

An Introduction to Bariatric Surgery

at the Sacred Heart Surgical
Weight Loss Center



Michelle
Lost 110 Pounds
Gastric Bypass
May 2016



Ascension

Welcome!

On behalf of the entire Bariatric Care Team at the Sacred Heart Surgical Weight Loss Center, we would like to give you our heartfelt embrace to the beginning of the New You! We take pride in our work, our team, and our overwhelming success in transforming lives and renewing hope for a better way of life.



Dr. Jeffrey Lord

One of our accomplishments and an indicator of the quality of care we provide is our accreditation by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). All components of our program are highly scrutinized by this organization, and we are honored to receive this high recognition for quality and safety.

Many hours have gone into structuring this program to ensure that our patients are well-informed and well-prepared to meet and overcome every challenge this endeavor may send their way. This handbook is designed to serve as a guide for bariatric surgery patients.

This publication contains information regarding the various surgical procedures used at Sacred Heart, guidelines for nutrition requirements before and after surgery, references related to bariatric surgery and weight loss, facts and figures, and a list of resources for further information. Patients will also find nutritional charts and information that will be of value in maintaining good health for the rest of their lives.

We are very fortunate to have such an amazing group of patients utilize our program. If there are times that you feel our process or program could be improved, please let us know. We are all about happy, healthy patients. We look forward to watching your amazing transformation. Please share your success story on our website at www.SacredHeartSurgicalWeightLoss.com

Sincerely,



Jeffrey L Lord, MD, FACS
Medical Director, Bariatric Surgery
Sacred Heart Surgical Weight Loss Center

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About Our Program

The Sacred Heart Surgical Weight Loss Center was established to help patients who have been diagnosed as clinically obese to:

- Achieve significant weight loss through surgery;
- Resolve, improve or avoid serious diseases and conditions associated with obesity; and
- Begin the road to a healthier lifestyle.

Sacred Heart offers a multidisciplinary program that brings together a special team of healthcare experts: a bariatric surgeon, a bariatric nurse navigator, a dietitian, a psychologist and others who provide their particular expertise in addressing the needs of the whole person – body, mind and spirit.

Backed by Sacred Heart's reputation for excellent care, our team is dedicated to guiding each patient on his or her individual journey to a healthier life. As you meet the physical and emotional challenges along the way, our care team is here to share this journey of transformation with you at every stage, whether you have questions about the surgery itself or just need a supportive listener who understands. The end result is a "new you" who is not only slimmer, but who also has new energy, renewed vitality and spirit, and a more positive outlook for a better way of life.

For each potential patient, Dr. Lord provides a comprehensive evaluation to determine his or her candidacy for this life-changing procedure, as well as extensive patient/family education to create a foundation for a healthy lifestyle after surgery.

Bariatric surgery leads to lifelong change and should be contemplated only after considerable research and all other available options have been discussed with your primary-care physician.

The success of your surgical treatment must begin with accurate, realistic information about the surgery itself and the nature of the results that can be expected. Post-operative changes in eating habits, food choices, attitudes and lifestyle behaviors are extremely important and will affect your long-term success. Surgery alone does not guarantee long-term weight loss. Follow-up care after surgery, the recovery process, and ongoing participation in a bariatric surgery support group are critical to a patient's long-term success.

Prior to surgery, each patient will participate in an extensive medical, psychological and behavioral evaluation by our multidisciplinary care team. Upon completion of this evaluation, one must:

- Commit to participate in a regular post-operative physical activity program
- Agree to maintain follow-up appointments every year with a bariatric physician
- Understand the surgery and the changes in behavior it necessitates
- Designate members of one's support system

Patients are highly encouraged to involve relatives and/or significant others in providing assistance and emotional support after the surgery.

Our goals are to educate the patient and their family on all aspects of bariatric surgery and to provide an understanding that surgical treatment is the last resort for weight loss, when all other methods have failed.

The objective of surgery for morbid obesity is to help individuals lose weight that they have been unable to lose through other methods. In turn, these individuals should achieve prevention of secondary complications associated with morbid obesity and have overall improved health and quality of life.

Our Bariatric Care Team

Under the direction of Jeffrey L. Lord, MD, the Sacred Heart Surgical Weight Loss Center brings together a team of healthcare professionals from a wide variety of areas - including bariatric surgery, nursing, dietary, psychology and more. Our team is committed to the highest level of patient safety and is dedicated to supporting each individual each step of the way on their journey to a healthier lifestyle.

Our Medical Director

Jeffrey L. Lord, MD, FACS, serves as medical director of the Sacred Heart Surgical Weight Loss Center. He is a nationally recognized expert in minimally invasive bariatric surgery.

Dr. Lord's particular areas of interest include laparoscopic surgery for morbid obesity and gastrointestinal surgery. In addition, he has

special interests in laparoscopic treatment of gastroesophageal reflux disease and other diseases of the foregut: laparoscopic colon resection, laparoscopic adrenalectomy and splenectomy, and laparoscopic hernia repair. He is board-certified in surgery by the American Board of Surgery.

Dr. Lord earned his medical degree from Wayne State University School of Medicine in Detroit, Mich. He completed his internship and residency at the Naval Medical Center in Portsmouth, Va. and a one-year Bariatric and Minimally Invasive Laparoscopic Surgery Fellowship at the University of Pittsburgh.

Dr. Lord was previously the director of Minimally Invasive General and Bariatric Surgery at the Naval Medical Center in Portsmouth, Va. His memberships in professional and scientific societies include the American College of Surgeons, American Society of Bariatric Surgeons (ASBS), and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES).

Our Weight Management & Nutrition Specialist

David Martin, MD, is a Sacred Heart Medical Group physician who specializes in medical weight loss, weight management and nutrition. He works closely with Sacred Heart's Surgical Weight Loss Center and is involved in the nutritional guidance and follow-up care of post-surgical bariatric patients. Dr. Martin received his medical degree from Tulane University School of Medicine in New Orleans, where he graduated fourth in his class. For an appointment with Dr. Martin, please call 850-416-4960.

For More Information

If you have any questions, or would like more information about bariatric surgery at Sacred Heart, please call our office at (850) 416-7546 and/or visit our web site at www.SacredHeartSurgicalWeightLoss.com.

About Surgical Weight Loss

What is "Morbid Obesity?"

Morbid obesity, also known as clinically severe obesity, is a term that describes the degree of obesity at which

point serious medical conditions can occur.

A person is morbidly obese if they:

- Are 100 pounds or more overweight
- Are at least twice their ideal body weight
- Have a body mass index (BMI) of greater than 40 or a BMI of 35-39 combined with other adverse conditions, called co-morbidities

BMI of 30 is considered a turning point for an increased risk of diabetes.

What is BMI?

BMI is the abbreviation for one's body mass index, which is calculated using a person's height and weight.

Medical Conditions ("Co-morbidities") Associated with Morbid Obesity

- Diabetes
- Degenerative Arthritis
- Coronary Artery Disease
- Obesity Hypoventilation Syndrome
- Sleep Apnea Syndrome
- Pseudotumor Cerebri
- Psychological Incapacity
- Pulmonary Embolism
- Respiratory Insufficiency of Obesity (Pickwickian Syndrome)
- Stasis Ulcers
- Stress Overflow
- Urinary Incontinence
- Thrombophlebitis
- Venous Disease
- Hypertension
- Infertility
- Increased Risk of Cancer of Breast or Uterus
- Necrotizing subcutaneous Infections
- Hirsutism (Excessive hair growth)

Obesity in the United States

- More than two-thirds of U.S. adults are overweight, and one-third are considered obese, according to the National Center for Health Statistics. The following are statistics on the prevalence of overweight and obese adults in the U.S., as well as their disease, mortality, and economic costs. To understand these statistics, it is necessary to know how the terms

“overweight” and “obese” are defined and measured. This fact sheet also explains why statistics from different sources may not match.

- Less than one-third of U.S. adults get regular leisure-time physical activity (defined as light or moderate activity five times or more per week for 30 minutes or more each time and/or vigorous activity three times or more per week for 20 minutes or more each time). About 10 percent of adults do no physical activity at all in their leisure time.
- The benefits of physical activity include weight control, a lower risk of dying from coronary heart disease, and a reduction in the risk of developing diabetes, hypertension and colon cancer.
- Approximately 300,000 adult deaths in the United States each year are attributable to unhealthy dietary habits and physical inactivity or sedentary behavior. This year, more than 20,000 Floridians will die from the effects of obesity.
- Obesity increases the cancer mortality rate in both males and females. Severely obese females have increased mortality rates for uterine, breast, ovarian, gallbladder and/or endometrial cancer. Cancer mortality rates for colorectal and prostate cancer are increased in severely obese males.
- An estimated 70 percent of diabetes risk in the U.S. can be attributed to excess weight. About 17-25.8 million people in the U.S. have Type 2 diabetes, accounting for more than 90 percent of diabetes cases. (For more statistics on diabetes, go to www.diabetes.niddk.nih.gov/dm/pubs/statistics/index.htm.)
- An article in the New England Journal of Medicine reviewed mortality rates after gastric bypass surgery as compared to obese persons who did not have gastric bypass surgery. It was found that the risk of death from coronary artery disease was decreased by 56%; risk of death from diabetes was decreased by 90%; and the risk of death from cancer was decreased by 60%.
- Americans spend \$130 billion annually on weight loss products and services. This figure represents consumer dollars spent on all efforts at weight loss or weight maintenance, including low-calorie foods, artificially sweetened products such as diet sodas, and memberships to commercial weight-loss centers.

Sources: National Institutes of Health Weight Control Information Network, American Society of Metabolic and Bariatric Surgery, The New England Journal of Medicine

Risks & Benefits of Bariatric Surgery

Surgery to produce weight loss is a serious undertaking. Each individual should clearly understand what the proposed operation involves. Patients should carefully consider the following benefits and risks before deciding to undergo the gastric bypass procedure.

Benefits

- Following Gastric Bypass Surgery, most patients lose weight rapidly and continue to do so for 18 to 24 months. Approximately 75% of patients will lose and keep off 50%- 80% of their excess weight.
- Sleeve gastrectomy patients will lose weight, but not as quickly as patients having gastric bypass surgery (due to the lack of malabsorption with the sleeve).
- Medical conditions such as diabetes, high blood pressure, arthritis, elevated cholesterol, gastroesophageal reflux disease, and sleep apnea commonly improve after the surgery.
- Significantly improved energy levels for daily exercise and increased self-confidence results in a positive sense of hope.

Risks and Complications

No major surgery is without risk, and surgical weight loss is considered a major surgery. Nationally, there is a 0.1% mortality (death) rate for obesity surgery. The complication rate for this surgery, nationally, is about 4%. This means that 4 in 100 patients will experience a complication related to the surgery.

Potential Surgical Complications

The potential complications vary depending on the type of surgery chosen, but can include:

- Bleeding
- Blood clots
- Bowel obstruction
- Breakdown of the staple line
- Pneumonia

- Stretched stomach outlets
- Wound infection

Possible Complications during Post-Operative Recovery

1. Nausea, vomiting, bloating and/or heartburn caused by:

- Drinking carbonated beverages
- Drinking cold fluids
- Eating foods that are unusually distressful to the stomach
- Eating gas-producing foods
- Eating or drinking too quickly
- Eating rich or sweet foods
- Eating too much (quantity)
- Not chewing food adequately
- Using drinking straws

2. Dumping Syndrome

(Gastric bypass surgery only)

Dumping syndrome occurs when food is dumped rapidly from the stomach into the intestine. This may result in a feeling of abdominal fullness, nausea, weakness, warmth, rapid pulse, and/or cold sweats. Dumping syndrome can be avoided by eliminating concentrated sweets and drinking fluids 30 to 40 minutes before and after meals.

3. Blockage of the Stoma

The opening created by the surgery is smaller than the original opening that released food from the stomach into the small intestine. This new opening may become blocked when food has not been thoroughly chewed, resulting in vomiting. Chew all food to the consistency of applesauce before swallowing to prevent blockages from occurring.

4. Stomach Stretching and/or Torn Staple Line

The purpose of this procedure is to create a smaller stomach. Therefore, the stomach cannot hold the large volumes of food it once did. Constant overeating can stretch the pouch and tear the staple line.

To prevent this from occurring, you must follow

the nutritional instructions prescribed for you, including:

- Eat only three small meals each day and one bedtime protein mini-meal each day.
- Measure the foods you plan to eat before consumption to prevent overfilling your stomach.
- Eat slowly to allow the nerve receptors in stomach area time to relay the message to the brain that the stomach is full.
- Stop eating as soon as you feel full.

Potential Long-Term Complications

Several problems may develop three to 12 months after surgery. These problems may include:

- Abdominal hernias
- Certain nutritional deficiencies
- Increased risk of developing gallstones
- In addition, women of childbearing age should avoid pregnancy until their weight becomes stable (usually 1- to 1-1/2 years after surgery), because rapid weight loss and nutritional deficiencies could harm a developing fetus. Also there is an increase in the ability to become pregnant with the weight loss. The patient should discuss this with her general physician to avoid pregnancy while healing and adjusting to the changes due to the surgery.

Who is Eligible for Bariatric Surgery?

The Sacred Heart Surgical Weight Loss Center team desires a successful outcome and results for each and every patient. That's why we carefully screen individuals to ensure that they are appropriate candidates for this life-changing procedure.

Eligibility requirements for bariatric surgery include:

1. Documentation of failed attempts at weight loss in a medically supervised weight-loss program.
2. A BMI greater than 40 without associated co-morbidities.

3. A BMI greater than 35 with one or more comorbidities.
4. The ability to demonstrate a clear understanding of the principles involved with surgical options, long- and short-term risks, complications, and what is required after surgery.

Weight loss surgery is not recommended for those who suffer from alcoholism, overt psychosis, severe psychological problems, excessive somatization (excessive sleepiness), and/or major cardiopulmonary disease, as these conditions would make surgery unduly dangerous.

Our Procedures

The bariatric surgical procedure performed can be either Laparoscopic or Open. Dr. Lord performs weight loss surgery laparoscopically 99.9% of the time.

Roux-en-Y Gastric Bypass Technique

The Roux-en-Y Gastric Bypass Technique is our preferred malabsorptive technique. With Roux-en-Y, the stomach is partitioned with a stapler creating a small pouch (15 mls), and stomach capacity is reduced from the size of a football to the size of an egg. This reduction produces a feeling of fullness with small amounts of food. A Y-shaped section of the small intestine is attached to the pouch. Therefore, food bypasses most of the stomach and duodenum and empties directly into the "roux limb." Most patients do not experience excessive malabsorption of food. The ability to consume fluids is not affected, as liquids pass through the pouch very quickly.

Sleeve Gastrectomy

The sleeve gastrectomy is a restrictive weight loss operation. The outside portion of the stomach is removed and what remains is a long tubular stomach (shaped much like a banana). The stomach volume is greatly reduced. The sleeve gastrectomy is used as a tool for portion control. This allows the patient to feel satisfied on a much lower volume of food. The subsequent reduction in caloric intake will result in weight loss. Following the plan as outlined in our program and regular exercise are necessary to maximize weight loss. The sleeve gastrectomy does not involve rerouting of the intestines (like the gastric bypass). Since this is a restrictive procedure only and does not involve any intestinal malabsorption, it is imperative to

eat a healthy well balanced diet and exercise in order to maintain optimal weight loss.

What to Expect

Your Initial Consultation

The purpose of the initial consultation is to determine if you are a candidate for bariatric surgery. Even if you meet the minimum weight requirements, other factors must be considered before a decision on surgery is made.

The initial consultation includes a physical examination, history and evaluation. Depending on your age and medical condition, certain blood tests, an EKG, and X-rays may be ordered. Dr. Lord may also request additional consultations from other specialists before making a final recommendation.

After you have met with Dr. Lord, you will need to schedule additional consultations with our bariatric care team, including the following multi-disciplinary team members:

Our nurse navigator will provide an overall understanding of the program and will educate you on pre- and post-operative issues that you may face to help you fully understand the surgery and the lifelong changes that result. The nurse navigator acts as a liaison with the multidisciplinary team to ensure your quality of care.

Our dietitian will educate you on pre- and post-operative dietary changes, including dietary changes such as protein supplements, vitamins and minerals, low-fat and low-carbohydrate diet, and diet advancement.

Our psychologist will conduct a psychological evaluation prior to your surgery to assess your motivation and expected level of compliance. This includes realistic expectations with respect to surgery, psychological readiness, and the ability to carry out required post-operative lifestyle changes and acceptance of long-term follow-up requirements.

Our care team will discuss options with you following your evaluations.

Preparing for Surgery

Bariatric Surgery Education

The best preparation for bariatric surgery is through education. Prospective bariatric patients should talk to as many patients as possible and ask about their experiences. Potential bariatric surgery candidates are strongly encouraged to browse websites, such as sacredheartsurgicalweightloss.com.

Your Pre-Operative Appointment with Your Surgeon

At your pre-operative appointment, Dr. Lord will perform a complete history and physical examination and will review all of your consultations and lab results. He will explain your surgical procedure in detail and associated risks. Pre-operative teaching will be provided, and a post-operative follow-up appointment will be planned.

Your Pre-Operative Surgical Pre-Admission Visit

For your pre-operative pre-admission appointment, please check in at the Surgical Pre-Admissions Department (SPD) located in Suite 107 on the first floor of the DePaul Building at Sacred Heart Hospital Pensacola. You will complete pre-admission forms, receive pre-operative teaching, and meet an anesthesia representative. The anesthesia representative will take your medical history and will discuss possible anesthetic complications and immediate post-operative pain control methods. The pre-admission visit will take from one-and-a-half to three hours. Attempts will be made to coordinate this visit with your pre-operative appointment with Dr. Lord or your pre-op teaching class.

Family Medical Leave Act Paperwork

When you have been given your surgery date, please check with your employer to see if you will need FMLA or disability time for your surgery and recuperation. Dr. Lord's office staff requires five (5) business days to get your paperwork completed for you, and there is a \$25 charge to complete it. Please allow enough time for this process.

Pre-Operative Bowel Preparation

If you are having gastric bypass surgery, you will need to go through a bowel preparation 48 hours prior to surgery. Bowel preparation is not required for Sleeve Gastrectomy patients.

The exact details of the bowel preparation will be explained thoroughly in your pre-operative teaching

class with the Bariatric Clinic staff. You will also be provided with an individualized handout.

Pre-Operative Diet

Before your surgery, you will need to go on a clear liquid diet. This will make the surgery easier to perform laparoscopically. Dr. Lord will provide you with the specific number of days you will be required to be on a clear liquid diet at your pre-operative appointment.

On the Day of Your Surgery

Prior to your surgery, the bariatric staff will provide you with instructions for your pre-operative preparation and your check-in time for surgery.

Patients check in at the Surgical Center at Sacred Heart Hospital Pensacola the morning of their surgery date.

Once admitted, you will be taken to the pre-operative holding area. An intravenous (IV) line will be started for fluid and antibiotic administration, and special devices will be applied to your legs to help prevent blood clots from forming. You will also be given some medication to help prevent blood clots.

Operating room staff members will verify completion of all necessary papers and will perform a final check for surgery preparation. Next, you will be taken to the operating room. Once you are asleep, a tube will be placed in your bladder to drain urine. The tube will be removed the following day.

The operation will take from one-and-a-half to three hours. An "open" procedure incision extends from the breastbone to the belly button of the abdomen. "Laparoscopic" procedures require five or six small incisions (approximately ½ inch each). Your gallbladder will not be removed, unless it shows signs of disease. Your surgeon will explain your procedure in detail, prior to surgery.

Bleeding and the use of blood products are very rare. It is not necessary or advisable to donate your blood for possible transfusions after surgery. Again, use of blood products occurs rarely, and only when absolutely necessary.

After the operation, you will be taken to Recovery for approximately two hours, and then you will be taken back to the Bariatric Surgical Unit, or BSU.

After Surgery

Once you leave the OR recovery room, you will spend the rest of your hospital stay on our dedicated Bariatric Surgical Unit. Our bariatric care team has special expertise and experience in taking care of bariatric surgical patients. For your comfort, all of our rooms on this unit are private and have been designed especially with our bariatric patients in mind.

You will remain in the hospital one to two days after surgery so your care team can monitor your progress and make sure that your stomach heals correctly.

Immediately after surgery, you will not be permitted to eat or drink anything by mouth. Instead, you will receive your nutrition and hydration from your IV, which will provide everything you need to begin your healing process.

Getting Out of Bed

Several hours after surgery, your nurse will sit you up in bed and will encourage you to get out of bed and walk. If you need assistance initially, please feel free to ask your nurse for help. Though it may seem hard at first, walking is very important to your overall recovery and healing. Walking will help move the air in your lungs and promote circulation in your legs. It is important that you increase the distance that you walk each time. You will be continually encouraged to walk as much as possible for the duration of your stay, and you will be asked to walk to a bedside commode or to the toilet instead of using a bedpan.

Clearing Your Lungs

To help increase your air flow and clear your lungs, your nurse will ask you to take deep breaths and to cough frequently. To aid in this, your nurse will provide you with an Incentive Spirometer to be used every hour.

Pain Management

Pain management is usually accomplished using a Patient Control Analgesic (PCA) pump. The PCA allows you to self administer pain medication (within limits) according to your pain level. If you experience nausea, your nurse will provide additional medication.

Eating After Surgery

Once your doctor permits, you will be given ice chips to see how well you can tolerate liquids. Even though ice chips are small, you will need to chew them very carefully, as your stomach only has a small amount of room. Once you are permitted, you will advance to a

clear liquid diet. Please remember to drink and eat very slowly to allow time for your food to digest properly.

You may be sent more food on your tray than you are able to eat. You should **not** try to force it down. Take plenty of time between swallows, and put down your fork or spoon between bites. It is very important not to overload your stomach because this may put a strain on your incisions.

Drink Liquids Between Meals

To help keep you hydrated, you will need to drink liquids between meals. To ensure that your stomach is able to hold down solid foods, you will need to stop drinking liquids 30 minutes prior to eating, and do not start again until 30 minutes after eating. You need liquids to keep you hydrated, but if you drink them with your meal they will fill you up, and you will not be able to eat solid foods.

Bariatric Patient Support Group

The Sacred Heart Surgical Weight Loss Center Bariatric Support Group was established to help you talk about some of the issues you might face as you lose weight. Some of these issues are dietary, others are social, and some are cosmetic (i.e. loose skin). These meetings provide a forum for patients to meet and discuss solutions with other patients who may have gained insight through personal experience.

The support group is an important part of your recovery process. Studies show that patients who actively participate in a support group and attend their follow-up appointments have better outcomes than those who do not.

For more information on upcoming meetings of the bariatric support group, please check our Facebook page by searching “Sacred Heart Surgical Weight Loss Center” or @sacredheartweightloss on Facebook.

Discharge Instructions

Most patients are discharged from Sacred Heart Hospital one to two days after surgery. You will be discharged only when Dr. Lord feels it is safe for you to go home.

Before leaving Sacred Heart, Dr. Lord will provide you with a list of care instructions to make sure that you heal properly and are back on your feet as soon as possible. To help prepare you, our bariatric team has compiled a list for what to expect after surgery.

Medications

Dr. Lord will give you a three day prescription for pain medication before your discharge. Most people crush their pills to make them easier to swallow during this time and take them with a dollop of yogurt or applesauce. If you are taking other medications, please check with your doctor about when you should resume taking them. We may need to coordinate your medication with your primary care physician. In addition, as you lose weight, the dosages of certain medications will need to be adjusted. This will require close follow-up with your primary care physician and our bariatrician, Dr. David Martin.

Diet

After surgery, you will remain on a diet of liquids and a few soft solids until you are seen for your first post-operative appointment, which will be scheduled for roughly 1-2 weeks after your operation.

Exercise

At home, you will be expected to begin to take short walks for exercise. As in the hospital, this will help get the air flowing in your lungs and reduce the risk of blood clots in your legs. Once you get used to walking, you may try any physical activity that feels comfortable to you. You may lift no more than 15 pounds for 30 days following your surgery, and you should avoid contact sports at this time.

Incision Care

There may be some oozing from your incisions and bruising of the skin, but these will disappear over time. If you had an “open” procedure, sometimes a collection of pink fluid will develop under the skin. This fluid may suddenly “squirt” from between the sutures. This is not dangerous, but our office should be informed.

If your wound areas become red and hot to the touch, please contact the office immediately, as this may signal an infection.

Your incisions will be covered with small paper bandages called “steri-strips.” Most patients will not have any stitches or staples on their skin. Most patients will have internal stitches that will absorb on their own. The steri-strips on your incisions will start to curl up around the edges about a week or two after surgery. When they do, it’s fine to remove them just like you would a band-aid.

Bathing

You may take short showers at first, but no baths, hot tubs, or pools for 3 weeks after surgery. You may shower 24 hours after your drain has been removed.

Driving

You should do absolutely no driving or operating of mechanical equipment until you are off all pain medication for at least one day. When you do resume driving, start with slow, easy trips around the neighborhood.

Returning to Work

Your return to work will depend on many factors. Most patients are able to return to work about 21 days after laparoscopic surgery or four to six weeks after open surgery.

Follow-Up Visit

Prior to your hospital discharge, you will be provided with an appointment for a follow up visit in our office. At this visit, Dr. Lord/Mark Houston, PA will carefully examine your incisions to see if they have healed well. If so, you will be given a clean “bill of health” and will be able to resume your normal activities with only a few restrictions (ex. No heavy lifting for 30 days after surgery).

Nutritional Guidelines

(For Roux-en-Y Gastric Bypass and Sleeve Gastrectomy)

Stage I: Early Post-Operative Stage

Stage I is given while you are an inpatient and is your first introduction to fluids. You will be given one ounce of water or ice chips every 30 minutes. This stage generally starts after a successful upper UGI. Remember, your stomach is recovering from surgery and it is important to take your time. You should not have any nausea or vomiting at this stage.

Stage 2: Clear Liquids

Once you tolerate Stage 1, you will be advanced to Stage 2. You will begin receiving 2 to 4 ounces of water or other clear liquids every hour during the day. It is important to drink slowly and to drink all of your fluids so you may come off your IV fluids. You will be offered sugar-free gelatin and bouillon at meal times.

Stage 2 may be helpful if you find you have an irritated pouch as you get further out from surgery. If you start vomiting your liquids, call your doctor.

Stage 3: Soft Diet Stage

Stage 3 will begin at discharge from the hospital and will continue until the beginning of the 4th week after your surgery, for gastric bypass patients. You will receive at least one Stage 3 meal prior to discharge. You are still healing from your surgery, and it is important that you do NOT eat any foods not on this list. During this time, it is recommended you eat most of your meals at home, especially if you are trying a new food. Your foods should always be moist, easy to chew and swallow, and be somewhat bland. Avoid spicy foods, such as garlic, pepper, onion, or hot sauce. Gastric sleeve patients will continue a clear liquid diet with protein shakes for a week and then progress to Stage 3.

Goals:

- Provide 60 grams of protein/day to aid the wound-healing process.
- Begin your chewable multivitamins and calcium (after your first post-op visit).
- Get plenty of fluids (48 to 64 ounces per day), as directed by the dietitian.
- Learn how to eat, select appropriate foods, eat slowly, and to chew foods well.

Meal Pattern:

- Eat 3 to 4 meals a day
- No skipping meals.
- Meals should last 20 to 30 minutes.
- Choose blended, light yogurt, skim or 1% milk or protein shakes between meals.
- No drinking for 30 minutes before and after your meals.
- Drink 48 to 64 ounces of fluids per day.

Rules:

- No raw fruit or raw vegetables; only canned fruits and vegetables.
- No beef, including ground beef and steak.
- No chicken for 3 weeks.
- No pork chops or thick ham.
- No rice, pasta or soft bread.
- No celery, onions or relish.
- No fried foods, black pepper, cinnamon, hot sauce, extremely hot or cold beverages or food.

How to Eat:

- Chew everything until it is applesauce consistency.
- Make sure food is moist.
- DO NOT eat and drink at the same time.
- Eat in the following order: Protein, fruits & veggies, then starches.
- The protein will comprise over half of your meal.

Allowed Foods: (after your post-op visit)

Protein Sources:

- Beans:
 - Black Beans (all beans may be canned or dried beans that are cooked soft)
 - Black-Eyed Peas
 - Garbanzo Beans
 - Lentils
 - Lima Beans
 - Northern Beans
 - Pinto Beans
 - Refried Beans
 - Any other bean you choose - Make sure skin is not too tough
- Canned Chicken
- Canned Tuna in Water
- Cheese:
 - Cottage Cheese (2%, 1 % or Fat Free)
 - Cream Cheese - Regular is ok, we prefer Light
 - Feta Cheese
 - Flavored Cream Cheese - Strawberry, Herb, etc.

Goat Cheese

Ricotta Cheese (2% or Skim)

Shredded Cheese (any flavor) - good for topping on foods

String Cheese

Thin, Deli-Sliced Cheddar, Swiss, Mozzarella, Munster, Jack, etc.

- Crab
- Eggs - scrambled, hard boiled, deviled eggs, Pan-fried: may have cheese with it; no runny yolks until 3 weeks after surgery
- Fish - any kind (e.g., salmon, tilapia, catfish, etc.) as long as it is moist and not fried)
- Hummus (pureed chick peas, may be any flavor)
- Light Yogurt - watch the fruit pieces
- Scallops
- Shaved Deli Meat (chicken or turkey - make sure it is real thin)
- Sour Cream - regular is ok, but we prefer Light
- Sugar-Free Puddings
- Tofu
- Tuna Salad, Egg Salad, Crab Salad - you may use mayo or Miracle Whip; no celery, no onion, no relish
- Veggie Hot Dogs (Morning Star Soy Crumbles)
- Vienna Sausages - chew well
- Light or no-sugar added Yogurt Smoothies

Fruits:

- Canned fruit in its own juice - NO HEAVY OR LIGHT SYRUP. Rinse fruit if it has syrup on it.
- Crushed Pineapple
- Fruit Cocktail
- Mandarin Oranges
- Peaches
- Pears
- Raw Banana - eat small pieces; you don't want to have dumping from a banana
- Unsweetened applesauce

Vegetables: For the first 6 weeks, your vegetables must be canned, not fresh

- Asparagus
- Beans
- Canned tomatoes after 2 weeks

- Carrots
- Creamed com - whole kernel corn after 3 weeks
- French cut green beans - regular green beans after 3 weeks
- Potatoes

This is not a complete list of all canned vegetables. Feel free to try others, and mix and match (Corn & Limas). Do not try canned greens until 6 weeks out.

Starches:

- Couscous
- Cream of Wheat
- Mashed potatoes (homemade or instant)
- Well cooked soft potatoes
- Thinned Grits (you may top with cheese)
- Thinned Oatmeal (flavored is ok, but watch the carbs)

Condiments:

- BBQ Sauce - try to get low carb; watch the carb content; wait a couple of weeks to try
- Butter (small amount to cook or top food)
- Gravy - Low-fat or regular jar gravy or gravy packets
- Ketchup
- Lemon/Lemon juice - to top fish; watch out for seeds
- Margarine
- Mayo (regular or reduced fat)
- Miracle Whip (regular or reduced fat)
- Mustard (small amount in first few weeks then ok to increase)
- Olive oil (to cook; Remember: No deep frying)
- Pam Spray (or equivalent brand)
- Salad Dressings (reduced fat or Light)
- Sour Cream (regular or reduced fat)
- Spray Butter
- Spray Dressings

No hot sauce until you are several weeks out - we want to promote proper healing of your pouch.

Spices/Flavorings:

- Celery salt
- Onion powder
- Pickle juice
- Salt
- Splenda brown sugar

- Splenda, Equal, Sweet & Low
- Vanilla
- White pepper

3 Weeks After Surgery (Still on Stage 3 Diet)

You may have all of the above items plus:

- All Other Spices
- Baked Chicken
- Baked Chips
- Cinnamon
- Corn Tortilla (toasted or grilled)
- Crackers (Ritz, Saltine, Wheat Thins etc.)
- Creamy Peanut Butter (Regular or Reduced Fat)
- Garlic
- Grilled Chicken
- Light Chips (Tostitos are great; Nachos?)
- Meat Loaf (Use ground turkey or chicken and make it really moist)
- Pepper
- Pretzels
- Roasted Chicken
- Shaved Deli Ham
- Shrimp
- Whole Wheat Toast - make sure it is toasted well
- Wonton Wrapper (crispy or baked)

Sample Meal Ideas

- Mini egg quiches - in mini muffin pans add some egg, cheese, canned mushroom and shaved deli meat; freeze some for later.
- Deviled eggs - No relish; use pickle juice instead
- Light Tostitos topped with black beans, cheese and sour cream (3 weeks out)
- Pan toast corn tortilla topped with refried beans and cheese (3 weeks out)
- Pretzel with peanut butter or top banana with peanut butter (3 weeks out)
- Grits with Gouda cheese and diced shrimp
- Vegetarian Chili

Stage 4: Stabilization Diet (Week 4)

You may gradually transition to Stage 4 beginning in week 4 if you are tolerating Stage 3 foods. You may want to try to add cooked fresh or frozen vegetables and baked or broiled moist fish or chicken. Beef and pork may be tried in this stage, but choose tender cuts and don't over cook them. Some patients don't tolerate leftovers if they become tough when re-heated. Cut all meats across the grain and cut thinly.

Try new foods in the comfort of your own home. If you don't tolerate a food, wait a month and try it again. If you experience nausea and vomiting, it is most likely due to eating too much, too fast, not chewing foods thoroughly, or eating greasy foods.

Meal Pattern:

- Continue with 3 meals a day and don't skip meals.
- Drink 64 or more ounces of fluids every day, but don't eat and drink together.
- If you are still not meeting your protein goals with your meals, continue with between-protein shakes.
- Avoid gum and straws (you may swallow too much air).
- Healthy, solid food snacks may be added if you are able to drink more than 64 ounces of fluid every day.

Rules:

- This is when you can start introducing foods back into your diet by gradually eating a normal, healthy diet. Start with "Simple" foods.
- Transition to baked or broiled seafood and poultry.
- Chew meats VERY well and eat proteins first.
- Beef and pork may be tried. Choose lean, tender cuts and don't overcook.
- You may try fresh and frozen vegetables and fruits.
- You may try salads.
- NO citrus membranes, tough vegetable skins or seeds. These may cause a blockage in your intestines.
- You may try well-toasted bread, crispy crackers, no-sugar cereal soaked in milk or soy milk.
- Butter, olive oil, mayonnaise, soft margarine, salad dressings are allowed in small amounts to prevent essential fatty acid deficiency. Fat-free substitutes may contain hidden sugars.
- Choose Splenda®, Nutrasweet®, Sweet & Low® to sweeten foods and beverages.

Allowed Foods:

Protein:

All the previous protein choices from stage 3 in addition to the following:

- Beef - ground beef should be at least 90% beef, eat steaks and filets as they have less connective tissue and are easier to chew.
- Chicken - make sure it is moist or you have a gravy or dipping sauce.
- Pork - wait a couple of months before attempting pork chops- they are tough and difficult to chew.
- Gradually decrease your protein shakes as your protein intake increases at meals

Fruits & Vegetables:

- Avoid the seeds and skins.
- Avoid citrus fruits.
- Salads are fine. Watch out for pre-packaged romaine, it has a lot of stalks in it. Always get your dressing on the side and choose lower fat when you can.

Starches:

Gradually ease back into starches. Remember, they will always be the last thing you will eat. Protein is always first.

- Pasta - Watch the high fat cream sauces, and leave enough room for the pasta to expand. Always eat protein with your pasta
- Pizza - Make sure it has a thin crust
- Potato - No skin. Watch the toppings as they can add up to extra fat and calories
- Rice - Make sure it is not dry, and chew really well
- Soft bread - Start with tortillas. It will take you several months before you are able to do soft bread slices or a sandwich.

Foods You May Have Difficulty Tolerating:

- Beef and Pork - too tough, especially if well-done
- Ice Cream - too high in sugar content
- Milk - you may become lactose-intolerant
- Pasta
- Rice - absorbs too much moisture; will expand in pouch and cause discomfort
- Soft Bread
- Sushi - especially if includes rice
- Sweet desserts - too high in sugar content

Food Questions

When Can I Eat/Drink ... ?

Alcohol: No earlier than 6 to 8 months from surgery

Bread: Toasted corn tortilla & toast 3 weeks out; Flour tortillas 2-3 months out; Soft Bread 6 months out or later

Cereals: Hot cereals when discharged from hospital; cold cereals in small amount of milk 2-3 months out from surgery

Ice Cream: 6 weeks out; watch the carbs and the portion size (it is a quick way to get a lot of calories.) Same goes for sugar-free or low-carb ice cream/yogurt.

Nuts: Creamy Peanut Butter, Almond Butter or Cashew Butter 3 weeks out; Peanuts, cashews, 6 weeks out; Almonds 8 weeks out

Pasta: No earlier than 3 months; start with angel hair and small pastas; don't overdo it, as it will swell in your pouch

Pizza: No earlier than 8 weeks out; you may have the cheese topping before this point but no crust; once 8 weeks out, eat thin crust and pick healthier toppings like Canadian bacon (ham), veggies or pineapple.

Protein Bars: Protein bars **no earlier than** 3 months from surgery. Pick a good brand like Pure Protein or EAS Advantage

Salads: 6 weeks out; stick to baby greens and easily chewed lettuce

Steak: No earlier than 2 to 3 months out; be careful and don't overcook; make sure it is a small piece and chew well! Same with pork chops.

Sweet Potato: 5-6 weeks out from surgery; watch the toppings; butter and a little Splenda brown sugar are yummy.

Sushi: No earlier than 8 weeks; limit your portion as it will swell in your pouch; eat a roll with the rice on the outside. Ginger and wasabi are OK, but be careful if there is a sweet sauce on top.

Vegetables: Canned vegetables after your post-op visit. Raw vegetables, including salads, 6 weeks after

CATEGORIES OF FOODS	FOODS THAT ARE ALLOWED	FOODS THAT MAY CAUSE DISTRESS	FOODS TO LIMIT
Beverages	Water, decaf tea, decaf coffee, skim milk, light yogurts	Milk may not be tolerated. Yogurts, cheeses may be other sources of calcium or protein.	High-calorie drinks: whole milk, milk shakes, alcoholic drinks, fruit juices, sodas
Breads	Dry, coarse, or well- toasted bread, crispy crackers or baked tortilla chips	Soft breads that become gummy, breads with nuts or seeds, or dried fruit	Sweet breads or Danishes, croissants Donuts
Cereals	All cooked and dried cereal, without added sugar	Cereals containing fruits or nuts	All cereals without added sugar are OK
Fats	All are allowed, but only in small amounts	Fried foods with a hard crusty coating.	Fats should be limited
Fruits	Fresh, canned, frozen, or cooked fruit. Be cautious with apples, grapes, and other fruit with peel or skin.	Fruits with core, seeds, or skin; whole citrus fruits (i.e. grapefruit, oranges). Citrus fruits should be juiced.	None
Meats	All are OK, but seafood is usually best tolerated, poultry next and red meats may be difficult.	Tough meats or those with gristle. Some patients may not ever tolerate red meat.	Fried meats, sausage, high fat cheeses
Potatoes, Starches	Boiled, mashed, or baked	Potato skins, sweet potatoes, rice, noodles	French Fries
Soups	All. However, do not use soup as a regular food because it can be too easy to eat.	Those with large pieces of meat.	Creamed soups, unless made with non-fat milk.
Sweets	Avoid all.	Candy containing sugar, nuts, dried fruit, jams or marmalade	All Use sugar-free desserts with caution
Vegetables	Fresh, canned, frozen, or cooked vegetables	Vegetables with tough skin or seeds	Fried vegetables
Miscellaneous		Popcorn, nuts, chili, and other highly spiced foods, or foods that are difficult to digest	Fried, salty snacks, potato chips, Doritos

Shopping List: Gastric Bypass Stages 3 & 4 (Week 6)

1% milk or skim milk	Canned fruit (in juice; no sugar added)	Flintstones Complete Multivitamin	Oatmeal (plain)
Applesauce (unsweetened)	Canned vegetables	Grits (plain)	Protein Supplement
Baby food prunes (for constipation)	Cream of wheat (plain)	Jar gravy	Saltines
Baked tortilla chips	Crystal Light	Light yogurt (100-120 calories in 8 oz)	Sugar-free Jell-O
Bouillon	Eggs or Egg Beaters	Low-fat cottage cheese	Sugar-free popsicles
Calcium Citrate (see list)	Fat-free cream cheese	Low-fat ricotta cheese	Tuna (canned)
Canned chicken (or fresh)	FiberChoice chewable fiber supplement	Mayonnaise	V-8 juice

Checklist for Success

If you are not losing 1-2 pounds per week, there are several questions you need to ask yourself.

Option #1: Is This an Eating Issue?

- **Are you eating 60 grams of protein a day?**

Use your protein shakes to supplement your protein intake until you can meet your needs with your meals. Always put your protein first.

- **Are you eating 25 grams of fiber?**
- **Are you avoiding excessive liquid calories?**

You may be suffering from “soft calorie syndrome.” This is when you eat a lot of soft foods (like soup) that move through your stomach quickly. As a result you will become hungry more often and eat more.

Remember: Alcohol contains a lot of empty calories - 7 calories per gram - and it’s also a stomach irritant. Fruit juice is just sugar water and has a lot of calories.

- **Are you making healthy food choices from a wide variety of foods?**
 - **Are you drinking 6-8 glasses of water a day between meals?**
 - **Are you eating too much junk food?**
- Chips, chocolate, nuts, ice cream, cookies and other highly processed junk foods are too calorically dense to be regular parts of a healthy diet. But don’t avoid them completely to the point where you feel deprived. Stay out of fast food places.
- **Are you getting in two servings of calcium daily?**
 - **Do you always eat the protein first?**

Eat vegetables after (potatoes are not a vegetable)

- **Is your portion size appropriate?**

Meat or fish: 1 serving = 3 ounces - the size of a deck of cards

Vegetables: 1 serving = 1/2 cup - the size of your fist

Starch: If you eat the protein and the vegetables first, you don’t need much. Avoid: rice, potatoes, pasta

- **Are you using too many artificial sweeteners?**

Some people think that artificial sweeteners stimulate the appetite. They are HUNDREDS of times sweeter than sugar, and they teach you to like things that are too sweet. There is no evidence that people who use them are any thinner than people who don’t use them

Option #2: Is This a Behavioral Issue?

- **Are you eating only when you are hungry?**
- **Are you eating three to four meals a day, with a PM mini-meal before bedtime?**
- **Are you sitting down to eat?**
- **Are you eating consciously?** Make sure there are no distractions. Turn off the TV, put the book or newspaper away, and pay attention to your food and your companions.
- **Are you eating slowly?** Make sure you put the fork down between bites. It should take you 20 to 30 minutes to finish a meal. Taking longer might cause the pouch to begin emptying.
- **Are you taking small bites?** Use a tiny spoon, chopsticks, or cocktail fork to make sure you eat small bites.
- **Are you chewing well?**
- **Are you drinking with your meals or too soon after your meals?** Stop drinking 30 minutes before each meal, and do not resume drinking until 30 minutes after each meal. You won’t be thirsty if you are well hydrated before the meal.
- **Are you stopping at the first sign of fullness?**
- **Do not eat between meals. No grazing.**

Option #3: Is This an Activity Issue?

Are you getting in 30 minutes of physical activity at least 5 times a week? Make sure your exercise level is above what you would do in the usual course of your day. Could you make it 45 or 60 minutes?

Are you taking advantage of opportunities to increase your physical activity?

- a. Taking the stairs instead of the elevators or escalators
- b. Walking on the escalators instead of riding
- c. Parking your car further away from the entrance

- d. Getting out of the car instead of using the drive through
- e. Getting off the bus one stop before your destination
- f. Washing your car by hand instead of the car wash
- g. Playing with your kids

If you are still struggling to lose weight after considering all of the above, please consider the following:

Option #4: Is This an Attitude Issue?

- **Are you totally honest with yourself about how much you are eating and exercising?**
- **Log your food and activities for 3 days to monitor your progress.**
- **Are you using food inappropriately to deal with emotional issues?**
 - a. Have you identified what the emotions are that drive your eating?
 - b. Can you think of more appropriate ways to deal with those emotions?
 - c. Are you willing to seek help from a qualified counselor?
- **Are you attending and participating in support group meetings?**

Do you have realistic expectations about the weight-loss journey? Are you still obsessing about food, weight, dieting, eating?

Are you acknowledging your successes with non-food rewards?

Have you learned how to take a compliment?

Have you transitioned from the “diet mentality” to making a healthy lifestyle change?

- a. Stop weighing yourself several times a day or every day
- b. Stop dieting
- c. Stop depriving yourself
- d. Stop defining food as “good” and “bad”
- e. Stop rewarding and punishing yourself with food

How do you feel about all the changes taking place?

Nutritional Resources

Bariatric Medical Nutrition Therapy Services

The Registered Dietitian at Sacred Heart Surgical Weight Loss Center provides a comprehensive pre-surgical assessment and nutrition education for all stages of the diet for patients undergoing bariatric surgery. Your education will begin with the “Nutrition Orientation Workshop” and continue with an individual assessment with the Registered Dietitian. During this appointment, the dietitian will review your health history, labs, eating questionnaire, height, weight, and lifestyle activities.

The goal of the visit is to assure that you are nutritionally healthy for surgery and to help you plan for the post-op recommendations and changes in your lifestyle. The visit will last an hour. After surgery, the dietitian will visit you in the hospital, will see you five weeks after surgery, and will be available for you to call or make follow up appointments.

To schedule an appointment for nutrition assessment or education, please call (850) 416-7546. Hours are Monday through Friday, 8 a.m. to 3:30 p.m. (Closed on holidays)

Tips for Success After Bariatric Surgery

This plan is designed to limit your caloric intake and help you meet your nutritional needs. It will also help prevent unwanted side effects.

Main Goals

- Drink 48 to 64 ounces of fluids per day to stay well hydrated.
- Drink 4 to 8 ounces of fluid every hour.
- Stop drinking 30 minutes before a meal and wait until 30 minutes after a meal to start again.
- Eat adequate protein. Women need 50 to 60 grams and men need 60 to 70 grams per day.
- Take your recommended multivitamins, calcium and other supplements. You will need to take supplements for the rest of your life.

Healthy Eating Principles

- Sip allowed beverages slowly. Room temperature fluids may be better tolerated at first.

- Don't use a straw as this will produce gas in your new stomach pouch.
- Take your time and chew your food well.

Choose Nutritious Foods

Choose nutritious foods for a balanced food plan and choose beverages that contain no sugar, caffeine or carbonation. Beverages that are toward the lower end of the calorie scale are best.

Multivitamins

When advised, start taking your chewable multivitamin supplement. Take one in the morning and one at night preferably with a meal. Take your calcium citrate chewable or liquid supplement between meals and before bed. Take your B-12 weekly, as directed. Iron may be recommended, depending on your lab results.

Important Tips

- Eat 3 to 4 meals per day and don't skip meals. Do not under-eat as it will slow down your weight loss.
- Stop eating when you feel full or you may experience the following:
 - A feeling of pressure or fullness just below your sternum (top of ribcage)
 - A feeling of nausea
 - Pain in upper chest, shoulder or back

Call your doctor if these symptoms happen frequently or worsen as they may be related to other conditions.
- Chew foods thoroughly. Take small bites.
- Eat very slowly. Meals should last 20-30 minutes. Stop eating after 30 minutes.
- Don't drink high-calorie liquids such as soda, milkshakes, whole milk, juice, sweetened teas, and sweetened waters. These beverages will add too many extra calories and will keep you from meeting your weight-loss goals.
- No carbonated beverages! The carbonation will put too much pressure on your new stomach pouch and may lead to "stretching" of the pouch.
- Avoid high-calorie food items, such as candy, ice cream, cookies, and chips. Even the "sugar free" choices can be high in calories.
- Include a protein food at each meal and eat this food item first. Commercial protein powders and

drinks can be helpful in meeting protein goals. Some to try: EAS AdvantEdge, Myoplex light, Optimum Whey protein, Designer Whey protein, Unjury, Carb Solutions, Universal Soy-pro, and Pure-Pro. Dry milk powder and pasteurized egg products can also be added to food for extra protein. Supplements should be low in carbs (4 or less grams per serving) and taken between meals.

- It is our goal for you to eventually derive all your protein from your meals. However, all patients will need protein supplements for the first three months after surgery. An individual evaluation may be made at that time to see if further protein supplements are necessary. Remember: You will need at least 60 grams of protein/day, as a bare minimum. There is no health hazard by having more than 60 grams of protein/day; however, having less than 60 grams of protein/day puts you at risk for a health problem.
- Exercise is important. Follow your doctor's guidelines on when to start, how much is safe and what to try.

Protein: A Necessary Part of Your Diet

Protein is the nutrient responsible for maintenance of all the tissues in your body. This includes bone, muscle, organs and even hair and skin. In addition, protein helps the body function properly as part of many of the reactions in your body to continue life functions.

The body's protein requirements to stay healthy are:

Average woman: 50 to 60 grams of protein per day

Average man: 60 to 70 grams of protein per day

Best Sources of Protein:

Eggs
Meat
Milk and dairy products
Poultry
Seafood
Tofu

Make sure you use low-fat dairy products, lean cuts of meat (if you can tolerate), white meat poultry, eggs or Egg Beaters.

Protein Content of Foods

The following are examples of one serving of protein. Use the chart below as a guide to determine how much protein you are taking in throughout the day. You may consume less than this amount at one meal or more than this amount at one meal, depending on what phase of the diet you are following. For example, in the Pureed/Phase II, you may consume less than one serving of protein if you are only able to eat 2 tablespoons of protein. On the other hand, in the Stabilization/Phase IV, you may be able to consume 2 ounces of protein at one meal.

Protein Powders

The following are only a few examples of protein

powders available on the market. Use these products in conjunction with your animal and plant protein sources to help meet your protein requirements, if needed.

Note: Be careful when choosing protein supplements. Some protein supplements may contain large amounts of other substances (i.e., caffeine, hidden sugars) or they may interact with medications (i.e., herbs).

Food Preparation

When preparing foods, avoid frying as much as possible. This adds extra fat and may cause you discomfort. Also, choose low-fat products as much as possible.

- As your diet advances after surgery, there are several protein-rich foods that may help you maintain an adequate protein intake.

Common Measurements

These are approximate measurements for pureed meats or chopped meats (i.e., chopped chicken, chopped fish).

3 tsp. = 1 tbsp. = ½ ounce

2 tbsp. = 1/8 cup

3 tbsp. = ¼ cup

4 tbsp. = 2 ounces = ¼ cup

4 ounces = ½ cup

Examples of Animal Protein Foods	Amount	Grams of Protein
Beef, lean	1 ounce	7
Cheese		
(American, cheddar, Provolone, Swiss)	1 ounce	7
Cheese, cottage	¼ cup	7
Cheese, ricotta	¼ cup	7
Chicken	1 ounce	7
Egg or egg substitute	1 egg	7
Fish, catfish	1 ounce	7
Fish, clams	1 ounce	7
Fish, cod	1 ounce	7
Fish, crab	1 ounce	7
Fish, flounder	1 ounce	7
Fish, haddock	1 ounce	7
Fish, halibut	1 ounce	7
Fish, herring	1 ounce	7
Fish, lobster	1 ounce	7
Fish, orange roughy	1 ounce	7
Fish, oysters	6 medium	7
Fish, salmon (fresh or canned)	1 ounce	7
Fish, scallops	1 ounce	7
Fish, shellfish (imitation)	1 ounce	7
Fish, shrimp	1 ounce	7
Fish, trout	1 ounce	7
Fish, tuna (fresh or canned in water only)	1 ounce	7
Ham	1 ounce	7
Milk, skim (recommended)	8 ounces	8
Pork	1 ounce	7
Turkey	1 ounce	7
Yogurt, plain nonfat	¾ cup	8
Yogurt, nonfat or low-fat, fruit-flavored sweetened with Aspartame or non-nutritive sweetener	1 cup	8

Examples of Plant Protein Foods	Amount	Grams of Protein
Beans and peas (black-eyed, garbanzo, Kidney, pinto, split, white)	½ cup	7
Cereal, ready to eat	¾ cup	3
Corn	½ cup	3
Lentils	½ cup	7
Lima beans	2/3 cup	7
Non-starchy vegetables (i.e., tomatoes, Green beans, cucumbers)	½ cup cooked 1 cup raw	2
Oats	½ cup	3
Pasta	½ cup	3
Potatoes, baked or mashed	½ cup	3
Soy burger/veggie burger	1 ounce	3
Soy milk	8 ounces	7
Tofu	4 ounces	7

Remember

Plant proteins are not "complete" proteins. A complete protein is one food item that contains all of the essential amino acids. The plant proteins should be used together with animal protein sources to provide you with all the amino acids that you need.

- It is important to start your meal with protein and finish as much as you can.

As your diet advances further, continue to eat the high-protein foods first, and drink skim milk and low-calorie beverages throughout the day.

Caffeine: A Little Can Be Too Much

Caffeine is a stimulant and is naturally found in more than 60 plants, including cocoa, tea and coffee. Caffeine also is added to soft drinks and is often a component of many over-the-counter medications and dietary

supplements, including certain protein powders and drinks. Caffeine temporarily speeds up the body's heart rate, boosts energy and is often used to "fight fatigue." Caffeine acts as a diuretic, which means loss of fluids. As a result, caffeine can leave you feeling thirsty if used as your main source of fluid intake. The recommended intake of caffeine is defined as 300 milligrams or no more than 3 to 5 cups of coffee per day.

If your diet contains a large amount of caffeine, you should decrease your intake gradually. This will help to avoid headaches caused by withdrawal.

Manufacturer	Product	Portion Size	Calories	Protein
	Powdered eggs	3/4 cup	176	22.4 gms
Unjury	Whey Protein	1 scoop	80	20 gms
GNC	Pro Performance 100% Whey Protein	1 scoop	120	21 gms
Optimum Nutrition	100% Whey Protein Vanilla	1 heaping scoop	110	22 gms
Performance Nutrition	Challenge Protein	3 heaping tbsp.	100	24 gms

Potential Problems & Solutions for Bariatric Surgery

Patients Bloating

Limit liquids to 2 ounces at one time. Sip slowly. Lay left side down to assist with passing gas.

Blockage of the Stoma

The stoma may be temporarily blocked if foods with large particles are eaten without thorough chewing. If symptoms of pain, nausea and vomiting persist, please contact your physician. Do not progress to solid foods without your doctor's approval.

Constipation

Constipation may occur temporarily during the first month after your surgery, but it generally resolves as you adapt to the changes in the volume of food you consume. The regular use of fruits and light fruit juices reduces the risk of constipation. Drink low-calorie fluids regularly.

Dehydration

Dehydration can occur with inadequate fluid intake, persistent nausea, vomiting, or diarrhea. Drink at least 6 cups of fluids daily.

Diarrhea

Limit the following foods: greasy, fried foods; milk and milk products; and very hot or cold foods. Eat smaller meals and sip fluids between meals.

Dumping Syndrome (Gastric Bypass Patients Only)
(Abdominal fullness, nausea, weakness, warmth, rapid pulse, cold sweats, diarrhea)

Avoid all sweetened foods and beverages. Do not drink fluids with meals. Wait at least half an hour to drink beverages before and after a meal.

Heartburn/Acid Reflux

- Do not lie flat or bend over soon after eating
- Do not eat late at night or within an hour of bedtime
- Rinse your pouch with a glass of water an hour before bedtime
- Certain foods or drinks are more likely to cause reflux:
 - Rich, spicy, fatty and fried foods
 - Chocolate
 - Caffeine

- Alcohol
- Some fruits and vegetables, such as oranges, lemons, tomatoes, peppers
- Peppermint - watch out for baking soda toothpaste
- Carbonated drinks

- Eat slowly and do not eat big meals
- If you smoke, quit smoking, as it may cause ulcers
- Reduce stress
- Exercise promotes digestion
- Raise the head of your bed
- Wear loose fitting clothing around your waist
- Take estrogen containing medications in the morning
- Avoid aspirin, Aleve and ibuprofen; Tylenol is OK
- Take an antacid (Pepcid Complete) before going to bed
- Try other over-the-counter heartburn medications

Lactose Intolerance

Use lactase-treated mild and lactase enzyme tablets. Try Lactaid 100% or Dairy Easy 100%.

Nausea and Vomiting

If nausea and vomiting occur after eating a new food, wait several days before trying it again. It may be necessary to return to liquids or pureed foods temporarily. Eating or drinking too much or too fast or insufficient chewing may also cause nausea and vomiting. Avoid cold beverages and those with caffeine or carbonation.

Rupture of the Staple Line

Rupture of the staple line is very unlikely. Just in case, avoid eating an excessive quantity of food at any one time.

Shoulder or Upper Chest Pain

Stop eating if pain occurs during eating, and try to eat later after the pain has resolved.

Stretching of the Stomach Pouch/Stomal Dilation

The risk of stretching the stomach pouch can be reduced by avoiding large portions of food at one time and by modifying the texture of foods very gradually in the early weeks after your surgery. Follow the recommendations for advancing your diet to prevent this stretching.

Weight Gain or No Further Weight Loss

You might be eating high-calorie foods or beverages. Keep a record of all foods, beverages and snacks consumed to determine the exact reason for your weight gain. Measure portion sizes. Avoid prolonged use of nutritional supplements such as Ensure and Boost. Use only low-calorie beverages in addition to skim milk.

See your health care provider immediately (or call 911) if:

- You have a squeezing, tightness or heaviness in your chest, especially if the discomfort spreads to your shoulder, arm or jaw or is accompanied by shortness of breath, sweating, irregular or fast heartbeat or nausea. These could be symptoms of a heart attack.
- If your symptoms are triggered by exercise.
- If your pain localizes to your right side, especially if you also have nausea or fever.
- If you throw up vomit that looks like black sand or coffee grounds. Or if your stool is black, deep red or looks like it has tar in it. These are symptoms of bleeding and need immediate attention. (Note:

Pepto-Bismol or other medications with bismuth will turn your stool black. Iron supplements can also make the stool tarry.)

If you are experiencing on-going problems after surgery, please contact Dr. Lord's office at 416-7546.

Vitamin and Mineral Supplements

You will not be able to meet your vitamin and mineral needs without supplements because you will only be able to eat a small amount of food and your body won't be able to absorb them as well after surgery. You will ALWAYS need to take multivitamins, calcium and vitamin B-12. Some patients also need extra iron, vitamin C and zinc.

All of the vitamin and mineral supplements are available over the counter at your local pharmacy, grocery or health food store. If you have trouble finding what you need, please call your dietitian.

Guide to Vitamins/Minerals After Bariatric Surgery

Mandatory	Suggested Schedule
Chewable, complete multivitamin (Flintstones Complete)	AM with breakfast PM with dinner
Vitamin B-12	3,000 mcg per week
Calcium Citrate	4-500 mg doses daily hour apart from other vitamins or minerals.

Supplement	Type	Rationale	How to take	Interactions
Multivitamin and Mineral	2 Children's Flintstones Complete or chewable, 2 doses adult liquid Centrum	Multivitamins will help ensure you are getting enough vitamins and minerals. Chewable and liquid are absorbed better than tablets.	Take with meals	Avoid taking with tea or coffee. It may inhibit iron absorption.
Calcium	Calcium Citrate is better absorbed. Choose a chewable, powder or liquid form	Maintains bone density, helps heart pump correctly and repairs soft tissue.	With or without meals Not at the same time as multivitamin, in order to be absorbed properly	Caffeinated beverages, wheat bran, spinach may decrease absorption. Don't take at same time as iron pill.
Vitamin B-12	Take on a schedule that equals 3,000 mcg per week (dosage may differ per day)	Helps with blood cell formation. Deficiency may cause anemia	With or without meals	None
Vitamin C (if needed)	500 mg chewable	Promotes wound healing, helps with iron absorption, boosts immune system.	Take with iron to promote absorption.	See iron note below
Iron (if needed)	325 mg crushed or chewable tablet; May also take 30-60 mg elemental iron	Vital to the formation of red blood cells that provide oxygen to the body.	Take with Vitamin C	Do not take with calcium tablets or high calcium foods. Avoid tea, coffee within 90 minutes of dose.
Zinc	10-20 mg elemental	Helps with wound healing and supports immune system		More isn't better. Don't take more than recommended

A Key to Success: The Right Attitude

Our bariatric patients achieve greater success when they maintain certain attitudes toward food. To help you on your journey, our bariatric care team offers the following helpful attitudes.

Helpful Attitude #1

“Food has to earn its way into my mouth.”

If a food has very little taste or texture and has a lot of calories (e.g. tortillas, pie crust, crackers, etc.), it may not be worthwhile to eat it. In addition, there are some foods that seem to be good for you (e.g. nuts, seeds, trail mix), but they are very high in calories and may not be worthwhile. An ounce of shrimp has 6 grams of protein and an ounce of nuts has about 5. Both are good. An ounce of shrimp has 30 calories and an ounce of nuts has between 170 and 200. Therefore, the shrimp is the better choice and has “earned” its way into your mouth.

Helpful Attitude #2,

“My friends and family want to help me succeed, and I must not deny them the pleasure of helping.”

You can both give help and receive help gracefully. Neither of those actions means that you will be a burden to others or that you are weak. You don't have to do everything all by yourself.

Helpful Attitude #3

Take the Serenity Prayer to Heart.

Dear Lord,

Give me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.

Amen.

Helpful Attitude #4

“Every day, I do the best I can.”

The people who care about you and love you do so because of things that cannot be seen. They find you fun, interesting, caring, and thoughtful for their own reasons, and you may never understand why. You can accept their love gracefully and quit being so worried about what you look like or how others see you. You can accept yourself and be proud of yourself no matter what you look like.

If you can't change a particular behavior and that behavior is causing problems for you, then you can adopt some other behaviors that will help you work around it. There are always lots of solutions to any problem, and it may take some creativity or some help from friends or even a professional to find those solutions. Don't be afraid to ask for help figuring things out. Making behavior changes or lifestyle changes is not easy, and it takes some time, practice and a lot of thought.

Frequently Asked Questions

How Does Bariatric Surgery Promote Weight Loss?

Bariatric surgery alters the digestive process. During surgery, parts of the stomach are closed off to make it smaller.

Operations that only reduce stomach size are known as “restrictive operations” because they restrict the amount of food the stomach can hold. Restrictive operations include “Adjustable Gastric Banding”, “Sleeve Gastrectomy”, and “Vertical Banded Gastroplasty.” Sacred Heart offers the Sleeve Gastrectomy.

Some operations combine stomach restriction with a partial bypass of the small intestine. These gastric bypass operations are known as malabsorptive operations and are the most common

gastrointestinal surgeries for weight loss. These procedures create a direct connection from the stomach to the lower segment of the small intestine, literally bypassing portions of the digestive tract that absorb calories and nutrients.

Surgeons with specialized training can perform these surgeries laparoscopically - expanding the abdomen with gas and performing the surgery via six very small incisions - versus an open surgical procedure through a long incision down the center of the chest and abdomen. Patients who have malabsorptive operations generally lose two-thirds of their excess weight within two years. Sacred Heart performs the laparoscopic "Roux-en-Y Gastric Bypass," considered the safest and most successful malabsorptive surgery.

How Did Bariatric Surgery Begin?

The concept of gastrointestinal surgery to control obesity grew out of results of operations for cancer or severe ulcers. These operations were performed to remove large portions of the stomach or small intestine. Patients undergoing these procedures tended to lose weight after surgery. Consequently, physicians began to use such operations to treat severe obesity. The first operation that was widely used for severe obesity was the intestinal bypass.

First used in the early 1950s, intestinal bypass (jejunioileal bypass) produced weight loss by causing malabsorption (defined as "faulty absorption of nutrient materials from the alimentary canal"). The idea was that patients could eat large amounts of food, which would be poorly digested or passed along too fast for the body to absorb many calories. The problem with this surgery was that it caused a loss of essential nutrients, and its side effects were unpredictable and sometimes fatal. The original form of the intestinal bypass operation is no longer used.

What is the Cost of Bariatric Surgery?

Bariatric surgery can range from \$16,000 to \$50,000. Medical insurance coverage varies by state and insurance provider. If you are considering bariatric surgery, contact your insurance plan to find out if the procedure is covered. Self payment is possible. We do not offer specific finance plans (ex. Care Credit) through Dr. Lord's office or through Sacred Heart Hospital.

Have More Questions about Bariatric Surgery?

Sacred Heart Surgical Weight Loss Center's web site has many more FAQs and more in-depth information available. Please visit us at www.SacredHeartSurgicalWeightLoss.com.

The National Institutes of Health Weight-Control Information Network explores a number of weight-loss and nutrition myths on its website. Visit <http://win.niddk.nih.gov/publications/myths.htm> for more information.

Additional Resources

Healthy Lifestyle Information

American Dietetic Association: www.eatright.org
American Diabetes Association: www.diabetes.org
Shapeup America: www.shapeup.org

Additional Web Sites for Obesity Treatment and Support

www.upmc.edu/minisurg/sevobesity.htm
www.mayoclinic.com
www.upmc.edu/weightloss <http://www.obesityhelp.com/morbidobesity/index.phtml>
www.obesity.org
www.obesitylaw.com
homepages.ihug.co.nz/~olwen/weightop.htm
www.obesity-online.com/
www.niddk.nih.gov
www.nmcp.mar.med.navy.mil/
www.asbs.org/
www.sages.org/sg/pub31.html
www.facs.org/fellows/info/statements/st-34.html

Bariatric Surgery Articles Web sites

A number of healthcare-related web sites offer information about bariatric surgery and weight loss. These web sites can be a valuable resource to you if you are considering bariatric surgery.

Weight-Control Information Network
www.win.niddk.nih.gov

The Weight-Control Information Network (WIN) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health, which is the Federal Government's lead agency responsible for biomedical research on nutrition and obesity. Authorized by Congress (Public Law 103-43), WIN provides the general public, health professionals, the media, and Congress with up-to-date, science-based health information on weight control, obesity, physical activity, and related nutritional issues.

WIN answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and government agencies to coordinate resources about weight control and related issues. Publications produced by WIN are reviewed by both NIDDK scientists and outside experts.

Publications may be viewed on the WIN website, or write to the following address to request a publication:

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Email: WIN@info.niddk.nih.gov

Internet: www.win.niddk.nih.gov

Toll-free number: 1-877-946-4627

Thank You


for choosing the Sacred Heart Surgical Weight Loss Center as your bariatric surgery provider. We welcome any comments or suggestions you may have regarding our program at any time.

Sacred Heart Surgical Weight Loss Center

5149 N. Ninth Avenue, Suite G-32 Pensacola, FL 32504

For More Information

If you have any questions, or would like more information about bariatric surgery, please contact the Sacred Heart Surgical Weight Loss Center at **(850) 416-7546.**



Vickie
Lost 62 Pounds
Gastric Bypass
January 2017



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