
Multivitamin for Women/Men 50-i-
Flintstones
Juice Plus
Centrum Silver
VitaFusion Gummy Multivitamin

Tips when Selecting Multivitamins:

- Avoid men's formulas since most do not contain iron. Everyone needs iron after surgery and taking a multivitamin that is lacking iron could lead to anemia
- Avoid the "Diabetic Pack" of vitamins. These packs often contain 5 or more pills and can be cumbersome to take
- Avoid children's vitamins and gummy vitamins, they are not complete and will not provide you with all the vitamins/minerals in dosages you need after surgery.

Calcium Citrate Brands to Choose:

Tablets: Kaiser Calcium Citrate with Vitamin D (5 total per day), Citracal (red and blue band), Equate (Walmart) Calcium Citrate with Vitamin D

Chewable: Bariatric Advantage Calcium Citrate Chewy Bites 500 mg (3 a day), Celebrate Vitamins Calcium PLUS 500 (3 a day), Celebrate Vitamins Calcet Creamy Bites (3 a day), Twin Lab Calcium Citrate Chewable Wafers (6 a day) (Vitamin Shoppe). Solaray Calcium Citrate Chewable (6 a day) (Vitamin Shoppe)

Liquid/powder: Wellesse Calcium Liquid (3 tablespoons a day) UpCal D Calcium Citrate Powder (3 scoops a day), Now Calcium and Magnesium Powder (8 teaspoons a day), Lifetime Liquid Calcium Malesium Ciliate (3 of a day)

Tips when selecting Calcium:

- Avoid Calcium Carbonate supplements. They are not absorbed well in patients who have had gastric bypass surgery. Brands to avoid: Caltrate, OsCal, Viactiv, Nature Made, Oyster Shell Calcium, Tams.
- Make sure you are taking 1500 mg of calcium citrate each day. Don't just follow the serving size on the label. You usually need to take 5-6 tablets a day. Most chewable, liquid or powder Calcium Citrate will contain less Vitamin D. You will usually need to take an additional 2000 to 3000 IU of Vitamin D3 a day to equal 21400011.1 a day.

After Gastric Bypass/Sleeve Meal Guidelines

Your small stomach pouch is your new “tool” to obtain early satiety (a sense of fullness).

- ◆ Eat at least 3 small meals a day without snacking between meals, or discuss with your surgeon.
- ◆ To get through the day without hunger between meals, space your meals about 4 1/2 to 5 hours apart
- ◆ Do not skip meals or you will not meet your protein and nutrient requirements.
- ◆ You should also take between 30 to 45 minutes to eat each meal.
- ◆ Eating slowly and chewing each bite 30 times will help prevent vomiting and obstructions.
- ◆ Do not eat your meal over several hours. “Grazing” will allow you to take in more calories.
- ◆ Do not drink liquids of any kind with your meals. Keeping solid food in your stomach will cause Longer periods of satiety (fullness).

Nutrition Components After Surgery

Calories: initially 400-900 calories per day as you progress through the post-operative stages to approximately 1200 calories a day after one year to maintain weight/loss

Protein: 60-80 grams per day from low fat sources

Carbohydrates: Introduced at 6 months after surgery (see post-operative diet instruction sheet)

Fat: Limit to 30-40 grams per day: choose more mono-and polyunsaturated fats

Fluids: 64 ounces per day minimum: start drinking 30-60 minutes after meals and stop drinking 20-30 minutes before meals

Supplements: See vitamin chart

Shopping List for Bariatric Patients Tools for Success

- Food scale to measure meat/protein
- Measuring cups and spoons
- Small plate, bowl, fork and spoon
- Counter-top grill (ie. George Foreman)
- Sugar Substitutes (Splenda, Stevia, Equal, etc.)
- Blender (for protein drink)
- Salt, flavoring extracts, mild herbs and seasonings, lemon or lime juice.
- Strainer (to strain chunky soups)
- Non-stick pots and pans
- Food timer
- Food processor
- Ice cube trays (pour soup in ice cube tray and freeze it. You’ll have pre-portioned serving sizes)
- Steamer
- Steaming containers for microwave

Protein Supplement Goals Per Serving: 150-250 calories, 15-40 g protein, 3-5 g fat or less, 5 g sugar or less, 15 g carbohydrate or less
***If you are lactose intolerant, look for WHEY PROTEIN ISOLATE which is lactose-free.* Whey protein concentrate contains lactose.**

Walmart	GNC	Costco	Vitamin Shoppe	Trader Joe's
Premier Nutrition (11oz shake) Per shake: 160 cal, 30 g pro	Nature's Best IsopureZero Carb (powder) Per scoop: 105 cal, 25 g pro	Premier Nutrition (11oz shake) Per shake: 160 cal, 30 g pro	Pure Protein Shake: (11 oz ready-to-drink can) 170 cal, 35 g protein	Pure Protein (11 oz ready-to-drink can) 170 cal, 35 g pro
Pure Protein 100% Whey protein (powder) Per scoop: 140 cal, 25 g pro	Nature's Best Isopure Zero Carb (20 oz ready-to-drink bottle) 160 cal, 40 g pro	EAS Premium Protein (powder) Per scoop: 150 cal, 27 g pro	Nature's Best Isopure Zero Carb (powder) Per scoop: 105 cal, 25 g pro	Designer Whey (powder) Per scoop: 100 cal, 18 g pro
EAS 100% Whey (powder) Per scoop: 120 cal, 23 g pro	GNC Pro Performance 100% Whey Protein (powder) Per scoop: 130 cal, 24 g pro	Whey Protein Isolate (powder) Per ounce: 110 cal, 20 g pro	Nature's Best Isopure Zero Carb (20 oz ready-to-drink bottle) 160 cal, 40 g pro	
Six Star Pro Nutrition Whey Protein Isolate (powder) Per scoop: 130 cal, 30 g pro	Optimum Nutrition 100% Whey Gold Standard (powder) Per scoop: 120 cal 22 g pro		Cytosport Muscle Milk Light ready-to-drink: 160 cal, 20 g pro	
Cytosport Muscle Milk Light ready-to-drink: 160 cal, 20 g pro			Vega One *(Vegan Option) (powder) Per scoop: 123-137 cal, 15 g pro	

Partial list of Online Resources below:

www.bariatric.eating.com, www.bariatricadvantage.com, www.procarenow.com , www.unjury.com, www.celebratevitamins.com,
www.gnc.com, www.BariatricChoice.com, www.obesity.com, www.asmb.org, www.vitaminshoppe.com, www.optimumnutrition.com,
www.eas.com, www.designerwhey.com, www.myvega.com.

This is not an all-inclusive list. Some products may have been discontinued or added.

Foods to Avoid after surgery

The following lists of foods may cause

- Weight gain
- Dumping syndrome (may be caused by sugar or fat intake)
- Pouch intolerance
- Hypoglycemia (low blood sugars)

Starch

Bagels	Donuts	Oatmeal	Rice Cakes
Biscuits	English Muffins	Pancakes	Rolls
Bread sticks	French Toast	Pastas	Stuffing
Bread, untoasted	Grits	Pastry	Tortillas
Cereal (cold/hot)	Muffins	Pita Bread	Waffles
Croissants	Noodles	Rice	Crackers

May Block the Anastomosis

Coconut
Dried Fruit
Potato Skins
Corn
Gum

Popcorn
Celery, Raw (cooked celery in soup is ok)
Oranges (be careful of the pulp)
Skins and Seeds of Fruits and Vegetables
Hot Dog Skins

May Cause Dumping Syndrome or Hypoglycemia

Ice Cream
Cookies
Cake
Fruit Juice
Juice
Smoothies

Candy / Candy Bars
Coffee Drinks/Mochas
Soda
Frozen Yogurt
Milkshake

Foods High in Fat

Creamy Sauces
Fried Food
Bacon
Fried Egg Roll

Sausage
Potato Chips
Onion rings
Mayonnaise

French Fries
Pizza
Hash browns
Salad Dressing

Miscellaneous Foods

Alcohol

- Will increase your risk of ulcers
- Contains increased LIQUID non-nutritional calories.
- Stimulates appetite
- Contributes to dehydration
- Increases your risk of alcoholism

Your tolerance of any alcohol will be significantly reduced, increasing your risk of DUI.

Remember

- > **Milk** may cause gas and discomfort after surgery. Try soy milk or Lactaid instead.
- > **Steak** is very tough and fibrous and may be difficult to tolerate after surgery. You may tolerate ground beef first, then proceed to steaks as tolerated.

COMMON NUTRITIONAL PROBLEMS

Nausea and vomiting: Most common

Nausea typically occurs because of temporary changes to taste and smell after surgery. If you vomit after eating, it is probably because:

- You ate or drank **too much** at one time
- You ate **too fast** or didn't chew your food thoroughly
- You ate foods that do not agree with you
- You are dehydrated (not enough **fluids**)
- You laid down **too soon** after eating

If nausea and vomiting increase when you advance through the stages of diet after surgery, return to clear liquid diet to rest your pouch for 1-2 days. If these symptoms persist or if you are vomiting regularly, contact the **Bariatric clinic at (559) 448-5111**.

Dehydration: Very common

Cause:

- Drinking less than 64 oz of fluid each day
- Vomiting and/or diarrhea

Symptoms: dark colored urine, little urine output, dry mouth, nausea, dizziness, dry skin

Treatment:

- Drink a minimum of 64 ounces of fluid every day
- Men and active people may need 100 ounces of fluid a day or more
- Sip liquids slowly throughout the day to prevent dehydration (do not sip through a straw)
- Keep water bottles with you as a reminder to drink
- Talk to your doctor if you are experiencing symptoms of dehydration
- Avoid diuretics such as tea and coffee (do not drink beverage with caffeine)

Constipation: Very common

Cause:

- High protein diet lacks fiber
- Not enough **FLUIDS**
- Limited intake of food and fluid in total
- Lack of physical activity

Treatment:

- Get plenty of exercise since this helps move the bowels
- As you progress your diet (after the first 6 months) try to add more fiber to your food with fibrous vegetables and fruit
 - If you cannot tolerate fruit or vegetables, consider adding a natural fiber supplement, such as **Benefiber** or **Citrucel**. Start slowly and gradually increase over a few weeks. This will help avoid side effects such as gas and bloating
 - Make sure to drink plenty of water if you use these supplements, as they can make things worse if your fluid intake is poor
- Add a stool softener such as docusate sodium (Colace), up to 200 mg twice a day
- Add a laxative, such as, Milk of Magnesia or Miralax daily (your kidney function must be normal)
- Consider adding a probiotic to your daily intake. These healthy bacteria help to digest and absorb nutrition. Brands include Culturelle, Nature Made Probiotic, Pearls, Align, and also consuming foods like Greek yogurt- Tillamook, Chobani.

Gas: Common

Treatment:

- Unfortunately, there is no good treatment other than letting it subside with time
- Avoid spicy and gas producing foods such as cabbage, broccoli and Brussels sprouts
- Avoid sipping fluids through a straw, this may contribute to gas pains from swallowing extra air
- A trial of Gas X or Bean-o is reasonable and will not harm your pouch

Hair Loss: Common

Cause:

- Any major surgery
- Crash dieting
- Major weight loss
- After weight loss surgery, ALL three risk factors are present

Treatment:

- Iron and protein deficiencies can make it worse. Make sure you are taking all of your supplements and adequate protein. Your multivitamin should have at least 15mg of Zinc in it. DO NOT take additional zinc supplements as this can irritate the pouch.
- Avoid traction to your hair, such as aggressive brushing and combing, or tying it up tightly.

Full re-growth of your hair is expected once your body adjusts to the changes.

Changes in Taste and Smell:

After surgery you may experience sensitivity to tastes and smells. For example, foods that you enjoyed before surgery may take on a new flavor and may not be as appealing to you after surgery. Sensitivity to smells such as food odors or perfumes is also common after surgery. Hang in there, these changes usually resolve a few months after surgery.

Dumping Syndrome: “Behavior modification with a vengeance”

Causes:

- Occurs when a large dose of sugar (and sometimes fat) is released rapidly into the small intestine
- Foods or beverages high in sugar (candy, ice cream, pastry, soda, fruit juice and any other food high in sugar)

Symptoms: nausea, cramps, diarrhea, perspiration, weakness and lightheadedness

Treatment:

- Lie down and rest until the symptoms resolve
- It may take 30 minutes to 2 hours or more for symptoms to resolve
- Avoid sugary foods

Although Dumping Syndrome is unpleasant, it is a beneficial part of your new tool and can help prevent you from eating high calorie/high sugar foods that lead to weight gain. However, not everyone will experience dumping. This does NOT mean it is ok to eat or try these foods.

Orthostatic Hypotension: (low blood pressure when you stand up or change positions)

Cause:

- After weight loss surgery, your ability to drink fluids has decreased.
- You are exercising more, sweating more, and losing water and salt as you do so
- You may still be on the high blood pressure medication you took before surgery
- Anemia will make it worse

Treatment:

- Discuss symptoms of dizziness and weakness with your primary care physician (PCP) to confirm the diagnosis
- Try to drink 64 oz of fluids each day or more
- Avoid diuretics such as tea and coffee (including green tea)
- Avoid hot drinks as these can make you sweat and lower your blood pressure further
- Review adjustments to medications with your PCP (especially blood pressure meds)
- Get up SLOWLY. Allow your body time to adjust to the changes in positions

Hypoglycemia (low blood sugars):

Cause:

- This is usually your body overreacting to sugars in your diet by releasing too much insulin which in turn causes low blood sugars. It may take considerable time for your pancreas to adapt. This occurs even if you did NOT have diabetes prior to surgery
- Continued use of diabetic medication as you lose weight
- Very rarely other reasons

Treatment:

- Keep a very careful log of what you eat, when you eat it, and when the symptoms occur
- Check your finger-stick blood sugars if possible to compare food intake and blood sugar levels
- If you need to eat more frequently do not increase your calories, but eat more frequently

- Instead focus on a high protein diet
- Fruit can have natural sugars; limit portions (fruits are started 6 months post-surgery)
- Your diabetic medication may need reduction. CONSULT with your primary care physician
- Consult with your primary care physician to rule out other (rare) causes of hypoglycemia.
- If symptoms persist despite adjusting your diet, please contact your primary care physician.

Weight Plateaus

During the journey of weight loss, it is common for some people to experience periods of no, or very slow, changes in weight. Plateaus are normal and everyone loses weight at different rates. The following list may help you to resume weight loss should you experience a plateau:

- Follow the nutritional guidelines
- Exercise regularly. Remember, the goal is to exercise for 40-60 minutes, 6-7 days a week.
- If you are already exercising, give your metabolism a kick start by changing your exercise pattern (i.e. increase the intensity a little, add 1-2 days a week of strength training, or try a new activity).
- Drink at least 64 ounces of fluid each day.
- Write down everything you eat and weigh and measure your food. Your portions may be creeping up in size, without you realizing it.
- Stick to protein foods first. Some people experience plateaus in weight if they migrate back to eating more carbohydrate foods. Carbohydrate foods will not fill you up the same way protein foods will and may cause you to become hungry again soon after eating. Frequent snacking on carbohydrate foods may cause you to hit a plateau.
- Continue to take your measurements. It can help keep you motivated. You may be losing inches although your weight is stable, especially if you are lifting weights. Muscles weigh more than fat, so the number on the scale may be deceptive.

Additional
Nutritional
Resources

Restaurant Survival

As you recover after surgery you will want to resume normal activities, such as occasionally eating out at a restaurant. The following tips can make the difference between an enjoyable night out or a painful experience.

- Select protein foods first.
- Have a meal plan in mind before you go out to eat so you won't be tempted to make an unhealthy food choice once you get to the restaurant.
- If you visit a particular restaurant frequently, take a copy of the menu and research the healthiest options at home.
- Be careful of the kid's menu. It is tempting because of its smaller portions, however, the kid's menu is often high in fat and calories and not a good choice.
- Ask the server to pack up half of the meal before he or she brings it to you. Even a half of a restaurant sized-meal may be too much food for you after surgery.
- Order from the appetizer menu or share the meal with a friend or family member.
- Ask the server to put ALL sauces and dressings on the side. These may be high in sugar and fat and could cause dumping. Bring your own "safe" salad dressings.
- If the menu doesn't appear to have what you are looking for, ask the server for food substitutions. Replace French fries with a salad or steamed vegetables.
- Avoid the bread or chips on the table before the entrée arrives. Filling up on starchy foods will not leave enough room in your stomach for healthy protein foods.
- Select moist foods such as fish. Dry foods are difficult to tolerate and may lead to discomfort.
- Don't try new foods for the first time while eating out. If you are unable to tolerate the new food, it may create an uncomfortable situation.
- Ask your server how a particular dish is prepared. Avoid fried and fatty foods as they will provide extra calories and slow down your weight loss progress.

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Make healthy food choices at fast food

Low Fat Terms:

Battered-Fried	Basted in its own Gravy	Broiled	Roasted
Crispy	Hollandaise Sauce	Dry Grilled	Steamed
Fried	Beer Battered	Poached	Charbroiled
Cheese Sauce	Sauté		
Cream Sauce	Butter Sauce		

Pick up a **Restaurant Card** at our office at one of your post op appointments. These cards state that you are only able to eat a small food portion due to surgery. The card may allow you to share a meal or eat for a reduced rate. Remember that restaurants are not obligated to honor the card. Some restaurants will accept it, others will not.

Cooler Emergency Kit

Keep this handy in your car when you are going to a party, friend's house or out to dinner just in case there are no appropriate foods to eat.

Insulated Cooler with ice pack

Drinks:

- Bottled Water
- Crystal Light "On the Go" packs
- Herbal, decaf tea

Food: (keep protein foods refrigerated under 41 degrees Fahrenheit, do not keep at room temperature for more than 4 hours)

- Sliced lean luncheon meat (turkey, ham, roast beef, chicken)
- Hard boiled eggs
- Egg salad
- Low fat cottage cheese, sliced cheese, string cheese
- Yogurt, Greek yogurt
- Tuna/salmon packs – canned in water or vacuum sealed
- Low sugar turkey or beef jerky
- Crab/shrimp salad
- Edamame
- Tofu

Others:

- Fresh vegetables
- Fresh fruit (avoid fruit cups or juices with added sugar)

Vitamins and Protein Supplement

- Have a small quantity of vitamins & protein with you in case you are away from home for extended hours to avoid skipping a dose.

Resources

Web General Information

www.nlm.nih.gov/medlineplus/weightlosssurgery.html

www.obesityhelp.com

www.win.niddk.nih.gov/publications/gastric.htm

Food Log / Journaling/Calorie Counting

www.baritastic.com

www.myfitnesspal.com

www.loseit.com

www.mynetdiary.com

www.bariatriceating.com

<http://theworldaccordingtoeggface.blogspot.com>

<http://bariatricfoodie.blogspot.com>

www.supermarketsavvy.com

<https://foodforhealth.kaiserpermanente.org/>

Supplements / Products

www.bariatricadvantage.com

www.celebratevitamins.com

www.procarenow.com

Books:

1. Recipes for Life after Weight Loss Surgery, Revised and Updated: Delicious Dishes for Nourishing the New You. Margaret Furtado, Lynette Schultz, Chef Joseph Ewing. 2011.
2. Eating Well after Weight Loss Surgery: over 140 Delicious Low-Fat, High Protein Recipes to Enjoy in the Weeks, Months, and Years After Surgery. Pat Levine and Michele Bontempo-Saray. 2004

Pre-Op Very Low-Calorie Diet

INTRODUCTION

Your surgeon has recommended you to follow a very low calorie diet prior to surgery. This diet is designed to achieve rapid weight loss through low total calorie intake combined with high protein percentage in the diet. Much of the weight that you will lose on this diet will come from your liver, making your operation easier and less likely to require an open technique (large incision).

Diet

You should start this diet 2 weeks before your surgery date (in some cases 3 week before surgery).

Calories

800 calories each day.

Fluids

You may drink as many **zero calorie** liquids as you like (water, Crystal Light, unsweetened tea, anything sweetened only with NutraSweet or Splenda). In fact, you should drink at least 2 liters of these fluids per day.

Vitamins

Take an adult dose (2chewable multivitamin tablets) of any multivitamin daily.
See attached vitamin sheet.

Exercise

Exercise at least 30 minutes 4-5 times per week.

Food

You can use **any high protein diet (solid or liquid)** that measures the calories accurately and eat only 800 calories per day with at least 70 grams of protein.

Solid proteins include beef, pork, chicken, turkey, seafood, dairy, eggs, soy. You may also have heart healthy fats such as nuts or avocado. You may also include protein shakes listed on page 42 as a meal replacement. You may include vegetables during this stage except for corn, peas, and potatoes. **You will need to exclude all fruits and all starches (all bread, tortilla, rice, pasta, cereal, oatmeal, waffles/pancakes, granola bars).**

Protein Food examples:

Canned tuna in Water (2 oz has 60 cal, 14g protein)

3 oz chicken breast (105 cal, 21 g protein)

1/2 cup skim or 1% cottage cheese (80 cal, 14 g protein)

1 egg, large (75 cal, 7 g protein)

*See page 12 for more protein foods and nutritional information.

Product examples:

-Premier Nutrition “HIGH PROTEIN” Shakes: 160 cal, 30g Protein per 11 oz. Higher sodium and potassium content. Can find at Walmart, Costco and online.

-Pure Protein Shakes: 170 cal, 35g protein per 11 oz ready-to-drink can. Can find at Walmart, Walgreens, Target, Vitamin Shoppe, GNC, and online.

-Isopure Zero Carb Protein Powder: 105 cal, 25g protein per 1 scoop, mix with 8-12 oz water. Can find at GNC, Vitamin Shoppe, and online. *This product is Lactose-free*

-Isopure Zero Carb Ready-to-Drink Bottle: 160 cal, 40g protein per 20 oz bottle. Can find at GNC, Vitamin Shoppe, and online. *This product is Lactose-free*

-Cytosport Muscle Milk Light Ready-to-Drink: 160 cal, 20g protein per 14 oz bottle. Can find at Walmart, Vitamin Shoppe, Costco, and online at cytosport.com. *Some flavors are lactose free.*

-EAS 100% Whey Protein Powder: 150 cal, 26g protein per 2 scoops, mix with 8-12 oz water. Can find at CVS, Sam’s Club, Vitamin Shoppe, abbottstore.com

-Vega One (Vegan option): 123-137 cal, 15g protein per 1 scoop, mix with 8-12 oz water. Can find at Vitamin Shoppe, myvega.com Lactose-free

-Optifast 800 Products:

Optifast Ready-to-drink: 160cal, 14g protein per 8 oz

Optifast Nutrition Bars: 170cal, 14g protein per bar

Optifast Soup: 160 cal, 14g protein per packet

*No more than 1 soup or 2 bars per day.

Optifast shakes and bars can be purchased online.

You can mix the products and create your own diet.

Examples of 800 calorie diets using protein shakes or combination:

1. Optifast 800 Ready-to-drink - Drink one can 3 times per day and eat two Optifast Nutrition bars in between meals. In this diet **you cannot have any other food!!!** Pair this with at least 64 oz calorie-free, sugar-free beverages in between meals.
2. Premier Nutrition High Protein shake – Drink one can 3 times per day and for dinner, eat 4 oz skinless, boneless chicken breast paired with 1/2 cup skim or 1% cottage cheese. Please measure/weigh your food options accurately. Meat should be measured by cooked portion size, not raw weight. Pair this with at least 64 oz calorie-free, sugar-free beverages in between meals. This equals 800 calories/day.

Post-Op Instructions (Sleeve/Bypass)

POST-OP DIET PROGRESSION

Day 1-2 Weeks

Weeks 1-2 Post-op: Goal 24-30 g protein/day minimum.

You can use any shake that has 200-250 calories and at least 24 grams of protein in one can. You should drink 2 ounces at a time. **No solid foods of any kind for the first 14 days after bariatric surgery. LIQUIDS ONLY!**

You may drink as many **zero calorie** liquids as you like (water, Crystal Light, unsweetened tea, anything sweetened only with NutraSweet or Splenda). In fact, you should drink at least 2 liters (64 ounces) of these fluids per day. You have to sip on the fluid all day. Drink a sip of fluid every 10 minutes throughout the day. You have to carry your water bottle with you all of the time.

Examples of Protein Shakes:

- **Optisource high protein drink:** 200 cal, 24 g protein per 8 oz. Available at Walgreens.com or nestlenutritionstore.com
- **Premier Nutrition” High Protein” Shake:** 160 cal, 30g Protein per 11 oz. Available at Costco, Walmart, Sam’s Club, or www.premierprotein.com
- **Pure Protein Shakes:** 170 cal, 35g protein per 11 oz ready-to-drink can. Available at Walgreens, Walmart, CVS, Target, Vitamin Shoppe, GNC.
- **Isopure Zero Carb Protein Powder:** 105 cal, 25g protein per 1 scoop, mix with 8-12 oz water. Available at GNC, Vitamin Shoppe, and www.theisopurecompany.com. Lactose-free
- **Isopure Zero Carb Ready-to-Drink Bottle:** 160 cal, 40g protein per 20 oz bottle. Available at GNC, Vitamin Shoppe, and www.theisopurecompany.com online. Lactose-free
- **Cytosport Muscle Milk Light Ready-to-Drink:** 160 cal, 20g protein per 14 oz bottle. Can find at Walmart, Vitamin Shoppe, Costco, and online at cytosport.com. Most flavors are lactose-free.
- **Vega One (Vegan option):** 123-137 cal, 15g protein per 1 scoop, mix with 8-12 oz water. Can find at Vitamin Shoppe, myvega.com Lactose-free

These shakes have multivitamins in them. If you drink any other shake that does not have vitamins in it, you should start chewable multivitamins one week after surgery.

Level 1 Diet

Protein (g)		cal	carb (g)	
Example: Optisource HP Drink	24	200	12	per 8 oz.

3 WEEKS TO 3 MONTHS

$\frac{1}{4}$ cup **maximum** per meal - starting on **Day 15** after surgery

100% Protein

Your stomach is small. Your diet for the next year will be mostly food containing high levels of protein. You should always eat your **PROTEIN FIRST**. You probably will not have room for any other food, and you may not be able to finish the entire $\frac{1}{4}$ cup. Don't worry. We will add other foods (including fruits, vegetables, etc.) later. Make sure that you eat your protein.

You should be drinking at least 64 oz. (2 liters) of water or other zero-calorie liquid per day. In order to do this, you should sip throughout the day and carry your water bottle **everywhere**, including to your clinic appointments. You will need to drink lots of fluid, but just not during your meals.

Level 2 Diet

Weeks 3-4 Post-op: Goal 25-30g protein/day at least.

Discontinue Level 1 Diet. Start Level 2 Diet (soft foods-**see list**)

Week 3: Day 15-21	Protein (g)	Size
Cottage cheese, low-fat (1%)	7.0	$\frac{1}{4}$ cup
Egg substitute	7.53	$\frac{1}{4}$ cup
Egg, scrambled	6.76	1
Egg, boiled/poached	6.29	1
Yogurt, skim or non-fat	3.25	$\frac{1}{4}$ cup
Yogurt, Greek skim or non-fat	6.0	$\frac{1}{4}$ cup
Peanut butter, smooth, reduced fat	4.01	1 TBSP
Peanut butter, chunky, reduced fat	3.85	1 TBSP
Cheese, low-fat cheddar	6.90	1 oz.
Cheese, part-skim mozzarella	7.36	1 oz.
Cheese, Swiss	7.63	1 oz.
Couscous, cooked	2.0	$\frac{1}{4}$ cup
Tofu, soft	4.0	$\frac{1}{4}$ cup
Milk, skim	2.065	$\frac{1}{4}$ cup
Soy milk	2.745	$\frac{1}{4}$ cup

Week 4: Day 22-28 Add the following foods to the previous foods.

Protein (g)	Protein (g)	Size
Beans, black	3.81	$\frac{1}{4}$ cup
Beans, kidney	3.6	$\frac{1}{4}$ cup
Beans, navy	3.745	$\frac{1}{4}$ cup
Beans, pinto	3.85	$\frac{1}{4}$ cup
Beans, great northern	3.685	$\frac{1}{4}$ cup
Beans, white	4.755	$\frac{1}{4}$ cup
Beans, lima	2.97	$\frac{1}{4}$ cup
Lentils	4.475	$\frac{1}{4}$ cup

Fish, cod	13.01	2 oz.
Fish, haddock	13.73	2 oz.
Fish, salmon	15.47	2 oz.
Fish, flounder	13.69	2 oz.
Fish, swordfish	14.39	2 oz.
Fish, tuna steak	16.98	2 oz.
Fish, tuna, canned	14.45	2 oz.
Fish, tuna salad	8.22	1/4 cup
Nuts, cashew	4.6	1 oz. (18 nuts)
Nuts, mixed	4.825	1 oz.
Nuts, pecans/walnuts	2.6	1 oz. (20 halves)
Nuts, peanuts	7.33	1 oz. (28 nuts)
Seafood, clam, canned	14.48	2 oz.
Seafood, oyster	4.97	2 oz.
Seafood, scallop	2.80	1 large
Shrimp	9.89	1/4 cup (4 XL)
Quinoa, cooked	2.0	1/4 cup
Avocado	2.0	2 Tbsp

Cook the fish by poaching, baking, grilling or broiling it. **DO NOT FRY OR BREAD FISH!**

Example 1 – Week 3, Day 15-21

Breakfast

1/4 cup scrambled egg 7.0g

Snack

2 Tablespoons of reduced fat Peanut Butter 8.0g

Lunch

1/4 cup non-fat or low-fat Greek Yogurt 6.0g

Dinner

1/4 cup reduced fat Cottage Cheese 7.0g

28.5g of protein

Example 2 – Week 4, Day 22-28

Breakfast

1/8 cup scrambled egg 3.5g

1/8 cup low-fat Greek yogurt 3.0g

Snack

14 Peanuts 3.66g

Lunch

1/4 cup tuna salad made with light or no fat mayo 8.22g

Dinner

4 Large Shrimp or 1/8 cup Broiled fish 5.77g

2 tablespoons low-fat cheese 7.36g

31.76g of protein

Level 3 Diet

Weeks 5-6 Post-op: Goal 30-40g protein/day at least.

Add Level 3 Diet to Level 2.

Week 5 Day 29- 35	Protein (g)	Size
Chicken, breast	14	2 oz.
Turkey, breast/ roast	14	2 oz.

You can cook the chicken by baking, broiling or grilling it.

Remember to remove all visible skin and fat from your meat before cooking it and no breading the chicken.

Week 6: Day 36-42 Add the following foods to the previous foods.

Protein (g)		Size
Pork, ham, extra lean	9.8	2 slices (56.7g)
Pork, ham, lean	14.19	2 oz.
Pork, chop	17.11	2 oz.
Pork, loin	16.27	2 oz.
Pork, sausage	5.25	1 patty
Pork, sausage	5.05	2 links
Beef, roast	16.0	2 oz.
Beef, ground, 93% lean	14.69	2 oz.
Beef, top sirloin	16.0	2 oz.
Steak, ribeye	12	¹ / ₄ cup (1.5 oz.)
Veal, leg	20.49	2 oz.
Veal, rib	13.58	2 oz.
Lamb, shoulder	20.14	2 oz.

Example 1 – Week 5, Day 29-35

Breakfast

¹/₄ cup low-fat Cottage Cheese 7.0g

Snack

2 tablespoons low-fat cheese 7.36g

Lunch

¹/₄ cup Broiled fish 11.0g

Dinner

¹/₈ cup Roasted Turkey 5.12g

¹/₈ cup Great Northern white beans 2.38g

32.86g of protein

Example 2 – Week 6, Day 36-42

Breakfast

¹/₄ cup low-fat Greek Yogurt 6.0g

Snack

2 Tablespoons of reduced fat Peanut Butter 8.0g

Lunch

¹/₄ cup broiled Chicken 14.05g

Dinner

¹/₄ cup lean ground beef 11.02g

39.07g of protein

***Continue eating these foods during weeks 7-12. You will expand your diet at 3 months after surgery.**



KAISER PERMANENTE

3 TO 6 MONTHS

$\frac{1}{2}$ cup **maximum** per meal

90% protein

Goal 40-50g protein/day

You may introduce vegetables at 3 months, except for corn, peas and potatoes. You should still eat protein food first and then just a few bites of vegetables. Protein remains the MOST important food.

You should be well adjusted to eating with your new stomach. Continue to experiment with different protein-rich foods and cooking methods. **Keep your portions small!**

6 TO 9 MONTHS

$\frac{1}{4}$ cup **maximum** per meal

80% protein

Goal 50-60g protein/day

Your stomach has dilated somewhat. You will probably notice that you can eat more than you could for the first few months after surgery. **Continue to eat your protein food first, but you can add a small amount (1/4 cup or less) of fruit, vegetable or carbohydrate (starch) AFTER you finish your protein (1/2 cup)** if you have room. You will need to keep your portions small or you will dilate your stomach.

9 TO 12 MONTHS

1 cup maximum per meal

70% protein

60-80 g protein/day

Aim for $\frac{1}{2}$ of your 1cup to be protein food. The other $\frac{1}{2}$ cup can include vegetables, fruit, and starches. Goal is always to eat your protein food first, followed by vegetables second, fruit, and starches as last priority.

AFTER 1 YEAR

Continue to eat your protein food first. You will still need to keep your portions small, at around **1 cup of food per meal. Aim for 60-80 g protein/day. Always avoid liquid calories!**

TIPS FOR YOUR DIET

- Do not drink anything 20 minutes before and 30 minutes after your meals.
- Take very small bites of food. Put your utensil down, chew thoroughly and swallow before taking another small bite.
- Take at least 20-30 minutes to eat a small meal.
- You may use small amounts of condiments with your food. Even small amounts of some condiments (ketchup, barbecue sauce, etc.) may cause you to have dumping symptoms because of the sugar they contain. Try diluting them 50/50 with water.
- Stop eating as soon as you feel full. Your stomach will let you know when it is full by:
 - *A feeling of pressure of fullness in the center of the stomach, just below your ribcage.
 - *Nausea. *Pain in the left shoulder or under the breastbone.
- If nausea persists for several days then change your diet back to clear liquids and see if it helps it to go away. If this does not help, then you will need to call our office for further advice.
- You may use Stevia, Equal, Sweet & Low, or Splenda instead of sugar.
- If you do not like skim milk, you may use 1 % milk but do not use any higher percentage.
- You may use Butter Buds, Molly McButter, Pam Cooking Spray and cooking spices.
- After 6 months use bread and toast in moderation. If you do eat bread, only eat one fourth of a piece at your meal. Bread, pasta, noodles, rice, grits, and oatmeal may swell in your stomach after eating. It is best not to combine any of these foods together at one meal. When eating these foods, always eat a smaller amount to accommodate for the swelling. Eat one ounce instead of two.

FOODS TO AVOID

- Avoid corn, cabbage, broccoli, onions until six months after surgery. They can create a lot of gas in your pouch.
- Avoid condiments like butter, gravies, and fatty meat.
- Avoid soups, especially cream soups (unless instructed by your surgeon)
- Protein supplements/drinks (unless instructed by your surgeon) after first 2 weeks. It is preferable to eat your protein sources from food.
- Anything sweetened with real sugar or sugar substance (honey, corn syrup, etc.)
- Cream sauces (Alfredo, hollandaise, béarnaise)
- Gravy- Junk food- Alcohol- Ice Cream- Fried food- Fast food - **AVOID all sweets and fried foods!!!!**

MEDICATIONS AFTER SLEEVE/BYPASS SURGERY

- **All medicines should be crushed, chewable or in a liquid form** for first 4 weeks after surgery. Medications that are labeled SR (sustained release), XR (extended release) or the like **cannot** be crushed, so you will have to find an alternative. You should discuss this requirement with you pharmacist and the physician(s) who prescribes your medication(s) well in advance of your surgery date.
- You may mix your crushed or liquid medications with water, Crystal Light or food items such as yogurt in order to make them more tasteful.
- After the first 4 weeks, you may take small pills whole but should continue to crush larger ones.
- Medications for other conditions (high blood pressure, depression, etc.) should be resumed as soon as you leave the hospital. You should plan to see your primary care doctor or prescribing physician(s) within 1 month after surgery to review your medications and evaluate the need for their continued use. We recommend making that appointment before your surgery.

MEDICATIONS YOU SHOULD NOT TAKE WITHOUT YOUR SURGEON'S PERMISSION AFTER GASTRIC BYPASS ONLY SURGERY

- NSAIDs including Ibuprofen, Motrin, Naprosyn, Naproxen, Aleve, Indomethacin.
- Aspirin and aspirin containing products including Excedrin, Goody's Powder and BC Powder.
- Oral and IV steroids

Tylenol or any Acetaminophen product is the only acceptable pain reliever medications following gastric bypass surgery.

EXERCISE/ACTIVITY

- At a suitable time every day, walk 15-20 minutes as fast as you can away from your home and back. Each day walk a little faster and farther. Walk every day.
- Gradually increase your distance so that by 2 months you are walking 2 miles per day.
- At the beginning of your exercise, you will not be able to walk far. You may have some shortness of breath and pain in your muscles and joints. These things will go away as you increase your walking.
- Other forms of good exercise are bike riding, swimming, walking on a treadmill and running.

TIPS TO USE AT HOME

- INCREASED GAS PRODUCTION:** The most common cause of increased gas production following this procedure is due to a high fat intake in your diet. You may take anti-gas medications such as Beano, Gas-X and Phazyme. You may also try adding Greek yogurt or Acidophilus Milk to your diet. These things help to change the bacterial flora in your intestine.
- **CONSTIPATION:** Constipation is common after Bariatric surgery. If you do not have a bowel movement for 3 days, you can take Milk of Magnesium (30 ml) which is an over-the-counter laxative. You can repeat that if you have no response after 6 hours.
- Do not lift anything **greater than ten pounds for 2 weeks** after surgery. Ten pounds is equal to a gallon of milk.

- You may drive as long as you feel safe and secure. We do not recommend driving if you are taking a narcotic pain medication like Vicodin.
- You may resume sexual relations when you feel comfortable. It is very important that some method is used to prevent pregnancy. You should not get pregnant during the first 2 years after your surgery. Consult your Gynecologist for the most effective method of birth control for you.

VITAMIN SUPPLEMENTS

Vitamins and minerals perform specific and individual functions in your body. They do not provide any energy, but they do help to maintain the function of cells in your body. Problems can occur if you do not get the proper amount of vitamins and minerals. **Once you have been instructed to start taking your vitamins and minerals, DO NOT stop taking them unless instructed to do so by your doctor.**

Please refer to your yellow and blue supplement handout provided for supplement recommendations. Do not take your Iron and Calcium supplements together. They need to be taken at least 2 hours apart. Take iron supplement with 500 mg Vitamin C. It helps with absorption.

It is ESSENTIAL that you take your multiple vitamins EVERY DAY for LIFE!!

The Operation and Recovery

Pain in the hospital:

Initially, your pain will be managed with a patient controlled analgesia machine (PCA pump) through your I.V. When you are able to drink fluids you will receive a liquid pain medication to swallow to control your pain.

Physical activity after surgery:

Walk, walk, and walk! To prevent blood clots and post surgery pneumonia you need to move. You will be getting out of bed and walking a few hours after you are settled into your hospital room. Early activity is essential to a quick recovery. Walking will be part of your plan of care.

Nausea:

Some patients experience nausea immediately after surgery. Occasionally patients also experience vomiting. This may be caused by a combination of the general anesthesia and the type of surgery. Coughing, deep breathing and walking will help eliminate the general anesthesia from your body. You may be asked NOT to drink or eat anything after surgery to “rest” your stomach pouch. Your surgeon will advance your diet when it is felt you can tolerate liquids.

Coughing & Deep Breathing Exercises:

Coughing and deep breathing are very important after surgery to help clear the lungs and prevent pneumonia. A device called an “incentive spirometer” will be given to you. You should use it at least ten times an hour while you are awake in the hospital. If you experience abdominal pain while coughing and deep breathing you might want to hold a pillow over your abdomen (splinting) may help.

Before you leave the hospital:

- You must be able to urinate.
- Have a clear understanding of medications you should or should not take when you go home.
- Be sure you have a copy of your discharge order sheet. Clarify your follow up appointments and your medications after surgery with your discharge Nurse.
- Take a dose of your pain medication if needed before leaving the hospital to assist you with pain control during your transport home.
- If you have a long drive home, plan to stop at least every 45 minutes. Get out of the car, stretch and walk for 5 to 10 minutes.

Bowel Movements:

Due to a considerable decrease in food intake, it is not uncommon to go for up to 5 – 6 days immediately after surgery without having a bowel movement. This does not necessarily indicate constipation.

Discharge and Recovery at Home:

It is common to feel weak and tired when you return home from the hospital. Some patients may also experience some moodiness during this time. The body is still recovering from the stresses of a major operation along with new dietary adjustments.

Medications You Will Take Home From the Hospital:

Soreness in the upper abdominal area may occur for up to a couple weeks after your surgery. Your surgeon will prescribe a liquid form of a pain medication such as Vicodin. For mild discomfort, instead of the Vicodin, you may take Tylenol Go Tabs (chewable), Tylenol Liquid or Tylenol “caplets”, as they pass easily through the new stomach outlet. Be sure not to exceed 5 grams of sugar per dose in the liquid Tylenol. Do not take the Tylenol and Vicodin together. If you take Tylenol you must wait at least 4 hours before taking Vicodin.

Other Prescription Medicines:

Before leaving the hospital, you will need to review any regular prescription medications with your surgeon before resuming them at home. Most medications in pill form can safely be taken after bariatric surgery, but some capsules or tablets may be too large and may cause a blockage. Some medications will need to be ordered in liquid form or crushed and mixed with fluid or food. Always check with your physician and/or pharmacist before crushing tablets or opening capsules, as some medications are less effective when crushed.

High Blood Pressure and Diabetic Medicine:

As you lose weight your blood sugar and blood pressure may improve quickly. If you are discharged home on medication for high blood pressure and or diabetes, you must monitor your blood pressure and or blood sugar as directed. Careful supervision by your Primary Care Physician or the Health Care Provider that prescribed your medication(s) will be needed.

Psychiatric Medicine:

If you are taking any type of psychiatric medication before surgery (antidepressant, mood stabilizer, antipsychotic etc.), make sure you resume these medications your first day home from the hospital or you may experience the following: headache, weakness, moodiness, dizziness and in some cases, flu like symptoms.

Unless your Psychiatrist or Primary Care Physician advises otherwise, it is strongly recommended to continue with these medications for at least 6 months after surgery before considering discontinuation.

Incision Sites for Bariatric Procedures:

There are two types of surgical entry points, open and laparoscopic. Most patients will receive the laparoscopic incisions. Rarely, a laparoscopic approach is not possible or your surgeon may need to switch to the open incision for your safety. The incisions may be sensitive for several months after the operation.



Our surgeons use two different methods to close surgical wounds. Your wounds may be covered in a couple of different ways. Some patients will have steri-strips, gauze and a large clear dressing. You will be given instructions on when to take the clear dressing off, however, the steri-strips will stay in place until they fall off by themselves. Do not pull at them or peel them off. Some patients will have a surgical adhesive (surgical superglue) that holds the incisions together as stitches would. The adhesive will wear off as your wounds heal, do not attempt to remove the adhesive yourself.

Abdominal wounds sometimes have drainage. Most drainage is normal. Call the Bariatric Department if the drainage is dark yellow or green, has a bad smell or if you start to run a fever.

Your incisions can get damp from taking a shower, but do not soak in a tub of water. Do not totally submerge your incisions under water. No swimming, water exercise, hot tub, etc. until your surgeons gives you permission to do so.

Gas and Bloating:

Abdominal bloating immediately after surgery is expected during the recovery process. Regular exercise and drinking water helps decrease gas pain. You may experience frequent, excessive gas that can last several weeks but usually decreases over time.

EMOTIONAL HEALTH

How Should You FEEL Before Gastric Bypass Surgery:

Make the commitment

- YOU must make a commitment to immediate short-term changes.
- YOU must make a commitment to long-term, lifelong changes.
- YOU must be willing to exercise.
- YOU must be willing to change your eating patterns.
- YOU must be willing to find new ways of managing stress and life's problems.
- YOU must be willing to develop new coping skills.
- YOU must be willing to increase your peer and family support.
- YOU must commit to extra time to optimize your success.
- YOU must commit to extra finances to optimize your success.
- YOU must continue to educate yourself.

Be realistic

- This is not a magic pill – it takes a lot of work.
- The surgery offers a **window of opportunity** to lose weight and make the necessary lifestyle changes needed.
- This window may last one or two years.
- If you do not make the necessary lifestyle changes, you will regain the weight.
- If you DO make the necessary lifestyle changes and stick to them for the rest of your life, you WILL keep most of the extra weight off for the rest of your life.

Change begins today!

To lose weight before surgery, you must change your eating habits and increase your activity. Besides making the surgery safer, it is important psychologically. Getting used to the new behavior changes before surgery reduces the possibility of feeling overwhelmed, depressed or anxious after surgery. You need to set up a support system today with friends and or family, plus attendance at a support group meeting. They will teach you how to deal with feelings differently. When you are overwhelmed with different feelings after surgery you will have people you already know to turn to.

How Should You FEEL After Bariatric Weight Loss Surgery?

Euphoria

There may be an initial euphoria after the surgery when you begin to lose weight very quickly. But when the rate of weight loss slows down (usually after 12-18 months), the euphoria ends and negative feelings may emerge. This makes it essential that you have established healthy lifestyle changes beforehand.

Feeling deprived

After a while, you may feel angry or deprived that you can't eat what others eat, and you can't eat or drink the way you used to. You won't be able to use food and drink the way you did in the past to handle your feelings about life's problems (e.g. to comfort yourself, to deal with stress, to manage or suppress uncomfortable feelings). This makes it all the more important that you establish new ways of dealing with stress – before the surgery. Immediately after the surgery you will find that if you eat the wrong kind of food or too much of any food, you will become sick as a result. After a year or two, you may find that you CAN eat more, and a wider variety of foods, some of which are high-calorie foods. It can be even more frustrating knowing that you CAN eat those foods but if you do, you'll gain back the weight. It's vital that you have established healthy behavioral changes. Such behavior changes as you're eating patterns, exercise, ways to deal with stress so if you do 'slip' and gain back some weight, you can immediately self-correct by returning to your healthy behaviors.

Physical changes

You may be happy with the weight loss and your improved health, but not the way your body looks. Some patients who lose a large amount of weight may see more wrinkles in their face which make them feel like they look older. The skin on your arms, breasts and stomach might sag, some patients have to wear a girdle to hold the skin on the lower abdomen up to prevent sagging which may cause sores. Kaiser may not always pay for the surgery to correct these problems unless it is medically necessary.

Unwanted attention

Having a smaller body may result in getting more attention from others. On the one hand it may feel good, but it might also feel uncomfortable. For women, attention from men may bring up feelings of vulnerability or anxiety. As you lose weight you may take more interest in your physical appearance. You may buy new clothes and begin to look very different. People close to you may feel threatened if you become more self-confident, assertive, or attractive. They may wish you were “like you used to be” – the “old you”. If you have difficulty with some of these feelings, do not hesitate to seek advice from one of your care providers, a counselor and/or attend a support group.

Support

You can't do this alone. You will need the support of friends and family. It is essential that you establish a support system before the surgery to help you through the lifestyle changes and to help you manage life's problems in a new way. Attendance at a support group is extremely helpful. The support group offers an opportunity to be educated, prepare you for the difficult times, and have your questions answered. The other members can give you emotional support, and you can compare notes with them about their surgery experiences and how they are adapting to the new lifestyle. Also, feel free to access psychological services offered by Kaiser for support or psychotherapy. Services are offered in Medicine, Health Education and the Department of Psychiatry.

Making the choice to have Bariatric surgery is a lifelong commitment. You will evolve out of this experience a new person. This journey gives you the opportunity to learn more about yourself than you would ever think possible. Some of those experiences can be joyful and some can be painful. With self-discovery you will start to learn why you've struggled with food in your life.

Getting the proper support is the key to your long-term success. You will need support from friends, family, co-workers and your community. But, most vital is from people who know the struggles you are encountering. As much as we would like the surgery to re-program our brains, it does not. That is where you are responsible. The surgeons can reprogram your stomach and digestive process. **Only you have the power to reprogram your brain.** You will need support groups in the long run. Getting an early start in a support group will help educate you to avoid many unnecessary pit falls. When those pit falls do happen (and they will), you will have an established support system to turn to.

Exercise and Physical Activity

Now that you are thinking about having Bariatric Surgery, there are many things you can do to better prepare yourself for a safe procedure and successful weight loss. There are many pieces to the recovery puzzle that you'll be putting together after surgery. However, there is one critical piece you can start working on NOW to help maximize the benefits of surgery.

No amount of exercise can guarantee a long life. However, even moderate amounts of physical activity can improve the likelihood of a healthy life. Along with a positive attitude and a healthful diet, your fitness level plays a major role in how well you feel, what illnesses you avoid, and how much you enjoy life.

Why Should I Increase My Activity Level?

1) Health Benefits

- Lowers blood pressure
- Reduces risk for diabetes and decreases insulin requirements
- Increases “good” HDL cholesterol
- Improves heart and lung health, increases endurance
- Controls appetite

2) Prepare yourself for surgery

- Improve strength, balance, flexibility and coordination. You will be expected to walk immediately after surgery in addition to getting in/out of bed and up/down from a chair.
- Conditions the heart and lungs to better tolerate the stress of surgery and minimize the changes of complications.
- Stimulates weight loss.

3) Improved outlook on life

- Relieves tension and stress
- Boosts self-image
- Builds confidence (you can do it!)
- Increases energy and decreases fatigue
- Reduces anxiety and depression

How Does Physical Activity Help With Weight Loss?

In several ways: First when you exercise, your body burns more calories. Second, exercising helps your body build more muscle, and muscle, in turn, burns more calories than fat. So, the more muscle you have, the more calories your body uses all day, every day. Remember, though, muscle weighs more than fat. So, as you become fit and your body fat is replaced with muscle, you may not see the improvement as a weight loss on a scale. But if you stick with it, and keep eating a healthy low-calorie diet, you will become trimmer and probably see a difference in the way your clothes fit. You'll also feel better, and you may even lose some weight.



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Physical activity is beneficial in other ways too. It can help you feel better about yourself and increase your confidence. For many people, feeling good about themselves is the most important factor in their weight loss efforts. When you are confident, you will be much more capable to take on the challenges of weight management.

Being physically active doesn't mean you have to perform long, difficult exercise routines. In fact, the heavier you are, the more calories you burn even with moderate physical activity. This means that a small increase in physical activity can go a long way in helping you lose weight. Moderate intensity activities – such as walking, bike riding, dancing, or washing your car – have many of the same benefits of more vigorous exercise. Keep in mind that even if you don't lose a pound, physical activity can have a powerful effect on your overall health.

How Do I Get Started?

- Commit yourself to a walking program or chair based aerobic program.
- Set aside time every day.
- Look for opportunities to increase activity in everything you do each day.
- Do something enjoyable while exercising (listen to music, dance...).
- Start slowly and increase activity every week.
- Keep an activity log.
- Get a partner.

If it's been a long time since you've been active, you'll want to begin slowly so that you won't injure yourself. Choose activities that you enjoy and will stick with over time. Gradually start to do a little bit more, go a little bit faster, or a little bit farther. Challenge yourself at your own pace and set realistic goals. Remember, your overall goal is to try to build a physical activity program that you can stick with for the long term. If you can achieve this, you will be much better able to manage your weight for the rest of your life.

What Activity Can I Do?

- Anything Counts:
- Walking
- Swimming (try walking or using a kick board in the pool)
- Gentle biking (try stationary)
- Hiking (there are many parks and trails in the Bay Area for walking)
- Gardening (create that peaceful heaven you've always wanted)
- Cleaning (kill two birds with one stone)
- Washing the car
- Walking the dog (animals need exercise too)
- Dancing (put on your favorite music and start moving to the beat)
- Tennis (you don't have to be the Williams sisters, you just need a ball and racket)
- What else can you think of?



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No one can prescribe the perfect fitness plan for you. You have to figure it out based on what you enjoy doing and what you will continue to do. The next few pages can be a big help.

Consistency is the most important, the most basic, and the most often neglected part of fitness. Consistent regular exercise or moderate activity delivers all of the fitness benefits.

Finally, moderate exercise is safe for most people. To be safe, start slowly and gradually increase the intensity of your exercise. If you have a serious health condition or can answer yes to any of the following questions, you will want to check with your doctor or health professional prior to beginning a vigorous exercise program.

- Do you have heart trouble?
- Do you have undiagnosed chest pains?
- Do you have uncontrolled high blood pressure? (> 140/90)
- Do you often feel faint or dizzy?
- Do you have arthritis or other bone or joint problems that might be aggravated by improper exercise?
- Do you have diabetes? You may want to talk to your physician about how increased exercise affects your insulin needs.

How Hard Should I Exercise?

Nice and easy does it. Exercise does not have to be intense to be of value. In fact, if you exercise too hard, you get less benefit than if you go at a moderate pace.

Above all, listen to your body. If the exercise feels too hard, slow down. You will reduce your risk of injury and enjoy the exercise much more.

Try the ‘talk-sing test’ to determine your ideal exercise pace:

- If you can’t talk and exercise at the same time, you are going too fast.
- If you can talk while you exercise, you are doing fine.
- If you can sing while you exercise, it would be safe to exercise a little faster.

Your exercise is most effective when you can talk, but not sing, while doing it.

How Often and How Long Should I Exercise?

Most studies show that exercising for 30 minutes on most days each week is what it takes to improve fitness. However, sometimes it is easier to make exercise a habit if you do it every day.

With aerobic exercise, harder is not better, but longer is. Although you can get good fitness benefits from as little as 10 minutes of aerobic exercise per day, extending your exercise time will increase your rewards. This is true for up to 1 hour of exercise per day. Beyond that, there may be diminished health returns and increasing risk of injuries.



Warm Up and Cool Down

For the first 5 minutes of your exercise routine, start out slowly and easily so your muscles have a chance to warm up.

End your exercise with a little cool-down period. If you've been running or walking quickly, gradually slow your pace, then do a few light stretches to improve flexibility.

Drink some extra water before and after exercising.

How can I start adding steps to my day?

All you need is a good pair of walking shoes and a little motivation to get moving. Try some of the following ways to add steps while having fun.

- Start a walking club with your friends or co-workers.
- Take several short 10 minute walks during the day.
- Walk or dance while listening to music.
- Try walking in parks, by water, or in new neighborhoods.
- Walk to a restroom or copy machine on a different floor.
- Take the stairs instead of the elevator.
- Host "walking meetings" and walk and talk instead
- Plan active weekends.

How can I stay motivated?

1. Think positive and make small changes

To be sure that this activity stays with you, make small changes in your routine. This will help you reach your goals and stay motivated to try again tomorrow. Be patient with yourself. The most important thing is being active.

2. Make it fun.

Activity can be a great way to relax or even socialize. When you'd like to spend some time alone, try walking while listening to music. When you'd like to spend some time with your family, take a walk after dinner together. See how you can make each step more enjoyable.

3. Keep a journal.

Use a log to track your steps and mark your progress. Write down reasons that may have prevented you from reaching your goals, such as an illness.

Easy Ways To Increase Your Steps

There are many simple ways you can add steps throughout your day. Every step counts towards your good health and happiness. Think steps – anytime, anywhere.

At Home

- Make the after-dinner walk a family tradition.
- Walk your dog, or offer to walk your neighbor's dog.
- Do a fun family challenge to see who can log the most steps.
- Reward your family for meeting step goals with fun activities.
- Take a walk while your kids are playing sports.
- Walk to your neighbor or friend's house instead of calling.
- If you make a call, walk while you talk.
- Start a walking club with your neighbors or friends.
- Walk to the television to change the channel.
- Turn off the television and do an active family activity.
- Walk around your house during television commercials.
- Get up and move around once every 30 minutes.
- Try to take half of your goal steps by noon.
- Plan walks into your day, for example, with a friend at the beginning of the day, and with your family at the end of the day.
- Plan active weekends (longer walks, scenic hikes, playing in the park).
- Take a walk and pick up litter in your neighborhood or in a park.



On the Town

- Park farther away in store parking lots
- Return your grocery cart to the store.
- Avoid elevators and escalators – try the stairs instead.
- Walk don't drive, for trips less than one mile.
- Walk at the airport while waiting for your plane, and avoid the people movers.
- Take several trips to unload groceries from your car.
- Avoid the drive-through. Instead, walk inside.
- Plan active vacations.
- Hike some of California's beautiful trails.

At Work

- Take several 10-minute walks during the day.
- Choose the farthest entrance to your building, then walk the long way to your office.
- Host “walking” meetings.
- Walk to a restroom, water fountain, or copy machine on a different floor.
- Take a longer route to your meeting.
- Walk a few laps on your floor during breaks, or go outside and walk around the block.
- Walk during your lunch break.
- Walk to a colleague’s office rather than calling or sending e-mail.
- Take 5-minute walking breaks from your computer.
- Park farther away in the morning and when you go to lunch.
- Take the stairs rather than the elevator.
- Start a break-time walking club with your co-workers.
- Walk while using a speaker or cordless phone.
- Get up and move at least once every 30 minutes.



The Rest of Your Life

Psychological Considerations:

In the paragraphs below, some of the more common social/emotional issues that may arise are discussed. This is the time to begin thinking about these issues and taking steps to make changes where necessary.

- **Stress:** since stress is a trigger for most people to overeat, think about the areas in your life that are stressful. What can you do to begin to lower the level of stress in your life so you are not so vulnerable? For example, are you an individual who is overwhelmed by responsibility and has difficulty saying “no” to requests? If so, how do you begin to give yourself permission to say no to a request? The successful patient is clear about what he/she needs to do and when it is appropriate to say ‘No’. This change in behavior will reduce stress in your life and allow time for the self-care necessary to long-term management of weight loss.
- **Body Image Distortion:** After significant weight loss the majority of patients are pleased with their new appearance and the opportunities that significant weight loss can bring. However, there are patients who report body image distortion. The patient may not recognize the extent of his/her weight loss. For example, when shopping, the patient may continue to reach for cloths that are too large. Even though the scale indicates a lower weight, the patient may not perceive the weight loss is reflected in the mirror or by the scale. This is typically a temporary phenomenon. Your mind may need time to catch up with the reality of your rapid weight loss. Other patients report that they do recognize the changes in their body size, but no longer recognize themselves. The changes in physical appearance, feeling less “invisible”, and the need for coping skills other than food can be unsettling.
- **Depression:** Many patients come to this program with a history of depression or anxiety they believe will no longer exist after surgery. In some cases this is true. More often, those who have a history of depression and/or anxiety, experience an improvement in mood during the initial weight loss period, but return to their preoperative mood level sometime within the first two years. The message here is to address your symptoms of depression and/or anxiety before surgery. Get professional treatment if necessary. Do not set yourself up for disappointment thinking bariatric surgery will be a “cure-all”. Similarly, do not assume that bariatric surgery will result in general happiness and self-confidence. It is true that many patients experience an increase in happiness and self-confidence, but this is not a guaranteed result. You may be a smaller version of yourself, but you will still be the same person. Unhappiness and low self-esteem can be independent from body size.
- **Interpersonal Relationship Changes:** There may also be changes in how you relate to others and how others relate to you. These changes can be subtle or not. The changes, mostly reported as positive, can also be painful. Keep in mind that you may not experience all of these changes. Most patients describe some of them. Very few patients describe all of them. Some do not report any changes.

Here are some of the most commonly reported interpersonal changes reported by patients.

- Intrusive questions about how you lost your weight. Patients vary widely in their responses to these types of questions. Some patients are open about their experience and do not object to discussing the topic with anyone who asks. Other patients choose to be more private. They do want to discuss their method of weight loss. Many patients are in the middle. They choose to discuss their weight loss with close family members and/or close friends, but not with acquaintances. There is no right answer here. The information is yours to share with whom you want. For those who are more private, the response to weight loss questions or “diet and exercise” is truthful and usually effective. If unwanted questioning persists, you may have to be clear that you do not want your weight to be a topic of discussion any longer. Most people who ask are trying to be supportive of your changes. This kind of support, although well intentioned, may make you uncomfortable. People cannot read your mind. It is up to you to let them know. This can be done in a firm, but respectful manner.
- Eye contact and greetings from individuals who never acknowledged your presence before significant weight loss. The reaction to this phenomenon is mixed. Some individuals enjoy the added attention and/or social inclusion. Other patients become angry. The angry patient asks, “I am the same person, why should he/she talk to me now”? A few patients do not report noticing a change. At this point, it is important to check your own behavior change. Now that you have lost weight, are you less self-conscious and friendlier to others? Are you more liable to make eye contact and greet others? Are you more willing to participate in a conversation or discussion? All of these behavior changes from you would illicit a change in how others interact with you. This would be true if you didn’t lose a pound. If you find you have not changed your behavior in any way, others may indeed include you when you were previously ignored. Society can be cruel to certain segments. It’s not right, but are you willing to waste your time being angry? The goal is to find a way to move on in a positive manner.
- Best friends, sisters, brothers, etc. may become less supportive and less available as you begin to lose a significant amount of weight. Many individuals create a bond in their similarity and mutual suffering. This type of bond creates a feeling of emotional safety. This is the “Us and Them” phenomenon. In addition to being ‘eating buddies’ individuals often look to their close relationship as a place to soothe their egos. Your friend or sister/brother may feel ‘okay’ when he/she is around you because you are both obese. Food plays a similar role in both of your lives. You both may have experienced unkindness from the non-obese population. Once you lose a significant amount of weight, you may not be perceived as a ‘safe’ person. Instead of being one of ‘us’ to your friend or family member, you may become one of ‘them’. Once this change in perception

occurs, the relationship is bound to change. The change in perception typically has little to do with you. However, you may be hurt by the change. Check in with yourself to determine if you have treated your friend, sibling, etc. any differently. If there is no difference, then your friend, sibling, etc. is most likely trying to take care of him/herself by distancing in an effort to protect their own self-esteem. If you notice this happening in a valued relationship, you might try to talk with your friend or sibling and reassure them that your feelings have not changed. Even after a discussion, the individual may continue to distance. Try to understand what is happening and be respectful of the needs of the other. You may experience a sense of loss, but it is out of your control. Anger is not necessary.

- Best friends or family members may try to “sabotage” your attempts to change. You have made the decision to have bariatric surgery. You have spent time learning about food and new ways to live. Those close to you have not made the same effort. They have not made the same commitment. They may have a need to maintain the status quo in their own lives. In order to be successful, you must find a way to be successful within the context of a family, social circle or workplace that may not change. You may be tempted by foods that are conducive to weight gain and activities that are sedentary. Although it is ideal for an entire family or office to change to a healthy diet, a successful patient learns to allow others to continue with their habits, while maintaining his/her recommended food and lifestyle. The message here is do not rely on those around you to help you make the necessary changes in the short or long term. Family, friends and/or coworkers have not made the commitment to change. Be fair in what you expect from others.
- You may experience close friends, family or coworkers saying you have lost too much weight. You may experience this comment as a genuine concern and not an attempt to hurt you. Often this begins to occur when a patient has lost a significant amount of weight but is still obese (per BMI chart). What you are hearing from these individuals is a relative statement. They are used to you looking a certain way and all of a sudden you look quite different. If your friend or family member saw you for the first time at your lower weight, he/she would not typically have the same response. Also, obesity is the norm in some families even among smaller family members. Fitting into this family standard may be how you became morbidly obese. Again, you have put in the effort to learn healthier ways of eating and living. It is up to you to stay focused on your goal and your health. Remember, you do not need to convince others that you have or have not lost too much weight. This discussion is between you and your doctor.
- Spouse or partner becomes “clingy”, fears you may leave the relationship. This can be tricky. If the relationship is significantly strained prior to surgery, such behavior or fears may be legitimate. In most cases the patient has no desire to end their relationship. The problem becomes,

- “How do I convince my spouse or partner that my feelings have not changes”? If your spouse or partner is insecure, he/she may feel threatened by your appearance, increased attention from others, and increased level of active interests. Spend some time talking with him/her about this topic before surgery and continue to have conversations as you go through the weight loss process. Use reassurance, respect and consideration as you encourage them to join your new lifestyle. It is always important not to dismiss your spouse/partners fears as foolish. They are real to him or her. Together, how are you going to create an environment where you can both be comfortable? If necessary, the two of you may want to contact a therapist.
- Flirtation and/or sexual advance. After significant weight loss increased attention of this type may seem flattering. It may be the kind of attention that you have never received or that you have not received in a very long time. The opportunity may be tempting. Remember, you are in the process of a significant life change. The emotional demands of a new relationship may interfere with this process. Take your time and take care not to lose sight of your ongoing need to pay close attention to your food habits, exercise regimen and general self-care. Emotional highs and lows are not what you need at this point in your life. On the other hand, this type of attention is not always welcome. This type of attention can create significant anxiety if the individual lacks experience with this type of behavior or has experienced sexual or physical abuse. At this point in your life you are in control. You may set your own boundaries of behavior and set limits on the behavior of others. Learning to develop boundaries and set limits can also create anxiety. The process gets easier with practice. If you have any doubts about your ability in this area, a therapist can be helpful. In summary, the changes that you will experience in the Bariatric Program will be both physical and psychological. Do not dismiss the psychological component. If the only change you make is what you eat, you are not likely to be a long-term success. It is the changes you make in other areas of your life that will make you less vulnerable to your old eating habits/behavior patterns. Psychological changes are typically slow and ongoing. They require a great deal of effort. They require both thought and practice. This type of change is more difficult for some people than others. Discussion with relevant friends and family members is important. Support groups and bariatric staff can help with this process. At times, assistance from a therapist is useful. Do not hesitate to use the resources available to you.

Support Group: One of the methods used by patients to achieve and maintain weight loss is to remain actively involved with a support group. During the weight loss process there can be times of disappointment or difficulty in reaching goals. Support groups provide moral support, information and advice on creating and sustaining a successful Bariatric lifestyle. The challenges of this lifestyle are discussed, and solutions found through group discussion and problem solving. Check with staff in the Bariatric Department for current listings and schedules for support groups in your local area.

Fresno Bariatric Surgery

3 Day Food Log

Day 1		Day 2		Day 3	
Amount/ Time of day	List amount of food or beverage (Ex: 1 c. orange juice)	Amount/ Time of day	List amount of food or beverage (Ex: 1 c. orange juice)	Amount/ Time of day	List amount of food or beverage (Ex: 1 c. orange juice)
Home/Out	Breakfast:	Home/Out	Breakfast:	Home/Out	Breakfast:
Home/Out	In-Between:	Home/Out	In-Between:	Home/Out	In-Between:
Home/Out	Lunch:	Home/Out	Lunch:	Home/Out	Lunch:
Home/Out	In-Between:	Home/Out	In-Between:	Home/Out	In-Between:
Home/Out	Dinner:	Home/Out	Dinner:	Home/Out	Dinner:
Home/Out	Evening Snack:	Home/Out	Evening Snack:	Home/Out	Evening Snack:

After-Orientation Quiz

1. When should I start taking my bariatric vitamins after surgery?
 - A. 5 days after my surgery
 - B. 4 weeks after my surgery
 - C. Bariatric vitamins are not always required
 - D. The next day after surgery
2. How many weeks off work will I have after surgery?
 - A. 1 week
 - B. 4 weeks
 - C. 6 weeks
 - D. 2-3 weeks
3. How many calories are contained in 1 lb. of fat?
 - A. 2500 calories
 - B. 4000 calories
 - C. 3500 calories
 - D. 3000 calories
4. If you consume only 100 extra calories per day, approximately how many extra pounds will you gain in 10 years.
 - A. 100 lbs.
 - B. 25 lbs.
 - C. 90 lbs.
 - D. 60 lbs.
5. SEVERE acid reflux is a contraindication for which operation?
 - A. Gastric Bypass
 - B. Sleeve Gastrectomy
6. Need for NSAIDS (Ibuprofen, naproxen etc.) or long-term steroids is a contraindication for which operation?
 - A. Gastric Bypass
 - B. Sleeve Gastrectomy
7. It is recommended NOT to pursue pregnancy for how many years after bariatric surgery at minimum.
 - A. 1 year
 - B. 2 years
 - C. 3 years
 - D. 4 years

8. The stage 1 diet should be maintained for how many weeks after surgery.
- A. 1 week
 - B. 2 weeks
 - C. 2.5 weeks
 - D. 3 weeks
9. It is important to take small sips of fluids with your meals after bariatric surgery.
- A. True
 - B. False
10. The most common reason for readmission to the hospital after bariatric surgery is?
- A. Bleeding
 - B. Infection
 - C. Blood clots
 - D. Dehydration
11. Successful weight loss after bariatric surgery can reduce risk of heart attack and stroke by?
- A. 40-50%
 - B. 20-30%
 - C. 50-60%
 - D. 10-20%
12. Which is TRUE about alcohol consumption after bariatric surgery?
- A. Alcohol adds non-nutritional calories to your diet.
 - B. There is an increased risk of addiction to alcohol.
 - C. Alcohol may increase the risk of ulcer formation
 - D. All of the above
13. Match the vitamin deficiency with the complication.
- A. Iron, B12
 - B. Calcium, Vit. D
 - C. B1, B12
- ___ Osteoporosis, Fatigue, brittle bones
- ___ Memory loss, nerve problems, dementia
- ___ Anemia, weakness

14. The risk of death after bariatric surgery in the first 3 months is?
- A. 15. E0.5-1%
 - B. 2-3%
 - C. 0.09 - 0.12%
 - D. 1.5-2.2%
15. Expected weight loss after bariatric surgery in the first 2 years after surgery?
- A. 30-50% excess weight
 - B. 100 lbs. of total weight
 - C. 50-75% of excess weight
 - D. 150 lbs. of total weight
16. How long should I take my bariatric vitamins after surgery?
- A. 2 years
 - B. For life
 - C. 1 year
 - D. 5 years
17. Most common reason(s) for weight regain after bariatric surgery? (circle the best 2 answers)
- A. Complications from surgery
 - B. Consuming high calorie drinks, carbohydrate rich foods, frequent snacks
 - C. Enlargement of the stomach pouch
 - D. Lack of consistent exercise
18. 2 years after bariatric surgery, bariatric vitamin and mineral labs should be checked how often by your primary care provider?
- A. Every 2 years
 - B. Every 6 months
 - C. Every year
 - D. Every 3 years
19. What BMI (Body Mass Index) range is considered an "ideal" body weight?
- A. BMI 16-19.5
 - B. BMI 25-29
 - C. BMI 19.5-25
 - D. BMI 30-35

20. What is the average duration of hospital stay after bariatric surgery?

- A. 2 Days
- B. 1 Day
- C. 3 Days
- D. 0 Days

Thank you for completing the preoperative bariatric surgery quiz!

You are required to bring this completed quiz to your initial surgeon visit. Any questions and/or incorrect answers will be discussed with you at that time.

We look forward to seeing you soon and are excited to help assist you through this life changing process.

- Bariatric Team Fresno

