



**GEORGETOWN**  
COMMUNITY HOSPITAL

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The Bariatric Center

# **Vertical Sleeve Gastrectomy Manual**

Bring this manual with you to every appointment from this point on, as you may be given information to add to its contents.

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Dear Patient,

We are thrilled that you have chosen to pursue weight loss surgery at Georgetown Community Hospital. We developed this Weight Loss Surgery Owner's Manual to help guide you through the entire process. Our nationally recognized bariatric center has been performing weight loss surgeries since 2000, and we have performed over 5000 weight loss surgeries at our hospital, including gastric bypass, adjustable gastric band, gastric sleeve, laparoscopic greater curvature plication and revisions. All procedures are performed minimally invasively, through very small incisions. Bariatric surgical groups associated with Georgetown Community Hospital include:

### **Georgetown Bariatrics & Advanced Surgical Services**

Eric F. Smith, DO  
Medical Director

Nationally-recognized Center of Excellence,  
American College of Surgeons (ACS)  
American Society for Metabolic & Bariatric Surgery (ASMBS)  
Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program  
(MBSAQIP)

### **Fully Accredited Comprehensive Center**

This Owner's Manual covers your pre-operative and post-operative care, along with important dietary and lifestyle changes, both before and after surgery. Please review this manual at home and bring it with you to the Bariatric Center, hospital and for follow-up visits. You'll find a range of helpful information here; but that's just a start—there are many resources available to you for continually learning and adjusting to Bariatric life! Be sure to check our website frequently, [www.georgetownbariatrics.com](http://www.georgetownbariatrics.com), for more useful information, tools, and links. Most importantly-- stay connected with us and your Bariatric surgeon.

We appreciate the opportunity to care for you at The Bariatric Center at Georgetown. We look forward to working with you in partnership for your long-term success.

The Bariatric Center  
at Georgetown Community Hospital

## **ABOUT OUR HOSPITAL BARIATRIC CENTER**

The Bariatric Center at Georgetown Community Hospital is proud of our Center of Excellence designation as a

### **Comprehensive Center with Adolescent Qualification**



For more information about accreditation criteria for Bariatric Surgery Centers of Excellence in the American College of Surgeons (ACS) & American Society for Metabolic and Bariatric Surgery (ASMBS) Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), visit <https://www.facs.org/quality-programs/mbsaqip>



**Fully accredited since 2006**

# THE BARIATRIC CENTER AT GEORGETOWN STAFF CONTACT LIST

(for Pre-Operative concerns)

Toll Free Number: 1-888-868-0008 / Local Number: 502-570-3717

Staff	Title	Telephone	Email address	Contact for:
<b>Cynthia Jester, MS, RD, LD</b>	Bariatric Dietician	502-868-5632	<a href="mailto:Cynthia.Caywood@LPNT.net">Cynthia.Caywood@LPNT.net</a>	Any questions regarding diet and nutrition, both pre-and post-operatively.
<b>Jennifer Morris</b>	Lead Insurance Coordinator	502.570.3717 Option #2	<a href="mailto:Jennifer.Morris@LPNT.net">Jennifer.Morris@LPNT.net</a>	Insurance questions
<b>Darla Schreiber</b>	Intake Coordinator	502.570.3717 Option #5	<a href="mailto:darla.schreiber@LPNT.net">darla.schreiber@LPNT.net</a>	General and Scheduling questions; seminar and appts.
<b>Carrie Jo Strong</b>	Pre-Op Surgery Scheduling Coordinator	502-570-3717 Option #3	<a href="mailto:Carrie.Strong@LPNT.net">Carrie.Strong@LPNT.net</a>	Pre-Admission Testing Questions and Consult Scheduling
<b>Melanie Morgan, RN, CBN</b>	Education and Support Coordinator	502-570-3718	<a href="mailto:Melanie.Morgan@LPNT.net">Melanie.Morgan@LPNT.net</a>	Post-Op Patient Education
<b>Kelly Reese, RN, BSN</b>	Director, Surgical Services	502-868-1275	<a href="mailto:Kelly.Reese@LPNT.net">Kelly.Reese@LPNT.net</a>	Surgery questions
<b>Donna Carroll, RN</b>	Director, Bariatric Care Unit & ICU	502-868-1287	<a href="mailto:Donna.Carroll@LPNT.net">Donna.Carroll@LPNT.net</a>	Questions or concerns about your inpatient care while in the hospital.

**Our Address:**

**Georgetown Bariatrics  
1138 Lexington Road, Ste. 230  
Georgetown, KY 40324**



## Bariatric Program Overview

We are excited to be a part of your weight loss journey. We know that evaluation and care by a Multidisciplinary supportive team is an integral part of your long-term weight management success. To that end, we ask for your commitment to our recommended program components as outlined below.

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### **Nutritional & Psychological Consultation:**

- Psychological Evaluation
- Nutritional Evaluation
- Insurance Financial Review
- Surgical Procedure Education (if not completed at seminar)
- History & Physical

### **Pre-Admission Testing:**

- Medical Testing
- Psychological Testing (if indicated)
- Nutrition and Psychological Education

### **Medical/Surgical Consultation:**

- History & Physical (if separate from Surgical Consultation)
- Surgical Consultation
- Insurance Review
- Pre-Op Education
- These MAY be held on separate days if indicated.

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### **Post-Operative follow up First Year**

- 1 –week Post-Surgical Group Education, weigh-in; and if needed, individual provider appointments (no charge)
- Bariatric Surgeon: Per Surgeon/procedure-specific guidelines
- Dietitian: Up to 3 additional Individual Post-operative Visits (no charge\*)
- Support Groups: Regular Group Meetings, Online Patient Forum, E-newsletter , etc. (no charge)

*\*Additional visits may be scheduled as indicated; billed individually by provider*

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### **Post-Operative follow up beyond Year One; billed by provider**

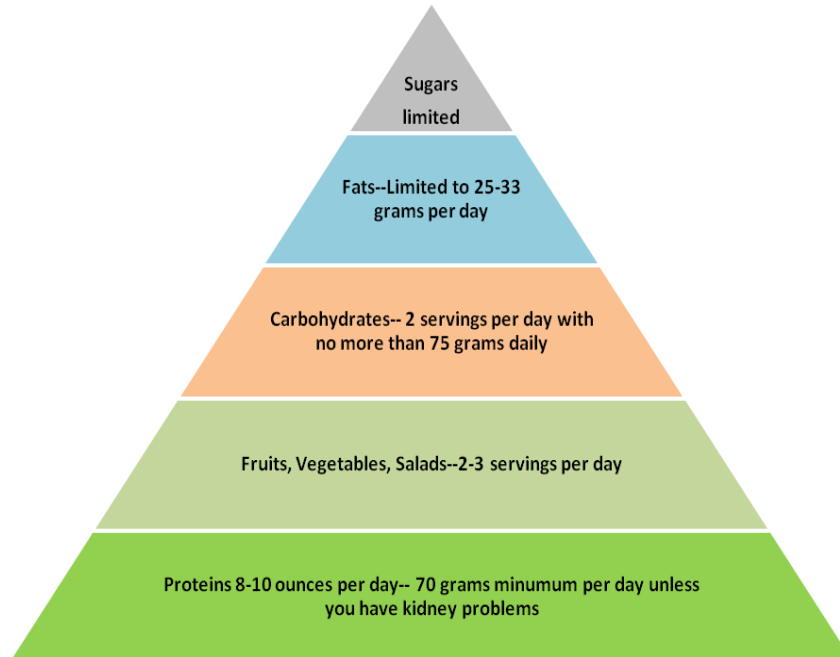
- Bariatric Surgeon: Per Surgeon/procedure-specific guidelines
- Dietitian: At least annually

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**GET READY**



## LEARN THE FRAMEWORK: BASIC BARIATRIC FOOD PYRAMID



After weight loss surgery, your ideal "food pyramid", and the order of foods you eat, should change. The majority of your nutrition, or at least  $\frac{1}{2}$  of each meal, should now come from high protein foods, and protein should always be eaten **first**. This will maximize nutritional quality for volume; as well as maximize and extend fullness on limited volume. That translates to less sense of deprivation and fewer cravings/triggers for unhealthy food choices. There are many resources to learn more about protein, carbohydrates, and fats; you will see more references and information throughout this Manual.

Vegetables and fruits should be eaten after protein; making up about  $\frac{1}{3}$  of each meal. Carbohydrates should be eaten last; about  $\frac{1}{6}$  of your total meal. Choose fruit and complex carbohydrates high in fiber. Avoid and limit simple carbs food such as sweets, cakes, cookies, chips, crackers and other non-nutritious snack foods. Also remember that bread, pasta and rice swell and expand in your new stomach. Sugars should also be limited; try sugar free products, artificial sweeteners, and sugar-free water flavorings such as Crystal Light.

Fats should be limited. In cooking, substitute healthy heart fats such as these oils: olive, sunflower, safflower, and canola; spray butters; and spray/low fat salad dressings instead of regular butter, mayonnaise, and salad dressings. Experiment with alternative cooking methods such as grilling, steaming, broiling, roasting, and baking rather than frying, to further decrease fat. Take the skin off chicken before cooking. Eliminate high fat proteins/meats such as sausage, pepperoni, salami and bologna.

Although fluid intake is not in this pyramid, we recommend 64 fluid oz per day; preferably water-based, sugar free and non-carbonated. We strongly recommend that you limit caffeine and carbonation for the rest of your life. Caffeine can stimulate appetite or cravings/triggers for simple carbohydrates; caffeine is also a non-selective stimulant, meaning it increases your appetite. It is also a diuretic, which increases urination.

## **GET HELP: SUPPORT AND RESOURCES AVAILABLE FOR YOU BEFORE AND AFTER SURGERY**

### **The Bariatric Center: Post-Operative Nutritional Support**

Our Center provides you with a 1 week post-operative group education class, with appointments with our dietician in the first post-operative year, all FREE of charge. The receptionist at the Bariatric Center can work with your bariatric surgeon's office to schedule those appointments to coincide with your surgical follow up

### **More Detail: Dietitian Services**

Our Bariatric Dietitian sees our patients both pre- and post-operatively, and is also available outside of regularly scheduled visits, and accessible by email and telephone. She also participates in our Goal Getters support groups.

### **Goal Getters! Support Group**

We offer regular, live Bariatric support groups, available to both pre- and post-op weight loss surgery patients at Georgetown Community Hospital. Each meeting lasts about an hour and meetings are held in the GCH Solarium (cafeteria) unless otherwise announced. We announce each meeting via our e-announcement, and post regular group meeting dates/times on the Website Event Calendar and at the Bariatric Center reception desk. Group meetings are led by various program staff, and focus on those behaviors proven to best impact successful weight loss and long-term weight loss maintenance. We include hot topics, cooking demonstrations, and periodic walking outings for fun and learning. We will have frequent guest speakers on topics of interest to our patients, and we welcome your input.

Why should you attend? It's a hostile weight management world out there! It is also difficult to lose and maintain without the support of others in your shoes. We know that Support Group attendance is tied closely to greater weight loss success and long-term maintenance. And there is **NO CHARGE**—this is a free lifetime benefit to our GCH patients!

### **E-Newsletters and Patient Spotlight**

We offer regular E-newsletters, and Patient Spotlight features to our patients. These are sent out regularly straight to your Inbox, with the occasional extra addition sent if we have a special announcement. If you are not already receiving these newsletter and want to sign up, please send your e-mail address to [Darla.Schreiber@lpnt.net](mailto:Darla.Schreiber@lpnt.net)

# GET MOVING: HOW TO BECOME MORE PHYSICALLY ACTIVE

You can find good ideas on becoming more physically active on websites like:

- ❖ <http://win.niddk.nih.gov/publications/active.htm>
- ❖ <http://www.livestrong.com/article/159896-physical-activity-for-obese-people>
- ❖ [www.fitness.gov/fitness.htm](http://www.fitness.gov/fitness.htm)
- ❖ [www.nhlbi.nih.gov/health/public/heart/obesity/lose\\_wt/phy\\_act.htm](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/phy_act.htm)
- ❖ <http://www.sparkpeople.com>

There is good information on the Internet, but start with reputable sources, and check out information and advice with your doctor or Bariatric surgeon before you follow it.

## **The DO's and DON'TS of Starting a Physical Activity Program**

**Do** –see your doctor before starting an exercise program to get his/her medical approval, and any activity/target heart rate restrictions.

**Do** – drink plenty of water. You will need to increase your fluid intake as you exercise.

**Do** - find a good place for exercise. For example, malls are a great choice for walking in all seasons, as they have an even surface and the temperature is consistent. Also, many malls open before the stores do just so people can walk and exercise.

**Don't** – Don't exercise immediately before or after a meal.

**Don't** – Avoid engaging in outdoor activity during severe weather or ice, or if poor light or unsafe/unfamiliar surroundings.

## **What if Walking Hurts too Much? Consider these options:**

- Water aerobics/fitness classes; water is gentle on the joints, but provides resistance (and thus increases muscle strength and toning), and is cardiovascular.
- Recumbent or exercise bike; just be sure the angle of the knee bend is less than 90 degrees at maximum. You can put it in your living room or den (or wherever you want to put it), where it doesn't rain or get too hot.
- Low-impact or elliptical equipment, either purchased or at a facility. Before purchasing, learn proper use and function of the equipment, both for safety and to see if you like it. To get motivated to use a piece of exercise equipment, consider exercising with a buddy or a group/class.
- Consider your "view"—you might want to set up equipment in front of a TV, or listen to music.

## **Setting Your Goals/Creating an Environment for Success**

- First, determine your starting point: have you exercised previously, and if so, to what extent? If you are starting from relative inactivity; set reasonable, doable goals, and increase time and/or level of intensity gradually.
- Consider carefully your choice(s) for physical activity, and any joint/mobility or health limitations.
- Consider equipment options and available facilities in your area, and any special accommodations needed. If you are not familiar with these options, ask your chosen facility to help familiarize you with what they have to offer, and demonstrate proper use of equipment. Think also about equipment needed in

different environments; for example, tennis shoes kept at work for quick walks when opportunities present, towels, water bottles, deodorant, etc.

- Ensure you have the proper equipment to suit your exercise goals. For example, make sure that you have good, sturdy walking shoes that fit properly.
- You may want to consider temporarily using the services of a personal trainer, until your routine is well-established; they not only can help you get started on a program, but can show you some simple things to do that will prevent injury. The best way to prevent injury is to by stretching properly – especially after you exercise.
- Consider also what time of day works best to ensure consistency; many people find that morning works best, so they are not so tired or struggle with competing obligations later in the day.
- Most patients will need to consider several options, with “backup” plans; try to work with your family to accommodate everyone’s needs with reasonable compromise, mindful of the important role physical activity plays in your long-term success.

### **Before You Start**

As above, talk to your doctor - your surgeon, as well as your primary care doctor or your cardiologist. Learn how to take your own pulse so that you can monitor your heart rate. Your doctor may give some target goals for you. Check your pulse often during exercise to ensure you stay within the target heart range; as you become more conditioned (fitter and healthier!), you will note that your pulse rate will decrease during strenuous activity.

### **Your Target Heart Rate**

Generally, your maximum heart rate should not exceed 220 minus your age in years, so if you are 40 years old, your maximum heart rate should be 180 beats per minutes. At peak effort, your heart rate should ideally reach about 60 – 80 percent of the maximum, but you will likely need to gradually build to this intensity level. (For example, if you are 40 years old, then your peak heart rate would be 110 to 140 beats per minute.) You should review this with your doctor because some people will have different goals, and some medications affect the heart rate (such as beta blockers like metoprolol); you can also review with a personal trainer.

### **Check your pulse and target heart rate:**

At least half way through your activity or walk, check your pulse. If you have not reached your target, you can increase intensity or pick up the pace. Check your pulse again when you have completed the activity (you might want to check it more often; again, consult with your doctor). Within ten minutes after you have finished, your heart rate should have decreased and you should be able to catch your breath.

### **You Should Be Concerned if You Notice:**

- Chest pain after or during exercise. This might indicate a heart or lung problem, and should not be ignored.
- Light-headedness
- Heart rate which decreases during exercise
- Severe joint pain
- Contact your physician immediately if you notice any of these symptoms!

## **Now that You've Decided on a Type of Exercise, Here's What to Expect**

- Your heart rate should increase during the exercise and then return to normal within 10 minutes
- You should feel some fatigue and soreness in your muscles, which will improve over the next day or two
- You should feel a sense of accomplishment that improves as the weeks go by

## **Write it Down (see *Appendix A, Physical Activity Log*)**

Record not only the activity, but the duration and intensity if possible. If walking, record the distance in miles, and the steps you take. You'll also want to record your heart rate half way through the walk and ten minutes after. Contact your doctor if you have any of the warnings listed above.

## **Use that pedometer!**

Use your pedometer to count the number of steps you take per day, which will also tend to help you increase your "functional" movement during your normal routines. This can be a great incentive and reminder to add small bits of movement throughout your day. The goal for weight loss is 10,000 steps per day. See how your short bouts add up quickly.

## **Enjoy Your "Me" Time**

The time you are walking or engaging in planned physical activity provides you free time to think, allows your weight loss to proceed much faster, helps your bowels move better and will give you an overall feeling of good health. Initially you won't always feel so great. In fact, often the worst part of exercising is thinking about it. Once you do it, you'll actually feel better.

The goal is to increase the frequency, duration, and intensity of your chosen activity(s), to achieve greater calorie burn, build cardiovascular fitness, increased muscle tone and stamina, and improve and protect overall health. Most patients should strive for planned physical activity four or more days per week.

## **Rewarding Yourself**

Exercise is often a reward in itself. Many patients find that once they start exercising, they enjoy doing it and they enjoy the results. You will find that your clothes fit better, and you will have more stamina to do things that you enjoy. Don't wait until you see the numbers on the scale going down before you reward yourself.

Make your exercise program a priority in your life. Consider ways to make it more fun and rewarding. Consider new activities not previously tried (water fitness, elliptical equipment, dance classes, etc). If walking, bike riding or jogging; try listening to music or a book-on-tape (be mindful of traffic!). Exercise with a buddy or your mate to encourage accountability to each other, greater consistency, and more fun!

## BUILDING UP: A SAMPLE PROGRESSIVE WALKING PROGRAM

### Warm Up and Cool Down

Before and after you exercise, you need to stretch. A physical therapist or trainer can teach you some simple stretching and breathing exercises, or try this website:

❖ <http://orthoinfo.aaos.org/topic.cfm?topic=A00310>

### Beginner's Program

Week	Walks per Week	Distance (in miles)	Warm-Up time	Minutes Walking (note pace per mile)	Cool Down Time
1	3	.75	5 min	15	5 min
2	3	1.0	5 min	20	5 min
3	3	1.0	5 min	20	5 min
4	3-4	1.25	5 min	25	5 min
5	3-4	1.25	5 min	25	5 min
6	3-4	1.5	5 min	25	5 min
7	3-4	1.5	5 min	25	5 min
8	4	1.75	5 min	30	5 min
9	4	1.75	5 min	30	5 min
10	4	2.00	5 min	32	5 min

### Intermediate Program

Once you have built endurance, conditioning and consistency, advance to the intermediate program.

Week	Walks per Week	Distance (in miles)	Warm-Up time	Minutes Walking (note pace per mile)	Cool Down Time
1	4	1.25	5 min	25	5 min
2	3-4	1.25	5 min	25	5 min
3	4	1.5	5 min	30	5 min
4	4-5	1.75	5 min	32	5 min
5	4-5	2.0	5 min	36	5 min
6	4-5	2.25	5 min	38	5 min
7	4-5	2.5	5 min	42	5 min
8	5	2.75	5 min	44	5 min
9	5	3.0	5 min	48	5 min
10	5	3.25	5 min	50	5 min

### Advanced Program (Combination Walking/Jogging)

Week	Walks/Jogging per Week	Distance (in miles)	Warm-Up time	Minutes Walking (note pace per mile)	Cool Down Time
1	4	1.0	5 min	15	5 min
2	4	2.0	5 min	20	5 min
3	4	2.25	5 min	20	5 min
4	4-5	2.5	5 min	25	5 min
5	4-5	2.75	5 min	25	5 min
6	4-5	3.0	5 min	25	5 min
7	4-5	3.25	5 min	25	5 min
8	5	3.5	5 min	30	5 min
9	5	3.75	5 min	30	5 min
10	5	4.0	5 min	32	5 min

# **STOP!**

## **SMOKERS AND SMOKELESS TOBACCO USERS**

The following is our policy as to use of Tobacco Products:

**All our patients are required to be tobacco free for a minimum of 2 weeks prior to surgery.** Some insurance companies and clinicians recommend up to 6 months tobacco free and may require a nicotine screening lab before they will approve your surgery. This includes cigarettes, cigars, pipe tobacco, and all smokeless tobacco products. We recognize the increased risk of surgical complications caused by use of tobacco products, as well as the fact that tobacco products in general contradict healthy living and healthy behaviors, and thus sabotage efforts toward that ideal.

**Sleeve Gastrectomy patients will need to be tobacco free for two weeks prior and 6 weeks after surgery.** If you cannot do this, we strongly recommend you do not proceed to surgery as the risk of leak is too high. Consider an operation that doesn't involve cutting the stomach such as an Adjustable Gastric Band or LGCP.

# PREPARING FOR THE EMOTIONAL AND SOCIAL CHANGES OF WEIGHT LOSS SURGERY

## Points To Remember

- Focus on your internal assets, accomplishments, abilities and honorable qualities. We are not just our bodies.
- Take time out for yourself, and your body. Listen to your favorite music, start a garden, choose a hobby meaningful to you; all will enhance your quality of life.
- Keep a journal of your thoughts, feelings, and dreams, which will assist you in recognizing your accomplishments, and defining your goals. It feels good when dreams and goals are met. Journaling your weight loss experience may help you appreciate it on down the road, when you have been at your goal weight for a while.
- Exercise is a great stress reducer. It not only helps with toning and cardiovascular fitness, it will also improve how you feel about yourself.
- Support groups are a great way to share common experiences, meet new friends and problem solve together.

## Talk, Talk, Talk About It

Whenever you undergo a drastic life change (new eating style, physical activity habits and much smaller body), your relationships are affected. From a weight loss success standpoint, making and maintaining those changes takes vigilance on your part. It may help to share your experience with your significant other, and develop common goals and plans regarding these lifestyle changes (activity, follow-up appointments, vitamin supplements, etc.) with them. Support groups help tremendously with these situations. Spouses are welcome and can gain insight into the difficulty and work required to successfully maintain these new habits. However, your spouse may not feel obligated to make these lifestyle changes to the extent you do, and this can create conflict. Using open, assertive and supportive communication can minimize conflicts and build healthier, happier relationships. Be open when something bothers you by communicating it to those around you.

## Plan Ahead For Challenging Situations

Overeating at parties or social events is easy to do. Mindless snacking or grazing can sabotage your success, so make "party eating" one of your planned meals for the day. Never munch directly from the bowl or buffet; instead, place your food directly on your napkin, or small plate, and take only the food you plan to eat. Remember, you can't eat more than a small child's portion now. Look for the high protein foods first, and supplement with the other choices after you've eaten the protein. Slow down your eating so you will enjoy your food and you won't feel deprived as you finish your small portion. A party is not a good place to try a new food for the first time. You don't want to end up sick or sleepy and have to go home ahead of schedule. Take time at get-togethers to socialize more and enjoy the people present. Consider strategies for success ahead of time, and learn from others how to minimize relying on "willpower" to succeed.

The greater number of events, places, and situations that you associate with primarily with food, the more often you will feel compelled to eat, or perhaps feel deprived that you can no longer eat like you once did. Learn to focus on other things besides the food. Use this opportunity to find new focuses and enjoyments at the events in your life.



**GET SET**

## Protein 70 to 100 grams

You need to consume a minimum of 70 to 100 grams of protein each day to heal from surgery, fight infection, and stay healthy. Getting in the protein requirements will allow the most weight loss. When you do not eat enough protein, your body will begin to breakdown muscles for energy.

How will I get in that much protein after surgery?

Focus on eating protein first at all meals and snacks.(use the protein list in manual to help determine protein amount in meat and non meat foods).

Protein Supplement: Drink protein shakes or supplements in between meals to help achieve your protein goal.

Tips to increase protein through food:

Non-fat dry milk (1/3 cup = 8 grams of protein)

Skim or 1% milk (8oz=8 grams of protein)

Unflavored protein powder. (Average 20grams protein/scoop)

- Unflavored protein can be added into just about anything.

Vanilla Protein powder

- Add to oatmeal
- Milk
- Puddings
- Coffee

Greek yogurt (20 grams of protein per cup)

Can be used to make a smoothie

Can be used in place of sour cream and mayonnaise.

## PROTEIN SUPPLEMENT VENDOR OPTIONS

We recommend that you research and begin protein supplements prior to surgery, to find what formulas, flavors and brands appeal to you, and to become familiar with ways to prepare and integrate into your eating habits. This will also build up protein stores in your body to prepare for surgery. Research your options by talking to your surgeon and Dietitian, other patients, and comparing items on the Internet. In general, protein drinks or bars should be **low carb/sugar (less than 20 grams per serving)** with at least 15 to 25 grams of protein per shake. Most protein supplements are whey-based, which is easier to digest, but there are also soy based protein supplements available. Note that most protein supplements are lactose-free. Some vendors also make flavorless protein powders, which may be added to hot or cold foods or drinks, without impacting flavor or texture.

Protein supplements are available in the office:

You may purchase the following brands from Georgetown Bariatrics; see Darla or Carrie Jo at the Front Desk.

- Oh Yeah! Bars and Shakes
- Proti Diet

Your local grocery and nutrition stores will also carry many options for you.

- Wal-Mart
- Target
- Kroger
- GNC
- Trader Joe's
- Complete Nutrition

Look for many common products and brands, such as:

- Gold Standard Whey
- Muscle Milk Light
- Atkins Protein Shake
- Diet Carnation Instant Breakfast
- EAS
- Isopure
- Lean Shake
- Premier Shake

Homemade Protein Shake=20 grams of protein

1/3 cup of non-fat dry milk+8 ounces of skim/1% milk+1 pack of No Sugar Added Carnation Instant Breakfast

Put in blender and add ice.

## **GENERAL PROTEIN SUPPLEMENT MIXING TIPS**

- Be Creative: Give us a call if you are unsure of what can be mixed with your protein.
- Add any flavor of protein to your coffee.
- Add sugar free puddings (1 tablespoon dry) to protein supplements. Mix in blender.
- Remember: do not heat your protein to greater than 130 degrees and do not add to hot liquids. Always mix your protein with a cool or lukewarm liquid and then heat.
- Use sugar-free flavored syrups (Torani, DaVinci) to enhance flavor.
- Use fresh frozen fruits for smoothies; especially berries for rich antioxidants.
- Add liquid protein to water or crystal light. (example proti diet)
- Have grab and go protein available. (example Oh yeah, muscle milk light)
- Do not purchase a bulk amount of any protein supplement before surgery; your taste may change after surgery, and they may also expire.

# PREOPERATIVE DIET INSTRUCTION OVERVIEW

## Two Week Pre-operative Diet

The aim of this diet is to reduce the glycogen stores (sugar) in the body especially those in the liver. This results in the liver *shrinking* in size. The liver can shrink on the right diet within 10-14 days. During laparoscopic surgery, the liver has to be lifted out of the way to access the stomach lying beneath it. If the liver is heavy, fatty and immobile, it may be harder for the surgeon to see and gain access to the stomach underneath. It can also lead to liver injury during your surgery resulting in bleeding and increasing your risk of needing a transfusion, getting an abscess (infection), or developing a blood clot from having to stop your blood thinner. Clearly, this is very important! To reduce the glycogen stores in the liver, it is necessary to follow a diet that is low in carbohydrate, and high in protein and fats. This is NOT the diet you will follow after surgery, just the 10-14 days before your surgery.

**Notice we didn't say "lose weight".** The worst thing you can do before your surgery is starve – then you will come into surgery malnourished and without the ability to heal – this will increase your risk of leaks, infection, and wound problems.

Foods allowed on the diet:

Eggs, cheese, nuts

Meats (no breading)

Salads with oil and vinegar dressing. No dressings (or anything else!) with sugar or high fructose corn syrup.

Vegetables-green and leafy, squash, zucchini, broccoli, brussel sprouts, etc.

Recommended protein bars (low carb)

Protein shakes made with water or almond milk

### **Foods to avoid at all costs:**

Sugars, high fructose corn syrup-please read food labels.

Carbohydrates-potatoes, bread, rice, pasta, cookies, candy bars, chips, crackers, ice cream and fried foods.

High calorie drinks-sweet tea, milkshakes, fruit juice, soda, milk, alcohol.

### **Remember:**

- This diet is for the 10-14 days before your surgery, not forever. With all our procedures, eventually the goal is to have you on a balanced regular diet with all food groups.
- More is better! The easiest way to stay on the diet is filling up on what you can have.
- Even a little cheating is enough to ruin the whole process. If you can't stick to the diet, consider rescheduling or cancelling your surgery.
- The day before your surgery, you should have only sugar-free clear liquids (anything you can see through). Then nothing after midnight except any medications the morning of your surgery that your surgeon recommended you take with a sip of water only. If there is any question, bring your pills with you to surgery.
- Do not take any laxatives before your surgery – it will just lead to an increased risk of dehydration.

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You may purchase liquid or powder protein at a nutrition or grocery store. Please make sure, each serving has 20 grams *or less* of carbohydrates. If you choose to use powder protein, **please mix it with water and not fruit juice or milk.**

*\*If you have diabetes please consult with your primary care physician before beginning this diet as some of your medications may need to be adjusted.*

## Vertical Sleeve Gastrectomy

***Your surgeon or his nurse may also discuss the following in detail during your preoperative surgeon consultation visit at your pre-operative surgeon consult visit. If you are unsure about which medications to stop and when, or have other medication questions relating to your surgery, contact the surgeon's office.***

### **One Month or More before Surgery**

- No Depo-Provera shots for three (3) months before surgery due to increased risk of blood clot formation; may resume one (1) month after surgery (and approval by surgeon).
- Discontinue injectable or oral steroids one (1) month prior to surgery, as they increase the risk of ulcer formation and impair the healing process. Injectable steroids (including IV, into joints or back) and oral steroids can be resumed 6 weeks after surgery.
- Stop Birth Control Pills, Estrogen (Hormone) Replacement Therapy and herbal supplements one (1) month prior to surgery. May resume one month after surgery.
- These medications are OK to continue taking: Thyroid medications, Testosterone, Flonase and steroidal creams.

### **One or Two Weeks Before Surgery**

- Stop weight loss medications (prescribed, i.e. Phentermine, Adipex; or OTC) two (2) weeks prior to surgery.
- Stop aspirin, ibuprofen or other arthritis (anti-inflammatory or NSAID's) medications one (1) week prior to surgery (unless otherwise directed by your surgeon.) You may resume aspirin and anti-inflammatory medications 6 weeks after surgery.
- Start Foltx (Folic Acid), if the prescription was given to you at your surgeon consult, one (1) week before surgery.
- Start taking Vitamin D3 and a Multivitamin with Iron.

### **Psychiatric Medications**

Please continue your psychiatric medications as prescribed BEFORE AND AFTER SURGERY. Any changes to medications you take for depression, anxiety, bipolar disorder, "nerves" or other mental health problem should ONLY be made after careful review with the prescribing provider. Plans to change these medications should also be discussed with your bariatric surgeon and team. Recent studies suggest that most individuals who are on psychiatric medications before surgery will need to continue them after surgery. The dosage may (or may not) need to change. Follow up with the provider who prescribed your psychiatric medication is recommended within the first month postoperatively-unless you are experiencing a mood change or increase in symptoms. In the case of difficulty, you should report any psychiatric concerns to your medication prescriber and/or your usual mental health professional. Although rare, suicidal thoughts should be taken seriously. If you are experiencing suicidal thoughts or other severe mental health symptoms, you should call 911 or report to your nearest hospital emergency room.

## **POST-OPERATIVE MEDICATION INSTRUCTIONS**

- ***Follow your physician(s) and surgeon's instructions on all medications.***
- You will be given a prescription for pain medication to control your pain. If you feel the dose is too strong you may take a smaller dose, such as half or one-fourth. The pain medication ordered may have Tylenol/acetaminophen in it, so **do not** take Tylenol products along with your prescription pain medication, as this could cause damage to your liver.
- If you still have your gallbladder and were prescribed Actigall<sup>®</sup> or Ursodiol, you may start this medication one week after your surgery. If needed, open and dilute in a liquid, applesauce or yogurt. You may remain on Actigall<sup>®</sup> for approximately 6 months.
- Continue vitamin supplements as instructed by the Surgeon staff, and in this Manual.

## **COUNTDOWN TO SURGERY: SHOPPING LIST** **Items You Will Need Prior to Surgery and Afterward**

### **Prior to Surgery – (Plan to bring with you to the Hospital!)**

- Listerine or other antibacterial Mouthwash
- Hibiclens Soap – large bottle (Ask pharmacist to help you locate)

### **After Surgery – At home**

- Liquid, sugar free Adult formula Tylenol if you cannot tolerate pills or caplets
- Gas-X, liquid Mylicon, Phazyme, Mylanta, Maalox or Gaviscon (in case of gas pain)
- Imodium (in case of excessive liquid stools)
- Tylenol PM (crush or cut in two pieces – to temporarily help with sleeping)
- Pill cutter

### **Miscellaneous Items**

- Heating Pad
- Chap Stick
- Colgate "Wisp" disposable, on-the-go tooth brushes
- Crossword, word search or Sudoku puzzle books
- Books or magazines

### **Kitchen Items**

- Protein Mixer cup
- Blender, such as a Magic Bullet or one that will crush ice

- Measuring cups
- Measuring spoons
- Cups with lids for when you pre-mix your protein for convenience
- Single serving storage containers
- Food scales



## **PRE-SURGICAL INSTRUCTIONS (DAY BEFORE AND DAY OF SURGERY)**

***Note: Failure to follow these instructions as written may result in your surgery being postponed.***

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### **DAY BEFORE SURGERY**

#### **CLEAR LIQUID DIET**

- Water, sugar-free jell-o, broth, sugar-free Popsicles, flavored water, decaffeinated coffee or tea. It is OK to have red-colored beverages.
  - Hibiclens anti-bacterial soap shower. Wash from chin to toes, paying close attention to abdominal skin folds and pelvic area. **NOTE: If your nasal swab culture is positive for MRSA, which can increase your risk of post-operative skin infection, you may receive a prescription for antibiotics and begin using the Hibiclens daily starting one week before your surgical procedure.**
  - NO MINTS, NO CHEWING TOBACCO, **NO SMOKING**
  - Remove all fingernail polish. Acrylic nails are ok as long as they are clear. (Toenail polish is ok)
  - Listerine – Swish and gargle for 60 seconds morning / evening
  - Any further required lab work must be drawn by 12 noon at Georgetown Community Hospital (does not require you to fast). Note that Gastric Band patients may not require this lab work.
  - No insulin or diabetic medications after 12:00 midnight (unless instructed otherwise by physician)
  - NOTHING BY MOUTH AFTER MIDNIGHT
- 

### **MORNING OF SURGERY**

- Hibiclens anti-bacterial soap shower chin to toes, paying close attention to skin folds and pelvic area.
- You may brush your teeth and gargle but do not swallow anything.
- Listerine – Swish and gargle for 60 seconds.
- CONTINUE TO FAST (nothing to eat or drink except when taking medications with just a sip of water). You will be told which medications you may take before your surgery by either the surgeon or physician.
- You must take all scheduled heart, seizure and blood pressure medications as ordered by your physician on the morning of surgery with **small sips of water only**, or surgery may be cancelled.
- No make-up, body lotion, deodorant, body powder, body sprays or perfumes may be used due to the high risk of infection but you may bring them to the hospital and apply after surgery
- Remove all jewelry and body jewelry (piercing jewelry needs to be removed) and leave at home.
- Bring denture cup and eye-glasses case to protect these items if you cannot leave them at home; have a companion carry the items until you are assigned a room post-operatively.
- Bring breathing devices and Owner's Manual to hospital.
- No smoking or use of smokeless tobacco products.

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**GO**

## COMING TO OUR HOSPITAL

[www.GeorgetownCommunityHospital.com](http://www.GeorgetownCommunityHospital.com)

**A Note about our Hospital:** The staff at Georgetown Community Hospital strives hard to ensure our patients' safety and comfort. To that end, we have weight-appropriate equipment and seating.

### **What to Bring to the Hospital:**

- All medications or an accurate list containing your medication name(s), dose, frequency, and route of administration (ie, by mouth).
- Incentive Spirometer given to you from Bariatric Nurse prior to surgery.
- Your Owner's Manual!
- Protective cases for breakable items (dentures, partials, hearing devices, contacts, glasses, prosthetics, etc.; these will be removed for surgery. Have a companion carry them for you until a room is assigned.
- Plan to leave all valuables at home; including rings.

You do not need money for the phone or television, as these are part of your room accommodations. The hospital will provide the basic toiletry items such as toothbrush, paste, deodorant, soap and comb. In addition, you may wish to bring the following:

- Your own pillow
- Shampoo (you will be able to shower on the 2<sup>nd</sup> day after surgery)
- Chap stick
- Robe and slippers for walking (spacious hospital gowns are provided)
- Underwear for 2<sup>nd</sup> and 3<sup>rd</sup> day, or once urinary catheter is removed
- Change of clothes for discharge day (select clothing that fits loosely, as you may experience some generalized and/or abdominal swelling after surgery)

**Special Instructions for patients with Obstructive Sleep Apnea devices:** All patients must bring their C-PAP/BI-PAP machines to the hospital, even if they are having a same-day procedure in the event that an overnight stay is deemed necessary.

**Personal Comfort Kit:** A personal comfort kit is container that holds some suggestions and supplies for activities you can use for entertainment or for stress relief should you experience any. For example, some people like to use relaxation tapes, reading, music, crafts, video games, internet, phone calls to friends, journaling or other activities to comfort or busy themselves when faced with emotions or cravings after surgery. Although not all patients find they need this, you might want to bring a few things along just in case.

**Visiting Hours:****BCU:** 10:00 a.m. to 8:30 p.m.**Intensive Care Unit:** 8:00am – 8:00pm for 30 minutes on even hours.

Please notify your nurse if visitors will be arriving outside of the standard visiting hours. Children should be age 12 and over during the week; younger children are permitted to visit on the weekends at your discretion.

**Telephone Service:** Each patient room has a private phone line, which can dial out locally by first dialing the number 9. There is no charge for local phone service. To place a long distance call you will need to use a calling card or charge the call to your home phone number through the operator (dial 9 then 0) after you are admitted to your room.

**Internet Service:** You will now be able to access the internet from your room, as we have recently installed Guest Network internet service throughout the hospital, including our patient rooms and the cafeteria or solarium. You'll log in using an unsecure web page like Google or Yahoo, which will prompt you to say yes or no to a security question (say yes), which should then take you to a splash screen for the hospital; basically a security agreement to which you click "Submit". After this step, you can go to any web page you want.

**Parking:** Free parking is available

**Dining Room:** Located just past the main entrance and to your right. Lunch is served from 11:00 a.m. – 1:30 p.m.; closed for Dinner. Vending Machines (snacks, cold drinks) are available at the ER entrance. Coffee and tea are free when you visit our cafeteria during open hours. After 6:00 p.m., the cafeteria closes and you may get coffee in our Solarium.

**Gift Shop:** Located past main entrance, past dining room, on right. Gifts, flowers, snacks and reading materials can be purchased here weekdays from 9:00 a.m. – 4:00 p.m. Closed Saturday and Sunday.

**No-Smoking Facility:** Georgetown Community Hospital has a smoke-free campus. This includes our parking areas. Smoking is not allowed anywhere on our campus.

## **MORNING OF SURGERY AND PRE-OPERATIVE (BEFORE SURGERY)**

You will report to the registration desk just inside the main entrance of the hospital (if you arrive prior to 6:00 a.m., please wait in the lobby). A clerk will check you in at the desk and verify insurance information and/or collect any money due. All valuable items should be given to family members at this time. Please **do not** wear any jewelry into the OR – this includes your wedding band.

You will then report to the Surgery Waiting Area, where a nurse will check you in. After changing into your gown, you will have an intravenous catheter (IV) inserted. You will be given antibiotics (to help prevent infection) and a blood thinning medication (to help prevent blood clots). A Pre-Op nurse will review your history and answer any questions you might have. The Anesthesiologist and Surgeon will visit you and any remaining questions will be answered. One or two family members may stay with you until you leave for the surgical area about 15 minutes prior to the operation.

When you go to the surgical suite, your family will be taken to the waiting room located outside surgery. There are restrooms, phones and televisions available.

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## **INTRA-OPERATIVE (DURING SURGERY)**

General anesthesia will be used. Your surgical time will vary by procedure and surgical findings, but in general: Gastric Sleeve procedures are 60 – 90 minutes in the operating room. Immediately after your operation, your surgeon will go to the waiting room to talk with your family or significant others. During the surgery, a nurse will keep your family informed of progress. If family members have questions or concerns between updates, they may step up to the desk clerk and ask for more information.

Once in the surgery suite, Anesthesia will put you to sleep, and then intubate you (place a breathing tube in your airway). You will be prepped with an antimicrobial solution and sterilely draped. Sequential compression devices will be placed on your lower legs (to help prevent blood clots). While it isn't common practice, you may have a catheter placed in the OR prior to your procedure if your surgeon deems it necessary.

# **AFTER SURGERY**

## **POST-OPERATIVE HOSPITALIZATION (DAY OF AND AFTER SURGERY)**

### **Operative Day**

After your surgery, you will be taken to the Post Anesthesia Care Unit (PACU) located in the surgical area. A nurse will monitor your heart rate, blood pressure and oxygen saturation. While in the PACU, your nurse will give you pain and nausea medication, injected directly into your IV (intravenous) line, if needed. Every effort will be made to make you as comfortable as possible.

You will have oxygen either by mask or nasal cannula. The compression devices on your legs will inflate and deflate at alternate times to help prevent blood clots. You may have a catheter tube in your bladder to drain urine. Depending on surgeon preference and procedure, you may have an ON-Q infiltration pump to assist with pain control, and possibly a JP drain in place.

From the PACU, you will likely be taken to your room. Please note that bariatric surgery patients are placed in one of several units in our facility where staffs are specially trained and experienced in the care of Bariatric Surgery Patients. Depending on the overall census of the hospital, you may be in the Intensive Care Unit to ensure more individualized attention. If you received an adjustable gastric band, you will likely go home from the PACU.

Your nurse will orient you to the room and ask you to begin your deep breathing/coughing exercises using the incentive spirometer device every hour while awake, 10-15 breaths each time. You will be walking and assisted into a chair within a few hours after surgery. If diabetic, the nurse may perform finger sticks every six hours to check your glucose (sugar) levels. See Dietary Progression Stages for review of what you will be allowed to have by mouth after surgery. You may also swab your mouth to keep it moist.

**Remember:** It is important to continue deep breathing / coughing exercises and use your incentive spirometer device about every hour while you are awake: 10-15 repetitions each time. It is important to use the incentive spirometers correctly; your goal is to get to 2000. *This will decrease your risk of respiratory complications.* You should walk as much as possible, at least 4 times per day minimum, but every 1-2 hours is even better. This will help prevent blood clot formation.

### **YOUR HOSPITAL STAY**

***(More details will be discussed at your Final Pre-op Clinic Appointment at the Bariatric Center, and with your Bariatric Surgeon)***

- **Gastric Sleeve:** 1-2 night stay typically (may vary)



# **GOING HOME**

## DISCHARGE INSTRUCTIONS

### BATHING AND INCISION CARE

- ***No tub baths, swimming or hot tub use for two weeks or until you are cleared by your Surgeon.***
- You may shower 24 hours after your surgery, using any anti-bacterial soap (such as Hibiclens, if you have any left). No vigorous scrubbing, just lightly wash over incisions. Your incisions may get wet, but otherwise keep them dry. Do not use peroxide or antibiotic type ointments on incision sites, unless instructed to do so by your surgeon's office.
- Indermil, a glue-like substance, may cover your incisions and will dissolve or wear off after 7 – 14 days. You may have some drainage from incisions. This is normal. The drainage should be clear to pink, but not pus-like or foul smelling. You may cover any leaking incisions with a 2 x 2 gauze or Band-Aid to protect your clothing. Change this as needed. Follow any other special care instructions given by your surgeon.
- No lotions, ointments, or salves (such as Vitamin E or Neosporin) on incisions until they have healed.
- No tanning bed use for eight (8) weeks. Your incisions will be tender and can burn easily with tanning. Tanning bed use is generally not recommended due to the increased risk of skin cancer even without surgery

### ON-Q DEVICE (optional; used at surgeon discretion)

Follow the instruction sheet given to you by discharge nurse for device removal. This device typically stays in for 1-2 days after surgery.

### ACTIVITY

- No lifting, pushing, pulling or tugging anything over 25 pounds for 3 weeks after surgery, unless otherwise directed by your surgeon.
- In general, moderate activity is recommended; follow your surgeon's guidelines.
- You may resume usual self-care.
- It is very important to walk. Moderate walking is recommended every 1-2 hours as you will be at risk for blood clot development for the next several weeks.
- You may climb stairs one at a time.
- When traveling, it is important to walk every 45 minutes. If traveling by car, pull over; if traveling by plane, be sure to get up and walk around for a few minutes.

### C-PAP and BI-PAP MACHINE USERS

- **All Procedures:** Do not stop use of your machine without approval from your prescribing physician. Notify your prescribing physician if you notice a change in the way your mask/appliance fits or you start becoming uncomfortable while using the device.
- **Please note:** Early use of CPAP/BiPAP in Obstructive Sleep Apnea patients decreases the rate of pulmonary complications and DOES NOT increase the rate of leaks.
- If you use a CPAP/BiPAP at home, you should use it while in the hospital, too.

## **INCENTIVE SPIROMETER**

Use the incentive spirometer at least 4 times a day, 10-15 repetitions (for 1-2 weeks). Continue deep breath/cough exercises for 2 weeks. Your goal is to get to 2000.

## **DRIVING**

No driving or operating machinery or return to work, while you are taking prescription (narcotic) pain medication. You may drive when you are off your prescription pain medications for at least eight hours.

## **PREGNANCY/BIRTH CONTROL AFTER WEIGHT LOSS SURGERY**

Women of childbearing age should plan to be on a reliable method of birth control after surgery. We DO NOT recommend pregnancy until at least 12 months after surgery, and weight has stabilized! Pregnancies after this time frame have been normal in course. If you become pregnant, please call your surgeon and OB/GYN's office to set up an appointment. They will check your vitamin levels and schedule you with the dietician as well. For more information, ask for a copy of a recent medical journal article on pregnancy after bariatric surgery.

## **WHEN TO CALL YOUR SURGEON:**

- BLEEDING - from incision(s), or in vomit or stool (often black or maroon in color)
- SIGNS OF INFECTION: temperature of 100.5° or above, redness and swelling at incision site(s), pus-like or foul smelling drainage
- Separating or opening of healed incision
- Nausea or vomiting that is not relieved by medications or that prevents fluid intake for a day
- Pain that is not relieved by medication prescribed by physician
- Calf or leg pain and swelling, warmth, redness or tenderness to your lower extremities, below the pelvic region (possible blood clot). **If this occurs, do not rub or massage the area.**
- **You have questions or concerns.**

## **WHEN TO CALL 911:**

- New onset shortness of breath or difficulty breathing is an emergency. Call 911.
- Chest pain: Dull or sharp, front or back is an emergency. Call 911.
- Any condition you feel to be life-threatening. Call 911.

## **MEDICATIONS TO AVOID FOR SIX (6) WEEKS AFTER GASTRIC SLEEVE**

***Generally, aspirin and other blood-thinning medications; and all anti-inflammatory medications and steroids, should be avoided unless otherwise directed by your surgeon or physician.***

This list is a partial list only. Note all forms (tablets, caplets, etc) and strengths are included/implied, and brand and generic names are listed. You should always check with your Bariatric surgeon, prescribing physician or pharmacist to make sure any new medications you are taking (including over the counter) are safe:

Aspirin/A.S.A.	Fiorinal
Anti-Inflammatories	Halfrin
Steroids	Humira
Advil	Ibuprofen
Aleve	Indocin/Indomethacin
Anacin	Lodine/Etodolac
Anaprox	Mediprin
Ansaid/flurbiprofen	Midol
Arthritis Strength Tri-Buffered	Mobic/Meloxicam
Arthrotec/diclofenac	Motrin/ibuprofen
Azulfidine/sulfasalazine	Nabumetone
Ascriptin	Nalfon/fenoprofen
Asperbuf	Naprelan/naproxen
Aspergum Aspirin – all brands	Naprosyn/naproxen
Bayer	Norgesic
BC Powder/Cold Powder	Nuprin Caplets/Tabs
Bextra	Orudis P-A-C Analgesic
Bufferin	Pamprin
Cataflam/diclofenac	Persantine
Celebrex/celecoxib	Ponstel
Clinoril/sulindac	Relafen
Cortisone/prednisone	Rimadyl
Daypro/oxaprozin	Salsalate
Dipyridamole	Ticlid
Disalcid/salsalate	Tolectin
Doan's Pills	Tolmetin
Dolobid/diflunisal	Toradol
Ecotrin	Trigesic
Excedrin	Vanquish Analgesic
Feldene	Voltaren/Dicofenac

## VITAMIN REQUIREMENTS AFTER WEIGHT LOSS SURGERY

*We recommend that you begin purchasing the vitamins required for your procedure pre-operatively, to prepare for surgery!*

VITAMIN	GASTRIC SLEEVE
<b>Multi-Vitamin*</b> <ul style="list-style-type: none"> <li>• 1 tablet daily</li> <li>• If using chewable or gummy forms, take two tablets daily.</li> <li>• Make sure your vitamin contains iron, vitamin K and zinc.</li> </ul>	<b>X</b>
<b>Calcium with Vitamins D and K*</b> <b>Chewable</b> <ul style="list-style-type: none"> <li>• 1200 mg daily</li> </ul>	<b>X</b>
<b>Vitamin B-12 Sublingual*</b> (Must be absorbed under the tongue) <b>OR</b> injections or nasal spray <ul style="list-style-type: none"> <li>• 1000 mcg daily</li> </ul>	<b>X</b>
<b>Vitamin B-1/Thiamine*</b> <ul style="list-style-type: none"> <li>• 100 mg daily</li> </ul>	<b>X</b>
<b>Iron* (take w/Vit C)</b> (Ferrous Fumarate OR Ferrous Sulfate) <ul style="list-style-type: none"> <li>• 65 mg daily</li> <li>• Do not take at the same time as you calcium and multi-vitamin, this will alter the absorption of the supplements.</li> </ul>	<b>X</b>
<b>Vitamin C (often inc. w/iron*)</b> <ul style="list-style-type: none"> <li>• 500 mg daily</li> <li>• Take with your iron supplement for better iron absorption</li> <li>• Vitron C (contain iron and vitamin C in one table) available by special order in your pharmacy</li> </ul>	<b>X</b>
<b>Vitamin D</b> <ul style="list-style-type: none"> <li>• 800 IU daily (in addition to vit. D in Calcium)</li> </ul>	<b>X</b>
<b>Biotin*</b> 2000 mcg daily	<b>OPTIONAL; discuss with surgeon</b>
<b>Probiotics*</b> (lactobacillus) >4 billion colonies daily	<b>OPTIONAL; discuss with surgeon</b>

**Below is a schedule for daily vitamin supplementation:**

Breakfast	Lunch	Dinner	Bedtime
MultiVitamin and Vitamin B12	Vitamin B1 and Calcium	Vitamin D and Calcium	Iron and Vitamin C

• **The vitamin requirements listed are subject to change based on individual lab results in follow-up as determined by your Bariatric surgeon or healthcare provider.**

## **GENERAL GUIDELINES FOR RETURN TO WORK/LIFTING RESTRICTIONS**

Please plan to address your anticipated or desired return to work date pre-operatively, at your Surgeon's Consultation visit. You should also bring any required forms for completion (ie, FMLA). If circumstances of recovery after surgery warrant a change to your planned return to work (ie, an earlier or later return), or if you have other specific concerns or requests regarding work restrictions, limitations or other parameters of your return to work; please discuss with your Bariatric surgeon.

**Activity/Lifting Restrictions:** Moderate Activity/Walking is highly recommended!

No lifting, pushing, pulling or tugging anything over 25 pounds for 3 weeks after surgery, unless otherwise directed by your surgeon.

**General Return to Work Guidelines:** One to two (1 to 2) weeks after surgery, with lifting restrictions\*

**\*Note:** If employers will not allow patient to return to work with lifting restrictions, then you may be off for 3 weeks, or as discussed with surgeon.

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### **FOLLOW-UP CARE**

***The Bariatric Medical Staff at your surgeon's office are available to you at all times for problems.***

**Your bariatric surgeon contact information:** listed on Page 7 of this Manual, or downloadable from our website, [www.georgetownbariatrics.com](http://www.georgetownbariatrics.com) under *About Us/Our Surgeons* tab. If after office hours, you may leave a message, or follow voicemail instructions for after-hours contact.

**Note:** The Staff at the Bariatric Center should not be contacted following your surgery when surgical complications or concerns arise; contact your Surgeon's office directly.

Your surgeon or their Staff will arrange your first post-op surgical follow-up; you should be given that appointment upon discharge from the hospital. Please call the surgeon's office if you feel you need to be seen earlier. You will also have a post op class with the bariatric center typically one week after surgery the same day you are to see your surgeons office. At this post-operative visit, you will participate in a group class led by Bariatric staff members, focusing on common post-operative concerns and questions including but not limited to diet stage progression, protein, vitamins, fluid intake, mechanics of eating, wound and incision concerns, pain management, bowel and bladder function, activity, psychological issues, etc.

Make follow up appointments with your primary care physician and specialists (if indicated) within the first week after discharge to monitor heart, blood pressure and diabetes medications, and any other serious health conditions, to avoid medical complications. ***Follow your blood pressure and blood sugars daily if indicated.***

## POST-OP DIET FOR GASTRIC SLEEVE: OVERVIEW

Days 1-7 Stage 1	Days 8-14 Stage 2
<p>Clear Liquids (sugar-free Jell-O, sugar-free Popsicles, broth, decaf. tea or coffee, Crystal Light, sugar-free Kool-Aid, flavored waters). Add liquid protein supplements <b>(70g protein/day at minimum, preferably 100g)</b></p>	<p>Add full liquids (skim milk, thin cream soups, tomato juice, V8 juice, fat-free yogurt, sugar-free/low-fat pudding, sugar-free Carnation Instant Breakfast, low-fat/sugar-free frozen yogurt, sugar-free Fudgsicles). Then try protein smoothies, applesauce, smooth (creamy) peanut butter, bananas, cottage cheese.</p>
Days 15-21 Stage 3	Days 22-28 Stage 4
<p>Add cream of wheat, oatmeal, eggs, and potatoes. Then try soft cooked vegetables, dried beans, soft canned fruits (peaches and pears).</p>	<p>Add baked or canned fish (tuna, salmon, tilapia, grouper)</p>
Days 29-35 Stage 5	Day 36 Stage 6
<p>Add lean ground beef, chicken and turkey. (e.g hamburger, chili, etc.)</p>	<p>Add wholegrain toast/crackers, brown rice/whole grain pasta (in small amounts), whole grain cereal, protein/granola bars, vegetables (caution with asparagus, celery, corn), and salads.</p>
3 months and after	Goals:
<p>Steak, Pork Chops.</p>	<ul style="list-style-type: none"> <li>• Protein: 70-100 grams per day <b>(at minimum 70g, preferably 100g)</b></li> <li>• Carbohydrates: ≤100 grams per day.</li> <li>• Fat: low fat /good fats.</li> <li>• Fluids: 64 ounces per day.</li> </ul>

See the following pages for diet stages in more detail.

## ***Advancing Your Diet after Gastric Sleeve***

The diet stages will allow your staple line to heal and minimize the chances of food particles lodging in your stomach lining.

### **Stage 1: Clear Liquid Diet (Usually starts post-op Day 1)**

#### RECOMMENDED Clear Liquids:

- Water
- Decaf Tea
- Decaf Coffee (non-dairy, 0% fat creamer is ok)
- Propel Water, Powerade Zero
- Sugar-free Kool-Aid
- Crystal Light
- Sugar-free Jell-O
- Clear Broth or Bullion – Chicken, Beef or Vegetable
- Sugar-free Popsicles
- 100% Real Fruit Juices (no juice drinks or juice cocktail) – 4 to 6 ounces maximum, no pulp

#### REMEMBER:

- The goal should be 2–4 ounces per hour for a total of 64 ounces of clear liquids per day.
- Add liquid or powder protein supplement to clear liquids of your choice.
- Goal of 70-100 grams protein per day, and 70 grams is the MINIMUM!!!
- Sip slowly and steadily, no gulping.
- No carbonated beverages.
- No alcohol for the first six months and then sparingly, thereafter.

### **Stage 2: Full Liquid Diet (Usually starts on Day 8)**

Continue all food from previous days, **and add one new food at a time, as tolerated.**

#### RECOMMENDED FOODS:

- Power milk. 1 cup skim milk plus 1/3 cup nonfat dry milk=16 grams of protein
- Skim milk, V8 or tomato juice
- Low-fat creamed soups – thinned (no chunks), (i.e. Campbell's or Healthy Choice Cream of Mushroom, Tomato or Chicken soups)
- Greek yogurt, sugar-free with no chunks– preferably made with Nutrasweet or Splenda
- Sugar-free, low-fat pudding (box pudding made with skim milk)
- Sugar-Free Carnation Instant Breakfast
- Sugar-Free Fudgsicles
- Blended protein shakes/smoothies with fat-free yogurt or sugar-free frozen yogurt
- Natural, sugar-free applesauce
- Smooth (creamy) peanut butter



- Bananas
- Low Fat or Nonfat Cottage Cheese

**Stage 3: Soft Diet  
(Usually starts on day 15)**

Continue all food from previous days, **and add one new food at a time, as tolerated.**

Remember to include protein supplement whenever possible!!

Most people will tolerate about 2-4oz (1/4-1/2 cup) of food during the first few weeks following surgery.

If you burp or hi-cup this is a good indicator that you are full.

**RECOMMENDED FOODS:**

- Cream of Wheat, Cream of Rice cereal or Oatmeal
- Potatoes - mashed or baked (not fried) with skin removed - NO butter or sour cream added
- Soft canned fruits (pears or peaches) in natural juice
- Well- Cooked (soft) Vegetables
- Egg/egg substitute, scrambled or cooked with non-fat cooking spray
- Dried beans and peas – navy beans, kidney beans, refried pinto beans, lima beans, lentils, split peas cooked without added fat until very tender (remember that these foods may cause abdominal discomfort and/or gas).

**Stage 4: Mechanical Diet  
(usually starts on day 22)**

Continue all food from previous days, and ADD baked or canned fish (tuna, salmon, tilapia, cod etc).

Remember to continue getting 70-100 grams protein per day and 64 fluid ounces daily.

**Stage 5: Mechanical Diet  
(usually starts on day 29)**

Continue all food from previous days, and ADD Lean Ground Meats (hamburger, turkey, chili, etc). Adding low-fat/fat free gravy to dense meats help avoid meat from feeling "stuck".

Remember to continue getting 70-100 grams protein per day and 64 fluid ounces daily.

**Stage 6: Regular Diet  
(Day 36 and beyond)**

**Advance Diet As Tolerated**

**RECOMMENDED FOODS:**

- Whole Grain Toast
- Whole Grain Crackers (melba toast)
- High Protein / High Fiber / Whole Grain cereals (not frosted or honey coated)
- Protein Bars
- Brown Rice
- Whole Grain Pasta, sparingly
- Lean Deli meats

- Salads and Vegetables
- Steaks and Pork Chops should be tried last, and not until post op **Month 3**.

## **Basic Dietary Guidelines**

- **Eat 3 meals a day and snacks as needed.** Avoid going long periods of time without eating to prevent cravings, mindless eating, and making poor choices.
- **Include a protein source for snacks and meals.** Appropriate snacks include carrot sticks, apple slices and beef jerky.
- **Include 5 servings of vegetables and fruits a day.**
- **EAT SLOWLY AND CHEW THOROUGHLY** - Allow plenty of time when eating. Take small bites and chew food thoroughly.
- **STOP EATING WHEN YOU ARE NO LONGER HUNGRY** - Eating until you are overly full can lead to nausea and vomiting.
- **EAT ONLY HIGH QUALITY FOODS** - Choose lean protein, fruits, vegetables and whole grains.
- **DRINK ENOUGH FLUIDS DURING THE DAY** - As you lose weight your fat content will drop. Drink plenty of fluids to rid your body of waste products.
- **DRINK ONLY NON-CALORIE LIQUIDS** - Weight loss will be minimal if you drink calorie-containing beverages even if otherwise following the diet guidelines. This includes regular soda, sweet tea, kool-aid, juice and other caloric drinks.
- **EXERCISE AT LEAST 45 MINUTES EVERY DAY** - As you lose weight, exercising should become easier. Walking and swimming are good ways to start an exercise routine. Increase activity in daily living.

### **Helpful Tips -**

- Breads may be hard to tolerate at first. They are likely to swell and expand in your new stomach. Start with crackers or toast first and advance as tolerated.
- Engage in mindful eating to ensure that you are chewing each bite well, taking eraser-sized bites and eating (and drinking) slowly.
- Moist cooking methods (braising, poaching, stewing, boiling, pan-frying, slow-cooking) help to soften protein sources and make them easier to tolerate in the beginning.
- Remember to consume the lean protein first, followed by vegetables and/or fruits then grains.
- Marinating and/or the use of (low-fat, low-calorie) sauces helps prevent proteins from feeling hung. You may add low fat gravy to meats.
- Fish (baked, grilled, broiled) is a good source of protein.

- Choose lean cuts of beef and pork that end in “loin” for softer, better-tolerated meats. Avoid meats that are dry, stringy and/or thick.
- 

## **Foods to Avoid**

### **High-Calorie, Nutritionally void foods:**

- Syrups
- Cakes
- Biscuits
- Sweets
- Jam
- Chocolate
- Honey
- Chips
- Pie
- Pastries

### **Alcoholic and Caffeinated beverages**

### **Gas-producing foods:**

In the beginning stages gas producing foods can be painful and difficult to tolerate.

### **Breads and Pasta**

## **Good Food Choices**

Use this section to help you plan what you eat. Foods high in protein and fiber will leave you feeling full longer. Read food labels to determine portion size, carbohydrates, protein, and fat. You may choose what you would like from each of these food groups each day:

### **Fruits and Vegetables- 5 servings a day**

1 to 2 servings of fresh fruit daily  
2 to 3 servings of fresh vegetable daily

### **Breads and Cereals-**

1 small portion of low-sugar cold or hot cereal  
½ to 1 slice of toasted whole wheat or rye bread each day. Note: some patients have difficulty eating bread, toasting seems to work well.

### **Meat, Fish, Poultry, Eggs-**

Three ounces of lean meat, fish, or poultry or one egg is a serving. (Remove all visible fat from the meat. Remove the skin from poultry. Prepare the meat in ways that need very little fat. Grilling, steaming, broiling, boiling or microwaving are all good ways to prepare food. NEVER FRY!

### **Dairy Products-**

Milk and yogurt are calories in liquid form. However, these types of food have calcium, which make them an important part of a healthy daily diet, so choose a maximum of 2 cups of skim milk or non-fat yogurt and 1 ounce of cheese a day.

### **Fats-**

Minimize your use of margarine, butter, olive, canola or sunflower oil. You can have non-fat salad dressing and mayonnaise in moderation.

### **Drinks**

- Drink as many calorie-free liquids per day as you wish
- Suitable drinks are:

- Tea or coffee (black) with low-calorie sweetener
- Water
- Non-carbonated beverages containing few or no calories
- Crystal light, Propel, flavored waters, etc...
- Carbonated beverages should be limited because they can cause abdominal discomfort and pain or excessive belching.

**One Final Point:**

It is important that you ask your surgeon all the questions you may have about obesity surgery. It is also essential that you follow the advice of the surgeons, physician assistants and nurse practitioners.

## **Dietary Recommendations**

**Protein**

- **70 to 100 grams per day**
- **Protein foods:**
  - Lean red meats
  - Pork
  - Chicken
  - Turkey
  - Cheese
  - Eggs
  - Weight Control Oatmeal
- **EAT PROTEIN FIRST**
  - Nuts (measure one serving/use sparingly; high fat content)
  - Peanut butter (use sparingly; high fat content)
  - Tofu
  - Beans
  - High protein cereals
  - Carb Well
  - Go Lean Crunch

**Carbohydrates**

- Less than 100 grams per day of complex carbohydrates
  - Whole grain breads
  - Cereal
  - Brown Rice
  - Sweet potatoes
  - Whole grain pasta
  - Peas
  - Corn
  - Oatmeal

- **Simple carbohydrates (very limited):**

- Sugar
- Honey
- Cakes
- Pies
- Chips
- Pastries
- Juices

**Fat**

- 25 grams or less
- Use low fat / fat-free products
- Use lean cuts of meat
- Take fat off meat.
- Take skin off chicken.
- No fried foods.

**Decrease caffeine intake for at least six months.** It can act as a diuretic and can lead to dehydration.

**Cut food into small pieces**-Then cut it again (size of pinky fingernail). Chew very well.

***Recommended Supplements***

*Supplements are available at Georgetown Bariatrics and Bluegrass Bariatrics.*

Products can be found at nutritional supply stores such as GNC, Kroger, Wal-Mart and various health food stores.

**Examples include:**

Isopure  
Muscle Milk Light  
EAS  
Premier  
Liquid Proteinex  
Atkins Advantage Shakes - (Wal-Mart)

**Over the Counter Medications:**

Liquid Gas-X or liquid Mylicon  
Imodium  
Tylenol (Adult, not Children's)

# COMMON POST-SURGICAL COMPLAINTS: PAIN, CONSTIPATION, AND KETOSIS

## PAIN

Pain and tenderness are typical after any surgical procedure. The amount of pain and tenderness varies for each person during the recovery phase—some have minimal to no pain, while others experience greater pain, or for a longer period, that requires additional medication.



### What is normal?

- Mild pain/tenderness or general soreness throughout the abdominal area and incisions
- The side bearing the largest incision may be more tender, with pain that wraps around to the mid lower back. This occurs because the largest abdominal incision had more surgical instruments maneuvered through it during surgery (position of that incision varies by surgeon preference, procedure, and body habitus) and was sutured very tightly when the surgeon closed the incision, to decrease the chance of a hernia developing after you have healed. As the incision heals, there may be a pulling sensation of the muscle leading around to the mid lower back region.
- Pain/tenderness should resolve within 4-6 weeks after surgery

### Treatment options for pain:

- Tylenol for mild pain/discomfort
- Narcotic/prescription pain medication for moderate to severe pain (a prescription was given to you upon discharge from the hospital)
- Heat: apply a heating pad to area of discomfort on the abdomen or back (on 30 minutes off 2 hours). **To prevent burning or irritation to the skin, place a dry towel or cloth between the heating pad and your skin.**
- Warm tub bath (**Only after all incisions have healed**)
- Consider an abdominal binder or a spandex type garment/body suite to support the abdomen. (If needed, a binder can be ordered by your surgeon, and spandex/supportive undergarments can be purchased at most clothing stores)
- Walk frequently

### When to notify your surgeon:

- Severe pain not controlled with your prescription/narcotic pain medication
- Severe pain lasting greater than two hours

# CONSTIPATION

## Constipation Symptoms:

- Infrequent bowel movements (less than three per week)
- Hard stools
- Straining while having a bowel movement

## Causes of constipation:

- Surgery: anesthesia and any type of abdominal surgery causes the intestines and bowel to “go to sleep”
- Diets low in fiber
- Medical conditions (cause damage to the nerves of the intestine)
  - Diabetes
  - Under-active thyroid
- Inactivity
- Medications:
  - Pain/narcotic: prescription forms
  - Some antidepressants
  - Some anticonvulsants
  - Iron supplements
  - Certain medications for high blood pressure
  - Antacids

## Treatment options:

- Stay hydrated by drinking plenty of fluids (non-caffeinated, non-carbonated, low sugar)
- Move more (increase physical activity)
- **When diet stages permit** start eating high fiber foods (fresh fruits, vegetables, whole grains, wheat bran, etc)
- Over-the Counter remedies (brand, store, or generic will work the same):

OTC Medication Type	Names/Brands	FYI:
<b>Fiber (oral bulk-forming laxatives)</b> <ul style="list-style-type: none"> <li>• Safe for long-term use</li> <li>• *Powdered forms can be added to any fluid including your protein drinks</li> </ul>	<ul style="list-style-type: none"> <li>• *Benefiber</li> <li>• *Metamucil</li> <li>• *Citrucel</li> <li>• Fiber Choice</li> <li>• Fiber Con</li> <li>• Maltsupex</li> </ul>	<p><b>See FYI</b></p> <ul style="list-style-type: none"> <li>• If you need a laxative on a regular basis choose fiber first, as it is safe for long-term use.</li> <li>• For the first few months after surgery, choose a powder form fiber supplement that will mix in fluid without thickening—you will not be able to drink it fast enough before it thickens, or drink enough fluids to thin it out. <i>(Before purchasing read the label to see how the fiber mixes—ie, does it thicken versus dissolve)</i></li> <li>• Fiber tablets, unless chewable, or capsules, are not recommended as you will not be able to drink enough fluid to dissolve them in the intestinal tract, and can therefore worsen your issues with constipation.</li> <li>• Check with your physician and pharmacist before taking a laxative or fiber supplement to determine any potential medication interactions (some may interfere with the absorption of certain medications and/or supplements).</li> </ul> <p><b>Notify your physician:</b></p> <ul style="list-style-type: none"> <li>• If moderate to severe constipation occurs and does not respond to the self-treatment/OTC remedies attempted <b>within one week</b></li> <li>• If constipation is accompanied by rectal bleeding, abdominal pain, cramps, nausea and/or vomiting</li> </ul> <p><b>Precaution:</b></p> <p>Laxatives or rectal enemas, with the exceptions of fiber supplements and Miralax, <b>should not be used on a routine basis</b> as they can cause more long-term issues with the colon. Please seek the advice of your physician if you have chronic issues with constipation.</p>
<b>Stool Softeners (oral)</b>	<ul style="list-style-type: none"> <li>• Colace</li> <li>• Surfak</li> <li>• Docusate</li> <li>• Kaopectate</li> </ul>	
<b>Laxatives/Stimulants (oral)</b>	<ul style="list-style-type: none"> <li>• Miralax (safe for daily use)</li> <li>• Milk of Magnesium</li> <li>• Senokot/Senna</li> <li>• Dulcolax</li> <li>• Bisacodyl</li> <li>• Correctol</li> <li>• Ex-Lax</li> <li>• Casanthranol</li> <li>• Nature’s Remedy</li> </ul>	
<b>Laxatives (Rectal Suppositories)</b>	<ul style="list-style-type: none"> <li>• Dulcolax</li> <li>• Bisacodyl</li> <li>• Fleets</li> </ul>	
<b>Rectal Enemas</b>	<ul style="list-style-type: none"> <li>• Fleets (saline or mineral oil)</li> </ul>	

## AFTERCARE AND TROUBLESHOOTING GUIDE

### What To Do If Food Gets “Stuck”

When food is not passing through the stomach you may experience any or all of the following symptoms:

- Excessive Salivation (Frothing)
- Heartburn
- Nausea
- Cramping
- Vomiting / Dry Heaves
- Pain, Pressure, Fullness in Chest
- Thirst

In this case, the following steps can be taken to alleviate the discomfort:

- Relax! Stress will only increase the discomfort. Lie down if you can.
- Don't eat anything. Drink limited small sips of water. Warm beverages seem best to help relax the stomach.
- Stay on liquids for several hours.
- **Remember:** if you cannot take in liquids for 24 hours you should your surgeon for further instructions.

### Did I Chew My Food Well? Did I Take Too Big of a Bite?

If you do not chew your food well enough, the bites you swallow will be too large to pass easily from the gastric pouch into your intestine. The un-chewed bites will remain in the pouch and are more likely to cause discomfort. Your food should be cut into pieces about the size of your “pinky” nail.

### Nausea and Vomiting

It is not uncommon for postoperative patients to feel some nausea during the first few months. If this nausea causes frequent vomiting, call or visit the surgeon's office for follow-up.

Early on the bariatric surgery, a patient may be largely living off of stored fat for energy, and replacing muscle with oral intake of protein food. This is one reason why the “protein first” rule is so important. When you feel full, stop eating and put the food away. Don't pick at it if you are still at the table. A meal should take no longer than 15 – 20 minutes to finish. If it is taking longer, you are probably waiting too long between bites, or getting full and waiting for it to pass through to give you more room. The goal is to understand what an average bariatric portion is before eating, and adhering to this. One of the causes of nausea and vomiting is noncompliance with nutritional guidelines; therefore, following the provided guidelines is very important.

Any problems with nausea or vomiting should prompt the following questions and possible strategies to avoid further pain and discomfort:

- How long am I taking to eat and/or drink? (Did I eat or drink too fast?)
- Am I eating more than I should?
- Am I chewing solid foods until they resemble a pureed consistency?
- Did I lie down too soon after my meal?
- Did I eat hard-to-digest foods such as tough meat or dry bread?
- Did I eat foods from the next stage of the menu plan before being cleared to do so?



Other potential causes of nausea:

- Sinus drainage/post nasal drip: You may take Sudafed, Claritin, Tylenol Sinus/Allergy, Zyrtec, or other OTC decongestants or nasal sprays to help with this discomfort. Check with your surgeon or primary care provider before taking any OTC medication.
- Acidic fruit or fruit juices (grapefruit, pineapple, orange, lemon, lime): You may need to dilute these juices with water or just avoid them.
- Low blood sugar (nausea, sweating, shakiness, irritability, weakness, dizziness or tunnel vision): Sip on 100% no- sugar added juice that is on your current diet stage.

If vomiting persists throughout the day, do not eat solid foods. Sip on clear liquids (Stage 1 diet) and contact the surgeon's office immediately.

### **Frothing / Sliming**

With some patients, mucous will back up in the esophagus and cause frothy clear vomiting. Frothing is not a complication, so try drinking warm liquid ½ hour prior to your meal to emulsify the mucous. Your meal should then be better tolerated. If this regular or persistent, call the surgeon's office.

### **Gas Pains**

Gas pains are common in the first few weeks after laparoscopic abdominal surgery. Sometimes these pains can be severe and more uncomfortable than the "surgical" pain. To help relieve these pains, use your Incentive Spirometer (to the 2000 mark) and try to increase your activity level to include more walking. You can also try anti-gas over-the-counter preparations such as Gas X, Liquid Mylicon, Phazyme, Mylanta, Maalox and Gaviscon. You may try drinking warm versus cold beverages to decrease gas pain, as cold beverages can cause your muscle (stomach) to contract. Gas pains or spasms may occur months or even years after your bariatric surgery. The cause for random episodes of gas spasms is often unknown, and this discomfort will usually relieve itself in a short time. If the discomfort from gas or spasms persists, contact your surgeon's office for evaluation and possible treatment with medication to relax the intestine.

### **Urine**

Use the color of your urine as a guide to determine if you are drinking enough fluid. Your urine should be clear to light yellow if your body is getting enough fluid. If your urine is dark, you need to increase your oral fluid intake (drink more). You will need extra fluids during the time you are losing weight rapidly to keep your body/system flushed. During rapid weight loss your urine may have somewhat of a sweet odor from the excess ketones being flushed out of your body. Ketones are a result of your body breaking down your fat stores or you losing fat mass, which generally means you are losing weight. If you experience frequency, burning or pain with urination, or blood in your urine, contact your surgeon or primary care provider as you may have developed a urinary tract infection. A urinary tract infection could require treatment of antibiotics.

### **Bowel Habits**

It is common to have some temporary bowel changes following surgery. These changes range from constipation to diarrhea. If you do not move your bowels by the second to third day at home, you may try a mild laxative such as Milk of Magnesia. Follow the bottle instructions. You may also try slowly sipping warm apple juice.

Maroon, blood-tinged or tarry black stools should be reported to your surgeon if they continue more than 2 days following first post-op bowel movement, or a large amount is present.

**Diarrhea**

Immediately following surgery, you may experience diarrhea (liquid stools). This should be temporary. If diarrhea occurs more than 3 times in a day, you may take Imodium or any over the counter equivalent. If diarrhea persists and adequate hydration is not possible, contact your surgeon's office. You may get diarrhea from eating high-fat, greasy foods; which should be avoided. Probiotics, as listed on your vitamin supplementation sheet, can possibly help control diarrhea and get your digestive system regulated.

**Sleeping**

You may sleep in whatever position is comfortable when you get home. Many people find that sleeping on their stomach will be uncomfortable for many weeks due to healing abdominal discomfort. Some people find that taking their pain medication before sleep will help them relax, feel more comfortable and get to sleep. You may also try a mild crushed sleeping aid such as "Tylenol PM" to help you rest if the problem persists, but be aware that this may cause dry mouth, and should not be taken routinely long-term.

**Headaches**

If you were without or caffeine for several days, you may have migraine type headaches as a withdrawal effect. For those of you who have seasonal allergies, you may take: Sudafed, Claritin, Allegra, Tylenol Sinus/Allergy, or nose spray for relief; with approval from your primary care provider.

## OTHER COMMON CONCERNS: HAIR, SKIN AND NAILS

Issue/Problem	Possible Reason	Treatment Recommendations
<p><b>Hair:</b></p> <ul style="list-style-type: none"> <li>• Thinning and/or excessive shedding</li> <li>• Texture</li> </ul>	<ul style="list-style-type: none"> <li>• Anesthesia</li> <li>• Protein deficiencies (not getting enough protein)</li> <li>• Vitamin deficiencies</li> <li>• Stress or trauma to the body from surgery</li> <li>• Hormone changes</li> <li>• Ketosis (see supplemental handout)</li> <li>• Age</li> </ul>	<ul style="list-style-type: none"> <li>• Increase protein. Proper protein and vitamin recommendations.</li> <li>• Nioxil shampoo and conditioner (sold at hair salons or beauty shops). This will not help with regrowth but will strengthen the hair shaft to help prevent further loss.</li> <li>• Drink plenty of fluids to help keep ketones flushed from your body.</li> <li>• Stay hydrated by drinking plenty of non-carbonated, non-caffeinated, sugar-free beverages</li> <li>• Consult a beautician for recommendations for texture changes as there are many products on the market for oil or dry hair, volumizes, coarse texture smoothing, thickening agents, etc.</li> <li>• Consider a new style, cut or color</li> </ul>

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# **YOUR NEW LIFE**

## **A GOOD START: THE WELL-STOCKED BARIATRIC PANTRY**

### **Soups and Canned Goods**

Beans (kidney, pinto, black, refried, etc)  
Progresso Lentil, Minestrone, Black Bean,  
French Onion soups (varieties that don't  
feature pasta or rice)  
Libby's Pure Pumpkin  
Lite Coconut Milk  
Evaporated Skim Milk  
Chef's Cut or Diced Tomatoes

### **Packaged Foods and Cookies**

Jell-O Sugar-free Instant Pudding Mix  
Jell-O Sugar Free Gelatin  
Jell-O Sugar Free Pudding Snacks (the new  
Rice Pudding is tasty!)  
Kozy Shack No Sugar Added Rice Pudding &  
Tapioca Pudding  
Murray Sugar Free Cookies  
Pepperidge Farms Sugar Free Milano Cookies  
Voortmann Sugar Free Cookies  
Progresso Italian flavored Panko  
Breadcrumbs

### **Beverages**

Aquafina & Dasani flavored water,  
FUZE, Sugar Free  
Glaceau Fruit Water  
SoBe, Sugar Free  
Splenda Sweetened Ocean Spray Cranberry  
Crystal Light, Wyler's, Lipton, Arizona - sugar-  
free powdered drink mixes -  
Swiss Miss Sugar Free Hot Cocoa Mix

### **Sauces, Dressings ,Condiments, and Spreads**

Balsamic Vinegar  
BBQ Sauce  
Bottled salad dressings (Maries Creamy  
Garlic, Newman's Own Raspberry Walnut  
Vinaigrette or Caesar)  
Soy sauce  
Chicken & Beef broth (in closable juice box-  
type containers)  
sugar-free syrups  
Frank's Wing Sauce  
Mayonnaise (Hellman's Light)  
Olive Oil

### **Sauces, Dressings ,Condiments, and Spreads, cont'd**

Pasta sauce (Gia Russa Spicy Sicilian or  
Classico Marinara)  
Peanut Butter (small jar!)  
Pickles (Mount Olive Splenda Sweetened,  
and/or Dill)  
Salsa  
Sesame Seed Oil  
Rice Wine Vinegar  
sugar-free jam/jelly  
Tabasco sauce  
Mustards – spicy brown, whole seed, NOT  
honey mustard

### **Cereals**

Special K protein cereal  
Quaker Weight Control Oatmeal packets  
High Protein Cereal  
Fiber Buds

### **Meat & Seafood**

Canned tuna or chicken in water  
Pouch tuna and salmon  
Boar's Head Deli sliced turkey  
Boar's Head Deli sliced ham  
Pre-cooked Rotisserie Chicken  
Bacon (~~regular~~ or turkey)  
Chicken breast, skinless, boneless - Perdue Fit  
& Easy Chicken Breasts are individually  
wrapped  
Chicken thighs, skinless boneless  
Ground chicken breast - fresh  
Turkey Tenderloins  
Turkey Burger Patties - fresh  
Turkey Breast, ground - fresh  
Turkey Pepperoni  
Salmon filets – fresh or frozen  
Scallops  
Shrimp – fresh or frozen  
Tilapia filets – fresh or frozen  
Flounder filets – fresh or frozen  
Crab – lump crab (Costco has superb real  
crabmeat - imitation crab has carbs and often  
sugar)

## **Vegetables**

Green Beans  
Baby salad greens  
Butternut squash (winter squash)  
Carrots  
Frozen low fat Creamed Spinach  
Frozen steam-in-bag vegetables  
Garlic  
Lemons  
Onions  
Romaine lettuce  
Scallions  
Tomatoes – Roma, grape, and cherry  
tomatoes  
Zucchini and Yellow squash (summer squash)

## **Fruits**

Applesauce, homemade no-sugar-added -  
Mott's Healthy Harvest  
Blackberries  
Frozen fruit with no added sugar -  
strawberries, mixed berries, blueberries,  
blackberries, raspberries  
Honeydew Melon  
Unsweetened canned pineapple  
Unsweetened canned mandarin oranges  
Unsweetened canned tropical fruit salad  
Strawberries  
Watermelon

## **Dairy and Eggs**

Promise Margarine  
Cheese, Low Fat (cheddar, mozzarella,  
Muenster, Swiss)  
Coffee-Mate Sugar Free French Vanilla or  
Hazelnut (powdered creamer)  
Cool Whip, Sugar Free (in the freezer aisle)  
Cottage cheese, low fat  
Cream cheese, reduced fat  
Dannon Light & Fit Smoothies  
Half & Half (fat-free)  
Laughing Cow Cheese Wedges

Eggs  
Egg Beaters  
Mozzarella string cheese  
Laughing Cow cheese  
Light Baby Bell  
Parmesan cheese (usually found in the pasta  
aisle or buy a wedge and grate your own!)  
Reddi-Wipp, light whipped cream  
Ricotta, part-skim  
Skim Milk

## **Dairy and Eggs, cont'd**

Sour cream, reduced fat  
Yogurt - Yoplait Light, Dannon Light & Fit,  
Weight Watchers, Greek Yogurt  
Soy Slender – Splenda sweetened soy milk,  
Vanilla, Chocolate, and Cappuccino flavors  
(located with the non-refrigerated soymilks)  
Almond Breeze non-dairy beverage,  
Unsweetened Vanilla and Unsweetened  
Chocolate (located with the non-refrigerated  
soymilks)

## **Baking Items and Spices**

Black pepper  
Chili powder  
Cinnamon  
Kosher salt  
Nutmeg, whole  
Sesame Seeds  
Oregano  
Taco seasoning  
Vanilla extract  
Almond flour  
Baking powder  
Baking soda  
Cornstarch  
Nature Sweet Crystals, Powdered  
Susan Maria's Cancun Chili Blend  
Quaker Oats, Old Fashioned  
Splenda Granular  
All-Purpose flour  
Unsweetened cocoa

# GET A PLAN: LIFESTYLE STRATEGIES OF WEIGHT LOSS SURGERY

## At Home

- Learn what a Bariatric portion of something looks like, and plan accordingly. Weigh and measure foods to learn ideal portion size, and approximate proportions of each type of food on your 'bariatric plate'. Pre-measure your portions before serving yourself, and consider preparing only what you will be eating: If a serving of oatmeal is ½ cup, cook ½ cup rather than a pot full.
- Buy a small (salad size) or divided toddler plate on which to eat all your meals. The bigger the plate, the more food you will tend to put on it, which typically encourages you to eat too much.
- Fill ½ of the plate with lean protein; and the other half of the plate should be divided to total roughly 1/3 portion of a vegetable, and 1/6 portion of a carbohydrate or fruit.
- Eat your protein first and then follow with the vegetable; then if there is still room, fruit or other complex carbohydrate. Portion control is essential to long-term maintenance of weight lost.
- Learn to eat slowly, take small bites, and chew well, and listen to signals of fullness. You DO NOT have to eat it all!
- Engage in mindful eating. Try not to eat while engaged in other activities such as driving or watching TV. Focus on your food, enjoy it and be aware of portions. Eat until you are satisfied, not overly full.
- Do not go back for seconds; over time this will become the "new" normal.
- Figure out what your "trigger foods" are, and make sure that they aren't in your home. Keep a healthy variety of foods, both ready to eat and ingredients, around you.
- In general, do not eat out of bags, boxes or cartons; recognize that processed foods are generally less healthy, and don't keep them in the home.
- Many people get hungry in the late afternoon/early evening on the ride home or arrival from work/school. Have a planned nutritious, preferably protein-based snack scheduled for this time (like a protein supplement or bar, serving of nuts, jerky or low-fat cheese, fruit or veggies,) to decrease your hunger, so you aren't tempted to graze or make poor food choices until the evening meal is served.
- Develop new hobbies to help divert your thoughts from food. If you are tempted to eat when you know you aren't hungry, have an 8-10 ounce glass of water while working on your chosen project.
- Remember that "functional movement" as part of your normal routines is invaluable in building the consistency of habit. Use your pedometer to encourage this effort. Build planned activity as part of your daily routine, and develop strategies to protect the new habits and reinforce consistency.
- Educate the people in your life about your new lifestyle and goals. If you find that some people aren't always supportive of you, relationship dynamics may need work.

## At Restaurants

- At restaurants, pre-plan what you will order, and how it should be prepared. It's OK to ask for alternate cooking methods and sides (ie, 'dry' wok or grill, different sauces, vegetables).
- Ask that they not put a basket of bread or chips on your table, or a glass of water or other beverage.
- Ask for a to-go box to arrive with your meal; once the meal is served, immediately place ½ of it in the to-go box to take home.
- Limit buffets and restaurants that tempt you to make poor choices (especially fast food).



## CONSIDER YOUR OPTIONS AND LEARN HEALTHIER CHOICES:

<b>FOOD CHOICE</b>	<b>CHOOSE THIS INSTEAD:</b>
Bacon	Turkey bacon or Canadian bacon
Sausage	Turkey sausage
Bologna	Light bologna or lean deli meat
Dark meat chicken or turkey	White meat chicken or turkey
Canned ham	Extra lean deli ham
Cold cut sandwich	Ham/turkey/roast beef sandwich
Tuna in oil	Tuna in water
Ground beef	Lean ground beef less than 10% fat
Whole or 2% milk	1% or skim milk
Cheese	Reduced fat, fat free, 2% reduced fat
Alfredo or cheese sauce	Marinara or tomato based sauce
Milk and butter in mashed potatoes	Skim milk
Half and half	Half and half fat free
French fries	Baked or boiled potato with salsa
Potato chips	Raw vegetables or salad or fresh fruit
Bagel	English muffin
Biscuit	Wholegrain or whole wheat toast
French toast or pancakes	Wholegrain or whole wheat toast
Ritz or townhouse crackers	Saltines, Triscuits or whole wheat crackers
Ice cream	Sugar free Popsicle/fudgesicle
Buttered popcorn	Air popped popcorn
Cookie	Rice cake

## **MORE HEALTHY IDEAS:**

### **SAMPLE BREAKFAST OPTIONS**

- High protein cereal such as Kashi Go Lean Crunch, Kashi Go Lean hot cereal, Special K protein Plus, Quaker Weight Control Oatmeal, with skim milk
- High fiber cereal such as Fiber Buds, Total, Bran Flakes, Cheerios, Shredded Wheat, Shreddies, Fiber One, with skim milk
- Canadian bacon and toast
- Country ham and scrambled egg wrapped in a tortilla
- Low fat string cheese wrapped in a slice of lean/thin-sliced deli turkey or ham
- Scrambled egg and wholegrain or whole wheat toast
- Turkey bacon, turkey sausage and wholegrain or whole wheat toast
- Granola bar with less than 150 cal
- Protein bar (watch protein and carb content!)
- Fruit (especially berries) mixed with low fat, light or Carb Control yogurt; low-fat cottage cheese; or yogurt mixed with cottage cheese

### **SAMPLE LUNCH AND DINNER OPTIONS**

- Lean deli meat and low fat cheese wrapped in a whole wheat tortilla with salad vegetables and 1 teaspoon of low fat mayo or low fat Miracle Whip
- Mexican: Chicken quesadilla with salsa or chicken or beef soft taco or bean burrito
- Chinese: chicken with vegetables or beef with broccoli with one tablespoon of steamed rice
- Italian: marinara based sauces with a small amount of pasta
- Fast food: wraps with lean deli meat and salad vegetables or chili or grilled chicken salad or small roast beef sandwich or kids hamburger or mandarin chicken salad

## SAMPLE WEEK MENU

	Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday
<b>Breakfast</b>	3 oz low-fat sausage or turkey sausage  ½ cup cream of wheat	4 oz yogurt ½ banana  ½ cup oatmeal	¼ cup cottage cheese Mixed with 4 oz yogurt  1 slice whole grain toast and ½ banana	1 scrambled egg  1 oz cheese over eggs  1 slice whole grain toast	2 oz turkey bacon  1 scrambled egg	Protein shake  1 small banana	1 omelet using (1 egg, 1 oz lean ham, 1 ounce low-fat cheese)  1 slice whole grain toast
<b>Snack</b>	1 ounce string cheese  2 oz of beef jerky	High protein drink	1 oz string cheese  ½ cup strawberries	High protein drink	4 oz yogurt And ½ cup strawberries	2 oz of beef jerky  1 oz string cheese	1 oz string cheese  ½ cup strawberries
<b>Lunch</b>	3 oz turkey  ½ cup baby carrots  ½ cup pears  1 slice whole grain toast	3 oz tuna  6 whole wheat crackers  ½ cup peaches	3 oz lean ham  ½ cup steamed broccoli  ½ cup No added sugar applesauce	1 cup chili  6 whole grain crackers  1 small peeled apple	3 oz baked chicken  Small salad with low-fat or light dressing  ½ small banana	3 oz turkey  ½ cream of tomato soup  6 whole grain crackers	2 tbsp low fat peanut butter  1 slice whole wheat toast  ½ cup tangerines
<b>Snack</b>	4 oz yogurt With ½ cup of berries	1 oz string cheese	High protein drink	½ cup cottage cheese and peaches	1 oz string cheese  1 small peeled apple	Crackers with low fat laughing cow cheese	½ cup cottage cheese  ½ cup peaches
<b>Dinner</b>	3 oz baked chicken strips  ½ cup green beans  ½ cup No added sugar apple sauce	3 oz lean cut of steak  ½ cup cooked broccoli  ¼ small baked potato	3 oz lean pork chop  Small salad with low-fat or light dressing  1 small pear	3 oz salmon  ½ cup carrots  ½ cup peas	3 oz grilled ground round hamburger  1 slice cheese  ½ cup steamed vegetables 1 small whole wheat roll	½ cup low-fat refried beans  1 oz lean ground beef  ½ whole grain tortilla  ¼ cup shredded low-fat cheese	3 oz tilapia or other backed fish  ½ cup green beans  ¼ cup mashed sweet potato

## FOR YOUR REFERENCE: GENERAL PROTEIN SOURCES LIST

<b>FOOD</b>	<b>PORTION</b>	<b>PROTEIN GRAMS</b>	<b>CALORIES</b>
Anchovies-canned	5	6	42
Bacon-cooked	3 strips	6	109
Bass-striped baked	3 oz.	19	105
Beans-baked beans	½ cup	6	118
Beans-refried	½ cup	8	134
Beef-brisket (lean) braised	3 oz.	21	309
Beef-chuck pot roast (lean)	3 oz.	23	282
Beef-corned beef brisket	3 oz.	15	213
Beef-corn beef canned	3 oz.	10	85
Beef-ground	3 oz.	21	246
Beef-porterhouse steak	3 oz.	21	240
Beef-roast beef	3 oz.	16	105
Beef-short ribs (lean)	3 oz.	18	400
Beef-T-bone steak	3 oz.	21	253
Black beans	½ cup	8	114
Black-eyed peas	½ cup	7	99
Blue fish baked	3 oz.	22	135
Broccoli-cooked	½ cup	3	25
Butterfish baked	3 oz.	19	159
Carp	3 oz.	19	138
Catfish-breaded	3 oz.	15	194
Cheese most types	1 oz.	8	100
Cheese-ricotta	½ cup	14	200
Chicken-boneless, breaded	4 oz.	17	300
Chicken-breast, broiler/fryer	½ breast	35	364
Chicken-canned, with broth	½ can (2.5 oz.)	16	117
Chicken-oven roasted breast	2 oz.	11	60
Chicken-wings, hot & spicy	4 pieces (5 oz.)	15	230
Chicken-deli thin smoked breast	2 oz.	11	60
Chickpeas	½ cup	6	142
Clams-cooked	20 small	23	133
Cod-baked	3 oz.	20	90
Cottage cheese-creamed	½ cup	13	108
Cottage cheese-low fat 1%	½ cup	14	82
Cottage cheese-low fat 2%	½ cup	15.5	101
Crab-king cooked	3 oz.	16	82
Crab-blue cooked	3 oz.	17	87
Crab-canned	3 oz.	17	84
Crab-crab cakes	1 (2 oz.)	12	93
Cream cheese	1 oz.	2	99
Deli meats/ cold cuts- bologna beef	1 oz.	4	88
Deli meats/ cold cuts- salami	1 oz.	4	71
Deli meats/ cold cuts- Spam	1 oz.	3.5	85
Duck w/o skin	4 oz.	26	222
Eel-smoked	3 oz.	18	300
Egg-hard cooked or poached	1	6	75
Egg-egg beaters	¼ cup	5	25

<b>FOOD</b>	<b>PORTION</b>	<b>PROTEIN GRAMS</b>	<b>CALORIES</b>
Falafel	2 oz.	4	105
Fava beans-canned	½ cup	7	90
Fish cake	1 (4.5 oz.)	18	166
Flounder cooked	3 oz.	21	99
Great Northern Beans	½ cup	8	105
Grouper	3 oz.	21	100
Haddock-cooked	3 oz.	21	95
Halibut-cooked	3 oz.	23	119
Ham-deviled ham canned	3 oz.	14	200
Ham-boneless cooked	3 oz.	14	90
Ham-honey ham	3 oz.	15	150
Herring- Atlantic cooked	3 oz.	20	172
Humus	1/3 cup	4	140
Kidney beans-cooked	½ cup	8	100
Lamb-lean braised	3 oz.	29	190
Lamb-ground boiled	3 oz.	21	240
Lamb-loin chop (lean)	1 (3 oz.)	19	225
Lentils	½ cup	9	115
Lima beans-canned	½ cup	6	93
Liver-beef or chicken	3 oz.	23	184
Lobster-cooked	½ cup	15	71
Mackerel-cooked	3 oz.	20	223
Meat substitutes- harvest burger	3 oz.	18	140
Milk- 1 %	1 cup	8	110
Milk- 2%	1 cup	8	120
Milk-buttermilk	1 cup	8	99
Monkfish-baked	3 oz.	16	82
Mussels-cooked	3 oz.	20	147
Navy beans-cooked	1 cup	20	296
Octopus-steamed	3 oz.	25	140
Oysters-steamed	1 med.	5	43
Oysters-canned	3 oz.	10	100
Peanut butter	2 tablespoons	8	188
Peas-green	½ cup	4	59
Peas-split peas, cooked	½ cup	8	115
Perch	3 oz.	21	99
Pike-cooked	3 oz.	21	96
Pink beans-cooked	½ cup	7	125
Pinto beans-cooked	½ cup	5	90
Pollack-baked	3 oz.	21	100
Pompano-Florida, cooked	3 oz.	20	179
Pork-center loin	3 oz.	24	265
Pork-pork roast	3 oz.	15	105
Pork-spare ribs	3 oz.	26	338
Quiche-Lorraine	1 slice (3 oz.)	15	352
Rabbit-roasted	3 oz.	25	167
Red Beans-canned	½ cup	6	160
Roughy-Orange, baked	3 oz.	16	75
Salmon-baked	3 oz.	22	155

<b>FOOD</b>	<b>PORTION</b>	<b>PROTEIN GRAMS</b>	<b>CALORIES</b>
Salmon-canned, pink	3oz.	17	118
Salmon-salmon cake	1 cake (3 oz.)	18	241
Salmon-smoked	3 oz.	15	99
Sardines-in oil	2	6	50
Scallops	2 large	6	67
Shark	3 oz.	16	145
Surimi mix	3 oz.	13	84
Shrimp-canned	3 oz.	20	102
Shrimp-cooked	4 medium	5	22
Smelt-cooked	3 oz.	19	106
Snails-cooked	3 oz.	41	233
Sole-cooked	3 oz.	21	99
Soy Milk	1 cup	7	79
Soybeans-cooked	½ cup	15	150
Soybeans-dry roasted	½ cup	34	387
Soybeans-sprouts	½ cup	5	43
Spinach-cooked	½ cup	3	21
Squid	3 oz.	15	149
Sturgeon-smoked	3 oz.	27	147
Swordfish-cooked	3 oz.	22	132
Tofu-firm	½ cup	20	183
Tofu-soft	4 oz.	12	120
Tongue-beef	3 oz.	19	241
Trout-baked	3 oz.	23	162
Tuna	3 oz.	25	160
Turkey-bologna	3 oz.	15	165
Turkey-breast	3 oz.	20	92
Turkey-ground, cooked	3 oz.	20	188
Turkey-canned, w/ broth	½ can (2.5 oz.)	17	116
Veal-cutlet, lean	3 oz.	31	172
Veal-ground broiled	3 oz.	21	146
Venison	3 oz.	26	134
White beans	½ cup	9	100
Yogurt-fruit lowfat	4 oz.	5	113
Yogurt-plain lowfat	4 oz.	6	65

## **PLATEAUS**

Plateaus are normal. It is usually your body's way of taking a break to catch up with the weight loss process. If you are eating the same foods and have the same exercise regime, try changing it up! Increase variety in both food and activity, to jumpstart your weight loss again.

Weight loss is difficult. Not only are you redefining your body's basic drive to eat and meet calorie needs, but your entire lifestyle is also changing. You must learn new ways to de-stress and cope that don't involve poor food choices. You are likely adding in new foods, patterns of behavior and physical activity. This all takes time and energy! There is usually a definite beginning and end to the weight loss process, but maintenance is a life-long balance.

All through the weight loss process you can reward yourself with 'no calorie' treats such as new clothes, a massage, a new CD, etc. The compliments are hopefully free flowing from friends and family. Maintenance means working just as hard to stay at your new ideal weight. Try to remain focused on adhering to your lifestyle goals. Remember all of the milestones you have reached throughout your weight loss journey, and health benefits such as your joints hurting less, finding a comfortable chair to sit in, and perhaps less medication for health problems.

If you are finding maintenance difficult, ask yourself why. Are you still using the knowledge that you gained in this program? Are you restricting calories too much? Are you setting goals too high in too short a timeframe? Are you drinking enough water? If you are drinking with your meals or grazing, you are defeating your weight loss surgery tool. You must work to protect your new lifestyle habits, and avoid these traps!

Change is difficult for everyone. Remember you have learned new skills and will likely stumble at times. The best gift to yourself is willingness to re-focus and continually confront, learn, problem-solve, and keep trying. Life is a journey, not a race.

## **THE "POST OP BLUES"**

It is not unusual to experience the "blues" for a brief time after weight loss surgery. This may be due to chemical, hormonal, surgical, medical or lifestyle changes. Perhaps as many as 50% of patients report that they had at least a day or two of the "blues" as they settled in to the reality of life back at home after weight loss surgery. This usually passes quickly and is replaced by excitement and satisfaction of successful weight loss! However, if you experience any new or increased symptoms of depression, nervousness or a case of the "blues" you just can't seem to shake, call our office or your bariatric surgeon right way.

## **SPECIAL CONSIDERATION: ALCOHOL INTAKE**

***We recommend that, in general, our patients refrain from alcohol intake. This information is to help educate you on the facts and effects of alcohol, specifically as a WLS patient.***

### FACTS TO CONSIDER

- Weight loss surgery patients absorb alcohol much more rapidly after their procedures and can become intoxicated easily from smaller amounts than expected. This is especially true for Gastric Bypass patients and to some degree Sleeve Gastrectomy patients.
- Alcohol is also a diuretic, which promotes water loss, hence the “morning after” thirst and headache.
- Alcohol has 7 calories per gram.
- One 12 ounce regular beer has 150 calories. A 6 pack of beer equals 900 calories.
- One 5 ounce glass of wine or 1.5 ounces of 80 proof spirit (bourbon, brandy, gin, rum, vodka, whiskey and liquor) has 100 calories. One glass of wine per day = 700 calories per week = 1 pound body fat over 5 weeks (1 pound of fat = 3500 calories). To burn this off, you would need to jog for 2 hours!
- Alcohol also triggers APPETITE, and overconsumption or the intoxicating effects can lead to disinhibition, and risk of poor choices as to food and responsible behavior. At the very least, alcohol is considered empty calories, without benefits of much needed nutrients including protein, and will sabotage fullness and satiety, as well as likelihood of mindful choices.
- From a surgical healing standpoint, it may be safe to reintroduce alcohol into your system 6 weeks post operatively. However, there is no scientific data we are aware of to suggest that there is a “safe” time to restart alcohol consumption from a behavioral medicine standpoint after bariatric surgery.
- Recent studies suggest that patients who have had weight loss surgery might be at risk for alcohol misuse after weight loss surgery, even if they did not have any prior history of alcohol use problems.
- We recommend abstaining from alcohol after weight loss surgery.

### **Transfer of Addiction?**

Current reports in the popular media suggest that there is a widespread problem called “transfer of addiction” in which weight loss surgery patients replace an addiction to food with a new addiction to alcohol or compulsive behaviors like shopping, gambling, etc. First, it is important to understand that the term “addiction transfer” used in this context is actually more of a media catchphrase than a scientific term. While certain foods, substances and behaviors can trigger neurochemical reactions in our brains that may lead to the desire for more, thus far it has been difficult from a research standpoint to define all foods as “addictive” and to demonstrate this so called “transfer of addiction” from food to other substances or behaviors. However, weight loss surgery patients who have used food to comfort themselves to a strong degree in the past may be at risk for developing unhealthy habits if they have not prepared themselves with healthy replacements for emotional eating.

Our Bariatric Surgery Preparation Program is designed to help you identify your areas of potential vulnerability and to help you learn healthy habits and coping skills to replace old eating problems.

If at any time, you feel that you are at risk for developing unhealthy habits or addictions, you should contact us or your bariatric surgeon’s office an appointment.



# **APPENDIX A:**

# **HELPFUL**

# **TRACKING TOOLS**

**[www.MyFitnessPal.com](http://www.MyFitnessPal.com)**

**[www.TheDailyPlate.com](http://www.TheDailyPlate.com)**

**[www.FitDay.com](http://www.FitDay.com)**

**[www.SparkPeople.com](http://www.SparkPeople.com)**

# DAILY NUTRITION JOURNAL

Date: \_\_\_\_\_

Food and Fluid Consumed	Calories	Protein Grams	Carb Grams	Fat Grams	Fluid Ounces
Breakfast					
Lunch					
Dinner					
Snacks					
<b>Daily Totals:</b>					

**One Area of Focus/Goal:**

**Plan/Steps You intended:**

**What Worked:**

**What didn't Work/Barriers that affected achievement:**

**What will you do differently this week/Plan adjustment:**

**What will you track this week otherwise (relate to goals/problem-solving):**



