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*\*This is a reference guide; it may not be all inclusive.*

**CONGRATULATIONS AS YOU EMBARK ON YOUR JOURNEY TO HEALTH!**

The path to successful weight loss is more than just surgery; it is also about changing your attitude about yourself and your relationship with food. This means you need to commit to making a change in your life. That change involves not only WHAT you eat but also HOW you eat and WHY you eat. It means making healthy food choices and physical activity a part of you daily life.

Bariatric surgery is a tool to help you make those changes. We want to help you all the way through this journey – from the first day you arrive in our office, through your surgery and beyond, for the rest of your life.

**WHAT CAUSES OBESITY?**

There can be many factors that contribute to obesity. Some of them are:

* Environment
* Heredity, your family genes
* Family, how and where you were raised
* Socioeconomic status
* Dietary patterns
* Lack of physical activity or exercise, sedentary lifestyle
* Skipping meals
* Drinking liquid calories (juice, pop)
* Influences of media advertisements

We are here to help you make all the changes you need to successfully lose the weight.

**CAN YOU HAVE BARIATRIC SURGERY?**

BMI stands for Body Mass Index. It is a formula that takes your height and weight and determines if you are a healthy weight, overweight or obese. A BMI of 30 or more is considered obese.

* Most people who have a BMI greater than 35 are eligible for bariatric surgery.
* Some people who have a BMI greater than 30 and have serious health problems related to weight are eligible for bariatric surgery.
* Most insurance companies cover bariatric surgery. They all have different rules to be followed to ensure coverage.

**YOU CANNOT HAVE BARIATRIC SURGERY IF:**

* You are addicted to alcohol or drugs, including nicotine. If you are in the process of quitting the use of nicotine, you may be able to start the pre-operative evaluation.
* You have a mental health condition that is not controlled.
* Your heart or lungs are not in a condition to have general anesthesia.
* You have cancer that is currently being treated.
* You are not committed to healthy lifestyle changes.

**TYPES OF SURGERY \*\*\*\* NEED PICTURES\*\*\*\*\***  
Bariatric surgery helps you eat less while also feeling less hungry.

Which surgery is right for you? Together, you and Dr. Pristas will discuss your medical history and your health problems and decide which surgery is best for you.

The normal stomach holds about 1-1.5 liters (or 1,000-1,500 ml). This is slightly less than a 2-liter bottle of pop. That is the volume your stomach can hold now.

GASTRIC BYPASS

Gastric bypass surgery has bene around the longest. It does two things:

It makes your stomach smaller. After surgery, your stomach will be about the size of a large egg. A smaller stomach means that you will feel full eating a smaller amount of food. This is known as a restrictive procedure.

It changes your small intestine so that food does not go through all of your intestines. It “bypasses” part of your stomach and part of your small intestine. This means fewer calories will be absorbed. This is known as a malabsorptive procedure.

SLEEVE GASTRECTOMY

This surgery makes your stomach smaller. It will be about the size and shape of a banana. A smaller stomach means that you will feel full eating a smaller amount of food. The rest of your stomach is removed from your body. This is known as a restrictive procedure. This surgery only involves the stomach and does not change your intestine.

SINGLE ANASTOMOSIS DUODENAL ILEAL BYPASS (SADI)

This surgery is done for patients who have already had a sleeve gastrectomy, or it can include performing a sleeve gastrectomy at the same time as an intestinal bypass. If the stomach is made smaller by doing a sleeve gastrectomy at the same time, the procedure is called a SADI-S.

SADI bypasses more of your small intestine than gastric bypass does. The first portion of the small intestine, the duodenum, just past the stomach is divided. The small intestine is then measured and connected to the duodenum approximately 300 centimeters from the first portion of the colon in a single anastomosis, or connection.

REVISION SURGERY

This is for patients who have had bariatric surgery in the past and are having issues or need further weight loss.

**BARIATRIC SURGERY IS A TOOL!**

The most important thing to remember is that bariatric surgery is a tool to help you lose weight. Whether it does this by making the stomach smaller or altering the small intestine, the real way it works is by changing gut hormones. The changes to our gut hormones are what allows you to feel full with less food. Unfortunately, many of the changes to guy hormones and intestinal microorganisms are temporary. Like all tools, if you use the tool the right way, the tool will work for you. If you use the tool the wrong way, then it will not. How do you make the tool work for you? How do you make the results last?

There are a few simple rules to follow:

1. Eat slowly.
2. Chew your food well.
3. Eat smaller portions, use a smaller plate.
4. Do not eat and drink at the same time.
5. Do a physical activity every day. Your goal is 20-30 minutes every day.
6. Eat protein first and at every meal.
7. Do not drink calorie beverages.
8. Take your multivitamins.

These are things that you can control with the help of the tool! Bariatric surgery can improve your health if you use the tool the right way.

**FORMULA FOR SUCCESS**

¼ Surgical Procedure

¼ The Program/Dietitian/Support

½ Patient Commitment

**BENEFITS OF SURGERY**

The benefit of surgery is weight loss. Weight loss can make you healthier.

After surgery, diabetes can get better and sometimes go away completely. After surgery, high blood pressure and sleep apnea can get better or go away completely. Reflux disease and cholesterol problems sometimes get better after surgery. Look at the diagram to see how bariatric surgery can improve your health.

Importantly, the earlier we intervene in the disease of obesity, the greater the likelihood that these conditions will resolve.

(Diagram)

**RISKS OF SURGERY**

All surgery has risks. While the risks of bariatric surgery are statistically very low, we take steps to lower the chances that these problems will happen.

**Anesthesia:** The medicines that put you to sleep are very safe. An anesthesia doctor or a special anesthesia nurse, will explain the anesthesia to you the morning of your surgery. You are watched very closely during your surgery with special equipment.

**Heart problems:** Surgery puts a stress on your heart. Most patients will see a heart doctor (cardiologist) before their surgery. The cardiologist may do special tests for your heart. This is to make sure your heart is able to deal with the stress of surgery. Your heart will be closely watched during and after your surgery. If there are any problems, we will ask a cardiologist to see you in the hospital.

**Lung problems:** Surgery puts a stress on your lungs. Most patients will see a lung doctor (pulmonologist) before their surgery. The pulmonologist may do special tests for your lungs. This is to make sure you will be able to breathe properly after your surgery. The nurses will watch you closely to make sure you are getting enough oxygen. You may need to breathe in extra oxygen to healp after surgery. You will be given a tool, called an incentive spirometer, to help you take deep breaths. If there are any problems, we will ask a pulmonologist to see you.

**Blood clots:** A pulmonary embolism is a blood clot in your lungs. A deep vein thrombosis is a blood clot that forms in your leg that can travel to your lungs. These are serious problems. The chance of getting a blood clot increases if you have had anesthesia and surgery. The chance also is increased if you do not get up and walk often after surgery.

We do several things to help you decrease your chance of getting a blood clot:

* You will receive blood thinners every day.
* You will have wraps for your lower legs that help the blood get from your feet to your heart.
* You will walk 1-2 hours after surgery once you are in your room. You will walk several times after that.

**Bleeding:** There always is a risk of bleeding after any surgery. Some medicines may make you more likely to bleed after surgery. We will ask you to stop those medicines before surgery. It is rare that bleeding will cause a major problem. We may need to give you a blood transfusion or take you back to surgery if bleeding does not stop; however, this is very unlikely.

**Infections:** There always is a risk of infection after any surgery. You are given antibiotics before your surgery. This helps prevent infection. An infection can still happen where you had your surgery or in one of your incisions. This usually can be treated with other antibiotics.

**Intestinal blockage:** Your body may develop scar tissue inside your abdomen. This scar tissue is called adhesions. Normally, adhesions are not a problem themselves. They only become a problem if they cause the intestine to twist, kink or otherwise cause a blockage. Signs of a blockage can be:

* Worsening abdominal pain
* Vomiting
* Not passing gas or stool

You cannot know if your body is going to develop adhesions. It is important to know the signs and symptoms in case they do cause a blockage. If you think you have a blockage, you should call our office and go to the Emergency Department.

**Leaks:** There can be leaks from where you stomach or intestines were cut. Dr. Pristas checks for leaks before ending your surgery. After surgery, you will begin sips of water and later begin clear liquids. We may check for leaks again the morning after your surgery with an X-ray. Leaks are rare but, should they occur, are serious. You may experience worsening abdominal pain or fever, and you may feel sick. If you have concerns, call the office or go to the Emergency Department.

**Strictures:** Sometimes your body can heal more on the inside of your stomach than it is supposed to and cause narrowing. You will notice a change in what you can eat or drink. Food and drink may not go down like they used to. The problem can be fixed with a short visit to the hospital. Dr. Pristas will look down into your stomach with a camera and will use a balloon to gently open the narrowed part.

**Vitamin deficiency:** Since you are eating smaller amounts of food after bariatric surgery, you may not be getting enough vitamins and minerals. Our dietitians will tell you what vitamins to take after surgery. If you do not take these vitamins as you are told, you could become sick. You will need to take them for the rest of your life!

**Incisions:** Most often, your surgery will be done with 5 small incisions. Dr. Pristas may need to make one long incision instead of small incisions if it is a safer option for you (unlikely).

**Death:** The chance of death is very small. It is less that 1% with bariatric surgery. The benefits that come from the surgery are far greater than the chance of dying. We are committed to doing all we can to make sure you are safe.

**BEFORE THE SURGERY**

SURGERY CHECKLIST

There is a lot to do to get ready for surgery. The most important part and the part that can take the most time, is breaking old habits and forming new ones. Each patient also will have tests and special doctor visits based upon their specific health profile. We have provided a general or standard checklist so you can check off each step as you complete it.

Use this list as a guide as you continue on your journey to make sure you complete everything you need.

**Check your insurance:** Each insurance company can have a different set of rules. Some insurance companies ask for extra testing to be done before surgery. We will call your insurance company to make sure that bariatric surgery is covered under your insurance plan. We will let you know if any other tests need to be done.

**Meet with Dr. Pristas:** You and Dr. Pristas will talk about your medical history. Additionally, you will discuss risks and benefits and expectations. Dr. Pristas will determine what tests need to be done before your surgery.

**Lab work:** Blood tests help us to see if you have any health problems that you don’t know about. We want you to be in the best condition for your surgery.

**Monthly nutrition counseling:** Some insurance companies want you to have 3 months of counseling with a dietitian. Others want you to have 6 months. If you don’t have insurance and are paying for the surgery out of pocket, you still have to meet with a dietitian 2-3 times before surgery. This helps you prepare for the changes ahead. At the end of your counseling, you will have shown a down trend in weight and the dietitian determines if you have made the needed changes to be successful with surgery. You may need additional session if you have not made the needed changes or shown down trend in weight.

**COMMON CLEARANCES AND TESTING REQUIREMENTS**

NEEDED FOR ALL PATIENTS:

* Psychology Consult
* Nutrition Evaluation
* Preoperative weight loss
* Upper endoscopy

MAY ALSO BE REQUIRED:

* Cardiology evaluation
* Pulmonology evaluation
* Endocrinology
* Sleep study
* Upper GI X-rays
* pH Bravo Acid Test

**Medical Evaluations:** Visits to other doctors are determined based on your health status. If needed, they may order additional testing.

**Study for sleep apnea:** Sleep apnea means you stop breathing for a few to several seconds while you are sleeping. Your oxygen level decreases, interrupting your sleep cycle. You may wake up gasping, or you may be totally unaware that this is happening. This puts extra stress on your heart and lungs. We will order a test for you if you have signs that this is happening or multiple risk factors for sleep apnea. Often sleep apnea gets better with weight loss.

**Psychological evaluation:** It is important that you understand and area able to make the changes needed to be successful with surgery. Every patient needs to have a psychological examination to ensure patients have reasonable expectation and coping skills to manage these changes. Bariatric surgery changes your body. It does not necessarily change the way you think or the society we live in. Counseling can help patients before surgery, and often after surgery, to be successful.

**Schedule surgery date:** Once we have documentation of your evaluations and testing, you have demonstrated weight loss and the dietitian approves the changes you have made, we will submit everything to your insurance company to get approval. Once we have prior authorization, we can schedule a surgery date.

**Pre-admission testing:** Close to your surgery date you will meet with the Pre-admission Testing Department to get the last preoperative testing done (they will determine what is specifically need but may include blood work, chest X-ray, EKG). They will also take your medical history and do a physical examination.

**Liver shrinking diet - 2 weeks before surgery:** A low-calorie liquid meal replacement is required for two weeks prior to surgery in order to help shrink the size of your liver. Shrinking the liver helps to perform a safer surgery and lowers your risk of complications. Other benefits include

* Reduced fatty liver
* Easier surgery and less operative time
* No weight gain before surgery
* More overall weight loss the first year after surgery
* Better blood pressure and glucose control for some patients before surgery

The meal replacement involves drinking 3-4 shakes a day and eating one low-carb, low-fat meal a day.

There are three choices of meal replacement shakes:

* Ensure High Protein
* Glucerna Hunger Smart
* OPTIFAST 800

The meal plan is designed to provide 800-1200 calories and 71-114 grams of protein per day. You will need to drink an additional 8-12 cups or more of calorie-free fluids each day.

* If you have diabetes, check your blood sugar during the day to monitor your sugar levels.
* If you have diabetes, your diabetes medication may need to be reduced since your food has been changed to liquids.
* While on the low-calorie diet, do not drink beverages that contain alcohol or sugar.
* Remember, this is the only “food” you are eating, so you will not need to buy groceries for yourself for these two weeks. You need to take in your required amount each day.

**Recommended calorie-free liquids:** While on the meal replacement, add 8-12 cups of the liquids listed below each day (8oz. = 1 cup). Limit the total calories from all the additional liquids to 25 calories per day. It is important to be well hydrated before surgery.

* Water, fruit-infused water, Vitaminwater Zero Sugar, Propel (unflavored), water with lemon juice or with a slice of lemon
* Crystal Light Pure
* SweetLeaf drops
* Stur water enhancer or Hint water
* Black coffee and plain tea, decaffeinated
* Fat-free broth

Additionally, calorie-free or sugar-free hard candy and gum are allowed. Read the nutritional label for a calorie count.

Remember to limit calories from beverages to 25 calories per day.

**Sugar substitutes:** Many low-calorie, calorie-free and sugar-free products are made with artificial sweeteners. We recommend natural sugar substitutes in moderation, such as Stevia or monk fruit.

**Managing hunger:** To reduce hunger, it is helpful to understand what triggers you to want to eat. The following are some suggested ways to deal with hunger:

* Plan ahead for the day for the times you will drink your shakes and/or eat a meal
* Plan to drink a shake or eat a meal when you are usually the most hungry
* Increase fluids in between your shakes: 8-10 cups of calorie-free fluids should be consumed regularly between scheduled meals for the entire day
* Plan other activities such as taking a walk to distance yourself from the food
* Keep a record of all your liquids to make sure you get enough fluids in for the day

**MEDICATIONS TO STOP BEFORE SURGERY**

Certain medications and vitamins can increase the chance of bleeding during and after surgery. Other medications can increase your chance of forming a blood clot, and other medications slow down the healing process. Below is a list of medications to stop taking before surgery. Please ask any questions you have about your medications.

NO SMOKING OR TOBACCO USE OF ANY KIND DURING YOUR WEIGHT-LOSS JOURNEY

STOP WEIGHT-LOSS MEDICATIONS:  
Stop taking Adipex and other phentermine-based weight-loss medications 4 weeks before surgery. Stop GLP-1 agonists (Wegovy, Ozempic, semaglutide, Zepbound, Mounjaro, tirzepatide, dulaglutide, Trulicity, liraglutide, Victoza, etc.) one week before surgery as they can slow down the emptying of the stomach and increase risk of aspiration (having stomach contents go into the lungs) during anesthesia.

NO STEROIDS BY MOUTH 8 WEEKS BEFORE SURGERY

NO STEROIDS BY INJECTION 2 WEEKS BEFORE SURGERY:

People with lung problems should stay on their inhaled steroids. DO NOT stop your inhaled steroids if you have asthma, COPD or other lung disease.

IMMUNOSUPPRESSANT MEDICATION:

The time to stop these, and to restart these, is different for each medicine. Dr. Pristas will consult with the provider prescribing your medication and then tell you when to stop and restart if you are on this type of medicine.

FOUR WEEKS BEFORE SURGERY:

Stop estrogen-containing birth control pills and hormone replacements. Use other birth control during this time. IUDs are acceptable to continue.

**TWO WEEKS BEFORE SURGERY:**

Stop all aspirin and non-steroid anti-inflammation drugs (NSAIDs):

Advil Arthrotec Ibuprofen Lodine Naprosyn

Aleve Celebrex Indocin Mobic Naproxen

Anaprox Diclofenac Ketorolac Motrin Voltaren

Stop all herbal supplements

Do not take these anti-diarrheals: Kaopectate or Pepto-Bismol (these contain aspirin). Immodium is okay.

Blood-thinning medications: The time to stop and restart these is different for each medicine. Dr. Pristas will consult with the provider prescribing your medication and then tell you when to stop and restart if you are on this type of medicine.

Arixtra Fragmin Plavix Warfarin

Coumadin Heparin Pletal Xarelto

Effient Persantine Pradax Eliquis

Below is a general guideline:

|  |  |  |
| --- | --- | --- |
| **MEDICATION** | **ALTERNATE NAME (S)** | ***DISCONTINUING TIMEFRAME*** |
| Aspirin | Ascriptin, Excotrin, Excedrin, others | 325 mg – stop 2 weeks prior to surgery  81 mg – stop 3 days prior to surgery |
| Coumadin | Jantoven, Warfarin | Stop 5 days prior to surgery |
| Plavix | Clopidogrel | Stop 5-7 days prior to surgery |
| Ticlid | Ticlopidine | Stop 10-14 days prior to surgery |
| Pletal | Cilostazol | Stop 2-4 days prior to surgery |
| Trental | Pentoxifylline | Stop 8 hours prior to surgery |
| NSAIDs | Ibuprofen, Motrin, Advil, Aleve, Naprosyn, Naproxen | Stop 2 weeks prior to surgery |
| Plaquenil | Hydroxychloroquine | Stop 1 day prior to surgery |

*\*Always consult with your doctor first in regard to any medication.*

GETTING READY FOR SURGERY – YOU’RE GETTING CLOSER!

**SHOPPING LIST FOR AFTER SURGERY**

You will need to be on a full-liquid diet for 2 weeks after surgery. Your stomach is healing, and there is much swelling. It is important to take in only the liquids on the list below. Shop for these before surgery so they are ready and waiting for you when you get home.

Additionally, you will start drinking protein shakes while on the full-liquid diet. Protein is important for energy and for healing. A list is below.

You goal is at least 60 grams of protein every day. You may not be able to get to 60 grams on you first day or two after surgery. Do your best. There are only 5 ways to get protein in while on the full-liquid diet: protein shakes, protein water, protein powder, skin or 1% milk and thinned-down light yogurt. These all count towards you daily goal of 60 grams of protein and 48-64 ounces of fluids.

**LIQUID DIET LIST**

* Water
* Powerade Zero
* Propel (unflavored)
* Crystal Light Pure
* Skim or 1% milk
* Unsweetened soy or almond milk
* Non-fat dry milk powder or unflavored protein powder added to soups
* Low-fat/low-sodium broth
* Low-fat creamed soups – strained (no solids in your soup)
* Protein drinks/shakes
* Sugar-free Jell-O
* Low-sugar yogurt with no fruit on the bottom, thinned with skim or 1% milk
* Ensure Max Protein or Premier Protein (30 grams of protein, less than 10g sugar, less than 10g fat per serving)
* Plain Kefir (not flavored)
* Vegetable juice
* Unflavored protein powder (Naked Whey, Isopure)
* Coffee/tea decaffeinated. Use Stevia and sugar-free creamer if needed
* PB2 in your protein drinks
* Stur water enhancer or SweetLeaf drops

**Supplies for your kitchen**

* Bariatric chewable multivitamins (no gummies)
* Blender or food processor
* Wire strainer, coffee filters or cheese cloth for soup or liquids
* Measuring cups and spoons
* Food scale
* Sippy cup and baby spoons and forks
* Small spiral notebook (for food journaling)
* Online food journaling websites and apps: see list in future section

**Additional items you need after surgery:**

* Plain acetaminophen (Tylenol) 500 mg. It can be in liquid or powder form or small tablets, capsules or caplets
* Miralax (polyethylene glycol) – to help prevent constipation after surgery. You can take this daily
* Gas-X (simethicone) chewable tablets or dissolvable strips for gas pain

**WHAT TO BRING TO THE HOSPITAL**

* The hospital will give you toothpaste, toothbrush, mouthwash, soap, comb and lotion. If you use a special product, you can bring it with you.
* The hospital provides special socks for your feet. You can bring your own comfortable walking shoes or slippers if you like.
* Bring loose-fitting underwear and clothes to wear home.
* Bring your eyeglasses case or contact supplies.
* You can bring your cell phone and a laptop.
* Leave your valuables at home. This includes wedding rings.
* Remove all jewelry. This includes all body piercings. There can be no metal worn in the operating room.

Bring you CPAP (Continuous Positive Airway Pressure) or BiPAP (Bilevel Positive Airway Pressure) tubing and mask only if you have sleep apnea. You do not need to bring your machine.

**THE DAY AND NIGHT BEFORE SURGERY**

**The Day Before**

**CLEAR LIQUIDS**

* The day before your surgery, you need to be on a clear-liquid diet only. You should not drink any meal replacements or eat any food.
* You must NOT EAT anything the day before your surgery. This means no food and certain drinks.
* The only drinks you can have during the day are sugar-free clear liquids. This includes water, fat-free broth, Crystal Light Pure, Propel (unflavored), Stur water enhancer, decaffeinated black coffee or decaffeinated plain tea.
* Drink at least 32 ounces (4 eight-ounce glasses) of liquid during the day.

**SHOWER**

* Use the special soap (Hibiclens) given to you to shower the night before surgery and then morning of surgery.
* Do not get the soap in your eyes, nose or mouth.
* Turn the water off while putting the soap on your body. After you have washed with the soap, let it stay on your skin for 20-30 seconds, the rinse off.
* Do not put on any lotions, creams, deodorant, perfumes or colognes the morning of surgery.

**MEDICATION**

You may be asked to take some of your daily medication in the morning. Please take those medications with a small sip of water.

**CPAP or BiPAP**

You must bring your CPAP or BiPAP tubing and mask only to the hospital with you!

It is a very important part of your recovery from anesthesia.

**JEWELRY/PIERCINGS**

You cannot wear any metal into the operating room:

* Remove all jewelry, including wedding rings.
* Remove all body piercings. You can replace your piercings with a plastic stud except for piercings of the tongue which much remain empty.

**HAIR**

* Remove all hair extensions. They make it difficult for the anesthesia staff to position your head to put you to sleep.
* Remove any hair clips or bobby pins.

**TIME OF SURGERY**

Someone from the hospital will call you the day before your surgery to confirm what time to be at the hospital.

**SURGERY DAY**

**Pre-operative area**

You will be given a gown to put on. An intravenous live (IV) will be put into a vein in your arm. You will receive medications such as antibiotics and blood thinners at this time. An anesthesia provider will explain their part in your surgery. They will answer any questions you may have about anesthesia.

**Operating room**

When you get to the operating room, there are many things that have to be done to prepare you for surgery. It takes about 30 minutes to do all of the following preparation:

* Move you to the operating table
* Place wraps around your legs to help prevent blood clots
* Put you to sleep
* Wash your abdomen with special soap to help prevent infection
* Place the sterile drapes
* Set up the sterile surgical equipment

Gastric bypass surgery takes about 1½ hours to perform. The sleeve gastrectomy usually takes 45 minutes to an hour. The SADI surgery takes about 2 hours to perform.

When you are in the operating room, your family will be given updates and Dr. Pristas will speak to them as soon as the surgery is done.

**Recovery room**

You will be in the recovery room for about 2 hours after your surgery. Be sure to have your CPAP or BiPAP mask and tubing with you if you use one. The nurses will put it on you in the recovery room. They will try to make you feel comfortable. Most patients sleep a lot in the recovery room.

**Nursing floor**

Most of our patients go to the regular nursing floor after surgery, sometimes a patient may go to the Intensive Care Unit if they are on certain medications or need special monitoring.

**RECOVERY**

**PAIN CONTROL**

There will be some pain after surgery. The pain can range from mild to moderate. People feel pain differently. The pain you feel is mainly from your incisions, not the surgery on your stomach itself. Dr. Pristas will give you numbing medicine by your incisions during the surgery. After your surgery, you will be given pain medication through you IV. We try to minimize narcotics as much as possible as they make you nauseated (the feeling of wanting to throw up) and cause constipation. Additionally, they can make you feel drowsy and less stable to walk. We do not want to use narcotics unless we need to. You will get 2 kinds of non-narcotic pain medicines every 6-8 hours. If you need stronger medicine, you can ask your nurse.

**URINARY (FOLEY) CATHETER**

Urinary catheters are not routinely placed in the operating room. However, the amount of urine you make is important to measure to make sure you are getting enough fluid through your IV. A “hat” or bowl will be placed in the toilet to catch your urine. Do not empty the hat or flush your urine into the toilet until your nurse check to see how much urine you made.

**SIPS OF WATER/BARIATRIC CLEAR LIQUIDS**

You will begin sips of water the evening of surgery. You need to sip your water very slowly. Your stomach pouch has swelling. The opening is very small. Take one small sip at a time. Put your cut down between sips.

A 1-ounce medicine cup should take 15-20 minutes to drink. You will feel discomfort and may throw up if you take the sips too fast or take too big of a sip. Air that you swallow may get trapped inside the stomach pouch. It is common to burp often during these first few days. If you do not have a problem sipping on water, you can start bariatric clear liquids. This is broth and tea. Remember to sip slowly!

**INCENTIVE SPIROMETER**

Taking deep breaths after surgery is important to help prevent pneumonia. You will be given a plastic container that contains a ball with a tube attached to it. This is called an incentive spirometer. Placing the tube in your mouth, you need to breathe in slowly. This makes the ball rise. The longer you can hold the ball up by continuing to breathe in and then hold your breath, the better for your lungs. We want you to do this very slowly 10 times every hour. It should take you about 1 ½ minutes to do every hour.

**WALKING**

We encourage you to begin walking when you get to your room as soon as you are awake enough to do so. If you need assistance, a nurse will be there. The more you walk, the better for your recovery.

**REMEMBER THESE PHRASES:**

**KEEP DRINKING**

**KEEP BREATHING**

**KEEP WALKING**

These are the most important rules to follow from your first day after surgery through the next 2 weeks!

**FIRST DAY AFTER SURGERY (POST-OPERATIVE DAY #1)**

**Beginning full liquids**

You will start on full liquids today if you have no trouble with your clear liquids the day before. The list of full liquids is in the “Diet, Nutrition & Exercise” section. Remember to take very small sips when drinking. A small sip is a half-teaspoon at a time. Wait several seconds between each sip. Also, you will begin your protein drinks today.

Starting oral medications

This is the day you will begin to swallow your medicines. Some of your medicines that you were taking at home will be started today. You will be told which medicines to stop and which to continue.

**Getting ready to leave the hospital**

You can go home if:

1. You can drink liquids and not feel sick
2. Your pain is controlled
3. You are breathing well
4. You have been walking

Before you leave the hospital, you will get discharge instructions explained to you and will be given a handout.

**Prescriptions**

If a pill or capsule is a plain M&M size or smaller, you can swallow it whole.

If a pill or capsule is larger than a plain M&M, the pill must be crushed or the capsule opened. This is only for the first 2 weeks after surgery if you had a sleeve gastrectomy.

Some medications cannot be crushed or opened. These medications will have an “ER” or “XL” (extended release), “SR” (sustained release), “DR” (delayed release) or “LA” (long acting) at the end of their name. These medicines cannot be crushed or opened because they will not work the same way. If you are on any of these medications, tell the doctor who gave you the prescription to write you a new prescription for the “regular release” form of your medication to use after surgery. You will need to alter the schedule of when you take the regular release form.

**This is forever if you had a gastric bypass.**

**This is only for the first 2 weeks if you had a sleeve gastrectomy.**

We ask you to see your primary care provider within 2 weeks after your discharge to discuss medicine changes. You will get a list of your medicines when you leave the hospital that will tell you what to stop and what to continue. There are new medicines that you will be taking after surgery:

**Ketorolac (Toradol) 10 mg**

Take 1 tablet every 8 hours for the first 3 days after surgery – this is for pain control.

**Acetaminophen (Tylenol) 1000 mg**

Take every 8 hours for the first 3 days after surgery. It may be in powder or liquid form or small tablets, capsules or caplets, usually 500 mg – so you would take 2 every 8 hours for the first 3 days. After the first 3 days, you may continue to take Tylenol every 8 hours as needed. Purchase this from your drug store.

**Enoxaparin (Lovenox)**

This is a blood thinner. It will be given to patients who have a BMI greater than 50 or who have every had a blood clot in the past. It needs to be injected into the extra skin on your belly. This reduces your chance of getting a blood clot. You will need to continue these injections at home for the full prescription you are given (usually 14-30 days).

**Pantoprazole (Protonix)**

This reduces the acid production in your stomach. It will help prevent you from getting a stomach ulcer while you are healing. Take this medication once a day for the next 3 months after surgery. This medicine comes as a tablet. It is ok to swallow whole.

**Ondansetron (Zofran)**

This is a medicine to take if you feel nauseated. You can take 1 every 8 hours, if needed. You may not need to take any at all, but you have it just in case.

***DO NOT take any aspirin, steroids or nonsteroidal anti-inflammatory drugs (NSAIDs) after your surgery (see list in previous section).***

**MEDICATION CHANGES**

You will be given a list of your medications when you leave the hospital. This is called a Medication Reconciliation sheet. This sheet will list the medications you need to continue to take after your surgery. It also will list any new medications that you need.

Some medications may need to be changed. Make an appointment with your primary care provider within 2 weeks after you leave the hospital to talk about these changes.

## **MEDICATIONS TO AVOID AFTER SURGERY**

**DO NOT take any aspirin, steroids or nonsteroidal anti-inflammatory drugs (NSAIDs) after your surgery. These medications cause a breakdown of the lining of your stomach and your intestines. This may lead to ulcers, nausea and intestinal bleeding. Gastric bypass patients should never take these types of medications for the rest of their lives. Sleeve gastrectomy patients should avoid these medications for at least the first 3 months after surgery. You may take them occasionally after that. If one of these medications must be taken, then your stomach and intestines must be protected with a Proton Pump Inhibitor (PPI) such as Protonix, Prilosec, Prevacid or Nexium. Please call us if you have any questions about medications.**

### DO NOT TAKE THESE MEDICATIONS AFTER SURGERY

**Please call the office if you have questions.**

Advil Arthrotec Ibuprofen Lodine Naprosyn

Aleve Celebrex Indocin Mobic Naproxen

Anaprox Diclofenac Ketorolac Motrin Voltaren

## **FOR GASTRIC BYPASS PATIENTS ONLY**

### DO NOT take medications that are "extended release" (ER or XL), "sustained release" (SR), "delayed release" (DR) or "long-acting" (LA).

**If you have had a gastric bypass, you can never take these types of medicines for the rest of your life.** They will not work the same way in the smaller pouch and because your intestines have been changed .

, For cold medicines: use the shorter acting (4-6 hours) instead of the long-acting (10-12

hours) medications. You can take medicines that contain acetaminophen (Tylenol).

, You may use cough syrup. You may need to dilute it with water.

, Do not use medicines that contain ibuprofen or aspirin (salicylate).

## **AT HOME AND FOR THE NEXT TWO WEEKS**

Continue these 3 things at home:

**KEEP DRINKING**

**KEEP BREATHING**

**KEEP WALKING**

**Drinking**

Keep drinking ful l liquids. Begin your protein drinks. Take a non-caloric drink with you if you go out. Have a bottle in your hand all the time. Take small sips. You should try to drink 48-60 ounces every day your first week at home. Try to drink at least 64 ounces every day during your second week.

**Breathing**

Use your incentive sp irometer every hour when you are awake. Breathe with it 10 times each time you use it. Breathe in slowly. This should take you about 1 V2 minutes each hour. Do this for the first 2 weeks after discharge.

**Walking**

Walking does four things to help you get better faster:

* It helps prevent blood clots.
* It makes you take deep breaths. This helps prevent pneumonia.
* It makes your abdominal pain go away faster.
* It helps you lose weight faster.

## **INCISION CARE**

You may shower when you get home. You may not take a bath or go in a pool or hot tub until the bariatric team says it is okay to do so. Most of your incisions will be covered with glue. It is called Dermabond. It acts like a bandage and is allowed to get wet. Do not pull the glue off. Let it come off on its own.

**If you have stitches in one of your incisions, do not shower for 48 hours after surgery. Keep the stitches lightly covered. They will be removed at your 2 week visit after surgery.**

## **ACTIVITY**

**Rest and exercise**

You need to rest. You just had major surgery. Your body needs time to recover and heal. But you cannot rest all the time. It is important to walk a few minutes every hour. This needs to be more than walking to the bathroom or kitchen. You need to make walking a form of exercise several times a day. Your goa l is to do 30 minutes of some form of physical activity every day. For the first 4 weeks, walking is your best exercise.

**Climbing stairs**

You can climb stairs when you get home. You will not harm yourself by using the stairs.

**Sleeping**

You may sleep in any position that is comfortable for you. It may not feel good to sleep on your belly or your side until your pain goes away. Sleeping on your back may not feel good either if you are not used to it. You may want to try sleeping in a recliner for the first few weeks.

**Formal exercise**

Use walking for exercise for the first 2 weeks after surg ery. After 2 weeks you may add more exercise. Start out slowly so you don't hurt yourself. No lifting more than 15 pounds for 4 weeks. This is to avoid developing a hernia at your incision sites.

## **FOR EMERGENCIES**

**If you have chest pain or sudden shortness of breath, call 911 or go to the nearest emergency room.**

If you have nausea, vomiting or abdominal pain at any time during or after office hours, or on the weekend, call the office at **440-368-1117.** If no one answers, you can leave a message and your call will be returned as soon as it is received. If you are very concerned, you can go to the nearest emergency room.

**OTHER INFORMATION YOU SHOULD KNOW**

#### **Pregnancy after bariatric surgery**

Less weight makes for a healthier pregnancy. Wait at least 18 months after your bariatric surgery to become pregnant. This is because your body has a lot of healing to do after surgery. Your body needs to get stronger during that time. It would be difficult for your body to take care of itself and a growing fetus during the first ½ to 2 years. Use contraception for 24 months after surgery.

#### **Weight plateaus**

There may be times when you stop losing weight. This is normal. This may happen for a couple of days soon after surgery. Weight loss may stop for a couple of weeks later on. This is normal! Do no worry and do not get discouraged! Follow the guidelines you have learned. Your weight loss will resume. Call us with any concerns. This is why following up with your bariatric care team is important to succeed.

#### **Flu shots**

Getting your flu and pneumonia shots is very important. It is best to get them at least 2 weeks before your surgery, but any time is better than not at all.

#### **Dining out**

It is best not to go to restaurants often. You can make healthier meals at home. Some patients ask for a 'to-go' box when they are ordering at a restaurant. They put half of their meal in the box right away. This way, you will eat less at your meal. It saves your meal for another day! Some patients share a meal with the person they are with. Remember to choose protein-rich foods, and eat those first!

#### **Returning to work**

How soon you return to work depends on what kind of work you do. Do not lift anything heavier than 10 pounds for the first few weeks after surgery. You may need to be off work for 4- 6 weeks if your job requires heavy lifting. Your incisions will gain half of their strength back by 6 weeks. We suggest you take at least 2-3 weeks off. This will allow you time to get used to your new eating habits.

**POTENTIAL PROBLEMS**

**SURGERY RELATED COMPLICATIONS**

#### **Bleeding**

This is unlikely to happen. You may feel very tired if you are bleeding. You may notice dark red blood when you have a bowel movement; or you may notice your stools are very black and tarry. Cal l the office if you notice these changes.

#### **Infection**

Let us know if you begin running a fever of 101degrees or greater. Let us know if you notice any pus coming from any of your incisions, or if they have become extremely red, swollen or warm to the touch.

#### **Leaking**

A leak could happen where your stomach or intestines were cut or where your stomach and intestines were connected. This can happen within several hours to 1 week after surgery. You

must follow the diet we have given you. You can cause a leak if you eat the wrong food, which will cause your stomach to work hard to break down the food. This is unlikely to happen if you follow the rules. Call us right away if you start feeling a lot worse instead of better. Call us if you are

running a fever of 101 degrees or greater.

#### **Dehydration**

You need to drink the required amount of liquids when you get home. You could become dehydrated if you don't. Your urine will be dark and less frequent. Your mouth and tongue will feel dry. Call us if you think you are not taking in enough fluids.

#### **Nausea/Vomiting**

If you are nauseated (the feeling that you have to throw up) and vomiting frequently right after surgery, call the office. You could become dehydrated if this should continue. You may be drinking too fast or too much; or it could be swelling from surgery.

**Pneumonia**

You can reduce your chances of getting pneumonia by using your incentive spirometer and walking. Remember to use your incentive spirometer hourly when you are awake during the first 2 weeks after surgery. Walk more and more each day. Go to the nearest Emergency Room if you begin having shortness of breath or chest pain or if you develop a fever of 101 degrees or more.

**Pain**

You will have pain from your surgery. Use the pain medication prescribed for you to control it. Call us if your pain gets worse. Come to the Southwest General Health Center Emergency Room if your pain becomes severe.

**Blood clots**

Your chance of developing a blood clot is greatest in the first few weeks after surgery. Blood clots can form in your legs and travel to your lungs. You can lower the chances of getting a blood clot in a couple ways:

* 1. Use all your injections of the blood thinner if they were ordered for you.
  2. Continue to walk every day. Your goal is 30 minutes every day.

**Go to the nearest emergency room if you have sudden chest pain or shortness of breath. Go to the nearest emergency room if you have pain in your calves, especially if you are resting.**

**LONG TERM POTENTIAL COMPLICATIONS**

**Nausea Vomiting**

Nausea and vomiting may be common in the first few months after surgery. It can be caused by:

1. Easting too fast
2. Not chewing your food well enough
3. Eating too much
4. Eating the wrong foods

It could be a signal of other problems. Call us if nausea and vomiting continues or begins a few months after surgery.

**Dumping syndrome (gastric bypass patients only)**

This occurs in gastric bypass patients when they eat the wrong foods. It happens when these

patients eat foods that are high in sugar or foods that are greasy and fatty or deep fried. The usual symptoms are:

* Nausea • Diarrhea • Cramping • Sweating • Shaking

These symptoms can last for 2 to 4 hours. Stay away from those types of foods to avoid this problem. See the dietary section of this binder for more ways to avoid dumping syndrome.

**Acid reflux (heartburn)**

Reflux-like symptoms are often a sig n of eating too much or too fast. There might be a problem if the symptoms do not go away. A narr owing might be forming along the stap le lines. Reflux of

acid can hurt your throat and esophagus. Call us if this happens. We will test you and give you the proper medication.

**Ulcer formation**

You have a greater chance of developing ulcers in the first 3 months after your surgery while you are healing. You lower your chances of getting a stomach ulcer by taking your prescribed medicine. You will need to take it for 3 months after surgery.

Ulcers are often painful. They cause a burning feeling in the upper part of your abdomen. Call us if you have these symptoms. The two biggest causes of stomach ulcers are:

* + Smoking
  + Taking aspirin and other non-st eroidal anti-inflammatory drugs (NSAIDs) such as ibuprofens.

**Stricture**

This occurs if your body starts to heal your stomach on the inside of the surgery. Normally, you just heal on the outside of the staple line. You may have eaten for a few weeks without any problems. Then you notice that food is "getting stuck:' You feel ok, but food is not going down as it was before. A white frothy mucous may form in your mouth. Then it may begin with liquids too. Call us if this occurs.

You may need to come back to the hospital. You will be sedated. The doctor will look down into your stomach with a camera (an endoscopy) an d may use a balloon to gently stretch (a dilation) the part that has narrowed down. You can go home when you are no longer sleepy.

**Gallstones**

You will be losing weight the fastest in the first six months after your surgery. This may increase your chance of getting a gallstone. You may feel pain in the top right part of your abdomen after eating if you have gallstones. Call the office if you have this pain.

**Kidney stones**

Kidney stones may occur. They most often happen if you are not drinking enough water. Drink at least 64 ounces of fluids daily.

**Changes in your bowel habits:**

. **Diarrhea:** You may have diarrhea the first 2 weeks after surgery. Your bowels should start to return to normal after that.

* + **Constipation:** Can be a common problem after bariatric surgery. This is because you cannot drink as much fluid as you could before surgery. You can take a mild laxative or stool softener, such as Miralax, daily if you are feeling uncomfortable. You can start taking a fiber supplement 6 weeks after surgery.
  + **Frequency:** You might not have to use the bathroom as often as you did before surgery. You may only have a bowel movement every 3-5 days. This can be normal in the beginning because you are eating less. Call us if this becomes a problem for you.

**lncisional hernia**

An incisional hernia is a weakening at the site of the incision. It takes about 6 weeks for your incisions to heal completely. Do not lift anything greater than 10 pounds for the first 2 weeks.

**HINT:** a gallon of milk weighs about 8.5 pounds. Do not lift, push or pull anything too heavy. It may cause your incisions to break open and a hernia to form.

**Gas pains**

Gas is very common after bariatric surgery. Sometimes, this can be severe. It can make you uncomfortable. Gas is often due to food not fully digesting. This is a normal side effect. It should get better over time. Physical activity, like walking, can relieve some of the pain. You can try over­ the-counter medicines such as Gas-X, Gaviscon, Mylanta or Maalox.

Gas pains can occur years after bariatric surgery. Food is often the cause. The healthy foods that are the best for you sometimes cause the most gas. This can include fruits, vegetables, beans and peas. Keep a food log and a diary of the pains. This will help you see if certain foods may be the problem.

**Hair loss**

Your hair may thin after surgery. It is quite common. This is your body's response to the stress of the surgery and anesthesia. Eating enough protein will help.

Hair loss can begin as early as three months after surgery. It is usually over by 12 months and then hair should be back to normal. It takes one month of good protein intake to slow down the hair thinning.

Try to get 60 grams of protein in a day for the first few weeks after surgery. Try to get 60-80 grams of protein a day after that.

**Intolerance to foods**

Your tastes can change after surgery. Some foods you liked before surgery, you may not like after surgery. Some foods you didn't like before surgery, you may like after surgery.

Some foods cannot be digested by bariatric surgery patients. These are often white starchy foods. These are white breads, pasta, rice and potatoes. Other foods are thick red meats. You may not be able to eat these foods.

**Nutritional deficiencies**

Patients cannot get all of their vitamins and minerals that they need from their foods. This is because they are eating less food. Your food is not absorbed as it was before you had surgery if you had a gastric bypass. Patients may experience some side effects due to this. Take the vitamins and other supplements that are prescribed for you to help avoid these problems.

**Excess skin**

All patients should expect some excess skin. Many things affect how much loose skin you will have. Some of these things are how overweight you were and how long you were overweight. Other things areyour family genetics and your age.

Exercise will help somewhat. Plastic surgery is an option. Insurance will often cover panniculectomy, lower abdominal skin removal. Often, insurance does not cover other plastic surgeries such as:

* A facelift
* A breast reduction
* An abdominoplasty (tummy tuck)
* A brachioplasty (arm lift)
* A thigh lift

Wait at least 1 year if you are thinking of having skin removal surgery. Wait until you have lost all of your weight and you have been on a good exercise program as well.

## **TRAVEL AFTER SURGERY**

* Avoid air travel for the first 4 weeks.
* If you must get on an airplane, we may continue your blood thinners.
* If you travel by car and/or bus during the first 4 weeks after surgery, stop every 45 minutes to one hour to get out of your car and walk for 10 minutes.

## **DIET PROGRESSION AFTER SURGERY**

Summary of the recovery stages:

* Stage 1: Full liquids (2 weeks after discharge)
* Stage 2: Pureed/blenderized foods (starts after your 2-week appointment)
* Stage 3: Soft foods, moist and mushy (starts after your 4-week appointment)
* Stage 4: Solid foods (starts after your 6-week appointment)

Each stage is just 2 weeks, except stage 4 (lifetime). The following sections explain each stage in detail.

**DIET, NUTRITION & EXERCISE**

**THE BASICS**

### THE JOURNEY CONTINUES ...

*It is important to put into place all that you have learned. It is very important to follow all the instructions you have been given. This helps for a fast, healthy recovery.*

**BARIATRIC SURGERY DIET BASICS**

**After surgery**

1. Follow the diet stages that have been given to you. Do not go to the next stage until you are told it is okay to do so. Eating the wrong foods at the wrong time can cause pain and vomiting and can lead to serious complications. You can leave a message and your call will be returned as soon as it is received. If you are very concerned, you can go to the nearest emergency room.
2. Eat slowly. Each meal should take 20-30 minutes to eat. Pay attention to your body, and stop eating when you are satisfied, not full. Overeating can cause pain and vomiting and may cause your pouch or sleeve to st retch.
3. Chew foods well.
4. Take small bites of food and small sips of water.
5. Include protein at every meal and at each snack. Your goal is 60-80 grams every day if you had a sleeve gastrectomy or gastric bypass and 80-90 grams if you had a SADI procedure.
6. Always eat protein first, vegetables second, then fruit, then whole grains or starches.
7. Drink at least 6-8 cups of low-calorie or zero-calorie drinks every day to keep yourself hydrated. This is 48-64 ounces a day.
8. Do not drink with your meals. Start drinking again 30 minutes after you are done eatin g.
9. Limit foods that are high in sugar and high in fat.
10. Introduce one new food at a time in case something does not agree with you.
11. Take your multivit amins every day.

**THINGS TO REMEMBER ABOUT YOUR NEW STOMACH**

**Gastric Bypass**

It is about the size of a large egg

It holds about 1-2 ounces

It empties like a funnel with a ½ to ¾ inch opening

**Sleeve Gastrectomy**

It is about the size of a banana

It holds about 4-8 ounces

It uses a valve that opens and closes to empty food from your stomach

It is normal to not feel hungry after surgery. Many bariatric surgery patients lose their hunger for up to 6 months after surgery. Hunger and thirst can often feel the same, if you think you are hungry, you may actually be thirsty.

**LEARN ABOUT NUTRITION**

## **PROTEIN**

Protein will be the main part of your diet before and after your surgery.

**What is protein used for?**

Proteins are the building blocks of the body. They are part of each cell, tissue and organ. Your body needs protein to keep it running smoothly.

**Protein helps:**

* Build and maintain muscle
* Heal the body after surgery
* Fill you up

**Which foods are high in protein?**

* Meat, chicken, turkey
* Fish and other seafood
* Eggs
* Dairy (cheese, yogurt, milk)
* Beans, legumes
* Soy products, tofu

**What are protein supplements?**

* Drinks/shakes
* Bars
* Powders (isolates are best)

**How does this affect my weight loss?**

Protein is good for weight loss. Yom body needs protein to be healthy. Protein helps you feel full longer. It stays in your stomach pouch longer than other foods.

**What do I need to do?**

* Get 60- 90 grams of prote in in each day.
* Make protein the main part of your meal.
* Afte r surgery, about h alf of your meal shoul d be protein .
* Eat 3 ounces of protein at every meal.
* Eat protein first at meals.
* Try to have protein for your snacks too.

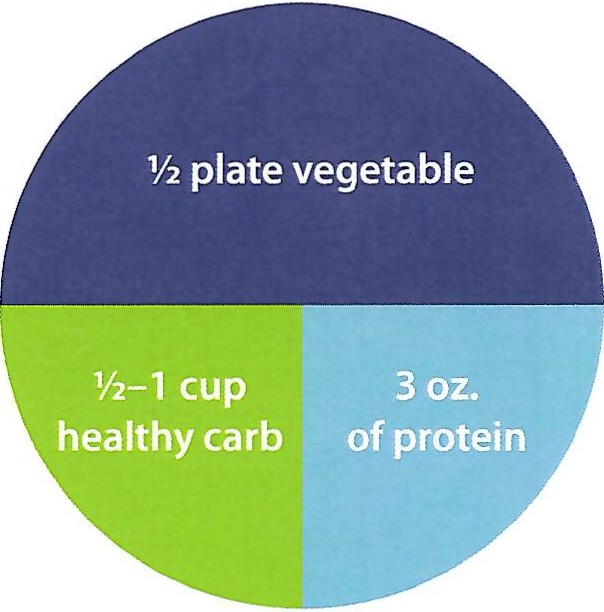
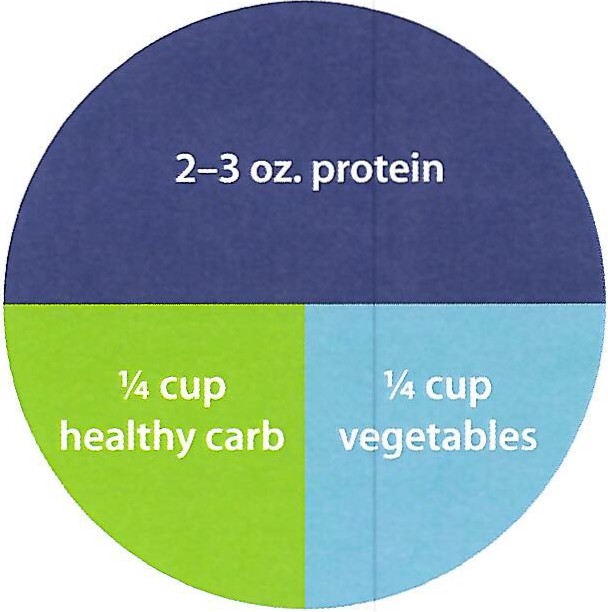
**Keep your portions in check!**

**Before surgery**

**9-inch plate**

**After surgery**

**5-inch plate**



**CARBOHYDRATES**

**What are carbohydrates used for?**

Your body uses carbohydrates to make glucose. Glucose gives you energy.

**Which foods contain carbohydrates?**

* Breads, cereal s, baked goods, snacks (crackers, chip s, pretzels)
* Pasta, rice, couscous, quinoa
* Starchy vegetables (potatoes, corn, peas, beans, orang e-colored squash)
* Fruit, juice
* Milk and milk products
* Sweets (candy, coo kies, cake, pastries, choco lat e, sweetened drinks)

**How do carbohydrates affect my weight loss?**

Carbohydrates do not stay in your pouch very long. You will be hungry soon after you eat them.

**What do I need to do?**

Limit the amount of carbohydrates you eat a day. Get your carbohydrates mainly through nonfat or low-fat dairy products, fruit, beans and whole grains. These are great for weight loss. They have vitamins, minerals and fiber. Avoid processed carbohydrates such as white rice, white bread, white pasta and sweets. You must keep track of the carbohydrates you eat. Any carbohydrates that you do not use through activity will be stored as fat.

**FATS**

**What are fats used for?**

Fats provide energy and help your body absorb vitamin s. Fats have lots of calories. Your body needs fats. They help you feel full.

**What foods contain fats?**

Butter, oils, nuts, seeds, olives, avocadoes, cheese, meats

**How does this affect my weight loss?**

Fat has more calories than protein and carbohydrates.

**What do I need to do?**

* Limit the amount of fat you eat.
* Eat less than 10 grams of fat at each meal.
* Choose the best types of fats such as avocado, olive oil, soft spreads and nuts.
* The serving size of fats should be small .

**VITAMIN/MINERAL SUPPLEMENTATION**

You may start taking your multivitamins/minerals as soon as you can tolerate them after surgery. This may take 1-2 weeks. Everyone should be taking their multivitamins at 2 weeks after surgery. You will need to take vitamins and minerals every day for the rest of your life after bariatric surgery in order to stay healthy.

**The daily recommendations are:**

1. Complete multivitamin/minerals with iron

2. Calcium citrate

* 1200 milligrams/ day for men and pre-menopausal women
* 1500 milligrams/day for post -menopausal women

3. Vitamin 03 (3000 IU or 75 micrograms/day)

4. Vitamin B-12 (500 micrograms/day)

5. Thiamine (at least 12 micrograms/day)

We recommend that you take bariatric-branded multivitamins/minerals because they contain the right amounts of the recommended vitamins and minerals needed by bariatric patients. The following bariatric brands/combinations are good options:

* Bariatric Fusion® Complete Chewable-take 4 tablets per day in 2 divided doses
  + Available at [www.bariatricfusion.com](http://www.bariatricfusion.com)
* ProCare ® Health Bariatric Chewable Multivitamin with Iron (18 or 45)-take 1 per day AND 1,200-1,500 milligrams of calcium citrate per day (take in 2-3 divided doses)Available at [www.procarenow.com](http://www.procarenow.com)
* CelebrateONE ® Chewable Multivitamin with Iron (18 or 45)-take 1 per day AND 1,200-1,500 milligrams of calcium citrate per day (take in 2-3 divided doses). Available at celebratevitamins.com
* Opurity® Bariatric Multi Chewable with Iron-take 1 per day AND 1,200-1,500 milligrams ofcalcium citrate per day (take in 2-3 divided doses). Available at www.unjury.com

**Non-bariatric vitamins**

Non-bariatric multivitamins/minerals are an option, but they do not contain the right amounts of some important vitamins and minerals recommended for bariatric patients. This means you will need to buy 5 different vitamin and mineral types:

1. Complete multivitamin/multimineral (with iron)

2. Calcium citrate

3. Vitamin 03

4. Vitamin 812 (sublingual type that dissolves under your tongue)

5. Thiamin (Vitamin 81) OR 8 Complex vitamin

Talk to your dietitian if you are considering taking non-bariatric vitamin and mineral supplements.

Supplements should be chewable or liquid for the first 2 months after surgery. After that, you may switch to a capsule, soft gel or tablet form if you prefer. Do not take gummy multivitamins. Do not take liquid formula multivitamins that are not bariatric-specific. Avoid men’s and women’s, Senior/Silver formula multivitamins. These do not contain all of the recommended vitamins and minerals.

*Important Note: If you had the SADI or SADI/ S procedure, please see your dietitian for specific vitamin and mineral recommendations.*

**A note about iron:**

Some people need extra iron. Iron comes in many forms. We recommend 45-60 milligrams of elemental iron daily in the form of ferrous fumarate or ferrous gluconate. Iron is recommended for all menstruating women. Those with iron deficiency may need more. Take vitamin C 500 milligrams to help with absorption of iron. Do not take iron at the same time you take your calcium. Do not take it with coffee or tea. It will not absorb as well. Iron can cause constipation. You may need to take a stool softener while you are taking iron supplements.

**Labs**

Follow-up care is important to make sure you have healthy vitamin and mineral levels. Be sure to

have your labs done on a timely basis. Your daily supplements may need to be adjusted based on your lab results. Bring your supplements or a list of your supplements with you to your follow-up appointments.

**DIETARY STAGES AFTER SURGERY**

**DIET STAGE 1: FULL LIQUIDS**

(Weeks 1 and 2 after surgery)

You will be on full liquids days 1-14 after your surgery. It is important to stay only on liquids to

allow your new stomach to rest and to heal. Do not think of your drinks as meals or snacks during these 2 weeks. You are sipping on something all day long to keep from getting dehydrated.

Here is a list of full liquids. It includes protein drinks, creamed soups that need to be strained or

blended, thinned yogurt without fruit in it and thinned sugar-free pudding. There should be no solids

in anything you drink during this diet stage.

**Full liquid includes:**

• Water

• Fruit-infused water

• Stur™ water enhancer

• SweetLeaf® drops

• True Citrus®

• Hint ® water

• Vitamin Water Zero ®

• Propel® (unflavored)

• Crystal Light Pure™

• Skim or reduced-fat Fairlife ® milk

• Unsweetened almond or soy milk

• Non-fat dry milk powder or

unflavored protein powder added to soups

• Sugar-free popsicles

• Low-fat/low-sodium broth

• Low-fat creamed soups made with skim

or low-fat milk-strained

• Protein drinks/shakes

• Sugar-free Jell-0 ®

• Low-sugar yogurt with no fruit on the

bottom, thinned with skimor 1% milk

• Pure Protein or Premier Protein (20-30

grams of protein, less than 1Og sugar, less

than 1Og fat per serving)

• Protein 2o®

• Plain Kefir (not flavored)

• Vegetable juice

• Tomato juice

• Coffee/tea, decaffeinated

• PB2™ (dehydrated peanut butter powder)

in your protein drinks

If it is on this list, you can have it. If it is not, then do not drink it.

Do not change your diet on your own. This could damage your pouch or sleeve.

CALORIE INTAKE= 500-600/DAY

**FLUIDS**

Your body needs lots of fluids as it heals. Fluids are good for your blood, your bones, your bowels and your skin. Fluids keep you hydrated. Water is the best drink. If water bothers you, try adding sugar-free flavoring such as Crystal Light Pure™, Stur™ water enhancer or Sweetleaf ® drops.

Everything on the full liquid list counts towards your fluid intake for the day. This includes low-calorie or zero -calorie drinks, protein shakes, soups, even sugar-free popsicles. You will need to drink at least 48-64 ounces a day. Write down how many ounces of fluids you drink every day. Use a bottle that has marks on the side for ounces to help you keep track.

You must take small sips and wait in between each sip. A big gulp or too many small sips in a row may cause pressure and pain and may cause you to vomit. Do not use a straw as it can cause you to swallow too much air. Keep a water bottle with you at all times and sip all day.

**PROTEIN**

Your body needs protein each day to heal and stay healthy. Feeling tired and weak can be caused

by not getting enough protein and can lead to muscle loss. Your metabolism will slow down if you lose too much muscle. This slows down your weight loss. Eating the right amount of protein each day gives the best long-term weight loss. Also, it will maintain your muscles.

You will need to drink protein supplements to reach your daily protein goal. Protein drinks are part

of your fluid intake for the day. You will need to focus on high-protein drinks while on this full-liquid

phase. Drinks high in protein will help you heal. They will make you feel full and give you energy.

Do not think of these drinks as meals or snacks. You need to sip on your protein drinks throughout

the entire day.

The goal is 60 grams of protein a day for sleeve and bypass patients. The goal is 80 grams of

protein a day for SADI or SADI/S patients.

**Choose protein supplements that have:**

* At least 20 grams of protein per serving
* Less than or equal to 200 calories per serving
* Less than 1O grams of total fat and less than 10 grams of added sugars per serving
* You will need to drink at least two protein drinks a day.

Keep a record of how much you drink. Pre-made protein drinks are a good choice because they are convenient. Add unflavored protein powder to your other liquids for added protein.

Keep track of how many grams of protein you take in every day.

**TIPS:**

• Try adding flavors. Try vanilla, almond or coconut extracts or try adding Crystal Light Pure™

or SweetLeaf ® drops or Stur™ water enhancer.

• Store bought protein shakes can be used in recipes. Use chocolate-flavored protein shakes

instead of chocolate syrup.

• Freeze liquids, such as milk or Crystal Light Pure™, in ice cube trays. Use them in place of ice

cubes in blended recipes for more flavor.

• If you are lactose intolerant, use skim or reduced fat Fairlife® milk or unsweetened soy or

Lactaid ® milk. Most whey protein and soy protein isolate powders are lactose free. Talk with

your dietitian about lactose intolerance and other drink options.

**DIET STAGE 2: PUREED FOODS**

(Weeks 3 and 4 after surgery)

Everything you eat must be pureed in a blender, food processor or Bullet.

**DIFFERENCES BETWEEN THE FULL LIQUID AND PUREED STAGES**

You can now eat “food”; but it must be pureed. You can puree meats, fish, vegetables and fruits. This means the food must be broken down by a machine so that there are no lumps or solids. It must be a smooth texture, like applesauce. It does NOT mean you chew your food really well or mash it really well. A machine must break it down. When you start the pureed stage, you should be reaching your fluid and protein goals each day.

**This stage:**

* Introduces new foods
* Helps with healing
* Helps with portion control
* Helps your weight loss

**PUREED STAGE RULES**

* Start eating 3 meals a day.
* Each meal will be about ¼ to ½ cup, which is 2-4 ounces or 4-8 tablespoons. In the first few days, you may be able to eat only 1-2 tablespoons at each meal.
* Each meal should take about 20 minutes to eat.
* Listen to your body. Stop eating when you are satisfied, not full.
* Do not drink with your meals.
* Do not start drinking again until 30 minutes after you have finished eating.
* Drink full liquids and other liquids that are high in protein in between meals.
* Puree all foods so they are as smooth as applesauce.There should not be any lumps or solids.

CALORIE INTAKE= 500-700/DAY

Tips:

* Eat off of a saucer/small plate.
* Put only ¼ to ½ cup of food on your plate.
* Use infant spoons to eat.
* All meals should contain protein. Try:
  + Pureed meats, pureed tuna fish, pureed chili
  + Soups
  + Yogurt
  + Pureed egg salad
* Drink protein drinks in between your meals as part of your fluid intake for the day.
* Also drink water and other low-calorie or zero-calorie drinks in between meals.
* Food and drinks should be low in sugar and low in fat.
* Keep a food log. Keep track of how many calories, protein and fluids you take in every day.
* Avoid eating 3 hours before bedtime. (This does not include night-shift workers.)
* Avoid eating meals at your desk, while driving or watching television.

**PROTEIN**

Continue to get 60-90 grams of protein in every day. You will not get in all your protein with food. You

will need to continue to drink at least one protein drink a day. Eat protein first. If you are not full, then eat vegetables next.

**FLUIDS**

Continue to get more than 60 ounces of fluids in every day. This includes you r protein drinks and other low-calorie and zero-calorie drinks and even sugar-free popsicles.

Do not drink with your meals.

* Drinking with your meals will empty your stomach and then you will feel hungry sooner. The longer the food stays in your stomach, the longer you will stay full.
* Drinking with your meals may cause your pouch or sleeve to stretch.

**VITAMINS**

Take the recommended dose of vitamins every day. Take multivitamins with food in your stomach to increase tolerance.

**MASHED POTATOES**

Even though mashed potatoes are already smooth, you may have a hard time swallowing them. They

are a starch and have no protein in them. Starchy foods can get stuck in your pouch/sleeve. They also

can slow down your weight loss.

**HOW WILL I KNOW WHEN I AM FULL?**

You may feel a slight pressure around your breastbone. Stop when you feel that feeling. If you continue

to eat, the pressure may increase to pain and you may vomit. Hiccups may also indicate fullness. You may need to learn to leave a meal unfinished and stop eating.

Do not advance your diet on your own. This could damage your pouch or sleeve.

**PUREED FOODS**

Pureed food is food that is smooth like applesauce. You can puree your own food or choose already-smooth foods. Tips for making pureed food:

* Use crackpots to soften meat.
* Cut meat into very small pieces or cubes before blending
* Add skim milk, broth or water to increase smoothness of the puree
* Use a strainer to thin out your puree
* Add protein powder (or nonfat dry milk powder) for added protein.
* Use only ingredients that are sugar free and low fat.
* Make a few servings, and freeze using ice cube trays or containers. This avoids waisting food.

**DIET STAGE 3: SOFT FOODS**

(Weeks 5 and 6 after surgery)

A food is considered soft if you can mash it with a fork. Soft foods have a soft texture. Soft foods must be fork tender, well cooked or canned. Fork tender means it is easy to put a fork through the food.

Examples of soft foods compared to hard foods:

SOFT

Banana

Well-cooked vegetables

Ground-up meat

HARD

Apple

Raw vegetables

Pieces of meat

You will be able to eat different kinds of foods during this phase.

TRY:

Ground beef

Soft cheeses

Ground chicken or turkey

Shaved deli meats

Well-cooked vegetables

Tuna fish, tilapia

Eggs

Salmon, crabmeat

Chicken/turkey cooked in a slow cooker

Cottage cheese

Foods with a “hard” texture can become stuck in your pouch. Steak has a hard texture. If chicken

or pork is not cooked to a soft texture, it can get stuck as well. During this phase, you should form new eating habits. This includes what, how much, when and how to eat. You will learn ways to eat that will work for you now. You must chew your food very well. Chewing well is taking the place of the blender. There is less acid in your stomach because your stomach is smaller. Less acid means your food does not

break down as well. Therefore, you must help your stomach by chewing well.

**SOFT FOOD EATING RULES**

* Eat 3 soft food meals a day (see below).
* Each meal will be about Vi cup, which is 4 ounces or 8 tablespoons.
* Put a smaller mouthful of food in your mouth. Use baby spoons and forks to help control how much food you put in your mouth each time.
* Eat slowly. Chew your food well, until it is the texture of applesauce.
* Each meal should take about 20-30 minutes to eat.
* Put your fork or spoon down between bites. This will slow down your eating.
* Listen to your body. Stop eating when you are satisfied, not full. This may mean you eat less than V2 cup. That is okay.
* Do not drink with your meals.
* Do not start drinking again until 30 minutes after you have finished eating.
* In between meals drink full liquids and other liquids that are high in protein.

CALORIE INTAKE= 500- 700/DAY

**PROBLEM FOODS**

Avoid these foods:

* White breads, white rice, pasta, noodles and white potatoes
* Raw vegetables and salads
* Nuts, seeds, popcorn
* Heavy gravies or sauces
* Dry or dense (thick) meats
* Fried foods, greasy foods, foods high in fat
* Sweets such as cookies, cakes and candy

**CALL THE OFFICE IF YOU:**

* Have non-stop vomiting
* Have severe abdominal pain
* Are not reaching your daily protein goal
* Are not reaching your daily fluid goal

**TIPS:**

* Eat off a saucer or small plate. Put only 1/2 cup of food on your plate. Use infant spoons or forks to eat.
* All meals and snacks should contain protein.
* Drink protein drinks in between your meals as part of your fluid intake for the day.
* Also, drink water and other low-calorie or zero-calorie drinks in between meals.
* Protein: continue to get 60-90 grams of protein in every day. You will not get in all of your protein with food. You will need to continue to drink at least one protein drink a day.
  + Eat protein first. If you are not full, then eat vegetables next.
* Food and drinks should be low in sugar and low in fat.
  + Pick foods that are low in fat; goal is less than 1O grams of total fat per meal.
  + Pick foods that are low in added sugar; goal is less than 1O grams of added sugars per meal.
* Fluids: continue to get more than 60 ounces of fluids in every day. This includes your protein drinks and other low-calorie and zero-calorie drinks and even sugar-free popsicles. Do not drink with your meals.
* Vitamins: take the recommended dose of vitamins every day.
* Keep a food log. Keep track of how many cal ories, protein and fluids you take in every day.
* Introduce new foods one at a time. If a food does not agree with you, it can cause you to have nausea, vomiting and pain. Avoid these foods for 2-3 weeks, and then try again.
* Make your own meals. Avoid restaurants and take-out. You can control what goes into the food if you make it yourself.
* Continue to drink a protein shake daily. If you are tired of the pre-made shakes, you can make your own with protein powder. This of your protein shake as fuel to keep your metabolism up. Sticking with a daily protein shake in addition to protein-rich meals saves your muscles and ensures you the greatest likelihood of long-term weight loss.

**DIET STAGE 4: REGULAR FOODS**

**Are you ready for regular foods?**

You should be able to handle most soft foods at the end of the soft-food phase. You are ready for regular

foods if you have not had any problems with soft foods. It is important to try different healthy foods. This helps you know how your pouch or sleeve handles different foods.

Being on a regular diet does not mean eating unhealthy foods. It does not mean eating ALL the foods you used to eat. You need to choose healthy foods for long-term success. Your food choices and eating habits are important. The choices you make now are helping you to succeed into the future. You will have to work hard each day to keep your weight under control. For the most part, your diet is unrestricted. They key words are “for the most part.”

You can now have:

• Tender meat, poultry or fish

• Raw vegetables

• Salads

• Fresh fruits

**RULES FOR EATING REGULAR FOOD**

* Limit the amount of breads, rice, past a, noodles and white potatoes that you eat. White starches have no nutritional value in them, and they cause weight gain. If you are going to have these starches try whole-grain bread, brown rice, whole-wheat pasta or quinoa. If a meat is too thick or too dense, this includes steak, it may get stuck. We recommend you wait until you are 3-4 months out of surgery before you eat steak.
* Add new foods slowly. Try them one at a time. There may be some foods that are difficult to eat because they just don’t agree with you.
* Some foods may be hard to get down because you have taken too big of a bite, or you have not chewed them well enough or you ate too fast.

CALORIE INTAKE = 600 - 800 /DAY

Note: Calorie intake long term is about 1,200 for women and 1,500 for men.

**LIFELONG GUIDELINES**

**REGULAR FOOD AND BEYOND – LIFELONG RULES**

**GUIDELINES FOR SUCCESS**

* Keep a food log. Write down what you eat every day. Keep track of calories, protein and fluids.
* Meet your daily protein goals- 60-90 grams of protein a day. You should try to get your protein from food. If you are not meeting that goal, then drink a protein supplement or eat a low-sugar protein bar during the day.
  + Eat protein at every meal.
  + Always eat protein first, then vegetables, then fruits, then starches.
  + Choose high-protein snacks.
* Meal volume is ½ to l cup (4-8 ounces) for each meal.
  + Use small plates or bowls.
  + Use toddler or small forks and spoons.
  + Do not overfill your plate.
  + Prepare meals and store them in small containers to take with you to work or for travel.
* Eat 3 meals a day. Eat 1-2 protein-rich snacks, if needed.
  + Plan ahead what, how much and when you will eat.
  + Do not eat more than 5 times a day.
* Eat slowly.
  + Meals should last at least 20 minutes, but not longer than 30 minutes.
* Chew your foods well.
  + Chew until the food is the texture of applesauce.
* Drink at least 64 ounces of fluids every day.
  + This includes water, protein drinks, protein water, tea and coffee.
  + Avoid sweetened drinks, fancy coffees and alcohol.
* Stop eating when you are satisfied, not full.

**MANAGING HUNGER**

If you find that you are getting hungry between meals, make sure you are getting at least 60 grams of protein each day. Include protein at each meal. If your meal has too many carbohydrates (fruit, bread, grains), you will feel hungry sooner. If you are doing these things and following the rules and you find you are still hungry, try drinking at least 8 oz. of a zero-calorie liquid. This will fill you up for at least 30 minutes and can potentially get you to your next meal. If there is a long time (greater than 5 hours) between meals, or you still get hungry, eat a low calorie (less than 200 calories) fourth meal such as a low calorie protein bar, 6-8 oz. high-protein yogurt (Greek yogurt) or ¾ cup of fat-free cottage cheese to fill you up.

**NUTRITION LABELS**

Most foods have nutrition labels. The label says Nutrition Facts. Reading nutrition labels will help you make healthy food choices. Reading nutrition labels means looking at the serving size and the nutrients. The nutrients you need to know are:

* Calories
* Fat
* Carbohydrates
* Sugars

**Serving size**

Look at the serving size. Some packages or cans mayhave 2-3 or more servings per package.

* All nutrients on the label are for one serving.
* You need to know how many servings you are eating.
* For example: a serving size of pasta may be one cup. If you eat 2 cups of pasta, you are eating twice the calories and other nutrients listed.

**Calories**

Look at the calories and serving size. Decide if it is worth eating.

* Be careful. You eat twice the calories if you eat twice the serving size.

**Fat**

Look at total fat. Chose foods low in fat. Foods that have 3 grams or less of total fat per serving are considered low-fat.

* Avoid high-fat foods. In gastric bypass patients, high-fat foods can cause dumping syndrome.
* Be careful. Foods labeled &quot;fat-free&quot; often have a lot of sugar instead.
* After surgery, limit fat to 10 grams or less at each meal.

**Carbohydrates**

Look at total carbohydrates. Choose healthy carbohydrates such as whole grains, fruit and vegetables.

**Protein**

Eat foods high in protein (lean meats and low-fat dairy are the best). After surgery, make protein the main part of your meal.

* Eat proteins first.
* Try to have snacks that are high in protein too.

**Sugar**

Foods may contain natural sugars, added sugars or both. Be careful. Avoid foods with added sugar. There are many names for added sugar. Look at the ingredients. Ingredients are a list of what is in the food. See if the food contains added sugar. All of these are the same as added sugar:

• High-fructose corn syrup

• Brown sugar

• Corn syrup

• Honey

• Maltose

• Molasses

•Dextrose

• Fruit juice concentrate

• Sugar

• Syrup

• Sucrose

• Glucose

Choose foods with natural sugars. Fruits and milk are foods with natural sugars. Natural sugars are easier for your body to handle after surgery. They will not cause dumping syndrome (unless you eat too much). Sugars are listed under carbohydrates on the nutrition label. This number will include both natural and added sugars. A food may not be a good choice if it contains 10 grams of added sugar or more. Look at the ingredients. Does the food contain a type of added sugar? Eat something better for you if it does.

**COMMON QUESTIONS ABOUT SUGAR**

Can I have artificial sweeteners (sugar substitutes) after surgery?

Yes. You can use these before and after surgery, but use in moderation. We suggest:

* Stevia (green packet)
* Monk fruit

What are sugar alcohols? Can I have them after surgery?

Sugar alcohols are a kind of artificial sweetener. They are often used in sugar-free foods. Common sugar alcohols are sorbitol and mannitol. You might see these on an ingredient list. They are not alcohol. You can eat them after su rgery, but use in moderation. Some people have problems if they eat a food high in sugar alcohol. Some of the problems people have are:

• Diarrhea

• Bloating

• Gas

• Cramping

**DIETARY CHANGES**

**Lactose Intolerance**

Some gastric bypass patients may develop lactose intolerance. It means your body cannot digest the “lactose” in dairy products. Lactose is a natural sugar found in most dairy products. It can cause gas, cramping, bloating and diarrhea. You may need to avoid dairy products if this happens to you. Soy milk can be used instead of cow’s milk. Lactaid® or Fairlife® milk can be used. Or you can buy products that will allow your body to digest lactose. Many people find they are able to tolerate yogurt and cheese.

**Digestive Changes**

You may have gas and stomach aches. This is usually caused by your food choices. You may need to change some of your food choices to avoid this. You can take medicines like Gas-X™ or Beano™.

**Alcoholic Beverages**

Avoid alcoholic beverages for 3 months after surgery. Alcohol is absorbed much faster after bariatric surgery; this is because of your smaller stomach. This means you will become more intoxicated with less alcohol. One drink will have seven times the effect compared to someone who has not had bariatric surgery. You may think you are sober, but if you are stopped by the police, you could get a DUI. Limit the amount of alcohol you drink. Drink one glass of water after every alcoholic drink. Remember alcohol has a lot of calories in it and no nutrition. Some bariatric patients are addicted to food. They may try to substitute alcohol for this addiction. Some bariatric patients may start to drink alcohol to make them feel better. Please let us know if you feel this is happening to you.

**Caffeine/Carbonated Beverages**

Caffeine can bother your stomach. We suggest drinking decaffeinated beverages for the first 1-2

months after surgery. Carbonated beverages may cause you to feel full and gassy. Avoid carbonated beverages. The bubbles will expand inside your new stomach pouch. This may cause it to stretch and may make you feel uncomfortable and reduce your weight loss.

**Spicy Foods**

Your taste buds may change. Most bariatric patients can tolerate spicy foods.

**FOLLOW UP AND SUPPORT**

**FOLLOW UP**

**YOU ARE OUR PATIENT FOR LIFE!**

Follow up is very important. It helps us make sure you are staying healthy with yearly blood tests. It also helps us to make sure you are doing well with your weight loss. The first 6 years is the critical time period. It is very important that we see you every year, especially for the first 6 years. If you feel you are going off track or gaining some weight, that is the time to call us. We can help you get back on track.

**FOLLOW UP**

**We are your partner for life!**

Bariatric surgery is a life long commitment. Follow up is needed to make sure you are healing

well. Follow up also is needed to monitor your weight loss. It is VERY important to keep these

appointments. The follow-up times are as follows:

• 2 weeks after surgery

• 4 weeks after surgery

• 6 weeks after surgery

• 3 months after surgery

• 6 months after surgery

• 9 months after surgery

• 12 months after surgery

• 18 months after surgery

• 24 months after surgery

• Once a year after that

You are our patient for life! You need to be committed to following up with us. You are at the

most risk between six months and 18 months for lack of weight loss or weight regain. If you start to gain weight, that is the time to call us, even if it is not for a regular follow-up time.

**SUPPORT GROUPS**

**WE ARE HERE FOR YOU!**

**POST-OPERATIVE SUPPORT GROUPS**

Only someone who has gone through bariatric surgery knows what it is like. We hope you will join our private Facebook community. The group is a private and safe place where, together, we share our knowledge, provide support and celebrate our victories. Search “Bariatric Surgery and Support with Dr. Pristas.”

Connect with people in various stages of their weight-loss journey. Meet people overcoming the same fears and challenges you have faced. Find a supportive community that will cheer you on as you reach your goals together. The bariatric team can answer general questions, offer support and share information in the group as well.

**WEIGHT REGAIN**

You may regain some weight after you reach your goal. This is normal. This is sometimes hard to

talk about for some patients. It is easier to fix the problems early. Please call us if you notice the

weight coming back. We want you to succeed!

**Sticking to the basics and keeping your promises**

Weight-loss surgery is a tool! It is a strong tool against morbid obesity. It is only as strong as you

are. It will work for you if you use it correctly. It will not work for you if you overeat and eat the

wrong foods. To lose weight and keep it off for the rest of your life:

• Chew your food well

• Eat slowly

• Eat smaller portions

• Eat smarter

• Avoid carbonated beverages

• Keep food logs

•Meet protein goals daily (60-80 g)

• Have 3 meals (plus 1 to 2 snacks)

• Eat protein first

• Never drink fluids with meals

• Take a multivitamin daily

• Do more physical activity

**EXERCISE RECOMMENDATION**

Not every patient will be able to exercise at the same level when starting out. It is important to start exercising slowly. Gradually increase what you are doing and how long you are doing it. For most patients, WALKING is a GREAT way to start! Try to push yourself a little bit more every

couple of days. Walk a little farther and a little faster. A pedometer or a FITBIT can help keep track of how many steps you take and how far you walked. If you find that your walking routine is becoming easier, then it is time to increase the intensity and/or the duration. Set a timer and try to finish your routine faster than you did the last time or go farther.

Do different types of activity so you do not get bored doing the same thing every day. Include strength- or weight-resistance training in your routine. Building up your lean muscles can help with weight loss. Use low weights, and gradually increase your repetitions. The minimum goal for exercise is 150 minutes a week, working toward 300 minutes a week. Write a schedule on a calendar and stick to it. Set small goals for yourself and work up from there.

**Getting Started**

• Take the stairs.

• Park farther away from buildings. This will make you walk more.

• Go for a walk. Walk in the park. Walk the dog. Walk around the block. Walk in your apartment

building. Start out walking 5-10 minutes at a time; work your way up to 30 minutes.

• Break up the activity. Walking for 30 minutes might be too much for you at first. Instead, walk 10 minutes 3 times during the day. This is still 30 minutes of walking.

• Get your family and friends to exercise with you. It is more fun to exercise with others. Join

classes at your local YMCA or recreation center.

• At home, there are apps, DVDs, YouTube videos you can follow.

**Try Different Activities**

• Aerobics

• Yoga

• Dancing

• Zumba

• Tennis

• Volleyball

• Water aerobics

• Swimming

• Golf

• Gardening/yard work

• Housework (scrubbing floors, sweeping)

**BENEFITS OF EXERCISE**

• Increases your life expectancy

• Reduces abdominal fat

• Gives you stronger heart, muscles, bones and lungs

• Reduces risk of heart disease

• Lowers blood pressure

• Lowers trig lycerides

• Increases good cholesterol and lowers bad cholesterol

• Impr oves blood sugar control

• Imp roves i ns ulin control

• Reduces risk of cancer

• Gives you more energy

• Improves balance

• Improves appearance

• Impr oves motivation and mental &quot;sharpness&quot;

• Decreases depression

**RESOURCES**

**Helpful websites:**

• www.gastricsle eve.com

• www.theworldaccordingtoeggface.blogspot.com

• www.bariatriceatin g.com

• www.bariatricfoodie.blogspot.com

• www.bariatricfoodcoach.com

• www.bariatric pal.com

• www.fitnessblender.com

**Exercise apps:**

• JeFIT

• 8FIT

• Nike Training Club

• 30-Day Challenge

• Charity Miles

**Calories Burned with Exercise**

On one side of the chart below are types of exercise. Next to each type is how many calories are

burned doing the exercise for one hour. It does not matter what activity you do. It just matters

that you stay active!

**Food tracking/analysis online or smartphone apps:**

• www.myfitnesspal.com

• www.sparkpeople.com

• www.loseit.com

• www.baritastic.com

• w ww.calorieking. com

**BOOKS**

1. A Complete Guide to Obesity Surgery: Everything You Need to Know About Weight Loss Surgery and How to Succeed by Bryan G. Woodward
2. Weights Loss Surgery for Dummies (2nd edition) by Marina S. Kurian, Barbara Thompson and Brian K. Davidson
3. The Complete Guide to Weight Loss Surgery: Your Questions Finally Answered by Lisa Kaouk and Monica Bradshaw
4. The Big Book on Bariatric Surgery: Living Your Best Life After Weight Loss Surgery by Alex Brecher and Natalie Stein
5. The Success Habits of Weight Loss Surgery Patients by Colleen Cook
6. The Emotional First Aid Kit: Practical Guide to Life After Bariatric Surgery by Cynthia L. Alexander
7. Regain be Gone: 12 Strategies to Maintain the Body You Earned After Bariatric Surgery by Sameera Khan
8. Living with Bariatric Surgery: Managing Your Mind and Your Weight by Denise Ratcliffe
9. Bariatric Fitness for Your New Life: A Post Surgery Program of Mental Coaching, Strength Training, Stretching Routines and Fat-Burning Cardio by Julia Karlstad

**COOKBOOKS:**

1. Fresh Start Bariatric Cookbook: Healthy Recipes to Enjoy Favorite Foods After Weight-Loss Surgery by Sarah Kent
2. The Easy 5-lngredient Bariatric Cookbook by Megan Wolf
3. The Complete Bariatric Cookbook and Meal Plan: Recipes and Guidance for Life Before and After Surgery by Megan Moore
4. Easy Gastric Sleeve Bariatric Cook book: 100 Recipes for Healing and Sustainable Weight Loss by Marina Savelyeva
5. The Everything Post Weight Loss Surgery Cookbook by Jennifer Whitlock Heisler