

CALIFORNIA BARIATRICS

Division of Surgical Associates of Fresno, Inc.

BARIATRIC SURGERY GUIDE

Carlos M. Juarez, MD, FACS

Kyomi R. Juarez, FNP, RNFA

Angie Serrano
Bariatric Coordinator

CALIFORNIA BARIATRICS
Weight Loss Surgery Manual

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Weight Loss Surgery Manual

INTRODUCTION

Weight Loss Surgery has been developed to help you lose weight. However, it is **not magic**; 50% of the attainable results are dependant on your postoperative compliance. The surgery requires a major change in your eating and exercise habits in to achieve and maintain your desired weight loss. It is essential that you follow the nutritional plans that are outlined in this book. Your team: doctor, nurses, counselor, and dietitian are available to answer questions and provide any other support you may need. By using your surgically reduced stomach pouch effectively, you will have a positive impact on you overall health. Staying within the guidelines and following the dietary protocol will help you maximize the benefits of you surgery.

PREOPERATIVE WEIGHT LOSS: HOW TO DO IT!

You will all be required to lose a certain amount of weight before you can qualify for your operation. The purpose this is multifold; **primarily to maximize the safety of your operation!** Research has proven that immediate pre-operative weight loss will shrink fatty livers and soften the fatty drapes in your abdomen that will have to be cut and manipulated. All this lessens the difficulty of your operation and thereby increases the safety. The larger you are, the more weight you will have to lose. Generally speaking, you should make every effort to lower your Body Mass Index (BMI) to as low as possible. You should not stop losing at your target weight but rather strive to attain your lowest pre-operative weight possible. At a BMI of 50 to 60, you are considered super obese. At a BMI over 60, you become super-super obese; a very unsafe weight for your health but also an increased risk of all surgical complications. At a minimum, we insist that all patients strive to attain a body mass index of less than sixty.

How do you accomplish this? You have probably seen dietitians in the past and we are no exception. However, keep in mind that dietitians focus on slow, gradual, (hopefully) sustainable weight loss. You are interested in rapid acute weight loss. Any diet modification is difficult to maintain in your current state because of your large stomach and slow metabolism. It is difficult for you to feel full. The following is a plan that will guarantee you weight loss, but will be difficult to maintain long term. You need to show us your level of commitment to your health and success of your operation. We need to make sure that you will be compliant and follow through with your instructions and treatments. If you are not able to attain your given weight goal, you will not be considered an appropriate candidate for weight loss surgery. If you are not able to control your binge eating and/or grazing, the restrictive operations may be too risky for you and thus you should seek alternative treatments such as a malabsorption operation (BPD or Duodenal Switch).

THE PLAN: This is based on maximizing protein and minimizing carbohydrates. Learn to read labels and understand what foods are high in carbohydrates and will have to be avoided post-operatively to minimize side effects and maximize results.

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Breakfast

Concentrate on eggs and any meat (bacon, sausage, ham, lox, etc...). No bread products such as pancakes, toast, bagels, or muffins.

Lunch

Enjoy any meat product such as chicken, tofu, fish, or beef. Preferably learn to enjoy fish as this will be the easiest to tolerate after your operation. Accompany this with any green vegetable (peas, spinach, green beans) and avoid the colors such as corn, carrots, beans, and potatoes. Pasta is not allowed at any meal.

Dinner

Have a single protein shake of your choice. You need to get used to the taste and discover which is to your liking. This is the ideal time to experiment with protein shakes, not after you have the operation!

Snacks

If you must, use cheese products, beef jerky, sugar free Jell-O, edamame (soy beans) muscle milk pudding.

The goal is to wean yourself from food and get accustomed to eating those healthy things that will become your main staples after your operation. As you get closer to your operation, you should tighten even further by turning lunch in to one protein shake; if still not meeting your goal, replace breakfast with a shake as well. Obviously, this is difficult to maintain long term due to the lack of fullness signals received by your stomach. But you must treat this as the race of a lifetime; this is your final task before beginning your journey to a new, healthier body. Keep that as a motivational factor, don't give up! There is light at the end of the tunnel. Attend support groups and keep referring to your book (Before and After or Lap Band Solution) to keep your goals alive!

NUTRITIONAL PROTOCOL AFTER SURGERY

Shortly after surgery, you will be started on sips of sugar free liquid and progress rapidly to a liquid diet. Your liquid diet will include things such as: broth, flavored waters (Propel) and sugar-free gelatin. The following schedule is strongly recommended for your diet progression after surgery.

PROTEIN SUPPLEMENTATIONS

This will be your main mission through recovery and for the rest of your life. To find tasty protein foods, drinks, concoctions that will maximize the nutritional value of your food. You

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need to take lots of protein to prevent your body from cannibalizing essential proteins from your body (i.e. Muscle and hair loss). If you take plenty of protein, your body will have no choice but to eat up the excess fat and convert it to carbohydrates to utilize for immediate energy needs (TRANSLATION = HEALTHY WEIGHT LOSS!!!), which is the goal of this entire process. Women need around 60 to 70 grams of protein daily and men around 80 to 90 grams, but your individual goal is based on your height. For the first few weeks to months, supplements will be an absolute requirement; **YOU WILL NOT BE ABLE TO EAT ENOUGH PROTEIN WITH REGULAR FOOD AND LIQUID ALONE!**

PROTEIN SAMPLES

Protein powders and shakes abound but be careful to minimize the carbohydrates (less than 10 grams per serving). You may find the shakes and powders too thick in the beginning and they may make you nauseous after surgery if taken too fast. For better tolerance and for variety, try the clear protein drinks like New Whey, Cytosport, or Isopure, these are clear drinks that will pass through easier at the early stages. There are multiple varieties and available at many drug stores, Wal mart, or supermarkets. The most variety can be found at stores like the Vitamin Shoppe and GNC or purchased online at www.BariatricEating.com.

LIQUID DIET – FIRST TWO WEEKS

For the first two weeks after surgery you will be on a liquid diet with a Protein Supplement. Remember you will be able to consume only a few ounces at a time. Concentrate on getting your 60 to 80 grams of protein before wasting your pouch on less nutritious drinks. Try to sip one ounce during a 5-15 minute time period. In order to prevent dehydration, you should sip on your protein supplement, water, and sugar-free, non-carbonated, beverages such as Crystal Light, Propel, Great Value Powders (Walmart) and decaffeinated coffee or tea between meals. Try to consume at least six 8-ounce cups of fluid each day. Protein powder or liquid protein is recommended during this period and may be purchased at many drug or health food stores. **Get the powdered versions of drinks so you can adjust to taste and save money.**

SAMPLE LIQUID DIET*

Alternate between Sugar-Free Gelatin, Protein Drink, Broth, and Propel. Avoid fruit juices as they contain too many carbohydrates, even when diluted. Flavored sugar-free waters like Propel or Crystal Lite are preferable.

Note: Sugar-Free (NutraSweet) Popsicles are permitted between meals

THIN PUREED DIET (Week 3 to 6) – NEXT FOUR WEEKS

After you have tolerated the clear liquid diet for a period of no less than two weeks, you will begin adding regular foods in a thin pureed form, baby food consistency. A pureed diet is suggested to let your digestive system get used to semi-solid foods. After the surgery, the opening (stoma) emptying your stomach pouch may be slightly swollen. If your food is not

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pureed, it may cause a blockage and make you vomit. Baby foods (such as Gerber) can be a good transitional source of nutrition, just be wary of too many carbohydrates (stick to less than 10 grams per serving), stay away from fruit flavors. Eggs are an excellent choice!

You should take approximately 20 minutes to eat one ounce of food. Most people feel full after eating two ounces. The medicine cup used to measure liquid and food contains one ounce.

Remember to consume beverages 30 minutes prior to your meal and wait about 30 - 60 minutes after a meal before you drink. Liquids clear your pouch too rapidly. When you advance your diet to regular foods, always make sure you **chew your foods thoroughly to a pureed consistency** before swallowing. You may now begin to introduce coffee without sugar into your diet if you wish. However, caffeine is a diuretic and thus should be in limited quantities.

SAMPLE PUREED DIET* (SF = Sugar Free)

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
2 oz lite yogurt	1 oz pureed chicken/fish/tofu	2 oz pureed chicken/fish
1 scrambled egg	1 tbs. pureed vegetable	1 tbs. pureed vegetable
1 tbs. cottage cheese	1 tbs. soup	1 tbs. SF pudding (muscle milk)
<u>AM Snack</u>	<u>PM Snack</u>	<u>Evening Snack</u>
4 oz SF Jell-O	4 oz lite yogurt	4 oz SF Jell-O

* The sample diet does not meet the recommended dietary allowance of any required nutrients

FOODS TO INCLUDE ON A PUREED DIET

BLENDERIZED PROTEIN/MEAT (before liquid added)

1 oz (2 tbs) of pureed chicken, pork, fish, egg, lite yogurt (no seeds), strained cream soup
(Note: **Red meat** may be difficult to digest and should not be attempted for 3 months).

FRUIT

Pureed fruits (unsweetened applesauce) The berry family (ie. strawberries) have the least amount of carbs. Not everyone can tolerate fruit and you should wait six months and consult Dr. Juarez before trying fruits. For most, fruit will slow down or reduce weight loss and may cause dumping syndrome, so be careful. Treat these as an occasional treat, not an everyday event.

VEGETABLES

Pureed green vegetables, tomato juice (diet V8), vegetable juice; avoid potatoes and corn.

STARCHES (HOT CEREALS)

Cream of wheat, rice or farina, Malt-O-Meal (thinned w/ lactose-free milk or plain soy milk)

FAT

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Margarine, low-fat gravy, olive or canola oil, sour cream

SUPPLEMENTS, LIQUIDS AND DESSERTS

Sugar-free gelatin, sugar-free instant breakfast mixed in 4oz lactose-free milk, sugar-free pudding thinned with lactose-free milk or plain soy milk, coffee, tea, decaffeinated coffee, broth, Propel or flavored waters, lite yogurt, muscle milk pudding!

MISCELLANEOUS

Vinegar, ground herb/spices, mustard

SOFT DIET – AFTER SIX WEEKS

During this time you should start adding soft foods to your diet.

SAMPLE SOFT DIET*

Breakfast

1 egg
2 oz lite yogurt
1 tbs. Lactose-free milk
¼ cup coffee or hot tea

Lunch

2 oz chicken, fish, or meat substitute
2 tbs. soft vegetable
2 tbs SF pudding
1 tsp margarine

AM Snack

½ cup SF Instant Breakfast w/ lactose-free milk

PM Snack

½ cup lite yogurt

* The sample diet does not meet the recommended dietary allowance of any required nutrients

You should still take 20 minutes to eat 1/8 cup of food. You need to eat three small meals every day in order to be well-nourished. **Beware of milk.** Some people will develop lactose intolerance with bloating and diarrhea. Be careful and try lactose-free milk or low carb soy milk.

GENERAL RULES

1. **Do not** consume more than four ounces of food or liquid at any one time (1/2 cup).
2. Chew all food until it becomes pureed and **EAT SLOWLY**. Relax and take at least 30 minutes to consume each meal. Swallowing foods that are not chewed thoroughly may block the stomach opening or cause vomiting.
3. **All liquids must be consumed at least 30 minutes before or after meals.** Do not drink fluids with meals as they will overload your pouch. This could cause vomiting and may

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stretch your pouch. They can also “wash” the foods through your pouch too quickly which will make you hungry again.

4. Introduce solid foods gradually. Try only one new food at a time.
5. Concentrate your diet on protein and healthy carbohydrates.
6. Follow the soft diet for a period of one month.
7. All patients, especially gastric bypass patients, **must avoid sugar, ice cream, milk shakes and all other food or drinks with sugar products.** Use sugar-free products.

FOODS TO INCLUDE ON A SOFT DIET

BEVERAGES (approximate serving size ¼ - ½ cup)

Coffee, tea, decaffeinated coffee, sugar-free fruit flavored beverages and sugar-free Instant breakfast, Propel, lactose-free milk, plain soy milk, low-carb soy milk, crystal light.

BREADS

Avoid all bread products if possible, this includes tortillas and pasta. They are hard to digest and may become gummy and get stuck in your pouch.

FRUITS

Generally too high in carbohydrates but can be used as an occasional treat. Great as a sweet substitute, this should be your new chocolate or candy. Do not eat on a daily basis. But best to avoid for first six months and consult with Dr. Juarez before trying.

NUTS & SEEDS

(approximate serving size 1-2 tbs. for any meat/protein substitute) Low fat smooth peanut butter

FATS

1 tsp per meal: low fat salad dressings such as oil and vinegar, natural meat juices, margarine

SOUPS

Chicken rice, Chicken broth, Tomato, Vegetable, beef broth, consume, New England clam chowder, bisques, creamy soups. Try to avoid noodles.

PROTEINS: MEAT & MEAT SUBSTITUTE (approximate serving size 1-2oz)

Chicken, turkey, fish, eggs, low-fat cheese, cottage cheese, tofu, and lite yogurt (no seeds). Pork, lamb, veal, and organ meats are allowed on a soft diet. It is recommended that red meats be avoided for about three months.

VEGETABLES: (approximate serving size 2 tbs.)

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It is advised to start with cooked vegetables and low-fiber vegetables. Shredded lettuce as tolerated. Avoid potatoes and heavy starch foods. Generally stick to green vegetables and avoid colored vegetables like carrots, corn, and squash (too many carbs).

DESSERTS AND CANDIES (SUGAR-FREE): ALLL SHOULD BE EATEN IN MODERATION AND BEST IF NOT AT ALL. LEARN TO TREAT OTHER ITEMS AS DESSERTS SUCH AS STRAWBERRIES OR AVOCADO. BEFORE & AFTER HAS GREAT RECIPES FOR DELICIOUS DESERTS.

MISCELLANEOUS

Herbs and spices are okay. Mustard, vinegar, A-1, Worcestershire, soy and teriyaki, sauces.

Foods that are cooked must be prepared to a very soft and moist consistency. Dry foods can cause problems. Also, **fruits should be as ripe as possible and peeled.**

REINTRODUCING REGULAR FOODS

After the third post-operative month, you may begin to slowly incorporate items that are denser in consistency. Add new foods to your diet gradually. Remember to chew foods to a pureed consistency before swallowing.

SAMPLE DIET *

Breakfast

1 scrambled egg
2 oz sausage

Lunch

2 oz tender chicken
2 tbs cooked broccoli
2 tbs SF yogurt

Dinner

2 oz lean ham or turkey
1 oz cheese
1 oz lettuce or raw vegetable
1 tsp LF dressing

AM Snack

Peanut butter on celery

PM Snack

4 oz. Jell-O or lite yogurt

*The sample diet does not meet the recommended dietary allowance of any required nutrients.

YOUR BODY'S PROTEIN NEEDS

Protein is the nutrient that helps promote new cell and hair growth and heals the stomach. The average person needs 60-90 grams of protein each day (men need more). Because you are limited in the quantity of food that you can consume, it is sometimes difficult to eat enough foods that are high in protein to fill your body's needs. Always eat your protein food first.

TIPS FOR INCREASING PROTEIN IN YOUR DIET

1. Try adding non-fat dry milk powder into foods.

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2. Try adding low-calorie, sugar-free Instant Breakfast, sugar-free Nestle's quick, or low calorie flavorings.
3. If you have a problem digesting milk, try lactose-free milk such as Lactaid or Dairy Ease. You may also try low carb Soy milk.
4. An omelet, scrambled egg or low-calorie yogurt make an excellent breakfast.
5. When you are able to tolerate soft food, cottage cheese is a great source of protein.
6. Try tuna or chicken salad made with low-fat mayonnaise on a few low-fat crackers.
7. Tofu is a great versatile source of protein.
8. There are flavorless protein powders that you may add to your foods.
9. Most drug and health food stores carry non-milk based, sugar-free protein powders. You may use these if there are times when you need more protein and can't manage any of the above. The Vitamin Shoppe and GNC have a great variety.

THE IMPORTANCE OF CHEWING

1. Swallowing food without chewing thoroughly may block the outlet of your pouch. This will cause discomfort, nausea, or vomiting. Always remember that it should take **at least 30 minutes to eat every meal.**
2. It is important to eat regularly scheduled meals. Do not skip meals.
3. Each bite should be chewed 20 to 30 times.
4. Using a baby spoon or small utensils can help you eat smaller bites.

VITAMIN AND MINERAL SUPPLEMENTS

- A multi-vitamin with mineral supplement and iron is **mandatory** after surgery.
- We recommend Flintstones or Centrum Junior Vitamins (chewable) for the first four weeks, and then solid vitamins may be taken.
- Take 1600 mg of Calcium with vitamin D daily (chewable for the first four weeks).
- Take 1000 micrograms of vitamin B12 sublingual daily (gastric bypass patients only).
- These are mandatory for the rest of your life!

BEHAVIOR MODIFICATION

- Always chew foods thoroughly and sip fluids slowly.**
- Put your fork or spoon down between bites.
- Use a smaller plate** at home (salad or bread plate) to insure smaller servings.
- Use a smaller glass and **consume beverages between meals.**
- Small bites are necessary. The use of baby silverware may assure small bites.
- Never eat on the run.
- Only eat when you are hungry.**

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- ☑ **Measure all your food** in a ¼ cup size measuring cup (1/4 cup = 2oz.)
- ☑ Avoid high-sugar products.
- ☑ **Beverages should be sugar-free and non-carbonated.** Select low-calorie beverages such as water, tea, Propel, Crystal Light, sugar-free Kool Aid, and sugar-free lemonade.

PERI-OPERATIVE INSTRUCTIONS

IMMEDIATE PRE-OPERATIVE INSTRUCTIONS

1. Everyone must purchase a companion guide book. For **Gastric Bypass** patients you need to purchase *Before & After* by Susan Maria Leach. List price is \$24.95 but can get much cheaper through web sites like AMAZON.COM. For **Gastric Band** patients you must purchase *The Lap-Band Solution a Partnership for Weight Loss* by Paul O'Brien MD. These are great guideline and resource books and you **MUST HAVE YOUR RESPECTIVE BOOK IN YOUR POSSESSION AT YOUR FINAL CHECK-UP.**
2. **Stop Aspirin products, Motrin/Ibuprofen products, Alleve, and Advil at least three weeks prior to your operation as they cause more bleeding.**
3. Start a purely liquid diet two days prior to your operation; for example, propel, soup broth, popsicles, jell-o. Avoid milk or dairy products and alcohol.
4. Purchase one bottle of MAGNESIUM CITRATE (10 oz) from any pharmacy, available over the counter (no prescription needed).
5. The day before your operation, drink half the bottle of MAGNESIUM CITRATE; do this first thing in the morning. This will clear your bowels and cause lots of bowel movements, plan to be home or near a restroom for the rest of the day.
6. We don't want you to get dehydrated due to the laxative so continue to drink liquids until midnight. Do not take anything by mouth after midnight except for essential medicines (heart or blood pressure) with a sip of water. Take only half of your usual diabetic medication.
7. Make sure you are prepared with your pre-selected protein supplement and vitamin choices! Post surgery is not the time to desperately experiment with life sustaining supplements. You should have a months supply waiting for you at home!
8. The closer you get to your operation, the more important it becomes to lose weight. This is not the time to be having last meals or final tastes. We need your liver and intra-abdominal fat to be as thin as possible. So continue to be disciplined and lose weight up until the date of your operation.

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FOR YOUR SAFETY, DO NOT DEVIATE FROM THESE INSTRUCTIONS!!!! YOUR SURGEON OR ANESTHESIOLOGIST WILL CANCEL YOUR OPERATION IF YOU HAVE NOT COMPLIED WITH THE ABOVE INSTRUCTIONS.

AFTER YOUR OPERATION

PAIN MEDICATION: Take the elixir (liquid) prescription (Lortab or Tylenol w/ Codeine) as directed. You do not have to finish the prescription. If pain is minimal, purchase and use plain liquid Tylenol. Remember, narcotics may cause nausea and constipation.

ULCER PREVENTION: Sublingual PREVACID will be prescribed for the first four weeks. If not covered by insurance, you can crush the OMEPRAZOLE tablets instead. Then you may switch to the solid OMEPRAZOLE pill or continue the sublingual PREVACID form if covered by insurance. This is very important to minimize the risk of ulcers developing in your new stomach pouch and thus mandated for the first year post operatively and recommended that you take it for the rest of your life.

NAUSEA MEDICATION: Not usually given, as usually due to the learning process. You simply need to slow down, chew more thoroughly, or take smaller bites or sips.

URSO-250 or ACTIGALL: You may start this four weeks after surgery to minimize the risk of gallstones. It most likely will not be covered by insurance and thus is your choice. Start this once you are tolerating solids, usually around the fourth week. **If you no longer have a gallbladder, you do not need to take this.**

VITAMINS/MINERALS: Upon arriving at home, begin to establish the habit of taking your daily vitamins. This will be a requirement for life.

Multivitamins: Initially we recommend two chewable vitamins daily (e.g. Flinstones with iron or Centrum), once on solid food you may switch to solid pills of your choice but preferably (especially for women) the multivitamins should contain Iron (prenatal vitamins are a good choice).

Calcium: You need at least 1600 mg per day and preferably one with Vitamin D. For the first four weeks, two Extra Strength Tums daily will suffice. But, once on solids you need some type of calcium **with Vitamin D.**

The B Vitamins: The most crucial of these is **B12** (Cyanocobalamine) but B1 (Thiamine), and B6 (Pyridoxine) and Folic Acid are not far behind. You must take at least 1000 micrograms of B12 daily. B12 **must be sublingual**, check with your pharmacist before purchasing and should be readily found at most drug stores. The other B vitamins will for the most part be adequate via the multivitamins. However, if you happen to have trouble tolerating your diet (nausea/vomiting /or just intolerance) you may get in trouble neurologically if you don't get enough B1 and B12. Numbness, weakness, and even paralysis of extremities have been reported with severe B12 and B1 deficiencies.

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PROTEIN: This will be your main mission through recovery and for the rest of your life. To find tasty protein foods, drinks, concoctions that will maximize the nutritional value of your food. You need to take lots of protein to prevent your body from cannibalizing essential proteins from your body (i.e. Muscle and hair loss). If you take plenty of protein, your body will have no choice but to eat up the excess fat and convert it to carbohydrates to utilize for immediate energy needs (TRANSLATION = HEALTHY WEIGHT LOSS!!!), which is the goal of this entire process. Women need around 60 to 70 grams of protein daily and men around 80 to 90 grams; this is merely a minimum, the more the better! For the first few weeks to months, supplements will be an absolute requirement; **YOU WILL NOT BE ABLE TO EAT ENOUGH PROTEIN WITH REGULAR FOOD AND LIQUID ALONE!** Supplements will ultimately become a way of life for you to help during weight loss plateaus or if you happen to over stretch your pouch over the years.

***PROTEIN EXAMPLES:** you want the highest protein and the lowest carbohydrate possible. Protein contents range from 18 to 50 grams per serving and carbohydrate contents range from 0 to 15 grams at most. Do not take protein powders that have greater than 15 grams of carbohydrates per serving. These supplements come in a multitude of flavors and consistencies. It is up to you to experiment and discover what supplements work best for you; everyone has different likes and dislikes. There is not one supplement that will work for everyone.*

Protein powders:

GNC: Pro Performance 100% Whey Protein (20 gm prot/5 gm carb) Chocolate
Muscle Milk (32 gm prot/16 gm carb + vitamins) Cookies & Cream
Isopure Perfect Zero (50 gm prot/0 gm carb) Strawberries & Cream
Isopure Perfect Low Carb (50 gm prot/3 gm carb) Dutch Chocolate
Next Proteins Designer Whey (19 gm prot/2 gm carb)
EAS Myoplex Carb Sense (25 gm prot/5 gm carb)

Vitamin Shoppe:

Whey Tech Pro 24 (24 gm prot/3 gm carb)
Designer Whey (18 gm prot/3 gm carb)
Wellements Problend 55 (55 gm prot/7 gm carb)

Bariatric Eating.Com (Susan Leach's site):

Whey Gourmet (23 gm prot/3 gm carb)
Nectar Latte Cappucino (23 gm prot/0 gm carb)
Any Whey Tasteless Protein (17 gm prot/1 gm carb)
Elite Blend (23 gm prot/2.5 gm carb)
BARIATRIC PROTEIN PACK sample variety pack (\$56 with book/\$43 w/o)

Protein pre-made shakes & liquids:

GNC: Muscle Milk (32 & 22 gm prot/ 12 to 16 gm carb)

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Nature's Best Micellar Milk (40 gm prot/12 gm carb incld vitamins)
Isopure Zero Carb (40 gm prot/0 gm carb) multiple fruity flavors
GNC Pro Performance 50 gm Slam (50 gm prot/12 gm carb)
Labrada Nutrition Lean Body (40 gm prot/9 gm carb)
Cytosport Protein Performance (40 gm prot/0 gm carb) watermelon
EAS Myoplex Carb Control (25 gm prot/6 gm carb)
Muscle Tech Nitro Tech Advanced Protein Drink (45 gm prot/7 gm carb)

Vitamin Shoppe:

Cytosport Protein Performance Drink (40 gm prot/0 gm carb)
Worldwide Pure Protein Shake (35 gm prot/2 gm carb)
Nature's Best Pro Smoothie (50 gm prot/7 gm carb)

Protein low-volume concentrates:

GNC: Pro Performance Liquid Protein (18 gm per 45 cc)
IDS Sports New Whey (42 gm prot/2 gm carb) all in 92 cc
CNP Professional Protein Slam (27 gm prot/0 gm carb) all in 66 cc

Protein Puddings and Bars:

GNC: Sylvester Stallone's Instone High Protein Pudding (20 gm prot/1 gm carb)
ISS Oh Yeah Protein Wafers (14 gm prot/8 gm carb)
Power Crunch Peanut Butter Fudge (13 gm prot/10 gm carb)
Atkins Morning Breakfast Bar (11 gm prot/13 gm carb)
Muscle Milk Pudding (20 gm prot/6 gm carb)

Vitamin Shoppe

Bio Nutritional Research Group (14 gm prot/9 gm carb)
Power Crunch (13 gm/10 gm carb)
ISS Oh Yeah! Protein Wafer (14 gm prot/8 gm carb)

Cost: Yes, seemingly most of the items above seem expensive; \$2.50 for one tube of New Whey, \$40 for a large tube of Isopure powder, etc... However, remember this is an entire meal replacement and any meal combo at McDonald's costs more than that! You will actually be saving money by replacing your meals with these protein supplements.

OVER-EATING: Family members may think you are not eating enough and will tempt or urge you to eat more. Please resist. If you are 100 pounds overweight, you have enough extra calories in storage to support you for at least six months. You must stop eating just before feeling full. Repeated sensations of fullness will gradually lead to stretching of your pouch. This essentially will reverse one of the main benefits of your operation and contribute significantly to regaining weight. **YOU ARE IN CONTROL! DO NOT ABUSE YOUR POUCH!!!!**

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PREGNANCY: Pregnancy is not recommended during the first year following this operation. Birth control measures are a must and should be discussed with a personal physician or gynecologist before the operation. It is then important to strictly comply with a chosen method of contraception. Pregnancy during the first year post weight loss surgery may lead to miscarriages and birth defects due to your body's state of induced starvation during the first year. This makes it difficult to keep up with the nutritional needs of the fetus.

SMOKING: Smoking causes narrowing of blood vessels and thus may harm the healing process, **DON'T SMOKE.** We do not operate on anyone who has smoked three months prior to surgery. If you lie about your smoking, you are just increasing your risk of complications to a dangerous level! **BE HONEST!**

ALCOHOL: This will be poorly tolerated and dangerous, thus best to avoid. Your tolerance will be diminished and if taken too quickly can result in dangerous liver damage!

CONSTIPATION: Occasionally patients complain of constipation after surgery. Remember your food intake is very small compared to what you were eating. Many report having a bowel movement every 3 to 4 days. If your stools are hard, call your doctor for suggestions, which will fit into your specific diet at the time. Also, **make sure you are drinking an adequate amount of fluid (four to six 8oz cups a day) between meals.** Try Colace as it is a stool softener and not a laxative. It is safe to take one to three capsules daily to help soften stools. You can buy Colace at any drugstore without a prescription. Increase your fiber intake as tolerated. If still on liquids, try 30 cc of magnesium citrate every eight hours until start having bowel movements. Bottom line, your bowel movements will be less frequent than they used to be.

NAUSEA & VOMITING: Starting out right is very important. Your journey should start with liquids and very gradually progress to a pureed diet, soft diet, and finally solid foods. The suggested timeline is merely a guide! Some people may take longer to advance their diet. **Don't be in a rush to eat, consider food a luxury!** Learning and using new eating habits such as eating slowly, chewing well and taking small bites will help you prevent nausea and vomiting. Listen to your body! Pressure or fullness in the center of your abdomen, pain in your right shoulder, or nausea, is signs that you are full.

Whatever the sign is, STOP EATING!!!!!!!!

One extra bite might cause pain and discomfort. If you do not have signs of fullness, you should continue to measure your servings. Most people can eat ½ cup of food in 30-45 minutes within a few months after their operation. If you experience problems with pain, nausea or vomiting, take the time to analyze your eating style. This will help you make the necessary changes the next time you eat. Try to identify the cause of your discomfort by asking yourself the following questions:

1. Did you eat too fast or not chew your food well enough?
2. Did you eat too much?

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3. Did you drink fluids with the meal or too soon after the meal?
4. Did you lie down too soon after the meal?
5. Did you eat hard-to-digest meals such as tough meat or fresh bread?
6. Did you eat carbohydrate rich foods that may give you dumping syndrome?

If you experience vomiting throughout the day after eating a meal, the outlet emptying your pouch may be tight. Avoid solid foods and sip clear liquids such as propel, broth and tea. Then gradually add pureed and then regular foods to your diet. If vomiting continues for more than four to six hours, contact your doctor! If there is slow and gradual intolerance of foods, from solids to then liquids, you may be developing a **stricture** that requires **dilatation** via endoscopy (occurs 8% of time).

EATING OUT: Eating out with family and friends is an important social experience and you should not be afraid of it; use the following guidelines to help make eating out a relaxing and enjoyable experience.

Think about what you will eat before you go out. Planning ahead will make you more likely to select appropriate foods. Select “safe” foods you know you can tolerate. Sometimes it is hard to tell what is in an item on a menu by its name. Do not be afraid to ask. It is wise to stick with foods you know when eating out. Trying something new can ruin what should be an enjoyable experience.

Order child-size portions if possible. You may have to give a simple explanation of your dietary needs. Our office can provide you with a card you can carry in your wallet stating you have had stomach surgery and cannot eat normal size meals. Most restaurants will honor this card.

Ask to have dishes served without special sauces or dressings, or have them served in a separate dish so you can control the amount used.

Avoid fried foods. Always ask how the menu item is prepared. If it is fried, ask if it can be baked or steamed instead.

Share a meal. Ask for a small plate and take small portions from your dining companion’s meal.

You do not have to eat everything on your plate.

FOOD DIARY: The key to maximal weight loss and long term maintenance is vigilance! We need to be able to help you monitor your eating habits. You should get in the habit of bringing in a food diary to every appointment so we may help guide your progress.

EXERCISE: Remember that exercise is a very important part of your weight loss results. You can start exercising as soon as you get home! Limit your exercises to aerobic activity like walking, biking, and treadmill. Do not attempt activities that strain your abdominal muscles (like sit ups) for four weeks.

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READING LABELS: Get into the habit of looking at the labels of everything you purchase at the supermarket. You should concentrate on two things; the total protein and the total carbohydrate content. You want the highest protein possible and you want to keep the carbohydrates to less than 15 grams per serving.

RECOVERY PROCESS

You should be almost back to normal on the day of discharge. The liquid pain medication may still be required for a few days but is not mandatory and you can take a plain Tylenol elixir instead. Narcotics will constipate you so it's best to get off them as soon as possible. You may still be experiencing some gas and bloating symptoms and you might need to give yourself a suppository or enema once at home. Be careful, do not take oral laxatives at this point.

You should be able to walk often during the day and move about without dizziness, lightheadedness, or excessive pain. Activity will be regulated by your level of energy and pain tolerance. Light housework is allowed and **exercise** should commence as soon as you get home. Start first with walking and build up to treadmill and exercise bike. Stay away from sit ups, abdominal crunches, or heavy weight training for first four weeks. Your goal is primarily to burn calories, not to bulk up.

Remember that you have a new and very small stomach. Don't rush eating or drinking. Eat and drink small amounts very slowly and in the upright position. If you have pain, vomiting, or a sensation of food getting stuck; stop eating and remain in an upright position for 1 to 2 hours. When symptoms subside, start with liquids for one day and slowly re-introduce soft foods. Remember the faucet analogy (see your book, Before & After).

If you experience faintness, confusion, sweating, rapid pulse, anxiety, diarrhea, stomach rumbling or nausea, with or without cramps; you may be suffering from "dumping syndrome." The solution is to avoid sugars, eat more slowly, and allow 20 – 30 minutes between solids and liquids.

Bruising around the wound is normal and should decrease daily after the first week.

You should not drive until you are off the narcotic medications and sex is allowed as dictated by your level of discomfort. You should expect to return to work within two to three weeks, depending on your occupation.

DISCHARGE INSTRUCTIONS

If a problem arises you are not sure of, call our office and we will do our best to help you. Call as soon as something is not right. Delaying may cause the problem to escalate.

You should not have fevers over 101.5 degrees, night sweats, shaking, or chills at home.

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You should be able to breathe comfortably without pain or shortness of breath. You should NOT be coughing up sputum or blood. Remember to breathe deeply and cough to clear your lungs and help them recover from your operations. Use your incentive spirometer (breathing toy) for two weeks after surgery.

Watch carefully for signs and symptoms of intra-abdominal infection such as persistent rapid pulse rate over 110 beats per minute that does not slow down, fever greater than 101.5 degrees, or chills. CALL OUR OFFICE IMMEDIATELY IF THESE SYMPTOMS OCCUR.

For the first two weeks, stay on a liquid diet. You need two quarts of liquid daily to avoid dehydration. Continuous sipping is best. Do not “gulp” large amounts as you will vomit. Any low-carbohydrate liquids including sugar free Popsicles, Propel, Special K Water and Jell-O are acceptable. NO carbonated drinks or alcohol beverages.

The third week, start pureed foods. You need to think of the type of food you would feed a 5 to 6 month old infant. Gerber baby foods (the lowest carb ones **not** the fruity ones) would be ideal. Small quantities, 1 to 2 tablespoons will be enough for now.

You should not have burning, bleeding or hesitancy when urinating. Call our office if this occurs.

There will be some normal clear or slightly bloody discharge from your wounds. Upon discharge, you may resume showering; take off dressings if present but leave steri strips in place. No further bandages are needed. The steri strips will fall off on their own in 7 to 14 days. You may peel them off after two weeks if still present. There should not be a foul odor or green colored discharge from the wounds; if so, please call our office.

After the first three to four weeks, you should be able to start a solid diet. CAREFUL! Start slowly and eat very small portions. Cut your foods into tiny bite size pieces as you would for a child. Watch out for pits and seeds. Chew your food thoroughly to minimize obstructing your stomach.

Take this time off work to educate yourself. Re-read all your preoperative materials and start your education process. Learning to adjust to your new gastrointestinal system will be a life long process. You need to take control of your vitamin and calorie intake, no one else can do this for you. Learn to read labels! When given a choice, choose the foods with fewer carbohydrates (less than 15 grams per serving) and always maximize your protein. Fats are not as consequential as long as you stay off the carbohydrates. This doesn't mean simply giving up french fries and chocolates (though you must). But rather learning the nutritional value of your food. For example; would you pick corn vs. spinach, or carrots vs. peas, or strawberry vs. orange, sliced tomatoes vs. baked potato? The correct answers would be spinach, peas, strawberry, and sliced tomatoes because they contain less carbohydrates.

The best guides are the Atkins guide (a \$6 booklet sold at supermarket checkouts) or go to www.atkins.com and use the carb counter.

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If you do not seem to tolerate the solid foods well; go back to liquids for a day or two and try again. Patience, patience, patience. You are eating much less and much slower than you ever have before.

SUMMARY OF MEDICATION SCHEDULE:

- First four weeks: Crush all medications or open capsules and take granules
Take sublingual Prevacid as directed (Not Band Patients)
Take chewable multi-vitamin with iron
Take sub-lingual B12 (Not Band Patients)
Take chewable or liquid calcium, preferably with vit D (Not Bands)
Take protein supplements
- After four weeks: Can now start swallowing pills
May switch to Omeprazole pills or proton pump inhibitor (Not Bands)
Start taking Ursodiol if you have a gallbladder
Continue multi-vitamin with iron but now may be swallowed
Continue sub-lingual B12 (Not Band Patients)
Continue calcium with vitamin D but can now be swallowed (Not Bands)
Continue protein supplements (Not Band Patients)
- After nine months: Can stop taking ursodiol
- Lap Band Patients: No vitamin B12
Though a good habit, do not absolutely need Calcium
Protein essential only first 2 to 3 weeks
Do not need Prevacid or Omeprazole

IF VOMITING PERSISTS OR YOU ARE UNABLE TO TAKE LIQUIDS, CALL OUR OFFICE IMMEDIATELY AT 559-432-3434.

CONGRATULATIONS OF HAVING THE COURAGE AND WISDOM TO TAKE CHARGE OF YOUR HEALTH. BEST WISHES FOR YOUR UPCOMING WEIGHT LOSS JOURNEY AND WE LOOK FORWARD TO HELPING GUIDE YOU TO A NEW, HEALTHIER YOU!