Rose Medical Center For Bariatric Surgery

Gastric Sleeve Notebook

Kim Delamont - NP, Bariatric Director
4545 East Ninth Avenue, Suite #650
Denver, CO 80220

Phone: 303-320-2134
Fax: 303-320-7392
E-Mail: Kim.Delamont@HealthONEcares.com

"Courage is not the absence of fear. Courage is taking action in spite of fear" . . . Anonymous

March 2013

BARIATRIC SURGERY CENTER AT ROSE

GASTRIC SLEEVE CHECKLIST

First Things First

- ❑ Attend Weight Loss Bariatric Seminar
- ❑ Hold Initial Consultation with Surgeon
- ❑ Complete Lab Work
- ❑ Complete Pulmonary Evaluation
- ❑ Complete Psychological Evaluation
- ❑ Attend Pre Op Surgery Class (schedule after initial consultation)
- ❑ One-on-One Consultation with Dietitian
- ❑ Week Prior to Surgery
- ❑ Pre-Op Physical with Surgeon
- ❑ Pre-Admission Testing at Rose Medical Center
    - Lab work
    - EKG if needed
    - Review of medications

Post-Op Follow Up

- ❑ 1 Week Nutrition Class / Wed. following surgery @ 1pm (no registration required)
- ❑ 3 Week Soft Food Diet Class / Wed. 3 weeks post-op @ 2pm (no registration required)
- ❑ 6 Week Solid Food Diet Class / Wed. 6 weeks post-op @ 3pm (no registration required)
- ❑ 6 Week Post-op visit a surgeons office (appointment required before or after nutrition class)
- ❑ Expected follow up:
    - 3 month appointment w/ Surgeon's office
    - 6 month appointment w/ Surgeon's office (lab work often required)
    - 6 month appointment with Registered Dietitian
    - 9 month appointment w/ Surgeon's office
    - 12 month appointment w/ Surgeon's office and Dietitian (lab work often required)
    - Continue 3 month appointments until close to goal
        - ➢ Surgeon
        - ➢ Registered Dietitian
    - Ongoing annual follow ups

Ongoing Follow Up

- ❑ Educational offerings throughout the year:
    - Back to Basic Class offered every month
    - Behavior Modification Class
    - See special sessions listed in updated Monthly Newsletter on website
        - ➢ http://www.roseknowsweightloss.com
            - Click Bariatric Program Newsletter (bottom right)
- ❑ Support Groups and Education Programs offered at main campus – See Monthly Newsletter

BARIATRIC SURGERY CENTER AT ROSE

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BARIATRIC SURGERY CENTER AT ROSE

Chapter 1

Pre-Op
Slide Show

Bariatric Pre – Op Nutrition Class Sleeve

Hilary Rounds, RD, CDE – Hilary.Rounds@sodexo.com
Amanda Tyacke, RN – Amanda.Tyacke@healthonecares.com
Cecily R. Smith, Nurse Practitioner Cecily.Smith@healthonecares.com

Kim Delamont , Nurse Practitioner – Kim.Delamont@healthonecares.com
Bariatric Director @ Rose Hospital – Phone : (303) 320-2134

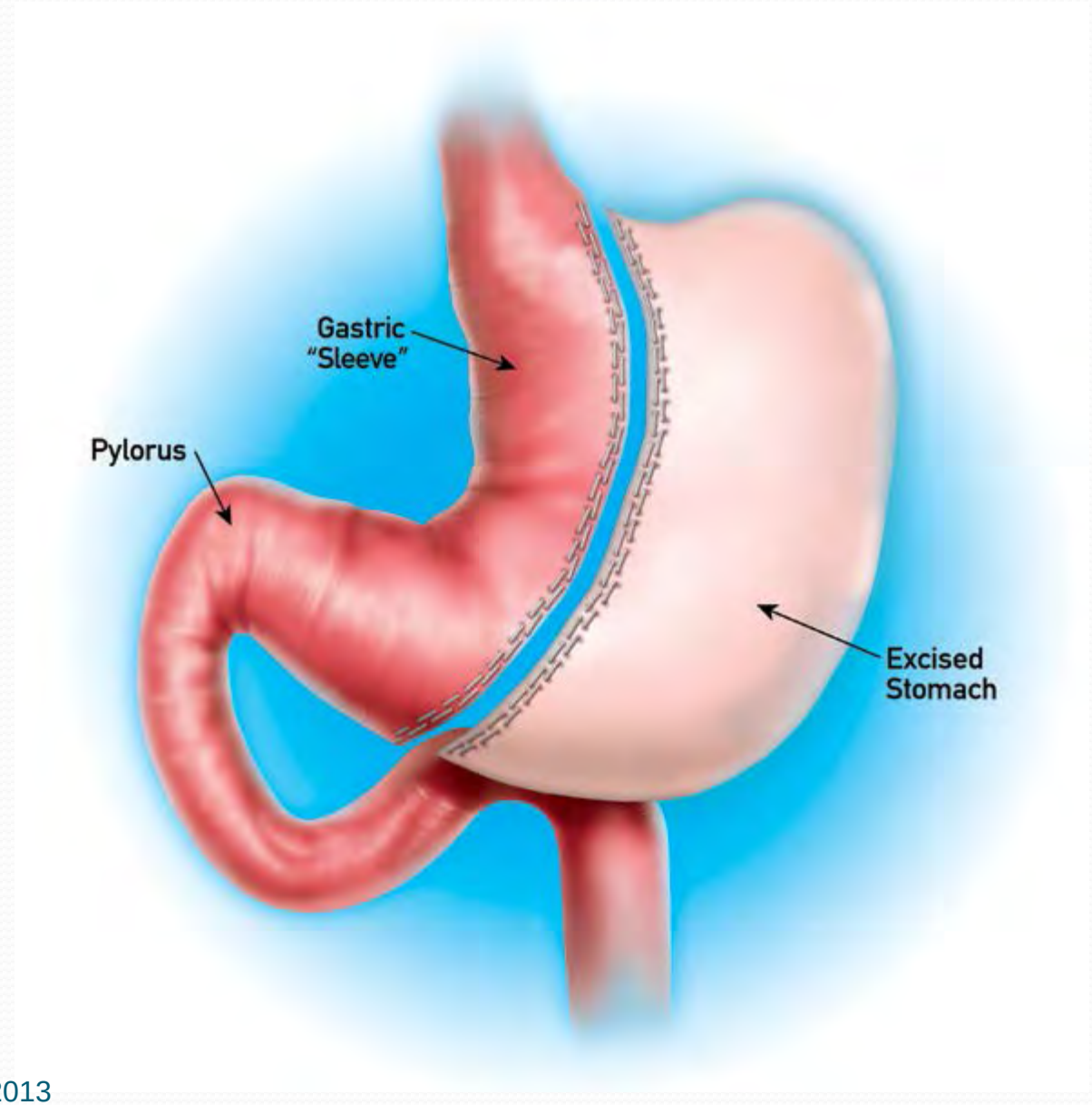
Goals of this lecture

- Understanding pouch and tool function
- Anticipate common pitfalls
- Establish techniques that will ensure long term success
- Know which foods will best serve your needs/goals

What's so different about me after surgery ?

- Stomach reduced to 1-4 oz from 40-60 oz
- Not much hunger for the first year
- You can't eat as much. Too much food means **pain, nausea /vomiting**, not just an "overfull" feeling

Sleeve



Grocery List

- Chewable , Liquid or tablets-cut Vitamins
- 4 x 4 gauze pads
- Paper tape
- Clear Liquids –
  - Sugar free products – popsicles, jello
  - Broth, Decaf tea
- Milk – Nonfat, 1%, or light, plain soy
- Protein powder/shakes
- Baby spoons/ appetizer forks, smaller plates

Picking a protein supplement

- Many protein supplements on market
- Key is to try before surgery
- ~5g of protein/ounce after mixing (20-25g/scoop)
- May use skim or 1% milk or water to mix
- Tasteless protein powder to increase protein

Considerations

- Eat every 3 hours after transitioning to solid foods
- Serve only what you know your pouch will hold
- Don’t eat until your full – an old habit to kick!
- Mostly lean animal protein, and low fat dairy
- Limit fruits and vegetables at first
- Small bites and chew well
- No soups (poor use of nutrition often high in carbs/fat), broth OK
- No salads often not tolerated

Fluid Management

- No liquids with meals after solid food begins
- Liquids are liquids – meals are meals
- Liquids should be low or no calorie (15 cals or less)
- Wait 60 minutes after meal before drinking
- Best time to drink is 15 minutes before meals
- Not getting a minimum 48 oz can land you back in the hospital with dehydration
- GOAL~ 64oz daily forever!

Vitamins and Minerals

- Multi-vitamins daily – All procedures
- B-12 daily 1000mcg sublingual-Bypass & Sleeve
- Calcium Citrate – can only absorb 500mg at a time
- Iron (Ferrous Fumerate) can be constipating
- Fiber – important in the bariatric patient
- Protein drinks – not to replace a “meal”

Cooking Rules

- Fry Nothing
- Remove visible fat from meat prior to cooking
- Add no calories to the cooking process
- Bake, broil, poach, microwave, barbeque

Protein Choices

- Low Calorie Protein –less than 10 cal/gram protein (MOST OF THE TIME)
- Moderate Protein – 11-19 cal/gram protein
- High Cal Protein – greater than 20 cal/gram protein (1-2 X day)
- Divide the calories per serving by the number of grams of protein per serving to get the ratio.
- Calories /Grams Protein

Rules of "15"

- **First Rule of 15**

  15 calories or less per gm protein

- **Second Rule of 15**

  No more than 15 grams of carbohydrates per meal

- Use this rule when buying protein bars…

ZONE, South Beach, Quest, Pure Protein

Low Calorie Protein Choices

- Fish
- Shellfish
- Dairy (low fat cottage cheese, low fat low carb yogurt, Greek yogurt, egg whites or egg substitutes)
- Poultry - light or dark meat
- Lean beef
- Lean pork

Moderate Calorie Proteins

- Cheese
- Protein Bars

High Calorie Protein

- Nuts (25-30cal/gm)
- Veg. proteins such as beans(18-23cal/gm)
- High fat pork - bacon,sausage,ham (20-35 cal/gm)
- High sugar yogurts

White Carbohydrates No-No

- Popcorn
- Pasta
- Potatoes
- Breads (including crackers, cereals)
- Rice
- Refined sugar products

Prior to Surgery

- Cut back on carbohydrates
- Increase your frequency of meals to 5x/day, smaller portions, mostly protein
- Start into an exercise habit
- Start taking multivitamins
- Experiment with protein shakes to find out which ones you like before surgery
- Cut your food up into smaller pieces.
- Your surgeon may have specific diet regimen for you

Rules of the Tool

- **4 Parts to your Program**

- Diet
- Exercise
- Tool
- You

Rules of the Tool

- **DIET**
- 75% Protein 25% complex carbohydrates
- No more than 1-2 high fat choices per day
- 5-6 meals/day every 3 hours
- Protein at every meal
- Protein and carbs together most of the time
- 1st meal – within first hour of waking up
- Last meal – 1 hour before bed if necessary

Rules of the Tool

- Ideal volume limits depending on your pouch size/restriction
- Fullness may take up to 20 minutes so don't rely on it
- **NO protein drinks** after solid foods begin - are not meal replacements
- Protein bars OK (pick low to mod cal/gm protein)
- No more than 1 "cheat" per week
- Plan your cheat
- Stop and think before you eat it!

Rules of the Tool

- **<u>EXERCISE</u>**
- Minimum 5x/week for 30 minutes
- Try to exercise about 1/3 time at target heart rate
  - Max Heart Rate (MHR) = 220 – age
  - Target Heart Rate = MHR*.65
    MHR*.75
- Include weight resisting training after 4-6 weeks, start with low weight and build up
- **Change up your routine every 8 weeks- may be a source of a plateau**
- FITT
  - Frequency
  - Intensity
  - Type
  - Time

Rules of the Tool

- **TOOL**
- Be constantly assessing the effective use of the tool.
- Eat an adequate amount of food for nutrition (10-15g protein) every 3 hours.
- Do not need to always eat to capacity.
- Listen to your tool !!

Rules of the Tool

- **YOU**
- Stay connected
- Regular follow ups
- Support groups
- Bariatric Buddy
- Behavioral modification
- You are the hardest one to change !

Pre - Op

- Anxiety
- The week or so before surgery
  - Pre-op admissions
  - Pre-op Nurse – labs/EKG
- Pre-op appointment with Surgeon
- Pre-op instructions

- diet – 24 hours clear liquids
- fiber/stool softeners
- skin prep

Your Medications

- Stop all NSAIDS (eg.Aspirin , Motrin, Alleve, and Ibuprofen) 2-3 weeks before surgery- all surgeries
- Tylenol is now your pain med of choice
- All tabs should dissolve in a warm 1 oz water in 10-15 minutes
- No capsules or extended release tabs- for bypass patients
- HRT ok, no birth control pills, patch or nuva ring for 1 x month prior to surgery and 6-8 weeks after. Need to use back up birth control for at least 1 year.
- Check with your PCP if a Non Prescription , liquid or small tablet alternate is available

Your Medications

- <u>If you are a diabetic</u>
  - (check with your doctor on blood sugar guidelines)
  - You should be checking you blood sugar regularly, before and after surgery.
  - If you are on insulin you need to talk with your healthcare provider about your "plan" before and after surgery.
- <u>If you have high blood pressure</u>
  - You should be checking your blood pressure regularly, before and after surgery

<u>If you are on a blood thinner</u> like Coumadin you need to talk with your healthcare provider regarding when you are to stop the medication and if you will need a lovenox or heparin bridge before and after surgery.

Sleeve

Your Hospital Stay – Day 1

- Follow pre-op instructions
- Arrive 3 hours before surgery
- You will have an IV placed in Pre-Op
- 1 drain, a JP drain which will be removed in 1 x week
- On Q-pain pump

Sleeve
Your Hospital Stay – Day 1

- <u>After surgery</u>
  - Recovery for 1-2 hours
    - Family can meet patient on floor or wait in surgical waiting area

  * Some may need a higher level of early post-op care and will be admitted to Intermediate Care (IMC) or Intensive Care (ICU)*

Hospital Day 2

- Upper-GI 4-6 hours after surgery or in AM to rule out leaks
- Bariatric Stage 2 diet – clear fluids
  such as broth, decaf tea Jell-o, diluted juice
  - 1 oz every 30 minutes
- If doing well, may increase to stage 3
  - To include protein drinks (1oz fluids every 15 min)
- IV fluids continue
- Often discharged on this day

Discharge

- Drink Drink Drink
- Goal of 65-75 grams protein day (min 30-40)
- Start on your multivitamins and B-12
- Pain medication given – may cut pill
- Nausea patches as needed
- Caring for your drain
- Exercise & walking

Post Op Follow Up

- 1 week post op visit
- Nutrition Classes are held on Wednesdays
  - 1 week nutrition class @ 1pm
    (Office appointment)
  - 3 week Soft Food Diet Plan @ 2pm
    (Office appointment)
  - 6 week Solid Food Diet Plan @ 3pm
    (Office appointment)

    6 months – Back to Basics

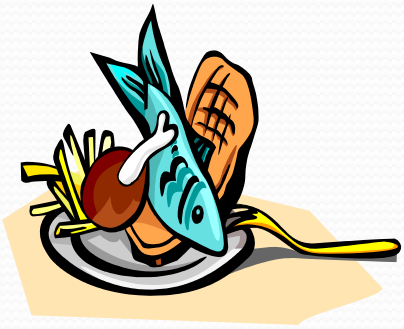
Classes are held in the Bariatric Center
4545 E. 9th Avenue, Suite 650
Physicians Office Building I

Follow up appointments

- After surgery
  - Make an appointment with your primary care Doctor one week after surgery to review your medications

Diet Progression to Solid Food

- Upon discharge to 7 days from surgery
- **Fluids only** - water, low cal/no calorie fluids and protein drinks, protein shakes, diluted juice
- 1 week to 3 weeks from surgery
- Pre-select protein foods (1 -2 oz every other hour as desired)
  - Nonfat refried beans
  - Low fat, small curd cottage cheese
  - Egg beaters or egg whites
  - Light, low carb yogurt, low fat Greek yogurt
  - Puddings (Sugar-free)



Diet Progression to Solid Food

- 3 weeks to 6 weeks from surgery
- Soft food diet (1-2 oz max every 2-3 hours)

- 6 weeks and beyond
- Solid food – Following Rules of the Tool

Sleeve Pouch Size The First Year

- Surgery to 6 weeks – Approx 1 - 4 oz
- 6 weeks to 3 months – Approx 1-4 oz
- 3 months to 6 months – Approx 1-4 oz
- 6 months to 12 months – Approx 4-5 oz
- 1 year and beyond – Approx 6-10 oz

Post Surgical Problems

Minor Warning Signs

- Require consultation but not necessarily a emergent visit

Major warning Signs

- Require a consultation and possibly emergency room follow up

Warning Signs - Minor

- Seroma – blister like appearance around your incision
- Numbness in extremities
- Stitch abscess
- Edema
- Loose knot or suture
- Constipation &/or Diarrhea
- Mild Nausea
- Oral yeast infection (Thrush)

Warning Signs - Major

- Fever > 101 F
- Leg/arm pain or swelling
- Shortness of breath
- Severe Nausea with protracted vomiting
- Dizziness
- Change in JP output (Drain)
- Chest Pain

Be sure to let Doctors office know whenever you are headed to the ER so we can facilitate care

Exercise

- No limit on walking - min 30 min/day
- No heavy lifting, pushing, pulling > 15 lbs until after 6 weeks
- No heavy abdominal crunches until after 6 weeks
- Swimming after wounds have healed (~ 3-4wks)
- Exercise with your limitations in mind
- Weight resistance training 3-4x wk after 6 wks

Frequently asked Questions

- Will my hair fall out?
- When can I start exercising?
- Can I drink milk?
- What about alcohol?
- Will there be weight plateaus?
- Will I need a “tummy tuck”?

Socialization and Eating Out

- Learn to be involved socially at restaurants with family and friends
- Look up nutrition facts online
- Choose protein based meals
- Ask for to go box
- Others will see your success by your examples
- Restaurant card

Staying Connected

- **#1 predictor of success is FOLLOW-UP!**
- Follow up every 3months until you have reached and maintained your place of goal
- Support groups
- Web sites * denverbariatrics.com
  * obesityhelp.com
- Facebook – Rose Bariatrics and Denver Bariatrics
- Message boards/chat rooms
- Monthly newsletter
- E-mail anytime for questions or concerns
- Support continues!!

Questions?

BARIATRIC SURGERY CENTER AT ROSE

Chapter 2

Grocery List

Grocery List

Items to Purchase Prior to Surgery

1. **Supplements**
    a. Multivitamin - Chewable or Liquid
    b. B-12 – 1000 mcg (sublingual)
    c. Calcium Citrate – 500 mg dose (chewable or liquid)
    d. Fiber
2. **First Aid**
    a. Gauze Pads (4x4)
    b. Paper Tape
    c. Double or Triple Antibiotic Ointment
3. **Protein Powders or Drinks**
   Designer, Nectar, Isopure, Mega Whey, Soy Protein
4. **Food**
    a. Sugar free Jell-O
    b. Broth (any flavor)
    c. Skim or Soy Milk (to mix protein powder if you wish)
5. **Kitchen Utensils**
    a. Kitchen Timer (timing is essential the first few weeks)
    b. Small bowls, baby spoon/fork

Items to Bring to the Hospital

1. **Personal items**
    a. This book
    b. Robe & slippers (you will be walking the halls)
    c. Bath items
    d. Loose fitting clothing to wear home
    e. CPAP machine (if you have sleep apnea)
2. **If Desired**
    a. Personal fan
    b. Toilet tongs
    c. Wet wipes
    d. Camera (start to chronicle your journey)

Items to Have at Home

1. **Medical Equipment**
    a. Blood pressure cuff if hypertensive
    b. Glucometer & test strips if diabetic
2. **If Desired (Creature Comforts)**
    a. Heating pad (for incision discomfort)
    b. Easy Chair or La-Z Boy (lying down to sleep may be difficult at first)
    c. Blender or Magic Bullet (for blending protein)

Post Bariatric Shopping Options

Web Sites:

There are many, many online shopping options for your food and supplement needs. Here are just a few patient favorites!

SetPoint Health www.SetPointHealth.com

Developed for bariatric surgery patients, Set Point Health is a convenient source for high-protein nutrition. Our bariatric product line is an impressive array of tasty functional foods that are widely used to supplement the dietary phases surrounding bariatric weight loss surgery.

www.kaysnaturals.com

Kay's Naturals is dedicated to bringing better alternatives to traditional snacks and cereals. Made with a better balance of soy protein, fiber, carbohydrates, and good fats, our products are delicious and uniquely satisfying snacks and cereals that can actually help curb the appetite, whether at home, at work, or at play.

www.bariatricchoice.com

We are committed to offering you the finest bariatric diet foods and vitamins, along with the highest level of care and customer service. We're so certain you'll be pleased with our products, we offer our Money Back Guarantee on all purchases.

www.bariatricadvantage.com

Bariatric Advantage® offers a comprehensive line of bariatric vitamins/nutrition products designed specifically to meet the needs of individuals who have undergone weight loss surgical procedures. We believe that through quality and adherence to scientific principles we can help to support a vision of life-long health after bariatric surgery.

www.bariatriceating.com

If you've had or are considering a surgical weight loss procedure - Gastric Bypass, RNY, Lap Band, or Gastric Sleeve, you've landed in the right place for good post-op nutrition, accurate info, and positive support. Protein Drinks and our Bariatric Post-Op food choices do not have to be a punishment! I am a 7 year post-op who has conquered morbid obesity by making permanent lifestyle changes. We've assembled a Success Team to create a path for you to follow. We're all in this together.

www.revivalsoy.com

Physicians Laboratories, makers of non-prescription Revival Soy, is here to serve you with good nutrition, education and medical research. We are the company that finally made soy taste good!

www.dietdirect.com

We're your source for the same *medical-grade* diet foods used by physicians and weight loss clinics - **at discount prices!** We are committed to offering you the highest-quality diet and weight loss products and the highest level of care and customer service. We're so certain you'll be pleased with our products, we gladly offer our Money Back Guarantee on all purchases.

Local Retailers:

www.maxmuscle.com

Locations throughout Colorado or online

www.vitaminshoppe.com

Locations throughout Colorado or online

www.GNC.com

Locations throughout Colorado or online

www.vitamincottage.com

Locations throughout the greater metro area or online

www.wholefoodsmarket.com

Locations throughout the greater metro area or online

BARIATRIC SURGERY CENTER AT ROSE

Chapter 3

Proteins

Protein Basics

Picking a Protein Drink

- Mix to make 2-3 grams protein per ounce prepared
- Less than 15 grams carbohydrates per serving
- Less than 5 grams fat per serving

Relative Protein Values (RPV) – Low, Moderate or High

Low Calorie Protein = Less than 10 calories per gram of protein
Moderate Calorie Protein = 11 to 19 calories per gram of protein
High Calorie Protein = 20 or greater calories per gram of protein
Determine whether the protein you are eating is low, moderate or high by dividing the total calories per serving by the grams of protein per serving.

RPV Calculation Examples

Food	Calories	Protein	RPV
Chicken (white meat)	147 (3oz)	26	5.65
Egg (white & yolk)	75 (1 large)	6	12.50
Mashed Potatoes	122 (3/4 cup)	3	40.67

Protein Examples – Low, Moderate or High

Low Calorie Protein = Lean meats & dairy, protein drinks
Moderate Calorie Protein = Less lean meats & dairy, protein bars, whole grains
High Calorie Protein = Peanut butter, crackers, higher fat meats (sausage or bacon)
(Please see attached sample protein outline for more info)

Protein Goals

Week 1 = 90-100% of all meals

Weeks 3 thru 6 = 90-100% of all meals (complex carbs = 10% or less) – Be sure you are reaching your protein goal first before adding carbs

Daily intake = A minimum of 30 to 40 grams per day to keep energy and nutrition intact

Week 6 forward = 75% of all meals (complex carbs = 25%)
Daily intake = At least 65 grams per day for women / at least 75 grams per day for men
Daily meals = 5 to 6 meals per day / every 3 to 4 hours

Choosing the Right Protein for You

It's difficult to consume enough protein from foods alone during the first several months after surgery. Integrating liquid protein supplements such as shakes, cold or hot drinks, soups and puddings into your diet provide a balanced, convenient source of protein and nutrition. By the time you are ready to move on to a solid diet you will not use protein drinks to replace your meals, but rather as a meal supplement.
Remember: The proper use of your tool is to have dense proteins so that they remain in your pouch as long as possible – solids remain in your pouch while liquids pass right through.

The Importance of Protein

Next to water, protein is the most abundant substance in your body. The word "protein" is derived from the Greek word meaning "of first importance." This is ultimately true for the bariatric patient. Protein is undeniably the most important nutrient in your diet – Protein is your primary source of energy and will maintain blood sugar levels between meals.

Why is Protein so important?

1. Protein is necessary for life, for growth, for healing
2. Protein is part of every cell and enzyme in your body from your bones - to your hair - to your skin
3. Protein is needed to replace worn out cells or to repair damaged tissue
4. Protein helps your body burn fat instead of muscle for healthy weight loss
5. Protein curbs physical hunger between meals (unfortunately emotional / head hunger is NOT curbed by protein)

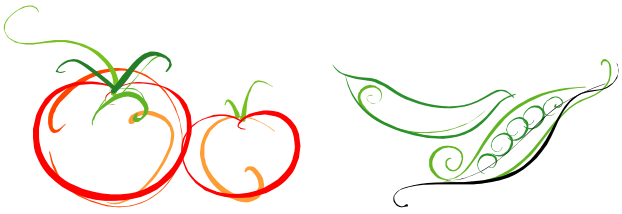
You get protein from the foods you eat. When the body is stressed in any way, physically or mentally, protein is lost. Research shows that meals high in protein help to keep you awake and alert while meals high in carbohydrates can make you tired and sleepy. After bariatric surgery, you must take in sufficient protein every day to speed wound healing, preserve your lean body mass, enhance your fat-burning metabolism and minimize hair loss.

What are Proteins?

Amino acids are the base component for all proteins. When you eat protein it is broken down into amino acids which aid in the repair and building of muscle and the production of the body's enzymes. There are 20 amino acids -- half of them being essential to the body. There are both complete and incomplete protein sources. Complete proteins contain all 10 of the essential amino acids needed for the body to make new protein. Incomplete proteins are lacking one or more essential amino acids. Good sources of complete proteins are animal proteins such as lean meats and dairy products. Vegetable or plant protein is incomplete protein. Plant protein should be used together with animal protein sources to provide all of the essential amino acids you need.

How Important is Protein in My Diet?

Protein is **"of first importance"** in your diet! Foods high in protein should always be your priority and eaten first during meals. Again, the preferred sources of protein from food include lean meats (chicken, beef, pork, lamb, etc) and fish, eggs or egg substitutes, low fat cheeses, skim or soy milk, beans and lentils. Keep in mind that some red meats may be difficult to digest – especially the first 3 months after surgery.



Getting the Protein You Need

How Much Protein do I Need to Eat?

The Recommended Daily Allowance (RDA) for adult protein consumption is 50 grams per day. For bariatric patients it is recommended that women consume at least 65 grams and men consume at least 75 grams of protein each day. If you exercise heavily (more than 1 hour a day) or are recovering from surgery or illness your requirement may be slightly increased.

How Often do I Need to Eat Protein?

With every meal!! You should be eating 5-6 small meals a day (approximately every 3 to 4 hours). 6 weeks post-op moving forward you should consume 75% of your food volume from low-fat protein and 25% from complex carbohydrates such as vegetables and fruits. It is very important to eat in the proper ratio. It is not healthy for your body or for your metabolic rate to have a meal void of protein. Therefore, a serving of protein (between 10-15 grams) should be consumed at each 3 to 4 hour interval.

Why are Some Proteins Harder to Digest Than Others?

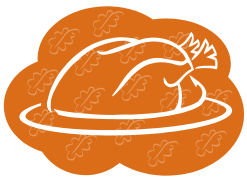
After surgery some proteins may treat your pouch less kindly than others – this is normal. In order to metabolize proteins it is necessary that we have a certain amount of hydrochloric acid and pancreatic enzymes available for digestion. In your small pouch these acids are less plentiful and digestion can be more difficult. If you have less tolerance to one form of protein it may be something you can try again at a later point when your new system matures. Remember, high fat proteins (red meats in particular) can be less tolerable than low fat proteins.

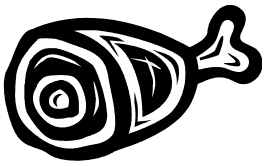
Do I need to Count Calories Along With My Protein Intake?

No. However, it is necessary to pay attention to the Rules of the Tool -- getting 65 to 75 grams of protein per day. It is also important to limit moderate or high calorie protein choices as they contain extra calories in the form of fat. The recommendation is no more than one high calorie protein choice per day with the remainder being mostly low calorie protein choices.

What Happens if I Don't Get Enough Protein?

Protein deficiency takes time because at first your body uses protein it has stored. Prolonged protein deficiency can lead to symptoms such as fatigue, insulin resistance, hair loss and loss of hair pigment, loss of muscle mass, low body temperature, and hormonal irregularities. It is important that you make protein in your diet "of first importance" in order to avoid protein deficiency.





Peanut Butter & Trans Fats

Peanut butter is an excellent source of protein, but all good things in moderation for the Bariatric patient! There are a few things you should remember before indulging in unlimited amounts of peanut butter.

Good Fats vs. Bad Fats

Some peanut butters contain Trans Fats. Trans Fats are nasty, 'bad-for-you' fats that are used by manufacturers to sustain the shelf life of a product. These 'bad-for-you' fats can be hazardous to your success and to your health. Trans Fats contribute to increasing our cholesterol and specifically our LDL's that in turn increase our risk of heart disease.

Let's break down Good vs. Bad Fats:
Good Fats = Monosaturated fat is found in olive oil, canola oil, peanuts and avocados. Monosaturated fats help lower cholesterol.

Bad Fats = Saturated fat is found in butter, fatty red meats, and full fat dairy products. These fats are responsible for clogging our arteries and increasing triglycerides.

Very Bad Fats = Manmade trans fat is created to extend the shelf life (freshness window) in many packaged foods like margarine, cookies, crackers, doughnuts, and snack chips. In 2006 manufacturers were required to disclose trans fats used in a product on their labels.

When you are choosing a peanut butter be sure to remember a couple of things

1. Relative to other protein choices, peanut butter is considered a high fat choice and should only be consumed occasionally (no more than 1x a day at the absolute most).
2. Keep in mind a high calorie protein food has 20 calories+ per gram of protein.
3. It is vitally important to choose a peanut butter that does not contain trans fats!

Here are a few examples of peanut butters:

Brand	Fat	Carbs	Protein	Trans fat?
Adams	16	6	7	No
Carb Options	17	5	7	No
IM Soy Nut	14	6	9	No
Jiff	16	7	7	No
Kroger	15	7	8	No
Marantha	16	7	8	No
Safeway	15	7	8	**Yes**
Safeway Natural	16	6	8	No
Skippy	16	7	7	No
Skippy Natural	17	6	7	No
Natural Smuckers	16	6	7	No
Organic Smuckers	16	6	7	No

Protein in Foods

Beef	Calories	Protein	Total Fat	Ounces
Pot Roast	183	28	8	3
Flank Steak	175	24	9	3
Rib Roast	172	24	8	3
Round Roast	153	27	4	3
Sirloin	165	26	6	3
Tenderloin	174	24	8	3
Lean 85% Ground Beef	204	22	12	3
Lean 90% Ground Beef	162	25	7	3
Beef Jerky	70	11	1	1
Beef Liver	184	23	7	3
Beef Hot Dogs	184	6	17	1 hot dog
Chicken	**Calories**	**Protein**	**Total Fat**	**Ounces**
Broth	19	3	1	1/2 cup
Dark Meat	174	23	8	3
White Meat	147	26	4	3
Ground	178	22	9	3
Chicken Liver	133	21	5	3
Pork	**Calories**	**Protein**	**Total Fat**	**Ounces**
Loin Chop	165	26	7	3
Country-style Ribs	203	21	13	3
Shoulder-lean	207	22	13	3
Tenderloin (breaded)	277	30	13	3
Lean Tenderloin	133	25	4	3
Pork Hot Dog	183	6	17	1 hot dog
Ham	133	21	5	3
Turkey	**Calories**	**Protein**	**Total Fat**	**Ounces**
Beast (no skin)	133	26	3	3
Breast (with skin)	168	24	4	3
Ground	210	23	12	3
Dark Turkey (no skin)	159	24	6	3
Turkey Hot Dogs	129	8	11	1 hot dog

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Lamb	Calories	Protein	Total Fat	Ounces
Shoulder	239	30	12	3
Leg	163	23	7	3
Loin Chops	186	25	8	3
Veal	127	25	3	3
Seafood	**Calories**	**Protein**	**Total Fat**	**Ounces**
Fish				
Breaded Fish Sticks	231	13	10	3
Cat Fish	132	21	5	3
Cod (baked or broiled)	89	19	1	3
Flounder/Sole	99	22	2	3
Haddock	98	23	1	3
Orange Roughy	143	17	8	3
Red Snapper	19	22	1	3
Canned Salmon	130	17	6	3
Fresh Salmon	183	23	9	3
Sardines	177	21	10	3
Shark	148	24	5	3
Sword Fish	127	22	4	3
Trout	164	30	5	7-8
Tuna (oil packed)	169	25	7	3
Tuna (water packed)	111	25	-	3
Fresh Tuna	156	25	5	3
Shrimp				
Batter	195	18	11	3
Canned	102	20	2	3
Fresh/Frozen	84	19	1	3
Lobster				
Broiled/Grilled	80	17	1	3
Canned Meat	79	17	1	3
Oysters	117	12	4	3
Bread	**Calories**	**Protein**	**Total Fat**	**Ounces**
French	100	3	1	1 slice
Italian	83	3	-	1 slice
Mixed Grain	65	2	1	1 slice
Pumpernickel	80	3	1	1 slice

Raisin	68	2	1	1 slice
Rye	65	2	1	1 slice
Sourdough	88	3	1	1 slice
White-firm	88	3	1	1 slice
White-firm	75	2	1	1 slice
Hamburger Bun	129	4	2	1 bun
Hard Roll	155	5	2	1 roll
Hot Dog Bun	115	3	2	1 bun
Whole Wheat	60	2	1	1 slice
English Muffins	140	5	1	1-3 1/2 inch
Tortillas				
Corn	61	2	1	1-6 inch
Flour	105	3		1-8 inch
Vegetables	**Calories**	**Protein**	**Total Fat**	**Ounces**
Lentils	115	9	-	1/2 cup
Refried Beans	135	8	1	1/2 cup
Radish	1	-	-	one
Rhubarb	26	1	-	1 cup
Spinach-Fresh	9	1	-	1/4 cup
Potatoes				
Baked	220	5	-	7
Boiled	124	3	-	5
Mashed	122	3	1	3/4 cup
Baked French Fries	224	3	12	1/3 cup
Fruits	**Calories**	**Protein**	**Total Fat**	**Ounces**
Bananas	105	1	1	1 med.
Pears - Fresh	98	1	1	1 med.
Pineapple - Fresh	38	-	-	1/2 cup
Plums - Fresh	36	1	-	1 med.
Prunes	20	-	-	one
Raisins	55	1	-	2 Tbsp.
Raspberries - Fresh	30	1	-	1/2 cup
Tangerine	37	1	-	1 med.
Cherry Tomatoes	3	-	-	one
Tomatoes - Fresh	26	1	-	med.
Grape Fruit	39	1	-	1/2 med.

Oranges - Fresh	60	1	-	1 med.
Cantaloupe	94	2	1	1/2 med.
Honeydew	113	1	-	1/4 med.
Watermelon	152	3	2	1 - 1x10" slice
Cherries - Fresh	104	2	1	1 cup
Strawberries - Fresh	23	-	-	1/2 cup
Kiwi	46	1	-	1 med.
Apple	80	-	-	1 med.
Nectarine	67	1	1	1 med.
Peach	37	1	-	1 med.
Soups	**Calories**	**Protein**	**Total Fat**	**Ounces**
Chicken Noodle	56	3	2	1/2 cup
Cream of Mushroom (water)	98	2	7	3/4 cup
Cream of Mushroom (milk)	154	5	10	3/4 cup
Cream of Tomato	65	2	1	3/4 cup
Vegetable Beef	59	4	1	3/4 cup
Eggs	**Calories**	**Protein**	**Total Fat**	**Ounces**
Egg	75	6	5	1 large
Egg Yolk	59	3	5	1 large
Egg Substitute	48	3	3	2 Tbsp.
Cheese	**Calories**	**Protein**	**Total Fat**	**Ounces**
American	106	6	9	1
Cheddar	114	7	9	1
Cheddar (low fat)	90	8	6	1
2% Cottage Cheese	102	16	2	1/2 cup
1% Cottage Cheese	82	14	1	1/2 cup
Cream Cheese Light	60	3	5	1
Feta	75	4	6	1
Mozzarella	72	7	5	1
Parmesan	23	2	2	1 Tbsp.
Ricotta Park Skim Mild	170	14	10	1/2 cup
Swiss	107	8	8	1
Miscellaneous	**Calories**	**Protein**	**Total Fat**	**Ounces**
Peanut Butter	95	4	8	1 Tbsp.
Oatmeal - Cooked	109	5	2	3/4 cup

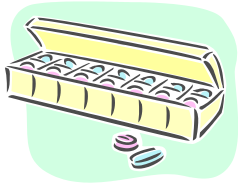
BARIATRIC SURGERY CENTER AT ROSE

Chapter 4

Vitamins

VITAMINS & MINERALS

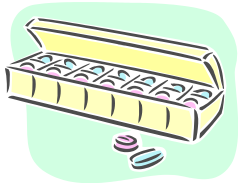
Supplements Required post Gastric Sleeve



Supplements REQUIRED for LIFE

Vitamin	Start	Dose	Notes
Multi-Vitamin	Immediately following surgery	2 doses per day	▪ Multi-Vitamins ▪ Chewable or Liquid ▪ Take each dose at a separate time
B_{12}	Immediately following surgery	1,000 mcg per day (sublingual or nasal spray) OR Monthly shot	• Daily sublingual, nasal spray or a shot once a month • If taking daily, must be Sublingual (melts under tongue – over the counter) or Nasal Spray (prescription)
Calcium Citrate	6 weeks post-op (beginning of solid foods)	1000-1500 mg per day (2-3 doses of 500 mg)	• As you lose weight, you lose bone density. Therefore, calcium is extremely important • Chewable or Liquid • Take Calcium doses (500 mg/dose) at least 2 hours apart • Do not take Calcium with Multivitamin or Iron
Fiber	6 weeks post-op (beginning of solid foods)	2 doses (3-5 grams fiber) from supplement per day Total fiber per day = : 25-35 gms (from food or fiber supplement)	▪ High fiber food contains more than 3-5 grams per serving ▪ Fiber supplements should have about 3-5 grams per serving ▪ Distribute servings throughout the day and be sure you are drinking enough water

VITAMINS & MINERALS



Possible Vitamin/Mineral Deficiencies
- May require additional supplementation -

<u>Supplementation is optional or required based on lab values</u>
<u>(specific dose depends on lab value)</u>

Vitamin	Dose	Notes
Vitamin D	1000 to 2000 IU /day OR Prescription dosage daily/weekly	Calcium supplements often have adequate vitamin D, but may need separate dosage if low lab value • Chewable or Liquid
Iron:	30 to 60mg elemental iron/day	Do not take with Multi or Calcium Do not take with milk product
Biotin (B7)	if recommended (100 mg per day)	For those with hair thinning or dry skin
Omega 3 Fatty Acids	1,000-2,000 mg per day	Fish and flaxseed are the healthiest Omega 3 sources A fish oil supplement is recommended for all patients

Vitamin D

Vitamin D is an essential nutrient along with Calcium when it comes to bone health. Recent research shows that vitamin D plays an important role, along with calcium, in bone health. To maintain strong bones and get enough calcium and vitamin D in your diet, stay active with weight bearing exercise and get 15 minutes of sunlight several times a week. Bones are living tissue and constantly in a state of turnover, making calcium deposits and withdrawals daily. Your body needs it for optimum bone strength and to help absorb calcium. However, most people are not getting enough of either of these nutrients. If your diet is low in calcium, your body will take calcium from your bones to keep blood calcium at normal levels.

Focus on Food First!
Consume 3 servings of low-fat or fat-free milk or other dairy products every day and supplement your diet with calcium from calcium-fortified foods and beverages, if you don't or can't consume milk.
Be physically active with weight bearing exercise like walking, running or weight training. It is recommend that food is the primary source of vitamins, minerals and other nutrients, such as calcium and vitamin D. Dairy products, fortified cereals and calcium-fortified beverages are good sources of calcium and vitamin D.

Are all sources of calcium absorbed efficiently?
Calcium is absorbed best if your intake of calcium-rich foods is spread out during the day. For all sources of calcium, adequate vitamin D from food or sunlight is necessary to help the absorption. The calcium in milk products is very well absorbed.
Vitamin D is unique and is most commonly known for its role in bone health but several recent studies show that vitamin D also plays a role in other health issues. There is association with decreased colon cancer, multiple sclerosis with optimal Vit D levels. Low levels of Vit D can play a role in increased irritability, poor sleep patterns, poor metabolism as well as many other health issues.

Daily Intake = 1000 to 2000 IU/Day is recommended

Vitamin D Food Sources	**International Units(IU) per serving**
Cod liver oil, 1 Tablespoon	1,360
Salmon, cooked, 3½ ounces	360
Mackerel, cooked, 3½ ounces	345
Tuna fish, canned in oil, 3 ounces	200
Sardines, canned in oil, drained, 1¾ ounces	250
Milk, nonfat, reduced fat, and whole, vitamin D fortified, 1 cup	98
Margarine, fortified, 1 Tablespoon	60
Pudding, prepared from mix and made with vitamin D fortified milk, ½ cup	50
Egg, 1 whole (vitamin D is found in egg yolk)	20
Liver, beef, cooked, 3½ ounces	15
Cheese, Swiss, 1 ounce	12

CALCIUM

Calcium is a mineral needed for healthy bones, nails, and muscle tissue. Calcium assists in blood clotting as well as heart and nerve functions.

• **Calcium Levels** - Absorption of calcium supplements is most efficient at several individual daily doses of 500 mg or less and when taken between meals. Calcium also interferes with iron absorption. Iron absorption can be decreased by as much as 50 percent by many forms of calcium supplements or milk ingestion but not by forms that contain citrate and ascorbic acid, which enhance iron absorption. The recommended 1200-1500 mg of calcium and 800 IU of vitamin D per day is difficult to achieve after sleeve without supplementation.

• **Blood Tests** - The level of calcium in your blood does not reflect how much calcium is in your bones or how "dense" and strong they are. Therefore, consistent calcium intake is crucial. DEXA Bone Density Scan is the single most useful tool to diagnose thinning bones. Men and women should receive a baseline DEXA prior to WLS surgery and should compare those levels to yearly post-operative DEXA scans.

• **Pre-menopausal** - Before menopause, women need to focus on calcium intake. It is calcium intake prior to menopause that can affect bone loss during and after menopause.
• **Post-menopausal** - After menopause, gastric acid secretion is often very low. Calcium citrate has the advantage of being absorbed with low gastric acid secretion. Post-menopausal women need good calcium intake, should participate in weight-bearing exercise, and should consider hormone (estrogen) therapy.

• **Men & Women** - Men are far from immune to difficulties relating to calcium deficiency. This is even more true for male patients of weight loss surgery than for other men because WLS surgery can affect how your body absorbs calcium.

TWO CALCIUMS: CITRATE VS. CARBONATE

As though muddling through minerals is not hard enough, getting through the essentials of calcium is additionally complex because there are two major types of calcium that provide different benefits.

Calcium Citrate – Blood levels of calcium show that calcium citrate is 2.5 times more bioavailable (easier for your body to use) than calcium carbonate. It has the advantage of being absorbed when gastric acid secretion is low. This is very common after menopause and in those taking acid-reducing medications. Additionally, the citrate form is protective against the formation of calcium-rich kidney stones. Calcium also needs vitamin D and magnesium to work. If your calcium does not have these in the tablet, then you must add magnesium and more vitamin D.

Calcium Carbonate – Calcium carbonate has more calcium per gram than calcium citrate, so it would take less volume (fewer pills or less liquid) of the calcium carbonate to provide the same amount of absorbable calcium. This is the type often NOT recommended for WLS patients. Because calcium carbonate requires hydrochloric acid (a stomach acid) to be digested and absorbed, the type and extent of bariatric surgery will determine which calcium supplement is better for you. You should note that TUMS and other antacid tablets use calcium carbonate.

Adapted from ObesityHelp, Inc.

Vitamin B-12 (Cobalamin)

Vitamin B-12 is an important water-soluble vitamin. Unlike other water-soluble vitamins it is not excreted quickly in the urine but rather accumulates and is stored in the liver, kidney and other body tissues. As a result B-12 deficiency may not manifest itself for some time following a diet deficient in B-12.
Vitamin B-12 is also known as cobalamin as it contains the metal cobalt. Vitamin B-12 was first isolated in 1948 from a liver and identified as the main nutritional factor that prevented pernicious anemia, a deadly type of anemia characterized by large immature red blood cells. Vitamin B-12 is involved in homocysteine metabolism and plays a critical role in proper energy metabolism, immune and nerve function. Therefore it is clearly an added benefit for anyone wanting to lose weight, as without it, metabolism is not at its peak potential.

Function Vitamin B-12 is needed for the formation of red blood cells and DNA. It is necessary in maintaining healthy nerve cells by aiding in the formation of myelin (a sheath around the nerve fibers and acts as insulation) as well as being needed for normal metabolism of carbohydrates and fat.

Absorption Vitamin B-12 is bound to the protein in food. Hydrochloric acid from the stomach releases the B-12 from our protein rich foods during digestion. Absorption depends on a healthy supply of intrinsic factor, a substance made in the stomach that latches on to B-12 and draws it into the bloodstream (this factor is lacking in sleeve patients). As we age there is less intrinsic factor available and therefore aging can be a time of increased B-12 deficiency. Folic acid and vitamin E (by protecting against free radicals) are known to aid in absorption of B-12.

Deficiency A deficiency in B-12 can cause neurologic dysfunction, tingling in the hands and feet, memory loss and mental slowness. Pernicious anemia is a result of B-12 deficiency where there are many immature red blood cells formed.

Signs & Symptoms (of decreased B-12). Anemia, depression, missed periods, fatigue, ringing in the ears, weakness, constipation, loss of appetite, tingling in hands and feet and movement disorders.

Conditions that are helped by proper levels of B-12 Mental function , heart disorders (by lowering (Homocysteine levels),gastrointestinal disorders,MS, (by protecting the myelin sheath around nerve cells), sleep disorders, asthma&allergies, nerve pain, low blood pressure, viral infections, hearing disorder, infertility (helps in sperm production), cancer (helps promote healthy DNA).

Sources Beef, liver, pork, veal, fish, poultry, clams, mussels, salmon, soybeans, fortified cereals, eggs, cheese, milk, and yogurt.

Important facts for vegetarians Dietary B-12 is largely available in meats & seafood it can also be found in dairy and some nutritional yeast products and fortified grains as well as soybeans.

FIBER

Many people can reach the recommended intake of fiber (25-35 grams) by including a wide range of foods that contain high amounts of fiber. To identify the amount of fiber in a food, look at the label. More than 3-5 grams per serving is considered a high fiber food. Foods high in fiber include whole grains (whole wheat bread, whole wheat pasta, oats, barley, brown rice); fruits; and vegetables). High fiber foods are also called "complex carbohydrates."

Benefits of Fiber

- Lower cholesterol
- Improve colon health
- Control bowel irregularities (constipation or diarrhea)
- Reduce appetite (improve satiety –the feeling of fullness)
- Lower blood sugar variances and insulin levels

Bariatric Patients and Fiber

Since bariatric patients are consuming a smaller volume of food, it is often difficult to consume the recommended daily intake of fiber (25-30 grams). To be sure you are getting the amount your body needs, the majority of carbohydrate sources should be high fiber. Also, fiber supplements may be recommended.

Often bariatric patients suffer from constipation, which can be aided by the use of fiber supplements. Foods high in fiber can also assist in constipation and improve overall bowel health.

- Each supplement contains differing amounts of actual fiber per dose. The general recommendation is a maximum of 10 grams of fiber per day from a fiber supplement. The remaining grams of fiber should be from food sources, which have may other protective properties.
- Dosages should be evenly dispersed throughout the day – no more than 3-5 grams per serving.
- All fiber supplements should be taken in small doses at first, with lots of water, while you work your way up to the recommended dose.
- The leading brands all contain soluble fiber, but each uses a range of different forms of fiber, causing various effects based on the individual. If the first supplement you try gives you bad gas or other symptoms, then it is always worth trying another type of fiber. A few recommended brands include Fibersure, Benefiber, and Metamucil.

Omega-3 Fatty Acids – Fish Oil

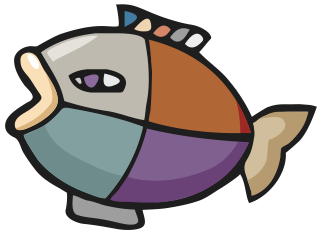
Omega-3 essential fatty acids (EFA) are not made by the body so they must be attained from foods. The omega-3 fatty acids include alpha-linolenic acid (ALA), eicosapentaeonic acid (EPA), and docasahexaenoic acid (DHA).

Besides being recommended for overall health, omega-3s have been linked in many studies to a lowered risk of heart disease.
Other <u>possible</u> benefits include:

- Decreased risk of arrhythmias
- Decreased triglyceride levels
- Slowed growth rate of fatty plaque in the arteries
- Slightly lowered blood pressure
- Decreased inflammation in the arteries
- Decreased symptoms of depression
- Improvements in blood sugar control

ALA, unfortunately, is not considered the best source of omega-3 fatty acids because it has to be converted in the body to EPA (none is converted to DHA. EPA and DHA, which do not need to be converted in the body, are found mainly in fish. The fish below provide the specified amount of omega-3 fatty acids (EPA and DHA combined) in an average 3-4 ounce portion.

Mackerel, Atlantic	2500 mg
Herring, Atlantic	1600 mg
Salmon (fresh)	1500 mg
Bluefish	1200 mg
Salmon (canned) – Bumble Bee	1200 mg
Trout	1000 mg
Sardines	800 mg
Swordfish	700 mg
Tuna (fresh)	500 mg
Halibut	400 mg



Salmon (canned) – Chicken of the Sea	400 mg
Catfish	300 mg
Scallops	300 mg
Shrimp	250 mg
Tuna (canned)	250 mg
Clams	250 mg
Cod	200 mg
Flounder or Sole	200 mg
Haddock	200 m

To attain the full benefits, aim for an average daily amount of omega-3 fatty acids (EPA and DHA) equal to 400 - 600 mg. The dosage is increased to an average daily intake of 1000 mg if there is a history of heart disease. If you do not consume the recommended average quantity of omega-3 fatty acids from the foods listed above, a supplement is recommended.

***<u>Fish oil</u> is the recommended omega-3 supplement.** Look for a liquid fish oil (refer to the Nutrition Facts Panel) with at least 400-600 mg of combined EPA/DHA. Coromega (liquid squeeze packets) is one recommended brand.

IRON

- Iron helps carry oxygen through your blood
- Iron after weight loss surgery is an important micronutrient for you to monitor as you can become deficient in it.
- The most common signs and symptoms of iron deficiency include fatigue dry skin & hair loss.
- Good food sources include: beef, liver, salmon, shrimp and dark green vegetables. Other food sources may be fortified with iron however are not as well as absorbed. Vitamin C can help in absorption of non animal iron rich foods.
- Continue to avoid caffeine as it can also decrease your absorption of iron.

Good Sources include:

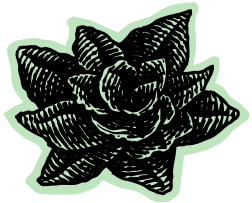
- Brewers yeast
- Oysters
- Sardines
- Clams Bran
- Oatmeal
- Dried Beans (kidney, lentils, lima, navy, soybeans)
- Beef
- Veal
- Tofu
- Spinach

Fair Sources include:

- Poultry
- Corned beef
- Cooked kale
- Prunes
- Whole wheat bread
- Nuts (cashews, brazil walnuts)
- Eggs
- Broccoli
- Apricots

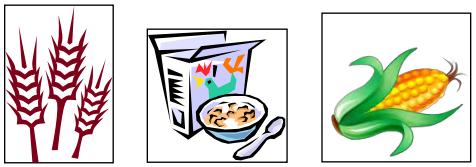
It is also important to take your vitamin supplementation and talk with your physician or dietitian if you are experiencing any signs or symptoms of iron deficiency as often food sources may not be significant enough to adequately increase severe iron deficiency.

If you are placed on an iron supplement we suggest ferrous fummerate.



Vitamin B1 (Thiamine)

- Thiamin is a water-soluble vitamin and is essential for normal growth and development. It helps to maintain proper heart, nervous and digestive system function. It is necessary for normal brain function in that it may assist with memory, learning and depression. It also aids in the formation of HCl which is important in digestion.
- Thiamine plays an essential role in the breakdown of carbohydrates into energy your body can use.
- Common deficiency symptoms include loss of appetite, indigestion or constipation, "pins and needles" sensation or numbness.
- Thiamin is a B-vitamin and is dependent on its fellow B vitamins including B_6, B_{12} and folic acid.
- The recommended amount of thiamin is 1.1 to 1.2 mg/day and 1.4 mg/day during pregnancy.



Food	Serving Size	Amount (mg)
Wheat bran	8 grams	0.90
Sunflower seeds, raw	¼ cup	0.82
Pork, lean (cooked)	3 oz	0.72
Pistachio nuts	25	0.70
Tuna, yellow fin baked, broiled	4 oz	0.57
Black beans, cooked	1 cup	0.42
Fortified cereal, plain	.5 cup	0.20
Skim milk, dried	12 grams	0.40
Yellow corn, cooked	.5 cup	0.13
Whole grain oats, cooked	.5 cup	0.13
Asparagus, boiled	.5 cup	0.11

BIOTIN (Vitamin H/B-7)

Biotin is part of the B complex of vitamins. It is a water soluble vitamin. It is often associated with hair thinning when the body is deficient in its use or quantities.

What is Biotin used for?

- Aids in the utilization of protein
- Production of antibodies
- Cell growth
- Production of fatty acids
- Metabolism of fats and proteins
- Plays a role in which energy is released from food in the Krebs cycle
- Needed for healthy skin, hair, nails, sweat glands, nerve tissue, bone marrow
- Helps in maintaining blood sugar levels
- Plays a role in decreasing depression
- Plays a role in decreasing muscle pain
- Promotes normal cholesterol levels

Biotin is also produced by the normal bacteria of the gastrointestinal tract

Food sources of Biotin (minimum amounts)

- Cheese
- Beef liver
- Cauliflower
- Mushrooms
- Chicken breasts
- Salmon
- Soy flour
- Spinach
- Brewer's yeast
- Nuts
- Eggs * caution with use of raw eggs as avidin in raw eggs binds to biotin

Symptoms of deficiency

- fatigue
- depression
- nausea
- muscle pain
- hair loss
- grayish/pale skin color

Dosage

Average daily dose 300micrograms /day
500-1000 micrograms /day for hair thinning

Possible Interaction

Some antibiotics and anticonvulsants may interfere with the absorption of biotin with long term use

Other ideas for hair thinning

1) Nioxin
2) Rogaine
3) Pantene for hair thinning
4) Daily protein intake of approx 65gms/day

BARIATRIC SURGERY CENTER AT

ROSE

Chapter 5

Pre-Op Preparation

BARIATRIC SURGERY CENTER AT ROSE

Anesthesia For Gastric Sleeve Surgery

- The Anesthesiologist will typically call you the night prior to your surgery to review your medical history and explain the anesthesia and associated risks. On the day of surgery, the anesthesiologist will examine you, review your chart, and answer any questions that you or your family may have. Majority of the time we will administer a relaxing agent to "help take the edge off" as we take you to the operating room, thus you may not recall anything thereafter. Once in the operating room, the monitors will be placed, Oxygen will be administered via a face mask, and you will be put to sleep by intravenous medication (majority of the cases occur this way). Once you are completely asleep, an endotracheal tube (breathing tube) will placed into your trachea (windpipe) to breathe for you. You will not have any recollection of the breathing tube going in or coming out (except in rare circumstances). Again, while you are completely asleep. The anesthesiologist will administer IV narcotics to wake you up comfortably as well as a couple of agents to prevent nausea/vomiting (the meds will decrease the severity of the symptoms). Your doctor will then take you to the recovery room where you will be monitored one-on-one by a nurse for an hour.

- PLEASE NOTIFY YOUR ANESTHESIOLOGIST OF THE FOLLOWING:
  Any rare reactions to medications or anesthesia, any family history of severe anesthetic complications, difficult airway, history of intractable nausea/vomiting, or recent illness. If you have any concerns, please relay messages to your surgeon's office and we will address these concerns prior to surgery.

- Almost all medications should be discontinued on the day of surgery. Some medications may have implications to anesthesia or surgery process. A complete medication review needs to be done prior to surgery during your pre-op process. Some hypertensive and diabetic medications will be stopped approx 24 hours prior to surgery.

- There are a few important medical conditions that warrant taking medications first thing in the morning on the day of surgery with a small sip of water:
  *Gastric Acid Reflux Disease (GERD) /Heartburn
  *Heart Arrhythmias.
  *Seizure Disorders
  *Asthmatic or COPD
  *Hyperthyroidism (high thyroid).
  * Hypothyroidism (low thyroid).
  * Antidepressants

- Your anesthesiologist's job is to protect you by keeping you safe, keeping you comfortable and asleep throughout your surgery, and wake you up at the end of your procedure.

Rev 3-2013

Pre-Op Preparation

Anticipating the Big Day

Many of our patients note that they experience anxiety as their surgery date approaches. Doubts surface about the wisdom of undergoing "elective" surgery. Patients may worry that they will die or suffer medical complications causing unnecessary pain or disability. Some fear they'll become malnourished, weak or sickly with the impending weight loss.

Anxiety stems from fears about the future. To reduce anxiety we plan for and attempt to control the future events. You've prepared for this surgery, but there are many elements of this process that may feel out of your control.

A typical course of adjustment includes at least a brief period commonly known as "Buyer's Remorse." This usually occurs just prior to surgery or within the first few weeks of recovery. You may think to yourself, "What have I done?" or "What was I thinking?" These thoughts tend to fade as your pain subsides and you begin to reap the benefits of weight loss.

Keep in mind that all surgeries have inherent risks. You need to be honest with yourself and your family about these risks. Potential complications should be discussed and planned for with your loved ones. Having your affairs in order is always wise -- whether you are having surgery, taking a cross country road trip, or just taking a Sunday afternoon bike ride. It is always best to be prepared.

It is important to discuss your questions with your surgeon and his medical team. Remember, you've undergone extensive medical testing is preparation of this surgery. Your surgeon and his team are proceeding with your surgery only because they believe your body can physically handle this procedure. Remind yourself of the reasons why you initially chose to pursue Bariatric surgery. After all, most patients have researched the option of Bariatric surgery for years before they ever meet with a surgeon.

In the days preceding surgery, it is recommended that you attend at least one Bariatric Support Group. You'll surely discover that others have experienced similar fears as yours. Make this time for you and about you. Relax and think of the upcoming changes and your plans for coping with any setbacks. Your concerns are a normal part of you mental preparation for this exciting and yet stressful event.

Preparing for the Big Day

Medication Prep

There are certain medications you should **NOT** take prior to surgery:

Discontinue 1 month before surgery:

Birth control pills – Condoms with spermicide should be used instead. A pregnancy test will be done during your Pre-Admission Testing (PAT) at Rose Medical Center as a precautionary measure. You may restart birth control pills 6 weeks after surgery. Birth control pills contain high doses of estrogen, which increases your risk of clotting after surgery and thus you must discontinue their use for this period of time. Do not need to be removed prior to surgery: IUD's & Implanon implants

NSAID class pain killers – NSAIDS are a class of pain killers associated with the treatment of arthritis. Some of their most common side effects are gastric irritation, gastric ulcers, and gastric bleeding. They are dangerous to Gastric Bypass patients due to their propensity to cause 'marginal' ulcers. Marginal ulcers are ulcers that form at or near the stomal (pouch) outlet. Marginal ulcers can cause pain, bleeding, obstruction, and perforation. The most common NSAIDs are ***Aspirin*** and ***Ibuprofen***.

NSAIDS are not to be taken after surgery at any time. ***Rapid Release Tylenol*** (Acetaminophen) will be your pain medication of choice!

Discontinue 1 day before surgery:

1. Metformin/Glucophage (Potential lactic acidosis)
2. Other Oral Glycemics
3. Insulin –Regular (consult with PCP/Endo if BS > 160)
4. Insulin – NPH = ½ dose for the days of clears **none** AM of surgery (consult with PCP/Endo if BS > 160)
5. Lantus/Levamier = ½ dose for the days of clears **none** AM of surgery (consult with PCP/Endo if BS > 160)
6. Diuretics
7. Antihypertensive Combinations
8. ACE Inhibitors/Diuretics
9. Hypertension meds
10. Ace inhibitors
11. Calcium Channel Blocker

Do not Discontinue before surgery:

There are a few important medical conditions that warrant taking essential medications first thing in the morning on the day of surgery:

1. Gastric Acid Reflux Disease (GERD) (i.e. Prilosec, Prevacid, Protonix, Pepcid, Xantac, etc.)
2. Heart Arrhythmias
3. Seizure Disorders
4. Asthmatic or COPD (Singulair, Albuterol Inhalers, Atrovent Inhalers, etc.)
5. Hyperthyroidism (high thyroid).
6. Beta Blocker hypertension medication

You may take your essential prescription medication the morning of surgery with a small sip of water. If you are unsure whether your medication is essential or not please ask your surgeon or his staff ahead of time.

Medical Prep

Pre-Op Physical

The week or two before your surgery you'll have a Pre-Op visit with your surgeon. Your surgeon will review the specifics of your procedure and answer any last minute questions you may have. This is the perfect time for you to voice any concerns you have so that they may be adequately addressed ahead of time.

Pre-Admission Testing (PAT)

On the same day as your appointment with your surgeon you will be sent over to Rose Medical Center Pre-Admissions department for your PAT. During your PAT the nurse will take blood and go over your medications with you. Please remember to bring your complete and up-to-date list of prescription meds for review.

Anesthesiology

Your Anesthesiologist will typically call the night prior to your surgery to review your medical history, explain anesthesia and any associated risks.

Please Notify Your Anesthesiologist Of The Following:

1. Any rare reactions to medications/anesthesia
2. Family history of severe anesthetic complications
3. Difficulties with your airway
4. History of intractable nausea/vomiting
5. Any recent illness

Visual Aid Prep

Take photos of yourself the week before surgery! You'll regret not having a chronicle of your journey to look back and reflect on your progress! Additionally, many patients enjoy watching their measurements change. So measure yourself "all over" and record your pre-op stats. Following surgery you will be able to follow your "inches lost" as you go along.

Skin Prep

The night prior & morning of surgery you may be asked to shower with betadine soap. Betadine is iodine (do not use if you have allergies to iodine or shellfish). The night before your surgery and again the morning of surgery use this soap liberally. Wash yourself from the tip of your chin to mid thigh for 10 minutes each shower. Pay particular attention to your skin folds, breasts, belly button etc. Again, use a liberal amount of this soap, do not use it sparingly!

Bowel Prep

You should be taking a stool softener daily for 4 days prior to surgery. Any fiber supplement that contains psyllium as the active ingredient (for example Metamucil) is acceptable. Be sure to always take any fiber with a large glass of water. If your stools are still firm you may use the stool softener 2x day. Hydration is key - so drink plenty of water throughout the days leading to your surgery!

On the day prior to admission, take an over the counter stool softener (for example Colace) 1x in the morning and 1x at night. It is also good to have this product on hand post-operatively.

Diet Prep

This is a Sergeons Preference- Check with your surgeon:

Eating a normal balanced diet the week preceding surgery is important. It is only necessary to follow a clear liquid diet a minimum of one day prior to surgery (if you can't see through it you can't have it). You may have Isopure or other clear protein drink and relatively clear juices such as apple or white grape (undiluted/ not sugar free). Additionally, you should be sure to drink plenty of water to stay hydrated. If necessary you may add protein drinks if you get too hungry.

On the evening before your surgery do not take any liquids or food after midnight. If your surgery is scheduled for the morning you will not be able to drink or eat anything that day. If surgery is scheduled for late afternoon you may have clear liquids up to 6 hours prior to surgery, but again NO solids after midnight the evening prior to surgery.

NOTE -- Diabetic Patients: Diabetic patients who are on oral glycemic agents only, with blood sugars moderately high (140-160), should decrease oral carbohydrate intake by removing or diluting juices to 1/4 strength and using sugar free products until resolved. Be cautious not to be on sugar free for extended periods of time in case of low blood sugar symptoms.

BARIATRIC SURGERY CENTER AT ROSE

Chapter 6

Hospital Stay

Hospital Stay

Gastric Sleeve

Your Big Day – at last!

NOTE: *Please do not bring valuables to the hospital. Have a loved one keep your belongings until you arrive in your hospital room. If you wear eye contacts they must be removed. Please remove ALL piercings.*

What Can You Expect?

On the day of your surgery you should plan to arrive at Rose Medical Center approximately 3 hours before your surgery (5:30a if you are the first surgery of the day). You will go to the Pre-Op Care Center where you will be educated on the use of the incentive Spirometer (see Spirometer instructions at the end of this section). They will confirm your medical history and give your family waiting room instructions. You will change into a hospital gown and get comfortable in the Pre-Op area. Your nurse will take your vital signs, start your IV, and put on your sequential compression device (SCD's). Your surgeon's surgical team will stop by to greet you and help sooth any last minute jitters you may be experiencing. Your surgeon and your anesthesiologist will also be on hand to answer any questions that you or your family may have.

Once it's time for your surgery, a relaxing agent will be administered to "help take the edge off" as you are taken to the operating room -- you may not recall anything from this point until after you awaken in the recovery room. In the operating room the monitors will be placed, oxygen will be administered via a face mask, and you will be put to sleep by intravenous medication (the majority of the cases occur this way).

After you are completely asleep, an endotracheal tube (breathing tube) will be inserted into your trachea (windpipe) to breathe for you. You will not have any recollection of the breathing tube going in or coming out.

Your surgery will take approximately 1 to 2 hours. When your surgery is finished the anesthesiologist will administer IV narcotics to wake you up comfortably as well as a couple of agents to prevent nausea/vomiting (the meds will decrease the severity of the symptoms). Next you will be taken to the recovery room where you will be monitored one-on-one by a nurse for an hour. While you are in surgery and recovery your family and loved ones will be in the waiting room. Your surgeon will visit with them once your surgery is complete.

What Will be Expected of You?

After leaving the recovery room you will be allowed to rest a couple of hours in your hospital room. You'll wake to find a drain called a JP drain. It will be removed at 1 week after surgery. Within 3 hours of arriving in your room you will be asked to get up and walk around. It might just be to the door of your room and back, but it is imperative that you begin moving as soon as possible in order to prevent of blood clots and pneumonia. We rate pain on a scale of 1 to 10, with 10 being the worse pain you could ever imagine. We don't want you to have higher then a level 4 on this scale. If your pain is higher and you are not able to control your pain, you must let the nurse know so she can adjust your pain medication accordingly. You are encouraged to walk as often as you can, as soon as you can -- even on this first day!

What Will Be Your Diet?

After you return from the recovery room, your diet is very simple. You may only have 1 oz of ice every hour until your UGI study has been reported as being negative (meaning you have "no leaks".) This diet stage is considered *"Bariatric Diet Stage I*".

Post-Op Day 1

What Can You Expect?

You will go down to x-ray approx 4-6 hours after surgery to have your UGI. Every 12 hours during your entire stay, you'll receive a shot of blood thinner in your abdomen or arm. This is to prevent blood clots. Lab work will be drawn in the morning for your surgeon to review. You may take a shower. The Pulmonologist/Hospitalist will be seeing you while you're in the hospital and will be influential in your surgeon's decisions concerning your care and discharge.

Once back in your room you'll now be expected to walk out in the hall every 2-3 hours (at least 6 times per day). You'll be asked to use your incentive Spirometer 10 times per hour while you're awake. If you're in bed for more than ½ hour at a time, you must have your Surgical Compression Devices (SCD's) on (Please remind staff to do this if they forget). It will be your responsibility to record your fluid intake after your diet is advanced.

What is an Upper GI?

An Upper GI exam is done to view your new pouch under fluoroscopy (live x-ray) and to be assured that no leakage is present. The exam will take approximately 45 minutes, but the exact time is dependent on your anatomy -- time will vary because your intestinal tract may be faster or slower than other individuals.

Anticipate your visit to Radiology to last between 45 minutes to 2 hours.

1. You will stand while two abdominal x-rays are taken.
2. You will be seated while the x-rays are reviewed by the radiologist.
3. After the film is reviewed, you will need to stand again and take small sips of Gastrografin (contrast).
4. While standing and drinking contrast, digital images will be taken until enough contrast passes into the stomach.
5. If the contrast does not naturally progress through the small intestine, a NG (Nasogastric) tube may need to be placed under fluoroscopy at your surgeon's digression.
   NOTE: If additional steps are needed, your surgeon will discuss these with you.

What Will Be Your Diet?

Once the UGI is determined to be negative, your surgeon will advance you to a *"Bariatric Stage II -III Diet*" (refer to Bariatric Diet Chapter 7).
You may have water, Jell-O, and broth. From the time you start this diet, you'll be asked to record everything that you put into your mouth for the rest of your hospital stay. This is extremely important so the C.N.A.'s can enter this information into the computer. This provides the surgeon and staff with your accurate intake.

What Can You Expect?

You will be taught how to take care of your drain for when you go home. You will be given the discharge instructions to review. (See discharge instruction section). This is usually the day of your discharge. Generally you are discharged by noon. However, if

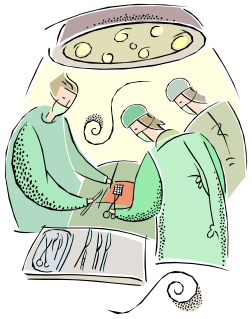
you're not ready, or if your surgeon doesn't feel you are ready, you will stay an additional day. Please voice any concerns about going home to your surgeon and his team.

Your pain level should be much improved at this time. However, you may still feel discomfort and slight nausea. Many patients also note pain in their shoulder for a day up to a few weeks post surgery. This is related to air that is pushing on a nerve that is connected to the shoulder. It is recommended to massage your pouch and/or put a heating pad on your shoulder to reduce the pain if uncomfortable.

What Will Be Expected of You?

You'll continue to record your fluid intake as previously taught and continue to walk every 2-3 hours (at least 6 times per day) to prevent a blood clot. Even after you get home, walking frequently is required so that your blood does not have time to pool in your legs.

Gastric Sleeve
Bariatric Patient Pathway



	Day of Surgery	Post-Op Day 1- discharge	Post-Op Day 2
Diet	1oz ice per hour Mouth swabs as needed to moisten lips & mouth Bariatric Stage 1 Diet until UGI completed After UGI negative & written orders given, Bariatric Stage II diet <u>1oz ice & 1oz clear fluid per hour</u> If tolerating & written order given, may advance to Bariatric Stage III diet <u>1oz protein shake & 3oz clear fluid per hour (1oz each 15 minutes)</u> Document all fluids (Refer to Bariatric Diet Chapter 7)	Bariatric Stage 1 Diet until UGI completed After UGI negative & written orders given, Bariatric Stage II diet <u>1oz ice & 1oz clear fluid per hour</u> If tolerating & written order given, may advance to Bariatric Stage III diet <u>1oz protein shake & 3oz clear fluid per hour (1oz each 15 minutes)</u> Document all fluids (Refer to Bariatric Diet Chapter 7)	Continue with Bariatric Stage III diet through time of discharge. <u>Must have 500cc (4oz per hour) prior to discharge</u> Document all fluids Document all fluids (Refer to Bariatric Diet Chapter 7)
Activity	Walking 3 hours after surgery & every 2-3 hours thereafter with assistance of nurse &/or walker	Walk every 2-3 hours with assistance as needed May shower	Walk every 2-3 hours unassisted
Resp.	Spirometer 10x hour Cough 2x hour Wear Pulse Ox probe	Spirometer 10x hour Cough 2x hour Wear Pulse Ox probe	Spirometer 10x hour Cough 2x hour Wear Pulse Ox probe
Drains	Nurse will change as needed	Nurse will change dressings & document fluids out	Will be taught dressing change & documentation of drain fluids Document drain fluids out & change dressing as needed

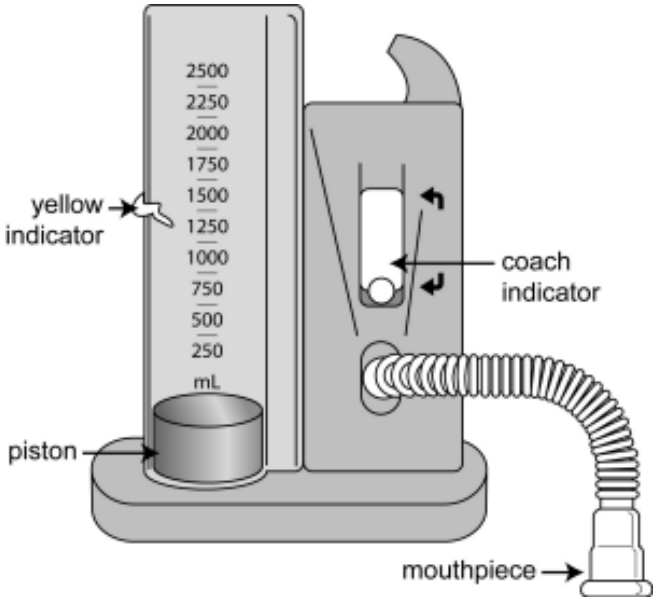
Volumetric Spirometer

Deep breathing exercises have been shown to be vitally important to respiratory fitness. Deep breaths are necessary to reach and expand the small air sacs of your lungs. The spirometer measures the volume of air you inspire and shows how effectively you are filling your lungs each time you inhale.

After surgery your breathing pattern can change and tends to become shallow and deep breaths are suppressed in an effort to minimize pain. It is important to try to resume your normal breathing pattern despite any discomfort you may have. Taking the breaths you might ordinarily suppress will help prevent the possibility of respiratory complications.

By following the directions given to you, you will begin to receive the benefits of slow, deep breathing exercises and can hasten your recovery and you should be on your way toward better breathing.

Following surgery it is important to use your volumetric exerciser 10x an hour for the first week or so as you recover. You will also need to do coughing exercises. This is important, as it is not just enough to open your airways after surgery, but also to cough up any loose secretions from the base of your lungs. Try to use a pillow against your abdomen for support 2-3x an hour to loosen and promote secretions from the lower bases of your lungs.



Caring for Your Drain

The drain is a special tube that prevents body fluid from collecting near the site of your surgery. The drain pulls this fluid (by suction) into a bulb. The bulb can be emptied and the fluid inside measured.

At first, this fluid is bloody. As your wound heals, the fluid changes to pink, light yellow, or clear. The drain will stay in place until your first post-op appointment.

Caring for the drain is easy. Depending on how much fluid drains from your surgical site, you will need to empty the bulb every 8 to 12 hours. The bulb should be emptied when it is half full. Before you are discharged from the hospital, your nurse will show you how to:

1. empty the collection bulb
2. record the amount of fluid collected
3. put the bulb back in place so that the suction works again
4. keep the drain site clean and free of infection

How to empty your drain

1. Wash your hands well with soap and water.
2. Pull the plug out of the bulb.
3. Pour the fluid inside the bulb into a measuring cup.
4. Clean the plug with alcohol. Then squeeze the bulb flat. While the bulb is flat, put the plug back into the bulb. The bulb should stay flat after it is plugged so that the vacuum suction can restart. If you can't squeeze the bulb flat and plug it at the same time, use a hard, flat surface (such as a table) to help you press the bulb flat while you re-plug it.
5. Measure how much fluid you collected. Write the amount of drainage, and the date and time you collected it, on the drainage chart at the end of this document.
6. Flush the fluid down the toilet.
7. Wash your hands.

Discharge – There's No Place Like Home!

Hydration & Fluid Balance

1. Your #1 priority is getting sufficient fluid to maintain hydration. You need 60-80oz of fluid per day to maintain your fluid balance. The best way to judge your hydration is to watch your urine color. In the morning your urine should be light, straw colored. Later in the day it should become clearer. Inability to void within 6 hours is a red flag that your fluid may be compromised. It's a good idea to maintain your fluid intake in a planned fashion (for example, 25oz in the morning / 25oz in the afternoon / 25oz in the evening). There's no upper limit to the amount of fluid you can drink. Try to avoid ice-cold beverages as they may induce nausea.
2. You can drink any type of diluted juice you desire (3 parts water to 1 part juice is the best ratio). Water should be your primary source of fluid and hydration - its calorie free. Caloric fluids such as fruit and vegetable juices should only be consumed in very small amounts and only as an occasional treat. High calorie liquids like soda pop defeat your weight loss goals – so just say no!
3. Caffeinated drinks or alcohol are STRONGLY discouraged, especially during the healing phase. These substances irritate the small gastric pouch and don't add to the promotion of healing. Additionally, their effects are unpredictable on your system and your new anatomy. Small amounts of weak tea or decaf coffee are okay. Herbal teas with minimal sweetening are excellent choices.
4. Avoid beverages using Aspartame (Equal) or Saccharin (Sweet-N-Low). These ingredients create a sensation of hunger. Splenda®, Truvia® or Stevia is your best post-op low calorie sweetener choice.

Meals

   a. You may drink as much as you can tolerate, but we recommend that you drink a minimum of 4 oz/hour with at least 1 oz protein drink. You may have more as tolerated.
   b. Protein intake should equal up to 65gm per day for women and 75gm per day for men. This is sometimes difficult, so try consuming a minimum of 30-40gms of protein each day.
   c. Protein is the essential food choice needed from here on out. Examples of protein drinks are: Bariatric Advantage, Isopure, Designer Protein, EAS, Edge, Isopure, Precision Protein, Pure Protein, Sport Pharma Protein and numerous others that can be found at any health food or supplement store. carbohydrates than others.
   d. Powder type protein drinks can be mixed with 1% milk or nonfat milk. Only Use a protein powder that tastes good to you and contains soy or whey protein. Your choice should contain about 20 or more grams of protein per serving, minimal carbohydrates (no more than 10-15 grams per serving), and minimal saturated fats (no more than 2 grams per serving).

2. Your goal is to drink 1-1.5 Liters (this equates to drinking 4 -8 oz/hr over a 12-15 hour day or 48-64oz.) of water per day. Work at this!
3. If you feel full, stop drinking until the feeling goes away. If you feel nauseated after feeling full and the feeling goes away in 5-10 minutes, resume drinking. However, if the nausea lasts 15 minutes or more, the stomach is trying to give you a strong message to stop any intake by mouth for at least 1-2 hours after the nausea and fullness completely subside. You need to allow your stomach to become empty. If you become nauseated and overly full, try spitting out your saliva as there is no place

for it to go down. Trying to belch is not productive and may result in increased swallowing of air, which will make you more uncomfortable.
4. Some people may experience heartburn after their sleeve. It's seldom helpful to use antacids. Usually heartburn is caused by overfilling the pouch and swallowing anything is likely to make your discomfort worse.
5. At your 1-week visit you will be given a few select soft foods to try and at your 3-week post-op visit you will advance to soft foods. At your 6-week visit you will advance to solids. Advancing your diet too early before you receive instruction from your surgeon's staff, may result in vomiting and/or damage to your sleeve.
6. See Bariatric Diet (Chapter 7) for more details.

Medications

1. You will be prescribed either a liquid or pill form pain killer. Pills must be cut in half (or preferably crushed – if approved by a pharmacist) before being taken.
2. To judge whether a pill is "safe" to take, place it in a glass of water. If it dissolves within 5-10 minutes, it's okay to take. If it dissolves more slowly then it may obstruct your pouch outlet and a substitute medication should be found. Extra Strength or Rapid Release Tylenol is a "safe size" pill. Never swallow a pill that is larger in diameter than a pencil eraser (or "pea") or longer than ¾ inches.
3. See Vitamins (Chapter 4) for details on required supplements.

Constipation & Diarrhea

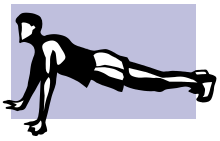
1. If you become constipated (i.e. firm stools or bowel movements less then once every other day), use a stool softener. If you are uncomfortably constipated, use Milk of Magnesia or a Fleets enema. Solace, which you used before surgery, can be used once or twice a day on a routine basis. (Always start with a smaller dose as prescribed on package and adjust as needed).
2. Diarrhea is very common and almost always goes away 7-10 days post-op. You may use 1-2 doses of Imodium to relieve diarrhea if you like. (Always start with a smaller dose as prescribed on package and adjust as needed).
3. If you feel the diarrhea is dehydrating you (occurs more then 3-4 times per day or is liquid and voluminous) let Your surgeon's office know as soon as possible.

Dressing & Drain

1. The plastic wound dressing is there for cosmetic and convenience purposes only. To optimize effectiveness, leave this dressing in place as long as possible. You may shower with the dressing on. If the gauze becomes saturated with water the dressing may be removed. You may choose to recover the wound with gauze if you care to. If you have increased redness, pain and/or drainage, or concerns about your wound please call your surgeon's office.
2. You will have one drain left from your surgery which will remain in place for your first week at home. It's important that you empty the drain bulb on a regular basis. Your nurse will show you how to empty the bulb before you leave the hospital and will watch you perform this procedure to make sure you are comfortable with the task. You'll need to document the drain output and bring this info to your 1-week appointment (see 'Caring for Your Drain' in this section).

Exercise

1. The importance of exercise to the success of your operation cannot be overemphasized! Exercise burns calories, which increases fat loss, and it is essential to counteract the predictable and inevitable fall in your metabolic rate. Your appetite control center sees the changes in your diet as starvation and will change your metabolism to try to prevent you from losing weight.
2. Aerobic exercise 45-60 minutes per day is the only known antidote to this fall in your metabolic rate. Exercise is essential to significant weight loss and the return of your sense of energy and well-being.
    a. Initially, walk 3 times per day in a safe (non-slippery) environment. Push your exercise as you can tolerate it.
    b. When you are able to exercise for 30 minutes then you can reduce the number of exercise periods to 2 per day.
    c. When you can tolerate 45-60 minutes at a time, then you can exercise 1 time per day.
    d. Remember, more exercise will result in greater weight loss and a great sense of strength and fitness.
3. Avoid heavy lifting or straining for a full 6-8 weeks post-op. Simply put - do not do anything that will require you to grunt or strain and put pressure on your abdominal wound. You will be advised when resistance exercises can and should be added.
4. Those of you who cannot walk or are wheelchair-bound will receive alternative exercise recommendations.



Overload Symptoms

As previously mentioned, when your outlet plugs or the pouch over-stretches, nausea, pain and heartburn can result. The pain is usually felt just below your breastbone or in the middle of your back. If this happens you should stop all intake by mouth and consider spitting out your saliva. Then, sit back and try to relax. The pain almost always goes away in 10-30 minutes. Vomiting may help if it occurs spontaneously, but do not make yourself vomit. If the pain persists or occurs frequently, please call your surgeon's office.

Driving

You may drive when you are off narcotic pain medications for at least 8 hours and feel you can handle your car without limitations in an emergency situation.

Essential No-No's

1. No smoking
2. No alcohol
3. No high calorie liquids (soda pop, smoothies, 'dome top' beverages, etc.)
4. No NSAIDS (Aspirin, Ibuprofen, Motrin, etc.)
5. No meat or solid foods -not even 1 bite!! You may injure the pouch and you will most definitely vomit.

Warning Signs
-- Report Any of the Following--

1. Persistent fever greater then 101 degrees
2. Wound drainage
3. Leg pain or unusual swelling
4. Chest pain or dramatically increased abdominal pain
5. Repeated vomiting
6. Any symptoms that cause you concern (Any symptom that you feel may be life threatening should be seen in the emergency room ASAP or you should call 911.)

NOTE: Also refer to your book for the minor & major WARNING SIGNS (chapter 8)

Follow-Up

You are required to return to your surgeon's office 1 week following your surgery. Your JP drain will be removed.
1 week Pre-Select Nutrition Class at 1 pm on the Wednesday following your surgery and no RSVP is necessary for post-op nutrition classes.

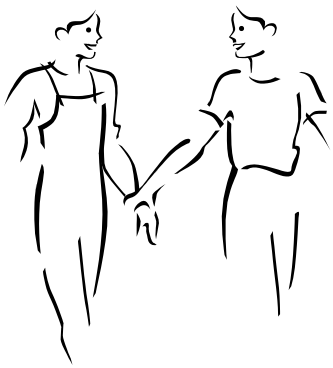
Remember: You've made a great commitment to your health. We admire all you have done to get to this point. The most dramatic transformation of your life has begun. You have the right to be proud of yourself.

During this early healing phase it is critically important that you take care of yourself. Live within the guidelines established above. Ensure that you get an adequate amount of rest and get help with your daily responsibilities. Everyone you know will benefit from the success of your surgery and recovery.

There will be emotional ups and downs, you may become frustrated, and your weight loss will hit plateaus. However, take one day at a time and realize that the transformation will happen as you follow instructions and your body adapts to the physiologic and metabolic changes that you are forcing upon it

We have all the faith that you will succeed!

We are always available if you need us!



Rev 03-2013

BARIATRIC SURGERY CENTER AT ROSE

Chapter 7

Bariatric Diet

Bariatric Food Plan

What to Expect

1. Expect this journey to be completely unique to you. Every patient is different in how they tolerate foods after surgery. Things that are easily eaten by one patient may cause another to 'dump', have discomfort, or vomit.
2. Expect to have changes in favorite foods and food cravings. Foods that you loved prior to surgery will no longer sound appetizing! Foods you didn't really care for in the past will become your new favorite!
3. Expect to gain a heightened sensitivity to sweet and salty foods. You will want to go with the 'less is more' when seasoning foods in the beginning.
4. Expect to have water in your hand, on your desk, on your table, and in your car at all times – Even if you weren't a big H_2O drinker prior to surgery YOU WILL BE NOW!! This is a necessary aspect of your success, both short-term and long-term!
5. It is imperative that you follow the diet progression as specified in this book and by your surgical team.
6. Your pouch size will change through time. However, to prevent stretching your pouch and overfilling, MEASURE everything (by volume) and start slow (with less than you think your pouch can hold). Serving sizes are approximations; you will slowly increase your serving size as your body changes – LISTEN TO YOUR TOOL!

➢ Your Optimum Pouch Size

Surgery to 6 Weeks Approximately 1-4 ounces
6 Weeks to 3 Months Approximately 1 to ounces
3 Months to 6 Months Approximately 4 to 6 ounces
6 Months to 1 Year Approximately 4 to 6 ounces
1 Year and Beyond Approximately 6 to 10 ounces

Conversion of Measurements

1oz (ounce) = 30cc = 30 ml
6tsp (teaspoon) = 1oz
2tbs (tablespoon) = 1oz = 3tsp
1c (cup) = 8oz = 32tbs = 48tsp
1p (pint) = 16oz = 2c
1q (quart) = 32oz = 4c
1l (liter) = 35oz
1g (gallon) = 128oz = 16c

Food Plan Stages (In Hospital)

Bariatric Stage I: Ice Only

(1 ounce per hour)

1. You may have 1oz of ice per hour
2. If you are able, begin recording your intake on your bariatric record
3. You may also have oral swabs
4. 1oz of ice melts down to a little over 1/2oz.

Bariatric Stage II: Clear Liquids

(2 ounces per hour)

1. Clear liquids include: Sugar Free Jell-O®, water, broth, juice (diluted with water in a 1:4 ratio), and decaffeinated tea
2. You may have 2 oz every hour (1 oz every 30 minutes)
3. You may also have 1oz of ice every hour
4. You must eat 2 oz of sugar-free blue Jell-O® each day to rule out a leak
5. Continue recording your intake
6. At scheduled meal times, breakfast, lunch, dinner Food Services will bring you the following:
    a. 1oz serving of sugar-free blue Jell-O®
    b. 8oz serving of decaf tea & 8oz serving of broth for that meal

Bariatric Stage III: Unlimited Clears with Protein Drink (4 oz per hour)

1. 1 oz of protein or clear liquids every 15 minutes is recommended
2. Only 1oz Protein Shake per Hour
3. Continue recording all oral intake
4. At scheduled meal times, breakfast, lunch, dinner Food Services will bring you the following:
    a. Two 1oz servings of sugar-free Jell-O®
    b. 8oz serving of decaf tea & 8oz serving of broth for that meal and you will need to measure out 1oz servings while in the hospital

Bariatric Stage IV: Soft Foods with Protein Drink

1. Unlimited non caloric clear fluids.
2. Soft protein 1oz every 2 hours (5-6 x day) as tolerated.
3. Protein shakes for supplementation.
4. If you are still in the hospital Food Services will bring you the following at meal time:
    a. 1-2 oz of soft eggs or cottage cheese for breakfast; 1-2 oz of soft meat (no pasta) at lunch & dinner
    b. 1 serving of soft vegetable
    c. 1 serving of soft fruit

Bariatric Stage V: Solid Foods

1. Protein = 75% / Carbohydrates = 25%
2. 1-2 oz servings of up to 3 protein choices and 1oz serving of up to 2 complex carb choices (veggie or fruit) for each meal:
    a. protein sources = cottage cheese, chicken breast, tilapia, salmon, or eggs (meats should be served plain – no sauce or added fat)
    b. vegetable choices = carrots, green beans, etc.
    c. fruit choices = applesauce or banana

Overview - Progression to Solid Foods

Week 1 (to 7 days post-op)

Fluids only, to include water/ low calorie fluids and protein drinks
Be sure to drink at least every 1-2 hours to keep yourself hydrated

Week 2 (to 21 days post-op)

Pre-select foods

1. Refried beans
2. Low fat cottage cheese
3. Egg Whites or Egg Beaters®
4. Yogurt (light/low carb)
5. Sugar-free Pudding

Be sure to not exceed 1oz total intake every 2 hours of any of the above

Weeks 3, 4 & 5

Soft food

1. 90%-100% protein / small amount complex carbohydrates (veggies first)
   Protein only, unless reaching protein goal.
2. Do not exceed a total of 1oz every 2 hours of soft food

Be sure to drink in between meals (no limit)

Week 6 & beyond

Solid food

1. 75% protein and 25% complex carbohydrates

Refer to Rules of the Tool for further details

*****Transition slowly from soft to solid foods*****

BARIATRIC DIET PROGRESSION

- Insert your surgery date and follow diet progression as detailed
- Remember to gradually transition into each stage
- As a result of complications, intolerances, etc., it may be recommended to remain in a certain stage for a longer amount of time
- If you do not follow the outlined schedule dates, be sure to follow the guidelines as specified by your team
- Be sure to go through each stage (do not skip stages unless advised)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
WEEK 0		Day 0 **(Date _____)** **Surgery Day!**	Day 1 **Liquid Protein**	⇨	⇨	⇨	⇨
WEEK 1	⇨	⇨	Day 8 **Slowly Start:** **Pre-Select Foods (Protein)**	⇨	⇨	⇨	⇨
WEEK 2	⇨	⇨	⇨	⇨	⇨	⇨	⇨
WEEK 3	⇨	⇨	Day 21 **Slowly Start:** **Soft Foods (Protein)**	⇨	⇨	⇨	⇨
WEEK 4	⇨	⇨	⇨	⇨	⇨	⇨	⇨

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
WEEK 5							
WEEK 6			Day 42 **Slowly Start:** **Solid Foods (Protein)**				
WEEK 7							
WEEK 8			**Continue Solid Foods (Protein)**				

Be sure to Separate fluids from food

Week 1

Meals = Liquid Protein

1. Continue to drink 65 – 75gm of protein per day
   - Minimum of 1 oz low carb, low sugar protein shake every other hour
   a. Remember it is always better to start with less than you think your pouch can hold. It is okay to start with ½ oz and stop if satisfied.
   b. If you don't feel satisfied with just 1oz of protein drink, feel free to increase your volume to 1½ to 2oz. Remember to sip, sip, sip.
   c. Immediately decrease your volume to ½ oz if you feel "stuffed" or nauseated after drinking 1 oz.
   d. Protein shakes should be prepared with water or skim milk. It is recommended you consume 3-5 grams of protein per ounce. Look at the serving size and protein grams listed on the protein shake label.
      i. For example, if the serving size is 1 scoop (20 grams protein) you would prepare that in 4 oz water to get 5 grams of protein per ounce (20 grams protein/4 ounces = 5 grams protein/ounce)
   e. If your protein drink is too thick, dilute it to 1/2 strength to avoid nausea.
   f. For variety try Nectar® Cappuccino or Isopure® Orange Cream. If you are having trouble tolerating milk based protein, try alternatives like fruit flavored Isopure® (in glass bottles) or soy based protein shakes.
2. **At least 2-6 oz additional fluids are also need in between meals** for added hydration. Remember to sip, sip, sip.
   a. Fluid examples include the following: water, sugar free Jell-O, sugar free popsicles, crystal light, decaf teas, Isopure, dilute fruit juices (prepared with 1 part juice and 3 parts water), and skim milk (8oz maximum per day) -- Don't burn yourself out on water (see Suggestions for Liquid Diet)
3. This means you are switching between liquid protein shakes and fluids every hour. **See Week 1 Meal Plan for example timing, protein meals, and fluids**.
4. Don't attempt to eat real food. Don't even think about it -- It isn't worth it! Your body is still healing so protein and fluid are your main priority.

Wound Care

1. If you still have a plastic dressing in place it can be removed. Your body's moisture will begin to loosen the adhesive on the dressings so removal is as painless as possible.
2. Leave the "steri-strips" holding the skin edges together on either end of your incisions in place until they fall off on their own (unless they become an annoyance.) You can get your steri-strips wet. Just gently dry them off after showering.
3. Soaking baths and swimming should be avoided until around 3 weeks post-op when your incisions have had time to heal properly.
4. If you had a drain removed, leave the bandage in place over the drain for a day or two. The incision the drain was removed from should seal itself during this period of time.
   a. At 3 days out the dressing should not be necessary. This incision may ooze just a little, just watch for signs of infection (broad redness around the edges, frank pus draining from the wound).

b. Contact your surgeon's office if you feel this area is not healing properly.
c. It is okay to get this wound wet in the shower as early as your first night home.

Medications

1. All medications should be crushed, chewable, or liquid.
2. Be sure to contact your Primary Care Physician (PCP) before changing any medications or insulin. Remember that is it very common for your body to require less medication/insulin with even a small amount of weight loss, but all recommendations should come from a physician. Be sure to make an appointment with your PCP and follow up at least 2 weeks post surgery.
3. If you were diabetic prior to surgery, you should continue to check your blood sugars as often as you did prior to surgery.
    a. Even if you aren't still taking any medications or insulin, you need to keep a close eye on your blood sugars.
    b. Blood sugars below 160 without medication are quite acceptable.
    c. Call your surgeon's office if readings are consistently over 180.

Supplements

1. **Multivitamins** are now a must.
    a. We recommend you take **2 adult chewable or liquid multivitamins (one pill twice daily).** Vitamin supplementation is essential lifelong!
        i. Suggested brands/stores include Centrum adult chewable, Bariatric Advantage, Vitamin Cottage, Vitamin Shoppe, GNC, Max Muscle, etc. (See Grocery List)
    b. Pill form of supplements are the most common way to plug your outlet so be sure to purchase in liquid/chewable or crush pills.
2. Begin taking your **B12** now -- **Absolutely required for gastric sleeve patients**.
    c. Start taking **1000 micrograms daily**, every day for your lifetime.
    d. B12 should be taken as a daily sublingual (under the tongue), daily nasal spray (prescription required), or monthly shot (at a physician's office). Check with your pharmacist for availability
        i.. B12 in pill form provides little to no intrinsic factor in your pouch.
        ii. Intrinsic factor is needed to bind to the B12 so that it can be absorbed.
3. You don't need to start Calcium until six weeks post-op (see details at 6 weeks).
4. Start getting into a routine. See supplement schedule at 6 weeks.

The Scale

1. Hide your scale!
    a. Watching for daily weight loss will only create mind games you don't need. Your weight will most likely fluctuate throughout the day (and day today) due to fluid changes so changes on the scale are often not weight gain/loss. It is important to look for trends over time.
    b. Weigh yourself once every other week at the absolute most – on the same day of the week and at the same time of day.
2. Plateaus are normal and will be discussed later.

Exercise

1. You should be doing some planned exercise, by design, every day now. That exercise should cause you to breathe harder and maybe sweat a bit.
2. Your goal is 30 minutes total per day. You can break this time up. (For example: 3 X 10 minutes or 2 X 15 minutes sessions).
3. Exercise is the toughest habit to establish, but now is the time to get into the swing of it. Exercise is the best way to increase your metabolism!

Expectations

1. It's early in your recovery, but you likely have already had some excellent weight loss…even after one week. Don't expect every week to look like this; after all, if you lost ten pounds this first week, you will lose 520 pounds in the first year!! That's an impossible feat. You will lose weight quickly in the beginning, but will soon have days or even weeks when you don't lose anything. That's just the nature of weight loss. Trust us, the weight will come off if you are using the pouch/tool correctly. It's our job to teach you how to best use the tool.
2. A great way to understand how to handle some of the hurdles you will face with your surgery is to attend a group discussion or support group. Find out how others have faced the same challenges you are facing. It helps to know you aren't alone in your situation. Try to come to support group, at least just to check it out. It's always there for you!
3. Don't compare your weight loss to others. There is no way to properly do this. If your friend loses 50 and you only lost 40 in six weeks, those figures don't mean you have done anything wrong (or you friend has done anything right). Let your surgeon's team explain what your weight loss numbers mean to you -- and be happy for your friend who lost 50. We're pulling for each other.

Upcoming Events

The next two to three weeks may leave you feeling extremely tired. This is very common. That feeling improves remarkably after you start on pureed and then solid foods.

Note

If you have persistent nausea, vomiting, pain (especially worsening pain), fevers, chills, shortness of breath, wound problems, and/or causes of concern, please do not hesitate to call your surgeon's office!

As always, emergency or potentially life or health threatening problems should be evaluated in the Emergency Room at Rose Medical Center or in extreme emergencies by calling 911.

Use your best judgment.

Suggestions for Liquid Diet Stage

Clear Liquids

- Water
- Sugar free gelatin
- Sugar free popsicles
- Fat free broth such as vegetable, chicken, beef or turkey
- Decaffeinated tea
- Herbal tea (no caffeine)
- Decaffeinated coffee
- Crystal Light (or sugar free generic brand) - all flavors
- Sugar free Kool-aid

Full Liquids

- High protein/low sugar protein shakes
- Fat-free (skim) milk
- Lactose free milk (Lactaid, Dairy Ease)
- Light soy milk
- Sugar free or light yogurt
- Sugar free hot chocolate made with skim milk
- Sugar free pudding
- Low fat cream soups (made with skim milk or water) or Low fat soups (tomato, butternut squash, split pea, etc.)
    - ***Any low fat soup (less than 5 grams fat/serving) is appropriate as long as it is blended well and thinned***

****Choose high protein options to reach protein goal and KEEP FULL!**

Additional Tips:

- Add plain (whey or soy) protein powders to soups, broths, hot breakfast cereals, flavored yogurt, etc. to reach protein goal
- Add flavored protein powders to plain yogurt, milk, pudding, etc. to reach protein goal

Fortify your milk:

- Add 1 cup non fat dry milk powder to 1 quart of non fat/skim milk **OR**
- Add ¼ cup nonfat dry milk powder to 1 cup of non fat/skim milk (small batch)
- Mix well and refrigerate

BARIATRIC WEEK 1 (surgery to Day 7)

LIQUID PROTEIN DIET SAMPLE

***Sip approximately 1 oz protein shake as meal over 1 hour every other hour**
***Sip approximately 1 oz fluids in between**

Time	Liquid Meal / Fluid
7:00 – 8:00a.m.	1-2 oz protein shake (3-5 grams protein per ounce)
8:00 – 9:00 a.m.	2-6 oz Crystal Light (sugar free drink)
9:00 – 10:00 a.m.	1-2 oz protein shake (3-5 grams protein per ounce)
10:00 – 11:00 a.m.	2-6 oz decaf tea
11:00 – 12:00 p.m.	1-2 oz protein shake (3-5 grams protein per ounce)
12:00 – 1:00 p.m.	2-6 oz sugar free Jell-O
1:00 – 2:00 p.m.	1-2 oz protein shake (3-5 grams protein per ounce)
2:00 – 3:00 p.m.	2-6 oz decaf tea
3:00 – 4:00 p.m.	1-2 oz protein shake (3-5 grams protein per ounce)
4:00 – 5:00 p.m.	2-6 oz water
5:00 – 6:00 p.m.	1-2 oz protein shake (3-5 grams protein per ounce)
6:00 – 7:00 p.m.	2-6 oz broth
7:00 – 8:00 p.m.	1-2 oz protein shake (3-5 grams protein per ounce)
8:00 – 9:00 p.m.	2-6 oz skim milk
9:00 – 10:00 p.m.	1-2 oz protein shake (3-5 grams protein per ounce)
10:00 – 11:00 p.m.	2-6 oz water
TOTALS	**Protein = 65-75 grams** **Fluid = 65-75 oz (approximately 2 Liters)**

Food/Liquid Intake LOG

Time	Food / Liquid choice	Ounces (measure)	Water	Other Fluid	Protein Grams

Minimums: Protein = 30-40 gms /day
Water = 48 oz / day

<u>Goals:</u> Protein 65-75gms/day
Water 64oz+/day

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Week 2

Meals = Pre-Select Foods & Liquid Protein

1. Continue to consume 65 – 75gm of protein per day.
2. You may add the following **pre-selected soft foods** to your meal plan at this time provided you are tolerating at least your minimum intakes of water (65 oz) and protein (65 gm).
   -Goal of 1 oz pre-selected soft foods every other hour as meal (Start with ½ oz)
   a. **Low Carb Yogurt** (Dannon Light and Fit®, Kroger Carbmaster, Light Yoplait®, Greek Yoghurt,Low Carb Greek Yogurt)
   b. **Fat Free Refried Beans** (canned Taco Bell® vegetarian low fat beans and Rosarita® vegetarian low fat beans & Old El Paso® fat free are your best choice)
   c. **Egg Whites or Egg Beaters®** (plain Egg Beaters® – nothing flavored at this point) – NO YOLKS (too high in fat and generally not well tolerated)
   d. **Low fat Cottage Cheese** – small curd 1% or fat free
   e. Pudding (fat free/sugar free) with added protein powder
3. Each of the above listed foods equal approximately 2gm protein per ounce. They were selected due to being well tolerated and appropriate protein options.
4. In between meals, you should consume protein shakes or fluids for added protein and hydration. Remember to sip, sip, sip! **DON'T FORGET YOUR WATER!**
5. This means you are switching between the above pre-selected foods and liquid protein shakes/fluids every hour. **See Week 2 Meal Plan for example timing, meals, and fluids**. At this point you do not need to wait the allotted time before/after meals for fluids. The fluid rule starts with solid foods.
6. **Remember to log your protein and fluids to be sure you are reaching your minimum goals!** – GOAL of 65-75 grams protein and 64 oz (2 Liters) fluid
   a. There are many logging options available:
      i. Paper, notebook, calendar
      ii. Purchased Food Diary – www.floggdaily.com
      iii. Internet – www.thedailyplate.com; www.sparkpeople.com
7. Don't attempt to eat solid food. Don't even think about it -- It isn't worth it! Your body is still healing so protein and fluid are your main priority.
8. You will continue with this food plan until your 3 week class.

Food Guidelines and Preparation

1. Remember it is always better to start with less than you think your pouch can hold. It is okay to start with ½ oz and stop if satisfied.
   a. If you don't feel satisfied with just 1oz of protein drink, feel free to increase your volume to 1½ to 2oz. Remember to sip, sip, sip.
   b. Immediately decrease your volume to ½ oz if you feel "stuffed" or nauseated after drinking 1 oz.
2. Protein shakes will still play a major role in your protein intake at this time. For variety try Nectar® Cappuccino or Isopure® Orange Cream. If you are having trouble tolerating milk based protein try alternatives like fruit flavored Isopure® (in glass bottles) or soy based protein shakes.
3. **To boost your protein intake try adding a little protein powder to your pudding, or yogurt. Unflavored protein (whey or soy) can also be added to beans, eggs, or cottage cheese.**

Exercise

Continue along with your exercise from week 1. Try to increase the amount of time you exercise as you progress and your incisions heal. Listen to your body!

Upcoming Events

1. At 3 weeks, you will start on soft foods.
2. You may still feel tired, remember that you are healing from a major surgery and this is to be expected.

Note

1. Do not consume more than approximately 1oz of pre-selected foods every 2 hours.
2. Soft foods may sit heavier than liquids, so go slow.
   - **Always start with ½ ounce and MEASURE.**
3. **If you are full with less than an ounce – stop.**

If you have persistent nausea, vomiting, pain (especially worsening pain), fevers, chills, shortness of breath, wound problems, and/or causes of concern, please do not hesitate to call your surgeon's office!

As always, emergency or potentially life or health threatening problems should be evaluated in the Emergency Room at Rose Medical Center or in extreme emergencies by calling 911.

Use your best judgment.
BARIATRIC WEEK 2 (Day 8-15)

BARIATRIC WEEK 2 (surgery to Day 8-20)

PRE-SELECT DIET SAMPLE

***Eat approximately 1 oz pre-select food as meal every other hour**
***Sip fluids in between**

Time	Liquid Meal / Fluid
7:00 – 8:00a.m.	½ - 1 oz low carb, low sugar yogurt
8:00 – 9:00 a.m.	2-6 oz Crystal Light (sugar free drink)
9:00 – 10:00 a.m.	½ -1 oz Egg Beaters
10:00 – 11:00 a.m.	2-6 oz protein shake
11:00 – 12:00 p.m.	½ -1 oz refried beans
12:00 – 1:00 p.m.	2-6 oz sugar free Jell-O
1:00 – 2:00 p.m.	½ -1 oz low fat cottage cheese with protein powder
2:00 – 3:00 p.m.	2-6 oz Isopure
3:00 – 4:00 p.m.	½ -1 oz sugar free pudding with protein powder
4:00 – 5:00 p.m.	2-6 oz water
5:00 – 6:00 p.m.	½ -1 oz refried beans
6:00 – 7:00 p.m.	2-6 oz broth
7:00 – 8:00 p.m.	½ - 1 oz low carb, low sugar yogurt with protein powder
8:00 – 9:00 p.m.	2-6 oz protein shake
9:00 – 10:00 p.m.	½ -1 oz sugar free pudding with protein powder
10:00 – 11:00 p.m.	2-6 oz water
TOTALS	**Protein = 65-75 grams** **Fluid = 65-75 oz (approximately 2 Liters)**

BARIATRIC WEEK 3 - 6 (surgery to Day 21-41)

Food/Liquid Intake LOG

Time	Food / Liquid choice	Ounces (measure)	Water	Other Fluid	Protein Grams

Minimums: Protein = 30-40 gms /day
Water = 48 oz / day

<u>Goals:</u> Protein 65-75gms/day
Water 64oz+/day

Week 3, 4 & 5

Meals = Soft Foods

Soft and Pureed protein choices are now a big part of your protein intake. You will still need to use protein shakes to supplement your protein intake and reach your goal, but to a lesser degree.

If a food is a source of **pure, low fat protein (foods from animals are the optimal protein options)** and if you can make it into a **soft consistency**, you can eat it. A soft consistency is similar to flakey fish. All protein foods consumed should be moist, falling apart, and MEASURED. Also, nothing should be consumed off a bone because it is difficult to know the portions consumed. If necessary or desired, food can be blended to a soft, or pureed, consistency

At least 90-100% of what you are eating should be protein or you will find it difficult to meet your protein goal (65-75 grams) with the volume restriction of the tool/pouch. A VERY small amount of complex carbs (10%), which are high in fiber such as vegetables, whole grains, and fruit, are allowed. However, it is recommended to consume ONLY protein foods at this time until your portion size increase to 2-4 ounces (at 6 weeks).

- Goal of 1 oz soft foods every other hour as meal (Start with ½ oz)

Listed below are some excellent protein sources. See Suggestions for Purred/Soft Diet Stage. These are NOT complete lists -- so if you have any doubts call your surgeon's office!

See Week 3-6 Meal Plan for example timing, protein meals, and fluids.

1. Lean animal and dairy protein:
    i. Egg Whites or Egg Beaters® (no yolks due to being high in fat)
    b. Cottage Cheese (low fat), Mozzarella or other white cheese (white
    c. cheese is lower in fat and better tolerated) – try low fat (light), 2% cheese
    d. Fish & Shellfish – canned tuna/salmon, tilapia, cod
    e. Poultry (light or dark Turkey, Chicken, Game Hen, etc.) and lean cuts of
    f. Pork (breast and loin meat is preferable)
    g. Beef (Sirloins & Roasts are preferable) or Beef Jerky (tenderloins)
        i. CAUTION – Red meat is often not well tolerated after surgery
        ii. Remember…Steak is NOT a soft food.
2. Borderline Foods - see Relative Protein Value (RPV) details:
    a. Refried Beans (lower in protein)
    b. Cheddar Cheese (high in fat)
    c. Protein Bars (depends on the bar, but often lower in protein and high in fat) – but not recommended during soft stage
3. Foods to strictly avoid: (not tolerated, poor sources of protein, and not soft foods)
    a. Pasta, Popcorn, Rice, Bread, Potatoes, Salads, Chips of any kind

Food Preparation

1. Remove any visible fat from foods prior to cooking -- That means skin from poultry and marbled fat from beef or pork. **Low fat foods are often better tolerated.**
2. Never eat anything that has been deep-fried. Taking the batter off doesn't count; the food is still filled with grease.
3. If food seems too dry, try soaking it in water or broth and pull it in very small pieces prior to consuming.
4. Preferred cooking methods:
    a. Boil – Crock pots work great!
    b. Broil
    c. Bake
    d. Poach
    e. Barbecue
5. To puree foods, put in a blender or food processor with liquid (water or broth) and make into the consistency of applesauce or baby food. Meat sources of baby food can be purchased, if preferred.

Upcoming Events

1. You are going to try to get five or six meals in, every day, for the foreseeable future. The trick will be to find enough space between meals to get your fluids in. It gets easier, but it's a bit of a struggle in the beginning.
2. At this point, don't worry too much about separating fluids from foods, but definitely start thinking about it and practicing. At 6 weeks, you need to start following the fluid rule and waiting the allotted time before/after meals for fluids.
3. At 6 weeks we'll graduate you to solid foods.
4. At 6 weeks you will begin taking Calcium, Fiber, and other supplements as indicated.

Note

If you have persistent nausea, vomiting, pain (especially worsening pain), fevers, chills, shortness of breath, wound problems, and/or causes of concern, please do not hesitate to call your surgeon's office!

As always, emergency or potentially life or health threatening problems should be evaluated in the Emergency Room at Rose Medical Center or in extreme emergencies by calling 911.

Use your best judgment.

Suggestions for Soft Diet Stage

- ❖ Remember NO CHUNKS –your pouch is still healing
- ❖ Food should be the consistency of applesauce or baby food (pureed) or flakey fish (soft)
- ❖ During Soft stage –no spicy foods or raw fruit/vegetables
- ❖

High Protein *Examples:*

- **baby food chicken or turkey**
- **fat free or low fat (1%) cottage cheese**
- **low fat string cheese**
- **scrambled eggs or egg substitutes**
- **soft cooked or poached eggs**
- **low fat tofu**
- **canned chicken or tuna –mashed**
- **pureed low fat chicken, turkey or ham (use blender)**
- **steamed or poached fish**
- ***thinly* sliced low fat deli meats –turkey, chicken, ham**
- ***non fat Greek yogurt (higher in protein than normal yogurt)***

Other Examples (non protein – add protein powder)

- regular unflavored oatmeal
- cream of wheat
- grits
- Hummus
- low fat spread or mayonnaise
- low sugar, low carb (light) yogurt
- vegetarian low fat beans
- all the foods on the full and clear liquid diet

Additional Tips:

- Wean off of protein shakes (liquids) since liquids do not keep you as full as more solid food
- Add plain (whey or soy) protein powders to foods to reach protein goal

BARIATRIC WEEK 3 - 6 (surgery to Day 21-41)

SOFT DIET SAMPLE

***Eat approximately 1 oz pre-select food as meal every other hour**
***Sip approximately 2-6 oz protein shake or fluids in between**

Time	Meal / Fluid
7:00 – 8:00a.m.	½ -1 oz Egg Beaters
8:00 – 9:00 a.m.	2-6 oz water
9:00 – 10:00 a.m.	½ -1 oz thinly sliced deli turkey
10:00 – 11:00 a.m.	2-6 oz Crystal Light
11:00 – 12:00 p.m.	½ -1 oz Canned tuna
12:00 – 1:00 p.m.	2-6 oz water
1:00 – 2:00 p.m.	½ -1 oz low fat cottage cheese with protein powder
2:00 – 3:00 p.m.	2-6 oz decaf tea
3:00 – 4:00 p.m.	½ -1 oz boiled egg (white only)
4:00 – 5:00 p.m.	2-6 oz water
5:00 – 6:00 p.m.	½ -1 oz steamed white fish
6:00 – 7:00 p.m.	2-6 oz protein shake
7:00 – 8:00 p.m.	½ - 1 oz low fat string cheese
8:00 – 9:00 p.m.	2-6 oz water
9:00 – 10:00 p.m.	½ -1 oz low carb, low sugar yogurt with protein powder
10:00 – 11:00 p.m.	2-6 oz water
TOTALS	**Protein = 65-75 grams** **Fluid = 65-75 oz (approximately 2 Liters)**

Food/Liquid Intake LOG

Time	Food / Liquid choice	Ounces (measure)	Water	Other Fluid	Protein Grams

Minimums: Protein = 30-40 gms /day
Water = 48 oz / day

Goals: Protein 65-75gms/day
Water 64oz+/day

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Week 6 & Beyond
- RULES OF THE TOOL –

Meals = Solid Foods – Focus on Protein!

1. Most of each meal (measured by volume) should be high quality protein
    a. At this point, at least 75% of what you are eating should be protein or you will find it difficult to meet your protein goal (65-75 grams) with the volume restriction of the tool/pouch.
    b. You can start adding complex carbohydrates. However, be sure to eat protein first. A small amount (25%) of complex carbs, which are foods high in fiber such as vegetables, whole grains, and fruit are allowed.
    c. 5 or 6 meals should keep you full all day, especially if you eat more dense protein rather than soft (for instance chicken breast vs. yogurt). To be sure you are fueling your body properly and meeting your protein goal, you should be eating a "scheduled meal" about every 2-3 hours. Portion sizes should be 2-4 ounces (1/4 – 1/2 cup) at meals) with volume increasing slowly as pouch size gets larger (approximately 8 ounces at 1 year). Refer to Optimum Pouch Size for details.
        i. For example, if eating 4 ounces at meals, you should consume at least 3 ounces from protein and no more than 1 ounce from complex carbs.
    d. See Week 6 Meal Plan for example timing, protein meals, and fluids
    e. Remember, if you eat more dense meat, you have less room for error because it will stay in your pouch longer. Overloading your pouch with dense foods will cause you nausea and most likely vomiting.
    f. Try to stop short of your "sense of satisfaction" and measure all foods carefully before eating. You should not feel "full".

2. Sit down at the table and FOCUS on your meal
    a. At this point it should take you no less than 10 to 15 minutes to eat each meal. Remember it takes at least 20 minutes for your stomach to detect fullness (or "satisfaction").
    b. Avoid distractions such as watching TV, reading a book, working on the computer (emails, searching the internet), driving, or doing work while you eat - that can easily lead to unconscious eating (eating too quickly, not chewing food, choosing wrong options, etc.) and overloading (eating too much for your pouch size).

3. Cut each bite up into small pieces
    a. You should not put anything in your mouth bigger than the size of a "pea" (or about 1 cm). This includes "biting into" sandwiches and other finger – cut portions and MEASURE.
    b. If you can't put it on a fork and gauge the size of it, you are risking blocking your outlet. Blocking your outlet with too big a wad of food can cause you hours of pain and discomfort.
    c. Always measure (by volume, since the weight of food can vary) to be sure it is the correct size for your pouch.

4. <u>One bite of food at a time, chewing it to mushiness</u>
    a. Monitor each and every bite for a "comfortably satisfied" sensation after you swallow. Remember, you don't always have to eat to capacity (or fullness). Start with ½ the amount you think you need to eat. You can always add more after waiting a few minutes to assess "satisfaction."
    b. Error on the side of stopping early as opposed to stopping late (if you don't ever have to experience overload, that would be marvelous.)
    c. Most people learn that a pressure sensation just below your breast bone means fullness has been achieved, regardless of what your head says to you.

5. <u>Mix foods of varying textures and densities</u>
    a. Having a variety of proteins will help to keep foods from wadding up in your pouch or plugging your outlet.
    b. As your pouch grows in size, you can add more and more non-protein foods. In the early course of your weight loss; it is very important to get as much protein as possible, so don't compromise that need by having too many non-protein foods at meal time. Always start with protein to be sure you reach your goal of 65-75 grams per day.

6. <u>Avoid sweet foods to prevent dumping syndrome</u>
    a. These foods can be as obvious as candy or ice cream (sucrose), or subtle like fruit (fructose), or glass of milk (lactose).
    b. Remember, if it tastes sweet, it likely has some form of sugar in it, so at the very least, limit the quantity of those foods you do eat. You only have to "dump" once to know you never want to do that again.

7. <u>Plenty of liquids</u>
    a. At this point you should be drinking between 60-90 ounces of fluids (water, decaf tea, and non- or low calorie liquids) per day.
    b. You now must drink as much fluid as you can up to 15 minutes prior to your meal and then stop. Wait 60 minutes after each meal before drinking ANY liquid. If you drink liquid with meals or too soon after, you will flush down the solid food you just put in your pouch causing you to be hungry.
    c. No liquids, for any reason, should be taken in during your meals. This includes any "liquid" meal like soup or subtle liquids like boiled vegetables. Additionally, cereal with milk is a very poor protein choice for breakfast.

8. <u>Avoid snacking</u>
    a. Ask yourself, "am I really hungry, or am I eating for emotional reasons (bored, angry, tired, stressed, etc)?".
    b. Avoid high calorie liquids (soda, juice, coffee drinks, milk, protein shakes, smoothies, alcohol, etc.), which move through your pouch quickly and leave you hungry. Meals have calories; liquids (or fluids) should not.
    c. If you need a snack, make sure it is planned and choose a high quality protein it should include the same foods you would eat at a meal (just a smaller portion). "On the go" examples include low fat string cheese, canned or packaged tuna, and beef jerky (all well tolerated, high in protein and low fat). See Protein On-The-Go at the end of this chapter.

9. Occasional treats are NOT forbidden.
    a. Your new tool isn't meant to be a prison. No food (cut finely and chewed thoroughly) is forbidden as an occasional indulgence.
    b. **Occasional** is the word. Once a week (10% of the time) is OK - provided you balance those treats with proper exercise as described above. Remember, sugary treats could cause dumping. Be sure the treat is planned to prevent overconsumption.

10. Log and MEASURE everything!
    a. **Remember to log your protein and fluids to be sure you are reaching your goals** – GOAL of 65-75 grams protein and 64 oz (2 Liters) fluid every day. It is very difficult for you or others on your medical team to identify what is going on if you don't have any documentation. By logging/journaling you also stay more accountable of what you are putting in your body.
    There are many logging options available:
        i. Paper, notebook, calendar (see log examples in this binder for examples)
        ii. Purchased Food Diary – www.floggdaily.com
        iii. Internet – www.thedailyplate.com; www.sparkpeople.com

Medications & Supplements

1. Start your Calcium supplement. As you lose weight, you will lose bone density, which can put you at risk for osteoporosis (yes, even the men are at risk for this!).
2. We recommend Calcium Citrate daily as the best calcium supplement. (Refer to the vitamin section for a detailed explanation of calcium).
    a. take 2-3 doses of 500 mg (1000-1500 mg total daily) of chewable or liquid calcium citrate (see Grocery List for examples of stores to purchase chewable/liquid calcium citrate)
    b. Since the body can only absorb 500 mg at a time, take no more than 500 mg of calcium at a time
    c. Calcium must be taken 2 hours separate from multivitamin (which contains iron) and iron supplement (if recommended) due to calcium interfering with iron's absorption.
    d. **See the Supplement Schedule** at the end of this section to determine the proper timing (set up times with reminders that work for your life to be sure you get in all you supplements daily).
3. Start your fiber supplement. As you eat a smaller amount of food after surgery and focus on protein, it is difficult to get enough fiber. Fiber is important for overall health and fullness. See Vitamin Section for detailed handout on fiber and recommended brands.
4. Iron supplementation will be recommended based on your lab results. If iron is needed, we recommend Ferrous Fumarate, as it is tolerated well and provides an excellent iron replacement.
    a. Do not take iron at the same time as Calcium or with your regular vitamins.

Exercise

1. Exercise is probably the most essential change in your lifestyle for lasting success in weight control following your bariatric procedure.
2. During the period of weight loss in the first year, exercise is essential to counteract the usual fall in your metabolic rate.
3. Remember that the fall in the metabolic rate is associated with your body thinking it is in a starvation states. This is the body's natural protective reaction against weight loss. The control center in your brain does not recognize that you are overweight and that the weight loss is important for your health. Your body just thinks it is starving so it slows down your metabolic rate (or how fast you burn energy) to compensate.
4. The fall in the metabolic rate interferes significantly with your continuing weight loss, and it also causes you to feel sluggish and tired. Aerobic exercise, 45 to 60 minutes per day, is the only known antidote to this fall in your metabolic rate, which otherwise predictably and inevitably occurs.
5. You should now start to learn to do bent knee sit-ups beginning with isometric contractions of your abdominal muscles, also called "**crunches**". Try to do this as often as three times per day until you can do 20 sit-ups at a time to build core strength and endurance.
6. Three to four exercise periods a week are sufficient to maintain a level of function, but it requires much more persistent and consistent effort to gain muscle tone. Bent knee sit-ups are, arguably, the most important single muscle strengthening exercise, as the abdominal muscles protect the back as well as tend to flatten the abdomen.
7. You need **at least 30 minutes or more of exercise** (such as walking) **daily**
8. Find a way to make it a part of your routine – Put it in your daily schedule.
9. Walking is often one of the best exercises to start.
10. Choose alternative forms of exercise, as you become more fit and agile.
    a. Hiking is a delightful extension of walking.
    b. Exercise in water relieves the strain on weight-bearing joints, and is one of the best forms of exercise for morbidly obese patients (water aerobics).

‘

Upcoming Events

1. Refer to Chapter 2 (Checklist) for upcoming appointments and classes.
2. Remember, support group meetings.
3. Labs, ten days before your 6 month appointment.
    a. You will be given a script for laboratories at your office visit. Please have these labs drawn about ten days prior to your 6-month appointment. The labs include a chemistry screen, hemogram (blood count), vitamin B12, Thiamine B-1, folate and mineral iron (or ferritin). In addition, please remind the person drawing your labs that ALL listed labs must be drawn and reported, none are optional. They may contact our office if they have any questions.

Note

If you have persistent nausea, vomiting, pain (especially worsening pain), fevers, chills, shortness of breath, wound problems, and/or causes of concern, please do not hesitate to call your surgeon's office!

As always, emergency or potentially life or health threatening problems should be evaluated in the Emergency Room at Rose Medical Center or in extreme emergencies by calling 911.

Use your best judgment.

Daily Supplement Schedule Example
(Gastric Sleeve)

Time	Meal	Supplement
	Meal 1 (Breakfast) (1 hr or sooner after waking up)	• Multivitamin • Fiber (3-5 grams) • B12 (1000 mcg)
	Meal 2 Mid-Morning Meal (2-3 hours after Meal 1)	
	Meal 3 (Lunch) (2-3 hours after Meal 2)	• Calcium Citrate (500 mg)
	Meal 4 (Mid-Afternoon) (2-3 hours after Meal 3)	• Calcium Citrate (500 mg)
	Meal 5 (Dinner) (2-3 hours after Meal 4)	• Multivitamin • Fiber (3-5 grams)
	Meal 6 (Bed-Time) (2-3 hours after Meal 5)	• Calcium Citrate (500 mg)

Supplements required lifelong

- 2 Multivitamins
  - Timing may vary (be sure dosage is a least 2 hours apart)
- Fiber – 2 doses of 2-3 grams
- 2-3 doses of 500 mg Calcium Citrate
  (1000-1500 mg total per day)
  - Timing may vary (be sure dosage is a least 2 hours apart)
- 1000 mcg B12
  - Take at any time
- *Additional added if necessary based on lab results

*NOTE: Supplements do not have to be consumed with meals. However, it is often easier to remember dosages with meals. Timing will depend on your specific schedule – Make a routine!

BARIATRIC WEEK 6 (surgery to Day 42)

SOLID DIET SAMPLE

***Eat approximately 2-4 oz of solid food as meal (every 2-3 hours)**
***Sip fluids in between (wait at least 60 minutes after meals) – Goal of 64 oz per day**

Time		Liquid Meal / Fluid
7:00 – 8:00a.m.	Meal 1 (Breakfast) (1 hr or sooner after waking up)	½ - 1 oz low carb, low sugar yogurt
8:00 – 9:00 a.m.		Decaf tea
9:00 – 10:00 a.m.	Meal 2 (Mid-Morning)	3 oz tuna (low fat mayo with 1 oz spinach
10:00 – 11:00 a.m.		Water
11:00 – 12:00 p.m.		Water
12:00 – 1:00 p.m.	Meal 3 (Lunch)	3 oz Chicken Breast with 1 oz Broccoli
1:00 – 2:00 p.m.		Crystal Light
2:00 – 3:00 p.m.		Water
3:00 – 4:00 p.m.	Meal 4 Mid-Afternoon)	1 oz low fat string cheese with 1oz (2-3 small) carrots/cucumber slices
4:00 – 5:00 p.m.		Water
5:00 – 6:00 p.m.		Crystal Light
6:00 – 7:00 p.m.	Meal 5 (Dinner)	3 oz shrimp with 1 oz roasted peppers
7:00 – 8:00 p.m.		Water
8:00 – 9:00 p.m.		Water
9:00 – 10:00 p.m.	Meal 6 (Bed-Time)	3 oz Non Fat Greek yogurt with 1 oz berries
10:00 – 11:00 p.m.		Water
TOTALS	**Protein = 65-75 grams** **Fluid = 65-75 oz (approximately 2 Liters)**	

Food/Liquid Intake LOG

Time	Food / Liquid choice	Ounces (measure)	Water	Other Fluid	Protein Grams

Minimums: Protein = 30-40 gms/day
Water = 48 oz/day

<u>Goals:</u> Protein 65-75gms/day
Water 64oz+/day

Weight Loss Surgery
Cook Books

"Eat to Live: Stop Living to Eat"
- High Protein, Low Carb, Low Fat, and Delicious Bariatric Recipes
- By Ginger Brinkhaus, 2007

- "Walk from Obesity:
- Prevention, Education, Research, & Treatment"
- By Chef David Fouts, 2008

"Eating Well After Weight Loss Surgery"
- By Patt Levine and Michele Bontempo-Saray

"Before and After: Living and Eating Well After Weight Loss Surgery"
- By Susan Maria Leach, 2007

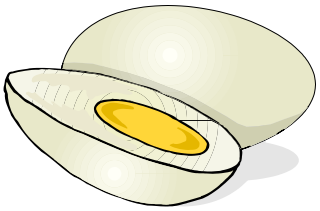
Protein On-the-Go

- ✓ Edamame: fresh or dry roasted
- ✓ Roasted chicken with herbs/spices
- ✓ Non-fat Cottage cheese with fruit (berries)/veggies (salsa)
- ✓ Non-Fat Greek yogurt with fruit (berries)
- ✓ Light/Low carb yogurt (Dannon Light & Fit)
- ✓ Boiled egg (cut the yolk to save fat/calories)
- ✓ Beef jerky/Turkey jerky
- ✓ Tuna/Salmon Sensation pouches
- ✓ Light string cheese
- ✓ Deli meat and low fat cheese (2%)
- ✓ Canned chicken
- ✓ Hummus
- ✓ Fish with herbs/spices (Mrs. Dash)
- ✓ Beans with spices and tomatoes (salsa)
- ✓ Grilled fish: salmon, halibut
- ✓ Frozen fully cooked grilled chicken strips
- ✓ Boca/Morning Star veggie pattie

Don't get stuck in the bar mentality

Use bars as a back-up or eat 1 a day. Examples:

- ***South beach high Protein Cereal bar***
- ***Zone Bars (1.2 bar)***
- ***Think Thin (1/2 bar)***
- ***Kashi GOLEAN! Crunchy (1/2 bar)***



Tips for Success:

Plan, plan, plan: prepare foods at the beginning of the week you can easily grab or portion out your meals the night before.
Get creative: Don't depend on protein bars. Experiment with herbs and spices.
No protein shakes! Don't drink your calories.

Rev 3-2013

BARIATRIC SURGERY CENTER AT ROSE

Chapter 8

Warning Signs

Warning Signs

Minor Warning Signs / Conditions

There may be times when intervention is necessary. These may not require emergency room visits but may require follow up in the office or by phone consultation.

Seroma – Seroma is a fluid collection under the surface of an incision area. This may require follow up if unresolved.

Incision Abscess – There may be swelling at the site of your incisions that may have infection associated with it. This may contain puss fluid. Call for follow up if signs of infection are present (heat at site, increasing redness larger than the size of a half dollar, puss present).

Loose Suture Knot – If area is approximated there may is no need to follow up as the reason for stitches is to approximate edges of a wound during healing.

Constipation – Use stool softeners or fiber supplements along with adequate fluids and exercise so as to minimize constipation. Milk of magnesia may be used when above does not provide relief.

Diarrhea – Be sure to get in plenty of fluids. If unresolved after 24hours call your surgeon's office. You may use Imodium for relief as directed.

Mild Nausea – It's not unusual to have nausea in the postoperative period as your body becomes accustom to your new stomach. Use anti-nausea medication as prescribed after surgery as needed. You may return to clear fluids for a day to see if you get relief. If vomiting occurs after most every meal or other medical problems such as a stricture or hernia occur contact your surgeon's office as soon as possible.

Oral Yeast Infections (Thrush) – Thrush is not uncommon after major surgery and use of antibiotics. This is characterized by white areas on the tongue and you may have some discomfort to the mouth and a metallic taste. Should you experience an infection, call your surgeon for a prescription to use at home.

Edema – After periods of inactivity and hospitalization you may experience some swelling, often in the lower extremities. Applying heat and taking Tylenol® may offer some relief. HOWEVER, call your surgeon if you have pain in your lower legs, one sided swelling, or increased pain as you point your toe towards your head (these are signs of possible blood clots). Do not massage or apply heat to these areas, but rather call for possible evaluation.

Major Warning Signs / Conditions

The following conditions require a consultation and possible emergency room follow up.

Fever greater than 101 degrees - This is an indication of an infection.

Leg pain or swelling – Follow up needed for the following (Do not apply massage or heat to this area until follow up to rule out blood clot is done)

1. one sided swelling
2. increased pain when pointing foot back towards head
3. warmth to touch

Shortness of breath – If your lips turn pale or blue and you experience difficulty catching your breath this may be an indication of increased oxygen needs or pulmonary embolism.

Severe Nausea or Protracted Vomiting – This may be a sign of a blockage or stricture (a narrowing of the outlet of your stomach). You may also have excessive salivation.

Dizziness - A possible sign of hypoglycemia, lack of cerebral oxygen needs such as blood clot or other cause that needs evaluation.

Chest Pain – There should never be severe pain to your chest area without a follow up. Yes there is some shoulder discomfort after surgery due to the use of carbon dioxide in surgery; this type of mild pain may be relieved with heat or pain medicine. Do not wait for resolution when pain persists or increases. This may be a sign of a blood clot or cardiac event.

Please use the emergency room closest to your home for urgent care. Any emergency room doctor can tend to your immediate needs. Be sure to tell them that you are a Bariatric Patient, your surgeons name and the date of your surgery. You should provide them your primary care physician (PCP) and your surgeon's phone numbers for them to call and collaborate after the initial emergency is determined. If you go to Rose Hospital, the doctors there are very familiar with your surgeon's protocols!

****Always let your surgeon's office know when you are heading to the ER so they can facilitate your arrival!****

BARIATRIC SURGERY CENTER AT ROSE

Chapter 9

Post-Op Classes

Post Op
Pre-Select Diet class
BYPASS & SLEEVE

BARIATRIC SURGERY CENTER AT ROSE

- Hilary Rounds, RD, CDE – Hilary.Rounds@sodexo.com
- Amanda Tyacke, RN – Amanda.Tyacke@healthonecares.com
- Cecily Smith, NP –Cecily.Smith@healthonecares.com
- **Kim Delamont** , Nurse Practitioner – Kim.Delamont@healthonecares.com
- Bariatric Director @ Rose Hospital – Phone : (303) 320-2134

"The good life is a process, not a state of being. It is a direction not a destination." - Carl Rogers

rev 03/2012

Class Outline

- Discussion of your questions and concerns
  - Are my experiences normal?
  - Bringing it all together – How to use the tool
- What should I be eating and drinking?
  - Pre-select diet food choices
- Supplements
- Exercise
- Wound care
- Medications
- Expectations - Warning Signs
- Upcoming events

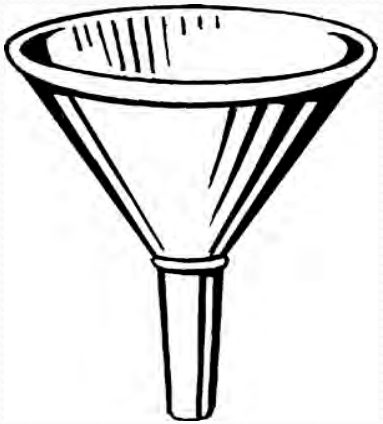
Diet After Surgery

- Definition of “diet”
  - Usual food and drink of a person or animal
  - Food and drink considered in terms of its qualities, composition, and its effects on health
  - Regulated selection of foods

- Following a specific diet post surgery is crucial as part of an overall LIFESTYLE change toward health

Diet After Surgery

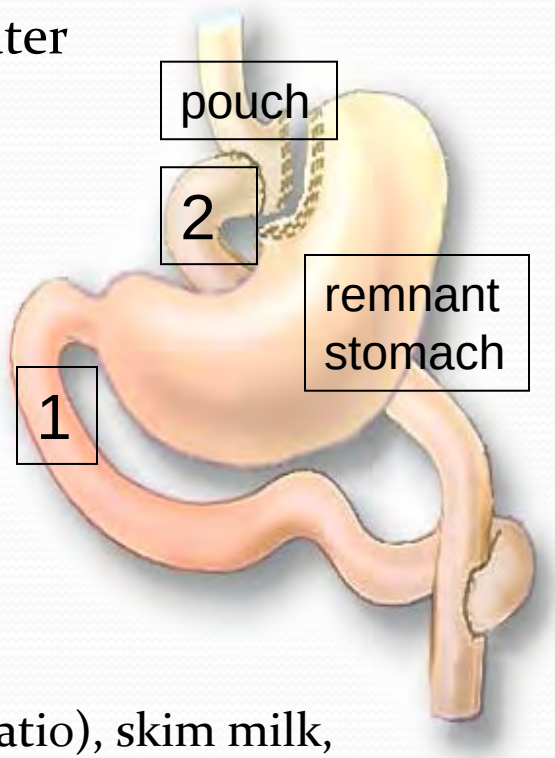
- Follow diet progression to ensure proper healing (modified texture due to inflammation post surgery)
  - Liquids move through pouch quickly, while soft and solids stay in pouch longer (think about a funnel)
- Portions based on pouch size post surgery
  - Bypass = 1-2 ounces
  - Sleeve = 1-3 ounces
- Pouch = new stomach
- Remnant = old stomach
  - Listen to your pouch!



Dumping Syndrome (Gastric Bypass)

- Food/beverages move quickly through pouch into 2nd portion of small intestine
  - If high in carbohydrates/sugar (which are digested quickly), can "dump" into small intestine
    - Often caused by rapid movement of water

- Symptoms vary:
  - Diarrhea
  - Sweaty
  - Dizzy
  - Lightheaded
  - Fainting
  - Nausea
  - Vomiting



* Limit diluted juice (diluted with water in a 1:4 ratio), skim milk, etc.

Pre-Select Food Choices (Week 2-3 post op)

- Start with Pre-Selected **(Soft)** Foods for 1-2 weeks before gradual transition to Soft Diet
- 1 ounce every other hour as tolerated
  - Easy to tolerate, appropriate soft protein foods
    - **Low Carb (Light) Yogurt**
    - **Low fat Refried Beans**
    - **Egg Whites or Egg Beaters®** (plain Egg Beaters® – nothing flavored at this point) – NO YOLKS (too high in fat and generally not well tolerated)
    - **Low fat Cottage Cheese** – small curd 1% or fat free
    - **Pudding (fat free/sugar free) with added protein powder**

Protein shakes/powders

- Continue to supplement with protein drinks/powders until you are able to reach your protein goal with food alone
  - Drink protein shakes in between meals as a protein supplement (1-4 ounces every other hour)
  - Log protein intake (to be sure you between your minimum and goal)
  - Add protein powder (flavored of unflavored) to pre-selected foods to increase protein in meals

FLUIDS

- Crucial to prevent dehydration
  - Minimum of 40-50 ounces per day
- Goal of 64 ounces per day (2 liters)
  - Full time job!
- 1-2 ounces at a time to prevent overfilling pouch
  - Sip, sip, sip…
- Fluid "rules" (to keep you safe)
  - No straws – easy to drink too quickly
  - No carbonation – irritates pouch and takes up space
  - No caffeine – irritates pouch (ulcers)
  - Low calories – to prevent weight gain (fluids don't = satiety)
    - Water (best choice), decaf tea, crystal light (sugar free drink), sugar free jell-o, broth, etc.

- DO NOT need to keep fluids separate from meals until solid food diet

Vitamin and Mineral Supplementation

- REQUIRED LIFELONG to prevent deficiencies!!
  - Bypassing main absorption site for some vitamins and minerals
  - Not eating as much food
- Purchase in liquid or chewable form
  - Crush or cut pills (if appropriate and approved by medical team)
- After 3-6 months you may switch to (small) pills
  - Size of a "pea" or smaller
    - avoid pill getting "stuck" in small opening
  - Use cutter or knife to make appropriate size
  - Can remain on liquid or chewable if preferred

Supplements - After Surgery -

- Multivitamins - 2 pills/day (1 pill twice daily)

- B12 – 1000 mcg/day
  - Sublingual - melts under tongue (OTC)
  - Nasal Spray (prescription)
  - or monthly shot at physician's office (may be self injected)

Follow supplement schedule
- Set reminders -

- Any additional vitamin/minerals recommended based on labs
  - Doses may change based on lab values
  - Take until RD/MD give the order to discontinue
- Calcium and fiber start at solid diet

Exercise

- Exercise is as important as water & protein and must be viewed together to ensure success
  - Helps with healing – promotes circulation
  - Improves mood
  - Increases metabolism
  - Part of lifestyle change – start a routine

- Try at best to get in 30min /day – can split time
- Set obtainable goals – start slow
- You may be fatigued, but try to continue to move

Wound Care

- Remove plastic dressing if it is still in place
- No soaking baths
  - Wait until 3-6 weeks to soak or swim
- After your drain is removed, you may take off the dressing after 24 hours
  - If it continues to drain, you may cover it for a few more days. Always good to allow air drying daily.

Medications

- Follow up with PCP within 2 weeks of surgery, especially with medication changes
  - A small amount of weight loss can make a big difference!!
  - Do not change dosage based on how you "feel"

- Monitor your blood sugars if diabetic
- Monitor your blood pressure if high blood pressure (hypertension)

Expectations

- Are these normal aches and pains?
  - Left sided abdominal pain is very common
    - There was a lot of manipulation on the left side of your body during surgery
  - Make sure your pain is not accompanied by
    - Unexplained nausea
    - Vomiting
    - Fever
    - Unresolved diarrhea
    - Constipation

Expectations- What's Normal?

- Mild nausea can be a normal symptom of your recovery ("the healing process")

- Make sure you are not overfilling your pouch.
  - You may or may not feel fluid coming back up to the back of your throat
  - Listen to your pouch!

- Attempt daily to obtain your minimal intakes so as not to become dehydrated

Warning Signs – Minor Conditions

- Generally not an emergency, but call the office if persistent for further evaluation
  - Seroma
  - Stitch abscess
  - Oral yeast infection (thrush)
  - Loose suture/knot
  - Edema
  - Mild nausea
  - Mild pain
  - Shoulder pain

Bowel Habits

- Normal to experience a change
- Loose stools common on liquid diet

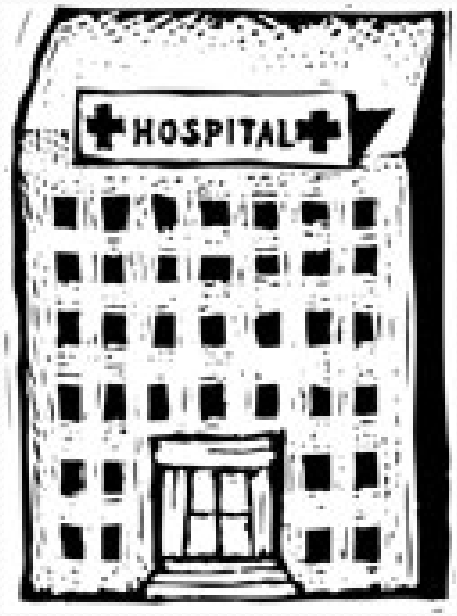
- Less frequent stools on solid diet (mostly protein)
  - Less intake
  - Less fiber – need for supplement (will discuss during solid diet class)

- Diarrhea
  - Frequent liquid stools
  - Risk of DEHYDRATION
  - urine is dark, you feel tired, dizzy, nausea, dry mouth

- Constipation
  - No bowl movement for 3 or more days

Warning Signs – Major Conditions

- Requiring Emergent Evaluation
  - Temp > 101 F
  - Leg pain or swelling
  - Shortness of breath
  - Chest pain
  - Severe nausea/Vomiting
  - Dizziness
  - Persistent diarrhea
  - Dehydration
    - Inability to tolerate liquids (less than 40-50 oz/day, urinating less than 4 times/day)



Upcoming Events

- SOFT Food class
  - 3 weeks post op - Wednesdays 2pm
- SOLID Food class
  - 6 weeks post op - Wednesdays 3pm

QUESTIONS

Post Op
Soft Food Diet class
BYPASS & SLEEVE

- Hilary Rounds, RD, CDE – Hilary.Rounds@sodexo.com
- Amanda Tyacke, RN – Amanda.Tyacke@healthonecares.com
- Cecily Smith, NP Cecily Smith, NP –Cecily.Smith@healthonecares.com
- **Kim Delamont** , Nurse Practitioner – Kim.Delamont@healthonecares.com
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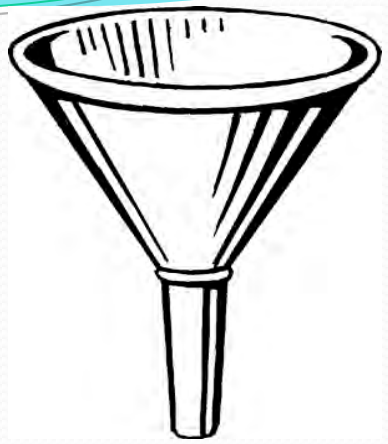
Class Outline

- Discussion of your questions and concerns
  - Are my experiences normal?
  - Bringing it all together – How to use the tool
- Soft food diet instructions
- Food choices, preparation, label reading
- Upcoming events

Diet After Surgery



- Follow diet progression to ensure proper healing (modified texture due to inflammation post surgery)
  - Liquids move through pouch quickly, while soft and solids stay in pouch longer (think about a funnel)
- Portions based on pouch size
- Desire and tolerance for certain foods may change (always start with foods easy to tolerate)
- 65-75 grams of protein daily
  - Minimum requirement for health!
- Primary source of nutrition = ***PROTEIN***

Why is PROTEIN such a big deal?

- Maintains and replaces tissue/cells in the body
- Found in muscles, organs, hormones, and most living cells
- Produces hemoglobin that carries oxygen throughout the blood
- Produces antibodies that fight infection and disease
- Important for healing
- Energy source – broken down slower than carbs to allow for greater satiety
  - KEEPS YOU FULL!

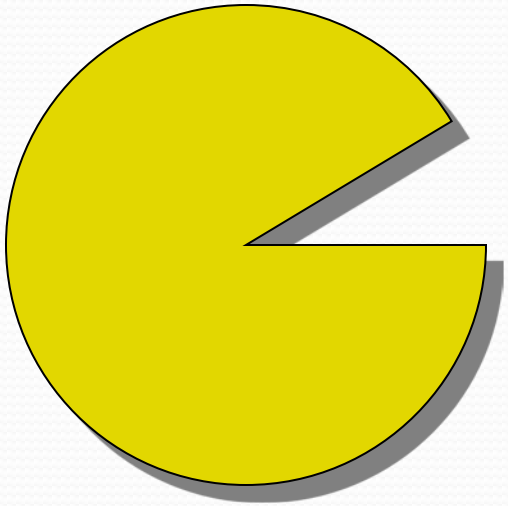
PROTEIN FIRST!

- When portions are reduced, protein requirements are often hard to reach
- Be sure you are reaching the minimum of 40-50 grams with an ultimate goal of 65-75 gm per day
- Eating at least 3-10 grams protein per meal to reach your goal
  - 1 ounce of a protein food (which comes from an animal)

    = 5-7 grams protein

PROTEIN FIRST!

- To get enough protein while eating a small volume of food, the majority of the foods eaten are…PROTEIN
  - At least 90-100% of portion from protein!
  - Low fat
- Very small amount (0-10%) of complex carbohydrates (non-protein food)
  - if getting adequate protein
  - Low fat condiment (light mayo, light/fat free dressing)
    - helpful to moisten
  - Veggies, fruit, whole grain
    - Carb portion will increase slightly as pouch increases in size (protein first)



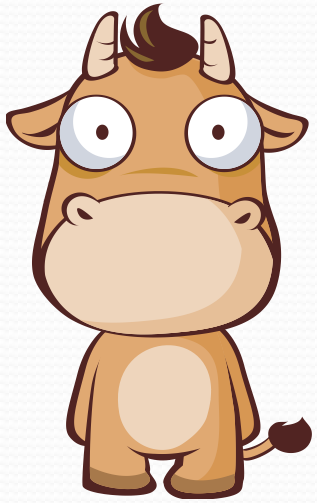
SOFT DIET

- Gradual transition
  from liquids to solids
  - Easy to chew, moist foods
  - Combination of soft/pureed foods

- Puree – food made into a thick paste by mashing or blending
  - similar to babyfood
- Soft Food – soft but can be forked to a soft consistency
  - similar to flakey fish

SOFT DIET
(3-6 weeks post op)

- Soft and Pureed protein choices are now a big part of your protein intake
  - 1 oz every other hour (3-4 oz max) as tolerated
  - Start with less and LISTEN to your pouch
    - Portion base on pouch size
  - ALWAYS measure!



What is appropriate?

- If a food is a source of **pure, low fat protein (foods from animals are the optimal protein options)**

AND

- If you can make it into a **soft or pureed consistency**

Optimal Food Choices

- Eggs - Egg Whites or Egg Beaters®
  - (no yolks due to being high in fat)
- Dairy/Cheese – low fat
  - Cottage Cheese (low fat)
  - String cheese (light/low fat)
  - Low carb (light yogurt)
    - Greek yogurt (non fat) is highest in protein
- Fish & Shellfish – canned tuna/salmon, tilapia, cod
- Poultry (lean Turkey, Chicken, Game Hen, etc.) and lean cuts of Pork
  - Breast and Loin meat is preferable (low fat options)
  - Canned chicken
- Beef (Sirloins & Roasts are preferable)
  - Beef Jerky (tenderloins, nuggets, ground)
    - Beef is often difficult for some people to tolerate post surgery

Protein, Protein, Protein …made into a soft/pureed consistency

Plant sources of protein

- Not as high in protein as an animal food, but other options to consider…
  - Nuts/Nutbutters (peanut butter)
  - Seeds
  - Beans
  - Legumes
  - Soy products (tofu, packaged foods, edemame/soy beans)

- 4 ounces of a protein food (from a plant) = 5-10 grams protein

VERSUS

- 1 ounce of a protein food (from an animal) = 5-10 grams protein
  - **More concentrated source of protein**

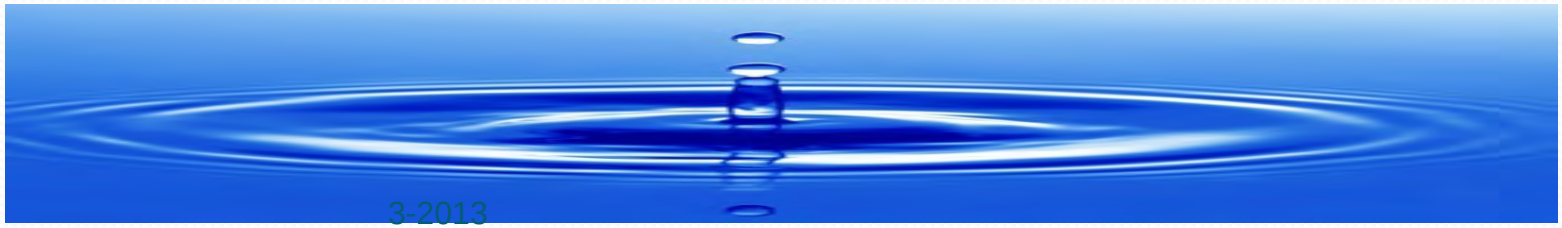
Protein shakes/powders

- Continue to supplement with protein drinks/powders until you are able to reach your protein goal with food alone
  - Log protein intake
  - Drink protein shakes in between meals as a protein supplement if needed
  - Add protein powder (flavored of unflavored) to soft foods to increase protein in meal
    - Especially if eating plant based protein foods

Don’t Forget FLUIDS

- Crucial to prevent dehydration
  - Minimum of 40-50 ounces per day
- Goal of 64 ounces per day!
  - Full time job!
- 1-2 ounces at a time to prevent overfilling pouch – Sip, sip, sip…

- DO NOT need to keep fluids separate from meals until solid food diet



Soft Diet

- Go slowly with new choices
  - No more new 1-2 choices a day until you know the food is tolerated (tolerance varies by person)
    - Try mixing various soft foods together once each is tolerated separately (cottage cheese and yogurt)
- Avoid raw fruits/vegetables
  - Difficult to digest
  - Not a protein option
- Avoid spicy foods (can cause irritation)
- All protein foods consumed should be moist, falling apart, and easy to chew
  - No tough, stringy, or overcooked meats
- Everything should be MEASURED
  - Nothing should be consumed off a bone
    - Difficult to know the portions consumed

Food Preparation

- Cooking methods:
  - Boil – Crock pots work great!
  - Broil
  - Bake
  - Poach
  - Barbecue
- Remove any visible fat prior to cooking
- Nothing deep-fried
  - Filled with grease (high fat) - (even if batter is removed)
- Soak dry foods in water or broth and pull apart in very small pieces
- Pureeing technique
  - Put in a blender or food processor with liquid (water or broth)
  - Puree to the consistency of babyfood
  - Meat sources of babyfood can be purchased, if preferred

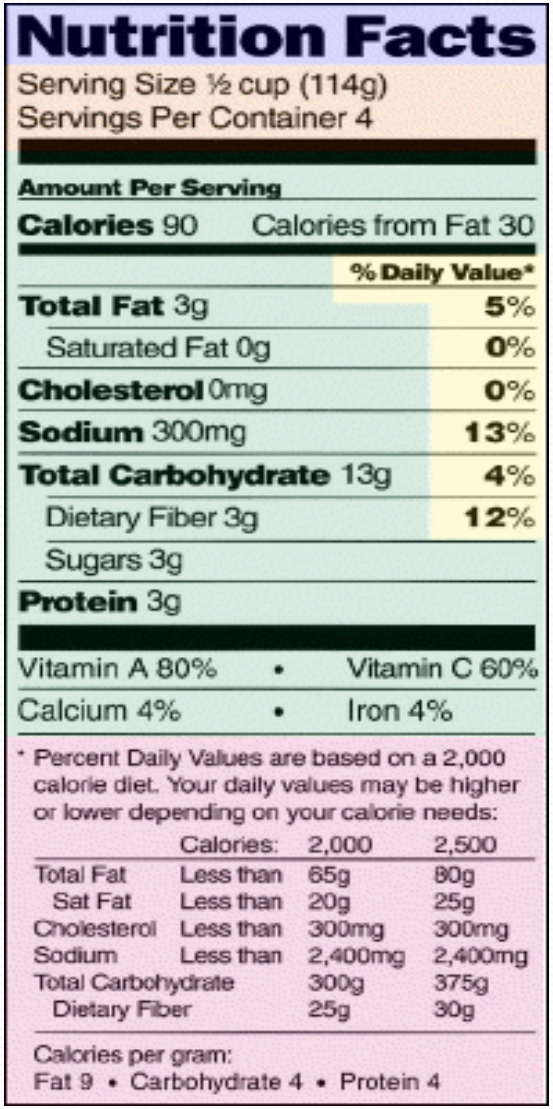
Food choices – Detailed

READING THE LABEL

- Start with serving size and compare to what YOUR POUCH can hold
  - Determine how many calories, protein grams, etc. you are consuming based on YOUR SERVING
- Looking at the label…
  - "Is this a good option?"
  - "Is this the best fuel for my body?"
- Important to consume the most protein for the lowest amount of calories/serving – Relative Protein Value (RPV)

RPV

- Divide total calories by total protein grams (RPV)
  - Example label
    - 90 calories/3 gm protein = 30 cal/gm (high RPV)
- Want 15 or less cal/gm protein. This keeps you in a safe place in terms of cost of calories for each gm protein.
- Relative Protein Values
  - Low cal/gm protein 10 or less
  - Mod 10-20cal/gm protein
  - High >20cal/gm protein



Nutrition Facts

Serving Size ½ cup (114g)
Servings Per Container 4

Amount Per Serving

Calories 90	Calories from Fat 30
	% Daily Value*
Total Fat 3g	**5%**
Saturated Fat 0g	**0%**
Cholesterol 0mg	**0%**
Sodium 300mg	**13%**
Total Carbohydrate 13g	**4%**
Dietary Fiber 3g	**12%**
Sugars 3g	
Protein 3g	

Vitamin A 80% • Vitamin C 60%
Calcium 4% • Iron 4%

* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

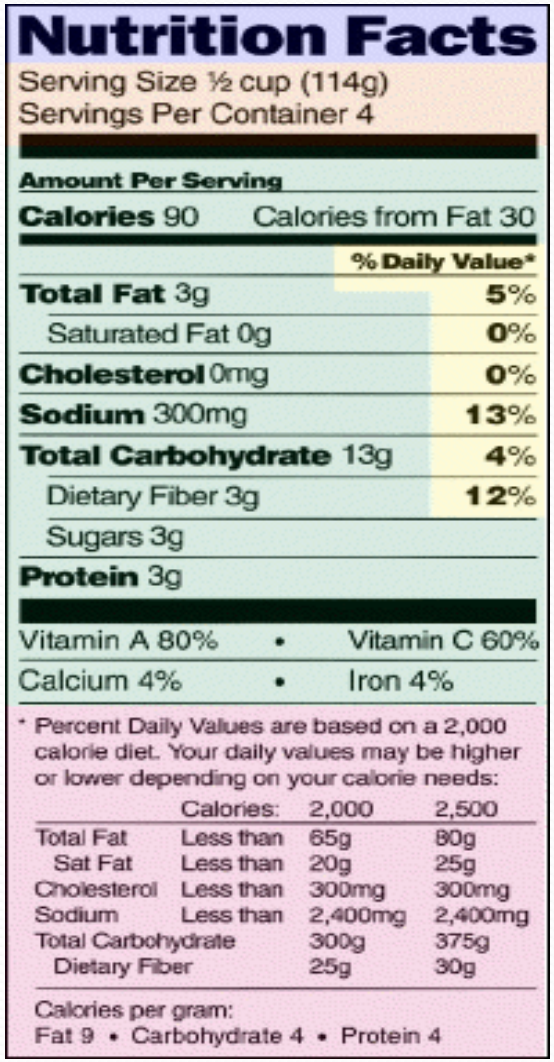
	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

***Goal of no more than 1-2 high RPV foods per day**

Understanding the Food Label

- **Protein**
  - **GOAL = 5-15 grams per meal (5-6 meals/day)**
- % Daily Value (%DV)
  - Based on 2000 calorie diet
  - Use as a "guide" to determine if it is high/low in that item
    - 5% = Low
    - 10-20% = High
- **Fat – Keep it LOW!**
- Take your time
- Ingredient list
  - listed in descending order of weight (from most to least)



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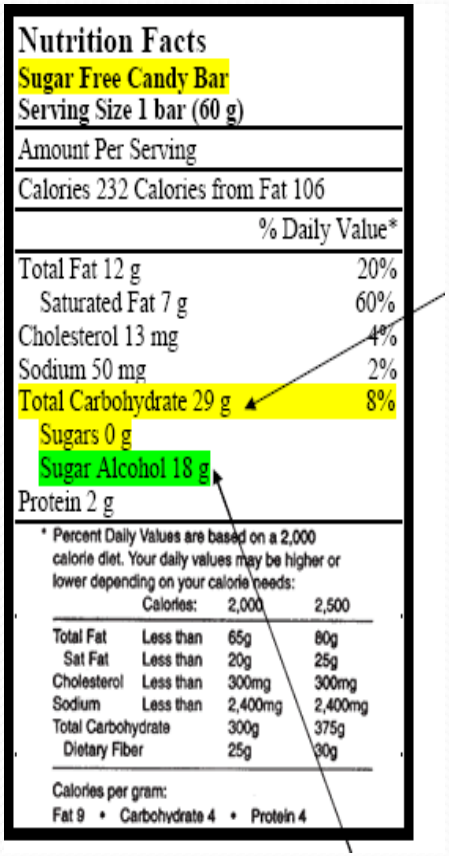
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

Other items to watch for:

- **Low <u>Total Carbohydrate</u>**
  - **MAX of 10-15 grams/meal**
  - If eating lots of carbs,
    not enough room for protein (best fuel)
  - High fiber (10-20% DV or 3-5 gm/serving)
- Low <u>Sugar</u> (included in carbohydrate total)
  - Keep less than 5 grams per serving
    (not the best fuel)
- <u>Sugar Alcohol</u> (included in carbohydrate total)
  - Keep less than 5 grams per serving
    - can cause diarrhea and stomach upset
  - Listed on ingredient list as sorbitol, xylitol, mannitol



What if I get hungry?

Normal for pouch to gradually increase in size after inflammation is reduced

- Increase protein grams (will keep you full)
  - LOG!
- Wait 45-60 min. after meals before fluids
  - Don't need to start until solid foods
- Increase density of foods – soft versus pureed
- Decrease the low gram protein foods (plant proteins)
- Eat every 2-3 hours (scheduled meals)
- Start identifying "Head Hunger" and "Emotional Eating"

Upcoming Events

- Next we'll graduate to solid food (YEAH!)

- SOLID Food class
  - 6 weeks post op - Wednesdays 3pm
    - Starting supplements like calcium and fiber
    - Protein drinks will be used only as a supplement and not a meal replacement

QUESTIONS

BARIATRIC SURGERY CENTER AT ROSE

Chapter 10

Exercises

+EXERCISE

Exercise 101

The importance of exercise to the success of your surgery can't be overstated! Exercise burns calories, which increases fat loss and is essential to counteracting the predictable and inevitable fall in your metabolic rate. Your appetite control center sees the changes in your diet as starvation and will change your metabolism to try to prevent you from losing weight.

Post-Op Limitations

Weeks 1 & 2 = No limitation on maximum distance or time walking, but you must be up and moving a minimum of every 2 hours while awake. No heavy lifting (nothing more than 10lbs) during the first 4 to 5 weeks post-op. If you have small children have them crawl up on to your lap as much as possible.

Weeks 3 thru 6 = You can begin swimming once all incisions have healed completely. Continue with daily exercise regime and begin to incorporate alternate forms of exercising that do not require abdominal exertion at this point – for instance biking or walking on a treadmill.

Week 6 & Beyond = You can begin to incorporate your long-term exercise plan at this time. There are no limitations on exercise at this point moving forward! Adding weight resistance training will optimize your weight loss and increase your metabolic rate. Lean body mass burns more calories than fat. Exercise with caution and use a personal trainer as needed to protect yourself as you begin a new exercise regimen.

General Guidelines to Exercise

Daily exercise of 30 minutes should begin as early as your discharge from the hospital. Three 10 minute sessions are equal to 30 minutes at one time. Exercise should make you breathe a little harder and maybe even sweat a little.

Target Heart Rate

Target heart rates can be used to assure you are getting the exercise at the level you need for a true workout. Target heart rate should be approximately 75-85% of your maximum heart rate during exercise. The table below shows estimated target heart rates for different ages. Look for the age category closest to yours, then read across to find your target heart rate.

Age	Target HR Zone 50–85%	Average Maximum Heart Rate 100%
20 years	100–170 beats per minute	200 beats per minute
25 years	98–166 beats per minute	195 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
70 years	75–128 beats per minute	150 beats per minute

Your maximum heart rate is about 220 minus your age. The figures above are averages, so use them as general guidelines.

Note: A few high blood pressure medications lower the maximum heart rate and thus the target zone rate. If you're taking such medicine, call your PCP to find out if you need to use a lower target heart rate.

Exercise Guidelines

General Guidelines

1. Check with your PCP first if you haven't been exercising regularly
2. Be sure to have an adequate warm-up (3 – 5minutes of light activity using the same muscle and motion that you will be using in the activity you are about to perform)
3. Creating an exercise routine you can & will follow is key to your success
4. Gradually build up to a new exercise routine -- Don't start our "full stream"
5. Be sure to cool-down and stretch after exercising (3 – 5minutes of light activity, gradually lowering the heart rate)
6. Don't do strenuous exercise right after eating
7. Drink plenty of liquids before, during and after exercising
8. Exercise with a companion when you can and choose activities you enjoy
9. Wear adequate shoes & comfortable, non-restrictive clothing appropriate for the temperature & activity

Benefits of Exercise

1. Exercise reduces:
    a. blood pressure and total cholesterol
    b. "bad" cholesterol or LDL & triglycerides

c. symptoms of depression, anxiety & stress
d. reduces insulin needs
e. aging process

2. Exercise <u>increases</u>:
   a. "good" cholesterol or HDL
   b. cardiovascular fitness
   c. energy levels
   d. metabolic rate at rest & with exercise
   e. muscle strength & lean muscle mass
3. Exercise <u>improves</u>:
   a. bone density (preventing osteoporosis)
   b. self esteem, mental outlook & feelings of well-being
   c. glucose tolerance
   d. joint mobility
4. Exercise <u>enhances</u>:
   a. performance at work
   b. recreational & sporting activities

Precautions & Signs of Overexertion

1. General Exercise Precautions
   a. <u>Stop exercising if you have any of the following symptoms:</u>
      i. Angina (pain/tightness/squeezing in the upper body, neck or arms)
      ii. Nausea
      iii. Dizziness/Lightheadedness
      iv. Shortness of Breath (beyond what is usual for exercise)
      v. Excessive Sweating (beyond what is usual for exercise & you don't feel well)
      vi. Irregular Heart Rate (palpitations)
   b. Dress properly for the conditions
   c. Hydrate before, during and after exercise
   d. Diabetics – carry source of sugar with you
   e. If your Doctor has prescribed you nitroglycerin carry it with you at all times
2. Orthopedic Injury Precautions
   a. If you experience sudden joint pain while exercising (acute pain) stop the exercise immediately and sit down. Tell someone what the problem is and he/she will further advise you. Never continue to exercise through the pain if you have twisted an ankle, fallen, or have sharp joint/muscle pain of any kind.
   b. Chronic orthopedic problems include low back pain syndrome, tendonitis, arthritis or other problems that limit joint range of motion.
3. Pay attention to how your body feels during exercise. If you experience any of the symptoms describes above, stop your exercise and inform someone as these symptoms suggest that you may be placing too much of a demand on the heart muscle and need to stop and rest.

Warm Up Guidelines

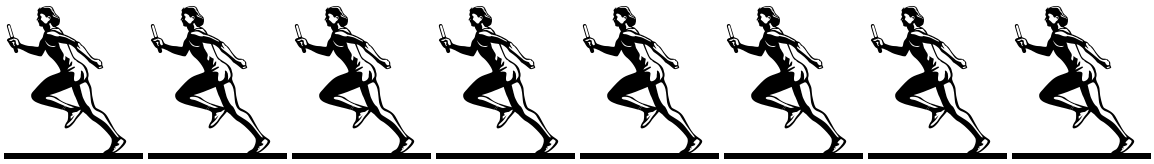
Warm up should be 5 –10 minutes of slow movements that gradually increases in intensity. It should not leave you fatigued or out of breath. Warming up before exercising helps the body to prepare itself for exercise. It dilates the blood vessels of the exercising muscles and heart. This helps to prevent injury and increases exercise capacity. Your warm up should incorporate the muscles that you will be using during exercise sessions – such as the thighs, hamstrings, calves and arms. Begin warming up at an intensity that is fairly light and then increase the intensity to our desired exercise level of "moderate" to "somewhat hard".

Cool Down Guidelines

Never suddenly stop once you have been exercising. Cool down should be around 5 – 10 minutes to allow blood vessels to return to resting size. Always decrease your intensity back to warm up levels or lighter in order to bring your heart rate and blood pressure down gradually. Failure to cool-down can lead to blood pooling in the extremities as well as feeling of dizziness and lightheadedness. By allowing the body to return to its natural resting state slowly the body can make adjustments needed to keep the blood flowing and the heart happy.

Taking Your Pulse

1. Place your non-dominant hand out, palm facing up. Using the fingers of your dominant hand as the pulse sensors.
2. Place your index and middle fingers on the thumb side of the wrist on your non-dominant hand. Find a groove just under you wrist bone and press your fingers down lightly until you feel your pulse.
3. Start with zero and count the number of beats you feel in 10 seconds. Multiply by 6 to get your heart rate in one minute



Types of Exercise

Cardiovascular Training

Cardiovascular exercise is also referred to as aerobic activity. It includes any activity that uses major large muscle group in a rhythmic and continuous fashion for an extended period of time (i.e. biking, walking, jogging, swimming, rowing, etc.) The intention of cardiovascular exercise is to enhance and train the heart, lungs, blood vessels and exercising muscles.

Frequency:

Most days of the week

- 4 – 6 days, always allow one day off for rest to prevent muscular skeletal injuries
- 3 days minimum to maintain fitness level
- 5 – 6 days to improve fitness level

Intensity:

Use the Talk Test = you should be able to talk in sentences or whistle comfortably without shortness of breath while exercising.

Use the Perceived Exertion Scale 0 – 10, acceptable "Target Pace" range is 3 – 5

PERCEIVED EXERTION SCALE

0	No Exertion
1	Very, Very Light
2	Very Light
3	**Moderate**
4	**Somewhat Hard**
5 to 6	Hard
7 to 8	Very hard
9	Extremely Hard
10	Maximum

Time:
To achieve the training benefits of cardiovascular exercise, you should strive for 30 – 60 minutes. The 30 – 60 minutes does not include your warm-up or cool-down time.

Resistance Training

This type of exercise is intended to strengthen the muscles, bones and connective tissues of the body. Strength training can be performed with weights such as dumbbells, elastic bands, special resistance machines or by using your own body weight.

Frequency:
Resistance training should be performed two to three days per week. Leave at least 24 hours between strength training sessions in order for your body to rest and recover.

Intensity:
Perform 10 – 15 repetitions of each exercise, achieving muscular fatigue with the last repetition.

Time:
The duration of your resistance program depends on the muscle groups you are training. Try to be complete, one to three sets of each exercise, per muscle group. Rest approximated 30 -60 seconds between sets.

Flexibility Training

Also know as “stretching”, flexibility exercises help the body to maintain the ability to move easily and attain an appropriate range of motion for joints, muscles and connective tissues.

Frequency:
Stretching is especially beneficial when following an aerobic or weight training session. For the most benefit, try and stretch three to four days a week.

Intensity:
Stretches should be held to a point of mild to moderate tension. You should not feel pain and should avoid those stretches.

Time:
Hold each stretch for 15 – 30 seconds.

Fitness Tips – 10 Exercise Myths

Although some old fitness fictions, such as “no pain, no gain” and “spot reducing” are fading fast, plenty of popular exercise misconceptions still exist. Here are some of the most common myths as well as the not-so-common facts based on current exercise research.

1. **You Will Burn More Fat If You Exercise Longer At A Lower Intensity:**
   The most important focus in exercise and fat weight control is not the percentage of exercise energy coming from fat but the total energy cost, or how many calories are burned during the activity. The faster you walk, step or run, for example, the more calories you use **per minute**. However, high-intensity exercise is difficult to sustain if you are just beginning or returning to exercise, so you may not exercise very long at this level. It is safer, and more practical, to start out at a lower intensity and work your way up gradually.

2. **If you’re not going to work out hard and often, exercise is a waste of time:**
   This kind of thinking keeps a lot of people from maintaining or even starting an exercise program. Research continues to show that **any** exercise is better than none. For example, regular walking or gardening for as little as an hour a week has been shown to reduce the risk of heart disease.

3. **Yoga Is A Completely Gentle And Safe Exercise:**
   Yoga is an excellent form of exercise, but some styles are quite rigorous and demanding both physically and mentally. As with any form of exercise, qualified, careful instruction is necessary for a safe, effective workout.

4. **If You Exercise Long And Hard Enough, You Will Always Get Results You Want:**
   In reality, genetics plays an important role in how people respond to exercise. Studies have shown a wide variation in how different exercisers respond to the same training program. Your development of strength, speed and endurance may be very different from that of other people you know.

5. **Exercise Is One Sure Way To Lose All The Weight You Desire:**
   As with all responses to exercise, weight gain or loss is impacted by many factors, including dietary intake and genetics. All individuals will not lose the same amount of weight on the same exercise program. It is possible to be active and overweight. However, although exercise alone cannot guarantee your ideal weight, regular physical activity is one of the most important factors for successful long-term weight management.

6. **If You Want To Lose Weight, Stay Away From Strength Training Because You Will Bulk Up:**
   Most exercise experts believe that cardiovascular exercise and strength training are both valuable for maintaining a healthy weight. Strength training helps maintain muscle mass and decrease body fat percentage.

7. **Water Fitness Programs Are Primarily For Older People Or Exercisers With Injuries:**
   Recent studies have shown that water fitness programs can be highly challenging and effective for both improving fitness and losing weight. Even top athletes integrate water fitness workouts into their training programs.

8. **The Health And Fitness Benefits Of Mind-Body Exercise Like Tai Chi And Yoga Are Questionable:**
   In fact, research showing the benefits of these exercises continues to grow. Tai Chi, for instance, has been shown to help treat how-back pain and fibromyalgia. Improved flexibility, balance, coordination, posture, strength, and stress management are just some of the potential results of mind-body exercise.

9. **Overweight People Are Unlikely To Benefit Much From Exercise:**
   Studies show that obese people who participate in regular exercise programs have a lower risk of all-cause mortality than sedentary individuals, regardless of weight. Both men and women of all sizes and fitness levels can improve their health with modest increases in activity.

10. **Home Workouts Are Fine, But Going To A Gym Is The Best Way To Get Fit:**
    Research has shown that some people find it easier to stick to a home-based fitness program. In spite of all the hype on trendy exercise programs and facilities, the 'best' program for you is the one you will participate in consistently.

Source: IDEA Health & Fitness Association

BARIATRIC SURGERY CENTER AT ROSE

Chapter 11

Diagrams

Your Body Mass Index (BMI)

BMI	**Height** (in)																		
	58	**59**	**60**	**61**	**62**	**63**	**64**	**65**	**66**	**67**	**68**	**69**	**70**	**71**	**72**	**73**	**74**	**75**	**76**
Weight (lbs)	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"
100	21	20	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	13	12
105	22	21	21	20	19	19	18	18	17	16	16	16	15	15	14	14	14	13	13
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115	24	23	23	22	21	20	20	19	19	18	18	17	17	16	16	15	15	14	14
120	25	24	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15
125	26	25	24	24	23	22	22	21	20	20	19	18	18	17	17	17	16	16	15
130	27	26	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17	16	16
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140	29	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18	17
145	30	29	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18
150	31	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19	19	18
155	32	31	30	29	28	28	27	26	25	24	24	23	22	22	21	20	20	19	19
160	34	32	31	30	29	28	28	27	26	25	24	24	23	22	22	21	21	20	20
165	35	33	32	31	30	29	28	28	27	26	25	24	24	23	22	22	21	21	20
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175	37	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23	22	21
180	38	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23	22
185	39	37	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23
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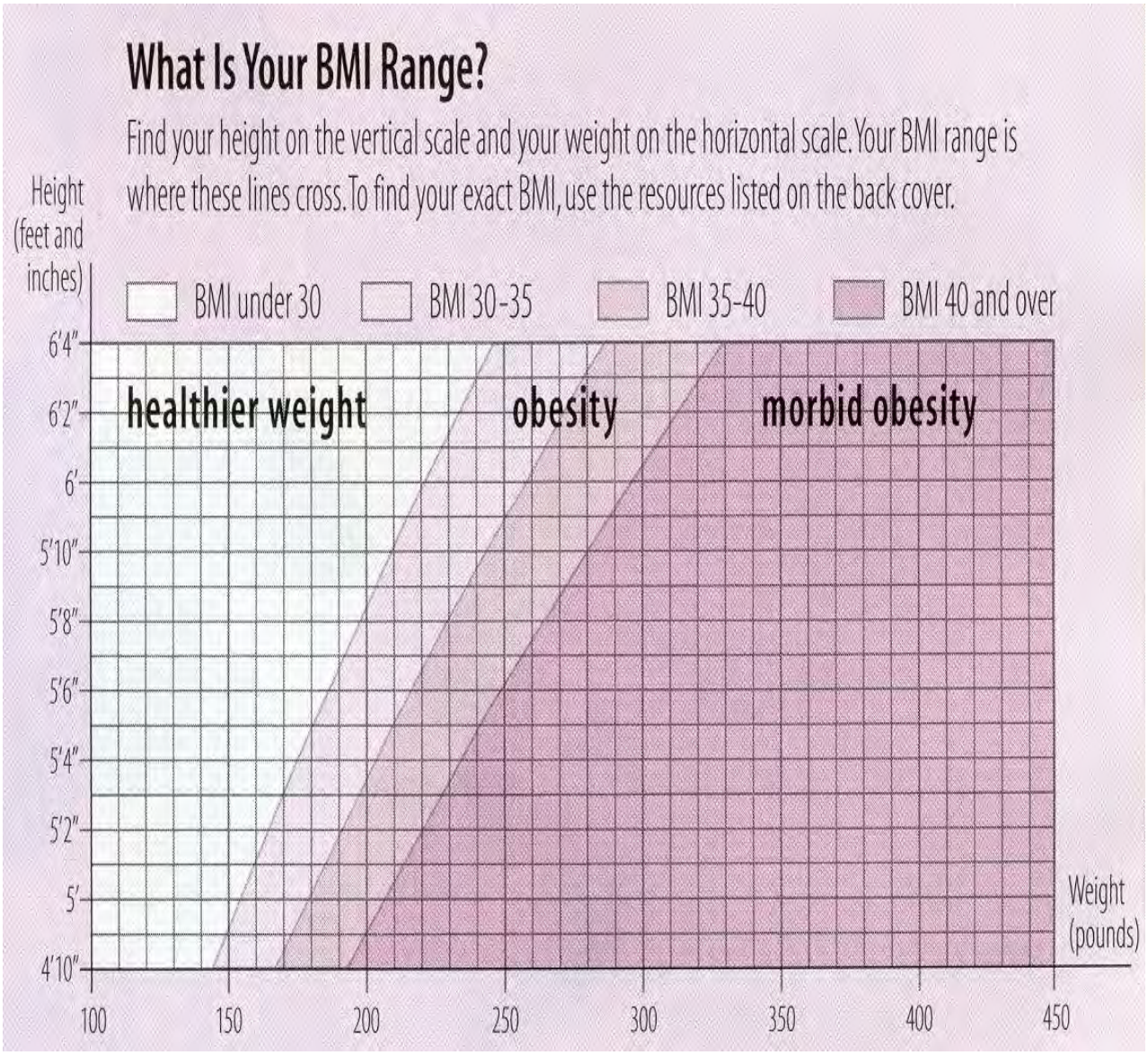
245	51	50	48	46	45	43	42	41	40	38	37	36	35	34	33	32	32	31	30
250	52	51	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30
255	53	52	50	48	47	45	44	43	41	40	39	38	37	36	35	34	33	32	31
260	54	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	33	32

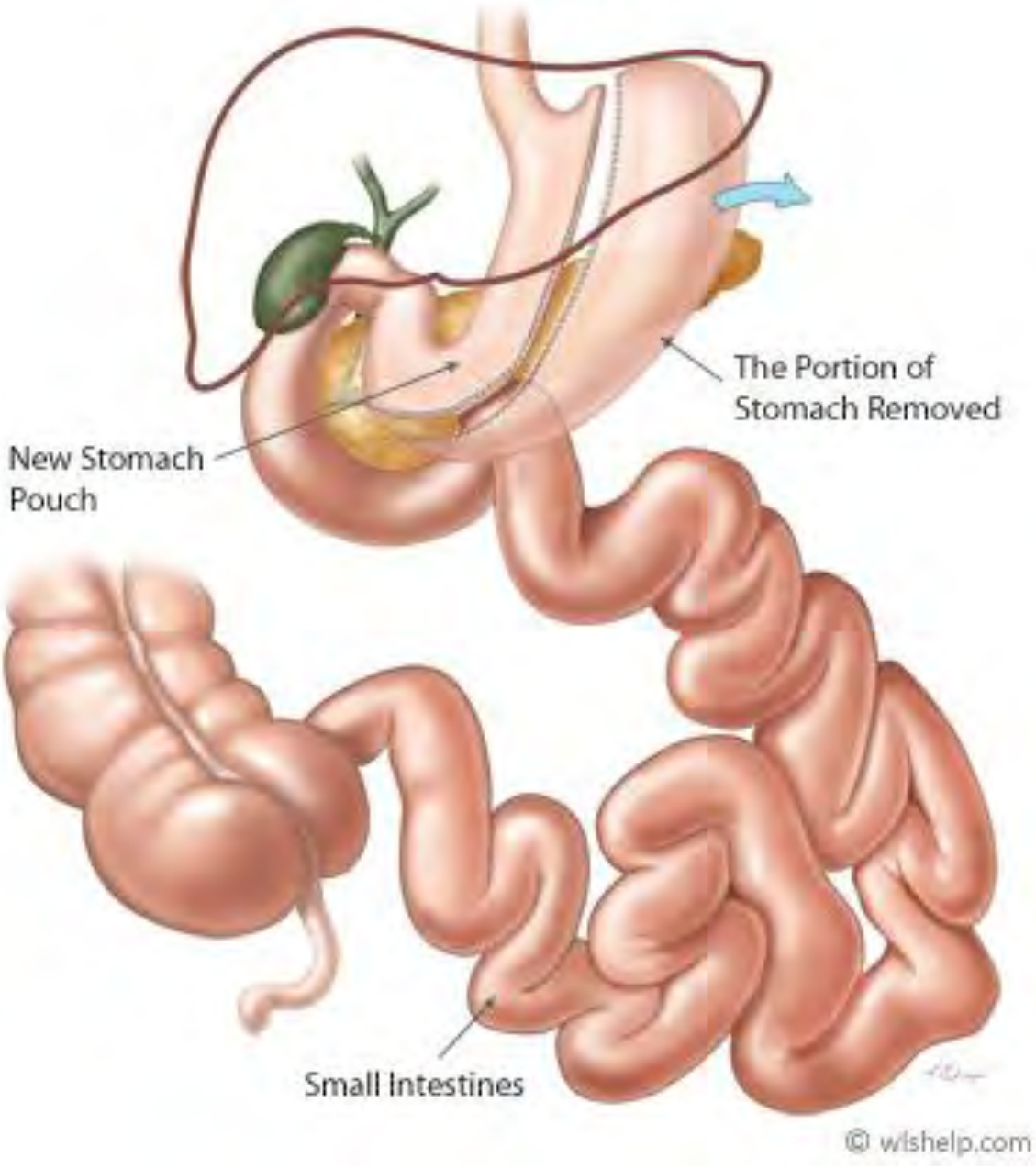
3-2013

BMI	**Height** (in)																		
	58	**59**	**60**	**61**	**62**	**63**	**64**	**65**	**66**	**67**	**68**	**69**	**70**	**71**	**72**	**73**	**74**	**75**	**76**
Weight (lbs)	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"
265	56	54	52	50	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32
270	57	55	53	51	49	48	46	45	44	42	41	40	39	38	37	36	35	34	33
275	58	56	54	52	50	49	47	46	44	43	42	41	40	38	37	36	35	34	34
280	59	57	55	53	51	50	48	47	45	44	43	41	40	39	38	37	36	35	34
285	60	58	56	54	52	51	49	48	46	45	43	42	41	40	39	38	37	36	35
290	61	59	57	55	53	51	50	48	47	46	44	43	42	41	39	38	37	36	35
295	62	60	58	56	54	52	51	49	48	46	45	44	42	41	40	39	38	37	36
300	63	61	59	57	55	53	52	50	49	47	46	44	43	42	41	40	39	38	37

Under-weight
Healthy-weight
Hefty
Prosperous
Grossly Prosperous


What Is Your BMI Range?
Find your height on the vertical scale and your weight on the horizontal scale. Your BMI range is where these lines cross. To find your exact BMI, use the resources listed on the back cover.
Height (feet and inches)
BMI under 30
BMI 30-35
BMI 35-40
BMI 40 and over
6'4"
6'2"
6'
5'10"
5'8"
5'6"
5'4"
5'2"
5'
4'10"
healthier weight
obesity
morbid obesity
Weight (pounds)
100
150
200
250
300
350
400
450

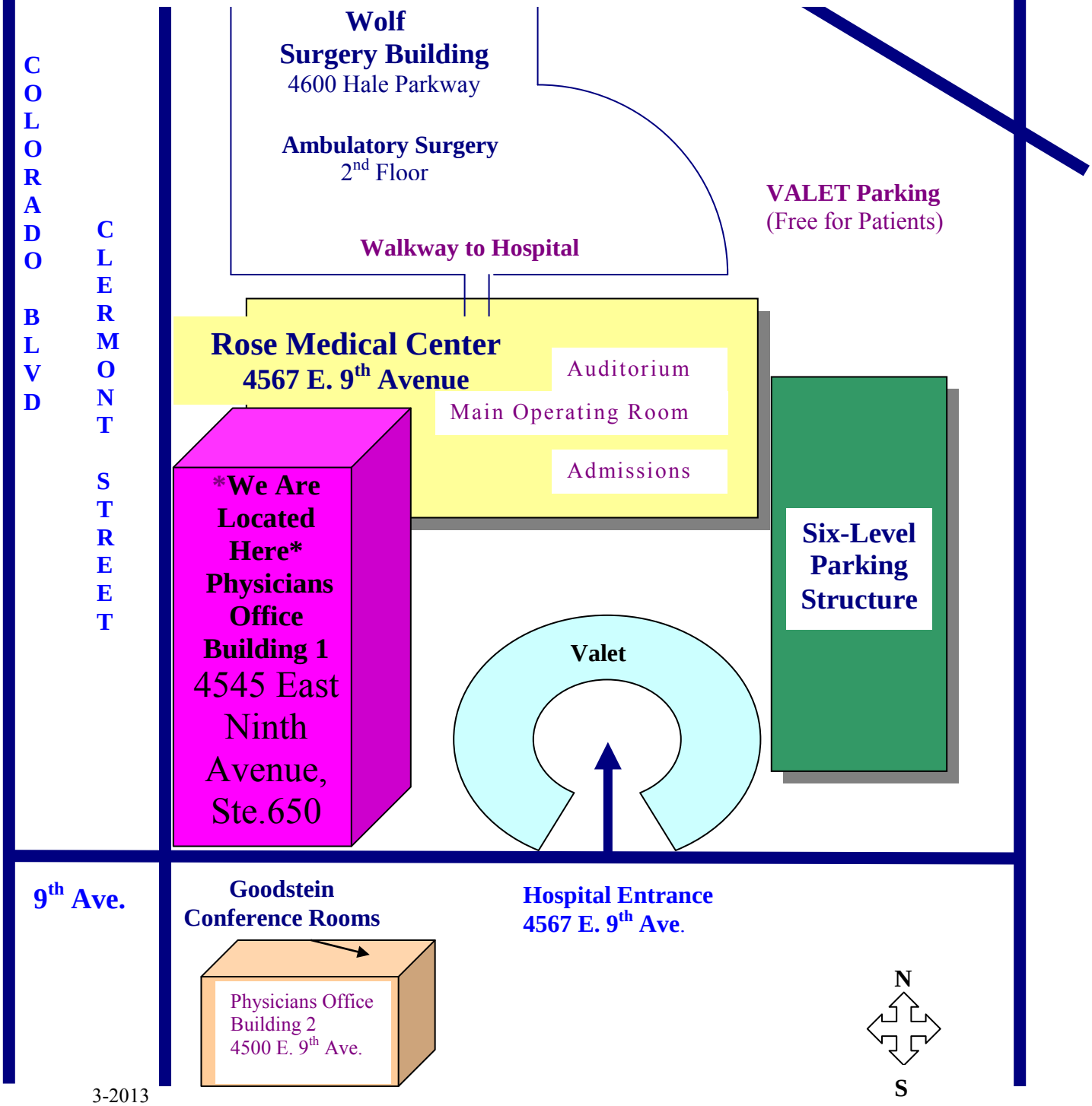
GASTRIC SLEEVE



BARIATRIC SURGERY CENTER AT ROSE

Rose Bariatric Center Classes

4545 East Ninth Avenue, Suite 650
Denver, Colorado 80220
Register at 303-320-2134
Director of Bariatrics: Kim Delamont, NP



3-2013

BARIATRIC SURGERY CENTER AT ROSE

Chapter 12

Rules of the Tool

Rules Of The Tool

Don't forget that the true power of Bariatric Surgery lies in effectively using the components of the Gastric Bypass and the Lap-Band. It's fundamentally true that **activity level, attitude**, and **commitment** are of utmost importance. The tool, however, is the cornerstone holding your program and progress in check. The "Rules of the Tool" deserve special attention.

- Surgery provides you with a new TOOL for weight loss – following the Rules of the Tool empower you to succeed! Ongoing utilization of the Tool's components ensure life-long success!
- Surgery creates a physical change in your body that requires training on its use, and proper maintenance over time.
- Surgery alone will not insure weight loss, and ignoring the "Rules of the Tool" will result in poor weight loss or eventual weight gain.
- Surgery was a decision you made in order to be able to actively participate in your life. Always remember why you had surgery and how much this decision meant to you!!

At the end of this section is a reminder sheet. Pull this sheet out of your book. Stick it in your purse, place it on the front of your fridge, or tack it on your bulletin board in your office -- anywhere it will stay in the front of you and keep the "Rules of the Tool" top-of-mind. Realize above all that there are no shortcuts and that the components are only as effective as you allow them to be!

The 4 Components

1. DIET
2. EXERCISE
3. THE TOOL
4. YOU!

1. Diet

a. Water (or other suitable non-carbohydrate-calorie containing drink, preferably without aspartame) 60-80 ounces per day. Within reason, more is better…especially if you are doing heavy exercise. You should always have water with you!
b. 5-6 meals per day. Eating about every 3-4 hours is just right. Set a regular schedule – for instance 6a / 9a / 12n / 3p / 6p / 9p ***OR*** 7a / 10a / 1p / 4p / 7p / 10p (you get the picture). Set your watch as a reminder & carry meals with you in order to stay on schedule. Planning is vital because if you don't eat regular meals your body will think you are depriving it and hold onto fat. Giving your body frequent, small, high quality/high protein meals "tricks" it into giving up the fat.
c. The ideal volume of your meals depends on how far out you are post-operatively. At about 1 year out most people stabilize your meal volume at around 5-6 ounces, maximum of 8 ounces. Measure out your meals to avoid the mistake of eating "until you feel full". Your brain is on a 20 minute delay from your pouch. If you eat until you "feel full" you have eaten for 20 minutes too long. Measure the appropriate amount of food on your plate, eat it, sit back for 20 minutes, and you will feel full. High bulk foods (such as salads) are fine every few days, but ONLY if they fit your volume limits. It's really easy to over eat salads. If they are a large part of your diet and you are eating a large volume then you may permanently stretch your pouch.
d. There is no time or need for snacking if you eat 5-6 meals per day. If you need a particular snack food, work it into your next meal. For example, if you need something sweet, try a protein cookie or brownie. If (on a rare occasion!!) you crave Doritos, eat 5 chips as the carb portion of a meal with the appropriate amount of protein at your next meal.
e. Think about your off-plan meals in advance. Off-plan food should not exceed 10% of your weekly intake (1x a week / 2x maximum). The enemy of weight loss surgery is mindless eating. It is an impulse item. Therefore, if you need to be off-plan, examine the "what", "when", and "why" you are eating a particular food before you take your first bite. When you are at least 6 months out you may allow your self an off-plan meal once or twice per week, but make sure you plan it out and stay within your volume limit. These off-plan meals will help keep you from feeling deprived which will aid in your long-term success.

Remember

Just because you CAN eat it doesn't mean you SHOULD eat it!

Protein

a. Protein is critical to your success. 75% or more of your diet needs to be high-quality, dense protein. Use the clock analogy as a way to portion out your meals -- protein should be from 12 to 9 o'clock. All other food should be from 9 to 12 o'clock. The "other food" you eat should have a minimum of processed "white" foods—rice, bread, pasta, potatoes, popcorn. Your additional 25% should ideally be fruits and vegetables.
b. Protein bars are okay as meals, but they are not a *"free"* food to be eaten at one's leisure. The best bars contain protein which is twice the amount of carbs and have minimal saturated and trans fats. Protein drinks are not to be consumed after the first 6 weeks unless specifically directed by your surgeon's office. If you need extra protein, try drinks which are protein but no carbs, such as the clear, bottled, Isopure.

c. Choose primarily low fat protein with no more than 1-2 high fat protein choices per day. High fat proteins are those with more than 20 calories per gram of protein. These proteins add unnecessary calories that would be better sought in lower cal/gm protein.
d. Eat a serving of protein with every meal (5-10 grams minimum)
e. Eat protein within 1 hour prior to a workout and within 1 hour following a workout.
f. Make sure to eat protein before bed at night to help your system
g. Protein should be consumed within the first hour awake and last hour before bed. This does not have to be any more than 1 serving (5-10gms).
h. Combine protein + carbohydrates together at most every meal to optimize energy expenditure (75%/25%)

Low Cal/gm protein *= < 10 cal per gm protein (low fat meats, chicken, fish)*
Mod Cal/gm protein *= 10 –20 cal/gm protein (mod fat meats, some protein bars, grains,)*
High Cal/gm protein *= > 20 cal/gm protein (nuts, peanut butter, high fat meats such as bacon)*

Fats

a. Most fats should be monounsaturated and polyunsaturated.
b. No more than 1-2 high fat protein choices per day.

Carbohydrates

a. Rule of 15 – No more than 15 grams carbs per sitting/meal
b. Carbs should be complex – mostly from fruit and vegetables.
c. Never eat carbs without a protein

Rule of Too's

You will become sick to your stomach – even throw-up in some instances if you eat TOO

Too much
Too big
Too fast

2. Exercise

Exercise is the component that will be essential to your long-term success. Be sure to exercise in order to optimize your weight loss and maintain a healthy lifestyle. An exercise program is like any other habit – hard to get into, but easy to maintain once established. Try to exercise a minimum of 5x a week for at least 30 minutes. You must increase your heart rate to a level where you know you are working out. If you are not a little sweaty or can comfortably talk through your routine you probably need to bump up your routine a notch.

Weight resistance training is a must to help your body build lean body muscle. This is important as rapid weight loss can cause you to loose some lean muscle. Lean muscle has a higher metabolic rate than fat and can therefore help in your continued weight loss. 3-4 x week every other day as your muscles need time to rest in between workouts.

It is important to re-evaluate your exercise program every couple of months. You will become increasingly fit as you gain strength and you may need to increase the workload a little to compensate.

Evaluate the following aspects of your fitness program every couple of months to help ensure you maximize your returns.

F Frequency
I Intensity
T Type
T Time

You must burn 500 calories a day for 7 consistent days to lose 1pound. During the first year your bypass helps out a lot and this number is generally higher. You do not need to count calories just follow your proportions of protein to carbs and Rules of the Tool Diet.

3. The Tool

You made the decision to have bariatric surgery in order to change your life for the better. You have gone to great lengths to succeed with your weight loss goals. The surgery is a tool, but it is only a tool. There is no golden ticket, no magical spell, no one-time-only offer involved in your process. In the beginning you will lose weight quickly, but as time passes you will need to think more about what you eat, when you eat, and how much you eat. Like anything in life – if you choose to cheat you will find a way to cheat. It is vitally important that you remain committed to your journey and that you remain as an active participant in your life. Don't underestimate the power of the tool and never underestimate your ability to succeed and live the life you deserve!

Tool Rules

1. PROTEIN FIRST. Don't forget – it is your new mantra.
2. Immediately following surgery it is imperative that you adhere to the diet progression outlined in Chapter 7.
3. In the beginning your mouth is literally bigger than your stomach! Be careful not to try and eat the way you did before surgery!

4. Avoid absolutes and listen to your Tool. If your pouch indicates fullness STOP EATING even if you still have food on your plate. Your pouch may be a little smaller during one meal and slightly bigger at the next.
5. Your ideal mealtime is 15 minutes or less in duration to avoid the very bad habit of grazing.
6. The key to maintaining satiety (non-hunger) is eating 5 to 6 times a day, eating on schedule, not drinking before, during or after meals, getting your 75% protein 25% carb ratio at mealtime, and not skipping meals just because you aren't hungry.

4. You

You may be the most challenging part of the program to change. The more you get and remain connected the easier the transition to your new body and new life will be. Make sure to get involved in as many elements of your program as you can. This includes regular follow-ups through the first 5 years post-op and participation in support groups and other programs that are offered throughout the year. Support systems are imperative to your success. You may need to be constantly re-evaluating behaviors related to food and this may take a little time and effort on your part.

Depression

Depression is a strong force for stopping weight loss or causing weight gain. A small number of patients, who do well at the beginning, disappear from follow-up for a while only to return later having gained weight back. As is often the case with depression, they basically self destruct and do the opposite of the rules……they graze throughout the day, they drink high-calorie liquids, they eat foods that travel quickly through the pouch, they drink before, during and directly following meals, and they stop exercising. If you are one of these patients, you need to seek out the support and help you need in order to spring out of the depression. When you hit a difficult time with the food, remember to get out of your own way! Stop and think, "Is it worth it?" and remind yourself that reaching out for help is a necessary and courageous move. Contact your surgeon's office, get back to support groups, and seeking counseling or medication if needed to get back on program and embrace all four components of the Rules!

Compliant But Stuck

Sometimes you can be generally compliant with your food plan, not depressed, and have no physical problems with your pouch but still stop losing weight or even gain weight. This is when you need to re-evaluate your program – Are you going to support groups on a regular basis? Are you challenging yourself with exercise that raises your

heart rate and make you build up a sweat? Are you consistent in your routine on a daily/weekly basis? Often times if you stop and examine the little things you will catch yourself doing things you don't realize are sabotaging your success……Everything around you encourages you to live like a 'normal' person (guess what, that person is a myth!). You may be taking little sips of liquid during meals, eating too quickly, not making protein the top priority in your diet, drinking alcohol more often than you think, or not getting enough fiber, etc. This is when it's important to review the components of the Tool and reconnect with your program.

If you need additional coaching in the above rules and/or how to adapt them to your life, then please contact your surgeon's office. We love to help and are so proud of your efforts and successes.

The 4 Components

1. DIET 
2.  EXERCISE
3. THE TOOL 
4.  YOU!

BARIATRIC SURGERY CENTER AT ROSE

Chapter 13

Frequently Asked Questions

Frequently Asked Questions

The Basics

1. **What is the difference between 'Overweight', 'Obese' 'Severely Obese', and 'Morbidly Obese'?** An adult is considered "overweight" when they are above a healthy weight, which varies according to a person's height. An individual is overweight when their BMI is between 25–29.9. The standard used by researchers to define a person's weight according to their height is "body mass index" (BMI). An adult with a BMI of 30 or more is considered obese. For example, for a 5'4" woman, this means that she is 30 or more pounds over her healthy weight. If your BMI = 35.0 - 40 you are severely obese (with risk factors morbidly). If your BMI = 40.0 and up you are morbidly obese.

2. **What are the routine tests before surgery?** Required tests are based on each patients current medical challenges. Common tests include:
    a. Complete Blood Count (CBC)
    b. Pulmonary Function Testing
    c. Echocardiogram
    d. Sleep Studies
    e. GI Evaluation
    f. Cardiology Evaluation

3. **Is Bariatric surgery a cure for obesity?** Weight-loss surgery is a tool, not a cure. Morbid obesity is a disease requiring lifelong treatment. For long-term success in achieving and maintaining a healthy weight, you will need to commit to lifestyle changes such as regular exercise, staying connected via support groups, and a healthy food plan. You will need to be an active participant in improving your own health.

4. **Is there a difference in the outcome of Bariatric surgery between men and women?** Both men and women respond well to this surgery. In general, men lose weight slightly faster than women do.

5. **What if I'm Planning to Have Children following surgery?** It is strongly advised that you not plan on getting pregnant for at least 1 year following surgery. Your body is going through rapid and major changes and it would be ill-advised to plan a pregnancy during your first year out! Women of childbearing age should use the most effective forms of birth control during the first 16 to 24 months after surgery to avoid any unplanned pregnancies.

Insurance Issues

1. **How long does it take to schedule surgery?** Once you have completed all necessary pre-op testing your surgeon's office can usually schedule surgery within approximately 3 weeks. Financial arrangements, either insurance approval or confirmed self-payment arrangements, are also a prerequisite. When your doctor's office obtains approval, you will be contacted to determine if, and when, you wish to schedule surgery.

2. **Why does it take so long to get insurance approval?** Insurance approval can be quite easy OR it can takes months. Although your insurance may cover bariatric surgery, they may make you jump through a lot of hoops prior to granting approval. They can require a medically supervised weight loss plan. They usually require medical proof of co morbidities along with a letter of medical necessity. Once this all has been completed and submitted to the insurance company, the time it takes to get an answer can vary significantly. Your surgeon's insurance specialist will follow-up regularly on approval requests, and each telephone call can consume from several minutes to multiple hours. Try calling the claims service department of your insurance company yourself about a week after your letter is submitted and ask them for the status of your request. You can also ask your insurance carrier to assign a case manager to you – this way you know who to call and they know your situation.

3. **How can my insurance deny coverage when they know my health will improve after surgery?** Coverage may be denied because there is a specific exclusion in your policy for obesity surgery, or "treatment of obesity". Such an exclusion can often be attacked, by the reasoning that the surgical treatment is recommended as the best therapy for the co-morbidities, which usually *are* covered. Coverage may also be denied for lack of "medical necessity". In the case of Morbid Obesity, alternative treatments are considered to exist – according to conventional wisdom – such as dieting, exercise, behavior modification, and some medications. Usually, medical necessity denials hinge on the insurance company's demand for some form of documentation, such as 1 to 5 years of physician-supervised dieting or a psychiatric evaluation. The best approach to these demands is to try to produce reasonable information. Once you have successfully jumped over all the obstacles, it is more difficult for you to be denied.

4. **What can I do the help the process?** First, get all the information (diet records, medical records, medical tests) together in your case, so the carrier cannot deny for failure to provide "necessary" information. Letters from your personal physician and consultants, attesting to the **"medical necessity"** of treatment, are particularly valuable – when one or several physicians corroborate the necessity of treatment, it will be hard for the carrier to contradict them. When the letter is submitted, call your case manager regularly (about once a week), to ask about your status. You may also be able to protest unreasonable delays through your employer or human relations/personnel office.

5. **What if I don't have health insurance or I receive final denial of coverage from my insurance?** If you do not have insurance, don't give up! You may choose to be a self-paid patient. The benefit of paying for the surgery yourself is that you don't have to wait for insurance approval and can usually have the surgery within a couple of weeks provided you successfully complete your pre-op testing.

Surgery

1. **Why Laparoscopic Surgery?** Any surgery carries a certain amount of risk and Laparoscopic operations carry a certain amount of risk. The benefits of laparoscopy are typically, less discomfort, shorter hospital stay, earlier return to work, and much reduced scarring.

2. **How long does the operation last?** Typically, gastric bypass operations take 1½ to 2½ hours to complete. If your loved ones will be waiting, they should understand that the operation may not begin immediately after they leave your bedside, so they should not watch the clock. Once surgery is complete your surgeon will visit with your loved ones and give them an update on your surgery. If the operation is lasting longer, the doctor may be able to send word.

3. **Will I have a lot of pain?** Your surgeon will try very hard to control pain after surgery, to make it possible. Typically several drugs are used together, and a system called Patient Controlled Analgesia (PCA), which allows you to give yourself a dose of pain medicine on demand, whenever you need it. Most patients are pleasantly surprised at how little discomfort they experience.

4. **How long do I have to stay in the hospital?** As long as it takes to be self-sufficient and your surgeon agrees that you are ready to go home. Typically, the hospital stay (including the day of surgery) lasts 2 to 3 days for a Laparoscopic Gastric Sleeve.

5. **How soon after surgery will I be able to walk?** Almost immediately after surgery. Patients walk or stand at the bedside on the night of surgery, and take several walks the day of their surgery and thereafter.

6. **How long after surgery can I drive?** Your surgeon will recommend that you do not drive until you have stopped taking narcotic medications, and can move quickly and alertly to stop your car, especially in an emergency. This is for your own safety, and that of others on the road. Usually this takes 7 -14 days after surgery.

7. **If I'm from out of town, when can I leave to go home?** Patients who come from outside the Metro area or even out-of-state are usually required to remain in the vicinity for 10 days surgery. There are important educational sessions, as well as post-operative tests and follow-up appointments that must take place during this time. Most patients stay at a nearby hotel or sometimes with relatives or friends in the area.

Post Surgery

1. **How much will I lose in the first week, first month, first year?** Everyone's journey is different. Don't compare your weight loss to that of another patient – this will only frustrate you and distract you from your long-term goals! Statistically speaking, most patients lose 60% of their excess weight in the first 6 months. Keep in mind this is just a statistic!

2. **How does my weight loss slow down and stop?** This is an interesting phenomenon. Provided you follow the rules of the tool and your food program, your body, on its own, will make these decisions for you. As you approach your "ideal" weight (determined by your genes) your pouch will grow in size. It can often grow to 6 to 10 ounces in volume. Remember that your stomach was 45 to 50 ounces in size before surgery. This additional volume will allow you to get enough calories and thwart additional weight loss, but not so many that you can gain your weight back. It is imperative that you learn the proper techniques for your pouch so that, when your pouch does increase in size, you will know how to maintain your weight at its desired level.

3. **Will there be weight plateaus?** Initially (during your first 6 months post-op) your weight loss will be very rapid. The next 6 months may be a bit more frustrating – you may go weeks without losing a pound on the scale. It is during these times that you must become aware of the other changes taking place in your body. Usually weight plateaus will be the time of the most aggressive loss of 'inches' of body surface area. The scale may not move much, but your waistline usually will. We encourage you to focus on these changes and to ignore the scale. After a period of time at a certain weight, you will suddenly find the scale has relented and given you a quick 5 to 10 pounds when you weren't looking.

4. **What medical benefits will I reap other than my weight loss?** A variety of medical concerns can be eliminated as a result of Bariatric surgery – **High Blood Pressure** can often be alleviated or eliminated by weight loss surgery **High Blood Cholesterol** in 80% of patients can be alleviated or eliminated and in as little as 2-3 months post-operatively. **Heart Disease** in obese individuals is certainly more likely to be experienced when compared to persons who are of average weight and adhere to a strict diet and exercise regimen. **Diabetes Mellitus** can usually helped and based upon numerous studies of diabetes and the control of its complications, it is likely that the problems associated with diabetes will be arrested in their progression, when blood sugar is maintained at normal values. **Abnormal Glucose Tolerance, or Borderline Diabetes** is even more likely reversed by gastric bypass. Since this condition becomes diabetes in many cases, the operation can frequently prevent diabetes, as well. **Asthma** sufferers may find that they have fewer and less severe attacks, or sometimes none at all. **Sleep Apnea Syndrome** sufferers can receive dramatic effects and many within a year or so of surgery find their symptoms were completely gone, and they had even stopped snoring completely! **Gastro-Esophageal Reflux Disease** can be greatly relieved of all symptoms within as little as a few days of surgery. **Gallbladder Disease** can be surgically handled at the time of the weight loss surgery if your doctor has cause to believe that gallstones are present. **Low Back Pain and Degenerative Disk Disease, and Degenerative Joint Disease** can be considerably relieved with weight loss, and greater comfort may be experienced even after as few as 25 lost pounds.

Life After Surgery

1. **Will my hair fall out?** There is a pretty good chance that you will experience some hair loss during the first year after surgery when weight loss is most rapid. This usually begins about three months after surgery and concludes about three months after you reach your weight goal. You can help curb hair loss by taking Biotin as soon as possible pre-op through your weight loss journey.

2. **Can I drink carbonated beverages after surgery?** Drinking carbonated drinks is strongly discouraged!. Although carbonation itself won't harm you, it will stretch your stomach muscle and can cause you to overeat – stretching out your pouch is to be avoided at all costs! Many patients also find carbonated beverages uncomfortable, from the gas they produce. It is recommend that you avoid any drinks such as pop, beer, champagne, or seltzer.

3. **Can I drink milk?** Some patients can and some can't. Milk contains a special sugar, called lactose, or milk sugar, which is not well digested. This sugar passes through undigested, until bacteria in the lower bowel act on it, producing irritating byproducts, as well as gas. Depending on individual tolerance, some persons find even the smallest amount of milk or milk sugar will cause dumping. The best bet is to try non-fat milk and see if you can tolerate it, but treat any milk consumption as a beverage, and limit your volumes to no more than 8 ounces per day. (roughly 90 calories).

4. **What is Dumping Syndrome?** Dumping syndrome is caused by eating sugars, or other foods which contain many small particles, on an empty stomach. These substances produce a high osmotic load. Your body handles these by diluting the food particles with water, which reduces blood volume, and causes a shock-like state. The symptoms of dumping are light-headedness, dizziness, nausea, sweating, shakiness, racing heart, blurred vision, cramps and diarrhea. This state can last for 30 - 60 minutes, and is quite uncomfortable – you may have to lie down until it goes away. It can be avoided by not eating the foods which cause it, especially on an empty stomach. A small amount of sweet, such as fruit, is well-tolerated at the end of a meal.

5. **Can I eat red meat after surgery**? You can, but you will need to be very careful. It is recommend that you avoid beef for the first several months. Red meats contain a high level of meat fibers, or gristle, which hold the piece of meat together, preventing you from separating it into small parts when you chew. It can plug the outlet of your pouch and prevent anything from passing through -- which is very uncomfortable.

6. **Why is exercise so important?** Exercise is imperative both pre and post surgically. Pre-surgically exercise helps prepare your body by strengthening your lungs and increasing your stamina (remember, you will need to get out of bed and begin moving just hours after surgery!) Post-surgically exercise will need to become a habit your embrace and continue the rest of your life. When you have Gastric Bypass, you lose weight because the amount of food energy (calories) which you are able to eat is much less than your body needs to operate. It has to make up the difference by burning reserves, or unused tissues. Your body will burn any unused muscle first, before it begins to burn the precious fat it has saved up. If you do not exercise daily, your body will consume your unused muscle, and you will lose muscle mass and strength.

7. **What about sagging skin and reconstructive plastic surgery?** It is very VERY rare for sagging skin to repair itself. Even the best exercise routines will not help sagging skin recover completely. For many patients tummy tucks and other plastic surgery is not necessary. Depending on age, degree of obesity prior to surgery, and many independent factors, some patients will indeed 'require' or 'desire' some form of reconstructive surgery to remove excess skin. The abdominal apron is a common area of concern. Upper arms, breasts, neck, thighs, and buttocks may be considered as 'problem areas.' It is very important to document any skin issues or conditions that exist with sagging skin – rashes, cracked or bleeding skin, foul odors, etc. This may be just the evidence you need to change the surgery in the insurance company's mind from cosmetic to reconstructive surgery. Remember, insurance may pay for the reconstructive surgery sometimes, but NEVER for cosmetic surgery.

BARIATRIC SURGERY CENTER AT ROSE

Chapter 14

Staying Connected

BARIATRIC SURGERY CENTER AT ROSE

Hello to My fellow Bariatric Patient -

You are now on your way to a new and exciting part of your life! I can't tell you how grateful I am to be the Bariatric Director here at Rose Medical Center. To be able to meet you, help with your care, and be a part of your life and transformation has been an honor. You will soon be receiving a bariatric newsletter in the mail. It is full of valuable information, as well as the support group dates and times.

I need your help to build the best bariatric program in the Rocky Mountain region. Below, you will find directions on how to post your comments on the website http://www.roseknowsweightloss.com & http://www.obesityhelp.com . This website is a valuable resource for you and for all of us here at Rose. If you would please follow the directions as outlined, and fill out the hospital and surgeon reviews, we would be forever grateful. This resource is one of the best tools that we have to evaluate how we are doing. Our goal is to make the bariatric surgical experience here at Rose as humane, safe, and patient-oriented as possible. This is a wonderful place for you to give kudos or critiques to a particular nurse or department, remark on elements of your care and how they were done well or may be improved, comment on your stay in general or in particular, and discuss your medical/surgical team. Simply put, you can write anything you would like. We welcome ALL input…it is only through such feedback that we can continue to improve.

As always, I am here to represent you and to make sure that you and your fellow bariatric patients get the best care possible. It is only with your help that we can make this dream a reality. I cannot thank you enough for taking the time to complete the steps below. Call or write if you have any questions or concerns -- Anytime.

I wish you the best!

Kim Delamont N.P.
Bariatric Program Director
Rose Medical Center
(303) 320-2134
Kim.Delamont@HealthONEcares.com

1. Go to www.roseknowsweightloss.com
2. Click on "Success Stories" across top blue bar
3. Click on "Submit Your Story"
4. Click on "Click Here" to submit your own success story

1. Go to www.obesityhelp.com <http://www.obesityhelp.com/
2. Click on "Find a Bariatric Surgeon", this is located in the left hand column
3. Click on Colorado (CO), the picture of the state
4. Click on "Bariatric Hospitals", this is located in the left hand column
5. Select "Rose Medical Center"
6. Click on "Click here to log into your profile"

If you are a member

Sign in
Click on "Review Hospitals" Center Column
Click "add a review"
Fill out form & click "post review"
Go back to "personal account for _____"
Click on "your surgeon"
Write in your comments
Click "update my file"

You're Done!

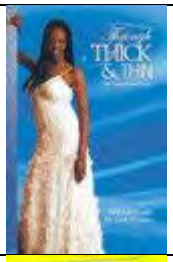
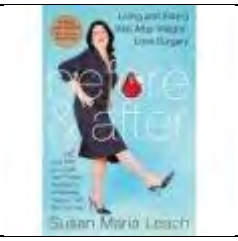
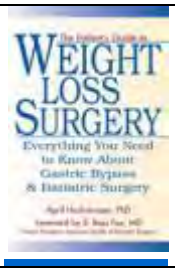
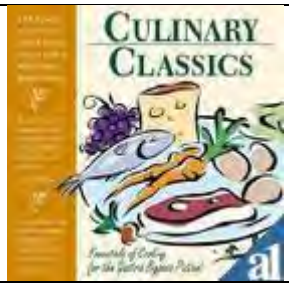
If you are not a member

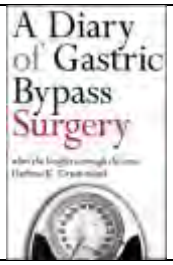
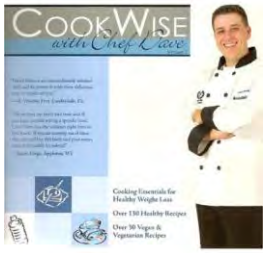
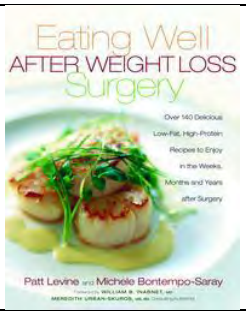
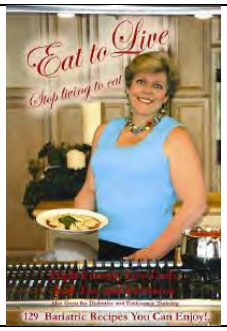
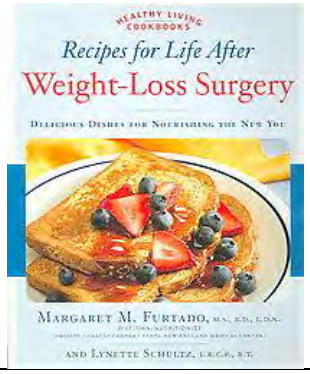
Click on "Not a member yet? Click here to sign in"
Fill out form & sign up
Go back to the "update you information" page
Sign in / Click on "review hospitals" (center column)
Click on "add a review"
Fill out the form & click "post reviews"
Click on "update my file"

You're Done!

Bariatric Reading Material

Books

	The Emotional First Aid Kit: A Practical Guide to Life After Bariatric Surgery by Cynthia L Alexander
Through Thick & Thin By Terri Lipsey www.triumphantlife.me TerriLipsey.com	
Weight Loss Surgery For Dummies by Marina S. Kurian, Barbara Thompson, Brian K. Davidson	
	Before & After, Revised Edition: Living and Eating Well After Weight-Loss Surgery by Susan Maria Leach
The Patient's Guide to Weight Loss Surgery: Everything You Need to Know about Gastric Bypass & Bariatric Surgery by April Hochstrasser	
	Culinary Classics: Essentials Of Cooking For The Gastric Bypass Patient By Chef David Fouts

The Real Skinny on Weight Loss Surgery: An Indispensable Guide to What You Can Really Expect! by Julie M. Janeway	
	A Diary of Gastric Bypass Surgery: When the Benefits Outweigh the Costs by Darlene K. Drummond
WorkWise With Chef Dave by Chef Dave Fouts	
	Eating Well After Weight Loss Surgery: Over 140 Delicious Low-Fat High-Protein Recipes to Enjoy in the Weeks, Months & Years After Surgery by Patt Levine & Michele Bontmpo-Saray
Eat to Live, Stop Living to Eat by Ginger Brinkhaus	
	Recipes for Life After Weight-Loss Surgery: Delicious Dishes for Nourishing the New You by Margaret Furtado

Web Sites

	www.Obesityhelp.com Learn what you need to know about Gastric Bypass, LAP-BAND. Share your weight loss experiences and resources with others, and get the answers to your questions about surgery. Connect with other support groups through our interactive profiles and customized social-networking tools that will help you make and keep great new connections.
http://www.bariatricedge.com/dtcf Find out about qualifying for bariatric surgery, learn about the procedures, health benefits, risks of surgery, common concerns, life before surgery, life after surgery & how to choose a surgeon.	ETHICON ENDO-SURGERY, INC BARIATRIC EDGE
WLS Lifestyles™ Inspiration & Guidance for Weight Loss Success	**http://www.wlslifestyles.com** WLS Lifestyles is a national publication & media outlet dedicated to providing inspiration, education & support for people struggling with obesity or maintaining a healthy weight.
http://www.asmbsfoundation.org	ASMBS FOUNDATION American Society for Metabolic & Bariatric Surgery FOUNDATION
OAC Obesity Action Coalition	**http:/www.obesityaction.org/** The Obesity Action Coalition is a non profit organization dedicated to giving a voice to those affected by obesity. The OAC was formed to build a nationwide coalition of patients to become active advocates and spread the important message of the need for obesity education.

BARIATRIC SURGERY CENTER AT ROSE

www.RoseKnowsWeightloss.com

This is our own website documenting information & stories that explains why we are the best Bariatric Surgery Center in the Rocky Mountain Region!

BARIATRIC SURGERY CENTER AT ROSE

Chapter 15

Articles

Vol. III Issue 1

On the Journey

FOUNDATION OF SUCCESS!

How do you build a home, high rise office building, sky scraper or any other solid structure? The first step is to have a solid foundation. So, if you want to build a healthy lifestyle packed with habits that daily reinforce your post-op success, you must start your construction with a strong, solid foundation. As with any sturdy structure, there are four corners-you begin your foundation of success with four important cornerstones of:

1. Consume adequate protein (eat your protein first).
2. Drink a minimum of 64 oz. of water daily and take your vitamin supplements daily.
3. Incorporate a minimum of 20-30 minutes of exercise, movement or activity daily.
4. No grazing.

Let's start with the first corner of your foundation – PROTEIN:

Why is protein so important? Proteins form the body's main structural elements and are found in every cell and tissue. Take away the water, and about 75 percent of your weight is protein.

Your body uses proteins:

- For growth;
- To build and repair-

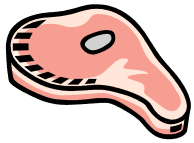
  Bones; muscles; hair; connective tissue; skin; internal organs; blood; and, virtually every other body part or tissue.

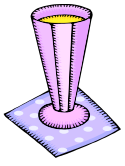
Besides building cells and repairing tissue, proteins form antibodies to combat invading bacteria and viruses; they build nucleoproteins (RNA & DNA). They make up enzymes that power many chemical reactions. They also carry oxygen throughout the body and participate in muscle activity.

At least 10,000 different proteins make you what you are and keep you that way.

Hormones, antibodies and enzymes that regulate the body's chemical reactions are all made of protein. Without the right proteins, blood won't clot properly and cuts won't heal.

Each protein is a large complex molecule made up of a string of building blocks called *amino acids*. The 20 amino acids the body needs can be linked in many different ways to form thousands of different proteins, each with a unique function in the body.





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Okay, now for the second corner of your foundation – H2O, The “Perfect Drink” of WATER:

What’s the big deal about drinking water? Water is a fundamental part of our lives. It is easy to forget how completely we depend on it. Human survival is dependent on water -- water has been ranked by experts as second only to oxygen as essential for life. The average adult body is 55 to 75% water. The water you drink literally becomes you! Since such a large percentage of our bodies are water, water must figure heavily in how our bodies function. We need water to stay healthy. Aside from aiding in digestion and absorption of food, water regulates body temperature and blood circulation, carries nutrients and oxygen to cells, and removes toxins and other wastes. This "body water" also cushions joints and protects tissues and organs, including the spinal cord, from shock and damage.

Dehydration leads to excess body fat, poor muscle tone, decreased digestive efficiency & organ function, increased toxicity, joint & muscle soreness, water retention. Water works to keep muscles and skin toned. Dehydration can cause many ailments.

Every process in our body occurs in a water medium. We can exist without food for 2 months or more, but we can only survive for a few days without water.

Want to maximize your weight loss and make your weight maintenance easier? Water is an excellent tool to do just that! Among its other benefits, water plays a major part in weight loss. Since water contains no calories, it can serve as an appetite suppressant, and helps the body metabolize stored fat, it may possibly be one of the most significant factors in losing weight. Water is the perfect drink. It's fat-free, cholesterol-free, low in sodium, and completely without calories. Drinking more water helps to reduce water retention by stimulating your kidneys and keeping them flushed. So….pour a glass of fresh water and enjoy!

If water is the drink of life, then vitamins are the nutritional supplements for a healthy life.

Don’t we get all of our nutrition from food and vitamins are only optional? No, no, no! As a result of weight loss surgery, smaller portions of food are consumed and with any malabsorption issues, vitamins are essential.

Vitamin deficiencies before surgery can occur despite adequate caloric intake but are common due to poor eating habits. For post-ops to maintain good health, we know that vitamins are critically important to keep healthy and prevent disease.

The third corner of your foundation...MOVE IT!

After having weight loss surgery, physical activity, whether it be exercising or moving about your daily life, becomes a “get to” rather than the drudgery of “have to”. We feel good and it is exhilarating to move our bodies without the excess weight. Regular activity is an important part of effective weight loss and weight maintenance. It also can help prevent several diseases and improve your overall health. It does not matter what type of physical activity you perform - sports, planned exercise, household chores, yard work, or work-related tasks - all are beneficial. Studies show that even the most inactive people gain significant benefits if they accumulate 30 minutes or more of physical activity per day.

Need more motivation? What’s in it for you? The benefits of exercise, in addition to enhancing weight loss and maintenance, are:

Balancing the number of calories you expend through exercise and physical activity with the calories you eat will help you achieve and maintain your desired weight. The key to successful weight control and improved overall health is making physical activity a part of your daily routine.

debbie@ObesityHelp.com

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In addition to helping to lose weight and maintain your weight loss, exercise and maximizing physical activity throughout the day, decreases your health risks and improves your overall quality of life. The routine of regular activity and exercise is truly the winning cornerstone to health.

Heart disease and stroke. Daily physical activity can help prevent heart disease and stroke by strengthening your heart muscle, lowering your blood pressure, raising your HDL ("good" cholesterol) and lowering LDL cholesterol ("bad" cholesterol), improving blood flow, and increasing your heart's working capacity.

High blood pressure. Regular exercise reduces high blood pressure (hypertension).

Diabetes. By reducing body fat, physical activity can help to prevent and control type 2 diabetes.

Back pain. By increasing muscle strength and endurance and improving flexibility and posture, regular exercise can prevent back pain.

Osteoporosis. Regular weight-bearing exercise promotes bone formation and may prevent many forms of bone loss associated with aging.

Regular physical activity also improves mood and the way you feel about yourself. Exercise is likely to reduce depression and anxiety and help you to better manage stress. It increases self-esteem and provides a general sense of well-being.

To become more active throughout your day, take advantage of any chance to be physical and move.

Take a walk around the block;

Mow the lawn, garden;

Clean or straighten your house, wash the car;

Walk up stairs instead of taking the elevator;

Walk the dog, play at the park with your kids;

Take an activity break-stretch or walk around;

Park your car a little farther away from your destination and walk the extra distance.

The point is not to make physical activity an unwelcome chore, but to make the most of the opportunities you have to be active.

Your foundation is almost complete….now the fourth cornerstone to make it strong & solid! NO GRAZING.

What is grazing? Animals graze, people don't! What is snacking? Snacking is a planned eating event. It is not an automatic hand-to-mouth, mindless activity. Snacking is incorporated into your daily dietary intake for the day.

Weight loss surgery post-ops can regain weight after reaching goal weight. How? By grazing, you can consume extra calories, go on auto-pilot by mindless, unconscious grazing. Post-ops that succeed at weight loss and maintenance understand the difference between snacking and grazing.

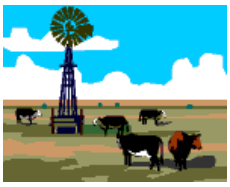
Grazing versus Snacking:

˜ Grazing is usually void of nutritional, emotional or satiating value. Grazing is mindless.

˜ A Snack is planned and completed with mindfulness to your nutrition and caloric needs.

˜ Grazing is constant eating or nibbling without end, resulting in never feeling satiated.

˜ A nutritious Snack will boost energy, satiate appetite and fuel your body.



Congratulations! You now have the key of the four cornerstones to a strong, solid and life-long foundation of success.

debbie@ObesityHelp.com

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Vol. III Issue 8

On the Journey

EASY STEPS TO EXERCISE SUCCESS!

How many times have you started an exercise program and then quit? You're not alone! Many people start with great intentions but soon lose motivation and end up stop exercising entirely. For weight loss surgery patients, exercise is a part of a healthy lifestyle to lose and maintain your weight.

The following 12 steps don't require you to buy expensive equipment or hire a personal trainer. Review the 12 steps for starting and sticking to your exercise routine!

12 STEPS FOR EXERCISE SUCCESS:

1. Choose activities that are fun. Exercise doesn't have to be a chore and the more fun it is, the more likely you are to stick with it. Have you ever noticed that children don't need to be reminded to play? Make your exercise program more like "play."

2. Variety is key! Don't just find one thing and stick to it... you can bored or burned out. Find a couple different types of exercise that you enjoy (swimming, biking, weight training, yoga, group exercise classes, etc.) and alternate activities!

3. Keep a record of your activities. Set small "achievable" goals and reward yourself. Whether it is walking around the block or training for an organized fitness event such as a local 5K or 10K walk/run in your area, create a fitness goal. This goal can be great motivation to exercise on a regular basis. Don't think you can't do it...YOU CAN! Nothing motivates and keeps you going like the momentum of continual success!

4. Make it a lifestyle! Short-term diets and fitness kicks don't work. Lifestyle changes that are part of your routine are important for long-term success.

5. Make an appointment with yourself. Keep this appointment like you would a doctor appointment or lunch with your best friend. Pick a time that's convenient and try to stick to it. If your habit is to work out before work or walking during your lunch hour... you're more likely to stick with it.

6. Don't be too hard on yourself. If you miss exercising, try to work something else in rather than feeling down. If a lunch meeting interferes with your regular walk... go for a walk after dinner.

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7. Stay entertained. Music is a great motivator and can make exercise more fun. Create your own CD's with your favorite music and listen to them when you're working out. Many people also like to watch TV while on a treadmill. Associate something pleasurable during your exercise.

8. Listen to a recorded version of a book. Promise yourself that you will listen to the book only while you are exercising. This will encourage greater frequency and longer periods of exercising.

9. Surround yourself with supportive people. Share your activity with others who want to see you succeed and will be encouraging. You may walk with a co-worker over lunch or find a workout partner. If you're at the gym at the same time everyday, look for people that may have similar goals. Since your schedules are the same, maybe he/she is looking for a workout partner?

10. Slow and steady wins the race. Don't risk injury by pushing yourself too hard too quickly. Start with low to moderate level activities and gradually increase the duration and intensity of your workouts as you become more and more fit.

11. Don't get lazy! While pushing yourself too hard is bad... not doing enough is equally bad! There is a fine line between staying on a plateau and providing enough activity so your body will grow. You should gradually increase the amount of weight you lift, the length of your cardio exercise, etc. to keep you moving towards your goal.

12. Create your own "Personal Reasons List." Write down EVERY reason you think of that you want to get healthy/get fit/lose weight through consistent exercise. When you actually think of real life reasons why you want to practice a regular exercise regime, you will have your own personal list to refer to when your motivation is low.

Some examples might be:

To have more energy to spend quality time with my family.

To fit into all the clothes in my closet .

To be more comfortable in public.

To not become breathless climbing stairs.

Your own list will be personal to you with your own reasons to exercise your way into a healthy lifestyle. Make a long, extensive list, and keep adding to it. This list is important because it is critical to be able to read this list when your motivation to exercise is waning. It's a powerful tool to quickly get "re-motivated"!

Do you need more added benefits to exercise? For the time you spend exercising, look at the return you get for that investment to you and your body:

- Improved digestion.
- Increased energy.
- Increased mental focus.
- Increased self-esteem.
- Increased sense of control over your life.
- Reduces chances of heart attack, and strengthens the heart.
- Reduces possible osteoporosis.

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- Reduces chances of breast cancer.
- Increased strength and stamina.
- Reduction of stress.
- Enhances quality of sleep.
- Improves body shape.
- Tones and firms muscles.
- Provides more muscular definition.
- Enables weight loss and maintenance.
- Improves endurance.
- Burns extra calories.
- Improves circulation and helps reduce blood pressure.
- Increases lean muscle tissue in the body.
- Improves appetite for healthy foods.
- Alleviates menstrual cramps.
- Alters and improves muscle chemistry.
- Increases metabolism.
- Enhances coordination and balance.
- Eases and possibly eliminates back problems and pain.
- Makes the body use calories efficiently.
- Lowers resting heart rate.
- Improves body composition.
- Increases body density.
- Decreases fat tissue more easily.
- Makes body more agile.
- Is a great tune-up for your body.
- Reduces joint discomfort.
- Improves athletic performance.
- Enriches sexuality.
- May add a few years to life.
- Increases your range of motion.
- Enhances immune system.
- Enables the body to utilize energy more efficiently.
- Increase enzymes in the body that burn fat.
- Enhances oxygen transport through the body.
- Improves liver functioning.
- Improves blood flow.
- Helps to alleviate varicose veins.
- Increases contractility of the heart's ventricles.

Change your attitude toward exercising from "I have to exercise" to "I get to exercise." With all these benefits, you have the best investment in your overall sense of well-being and health. Exercise is a gift that you give to yourself that keeps giving throughout your life.

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OBESITYHELP, INC.™
Making the Journey Together

Vol. I Iss. 2

Learning a Lifestyle

IT'S ALL IN YOUR MIND: MEAL ADJUSTMENTS AT HOME

Living with weight loss and weight loss surgery is a Lifestyle. Following WLS or during diets, you have to watch out not only what you eat but how much of it. That can be pretty simple at home where you are master of the menu. Here are some hints to help make your diet life at home more pleasant.

• **Use a smaller plate** - Your mind is your biggest enemy in adjusting to a new eating plan. To look at a plate that you used to fill with food to find it virtually empty can be disheartening. More than that, it can trigger your brain to convince your body there isn't enough food for sustenance- causing you to eat more out of a desperation to be satisfied. A simple optical illusion- putting your smaller prtion on a smaller plate- can convince your mind (and thereby your body) that there is enough food to sustain it.

• **Use baby utensils** - This is part optical illusion and part physical memory. Face it, some of the smaller sized portions of food in your new lifestyle you could finish off in two bites. This trick helps your body's physical memory believe you are eating more because less food fits on the smaller silverware.

• **Put your fork down between bites** - Slow down. When you take a bite of food, allow yourself time to enjoy it. Putting your fork down between small bites mimics the time it would take you to eat larger bites of food- giving you a chance to enjoy your meal more while convincing your body there is more to enjoy.

• **Snack often** - Remember when mom got on your case for snacking in between meals? Now you have to! Be sure to make *good* snacking food choices several times per day.

• **Exercise** - Wait. What does exercise have to do with meal adjustments? A lot. In addition to toning your body, exercise increases your metabolism and gives off stress-relieving hormones. So you can eat a little more or a little more often, lose weight, and feel better - what a deal!

• **Feed Real Hunger instead of "Head Hunger"** - When you feel like you need to eat, ask yourself if you actually "feel" hungry or just "think" you're hungry. Feed the actual hunger, but hold off if hunger is just a passing preoccupation.

HITTING THE ROAD HELPFUL HINTS FOR RESTARAUNTS

It is difficult enough to control food at home where the food content, portions and preparation are in your control. But when you are dining out, you have to rely on others. Here are some tips for helping you and helping them.

Watch your water - you always need plenty of water, but after surgery you'll want to stop drinking 30 minutes before a meal - allowing your pouch to have room for the protein. For dieters or pre-ops, drinking plenty of water can help you determine just how hungry you really are.

Order a "To go" box before you order - When the waiter hands you and in the same breath asks "Have you decided?" Tell him you've decided on a"To Go" box. When your meal arrives, place the portion you know you shouldn't eat in the box and eat whats left. Out of sight, out of mind.

Pour over the menu for protein - You can't beat protein for providing energy you need. Pursue the menu with protein in mind. If you see your favorite meat in a dish, don't be shy to ask for it "on the side."

Ready your Restaraunt Cards - Reality check: Kid's portions are really about the size an adult portion should be. But try ordering off the children's menu and you will likely face a fight. Carry your restaraunt card (get one at www.obesityhelp.com) to let waiters know you're under doctor's orders to eat only small portions. Then enjoy ordering like a kid, but be sure to tip like an adult.

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Vol. III **Issue 3**

On the Journey

YOUR NON-SCALE VICTORY!

In our pre-operative dieting, the best way to determine success was the scale. It was the measure of success. We possibly weighed in at a commercial diet program and celebrated (or not) the number that came up on the scale. We might have undertaken another diet on our own and weighed at home with the same measure of success determined by that small box sitting on the floor. Is the scale the only measure of true success? With a healthy weight loss surgery lifestyle – NO WAY!

Dieting can become a game of numbers of pounds lost (or pounds gained). In losing weight and becoming healthy, there are numbers that are important to monitor in addition to pounds of body weight and pounds lost. Lifestyle changes mandate that we also monitor body fat percentage, body mass index, muscle mass gained, grams of protein, ounces of water, and values in our vitamins. These are very important numbers to track to measure your success but don't get caught up in all the numbers. Beyond the numbers, an entire other dimension is waiting for you to explore of your weight loss surgery adventure.

What is a Non-Scale Victory (NSV)? A NSV is an ability, situation, or observance that is reflective of your health, fitness and overall life has improved. A NSV is something you can do now, or have done, that you would not have been able to accomplish before your surgery and losing weight. A NSV is any success that you enjoy in your life outside of your total body weight.

A NSV isn't necessarily being able to climb Mt. Everest but more like participating in your first 5k walk. A NSV is acknowledging the big AND small milestones that you reach. With a NSV, little things can add up to a lot! It is important to recognize and celebrate each and every one.

As a result of having weight loss surgery, some of the most profound NSVs that we can take for granted are changes in our choices and behavior. It is a huge victory when we no longer give in to a trigger food, or head hunger, or when we make the choice to take the stairs rather than the elevator, or when we park further away by choice rather than drive around for the closest parking space, or when we exercise regularly and make healthy food choices. Lifestyle changes like these are definitely NSVs to celebrate and give yourself a big "high five" for accomplishing.

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So…..what are YOUR NSVs? Make your own list of Non-Scale Victories. You've already accomplished many NSVs. Create your list and add to it. Consider your NSV list or journal as a "work in progress" throughout your weight loss surgery post-op lifestyle. Here are some examples of NSVs shared by ObesityHelp support group leaders and ObesityHelp members:

→ Drop sizes in clothes.

→ Buy clothes off the rack rather than specialty large size stores.

→ Decrease in dosage of medication or eliminated need entirely.

→ Sitting in a booth at a restaurant rather than requiring a table.

→ Be able to cross our legs.

→ Fit comfortably in a movie or airplane seat.

→ Have more room between your body and the steering wheel of your car.

→ Wearing clothes you haven't worn in years.

→ Weigh less than your significant other.

→ Take your clothes out of the washer and mistake them as belonging to a family member.

→ The knowledge when you open your closet you can wear anything in it because it fits.

→ Be able to zip up your jeans without lying on the bed and holding your breath.

→ To weigh the weight on your driver's license (or less).

→ Be able to tuck your shirt in your pants.

→ Be more active with family and friends.

→ Increased confidence and self-esteem.

→ Better quality of life!

Your own list of NSVs is the best gauge of your hard work and commitment to your healthy lifestyle. It is the feedback that will show you, and serve as a reminder, of the countless benefits of healthy eating and regular exercise in your life. The number that pops up when you stand on the scale is a pale comparison to the true successes you have accomplished. Keep your NSV list visible…..on the refrigerator, or on your bathroom mirror, or in any visible place. Keep it with you as a reminder and affirmation of your daily successes. The sweetest rewards of your new healthy lifestyle are NSVs.

You can also share your NSVs with other ObesityHelp members by posting on the Boards, and celebrate other members' NSVs as they celebrate yours too.

This is a lifestyle, not a diet. Take your eyes off the scale and lift them up to enjoy all of the Non-Scale Victories (NSV) that you accomplish. NSVs are all around you. The overall NSV of living better, feeling strong and having an overall sense of well-being is the best NSV of all!

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Vol. III Issue 9

On the Journey

SUPPORT YOUR WLS!

When we have weight loss surgery, our weight changes and our health improves. But what happens to the relationships in our lives? What do you do if your family or friends do not support or accept the new you?

Not only has your relationship with food changed, your other relationships may change as well. Many times when relationships and friendships are strong and healthy before you had surgery, they will become even stronger. Your interpersonal relationships will change to some degree. The healthy ones will change for the better, the not-so-good ones will fall by the wayside, and in their place you will build new relationships that are more positive for you.

Sometimes as you lose weight, the people in your life can become uneasy. Those in your life may be concerned that the changes in you can impact your relationship with them. Change is hard for many of us. It is common to want to keep things as they are, enjoy the status quo, and confined within a certain comfort level. Sometimes the reaction of those in your life as you lose weight can be disappointing or hurtful. Give them time to adjust. It is probably not intentional, and they are not aware of the impact on you.

It is important to understand that many people, not just weight loss surgery patients, can find the surgery and losing weight frightening. Your family and friends may not be as supportive in the beginning because they are concerned about the risks and complications. Discussing the risks and providing the information and materials you have researched or received from your bariatric surgeon can help.

Despite your attempts at obtaining support and understanding from your family and friends, they might not support your decision to have weight loss surgery. While disappointing, it doesn't have to derail your decision to have surgery and be successful.

You may find that as you become healthy and lose weight, your identity within a relationship or even at work as a larger sized person may make people feel uncomfortable. It can cause others to question themselves and be less satisfied with their own circumstances in their health.

If you have friendships that are bonded by binge-eating buddies, that connection will change when you have weight loss surgery. You are no longer able to engage in your mutual, common pastime of eating. Your friend may fear losing your friendship.

If you have people in your life that consistently sabotage your new healthy habits and lifestyle, you need to discuss it with them. Consider that some people in your life may have a personal investment in you being overweight. They may negatively feel better about themselves if you are heavier than they are. They may believe they are showing affection and love by unwittingly sabotage your motivation. Explain that you need positive and encouraging non-food acts of their feelings for you. Do not listen to negative comments, and be happy with yourself. Know that the changes you have made are in your best interests.

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If you are having difficulties within your marriage or relationship with your significant other, consider marriage counseling. This will provide a way to discuss and explore your feelings, and to set a new path for your relationship.

Interpersonal relationships can also experience unexpected changes as well. Many times this is a result of those in your life experiencing regret, sadness, or anger over the loss of the person they knew before they had surgery.

Communicate openly and honestly about feelings and issues that arise between you and others in your life. Clear and effective communication is often the cure for many ripples that occur after weight loss surgery. State your needs without emotion, accusation, or blame. You can share that it would mean a lot to you if you had their support. You now have a precious gift of good health and a higher quality of life. Your weight loss and healthy lifestyle do not need to be a threat to your relationships.

Another fulfilling way of obtaining support is with support groups. ObesityHelp support groups are a great way to obtain support. You will know that you are not alone. You can connect with other weight loss surgery patients and your ObesityHelp support group leader. In a support group meeting you can share experiences, information, obtain education, and gain perspective on issues that arise. You'll hear about successes, frustrations, plateaus, and special WOW Moments. You'll also be able to interact with other support group members that share the experience of morbid obesity, the process of having weight loss surgery, and creating a new healthy lifestyle.

The best motivation for success from your weight loss surgery comes from you – inside. It also helps to have support too. Create your own system of support. Here are some suggestions for building and designing your support system:

- Stay in touch with family and friends by telephone calls, e-mails, and getting together.
- Accept invitations to events, even if it feels awkward and uncomfortable at first.
- Be a supportive friend yourself. Explain to your family and friends how important their support is to you.
- Don't wait to be invited somewhere. Take the lead and schedule a get-together.
- Take part in community events, organizations, exercise classes, or volunteer.
- Start a conversation with someone new. You might be starting a new friendship.
- Try, try, try….don't give up relationships. Give family and friends time to adjust, and continue communicating about the changes each of you are experiencing.

You cannot control the reactions of people in your life to your personal change, but you can support yourself fully and completely. Stay motivated no matter what. Keep your goals in mind at all times. Reflect on the reasons you had weight loss surgery in the first place. The longer you focus on changing your old habits that made you heavy and replace them with new, healthy ones, those in your life will notice. Allow the support system you've created help you to achieve the new heights of your weight loss surgery goals and success.

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Vol. III Issue 5

On the Journey

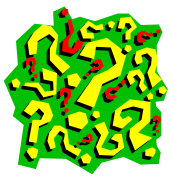
THE VOICE OF EMOTIONAL EATING!

Can you identify with any of these situations?

You are working on a presentation at work and it is coming together just as you'd hoped. You are pleased with the progress you have made and know that your boss will be too. All of a sudden, you want to eat…perhaps something sweet, salty and crunchy. The coffee shop is just across the street a couple of minutes away. You ate lunch less than an hour ago so you aren't really hungry. You can't stop thinking of eating. Why?

You are driving to school to meet with your child's teacher for a routine parent/teacher conference. No big deal, right? On your way to the school, you drive by your favorite restaurant or fast food establishment. Even though you aren't hungry, you are craving something immediately that it serves? You drive through for a "quick snack" and are a few minutes late for the conference. What happened?

You received good news – you want to eat; you are worried – you want to eat; you are feeling down for no particular reason that you can identify – you want to eat. What is this voice that is similar to a recording playing over and over in your head? This is head hunger for emotional eating.



What is emotional eating? Emotional eating is when we eat in response to situations and feelings other than true physical hunger. Emotional eating is a way to suppress or calm emotions such as worry, boredom, sadness, or stress. The key to leaving the voice of emotional eating unanswered is to be aware. Be aware that emotional eating is triggered when you eat to feed a feeling, whether consciously or unconsciously, rather than feed a physical hunger. So…..Stop-Look-Listen!

Some of the ways you can distinguish emotional eating from physical hunger are:

→ If you are craving a certain food, and only that food will do (such as cookies, chips, pizza, or an unhealthy food item), that is emotional eating. If you eat because you are experiencing physical hunger, you are open to food choices to satisfy that hunger.

→ Emotional eating hunger strikes suddenly while physical hunger occurs gradually. Emotional hunger happens instantaneously and wants to be satisfied NOW. Physical hunger does not demand to be satisfied immediately and can be delayed.

→ Emotional eating is usually a process that is ongoing and prolonged. You can't seem to be satisfied and continue eating. One of the behaviors associated with emotional eating is searching. You eat something and then search for more or something else to feel full and satisfied. With physical hunger, you can stop eating when you feel a sense of satiety.

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→ Emotional eating causes you to feel guilt and shame afterwards. Negative self-talk usually results after emotional eating. Eating in response to physical hunger does not result in negative emotions or self talk. Eating to satisfy physical hunger is an act of self-care and nurturing, resulting in positive feelings from taking care of yourself.

Food can be a welcome distraction. If you are worried, i.e., about your presentation or a parent-teacher conference, food can take you away from your worry and distract you from your feelings. The distraction is only temporary and the situation or feelings return. In addition to the situation or feelings that you initially emotionally ate to cope, you now have added the negative feelings from emotional eating.

When we have a headache or a physical discomfort, we take medication. Emotional eating is similar in that if we feel emotional discomfort, we want to eat to stuff the feeling or diminish the intensity. Food is for nourishment not for medicating!

Here are some tips and what to do when you want to emotionally eat:

- Identify the urge to emotionally eat. Does it strike so quickly that you haven't recognized it before? Instill a moment of pause when the desire occurs. This will allow you the opportunity to deal with the situation and feelings causing the drive to emotionally eat.
- What is triggering the desire to emotionally eat? Check in with yourself. What situation or feeling is most prominent at the time? Are you feeling worried, sad, overwhelmed, or angry?
- Distract yourself in a healthy, positive way rather than with food. Make a list of things you can do when you feel that urge to eat over your emotions. Call a friend, read a book, take a walk, watch a movie, listen to your favorite music, go outside and change your environment from the house (and kitchen), indulge in a bubble bath, or take a nap.
- Feel the feelings. Feelings are temporary. They can be used as a barometer as to what is going on inside you that needs your attention. Feelings will pass when they are experienced and allowed to come and go.

Be proactive and develop strategies for conquering emotional eating. Write a checklist of activities you can engage rather than emotionally eat. Many times the strongest compulsion for food occurs when you are feeling emotionally vulnerable. Many of us turn to food for comfort when faced with a situation, uncomfortable feelings, or looking to carve out time just for ourselves. Nurture yourself in other ways than food. Food is a quick fix while self-comforting acts are long lasting.

If you have given in to emotional eating, learn from it and start again. Make a plan by incorporating a new strategy for the future. Play it again……review the situation and feelings that you emotionally ate over and substitute another way of coping. Focus on the positive, healthy changes you've made in your life.

Empower yourself to silence the voice of emotional eating. Make your goal to be stronger than the pull of emotional eating. Remember the answer to handling situations and feelings lies in you and not in a bag of chips.

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Vol. IV Issue 4

On the Journey

IMPOSSIBLE TO REGAIN WEIGHT AFTER WLS…. RIGHT?

Once you have weight loss surgery, your worries about your weight are over…..now that you've lost weight from your surgery, you don't need to think about weight issues, right? As we know, weight loss surgery is a tool. Weight regain can occur. It is a tool that WE choose to use.

If weight regain has occurred, medical conditions and anatomic surgical issues need to be addressed by a physician and necessary blood tests. Regular follow-ups throughout a post-operative patient's life are important. By regular exams, follow-ups, and blood tests potential problems can be detected early and treated.

When health and medical issues have been eliminated as a cause for weight regain, the next step is to focus on the behavioral changes required for long-term weight loss success.

If you've regained weight, it is common to feel as though we have failed. So many times during our pre-dieting career, we felt like failures each time the diets did not work long-term. You are not a failure!! It is common for weight regain after weight loss surgery. You are not alone. The great aspect of weight loss surgery is that if you have regained weight, you can lose it. Your tool is with you to help in losing regained weight.

If you are concerned about weight regain or have gained weight that you'd like to lose, here's some suggestions to get back on track:

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* Check your protein. Are you eating enough protein? Protein provides satiation and is important for maximizing weight loss. At meals, eat protein first.

* Are you drinking a minimum of 64 ounces of water daily? Not soda, tea, coffee, or juice. Water is a key component of getting back on track. Many times we interpret thirst as hunger. Make sure you are continually hydrating throughout the day.

* How is your activity level? Are you exercising regularly? Have you decreased the frequency and/or intensity of your exercise? If you want to lose it, you must move it.

* Grazing is a sure way to regain weight from surgery. Rather than eat regular meals with planned snacks, grazing can creep back in our lives too easily. Grazing often leads to consuming too many calories, which causes weight gain. You can eat around your surgery by grazing.

* End emotional eating. Tune into your emotions rather than eat over them. Check in with yourself if you're eating from physical hunger or head hunger. Head hunger feeds emotions and can result in weight gain.

If you've regained weight, think back to a time post-op when you were successfully losing weight. What were you doing? What habits had you created that led to your success? Have you returned to old habits that made you heavy? To lose weight, go back to the basics of what worked for you. You were successful in losing weight, you can do it again.

The significant weight loss that occurs within the first period of time after surgery is a big motivator. Food urges return and we must learn to cope with food urges and emotions without acting on them by eating. Isn't it more important to feel good about ourselves than make an unhealthy choice?

Weight loss surgery is a wonderful tool to lose weight. Success from our surgery depends on adopting lifelong healthy habits that include changes in our nutrition, exercise, and behavioral health. What you eat and how you eat changes after surgery, but the benefits of weight loss and improved health are yours. Your surgical tool is yours to use; for weight regain you can choose to lose.

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Vol. III Issue 6

On the Journey

CROSSING THE LINE TO CROSS ADDICTION?

You've had your weight loss surgery and reached your goal or well on your way to your weight loss goals. Finally! Shouldn't it be smooth sailing from now on? Then, all of a sudden, you notice some behaviors such as consuming alcohol, gambling or shopping are becoming more than just habits. No big deal because you've had surgery and have lost weight. You're just indulging a little bit, right? You have achieved your goals from having weight loss surgery. They are just little things that aren't a real problem. Or, are they? Something about these habits feels familiar. You feel the same pull toward your new indulgence that you did for overeating.

Some weight loss surgery post-ops are reporting problems in replacing compulsive eating to other addictive, compulsive behaviors such as alcoholism, gambling, increased cigarette smoking, or shopping. Awareness of the issue is beginning to surface and come to the forefront by post-ops concerned about these arising new addictions.

When post-ops replace compulsive overeating for another addictive-prone behavior such as consuming alcohol to an excess, gambling, chain smoking, or binge shopping, it is commonly referred to as "Cross-Addiction" or "Addiction Transfer".

The label of "addiction" creates many feelings and concerns for people. For many, the mere mention of addiction has a very loaded charge and a stigma unfortunately exists. However, if you are concerned or suspect that you are addicted to a particular behavior, it is unhealthy to avoid dealing with your behavior because it is uncomfortable to consider a cross addiction exists.

The biochemical causes of compulsive eating are very similar to the other self-destructive addictions of alcoholism or cocaine. Alcohol use, in particular, is a concern for bariatric patients because some of the weight loss surgery procedures change the way patients metabolize alcohol, making its effects far more powerful. Those powerful effects can be a lure to develop an addiction to alcohol.

For an addictive personality, the tendency is to cope by diverting a person's attention and lose themselves in a substance, person, or activity. There is a sense of relief for a short period of time, but it is not fully satisfying. The primary reason for the addiction is to escape and not deal with or face whatever it is that is going on. There is an instantaneous reinforcement to continue in this behavior because of the immediate relief, plus a diminished desire to face difficulties without the use of something to bring about that calming sense of relief.

Why would someone that has undergone bariatric surgery and lost weight along with regaining their physical health turn to another addiction? Cross addiction or addiction transfer occurs for some weight loss surgery patients when they seek new coping strategies for filling an inner void. Unless

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new healthy habits are made a part of your life with along with strategies for coping with feelings, relationships, and navigating the daily ups and downs that we all have, you can be vulnerable for weight regain or addiction transfer.

It is unclear how frequently post-surgery addiction replacement actually occurs. Many post-ops that are struggling with a replacement addiction feel guilt and shame for turning to another form of escape to replace food. There are estimates among clinicians and therapists that range from 5% to 30% of post-ops develop a cross addiction. Studies are ongoing to determine how widespread the issue of addiction transfer actually is. Regardless of the statistics, if you suspect you have a cross addiction, the time to address it is NOW.

If you are struggling with the pull from an addiction transfer, you have not failed. You are not a failure! All it means is that you need to deal with the underlying issues internally. Use this opportunity to protect yourself from returning to unhealthy habits that can make you regain weight or be vulnerable to a cross addiction.

Having weight loss surgery is about more than losing weight. It is an opportunity, or second chance, to develop healthy lifestyle habits. An addiction, whether to food, alcohol, or any other destructive behavior, is an attempt to fill an inner void. You can fill that void with healthy habits that reflect who you are, your interests, and the passions in your life. You can fill that void by dealing with any personal issues and feelings that you are suppressing with food or other self-destructive habit. If you need assistance, attend a support group to share with others. For many post-ops, talking with a mental health professional is a powerful, positive step you can take for your long-term physical, mental and emotional health.

Knowledge is power! The awareness of the possibility of cross addiction is imperative. If you are concerned or believe you might be facing a transfer addiction, be proactive for your own best interests.

Steps to avoid a transfer of addictions:

1. Build coping skills and strategies that don't involve food or other destructive behaviors.
2. Develop a personal support system (i.e., your ObesityHelp Support Group, supportive and positive family and friends).
3. Obtain professional help at the first signs of switching addictions.

If you believe that you have an issue with addiction transfer, there are a couple of first steps to do:

First step – Admit to yourself that you either have a problem or are concerned about your behavior. You don't have to lose everything in the backlash of alcoholism; experience financial hardship from binge shopping or gambling, or become dependent on another self-destructive behavior.

Second step - There are self-help support groups that can assist in overcoming alcoholism, gambling, binge shopping, and other destructive behaviors. Talking with a mental health professional about your concerns and destructive behaviors can be invaluable and make a tremendous difference in your quest to overcome addiction. You can also work with the professional on how to incorporate healthy coping strategies to maintain a addiction-free life.

It is very important to be aware of your situation regarding any addiction and to reach out. You have many resources that are available to you. The first step is usually the most difficult. When we had weight loss surgery, many of us believed that would solve so many of our problems. In fact, it has! However, the surgery is not a magic bullet that does all the work for us. Learning new ways to replace what food used to do for us and not turn to another self-destructive habit is the way to long-term health and success from weight loss surgery. Turn to skills and activities that are life-affirming and not destructive to your life. If you have regained some weight and are feeling the pull of food addiction or another addiction, you can get back in control and overcome the obstacle of addiction. Reflect on the positives that you have accomplished and achieved already. Always remember….YOU CAN DO IT!!

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