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CHAPTER 1: TYPES OF SURGICAL PROCEDURES & INFORMED CONSENT

The Laparoscopic Gastric Sleeve

At Expert Surgical, our surgeons perform an enhanced version of gastric sleeve resection. A stapling device is used to permanently remove 75-80% of the stomach. The end result is a slender tube known as the “sleeve.”

Benefits

- Since the stomach volume is greatly reduced, a person can only eat a few ounces at a time.
- Ghrelin, also known as the hunger hormone, is greatly reduced after surgery.
- The sleeve may treat diseases linked to obesity, such as high blood pressure, diabetes, and sleep apnea.
- Since the anatomy of the GI system remains intact, the malabsorption of vitamins is less likely.
- Significant weight loss results in substantial relief from back pain, knee pain, as well as foot and hip pain. This allows our patients to exercise much more comfortably.

Risks

- As with all surgery, operations for obesity have potential complications. These include heart and lung problems, bleeding, infection, and blood clots in the lungs and legs.
- Some people develop gallstones after rapid weight loss.
- Rarely, blockages in the gastric sleeve or post-operative leaks from the staple line can occur. At Expert Surgical, our leak rate is much lower than the national average of less than 3%.
The Laparoscopic Gastric Bypass

The Roux-en-Y Gastric Bypass surgery falls under both the restrictive and malabsorptive categories of weight loss surgery. During the gastric bypass procedure, the bariatric surgeon first restricts the size of the stomach by creating a pouch with staples or sutures. Then the pouch is routed past the upper section of the small intestine and straight to the middle section, known as the jejunum.

Because the pouch is separated from the lower part of the stomach, food will no longer enter this part of the stomach or the upper part of the small intestine. Food will go into the small pouch and directly into the lower intestine, limiting the calories and fat that the body would normally absorb. Also, because the pouch is able to hold only a few ounces of food, the amount of food that can be eaten at a meal is greatly reduced.

Benefits:

- Gastric Bypass surgery is considered the gold standard of bariatric surgery procedures due to a long-standing track record. Even today it remains one of the best ways for patients to lose 70-80% of their excess weight and keep it off.
- It is very effective at managing or treating obesity related diseases such as diabetes, heart burn, and high blood pressure.
- Due to the significant weight loss, patients will find incredible relief from joint pain, allowing them to walk and exercise more.

Risks:

- Rare complications include infection, hernias, ulcers or bleeding.
- Over time, some vitamin and minerals may not be well absorbed. It is imperative that you follow your doctor’s post-operative guidelines and take the appropriate nutritional supplements to avoid serious health conditions.
- Dumping syndrome is a very common side effect if patients eat the wrong food. It is one of the primary keys, however, to a patient’s success. “Dumping” is the rapid movement of food from the stomach to small intestine. If patients eat simple sugars or simple carbohydrates, they can become dizzy, sweaty and may have to lie down and sleep off the effect. This deters one from eating those foods again so it is the surgery’s way to prevent one from falling into bad eating habits.
- Some people develop gallstones due to rapid weight loss.
Potential Additional Procedures

During bariatric surgery, the surgeon is able to completely visualize the insides of the abdominal cavity. Several conditions may be discovered and repaired at that time. These include:

**Hiatal Hernia Repair**

When a section of the stomach bulges through the diaphragm, it is called a “hiatal hernia.” The esophagus, which is the tube that food travels through on its way to the stomach, passes through a small opening in the diaphragm called the “hiatus.” A hiatal hernia is created when the stomach pushes up and protrudes through this opening. Acid reflux disease, also called GERD, goes hand in hand with hiatal hernias. If you have a hiatal hernia it will be repaired with several sutures to close the weakened diaphragm muscle around the esophagus. The associated risks with a hiatal hernia repair includes, but are not limited to, injury to the esophagus, dysphasia (difficulty swallowing), and hernia recurrence.

**Liver Biopsy**

The liver sits on top of the stomach. During surgery, the surgeon is able to see the condition of the liver. If liver disease is expected, a biopsy will be taken to help determine the severity of liver disease (if present at all). The risk of performing a liver biopsy is a low chance of bleeding.

**Laparoscopic Cholecystectomy (Gallbladder removal)**

A high incidence of gallbladder disease (40%) has been documented after rapid weight loss. Therefore, it is reasonable to consider gallbladder removal medically advised when performed with bariatric surgery. Eliminating the gallbladder during bariatric surgery can prevent a future separate operation, as well as the risks of acute cholecystitis, pancreatitis, common bile stones, ascending cholangitis, emergency surgery, hospitalization and additional costs, as well as, lost time from work. Similar to all operations, gallbladder removal may pose some risks. There is a small (0.4% - 0.6%) chance of injury to surrounding structures, bile duct leaks, infection and bleeding.

**Informed Consent**

Before surgery you will be given informed consent documents for your review and signature. These documents contain important information regarding risks, possible complications, and outcomes. Read these documents carefully. If you have any questions please call Expert Surgical to have all of your questions answered prior to signing at 214-396-1547.

The consent forms will detail the following procedures:

- Bariatric surgery (whichever you and your surgeon decide is best for you).
- Any additional procedures that may arise at the time of surgery.
- Consent to receive blood and/or blood products during surgery in the case of an emergency.
CHAPTER 2: SURGERY PREPARATION

Emergency Contacts and Instructions

In case of an emergency after clinic hours, call (940) 683-2468 to speak with an on-call provider.

Please call 911 if the matter is life or death.

Preparation for Surgery

- **If you haven’t already, stop using tobacco products** - If you are a smoker or tobacco chewer, we have asked you to quit at least one month before your surgery. Smoking/dipping/vaping greatly increases the risk of pneumonia after surgery and can also delay healing. Withdrawal after surgery is very difficult and should be avoided.

  *If you have not quit smoking yet, you must do so immediately.

  Not complying with this may result in cancellation of your surgery.

- **Begin clear with full liquid diet 1 week before surgery**

- **Decrease caffeine intake** - Before your surgery, limit caffeine intake (coffee, sodas, tea, etc.). Caffeine can lead to dehydration post-operatively and abrupt cessation of caffeine can cause withdrawal like symptoms (severe headaches, fatigue and malaise). These symptoms can result in a more difficult recovery after surgery, so it is recommended you alter this habit now. After surgery, you may have 1 cup of coffee or tea daily.

- **Cease all carbonated beverages** - After surgery this will be a requirement for life. Carbonation can cause extra amounts of pressure on the stomach pouch, resulting in increased hunger, abdominal discomfort, weight regain, or possibly a leak/stretch.

- **Chew food well** - At least 25 times before swallowing and eat very slow. Allow 30-45 minutes with meals.

- **No fluids with meals** – Practice drinking fluids 30 minutes before or after eating. This is another requirement for life after surgery. Drinking fluids with meals can cause nausea, vomiting, bloating, and increased hunger between meals.

Since you are scheduled for the laparoscopic approach for your surgery, the hospitalization will be different from that of an “open” procedure. There is a low possibility that our surgeon will need to convert you to a “regular” or standard incision.
Pre-Operative Testing

Roughly 3 weeks prior to surgery, you will have your pre-operative testing at the hospital. This typically includes an EKG, chest X-ray, blood work, urinalysis, an anesthesia evaluation, weight, and vital signs.

Before all of this testing takes place, please write down any prescribed and over the counter medications you are on (including doses), medical problems, and any surgeries you have had in the past. Bring this list with you to the hospital.

Items to Bring to the Hospital

*Please bring all your medications with you to the hospital on the day of surgery, this includes inhalers. If you have sleep apnea, please bring your CPAP device.*

Recommended, *but not required*, hospital tips:

- Comfortable clothes to wear home.
- Women with long hair may want to braid it.
- Acrylic nails are permitted but only without polish.

The Day Before Surgery

- Make sure you get your body well hydrated the day before surgery by drinking at least 64 oz. of hydrating fluids (less than 15 calories per serving).
- Shower the night before surgery and wash with antibacterial soap.
- Prepare to wear something loose fitting to the hospital.
- Nothing to eat/drink after midnight the night before surgery.

The Day of Surgery

Your surgery coordinator will contact you prior to surgery to tell you the time you need to arrive at the hospital for your procedure.

The Morning of Surgery:

- Shower with antibacterial soap again.
- Take only the medications Expert Surgical staff instructed you to take with a very small sip of water.
- If you have an insulin pump, leave it on.
After arriving at the hospital, your nurses will complete your paperwork and direct you to the “pre-operative area,” where you will be further prepared for the operating room. During this time, various medical professionals (nurses, surgeons, anesthesiologists) will ask you numerous questions and describe what to expect in the operating room. An IV will be started to help administer medications.

Compression devices will be wrapped around your legs. They gently squeeze your calves to help blood flow. This helps prevent blood clots during surgery.

Family and friends are encouraged to stay in the waiting area. It is recommended that they bring entertainment (book, tablet, hobby) to keep them occupied.

Length of Surgery:

- Gastric Sleeve: about 45 minutes to 1 hour
- Gastric Bypass: about 1-2 hours
- Revision: about 2-5 hours

Once the surgery is over you are moved to the recovery room, where you will stay for about an hour to 90 minutes. After that, you will be moved to the outpatient floor.

**Managing Pain**

Your pain level will be evaluated and minimized with IV and oral medication while you are in the hospital. You will be prescribed oral pain medication to be taken once you are home. The medication will not eliminate all pain. You will be sore for several weeks, as if you had a hard workout at the gym. However, each day you should feel a little better.

A common feeling after surgery is gas pain, which is typically present in your chest and left shoulder. This is from the carbon dioxide gas that is used to inflate the abdominal cavity during surgery. Medication does not ease this type of feeling. The only thing that will help is to **get up and move around** to help your body reabsorb the gas.

The leftmost incision will be the source of most of the discomfort you feel after surgery. The stomach is removed through that incision; therefore, your muscle receives the most amount of trauma. One day you will wake up and the soreness on that side will be completely gone.
Safety Tools

Tubes
Once you are asleep in the operating room, a tube will be placed through your nose and into your stomach. A urinary catheter (urine drain) may be placed in your bladder. Note: Expert Surgical does not routinely use a urinary catheter during surgery. This is typically reserved for very long cases. When you wake up, the tube in your nose will be gone. The urinary catheter, if placed, may remain. You may have a sore throat from the tube in your nose and the breathing tube in your throat that was used during surgery. This feeling will go away in 1-2 days.

Drains
In rare circumstances, a drain is used during surgery. If a drain is placed in your abdomen, it is there for your protection. The drain will be removed within 7-10 days of your surgery. They are used to help us identify any abnormal fluids from your abdomen. The fluid will typically be light red in color.

Blood Clot Prevention
Physical activity is a very important part of your recovery from surgery and the weight loss process. Although you will be sore after surgery, walking is the best way to prevent blood clots, eliminate gas pains, avoid pneumonia, help with constipation, and increase weight loss.

For these reasons, the importance of walking starts during your hospital recovery. The day of your surgery you will be walking in the hall once you are transferred to the outpatient floor. Your nurse will assist in getting you up and walking every 1-2 hours. You should follow the same schedule once you return home. Taking this task seriously will have a tremendous effect on how quickly you recover. Those who walk on a fixed schedule oftentimes recover much quicker.

Pneumonia Prevention
After surgery, you will be given an incentive spirometer (breathing tool). It is very important for you to take about 10 breaths into your spirometer every hour. This helps prevent pneumonia, lung collapse, and other breathing problems. Coughing also helps you avoid respiratory problems. Holding a pillow to your stomach during coughing will help with any discomfort.
CHAPTER 3: GOING HOME

Successful Start Tips

Bariatric surgery is one of the only known treatments which provide long-term success. However, the surgery should be considered a tool. A tool is only as useful as the operator.

Long-term success pointers:

1. **Returning to work typically happens within 1-2 weeks after surgery.**
2. **Follow the dietary progression closely**- Do not experiment early after surgery with solid foods due to the risk for complications.
3. **Support after surgery**- Have friends and family there to help with household chores, shopping, and other activities that may be a challenge during that time.
4. **Focus on hydrating fluids**- Some patients have difficulty tolerating cold/ice water but find drinking luke warm or room temperature fluids are much easier. If you experience nausea or discomfort while drinking the first couple of days after surgery do not be alarmed, it should subside within a week.
5. **No alcohol**- Wait at least 6 months before drinking alcoholic beverages. Patients find that alcohol effects them very quickly after surgery and their tolerance is low.
6. **No gum**- for 6 weeks after surgery. Sugar-free gum is acceptable after 6 weeks provided you do not swallow it.
7. **Take vitamins daily.**
8. **Get in the mindset of exercising regularly.**
9. **No fluids with meals**- Stop all fluids 30 minutes before meals and resume them 30 minutes after. Mixing solids and fluids lowers your body’s ability to absorb protein, the key to proper weight loss. It may also result in bloating, abdominal discomfort, and vomiting.
CHAPTER 4: AFTER SURGERY FOLLOW-UP

Follow Up Appointments

Follow ups are extremely important in making sure you are adjusting to your procedure. Not only will we ask questions about how your feeling but we also want to be sure you are not having problems with your nutritional intake from either food or any recommended vitamins.

You will be our patient for the rest of your life. If you move it is your responsibility to arrange for bariatric care by your new residence. Bariatric patients require more than routine medical care.

You will be seen frequently within the first year after surgery.

Follow up visits should occur at

- 1-week post op: Visit only.
- 3 months: Lab work will be drawn.
- 6 months: Lab work will be drawn.
- 1 year: Lab work will be drawn.

Follow ups should occur yearly after this time unless otherwise specified.

*If possible, bring a food diary with you to each appointment. We are here to help you lose weight and keep it off, while improving your health and overall fitness.

Discharge Instructions

**Gastric Sleeve:** Most people go home the day of surgery. On average, patients are released 6-10 hours after surgery has been completed. Rarely, there are times when patients need to stay overnight. This will be decided by your surgeon.

**Gastric Bypass:** Most people go home on the second or third day after surgery.

Some patients stay in the hospital for longer. Reasons for this are:

- It was decided your surgery should be open instead of laparoscopic.
- You have serious health problems which might require additional observation.

If you have any questions or concerns, you can reach the PA or the dietitian at 972-695-6174.

The Importance of Activity

Exercise is the key to continued success once you’ve had bariatric surgery.

While walking is the preferred method of exercise right after surgery, if you have joint problems or arthritis and cannot walk without difficulty, swimming and biking are excellent alternatives. Swimming is allowed 3 weeks after surgery or when your incisions are completely closed. More strenuous exercises such as bicycling and aerobics/boot camp can be started 6 weeks after your surgery.
Healing

In order to allow your body to heal itself properly and decrease the risk of a hernia, please see the rules below:

• Lifting breakdown: week 1-<10 lbs, week 2-<25 lbs, week 3 & 4-<50 lbs.
• No strenuous activity until cleared by the medical staff, typically 6 weeks after surgery.
• No heavy housework (vacuuming, mopping, lifting heavy laundry baskets, etc.) for 2 weeks.
• Driving may resume once you are no longer taking a pain medication.
• No sexual intercourse for 2 weeks.

Incision Care

You will have 5-6 small incisions. These incisions will be closed with internal stitches and external thick layer of skin glue. All dressings can be removed 48 hours after surgery.

You may shower on day 3 after your surgery and gently clean the abdomen with soap on a soft washcloth. Once out of the shower, you should gently pat the incisions dry. The glue will dissolve over time but it usually takes a few weeks for it to be completely gone. Please allow the skin glue to flake off without picking at it.

Call our office if you notice:

• Redness or swelling increasing/spreading from your incisions
• Increased soreness or pain from an incision
• Fever (temperature greater than 100.4°)
• Drainage or blood from an incision

If these symptoms occur it may be necessary for you to return to the clinic to have your incisions examined. You should call the office at 972-695-6174 immediately if you suspect a wound infection.

Infection Precautions

The most common cause of drainage from an incision is due to a seroma. Simply put, seromas are a collection of fluid that pools beneath an incision. This condition is very common and will typically reabsorb within a few days. Seromas ARE NOT the same as a wound site infection. If your incision starts to drain, try the following:

1. Look at your skin (You can expect to have a small amount of redness around the incisions, but large areas of redness that are tender might require examination from medical staff).
2. Inspect the drainage for odor and color. If the discharge is a yellowish-red color, it is most likely a seroma. Thick brown drainage means you should call the clinic. Seroma discharge does not have an odor. Drainage from an infected incision will have a bad smell.
Pregnancy
You **MUST** not get pregnant for 18 months after bariatric surgery. Studies have shown that pregnancy is *very dangerous for the mother and the baby* during this time frame.

Extra precautions need to be taken to prevent pregnancy. Estrogen is stored in fat cells. After rapid weight loss, the fat cells melt away and estrogen is released. This means that female patients become highly fertile after surgery. We strongly recommend you use barrier protection (condoms) during the first 18 months after surgery. Birth control pills have been known to fail.

Irregular Menstruation
For women who get their period, a spectrum of short-term menstrual irregularities may happen. It is not uncommon for patients to have their cycle start early or last longer than usual. Remember, this is only short term (about 3 months) and is caused by hormonal changes after surgery. Long term abnormal menstrual bleeding should be evaluated by your gynecologist.

Common Emotions
Bariatric surgery effects more than the stomach. Relationships with food and self-esteem are also challenged. As stated earlier, rapid weight loss results in changing your hormones for a period of time. In other words, be prepared for emotional ups and downs. Some, but not all, patients use the phrase an “emotional roller coaster” after surgery. These feelings are typical and usually disappear. If you are already on anti-depressants, you should resume taking them when you go home.

Some ways to improve your mental well-being:

- Eating the proper amounts of protein
- Getting out of the house and interacting with people outside of your immediate family
- Exercise

Patients with Expert Surgical are never alone. If you are ever concerned about your emotional well-being please call our clinic staff at 972-695-6174.
CHAPTER 5: MEDICATIONS

Medication Instructions Before Surgery

Before surgery, your routine medications may need to be adjusted. Paperwork will be given to you the day of your initial consultation that outlines how each of your medications should be taken before and after surgery. If you have any questions, please call the office at 972-695-6174.

Two weeks prior to surgery you must STOP: diet pills, NSAIDs (Advil, Aleve, ibuprofen, Celebrex, Naprosyn, Meloxicam, etc.), herbal medications, oral birth control medications, and hormones. These medications need to be stopped to lower your risk of bleeding and/or blood clots.

Steroids and immunosuppressive medications should be stopped one month prior to surgery.

You will be given a form entitled “Medication Instructions for Surgery” the day of your initial consult. This document further outlines what medications to avoid before and after surgery and for what time period.

Medications for Surgery

You will be given all necessary prescriptions during your initial visit. Pain medication will be dispensed the day of surgery. Expert Surgical prescribes liquid hydrocodone for pain control. If you are allergic, a suitable alternative will be provided.

You may need to take some or all of the following:

- Antacid daily for the first 3 months after surgery.
- Prilosec 20mg per day is preferred.
- Zofran and Emend for nausea.
- Bentyl to reduce cramping.
- Lovenox to prevent blood clots.
**Medications to Avoid**

The following medications are known as NSAIDs (non-steroidal anti-inflammatory drugs). They are known to cause stomach ulcers. **NSAIDs need to be stopped 2 weeks prior to surgery.** Gastric sleeve patients should not take NSAIDs for 8 weeks after surgery. After the 8-week period, and for the rest of their life, if an NSAID needs to be taken it should be paired with an antacid (Pepcid, Prilosec, Nexium, etc.). The antacid helps protect the stomach against ulcers.

*After surgery, gastric bypass patients should never take NSAIDs or steroids.

This is not a complete list of NSAIDs; please discuss any medication you are not sure about with your primary care provider and/or Expert Surgical clinic staff.

<table>
<thead>
<tr>
<th>Advil</th>
<th>Aspirin</th>
<th>BC Powder</th>
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<tbody>
<tr>
<td>Excedrin</td>
<td>Motrin</td>
<td>Aleve</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Mobic (meloxicam)</td>
<td>Celebrex (celecoxib)</td>
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<tr>
<td>Toradol</td>
<td>Diclofenac</td>
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**Medications to Take**

Below is a list of medications that do not affect the healing process after bariatric surgery. Take all medications as prescribed by your healthcare provider.

<table>
<thead>
<tr>
<th>Antibiotics</th>
<th>Aspirin – Free Excedrin</th>
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<tbody>
<tr>
<td>Depression medication</td>
<td>Blood pressure medication</td>
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<tr>
<td>Diabetes medication</td>
<td>Cold medicines</td>
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<tr>
<td>Pain medications other than NSAIDs</td>
<td>Fiber supplements</td>
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<tr>
<td>Sugar free cough drops</td>
<td>Sugar free cough syrup</td>
</tr>
<tr>
<td>Antacids (Zantac, Prilosec, Pepcid, Prevacid, Tums, Rolaid, Mylanta)</td>
<td>Tylenol</td>
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<td></td>
<td>Miralax (PEG2250) or generics</td>
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CHAPTER 6: NUTRITIONAL GUIDELINES

Your decision to have bariatric surgery is the first of many steps to weight loss and improved overall health. Weight loss surgery is a TOOL that can help you to achieve long-term success. The diet is a key component of this process. Variety can be key to moving sensibly through the stages and preparing your body for the next one. It is extremely important you follow each stage as directed to ensure there are no surgical complications and to maximize your weight loss experience.

Important information on how to change your eating habits to be successful is outlined below in an easy to read format. We provide guidelines, tips, sample menus, as well as recipes.

Pay Attention to Food Labels:

- “Nutrition Facts” is the information you’ll use to compare foods and make informed choices. Be able to identify the serving size, calories, and amount of protein, sugar, and fat in a particular food.
- “Ingredient List” is just as important. Ingredients are listed in descending order of predominance by weight, meaning that the ingredient that weighs the most is listed first, and the ingredient that weighs the least is listed last.
- Check out the serving sizes. If you eat too much, you may gain weight even if you’re eating healthy foods.

Portion Sizes

Smaller portion sizes will be a necessity in order to enjoy food comfortably after surgery.
- Begin by using saucer size plates and small bowls to help you adjust to the change.
- Measure and weigh your food for the first couple of weeks or so.

The stomach will hold only ~60-90 ml after sleeve or ~20-30 ml or a small medicine cup after bypass. This equals about ½ cup at each meal.

You can visualize your portion sizes with items or your hand:
- 1 oz. = size of your thumb (1oz of meat ~ 7g protein)
- 3 oz. = deck of cards or your palm (3oz of meat ~21g protein)
- 1 cup = size of your fist or tennis ball
- 1 tsp. = butter/oil is size of a stamp or tip of index finger
Bariatric My Plate

Your plate should be well balanced in order to get the needed nutrients from your meals. Here is a diagram of what your plate should look like. It’s a good idea to begin making changes prior to surgery to ensure lasting weight loss long after surgery.

BARIATRIC my PLATE
Build a healthy plate, Build a better you.

1. PROTEIN
   - 1/2 CUP
     - Consume non-starchy vegetables
   - 100% Whole Wheat
   - Healthy Carbs
   - Use 0.6-0.8 gm/kg/day for larger BMI’s
   - Your Daily Goal:

2. VEGETABLES
   - ≈ 2 TBSP
     - 100% Whole Wheat
     - Whole Grain
     - Non-starchy

3. CARBS
   - ≈ 2 TBSP
     - 100% Whole Wheat
     - Whole Grain
     - Healthy Carbs

FLUIDS
- 64 oz./day
- Never drink with meals!
- Wait 30 minutes before and after meals to drink fluids.
- Non Carbonated
- Non Caffeinated (first 6 weeks)
- Non Sugary

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## Foods to Choose and Avoid

<table>
<thead>
<tr>
<th>PROTEIN</th>
<th>Always Choose These</th>
<th>Sometimes</th>
<th>Limit/Avoid</th>
</tr>
</thead>
</table>
| To prevent deficiency: Reach for 40-60 grams of protein each day | • Lean ground chicken, turkey, or beef (90% or higher: Loin, round, & extra lean)  
• Baked or broiled fish  
• Canned meats  
• Thinly shaved lean luncheon meat  
• Dried beans and peas  
• Skinless poultry (white meat)  
• Meat alternatives made with soy or textured vegetable protein  
• Egg whites or egg substitute  
• Shellfish | • Whole eggs (no more than 3 egg yolks per week)  
• Unlimited egg whites or egg substitutes | • High fat cuts of meat (ribs, T-bone, 80/20 ground beef or pork)  
• High fat luncheon meats such as bologna, salami and pepperoni  
• Processed meat such as sausage, hot dogs, and bacon  
• Poultry with skin or dark meat  
• Fish in butter, cream sauce, breaded or fried  
• Any fried foods |

<table>
<thead>
<tr>
<th>CARBOHYDRATES</th>
<th>Always Choose These</th>
<th>Sometimes</th>
<th>Limit/Avoid</th>
</tr>
</thead>
</table>
| Breads, cereals, grains, starchy vegetables  
Look for Whole Grain products with (per serving):  
• <6.5g total fat  
• <1g saturated fat or less  
• <10g sugar  
• >3g fiber | • 100% whole wheat or whole grain breads or crackers  
• Whole grain pastas  
• Wild rice, brown rice, & barley  
• Corn tortillas  
• Popcorn (non-buttered)  
• Starchy Vegetables (prepared without added fats): peas, corn, potatoes, winter squash, legumes (dried beans and lentils)  
• Sugar-free hot cereal such as Quaker Weight Control or sugar-free oatmeal | • White Bread  
• Sweetened cereals  
• White rice  
• Regular pasta  
• Flour tortillas  
• Beans prepared with fat | • Pastries: doughnuts, biscuits, croissants, muffins, cakes, cookies, muffins  
• Egg noodles  
• French fries  
• Snacks made with partially hydrogenated oils (trans fats): Chips, snack mixes, butter-flavored popcorn |
### FATS

<table>
<thead>
<tr>
<th>Always Choose These</th>
<th>Sometimes</th>
<th>Limit/Avoid</th>
</tr>
</thead>
</table>
| Fats should contain:  
<5 grams or less of total fat  
Unsaturated fats  
Fatty fish sources | • Unsaturated Fats: Olive oil, peanut oil, soybean oil, sunflower oil, canola oil  
• Vegetable oil spreads  
• Seeds and Nuts: Ground Flax, chia, hemp seeds, dry roasted, no salt or added fat (chew thoroughly)  
• Avocados (little goes a long way)  
• Fat-free or light salad dressings  
• Non-stick cooking sprays | • Mayo  
• Salad dressings higher in fat | • Saturated Fats: Butter, shortening, stick margarine, & partially hydrogenated oils: tropical oils (coconut, palm, palm kernel oils)  
• High fat meats: hot dogs, pork or beef sausage, & bacon  
• Whole milk/creams  
• Full Fat salad dressings  
• Snack chips/crackers  
• Sweets: donuts, cookies, & pastries  
***Partially-Hydrogenated oils are usually soft to semi-soft. These contain dangerous artery-inflaming Trans-fats

### Carbohydrates:
Carbohydrates are the preferred source of energy for the brain, red blood cells, and nervous system. They are required by the body and should not be eliminated but it is important to note that for life long success, it is recommended to follow a low carbohydrate diet. Here are some tips on getting just the right amount:

- Strive for 100-120 grams/day after surgery. **That equals to about 1- 1 ½ total carbohydrates at breakfast, lunch, dinner, and 2 snacks if needed.**
- Adequate carbohydrate will eventually be essential to optimal weight loss. Too low of carbohydrate intake can be dangerous and make weight loss more difficult.
- Carbohydrates should be the **LAST** priority on your plate.

### Protein:
Protein is important for wound healing, preventing major hair loss, and preserving muscle mass. It is also what keeps us feeling full after meals.

- Eat high protein foods with every meal or snack.
- Eat protein foods **FIRST** at each meal, followed by non-starchy vegetables. If you still have room, move on to your healthier carbohydrates.
- Using broths when cooking meats, crockpots, or other moist preparation methods when preparing meats. Avoid dry meats due to low tolerability.

### Fats:
Calories from fat can add up very quickly. Fat should comprise of about 20-30% of your daily intake or 1-2 tbsp. at each serving. Just remember that 1 tsp. of butter/oil = 1 serving.
**Food List and Protein Content**

Low protein intake can result in infection, delayed wound healing, loss of muscle tone and hair loss. It is very important, therefore, to eat adequate protein every day. The Recommended Daily Allowance (RDA) or Daily Value (DV) for adult males aged 25-50 is about 63g protein/day. For adult females, it is 50 grams/day. Below is a generic list of foods that are good protein sources. In general, most bariatric patients should aim to eat about 70g per day of protein.

<table>
<thead>
<tr>
<th>Protein</th>
<th>Serving Size</th>
<th>Protein (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beans, Canned, Baked</td>
<td>1/2 cup</td>
<td>7</td>
</tr>
<tr>
<td>Beans, Kidney, Canned</td>
<td>1/2 cup</td>
<td>8</td>
</tr>
<tr>
<td>Beef, Baby Food (Gerber)</td>
<td>2.5 oz. jar</td>
<td>10</td>
</tr>
<tr>
<td>Beef, Baby Food (Heinz Stage 2 with Beef Gravy)</td>
<td>2.5 oz. jar</td>
<td>8</td>
</tr>
<tr>
<td>Beef, Eye of Round</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Beef, Sirloin Steak, Trimmed</td>
<td>3 oz.</td>
<td>26</td>
</tr>
<tr>
<td>Beef, Top Loin</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Beans &amp; Rice Cooked (1/2 cup of each)</td>
<td>1 cup</td>
<td>12</td>
</tr>
<tr>
<td>Carnation Instant Breakfast, No Sugar Added</td>
<td>1 pct.</td>
<td>4</td>
</tr>
<tr>
<td>Cheese, American, Fat Free</td>
<td>1 oz.</td>
<td>6</td>
</tr>
<tr>
<td>Cheese, Cottage, Fat Free</td>
<td>½ cup</td>
<td>13</td>
</tr>
<tr>
<td>Cheese, Mozzarella, Part Skim</td>
<td>1 oz.</td>
<td>8</td>
</tr>
<tr>
<td>Cheese, Parmesan, Grated</td>
<td>1/4 cup</td>
<td>12</td>
</tr>
<tr>
<td>Cheese, Ricotta, Part Skim</td>
<td>1/2 cup</td>
<td>14</td>
</tr>
<tr>
<td>Chicken &amp; Rice, Baby Food (Gerber)</td>
<td>4 oz. jar</td>
<td>2</td>
</tr>
<tr>
<td>Chicken, Rotisserie, Skinless</td>
<td>3 oz.</td>
<td>24</td>
</tr>
<tr>
<td>Chicken, Baby Food (Gerber)</td>
<td>2.5 oz. jar</td>
<td>10</td>
</tr>
<tr>
<td>Chicken, Baby Food (Heinz Stage 2 with Chicken Gravy)</td>
<td>2.5 oz. jar</td>
<td>6</td>
</tr>
<tr>
<td>Chicken, Canned</td>
<td>2 oz.</td>
<td>11</td>
</tr>
<tr>
<td>Chicken, Canned, Swanson</td>
<td>2 oz.</td>
<td>10</td>
</tr>
<tr>
<td>Chicken, Leg without Skin</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Chicken, White Breast Meat without Skin</td>
<td>3 oz.</td>
<td>26</td>
</tr>
<tr>
<td>Crab, Steamed</td>
<td>3 oz.</td>
<td>17</td>
</tr>
<tr>
<td>Egg Beaters</td>
<td>1/4 cup</td>
<td>6</td>
</tr>
<tr>
<td>Egg, Hard Cooked</td>
<td>1 each</td>
<td>6</td>
</tr>
<tr>
<td>Fish, Cod, White, Baked</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Fish, Flounder</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Fish, Halibut</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Fish, Swordfish, Baked</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Ham, Baby Food (Heinz Stage 2 with Ham Broth)</td>
<td>2.5 oz. jar</td>
<td>11</td>
</tr>
<tr>
<td>Ham, Lean (5% fat)</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Hamburger, (90% lean ground beef)</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Lobster, Steamed</td>
<td>3 oz.</td>
<td>16</td>
</tr>
<tr>
<td>Protein</td>
<td>Serving Size</td>
<td>Protein (g)</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Milk, Skim Plus</td>
<td>1 cup</td>
<td>11</td>
</tr>
<tr>
<td>Milk, Skim</td>
<td>1 cup</td>
<td>8</td>
</tr>
<tr>
<td>Lactose free milk, Fairlife</td>
<td>1 cup</td>
<td>13</td>
</tr>
<tr>
<td>Peas, Chick, Canned</td>
<td>1/2 cup</td>
<td>7</td>
</tr>
<tr>
<td>Pork, Loin Chop</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Pork, Tenderloin</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Protein Powder, 100% Whey</td>
<td>1 scoop</td>
<td>22</td>
</tr>
<tr>
<td>Protein Powder, Carb Solutions Chocolate</td>
<td>2 scoops</td>
<td>19</td>
</tr>
<tr>
<td>Protein Powder, Carb Solutions Vanilla</td>
<td>2 scoops</td>
<td>21</td>
</tr>
<tr>
<td>Protein Powder, Designer</td>
<td>1 scoop</td>
<td>17.5</td>
</tr>
<tr>
<td>Protein Powder, EAS Precision</td>
<td>1 scoop</td>
<td>20</td>
</tr>
<tr>
<td>Protein Powder, Isopure</td>
<td>1 scoop</td>
<td>50</td>
</tr>
<tr>
<td>Salmon, Baked</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Salmon, Canned, Chicken of the Sea</td>
<td>2 oz.</td>
<td>10</td>
</tr>
<tr>
<td>Salmon, Canned, Kroger brand</td>
<td>2 oz.</td>
<td>14</td>
</tr>
<tr>
<td>Sardines in water</td>
<td>3 oz</td>
<td>20</td>
</tr>
<tr>
<td>Shrimp, Steamed</td>
<td>3 oz. (15 large)</td>
<td>18</td>
</tr>
<tr>
<td>Soy burger</td>
<td>1 patty</td>
<td>13</td>
</tr>
<tr>
<td>Soybeans (Edamame)</td>
<td>1/2 cup</td>
<td>14</td>
</tr>
<tr>
<td>Soymilk, Plain</td>
<td>1 cup</td>
<td>7</td>
</tr>
<tr>
<td>Soynuts</td>
<td>1/4 cup</td>
<td>15</td>
</tr>
<tr>
<td>Tempeh</td>
<td>1/2 cup</td>
<td>16</td>
</tr>
<tr>
<td>Texturized Soy Protein</td>
<td>1/2 cup</td>
<td>11</td>
</tr>
<tr>
<td>Tofu</td>
<td>1/2 cup</td>
<td>10</td>
</tr>
<tr>
<td>Tuna, Canned in Water, Bumble Bee</td>
<td>2 oz.</td>
<td>15</td>
</tr>
<tr>
<td>Tuna, Canned in Water, Chicken of the Sea</td>
<td>2 oz.</td>
<td>15</td>
</tr>
<tr>
<td>Turkey, Baby Food (Gerber)</td>
<td>2.5 oz. jar</td>
<td>10</td>
</tr>
<tr>
<td>Turkey, Baby Food (Heinz Stage 2 with Turkey Gravy)</td>
<td>2.5 oz. jar</td>
<td>7</td>
</tr>
<tr>
<td>Turkey, White Meat</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Veal, Baby Food (Gerber)</td>
<td>2.5 oz. jar</td>
<td>10</td>
</tr>
<tr>
<td>Veal, Leg (Top Round)</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Veal, Loin</td>
<td>3 oz.</td>
<td>21</td>
</tr>
<tr>
<td>Yogurt, Breyers Light</td>
<td>6 oz.</td>
<td>8</td>
</tr>
<tr>
<td>Yogurt, Dannon Light &amp; Fit or Oikos drinkable yogurt</td>
<td>1 bottle</td>
<td>9</td>
</tr>
<tr>
<td>Yogurt, Dannon Light &amp; Fit Greek Yogurt</td>
<td>6 oz.</td>
<td>12</td>
</tr>
<tr>
<td>Yogurt, Frozen, Sugar Free Vanilla</td>
<td>1/2 cup</td>
<td>5</td>
</tr>
<tr>
<td>Yogurt, Yoplait Light</td>
<td>6 oz.</td>
<td>5</td>
</tr>
</tbody>
</table>
Fluids after Surgery

Must be:

1. Sugar-free
2. Decaffeinated
3. Non-carbonated fluids

**Why sugar-free?** We do not want you to drink your calories after surgery.

**Why decaffeinated?** You are at an increased risk for dehydration directly after surgery so you will be asked to limit your caffeinated beverages. Caffeine acts as a natural diuretic and can further dehydrate you. Avoiding caffeine after surgery is also good for preventing acid reflux from occurring.

**Why non-carbonated?** Carbonated drinks can cause your new stomach to stretch due to the increase in pressure that is placed on your staple line. This can lead to uncomfortable gas that can be very painful. They are also irritating to the stomach lining due to the high amount of caffeine found in some of them. For these reasons, you should not consume any carbonated beverages after surgery.

**TIPS:**

- Sip 1 oz. every 15 minutes to reach water intake goal.
- Begin drinking fluids early in the morning to meet daily goal, NO gulping.
- Only drink liquids 30 minutes before a meal & wait 30 minutes after a meal to prevent nausea.
- Try setting an alarm to remind yourself to eat or drink at consistent times during the day.
- **No alcohol for at least 6 months after surgery.**
- Choose fluids with less than 8 calories per servings.

**Good Fluid Choices:**

- Water or infused with fruit or vegetable/herb flavors: lemon, lime, mint and cucumber, strawberry, blueberry, etc.
- Diet juices
- Propel Zero, Vitamin Water Zero, Powerade Zero
- True lemon, crystal light flavor packets, Dasani/ Mio water drops
- Bai, Sobe Lean,
- Decaf, sugar-free tea
CHAPTER 7: DIET STAGES

Stage 1– Begin Clear and Full Liquids for 1 Week before surgery

The doctor will require you to begin a liquid diet 1 week before your surgery. This not only prepares you for your post op diet, but also helps to decrease the amount of fat around the liver and spleen making surgery safer for you during the procedure.

*This diet should begin 1 week prior to your surgery date and should only include the liquids listed below.

- Your goal is to reach 60-80 g protein and 64 ounces of hydrating fluids. The easiest way to meet the protein goal is to drink between 3-4 protein shakes per day or add unflavored protein powder to drinks/soups.

Good CLEAR Liquid Choices
- Water
- 100%, Diluted, No-Sugar-Added Juice or Diet Juice: apple, grape, cranberry
- Broth (chicken, beef, vegetable)
- Sugar-free, non-carbonated drinks
- Decaf/herbal tea/decaf coffee
- Sugar-free popsicles & gelatin
- Crystal Light/ Sugar-free lemonade
- Sugar-free Kool-Aid, water enhancers
- Propel, Gatorade, Powerade, or Vit. Water Zero
- Sobe Life Water Zero
- Isopure, Atkins Lift
- Premiere protein clear

Good FULL Liquid Choices
- Protein drink/shake (3-4/day: 20-30 grams per serving)
- Drinkable yogurts (Oikos or Light and Fit)
- Low-fat cream soups (No lumps, clumps, or bumps)
- Sugar-free cocoa or apple cider powder
- Skim or 1% milk, unsweetened soymilk

Stage 2 – Post-Operative – Clear Liquids ONLY (Week 1)

The first week after surgery is a very sensitive time. Your stomach is at the beginning stages of healing. With this in mind, it is important to NEVER advance to the next diet stage too quickly. Doing so could cause injury to your stomach/staple line. Follow the diet for one week and advance as you feel comfortable.

- Your main goal is to stay hydrated during this time.
- Do not begin taking your vitamins until week 2 after surgery.

*Please see Good CLEAR Liquid Choices for best options.
Stage 3 – Post-Operative- Full and Clear Liquids (Week 2)

The second week after surgery is a good time to introduce full liquids into your diet. Advance to this stage as you feel comfortable. During this time, it is important to begin reaching for your protein goal of 60-80 grams daily. This can prevent protein deficiency from occurring. Signs of protein deficiency can occur as early as 3 weeks after surgery and can include:

- Excessive loss of hair
- A sluggish metabolism
- Trouble losing weight
- Trouble building muscle mass
- Low energy levels and fatigue
- Poor concentration and trouble learning
- Moodiness and mood swings
- Muscle, bone and joint pain

*Please see Good Full Liquid Choices from the previous page for best options.

Stage 4 – Pureed (Week 3)

Congratulations, you have passed through the first 3 stages of the diet progression and are ready for pureed foods.

*Do not start this phase until you are 3 weeks post-surgery.

Good Pureed and Soft Foods to choose from:

- Sugar-free pudding/low-fat, sugar-free yogurt/No sugar-added applesauce
- Oatmeal, grits, Malto-meal, cream of wheat
- Mashed potatoes, beans or fat-free refried beans in can
- Low-fat cheese, cottage/ricotta cheese
- Hummus

Stage 5 – Soft Foods (Week 4 and on)

- Eggs/egg whites cooked with milk or milk alternative for softer texture
- Canned chicken or tuna packets with low fat mayo
- Salmon or other baked fish
- Cooked/soft vegetables & fruits (No seeds or skin) (Canned vegetables are more tolerable)
  Choose canned fruits in 100% fruit juice
- Shaved deli/lunch meats/ground turkey or ground chicken (Very small pieces or cooked in broth or fat free gravy for easier tolerability)
- Cottage cheese with soft fruit chunks
# Sample Pureed Meal Plan

<table>
<thead>
<tr>
<th>Day</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Snack</th>
<th>Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>-8 oz, Protein shake &lt;br&gt;-Sugar-free pudding *(add unflavored protein powder to increase protein content)</td>
<td>-8 oz protein shake between meals &lt;br&gt;--2oz. Unsweetened applesauce</td>
<td>-2 oz. cream of wheat or Malto Meal with skim milk &lt;br&gt;-8 oz. protein shake</td>
<td>-1/2 cup of 1% cottage cheese &lt;br&gt;- Add 1 tsp. vanilla extract, cinnamon, &amp; sweetener</td>
<td>96 gms</td>
</tr>
<tr>
<td>Tuesday</td>
<td>-1/2 cup cinnamon/Splenda oatmeal or grits with low fat cheese &lt;br&gt;-8 oz. protein shake</td>
<td>-2 oz. pureed chicken, seasoned. (Add some cream soup to puree for flavor) &lt;br&gt;-2 oz. pureed green beans, seasoned</td>
<td>-3 oz white fish (cod, haddock, tilapia, orange roughy) pureed &lt;br&gt;-1 tbsp. mashed potatoes &amp; margarine</td>
<td>-1 oz. pureed fruit (no added sugar) &lt;br&gt;-2 oz. low-fat Greek yogurt &lt;br&gt;-4-8 oz protein shake</td>
<td>96 gms</td>
</tr>
<tr>
<td>Wednesday</td>
<td>-1/2 cup of sugar - free oatmeal &lt;br&gt;-2-3 oz. skim or soy milk &lt;br&gt;-8oz. protein shake</td>
<td>-2-3 oz. pureed turkey, seasoned (add low fat gravy) &lt;br&gt;-2 oz. mashed, cooked sweet potato with cinnamon &lt;br&gt;-1 tsp. margarine</td>
<td>-3 oz of pureed chili (mild) soup &lt;br&gt;-1 tbsp. low fat Greek yogurt or sour cream</td>
<td>-1/4 cup Mashed canned peas &lt;br&gt;-1/2 cup low fat cottage cheese &lt;br&gt;-8 oz. protein shake</td>
<td>102 gms</td>
</tr>
<tr>
<td>Thursday</td>
<td>-1/2 cup Greek yogurt &lt;br&gt;- 2 oz. Pureed fruit &lt;br&gt;-4-8 oz. protein shake</td>
<td>-1/2 cup pureed tuna &lt;br&gt;4 oz. nonfat, plain greek yogurt &lt;br&gt;– 1 tbsp. mashed avocado</td>
<td>-2-3 oz pureed chicken. Seasoned &lt;br&gt;-2 oz. pureed seasoned or NO FAT refried beans</td>
<td>- 8 oz. protein shake &lt;br&gt;-1/2 cup sugar free Jello with soft fruit chunks</td>
<td>119 gms</td>
</tr>
</tbody>
</table>
Instructions for Blending Foods

1. Cut foods into small pieces.
2. Place food in a blender or food processor.
3. Add enough liquid to cover the blades (broth, juice, milk).
4. Blend until smooth like applesauce.
5. Strain out the lumps, seeds or pieces of food.
6. Use spices to add flavor to blended foods.
7. Eat slowly and chew, even though the food is puréed.

TIP: Make extra portions of pureed foods and add them to an ice tray to freeze for later use.

Each cube holds about 2 ounces. This will help you control portion sizes. Try preparing reduced-fat cream soups or puréed meats and vegetables and store them in the trays.
Sample Soft Food Meal Plan

This stage should start after pureed foods are easy to tolerate. If at any point you begin to feel nauseous or uncomfortable, fall back to full liquids or pureed stage for a day or two.
*(add unflavored protein powder during this period to increase protein content)*

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
<td>-2 Soft scrambled egg (mix in low fat milk for fluffier eggs) 2 oz. low fat melted cheese</td>
<td>-2-3 oz. chicken, moist-prepared - 2 oz. broccoli, steamed, &amp; seasoned - 1 oz. mashed potatoes*</td>
<td>-Ready to eat tuna packet (season or add 1 tbsp. low-fat mayo) -1 oz. steamed carrots, mashed -1 oz. sweet potato, mashed*</td>
<td>90 gms</td>
</tr>
<tr>
<td><strong>Tuesday</strong></td>
<td>-1 small high protein pancake ~1.5 oz.* -1-2 tbsp. sugar-free syrup -1 oz. cooked fruit NO SEEDS -4 oz. protein shake</td>
<td>-2-3 oz. ground 90% lean hamburger or turkey meat -1 oz. Swiss cheese - 2 oz. mashed cauliflower with 1 tsp. margarine* -8 oz. Protein shake for snack</td>
<td>-3 oz. baked salmon, easily fork flaked -2 oz. steamed zucchini -1-2 tbsp. brown rice, cooked</td>
<td>94 gms</td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>-1 packet of grits* -1-2 scoops of protein powder -2 oz. low fat cheddar cheese -8 oz. protein shake for snack</td>
<td>-2-3 oz. mashed beans or fat-free refried beans -3 oz. canned chicken -1 tbsp. salsa -2 oz. steamed broccoli</td>
<td>-3 oz. chicken breast moist cooked in broth -1/2 cup Greek, non-fat yogurt -2 oz. diced tomatoes no skin -1-2 tbsp. Dijon mustard -1/2 cup cooked carrots</td>
<td>110 gms</td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>-3 egg white omelet -1/2 cooked zucchini squash -2 oz. low fat cheese</td>
<td>-½ cup soup -½ small biscuit or 4 crackers softened in soup</td>
<td>-3 oz. ground lean hamburger or turkey meat ½ -1 small, boiled, red potato, mashed (add skim milk or top with low fat gravy) - 1-2 oz. mashed green beans</td>
<td>120 gms</td>
</tr>
</tbody>
</table>
Adjusting to Solid Foods

The following 7 guidelines will ease your transition to solid foods.

1. **EAT SMALL AMOUNTS OF FOOD** – Take dime to nickel size bites and eat slowly, one bite at a time. Your stomach will gradually increase in size once the inflammation from surgery lessens. If you feel full, STOP EATING! You should not be able to eat the amount you ate prior to surgery. It takes 20 minutes for your stomach to signal your brain that you are full.

2. **EAT AT CONSISTENT MEAL TIMES** - It’s important to eat a consistent 3 meals per day with snacks as needed. Breakfast should be eaten every morning and within 1 hour of waking to get your metabolism started for the day and to break the fast. Set an alarm to remind yourself to eat if needed.

3. **CHEW FOODS TO PUREED CONSISTENCY** - Chew food until it is applesauce texture in your mouth. Well-chewed food puts less stress on your stomach pouch. Remember the rule of chewing at least 25 times before swallowing. This takes practice, so begin before surgery. Your stomach is a much smaller muscle now, causing some foods to be difficult to tolerate. Try 1 new food a day. If you have no problems, proceed to another new food. Each meal should take 20-30 minutes to finish.

4. **ALWAYS EAT PROTEIN 1st** - Follow the bariatric MYPLATE diagram. Eat your non-starchy vegetables 2nd and healthy carbohydrate choices 3rd to ensure you are getting all the necessary nutrients.

5. **STOP DRINKING FLUIDS 30 MINUTES BEFORE EATING AND WAIT 30 MINUTES AFTER EATING** - We recommend that you eat nutritious foods at meal times and drink fluids later. Fluids will fill up your stomach quickly. People experience less bloating when following this principle. You will need to take in at least 64 fluid ounces of hydrating fluids per day such as water, Crystal Light, or Sugar-free Kool-Aid.

6. **VITAMINS ARE FOR LIFE** - Continue to take chewable, powder, or liquid bariatric specific vitamins for at least 6 months post-surgery. You may eventually tolerate regular pill forms of vitamins depending on their size.

7. **TRACK YOU FOOD INTAKE BY JOURNALING** - Logging your intake can be helpful if you are experiencing certain stomach issues or just feel like you’ve reached a weight loss plateau. There are simpler ways to track by using MyFitnessPal or Baritastic phone apps to log food choices, portion sizes, or GI symptoms. This can help you to better determine if you are having difficulty with foods in the diet, as well as help the dietitian to determine what changes are needed to increase your rate of weight loss.
## Protein Powders and Meal Replacements

<table>
<thead>
<tr>
<th>Powders</th>
<th>Source</th>
<th>Serving Size (g)</th>
<th>Protein (g)</th>
<th>Calories</th>
<th>Where to Purchase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric Advantage</td>
<td>Whey</td>
<td>15g~1Tbsp</td>
<td>27</td>
<td>150</td>
<td>Expertsurgical.com (Follow link for post op vitamins)</td>
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<tr>
<td>Syntrax Nectar</td>
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<td>23</td>
<td>100</td>
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<td>Unjury</td>
<td>Whey</td>
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<td>Unjury.com, Amazon.com</td>
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<tr>
<td>Chike</td>
<td>Whey &amp; Soy</td>
<td>48</td>
<td>28</td>
<td>190</td>
<td>ilikechike.com, HEB.com</td>
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<td>Genepro Unflavored</td>
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<td>15</td>
<td>30</td>
<td>56.7</td>
<td>Musclegen.net, Planetarynutrition.com, Amazon.com, GNC</td>
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<tr>
<td>Jay Robb</td>
<td>Whey</td>
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<td>120</td>
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<td>Isopure Zero Carb</td>
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<td>62</td>
<td>40</td>
<td>160</td>
<td>Amazon.com, OhYeahNutrition.com</td>
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<tr>
<td>Doc Hale Unflavored</td>
<td>Whey</td>
<td>22</td>
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### Ready To Drink

<table>
<thead>
<tr>
<th>Powders</th>
<th>Source</th>
<th>Serving Size (Fluid oz.) 8oz=1 cup</th>
<th>Protein (g)</th>
<th>Calories</th>
<th>Where to Purchase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isopure</td>
<td>Whey</td>
<td>20</td>
<td>40</td>
<td>160</td>
<td>GNC, Vitamin Shoppe, Amazon.com</td>
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<tr>
<td>EAS Advant EDGE Carb Control</td>
<td>Whey &amp; Soy</td>
<td>11</td>
<td>17</td>
<td>110</td>
<td>EAS.com, Amazon.com, Walmart.com, GNC, Target.com, Samsclub.com</td>
</tr>
<tr>
<td>Premier Protein Creamy &amp; Clear</td>
<td>Whey</td>
<td>11</td>
<td>30</td>
<td>160</td>
<td>Sams Club, Costco, Most grocery stores, Walmart,</td>
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<tr>
<td>Pure Protein</td>
<td>Whey</td>
<td>11</td>
<td>23</td>
<td>110</td>
<td>GNC, Vitamin Shoppe, Target</td>
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<tr>
<td>Optisource High Protein Drink</td>
<td>Milk Protein Isolate</td>
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<tr>
<td>Biprotein Water</td>
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<td>16.9</td>
<td>20</td>
<td>90</td>
<td>BiproUSA.com, Amazon.com</td>
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</table>
Good Choices for Protein Bars

<table>
<thead>
<tr>
<th>Name</th>
<th>Calories</th>
<th>Protein (grams)</th>
<th>Sugar (grams)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premier Protein</td>
<td>290</td>
<td>30</td>
<td>8</td>
</tr>
<tr>
<td>Pure Protein</td>
<td>200</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>Think Thin</td>
<td>200</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Oatmega Bar</td>
<td>190</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>NugoSlim</td>
<td>180</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>Protein Crunch</td>
<td>205</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Oh Yeah! Victory</td>
<td>200</td>
<td>21</td>
<td>8</td>
</tr>
<tr>
<td>Oh Yeah! Good Grab</td>
<td>190</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>Atkins Advantage</td>
<td>250</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>Quest bars</td>
<td>190</td>
<td>20</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Simple Truth</td>
<td>190</td>
<td>20</td>
<td>7</td>
</tr>
</tbody>
</table>

Other Ways to Supplement Protein

- Use evaporated skim milk in place of other liquid milk for 2.4g of protein per ounce instead of regular liquid milk. This works well in soups, puddings and other milk dishes.
- Add 1/3 cup of non-fat instant dry milk (8g of protein) to 1 cup of skim or low fat milk to make protein fortified milk with twice the protein.
- Add one ounce (1/4 – 1/3 c) grated cheese to soup or beans. (adds 6g of protein)
- Add one package of sugar free Carnation Instant Breakfast to one cup of milk. (adds 4.5g of protein)
**Practical Strategies for Slowing Down Eating**

1. Sit down for all meals and protein power-ups and chew 20-30 times with each bite.
2. Keep serving bowls/platters off the kitchen table.
3. Use small plates (no more than 10 inches in diameter) and small/baby utensils to take small bites and put utensil (fork/spoon) down between bites.
4. Cut dense foods into small pieces: Pinto bean or pencil eraser size.
5. Half plate strategy:
   - Divide food on plate into two halves
   - Notice the time
   - Eat the first half of the food
   - After the first half of food is consumed notice the time again
   - Wait until 15 minutes has elapsed before beginning to eat the 2nd half
6. Use non-dominant hand to eat.
7. Eat with chop sticks.
8. Strive to be the last person eating at the table.
9. Avoid eating while driving.
10. Ask yourself if you are full or satisfied while eating after every bite. If the answer is yes, then stop eating. Remember to truly taste the food and enjoy its flavor.
11. Keep a diary of foods you do not tolerate well and reintroduce them in 2 weeks.
12. Take 1 bite/minute for 20 minutes.
CHAPTER 8: LIFE-LONG NUTRITION TIPS

Deciphering Food Labels

Product food labels have all the information you need to select the proper foods in the grocery store. Companies use many different labels to describe their products and it can be confusing to understand the lingo. Here are some common words most often seen on products.

<table>
<thead>
<tr>
<th>This phrase</th>
<th>Means that</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calorie free</td>
<td>This product contains less than 5 calories per serving</td>
</tr>
<tr>
<td>Low Calorie</td>
<td>This product contains 40 or fewer calories per serving</td>
</tr>
<tr>
<td>Light</td>
<td>This product contains a third fewer calories or 50% less fat</td>
</tr>
<tr>
<td>Light in sodium</td>
<td>Contains half the sodium than its counterparts</td>
</tr>
<tr>
<td>No added sugars</td>
<td>The manufacturer has added no sugar to the product. Beware this product may have a large amount of naturally occurring sugars. (Ex: unsweetened applesauce has natural sugars)</td>
</tr>
</tbody>
</table>
Nutrition Facts Labels

Percent Daily Value (%DV): These figures provide a basis for determining how a serving of a certain food fits into your daily requirements for selected nutrients. For example, if the label lists 15 percent for calcium, it means that one serving provides 15 percent of the calcium you need each day.

Serving Size: Total amount of food per serving in weight and volume.

Servings per Container: The number of servings found in the container.
- Just remember that the calories you eat are per serving. So, if you eat the whole package and there are 2 servings you ate 2 times the amount of calories on the Nutrition Label.

Total Calories: The total calories in one serving.
- Look for serving sizes that contain less than 300 calories.

Calories from Fat: The total calories found just in fat in the serving.
- Choose foods that contain about 30 calories from fat.

Total Fat: The total number of fat grams in one serving.
- Select foods that contain about 5g or less of fat per serving.

Total Saturated Fat: The total number of saturated fat grams in one serving.
- Aim for foods that contain about 1/3 of saturated fat as there is total fat.

Trans Fats: The total number of trans fat grams in one serving.
- The best food choices contain 0, zero, nada grams of trans fats.

Cholesterol: Total number of grams of cholesterol per serving.
- Choose foods that contain less than 5% of daily value in general.
- Keep snacks at less than 10% of the daily value or 30 mg of cholesterol per serving.
- Or aim for less than 20% of the daily value or 60 mg for a main meal.

Sodium: Total number of grams of sodium (salt) per serving.
- Select foods that contain less than 5% of the daily value for sodium in general.
- Snacks should have less than 10% of the daily value or 240 mg per serving.
- A meal should be less than 20% of the daily value or 500 mg of sodium per serving.
**Total Carbohydrate**: Total number of grams of carbohydrate per serving.
- Aim for less than 5% of the daily value or 15g of carbohydrate.

**Dietary Fiber**: Total number of grams of fiber per serving.
- Choose foods that contain as much fiber as possible or greater than 20% of the daily value or 5g per serving.

**Sugars**: Total number of grams of sugar per serving.
- Look for foods that contain about 3-5g of sugar per serving. Also, make sure that sugar is not listed in the first 5 ingredients.

**Protein**: The total number of grams of protein per serving.
- Select foods that contain greater than 20% of the daily value for protein. The % daily value is not always listed for protein. You should look for foods that contain **1g of protein for every 10 calories**. Protein bars should also have an equal ratio of carbs to protein.

<table>
<thead>
<tr>
<th>Calories</th>
<th>Amount of Protein</th>
</tr>
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<tbody>
<tr>
<td>50 calories</td>
<td>5 grams of protein</td>
</tr>
<tr>
<td>100 calories</td>
<td>10 grams of protein</td>
</tr>
<tr>
<td>150 calories</td>
<td>15 grams of protein</td>
</tr>
<tr>
<td>200 calories</td>
<td>20 grams of protein</td>
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<tr>
<td>250 calories</td>
<td>25 grams of protein</td>
</tr>
<tr>
<td>300 calories</td>
<td>30 grams of protein</td>
</tr>
</tbody>
</table>

---

**Nutrition Facts**

2 servings per container

**Serving size**: 1 cup (140g)

<table>
<thead>
<tr>
<th>Amount per serving</th>
<th>% Daily Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories 160</td>
<td>100%</td>
</tr>
<tr>
<td>Total Fat 8g</td>
<td>10%</td>
</tr>
<tr>
<td>Saturated Fat 3g</td>
<td>15%</td>
</tr>
<tr>
<td>Trans Fat 0g</td>
<td>0%</td>
</tr>
<tr>
<td>Cholesterol 0mg</td>
<td>0%</td>
</tr>
<tr>
<td>Sodium 60mg</td>
<td>3%</td>
</tr>
<tr>
<td>Total Carbohydrate 21g</td>
<td>8%</td>
</tr>
<tr>
<td>Dietary Fiber 3g</td>
<td>11%</td>
</tr>
<tr>
<td>Total Sugars 15g</td>
<td>5%</td>
</tr>
<tr>
<td>Includes 5g Added Sugars</td>
<td>10%</td>
</tr>
<tr>
<td>Protein 3g</td>
<td>15%</td>
</tr>
</tbody>
</table>

- Vitamin D 5mcg 25%
- Calcium 20mg 2%
- Iron 1mg 6%
- Potassium 230mg 4%

*The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2000 calories a day is used for general nutrition advice.
CHAPTER 9: NUTRITIONAL SUPPLEMENTS: WHAT, WHY AND HOW

What Vitamins and Minerals Should I Take and Why?

- **Multi-Vitamin**: We recommend a complete multivitamin (MVI) in a chewable, liquid, or powder form, however, gummies and children’s MVI’s are not allowed. You will need to take 2-3 per day, unless otherwise specified. Many MVI’s contain iron.

  **Do not take calcium within 2 hours of taking your MVI if it contains iron.**

- **B-12**: 500 mcg or 1,000 mcg daily in a sublingual pill (under the tongue), nasal spray, monthly injections, or liquid form. We will check your B-12 levels and make further recommendations based on your lab values and overall wellness. The stomach is necessary for B12 absorption. This is because stomach acid helps to release B12 from food. After a bariatric surgery, this process becomes more difficult due to the loss of a certain substance called the intrinsic factor, therefore, supplementation of B12 is needed.

- **Calcium citrate**: 1200-1500 mg per day in a chewable citrate form of calcium rather than calcium bicarbonate for greater absorption. You will need to take 500 mg per dose and space evenly throughout the day. Avoid taking within 2 hours of an iron supplement. Taking calcium can help to build strong bones and prevent future bone loss.

- **Iron**: 18-29 mg daily recommended for those at risk for anemia or as prescribed by your health care provider. If you are iron deficient, a prescribed dose of iron will be given to you from your provider. Iron is needed to help make proteins and assists by getting oxygen to where the body needs it most.

- **Vitamin D**: 3,000-5,000 IU’s of Vitamin D3 daily is recommended. You may require additional Vitamin D as prescribed by your health care provider for a deficiency. Vitamin D helps to absorb calcium while also promoting bone growth and healthy teeth.

- **Fish oils**: Fish oils are beneficial for numerous conditions and may assist in healthy blood fats and the function of insulin. Recommended dose is 2-3g daily.

Here It Is Again

1. A multi-vitamin with minerals that contains 200% of the daily value of most nutrients.
2. 500-1,000 mcg of vitamin B12 daily.
3. 2000-5000 IU of vitamin D. Under special circumstances we may prescribe up to 10,000 IU per day.
4. 1200-1500 mg of Calcium Citrate.
5. 2-4g Fish oil daily, if desired or prescribed.
6. A total of 18-29 mg of iron daily as part of your multivitamin or as prescribed by a provider.
Sample Schedule to Follow When Taking Your Vitamins

You may purchase your vitamins on [expertsurgical.com](http://expertsurgical.com) website by following these simple steps:

Click the **Vitamins** link at the top menu of any page:

---

<table>
<thead>
<tr>
<th>Vitamin Regimen</th>
<th>Breakfast</th>
<th>Mid-Morning</th>
<th>Lunch</th>
<th>Mid-Afternoon</th>
<th>Dinner</th>
<th>Bedtime</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General vitamin regimen</strong>&lt;br&gt;May need up to 9/day</td>
<td>Multi-Vitamin *with Minerals ~2-3/day&lt;br&gt;B12 (at least 500 mcg’s)&lt;br&gt;Fish oil</td>
<td>Calcium (500-600 mg per serving)&lt;br&gt;Vitamin D (at least 3,000 IU’s/day)</td>
<td>Calcium (500-600 mg per serving)</td>
<td>Calcium (500-600 mg per serving)</td>
<td>Iron*(at least 29 mg/day)</td>
<td></td>
</tr>
</tbody>
</table>

**Vitamin kit:**<br>Take 2 multi & 3 calcium chews<br>BA Multi Chewy Bite (contains some vit D but no iron)<br>BA 500 mg calcium citrate chews (Includes some Vit. D)<br>BA 500 mg calcium citrate chews (Includes some Vit. D)<br>BA Multi Chewy Bite (contains some vit D but no iron)<br>BA Multi Chewy Bite (contains some vit D but no iron)

**Vitamin kit:**<br>Take 3 multi capsules w/iron & 3 calcium chews<br>Ultra multi formula with iron (Empty 2 capsules into food/drink- This contains iron)<br>BA calcium citrate chews with Vit. D<br>BA calcium citrate chews with Vit. D<br>BA calcium citrate chews with Vit. D<br>Ultra multi formula with iron (Empty 1 capsule into food/drink- This contains iron)
How Should I Take My Vitamins?

Vitamin supplements should be taken for the rest of your life. Some patients make the grave error of stopping the vitamins because they “feel ok” or their levels are normal.

Follow the guidelines below to improve tolerance and effectiveness of your vitamins.

- Take supplements at least two hours apart.
- Take iron supplements with food or at night before bed.
- Do not take your iron and calcium together. Separate these supplements by at least 2 hours.

Be aware that many vitamins are not made specifically for bariatric patients. Try to take vitamins that have been made by companies that have researched the needs of bariatric patients. Good options include: Bariatric Advantage, Opti source, or Celebrate Vitamins.

Why Should I Take My Vitamins?

Vitamins and minerals make the weight loss wheel go round. Your diet will also change as your calories and food choices change after surgery. It is true that people have nutritional deficiencies even before surgery. If you had them before, and we change your anatomy, imagine what could happen. Common deficiencies include vitamin D, fiber, antioxidants, thiamin, iron, and B12. You need vitamins to make sure you do not develop a poor immune system, nerve disease, and other conditions that will make your life less than optimal.
CHAPTER 10: POTENTIAL ISSUES

Every surgery has potential risks. Be aware of possible problems after surgery and make sure that you report them to our clinical staff.

**Vomiting**

Short term episodes of vomiting is not uncommon when adjusting to solid foods. If you vomit:

1. **Note the amount of food you ate and the texture of the food.**
   a. Common foods that might cause problems: chicken (white meat in particular), beef, pork, rice, noodles, and un-toasted bread.

2. **Eat smaller quantities, chew well, and take time to savor the flavor.**

3. **Ask yourself, “Did you eat and drink at the same time?”**
   a. Drinking fluids during a meal that contains solid foods can cause discomfort. Remember, do not drink 30 minutes before or after eating.

4. **If you are vomiting pureed foods or liquids, call the office.**

However, if you always vomit after eating or if you can’t pinpoint why you are vomiting do not hesitate to call our office at 972-695-6174.

The following foods are known offenders within the bariatric community. If eaten too quickly or too much at once, they can make you feel like the food is stuck in your throat/chest and lead to vomiting:

- White meat chicken (especially if overcooked and dry)
- Noodles
- Rice
- Bread
- Pork (especially if overcooked and dry)
- Some types of meaty fish (tuna steaks, swordfish steaks)

**Gas**

Increases in gas is also very common after bariatric surgery. If you have gas pains at home (and it is not caused by a lactose intolerance), Simethicone drops, Bean-O, Gas-X, Phazyme, or Simethicone when you eat these foods.

**Sour Taste**

Some people experience a “bad taste” in their mouth during the first month after surgery. This is completely normal and is due to rapid weight loss and lower food intake. The taste will go away after a couple of weeks.
**Ulcers**

Developing GI ulcers are a possibility after bariatric surgery. They are usually treated with anti-ulcer medication. If you experience severe nausea or pain with eating or very shortly after eating, call our office. Early detection and treatment are essential to avoid serious medical problems. When needed, pairing NSAIDs with antacids after sleeve surgery will greatly help lessen your risk of developing an ulcer. Gastric bypass patients must avoid NSAIDs entirely.

**Changes in Bowel Movements**

Overall, for a couple months after surgery your bowel movements are not going to occur the way they once did. Constipation after bariatric surgery is not uncommon. If it occurs directly after surgery it may be because of the anesthesia or pain medication. Constipation may lead to hemorrhoids, hernias, and intestinal blockages. Ways to combat constipation include drinking 64 oz of hydrating fluids daily, exercising, and eating 25-30g fiber daily. Milk of Magnesia and stool softeners also ease stubborn stools. A last resort would be an enema. Remember, you should not use Milk of Magnesia or laxatives on a regular basis. If you have any questions, always call the clinical staff of Expert Surgical at 972-695-6174.

**Hair Loss**

Hair loss after bariatric surgery is to be expected. It is usually a direct result of not eating the same number of calories that your body is accustomed to having. When your body has a sudden reduction in calories it will direct its attention to essential body functions such as beating the heart and oxygenating the brain. Growing hair is not an essential body function. Hair loss will typically occur about 3-4 months after surgery and end at the 7-8-month mark. Keep in mind, the hair loss is more of a regeneration cycle. New hairs are pushing out the old ones and baby hairs will grow back.

The best way to minimize this regeneration cycle is to making sure you are eating adequate amounts of protein (minimum of 60 to 80 grams per day). Taking a biotin supplement can also aid in hair regrowth.

**Vitamin Deficiencies**

After bariatric surgery, vitamin supplementation is a requirement for life. Serious problems can occur if you do not take your vitamins every day. Your levels will be checked once a year to ensure deficiencies do not develop.

**Weight Loss**

Bariatric surgery is a tool. It will help you lose weight and keep it off if you work with it. It is not a “magic bullet” or “quick fix” and can be beaten. If you follow some simple rules, you will lose the weight and keep it off!
The fundamental rules of nutrition do not change with bariatric surgery. You must avoid eating sugar and limit high fat foods. They will slow weight loss and can lead to weight gain. Keep in mind, you can eat smaller quantities of junk foods that are high in calories and still gain weight. No surgery can change that. One of the most successful ways to continue losing weight is to keep a food diary on a regular basis. This greatly helps with accountability.

Foods to avoid because the calories add up quickly:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheetos</td>
<td>Microwave Popcorn</td>
<td>Nachos</td>
</tr>
<tr>
<td>Corn Chips</td>
<td>Cheese Its</td>
<td>Cream Sauces</td>
</tr>
<tr>
<td>Doritos &amp; Fritos</td>
<td>Onion Rings</td>
<td>Ice Cream</td>
</tr>
<tr>
<td>Fast Food</td>
<td>Pork Rinds</td>
<td>Salami/Bologna</td>
</tr>
<tr>
<td>French Fries</td>
<td>Potato Chips</td>
<td>Alcohol</td>
</tr>
<tr>
<td>Fried Food</td>
<td>Soda</td>
<td>Cakes/Pastries</td>
</tr>
</tbody>
</table>

Carbonated beverages can expand the stomach. The sugar in carbonated beverages will lead to weight loss FAILURE!

Your dedication to changing your lifestyle will dictate your success after bariatric surgery.

**Low Blood Sugar**

Hypoglycemia, low blood sugar, can happen after bariatric surgery. Symptoms include dizziness, suddenly feeling clammy/sweaty, and occasionally passing out. If left untreated, it can lead to serious medical conditions such as a coma or seizure.

The best way to handle hypoglycemia is by preventing it from occurring. This is accomplished by eating small frequent meals with the proper amount of protein, veggies, fruit, and complex starches.

If you have the symptoms of hypoglycemia, check your blood sugar and see if it is less than 80. If yes, then drink 4 oz. of juice (any type will do but orange juice is best) and recheck your blood sugar in 15 minutes. If your blood sugar is still dropping, then drink another 4 oz. of juice and wait another 15 minutes to recheck your blood sugar. If this occurs, make sure you notify a friend/family member in case you pass out. If you took a large dose of insulin or diabetic medication and your sugars continue to drop call 911.
Hypoglycemia does not occur in all patients. However, it is important for you to be aware of the potential of it occurring and to treat it appropriately. Please feel free to contact us if you would like to discuss any potential issues after surgery, 972-695-6174.

**Constipation**

Constipation may occur due to a decreased food, fluid and fiber intake. Lack of exercise can also cause constipation. To alleviate and prevent constipation try:

1. Fruits, prune juice and vegetables.
2. Bran cereal, old fashion oatmeal, Fiber One and raw bran (1 Tbsp.) may help.
3. Miralax or generic brand stool softener.
4. Milk of Magnesia (1 tsp. as needed). Do not take on a regular basis.
5. Two months after surgery you may use a fiber supplement such as Effersyllium, Metamucil (sugar-free), Citrucel, Fiber-all, or Fibercon.

**Lactose Intolerance**

Some patients develop lactose intolerance (inability to properly digest milk and milk products) after bariatric surgery. If you experience bloating, gas, and abdominal cramping after drinking milk or eating milk products, you may have lactose intolerance (even if you did not have the problem before surgery). If you suspect you may have lactose intolerance, you should eliminate all milk and milk products from your diet for 24-48 hours

- Try taking Lactaid or Dairy-ease tablets when eating foods containing milk.
- Substitute lactose reduced or lactose free milk in place of regular milk (can be used in cooking, protein drinks, etc). *Fairlife is a great tasting lactose free milk that can be purchase at most grocery stores.
- Substitute soymilk for regular milk.
- Only use non-whey protein powders.