



Bariatric Handbook

Clinic Phone # (504) 988-5110

Clinic Fax # (504) 988-1936

**Please remember to bring this book to
every appointment.**

Dear Patient,

Welcome to the Tulane Bariatric Center! Congratulations on your decision to change your life and invest in your health. We are very excited to be part of this new chapter.

Bariatric surgery is a very rewarding process, but it does require a lot of patience and hard work. Please know that bariatric surgery is one tool that can help you achieve your weight loss goals, but you will not see changes in your body without many lifestyle changes. Our team is here to support you and help you achieve your goals.

This manual is designed to help provide you with very important information, such as:

- Bariatric surgery basics
- Diet/nutrition
- Exercise
- Lifestyle changes
- Clinic process
- Overall tips for success

The information in this book is very important, so please read through each page carefully. This will allow your surgery to move forward as planned. If you ever have questions, please use this book as your go-to resource. You can also call us at the clinic with questions.

Congratulations on your upcoming success, and welcome to the program!

The Tulane Bariatric Team






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Resources

Social Media	
  	Instagram: @Tulane_Bariatric_Center Pinterest: @Tulane_Bariatric_Center Private Facebook Support Group (ask to be added)
Information About Surgery	
Obesityhelp.com	www.ASMBS.org
Protein and Supplements	
Variety of different vitamin and mineral supplements in chewable, liquid, or tablet forms. They also have different types of protein supplements.	
www.bariatricadvantage.com www.celebratevitamins.com www.mybariatricpantry.com www.bariatricpal.com www.bariatricfusion.com www.barimelts.com	www.dietdirect.com www.unjury.com www.bariatriceating.com www.vitacost.com www.gnc.com www.amazon.com
Online Diet Trackers	
www.myfitnesspal.com www.calorieking.com www.sparkpeople.com	www.thedailyplate.com www.fitday.com www.loseit.com
Recipe Websites	
www.froedtert.com/bariatric-surgery/recipes www.bariatriceating.com/category/wls-friendly-recipes/ http://theworldaccordingtoeggface.blogspot.com/ www.bariatricfoodie.com www.bariatricmealprep.com www.mybariatricpantry.com www.rexbariatrics.com/category/recipes/ www.bariatriccooking.com/recipes-2	www.wlsdailyplate.com www.foodcoach.me www.cookinglight.com www.myrecipes.com/healthy-diet www.insidekarenskitchen.com www.pinterest.com – search “bariatric friendly recipes” www.skinnytaste.com – choose “low-carb recipes”
Online Support Groups	
www.obesityhelp.com www.thinnertimesforum.com www.oa.org	www.bariatricpal.com www.obesityaction.com www.americanbariatrics.org
Smart Phone Apps	
My Fitness Pal Baritastic Lose It Spark People Bariatric IQ Bariatric Pal	MyPlate Calorie Tracker Fooducate Nike training club Meal lime Fitbit FatSecret

Bariatric Surgery Patient Contract

Having chosen to have bariatric surgery for morbid obesity, I understand and agree to the following:

1. **I understand that this book includes important information that I need to be successful with bariatric surgery.**
2. **I will BRING THIS BOOK to every visit, and if I lose this book I will be responsible for buying a new one.**
3. **I understand that bariatric surgery is a tool to help improve my health and achieve my weight loss goals. I understand that if I do not eat healthfully (as this book outlines), I may not lose any weight and/or regain all weight lost after surgery.**
4. I have been informed of my personal medical problems, the dangers of morbid obesity, and the operations available to me.
5. The dangers and complications of surgery have been explained in a way that I understand, even the possibility of complications and death.
6. I am voluntarily choosing to have this surgery without being forced to do so by surgeon or staff.
7. I realize the importance of regular, life-long follow-up after surgery and will keep all of my appointments.
8. Bariatric surgery has a risk of vitamin and mineral deficiencies. I will commit to buying and taking supplements every day for the rest of my life.
9. I realize the importance of attending support group meetings and understand that they are crucial to my success.
10. I realize that I will be very sensitive to illicit drugs and alcohol after bariatric surgery, and that they could expose me to liver damage. I understand I should avoid both.
11. I understand that I must quit using nicotine products (smoking, chewing tobacco etc.) at least 90 days prior to surgery. I understand that I will NOT qualify for bariatric surgery if I am using any nicotine products, and I will be checked for nicotine prior to approval for surgery. I understand that if I use nicotine products after surgery, I am putting myself and my operation at very serious risk of major complications, including death.
12. I am committed to contact the surgeon/bariatric clinic if I have a surgical-related medical complication.
13. I will not get pregnant until at least 18 months after surgery (if applicable).

I have read and understand the bariatric surgery guide given to me. I have also read this contract, I understand it, and I commit to follow these instructions.

Patient Signature _____ Date: _____

Bariatric Patient Testing Checklist - "To-Do List"

The following with checked boxes must be completed prior to scheduling of surgery:

INSURANCE REQUIREMENTS

- ☐ Nutrition Assessment with a Registered Dietitian
- ☐ ____ Month Medical Weight Loss Program with: o PCP o Tulane Bariatric Center
You must complete a medically supervised weight loss program required by your insurance company with appointments every single month. Missing even 1 month will require restarting the program.
- ☐ Psychological Evaluation with psychologist _____

PROGRAM/MEDICAL REQUIREMENTS

Initial Height: _____ Weight: _____ BMI: _____

- ☐ Lose/Maintain Weight Prior to Surgery
- ☐ Goal Weight before Surgery _____
- ☐ **Lab work** Performed by o Tulane Bariatric Center o PCP (the following need to faxed to Tulane)
- ☐ Thyroid Profile – lab work
- ☐ CBC, CMP, lipid panel
- ☐ Fasting Blood Glucose – lab work – *This test checks to make sure you do not have diabetes.*
- ☐ Hemoglobin A1C – lab work – *This test checks to make sure you do not have diabetes.*
- ☐ Vitamin D
- ☐ H. Pylori test – lab work
- ☐ Support Group Attendance (attend minimum of 2)
Date # 1 _____ Date # 2 _____
- ☐ Exercise logs (must write down something every single day)
- ☐ Letter of Recommendation from your Primary Care Provider (PCP). *Sample letter in this book*
- ☐ Smoking/Tobacco/Nicotine Cessation Quit Date: _____

You must be off all nicotine products for at least 90 days prior to surgery.

Signature: _____

- ☐ Urine Cotinine Test – lab work
This test checks to make sure you have not been smoking, dipping, chewing, or using any nicotine products.

Bariatric Patient Testing Checklist - “To-Do List” (Cont.)

- ☐ NewTri dietary educational curriculum
- ☐ Cardiac Clearance: *We need documentation of clearance for surgery from a cardiologist (heart doctor). This needs to include clinic notes and all recent cardiac testing.*
- ☐ Anticoagulation/Anti-platelet therapy: *We need a letter from your healthcare provider regarding how many days prior to surgery you can safely go off of your anticoagulation/anti-platelet medication.*
- ☐ Pulmonary Clearance: *We need documentation of clearance for surgery from a pulmonologist (lung doctor). This needs to include clinic notes and all recent pulmonary testing.*
- ☐ Sleep Study
- ☐ EGD (Endoscopy)
- ☐ Colonoscopy
- ☐ Ultrasound of Gallbladder
- ☐ Upper Gastro-Intestinal Swallow Study
- ☐ Lower Extremity Duplex to check for DVT (Deep Vein Thrombosis)
- ☐ Reason for Exam/Diagnosis: _____
- ☐ Endocrine consult
- ☐ Hematology consult
- ☐ Nephrology clearance
- ☐ Reschedule dialysis day before surgery
- ☐ Oncologist clearance
- ☐ Additional/Other Requirements _____
- Reason for Exam/Diagnosis: _____

Please send records to:

Attn: Bariatric Nurse

Fax: 504-988-1936

Tulane Bariatric Center

1415 Tulane Ave New Orleans LA 70112

If you have questions or if you need to cancel or reschedule an appointment, contact 504-988-5110.

Primary Healthcare Provider Checklist

Your Primary Healthcare Provider will be an important part of your healthcare both before and after surgery. Here is a list of things that you will need your Healthcare Provider to help with during this process. Please feel free to show them this booklet as a resource.

Before Surgery:

- ☐ Ask your Healthcare Provider for letter of support (see next page).
- ☐ Show Healthcare Provider list of medications that will need to be adjusted/stopped prior to weight loss surgery (See page 19).
- ☐ Ask about resources to stop smoking, if applicable (See page 18).
- ☐ Once given a surgery date, schedule a follow-up appointment with your Healthcare Provider for 1 to 2 weeks after your surgery.

After Surgery:

- ☐ Your Healthcare Provider will need to monitor your health care conditions. You should see many of your medical conditions improve after surgery.
- ☐ At your 1-2 week follow-up appointment, your Healthcare Provider may need to adjust your medications. You may need to restart medications that you stopped before surgery or you may need to stop medications that you no longer need.
- ☐ You will also need to have regular blood work drawn after surgery. If you live outside the area and it is difficult for you to continue your long-term follow-up appointments, let us know. We may be able to provide you with a list of labs that your Healthcare Provider will need to monitor.

Healthcare Provider Letter of Support

Feel free to show this page to your Healthcare Provider to assist them in writing the letter of support.

The following types of providers may be asked to provide this letter:

- **General Practitioner/Internist/Primary Care Provider**
- **OBGYN**
- **Nephrologist, if you are on dialysis**
- **Cardiologist**

In the Letter of Support, please include the following information:

- Letter must be TYPED on your office letterhead and signed
- Patients FULL name and date of birth
- How long they have been in your care
- Types of weight loss attempts they have tried (i.e. Jenny Craig, Weight Watchers, medication, etc.)
- Any medical conditions that would benefit from weight loss surgery (i.e. diabetes, sleep apnea, HBP, etc.)
- Most current height and weight AND calculated BMI
- Whether or not you, as their provider, support this decision for bariatric surgery

Psychiatric Provider Letter of Support

A guide for your provider

If you have an established relationship with a Psychologist or Psychiatrist, please obtain your psychological evaluation from your provider. It must indicate that there are no psychological contraindications for surgery.

For patients that do not have an established relationship with a psychiatric provider, you must see a psychologist/psychiatrist to obtain a formal psychological evaluation and clearance. You are being referred as a part of the preoperative screening and planning process necessary for all patients entering the bariatric surgery program. By way of this evaluation, we are requesting an assessment in a written format to determine your ability to understanding directions and your willingness to adhere to long term follow up care. In addition, knowledge of any major axis disorders or bulimia is necessary. To assess these requirements, standardized psychological testing may be needed. To assist the psychiatric provider, the following points should be addressed:

- Does the patient appear to understand the commitment he/she is making by undergoing weight reduction surgery?
- Does the patient appear to have any disabilities that would prevent understanding and following directions?
- Does the patient currently have an addictive disorder such as alcoholism or drug abuse?
- Does the patient have a major axis disorder? If so, what?
- Does the patient appear to have the ability to undergo major behavior modification?
- Does the patient appear willing to forgo foods as a main comfort source?
- Are mechanisms present to foster development of suitable coping mechanisms?
- Is the patient suicidal?
- Does the patient appear to be sincere in his/her ability to take part in a long-term follow up and group support meetings?
- In your opinion, is the patient willing to comply with long-term lifestyle changes?
- In your opinion, is there any reason why this patient should not undergo procedure to limit his/her capacity for food and forced food aversion? If you feel the patient is not ready to proceed with surgery, please list your recommendations instructed to the patient and forward to us in writing.

We have a comprehensive program including support groups and available dietitians to help patients in meeting their weight loss goals.

Please mail or fax your psychological evaluation to Tulane Surgery Clinic HC20, 1415 Tulane Ave, N.O., LA 70112 or secured fax: 504-988-1936 ATTN: Bariatric Nurse (fax preferred). If you have any questions or concerns please contact our office for assistance at 504-988-5110.

Bariatric Evaluation: Recommended Psychologists

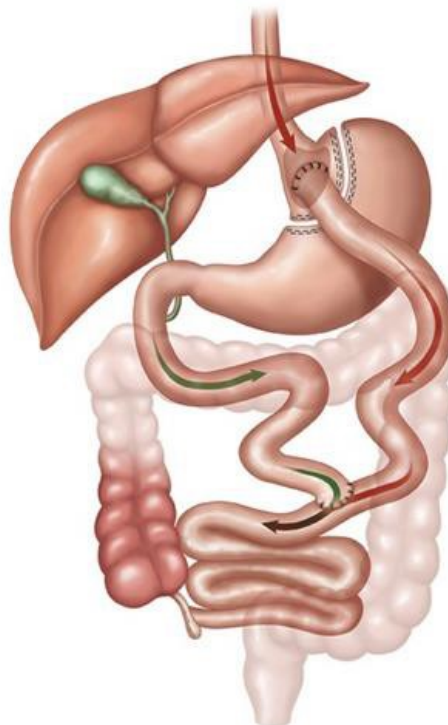
Name	Office Address	Office Contact	Types of Insurance Accepted
Online			
Rolf Gordhamer, Ph.D	BariatricPsychAssessment.com		Out of Pocket Only No Insurance
Southshore			
Catherine MacGregor, PhD	3350 Ridgelake Drive Metairie, LA 70002	504-723-9133	Private Ins and Medicare Only For Medicaid Patients Reduced Fee
Aaron Wolfson, MD	2901 N I-10 Service Rd East Suite 300 Metairie, LA 70002	504-780-1702	Medicare & Private Insurance Payment plan - Office on NS
Rafael Salcedo, MD	1581 Carol Sue Avenue Suite 211 Gretna, LA 70056	504-392-4693	Medicare/Private Insurance - payment is due at time of
Andrew Morison, MD	400 Poydras Street New Orleans, LA 70130	504-322-3837 # 1	
Jefferson Psychiatric Associates	3340 Severn Avenue Metairie, LA 70002	504-899-1448	Medicare/Medicaid UHC on- ly. No payment plan
NO Psychotherapy Associates	3520 General DeGaulle Drive Suite 4098 New Orleans, LA 70114	504-362-8046	Medicare - may have a report fee. Payment at time of visit
Cognitive Behavioral Therapy	4904 Magazine Street New Orleans, LA 70118	504-383-3815	No Medicare/Medicaid - Flat Fee Upfront
Jeff Care	51 West Bank Expressway (at Barataria Boulevard)	504-349-8700	Medicaid - Jefferson Parish Residents Only
St. Bernard Mental Health Clinic	2221 Philip Street New Orleans, LA 70118	504-278-7401	Medicaid - New Orleans Par- ish Residents Only
Northshore			
David Clark, PhD	301 Girod Street Mandeville, LA 70448	985-626-9550	No Insurance -- Cash Only
Pamela Deters, PhD	42334 Delux Plaza, Suite 2 Hammond, LA 70403	985-662-5520	Blue Cross-Shield Only - Pri- vate Insurance accepted. Payment due at time of visit
Baton Rouge			
RD Psychological Associates	740 Colonial Drive Baton Rouge, LA 70806	225-216-9422	Does not accept Insurance - Flat Fee Upfront
Psychiatric Associates	9229 Blue Bonnet Blvd Baton Rouge, LA 70810	225-769-7575	Does not accept Insurance - Flat Fee Upfront
Pamela J. Parsons, MD	3837 Plaza Tower Dr., Suite B Baton Rouge, LA 70816	225-810-3836	Does not accept Insurance - Flat Fee Upfront
Mississippi			
Lynwood Wheeler, MD	415 S 28th Avenue Hattiesburg, MS 39401	601-264-6000	Medicare-Medicaid (No Out- side Referrals)
Applied Psychology Center	904 Desoto Street Ocean Springs, MS 39564	228-872-8429	

Surgical Options

Roux-en-y Gastric Bypass (RYGB)

Your new stomach (also known as your pouch) will be about the size of a large thumb, and the food will leave your pouch through an opening about as wide as an index finger. The pouch will be about 30-60 mL, or about 2-4 tablespoons.

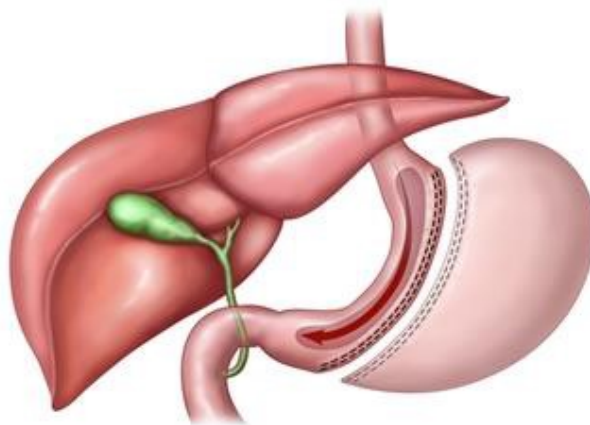
The small pouch and small outlet created by the operation help control the feeling of excessive hunger. Changes in your hormones after surgery will also decrease hunger.



Vertical Sleeve Gastrectomy

During this surgery, about 80% of the stomach is removed to create a small sleeve stomach similar in shape and size to a banana. The new pouch will be between 60-120 mL (1/4 to 1/2 cup). It is larger than the stomach pouch created during the Roux-en-y Gastric Bypass.

The small pouch and hormonal changes will help control the feeling of excessive hunger.



Health Benefits of Surgery

The health benefits of weight loss are many, including improvements in blood sugar, blood pressure, joint problems, breathing problems, mobility, and overall function. The gastric bypass does a slightly better job than the sleeve gastrectomy at resolving medical problems.

Weight Loss Expectations with Surgery

How much weight will I lose?

Gastric bypass: You can expect to lose 60% to 70% of your **excess weight**.

Sleeve gastrectomy: You can expect to lose around 50% to 60% of your **excess weight**.

What is excess body weight?

It is the difference between your current weight and your ideal weight for your height.

Current Weight: _____

Ideal Weight for Height: _____

Excess Body Weight: _____

Estimated weight loss with Sleeve (50-60%): _____

Estimated weight loss with Bypass (60-70%): _____

Goal Weight: BMI 30, or _____lbs

What can I do to be as successful as possible with bariatric surgery?

Surgery is a tool for weight loss. This is not an easy fix. Your commitment to healthy eating and exercise is **critical** for successful long-term weight control. It is possible to regain weight after surgery if you are not careful.

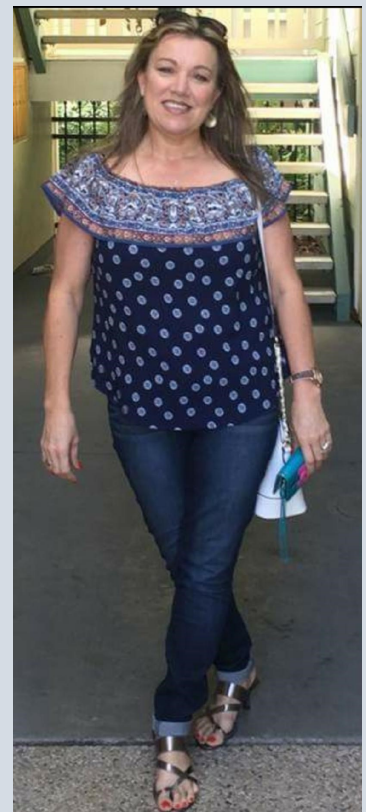
Weight loss is the fastest in the first year after surgery. After that, expect weight loss to start to slow down. Attending bariatric support group meetings is also linked to long-term success. We encourage you to start these healthy changes today.

Write down one healthy change that you will start today:

Unrealistic



Realistic



Preparing for Surgery

Congratulations on your decision to change your life and improve your health. We are very excited to be part of this new chapter of your life.

Preparing for Surgery

Clinic Visits Before Surgery

- At each visit you attend, we will check your weight, ask about your clearance requirements (other provider's visits, etc.), and you will also see a dietitian.
- We want to know what struggles you are having, and what is working well! We are here to help you.



Primary Care Provider (PCP)

- Before surgery, make an appointment with your PCP for 1-2 weeks after your surgery to be sure that you have the right medicines and doses of medicines.
- After surgery, your medical conditions should get much better, your medicine needs will change, and your lab results will need to be monitored closely.

Support Groups

- Before surgery, you must go to at least **2** support group meetings. We encourage you to attend as many support groups as possible before and after surgery.
- Support groups are a good way to get information about what to expect. You will be able to talk with others who have had bariatric surgery and those who are waiting for surgery.
- *Research has shown that people who attend support group maintain their weight loss better than those who do not.*
- *Also, sometimes during this process, you may feel frustrated or like you are having to live differently than your friends and family. Support group can be a great way to remember that you are not alone.*



Support Person for Hospital

- You must have someone pick you up from the hospital and, if possible, stay with you at your home for the first few days after surgery. Before surgery, speak with family or trusted friends who can help you at this time. If you cannot have someone stay with you after surgery, make sure your home is set up with everything you will need.



Illness

- Notify your surgeon of any cold, sore throat, fever, or any other new illness you develop in the week before surgery. It may not be safe for you to proceed with surgery if you are not well.

Preparing for Surgery

Pregnancy

Weight loss surgery can make it easier to become pregnant. It can also make pregnancy much safer, as we see lower rates of gestational diabetes, high blood pressure and other complications after delivery. **However, because your body will go through many changes, it is important to wait at least 18 months before attempting to become pregnant.**



Please be cautious during this time and use a method of birth control to ensure that you do not become pregnant. If you use oral contraceptives (pills) for birth control, talk to your Healthcare Provider about other methods.

Before the surgery, you will need to stop all forms of hormonal replacement for 14 days (pills, ring, patch, creams), due to risk of blood clots. After the surgery, **birth control pills may not work as well.** You may restart hormonal therapy 4 weeks after surgery. We recommend using 2 forms of birth control for the first 18 months after surgery, if you are able to become pregnant.

If applicable, a pregnancy test will be conducted prior to your surgery.

Smoking

Smoking is very dangerous in bariatric surgery patients because it...

1. Increases risk of ulcers and severe abdominal pain
2. Prevents lungs from working well
3. Increases risk of pneumonia after surgery
4. Prevents your incisions from healing
5. Increases risk of blood clots (DVT)
6. Stimulates production of stomach acid
7. Reduces circulation by constricting your blood vessels



You must quit smoking at least 90 days prior to surgery.

We will perform a lab to check for nicotine 90 days after your quit day, which must be negative before your surgery is approved.

Preparing for Surgery: Medications

Changes in Medications:

During your final pre-surgery visit, your surgeon will review with you which medications to stop taking before surgery. Most patients should make the following adjustments to the medications listed below:

- **Hormone therapy/Hormonal birth control:** See page 18.
- **Extended release/long-acting medications (possible labels include XR, ER, CR, SR, XL, XT):** After surgery, you will not be able to absorb long-acting medications as effectively as pre-op. Please notify your prescribing provider to change your medicine to an immediate release version. If your medications are not made in an immediate release form it is ok to continue taking the extended release version.
- **Diabetes medication:** Some diabetes medicines may need to be stopped. The nurse or surgeon will let you know about medicine changes. After surgery, your requirement for diabetes medication will decrease. Most people will not need to take any diabetic medication after surgery, and if they need to take anything, it will be insulin. It will be very important to check your blood sugar after surgery (if you were checking before) to know when your medication requires further adjustments after surgery. Please let your PCP know if you are having blood sugars <100.
- **Diuretics (e.g. Lasix, furosemide, HCTZ, spironolactone):** Most patients will not take these medications after surgery. Consider stopping these medications (discuss with your healthcare provider) while on pre-operative liquid diet, especially if any dizziness occurs.
- **Supplements (fish oil, CoQ10, vitamin E):** Please stop taking any supplements besides your multivitamin 10 days prior to surgery.



- **Blood thinners** (e.g. Aspirin, Coumadin, Pradaxa, Plavix, Eliquis, Xarelto): You will need to stop aspirin and aspirin-containing products 10 days prior to surgery. The other medications will need to be stopped at varying lengths of time prior to surgery. Please clarify with your surgeon in advance so you have a plan for these medications.
- **Large pills:** You do not need to crush medications. You can take pills in pill form if they are smaller than ½ inch. You will need to cut a pill in half if it is larger than ½ inch.

Preparing for Surgery: Medications

- **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs):** Please ask your surgeon about NSAIDs. **Stop taking NSAIDs 14 days prior to weight loss surgery.** NSAIDs have been linked to causing stomach ulcers after weight loss surgery. **Do not EVER take NSAIDs again after gastric bypass surgery,** due to the risk of pouch upset (gastritis), sores in your pouch (ulcers), or bleeding from your pouch. Acetaminophen (Tylenol) may be taken for aches and pains, or speak to your provider about alternative arrangements for pain medications. Your pain should decrease after surgery with weight loss. The following are examples of NSAID medications. This is not a comprehensive list; please clarify with your provider if you are taking any NSAIDs.

Aspirin (includes Exedrin, Bufferin) Celecoxib (brand name: Celebrex) Diclofenac (brand names: Voltaren, Cataflam) Etodolac (brand name: Lodine) Flurbiprofen (brand name: Ansaid) Indomethacin (brand name: Indocin) Ibuprofen (brand names: Advil and Motrin) Ketoprofen (brand names: Orudis, Oruvail) Ketorolac (brand name: Toradol) Meloxicam (brand name: Mobic)	Nabumetone (brand name: Relafen) Naproxen (brand names: Aleve, Naprelan, Anaprox, Naprosyn/EC-Naprosyn) Oxaprozain (brand name: Daypro) Piroxicam (brand name: Feldene) Rofecoxib (brand name: Vioxx) Sulindac (brand name: Clinoril) Tolmetin (brand name: Tolectin) Valdecoxib (brand name: Bextra)
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DO NOT USE:




Generally considered safe to use:



If you have any specific questions about medications, please ask your Healthcare Provider or feel free to call our office for more information.

Your Time in the Hospital: Day of Surgery

MUST BRING	Consider Bringing
<p>Bariatric Handbook CPAP or BiPAP machine (with settings) and mask if you have sleep apnea Incentive spirometer</p>  <p>Friend or family member Loose, comfortable clothing to wear home Photo ID ALL MEDICATIONS</p>	<p>Tank top to wear under abdominal binder Biotene mouth wash for dry mouth Knee-length bathrobe Hand lotion Comb or brush Lip balm Soft Kleenex Toothbrush and toothpaste Deodorant Women: Supplies for your menstrual cycle Contact lens supplies **DO NOT BRING VALUABLES</p>

Before you arrive to the hospital:

- Be sure to shower with an antibacterial soap
- Remove all nail polish
- Do not put on lotions, creams, hair products, or makeup
- Remove all jewelry and body piercings, and leave them at home
- Wear loose, comfortable clothing and non-slip shoes that are easy to take on and off
- Pull long hair back in an elastic band (no metal)
- Take only the medications that have been approved by the surgeon or anesthesiologist with small sips of water

After you arrive to the hospital:






Check-in: You will check in to the hospital using your photo ID. You must arrive at least 2 hours before your surgery (someone will call you with the exact time of arrival).

Outpatient Surgery (OPS): This is where you will be prior to surgery. Someone will start an intravenous (IV) line in this area and prepare you for surgery.



The Operating Room (OR): This is the room where surgery takes place. You will be wheeled in to the OR on a stretcher and will move to the OR table. Everyone in the room will make sure you are comfortable, and the anesthesia provider will give you medications to make you unconscious. After you are safely under anesthesia, we will carefully position you and perform the operation.

The Recovery Room: After surgery, you will be moved to the recovery room. You will be in the recovery room for about 2 hours before being moved to a regular hospital room. You should start walking and using your incentive spirometer as soon as you are awake. Your surgeon will give your support person an update as soon as you are out of surgery.









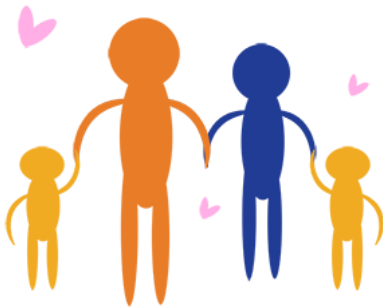
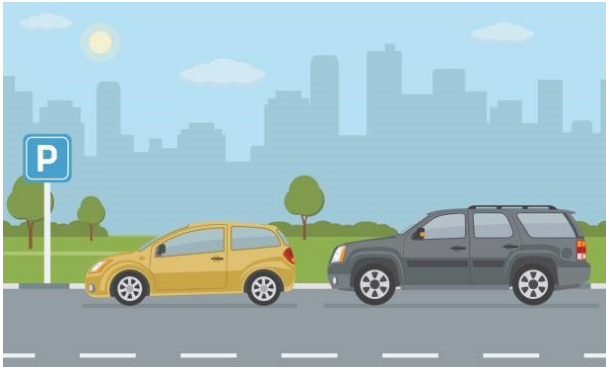
Your Time in the Hospital: After Surgery

<p>How will you feel</p>	<p>When you wake up, you will feel groggy as the anesthesia wears off. You may also have some pain or feel bloated – this is normal. Walking around will help with the bloating. <u>If your pain is preventing you from walking or taking deep breaths, ask your nurse for more pain medication. Sometimes, people feel dizzy or have blurry vision; please let your nurse know if this happens.</u> You may notice you have to urinate more than usual. It takes about 3 days to get rid of the extra fluid we gave you during surgery.</p> <div data-bbox="386 651 946 987">  </div> <div data-bbox="982 667 1174 955">  </div> <div data-bbox="1224 701 1461 938">  </div>
<p>When can you start drinking</p>	<p>You can start drinking 1 ounce (one medicine cup) of ice/water every 15 minutes as soon as you are awake enough to drink. You must sip slowly and not drink more than 4 ounces per hour until further instruction.</p> <div data-bbox="1265 1113 1461 1293">  </div>
<p>Walking/ Exercise</p>	<p>Walking lowers the chance of blood clots and pneumonia. The first time you get out of bed is usually the hardest, so ask someone to help you. You should start walking as soon as you are awake enough in the recovery room. You should continue to walk around the unit every 1-2 hours while you are awake. You must exercise your feet and legs every hour, even while lying in bed, to lower the risk of blood clots. While in bed, you can exercise by pointing and flexing your feet, as if you are pushing a gas pedal on a car. <u>Getting out of bed and walking is the best way to exercise your legs and circulate blood.</u></p> <div data-bbox="488 1778 1380 1938">  </div>




Your Time in the Hospital: After Surgery

Leg compression devices	<p>You must wear compression devices on your legs while you are sleeping or resting in bed. You can take off the compression devices while walking, sitting, or using the bathroom. These help prevent blood clots.</p> 
Deep Breathing	<p>You will need to breathe deeply and cough. Use the incentive spirometer every hour when you are awake during your hospital stay. You should take at least 10 slow, deep breaths with the device each hour. Breathing deeply helps your lungs expand, which helps lower your risk of pneumonia.</p> <p><u>Use incentive spirometer</u> <u>10 times an hour.</u></p> <p>A good way to remember is to do several deep breaths at every commercial break as you watch TV!</p> 
Family/ friends	<p>Arrange for a responsible adult (spouse, family member, or close friend) to drive you to the hospital and stay at the hospital until you are out of surgery. Someone must pick you up from the hospital to be discharged – please make a plan. You cannot leave the hospital by yourself.</p>

Leaving the Hospital and Going Home




<p>Length of Stay</p>	<p>Most people will spend 1-2 nights in the hospital. You will be able to go home when it is clear that you can tolerate at least 4 ounces of fluid every hour, your pain is controlled, and you are not having any problems.</p> <div data-bbox="407 415 1430 758">  <p style="text-align: center;">Wong-Baker FACES® Pain Rating Scale</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  0 No Hurt </div> <div style="text-align: center;">  2 Hurts Little Bit </div> <div style="text-align: center;">  4 Hurts Little More </div> <div style="text-align: center;">  6 Hurts Even More </div> <div style="text-align: center;">  8 Hurts Whole Lot </div> <div style="text-align: center;">  10 Hurts Worst </div> </div> </div>
<p>Preparing your home</p>	<p>Give some thought to your home and grocery needs before surgery:</p> <ul style="list-style-type: none"> • You need to have protein drinks at your home to drink after surgery. • It can be helpful to have someone stay with you at your home for the first few days after surgery. <div data-bbox="537 1014 1344 1339">   </div>
<p>Drive home</p>	<p>You will need someone to drive you home from the hospital. If you live more than 60 minutes from the hospital, you must get out of the car every 60 minutes and walk around the car 3 or 4 times. You are still at a high risk for blood clots. When you are sitting in the car, you can exercise by pointing and flexing your feet — pretend you are pushing the car's gas pedal and then lift your toes toward your knees.</p> <div data-bbox="836 1535 1438 1898">  </div>

Leaving the Hospital and Going Home

Activity	<ul style="list-style-type: none"> • Do not lift anything heavier than 10 pounds until your surgeon says it is okay (usually 4 weeks for gastric bypass and 6 weeks for sleeve). Your incisions need time to heal. Lifting too early can put you at risk for a hernia, which is when an organ or tissue squeezes through a weak spot in the abdominal wall. • You may go up and down stairs. • You may drive when you have had no pain medicine for 24 hours and are able to move around comfortably in the vehicle. • The only exercises that are allowed for the first 2 weeks are walking and riding a stationary bike. You should walk as much as you feel you can, as soon as you go home. • Do not stand or sit in the same position for long periods of time. • You should use your incentive spirometer until you are back to your normal activity level. Do 10 slow, deep breaths, 4 times a day. <div data-bbox="532 913 753 1268">  </div> <div data-bbox="993 892 1305 1283">  </div>
Sexual Activity	<p>You may have sexual activity when you feel physically able. For people with pregnancy potential, use 2 reliable methods of birth control to keep from getting pregnant. To give your body time to heal, you should not get pregnant for 18 months after surgery.</p>
Returning to work	<p>Most patients return to work 2 weeks after surgery, but every patient is different. If you need a return-to-work note, please ask us at your first post-operative clinic visit. At that visit, we will have a better idea of how you are doing and when you can return to work.</p> <div data-bbox="1143 1575 1451 1881">  </div>

After Surgery

Knowing what to expect as you recover can make the process easier and less stressful. Below you will see a list of symptoms you may have during recovery, and tips on dealing with them.

<p style="text-align: center;">Pain</p>	<p>You may have soreness or pain after surgery. We recommend using your abdominal binder, if it feels comfortable. If it makes your discomfort worse, please feel free to remove it. Also, we will provide you with multiple medications for pain. We will review these medications with you individually before you leave the hospital. If you are given a narcotic medication, it will be important to stop this medicine first as you recover, as it can cause severe constipation.</p>
<p style="text-align: center;">Constipation</p>	<p>Constipation can be a serious complication of surgery. It can be caused by drinking less fluids, taking pain medicine, and being less active. Once your diet is advanced to softer foods, your bowel movements should become more consistent. You need to make sure you are taking in at least 64 ounces of water every day to stay hydrated and keep from getting constipated. If you do not have a bowel movement for 3 days, contact us. You may take Milk of Magnesia, Dulcolax, Magnesium Citrate, or Smooth Move Tea according to the directions on the bottle to help get your bowels moving again. If you are more than one month post-op, Miralax is a better option. Walking will help the bowels work better. Remember to walk a lot.</p> <div style="text-align: center;">    </div>
<p style="text-align: center;">Diarrhea</p>	<p>Diarrhea can have many causes. Please contact us if you have diarrhea.</p>

After Surgery

<p>Feeling sick to your stomach (nausea)</p>	<p>You may have nausea, but it usually goes away soon after surgery. Most of the time nausea is caused by not having enough fluids in your body (dehydration). You need 64 ounces of water every day. Some patients feel nauseated because of sinus drainage and may throw up clear, frothy mucus. Drinking a cup of warm decaf tea first thing in the morning can help clear the drainage from your pouch. If you continue to throw up, call the office.</p> <p>Other causes of nausea include increased sensitivity to odors, eating and drinking too quickly, drinking with meals, and increased acid in the stomach. Sometimes decaf herbal tea with ginger, mint or chamomile can help calm your stomach. Sensitivity to odors will go away with time. Do not drink carbonated beverages and do not sip through a straw!</p>
<p>Throwing Up (vomiting)</p>	<p>Vomiting is usually caused by eating too quickly, taking large bites of food, not chewing food well enough, drinking during meals, and over-eating. You will feel full quickly after surgery. Take your time, take dime-sized bites, and chew your food well. Call the office if you vomit, especially if you have pain with vomiting. Vomiting can lead to dehydration, which can be a serious health problem (see page 42).</p>



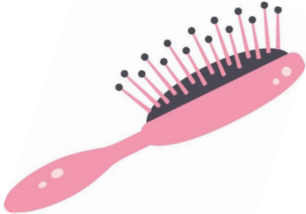
Caffeine-Free Tea



AVOID:



After Surgery

Bruising or Swelling	Some bruising and swelling is normal after surgery. Contact us if you have a lot of bruising or swelling or if it gets worse. You may feel a small lump in the incision; this is normal.
Hair loss	<p>Hair loss is common with rapid weight loss. The hair loss is temporary and your hair should grow back. Hair loss usually begins around three months after surgery and lasts until around nine months. Good amounts of protein along with a wide variety of healthy foods will help correct hair loss. You may take an over-the-counter hair growth supplement. If you feel you need this, contact your dietitian.</p> 
Scars	It is normal for your scars to be red or dark pink. Scars are red because blood vessels are still working in the healing process. It takes the scar about a year to completely heal.
Numbness	Nerves to the skin are sometimes cut with surgery. It is normal to experience numbness at the incision site. Sensation at those areas will return slowly over time.
Decreased Energy	It is normal to feel tired after surgery. You must keep in mind that you have just undergone major surgery. Drinking lots of water and walking as you are able will help improve your energy. Once you are able to incorporate protein, this will also help your energy levels.



After Surgery

If you are concerned that your symptoms are not normal or are getting worse, please call the clinic at: (504) 988-5110.

Please remember to call us right away if you have:

- A temperature of more than 101° F (38.3° C)
- Increased redness or swelling at your incision sites
- Cloudy or bloody drainage from the incision
- Pain not improved by your pain medicine, or worsening pain
- Vomiting
- Diarrhea
- Shortness of breath
- Heart racing or palpitations



Exercise

Exercise will improve weight loss, tone muscles, and reduce loss of muscle mass. A recent study showed that exercise is the most important factor in maintaining weight loss. **Don't wait until you have hit a plateau to include exercise in your daily routine!**

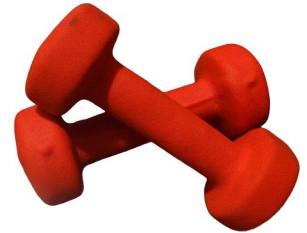
Remember that exercise should be approved by your physician.

In General:

- 20-30 min of activity per day

Aerobic Activity:

- 150 minutes of moderate aerobic activity per week OR
- 75 minutes of vigorous aerobic activity per week
- 1 minute of vigorous activity provides similar health benefits as 2 minutes of moderate activity



Strength Training:

- All major muscle groups at least 2x/week (legs, hips, back, abdomen, chest, shoulders, arms)

Reduce Sitting Time:

- Stand every 30 minutes to reduce health risks and improve longevity (sitting is the new smoking!)

To Start:

- Figure out what you like and are most likely to do
 - Do you prefer to work out with others?
 - Do you want to exercise before, during or after work?
 - Do you like to dance, swim, lift weights, ride a bike? Figure out what you want to do.
 - Set a specific, reasonable goal (ex. Sign up for a 5K and start walk/jogging at least 2x/week).

To Stay Focused and Maintain a Habit:

- It takes about 30 days to form a habit, so stay consistent for about a month
- Put your clothes out the night before or change to gym clothes at work
- Pair exercise with non-food rewards (ex. do you like Netflix? Allow yourself to watch ONLY if you go to the gym)
- Park further away in the parking lot and walk to your destination
- March in place during TV commercials
- Listen to your favorite motivational music as you exercise
- Take a flight of stairs instead of the elevator
- Keep a record or journal to hold yourself accountable
- Ask a friend or family member to participate with you
- Vary workouts to alleviate boredom
- Develop specific, realistic, and achievable goals
- Check out exercise apps on phone




WEEKLY FOOD AND EXERCISE LOG

GOALS:

	SUN	MON	TUE	WED	THU	FRI	SAT
Date							
Breakfast							
Lunch							
Dinner							
Snacks							
Calories							
Protein							
Water	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Exercise							







Patient Portal

The Patient portal is not intended for use in emergencies. If you require urgent or immediate medical care, call 911



What are my Patient Benefits?

With Patient Portal, you have access to:

-  **Appointments**
View your current clinic appointments. You may also send requests to set up, cancel or reschedule appointments for yourself.
-  **Lab Results**
Access and view clinic ordered lab results once your physician has reviewed them.
-  **Medical Records**
View personal health records of your clinic visits.
-  **Education**
Receive educational materials concerning your healthcare.
-  **Messages**
Send and receive messages to and from clinic staff concerning your health. All messages sent will become part of your medical record.
-  **Reminders**
Receive health reminders.

Multiple features for Your Convenience!


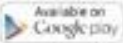
Tulane Health System Clinics are offering our patients easy and private access to their medical information online.

- View your clinic health record.
- Communicate with your physician regarding your health.
- Health reminders about clinic appointments, etc.
- Access on a smart phone or anywhere you have internet access.

Once you have registered for the Patient Portal— put your healthcare in the palm of your hand with the healow Mobile App


Your health & online wellness platform

Download the **FREE** healow app!


 

Search for **Healow** on the App Store or Google Play

Scan to download Android app




Scan to download iPhone app



Find us using our unique practice code on the healow app

HHFGAA



How do I Get Web-Enabled?

Once an email address is provided you should be automatically enabled and will receive a welcome email with your user name and temporary password. You may also send a request via our email address at TUHC.eCWPatientPortal@hcahealthcare.com.

<https://health.eclinicalworks.com/TulaneMedical>

The Patient Portal is not intended for use in emergencies. If you require urgent or immediate medical care, call 911.

BARIATRIC SUPPORT

Tulane Bariatric Center

The Tulane Health System Bariatric Surgery Support Group meets monthly to assist patients throughout their weight loss surgery journey. Research shows participating in a support group during the preparation process and following the procedure results in an **additional 10% or more** in weight loss.

Benefits of Our Bariatric Support Group

- Education about bariatric surgery
- Nutrition and exercise information
- Proper use of nutritional supplements
- Support from those going through the same life change



Join us as we share our experience and expertise.

What: Bariatric Support Group

When: Second Monday
Every Month 5:30 pm

Where: Surgery Clinic, 6th Floor
1415 Tulane Ave.
New Orleans, LA 70112
504-988-5263

Tulane
Health System

NUTRITION

Part 1:

Preparation and Important Changes

Nutrition Changes for Surgery: Start Now

Surgery is a tool for weight loss, not an easy fix. To be successful with losing weight and keeping it off, you must change your eating and exercise habits and **start practicing now. You will need to make these changes and reach your weight loss goal/or not gain any weight over the duration of the program.**

EATING CHANGES

Utilize the Plate Method and begin reducing starch intake: We recommend using The Plate Method as a guide to help with weight loss, to create healthy eating habits, and prepare you for diet after surgery. Use a dinner plate no more than 9-10 inches in diameter. Make half of your plate non-starchy vegetables, choose 3 ounces of lean protein, and limit starches. Always start by eating PROTEIN FIRST, NON-STARCHY VEGETABLES SECOND, and if you still feel hungry, STARCH THIRD (page 40). **You will work your way towards STARCH FREE a minimum of one month prior to surgery** (page 54).

EAT 3 meals per day (may have additional snacks to meet protein goals):

You will not be able to fit your daily protein needs in one meal, it is best to start practicing eating 3 meals a day now. Your body needs protein to heal. You may supplement with snacks to achieve protein goals.

Plan your meals and snacks and measure portions: Preparing for your meals will allow you to have quick healthy choices when you are hungry. Understanding food labels (page 43) and measuring portions will help you understand exactly what you are eating. You should use the nutrition facts label to help determine portion size, which will also help prevent under/over-eating. You should avoid eating between planned meals and snacks.

Avoid foods that are high in sugar and fat: The foods on the following list should be avoided because they hinder weight loss and can cause dumping syndrome after surgery (page 44).

- Breaded and/or fried foods (including fried seafood)
- High-fat meat (bologna, salami, pepperoni, hot dog, bacon, sausage, andouille, boudin, etc.)
- Added fat used in cooking (butter, oil, grease, lard, pickled meats, etc.)
- Salad dressings, creamy sauces, and gravies
- Smoothies and fruit juice
- Sweets and desserts (cakes, ice cream, frozen yogurt, cookies, candy, etc.)
- Full-fat condiments (mayonnaise, salad dressings, sauces, gravies, etc.)

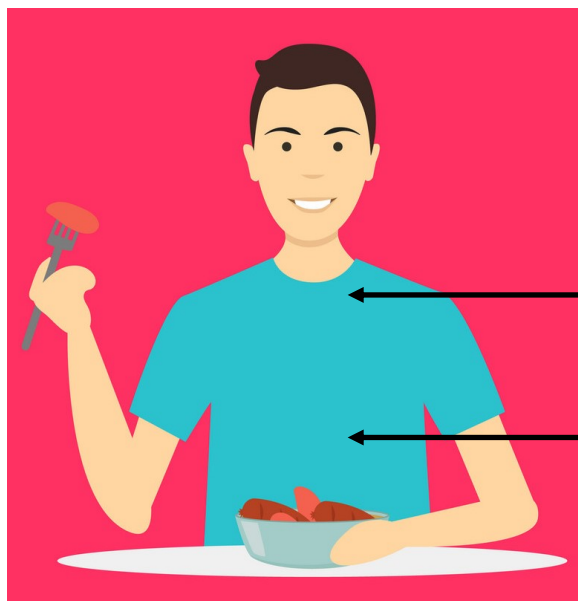


Eating Changes: Continued

Chew your food thoroughly: Eating too quickly and chewing incompletely will cause pain, vomiting, and irritation to your new pouch. You should take small bites and chew each bite 25-30 times until it has an “applesauce” consistency prior to swallowing. Your new stomach will be much smaller than its original size, and food will pass easier if it is chewed very well.

Eat slowly: It is best if meals take 30-40 minutes to eat. Try putting your utensils down after each bite to help slow the process down and prevent overfilling your stomach. This will help reduce complications and the feeling of food being stuck. However, eating should not take longer than 40 minutes; otherwise you are at risk of eating too many calories.


Avoid overeating: It is extremely important to stop eating at the first sign of fullness. Your meal portions may range from 1/4 cup-1/2 cup for the first few months after surgery. Overeating can lead to discomfort, vomiting, and stretching of your stomach. The difference between comfort and discomfort can be one bite. You will have to re-learn the feelings of fullness and hunger with your new pouch after surgery. Start developing your mind-body connection today. If food feels like it is stuck sit up straight, walk to help move it through and try a papaya enzyme to help break it up.




Don't wait until
you are full here

Stop when you
feel full here


Drinking Changes

Drink fluids slowly: After surgery **you will not be able to gulp or chug fluid**. Gulping more than 1 ounce of liquid may cause pain; this will require you to slowly sip fluids all day.  **Do not drink your liquids with a straw after your surgery**, as air will be swallowed, causing painful gas and irritation to the stomach.

Eat without drinking: Starting with the soft food phase of the diet, **do not drink 30 minutes before you eat and do not drink until 30 minutes after you finish eating**. Drinking prior to your meal will fill your pouch and prevent you from eating enough food. Drinking during or after meals will flush the food too quickly out of your pouch and cause you to become hungry faster and possibly eat too many calories. This is explained very well in this YouTube video: <https://youtu.be/xR0VM3mmsgM>

Cut down on caffeine and carbonated beverages: Caffeine acts as a diuretic and can irritate the lining of the stomach. You should **eliminate caffeine for the first month, after surgery** and should limit to 16 ounces (2 cups) per day after that. You will not be able to have carbonation after surgery, carbonated (bubbly) beverages release gas that can cause pain as the pouch expands.  **Cutting carbonation from your lifestyle will be a permanent behavior.**

Choose low-calorie beverages: All beverages except protein drinks should have fewer than 10 calories per serving. Calories from drinks can add up quickly and can cause weight gain. Always read food labels, because even healthy looking drinks may have many calories and a lot of sugar (page 43).

 **Avoid Alcohol After Surgery:** It is recommended that you avoid alcohol after surgery because it...

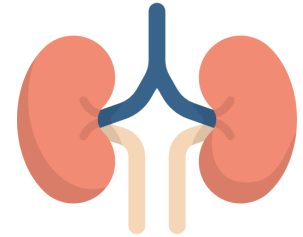
- Increases operative risks
- Is high in calories, dehydrating, and has no nutritional value
- May reduce maximal weight loss success
- Is rapidly absorbed after surgery and your sensitivity (tolerance) levels are reduced
- Can cause Dumping Syndrome because of high sugar content

Avoid alcohol for the first 1 year after surgery. If you choose to drink, do so in moderation (1 drink, 1-4 times a year). Once again, your tolerance will likely be very low, so be careful trying alcohol again.

Other Nutrition Changes

Find supplements/protein you like: After surgery you will need to take vitamins; including a multivitamin, calcium citrate, and possibly other supplements. Start taking your multivitamin now (page 46) to make sure your vitamin levels are normal before surgery. Begin sampling calcium citrate options (page 47) and protein drinks/mixes (page 49) to make sure you know which brands you like before surgery. You will need to take Calcium citrate and a bariatric approved multivitamin for **THE REST OF YOUR LIFE**.

Renal Patients: If you are following a Renal diet, continue following your specific recommendations with the addition of Plate Method guidelines. If you are being followed by a Dialysis Center or a Renal Provider, please speak with that medical team regarding protein goals, fluid needs, and vitamin/mineral recommendations after bariatric surgery.



Food Journal: It is extremely important to know what you are eating. Many people lose weight just by understanding how many calories are in their food. You should bring your food journal to each appointment to help your surgeon and dietitian understand how to help you improve your weight loss experience.



Exercise: Your weight loss will be greater if you can incorporate exercise into your daily routine. You do not want to hurt yourself; therefore it is important to start slowly. The exercise goal for sustained weight loss maintenance is about 150 minutes per week (page 30).



Detoxify your kitchen: Clean out your kitchen cabinets. Get rid of foods that might tempt you after surgery. It is important that you include your family (or members of your support system) in this process. Educate them on foods that are part of your bariatric diet plan and foods that are not.



Have a good support system in place: There are many adjustments to make after surgery. It is very common for some family and friends to express concerns about surgery. Look for an understanding and supportive friend, family member, co-worker, etc. with whom you can talk. Our support groups are a great place to find support as well. Developing a healthy relationship with food, learning to manage stress, and improving self-esteem may call for the help of a professional counselor.



NUTRITION

Part 2:

Plate Method

(Start Now)

The Plate Method

Protein

*Choose 3-4 oz
(size of a deck of cards)*

- Lean meat
- Chicken
- Turkey
- Fish
- Shellfish
- Eggs
- Cottage Cheese

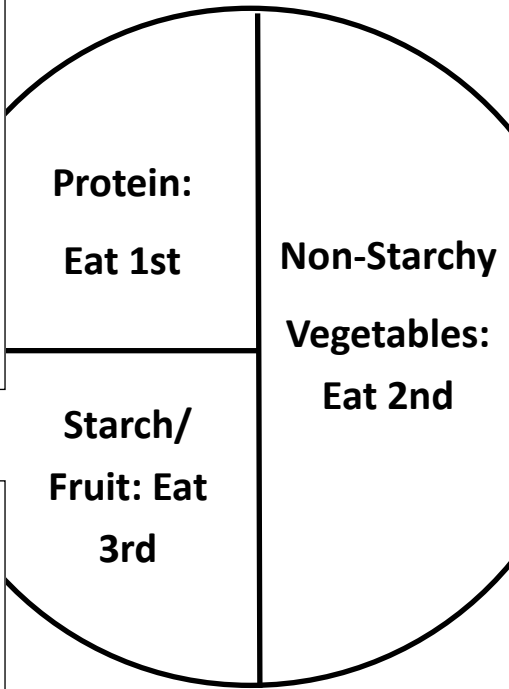
See page 41 for longer list

Starch/Fruit

Limit to 1 serving

- **Fruit**, ½ cup or 1 small fruit
- Dried fruit, 2 Tbsp
- Corn, ½ cup
- Green peas, ½ cup
- Potato, ½ cup, or ½ medium
- Sweet potato, ½ cup
- Cereal, ¾ cup
- Oatmeal, ¾ cup
- Beans, ¾ cup
- Grits, ½ cup
- Bread, 1 slice or 1 roll
- Biscuit, 1 small
- Waffle 1 small - 4"
- Tortilla, 1 small – 6"
- Pasta, 1/3 cup
- Rice, 1/3 cup
- Crackers, 5
- Popcorn, 1 cup

See page 54 for longer list



Non-Starchy Veggies

Should fill half your plate

- Artichokes
- Asparagus
- Bamboo shoots
- Bean Sprouts
- Beets
- Broccoli
- Brussel Sprouts
- Cabbage
- Carrots
- Cauliflower
- Celery
- Cucumbers
- Eggplant
- Green beans
- Greens
- Mushrooms
- Leeks
- Okra
- Onions/green onions
- Parsnips
- Peppers all varieties
- Radishes
- Rutabaga
- Salad Greens
- Sprouts
- Squash (crookneck, summer)
- Sugar snap peas
- Swiss chard
- Tomato
- Turnips
- Zucchini

We recommend using the plate method as a guide to help with weight loss and to create good eating habits prior to surgery. Use a dinner plate no more than 9-10 inches in diameter.

Protein Sources

<u>Poultry</u>	<u>Fish</u>	<u>Shellfish</u>	<u>Lean Meats</u>	<u>Deli Meats</u>
3 oz = 25g pro	3 oz = 21g pro	3 oz = 18g pro	3 oz = 25g pro	3 oz = 15g pro
				
Chicken Cornish Hen Turkey Ground Turkey	Flounder Mahi Mahi Redfish Mackerel Sea Bass Snapper Trout Tuna Catfish Cod Salmon Tilapia	Lobster Shrimp Crab Mussels Oysters Crawfish Clams Scallops	Beef Pork Lamb Veal Venison Elk Buffalo	Roast Beef Pastrami Ham Turkey Chicken Canadian bacon
<u>Eggs</u>				
				
1 egg = 6g Egg substitute (1/4cup) = 6g				
<u>Dairy</u>	<u>Starches with some protein</u>			
Milk (1cup) = 8 g				
Dried milk (1/3cup) = 8 g				
Fair life milk (1cup) = 13 g				
Plain Yogurt (6oz) = 8 g				
Greek yogurt (6oz) = 16 g				
Hard cheese (1oz) = 7 g				
Soft cheese (1oz) = 6 g				
Cottage Cheese (1/4cup) = 7g				
<u>Soy</u>	<u>Other</u>			
Soy milk (1cup) = 5-7g				
Tofu (1/4cup) = 10g				
Tempeh (1/4cup) = 15g				
TVP (1/4cup) = 12g				
				

Meeting Protein Needs

Daily Protein Needs: 70-100 grams

Each meal should include 20-30 g of protein (size of a deck of cards).

Protein is extremely important for healing after surgery, maintaining muscle, preventing hair loss, and preventing hunger between meals. Eat protein **FIRST** at all meals and snacks.

Protein Tips:

- Look for **LEAN** options on the label: ground lean, tenderloin, tip, loin, sirloin, round, flank, roast, chop, shank, cutlet, shoulder, 90/10, 93/7, and 97/3.
- Choose: baked, broiled, braised, grilled, seared, smoked, steamed, and pressed. **AVOID FRIED!**
- Add **meat, poultry, fish, soy/tofu and eggs** to veggies, soups, and salads.
- Use **plain Greek yogurt or cottage cheese** instead of mayo, sour cream, cream cheese, and heavy cream in tuna salad, egg salad, chicken salad, dips, soups, sauces, and hot cereals.
- Add **non-fat dry milk powder or unflavored protein powder** to sauces, soups, sugar-free pudding, low-sugar yogurt, and hot cereals.

Meeting Fluid/Hydration Needs

Daily Fluid Needs: 64 oz of sugar free/decaffeinated fluids daily

This goal may be different for you if you are on a provider-recommended fluid restriction.

Maintaining proper hydration is important to prevent dehydration. Dehydration is the loss of body water and is a risk for you, especially during the first few months following surgery and in the warm months.

Dehydration Symptoms:

- Nausea
- Sluggishness
- Constipation
- Lightheadedness
- Muscle cramps
- Dark-colored urine
- Urinating < 4 times/day
- Small amount of urine
- Strong feeling of thirst and/or dry mouth (often occurs too late)



Tips to maintain proper hydration:

- Drink fluids all throughout the day
- Try to get at least ½ cup to 1 cup (4-8 oz) of fluid each hour
- Always keep fluids with you
- Always sip slowly and avoid straws
- Drink more on hot days and when exercising
- Never leave home without your water bottle!
- No carbonated beverages
- No sugar-sweetened beverages
- Be calorie-conscious
- Limit caffeinated drinks to 2 cups per day



Nutrition Labels

Learning how to read a food label is important for lifelong success. **ALWAYS** read food labels.

FAT: 35 grams per day or less. Fat should be lower than protein per serving.

Limit foods that have more fat than protein, such as bologna, salami, boudin, pepperoni, hot dogs, bacon, sausage, peanut butter, nuts, seeds, and full-fat dairy

FIBER: When eating starch, look for foods higher in **FIBER**, aiming for 25-38 grams daily.

SUGAR: Everything should be 5 grams or less of **TOTAL SUGAR** (per serving) **EXCEPT** yogurt or fruit products, these should be less than 10 grams of sugar. All drinks should have 1 gram of sugar or less. Don't assume a product does not contain sugar. See Dumping Syndrome on page 44.

SERVING SIZES: Are usually less than most people think. Make sure you account for servings per container.

Nutrition Facts	
2 servings per container	
Serving size 1 1/2 cup (208g)	
Amount per serving	
Calories	240
	% Daily Value*
Total Fat 4g	5%
Saturated Fat 1.5g	8%
Trans Fat 0g	
Cholesterol 5mg	2%
Sodium 430mg	19%
Total Carbohydrate 46g	17%
Dietary Fiber 7g	25%
Total Sugars 4g	
Includes 2g Added Sugars	4%
Protein 11g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 6mg	35%
Potassium 240mg	6%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

CALORIES: There is no precise measurement of calories after surgery, however, it is likely you will end up between 800-1200 calories per day. Use the Baritastic App to track your nutrition!

% DAILY VALUE: Based on a 2,000 calorie diet. Do not focus on percentages, focus on grams of nutrients.

CARBOHYDRATES: <50 net per day during starch free and 50-100 grams per day after 6 months OR remove all starches and automatically be low carb. See page 54.

Net Carbs = Total Carbs MINUS Fiber and Sugar Alcohols

PROTEIN: 70-100 grams per day, 25-35 grams per meal. Look for products with more grams of **PROTEIN** than grams of sugar and fat.

A **GOOD** source of protein has at least 8 g of protein per 100 calories.



TIP: Most restaurants offer nutrition facts online. Look up some of your favorite food choices and see if there is something lower in calories, fat, and sugar that would be just as satisfying.

Dumping Syndrome and Hypoglycemia

What is Dumping Syndrome?

Dumping syndrome is a group of symptoms that occur when food or liquid passes too quickly from the stomach into the small intestine. When foods that are high in sugar are eaten, the intestines have to dilute this mixture by drawing in extra fluid, which causes feelings of cramping, bloating, and diarrhea. The loss of fluid from the rest of your body can cause a drop in blood pressure and additional symptoms listed below. The symptoms may occur 15-60 minutes after eating and can last as long as two hours.

Who is at risk for Dumping Syndrome?

It occurs more often after Roux-en-y Gastric Bypass, but it can also occur after Sleeve Gastrectomy.

What causes Dumping Syndrome?

Eating foods that have >15 g of sugar per serving will usually cause it.

How can I prevent Dumping Syndrome?

You want to do everything you can to prevent this syndrome. It is important to read food labels and avoid foods with >15 g of sugar per serving. Additionally, drink your fluids between meals instead of with food.

What symptoms can occur with Dumping Syndrome?

Dizziness/weakness
Rapid heart rate
Drop in blood pressure
Headache
Shaking
Sweating
Nausea
Gas/bloating
Diarrhea
Hypoglycemia (low blood sugar)

Hypoglycemia (Low blood sugar)

What do I need to know about hypoglycemia?

After gastric bypass surgery, you may experience hypoglycemia (low blood sugar <70), which can cause similar symptoms to Dumping Syndrome. Drops in blood sugar can be prevented by:

1. EATING 3 meals per day (DO NOT skip meals)
2. Including protein and carbohydrates (low-sugar) at every meal
3. Avoiding sugary beverages and simple sugars (see Foods to Avoid list below)

What should I do if I experience hypoglycemia (blood sugar <70)?

If you experience hypoglycemia (**blood sugar below 70**) or have symptoms, then...

1. Eat glucose tablets to total 15 g
2. Eat 15 g of protein (see protein list)
3. Wait 15 minutes and recheck your sugar
4. If your blood sugar is still below 70 after 15 minutes, start over at step 1

The body will be able to process the protein and help convert it into sugars that your body needs. Glucose tablets are better than other forms of sugar because they do not have the additional fat and calories. Glucose tablets can be dissolved in an unconscious person's mouth. If you are on diabetic medication, talk to your healthcare provider about adjusting your dose. **Please contact the Tulane clinic if you experience these symptoms.**

What foods should I avoid to prevent Dumping Syndrome and Hypoglycemia?

- Foods with >15 g sugar per serving
- Ice cream/sorbet
- Cookies/cake/icing/candy/pie
- Syrups/honey
- Soda/sweet tea/fruit juice/fruit drinks
- Cereal/crackers/chips
- Large quantities of fruit
- Chocolate milk/hot chocolate
- Applesauce with added sugar
- Yogurts with >15 g sugar
- Shakes/smoothies with >15 g sugar
- Most desserts

NUTRITION

Part 3:

Required

Supplements

Required Vitamin/Mineral Supplements

For the first 4 weeks after surgery, supplements need to be chewable, liquid, powder, crushed or crumbled. You will need to take these two every day for the rest of your life.

Multivitamin

- Your multivitamin should have:
 - Thiamin
 - 400 mcg folic acid
 - 18mg iron
- Purchase Chewable Flintstones Complete or approved chewable multivitamin for at least the 1st month post-op, on pg 47.
- Take **2 servings of multivitamin**, 1x/day with a meal.
- Separate from Calcium Citrate by at least 2 hours.
- **Do not purchase Gummy Vitamins**



Calcium Citrate + Vitamin D

- Purchase **Liquid or Chewable** for at least the 1st month post-op, approved list on pg 47.
- Supplement 1200-1500mg total daily.
- Take **2-3 separate times** per day, with meals, since body can only absorb 500-600mg at one time.
- Separate from multivitamin.
- Make sure it is Calcium **Citrate**.

Supplement Facts		
Serving Size 1 Tablespoon (15 mL)		
Servings Per Container 32		
Amount Per Serving		% Daily Value
Calories	5	
Total Carbohydrate	1.5 g	<1**
Sugars (as fructose)	1.5 g	
Includes 1.5 g added sugars		3**
Vitamin D3 (as 400 IU cholecalciferol)	10 mcg	50
Calcium (as citrate)	600 mg	46
Magnesium (as citrate, aspartate)	300 mg	71
**Percent Daily Value based on a 2,000 calorie diet.		

Sample Schedule:

Take 500 mg calcium with each meal and **2 servings** of multivitamin with a snack

- or -

Breakfast – take 2 servings multi – Lunch – take 500 mg Calcium –

Dinner – take 500 mg Calcium – Before Bed – take 500 mg Calcium

TIPS: download Baritastic app for reminders, set 2 hr. alarms on phone, have set of supplements at work and home.

Approved Bariatric Vitamins

Approved Multivitamins

Chewable (for at least 1st mo post-op)

- Flintstone Chewable Complete
- Centrum Adults Under 50 Chewable (NOT Centrum Silver)
- Bariatric Advantage Multi EA
- Bariatric Essential Multi
- DEKAs Bariatric Chewable Multi
- Celebrate Multi-Complete Chewable
- Opurity Bypass and Sleeve Optimized Multi
- ProCare Health Bariatric Chewable

Pills (may start one month post-op)

- Bariatric Advantage Ultra Multi with Iron
- Centrum Adults Under 50 Tablets (NOT Centrum Silver)

Alive!

- Daily Energy
- Ultra Potency
- Women's Ultra Potency

Nature Made

- Multi Complete
- Multi for Her
- Multi Prenatal

One A Day Women's Petite

Approved Calcium Citrate

Chewable (for at least 1st mo post-op)

- Bariatric Advantage Chewable Tablet
- Bariatric Advantage Chewy Bites
- Calcet Creamy Bites
- Celebrate Calcium Citrate soft chews
- Celebrate Calcium Citrate Chewable tablet
- Opurity Calcium Citrate Chewable

Liquid (for at least 1st mo post-op)

- Wellesse Liquid Calcium Citrate
- Bluebonnet Liquid Calcium Citrate
- Solgar Liquid Calcium Citrate
- Natures Blend Liquid Calcium Citrate



Pills (may start one month post-op)

- Citracal Regular
- Citracal Petite
- Bariatric Advantage Calcium Citrate Non-Chewable Tablet
- Celebrate Calcium PLUS tablet

Additional Vitamin Guidelines

- Calcium and iron (in the multivitamin) bind, so don't take them together. Separate calcium and multivitamin/iron by at least 2 hours.
- **Avoid Gummy Multivitamins, Men's Vitamins, Older Adult and "Silver Vitamins".**
- Avoid herbs and herbal extracts without talking to your healthcare provider first.
- Avoid taking vitamins on an empty stomach, and use water to swallow your pills.
- Choose the fewest number of other ingredients (e.g. sugars, herbs, caffeine, etc.).
- Check the expiration date and use by this date.
- Store vitamins in a cool, dry place. Humid places (e.g. fridge or bathroom) and direct sunlight can destroy vitamins.

Additional Supplements May Be Needed

Monitoring for Deficiencies

You will have your lab work taken at regular intervals before and after surgery, either at Tulane or with your primary care provider. Your lab results will determine if you need additional supplements.

Vitamin B12	<ul style="list-style-type: none">• Many patients require a Vitamin B12 supplement at some point. We will monitor your labs regularly and will let you know if you need to add this.• Vitamin B12 is available in many different forms:<ul style="list-style-type: none">• Sublingual (under tongue)• Tablet• Nasal Spray, available by prescription• Injections, done by your PCP
Iron	<ul style="list-style-type: none">• Risk of iron deficiency is most common in pre-menopausal women.• Others can be at risk as well due to poor intake and impaired absorption.• Need 36 mg daily from your multivitamin or a separate iron supplement.• Menstruating women will need 50-100 mg total iron per day.• You will need iron in the form of “Ferrous Fumarate”• May need Vitamin C (or ascorbic acid) with iron to help your body absorb iron
Vitamin D	<ul style="list-style-type: none">• Vitamin D is a common deficiency after surgery.• Make sure you are getting at least 1000 IU of Vitamin D from your calcium supplement. If not, take an additional Vitamin D supplement.• Best absorbed when taken with food.
Thiamine (same as Thiamin or vitamin B1)	<ul style="list-style-type: none">• Thiamine is stored in your body and depletes after 2-3 weeks.• Severe deficiency can cause nausea and vomiting.• Check your multivitamin to make sure it has thiamine.
Hair loss and supplements	<ul style="list-style-type: none">• May occur after surgery and usually improves after a few months.• To help reduce hair loss and help with regrowth:<ul style="list-style-type: none">• Eat enough protein and take your supplements.• Add 2-5 mg of biotin or take a specialty hair supplement like BioSil.• Add fish oil supplements.
Kidney Patients	<ul style="list-style-type: none">• If you have a renal dietitian, please consult with them for recommendations on vitamins and supplements or provide us with their contact information



Recommended Protein Supplements

Protein supplements are needed during the full liquid diet, before and after surgery.
After that, they are only used if you are not reaching protein goals.

Check the label for the following:

- ✓ 20-40 grams of protein
- ✓ <200 calories per serving
- ✓ <10 grams of carbohydrates
- ✓ Caffeine free/Carbonation free
- ✓ <5 grams of sugar
- ✓ Whey Protein ISOLATE is best absorbed

Approved Protein Powder Options

Whey Protein Isolate

- Premier Protein, 30g 2 scoop
- Body Fortress Isolate Protein, 30g 1 scoop
- ON Platinum Hydro Whey, 30g 1 scoop
- ON Gold Standard Whey, 24g 1 scoop
- GNC Pro Performance Whey, 24 1 scoop
- GNC AMP Pure Isolate, 25g 1 scoop
- GNC Wheyboldic, 20g 1 scoop
- Ghost Protein, 25g 1 scoop
- Now Sports Whey Isolate, 25g 1 scoop
- biPro Renew Whey Isolate, 23g 1 scoop
- Garden of Life Organic Whey, 24g 1 scoop
- Unjury, 21g 1 scoop

Suitable for Lactose Intolerance:

- Syntrax Nectar, 23g 1 scoop
- Isopure Zero Carb/Whey Isolate, 25g 1 scoop
- Isopure Infusions, 20g 1 scoop

Unflavored Options:

- biPro Renew Whey, 23g 1 scoop –Lactose Free
- Isopure, 25g 1 scoop– Lactose Free
- GNC Pro Performance Whey, 24g 1 scoop
- Bulk Supplements Whey Protein Isolate

Approved Ready to Drink Options

Whey Protein Isolate

- Muscle Milk Pro Series Carton, 32g
- Muscle Milk 100 Calories Carton, 20g
- Pure Protein Complete Carton, 30g
- AdvantEDGE High Protein, 30g
- GNC Wheyboldic, 40g
- Unjury, 20g

Protein Water: Lactose Free:

- Premier Protein Clear, 20g
- Protein 2.0 Clear, 15g
- Isopure Zero Carb, 40g
- biPro Clear, 20g

Whey Protein Concentrate

- Premier Protein, 30g
- Equate High Performance, 30g
- Quest Protein Shake, 30g
- Orgain Grass Fed, 26g

Suitable for Lactose Intolerance:

- Ensure MAX Protein, 30g
- Fairlife Core Power, 26g
- GNC Total Lean, 25g

Allowed Mix In Ideas: PB2/PBfit powder, unsweetened cocoa, powder, sugar-free extracts , sugar-free flavored syrups, spices (cinnamon, nutmeg, etc.), unsweetened almond/soy/coconut milk, lowfat milk



DO NOT ADD PEANUT BUTTER, SUGAR, HONEY, AGAVE, MAPLE SYRUP, OR FRUIT

Patients on Dialysis: Protein Supplement

Proteinex15 Unflavored Directions:

60 grams of protein:

- Take 2 Tbsp; 4x/day (8 Tbsp/day)
- You will need ____ bottles for ____ days

90 grams of protein:

- Take 2 Tbsp; 6x/day (12 Tbsp/day)
- You will need ____ bottles for ____ days



Proteinex18 (P18 or P100) Directions:

72 grams of protein:

- Take 2 Tbsp; 4x/day (8 Tbsp/day)
- You will need ____ bottles for ____ days

90 grams of protein:

- Take 2 Tbsp; 5x/day (10 Tbsp/day)
- You will need ____ bottles for ____ days



- 2 Tbsp of Proteinex counts as 1oz of fluids.
- There are 58 Tbsp in 1 bottle.
- You can purchase Proteinex on Amazon or www.bariatricpal.com; any flavor will work.

NUTRITION

Part 4:

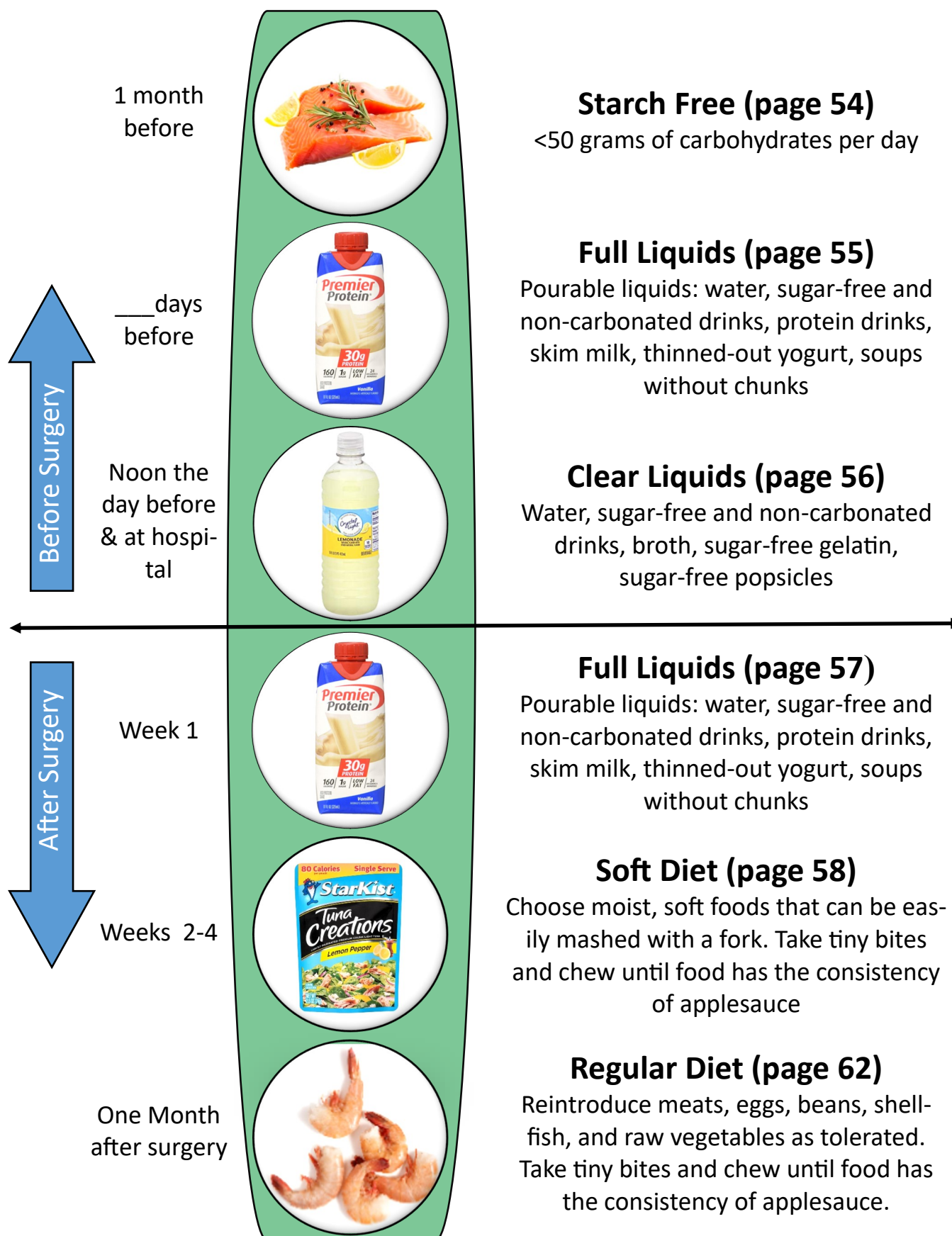
Diet Progression & Getting Prepared

Pre-Operative Nutrition Checklist

- ____ Eat meals in a consistent meal pattern with at least 3 meals per day
- ____ Include a source of lean protein with each meal
- ____ Avoid sugar, sweets, and desserts
- ____ Avoid high fat and fried foods
- ____ Limit portions by measuring and/or using smaller plates
- ____ Limit eating out at restaurants
- ____ Avoid beverages with sugar and carbonation, and limit caffeine to no more than 2 cups/day
- ____ Increase water/fluid intake to meet goal of 64 ounces
- ____ Practice sipping fluids throughout the day (no gulping, and no chugging)
- ____ Practice separating fluids from meals by 30 minutes
- ____ Practice eating slowly and chewing food well
- ____ Start taking 2 servings of multivitamin daily (at least 1 month before surgery)
- ____ Start taking calcium citrate with vitamin D.
- ____ Sample and purchase liquid protein supplements (you will need this pre-operation and for 2 weeks post-operation)
- ____ Keep a daily food record
- ____ Reduce carbohydrates; no more than 50g of carbs per day at least one month before surgery.
- ____ Increase exercise
- ____ Weight loss goal _____
- ____ Other: _____

Preparing for Surgery: Diet Progression

****Do NOT progress your diet earlier than recommended****



Starch Free Diet: 1 Month Prior to Surgery

<50 grams of carbohydrates per day

- Remove all starches and fruit, and you'll automatically be <50 grams of total carbs per day
- If including fruit, eat no more than 3 small servings daily (1 small fruit or 1/2 cup)
- Anything over 15 grams of carbs is likely a starch (some items may have small amounts of starch in the ingredients, but if it's very low in carbs, it's ok)
- This diet is required and is necessary to reduce the size of liver and help with weight loss prior to surgery.

Nutrition Facts	
2 servings per container	
Serving size 1 1/2 cup (208g)	
Amount per serving	
Calories	240
% Daily Value*	
Total Fat 4g	5%
Saturated Fat 1.5g	8%
Trans Fat 0g	
Cholesterol 5mg	2%
Sodium 420mg	19%
Total Carbohydrate 46g	17%
Dietary Fiber 7g	25%
Total Sugars 4g	
Includes 2g Added Sugars	4%
Protein 11g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 6mg	35%
Potassium 240mg	6%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	








Starches include: bread, flat breads, tortillas, pasta, rice (for these items, even whole wheat counts as a starch), potatoes, sweet potatoes, peas, corn, beans (except string beans/green beans), the entire cereal aisle including oatmeal, grits, and all hot cereals (grits, oatmeal), granola, granola/breakfast bars, most of the snack aisle, crackers, chips, rice cakes, popcorn.

Key words: oats, wheat, grains, flour, corn

Before Surgery Full Liquids – Approved Foods

****DO NOT EAT OR DRINK ANY FOODS OR DRINKS NOT ON THIS LIST****

Remember to consult your Dietitian with any questions you have about allowed drinks and foods

	Dairy		Serving	Protein
	Milk, skim or 1% (higher-protein milk: Fairlife)		1 cup	8g
	Low-fat/low sugar yogurt (no chunks, and thinned)		6 oz	8g
	Low-fat/low sugar Greek yogurt (no chunks, and thinned)		6 oz	12-16g
	Non-fat milk powder (add to sugar free liquids)		1/3 cup	8g
	Unsweetened almond/cashew milk (higher-protein: Orgain)		1 cup	1-10g
	Unsweetened soy milk		1 cup	7g
	Protein Supplements		Serving	Protein
	Protein powders (20-40 g protein, < 5 g sugar) **Whey protein isolate is best absorbed**		1	15-30g
	Ready-to-drink protein shakes (20-40 g protein, < 5 g sugar)		1	15-30g
	Premier Protein Clear, biPro Clear, Protein 2.0 Clear		1	20g
	Soups		Serving	Protein
	Broth, bouillon, consommé, strained broth-based soup, Low-fat cream soups (thinned) Optional – add unflavored protein powder for protein soup **Soups must be thinned, low-fat, and strained. Avoid potato and bean soups**		Varies	Varies
	High-protein soup mixtures – Unjury, Proti DIET, Bariatric Choice, Opti Source, BariWise, Pantry Selections		Varies	Varies
	Other		Serving	Protein
	Sugar-free gelatin / Jell-O		½ cup	1g
	Sugar-free popsicles		1	0g
	Sugar-free pudding (thinned)		½ cup	4g
	Clear Liquid - Sugar-Free drink suggestions			
	Hint Propel Bai Mio	Fruit 2O Unsweetened- Decaf tea Dasani Drops Sobe Lean SF	Lemonade Light Crystal Light Pure Sugar-free Kool-Aid Vitamin Water Zero Wylers light	Diet Snapple Nestle Splash Crystal Light Powerade Zero Propel Water

Hospital Stay and Clear Liquid Diet

****YOUR NUMBER 1 PRIORITY IS STAYING HYDRATED!****

Dehydration is the #1 cause of post-surgical complications/ER visits

Your first oral intake after surgery (once the anesthesia has worn off) will be **water** in 1-ounce servings every 15 minutes. Once you tolerate water without issue, you will progress to a sugar-free clear liquid diet and aim to **consume at least 64 ounces of sugar free/decaf fluid per day**, unless you are on a fluid restriction.



- Try to drink at least ½ cup (4 ounces) of liquids per hour while awake and stop when you sense fullness or pressure.
- **If you are awake, you should be sipping.** Be mindful of sipping liquids very slowly and rest between sips per your personal tolerance.
- A clear liquid is defined as non-dairy fluids that cause a minimal amount of residue in the digestive tract.
- You are encouraged to: **Check your tray** to be sure there are no fruit juices, carbonated drinks, or anything sweetened with sugar.
- This diet must be followed exactly to ensure proper healing. You may not feel hungry, but you need to drink liquids to prevent dehydration and to help stimulate your digestive system.
- Don't worry about meals, **focus on fluids first and then protein intake.** You do not have to separate "meals" from other fluids during this phase.
- Once you are comfortable getting your fluids in, you should aim for 70-100 grams of protein per day.

Allowed Clear Liquids

- * Water
- * Broth
- * Sugar-free gelatin
- * Sugar-free popsicles
- * Sugar-free, non-carbonated beverages (i.e. crystal light)
- * Unsweetened tea (decaf)
- * Diet juice (< 10 calories per serving)
- * Clear Protein (<1g sugar per serving)






Don't Forget

- * **No caffeine for the first month** to avoid dehydration and irritating the stomach pouch
- * No carbonated beverages
- * Sugar-free beverages only
- * No straws
- * Initially you will need to drink some high-protein beverages, but once you start getting protein from foods, you may begin to wean yourself off of high-protein drinks

After Surgery Full Liquids – Approved Foods

****DO NOT EAT OR DRINK ANY FOODS OR DRINKS NOT ON THIS LIST****

Remember DO NOT SELF ADVANCE DIET and to consult your Dietitian with any questions you

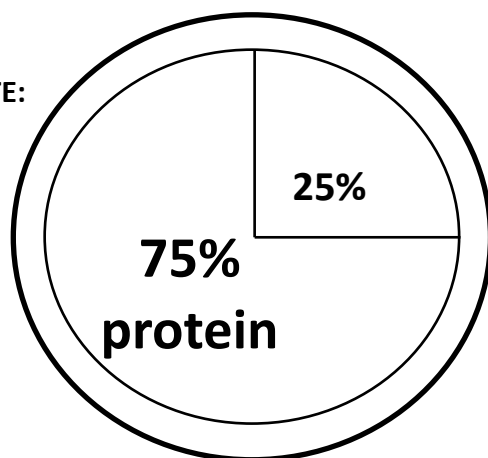
	Dairy		Serving	Protein
	Milk, skim or 1% (higher-protein milk: Fairlife)		1 cup	8g
	Low-fat/low sugar yogurt (no chunks, and thinned)		6 oz	8g
	Low-fat/low sugar Greek yogurt (no chunks, and thinned)		6 oz	12-16g
	Non-fat milk powder (add to sugar free liquids)		1/3 cup	8g
	Unsweetened almond/cashew milk (higher-protein: Orgain)		1 cup	1-10g
	Unsweetened soy milk		1 cup	7g
	Protein Supplements		Serving	Protein
	Protein powders (20-40 g protein, < 5 g sugar) **Whey protein isolate is best absorbed**		1	15-30g
	Ready-to-drink protein shakes (20-40 g protein, < 5 g sugar)		1	15-30g
	Premier Protein Clear, biPro Clear, Protein 2.0 Clear		1	20g
	Soups		Serving	Protein
	Broth, bouillon, consommé, strained broth-based soup, Low-fat cream soups (thinned) Optional – add unflavored protein powder for protein soup **Soups must be thinned, low-fat, and strained. Avoid potato and bean soups**		Varies	Varies
	High-protein soup mixtures – Unjury, Proti DIET, Bariatric Choice, Opti Source, BariWise, Pantry Selections		Varies	Varies
	Other		Serving	Protein
	Sugar-free gelatin / Jell-O		½ cup	1g
	Sugar-free popsicles		1	0g
	Sugar-free pudding (thinned)		½ cup	4g
	Clear Liquid - Sugar-Free drink suggestions			
	Hint Propel Bai Mio	Fruit 2O Unsweetened- Decaf tea Dasani Drops Sobe Lean SF	Lemonade Light Crystal Light Pure Sugar-free Kool-Aid Vitamin Water Zero Wylers light	Diet Snapple Nestle Splash Crystal Light Powerade Zero Propel Water

Approx. 2-4 Weeks After Surgery: Soft Diet

Allowed Foods

Choose moist, soft foods that can be mashed with a fork. Protein options include fish, tofu, MorningStar crumbles, yogurt, cottage cheese, and protein powders/drinks

Your PLATE:



There should be 3-6 “eating times” a day

- Start with eating 3 times per day. Increase as needed for hunger or to meet protein goals.
- Eat protein first. Limit all other foods until you are comfortably consuming at least 60g protein per day.
- Each meal should be no larger than ½ cup.
- Start separating fluid from meals and remember to sip on fluids between meals.
- Protein shakes will likely still be necessary to help you reach your protein goals.

FOODS TO <u>AVOID</u> ON THE SOFT DIET	
NO M.E.A.L.S	
<u>M</u>eat/poultry: chicken, beef, pork, turkey	Bread, rice, and pasta (they can easily get stuck and irritate the pouch)
<u>E</u>ggs	Nuts, popcorn, seeds, and peanut butter
<u>L</u>eftovers (too dry)	Anything with grease
Beans	Anything dry
Fruit or vegetables with tough skins	
Raw vegetables	

Nausea and vomiting

Swallowing a chunk of food may cause you to have pain, nausea, or vomiting. If the food stays down, the pain will persist until the chunk is able to pass through the stomach opening.

Take the following steps to avoid discomfort with eating:

Take Tiny Bites: Use baby or toddler-size utensils to help reduce the size of your bites; use the tip of spoon or fork

Chew Well: Chew foods to an applesauce consistency before swallowing. **Chew each bite 25-30 TIMES!**

Eat Slowly: Meals should take you 30-40 minutes to eat. Try putting your utensils down between bites.







Make sure to stop when you feel the first hint of fullness.

Do not take longer than 40 minutes to eat a meal because you could end up consuming more calories than needed.

Soft Foods – Approved Protein Sources

****DO NOT EAT OR DRINK ANY FOODS OR DRINKS NOT ON THIS LIST****

Ask your Dietitian any questions you have about allowed drinks and foods.

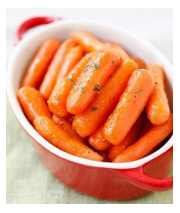




 	Dairy	Serving	Protein
	Milk, skim or 1% (higher-protein: Fairlife)	1 cup	8g
	Low-fat/low sugar yogurt	6 oz	8g
	Low-fat/low sugar Greek yogurt	6 oz	12-16g
	Fat-free or low-fat cottage cheese	1/4	7g
	Fat-free or low-fat ricotta cheese	1/4 cup	7g
	Fat-free or low-fat shredded or other soft cheese	1/4 cup	7g
	Non-fat milk powder (add to sugar free liquids or soft foods)	1/3 cup	8g
	Unsweetened almond/cashew milk (higher-protein: Orgain)	1 cup	1-10g
	Unsweetened Soy milk	1 cup	7g
	Protein Supplements	Serving	Protein
	Protein powders (20-40g protein, < 5 g sugar) **Whey protein isolate is best absorbed**	1	15-30g
	Ready-to-drink protein shakes (20-40 g protein, < 5 g sugar)	1	15-30g
	Premier Protein Clear, biPro Clear, Protein 2.0 Clear	1	20g
 	Fish and Veggie Protein	Serving	Protein
	Fish (baked) **All fish should be moist (not dry or overcooked); NO shellfish (e.g shrimp)**	1 oz	7g
	Light Tuna (left in water or with light mayonnaise)	1/4 cup	10g
	Soy protein crumbles (e.g. Morningstar or Boca—in freezer section)	1/4 cup	5g
	Tofu	1/4 cup	5g
	Soups	Serving	Protein
	Broth, bouillon, consommé, broth-based soup, low-fat cream soups (thinned) Optional- add unflavored protein powder for protein soup **ONLY FISH and fork tender VEGETABLES allowed in soups**	Varies	Varies
	High-protein soup mixtures – Unjury, Proti DIET, Opti Source, Bariatric Choice, BariWise, Pantry Selections	Varies	Varies

Soft Foods– Continued

****DO NOT EAT OR DRINK ANY FOODS OR DRINKS NOT ON THIS LIST****

Ask your Dietitian any questions you have about allowed drinks and foods.

As long as you are consuming > _____ g total protein daily you may start adding small bites of non-starchy veggies, fruit, oatmeal, and grits.

	Vegetables In limited portions		Serving	Protein
	Non-starchy vegetables (<i>cooked soft—fork tender</i>)		¼ cup	< 1g
	Avoid vegetables with tough skins, fried vegetables, vegetables in oil/butter and raw vegetables			
	Fruit in limited portions		Serving	Protein
	Unsweetened frozen or low sugar canned (<i>avoid pineapple</i>)		¼ cup	< 1g
	Peach (<i>no skin</i>), melons, mango, 1/2 banana		¼ cup	< 1g
	Diet fruit juice (<i>less than 1g sugar</i>)		8 oz	< 1g
	Avoid regular fruit juice, fruit canned in syrup, dried fruits, hard fruits, and skins/peel of fruit			
	Grains/Starches in limited portions		Serving	Protein
	Oatmeal (<i>thinned</i>)		¼ cup	7g
	Grits or cream of wheat (<i>thinned</i>)		¼ cup	4g
	Potatoes (regular or sweet) cooked and mashed (<i>limit to ¼ cup per day</i>)		¼ cup	1g
	Avoid breads, pasta, rice, beans, sugary cereals, granola, biscuits, cornbread, popcorn, and white potatoes			
	Other		Serving	Protein
	Sugar-free gelatin / Jell-O		½ cup	1g
	Sugar-free popsicles		1	0g
	Sugar-free pudding (<i>thinned</i>)		½ cup	4g
	Clear Liquid- Sugar-Free drink suggestions			
	Hint	Fruit 20	Lemonade Light	Diet Snapple
	Propel	Unsweetened-	Crystal Light Pure	Nestle Splash
	Bai	Decaf tea	Sugar-free Kool-Aid	Crystal Light
	Mio	Dasani Drops	Vitamin Water Zero	Powerade Zero
		Sobe Lean SF	Wylers Light	Propel Water

Soft Foods – Sample Menus

Meals should be ¼ - ½ cup in size and protein foods are at least 75% of the meal.

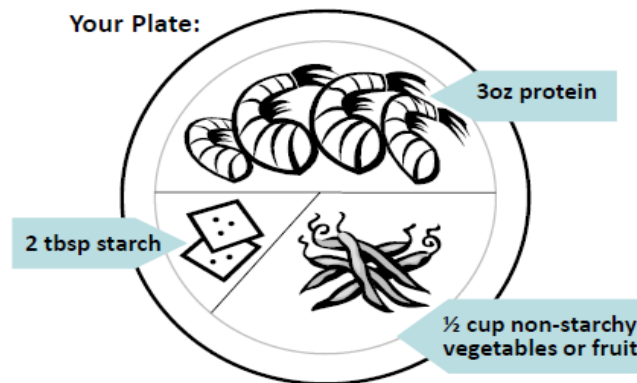
Sample Menu 1		<i>Protein</i>
Breakfast	1 container low-fat/low-sugar Greek yogurt	15g
Lunch	4 oz (½ cup) tuna with low-fat mayo and few drops of lemon juice	20g
Dinner	½ cup Morningstar farms griller crumbles with 1-2 tablespoons low-fat shredded cheese	12g
Between Meals	1 protein drink of your choice mixed with 8 oz of fluid 56 oz sugar-free, decaf, calorie-free beverages	15-30g 0g
Sample Menu 2		<i>Protein</i>
Breakfast	½ cup low-fat cottage cheese 1-2 tablespoons chopped canned peaches (canned in own juice, not syrup)	14g 0g
Lunch	½ cup low-fat Ricotta cheese 1-2 tablespoons marinara sauce and grated parmesan cheese	13g 0g
Dinner	2-3 oz poached/steamed/baked tilapia ¼ cup soft-cooked vegetables (e.g. green beans, carrots)	14-21g <1g
Between Meals	1 protein drink of your choice mixed with 8 oz of fluid 56 oz sugar-free, decaf, calorie-free beverages	15-30g 0g
Sample Menu 3		<i>Protein</i>
Breakfast	½ cup higher-protein oatmeal made with skim milk plus ½ scoop vanilla or unflavored protein powder	17g
Lunch	½ cup low-fat cottage cheese 1-2 tablespoons low-fat shredded cheese	18g
Dinner	½ cup soy protein crumbles mixed with taco seasoning 1-2 tablespoons salsa or low-fat sour cream	9g 0g
Between Meals	1 protein drink of your choice mixed with 8 oz of fluid 56 oz sugar-free, decaf, calorie-free beverages	15-30g 0g

For maximum post-surgical weight loss, you may want to continue avoiding starch until 6 months post-op.

One Month After Surgery: Regular Diet

Advance to Regular Diet as Tolerated

At one month, you can **slowly** add back in solid foods, but it is still best to **stick with moist and tender foods**. You may now begin eating: lean meats, eggs, shellfish, raw vegetables and salads.



Follow these guidelines:

The operation is not a cure. To be successful, **you must change your eating and exercise habits for life!** To maximize your weight loss and limit the risk of regaining weight, follow these tips:

1. Eat slowly and chew well

CHEW 25-30 times per bite. Meals should take you 30-40 minutes to eat. Try putting your utensils down between bites. Stop eating before you feel uncomfortably full.

2. Fully separate eating and drinking

Stop drinking 30 minutes before a meal and wait to drink until 30 minutes after. Drinking fluids with meals limits the amount of protein you eat during each meal and can make the food come back up or go through the pouch too quickly. Taking a few small sips with meals to avoid choking or after spicy food is allowed.

3. Meals should contain 3 oz. or 15-30 g of protein

You may have to work up to this at first. Begin adding non-starchy vegetables to meals once able to meet protein goal.

4. Eat only 3-4 meals/snacks per day

Always eat protein first. Avoid mindless eating – listen to your body and eat for hunger. Avoid high-calorie foods, drinks, and desserts. Avoid grazing between meals. Do not eat because you are stressed, bored, “because it’s there,” etc.

5. Keep portions small

Limit meal size to 1/2 cup initially and work up to 3/4 to 1 cup as tolerated. Never exceed more than 1.5 cups of food at once. Use measuring cups/spoons for serving sizes.

6. Limit Starches

Eliminating starches will maximize weight loss. Starch foods can also swell in the stomach and can cause you to become full before you are able to meet your protein needs.

Cautions: Eating After Surgery

To reduce your risk of complications, discomfort, and weight regain, follow these guidelines.

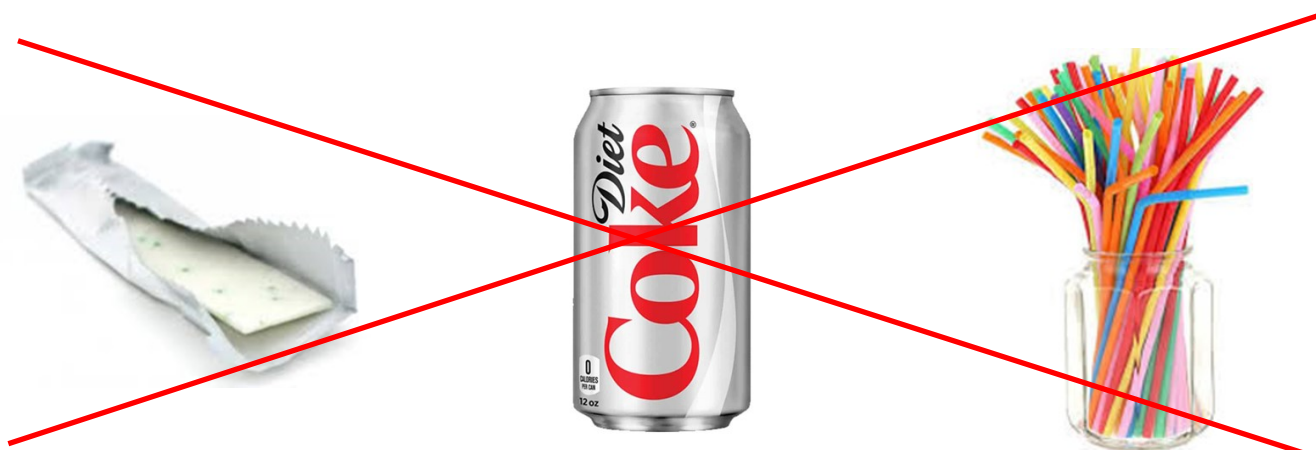
Prevent Vomiting

Eating too quickly and too much can cause discomfort, vomiting, and your stomach to stretch (which can lead to weight regain). In very rare cases, extreme overeating may cause your pouch to rupture. To prevent overeating, try:

- Vomiting is most often caused by overeating, eating too quickly, eating inappropriate foods, taking large bites, or not chewing food well. If vomiting occurs, stop eating solid food and sip clear liquids until you are able to resume your intake of normal foods. Episodes of occasional vomiting are common initially and usually improve with time.
- If vomiting continues for **more than 24 hours**, **call your healthcare provider** because this may indicate that your stomach outlet is blocked. *Also call your provider if you feel you are unable to consume adequate nutrition for a prolonged period of time or if you feel you are becoming malnourished.*
- **If food feels like food is stuck:**
 - Sit up straight
 - Walk to help it move through
 - Try a papaya enzyme to help break it up

Avoid Gum, Carbonation and Straws

- **Limit chewing gum:** Chewing gum is not recommended. If you choose to chew gum, it must be sugar-free. Be very careful not to swallow it, as it can block your stomach outlet and require a visit to the ER for removal.
- **Avoid carbonated beverages and straws:** Do not drink carbonated (bubbly) beverages (even sugar-free) because the gas caused by carbonation can cause you distress and may stretch your stomach pouch permanently. This is the same concept as straws.

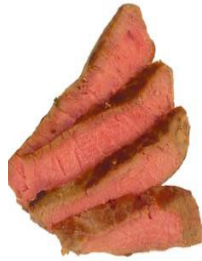


Possible Food Intolerances

After surgery, some foods can be uncomfortable to eat (particularly those that are dry, sticky, gummy, or stringy). Each individual responds differently to particular foods and most people discover which foods are best tolerated by trial and error. Although some intolerances are permanent, most resolve with time.

MEATS

- Red meat
- Pork
- Poultry (if dry)
- Shellfish
- Dry or reheated meat



Try moist cooking methods such as boiling, pressure cooking, or using a slow cooker/crock pot.

VEGETABLES

- Raw vegetables
- Cooked vegetables with tough skins
- Stringy vegetables (celery, asparagus)
- Gaseous vegetables (broccoli, cauliflower, cabbage, etc.)



EGGS

Scrambled eggs are often better tolerated than hard boiled.



FRUIT

- Fruit with tough skin
- Dried fruit
- Hard fruit
- Citrus fruit



MILK

If you become lactose intolerant, try Lactaid milk, Lactose Free options, Dairy Ease, Fairlife, or calcium-fortified soy



OTHER FOOD

- Chili or spicy food
- Fried or high-fat food
- Sweets or sugary food



BREAD

- Dense bread
- Bagels
- Pasta
- Biscuits
- Rice



BEANS/NUTS/SEEDS

- All nuts and seeds
- Legumes or beans
- Chunky nut butters



Bariatric Patient Review

List at least 3 foods from each category that you enjoy:

Protein

Starch

Non-Starchy Vegetables

Where on the plate does fruit belong?

What will I have to avoid after surgery?

If I have too much sugar after surgery,
what can happen?

I should look for products with more
than 10 grams of sugar.

True/False

My fluid goal for the
day:

My protein goal for the
day:

I should skip meals to
lose weight.

True/False

WE JUST WANT TO SAY... THANK YOU!

Bariatric surgery requires a lot of work not just by the patient but also the clinic staff. We are so lucky to work with an amazing team who are motivated to really make a difference in the health of so many. Thank you to everyone who worked so hard to make this book.

We dedicate this book to all the patients that we have already operated on, to the new patients going through the program and all the future patients we have yet to meet. Thank you for trusting us with your health, and thank you for working so hard to achieve your goals. Cheers to your current and future success.