

THE BARIATRIC CENTER
GASTRIC BYPASS SURGERY
PATIENT HANDBOOK

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THE BARIATRIC CENTER GASTRIC BYPASS PATIENT HANDBOOK

PROGRAM OBJECTIVE:

Our goal at The Bariatric Center is to help each patient, who is appropriate for surgery, lose weight and improve his or her quality of life. Our primary interest is in prolonging life and preventing illnesses caused by morbid obesity. We take a team approach before, during and after surgery to assist the patient with long-term weight loss and health monitoring. Our goal is to assist patients regain better control of their food intake for the rest of their lives. We are committed to following our patient's progress long-term to help them reach and maintain healthy, realistic weight loss.

No method, including surgery, is guaranteed to produce and maintain weight loss. Success is achieved only with the patients' full cooperation and commitment to dietary and lifestyle changes, and medical follow-up as recommended by The Bariatric Center.

MORBID OBESITY – THE COMORBIDITIES:

Obesity is one of the leading causes of suffering, disability and death. Morbid obesity becomes a serious medical concern when it contributes to medical problems and significantly shortens life expectancy. Harmful health concerns include:

- Hypertension (high blood pressure)
- Diabetes
- Gastro-esophageal reflux (GERD, heartburn)
- Obstructive sleep apnea
- Hyperlipidemia (high cholesterol)
- Cholelithiasis (gallstones, gallbladder disease)
- Degenerative Arthritis

QUALIFICATIONS FOR SURGERY – PATIENT SELECTION CRITERIA:

The American Society for Bariatric Surgery (ASBS), as well as the surgeons at The Bariatric Center, applies the following criteria for patient selection. The patient must:

1. Have a BMI of 40 or greater (100 pounds or more above your ideal body weight).
2. Have an impaired quality of life due to morbid obesity.
3. Not have a psychological or medical condition that would be contraindicated for surgery (the risk of surgery outweighs the benefits).
4. Have a medical condition or co-morbidity that would be improved by losing weight including: Hypertension, diabetes, cardiac concerns, high cholesterol,

asthma, gastro-esophageal reflux disease, sleep apnea, respiratory issues or arthritis symptoms.

5. Documented long-term attempts at non-surgical weight loss with traditional programs or physician supervised weight loss programs.
6. Have the ability to participate in treatment and be committed to long-term follow-up
7. Be motivated to adhere to the postoperative lifestyle changes.
8. Be 18 years of age, or older.

A multidisciplinary team with medical, psychological and nutritional evaluations will carefully evaluate patients who meet criteria. Our surgeons rely on the evaluation process in making the final decision whether or not the patient will have bariatric Surgery.

INSURANCE COVERAGE:

Most Insurance companies cover weight loss surgery. To find out if your insurance company covers gastric bypass, call your customer policy number. The Bariatric center office staff will assist you with any problems you may have with your insurance coverage. We will work with you on an individual basis to obtain insurance pre-authorization.

After all the documentation has been received our office will submit your information and supporting documentation to your insurance company for pre-approval. If your insurance company denies your request for surgery, our office will appeal this denial. Some insurance companies have a very rapid pre-approval process, while others may take 4-6 weeks. **PLEASE BE PATIENT DURING THIS PROCESS!**

WHY CONSIDER SURGERY FOR OBESITY?

Most severely obese people have made numerous attempts to lose weight but few have achieved long-term success in maintaining weight loss. Many lose weight and then regain that weight, sometimes more. Research shows that severe obesity is a chronic disease. Non-operative treatment has been ineffective in achieving sustained weight control in 95% of the clinically obese.

WHY CHOOSE GASTRIC BYPASS SURGERY:

In reviewing the numerous malabsorptive and restrictive gastric procedures, the Roux-en-Y gastric bypass statistically has the best overall outcome for weight loss and long-term weight control. Research has proven that gastric bypass surgery is currently the most effective long-term method for controlling severe obesity for patients whose BMI (body mass index) is equal to or greater than 40. There is statistical data that shows diseases related to severe obesity are eliminated or greatly reduced as a result of gastric bypass surgery.

THE GASTRIC BYPASS OPERATION:

The surgeons at The Bariatric Center perform the Roux-en-Y gastric bypass. There are two components to an operation for morbid obesity: restriction and malabsorption. First, by making a small stomach pouch, the amount of food that can be eaten at any one time is restricted. Secondly, by bypassing a portion of the gastrointestinal tract, the body is less efficient at absorbing nutrients (calories). The result of these two components is a daily intake of calories that is less than the amount the body requires. It is this principle that leads to effective weight loss.

The operation creates a very small upper stomach pouch (less than one ounce) by dividing the stomach. Ingested food passes out of the upper pouch through a small opening into the small intestine. Most of the stomach and the first part of the small intestine are bypassed by the food. The major objective is to exclude most of the stomach. The point where the bile and pancreatic secretions are returned to mix with the ingested food is placed several feet from the stomach.

The operation is done with laparoscopic instruments through several small incisions. The laparoscopic approach has the advantages of smaller incisions, less pain, quicker recovery, fewer wound complications, earlier discharge from the hospital and less scarring while potentially providing the same weight reduction as the traditional open approach.

Patients can never again tolerate sugar in their diets. Processed sugars often cause DUMPING SYNDROME. This is an unpleasant condition that can occur shortly after eating sweets or any meal containing processed sugars, even if it doesn't taste sweet. Dumping syndrome can include any of the following: cramping and explosive diarrhea, overwhelming flu-like fatigue, nausea, lightheadedness, sweating and heart palpitations.

HOW DOES SURGERY CAUSE ME TO LOSE WEIGHT?

With the Roux-en-Y gastric bypass, a very small stomach pouch has been created for the food to enter. You will only be able to eat very small meals. Also, the first part of the intestine will be bypassed, which causes malabsorption of nutrients. In other words, this operation will make you feel full after just a few bites of food and the body is less efficient at absorbing the calories contained in the food.

This operation is the first of many changes needed to succeed. This surgery is a tool for weight loss and is not effective unless there are significant behavioral modifications. You also need to incorporate exercise into your life to promote long-term weight loss. Failure to adhere to the recommendations of this program will result in less than satisfactory weight loss results.

COMPLICATIONS:

All surgeries carry the possibility of complications. Roux-en-Y gastric bypass is a major abdominal operation and there are complications that are unique to this type of procedure. This is an elective procedure that you do not need in order to survive. You may have tremendous results from this gastric bypass, and your medical problems may improve after surgery. However, this operation has a 0.5% risk of dying. **This means that 1 out of 200 patients will die from this procedure.** Please think about this and discuss it with your family before you decide to have this operation.

OTHER RISKS OF GASTRIC BYPASS SURGERY:

- **LEAKING** from one of the connections created by surgery. Leaks almost always require a second operation and the placement of temporary drainage tubes, a feeding tube, as well as a prolonged recovery period.
- **EXCESSIVE BLEEDING** from any one of several places cut during the surgery. You may require a second operation and/or a blood transfusion.
- **BLOOD CLOT** can form in your legs and can travel to your lungs and be fatal.
- **INFECTION** could require medication, hospitalization or a second operation.
- **STRICTURES** are a narrowing of the connections that are made during surgery. Strictures can usually be treated by dilating the connection, but sometimes require another operation.
- **VITAMIN/NUTRIENT DEFICIENCIES** occur because of the malabsorptive nature of this procedure. It is **CRITICAL** that you take the recommended supplements every day.

- **LOOSE SKIN** is a common occurrence with this surgery. Most insurance will not cover plastic surgery.
- **FAILURE TO LOOSE WEIGHT** You will not lose desired weight or you may even gain weight back if you do not adhere to our recommendations prior to and after surgery.

There are other complications that are not listed that can occur with gastric bypass surgery. It is critical that you follow-up with your surgeon and primary care physician for the rest of your life so that problems can be treated early and resolved quickly.

IS THIS PROCEDURE PERMENANT?

YES! This procedure is permanent. It is technically possible to reverse this operation; however, it is a difficult and dangerous procedure. If for any reason you feel that you could not live with this permanent change and the lifestyle modifications required, **DO NOT HAVE THIS OPERATION.**

ANTICIPATED RESULTS

Patients who make the required lifestyle changes can expect significant weight loss and improved health. The average patient will lose 60-80% of his or her excess body weight over the first 18-24 months. The patient's success depends upon life-long dietary changes and increased exercise. By repeated overeating, the pouch can be stretched over time. Eating fatty and fried foods and snacking through the day can greatly increase weight gain despite the small stomach pouch.

THE CHOICE

Choosing bariatric surgery requires careful consideration. This is a major surgery. Surgery by itself will not guarantee long-term success. It is possible to defeat the surgery by ignoring program guidelines/suggestions by drinking high calorie liquids, continual snacking and sedentary living. What this operation will do is provide a tool that allows you to feel full and help you choose a healthy life-style.

The surgeons at The Bariatric Center believe that a whole team effort by the center staff and the hospital make the procedure and recovery much easier for the patient.

MGMC had a dedicated well-trained team to provide our patients with the best care possible. Our team consists of:

- General surgeons specially trained in bariatric procedures
- Dedicated bariatric nursing staff
- Bariatric dietitians
- Bariatric social worker
- Personal training and exercise guidance
- Life-long follow-up program & support group system.

SUPPORT GROUP

At the gastric bypass support group meetings, we focus on helping patients make lasting adjustments to the surgery. This includes discussion about eating habits, nutritional supplements, exercise and coping skills; as well as giving and receiving support. The groups provide an opportunity for patients and their families to discuss concerns about the gastric bypass surgery; as well as allow them time to discuss how the surgery has affected their lives and any problems they may be having. It is a place to get support from other patients who have experienced the surgery. Patients, especially after the first year following surgery, need support with dietary and psychological issues, as well as other stresses that may occur. Because this surgery requires extreme changes in behavior and lifestyle, its important to ensure that patients continue to receive the support and guidance required to ensure life-long weight maintenance.

EXERCISE

Exercise is a critical component of any successful weight loss program. You do not need any special or expensive equipment such as treadmills or stationary bikes to exercise. All you need is **YOU** and a comfortable pair of well fitting sneakers. Our certified personal trainer will help you develop an exercise plan that is appropriate for you, working with any of your limitations in mind. You will be given exercise bands, and instructions in their use. **DO NOT MAKE EXCUSES.** Exercise is one of the most important parts of a successful long-term weight loss program. Patients who do not exercise do not achieve as much weight loss as those who do.

To assist you, we offer weekly exercise classes with our trainer. He also attends monthly support groups to discuss any ongoing concerns or questions you may have about your exercise program.

FINANCIAL RESPONSIBILITIES:

Because this procedure is elective, it is important to remember that no insurance company will pay 100% of the surgery costs. We urge you to call your insurance company to talk about your responsibility. There is a one-time, non-refundable, non-covered program fee of \$600.00, which must be paid in full before your surgery will be scheduled. This fee covers the cost of unlimited support groups, and the 3 visits with the personal trainer.

THE PROCESS

INFORMATIONAL SESSION

Before you are able to set up a consult with the surgeon, you must attend the bariatric informational session. After this seminar you will need to contact your PCP to send a referral letter to The Bariatric Center. Your PCP's office will need to call and make the initial consult appointment for you. You will be sent an information packet which needs to be completed and brought with you to your initial consult.

INITIAL CONSULT WITH THE BARIATRIC SURGEON

You will meet with the surgeon for a consult to discuss the appropriateness of this surgery for you. Your surgeon will assess and discuss your current co-morbidities, discuss your complete history and provide information on the gastric bypass as well as answer any questions you may have. The doctor will discuss details of the surgery as well as possible complications. You must bring your completed medical history form to your first appointment. The doctor may order several tests during your first visit. These tests will include blood work, diabetes screening and electrocardiogram to evaluate the heart, a nutrition evaluation and a psychiatric evaluation. If you have symptoms of sleep apnea, you may be sent for a Sleep study.

DIETARY CONSULT

You will meet with a registered dietician 3 times prior to surgery. The dietician will obtain a complete diet and weight loss history from you. She will assess past eating habits and instruct you on the bariatric diet and new eating habits that will be needed to make this surgery a success. You will learn to choose nutritious foods, how to choose food when eating out, and to understand your relationship with food, stress and your mood.

PYSCHOLOGICAL CONSULTATION

The psychological evaluation is needed to assess your current and past life experiences and how weight has affected your choices in life. It is also needed to explore your emotional readiness for surgery and your ability to adjust to the major lifestyle changes associated with weight loss surgery. The psychologist/psychiatrist will determine if you are psychologically prepared to undergo gastric bypass surgery. It may be recommended that you attend counseling or take medication prior to surgery approval.

FINAL CONSULT

The surgeon will answer any final questions you may have. He will also discuss details and possible complications of the operation.

PATIENT APPROVAL

At The Bariatric Center, we offer a comprehensive, multidisciplinary approach when we evaluate each patient's appropriateness for gastric bypass surgery with input from physicians, nurses, dieticians and social workers.

PRE-ADMISSION TESTING

You will be scheduled approximately one week prior to your surgery date for a complete physical and pre-admission testing.

YOUR HOSPITAL STAY

The average hospital stay after surgery is 3 days. After your surgery, you will be expected to get out of bed and sit in a chair. This is done to prevent potentially fatal blood clots. You will not be able to eat or drink that first day. This is done to protect the newly made connections while they heal. On the day after your operation, you will be given sips of water. You will be assisted to walk several times, even if you are in pain. On the second day after your surgery, you will start on Phase I of the gastric bypass diet. This consists of clear liquids, broth water and jello. On day 3 following surgery, you will continue on Phase I of the diet, and continue with walking in the hallway. Discharge from the hospital usually occurs on day 3 following surgery, although the determination for discharge is made on an individual basis.

FOLLOW UP

The bariatric Center is committed to monitoring you closely after your surgery to ensure your good health and minimize complications. The surgeon will meet with you 2 weeks after your surgery, or sooner if needed. It is important to maintain contact with your PCP to maintain continuity of care. The surgeon will see you again at 2 months, 5 months, 9 months, and then at 1 year. After 1 year, you and your surgeon will determine how frequently you will be seen, usually once per year. At each of these appointments, the doctor will discuss your progress; answer any questions or concerns you may have. We also monitor nutritional deficiencies after gastric bypass surgery to ensure good health.

MEDICATIONS

Before your gastric bypass surgery, it is your responsibility to discuss your medications with your PCP. Because large pills may get stuck in the stomach pouch, **all medications must be in a crushable, chewable or liquid form.** Time released medications may be altered if crushed, check with your PCP for a new medication. If you do not change your medication prior to surgery, your surgery may need to be re-scheduled. Your surgeon will not manage your medications that do not directly relate to the gastric bypass surgery. Do not discontinue any medications prescribed by your PCP prior to checking with them.

WHEN TO CALL THE BARIATRIC CENTER

If you are experiencing worsening pain, fever, chills, nausea or vomiting in the first two weeks after your surgery, call our office immediately or go to the nearest emergency room. You also need to notify us if your incisions become red, swollen or are more painful. Always feel free to call our office at any time.

14 TIPS FOR A HEALTHY LIFESTYLE AFTER GASTRIC BYPASS

- ❖ Exercise every day for 30-60 minutes
- ❖ Take an adult strength chewable multivitamin with iron every day
- ❖ Take 1500 mg of a chewable calcium supplement such Citra-Cal
- ❖ Drink 64 ounces of SUGAR FREE and CALORIE FREE liquid daily
- ❖ Eat protein-rich foods first and at every meal
- ❖ Eat slowly, chew your food well and avoid distractions while eating
- ❖ DO NOT have any sugar sweetened food or beverage
- ❖ DO NOT snack or graze
- ❖ Avoid high calorie liquids (shakes, ice cream, alcohol)
- ❖ DO attend support meetings whenever possible
- ❖ DO not smoke
- ❖ Do not take large pills or capsules
- ❖ Contact our office with any emergency or concern IMMEDIATELY
- ❖ Please return for all your follow-up appointments

THE FIRST MONTH

Your normal stomach can hold about 5 cups of food. After the surgery, your new stomach will hold no more than 1/8-cup, or 2 ounces, in volume. You will need to eat very slowly so as not to overfill your pouch and cause pain or discomfort. A tiny meal may take you 30 minutes to eat. You should stop eating when you feel full. Eating for longer than 30 minutes may allow you to eat too much. You should eat three small meals a day unless your doctor instructs you otherwise.

You cannot eat and drink at the same meal after having bariatric surgery. You must stop drinking 30 minutes before you eat solid foods. You must wait one hour after eating a solid meal before you can drink liquids. If you eat and drink at the same time you may overfill your pouch or flush foods through too quickly.

It is very important for you to get in enough fluids. You need your normal amount of liquids after surgery, which is 6-8 cups daily. You may need more in hot weather or during exercise. Because you must drink slowly and not eat and drink at the same time, it is difficult to get in the full amount of liquid. You must sip throughout the day. Bring liquids with you wherever you go so that you do not forget to drink. If you aren't urinating as much or as often as usual or your urine takes on a dark yellow color, you're probably not drinking enough and are becoming dehydrated. Dehydration can also cause nausea, fatigue, lightheadedness and constipation.

In order to avoid taking in excess air, you should avoid carbonated beverages. You should not use straws or chew gum for the same reason.

Avoid alcohol, which is a gastric irritant and contributes to excessive calories.

It takes approximately one month for your pouch to heal and strengthen. During that time you should eat only foods that have the texture of applesauce. You will need to have a blender to prepare your meals. Blend your foods until smooth. Add liquids such as broth, milk or juice, if necessary. Remove any lumps. Some foods blend more easily than others, and it is helpful to experiment at blending some of your favorite foods before you have surgery. Try freezing blended foods in ice cube trays and storing them in plastic bags, removing individual portions to microwave when needed. You can prepare some of your first month's food ahead of time this way.

DIETARY GUIDELINES AFTER GASTRIC BYPASS SURGERY

- ◆ Eat three meals a day.
- ◆ Eat protein first at meals.
- ◆ Don't skip meals.
- ◆ No snacking between meals.
- ◆ Chew well, 25-30 times/ bite. Chew to baby food consistency.
- ◆ Eat slowly, 30 minutes per meal.
- ◆ Stop eating when feeling fullness in the abdomen/ Overeating may bring about nausea and vomiting.
- ◆ No distractions with meals. Sit at the table for meals. Avoid TV, reading etc.
- ◆ Avoid extreme temperature changes in liquids for the first three months.
- ◆ Do not chew gum or drink through a straw.
- ◆ Introduce one food at a time to monitor tolerance.
- ◆ Monitor tolerance to dairy products; substitute Lactaid for milk, if needed
- ◆ Set up a schedule for supplements and medications.
- ◆ Commit to regular Lab testing.
- ◆ Consume minimal calories; remember the stomach can only hold a few tablespoons after surgery, eventually it will hold 1/2 to 1 cup.
- ◆ Consume nutrient rich foods.
- ◆ Commit to regular physical activity.
- ◆ Follow-up with your MD and RD.
- ◆ Attend support group meetings.
- ◆ **The best results come from those that follow the recommended diet progression.**

DIET PROGRESSION

PREOPERATIVE DIET

TWO WEEKS PRIOR TO YOUR SURGERY:

- NO SOLID FOOD
- PROTEIN SHAKE, AS A MEAL REPLACEMENT, THREE TIMES A DAY
- CLEAR LIQUIDS

24 HOURS BEFORE SURGERY:

- STOP PROTEIN SHAKES
- CLEAR LIQUIDS ONLY

MIDNIGHT THE NIGHT BEFORE SURGERY:

- NOTHING TO EAT OR DRINK BY MOUTH
- NO LIQUIDS OR SOLIDS

POST-OPERATIVE DIET (IN HOSPITAL)

DAY 0—THE DAY OF SURGERY:

- NOTHING BY MOUTH

DAY 1—THE DAY AFTER SURGERY:

- 1 OUNCE (30 CC) OF WATER EVERY HOUR
- SIP SLOWLY
- DO NOT USE A STRAW TO DRINK
- NO ICE CHIPS
- AVOID EXTREME TEMPERATURE CHANGES WITH LIQUID FOR THE FIRST THREE MONTHS
- IF WATER IS WELL TOLERATED, WITH NO NAUSEA OR VOMITING, YOU WILL ADVANCE TO THE NEXT STAGE OF THE DIET

DAY 2—THRU DISCHARGE FROM HOSPITAL:

PHASE 1 GASTRIC BYPASS DIET

- CLEAR LIQUIDS, NO SUGAR ADDED
- SIP SLOWLY, REMEMBER TO STOP DRINKING 30 MINUTES BEFORE MEALS AND FOR 60 MINUTES AFTER MEALS

*****REMEMBER THAT EVEN THOUGH YOUR MEALS CONSIST OF LIQUIDS AT THIS STAGE, IT IS IMPORTANT TO AVOID DRINKING OTHER LIQUIDS FOR 30 MINUTES BEFORE AND 60 MINUTES AFTER YOUR MEAL—THIS HELPS TO ESTABLISH GOOD HABITS FOR WHEN YOU ARE ADDING MORE SOLID FOODS.

BARIATRIC CLEAR LIQUID DIET MENU OPTIONS

- ⌘ Sugar free jell-o
- ⌘ Chicken broth
- ⌘ Beef broth
- ⌘ Sugar free Popsicles
- ⌘ Decaffeinated tea
- ⌘ Flavored water (non carbonated)

A decorative black and white floral border with intricate scrollwork and leaf patterns, framing the central text.

PHASE ONE GASTRIC BYPASS DIET

Clear liquid sample meal plan:

Breakfast

1/2 cup sugar free Jell-O
1/2 cup low sodium broth

LUNCH

1/2 cup low sodium broth
1/2 cup sugar free Jell-O

DINNER

1/2 cup low sodium broth
1/2 cup sugar free Jell-O

**START AT HOME UPON DISCHARGE FROM HOSPITAL AND
CONTINUE FOR TWO WEEKS.**

PHASE 2 GASTRIC BYPASS DIET

- Start with 4 oz protein shakes three times a day as tolerated and progress to 8 oz protein shakes three times a day.
- Sip slowly; it may take up to 30 minutes.
- Stop when feeling satisfied or when there's a feeling of fullness in the abdomen.
- DO NOT skip a meal.
- Consume clear liquids in between shakes.

**Typical intake after the first day home from the hospital: A total of 12 oz protein shakes and 8-12 oz fluid per day.

**Typical intake after two weeks: 24 oz protein shakes daily and 24-32 oz fluid per day.

Two weeks after surgery begin:

- ✓ Multivitamin with iron
- ✓ Calcium citrate 1500 mg/day (Citra Cal, for example)
- ✓ Vitamin B complex
- ✓ Vitamin B-12 injections will begin at your 2 week visit to the clinic



FROM TWO WEEKS TO EIGHT WEEKS AFTER SURGERY
(A total of 6 weeks)

PHASE 3 GASTRIC BYPASS DIET

- Soft/pureed protein.
- Supplement intake with protein shake between meals to reach established protein goal.
- Consume protein first.
- Each meal should be between 20 and 30 minutes duration.
- NO liquid with meals.

The foods listed below must be well chewed (to an applesauce like consistency) for the best tolerance. Suggestions for high protein foods:

- Egg beaters
- Eggs—not more than one yolk per day.
- Cheese (low fat)—2 g fat/serving
- Veggie cheese
- Cottage cheese—1%
- Yogurt—low fat, sugar free
- Skim milk



- Tuna fish—packed in water
- Canned chicken
- Fresh white fish: Cod, Sole, Flounder, Scallops, Imitation Crab meat, Shrimp
- Legumes: kidney beans, black beans, garbanzos (chick peas)
- Turkey breast or ham—healthy choice or low fat varieties.
- Tofu, BOCA burger, Soy products.

Any other protein food must be lean and ground in blender to baby food consistency to avoid a blockage that can produce terrible abdominal pain, vomiting or nausea. **Avoid red meats for 6 months.** If the food is not listed on this page, you are probably not to have it at this time. **NO BREAD, NO CEREAL, NO RICE, NO NOODLES, NO FRUITS OR VEGETABLES.**

You are slowly introducing solid foods into your diet to determine your tolerance. The pouch size is small and your priority is to get your protein in first to help promote wound healing and minimize muscle loss.



PHASE 3 GASTRIC BYPASS MENU

BREAKFAST:

1 SOFT BOILED EGG OR ½ CUP YOGURT

SNACK:

WATER, CRYSTAL LIGHT

LUNCH:

½ CUP COTTAGE CHEESE OR 1-2 OZ FISH

SNACK:

4-8 OZ PROTEIN SHAKE

DINNER:

1-2 OZ HEALTHY CHOICE TURKEY SLICES
1 OZ LOW FAT CHEESE

SNACK:

4 – 8 OZ PROTEIN SHAKE

**STARTS 8 WEEKS AFTER SURGERY
AND CONTINUES FOR 12 MONTHS OR WEIGHT GOAL ACHIEVED.**

PHASE 4 GASTRIC BYPASS DIET

- **Protein foods with vegetables.**
- Meat does not need to be pureed any longer.
- Cut meat into small pieces and **CHEW WELL.**
- Vegetables—start with cooked veggies.
- Introduce raw veggies after you've tried cooked veggies.
- Avoid corn, fresh asparagus, and broccoli stalks.
- **EAT PROTEIN FIRST.**
- 20 – 30 minutes for each meal.
- Stop as soon as you feel full.
- **NO LIQUIDS** with meals.
- Avoid red meat for six months.
- Introduce one new food at a time to test for tolerance.
- No distractions at mealtimes (no TV, reading, telephone) Focus your attention on your meal.
- Make **HEALTHY FOOD CHOICES.**
- You do not need to continue with protein shakes at this time unless you are having difficulties meeting your protein requirement.
(_____grams/ day as directed by your dietician.)

BEGINS 1 TO 1 ½ YEARS AFTER SURGERY

MAINTENANCE GASTRIC BYPASS DIET

MAINTENANCE GASTRIC BYPASS DIET

SAMPLE MENU

2-3 OZ MEAT
(14 GRAMS PROTEIN)

½ CUP VEGETABLE
(2 GRAMS PROTEIN)

****1/2 CUP STARCH—RICE, PASTA, BREAD, CEREAL OR POTATO****
(3 GRAMS PROTEIN)

FRUIT
(0 GRAMS PROTEIN)

****ONLY ADD STARCH WHEN YOU ARE AT 50% OF YOUR
WEIGHT LOSS GOAL****



PHASE 2 GASTRIC BYPASS DIET
SAMPLE MENU

BREAKFAST:
4-8 OZ PROTEIN SHAKE

MIDMORNING:
½ CUP FLAVORED WATER

LUNCH:
4-8 OZ PROTEIN SHAKE

MIDAFTERNOON:
½ CUP BROTH

DINNER:
1-8 OZ PROTEIN SHAKE

EVENING:
½ CUP SUGAR FREE JELLO

*USE A PROTEIN SUPPLEMENT THAT CONTAINS 20 GRAMS OF PROTEIN/SERVING.

*DRINK ADDITIONAL SUGAR FREE LIQUIDS THROUGHOUT THE DAY.

SUGGESTED MENU ITEMS

BREAKFAST IDEAS:

- Yogurt parfait (made with yogurt, granola and 1 scoop protein powder)
- Scrambled eggs (limit 3-4 eggs per week)
- Egg beaters (everyday, if you wish)
- Oatmeal (make with skim milk)
- Cottage cheese (with fruit, if you prefer)
- Waffles (add protein powder and skim milk to waffle mix)

LUNCH IDEAS:

- Low calorie microwave dinners (250-350 calories)
- Salmon burgers
- Garden burgers
- Black bean burgers
- Fish patties
- Tuna, ham or chicken salad (made with low fat dressing)
- Taco salad (omit chips and use low-fat dressing)
- Low-fat string cheese and whole grain crackers
- Chili
- Steamed vegetables
- Bean burritos

DINNER IDEAS:

- Low calorie microwave dinners (250-350 calories)
- Grilled chicken strips
- Baked chicken breast
- Baked lean ham
- Stewed chicken
- Baked tilapia
- Grilled tuna steaks
- Grilled salmon
- Tacos
- Chicken fajitas
- Low fat chicken enchiladas



RECOMMENDED FRUITS:

- Strawberries
- Cherries
- Blackberries
- Cantaloupe
- Canned pineapple
- Peeled apples
- Unsweetened applesauce
- Fruit cocktail
- Small grapes
- Peeled peaches
- Fresh or canned pears
- Papaya
- Mango
- Honeydew melon

****ALL CANNED FRUIT MUST BE CANNED IN NATURAL JUICE**

RECOMMENDED VEGETABLES:

- Zucchini
- Cauliflower
- Onions
- Peeled cucumbers
- Acorn squash
- Baked sweet potatoes
- Green beans
- Stewed tomatoes
- Salad greens
- Mushrooms
- Well cooked broccoli crowns
- Beets
- Spinach
- Carrots



MILK & DAIRY:

- Light yogurt (sugar free, fat free or low fat)
- Skim milk
- Swiss cheese—low fat
- Fat free Kraft cheeses
- Feta cheese--light
- Parmesan cheese made with skim milk
- Mozzarella cheese made with skim milk

MEATS:

- Scallops
- Clams
- Chicken breast strips (not breaded)
- Cooked shrimp
- Halibut
- Haddock
- Tilapia
- Lean ground beef or turkey (90-98% lean)
- Crab meat
- Pink salmon
- Turkey breast
- Canadian bacon
- Lean ham
- Lean pork chops
- Tuna steaks



NUTS & OILS:

- Extra virgin olive oil
- Avocado
- Olives
- Fat free mayonnaise
- Fat free miracle whip
- Peanut butter (small amounts)
- Margarine (small amounts)

STARCHES:

- Whole wheat or whole grain breads
- Whole grain cereals
- Whole grain crackers
- Whole wheat pasta
- Brown rice

****AVOID** all starches made from refined flour and/or added sugar. **AVOID** white bread, semolina pasta, white rice and pastries or donuts, muffins and cakes.

BEVERAGES:

- Decaf coffee or tea
- Water
- Sugar free flavored beverages
- Skim milk
- Soy milk
- Lactose free milk
- Flavored water
- Sugar free/fat free hot cocoa
- Fat free broth

WEIGHT LOSS SURGERY IS NOT A **CURE** FOR OBESITY.

WEIGHT LOSS SURGERY HELPS **CONTROL** OBESITY.

USE YOUR POUCH AS A **TOOL**.

TAKE **RESPONSIBILITY!!!!**

MAKE **PROTEIN** THE PRIORITY AT YOUR MEALTIME TO
PROTECT YOUR MUSCLE MASS. GOAL IS
(____ GRAMS/DAY)



PROTEIN

Protein functions as the major building block of the body. It is essential for building muscle, and repairing cells. Protein is important in the maintenance of the proper fluid balance in the body, and is used as an energy source for the proper functioning of all body systems. Protein also plays an important part in enzyme and hormone production. Major sources of protein include meat, fish, poultry, eggs, milk & dairy products, dried beans and peas, peanut butter.

While you will eat fewer calories than your body needs during this weight loss period, you still require the same amount of Protein as usual. If you do not consume enough protein, significant hair loss may result. The hair loss occurs from 3 – 6 months after the protein deficiency. Even if you are eating enough protein by that time, you could still lose hair if your intake of protein was too low after surgery. Other consequences of a low protein intake include poor healing, depressed immune system, weakness, and fatigue. You should try to obtain enough protein in your diet as soon as possible after surgery.

Your protein needs are _____ grams per day. (The dietitian will complete this section for you)

To figure out your protein intake, use the "Nutrition Facts" section of the food label, which will list the grams of total protein per serving. If you eat only a part of what is listed as a serving, be sure to calculate how much protein was in the size of the portion you ate. For example, if the portion listed is one cup and that contains 8 grams of protein, but you only ate one eighth of a cup, you have eaten 1 gram of protein. Grams are often abbreviated to "g".

PROTEIN

| FOOD NAME | PORTION | CALORIES | PROTEIN (G) |
|------------------------------------|-----------------|----------|-------------|
| Beans, baked, canned | ½ cup | 123 | 7 |
| Beans, kidney, canned | ½ cup | 112 | 8 |
| Beef, eye of round | 3 oz | 143 | 21 |
| Beef, top loin | 3 oz | 176 | 21 |
| Cheese, American, fat free | 1 oz | 40 | 6 |
| Cheese, cottage, 1% | ½ cup | 82 | 14 |
| Cheese, parmesan, grated | ¼ cup | 128 | 12 |
| Cheese, mozzarella, part-skim | 1 oz | 78 | 8 |
| Cheese, ricotta, part-skim | ½ cup | 170 | 14 |
| Chicken, white, breast meat | 3 oz | 138 | 26 |
| Chicken, Leg w/o skin | 3 oz | 162 | 21 |
| Cod, white, baked | 3 oz | 89 | 21 |
| Crab, steamed | 3 oz | 82 | 17 |
| Egg | 1 | 78 | 6 |
| Flounder | 3 oz | 62 | 21 |
| Halibut | 3 oz | 119 | 21 |
| Ham, lean, 5% fat | 3 oz | 133 | 21 |
| Hamburger, 90% lean | 3 oz | 169 | 21 |
| Lobster, steamed | 3 oz | 77 | 16 |
| Milk, skim | 1 cup | 86 | 8 |
| Milk, skim plus | 1 cup | 120 | 11 |
| Peas, chick, canned | ½ cup | 134 | 7 |
| Pork tenderloin | 3 oz | 139 | 21 |
| Pork loin chop | 3 oz | 172 | 21 |
| Salmon, baked | 3 oz | 155 | 21 |
| Shrimp, steamed | 3 oz (15 large) | 84 | 18 |
| Soy flour, defatted | ¼ cup | 81.7 | 12.8 |
| Soy milk, plain | 1 cup | 79 | 6.6 |
| Soy nuts | ¼ cup | 202 | 15 |
| Steak, sirloin, trimmed | 3 oz | 166 | 26 |
| Swordfish, baked | 3 oz | 132 | 21 |
| Tempeh | ½ cup | 165 | 15.7 |
| Texturized soy protein | ½ cup | 59 | 11 |
| Tofu | ½ cup | 94 | 10 |
| Tuna, canned, water packed | 3 oz | 111 | 25 |
| Turkey, white meat | 3 oz | 105 | 21 |
| Veal leg, top round | 3 oz | 128 | 21 |
| Yogurt, frozen, sugar-free | ½ cup | 80 | 5 |
| Yogurt, fruit, fat-free, low sugar | 1 cup | 120 | 8 |

PROTEIN SUPPLEMENTS

Protein shakes—try for tolerance prior to surgery. You will be on them for 2 weeks prior to surgery and at least 2-3 weeks after surgery.

We are looking for a protein shake that is:

- ✓ High in protein (20 grams plus/serving)
- ✓ Low in carbohydrates
- ✓ Low in sugar (<5 grams)
- ✓ < OR = TO 120 calories/serving

CLEAR LIQUID PROTEIN SUPPLEMENTS:

Isopure (40 g/20 oz)

Extreme Pure Protein drink (42 g/20 oz)

Protein Twist (40 g/20 oz)

Whey Fruity (26 g/1 scoop mixed into 8 oz water)

Whey Nectar (24 g/1 scoop mixed into 8 oz water)

Body Fortress Whey (20 g/1 scoop mixed into 8 oz water)

PROTICA (25 g/serving 1 vial)



PROTEIN SHAKES

| PRODUCT NAME | SER. SIZE | SUGAR (G) | PRO (G) | FLAVOR | Where can I get it? |
|---------------------|-----------|-----------|---------|-------------------------------------|--------------------------------------------------------------------------------|
| Atkins Nutritionals | 1 can | 1 | 20 | Coffee, choc, vanilla, strawberry | Grocery and drug stores |
| EAS Results | 8.4 oz | 1 | 15 | Chocolate, vanilla | Wal-Mart, GNC |
| Carb Solutions | 11 oz | 1 | 21 | Vanilla, chocolate | Wal-Mart, GNC |
| Slim fast low carb | 11 oz | 2 | 20 | Vanilla, chocolate | Grocery stores, Wal-Mart, drug stores |
| Isopure | 20 oz | 0 | 40 | Fruit flavor variety | www.isopureoutlet.com |
| Designer Whey | 1 scoop | <1 g | 18.5 | Choc., vanilla, strawberry, praline | GNC, supermarkets |
| Nectar | 1 scoop | 0 | 23 | Fruit, choc, vanilla | ww.wlssuccess.com/nectar.htm |
| Protica | 1 vial | 0 | 25 | Varies | www.protica.com |
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VITAMIN & MINERAL SUPPLEMENTS

Vitamins and minerals are not energy sources for your body. However, they help use the energy found in foods. A multivitamin is recommended for all patients after surgery and must continue to be taken even after you have reached your weight loss goals. Minerals are important and can have many different functions in the body. The patient that has undergone gastric bypass surgery is at risk for developing deficiencies due to decreased food intake, altered absorption and consumption of nutrient depleted foods. It is therefore recommended that all patients take a high potency preparation. All medications need to be **CHEWABLE, CRUSHABLE OR IN LIQUID FORM.**

Vitamin B 12:

Important for normal healthy red blood cells and proper nervous system functioning. After surgery you will need to take extra vitamin B 12, given monthly by injection.
Monthly injections: 1 cc.

Calcium:

Calcium, the most abundant mineral in the human body, has several important functions. More than 99% of total body calcium is stored in the bones and teeth where it functions to support their structure. The remaining 1% is found throughout the body in blood, muscle, and the fluid between cells. Calcium is needed for muscle contraction, blood vessel contraction and expansion, the secretion of hormones and enzymes, and sending messages through the nervous system.
Daily needs: 1500 mg.

Iron:

Iron is essential to most life forms and to normal human physiology. Iron is an important part of many proteins and enzymes that maintain good health. Iron is an essential component of proteins involved in oxygen transport. It is also essential for the regulation of cell growth. A deficiency of iron limits oxygen delivery to cells, resulting in fatigue, poor work performance, and decreased immunity.
Daily needs: 45-60 mg.

Multivitamin:

Adult Centrum Chewable or liquid with Iron
2 children's chewable multivitamins with Iron twice daily

B complex with Thiamine (B1)

Thiamine (vitamin B-1) helps the body cells convert carbohydrates into energy. It is also essential for the functioning of the heart, muscles, and nervous system.
Vitamin B complex is a combination of all of the important B vitamins. These vitamins are important in maintaining healthy eyes, hair, skin, mouth and organs. They also help supply us with energy and may help relieve depression and anxiety. The B vitamins play an important role in our body functions.
Daily needs: 1.5 mg.



BEHAVIORS FOR SUCCESSFUL WEIGHT LOSS

- ❖ Eliminate **ALL** soda and carbonated beverages
- ❖ Eliminate all beverages that contain sugar and use sugar free alternatives
- ❖ Increase consumption of fruits and vegetables to at least 5/day
- ❖ Incorporate more sugar free whole grain instead of simple carbohydrates
- ❖ **Practice eating protein first at meals**
- ❖ Use baking, broiling, grilling or boiling as cooking methods and avoid frying
- ❖ Stop adding butter and margarine to foods
- ❖ Limit intake of cream and 1/2 & 1/2 in coffee and tea
- ❖ Prepare lunch at home and take to work
- ❖ **Eat out less**
- ❖ Don't go back for seconds, limit food portions
- ❖ Choose healthy snacks, only when you are truly hungry
- ❖ Make time to go to the grocery store and plan balanced meals
- ❖ Identify area in your daily routine that cause you to make poor choices
- ❖ Avoid using food as a reward or to manage emotions
- ❖ Manage stress in a healthy way. **Don't eat it!!**
- ❖ **Make physical activity a priority**
- ❖ Begin a regular physical activity routine, start with 10 minutes segments and gradually increase to 30 minutes 5/6 days/week

NUTRITIONAL COMPLICATIONS ASSOCIATED WITH SURGERY

NAUSEA & VOMITING:

Nausea and vomiting may be common problems during the first few months after weight loss surgery. It is often a result of not paying attention to the messages your body is giving you. If you feel pressure or fullness in your abdomen, stop eating! Just another bite may cause vomiting. If you are experiencing nausea and vomiting related to poor eating habits, you may be doing any of the following:

- ✓ Eating or drinking too fast.
- ✓ Drinking fluids with meals or too soon after meals.
- ✓ Lying down soon after a meal.
- ✓ Advanced diet stage too quickly.
- ✓ Overeating.
- ✓ Not chewing food thoroughly.
- ✓ Eating tough meats or other food hard to digest.

WAYS TO ALLEVIATE NAUSEA & VOMITING:

- Avoid spicy, greasy and fried foods
- Avoid concentrated sweets, desserts, and sugary foods
- Drink beverages between meals rather than with meals and take small sips
- Take small bites, chew food thoroughly, eat slowly
- Go back to clear liquids for 1-2 days to rest your stomach

DEHYDRATION:

Dehydration is common in the early months following surgery; caused by not consuming adequate liquids. Patients must take small sips throughout the day. To avoid dehydration avoid caffeine and alcohol. Drink 64 oz fluid daily.



DUMPING SYNDROME:

Dumping syndrome may occur after eating foods that are high in sugar. It occurs when undigested sugar and simple carbohydrates are "dumped" into the small intestine rather than gradually being released in small amounts from the stomach. Symptoms include abdominal pain, cramping, nausea and fullness; followed by diarrhea. Other symptoms include dizziness, weakness, warmness, faintness and sometimes increased heart rate and cold sweats. To avoid dumping syndrome avoid simple sugars, starches and even fatty foods. Onset of symptoms may occur within 15 minutes of eating.

LACTOSE INTOLERANCE:

Deficiency of the enzyme lactase can occur after gastric bypass surgery. Lactose intolerance does not occur in all patients. Symptoms of milk intolerance include gas, bloating, abdominal cramping, and diarrhea after consuming milk or milk products. Using lactose free milk, soymilk or lactaid tablets treats lactose intolerance.

DIARRHEA

Malabsorption is often associated with diarrhea. It is rare in the patient who has undergone gastric bypass, but it does occur and needs to be aggressively treated to prevent dehydration. It may be associated with lactose intolerance or if you are taking an antibiotic.

WAYS TO PREVENT/TREAT DIARRHEA:

- Avoid high fiber and greasy foods
- Avoid fruits and vegetables with the skins
- Limit milk and milk products
- Avoid caffeinated beverages
- Drink 64 oz fluids/day
- Avoid sugar alcohols

CONSTIPATION

Constipation after weight loss surgery is not uncommon. Bowel movements every 3 days are normal after surgery. Since your quantity of food intake is much less, and you are eating less fruits and vegetables, the frequency and volume of your bowel movement is reduced. Constipation may also be associated with the use of an iron supplement. Due to possible problems with hemorrhoids, hernias and intestinal blockages, it is important to prevent constipation. If the problem persists occasional use of over the counter bulk forming laxatives, such as Metamucil or Citrucel, may be useful. However if the problem is not resolved, please contact your physician. To prevent constipation choose high fiber foods at meals, drink plenty of sugar free beverages, exercise regularly.

EXCESSIVE GAS

Gas is often related to dietary factors, after surgery certain foods cannot be digested normally. These foods are milk, milk products, legumes and cruciferous vegetables. To alleviate gas try Bean-O, Phasyme or Gas-X; avoid sugar alcohols.

HAIR LOSS

Hair loss commonly occurs with rapid weight loss, approximately 10-20% of patients who have undergone weight loss surgery experience this. Hair loss can be associated with protein and iron deficiencies. Hair thinning usually starts about 3 months after surgery can continue until 6 months post surgery if protein is not increased in the diet. Use of protein supplements can help prevent hair loss, but results are usually not evident right away. To prevent hair loss, strive to meet established daily protein requirement, consume protein supplement drink, take iron supplement.

VITAMIN & MINERAL DEFICIENCY

Malabsorption, decreased intake and decreased availability of digestive juices can lead to deficiency of iron, calcium, folic acid and vitamin B12. To prevent deficiency you must take your recommended supplements daily for the rest of your life.

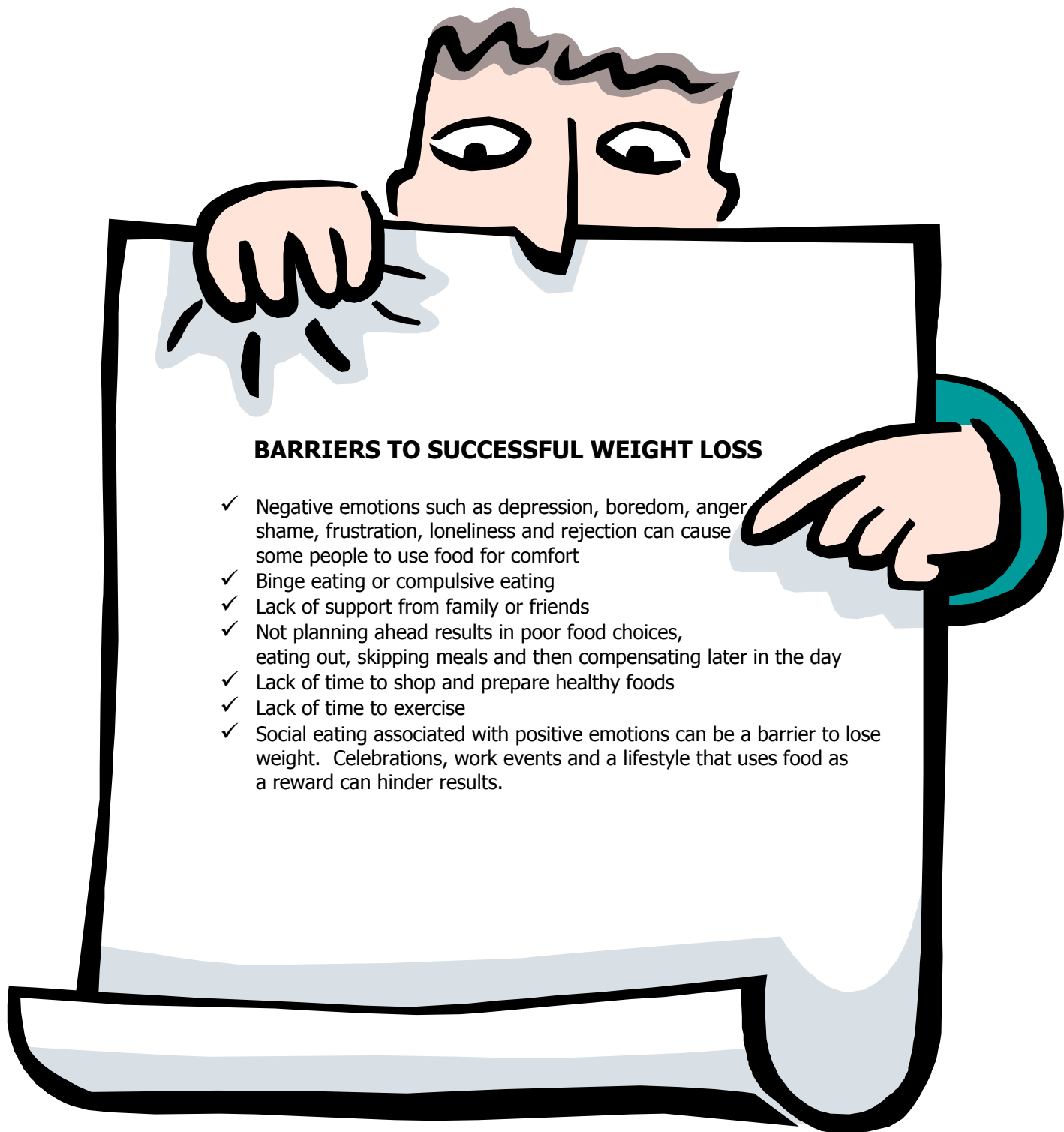
FOOD INTOLERANCES

Certain foods may be difficult to tolerate after surgery because they tend to cause nausea, vomiting or irritation of your stomach. As a general rule, avoid foods high in fat, fiber and that are difficult to chew thoroughly. In the first six months, avoid foods such as:

- Fried foods
- Seeds/skins of fruits & vegetables
- Orange and grapefruit membranes
- Coconut, nuts, granola & dried fruits
- Pickles
- Whole grain bread & cereals
- Popcorn
- Fibrous vegetables, peas, corn, beans, broccoli stalks
- Tough meats
- Greens
- Highly seasoned or spicy foods
- Stringy vegetables: asparagus, celery, string beans

GALLSTONES

Gallstone formation increases with a BMI over 40 after gastric bypass surgery. Rapid weight loss tends to cause these gallstones to become symptomatic. This usually occurs in about 30% of patients who have had surgery. Usual treatment of gallstones is removal of the gallbladder.



BARRIERS TO SUCCESSFUL WEIGHT LOSS

- ✓ Negative emotions such as depression, boredom, anger, shame, frustration, loneliness and rejection can cause some people to use food for comfort
- ✓ Binge eating or compulsive eating
- ✓ Lack of support from family or friends
- ✓ Not planning ahead results in poor food choices, eating out, skipping meals and then compensating later in the day
- ✓ Lack of time to shop and prepare healthy foods
- ✓ Lack of time to exercise
- ✓ Social eating associated with positive emotions can be a barrier to lose weight. Celebrations, work events and a lifestyle that uses food as a reward can hinder results.