

Change
your body,
change
your life

Metabolic & Bariatric
Surgery Guide





Welcome!

Congratulations on taking the first steps in your weight loss journey!

This guide will help you along the way. You'll find helpful information on the Piedmont Columbus Regional Bariatric Program, dietary recommendations, emotional preparation, surgery, after care, support groups, important contact information and much more.

Your surgery provides you with a tool to promote weight loss; your success depends largely on your actions and commitment. With the education and dietary recommendations we provide, you should be able to meet your goals.

Don't be afraid to ask questions. Be honest with yourself and the team. We want you to succeed, and you're just as much a part of the team as your surgeon, the coordinators, or the dietitian.

Please consult this book throughout your weight-loss journey.

The changes you make will be lifelong and are important for your long-term success.

The Piedmont Columbus Regional Metabolic and Bariatric Team

A Guide for *Metabolic and Bariatric Surgery*

| | |
|--|-----------|
| Bariatric Patient Step-by-step Process..... | 7 |
| Bariatric Program Contact List for Patients | 8 |
| Hospital Plan | 9 |
| EGD Instructions | 10 |
| Pre-Op Instructions | 11 |
| Discharge Checklist..... | 14 |
| Clinical Guidelines..... | 15 |
| Home Plan | 18 |
| Bariatric Nursing Discharge Instructions | 19 |
| Bariatric Vitamin Guidelines | 21 |
| Clinical Guidelines..... | 22 |
| Nutrition | 26 |
| Healthy Habits Before Surgery..... | 27 |
| Stomach Care Guidelines..... | 32 |
| Potential Problems After Surgery..... | 41 |
| Pre-Op and Post-Op Diets..... | 45 |
| Pre-Op Liver-Shrinking Diet..... | 48 |
| Post-Op Diet Progression | 53 |
| Psychology | 61 |
| Physical Activity..... | 66 |
| Exercise Guidelines | 70 |
| Personal Success..... | 74 |
| Sample Letter of Medical Necessity (required)..... | 78 |
| PCP Monthly Weight Loss Forms (if required) | 79 |
| Notes..... | 86 |
| Questions for the Bariatric Team..... | 89 |

Our Step-by-Step Process

The Piedmont Columbus Regional Bariatric Team can assist you, every step of the way, whenever necessary.

1. Attend our online informational seminar.
2. Call your insurance company to check on coverage for surgery.
3. Schedule a consultation with your surgeon.
4. Take our “Beginnings” class.
5. Make appointments for the following consultations:
 - Psychology
 - PT/OT
 - Labs
 - Sleep study
 - Specialty referrals
 - EGD
6. Check with your insurance company regarding requirements for nutrition visits.
7. Attend support group meetings (3).
8. Make your pre-op appointment with your surgeon.
9. Obtain medical clearance from your PCP within 30 days of your surgery date.
10. Begin the Liver-Shrinking Diet.
11. Make your pre-op appointment at the hospital:
 - Registration
 - Labs
 - Anesthesia consult
12. Wait for insurance approval.
13. Have surgery.
14. Show up for all follow-up visits:
 - 1-2 weeks
 - 1 month
 - 3 month
 - 6 month
 - 9 month
 - 1 year
 - Yearly

**Call 706.660.2950
to get started.**



Contact List

Bariatric Program Contact List for Patients

Piedmont Columbus Regional Northside Campus

100 Frist Court, 31909

P: 706.494.2100

Piedmont Columbus Regional Pre-Anesthesia Testing

P: 706.494.2022

Columbus Psychological Associates

2325 Brookstone Centre Parkway, 31904

P: 706.653.6841

Dr. Koliani, ext. 307

Piedmont Columbus Regional Midtown Campus

710 Center Street

Columbus, Georgia 31901

706.571.1000 (hospital main line)

Piedmont Physicians Pulmonology

500 18th Street, Suite A-30, 31901

P: 706.571.1182

SLIIP

Sleep and Pulmonary Telemedicine Practice

PO Box 13726

Macon, Georgia 31208

P: 478.238.3552

F: 1.833.910.1891

info@sliiip.com

Avilys

Sleep Study

2300 Northside Crossing

Macon, Georgia, 31210

P: 1.855.2.AVILYS (1.855.228.4597)

Southeastern Cardiology Associates

2121 Warm Springs Road

P: 706.243.4500

Hospital Plan



EGD Instructions | 706.660.6400 (Call to Pre-Register)

Location:

Piedmont Columbus Regional Midtown
710 Center Street
Columbus, Georgia 31901

Piedmont Columbus Regional Northside
100 Frist Court
Columbus, Georgia 31909

EGD Date: _____

Arrival Time: _____

Seven Days Before Your Exam:

- If you take blood thinners, such as Coumadin (warfarin), Dicumarol, or Plavix (clopidogrel), your doctor will instruct you when to stop taking it. This is usually 4–7 days prior to your procedure. If you have heart stents and it has been less than one year since they were placed, **DO NOT STOP** your blood thinner without discussing with your doctor.
- If you are scheduled for a Bravo pH study, you will need to stop all PPIs (Prilosec, Omeprazole, Dexilant, Protonix, Prevacid, Nexium) 7 days prior to study.
- If you take a daily aspirin, you may continue unless otherwise directed by your physician.
- Stop taking any medications containing iron.
- Stop taking all herbal supplements. If you have questions regarding your supplement, contact your doctor.

One Day Before Your Exam:

- Eat your usual meals at breakfast and lunch.
- Eat a light supper (example: soup or salad and a sandwich).
- You may take your usual insulin dose or oral diabetic medication in the evening unless otherwise directed.
- You can continue to drink liquids (non-alcoholic) up until midnight if you wish.
- Nothing to eat or drink after midnight!
- No smoking for 24 hours prior to the procedure.

The Day of Your Exam:

- Take all heart and blood pressure medications the morning of your EGD with a sip of water.
- **NO** oral diabetic medication. If you have diabetes and are insulin dependent, take ½ your normal long-acting dose and no short-acting insulin the morning of your procedure.
- Please brush your teeth and take a shower prior to arrival.
- Bring your insurance card and ID with you.
- Please leave all jewelry (including wedding rings and body piercings) at home.
- Please do not wear perfume, makeup, or body lotions.
- Bring a friend or relative to receive discharge instructions and to drive you home. If no one accompanies you, your procedure may be canceled.

Follow up from EGD: _____

Bariatric Surgery Pre-Op Instructions

The following information is designed to help you prepare for surgery. If you have additional questions, please speak with your surgeon or member of the surgery team.

Two Months Before Surgery:

STOP SMOKING. Smoking increases your chances of complications.

One Month Before Surgery:

Hormones and birth control pills may increase your chance for blood clots. Check with your OB-GYN about discontinuing these and ask about another effective method to prevent pregnancy.

Seven Days Before Surgery:

- Stop taking aspirin products only if directed by primary physician or surgeon. Patients with a history of heart disease or stroke may benefit from continuing with low-dose aspirin therapy.
- Blood thinners, such as Coumadin, Plavix, Pradaxa and Ticlid must be addressed prior to your surgery. The exact timing of stopping the medication will be at the direction of the prescribing physician. Generally, blood thinners will be resumed when you leave the hospital, or very soon afterwards.
- Stop taking herbal supplements, other over-the-counter medications and any supplements other than your necessary bariatric vitamins.
- Tylenol for pain may be taken, as directed.

The Day Before Surgery:

- You may have only clear non-alcoholic liquids the day before surgery.
- Consume a 24 oz. regular sports drink the evening before surgery (green or white) unless you are diabetic or otherwise instructed by your anesthesiologist.
- Do not eat anything after midnight.
- Take a shower the night before surgery. Wash your entire abdomen with Hibiclens.
- Take aprepitant (Emend) 125 mg by mouth in the evening prior to scheduled surgery

Day of Surgery:

Consume a 12 oz. regular sports drink between midnight and two hours prior to arrival at the hospital (water only if diabetic) unless otherwise instructed by your anesthesiologist.

The Morning of Your Procedure:

- Follow your PCP/endocrinologist's recommendations concerning diabetes medication the morning of your surgery.
- If you are on asthma medication, use it as directed and bring your inhaler with you.
- Take your heart or blood pressure medication with a sip of water.
- If you use a C-PAP machine, please bring it with you to the hospital.
- Wear comfortable, loose-fitting clothing and flat shoes.
- Do not wear makeup, nail polish, perfume, jewelry, or body piercings.
- Bring your advance medical directive, if you have one.
- Bring clothing if you will be staying overnight. This may include a robe and slippers.
- Bring your glasses and/or contact case.
- Bring your insurance card and ID.
- Leave cash, credit cards, jewelry, and other valuables at home.

After Surgery:

1. You will be in the recovery room with the nursing staff until you are awake enough to go back to the pre-op area or to your inpatient room. This can take up to 3 hours depending on your surgery. Family and friends will be kept informed.
2. If you are having a same-day surgical procedure, you will be able to leave the hospital when you are awake enough to assist in getting dressed and able to eat/drink a small amount of food and/or liquid.
3. You may feel weak, lightheaded, and/or nauseated after surgery. For your safety, we recommend you have someone to care for you up to 24 hours after your procedure.
4. Once you are home, it is very important for you to continue to recover by resting and following your surgeon's orders.
5. For 24 hours after surgery, do not: drive a motorized vehicle, drink alcohol, sign legal documents, or make any major decisions.
6. If you have a surgical incision(s), it is very important to follow the specific discharge instructions for wound care provided when you leave the hospital. Always wash your hands thoroughly with an antibacterial soap prior to changing dressings or coming in direct contact with the surgical incision site(s).
7. If at any time you would like to speak with a doctor or nurse, please call Piedmont Physicians Surgical Specialists and Bariatrics Columbus at 706.660.2950. After 5 p.m. and on weekends, the answering service will contact the on-call surgeon.
8. Your physician will prescribe you medication at the time of discharge.

Changes in your health prior to surgery:

If you have a change in your health prior to surgery, contact Piedmont Physicians Surgical Specialists and Bariatrics Columbus at 706.660.2950 between the hours of 8 a.m.-5 p.m. Monday through Friday. After hours and on the weekends, you will reach the answering service who will contact the on-call physician. This is very important as your surgery may need to be postponed.

Cancellations:

If for any reason you need to cancel your surgery, please call Piedmont Physicians Surgical Specialists and Bariatrics Columbus at 706.660.2950. You may leave a message with the answering service if you call after hours.



Bariatric Surgery Discharge Checklist

Incentive Spirometer

- Begin day of surgery
- Use 10 times every hour while awake
- Goal=2000ml

Walk

- Begin day of surgery
- Must walk in hallway (no exceptions)
- Minimum 4x per day

Oral Pain Medications

- Oral pain medication will be given as needed to prepare you for discharge

Tolerating Liquids

- You must be able to drink 32 ounces of sugar-free liquids prior to discharge

Updated 1/1/2024



Clinical Guidelines For Weight Reduction Surgeries

Introduction

Our goal is to do everything we can to make your surgery preparation, surgical procedure, and surgical recovery as comfortable as possible. The bariatric coordinator will assist you through the insurance process, medical preparation for surgery, and surgical scheduling.

We will continue to monitor your health status on a regular basis to review your progress, monitor and intervene for complications, and provide support for life-long success.

Medications After Surgery

Most patients do not have any difficulty swallowing pills/capsules after surgery. If you find it difficult to swallow very large pills/capsules, please talk to your PCP.

You may be placed on some new medications after surgery. These may include:

- **Actigall/ursodiol** if you have a gall bladder (prevents gall stones) for approximately 6 months only
- **Tramadol** (for pain) for the first few days post-op
- **Hyoscyamine/Levsin** to treat esophageal/intestinal spasms/cramping
- **Omeprazole/Priolosec** to treat GERD
- **Ondansetron/Zofran** to help with nausea

These medications should be picked up the day of surgery by a friend or relative.

Oral contraceptives may not be effective after surgery due to malabsorption. Talk to your doctor if you are on one of these. Fertility may be dramatically increased with weight loss, even if you were infertile previously.

Do not take hormone replacement medication for 3 weeks before surgery as it increases your risk of blood clots. You can resume taking it immediately after surgery.

Diabetes medications may need to be changed after surgery. Talk to your primary care doctor as soon as possible after surgery about these medications.

Pain Relief

Use acetaminophen (Tylenol) to decrease pain or lower a fever. Do not use aspirin, ibuprofen or nonsteroidal anti-inflammatory medicine (NSAIDs) daily or routinely after gastric bypass. NSAIDs may be used occasionally in sleeve patients.

Some medicines may be too large to take initially. Ask your doctor or pharmacist which medications can be crushed, taken apart, or are available in liquid form.

The following are some examples of NSAID medications and need to be avoided after gastric bypass surgery:

Aspirin (Anacin, Ascriptin, Bayer, Bufferin, Ecotrin, Excedrin)

Choline and magnesium salicylates (CMT, Tricosal, Trilisate)

Choline salicylate (Arthropan)

Celecoxib (Celebrex)

Diclofenac potassium (Cataflam)

Diclofenac sodium (Voltaren, Voltaren XR)

Diflunisal (Dolobid)

Etodolac (Lodine, Lodine XL)

Fenoprofen calcium (Nalfon)

Flurbiprofen (Ansaid)

Ibuprofen (Advil, Motrin, Motrin IB, Nuprin)

Indomethacin (Indocin, Indocin SR)

Ketoprofen (Actron, Orudis, Orudis KT, Oruvail)

Magnesium salicylate (Arthritab, Bayer Select, Doan's Pills, Magan, Mobidin, Mobogesic)

Meclofenamate sodium (Meclomen)

Meloxicam (Mobic)

Nabumetone (Relafen)

Naproxen (Naprosyn, Naprelan)

Naproxen sodium (Aleve, Anaprox)

Oxaprozin (Daypro)

Piroxicam (Feldene)

Rofecoxib (Vioxx)

Salsalate (Amigesic, Anaflex 750, Disalcid, Marthritic, Mono-Gesic, Salfex, Salsitab)

Sodium salicylate (various generics)

Suldinac (Clinoril)

Tolmetin sodium (Tolectin)

Valdecoxib (Bextra)

Clinical Guidelines For Weight Reduction Surgeries

The First Two Days, Anticipated Hospital Plan

Laparoscopic Roux-en-Y Gastric Bypass (RYGB), Sleeve Gastrectomy and Duodenal Switch/SADI-S

It is common for patients to stay in the hospital for one night; however, all patients respond differently to anesthesia, surgical stress and pain tolerance, which can shorten or extend the hospital stay.

Pain

Everyone has a very different ability to cope with the discomfort of a bariatric procedure. We have introduced the option of having a TAP (transversus abdominis plane) block. This will provide significant, sometimes total, pain relief from the surgical incisions. Most of the pain patients feel is related to intraabdominal gas. This can be greatly relieved by walking while in the hospital. We encourage patients to walk in their room and hallways immediately after their surgery. This will move the gas and eliminate the pain it's causing.

Activity

Expect to be active within a few hours of your surgical procedure. The hospital nursing staff will be instrumental in planning and monitoring your exercise, advancing you from sitting to standing to hourly walks during your waking hours. Exercise speeds your overall recovery and prevents complications like pneumonia, constipation, urinary retention, blood clot formation and skin irritation.

Nutrition/Hydration

Hydration is not only important postoperatively, it's essential. Our goal is for you to consume 32 ounces of fluid by mouth before you are discharged. Patients of all ages can usually do this in 24 hours. Small, frequent sips are the key!

You will start drinking liquids the day of your surgery. The nurses will monitor your fluid consumption. Try to sip 4-6 ounces of water or sugar-free fluids every hour. Your IV fluids will be stopped shortly before discharge, so it is important that you are consuming adequate fluids before going home.

Wound Care

Most wounds are closed with Dermabond, a skin adhesive that makes the incision waterproof. You may shower the day of surgery, but do not take a tub bath for at least 36 hours after surgery. Do not pick the glue off; it will fall off in a few weeks.

Patients may develop a small amount of irritation around the incisions during the healing process. This is normal. However, some patients can react to the glue and develop red halos of 2 centimeters or more and even welts around the wound. This may be a sign of an allergic reaction. Infections will present as redness and pain around only a single incision site, not all sites at once, and are accompanied by fevers. Call your surgeon if you suspect an allergic reaction or an infection.



Home Plan

Bariatric Nursing Discharge Instructions

Diet

- Carefully follow the diet you've been given based on your surgery
- When you get to solid foods, take small bites and chew to applesauce consistency
- Sip water or other zero-calorie liquids all day except 30 minutes before, during, and 30 minutes after meals; **goal is 64 ounces of fluid per day**

Medication

- Any questions about home medications should be covered by your primary care provider (PCP) preoperatively.
- We use as few narcotics as possible. Alternative medications will be ordered for pain management.
- Tramadol, Hyoscyamine, Zofran and Omeprazole may be prescribed..
- You may develop constipation after surgery. The best way to avoid this is to *walk*. Do not lie in bed other than to sleep at night. There are many over-the-counter options that can help with this:
 - Generous amounts of (non-caloric) fluids
 - Colace 100 mg twice daily
 - Metamucil or Benefiber fiber replacements (you may begin 30 days after surgery)
 - Heavy mineral oil (take a tablespoon twice daily)
 - Miralax (white bottle with a purple cap); try this 1–2 times per day only
 - Magnesium citrate (clear liquid in glass bottle), one bottle at a time only*Call the bariatric office if these measures do not help or at any time concerns or questions arise*
- Actigall, if prescribed, must be taken twice daily if you have a gallbladder. If you don't, you will have a 55% chance of developing gallstones during rapid weight loss. Nobody likes the taste of Actigall, but you'll have to push through.

Wound Care

- No matter how your wound is closed, it is important to keep the wound clean and dry. You may shower. No tub baths, swimming or prolonged soaking of any kind for 2 weeks after surgery.
- It is normal to see a small amount of redness/irritation around the incision sites.
- Some patients may develop abnormal reactions to the skin glue (Dermabond) and develop a red halo of 2 cm or more and even welts around the incisions. Call your surgeon if you see this.

Diabetics

- It is highly likely your diabetes medications will be reduced immediately following surgery. Monitor your glucose closely and adjust medications with guidance from your endocrinologist or PCP.

Exercise

- Keep in mind that you will feel fatigued when you go home. This is because your body has to adapt to a new fuel. Take FREQUENT short walks. Increase your walking distance as you are able.
- In general, if it hurts, don't do it. You may perform most everyday activities. Avoid activity that you would consider strenuous.
- Do not lie in bed other than to sleep at night. Remember, inactivity can lead to blood clots, which are the number one cause of death within 30 days of bariatric surgery.

Follow Up

- You should schedule an appointment to see your PCP within a week of surgery to adjust medication, particularly if you're diabetic.
- Follow up with surgeon 1 to 2 weeks; this appointment will be made for you prior to surgery

Urgent/Emergency Care

- The Piedmont Columbus Regional Bariatric Program recommends you report to Piedmont Columbus Regional Northside Campus for emergency visits unless you live outside the Columbus area.
- The Piedmont Columbus Regional Bariatric Program recommends you report to the nearest emergency department when outside the Columbus area.
- The Piedmont Columbus Regional Bariatric Program will provide you with a MEDICAL ALERT card just prior to surgery. You are responsible for keeping this card with you at all times. Present this card to medical staff upon arrival to any emergency department.



Bariatric Vitamin Guidelines

| Surgery Type | Bariatric Vitamins |
|---------------------------------|--|
| Gastric Bypass or Sleeve | Bariatric Multivitamin with Iron 1-2 times per day (depending on brand) |
| | Calcium 1200-1500 mg in divided doses 500 mg 3 times per day |
| Duodenal Switch/SADI-S | Bariatric Multivitamin with Iron-ADEK 1-2 times per day (depending on brand) |
| | Calcium 1800-2400 mg in divided doses 500 mg 4 times per day |

You will begin taking a bariatric multivitamin with iron and a separate calcium supplement week two after surgery.



Clinical Guidelines For Weight Reduction Surgeries

The First Two Weeks, Anticipated Home Plan

Discomfort

Discomfort related to the bariatric procedure will typically subside gradually as your body heals and adjusts to the changes that have occurred. Use of your pain-controlling medications should be tapered in relation to this healing. **Prolonged discomfort or a sudden change in pain should be reported to your bariatric team.**

Activity

- Continue hourly activity at a minimum while awake and increase your tolerance as your comfort level allows. Regular activity will contribute to healing and reduction of pain, in addition to preventing complications.
- In general, if it hurts, don't do it. We strongly encourage you to walk, climb stairs, stretch, and even jog if you feel up to it. You should avoid contact sports until fully cleared by your surgeon.
- Review your recommended exercise program from the bariatric team and resume progress toward advancing your exercise goals.
- Driving is not recommended until you have been off all narcotic pain medications for one day.
- Once you are a week or more out from surgery, there is no medical reason why you cannot resume work activities if your job does not require strenuous activity. Even though your incisions may be small on the outside, you still have had a general anesthetic and your body needs some time to heal after the operation.

Nutrition

Your bariatric dietitian has provided you with detailed instructions for hydration and nutrition following your procedure. Adhering to these recommendations and gradually advancing your diet as outlined will assure a smooth transition to your pouch management.

Resting/Sleeping

Do not lie in bed other than to sleep at night. Remember, inactivity can lead to blood clots, which are the number one cause of death within 30 days of bariatric surgery.

Smoking Cessation

Smoking cessation prior to and after bariatric surgery is not only recommended, it is required two months prior to surgery.

Bariatric surgery causes temporary trauma to the stomach mucosa, leaving it vulnerable in smokers and poorly controlled diabetics. In fact, after surgery, you will be on a medication for ulcer prevention. Smoking before and after surgery commonly causes:

- Ulceration
- Delayed healing
- Inflammation
- Gastritis
- Increase in shortness of breath
- Increased blood clots
- Pneumonia

You will not be able to smoke after bariatric surgery. There are too many risks for complications.

Alcohol Consumption

Medical research has clearly shown that bariatric procedures significantly affect alcohol absorption, increasing its potential for danger in a variety of ways, in addition to hindering success for weight management and health.

Rapid Alcohol Response

All the factors involved in alcohol metabolism—weight, liver function, food intake and production of a specific alcohol enzyme—are altered by a bariatric procedure. This leads to heightened blood alcohol levels after less intake than before and slower recovery. Drinking even small amounts can slow response time, creating a potentially dangerous environment for you and others.

Vitamin Deficiency

Alcohol inhibits the absorption of many vitamins. These vitamins, related to restriction, malabsorption and delayed digestion, may already be deficient in bariatric participants. Use of alcohol compounds these effects.

Defeating the Purpose

In many ways, consuming alcohol defeats the purpose of the surgery. Alcoholic beverages are empty calories that revert quickly into blood sugar and slow down weight loss as well as contribute to dumping syndrome, which occurs when food is emptied into the small intestine too soon. Dumping syndrome can lead to vomiting and diarrhea. As a general guide, one 12-ounce beer = 150 calories, 3.5 ounces of wine = 70 calories, 1.5 ounces of gin, rum, vodka or whiskey = 94–124 calories.

Communication with the Bariatric Team

As with any surgical procedure, you may run into some obstacles to your healing and recovery. We welcome your comments and concerns and encourage you to contact us if any of the following occur:

Early (within the first two months)

- New abdominal pain, shoulder pain or back pain
- Rapid heart rate or shortness of breath
- Fever of 101 degrees or greater
- New pain or swelling or redness around your incisions or your lower legs
- Persistent nausea and vomiting with a decrease in urination
- Difficulty swallowing
- Any new drainage from the incisions following initial healing

If you develop sudden chest pain, rapid onset of difficulty breathing or start coughing up blood, call 911. Do not drive yourself!

Keep your Bariatric Surgery Identification Card with you at all times to present to the medical staff in the event of an emergency. If you do not receive this card after surgery, please contact the office at 706.660.2950.

You will receive further detailed information regarding your specific surgery on the day of your discharge from the hospital.



Follow-up After Surgery

Follow-up with your surgeon is important to help prevent complications and to review any concerns or questions you may have.

Scheduled Post-operative Appointments:

- One week
- One month
- Three months
- Six months (Labs will be ordered 1 week prior to appointment)
- Nine months
- 1 year (Labs will be ordered 1 week prior to appointment)
- Yearly (Labs will be ordered 1 week prior to appointment)

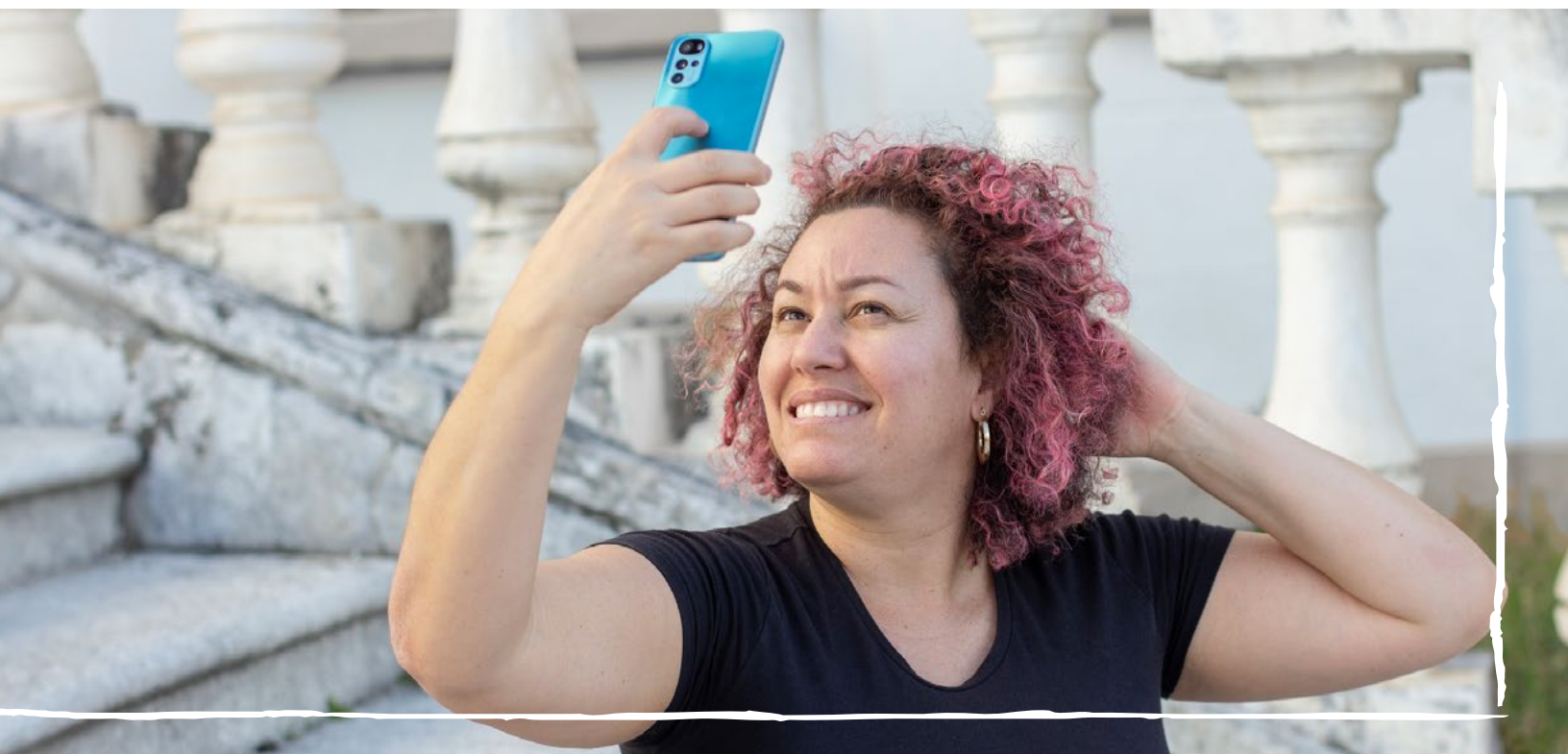
Follow-up Sooner if You Experience:

- New onset of persistent (greater than 48 hours) nausea or vomiting
- New onset of difficulty swallowing
- Persistent abdominal pain

Follow up with your surgeon at least annually to monitor your gastrointestinal health status and vitamin levels and to review any questions or concerns you may have.

*Remember, failure to follow up leads to **complications** and **weight regain**.*

We welcome the opportunity to assist you at any stage of your bariatric life changes and support you in your goals toward health and wellness.



Nutrition



Healthy Habits Before Surgery

- ✓ **Stay hydrated by drinking at least 64 ounces total fluids daily**
 - Choose mostly water, or if desired have calorie-free beverages
 - Stop drinking liquid calories (sugary drinks, juices, alcohol)
- ✓ **Establish a pattern of eating three meals daily**
 - Include a protein food each meal
 - Choose nutrient-dense foods from a variety of food groups
 - Eat protein first, vegetables and fruits next, then starches
 - Use a smaller plate to control portions
 - Begin to limit or avoid sweets, fried foods and fast foods
- ✓ **Practice smaller bites, chew well, eat slowly and stop at the first sign of feeling satisfied**
- ✓ **Practice eating meals without drinking liquids and wait 30 minutes after to begin drinking again**

Hydration Habits

- If you are on a fluid restriction for another health condition, then you must follow it and notify the bariatric dietitian.
- Calorie-free beverages, or drinks that contain less than 10 calories per serving, include fruit-infused water, sugar-free flavored waters, Powerade Zero or Gatorade Zero, Minute Maid Zero Sugar juice drinks, sugar-free drink mixes or drops, unsweetened tea, coffee without added sugar, etc.
- Examples of liquid calories include sweet tea, sodas, sweetened coffees, smoothies, regular sports drinks, energy drinks, Kool-Aid, fruit punch, lemonade, fruit juices, and all other sugary beverages.
- Alcohol not only counts as liquid calories and can contribute to weight gain or slow your weight loss after surgery, it is not allowed during the pre-op diet. You'll be advised to avoid alcohol for the first 12 months following bariatric surgery. See Home Plan section for additional information regarding alcohol consumption.
- We ask that you stop all carbonated drinks before the pre-op diet. Most patients find that after surgery, carbonated beverages cause discomfort and stomach pain from the gas they produce.
- The pre-op diet eliminates caffeine, and we recommend that you avoid caffeine for several weeks after surgery until we know that you are hydrating well. For that reason, it is recommended that you wean yourself off caffeinated beverages in order to minimize fatigue and headaches from the change in caffeine intake.

Eating Habits

- After surgery, the volume of food that you can consume in one sitting is greatly reduced, so it is important to set aside time to consume your food in three separate meals. Snacking or grazing is discouraged after surgery as these behaviors tend to lead to slower weight loss or even weight gain.
- Protein-rich foods include fish and seafood, poultry, lean beef, lean pork, lamb, venison, eggs, low-fat cheese, tofu, beans and peas, lentils, Greek yogurt, cottage cheese, nuts and seeds, nut or seed butters.
- Choose nutrient-dense foods from a variety of food groups. In addition to protein, it's important to include a variety of vegetables (not just the starchy ones), fruits, whole grains, lowfat dairy and healthy fats in your diet.
- After surgery, protein is prioritized, but that doesn't mean you forego all other healthy foods and carbs. Unlike the "keto diet," you'll still need to eat healthy carbs for fuel. Your goal should be to learn healthier eating habits starting today that you will put into practice as your diet progresses after surgery.
- Practice healthy cooking methods and season more with herbs and spices. Bake, broil, grill, roast, or sauté with small amounts of a healthy oil such as olive or avocado oil. Use an air fryer rather than frying foods in oil. Avoid using sweet sauces or breading on foods. Avoid or limit seasoning food with fat back, ham hocks, bacon grease, or lard.
- By using a smaller plate, you can begin to train your stomach and your mind to adjust to smaller portions now.
- By limiting or avoiding sweets, fried foods and fast foods now, it will help keep them from being a regular part of your diet after surgery, when they will be poorly tolerated and can contribute to slow weight loss or even weight gain.
- It takes time for your stomach to signal your brain that it's full. The communication between your stomach and brain is like old-school dial-up internet; i.e., it's very slow. That means if you tend to eat quickly then you generally eat past "full." Be intentional to practice eating slowly and recognizing fullness cues. Think of "satisfied" as not feeling hungry anymore. You will be glad that you practiced these behaviors before surgery, as it sets you up for the right eating habits afterwards.
- Not drinking liquids while eating tends to be a difficult behavior change for many people. Therefore, it is very helpful to start practicing this behavior now. It also tends to help you begin to recognize hunger and fullness cues while working on the other habit changes. Try leaving your beverage away from the dinner table and set a timer for 30 minutes after you swallow the last bite of food.



Eating Out

- Be prepared by reviewing nutrition information before going out to eat. Check out total calories and fat in your usual order. Then choose a meal that is lower in total calories and fat (see example below).
- Request a to-go box at the beginning of meal and place half in the box for lunch the next day.
- Avoid ordering a beverage and ask for your water glass to be removed. At the end of your meal, request a to-go cup of water, unsweetened tea or something sugar-free.

Example:

At Chick-fil-A, you usually order a regular chicken sandwich with a medium-size waffle fries for 840 calories and 42 grams of fat. Instead, order an 8-count grilled nuggets with Zesty Buffalo sauce, a side salad with light Italian dressing, and a medium fruit cup for 410 calories and 17 grams of fat.

Basic Meal Planning

- ✓ Choose a protein food
- ✓ Add non-starchy veggies or fruit
- ✓ Then whole grains or other starches

Sample Breakfast Menus

- Omelet (add veggies and turkey sausage crumbles) and a slice of whole-grain toast with little butter
- Greek yogurt and fresh berries

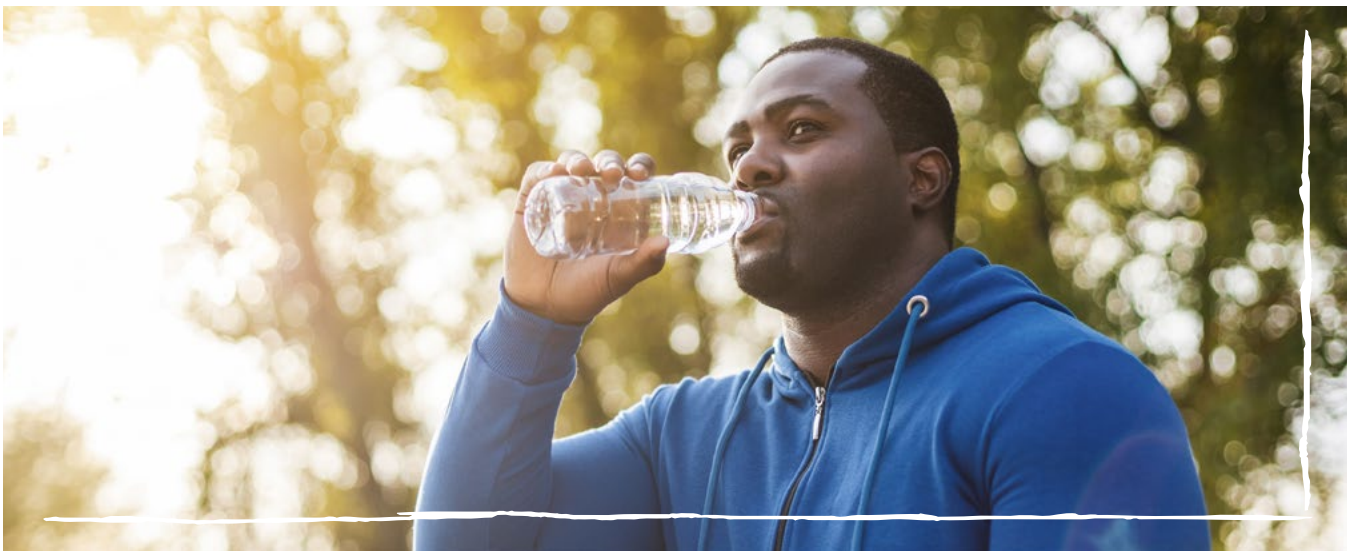
Sample Lunch or Dinner Menus

- Deli turkey or chicken in a whole-grain or spinach wrap, veggies such as spinach or lettuce, tomatoes or bell peppers and fresh fruit
- Grilled or baked chicken or fish, steamed or roasted veggies such as broccoli, cauliflower, carrots, yellow squash, zucchini, bell peppers or whatever you like in a little olive oil, and small serving of rice (preferably brown rice) or mashed potatoes



How to Handle Hunger

- Eat protein first at meals, as it takes longer to digest so you feel full longer
- By limiting added sugars (sugary drinks and sweets) and high fat foods (fried foods, fast foods, chips, fries), your cravings will begin to decrease over time
- By eating slower and chewing well, you will begin to recognize signs of fullness and stop eating. Practice stopping at that first sign of feeling satisfied or no longer hungry
- If you feel “hungry” between meals, drink a bottle of water. Wait 30 minutes to see if you are physically hungry or if it’s “head hunger”
- If you are physically hungry, then choose a protein/carb small snack such as mozzarella string cheese or a small tuna packet and 4-6 whole grain crackers, 1/2 an apple and peanut butter, or a handful of nuts



People with Diabetes

- A1C must be less than 10% before surgery
- Continue to monitor blood sugars as prescribed by your primary care doctor or endocrinologist. Expect blood sugars to improve as you make healthier food selections and control portions.
- Watch for possible signs and symptoms of hypoglycemia (low blood sugar) such as looking pale, shakiness, sweating, headache, hunger or nausea, irregular or fast heartbeat, fatigue, irritability, difficulty concentrating, dizziness or lightheadedness, tingling or numbness of the lips, tongue or cheek.
- If your blood sugar drops below 70 or is less than 100 with symptoms, then take 15 grams of fast-acting sugar such as 3-4 glucose tablets or 4 ounces of juice or another sugary beverage. Recheck your blood sugar in 15 minutes. If it’s still below 70, then treat again. Once your blood sugar is safely above 70, then you may need a small snack consisting of 15 grams carb plus protein to maintain blood sugar until your next meal. Example: ½ turkey sandwich or 4-6 crackers with 2 Tbsp peanut butter.
- Contact your PCP or endocrinologist to report low blood sugars, as your diabetes medications may need to be adjusted.

Nutrition: Stomach Care Guidelines

Nutrition Guidelines for Weight Reduction Surgeries

Introduction

This section describes the stomach care guidelines to follow after your weight loss surgery to assure proper care for your new stomach pouch. The guidelines are intended to allow the stomach adequate time to heal properly, minimize post-surgical discomfort, and maximize weight loss.

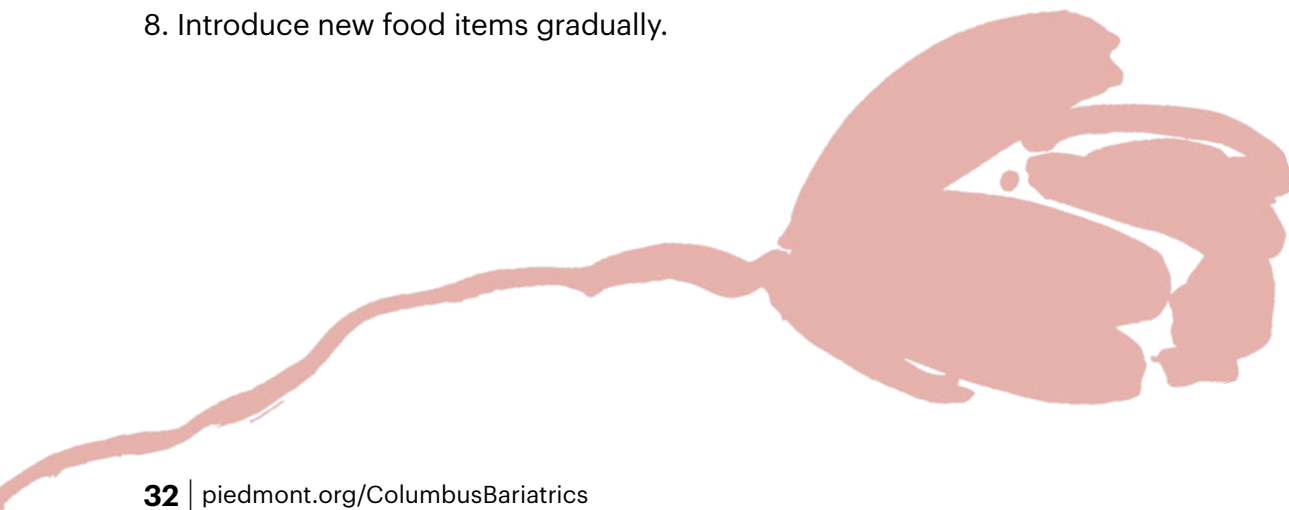
After surgery, your stomach will be about the size of a golf ball. This reduction in stomach size means you must limit the amount of food and liquid you consume. To maintain your nutritional health while losing weight, it is important to eat a nutritionally balanced diet rich in protein, drink enough liquids, and take the recommended vitamin and mineral supplements each day. Your diet progression after surgery will be very gradual.

You will be seeing your dietitian several times throughout your preparation for weight-loss surgery. *Weight-loss surgery is only a tool to assist you in losing weight; the rest is up to you.* We want you to know that we are here for you every step of the way. If you have questions or concerns, please discuss them with a member of your healthcare team.

Stomach Care Guidelines

These guidelines are designed to help you care for your stomach after surgery and to help you establish new eating patterns that are critical to the success of your weight-loss surgery. Following these guidelines will allow you to maintain good nutritional health while avoiding potential complications. Putting these guidelines into practice now is critical so they become habitual for you by the time your surgery date arrives. Though they may look easy, applying them to every bite and every sip you take requires focus.

1. Sip liquids slowly between meals—not *with* meals. Drink approximately 64 ounces of calorie-free liquid per day.
2. Take small bites and chew food thoroughly.
3. Eat and drink slowly.
4. Establish an eating pattern of three meals per day. Do not skip meals, do not snack between meals.
5. Eat protein-rich food at each meal.
6. Take the recommended vitamin and mineral supplements daily.
7. Avoid high-sugar and high-fat food.
8. Introduce new food items gradually.



1. Sip Liquids Slowly Between Meals—Not *with* Meals

Drink 64 oz. (2 quarts) of calorie-free liquid per day.

- Sips should be no larger than one teaspoon in size.
- Stop sipping liquids 30 minutes before eating your meal.
- Resume sipping liquids 30 minutes after finishing your meal.
- Always have beverages with you to assure adequate fluid consumption between meals.
- Sip on calorie-free liquids only.

Drinking liquids too quickly, or taking large gulps of liquid, will cause a funnel effect. The small opening leading to your stomach is unable to allow large amounts of liquid to move freely through. When large amounts of liquid are taken in at one time, the liquid will sit above the stomach opening until it is able to flow through. This will cause extreme discomfort and often vomiting.

Drinking liquids with meals will cause food to liquefy and digest more quickly. This will cause you to experience hunger before your next meal. In our Roux-En-Y bypass patients, this practice will often cause dumping syndrome.

2. Take Small Bites and Chew Food Thoroughly

- Bites should be no larger than ½ teaspoon in size.
- Chew each bite until food is an applesauce texture.
- If you cannot chew a food to a pureed texture, do NOT swallow it.

The new opening in your stomach is very small and can easily be blocked with small pieces of food. Blockage of this opening will prevent food from entering or leaving the stomach and could cause vomiting. Taking small bites is very important. Due to the texture of many foods, a bite that is too large, even if thoroughly chewed, can form a bolus during your swallow that will block the opening in your stomach.

3. Eat and Drink Slowly

- Eat one ounce of food over a fifteen-minute period of time.
- Stop eating as soon as you feel satisfied.
- Plan at least thirty minutes for each meal. If you have limited time for your lunch breaks, spend them eating your lunch, not cramming other tasks into the lunch break and anticipating you can eat lunch quickly because you will not be able to.

Eating too quickly can cause many complications during your recovery. At first, you need to eat very slowly so you can recognize the trigger that you are satisfied. The diet progression may state that you can eat four ounces of food, but that doesn't mean that your stomach will be able to tolerate that much. Also, eating quickly may cause you to lose focus on taking small bites and chewing thoroughly.

4. Establish an Eating Pattern of Three Meals Per Day

Do not skip meals.

- Plan your breakfast or at least have a protein shake within two hours of waking up.
- Eat your meals 4–6 hours apart.
- Do not snack between meals.
- Keep a food journal.

Skipping meals will lower your metabolism, so you will not burn as many calories throughout the day. Skipping meals may also lead to the development of bad habits like snacking between meals and overeating at meals. Quite often, if a meal is skipped, you will be so hungry by your next meal that you will eat too fast and too much. This causes stomach pain, nausea and vomiting.

5. Eat Protein-rich Food First at Each Meal

Protein is an essential nutrient in your diet. Its functions include:

- Maintaining lean muscle mass. Your body will burn muscle tissue if protein intake is not adequate
- Promoting wound healing and hair growth.
- Supporting proper immune system function.
- Taking longer to digest, so you will feel full longer after a meal.

Your Protein Intake at Meals:

- Eat protein-based foods first, then if you have room, eat vegetables, fruit or whole grains
- 50% of your meal should consist of protein-based foods from the following lists.

Protein Sources and Amounts

| Eggs | | |
|------------------------------|----------------|-----------|
| Egg | 1 whole | 6 grams |
| Egg white | 1 | 6 grams |
| Egg substitute | ¼ cup | 5 grams |
| Nuts, seeds and beans | | |
| Almonds | 1 oz (28 nuts) | 6 grams |
| Beans, dried, cooked | ½ cup | 6–9 grams |
| Cashews | 1 oz (¼ cup) | 5 grams |
| Peanuts | 1 oz (39 nuts) | 7 grams |
| Peanut butter | 2 Tbsp. | 7 grams |
| Tofu, firm | ½ cup | 10 grams |
| Tofu, soft | ½ cup | 6–8 grams |
| Walnuts, halves | 1 oz (¼ cup) | 4 grams |
| Grains | | |
| Oatmeal, cooked | ½ cup | 3 grams |
| Quinoa, cooked | ½ cup | 4 grams |

Dairy Sources and Amounts

| | | |
|-----------------------|---------|-------------|
| Cheese, cottage | ½ cup | 13 grams |
| Cheese, ricotta | ½ cup | 10 grams |
| Cheese, most types | 1 oz | 7 grams |
| String cheese, lowfat | 1 piece | 5–6 grams |
| Non-fat dry milk | ¼ cup | 8 grams |
| Yogurt, light | ½ cup | 4–5 grams |
| Greek Yogurt | 5 oz. | 12–16 grams |

Lean Meats Sources and Amounts

All calculations based on cooked meat, without skin. Protein content products may vary slightly based on brand and % fat content.

A 3-ounce measurement resembles a deck of cards

General rule of thumb: one ounce of cooked meat is approximately 6–7 grams protein

| | | |
|-----------------|----------|-------------|
| Beef, lean | 3 ounces | 22–23 grams |
| Chicken, white | 3 ounces | 26 grams |
| Chicken, dark | 3 ounces | 22 grams |
| Crab | 3 ounces | 16 grams |
| Fish, whitefish | 3 ounces | 21 grams |
| Ham | 3 ounces | 14 grams |
| Lobster | 3 ounces | 18 grams |
| Deli meat | 3 ounces | 12 grams |
| Pork loin | 3 ounces | 24 grams |
| Pork tenderloin | 3 ounces | 22 grams |
| Salmon | 3 ounces | 22 grams |
| Scallops | 3 ounces | 18 grams |
| Shrimp | 3 ounces | 21 grams |
| Tuna | 3 ounces | 22 grams |
| Turkey, white | 3 ounces | 25 grams |
| Turkey, dark | 3 ounces | 24 grams |
| Veal | 3 ounces | 30 grams |
| Venison | 3 ounces | 26 grams |

**Avoid high fat meats such as bacon, sausage, brats, ribs and hot dogs.*



6. Take the Recommended Vitamin and Mineral Supplements Daily

A bariatric formulated multivitamin with iron is recommended for all patients after weight-loss surgery. General over-the-counter multivitamins do not provide sufficient nutrients for the post-bariatric patient. It is also important to know that not all vitamins labeled “bariatric” meet the recommended guidelines for supplementation. The dietitian will provide a list of appropriate vitamins from which you can choose. Deficiencies in vitamins and minerals can occur after Roux-En-Y or sleeve gastrectomy surgeries. However, the duodenal switch and SADI-S surgeries have the highest risk for nutritional deficiencies and require a higher intake of vitamins A, D, E, and K. These deficiencies can cause significant problems if they are not recognized and treated with supplementation. Some deficiencies can occur without signs or symptoms. This is why it is important to attend follow-up appointments regularly. Your surgeon will order lab work at these follow-up visits to assure that your vitamin and mineral status is optimal.

Vitamin/Mineral Supplement Recommendations¹

| Supplement name | 2017 recommended total daily supplements |
|---------------------|---|
| Thiamine/Vitamin B1 | 12 mg (milligrams) |
| B12 | 350–500 mcg (micrograms) |
| Folate | 400-800 mcg (800-1000 mcg females of childbearing age) |
| Iron | 45–60mg |
| Calcium (elemental) | 1200–1500 mg (sleeve/bypass) or 1800-2400 mg (DS/SADI) |
| Vitamin D | At least 75 mcg or 3,000 international units (IU) |
| Vitamin A | 5,000 to 10,000 IU (sleeve or bypass) and 10,000 IU (DS/SADI) |
| Vitamin K | 90-120 mcg (sleeve/bypass) and 300 mcg (DS/SADI) |
| Vitamin E | 15 mg |
| Zinc | 8-16 mg female or 11-22 mg male (sleeve/bypass) and 16 mg female or 22 mg male (DS/SADI) |
| Copper | 1 mg (sleeve) and 2 mg (bypass or DS/SADI) |

¹ *Surg Obes Relat Dis.* 2017 May;13(5):727-741.

American Society for Metabolic and Bariatric Surgery Integrated Health Nutritional Guidelines for the Surgical Weight Loss Patient 2016 Update: Micronutrients. Parrott J



Calcium:

- Recommended doses are 1200–1500 mg of elemental calcium daily for sleeve or gastric bypass; 1800-2400 mg elemental calcium daily for SADI-S in divided doses
- Calcium must NOT be taken within 2 hours of any iron, including the multivitamin. If so, the iron and the calcium will bind/stick together and be eliminated in the stool and you will not absorb either one.
- A good option for calcium is bariatric calcium citrate soft chews from one of the bariatric companies. They contain 500 mg calcium per chew. Gastric bypass and sleeve gastrectomy patients need 3 chews daily spaced throughout the day, and DS/SADI-S need 4 chews daily. Calcium citrate can be taken with or without food.
- If you have a history of kidney stones or you're at high risk for stone formation, it is recommended to take calcium citrate WITH meals to bind with oxalates in the meal.
- Another option for calcium citrate is Citracal, which is available at most drugstores; however, the caplets tend to be very large and you would need to take 6-8 caplets daily depending on your surgery. Citracal also makes gummies if tolerated and also require 6-8 gummies daily depending on your surgery.
- If you require a more economical option, you may take Tums which are calcium carbonate. However, not all of the calcium in Tums is elemental calcium. Tums Ultra contain 410 mg of calcium per tablet. Tums Extra Strength, Tums Chewy Bites, and Tums Smoothies contain 300 mg per tablet. Check with the dietitian to see how many tablets you would need to meet your calcium needs. Also, calcium carbonate should be taken WITH meals for maximum absorption.

| Surgery Type | Bariatric Vitamins |
|--------------------------|--|
| Gastric Bypass or Sleeve | Bariatric Multivitamin with Iron 1-2 times per day (depending on brand) |
| | Calcium 1200-1500 mg in divided doses 500 mg 3 times daily |
| Duodenal Switch/SADI-S | Bariatric Multivitamin with Iron-ADEK 1-2 times per day (depending on brand) |
| | Calcium 1800-2400 mg in divided doses 500 mg 4 times per day |

Vitamin D:

- Recommended dosage is 3,000 IU daily.
- The bariatric multivitamin we recommend has the 3,000 IU vitamin D already in it, so you don't have to purchase this separately.

Note: If you are taking extra iron supplementation, you will need to take your iron supplement at least 2 hours apart from your calcium/vitamin D supplement.

7. Avoid High-sugar and High-fat Foods

Take the next few months to familiarize yourself with foods that have a high sugar and/or high fat content. You need to avoid these foods after surgery. Most of these foods have very little nutritive value. Since your stomach is only able to handle small amounts of food, we want you to make nutritious choices at meals. If you have the Roux-en-Y gastric bypass, foods with a high sugar and/or high fat content usually cause dumping syndrome.

The following foods may cause dumping syndrome. Even if they do not cause dumping syndrome, they should be avoided due to their high calorie content.

High-Fat Foods

- Regular mayonnaise, sour cream, cream cheese, and salad dressing
- Whole milk and half-and-half
- Ice creams, cakes, cookies, pies and other desserts
- Bacon
- Sausage
- Gravy

High-Sugar Foods

- Sweetened drinks (juice, tea, soda)
- Frozen yogurt, sorbet or sherbet
- Sugar-sweetened cereal
- Fruit canned in syrup
- Dried fruit
- Pudding

8. Try New Foods Gradually

After weight loss surgery, certain foods may be difficult to tolerate. Food intolerance varies for each individual. Our suggestion is to try one new food at a time. This will make it much easier to distinguish which food is causing discomfort. If a food does cause discomfort, do not eat it. You may try reintroducing that food at a later date. In time, you may be able to tolerate that food.

Foods to Avoid

These foods may be difficult to chew to applesauce texture so you may not tolerate them.

Sticky Foods

- Rice
- Pasta
- High-fat cheese, melted
- Soft, doughy breads, cakes and pastries
- Pancakes and waffles

Snack-type Foods

(little nutritional value, high calorie)

- Chips
- Popcorn
- Almonds
- Other Nuts
- Carbonated beverages

Tough Foods

- Any dry or overcooked meat
- Most breads

Food Aversions

- Many patients struggle with food aversions immediately after surgery. These can range from chocolate to pork to squash. There can be profound effects on taste and smell after surgery that make some foods previously desirable smell/taste awful. These are different for everyone and some patients may not have them at all.
- These are usually temporary!

Recommended Foods

Soft, high-protein foods

- Eggs
- Greek yogurt (not regular or light yogurt)
- Low-fat cottage cheese
- Low-fat cheese
- Tuna packed in water
- Crab, shrimp, and scallops (not fried)
- Skinless chicken or turkey cooked very tender, cut into small pieces
- Lean pork and beef cooked very tender, cut into small pieces
- Beans and lentils
- Low-fat deli meats

Other Healthy Choices

- Cream of Wheat, oatmeal or Malt-O-Meal (add protein powder or dry milk powder)
- Cooked tender vegetables without seeds or skins. Raw vegetables (without ranch or other dips) are encouraged but will not be tolerated right away. Raw vegetables will provide you with more fiber and vitamins than cooked.
- Canned fruits without seeds or skins (canned in own juice)





Potential Problems After Surgery

After weight loss surgery, you may encounter certain problems that result from the small size of your new stomach. Below are listed problems you may encounter and suggestions to overcome them.

Dumping Syndrome

Weight-loss surgery significantly reduces the size of the stomach. Following surgery, food and liquids will enter the small intestine more rapidly and in larger amounts than normal. As a result, dumping syndrome may occur. **Symptoms can include:** diarrhea, nausea, vomiting, abdominal cramps or fullness. Some people may also experience weakness, sweating, light-headedness or rapid heartbeat. If dumping syndrome persists, consult your surgeon. Dumping syndrome usually does not occur in patients who have had the Sleeve Gastrectomy procedure.

Dehydration

Because your stomach is smaller, it is unable to handle “ordinary” portions of food and liquid. In addition to losing weight, you may have a greater risk for dehydration. Sip at least 64 ounces of liquid between meals daily. Remember, if you experience vomiting and diarrhea, you will need extra fluids to replenish the fluids you have lost. Contact your surgeon’s office if you are not tolerating fluids or meeting your fluid goals.

Diarrhea

Sensitivity to certain foods and dumping syndrome may cause diarrhea. The following suggestions may help you avoid diarrhea:

- Limit high-sugar, high-fat and very hot or cold foods
- Eat small, dry meals
- Drink adequate amounts of liquid between meals
- Follow the guidelines carefully
- Some patients describe lactose intolerance or irritable bowel syndrome after surgery. This is almost always temporary. Our bodies are well-made and are good at adjusting to the post-surgical anatomy over time, usually within the first few months and first year.

Blockage of the Opening of the Stomach

If you are unable to eat or keep foods in your stomach, consult your physician. You may have a blockage. This occurs if you swallow a piece of food that is too big. It can also occur if you swallow a large bite of food that forms a bolus and sticks back together while traveling through the esophagus.

Nausea and Vomiting

Eating too fast, too much, not chewing thoroughly, and progressing through the diet progression too quickly may cause nausea and vomiting. Food intolerance may also cause nausea and vomiting. Follow the nutritional guidelines carefully to avoid complications. Keep track as new foods are introduced to your body to distinguish how well the food is tolerated.

Weight Gain or No Further Weight Loss

Follow the dietary guidelines as instructed by the weight loss team. If weight gain or no further weight loss occurs, consult your bariatric surgeon or the team. **Weight-loss surgery is only a tool. You are responsible for keeping yourself on track!** Snacking between meals and consumption of high-calorie beverages will slow your weight loss and may cause weight gain.

Vitamin and Mineral Deficiencies

Deficiencies in vitamins and minerals can occur after Roux-En-Y or sleeve surgery. These deficiencies can cause significant problems if they are not recognized and treated with supplementation. Some deficiencies can occur without signs or symptoms. That is why it is important to attend follow-up appointments regularly. Your surgeon will order lab work at these follow-up visits to assure that your vitamin and mineral status is optimal.

Vitamin B12

B12 is important for the function of your nerves and for the production of the DNA and RNA in your cells. After gastric bypass surgery, it is harder for the body to absorb B12 from foods. Many patients need to take sublingual Vitamin B12 or monthly B12 shots after surgery.

When untreated, B12 deficiency can result in:

- Anemia
- Difficulty breathing
- Early graying of hair
- Muscle weakness

Food sources: B12 is only found in animal foods: fish, eggs, beef, pork, yogurt, and cheese.

Iron

It is not uncommon for patients to require iron supplementation after surgery. If you already have anemia and need supplementation, you will need to continue iron supplementation after surgery. Taking a vitamin C supplement with your iron supplement will improve absorption of iron. *However, be sure to take your iron supplementation apart from your calcium with vitamin D or you will not absorb the iron well.*

When untreated, iron deficiency can result in:

- Anemia
- Loss of energy
- Leg cramps/Restless Leg Syndrome
- Coldness
- Ice eating or pica (cravings for non-food items)

Food sources: Animal sources are best absorbed: beef, lamb, fish, poultry, egg yolk, kidney beans, lentils, and cashews.

Zinc

Zinc is important for immune function, as well as skin and hair health. Zinc deficiency can easily be corrected with supplementation of zinc sulfate.

When untreated, zinc deficiency can result in:

- Decreased immunity
- Poor wound healing
- Depression
- Baldness

Food sources: shellfish, seafood, meat, dairy, beans, lentils, nuts and seeds.

Folate

Folate is important for brain function. After weight-loss surgery, a lot of the foods that are fortified with folate are often cut out of the diet. Folate is found in supplements, but you may need to take extra folate supplementation.

When untreated, folate deficiency can result in:

- Memory loss/changes
- Muscle weakness
- Depression
- Severe birth defects or miscarriage if pregnant

Food sources: Fortified cereal, oranges, green vegetables, peanuts and soybeans.

Thiamine

Thiamine deficiency can occur after weight-loss surgery, especially if you experience a lot of vomiting. Your body does not store very much thiamine, so deficiency can happen very quickly. Thiamine deficiency can be corrected with supplementation.

When untreated, thiamine deficiency can result in:

- Muscle weakness
- Permanent nerve damage
- Depression
- Confusion
- Loss of energy

Food sources: Fortified cereals, beans, nuts, and pork.

Calcium and Vitamin D

Supplementation of calcium with vitamin D is important after weight loss surgery. **Calcium carbonate or calcium citrate** are well-absorbed by the body when taken with vitamin D. If you do not get enough calcium from your diet, your body will pull calcium from your bones. Many people have a hard time maintaining adequate vitamin D levels and may need to take extra vitamin D supplements.

If taking iron supplements, be sure to take it separate from your calcium with vitamin D by 2 hours.

When untreated, calcium and vitamin D deficiency can result in:

- Loss of bone mass leading to broken bones
- Osteoporosis
- Brittle nails and hair
- Muscle cramping and weakness

Food sources for Calcium: yogurt, cheese, leafy green vegetables.

Sources for Vitamin D: salmon, tuna, eggs, and the sun

Careful monitoring of your nutritional status after surgery is very important for optimal health. Attending regular follow-up visits with your bariatric healthcare providers will provide you with the guidance to help you enjoy a successful, healthy weight loss. If you are experiencing any of the symptoms listed above, please contact the office for an appointment to assess your vitamin/mineral status.

Piedmont Physicians Surgical Specialists & Bariatrics: 706.660.2950

Hair Thinning

Hair thinning may occur starting 3–6 months following weight loss surgery. It is typically due to rapid weight loss and lack of important nutrients. Hair thinning caused by rapid weight loss is not typically permanent. If you are experiencing hair thinning, there are a few things you can do to slow or prevent further loss.

1. Make sure you are eating your protein in your diet as instructed above (refer to protein list).

2. Take your bariatric multivitamin, which contains iron.

Your iron status is checked during routine bariatric lab work. Your surgeon will make iron supplement recommendations if your iron is low.

Food sources: beef, lamb, fish, poultry, egg yolk, kidney beans, lentils, and cashews. Animal sources absorb best.

3. Extra Supplements: you may also add one of the following supplements to your daily routine to slow hair loss and promote healthy hair re-growth. It is not necessary to take all of the following supplements.

- Zinc: 50 mg daily (Do not exceed recommended dose)
- Biotin: 2.5 mg daily
- L-Lysine: Female: 1.5 grams daily, Male: 2 grams daily
- B-12: 1000 mcg sublingual daily

These nutrients are available in most protein foods such as meat, fish, eggs, and nuts.



Pre-Op and Post-Op Diets

Bariatric Surgery Success

How Does Bariatric Surgery Help?

1. Reduces the amount of food you are able to eat at one time (restriction).
2. Causes your body to absorb less of the food you eat with the gastric bypass procedure (malabsorption).
3. Creates poor tolerance of empty-calorie foods (processed carbohydrates, sugar, and fats).
4. Promotes balance of gastrointestinal-related hormones; reduces production of ghrelin (hunger hormone).
5. Gives you a full feeling much sooner.

The surgery will help you to lose weight. However, long-term weight-loss success depends on YOU to change your eating habits by learning to eat smaller meals, chewing food thoroughly and making the right food choices. Most of our patients will see a decreased appetite for the first few months. Think of it as a tool to help with your new way of eating. You may not feel like eating at all, but you must! It is very important that you follow the post-op diet progression and the guidelines provided in this guide.

How Does Bariatric Surgery Work?

This nutrition program will provide you with fewer calories than your metabolism needs and smaller portions that match your reduced stomach capacity. Working with fewer calories allows your body to utilize stored fat for energy, and that results in weight loss. Our plan focuses on high-priority foods and liquids that aid in creating a weight loss environment within your body.

This procedure must be viewed as a tool. Results will only come from understanding this surgery guide and applying changes. Refusing to make the diet, hydration, and physical activity changes required will only lead to disappointment, frustration, and the possibility of complications and extra hospital stays.

Post-procedure Results—What Can I Expect?

The exact plan after surgery will depend on your surgeon. They will determine the exact type of procedure, the actual length of your hospital stay, and the timing of changes from one phase of the diet to the next. Your weight loss will depend upon your pre-procedure weight, but it should progress quickly for the first 6–12 months after your procedure. This is the MOST IMPORTANT time for you to follow the plan in this guide! The program that we recommend for you is designed to prevent vitamin, protein, or fluid deficiencies and their consequences. Follow the pre-op diet and post-op diet progression prescribed by your surgeon. Track your daily fluid and protein intake during the beginning months following surgery to ensure that you are meeting your nutrition goals.



Pre-Op Liver-Shrinking Diet

Begin Two Weeks (14 Days) Before Surgery

You are required to follow a diet that is low-calorie, low-carb and high in protein prior to surgery. The purpose of this structured diet is to reduce the size of your liver to allow the surgeon better access to the stomach and potentially decrease the risk of complications. Your surgeon may not be able to perform your surgery if you do not follow the pre-op diet closely. It will provide approximately 800-1,000 calories, 50 grams of total carbohydrates, and 80-120 grams of protein.

Note for People with Diabetes: Before you begin your diet, contact your endocrinologist or primary care provider for any adjustments to medications to reduce the risk of low blood sugars and report low blood sugars <70 while following the pre-op diet. Treat low blood sugars as directed by your provider.

Guidelines for Liver-Shrinking Diet:

Drink two protein shakes daily, each containing

- 20-30 grams of protein, less than 200 calories, and less than 10 grams total carbs.
Examples: Premier, Fairlife Nutrition Plan or Core, Ensure Max, Boost Glucose Control Max, OWYN
- If you use protein powder, mix with water, unsweetened almond milk, or unsweetened soy milk
- Do NOT add fruit to shakes

Eat two meals daily consisting of lean proteins and non-starchy vegetables

- You may substitute a frozen meal if it has less than or equal to 300 calories and less than 20 grams total carbs.
- Use healthier cooking methods: bake, broil, roast, steam, air-fry, grill, or sauté in a teaspoon of oil; do NOT fry. Season with herbs, spices, or a spritz of fresh lemon, but limit the use of high-sodium seasonings. Cooking sprays are fine.

Eat one fruit serving daily (optional, but follow the serving advice in the chart on page 50)

Stay hydrated: drink at least 64 oz of water and sugar-free fluids daily

- Avoid beverages containing caffeine, carbonation or sugar.

Take a bariatric multivitamin with iron and a calcium supplement daily as directed

- See pages 36-37 for more information, or ask the dietitian if you have questions.



| Allowed | Not Allowed |
|---|---|
| <p>Protein Foods</p> <ul style="list-style-type: none"> • 2-3 oz equivalents each meal for a total of 4-6 ounces each day <p><i>Note: A 3-ounce portion of meat or poultry is the size of a deck of cards, and a 3-ounce portion of fish is the size of a checkbook.</i></p> | <p>1-ounce equivalents:</p> <ul style="list-style-type: none"> • 1 egg (limit two per day) • 1 egg white • ¼ cup egg substitute • 1 oz cooked lean meats (chicken, turkey, fish, pork chop or pork tenderloin, venison, lamb, beef cuts from loin, round and at least 90% lean) • turkey or chicken bacon or sausage; 2 slices, 2 patties or 3 breakfast links • 3 ounces tofu • 1 low-fat cheese stick <p>2-ounce equivalents:</p> <ul style="list-style-type: none"> • ½ cup cottage cheese • Low fat Greek yogurt (<15g total carb, <100 calories) <i>Examples: Oikos Triple Zero, Chobani Zero Sugar, Great Value Light Greek Yogurt</i> • Shrimp, cooked (23 extra-small, 15 small, 12 medium, 7 large, 5 extra-large) • 3 ounces tofu (super firm) |

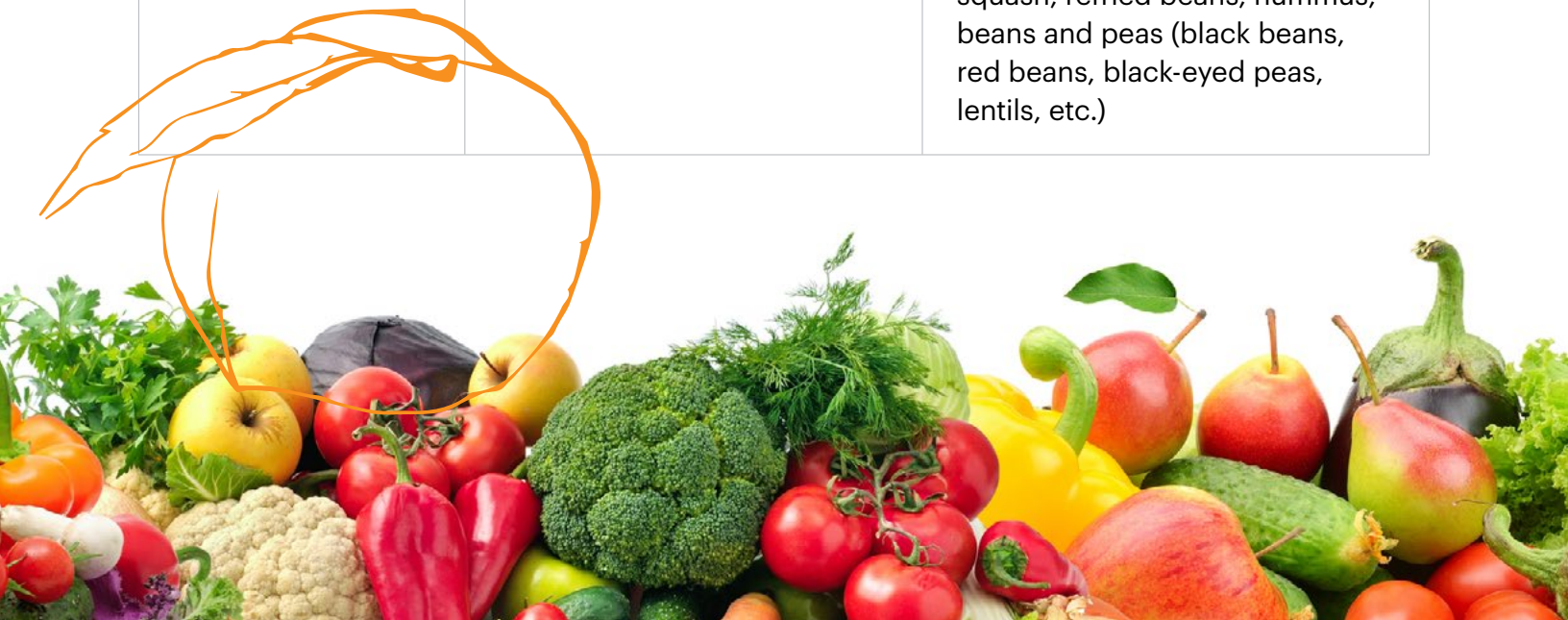
- Fried meats
- Regular bacon
- Regular sausages
- Hotdogs
- Bratwurst
- High fat deli meats (pepperoni, salami, bologna, etc.)
- Breaded meats
- Full-fat cheeses with >7 grams fat per serving
- Plant-based or vegan products with more than 5 grams total carb per serving
- Peanut butter or nut butters



| | Allowed | Not Allowed |
|--|--|--|
| <p>Non-starchy Vegetables</p> <ul style="list-style-type: none"> • 4-5 servings daily • One serving = ½ cup cooked or 1 cup raw | <p>Artichoke hearts, asparagus, beans (green, wax, Italian), beets without added sugars, bell peppers, broccoli, Brussels sprouts, cabbage, carrots, cauliflower, celery, cucumber, eggplant, leafy greens and salad greens, mushrooms, okra, onions, pea pods, radishes, rutabaga, spaghetti squash, sugar snap peas, tomatoes, yellow squash, zucchini</p> | <p>All other vegetables</p> <p>Vegetables that are fried or prepared in cream sauces, cheese sauces, sweet sauces</p> |
| <p>Fruits (optional)</p> <p>Allowed one serving daily; <u>must</u> follow portion size</p> | <ul style="list-style-type: none"> • 1 small apple or orange • ½ banana • ¾ cup blueberries • 1 cup melon (cantaloupe, honeydew, watermelon) • 12 fresh cherries • 15 small or 7 large grapes • 1 kiwi • ½ papaya or mango • 1 medium peach • ¾ cup pineapple • 2 small plums • 1 cup raspberries or blackberries • 1¼ cup whole strawberries • ½ cup unsweetened applesauce or canned fruit | <ul style="list-style-type: none"> • Fruit juices • Dried fruits • Fruit in heavy or light syrups • Any fruits with added sugars |



| Allowed | | Not Allowed |
|---|--|--|
| <p>Fats Allowed 3 servings daily</p> | <ul style="list-style-type: none"> • 1 tsp oil • 2 tbsp light salad dressing • 1 tbsp light mayo • 1 tsp butter | <p>Regular salad dressings or ones with added sugars</p> <p>Regular mayonnaise</p> |
| <p>Beverages</p> | <p>Water, sugar-free flavored water, sugar-free drink mixes or drops, fruit-infused water, Propel, Gatorade Zero, Powerade Zero, unsweetened decaf tea or decaf coffee</p> | <p>Drinks containing sugar, caffeine, carbonation (<i>Examples: sweet tea, Kool-Aid, lemonade, sodas</i>)</p> <p>No fruit juices, milk or smoothies</p> <p>No alcohol</p> |
| <p>Other</p> | <p>Broth, sugar-free popsicles (limit 3 per day), and sugar-free gelatin (limit 3 per day)</p> | <p>Snack foods like pretzels, chips, popcorn, pork skins, jerky, candy, ice cream, desserts All other foods not on the “allowed” list</p> |
| <p>Grains/Starches</p> | <p>NONE</p> | <p>Grains: pasta, rice, grits, oatmeal, Cream of Wheat, all breads, tortillas, granola, quinoa, barley, couscous, crackers</p> <p>Starchy vegetables: corn, potatoes, sweet potatoes, lima beans, acorn squash, butternut squash, refried beans, hummus, beans and peas (black beans, red beans, black-eyed peas, lentils, etc.)</p> |



| Sample Menu | |
|--------------------|---|
| Breakfast | Protein shake |
| Lunch | Grilled chicken salad (2½ cups salad greens & non-starchy veggies, 2 oz grilled chicken, 1 boiled egg) 2 Tbsp light Italian dressing |
| Snack | Protein shake |
| Dinner | 3 ounces baked cod with lemon and seasonings 1 to 1½ cups roasted broccoli, cauliflower, and carrots with 2 tsp oil and seasonings 1 cup cantaloupe |

****Day Before Surgery: Clear Liquid Diet****

- Water (may add sugar-free drink mixes or drops)
- Decaf, unsweetened black coffee or tea (may add sugar substitutes)
- Propel, Powerade Zero, Gatorade Zero, sugar-free flavored waters
- Broth or bone broth
- Sugar-free popsicles or sugar-free gelatin

Note: No protein shakes and do not take your bariatric vitamins or calcium the day before surgery.



Post-Op Diet Progression

| Sleeve Gastrectomy/ Gastric Bypass/SADI-S/Duodenal Switch | |
|---|--|
| <p>Post-Op Week 1</p> | <p>Liquid Diet Stage</p> <p>Clear Liquids: water, sugar-free drink mixes or sugar-free drops like Mio, Propel, Gatorade Zero, Powerade Zero, sugar-free flavored waters, decaffeinated coffee or unsweetened tea, broth, sugar-free popsicles, sugar-free gelatin</p> <p>Full Liquids: low-fat milk, unsweetened plant-based milks (almond, soy, oat), strained low-fat soups</p> <ul style="list-style-type: none"> • Drink a minimum of 48 ounces daily. Measure fluid intake. • Total fluid goal is at least 64 ounces DAILY. Sip 6-8 ounces of liquids every waking hour • Try different temperatures of liquids to see what you tolerate best • DO NOT drink fruit juices, sugary beverages, carbonated drinks, caffeine, or alcohol <p>Protein Supplements: clear liquid protein drinks (examples: Premier Clear Protein, Protein2o infused waters), protein shakes (examples: Premier, Fairlife, Ensure Max, Boost Max, Muscle Milk, Unjury, Quest, Pure Protein, OWYN Non-dairy Plant Protein or Pro-Elite), and protein powders (examples: Isopure Whey Protein Isolate, GenePro G3 Flavorless Protein, Premier Protein, Unjury Whey Protein, OWYN Plant-Based Protein Powder)</p> <p>**Dilute all protein drinks with half water for the first two weeks after surgery**</p> |
| <p>Week 2</p> <p>Protein Goal 60 grams</p> | <p>Continue Liquids as Above and Add the Following Full Liquid Items if desired: Greek yogurt or low fat yogurt with less than 20 grams total sugar per serving (must be smooth without chunks or fruit pieces), sugar-free pudding, Cream of Wheat or grits (must be watery/runny)</p> <ul style="list-style-type: none"> • Add unflavored protein powder to these items • DO NOT try oatmeal for 3 months <p>Begin your bariatric multivitamin with iron and separate calcium supplement.</p> |
| <p>Weeks 3 & 4</p> <p>Protein Goal 60 grams</p> | <p>Pureed Diet Stage</p> <p>Low-fat cottage cheese or low-fat ricotta cheese (mashed with a fork), pureed egg salad/chicken salad/tuna salad (without chunks or hard pieces), pureed canned or cooked meats, pureed beans or peas, pureed well-cooked vegetables (no skins, seeds, or stringiness), pureed sweet potato or potato (no skins), unsweetened applesauce, pureed no-sugar-added canned fruits, Cream of Wheat or grits (made to consistency of applesauce), unsweetened smooth baby foods</p> <ul style="list-style-type: none"> • Continue fluids and protein drinks as above to meet daily hydration and protein goals • TIP: add unflavored protein powder to pureed foods to boost protein intake |
| <p>Weeks 5 & 6</p> <p>Protein Goal Sleeve/Bypass 80-100 grams; SADI-S/DS 100-120 grams</p> | <p>Soft Diet Stage</p> <p>Eggs, fish, tuna or chicken (packet or canned), deli meats (turkey, chicken; avoid fatty meats), lean ground turkey or chicken, mozzarella string cheese or low-fat cheese, well-cooked beans and lentils, well-cooked non-starchy vegetables, soft canned fruits (packed in water or no sugar added)</p> <ul style="list-style-type: none"> • Continue fluids as above to meet daily hydration goals • Continue protein drinks between meals to help meet protein goals • Avoid fried or greasy foods, dry foods, sweets, pasta, bread, rice or gummy starches |

Post-Op Diet Progression for Sleeve Gastrectomy, Gastric Bypass, SADI-S, and Duodenal Switch

Important:

- **Do NOT advance your diet early.** Follow the instructions for each diet stage. It is okay to go a little slower if needed. If you can't tolerate pureed or soft diet stages when it is time to advance, then go back to liquids until you are ready to try again.
- If you are struggling to meet daily fluid goals, please send a message through Piedmont MyChart or call the office at 706.660.2950 during regular office hours to speak to the dietitian or nurse.
- Beginning week 2 post-op, you will resume taking your bariatric multivitamin with iron and calcium supplement. Please contact the dietitian if you have questions about your vitamins or if you are having difficulty tolerating the vitamins.

In the Hospital:

- Take small sips of water and sugar-free fluids. Allow ice chips to melt in your mouth.
- Space sips as tolerated. A teaspoon is the perfect size sip. If sips are too big or too close together, then you may experience nausea, vomiting, or pain.
- It may be helpful to use a 1-ounce medicine cup to track your fluid intake. Try to sip an ounce every 10 minutes.
- NO FRUIT JUICES, CAFFEINE, CARBONATION, OR SUGARY DRINKS!
- **BEFORE DISCHARGE, you must be able to drink a minimum of four ounces of liquids each hour.**
- Taste and smell changes are common after surgery. Try different flavors and temperatures of liquids to see what you tolerate best. What you liked or tolerated before surgery may be very different after surgery.



Post-Op Week 1 and Week 2: Liquid Diet Stage

Nutrition Goal: 48-64 oz. of clear and full liquids daily, includes protein drinks.

Track daily fluid intake and push fluids! You've got this!

- If your urine is dark and concentrated then you need to drink more!
- Try a variety of liquids to see what YOU tolerate best. Try cold, room temperature and warm liquids. If you cannot tolerate plain water, try adding some kind of sugar-free flavor, lemon or lime, mint, cucumber, etc. Dilute beverages with extra water if too sweet. If tolerating sugar-free popsicles well, then freeze liquids to make them like a popsicle. One popsicle equals about one ounce of fluid.
- **Begin with small goals: 6-8 ounces EVERY WAKING HOUR!**
 - Use small clear containers for your fluids to see how you're doing
 - Sip on a 1-ounce medicine cup filled with liquid of choice every 10 minutes. In one hour you will have consumed 6 ounces of liquids.
 - Avoid carrying around a large beverage container in the first few weeks and having no idea how much you've drunk throughout the day.
- If you are experiencing nausea, take the nausea medication prescribed as directed so you will be able to drink your fluids.

Clear Liquids

- Water (may use sugar-free drink mixes or drops if desired)
- Propel, Gatorade Zero, Powerade Zero, calorie-free flavored waters
- Broth or bone broth
- Decaffeinated black coffee (may add sugar substitutes)
- Caffeine-free unsweetened tea (may add sugar substitutes)
- Sugar-free popsicles or sugar-free gelatin

Full Liquids

















































































































- Fat-free or 1% milk
- Unsweetened plant-based milk (almond, soy, oat, etc)
- Strained low-fat soup

Protein Supplements

- Clear liquid protein drinks such as Premier Clear Protein or Protein2o infused waters
- Protein shakes such as Premier, Fairlife, Ensure Max, Boost Max, Muscle Milk, Unjury, Quest, Pure Protein, OWYN Plant-Based Protein
- Protein powders such as Isopure Whey Protein Isolate Unflavored, GenePro G3 Flavorless Protein, GNC Pure Isolate Whey Protein, Premier Protein, Unjury Whey Protein, OWYN Plant-Based Protein Powder. Have an unflavored protein powder on hand to mix in beverages and foods as your diet advances.
- Look for protein drinks that contain 15-30 grams of protein from whey, egg white, casein, milk, soy proteins or plant-based that contain all nine essential amino acids. Collagen protein lacks many essential amino acids and should not be used exclusively as a protein source after surgery.
- **A good rule of thumb is to drink at least 8 ounces of a protein-containing beverage every 3-4 hours in the first weeks after surgery.**
- Dilute all protein drinks with half water the first two weeks after surgery. Try freezing like popsicles if that helps your tolerance.

Fluid Tracker

Fill in one glass for every 8 ounces of fluid consumed. Begin with one ounce every 10 minutes with the goal of 6-8 ounces in an hour. **Remember: small sips!**

| | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|
| Post-Op Day 1 |  |  |  |  |  |  |  |  |
| Day 2 |  |  |  |  |  |  |  |  |
| Day 3 |  |  |  |  |  |  |  |  |
| Day 4 |  |  |  |  |  |  |  |  |
| Day 5 |  |  |  |  |  |  |  |  |
| Day 6 |  |  |  |  |  |  |  |  |
| Day 7 |  |  |  |  |  |  |  |  |
| Week 2 Day 8 |  |  |  |  |  |  |  |  |
| Day 9 |  |  |  |  |  |  |  |  |
| Day 10 |  |  |  |  |  |  |  |  |
| Day 11 |  |  |  |  |  |  |  |  |
| Day 12 |  |  |  |  |  |  |  |  |
| Day 13 |  |  |  |  |  |  |  |  |
| Day 14 |  |  |  |  |  |  |  |  |

Post-Op Week 2

Nutrition Goals:

- Hydration: 48-64 oz of clear and full liquids daily, includes protein drinks. **Push to get in 64 ounces daily.** Continue to track daily fluid intake. If urine is dark and concentrated, then increase fluids.
 - **Contact the office if you are not hydrating well**
- Protein: 60 grams daily
- **Begin your bariatric multivitamin with iron and your separate calcium supplement, which can be capsule or chewable.** Capsules can be opened and mixed into unsweetened applesauce if needed. Please contact your dietitian if you are unable to tolerate your vitamins.

You may add the following items to your diet:

- Low-fat yogurt (must be smooth texture without chunks or fruit pieces); Greek preferred if tolerated
- Sugar-free pudding
- Cream of Wheat or grits (must be watery/runny)—NO oatmeal for 3 months
- Add unflavored protein powder into these items to boost protein intake

Follow these stomach care guidelines:

- Use a baby spoon to keep bites very small. This can also help you avoid accidentally taking too big of a bite.
- Space out your bites as tolerated. You may need 3-5 minutes between each bite. Pay attention to your new stomach telling you when to stop.
- Do not eat too fast or take too big of bites, as this may make you very sick. The goal is to stop eating BEFORE you feel nauseated or uncomfortable.



Post-Op Week 3 and Week 4: Pureed Diet Stage

Nutrition Goals:

- Hydration: 64 oz of clear and full liquids daily, including protein shakes. **Push to get in 64 ounces daily.** Continue to track daily fluid intake. If urine is dark and concentrated, then increase fluids.
 - **Contact the office if you are not hydrating well**
- Protein: at least 60 grams protein daily from protein drinks and protein powder. Continue to drink a protein beverage every 3-4 hours
- Bariatric multivitamin with iron and calcium supplements: take daily as directed.

In addition to the items allowed on the clear and full liquid diet stages, you may add foods of a pureed consistency. This stage begins to introduce food blended to the consistency of applesauce or to the point of no chewing required. You will need to use a blender, food processor, immersion blender, Ninja, Magic Bullet or similar kitchen tool that can puree your foods, which helps you transition from drinking liquids to eating semi-solid foods. These pureed textures are easier to tolerate and allow for a more varied diet. The gastrointestinal tract is very individualized and food intolerances vary greatly among individuals. It is important to try new foods one at a time so you can see how you tolerate each food.

Follow these stomach care guidelines:

- Use a baby spoon to keep bites very small.
- Space out your bites as tolerated. You may need 3-5 minutes between each bite.
- Stop eating before you feel nauseous or uncomfortable. The goal is to listen to your stomach and stop eating. You may only be able to tolerate 2-3 small bites or possibly up to 1/3 cup volume.
- Add unflavored protein powder into pureed foods to boost protein intake.
- Do not drink with meals. Wait 30 minutes to resume liquids. Set a timer to stay on track.

Instructions for Making Pureed Foods:

1. Cut food into small pieces about the size of your thumbnail.
2. Place food in blender or food processor.
3. Add enough liquid (water, broth, fat-free gravy, fat-free yogurt, tomato sauce, vegetable juice). Start with 1-2 tablespoons liquid per ¼ cup vegetable or fruit and 2 tablespoons liquid per 2 ounces (¼ cup) of cooked meat.
4. **Blend until smooth like applesauce.** Strain any lumps, seeds or pieces of food.

Tip: Use ice cube trays to freeze your pureed foods. Each cube holds about one ounce, which will help you control portion sizes and estimate protein. For pureed protein foods, one cube provides about 7 grams of protein.

Recommended Foods:

- Small curd low-fat cottage cheese or ricotta cheese (mashed with fork)
- Pureed egg salad, chicken salad, or tuna salad made with low-fat mayo (no celery, onion, pickles)
- Pureed, boneless, canned or softly-cooked meats: chicken, turkey, tuna, salmon, beef
- Pureed beans and peas (use caution as may increase gas)
- Pureed vegetables, well-cooked (no skins, seeds, or stringiness)
- Pureed sweet potato or potato (no skin)
- Pureed no-sugar-added canned fruit or unsweetened applesauce
- Cream of Wheat or grits made with water or milk (not too thick)—no oatmeal
- Unsweetened smooth baby foods

Tip: Add unflavored whey protein powder to pureed foods for extra protein.

Post-Op Week 5 and Week 6: Soft Food Diet Stage

Nutrition Goals:

- **Hydration: Drink 64 ounces of clear and full liquids daily.**

Protein:

- **Sleeve and Gastric Bypass: 80-100 grams daily** from protein drinks and protein powder. Continue to drink a protein beverage every 3-4 hours between meals.
- **Duodenal Switch/SADI-S: 100-120 grams protein daily** from protein drinks and protein powder. Continue to drink a protein beverage every 3-4 hours between meals.

This stage begins to introduce soft foods that are very tender and easy to chew. **You must chew food to an applesauce consistency before swallowing. If you are unable to do so, then spit it out.** It is important to follow the stomach care guidelines. Remember, overeating, taking too big of bites, not chewing well or eating too fast can cause nausea, vomiting, diarrhea, and pain.

To Follow This Soft Diet:

- Focus on protein foods first. Once tolerating several protein foods, then begin to add soft vegetables and fruits.
- Chop food into pea-size pieces
- No raw vegetables or fruits
- Avoid very fibrous foods, seeds, skins or peels
- Avoid bread, rice and pasta until later, as they can absorb gastric juices and expand, causing stomach discomfort.

IMPORTANT: Add only one new food at a time so you can see how well you tolerate each food. If you do not tolerate something, then wait a few weeks before you consider trying that food again. Remember, your tastes usually change after surgery and what you like or tolerate will be very different.

Follow these stomach care guidelines:

- Eat protein foods first
- Eat three meals daily. That may only be 2-3 bites each meal or up to ½ cup total volume. Even though you will not feel hungry, do your best to eat. The important thing is to listen to your new stomach and to stop before you feel full, even if food is left on your plate. Do not graze!
- Continue to take small bites using a baby spoon
- Chew each bite to applesauce consistency and space out your bites as tolerated. Remember to try foods that are tender and easy to chew. Spit out anything that you're unable to chew to applesauce consistency.
- Do not drink with meals. Wait a full 30 minutes after to resume liquids. Use a timer to stay on track.
- Continue protein supplements between meals to help meet daily protein goals

Examples of Allowed Foods:

- Eggs, egg whites or egg beaters
- Lean ground turkey or chicken, add broth or low-fat gravy to keep moist
- Tender flaky fish
- Deli turkey or chicken (avoid fatty deli meats like pepperoni or salami)
- Low-fat cottage cheese or ricotta cheese
- Low-fat cheese or string cheese
- Greek yogurt
- Cooked vegetables, soft enough to mash with a fork
- Canned fruit (packed in water), soft enough to mash with a fork

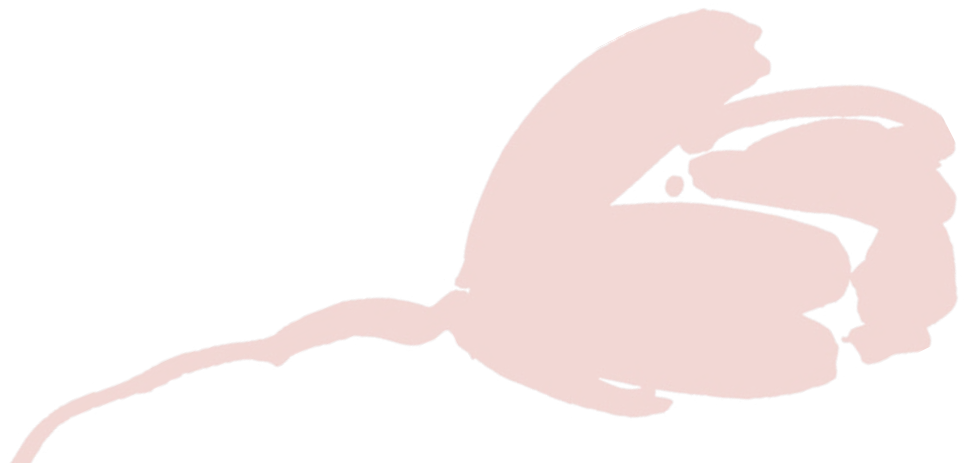
Week 7 and Beyond

Continue to advance your diet as tolerated. You are learning HOW to eat: how much you can eat, how fast you can eat, and how big of a bite you can take. Focus on healthy foods and portion control. Be sure to meet with the dietitian for your post-op nutrition visit to discuss further.

Rules to help you meet your health goals :

- Follow the stomach care guidelines
 - Take small bites, chew well, space out your bites as tolerated, and eat slowly
 - No liquids with meals and wait 30 minutes to resume drinking
 - Stop before you feel uncomfortable
 - DO NOT GRAZE!
- Learn your new normal and maintain healthy habits
 - Establish an eating pattern of three meals per day
 - Include a protein food every meal (use protein supplements between meals as needed to help meet protein goal)
 - Balance out your meals with fruits, vegetables, and grains
 - Avoid liquid calories (sugary drinks, juices and alcohol tend to result in weight gain in the years following surgery)
 - Avoid foods high in fat or added sugars
- Stay on your bariatric multivitamin with iron and your separate calcium supplement for the rest of your life
- Stay physically active and include strength training
- Ask for help if you find yourself going back to old habits
- Participate in a support group as often as possible
- Keep all post-op appointments the first year, then return annually to see the surgeon and to review nutrition labs

People who drink and eat at the same time tend to lose less weight in the first year and are more likely to gain weight in the years following surgery. That's because the liquid will flush the solid foods out of your stomach quicker. Not only will you begin to feel less full at meals, you'll feel hungry soon after eating.



Psychology



Emotional Health

Most people who have had weight-loss surgery will tell you that no part of their lives has gone untouched. Feelings, relationships, habit patterns and the reactions of others all dramatically change. The bariatric team wants to make sure that you are emotionally ready for surgery and have the support system needed to make life modifications after surgery. Your success will depend upon your preparation for these changes.

The Primary Components of the Psychological Program Include:

- Interview
- Testing
- Education
- Behavior change

The most important thing to remember when you go for your psychological evaluation is to be yourself. The evaluator will not be asking you any trick questions. Don't try to think up the right answers, just be honest.

- Be prepared to tell the evaluator what you expect the surgery to do for you. Make sure your expectations are realistic. Talk to your doctor beforehand about what you can expect from surgery.
- Be prepared to tell the evaluator about your support systems. This may include your family, friends and a weight loss surgery support group.
- Don't worry if you have a history of emotional health challenges. These will not necessarily keep you from qualifying for surgery. The evaluator will want to know if you have received treatment for this illness, and if you are currently receiving treatment for the condition. Continue your medications as prescribed.

It is rare for someone not to receive clearance in the psychological evaluation, but it sometimes does happen. You may be advised to see a therapist for a while before being recommended to proceed with surgery. If this happens, make sure you understand why you did not receive clearance and the steps to take in order to prepare yourself for the procedure.

Remember, the psychological evaluations and preparations are not meant to keep you from having surgery, but to assure you have been given all the support needed to be successful in your bariatric journey through your lifetime. Individuals who develop healthy eating and exercise habits before surgery are more likely to be successful in permanent weight loss.



Behavior Changes

No Snacking

For optimal weight loss success, you will need to avoid regular or impulsive snacking to avoid taking in excess calories.

- Make a list of behaviors you can turn to that will be satisfying and distracting when you get an urge to snack, and begin using those behaviors to avoid snacking.
- Only snack if it is necessary to prevent excess hunger, such as when meals are more than 4–6 hours apart.

Food and Activity Record

Keep a log of the changes you are making in your eating and exercise. Be specific. Record the time you ate, where you ate, what and how much you ate, and also any feelings you are having at the time. You can then use this information to make healthy changes in your habits, specifically as it relates to snacking and food intake.

Emotional Issues

Bariatric surgery has both physical and emotional effects. Alterations in hormone levels may intensify symptoms of depression, frustration, anxiety, disappointment, helplessness, euphoria, excitement, and joy.

Even with its problems and tensions, obesity has often been the known, comfortable companion. Now that the old life is gone, the reality and fear of a new and unknown situation confronts you and you may actually grieve for your previous patterns and the familiarity of habits, even while you rejoice at the opportunity to become a healthy person.

These emotional responses to surgery are completely understandable. They cannot be eliminated but must be experienced and worked through. In the past, one of the best methods you may have had to cope with life stress has been eating. This method will no longer be useful and will have to be replaced. One of the keys to success is to learn to replace food comforts with alternative, healthy activities. Replacement methods for coping will need to be learned, but this will take time. Try to be as positive as possible. As new challenges arise, recognize them and develop a problem-solving approach.

Occasionally personal adjustment or relationship problems may be persistent. These should be addressed in professional counseling, preferably by a professional who specializes in working with persons who have had weight-reduction surgery.

Transformation

As you lose weight, you may be aware of other changes in your body. You may experience increased energy levels, and you should be able to sleep better at night. You can anticipate resuming a more normal life after your recovery. As your weight decreases, more physical activity will be possible. Ongoing exercise will be important for calorie burning, muscle tone, and to maintain the weight loss you have achieved.

Long-term, you can anticipate doing things you were not able to do before. Traveling, sightseeing, and other pastimes will be more enjoyable. There may be new career and social opportunities, plus a more positive self-image.

You may notice excess skin folds and wrinkles where the greatest weight loss has occurred. There are reconstructive options; however, these should be delayed until your weight loss has been stable for at least one year. Your surgeon will be happy to direct you to a specialist when appropriate.

Lifestyle Choices after Surgery

You cannot lose weight without a healthy lifestyle. There are some simple things you can do to keep yourself and your family and friends on track.

- Get rid of all the junk food in your house. Restock your cupboards with healthy snacks.
- Set aside time for fun and outside activities.
- Have a daily schedule to ease the chaos and decrease some of the stress in your life. This may mean taking some activities out of your or your kids' schedules.
- Limit the time you and your family watch TV and use the computer. Spend this time pursuing more physical activity instead.
- Plan your social life with activities that do not include food, such as going out dancing rather than going out to dinner.

Body Image

Keep in mind that as your body changes in weight and size, it is likely you may not see your body as others view it. It takes time for your mind to catch up with what your body is doing. You may actually be surprised when you see your reflection in a store window or mirror. You may not feel like this person is you! It is normal to feel like you are still the same size as you were before, but there are some ways to help you adjust to this.

- Take a picture of yourself every few weeks during your weight loss and compare the changes.
- Try on clothes in smaller sizes; you will be surprised how quickly you change sizes.
- Have someone point out a person in public who is about the same size as you. This helps you have a new frame for reference.
- Take measurements of yourself every few weeks and record the results. Save an outfit from your pre-operative size and try it on every few weeks or whenever you need a lift and motivation.
- Accept compliments graciously. Don't minimize or quantify your weight loss. You have worked hard for the outcome that earned you the compliment.

Friends and Family

You can expect family and friends to have varying reactions to your surgical experience and to the weight loss that follows. Although you hope your loved ones will be supportive and helpful during your ups and downs, this may not always be the case. Your close relatives and friends have become accustomed to the old you who was obese. They will also be affected by the changes in you and the potential changes in your home and social life patterns. This can result in the form of disagreement, mood swings or a lack of support in your dietary and exercise regimen. Keep communication channels open and recognize the signs of distress. Be open about your appreciation of them and their concerns, but remain committed to your health goals.

Support Group Meetings

We consider support group meetings to be mandatory. We know realistically we cannot require you to attend these meetings, but they are a primary source for education, support, and nutritional and medical advice. Group meetings provide peer support and allow you to learn from others who share what you are experiencing. Support groups are a great opportunity to make new friends and to be with people to share ideas and suggestions to enhance your success. Research has shown that patients who attend support groups regularly are more successful with their weight loss and emotional adjustment than persons who do not, especially long-term.

Above all, remember the bariatric team is available to help you at any time to ensure your weight and health goals are achieved and maintained for your lifetime. Contact our office for more information on support groups or any additional resources you may need.





Physical Activity

Introduction

Congratulations on taking the first step to a healthy lifestyle!

Bariatric surgery is a tool that assists you on your journey of weight loss. When partnered with nutrition and exercise, it can help you find success. Below are some of the benefits of exercise:

- Keeps you trim, helps you lose fat and preserve muscle
- Improves mood, alertness, energy, and the ability to learn
- Improves sleep
- Decreases stress
- Improves bone density
- Decreases health risks by preventing infections, cancers, heart disease, diabetes, high blood pressure and dementia
- Raises self-esteem
- Decreases cholesterol
- Improves cardiovascular health
- Reverses muscle loss that occurs with aging

Tips for an Effective Exercise Program

Begin Slowly

Begin with light activity (warm up) to introduce exercise to your body. As that becomes comfortable, slowly increase your routine by adding a small amount of time, resistance, or increasing the frequency.

Before you perform moderate exercise be sure to obtain clearance from your physician.

Set Realistic Goals

Start with small, weekly goals such as walking for two more minutes each day. Use visual aids to keep track of your success and don't be afraid to reward yourself with healthy choices or fun activities.

Reprioritize

Make your time to exercise a priority. Treat it as an appointment. Make sure to keep your "appointment" as part of your daily schedule.

Be consistent

Complete some form of activity each day. This doesn't have to be a full-on exercise program, it can be taking the stairs instead of the elevator, carrying groceries in one bag at a time or parking three spots further away from the door.

Variety

Try new activities! Keep your exercise program interesting and switch the order or add new exercises.

Stay Injury Free

Only stretch to the point where you feel a mild stretch and hold it (no bouncing). Use complete range of motion when performing strength exercises. Exercise at a comfortable pace. Use the talk/sing test: during exercise you should be able to complete a sentence and only be slightly winded. If you are able to sing, speed up. If you are unable to finish a sentence, slow down.

Stay Hydrated

Stay hydrated before, during and after exercise. Water is the best choice to replenish the fluids that you have lost through sweat. Try to avoid carbonated beverages, fruit juices, and sugar and sodium-filled drinks (Gatorade, Powerade, etc.)

Cool Down

The most important part of your workout is the cool down. Be sure to slow down at the end of your exercise routine so your body has a chance to return to its normal temperature and state. This is a great opportunity to repeat the stretches you performed in your warm-up.



Balance Your Physical Activity

If you're inactive or rarely active, increase daily activities. Walk whenever you can and make leisure time as active as possible.

If you're sporadically active, become more consistent. Plan activity into your day and set realistic goals.

If you're consistent (active most days of the week), choose activities from the suggestions below. Change your routine if you start to get bored and always explore new types of activities.

Cut down on:

- Sitting
- Watching TV
- Computer/tablet/screen time

3 times a week:

- Stretching
- Yoga
- Tai Chi
- Resistance training
- Tension band exercises
- Body weight exercises

3–5 times a week:

- Biking
- Hiking
- Jogging
- Swimming or water aerobics
- Brisk walking

Every day:

- Walk the dog
- Do yard work
- Play golf
- Bowling
- Park the car farther away
- Take the stairs instead of the elevator





Exercise Guidelines



Weight Loss and Maintenance

Continue to keep your weight loss goals realistic. It takes 3,500 calories to produce one pound of fat. To lose one pound a week, through nutrition and increased activity you need to burn 500 calories per day. It is important to find a balance between nutrition and exercise to continue your weight loss success.

Be Patient

Weight loss is a journey that will have both good and bad days. It's important to celebrate your achievements whether small or large, and perseverance is the key.

Running and walking one mile both utilize 100 calories. It is the type of calorie you are using. Walking, although it takes a longer amount of time, utilizes primarily fat calories while running utilizes primarily carbohydrate calories.

A brisk walk (using your target heart rate or the talk/sing test) is ideal in promoting both fat and carbohydrate utilization. In other words, you get the most out of your exercise routine with a moderately paced cardiovascular workout.



Sample Exercises to Increase Mobility



1. Single Knee-to-chest Stretch

While lying on your back, hold your knee and gently pull it up towards your chest.

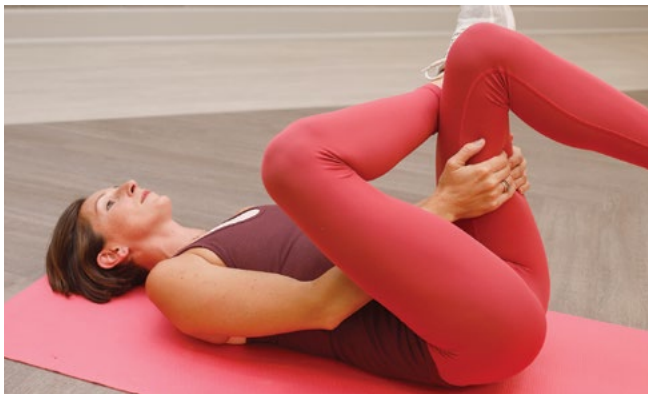
Repeat 10 times
Hold 10 seconds
Complete 1 set
Frequency 2 times a day



2. Lower Trunk Rotations

Lying on your back with your knees bent, gently move your knees side-to-side.

Repeat 10 times
Hold 10 seconds
Complete 1 set
Frequency 2 times a day



3. Piriformis Stretch

While lying on your back with both knees bent, cross one leg over the other knee.

Next, hold your thigh and pull it up towards your chest until a stretch is felt in the buttock.

Repeat 10 times
Hold 10 seconds
Complete 1 set
Frequency 2 times a day



4. Pelvic Tilt (Supine)

Lie on your back with your knees bent. Next, arch your low back and then flatten it repeatedly. Your pelvis should tilt forward and back during the movement. Move through a comfortable range of motion.

Repeat 10 times
Hold 5 seconds
Complete 3 sets
Frequency 2 times a day



5. Bridging

While lying on your back, tighten your lower abdominals, squeeze your buttocks and then raise your buttocks off the floor/bed as if creating a bridge with your body. Hold and then lower yourself and repeat.

Repeat 10 times
Hold 5 seconds
Complete 3 sets
Frequency 5 times a day



6. Exercise Ball (Seated Back Stretch)

Sit in a chair with an exercise ball in front of you. Place your hands on the ball and then lean forward as you roll the ball away from your body until a stretch is felt along your back. Perform forward and to each side.

Repeat 10 times
Hold 10 seconds
Complete 1 set
Frequency 2 times a day



Personal Success

Expected Weight Loss

Results vary from patient to patient, and the amount of weight you lose depends heavily on your new lifestyle and eating habits.

It is very important to set achievable goals from the beginning.

Remember, the weight loss is gradual and occurs over 12-24 months. This is a marathon, not a sprint!

The main goal is to have weight loss that prevents, improves, or resolves health problems connected with severe obesity.

Maintaining Weight

Keep in mind, weight-loss surgery is a tool. If you don't continue to use your tool properly, you cannot expect to maintain your weight loss. Sticking to the behavior modifications that you made prior to surgery is an important factor in maintaining weight loss.

Lifelong Habits For Maintaining Weight Loss

- Make ½ of each meal protein (eat protein first, then choose a fruit or a vegetable, save starchy foods for last, and choose whole grains)
- Eat approximately 1 cup of food per meal
- Avoid high-calorie, low-nutrient foods (ex: juice, bread, pasta, sweets)
- Drink only calorie-free beverages
- Continue to follow the eight stomach-care guidelines (see page 32)
- Stick to a regular exercise routine
- Attend scheduled follow-up visits with your surgeon
- Attend support groups
- Keep a food and activity journal if you need help staying on track



Follow-up Appointments

Follow-up is extremely important after gastric bypass surgery. Coming back for follow-up visits will help you stay on track with your weight loss. It is also important to have lab work done annually to check for possible vitamin/mineral deficiencies.

Lifelong follow-up appointments are expected and need to be scheduled with the surgeon each year. Keep this surgery guide to refer back to throughout your weight loss journey. Please do not hesitate to call our office if you need additional help staying on track.

Support Groups

We provide a comfortable atmosphere where individuals can meet and talk with others who are dealing with similar issues. Making the decision to undergo weight loss surgery is a process best aided by medical professionals such as surgeons and physicians, dietitians, and counselors. The greatest chance for long-term success is reinforced by a well-informed decision and the championship of others who support and encourage the goals being set.

We recommend all pre- and post-surgical patients to come together and support one another. The need for patients to communicate with each other, share experiences, and provide emotional support is facilitated in a group setting. Discussions are not only therapeutic, but are often lively and filled with helpful information.

Resources

www.obesityaction.org

www.asmbs.org



Sample Letter of Medical Necessity

If you need a letter of medical necessity from your PCP or other provider, you can offer this sample to help with the process.

(Name of practice)

(Name of physician, MD)

(Insert address/contact information)

Date:

Insurance company name and address:

RE: (patient name)

Date of birth:

Group number:

ID number:

To whom it may concern:

Ms./Mr. (insert patient name) has been a patient of mine for (insert number) years. The patient is (height) and weighs (weight) pounds with a BMI of (insert BMI). The patient has been excessively overweight for ___ years now and will benefit from bariatric surgery.

Weight history: (insert weight history)

In addition to morbid obesity, the patient is suffering from the following co-morbid conditions: (list all conditions; examples include exertional dyspnea, urinary incontinence, sleep apnea, hypertension, diabetes, degenerative joint disease, osteoarthritis, hypercholesterolemia, hyperlipidemia, shortness of breath, etc.).

The patient has tried many methods of weight loss including diet pills for (insert length of time) with (insert number of pounds lost and whether they were regained or not), physician-administered diets for (insert length of time) with (insert number of pounds lost and if they regained or not), Weight Watchers, etc. The patient is limited due to his/her co-morbidities and inability to exercise but has tried (list all attempts and any successes or regaining of weight).

Family medical history is positive for (insert medical conditions; hypertension, diabetes, etc.).

Sincerely,

(Physician name, MD)

Appointment Sheets

PCP Monthly Physician Supervised Weight Loss

Date of visit: _____ Patient: _____ Date of birth: _____

Current height: _____ Current weight: _____ Current BMI: _____

Starting weight: _____ Weight lost/gained: _____

Obesity-related Co-morbidities:

- Hypertension Osteoarthritis CHF OSA Type II Diabetes
 GERD COPD Migraines PCOS Other: _____

List Current Medications:

Patient counseled on calorie intake, diet, foods to eat and avoid, exercise/activity.

Patient is following a:

1200 cal/day diet 2000 cal/day diet 1500 cal/day diet Low carb diet per bariatric RD

Patient is participating in the following exercise regimen (duration):

Walking _____ Yoga _____ Gym _____
 Aerobics _____ Bike _____ Other _____
 Exercise DVD _____ Swimming _____ Patient unable to exercise r/t: _____

Plan:

Continue as above Change exercise to: _____

Change diet to: _____ Other: _____

MD Signature: _____ Date: _____

PCP Monthly Physician Supervised Weight Loss

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 Exercise DVD _____ Swimming _____ Patient unable to exercise r/t: _____

Plan:

Continue as above Change exercise to: _____

Change diet to: _____ Other: _____

MD Signature: _____ Date: _____

Questions for the Bariatric Team

Date: _____ Piedmont Member: _____

Question:

Answer:

Date: _____ Piedmont Team Member: _____

Question:

Answer:

Date: _____ Piedmont Team Member: _____

Question:

Answer:

Date: _____ Piedmont Team Member: _____

Question:

Answer:

Date: _____ Piedmont Team Member: _____

Question:

Answer:

Date: _____ Piedmont Team Member: _____

Question:

Answer:



Real change lives here

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