



NUTRITION INFORMATION MANUAL

Healthy Eating and Healthy Behaviors
Before and After Bariatric Surgery

This document is intended to be used with instruction from a Registered Dietitian. Please bring this manual with you to all appointments.

**Sebastian River
Medical Center**

A STEWARD FAMILY HOSPITAL



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About This Manual

The purpose of this manual is to help you to be successful after bariatric surgery. These guidelines will help you:

- Prepare for surgery
- Recover from surgery safely and quickly
- Learn the tools and techniques for life long weight loss success

Bariatric surgery is a weight loss tool. Success is difficult to accomplish if you don't consider your daily eating habits, emotional and mental health, physical activity, finances and willingness to change.

It is important to make sure that you understand that extreme weight loss can be life altering. Ask plenty of questions from the bariatric team. Research shows that attending group classes and support group meetings prior to surgery and often following surgery increases long-term weight loss results.

Support Group Meetings are held:

On the **fourth Tuesday of the month at 6pm** in the dining room at Sebastian River Medical Center and virtually on our Facebook page.

- Dates and information posted on website.
- Attendance is encouraged before and after surgery.

Post-op Nutrition Classes are held virtually through our Facebook page.

- It is not necessary to register for these meetings.
- These classes will be assigned before surgery.

“People Don't Always need ADVICE sometimes they need a hand to hold, an ear to listen and a heart to understand them”
Author: Unknown

Objectives

The following should be completed and understood prior to surgery

- ☐ Purchase supplements:
 - Protein Liquid Supplements
 - Multivitamin/Mineral supplements
- ☐ Purchase any needed equipment (see Equipment Checklist in Appendix B)
- ☐ Purchase any other foods and beverages you will need during the liquid and softer texture phases of the diet(s) (review pages 35-42). The diet after surgery progresses through several stages. Read each section carefully.
- ☐ Keep working on these behaviors to form habits:
 - Practice eating meals without liquids (Do not drink liquids 30 minutes before a meal, no liquids during a meal & no liquid for 30 minutes after a meal).
 - Practice taking small bites and chewing thoroughly
 - Pay attention to what you are doing while you are eating (Mindfulness)
 - Try to make your meals last at least 30 minutes
 - Sip fluids slowly- do not gulp!
 - Begin to wean yourself from excessive caffeine (limit to 16oz)
 - Find alternatives to carbonated beverages, caloric beverages (i.e. sodas, sweet tea)
 - Decrease air swallowing habits:
 - Do not chew gum
 - Do not use straws
- ☐ Find ways to incorporate at least 30 minutes of activity into your daily routine
- ☐ Complete Pre-Weight Loss Surgery Behavior Change Goal Worksheet (Appendix F)

This is an agreement to yourself to commit to the necessary changes needed to prepare for a successful weight loss journey. This page is for you. It does not need to be returned to anyone in the program. Use it as a reminder of the commitment that you made to yourself to improve your lifelong health and well being.

I (name)_____ understand the above preparations and behavioral changes need to be made prior to having bariatric surgery to ensure the best outcomes for my surgery.

What a Registered Dietitian Does

Your Dietitian is here to support you while you are on your weight loss journey. They are here to teach the guidelines for eating well prior to and following surgery to promote safe outcomes. They also provide you with the knowledge and tools for a healthy and successful lifelong weight loss.

Dietitians educate on topics such as:

- Food (i.e. labeling reading, recommended serving sizes, correct amounts of fluids, protein, etc.)
- Eating behaviors
- Nutrition guidelines specific to you

Plan to see a Registered Dietitian:

- Before surgery, a Dietitian will complete an assessment of your readiness for bariatric surgery and discuss the necessary diet and behavioral modifications.
- Following surgery, in the hospital, a Dietitian will visit you prior to you going home to provide you with discharge diet instructions.
- Nutrition Class: A Dietitian will explain the transition of the diets and discuss recommendations for appropriate amounts of nutrients to prevent malnutrition, side effects and the best methods to promote weight loss. It is recommended that you attend the Post-Op Nutrition class within the first month following surgery. You can attend as many nutrition classes as you’d like.

Research suggests that patients that attend their follow up appointments with the bariatric healthcare team are more successful and likely to achieve and maintain their weight loss goals.

Accountability

It is important that your Dietitian and the bariatric team understand how you are eating now and to gain a better understanding of your eating behaviors. You should be documenting your intake so that they can help you in the most effective way.

Options for recording your intake:

- Hand written or computer written journal (see next page for suggested guidelines)
- Mobile App that records specific foods and quantity (see Mobile app suggestions)
- Pictures (see Mobile app suggestions)

Website/Mobile App Suggestions:

- Baritastic
- BariatricPal
- Myfitnesspal
- Loselt
- Spark People
- Change to Ate Food Journal - Photos only
- Noom

Keep in mind when journaling:

- Measure your food. Use a food scale, measuring cups and spoons or compare the amount of food eaten to common objects (i.e. golf ball size, palm of hand)
- Write down what you eat BEFORE you eat it and correct the quantity after if needed.
- Include as much detail as possible (brands, method of cooking, fat percentage of dairy, any added ingredients, name of restaurant etc.)
- Record any feelings associated with eating/drinking (i.e. happy, frustrated, angry, bored, hungry).

Sample Journal

| | | | |
|---|---|----------------|--------|
| Day of week: | Name of food(s) | What was in it | Fluids |
| Awake time: | | | |
| Breakfast Time: | | | |
| Morning snack Time: | | | |
| Lunch Time: | | | |
| Afternoon snack Time: | | | |
| Dinner Time: | | | |
| Evening snack Time: | | | |
| Bedtime: | | | |
| Did I take all my nutrition supplements? | <div><input type="checkbox"/> Multivitamin-mineral</div> <div><input type="checkbox"/> Calcium with vitamin D</div> <div><input type="checkbox"/> Vitamin B12</div> <div><input type="checkbox"/> Other</div> | | |
| How do I feel today? | | | |
| Comments: (bowel habits, stressors, etc.) | | | |
| Todays weight: Goals: | | | |

Your Weight Loss Journey

Everyone’s weight loss journey is unique. As you begin your weight loss journey you will have expectations. These expectations could be based on what you’ve read online, heard from others or read in books. Please understand that you are a unique individual and should not compare yourself with others. It is important to set realistic goals for yourself. Not only weight goals but health and life goals.

Be kind to yourself and don’t compare yourself to others who have had the surgery. You are one of a kind!!!!

Listed below are a few examples that others that have had surgery set as their “non-scale” goals. Take the time to circle a few goals that you may have.

| | | | | |
|------------------------------|---|-------------------------------|------------------------------------|---------------------|
| I want to travel | Feel good in a bathing suit | Run/walk in a 5k | Cross my legs comfortably | Ride my bicycle |
| Play with my kids/ grandkids | Walk upstairs without getting out of breath | Tie my shoes | Shop for clothes in regular stores | Hiking and climbing |
| Enter and exit a boat easily | Sleep without CPAP machine | Reduce or get off medications | Wear jeans that button | Play sports |

Goal Setting

There are challenges along the way. Do not get discouraged by small setbacks. Sometimes you will gain and sometimes you will lose. Sometimes you will stall. Just as if you were playing a sport, weight loss can be frustrating. Keep focusing on your goals and don't lose hope. You are unique, and your body may take longer than expected to reach your long-term weight loss goal.

Note: Weight loss expectations for bariatric surgery depends on the type of surgery you have. You can expect to lose 70-80% of excess weight with a Roux-en-y gastric bypass, >65% of excess weight with a gastric sleeve and 80-90% of excess weight with a Duodenal switch gastric bypass.

Example: A person that is 100 lbs. over their ideal body weight of 150 lbs.
Current weight = 250 lbs. After RYGB they experience 70-80 lb. loss

Write your goals here:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Remember: The success of your goals will vary depending on your commitment and ability to maintain a healthy diet and lifestyle.

***Talk to our office staff if you would like to be featured in one of our future bariatric surgery success stories.

Behavior Modification Techniques

- Don't eat in front of the TV.
- Don't read while eating.
- Pre-portion your food.
- Keep tempting foods out of the house.
- Don't go to the grocery store hungry.
- Make a shopping list.
- Use smaller plates and bowls.
- Keep healthy foods available.
- Focus on activities other than eating.
- Brush your teeth after meals or if feeling the desire to eat.
- Don't eat standing up at parties or buffets.
- Don't stand at the food table at parties.
- Offer to bring a healthy food item to a party.
- Park your car far away from your destination.
- During commercial breaks, get up and walk around your house.
- Take the stairs instead of the elevator.
- Keep a food and physical activity diary.
- Be persistent; consistency over time is important.
- Become more "mindful" of your choices and behaviors.

Mindful Eating

What is “Mindful Eating”?

Mindful eating means paying attention to your body’s signals of hunger and fullness. It helps you to make emotionally balanced choices about food. It is about creating a new relationship with food and your body.

The 5 parts of mindful eating:

1. Slow down.

Set aside time to practice. Even short periods like 5 minutes, can go a long way. It will help you develop the ability to understand what you are thinking and feeling.

2. Be persistent.

It takes time and practice to feel the benefits of mindful eating. Trying it once or even every day for a week, usually is not enough.

3. Be open.

Mindfulness helps you to become aware and accepting of what is happening in the present moment. Sometimes you feel relaxed practicing mindfulness. Sometimes you may not. Both are okay. You are practicing mindful eating if you are bringing attention back to what is happening in the moment.

4. Let go of judgment.

People who struggle with their weight may have negative feelings about themselves. Sometimes the people around them are critical and judgmental. Mindfulness is an opportunity to notice those judgments for what they are- thoughts or opinions, not facts – and to come back to what is happening in the present moment.

5. Do just one thing.

Mindfulness involves paying attention to one thing at a time. This means focusing on eating instead of anything else such as the television or reading material.

Nutrition Basics

Bariatric surgery is only a tool to help you lose weight. It is important for you the learn the basics of nutrition to lose weight and maintain your weight loss.

Calories:

A measure of energy that the food or beverage will give you. There should be an equal balance for energy in versus energy out if you want to maintain your weight. If you want to lose weight, there should be a deficient amount of energy (either by eating less or expending energy or both).

How many calories will you need after surgery?

Everyone needs a different number of calories. How many calories you will need will change over time before and after surgery and will depend on how active you are. Recording your intake and activity levels daily will help your Dietitian determine an appropriate calorie level for your goals. Try a mobile app or computer-based program to help you record this information. The programs may advise you on a Calorie level, but these levels may not be appropriate for bariatric surgery patients.

Nutrients that give ENERGY:

Protein: 1 gram of protein provides 4 calories of energy

- Meat, chicken, fish and eggs
- Meat alternatives (tofu, beans, lentils)
- Milk, dairy products and milk alternatives
- Nuts, seeds and nut butters

Carbohydrates: 1 gram of carbohydrate provides 4 calories of energy

- Bread, pasta, cereal and grains
- Beans
- Fruit
- Starchy vegetables (examples: potato, corn, peas)
- Sugar, honey, jam, candy
- Pastries and baked goods

Fat: 1 gram of fat provides 9 calories of energy

***Note that fat is MORE THAN TWICE as many calories as carbohydrate or protein. High fat foods=High calorie foods

- Oil, butter, margarine, lard, bacon grease
- Nuts, seeds, nut butters
- Salad dressing
- Fried foods
- Fatty meats
- Full fat dairy products

To burn off a 250-Calorie chocolate bar, a person that is 240 pounds would need to walk at a 3.5 mile/hour pace for ~27 minutes, swim laps for ~18 minutes, do aqua aerobics for ~33 minutes or outdoor cycle for ~19 minutes.

Protein

Protein is a part of every cell in our body. It is used to build, maintain and repair the body’s cells and tissues.

After surgery it is important to eat foods high in protein because:

- Your body needs extra protein to heal
- Your body needs protein to prevent muscle loss while you are losing weight
- Your hair follicles need protein to maintain their strength to prevent hair loss
- You need the essential energy and vitamins that protein-containing foods provide

Getting adequate protein can be a challenge because you will be eating small amounts of food. You will need to take protein supplements for a few months after surgery and may even keep them on hand throughout your life to ensure adequate protein intake.

Protein is the most important nutrient to concentrate on as you prepare for surgery and when you resume consuming food and beverages after surgery.

Protein goal: Aim for a **goal of 90 grams** of protein daily and no less than **60 grams**.

Remember to eat protein foods first at each meal (Protein>Vegetables>Carbohydrate, P>V>C), followed by non-starchy vegetables, fruit, then starchy carbohydrate foods. You may notice your carbohydrate intake will decrease as you focus on nutrient rich foods at your meals.

Measuring Hints

- 1 ounce of meat is equal to about 3-4 Tablespoons of chopped or ground meat
- 1 ounce of grated or cottage cheese, tuna or egg salad is ¼ cup (4 Tablespoons)
- 3-ounce portion size of poultry or meat is about the size of a deck of cards.

| Protein Sources | Serving size | Protein (g) |
|---|-----------------------------|-------------|
| DAIRY FOODS: | | |
| Skim or 1% milk | 1 cup | 8 |
| Evaporated skim milk (canned) | 1 cup | 19 |
| Nonfat dry milk powder | 1/3 cup | 8 |
| Nonfat, sugar free yogurt | 1 cup (8 ounces) | 8 |
| Nonfat or low-fat cottage cheese | 1/2 cup (4 ounces) | 14 |
| Nonfat or low-fat cheese slices or string cheese | *1 ounce/1 slice | 7 |
| MEAT AND MEAT SUBSTITUTES: | | |
| LEAN meats - skinless chicken or turkey breast, fish, beef, ham, deli meats | * 1 ounce (thumb size) | 7 |
| Egg or Egg substitute | 1 egg or 1/4 cup substitute | 7 |
| Peanut Butter | 1 Tablespoon | 4 |
| Tofu | 4 ounces | 8 |

Carbohydrate

Carbohydrates are an important source of energy and can be a part of healthy eating. Not all carbohydrates are the same. Some carbohydrates, like those made with whole grains, are high in fiber and vitamins and minerals. Fiber is an extremely important nutrient. Fiber gives your body minimal calories and is essential for regular bowel movements. Fiber also helps to provide feelings of fullness and satisfaction with meals. Choose whole grain, high fiber options whenever possible and avoid foods that are high in sugar.

Fiber goal: Women: 21-25 gm/day Men: 31-38 gm/day

 **As you gradually increase fiber intake, make sure you also increase fluid intake to prevent constipation

 ***If you struggle with constipation please discuss with medical staff. It is important that you address this prior to surgery.

Carbohydrate tips and suggestions:

1. Stop adding regular sugar to foods and beverages. Consider using sugar substitutes such as Sweet & Low, Equal, Splenda, Stevia or none at all.
2. Decrease or avoid intake of desserts and candy.
3. Stop drinking sugar-sweetened beverages such as regular soda, juices, sweetened iced/hot tea and coffee drinks.
4. Eat more whole vegetables and fruits.

Fat

Fat is an important part of our body. Our bodies need fat for many important jobs like:

- Building cell membranes
- Making hormones

Healthy eating includes some fat. However, when eating foods high in fat, it is important to keep portions small. This will help to prevent weight gain because fat is high in calories.

After surgery, high fat foods cause dumping syndrome and overall ill feeling. Dumping syndrome will be discussed later in the manual.

Fat tips and suggestions:

1. Choose low-fat foods and avoid fried foods.
2. Dairy products and meat can be high in fat. Look for “low fat” dairy alternatives, “lean” cuts of meat, and remove visible fat and skin from meats and poultry to reduce the amount of fat in these foods.
3. Make homemade salad dressings using citrus juices and vinegars instead of prepackaged salad dressings.
4. Use spices, herbs, vegetables and citrus to flavor foods instead of adding cheese, butter and oils.

Food Labels

Protein

- Goal of 90 grams daily
- Protein is essential to prevent hair loss, maintain immune system, and prevent a decrease in metabolism.
- Good sources: egg whites, skim/1% milk, low fat cheese/cottage cheese, light or Greek yogurt, lean meats, seafood, bariatric approved protein supplements.

Carbohydrates

- Sugar: Identify added sugars using the new nutrition label or looking at ingredients.
- Hidden sugars may be listed as: high fructose corn syrup, cane sugar, dextrose, cane juice, honey, barley malt, raw sugar, refiner’s syrup, molasses, maltose, fruit juice concentrate, dehydrated cane juice, agave nectar, beet sugar, buttered syrup, caramel, confectioner’s sugar
- Fiber
- Soluble: increases feeling of fullness, lowers cholesterol, regulates blood sugar
- Food sources: oats, dried beans and peas, nuts, barley, flax seeds, apples, bananas
- Insoluble: promotes regular bowel movements and removal of toxic wastes
- Food sources: green beans, dark leafy greens, fruit skins, root vegetables

Fats

- Saturated fats: Raise your LDL (“bad”) cholesterol
- Butter, ice cream, whole milk, sour cream, cream cheese
- Monounsaturated fats: Lower your LDL cholesterol and may increase you HDL (“good”) cholesterol
- Olive oil, canola oil, peanut oil, almonds, and avocado
- Polyunsaturated fats: Lower your LDL cholesterol
- Corn oil, sunflower oil, safflower oil, sesame oil, flax seeds, walnuts, salmon, soybeans, tofu, shrimp

Sodium

- Monitoring sodium intake is often encouraged in individuals with high blood pressure
 - Limit to 2,000 mg daily (~1 teaspoon of salt)
 - Watch out for processed/convenient foods

Current Label

Nutrition Facts

Serving Size 2/3 cup (55g)

Servings Per Container About 8

Amount Per Serving

Calories 230

Calories from Fat 72

% Daily Value*

Total Fat 8g12%

Saturated Fat 1g5%

Trans Fat 0g

Cholesterol 0mg0%

Sodium 160mg7%

Total Carbohydrate 37g12%

Dietary Fiber 4g16%

Sugars 1g

Protein 3g

Vitamin A10%

Vitamin C8%

Calcium20%

Iron45%

* Percent Daily Values are based on a 2,000 calorie diet.

Your daily value may be higher or lower depending on your calorie needs.

Calories:

2,0002,500

Total FatLess than65g80g

Sat FatLess than20g25g

CholesterolLess than300mg300mg

SodiumLess than2,400mg2,400mg

Total Carbohydrate300g375g

Dietary Fiber25g30g

New Label

Nutrition Facts

1 8 servings per container

Serving size2/3 cup (55g)

2 Amount per serving

Calories230

% Daily Value*

3 Total Fat 8g10%

Saturated Fat 1g5%

Trans Fat 0g

Cholesterol 0mg0%

Sodium 160mg7%

Total Carbohydrate 37g13%

Dietary Fiber 4g14%

Total Sugars 12g

4 Includes 10g Added Sugars20%

Protein 3g

5 Vitamin D 2mcg10%

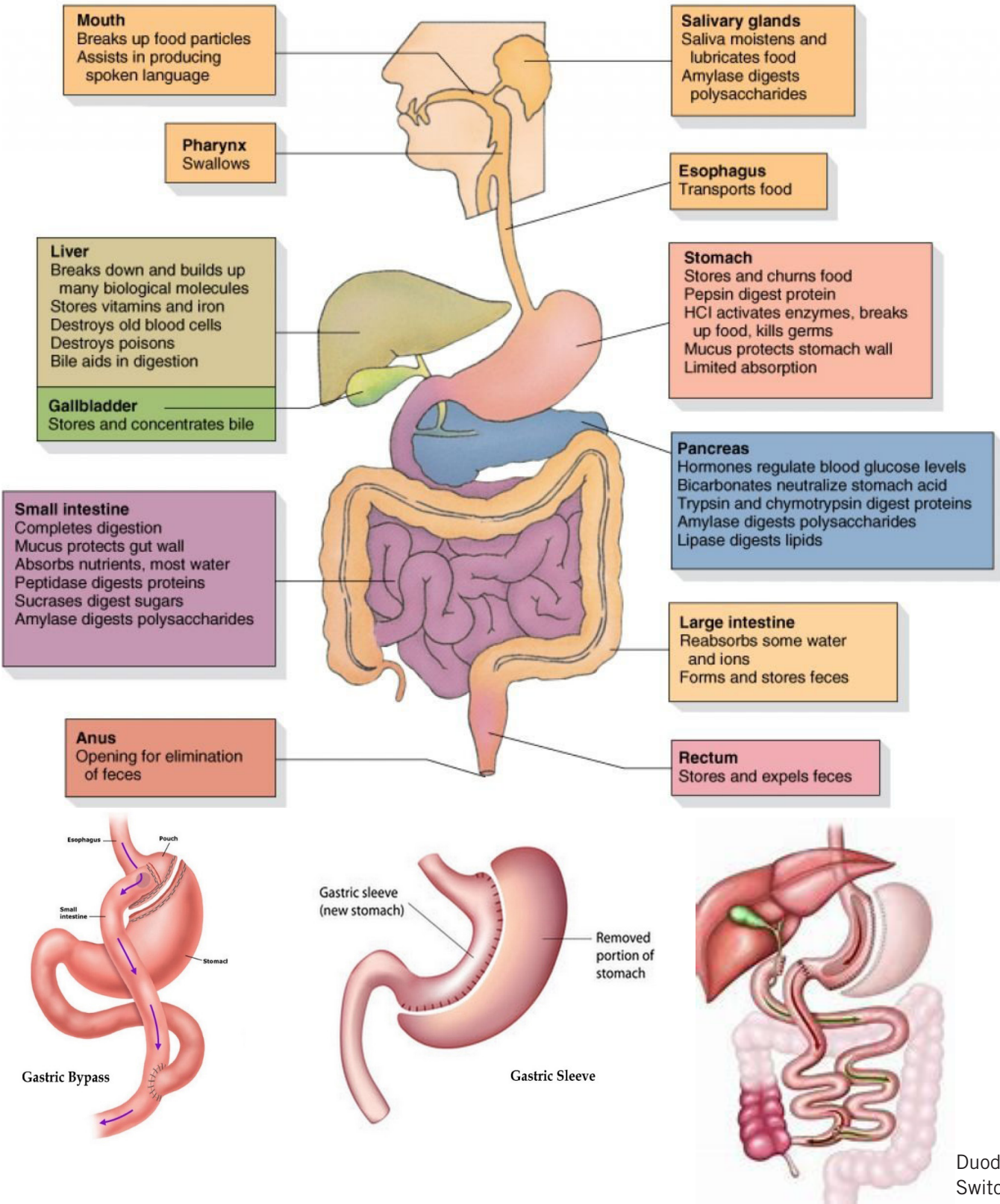
Calcium 260mg20%

Iron 8mg45%

Potassium 235mg6%

6 * The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Digestion



Pre-Surgery Diet

These are guidelines to follow before you start the liver shrinking diet:

1. Wean off carbonated beverages.
2. Minimize caffeine by consuming no more than 1-2 cups of coffee per day (8-16 oz). Limit consumption of caffeinated tea including iced tea. Decaffeinated teas and herbal teas are okay.
3. Practice drinking water and other fluids between meals, not with meals. (30/30/30 rule: Stop drinking 30 minutes before, take about 30 minutes to consume your meal without drinking fluids and wait 30 minutes to resume drinking after consuming a meal).
4. Avoid drinking through a straw to help reduce ingestion of excess air which may lead to bloating and gas.
5. Drink a minimum of 64 ounces of calorie free, caffeine free, non-carbonated fluids daily. (May include Crystal Light, Unsweetened decaffeinated Tea).
6. Do not skip breakfast. Eat at least 3 meals a day.
7. Avoid alcohol, especially first 4 weeks after surgery.
8. Begin planning a consistent schedule for your mealtimes, fluid intake and your vitamin and mineral supplements. Plan for the 30/30/30 rule around your meal and snack times.
9. Reduce portion sizes and cut back on dining out. Begin making healthy meal choices when eating out and at home.
10. Practice mindful eating.
11. Begin chewing foods thoroughly, 20-40 times or to a paste or applesauce consistency.
12. Purchase your protein supplements and your vitamin and mineral supplements.
13. Be physically active (Make small changes building up to a goal of 30 minutes of cardiovascular activity 5-7 days per week).
14. Once you are well prepared (refer to Objectives on pg.5), refrain from thinking too far ahead. Instead, focus on what needs to be done now and what’s next. Ask any questions you may have to the appropriate staff.

“By recording your dreams and goals on paper, you set in motion the process of becoming the person you most want to be. Put your future in good hands—your own.” —Mark Victor Hansen

Protein Supplements

Because of the limited volume capacity of the stomach, in the beginning, it will be very difficult for you to meet your protein needs from food sources alone.

- You will need a protein supplement in the form of a protein powder or a protein drink. **The protein supplement will need to be continued until you are able to meet your protein goal of 90 grams daily through foods.**
- Once off the liquid diet after surgery, it is suggested to “most often” consume your protein drinks between meals, rather than as a meal. However occasionally replacing a meal with a protein drink is allowed.

Guidelines for selecting a protein supplement:

- Review the label to find a product that is high in protein, low in carbohydrate or sugar and low in fat.
- **Protein:** Whey protein isolate is preferable. Each supplement should contain 20-45 grams of protein per serving.
- **Fat:** No more than 3 grams of fat per 100 calories.
- **Carbohydrate and sugar:** Avoid products with more than 10 grams total carbohydrate per serving.

Where to purchase protein drinks:

- Grocery stores
- Online
- GNC
- Wholesale discount stores

Examples: Premier Protein, Ensure Protein Max (high protein only), Genepro, WonderSlim, Bariatric Advantage, Bariatric Choice drinks

Websites to purchase ONLINE Protein Supplements:

www.bariatricchoice.com
www.mybariatricpantry.com
www.unjury.com
www.barilife.com

www.bariatricadvantage.com
www.bariatricfoodsource.com
www.celebratevitamins.com
www.store.bariatricpal.com

Hints to add variety to your protein drinks:

- Flavor extracts or spices that do not contain sugar can be added to protein drinks for flavor. Examples: vanilla or almond extract, cinnamon or nutmeg.
- Sugar-free cocoa powder can be added to provide a chocolate flavor.
- Instant decaffeinated coffee can be added to drinks or yogurt for a flavor change.
- Sugar-free Tang can be added to vanilla drinks to create an “orange creamsicle” flavor or try adding it to an unflavored protein drink.
- Sugar-free Kool-Aid or Crystal Light powder can be used to flavor protein drinks.
- Sugar-free syrups can be added to flavor protein drinks.
- If a drink tastes too thick or too sweet, try adding more almond, soy, skim or 1% milk or water. (Mixing with skim or 1% milk provides additional protein and calcium).
- Try freezing your protein drink after preparing. This can be consumed with a spoon as a frozen treat. Can also be made into “popsicles”.
- Try adding ice to the prepared protein drink and blenderize to make slushy.
- Try mixing your protein powder with plain or no sugar added fat-free or low-fat yogurt.
- Try mixing fruit flavored protein powders into sugar-free Gelatin
- Recipe: Use a blender and blenderize 1-2 cups greens/veggies and ¼- ½ cup fruit (added fiber) with your protein drink (or powder) of choice. Add as much liquid (water, almond milk soy milk etc.) to create your desired consistency. Be careful not to add too much added sugars (honey, syrups) and fats (nuts, nut butter, coconut oil)

Our goals can only be reached through a vehicle of a plan, in which we must fervently believe, and upon which we must vigorously act. There is no other route to success.” —Pablo Picasso

Fluids Preparation

- Do not drink liquids with meals. (30/30/30 rule)
- Drinking liquids with meals or too close to mealtime may cause bloating, nausea, or vomiting. Imagine if you put a scoop of pudding in a funnel and then poured water on top. The water would sit on top of the pudding until the pudding finally goes through the funnel. If this were your stomach pouch, the water would fill it, and back up causing pain, discomfort, and possibly vomiting.
- Fluid intake is very important for prevention of dehydration and constipation; adequate water is essential to help rid the body of waste, maintain proper muscle tone and prevent sagging skin.
- Sip on water all day between meals. A water bottle with a sport top is a good way to get small sips of water and to avoid gulping. Sucking on ice chips will also help with fluid intake.
- Your initial fluid goal after surgery is a minimum of 1 ounce (30 ml medicine cup) of caffeine-free, non-carbonated, sugar-free fluid every 15 minutes while awake. You should be able to reach your goal amount of 64 fluid ounces within a few days after surgery.
- After surgery try varying the temperature of liquids for variety and tolerance.
- Beverages should be non-caloric such as water, Crystal Light, sugar-free Kool-Aid, decaf coffee, unsweetened or artificially sweetened, decaffeinated or herbal tea, or broth.
- Avoid all sugar-sweetened and carbonated beverages.
- Fruit juice should be made from 100% fruit juice with no sugar added. Limit to no more than 4 ounces per day and dilute with 4 ounces of water.
- After surgery you will be able to resume caffeine consumption in small amounts. Try to limit caffeine including regular coffee or tea to no more than 8-16 ounces per day.
- Avoid carbonated beverages and sodas. Flat diet soda is acceptable.
- Avoid alcoholic beverages for at least 4 weeks after surgery. These beverages do not have any nutritional value and can cause weight gain, gastritis and/or liver damage.

***ASMBS recommends a minimum GOAL of 64 ounces of fluid daily to ensure adequate hydration

Vitamin and Mineral Supplements

Malnutrition is a possible complication of bariatric surgery.

- You are eating very small amounts of food because your stomach pouch is small.
- Your body is not absorbing as many nutrients as it was before surgery.

It is important to take your supplements to prevent malnutrition.
You will learn:

1. How to choose your supplements
2. When to take your supplements

For the rest of your life you will need to take at least two supplements daily.

1. Multivitamin-mineral
2. Calcium with Vitamin D

Some may require an additional:

3. Iron (liquid, tablet, chewable, IV)
4. Vitamin B12 (chewable, sublingual, injectable)

Other supplements may be recommended by your Doctor, Nurse Practitioner or Registered Dietitian.

Not having enough vitamins and minerals could have serious effects on your:

| | | | |
|--------|----------------------|----------------|------------|
| Mood | Coordination | Bone strength | Eyesight |
| Memory | Skin, Hair and nails | Sense of taste | Metabolism |

Vitamins and Minerals Guidelines

Multivitamin (MVI) with Minerals

- Take 2 chewable or liquid MVI daily
 - Take separately
 - NO GUMMY VITAMINS or PATCHES
 - MVI must contain 100% RDA as listed in the ASMBS guidelines (in 1-2 doses)
 - Taking the MVI with food may help with tolerance

| Suggested timing of supplements | |
|---------------------------------|--------------------|
| Breakfast | 1 multivitamin |
| Two hours after breakfast | 500-600 mg Calcium |
| Lunch | 500-600 mg Calcium |
| Two hours after lunch | 500-600 mg Calcium |
| Dinner | 1 multivitamin |

Calcium

- Take 2-3 chewable or liquid calcium supplements daily (Total 1,200-1,500mg/day)
- If you consume dairy products you may only require 1-2 calcium supplement doses daily.
- Calcium Citrate is best absorbed in bariatric surgery patients. Try to Avoid calcium carbonate (Tums®, Viactiv®, OsCal®), oyster shell, bone meal, etc., although these may be used as last resort for a short period of time.
- Must contain Vitamin D (at least 400 IU) and some Magnesium.
- **If your MVI contains Iron, take the MVI separately from your Calcium supplement by two hours to maximize absorption of these nutrients.**

Vitamin B12

- Some patients may require additional Vitamin B12
- Please refer to your Physician’s instructions.

Iron

- For menstruating young women and/or patients with iron deficiency anemia, additional iron may be needed in MVI or separately.
- Cooking in cast iron pans increases the iron content of food and can contribute to your iron intake. It may be acceptable for men and non-menstruating women to take an MVI without iron.
- Please be aware of the constipating effects of iron. You may need to take a stool softener if constipation becomes an issue.

Websites and resources for bariatric vitamins and minerals:

| | | |
|--|--|--|
| www.bariatricchoice.com | www.bariatricadvantage.com | www.wellesse.com |
| www.celebratevitamins.com | www.opurity.com | |

2016 ASMBS Guidelines for Vitamin and Mineral Supplementation

| Multivitamin (MVI) | | |
|---|--|--|
| | Sleeve Gastrectomy | Gastric Bypass |
| Thiamin | At least 12 mg/day | At least 12 mg/day |
| Folic Acid **Folic Acid (female, child bearing age) | 400-800 mcg/day from MVI 800-1,000 mcg/day total | 400-800 mcg/day from MVI 800-1,000 mcg/day total |
| Vitamin B12 | Oral: 350-500 mcg/day | Oral: 350-500 mcg/day |
| Vitamin D | 3,000 IU/day | 3,000 IU/day |
| Vitamin A | 5,000-10,000 IU/day | 5,000-10,000 IU/day |
| Vitamin E | 15 IU/day | 15 IU/day |
| Vitamin K | 90-120 mcg/day | 90-120 mcg/day |
| Copper | 1 mg/day (from MVI) | 2 mg/day (from MVI) |
| Zinc | 8-11 mg/day (from MVI) | 8-22 mg/day (from MVI) |
| Zinc to Copper Ratio: 8-15 mg Zinc for every 1 mg of Copper | | |
| Iron (from all supplements) | | |
| | Sleeve Gastrectomy | Gastric Bypass |
| Iron (Ferrous Glutamate, Ferrous Fumerate) Higher Anemia risk patients (menstruating females who have had SG, RNY or BPD/DS) | At least 45-60 mg/day *Do not take with Calcium 18 mg/day (from MVI) | At least 45-60 mg/day *Do not take with Calcium 18 mg/day (from MVI) |
| Low Risk patients (males and patients that do not menstruate) | | |
| Calcium (from food and supplements) | | |
| | Sleeve Gastrectomy | Gastric Bypass |
| Calcium Citrate *Preferred Form (with or without meals) or Calcium Carbonate (take with meals) | 1,200-1,500 mg/day ***Take in divided doses | 1,200-1,500 mg/day ***Take in divided doses |

Liver Shrinking Diet

| Pre-Surgery Diet | |
|--|---|
| Diet Name: Pre-Surgery Diet | Sleeve Gastrectomy/Gastric Bypass/ Duodenal Switch |
| Start Date: | 16 days before surgery |
| End Diet: | Prior to beginning 2-day pre-op liquid diet |
| Protein Shakes: | As meal replacements, if desired |
| Bariatric Multivitamin (chewable or liquid): | 2 doses daily |
| Calcium Citrate: | 1200-1500mg/day |
| Daily Fluids: | 64 oz |

The liver shrinking diet helps reduce the glycogen stored in the liver, reducing the liver’s size. This will make laparoscopic surgery safer for you. In this diet, foods are divided into 4 groups: A, B, C, and Free Foods. The chart on the following page indicates how much of the foods from these groups you may eat each day.

- Eat 3 meals per day. You are also permitted 1-2 snacks per day.
- Protein shakes may be used for meal replacements and fiber supplements may be used to promote bowel regularity. If you are feeling constipated or if your bowel movements become less regular, you may begin a bowel regiment such as a stool softener. Avoid using laxatives as they may cause excessive fluid and nutrient loss.
- You may eat free foods if you feel hungry. Most people find they are less hungry on this diet as time goes on.

Sample Meal Plan:

| | |
|------------|--|
| Breakfast: | 1 protein shake |
| Fluid: | 16 oz or more |
| Lunch: | 1 protein shake |
| Fluid: | 16 oz or more |
| Snack: | 1 cup spinach salad with 1 tsp oil & vinegar |
| Fluid: | 16 oz or more |
| Dinner: | 3 oz skinless chicken breast, 1 cup cauliflower, 1 small apple or 1/3 cup brown rice |
| Fluid: | 16 oz or more |
| Snack: | 6 oz fat free, sugar free yogurt, ¼ cup high fiber cereal |

Detailed Liver Shrinking Diet (Starts 16 days prior to surgery)

| | Breakfast (eat within 1 hour of rising) | Lunch | Dinner | Snacks (1-2 per day) |
|---|---|-------------------------------|--------------|----------------------|
| Group A: Meats, Protein Foods, Nonfat Dairy | 2 servings or a protein shake | 2 servings or a protein shake | 3 servings | 0-2 servings |
| Group B: Nonstarchy Vegetables | 0 servings | 0 servings | 1-3 servings | 1-2 servings |
| Group C: Grains, Starchy Vegetables, Fruits | 0 servings | 0 servings | 1-2 servings | 0-1 servings |

Group A: Meats, Protein Foods, and Nonfat Dairy
Very Lean Meats and Protein Foods (35 calories and ~7gm protein per oz) A food scale should be used to accurately measure your protein servings.

| | | | |
|--|-----------------|--|--------------|
| Chicken or turkey breast (skinless) | 1 oz serving | Water packed tuna | 1 oz serving |
| Cod, tilapia, trout, haddock, snapper | 1 oz serving | Crab, scallops, shrimp, oysters, clams | 1 oz serving |
| Egg whites or egg substitute | 1/4 cup serving | Soy milk (no added sugar) | 6 oz |
| Vegetarian meat substitute with less than 3g fat per serving | 1 oz serving | Vegan Burger | 1/2 patty |

Lean Meats and Protein foods (55 calories and ~7 gm protein per oz)

| | | | |
|-------------------------|--------------|-----------------------------|--------------|
| Pork or beef tenderloin | 1 oz serving | Dark meat chicken or turkey | 1 oz serving |
| Salmon | 1 oz serving | Lean ham or Canadian bacon | 1 oz serving |
| Sirloin, flank steak | 1 oz serving | Veal | 1 oz serving |

Nonfat Dairy & Dairy Alternatives (limit to 3 servings per day)

| | | | |
|-------------------------|-----------------|-----------------------------|-----------------|
| Fat free milk | 1 cup serving | Fat free, sugar free yogurt | 6 oz serving |
| Fat free cheese | 1 oz serving | Fat free cottage cheese | 1/4 cup serving |
| Fat free ricotta cheese | 1/4 cup serving | Soy milk (no added sugar) | 1 cup serving |
| Tofu | 1/2 cup serving | | |

Group B: Nonstarchy Vegetables
Serving= 1/2 cup cooked or 1 cup raw

| | | | |
|------------------|--------------|-------------|-----------|
| Alfalfa sprouts | Greens | Spinach | Tomatoes |
| Brussels sprouts | Onions | Kale | Beets |
| Green beans | Bean Sprouts | Cauliflower | Leeks |
| Okra | Carrots | Cucumbers | Mushrooms |
| Asparagus | Jicama | Zucchini | Broccoli |
| Cabbage | Bell pepper | Eggplant | |

Group C: Grains, Starchy Vegetables, and Fruits

| | | | |
|---------------------|-------------------|---------------|-----------------|
| Brown rice | 1/3 cup serving | Oatmeal | 1/2 cup serving |
| Whole grain pasta | 1/2 cup serving | Potatoes | 1/2 cup serving |
| High fiber cereal | 1/2 cup serving | Winter squash | 1/2 cup serving |
| Yams/sweet potatoes | 1/2 cup serving | Berries | 1 cup |
| Banana | 1/2 (medium size) | Melon | 1 cup serving |

Free foods

| | | |
|--------------------|----------------------|----------------------|
| Sugar free gelatin | Sugar free popsicles | Sugar free beverages |
| Salad greens | Broth | Dill Pickles |

Two Day Pre-Op Liquid Diet
Two days prior to surgery date

It is recommended by your surgeon and dietitian to follow a low sugar, liquid diet before surgery. You will need to be on a liquid diet for 2 days prior to surgery unless otherwise instructed. The purpose of this liquid diet is to leave no undigested residue in your intestinal tract. Here are examples of liquids you can have during this time. Please keep in mind that this is NOT a strict CLEAR LIQUID diet. The morning of your surgery we ask that you drink 12 ounces of a regular sports drink like Gatorade or Powerade beginning 4 hours before your surgery start time and finished 3 hours before your surgery start time (not sugar free, not carbonated).

The nutritional guidelines are:

- Protein Supplements.
(Guidelines on Page 19)
- Limit caloric liquids to 16 ounces or less each day as they contain larger amounts of sugar (diluted 1:1 ratio water: Juices/Gatorade/Powerade).
Try to choose beverages lower in sugar like G2 brand Gatorade.
- Limit regular gelatin, popsicles, or no sugar added fudgsicles to 3 or less per day.
- Dairy products: 3 or less each day. Examples include: 1 cup of milk (skim, 1%, Lactaid), 6oz Light Yogurt (Oikos Tripple zero, Publix No sugar added low fat, Dannon light and Fit Greek) or ½ cup low fat cottage cheese.
- Continue to take your Vitamins and Minerals
(Guidelines on Page 23).

These liquids can be taken in any amount since they do not contain sugar. (Always read the Nutrition Facts at the back of your beverage to assure it contains zero grams of sugar).

- Sugar-free beverages such as Crystal Light, Sugar-free Kool-Aid or Sugar-free Tang, diet Snapple, Propel, decaffeinated coffee or tea with sugar substitute and water.
- Broth soups (all varieties) - (low salt/sodium preferred)
- Sugar-free popsicles and sugar-free gelatin

Attention: For those with diabetes, we recommend discussing your target blood glucose numbers before and after surgery with your primary care physician. It is imperative that you also know the treatment expectations for the highs and lows.

We suggest that you consume 15 grams of carbohydrate every 1-2 hours while on the liquid diet. Be sure to monitor your blood sugar frequently. If your blood sugar is >150 mg/dL, spread out these sugar sweetened liquids over a 3-hour period. If your physician says otherwise, please follow their guidelines.

(15 grams of carbohydrates = 4oz juice or 8oz Gatorade or 8oz skim/1% milk, 6 oz light yogurt or 4oz regular gelatin).

Weeks Prior to Your Surgery

- ☐ **Stay Active**
 - Continue your exercise program or if you haven't been exercising, make time to walk every day for as much as you are able. Keep a record of your progress.
- ☐ **Get Plenty of Sleep**
 - Come to surgery mentally sharp and well rested.
- ☐ **Post Op Follow Up Appointment**
Date and Time: _____
 - You will receive this info at your preoperative appointment with your surgeon.
- ☐ **Review pages 46-58 to anticipate any needs post surgery.**
- ☐ **Follow Your Diet**
 - If your team has recommended a special diet for preoperative weight loss, follow the plan. This will help you lose weight quickly before the operation and allow for a safer surgery for your surgeon to perform. If you have diabetes, keep a close eye on your blood sugars. You will need to work with your team (PCP, Endocrinologist, Nurse Practitioner etc.) to manage your diabetes medications as you lose weight and decrease your calorie intake before surgery.

Night Before Surgery

- ☐ **Drink Clear Liquids**
 - Water
 - Decaffeinated tea or coffee (no cream)
 - Broth
 - No Alcohol
- ☐ **Do Not Drink (Or Eat) Anything After Midnight except for the sports drink on morning of surgery.**
 - The morning of your surgery we ask that you drink 12 ounces of a regular sports drink like Gatorade or Powerade beginning 4 hours before your surgery start time and finished 3 hours before your surgery start time (not sugar free, not carbonated).
- ☐ **Do Not Shave**
 - Do not shave the area where you will be having surgery

Morning of Surgery

☐ **Sports Drink**

- The morning of your surgery we ask that you drink 12 ounces of a regular sports drink like Gatorade or Powerade beginning 4 hours before your surgery start time and finished 3 hours before your surgery start time (not sugar free, not carbonated).

☐ **Medications**

- Take your medications as instructed

☐ **Bring any breathing supplies**

- Incentive spirometer
- CPAP or BiPAP machine and mask and tubing

☐ **Clean your skin**

- Clean your skin using the method instructed

☐ **Remove accessories**

☐ **Check in at the hospital**

- Details will be provided by office staff prior to surgery

☐ **Use restroom**

- Use the restroom and empty your bladder before going into the operating room

While You Are in the Hospital

- Communicate with your care team
 - Examples: Pain Management and any Nausea after Surgery
- You may expect nose tubes, catheters and drains
- Expect to be walking soon after surgery. The sooner you walk the better you'll feel.
- Wear your compression stockings and devices to help with circulation (while you are in bed)
- Drink your fluids
- Exercise your lungs
 - Use your breathing machine (incentive spirometer, ten deep breaths per hour followed by a good strong cough) after surgery. Exercising your lungs will re-inflate the tiny airways that collapse during anesthesia. Ten deep breaths in a row every hour while awake will help your lungs recover from surgery and can prevent pneumonia.

Night of Surgery (Post-Op)

- Bariatric Clear Liquid Diet
 - Limit one ounce (one medicine cup) every 30 minutes post op then increase as tolerated. Going slowly and SIPPING to prevent any nausea.
- Get Out of Bed
 - Get out of bed WITH HELP within a few hours of arriving to the post-operative nursing unit
 - Walking within hours after your surgery has many benefits, such as helping to prevent blood clots in your legs. Everyone is required to get out of bed and walk within hours after surgery. It is necessary to do this while you are in the hospital and to continue once home.

The more you walk after surgery, the sooner you will feel ready to go home!!!

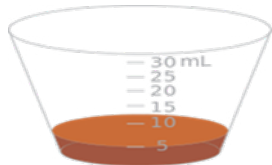
Hospital Homework

Walking
(record time and frequency)

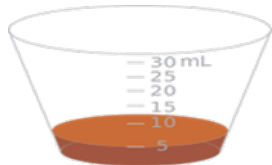
Fluid Intake
(record types and amounts)

Incentive Spirometer
(For two weeks after surgery)
Follow deep breaths with strong cough.

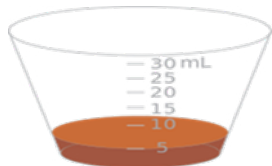
Day of surgery



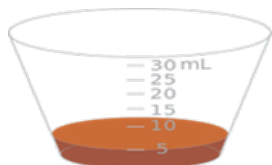
Post op Day One



Post op Day Two



Post op Day Three



Experiences: Any Intolerances? Any discomfort?

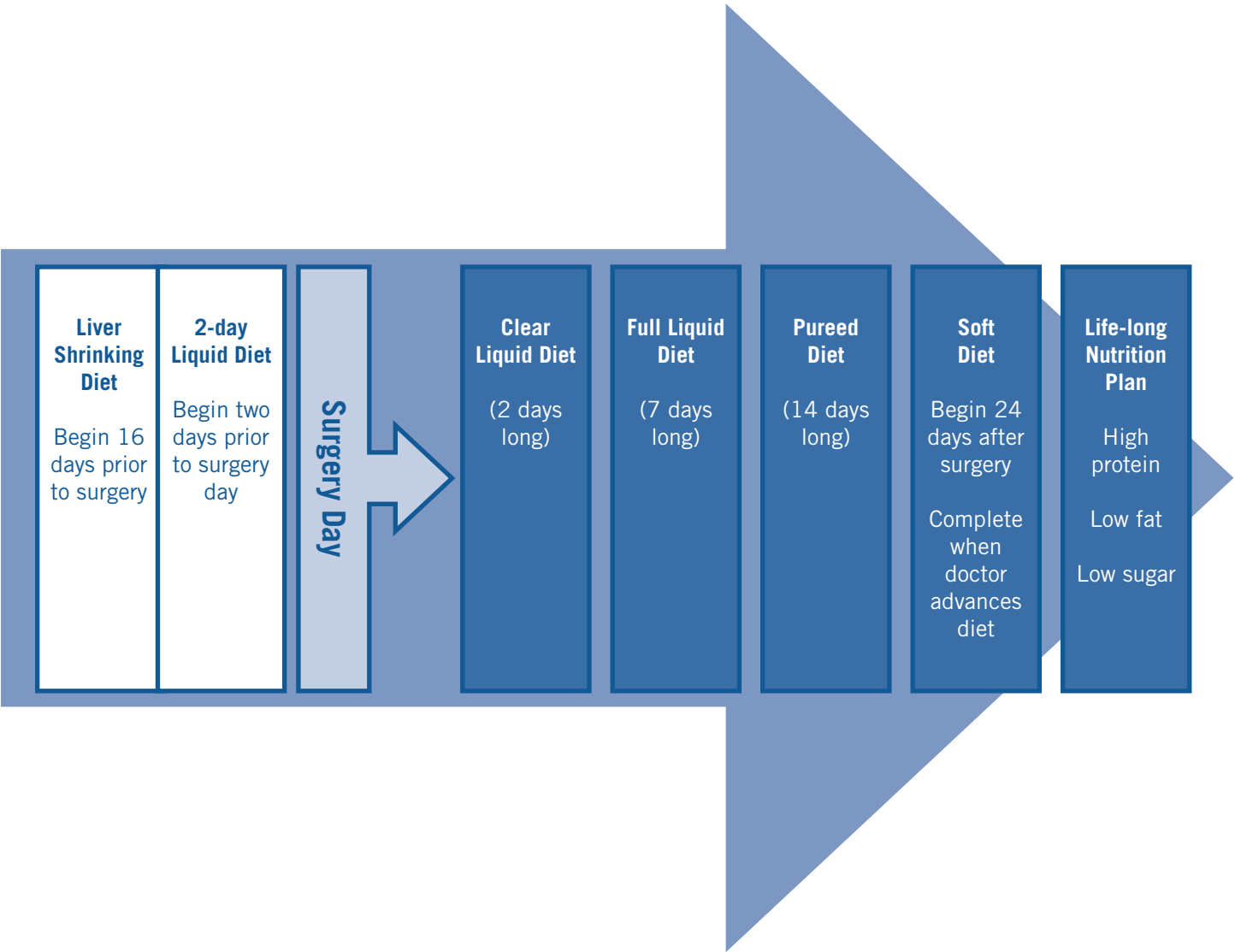
Before Leaving the Hospital

- ☐ **Increase Liquids**
 - Begin to increase the sips of liquids you are drinking.
 - You'll want to SIP at least one (1oz) medicine cup every 15 minutes.
- ☐ **Make a Medication Plan with Medical Team**
 - Talk with your surgeon and care team about the medications you regularly take and decide on a plan for all your medications
 - Make sure you understand all your medications before you leave the hospital. Ask questions!!! Pay special attention to diuretics (water pills) and diabetes medications that often need to be stopped or decreased after bariatric surgery.
- ☐ **Get Contact Information**
 - Get your programs contact information and the phone numbers to call if you have questions or concerns.
- ☐ **Receive Diet Plan from Care Team**
 - Talk to your care team about your diet after surgery. You will receive a plan to follow. Obtain contact information of person(s) to call/email if you have questions or concerns.
- ☐ **Nutrition class info:**
 - Obtain information and plan to attend a nutrition class
 - Date, time and place: _____
- ☐ **Support Group info:**
 - Obtain information for the next support group meeting
 - Date, time and place: _____

After You Leave the Hospital

- ☐ **Medications**
- Your medications will be discussed with you by your care team at the hospital and/or prior to your surgery at the surgeons’ office.
 - Diabetes medications may need to be reduced or discontinued after surgery.
 - Check your blood glucose levels and communicate regularly with the doctor that manages your diabetes to avoid high or low blood glucose levels.
 - Blood thinners should be restarted according to your doctor’s instructions. This may be a different dosage than previously prescribed. Close follow up with a Coumadin clinic may need to be arranged before you leave the hospital as it can be difficult to manage for the first few weeks after surgery.
- ☐ **Bariatric Vitamins and Minerals**
- Take two bariatric chewable or liquid Multivitamins with iron daily separate from each other and 2 hours separate from Calcium supplements.
 - Take 2-3 chewable or liquid Calcium Citrate daily (Total 1,200-1,500mg daily)
 - Avoid taking on an empty stomach to prevent poor tolerance. It may help to take these supplements with a protein drink.
- ☐ **Pain and nausea medication at home (This will be discussed with your surgeon)**
- Incisional pain is normal for several days after going home from the hospital. You should notice gradual improvements every day that can be managed with the least amount of pain medications.
 - Narcotics can cause side effects that delay your healing progress such as constipation, fatigue and nausea.
 - Nausea medication can be taken as needed and as prescribed after discharge to promote intake from fluids and protein.
- ☐ **Activity**
- Continue walking regularly and increase the duration and intensity of your activity as tolerated. It is normal to feel tired for several weeks after surgery so pay attention to your body.
 - Your surgeon will let you know when it’s safe to do heavy lifting or more vigorous exercise.
- ☐ **Advancing Your Diet**
- Follow your programs plan and refer to this booklet for more details.
- ☐ **Breathing exercises**
- Use an incentive spirometer as instructed to improve lung strength and prevent complications.

Diet Progression Roadmap



Because everyone’s journey is individual, it may take some people longer to progress onto the next diet phase. It is okay to go slow through the diet transitions, but IT IS NOT ADVISED to progress sooner than the suggested timeline above. The surgery can be compromised and there can be serious consequences to healing.

Bariatric Clear Liquid Diet

(2 days long) Days 1 through 2

Day of surgery: You may have clear liquids the day of surgery beginning with one ounce every 15 minutes for the first 24 hours then gradually increasing.

It is EXTREMELY IMPORTANT to sip to prevent any feelings of nausea.
***A “sip” can be best described as just enough fluid to wet your tongue.

The clear liquid diet means fluids or foods that are liquid at body temperature and can almost be seen through (non-dairy).

Examples of Clear Liquid Diet (No Added Sugar/Sugar Free/Non-Carbonated):

| Food Group | Include | Avoid |
|-----------------------|---|--|
| Soup | Low-sodium bouillon or broth | All other soups |
| Unsweetened Beverages | Water, ice chips, regular caffeinated or decaffeinated beverages (coffee, tea, or herbal teas), Gatorade (G2), Crystal Light, sugar-free Kool-Aid and water enhancers | All others, including carbonated beverages |
| Miscellaneous | Sugar-free gelatin, sugar-free popsicles, small amount of non-dairy creamer and/or sugar substitute is okay (no regular sugar) | Sugar/honey/syrup Carbonated beverages Regular gelatin |

Bariatric Full Liquid Diet

(7 days long) Days 3 through 9

The next stage is the full liquid diet which consists of sugar-free, low-fat milk products and the clear liquids listed on the previous page. **You will need to resume the liquid protein supplement** (drinks or powder) after surgery.

Examples of Full Liquid Diet (low sugar / low fat):

Begin Vitamin and Mineral Supplements after discharged from the hospital.

- MVI w/ minerals (chewable or liquid) twice daily
- Calcium Citrate preferred (chewable or liquid) 2-3 doses (1200-1500 mg total/day). Do not take doses at the same time to improve absorption.

***Take MVI w/ Iron separate from Calcium Citrate by 2 hours for maximum absorption.

| Food Group | Include | Avoid |
|---------------|---|--|
| Milk/dairy | Nonfat or 1%/soy/almond/Lactaid milk, plain or sugar-free Greek yogurt, low-fat yogurt (without fruit, skins and/or seeds) Consider vanilla, lemon, coffee or plain flavored. Sugar-free pudding or custard made with nonfat or low-fat milk, Cottage Cheese, 2-4% low fat small curd | Milkshakes Eggnogs Yogurt with fruit pieces |
| Soup | Low-sodium broth; strained, blended-vegetable or low-fat cream soups | Soups containing gaseous/high fiber vegetables or whole pieces of food |
| Juices | 50% diluted juice/50% water: diet cran-apple/ crangrape juice, white grape juice, apple juice, grape juice (pulp-free), light/low sugar preferred | All others, including carbonated beverages |
| Miscellaneous | Spices as tolerated, calorie-free beverages, sugar-free gelatin, sugar-free popsicles; sugar-free cocoa (made with non-fat milk) Protein Liquid Supplements; (See section on protein liquid supplements), sugar-free instant breakfast; No Sugar Added Carnation Instant Breakfast | Sugar/honey/syrup Carbonated beverages Regular gelatin Ice cream/sherbet Regular pudding |

Bariatric Pureed Diet

(14 days long) Days 10 through 23

You may now begin a pureed diet. This includes all items listed for clear and full liquids, and the items listed for the pureed (blenderized) diet.

Examples for the Pureed Diet (Sugar-Free/No Sugar Added, Low Fat):

| Food Group | Include | Avoid |
|---|---|--|
| Milk/dairy (High protein) | Nonfat or 1%/soy/almond/lactaid milk, plain or sugar-free low fat or fat free Greek yogurt, or regular yogurt (with NO fruit, skins or seeds, consider vanilla, lemon, coffee or plain flavored) sugar-free pudding or custard made with nonfat or low-fat milk, cottage cheese, 2-4% low fat small curd | Milkshakes Eggnogs |
| Meat, Poultry, Fish, Eggs (High protein) | Loose scrambled eggs or egg substitute or low fat cheese omelet; melted low-fat cheese, low-fat or non-fat cream cheese, low fat ricotta cheese, very smooth/mashed soft cheese such as part skim mozzarella, low fat string cheese, low fat or non-fat smooth or small curd cottage cheese Baby food meat or pureed meat or poultry moistened with broth or low-fat gravy, blenderized shrimp, scallops or fish, Pureed tuna or salmon (canned in water) or pureed egg salad with low-fat or non-fat mayonnaise | Raw eggs, nuts, all other foods not listed under “include” |
| Vegetables | pureed cooked vegetables (no corn or peas) or baby food vegetables, mashed winter squash, tomato juice or sauce, pureed salsa, marinara | Whole vegetables (cooked or raw) |
| Fruit | Baby food fruits (bananas, pears, applesauce, peaches, mango, etc.), Unsweetened applesauce (smooth), Water-packed or packed in own juice canned fruit- blenderized, Unsweetened fruit juice (diluted, no sugar added) | Whole fruit (fresh or canned) |
| Fat and Oils | Light margarine, low-fat mayonnaise, cooking spray or spray butter, canola oil | Bacon, cream, butter and highfat gravy |
| Soup | Strained, low-fat cream soup made with skim milk; fat-free broth, blenderized lentil or split pea soup or chili | Soup with whole pieces of food or chunks |
| Miscellaneous | Unsweetened instant oatmeal (strained), baby oatmeal, cream of wheat or rice cereal, grits, mashed potatoes or mashed sweet potatoes, smooth polenta, hummus, refried beans | |

Bariatric Pureed Diet Guidelines

Everything that you eat on the pureed diet should be sugar-free or no sugar added, low-fat and blended to the consistency of baby food or smooth applesauce.

- You will need a blender or food processor, or you can purchase baby food.
- Make sure foods are well blended as chunks of food can obstruct the stomach opening.
- Remember: IF YOU CAN CHEW IT, DON'T DO IT.
- Eat PROTEIN foods first (P.V.C. Protein>Vegetables>Carbohydrate).
- Start slowly. If you do not tolerate pureed foods, go back to the liquid diet and try again in a few days.
- Start with 2-4 tablespoons of puree food per meal. Listen to your body and stop eating as soon as you experience a feeling of food stopping at the top of your stomach.
- Once you are 4-6 weeks out from surgery, you should be eating between 6-8 level Tablespoons (3-4 ounces) of pureed food per meal.
- Continue liquid protein supplements (90 gm protein per day or more from supplements and meals).
- Remember to drink liquids between meals, not with meals. Once you begin to eat pureed foods (which are considered solids) you will want to start differentiating between liquids and solids- meals should be pureed foods, and liquids (including protein drinks) should be taken separately from your meals.
- You can try adding plain/unflavored protein powders to oatmeal, cream of wheat, cream soups, yogurt, mashed potatoes, pureed vegetables or fruit. Start with a small amount to trial.
- Continue Vitamins and Minerals daily: YOU NEED THESE FOR LIFE
 - o MVI w/ minerals (chewable or liquid) twice daily
 - o Calcium Citrate preferred (chewable or liquid) 2-3 doses (1200-1500 mg total/day). Do not take doses at the same time to improve absorption.
 - o Take MVI w/ iron separate from Calcium Citrate by 2 hours for maximum absorption.
- No acidic or citrus juices/foods/beverages for the first 4 weeks after surgery.

Helpful Hints for Blenderizing Your Own Food:

- Cut foods into small pieces (size of fingernail) before putting into the blender or food processor.
- Remove seeds, skins, and fat.
- Add liquid for ease of blending. Add enough liquid to cover the blades. Options include skim milk, broth, strained low-fat cream soup, low-fat gravy, low-fat or non-fat sour cream or fat-free half & half.
- Blend the item to a smooth, applesauce consistency.
- You may add low sodium seasonings that dissolve easily in food when mixed, such as, garlic powder and onion powder.
- Make sure there are no particles, seeds or lumps remaining. If so, put through a sieve or strainer.
- If you have leftover blenderized foods, try freezing in single portions in ice cube trays and put the frozen cubes into plastic freezer bags.
- (See Sample Pureed Meals listed in the Appendix)

Meats- Very lean and dry meats puree better by adding a small amount of fat (margarine, oil, light mayonnaise, low fat gravy, etc.). Fish also tends to be dry. Improve the texture by adding a small amount of lemon juice and/or light mayonnaise.

Vegetables- Cook vegetables until they become a soft texture. If using canned vegetables, drain them first. Add melted margarine and puree. Add a small amount of water or broth until it reaches the smooth applesauce consistency.

Fruit- If using canned fruit, use water-packed or packed in own juice and drain first. Add a few drops of lemon juice to help prevent fruit from discoloring.

Starches- Try canned sweet potatoes or yams and puree. Starches puree better when hot. Rice and pasta tend to puree into a gummy paste and are not recommended. Substitute these with cream of rice cereal prepared with a flavorful broth and seasoned with margarine.

Begin to take advantage of your favorite leftovers before surgery. Process these foods and freeze them in an ice cube tray. (Each cube is approximately ½ to 1 ounce.) When frozen, pop out into Zip-lock bag; label and date, and freeze cubes until needed.

Bariatric Soft Diet

(Begin on Day 24)

(Continue until Doctor or ARNP approves tough solid texture)

Guidelines

- Introduce soft foods first
- Go slowly and try one new food at a time. Take a small bite of the new food and chew it well. Wait a while and see how you feel before you eat more.
- Avoid high sugar and high fat foods to prevent dumping syndrome and to avoid a high calorie intake. This is especially important if you have had the Gastric Bypass surgery.

Continue Vitamins and Minerals daily: YOU NEED THESE FOR LIFE

- MVI w/ minerals (chewable or liquid) twice daily for the first six months and then once daily.
 - Calcium Citrate preferred (chewable or liquid) 2-3 doses (1200-1500 mg total/day). Do not take doses at the same time to improve absorption.
- ***Take MVI w/ iron separate from Calcium Citrate by 2 hours for maximum absorption.
- Continue to drink your protein shakes between your meals until you are able to consume 90 grams of protein with food.

Points to Remember:

- Solid foods will fill your stomach pouch more than liquids, so you will be eating smaller quantities of foods versus liquids.
- If you don't tolerate a food for the first time, wait a week and try again.
- You may find that you tolerate a certain food one day and not the next. It is normal for this to happen.

If you don't tolerate certain foods or notice nausea, vomiting or diarrhea during or after eating, ask yourself the following questions:

1. Did I chew to a paste consistency?
2. Did I eat too fast?
3. Did I eat too much volume?
4. Did I drink fluid with my meal or too close to my meal?
5. Did I eat something high in sugar or fat?
6. Was the food moist or was it too dry?

Possible Problem Foods When Advancing to Solid Food

Avoid these foods for 2 months after surgery

These foods are known to be difficult to digest after bariatric surgery. Be sure to avoid these foods for at least the first 4 weeks to 3 months after surgery. After this time interval, individuals will vary in their tolerance to these foods:

- Red meat such as steak, roast beef, and pork
Red meat is high in muscle fiber which is difficult to separate even with a great deal of chewing.
- Dry pieces of poultry or fish
Always make sure meats are very moist and tender.
- Un-toasted soft bread
Toasted bread is better tolerated than un-toasted bread.
- Pasta and rice
These foods tend to expand and become gummy after being consumed so we recommend avoiding or consuming in very small amounts.
- Crunchy peanut butter (caution: smooth peanut butter may be too thick)
- Salads, fresh fruits (except banana) and fresh uncooked vegetables
 - *Fibrous vegetables such as corn, asparagus, celery, broccoli spears; fibrous fruit such as pineapple*
- Seeds and skins of fruits and vegetables
 - Membrane of citrus fruits
- Dried fruits, nuts, popcorn, coconut

Foods to Avoid: Hard/crunchy foods may never be tolerated.

- Corn chips, potato chips, hard taco shells
- Nuts and seeds are difficult to break down.
- Fried foods and greasy foods are hard to digest and are very high in calories.

Steps for adding solid foods:

Try only 1 small bite of the new food and chew well. Wait a while and if tolerated, take another bite.

If at any time you feel too full, nauseated or vomit, stop eating immediately and rest. Take only clear liquids at the next meal and add blended foods (pureed) and liquids at the following meal. Try one solid food again the next day and if tolerated, you can resume solid food.

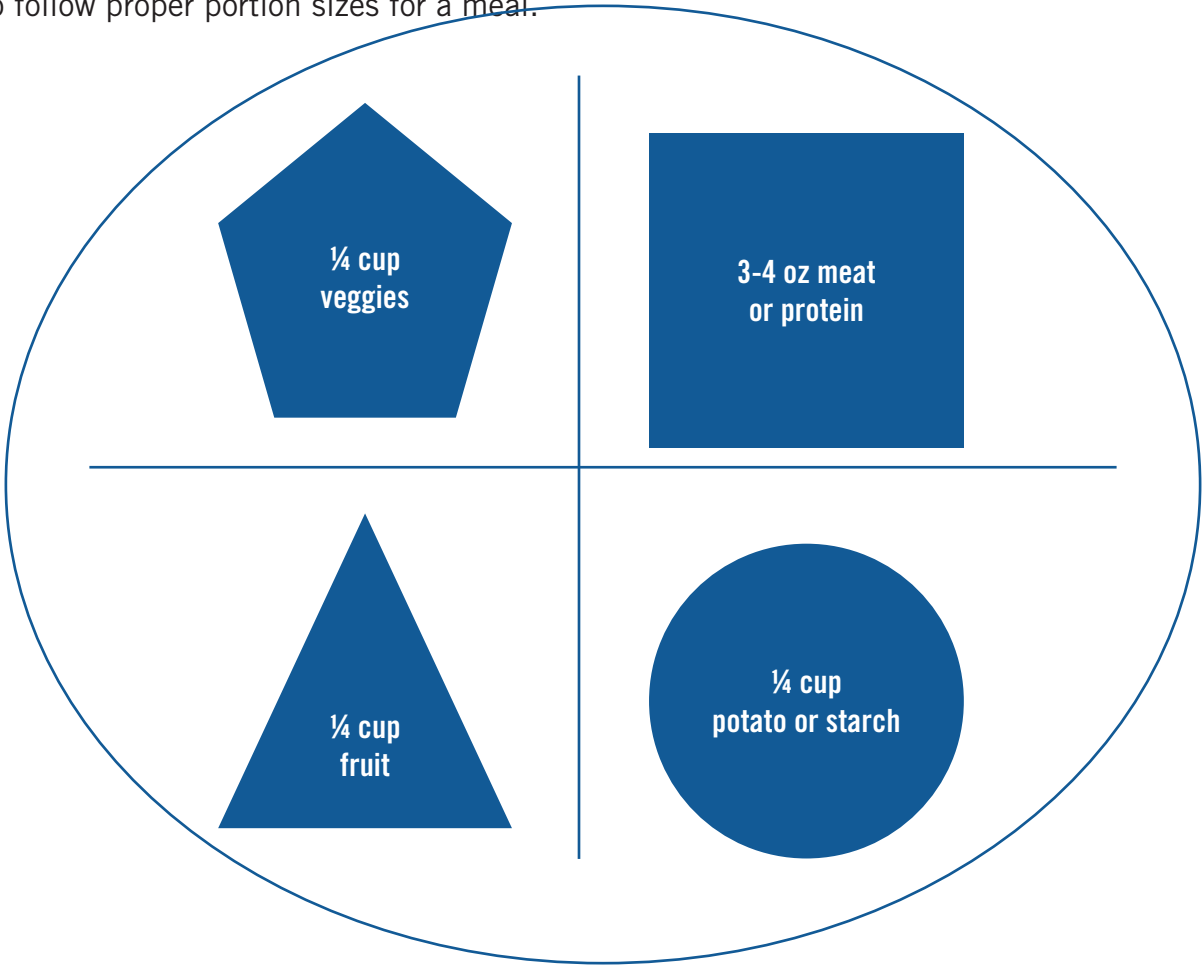
Lifelong Nutrition Plan Daily Goals

- Drink a minimum of 64 ounces of fluid daily.
- Sip fluids between meals. Do not drink 30 minutes before, during, and 30 minutes after a meal.
- Walk/exercise for 30 minutes daily or at least most days of the week.
- Eat 3 meals and use protein shakes to help meet protein needs; when your food intake alone provides 90 grams of protein daily, you can discontinue the protein liquid supplements.
- Supplements: YOU NEED THESE FOR LIFE
Multivitamin (with iron if indicated by age/gender and/or lab values) - 2 chewable or liquid daily (for the first 6 months after surgery, then 1 chewable or liquid multivitamin dose daily if solid meals are tolerated well). Multivitamin capsules may be used in place of chewable or liquid after advanced onto Lifelong Nutrition Plan to help improve tolerance.
Calcium Citrate – 1,200-1,500 mg/day (from food and supplements)
- Meals should be 3 to 5 hours apart.
- No carbonated beverages (carbonation can stretch your pouch and should be avoided).
- Avoid alcoholic beverages for 4 weeks post-op. Use with caution thereafter. After the surgery you are at increased risk for intoxication, alcohol poisoning and stomach ulcers. Alcohol also contributes to excess calories.
- Limit consumption of simple sugars and foods high in fat as they contribute to excess calories and can cause Dumping Syndrome.
- Practice portion control by weighing or measuring your food initially after your surgery and then periodically to help you stay on track.

It is important to note that adherence to dietary recommendations, life-long vitamin-mineral supplementation and follow up compliance is the key to long term weight loss results and good health.

Final Portion Expectations

***FINAL GOAL: Upon reaching your weight goal, you can have higher calorie foods, but you must continue to follow proper portion sizes for a meal.



For example:
3-4 oz meat
1/4 cup of vegetable
1/4 cup of potato/starch
1/4 cup of fruit

It’s possible that you will be experiencing taste bud changes and you may not want to eat fatty foods and / or excessive sweets. To maintain your weight loss, you must be aware and have control of your calorie intake and volume daily.

What are some foods that you used to like and eat but no longer tolerate after surgery?

Sugars

High Calorie: Foods high in sugar should be avoided due to the high caloric content. Consuming high calorie foods can slow weight loss and even cause weight gain.

Soft Calories: Be careful and avoid *soft calories*. Soft calories are foods or liquids that are high in calories and easily tolerated (soft or liquid). This includes items such as chocolate, ice cream and high calorie liquids such as milkshakes, regular soda or soft drinks, sweetened drinks, and alcoholic beverages.

Added Sugars: Avoid sugar on labels and in baking (this also means honey, syrup, molasses and other caloric sweeteners), and foods high in sugar or with sugar added, such as candy and sweets; baked goods such as cookies, brownies, doughnuts, cake, pastries, pie, cobbler; frozen desserts such as ice cream, sherbet, sorbet, frozen yogurt, milkshakes; sweetened cereals; fruit canned in syrup; regular jams, jellies and preserves.

Sugar free foods: Sugar-free foods are usually sweetened with sugar substitutes or sugar alcohols. Both chemicals do not influence blood sugar and provide very few calories. Sugar alcohols (names ending in -ol and Palatinit and isomalt) are safe but consuming too much could cause stomach cramps and diarrhea.

Fats

High Calorie: High fat foods should be avoided because they are usually very high in calories.

- Avoid fried foods. Remove all visible fat and skin from meats and poultry.
- Avoid fast foods. If you need to choose fast food, review the nutrition information wisely to make smart choices.
- Choose low fat or fat free products.
- Avoid high fat dairy products such as whole milk, full fat cream, cheese or sauce.
- Avoid high fat meats such as bacon, sausage and hot dogs.
- Avoid “snack foods” such as potato chips and cheese curls.

Added Fats: Limit added fats such as butter, margarine, lard, regular mayonnaise or spreads, and regular salad dressing. Try the fat free or low-fat alternatives.

Healthy Fats: You will benefit from eating “healthy fats” daily (for example, vegetable oils such as olive, canola or soybean; nuts or nut butter, or avocado) which are all monounsaturated fats.

- Avoid adding excessive amounts (1 tablespoon oil or nut butter = ~100 calories). This can add up

quickly!

Possible Complications

Nausea/Vomiting

This is often caused by drinking too fast, eating too much, taking too big of a bite, eating too fast, not chewing well enough or drinking liquids with solid foods. It can also be caused by lying down during or after meals or eating foods that may not agree with you. SIT UPRIGHT DURING MEALS and 2 HOURS AFTER A MEAL. Be sure to eat in a slow, mindful manner.

Call your bariatric surgeon if you are experiencing persistent nausea and/or vomiting.

Hair Loss

Hair loss can be a side effect of weight loss surgery. **Often it takes several months after surgery for hair loss to show;** and several more months for you to see the hair start growing back. Hair loss usually ceases one year after surgery.

Hair loss can occur from deficient amounts of protein, zinc and/or biotin and severe decrease in overall nutrition intake. **You must take a minimum of 90 grams of protein per day.** Adequate protein intake may help reduce (but not prevent) hair loss.

If protein intake is meeting the minimum recommended guidelines and hair loss continues to be bothersome, you can try a **zinc** supplement (no more than 50 mg per day) and **biotin** (1.0-2.5 mg per day). Biotin can be taken to help promote new hair growth. Ongoing hair loss can also be a sign of iron-deficiency anemia. Please let your surgeon know as soon as you notice an issue with hair loss.

Constipation

Constipation after surgery is common but can be prevented. It is usually due to insufficient fluid intake and a decreased intake of fiber-containing foods; also, iron in the multivitamin/mineral supplements can be constipating.

- Drink plenty of fluids- a minimum of 8 cups (64 ounces) per day.
- Exercise regularly. Activity and blood circulation improves intestinal motility.
- Try baby food prunes or unsweetened, diluted prune juice or oatmeal.
- You may take a stool softener and/or Benefiber supplement if necessary. Stool softeners are especially beneficial in the first few weeks following surgery. You may take up to four per day until constipation is relieved.

When you are allowed to resume regular foods, you can start eating high fiber foods such as high fiber cereals (3 or more grams of fiber per serving), fresh fruits, fresh vegetables and legumes.

- Add high-fiber foods **gradually**.
- Chew all fiber-containing foods very well.
- **Drink plenty of fluids when increasing fiber in the diet.**

***If constipation continues, call your doctor; you may take stool softeners and Milk of Magnesia if necessary. Call the office or your physician if this issue persists.**

Possible Complications

Dumping Syndrome

Dumping syndrome (also called rapid gastric emptying) occurs in gastric bypass patients when food, especially sugar, moves from your stomach into your small bowel too quickly. Most people with dumping syndrome develop signs and symptoms, such as abdominal cramps and diarrhea, 10 to 30 minutes after eating. Other people have symptoms one to three hours after eating, and still others have both early and late symptoms.

Signs and symptoms of dumping syndrome generally occur right after eating, especially after a meal rich in table sugar (sucrose) or fruit sugar (fructose). Occasionally dumping syndrome can be caused by consuming fatty foods.

Signs and symptoms might include:

- Feeling bloated or too full after eating
- Nausea
- Vomiting
- Abdominal cramps
- Diarrhea
- Flushing
- Dizziness, lightheadedness
- Rapid heart rate

There is also a delayed dumping syndrome or “late dumping syndrome” and it starts one to three hours after you eat a high-sugar meal. The signs and symptoms are delayed because after you eat a high sugar meal your body releases large amounts of insulin to absorb the sugars entering your small intestine. The result is low blood sugar.

Signs and symptoms of late dumping syndrome can include:

- Sweating
- Flushing
- Dizziness, lightheadedness
- Weakness
- Rapid heart rate

Some people have both early and late signs and symptoms. And dumping syndrome can develop years after surgery. It is extremely important to monitor your blood glucose levels closely if you are experiencing these symptoms. Generally, you can help prevent dumping syndrome by adhering to the guidelines and suggested diet transition after surgery.

There is technically no dumping syndrome associated with laparoscopic sleeve gastrectomy however there may be intolerances and certain food/beverages may not agree with you.

Gas

Gas may be a possibility after surgery. It is important to pay close attention to the types of ingredients in your food, beverages and protein drinks. Occasionally, sugar alcohols may be to blame for gas, stomach cramps, bloating and diarrhea. When eaten in large amounts, sugar alcohols can have a laxative effect, causing bloating, intestinal gas and diarrhea.



Food Intolerances after Bariatric Surgery

Some patients may experience food intolerances, especially following surgery and once able to progress to “normal” eating. Some foods may cause an uncomfortable feeling or even discomfort for a while.

What is considered “normal” food intolerances and are there other causes of food intolerances?

Common Food Intolerances

A few foods that are commonly not tolerated well after bariatric surgery may include, but are not limited to, pasta, breads, rice, beef, chicken, pork, eggs, stringy vegetables, fruit with membranes, foods with seeds, and cow’s milk (or other dairy foods with lactose).

Keep in mind:

- Every patient is different with what they can and cannot tolerate.
- Remember that each day may be different. One day you may be able to tolerate a food that you may not be able to tolerate a few days later.
- Another thing to keep in mind is that some patients experience taste changes after weight loss surgery. You simply may no longer have a desire for certain foods that you liked prior to your surgery.

Why Are Certain Foods Not Tolerated?

Temporary?

Some food intolerances are temporary and occur because your new “smaller stomach” is not ready to handle that food yet. It’s like feeding a new baby.

- You might want to start with introducing one new food at a time, individually, and see how it’s tolerated and then advance from there.
- By trying only one new food at a time, it helps to determine which food was not tolerated well.
- Remember to eat only a bite or two of the new food initially.
- It may be a good idea to try all new foods at home as well until you know better what you can or cannot tolerate.
- If you experience a food intolerance, many professionals recommend waiting a few weeks before trying it again.

Too fast?

Another reason a food may not be tolerated well would include advancing in the diet stage too quickly. Some patients may need longer than the average recommended time in a diet stage before advancing to the next stage. This is something you can discuss with your surgeon and/or dietitian.

Physiological?

From a more physiological standpoint, food intolerances (in general, not necessarily specific to weight loss surgery) may occur due to not having the proper enzymes or chemicals necessary to digest a particular food. This may cause symptoms ranging from gastrointestinal symptoms, such as diarrhea, bloating, and gas, to headaches, changes in mood, and certain skin conditions. Symptoms may be immediate or may take some time.



Tips to Reduce Food Intolerances

There are several tricks that may help with reducing your risk of experiencing a food intolerance.

Pasta and rice – Some patients do well with slightly undercooking or overcooking. However, most patients do not tolerate these foods until 9-12 months post-op. These are starches and expand quickly in your new pouch, often causing discomfort.

Fresh bread – Try toasting to make it more tolerable. However, most patients do not tolerate bread until about 6-12 months post-op. Again, bread is a starch and can expand rapidly.

Beef, chicken, pork – Make sure you’re using a cooking method that maintains moisture. Only cook to the safe temperature. Overcooking dries food out making it less tolerable. You can also try using a meat tenderizer or a marinade (watch sugar and fat content) to make meat more tolerable.

Shrimp – Many patients have said the smaller the shrimp, the better they tolerate them. It may be best to avoid these lovely prawns until you get further out from your surgery. Be careful and chew, chew, chew!

Eggs – This one is tricky. Some patients can tolerate hard-boiled eggs, while others cannot. Some patients can tolerate scrambled eggs, while others cannot. Try varying the method of how you cook your eggs to see if that makes a difference.

Stringy vegetables – Use a blender and a strainer to separate indigestible fiber. Some patients may need to wait until 6-12 months post-op to eat certain foods, such as celery, asparagus, pineapple, artichokes etc.

Fruit membranes – Remove the membranes of oranges, grapefruits, and other citrus fruits to increase tolerance.

Skins of fruits and vegetables – Remove the skin of fruits until better tolerated, such as apples, plums, peaches, pears, cucumbers, potatoes, etc.

Lettuce – Lettuce also seems to not be very well tolerated for some patients. Even though we know dark, leafy greens are more nutritious, some patients tolerate iceberg lettuce better initially and then can try the greener lettuce when a little further out from surgery. Other patients have shared that the fresher the lettuce is the better it’s tolerated.

Foods with seeds – Avoid eating the seed if possible or wait to eat this food until a little further out from your weight loss surgery (examples include strawberries, kiwi, blackberries etc.).

Dairy/Cow’s milk products – Try soymilk, lactose-free milk, rice milk, or almond milk (look for light or lower calorie options) instead of cow’s milk.

Portion size – Oftentimes it may not be the actual food itself that’s not tolerated, but the portion size of the food. Many times, the foods that seem to be “not tolerated,” are actually foods that fill us up faster, therefore requiring that you eat less of them. It’s difficult to ascertain exactly how much of each food you can tolerate in the beginning, as it takes time and practice to figure out what you as an individual can tolerate. For example, chicken is a common food that’s not well tolerated. Even if you can eat 6 bites of yogurt, you most likely cannot eat 6 bites of chicken. Chicken is a more solid protein and 1-2 bites may be all that you can tolerate early out of surgery. Even eating 1 bite extra is considered overeating, which can cause its own discomfort. Work to retrain your mind on recognizing the feeling of fullness, so you can avoid the uncomfortable “stuffed” feeling.

Pace of eating – It’s important to keep in mind the speed at which you’re eating. You may be able to tolerate a certain food much better if you eat it at a slower pace and ensure that you’re chewing properly.

Quick Meal Ideas on Lifelong Bariatric Meal Plan

Breakfast

- Top ½ cup low fat sugar free vanilla yogurt with ¼ c. high fiber cereal and 2-3 sliced strawberries
- ½ High fiber English muffin, slice of tomato, ¼ c. low fat cottage cheese and season with pepper
- (1) Scrambled egg with 1 slice lean deli meat, diced tomato and green onions (wrap in small wheat wrap or half of a whole)
- Fruity breakfast wrap- top a small wheat wrap with 2 tablespoons almond butter, ¼ c. apple sauce and sprinkle with cinnamon

Your breakfast idea

Protein: _____

Fruit/Vegetable: _____

Grain/Starch: _____

Lunch

- Summer Fresh Sandwich- ½ toasted high fiber English muffin top with ¼ c. hummus and 2 to 3 sliced cucumbers, season with salt and pepper
- Smoked Salmon sandwich- ½ toasted high fiber English muffin, with 1 wedge laughing cow cheese, ¼ c. chopped smoked salmon and 2 to 3 capers
- Add a side salad with ½ cup spring mix and 1 teaspoon low fat salad dressing or vinegar

Your lunch idea

Protein: _____

Fruit/Vegetable: _____

Grain/Starch: _____

Dinner

- Burger and fries – ½ vegetarian burger patty or homemade lean meat burger patty on a bed of spring mix with 3 to 4 oven baked fries or veggies on the side
- Chili – ½ c. chili, add 1 tablespoon plain Greek yogurt or low fat sour cream and a sprinkle of cheese, add a ½ c. side salad with 1 teaspoon low fat dressing
- Shrimp stir fry – Cook 3-4 shrimp in a small amount of oil and ½ c. vegetables (try peppers and mushrooms). Serve with ¼ c. couscous and add a few dashes of low sodium soy sauce.

Your dinner idea

Protein: _____

Fruit/Vegetable: _____

Grain/Starch: _____

Exercise and Physical Activity

Congratulations! You have taken the steps to begin your journey toward a new, healthier YOU. Increasing physical activity will help you succeed. Sometimes the last thing you want to think about is moving, but it is the FIRST thing you will need to start doing.

Until you are cleared by your surgeon walking is the best form of activity for you to do. The goal is 30 minutes a day. It does not have to be all at one time. If you are unable to tolerate 30 minutes of increased activity at one time immediately after surgery, start slow and build up to it. ***Use a pedometer or fitness tracker to count your steps and progress.

Be sure to get doctor APPROVAL before advancing to other forms of exercise. It is proven, those who exercise or increase activity levels after weight loss surgery are the most successful at losing weight and maintaining their weight loss.

There are many more benefits and advantages to having a regular activity plan. Here are just a few:

- Decreases your risks from surgery, like blood clots and pneumonia.
 - Increases metabolism causing faster healing and weight loss
 - Increases fat breakdown and energy levels
 - Reduces muscle breakdown after weight loss surgery
- Reduces feelings of hunger
 - Reduces constipation
 - Reduces stress and anxiety
 - Reduces the risk of heart disease and bone loss
 - Improves sleep patterns and moods
 - Makes you look and feel better

Don't make excuses!

A common excuse is “I don’t have time or I’m too tired after...” but the reality is, you can make time for anything if you commit to it! If you start a change, keep with it then it becomes a habit. Make an appointment with yourself, you can find a block of 5-10 minutes several times a day to squeeze in a walk or activity. Why not consider the benefits and use your increased energy to discover or rediscover some new interests (dancing, skating etc.)?

Set realistic goals!

Set small obtainable short-term goals building up to the main goal. For example: 60 minutes of daily exercise is the main goal. If you can only walk as far as the mailbox or end of the street at a time, the first goal to set is to do it three times a day for a week. Once you have finished that then increase it to five times a day then 10 times a day etc. It doesn’t have to start out a marathon. The primary purpose is to set the goal and stick to it.

Once you have a plan, try to follow these tips:

1. Have fun! Exercise doesn’t have to be a chore. Find something FUN that increases your activity.
2. If you feel pain, STOP! It is a myth “No pain- No gain”. Don’t make yourself so tired and sore that you can’t or won’t do it again.
3. Set up a “Non-food” reward system. Consider things like a massage, pedicure, a bubble bath or a good book.
4. Add variety to your routine so that you do not become bored.
5. Find a partner. Support group is a good place to start
6. Be POSITIVE! Keep regular positive self-talk and self-affirmations a constant in your mind.
7. Make sure you are avoiding injuring yourself. Get instructions from a professional. The more you know the better!

Appendix A: Resources

The following websites are highly recommended:

www.obesityaction.org

Obesity Action Coalition

Awareness, Public Education, Advocacy, Support

(800)717-3117

www.obesityhelp.com

Forums, Community, Resources, Products, Recipes, National Conference

www.bariatrictimes.com

The latest bariatric stories and information related to bariatric surgery and obesity.

www.asmb.org

American Society for Metabolic and Bariatric Surgery

Patient information tab

<https://www.riversidesurgicalweightloss.com/>

Facebook <https://www.facebook.com/RiversideSurgicalAndWeightLossCenter>

Instagram @sebastianbariatrics

These books may be helpful, and most can be purchased on Amazon.

1. Exodus from Obesity- The Guide to Long-Term Success After Weight Loss
By Paula F. Peck, R.N.
2. Eating Well after Weight Loss Surgery
By Pat Levine and Michele Bontempo-Saray
3. The Weight Loss Surgery Coping Companion
By Tanie Miller Kabala Ph.D
4. The Sleeved Life: A Patient-to-Patient Guide to Vertical Sleeve Gastrectomy Weight Loss Surgery,
By Pennie Nicola
5. Weight Loss Surgery Does NOT Treat Food Addiction,
By Connie Stapleton Ph.D.
6. Bariatric Mindset Success: Live Your Best Life and Keep the Weight Off After Weight Loss Surgery,
By Kristin Lloyd
7. Fresh Start Bariatric Cookbook: Healthy Recipes to Enjoy Favorite Foods After Weight-Loss Surgery,
By Sarah Kent MS RDN CD

Appendix B: Equipment Checklist

The following is a list of helpful items to consider:

For your Dining Pleasure:

- ___ Cocktail Spoon and Fork or baby/toddler utensils
(Helps you to take small bites)
- ___ Small Decorative Plates
(Helps control portions and increase the eye appeal of the meal)
- ___ Insulated dish or warming plate or Baby Food Saver Hotplate that are microwaveable
(Helps keep food warm while you slowly enjoy your meal)
- ___ Water bottles with a sports top (No straws)
(Re-use to carry other sugar free, non-caffeinated, non-carbonated beverages with you)
- ___ Other ideas- candles, new placemats, and fresh flowers to create a pleasurable eating experience at the table.

For Meal Preparation:

These are vital pieces of equipment:

- ___ Mini food processor/food chopper
- ___ Hand blender or the “Magic Bullet”, Nutri-Bullet and/or Ninja
- ___ Measuring spoons and cups
- ___ Small kitchen scale

These are very helpful:

- ___ Extra ice cube trays
- ___ Small freezer bags
- ___ Permanent marker or freezer labels
- ___ Small plastic containers

For Medications:

- ___ Large pill case (1 weeks’ worth)
- ___ Required vitamin/mineral and calcium supplement

**** REGARDING SOLID PILLS / Meds:** Please discuss all medications with Doctor(s) or Nurse(s)

Appendix C: Pureed Diet Sample Meals

The following are ideas for pureed meals. Each meal consists of about ¼ cup. Use your own creativity to add variety to your diet. Spices, herbs and seasonings can be used after surgery. Remember to make each of your 3 daily meals protein-based and include the essential fats (i.e. margarine, mayonnaise, oil) in your food preparation. Can use spray butter, Butter Buds or Molly McButter to enhance flavor.

- Example 1: 2 Tbsp of pureed cheese omelet made with Eggbeaters
1 Tbsp hot cereal
1 Tbsp sugar-free or plain yogurt
- Example 2: 2 Tbsp blended low-fat, small curd cottage cheese
2 Tbsp pureed fruit (i.e., applesauce, peaches, pear or baby food fruit)
- Example 3: 1 Tbsp smooth peanut butter
2 Tbsp Greek yogurt
1 Tbsp pureed fruit (banana)
- Example 4: 2 Tbsp grated cheese or pureed turkey/bean/chicken Chili
1 Tbsp polenta
1 Tbsp pureed roasted vegetables or marinara sauce
- Example 5: 2 Tbsp fat-free refried beans or hummus
1 Tbsp grated cheese garnished with pureed salsa and low-fat sour cream
- Example 6: 2 Tbsp mashed tuna or salmon salad made with
1 Tsp light mayo or plain Greek yogurt
1 Tbsp pureed fruit or baby food fruit
- Example 7: 2 Tbsp mashed/smooth egg or chicken salad made with 1 tsp light mayo
2 low-fat crackers (chew to paste consistency)
1 Tbsp pureed fruit or diet pudding
- Example 8: 3 Tbsp ricotta cheese
1 Tbsp marinara sauce
1 Tbsp pureed roasted vegetables
- Example 9: 2 Tbsp pureed turkey or chicken with 1 tsp gravy or broth
1 Tbsp mashed potatoes or sweet potatoes
1 Tbsp pureed vegetable or fruit
- Example 10: 2 Tbsp pureed crab meat or lobster with 2 tsp light mayonnaise (Sprinkle with Old Bay Seasoning)
1 Tbsp pureed acorn squash
1 Tbsp pureed fruit

Appendix D: Three Aspects of Mindful Eating

After bariatric surgery you will experience major changes in your relationship with food. You can use mindful or intentional eating to help you learn to handle these changes.

Use these 3 aspects to mindful eating both BEFORE and AFTER bariatric surgery.

- 1. Combine your inner wisdom and outer wisdom.**
It is important to combine both inner and outer wisdom to have a positive experience with bariatric surgery.
Outer wisdom is the information based on research, professional knowledge and another person’s experience. This includes the many guidelines about the kinds of foods you should and should not eat, and when to eat them. Inner wisdom is your hunger and fullness cues. It is your actual experience of eating. It is also how you feel physically and emotionally after eating.
- 2. Value quality over quantity.**
Many people have been raised to believe that they must eat everything on their plate. Mindful eating helps us develop an appreciation for the QUALITY of food. Quality involves freshness, nutritional value or density and taste. It also means to allow yourself to leave food on your plate when you have had enough.
- 3. Learn your personal triggers for “mindless” eating and overeating.**
Mindful eating helps people to become more aware of the types of food, situations, and emotions that trigger overeating. You can use this information to make better choices about how to handle those triggers.

Appendix E: Practicing Mindful Eating

How do I practice mindful eating??

Do these 4 exercises. They will help you to get started with mindful eating.

You may find it helpful to journal or write about your experiences.

1. Give yourself 3 minutes of breathing space.
 - a. Be aware. Bring yourself into the present moment by sitting with a straight back and good posture. If it is comfortable for you, close your eyes. Put whatever you are experiencing right now into words. For example, say in your mind, “a feeling of anger is here”, “selfcritical thoughts are here” or “boredom is here”.
 - b. Gather in. Gently redirect your full attention to your breathing. Follow each breath all the way in and all the way out. Try counting breaths: Inhale one, exhale one, inhale two, exhale two...
 - c. Expand. Bring your attention to your whole body. Pay special attention to any discomfort, tension, resistance. If these feelings are there, then think about them while you are breathing in. Then breathe out and LET GO of these feelings softly.
When you breathe out, say to yourself, “It is okay. Whatever it is, it is okay. Let me feel it.”
Become aware of your posture and facial expression. Adjust them. Open your eyes. Keep this kind of awareness for the rest of the day.
2. Experience hunger
 - a. Before a meal or snack focus your attention on slowly breathing. Do this for about 1 minute. Let yourself relax.
 - b. Return your mind to your breathing if it goes to other feelings or thoughts.
 - c. Focus your attention to your feelings of hunger.
 - d. Ask yourself, “What are my feelings of hunger?”. Use a scale of 1 to 7. A 7 is as hungry as possible. A 1 is not hungry at all. What is your hunger? How do you know?
 - e. Now think about how you want to use this awareness. Do you still want to eat? If so, how much? What types of food would satisfy you the most? Are there any parts of the meal that will be hard to eat the amount that you want?
 - f. Think about how you will handle these foods and still enjoy your meal. As you begin eating, stop every few moments. Think about how hungry you are at that moment. Are you getting hungrier? Are you getting less hungry? How do you know?

Appendix E: Practicing Mindful Eating (continued)

3. Experience enough
 - a. Be aware of the feelings in your stomach while you are eating.
 - b. Stop eating completely for a few moments. Focus on your breath and relax.
 - c. Pay attention to how the hunger signals from your stomach begin to change and disappear.
 - d. Continue to eat. Focus your awareness as much as possible on your experiences of your stomach becoming full. Use a scale of 1 to 7. 7 is as hungry as possible. 1 is not hungry at all. What number is your experience at different times in the meal? How do you know?
 - How do you want to use this information? Do you want to eat more? If so, how much more? What can you do to help yourself eat only that much more? Think about how you will do this best and still enjoy your meal.
 - Continue to eat. Think about how full you are at that moment. What number is it? How do you know? What level of fullness on your scale of 1 to 7 is “just right” for this meal or snack?
4. Taste your food
 - a. Choose a time when you are medium hungry or scheduled to eat. If you are too hungry the hunger can make it hard to eat mindfully.
 - b. Choose a food that you like and has a stronger flavor. It should be a food that you can easily eat in small bites. You should have a full serving of that food.
 - c. With the food prepared and in front of you, close your eyes. Take several slow focused breaths. Rate your hunger level. Then open your eyes and pick up a piece of the food.
 - d. Place the food in your mouth and chew it slowly. Appreciate that savor it as much as possible. Experience all the enjoyment and pleasure from the food before you swallow it.
 - e. Take another piece and do the same thing. First see if your hunger or satisfaction changes at all. Then chew slowly again, savoring the flavor and texture, and noticing the level of satisfaction or any other experiences you notice. Notice any changes in flavor and satisfaction levels.
 - f. Continue to eat small pieces slowly and mindful. It usually takes three to six bites before you notice a decrease in flavor and satisfaction, depending on the food and how hungry you are.
 - g. As you become aware of the process, you may even notice that the food stops tasting good. This may not happen with all foods or all the time.
 - h. Pay attention to the thoughts that you are having. Is the shift in experience upsetting in any way? Is it powerful?
 - i. While you do not need to eat all your food this way, begin experimenting with different types of food in different situations.

Appendix F: Pre-Weight Loss Surgery Behavior Change Goal Worksheet

| Goal | Focus area |
|---|------------|
| Eliminate carbonated drinks | |
| Eliminate alcohol | |
| Eliminate simple sugars | |
| Limit fried foods and high-fat condiments | |
| Limit Caffeinated drinks to 8-16oz daily | |
| | |
| Eat protein with each meal | |
| Take small bites | |
| Chew food 20-40 times per bite (to paste consistency) | |
| Put your fork down between bites | |
| Stop eating when no longer hungry | |
| Eat 3 meals per day, including breakfast | |
| Limit snacks/nibbles to 3 per day | |
| Drink 64 ounces of non-caloric, non-carbonated fluids daily | |
| | |
| Begin regular physical activity | |
| Begin keeping a record of food, fluid and physical activity | |
| Identify sources of support | |
| Assess your hunger level before and after eating | |
| Avoid using straws | |
| Other goals: | |
| | |
| | |

Notes

[illegible]



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Sebastian River Medical Center

A STEWARD FAMILY HOSPITAL



13695 US Highway 1, Sebastian, FL 32958
sebastianrivermedical.org