

# Weight Management Center Bariatric Surgery Patient Handbook

 **Stormont Vail Health**  
Cotton O'Neil Clinics and Stormont Vail Hospital

ACS

**MBSAQIP**

Metabolic and  
Bariatric  
Accreditation





## Bariatric Surgeons



**Dr. Wael Khreiss, M.D.**

**Specialty:** General Surgery

**Speaks:** Arabic, English, French

**Board Certification**

American Board Surgery (General Surgery)

**Fellowship**

Mayo School of Graduate Medical Education

General Surgery

Rochester, MN 2013

**Residency**

American University of Beirut

General Surgery

Beirut, Lebanon 2007

**Medical School**

American University of Beirut

Beirut, Lebanon 2005



**Dr. Partha Bhurtel, M.D.**

**Specialty:** Bariatric Surgery

**Speaks:** English, Hindi, Nepali, Urdu

**Board Certification**

American Board Surgery (General Surgery)

American Board of Obesity Medicine

**Fellowship**

Mayo School of Graduate Medical Education

General Surgery - Bariatric Surgery

Rochester, MN 2018

**Residency**

St. Elizabeth's Medical

General Surgery

Boston, 2017

**Medical School**

BP Koirala Institute of Health Science

Dharan, Nepal 2008



**Amber Groeling, RD,  
CSOWM, LD**

Commission on

Dietetic Registration

(Program Coordinator and  
Registered Dietitian)

*Topeka*



**Lori Barr**

Patient Navigator

(785) 354-5149

## Table of Contents

### General Information

Your Weight Management Team.....	3
Surgery Procedures .....	4

### Pre-Op (Before Surgery)

Patient Pathway.....	8
Patient Checklist for Insurance Requirements.....	9
Bariatric Surgery Agreement.....	11
Pre-Surgery Goals .....	12
Choosing a Protein Supplement .....	13
Required Purchases Prior to Surgery.....	15
Vitamins Schedule .....	16
Pre-Op Diets .....	17
Preparing for Surgery .....	19

### Post-Op (After Surgery)

Post-Op Diet .....	20
Fluid and Protein Intake Sheet.....	21
Common Complaints .....	33
10 Habits of Highly Successful Patients .....	36
Medications to Avoid After Surgery .....	37
Physical Activity .....	38
Patient Resources .....	39

## Your Weight Management Team

- **Surgeons:** You will meet with one of our bariatric surgeons to discuss your options and decide which surgery is best for you. You will meet with them again prior to your surgery to review any questions you may have and set a date for surgery.
- **Weight Management Providers:** You will be seen by one of our providers that specializes in obesity. They will guide and assist you in reaching your weight loss goals, and can manage your care, pre- and post-surgery.
- **Dietitian:** You will meet with a dietitian at least twice prior to surgery. After surgery, a dietitian will follow your case and make sure your new diet changes are meeting all of your needs.
- **Endocrinology:** Our Endocrinology team will evaluate and treat any vitamin deficiencies prior to your weight-loss journey.
- **Patient Navigator:** Our patient navigator is your “go to” person for all of your questions regarding your pre-surgery requirements and appointments. They will help you complete your checklist for insurance coverage, follow your case, and keep you updated on your status for approval by your insurance company.
- **Behavioral Health:** You will have a psychiatric evaluation prior to bariatric surgery with one of our mental health practitioners.
- **Pharmacist:** Before your surgery, the pharmacist will discontinue or make adjustments to your current medications and discuss these changes with your physician.

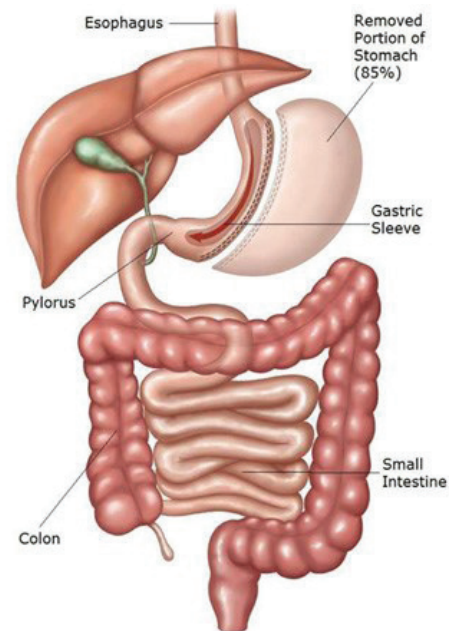
## Surgical Procedure - Sleeve Gastrectomy

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

### The Procedure

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

Short term studies show that the sleeve is as effective as the Roux-en-Y gastric bypass in terms of weight loss, and improvement or remission of diabetes. There is also evidence that suggests the sleeve, similar to the gastric bypass, is effective in improving type 2 diabetes independent of the weight loss. The complication rates of the sleeve fall between those of the adjustable gastric band and the Roux-en-Y gastric bypass.



### Advantages

1. Restricts the amount of food the stomach can hold
2. Induces rapid and significant weight loss similar to that of the Roux-en-Y gastric bypass.  
Weight loss of >50% for 3-5+ year data, and weight loss comparable to that of the bypass with maintenance of >50%
3. Requires no foreign objects (AGB), and no bypass or re-routing of the food stream (RYGB)
4. Involves a relatively short hospital stay of approximately two days
5. Causes favorable changes in gut hormones that suppress hunger, reduce appetite and improve satiety

### Disadvantages

1. Is a non-reversible procedure
2. Has the potential for long-term vitamin deficiencies
3. Has a higher early complication rate than the Adjustable Gastric Band.



<https://asmbs.org/patients/bariatric-surgery-procedures#sleeve>

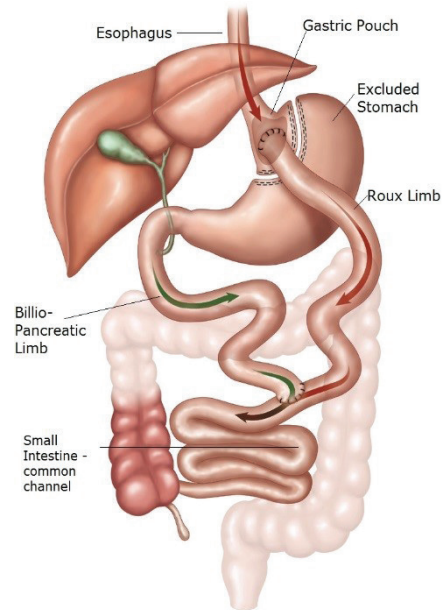
## Surgical Procedure - Roux-en-Y Gastric Bypass

### The Procedure

There are two components to the procedure. First, a small stomach pouch, approximately one ounce in volume, is created by dividing the top of the stomach from the rest of the stomach. Next, the first portion of the small intestine is divided, and the bottom end of the divided small intestine is brought up and connected to the newly created small stomach pouch. The procedure is completed by connecting the top portion of the divided small intestine to the small intestine further down. This ensures the stomach acids and enzymes from the bypassed stomach and first portion of small intestine will eventually mix with the food.

The gastric bypass works by several mechanisms. First, similar to most bariatric procedures, the newly created stomach pouch is considerably smaller and facilitates significantly smaller meals, which translates into less calories consumed. Additionally, because there is less digestion of food by the smaller stomach pouch, and there is a segment of small intestine that would normally absorb calories as well as nutrients that no longer has food going through it, there is less absorption of calories and nutrients.

Most importantly, the rerouting of the food stream produces changes in gut hormones that promote satiety, suppress hunger, and reverse one of the primary mechanisms by which obesity induces type 2 diabetes.



### Advantages

1. Produces significant long-term weight loss (60 to 80 percent excess weight loss)
2. Restricts the amount of food that can be consumed
3. May lead to conditions that increase energy expenditure
4. Produces favorable changes in gut hormones that reduce appetite and enhance satiety
5. Typical maintenance of >50% excess weight loss

### Disadvantages

1. Is technically a more complex operation than the laparoscopic sleeve gastrectomy (LSG) and potentially could result in greater complication rates
2. Can lead to long-term vitamin/mineral deficiencies particularly deficits in vitamin B12, iron, calcium, and folate
3. Requires adherence to dietary recommendations, life-long vitamin/mineral supplementation, and follow-up compliance



<https://asmbs.org/patients/bariatric-surgery-procedures#sleeve>

## Biliopancreatic Diversion with Duodenal Switch (BPD/DS)

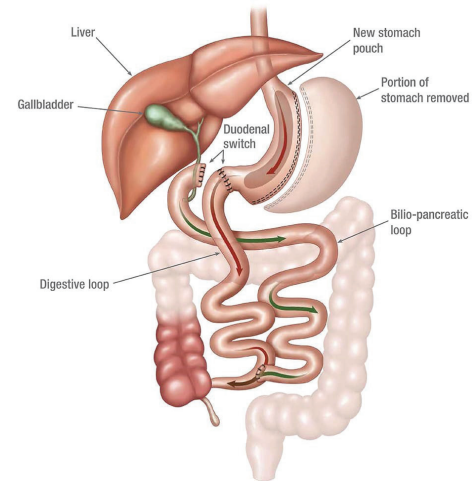
The Biliopancreatic Diversion with Duodenal Switch – abbreviated as BPD/DS – is a procedure with two components. First, a smaller, tubular stomach pouch is created by removing a portion of the stomach, very similar to the sleeve gastrectomy. Next, a large portion of the small intestine is bypassed.

### The Procedure

The duodenum, or the first portion of the small intestine, is divided just past the outlet of the stomach. A segment of the distal (last portion) small intestine is then brought up and connected to the outlet of the newly created stomach, so that when the patient eats, the food goes through a newly created tubular stomach pouch and empties directly into the last segment of the small intestine. Roughly three-fourths of the small intestine is bypassed by the food stream.

The bypassed small intestine, which carries the bile and pancreatic enzymes that are necessary for the breakdown and absorption of protein and fat, is reconnected to the last portion of the small intestine so that they can eventually mix with the food stream. Similar to the other surgeries described above, the BPD/DS initially helps to reduce the amount of food that is consumed; however, over time this effect lessens and patients are able to eventually consume near “normal” amounts of food. Unlike the other procedures, there is a significant amount of small bowel that is bypassed by the food stream.

Additionally, the food does not mix with the bile and pancreatic enzymes until very far down the small intestine. This results in a significant decrease in the absorption of calories and nutrients as well as nutrients and vitamins dependent on fat for absorption (fat soluble vitamins and nutrients). Lastly, the BPD/DS affects gut hormones in a manner that impacts hunger and satiety as well as blood sugar control. The BPD/DS is considered to be the most effective surgery for the treatment of diabetes among those that are described here.



### Advantages

1. Results in greater weight loss than RYGB or LSG, i.e.2, 60 – 70% percent excess weight loss or greater, at 5 year follow up
2. Allows patients to eventually eat near “normal” meals
3. Reduces the absorption of fat by 70 percent or more
4. Causes favorable changes in gut hormones to reduce appetite and improve satiety
5. Is the most effective against diabetes compared to RYGB and LSG

### Disadvantages

1. Has higher complication rates and risk for mortality than the AGB, LSG, and RYGB
2. Requires a longer hospital stay than the AGB or LSG
3. Has a greater potential to cause protein deficiencies and long-term deficiencies in a number of vitamins and minerals, i.e., iron, calcium, zinc, fat-soluble vitamins such as vitamin D
4. Compliance with follow-up visits and care and strict adherence to dietary and vitamin supplementation guidelines are critical to avoiding serious complications from protein and certain vitamin deficiencies



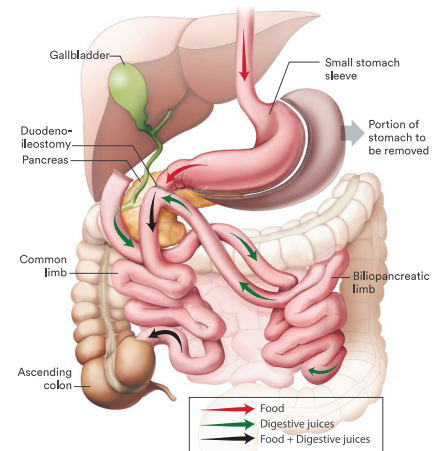
## Single Anastomosis Duodeno-Ileal Bypass with Sleeve Gastrectomy (SADI-S)

The Single Anastomosis Duodenal-Ileal Bypass with Sleeve Gastrectomy, referred to as the SADI-S is the most recent procedure to be endorsed by the American Society for Metabolic and Bariatric Surgery. While similar to the BPD-DS, the SADI-S is simpler and takes less time to perform as there is only one surgical bowel connection.

### The Procedure

1. The operation starts the same way as the sleeve gastrectomy, making a smaller tube-shaped stomach.
2. The first part of the small intestine is divided just after the stomach.
3. A loop of intestine is measured several feet from its end and is then connected to the stomach. This is the only intestinal connection performed in this procedure.

When the patient eats, food goes through the pouch and directly into the latter portion of the small intestine. The food then mixes with digestive juices from the first part of the small intestine. This allows enough absorption of vitamins and minerals to maintain healthy levels of nutrition. This surgery offers good weight loss along with less hunger, more fullness, blood sugar control and diabetes improvement.



### Advantages

1. Highly effective for long-term weight loss and remission of type 2 diabetes
2. Simpler and faster to perform (one intestinal connection) than gastric bypass or BPD-DS
3. Excellent option for a patient who already had a sleeve gastrectomy and is seeking further weight loss

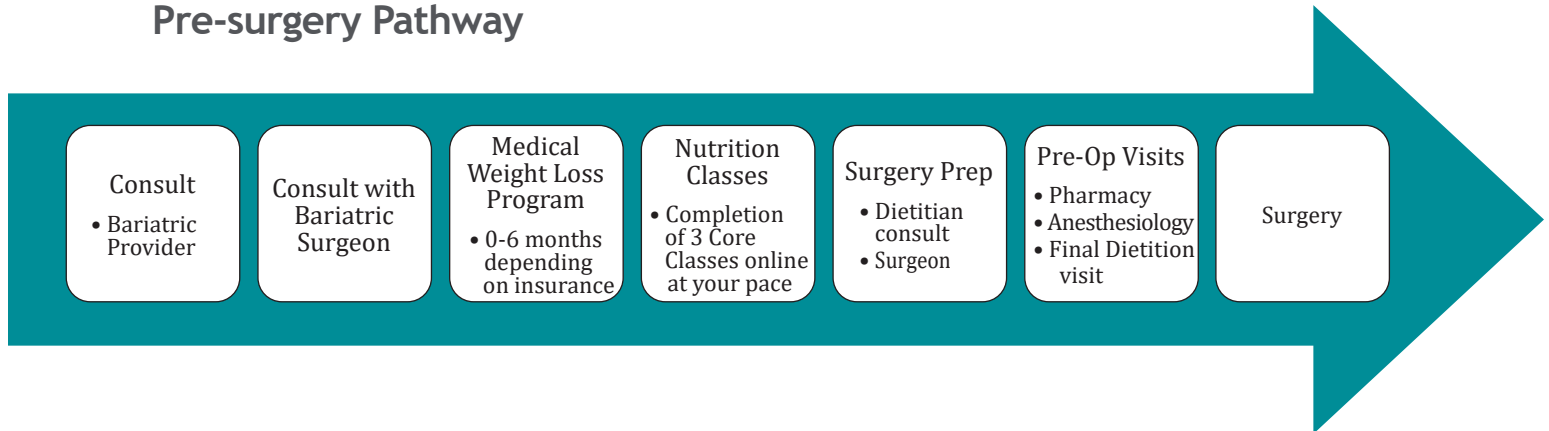
### Disadvantages

1. Vitamins and minerals are not absorbed as well as in the sleeve gastrectomy
2. Newer operation with only short-term outcome data
3. Potential to worsen or develop new-onset reflux
4. Risk of looser and more frequent bowel movements



## Cotton O'Neil Weight Management Program: Bariatric Surgery Pre-Op Schedule

### Pre-surgery Pathway



Patient to complete pre-requirements for surgery before final surgeon visit is scheduled:  
Behavioral Health, Endocrinology, Pulmonary, Cardiology, and MD visits as needed per insurance and medical history.

### Post-surgery Pathway



The registered dietitian and bariatric provider are available as needed for individualized patient needs.

## Bariatric Surgery Patient Schedule

The following items need to be complete before your final consult with your bariatric surgeon. Bariatric surgery typically takes place 2-4 weeks after meeting with the surgeon. Our patient navigator will review the insurance requirements specific to your plan. If your insurance changes it is important to contact us immediately as your coverage and/or requirements may change.

	Appointment Needed	Date/s	Instructions
<input type="checkbox"/>	Initial visit with medical weight loss provider		Please be sure your insurance is up to date in MyChart, and notify us of any potential changes to your insurance plan. <b>Weight Management Phone number: (785) 270-0056</b> <b>Number of medical weight loss visits required: _____</b>
<input type="checkbox"/>	Patient Navigator		Our patient navigator will send the behavioral health questionnaires via MyChart. These need to be completed before the referral can be placed. Once you have completed the questionnaires, please reply to message to let her know they are completed. <b>Patient Navigator Phone number: (785) 354-5149</b>
<input type="checkbox"/>	Initial visit with Behavior Health Provider		All questionnaires will need completed prior to the referral being sent, see above. Please have the name, phone number and fax number of current counselors or psychiatrist (if applicable). Please arrive 15 min early to this visit. <b>Behavior Health Phone number: (785) 270-4600</b>
<input type="checkbox"/>	Additional visits with Behavioral Health Provider (if indicated)		If indicated, your Behavioral Health provider may recommend additional therapy visits. If recommended, these visits will need completed prior to your final surgeon visit. <b>Number of months/visits recommended: _____</b>
<input type="checkbox"/>	Initial Visit with Dietitian		Bring one week of food logs and watch all online nutrition classes prior to your visit: <a href="https://vimeo.com/showcase/7345619">https://vimeo.com/showcase/7345619</a> <input type="checkbox"/> Core Class 1: Knowledge in Nutrition <input type="checkbox"/> Core class 2: Combating Cravings Core class 3: Plateaus and Navigating Restaurants <b>Additional visits needed if indicated: _____</b>
<input type="checkbox"/>	Initial visit with Bariatric Surgeon		Please read your bariatric handbook prior to the surgeon visit, paying special attention to pages 4-6 that outline the surgeries performed at Stormont Vail. <b>Surgery phone number: (785) 580-0369</b> Additional testing needed: _____
<input type="checkbox"/>	Health Maintenance		All age-related health screenings need to be up to date prior to bariatric surgery. Ex: colonoscopy, mammogram, EGD or UGI
<input type="checkbox"/>	Endocrinology Consult		You will be screened for nutrition deficiencies and any underlining endocrine disorders. <b>Endocrinology Phone Number: (785) 354-9591</b>

	Appointment Needed	Date/s	Instructions
<input type="checkbox"/>	Pulmonary Clearance, if indicated		If you are prescribed a CPAP, compliance with your CPAP is required for clearance. If you are at risk for sleep apnea you may need a sleep study prior to pulmonary clearance. <b>Pulmonary Phone number: (785) 354-9591</b>
<input type="checkbox"/>	Primary Care Clearance		A note or letter from your doctor stating they support your decision to have bariatric surgery. <b>Fax letter to: (785) 354-0519, Attn: Lori Barr</b>
<input type="checkbox"/>	Cardiac Clearance		Only needed if you have diagnosed heart disease.
<input type="checkbox"/>	Attend Support Group meeting		Please join our online Facebook group "Cotton O'Neil Bariatrics" for information on our upcoming support group meetings.

**\*\*This preoperative appointment checklist is for all surgical patients. Due to individualized needs and health conditions, you may be asked to complete additional appointments that are not on this checklist.**

**Once your checklist is completed the surgery office will be notified, and you will be scheduled for your final surgeon visit.**

**Final Appointments Prior to Surgery:**

	Appointment Needed	Date/s	Instructions
<input type="checkbox"/>	Final visit with surgeon to schedule bariatric surgery		Bariatric surgery will be scheduled 2-6 weeks from this visit in order to receive prior authorization from your insurance prior to your surgery date. Once your surgery is scheduled you will be contacted to schedule your pre op clinic and pre-surgery nutrition class visits.
<input type="checkbox"/>	Final Dietitian Visit		During this visit the pre-op diet and post-op transition diets will be reviewed. In addition, you will learn how to manage common complaints after surgery.
<input type="checkbox"/>	Pre-op Clinic visit, will take place one week prior to bariatric surgery		This will take place at Stormont Vail Hospital in Topeka. Please use the main hospital entrance and follow the signs to the south tower/ surgery registration. You will complete labs, fill out paperwork, and meet with a pharmacist to review your current medications. The pharmacist will work with your prescribing doctors to change the route of any medication that may be absorbed differently after bariatric surgery.
<input type="checkbox"/>	Bariatric Surgery		You will receive a call the day before your surgery with your specific check in time.



## Bariatric Surgery Agreement

**Purpose:** This agreement is to ensure your understanding of the process and commitment required to maximize your chance of having a successful outcome with bariatric (weight loss) surgery.

**Instructions:** Read each paragraph thoroughly. Once you have read, understand and agree to the content, write your initials on the line next to each statement. If you have any questions, discuss this further with your weight management team.

- \_\_\_\_\_ I understand that while I'm enrolled in the Bariatric Surgery program, I am to make significant lifestyle modifications including changes to my current diet and exercise regime, resulting in weight loss/maintenance as directed by my health care team.
- \_\_\_\_\_ I understand and agree to follow the post-surgery treatment plan, which includes taking the vitamins and minerals, meeting minimum protein requirements and applying the lifestyle changes as directed by my health care provider for life. I am aware and understand that failure to do so can be harmful to my health.
- \_\_\_\_\_ I understand that getting pregnant within 18 months of having weight loss surgery is not recommended. I understand oral contraceptives are not effective for preventing pregnancy after bariatric surgery, and I will need to use two other methods to prevent pregnancy.
- \_\_\_\_\_ I understand and agree to avoid certain medications after my weight loss surgery, as directed by my health care provider. I am aware and understand that taking certain medications after weight loss surgery can be harmful to my health.
- \_\_\_\_\_ I understand that smoking, vaping, chewing tobacco or any form of nicotine after weight loss surgery can significantly increase my risk of complications including bleeding ulcers. I will not use nicotine after weight loss surgery.
- \_\_\_\_\_ I understand that alcohol is not recommended after Bariatric Surgery and I am at increased risk of alcoholism if I choose to drink.
- \_\_\_\_\_ I understand and agree to scheduled follow-up visits required after my surgery:
- 1 week, 3 month, 6 month, and annual post-operative visit with my surgeon
  - 3 weeks, 3-, 6-, 9-, 12-, and 18-month post-operative visits with my dietitian
- \_\_\_\_\_ I understand that failure to follow all of the terms of this agreement may result in complications and/or less than optimal weight loss.
- \_\_\_\_\_ I acknowledge that I have received the Bariatric Surgery Patient Handbook.

### Authorization

Patient Signature	Signature Date (month DD, YYYY)
Patient Printed Name	

## Pre-Surgery Monthly Goals

Choose 2-3 goals to work on each month before surgery to prepare for the lifelong way of eating after surgery.

- ☐ Stop smoking, vaping, chewing tobacco, if applicable - must be nicotine free 3 months prior to starting the checklist
- ☐ Keep a food journal – record every bite and beverage and bring it to monthly visits – One week each month is REQUIRED for all patients
- ☐ Focus on lean proteins and vegetables, begin eliminating starches and sweets
- ☐ Consume a minimum of 64 oz. of water daily, and decrease caffeine to 12-16 oz. per day
- ☐ Eliminate all carbonated beverages and beverages with calories
- ☐ Avoid drinking fluids during meals and 30 minutes after. This is a lifelong requirement after surgery
- ☐ Avoid grazing, nibbling, and taking bites of food between meals
- ☐ Eat out of hunger, not emotional reasons – remember, “Food will only solve problems related to hunger”, “Don’t give up what you want most for what you want right now”
- ☐ Limit dining out to two times per week and cook more at home
- ☐ Take small bites and chew food very well (bites the size of a pea)
- ☐ Eat slowly (take 20-30 minutes to finish a meal) and without distractions like watching TV, driving, working, etc.
- ☐ Identify sources of support
- ☐ Eliminate alcohol – if applicable

## Choosing a Protein Supplement

After weight loss surgery, you will need to have 60 – 100g of protein each day. Protein will help with healing your body, preserving muscle, preventing hair loss, and successfully losing weight. You will follow a liquid diet after surgery, and it will be very important to have good quality protein drinks available during your time of healing. The further you get out from surgery, protein shakes will be used less often, as food-based proteins are best for weight loss success long-term.

### **Choose a protein supplement/shake that meets the following**

- 20-40g of protein for each serving
  - Whey protein and soy protein are best absorbed. Avoid pea protein, collagen, gelatin and rice protein as these are not absorbed as well
- Less than 5g of sugar, and less than 15g of carb per serving
- Less than 5g of fat per serving
- 240 calories or less per serving

### **Examples of high-protein, low-carbohydrate protein drinks**

- Fairlife Nutrition Plan
- Ensure Max Protein
- Premier Protein – all options
- Unjury protein powder – all options
- Isopure – all options
- Pure Protein powder – all options
- Muscle Milk light ready to drink shakes
- Equate High Performance ready to drink shakes
- ON – Optimum Whey protein powder
- Quest Whey protein powder
- Fairlife Core Power 26G Protein Shake
- Atkins PLUS Protein & Fiber – only this option meets needs
- Any brand that meets the above requirements



## Protein Drink Tips & Tricks

### Try adding these low-calorie mix-ins to make it taste better

- Sugar-free syrups used to flavor coffee drinks
- Vanilla extract or other flavorings like almond extract, coconut, root beer, etc.
- Try adding 1 Tbsp. powdered peanut butter to add a peanut flavor without the calories and fat
- If using protein powder, be sure to mix it with room temperature liquids to avoid clumping

### Other tips

- Mix with water or almond milk to dilute the sweetness
- Drink your protein drinks very cold, or blend them with ice
- Buy an unflavored protein powder and mix it with soup or with sugar-free Crystal Light or sugar-free Kool-Aid
- Drink from a covered cup if the smell is unpleasant

### Peanut Butter/Banana Shake

8 oz. unsweetened almond milk  
1 serving vanilla or chocolate protein powder  
1 Tbsp. pb2, or other brand of powdered peanut butter  
2 Tbsp. sliced banana (2 small slices)  
Blend until smooth in a blender

### Orange Dreamsicle

1 scoop vanilla whey protein powder  
½ individual serving sugar-free orange powder drink mix, like crystal light or Kool-Aid  
2 Tbsp. non-fat plain Greek yogurt  
6 oz. unsweetened vanilla almond milk  
1-2 ice cubes  
Optional: ¼ tsp vanilla extract &/or ¼ tsp orange zest  
Blend until smooth

### Frozen Chocolate Mocha

1 scoop vanilla or chocolate protein powder  
1 Tbsp. unsweetened cocoa, optional if using vanilla protein powder  
1 tsp. instant decaf coffee granules or 1 squirt of instant decaf coffee drink flavorings  
8 oz. unsweetened vanilla almond or cashew milk  
1-2 ice cubes, optional  
Blend until smooth

### Apple Pie Spice

1 scoop vanilla protein powder  
1 cup unsweetened almond milk  
1 apple (peeled, cored, and diced)  
¼ tsp. ground cinnamon  
2-3 ice cubes  
2 Tbsp. sugar free butterscotch pudding mix

### Candy Bar Shake

8 oz. chilled coffee  
1 tsp. sugar free caramel syrup  
1 scoop chocolate protein powder  
1 tsp. sugar free butterscotch pudding mix  
4 ice cubes

### Scotcheroo Shake

1 cup ice  
8 oz. water  
1 scoop chocolate protein powder  
1 Tbsp. natural peanut butter or 1 serving powdered peanut butter  
1 Tbsp. sugar free butterscotch pudding mix

## Required Purchases Prior to Surgery

### Required Vitamins

- Bariatric specific multivitamin capsules or chews
  - The Stormont Vail Retail Pharmacy sells the Procare Bariatric 45 One a Day Capsules. You can also purchase BariatricPal One a Day Capsules or chews online.
- Chewable calcium for the first 30 days, then 600mg calcium citrate tablets or chews twice a day. See page 15 for more details.

### Purchase as soon as you decide to have surgery

- Food journal notebook or app on phone
- Pedometer or step counter, optional but highly recommended
- Protein supplements – Be sure to find options that meet the requirements on page 12

### At least 2 weeks prior to surgery

- Purchase all required protein supplements – Be sure not to purchase more than a case as you may not like the same shakes after surgery
- Sugar-free syrups or flavorings for water &/or protein drinks
- Blender or shaker bottle for protein drinks
- Sugar-free popsicles
- Lemons, limes or True Lemon or Lime packets to flavor water
- Sugar-free gelatin/Jell-O®
- Sugar-free noncarbonated flavored drinks
- Broth
- Zero-calorie sports drinks (i.e., POWERADE Zero®)
- Required clear liquid protein drink for day before surgery

## Bariatric Vitamin & Supplements Schedule

### Gastric Sleeve:

- Bariatric multi-vitamin with 45 mg iron - capsule or chewable
  - Take daily with food
- Calcium, 1200-1500 mg calcium citrate – chew, tablet, powder or liquid\*
  - Take 500-600 mg 2-3 times per day, with or without food to equal 1200-1500 mg
  - Take each 500-600mg dose at least 3 hours apart, and 3 hours apart from bariatric vitamin

### Gastric Bypass:

- Bariatric multi-vitamin with 45 mg iron - capsule or chewable
  - Take daily with food
- Calcium, 1200-1500 mg calcium citrate – chew, tablet, powder or liquid\*
  - Take 500-600 mg 2-3 times per day, with or without food to equal 1200-1500 mg
  - Take each 500-600mg dose at least 3 hours apart, and 3 hours apart from bariatric vitamin
- B12 injection, monthly
- **Recommended, but not required:**
  - NewRhythm® Probiotics 50 billion CFU with 20 strains – 2 capsules per day
    - Take with bariatric vitamin
  - Vitamin K drops – take one drop twice a day with meals

### Duodenal Switch & SADI-S:

- Bariatric multi-vitamin with 60 mg iron or ProCare® DS/SADI CORE - capsule or chewable
  - Take daily with food
- Calcium, 1800-2400 mg calcium citrate – chew, tablet, powder or liquid\*
  - Take 500-600 mg 3-4 times per day, with or without food to equal 1800-2400 mg
  - Take each 500-600 mg dose at least 3 hours apart, and 3 hours apart from bariatric vitamin
- B12 injection, monthly
- NewRhythm® Probiotics 50 billion CFU 20 strains – 2 capsules per day
  - Take with bariatric vitamin
- Vitamin K drops – take one 500 mcg drop twice a day with meals

### Brands we recommend:

- ProCare Health® – sold at Stormont-Vail Retail Pharmacy
  - 830 SW Lane St, Suite B, Topeka, KS 66606
- BariatricPal® – sold online at <https://store.bariatricpal.com>
- NewRhythm Probiotics® – sold on Amazon
- Biotics Research Bio K Mulsion® Liquid Vitamin K drops – sold on Amazon

\* **Calcium Note:** for the first 30 days after surgery, you will take calcium carbonate/TUMs instead of calcium citrate.

**NOTE ABOUT LABS:** Please stop taking any bariatric vitamins, hair vitamins or biotin supplements three days prior to lab draw - biotin in the vitamins can interfere with results.



## Pre-Op Diet: Begin 2 Weeks Prior to Surgery

The purpose of this diet is to shrink the size of your liver allowing the surgery to be more successful. You should begin this diet two weeks prior to scheduled surgery date. The main goal of this diet is to keep your carbohydrate intake <50 grams per DAY. Please see the list of allowed foods on the next page. Below are some options for meals on the two-week diet. **NOT ALLOWED:** fruit, grains, bread, rice, pasta, buns, wraps, cereal, oatmeal, potatoes, corn, beans, peas, sweets, crackers, chips, etc. Please contact your dietitian if there is something not listed that you would like clarification on.

**Please aim for 64 – 100 ounces of calorie-free, caffeine-free, non-carbonated fluids each day on the pre-op diet!**

### Breakfast Options

- Protein shake – see page 12 for options
- Eggs with veggies, cheese and salsa
- Greek yogurt or cottage cheese

### Lunch & Dinner Options

- Lettuce salad with ¼ cup cheese, 4-6 oz. meat, veggies and dressing with <5 g of carb per serving
- 4-6 oz. Hamburger patty with 2 cups of California blend vegetables – or other allowed vegetable
- 4-6 oz. Marinated Chicken Breast Strips grilled or baked with 2 cups of green beans or other allowed vegetable
- 4-6 oz. Pork chop with 1 cup green beans and 1 cup cooked carrots
- Taco Salad with 4-6 oz ground seasoned beef, 3 cups lettuce, ¼ cup cheese, salsa and 2 Tbsp. ranch dressing
- Healthy Choice Low Carb Lifestyle Power Bowl – must be low-carb lifestyle option, 4 flavors to choose from
- Protein shake and raw vegetables
- Tuna pouch and celery sticks with cottage cheese or Greek yogurt

### Snack Options

- Protein shakes
- Greek yogurt or Carbmaster® yogurt or Cottage cheese
- Sugar-free popsicles or sugar-free gelatin

## The Day Before Surgery

### \*\*\*Clear Liquids Only\*\*\*

Clear liquids include water, sugar-free flavored water drinks, sugar-free sports drinks, broth, sugar-free jello, sugar-free popsicles and clear liquid protein drinks

**Not Allowed:** sugary beverages, milk consistency protein shakes like premier or Fairlife, milk, solid foods, caffeinated beverages

**Please drink 60-80 grams of clear liquid from any of the following options:**

- **Protein20**
- **Premier clear protein**
- **Unflavored or juice like flavored protein powder** – mixed with water or sugar-free drink mixes

\*\*\*\***Diabetic Patients:** If you begin to feel shaky, test your blood sugar. If it is between 50-70 eat 15 grams of quick acting carbohydrates. (ex. 4 oz. juice or 1 Tbsp. honey) Wait 15 min, if still below 70, eat another 15 g carb. Wait 15 min and recheck, if still low call 911. \*\*Note: if blood sugar is below 50 the first time you check, eat 30 grams of carb and then recheck after 15 minutes.

## 2 Week Pre-Op: Allowed Foods

### Lean Protein - 4-6 oz. per meal (or portions as noted)

<u>Beef</u> 90% lean ground beef Roast (rib, round, chuck, rump), trim away fat Steak (sirloin, round, filet, flank are the lean cuts)	<u>Poultry</u> Skinless turkey/chicken breast Ground turkey/chicken Chicken/turkey sausage Eggs
<u>Fish/Shellfish</u> Cod, Flounder, Haddock Halibut, Tilapia, Trout Salmon, Catfish, Tuna Clams/Crab/Lobster/Shrimp	<u>Pork</u> Pork tenderloin Center loin chops Pork sirloin roast Ham, Canadian Bacon, limit because of sodium
<u>Vegetable Proteins</u> Soybeans/edamame (1/2 cup serving) Soy products (i.e., veggie burgers) Beans (in moderation) (1/2 cup serving) Tofu	<u>Low-fat Dairy</u> Light or 2% cheese (string cheese, sliced cheese, block cheese, shredded cheese) – <b>keep to 1-2 Tbsp. and eat with another protein source!</b> 2% cottage cheese (1/2 cup serving) Non-fat or 2% milk, no sugar added Greek yogurt (1/2 cup serving)

### Non-Starchy Vegetables - 1-2 cups per meal

Artichoke Asparagus Beets Broccoli Brussels Sprouts Cabbage Carrots Cauliflower Celery	Collard greens Cucumber Eggplant Green beans Jalapeno Kale Lettuce & leafy greens Okra	Onions Peppers Radishes Salad greens Snow peas Spinach Summer squash (yellow, zucchini) Tomato (fresh or canned) Turnips
--	---	--

### Miscellaneous

Pickles Sugar-free jello/gelatin Sugar-free popsicles Spray butter – 2 squirts Olive oil Mustard	Broth Seasonings (taco seasoning) Herbs and spices Coconut aminos for seasoning Salad dressing or sauces with <5 g of carb per serving
---	--

## Preparing for Surgery:

### What to Bring to the Hospital

- ☐ If you use a CPAP or BIPAP machine, bring it with you to the hospital for use in recovery.
- ☐ A bag with your essentials.
- ☐ Bring your insurance card, driver's license or photo I.D., and any co-payment required by your insurance company.
- ☐ A list of all medications you are currently taking with the dosage you are taking.
- ☐ You may bring your own water flavorings and protein drinks to the hospital – flavor options at the hospital are minimal.
- ☐ Bring comfortable pajamas (loose fitting is best).

### Special Instructions

- ☐ Please leave your jewelry, medications, credit cards, cash and any other valuables at home.
- ☐ Makeup must be removed before your surgery.
- ☐ Nail polish will need to be removed. If you have acrylic nails, they will need to be removed prior to surgery.

## Possible Risks, Complications & Ongoing Concerns

Deciding on bariatric surgery can be difficult. This is major surgery. If you qualify for bariatric surgery, you need to think about the possible risks and complications of having this surgery. Make sure you know what to expect after surgery too. You need to be willing to change your lifestyle for the rest of your life. And, your body may change greatly in the years after surgery. Stormont Vail performs 100 surgeries on average per year. 27% Sleeve Gastrectomy, 58% Gastric Bypass, 10% revisions, and 3% Duodenal Switch.

### Possible Risks and Complications

As with any surgery, bariatric surgery has certain risks. These can include:

- Infection – 1% at Stormont Vail in the last year
- Staple line leak – 0% at Stormont Vail in the last year
- Blood clot – 0% at Stormont Vail in the last year
- Death – 0% at Stormont Vail in the last year
- Readmission rate – 2.2% after bariatric surgery in last year
- Unplanned intubation – 0% at Stormont Vail in the last year
- Reoperation rate – 2.2% at Stormont Vail in the last year

## Bariatric Post-Op Diet

### While in the Hospital

- Your diet order in the hospital will be a Bariatric Liquid Diet which will include water, broth, sugar-free non-carbonated beverages, sugar-free gelatin, unsweetened applesauce, and protein shakes.
- If you wish to bring your own sugar-free flavorings, you may do so. In addition, you can bring your own protein supplement.

### After Going Home

For the first week after surgery, you will be on a Liquid Diet. This includes sugar-free fluids and protein shakes.

- Sip on sugar-free fluids throughout the day. You can sip on water and protein shakes simultaneously.
- Once at home, you should be drinking 8 oz. (1 cup) of fluid every hour between meal times.
- Drink a minimum of 40 oz. of fluid each day. Aim for 60-80g of protein each day. *Please alert your surgeons nurse if you are not able to drink 30 oz in a day.*
- If you feel weak, shaky or hungry, this is the time to have a protein shake.
- \*\*\*\*Hypoglycemia/diabetes: If you begin to feel shaky, test your blood sugar. If it is between 50-70 eat 15g of quick acting carbohydrates. (ex. 4 oz. juice or 1 Tbsp. honey) Wait 15 min, if still below 70, eat another 15g carb. Wait 15 min and recheck, if still low call 911. \*\*Note: if blood sugar is below 50 the first time you check, eat 30g of carb and then recheck after 15 minutes.

### Diet Progression Timeline

Protein Drinks and Clear Liquids Start immediately after surgery	Post-Op 0-6 days	Sugar-free liquids, broth, sugar-free gelatin, sugar-free popsicles, diluted juice, allowed protein drinks
Blended Foods Begin 7 days after surgery	Post-Op 7-21 days	Foods that have a thin consistency, can be poured easily, have no distinct pieces. Choose foods and liquids that are low in fat and sugar.
Soft Foods Begin 3 weeks after surgery, or as directed by your dietitian	Post-Op 22-45 days	Foods that are soft, tender and easy to chew. Foods must be ground, flaked, chopped or diced. Choose foods and liquids that are low in fat and sugar.
Regular (solid texture) foods Begin 6-9 weeks after surgery, or as directed by your dietitian	Begins about 45 days after surgery	Carefully try foods of any consistency. Choose lean protein and foods low in fat and sugar.



## Fluid and Protein Intake Sheet

**Patient Instructions:** Place 1 line across each cup you drink. ONLY Drink from the 30mL medicine cup, 1 cup at a time.

**NO STRAWS**

**Fluids:** Be sure to include at least 64 oz. per day, even after you discharge!

1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.
1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.
1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.
1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.

### Jello®


### Pudding (½ skim milk, ½ pudding)


### Soups


### Protein Shake

1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.	1 oz.
-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

**Staff Instructions:** Make a second line to form "X" when documenting intake and place initials on form when documented. Give blank sheet every day. NOT PERMANENT DOCUMENT FOR PATIENT CHART.

**Date:** \_\_\_\_\_

## Protein Drinks and Clear Liquids

**Will begin in the hospital and continue when you get home until post-op day 7**

As your stomach is healing, it's important to limit stress on the irritated pouch. To avoid vomiting, do not advance your diet faster than recommended. This is a very important time to learn how to get 40 oz. or more of sugar-free liquids each day. This diet will begin in the hospital and continue until you are one week past your surgery date.

### Sugar-Free Fluids

- Drink a minimum of 64 oz. (8 cups) of fluids daily. This is your top priority after surgery.
- Sip 8 oz. (1 cup) of fluids each hour throughout the day.
- Remember to follow the "3 C's" to choose liquids with no caffeine, no carbonation, or calories (sugar).

### Sample of Approved Liquids

Water Herbal Tea Crystal Light® Zero Sugar Gatorade™	Vitamin Water Zero® Diet Juice POWERADE Zero® Decaf sugar-free Tea	Mio® Dasani® Propel® <i>Any water flavoring with &lt;5 calories per serving</i>	Broths (vegetable, beef or chicken) Sugar-free gelatin Sugar-free popsicles
---	---	--	--

### Signs of Dehydration

<p>Early Dehydration</p> <ul style="list-style-type: none"> <li>• Nausea</li> <li>• Flushed face, extreme thirst</li> <li>• Urine is less, and dark yellow with strong odor.</li> <li>• Dizziness, weakness, fatigue</li> <li>• Cramping in arms and legs</li> <li>• Sleepy or irritable feeling</li> <li>• Headaches, dry mouth, dry tongue, thick saliva</li> </ul>	<p>Severe Dehydration</p> <ul style="list-style-type: none"> <li>• Weak pulse</li> <li>• Cold hands and feet</li> <li>• Rapid breathing</li> <li>• Blue lips</li> <li>• Confusion, lethargy, and difficulty arousing</li> <li>• <i>IV Fluids may be used to restore fluids quickly</i></li> <li>• See bariatric HELP card</li> </ul>
---	--

### Protein Shakes

Protein is essential for healing and to preserve muscle as you begin to lose weight. Your goal is to drink 60-80g of protein, which is typically 2-3 protein shakes per day. See page 12 and 13 for options. **It can be a challenge to achieve this the first week.**

### Vitamins

You DO NOT need to start taking your vitamins until seven days after surgery. This is to allow you to focus on hydration and protein. However, if you are not experiencing nausea, you can begin taking your vitamins the day after surgery.

## **Bariatric Blended Foods Diet**

### **Follow this diet post-op days 7-21**

As your stomach is healing from your operation, it's important to limit stress on the irritated pouch. To avoid complications, do not advance your diet faster than recommended. The blended food stage includes blended and liquid foods and drinks. Food must have a smooth consistency with no distinct pieces. On the first week of blended, food should be pourable. To achieve this, thin with water or milk. If you have discomfort after you swallow a food or liquid, or you feel as though it is coming back up, try thinning with more liquid. Do not advance to a thicker liquid until you are tolerating a thin consistency well.

#### **Amount Allowed**

- Keep drinking your 64 oz. (8 cups) of non-carbonated, non-caffeinated and calorie-free beverages.
- Choose a protein-rich food every two to three hours, or five to six times per day.
- At a meal, eat as able, stop at the first sign of fullness, you may only be able to tolerate a few sips or bites
- Because food portions are small at this stage, try to have two high-protein, low-carbohydrate drinks per day to reach your goal of 60-80g of protein per day.

Preparation tips: Use a blender or food processor to prepare foods. Add a small amount of liquid (water, broth or milk) to the food. Blend it to a smooth consistency. You can portion and freeze leftovers in ice cube trays for later use.

- On the second week of the blended diet, you can advance to blended foods that are not pourable like refried beans or ricotta bakes.

#### **Recommended Foods**

- Soup: Broth; bouillon; strained, low-fat soups (avoid soups with noodles or rice)
- Meat and meat substitutes: Blended lean meat, fish or poultry; soft, scrambled eggs; tofu; fat-free refried beans, can try the following on second week of blended: ricotta bakes, tuna salad, chicken salad – no pieces - just canned tuna/chicken with mayo
- Dairy: Blended low-fat cottage cheese; skim or 1% milk; plain Greek yogurt or light Greek yogurt – Oikos Pro®, Dannon Light®, Ratio Protein®, and Fit Greek® are good options
- Starch: Blended cooked cereal; mashed potatoes without skin
  - \*\*Limit to one time a day or less to ensure you are meeting your protein needs
- Vegetables: Vegetable juice; blended soft-cooked vegetables
- Fruits: Blended fruit
  - \*\*Limit to one time a day to ensure you are meeting your protein needs
- Protein Drinks: Choose recommended options, see page 12 to reach 60-80 g of protein per day
- Remember: DO NOT drink liquids with meals or 30 minutes after a meal
  - Begin to take your vitamins as prescribed on page 14.

## Example Day of Blended Foods Diet

Time Frame	What to eat or drink
7:00-9:00 a.m.	2 oz. of Greek yogurt or cottage cheese blended with water or milk – second week does not need blended 1 Bariatric vitamin
9:30-11:00 a.m.	Sip 1 cup of protein drink and 1 cup of water or other approved clear liquid beverages 1 chewable calcium
11:30 a.m.-Noon	¼ cup homemade tuna salad, made with light mayo and blended until smooth OR ¼ cup blended low-fat chili OR ¼ cup tomato soup blended with protein powder 1 chewable calcium
12:30-5:00 p.m.	Sip 16 oz. (2 cups) allowed liquids + 8 oz. (1 cup) protein shake
5:30-6:00 p.m.	2 oz. of blended, lean meat or soup 1 oz. blended vegetables
6:30-10:00 p.m.	Sip 16 oz. (2 cups) allowed liquids + 8 oz. (1 cup) protein shake

### Key Points to Remember

- Eat slowly, allow at least 30 minutes for each meal
- Stop eating when you feel full
- Drink liquids slowly between meals, not with meals
- Sip 8 oz. (1 cup) of fluid over 30 to 60 minutes
- Do not drink alcohol, carbonated beverages, or caffeine
- Track your fluid and protein intake to be sure you are meeting your needs
- See ricotta bake recipes in the files section on Cotton O'Neil Bariatric Facebook page

## Bariatric Soft Food Diet

### Begins 22 days after surgery and continues until 45 days after surgery

As your stomach continues to heal, you will slowly begin incorporating softer textured proteins to keep stress low on the stomach, and learn your new eating behaviors. Soft foods are tender and easy to chew. Foods must be chopped, diced or ground. Before you swallow, you must chew your food very well to the consistency of a smooth paste with no distinct pieces. If you have discomfort after you swallow a food, or you feel it is coming back up, slow the progression and go back to the last texture you tolerated.

#### Amount Allowed

- Keep drinking your 64 oz. (8 cups) of non-carbonated, non-caffeinated and calorie-free beverages
- Aim for three to four small meals a day,  $\frac{1}{2}$  to  $\frac{2}{3}$  cup of food at each meal
- Aim for 60-80g of protein per day

#### Recommended Foods

- Soup: Broth; bouillon; strained, low-fat soups
- Meat and meat substitutes: Finely ground or diced lean meat or poultry; fish; eggs; tofu
- Dairy: Low-fat cottage cheese; skim or 1% milk; plain Greek yogurt or light Greek yogurt – Oikos Pro®, Dannon Light®, Fit Greek®, and Ratio Protein® are good options
- Starch: Cooked or dry cereal; potatoes without skin; whole-grain toast; whole-grain crackers
  - \*\*Limit to two times a day or less to ensure you are meeting your protein needs
- Vegetables: Soft-cooked vegetables, vegetable juice
  - \*\*Vegetables with hulls or tough skins are not recommended, ex: peas and corn
- Fruits: No-sugar added cooked or canned fruit without seeds or skins; bananas; soft melon; peeled apples or other soft, peeled fruit (pineapple and coconut are not considered soft), citrus fruit is okay to try, but may not be tolerated because of the acid
  - \*\*Limit to one time a day to ensure you are meeting your protein needs
- Protein Drinks: Aim to get most of your protein needs from soft foods. You can choose to continue to use protein drinks to meet your 60-80g of protein per day.
- Remember: DO NOT drink liquids with meals or 30 minutes after a meal

#### Tips for Success

- Eat slowly, allowing at least 30 minutes for each meal.
- Chew foods well and stop eating as soon as you feel full.
- Do not drink alcohol or carbonated beverages. You can add in a small amount of caffeine once you are one month out from surgery. Limit to <200 mg caffeine per day.
- Keep taking your vitamins as prescribed on page 14.



## Example Day of Soft Foods Diet

Time Frame	Day 1	Day 2	Day 3
7:30-8:00 a.m.	1 egg + 1 egg white scrambled soft with 2 Tbsp. milk (11g protein) 1 Bariatric vitamin	¼ cup low-fat cottage cheese with 2 Tbsp. unsweetened applesauce (7g protein) 1 Bariatric vitamin	½ cup fat-free, no sugar added yogurt (6g protein) 1 Bariatric vitamin
8:30-10:00 a.m.	Sip allowed liquids	Sip allowed liquids	Sip allowed liquids
10:00-11:00 a.m.	Protein drink 1 chewable calcium	Protein drink 1 chewable calcium	Protein drink 1 chewable calcium
12:30-1:00 p.m.	½ cup fat-free refried beans (7g protein) + 1 Tbsp. low-fat cheese + 1 Tbsp. salsa 1 chewable calcium	2 oz. mashed tuna or canned chicken + 2 Tbsp. cooked carrots (14g protein) 1 chewable calcium	¼ cup ricotta cheese with 2 Tbsp. unsweetened applesauce and cinnamon (5g protein) 1 chewable calcium
1:30-3:00 p.m.	Sip allowed liquids	Sip allowed liquids	Sip allowed liquids
3:00-4:00 p.m.	Protein drink 1 chewable calcium	Protein drink 1 chewable calcium	Protein drink 1 chewable calcium
4:30-6:00 p.m.	Sip allowed liquids	Sip allowed liquids	Sip allowed liquids
6:15-7:00 p.m.	¼ cup – ½ cup low-fat cottage cheese (7-14g protein)	2 oz. ground, lean meat (14g protein), ¼ cup soft-cooked vegetables, ½ slice of toast	2 oz. mashed canned chicken or tuna + 2 Tbsp. mashed sweet potato (14g protein)
7:30-9:00 p.m.	Sip allowed liquids	Sip allowed liquids	Sip allowed liquids
Total Protein*	68 grams protein	68 grams protein	68 grams protein

\*Calculated based on a 20 gram per serving protein drink

## Soft Food Diet Additional Meal Ideas & Shopping List

### Breakfast Ideas

- 1 egg + 1 egg white scrambled soft with 1 Tbsp. fat-free milk, 1-2 Tbsp. sliced strawberries
- ¼ cup mashed low-fat cottage cheese, 1-2 Tbsp. no sugar canned peaches, drained
- 6 oz. fat-free, no sugar added Greek yogurt, 2 Tbsp. banana or blueberries
- Smoothie made with ¼ cup frozen unsweetened fruit, ¼ cup unsweetened almond milk and protein powder
- ¼ cup cooked oatmeal with premade protein powder or powdered peanut butter stirred in to taste
- 6 oz. no sugar added vanilla Greek yogurt + 1 Tbsp. sugar-free, fat-free pudding mix – stir to combine

### Lunch & Dinner Ideas

- 1-2 oz. mashed canned tuna with 1-2 Tbsp. mashed potatoes or cooked vegetable
- ¼ - ½ cup fat-free refried beans with 1 Tbsp. low-fat cheese and 1 Tbsp. salsa
- 1-2 oz. canned chicken with 1-2 Tbsp. mashed cauliflower with Parmesan cheese
- 1 ½ oz. mashed tuna with 1 tsp. low-fat mayonnaise with 2 Tbsp. cooked vegetable
- ¼ cup egg salad (mash egg and 1 tsp. light mayonnaise) with 2 Tbsp. cooked sweet potatoes
- 2 oz. ground meat with salsa and 2 Tbsp. riced cauliflower or black beans
- ¼ - ½ low-fat cottage cheese with 1-2 Tbsp. cooked vegetable
- ¼ cup butternut squash soup, 1-2 oz. canned chicken
- 1 ricotta egg bake muffin – these are made with ricotta cheese and eggs, can be made sweet or savory – several recipes online
- Cottage cheese bowl - search for recipes online

### Soft Foods Shopping List

- Eggs
- Canned chicken, tuna and salmon
- Ground meats, hamburger or turkey patties
- Low-fat cottage cheese
- Low-fat ricotta cheese
- Fat-free refried beans or no salt added canned beans
- Sugar-free, no sugar added applesauce
- Unsweetened canned fruit – peaches/pears
- Fat-free plain Greek yogurt or light flavored Greek yogurt
- Low-sugar and Low-fat canned soups, such as butternut squash, lentil and pea soup
- Bouillon cubes or broth
- Skim or 1% milk or soy milk (no sugar added) – consider lactose-free milk
- Probiotic - 1 with 5+ billion CFUs and 7+ strains of bacteria
- Anti-gas products (Gas-X® or Beano®)

## **Bariatric Regular Diet**

### **Begins 45 days after surgery and continues lifelong**

Once you are six weeks – two months out of your surgery, you are ready to transition back to solid foods. Be very mindful of your bite sizes and how fast you are eating. You will feel fuller sooner with solid proteins. Eat two bites of protein to every one bite of vegetable. Fruit is okay once per day, paired with a protein. Continue to limit starches and avoiding sweets for best weight-loss results, and optimal hunger control. *Everyone's portion size is different – listen to how you feel!*

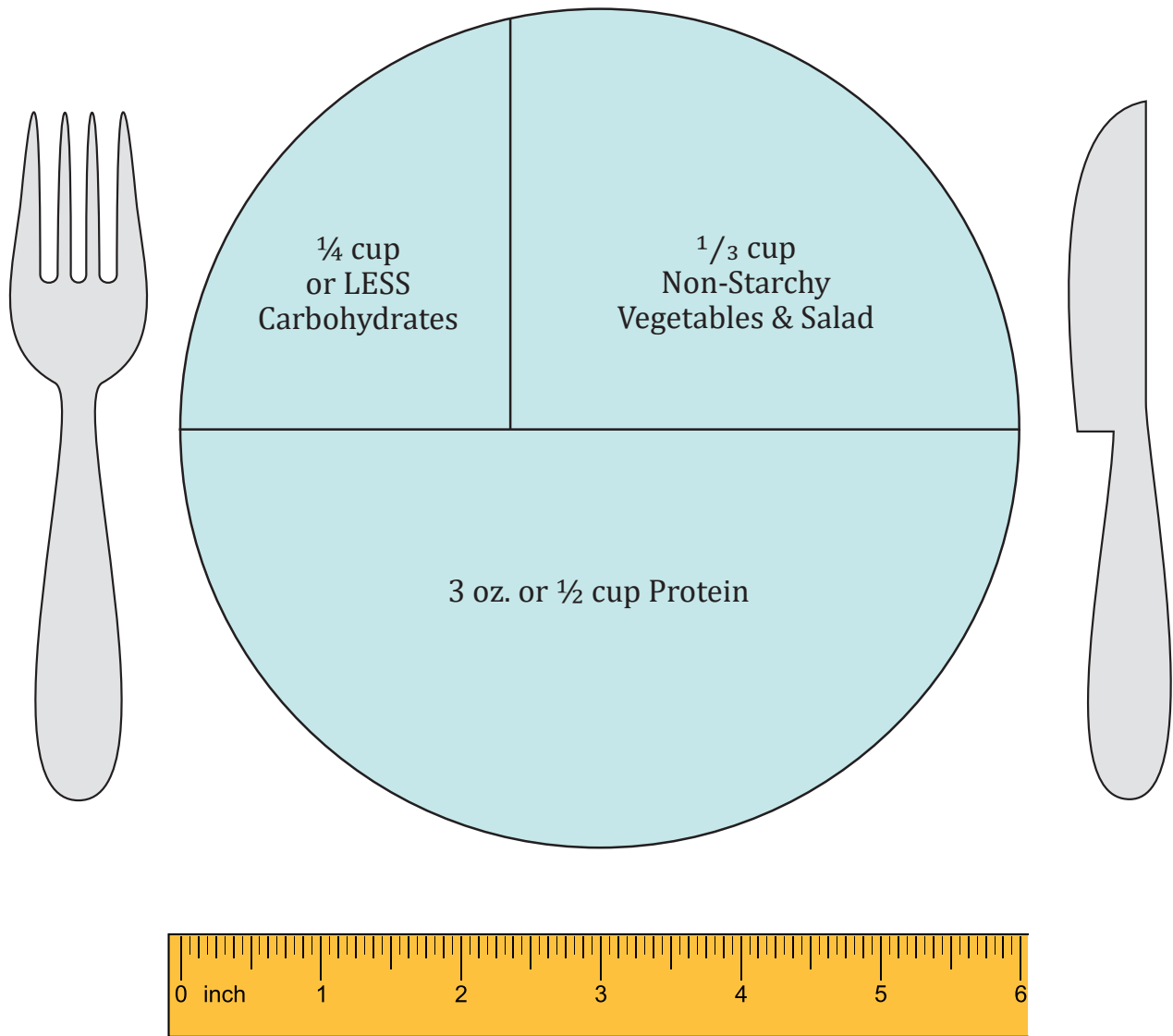
### **Amount Allowed**

- Keep drinking your 64 oz. (8 cups) of non-carbonated, non-caffeinated and calorie-free beverages.
- Aim for three meals a day, around ½ cup - 1 cup of food at each meal.
- Include a protein food at each meal and eat this first to meet your 60-80g of protein per day.

### **Tips for Success**

- Do not drink fluids with meals. Do not drink for 30 minutes after eating.
- You can begin to add in 1-2 cups of caffeinated beverages back as long as you are getting 64 oz. (8 cups) of non-caffeinated beverages. Avoid carbonated beverages.
- Eat slowly, allowing at least 30 minutes for each meal. Whatever is left on your plate should be saved until the next meal time, do not resume eating unless it has been 3 hours or more since your last meal. This is to avoid grazing, which can lead to stalls or weight gain.
- Avoid slider foods – foods that are high in refined carbohydrates such as chips, crackers, popcorn and sweets. You will be able to eat a large amount of these foods without fullness, and this may lead to stalls and/or weight gain.
- Chew foods well and stop eating as soon as you feel full.
- Do not drink alcohol or use nicotine.
- Keep taking your vitamins every day for the rest of your life. Be sure to switch to calcium citrate for your calcium one month after surgery.
- Make healthy choices if you dine out – use your dining card to let restaurant staff know you need smaller portions. The restaurant may, or may not honor this card.
  - Limit dining out to no more than two meals per week.
  - Plan what you will order ahead of time so you are not tempted by less healthy options.
  - Don't be afraid to ask for changes – ask for no butter, dressing on the side, substitute a vegetable for the fries or potatoes, etc.
  - Skip the bread basket, crackers or chips. Ask your server not to bring these items to the table.
  - Avoid fried foods, creamy sauce, gravy or heavy dressing. Choose foods that are steamed, grilled, roasted or baked.
  - Ask for a to-go box right away. Portion out one cup of food, box up the rest for leftovers the next several days. Or, share entrees with others.

## The Bariatric Plate



## Lean Protein Sources - 3 oz. or 1/2 cup per Meal

<p>Beef 90% lean ground beef Roast (rib, round, chuck, rump), trim away fat Steak (sirloin, round, filet, flank are the lean cuts), trim away fat if not a lean cut</p>	<p>Poultry Skinless turkey/chicken breast Ground turkey/chicken Chicken/turkey sausage Dark meats (in moderations)</p>
<p>Fish/Shellfish Cod, Flounder, Haddock Halibut, Tilapia, Trout Salmon, Catfish, Tuna Clams/Crab/Lobster/Shrimp</p>	<p>Deli Meats/Processed Meats *LIMIT to ONCE/WEEK or LESS these are high in sodium and lower in quality protein Turkey, roast beef, ham Fat-free hot dogs Turkey/Chicken sausage and bacon Beef/Turkey/Deer Jerky – avoid initially</p>
<p>Pork Pork tenderloin Center loin chops Pork sirloin roast Ham, Canadian Bacon, limit because of sodium</p>	<p>Low-fat Dairy Light or 2% cheese (string cheese, sliced cheese, block cheese, shredded cheese) – keep to 1-2 Tbsp. and eat with another protein source! 2% cottage cheese (½ cup serving) Non-fat or 2% milk, no sugar added Greek yogurt (½ cup serving)</p>
<p>Game Duck, Pheasant, Buffalo, Ostrich, Deer</p> <p>Vegetable Proteins Soybeans/edamame (½ cup serving) Soy products (i.e., veggie burgers) Beans (in moderation) (½ cup serving) Tofu</p>	<p>Eggs Whole egg (with yolk) (2 eggs per meal) Egg whites (3 egg whites per meal) Egg substitute (¾ cup per meal) <i>Prepared any way (deviled, scrambled, poached, fried with cooking spray)</i></p>

## Non-Starchy Vegetables - 1/3 cup or LESS per Meal

<p>Artichoke Asparagus Beets Broccoli Brussels sprouts Cabbage Carrots Cauliflower Celery</p>	<p>Collard greens Cucumber Eggplant Green beans Jalapeno Kale Lettuce &amp; leafy greens Okra Onions</p>	<p>Peppers Radishes Salad greens Snow peas Spinach Summer squash (yellow, zucchini) Tomato (fresh or canned) Turnips</p>
---	--	--



## Fruits - 1/3 cup - No More than One per Day

Apple, no skin Apricots, fresh Banana Blackberries Blueberries Cantaloupe Cherries, fresh Fruit Cocktail (natural juice)	Grapefruit Grapes Honeydew melon Kiwi Mango Nectarine Orange Papaya Peach	Peaches or pears (in light syrup) Pears, fresh, no skin Pineapple, fresh* Pineapple, canned (drained) Plumbs Raspberries Strawberries Tangerines Watermelon
--	---	---

## Healthy Fats - 1 to 2 Servings per Day

*As needed within your meal or recipe (ex: salad dressing, cooking with oil)*

Nuts - Avoid until you are 2 months out Almonds - 6 nuts Peanuts - 10 nuts Pecans - 4 halves Pistachios - 16 nuts Walnuts - 4 halves Pumpkin seeds - 1 Tbsp. Sunflower seeds - 1 Tbsp. Olives - 8 Black, 10 green	Peanut/Almond butter - 2 tsp. Margarine, light tub - 1 Tbsp. Mayo, regular - 1 tsp. Mayo, reduced fat - 1 Tbsp. Salad dressing, regular - 1 Tbsp. Salad dressing, reduced fat - 2 Tbsp. Hummus - 2 Tbsp. Avocado - 2 slices or 3 Tbsp. Oils (olive, canola) - 1 tsp.
---	--

## Starches - 1/4 cup per Meal or LESS

<b>Best Choices:</b> Potatoes, peas and corn sweet potatoes Oats/Oatmeal Light whole grain bread, toasted Sandwich thins, toasted High fiber tortilla/wraps* Whole grain rice Whole grain crackers ½ Light English muffin, toasted	<b>Okay choices:</b> Dried Fruits* Whole grain muffins Granola Croutons Chips Biscuits, rolls Flatbread Popcorn* Whole grain cereal Whole gain or light pasta*	<b>Rarely or Never:</b> Sugar sweetened Cereals Ice Cream/frozen yogurt Cookies/cakes/brownies Pastries/desserts/candy Fruit Juices Donuts  *Avoid until 3-6 months out  **If you think it's a starch... it likely is!
---	--	---

## Bariatric Foods Meal Ideas

### Breakfast Ideas

- 6 oz. no sugar added Greek yogurt with ½ cup fruit
- ¼ cup cottage cheese with ¼ cup fruit
- 1-2 eggs scrambled with cooked mushrooms, tomatoes, green pepper and low-fat cheddar cheese
- Smoothie made with ¼ cup unsweetened frozen fruit, ¼ cup plain Greek yogurt, half scoop protein powder, ½ cup unsweetened almond milk, and ¼ tsp. vanilla extract
- ¼ cup plain oats prepared with unsweetened almond milk, then stir in 2 Tbsp. protein powder and 2 Tbsp. no sugar added Greek yogurt
- Protein drink with skim milk or unsweetened almond milk
- Breakfast burrito: small low carb tortilla with egg, cheese, turkey sausage, and salsa

### Lunch & Dinner Ideas

- Vegetable soup with leftover chicken or beef added
- Grilled chicken, leafy greens, 1-2 tsp. vinaigrette dressing
- Fat-free refried beans, low-fat cheese with ½ low carb tortilla or 2-3 Triscuit® crackers
- Pork tenderloin and green beans
- Grilled chicken and sautéed or grilled zucchini or roasted vegetables
- Salmon and asparagus
- Lean ground beef, salsa and low-fat cheese over salad greens
- Lean meatloaf (use Parmesan cheese instead of breadcrumbs when making) with mashed sweet potatoes
- Pizza: low carb tortilla with pizza sauce and low-fat mozzarella cheese

### Snack Ideas – only if hungry – try to limit snacking

- Fat-free, no sugar added Greek yogurt – try stirring in 1 Tbsp. sugar-free, fat-free pudding mix
- Low-fat cheese
- Low-fat cottage cheese with berries
- ½ apple with 1 Tbsp. peanut butter
- ½ protein shake or ½ protein bar
  - Choose options that have 15-25g of protein per bar or shake and under 250 calories
- ¼ cup roasted or shelled edamame
- Cucumbers, tomatoes, carrots, peppers, broccoli or cauliflower with high protein ranch dip (dry Ranch seasoning with plain Greek yogurt)



## Common Complaints

### Constipation

- Drink at least 64 oz. (8 cups) of water/day, you may need to increase this to 100 oz. (12-13 cups) to alleviate the constipation.
- Try warm liquids in the morning or liquids at room temperature.
- Walk as much as possible, activity helps get things moving.
- Make sure you take your Colace® or Miralax®.
- Bowel Regimen:(if no bowel movement for 3 days): 2 Tbsp. milk of magnesia (MOM) and 1 Dulcolax® suppository.
- Contact your surgeon's office if you continue to struggle with constipation.

### Excessive Hair Loss

- It is normal for most patients to experience some temporary hair loss between 3-6 months after surgery. This is a stress response from the surgery.
- Be sure to take your vitamins as directed and consume enough protein, aim for 90+ grams.
- Collagen powder or a hair supplement with Biotin and Saw Palmetto may help. Be sure to stop taking any supplement with biotin 3-5 days before you have your labs drawn.

### Leg Cramps

- Stay hydrated. Try electrolyte-containing beverages such as POWERADE Zero®.
- Take your vitamins. Look for a calcium supplement with magnesium.
- Try to increase your activity. Do not sit in the same position for more than 30 minutes. Try putting your legs up on a chair if they look swollen.

### Nausea

- If nauseous after eating a meal, be sure your bite sizes are pea-sized and you are chewing well and pausing in between bites.
- Stop eating at the first indication of fullness.
- Change the temperature of your liquids and keep a lid on liquids to avoid the smell.
- Try herbal tea or caffeine-free ginger tea.
- Try to figure out what you have eaten that could have caused the reaction, and avoid foods that you have not tolerated.
- The nausea could also be related to your emotional state.

### Headaches or Dizzy

- These can be a sign of dehydration, make sure you are drinking 64 oz. (8 cups) of water daily.
- Be sure not to skip meals.

### Vomiting

- Go back to the previous dietary stage until you find foods you can tolerate. Do not stop eating altogether. Keep up with clear liquids if you can (water, broth, Isopure®, Protein2o®, Crystal Light)
- Take pea-sized bites and chew thoroughly.

## Common Complaints (cont.)

- Eat slowly: at least 20-30 minutes per meal. Relax and choose pleasant, quiet surroundings when you eat. Avoid liquids with meals.
- Make sure foods are moist.
- Avoid foods high in fat or sugar.
- Do not drink alcohol.
- If these suggestions don't work, contact your surgeon's office.  
If you vomit bright red or dark brown liquid, go to the Emergency Department.

### Diarrhea

- Avoid foods high in sugar or fat.
- Eat slowly. Stop when full. Avoid having beverages with meals.
- Keep eating well-tolerated foods until you feel better, or go back to clear liquids for a day.
- Limit the amount of sorbitol or mannitol in foods (these sugar alcohols are usually found in sugar-free candies and sugar-free ice cream products).
- Limit beverages containing caffeine to 2 cups per day including regular coffee and tea.
- Quit smoking if you resumed it after surgery.
- Keep a food journal and note when diarrhea has occurred to identify the cause.
- Try adding over the counter Imodium – take as directed.
- If diarrhea last more than 2 days, or is associated with blood, abdominal pain, fever, extremely watery/foul, contact the surgeon's office immediately.

### Food Getting Stuck

- Cut food into smaller bite size pieces. Failure to do so is the most common cause of food getting stuck.
- Avoid "dry" and "tough" foods.

### Burping/Hiccups

- Stop eating at first sign of fullness. Avoid overeating. Eat slowly.
- Chew with mouth closed.
- Avoid carbonated beverages and chewing gum.

### Dumping Syndrome

- It can look like flu-like symptoms (nausea, vomiting, sweating, bloating, diarrhea, etc.) that usually occurs after eating high-fat or high-sugar foods.
- The symptoms typically last about 30 minutes.
- Not everyone experiences dumping. To avoid these symptoms, you should avoid foods that are high in fat or sugar and avoid alcohol.
- Avoid concentrated sugars, sweets like candies, cake, ice cream etc.
- Avoid liquids with meals.



## Common Complaints (cont.)

### **Heartburn/Burning Feeling in Stomach**

- Take peanut sized bites and pause in between bites. Stop at first sign of fullness.
- Avoid the following food: coffee, tea, caffeinated fluids, chocolate, spicy foods with black or red pepper, red meat, and alcohol.
- Stop smoking.
- Avoid aspirin and try Tylenol® instead.
- Take antacid medication as prescribed per your surgeon.
- Discuss your symptoms with your surgeon including all medications.

### **Weight Loss Stops**

- Evaluate your food choices, keep a food journal
- Limit high calorie foods and beverages
- Increase physical activity
- Consult your dietitian

### **Food Intolerances**

- Introduce new foods one at a time
- Focus on small bites and eating slowly for best tolerance of solid protein and vegetables
- Foods commonly difficult to tolerate:
  - Tough, high-fat meats
  - Citrus fruit membranes (oranges)
  - Skins of fruits (apples)
  - Stringy vegetables (asparagus, celery)
  - Iceberg lettuce
  - Pasta, rice, and bread



## 10 Habits of Highly Successful Patients

1. Eat 3 meals each day. Avoid skipping meals which can slow metabolism. Make a habit to eat breakfast within 2 hours of waking. Avoid snacking/grazing throughout the day. Limit mealtimes to 30 minutes. Whatever you don't finish needs to be saved for the next mealtime, or discarded.
2. Make sure all meals and snacks follow the bariatric plate guidelines. Meals that are higher in protein will keep you feeling full longer. Be sure to include non-starchy vegetables for nutrition and fiber.
3. Solid protein foods keep you full longer. Choose chicken, lean beef, lean pork, etc. compared to softer foods like cottage cheese and protein shakes. Liquid and mushy foods will pass through your pouch quicker than solid foods making you hungry sooner.
4. Take very small bites and eat slowly. Make sure to take pea-sized bites and eat slowly. Utilize cocktail or shrimp forks for small bites. If a food is not tolerated, eliminate it and then try again in a small amount in 2 weeks.
5. Limit starchy foods and avoid sweets. Foods high in starch such as breads, pasta, rice, potatoes, crackers, cereals, oatmeal and other grains, as well as desserts, will increase hunger and weight gain. For best weight-loss results before and after surgery, focus on lean meats and vegetables and limit starches and eliminate sweets. (See food list)
6. Drink 64-96 oz. of fluid daily. Even mild dehydration can prevent you from losing weight. Hunger and cravings are better controlled when you are hydrated. Keep a bottled water with you at all times and keep count of how much you've had. Be sure to avoid beverages with calories, this will lead to stalls or weight gain.
7. Do not drink with meals and for 30 minutes after eating. Drinking with meals empties the contents of your stomach quickly, causing you to be hungry sooner and snacking more often.
8. Keep a food journal. Research has proven that people who keep food journals lose twice as much weight as people that do not. Food journals keep you accountable and they provide insight as to where calories are being spent.
9. Be active! Stick to an exercise plan as recommended by your team.
10. Don't forget your vitamins. After having weight loss surgery your food intake is dramatically reduced. Therefore, it is necessary to supplement with vitamins and minerals.

## List of Medications to Avoid After Bariatric Surgery

Generic Aspirin or Salicylate	Brand Alka-Seltzer® Antacid, Alka-Seltzer® Plus Cold, Anacin®, Anacin® Maximum Strength, Bufferin® Arthritis Strength, Ascriptin®, Ascriptin® A/D, Aspergum®, Bayer® Aspirin, Bayer® Children's Chewable Tablets, Bayer® Plus, Bayer® Aspirin Maximum, 8-Hour Bayer®, BC™ Powder, Buffaprin®, Bufferin® Arthritis Strength, Bufferin®, Cama Arthritis Pain Reliever, Doan's® Pill, Ecotrin®, Empirin®, Excedrin® Extra-Strength, Mobigesic® Analgesic, Norwich® Aspirin, P-A-C Analgesic, Rexolate, Sine®-Off Adult Chewable Aspirin, Sine®-Off Aspirin Formula, Therapy Bayer® Caplets, Ursinus Inlay-Tabs, Vanquish® Analgesic
Diclofenac	Arthrotec®, Voltaren®
Diflunisal	Dolobid®
Etodolac	Lodine®
Fenprofen	Nalfon®
Flurbiprofen	Ansaid®
Ibuprofen	Advil®, Advil® Cold and Sinus, Bayer® Select, Ibuprofen, Dristan® Sinus, Haltran®, Midol® IB, Motrin®, Motrin® IB, Nuprin®, Rufen, Sine®-Aid IB
Indomethacin	Indocin®
Ketoprofen	Actron®, Orudis®, Oruvail®
Ketorolac	Toradol
Mefenamic	Ponstel®
Nabumetone	Relafen
Naproxen	Aleve®, Anaprox®, Naprosyn
Oxaprozin	Daypro®
Piroxicam	Feldene®
Sulindac	Clinoril®
Tolmetin	Tolectin
Homeopathic	Arthritis Pain Formula

### General Medication Recommendations:

- Avoid medications larger than "plain M&M's®." If something is larger than this, contact physician/pharmacist/bariatric clinic to see about alternative.
- Take only ONE tablet or capsule at a time. Drink appropriate amount of water, and if need to take additional medication, try to separate by at least 15 minutes. Follow this for the first 30 days after surgery.
- Acetaminophen (Tylenol®) is safe and okay to take.
- If you think you are having a heart attack, you can chew up and swallow an 81mg baby aspirin before going to the emergency room.
- PLEASE be aware, that this list may change as new medications are invented. If UNSURE of a medication, consult your doctor or pharmacist.



## Exercise Recommendations After Surgery

### Weeks 0-2 Post Surgery Exercise Progression:

NO high intensity activity, strength training or abdominal exercises

- 15 lbs. lifting restriction
- Avoid any activity that may result in holding your breath against a load:
  - Vacuuming, carrying groceries, lifting an older child
- Suggestions for staying active:
  - Walk/move/stretch 10 minutes for every hour you sit
  - Reduce television time
  - Take a lap around the grocery store or other shopping center *before* shopping

*Remember... The more you move, the better you will feel.*

### Weeks 2-6 Post Surgery Exercise Progression:

Duration of exercise should progress to 30-45 minutes, 4-5 times per week

- Focus on building cardio-respiratory (aerobic) endurance
- 20-30 lbs. lifting restrictions
- May introduce elliptical training and higher intensity walking
- Avoid strength training and abdominal exercises until week six
- Introduce water exercises if incisions are completely healed
- You should be at, or near, the same fitness level you were pre-operatively, or averaging approximately 150 minutes per week of exercise

*Avoid resistance training and activities that require a lot of abdominal movements.*

### Weeks 7-3 months Post Surgery Exercise Progression:

Your goal should be 3-5 hours of exercise each week during this time. Gradually increase exercise 30-45 minutes per day (on average). This can be achieved through a combination of low- and moderate-intensity aerobic exercise (low: walking, moderate: stationary bike) AND moderate intensity resistance training (2-3 sets, 15-20 reps, light weight – men: 10-12 lbs. dumbbells, women: 5-8 lbs. dumbbells). Increase weights gradually.

A sample week might consist of:

- 2 hours walking
- 1 hour resistance training
- 1 hour stationary bike

### 3 Months Post Surgery & Beyond

Your goal should be 3-5 hours of moderate- to high-intensity exercise each week. Changing your duration, frequency, type, and /or intensity every 3-4 weeks will ensure you continue to make progress.

A sample week might consist of:

- 2-3 hours resistance training
- 1 hour boot camp class
- 1-2 hours in the pool



## Resources

[Get-to-Goal app by Geisnger](#) – a free app to track weight loss progress post-surgery

[Baritastic App](#) – weight loss surgery specific food diary

[www.bariatricpal.com](http://www.bariatricpal.com) – online store with multiple food & supplement options for post bariatric surgery

[www.bariatricfoodcoach.com](http://www.bariatricfoodcoach.com) – offers bariatric recipes for each diet stage

<https://asmbs.org/patients/faqs-of-bariatric-surgery> – FAQs of Bariatric Surgery

[www.skinnytaste.com](http://www.skinnytaste.com) – great lower calorie recipes

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

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

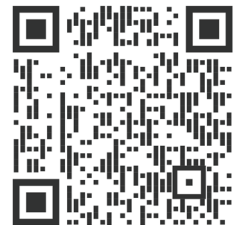
## Bariatric On-line Support Groups

Our most successful patients are the ones who attend support groups on a regular basis! Alternatives for support are encouraged for all patients, but especially for those whom distance or transportation issues are a hardship.

**Join our online support group that is only open to OUR patients.**

**Scan this QR code, or search “Cotton O’Neil Bariatrics” and request to join.**

[www.unjury.com](http://www.unjury.com) – offers free online support groups in addition to recipes and supplements





# Stormont Vail Health

Cotton O'Neil Clinics and Stormont Vail Hospitals

Stormont Vail Weight Management Center  
Phone (785) 270-0056 | Fax (785) 270-4142  
823 SW Mulvane St., Topeka, KS 66606