

# **PIKEVILLE MEDICAL CENTER**

Weight Loss Surgery Center



## WEIGHT LOSS SURGERY **PATIENT HANDBOOK**

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# WELCOME

Welcome to Pikeville Medical Center's Weight Loss Surgery Program. We realize you have a choice when it comes to your health, and we are honored you have chosen to place your trust in us. Our staff is dedicated to providing you the best care possible as evidenced by achieving a Comprehensive Center accreditation by the American College of Surgeons (ACS) Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), in partnership with the American Society for Metabolic and Bariatric Surgery. This is a life-long commitment, from the initial seminar through postoperative visits, we are here for you.

At Pikeville Medical Center, we are very excited about our weight loss surgery program. As you may know, obesity is an epidemic in our country and every tool to battle this disease should be explored and pursued. Recognizing the problem is simply the beginning of any process.

Our Bariatric Surgeon, Dr. Amy Johnson, brings her talent and experience to Pikeville Medical Center as our Medical Director of Bariatrics. Her success with laparoscopic weight loss surgery is impressive, and we are honored to have her as a member of our medical staff.

When it comes to bariatric surgery, insurance companies change their medical policies on a regular basis. We ask that you call the member services phone number on your card and ask if you have coverage for bariatric surgery. The representative may ask you for a 'CPT Code' for the surgery:

- Laparoscopic Sleeve Gastrectomy - CPT 43775
- Laparoscopic Roux-en-Y Gastric Bypass - CPT 43644

While on the phone with the insurance company's representative, ask if your policy requires a medically supervised diet. If it does, find out how many months the diet must be. (Typically a supervised diet is for six months, but can range from 3 months to 12 months.) Also, if you use any tobacco products, ask the representative how long you must be nicotine free prior to surgery.

Our bariatric surgery program uses an Enhanced Recovery Pathway to make your pre- and post-operative experience predictable, safe and more pleasant. Importantly, the goals of Enhanced Recovery Pathway include using a variety of medications to treat pain and nausea while minimizing the use of narcotic pain medicine. Other components of the pathway may help reduce complications and can help you have a quicker recovery and return to normal activity.

This weight loss surgery patient handbook contains valuable information to assist you on this new journey. Please read this at home and have a support person read it as well. Bring this handbook with you to the hospital, and feel free to take notes and add recipes, or any other information that may enhance your education of the weight loss surgery process.

Congratulations on taking this step towards a healthier you. Please know that our team will be with you every step of the way!

# OUR STAFF



## **Amy Johnson, MD, FACS**

### *Bariatric and General Surgeon*

Amy Johnson, MD, FACS, is a weight loss and general surgeon who has successfully completed over 3,000 weight loss surgery cases with a very low complication rate. She is a member of the American Society for Metabolic and Bariatric Surgery, Society of American Gastrointestinal and Endoscopic Surgeons and the American Medical Association. She is a Fellow of the American College of Surgeons and is board certified by the American Board of Surgery.

Dr. Johnson completed her undergraduate education at the University of Oregon where she was Phi Beta Kappa. She then received her MD from Wake Forest University Baptist Medical Center in Winston-Salem, NC with honors from Alpha Omega Alpha. She completed her surgical residency at Wake Forest University Baptist Medical Center in 2002 and began Active Duty Service at Fort Bragg, NC as a general and weight loss surgeon. After completing her service to the military she stayed on at Fort Bragg where she grew a busy weight loss surgery practice.

Her experience, expertise and compassion for her patients raises the bar for weight loss surgery in the region. Her goals in surgically treating morbid obesity are to eliminate or significantly improve medical problems that plague this patient population.



## **Jennifer Wright, PhD**

### *Licensed Psychologist*

Dr. Wright received her Bachelor of Arts degree from the University of Kentucky, Master's degree from Eastern Kentucky University, and SpE Educational Psychology and PhD from the University of Kentucky. A full-service psychologist, Dr. Wright specializes in pre-procedure evaluations and weight loss surgery psychological consultations.



**Susana Potter**  
*Physician Practice  
Manager*



**Amy Kimbler,**  
**RN, BSN, CBN**  
*Weight Loss Surgery Coordinator  
& Certified Bariatric Nurse*



**Delfina Dixon,**  
**APRN FNP-BC**  
*Weight Loss Surgery  
Nurse Practitioner*



**Jennifer Cantrell,**  
**APRN FNP-BC**  
*Weight Loss Surgery  
Nurse Practitioner*



**Nikki Petterson,**  
**RDN, LD**  
*Registered and  
Licensed Dietitian*



**Sherri Blair,**  
**RDN, LD**  
*Registered and  
Licensed Dietitian*

**Beverly Newsome, LPN**  
*Licensed Practical Nurse*

**Brittany Thacker**  
*Psychological Technician*

**Miranda West**  
*Insurance Coordinator*

**Sasha Fields, LPN**  
*Licensed Practical Nurse*

**Sierra Fleming Slone**  
*Patient Advocate*

**Kathy Hall**  
*Physician Office Assistant*

**Anna Tackett**  
*Physician Office Assistant*

**Jesse Profitt**  
*Scheduler*

# WHAT IS OBESITY?

Obesity is defined as a life-long, progressive, life threatening, costly, genetically-related, multi-factorial disease of excess fat storage (American Society for Metabolic and Bariatric Surgery). Obesity is the second leading cause of preventable death and is responsible for approximately 300,000 deaths per year. In 2008, 65% of our population, 130 million people, were classified as overweight and obese.

## Helpful Resources

### Websites:

[www.obesityhelp.com](http://www.obesityhelp.com)

This site provides general information on weight loss surgery procedures and has a message board that allows you to ask questions of other weight loss surgery patients. Remember, every weight loss surgery center provides different advice to follow post-op, so be sure to follow the advice and education you receive from your weight loss surgery team.

[www.thedailyplate.com](http://www.thedailyplate.com)

[www.fitday.com](http://www.fitday.com)

These websites provide helpful, free nutrition resources and a personal food diary that will allow you to enter all foods and fluids consumed throughout the day. Calories, protein, fat and carbs are automatically calculated for you.

[www.asmb.org](http://www.asmb.org)

The American Society for Metabolic and Bariatric Surgery provides information on research, support groups in your area, benefits of weight loss surgery and much more.

[www.obesityaction.org](http://www.obesityaction.org)

This website provides information on weight loss surgery options and newsletters on topics related to obesity.

### Apps for Smartphones and iPads:



**Lose It!**

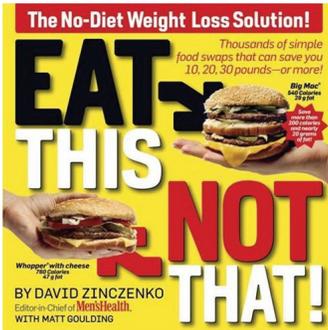


**MyFitnessPal**

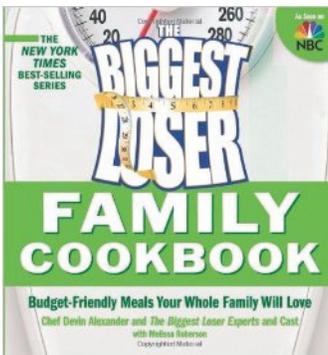


**Calorie Counter**

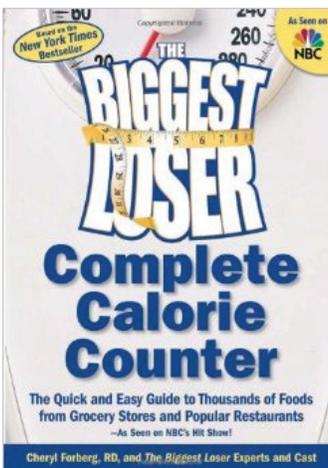
**Books:**



*Eat This Not That* by David Zinczenko and Matt Goulding



*The Biggest Loser Family Cookbook* by Devin Alexander



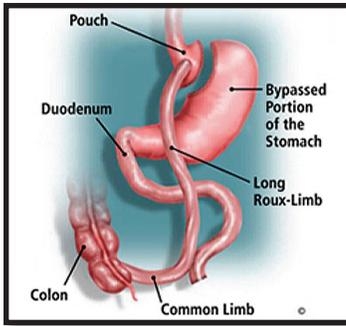
*The Biggest Loser Complete Calorie Counter* by the Biggest Loser Staff

# PROCESS TO SURGERY

- Attend a free seminar or complete the free online seminar at [pmcweightlossurgery.com](http://pmcweightlossurgery.com)
- Call your insurance company to find out requirements and verify coverage for Bariatric Surgery.
- First appointment in the office with our weight loss surgery team, including the surgeon, nurse practitioner and dietitian (*this appointment may take 3-4 hours*).
- Receive a checklist with all of your clearances, tests and appointments prior to surgery. EKG, Chest X-ray, preoperative group and preoperative quiz will be completed approximately 2 weeks prior to surgery.
- Psychological Assessment (*this visit may take 1-2 hours*)
- Progress through your checklist and mark off each item you complete.
- If you have any items completed outside Pikeville Medical Center, ensure a copy of the results are faxed to 606-432-0336.
- You may have to complete a three, six or twelve consecutive month medically supervised diet required by your insurance company. You may attend monthly one on one sessions with our dietitian and nurse practitioner or go to your primary care physician (PCP). If you choose your PCP, ask his or her office staff to fax us a copy of each visit as soon as possible after your appointment. A sample form is included in your weight loss surgery handbook. Do not skip a month or your insurance company will make you start at the beginning again.
- Ensure you attend or complete online at least three *Reclaim Your Life* educational support classes.
- Staff members will call you as you work through your checklist to chart your progress and address any questions you may have. Please notify our patient advocate when your checklist is complete.
- Once your checklist is complete, Dr. Johnson reviews your chart. If any issues are noted, you may be asked to get treatment and/or have more tests completed prior to surgery.
- The Bariatric Program Coordinator will contact you to schedule a surgery date. You will also be scheduled an appointment for discussion of surgery with Dr. Johnson within thirty days of surgery and a preoperative group appointment within 2 weeks of surgery.
- During your discussion of surgery appointment, you will meet with Dr. Johnson, a nurse practitioner, and a dietitian. The Insurance Coordinator will submit planned surgery to insurance company. *This appointment may take approximately 1-2 hours*.
- During your preoperative group session, you will meet with the nurse practitioner and dietitian about medical and nutritional needs prior to and after surgery. You will be weighed and measured at this appointment. You will also watch a video and sign your consent for surgery. *This is a three hour session*
- You will receive your pre-admit testing appointment date and time, lab order, Chest X-Ray order and EKG order. You will complete these on the same day you see the anesthesiologist.
- Surgery Date

\* You are expected to **NOT** gain weight during the pre-op process.

# PROCEDURES



## Gastric Bypass Roux-en-Y

### ***What is it?***

Considered the “Gold Standard,” it entails the surgical downsizing of one’s stomach. The stomach is divided at the top to create a small stomach pouch. The small intestine is rerouted so the newly formed pouch empties directly into the lower portion of the intestine. The remaining or bypassed stomach along with its short segment of small intestine is re-attached further down creating the “Y” shape that gives the technique its name. Smaller portions and malabsorption lead to weight loss.

### ***How does it work?***

Your new stomach will stretch with very small quantities of food and give you the feeling of fullness, similar to the fullness of a large meal with your current sized stomach. The feeling of hunger disappears and you are able to comfortably tolerate much smaller quantities of food without the continuous feeling of hunger. An energy imbalance develops leading to less energy intake and more energy output, which eventually leads to weight loss.

### ***How is the procedure performed?***

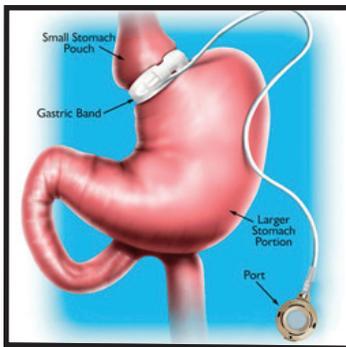
Typically done laparoscopically. This will require general anesthesia.

### ***How long will the surgery take?***

2-3 hours.

### ***What is the recovery time?***

Hospital stay is 1-2 nights. Return to work within two weeks and no lifting more than 10lbs for at least 4 weeks.



## Adjustable Gastric Band

### ***What is it?***

This is a purely restrictive procedure. You are only able to accommodate small quantities of food at a time. A silicone adjustable band is placed around the top part of the stomach resulting in a very small stomach pouch directly above the band. On the inside of the band is a balloon that can be inflated or deflated to tighten or loosen the band as needed. This balloon is connected to tubing that connects to a port placed in the abdominal wall so the band can be adjusted in the doctor’s office.

### ***How does it work?***

The small stomach pouch above the band will stretch with very small quantities of food and give you the feeling of fullness. The feeling of hunger disappears and you are able to comfortably tolerate much smaller quantities of food without a continuous feeling of hunger. An energy imbalance develops leading to less energy intake and more energy output, which eventually leads to weight loss.

### ***How is the procedure performed?***

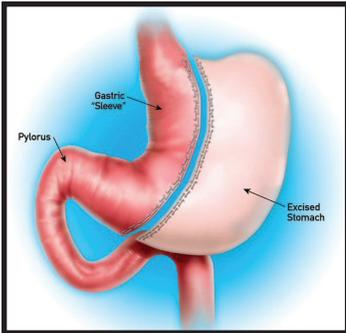
Typically done laparoscopically. This will require general anesthesia.

### ***How long will the surgery take?***

1 hour.

### ***What is the recovery time?***

Usually go home the same day or stay 1 night in the hospital. Return to work as soon as you no longer require pain medications and no lifting more than 10lbs for at least 4 weeks.



## Vertical Sleeve Gastrectomy

### **What is it?**

The vertical sleeve gastrectomy is a restrictive form of weight loss surgery in which approximately 85% of the stomach is removed. This leaves the patient with a cylindrical or sleeve shaped stomach drastically reducing the amount of food that can be absorbed at one time. This procedure is not reversible.

### **How does it work?**

Your new stomach will stretch with very small quantities of food and give you the feeling of fullness, similar to the fullness of a large meal with your current sized stomach. The feeling of hunger therefore disappears and you are able to comfortably tolerate much smaller quantities of food without the continuous feeling of hunger. An energy imbalance develops leading to less energy intake and more energy output, which eventually leads to weight loss.

### **How is the procedure performed?**

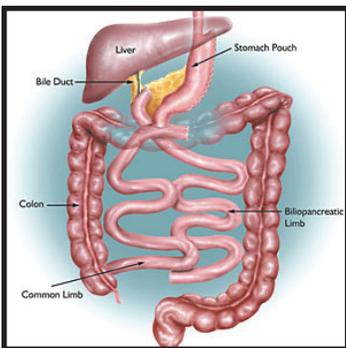
Typically done laparoscopically. This will require general anesthesia.

### **How long will the surgery take?**

1-2 hours.

### **What is the recovery time?**

Hospital stay is 1-2 nights. Return to work within 2 weeks and no lifting more than 10lbs for at least 4 weeks.



## Biliopancreatic Diversion – Duodenal Switch

### **What is it?**

BPD-DS is a well established weight loss surgery procedure in which approximately 50% of the stomach is removed and a significant amount of the small bowel is rerouted to increase malabsorption of calories. This operation is reserved for patients with BMIs greater than 50.

### **How does it work?**

The reduction in size of the stomach by 50% results in restriction of food being taken in and the large part of the effect of the operation is caused by the shortening of the bowel involved in the absorption of calories. This leads to excellent durable weight loss in patients with BMIs over 50. The duodenum is one of the portions of small bowel bypassed and thus, BPD-DS is excellent for diabetes resolution. The feeling of hunger disappears for some time.

### **How is the procedure performed?**

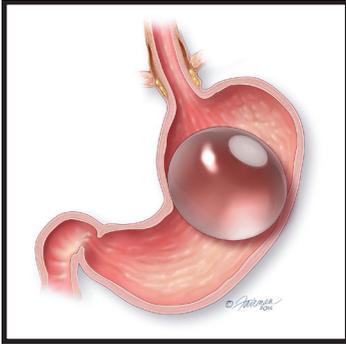
Typically done laparoscopically. This requires general anesthesia

### **How long will the surgery take?**

2-3 hours.

### **What is the recovery time?**

Hospital stay is 2-3 nights. Return to work within 2 weeks and no lifting more than 10lbs for at least 4 weeks.



## **ORBERA™ IntraGastric Balloon**

### ***What is it?***

ORBERA™ is a comprehensive, two-part program that starts with a soft balloon placed in your stomach for six months to encourage portion control.

### ***How does it work?***

You will be guided through a diet and exercise program. Your support team will help you retrain your appetite, adopt new nutritional habits, and establish a reasonable exercise routine that will be essential to your long-term success.

### ***How is the procedure performed?***

The ORBERA™ balloon is placed and removed with an endoscope.

### ***What is the recovery time?***

This is an outpatient procedure.

# SMOKING CESSATION

Smoking increases your risk for many illnesses, including cancer of the mouth, throat, esophagus, stomach and lungs as well as emphysema, heart disease and stroke. Many of these illnesses are already more common among individuals who are overweight or obese.

Smoking also raises the risks associated with surgery.

Smokers who undergo surgery are more likely than nonsmokers to experience anesthesia-related complications, infections, heart attack, stroke, pneumonia, marginal ulcerations, strictures and fistula or death. In addition, they are more likely to have a long hospital stay or to be admitted to an intensive care unit. Once again, these risks are also heightened among obese or overweight individuals who undergo surgery.

In addition, smoking makes it harder for your body to heal after surgery because it decreases the amount of oxygen available to your cells.

## ***Quit Smoking for Your Healthy Future***

When people quit smoking, they often gain weight. However, quitting smoking is essential to a successful weight loss surgery and recovery. You should quit smoking at least **60 days\*** prior to your procedure. Pikeville Medical Center offers free Smoking Cessation Classes. Ask your nurse for additional information.

## ***Help for Quitters***

- When you are finally ready to quit, you may or may not be able to go cold turkey. However, many people benefit from the numerous smoking cessation aids that are available today.
- Nicotine replacement therapy is an option. These products provide you with small doses of nicotine without the toxins found in cigarette smoke. By receiving gradually-decreasing doses, you will be weaned off the nicotine with less severe withdrawal symptoms. Nicotine replacement is available in 3 over-counter delivery methods - chewing gum, lozenges and skin patches. Prescription options - nasal sprays and inhalers - are also available.
- These products cannot be used immediately prior to or during surgery, as they cause some of the same problems with healing as cigarettes. Let your surgeon know if you are using a nicotine replacement.
- Non-nicotine prescription oral medications can also be used to help you quit smoking. Zypan, also sold as the antidepressant Wellbutrin, reduces the craving for nicotine.
- If you are taking any of these products you must have stopped using them **60 days\*** prior to surgery.

\* Please note, some insurance companies require you to be nicotine free for 6 months prior to surgery

## ***Ask Your Surgeon***

- Be honest with your surgeon about how much you smoke and about your history of quitting attempts. As your surgery date approaches, continue to keep your surgeon informed of your smoking cessation efforts.
- Quitting smoking is difficult, and there's no reason to do it alone. Your surgeon can be your ally as you start your journey toward a healthier lifestyle and happier future.
- You will be provided with a lab order prior to surgery for a nicotine test to assure that you have stopped smoking. If you have not stopped smoking, your surgery will be postponed until your nicotine test is negative.

## ***Narcotic Use***

Patients who have a history of illicit drug abuse may be required to work with a specialized mental health provider and undergo regular toxicology screenings.

Options such as tapering down opioid doses and alternative pain relief approaches are options prior to surgery. Patients who receive prescriptions for opioid painkillers in the months before elective abdominal operations can have longer hospital stays.

Long-term opioid use can lead to many health issues, the most serious being addiction and fatal overdoses.

## ***Signs of Addiction***

You may be dependent or addicted to drugs if you notice some of the following signs:

- You begin taking medication in a manner not prescribed by a physician, such as for a longer period or in a higher dosage.
- You find yourself craving the substance.
- You experience withdrawal symptoms when you stop taking the drug, which abate after you continue use. Withdrawal symptoms mirror that of a cold or flu, such as runny nose, cough, nausea, vomiting, fever, headache and general soreness.
- You find that your thoughts and your life revolve around getting more drugs. You may even start doctor shopping, having excellent excuses for acquiring a number of prescriptions or even altering prescriptions to increase the amount of pills.
- You find it harder to get through the day without drugs and your responsibilities at work or school suffer because of it. You may find yourself skipping school, being late for appointments and even neglecting your children. Personal hygiene may become shoddy.
- You have built up drug tolerance, meaning it takes more of the substance to create the same effects.
- You find yourself spending most, if not all, of your money on drugs.

Problems in the family, or with friends, may occur because of using drugs.

If you notice any of these symptoms of addiction it is important to get immediate help for the problem.

Patients are required to have a period of sobriety prior to surgery. As a result, they have demonstrated the ability to make positive health behavior changes, which may be indicative of their ability to follow a strict postoperative weight management plan.

\*Ongoing substance abuse, poorly-controlled depression or other major psychiatric illness are considered to be a contradiction to bariatric surgery.

**\* Please note, some insurance companies require you to be nicotine free for 6 months prior to surgery**

# PRE-OP DIET

## ***“Liver Shrinking Diet”***

The following is a full liquid diet that must be followed **two weeks prior to surgery**. This diet is required to shrink your liver so that your body is properly prepared for surgery.

### ***The Full Liquid Diet Requirements:***

- Drink 3 protein shakes daily as meal replacements
  - Whey protein powder
  - Prepare with water or skim milk
- Pre-made shakes: If you choose to use pre-made shakes the following are the requirements:
  - Must have at least 20g protein, less than 3g fat, less than 10g carbohydrates per serving.
- Foods also allowed in full liquid diet:
  - Sugar-free JELL-O and popsicles
  - Sugar-free, low-fat pudding
  - Low-fat, carb-controlled yogurt
  - Greek yogurt has highest protein content
  - Broth
  - Creamed soups (Cream of Chicken, Cream of Mushroom, etc.)
  - Tea or coffee (limit to 12oz daily)
  - Sugar-free fluid (at least 64oz daily): water, G2, G Zero, Powerade Zero, Propel, sugar-free flavorings (Crystal Light, sugar-free Kool-Aid), Vitamin Water Zero, decaf tea and coffee)
- 2 days before surgery you need to start a clear liquid diet:
  - Broth
  - Decaf tea or coffee
  - Sugar-free JELL-O and popsicles
  - Sugar-free fluid: water, G2, Powerade Zero, Propel, sugar-free flavorings (Crystal Light, sugar-free Kool-Aid), Vitamin Water Zero.

***\*Nothing red or purple***

***\*Protein powder can be added to clear liquids but must be avoided after midnight the day before surgery.***

# PRE-OP INSTRUCTIONS

Preparing for weight loss surgery can often be the most difficult part, but it is important you understand the risks and benefits of this particular type of surgery. Attendance at a free weight loss seminar (either in person or online) and at least three Reclaim Your Life support group meetings are mandatory prior to surgery.

## ***Two Weeks Prior to Your Surgery Date***

Ten days before surgery, you will need to stop taking any medications that can thin your blood, including Aspirin®, ibuprofen, Bufferin™, Alka-Seltzer®, Advil®, Aleve®, Motrin®, Nuprin® and vitamin E. Two days prior to surgery, stop insulin and oral diabetic medications.

**From the time of your initial appointment at Pikeville Medical Weight Loss Surgery Center, you will be expected to not gain any weight.**

After your initial consult with the weight loss surgery team, you will be given a checklist to complete prior to surgery. Once you have completed this checklist and your chart has been reviewed, you will be given a surgery date.

## ***Pre-Op and Hospital Stay***

You will be following a calorie restricted diet after your initial appointment with our team. Two weeks before surgery you will begin a Liver Shrinking Diet.

Two days before surgery you will drink clear liquids only. This includes broth, tea, coffee, water, flavored waters, JELL-O, juice without pulp and popsicles. Nothing red or purple.

- You may have clear liquids up to 2 hours before surgery but no protein powder or other foods or drinks.
- Beginning 2 days prior to surgery, bathe with Dial soap daily to reduce the chance of post-surgical infection. The night before and the morning of surgery you will cleanse with pre-op wipes which will be provided to you.
- Adjustable gastric band patients stay in the hospital one day and possibly overnight.
- Gastric bypass and Sleeve patients stay in the hospital 1-2 days.
- BPD DS and Revision patients may have a gastrograffin swallow study in the radiology department prior to discharge.

# HOSPITAL ADMISSION

## *Day of Surgery*

Prior to your surgery date, you will be given a specific time to arrive at the hospital. Once you are taken back into the pre-op holding area, fluids will be administered through an IV in your arm. You will be placed in a gown, and the pre-op nurse will complete her assessment. Your friends and family will be asked to wait in the surgical waiting area and your operating room (OR) nurse will wheel you into the OR. A Heparin injection, TED Hose and compression boots will be administered to prevent blood clots prior to surgery.

The OR nurse will be with you throughout the duration of your surgery. There will be an anesthesiologist, scrub nurse or technician, registered nurse (RN) and surgeon's assistant in the room with you.

Directly after surgery, you will be transported to the recovery room and then to the 8th floor of the May Tower. Every effort will be made to make you feel as comfortable as possible. Once you are on the 8th floor, you will begin walking and using your breathing device. Walking helps prevent blood clots and eliminate trapped gas. Your breathing device helps prevent respiratory infections. It is recommended that you walk around the hallway at least 6 times a day and use your breathing device 10-20 times per hour.

While in the hospital, you will begin the Stage 1 Clear Liquid Diet. This will include a combination of the following: Water, sugar-free Jell-O, grape juice, apple juice, sugar free popsicles, broth, decaf tea or decaf coffee. **Sip these liquids slowly, do not gulp to avoid discomfort.**

You will not need to take your protein or vitamins to the hospital with you. You will start these immediately after you are discharged from the hospital.

# DISCHARGE INSTRUCTIONS

**Medications:** You will be sent home with pain medication. You may resume driving 24 hours after your last dose of pain medication.

## You Can Also Take:

- Liquid Tylenol®

## Do Not Take:

- Ibuprofen
- Aspirin
- Any other anti-inflammatory medications

**ALL** of your medications must be crushed after surgery. If medication is in a capsule, the capsule must be opened and the contents poured out.

## ***Cough/Deep Breathing***

Continue using the incentive spirometer you were given in the hospital for at least 2 weeks. This will aid in preventing pneumonia.

## ***Diet***

Upon discharge, you will follow a Stage 2 Diet. Sip on water throughout the day. Your goal should be 64oz each day.

The full diet progression is in this patient handbook. **DO NOT PROGRESS FASTER THAN ALLOWED.** Please call the dietitian if you have any questions.

**Remember: Hydration, Hydration, Hydration!**

## ***Wound Care***

- Keep small incisions on your abdomen clean and dry.
- Shower as usual using antibacterial soap such as Dial, but do not soak in a bath or pool for 2 weeks after surgery.
- Shower every day; it is very important to keep your wounds clean.
- Pat wounds dry with a clean towel.
- Do not apply any cream or ointment to your wound.

## ***Back to Work***

Patients can return to work 2 weeks after surgery. Your surgeon will give you permission to return to work at your first follow-up visit. Time off work will vary on an individual basis.

## ***When to Call Us:***

If you experience any of the following signs or symptoms, please call your surgeon immediately:

- Persistent vomiting, diarrhea or nausea
- Fever of greater than 101 degrees, shaking or chills
- Intense abdominal pain
- Pain, swelling or redness at incisions
- Drainage at the incision sites
- Pain or burning with urination
- Pus or foul smelling drainage at incision sites
- Separating or opening of healed incision
- Calf or leg pain and swelling
- Elevated heart rate greater than 110
- Increased shortness of breath
- Feeling that something is “just not right”



## ***When to Call 911:***

- Severe shortness of breath or difficulty breathing
- Chest pain; dull, sharp, radiating front or back

## ***When to Call Your Primary Care Physician:***

If you have any signs or symptoms not related to weight loss surgery such as an ear infection call your primary physician. If admitted into the hospital, be sure to tell the staff you had weight loss surgery.

## ***Important Phone Numbers:***

**606-218-2205** – During office hours/to schedule an appointment

**606-794-8472** – Dr. Johnson’s cell phone

**606-794-8934** – Delfina Dixon, APRN

**606-794-3694** – Jennifer Cantrell, APRN

# GOING HOME

## *Discharge Home*

You will be discharged on the Stage 1 Diet but will begin Stage 2 Diet the next morning (day 3 after surgery).

Once home, begin protein shakes. Examples include any whey protein powder, Isopure or New Whey protein bullets. Goals are at least 70g of protein and 64oz of fluid per day (90g of protein for BPD DS patients).

Start your chewable multivitamins once you are home from the hospital. Additional vitamins will start two weeks post-op.

Use liquid, chewable or crushed medications where possible. Bypass patients should **NEVER** take any extended, time released or delayed release medication as it will not be absorbed after bypass surgery. Sleeve patients cannot take any pills until 2 weeks after surgery (medications must be liquid, crushed, or chewable for the 2 weeks following surgery).

It is important to maintain an active lifestyle.

## *Once You Are Home:*

- Do not sit or stand for long periods of time. When you do sit, change positions frequently.
- Exercise Goal: Walk 1 mile in your first week home (can be broken up in segments throughout the day). Continue to take frequent walks of at least 30-45 minutes per day. Not only will this help build your cardio endurance and start an exercise habit, it will also continue to prevent blood clots from forming.
- Avoid lifting or straining until you are cleared by your surgeon.
- Do not lift more than 10lbs for 6 weeks after surgery.



# MEDICATIONS TO AVOID

This is only a partial list and you should always check with your physician or pharmacist to make sure any new medications you are taking (including over-the-counter) do not contain:

- Steroids
- Aspirin
- Anti-Inflammatories

A.S.A. Enseals	Clinoril	Nalfon
Aches-N-Pain Advil (tablets & caplets)	Coricidin	Naprosyn
Advil	Cortisone	Naprosyn Norwich Tablets
Aleve	Daypro	Norgesic
Alka Seltzer – Antacid/ Tablets/Cold	Dipyridamole	Nuprin Caplets/Tabs
Anacin Tablets/Caplets/ Maximum Strength	Dislcid	Orudis P-A-C Analgesic
Anaprox	Doan's Pills	Pamprin
Anaprox DS	Dolobid	Pepto-Bismol – any type
Ancid Ansaïd	Dolobin	Persantine
Arthritis Strength Tri-Buffered Bufferin	Easprin	Ponstel
Ascriptin	Ecotrin Caplets/Tablets/ Maximum Strength	Relafen
Ascriptin A/D Caplets	Emperin	Rimadyl
Ascriptin Extra Strength Caplets	Excedrin – any type	Sal flex
Asperbuf	Feldene	Ticlid
Aspergum Aspirin – all brands including Children's	Fioinol	Tolectin
Asprin	Fiorinal	Tolmetin
BC Powder/Cold Powder	Halfrin	Toradol Trendar
Befferin	Ibuprofen	Trigesic
Bextra	Indocin	Ursinus Inlyay/Tabs
Bufferin – Regular & Extra Strength Buffex	Lodine Magnaprin	Vanquish
Buffinol Cama Arthritis Strength	Maprin/Maprin 1-B	Vanquish Analgesic
Cataflam	Measurin Mediprin	Vioxx
	Meclomen	Voltaren
	Midol Caplet/200	Wesprin Buffered
	Mobigesic	Zorpin
	Motrin	

# THE FUTURE

**Remember: It is a journey not a race, so enjoy your new journey!**

## ***Office Follow-Up***

You will follow-up with your surgeon or the nurse practitioner on a frequent basis the first year post-operatively. Upon each visit you will also meet with a dietitian.

### **Typical follow-up schedule for gastric bypass/sleeve patients:**

- Visit 1:*** One week post-op
- Visit 2:*** One month post-op
- Visit 3:*** Three months post-op
- Visit 4:*** Six months post-op
- Visit 5:*** Nine months post-op
- Visit 6:*** One year post-op
- Visit 7:*** Eighteen months post-op
- Visit 8:*** Twenty-four months post-op  
& every year after

### **Typical follow-up schedule for BPD DS patients:**

- Vist 1:*** One week post-op
- Visit 2:*** One month post-op
- Visit 3:*** Two months post-op
- Visit 4:*** Four months post-op
- Visit 5:*** Six months post-op
- Visit 6:*** Eight months post-op
- Visit 7:*** Ten months post-op
- Visit 8:*** Twelve months post-op
- Visit 9:*** 18 months post-op
- Visit 10:*** Twenty-four months post-op  
& every year after

**Adjustable gastric band patients will follow up every 4-6 weeks for adjustments.**

You will follow-up with our office annually for the rest of your life. It is vital you are compliant with follow-up appointments, in order to ensure optimal results. We will order lab work to ensure you do not become deficient in protein, vitamins or minerals. If you have any questions, concerns or problems between visits you may call the office.

**Starting 3 months after surgery, you will need to have labs drawn prior to your appointments. Please go 7-10 days before your scheduled appointment to have this done.**

# POST-OP DIET

## For Bypass, Sleeve, BPD DS & Revisions

Progressing through diet stages sooner than advised can cause serious complications

Day 1-2 Stage 1	<ul style="list-style-type: none"> <li>• 100% real fruit juice <i>Apple, grape or cranberry. No juice drinks, juice cocktail or juices with pulp. Limit to 4 oz a day</i></li> <li>• Sugar-free JELL-O</li> <li>• Sugar-free popsicles</li> <li>• Broth</li> </ul>	<ul style="list-style-type: none"> <li>• Water</li> <li>• Decaf tea <i>Avoid Diet Lipton Green Tea</i></li> <li>• Decaf coffee</li> <li>• Crystal Light</li> <li>• Sugar-free Kool-Aid</li> <li>• Propel</li> </ul>	<ul style="list-style-type: none"> <li>• Powerade Zero</li> <li>• Vitamin Water Zero Calorie</li> <li>• SoBe Life Water Zero Calorie</li> <li>• G2</li> <li>• Mix protein powder with clear liquids</li> </ul>
Day 3-14 Stage 2	<p style="background-color: #1a3d54; color: white; padding: 2px;"><b>1st Day Home from the Hospital</b></p> <p>Add full liquids including:</p> <ul style="list-style-type: none"> <li>• Skim milk</li> <li>• Cream soups (must be strained) <i>Low Fat Cream of Tomato, Mushroom or Chicken</i></li> </ul>	<ul style="list-style-type: none"> <li>• Tomato juice or V8 juice</li> <li>• Yogurt <i>Greek, low fat, light or carb control</i></li> <li>• Sugar-free, low-fat pudding</li> <li>• Low-fat, sugar-free frozen yogurt or ice cream</li> <li>• No sugar added Fudgesicles</li> </ul>	<p>Protein supplements can be mixed with milk. You may also choose the ready to drink types.</p> <p><i>*This is the day you begin counting macros</i></p> <p><b>*Begin chewable multivitamin</b></p>
Day 15-21 Stage 3	<p>Add the following:</p> <ul style="list-style-type: none"> <li>• Applesauce</li> <li>• Almond butter</li> </ul>	<ul style="list-style-type: none"> <li>• Smooth &amp; creamy peanut butter</li> <li>• Bananas</li> </ul>	<ul style="list-style-type: none"> <li>• Powdered Peanut Butter such as PB2</li> </ul>
Day 22-28 Stage 4	<p>Add the following:</p> <ul style="list-style-type: none"> <li>• Eggs</li> <li>• Low-fat cheese</li> <li>• Cottage cheese <i>fat-free or 1%</i></li> </ul>	<ul style="list-style-type: none"> <li>• Canned/dried beans and peas</li> <li>• Oatmeal <i>Plain or sugar free</i></li> <li>• Soft cooked vegetables</li> <li>• Lentils</li> </ul>	<ul style="list-style-type: none"> <li>• Soft canned fruits <i>in their own juice</i></li> </ul>
Day 29-35 Stage 5	<ul style="list-style-type: none"> <li>• Fish <i>not fried or breaded</i></li> </ul>		
Day 36 and After Stage 6 and beyond	<p>Add the following:</p> <ul style="list-style-type: none"> <li>• Fresh fruit</li> <li>• Salads</li> <li>• Nuts</li> <li>• Protein bars</li> <li>• Beef or turkey jerky</li> </ul>	<ul style="list-style-type: none"> <li>• Chicken</li> <li>• Deli meat (nothing processed)</li> <li>• Ground turkey</li> <li>• Ground beef</li> <li>• Popcorn <i>not buttered</i></li> <li>• Quinoa</li> </ul>	<p>High protein Cereals:</p> <ul style="list-style-type: none"> <li>• Special K Protein Plus</li> <li>• Kashi Go Lean</li> </ul>
4 months and after	<ul style="list-style-type: none"> <li>• Pork</li> <li>• Beef steak</li> <li>• Ham steak <i>*Try ground beef first</i></li> </ul>		

# POST-OP DIET

## For Adjustable Gastric Band

Day 1-2	<ul style="list-style-type: none"> <li>Sugar-free JELL-O</li> <li>Sugar-free popsicles</li> <li>Broth</li> <li>Water</li> <li>100% real fruit juice <i>no juice drinks or juice cocktail, no pulp</i></li> </ul>	<ul style="list-style-type: none"> <li>Decaf tea <i>Liptons Diet Green Tea is not decaf</i></li> <li>Decaf coffee <i>can use non dairy creamer</i></li> <li>Crystal Light</li> <li>Sugar-free Kool-aid</li> <li>Propel</li> </ul>	<ul style="list-style-type: none"> <li>Powerade Option</li> <li>Vitamin Water Zero Calorie</li> <li>SoBo Life Water Zero Calorie</li> <li>G2</li> <li>Mix protein powder with clear liquids</li> </ul>
Day 3-4	<ul style="list-style-type: none"> <li>Skim or fat-free milk</li> <li>Tomato juice</li> <li>V-8 juice</li> <li>Sugar-free, low-fat pudding</li> <li>No sugar added Fudgesicles</li> </ul>	<ul style="list-style-type: none"> <li>Cream soups (must be strained) <i>Healthy Choice Cream of Mushroom, Tomato, Chicken or Celery</i></li> <li>Yogurt <i>low-fat, light or carb-control</i></li> <li>Low-fat, sugar-free frozen yogurt</li> </ul>	
Day 5-6	<ul style="list-style-type: none"> <li>Smooth peanut butter</li> <li>Natural applesauce</li> </ul>	<ul style="list-style-type: none"> <li>Bananas</li> <li>Almond butter</li> </ul>	
Day 7-12	<ul style="list-style-type: none"> <li>Oatmeal <i>High Protein</i></li> <li>Egg</li> <li>Low-fat cheese</li> </ul>	<ul style="list-style-type: none"> <li>Fat-free or low-fat cottage cheese</li> <li>Canned/dried beans and peas</li> <li>Soft canned fruits <i>in their own juice or light syrup</i></li> </ul>	<ul style="list-style-type: none"> <li>Soft cooked vegetables <i>avoid asparagus and celery as they are stringy</i></li> </ul>
Day 13	<ul style="list-style-type: none"> <li>Whole Wheat Toast</li> </ul>		
Day 14-21	<ul style="list-style-type: none"> <li>Fish <i>not fried</i></li> </ul>		
Day 21	<ul style="list-style-type: none"> <li>Turkey</li> <li>Chicken</li> <li>Wafer thin deli meat</li> <li>Salad</li> <li>Protein bars</li> </ul>	<ul style="list-style-type: none"> <li>Nuts</li> <li>Ground turkey</li> <li>Ground beef</li> <li>Fresh fruit</li> <li>High protein cereal</li> </ul>	<ul style="list-style-type: none"> <li>Popcorn <i>not buttered</i></li> <li>Jerky</li> </ul>
8 Weeks	<ul style="list-style-type: none"> <li>Pork</li> <li>Beef</li> <li>Ham</li> <li><i>*Try ground beef first</i></li> </ul>		

# HYDRATION

**You must consume at least 64 ounces of fluid per day!  
It must be sugar free, caffeine free and non-carbonated.**

Adequate hydration is very important to prevent dehydration and the development of Pulmonary Embolism.

## ***Drinking Adequate Amounts of Fluid Does the Following:***

### **Better Digestion:**

- Water is necessary for the body to digest and absorb vitamins and nutrients, such as fiber and protein.

### **Flushes out toxins:**

- Water detoxifies the liver and kidneys and carries away waste from the body.
- It also keeps toxins out of the skin, making it look healthier.

### **Increases Energy and Reduces Ailments:**

- When you are dehydrated, your blood is thicker and your body has to work harder to circulate the blood. Headaches, dizziness and fatigue can occur because of it.
- Staying hydrated allows you to be more alert and energized.

### **Helps You Lose Weight:**

- Drinking adequate amounts of water will fill you up so that you don't overeat.
- Feelings of hunger and thirst are very similar to the body. Sometimes when the body is dehydrated, it signals hunger when it actually needs water.



# VITAMINS

## For Bypass, Band and Sleeve

You will need to take vitamins daily, for the rest of your life. They are available over-the-counter, at any grocery store or pharmacy. Based on your individual lab values, your vitamin requirements may change; you will be informed if this occurs.

**A chewable multivitamin will begin once discharged.**

**Do not use gummies. Make sure to take your multivitamin and iron separate from calcium, at least 2 hours apart, to ensure iron is absorbed from your multivitamin.**

**Do not use vitamin patches unless discussed with your dietitian.**

Vitamin/Mineral	Daily Requirement
Calcium	1200-1500 mg
Vitamin D	3000 IU
Vitamin B1 (thiamin)	50-100 mg
Vitamin B12	350-500 mg
Iron*	18 mg
Folate	400-800 mg

The following vitamins/minerals contain the following:

Vitamin/Mineral	Centrum Chewable 2	Fusion 4	Bariatric Advantage 2	Opurity 1	Optisource 4	Celebrate 3	Barilife 3 tabs - band 6 tabs - sleeve/bypass
Calcium	216 mg	120 mg	200 mg	50 mg	1000 mg	-----	750/1500 mg
Vit. D	800 IU	3000 IU	1000 IU	3000 IU	800 IU	3000 IU	3000/6000 IU
Vit. B1 (thiamin)	3 mg	12 mg	6 mg	9 mg	2.25 mg	12 mg	3/6 mg
Vit. B12	12 mcg	560 mcg	100 mcg	500 mcg	500 mcg	500 mcg	500/1000 mcg
Iron	36 mcg	45 mcg	-----	30 mcg	36 mcg	-----	23/45 mcg
Folate	800 mg	800 mg	800 mg	800 mg	800 mg	800 mg	200/400 mg
<b>ADDITIONAL NEEDED (THESE WILL BEGIN 2 WEEKS AFTER SURGERY)</b>							
Calcium Citrate	1000 mg	1000 mg	1000 mg	1200 mg	200 mg	1200 mg	500 mg (band)
Vit. D	2000 IU	-----	2000 IU	-----	2000 IU	-----	-----
Vit. B1 (thiamin)	100 mg	100 mg	100 mg	100 mg	100 mg	100 mg	100 mg
Vit. B12	500 mcg	-----	400 mcg	-----	-----	-----	-----
Folate	-----	-----	-----	-----	-----	-----	200 mg (band)

*\*If menstruating or have a history of low iron in the past, you will need an additional 65 mg of Iron and 500 mg Vitamin C*

# VITAMINS

## *For Biliopancreatic Diversion with Duodenal Switch*

You will need to take vitamins daily, for the rest of your life. They are available over-the-counter at any grocery store. Based on your individual lab values, your vitamin requirements may change; you will be informed if this occurs.

**Make sure to take your multivitamin and iron separate from calcium, at least 2 hours apart, to ensure iron is absorbed from your multivitamin.**

<b>Vitamin/Mineral</b>	<b>Daily Requirement</b>
Vitamin A	10,000 IU
Vitamin K	300 ug
Calcium	1800-2400 mg
Vitamin D	3000 IU
Vitamin B1 (thiamin)	50-100 mg
Vitamin B12	350-500 mg
Iron	65 mg
Vitamin C	500 mg
Folate	400-800 mg
Vitamin E	100 IU
Probiotic	2.4 billion colonies



The following vitamins/minerals contain the following:

<b>Vitamin/ Mineral</b>	<b>Centrum Chewable 2</b>	<b>Fusion 4</b>	<b>Bariatric Advantage 2</b>	<b>Opurity 1</b>	<b>Optisource 4</b>	<b>Celebrate 3</b>	<b>Barilife 6</b>
Calcium	216 mg	120 mg	200 mg	50 mg	1000 mg	-----	1500 mg
Vit. D	800 IU	3000 IU	1000 IU	3000 IU	800 IU	3000 IU	6000 IU
Vit. B1 (thiamin)	3 mg	12 mg	6 mg	9 mg	2.25 mg	12 mg	6 mg
Vit. B12	12 mcg	560 mcg	100 mcg	500 mcg	500 mcg	500 mcg	1000 mcg
Iron	36 mcg	45 mcg	-----	30 mcg	36 mcg	-----	45 mcg
Folate	800 mg	800 mg	800 mg	800 mg	800 mg	800 mg	400 mg
Vit. E	60 IU	30 IU	30 IU	60 IU	60 IU	60 IU	100 IU
Vit. A	1500 IU	7500 IU	7500 IU	10,000 IU	7500 IU	10,000 IU	5000 IU
Vit. K	20 mcg	-----	-----	100 mcg	160 mcg	120 mcg	120 mcg
<b>ADDITIONAL NEEDED</b>							
Calcium Citrate	1600 mg	1800 mg	1600 mg	1800 mg	800 mg	1800 mg	300 mg (band)
Vit. D	2500 IU	-----	2000 IU	-----	2500 IU	-----	-----
Vit. B1 (thiamin)	100 mg	100 mg	100 mg	100 mg	100 mg	100 mg	100 mg
Vit. B12	500 mcg	-----	400 mcg	-----	-----	-----	-----
Folate	-----	-----	-----	-----	-----	-----	400 mg
Vit. A	9000 IU	2500 IU	2500 IU	-----	2500 IU	-----	5000 IU
Vit. K	300 mcg	300 mcg	300 mcg	300 mcg	150 mcg	200 mcg	200 mcg
Iron (*Vit. C 500 mg)	30 mg	30 mg	65 mg	30 mg	30 mg	65 mg	30 mg

Add probiotics (2.4 million colonies) to your daily vitamin regimen.



# PROTEIN SUPPLEMENTS

**Your body absorbs whey protein isolate better than other types of protein. Look for products that have at least 20g of protein per serving.**

## Brands we recommend:

### 100% whey protein isolate (best):

**Powders:** Bariatric Fusion, Unjury, Nutra-Bio, IsoPure, Iso 100, Syntrax Nectar (only found online), Origin (by Pure Label Nutrition), Optimum Nutrition (“ON”) Isolate, Iso-Define, Body Fortress Isolate Protein, Integrated Supplements Whey Isolate Protein

**Water:** 40 grams protein - Iso 100  
20 grams protein - Optimum Nutrition (“ON”), Premier Clear

### Whey blends (not as well absorbed as 100% isolate):

**Powders:** Optimum Nutrition (“ON”) Gold Standard 100% Whey, Muscle Tech Platinum Whey, Six Star Whey Isolate Plus, Body Fortress Whey Protein

**Drinks:** GNC Wheybolic 40, Muscle Milk Pro Series, Labrada Lean Body, New Whey Protein Bullet

### Plant based:

Planted by Unjury, Orgain Organic Protein, Vegan Lean Shake

### Other great protein choices:

Egg white powder, Genepro

**Remember: Your body will only absorb 35g of protein at one time.**

# PROTEIN SHAKES

All weight loss surgery patients are required to consume at least 70g or more of protein per day. The day after surgery, you will have to consume protein drinks to meet this requirement.

Protein drinks should be mixed well so the powder is fully dissolved. The easiest way to do this is with a blender. All of the following drinks should be well blended and served over ice, unless otherwise indicated. All mixers and other ingredients should be low-calorie, low-carbohydrate, low-fat, non-carbonated, decaffeinated and sugar-free.

Most of the recipes below call for one scoop of protein powder, which is about 20-25g of protein. If you want to boost protein intake, increase this to 1 1/2 scoops (35g). It is estimated that your body can only absorb 35g of protein at one time. All liquid substances count towards your daily requirement of 64oz of water.

Be sure to count the nutritional content of your protein drinks in your daily requirements and limitations (greater than or equal to 70g of protein, 60-100g of carbohydrates, less than or equal to 35g of fat).

Protein powders may be purchased in your local grocery, pharmacy, health food stores and online. Search on-line for additional options.

## ***Favorite Mixers for Protein Powder:***

- Bottled unflavored or flavored water
- Decaffeinated coffee
- Sugar-free Jell-O powder
- Powdered peanut butter
- Sugar-free flavored syrups
- Sugar-Free - Tang, Crystal Lite, Wyler's Lite, Kool-Aid and other sugar-free powdered drink mixes of any flavor
- Skim Milk
- Water
- Yogurt - low-fat, non-fat or carb-control

## ***Favorite Protein Drink Recipes:***

Please note most of the following recipes should be mixed in a blender, so all of the protein powder is dissolved. Because the instructions are virtually the same, we have excluded them from these recipes except where necessary. They can be served over ice cubes or crushed ice as preferred. Using the examples listed above and the recipes that follow, you can choose your favorite drink ingredients. Please avoid using fruit juice and other high calorie fluid in protein shakes. Don't forget to count all protein, carbs or fats in your daily totals!

### **Strawberry Banana Shake**

1 scoop vanilla whey protein powder  
6-8oz water or skim milk  
1 tsp Strawberry-Banana sugar-free Jell-O powder  
Ice cubes

### **Chocolate Peanut Butter Shake**

1 scoop chocolate whey protein powder  
1 tbsp PB2 (Powdered Peanut Butter)  
6-8oz water  
Ice cubes to taste

### **Snickers Bar Shake**

1 scoop chocolate whey protein powder  
6-8oz water  
1 tbsp caramel sugar-free syrup  
1 tbsp peanut butter sugar-free syrup

### **High Protein Chocolate milk**

1 scoop unflavored whey protein powder  
6-8oz fat-free/skim milk  
1 tbsp chocolate sugar-free syrup

### **Pina Colada Shake**

1 scoop unflavored whey protein powder  
8oz water  
1 tsp pineapple sugar-free flavoring  
1 tsp coconut extract

### **Orange Creamsicle**

1 scoop vanilla protein powder  
8oz skim milk or water  
1 tbsp sugar-free orange Jell-O powder  
Crushed ice

### **Strawberry Yogurt Smoothie**

1/2 cup strawberries, washed and hulled  
1 cup skim milk  
1/2 cup strawberry low-carb yogurt  
1 scoop vanilla protein powder

### **Chocolate Lover's Dream**

8oz skim milk  
2 tbsp Hershey's lite chocolate syrup  
1 scoop chocolate protein powder

### **Funky Munky Meal Replacement**

8oz skim milk  
1 scoop chocolate protein powder  
1/2 -1 small banana  
1 tbsp low-fat peanut butter  
1/2 cup crushed ice (*more will make it thicker*)

### **Mighty Mochaccino**

1 scoop whey protein in chocolate, vanilla or cappuccino  
1 tbsp instant dried, decaffeinated coffee  
1 serving of instant, sugar-free hot-cocoa mix (Swiss Miss)  
1/2 cup of dry instant non-fat milk  
1 cup skim milk  
Crushed ice

# PROTEIN LIST

Food	Portion	Protein Grams	Calories
Anchovies - canned	5	6	42
Bass - striped baked	3oz	19	105
Beans - baked beans	½ cup	6	118
Beef - brisket (lean) braised	3oz	21	309
Beef - chuck pot roast (lean)	3oz	23	282
Beef - corned beef brisket	3oz	15	213
Beef - corned beef canned	3oz	10	85
Beef - ground	3oz	21	246
Beef - porterhouse steak	3oz	21	240
Beef - roast beef	3oz	16	105
Beef - short ribs (lean)	3oz	18	400
Beef - T-bone steak	3oz	21	253
Black beans	½ cup	8	114
Black-eyed peas	½ cup	7	99
Cheese - most types	1oz	8	100
Cheese - ricotta	½ cup	14	200
Chicken - breast, broiler/fryer	½ breast	35	364
Chicken - canned, with broth	½ can (2.5oz)	16	117
Chicken - oven roasted breast	2oz	11	60
Chicken - deli thin smoked breast	2oz	11	60
Chickpeas	½ cup	6	142
Clams - cooked	20 small	23	133
Cod - baked	3oz	20	90
Cottage cheese - creamed	½ cup	13	108
Cottage cheese - low-fat 1%	½ cup	14	82
Cottage cheese - low-fat 2%	½ cup	15.5	101
Crab - king cooked	3oz	16	82
Crab - blue cooked	3oz	17	87
Crab - canned	3oz	17	84
Crab - crab cakes	1 (2oz)	12	93
Egg - hard cooked or poached	1	6	75
Egg - egg beaters	¼ cup	5	25
Fava beans - canned	½ cup	7	90
Fish cake	1 (4.5oz)	18	166
Flounder - cooked	3oz	21	99
Great Northern Beans	½ cup	8	105
Grouper	3oz	21	100
Haddock - cooked	3oz	21	95

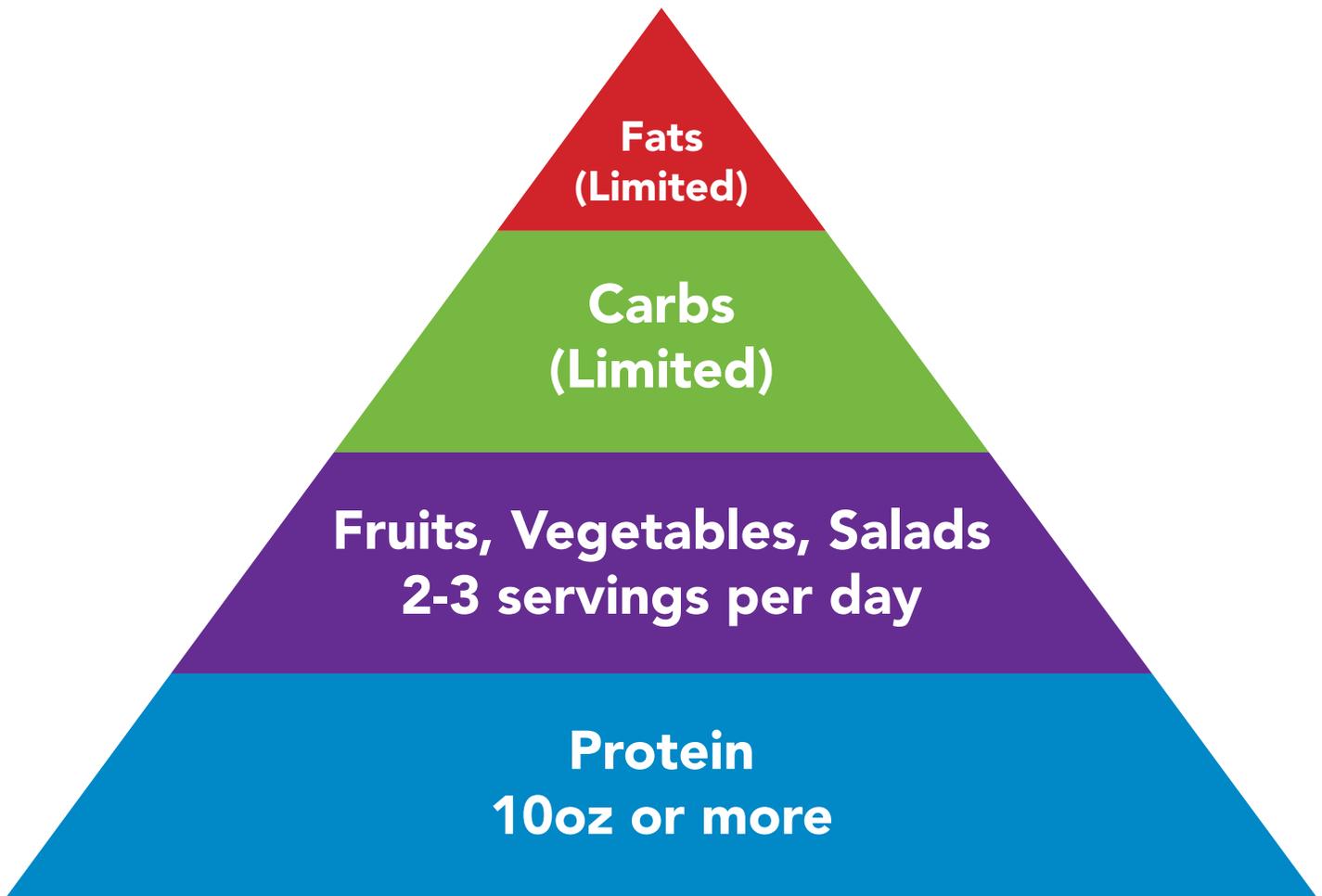
Food	Portion	Protein Grams	Calories
Halibut - cooked	3oz	23	119
Ham - deviled ham canned	3oz	14	200
Ham - boneless cooked	3oz	14	90
Ham - honey ham	3oz	15	150
Herring - Atlantic cooked	3oz	20	172
Hummus	1/3 cup	4	140
Kidney beans - cooked	1/2 cup	8	100
Lamb - lean braised	3oz	29	190
Lamb - ground boiled	3oz	21	240
Lamb - loin chop (lean)	1 (3oz)	19	225
Lentils	1/2 cup	9	115
Lima beans - canned	1/2 cup	6	93
Liver - beef or chicken	3oz	23	184
Lobster - cooked	1/2 cup	15	71
Mackerel - cooked	3oz	20	223
Meat substitutes - harvest burger	3oz	18	140
Milk - 1%	1 cup	8	110
Milk - buttermilk	1 cup	8	99
Mussels - cooked	3oz	20	147
Navy beans - cooked	1 cup	20	296
Octopus - steamed	3oz	25	140
Oysters - steamed	1 medium	5	43
Oysters - canned	3oz	10	100
Peanut butter	2 tbsp	8	188
Peas - split peas, cooked	1/2 cup	8	115
Perch	3oz	21	99
Pike - cooked	3oz	21	96
Pink beans - cooked	1/2 cup	7	125
Pinto beans - cooked	1/2 cup	5	90
Pollack - baked	3oz	21	100
Pork - center loin	3oz	24	265
Pork - pork roast	3oz	15	105
Pork - spare ribs	3oz	26	338
Red Beans - canned	1/2 cup	6	160
Roughy - Orange, baked	3oz	16	75
Salmon - baked	3oz	22	155
Salmon - canned, pink	3oz	17	118
Salmon - salmon cake	1 cake (3oz)	18	241
Salmon - smoked	3oz	15	99
Sardines - in oil	2	6	50

Food	Portion	Protein Grams	Calories
Scallops	2 large	6	67
Shark	3oz	16	145
Shrimp - canned	3oz	20	102
Shrimp - cooked	4 medium	5	22
Smelt - cooked	3oz	19	106
Soy Milk	1 cup	7	79
Soybeans - cooked	½ cup	15	150
Spinach - cooked	½ cup	3	21
Squid	3oz	15	149
Swordfish - cooked	3oz	22	132
Tofu - firm	½ cup	20	183
Tofu - soft	4oz	12	120
Trout - baked	3oz	23	162
Tuna	3oz	25	160
Turkey - bologna	3oz	15	165
Turkey - breast	3oz	20	92
Turkey - ground, cooked	3oz	20	188
Turkey - canned, w/ broth	½ can (2.5oz)	17	116
Veal - cutlet, lean	3oz	31	172
Veal - ground broiled	3oz	21	146
Venison	3oz	26	134
White beans	½ cup	9	100
Yogurt - fruit, low-fat	4oz	5	113
Yogurt - plain, low-fat	4oz	6	65

***\*Using tools to measure food is very important (measuring spoons, measuring cups and a food scale)***



# ADVANCING YOUR DIET AFTER WEIGHT LOSS SURGERY



## ***Weight Loss Surgery Food Pyramid***

### **Protein**

The majority of your nutrition will come from high-protein foods. Usually 1oz of fish, chicken, beef or pork will provide 7g of protein. One egg or ¼ cup egg substitute provides 7g of protein. 1/3 cup beans (pinto, kidney, black or garbanzo) will provide 7g of protein.

### **Fruits, Vegetables and Salads**

Fruit, vegetables or salads are eaten after protein. Usually ½ cup fruit, ½ cup cooked vegetables or 1 cup of raw vegetables is an average serving. This provides vitamins, minerals and fiber.

### **Carbohydrates**

Carbohydrates should be eaten last.



## **Fats**

Fats should be limited. Healthy heart fats such as extra virgin olive oil, sunflower oil, safflower oil, canola oil, spray butters and spray salad dressings are included in this category.

A maximum of 35g of fat per day is recommended. Limit regular butter, mayonnaise, salad dressings, fried food and high-fat meats such as sausage, hot dogs, pepperoni, salami and bologna.

## **Sugars**

Sugars should also be limited. Sugar-free products such as sugar-free JELL-O, sugar-free popsicles and sugar-free jelly are good substitutes. Sweeteners are a great alternative to sugar in drinks. Try Equal (Nutrasweet), Splenda, Sweet-N-Low or Stevia.

Although fluid intake is not in this pyramid, 64oz of fluid per day is recommended. Sugar-free and very low-calorie beverages are allowed. Remember to limit caffeine to 12oz maximum per day and avoid carbonation.

## **Carbonated Beverages**

Carbonated beverages should be avoided

### **Reasons to Avoid Carbonation:**

- No nutritional value
- Some are caffeinated, leaching calcium from your bones and compromising their strength
- Caffeine is a diuretic which increases urination and your risk of dehydration
- Caffeine is a stimulant, but not a non-selective stimulant meaning it increases your appetite
- Carbonated drinks contain phosphoric acid, which increases calcium excretion in your urine; this also affects bone strength

# EXERCISE AND WEIGHT LOSS

Get a pair of exercise shoes with good arch support. You are going to lose more weight and keep it off when exercise is a part of your daily routine. There is a requirement of 30 or more minutes of exercise daily after weight loss surgery.

## Physical Activity Requires Energy

- One pound of body mass = 3,500 calories
- Creating an energy deficit results in weight loss
- Muscle burns more calories than fat

## Exercise for Weight Loss and Maintenance

Energy intake and energy output play a role in weight gain, weight loss and weight maintenance. It takes 3,500 calories to create one pound of fat.

1. Weight loss = Energy Intake (food) < Energy Output (physical activity)
2. Weight gain = Energy Intake (food) > Energy Output (physical activity)
3. Maintenance = Energy Intake (food) = Energy Output (physical activity)

This is why it is important to balance both diet and exercise. You will gain weight if you take in more calories than you burn off. An exercise regimen that includes aerobics and conditioning promotes the best overall results.

## How to Track Your Steps

A pedometer is a little device that you clip onto the waist band of your pants that will track your steps.

- Wear the pedometer throughout the day and record your steps at the end of each day.
- At the end of the week, add all of those numbers together and divide by the number of days in the week (7). This will give you an average number of steps taken each day throughout a full week.
- At the end of each week increase the number of steps you take by 10% until you reach your goal of 10,000 steps per day each week.

### Example:

Monday:	2,000 steps
Tuesday:	800 steps
Wednesday:	2,500 steps
Thursday:	3,100 steps
Friday:	900 steps
Saturday:	5,300 steps
Sunday:	<u>+ 1,000 steps</u>
	15,600 total steps

- Divide the number of steps by 7 (the number of days in a week):  $15,600 \div 7 = 2,229$  (the average number of steps taken each day throughout the week)
- To increase this by 10% each week:  $2,229 \times .10 = 223$
- Then add  $223 + 2,229 = 2,452$  steps will be your daily goal for the next week

**It may take several days/weeks/months to reach this goal and that is okay. The important thing is to keep moving and push yourself to reach a new goal each week.**

## Aerobic Exercise

Aerobic exercise helps to condition your lungs and heart by utilizing oxygen more efficiently. This helps your body reach and maintain its Target Heart Range (THR). Your THR is the safest and most beneficial range of heartbeats per minute during exercise. Activities such as walking, jogging, running and swimming are all aerobic.

$$\text{THR} = (220 - \text{age}) \times 60\% - 80\%$$

The lower number suggests a safe rate for beginners, while the higher number should be a long-term goal. Remember, consult your physician before starting any vigorous exercise programs.

Age	Target HR Zone 50-85%	Average Maximum Heart Rate, 100%
20 years	100-170 beats per minute	200 beats per minute
30 years	95-162 beats per minute	190 beats per minute
35 years	93-157 beats per minute	185 beats per minute
40 years	90-153 beats per minute	180 beats per minute
45 years	88-149 beats per minute	175 beats per minute
50 years	85-145 beats per minute	170 beats per minute
55 years	83-140 beats per minute	165 beats per minute
60 years	80-136 beats per minute	160 beats per minute
65 years +	78-132 beats per minute	155 beats per minute

## Conditioning Exercise

Conditioning exercise helps improve muscle strength and flexibility. In order to build muscle and strengthen bones, exercises that incorporate weight resistance and flexibility should be included in your overall fitness plan. Resistance exercises include weights, rowing machine and push-ups. Flexibility includes warm-up routine, stretching and yoga.

## Ideas to Incorporate Exercise

- Housework and yard work are great opportunities to be active.
- Find fun ways to be active. Go sledding, swimming, hiking, skating or play sports.
- Park at the far end of a parking lot so you have to walk farther.
- Take the stairs instead of the elevator.
- Water aerobics and swimming provide great exercise with low impact on the body.
- Find a hobby.
- Go for a walk at lunch time instead of sitting in the break room.



The American Heart Association recommends 150 minutes/week of moderate exercise or 75 minutes/week of vigorous exercise.

### There Are Many Reasons to Exercise:

- Improves your mood
- Strengthens heart and lungs, allowing you to breathe easier
- Strengthens your bones
- Increases energy
- Reduces the risk of developing and/or dying from heart disease
- Lowers cholesterol
- Reduces the risk of developing diabetes
- Reduces depression and anxiety
- Releases feel good endorphines
- Boosts Vitamin D levels
- Improves digestion
- Tones and firms muscles
- Enables weight loss and keeps it off

### Calories Used in 20 Minutes of Different Activities

Activity	Calories
Walking - 2 mph	83
Walking - 4.5 mph	100
Golf	85
Skipping rope	245
Yardwork	54
Mowing lawn	150
Cycling	135
Basketball (moderate)	124
Dancing	105
Housework	63
Swimming (800 yards)	152
Ice Skating	100
Washing car	65
Running	190

### Exercise Calories Burned per Pound, per Minute

	Low Intensity cal/min	Medium Intensity cal/min	High Intensity cal/min	Very High Intensity cal/min
Your Weight in Pounds	Raking, Active gardening, Recreational sports	Walking, mowing, weight lifting, light aerobics	Moderate jogging, stair machine, swimming	Fast jogging, running, high level group fitness
<100	1	3	7	9
120	1	4	8	11
140	1	5	9	12
160	2	5	10	13
180	2	6	11	14
200	2	7	12	15
220	2	7	13	17
240	3	8	14	18
260	3	9	15	19
280	3	9	16	20
300	3	10	17	21
320	4	11	18	23
340	4	11	19	24
360	4	12	20	24
380	4	13	20	26
400	4	13	21	27
420	5	14	22	28
440	5	15	23	30
460	5	15	23	30
480 & up	5	16	24	31

# BASIC NUTRITION AND FOOD PRINCIPLES

## ***List of Lifestyle Changes:***

### **High Protein: 70 Grams or more Per Day**

*Duodenal switch pts should have 90g or more.*

*(If you have any kidney problems, please check with your physician first)*

- The main protein foods are beef, soy, chicken, turkey, fish, cheese, eggs, nuts, peanut butter, tofu and beans. Limit cheese, nuts and peanut butter as these are high in fat.
- Protein drinks help you meet your goal of 70-90g per day.
- There are high-protein cereals available such as: Go Lean Crunch, Special K, Protein Plus and Quaker Weight Control Oatmeal.

**Note: Eat protein first, fruits, vegetables or salad next, and carbohydrates last.**

### **Low Fat: 25-35 Grams Per Day**

- Avoid fried foods.
- Choose low-fat and fat-free products.
- Choose lean cuts of meat (trim fat off meat and cut skin off chicken).

### **Carbohydrates (“Carbs”): 60-100g**

- Avoid table sugar, honey, cakes, pies, pastries and juices.
- Good carbohydrate sources include dairy, fruit, high protein cereal, sweet potatoes, legumes, beans and quinoa.
- **Bread, pasta and rice continue to swell and expand in your stomach after you have eaten them and are not recommended to be eaten after weight loss surgery.**
- Increase fiber by making at least half of your grains whole. You can do this by reading food labels to ensure they include the words whole wheat or whole grain.



### **Limit Caffeine:**

- It is a diuretic and can lead to dehydration.
- It is a non-selective stimulant, meaning it can stimulate your appetite.
- Caffeine intake can lead to calcium loss in bones.
- Maximum 12oz per day.

### **Avoid Carbonated Beverages:**

- Expand gas in your stomach, causing discomfort and/or pain.
- Provide little nutritional value.
- Most are high in sodium, which increases blood pressure.
- High in phosphoric acid, depleting bones of calcium.

### **64 Ounces of Fluid Per Day:**

- Decaffeinated, non-carbonated and sugar-free.

### **No Drinking During Meals/Snacks & 30 Minutes after Meals/Snacks:**

- It keeps you feeling full longer.

### **Food Must be Cut Into Small Pieces:**

- Pinky finger nail sized bites, chewed very well.

# GENERAL LIFE LONG DIETARY GUIDELINES

- Choose foods high in protein
- Choose foods low in carbohydrates and fat
- Proteins should always be eaten first at every meal
- Eat slowly and chew foods thoroughly to avoid pouch distress
- Eat 3 meals per day
- Do not force a meal if you are full
- Do not graze; schedule snack times if needed
- Drink a minimum of 64oz or 2 liters of water per day
- Avoid drinking until 30 minutes after meals
- Avoid whole milk, choose skim or non-fat instead
- Avoid high fat foods
- Avoid carbonation
- Avoid alcohol for the first year
- Take vitamin and mineral supplements as directed
- Avoid or limit sugar  
*(Foods high in sugar may cause Dumping Syndrome in gastric bypass patients and will limit your weight loss)*
- Average portion size = 8oz or 1 cup of food

## ***Healthy Reminders:***

- **Chew, chew and chew** so the food can pass through the small stomach opening
- Prepare meat using any method **except** frying (it is ok to use an air fryer)

# PRE/POST WEIGHT LOSS SURGERY DIET GUIDELINES

It is recommended that a high-protein, low-fat, low-carbohydrate diet be followed pre-operatively and post-operatively. Below is a list of suggested food items to eat in each nutritional category. Remember to always choose protein first, working towards a daily goal of 70g per day (90g per day for BPD DS); choose fruits, vegetables and salad next and carbohydrates last. Making changes now will help shrink the liver and show a commitment to lifestyle changes necessary to reach your goal weight.

## ***Suggested Food List***

### **Protein:**

- Meat, chicken, turkey, fish (*1oz meat contains approximately 7g protein*)
- Low-fat peanut butter
- Low-fat cheese
- Eggs (*1 egg contains approximately 6 grams protein*)
- Nuts (*almonds or walnuts*) in small amounts
- Beans such as garbanzo, navy, brown and pinto

### ***Nutritional Content:***

- Choose lean protein sources that are baked, broiled or grilled with no skin
- Avoid fried meats
- Watch fat content of cheeses and nuts

### **High Protein Cereal:**

- Go Lean
- Quaker Weight Control Oatmeal
- Special K Protein Plus

### **Fruit, Vegetable & Salad:**

- Broccoli, cauliflower, carrots, asparagus, green beans, squash, tomatoes, cucumber, bell peppers, mushrooms and onions
- Fresh fruits
- Avoid peas, corn and potatoes, as they are high in carbohydrates

## Complex Carbohydrates:

- Lentils
- Quinoa

## Dessert/Snack foods:

- Fruit (*add peanut butter to increase protein*)
- Beef jerky
- Greek yogurt
- Carb-control yogurt
- Sugar-free low-fat pudding
- Sugar-free JELL-O
- Sugar-free popsicles
- Popcorn (not buttered)

## Fluids:

- Water
- Crystal Light
- Sugar-free Kool-Aid
- Propel water
- Powerade Zero
- Unsweetened decaf tea
- Decaf coffee
- Flavored non-carbonated water
- Protein drinks

**Avoid drinking with meals.**

**Limit the use of butter, salad dressings and other high-fat condiments. Choose low-fat or fat-free products.**

**Watch portion size.**



# TIPS FOR SUCCESS

## Remember: Do not consume beef, pork, thick sliced ham or steak

*May begin these at 4-6 months post-op for Gastric Bypass, BPD DS, Sleeve and 8 weeks post-op for Band patients*

**CONGRATULATIONS!** When you return to regular foods, you need to focus on consuming 70g of protein daily (90g per day for BPD DS). Protein is important because it helps you feel satisfied. Protein also helps heal tissue, preserves lean muscle mass and aids in avoiding significant hair thinning.

### **Reminders for Success:**

- Continue using small eating utensils
- Cut your food into small bites, about the size of a pea or “pinky” finger nail
- Chew bites thoroughly for bypass and small lumps for band
- Avoid drinking liquids:
  - For 30 minutes before a meal
  - During a meal
  - For 30 minutes after a meal

*(It is okay to sip a little water, if food is thick and difficult to swallow)*

*Liquid restriction is necessary, because it occupies space, hinders food tolerance and flushes food out of your pouch. This will make you sense hunger sooner.*

When you try a new food for the first time, do so in a small amount and do it at home rather than in a restaurant, in case you are unable to tolerate that particular food. If you do not like or tolerate a new food for the first time after surgery, give it some time and try it again a few days later.

We don't want you to consider yourself as “being on a diet.” Just do your best to make healthy choices. You know the bad habits that contribute to obesity. If there is something you want that is not a “healthy choice,” you can have it, but make it the exception, not the rule.

Most patients will eat 3 meals each day. Focus on the protein. As time goes by, you will be able to eat more than you did initially. Do not let this scare you. The pouch will stretch over time, but will never return to the size prior to surgery. Relax and make healthy choices.

### **Plateaus:**

Plateaus are normal. It is usually your body's way of taking a break and catching up with the weight loss process. If you are eating the same foods and have the same exercise regimen, change it! Increase variety in both food and activity then your weight will decrease again.

Weight loss is difficult. Not only are you denying your body's basic drive to eat and meet calorie needs,



but your lifestyle is also changing. You may have to learn new ways to destress and cope without food. This all takes time and energy! There is a definite beginning and end to the weight loss process but maintenance is a life-long issue.

Throughout the weight loss process, you are rewarding yourself with “no calorie” treats such as: new clothes, a massage or a new CD. The compliments are free flowing from friends and family. Maintenance means working just as hard to keep the weight off. Remain focused on adhering to your lifestyle goals. Remember all of the milestones you have reached throughout your weight loss journey: your joints hurting less, finding a comfortable chair and taking less medication for health problems.

### **If you are finding maintenance difficult ask yourself “why?”**

- Are you still using the knowledge you gained in this program?
- Are you restricting calories too much?
- Are you setting goals too high in too short of a time frame?

**Change is difficult for everyone. Throughout the past several months, you have learned new skills and may stumble at times. Life is a journey, not a race.**

# HOW TO READ FOOD LABELS

If a food claims to be...	It means that one serving of the product contains...
Calorie free	Less than 5 calories
Sugar free	Less than 0.5g of sugar
<b>Fat</b>	
Fat free	Less than 0.5g of fat
Low fat	3g of fat or less
Reduced fat or less fat	At least 25% less fat than the regular product
Low in saturated fat	1g of saturated fat or less, with no more than 15% of the calories coming from saturated fat
Lean	Less than 10g of fat, 4.5g of saturated fat and 95mg of cholesterol
Extra lean	Less than 5g of fat, 2g of saturated fat and 95mg of cholesterol
Light (lite)	At least 1/3 fewer calories or no more than half the fat of the regular product, or no more than half the sodium of the regular product
<b>Cholesterol</b>	
Cholesterol free	Less than 2mg of cholesterol and 2g (or less) of saturated fat
Low cholesterol	20mg or less of cholesterol and 2g or less of saturated fat
Reduced cholesterol	At least 25% less cholesterol than the regular product and 2g or less of saturated fat
<b>Sodium</b>	
Sodium free or no sodium	5mg or less of sodium and no sodium chloride in ingredients
Very low sodium	35mg or less of sodium
Low sodium	140mg or less of sodium
Reduced or less sodium	At least 25% less sodium than the regular product
<b>Fiber</b>	
High fiber	5g or more of fiber
Good source of fiber	2.5 to 4.9g of fiber

**If you can't remember the definitions of all of the terms, don't worry. You can use these general guidelines instead:**

- "Free" means a food has the least possible amount of the specified nutrient.
- "Very Low" and "Low" mean the food has a little more than foods labeled "Free."
- "Reduced" or "Less" means the food has 25% less of a specific nutrient than the regular version of the food.

# ALCOHOL'S EFFECTS ON WEIGHT LOSS SURGERY PATIENTS

Patients should not consume alcohol for at least 12 months following weight loss surgery. If you are using alcohol after 12 months, limit your use.

## ***Alcohol Broken Down:***

- Alcohol is not broken down through digestion, it is absorbed through the stomach and intestinal lining.
- Consuming alcohol without food allows it to travel through your blood stream even faster (about 20 minutes). From the blood, it goes to every cell, decreasing all activity.
- Alcohol is a depressant, not a stimulant. The initial “lift” is short-lived.
- Alcohol is a diuretic which promotes water loss.
- It takes the body about 2-3 hours to break down two regular sized drinks.

## ***Risks:***

- Women who consume more than one drink per day and men who consume more than two drinks per day raise their risk for increased blood pressure, stroke and cancer.
- Alcohol triggers appetite!

## ***Calories:***

- One 12oz regular beer = 150 calories
- One 5oz glass of wine = 100 calories
- 1.5oz of 80 proof spirit = 100 calories  
*(Bourbon, brandy, gin, rum, vodka, whiskey and liquor)*
- Alcohol contains 7 calories per gram
- One 6 pack of beer = 900 calories  
*(To burn this off, you would need to jog for 2 hours)*
- Consuming 5oz of wine daily for a week = 700 calories  
*(One pound body fat over a 5 week period)*
- 1 pound of fat = 3,500 calories

# ISSUES AND CONCERNS

## ***What To Do if Food Gets Stuck?***

When food does not pass through into the bottom part of the stomach you may experience one or all of the following symptoms:

- Excessive salivation (frothing)
- Heartburn
- Nausea
- Cramping
- Vomiting/dry heaves
- Pain, pressure, fullness in chest
- Thirst

This may happen if you take too large a bite of food, eat too quickly or do not chew your food well enough. If this does happen, relax!

- Stress will only increase the discomfort
- Don't eat anything
- Try sips of warm liquids (*Warm liquids seem to relax the stomach and may help move the food through*)
- If symptoms persist, please contact the office

## ***Nausea and Vomiting***

If experiencing nausea or vomiting, please call the Weight Loss Surgery Center. Vomiting is not normal and could cause complications. If this does happen, ask yourself:

- ***“Am I eating more than I should?”*** Do not overfill your stomach. When you feel full, stop eating even if you still have food on your plate. This may change as you progress through band adjustments (fills). A meal should take no longer than 20-30 minutes to finish.
- ***“Did I drink with my meals or too soon after the meal?”*** Do not drink with your meals as this liquifies the food, moving it through quickly and making room for more food, making you hungry. Wait for one hour after meals to drink a beverage.
- ***“Am I chewing solid foods well?”***
- ***“Did I lie down too soon after a meal?”***
- ***“Did I eat hard to digest foods such as tough stringy meats, or foods that swell such as bread, pasta or rice?”***
- ***“Did I eat foods from the next stage of my menu plan before being cleared to do so?”***

## ***Gas Pains***

Gas pains are common in the first few weeks after surgery. To help relieve these pains consider the following:

- Increase your activity level to include more walking
- Try anti-gas over-the-counter preparations such as: Gas X, Mylicon, Mylanta, Maalox, Gaviscon or Simethicone
- Drink warm rather than cold beverages to help relax your stomach

## ***Hair Thinning/Shedding***

If you notice hair loss or thinning, it may be due to the effects of anesthesia or protein/vitamin deficiencies. By increasing your protein intake you may reduce hair loss and hair breakage. Re-growth frequently occurs after several months. There are special vitamins and shampoos designed for hair loss that help strengthen your hair and prevent breakage. Please ask your dietitian for more information.

## ***Bowel Habits***

It is common to have temporary bowel changes following surgery. These changes range from constipation to diarrhea. Since your food intake is less than before surgery and protein is very bulk forming you may become constipated. If this happens, increase the fiber content of your diet by choosing fruits, vegetables and dried beans, depending on your current dietary stage. You may also take a chewable or liquid fiber supplement. Consume a minimum of 64 fluid oz. You can also try over the counter Milk of Magnesia or a stool softener. If diarrhea occurs more than three times in a day, you may take Imodium or any over the counter equivalent. If diarrhea persists and adequate hydration is not possible, contact the Weight Loss Surgery Center. You may have bloody stools (black or maroon in color) the first two days. If diarrhea or constipation persist after surgery, contact our office.

## ***Incision Care***

Your port sites will be healing over the next few weeks. Keep a light dressing or band-aid over them until the drainage has stopped. If no fluid is seeping from the incisions, you may keep them uncovered. Do not use Peroxide or Neosporin, unless directed to do so. Any pus-like drainage (thick, creamy and yellow), foul odor, fever, body aches and chills should be reported to the Weight Loss Surgery Center. Four days after surgery, you may remove the outer bandages, leave sterri strips (small pieces of tape) on the incision until they fall off.

## ***Bathing***

You may take a shower (not a bath) when you get home. The incisions can get wet, but should not be soaked. After showering, pat the incisions dry and cover them with a band-aid if there is still drainage. An incision will heal faster if it is kept dry during the first week you are home. No swimming, tub baths, hot tubs or jacuzzis for 2 weeks.

## ***Headaches***

Stopping the use of anti-depression medication or caffeine for several days may lead to withdrawal effects, such as migraine-type headaches. Please resume your anti-depressant medications as soon as possible. Refrain from taking extended or time released medications. For those of you who have seasonal allergies, you may take: Sudafed, Claritin, Allegra, Tylenol Sinus/Allergy or nose spray for relief.

## ***Returning to Work***

You may return to work as soon as two weeks after surgery, with the restriction of no lifting, pushing, pulling or tugging greater than or equal to 10lbs for six weeks.

## ***Pregnancy/Birth Control After Surgery***

Women of childbearing age should be on a reliable method of birth control (i.e. barrier methods) until their weight has stabilized (18 to 24 months). We DO NOT recommend pregnancy until at least 18 months after surgery! Pregnancies after this time frame are normal. For more information, please discuss this with your OB/GYN.

## ***Dumping Syndrome***

This information has been supplied to us by OAC News, April 26, 2006. It was written by Taghreed Almahmeed, MD, FRCSC, and Michael Murr, MD, FACS. Dumping Syndrome is a group of symptoms caused by rapid passage of undigested food into the small intestine.

### **Symptoms:**

- Weakness and fainting
- Sweating
- Irregular and rapid heartbeat
- Low blood pressure
- Flushing of the skin
- Dizziness
- Shortness of breath
- Vomiting
- Diarrhea and cramps
- Perspiration
- Hunger
- Shakiness
- Anxiety
- Difficulty in concentration
- Exhaustion

You can prevent dumping by avoiding certain foods, for example: sugars and starches. Eat at least 5-6 small, evenly-spaced meals a day. Take meals dry (without water or beverages) and drink fluids only between meals. Because carbohydrate intake is restricted, protein intake should be increased to fulfill energy needs. Examples of protein sources include: eggs, nuts, meats, cheeses, fish, turkey and beans. Milk and milk products may not be tolerated after gastric bypass, due to lactose intolerance and should be restarted gradually.

Each person has a different tolerance and you will discover what your “safe foods” are throughout your post-surgery life.

## **Foods That May Lead to Dumping Syndrome:**

- Candy
- Cakes
- Pies
- Cookie
- JELL-O
- Pudding
- Jams
- Jellies
- Soda
- Sherbert
- Ice cream
- Canned fruit in heavy syrup
- Chewing gum
- Chocolate milk
- Yogurt with chunks of fruit
- Instant breakfast mixes
- Specialty coffee products
- Cold and hot cereals
- Some sauces - *Teriyaki, worcestershire, barbecue and spaghetti sauce*
- Some medications - *Cough syrup, laxatives, liquid cold medications, cough drops, etc.*

## **Sources of Carbohydrates That May Lead to Dumping Syndrome in Gastric Bypass and BPD DS:**

- Sugar
- Corn sweeteners
- Honey
- Molasses
- Corn syrup
- Modified Food Starch
- Potato
- Bread
- Cereal
- Crackers
- Fruit in large quantities
- Products ending in "ose"  
*(all sugars)*
- Sucrose
- Brown sugar dextrose
- Levulose
- Fructose
- Maltose
- Lactose

 **PIKEVILLE  
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