The Weight is Over

Your Resource Guide for Weight Loss Surgery and Your New Lifestyle

CTMC
CENTRAL TEXAS MEDICAL CENTER
Meet Deanna

Wife, Mom, School Nurse, Weight Loss Surgery Patient

Deanna has tried them all: popular diets, eating programs and fasting options. Each time, though, she would lose ten pounds and then quickly gain it back. She had aching joints and found it hard to get up from seated positions.

“That’s when I decided I needed to seek help doing something else.”

She chose weight loss surgery at Central Texas Medical Center. Since having weight loss surgery, Deanna is thrilled to not feel pain in her body and to be much more active and energetic. She enjoys the nutritious foods she now eats, allowing her body to work better and last longer.

“This team took the best care of me. This has been such a great experience and my whole family is so glad I didn’t wait any longer.”

Before

After
Meet Dr. Bryan Hambric
General Surgeon

Bryan Hambric, M.D. is a native Texas who received his undergraduate degree from Trinity University in San Antonio. He attended the Baylor College of Medicine in Houston, Texas and earned his post graduate training from The University of Texas Southwestern in Dallas, Texas. Dr. Hambric is a board-certified surgeon and a fellow of the American College of Surgeons. He is passionate about providing quality care to the people of central Texas.

Dr. Hambric lives in New Braunfels with his with and three children. In his free time, he enjoys triathlons, running, swimming, biking and scuba diving.
We are so glad you’ve chosen to partner with our weight loss team. We are here to prepare you for your procedure, to educate you on what to expect and guide you in the weeks following your surgery. We are committed to helping you reach your health goals. Our program is designed to guide you through each phase of this transforming experience, from nutrition to counseling to fitness planning.

Before We Begin

It is important you remember that weight loss surgery is not a magical procedure for losing weight. It is not a “quick fix.” It is a tool that will help make losing weight easier and help you to keep the weight off, but you must make a commitment to permanently changing some behaviors and foods you currently eat.

Your journey to health involves major lifestyle changes, and this book is designed to serve as your resource along the way. Keep it, bring it with you to your pre-op class and go back and review it every few months after surgery for the first couple of years. This helps to keep you on track as you are building new habits. It is a resource you can use for many years to come.

Research shows that fewer than 5 percent of people who lose weight through diet and exercise alone will maintain that weight loss for 5 years. This is because your energy/appetite regulation system is very complex; as you gain weight, this system becomes dysfunctional and causes you to become hungrier and feel less satisfied the more weight you try to lose.

Weight loss surgery helps you lose the weight and keep it off by resetting this energy regulation system. It will also help you resolve some of the conditions and diseases you may have developed as a result of excess weight, and it can help you live a longer and happier life.

- A BMI (body mass index) over 30 is when disease starts.
  - 1 in 5 people will die from an obesity related disease.
  - Obesity results in chronic inflammation - as weight increases, fat cells release biochemicals that lead to the chronic inflammation seen in heart attacks, strokes, cancer, hypertension, type 2 diabetes and joint/muscle pain.

- Weight loss surgery is the only way to reset your energy and appetite regulation system.

- The risk of death from metabolic and weight loss surgery is about 0.3 percent or the same as the risk of death from a total knee replacement.
Your path to a new life begins with a consultation with our weight loss surgeon. From there, your preoperative pathway will be customized based upon your needs, health-related conditions and insurance requirements. Once you have completed your pre-operative requirements, then your journey to surgery begins.

Pre-op Appointment:
• You will have a pre-operative visit within 30 days of your surgery with your surgeon. Please write down and bring any questions you have to be sure you get answers before surgery.

One-Two Weeks Before Surgery:
• You will receive a call from CTMC to schedule a time to visit with Registration and the Pre-Anesthesia Testing office. If you need any additional blood work or imaging tests, this will be completed at this visit. We will address medications you need on the morning of surgery and when to stop eating/drinking.
• Stop BLOOD THINNERS as instructed by your surgeon. Continue other medications unless instructed otherwise.
• If you have not heard from the Pre-Anesthesia Testing office 5 days before your surgery is scheduled, please call them at 512.753.3558.

The Day Before Surgery:
• Continue your liquid diet (bowel prep is not needed unless instructed by surgeon).
• Stop your protein shakes at midnight before surgery.
• Please shower with antibacterial soap the evening before surgery (neck to knees).
• Call CTMC at 512.753.3572 between 3:00-4:00 p.m. to confirm your arrival time.

Day of Surgery:
• Take medication as instructed by your physician and the Pre-Anesthesia office nurse.
• Bring a list of your current medications with you (please do not bring the medications).
• If you have Obstructive Sleep Apnea and use a CPAP/BiPAP, please bring it with you.
• Arrive at designated time.
• Do not wear make-up, moisturizer, jewelry or acrylic nails. Remove all piercings.
• Do not bring valuables with you.
• Bring comfortable clothes to wear home.
• Bring cases for glasses, contacts, dentures or hearing aids.

Discharge:
• You will be given printed discharge instructions and new prescriptions.
• You will be given a list of your medications that show which to continue and which to stop.
• You will be discharged 1-2 days after your surgery and must have someone drive you home.
Long-term Guidelines for Losing and Maintaining Weight Loss

Eat 3 Structured Meals: Eat 3 protein-centered meals daily, spaced evenly throughout the day. Do not skip meals. Skipping meals slows your metabolism, can lead to protein deficiency and could cause you to eat too fast or too much during your next meal.

Prevent Protein Deficiency: Always eat solid protein foods first! Consume at least 60 gm of protein per day in solid food at meal times. Use your protein supplement between meals, as needed, to meet your needs while you progress.

Prevent Dehydration: Sip 1–2 oz at a time every 15-20 minutes and at least 64 oz per day between meals. Drink every 5-10 minutes if thirsty or sweating. All fluids should be calorie-free and non-carbonated.

Do not drink fluids while eating: Stop drinking fluids 30 minutes before your next scheduled meal to allow space for solid food. Do not drink fluids while eating and wait at least 30 minutes after finishing your meal to re-start fluid intake. If you do, the fluid will cause your stomach to empty quickly, leaving you hungry sooner. This can lead to snacking and grazing, affecting weight loss success or causing weight regain.

Prevent Vitamin Deficiency: Take your vitamins between meals every day, lifelong.

Follow Mindful Eating: Eat slowly and enjoy food! Allow 20-30 minutes to eat at each meal. Take small bites and chew your food to baby food consistency before swallowing. Stop eating when feeling satisfied. Use a baby food spoon or fork to remind you to take small bites. Put your fork or spoon down between bites and use a kitchen timer to time yourself until you feel comfortable with your new eating routine. Pay attention to each bite and get the maximum from it. Eat your meals without added distractions such as television or the computer. Avoid multi-tasking at meal time.

Introduce foods one at a time: Learn which foods are tolerated before adding more variety.

Exercise: Increasing activity, as tolerated and directed by your surgeon, can help you lose weight and maintain weight loss. If you have limitations due to pain, do what you can. There are different exercises for upper body and lower body, as well as some exercises you can do sitting in a chair. Some activities can be done in water, and do not put as much pressure on joints. Find opportunities during your day to be more active, such as parking your car farther away, taking the stairs instead of the elevator and getting up to change the channel on the TV, instead of using the remote. Your goal for exercise is at least 150 minutes a week. If you need a physical therapy evaluation to determine the best way to exercise without pain, we have physical therapists you can meet with.

Avoid smoking: It is harmful to your pouch or sleeve and can cause ulcers.

Constipation: May become an issue after surgery due to decreased intake of food volume, fiber and fluids. Concentrate on adequate amounts of all three. If needed, MiraLAX or Milk of Magnesia may be used during the first 8 weeks. If constipation persists, or you go longer than 1 week without a bowel movement, contact your surgeon for further instructions.
Side Effects can happen very soon after surgery or a long time after surgery (even 3-5 years later). Following the nutritional guidelines for portion size, specific foods, techniques for eating and drinking and supplements will help prevent side effects.

<table>
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<tr>
<th>Side Effect</th>
<th>Possible Causes</th>
<th>Ways to Prevent Side Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dumping Syndrome</td>
<td>Simple sugars, high fat foods, consuming caloric beverages</td>
<td>Avoid simple sugars, sweets, sugary sauces, high fat foods and drinking liquids with meals.</td>
</tr>
<tr>
<td>Frothing (sliming)</td>
<td>Decreased stomach acid in the pouch</td>
<td>This will go away on its own, but drinking sips of warm liquid will help it subside.</td>
</tr>
<tr>
<td>Nausea Vomiting Heartburn</td>
<td>Eating too much food</td>
<td>Stop eating when comfortably full. Follow guidelines for portion control. Eat slowly, chew food to baby food consistency. A meal should last about 20 minutes. If having more than 1-2 vomiting episodes per day or if vomiting after everything eaten, call surgeon immediately. You may use over the counter antacids, such as Tums or Rolaids, for mild heartburn.</td>
</tr>
<tr>
<td>Blockage</td>
<td>Eating too fast or not chewing thoroughly</td>
<td></td>
</tr>
<tr>
<td>Constipation Dehydration</td>
<td>Not enough fiber</td>
<td>Drink more fluids. Eat more vegetables, fruits and whole grains if able. Add these foods slowly so your pouch can adapt to them. You may use Miralax stirred in your water if no bowel movement for 3 days. If no bowel movement after 7 days, call the surgeon. You may also take an over-the-counter stool softener, such as Colace. After 8 weeks, you may take Benefiber or Metamucil Clear and Natural for fiber supplement.</td>
</tr>
<tr>
<td>Protein deficiency</td>
<td>Not enough protein</td>
<td>Goal for protein is at least 60 gm daily. Be sure to eat protein first at all meals. Do not eat more than 100 gm protein a day or it may cause you to gain weight.</td>
</tr>
<tr>
<td>Vitamin &amp; mineral deficiency</td>
<td>Not enough vitamins and/or minerals</td>
<td>Always take multivitamins and any other supplement required by your surgeon. Have your levels checked at least yearly.</td>
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<tr>
<td>Diarrhea</td>
<td>Lactose intolerance</td>
<td>Try lactose-free milk or soy milk. Try Lactaid tablets. Fairlife milk has no lactose in it due to ultrafiltration.</td>
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<tr>
<td>Blockage of the stomach opening</td>
<td>Not chewing food well</td>
<td>Chew food to baby food consistency before swallowing. Call surgeon if pain, nausea and vomiting persist.</td>
</tr>
<tr>
<td>Weight gain or lack of weight loss</td>
<td>Snacking, not exercising, consuming caloric beverages</td>
<td>Caloric beverages, high fat and high calorie foods. Exercise regularly!</td>
</tr>
<tr>
<td>Stretching of stomach pouch</td>
<td>Eating past the point of fullness/overeating</td>
<td>Pay attention to the feeling of comfortably full. Avoid large quantities of food.</td>
</tr>
<tr>
<td>Hair thinning</td>
<td>Rapid Weight Loss - occurs at 4-5 months and lasts a couple of months before regrowing</td>
<td>May be caused by low protein, iron or zinc.</td>
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Roux-en-Y Gastric Bypass Surgical Procedure

This is a restrictive and malabsorptive weight loss procedure that controls calorie intake by restricting the amount of food eaten and decreasing the calories absorbed.

**Restriction:**

The stomach is divided and separated. The smaller portion of the stomach is called the pouch. This is the portion of the stomach which will receive food. The pouch is about 30 mL in size, the size of an egg. This creates the restriction that helps patients feel full after a very small portion of food.

**Malabsorption:**

The remaining part of the stomach and first part of the small intestine, or duodenum, are then bypassed. The second part of the small intestine, or jejunum, is attached to the pouch creating a new, shorter route that food will travel.

This is known as the Roux-Limb and results in fewer calories being absorbed. An opening, or anastomosis, is formed between the end of the duodenum and the jejunum to allow the digestive juices produced in the bypassed portion of the stomach and duodenum to enter the small intestine and begin digesting food.

Sleeve Gastrectomy Surgical Procedure

This is considered a restrictive weight loss procedure. It works by restricting the amount of food that can be eaten at one time. A tube-like stomach is created by removing approximately 70 percent of the stomach. The new stomach can hold about 4 oz of food.
Day of Surgery

NOTE: If you have sleep apnea, please bring your CPAP/BiPAP with you to the hospital.

Once you check in for surgery, you will be taken to the pre-operative area for surgery preparation. You will meet with an anesthesiologist. Let them know any problems you have had with anesthesia in the past, and if you have any dentures or partials that can be removed.

They will start an IV and may give you the following medications: IV antibiotic, IV anti-nausea medication, IV medication to help you relax and oral medication to decrease the acid your stomach is producing.

You may also receive a blood thinner (Heparin). They will put on a pair of sequential compression devices (SCDs). These both are used to decrease the chance of blood clots forming in your legs.

Once you are prepared for surgery, you will be moved to the operating room and sedated. When you are asleep, the anesthesiologist will put an endotracheal tube (ET) into your trachea to breathe for you during surgery.

A catheter will be placed in your bladder so the surgery team can observe the amount of fluid you are producing to help them know how much fluid needs to be replaced through the IV. Your abdomen will be prepped to create a sterile field and your surgery performed through 5–6 small incisions.

When you awaken, the ET tube will be gone, but your throat may be a little sore or you may be hoarse for a couple of days after surgery. That is normal.
After Surgery

• You will be transferred to the Recovery Room, where you will remain until you begin to awaken from anesthesia.

• When you awaken, your CPAP may be on, and will remain on until you are completely awake. You need to use it whenever you sleep or nap, especially while you are still taking narcotic pain medication.

• Your clinical team will be checking your pulse, blood pressure, respirations, oxygen levels and temperature continuously and assisting with your comfort level by giving you pain and anti-nausea medication as needed.

• When the anesthesiologist feels you are safe to leave the Recovery Room, you will be transferred to a private room (There is a foldout sofa for one adult to stay with you overnight).

• Your nurses will be asking you to rate your pain on a 0–10 scale.

• We use a PCA pump (patient controlled analgesia) for pain control. You will push the button any time you want medication for pain.

• You will be given nothing by mouth initially, but may have sponge swabs to keep your mouth moist.

• You will receive an incentive spirometer to assist with taking deep breaths to clear secretions from your lungs. You will use this 5 times every 30 minutes while awake.

• Nurses will be checking your “vital signs” every 4 hours.

• If you are diabetic, they will be checking your blood sugar by finger-stick every 4 hours and giving you insulin to maintain your blood sugar between 70 and 150.

• We will get you out of bed and have you begin moving around the room and walking in the hall, if you are able, within 4 hours of your arrival to the room. Physical therapists will assist you as needed. Walking is one of the most important things you can do for yourself to assist with feeling better and helping your body to heal. Please continue to walk inside your home 4–5 times a day to help prevent blood clots and pneumonia.
Post-Operative Day One

• Once you start your liquid diet, you will begin sipping on sugar-free clear liquids. Take small sips every 10–15 minutes.

• When you are tolerating clear liquids well, we will give you a small pain pill. You will receive a prescription for this at discharge.

• You will be asked to continue to remain out of bed and walk at least 4 times a day, even after you get home. Walking assists in preventing blood clots and opening your lungs up to prevent pneumonia.

• You will receive printed discharge instructions, prescriptions for pain medication and nausea medication and any other medications you need. The nurse or surgeon will tell you which home medications you may restart and which to hold until you see them at your first follow-up appointment. Thyroid, antidepressants and anti-anxiety medications may be restarted when you get home.

Discharge From the Hospital

• Once you are ready to leave, you must have someone drive for you. If you live more than 1 hour away, you will need to stop every hour to stretch your legs. This helps prevent blood clots.

• You will need to schedule an appointment to see your surgeon 2 weeks after the procedure. If you would like assistance making this appointment, the nurse can help facilitate this.

• Once home, continue to get up and walk around at least 4 times a day, and rest in between. Please do not drive until you are no longer taking narcotic pain medication.

• Continue to use your CPAP/BiPAP until you have another sleep study showing you no longer have sleep apnea.

Follow-up appointments with your surgeon will be at:

☐ 2 weeks
☐ 6 weeks
☐ 3 months (typically, your surgeon will check labs at this visit)
☐ 6 months
☐ 9 months
☐ 12 months

After your 12 month appointment, you are advised to meet with your surgeon annually to discuss any changes in your health or lifestyle.
## Potential Complications

<table>
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<tr>
<th>Complication</th>
<th>Symptoms</th>
<th>Cause</th>
<th>Prevention</th>
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</thead>
<tbody>
<tr>
<td>Blood clot – it forms in the leg veins and can move to the lungs (then called a Pulmonary Embolism)</td>
<td>Pain, swelling, heat and redness of calf If clot moves to lung, increasing shortness of breath. May cause chest pain with deep breath</td>
<td>Inactivity – blood pools in the deep veins of legs and can clot</td>
<td>Blood thinner, Lovenox, after surgery for 7 days; up and walking at least 4 times a day. If short of breath, call 911 or get a ride to the ER</td>
</tr>
<tr>
<td>Pneumonia – fluid build-up in the base of the lungs</td>
<td>Increasingly tired, low grade fever (99.7°) Poor lung expansion after surgery</td>
<td>Deep breathing; incentive spirometer; walking</td>
<td></td>
</tr>
<tr>
<td>Bleeding – requiring transfusion</td>
<td>Weakness and dizziness, pulse over 120 per minutes</td>
<td>Varies</td>
<td>Unable to predict; lab work done after surgery will indicate bleeding</td>
</tr>
<tr>
<td>Leak – a small opening in the staple line of the stomach allowing gastric contents into the abdomen</td>
<td>Severe pain when eating or drinking after surgery Pain radiating from left side to shoulder</td>
<td>Usually caused by patient advancing diet too quickly, causing stress on the staple lines, or continuous vomiting</td>
<td>Follow guidelines of program; do not progress to soft, solid foods before 3rd week; do not overfill stomach until healed</td>
</tr>
<tr>
<td>Stricture – narrowing of stomach causing difficulty swallowing</td>
<td>Difficulty with food going down – feels like something stuck</td>
<td>Scar tissue that builds up on staple line</td>
<td>No way to prevent or predict</td>
</tr>
<tr>
<td>Ulcers – ulceration in stomach that can erode through to a blood vessel and cause bleeding</td>
<td>Constant stomach pain and nausea</td>
<td>Smoking decreases blood flow to stomach NSAIDS irritate stomach lining</td>
<td>Talk to PCP to stop smoking or go to smoking cessation classes. Stop NSAIDS 1 week before and 8 weeks after surgery.</td>
</tr>
<tr>
<td>Hernia – opening in abdominal muscle where bowel comes through</td>
<td>Abdominal bulge near incisions</td>
<td>Too much pressure on internal incisions too soon</td>
<td>No lifting over 15 lbs for 3-4 weeks; if it hurts, don’t do it</td>
</tr>
<tr>
<td>Gallstones – crystals forming in the gallbladder</td>
<td>Pain in center of upper belly, extends through to right upper back</td>
<td>Dehydration and eating fatty, fried foods</td>
<td>Avoid fatty and fried foods; stay hydrated</td>
</tr>
</tbody>
</table>
When to Call the Office or Surgeon

Call 512.353.6400 regardless of the time of day or night. If you’re calling after-hours, request to be transferred to Dr. Hambrick for any of the following:

- Abdominal pain and distention/bloating beyond what you experienced with surgery and pain pills are not helping
- Nausea and vomiting that persists, and you are unable to keep down fluids
- Fever over 101°F
- Very fast heart rate of 120 or more beats per minute that continues for 3-4 hours
- If you experience chest pain and unable to take a deep breath – if you feel like you cannot get enough air and you feel a great deal of anxiety, call 911 or have someone take you to the nearest emergency room

Call the office during business hours if:

- The skin around an incision becomes reddened and swollen, painful or is draining pus
- You do not have a bowel movement by 1 week after surgery
- You have questions about your diet
- To make an appointment for follow up appointments

Support Groups

Our patients are encouraged to attend at least one support group every month. Research shows that patients who regularly attend support groups have a greater level of success with weight loss. It is a great place to talk to others that have been through the program and get helpful hints for any difficulties you may be experiencing.

We have support groups monthly. Please check our Facebook page (CTMC Bariatric Support Group) or call 512.753.3511 for upcoming dates and topics.

We meet the 4th Wednesday of every month from 6:00–7:00 p.m. at Central Texas Medical Center, located at 1301 Wonder World Drive in San Marcos.
Your Formula for Success

1. Eat 3 protein-centered meals a day (solid protein is best) with a goal of at least 60 gm each day.

2. Drink 64 ounces of liquid daily – water is best.

3. Take your vitamins every day as recommended.

4. Exercise daily with a goal of 150 minutes per week. You must move to maintain weight loss long-term.

5. If you smoke, STOP 6 weeks before surgery and never smoke again. Smoking contributes to poor surgical outcomes and can lead to ulcers in your new stomach.

6. Come to all follow-up appointments the first year, and then once a year for at least 5 years.

7. Come to support groups on a regular basis. Go to our Facebook page (CTMC Bariatric Support Group) to see dates and times. If you live too far to come to this support group, find one nearby or check online for a positive group. One with a number of different forums is obesityhelp.com.

8. If you are struggling with foods or weight loss, make an appointment to come in and get help. You can meet with the surgeon and/or the dietitian at any time. A support group is very helpful also. We are here for you as long as you need us.
Exercise and Activity

Hospital Mobility Expectations
The walking program starts the day of surgery when your nurse and physical therapist assist you with walking to the bathroom, chair and/or hallway. Please plan on going on longer walks in the halls, at least 4-5 times the day after surgery, prior to your discharge and for about 2 weeks after you return home. This helps speed your recovery, prevent blood clots and pneumonia as well as starting you on the right path for a daily exercise program. Progressively increase the length of your walks to meet the goal of 30-60 minutes of exercise per day. If you need additional assistance with increasing activity at home or getting started with an exercise program, a referral to our outpatient physical therapy department can help you with this.

The Logroll
Logrolling is a method of getting in and out of bed that puts the least amount of strain on your abdominal muscles. Practice at home by starting on your back, with feet on the bed, pull your knees up, roll onto your side, lower your legs off the bed and push your upper body up with your hand. To get into bed, reverse this process by sitting on your bed, lay onto your side while keeping your arms in front of you, put your ear on the pillow, bringing your feet up at the same time, and then roll onto your back all at once. Please use a step stool, if needed, for tall beds.

Pregnancy after Weight Loss Surgery
Women of childbearing age should avoid pregnancy until 18-24 months after surgery and your weight loss is stable. We will want to check your nutritional status first.

Many patients who are overweight are unable to get pregnant. Once you have surgery and begin to lose weight, you will be able to get pregnant more easily. Your surgeon will tell you when you may begin birth control. (If on birth control pills, it will be 30 days.) In the meantime, be sure to use another form of birth control to prevent pregnancy.
Weight Loss Surgery Nutrition Guide & Meal Plans
Vitamins and Minerals

Prior to surgery you should be taking a multivitamin daily in preparation for your procedure. The brands we recommend are Centrum and Walgreens Complete Multivitamin Multimineral Supplement liquid or chewable. Check the label for dosage. You may take fiber supplements such as Benefiber or Fibersure as needed for constipation. Do not begin any other vitamins until your first post-operative doctor’s appointment. Do not take your vitamins with tea.

**Stage 1 and Stage 2** (Weeks 1–2 after surgery)
- One dose liquid multivitamin: take in the morning and again in the evening
- Chewable vitamins are okay for sleeve or band patients
- Specific vitamins for bariatric patients may only need to be taken ONCE a day

**Stage 3** (Weeks 3–4 after surgery)
Continue taking fiber supplements as needed. Do not take your vitamins with tea. Do not take iron with milk, milk-based protein shakes or with calcium.

**MORNINGS**
- One chewable multivitamin
- 500 mg chewable calcium citrate with vitamin D

**AFTERNOONS**
- One chewable iron tablet (30 mg of Ferrous Fumerate or chelated iron) unless your multivitamin contains iron.

**EVENINGS**
- One chewable multivitamin
- 500 mg chewable calcium citrate with vitamin D
- Vitamin B12 if taking daily (B-12 can be taken several ways. As a monthly injection, as a 1000mcg tablet under the tongue daily or as a nasal spray once a week.)

**Stage 4–Stage 6** (Week 5 until goal weight)
You may change to capsules if you do not wish to continue the chewable vitamins. You may also begin taking over-the-counter omega-3 (fish oil) capsules 1000 mg of DHA and EPA. Please call the surgeon’s office if you’re having any trouble taking your vitamins so a suitable alternative can be planned. Do not take vitamins or iron with tea. Do not take iron supplements with milk, milk-based products, tea or calcium.

**MORNINGS**
- One multivitamin
- 500 mg calcium citrate with vitamin D

**AFTERNOONS**
- 30 mg of Ferrous Fumerate or chelated iron, unless your multivitamin contains iron

**EVENINGS**
- One multivitamin
- 500 mg calcium citrate with vitamin D
- Vitamin B12
Bariatric Pre-Surgery Meal Plan: 1400

**Breakfast**
2 servings of carbohydrate or 30 gm
3 oz of protein or 21 gm
1 serving of fat (1 tsp oil or margarine)

**Lunch**
3 servings of carbohydrate or 45 gm
5 oz of protein or 35 gm
2 servings of fat (2 tsp oil or margarine or 2T salad dressing)
2 servings of non-starch vegetables (1 c cooked or 2 c raw)

**Dinner**
3 servings of carbohydrate or 45 gm
5 oz of protein or 35 gm
2 servings of fat (2 tsp oil or margarine or 2T salad dressing)
2 servings of non-starchy vegetables (1 c cooked or 2 c raw)

**As Needed**
Protein shake prepared as follows: 8 oz of skim or 1 percent milk with one scoop of protein powder

**Pre-Surgery Goals:**
Lose 5-10 percent of body weight. Your goal weight prior to surgery: ________________
Begin keeping a food diary and exercise log and bring with you to each appointment.
Begin an exercise regimen.
Buy your supplements pre-surgery and bring to your next appointment.

My personal goals:

1.) ________________________________________________________________

2.) ________________________________________________________________

Patient Signature: ________________________________________________

Date: __________________________________________________________

Dietitian Signature: ______________________________________________
Bariatric Pre-Surgery Meal Plan: 1600

**Breakfast**
2 servings of carbohydrate or 30 gm
3 oz of protein or 21 gm
1 serving of fat (1 tsp oil or margarine)

**Snack**
Protein shake prepared as follows: 8 oz of skim or 1 percent milk with one scoop of protein powder

**Lunch**
3 servings of carbohydrate or 45 gm
5 oz of protein or 35 gm
2 servings of fat (2 tsp oil or margarine or 2T salad dressing)
2 servings of non-starch vegetables (1 c cooked or 2 c raw)

**Dinner**
3 servings of carbohydrate or 45 gm
5 oz of protein or 35 gm
2 servings of fat (2 tsp oil or margarine or 2T salad dressing)
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**Pre-Surgery Goals:**
Lose 5-10 percent of body weight. Your goal weight prior to surgery: __________________________
Begin keeping a food diary and exercise log and bring with you to each appointment.
Begin an exercise regimen.
Buy your supplements pre-surgery and bring to your next appointment.

My personal goals:

1.) ________________________________________________________________________

2.) ________________________________________________________________________

Patient Signature: _____________________________
Date: _____________________________

Dietitian Signature: _____________________________
Pre-Surgery and Stage 1 Bariatric Meal Plan

Pre-Surgery - liquid diet for 10 days directly before surgery Stage 1 (2-7 days after surgery)
Breakfast: Protein shake (8 oz milk + protein powder)
Lunch: Protein shake (8 oz milk + protein powder)
Dinner: Protein shake (8 oz milk + protein powder)

Grocery List

BEVERAGES
- Skim or 1 percent milk (can substitute unsweetened almond soy milk or lactose free milk)
- Decaf unsweetened tea
- Low sodium broth/bouillon
- Crystal Lite
- Sugar-free gelatin
- No sugar added, non-carbonated flavored waters
- Protein powders
- Sugar free plain popsicle

MISCELLANEOUS
- Sugar substitute
- Measuring cups: clear with ounces marked
- Liquid multivitamins
- Protein Powder
- Aim to consume about 64 oz of fluid a day. Sip on water throughout the day.
- Optional once per day: sugar-free pudding or “lite” (no sugar added) yogurt

PROTEIN SHAKE OPTIONS
- Unjury Protein Powder
  - 20 gm protein
  - 0-3 gm of total carbohydrate
  - Available at Unjury.com
- Isopure Zero Carb Powder
- GNC 100 percent Whey Protein
- Designer Protein
- “Inspire” and “Pure” Powder
- GNC Pro Performance Soy protein 95
- GNC optimum Nutrition 100% Egg protein
- Premier Protein
- Ensure Max Protein (30 gm protein per serving)
Stage 2 Bariatric Meal Plan (8-14 days after surgery)

Protein: 1 oz high-quality protein = 7g protein
  - Pureed chicken, turkey, ham/pork, fish, eggs
Breakfast: 1 ½ oz pureed protein + 1 oz pureed fruit or vegetable
Lunch: 1 ½ oz pureed protein + 1 oz pureed fruit or vegetable
Dinner: 1 ½ oz pureed protein + 1 oz pureed fruit or vegetable
Evening Snack: 6 oz smooth lite yogurt + 1 oz pureed fruit
Between Meals: 8 oz skim or 1 percent milk + Protein shake

Sample Menu
Breakfast: 1 ½ oz pureed scrambled egg + 1 oz pureed bananas
Lunch: 1 ½ oz pureed tuna + 1 oz pureed carrots
Dinner: 1 ½ oz pureed ham + 1 oz pureed green beans
Evening Snack: 6 oz smooth lite yogurt + 1 oz pureed blueberries
Between Meals: 8 oz skim or 1 percent milk + Protein shake if needed

Grocery List

DAIRY
  - Skim or 1 percent milk
  - Low fat, no sugar added, smooth yogurt
  - Low fat cottage cheese
  - Part skim ricotta cheese

PROTEIN FOODS
  - Tuna packed in water
  - Dark meat of chicken and turkey
  - Moist flaky fish, such as salmon, tilapia, cod
  - Shellfish: shrimp, scallops, real crab meat
  - Ham
  - Eggs or egg substitute

BEVERAGES
  - Broth/Bouillon
  - Protein shakes
  - Water
  - Decaf tea
  - Crystal Lite
  - Sugar free plain popsicles

VEGETABLES
  - Carrots
  - Green beans
  - Squash
  - Cauliflower
  - Beets
  - Dried beans or lentils
  - Turnips
  - Spinach

FRUITS
  - Bananas
  - Strawberries or blueberries
  - Unsweetened applesauce
  - Mango
  - Papaya
  - Pear
  - Peaches
  - Avocado

RULES OF EATING
Sip liquids and do not drink liquids with meals. Avoid carbonated drinks, caffeinated tea, regular coffee and alcohol. Always measure after cooking. Chew each bite 20-30 times. Eat slowly, 20 minutes per meal. Eat protein first. Do not skip meals even if you are not hungry. Eat without any distractions like television. NO BREAD products until Stage 6!

OBSTACLES: Nausea and constipation. Continue to use fiber supplements such as Benefiber or Fibersure. You may increase gradually to 3-5 doses per day, if needed. Senekot and Miralax are over-the-counter laxatives you may use if you do not have a bowel movement for 4-5 days.
Breakfast: 1½ oz protein + 1 oz fiber food*
Lunch: 1½ oz protein + 1 oz fiber food*
Dinner: 1½ oz protein + 1 oz fiber food*
Evening Snack: 6 oz no sugar added yogurt + 1 oz fruit
Between Meals: 8 oz skim or 1 percent milk + Protein shake if needed

*Fiber foods at breakfast, lunch and dinner may come from either the fruit, vegetable or complex carbohydrate choices. Limit the complex carbohydrate choices to once per day.

Aim for 3 servings of low-fat dairy every day (milk or yogurt)

**Sample Menu**
Breakfast: 1½ oz cottage cheese + 1 oz sliced strawberries
Lunch: 1½ oz scallops + 1 oz blueberries
Dinner: 1½ oz salmon + 1 oz black beans
Evening Snack: 1½ oz shredded deli meat + 1 oz boiled cauliflower
Between Meals: 8 oz skim or 1 percent milk + Protein shake if needed

**PROTEIN**
Moist and tender meats are tolerated best.

- Eggs: poached, hard boiled, over easy, scrambled, omelets
- Low-fat cheese: Avoid processed cheese (Velveeta & American). Cream cheese is not high in protein.
- Meat salads: Prepared with tender meats and light mayonnaise. Chicken salad, egg salad, ham salad, tuna salad, shrimp salad recommended. Avoid celery and pickle relish. Prepare salads from home and do not buy pre-made from grocery stores.
- Fish: Salmon, tilapia, tuna, cod, halibut
- Dark meat of chicken or turkey: Rotisserie chicken is tolerated well
- Deli meats: Ham, chicken breast, turkey breast, roast beef

**FRUITS**
Any fresh fruit without the peel is acceptable. Frozen fruits without sugar added are acceptable. Limit use of canned fruit.

- Apples
- Apricot
- Avocado
- Banana
- Blackberries
- Blueberries
- Papaya
- Peaches
- Cherries
- Grapefruit
- Grapes
- Kiwi
- Mango
- Melon (cantaloupe, honeydew and watermelon)
- Nectarine
- Oranges
- Pears
- Pineapple (may be hard to tolerate if fibrous)
- Plum
- Raspberries
- Strawberries
- Tangerines

(continued on next page)
VEGETABLES
Any vegetable you choose is acceptable — you must boil them until tender during Stage 3. Celery and asparagus stems are often too fibrous during Stage 3.

• Artichokes
• Asparagus tips
• Beets
• Bok Choy
• Broccoli
• Brussel Sprouts
• Cabbage
• Cauliflower
• Cucumbers
• Eggplant
• Green beans
• Greens (collard, kale, mustard, spinach, Swiss chard, turnip, watercress)
• Jicama
• Mushrooms
• Okra
• Onion
• Peppers (bell, chili)
• Tomatoes
• Turnips
• Summer squash (yellow, spaghetti, zucchini)

COMPLEX CARBOHYDRATES
Limit to one serving per day

• Barley
• Beans (black, kidney, great northern, black eyed peas)
• Edamame
• Lentils
• Lima beans
• Oatmeal
• Peas
• Parsnips
• Yams
When you can tolerate 2 oz of protein well and feel ready for more, add ½ oz or increase protein gradually until you can meet your protein goals without protein shakes. When you can meet your protein needs without shakes, increase your fiber food side dish to 2 oz (1/4 c) per meal. Continue to aim for 3 servings of dairy every day (milk or yogurt).

Meal Plan
Breakfast: 2-4 oz protein + 1-2 oz fiber food*
Lunch: 2-4 oz protein + 1-2 oz fiber food*
Dinner: 2-4 oz protein + 1-2 oz fiber food*
Evening Snack: 6 oz no sugar added yogurt + 1-2 oz fruit
Between Meals: 8 oz skim or 1 percent milk + Protein shake if needed

*Fiber foods at breakfast, lunch and dinner may come from either the fruit, vegetable or complex carbohydrate choices. Limit the complex carbohydrate choices to once per day.

Sample Menu
Breakfast: 2-4 oz turkey or ham + 1-2 oz orange slices
Lunch: 2-4 oz shrimp scampi + 1-2 oz broccoli
Dinner: 2-4 oz pork tenderloin + 1-2 oz corn
Evening Snack: 6 oz no sugar added yogurt + 1-2 oz fruit
Between Meals: 8 oz skim or 1 percent milk + Protein shake if needed

PROTEIN
Cook meats in a moist manner: sautéed, marinated, rotisserie. Ground beef is better tolerated if prepared with moist ingredients such as no sugar added tomato sauce, or in chili.

- Fish and shellfish
- Beef: ground, veal, tender, moist steak or roast
- Poultry: chicken or turkey (white or dark meat)
- Pork: ham, tenderloin
- Lamb
- Liver
- Eggs or egg substitute
- Low-fat cheese: not processed or cream cheese

FRUITS
Most fruits are well tolerated at this stage.

- Apples
- Apricot
- Avocado
- Banana
- Blackberries
- Blueberries
- Cherries
- Grapefruit
- Grapes
- Kiwi
- Mango
- Melon (cantaloupe, honeydew and watermelon)
- Nectarines
- Oranges
- Papaya
- Peaches
- Pears
- Pineapple (may be hard to tolerate if fibrous)
- Plum
- Raspberries
- Strawberries
- Tangerines
Breakfast: 3-4 oz protein + 2 oz fiber food*
Lunch: 3-4 oz protein + 2 oz fiber food*
Dinner: 3-4 oz protein + 2 oz fiber food*
Evening Snack: 6 oz no sugar added yogurt + 2 oz fruit
Between Meals: 8 oz skim or 1 percent milk + Protein shake if needed

*Fiber foods at breakfast, lunch and dinner may come from either the fruit, vegetable or complex carbohydrate choices. Limit the complex carbohydrate choices to once per day.

Sample Menu
Breakfast: 3-4 oz turkey or ham + 2 oz brown rice
Lunch: 3-4 oz shaved deli meat + 2 oz baby carrots
Dinner: 3-4 oz broiled salmon + 2 oz kiwi slices
Evening Snack: 6 oz no sugar added yogurt + 2 oz peach slices
Between Meals: 8 oz skim or 1 percent milk + Protein shake if needed

Meal Plan - you can add these items back in now
Brown Rice
Nuts – 2 tsp per serving
Plantains
Potatoes: white or sweet
Whole wheat pasta
Whole grain dry cereal: drain and drink milk first
Peanut butter – 2 tsp per serving
Popcorn
Whole grain breads: at least 3 gm fiber per slice
Whole grain crackers – 3 crackers

Guidelines for Eating
Chew each bite 20-30 times. Continue to choose low fat or fat free dairy. Continue eating 3 meals and 1 snack daily. Avoid processed and refined grains such as white bread, white rice, white pasta, saltine crackers and cereals with less than 3 gm of fiber per serving.

Please Be Aware
Non-compliance with diet guidelines can result in nausea, vomiting, dumping syndrome (flushing, sweating, rapid heartbeat, dizziness, cramping), diarrhea, constipation, discomfort and/or failure to lose weight. To discuss further, call the CTMC dietitians at 512.753.3511.