

Roux-en-Y Gastric Bypass Surgery

*What You Need to Know
Before and After Surgery*



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Fifth edition

Developed by Allina Hospitals & Clinics.

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This publication is for general information only and is not intended to provide specific advice or recommendations for any individual. The information it contains cannot be used to diagnose medical conditions or prescribe treatment. The information provided is designed to support, not replace, the relationship that exists between a patient and his/her existing physician.

For specific information about your health condition, please contact your health care provider.



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Making the Decision

Important!

Ultimately, your success is up to you. If you follow the guidelines in this book, you can enjoy the benefits of your success. If you choose behaviors not recommended in this book, you will be less likely to get the results you want.

Be sure you are ready to make a long-term commitment to the new you.

Losing weight can be difficult. Gastric bypass surgery, which reduces the size of your stomach, and changes the route of your intestines, is a way to limit the amount of food you eat. Although this may sound like an easy answer, it is not magic.

This surgery requires lifelong changes in your eating habits and your attitude about food. Every day you will need to make good food and exercise choices.

For a healthy lifestyle after surgery, you will need to make behavior as well as nutrition changes. Thousands of patients have succeeded with this program. With your full commitment and the support of family and friends, you can too.

You will also get support from your bariatric surgery team. They will provide information, help, encouragement and guidance.

This booklet gives you an overall view of Roux-en-Y gastric bypass surgery, what you need to do before and after surgery, possible complications and diet information.

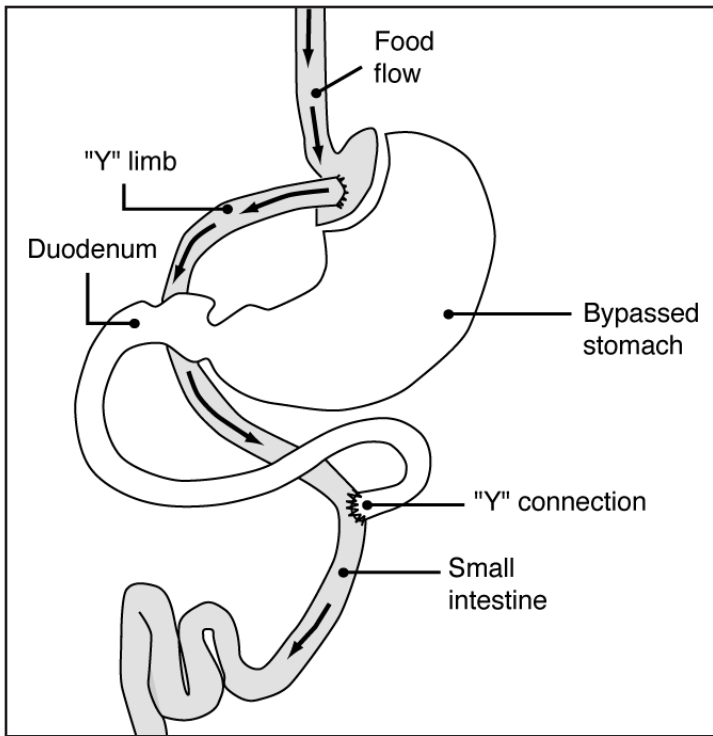
General Information

Roux-en-Y gastric bypass surgery changes the size of your stomach as well as your ability to absorb calories to help you succeed at long-term weight loss.

Your surgeon will reduce the size of your stomach with this surgery. Your stomach will be stapled and then divided, making two different sections: the new stomach or pouch, and the bypassed stomach.

Part of your small intestine will be separated and attached to the pouch so your food will go right into the small intestine after it goes through the pouch. You will absorb fewer calories because of this.

The bypassed stomach is sewn closed, but will continue to produce acid and digestive juices that drain into your digestive tract. Because the small intestine is separated and part of it is attached to your new pouch, it will look like a "Y" and that's where the surgery got the "Y" in its name.



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Because the small intestine is separated and part of it is attached to your new stomach pouch, it will look like a “Y.”

This surgery cuts down the amount of food and liquid you can hold at one time. Your pouch will hold about one to two tablespoons of food at the beginning. As you fill this pouch, a signal is sent to your brain that you feel “satisfied” and should stop eating. If you try to eat too much or too quickly, you may feel a wave of nausea or abdominal pain, or you may vomit.

Are there risks to this surgery?

This surgery does carry risks. Possible complications include infection, bleeding, anesthesia risks, hernia and ulcers. Also, the outlet at the bottom of your pouch may get plugged (clogging), or your body might not absorb some vitamin and minerals you need. Death from this surgery is a rare risk, about 0.3 percent in the U.S. This is about the same as that for gallbladder surgery or a hip replacement.

Is there a chance you could regain weight?

Studies show that most patients keep most of their weight off after surgery. However, you should know that weight loss surgery is done to help you *manage* obesity. It is not a cure. The choices you make after surgery will affect your results. Becoming an active, lifelong participant in managing your health helps you achieve and maintain success.

The bariatric program staff is available to help you. Patients may sometimes become frustrated and discouraged if they get stuck at the same weight for a while or if they regain some weight. Think of the bariatric program staff as your coach. Seek their support whenever you need it.

A diet high in protein and low in fat, sugar and calories, plus regular exercise will help you make this surgery a success.

Before Surgery

Tip

Morbid obesity is defined as having a body mass index (BMI) of 40 or more or being about 100 pounds overweight.

- **Lose at least 10 percent of your excess body weight.** Weight loss surgery is major surgery. Your risk for complications after surgery is higher than if your weight were in a healthy range. It is to your advantage to be in the best shape possible when you have surgery.

You need to lose **at least** 10 percent of your excess body weight before surgery. The exact amount of weight you will need to lose will be determined by your surgeon. Losing weight before surgery may make your recovery faster and it may help you have less pain after surgery.

- **Do not smoke.** If you smoke, you **must** quit at least eight weeks before your surgery. You will be having major surgery and you will need your lungs to be in the best shape possible. Smoking affects your supply of oxygen during surgery.

Do not smoke after surgery. Smoking narrows (shrinks) your blood vessels and blocks oxygen from going to the site of the surgery. This significantly slows the healing process. Smoking increases your chances of getting pneumonia or other lung problems while you recover. Chemicals in smoke can irritate and cause ulcers in your pouch.

Smoking also changes your metabolism, the absorption of vitamin B₁₂ and iron, and increases your risk of stroke, heart, and lung diseases.

- **Have a psychological evaluation.** All gastric bypass patients are required to have a psychological assessment. Your bariatric nurse will help you find a psychologist who has experience working with weight loss surgery patients. You need to be mentally and emotionally ready to have this surgery and for the lifestyle changes after surgery.

Many morbidly obese people have depression and feelings of failure or low self-esteem. Some people have unrealistic expectations of how their lives will change after surgery. A psychological evaluation can begin to address some of these feelings.

After surgery, you may find talking with a psychologist can be a helpful resource to deal with issues of eating, self-image and changing relationships.

Tip

Begin drinking caffeine-free beverages now to decrease the risk of suffering from caffeine withdrawal after surgery.

- **Stop drinking/eating caffeine.** It is a good idea to start cutting down on caffeine. Caffeine is a diuretic, so it can dehydrate you. To avoid this, you need to drink an extra 1 ½ cups of water for every one cup of caffeine you drink. Even decaffeinated beverages contain some caffeine. It is important to drink caffeine-free beverages.

Caffeine is also in some pills like NoDoz® or Excedrin®.

After surgery, caffeine can irritate your new pouch. It can also prevent your body from absorbing iron, causing iron-poor blood (anemia). Caffeine can be an appetite stimulant and make you want to eat more.

- **Do not donate blood/plasma.** You do not need to donate blood for your surgery. Do not donate blood or plasma for two months before surgery. One year after surgery you will have routine lab tests. Your ability to donate blood/plasma will be determined at that time.
- **Start an exercise program.** Exercise is important part of your weight loss surgery journey. Exercising before surgery will help you get fit and may reduce problems after surgery. Exercise before surgery may help you lose your pre-surgery weight.

By starting an exercise program before surgery, you are already building a key lifestyle change into your routine.

See page 38 for information about how to get started. You can meet with an exercise specialist at the Bariatric Center to help create an exercise program for you. Ask your nurse for more information.

One Week Before Surgery

- Review this book.
- Eat a light diet only. Do not eat anything fatty, fried or high in calories. This will help decrease the size of your liver and help make sure that you reach your pre-surgery weight loss on the day of surgery.
- Get a physical. Within seven to 10 days before surgery, have a health history and physical done with your family health care provider. He or she should give one copy of the results directly to the hospital and another copy to your surgeon. Bring another copy with you to the hospital.
- Go to the grocery store. You will not feel like grocery shopping after surgery. See page 19 for a list of liquid meal choices to buy for after surgery. Buy small quantities.

Here is a list of kitchen utensils you should have:

- blender
- strainer
- measuring spoons
- small plate
- toddler-size spoon and fork
- water bottle with no straw
- ice cube trays.*

Buy over-the-counter pain medicines before surgery (on page 14 under pain control).

*** Ice cube trays can be used to make small portions and freeze pureed food for several days.**

Pre-admission Information

One or two days before your surgery, someone from the admissions office will call you to start your registration.

■ What to bring:

- You may bring your own night clothes, but the hospital does have gowns that will fit you.
- You may bring your own personal care items.
- Bring all medicines that you are currently taking, in their original bottles, for your health care team to review. This includes inhalers, eye drops and over-the-counter medicines.
- Bring a copy of your physical exam from your family doctor.
- Bring your incentive spirometer if you have one.
- Bring your insurance card.
- Bring your CPAP machine if you use one for sleep apnea.
- Bring this book.

■ One day before surgery:

- Drink only clear liquids the day before surgery.
- Follow the instructions your surgeon gave you.

Important: Do not eat or drink anything after midnight the night before your surgery.

At the Hospital

- **Admission.** Arrive at the hospital at least two hours before the surgery, unless your nurse gives you other instructions. Check in with the Admissions/Patient Registration desk at the Emergency Room entrance.
 - A nurse will give you a pre-surgery interview and weigh you.
 - If you have not lost and kept off the weight your surgeon told you to lose, your surgery may be canceled.
 - If you have smoked in the last eight weeks, your surgery may also be canceled for your safety.
- **Before surgery.** You will change into a hospital gown and robe and go to a pre-surgery area.
 - You will meet the surgery team, including the nurse, surgeon and anesthesiologist.
 - You will have an intravenous (IV) line put into your hand or arm.
 - Your family members will be with you in the pre-surgery area. They will go to a waiting room during surgery.
- **Surgery.** When the surgery is done, your surgeon will meet with your family in the waiting room.
- **After surgery.** You will go to the recovery room for at least one hour. There, the nurses will watch your blood pressure, heart rate and other vital signs. You will then be taken to your room. Other activities after surgery:
 - Nurses will help relieve your discomfort. This includes pain medicine. If you are in pain, let the nurses know.
 - Staff members will help you get out of bed and take a walk around the hospital floor about two hours after you go to your room.
 - You will still get fluids through the IV line.
 - You should not eat or drink anything after surgery, including ice, chewing gum or hard candy, until your nurse says you can.
 - You will receive special instructions about how to drink your first liquids.
 - Your first liquids by mouth will be small sips (one-half ounce) of water at room temperature. This will likely be the day after surgery.

- Once you can tolerate water, you can have clear liquids such as broth, unsweetened gelatin and unsweetened, diluted fruit juices. Drink the liquids slowly so you don't put pressure on the new opening of your stomach pouch.
- **Liquids.** To keep from getting dehydrated, you need to drink liquids your pouch can handle.
 - Remember, your pouch will be touchy for several weeks after surgery. If you drink liquids too quickly, cramping, nausea, pain or vomiting may happen.
 - All liquids must be room temperature.
 - Do not use straws, ice, cold or carbonated liquids after surgery. They could cause uncomfortable spasms or gas buildup.
- **Intake record.** While you are in the hospital, you will fill out a record of what you drink. Once you get home, you should keep a record of how much you drink. A sample of the record is on the next page.
- **The rest of your hospital stay.**
 - To help prevent breathing problems, take about eight to 10 breaths into your incentive spirometer followed with a cough every hour you are awake. Put a pillow on your incision site while you cough to limit your discomfort.
 - Let the nurses know how you are feeling. Ask for help if you need it.
 - Standing up straight and walking will help you regain your strength.
 - A pharmacist will talk with you the day after surgery.
 - Nurses and your surgeon will check in with you regularly.
 - You will watch a nutrition video before you go home. Watch the video twice. After you watch the video, you can ask for a dietitian if you have questions.

Intake Record

Name: _____ Date: _____

Post-surgery day: _____

Liquids

6 a.m. to 2 p.m.: _____

2 to 10 p.m.: _____

10 p.m. to 6 a.m.: _____

Summary of your diet instructions for 24 hours:

- Sit up straight in a chair when you drink liquids.
- Do not use straws. They will cause you to swallow air and will add to your discomfort.
- Measure liquids and record the amount you drink in the space provided.

NOTE: 1 teaspoon = 5 cc 1 tablespoon = 15 cc 1 ounce = 30 cc

Drink two half-full medicine cups of water every 15 minutes all day long*. Use the timer given to remind you when to drink.

A small supply of medicine cups for drinking will be sent home with you to use until you are comfortable with the amount to swallow.

- First day home = 42 ounces (84 half-full medicine cups or five 8-ounce glasses)
- Second day home = 52 ounces (104 half-full medicine cups or six and one-half 8-ounce glasses)
- Every day after second day = 64 ounces (128 half-full medicine cups or eight 8-ounce glasses)

*Please watch the nutritional video two times before you leave the hospital:

- Dial 64716 on your telephone.
- Select program 135 for Roux-en-Y gastric bypass surgery.
or
- Select program 198 for laparoscopic adjustable gastric band and push 1.
- Turn your TV to the channel as directed.

At Home

- **Breathing exercises.** For the first week at home, use your incentive spirometer every two hours while you are awake. This will help prevent breathing problems.
- **Pain control.**
 - Many patients may use the liquid narcotic Lortab® for more intense pain. If you do, do not drive a car or use other machinery until you have stopped taking narcotic medicines like Lortab for 48 hours.
 - For less intense pain, you may take liquid or chewable over-the-counter pain medicine, such as dissolvable acetaminophen (Tylenol®), junior strength Tylenol® (chewable) or children’s Tylenol® (liquid). You will want to buy these before coming home after surgery. If you don’t, you can buy them at the hospital’s outpatient pharmacy.
 - Do **not** take non-steroidal anti-inflammatory drugs (NSAIDS) or aspirin. Examples of NSAIDS include ibuprofen, Motrin®, Advil® and Aleve®. They can damage your pouch.
- **Gas discomfort.** If you have gas pains you may try chewable Gas-X®.
- **Activity.** Move around during the day. Walk at least 30 minutes each day. You may divide up the time, such as 10 minutes, three times a day. Use stairs as you are able.
- **Exercise every day after surgery.** Slowly increase how long and how hard you exercise. You should be walking at a quick pace at least 30 to 60 minutes each day within two months after surgery. If joint problems or arthritis keep you from walking, try swimming. It is OK to swim four weeks after surgery.
- **Activity restrictions.**
 - Do not drive a vehicle or use machinery until you have been off narcotics (such as Lortab) for at least 48 hours.
 - Do not lift anything heavier than 30 pounds for six weeks after open surgery.
 - Do not lift anything heavier than 20 pounds for three weeks after laparoscopic surgery.
 - Do not do any abdominal exercises (like sit-ups) for six weeks after open surgery or two weeks after laparoscopic surgery.
 - Avoid these activities for six weeks: four-wheelers, lawn mowing, running, skiing, water sports and golf.

Tip

You may be able to have free exercise consults with an exercise specialist. One option for beginners is seated exercise videos. Ask the exercise specialist for more information.

Tip

Moving slowly when you make posture changes may decrease lightheadedness.

- Do not do heavy housework (vacuuming, mopping, lifting laundry baskets, changing bedding, etc.) for one month.
- Do not have sexual intercourse for one month.
- Follow the instructions you received when you left the hospital.

- **Travel.** Do not do any long-distance traveling for six to eight weeks after surgery. **Please talk with your surgeon about any travel plans you have before surgery.**
- **Feeling lightheaded or dizzy.** Sometimes you may feel lightheaded or dizzy. This may be caused by not drinking as much liquid as you need. Drink at least 64 ounces of water each day. You may get dizzy when you get up from a chair or when you bend over. This can be caused by your blood pressure shifting and it should be temporary.

When you feel lightheaded or dizzy, do not panic. Find a comfortable place to sit or lie down. Your body will adjust.

If you are taking blood pressure medicine, call your health care provider. Tell him or her the symptoms you have. Do not stop taking your medicine on your own. Follow your health care provider's directions.

- **Return to work.** Your surgeon will want you to stay out of work for one to six weeks. This will depend on the physical demands of your job and if you had open or laparoscopic surgery.
- **Care of the incision site.**
 - If you had an open surgery, your incision will go down the middle of your abdomen, from below your breast bone to above your belly button. You will have a clear plastic covering over your incision. You may take the dressing off one week after surgery. You may shower with soap after surgery.
 - If you had laparoscopic surgery, you will have six small incisions (cuts) on your upper abdomen. You may shower with soap after surgery. Leave the dressings in place until you see your surgeon at a follow-up appointment or until they fall off.
 - Follow the instructions you received when you left the hospital.

- **When to call your surgeon.** Call your surgeon's office if you notice any of the following signs:
 - increasing redness, swelling, or pain in your incisions
 - temperature higher than 101 degrees Fahrenheit
 - increasing, severe abdominal pain
 - pain, redness or swelling to your lower legs
 - shortness of breath
 - pain in your shoulders.
- **Pregnancy.** You **should avoid** getting pregnant for the first two years after surgery. Both your health and the health of the baby may be at risk during this time of active weight loss. It is recommended that you use two forms of birth control because rapid weight loss increases your chance of becoming pregnant.
- **Bowel changes.** You may have liquid stools for the first three weeks after surgery. This is normal. If they become too frequent, you may take anti-diarrheal products that are liquid or chewable, such as Imodium AD®.
- **Gas or constipation.** If you have not had a bowel movement for at least five to seven days after surgery and if you feel crampy, bloated and/or gassy, take one tablespoon of milk of magnesia. Be sure to drink lots of water after taking this mild laxative.
- **Emotional changes.** You will likely go through ups and downs when you're at home. These feelings are normal. If your feelings become a concern for you, call the bariatric surgical team or a psychologist.

Diet

General eating guidelines

Your pouch will hold two tablespoons or less at first. Even if you don't feel full, you must stop after eating the measured amount. You may not feel fullness.

General eating guidelines include:

- Stay on a liquid diet for three weeks after surgery. Only drink liquids at room temperature. You will not be physically hungry but you may feel emotionally or psychologically hungry as your body gets used to smaller amounts of food. It is important to not to eat when you feel like this. Your pouch is small and swollen from the surgery.

Stay committed to the liquid diet for three weeks. If you do not, you may ruin the surgery and/or have severe problems.

- Drink slowly and **do not use a straw** after surgery.
- After three weeks of liquids, you may go to a pureed diet. You will stay on this diet for seven days.
- After seven days of pureed food, you may start to add soft foods. Add only one new food at a time.
- Make sure you eat foods high in protein. See examples on page 33.
- Eat slowly. Set aside 20 to 30 minutes for each meal. Stop eating when you reach the right measured amount, at 30 minutes, or when you feel satisfied, whichever is least. One bite too many may make you uncomfortable, nauseated, or sleepy. Putting your fork down between bites may help.
- Take small bites and chew your food 20 to 30 times (or to the texture of applesauce). If you swallow food without chewing well, you can block the opening of the pouch (clogging). This will cause pain, nausea and/or vomiting.
- Eat at the dining room or kitchen table. Eating while watching TV may distract you from chewing well.
- Remember not to sample foods when you cook. Also, when eating, keep the serving bowls away from the table so you are less likely to take seconds.
- Do not drink liquids with your meals or in the 30 to 45 minutes after eating. Liquids will overfill your pouch. They may also “wash” your food through your pouch too quickly so you won’t feel satisfied when you actually are.
- Be sure to drink 64 ounces of water a day between meals.
- Eat breakfast, lunch and dinner each day at the same times. Do not skip meals even if you are not hungry. Skipping a meal can deprive your body of getting essential nutrients and slows your metabolism. It will also often make you overeat at your next meal. Breakfast needs to be an important part of your everyday routine. Eat breakfast within 90 minutes of waking up.
- Read food labels. Avoid beverages and foods that are high in calories and fat, like milkshakes, pop, ice cream and alcohol. They leave your pouch quickly and leave you feeling hungry. In some cases, high-calorie beverages and foods may cause weight gain or severe diarrhea (dumping).

Questions to Ask Yourself When You Eat

- Was the bite small enough?
- Did I chew it 20 to 30 times to the consistency of applesauce?
- Did I slow down and take 20 to 30 minutes to eat?
- Did I stop eating when I felt satisfied?

Coping Strategies

Besides the ideas listed at the right, you can:

- Avoid alcohol.
- Choose nutritious foods and buy the highest quality food possible. You need food that will nourish your body with vitamins and minerals.
- Don't drink caffeinated beverages (coffee, tea or soda). Decaffeinated beverages also have caffeine in them. Caffeine can prevent your body from absorbing iron and cause iron-poor blood. Also, caffeine is an appetite stimulant and can make you want to eat more or snack. (See caffeine on page 9.)
- If you feel a need to eat when you are feeling upset, bored, nervous, or any other feeling, you can:
 - brush your teeth
 - go for a walk or go for a drive
 - call a friend
 - write in a journal
 - go to a support group or visit the obesity message board on Allina.com
 - go to the gym or work on a project/hobby
 - go to a movie
 - rest, take a bath
 - drink water
 - turn off the TV.

High Protein Supplements

Product	Type	Serving Size	Protein	Calories	Fat	Sugar	Where to find
Isopure Nature's Best	powder	1 scoop	25 grams	105	1 gram	0 grams	GNC, online
Isopure Nature's Best	drink	20 ounces	50 grams	280	0 grams	1 gram	
Isopure Zero Carb	drink	1 bottle	40 grams	160	0 grams	0 grams	
Pure Protein Drink	drink	1 can	35 grams	160 to 170	1 gram	1 gram	www.pureprotein.com,
Pure Protein 100% Natural Whey Powder	powder	1 scoop	23 grams	110 to 120	1 ½ to 2 grams	1 to 5 grams	Target
AdvantEdge Carb (EAS)	shake	1 bottle	17 grams	110	3 grams	0 grams	www.eas.com, Wal-Mart, Target
Nectar /Matrix (Syntrax)	powder	1 scoop	20 to 24 grams	90 to 130	0 to 2 grams	0 to 2 grams	www.si03.com
Unjury (ProSynthesis Labs)	powder	1 scoop	20 grams	90 to 100	0 grams	2 grams	www.unjury.com, Unity pharmacy
Myoplex Lite	powder	1 packet	25 grams	180	2 grams	1 gram	www.eas.com, GNC
Carnation Instant Breakfast (no sugar added)	powder	1 packet	5 grams	60	0 grams	8 grams	anywhere
Six Star Body Fuel (advanced whey protein)	powder	1 scoop	20 grams	110	2 grams	2 grams	Wal-Mart, Sam's Club
New Whey Liquid Protein	liquid	1 tube	42 grams	176	0 grams	0 grams	www.idssports.com, GNC
Sport Pharma	powder	1 scoop	22 grams	110	2 grams	1 gram	Costco
Body Fortress (whey protein)	powder	1 scoop	23 to 26 grams	110	1 ½ grams	1 gram	Wal-Mart, Target
Chike Nutrition (gluten-free)	powder	1 scoop	27 to 28 grams	170 to 180	3 to 4 grams	1 to 2 grams	www.chikenutrition.com
Jay Robb Whey Protein or Jay Robb Egg White Protein*	powder	1 scoop	24 to 25 grams	100 to 120	0 grams	0	www.jayrobb.com
AdvantEdge Carb (EAS)	bar	1 bar	24 grams	210	5 grams	2 grams	www.eas.com, Wal-Mart, Target
Pure Protein	bar	1 bar	19 to 20 grams	180 to 200	4 ½ to 6 grams	2 to 3 grams	www.pureprotein.com, Wal-Mart, Target
MetRx Protein Plus	bar	1 bar	19 grams	180	6 grams	1 gram	www.met.com, Wal-Mart, Target
Muscle Milk Light Bars	bar	1 bar	15 grams	170	6 grams	9 grams	Target, GNC, online
Zone Perfect	bar	1 bar	12 to 14 grams	180 to 200	2 to 6 grams	11 to 17 grams	www.zoneperfect.com, Wal-Mart, Target

* Contains no gluten, wheat, lactose, dairy or artificial sweeteners. Sweetened with Stevia.

Diet Plan the First Five Weeks After Surgery

First Three Weeks

Liquid diet

Choose from the following:

- water
- broth, bouillon or granules
- sugar-free drink mixes, such as Crystal Lite[®], sugar-free Kool Aid[®]
- 100 percent fruit juices: diluted half water and half juice at first (Juice could cause you to dump. For more information, see page 39.)
- sugar-free Jell-O[®]
- skim milk (could cause you to dump, if so, try lactose-free milk or try heating the milk and skim off the top layer). For flavor, add sugar-free Nestle[®] Nesquik[®] or no-sugar added Carnation[®] Instant Breakfast[®].
- non-caffeine herbal teas
- sugar-free Popsicles[®] (melt in your mouth before swallowing)
- sugar-free lemonade
- Propel[®] Fitness Water diluted with one-half water (This is a good source of potassium and vitamins.)
- Protein supplement (available at Unity Community Pharmacy), add to liquids. See examples on page 19. Use only those that are recommended to avoid problems.
- strained low-fat clear soups that are diluted with water on a 1-to-1 ratio.

Note: About 10 days after surgery you can add these liquids:

- V8[®] 100 percent vegetable juice or Diet V8 Splash[®]
- tomato juice
- tomato soup (Mix soup with one-half water and one-half skim milk, or all water if you can't tolerate milk.)
- low-fat cream soups, strained (Mix soup with one-half water and one-half skim milk, or all water if you can't tolerate milk.)
- sugar-free/low-fat Fudgsicle[®] or Blue Bunny[®] Health Smart[®] fat-free ice cream bars.

Remember

- You should be drinking about three ounces of water every 30 minutes.
- Sit straight in a chair when drinking liquids.
- Do not drink anything cold, carbonated or with ice.
- Do not use straws.
- Avoid chewing gum, sucking on hard candy or lozenges. Gum will cause gas and severe clogging if swallowed.
- Liquids should be at room temperature or warm.

1 teaspoon = 5 cc 1 tablespoon = 15 cc 1 ounce = 30 cc

You will be able to increase how much you drink over the first several days and weeks. You should work toward drinking 64 ounces of water each day. If you feel fullness, pain or nausea, stop until the feeling goes away. To keep from getting dehydrated, you need to slowly drink water and calorie-free or low-calorie liquids all day long.

Dehydration

Signs of dehydration include: dark-colored urine, urine with a strong odor, lightheadedness, nausea, and a bad taste in your mouth. These are signs you need to drink more. Clear, light yellow urine means you are drinking enough.

Your goal on the first day home is to drink a minimum of 42 ounces of liquids. On your second day home, you need to drink a minimum of 52 ounces and by your third day you need to be drinking at least 64 ounces of fluids.

Patient suggestions

The following are tips from other gastric bypass surgery patients that you might find helpful.

- Go grocery shopping before you go to the hospital.
- Keep lots of liquids on hand at room temperature.
- Sip your way through the day to get enough liquids.
- Be dressed during the day so you feel “less sick.”
- Vary your diet with herbal teas. Mint teas are soothing.
- If you try sugar-free Popsicles®, melt them in your mouth before swallowing.
- Add mild seasonings to broth for more flavor.

Important

During warm or hot weather, drink more than 64 ounces of water. You are at risk for dehydration (loss of fluids). Add potassium-rich salt (Morton® Lite Salt™ Mixture) to your food and liquids to prevent losing potassium, which is an important mineral.

Tip

Divide your liquids:

- 24 ounces before lunch
- 20 ounces before supper
- 20 ounces before bed.

- Beware of TV: there are many food ads.
- Keep a journal.
- Follow the rules.

If you want to talk to any other patients before or after your surgery, attend the “Images” weight loss surgery support group. Visit allinaunity.com for a schedule.

Fourth Week (Pureed Diet)

- Start your vitamins.
- **Pureed diet.** After you have been on the liquid diet for three weeks, start adding foods that you puree in a blender. Stay on this diet for one week. Pureed foods are important for your pouch to heal.

Food that is not pureed may block or clog your pouch or cause cramping and vomiting. All solid foods should be the consistency of applesauce this week.

On the fourth week, start adding foods such as:

- *plain or lite fruit-flavored yogurt (no chunks), low-fat and low in sugar
- *small curd, fat-free cottage cheese
- *sugar-free pudding
- *pureed meat
- cooked cereal (such as unflavored Cream of Wheat® or Malt-O-Meal®)
- pureed green beans, frozen squash, mashed potatoes
- unsweetened pureed applesauce, peaches, bananas
- protein supplements listed on page 19. These may be added to soft foods.

* high-protein foods

Remember

- Eat small bites about the size of a pea or Cheerios®.
- At first, you will only be able to eat one to two tablespoons.
- Eat the protein part of your meal first.
- Do not drink liquids with your meals or for 30 minutes after a meal.
- Continue to drink at least 64 ounces of liquids between meals every day.
- Avoid liquid calories between meals.

You should take about 20 to 30 minutes to eat two to three tablespoons of pureed food. Keep in mind how the pureed food feels in your mouth.

Once you start eating regular food, you will want to chew it well to the consistency of pureed food before swallowing.

Sample Menu

Breakfast

- 1 tablespoon yogurt (low-fat, low sugar)
- 1 tablespoon Cream of Wheat®
- 1 tablespoon pureed fruit

Lunch

- 1 tablespoon cottage cheese (low-fat)
- 1 tablespoon pureed vegetable
- 1 tablespoon pureed fruit

Dinner

- 1 tablespoon pureed meat
- 1 tablespoon pureed vegetable
- 1 tablespoon pureed fruit

Between meals you need to get a good balance of liquids. Here are some examples:

- water
- skim milk, lactose-free or soy milk: limit to one cup per day (if it doesn't cause you to dump)
- 100 percent fruit juice diluted one to one with water: limit to one cup per day
- sugar-free liquids.

Helpful hints

- Make sure you have a blender that purees.
- Add liquid to the blender to get food to a runny texture.
- Baby foods give an easy, wide variety of options.
- Choose low-calorie cream soups; strain them.
- Try freezing pureed foods in an ice cube tray so you can pop them out and heat them in a microwave for an easy meal.

Fifth Week

- Use an infant or toddler-size spoon to keep you from taking too big of a mouthful of food.
- Use a smaller plate so your food fills it better than a regular dinner plate.
- Mark the start dates for pureed foods and soft foods on a calendar.

Regular diet

Start adding foods such as:

- *eggs (avoid scrambled eggs at the beginning)
- *egg salad (mix with fat-free mayonnaise)
- *tuna salad (mix with fat-free mayonnaise)
- *baked fish
- *tender, moist meat
- *low-fat or fat-free refried beans
- *peanut butter
- *low-fat cheese
- *baked beans (no sugar or brown sugar added)
- crisp toast
- low-fat, high-fiber crackers (like reduced-fat Triscuits®)
- canned vegetables (no corn or peas)
- baked potato (no skin)
- bananas
- unsweetened canned fruits
- cantaloupe
- watermelon.
- * **high-protein foods**

Between meals you need to get a good balance of liquids. Here are some examples:

- water
- skim milk, lactose-free or soy milk: limit to one cup each day (if it doesn't cause you to dump)
- 100 percent fruit juice diluted 1-to-1 with water: limit to one cup each day
- sugar-free liquids
- Propel® Fitness Water.

Remember the following life-long guidelines

- Measure your portions.
- Eat only until you are satisfied or until you have eaten the right measured portion, whichever is less.
- Chew each bite 20 to 30 times.
- Eat the protein part of your meal first.
- Do not drink liquids with your meals.
- You still need to drink 64 ounces of water each day.
- When you can't measure your portions, an easy way to estimate portions is:
 - Your thumb equals about one ounce of cheese or meat.
 - Your thumb tip equals about one tablespoon.
 - Your fingertip equals about one teaspoon.
 - A deck of cards equals about three ounces of cooked meat, poultry or fish.

Sample Menu

Breakfast

- 1 tablespoon soft-cooked egg
- ¼ slice toast with 1 teaspoon fat-free peanut butter
- 1 tablespoon banana or canned fruit (light or in its own juice)

Lunch

- 1 tablespoon tuna
- 2 crackers
- 1 tablespoon canned fruit

Dinner

- 1 tablespoon meat
- 1 tablespoon vegetable
- 1 tablespoon potato

Eat a Balanced Diet

Your body needs a balanced amount of protein, carbohydrates, fat, vitamins, minerals and trace elements. These help your cells, tissues and organs work well and repair themselves. No one food can supply all the nutrients you need, so you will have to eat a variety of foods.

Food diary

It is helpful to keep a food diary. To make sure you're staying on track, write down the following information in a notebook:

- The amount and types of food you ate.
- The amount of food from each food group you ate.
- How long it took you to eat your meal.
- How you felt during and after eating (depressed, happy, lonely, etc.).

After a few days, go over your diary and look for any trends that may be working against you. If you find any, choose something else to eat or try an activity other than eating. For example, if you snack on chips while watching TV because you are bored, try turning off the TV and doing a different activity. (See page 38.)

A sample food and exercise chart is on the next page.

Daily Food and Exercise Diary

Remember: no liquids with meals. Take 20 to 30 minutes to eat each meal.

Date:	
Breakfast	
Time	
Activity while eating	
Lunch	
Time	
Activity while eating	
Dinner	
Time	
Activity while eating	
Snacks: when and why	
Water (8-ounce glasses)	<input type="checkbox"/> one <input type="checkbox"/> five <input type="checkbox"/> two <input type="checkbox"/> six <input type="checkbox"/> three <input type="checkbox"/> seven <input type="checkbox"/> four <input type="checkbox"/> eight
Other Liquids	
Exercise/Activity	
Supplements	<input type="checkbox"/> B ₁₂ <input type="checkbox"/> multi-vitamin with minerals <input type="checkbox"/> daily calcium X <input type="checkbox"/> <input type="checkbox"/> iron

Daily Food and Exercise Diary

Remember: no liquids with meals. Take 20 to 30 minutes to eat each meal.

Date:	
Breakfast	
Time	
Activity while eating	
Lunch	
Time	
Activity while eating	
Dinner	
Time	
Activity while eating	
Snacks: when and why	
Water (8-ounce glasses)	<input type="checkbox"/> one <input type="checkbox"/> five <input type="checkbox"/> two <input type="checkbox"/> six <input type="checkbox"/> three <input type="checkbox"/> seven <input type="checkbox"/> four <input type="checkbox"/> eight
Other Liquids	
Exercise/Activity	
Supplements	<input type="checkbox"/> B ₁₂ <input type="checkbox"/> multi-vitamin with minerals <input type="checkbox"/> daily calcium X <input type="checkbox"/> <input type="checkbox"/> iron

How To Read Food Labels

Nutrition Facts	
Serving Size 1/2 cup dry (40 g) 1.	
Servings Per Container: 13	
Amount Per Serving	
Calories 150	Calories from Fat 25
% Daily Value*	
Total Fat 3 g	4% 3.
Saturated 0.5 g	2%
Trans Fat 0 g	
Polyunsaturated 1 g	
Monounsaturated 1 g	
Cholesterol 0 mg	0%
Sodium 0 mg	0%
Total Carbohydrate 27 g	9%
Dietary Fiber 4 g	15%
Soluble Fiber 2 g	
Insoluble Fiber 2 g	
Sugars 1 g	
Protein 5 g	
Vitamin A	0%
Vitamin C	0%
Calcium	0%
Iron	10%
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:	
4.	Calories: 2,000 2,500
Total Fat	Less than 65 g 80 g
Sat Fat	Less than 20 g 25 g
Cholesterol	Less than 300 mg 300 mg
Sodium	Less than 2,400 mg 2,400 mg
Total Carbohydrate	300 g 375 g
Dietary Fiber	25 g 30 g

Source: U.S. Food and Drug Administration

Reading food labels makes you aware of what's in the foods you eat. The following information explains how to read the food label for oatmeal pictured at left.

1. Serving size. One serving size is one-half cup. The serving size lists how many calories and nutrients are in one serving of the food. In this example, there are about 13 servings of oatmeal per container. If you are eating twice the serving size, you are getting twice the calories, fat, saturated fat, sodium, etc.

2. Nutrients. Nutrients show how much sodium, fiber, sugars, fat, etc., is in each serving. If you are on a restricted diet, look at the nutrients the food contains.

3. Percent of daily value. Percent of daily value shows how the amount of a nutrient in a serving of food fits into a 2,000 calorie diet.

4. Daily values chart. Daily values for diets of 2,000 or 2,500 calories appear on the lower half of the food label. These numbers list the recommended limits on total fat, saturated fat, cholesterol, sodium, total carbohydrates and dietary fiber for a 2,000 calorie/2,500 calorie diet each day.

Note: Your diet will be much lower in calories. Your specific recommendations may vary from these (such as amount of saturated fat, cholesterol and sodium).

Ingredients. The ingredient list is another important part of the nutrition label. It is found on the bottom of the label and shows the order of ingredients from greatest to least. Try to avoid products that contain shortening, hydrogenated vegetable oil and partially hydrogenated vegetable oil.

When reading food labels, compare similar products to find the one with the least amount of saturated fat, trans fat, sugar and sodium.

Recommended daily servings

Eating a well-balanced diet keeps your body and mind healthy. The following are examples of what your body needs from each food group every day.

■ Protein group (daily servings: three or more)

The protein and iron from these foods help your body heal and build healthy muscle. Iron produces red blood cells and helps prevent anemia (iron-poor blood).

Examples:

- 1 ounce cooked lean meat, fish or poultry
- 1 egg
- ¼ cup fat-free cottage cheese
- ¼ cup Eggbeaters®
- ¼ cup tuna
- 1 ounce low-fat cheese
- ½ cup baked beans, kidney beans, lentils
- 1 tablespoon peanut butter.

■ Milk group (daily servings: two to three)

In addition to supplying protein, these foods are high in calcium and vitamin D that keep your bones healthy.

Examples:

- 1 cup skim milk (if tolerated, have only once a day)
- 1 cup low-fat, low-calorie yogurt.

■ Fruit and vegetable group (daily servings: three)

These foods contain vitamins and minerals such as vitamins A and C, folic acid and potassium that help your body heal and fight germs. Examples:

- ¼ cup cooked or ½ cup raw vegetables
- ¼ cup sugar-free canned fruit
- ¼ cup fresh fruit
- ¼ cup 100 percent fruit (diluted) or vegetable juice.

*Limit 100 percent fruit juices and skim milk to one cup each day because they have a lot of calories from natural sugars.

■ Grain group (daily servings: two)

Carbohydrates and B vitamins in these foods give your body energy. Examples:

- ¼ cup cooked cereal
- 2 saltine crackers
- ¼ cup dry cereal
- ½ slice crisp toast.

Tip

In general, the first year you should eat and drink about 600 to 700 total calories a day. After one year, that will increase depending on your activity level.

Portion size

- By the third month, you should be able to eat about $\frac{1}{4}$ cup of food per meal.
- By the sixth month you will be able to eat about a $\frac{1}{2}$ cup of food per meal.
- By the ninth month, you will be able to eat about $\frac{3}{4}$ cup of food per meal.
- By 12 months, one cup of food per meal should satisfy you.
- After 12 months, you will **always** need to limit your portion size to about one cup of food per meal. Overeating will cause weight gain.

Portion Measurement (tablespoons and ounce equivalent)	Measurement in Cups	When You Can Use
2 tablespoons = 1 ounce	less than $\frac{1}{4}$ cup	at week four
4 tablespoons = 2 ounces	$\frac{1}{4}$ cup	at three months
8 tablespoons = 4 ounces	$\frac{1}{2}$ cup	at six months
12 tablespoons = 6 ounces	$\frac{3}{4}$ cup	at nine months
16 tablespoons = 8 ounces	1 cup	at one year

Special Protein Needs

Your body must have an adequate amount of protein. Protein helps you grow new cells, heal quicker, and grow new hair. You need at least 60 grams of protein every day. However, your pouch doesn't let you eat enough high-protein food at one time so you may need to use protein supplements.

At each meal, you should eat your protein-rich foods first. As you plan your own menus, include protein at least two to three times each day.

How to increase protein

- Double the protein in your milk by adding $\frac{1}{4}$ cup of dry milk powder to one cup skim milk.
- Add a protein supplement to liquids or soft foods.

- If you don't like to drink milk, try adding low-calorie Nestle® Nesquik™, low-calorie cocoa, Alba® or no-sugar added instant breakfast.
- Make hot cereal (oatmeal, Cream of Wheat® or Malt-O-Meal®) with milk instead of water and add ¼ cup of dry milk powder for a high-protein breakfast.
- If you have a milk intolerance, try Lactaid® or Dairy Ease® or 100 percent lactose-free milk. You can also heat the milk. These help you digest milk.
- Try melted low-fat cheese on a baked potato (do not eat the skin).
- For breakfast, try an omelet, eggs, or low-calorie fruit flavored yogurt.
- Make a simple meal by mixing cottage cheese with canned fruit.
- At a meal, try tuna or chicken salad made with fat-free or low-calorie mayonnaise on a few low-fat crackers.
- Consider adding tofu to your meals. (It works well in stir fries and salads.)

Good Sources of Protein

Amount	Food	Protein (in grams)
1 envelope	no-sugar added Carnation® Instant Breakfast® with one cup skim milk	14
1 cup	skim milk or low-fat, sugar-free yogurt	8
½ cup	chili (with or without beans)	8
1 ounce/2 tablespoons	chicken, turkey, fish, beef, pork	7
¼ cup	tuna (water-packed)	7
1 ounce	crab, lobster or shrimp	7
¼ cup	low-fat cottage cheese	7
1 ounce	low-fat cheese	7
1	egg	7
½ cup	ham and bean soup or black bean soup	6
½ cup	split pea soup or vegetable beef soup	5
1 slice	American cheese	5
1 Tablespoon	fat-free peanut butter	4
¼ cup	mashed kidney beans, pinto beans, lentils or fat-free refried beans	3
¼ cup	black beans or garbanzo beans	3
½ cup	most vegetables	2

Vegetarian Sources of Protein

Amount	Food	Protein (in grams)
1 dog	Yves® veggie dog	11
3 slices	Yves® Canadian bacon	17
2 slices	Yves® deli turkey	7 ½
3 slices	Smart Deli® ham	11
1 slice	Smart Deli® pastrami	10
1 brat	Smart Deli® brats	13
3 ounces	Mori-Nu® light tofu	6
3 ounces	Hinoichi® light tofu	8
1 ½ slices	Soyco® Foods rice cheeses	6
1 ounce	Lisanatti® Premium Soy-Station soy cheese	7
½ cup	Silk® plain soy yogurt	2 ½
1 patty	Boca® Burger Vegan	13
¼ cup	beans: white, pinto, black, garbanzo	3
¼ cup	kidney beans	4

Limit Carbohydrates/Sugar

Carbohydrates break down to sugars in your body. If you eat a meal that is mostly carbohydrates, you feel hungry again soon. This may add to cravings for sweets or other snacks.

Read food labels. Avoid any product that has a sugar content of more than 10 grams per serving. Sugar content may be listed in the ingredients as follows: sugar, glucose, honey, dextrose, corn syrup, fructose, sucrose or molasses.

High carbohydrate foods to limit are:

- bread
- cereal
- pasta
- dried fruits
- canned fruits
- fruit juice
- rice
- potatoes
- corn
- pretzels
- crackers.

High sugar/fat food to avoid are:

- jelly
- soda
- cakes
- cookies
- pies
- chips
- french fries
- ice cream
- alcohol.

20 carbohydrate calories = 5 grams = 1 teaspoon of sugar

Special Vitamin, Mineral and Supplement Needs

This surgery causes food to skip the part of your intestine where iron and calcium are absorbed. You will need to take extra vitamins and minerals every day to keep from getting anemia (iron-poor blood) or osteoporosis (bone loss).

You can get anemia if you don't get enough B₁₂ and iron. You can get osteoporosis if you don't get enough calcium. You need to take a complete chewable multivitamin (with minerals and iron), B₁₂ under your tongue, and calcium citrate with vitamin D **every day for the rest of your life**. If you are a menstruating woman, you also need to take an iron supplement (such as ferrous fumarate or Vitron C®) every day.

If you are a woman of child-bearing age, it is important to include folic acid in a vitamin supplement. Folic acid helps prevent birth defects.

Supplement tips

- During week four, start taking your vitamin supplements you need every day for the rest of your life.
 1. Take two chewable complete childrens or adult multi-vitamins. Each tablet must include minerals and 18 mg of iron.
 2. Take 1,000 mcg B₁₂ sublingual every day. Dissolve it under your tongue (B₁₂ sublingual is available at the outpatient pharmacy.)
 3. Take calcium citrate with vitamin D in divided dosages each day at least four hours apart. Men: take

1,600 mg total each day. Women: take 1,800 mg each day. Take calcium with vitamin D two hours before or after taking any product that has iron.

4. Take a Vitron-C[®], an iron supplement. (This needs to be added three months after surgery for women who are menstruating.)
- Do not take vitamins and minerals on an empty stomach.
 - Take thyroid medicine on an empty stomach and two to four hours apart from your other supplements. For example:
 - 6 a.m.:
 - two multi-vitamins with 18 mg of iron each
 - iron
 - vitamin B₁₂
 - Noon:
 - calcium citrate with vitamin D
 - 5 p.m.:
 - calcium citrate with vitamin D
 - 9 p.m. to bedtime:
 - thyroid medicine.
 - Do not take vitamins and minerals with caffeinated beverages like tea, coffee or soda. Caffeine stops iron from being absorbed. Remember, decaffeinated beverages have some caffeine.
 - Have your vitamin blood levels checked each year **for the rest of your life.**

Important Medicine Information

After surgery, the opening of the pouch is only about one-quarter inch, or the diameter of a straw. Large pills cannot pass through the opening. You will only be able to swallow about one ounce of fluid every 15 minutes. Taking medicine, especially in the beginning, can be a challenge.

Time-release medicines

Medicines will need to be in liquid form or pills that can be cut or crushed.

Time-release (long-acting) medicine cannot be cut or crushed. These medicines usually have initials in their names: CD, CR, EC, ER, LA, SR, XL or XR (such as Wellbutrin SR[®] or Wellbutrin XL[®]). These medicines last for 12 to 24 hours.

Your pharmacist can tell you if your medicines are time-release or not.

Do not try to cut or crush time-release medicine. You will need to talk to your pharmacist or health care provider to have your time-release medicines changed into a form you can take.

How to take medicine

- Review all of your medicines with your pharmacist. Ask if you can cut or crush your medicines, if you can get them in liquid form, or if you can open capsules.
- Buy a pill cutter at the hospital pharmacy or drugstore.
- If you are **cutting your pills**:
 - Cut your pills into pieces small enough to pass through a straw.
 - Take the first piece with one-half ounce of water. Then swallow another one-half ounce of water.
 - Wait 15 minutes.
 - Take a second piece with one-half ounce of water. Then swallow another one-half ounce of water.
 - Wait 15 minutes.
 - Repeat the process until you have taken all of the medicine pieces.
- If you are **crushing your pills**:
 - Crush your pill into one-half ounce of water and swallow.
 - Drink another one-half ounce of water.
- If you are **opening your capsules**:
 - Check with your pharmacist to make sure you can open a capsule.
 - Put the contents of the capsule into one ounce of water. Mix it well and drink.

Tip

If you cut a pill into four pieces, it will take you 45 minutes to take it.

Medicine tips

- Practice taking your medicine every day for at least two weeks **before** surgery. This will give you time to practice and make sure you are doing it correctly.
- Keep track of how you are able to take each of your medicines. Keep a journal.
- Two or three months after surgery you should be able to swallow a pill the size of a round or caplet Tylenol®.

Exercise

Tip

You will start your exercise program after surgery in the hospital. Your health care team will help you walk several times a day. This will be the start of your exercise program. When you return home, continue your walking program.

Regular exercise and physical activity are important after weight loss surgery. Research has shown that regular exercise is one of the best ways to maintain your weight loss long term. Regular exercise:

- increases your metabolism (the rate at which you burn calories)
- strengthens your heart, lungs and bones
- can help improve your self-confidence
- decreases your stress
- increases your ability to do your everyday activities (such as shopping, cleaning and walking stairs).

Start your exercise routine slowly. Do small bouts of exercise two to three times a day. After a couple of weeks, increase your exercise as you can. Try for 30 to 45 minutes of activity five to six days a week.

If walking is difficult, try an exercise video that matches your fitness level or join a health club and use an aerobic fitness machine.

Strength training

When you no longer have lifting restrictions, you can start strength (resistance) training. With rapid weight loss you are losing muscle weight as well as fat. To maintain muscle, you will need to do strength training. It:

- will help improve your shape
- will tone your muscles
- will build your strength
- will increase your metabolism
- may slow bone loss.

Strength training uses free weights (dumbbells), resistance bands and weight machines. The American College of Sports Medicine recommends that people do strength training twice a week. Do not target the same muscle group two days in a row. Muscles need to rest 48 hours.

Before you start strength training, make sure you are doing the exercises correctly. Talk with a certified trainer who has experience with weight loss surgery training.

Tip

You will get the same benefits if you exercise for 10 minutes three times a day, 15 minutes two times a day or 30 minutes once a day.

Exercise tips

- Find an exercise partner.
- Join an exercise club or class. The Bariatric Center may offer exercise classes for you to join.
- There are good exercises if you are not used to exercising or if you have physical limits. Talk with the exercise specialist on your surgery team.
- Get motivated by listening to your favorite music as you exercise.
- Try walking at the mall, your local community center or high school.
- Find out who offers swim classes or open swim. Check community education, local schools, or local hotels or motels.
- Be active in little ways such as taking the stairs instead of the elevator, take walking breaks at work, and stand up and stretch.
- Walk your dog.
- Dance.
- Be sure to wear comfortable clothes and proper footwear for your exercise and activities.
- Find fitness DVDs that match your level of fitness.
- Exercise will be a part of your everyday life. Find a fitness routine that you can enjoy.
- Thirty minutes of low-impact aerobic exercise is the same as taking 5,000 steps. To keep track of your steps, wear a pedometer every day. You can buy a pedometer at a discount retailer or an exercise/fitness store.

Possible Problems

- **Vomiting.** It is usually caused by:

- eating too fast
- eating too much
- not chewing food to the consistency of applesauce
- drinking liquids with meals
- stomal stenosis (narrowing of the opening from the pouch to the intestines).

Keeping a food diary will help you figure out if vomiting is caused by food. You can avoid vomiting by chewing well, waiting 45 seconds between bites, and limiting the size of the bite you put in your mouth. Call your surgeon if you are vomiting often.

Tip

Tips to try if food or pills are clogged:

- Take a sip of a calorie-free carbonated beverage. The carbonation may quickly move the food so be near a restroom.
- If meat is causing the clogging, mix one-half teaspoon of meat tenderizer and two ounces of water. **Slowly** sip this mixture and repeat every four hours if needed.

- **Clogging (food plugging the outlet).** This can happen when you haven't chewed food well enough and it gets stuck in the outlet between your pouch and intestines.

Usually, the food will dissolve by itself or will work its way through on its own. However, while the food is clogged, it can be very uncomfortable. Clogging can cause vomiting and retching.

- **Dumping syndrome.** This is the result of an intolerance to foods that are high in sugar (sweets), fat or grease. When you eat these foods, they now enter your intestines without being partially digested by the gastric juices of your old stomach.

Dumping usually occurs shortly after eating, in five to 15 minutes. When this happens, you may have nausea, vomiting, have a hot flash, cramps or diarrhea. This reaction is so unpleasant you will want to avoid foods that caused the dumping syndrome. These foods have higher calories and can lead to weight gain.

- **Reactive hypoglycemia.** This is a set of symptoms that results from low blood glucose. It happens 45 to 60 minutes after eating a meal, especially one that is high in carbohydrates. Symptoms you may feel include:

- sweaty
- jittery
- lightheaded
- your heart is racing.

There is an imbalance between blood glucose and insulin in your bloodstream. Insulin is a hormone that allows glucose to be used. But the insulin stays in the blood after the glucose from the meal has been used. This causes low blood glucose, or hypoglycemia.

- To treat reactive hypoglycemia, take two glucose tablets or two ounces of diluted juice or two ounces of skim milk.

Then, eat a small portion of a protein source (like meat, cheese or peanut butter or protein bar) and a small portion of a complex carbohydrate (such as whole wheat toast).

- To prevent reactive hypoglycemia, avoid simple carbohydrates like sweets, desserts, candy, non-diet pop, caffeine and alcohol. Eat three well-balanced meals that include protein, whole grains, fruits and vegetables. Eat the protein first.

If the symptoms continue, call your surgeon or bariatric nurse clinician.

Tip

If you are struggling with alcohol or other chemical dependency problems, please talk with your bariatric surgeon or nurse clinician.

- **Alcohol use.** You should avoid alcohol for the rest of your life. Alcohol is absorbed into your bloodstream faster than before surgery. This can lead to unsafe blood alcohol levels. Alcohol has empty calories which can slow weight loss or add to weight gain. It can also damage your liver or even cause death.

Alcohol can block the absorption of many vitamins and minerals. Since gastric bypass surgery also limits absorption of nutrients, drinking alcohol adds to the risk that your body cannot absorb enough vitamins and minerals.

There is a risk of addiction to alcohol after surgery that could affect your health, relationships and well-being.

- **Weight gain.** Eating high-fat or high-calorie foods, carbohydrates and foods that have added sugars may cause you to gain weight. Eating too often or eating portions that are too large will also cause weight gain.
 - Avoid all foods cooked in lard, bacon grease, Crisco[®], butter, margarine or oil. Try using Molly McButter[®], Butter Buds[®] or a reduced-calorie margarine to season foods.
 - Read food labels carefully. The terms “sugar-free” and “fat-free” can be misleading. While they have reduced fats or sugars, they will add significant calories if eaten often, even in small amounts.

Tip

Drinking with meals, snacking and liquid calories can add to weight gain.

- Pay attention to portion size listed on labels. Some labels list a tiny amount as one portion.
- Avoid all foods and liquids with added sugar, or sugar as one of the first three ingredients listed. “Sugars” include any compound ending with “ose” such as glucose, dextrose, sucrose, fructose or maltose, as well as corn syrup and hydrolyzed starch.
- Avoid eating all the time (grazing) or unplanned snacks. It is possible to overeat and gain weight.
- Watch how much fat you eat. Fats have more than two times the calories of carbohydrates or protein. Try to keep your total fat intake to fewer than 30 grams each day.
- Watch for hidden fats. Salad dressing, gravy, sauces and baked foods can have hidden fats. The chart on the next page shows a sample of foods and their fat content.

Tip

If constipation occurs with nausea, vomiting, bloating and pain, call your surgeon’s office.

- **Constipation.** Constipation after gastric bypass surgery is common. Because of the small amount of food you are eating, it is common to have a bowel movement only every two to three days. If constipation becomes uncomfortable, it is OK for you to take milk of magnesia. If your stools are hard, include some high-fiber foods in your diet (see below). Be sure to drink at least 64 ounces of water each day between meals.

The American Dietetic Association recommends 20 to 35 grams of fiber every day.

Good Sources of Fiber		
Amount	Food	Fiber (in grams)
1 ounce	Kellogg’s® All-Bran® (with extra fiber)	13
1 ounce	Fiber One®	12
1 ounce	Kellogg’s® All-Bran®	10
1 ounce	Nabisco® 100% Bran®	10
1 ounce	Raisin Bran®	5
1 ounce	40% Bran Flakes®	5
½ cup	mashed peas, pinto beans, kidney beans	4 to 5
½ cup	prune juice	3
1 serving	fresh fruits/vegetables	2 to 3

Fat Content in Foods

Amount	Food	Fat (in grams)
1 small	fresh apple	0
½ cup	cooked broccoli	0
1 cup	raw carrots	0
½ cup	frozen non-fat yogurt	0
1 cup	skim milk	1
6 squares	saltine crackers	1
1 slice	whole wheat bread	1
1 cup	Cheerios®	1
one-half	bagel	1
¼ cup	water-packed tuna	1
1	Fudgsicle®	2
3 cups	popped popcorn (Orville Redenbacher Lite®)	2
¼ cup	low-fat cottage cheese	3
1 ounce	baked chicken (normal portion is three ounces)	3
2 tablespoons	sour cream	5
6	Ritz® crackers	7
1 tablespoon	peanut butter	8
1 cup	whole milk	8
1 ounce	cheddar cheese	9
3 cups	popped popcorn (most microwave brands)	10
1-ounce bag	potato chips	10 to 12
½ cup	ice cream	13
1	hot dog	13
one-half	avocado	20
one-eighth	apple pie	21
1	McDonald's® Big Mac®	35
1	Burger King® Whopper®	41
1 stick	margarine	120

- **Gas.** Gas problems are also common. If you have gas pains, try simethicone drops, Bean-O[®] or Gas-X[®]. Also, avoid dairy products (milk, cheese and ice cream), carbonated beverages, straws and chewing gum to reduce gas problems.
- **Gallstones.** During rapid or large weight loss, your risk of making gallstones goes up. Gallstones are clumps of cholesterol and other matter that form in the gallbladder. You might feel a steady, severe pain on the right side of your abdomen going to your back. This pain will start after eating a meal. You might also feel bloated or nauseated and vomit. Call your surgeon if these symptoms continue.
- **Problem foods.** You may have problems with:
 - tough meats, such as beef or chicken
 - Try marinating solid meats or use a tenderizer.
 - Cook at a lower temperature for a longer period of time.
 - Spit out anything that doesn't liquefy in your mouth after chewing.
 - membranes of oranges and grapefruit
 - Use only pulp-free juice.
 - Spit out unchewable membranes.
 - skins and seeds of some fruits and vegetables (Strawberry seeds seem to be OK.)
 - fibrous vegetables such as corn and celery
 - Use a blender or strainer.

Avoid eating:

- fresh bread, pasta and rice
- fried foods
- chicken skin, bratwurst skin, hot dog skin, etc.
- **Hibernation syndrome.** Two to four weeks after surgery, your body reacts to the smaller amount of food you are eating. You feel tired, lethargic and often depressed. Your body wants to slow down until the old food supply returns.

The best way to deal with this is to know the symptoms and know they are normal. Start to exercise so your body gets used to using body fat as a source of energy. Call your nurse if your symptoms last longer than six to eight weeks.

■ **Other body changes.**

- When you don't eat enough protein, you will notice some changes in your hair and nails because they are made of protein. Try to eat at least 60 grams of protein each day. You may:
 - get flaky and weak fingernails
 - have hair loss between the third and ninth months after your surgery. Your hair will grow back.
 - lose muscle mass.
- If you are a woman, your menstrual cycle may be irregular and may come right after surgery. This is normal. Pregnancy is not advised for two years after surgery. Use effective birth control.
- You may not be able to drink milk or eat dairy products after surgery because they have lactose (a natural sugar) your body may reject. This may be short- or long-term.
- You may get lightheaded or dizzy when you get up from a chair or bend over. This can be caused by not drinking enough water and should be temporary.
- You may feel shaky, lightheaded, faint, or have a headache. This could be caused by hypoglycemia (low blood glucose) and can be helped by drinking skim milk or watered down orange juice or by eating a protein bar or granola bar (see reactive hypoglycemia on pages 39-40.) You may have low blood glucose symptoms if you skip a meal or don't eat before exercising.
- You may have extra (loose) skin. You can help keep your skin healthy by not smoking, drinking plenty of water, and eating a well balanced diet. Exercise and weight training will help tone your skin and improve how the extra skin looks. If extra skin is a problem for you, talk with your surgeon.

- **Emotional issues.** As your body changes so dramatically, you will be changing emotionally, too. Some people find these changes difficult. Obese people have sometimes used their size to hide from life, to insulate them from the outside world. Losing weight can make you feel vulnerable at times.

If you are having trouble dealing with emotional issues, find someone you trust and share your feelings. It may help to seek professional counseling. This will help you go through the changes more smoothly and help you to be more successful with your weight loss.

Emotional issues you may have include:

- **depression.** Depression after weight loss surgery is common. For some women, estrogen (a hormone) is released while fat is burned to make energy. This release of estrogen may cause mood swings. People who eat as a way to manage their emotions (known as emotional eaters) may be depressed because they can no longer eat like they used to.

If you take a mood stabilizing medicine, it is important to keep taking it after surgery. Do not stop taking medicines without talking to your health care provider.

- **partner jealousy.** Your partner may have a hard time dealing with the new you. Not only has your body changed, but you may be changing emotionally as a result of your increased self-confidence and self-esteem. This can cause your partner to feel insecure. He or she may become possessive or distant.

If problems develop in your relationship, you may benefit from seeing a therapist. Ask your bariatric team for help.

- **divorce.** Change in a relationship can add stress, even if the change is positive. If you are married, you should plan for added stress and how to deal with it. A therapist or counselor can help you and/your partner work through these changes.
- **friend loss.** Losing a lot of weight can disrupt some friendships. You are changing every day, and you may find that your friends are unwilling or unable to change in the friendship with you. Your friends may be feeling jealous of you or your success.
- **body image.** When your body goes through such a rapid and drastic change, you tend to lose a sense of yourself. You can actually go through an identity crisis. You may not recognize yourself. You may feel like you are walking around in someone else's body.

Please remember that it will take some time getting used to the new you. Counseling may help you during these times of uncertainty.

Follow-up Appointments

Follow-up with your bariatric surgery team is critical to your ongoing health and success. Many follow-up appointments are needed during the first year after surgery. (See the schedule below.) Having an exam and lab tests each year is important.

Checking vitamin and mineral levels is critical to make sure you are getting the right nutrition. To stay healthy, you need to know current information related to weight loss surgery. The bariatric team will help celebrate your success or support you if you need to get back on track.

Your surgeon will need to see you at least once a year for the **rest of your life**. If you move or change telephone numbers, be sure to give your surgeon's office your new address or phone numbers.

Tip

A dietitian is also available. There will be a charge or copay for this appointment.

You will receive a letter each year reminding you to schedule your follow-up appointment.

Generally, the follow-up schedule with your surgeon and bariatric nurses is:

- one or two weeks after surgery
- five weeks after surgery*
- three months after surgery*
- six months after surgery*
- nine months after surgery*
- one year after surgery
- two years after surgery
- every year after that.

* There is no charge for a Bariatric Center nurse visit.

You will need to schedule your own follow-up visits. Call your surgeon's office to set up your appointments, or schedule your next visit before leaving your current clinic visit.

If you cannot keep an appointment, call the office at least 48 hours in advance to cancel or reschedule. If you arrive for your appointment late, you may be asked to reschedule.

Support Groups

Images Support Groups meet throughout Minnesota once or twice a month. These free support groups are for people who have had or who are considering weight loss surgery. Family members are also welcome.

Support groups are strongly recommended for pre-surgery as well as after-surgery patients. Gastric bypass patients or a bariatric health care provider lead the Images Support Group meetings.

For an updated list of Images meetings, read the information in your binder or visit allinaunity.com. Go to *Services & Programs*. Choose *Bariatric and Weight Loss Center*, then choose *Patient Resources*.

Phone Numbers

Your hospital: _____

Your doctor: _____

Bariatric Center: _____

Images Support Group coordinator: 763-236-2068

Web Site

For more information, visit allinaunity.com. Go to *Services & Programs*. Choose *Bariatric and Weight Loss Center*.

Agreement to Make Lifestyle Changes

I agree to make the following lifestyle changes after Roux-en-Y gastric bypass surgery:

Dietary Guidelines

1. I will follow the dietary guidelines listed in this book including following a clear liquid diet the first three weeks after surgery, eating pureed foods the fourth week, and adding soft foods one at a time week five.
2. I will choose foods low in sugar, low in fat, and high in protein (60 grams or more) each day.
3. I commit to eating three meals each day, with protein first at each meal.
4. I commit to chewing my food slowly and well (to the consistency of applesauce).
5. I will eat each meal for 20 to 30 minutes.
6. I will not drink with my meals or for 30 to 45 minutes after eating.
7. I will take the necessary vitamins and supplements as outlined in this book.

Pregnancy

1. I am aware that pregnancy within two years of my gastric bypass may be harmful for my baby. I agree to use effective birth control, even two forms if necessary, for at least two years after surgery.

Fluid Intake

1. My goal for drinking water will be at least 64 ounces each day.
2. I will drink more water with increased levels of physical activity.
3. I will not drink alcohol after surgery. I understand the increased risk for intoxication (being drunk) and the health risks linked with drinking alcohol after the gastric bypass.

Exercise Plan

1. My exercise goal will be to exercise at least 30 minutes each day.
2. I will do aerobic exercise. This is exercise that uses large muscle groups in a nonstop rhythmic way. Examples are walking, biking, dancing and swimming.
3. I can break up the exercise into two 15-minute or three 10-minute sessions each day.

Follow Up

1. I commit to returning to my bariatric surgeon's office for follow-up appointments at: one week, five weeks, three months, six months, nine months, one year, two years, and every year after that. Lab work will be done every year.
2. I will follow recommended referrals made by the bariatric team. These referrals may be to a nutritionist, psychologist or other health care providers.
3. I understand the benefits of attending a support group and will make an attempt to regularly attend one in my area.

I commit to following all of the guidelines outlined by my surgeon and his or her staff. (This includes all instructions given to me before and after surgery and in this book.)

Patient signature

Date

Nurse witness

Date

Pre-surgery Gastric Bypass Assessment

1. How long do you need to be on only liquids after surgery? _____

2. Name the three supplements you need to take for the rest of your life.

A. _____

B. _____

C. _____

3. After surgery, when should you start with these three supplements:

A. One week after surgery

B. Two weeks after surgery

C. Four weeks after surgery

D. None of the above

4. You need to get 60 grams of protein every day. Which meal would give you the most protein?

A. One ounce cheese on one saltine cracker and three tablespoons applesauce

B. One-quarter cup mashed potatoes with gravy and three tablespoons applesauce

C. Three reduced-fat Wheat Thins[®], one ounces green beans and two peeled grapes

5. What is the minimum amount of liquids you need to drink each day?

A. 43 ounces

B. 64 ounces

C. 72 ounces

D. None of the above

6. Strong dark urine, lack of energy, nausea, dizziness or headache, and a bad taste in your mouth are signs of:

A. Dumping

B. Dehydration

C. Clogging

D. None of the above

7. What is the minimum recommended amount of exercise you need?

- A. 30 minutes every day
- B. 30 minutes three times a week
- C. One hour five times a week
- D. None of the above

8. Drinking liquids with meals can cause:

- A. Vomiting
- B. Weight gain
- C. Desire to snack
- D. All of the above

9. The long-term success of weight loss surgery depends upon:

- A. Me
- B. My surgeon
- C. Support group
- D. My family

10. True or False:

It would be OK to take a small sip of liquids during your meal.

11. True or False:

After surgery, you need to see your bariatric surgeon every year for the rest of your life.

12. True or False:

Some people fail to lose weight or regain weight because they resume snacking, binging, choose high fat or high carbohydrate foods, and they do not exercise.

13. True or False:

Women should avoid getting pregnant at least two years after gastric bypass surgery.

Patient signature

Date

Nurse witness

Date

Yearly Lab Results

Write your yearly lab results below.

	Year 1	Year 2	Year 3	Year 4	Year 5
<p>Hbg (hemoglobin): This test tells how much oxygen your blood is capable of carrying. It is used to check for anemia (iron-poor blood).</p>					
<p>Ferritin (iron): This test tells how much iron is stored in your body. It is used to check for anemia. If you are a woman of child-bearing age, you may have decreased iron levels during menstruation.</p>					
<p>B₁₂: This test tells if your body is using folate correctly. B₁₂ is needed to help red blood cells form and work well. A lack of B₁₂ leads to shortened life span of red blood cells and can cause anemia.</p>					
<p>Vitamin D: Vitamin D is needed for strong, healthy bones. It also helps your body absorb calcium and phosphorus.</p>					

Vitamin Supplements Before and After Weight Loss Surgery

Before Surgery

- Take one chewable complete multivitamin every day.
- Take one Super-B Complex or Mega-B Complex every day. Each tablet should have thiamine (B1) 50 mg or higher.

After Surgery

- Take two chewable, complete multivitamins every day. Each tablet should have 18 mg of iron.
- Take 1,000 mcg of B₁₂ under your tongue every day. Do not chew.
- If you are a women who menstruates: take a Vitron-C supplement once a day starting three months after surgery. Follow your surgeon's instructions.
- Take calcium citrate with vitamin D in divided dosage each day at least four hours apart. Men: take 1,600 mg total each day. Women: take 1,800 mg each day. Take two hours apart from iron.
- Take your calcium citrate two to three hours after you take your multivitamin.
- If you take thyroid medicine, do not take calcium and iron with it.

Weight Loss Surgery Guidelines

- Eat three balanced meals a day. Include protein (eat this first), whole grains, fruits, vegetables, and low-fat dairy products.
- Do not snack unless there is one arranged for you by your dietitian or nurse clinician.
- Measure your food portions according to your meal plan.
- Read food labels to help you choose healthful foods.
- Keep a food journal every day.
- Drink at least 64 ounces of water each day.
- Cut out beverages that contain caffeine, carbonation, or sugar.
- Chew every bite of food 20 to 30 times until it feels like applesauce.
- Take 20 to 30 minutes to eat each meal.
- Avoid drinking liquids with meals.
- Wait at least 30 minutes after a meal to drink liquids.
- Do not use drinking straws.
- Eat out no more than one to two times a week.
- Exercise every day. You should exercise enough to raise your heart rate slightly.
- Avoid alcohol.



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