

Metabolic & Bariatric Weight Loss Surgery Patient Manual



Saint Alphonus

A Member of Trinity Health

**Saint Alphonus Medical Group
Metabolic and Bariatric Surgery**

1072 N. Liberty Street, Suite 300
Boise, ID 83704

(208) 302-2300

BARIATRIC CHECKLIST

Medically Supervised Visit 1	Dietitian Visit 1 Scheduled	Date:
	Labs ordered if > 6 months old	Date:
	Medically Supervised Visit 2 Scheduled	Date:
Medically Supervised Visit 2	Sleep Study ordered if indicated	Date:
	Cardiac Clearance ordered if indicated	Date:
	Medically Supervised Visit 3 Scheduled	Date:
Medically Supervised Visit 3	Psychiatry Clearance Scheduled	Date:
	Dietitian Visit 2 Scheduled	Date:
	Medically Supervised Visit 4 Scheduled	Date:
Medically Supervised Visit 4	Endoscopy Scheduled	Date:
	Medically Supervised Visit 5 Scheduled	Date:
Medically Supervised Visit 5	Surgery Scheduled	Date:
	Medically Supervised Visit 6 Scheduled	Date:
Medically Supervised Visit 6	Preoperative Visit/Teaching	Date:
	3 Week Postoperative Visit Scheduled	Date:
	6 Week Postoperative Visit with Clinic Dietitian Visit Scheduled	Date:
	12 Week Postoperative Visit Scheduled	Date:
	6 Month Postoperative Visit Scheduled	Date:
	9 Month Postoperative Visit Scheduled	Date:
	12 Month Postoperative Visit Scheduled	Date:

*Be sure to schedule a follow up with your Primary Care Provider within 1 month after your surgery

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WELCOME,

Welcome to the Saint Alphonus Metabolic and Bariatric Surgery Program. Losing weight is not just about a smaller number on the scale. It is about changing your life and your health for the better and becoming the person you want to be. If you have tried endless diets without success and still need to lose a significant amount of weight, bariatric surgery can be an effective treatment to help you make a change to your health and for life. We have assembled a multidisciplinary team and comprehensive program, focused on helping you achieve your weight loss and health goals. Our program is a fully Accredited Center recognized by the American College of Surgeons, Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). Earning this distinction is a demonstration of the safety and quality of our program and the excellent outcomes of our patients.

This Weight Loss Surgery Patient Manual is a guide to help you through the entire program including pre-operative and post-operative care and includes important dietary and lifestyle change recommendations. Please review this manual at home and bring it with you to the Bariatric Clinic, Hospital, and follow-up visits.

We are excited to be a part of your weight loss journey and we look forward to working with you in partnership for your long-term success.

Sincerely,

Daniel Prior, DO
Bariatric Surgeon
Medical Director
Bariatric and Metabolic Surgery Program

Chris Reising MD, FACS
Bariatric Surgeon
Medical Director
Saint Alphonus Surgical Service Line





MEET OUR TEAM

Dr. Daniel Prior joined Saint Alphonsus after completing his general surgery residency at East Tennessee State University and his Minimally Invasive Bariatric fellowship at Johns Hopkins University in Baltimore, MD. His practice includes bariatric surgery, robotic surgery, minimally invasive surgery, and general surgery. He strives to provide the latest innovations in surgery and offer world class, state of the art surgical techniques. He enjoys rock climbing in his free time.



Dr. Chris Reising started our Metabolic and Bariatric Program in May of 2019. He graduated from Indiana University Medical School in 1996 and completed surgery residency at Iowa Methodist Medical Center in Des Moines Iowa in 2001. He is board-certified by the American Board of Surgery and a fellow of the American College of Surgeons. He specializes in minimally invasive and robotic foregut surgery and endoscopy with an emphasis on metabolic and bariatric surgery. He has over two decades of bariatric surgery experience and has been a member of the American Society for Metabolic and Bariatric Surgery since 2005.



Troy DeMasters, PA-C, is a physician assistant certified by the National Commission on Certification of Physician Assistants and is passionate about caring for surgical patients. He has been practicing as a surgical PA for nearly two decades and specializes in minimally invasive surgery and robotic surgery. Troy enjoys spending time with his family and participating in his children's sporting activities. In addition, he enjoys outdoor activities, including boating, skiing and backpacking.



Rachel Garver, PA-C, is a physician assistant with over ten years of experience. She completed undergraduate studies at Gonzaga University, and obtained her Physician Assistant degree from A.T. Still University in Mesa Arizona. She is a Boise native and is very pleased to return to the Boise community. Rachel enjoys spending time with her family (including two small children), gardening, hiking, attending concerts, and running. She started her career in orthopedics, but later transitioned to the field of bariatrics in general surgery and states, “I enjoy helping my patients achieve their health goals.”



Alyson Nielsen, RDN, LD | MBS Care Coordinator and Clinical Dietitian, received her undergraduate degree from the University of Nebraska-Lincoln and completed her post-graduate training in nutrition at Beaumont Health System in Royal Oak, MI. She has a variety of experience in acute-care, outpatient, and long-term care nutrition. She is passionate about working with bariatric patients and finding sustainable solutions to promote health and wellness. When she is not working, she enjoys traveling, cooking, and hiking with her Border Collie.



PATIENT TESTIMONIALS

“ I’ve fought my weight my whole life. trying a lot of different diets over the years, but then always gained the weight back. Since having gone through the 6-month pre-procedure program and having had the surgery, I’ve lost all my weight and feel great. I’m able to get down with my grandkids and play with them. It’s like a new lease on life.

My mom died from complications of diabetes. I didn’t want to leave my life behind like that. I think the best moment for me was when I went to do my blood work and my primary care physician told me I was no longer in the pre-diabetes category.”

Jackie Meyer,
Saint Alphonsus Bariatric Surgery Patient

THE PROCESS

The Saint Alphonsus Metabolic and Bariatric Surgery Program is a process designed to help prepare you for success, not only with weight loss but also maintaining weight loss. Our program and most insurance carriers require you to have six (6) monthly medically supervised weight loss visits. Once we receive your referral and review your insurance, we will schedule you for your initial consultation with our surgical team to start the process. Our goal is to support you through the entire process and help you develop the skills and discipline to ensure your long-term success.

Most insurance companies require the following:

- Medically supervised weight loss counseling with a licensed provider for six consecutive months
- Weight management and behavior modification documentation
- Pre-surgical psychological assessment
- Nutrition assessment and education
- Sleep Study
- Lab work: TSH, H-pylori, lipid panel, CMP, CBC, and liver profile

In addition, some insurance companies require a **5% weight loss** during a supervised weight management program that is documented in your medical record.

Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Surgeon consult	Physician supervised weight loss visit	Physician supervised weight loss visit	Physician supervised weight loss visit	Physician supervised weight loss visit	Preoperative Consult Visit
Baseline Labs	Nutrition consult	Psychiatric clearance	Nutrition consult	Support Group Meeting (Optional) Endoscopy	

WHO IS A CANDIDATE for Weight Loss Surgery?

Our Program and Insurance requirements for weight loss surgery include the following criteria:

- Body Mass Index (BMI) of at least 40, or 35 with weight related health problems such as diabetes, high blood pressure, high cholesterol, heart disease, osteoarthritis, GERD, and sleep apnea
- Non-smokers, no vaping or use of nicotine products
- At least 21 years old
- A history of obesity and attempts of non-surgical weight-loss treatments that have failed.
- No active substance abuse
- No history of uncontrolled or untreated psychiatric conditions or eating disorders

In addition, in order to be eligible for bariatric surgery, to ensure safety in outcomes, patients must demonstrate stability in three areas:

- Clinical stability: Example: (Diabetes glycemic control: Hgb A1C < 7.5, no active cancer, stable coronary artery disease, cirrhosis, etc.).
- Psychiatric stability: Example: (No untreated psychiatric illness, no recent psychiatric hospitalizations, or significant changes in psychiatric medications in the past 12 months.)
- Social support structure and living circumstances: Example: (Not homeless or living in a shelter, in an abusive relationship, released from prison within the last 12 months, etc.)

FINANCIAL AND INSURANCE CONSIDERATIONS

First, call your insurance company to find out if bariatric surgery is a covered benefit.

Questions to ask the insurance company include:

- Do I have the benefit for bariatric surgery?
- Is Saint Alphonsus Regional Medical Center on the list of covered facilities?
- Do I need to obtain a referral from my primary care physician?
- What are the requirements that must be completed to be authorized for surgery?
- Is there a deductible required prior to surgery?
- Is there a deductible required after surgery?



We will provide your insurance company documentation that your surgery is medically necessary due to obesity related health conditions. Please bring your organized medical records, including your history of dieting attempts, to the first visit with your surgeon.

If your surgeon recommends weight loss surgery, we will contact your insurance company for pre-authorization. If you have an insurance policy that specifically says it **excludes** payment for bariatric surgery, there are other options. Many patients choose to pay for the operation themselves. We can help you explore financing options.

If there are any changes to your insurance coverage, policy, or if you change providers, please call, and notify our office immediately, 208-302-2300.

BENEFITS OF WEIGHT LOSS SURGERY

Weight loss surgery can improve your overall health and should be the most important factor in your decision. All weight loss surgeries are considered major surgery and should not be undertaken for cosmetic purposes.

After surgery, most gastric bypass and sleeve gastrectomy patients lose weight rapidly until 12 months. On average, patients lose between 50-80% of their excess weight 1 year after surgery. Diet and activity level after surgery have an effect on how much weight is lost and the long-term success of the weight loss.

Significant weight loss can improve and cure many obesity-related health problems:

- Type 2 Diabetes: 83% resolved
- Hypertension: 52-92% resolved
- Depression: 55% resolved
- Obstructive Sleep Apnea: 74 - 98% resolved
- GERD (reflux): 72-98% resolved
- Quality of Life: 95% improved

Many patients report that their mood, self-confidence, and quality of life improve significantly after surgery.

SOURCE: Digestive Disease Institute, Department of General Surgery, Cleveland Clinic, 2016

TYPES OF SURGERY

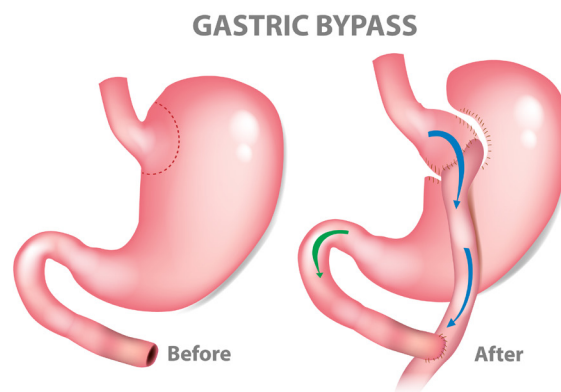
GASTRIC BYPASS

The Roux-en-Y Gastric Bypass (RYGB) – often called gastric bypass – is considered the “gold standard” of weight loss surgery. There are two components to the procedure. First, a small stomach pouch, approximately one ounce or 30 milliliters in volume, is created by dividing the top of the stomach from the rest of the stomach. Next, the first portion of the small intestine is divided, and the bottom end of the divided small intestine is brought up and connected to the newly created small stomach pouch. The procedure is completed by connecting the top portion of the divided small intestine to the small intestine further down. The stomach acids and digestive enzymes from the bypassed stomach and first portion of small intestine will eventually mix with the food downstream.

Gastric bypass works by several mechanisms. First, the newly created stomach pouch has a considerably smaller capacity, which means fewer calories can be consumed. Additionally, because the “bypassed” part of the small intestine no longer has food going through it, there is some degree of malabsorption of calories and nutrients. Most importantly, the rerouting of the food stream produces changes in gut hormones that promote fullness and suppress hunger.

Advantages

- Produces significant long-term weight loss (60-80% excess weight loss)
- Restricts the amount of food that can be consumed



- Produces favorable changes in gut hormones that reduce appetite and enhance fullness
- Typical maintenance of >50% excess weight loss

Disadvantages

- Technically a more complex operation than the gastric sleeve and may have slightly higher complication rates.
- Can lead to long-term vitamin/mineral deficiencies in vitamin B12, iron, calcium, and folate if you do not take supplemental vitamins.
- Requires adherence to dietary recommendations, life-long vitamin/mineral supplementation and follow-up compliance.

SLEEVE GASTRECTOMY

The Sleeve Gastrectomy - often called the sleeve - is performed by removing approximately 80 percent of the stomach. The remaining stomach is a tubular pouch that resembles a banana.

This procedure works by several mechanisms. First, the new stomach pouch has a much smaller capacity than the normal stomach which reduces the amount of food (and thus calories) that can be consumed. The greater impact, however, seems to be the effect the surgery has on gut hormones that impact several factors including hunger, satiety, and blood sugar control.

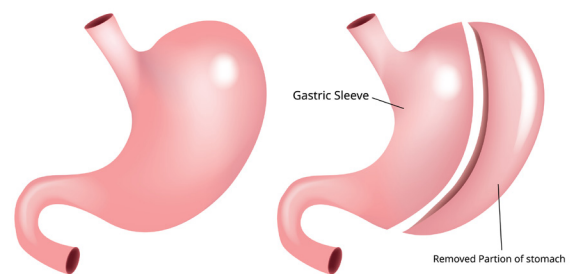
Advantages

- Restricts the amount of food the stomach can hold.
- Long term weight loss of >50% of excess body weight.
- Does not require re-routing of the food stream like the gastric bypass.
- Produces favorable changes in gut hormones that reduce appetite and enhance fullness.

Disadvantages

- Is a non-reversible procedure.
- Slightly less weight loss and impact on diabetes than gastric bypass.
- Has the potential for long-term vitamin deficiencies, particularly Vitamin B12.
- Reflux and heartburn can worsen in some cases.

Laparoscopic Sleeve Gastrectomy



BEGINNING THE PROGRAM

Preparing for bariatric surgery means making sure you're clinically and emotionally stable and have adequate support around you to help you achieve your goals. It also means implementing the lifestyle and dietary changes that will help you achieve and maintain your weight loss and health goals.



STOP SMOKING

First things first. The following is our No Smoking policy for the Bariatric Surgery Program:

All our patients are required to be tobacco, nicotine, and marijuana free for a minimum of 6 months prior to surgery. It is completely contradictory to pursue weight loss surgery for health benefits and continue to smoke which is an even larger health risk for heart attack, stroke and cancer than is obesity. Additionally, smoking/vaping increases the risk of early and long-term complications related to bariatric surgery. Early

complications that are increased by nicotine use could include wound infections, pneumonia, and leaks from the staple lines and connections made at the time of surgery. Late complications related to smoking/vaping include marginal ulcers which can bleed or perforate. If you commit to quitting smoking you will need to communicate the date that you quit to your primary care doctor, the program coordinator, and your surgeon. We will need to perform nicotine tests monthly for 6 months to ensure you have succeeded. The byproducts of nicotine remain in your system for 30 days. If you fail the nicotine testing, you will not be allowed to participate in the metabolic and bariatric surgery program until you have successfully quit. **This is for your safety.**

BIRTH CONTROL PLAN

For women of childbearing age, it is critical and a program requirement to have a birth control plan in place before surgery. Women of childbearing age should plan to be on a reliable method of birth control after surgery. We **DO NOT** recommend becoming pregnant until at least 18 months after bariatric surgery, and your weight has stabilized. Becoming pregnant within this 18-month period after surgery greatly increases your risk of complications during pregnancy, and increases the risk of premature births, congenital birth defects and the infants need for neonatal intensive care.

American College of Obstetrics and Gynecology (ACOG) published birth control method effectiveness

Most Effective (< 1% pregnancy risk)	Less Effective (6-12% pregnancy risk)	Least Effective (18-28% risk of pregnancy)
IUD (0.2-0.8%)	Injection every 3 months (6%)	Condom (18%)
Implant (0.05%)	Pill (9%)	Sponge (12-24%)
Sterilization (0.15-0.5)	Patch (9%)	Fertility Awareness (24%)
	Ring or Diaphragm (9-12%)	Spermicide (28%)

The CDC recommends for those who have had a malabsorption type of surgery steer clear of both combined hormonal birth control pills and progestin-only birth control pills, with no restrictions on other methods. Despite this recommendation, about 11 percent of women are reportedly still using birth control pills after weight loss surgery.

SUPPORT GROUP

We offer regular, interactive Bariatric support groups, available to both pre- and post-op weight loss surgery patients. Each meeting lasts about an hour and meetings are held at various locations throughout the region. We post regular group meeting dates/times on the Website Event Calendar and at the Bariatric Center reception desk.

Group meetings are led by the program support group supervisor and focus on those behaviors proven to best impact successful weight loss and long-term weight loss maintenance. Patients can share stories and provide valuable information. Preoperative patients can gain insight on life after surgery. Postoperative patients can learn tips and tricks from other patients. From time-to-time there may also be guest speakers.

Why should you attend? It can be challenging to lose weight and maintain a healthy lifestyle without the support of others in your shoes. We know that Support Group attendance is tied closely to greater weight loss success and long-term maintenance. And there is NO CHARGE—this is a free lifetime benefit to our Saint Alphonsus patients!

SUPPORT RESOURCES

Available For You Before and After Surgery

Team Member/Service	Phone Number
Bariatric Center	
Bariatric Care Coordinator/Clinic Dietitian Alyson Nielsen RDN, LD	(208)-302-2300
Bariatric Insurance Coordinator	
Bariatric Surgery Dietitians Boise: Emily Clay and Danielle Marcolina RDN, LD Nampa: Becky Howell RDN, LD Ontario/Baker City: Jeannee Diaz RD, LD, CSOWM, CDCES	(208)-367-7380 (208)-205-1320 (541)-881-7470
Behavioral Health Providers Diana Neff APRN Kim Hinrichs LCSW OHSU Registration Office	(208)-302-0900 (208)-724-8581 (503)-494-8505
Sleep Study	(208)-302-3300
Bariatric Center Fax Number	(208)-302-2355

Visit our website for additional information and resources: www.saintalphonsus.org/weightloss

EATING BEHAVIOURS AND SKILL SETS

Our program focuses on three key eating behaviors: mindfulness, portion size control and food journaling. These changes in behavior take time and practice to become habit and have been shown to be highly effective in maintaining weight loss after bariatric surgery. It is critically important to implement these behaviors before surgery in order to achieve your health goals and maintain your weight loss.

BECOME A MINDFUL EATER

It is key to your weight loss success that you learn to become a “mindful eater”. Controlling how you eat can be as important to your health as what you eat.

What is Mindfulness?

- Mindfulness is a form of awareness that helps you recognize and cope with your emotions and physical sensations.
- It is used to treat many conditions, including eating disorders, depression, anxiety, and various food-related behaviors.
- Mindfulness can be applied to our eating habits and can help us develop new, healthier eating behaviors that can support our efforts with weight loss.



What is Mindful Eating?

- Eating slowly and without distraction until you feel satisfied and not yet full.
- Listening to physical hunger sensations and identifying your body’s cues to eat (i.e., stomach growling, low energy)
- Distinguishing between actual hunger and non-hunger triggers for eating. (Anxiousness, boredom, sadness, loneliness)
- Engaging your senses by noticing colors, smells, sounds, textures, and tastes.
- Learning to cope with guilt and anxiety about food.
- Eating to maintain overall health and well-being.
- Noticing the effects food has on your feelings, energy levels and body shape.
- Appreciating your food.

Why Practice Mindful Eating?

- In our fast-paced society, we have many food choices, both good and bad.
- Distractions have shifted our attention away from the act of eating, and onto televisions, computers, and smartphones.
- Eating has become a mindless act, often done quickly. This is a problem because it actually takes the brain between 20 to 30 minutes to realize you’re full.
- If you eat too fast, the fullness signal may not arrive until you’ve already eaten too much. This is often the cause of overeating or even binge eating.
- By eating mindfully, you restore your attention and slow down, making eating an intentional act instead of an automatic one.

PORTION SIZE CONTROL

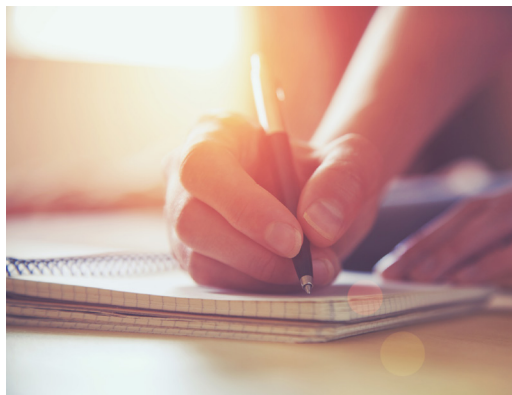
Portion size control is an extension of mindful eating. It empowers you to control the quantity of calories you consume. It is the single best way to limit your calorie and carbohydrate intake throughout the day.

Portion size control techniques:

- Use small plates and single servings.
- Measure your portion size with measuring cups and a scale.
- When eating out, request a to-go box when you order your meal and separate half of your meal as soon as it is delivered.
- Leave food on your plate. It's OK!
- Try to stop eating before you get full. Eat just until you're satisfied and no longer hungry



FOOD JOURNALING



Why is food journaling important?

Food journaling is important because it is the only way for you to accurately understand what you are eating and drinking on a daily basis. Our fast-paced lives, always on the go, can create obstacles for us in taking care of our bodies, feeding them well and not overfeeding. Food journaling along with mindful eating techniques help us understand our eating habits, volumes, calories, and emotional triggers for eating. We believe you manage what you measure!

Food journaling with each meal also helps empower you to control your consumption throughout the day in order to stay within your calorie budget. For example: If you have a large, 800-calorie breakfast at Denny's with your family on the weekend, then you know you must have smaller portions for lunch and dinner that day to stay within your daily budget.

How do I begin food journaling?

TRACKING WHAT YOU EAT.

Set up your diary. The simplest way to track what you eat and drink is by downloading a food journal app on your phone. We highly recommend this approach because these tools make the work of food journaling much easier. We recommend the apps:

- MyFitnessPal
- MyPlate
- Baritastic
- Loselt!

MACRONUTRIENTS

Let's discuss macronutrients. Macronutrient is a term to describe the carbohydrates, proteins, and fats in your diet. The food journaling app of your choice should allow you to program your daily macronutrient and calorie goals. You should get advice on a good starting point for your macronutrient goals from your dietitian and surgical team.

Record everything you eat and drink. The most accurate food journal will be the most helpful as well. Conversely, an inaccurate or incomplete food journal is not helpful for learning about your diet or bodies response to your eating patterns. Try to record everything that goes into your mouth. Include all meals, drinks, snacks and even nibbles of food you eat while you cook.

- Set up a list of “favorites” in your app. This makes it easy so the next time you eat that food it's one click.
- Don't forget to record snacks you eat, like a cookie offered at work.
- Record all beverages, including water.

Enter accurate quantities.

- Get in the habit of measuring your food using measuring cups and a scale. This will help you have an accurate record of your macronutrients. Guesstimating or “eye-balling” is not accurate and leads to underestimating your total food consumption and calorie intake.

ANALYZING THE DATA

Look for patterns in the meals you eat. After a few weeks of keeping track of everything you eat and drink, you'll probably see some patterns emerge. Check your diary and think about these questions:

- Are your weekdays or workdays more regular than your weekends?
- Are there patterns related to how foods affect your mood?
- Which meals leave you hungry, and which are more satisfying?
- In what situations do you tend to overeat?

Count how many snacks you have daily. Many people are surprised at how many snacks they consume in each day. A handful of almonds here, a cookie or two there, and a bag of chips while you watch TV at night can really add up in the end. Use your diary to assess whether your snacking habits are healthy or might need a little work.

- Do you tend to choose healthy snacks, or grab whatever's nearby?
- Do your snacks leave you satisfied, or do they just make you hungrier?

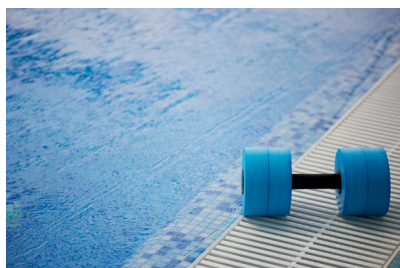
Compare your weekdays and weekend days. For most people, work and school have a big effect on their eating habits. You might find it hard to make time for cooking on workdays, but spend more time in the kitchen on your days off. Continue to look for patterns that impact what you eat and when.

- Do you tend to eat out more on certain days?

Use the information to help you plan out your meals ahead of time. Many people find it helpful to shop for and prepare their weeks' meals ahead of time on the weekend when they can take the time to measure and pack.

Determine emotional triggers. You might notice a pattern in the food choices you make during times that are stressful, lonely, or when you're bored.

- See if there's an issue with overeating when you're upset. If so, try engaging in other more relaxing activities, instead of turning to food when you're stressed, like walking.



EXERCISE

How To Become More Physically Active

- Find an activity you enjoy – this does not have to be going to a gym, running, or weightlifting.
- Break up your total activity into shorter sessions to allow yourself to succeed.
- Set realistic goals to help you achieve without feeling overwhelmed.
- Exercise with a partner to encourage accountability, greater consistency, and more enjoyment.
- Don't give up – even if you miss a day or stop after 5 minutes, keep going!
- Drink plenty of water. You will need to increase your fluid intake as you exercise.
- Find a good place for exercise. For example, malls are a great choice for walking in all seasons, as they have an even surface, and the temperature is consistent. Also, many malls open before the stores do just so people can walk and exercise.
- See your doctor before starting an exercise program to get his/her medical approval, and discuss any activity/target heart rate restrictions.

What If Walking Hurts Too Much?

Consider these options:

- Water aerobics/fitness classes. Water is gentle on the joints but provides resistance (and thus increases muscle strength and toning) and is cardiovascular.
- Recumbent or exercise bike. Be sure the angle of the knee bend is less than 90 degrees.
- Low-impact or elliptical equipment. Learn the proper use and function of the equipment, both for safety and to see if you like it.
- To get motivated to use a piece of exercise equipment, consider exercising with a buddy or joining a group/class.
- Consider your view. You might want to set up equipment in front of a TV or listen to music.

Your Target Heart Rate

Generally, your maximum heart rate should not exceed 220 minus your age in years. If you are 40 years old, your maximum heart rate should be 180 beats per minutes. At peak effort, your heart rate should ideally reach about 60 – 80 percent of the maximum, but you will likely need to gradually build to this intensity level.



(For example, if you are 40 years old, then your peak heart rate would be 110 to 140 beats per minute.) You should review this with your doctor because some people will have different goals, and some medications affect the heart rate (such as beta blockers like metoprolol); you can also review with a personal trainer.

You Should Be Concerned if You Notice:

- Chest pain after or during exercise. This might indicate a heart or lung problem and should not be ignored.
- Light-headedness
- Heart rate which decreases during exercise
- Severe joint pain

Contact your physician immediately if you notice any of these symptoms.

PREPARING FOR SURGERY

COUNTDOWN TO SURGERY

You can expect to have an EGD (esophagogastroduodenoscopy) scheduled prior to your surgery day. This is a scope procedure used to examine the lining of the esophagus, stomach, and upper part of the small intestine. Your surgeon performs this test while you are sedated by a nurse. During the test your surgeon will check for a hiatal hernia, ulcers, Barrett's esophagus, and bacteria that can cause ulcers. The results of this test may influence the type of surgery your surgeon recommends, sleeve vs gastric bypass.

TWO WEEK PREOPERATIVE DIET

Congratulations on your hard work these past few months! In this part of your journey, two weeks before your surgery, you will begin a preoperative diet. This diet is approximately **1000 calories, low in carbohydrate (<50 grams)**, and high in protein. Over the course of these two weeks your preoperative diet will help reduce the glycogen (sugar) stores in the body especially those in the liver. This diet results in the liver shrinking in size. This is very important for your surgery because during robotic and laparoscopic surgery, the liver has to be lifted out of the way to access the stomach lying beneath it. If the liver is heavy, fatty, and immobile, it may be difficult, or even impossible, for the surgeon to see and gain access to the stomach underneath. It's very important not to break this diet and have a "last meal" overindulgence just prior to surgery. This could dramatically enlarge your liver quickly and make surgery unsafe and need to be rescheduled.

MEDICATIONS TO STOP PRIOR TO SURGERY

- Stop Depo-Provera shots for three (3) months before surgery due to increased risk of blood clot formation; may resume one (1) month after surgery (and approval by surgeon).
- Stop weight loss medications (prescribed, i.e., Phentermine, Adipex; or OTC) two (2) weeks prior to surgery.
- Stop aspirin, ibuprofen or other arthritis (anti-inflammatory or NSAID's) medications one (1) week prior to surgery (unless otherwise directed by your surgeon).
- If you are on blood thinners, discuss with your surgeon what to do with these leading up to surgery.
- Stop birth control pills, Estrogen (Hormone) Replacement Therapy and herbal supplements one (1) month prior to surgery. May resume one month after surgery.

PSYCHIATRIC MEDICATIONS

Please continue your psychiatric medications as prescribed BEFORE AND AFTER SURGERY. Any changes to medications you take for depression, anxiety, bipolar disorder, or other mental health problems should ONLY be made after careful review with the prescribing provider. Plans to change these medications should also be discussed with your bariatric surgeon and team.

Recent studies suggest that most individuals who are on psychiatric medications before surgery will need to continue them after surgery. The dosage may (or may not) need to change. Follow up with the provider who prescribed your psychiatric medication is recommended within the first month postoperatively-unless you are experiencing a mood change or increase in symptoms. In the case of difficulty, you should report any psychiatric concerns to your medication prescriber and/or your usual mental health professional. Although rare, suicidal thoughts should be taken seriously. If you are experiencing suicidal thoughts or other severe mental health symptoms, you should call 911 or report to your nearest hospital emergency room.

PRE-SURGICAL INSTRUCTIONS (DAY BEFORE AND DAY OF SURGERY)

Note: Failure to follow these instructions as written may result in your surgery being postponed. Our office will provide you with the appropriate soap and pre-surgical drink as necessary.

DAY BEFORE SURGERY

- Hibiclens anti-bacterial soap shower. Wash from chin to toes, paying close attention to abdominal skin folds and pelvic area.
 - Note: If your nasal swab culture is positive for a staph bacteria called MRSA, which can increase your risk of post-operative skin infection, you may receive a prescription for antibiotics and begin using the Hibiclens daily starting one week before your surgical procedure.
- Remove all fingernail polish and artificial nails.
- You may continue your pre-op diet but DO NOT HAVE ANY CLEAR LIQUIDS OR PROTEIN DRINKS AFTER MIDNIGHT except your pre-surgical drink in the morning, 3 hours before your surgery.
- No insulin or diabetic medications after 12:00 midnight (unless instructed otherwise by physician).

MORNING OF SURGERY

- Hibiclens anti-bacterial soap shower. Wash chin to toes, paying close attention to skin folds and pelvic area.
- You may brush your teeth and gargle but do not swallow anything.
- Drink your pre-surgical drink 3 hours before surgery but nothing else. You will be told which medications you may take before your surgery by either the surgeon or your physician.
- You must take all scheduled heart, seizure and blood pressure medications as ordered by your physician on the morning of surgery with small sips of water only, or surgery may be canceled.
- No make-up, body lotion, deodorant, body powder, body sprays or perfumes should be used due to the risk of infection, but you may bring them to the hospital and apply after surgery.
- Remove all jewelry and body jewelry (piercing jewelry needs to be removed) and leave at home.

SURGERY

WHAT TO BRING TO THE HOSPITAL

- An accurate medication list containing your medication name(s), dose, frequency, and route of administration (i.e., by mouth).
- You **MUST** bring your CPAP machine and mask if you have sleep apnea.
- Your Weight Loss Surgery Patient Manual.
- Protective cases for breakable items (dentures, partials, hearing devices, contacts, glasses, prosthetics, etc.) these will be removed for surgery. Have a companion carry them for you until a room is assigned.
- Leave all valuables at home including money.

The hospital will provide the basic toiletry items such as toothbrush, toothpaste, deodorant, soap, and comb but you may wish to bring the following:

- Your own pillow
- Shampoo (you will be able to shower on the 2nd day after surgery)
- Chap stick
- Robe and slippers for walking (spacious hospital gowns are provided)
- Underwear for after surgery
- Change of clothes for discharge day (select clothing that fits loosely, as you may experience some generalized pain and/or abdominal swelling after surgery)

MORNING OF SURGERY AND PRE-OPERATIVE

Once you arrive at the hospital check in at the registration desk inside the main entrance of the hospital. All valuable items should be given to family members at this time. Please do not wear any jewelry into the OR - this includes your wedding band and piercings. Next you will be taken to the pre surgical area where a preoperative nurse will start your IV and review your medication history. The Anesthesiologist and Surgeon will visit you and any remaining questions will be answered. One or two family members may stay with you until you leave for the surgical area about 15 minutes prior to the operation.

INTRA-OPERATIVE (DURING SURGERY)

Once you are brought to the operating room, anesthesia will put you to sleep, and a breathing tube will be placed in your airway. Sequential compression devices will be placed on your lower legs to help prevent blood clots.

Your surgical time will vary by procedure and surgical findings, but in general: Gastric Sleeve procedures take about 90 minutes, and Gastric Bypass take about 120 minutes in the operating room. Immediately after your operation, your surgeon will contact your family or significant others. During the surgery, a nurse will keep your family informed of your progress.

AFTER SURGERY

Operative Day

After your surgery, you will be taken to the Post Anesthesia Care Unit (PACU) while the anesthesia wears off. While in the PACU, your nurse will give you pain and nausea medication if needed. From the PACU, you will be taken to your room. Please note that bariatric surgery patients are placed on a specialized surgical unit where staff are trained and experienced in the care of bariatric surgery patients. You will be walking and assisted into a chair within a few hours after surgery.

Remember: It is important to do deep breathing/coughing exercises and use your incentive spirometer device about every hour while you are awake: 10-15 breaths each time. Your inspiration goal is to get to 2000. This will decrease your risk of respiratory complications. You should also walk as much as possible, at least 4 times per day minimum, but every 1-2 hours is even better. This will help prevent blood clot formation.

Your Hospital Stay

Hospital length of stay may vary from patient to patient depending on your individual needs and the complexity of your medical problems. Most patients are discharged the day after surgery.

In order to be able to go home you must meet the following criteria:

- Tolerate clear liquids and demonstrate the ability to stay hydrated (minimally 64 oz of fluid per day).
- Appropriate vitals, labs, and general appearance

GOING HOME (DISCHARGE INSTRUCTIONS)

BATHING AND INCISION CARE

No tub baths, swimming, or hot tub use for two weeks or until you are cleared by your Surgeon. You may shower immediately after your surgery. No vigorous scrubbing, just lightly wash over incisions. Your incisions may get wet. Do not use peroxide or antibiotic type ointments on incision sites. Your incisions will be sealed with surgical glue which will peel off after 10 – 14 days.

You may have some drainage from your incisions. This is normal. The drainage should be clear to pink, but not pus-like or foul smelling. You may cover any leaking incisions with a 2 x 2 gauze or Band-Aid to protect your clothing. Change this as needed. Some bruising around the incisions is also normal. Follow any additional special care instructions given by your surgeon.

ACTIVITY

No lifting, pushing, pulling, or tugging anything over 15 pounds for 4 weeks after surgery, unless otherwise directed by your surgeon. In general, moderate activity is recommended; follow your surgeon's guidelines. You may resume usual self-care. It is very important to walk. Moderate walking is recommended every 1-2 hours as you will be at risk for blood clot development for the first several weeks. You may go up and down stairs. When traveling, it is important to walk every 45 minutes. If traveling by car, pull over; if traveling by plane, be sure to get up and walk around for a few minutes.

FLUID GOALS AND DIET PROGRESSION:

1. Stay hydrated – consume 64 oz of liquids every day
 - Take sips of liquids every 5-10 minutes throughout the entire day
 - Consume approximately 6 oz of fluid every hour
2. Once you are meeting your hydration goal, start consuming protein drinks
 - Work your way up to 60 grams of protein per day
 - Initially, protein drinks may count toward your fluid goal.



PAIN MEDICATION

- Do not take pain medication and drive or operate machinery
- Do not drink alcohol and take narcotic pain medication
- Transition to Tylenol as soon as tolerable. Narcotics can be addictive.
- Avoid non-steroidal anti-inflammatory drugs (NSAIDS) like Advil, Ibuprofen, and Aleve because they can cause ulcers.

BOWEL REGIMEN

- Take MiraLAX 17 grams per day while taking a narcotic pain medication
- Add Milk of Magnesia, 30 ml per day if MiraLAX is not working
- A fiber supplement like Metamucil can be helpful because a liquid diet has very little fiber

CPAP MACHINE USERS

Do not stop use of your machine without approval from your prescribing physician. Notify your prescribing physician if you notice a change in the way your mask/appliance fits, or if you start becoming uncomfortable while using the device. If you use a CPAP/BiPAP at home, you should use it while in the hospital, too.

INCENTIVE SPIROMETER

Use the incentive spirometer at least 4 times a day, 10-15 repetitions (for 1-2 weeks). Continue deep breath/cough exercises for 2 weeks. Your goal is to get to 2000.

DRIVING

No driving, operating machinery, or return to work while you are taking prescription (narcotic) pain medication. You may drive when you are off your prescription pain medications for at least eight hours.

BLOOD CLOT PREVENTION

- Activity is your best prevention for blood clots. Keep moving. Exercise is not necessary in the first few weeks after surgery, but it is important to make sure you are up and moving, taking care of your personal needs at least 8-10 times per day at home.
- For patients at an increased risk for blood clots or a BMI of greater than 50, your surgeon may send you home on a blood thinner shot called Lovenox.

WHEN TO CALL YOUR SURGEON

- BLEEDING - from incision(s), or in vomit or stool (often black or maroon in color)
- SIGNS OF INFECTION: temperature of 100.5° or above, redness and swelling at incision site(s), pus-like or foul-smelling drainage
- Separating or opening of healed incision
- Nausea or vomiting that is not relieved by medications or that prevents fluid intake for one (1) day
- Pain that is not relieved by medication prescribed by physician
- Calf or leg pain and swelling, warmth, redness, or tenderness to your lower extremities, below the pelvic region (possible blood clot). If this occurs, do not rub or massage the area.
- If you have questions or concerns.

WHEN TO CALL 911

- New onset shortness of breath or difficulty breathing is an emergency. Call 911.
- Chest pain: Dull or sharp, front or back is an emergency. Call 911.
- Any condition you feel to be life-threatening. Call 911.

POSTOPERATIVE VITAMIN SUPPLEMENTATION

- Vitamin supplementation after bariatric surgery is not necessary for the first two weeks. If you are meeting all of your other goals well, you may begin taking your vitamins. Please see the vitamin supplementation section in the nutrition chapter.

MEDICATIONS TO AVOID AFTER SLEEVE GASTRECTOMY AND GASTRIC BYPASS

NSAIDs (like Ibuprofen and Aleve) should not be taken after gastric bypass indefinitely to avoid marginal ulcers. Marginal ulcers can bleed or perforate and are an avoidable, life-threatening complication.

FOLLOW-UP CARE

Your surgeon and the bariatric team will be available to you at all times for any concerns or questions. You will follow up at these intervals: 3-week, 6-week, 3-month, 6-month, 9-month, and 1-year post-op. We continue to see patients annually, indefinitely. Please call the office to reschedule any appointment or if you feel you need to be seen earlier. 208-302-2300.

Please make follow up appointments with your primary care physician and specialists (if indicated) within the first 2 weeks after discharge to monitor heart, blood pressure and diabetes medications, and any other serious health conditions, to avoid medical complications. Follow your blood pressure and blood sugars daily if indicated.

POSTOPERATIVE TROUBLESHOOTING GUIDE

What To Do If Food Gets “Stuck”

When food is not passing through the stomach you may experience any or all of the following symptoms:

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

In this case, the following steps can be taken to alleviate the discomfort:

- Relax! Stress will only increase the discomfort. Get up and walk around.
- Do not eat anything. Do not try to push food down by swallowing fluids as this may cause more discomfort and possible regurgitation.
- Drink limited small sips of water. Warm beverages seem to work best to help relax the stomach.
- Stay on liquids for several hours.

Remember: if you cannot take in liquids for 24 hours you should contact your surgeon for further instructions.

Did I Chew My Food Well? Did I Take Too Big of a Bite?

If you do not chew your food well enough (approximately 30 times per bite), the bites you swallow will be too large to pass easily from the gastric pouch into your intestine. The unchewed bites will remain in the pouch and are more likely to cause discomfort. Your food should be cut into pieces about the size of your pinky nail.

Nausea and Vomiting

It is not uncommon for postoperative patients to feel some nausea during the first few months. If this nausea causes frequent vomiting, call, or visit the clinic for follow-up. Early on, after bariatric surgery, a patient may be largely living off stored fat for energy and replacing muscle with oral intake of protein food. This is one reason why the “Protein First” rule is so important. When you feel full, stop eating and put the food away. Learn what a bariatric portion size is and stop eating just before you reach that limit.

A meal should take no longer than 30 minutes to finish. If it is taking longer, you are probably waiting too long between bites, or getting full and waiting for it to pass through to give you more room. The goal is to understand what an average bariatric portion is before eating and adhering to this.

One of the causes of nausea and vomiting is noncompliance with nutritional guidelines. Any problems with nausea or vomiting should prompt the following questions and possible strategies to avoid further pain and discomfort:

- How long am I taking to eat and/or drink? (Did I eat or drink too fast?)
- Am I eating more than I should?
- Am I chewing solid foods until they resemble a pureed consistency?

- Did I lie down too soon after my meal?
- Did I eat hard-to-digest foods such as tough meat or dry bread?
- Did I advance my diet too quickly?

TIP: A good rule of thumb is to use the 30-30-30 rule

- Chew your food 30 times
- Take 30 minutes to eat
- Do not drink during your meal or until 30 minutes after your meal

Bowel Habits:

It is common to have some temporary bowel changes following surgery. If you do not move your bowels by the second to third day at home, you should start taking a mild laxative. If you continue to experience issues please call our office.

CONSTIPATION

If you have infrequent bowel movements (less than 3 per week), hard stools, or straining while having a bowel movement you are likely experiencing constipation. This can be caused by a variety of factors such as: surgery, a diet low in fiber, inactivity, inadequate fluid intake, and certain medications. Once off of your pain medications, you may continue stool softeners as needed: MiraLAX 17 grams/day and/or Milk of Magnesia 30 mL/day. Your provider may also recommend starting a fiber supplement (Metamucil, Benefiber, etc.) to further assist in regulating your bowel function.

GAS PAIN

This is common in the first few weeks after laparoscopic abdominal surgery. Sometimes these can be severe. To help relieve these pains, use your Incentive Spirometer and try to get up and walk around more. You may also try anti-gas over the counter medications, such as Gas X. Drinking warm versus cold beverages may also help to decrease gas pain, as cold beverages can cause your stomach muscle to contract. Additionally, placing a hot compress on your abdominal area may also give you some relief.

DIARRHEA

Immediately following surgery, you may experience diarrhea or liquid stools. This should be temporary. If diarrhea occurs more than 3 times in a day, you may take Imodium or any over the counter equivalent. If diarrhea persists and you are unable to maintain adequate hydration please contact your surgeon's office.

Nutrition Guide

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STARTING THE PROGRAM AND CHANGING YOUR EATING HABITS

Before weight loss surgery, you should begin to change your eating habits. You will apply mindful eating strategies, limit portion sizes, and begin food journaling. You will also begin to change what you eat, making healthier food choices and choosing more nutrient dense foods. You will learn to look at food labels and what to look for. You may start to notice a difference in the amount you serve yourself at home and the portion sizes you are given at restaurants or when eating out. The meals you eat and what's on your plate should begin to look a little different than what you are used to. Our team will teach you about the macronutrients : carbohydrates, fats, and proteins and how to choose healthier food sources that will both satisfy you and help you to meet your goals.

LABEL READING

Looking at and using nutrition fact labels will educate you about your choices. It will also help you to learn more information about the foods that are available for you.

When reviewing a food label, you will want to look at the serving size first and compare that to how much you are planning to consume or the amount that will fit in your meal plan. From there look at the total calories, total carbohydrates, added sugars, and protein. You want to consider your daily protein goals, as well as your personal calorie “budget” and carbohydrate limit of less than 150 grams per day.

PORTION SIZES: A great first step to reducing your overall daily consumption is to cut back on your portion sizes. This puts you in control and is an extension of mindful eating.

Portion size control techniques:

- Use smaller plates and single servings. Avoid going back for seconds.
- Avoid eating out of boxes, bags, and containers as you will likely eat more than intended.
- When eating out, split a meal with a friend/partner, or ask for a to-go box and divided half of your meal to take home as leftovers.
- Leave food on your plate. It's OK!
- You can also choose to order the smaller size and avoid adding extras to meals or drinks.
- Stop eating before you get full. Eat until you are satisfied and no longer hungry.

BUILDING A BALANCED PLATE:

Fill 50% of your plate with vegetables, 25% of your plate with protein, and limit 25% of your plate to carbohydrate foods. Using this tool will add variety to your diet and encourage you to get creative with your meals and the foods you eat. In order to do this you will need to understand the different food groups. You should focus on consuming protein consistently throughout each day. Eating protein with all meals and snacks. You will also want to begin eating more non-starchy vegetables and fruits. Our team will guide you to limit your carbohydrate consumption and choose complex carbohydrates over simple carbohydrates.



WHAT ARE CARBOHYDRATES?

Carbohydrates are sugar, starches, and fibers. They are often divided into two categories – simple and complex. Simple carbohydrates are most often found in processed foods and drinks. These carbs are commonly overconsumed as they are digested and absorbed quickly by the body. They typically will leave you feeling hungry soon after consumption. Complex carbohydrates are less processed, they have more essential nutrients and are higher in fiber. Complex carbs will keep you feeling fuller for longer and on less calories. They are also absorbed more gradually than simple carbs and therefore can increase your blood sugar control, preventing spikes or a drastic rise in your blood sugar levels.

Choose: Complex Carbohydrates	Avoid/Limit: Simple Carbohydrates
<ul style="list-style-type: none"> • Whole grain bread, including sourdough • Whole grain pasta • Brown Rice • Potatoes/Sweet Potatoes with skin • Corn • Peas • Quinoa • Oatmeal • Fruits 	<ul style="list-style-type: none"> • White Bread • White Pasta • White Rice • Cookies, cake, sweet breads/bar • Candy • Juice/Soda/Sugary Coffee Beverages/ Energy Drinks • Sugary Cereals • Breakfast pastries

Recommended serving size of complex carbohydrates = ½ cup or 1 small-medium sized fruit/1 cup berries

NON-STARCHY VEGETABLES:

Not all vegetables are created equal. You may have noticed a few foods often categorized as vegetables are listed under complex carbohydrates in the table above. Some of the most commonly served vegetables, such as potatoes, corn, and peas are more similar in make-up to a carbohydrate or starch, such as rice or pasta. Non-starchy vegetables, listed below, are lower in calories and should be consumed more often. Ideally half of your plate should contain some combination of the non-starchy vegetables listed below.

Non-Starchy Vegetables	
<ul style="list-style-type: none"> • Artichoke • Asparagus • Bamboo shoots • Beans (green, wax, Italian) • Bean sprouts • Beets • Brussel sprouts • Broccoli • Cabbage • Carrots • Cauliflower • Celery • Cucumber • Eggplant 	<ul style="list-style-type: none"> • Greens (kale, collard, mustard, turnip) • Jicama • Kohlrabi • Leeks • Mushrooms • Okra • Onions • Peppers • Radishes • Salad greens • Sprouts • Squash • Tomato • Turnips

Recommended serving size = 1 cup raw or ½ cup cooked

PROTEIN FOODS:

Protein is essential in your weight loss journey both before and after surgery. Protein foods promote satiety and keep you feeling fuller for longer. These foods will help you to maintain muscle mass and strength while you begin to lose fat mass. As a general recommendation you should aim to consume at least 60 grams of protein each day. Make a conscious effort to consume a source of protein with all meals and snacks.

High Protein Foods/Snacks	Serving Size	Protein (grams)
Dairy:		
Cottage Cheese	½ C.	13-19
Cheese (reduced fat cheese, string cheese, Babybel cheese rounds)	1 oz	7
Greek yogurt (Oikos Triple Zero)	½ C.	12-15
Fairlife milk or Dairygold Fit	1 C.	13
Sugar-free Carnation Instant Breakfast w/ skim (Fairlife/Fit) milk	1 C.	26
Hard boiled eggs (or eggs any style)	1 ea.	6-7
Homemade Vegetable Dip (ranch packet mixed with Greek yogurt or cottage cheese)	¼ C.	6-7
Meat:		
Beef or turkey jerky	½ C.	15
Star-Kist tuna lunch kits	2.5 oz	13-15
Chicken or egg salad with low fat mayonnaise	½ C.	10-16
Turkey breakfast sausage (i.e., Applegate Farms)	2 patties/3 links	11-12
Frozen salmon burgers, turkey burgers	1 ea.	14-24
Rotisserie chicken	3oz	21
Lean lunchmeat	4 slices	13-15
Beans/Soy Products		
Roasted garbanzo beans/chickpeas	¼ C.	6
Oasis hummus or black bean dip with vegetables	2 Tbsp.	4
Fat-free refried beans w/ 1 oz melted reduced fat cheese and/or salsa	½ C	8
Edamame (fresh, dry roasted, freeze-dried, frozen)	½ C	9
Veggie burger/meatballs (including soy, bean, lentil, and pea protein)	1 ea.	14-22
Beyond/impossible burgers	1 ea.	19-20
Snack Foods:		
Protein bar (less than 200 calories and more than 15 grams protein)	1 ea.	>/= 15
Liquid or powder protein supplement (less than 10 grams carbohydrates and at least 20 grams protein) - Premier, Ensure Max, Fairlife, Orgain	1 ea.	20-30
Celery with natural nut butters or PB2	2 Tbsp.	7
Oscar Meyer P3 packs	1 ea.	13-17
Sargento Balanced Break Protein Pack	1 ea.	6-8

FATS:

Healthy fats are part of a balanced diet but can be high in calories. When cooking, substitute heart healthy fats such as these oils: olive, sunflower, and canola instead of regular butter. 1 teaspoon of oil is equal to 5 grams of fat and 45 calories. Experiment with alternative cooking methods such as grilling, steaming, broiling, roasting, and baking rather than frying, to further decrease fat and calories. Take the skin off chicken before cooking. Nuts and nut butter can be a good snack, but these are a source of fat as well as protein, be very mindful of your portion size to avoid unintentional excess calories.

BEVERAGES:

- Caffeine: Gradually reduce your caffeine intake. Caffeine can stimulate appetite and your cravings for simple carbohydrates. Caffeine is also not recommended for the first 1 month after surgery, as it can irritate the stomach and increase your risk for ulcers. You should switch to decaffeinated coffee and tea.
- Sugary Drinks/Alcohol: These beverages are high in calories and can slow your weight loss both before and after surgery. Switch to sugar free or light beverages with less than 10 calories. Try beverages sweetened with natural flavor, artificial, or non-nutritive sweeteners. Alcohol should be avoided.
- Carbonation: These drinks often contain sugar. However, carbonation alone can cause increased abdominal discomfort, gas, and pressure, especially in your new stomach after surgery. You should wean off all beverages with carbonation, even diet soda and sparkling waters prior to surgery. You will continue to avoid these after surgery.

PHYSICAL ACTIVITY/EXERCISE: Exercise is recommended as a life-long habit. It can improve over-all health, mood and sense of well-being as well as maximize weight loss. You should find a way to move your body that you enjoy. The American College of Sports Medicine recommends:

- At least 30 minutes of moderate intensity aerobic/cardiovascular activity 5 times per week
- Strength/resistance training at least 2 days per week.

BARIATRIC EATING PRINCIPLES

In order to be successful with bariatric surgery you should make changes before surgery to help you prepare for your new lifestyle after surgery. Use the information above and follow these steps to begin your journey.

- Keep track of your foods and fluids. What you can measure, you can manage. Find a method of food journaling that works best for you. This should become a regular part of your daily routine and you should continue this after surgery.
- Practice mindful eating. Eat slowly, chew well, take approximately 20-30 minutes to eat each meal. Stop eating when you start to feel a pressure in your upper stomach area. This will signal to you that you are satisfied by the food you ate and not yet overly full.
- Drink calorie-free, non-carbonated, non-caffeinated beverages in between meals. Begin to practice not eating and drinking at the same time. Wait 30 minutes after a meal to begin drinking. You should aim to consume 64 oz of water each day.
- Eat protein at all meals and snacks. Always eat protein food first. Consume at least 60 grams of protein each day.
- Develop a consistent eating schedule, eating every 3-4 hours. Do not go long periods of time without eating as this will often lead to larger portions.

Good Luck!

PREPARING FOR SURGERY: Two Week Pre-Operative Diet

This diet should be followed for the two weeks prior to your surgery date. This diet is approximately 1000 calories, low in carbohydrate (<50 grams), and high in protein and fats. This is necessary and important in order to reduce the size of the liver before your surgery. This will allow your surgeon better access to your stomach and decrease the risk of complications.

Breakfast (choose one)	Snack (choose one)	Lunch (choose one)	Snack (choose one)	Dinner (choose one)
Meal Replacement Shake/Protein Shake - >20 grams protein and <10 grams carbohydrates	Nature Valley protein bar OR Fiber One protein Bar (max 1 per day)	Meal Replacement Shake/Protein Shake - >20 grams protein and <10 grams carbohydrates	Nature Valley protein bar OR Fiber One protein Bar (max 1 per day)	3-6 oz serving of lean protein + 1 cup non-starchy vegetable OR 2 cups salad with oil and vinegar dressing
Premier Protein Shake	1 cup non-starchy vegetables	Premier Protein Shake	1 cup non-starchy vegetables	Healthy Choice Zero
Fairlife Protein Shake	1/2 cup plain/SF Greek yogurt	Fairlife Protein Shake	1/2 cup plain/SF Greek yogurt	Atkins Frozen Meals
Ensure Max	2 eggs any style	Ensure Max	2 eggs any style	Jimmy Dean Simple Scrambles
Orgain, Equate, etc.	1/2 cup low-fat cottage cheese	Orgain, Equate, etc.	1/2 cup low-fat cottage cheese	

Additional Recommendations:

- Lean Protein should NOT be fried or breaded. Choose fish, shellfish, skinless chicken or turkey, lean beef, pork loin, or soy/tofu that are baked, broiled, or grilled.
- Cheese is allowed - you may add this to your evening meal or have a 1 oz portion as a snack
- For non-starchy vegetable ideas, refer to table under "Getting Ready for Surgery"
- Protein powders should be mixed with water or a low-calorie milk or milk alternative only, NO JUICE or fruit added

You should continue to consume a minimum of 64 oz water and other sugar free, non-carbonated fluids.

1. The easiest way to stay on the diet is filling up on what you can have. You should not consume any foods or beverages not listed above.
2. The day before your surgery, you may continue this diet. No food or drink after midnight except your pre-surgical drink. Any medications the morning of your surgery that your surgeon recommended, you will take these with a sip of water only. If there is any question, bring your pills with you to surgery.

**If you have diabetes, please consult with your primary care physician before beginning this diet as some of your medications may need to be adjusted. Your surgeon may also discuss the following in detail during your preoperative surgery consultation visit.*

VITAMINS

POST-OPERATIVE VITAMIN SUPPLEMENTATION

- Vitamin supplementation after bariatric surgery is essential to prevent complications (like neuropathy, encephalopathy, and osteoporosis) from decreased absorption of nutrients.
- Vitamin supplementation after bariatric surgery is not necessary for the first two weeks. If you are meeting all of your other goals well, you may begin taking your vitamins.
- Right after surgery it can be easier to take chewable vitamins and calcium. You may transition to pills once you feel ready.
- You should also avoid vitamins and calcium in gummy form and with added sugar.
- You may be recommended to take additional vitamin supplementation based on your lab results and as determined by your Bariatric Team.
- Vitamin supplementation is necessary for your lifetime after surgery. That will never change.

VITAMIN RECOMMENDATIONS FOR LIFE:

1. Multivitamin with iron (centrum or equivalent): 2 times per day in divided doses
2. Calcium: 1200 mg per day for men and pre-menopausal women; post menopausal women need 1500 mg per day
3. Vitamin D: at least 3000 IU per day
4. Vitamin B12: at least 350-500 micrograms per day oral, tablet, sublingual, liquid, or nasal, as directed

TIME	SUPPLEMENT	ADDITIONAL INFORMATION
Morning	Multi-Vitamin	Purchase a multivitamin with iron (45-60 mg/day)
Lunch	Calcium	Calcium MUST be spaced by at least 2 hours and cannot be taken with multivitamin or additional iron
Dinner	Calcium	
Before Bed	Multi-Vitamin	
Anytime	Vitamin B12 Vitamin D	

EATING AFTER SURGERY

Bariatric surgery requires permanent changes in your eating habits that must be followed for successful weight loss. You should have started to practice making changes to how and what you were eating before surgery to set you up for the most success after surgery. Continue to use your food journal after surgery to make sure you are meeting your protein and fluid goals every day!

DEHYDRATION PREVENTION

It is critical for you to focus on hydration alone for the first 3 days post-operatively. This should be your number one priority. It is not only important for your health, recovery, and healing, but will also significantly reduce your risk of readmission.

Fluid goal per day to prevent dehydration: 64 ounces

Signs and symptoms of dehydration:

- Mild to moderate dehydration: dry, sticky mouth, sleepiness or tiredness, thirst, decreased urine output, dry skin, headache, constipation, dizziness, or lightheadedness.
- Severe dehydration: sunken eyes, shriveled and dry skin that lacks elasticity and does not “bounce back” when pinched into a fold, low blood pressure, and rapid heartbeat or breathing.

Why getting your fluids is important:

- It prevents dehydration and any complication associated with it, such as:
 - Kidney problems such as kidney stones or a more serious kidney issue.
 - Constipation and, keeps you hydrated if suffering from diarrhea
 - Nausea - early postoperative nausea can be a sign of dehydration

Drink non-caffeinated, non-carbonated, calorie free fluids:

- Water
- Alternate hydrating beverages, powdered flavorings, or liquid water enhancers. For Example: Crystal Light, Propel, G2, Vitamin Water Zero, Powerade Zero, and Mio.
- Hot or iced decaffeinated coffee and tea
- Foods such as gelatin, popsicles, and broth
- Clear protein drinks such as Protein20, Isopure, and Clear Premier Protein
- Full Liquids such as protein shakes.

REMINDER: Most of your fluids should come from clear liquids, preferably water and other hydrating beverages.

Common challenges and how to overcome them:

- **Plain water:** If plain water does not settle well in the stomach or it causes pain, heaviness, or gurgling, try adding a calorie free flavoring to the water or drinking a calorie-free flavored water. The flavoring typically will cause the water to travel through more smoothly.
- **Temperature:** If cold beverages cause stomach pains, try them at room temperature or lukewarm. Some times beverages such as hot water with lemon or decaffeinated coffee or tea can help to relax the stomach.
- **Limited space:** Since there isn't enough room in the new stomach for both protein rich food and fluid at mealtime, it is important to carry beverages wherever you go and sip on them throughout the day. The goal is to drink approximately 16 ounces of fluid in between each meal or snack.
- **Fluids or protein:** During the first few weeks after surgery, staying hydrated is your priority, even more so than meeting your protein goal. However, both are important.
- **Remembering:** It can be helpful to set an alarm on your phone to remind you to drink
- **Taste Changes:** Fluids/flavors you relied on prior to surgery may not taste the same. Keep an open mind and explore alternative options to meet your fluid goals!

Basic Eating Principles:**• Fluids:**

- Drink at least 64 oz of non-carbonated, decaffeinated, calorie-free fluids each day. Avoid drinking during a meal to make room for protein rich foods/drinks. Wait 30 minutes after a meal before drinking. Try to drink ~16 oz of fluids between each meal/feeding.
- Make sure to use your food journal to track your intakes!
- Continue to avoid carbonated and caffeinated beverages for the first 6 months post-operatively.
- Alcohol use is not recommended after weight loss surgery. These beverages contain a significant number of calories. Also, due to your new stomach anatomy, alcohol will be absorbed more rapidly causing more of an effect on you as well.

• Protein:

- Eat protein foods first at all meals and snacks. You should work up to at least 60 grams of protein per day during the first two weeks..
- During the first 6 weeks to 3 months there may only be room in your new stomach for protein-rich food. You should continue to track your consumption in your food journal.
- Once you are able to tolerate more solid foods and continue to meet your protein goals you can add in vegetables and fruits. You should wait to incorporate whole grain carbohydrates and only add these in if there is room, always eat these last.

• Portions:

- The Gastric Sleeve stomach is approximately 3 ounces in size or about the size of your palm. The Gastric Bypass pouch is approximately 1 ounce in size, which is comparable to the size of a golf ball. Your new stomach is similar to a baby or toddler's size stomach.
- In the early post-operative period, your portions at mealtimes will range between ¼-1 cup depending on the consistency of the food. You will likely be able to tolerate more liquids at once than solids. For instance, you may be able to sip on ¾-1 cup liquids in one sitting but may only eat ¼ cup of cottage cheese or scrambled eggs.

• Meal Timing:

- Eat approximately every 3-4 hours during the day. Eating more often may lead to grazing. Eating less often may lead to larger portions.
- Skipping meals can slow your post-surgical healing, metabolism, and weight loss.

• Eating Mindfully:

- Continue to practice mindful eating. This is something you will do for the rest of your life. Eat slowly and chew your foods well. Cutting your food into small pieces will also help. It should take you approximately 20-30 minutes to eat a meal.
- Sip beverages slowly and avoid gulping.

• Vitamins and Minerals:

- Take the recommended vitamin and mineral supplements for the rest of your life

POST-OP DIET STAGES

For Gastric Sleeve and Gastric Bypass

Stages	Instructions
Stage 1 Days 1-14	<p>Remember: The goal should be 4-6 ounces per hour for a total of 64 ounces of clear liquids per day to include:</p> <ul style="list-style-type: none"> • sugar-free Jell-O • sugar-free popsicles • broth (bone broth preferred) • Crystal Light • sugar-free sports drink • plain or flavored waters • liquid protein supplements (creamy or clear) <p>As you gain success introduce full liquids:</p> <ul style="list-style-type: none"> • skim, lactose free, soy, and/or Fairlife milk • thin/strained cream soups • Greek yogurt • sugar-free/low-fat pudding • sugar-free Carnation Instant Breakfast • sugar-free frozen yogurt • sugar-free Fudgsicles <p>Once you are consuming at least 40-60 grams protein/day you may try:</p> <ul style="list-style-type: none"> • protein smoothies • applesauce • bananas
Stage 2 Days 15-30	<p>Continue all food from previous days, and add one new food at a time, always eat protein food first:</p> <ul style="list-style-type: none"> • cottage cheese • eggs prepared any way you like • hummus • pureed bean soups <p>Once you are consuming at least 60 grams protein/day you may try:</p> <ul style="list-style-type: none"> • soft, cooked vegetables • soft canned fruits (peaches and pears) • refried beans • sweet potatoes + unflavored protein or collagen powder • baked or canned fish • hot cereals (oatmeal, cream of wheat) • cheese • smooth, creamy peanut butter
Stage 3 Days 31-60	<p>At stage 3 you may add:</p> <ul style="list-style-type: none"> • lean ground beef (e.g., hamburger, chili, etc.) • chicken and turkey • lunch meats • string cheese <p>Always eat protein food first, if you have room, you can then add:</p> <ul style="list-style-type: none"> • vegetables (avoid asparagus, celery, corn, and salads) • Peeled fruits and berries • brown rice/whole grain pasta (in small amounts) • protein/granola bars

The diet stages will allow your surgical staple line and anastomosis to heal and minimize the chances of food particles lodging in your stomach lining

THE IMPORTANCE OF PROTEIN

How Much Protein Do I Need?

You need to consume a minimum of 60 to 90 grams of protein each day to heal from surgery, fight infection and stay healthy. Getting in the protein requirements will allow the most weight loss. When you do not eat enough protein, this can lead to muscle wasting, poor healing, slow weight loss, low energy, and hair loss. However, you need to be realistic. You won't be able to consume 90 grams of protein for several weeks after surgery. Below are some tips and tricks to help you maximize the protein in your postoperative diet.

- Focus on eating protein first at all meals and snacks (use the protein list in this manual to give you ideas on good sources of protein).
- Protein Supplements: Drink protein shakes or supplements between meals to help achieve your protein goal.
- Use non-fat dry milk (1/3 cup = 8 grams of protein), Skim or 1% milk (8oz=8 grams of protein), or unflavored protein powder (Average 20grams protein/scoop).
- Unflavored protein can be added into just about anything including:
 - Oatmeal
 - Puddings
 - Coffee
 - Soup
- Greek yogurt (15 grams of protein per cup) can be used to make a smoothie and can also be used in place of sour cream and mayonnaise, when making salads and dips.
- Moist cooking methods (braising, poaching, stewing, boiling, pan-frying, slow cooking) help to soften protein sources and make them easier to tolerate, especially in the beginning.

Protein Supplement Options

You likely used protein supplements prior to surgery. However, after surgery your taste could change. You may need to explore alternate options by talking to your surgeon, dietitian, other patients, and comparing items on the internet. In general, protein drinks should be low carb/sugar (less than 10 grams total carbohydrate per serving) with at least 20 to 30 grams of protein. Most protein supplements are whey-based, which is easier to digest, but there are also soy and plant-based protein supplements available. Note that most protein supplements are lactose-free.

Protein Supplement Mixing Tips

- Be Creative: Give us a call if you are unsure of what can be mixed with your protein.
- Remember: do not heat your protein to greater than 130 degrees and do not add to hot liquids. Always mix your protein with a cool or lukewarm liquid and then heat.
- Add liquid protein to water, crystal light, or use premade protein water supplements
- Have grab-and-go protein snacks available.
- Do not purchase a bulk amount of any protein supplement before surgery; your taste may change after surgery, and they may also expire.

As you are able, you should work to transition to whole food sources of protein. Once you tolerate advancing your diet you will become less reliant on protein drinks to meet your goals and should focus on eating more protein rich foods.

ROUN-EN-Y GASTRIC BYPASS PATIENT ONLY

DUMPING SYNDROME

Approximately 40% of postoperative gastric bypass patient's report dumping syndrome. This condition is due to the lack of a pyloric sphincter and occurs after consuming high-sugar and high-carbohydrate foods. This condition occurs when food is emptied or "dumped" from the stomach into the small intestine too quickly. There are two types of dumping syndrome that can occur.

Early Dumping Syndrome:

- Occurs shortly after consumption of certain foods and can cause nausea, lightheadedness, sweating, a rapid pulse, and intense desire to lie down, and diarrhea. It is the most common form of dumping syndrome and is caused by a rapid emptying of the stomach. Typically, symptoms resolve after the food makes its way out of your system.
- Onset 10-30 minutes after consuming high sugar/carbohydrate food

Late Dumping Syndrome:

- Typically causes similar symptoms to early dumping syndrome, such as shakiness, feelings of hunger, dizziness, cold sweats, confusion, and anxiety. This is a form of hypoglycemia; it is a consequence of hormonal changes happening in your body in response to a specific type of food eaten. It also resolves once the food in question is out of your system
- Onset 1-3 hours

HOW TO AVOID DUMPING SYNDROME

- Continue to practice mindful eating, chew well and eat slowly
- Space meals and snacks approximately 3-4 hours apart
- Take 20-30 minutes to consume a meal
- Do not eat and drink at the same time; avoid liquids immediately after finishing a meal or snack
- Wait to drink until 30 minutes after a meal
- Avoid sugar containing beverages, this includes natural sources of sugar like fruit juice
- Avoid processed, simple carbohydrate foods
- Maintain adequate protein consumption of at least 60 grams per day

9 WEEKS AND BEYOND:

After weight loss surgery, your ideal balanced plate will look different than before surgery. Most of your nutrition, or at least 1/2 of each meal, should now come from high protein foods, and protein should always be eaten first. This will maximize nutritional quality for volume and extend fullness. This will translate to less of a sense of deprivation and fewer cravings/triggers for unhealthy food choices. You may add in fruits and vegetables as there is room in your new stomach, if you continue to meet your protein goals. Whole grain carbohydrates should always be eaten last and only if there is still room.

Bariatric Eating Principles for Life

• Planning a Balanced Plate

- Protein: 60-90 grams per day (at minimum 60g).
 1. Continue to eat protein food first for both meals and snacks. Focus on high-quality, nutrient dense food sources
 2. Fish (baked, grilled, broiled) is a good source of protein.
 3. Choose lean cuts of beef and pork that end in "loin" for softer, better-tolerated meats. Avoid meats that are dry, stringy and/or thick
- Foods high in protein and fiber will leave you feeling full longer.
- Include up to 5 servings of vegetables and fruits a day. 1 to 2 servings of fruit daily 2 to 3 servings of vegetables daily.
- Carbohydrates: 100 to 150 grams or less (per day). Always choose complex carbohydrates over simple carbohydrates.
 1. 1 small portion of low-sugar cold or hot cereal.
 2. 1/2 to 1 slice of toasted whole wheat or rye bread each day.
 3. Breads may be hard to tolerate at first. They are likely to swell and expand in your new stomach. Start with crackers or toast first and advance as tolerated.
- Fat: 25 grams or less per day
 1. Take fat off meat and skin off chicken
 2. Use low-fat products, these can be added to prevent proteins from being too dry
 3. Minimize your use of margarine, butter, canola, or sunflower oil
 4. Use lean cuts of meat
 5. No fried foods

FOODS TO AVOID: syrups, chocolate, cakes, honey, biscuits, chips, sweets, pie, jam, pastries, etc.

• Fluids:

- Drink calorie-free, non-carbonated, non-caffeinated beverages in between meals. Avoid drinking during a meal. Waiting 30 minutes after a meal to begin drinking. Drink at least 64 oz of fluids each day.
- Avoid caffeine intake until you are consistently able to consume at least 64 oz of hydrating fluids per day. It can act as a diuretic and can lead to dehydration

• Mindful Eating and Portion Sizes:

- Learn what a bariatric portion of something looks like, and plan accordingly. Weigh and measure foods to learn ideal portion size, and approximate proportions of each type of food on your bariatric plate. Pre-measure your portions before serving yourself and consider preparing only what you will be eating: If a serving of oatmeal is 1/2 cup, cook 1/2 cup rather than a pot full.
 1. Buy a small (salad size) or divided toddler plate on which to eat all your meals. The bigger the plate, the more food you will tend to put on it, which typically encourages you to eat too much.
- Practice mindful eating. Eat slowly, chew foods well, and take small bites. Take approximately 20-30 minutes to eat a meal. STOP EATING WHEN YOU ARE NO LONGER HUNGRY. Eating until you are overly full can lead to nausea and vomiting.
- Try not to eat while engaged in other activities such as driving or watching TV.
 1. In general, do not eat out of bags, boxes, or cartons; recognize that processed foods are generally, less healthy, and don't keep them in the home.

- Eat 3 meals a day and snacks as needed. Avoid going long periods of time without eating to prevent cravings, mindless eating, and making poor choices.
- Avoid going back for seconds, over time this will become the new normal
- Figure out what your “trigger” foods are, and make sure that they are not in your home. Keep a healthy variety of foods, both ready to eat and ingredients, around you.

GET A PLAN: LIFESTYLE STRATEGIES OF WEIGHT LOSS SURGERY

JOURNALING: Continuing your food journal is one of the best ways for you to stay on track. REMEMBER: you can manage what you measure. You can even plan your day right into your food journal. This is especially helpful after surgery to use as a reference and to make sure you stay on track and meet your fluid and protein goals every day. You may even want to expand what you track, including measurements, bowel movements, energy levels, and exercise.

SNACKING: Many people get hungry in the late afternoon or early evening on the ride home or return from work/school. Have a planned nutritious, preferably protein-based snack scheduled for this time (like a protein supplement or bar, serving of nuts, jerky or low-fat cheese) to decrease your hunger. This way you are not tempted to graze or make poor food choices until the evening meal is served.

- Develop new hobbies to help divert your thoughts from food. If you are tempted to eat when you know you are not hungry, have an 8-10-ounce glass of water while working on your chosen project.

EXERCISE: Exercise is also essential to achieving and maintaining your weight loss. Build regular movement as part of your daily routine and develop strategies to create new habits and reinforce consistency. Begin increasing the amount and intensity of your activities as you get stronger.

SUPPORT SYSTEMS: Educate the people in your life about your new lifestyle and goals. If you find that some people are not always supportive of you, relationship dynamics may need work. Consider joining our monthly support group to keep yourself on track and meet other individuals with similar goals.

RESTAURANTS: Pre-plan what you will order, and how it should be prepared. It is alright to ask for alternate cooking methods and sides (i.e., dry wok or grill, different sauces, vegetables). Ask that they not put a basket of bread or chips on your table, or a glass of water or another beverage. Additionally, do not try new foods or textures for the first time when eating out. Continue to avoid fried foods, doughy or sticky carbs, cream sauces, sweet drinks, and dessert.

- Ask for a to-go box to arrive with your meal; once the meal is served, immediately place at least half of it in the to-go box to take home.

-Limit buffets and restaurants that tempt you to make poor choices (especially fast food).

SOCIAL GATHERINGS: Eating at a friend’s or family members house can sometimes be more difficult than a restaurant. There are typically fewer options provided. Consider calling your friend/family in advance to ask what will be on the menu. Offer to bring something you can eat. If needed eat a balanced meal 1-2 hours before hand.

HOLIDAYS: A time of celebration and typically when more rich foods and alcohol are readily available. Consider eating a protein-rich meal or snack before an event. Position yourself away from temptations to avoid “eating because it’s there”. Bring a side dish you can eat and share. Survey a buffet before getting your plate – aim for a protein, veggies, and if necessary, a small portion of carb you can’t live without.

STAYING ON TRACK

1. Plan meals and snacks
2. Continue to food journal as a lifelong practice
3. Make protein a priority
4. Practice mindfulness to make conscious food choices and avoid overeating
5. Take small bites, chew well, and eat slowly
6. Hydrate between meals, consuming 64 oz water/day
7. Stay active – incorporate 30-60 minutes of a physical activity most days of the week or take at least 10,000 steps per day
8. Avoid foods and beverages high in fat and sugar
9. Aim for at least 6-8 hours of sleep each night
10. Practice stress-management techniques
11. Continue to follow up with your bariatric clinic for ongoing support



Saint Alphonus

A Member of Trinity Health

Metabolic & Bariatric

Weight Loss Surgery

Patient Manual

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