



Patient Guide

Center for Weight Management

vmfh.org/weightloss

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Welcome

Welcome to the Center for Weight Management

Congratulations! Our surgeons, along with their staff, would like to welcome you. Thank you for choosing the comprehensive Center for Weight Management, part of Virginia Mason Franciscan Health's interdisciplinary Center for Digestive Health. We look forward to helping you through your weight loss journey. Our team is here to guide you through each phase of the process, from helping to obtain insurance authorization to providing detailed pre-operative planning and developing new dietary plans after surgery. Please read through this guide to learn more about our program.

Weight loss surgery is not a cure. With the right preparation and support, weight loss surgery is a tool to help you attain a healthier weight and improve your health. You can achieve your best results with a lifelong commitment to healthy nutrition and lifestyle habits.

Once you have made the commitment to change your life, we'll be with you every step of the way. We are excited to partner with you and help you achieve, and perhaps even exceed, your weight loss and wellness goals.

Committed to your success,

Virginia Mason Franciscan Health
Center for Weight Management Team

About Obesity

What is Obesity?

Obesity is a complex disease involving an excessive amount of body fat. Obesity is measured by an equation using height and weight called Body Mass Index or BMI. The degree of obesity is then classified as class 1, 2, or 3.

Obesity Class Guide	Class 1	Class 2	Class 3
	BMI 30 to <35	BMI 35 to <40	BMI ≥40

Obesity is a serious disease in which the accumulation of fatty tissue becomes excessive and interferes with or injures other organs, causing serious and life-threatening health problems. These problems are called comorbidities.

Weight loss surgery, also called bariatric surgery, is used to effectively treat obesity and obesity-related health problems. It is typically reserved for those individuals with class 3 obesity (BMI > 40) or those with class 2 obesity and certain medical illnesses like diabetes, high blood pressure, sleep apnea, high cholesterol and others.

Is weight loss surgery right for me?

Weight loss surgery may be an option if you:

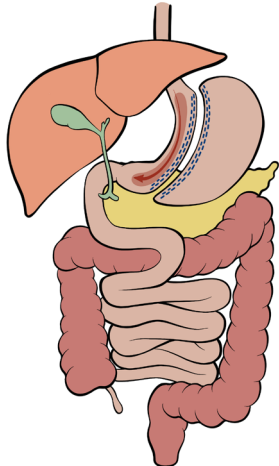
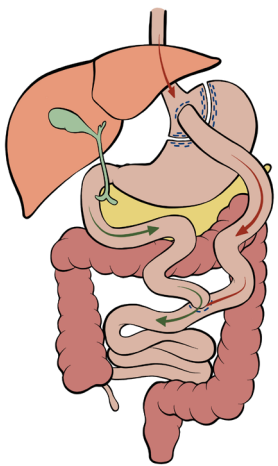
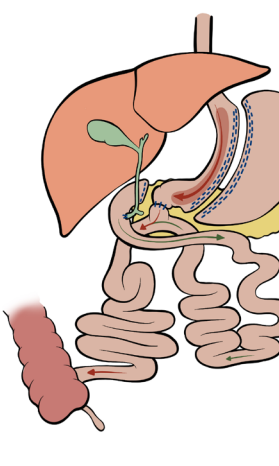
- Have been unable to lose weight and keep it off using non-surgical methods.
- Understand and commit to lifelong changes for surgery.
- Meet certain consensus criteria.

Consensus criteria for weight loss surgery:

- BMI 40 or greater.
- BMI 35 or greater with serious health problems (comorbidities) related to obesity such as type 2 diabetes, uncontrolled high blood pressure, sleep apnea or heart disease.
- BMI 30–34.9 with Diabetes Mellitus Type 2 with some insurance companies.

Bariatric Surgery

Main Weight Loss Surgery Procedures

	Sleeve Gastrectomy (LSG)	Roux en Y Gastric Bypass (RYGB)	Duodenal Switch/SADI
			
Description	The most frequently performed procedure due to ease and effectiveness. Involves removing ~75% of the lateral aspect of the stomach permanently.	The second most frequently performed procedure. Involves dividing the stomach into two parts, an egg-sized pouch which receives food and the rest which is left in place. The intestines are rerouted to delay when food and digestive enzymes mix.	Relatively uncommon due to complexity and higher risk profile. Typically reserved for diabetic patients with a BMI > 50. This is essentially a combination of a sleeve and bypass.
How does it work?	Reduces calories taken in by limiting appetite, volume. Hormonal effect on appetite suppression.	Reduces calories taken in by limiting appetite, volume, and absorption. Hormonal effect on appetite suppression.	Reduces calories taken in by limiting appetite, volume, and absorption. Hormonal effect on appetite suppression.
Expected TWL%	~25%	~35%	~40%
Improvement of Obesity Related Comorbidities	++	+++	++++
Complications	<ul style="list-style-type: none"> • Heartburn or reflux • Narrowing of the sleeve 	<ul style="list-style-type: none"> • Ulcers • Narrowing of the pouch-intestine connection • Dumping syndrome • Bowel obstruction 	<ul style="list-style-type: none"> • Heartburn or reflux • Dumping syndrome • Bowel obstruction
Overall Risk	↑	↑↑	↑↑↑
Avoid if...	You have significant reflux at baseline.	You have risk factors for ulcers or a solitary kidney.	You have significant reflux at baseline, diarrhea at baseline, trouble with supplements.

TWL = Total weight loss as a percentage of starting weight.

Revisional Bariatric Surgery, Gastric Bands

On occasion bariatric surgery results in a complication or inadequate results requiring reoperation. Other stomach surgeries may require a revision or conversion to weight loss surgery. Operations that modify an existing format to improve outcomes are called revisions, such as changing the length of the bypassed intestine in a gastric bypass. On the other hand, operations that change one format to another are called conversions, such as removing a gastric band and then fashioning a gastric bypass.

Please note that the Center for Weight Management surgeons do NOT place new gastric bands, but we can assist with management of an existing band or determine if conversion from the band to one of the previously mentioned operations is right for you.

Revisional weight loss surgery is often more complex and riskier than primary surgery. Therefore, there may be steps you must follow in addition to the standard preparatory requirements for weight loss surgery.

How do laparoscopic, robotic-assisted, and open surgery differ?

Laparoscopic surgery is performed through small incision ports in the abdomen where the surgeon places instruments including a camera. The instruments are an extension of the surgeon and everything is completed with instrumentation through the ports. The surgeon does not have their hands directly inside the patient's abdomen. The patient will go home with approximately four to six, 1 inch or smaller incisions. This makes it easier for the patient to get around after surgery with less pain and reduced risk for infection or hernias.

Robotic-assisted bariatric surgery is similar to laparoscopic surgery in that the surgeon uses ports, but instead of handling the surgical instruments directly during surgery, the surgeon is sitting at a station controlling the robot which manipulates the instruments. With the finer articulation of the robot extensions, the surgeon has the ability to perform very precise techniques, and meticulous dissection and suturing for complex cases. The patient has small incisions with less pain and minimal chance for infection, as with laparoscopic surgery.

Open surgery is performed through a larger incision. The surgeon uses their hands along with special tools to perform the operation. A larger incision increases the possibility of postoperative infections, complications, and pain. We only perform open surgery in rare instances that are patient-specific.

How Successful is Weight Loss Surgery?

Weight loss surgery can succeed for any patient who is committed to change.

According to the American Society for Metabolic & Bariatric Surgery (ASMBS):

- Studies show patients typically lose the most weight one to two years after bariatric surgery and see substantial improvements in obesity-related conditions.
- Most bariatric surgery patients with diabetes, dyslipidemia, hypertension, and obstructive sleep apnea experience improvement or remission of these obesity-related diseases.*

Lifestyle changes such as dieting and exercise have been found to have a less than 10 percent long-term success rate. Success rates for bariatric surgery far exceed those for conventional dieting. Additional dietitian and nursing education offered to all patients helps increase the likelihood of success.

Weight loss surgery is not successful for every patient. Each patient must commit to the process, from preparing for a successful surgery to adopting a healthy lifestyle afterward. However, those who are well motivated and who receive appropriate postoperative support can achieve significant, lasting weight loss.

It is important to discuss risks and possible benefits with your doctor when considering weight loss surgery. Bariatric surgery has associated risks and long-term consequences and should be considered part of a comprehensive approach to treating obesity. Our surgeons believe that weight loss surgery works best when combined with lifelong behavioral and dietary changes. Ongoing follow up with your team, as well as lifelong vitamin supplementation, are essential to avoid life-threatening complications down the road.



To better understand expected weight loss results in the first year, find an ASMBS online tool** here: <https://riskcalculator.facs.org/bariatric/patientoutcomes.jsp>, or scan the QR code. This tool offers a projection of estimated weight loss (within a 12 month period, only) for illustrative purposes; each patient's experience and results will differ.

*Source: <https://asmbs.org/app/uploads/2021/07/Metabolic-Bariatric-Surgery-Fact-Sheet-2021.pdf>

**American Society for Metabolic and Bariatric Surgery (ASMBS) Bariatric Surgical Risk/Benefit Calculator: <https://riskcalculator.facs.org/bariatric/patientoutcomes.jsp>

How Successful is Weight Loss Surgery continued

Overall, bariatric surgery is considered safe with complications below 1%. Surgeons and surgery teams follow safety precautions to keep risks as low as possible. Risks for abdominal surgery may include some of the following:

Risks associated with general abdominal surgery

- Bleeding
- Abdominal hernia
- Pain
- Pneumonia or collapsed lung
- Complications due to anesthesia and medications
- Deep vein thrombosis (blood clot)
- Pulmonary embolism (blockage of the lung artery by blood clot circulating in the blood)
- Infection
- Injury to the stomach, esophagus, or surrounding organs
- Stroke or heart attack
- Death

Risks associated with weight loss surgery

- Dehydration
- Internal hernia
- Indigestion, constipation, or diarrhea
- Gastrointestinal inflammation or swelling
- Ulcers
- Gallstones and related complications
- Intestinal obstruction
- Surgical reoperation
- Stitches or stapled tissue that becomes separated
- Leaks from staple lines
- Esophageal dysmotility (problems pushing food from the esophagus to the stomach)
- Malnutrition

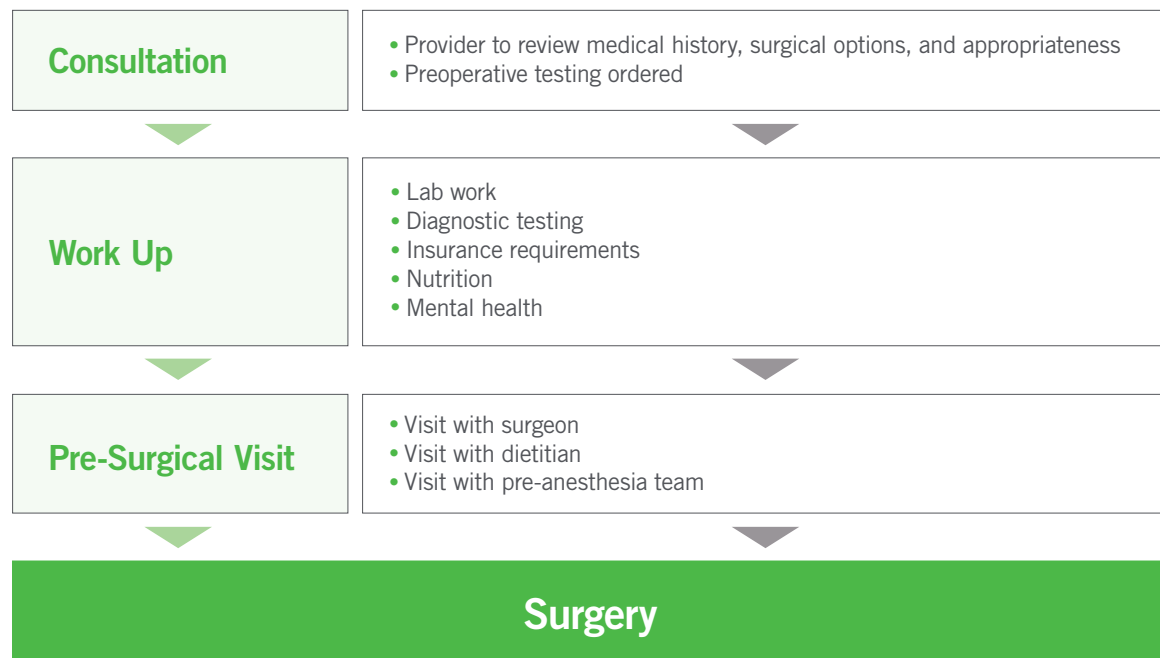
The Pathway to Surgery

Preoperative Preparation

Many insurance plans will cover the costs of weight loss surgery, but coverage varies according to your medical history, insurance policy, and benefits or exclusions.

Before planning for surgery, make sure you understand your insurance requirements in order to avoid delay and/or denial of services. In most cases, this begins with ensuring that you have bariatric benefits or understand the cash-pay terms. Although we perform an insurance check to verify coverage and requirements, it is ultimately your responsibility to determine your benefits. Please contact your insurer to obtain details about copays and caps/limits for office visits, consults, tests, surgery, and follow-up.

Generally, the path to surgery is as follows:



Hospital Stay

Most patients stay one to two nights in the hospital before they are ready for discharge. Some patients may be candidates for same day procedures. Discharge criteria are as follows:

- Vital signs and lab work are stable.
- Patient is on path to consume at least 48 oz. of fluids per day, aiming for 64 oz.
- Patient understands diet progression, activity limitations, incision care, and self-care.
- Patient understands medication and pain management.

Follow Up

Routine Follow Up

Believe it or not, surgery was the easy part! To succeed after surgery, you'll need to pay close attention to your diet and exercise. This is especially true during the first 12–18 months after surgery. This period is critical to losing weight and establishing healthy habits. To help you succeed during this important time, we expect to see you for the following check-ups with a bariatric program provider:

- 1–2 weeks
- 6–8 weeks
- 6 months
- 12 months
- Yearly (and as needed)

If you have any concerns between follow-up appointments, please call or schedule a virtual or in-person visit.

Medications and Weight Loss Surgery

The following classes of medications require special discussion with your care team prior to surgery:

Class	Examples	Potential Impact
Aspirin, Nonsteroidal Anti-inflammatory Drugs (NSAIDs)	ASA, ibuprofen (Advil, Motrin), naproxen (Aleve, Naprosyn), diclofenac (Voltaren), Celebrex, mobic, piroxicam, Nabumetone, Etodolac, etc.	Increase risk of ulcers and bleeding. <i>Stop permanently after gastric bypass.</i>
Diabetes Treatments	Insulin, Metformin, Glyburide, Trulicity, Ozempic, Victoza, etc.	Potential for swings in blood sugar.
Hormone Therapy, Birth Control	Premarin, testosterone, estrogen, estradiol, Enjuvia, Cenestin, Striant, Testopel or depo-testosterone, etc.	Increase risk of blood clots.
Blood Thinners	Heparin, warfarin (Coumadin), Eliquis, Plavix, Xarelto, Plasugrel, etc.	Increase risk of bleeding.
Immunomodulators	Steroids (prednisone), Remicade, Orencia, etc.	Impair healing.
Diuretics	Furosemide (Lasix), hydrochlorothiazide (HCTZ), chlorthalidone, spironolactone, etc.	Increase risk for dehydration.

Medications to Avoid After Surgery

Liquid medications: Some liquid medications may contain highly concentrated sugar that may cause “dumping syndrome.” Check the label to see if it is sugar-free. Ask your pharmacist if you’re unsure.

Over-the-counter medications: Be sure to look at over-the-counter drugs (especially multi-ingredient cold medications) to be sure they do not contain any of these medications. Do not take any of these medications without discussing it with your bariatric provider first.

Special Advisory About NSAIDS

NSAIDS: Non-steroidal Anti-Inflammatory Drugs (NSAID) are used to treat inflammation, fever and pain. Examples include aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve, Naprosyn), Diclofenac (Voltaren), Celebrex, mobic, piroxicam, Nabumetone, Etodolac, and Excedrin.

Medications and Weight Loss Surgery continued

Gastric bypass patients should avoid these medications due to the increased risk of developing a marginal ulcer at the connection of the new stomach pouch and small intestine. If you are taking one of these medications, be sure to talk to your prescribing provider about other alternatives.

Gastric sleeve and DS/SADI patients have a lower risk of developing ulcers. These patients may only be restricted from NSAIDs for a couple of months after surgery.

Crushing Medications

After your surgery, you may need to crush your medications so they can be absorbed as your body adjusts to its new digestive system. Your doctor will advise you about the need to crush all medications for at least four weeks. If you are unsure of a medication you are taking, talk with your primary care physician or your local pharmacist.

Pill size: A few medications are so large they can also cause an obstruction; these must be crushed. Some medications are small enough that they will pass through easily; pills or capsules need to be smaller than the tip of a pencil eraser if you are not going to crush them.



Extended release: The extended-release versions of drugs will usually have the name of the medication followed by the letters ER, SR, XR, XL or CD—e.g., Metformin XR. Some extended-release medications slowly release controlled amounts over a certain time span. These medications can be dangerous to crush as you would essentially be taking a much higher dose at one time.

If you take an extended-release medication, you need to contact the physician who prescribed it and ask for a different formula or medication to use during your recovery.

Capsules: Avoid taking medication in a capsule form containing liquid or gel for the first 30 days; however, a medication in capsule form containing beads or powder can be opened and the contents poured out. If the contents of the capsule are beads, this is likely an extended-release preparation, but the beads can be mixed and swallowed whole. Be careful not to chew or crush the beads; doing so will increase the absorption of the medication. If there is anything besides powder or beads in the capsule, you should contact your pharmacist for confirmation.

Alternatives to crushing pills: If you can't crush a medication, you may be able to get one in a chewable or liquid form.

How to crush pills: Pill crushers can be purchased at any drug store for less than \$10. Be sure to mix your crushed medication or beads from a capsule with something to mask the flavor, as medications are often bitter in taste. Sugar-free liquids or protein shakes are commonly used.



Frequently Asked Questions about Weight Loss Surgery

What do you mean by “bariatric surgery is a tool,” and how does that work?

Bariatric surgery is not a cure for obesity, but it can help by regulating eating behaviors. Weight loss surgery must be combined with a healthy diet and regular exercise for lifelong weight management.

Do I need to stay in the area until my first postoperative visit?

If you live outside of the Puget Sound area you may want to consider staying with a friend or family member in the area. However, this is not a requirement. This will be discussed with your surgeon on a case-by-case basis and will vary based on your particular circumstances. In case of an emergency, you should go to the nearest emergency department, no matter where you are located. The most common reason for readmission to the hospital after surgery is for dehydration.

Do I need to stop smoking prior to having the surgery?

Yes, you must stop all nicotine-containing products three months prior to your surgery. This includes cigarettes, e-cigarettes, cigars, pipes, snuff/chew, Hoohka, and electronic nicotine delivery devices. Surgeons ask this of patients because smoking impairs your body's ability to heal. Smoking cessation will be a lifelong requirement after weight loss surgery to avoid ulcer formation and other gastrointestinal concerns.

What are potential complications if I don't quit smoking before surgery?

You may be tested for nicotine prior to surgery. Your surgery team may delay or cancel your operation if you have not stopped smoking within the specified time period. Complications from nicotine can include restricted blood flow, increased blood pressure, breathing and lung issues, chronic cough increasing hernia risk, poor tissue perfusion, and increased inflammation. This can lead to increased risk for wound infections and ulcers, impaired healing, and diminished cardiac and lung capacity. Any of these complications can lead to a longer postoperative recovery stay. If you need help to stop smoking, please talk to your primary care physician, as he or she may prescribe something for you.

Frequently Asked Questions continued

Are you ready to quit smoking or tobacco use?

For more information on quitting, call or visit these resources:

- Washington State Help Line: 1-800-QUIT-NOW (1-800-784-8669)
- doh.wa.gov/youandyourfamily/tobacco/howtoquit
- quitline.com
- smokefree.gov

What can I do about loose skin after weight loss?

Most patients experience loose skin after surgery. This is normal and expected due to the significant amount of weight loss in a short amount of time. Skin removal surgery may be necessary for some patients. If loose skin is a concern, speak with your surgeon or primary care physician.

What about pregnancy after bariatric surgery?

Please be aware that significant hormonal changes occur after bariatric surgery. Patients with fertility issues prior to surgery may have increased fertility after surgery. These changes can increase your potential ability to become pregnant. Due to the risk to the developing fetus and maternal health, precautions should be taken to prevent pregnancy during the phase of rapid weight loss. We strongly suggest you work with your primary care provider or obstetrician to ensure a reliable method of birth control to prevent pregnancy for 12-18 months after surgery.

Will I have to go on a diet prior to having surgery?

You might need to be on a preoperative diet before your surgery. The length of time is determined by your surgical team. Right before surgery you will be on a liquid-only diet. Your surgical team will determine the duration of this phase.

Nutrition

Nutrition

Learning new eating habits is an essential and necessary part of your bariatric treatment. Your dietitian will talk with you about your preoperative diet and diet progression after surgery. We will have you keep a food log so that we can identify and find solutions to any problems that may arise.

After surgery, you will not want to eat large portions of food at one time. Keeping portions small will help you control the number of calories you consume. However, it is still possible to overeat, despite the potential for extreme discomfort. Eating large portions of food, consuming high-calorie foods and beverages throughout the day, and having unplanned snacks (grazing), will cause you to regain weight.

Tips for Change: Start Now!

It's important to begin practicing the following guidelines immediately after your first visit with the surgeon. Doing so will help make your transition to life after surgery much smoother.

Choose drinks carefully and avoid alcohol

- Choose low-calorie and sugar-free beverages (high-calorie liquids may cause weight gain).
- Avoid carbonated beverages (may cause discomfort). This is a lifelong recommendation.
- Avoid excessive caffeine (may cause dehydration).

Don't drink and eat at the same time

- Drinking while you eat a meal can push food through your stomach too quickly or overfill your stomach, which may cause hunger and unpleasant side effects, such as diarrhea and vomiting.
- Wait 30 minutes after a meal to drink liquids.

Slow down

- Eating too quickly after surgery can cause abdominal discomfort and pressure or vomiting. Even before your surgery, pay attention to your eating style and slow down your eating pace.
- **Consider these tips to eat slower:**
 - Set aside at least half an hour for each meal; you may need an hour in the weeks following your surgery. Set a timer during meal time.
 - Take small bites.
 - Chew every bite into a liquid or applesauce consistency before swallowing.
 - Make a point to savor each bite. Notice flavors, textures and consistency.
 - Put your utensils down in between bites.
 - Make a sign that says “Eat Slowly” to help you remember.

Schedule your meals and snacks

- “Grazing,” or snacking throughout the day, is very likely to cause weight gain.
- Develop a list that includes a variety of activities that you can do when you are tempted to graze.
- If you tend to eat when you are emotional, consider calming, non-food-related activities such as taking a walk, going to yoga class, or following a yoga DVD or YouTube video at home, meditating, calling a friend, taking a bath, playing music, or reading.
- Be patient with yourself as you develop new habits. It takes time to become comfortable with a new way of life.

Be mindful about eating

- Do not eat while you are standing up.
- Set aside a special spot in your home for meals, most likely your dining room or kitchen table.
- Relax and use all of your senses as you enjoy your meal.
- Focus on eating—don't watch TV or use your phone or computer during your meal.
- Be aware of your body and hunger cues. You will learn to know the difference between physical hunger and boredom or emotion-related hunger.

Log your food

- Use your food record to track what you eat and drink.
- Try a free phone or computer app, such as My Fitness Pal or Baritastic, to track your food, liquids and exercise.
- Log your food as you go, not before you eat it or at the end of the day.
- Use your food record to track your feelings as well. Are you full? Are you happy, sad, upset? This will help you to identify and understand your eating habits.

Measure portions

- Measure and/or weigh your portions. This will help you learn what a healthy portion size looks like. (Note: Weigh meat portions after cooking for an accurate measure.)
- Cook enough for just one meal or portion into individual servings.
- Put extra food away before you sit down to eat.
- Use small dishes and glasses—this makes portions seem larger.
- Practice leaving something on your plate.

Plan ahead

- Set aside time to write out your meal plan at the start of each week. Be specific about what food and the quantity you will eat for every meal.
- Bring meals with you when you're busy outside of your home. Buy a thermal container, cooler or insulated bag to keep your food warm or cold.
- Borrow bariatric cookbooks from your library to help with recipe ideas and meal planning.

Keep food out of sight

- Don't leave food in sight on your counters.
- Store favorite foods in hard-to-reach places. If you have foods that are hard for you to resist, don't keep them in your home.
- Avoid family-style meals to lessen having second helpings in front of you.
- Agree with the family to designate a space in a cabinet in the kitchen for other foods to be stored.

Learn and practice healthy food shopping habits

- Make a shopping list every time you walk into the store.
- Don't go grocery shopping when you're hungry.
- Shop from the outer edges of the store for items such as produce, lean meats, low fat dairy, and bulk legumes and whole grains—this is where you'll find most of the whole foods. Avoid temptation by staying out of the inner aisles.
- Avoid buying foods that are tempting to you, even if they are meant for someone else.

What to Expect After Your Procedure

Progression

After surgery, the average hospital stay is one to two days. Once home, you will start a nutrition program that progresses through five different stages over a few months.

Pre-surgery shopping list

As you prepare for your surgery date, stock up on these items:

- Measuring cups and spoons.
- Water bottle with volume measurements on the side.
- Sugar-free, low-calorie, non-carbonated, and non-caffeinated beverages, such as:
 - Crystal Light
 - Diet Snapple
 - Herbal Tea
 - Vitamin Water Zero
 - Aquafina Splash
 - Vegetable, Beef or Chicken Broth
 - Sugar-Free Jell-O
 - Liquid water enhancer/flavorings (caffeine and sugar free)
 - Sugar-Free sports drinks
 - Sugar-Free popsicles
 - Protein water
 - Bone broth
- A high-protein, low-sugar shake (see page 24 for examples).

Here are some tips to help you lose and maintain your new, lower weight after surgery:

- Avoid “nibbling.” Do your best to make healthy choices and do not snack between your planned meals.
- Fine-tune your awareness skills. It is common to eat when bored or for emotional reasons, such as depression, happiness, anxiety or stress. If you feel that you have an emotional dependence on food, it may help to discuss this with your dietitian or a therapist. You can develop coping skills to change this behavior.
- Embrace physical activity. Exercise burns calories, helps control your appetite and can relieve stress. The most successful surgical weight loss and weight maintenance tends to be those who incorporate routine exercise into their lives.
- Stay positive. Permanent weight loss is a journey—you cannot expect change overnight. Your journey may not follow a perfect path, but the effort is worth it. Be proud of what you are doing for your health and try to stay positive about making healthy choices.
- Prepare for special occasions. Many of our patients share that holidays, social events, and vacations can present special challenges. Your dietitian will work with you to help you prepare for potential pitfalls.
- Don't underestimate the importance of your vitamins. Your post-surgery diet cannot meet all your needs for vitamin and mineral intake. Follow your dietitian's instructions about your bariatric multivitamin and calcium supplements, which will be part of your diet for the rest of your life.

What to Expect After Your Procedure continued

Typical Bariatric Diet Progression

The diet stages may be adjusted for individual patients as tolerated. Additionally, individual calorie, carbohydrate, and protein needs will vary for every person. The following chart is for general reference only for the MINIMUM recommendations. People that are highly active, and those with increased needs related to wound healing, dialysis, and pregnancy will need higher protein needs. Your Virginia Mason Franciscan Health Registered Dietitian can help you individualize your personal goals.

If you are not tolerating the recommended Stage, go back to previous Stage and advance as tolerated.






	Diet	Calorie	Carbs (g)	Protein (g)
Day 0-1, Stage 1	Clear Liquids			
Days 2-14, Stage 2	Full Liquids			60-80+
Days 15-21, Stage 3	Pureed	300-600		60-80+
Days 22-28, Stage 4	Soft Foods	300-600		60-80+
Days 29+, Stage 5	Regular	500-600		60-80+
3-6 Months Post-op	Regular	600-800	30-75	60-80+
6-9 Months Post-op	Regular	800-1,000	30-80	60-80+
9-12 Months	Regular	1,000-1,200	80-100	60-80+
Lifelong	Regular	1,000-1,200	80-100	60-80+

Recovery Nutrition: The Five Stages

As you recover, it is important that you follow these guidelines. Don't proceed faster than instructed. Your stomach needs a slow diet progression to allow it to heal correctly. Throughout the first month, consuming clear liquids of at least 48–64 oz. per day should be your main priority.

Use the following guidelines for your diet progression AFTER surgery.

Be sure to stay hydrated with >48 oz. of water daily!

<p>Stage 1 While in the hospital</p>		<p>Clear Liquids Any liquid you can see through: Water, sugar-free drinks, broth, sugar-free gelatin, sugar-free popsicles. <i>*No caffeine or carbonation</i></p>
<p>Stage 2 2 weeks</p>		<p>Protein Shakes + Full Liquids <i>Work towards 60 grams protein daily</i> Protein drinks or powders added to skim milk or unsweetened nut milks.</p>
<p>Stage 3 1 week</p>		<p>Pureed Diet (≥60 grams protein, daily) Consistency of applesauce (no chunks) or baby food. Full liquids, pureed cottage cheese, fat-free, no sugar added Greek yogurt, and blenderized meats or soups. Start your daily vitamin regimen.</p>
<p>Stage 4 1 week</p>		<p>Soft Diet (≥60 grams protein, daily) Moist, soft foods (fork mashable). Excludes tough meats, raw or stringy veggies, tough fruits with skins, bread, and rice.</p>
<p>Stage 5 For life</p>		<p>Regular Healthy Diet (≥60 grams protein, daily)</p> <ul style="list-style-type: none"> • 3 meals + 2 protein shakes or high quality protein snacks daily. • Slowly reintroduce most foods as tolerated. • Focus on lean protein and produce.

Stage 1 – Clear Liquids

- Start:** After surgery
- Estimated duration:** The first day post-surgery, while in the hospital. This stage could continue to 5 days if you are unable to tolerate 48-64+ oz. of clear liquids daily.
- Diet instructions:** Start with sips of clear liquids only. Sip sugar-free, low-calorie, non-carbonated, non-caffeinated liquids with fewer than 10 calories per 8 oz serving. Do not advance to Stage 2 until you can easily consume 48-64+ oz. of clear liquids daily.

Those include:

- Water
 - Sugar-free popsicles
 - Sugar-free gelatin
 - Diet Snapple
 - MiO
 - Dasani Drops
 - Crystal Light/Crystal Light Pure
 - Vitamin Water Zero
 - Propel Zero
 - Gatorade2 (G2)
 - Broth (chicken, vegetable or beef)
- Sweet & Low (saccharin), Splenda (sucralose) and Truvia (stevia) are acceptable.
 - Try to limit sugar alcohols, which can cause gas, abdominal pain and diarrhea. On food labels these typically ending in “ol.” Examples: mannitol, maltitol and sorbitol.
 - Avoid caffeinated beverages if you are unable to consume 48 oz. of clear liquid beverages.
 - Avoid juices that contain pulp and any broth that contains food particles.
 - It is not necessary to take vitamins/minerals at this time. You may resume them at the end of Stage 2 - Protein Shakes + Clear Liquids phase.

Fluid goal: 48-64+ oz. or more per day.

Protein goal: None

Vitamin goal: None

Stage 1 – Clear Liquids continued

Important tips

- ✓ Stop sipping as soon as you feel full or if you have any nausea/vomiting.
- ✓ Use 1 oz. medicine cups to help prevent you from drinking too fast.
- ✓ AVOID carbonated beverages. They will cause distention and discomfort.
- ✓ Avoid gulping, which may introduce air into your system and cause gas pain.
 - Be cautious if you use a straw to drink. Straws can introduce air into your system and cause abdominal distention and discomfort.
 - Avoid chewing gum, which may introduce air into your system and cause gas pains. TicTacs are acceptable.
 - Avoid using sugar-free hard candies as these typically contain sugar alcohols which can cause gas or diarrhea.
- ✓ Keep a daily record of your fluid intake. Include the time and amount you consume.

Stage 2 – Protein Shakes + Full Liquids

- Start:** When home from hospital (approximately day 1-3 and when you are able to tolerate 48-64+ oz of clear liquids daily)
- Estimated duration:** 2 weeks
- Diet instructions:** This is the “sipping phase,” when all liquids should be thin and pourable.
- Fluid goal:** Aim for 48-64+ oz. of sugar-free, low-calorie, non-carbonated, non-caffeinated liquids per day. Make sure half of your fluid intake is from full liquids without protein, and the other half is from full liquids with protein shakes. Your protein shakes are considered food with their high protein content.
- Protein goal:** Minimum 60-80+ grams/day (sleeve and gastric bypass)
90 grams/day (DS/SADI) or as calculated by your Registered Dietitian.
It is normal to not reach this goal right away. Do your best each day.
- Vitamin goal:** None

Protein Shake Criteria

- Protein powders can be mixed with water, skim or 1% milk, or unsweetened non-dairy beverage
- Your protein supplement should have:
 - Fewer than 200 calories
 - Between 20-30 grams of protein
 - Fewer than 5 grams of sugar

Recommended protein shakes (ready-to-drink)

- ✓ Ensure Max Protein
- ✓ Iconic (lactose free)
- ✓ Muscle Milk Light
- ✓ Orgain (some are lactose free)
- ✓ Premier Protein
- ✓ Fiarlife (lactose free)

Recommended protein powders

- ✓ Ancient Nutrition (lactose free)
- ✓ Isopure (lactose free)
- ✓ Syntrax Nectar (lactose free)
- ✓ Unjury (lactose free)
- ✓ Vega (plant-based and lactose free)

Nutrition Facts	
1 serving	
Amount Per Serving	
Calories	Less than 200
Total Fat	
Cholesterol	
Sodium	
Potassium	
Total Carbohydrate	
Dietary Fiber	
Sugars	Less than 5 grams
Protein	Between 20-30 grams

Recommended unflavored protein powders

- ✓ Bariatric Fusion (lactose free)
- ✓ Genepro (lactose free)
- ✓ Unjury (lactose free)

Recommended protein waters

- ✓ On: Optimum Nutrition (lactose free)
- ✓ Premier (lactose free)
- ✓ Protein 2o (lactose free)
- ✓ Ready Nutrition (lactose free)

Stage 2 – Full Liquids continued

Full Liquid Choices

- Protein shake or powders
- Fat-free, no sugar added Greek yogurt:
 - Ok to add Crystal Light, MiO drops, or sugar-free syrup
 - <10g sugar per serving
 - Avoid chunks or fruit or seed bits
- Sugar-free puddings
- Sugar-free hot chocolate
- Cream of Wheat or rice cereal (make sure it is thin without lumps)
- Cream soups (strain all soups if visible chunks are present; choose low-fat or reduced fat options whenever possible):
 - Cream of chicken, strain
 - Cream of mushroom, strain
 - Cream of broccoli, strain
 - Tomato soup, strain

Note: Unflavored protein powder can be added to any of the above. Please read nutrition labels when adding your protein to hot items above 140 degrees Fahrenheit as higher temperatures may cause your protein to clump.

Where to buy?

Protein shakes and powders can be found at many major stores such as Costco, Walmart, Target, Super Supplements, Vitamin Shoppe, Whole Foods, Marlene's Market, Walgreens, GNC, Trader Joe's, Fred Meyer and others. You may also access the brand website. Please compare your choice of protein supplement brand to the criteria listed above.

Lactose intolerance

Lactose is a natural sugar found in milk. After weight loss surgery there is a possibility your body will not be able to process this sugar. Cramping, nausea, bloating, gas and diarrhea are all symptoms of lactose intolerance. If you are experiencing these symptoms after drinking your protein shake, you might be experiencing lactose intolerance.

- ✓ If you are lactose intolerant, try Lactaid® drops (available at your pharmacy) or Lactaid® milk.
- ✓ Whey protein isolate is tolerated by people with lactose intolerance because the lactose is filtered out.

Note: If you need further assistance finding a lactose-free supplement, contact your dietitian.

Important notes:

- ✓ Artificial sweeteners: most protein shakes contain artificial sweeteners. If you are allergic, ask your dietitian for an alternative.
- ✓ If you are having a difficult time tolerating your protein shakes, contact your dietitian.
- ✓ Plan ahead and have the protein shakes ready to drink.

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- ✓ Use a thermos or chill your glass in the freezer to keep your protein shakes cool while you are drinking them.
- ✓ **The most common readmission back to the hospital after surgery is dehydration, so it is important to focus on your intake.**
- ✓ Diarrhea, constipation and nausea may occur at this stage but can be avoided. See Common Nutrition Problems and Solutions on pages 45-48

Liquid protein 3-day sample menu

	Day 1	Day 2	Day 3
7–9 a.m.	8 oz. protein drink*	8 oz. protein drink*	8 oz. protein drink*
9–10 a.m.	Sip other liquids	Sip other liquids	Sip other liquids
10–11 a.m.	2-4 oz. blended and strained pea soup	2-4 oz. fat-free, no sugar added Greek yogurt	2-4 oz. sugar-free vanilla pudding thinned with fat-free milk
11 a.m.–1 p.m.	Sip other liquids	Sip other liquids	Sip other liquids
1–3 p.m.	8 oz. protein drink*	2-4 oz. strained lowfat soup with protein added**	2-4 oz. fat-free, no sugar added Greek yogurt
3–4 p.m.	Sip other liquids	Sip other liquids	Sip other liquids
4–5 p.m.	4 oz. fat-free milk, Lactaid or no added sugar soy milk	2-4 oz. sugar-free butterscotch pudding thinned with fat-free milk	2-4 oz. strained low-fat potato soup made with fat-free milk
5–7 p.m.	Sip other liquids	Sip other liquids	Sip other liquids
7–9 p.m.	8 oz. protein drink*	8 oz. protein drink*	8 oz. protein drink*

*Choose a protein drink with at least 20 grams of protein per 8 ounce serving.

**Whisk in protein powder when soup is lukewarm (not too hot).

Feel free to choose flavors other than the ones found in the sample menu above. You're welcome to avoid any of the suggested items that you dislike.

Stage 3 – Pureed Foods

This stage gradually introduces more food textures into your system. Food should be blended into a consistency similar to applesauce or baby food. It is important for you to listen to your body to tell you if you are full. If you feel full, do not force yourself to eat. You may not be able to eat all the foods recommended in Stage 3. This is normal. Remember to stay hydrated and make protein foods your first food choice. Use a food log to keep track of how much you are eating and drinking.

- Start:** Day 15
- Estimated duration:** 1 week. You may extend the length of this stage to meet your comfort level.
- Diet instructions:** Keep sipping fluids and protein shakes. Start adding small amounts of pureed foods.
- Fluid goal:** 48-64+ oz. daily. Do your best each day.
- Protein goal:** 60-80+ grams/day (sleeve and gastric bypass)
90 grams/day day (DS/SADI)
or as calculated by your Registered Dietitian
- Vitamins:** Take your vitamins and minerals regularly. This is a lifelong recommendation. Refer to pages 49-50.

Pureed or blenderized foods

Food consistency should be similar to applesauce or baby food. Depending on the food, you don't necessarily need to put it in a blender. Consuming foods that are more advanced than a baby food texture can result in a blockage of the gastrointestinal system.

In addition to approved protein drinks, select from Group A and Group B as allowed in the menu plan that follows:

Group A	Group B
<ul style="list-style-type: none">• 1 ounce chicken, mashed with a fork• 1 ounce fish or tuna, mashed with a fork• 1 soft cooked egg, mashed with a fork• ½ cup fat-free refried beans or pureed lentils or split peas• ½ cup fat-free (skim) or low-fat (1%) milk• ½ cup no added sugar soy milk• ½ cup fat-free, no sugar added Greek yogurt• ¼ cup low-fat cottage cheese• ¼ cup low-fat or fat-free ricotta cheese• 1 ounce melted low-fat cheese• 2 Tbsp. PB2 (powdered peanut butter)	<ul style="list-style-type: none">• 1-2 Tbsp. unsweetened applesauce• 1-2 Tbsp. blended peaches or pears (cooked, no added sugar)• ¼ small mashed banana• 1-2 Tbsp. mashed potatoes• 1-2 Tbsp. mashed sweet potatoes• 1-2 Tbsp. cooked mashed carrots, cauliflower or winter squash

Stage 3 – Pureed Foods continued

Pureed Diet Meal Pattern

Use the lists for Groups A and B on the previous page to plan your menu. If you need extra protein, make your protein drink with fat-free milk or soy milk (no added sugar). In addition, add 1 fat serving (1 tsp. oil, ¼ mashed avocado or 1 tsp. creamy peanut butter) to your daily plan three times a day.

Breakfast	Choose 1 from Group A; choose 1 from Group B
Snack	Protein drink
Lunch	Choose 1–2 from Group A; choose 1–2 from Group B
Snack	Protein drink
Dinner	Choose 2 from Group A; choose 1–2 from Group B

Sample Breakfast Ideas

- 2-4 oz. thin Cream of Wheat/rice cereal with added 1 serving protein powder (*protein content varies depending on choice*)
- ¼ cup fat-free or low-fat cottage cheese with either 2 Tbsp. unsweetened applesauce or 2 Tbsp. cooked, blended pears or peaches (*7 grams protein*)
- ¼ cup ricotta cheese with 2 Tbsp. unsweetened applesauce and cinnamon (*5 grams protein*)
- ½ cup fat-free, no sugar added Greek yogurt, strained of any particles (*5 grams protein*)

Sample Lunch and Dinner Ideas

Choose 1–2 from Group A

- 2 oz. mashed canned chicken + 2 Tbsp. mashed carrots (*14 grams protein*)
- 2 oz. mashed canned tuna + 2 Tbsp. mashed sweet potatoes (*14 grams protein*)
- 2 oz. mashed canned salmon (bones removed) + 2 Tbsp. mashed winter squash (*14 grams protein*)
- ¼ to ½ cup fat-free or low-fat cottage cheese (*7 to 14 grams protein*)
- ½ cup fat-free refried beans (*7 grams protein*)
- ½ cup pea or lentil soup made with fat-free milk, cooked carrots, cooked potatoes and then blended (*8 grams protein*)
- ½ cup simmered, pureed lentils + 2 Tbsp. mashed potatoes and carrots (*9 grams protein*)

Stage 3 – Pureed Foods continued

Pureed Diet: Sample Seven Day Menu

Note: Do not exceed 1/2 cup total in any one meal.

Day 1	
Breakfast	4 oz. fat-free, no sugar added Greek yogurt, ¼ small mashed banana
Snack	Protein drink or 4 oz. fat-free, no sugar added Greek yogurt
Lunch	1–2 oz. mashed tuna, 1–2 Tbsp. unsweetened applesauce
Snack	Protein drink
Dinner	1–2 oz. canned chicken, 1–2 Tbsp. mashed potatoes
Day 2	
Breakfast	¼ cup fat-free ricotta cheese mixed with 1–2 Tbsp. unsweetened applesauce and cinnamon
Snack	Protein drink
Lunch	½ cup blended pea soup made with milk, cooked carrots and cooked potatoes
Snack	Protein drink or sugar-free pudding mixed with protein powder
Dinner	1–2 oz. mashed canned salmon (bones removed), 1–2 Tbsp. mashed winter squash
Day 3	
Breakfast	¼ cup mashed fat-free or low-fat cottage cheese, 1–2 Tbsp. unsweetened applesauce
Snack	Protein drink
Lunch	4 oz. fat-free, no sugar added Greek yogurt, ¼ small mashed banana
Snack	Protein drink made with fat-free milk or soy milk
Dinner	1–2 oz. mashed tuna with 1 tsp. low-fat mayonnaise, 2 Tbsp. mashed cooked peas
Day 4	
Breakfast	½ cup mashed, fat-free or low-fat cottage cheese; 1–2 Tbsp. blended peaches, canned in juice and drained
Snack	Protein drink
Lunch	½ cup pureed lentils + 2 Tbsp. mashed potatoes and carrots
Snack	Protein drink
Dinner	1–2 oz. canned chicken, 1–2 Tbsp. mashed cauliflower with parmesan

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Day 5	
Breakfast	Protein drink
Snack	4 oz. fat-free, no sugar added Greek yogurt, ¼ small mashed banana
Lunch	2 oz. canned chicken + 2 Tbsp. mashed sweet potatoes
Snack	Protein drink
Dinner	¼ cup fat-free mashed beans, ¼ cup creamy tomato soup made with fat-free milk
Day 6	
Breakfast	¼ cup fat-free ricotta cheese topped with 1–2 Tbsp. canned apricots, unsweetened pureed
Snack	Protein drink
Lunch	½ cup lentil soup, blended with cooked carrots and potatoes (add protein powder)
Snack	Protein drink
Dinner	¼–½ cup mashed cottage cheese, 1–2 Tbsp. mashed carrots
Day 7	
Breakfast	Smoothie made with ¼ cup canned or frozen unsweetened fruits (mango, papaya, banana, peaches or pears), ¼ cup tofu and ¼ cup fat-free milk with ¼ teaspoon vanilla extract
Snack	Protein drink
Lunch	1–2 oz. tuna with 1 tsp. light mayonnaise; 1–2 Tbsp. canned pears, unsweetened, blended
Snack	Protein drink or ½ cup low fat refried beans
Dinner	¼ cup butternut squash soup, 1–2 oz. canned chicken

Stage 3 – Pureed Foods continued

Tips for blending

- Pureed food should have the consistency of baby food or applesauce.
- Strain out any lumps or stringy materials. Fat-free, no sugar added Greek yogurt should not have any seeds or fruit bits.
- Add enough fluid to blend.
 - ✓ Fruit and vegetables can be blended by adding 1 to 2 teaspoons water or vegetable juice to each ¼ cup of food.
 - ✓ Meat can be blended by adding 2 tablespoons cooking liquid, sauce, broth or low-fat gravy to every 2 oz. of cooked meat.

Certain foods do not blend or puree well. These include:

- ✓ Fruits and vegetables with tough skins or seeds.
- ✓ Vegetables with hulls (e.g., corn).
- ✓ Vegetables that are stringy (e.g., celery, spinach).
- ✓ Chicken with skin.
- ✓ Fish with bones.

Important tips:

- ✓ You may not feel hungry but you still need to eat regularly. Have a little bit of protein shake or food every 2-3 hours.
- ✓ Avoid drinking while eating.

Recovery Nutrition: The Five Stages

Shopping list

- Fat-free (skim) milk or soy milk (no added sugar)—consider lactose-free milk or lactase tablets
- Canned chicken, salmon, and tuna packed in water (not oil)
- Fat-free or low-fat cottage cheese or ricotta cheese
- Fat-free refried beans
- Sugar-free applesauce (no sugar added)
- Unsweetened canned fruit (peaches, pears canned in water or light syrup, avoid heavy syrup)
- Fat-free, no sugar added Greek yogurt
- Tofu
- Low-sugar and low-fat canned soups, such as butternut squash, lentil and pea soup
- Bouillon cubes or broth
- Blender or food processor
- Strainer
- Small plates and spoons
- Anti-gas products (simethicone (Gas-X) or Beano)

Stage 3 – Pureed Foods continued

Fat Serving Sizes

- Each item on the list is one serving.
- Each serving of fat contains 5 grams of fat and 45 calories.
- Conversion tip: 1 Tablespoon = 3 teaspoons

Unsaturated fats

Nut butters (peanut butter)	2 tsp.
Avocado.....	1 Tbsp.
Diet margarine	1 Tbsp.
Mayonnaise.....	1 tsp.
Light mayonnaise	1 Tbsp.
Oils (soybean, olive, canola, peanut, sunflower).....	1 tsp.
Olives	10 small or 5 large
Salad dressing (creamy)	2 tsp.
Salad dressing (light creamy)	1 Tbsp.
Salad dressing (oil based)	1 Tbsp.
Salad dressing (light)	2 Tbsp.
Hummus	2 Tbsp.

Nuts and seeds

Almonds, dry roasted	6
Whole cashews, dry roasted.....	1 Tbsp.
Pecans	2 whole
Peanuts	10 small

Saturated fats (not recommended)

Bacon	1 slice
Butter.....	1 tsp.
Coconut, shredded	2 Tbsp.
Coffee creamer.....	4 tsp.
Cream, light	2 Tbsp.
Half and half.....	2½ Tbsp.
Sour cream	2 Tbsp.
Cream cheese	1 Tbsp.

Walnuts	2 whole
Pumpkin seeds	1 tsp.
Other nuts and seeds.....	1 Tbsp.

Stage 4 – Soft Foods

This stage adds more textured, soft foods. Stay hydrated and make protein foods your first choice. Take tiny bites, chew thoroughly and eat slowly. Breads, rice, pasta and some fruits and vegetables are not part of Stage 4.

Start:	Day 22
Estimated duration:	1 week. You may extend the length of this stage to meet your comfort level. Some people remain in this stage for up to 3 months post-op.
Diet instructions:	Keep sipping fluids and protein shakes. Eat small meals every 2–3 hours.
Fluid goal:	48-64+ oz. daily.
Protein goal:	Minimum 60-80+ grams/day (sleeve and gastric bypass). 90 grams/day (DS/SADI). If you are unable to meet protein recommendations through food choices, continue to use a protein supplement as necessary.
Vitamins:	Take your vitamins and minerals regularly. This is a lifelong recommendation. Refer to pages 49-50.

To follow this diet:

- ✓ Chop foods to the size of a pea.
- ✓ Chew food to the consistency of applesauce or a paste.
- ✓ Use only cooked fruits and vegetables.
- ✓ Avoid fibrous foods, seeds and peels.
- ✓ Avoid gummy starches such as pasta and untoasted bread.
- ✓ Start with tender and moist cuts of meat, which may be better tolerated.

Stage 4 – Soft Foods continued

Protein

Lean cuts of:

- Chicken
- Turkey
- Pork
- Beef
- Buffalo, elk, venison
- Fish and shellfish (shrimp, scallops, sardines, oysters)
- Tuna

Eggs and Dairy:

- Eggs
- Cottage cheese
- Cheese
- *Fat-free, no sugar added Greek yogurt*
- *Milk*
- *Kefir*

Plant protein:

- Tofu
- *Tempeh*
- *Beans (black, cannellini, chickpeas, garbanzo, kidney, lima, navy, etc.)*
- *Lentils*
- *Hummus*

Other:

- Beef or turkey jerky
- *Meal replacement (protein shake or bar; Look for >15g protein, <10g sugar)*

Items in italics may contain carbohydrates.

Non-Starchy Vegetables (fresh or frozen):

- Artichoke
- Arugula
- Asparagus
- Bamboo shoots
- Bean sprouts
- Beets or beet greens
- Bell peppers
- Bok choy
- Broccoli or broccolini
- Brussel sprouts
- Cabbage (any color)
- Carrots

- Cauliflower
- Celery
- Chard, Swiss
- Collards
- Cucumber
- Dill pickles
- Eggplant
- Green Beans
- Garlic
- Jicama
- Kale
- Kohlrabi

- Leeks
- Lettuce (all types)
- Mushrooms
- Okra
- Onions
- Parsley
- Peppers
- Radish
- Rutabaga
- Salsa
- Sauerkraut
- Snow peas

- Spinach
- Sprouts
- Summer squash (zucchini, yellow)
- Sugar snap peas
- Tomato
- Turnips
- Water chestnuts
- Spaghetti squash

Carbohydrate

Grains:

- Rice (basmati, brown, wild)
- Quinoa
- Bread (whole grain or rye)
- Pasta (whole grain)
- Whole grain bun
- English muffin
- Oats
- Cereal (high fiber)
- Granola
- Corn/flour tortilla
- Crackers (whole grain)

Fruit:

- Apple
- Apricots
- Banana
- Berries
- Orange
- Cherries
- Grapes
- Mango
- Pineapple
- Pear
- Kiwi
- Plum
- Peach
- Nectarine
- Melon
- Tangerine
- Raisins

Starchy vegetables:

- Potatoes (red, russet, sweet, white, yams)
- Peas
- Corn
- Winter squash (acorn, butternut, spaghetti)

Free Foods

- Water
- Tea
- Coffee
- Bouillon, broth, consommé
- Candy, hard, sugar-free
- Drink mixes, sugar-free
- Herbs and spices
- Horseradish
- Jell-O, sugar-free
- Lemon or lime
- Mustard
- Tabasco or hot pepper sauce
- Vinegar

Fat

- Oil (olive, grapeseed, etc.)
- Butter or tub spread
- Olives
- Avocado
- Nuts/Seeds
- Peanut butter
- Mayonnaise
- Salad dressing
- Cream cheese
- Coffee creamer

Soft Diet 7-Day Menu Plan

- Limit yourself to ½ to ¾ cup maximum of food per meal or snack.
- For record keeping, you may find it useful to cross out each food as you eat it.
- You may substitute foods from one meal to another as long as your daily intake meets the menu recommendations. Include protein with each meal and most snacks, especially if you have problems with low blood glucose (sugar) or hunger.
- Make sure meats are moist to improve tolerance. You can use low-fat broths, sauce or gravy.

Day 1	
Breakfast	1 egg + 1 egg white scrambled soft with 2 Tbsp. milk; ¼ cup mango chunks
Snack	Protein drink made with fat-free milk or soy milk
Lunch	2–3 oz. tuna with 1 tsp. light mayonnaise; 1 canned pear half (unsweetened)
Snack	Protein drink made with fat-free milk or soy milk
Dinner	2–3 oz. chopped pork tenderloin; ¼ cup mashed potatoes
Day 2	
Breakfast	1 low-fat cheese wedge; ½ banana, sliced
Snack	Protein drink made with fat-free milk or soy milk
Lunch	¾ cup pea soup (made with fat-free milk); 2 whole grain crackers
Snack	¼ cup fat-free, no sugar added Greek yogurt with 1/4 cup chopped strawberries
Dinner	2–3 oz. poached salmon; ¼– ½ cup chopped broccoli
Day 3	
Breakfast	½ cup unsweetened oatmeal cooked with 1 Tbsp. raisins; add protein powder and sweetener (optional)
Snack	1 soft boiled egg
Lunch	2–3 oz. grilled chicken; ¼ cup sautéed vegetables
Snack	Protein drink made with fat-free milk or soy milk
Dinner	2–3 oz. stuffed cabbage rolls; ½ slice garlic toast (use light margarine or butter spray)

Stage 4 – Soft Foods continued

Day 4	
Breakfast	½ cup fat-free or low-fat cottage cheese; 2 Tbsp. peaches, canned in juice and drained
Snack	1 turkey slice with 1-2 slices soft pear (skin removed)
Lunch	½ cup minestrone soup; 2 whole grain crackers; 1 boiled egg
Snack	Protein drink made with fat-free milk or soy milk
Dinner	2–3 oz. chicken; 2 Tbsp. cooked cauliflower with parmesan
Day 5	
Breakfast	6 oz. fat-free, no sugar added Greek yogurt; ½ cup melon
Snack	¼ cup plain oatmeal made with vanilla protein drink
Lunch	2 oz. turkey luncheon meat; 1 piece string cheese; 2 whole wheat crackers; ¼ small banana
Snack	Protein drink made with fat-free milk or soy milk
Dinner	½ cup fat-free mashed beans with 1 oz. cheddar cheese
Day 6	
Breakfast	1 egg scrambled with cooked mushrooms, diced tomatoes, and green pepper and low-fat cheddar cheese; ½ slice whole wheat toast
Snack	¼ small banana with ½ Tbsp low sugar peanut butter
Lunch	¾ cup lentil soup, blended (add protein powder); 2 whole grain crackers
Snack	Protein drink made with fat-free milk or soy milk
Dinner	2–3 oz. chopped meatloaf; ¼ – ½ cup cooked carrots
Day 7	
Breakfast	Smoothie made with ¼ cup canned or frozen unsweetened fruits (mango, papaya, banana, peaches or pears) ½ cup tofu, ½ cup fat-free milk and ¼ teaspoon vanilla extract
Snack	Protein drink made with fat-free milk or soy milk
Lunch	2 oz. tuna with 1 tsp. light mayonnaise; 2 Tbsp. canned pears, unsweetened, blended
Snack	½ to 1 string cheese with ¼ cup unsweetened applesauce
Dinner	½ cup butternut squash soup; 2–3 oz. stewed chicken

Recovery Nutrition: The Five Stages

Tips for blending

- Chop all foods in small pieces (no bigger than a pea). After gastric bypass surgery, the outlet from the pouch is about the size of a pea, and your stomach cannot help you break down food. Chopping food and chewing well will help prevent discomfort.
- Start with protein and do not overeat. It is not necessary to eat all the food on the menu. Stop eating when you are no longer hungry or after about 30 minutes. While it is important to consume enough protein each day, you may find that you do not need to consume snacks to stay comfortably full and get enough protein. Also, protein powder may be added to foods. As you find you need more food to fill up, you should:
 - ✓ Eat protein foods first (lean meat, fish, plant-based protein and dairy).
 - ✓ Eat produce (fruits and vegetables provide fiber that will keep you regular and are important for life-long weight management).
- Chew well. Aim for 20 chews per bite. Food that is not well chewed can cause nausea, pain, and other problems.
- Avoid liquids with meals. Drinking with meals can fill you up, cause dumping, and make you hungry soon after eating. Instead, sip water or other low-calorie fluids in between meals. You can resume drinking 30 minutes after a meal.
- Remember that the stomach size is greatly reduced and some foods may block the stomach exit. These foods may include tough meat, dried fruit, untoasted bread, fibrous foods (such as asparagus, rhubarb, and celery), skins of fruits and vegetables (such as apple, pear, and potato), coconut, popcorn, and large pieces of food.

Stage 4 – Soft Foods continued

Soft Diet Stage Shopping List

- Fat-free (skim) milk (consider lactose-free milk or lactase tablets)
- Unsweetened soy milk
- Unsweetened non-dairy beverages, such as almond milk or oat milk (These are often lower in protein).
- Eggs
- Tofu
- Lean, tender cuts of meat, chicken and fish
- Bouillon cubes or broth (use to moisten meats and chicken)
- Meat marinades
- Turkey luncheon meat
- Canned, frozen, or fresh vegetables
- Unsweetened canned fruit (peaches, pears)
- Fat-free or low-fat cottage cheese (individual cups are convenient for work) or ricotta cheese
- Reduced-fat string cheese
- Fat-free, no sugar added Greek yogurt
- Whole grain crackers, examples: Triscuits, Wasa
- Quinoa, sweet potato, high protein pasta (Barilla®, Banza® are two options)
- Mallet to pound meat
- Small plates and spoons

It is important to remember your stomach has not healed completely. Advancing your diet too quickly can cause food to become stuck, leading to significant discomfort.

- Vomiting, constipation, nausea, light-headedness, dizziness, and dehydration may occur at this stage but can be avoided. See Common Nutrition Problems and Solutions on pages 45-48.
- Write down everything you eat and drink on your food record to ensure adequate protein and fluid intake.
- You may not be able to eat all the foods recommended on Stage 4. This is normal. Work on eating as much protein as you can and keep hydrated.
- Do not force yourself to eat if you are feeling full. Feelings of fullness vary per individual. Often, nausea is the first sign. Work on eating food slowly and chewing food thoroughly.
- Avoid alcohol. It irritates the stomach and can cause dehydration and ulcers.

Additional Information:

Protein

- ✓ Eat your protein first. If you still have room, then eat your vegetable, fruit or starch.
- ✓ Increase the protein content of your foods by adding unflavored protein powder.
- ✓ Avoid steak, shrimp, scallops, or lobster during this stage because they may be difficult to digest properly.
- ✓ You will need to rely on protein supplements to meet your protein needs.

Eating

- ✓ Avoid foods that are sticky, gummy, or stringy.
- ✓ It is important to get on an eating schedule. If you are not hungry, take a few bites just to stay on schedule.
- ✓ Weigh meat on a scale after it has been cooked to be sure you are getting adequate protein.
- ✓ Take dime-sized bites of food and chew the food well until it is the consistency of applesauce in your mouth.
- ✓ Eat slowly. Allow yourself 30 minutes to eat your meal.
- ✓ Stop eating if you are full. You can go back to your meal later.
- ✓ DO NOT force yourself to eat everything on your plate.
- ✓ Avoid drinking while eating.

Cooking

- ✓ Meat should be tender and moist. Cooking in the slow cooker or Instant Pot can help.
- ✓ Marinated meats, boiled meats, and the dark meat of chicken tend to be well tolerated.
- ✓ Fibrous meats, such as dry turkey, dry chicken breast, or hamburger, can be difficult to consume.
- ✓ Microwaving and grilling may dry out meats, making them difficult to tolerate. Try adding broth before microwaving to add moisture to meat.
- ✓ Some condiments are OK, such as ketchup, light or fat-free mayonnaise, mustard, fat-free gravy, herbs, and spices.
- ✓ Do not fry your meat with oil. Frying adds calories and can cause diarrhea. Air frying is acceptable.

Stage 5 – Regular Diet

Start:	Day 29
Estimated duration:	Ongoing lifetime maintenance
Diet instructions:	Regular planned meals <ul style="list-style-type: none">✓ Your dietitian will help you decide which meal plan is best for your needs.✓ Monitoring your calories is important if you are struggling with weight loss for an extended period of time or weight gain.✓ Please refer to the Typical Bariatric Diet Progression Chart on page 20 for guidelines on calorie recommendations.
Protein Goals:	60-80+ grams/day (sleeve and gastric bypass) 90 grams/day (DS/SADI)
Fluid Goals:	48-64+ oz. of sugar-free, low-calorie, non-carbonated liquids
Vitamins:	Take your vitamins and minerals regularly. This is a lifelong recommendation. Refer to pages 49-50.

Important Information

- ✓ This stage re-introduces solid food into your body. It is important for you to eat all of the recommended protein. Your body must get the protein it needs from your diet.
- ✓ Listen to your body and do not overstuff your stomach. Not everyone will be able to eat all of the recommended foods, especially right after surgery.
- ✓ It is important to get on an eating schedule. If you are not hungry, make protein your priority and take a few bites just to stay on schedule. As you are able to eat more at each meal time, your frequency of eating will decrease.
- ✓ Plan your meals and snacks.
- ✓ AVOID PICKING OR GRAZING ON UNPLANNED MEALS OR SNACKS! This will lead to weight gain.
- ✓ Avoid drinking while eating.
- ✓ It is important to take your time with eating and chew your food well.
- ✓ Write down all of the food you eat and the fluid you drink on your food record.
- ✓ You will need to avoid alcohol for several months after surgery. Alcohol irritates your stomach, increases the risk of stomach ulcers, is high in calories and you are at higher risk for becoming dependent upon alcohol after surgery. Please speak with your bariatric team before consuming alcohol after surgery.

Recovery Nutrition: The Five Stages

- ✓ Some foods have a tough texture that is difficult to tolerate. You may need to wait approximately three months after your surgery before trying these foods.
 - Tough meats such as red meat, lobster, scallops, clams, and shrimp.
 - Raw fruits and vegetables that are stringy or have peels and membranes. For example: lettuce, celery, asparagus, oranges, pineapple, pea pods, and grapes.
 - Popcorn and nuts.
 - Doughy breads (toasted breads tend to be better tolerated).
 - Rice and pasta. These are also called slider foods and it is easy to eat more than one portion.

Sample Menu Plan: 60 Grams Protein Per Day *(This sample menu is 800 calories but the amount of calories tolerated may vary for each individual)*

Day 1	
Breakfast	Protein drink made with $\frac{3}{4}$ cup fat-free (skim) milk
Snack	1 low-fat cheese stick; $\frac{1}{2}$ apple
Lunch	$\frac{1}{2}$ slice whole wheat bread, 2 oz turkey, 1 tsp. light mayonnaise tomato slices
Snack	4 oz. fat-free, no sugar added Greek yogurt; 2–3 strawberries
Dinner	3 oz. pork tenderloin, $\frac{1}{4}$ cup green beans, $\frac{1}{4}$ cup brown rice pilaf
Day 2	
Breakfast	1 egg, $\frac{1}{2}$ slice whole wheat toast, $\frac{1}{2}$ pear
Snack	1 cup fat-free milk
Lunch	2 oz. leftover pork, 2 whole grain crackers, $\frac{1}{4}$ cup green beans
Snack	$\frac{1}{4}$ cup low-fat cottage cheese, $\frac{1}{4}$ cup peaches, canned in juice (drained)
Dinner	3 oz. chicken cacciatore, $\frac{1}{2}$ cup tossed salad with 1 tsp. olive oil
Day 3	
Breakfast	$\frac{1}{4}$ cup high-fiber cereal, $\frac{1}{4}$ cup fat-free (skim) milk, $\frac{1}{4}$ banana, sliced
Snack	6 oz. fat-free, no sugar added Greek yogurt
Lunch	2 oz. tuna salad with 1 tsp. light mayonnaise, 3 whole grain crackers, $\frac{1}{4}$ cup fruit cocktail in juice (drained)
Snack	Protein bar with 10-20 grams of protein and 5 grams of sugar or less per serving
Dinner	3 oz. meatloaf, $\frac{1}{4}$ cup tomato sauce, $\frac{1}{4}$ cup carrot coins

Stage 5 – Regular Diet continued

Day 4	
Breakfast	1 oz. turkey sausage*, ½ slice whole wheat toast, ¼ cup pineapple, canned in juice (drained)
Snack	Protein drink made with 1 cup fat-free milk
Lunch	½ cup minestrone soup, 1 boiled egg
Snack	1 oz. low-fat cheese, 3 whole grain crackers
Dinner	3 oz. broiled chicken in light broth, ¼ cup cauliflower, ¼ cup apricots, canned in juice (drained)
Day 5	
Breakfast	6 oz. fat-free, no sugar added Greek yogurt with 2 Tbsp. high-fiber cereal
Snack	½ apple, 1 Tbsp. peanut butter*
Lunch	2 oz. ham, ½ slice whole wheat bread, mustard, lettuce, tomato, and alfalfa sprouts
Snack	Protein drink
Dinner	3 oz. sole or whitefish, ¼ cup carrots, ¼ cup brown rice
Day 6	
Breakfast	½ cup oatmeal with protein powder or nonfat dry milk and ¼ cup warm fat-free milk; 1 Tbsp. raisins
Snack	Protein drink made with ¾ cup fat-free milk
Lunch	Grilled chicken salad with 2 oz. chicken and 1–2 tsp. vinaigrette dressing
Snack	6 oz. fat-free, no sugar added Greek yogurt
Dinner	Stuffed cabbage (3 oz. lean beef), ¼ cup potatoes, ¼ cup fruit cocktail in juice (drained)
Day 7	
Breakfast	1 egg + 1 egg white scrambled with vegetables (try tomatoes, mushrooms, onions and, spinach) and ½ oz. low-fat cheese; ¼ pita pocket
Snack	¼ cup low-fat cottage cheese, 2 dried plums
Lunch	¼ cup fat-free refried beans, ½ oz. reduced-fat cheese, ½ corn tortilla
Snack	Protein drink
Dinner	3 oz. salmon with ¼ cup low-fat dill sauce; ¼ cup green beans, ¼ cup berries

*Medium or high fat

Bariatric Plate

A bariatric plate can help you visualize portion sizes for important food groups. This can guide you as you plan your meals after surgery.



Common Nutrition Problems and Solutions

Nausea and Vomiting

- Focus on staying hydrated.
- Go back to an earlier diet stage that you can tolerate.
- Chew foods thoroughly and eat slowly.
- Make sure foods are moist.
- Avoid eating and drinking fluids at the same time.
- Do not overeat.
- Avoid foods that may cause dumping syndrome.
- Limit or avoid foods with lactose.
- Avoid carbonated drinks.
- Sip on ginger or peppermint tea.

Dizziness, Sudden Light-headedness or Headache

- Drink plenty of water (48-64+ oz. daily) or sugar-free, low-calorie sport drinks.
- Drink broth that contains sodium.
- Be sure you are eating enough and eat on a regular schedule.
- If you are on blood pressure medication and symptoms persist, check in with your medication prescriber to see if you need to be seen.
- If you have diabetes, monitor your blood sugars and check in with your medical provider to see if you need to be seen.
- Do not skip meals.

Fatigue

- Take your vitamins.
- Get enough sleep, and sleep on a regular schedule.
- Stay physically active.
- Make sure you are getting adequate protein.
- If you are on blood pressure medication and symptoms persist, check in with your medication prescriber to see if you need to be seen.
- If you have diabetes, monitor your blood sugars and check in with your medical provider to see if you need to be seen.
- Drink plenty of fluids. If needed, limit caffeine to 8 oz in a day.

Common Nutrition Problems and Solutions continued

Constipation

After surgery, bowel movements can vary in frequency but they shouldn't be hard or painful to pass. If you have followed the below recommendations without relief, contact the office if you haven't had a bowel movement in more than 5 days, or if there's been any increase in pain. Consistency with the recommendations is important to ensure the best results.

- Start Miralax when home from the hospital (follow directions on the back of the container). Continue daily as needed (stop if you develop loose stools).
- If no bowel movement occurs in 2–3 days, take Milk of Magnesia in addition to Miralax.
- Another option is Magnesium Citrate or Senna.
- Take a stool softener daily until you are able to increase your fiber intake (e.g. Colace).
- Use a suppository or enema.
- Drink plenty of water (at least 48-64+ oz. per day).
- To maintain bowel regularity, add a soluble fiber supplement like Benefiber, Sugar-Free fiber supplements.
- Increase your fiber by including more fiber dense foods such as fruits, vegetables, and whole grains if this is permitted for the diet stage you are in.
- Stay physically active.

Diarrhea, Gas, or Bloating

- Limit or avoid foods with lactose. Lactose intolerance can occur after surgery. See page 25 for more details.
- Eat slowly and chew thoroughly.
- Do not drink fluids with meals.
- Avoid high-sugar, high-fat, and spicy foods.
- Limit the amount of sugar-free products you consume. These products contain sugar alcohols that can cause diarrhea.
- Limit your caffeine intake.
- Try an over-the-counter anti-diarrheal medication like Imodium.
- Ask your dietitian for a recommended probiotic supplement.
- Avoid dairy if you are lactose intolerant.
- Try simethicone products (e.g., Gas-X capsules or chewables).

Common Nutrition Problems and Solutions continued

Dumping Syndrome

Dumping syndrome occurs when certain foods (most commonly sugar, refined carbohydrates and high fat foods) move quickly through your small intestine. This happens most frequently with gastric bypass, but similar symptoms may occur with the sleeve gastrectomy or DS/SADI procedures.

- Early dumping syndrome occurs 20-60 minutes after eating
- Late dumping syndrome occurs 1-3 hours after eating

Dumping syndrome symptoms may include:

- Nausea
- Diarrhea
- Cramping
- Light-headedness
- Sweating
- Fast heart rate
- Shakiness
- Tiredness, sleepiness
- Passing out
- Hunger
- Irritability

How to Avoid Dumping Syndrome

- Track the type of foods you eat and when you eat them, along with symptoms you experience. This record may help you to identify foods or behaviors that cause dumping syndrome.
- Read food labels to identify ingredients that may cause dumping syndrome, like sugar, fat, and oil.
- Avoid sugary drinks, alcohol, greasy, high fat, and fried foods.
- Avoid drinking fluids during your mealtime.

Fats to avoid:

- Creamy soups/sauce
- Fried foods
- Desserts
- Fatty snacks (chips)
- Fast food
- Liquid coffee creamer
- Hidden fats in restaurant food
- Others

Foods with “Hidden” Sugars

- Honey
- High-fructose corn syrup
- Molasses
- Jellies, jams and sweet spreads
- Barbecue sauce
- Ketchup
- Sweet-and-sour sauce
- High-sugar cereals
- Sweet pickles and pickle relish
- Ice cream and frozen yogurt
- Juice (even “no sugar added” types)
- Popsicles
- Canned fruit in syrup
- Agave
- Thousand island, french and other sweet dressings

Common Nutrition Problems and Solutions continued

Dairy or Lactose Intolerance

- If this occurs the first few weeks after surgery, make sure you are drinking a lactose-free protein shake.
- Try Lactaid® milk, tablets or drops. These are available at your local pharmacy.
- Fat-free, no sugar added Greek yogurt may be better tolerated than milk.
- Aged low-fat cheese (e.g., cheddar) may be better tolerated than other types.

Food with lactose:

- Milk and milk products, such as puddings, sour cream, cheese and fat-free, no sugar added Greek yogurt
- Casein and various forms of caseinate, such as calcium caseinate and sodium caseinate
- Whey protein concentrate
- Milk protein solids
- Whey solids

Heartburn

- Avoid caffeinated beverages.
- Avoid spicy foods.
- Avoid foods that are too hot or too cold.
- Check the side effects of any medications you are taking.
- Avoid lying down for two hours after eating.

Leg Cramps

- Eat a well-balanced diet.
- Take your bariatric multivitamins daily.
- Stay physically active.
- Drink plenty of fluids (48-64+ oz. daily).
- Call your doctor if cramps persist or present with swelling.

Hair Loss

- Hair loss is normal in the first 3–6 months after surgery and will usually resolve on its own.
- Eat a well-balanced diet with adequate protein (60-80+ grams).
- Take your bariatric multivitamins daily.

Vitamin and Mineral Supplements

You will need to take vitamin and mineral supplements for the rest of your life after surgery. We encourage you to start with chewable or liquid supplements. Over time, if you are comfortable swallowing a small tablet or cutting a pill in half, you can swallow your supplements.

If you find that your vitamins and minerals are causing stomach upset or nausea, you may begin your supplement regime at Stage 3.

Bariatric surgery can make you more susceptible to vitamin deficiencies. Weight loss surgery limits food intake and can affect absorption of vitamins. Due to the limitations of your stomach after weight loss surgery, very specific types and amounts of vitamins are required to maintain your health and keep your weight loss going. This is one of the reasons why it is so important to have your lab work drawn regularly. Some deficiencies may take years to show up and can be irreversible at that point.

Bariatric specific vitamins are better absorbed, cause less irritation to your new stomach, and will prevent vitamin deficiencies better than over-the-counter (OTC) vitamins. OTC vitamins are made with the general population in mind, not the bariatric patient. OTC products may seem less expensive at first, but in order to meet your nutrient needs, you will need to purchase separate bottles of vitamins to make up for what is missing. This can substantially increase the cost of your regimen.

Bariatric Multivitamins

- ✓ When creating your vitamin and mineral regimen, make sure it contains the following amounts as shown in the chart on the next page.
- ✓ Avoid gummy bariatric multivitamins and vitamin patches, as these do not have the correct nutrients or absorption capability.

Calcium citrate with Vitamin D

- ✓ Take calcium separately from your bariatric multivitamin or iron supplement, 2 hours apart, and limit one dose to 500-600 mg (this is the maximum your body can absorb at one time).
- ✓ Calcium citrate is recommended due to better absorption.
- ✓ For patients taking thyroid medication (i.e. Synthroid, levothyroxine), separate this medication from your calcium supplement by at least 4 hours. This will improve absorption of your medication.

Avoid excessive intake of tea due to tannin interaction. Tea, coffee, and wine can bind to the iron in your bariatric multivitamin and carry it out of the body, leading to iron deficiency anemia. Please separate your bariatric multivitamin with iron from these beverages.

Vitamin and Mineral Supplements continued

Biotin (B7)

Biotin, also known as vitamin B7, is present in many bariatric multivitamins. Some bariatric multivitamins and supplements are marketed for hair, skin and nail health or to persons having bariatric surgery and may contain 300-10,000 mcg. In patients with excess biotin in their blood, there is an increased risk of skewed lab results. Too much biotin can interfere with thyroid, hormone, cardiac and a variety of other tests. It's important to limit biotin to less than 1,000 mcg per day.

Other supplements

Some patients may need extra vitamins and minerals, such as iron, vitamin D or B vitamins. Your bariatric team will check your vitamin and mineral levels through lab tests regularly and discuss extra supplements as needed.

ASMBS Guidelines for Vitamins/Minerals			
Vitamin and Mineral Type	Sleeve	Bypass	SADI
A	5,000-10,000 IU	5,000-10,000 IU	10,000 IU
D	3,000 IU	3,000 IU	3,000 IU
E	15 mg	15 mg	15 mg
K	90-120 mcg	90-120 mcg	300 mcg
B12	350-500 mcg	350-500 mcg	350-500 mcg
Thiamin	12 mg	12 mg	12 mg
Folic Acid	400-800 mcg	400-800 mcg	400-800 mcg
Calcium	1,200-1,500 mg	1,200-1,500 mg	1,800-2,400 mg
Iron	45-60 mg	45-60 mg	45-60 mg
Low Risk Iron Deficiency	18 mg	18 mg	–
Zinc	8-11 mg	8-22 mg	16-22 mg
Copper	1 mg	2 mg	2 mg
C	120 mg	120 mg	120 mg
Biotin	600 mcg	600 mcg	600 mcg

*Vitamin/mineral recommendations are per day.

Frequently Asked Questions: Nutrition

Why is there such a focus on protein?

Protein helps you to maintain your lean body mass as you lose weight. Your body needs protein to stay strong and have energy. Protein helps you to feel satisfied and stay full longer, which supports weight loss. See page 35 for a list of protein-rich foods.

Why do I have to drink so much water?

When you lose weight, your body must eliminate a heavy load of waste products, mostly through the urine. Some of these substances tend to form crystals that can cause kidney stones. A high water intake protects you and helps your body rid itself of waste products efficiently, promoting better weight loss. Drinking plenty of water also helps keep your stomach full between meals, reducing the urge to snack.

How will I know when I am full?

It will take time for your body to adjust to the stomach's smaller size and return to a normal full feeling. In the early stages, nausea may be your first indication of fullness. You may feel pressure in the center of your stomach or pain in the shoulder area or upper chest when you are full. Many patients report hiccups as a sign of fullness. This is an indication that you have consumed more than you should. If this happens, stop eating or drinking and walk around until the feeling subsides. Do not try to force the food through with liquids. Train yourself to stop eating prior to experiencing this feeling.

Why am I hitting a weight loss plateau?

The term plateau refers to either a temporary stall in weight loss or a termination of weight loss. A temporary stall is often due to redistribution of body weight and fluid balance. There are several reasons for plateaus.

For example, even when body fat is decreasing, body weight may be unchanged for up to 3 or 4 weeks. In the event of an early plateau (shortly after surgery), assess whether you have experienced changes in body shape and composition. For example, clothes may fit more loosely or your measurements may have decreased.

In other cases, if you've changed your diet and eating patterns, you may stop losing weight because your calorie intake is too high. Food intake should be assessed to determine whether your calorie intake from food and beverages, including snacks, is preventing weight loss.

You may also reach plateaus due to caloric restriction. Case reports indicate that temporary increases in calories for a few days may promote weight loss. Increasing exercise intensity and variety can also help.

Frequently Asked Questions: Nutrition continued

How can I handle very slow weight loss?

- Be sure to keep a food record. Your dietitian will discuss this with you.
- Avoid high-fat foods.
- Avoid high-calorie beverages (e.g. juice, soda, cream and sugar in your coffee, etc.).
- Stay physically active.
- Reconnect with your bariatric team.

What can I do to help extreme hunger?

- Keep a food record. Your dietitian will discuss this with you.
- Be sure to eat 60-80+ grams of protein per day.
- Try drinking warm broth or decaffeinated herbal tea.
- Talk to your bariatric team about medication options.

What should I do about excessive weight loss?

- Keep a food record. Your dietitian will discuss this with you.
- Discuss the weight loss with your doctor.
- Be sure you are taking in enough calories by meeting regularly with the dietitian.

How do I explain my surgery and diet to people in my life?

Sharing your weight loss surgery journey is a personal choice. One way to help friends and family understand the decision is to bring them to your support group meetings or nutritional appointments. It is important to involve your loved ones who are supportive; they can be a great asset in your weight loss journey. You can also have your loved ones read this booklet and discuss goals and lifestyle changes that you will incorporate after your surgery.

Frequently Asked Questions: Nutrition continued

How do I manage emotions that cause me to want to eat?

Do not ignore your feelings. It's OK to get upset. You just need to learn to manage your emotions in a healthier way—without using food to comfort you. Try some of these tips:

- Talk to a trusted friend
- Exercise
- Read a book
- Try a new hobby
- Take a warm bath or shower

Consider sessions with a therapist or counselor if you need additional assistance in dealing with stress and emotions. Contact your dietitian for counseling resources.

How can I prepare to eat at a restaurant?

Restaurant eating will be a very different experience for you after surgery. Here are some tips:

- Look online to see the menu before you go.
- Be prepared to bring much of your meal home.
- Try ordering one dinner and splitting it with your friend or spouse.
- Ask that your food be broiled or baked with no added butter or fat.
- Ask that bread and rolls be removed from the table.
- Ask the waiter if the restaurant offers a “light” or “healthy options” menu.
- Change the focus of dining out from eating to socializing.
- Be cautious about alcohol. You will feel its effects much sooner and it will add calories to your diet.
- Remember not to drink fluids with your meals.

How can I have fun at social events without enjoying the food?

Your dietitian will provide you with many tips to enjoy parties and events while still maintaining your new lifestyle. Try to focus on the social aspect of the event. If there's a buffet, scan it before you take any food and plan what you will eat. Call the host ahead of time to find out what food will be served.

Frequently Asked Questions: Nutrition continued

Can I drink alcohol after bariatric surgery?

In general we recommend eliminating alcohol use after surgery. We understand an occasional drink for a special celebration. We suggest avoiding alcohol for six months after surgery. Alcohol irritates your stomach, increases the risk of stomach ulcers, is high in calories, and puts you at higher risk for alcoholism. Alcohol is metabolized differently after surgery and can get you heavily intoxicated quickly. Blood alcohol levels peak higher and faster after drinking and take longer to return to normal. Consuming alcohol and carbonated drinks may cause nausea and vomiting after surgery.

Should I buy any supplies before my surgery date?

Yes! Measuring cups, measuring spoons, and a food scale are vital to helping you determine the exact portion sizes of your food. You should also purchase and sample protein shakes (see page 24) and bariatric multivitamins and calcium (see page 49-50) so you can choose your favorites and have them on hand when you come home from the hospital. Do not buy large quantities of protein shakes as your tastes can change after surgery.

General Advice

- Drink as much water as possible to keep yourself hydrated.
- Give yourself time to heal. You just had major surgery.
- Take vitamins and any other medications that irritate your new stomach after meals.
- Walk to increase your stamina.
- Walk to enjoy your new life.
- Do not lift more than 10 pounds (a gallon of milk) for the first two to four weeks.
- Avoid tub baths, swimming, sauna, hot tubs, lakes, rivers or the ocean for the first four weeks and until approved by your surgeon.
- Walk to prevent blood clots.
- Use your incentive spirometer and early/frequent ambulation to prevent pneumonia.

After Surgery and Other Resources

Exercise After Surgery

Healthy habits and physical activity will help you achieve your weight loss goals after bariatric surgery. This will pave the way for a happy, healthy life. The good news is that healthy exercise can be enjoyable, rewarding, and fun! This resource can help you develop a timeline and plan a program for returning to activities and, eventually, maintaining your weight loss.

General Precautions

- You may use walking equipment (treadmill, elliptical) after the first week.
- Lift no more than 10 pounds (slightly heavier than one gallon of milk) for the first 30 days.
- Water-based exercise can begin after 30 days as long as the incision is fully closed/healed.
- Strength training can begin after 30 days (start light and gradually progress).

Note: Different precautions may apply. Please check with your surgeon prior to beginning strength training or a vigorous workout routine.

Exercise Recommendations

Aerobic Activity

The American Society for Metabolic and Bariatric Surgery (ASMBS) recommends at least two hours and 30 minutes (150 minutes) per week of moderate-intense aerobic activity, with a goal of five hours per week (300 minutes).

- Examples: brisk walking, aquatics, recumbent steppers, bike, elliptical, treadmill, etc.
- Aerobic activity can be broken up throughout the day/week. An individual can walk for three 10-minute intervals each day or 30 minutes a day to reach their overall goal of 150 minutes a week. It is important to remember to keep your activity level up to at least a moderate intensity by monitoring heart rate or rating of perceived exertion.
- Moderate intensity can be defined as feeling like you can still carry on a short conversation while exercising but while breathing heavily.

Strength Training

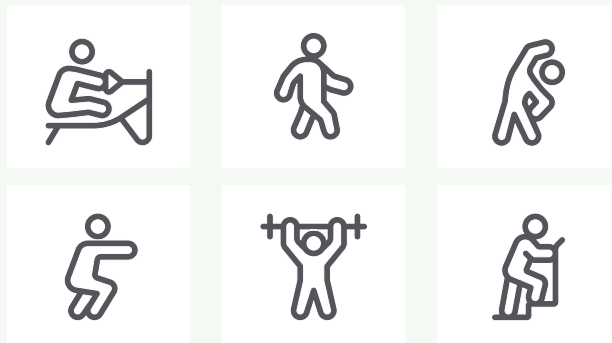
- Try to fit in two or more days per week of muscle-strengthening activities.
- Address major muscle groups, such as abdominals, chest, legs, back, and arms.

Exercise After Surgery continued

- Strength training can be performed using lighter weights at first, with heavier weights added over time. Many objects around your home can be used for weights, making it unnecessary to purchase a big weight set. Exercise bands can also be used for resistance and can be found where exercise equipment is sold (Big 5, Target, Walmart, Fred Meyer, etc.).
- Examples of household items and their weight:
 - 8 oz. tuna can = 0.5 lb.
 - 16 oz. canned tomatoes = 1 lb.
 - 24 oz. family size Campbell's soup = 1.5 lbs.
 - 32 oz. bag of rice = 2 lbs.
 - 64 oz. or half gallon of water = 4 lbs.
 - 128 oz. or one gallon of water = 8 lbs.

Examples of strength training:

- Rows
- Bicep curls
- Sit to stands
- Marching
- Squats
- Heel/toe raises
- Step ups



Benefits of Physical Activity

- Burns calories
- Reduces fat while building muscle
- Increases energy
- Boosts mood and self-esteem
- Helps to lower blood pressure
- Enhances immune system
- Strengthens bones to help prevent osteoporosis
- Relieves stress

Content source: Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion

Promoting Long-term Success

Support Groups

The Center for Weight Management is committed to recognizing the needs of our patients before and after their surgery. Wherever you are in the process, support groups are an essential part of your long-term success. We also encourage your partner to attend.

FREE Support Groups

Support groups provide an avenue and opportunity for connecting with other weight loss surgery patients. Other patients can offer insight and encouragement before, during, and after your surgery. Ongoing support, before and after surgery, is essential for success. We believe that regular attention to staying on track is essential for success with weight loss. It's important to surround yourself with people who support your new lifestyle. Please check our website for more information: vmfh.org.

Family and Friends/Coping with Changes

Talk to your friends and family about your decision as they may not know that diet and exercise haven't worked for you in the past. They may not understand that obesity is a disease and that bariatric surgery is more effective for long-term weight loss than other traditional methods.

Coping with Emotional and Physical Changes

Weight loss surgery will affect your life in many ways. It's important to be prepared for potential changes that can affect you and the people around you. It's not uncommon for bariatric patients to feel many emotions you were not prepared for. To help you deal with these changes we suggest the following:

- Connect with a therapist for support.
- Look for resources on Obesityaction.org or Obesityhelp.com

Other Resources:

Apps

- MyFitnessPal
- Baritastic
- Waterlogged
- Fiton
- HidrateSpark APP connected to Hidrate water bottles
- Fitness connected apps such as Fitbit or Apple watch

Websites

- World According to Egg Face
- Bariatric Foodie
- Bariatric Meal Prep
- Fitnessblender.com
- ASMBS.org

Instagram

- Bariatric.Meal.Prepare
- BariatricChefBoyRD
- MyBariatricDietitian
- TheBariatricTrainer

**Virginia Mason Franciscan Health does not endorse third party products and services.
Resources on this page are suggestions.*

Postoperative Care and Contact Numbers

When to Call 911

- Sudden chest pain, pain in chest/rib cage especially with deep breath
- Sudden shortness of breath that does not resolve with rest
- Sudden onset of new abdominal pain, especially when associated with fever or vomiting and/or a sustained heart rate of 120 or above

When to go to the Nearest Emergency Department (ED)

- Unexplained/new redness or swelling in one or both legs
- Coughing up pink or bloody sputum
- Fever over 101° F
- Ongoing vomiting, can't keep anything down including fluids, especially if the vomit is bloody or like dark-brown colored coffee grounds
- Incision has opened up

When to Call Your Surgeon's Office

- Redness, heat, or drainage from incision site(s)
- Incision leaking (cloudy or foul smelling fluid)
- No bowel movement for more than three days once you are on the pureed diet
- Unexplained/new pain in one or both legs
- Nausea and/or occasional vomiting
- Worsening of abdominal pain that is not improving with the use of pain medications
- Difficult or painful urination

If you have questions about your medications, start with your local pharmacy; **if they haven't answered your questions, call the office.**

Postoperative Care and Contact Numbers continued

When to Call the Dietitian

- For questions or concerns related to your diet (types of food, amounts, consistency, meal patterns, food intolerances, etc.)
- For questions or concerns related to vitamin, mineral and protein supplements (types, amounts, how to take, etc.)

Contact List for Normal Office Hours, 8 a.m. to 5 p.m.

- Center for Weight Management at St. Francis,
St. Francis Hospital, Federal Way..... (253) 944-2080
- Virginia Mason Bariatric Surgery,
Seattle, & Lynnwood (206) 341-1997
- Center for Weight Management at St. Michael,
St. Michael Medical Center, Silverdale..... (564) 240-4110

Wisdom From and For Our Patients

Things I Wish I Had Known Before I Had Weight Loss Surgery

“That surgery alone was not the silver bullet to cure my abnormal eating habits. My surgery didn’t change my relationship with food. Yep, it is only a tool!”

“That your relationships change so much because you change, not just physically but emotionally.”

“How hard it is to drink constantly. They are serious when they said getting in the protein and fluids would be a full-time job. Sip, Sip, Sip and Sip again. After surgery it’s a full-time job.”

“How overwhelming shopping can be when you’re not limited to the ‘Lane Bryants’ or the ‘Plus Size’ section of the stores. Malls can be both thrilling and overwhelming.”

“How much I would really miss the social aspect of food.”

“That the way I felt the first month post-op was temporary. Maybe it was better that I went in not knowing how I was going to feel for a while. Looking back though, it passed quickly. You forget the early stuff and discover it was so worth it.”

“Just how constipated I could get, and gas pains, need I say more?”

“How rough this surgery can be mentally and emotionally. The physical and mental changes that your body goes through are unbelievable. It is more than just ‘losing weight.’”

“How committed I would be, how strong I would be, and how wonderful I’d feel.”

“What a challenge taking pills would be ... and just how bad some medications taste when crushed.”

Wisdom From and For Our Patients continued

“How thrilling it would be to see the numbers on the scale go down. And, less thrilling to see them go up if I didn’t stay on track.”

“I would lose weight in strange places like my feet. That I’d need to buy a smaller shoe size or smaller under garments.”

“Plateaus ... that says it all.”

“I wouldn’t recognize myself in my reflection. That was so strange. It took a while for my head to catch up to my body.”

“That I would feel very tired and weak after surgery. I’d have to have a rest and let my body heal!”

“I wish I truly understood the commitment ... It’s a 100 percent lifestyle change. They told me, but real life is different from the handouts you are given or the support group you attend once a month.”

“How difficult it was going to be to answer the same questions from people daily after surgery: ‘How much have you lost?’”

“I wish that I realized how difficult ‘head hunger’ was going to be ... I couldn’t eat like a normal person and I knew that, but I wanted too so bad.”

