

Baylor Scott & White Medical Center Bariatric Surgery Department
Bariatric Manual

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Baylor Scott & White Medical Center Bariatric Surgery Department

- **Metabolic and Bariatric Surgery accredited program since 2007**
- **Performs over 700 Bariatric surgeries a year**

2022 Gastric Sleeve case volume: 519

- **Complication rates:**
 - Related Readmission 1.93%
 - Related Reoperation 0.19%
 - LSG Leak 0.19%
- **2022 Gastric Bypass case volume: 179 (79 primary, 100 conversions)**
 - **Complication rates:**
 - Related Readmission 3.80%
 - Related Reoperation 0%
 - LRYGB Leak 0%

Typically, you can expect to lose as much as 60% to 70% of your **excess** weight. However, your weight loss depends on several factors. For individualized estimates on outcomes for each procedure, your surgeon may use a risk/benefit calculator.

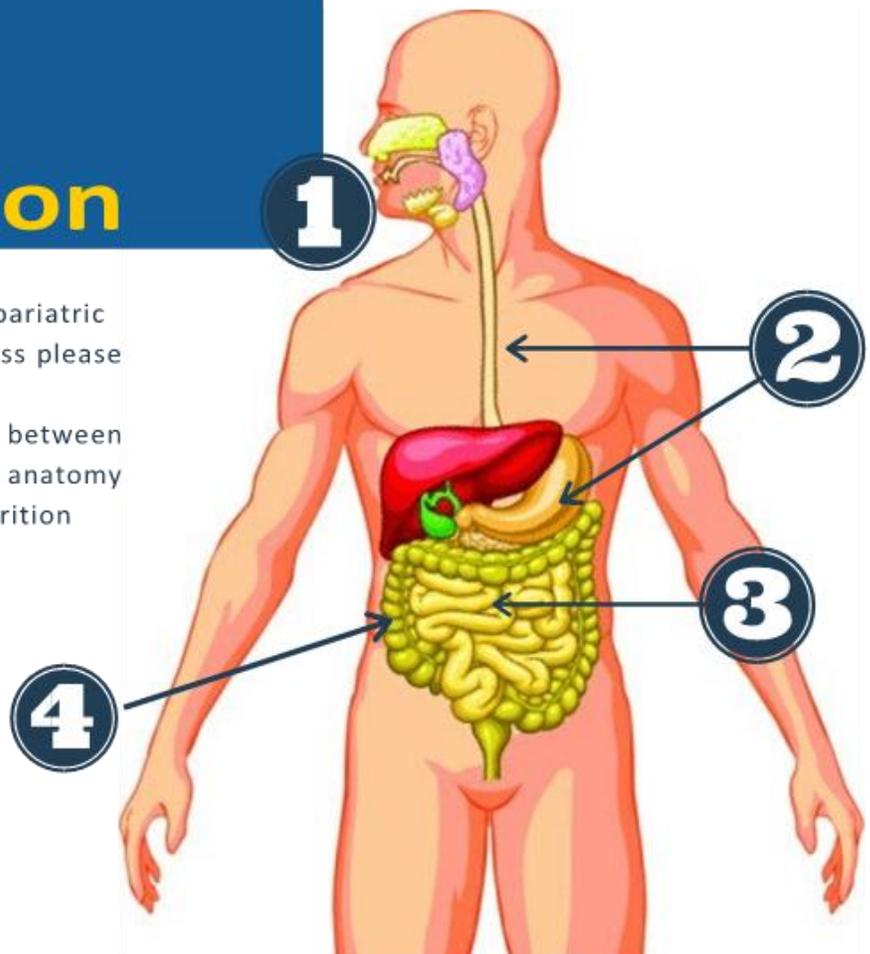
*Procedure and Complication data from 2021 MBSAQIP Semiannual Report Site Summary



Bariatric Surgery Introduction

There are many different types of bariatric surgery. To ensure long-term success please note your anticipated surgery as recommendations may vary slightly between them. It is important to understand anatomy changes after surgery and their nutrition implications.

Fill in the blank.
What surgery are you having?



1

Food enters your mouth where the physical process of chewing helps to breakdown food. This is crucial step no matter what surgery you have. Chew every bite 30 times.

2

Chewed food then passes down your throat (esophagus) and into your stomach. Your stomach works to further break down food in an acidic environment. Before the surgery, the stomach holds 4-5 cups. After surgery, this will be reduced to 2-4oz or (1/2 cup to 1/4 cup).

3

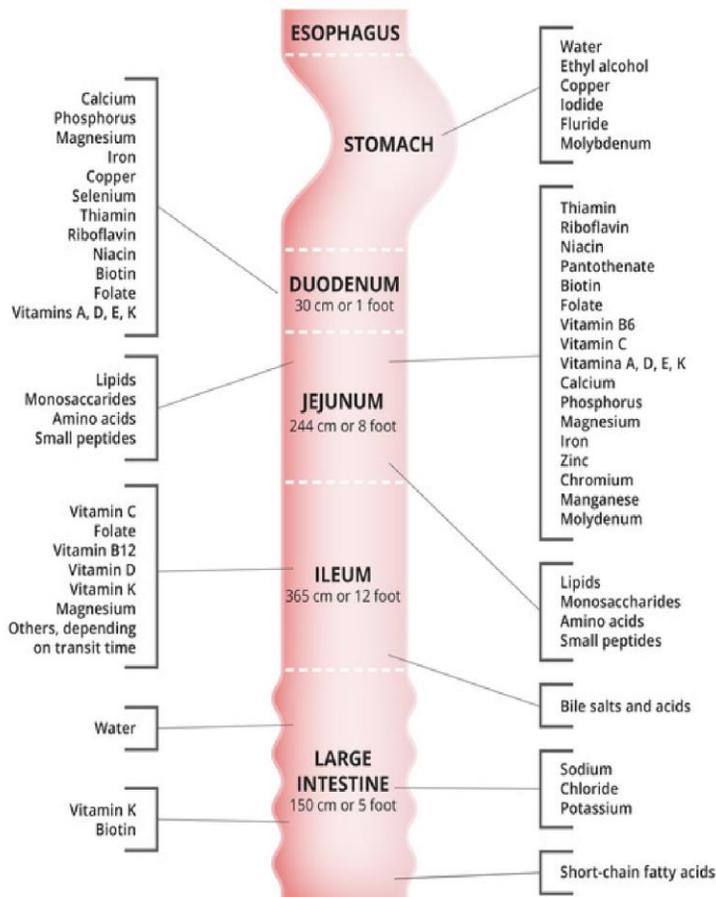
Broken down food particles leave the stomach to enter the small intestine. There are three parts known as the duodenum, jejunum, and ileum. The small intestine works to absorb nutrients, vitamin, minerals and water for every cell in the body to use.

4

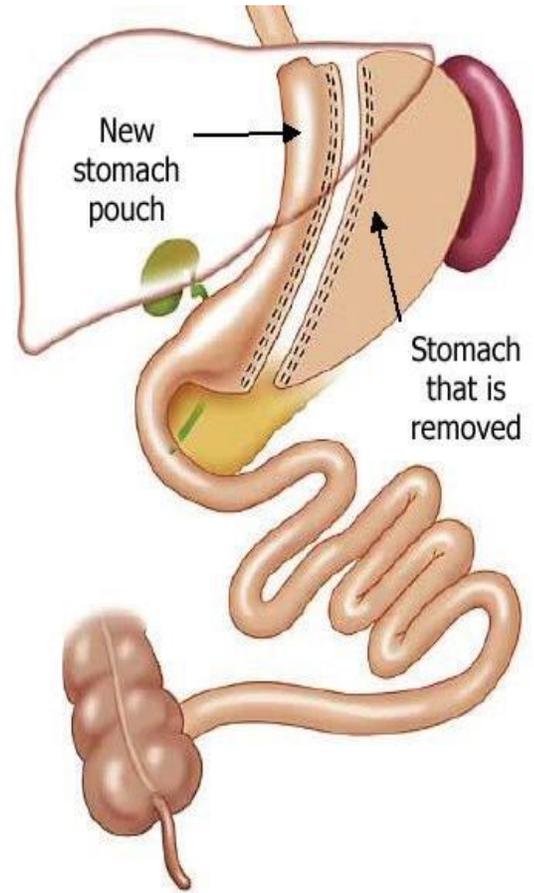
Then the large intestine (colon) continues this process of absorption and helps to form stool.

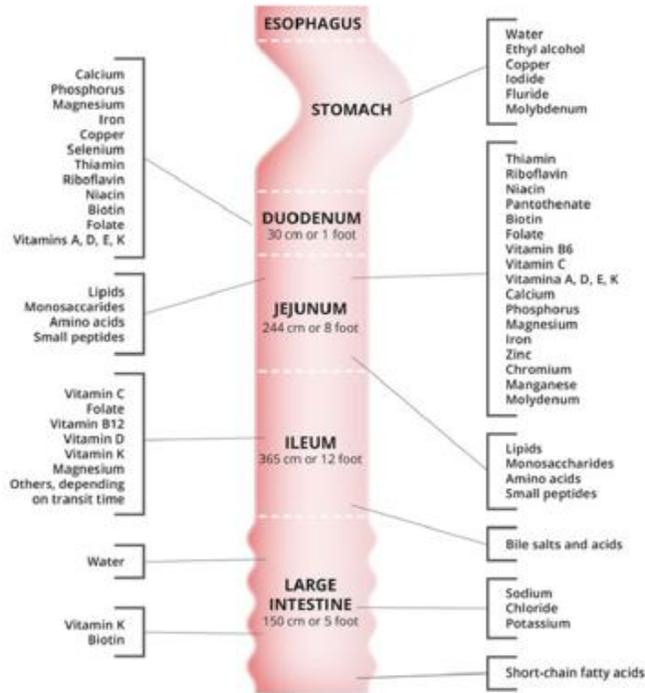
Laparoscopic Sleeve Gastrectomy

- This procedure reduces the stomach size.
 - The new stomach sleeve can hold 2-4 oz (1/4-1/2 cup).
- Decreases the amount of food the stomach can hold at one time creating a calorie deficit for weight loss.
- Reduces appetite due to reduced appetite stimulating "ghrelin".



Note: The duodenum, jejunum and ileum make up the small intestine.





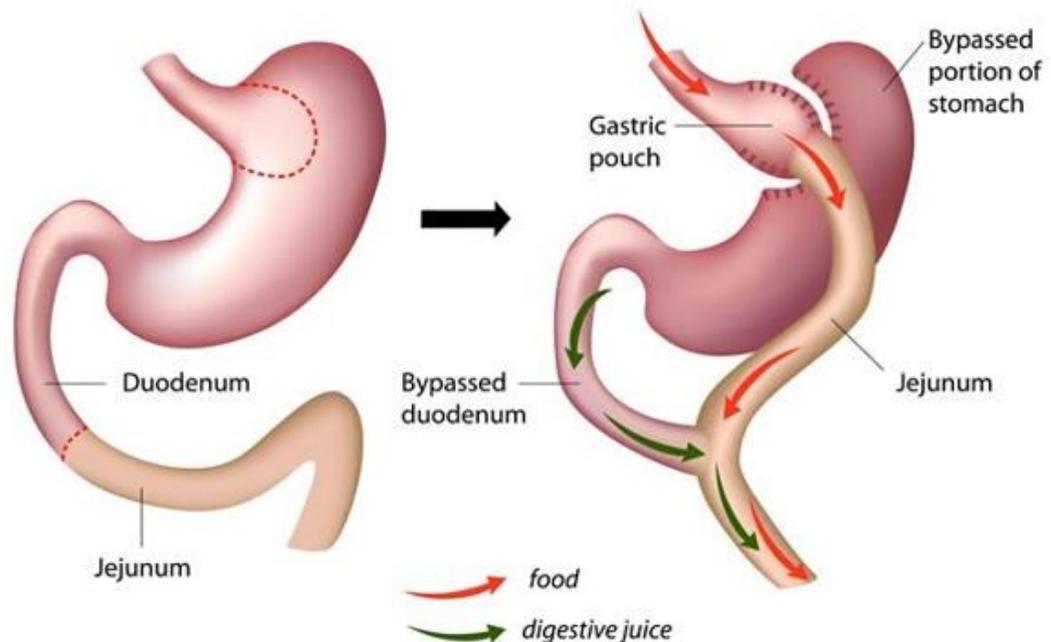
Note: The duodenum, jejunum and ileum make up the small intestine.

Roux-En-Y Gastric Bypass

This procedure reduces the stomach size. The new stomach pouch can hold 2-4 oz. (1/4-1/2 cup). In this procedure, stapling creates a smaller stomach pouch. The bypassed portion is not removed. The outlet from the formed pouch empties directly into the upper portion of the jejunum.

- The bypassed portion of the stomach still aids in digestion and absorption with delayed mixing in of the bile and pancreatic juices. Reduction in appetite due to reduced appetite stimulating hormone "ghrelin".
- Increases satiety and reduces the desire to eat.
- The bypassed portion results in poor absorption of calcium and iron, lifelong supplementation is required.

Roux-en-Y Gastric Bypass (RNY)



Biliopancreatic Diversion with Duodenal Switch (BPD/DS)

The Biliopancreatic Diversion with Duodenal Switch, abbreviated BPD-DS, begins with creation of a tube-shaped stomach pouch similar to the sleeve gastrectomy. It resembles the gastric bypass, where more of the small intestine is not used.

The Procedure

1. Following creation of the sleeve-like stomach, the first portion of the small intestine is separated from the stomach.
2. A part of the small intestine is then brought up and connected to the outlet of the newly created stomach, so that when the patient eats, the food goes through the sleeve pouch and into the latter part of the small intestine.

How it Works

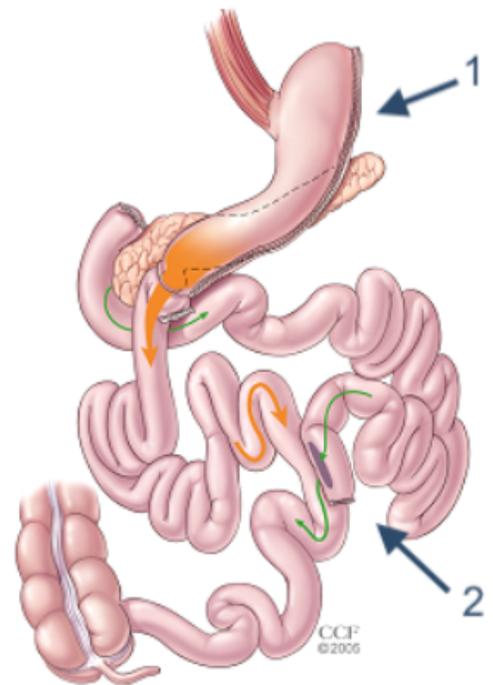
The smaller stomach, shaped like a banana, allows patients to eat less food. The food stream bypasses roughly 75% of the small intestine, the most of any commonly performed approved procedures. This results in a significant decrease in the absorption of calories and nutrients. Patients must take vitamins and mineral supplements after surgery. Even more than gastric bypass and sleeve gastrectomy, the BPD-DS affects intestinal hormones in a manner that reduces hunger, increases fullness and improves blood sugar control. The BPD-DS is considered to be the most effective approved metabolic operation for the treatment of type 2 diabetes.

Advantages

1. Among the best results for improving obesity
2. Affects bowel hormones to cause less hunger and more fullness after eating
3. It is the most effective procedure for treatment of type 2 diabetes

Disadvantages

1. Has slightly higher complication rates than other procedures
2. Highest malabsorption and greater possibility of vitamins and micro-nutrient deficiencies
3. Reflux and heart burn can develop or get worse
4. Risk of looser and more frequent bowel movements
5. More complex surgery requiring more operative time

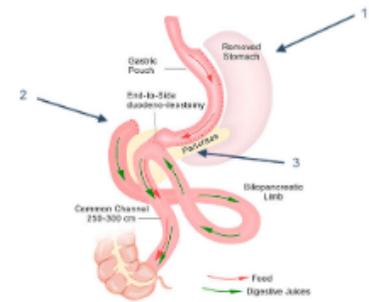


Single Anastomosis Duodeno-Ileal Bypass with Sleeve Gastrectomy (SADI-S)

The Single Anastomosis Duodenal-Ileal Bypass with Sleeve Gastrectomy, referred to as the SADI-S is the most recent procedure to be endorsed by the American Society for Metabolic and Bariatric Surgery. While similar to the BPD-DS, the SADI-S is simpler and takes less time to perform as there is only one surgical bowel connection.

The Procedure

1. The operation starts the same way as the sleeve gastrectomy, making a smaller tube-shaped stomach.
2. The first part of the small intestine is divided just after the stomach.
3. A loop of intestine is measured several feet from its end and is then connected to the stomach. This is the only intestinal connection performed in this procedure.



How it Works

When the patient eats, food goes through the pouch and directly into the latter portion of the small intestine. The food then mixes with digestive juices from the first part of the small intestine. This allows enough absorption of vitamins and minerals to maintain healthy levels of nutrition. This surgery offers good weight loss along with less hunger, more fullness, blood sugar control and diabetes improvement.

Advantages

1. Highly effective for long-term weight loss and remission of type 2 diabetes
2. Simpler and faster to perform (one intestinal connection) than gastric bypass or BPD-DS
3. Excellent option for a patient who already had a sleeve gastrectomy and is seeking further weight loss

Disadvantages

1. Vitamins and minerals are not absorbed as well as in the sleeve gastrectomy or gastric band
2. Newer operation with only short-term outcome data
3. Potential to worsen or develop new-onset reflux
4. Risk of looser and more frequent bowel movements



A Tool to Make the Job Easier

Like any type of tool, weight loss surgeries each have instructions that teach the user to make it work the way it's intended. Not following the instructions can mean that the tool won't work as well as possible. You will receive information about diet, exercise, and behavior management throughout your care. How you apply this information will make a big difference in how much weight you lose and whether or not you will be successful in maintaining your weight loss. Regular follow-up as well as nutrition and lifestyle changes are the keys to success.

LIFESTYLE CHANGES TO START NOW!

01

Start your vitamins!

- 1 complete multivitamin-mineral supplement once daily
** space vitamins atleast 2 hours apart **
- Calcium Citrate with Vitamin D with meals



02

Aim for 64 ounces of fluid daily!



Limit drinking your calories from sugary beverages such as sodas, sweet tea, alcohol, juice, whole milk

03



Aim for meal consistency! Avoid skipping meals!
Eat a combination of different foods, including fruit, vegetables, legumes, nuts and whole grains.

04

Exercise routinely: Aim for 1 hour 5-6 days each week

- Cardio: Walking, Biking, Swimming, Elliptical, Dancing
- Muscle-strengthening : Weights, Resistances Bands





PREPPING YOUR HOME

Clean out your pantry, refrigerator, and freezer of any food challenges. Give yourself healthy options and stock your home with fruits, vegetables, lean proteins and protein shakes.

Helpful tips:

- Your home is your haven-it should be free of tempting foods.
- Place fruit in bowls on the counter.
- Cut up veggies and place them in a container in the fridge.
- Keep challenging foods out of the house.
- If your family members want tempting foods in the house, make sure there is a specific area for them out of site and accessibility.
- Use smaller plates for your meals.
- Keep pots or serving dishes on the stove while eating- not on the table.
- Start collecting protein shakes and powders so you can experiment and determine what you like.
- When grocery shopping, always make a list.
- Avoid grocery shopping on an empty stomach.
- Shop the supermarket perimeter. Most whole foods are found along the walls of the store.
 - Avoiding the inner isles of the store will reduce temptation.
- When purchasing vegetables and fruits, fresh and frozen is best.
 - If buying canned, make sure its a low sodium option.
 - Buy canned or fresh packed in it's own juice, no added syrup or sugars.



HEALTHY FOODS		SHOPPING LIST	
Fruits	Canned Foods	Frozen Foods	
✓ Apples	✓ Low Sodium Options	✓ Blueberries	✓ Sesame Oil
✓ Bananas	✓ Low Sodium Soup	✓ Carrots	✓ Walnut Oil
✓ Berries	✓ Marinara Sauce	✓ Chicken	
✓ Crapefruit	✓ Pineapple	✓ Corn	Beverages
✓ Nectarines	✓ Pinto Beans	✓ Fish	✓ 100% Fruit Juice
✓ Oranges	✓ White Beans	✓ Fruit	✓ Herb Tea
✓ Peaches	✓ Black Beans	✓ Green Beans	✓ Sparkling Water
✓ Pears	✓ Salmon	✓ Juice Bars	✓ Tomato Juice
	✓ Tuna	✓ Mixed Fruit	
Grains	✓ Tomatoes	✓ Peas	Miscellaneous
✓ Oatmeal		✓ Vegetables	✓ Tofu
✓ Whole Grain Bread	Dairy	✓ Veggie Burgers	✓ Almonds
✓ Whole Grain Cereal	✓ Butter		✓ Walnuts
✓ Whole Grain Pasta	✓ Cheddar Cheese	Condiments	✓ Flax Seeds
	✓ Colby Cheese	✓ Honey	✓ Mixed Nuts
Meats	✓ Egg or Egg Substitute	✓ No Sugar Added Jam/Jelly	✓ Pecans
✓ Chicken	✓ Low Fat Cottage Cheese	✓ Ketchup	✓ Pumpkin Seeds
✓ Fish	✓ Cheese	✓ Low Fat Mayonnaise	✓ Brown Rice
✓ Lean Beef	✓ Low Fat Cream Cheese	✓ Low Sodium Soy Sauce	✓ Garlic
✓ Pork Chops	✓ Low Fat Milk	✓ Low Fat Salad Dressing	✓ Herbs & Spices (instead of salt)
✓ Shell Fish	✓ Low Fat Sour Cream	✓ Mustard	✓ Low Sodium & Low Fat Crackers
✓ Steak	✓ Mozzarella Cheese	✓ Olive Oil	
✓ Turkey	✓ Low Fat Yogurt		



**NO
SMOKING**

Additional Lifestyle Modifications:

- For your health and safety, smoking and tobacco cessation is mandatory for bariatric surgery.
- If you have a history of smoking or tobacco use, we will do a screening for nicotine prior to your surgery. If nicotine is detected within 4 Weeks of your procedure, your case will have to be rescheduled or cancelled.
- Limiting alcoholic beverages prior to surgery is important as well. After surgery regular alcohol intake can lead to stomach ulcers, bleeds, and other adverse events.

It is important to consider things beyond grocery trips and new recipes. It's also about getting enough sleep, finding ways to cope with difficult situations in positive ways, managing stress, and having confidence in yourself and your decisions.

BODY

AWARENESS

It is important to take the time to honor your body's needs in positive and healthy ways.

Check in with your body throughout the day:

- How do you feel?
- Are you thirsty?
- Are you hungry and ready for a meal?
Do you need to take a walk or be physically active?
- Do you need a stretch break?
-

MENTAL

MINDSET

Surgery is not a quick fix. This is a journey toward weight loss, weight maintenance, and overall better health.

-
- Strive for progress, not perfection. This is a learning process, it is normal to have challenges and difficult times.
- Set small, achievable goals each day.
(increased water intake, or go for a walk.)
Self weighing can be helpful on your journey
- to weight loss.
Start slow and make corrections when needed. The main thing is to keep going!



WHY IT IS IMPORTANT

Keeping a food record or journal will help increase your awareness of your food habits. It will help you track healthy habits that are necessary for success. Although it can be uncomfortable writing down "bad foods" that you've eaten, it can give you insight into your true eating habits. This will allow you to make plans to change them effectively.

Food records are a tool for feedback, not failure. You can buy a food journal, a simple notebook, or use an application on your phone or online.

It is important to figure out what works best for you and your lifestyle. Keeping a food journal is also useful to your dietitian and bariatric team. It helps us assess your nutrition and make helpful recommendations.

Note what you are eating, how hungry you are at the time, where you are, what you are feeling, and how much you ate.

ONLINE RESOURCES

BariatricPal.com

ObesityHelp.com

Baritastic (app)



Outline of Appointments

Gastric Bypass and Sleeve Gastrectomy

New Patient Visit

Your first visit will include a review of your medical history and health status, as well as a list of requirements to complete before surgery. You will be given information regarding what you can expect and what is expected of you (the patient) both before and after surgery.

Initial Nutrition Visit

Most new patients are required to see a dietitian in the bariatric surgery clinic in Temple for a comprehensive nutrition evaluation. Please plan at least 1 hour for this visit.

Medically Supervised Weight Loss Visits

If your insurance requires, you may have to complete 3-6 months (or longer for some insurances) of medically supervised weight loss visits with your primary care physician and/or a registered dietitian before you are eligible for surgery.

Pre-Op Class (about 2-3 weeks before surgery)

This is a mandatory class where the dietitian and nurse will review all of the information you need to know before and immediately after surgery. You may also be required to have preoperative labs or tests done. This is a 60 minute in-person class.

Pre-Op Clinic Visit (1-2 weeks before surgery)

You will have a pre-op physical in our office with your surgeon.

Postoperative (post-op) Clinic Visits (1 week & 2 weeks after surgery)

You will see either your surgeon, PA, or NP for follow-up visits 1 and 2 weeks after surgery. Also, the dietitian will likely advance you to the Stage II (Soft Food) Diet at your 2- week follow-up appointment.

Post-op Nutrition Class (about 5-6 weeks after surgery)

This is a mandatory class where the dietitian will review how to eat for the rest of your life. You will be advanced to the Stage III (Lifelong Solid Food) Diet at this class, this is a 60 minute in-person class.

Clinic Visit every 3 months for the first year after surgery, every 6 months year the second year, then yearly.

You will have blood drawn every 6 months for the first 2 years then annually.



Pre-Hospitalization Instructions

2-3 weeks before your surgery date:

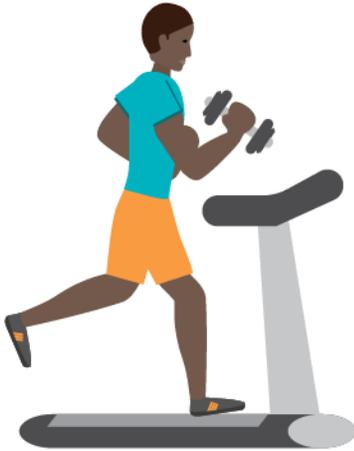
- **Attend one session of preoperative classes.** Classes are offered weekly. Check with clinic staff for availability.
 - Classes will include preoperative education and nutrition.
 - You may need to have labs and other required tests done, such as an EKG.
 - We here in Bariatrics would like to track your success. You will have the opportunity to take before photos, if you are interested. You will take an after photo at the one-year appointment.
 - The surgery scheduler will schedule your surgery and all of your post-op visits for your first year.
- Post-op medications will also be prescribed on the day of your classes. These medications will need to be picked up at your pharmacy before your surgery.
- If you have diabetes, check with your PCP to get dosing instructions for your insulin or oral diabetes medication for the preoperative diet and for the day of surgery.
- **If you have renal disease, you should notify your bariatric surgeon, PA/NP, and dietitian. Dialysis patients will have different preoperative diet requirements and will be required to have dialysis the day before surgery.**

- Start the preoperative diet as instructed by your bariatric surgery team; this is usually 2 weeks prior to your surgery date.

The week before surgery:

- Attend a preoperative visit with your surgeon, PA, or NP.
- You need to exercise at least 60 minutes daily. You should be in the best physical condition possible before surgery. This will help you recover quickly.
- Practice deep breathing and coughing. This helps keep your lungs clear and prevents complications that could result in a longer hospital stay. *Practice the following deep breathing exercises 4 or 5 times per day for two weeks before your surgery:*

- 1) Take a deep breath, trying to fill your lungs completely.
- 2) Hold it for 3 seconds
- 3) Exhale forcefully while pursing your lips slightly as if you were blowing out a candle. Keep exhaling until your lungs are completely empty.
- 4) Take another deep breath and continue repeating the above steps 10 times.



Special Instructions for Medications

Prior to and After Bariatric Surgery

Make sure the surgeon and the bariatric team are aware of all your medications at the time you schedule your surgery date.

Routine Medications – After surgery, take 1 pill every 15 minutes. Large pills will need to be split into two (½ pill every 15 minutes). If you prefer, pills can be crushed or changed to a liquid form for better tolerance. You will need to contact your p and/or primary care in regards to medication changes.

Birth Control, Premarin® or other hormone pills - stop 4 weeks prior to surgery and do not resume until 4 weeks after surgery. * **You will need to use at least 2 other forms of birth control. *Birth control pills may not be as effective in preventing pregnancy after gastric bypass surgery.* Due to malnutrition issues postoperatively, the bariatric surgical team strongly recommends women of childbearing age not get pregnant within two years after surgery.** Stress upon the body will hinder both fetal development and maternal health.

Anticoagulants - Plavix®: stop 5-7 days prior to surgery. **Eliquis®**: stop 48 hours prior to surgery. **Coumadin®**: stop 7 days prior to surgery.

Lovaza®: stop 1 week prior to surgery. Consult with the surgeon regarding future post-op use, as it can cause bleeding.

The following supplements (and any foods or beverages containing them): chamomile, fish oil, flaxseed oil, ginger, ginkgo, ginseng, green tea, omega-3, saw palmetto, and vitamin E. Stop these 1 week before surgery. Consult with the surgeon regarding future post-op use, as they can cause bleeding.

No Aspirin, Advil®, Ibuprofen, Motrin®, Aleve®, Celebrex®, Mobic®, Naprosyn®, or any medication for joint pain 5 days prior to surgery and for 6 weeks after surgery. Sleeve Gastrectomy patients may resume medication 6 weeks after surgery but should consult the Bariatric Surgery Department prior to starting medication. These are **NSAIDs** (nonsteroidal anti-inflammatory drugs). Use of these medications may increase your risk for stomach ulcer formation. Consult your bariatric surgeon before taking any of these medications after your surgery.

Diuretics “water pills”: stop 3 days prior to surgery and do not resume until told to do so by a provider.

Metformin/Glucophage®: must be stopped 48 hours prior to surgery.

PRE-OP DIET

Purpose

- To shrink your liver before surgery
- Help reduce surgical complications.

Protein Drink Powder

Mix 1 serving of powder with 1 cup (8 oz.) water OR

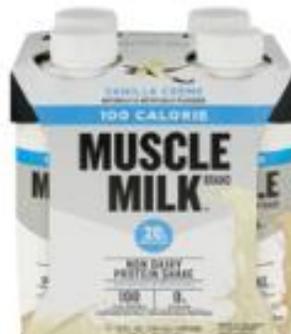
Mix 1 serving of powder 4 oz. of water + 4 oz. of milk (fat-free milk, 30 calorie almond milk, light soy)



UNFLAVORED



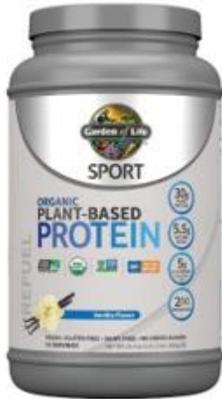
Ready to Drink



Vegan Protein Supplements

Mix with a 30 calorie Almond milk or unsweetened soy milk

Garden of life: Sport
Plant-based Protein



KOS Organic
Plant protein



Naked Pea



Orgain Organic Protein Powder



Vega Sport Protein



We require that you follow this diet for **2 weeks (14 days)** prior to surgery. **NOT following the pre-op diet may result in surgery cancellation or surgical complications** (i.e. increased surgery time, an open procedure when a laparoscopic procedure was planned, injury to the liver, leak, etc.). For your safety during surgery, please follow it **EXACTLY** as written

Pre-Op Diet

1. Start 14 days prior to surgery
2. 3-4 protein shakes/day **OR** 2-3 protein shakes/day with 1 small meal of lean protein and a non-starchy vegetable.
3. Water, caffeine/sugar free beverages that are 5 calories or less/8 ounces are allowed.
4. Take 1 multivitamin and 2 Citracal petites daily (take the multivitamin and Citracal 2 hours apart)
5. Start taking 2 Vitamin C tablets (500 mg each) once a day, one week prior to surgery
6. Days 13 & 14: Liquids only.

*The first 2-3 days can be the most difficult. During the 2-week pre-op diet you may experience: hunger, fatigue, headache, dry mouth, bad breath, constipation or diarrhea. If at any point, the pre-op diet becomes too difficult to follow, please contact the bariatric team for further guidance and support

*The pre-op diet is very low in carbohydrates. **If you take oral diabetes medications or insulin, you must contact your prescribing physician PRIOR to starting the pre-op diet;** your physician may need to adjust your medications accordingly in order to avoid hypoglycemia (low blood sugar)

***NO solid foods 48 hours prior to surgery**

Small Solid Meal

You may choose 1 serving from each category

If a food is not on this list, you may NOT have it!

This means NO fruit, juice, bread, pasta, rice, cereal, grains, beans, peas, corn and potatoes.

Lean Proteins <i>Must be at least 90% lean (10% fat or less) or not over 3g fat per ounce</i>	Non-Starchy Vegetables <i>Fresh, frozen or canned</i>	Optional <i>If desired, you may have one serving of any <u>one</u> item listed below.</i>
<p>1 serving = 3 oz. cooked (about the size of a deck of cards):</p> <ul style="list-style-type: none"> • Beef (flank, ground, loin, sirloin, tenderloin, round) • Chicken (ground, skinless breast, or canned in water) • Deli meat (chicken, ham, turkey, turkey pastrami, roast beef) • Fish (fresh, frozen or canned in water) • Pork (ground, loin, tenderloin, ham or Canadian bacon) • Shellfish (clams, crab, lobster, oysters, scallops, shrimp) • Turkey (ground, skinless breast) • 6 egg whites or ¾ cup egg substitute 	<p>1 serving = 1 cup cooked or 2 cups raw:</p> <ul style="list-style-type: none"> • Asparagus • Broccoli • Brussels Sprouts • Cabbage • Carrots • Cauliflower • Celery • Cucumbers • Eggplant • Green Beans • Greens • Lettuce • Mushrooms • Okra • Peppers (all types) • Pickles • Spinach • Squash (yellow or zucchini) • Tomatoes 	<p>(serving sizes listed)</p> <ul style="list-style-type: none"> • 1 tsp canola, olive or peanut oil • 1 Tbsp. light butter or light margarine (<i>trans</i> fat-free versions) • 1 Tbsp. reduced-fat mayonnaise • 2 Tbsp. reduced-fat salad dressing or marinade (no fat-free creamy dressing)

Pre-Op Problem Solving



Fatigue/Headache/Hunger

Make sure you are getting the recommended number of liquid protein drinks/solid food meal each day. Consider trying the Liquids + 1 Solid Meal option instead of All Liquids. Space meals EVENLY through the day.

Hypoglycemia (Low “Blood Sugar” less than 70mg/dL)

Contact your primary care physician or endocrinologist immediately to adjust your medications. If you have to consume foods/beverages to raise your “blood sugar” regularly during the pre-op diet, **you are taking too much diabetes medication and must have it adjusted.**

Constipation (No bowel movement in 3 days or difficult passage of stools)

Milk of Magnesia 30 mL every 6 hours x 24 hours. If no relief, add Magnesium Citrate, Docusyl suppositories and a Fleets enema. **It is important to have a bowel movement 2-3 days prior to surgery.**

If no relief, contact the bariatric clinic.

Gas/Bloating/Diarrhea (Please call our clinic if diarrhea is severe or persistent)**

You may add an over the counter fiber supplement powder, such as Benefiber®, Metamucil® or Citrucel® (sugar-free types ONLY) as directed. You may take over the counter Pepto-Bismol® or Imodium® as directed. Probiotics can be taken daily (Cultrelle, Nature’s Bounty, etc)

If symptoms seem to be related to protein shakes that contain dairy, you may use **Lactaid® Fast Act** pills as directed. You may also select a lactosefree ready to drink liquid protein drink or mix powdered protein drink mixes with fat-free lactose-free milk (Lactaid®), light soymilk, or 30-calorie almond milk instead of milk.

*Excessive intake of sugar alcohols can cause GI upset. You may use simethicone (e.g. **Gas-X® or Phazyme®**) or **Beano®** to alleviate gas.



1-2 days before surgery:

Expect a phone call from the anesthesia staff one business day before your surgery to notify you of your surgery reporting time. If you have concerns about anesthesia or if you have had previous issues with anesthesia, you should express them to the specialist at this time. All patients must be available to arrive at the hospital from **6 a.m. to 6 p.m. on the day of surgery**. Surgery times are subject to change due to cancellations.

- **Dialysis patients only: have dialysis 1 day prior to surgery**

The night before surgery:

- Shower with HIBICLENS® antiseptic skin cleanser, paying special attention to the abdomen.

The morning of surgery:

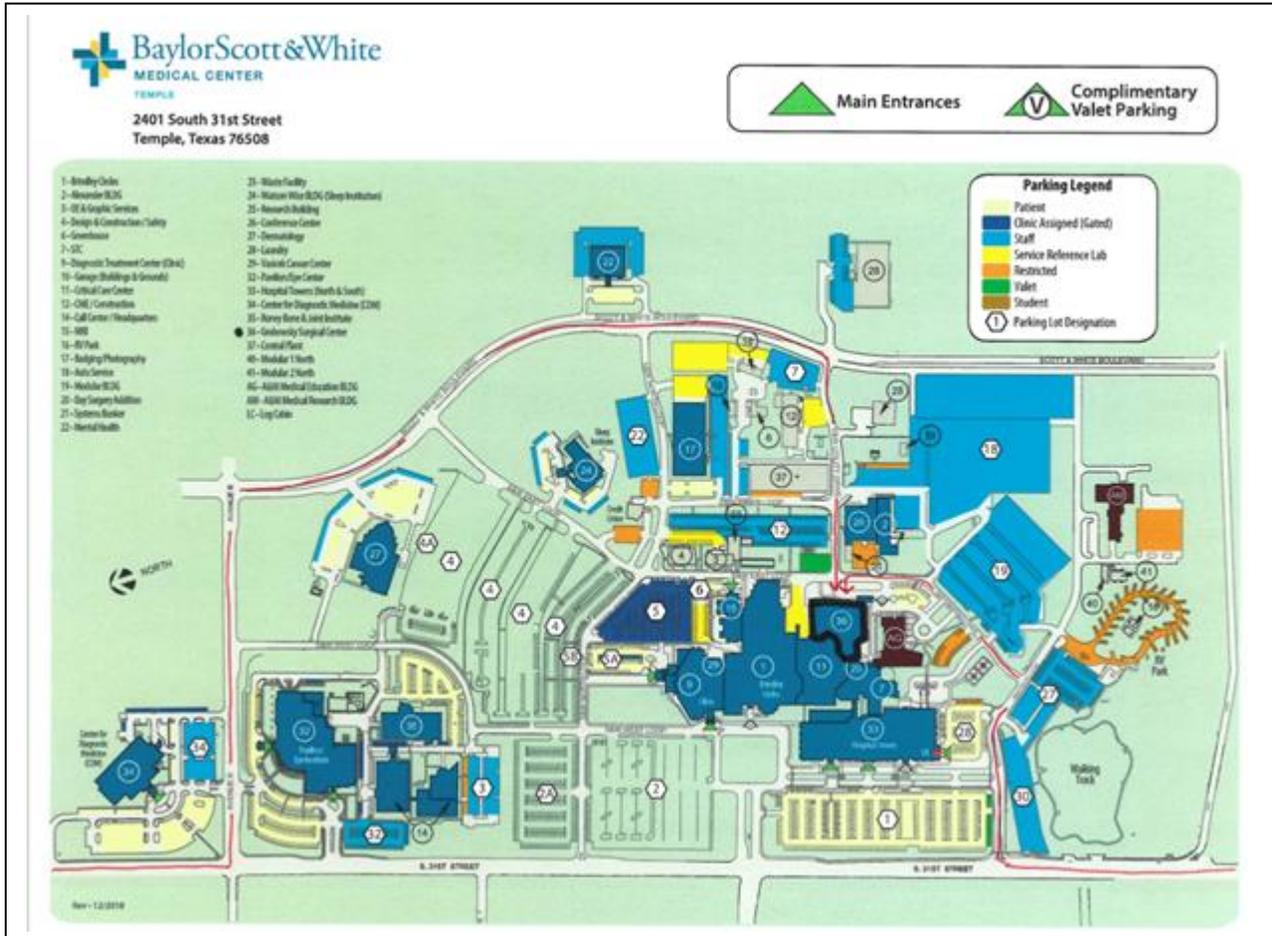
- Shower with HIBICLENS® antiseptic skin cleanser, paying special attention to the abdomen.
- Take Emend 1 hour before your surgery reporting time (if your surgeon has prescribed this medication). This medication is important to minimize post-op nausea.
- Drink 1 bottle of Ensure® Pre-Surgery OR Gatorade® Zero (per your surgeon) 1 hour before your surgery reporting time.
- You may drink water until 1 hour before your surgery reporting time. Do not drink anything after 1 hour before your surgery reporting time, as it will cause your operation to be delayed or postponed.

*Do NOT shave anywhere on the day of surgery

*Remove ALL jewelry including ALL body piercings.

Things to bring along

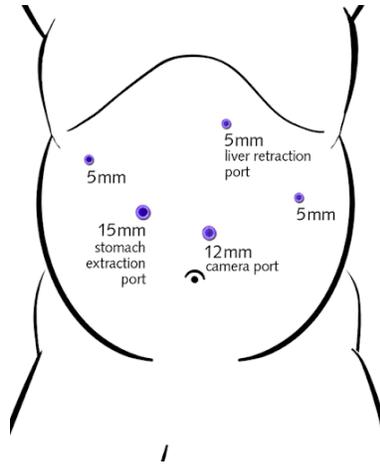
- Comfortable clothes to wear home (not tight around your waist).
- Personal hygiene items.
- Your CPAP/BIPAP machine, if you use one. Your machine will be inspected for safety by BioMed. Please pack your machine separately from any paperwork, medications, phones/ phone chargers, or other personal belongings.
- Your home medication list **AND** your patient manual



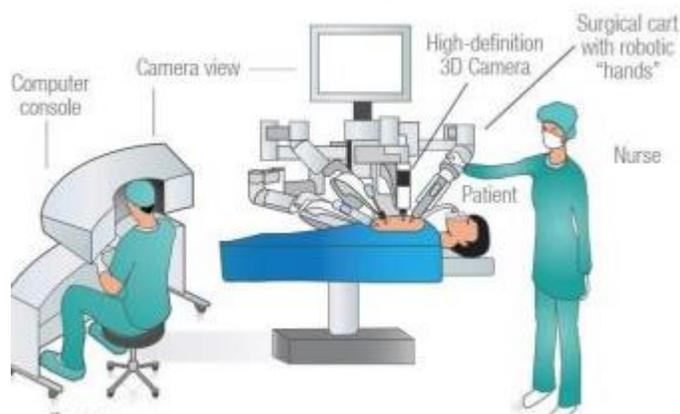
Report to the Grobowsky Surgical Center at your scheduled reporting time (the anesthesia staff will have already provided you with specific instructions about your reporting time). Your family may stay with you in this area.

PROCEDURE

A laparoscopic procedure requires several small incisions on your upper abdomen. There is one incision on the left side that is about 1-2 inches long. This is the area where the surgeons do most of the surgery, so expect it to be more tender and sore than the other incisions. It also takes longer for pain in this incision to go away.



With Robotic surgery, your surgeon sits at a console near you in the operating room. Through the console, the surgeon controls a camera and the tiny instruments used to perform your surgery through a few incisions about the size of your fingertip

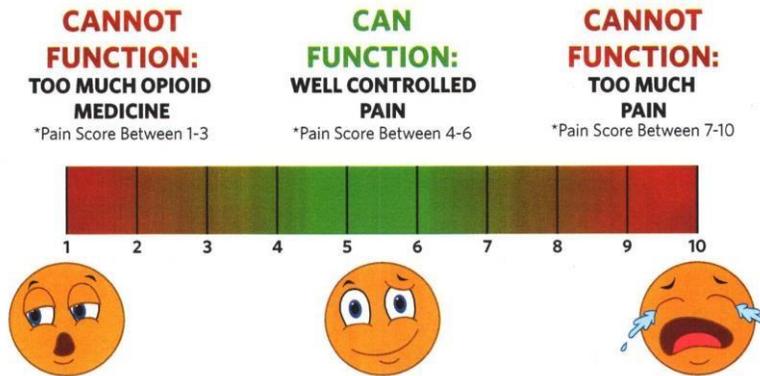


Surgery does not always start when it is scheduled and can take longer than expected. Your family should expect news 1-2 hours after the start of your operation, but it may be longer. When you are stable in the recovery room, your doctor will try to contact them in the Grobowsky Surgical Center. You cannot have visitors in the recovery room, so the first time your family can see you will be in your hospital room about two hours after the end of your operation.

When your operation is over, you will be taken to the post-anesthesia recovery unit (PACU), or recovery room, to be closely watched by nurses and physicians until you are wide-awake. Many people have little or no recollection of being there, which is normal. The nurses in the recovery room will also get you started on pain medication as soon as you begin to need it. You will wake up with plastic leg wraps that are used to prevent blood clots postoperatively.

Pain Control

Your pain will be controlled postoperatively with oral medication(s), as prescribed by your surgeon. A pain level of 0 is not a realistic pain goal. Expect pain levels of 4-7 (between 4 and 7) on the pain scale.



The nurses will repeatedly remind you to breathe deeply, cough, or to use the incentive spirometer. It is very important that you begin doing this immediately, to prevent pneumonia. ***The day of your surgery, begin to walk in the hallway with help from the nursing staff. While you will not want to walk on the day of surgery, it is important to do so in order to decrease pain and risk of clots.***

AFTER SURGERY

- Gas pains are normal and can be very intense. Walk to relieve gas.
- You cannot drive yourself home. Please make to have someone with you.

AT HOME



Post op Risks, Complications and Adverse Events

Bariatric Surgery Clinic Contact Information: (254)724-2397 (during and after hours).

- **If you run a fever of 100.5° F please call the bariatric surgery clinic.**
- **If you have frequent vomiting, please call the bariatric surgery clinic.**
- **If any of your surgical wounds start leaking a large amount of drainage, please call (this is usually NOT an emergency). If at any time the wound opens or is red, hot, and/or draining fluid, please contact our clinic.**

With increased activity, you may experience a sore spot around the largest incision. This is usually due to muscle strains from the sutures pulling, and will improve with time and more exercise. Avoid heavy lifting (no more than 10 pounds or 1 gallon of milk) for the **first 2 weeks**, and to remember to immediately stop any activity that causes you to feel pain or soreness.

If you start having bright red blood from the rectum or are vomiting blood, please stop taking Lovenox® and come to the clinic or emergency room immediately.

With all questions, comments or concerns, remember to call our clinic first! If you have to go to an emergency department, we prefer that you come to Baylor Scott and White Medical Center in Temple. Tell the emergency department staff that you are a bariatric surgery patient and to notify your surgeon.

DEHYDRATION

- Continue using your medicine cup to measure volume immediately postoperative.
- 30 ml of water every 15 minutes is the key to getting the appropriate volume after surgery. Prevention is key, once you start experiencing signs and symptoms you may need medical intervention.
- Set timers on watch/phone as reminders to drink
- Track your fluid intake.

Signs and symptoms of dehydration

Dry Mouth or tongue
Decreased urine output
Dark colored urine
Headache
Stomachache
Constipation
Fatigue
Dizziness
Confusion

INFECTION

- **Wash hands regularly**
- Keep incisions clean and dry
- **Do not take baths or submerge yourself in any water while surgical sites are healing.**
- Avoid any contact with people who are sick.
- Keep pets away from surgical sites.
- **Continued tobacco/smoking cessation.**
- **If you have staples, they will be moved at your follow up. Do not attempt to remove them.**

CONSTIPATION

Immediately post-operative lack of physical activity and lack of fluids along with pain medications can lead to constipation. To help prevent this issue:

- Drink plenty of water as directed
- Stay active and walk as much possible It is important to remember that constipation can cause severe issues and prevention is key.
- REFER TO PRE-OP PROBLEM SOLVING

BLOCKAGE

When you start advancing your diet it is important to remember that the entrance into your stomach is smaller than it was prior to surgery. Food can easily become lodged in the opening.

To prevent this issue take small bites of food and chew them to pureed consistency. You may need to use a pill crusher for large pills.

FROTHING

As the new pouch heals, mucous sometimes is excreted to break down food. With some patients, the mucous backs up into the esophagus and causes frothing (clear vomit with mucous). This is short lived and resolves over time. Frothing is not a complication; try drinking hot water 1/2 hour prior to a meal.

DUMPING

Dumping happens when undigested food does not stay in the stomach long enough and is “dumped” into the small intestine. “Early” dumping begins about 10-30 minutes after eating and “late” dumping occurs 1-3 hours following a meal. **Symptoms of dumping may include nausea, cramping, diarrhea, weakness, dizziness, rapid pulse, sweatiness, and fatigue.**

How to Prevent:

. To help minimize the risk of dumping syndrome, limit foods high in sugars, avoid high fat or greasy foods, and avoid drinking liquids within 30 minutes of mealtime

DIARRHEA/GAS/BLOATING

REFER TO PRE-OP PROBLEM SOLVING

POST – OP DIET PROGRESSION

STAGE 1 – Clear Liquids (Days 1-2—Day of Surgery and Day After)

30-60 ounces daily: One ounce every 15 minutes, continuously while awake

- ❖ 5 calories or less per 8 ounces beverages

Examples:

- Water
- Broth
- Powerade Zero/Gatorade Zero
- Decaf unsweet tea / Decaf coffee
- Crystal Light
- Mio drops
- Sugar free jello / Sugar free popsicles

STAGE 2 – Full Liquids (Days 3-2 week post-op visit)

48-64 ounces of fluid daily (including protein shakes) **AND** 60-90 grams of protein daily

- ★ **2-3 Protein shakes per day**
- ★ **5 calories or less per 8 ounces beverages (as in stage 1)**

You may also have:

- Sugar free jello / Sugar free popsicles
- Non-fat milk and/or non-fat unsweetened milk alternatives (almond, soy, rice)
- No more than 3-4 tablespoons total daily:
 - Sugar free pudding with protein powder added
 - Low fat strained cream soups with protein powder added
 - Non-fat plain or vanilla Greek yogurt

***** Track your fluid and protein intake *****

Stage 3 (Soft Food Diet)

- Aim for 48-64 ounces of fluid per day + 1 protein shake
- Start with **1 tbsp of food per meal 4-5 times per day**. Increase meal size as tolerated. Stop at 1/4 cup per meal.
- Take **small pea-sized bites** and spend about **15-20 minutes** with each meal.
- **Avoid drinking with meals.** Wait 15 minutes before and 30 minutes after

Food Choices:



Protein:

- Blend with low-fat creamed soups/sauces or lite mayo
 - Chicken (ground, skinless breast, canned, or frozen)
 - Turkey (ground)
 - Fish (shredded or ground)
- Vegetarian Sources:
 - Tofu/Veggie Crumbles
 - Scrambled egg whites
 - Fat-free refried beans
 - Black, Kidney, Pinto, Garbanzo
 - Cottage cheese (low-fat, small curds)
 - Ricotta cheese, low-fat
 - Greek yogurt (non-fat vanilla or plain)
 - Sugar-free pudding + protein powder
 - Strained Cream soups + protein powder

Vegetables:

Must be steamed, boiled, or cooked in a microwave until soft.

NO raw vegetables or salads

- Broccoli
- Carrots
- Green Beans
- Cauliflower
- Squash or Zucchini (peeled)
- Spinach
- Leafy Greens

Fruits

- Canned fruits (No sugar added); Rinsed and drained
 - mandarin oranges,
 - peaches
 - pears
- Mashed bananas
- Applesauce (unsweetened)

Don't push it!

As soon as you feel a pressure below your breast bone, that is your body letting you know you are full!





Seasonings



- Condiments to add in:
 - Low-fat Mayo
 - Hot Sauce (Frank's hot sauce, Tabasco, Sriacha)
 - Mustard
 - Light/Low-sodium Soy Sauce
 - Sugar-free BBQ Sauce
 - Chicken/Beef/Vegetable Broth or Bouillon
 - Worchester Sauce
 - Pesto
 - Salsa
 - Hummus
- NO MORE THAN 2 TEASPOONS PER DAY
 - Low-fat cheese (Mozzeralla, Cheddar Cheese)
 - Avocado



Beverages

- Water
- Decaffeinated beverages
 - Decaf Coffee
 - Decaf Tea
 - No Chamomile, ginger, ginkgo, ginseng, saw palmetto, or green tea
- 5 calories or less per 1 cup
- No carbonation



AVOID



- Foods that swell
 - Pasta, Bread/tortillas, Cereals, Oatmeal, Cream of Wheat, Grits, Rice, Chips, Crackers
- High sugary foods
 - Juices, Ice cream, Sorbert
- Red Meats: Beef, Pork
- No Sweet Potatoes/Potatoes

Vitamins Start Now!

Regimen Options

Option 1:

- 1 dose of a Bariatric multivitamin daily

2 hours later:

- 2 tablets of Citracal daily

Option 2:

- 1 dose of an Adult Multivitamin daily
- 1 dose of Vitamin B-50 complex daily
- 500 mcg of Vitamin B12 daily

2 hours later:

- 2 tablets of Citracal daily

Bariatric Multivitamin:

- Procare Health Bariatric multivitamin
- Celebrate Bariatric Multivitamins



Bariatric vitamins can be purchased at:

- Amazon
- BSWH Outpatient Pharmacy
 - CDM- Temple
 - College Station
 - Round Rock
 - Waco

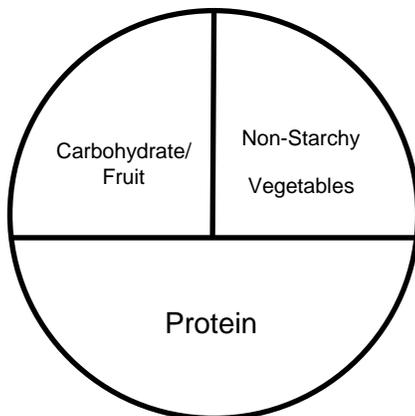


STAGE 4 – Solid Foods



DIET TIPS

- Try new foods one at a time. This will help you tolerate new foods.
- Take pea-sized bites and chew each bite at least 15 times. This will help prevent getting food stuck, nausea, vomiting and abdominal discomfort.
- Eat slowly and STOP when you are SATISFIED. It is important to STOP eating at the first sign that you are SATISFIED (gentle pressure under your breastbone). One bite can be the difference between getting sick or not. REMEMBER: The serving sizes listed may be more than you can eat.
- Use small plates and small (“baby”) forks/spoons. This will help you to feel like you have a full plate of food and take small bites.
- Sit down to eat and eliminate distractions. Do not: watch TV, do work, use the computer or drive while you eat. You must focus on your meal so you don’t take large bites, swallow before chewing well, overeat or eat too quickly.



- Limit each meal to 15 - 20 minutes. The longer you sit, the more you are likely to eat.
- Eat protein at each meal and eat protein first. Getting enough protein each day is very important. At least ½ of each meal should be from a protein food.
- Avoid ALL liquids 15 minutes before and 30-60 minutes after meals. Drinking with meals may cause nausea, vomiting, or other complications. It is also important to make this a lifelong habit, as it will help you stay satisfied longer after meals and not feel hungry too soon.
- Sip throughout the day BETWEEN your meals. Aim for at least 64 ounces of non-carbonated beverages containing 5 calories or less per 8 ounces (1 cup).

START YOUR LIFELONG VITAMINS/MINERALS NOW

- To help with nausea: Do not take vitamins on an empty stomach. If you are taking a bariatric all in one multivitamin, try taking it at bedtime.
- Take your calcium citrate with food to help reduce the risk of developing kidney stones.
- REMEMBER: Take your calcium citrate at least 2 hours apart from your multivitamin, and space each dose of calcium citrate at least 2 hours apart.



VITAMINS & MINERALS AFTER SURGERY

Vitamins and minerals are lifelong after surgery!

- After surgery, you are at risk for nutrient deficiencies from:
 - Thiamine
 - Folate
 - Vitamin B12
 - Vitamin D
 - Iron
 - Calcium/Bone loss



Option 2 regimen:

- 1-2 doses of a Adult multivitamin
 - Chewable: 2 Flintstone with Iron tablets
- 1 dose of Vitamin B50 complex
 - Preferably with 50 mg of Thiamine
- 1 dose (500 mcg) Vitamin B12 (Sublingual)

WAIT 2-4 Hours!

- Calcium Citrate with Vitamin D (1200-1500 mg)
 - take 500-600mg at one time



Option 1

- Bariatric multivitamins combine your adult multivitamin, B50 vitamin and vitamin B12.
- Sample regimen **WITH CALCIUM TABLETS:**
 - 8AM: 1 dose of a Bariatric vitamin
 - 12PM: 3 Calcium Citrate with Vitamin D
 - 4PM: 3 Calcium Citrate with Vitamin D



DID YOU KNOW?

Iron and calcium should **NOT** be taken together!
Why?

When taken together, both will not absorb as well. Take your multivitamin and calcium **2-4 hours apart!**



Approved bariatric vitamins can be purchased on Amazon

- ProCare Health: Bariatric Multivitamin with 45 mg of Iron
- Bariatric Choice Multivitamin with 45 mg of Iron
- Bariatric Advantage
- Celebrate Bariatric Multivitamin
- Unjury Bariatric Multivitamin



Calcium Options



- Citracal
 - **Tablet Dose:** 3 tablets twice daily
- Liquid:
 - Nature's Way Liquid Calcium Citrate & Vitamin D
 - **Liquid Dose:** 1 tablespoon twice daily
- Chewable:
 - Bariatric Fusion Calcium Citrate 500 mg Soft Chew
 - Bariatric Advantage Calcium Citrate 500 mg Soft Chew
 - ProCare Health Calcium Citrate 500 mg Soft Chew
 - **Chewable dose:** 3 chewables daily

Need Vitamins Now? Stop by a Baylor Scott and White Pharmacy near you

Temple

1605 S. 31st St, Suite 19
Temple, TX 76508

Round Rock

425 University Blvd, Suite 165
Round Rock, TX 78665

Waco

1412 N. Valley Mills, Suite 116
Waco, TX 76710

College Station

1296 Arrington Rd, Suite 200
College Station, TX 77845



Lifelong Recommendations after Bariatric Surgery

Foods have two categories of nutrients:

Macronutrients:

Protein
Carbohydrates
Fat

Micronutrients:

Vitamins
Minerals

Protein:

- Aids in proper wound healing after bariatric surgery
- Helps keep your hair, skin, bones, and nails healthy
- Helps form hormones, enzymes, and immune system antibodies to help your body function properly
- Helps your body burn fat instead of muscle for a healthier weight loss
- The best sources of protein for your body are found in lean animal meats, beans, nuts and nut butter, and low-fat dairy products

Carbohydrates:

- Carbohydrates are the body's main energy source. All cells, including your brain and muscles use them for energy
- The best sources of carbohydrates are high in fiber, which can help keep you full, reduce sugar cravings, prevent acid reflux, and ease constipation
- High fiber carbohydrates include, but are not limited to: Whole grains, oatmeal, beans, fruit, and starchy vegetables (potatoes/sweet potatoes, peas, and corn)

Fat:

- Helps maintain healthy skin and hair
- Is used to insulate body organs against shock
- Is essential to maintaining body temperature, regulating hormones, and promoting healthy cell function
- Can be heart healthy, which is referred to as "unsaturated" vs not heart healthy, or "saturated"
- You NEED foods that contain healthy fats such as nuts, seeds, olive oil, avocado, and fish. LIMIT foods high in saturated fats such as high fat dairy products and high fat animal proteins
 - Purchase "low fat" milk, yogurt, cheese
 - Purchase "lean" cuts of meat: Turkey, chicken, ham, eggs, all fish/seafood, veal, pork chops, sirloin, tenderloin

Nutrition Label Reading

Total Fat

Saturated and Trans fats are not considered heart healthy and can be found mainly in animal products or shelf stable products.

Saturated fat can be decreased by purchasing lean meats, and low-fat dairy products. Saturated Fats should be <18 grams daily.

Cholesterol

Cholesterol is only found in animal products (dairy and animal proteins). It also is made by your liver and dependent on the type of fat found in your diet.

Salt

Look for <140mg per item OR <500mg per meal to NOT exceed >1500-2000 mg daily.

Tip: Eliminate foods with these ingredients. Look for a list where you can recognize all the ingredient names!



Nutrition Facts

8 servings per container

Serving size 2/3 cup (55g)

Amount per serving

Calories 230

% Daily Value*

Total Fat 8g 10%

Saturated Fat 1g 5%

Trans Fat 0g

Cholesterol 0mg 0%

Sodium 160mg 7%

Total Carbohydrate 37g 13%

Dietary Fiber 4g 14%

Total Sugars 12g

Includes 10g Added Sugars 20%

Protein 3g

Vitamin D 2mcg 10%

Calcium 260mg 20%

Iron 8mg 45%

Potassium 235mg 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.

Serving Size

This will allow you to determine nutrition content of what you consumed.

Calories

Remember it matters what types of food you consume. Think... is this 230 calories of a snickers bar vs 230 calories of broccoli?

Carbohydrates

There are 2 types of carbohydrates. Simple carbohydrates are white products, added sugar. Complex carbohydrates provide fiber, vitamins, and minerals. These include whole grains, beans, and fruit.

Added Sugar

Zero gms of added sugar daily is the goal. Make sure to check the ingredient list that sugar substitutes have not been added.

Ingredients: dextrose, fructose, honey, invert sugar, raw sugar, aspartame, hydrogenated oil, malt syrup, rice syrup, sucrose, xylose, molasses, sugar, aspartame, Splenda, equal, saccharin, maltitol, sorbitol, isomalt, xylitol, high-fructose corn syrup, cane sugar, brown sugar, corn syrup, glucose, lactose, maltose, sucrose, evaporated can juice, agave nectar, cane crystals

Best, Fair, and Worst Choices by Food Group

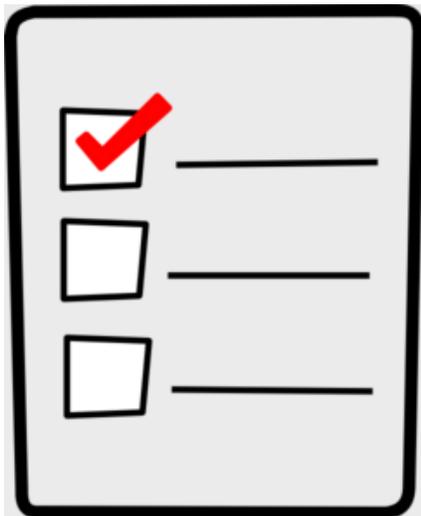
- ❖ Before eating a meal or snack, ask, “Am I hungry? If so, what will satisfy me with the smallest amount?”
- ❖ Always **eat protein first** (at least half of each meal). Choose vegetables next, followed by smaller amounts of other foods (if desired), such as fruit.
- ❖ To feel satisfied more quickly and longer, **choose solid foods** at every meal; do not eat foods that are soft or mushy.
- ❖ Take small bites, chew foods well, eat slowly, and **stop eating as soon as you feel satisfied** (limit each meal to 15-20 minutes).
- ❖ **Do not drink with meals**; avoid liquids from 15 minutes before until 30-60 minutes after meals. This will also help prevent feeling hungry too soon.
- ❖ Remember to **drink plenty of water between meals** and avoid liquid calories.

Food Choices		Best Choices: Choose MOST Often	Fair Choices: Choose LESS Often	Worst Choices: Choose RARELY
Protein (Eat <u>first</u> at <u>every</u> meal)	Seafood	<u>All fresh, frozen, or canned in water</u> : catfish, clams, cod, crab, halibut, lobster, Mahi Mahi, oysters, salmon, scallops, sea bass, shrimp, tilapia, tuna	Tuna salad made with regular mayonnaise	Crab cakes, croquettes, fried clams, fried fish, fried shrimp
	Poultry (chicken, turkey, etc.)	90/10 ground or at least 90% lean, breast/leg/thigh without skin , chicken or turkey canned in water	Chicken salad made with regular mayonnaise, 85/15 ground, breast/leg/thigh with skin	Chicken nuggets, chicken strips, fried chicken, ground poultry less than 85% lean
	Red meats (beef, pork, bison, venison, etc.)	90/10 ground or at least 90% lean flank, loin, sirloin, tenderloin, T-bone, round	85/15 ground, beef brisket, corned beef, cutlet (without breading), prime rib, ribeye, short ribs, pulled pork (pork shoulder roast/Boston butt)	Ground meat less than 85% lean, chicken fried steak, steak fingers, fried breaded cutlets, deviled ham, spareribs
	Processed Meats	<u>Deli meats containing 3 grams fat or less per ounce</u> : chicken, ham, turkey, turkey pastrami, roast beef <u>Sausage</u> : lean/extra lean chicken or turkey sausage <u>Other</u> : Canadian bacon, ham, lean jerky	<u>Other</u> : turkey hot dogs, SPAM® Oven Roasted Turkey	<u>Deli meats</u> : bologna, pastrami, pepperoni, salami <u>Sausage</u> : links, bratwurst, chorizo, Italian, Polish, knockwurst, smoked, summer sausage <u>Other</u> : bacon, hot dogs, Vienna sausage, SPAM®
	Other (eggs, beans, meat substitutes, etc.)	Egg substitute or egg whites, light firm tofu, whole beans, soy/veggie products without breading (i.e. Boca, Gardein™, MorningStar Farms®)	Whole eggs, regular firm tofu, low sugar protein bars/protein drinks (limit to 2 per week)	Omelets made from whole eggs and cheese, refried beans
Non-Starchy Vegetables (Eat at <u>every</u> meal)		<u>Fresh, frozen, or canned without added salt</u> : lettuce, spinach, and other salad greens, cucumbers (peeled), tomatoes, carrots, asparagus tips, artichoke hearts, beets, broccoli, Brussels sprouts, celery (no strings), cabbage, cauliflower, eggplant, green beans, greens, mushrooms, onions, peppers, yellow squash, zucchini	Regular canned vegetables	V-8® juice, tomato juice, deep fried vegetables, vegetables covered in butter or sauce (such as cheese sauce, white sauce, or cream soup)
Fruit (May eat sparingly with meals)		All fresh or frozen fruits without sugar added	Fruits canned in “100% juice” or “light syrup” (rinse and drain before eating), or labeled as “no sugar added” (drain before eating)	Fruits canned in “heavy syrup”, frozen fruit in syrup, raisins and other dried fruits, juice of any kind

Food Choices	Best Choices: Choose MOST Often	Fair Choices: Choose LESS Often	Worst Choices: Choose RARELY
Grains/Starchy Vegetables (Choose after you can tolerate several servings of fruits and vegetables daily)	<u>Whole grains</u> : barley, overcooked brown or wild rice, corn tortillas, thick plain oatmeal, quinoa <u>100% whole wheat products</u> : bread, pita, sandwich thins/thin rounds, tortillas, overcooked pasta	<u>Starchy vegetables</u> : corn, peas, potatoes, winter squash <u>Refined white flour products</u> : bread, flour tortillas, etc. <u>Other</u> : thin plain oatmeal, overcooked white pasta, overcooked white rice	<u>Potato products</u> : fries, potato puffs/tots, hash browns <u>Other</u> : dry cereal, cereal bars, granola bars, flavored or sugar-sweetened instant oatmeal packets, Cream of Wheat®, grits, Malt-O-Meal®, biscuits, muffins, croissants, pancakes, waffles, fried rice, fried noodles, ramen noodles
Fats/Oils (Measure serving sizes and use as a garnish!)	<u>Oil</u> : canola, olive (especially extra-virgin), peanut, sunflower, liquid vegetable oils <u>Reduced-fat</u> : salad dressing, mayonnaise, <i>trans</i> -fat free margarine-type spread <u>Oil/butter substitutes</u> : zero calorie butter spray (I Can't Believe It's Not Butter!®), non-stick spray (PAM®) <u>Other</u> : olives, avocado slices	<u>Oil</u> : coconut oil, palm oil <u>Reduced-fat</u> : butter, cream cheese, sour cream <u>Full-fat</u> : salad dressing, mayonnaise, <i>trans</i> -fat free margarine-type spread <u>Other</u> : nuts, seeds, peanut butter, almond butter	Lard, shortening <u>Full-fat</u> : butter, cream cheese, sour cream
Dairy (Limit due to soft texture. Use as a garnish)	<u>Fat-free or 1%</u> : cheese, cottage cheese, ricotta cheese, plain yogurt (preferably "Greek style")	<u>2% or Reduced-fat</u> : cheese, cottage cheese, ricotta cheese, light yogurt	<u>Milk/cream</u> : heavy cream, half & half, milk of any kind <u>Full-fat</u> : cheese, cottage cheese, ricotta cheese, regular yogurt
Desserts/Sweets & Sweetened Beverages (Limit/avoid!)	You may use the following in moderation : <u>Sugar-free</u> : gelatin (JELL-O®), ice pops (Popsicles®) <u>Sugar substitutes</u> : Splenda® (sucralose), Sweet 'N Low® (saccharin), Truvia® (stevia), etc. <u>Non-carbonated beverages</u> : 5 calories or less per cup	_____	<u>Regular & sugar-free</u> : cookies, cake, donuts, ice cream, pastries, pie, pudding, sherbet, sorbet <u>Beverages</u> : fancy coffee drinks (cappuccinos, lattes, mochas, etc.), all coffee creamers, fruit drinks/punch, juice, lemonade, milkshakes, smoothies, regular sports drinks, all sodas, sweet tea, half sweet tea
Crunchy Snack Foods (Limit/avoid!)	_____	Popcorn (light or air popped), baked chips, pretzels, whole wheat crackers (such as Triscuit)	Popcorn (buttered), regular chips (potato, tortilla, veggie), pork skins, trail mix, crackers (saltine/soda, buttery, etc.)
Combination Foods (Limit/avoid!)	_____	Solid texture foods containing lean protein and non-starchy vegetables (drain excess liquid)	Chili, stew, casseroles, chicken pot pie, enchiladas, macaroni & cheese, soup of any kind
Condiments, Sauces & Seasonings	<u>Condiments</u> : hot sauce (Tabasco®, Frank's RedHot®), mustard, dill pickle relish, vinegar, salsa, soy sauce, Worcestershire sauce, pickles/relish, (dill or no sugar added bread and butter) <u>Seasonings</u> : garlic, ginger root, dried or fresh herbs, horseradish, lemon juice, lime juice, spices (all except for those with added sugar)	<u>Condiments</u> : barbecue sauce, ketchup	<u>Sauces</u> : Alfredo sauce, cheese sauce, gravy, high-sugar glazes, honey mustard, sweet and sour sauce <u>Other</u> : agave nectar, honey, syrup, jelly

Guidelines for Improving Weight Loss after Bariatric Surgery

Weight loss usually slows after the first 3-6 months following weight loss surgery. You may also begin to experience more hunger. Do not be discouraged; you can still lose weight! It will just require more effort than it did during the first few months after weight loss surgery. Hopefully, you established good eating and exercise habits during the rapid weight loss phase that will help you move forward into the slower weight loss and weight maintenance phases. Now is the time to revisit these healthy habits.



- ❑ **Exercise:** At least 60 minutes of cardio daily. Find an activity you enjoy. Getting 10,000 steps will increase your activity, but is not considered exercise. Remember to add muscle-strengthening activities (that make your muscles work harder than usual) at least 2 days each week.
- ❑ **Eat only when you are physically hungry.** The surgery is a tool to help you control your weight and it will not work the way it was intended if you eat due to head hunger or emotional reasons.
- ❑ **Eat 3 meals per day with minimal or no snacks.** Do not skip meals, snack or graze.
- ❑ **Continue to limit your portion sizes; they will gradually increase over time.** Using small plates and small bowls will help control portion sizes to prevent overeating. Only increase portion sizes with increased hunger. Portion sizes can vary but should be limited to about 1 ½ cup per meal.
- ❑ **Sit down to eat and eliminate distractions.** Do not watch TV, use the computer, drive, or do other activities while you eat.

- ❑ **Stop drinking 15 minutes before each meal.** Do not drink again **until at least 30-60 minutes after** the meal. This keeps you satisfied longer and helps prevent complications.
- ❑ **Sip calorie-free beverages throughout the day between meals.** It is important to stay well hydrated. Sipping on liquids will also help you to feel satisfied between meals.
- ❑ **Try fluid loading:** drink about 8-12 ounces of water rapidly over 15-30 seconds, then top off with sips of water until you feel comfortably full. Do this at the following times:
 - ∅ before each meal (to prevent thirst after meals) and
 - ∅ whenever you feel hungry between meals (to help you feel satisfied for the next 15-25 minutes).
- ❑ **Track or journal your food intake and exercise each day.** This can be done on paper or using a cell phone app. Self-monitoring helps you stay accountable to yourself and can aid the bariatric team in helping you achieve your health goals.
- ❑ **Reach out for help.**
- ❑ **Schedule a follow-up appointment.** Our bariatric team is here to help you when you are struggling. You are not alone in this journey!



SUPPORT SYSTEM

- This is a lifelong process that will require continued support.
- Having a strong support network will help you stay on track if old behaviors come up.
- Determine the type of support you prefer or need.
- Let your family and friends know how they can support you and your journey.
- Ask for help when you need it and be willing to receive it.
- Your health care team is here for you throughout this process.



- Don't be afraid to reach out if you have questions or need some guidance before or after surgery.

Attending Bariatric Support Group before surgery and after will be helpful and informative. (Call the clinic 254-724-2397 for schedule)

IDEAS

Start a walking group- schedule regular walking sessions with family and/or friends.

- Give yourself encouraging comments about the new habits you are creating- walking, water intake, or keeping your food journal. Be proud of these accomplishments. Invite a your support person or a loved one to Bariatric Support Group and medical appointments. This will allow them to have a better understanding of the process.
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Beware of Mindless and Emotional Eating

Your commitment to avoiding mindless or emotional eating (i.e. eating when you are not physically hungry, eating large amounts, purposefully choosing foods that are poor choices) may be one of your most important decisions! Mindless or emotional eating can affect other areas of your life, including your daily choices of health, happiness, peace of mind, meaningful

relationships, and weight loss.

It is the first bite that sets you off; if you avoid it, the urge to eat will be easier to control. When confronted with the urge to eat, consider the following points before you take that first mindless bite:

1. **Choices.** You have a choice. You can choose between uncontrollable unhappy eating binges and doing without just one small bite. As disturbing as these cravings can be, you can ignore them!
2. **Gratitude.** Be grateful that you were fortunate enough to identify your problem before it was too late and you have a plan to do things differently this time, one day at a time.
3. **Acceptance.** Accept as natural, that for a period of time (and it may be a long one) you may experience:
 - The conscious nagging craving to eat between meals.
 - The sudden overwhelming impulse to take just one bite.
 - The urges to eat past fullness and keep eating more until you become uncomfortable.
 - Purposefully choosing items that you know are poor choices.
 - The craving, not for food, but for the comfort it once provided.
4. **Remember.** Each time you face a situation without overeating, it will be easier the next time.
5. **Take action.** Develop and rehearse a daily plan of action that you will live that day without taking an impulsive bite, no matter how hard the old urge hits.
6. **Honesty.** Don't allow yourself to think about any real or imaginary pleasure you might get from food. This "pleasure" is short-lived.
7. **Reality.** Don't allow yourself to think that a bite or two will make a situation better. One bite may eventually mean a binge.

8. **Positive thinking.** Refraining from mindless eating brings you much joy: events that focus on people instead of food, the simple ability to eat and sleep normally and wake up glad you are alive, the ability to face whatever life throws out at you with peace of mind and confidence.
9. **Persistence:** The only real failure is quitting! *It doesn't matter how many times you begin again; It only matters that you begin again.*



Cooking Tips

General Tips

- Try to cook when you are not hungry.
- Do not nibble when cooking; instead, drink calorie-free beverages.
- Serve food onto small plates; this will help control portions sizes.
- Put away leftovers immediately after cooking.

Protein

- Trim visible fat from meats.
- Remove skin from poultry and fish.
- Bake, broil, grill, boil, braise, poach or steam instead of frying or sautéing in oil or butter.
- Try marinating in low-calorie dressings or marinades to keep protein foods moist and tender.
 - Remove extra grease from cooked ground meat by using a slotted spoon to transfer meat to a paper towel lined plate; blot with additional paper towels. Transfer meat to a colander placed over a bowl; rinse with hot water and drain.
 - When using scrambled eggs, reduce the number of egg yolks and add extra egg whites.

Vegetables

- Add extra non-starchy vegetables to recipes; limit starchy vegetables, such as potatoes, corn, and peas.

Fruits

- Serve fresh fruit in place of a traditional dessert.

Grains

- Substitute whole grains for refined grains; remember to limit grain products.

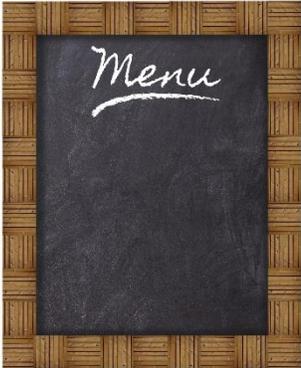
Fats

- Reduce or eliminate the amount of butter, margarine or oil in a recipe.
- Use non-stick pots and pans.
- Use non-stick cooking spray or *trans*-fat free light margarine instead of regular butter, margarine or oil.
- Sauté or season with broth or bouillon, lemon or lime juice, vinegar, herbs, and spices instead of butter, margarine, or oil.

Dairy

- Limit dairy products, due to their soft texture.
- For recipes that use cheese, choose fat-free, reduced-fat, or 2% cheese and try reducing the amount of cheese in the recipe by one-half.
- Substitute fat-free evaporated milk for whole milk or heavy cream in recipes.

Restaurant Tips



Keep in mind that when you eat out, you don't have as much control over how food is prepared. If you eat out frequently, you may eat more calories. This may lead to slower weight loss or weight gain. Use this as a guideline for picking "better" options, but remember that restaurant choices may not be as healthy or as bariatric-friendly as food prepared at home.

Avoid items with these descriptions:

- Alfredo
- Au gratin
- Breaded
- Butter or butter sauce
- Creamy or cream sauce
- Crispy
- Crusted
- Fried

Choose items with these descriptions:

- Au Jus or in its own juice
- Baked
- Boiled
- Braised
- Broiled
- Grilled
- Marinara
- Steamed

General Tips:

- ✓ Look at restaurant menus and nutrition facts online before you go to eat. The restaurant's website, www.calorieking.com or www.healthydiningfinder.com can be reliable sources. This can help you to avoid making a snap decision when you arrive.
- ✓ Remember, most restaurants are happy to take special requests- you are *their* customer! Don't feel embarrassed to ask for your food to be prepared special (i.e. "no butter or oil" for toasting hamburger buns, cooking vegetables, etc.) or to substitute sides (i.e. side salad for French fries).
- ✓ Request that no drink be left for you. This way you won't be tempted to take a sip out of habit.
- ✓ Many restaurants offer a "healthy" or "light" menu; see what options are available. Look for terms such as appetizers, half, lunch, or light portion sizes.
- ✓ Ask for sauces, gravies and dressings on the side; then use sparingly.
- ✓ Substitute whole grains when possible (i.e. whole wheat bread, rye bread, brown rice, etc.).
- ✓ To reduce fat and calories, choose light dressings and leave off bacon, cheese, mayonnaise, nuts, avocados/guacamole, sour cream, etc. If you really enjoy these items, pick one favorite and leave off the rest. An example would be leaving off the avocados, cheese and bacon from a salad, but using regular ranch dressing.

- ✓ Remember, even if you choose a sandwich, pasta, tacos, etc., you still need to **focus on eating your protein!** This means separating the meat from the bread, bun, or tortilla so that you can eat the meat first.

Ask for a small salad plate and a “to-go” box with your meal. Fill the plate with healthy portions as in the above drawing. Put the rest of your meal in the “to-go” box so you aren’t tempted.