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Meet the Team

The surgeons at PHMG Surgery are highly experienced in the field of bariatric surgery, also known as weight-loss surgery. Our program offers gastric bypass surgery, the sleeve gastrectomy, as well as revision surgery. The surgical program is staffed by highly trained specialists, including medical assistants, LPN's, dietitians, a psychologist, and others who work as part of your team to serve you better.

Colin MacColl, MD
- Board-certified, General Surgery
- Fellowship: Laparoscopic Bariatric Surgery, Tufts New England Medical Center, Boston
- Residency: University of Calgary, Alberta, Canada
- Medical School: Medicine University of Saskatchewan, Canada
- Fellow, American College of Surgery
- Member, American Society for Metabolic and Bariatric Surgery
- Member, Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)

Joshua Pfeiffer, MD
- Board-certified, General Surgery
- Fellowship: Advanced GI Minimally Invasive/Bariatric Surgery, Gundersen Health System, La Crosse, WI
- Residency: University of Illinois, Metropolitan Group Hospitals
- Medical School: University of Washington School of Medicine
- Fellow, American College of Surgery
- Fellow, ASMBS
- Member, Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)
- Courtesy Assistant Professor at University of Oregon
- Clinical Assistant Professor, OHSU

Jessica Folek, MD
- Board-certified, General Surgery
- Fellowship: Minimally Invasive Surgery, UCLA Medical Center, Los Angeles; Endocrine Surgery, Baylor Scott & White, Texas A&M, College Station, TX
- Residency: Staten Island University Hospital, Northwell System, New York
- Medical School: State University of New York, Downstate College of Medicine, New York
- Member, Fellow of American College of Surgeons (FACS)
- Member, American Society for Metabolism and Bariatric Surgery (ASMBS), Member, Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)
- Active Member, American Association of Endocrine Surgeons (AAES)
Meet the Team (Continued)

Chris Webb, PA-C
Physician Assistant

Jeanne Cullen, RD, LD, CDE
Registered Dietitian

Christie Brasseur, Patient Coordinator

Lindsay King, Psy-D
Psychologist

Kelly Peterson, MS, RD, LD
Registered Dietitian

Nanyel Hillsberry, Data Coordinator

Carrie Hughes, RN
Program Coordinator
Personal Notes
What is Obesity?

It is estimated that over 72 million adults in the United States are obese, a condition that substantially raises their risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and cancer of the breast, prostate, and colon. Higher body weights are also associated with increases in death from all causes. Obese individuals also suffer from stereotyping and discrimination. Health care costs associated with obesity amount to about $100 billion in the United States. As the second leading cause of preventable death in the United States today, overweight and obesity pose a major public health challenge.

There are several classifications of obesity. If you have a Body Mass Index (BMI) of 40 or higher, you may qualify for bariatric surgery. If you have a BMI of 35–39.9, you may also qualify as long as one or more obesity-related conditions (such as high blood pressure, diabetes, high cholesterol, heart disease) are present. Your Patient Coordinator can help you clarify your specific plan criteria.

The calculation for determining Body Mass Index is [weight (pounds) ÷ height (inches)^2] x 703.

Let's say you weigh 250 pounds and stand 5 feet, 10 inches tall. To calculate your BMI, multiply your height in inches (70) by itself (70). Divide your weight in pounds (250) by this number, and multiply the result by 703.

- 5 feet, 10 inches = 70 inches
- 70 X 70 = 4,900
- 250 ÷ 4,900 = 0.051
- 0.051 X 703 = 35.8 BMI

You can also determine your BMI by checking the following table:

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<td>Obesity</td>
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<td>Severe Obesity</td>
<td>35–39.9</td>
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<td>Morbid Obesity</td>
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Procedures Available

Operations for obesity fall into two categories: restrictive and malabsorptive. Restrictive procedures reduce the amount of calories or food ingested (taken in) by limiting the stomach space available for the food. Malabsorptive procedures reduce the absorption of food (the process of food moving through the body) that has been consumed.

1. A small pouch is separated from the top of the stomach and sealed.
2. Staples are used to create the seals.
3. The small intestine is divided and attached to the new stomach pouch.
4. The section of small intestine that descends from the bypassed stomach is reconnected to the small intestine that descends from the new pouch to create a “Y” shape.

After dividing the upper stomach, the surgeon divides the small intestine in the upper jejunum (jay-JOO-num) and connects it to the small stomach pouch with an opening approximately the size of a dime. This joining together of the stomach pouch and the jejunum is called an anastomosis (uh-nas-tuh-MOS-sis).

The other end of the jejunum is reconnected, creating a “Y” shape. Absorption of food does not begin until the point where the two pieces of jejunum come together.

You will experience a sense of fullness very quickly after this operation, because your surgeon creates a very small stomach pouch. Your appetite is reduced and your intake of food is dramatically limited to help you lose weight. The food you eat is digested and absorbed quite well.

ROUX-EN-Y GASTRIC BYPASS

Roux-en-Y (roo-en-WHY) gastric bypass, commonly called gastric bypass or RYGB, is the gold standard treatment for severe obesity because of its low complication rate and long-term success in achieving weight loss. RYGB combines a gastric restrictive operation with a small amount of malabsorption.
Results
In the first year, the average patient loses as much as 100 pounds or more, or about 2/3 excess weight. In most cases, this is enough weight loss to reduce the life-threatening dangers that come with obesity. You may lose more than this, or you may lose less. In the second year, you continue to lose weight but less rapidly. By year 8, average excess weight loss for typical patients is greater than 50 percent.

Risks and Complications
RYGB has the highest long-term success and low rates of mortality (death), complications, and failures. The procedure carries a mortality rate of less than 0.4% percent and a complication rate of less than 5 percent. Our surgeons have had excellent outcomes in terms of low complication rates. The following RYGB benchmark statistics were compiled from several studies:
- Mortality:< 0.4%
- Deep vein thrombosis/pulmonary embolism: 1–3%
- Anastamotic leak: 1–3%
- Wound infection: 1%
- Marginal ulcer: 5–10%
- Internal hernia: 5–10%
- Re-operations: 5–10%
- Re-admissions :<5%

**VERTICAL SLEEVE GASTRECTOMY**
The Vertical Sleeve Gastrectomy (VSG), like the gastric bypass, generates weight loss by restricting the amount of food that can be eaten.

In a VSG procedure, the stomach is stapled and divided vertically. This removes more than 85% of the stomach. The remaining stomach, or sleeve, is about the size of a banana. It allows for normal digestion and absorption. Food consumed passes through the digestive tract in the usual order, which allows it to be fully absorbed into the body.

Results
The advantages of sleeve gastrectomy are the reduction in stomach size without loss of function. Weight loss occurs within the first two years and, as with gastric bypass, the procedure can cure common co-morbidities such as Type 2 diabetes, sleep apnea and hypertension. Patients do not experience the dumping syndrome common with gastric bypass. VSG is an option for patients with disorders such as Crohn’s Disease or anemia.
Risks and Complications
VSG surgery is irreversible and potential complications can arise from the stomach stapling. However, relative to gastric bypass, VSG offers similar or lower complication rates.

- Mortality: < 0.4%
- Deep vein thrombosis/pulmonary embolism: 1–3%
- Staple line leak: 0.5–1%
- Wound infection: 1%
- Re-operations: <1%
- Re-admissions: <5%

LAPAROSCOPIC SURGERY

Your weight-loss surgery is laparoscopic (lap-uh-row-SKOP-ik) surgery. In this technique, a fiber-optic instrument is inserted through an incision in the abdominal wall to display the organs inside. It functions as an eye, sending signals that are processed and displayed on a TV screen. This technique usually requires a total of five or six incisions, most of which are less than an inch long. Surgical instruments are inserted through these incisions. The surgeon operates by manipulating the instruments, using the laparoscope, to see what is happening on the TV screen rather than by feeling the actual organs with his hands.

Laparoscopic surgery results in better cosmetic outcomes, a shorter hospital stay, and quicker return to work. This procedure also results in fewer hernias (tearing of tissue) at the site of the incisions, as well as fewer infections.

Surgical Outcomes

The health problems associated with obesity can be significantly reduced or cured through bariatric surgery. Past results from the Roux-en-Y gastric bypass procedures show:

- An 85% remission of diabetes
- A 90% remission of sleep apnea
- A 65% remission of hypertension
- A mortality rate of less than 0.4%
- An average hospital stay of 2 days (or less)
Preparing for Surgery

During your first appointment in our office, the patient coordinator will review the steps that must be completed before surgery. It is your responsibility to complete all requirements.

1. **PREOPERATIVE WEIGHT LOSS**

   Weight loss may be required prior to surgery. The amount of weight you must lose before surgery will be determined by your surgeon. Losing weight prior to surgery helps shrink your liver and makes your surgery safer.

   - Your preoperative weight loss requirement is: ________.
   - Your weight must be ________ pounds or less before your surgery date.

2. **BASELINE LABS**

   Labs, including drug and nicotine levels, will be ordered during your first appointment with the surgeon. Have your labs drawn within one month of your first appointment. Fast overnight before having your blood drawn.

3. **MANAGE YOUR DIABETES**

   Poor blood sugar control increases your chances of infection and poor wound healing after surgery. Diabetes should be well controlled. For poorly controlled diabetes, a glycohemoglobin A1C goal will be determined by your surgeon.
Preparing for Surgery *(Continued)*

4. **STOP SMOKING**

Use of tobacco and nicotine, including cigarettes, cigars, pipes, chew, e-cigarettes, vaping, gum or patches are very dangerous after bariatric surgery. If you need help quitting, the Oregon Heart and Vascular Institute offers a smoking cessation support group (phone 541-222-7442 or go to www.ohvi.org). A referral is not required. Call them directly.

- If you have recently quit using nicotine, your urine will be tested to confirm that you are maintaining abstinence.
- If you are currently using nicotine, you are required to quit. After you have quit, you will be required to demonstrate two negative urine nicotine levels.

5. **MARIJUANA AND OTHER ILLICIT DRUGS**

PHMG Surgery maintains does not allow any form of marijuana and other illicit drug use, for patients seeking bariatric surgery. Marijuana, THC, or other metabolites, which are allowed legally with a Oregon Medical Marijuana Card is prohibited within our program. If you are currently using or have recently quit, urine testing (as described above for nicotine) will be required and again within one month of surgery. Negative results are required to continue in the program.

6. **COMPLETE NUTRITIONAL AND PSYCHOLOGICAL EVALUATIONS**

After you have completed your evaluation with the surgeon and your lab work has been resulted, you will be scheduled for evaluations with a dietitian and a psychologist. These appointments can be scheduled on the same day. Plan on spending at least three hours at the center to complete these two appointments.

7. **TEAM REVIEW**

Once you have completed evaluations with the surgeon, dietitian and psychologist, the multidisciplinary team will review your case. The team will evaluate your appropriateness and readiness for surgery. To optimize your readiness for surgery, the team may require additional steps to help you prepare. The results of this team review will be communicated to you by letter and/or phone call.
Preparing for Surgery *(Continued)*

8. **COMPLETE REQUIRED MEDICAL TESTING**

Your surgeon may require additional medical evaluations and testing based on your medical history and which type of bariatric surgery you are preparing for. The most frequently ordered preoperative tests include:

Endoscopy: All patients undergoing gastric bypass or sleeve gastrectomy are required to have a screening endoscopy. You will be referred to a Gastroenterologist for this.

Sleep Apnea testing: If you are diagnosed with sleep apnea that requires CPAP (continuous positive airway pressure) for treatment, you will need to be using it for at least one month prior to surgery.

Cardiac (heart) evaluation: You may be referred to a cardiologist for evaluation and testing (e.g. stress test).

9. **COMPLETE INSURANCE REQUIREMENTS**

Your insurance may require additional steps be completed, such as a supervised weight loss program, prior to surgery. The Patient Coordinator will review the specific requirements of your insurance plan during your first visit.

10. **INCREASE PHYSICAL ACTIVITY**

Long-term success after bariatric surgery requires not only a commitment to a new way of eating but also to regular moderate physical activity.

Consider these tips to get you started:

- Focus on establishing a **routine** of physical activity prior to surgery. This includes: choosing activities, obtaining any required clothing or equipment, making it a priority in your schedule and following through! **Consistency** is more important than **intensity** at this stage.

- Obese people are at higher risk for falls, muscle strains and other injuries. Start slowly (3–5 minutes/session) and increase gradually, especially if you have been inactive.
Preparing for Surgery (Continued)

- Work up to the goal of 30–45 minutes per day. This can be divided up into smaller segments (e.g. 30 minutes before work and 15 minutes at lunchtime).
- Consider a water based activity which reduces the weight and strain on body joints. A list of local aquatic facilities is included in the Resources section of this handbook.
- A physical therapy evaluation can be arranged for you, if needed.
- The Oregon Heart and Vascular Program (OHVI) at 541-222-7216 offers a three month supervised exercise program.
- Establish an indoor or all-weather alternative.

11. PRACTICE HEALTHFUL EATING HABITS

Start preparing for your new way of eating after surgery by practicing bariatric eating guidelines:

- Eat three meals/day (no skipping meals).
- Include a lean protein source with each meal and eat it first.
- Reduce portion sizes (see sample reduced calorie meal plan). Using a small plate (no larger than six inches across) may help.
- Cut back on starchy foods (e.g. breads, cereals, pastas). Limit to no more than one serving per meal.
- Eat slowly (one bite per minute) and chew foods well. Put your utensil down between each bite.
- Limit planned snacks to no more than 100–200 total calories per day. No grazing.
- Consume at least 64 ounces of fluid per day between meals. Fluids should be calorie free, non-caffeinated and non-carbonated.
- Do not drink fluids with meals. Stop drinking 10 minutes before meals and wait 30 minutes after meals before drinking.

Tips to help slow down your eating and eat less

- Cut food into very small pieces
- Use your non-dominant hand to eat
- Use chopsticks
Preparing for Surgery  *(Continued)*

- Avoid:
  - Alcoholic beverages
  - Carbonated beverages such as sodas or mineral water
  - Caffeinated beverages (Caution: wean slowly to avoid withdrawal headaches)
  - Fruit juices, fruit drinks and other beverages sweetened with sugar (e.g. Gatorade, lemonade, Powerade, tea)
  - Fast foods
  - Snack foods (e.g. chips, cookies, crackers, ice cream)
- Start taking a multivitamin every day.

12. EXPLORE YOUR RELATIONSHIP WITH FOOD AND STRUCTURE YOUR LIFE FOR SUCCESS

Bariatric surgery alters your physical ability to eat but does not change your mental relationship with food. Success after surgery requires not only practicing new habits but exploring the reasons behind old unhealthful ones. Set the stage for success by making the following changes before surgery.

- Eat at the table. Recognizing fullness signals at meals requires paying attention while eating. Avoid distractions. No TV, computer or reading while eating.
- Start keeping a journal of your daily food intake and physical activity:
  - How do your current eating habits compare with the bariatric eating guidelines?
  - Which old habits are hardest for you to change?
  - Watch for situations that trigger you to eat when you are not physically hungry.
  - Do you eat in response to certain emotions? Stressful situations? Boredom?
  - How will you cope with these situations without using food after surgery?
- Rearrange your home environment to support your success.
- Clean out your cupboards and refrigerator and freezer of unhealthful foods.
- Restock them with healthy alternatives.
Preparing for Surgery (Continued)

- Create a schedule for meals and exercise:
  - Plan meals **at least** one day in advance.
  - Make exercise a part of your daily routine.
  - Plan in **advance** how you will handle special events, parties, etc.
- Discuss with other household members how your new way of eating will impact the rest of the household.

13. PREOPERATIVE NUTRITION CLASSES

You will be scheduled into a two-part nutrition class prior to surgery. These are typically scheduled the month before your surgery. You will be scheduled into classes based on your progress with your preoperative weight loss and other requirements.

14. STOP TAKING SOME MEDICATIONS

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<td>Birth Control Pills, injections, implants</td>
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<th>Stop 1 week before surgery</th>
<th>Examples</th>
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<tr>
<td>Non-steroidal anti-inflammatories</td>
<td>Advil, Aleve, Ibuprofen, Motrin, Naproxen</td>
</tr>
<tr>
<td>Blood thinning products</td>
<td>Aspirin, Coumadin, fish oil capsules, Vitamin E</td>
</tr>
</tbody>
</table>

This is general information. Discuss your medication list with your surgeon at your initial consultation and again right before surgery

15. INSURANCE APPROVAL AND PRIOR AUTHORIZATION

While you are taking nutrition classes, the Referral Coordinator will request prior authorization from your insurance company for your surgery (if required). After prior authorization is obtained, you will be assigned a surgery date. The expected out of pocket expenses for surgery will also be determined at that time.
Preparing for Surgery  (Continued)

16. ARRANGE FINANCES

17. PREOPERATIVE APPOINTMENTS

The week prior to surgery you will be scheduled for your preoperative appointments with the surgeon and an anesthesiologist. You will also attend a nursing class that reviews your hospitalization and postoperative care.

Out of Area Patients

If you live far away, we require that you stay locally near the hospital for one week post-surgery.
# Low-Calorie Meal Plan
This meal plan provides approximately 1200-1500 calories per day.

## FOOD GROUPS AND MEAL ALLOWANCES

<table>
<thead>
<tr>
<th>Choices and Serving Sizes</th>
<th>Protein</th>
<th>Vegetable</th>
<th>*Fruit</th>
<th>*Starch</th>
<th>*Milk</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beef (lean ground, roast, sirloin and tenderloin trimmed of fat)</strong></td>
<td>Beef (lean ground, roast, sirloin and tenderloin trimmed of fat)</td>
<td>½ cooked or 1 cup raw: Asparagus</td>
<td>1 small piece (apple, kiwi, orange, peach, pear, nectarine)</td>
<td>1 slice bread (1 oz)</td>
<td>8 oz skim or 1% milk</td>
<td>1/8 Avocado</td>
</tr>
<tr>
<td><strong>Chicken breast or thigh (skin removed)</strong></td>
<td>Chicken breast or thigh (skin removed)</td>
<td>Bell peppers</td>
<td>½ cup cooked cereal</td>
<td>½ large bagel or ½ thin bagel</td>
<td>6-8 oz plain lowfat yogurt</td>
<td>1 T butter</td>
</tr>
<tr>
<td><strong>Low fat cheese</strong></td>
<td>Low fat cheese</td>
<td>Broccoli</td>
<td>½ -¾ cup cold cereal</td>
<td>½ cup cooked cereal</td>
<td>6-8 oz lowfat, artificially sweetened yogurt</td>
<td>1 T cream cheese</td>
</tr>
<tr>
<td><strong>Low fat cottage cheese</strong></td>
<td>Low fat cottage cheese</td>
<td>Brussels Sprouts</td>
<td>½ cup corn</td>
<td>½ cup cooked cereal</td>
<td>1½ T light cream cheese</td>
<td>1 T light margarine</td>
</tr>
<tr>
<td><strong>Eggs</strong></td>
<td>Eggs</td>
<td>Cabbage</td>
<td>½ English muffin</td>
<td>½ cup cooked cereal</td>
<td>1 T light margarine</td>
<td>1 t oil (canola, grapeseed, peanut, olive)</td>
</tr>
<tr>
<td><strong>Fish (cod, salmon, tuna, etc)</strong></td>
<td>Fish (cod, salmon, tuna, etc)</td>
<td>Cabbage</td>
<td>½ cup mashed potato</td>
<td>½ cup cooked cereal</td>
<td>8 olives</td>
<td>5-6 whole nuts</td>
</tr>
<tr>
<td><strong>Ham</strong></td>
<td>Ham</td>
<td>Cauliflower</td>
<td>½ medium (4 inch) baked potato</td>
<td>½ cup cooked cereal</td>
<td>1 T salad dressing</td>
<td>2 T light salad dressing</td>
</tr>
<tr>
<td><strong>Lamb chop or roast</strong></td>
<td>Lamb chop or roast</td>
<td>Carrots</td>
<td>½ cup cooked cereal</td>
<td>½ cup cooked cereal</td>
<td>2 T light sour cream</td>
<td>2 T sour cream</td>
</tr>
<tr>
<td><strong>Pork chop or tenderloin</strong></td>
<td>Pork chop or tenderloin</td>
<td>Celery</td>
<td>½ cup cooked cereal</td>
<td>½ cup cooked cereal</td>
<td>3 T light sour cream</td>
<td>3 T light sour cream</td>
</tr>
<tr>
<td><strong>Shellfish (shrimp, crab)</strong></td>
<td>Shellfish (shrimp, crab)</td>
<td>Cucumber</td>
<td>½ cup cooked cereal</td>
<td>½ cup cooked cereal</td>
<td>3 T light sour cream</td>
<td>3 T light sour cream</td>
</tr>
<tr>
<td><strong>Turkey (light or dark meat, no skin)</strong></td>
<td>Turkey (light or dark meat, no skin)</td>
<td>Green beans</td>
<td>½ cup cooked cereal</td>
<td>½ cup cooked cereal</td>
<td>3 T light sour cream</td>
<td>3 T light sour cream</td>
</tr>
<tr>
<td><strong>Tofu, Tempeh</strong></td>
<td>Tofu, Tempeh</td>
<td>Lettuce &amp; other leafy greens</td>
<td>½ cup cooked cereal</td>
<td>½ cup cooked cereal</td>
<td>3 T light sour cream</td>
<td>3 T light sour cream</td>
</tr>
<tr>
<td><strong>Lowfat Greek Yogurt (only Greek counts as protein)</strong></td>
<td>Lowfat Greek Yogurt (only Greek counts as protein)</td>
<td>Spinach</td>
<td>½ cup cooked cereal</td>
<td>½ cup cooked cereal</td>
<td>3 T light sour cream</td>
<td>3 T light sour cream</td>
</tr>
</tbody>
</table>

| Breakfast Protein: 2 oz or equivalent | Examples: 2 eggs ½ cup cottage cheese or Greek yogurt 2 oz low fat cheese | Optional | 1 fruit choice | 1 starch choice | One serving per day | 1 fat choice |
| Lunch & Dinner Protein: 3 oz or equivalent | Examples: 3 oz (cooked wt) lean meat, fish or poultry ¼ cup cooked or 1 cup of raw vegetables | ½ cup cooked or 1 cup of raw vegetables | 1 fruit choice | 1 starch choice | ------- | 1 fat choice |

*Portion sizes listed contain approximately 15 grams of carbohydrate each. Choose mostly whole grains.*
## Low-Calorie Meal Plan (Continued)

### SAMPLE MEALS

<table>
<thead>
<tr>
<th>Meal</th>
<th>Food Group</th>
<th>Number of choices</th>
<th>Day One</th>
<th>Day Two</th>
<th>Day Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>Protein</td>
<td>2 oz or equivalent</td>
<td>2 hard-boiled eggs</td>
<td>½ cup low fat cottage cheese</td>
<td>2 oz low fat mozzarella cheese,</td>
</tr>
<tr>
<td>Breakfast</td>
<td>Fruit</td>
<td>1</td>
<td>½ banana</td>
<td>½ cup canned peaches, drained</td>
<td>2 small plums</td>
</tr>
<tr>
<td>Breakfast</td>
<td>Starch</td>
<td>1</td>
<td>1 piece of toast</td>
<td>½ toasted English muffin</td>
<td>½ thin bagel topped with cheese from above and melted</td>
</tr>
<tr>
<td>Breakfast</td>
<td>Milk</td>
<td>1</td>
<td>6 oz light yogurt</td>
<td>8 oz skim or 1%Milk</td>
<td>8 oz skim or 1% milk</td>
</tr>
<tr>
<td>Breakfast</td>
<td>Fat</td>
<td>1</td>
<td>1 tsp. butter</td>
<td>1 tsp butter</td>
<td>1/8 avocado (if desired)</td>
</tr>
<tr>
<td>Lunch</td>
<td>Protein</td>
<td>3 oz or equivalent</td>
<td>3 oz deli turkey</td>
<td>Chef salad using: 3 oz deli ham</td>
<td>*Tuna salad using: 3 oz water packed tuna</td>
</tr>
<tr>
<td>Lunch</td>
<td>Vegetable</td>
<td>1</td>
<td>½ cup steamed baby carrots</td>
<td>1 cup mixed salad greens with chopped cucumber and sliced mushrooms</td>
<td>1 Tomato Celery (free food)</td>
</tr>
<tr>
<td>Lunch</td>
<td>Fruit</td>
<td>1</td>
<td>1 small apple</td>
<td>1 small pear</td>
<td>1 small orange</td>
</tr>
<tr>
<td>Lunch</td>
<td>Starch</td>
<td>1</td>
<td>1 slice of bread</td>
<td>5 reduced-fat Triscuits</td>
<td>½ pita pocket</td>
</tr>
<tr>
<td>Lunch</td>
<td>Fat</td>
<td>1</td>
<td>1 T light mayonnaise</td>
<td>2 T light salad dressing</td>
<td>1 T light mayonnaise</td>
</tr>
<tr>
<td>Dinner</td>
<td>Protein</td>
<td>3 oz or equivalent</td>
<td>3 oz broiled or poached salmon</td>
<td>3 oz skinless chicken breast</td>
<td>Soft taco using: 2 oz lean seasoned ground beef; 1 oz grated low fat jack cheese</td>
</tr>
<tr>
<td>Dinner</td>
<td>Vegetable</td>
<td>1</td>
<td>½ cup cooked broccoli</td>
<td>1 cup assorted vegetables stir-fried with chicken</td>
<td>1 cup chopped lettuce, tomato and cucumber</td>
</tr>
<tr>
<td>Dinner</td>
<td>Fruit</td>
<td>1</td>
<td>1 cup berries</td>
<td>1 nectarine</td>
<td>1 cup cubed melon</td>
</tr>
<tr>
<td>Dinner</td>
<td>Starch</td>
<td>1</td>
<td>½ medium baked potato</td>
<td>1/3 cup brown rice</td>
<td>1 6-inch tortilla</td>
</tr>
<tr>
<td>Dinner</td>
<td>Fat</td>
<td>1</td>
<td>1 tsp. butter</td>
<td>1 tsp. olive or canola oil used in stir-fry</td>
<td>2 T sour cream</td>
</tr>
<tr>
<td>Dinner</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td>1 T soy sauce</td>
</tr>
</tbody>
</table>

*Easy Tuna Salad: Chop celery and tomato. Mix with tuna and mayonnaise. Scoop into pita bread.
### Low-Calorie Meal Plan (Continued)

**FOOD JOURNAL**

<table>
<thead>
<tr>
<th>Meal</th>
<th>Food Group</th>
<th>Number of choices</th>
<th>Day One</th>
<th>Day Two</th>
<th>Day Three</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BREAKFAST</strong></td>
<td>Protein</td>
<td>2 oz or equivalent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fruit</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Starch</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Milk</td>
<td>1 (optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fat</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LUNCH</strong></td>
<td>Protein</td>
<td>3 oz or equivalent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vegetable</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fruit</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Starch</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fat</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DINNER</strong></td>
<td>Protein</td>
<td>3 oz or equivalent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vegetable</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fruit</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Starch</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fat</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **OTHER FOODS CONSUMED** |  |  |  |  |

PeaceHealth Sacred Heart Medical Center
Preoperative Nutrition Classes

A two-part preoperative class series has been designed to teach you about eating well after bariatric surgery. The purposes of these classes are to help you maximize your weight loss success while minimizing the risk of nutrition complications and deficiencies. Classes are held once per week for two weeks and each class meets for 2 hours. Both classes must be completed before surgery. Support people are encouraged to attend classes with you.

Bring your education book with you to each class. The following information will be covered:

**CLASS 1**
- Surgery as a “Tool”
- Protein and Protein Replacements
- Protein Supplements
- Carbohydrate
- Fat
- Fluid

**CLASS 2: DIET PROGRESSION**
- Vitamins and Minerals
- Hospital Diet
- Diet for Home
- Tips for the Early Weeks and Months
- Eating Strategies for Success
- Meal Composition
Nutrition Class 1

SURGERY AS A “TOOL”

The smaller stomach after surgery is your “tool” to help you feel full (satiated) with a very small amount of food. Although each bariatric procedure offers unique features, they all work by limiting the amount of food you can eat. However, they will not force you to eat healthy foods or prevent you from eating unhealthy foods.

PROTEIN

Good quality, lean, moist, protein rich foods will be the cornerstone of your diet for the rest of your life.

Why Protein Is so Important

- Protein is a building block of every body cell.
- The body can’t produce essential proteins and they must be supplied in the diet.
- Protein rich foods fill you up and keep you full after meals better than other types of foods.

Where Protein Is Found

Meat, poultry, fish and shellfish, eggs, legumes (beans) and dairy products are all excellent sources of good quality protein. Each ounce of meat or cheese provides about 7 grams of protein. Grains, fruits and vegetables contain small amounts of protein but the quality (based on how well it is used by the body) is of lower quality.

Are Some Protein Foods Healthier for Me Than Others?

Lean meats provide as much protein, but far fewer calories than fatty meats.

What About Beans?

Legumes (dried beans) are good quality protein but are bulky for the amount of protein they contain. It takes a 1/2 cup of beans to provide the protein of one egg or ounce of meat. Due to their high fiber content, they may also contribute to excess gas (flatulence), which is a frequent complaint after gastric bypass surgery.
# Nutrition Class 1

## High Quality Lean Sources of Protein

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Grams of protein</th>
<th>Grams of fat</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beef: ground (extra lean)</td>
<td>1 oz</td>
<td>7</td>
<td>4–5</td>
<td>70</td>
</tr>
<tr>
<td>Chuck roast (trimmed of fat)</td>
<td>1 oz</td>
<td>9</td>
<td>3–4</td>
<td>70</td>
</tr>
<tr>
<td>Chicken breast (roasted without skin)</td>
<td>1 oz</td>
<td>9</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>Chicken thigh (roasted without skin)</td>
<td>1 oz</td>
<td>7</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>Cheese, low fat</td>
<td>1 oz</td>
<td>7</td>
<td>3–5</td>
<td>70</td>
</tr>
<tr>
<td>Cottage cheese Low fat (2%)</td>
<td>¼ cup</td>
<td>8</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>Cottage cheese Nonfat</td>
<td>¼ cup</td>
<td>8</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>Egg</td>
<td>1</td>
<td>6</td>
<td>5</td>
<td>75</td>
</tr>
<tr>
<td>Egg whites</td>
<td>2</td>
<td>7</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Egg substitutes</td>
<td>¼ cup</td>
<td>6</td>
<td>0–1</td>
<td>30</td>
</tr>
<tr>
<td>Fish (cod, salmon, etc)</td>
<td>1 oz</td>
<td>7</td>
<td>1–3</td>
<td>30–50</td>
</tr>
<tr>
<td>Legumes (e.g. black beans, lentils)</td>
<td>½ cup</td>
<td>7–8</td>
<td>1</td>
<td>110</td>
</tr>
<tr>
<td>Ham, lean (4.5% fat) cured</td>
<td>1 oz</td>
<td>6</td>
<td>1–2</td>
<td>40</td>
</tr>
<tr>
<td>Pork tenderloin</td>
<td>1 oz</td>
<td>8</td>
<td>1–2</td>
<td>50</td>
</tr>
<tr>
<td>Shellfish (shrimp, crab, etc)</td>
<td>1 oz</td>
<td>6</td>
<td>0–1</td>
<td>30</td>
</tr>
<tr>
<td>Tofu</td>
<td>½ cup</td>
<td>10</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>Tuna (canned in water)</td>
<td>1 oz</td>
<td>7</td>
<td>0–1</td>
<td>30</td>
</tr>
<tr>
<td>Turkey dark meat (without skin)</td>
<td>1 oz</td>
<td>8</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>Turkey light meat (without skin)</td>
<td>1 oz</td>
<td>9</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Greek Yogurt</td>
<td>3 oz</td>
<td>7</td>
<td>0</td>
<td>60</td>
</tr>
</tbody>
</table>
Nutrition Class 1

HOW MUCH PROTEIN YOUR BODY NEEDS

Your body’s requirement for protein is highest during the first six to twelve months after surgery. Eighty grams (80g) of protein per day is recommended. Meeting this protein goal with food alone is very difficult to do, since your stomach will only hold 2–4 ounces of food per meal. A protein supplement will be used during this time to help meet the protein goal.

The first six months after surgery
Your stomach will feel tightest during the early weeks to months after surgery and you may feel full after eating only a few bites. That is why it is important to eat the protein rich food first at meals. Other foods are a bonus at this point.

Slowly increase your protein intake from meals to the goal of 8–9 ounces of protein rich foods per day. This will supply about 60 grams of protein from foods. A 2-3-3 pattern (2 ounces at breakfast and 3 ounces at lunch and dinner) is recommended. Snacks and protein supplements will be used to provide an additional 20 grams of protein per day. The daily goal for protein is 80 grams.
Nutrition Class 1

Meeting the Daily Protein Goal

Some potential protein combinations to provide 60 grams of protein at meals per day:

<table>
<thead>
<tr>
<th>Meal</th>
<th>Protein Choice</th>
<th>Amount of Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>2 scrambled eggs</td>
<td>12 grams</td>
</tr>
<tr>
<td>Lunch</td>
<td>3 ounces deli turkey</td>
<td>27 grams</td>
</tr>
<tr>
<td>Dinner</td>
<td>3 ounces salmon</td>
<td>21 grams</td>
</tr>
<tr>
<td><strong>Total Protein</strong></td>
<td></td>
<td><strong>60 grams</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meal</th>
<th>Protein Choice</th>
<th>Amount of Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>1/2 cup low fat cottage cheese</td>
<td>16 grams</td>
</tr>
<tr>
<td>Lunch</td>
<td>3 ounces ham</td>
<td>18 grams</td>
</tr>
<tr>
<td>Dinner</td>
<td>3 ounces chicken</td>
<td>27 grams</td>
</tr>
<tr>
<td><strong>Total Protein</strong></td>
<td></td>
<td><strong>61 grams</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meal</th>
<th>Protein Choice</th>
<th>Amount of Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>6 ounces Greek yogurt</td>
<td>15 grams</td>
</tr>
<tr>
<td>Lunch</td>
<td>3 ounces tuna</td>
<td>21 grams</td>
</tr>
<tr>
<td>Dinner</td>
<td>4 ounces lean ground beef</td>
<td>28 grams</td>
</tr>
<tr>
<td><strong>Total Protein</strong></td>
<td></td>
<td><strong>64 grams</strong></td>
</tr>
</tbody>
</table>
Nutrition Class 1

Weighing and Measuring Protein

Your eyes will be bigger than your stomach after surgery so it is easy to overestimate the amount of food that you are actually eating. Use of a food scale is recommended.

When that isn’t possible, the chart on the right is a useful guide.

Tips for Improving Tolerance to Protein Foods

- Eating protein rich foods is important after surgery, yet many patients report difficulty tolerating them, especially during the early weeks and months after surgery. Consider the following tips.

- Naturally moist protein foods such as cottage cheese, eggs, fish, tofu and yogurt are usually well tolerated.

- Your new pouch can’t grind and churn foods like your old stomach. Help it out by cutting meats into very small pieces. Ground, shredded or thinly sliced meats are often better tolerated than large pieces.

- Chop meats finely and use low calorie dressing to create “dips” and “salads.” This works especially well for chicken, which patients often complain is too dry to manage.

- Don’t overcook meats. The longer meats are cooked, the drier they become.

- Add moisture in form of broths, marinades and sauces. Beware: sauces can add a lot of flavor and moisture, but can also pack in the calories!

- Use moist cooking techniques like poaching, stewing, stir-frying. Broiling and grilling are great ways to keep the fat content low but can dry out meats quickly.

- Pound meat cuts out into thin patties to both tenderize meat and speed up cooking time.
Nutrition Class 1

PROTEIN SUPPLEMENTS

You are required to lose weight prior to surgery to shrink your liver and make your surgery safer. To help you achieve this weight loss and optimize your readiness for surgery, you will move to a mostly liquid diet during the week prior to surgery. You will also use protein supplements as you transition back to solid foods after surgery.

Choosing a Protein Supplement

- Select a product made from whey protein isolate, soy protein or egg white.
- Select a product that supplies the following per serving:
  - 20–25 grams of protein
  - 3 grams or less of sugar
  - 2 grams or less of fat
- Ready to drink liquid supplements are ok to use but are often much more expensive than powdered forms.
- Beware of liquid protein supplements packaged in small tubes. These are typically made from fortified gelatin or collagen and are of inferior quality.
- Unflavored supplements are also available.
Nutrition Class 1

LIQUID PREOPERATIVE MEAL PLAN

Start this meal regimen one week prior to surgery.

Replace breakfast and lunch with a small protein supplement and eat only a small solid meal for dinner.

<table>
<thead>
<tr>
<th>Meal</th>
<th>Food/Beverage</th>
<th>Protein</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>1 scoop protein powder mixed with 8–12 oz water or milk</td>
<td>20–30</td>
<td>150–250</td>
</tr>
<tr>
<td>Lunch</td>
<td>1 scoop protein powder mixed with 8–12 oz water of milk</td>
<td>20–30</td>
<td>150–250</td>
</tr>
<tr>
<td>Dinner</td>
<td>Low calorie frozen meal or light protein rich meal*</td>
<td>15–20</td>
<td>300–400</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>55–80</td>
<td>600–900</td>
</tr>
</tbody>
</table>

*Low calorie frozen dinner. Select a packaged frozen dinner that contains no more than 300–400 calories and at least 15–20 grams of protein. If you choose to make your own meal it should contain the following:

- 3–4 ounces of lean protein (e.g. chicken, fish)
- Steamed, non-starchy vegetables (no corn or potatoes)
- Small piece of fruit (no juices)

Remember: no bread, rice, potatoes or pasta and no rich sauces or gravies.

Fluids: drink at least 32 ounces of water or other calorie free fluids per day in addition to the protein drinks.
Nutrition Class 1

After protein, what’s next?

CARBOHYDRATE

Carbohydrates include the sugars and starches found in sugar cane, honey, syrups, grains, fruits and vegetables. They are typically consumed in the form of breads, pastas, rice, candy, ice cream and other sweetened foods and beverages. During the weight loss phase after your surgery, carbohydrates should be severely restricted.

Why Limit Carbohydrate Intake After Surgery

- Encourages your body to burn it’s stored fat for energy.
- Sugary foods can promote “dumping syndrome” after gastric bypass.
- Starchy foods such as breads may leave you feeling bloated and uncomfortable.
- Carbohydrate foods don’t keep you full as long after meals.
- Carbohydrate foods may stimulate your appetite and result in food cravings.

What is Dumping Syndrome?

It is a very unpleasant physical reaction that can occur shortly after eating a sugary food after gastric bypass surgery. It results when a sugary food such as ice cream passes rapidly from the small stomach pouch into the small intestine. The intestine adjusts by drawing in fluid to dilute the sugar load. This can trigger a variety of symptoms including nausea, sweating, abdominal cramping, lightheadedness, weakness and diarrhea. The treatment is to lie down until the symptoms resolve. Although dumping is a very unpleasant experience, it can provide a powerful negative message from your new tool to avoid sugary items.

Dumping syndrome does not occur after sleeve gastrectomy surgery.

Beware: not every patient dumps and the severity of dumping generally diminishes over time. You cannot rely on intolerance to sweets after surgery to keep you from eating them.
The Best Sources of Carbohydrate After Surgery are Vegetables and Fruits.

Multiple Healthful Benefits of Vegetables and Fruits:

- Low calorie content
- High water content which helps moisten protein rich foods
- Excellent sources of essential vitamins and minerals
- Excellent sources of fiber
- Fruits frequently reported to naturally satisfy a sweet tooth following surgery

Alternative Sweeteners
Non-caloric sugar substitutes are acceptable for use following surgery and include the following:

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Marketed As</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acesulfame-K</td>
<td>Sunette and Sweet One</td>
</tr>
<tr>
<td>Aspartame</td>
<td>Equal and Nutrasweet (blue packet)</td>
</tr>
<tr>
<td>Monk Fruit</td>
<td>Monk Fruit in the Raw</td>
</tr>
<tr>
<td>Saccharin</td>
<td>Sweet ‘N Low (pink packet)</td>
</tr>
<tr>
<td>Sucralose</td>
<td>Splenda (yellow packet)</td>
</tr>
<tr>
<td>Tagatose</td>
<td>Naturlose</td>
</tr>
<tr>
<td>Stevia Leaf</td>
<td>SweetLeaf, SteviaClear, NuStevia</td>
</tr>
</tbody>
</table>

Beware of Products Labeled “Sugar Free” and “Low Carb”
Read labels carefully for calorie information. Many “sugar free” products contain sugar alcohols (e.g. sorbitol, mannitol, xylitol and erythritol). These sugar alcohols not only provide calories but can also cause gas, bloating and diarrhea.
Nutrition Class 1

FATS

Fats are supplied in your diet from plant oils (e.g. olive, peanut, corn, and safflower) and animal sources (e.g. butter, cheese, ice cream, meats). Much of the fat eaten in the typical diet comes from fried foods, pastries, chips and other highly processed foods.

Benefits of Dietary Fats

Fats add flavor, texture and moisture to foods. They are digested slowly and can help you feel full longer after meals.

The Downside of Dietary Fats

All types of dietary fats are high in calories. Ounce for ounce, fat provides twice as many calories as carbohydrate and protein. High fat snack foods, like potato chips and crackers, don’t take much room in a small pouch and the calories can add up quickly.

Healthiest Sources of Fat

Extra virgin olive oil, peanut oil, avocados, nuts and seeds.

A Word of Caution About Nuts and Seeds

Although nuts and seeds contain healthful oils, they contain a lot of calories for the protein that they provide. Peanut butter is a very high calorie choice for the small amount of protein it supplies.

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Amount</th>
<th>Protein (grams)</th>
<th>Fat (grams)</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almonds</td>
<td>1 oz (about 22)</td>
<td>6</td>
<td>15</td>
<td>170</td>
</tr>
<tr>
<td>Cashews</td>
<td>1 oz</td>
<td>4</td>
<td>13</td>
<td>160</td>
</tr>
<tr>
<td>Hazelnuts</td>
<td>1 oz (about 20)</td>
<td>4</td>
<td>19</td>
<td>180</td>
</tr>
<tr>
<td>Macadamia nuts</td>
<td>1 oz (about 10–12)</td>
<td>2</td>
<td>21–22</td>
<td>200</td>
</tr>
<tr>
<td>Mixed nuts</td>
<td>1 oz</td>
<td>5</td>
<td>14–15</td>
<td>170</td>
</tr>
<tr>
<td>Peanuts</td>
<td>1 oz (about 28)</td>
<td>6–7</td>
<td>14–15</td>
<td>165</td>
</tr>
<tr>
<td>Peanut butter</td>
<td>2 Tbsp</td>
<td>7</td>
<td>16</td>
<td>190</td>
</tr>
<tr>
<td>Pecans</td>
<td>1 oz</td>
<td>2–3</td>
<td>21–22</td>
<td>200</td>
</tr>
<tr>
<td>Sunflower seed kernels</td>
<td>1 oz</td>
<td>4–5</td>
<td>11</td>
<td>150</td>
</tr>
<tr>
<td>Walnuts</td>
<td>1 oz</td>
<td>7</td>
<td>17</td>
<td>175</td>
</tr>
</tbody>
</table>
Nutrition Class 1

**FLUID**

The goal is 64 ounces of fluid per day to maintain hydration. Meeting this goal may be difficult immediately after surgery but will become easier over time.

**Alert Gastric bypass and Sleeve Gastrectomy patients:** surgery not only diminishes your appetite but may also decrease your thirst drive. It is important to drink fluids, even when you don't feel thirsty.

**Follow These Suggestions:**

- Carry a water bottle with you at all times.
- Sip fluids slowly and consume between 4–6 ounces per hour between meals.
- A sip is not a gulp.
- Do not drink at mealtimes. Drinking with meals causes your pouch to empty more quickly and signals your body to feel hungry sooner.
- Stop drinking 10 minutes before meals and do not drink for 30 minutes after meals.
- Stick with calorie free fluids. Drink water to hydrate and flavored water (e.g. Crystal Light) as a treat.
- Avoid carbonated beverages which may cause cramping and pain.
- Avoid caffeinated beverages which can cause irritation to the pouch and are often loaded with calories.
- Minimize consumption of alcoholic beverages. They are high calorie and provide no nutritional value.
- Monitor for signs of dehydration which includes dark colored urine, low urine output, dry mouth, dry skin and in extreme cases dizziness. Ideally, your urine should be clear and colorless.
Nutrition Class 2

VITAMINS & MINERALS

Vitamins and mineral supplements are essential after bariatric surgery and are required for life. Each bariatric procedure requires specific supplements. The following information is intended only as a guide for vitamin/mineral supplementation after bariatric surgery. You should discuss any changes to your vitamin/mineral regimen with your surgeon or dietitian.

Roux-en-Y Gastric Bypass & Sleeve Gastrectomy — Vitamin and Mineral Information

<table>
<thead>
<tr>
<th>What?</th>
<th>Why?</th>
<th>How Much?</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete multivitamin with iron</td>
<td>To prevent vitamin deficiencies due to reduced food volume.</td>
<td>2 tablets or capsules/day</td>
<td>Large pills can be cut in smaller pieces. Low-sugar chewable and liquid forms are available and should be used for 3-6 months after surgery. For best absorption and to reduce nausea associated with multivitamin use, take at the end of a meal.</td>
</tr>
<tr>
<td>Calcium Citrate</td>
<td>To maintain bone health and prevent osteoporosis.</td>
<td>1200-1500 mg/day</td>
<td>Only 500–600 mg calcium can be absorbed at one time. Take in split doses for best absorption. For best absorption, take 2 hours apart from multivitamin and other supplemental iron. Calcium from your diet can be counted if your intake of high-calcium foods is consistent from day to day.</td>
</tr>
<tr>
<td>Vitamin B12</td>
<td>To prevent Vitamin B12 deficiency anemia (pernicious anemia).</td>
<td>Oral: 350-500 mcg/day (2500-3500 mcg/WEEK) Nasal: as directed by manufacturer Injection (IM or SQ): 1000 mcg/month</td>
<td>Doses may be listed in micrograms (mcg or μg) or milligrams. 1000 mcg = 1 mg Very little B12 is absorbed from food after surgery, so must be taken as a separate supplement. Oral (disintegrating or sublingual tablets), liquid drops or sprays, and nasal forms of B12 are acceptable. B12 can be taken all in one day once per week (2500-3500 mcg/wk), or taken daily in divided doses.</td>
</tr>
<tr>
<td>Vitamin D3</td>
<td>To help with calcium absorption.</td>
<td>3000 IU/day - or as directed by your doctor (total in multivitamins, calcium supplements, and/or as separate tablet, capsule, liquid or chewable supplements)</td>
<td>Minimum dosage per day listed. Vitamin D should be titrated to therapeutic 25-hydroxyvitamin D levels (&gt;30ng/mL). Requirement may be met with careful selection of multivitamins and calcium supplements.</td>
</tr>
<tr>
<td>Iron</td>
<td>To prevent iron deficiency anemia since iron is not absorbed as well after surgery.</td>
<td>45-60 mg/day - or as directed by your doctor (total in multivitamins, or as separate tablet, chewable, or liquid supplements)</td>
<td>Make sure your multivitamin contains at least 18-27 mg iron per serving. There are many types of iron. Ferrous fumarate, ferrous gluconate, and carbonyl iron may be better tolerated than ferrous sulfate.</td>
</tr>
</tbody>
</table>

Source: ASMBS Integrated Health Nutritional Guidelines For The Surgical Weight Loss Patient -2016 Update: Micronutrients
Nutrition Class 2: Diet Progression

ONE WEEK PRIOR TO SURGERY

- Start liquid meal plan
- Stop taking all vitamin, mineral and herbal nutrition supplements.
- **Shopping Check List For Surgery**
  - Protein supplement
  - Wide mouth container for mixing protein supplement
  - Small supply of liquid foods for Stage 2
  - Chewable multivitamin
  - Chewable or liquid calcium citrate
  - Sublingual vitamin B12

DAY BEFORE SURGERY

- Nothing to eat or drink after midnight.
Nutrition Class 2: Diet Progression

DAY OF SURGERY

- No foods or fluids
- If you are instructed to take medications the morning of surgery, take with a sip of water.
- You will have an IV placed during surgery to provide fluids the day of surgery.
- You will be NPO the day of surgery, which means “nothing by mouth.” This includes water and ice.

ONE DAY AFTER SURGERY

You will have a special swallow test the morning after surgery to determine if it is safe for you to start liquids. Once you have been cleared, you will be started on a Stage 1 diet.

STAGE 1: CLEAR LIQUIDS

- Consists of clear, sugar-free, caffeine free fluids
- Allowed fluids: water, broth, decaffeinated coffee and tea, ice chips, sugar-free jello, sugar-free popsicles, other sugar-free beverages
- Meal trays will be delivered to your room and you can also request items from the nursing staff.
- Hydration is the major focus at this stage.
- Sip fluids slowly. The goal is to consume 1/2 ounce (15mL or 1/2 of a medicine cup) every 15 minutes.
- Record your fluid intake on the self-monitoring form provided to you.
- Reminder: your new pouch is only about an ounce and you may feel full after consuming only a few sips.

TWO DAYS AFTER SURGERY

You are likely to be going home today!

Try to increase your fluid intake to 1 ounce (30mL or a full medicine cup) every 15 minutes in preparation for discharge. Continue to record your fluid intake on the self-monitoring form. The surgeon will use this to help determine your readiness to go home.
Nutrition Class 2: Diet Progression

STAGE 2: SMOOTH FOODS

The Stage 2 diet starts at breakfast on day two after surgery and should be followed until your two week postoperative appointment.

The purpose of the Stage 2 diet is to allow your pouch to rest and heal. Most of your nutrition during this period will come from a high protein liquid supplement. Use of a protein supplement during the early months after surgery helps you meet your body’s need for protein while you slowly increase your intake of solid foods.

Preparing and Drinking Your Daily Protein Supplement

Mix 2–3 scoops of protein powder (enough to provide 60 grams of protein) with 12–16 ounces of water, low fat or nonfat milk, or unsweetened soy milk. Here are some tips for preparing and drinking your protein supplement:

- It may take you an hour or more to sip and finish your supplement.
- Most protein powders dissolve easily and can be easily mixed in a wide mouthed plastic “shaker.”
- Chilling the supplement can help reduce the sense of sweetness, which is a frequent complaint from patients following surgery.
- For variety, consider adding ice and a very small piece of fruit (3–4 frozen strawberries or 1/4 banana) and blend until smooth.
- If you choose a pre-made liquid supplement, drink enough to supply 60 grams of protein.
## Nutrition Class 2: Diet Progression

### Foods Allowed on the Stage 2 Diet

<table>
<thead>
<tr>
<th>Foods</th>
<th>Allowed Foods</th>
</tr>
</thead>
</table>
| Protein Sources | Protein supplements  
Milk (nonfat, low fat, Lactaid)  
Soy milk, unsweetened  
Yogurt (light and smooth)  
(less than 20 grams of carbohydrate per 8 ounces) |
| Beverages    | Water, decaffeinated coffee and tea, sugar free drinks                                              |
| Desserts     | Sugar free custard, sugar-free jello, sugar-free popsicles and sugar-free pudding                  |
| Fruits       | Applesauce (unsweetened and smooth)                                                                |
| Soups        | Broths and bouillon, strained cream soups                                                          |
| Starches     | Cream of rice or wheat                                                                             |
| Sweeteners   | Sugar substitutes                                                                                   |
| Miscellaneous | Salt, mild herbs                                                                                   |
Nutrition Class 2: Diet Progression

STAGE 3: HEALTHFUL EATING FOR THE REST OF YOUR LIFE

You will be advanced to the Stage 3 diet at your 2-week postoperative appointment.

The Stage 3 diet describes the gradual transition from liquid supplements to solid foods. Remember that your new pouch is very small and you may feeling full after eating only a few bites. Focus on getting in enough protein and fluid. Your calorie intake will increase as you are able to eat more at each meal.

The “honeymoon period” is often used to describe the early months after gastric bypass and sleeve gastrectomy surgery when weight loss is typically most rapid and physical hunger is reduced or absent. On the other hand, this is also be the period when the pouch can be most finicky and patients are most likely to experience unpleasant side effects of surgery. Consider the following tips to help prepare for both the good days and the challenging ones:

- Continue to drink a protein supplement for one meal per day while you start trying solid foods at your other meals.
- Start with very moist protein sources (e.g. cottage cheese, scrambled eggs).
- When adding vegetables, start with soft cooked vegetables. Raw veggies may not agree with your new pouch at this point. Surprisingly, most patients tolerate lettuce quite well.
- When adding back fruits, start with soft fresh or canned fruits without large seeds, skins or membranes. Applesauce, bananas and melons are good starters.
- Try one new food at a time to check tolerance.
- If something doesn’t agree with you, try it again at a later date.
- Do not skip meals even if you aren’t hungry. Lack of appetite is common at this stage.
- Avoid under-filling your pouch. Your new pouch needs to be mildly distended at meals to send fullness signals to your brain.
- Vary your menu to avoid monotony and burnout. While it's natural to focus on simple meals in the early weeks and months, it’s easy to become reliant on a few easily tolerated sources of protein after surgery and “taste fatigue” is common. Even if you cannot eat much at a meal, challenge yourself to try new foods and vary your menu.
- Some patients experience mild nausea during early weeks after surgery. Sipping herbal tea may help soothe a queasy stomach. Be patient and stay the course. It does get better!
- Vomiting is usually a result of eating too quickly, eating too much at a time or not chewing well enough. Learn from your experience.
Nutrition Class 2: Diet Progression

- Chewing foods well also helps prevent foods from getting stuck in your pouch which can cause great discomfort.

- Don’t try new foods while eating away from home.

- Many patients experience **taste changes** after surgery. Foods may taste sweeter or richer to you.

- **Excess gas** (flatulence) is common, especially following gastric bypass surgery. Over the counter products such as simethicone drops (Mylicon), Bean-O or Gas-X are ok to use. Internal deodorizers, such as Devrom, are also now being marketed.

- **Constipation** is common.

<table>
<thead>
<tr>
<th>Type of Constipation</th>
<th>What to do</th>
<th>Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute/Occasional</td>
<td>Ensure adequate fluids: at least 64 oz/day.</td>
<td>Milk of Magnesia</td>
</tr>
<tr>
<td></td>
<td>Daily Exercise: Even low-impact exercises, such as walking, can help stimulate the contraction of intestinal muscles to promote bowel movements.</td>
<td>MiraLax</td>
</tr>
<tr>
<td></td>
<td>Try drinking warm water to stimulate the colon.</td>
<td>The use of laxatives, especially long-term, should be avoided.</td>
</tr>
</tbody>
</table>

| Chronic/Longterm     | Ensure adequate fluids: at least 64 oz/day.                                | Metamucil (Look for sugar-free version)   |
|                      | Daily Exercise: Even low-impact exercises, such as walking, can help stimulate the contraction of intestinal muscles to promote bowel movements. | Citrucl (Look for sugar-free version)     |
|                      | Bulk up your stool: While fruits and vegetables are the best source of insoluble fiber, you may need a regular fiber supplement after surgery until you can eat these foods regularly. | **Tips:**                                   |
|                      |                                                                          |   • Always mix powdered fiber supplements with fluid before taking. |
|                      |                                                                          |   • Avoid tablet or chewable forms of fiber supplements. |

- **Hair loss** may occur between 3–5 months after surgery. Consuming adequate protein and taking your vitamin supplements will help slow, but may not completely stop, this problem. Your hair will regrow as your weight loss slows.
BARIATRIC EATING GUIDELINES—STRATEGIES FOR SUCCESS

Losing weight and keeping it off requires a long-term commitment to a new way of approaching eating and activity.

- Eat 3 meals per day.
- Plan for snacks to meet protein requirement as needed but no grazing!
- Start every meal with protein. Frankly, it takes more effort to prepare and tolerate meats and other protein rich foods, but it’s worth it! These foods satisfy hunger longer.

- Focus on “whole foods”, which describes foods that are prepared and eaten closest to the way they are grown naturally. Vegetables and fruits are the ideal foods to fill the balance of your pouch.
- Add healthful fats to moisten foods and provide fullness.
- Aim for moist foods, but avoid liquid calories. The need for liquid protein supplements during the early months is expected, but avoid other liquid calories. It’s easy to get down thin soups, but they are unlikely to provide the protein or “fill factor” of more solid foods.
- Take time with meals. Your new pouch does not like to be rushed. Take at least 30 minutes with meals and chew foods well.
- Stop eating at the first sign of fullness. Overfilling your pouch will not only be uncomfortable but will encourage it to stretch out more over time.
- Don’t drink fluids with your meals. Stop 10 minutes before. Wait 30 minutes after.
- Move your body every day. Regular physical activity is the best way to burn stored fat and maintain muscle mass during weight loss.

Online Tools to Track Your Food Intake

Many websites offer free online tools to track your food intake. Examples include:
- sparkpeople.com
- lifehacker.com
- myfitnesspal.com
Meal Composition
Use this diagram and list to help you plan for meals:

- Use a small plate (no bigger than 6 inches across).
- Fill half the plate with moist lean protein foods.
- Remember the 2-3-3 goal (2 ounces of protein at breakfast and 3 ounces at lunch and dinner).
- Fill 1/4 or more of the plate with vegetables and/or fruits.
- Fill 1/4 or less of the plate with starchy foods (e.g. rice, pasta, bread, potatoes, corn). It’s ok to have more veggies and fruits in place of starches.
- No piling!
- Use small amounts of fats and oils to moisten foods.

Tapering Your Protein Supplement
Consuming at least 80 grams of protein after surgery is recommended. The goal from solid foods at meals is 60 grams, and it may take you several weeks or months to reach this level. You will likely need to continue at least some protein supplements or snacks to make up the 20 gram protein difference.

Between Meal Options to Help Meet the Protein Goal
- One scoop of protein powder mixed with water or milk.
- One scoop of unflavored protein powder added to moist foods (e.g. oatmeal).
- One ready to drink protein supplement (most provide between 20-30 grams of protein per serving).
- Drinking 20 ounces of skim or lowfat milk or soymilk between meals.
- Eating protein rich snacks such as string cheese or light yogurt.
- Beware of protein bars that are often high in calories for the protein they supply.
# Nutrition Class 2

## Suggested Food List for Stage 3

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Foods to include</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protein Sources</strong></td>
<td>Beef (lean ground beef, roasts and steak) and Veal</td>
<td>Beef stick, corned beef, ribs</td>
</tr>
<tr>
<td></td>
<td>Dairy products: low and nonfat cottage cheese, low fat/part skim cheeses</td>
<td>High fat cheeses (e.g. American)</td>
</tr>
<tr>
<td></td>
<td>(e.g. low fat string), low fat ricotta cheese, low fat yogurt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eggs and egg substitutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fish: all fish &amp; shellfish</td>
<td>Fried fish, fish sticks</td>
</tr>
<tr>
<td></td>
<td>Lamb: chops or leg of lamb</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Legumes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low fat lunch meats</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pork: chops, ham, roasts, tenderloin</td>
<td>Bologna, corndogs and hot dogs</td>
</tr>
<tr>
<td></td>
<td>Poultry: chicken, turkey, Cornish game hen</td>
<td>Bacon, sausage, salami</td>
</tr>
<tr>
<td></td>
<td>Tofu and TVP (textured vegetable protein)</td>
<td>Fried chicken or nuggets</td>
</tr>
<tr>
<td></td>
<td><em>Trim visible fat and remove skin from poultry</em></td>
<td></td>
</tr>
<tr>
<td><strong>Beverages</strong></td>
<td>Water, decaf coffee &amp; teas, herb teas, sugar free beverages (e.g. Crystal Light),</td>
<td>Alcoholic beverages, anything carbonated, energy drinks,</td>
</tr>
<tr>
<td></td>
<td>fat and nonfat milk (low fat Lactaid or soy milk if lactose tolerant),</td>
<td>fruit drinks and juices, milkshakes, specialty coffee</td>
</tr>
<tr>
<td></td>
<td>tomato or vegetable juice</td>
<td>drinks, sports drinks, whole milk</td>
</tr>
<tr>
<td><strong>Desserts</strong></td>
<td>Sugar free Jello, sugar free pudding, sugar free popsicles</td>
<td>Cake, candy and candy bars, cake, cookies, donuts, energy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>bars, ice cream, pastries, pie</td>
</tr>
<tr>
<td><strong>Fats</strong></td>
<td>Avocado, butter, cream cheese (low or nonfat), cooking spray, margarine,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mayonnaise, nuts, oils (canola, olive other vegetable oils), olives,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>peanut butter, seeds, salad dressings</td>
<td></td>
</tr>
<tr>
<td><strong>(use sparingly due to high calorie content)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fruits</strong></td>
<td>All fresh and frozen fruits</td>
<td>Coconut, dried fruits</td>
</tr>
<tr>
<td></td>
<td>Canned fruits in light syrup or water pack (drained)</td>
<td></td>
</tr>
<tr>
<td><strong>Starches</strong></td>
<td>Whole grain bread, crackers (low fat and saltines), oatmeal, pasta, potatoes,</td>
<td>Hash browns, croissants, French fries, potato chips</td>
</tr>
<tr>
<td><strong>Sugars &amp; Sweeteners</strong></td>
<td>rice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sugar substitutes (see list on p. 36)</td>
<td>Sugar (brown and white), honey, molasses</td>
</tr>
<tr>
<td><strong>Vegetables</strong></td>
<td>All fresh, frozen and canned vegetables</td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td>Seasonings, lemon and lime juice</td>
<td></td>
</tr>
</tbody>
</table>

*Although starchy foods are not forbidden, many patients report poor tolerance to them. You may eat them in small amounts if tolerated, but only after you have consumed your protein rich foods. Breads may be better tolerated if toasted.*
SAMPLE MENUS FOR STAGE 3

The amount of solid food you can eat on the Stage 3 diet will depend on what type of surgery you have had and how far out you are from surgery. These examples are to show you combinations of protein rich foods and healthy carbohydrates. Eat the protein food first and let your pouch determine how much other food, if any, can fit.

Breakfast Combinations

- 1/2 cup of cottage cheese served with light canned peaches.
- 2 scrambled eggs topped with grated cheese and salsa served with fresh orange slices.
- 6 ounces Greek yogurt topped with fresh or frozen strawberries and low fat granola.
- Old fashioned oatmeal cooked with added protein or milk powder topped with blueberries or raisins.

Lunch and Dinner Combinations

- Chef salad: cubed ham, turkey and cheese over mixed greens topped with light dressing and low fat croutons.
- Chicken curry salad: cubed or shredded chicken, apples and pineapple mixed with mayonnaise and curry
- Taco salad: spicy ground beef, chopped tomatoes, olives and avocados over chopped greens served with salsa. These foods are so moist that dressing is hardly needed.
- Deli plate: Sliced deli turkey, ham or beef served with fruit wedges and saltines.
- Stir fried chicken, vegetables and cashews served with steamed rice.
- Poached salmon, steamed broccoli, angel hair pasta.
- Roasted turkey, green beans and roasted red potatoes.
- Chili con carne made with lean ground beef or turkey topped with grated cheese.
- Lettuce wrap: spicy ground beef wrapped in lettuce.
Your Surgery and Hospital Stay

WHAT TO TAKE TO THE HOSPITAL

Pack a bag to take with you to the hospital. Be sure to label everything you take. Include the following in your bag:

- Sleep apnea mask. CPAP instructions will be given by nursing staff.
- Loose clothes to wear upon discharge
- Lip balm
- Slippers and robe
- Deodorant, toothbrush, toothpaste
- Brush or comb
- Books and magazines
- Comfortable pillow, if you use a special pillow at home
- Photo identification card
- Eyeglasses and case (no contacts)
- Dentures or partials, which will be removed before surgery and returned after surgery
- Women: a bra one size larger than normal to prevent pressure on the incision

WHAT NOT TO TAKE TO THE HOSPITAL

- Contact lenses
- Jewelry including earrings or any other type of body piercing
- Cell phone
- Credit cards
- Cash
- Medications
- Other kinds of valuables

WHAT TO WEAR TO THE HOSPITAL

Please wear loose, comfortable clothing. Do not wear lotions, perfume, makeup, jewelry, or hairpins. It is not necessary to remove fake nails, but it is important to trim your index fingernail to 1/2 inch. Regular nail polish is OK, but do not wear metallic polish. A device called a pulse oximeter will be clipped over your finger to measure the oxygen in your blood.

Out of Area Patients

If you live far away, we require that you stay locally near the hospital for one week post-surgery.
Your Surgery and Hospital Stay (Continued)

THE DAY OF SURGERY

- Arrive at the hospital at the time given to you by the admitting office.
- You will report to surgery check-in on the 3rd floor of the main hospital. The closest parking garage available for surgery patients and family is Parking Garage 5.
- You will meet your anesthesia provider and receive an IV. The IV gives you fluids and antibiotics for your surgery. You may receive a sedative in the operating room, after placement of the monitoring equipment. You may receive oral pain medications to reduce postoperative pain. You also receive an injection of Heparin used to prevent blood clots after surgery. You will be asked to urinate prior to going back to the operating room.

THE OPERATING ROOM

You are taken to the operating room on a gurney. A nurse greets you, reviews your charts, and asks you questions. The nurse puts compression stockings on your legs before you go to sleep to prevent blood clots. An anesthesia provider administers a general anesthesia and places a breathing tube to control your breathing during surgery.

WHAT YOUR FAMILY SHOULD DO

Upon admission, ask your nurse where the best place would be for your family or friends to wait. Volunteers in the waiting area are available to assist your family. They can explain the SmarTrack system, which allows monitoring of your progress throughout surgery.

THE RECOVERY ROOM

Following your surgery, you are taken to the recovery room, or Post Anesthesia Care Unit (PACU). Here, you begin your recovery from anesthesia. This is a gradual process when you drift in and out of wakefulness. You may notice several attachments while in the recovery room, such as a cuff on your arm or leg that monitors your blood pressure, a sensor on your finger that registers the oxygen in your blood, “boots” on your feet to lower your risk of blood clots, and nose prongs or mask that delivers oxygen as you breathe.

There are many sounds in the recovery room. Don’t be alarmed. The staff are familiar with these sounds and are trained to deal with any situation. You stay in the recovery room for about two hours.
YOUR HOSPITAL ROOM

When the anesthesiologist and nurses establish that it is safe for you to be released from the recovery room, you are moved to your room on the inpatient surgery unit. When you arrive at your room, a nurse meets you and assesses your comfort (pain level) and overall physical status (lung sounds, incision sites, vital signs). The nurse places a blood-pressure cuff on your arm and monitors your vital signs regularly. You will continue to be monitored as the anesthesia wears off and your recovery progresses.

When the nurse completes her assessment, which typically takes 10 minutes, she familiarizes you with your room and shows you how to use the nurse call system. The nurse also shows you where the bathroom is, and how to use the television controls. After this, your family is welcome to join you in your room.

For your safety, all employees entering your room wear a name badge identifying them by name and role.

You will likely get a visit from an anesthesiologist the morning following your surgery.

Pain control is very important to your recovery. You will likely have a patient controlled analgesia (PCA), which is a time-controlled pump that administers pain medication. Oral pain medication will also be available once you begin your diet after surgery. These pain medications are tools for your recovery. You and your nurses assess your pain using a 0-10 pain score. The nurses work with you to establish a pain score you are comfortable with and the amount of medication you need.

In addition to pain medication, you have other ways to ease pain. The nurses can help you find comfortable positions in bed, show you how to use pillows for support, and suggest relaxation techniques. There is even a therapeutic music channel available through the television.

YOUR ROLE AFTER SURGERY

You begin walking within a few hours of returning from the recovery room. Walking after surgery is very important in preventing blood clots. Your activity level progressively increases. For your first time out of bed, you need assistance from the staff, so please use your call light located on a paddle or on the bedside rail.

You perform breathing exercises using an incentive spirometer (breathing exercise machine) every hour while you are awake. You will be given clear liquids (Stage 1 diet) the day after surgery. You will start on thicker liquids (Stage 2 diet) on day two after surgery, before your discharge home from the hospital.
Your Discharge

Expect to be discharged 2 days after your operation. Please arrange for transportation to be available on the day you expect to be discharged, and have someone else drive you home. Remember to arrange your home environment before you are discharged. At the time of discharge, your surgeon discusses with you when to resume taking your medicines. Most of your medicines will remain unchanged, except blood thinners and diabetes medicines. Schedule a follow-up appointment with your primary care doctor within 1–2 weeks. If you are on blood-thinning medications, you should have your blood checked within a week.
After Your Stay

WOUND CARE

Keep your incisions clean. When you go home, you can shower, but avoid taking baths until your post-op appointment when your surgeon can evaluate your wounds. Wash the wounds gently with soap and water, using your hand rather than a washcloth. Rinse well. You may experience muscle soreness in the left and right upper stomach areas for a few weeks. The incisions may be sensitive for several months after the operation. Do not expose incisions to sunlight for the first year, and do not use ointment on them.

It is not necessary to cover your small incisions, but you may use a BAND-AID or dressing if you wish. If you do, change them every day. Drainage from the incision sites, which is sometimes clear yellow, is common. If you have Steri-strips on your incision site, they may take up to 10 days to come off. The glue from these strips usually peels off after a week.

DIET

- Continue to follow the Stage 2 diet after you are discharged and for the following 2 weeks. Your diet will likely advance at your 2 week post-operative appointment, unless otherwise instructed.
- The goal is at least 80 grams of protein/day. Use protein supplements as instructed.
- Progress your fluid intake to at least 64 ounces per day.
- Avoid caffeinated coffee and tea and all soda pop.

- Continue taking your complete multivitamin daily. Adult chewables are preferred. Start other supplements as instructed (refer to the vitamin and mineral charts in the Preparing for Surgery section).
- Call the dietitian at PHMG Surgery (541-222-2700) with questions.

LIFESTYLE

- Do not smoke or drink alcohol.
- Do not donate blood.
- Do not go back to work for at least two weeks.
- Do not drive for at least one week.

ACTIVITY

- CPAP. Resume CPAP as directed by your surgeon.
- Resume normal activities. Increase walking slowly. Start today! Goal is to walk every hour to prevent blood clots after surgery.
- No lifting over 10 pounds for 6 weeks.
- Stairs are okay.
OTHER THINGS TO EXPECT WHEN YOU FIRST COME HOME

- You may not have a bowel movement for up to one week after surgery due to anesthesia and pain medications.
- The first few bowel movements may be very dark due to dried blood from surgery.
- Lack of hunger is common. Continue to eat at regular mealtimes, even if not hungry.
- It is common to feel grief over the loss of comfort foods.
- You will probably feel weak and tired immediately after discharge from the hospital. Your body is still recovering from the stresses of a major operation. Your energy level will gradually improve. Remember to walk!

WHEN AND WHO TO CALL

Call Your Surgeon at 541-222-2700 if:

- persistent vomiting or inability to keep anything down for more than 24 hours
- vomit is bloody, black or like coffee grounds
- incisions are warm to the touch or have increasing redness or drainage
- fever at or above 101 degrees
- increasing abdominal pain
- chest pain or shortness of breath

Call Your Primary Care Doctor:

- to schedule an appointment of 1–2 weeks after surgery
- to reevaluate the dosages (or discontinue) medications you took prior to surgery
- for common ailments such as colds, sinus infections, urinary tract or yeast infections. Non surgery related prescription refills

STANDARD FOLLOW-UP VISITS

Follow-up visits will be scheduled as follows:

- 1–2 weeks after surgery with your primary care provider.
- 2 weeks after discharge with your surgeon.
- 6 weeks after discharge with your surgeon.
- 3 months after the operation with your surgeon.
- 6 months after the operation with your surgeon.
- Yearly for the rest of your life.

At each of these visits, you will be weighed and your doctor or surgeon will check for medical or surgical complications. Your medications may be changed as needed. You will also check in briefly with our psychologist.
Exercise

HOME ACTIVITY FOR THE FIRST SEVERAL WEEKS AFTER SURGERY

You should not attempt any strenuous activity. You can, however, walk, including up and down stairs. Walking promotes wound healing, circulation, bowel function, weight loss, and the health of your heart and lungs. Exposure to fresh air and sunshine can help relieve depression, anxiety, and food cravings. During your first 6 weeks after surgery, it is extremely important for you to walk as much as you can. Start slowly by taking short walks several times a day, preferably outside. Increase the distance and pace of your walks each day, but expect to tire easily at first. We recommend several walks of 15–20 minutes per day. Avoid any activities or positions that cause more than mild pain in the area of your incisions.

You should be able to return to work 2–4 weeks after your surgery if your job is not too physically demanding. Talk with your doctors about when you should return to work.

EXERCISE FOR LIFE

Exercise is an important key to long-term success following bariatric surgery. Studies show that patients who have been most successful after surgery exercise regularly. You will need commit to, and invest time in, your exercise program. It takes only 30 minutes a day to improve fitness. With exercise, harder is not better, and the idea of “no pain, no gain” is no longer recommended. Instead, exercise at a moderate level of exertion is your best path to injury-free fitness and health.

REASONS TO EXERCISE

Regular exercise provides the following benefits:

- Prepares you for surgery
- Speeds your recovery because you walk short distances the day of surgery and during your hospital stay
- Helps you get in and out of bed, up and down from a chair, and up and down stairs
- Increases the rate of healing
- Prepares you for lifelong health habits
- Increases your energy level
- Improves muscle tone and strength
- Increases flexibility and endurance
- Helps you lose weight
- Helps control your appetite
- Improves mood and self-esteem
- Helps prevent diseases
- Enhances heart and lung health
- Lowers blood pressure
- Relieves tension and stress
- Improves sleep
- Provides enjoyment and fun
Exercise (Continued)

WHEN TO EXERCISE
It is extremely important for you to adopt a routine of regular exercise. Budget exercise time into your schedule every day.

TYPES OF EXERCISE
Always remember to warm up and cool down. For the first 5 minutes of your workout, start out slowly and easily so your muscles have a chance to warm up. End your exercise session with a 5-minute cool-down. Slow your pace and do some stretching. Here are some good exercises.

- Swimming laps using a kickboard or fins
- Water aerobics or water walking
- Walking outdoors or on treadmill; walking the dog at a quick pace
- Hiking
- Riding a stationary bike
- Upper body exercise bike

BREATHING IS EXERCISE, TOO
Deep breathing and coughing are very important after surgery to help clear the lungs. While you are in the post-op unit, don’t forget to use the incentive spirometer for breathing exercises, 10 times every 2 hours while you’re awake.

BE ACTIVE, BUT BE CAREFUL
- Drink plenty of water during and after exercise to replenish fluids that you lose during activity.
- Wear comfortable, supportive shoes.
- Listen to your body. If you feel chest pain or have difficulty breathing, stop and contact your doctor.
- Don’t push yourself too hard too fast. Remember to build up gradually.
Medications

When you are discharged, you will receive a prescription for pain medication to be taken as needed during your recovery. For mild discomfort, you may also take Tylenol capsules.

- Before leaving the hospital, review any regular prescription medications with your surgeon before resuming them at home.
- You can safely take most medications in pill form after bariatric surgery.
- For pain, take either your prescription pain medication or the Tylenol (Acetaminophen). Do not take both the prescription pain medication and Tylenol (Acetaminophen) at the same time.
- If you have been taking pain medication for a chronic condition such as arthritis, discuss this with your surgeon before resuming the medication after surgery.
- Gastric bypass patients should not take any products that contain aspirin or nonsteroidal anti-inflammatory medications (NSAID) such as ibuprofen (Advil, Excedrin, Motrin, Nuprin) or naproxen (Aleve, Naprosyn) for the rest of your life, because they can cause ulcers.
- Your surgeon may prescribe nausea medication if needed, or you may be given an acid reducing medication such as Pepcid.
- Use Milk of Magnesia or MiraLAX for short-term constipation.
- Always check with your doctor or pharmacist before crushing tablets or opening capsules because some medications are less effective that way.
- Because food passes through your stomach very quickly, it is best to take most medicines 45 minutes to 1 hour after meals while the food is contained in the intestine.
- Avoid “sustained-release” medications if possible because they are designed to release slowly.
- You may go home with a short-term blood-thinning medication until your activity level is back to baseline.
- If you take medication for high blood pressure or diabetes, you should be carefully supervised by your doctor as you lose weight because your medication dosages may need to be adjusted.
- For any medication you take, you should self-monitor or measure that medicine’s effect.
- See your primary care doctor within 1–2 weeks of surgery to adjust medication dosages.
MANAGING YOUR DIABETES

It is important to regularly check your blood sugars both before and after surgery. Weight loss and healthy dietary changes often reduce the need for oral diabetic medications or insulin.

Happily, for many people, diabetes resolves after surgery. If you take oral diabetic medications or insulin injections, stay in close contact with your primary care provider or diabetes care manager (whoever adjusts the medications) throughout the entire surgical process. Oral medications and insulin dosages often need to be decreased or discontinued soon after surgery. Again, we recommend making an appointment with your primary care provider or diabetes care manager within 2 weeks after surgery. If medications are not adjusted, low blood sugars may result.

PREGNANCY BEFORE SURGERY

Some women’s menstrual cycles return as they lose weight before surgery causing them to become more fertile. There is a risk of becoming pregnant before surgery, so you should use contraception. Be sure to contact your doctor and bariatric team if you suspect you are pregnant, especially if your bariatric surgery is just around the corner. Bariatric surgery is contraindicated while pregnant and for 12 months after delivery.

PREGNANCY AFTER SURGERY

Pregnancy is safe after bariatric surgery, but should be delayed at least 18–24 months, when weight loss stabilizes. We have seen many healthy babies born following bariatric surgery. If you do become pregnant after surgery, check with the bariatric dietitian for adjustments to your vitamin and mineral regimen.
Resources

SUPPORT GROUPS

Participation in support groups is an essential part of your continuing success. PHMG Surgery has several options with a list available in our clinic and online. We have dietitian and psychology lead groups for a variety of needs and support.

LOCAL FITNESS OPPORTUNITIES

(Please call each facility for individual pricing)

Pool Programs—Eugene

Amazon Pool (summer only)
26th and Hilyard Street
Eugene, Oregon 97405
541-682-5350

Echo Hollow Pool
1655 Echo Hollow Road
Eugene, Oregon 97402
541-682-5525

River Road Pool
1400 Lake Drive
Eugene, Oregon 97404
541-688-4052

Sheldon Pool & Fitness
2443 Willakenzie Road
Eugene, Oregon 97401
541-682-5314

Tamarack Wellness Center
3575 Donald Street
Eugene, Oregon 97405
541-686-9290

Pool Programs—Springfield

Lively Park Swim Center
6100 Thurston Road
Springfield, Oregon 97478
541-726-2752

Willamalane Park Swim Center
1276 G Street
Springfield, Oregon 97477
541-736-4080 or 541-988-DIVE
Resources (Continued)

Other Fitness Centers

**Anytime Fitness**
www.anytimefitness.com
65 Division, Eugene 541-689-0777
2197 Olympic St, Springfield  541-937-9355

**Planet Fitness**
www.planetfitness.com
4223 Main Street
Springfield, Or  541-744-9000

**My Life Fitness**
2866 Crescent Ave #103
Eugene, OR 97408
541-359-4580  www.mylifefitness.net

**Oakway Fitness Center**
www.oakwayfit.com
Oakway Road Eugene, OR
541-343-3314

**Orange Theory**
www.orangetheoryfitness.com
23 Oakway Center, Eugene
541-636-0095

**River Road Pool and Fitness Center**
This center also offers trainer assistance with the weight room.

**YMCA**
2055 Patterson Street
Eugene, Oregon 97405
541-686-9622
Temporary memberships are available.