Getting Started

Weight loss surgery

Losing weight is difficult. Weight loss surgery can help limit the amount of food you eat to help you lose weight.

Surgery may sound like an easy answer but it is not magic. It requires lifelong changes in your eating habits and your attitude about food. Every day you will need to make good food and physical activity choices.

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

You will get support from your weight loss surgery team. They will give information, help, encouragement and guidance.

Is there a chance you could regain weight?

Weight loss surgery helps you manage your weight. 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.

Your weight loss surgery team 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 your weight loss surgery team as your coaches. Seek their support whenever you need it.
# Table of Contents

**Introduction** ................................................................. 1
- Obesity .............................................................................. 1
- Body Mass Index (BMI) Chart ........................................... 2
- Health Problems Associated with Obesity ......................... 3
- Causes of Obesity ........................................................... 4

**Nutrition** ........................................................................... 9
- Nourish Your Body .......................................................... 9
- Core Nutrition Recommendations ..................................... 9
- When To Eat ....................................................................... 10
- What To Eat ....................................................................... 10
- Eating Out .......................................................................... 16
- Drink Enough Liquids ........................................................ 17
- How Much To Eat: Portion Control .................................... 19
- Smart Shopping ................................................................... 23
- Tips for Cooking Lean Meat and Chicken ......................... 25
- Flavoring Ideas ................................................................. 25
- Herb and Spice Suggestions .............................................. 26
- Meal Planning ................................................................. 26

**Nutrition Guidelines: Before Surgery** ............................... 31
- Lifelong Guidelines .......................................................... 31
- Making Lifestyle Changes Before Weight Loss Surgery ........ 32
- Pre-surgery Diet ............................................................... 43

**Nutrition Guidelines: After Surgery** ................................. 49
- Lifelong Guidelines .......................................................... 49
- Diet Progression - When to Change Your Diet After Surgery .... 50
- Protein .............................................................................. 54
- Liquids .............................................................................. 54
- Vitamin and Mineral Supplements .................................... 57
- Physical Activity ............................................................. 57
- Complications (Problems) After Surgery ......................... 58

**Physical Activity** ............................................................... 67
- Getting Regular Physical Activity ...................................... 67
- “Sitting Disease” .............................................................. 68
- Starting a Physical Activity Program ................................. 70
Physical Activity Program ........................................... 71
Beginner Physical Activity Program .............................. 76
Getting Enough Physical Activity ............................... 77

Wellness ................................................................. 81
Your Wellness Vision ................................................ 81
Goal Setting .......................................................... 83
Finding and Keeping Your Motivation .......................... 85
Overcoming Obstacles .............................................. 87
How to Manage Stress .............................................. 91
Sleep ................................................................. 92

Behavior Change ...................................................... 93
Self-monitoring ..................................................... 93
Hunger and Satiety .................................................. 94
Reframing Your Thoughts ........................................... 96
Overcoming Triggers ............................................... 98
Maintaining Your New Lifestyle ................................. 101

Before Weight Loss Surgery ...................................... 107
To Do List .......................................................... 107
“Introduction to Weight Loss Surgery” Class .................. 108
Insurance Coverage ............................................... 108
Determining Your Health Insurance Coverage ............... 109
Your Weight Loss Surgery Team .................................. 111
Your Appointments with a Registered Dietitian .......... 112
Your First Appointment with Your Surgeon ............... 112
Psychological Evaluation ......................................... 113
Insurance Approval ............................................... 113
Types of Weight Loss Surgery .................................. 114
Quit Tobacco for Your Surgery ................................... 117

Preparing for Weight Loss Surgery ............................... 123
To Do List .......................................................... 123
Medicine Use Before Surgery .................................. 124
Medicine Use After Surgery ..................................... 128
Health History and Physical Exam .............................. 132
Pre-surgery Education ........................................... 132
Advance Care Planning ......................................... 133
Respiratory Exercises (Breathing Exercises) ............... 134
Introduction

Obesity

Obesity is defined as having too much body fat. This means your weight is higher than what is considered healthy for your height.

One way to measure obesity is using the body mass index (BMI). This number is based on your height and weight. The weight may come from muscle, bone, fat and/or body water.

The higher your BMI, the greater your risk is for diseases such as diabetes, high blood pressure, heart disease, stroke, arthritis, respiratory disorders, high cholesterol, infertility (not able to have children), certain cancers and early death.

You can calculate your BMI on the next page.

Date: __________________
My weight: __________
My BMI: ____________

Watch, learn and live better with free videos

Allina Health offers a free video library online.

Go to allinahealth.healthclips.com to access the video library.

In the Full Library, choose the Wellness category and then select Weight Management. You will find videos in two categories:

- Adult Weight Loss
- Teen Weight loss

The videos are short — in general, each is between 2 to 5 minutes long.

Watch on a computer, laptop, tablet or smartphone. Watch as often as you would like.
## Body Mass Index (BMI) Chart

<table>
<thead>
<tr>
<th>Height (inches)</th>
<th>Normal</th>
<th>Overweight</th>
<th>Obese</th>
<th>Extreme Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>58</td>
<td>119</td>
<td>124</td>
<td>153</td>
<td>205</td>
</tr>
<tr>
<td>59</td>
<td>124</td>
<td>128</td>
<td>158</td>
<td>209</td>
</tr>
<tr>
<td>60</td>
<td>128</td>
<td>133</td>
<td>153</td>
<td>204</td>
</tr>
<tr>
<td>61</td>
<td>132</td>
<td>137</td>
<td>158</td>
<td>211</td>
</tr>
<tr>
<td>62</td>
<td>136</td>
<td>142</td>
<td>164</td>
<td>218</td>
</tr>
<tr>
<td>63</td>
<td>141</td>
<td>146</td>
<td>169</td>
<td>225</td>
</tr>
<tr>
<td>64</td>
<td>145</td>
<td>151</td>
<td>174</td>
<td>232</td>
</tr>
<tr>
<td>65</td>
<td>150</td>
<td>156</td>
<td>180</td>
<td>240</td>
</tr>
<tr>
<td>66</td>
<td>155</td>
<td>161</td>
<td>186</td>
<td>247</td>
</tr>
<tr>
<td>67</td>
<td>159</td>
<td>166</td>
<td>192</td>
<td>255</td>
</tr>
<tr>
<td>68</td>
<td>164</td>
<td>171</td>
<td>198</td>
<td>262</td>
</tr>
<tr>
<td>69</td>
<td>169</td>
<td>176</td>
<td>204</td>
<td>269</td>
</tr>
<tr>
<td>70</td>
<td>174</td>
<td>181</td>
<td>210</td>
<td>277</td>
</tr>
<tr>
<td>71</td>
<td>179</td>
<td>186</td>
<td>216</td>
<td>285</td>
</tr>
<tr>
<td>72</td>
<td>184</td>
<td>191</td>
<td>222</td>
<td>293</td>
</tr>
<tr>
<td>73</td>
<td>189</td>
<td>197</td>
<td>228</td>
<td>301</td>
</tr>
<tr>
<td>74</td>
<td>194</td>
<td>202</td>
<td>234</td>
<td>309</td>
</tr>
<tr>
<td>75</td>
<td>199</td>
<td>208</td>
<td>240</td>
<td>317</td>
</tr>
<tr>
<td>76</td>
<td>204</td>
<td>213</td>
<td>246</td>
<td>325</td>
</tr>
</tbody>
</table>
Health Problems Linked to Obesity

Cancer
- Breast
- Colon
- Esophagus
- Kidney
- Pancreas
- Prostate (male)
- Uterus (female)

Stroke
- Migraines

Heart disease
- High cholesterol
- High blood pressure
- Diabetes

Fatty liver
- Liver disease (cirrhosis)

Gallstones
- Pancreatitis

Female disorders
- Abnormal periods
- Polycystic ovarian syndrome (PCOS)
- Infertility

Arthritis
- Gout (type of arthritis)

Sleep apnea
- Snoring

Lung disease
- Lung blood clot
- Asthma

Blood clots

Asthma

Diabetes

Lung disease

High blood pressure

Liver disease

Asthma

Gout

Blood clots

Pancreatitis

Female disorders

Abnormal periods

Polycystic ovarian syndrome (PCOS)

Infertility

Arthritis

Gout (type of arthritis)
Causes of Obesity

There are many factors that can play a part in developing the disease of obesity.

**Energy balance**

Weight gain happens when you eat more calories than you use.

The pictures below show what happens when your diet is out of balance.

- **Calories eaten more than calories used = weight gain**
- **Calories eaten less than calories used = weight loss**
- **Calories eaten the same as calories used = no weight change**

**Family history and genetics**

- You have a higher risk of being overweight if one or both of your parents are overweight or obese.
- Genes from your parents can affect the amount of fat you store in your body and where you carry extra fat on your body.
- Children often adopt eating and physical activity habits from their parents.
Hormones
Some health conditions that can cause a hormone imbalance can also cause weight gain. Examples include:
- hypothyroidism (underactive thyroid)
- polycystic ovarian syndrome or PCOS (a woman’s ovaries make more male hormones than normal)
- Cushing’s syndrome (caused by a high level of the hormone cortisol)
- menopause.

Important
Do not stop taking any medicines you are currently taking without first talking to your health care provider.

Did You Know?
Insulin helps the body use glucose for fuel.

Medicines
Some medicines can cause weight gain by increasing your appetite, holding onto extra water in your body (water retention), or slowing down the rate your body burns calories. Examples include:
- antidepressants
- seizure medicines
- corticosteroids.

Sleep
Not getting enough sleep can:
- increase the hormone that makes you feel hungry (ghrelin) and decrease the hormone that makes you feel full (leptin)
- affect the fat cells ability to respond to insulin which can cause higher than normal blood glucose levels.

Did You Know?
Insulin helps the body use glucose for fuel.

Lifestyle
Weight gain can be caused by:
- not getting enough physical activity
  — You may spend too much time in front of the TV and computer.
  — You may have less physical demands at work or home.
  — You may rely on vehicles or public transportation instead of walking.
- stress
  — When you are stressed you may eat more than usual. Over time, this can cause you to gain weight.
  — When you are stressed, your food choices might be those that are high in fat, sugar and salt.
  — Long-term stress can lead to a change in your cortisol level which can cause weight gain.
Environment

Your environment can cause you to gain weight for reasons such as:

- large food portions at restaurants
- not having access to or being able to afford healthful foods
- having easier access to processed foods
- feeling like you need to be part of the “clean plate club”
- work and home schedules that do not allow much time for physical activity.
Nutrition

Nourish Your Body

Good nutrition is essential for a healthy body. Eating healthful foods will help your body get the nutrients it needs to help you feel your best. Every choice you make is an opportunity to nourish your body and give it what it needs.

Making good choices starts with changing the way you think about food. Instead of thinking about being on a “diet,” think of moving toward a new, lifelong way of healthy eating.

Follow the recommendations listed below to help you get started. Remember, making changes in your lifestyle will take time and effort. Make one better choice at a time and stick with it! Soon, you will start seeing positive changes in yourself.

Core Nutrition Recommendations

1. Eat breakfast within 1 hour of waking.
2. Eat 3 meals each day, plus 1 to 2 healthful snacks if physically hungry.
3. Eat healthful sources of protein and carbohydrate at each meal and snack.
4. Make at least half of your grains whole grains.
5. Eat 3 or more cups of non-starchy vegetables each day.
6. Limit eating out (less than 3 times each week and make healthful choices).
7. Drink enough liquids. (Water should be at least half of your daily liquids.)
8. Practice portion control.
9. Practice mindful eating. (You can read more on page 95.)

Are you having weight loss surgery?

This nutrition section provides information on how to start eating healthful foods and beverages before you have weight loss surgery.

After surgery, you will need to follow specific nutrition guidelines. Throughout this section, you will see this icon next to some information.

It will refer you to pages in the sections “Nutrition Guidelines: Before Surgery” and “Nutrition Guidelines: After Surgery.” Be sure to follow any instructions given to you by your dietitian.
When To Eat

There is no magic number of times to eat. The best meal pattern is one that keeps you from ever feeling really hungry at any point in your day.

Irregular, unplanned meal patterns tend to lead to less healthful food choices and mindless snacking.

Research shows that people who eat within 1 hour of waking tend to weigh less. Breakfast may increase your metabolism, so you actually burn more calories each day. It may also help control your appetite throughout the day and make you less likely to snack in the evening.

It is recommended that you:
- Eat breakfast within 1 hour of waking.
- Eat 3 meals each day, plus 1 to 2 healthful snacks if physically hungry.
- Do not skip meals.

Not a breakfast eater?
- Start small. Eat a piece of string cheese or drink a ½ cup of low-fat milk.
- Think fast. Eat fresh fruit like a banana, apple or grapes.
- Be flexible. It does not have to be a breakfast food. Eat last night’s leftovers.
- Make it portable. Try high fiber, high protein granola bars, instant oatmeal or single-serving cereal.

What To Eat

You will better manage your weight long-term if you eat a small amount of protein and carbohydrate every time you eat. It is recommended that you eat at least 7 grams of protein and 15 grams of carbohydrate at each meal and snack.

It is common to eat 21 to 28 grams of protein and 15 to 45 grams carbohydrate at each meal. Your dietitian will work with you to create a meal plan that is right for you.

On page 13, you will find a list of healthful protein and carbohydrate options.
Protein

It is important to get enough protein during weight loss to prevent muscle loss. Not eating enough protein will cause your body to breakdown its own lean muscle just to get the protein it needs to make hormones and keep bones, muscles, cartilage, skin and blood healthy.

Protein helps you feel fuller longer. It can also keep blood glucose levels steady throughout the day which might help control cravings.

Limit the amount of higher fat foods you eat: fatty cuts of beef, pork and lamb; full-fat ground beef; sausages, hot dogs and bacon; some luncheon meats (bologna and salami).

Eat lean or low-fat meats and poultry. Seafood, especially salmon, trout and herring, are high in omega-3 fatty acids.

Carbohydrates

Carbohydrates are your body’s main source of fuel. Your central nervous system, kidneys, brain and muscles (including your heart) all need carbohydrates to work right.

Fueling your body with the right type of carbohydrates will boost your energy level. They can also keep blood glucose levels steady throughout the day which might help control cravings.

The best choices of carbohydrates are high in fiber, protein or both, and low in fat and added sugar.

Whole grains

Whole grains are rich in fiber, B vitamins and iron. The vitamins and minerals in whole grains help build red blood cells, build bones, and release energy. Make at least half of your grains whole grains.

To be a whole grain, it must have the entire grain kernel (bran, germ and endosperm). Examples of whole grains are:

- whole-wheat, wheat berries, bulgur
- whole rye, rye berries
- whole cornmeal, popcorn
- whole barley, hulled barley, hull-less barley

Did You Know?

Omega-3 fatty acids help protect your heart against heart disease.
Tip
Visit wholegrainscouncil.org for more information about less common grains such as amaranth, farro and millet.

Fiber
Dietary fiber is the part of plants that your body cannot digest. There are two types of fiber:
- soluble (such as oats, legumes, seeds)
- insoluble (such as fruits, vegetables, whole grains).

Both types are important to good health and helping you manage your weight. They will help you feel fuller longer. Fiber can also keep blood glucose levels steady throughout the day which might help control cravings.

Tip
- The amount of calories you eat is important but so is the quality of calories.
- You will control physical hunger better if you eat foods high in protein and fiber.
- Your body will work and feel better if you choose foods that have the vitamins and minerals you need.
# Healthful Protein and Carbohydrate Options

<table>
<thead>
<tr>
<th>Protein</th>
<th>Carbohydrate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ounce of cooked meat = 7 grams of protein</td>
<td>1 carbohydrate choice = 15 grams of carbohydrate</td>
</tr>
</tbody>
</table>

Below are serving sizes that have about 7 grams of protein.

**Fat-free or low-fat dairy**
- 8 ounces low-fat milk ♦
- ⅔ cup or 6 ounces low-fat yogurt ♦
- ¼ cup low-fat cottage cheese
- 1 piece reduced-fat string cheese

**Lean meat, poultry, seafood, eggs, beans and peas, soy, nuts and seeds**
- ¼ cup ground meat, canned tuna in water or canned chicken
- 1 ounce deli meat
- 3 ounces or ½ cup imitation crab
- 1 egg
- ½ cup light tofu
- ½ cup cooked dried beans, peas, lentils, shelled edamame ♦
- ⅓ cup hummus * ♦
- ¼ cup nuts or seeds *
- 1 ½ to 2 tablespoons nut or seed butter

Below are serving sizes that have about 15 grams of carbohydrate.

**Fruit**
- 1 cup fresh or 1 small whole piece of fruit
- ½ cup canned fruit in 100 percent juice
- 2 tablespoons dried fruit

**Starchy vegetables**
- ½ cup sweet corn, green peas (without pod), parsnips, potatoes, sweet potatoes, yams
- 3 ounce baked potato (¼ of a large)
- 1 cup winter squash (except spaghetti squash)

**Whole grains**
- 1 slice whole-grain bread
- 6-inch whole-wheat tortilla
- ½ whole-wheat English muffin or pita bread
- ¼ large whole-wheat bagel
- ¾ cup unsweetened whole grain cold cereal
- ½ cup cooked oatmeal, bulgur, wild rice or 1 packet unflavored instant oatmeal
- ½ cup cooked whole-wheat pasta, barley, brown rice or quinoa
- ¼ cup whole-grain low-fat granola
- 3 cups light popcorn

♦ Protein food that also has about 15 grams carbohydrate.
* This food has a serving of heart-healthy fat so portion control is important. You should eat these foods less often.

---

**Healthful Planned Snack Ideas**

- Put ½ cup black beans in salsa and use cucumber slices as “chips.”
- ½ cup hummus with red pepper slices, carrot sticks or sugar snap peas.
- ¼ cup canned tuna with low-fat mayo on whole-wheat crackers.
Fats

Fats are an essential nutrient and your body needs fat to work properly. But, too much saturated fat or trans fat can increase your cholesterol and your risk of heart disease.

Listed below are the types of fat found in food.

- **Trans fats** are made when vegetable oils are processed (or hydrogenated) into shortening and stick margarine. Sources of trans fats include snack foods, baked goods and fried foods made with “partially hydrogenated vegetable oil” or “vegetable shortening.”

- **Saturated fats** are found in animal products such as butter, cheese, whole milk, ice cream and fatty meats. They are also found in some vegetable products (coconut, palm and palm kernel oil).

- **Unsaturated fats** come from both animal and plant products. There are two types:
  - **Monounsaturated fats** usually come from seeds or nuts such as avocado, olive, peanut and canola oils.
  - **Polyunsaturated fats** usually come from vegetable products such as corn, safflower, sunflower, soybean and sesame seed oils.

  - **Omega-3 fatty acids** are polyunsaturated fats. They include ground flaxseed, flaxseed oil, soybean oil, canola oil, walnuts and fatty fish (such as salmon, mackerel, herring and trout).

---

**Tip**

Saturated fats and trans fats are solid at room temperature (butter or stick margarine).

Monounsaturated and polyunsaturated fats are liquid at room temperature (oils).

Whenever possible, replace saturated fats and trans fats with monounsaturated and polyunsaturated fats.

---

<table>
<thead>
<tr>
<th>Healthier Fats to Choose</th>
<th>Eat Less</th>
</tr>
</thead>
<tbody>
<tr>
<td>- avocado</td>
<td>- solid fats and shortenings: butter, lard, salt pork, bacon drippings</td>
</tr>
<tr>
<td>- vegetable oils: canola, olive, peanut, safflower, sunflower, corn, soybean, cottonseed, sesame and flaxseed oil</td>
<td>- gravy containing meat fat, shortening or suet</td>
</tr>
<tr>
<td>- margarines: spray, tub, or squeeze, with one of above oils listed as a liquid as the first ingredient (no trans fat)</td>
<td>- margarines in which the first ingredient is not a liquid oil</td>
</tr>
<tr>
<td>- salad dressing or mayonnaise: made with recommended oil</td>
<td>- chocolate, cocoa butter, coconut</td>
</tr>
<tr>
<td>- spreads with plant stenols/sterols</td>
<td>- coconut oil, palm oil or palm kernel oil (often used in bakery products)</td>
</tr>
<tr>
<td>- low-fat or fat-free salad dressing or mayonnaise</td>
<td>- nondairy creamers, whipped toppings, candy, fried foods</td>
</tr>
<tr>
<td>- unsalted nuts and seeds: almonds, peanuts, walnuts, ground flaxseeds, sunflower seeds</td>
<td>- half &amp; half, heavy or whipping cream</td>
</tr>
</tbody>
</table>
Non-starchy vegetables

Non-starchy vegetables play an important part in helping you manage your weight. They have many nutrients such as fiber, potassium, and vitamins A, E and C. Each color gives you a different set of nutrients, so try to eat a variety of colors each day.

Find ways to eat them that you enjoy so they can be a central part of your meals. Choose a variety of vegetables and eat 3 or more cups each day. Examples include:

- Chinese spinach
- artichoke, artichoke hearts
- asparagus
- baby corn
- bamboo shoots
- beans (green, wax, Italian)
- bean sprouts
- beets
- broccoli
- Brussels sprouts
- cabbage (green, bok choy, Chinese)
- carrots
- cauliflower
- celery
- chayote squash
- coleslaw (packaged, no dressing)
- cucumber
- daikon
- eggplant
- greens (collard, kale, mustard, turnip)
- hearts of palm
- jicama
- kohlrabi
- leeks
- mushrooms
- okra
- onions
- pea pods
- peppers
- pickles
- radishes
- rutabaga
- salsa
- salad greens (chicory, endive, escarole, lettuce, romaine, spinach, arugula, radicchio, watercress)
- sprouts
- squash (cushaw, summer, crookneck, spaghetti, zucchini)
- sugar snap peas
- Swiss chard
- tomato
- turnips
- water chestnuts
- yard-long beans.

Did You Know?

Visit fruitsandveggiesmorematters.org to:
- learn how to buy and store fruits and vegetables
- find new recipes
- watch video clips on preparing fruits and vegetables, and more!
Tips for eating vegetables

- Substitute spinach, onions or mushrooms for one of the eggs or half the cheese in your morning omelet.
- Substitute lettuce, tomato, cucumber or onions for cheese and meat in your sandwich, wrap or burrito.
- Pack an extra serving of vegetables to go with a frozen entrée at lunch.
- Add chopped broccoli, carrots or red peppers in place of noodles in your favorite broth-based soup.
- Add chopped cauliflower, summer squash or asparagus in place of rice or pasta in your favorite hotdish.

Eating Out

Weight loss can be hard when you eat out often. It is recommended that you limit eating out to less than 3 times each week. If that is not possible, you can still plan ahead and make wise choices.

Tips for eating out

- Plan what to order before going to the restaurant. Call ahead or look on the website to find your best choices so you can order without looking at the menu at the restaurant. Ordering first can help.
- Eat a small, healthful snack or drink a calorie-free beverage before going to the restaurant.
- Ask how foods are prepared.
  - Good choices: steamed, meat or fish in its own juice, garden fresh, broiled, roasted, poached.
  - High-fat choices: fried, breaded, battered, melted cheese on top, creamed, escalloped, butter sauce, pan-fried, sautéed, au gratin.
- Ask if foods can be cooked in a different way.
- Substitute fruit or vegetables for potato chips or French fries.
- Order salad dressings and sauces to be served on the side so you control the amount that goes on your food.
- Order a half portion or split a main dish with someone.
- To reduce calories, order entrées without “extras” such as a burger without the bun.
- Ask for a “to go” box and place half of your meal in the box before eating.
Drink Enough Liquids

The benefits of getting enough liquids are endless. Some benefits include less constipation, headaches and indigestion.

The current recommended amount of total liquids each day is:

- 9 cups for women
- 13 cups for men.

Each person’s needs are different and can change from day-to-day. Replacing high-calorie beverages with water will help you lose weight, but water does not have to be your only beverage.

Guidelines

Follow these guidelines to meet your daily recommended amount of liquids and stay well hydrated.

- **At least half of your daily liquids should come from water.**
  - Women: 40 ounces (4 ½ cups)
  - Men: 50 ounces (6 ½ cups)
  - You can drink more water – up to 100 percent of your daily amount.

- **You can have up to 2 cups of unsweetened coffee or tea.**
  If you do not drink coffee or tea, choose water instead.
  - If you are pregnant, or have a hard time controlling your blood pressure or blood glucose, you may want to consider switching to decaffeinated coffee or tea.
  - If you flavor your coffee or tea with a lot of sugar, cream or whole milk, then drinking less would help you manage your weight.

- **You can have up to 2 cups of skim or 1 percent milk.**
  You can have less, but just make sure you get your calcium from another source.

- **You can have up to 4 to 6 ounces of 100 percent fruit or vegetable juice.**
Avoid or limit these beverages

- Alcoholic beverages
  - Calories from alcohol can add up quickly. Alcohol can also make you feel hungry.
  - You should drink alcohol in moderation. This means no more than 1 to 2 drinks for men, and no more than 1 drink for women each day.
  - One drink contains 12 grams (.5 ounce) of pure alcohol. Examples of standard drinks include:
    - 12 ounces of beer or wine cooler
    - 5 ounces of wine
    - 1.5 ounces of distilled spirits (such as vodka, gin or scotch).

- “Diet” drinks made with artificial sweeteners
  - These types of drinks may cause weight gain.
  - Examples of diet drinks include Crystal Light® or sugar-free Kool-Aid®
  - Up to 1 to 2 cups (8 to 16 ounces) is OK.

- Sugar-sweetened drinks
  - These types of drinks are very high in calories and can cause weight gain.
  - Examples of sweetened drinks include sweetened tea or adding sugar to a beverage
  - You may see weight loss if you stop having these types of drinks.
  - Sports drinks such as Gatorade®, Instant Preplay® or Take Five® are only needed if you do continuous moderate or vigorous intensity exercise for more than 1 hour.
  - You should avoid energy drinks. They are often high in sugar, calories and caffeine. It has not been proven that energy drinks are safe. Some ingredients may be harmful to your health.

Tip
You can flavor water in healthful ways by adding:
- slices of lemon, lime or orange
- slices of cucumber or fresh ginger root
- fresh herbs such as mint, basil, cilantro or dill
- fresh fruit like watermelon or strawberries
- extracts such as mint, vanilla, almond, cinnamon or chocolate
- flavored stevia drops.
You can also try these ideas with sparkling water, decaffeinated coffee and herbal tea.

Important
Learn more about alcohol use on pages 62 to 63.
# How Much to Eat: Portion Control

How much you eat is as important as what you eat. You can gain weight by eating large amounts of any food.

Portion sizes have grown with each passing decade. The table below shows how eating just a slightly smaller portion can lead to significant weight loss over time.

<table>
<thead>
<tr>
<th>Menu Item</th>
<th>Big Portion</th>
<th>Calories</th>
<th>Small Portion</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oat flake cereal</td>
<td>1 ½ cups</td>
<td>225</td>
<td>1 cup</td>
<td>150</td>
</tr>
<tr>
<td>2 percent milk</td>
<td>½ cup</td>
<td>80</td>
<td>½ cup</td>
<td>60</td>
</tr>
<tr>
<td>Banana</td>
<td>½ large</td>
<td>80</td>
<td>½ medium</td>
<td>50</td>
</tr>
<tr>
<td>Orange juice</td>
<td>¾ cup</td>
<td>90</td>
<td>½ cup</td>
<td>60</td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chili</td>
<td>1 ½ cups</td>
<td>255</td>
<td>1 cup</td>
<td>170</td>
</tr>
<tr>
<td>Whole-wheat dinner roll</td>
<td>3 ½ inches wide</td>
<td>115</td>
<td>2 inches wide</td>
<td>75</td>
</tr>
<tr>
<td>Apple</td>
<td>1 large</td>
<td>100</td>
<td>1 medium</td>
<td>80</td>
</tr>
<tr>
<td>Low-fat vanilla frozen yogurt</td>
<td>¾ cup</td>
<td>180</td>
<td>½ cup</td>
<td>120</td>
</tr>
<tr>
<td>Snack</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orange</td>
<td>1 large</td>
<td>100</td>
<td>1 medium</td>
<td>60</td>
</tr>
<tr>
<td>Dinner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baked chicken breast without skin</td>
<td>5 ounces</td>
<td>275</td>
<td>3 ounces</td>
<td>165</td>
</tr>
<tr>
<td>Salad with French dressing</td>
<td>3 tablespoons</td>
<td>200</td>
<td>1 tablespoon</td>
<td>67</td>
</tr>
<tr>
<td>Peas</td>
<td>¾ cup</td>
<td>106</td>
<td>½ cup</td>
<td>80</td>
</tr>
<tr>
<td>Baked potato</td>
<td>5 ounces</td>
<td>150</td>
<td>3 ounces</td>
<td>80</td>
</tr>
<tr>
<td>Margarine</td>
<td>3 teaspoons</td>
<td>108</td>
<td>1 teaspoon</td>
<td>36</td>
</tr>
<tr>
<td>Snack</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tortilla chips</td>
<td>20 chips</td>
<td>280</td>
<td>10 chips</td>
<td>140</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,344</strong></td>
<td></td>
<td><strong>1,393</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Did You Know?**

Eating 1,000 calories less each day = 2 pounds of body fat loss each week.

or

Eating 500 calories less each day = 1 pounds of body fat loss each week.
My portion control plan

- Eat slowly. Make each meal last 20 to 30 minutes.
- Weigh or measure my food and beverages.
- Choose smaller plates, bowls, cups and utensils.
- Use plates, bowls, cups and utensils that have measurements printed on them or write in measurements.
- Fill half my plate with non-starchy vegetables, fruit or both.
- Limit seconds to only non-starchy vegetables.
- Use a list or a meal plan.
- Buy just enough to get you through to the next grocery store visit. For example, if your goal is to have two servings of fruit each day, go to the grocery store once a week and only get 7 bananas and 7 oranges.
- Buy single portion servings or repackage food into the right serving size.
- Eat foods high in calories less often, in smaller portions or find a replacement that works for you.
- Drink one 8-ounce glass of water before eating a meal.

Important

Learn more about portion sizes on pages 34 to 37.
Make small changes

The table below shows how making small changes to your choices can lead to significant weight loss over time.

<table>
<thead>
<tr>
<th>Higher-calorie Choices</th>
<th>Calories</th>
<th>Lower-calorie Choices</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¾ cup frosted flakes</td>
<td>110</td>
<td>¾ cup corn flakes with 1 teaspoon sugar</td>
<td>91</td>
</tr>
<tr>
<td>½ cup 2 percent milk</td>
<td>61</td>
<td>½ cup skim milk</td>
<td>45</td>
</tr>
<tr>
<td>1 banana chocolate chip muffin</td>
<td>180</td>
<td>1 small banana</td>
<td>89</td>
</tr>
<tr>
<td>16 ounce skinny vanilla latte</td>
<td>132</td>
<td>16 ounce herbal tea with stevia</td>
<td>0</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bologna sandwich with mayo</td>
<td>512</td>
<td>ham sandwich with mustard</td>
<td>337</td>
</tr>
<tr>
<td>1 cup broccoli cheese soup</td>
<td>200</td>
<td>1 cup chicken noodle soup</td>
<td>127</td>
</tr>
<tr>
<td>1 cup corn</td>
<td>132</td>
<td>1 cup cooked carrots</td>
<td>54</td>
</tr>
<tr>
<td>12 ounce lemonade</td>
<td>93</td>
<td>12 ounce water with lemon and cucumber slices</td>
<td>5</td>
</tr>
<tr>
<td><strong>Snack</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 fun-size candy bars</td>
<td>160</td>
<td>2 cups watermelon</td>
<td>92</td>
</tr>
<tr>
<td>1 cheddar cheese stick</td>
<td>110</td>
<td>1 string cheese stick</td>
<td>80</td>
</tr>
<tr>
<td><strong>Dinner</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 to 5 ounces fried, breaded chicken breast</td>
<td>494</td>
<td>4 to 5 ounces grilled chicken breast</td>
<td>220</td>
</tr>
<tr>
<td>small order of French fries</td>
<td>267</td>
<td>2 cups salad with 2 tablespoons low-fat dressing</td>
<td>98</td>
</tr>
<tr>
<td>12 ounce regular cola</td>
<td>151</td>
<td>12 ounce diet sparkling water</td>
<td>0</td>
</tr>
<tr>
<td><strong>Snack</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 ounce potato chips</td>
<td>161</td>
<td>2 cups air-popped popcorn with a spray margarine</td>
<td>62</td>
</tr>
<tr>
<td>6 ounces full-fat Greek yogurt</td>
<td>160</td>
<td>6 ounces fat-free Greek yogurt</td>
<td>120</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,923</td>
<td></td>
<td>1,420</td>
</tr>
</tbody>
</table>

**Did You Know?**

Eating 1,500 calories less each day = 3 pounds of body fat loss each week.
### Other substitution ideas

<table>
<thead>
<tr>
<th>Instead of…</th>
<th>Choose…</th>
</tr>
</thead>
<tbody>
<tr>
<td>one slice of Starbucks® pumpkin bread (410 calories)</td>
<td>a Starbucks pumpkin-spice latte with skim milk (195 calories)</td>
</tr>
<tr>
<td>crackers with cheddar cheese (293 calories)</td>
<td>apple slices and soft goat cheese (170 calories)</td>
</tr>
<tr>
<td>1 ounce of potato chips with 2 tablespoons onion dip (260 calories)</td>
<td>1 cup of vegetables and 2 tablespoons guacamole (48 calories)</td>
</tr>
<tr>
<td>3 mini sausages (96 calories)</td>
<td>3 large shrimp (21 calories)</td>
</tr>
<tr>
<td>a large handful of mixed nuts (410 calories)</td>
<td>a large handful of pistachios in the shell (160 calories)</td>
</tr>
</tbody>
</table>

### Your turn!

List three substitutions you would like to make to reduce calories:

<table>
<thead>
<tr>
<th>Higher-calorie item</th>
<th>Lower-calorie item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>➞</td>
</tr>
<tr>
<td>2.</td>
<td>➞</td>
</tr>
<tr>
<td>3.</td>
<td>➞</td>
</tr>
</tbody>
</table>
Smart Shopping

Learning how to read labels will help you make wise choices. Here are some guidelines you can follow when shopping for healthful foods.

**Calories**
- 40 calories per serving = low
- 100 calories per serving = moderate
- 400 calories or more per serving = high

Total per day: _____________________________

<table>
<thead>
<tr>
<th>Total fat</th>
<th>5 grams (g) = 1 serving of fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total per day:</td>
<td>______________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Saturated fat</th>
<th>3 g or less per serving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total per day:</td>
<td>______________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trans fat</th>
<th>0 g per serving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total per day:</td>
<td>______________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sodium</th>
<th>Less than 500 milligrams (mg) per serving for a main entree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less than 150 mg per serving for snack, side dish or ingredient</td>
</tr>
<tr>
<td>Total per day:</td>
<td>_____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Protein</th>
<th>7 g = 1 serving of protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total per day:</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

Food label for a granola bar

### Nutrition Facts

**Serving Size**: 1 bar (40 g)

<table>
<thead>
<tr>
<th>Amount Per Serving</th>
<th>Calories from Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
<td>170</td>
</tr>
<tr>
<td>Calories from Fat</td>
<td>60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Daily Value*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fat</td>
<td>7 g</td>
</tr>
<tr>
<td>Saturated Fat</td>
<td>3 g</td>
</tr>
<tr>
<td>Trans Fat</td>
<td>0 g</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>0 mg</td>
</tr>
<tr>
<td>Sodium</td>
<td>160 mg</td>
</tr>
<tr>
<td>Total Carbohydrate</td>
<td>24 g</td>
</tr>
<tr>
<td>Dietary Fiber</td>
<td>3 g</td>
</tr>
<tr>
<td>Sugars</td>
<td>10 g</td>
</tr>
<tr>
<td>Protein</td>
<td>5 g</td>
</tr>
</tbody>
</table>

Source: U.S. Food and Drug Administration

**Total carbohydrate**
- 15 g = 1 serving of carbohydrate or starch

Total per day: _______________________

**Fiber**
- 3 g per serving = good choice
- 5 g or more per serving = great choice

Total per day: _____________________

**Sugar**
- 7 g or less per serving

Total per day: _____________________
Ingredient list

- Limit foods that have “partially hydrogenated” and “hydrogenated” oils. These are sources of trans fat.
- Limit foods with added sugar listed in the first 3 ingredients. Look for words that include “sugar” or “-ose” at the end of a word. These words include:
  - brown sugar, powdered sugar, invert sugar, white granulated sugar, raw sugar
  - dextrose, fructose, lactose, sucrose
  - corn syrup, high fructose corn syrup
  - honey
  - maple syrup
  - molasses
  - nectars.
- Choose foods that have whole grain as a first ingredient.
Tips for Cooking Lean Meat and Chicken

Lean meat (such as beef and pork) and poultry tend to be less tender and drier. Here are some tips to make them taste good.

- Tenderize meat and chicken by pounding it thin with a special mallet or cut it into strips before cooking. You can also tenderize meat by using marinades with citrus juices, vinegar, low-fat salad dressings or pineapple juice. The longer you marinate the meat the more tender it will be.

- Use slow cooking methods or moisture cooking methods.
  - Baking: Cover with lid or foil to retain moisture.
  - Braising: Add a small amount of liquid such as broth, wine or vegetable juice and heat in a covered container in the oven or on a stove top.
  - Roasting: Place food on a rack to prevent food from sitting in drippings. Do not use the drippings for basting. Use vegetable or fruit juices, broth or wine instead.
  - Sautéing: Use broth or wine instead of oil.
  - Steaming: Add herbs and spices to the water.

- You can also substitute fish which is naturally tender.

Flavoring Ideas

<table>
<thead>
<tr>
<th>Vegetables, potatoes</th>
<th>Fat-free and low-sodium broth or bouillon; fat-free or low-fat plain yogurt; herbs and spices; low-sodium salsa or mustard; lemon or lime juice; cooking spray or spray butters/margarines; grill them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salads</td>
<td>Fat-free or low-fat salad dressing; salad spritzers; flavored vinegars; salsa; fresh herbs; citrus juice (lemon, lime, orange or grapefruit); add juicy vegetables like tomatoes or cucumber to add moisture</td>
</tr>
<tr>
<td>Bread, sandwiches</td>
<td>Fat-free cream cheese; horseradish; mustard; all-fruit jams</td>
</tr>
<tr>
<td>Pancakes</td>
<td>Unsweetened applesauce; crushed berries; lite syrup</td>
</tr>
<tr>
<td>Pasta, rice</td>
<td>Spaghetti sauce with lean meat; chopped vegetables; white sauce made with evaporated skim milk; herbs and spices</td>
</tr>
<tr>
<td>Soup, stews</td>
<td>Herbs and spices; wine; low-sodium vegetable juice; strong flavored vegetables like onion, broccoli or garlic</td>
</tr>
</tbody>
</table>
Herb and Spice Suggestions

Try these flavor ideas:
- **beef**: bay leaf, curry, dry mustard, sage, marjoram, mushrooms, nutmeg, onion, pepper, thyme
- **lamb**: curry, garlic, mint, pineapple, rosemary
- **pork**: apples, applesauce, garlic, onion, sage, peaches
- **veal**: apricots, bay leaf, curry, ginger, marjoram, oregano
- **fish**: bay leaf, lemon juice, marjoram, mushrooms, paprika
- **chicken**: cranberries, paprika, thyme, sage
- **asparagus**: lemon juice
- **corn**: green pepper, tomato
- **green beans**: marjoram, lemon juice, nutmeg, dillweed
- **peas**: onion, mint, mushrooms, green pepper
- **potatoes**: onion, mace, green pepper
- **squash**: ginger, mace, onion, cinnamon
- **tomatoes**: basil, marjoram, onion.

Meal Planning

Most people who have lost weight and kept it off make almost all (90 percent) of their own meals. Try these tips to get back in the kitchen.

- Plan meals and snacks for 1 week at a time.
- Create a list of preferred meals that are healthful and you and your family enjoy.
- Stock your cupboard with staples, those foods your family eats often.
- Set aside times to slice, dice and chop foods you will use for cooking, such as carrots, onions and peppers. Store your prepped ingredients in clear plastic bags for easy identification.
- Use ingredients that have already been partially prepared such as chopped vegetables or pre-assembled kabobs or rotisserie chicken. Though more expensive, it is still cheaper than eating out often.
- Involve family in the meal preparation and clean-up process.

Tip

- Store your dried herbs and spices in a cool, dark place.
- Add mild herbs, such as marjoram and parsley, right before serving the food.
- You can substitute dried herbs for fresh herbs. Be sure to only use one-third of the amount. (Instead of 1 tablespoon fresh parsley, use 1 teaspoon of dried parsley.)

Tip

Try not to make separate meals. Offer the same foods for everyone. Your entire family can benefit from healthful eating.

Store your dried herbs and spices in a cool, dark place. Add mild herbs, such as marjoram and parsley, right before serving the food.

You can substitute dried herbs for fresh herbs. Be sure to only use one-third of the amount. (Instead of 1 tablespoon fresh parsley, use 1 teaspoon of dried parsley.)
Cook in quantity on weekends for quick and easy meals all week. Buy a lot of small containers to freeze individual servings.

Balance time-consuming entrees with easy side dishes.

Try including at least three food groups at each meal.

**Lunch**

- Cook up big batches of chili, stew or soup to freeze in individual portions. It will keep for 2 to 3 months in 0 F or below.

- Change up your salad.
  - Try different types of protein: eggs, black beans or garbanzo beans, low-fat cottage cheese, imitation crab, nuts or seeds, or tuna or chicken salad made creamy with low-fat plain Greek yogurt.
  - Try new greens: bok choy cabbage, spinach, romaine, arugula or fresh herbs.
  - Add fruit: apples, pears, grapes, mandarin oranges or craisins.

- Vary your condiments on your sandwich: hummus, guacamole, mayo, horseradish or mustard.

- Vary your whole-grain breads. Try whole-wheat bagels, pitas or tortillas

- If you have a frozen entree, enjoy vegetables, fruit or both with the meal.

**Dinner**

- Organize a weekly “make your own” night. Put out the fixings for tacos, fajitas, individual pizzas or stir-fries and have your family make their own creations.

- Have a mid-winter cookout using the grill.

- Eat your favorite breakfast at dinner.

- Get to know your neighbors with a United Nations potluck. Each family brings a dish from a different country.

- Each week, try something new from one of the food groups. Maybe couscous from the grain group, daikon radish from the vegetable group, star fruit from the fruit group, soft goat cheese from the dairy group, and bison from the meat group. Take the kids on a supermarket safari. Pick a food group and let each of them hunt down one food they have never tried before.

---

**Tip**

Visit allinahealth.org/recipes for healthful recipe ideas.

**Tip**

There are meal planning worksheets on pages 178 to 182.
Try something new. How about kefir, quinoa, kohlrabi or tabbouleh?

With more than 350 varieties of pasta, do not just buy spaghetti, macaroni or lasagna noodles. How about angel hair, linguine, fettuccine, manicotti, ziti, rotini or penne? Many of these come in whole grains!

Try a new recipe every 1 to 2 weeks.

Use different cooking methods: bake/roast, grill/broil, sauté, stir-fry, braise, simmer/boil, steam or slow cooker. Each cooking method brings out different flavors and textures in a food.
Nutrition Guidelines: Before Surgery

Lifelong Guidelines

Weight loss surgery requires lifelong changes in your eating habits and your attitude about food. Every day you will need to make good food and physical activity choices.

Following these guidelines will help you be successful after your weight loss surgery.

- **Eat 3 well-balanced meals each day.**
  - Include a protein with each meal and eat it first.
  - Stop eating when you feel satisfied.
  - Most of the foods you eat should be whole foods, instead of processed foods with many ingredients.
  - If your meals are more than 4 to 5 hours apart, a planned snack is OK.
  - Be mindful when eating and avoid distractions.

- **Measure your portions.**
  - Use small plates, bowls and utensils at mealtimes.

- **Chew each bite 20 to 30 times to the consistency of applesauce.**
  - Take small bites and eat slowly.
  - Cut food into pea-size bites.

- **Drink 64 ounces (8 cups) of liquids each day.**
  - Limit beverages that are caffeinated or carbonated.
  - Do not drink beverages that are high in calories.
  - Do not drink more than 4 ounces of 100 percent fruit or vegetable juice each day.

- **Follow the 30/30 rule.**
  - Do not drink liquids 30 minutes before meals, while you are eating and 30 minutes after meals.

- **Take vitamin and mineral supplements every day as directed.**

- **Get 30 minutes of physical activity each day.**

- **Practice regular self-monitoring.**

---

**Did You Know?**

When following these lifelong guidelines, the average weight loss ranges from 3 to 10 pounds each month in the first year after surgery.
Making Lifestyle Changes Before Weight Loss Surgery

As you prepare for weight loss surgery, it is important to know more about the lifelong changes you will need to make to help you be successful after your surgery.

If you have any questions about making these changes, please ask a member of your weight loss surgery team.

Protein

☐ You will need to have *at least* 60 grams of protein each day

— Depending on the type of surgery you will be having, your dietitian may recommend that you have more protein each day.

— You will be able to have a protein shake (protein supplement) in between meals to help get enough protein. You will not need protein shakes for the long term.

Why protein is important

Protein is needed for proper healing, maintaining lean muscle mass during weight loss and maintaining proper nutrition. Each cell in your body needs protein every day.

Not eating enough protein may cause fatigue (tiredness), a slower metabolism, increase hunger sensation, hair loss and can lead to poor nutrition.

The total amount of food you will be able to eat will be limited, so it is important to eat high-protein foods at each meal and to eat them first.

### Good Protein Sources

<table>
<thead>
<tr>
<th>Type of Protein</th>
<th>Serving</th>
<th>Average Grams of Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fat-free plain Greek yogurt</td>
<td>¾ cup</td>
<td>17</td>
</tr>
<tr>
<td>Whey protein shake</td>
<td>1 scoop/1 cup</td>
<td>25</td>
</tr>
<tr>
<td>Skim or 1 percent milk</td>
<td>1 cup</td>
<td>8</td>
</tr>
<tr>
<td>Plain or light soymilk</td>
<td>1 cup</td>
<td>8</td>
</tr>
<tr>
<td>Fat-free or 1 percent cottage cheese</td>
<td>½ cup</td>
<td>15</td>
</tr>
<tr>
<td>String cheese stick</td>
<td>1 stick</td>
<td>8</td>
</tr>
<tr>
<td>Type of Protein</td>
<td>Serving</td>
<td>Average Grams of Protein</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>--------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Canned tuna or chicken (in water)</td>
<td>½ cup</td>
<td>18</td>
</tr>
<tr>
<td>White fish</td>
<td>3 ounces</td>
<td>20</td>
</tr>
<tr>
<td>Salmon/tuna</td>
<td>3 ounces</td>
<td>20</td>
</tr>
<tr>
<td>Shrimp, scallops, lobster, crab</td>
<td>3 ounces</td>
<td>20</td>
</tr>
<tr>
<td>Pork loin</td>
<td>3 ounces</td>
<td>20</td>
</tr>
<tr>
<td>Skinless chicken, turkey</td>
<td>3 ounces</td>
<td>23</td>
</tr>
<tr>
<td>Venison, bison, elk</td>
<td>3 ounces</td>
<td>20</td>
</tr>
<tr>
<td>Lean cuts of beef and pork (sirloin, tenderloin, ground 96 percent)</td>
<td>3 ounces</td>
<td>20</td>
</tr>
<tr>
<td>Lean or extra lean ground turkey</td>
<td>3 ounces</td>
<td>20</td>
</tr>
<tr>
<td>Deli meats (turkey, lean ham, chicken)</td>
<td>3 ounces</td>
<td>20</td>
</tr>
<tr>
<td>Egg</td>
<td>1 egg</td>
<td>6 to 7</td>
</tr>
<tr>
<td>Egg substitute</td>
<td>½ cup</td>
<td>7</td>
</tr>
<tr>
<td>Nuts</td>
<td>¼ cup</td>
<td>3 to 7</td>
</tr>
<tr>
<td>Nut butters</td>
<td>1 tablespoon</td>
<td>4</td>
</tr>
<tr>
<td>Soy burger (Boca® Burgers, MorningStar Farms®)</td>
<td>1 patty</td>
<td>15</td>
</tr>
<tr>
<td>Beans (garbanzo, black, pinto, kidney)</td>
<td>½ cup</td>
<td>7</td>
</tr>
<tr>
<td>Fat-free refried beans</td>
<td>½ cup</td>
<td>7</td>
</tr>
<tr>
<td>Tempeh</td>
<td>3 ounces</td>
<td>18</td>
</tr>
<tr>
<td>Tofu</td>
<td>½ cup</td>
<td>14</td>
</tr>
<tr>
<td>Vegan crumbles</td>
<td>½ cup</td>
<td>14</td>
</tr>
</tbody>
</table>
Did You Know?

- **Hunger is your need for food.** Your body is telling you that you need to eat. For example, your stomach is growling, you cannot concentrate and all you can think about is that you are hungry.

- **Appetite is your interest in food.** It is a coordinated effort between your brain and your stomach. Appetite is a learned behavior. For example, your co-worker is eating a dessert and your mouth starts to water – you would love to have a piece.

- **Craving is a desire for a specific food.** They will change over time, but only one certain food will satisfy a craving. For example, you feel stressed and eat chocolate.

Tip

Learn more about making healthful choices while eating out on page 16.

Food

- Eat 3 well-balanced meals each day.
  - Include a protein with each meal.
  - Always eat protein foods first. Vegetables, fruit or both should be next. Then eat whole grains and starches if you are still hungry.
  - Eat high-fiber and high-protein foods at each meal to promote satiety (the feeling that “I have had enough”).

- Do not skip meals.
  - Eat breakfast within 1 hour of waking.
  - Your meals should be 4 to 6 hours apart.

- Do not snack between meals or in the evening, unless a planned snack is arranged.
  - Snack only when you feel physically hungry.

- Practice taking 20 to 30 minutes to eat a meal.
  - Cut food into pea-size bites.
  - Chew each bite 20 to 30 times to the consistency of applesauce. You may need to take smaller bites of some foods.

- Practice reading food labels.
  - Count the amount of protein. You will need to have **at least** 60 grams of protein each day.

- Practice measuring your food and beverages. This will help you better understand portion sizes.

- Limit eating out (sit-down, take-out, fast food). If you do eat out, make healthful food choices.

Portion sizes

Weight loss surgery will change the size of your stomach. This means that eating the right portion sizes after surgery will help you be successful at losing weight.

On the next three pages, there are some examples of what portion sizes will look like after surgery.

**Please note:** You do not need to eat these portion sizes before surgery. Your dietitian will help you with nutrition changes and portion sizes before you have surgery.
An example of a meal for breakfast 3 months after surgery.

An example of a meal for breakfast 1 year after surgery.
An example of a meal for lunch 3 months after surgery.

An example of a meal for lunch 1 year after surgery.
An example of a meal for dinner 3 months after surgery.

An example of a meal for dinner 1 year after surgery.
Sample menus

Here are some sample menus of how your meals will be different after weight loss surgery.

<table>
<thead>
<tr>
<th>Three months after surgery</th>
<th>One year after surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td><strong>Breakfast</strong></td>
</tr>
<tr>
<td>2 tablespoons Greek yogurt</td>
<td>½ cup Greek yogurt</td>
</tr>
<tr>
<td>1 tablespoon bran flakes</td>
<td>¼ cup bran flakes</td>
</tr>
<tr>
<td>1 tablespoon strawberry</td>
<td>¼ cup strawberry</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td><strong>Lunch</strong></td>
</tr>
<tr>
<td>½ ounce baked fish</td>
<td>2 ounces baked fish</td>
</tr>
<tr>
<td>1 tablespoon applesauce</td>
<td>¼ cup applesauce</td>
</tr>
<tr>
<td>1 tablespoon green beans</td>
<td>¼ cup green beans</td>
</tr>
<tr>
<td><strong>Supper</strong></td>
<td><strong>Supper</strong></td>
</tr>
<tr>
<td>2 tablespoons chicken</td>
<td>½ cup chicken</td>
</tr>
<tr>
<td>1 tablespoon mashed potatoes</td>
<td>¼ cup mashed potatoes</td>
</tr>
<tr>
<td>1 tablespoon broccoli</td>
<td>¼ cup broccoli</td>
</tr>
</tbody>
</table>
Did You Know?

All types of fruit are carbohydrates. Be sure to count fruit as a carbohydrate when meal planning or if you count carbohydrates.

Sample meal plate

The sample meal plate below shows how a well-balanced meal will look when you are eating about 1 cup of food.

Protein should always be eaten first. Vegetables, fruits or both should be next. These are high in nutrients and fiber. Whole grains and starches should take up the least amount of space on your plate and can be eaten if you are still hungry.

You can learn more about meal planning on pages 26 to 28.
Liquids

- Drink 64 ounces (8 cups) of liquids each day. This will help prevent dehydration.
  - Choose beverages that do not have caffeine, carbonation, or more than 5 to 10 calories per serving. Drinking plain water is the best beverage choice. Other good choices include Crystal Light® or SoBe®.
  - It is OK to have 1 to 2 cups of skim or 1 percent milk each day.
  - Your urine should be pale yellow to clear by midday.

- Start following the 30/30 rule.
  - Do not drink liquids 30 minutes before meals, while you are eating and 30 minutes after meals.
  - It is important to follow this rule because it will allow enough space in your stomach for high-protein foods and other essential nutrients.
  - When food and liquids mix together it can increase the rate that food empties out of your stomach. This can cause you to eat too much at a meal. It will also not help you feel full until your next meal. This can be a major cause of poor weight loss or weight regain after surgery.

- Decrease the amount of caffeinated, carbonated and high-calorie beverages you have each day.

Vitamin and mineral supplements

Weight loss surgery will change the way your body absorbs vitamins and minerals from the food you eat. You will need to take supplements for the rest of your life. These may include:

- a multivitamin with iron
- calcium citrate
- vitamin D₃
- vitamin B₁₂ sublingual (under the tongue).
Important

After surgery, you will start taking 2 multivitamins each day.

Important

You will not take calcium or vitamin D₃ supplements for 5 weeks after surgery.

Start taking these supplements

- **Start taking 1 chewable multivitamin with iron each day.**
  - Some examples include Flintstones Complete® or Centrum® Chewables.
  - The multivitamin needs to have 18 milligrams (mg) of iron.
  - Do not take “gummy” vitamins. They do not have all the vitamins and minerals you need, even though the label may say “complete.”

- **Start taking 500 to 600 mg of calcium citrate 2 to 3 times each day.** This is a total of 1,200 to 1,500 mg of calcium citrate each day.
  - One example of calcium citrate is Citracal® calcium citrate caplets.
  - Do not take calcium if your health care provider tells you otherwise.

Sample supplement facts label for calcium citrate

![Supplement Facts](image)

Be sure to read the label to make sure you are taking the right amount of calcium citrate.

- **Start taking 5,000 international units (IU) of vitamin D₃ each day.**
  - This amount is in addition to the vitamin D₃ found in your multivitamin and calcium.
Physical activity

- Get 30 minutes of physical activity each day.
  - Physical activity is important before and after weight loss surgery.
  - Regular physical activity:
    - increases your metabolism (rate which you burn calories)
    - strengthens your heart and bones
    - relieves stress.
  - Start out slowly if you are not used to exercising.
    Do 5 minutes one day and keep increasing the time.
    Work up to at least 30 minutes of physical activity each day.

Self-monitoring

- Keep a food and physical activity journal to help you stay on track.
- Track your goals and the progress you have made.
- Weigh yourself each week.
- Try a new health and fitness app to track your food, physical activity or both. Examples include MyFitnessPal, Lose It!, SparkPeople or Fitbit.

You can read more about self-monitoring on page 93.
Pre-surgery Diet

Start Date
Start your pre-surgery diet on: __________________________

Tip
On page 45, you will find examples of protein powders and ready-to-drink protein supplements.

Important
During your pre-surgery diet, do not add blended fruit to protein shakes. This may cause you to have too many calories.

You will need to be on a pre-surgery diet for 14 days before your surgery. This can help reduce your risk of complications (problems) after weight loss surgery.

Goals
Each day you will need to have:
- 60 grams or more of protein
- 64 ounces (8 cups) of liquids
- 1,000 calories or less.

Liquid meal options for breakfast, lunch and dinner
- Protein-rich drinks such as Nature’s Best® (Isopure® Zero Carb drink) or Syntrax (Nectar™ Whey Protein Isolate)
- Protein-rich shake made with protein powder (such as Body Fortress® or UNJURY®) and skim or 1 percent milk (or other non-dairy unsweetened milk)
- Protein-rich, low-sugar, low-fat ready-to-drink shakes with at least 20 to 30 grams of protein for 6 to 8 ounces.

Approved snack options
- ½ cup low-fat creamed soup or tomato soup
- ½ cup low-fat or light yogurt (fat-free, plain Greek yogurt is preferred) or ½ cup low-fat cottage cheese
- ½ cup sugar-free, low-fat pudding
- ½ cup unsweetened applesauce
- 4 ounces 100 percent fruit juice

Calorie-free, sugar-free liquids
You may have any amount of the following liquids each day:
- water
- low-sodium chicken, vegetable or beef broth
- decaffeinated coffee
- decaffeinated unsweetened tea
- Propel® zero
- vitaminwater® zero™
- SoBe® lifewater® zero calorie
Crystal Light®
Powerade Zero™
sugar-free Kool-Aid®
sugar-free gelatin or sugar-free Popsicle®

Sample menu

■ Breakfast
  — protein powder with 1 cup skim or 1 percent milk, or a ready-to-drink option
  — 1 cup decaffeinated unsweetened tea
  — 8 ounces water
■ Snack: one approved snack option

■ Lunch:
  — protein powder with 1 cup skim or 1 percent milk, or a ready-to-drink option
  — 1 cup of chicken, vegetable or beef broth,
  — ½ cup sugar-free gelatin
  — 1 sugar-free Popsicle
■ Snack: one approved snack option

■ Dinner:
  — protein powder with 1 cup skim or 1 percent milk, or a ready-to-drink option
  — 1 cup of chicken, vegetable or beef broth
  — 8 ounces Crystal Light
■ Evening snack: ½ cup sugar-free gelatin or 1 sugar-free Popsicle

Tip
You can make your own ice pops or slushies out of any of these calorie-free, sugar-free liquids.

Tip
You can also mix your protein powder with 1 cup unsweetened almond milk or soy milk.
## Sample Protein Supplements

<table>
<thead>
<tr>
<th>Product</th>
<th>Where to find</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric Advantage® High Protein Meal Replacement (powder)</td>
<td>Abbott Northwestern Hospital Bariatric Center, bariatricadvantage.com</td>
</tr>
<tr>
<td>(available in a variety of flavors)</td>
<td></td>
</tr>
<tr>
<td>BiPro® (powder)</td>
<td>biprousa.com</td>
</tr>
<tr>
<td>BiPro® protein water</td>
<td>biprousa.com</td>
</tr>
<tr>
<td>Body Fortress® Super Advanced Whey Protein (powder)</td>
<td>CVS, Wal-Mart, Walgreens</td>
</tr>
<tr>
<td>EAS® 100% Whey (powder)</td>
<td>amazon.com, Hy-Vee, Target, Wal-Mart</td>
</tr>
<tr>
<td>EAS® AdvantEDGE® protein shake (ready-to-drink)</td>
<td>Sam’s Club, Target</td>
</tr>
<tr>
<td>Muscle Milk® Genuine protein shakes or 100 calorie protein shakes</td>
<td>Sam’s Club, Target</td>
</tr>
<tr>
<td>Nature’s Best® Isopure® Zero Carb (powder) (available in a variety of flavors)</td>
<td>amazon.com, GNC, VitaminShoppe</td>
</tr>
<tr>
<td>Premier Protein® (ready-to-drink)</td>
<td>amazon.com, Costco, Sam’s Club, Target, Wal-Mart</td>
</tr>
<tr>
<td>Premier Protein® Clear™ Protein Drink (protein water)</td>
<td>Sam’s Club</td>
</tr>
<tr>
<td>Pure Protein® (powder and ready-to-drink)</td>
<td>Costco, CVS, Sam’s Club, Target, Vitamin Shoppe</td>
</tr>
<tr>
<td>Quest Protein Powder™</td>
<td>Hy-Vee, VitaminShoppe</td>
</tr>
<tr>
<td>Syntrax (Nectar™ Whey Protein Isolate) (powder)</td>
<td>amazon.com, bariatricadvantage.com, si03.com</td>
</tr>
<tr>
<td>UNJURY® (powder)</td>
<td>Allina Health Unity Pharmacy, unjury.com</td>
</tr>
</tbody>
</table>
Nutrition Guidelines: After Surgery

Lifelong Guidelines

It is important to follow these lifelong guidelines after having weight loss surgery. They will help you be successful at losing weight and living a healthier life.

☐ Eat 3 well-balanced meals each day.
   - Include a protein with each meal and eat it first.
   - Stop eating when you feel satisfied.
   - Most of the foods you eat should be whole foods, instead of processed foods with many ingredients.
   - If your meals are more than 4 to 5 hours apart, a planned snack is OK.
   - Be mindful when eating and avoid distractions.

☐ Measure your portions.
   - Use small plates, bowls and utensils at mealtimes.

☐ Chew each bite 20 to 30 times to the consistency of applesauce.
   - Take small bites and eat slowly.
   - Cut food into pea-size bites.

☐ Drink 64 ounces (8 cups) of liquids each day.
   - Limit beverages that are caffeinated or carbonated.
   - Do not drink beverages that are high in calories.
   - Do not drink more than 4 ounces of 100 percent fruit or vegetable juice each day.

☐ Follow the 30/30 rule.
   - Do not drink liquids 30 minutes before meals, while you are eating and 30 minutes after meals.

☐ Take vitamin and mineral supplements every day as directed.

☐ Get 30 minutes of physical activity each day.

☐ Practice regular self-monitoring.
Diet Progression – When to Change Your Diet After Surgery

After weight loss surgery, you will need to slowly return to eating solid foods. This will help your body heal and help you get used to your new eating habits.

Please follow the diet progression listed in the chart below. **Do not** change your diet ahead of schedule.

It is **OK** to change your diet more slowly or go back to a previous diet based on how you are feeling. Talk with your dietitian if you have any questions or concerns.

<table>
<thead>
<tr>
<th>Type of Diet</th>
<th>Start Date</th>
<th>How Long</th>
<th>When to Change Your Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear liquid diet</td>
<td>1 week</td>
<td></td>
<td>You will start this diet while you are in the hospital. When you leave the hospital, you can add protein shakes.</td>
</tr>
<tr>
<td>Full liquid diet</td>
<td>2 weeks</td>
<td></td>
<td>You will start a full liquid diet 1 week (or 8 days) after your surgery.</td>
</tr>
<tr>
<td>Pureed diet</td>
<td>2 weeks</td>
<td></td>
<td>You will start a pureed diet 3 weeks (or 22 days) after your surgery.</td>
</tr>
<tr>
<td>Regular diet</td>
<td></td>
<td></td>
<td>You will start a regular diet 5 weeks (or 36 days) after your surgery.</td>
</tr>
</tbody>
</table>

**Important Reminders When Drinking Liquids**

- Do not drink very hot or very cold liquids.
- Do not swallow ice.
- Do not drink any type of carbonated beverage.
- Sit up straight when drinking liquids.
- Do not drink through a straw.
Clear liquid diet

During your hospital stay, you will be on a clear liquid diet. You will be able to have water, broth, fruit juice, sugar-free gelatin or decaffeinated, unsweetened tea.

After you leave the hospital, you will be on a clear liquid diet with protein shakes. You will stay on this diet for 1 week.

At home, you can choose from the following:

- water
- protein shakes
- broth, bouillon or granules
- sugar-free drink mixes, such as Crystal Lite® or sugar-free Kool-Aid®
- 100 percent fruit juices (diluted half water and half juice at first)
- sugar-free gelatin
- decaffeinated, unsweetened tea or coffee
- 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.)

Full liquid diet

You will start a full liquid diet 1 week after your surgery. You will be able to increase how much you drink over the first several weeks. You should work toward drinking 64 ounces (8 cups) of liquids each day.

Along with the clear liquids listed above, you can also choose from the following:

- skim milk: for flavor, add sugar-free Nestle® Nesquick® or no-sugar added Carnation® Instant Breakfast®
- 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 cannot tolerate milk.)
- low-fat cream soups, strained. (Mix soup with one-half water and one-half skim milk, or all water if you cannot tolerate milk.)

Important

Try to have at least 1 protein shake each day while on a clear liquid diet.

Note: Your protein shake does not have to be clear.

It is OK to add skim milk, 1 percent milk, unsweetened almond milk or soy milk with your protein powder.

Important

Try to have 2 protein shakes each day while on a full liquid diet. If you cannot or have any questions, please talk with your dietitian.
You will start a pureed diet 3 weeks after your surgery.
- You can start adding foods that you puree in a blender.
- Be sure to eat protein foods first and take small bites.
- Start following the 30/30 rule.
- Drink 64 ounces (8 cups) of liquids each day.
- Drink at least 1 protein shake each day in between meals.
- Start having more structure to your meals: breakfast, lunch and dinner.

In general, you will eat about 1 tablespoon to ½ cup (at most) of food at each meal.

<table>
<thead>
<tr>
<th>Food</th>
<th>Pureed Diet Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proteins</strong></td>
<td></td>
</tr>
<tr>
<td>pureed soft meats, poultry, fish, tuna</td>
<td></td>
</tr>
<tr>
<td>pureed tofu</td>
<td></td>
</tr>
<tr>
<td>small curd cottage cheese</td>
<td></td>
</tr>
<tr>
<td>skim milk or light soy milk</td>
<td></td>
</tr>
<tr>
<td>plain, low-fat or fat-free yogurt without chunks of fruit</td>
<td></td>
</tr>
<tr>
<td>Greek yogurt without chunks of fruit</td>
<td></td>
</tr>
<tr>
<td>pureed hard-boiled eggs with low-fat mayo or plain Greek yogurt</td>
<td></td>
</tr>
<tr>
<td>baby food meats</td>
<td></td>
</tr>
<tr>
<td><strong>Grains and cereals</strong></td>
<td></td>
</tr>
<tr>
<td>Cream of Wheat®</td>
<td></td>
</tr>
<tr>
<td>Malt-O-Meal®</td>
<td></td>
</tr>
<tr>
<td>rice cereal</td>
<td></td>
</tr>
<tr>
<td><strong>Potatoes</strong></td>
<td></td>
</tr>
<tr>
<td>thinned mashed potatoes</td>
<td></td>
</tr>
<tr>
<td>thinned mashed sweet potatoes</td>
<td></td>
</tr>
<tr>
<td><strong>Vegetables</strong></td>
<td></td>
</tr>
<tr>
<td>pureed soft cooked vegetables (such as squash, carrots or beets)</td>
<td></td>
</tr>
<tr>
<td>baby food vegetables</td>
<td></td>
</tr>
<tr>
<td><strong>Fruits</strong></td>
<td></td>
</tr>
<tr>
<td>unsweetened pureed fruit (such as peaches or pears)</td>
<td></td>
</tr>
<tr>
<td>unsweetened applesauce</td>
<td></td>
</tr>
<tr>
<td>baby food fruits</td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td></td>
</tr>
<tr>
<td>soups (any strained or pureed)</td>
<td></td>
</tr>
<tr>
<td>sugar-free pudding</td>
<td></td>
</tr>
<tr>
<td><strong>Flavorings or seasonings</strong></td>
<td></td>
</tr>
<tr>
<td>dried or powdered herbs and spices</td>
<td></td>
</tr>
<tr>
<td>broth (chicken, beef, vegetable)</td>
<td></td>
</tr>
<tr>
<td>artificial sweeteners and sugar (use very sparingly)</td>
<td></td>
</tr>
</tbody>
</table>
You will start a regular diet 5 weeks after your surgery. You can now try any type of food at this time. There may be foods that you will not be able to tolerate. You can read more about problem foods on the next page.

The amount of food you eat will depend on what you eat and your feeling of fullness. **Stop eating when you feel satisfied.**

Continue to drink 64 ounces (8 cups) of liquids each day and follow the 30/30 rule.

### Sample Pureed Diet Menu

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 tablespoons yogurt</td>
<td>2 tablespoons cottage cheese</td>
<td>2 tablespoons pureed chicken</td>
</tr>
<tr>
<td>or 1 tablespoon Cream of Wheat</td>
<td>1 tablespoon pureed peaches</td>
<td>1 tablespoon pureed squash</td>
</tr>
<tr>
<td>or 2 tablespoons pureed hard-boiled egg</td>
<td>or 2 tablespoons pureed deli turkey</td>
<td>or 2 tablespoons pureed pork tenderloin</td>
</tr>
<tr>
<td>1 tablespoon Malt-O-Meal</td>
<td>1 tablespoon pureed green beans</td>
<td>1 tablespoon applesauce</td>
</tr>
</tbody>
</table>

### Sample Regular Diet Menu

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Snack</th>
<th>Lunch</th>
<th>Snack</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>½ cup yogurt or 1 egg with 1 strawberry</td>
<td>1 ready-to-drink protein supplement or 1 scoop of low-sugar protein powder mixed with 8 ounces of skim or 1 percent milk (You can divide into two 4-ounce servings.)</td>
<td>¼ cup chili with 1 to 2 baby carrots or 30 minutes later, start drinking calorie-free beverages</td>
<td>1 string cheese or 30 minutes later, start drinking calorie-free beverages</td>
<td>1 to 2 ounces meat, fish or poultry or 1 to 2 asparagus spears, cooked or 1 to 2 banana slices (if still hungry) or 30 minutes later, start drinking calorie-free beverages</td>
</tr>
</tbody>
</table>
Problem Foods

After surgery, it is possible that you may not be able to tolerate some foods. For the first 3 months after surgery, try not to have the following food or beverages:

- tough meats (such as steak)
- rice and pasta
- fried foods
- soft textured breads
- fruits and vegetables with peels or skins
- vegetables that can cause gas such as cabbage or broccoli
- dried fruits, nuts, seeds and popcorn
- raw vegetables
- stringy foods such as asparagus or celery
- carbonated beverages.

Tip

Start with one new food at each meal and try only a small portion.

Protein

The total amount of food you can eat is small, so it is important to eat high-protein foods at each meal and to eat them first. You will need to have at least 60 grams of protein each day.

Protein supplements

You can have a protein drink (protein supplement) in between meals to help get enough protein for the first 6 months.

You can mix protein powder with water, skim milk, light almond milk or light soy milk.

When you are on a regular diet, you may also add fruit or vegetables to protein shakes.

Did You Know?

Most protein supplements are lactose-free unless they are mixed with milk.
Choosing a protein supplement

Protein powders or a ready-to-drink protein supplement should have:

■ at least 20 grams of protein per serving
■ less than 250 calories total (including the milk) per serving
■ less than 10 grams total carbohydrate per serving.

Whey or soy protein powders are the most common “complete” or good quality proteins. Please talk with your dietitian first if you want to use another type of protein powder.

Tip

Use almond, vanilla or coconut extracts to improve flavor.

Sample Protein Supplements

<table>
<thead>
<tr>
<th>Product</th>
<th>Where to find</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric Advantage® High Protein Meal Replacement (powder) (available in a variety of flavors)</td>
<td>Abbott Northwestern Hospital Bariatric Center, bariatricadvantage.com</td>
</tr>
<tr>
<td>BiPro® (powder)</td>
<td>biprousacom</td>
</tr>
<tr>
<td>BiPro® protein water</td>
<td>biprousacom</td>
</tr>
<tr>
<td>Body Fortress® Super Advanced Whey Protein (powder)</td>
<td>CVS, Wal-Mart, Walgreens</td>
</tr>
<tr>
<td>EAS® 100% Whey (powder)</td>
<td>amazon.com, Hy-Vee, Target, Wal-Mart</td>
</tr>
<tr>
<td>EAS® AdvantEDGE® protein shake (ready-to-drink)</td>
<td>Sam’s Club, Target</td>
</tr>
<tr>
<td>Muscle Milk® Genuine protein shakes or 100 calorie protein shakes</td>
<td>Sam’s Club, Target</td>
</tr>
<tr>
<td>Nature’s Best® Isopure® Zero Carb (powder) (available in a variety of flavors)</td>
<td>amazon.com, GNC, VitaminShoppe</td>
</tr>
<tr>
<td>Premier Protein® (ready-to-drink)</td>
<td>amazon.com, Costco, Sam’s Club, Target, Wal-Mart</td>
</tr>
<tr>
<td>Premier Protein® Clear™ Protein Drink (protein water)</td>
<td>Sam’s Club</td>
</tr>
<tr>
<td>Pure Protein® (powder and ready-to-drink)</td>
<td>Costco, CVS, Sam’s Club, Target, Vitamin Shoppe</td>
</tr>
<tr>
<td>Quest Protein Powder™</td>
<td>Hy-Vee, VitaminShoppe</td>
</tr>
<tr>
<td>Syntrax (Nectar™ Whey Protein Isolate) (powder)</td>
<td>amazon.com, bariatricadvantage.com, si03.com</td>
</tr>
<tr>
<td>UNJURY® (powder)</td>
<td>Allina Health Unity Pharmacy, unjury.com</td>
</tr>
</tbody>
</table>
Liquids

- Drink 64 ounces (8 cups) of liquids each day.
  - It is OK to have 1 to 2 cups of skim or 1 percent milk each day, or as directed by your health care provider.
- Follow the 30/30 rule.
  - Do not drink liquids 30 minutes before meals, while you are eating and 30 minutes after meals.
- Take small sips all day. Do not drink liquids too fast. It can cause discomfort in the chest, back or shoulder blade area.
- Limit beverages that are caffeinated to 1 or 2 servings each day.
- Caffeine causes dehydration. It can also be an appetite stimulant and make you want to eat more.
- Carbonation can increase bloating and discomfort.
- Good choices for calorie-free beverages include:
  - water
  - Gatorade® Propel Fitness Water® (Do not drink regular Gatorade unless your surgeon says it is OK.)
  - Fruit₂O®
  - Crystal Light®, Sugar Free Kool-Aid®, and other sugar-free lemonade or flavored waters
  - decaffeinated, unsweetened tea or coffee.
Vitamin and Mineral Supplements

After your first follow-up clinic visit, you will start taking:

- 2 chewable multivitamins with iron each day
  - Some examples include Flintstones Complete® or Centrum® Chewables.
  - The multivitamin needs to have 18 mg of iron.
  - Do not take “gummy” vitamins. They do not have all the vitamins and minerals you need, even though the label may say “complete.”
- 1,000 mcg vitamin B₁₂ sublingual

After your 5-week follow-up clinic visit, you will start taking:

- 500 to 600 mg of calcium citrate 2 to 3 times each day
- 5,000 IU of vitamin D₃ each day.

If you are a woman who still gets menstrual periods, you may need to take:

- 500 mg of vitamin C
- 325 mg of ferrous sulfate (a type of iron supplement).

Your lab test results will help decide if you need to take other types of supplements or make changes to your current supplements.

Tip

Be sure to read the label to make sure you are taking the right amount of calcium citrate.

Physical Activity

It is important to start a regular physical activity program soon after surgery. This will increase your metabolism. If you do not exercise when losing large amounts of weight quickly, your metabolism will slow and your energy level will decrease.

Physical activity will help you maintain your weight loss in the future. You can learn more about starting a physical activity program on page 70.
Complications (Problems) after Surgery

Dumping Syndrome

Dumping syndrome can happen when the food you have eaten has too much sugar or fat and moves out of your stomach too quickly. When you eat these foods, they now enter your intestines without being partially digested by the gastric juices of your old stomach.

Dumping syndrome can also happen if you:
- eat too much at one time
- eat too fast or drink liquids too fast.

After surgery, you could have dumping syndrome. Your chance of having it usually goes away or decreases within 18 months after surgery and by eating the right food and beverages.

Symptoms

Dumping usually occurs shortly after eating (5 to 15 minutes). When this happens, you may have one or more of the following symptoms:
- nausea (upset stomach)
- diarrhea
- bloating
- cramps
- weakness
- fast heartbeat
- shakes
- sweating.

Dumping syndrome may also cause low blood glucose up to 2 hours after eating. This is also known as reactive hypoglycemia or late dumping syndrome.
How to prevent dumping syndrome

To help prevent dumping syndrome:

- Eat protein foods first.
- Eat slowly. Take 20 to 30 minutes to eat a meal.
- Limit unhealthful snacks.
- Do not have food and beverages that are high in sugar such as regular pop, sweetened juices, ice cream, candy, cookies and cake.
- Sip on water or calorie-free beverages throughout the day. Drink liquids between meals only.

Lying down for 30 to 60 minutes after eating can help slow how fast food moves out of your stomach.

Reactive Hypoglycemia

Reactive hypoglycemia (also known as late dumping syndrome) is low blood glucose (sugar). This is a normal side effect after weight loss surgery if you eat certain foods.

It happens when 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.

Important

Call your bariatric nurse clinician if you are having symptoms more than 3 to 5 times a week.

Symptoms

Reactive hypoglycemia happens 1 to 2 hours after eating a meal or snack, especially one that is high in carbohydrates or low in protein.

Symptoms you may feel include:

- hungry
- weak or tired
- sweaty
- racing heart
- the need to lie down.
Treatment

If you have low blood glucose, do one of the following:

- have 2 glucose tablets
- drink 2 ounces of juice
- drink 2 ounce of milk.

Then, eat a small portion of a protein source and a small portion of a complex carbohydrate such as:

- ¼ whole-wheat bread and 1 ounce meat or cheese
- 2 whole-wheat crackers and low-fat cream cheese
- 2 whole-wheat crackers and 3 tablespoons cottage cheese
- ¼ cup peas and 1 ounce cheese.

How to prevent reactive hypoglycemia

To help prevent reactive hypoglycemia:

- Eat 3 well-balanced meals that include protein, whole grains, fruits and vegetables. Eat the protein first.
- Avoid eating pasta, white rice, cereal, white bread and white potatoes.
- Do not have food and beverages that are high in sugar such as regular pop, sweetened juices, ice cream, candy, cookies and cake.

Tip

Keep a journal of the foods you were eating before you started to have symptoms of low blood glucose. This will help you prevent reactive hypoglycemia.

<table>
<thead>
<tr>
<th>Foods to Eat and Not Eat to Help Prevent Hypoglycemia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foods to Eat</strong></td>
</tr>
<tr>
<td>Milk, yogurt, cheese</td>
</tr>
<tr>
<td>- skim or 1 percent milk</td>
</tr>
<tr>
<td>- light yogurt (less than 15 grams of sugar per serving)</td>
</tr>
<tr>
<td>- low-fat cheese</td>
</tr>
<tr>
<td>Vegetables</td>
</tr>
<tr>
<td>- fresh, frozen or canned</td>
</tr>
<tr>
<td>Fruit</td>
</tr>
<tr>
<td>- fresh</td>
</tr>
<tr>
<td>- frozen or canned with no added sugar</td>
</tr>
</tbody>
</table>
### Foods to Eat and Not Eat to Help Prevent Hypoglycemia

<table>
<thead>
<tr>
<th>Foods to Eat</th>
<th>Foods Not to Eat</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protein</strong></td>
<td><strong>Protein</strong></td>
</tr>
<tr>
<td>- lean cuts of meats (93 percent lean or higher)</td>
<td>- meat prepared with a sweetened sauce or gravy</td>
</tr>
<tr>
<td>- fish and shellfish</td>
<td>- meats high in fat (pastrami, salami, ribs, hotdogs, bacon, sausage, fried chicken or fish, and 85 percent lean meats or lower)</td>
</tr>
<tr>
<td>- eggs</td>
<td></td>
</tr>
<tr>
<td>- peanut butter, nuts</td>
<td></td>
</tr>
<tr>
<td>- soy products, tofu</td>
<td></td>
</tr>
<tr>
<td>- legumes (such as lentils, beans and peas)</td>
<td></td>
</tr>
<tr>
<td><strong>Fats and oils</strong></td>
<td><strong>Fats and oils</strong></td>
</tr>
<tr>
<td>- vegetable oils: olive, canola, peanut, safflower, soybean, sunflower and corn oil</td>
<td>- creamy sauces or gravies made with fat</td>
</tr>
<tr>
<td>- low-fat margarine (in tub) or butter-flavored spray</td>
<td>- high fat cream cheese and sour cream</td>
</tr>
<tr>
<td><strong>Grains, crackers, cereals, pasta, rice</strong></td>
<td><strong>Grains, crackers, cereals, pasta, rice</strong></td>
</tr>
<tr>
<td>Only choose items that are 100 percent whole grain.</td>
<td>Do not choose items with white, enriched or bleached grains.</td>
</tr>
<tr>
<td>- bread, tortillas</td>
<td>- bread, tortillas, pasta, rice</td>
</tr>
<tr>
<td>- English muffins</td>
<td>- English muffins, muffins</td>
</tr>
<tr>
<td>- pasta, brown rice, Kashi® Pilaf</td>
<td>- sweetened cereals, sweet rolls, pastries</td>
</tr>
<tr>
<td>- melba toast, crackers</td>
<td>- saltines, Wheat Thins®</td>
</tr>
<tr>
<td>- waffles, pancakes</td>
<td>- alcoholic beverages</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td><strong>Other</strong></td>
</tr>
<tr>
<td>- decaffeinated coffee or tea</td>
<td>- sweetened beverages (more than 10 calories per 8 ounces)</td>
</tr>
<tr>
<td>- artificial sweeteners in beverages, jams, syrup and gelatin</td>
<td>- sugar, brown sugar, powdered sugar, honey, jam, syrup, molasses, candy</td>
</tr>
<tr>
<td>- herbs and spices</td>
<td>- regular gelatin, pie, cookies, cake, pudding, sweet desserts</td>
</tr>
</tbody>
</table>
Alcohol Use

Weight loss surgery changes the size of your stomach as well as your ability to absorb calories. It also changes how your body absorbs alcohol.

Alcohol is absorbed into your bloodstream faster than before surgery. This can lead to unsafe blood alcohol levels.

Six months after having surgery, having just one 5-ounce glass of wine could make you legally intoxicated (drunk) with a blood alcohol level of 0.08 percent.

It only takes a short amount of time for blood alcohol levels to rise when drinking. It takes a longer time to get sober.

Alcohol and food

Alcohol has nothing that your body needs. It only adds empty calories which can slow weight loss or cause weight re-gain.

- 12 ounces of beer has about 153 calories.
- 5 ounces of wine has about 125 calories.
- 1.5 ounces of distilled spirits (such as vodka, gin or scotch) has about 97 calories.

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

Alcohol and your body

After surgery, alcohol use can affect many parts of your body.

- Brain. It can damage your brain.
- Esophagus. It can cause acid reflux (heartburn) or make it worse. It increases your chance for esophageal cancer.
- Heart. It can cause heart disease. It can cause you to lose consciousness (pass out).
- Liver. It can damage your liver.
- Stomach. It can cause gastritis (swelling of your stomach lining). It increases your chance for stomach cancer.
- Pancreas. It can cause low blood glucose levels.
- Intestines. It can cause inflammation (swelling) in your intestines.

Alcohol use could even cause death.
Alcohol use disorders

There is a risk of alcohol use disorders after surgery that could affect your health, relationships and well-being. This includes alcohol dependence (alcoholism) or alcohol abuse.

If you find yourself using alcohol to cope or provide comfort, please talk with your surgeon or primary care provider right away.

Guidelines

Do not drink alcohol after weight loss surgery.

If you do choose to drink alcohol:

- do not drive, even if you only drink a small amount
- do not drink alcohol on an empty stomach
- remember that even small amounts of alcohol can lead to unsafe blood alcohol levels.

Make sure you always take your recommended vitamin and mineral supplements.
Physical Activity

Getting Regular Physical Activity

Physical activity has many benefits. In addition to helping build strong bones and muscles, regular physical activity can:
- help maintain a healthy weight
- reduce the risk for heart disease, diabetes, obesity, certain cancers and joint conditions
- reduce levels of anxiety and stress
- improve your self-esteem and confidence
- help improve concentration and memory
- help maintain good blood pressure and cholesterol levels
- give you an overall feeling of well-being
- build endurance and increase your metabolism
- improve your ability to do daily activities
- help you relax and sleep better.

One size does not fit all for physical activity. Try a variety of activities and choose the ones you enjoy most.

Boost Your Brain Power!
- Try activities that are physically and mentally challenging such as martial arts or dancing.
- Exercise in the morning. It can increase your brain activity, and help you deal with stress and remember more information.
“Sitting Disease”

“Sitting disease” is used to describe what happens when you have an inactive (sedentary) lifestyle – when you sit too much.

How much do you sit each day? Think about how long you sit at work or in the car, or in front of a TV or computer.

Being inactive can increase your risk for heart disease, diabetes and some cancers. It can also:

- lower your metabolism (how your body uses energy)
- cause bad posture and balance
- cause poor circulation.

Are you still at risk if you exercise most days? Yes. Studies show that only exercising or doing moderate to vigorous physical activity a few hours a week does not “undo” the risks of sitting too much during the day.

Do not stop exercising! There are still many benefits to regular exercise or physical activity.

What you can do

How do you get more active? Move more! Your goal is to move more during the day, not just when exercising or doing a physical activity.

The easiest way to get started is to start standing instead of sitting whenever you get the chance. Here are some more ideas to help you get moving.

- Set a timer or alarm to remind yourself stand up for a couple minutes each hour.
- Take a few 10 to 15 minutes walks throughout the day.
- Break up your sitting time.
  - Walk while talking on the phone.
  - Get up and change the TV channel instead of using a remote control.
  - During TV commercials, walk around the house or up and down the stairs.
- Sneak in bits of activity whenever you can.
  - Use the stairs instead of an elevator.
  - Walk to the mailbox instead of driving to the post office.
  - Park your car at the end of the parking lot and walk to the store.

Did You Know?

The average American spends about 7.7 hours sitting each day.

(Source: 2008 American Journal of Epidemiology)
Get more NEAT.

- Non-exercise activity thermogenesis (NEAT) is the energy you use for everything you do, except exercise.
- Examples of NEAT include folding laundry, feeding a pet, cooking, raking leaves, fidgeting, stretching and bending.

**How do you know if you are moving enough?**

You can track your steps, activity or both. It can be as simple as using a pedometer (step counter) or as fancy as an activity tracker (such as a Fitbit®). These devices can be purchased at local retail or sports stores. You can also download a health and fitness app to your smartphone.

The goal is to make you aware of how active you really are during the day. To get the right amount of activity you should take 10,000 steps a day, which includes your physical activity.

To get started, keep track of how many steps you take each day for 1 week. At the end of the week, make a goal for adding steps.

A good starting goal is to increase the total number of steps you take by 10 to 15 percent each week. This will help you avoid injury and becoming overwhelmed by doing too much too soon.

When you start reaching your goal 5 of the 7 days, continue to increase the number of steps you take by 10 to 15 percent, until you reach 10,000 steps each day.
Starting a Physical Activity Program

Before you start or increase a physical activity program, or if you have a health concern, please talk with your health care provider.

Once you have been told it is OK to start exercising, you may start a physical activity program. You will want to start slowly to avoid injury or over exertion. You can read more about how to create a physical activity program on pages 71 to 76.

Signs you are doing too much

You always need to be aware of the way your body responds to what you are doing. This will tell you if you are working at a level that is good for you. This is especially true if you are not used to exercising on a regular basis. Stop exercising if you have or feel:

- chest pain or pressure in your arm, jaw, neck or between your shoulder blades.
- dizziness or lightheadedness
- nausea (upset stomach) and vomiting (throwing up)
- shortness of breath, are unable to catch your breath, or are gasping for air
- fatigue (more than just being “tired”)  
- numbness or tingling in your arms or legs
- changes in your vision.

Stop and rest if you feel any of these symptoms. Call your health care provider if they continue to limit your activity or exercise.

If your symptoms continue, call 911 or your emergency ambulance service. If you are out of an emergency service area, have someone drive you to the hospital emergency room. Do not drive yourself.

Tip

Be sure to wear comfortable clothes and the right footwear when exercising.

Tip

When you start a physical activity program, start slowly and progress slowly. This will help prevent soreness and feeling frustrated.
Physical Activity Program

There are three main parts of a physical activity program:
- aerobic activity
- stretching
- strength training.

**Aerobic activity**
Aerobic activity is any physical activity that increases your heart rate and breathing. It helps improve your heart and lung fitness. Some examples include:
- brisk walking
- hiking
- jogging/running
- biking
- swimming
- rowing
- jumping rope
- dancing
- aerobics class.

**Frequency**
This is how often you should exercise. You should try to exercise every day.

**Duration**
This is how long you should exercise. Your long-term goal is to work toward a minimum of 30 minutes each day.

Start slowly with 5 to 15 minutes. Then add 1 to 3 minutes of exercise each week as tolerated to reach 30 minutes or more.

**Intensity**
This is how hard you are doing the physical activity. It can be measured by:
- The “talk test.” This means you should be working at an intensity that would make talking somewhat challenging. You should be breathing heavy but not be gasping for air. This is the easiest method.

---

**Tip**
Be sure to warm up before doing any physical activity. Do at least 3 to 5 minutes of light exercises such as walking, biking or dancing.

After finishing the physical activity, cool down with 3 to 5 minutes of light exercises and stretching as well. This will help you avoid injury.
■ **Your heart rate.** Your heart beats faster during physical activity to supply more blood and oxygen to your muscles. Usually the higher your heart rate is the more intensely you are working.

The right heart rate zone will be different for everyone. An exercise specialist can help you determine what is right for you, and if you need to or want to monitor your heart rate. Some medicines can affect your heart rate.

■ **The Rate of Perceived Exertion (RPE).** Ask yourself “How hard am I working?” when using this rating scale. Try to assess your overall feeling of exertion.

When first starting out, try to keep your effort between an 11 and 14 on the Borg RPE Scale.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>No exertion at all</td>
</tr>
<tr>
<td>7</td>
<td>Extremely light</td>
</tr>
<tr>
<td>8</td>
<td>Very light</td>
</tr>
<tr>
<td>9</td>
<td>Light</td>
</tr>
<tr>
<td>10</td>
<td>Somewhat hard</td>
</tr>
<tr>
<td>11</td>
<td>Hard (heavy)</td>
</tr>
<tr>
<td>12</td>
<td>Very hard</td>
</tr>
<tr>
<td>13</td>
<td>Extremely hard</td>
</tr>
<tr>
<td>14</td>
<td>Maximal exertion</td>
</tr>
</tbody>
</table>

The scale with correct instructions can be obtained from Borg Perception, see the home page: www.borgperception.se/index.html.
Stretching

Stretching enhances your stability and flexibility. When stretching, follow these guidelines.

- Stretch after you have exercised, right after your 3 to 5 minute cool down, when your muscles are still warm.
- Stretch slowly. Do not move quickly through each stretch.
- Do not bounce.
- You should not feel pain. Stretch as far as you can without feeling pain.
- Breathe normally. Do not hold your breath.
- Hold each stretch for 60 seconds. You can break this time up, if needed. For example 2 sets of 30 seconds.

You should try to do some stretching exercises every day, or at least 2 to 3 times each week. This will help improve your flexibility.

If you do stretching on a day you did not exercise or right when you get out of bed, it is important to warm up your muscles with light physical activity before you begin stretching.

Flexibility

Flexibility is being able to move your body in a wide range of motion without resistance or feeling stiff. Muscles and joints that are flexible are less likely to be injured or become sore.

Being flexible:
- lowers your risk of being injured
- relieves muscle tension and soreness
- improves posture
- helps relieve low back pain
- increases relaxation
- improves circulation.
**Important**

Before you start strength training, make sure you are doing the exercises correctly. A certified trainer, physical therapist or exercise physiologist would be able to guide you in creating a safe strength training routine.

**Strength Training**

Strength training uses free weights (dumbbells, soup cans or other weight objects), resistance bands, weight machines and your own body weight.

**Strength training:**
- improves your muscle strength and tone
- reduces body fat
- may reduce pain in your lower back
- increases your metabolism
- helps prevent injuries
- lowers fatigue (tiredness) from normal daily activities
- lowers cholesterol and blood pressure levels
- may slow bone loss
- increases balance, coordination and body awareness
- helps improve your shape, self-esteem and self-confidence.

**Strength training tips**

- **Warm up:** Before you start any type of strength training, you should warm up by doing light aerobic activity for 3 to 5 minutes. This will help your muscles slowly warm up and help reduce your chance of injury.

- **Choose the right amount of weight:** When selecting how much weight to lift, choose an amount in which you are able to do at least 10 to 15 repetitions with good form and without stopping.

  Over time, you can increase the amount of weight you are lifting by the smallest increment if you are able to do more than 15 repetitions on multiple sets.

- **Repetitions (reps):** Start by doing 10 to 15 repetitions of each exercise.

- **Sets:** Start by doing 1 to 2 sets of each exercise for the first couple of sessions/weeks (until you are comfortable with the exercise and weight). This will give your body time to adjust to the exercises while learning the proper form and technique.

  When you are comfortable with the exercise and weight, you can do 3 sets of each exercise.
Frequency: Strength train 2 to 3 times per week. It is important to rest 1 day between full body strength training sessions to allow your muscles to recover. Important things to remember:

— Start with the larger muscle group first (such as quads, back, abs, chest) and then the smaller muscle groups (such as biceps, triceps, shoulders, calves).

— Do not lift the same muscle group on consecutive days.

— Do not hold your breath. You should breathe out (exhale) during the hardest part of the exercise. Breathe in (inhale) during the easy part of the exercise.

— Do not lock your joints in the fully extended position.

— Control the weight during the entire exercise by using slow and controlled reps with a full range of motion.

— Keep your back straight and flat. You can do this by keeping your head up, chest out, shoulders back and core engaged.

— Rest 30 to 60 seconds between sets.

Muscle soreness

When starting a new strength training routine, it is normal for that muscle group to be sore, stiff or both the next day or two.

If you have increased soreness 4 days after you exercise, then you have overused that muscle group and you need to lower the amount of weight you lift.

If the soreness continues for more than 5 days, and you have swelling, bruising or redness, get medical attention.

It is important to always take at least 1 day of rest between a full body strength routine so that the muscles can repair and get stronger.
Beginner Physical Activity Program

Find a physical activity that you enjoy doing and that will increase your heart rate. If you have any physical limitations or chronic (long-lasting) pain, try choosing low-impact exercises such as water aerobics or a stationary bike.

Sample workout

- **Warm-Up.** Start at an easy pace for 3 to 5 minutes. This will help get your muscles, joints, and ligaments warmed up.

- **Physical activity.** Increase your pace a little bit now. You should be comfortable, but working at an intensity that would make talking somewhat challenging. You should be breathing heavy but not be gasping for air.

- **Cool-down.** Finish at an easy pace for 3 to 5 minutes. This will help lower your heart rate and help your body cool down.

You will increase your physical activity time by 1 to 3 minutes each week for the first 9 weeks of the program. This will allow your body to adjust slowly and reduce your chance of injury.

Start by trying to get 2 days of physical activity in each week for the first 3 weeks. Then try to get 3 days in by week 4. Try to be as consistent as possible. If you miss a week, just pick up where you left off.

### Tip
You do not need to join a health club or buy expensive equipment — simply find activities you enjoy and someone to help keep you motivated!

### Tip
If the number of minutes one week is too much, do what you did the previous week.

<table>
<thead>
<tr>
<th>Week</th>
<th>Warm up (minutes)</th>
<th>Physical Activity (minutes)</th>
<th>Cool down (minutes)</th>
<th>Number of days each week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3 to 5</td>
<td>10</td>
<td>3 to 5</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>3 to 5</td>
<td>12</td>
<td>3 to 5</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>3 to 5</td>
<td>15</td>
<td>3 to 5</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>3 to 5</td>
<td>18</td>
<td>3 to 5</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>3 to 5</td>
<td>20</td>
<td>3 to 5</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>3 to 5</td>
<td>22</td>
<td>3 to 5</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>3 to 5</td>
<td>25</td>
<td>3 to 5</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>3 to 5</td>
<td>28</td>
<td>3 to 5</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>3 to 5</td>
<td>30</td>
<td>3 to 5</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>3 to 5</td>
<td>35</td>
<td>3 to 5</td>
<td>5</td>
</tr>
</tbody>
</table>
Getting Enough Physical Activity

Tip

It is OK if you cannot get 10,000 steps a day when you first start exercising. Your goal is to gradually increase your daily activity to reach 10,000 steps.

To get the right amount of activity you should take 10,000 steps each day, which includes your physical activity.

You can use a step counter to easily track your steps when walking, running or jogging. (There are 2,000 steps in 1 mile.)

If you like to do other activities (such as swim, bike or play golf), you can use those in place of walking, running or jogging.

Below is a chart on how to calculate your steps doing other activities.

<table>
<thead>
<tr>
<th>Activity Level</th>
<th>Examples of Activities</th>
<th>Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td>■ hiking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ gardening/light yard work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ dancing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ playing golf (walking and carrying your clubs)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ bicycling (at least 10 mph)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ weight training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20 minutes of activity = 4,000 steps</td>
<td></td>
</tr>
<tr>
<td>Vigorous</td>
<td>■ bicycling (more than 10 mph)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ swimming (freestyle laps)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ aerobics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ heavy yard work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ weight lifting (vigorous effort)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25 minutes of activity = 6,000 steps</td>
<td></td>
</tr>
</tbody>
</table>

Sources: Centers for Disease Control and Prevention, Shape Up America!, American College of Sports Medicine
Wellness

Your Wellness Vision

Your wellness vision is what will keep you moving in the right direction to lose weight and keep it off in the future. When you have a clear and meaningful vision, it will help you better understand what is really important to you.

It is also important to have a positive supporter who knows your vision and can help keep you motivated long-term.

My wellness vision is:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

My supporter is: ______________________________________________________________

The behaviors that help me feel my best are:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

The things that help me be successful with goals are:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Tip
You will complete your wellness vision during your first visit with a health and wellness coach.
The motivators I can use to help me move toward my vision are:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

My strengths are:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

My resources are:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

My first steps:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
Goal Setting

Setting goals and achieving them not only helps move you closer to your wellness vision, it is also a proven way to enhance your happiness.

Do not confuse goals and outcomes. An outcome is the result of setting goals. For example:

- **Outcome:** I want to be more fit.
- **Goal:** I will exercise 4 times a week for 30 minutes.

**Goals**

A goal is something you work to achieve. Your motivation (desire to change) will affect how well you reach your goal.

The following guidelines can help you set, track and achieve your goals.

- **Make it realistic.** It should be challenging but believable.
- **Make it specific.** Understand clearly what you are trying to accomplish.
- **Make it measurable.** How will you know you have succeeded?
- **Make it agreeable.** This is your goal, not anyone else’s goal. You need to agree to work toward it.
- **Make it forgiving.** It is OK to make mistakes. Try to stay motivated and get back on track.

There are two types of goals:

- **short-term:** This is a goal you can accomplish in a reasonably short time that contributes to a longer-range goal. Examples:
  - “I will chew gum if I have a craving for a cigarette.”
  - “I will start walking for 15 minutes each day.”
- **long-term:** This is a series of many short-term goals. Example:
  - “I will stop smoking within 1 year.”
  - “I will join my friend in doing a 5K race in the fall.”

Goals are easier to accomplish when they are clear, specific and divided into steps you can manage. Short-term goals are the building blocks of long-term goals.

**Tip**

Use the “My Goals and Plan” worksheets on pages 169 to 172 to write down your goals throughout your journey.
**Important**

- Do not set too many goals at one time.
- Make sure your goals are connected with your wellness vision.
- Do not be “married” to a goal. Sometimes you change or circumstances changes.
- Sometimes the goals you achieve can be at the expense of other more important things in your life. Your experience may not be as positive if it affects other areas in your life in a negative way.

**How to set goals**

Use the following steps to set your goals.

- **Understand yourself.** Ask yourself: “What do I do well?” “What do I enjoy doing?” “What are the most important things in my life?”
- **Make clear, specific goals.** A goal should tell you exactly what you want and it should be measurable. For example, “I will pre-plan meals at least 5 days each week,” is clear and specific.
- **Make your goal positive.** Say “I will eat a protein and vegetable at each meal” instead of “I will not eat sweets.”
- **Set time limits.** Give yourself a reasonable deadline in which to accomplish your goal.
- **Divide long-term goals into smaller, short-term goals.** If your long-term goal is to lose 50 pounds, a realistic short-term goal would be to lose 5 pounds.
- **Write down your goals.** Keep the log where you can see it to remind you to stay focused on achieving them.
- **Check your progress.** Evaluate your progress. Are you doing what needs to be done to meet your goals? If not, what can you do to get back on track?
Finding and Keeping Your Motivation

It is normal to lose your motivation sometimes. If you are struggling with motivation, take a few minutes to complete this worksheet.

Think of a time when you were really motivated to change or to try something new and then experienced success. It does not need to be health-related. Ask yourself:

**How did I get started?**

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

**What made me want to change?**

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

**What other factors contributed to my success?**

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

**Will the motivators that worked then apply now? If so, which ones?**

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
Tips to stay motivated

Once you find your motivation, it can be hard to keep the motivation and commitment going. Here are some tips to try.

■ Review your wellness vision every so often.

■ Make a list of all the reasons you want or need to lose weight.

■ Make a visual of your progress. (For example: Two safety pin chains – Use large pins for pounds lost and use small pins for pounds to lose.)

■ Make a list of 15 non-food rewards when you reach a weight loss milestone. Rewards can be used to reinforce positive action.
  — This tool is works best if you get the reward right after reaching the goal.
  — Examples of rewards: A massage from a loved one, new nail polish or a fishing lure, or 1 hour of private time to read a book or listen to music.

■ Use motivational visuals such as a mental or actual picture of you at your goal weight.

■ Make your own motivational poster online or create a vision board that reflects what you want.

■ Read inspirational stories or buy a book of quotes.

■ Try success journaling. Write down just your successful moments each day or at the end of each day and ask yourself whether you were better today than you were yesterday. Look for small measures of improvement.

■ Go to all program appointments or add extra visits if needed.

■ Be a wellness leader where you live, work, and play. (For example join the wellness committee at work or start a walking group at your church.)

■ Sign-up for wellness challenges at work or in the community.

■ Tell people about your plan, have an accountability partner, or both.

■ Find a role model who has recently lost weight and kept it off who can remind you of what the end result feels like.

■ Join a support group, cooking group or walking group.
Overcoming Obstacles

You have your wellness vision in mind. You are making great progress. And then all of a sudden – life happens! Maybe you or a family member got sick, you got stuck working on a big project at work or you went on vacation.

Whatever the reason, obstacles are a normal part of life. When they arise, it is important to figure out what you need to do to get back on track. You can also plan ahead for these obstacles so you have some strategies ready to go when you need them most.

Common obstacles

These are the most common obstacles that may happen when making lifestyle changes. If any of these apply to you, write down a couple of strategies for each obstacle.

Not enough time

Time is probably the most common obstacle for people. Everyone is busy. See if you can figure out if there are things you can rearrange to help manage time. You may also need to review your priorities. Are there things you spend time doing (like social media) that you can do less?

When I feel like there is not enough time, the one small thing I can do is ____________________________
_______________________________________________________________________________________

When I look at my schedule, I can rearrange or change ________________________________________
_______________________________________________________________________________________
in order to work toward my vision.

My strategies for prioritizing my time are ________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Tip

If you struggle with this worksheet, you may want to think of an example in your life where you faced an obstacle (it does not need to be health-related) and how you were able to overcome it.
“All or nothing” thinking

Do you do really well until you have a minor slip-up? Do you find yourself saying, “I messed up at lunch, so I might as well go all out for dinner, too?” If you answered yes to either of these questions, you might have “all or nothing” thinking.

While it is good to want to do your best, expecting perfection will only get in your way. Life is not perfect and you will have slip-ups. The important thing is to get back on track.

It might be helpful to come up with a “reset button” in your life. Think about what could be a conscious decision point that may help you reset. Your reset button could be a class you go to, a quote or reminder on your calendar, or a specific meal (like breakfast) that seems easy to do.

My “reset buttons” are ____________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

My strategies to get back on track after a slip-up are ___________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Too much, too soon

It is normal to want to sprint out of the blocks instead of taking your time and making small, manageable steps. People rarely quit something because they started too slowly, but they often quit because they started too quickly. Think about running a race. You would not just step out of your house and expect to run a marathon. The same thing goes for lifestyle changes.

When you set goals, take a realistic view of your life and make sure you are able to accomplish those things. Another way to check is to ask yourself, on a scale of 1 to 10 (1 being not confident at all, 10 being very confident), how confident you are that you can accomplish that task. If your answer is a 6 or less, change that goal to make it more manageable.

Focus on one goal at a time. If you have too many goals, your chances of being successful get lower.

The realistic steps I can take are ____________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

If I get overwhelmed by making too many changes or changing too fast, I can ______________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Lack of support

While ultimately you need to make these changes on your own, it is important to have supportive people around you while you make lifestyle changes.

If you have tried losing weight without success before, you may even be afraid of telling people you are trying again, for fear of failure. However, if you tell people what you are doing, it not only builds in accountability, those people can also support you when you need it.

Think about what support is helpful for you (an exercise buddy) and what is not (someone policing your food).

The people who I can count on for support are___________________________________________
______________________________________________________________________________________

The support I need in order to succeed is__________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Competing priorities and values

With all the different hats you wear (parent, spouse, co-worker, volunteer, cleaning person, chauffeur, etc.), it is no surprise you may feel overwhelmed. When you add weight loss to the mix, it can be hard to figure out how to do it all.

It is not uncommon to have competing priorities. The key is figuring out how to manage them. Are there things you have committed to that you would like to stop doing? What do you get back from some of these commitments?

For example, volunteering is a wonderful thing, but does it drain you more than you get back? Or maybe keeping a clean house is a priority for you, but is it really that bad if it does not get done? Take a minute and think about your priorities.

The priorities or commitments that may get in the way of my success are ______________________
______________________________________________________________________________________
______________________________________________________________________________________

These are the strategies I have to manage competing commitments ____________________________
______________________________________________________________________________________
______________________________________________________________________________________

Tip

If you are having weight loss surgery, you can learn more about support groups available at allinahealth.org/classes.
This is just a small sample of the obstacles you may experience. However, just like in all areas of your life, when you meet an obstacle, you can either change your path or figure out a way to get over that obstacle.

Try these steps to find the solution the next time you are faced with an obstacle.

Six steps of problem solving.

1. Identify the problem.
2. Brainstorm ideas.
3. List the pros and cons.
4. Choose an idea.
5. Try out the idea.
6. Review the results.
How to Manage Stress

Stress is a part of life. It plays a role in your ability to manage your weight. Here are a few tips to help you manage it better.

- Take three deep breaths. Deep breathing interrupts the stress response and puts you back into the relaxation response.

- Move your body. Physical activity helps use up the chemicals and hormones that are released when you are stressed. It can help put you back in relaxation mode.

- Get enough sleep. Being constantly tired can cause stress. If you are well rested, you can cope better with what life throws at you.

- Write down your entire schedule for a few days. Are there things you can let go of or delegate to someone else? Do you need to ask for help?

- Make time for activities that you enjoy. When you get overwhelmed, it is common to let go of things that really are important. Make time for painting, going to church, spending time with loved ones or whatever is important to you!

- Listen to relaxing music. Did you know your heart rate will match the tempo of the music you listen to? Put in something with a slower beat and your body will respond.

- Find a form of meditation that works for you. There are many types of meditation such as mindfulness and spiritual. Try a couple of different types and find the form that works best for you. You can also talk to your health and wellness coach about resources for meditation.

- Practice gratitude. Take a moment to think about and appreciate the good things in your life. Perhaps you can start a gratitude journal and write down three things each day you are thankful for.

- If you are a worrier, allow yourself a specific time each day as your “worry time.” If you catch yourself worrying outside of that time, postpone it. Chances are, over time, you will not need that worry time!
Sleep

Not getting enough sleep can affect your weight, so it is good to practice good sleep hygiene.

Sleep hygiene refers to the sleep habits that you develop over a period of time. Good sleep habits promote restful sleep and daytime alertness. They can also prevent the development of sleep problems and disorders.

Here are a few ways to create good sleep hygiene.

■ Take some time (30 to 60 minutes) to wind down before you go to bed. Do something that is relaxing such as read, take a bath or talk with your partner.

■ Turn off your electronics at least 30 minutes before bed. This includes cell phones, tablets and lap tops. They give off “blue light,” a light similar to daylight. This tells your brain it is time to be awake. If you read on an e-reader or tablet, see if there is an option to have a black screen with white lettering.

■ Wake up at the same time every day. When you do this, your body establishes a normal pattern and makes you feel more alert.

■ Invest in a quality bed and bedding. It can seem daunting to invest a lot of money in this, but you spend nearly a third of your life sleeping. Think how much you spend on a car and you do not spend nearly as much time in it.

■ If you cannot fall asleep within 30 minutes of lying down, leave the room and find something quiet to do (such as reading). When you are tired go back to bed.

■ Try not to eat large meals before going to bed. If you go to bed feeling full, you are more likely to wake up with heartburn or reflux.

■ Stop drinking caffeine and alcohol 4 to 6 hours before bedtime. Caffeine can make your body more alert. Alcohol can make you sleepy right after drinking it, but a few hours later your body becomes alert.

■ Use your bed only for sleep and sexual activity. Let your body “know” that the bed is for sleeping.

Did You Know?

There are apps (such as Twilight or Bluelight Filter) that can filter the “blue light” from your screen.
To lose weight and keep it off, you will need to make behavior changes.

To make these changes, it is important to create a plan that is specific to you. It needs to help you manage high-risk situations such as dining out, treats in the breakroom, or feeling tired or sick.

Self-monitoring

Self-monitoring helps you:

- stay accountable to your goals
- identify patterns and specific behaviors that are ruining your weight loss plan.

My self-monitoring plan is:

_____ Weigh myself each week.
   (Consider making a visual of your progress such as a graph or two safety pin chains – Use large pins for pounds lost and use small pins for pounds to lose.)

_____ Track my food and beverages.
   (Consider tracking everything at first. If that gets to be too much, transition to doing at least a little tracking such as 1 week each month or track daily the things you struggle with such as eating vegetables.)

_____ Track number of steps or minutes of physical activity.

_____ Record progress toward meeting the goals I made.

_____ Journal thoughts, emotions, and situations to connect the unconscious thoughts with conscious choices. This can help you see patterns and relationships that you may not have been aware of before starting your journey to a healthier lifestyle.

_____ Check my hunger and satiety at the beginning, middle or end of a meal or snack.
Hunger and Satiety

Did You Know?
Satiety is the feeling that “I have had enough.”

People are born with a natural ability to identify and respond to hunger and satiety (fullness). But overtime, life and busy schedules can affect this ability.

Use the hunger-satiety scale to rate your hunger. Ideally you should start a meal or snack when at a “3” and end at a “6.”

<table>
<thead>
<tr>
<th>Hunger-satiety Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 = Sick (You feel painfully full and nauseated.)</td>
</tr>
<tr>
<td>9 = Stuffed (Your stomach feels bloated.)</td>
</tr>
<tr>
<td>8 = Discomfort (You feel uncomfortable.)</td>
</tr>
<tr>
<td>7 = Very Full (You feel like you have overeaten.)</td>
</tr>
<tr>
<td>6 = Full (Your stomach feels comfortable.)</td>
</tr>
<tr>
<td>5 = Satisfied (You are not hungry or full.)</td>
</tr>
<tr>
<td>4 = Pangs (Your stomach is growling and starting to feel empty.)</td>
</tr>
<tr>
<td>3 = Hungry (You cannot concentrate. All you can think about is that you are hungry.)</td>
</tr>
<tr>
<td>2 = Starving (You are irritable and want to eat everything in sight.)</td>
</tr>
<tr>
<td>1 = Ravenous (You feel like you will pass out.)</td>
</tr>
</tbody>
</table>

How you eat is as important as what you eat. It takes about 20 minutes for your brain to get the signal you are no longer hungry. Slowing down your pace of eating will help you:
- digest your food better
- be more aware of what you are eating and when you are satisfied.

Try these tips to practice slowing down your eating until it feels more natural.
- Put down your fork and take a break between bites.
- Have a conversation during meals.
- Play relaxing music.
- Use your non-dominant hand to hold the utensil.
- Eat with chop sticks or a baby spoon.
- Take small bites and chew food 25 times before swallowing.
- Choose foods that naturally take longer to eat like pomegranate, nuts in the shell or crab legs, or see how many times you can divide string cheese before it is gone.
- Wait 5 minutes before taking seconds.

Tip
People eat for many reasons other than hunger. Learn more on pages 185 to 186.
- Practice mindful eating using all five senses (sight, smell, touch, taste and sound). It will help you become aware your senses while you eat: hunger, when you stop feeling hunger and when you feel satisfied. Try to find a quiet space and make it enjoyable.

<table>
<thead>
<tr>
<th>Steps for Mindful Eating</th>
<th>What to Do</th>
<th>How Did You Feel</th>
</tr>
</thead>
</table>
| Take a few deep breaths before your start eating. | ■ Look at the color, shape and texture of your food.  
— Is it appealing? How does it smell?  
— How does it make you feel? |                 |
| Be aware as you start to eat. | ■ Notice as you:  
— move your hand slowly to your utensil  
— pick up your utensil and move it slowly to your food  
— put your utensil into your food. |                 |
| Move the food to your mouth. | ■ Watch your hand move the food to your mouth.  
— Notice the smell of the food.  
— Did you start to salivate? |                 |
| Take your first bite. | ■ Notice your teeth chewing the food.  
— How is the food positioned in your mouth?  
— Does your tongue move to get the food closer to your teeth? |                 |
| Chew slowly. | ■ Notice the sensations in your mouth and on your tongue. What tastes do you notice?  
■ Where is your hand on the utensil? Did you put the utensil back on the table? |                 |
| Be aware as you swallow the food. | ■ Try to notice the muscles in your esophagus contract as they push the food to your stomach.  
— Can you feel the food in your stomach?  
— Is your stomach empty, full or somewhere in between? |                 |
| Keep eating your meal until you are finished. | ■ Try to notice as many sensations as possible.  
— How do you feel when your stomach starts to feel full?  
— Does your food taste as good as the first bite? |                 |

Reframing Your Thoughts

Reframing is taking a negative thought and changing it into a positive thought.

When people think about improving their health, they can sometimes have negative thoughts related to physical activity, food, their weight or their ability to manage stress.

If you can change some of these thoughts to more positive ones, they can change the way you feel about making lifestyle changes.

Here are a few examples of some common negative thoughts and how to reframe them.

- **I do not have time to grocery shop and meal plan.**

  I will find time to get to the store to buy healthful foods because it is important to me.

- **There will always be stress, so why bother learning how to manage it?**

  I can learn how to manage stress in a more healthful way.

- **I am too overweight to go to the gym.**

  I can accept my body the way it is and find somewhere comfortable to exercise.

Try these three steps the next time you have a negative thought.

- **Step 1:** Stop. Be aware of your negative thought to stop it from getting worse.

- **Step 2:** Ask. Is your thought good or bad? It is bad if it is not helpful and true.

- **Step 3:** Choose. Choose a more positive thought that is true and helpful.

*Example:* “I cannot control myself from overeating.”

- **Step 1:** Stop. This is a negative thought.

- **Step 2:** Ask. Is it helpful? No. Is it true? Maybe. Since it is not helpful, it is bad.

- **Step 3:** Choose. The new thought is, “I can stop my eating as long as I do not keep tempting foods such as sweets in my house.”

**Tips**

- Ignore “all or nothing” thinking. Focus on the big picture, not the day-to-day ups and downs.

- Keep a healthy attitude and eat favorite foods so you can enjoy them on purpose. Do **not** view food as either good or bad. **All** foods can and should be eaten in moderation.

- If you struggle with the idea of needing to be perfect, try starting a “freedom hour.” Schedule an hour at the same time every 1 to 2 weeks where it is OK to eat anything you want.

Write down some of your thoughts that make it hard for you to exercise or manage your weight. Then write down new statements that reframe those thoughts into more positive statements.

<table>
<thead>
<tr>
<th>Negative Thought</th>
<th>Positive Thought</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
<td>5.</td>
</tr>
</tbody>
</table>

If you are struggling to come up with ideas, here are some examples of negative and positive thoughts.

<table>
<thead>
<tr>
<th>Negative Thoughts</th>
<th>Positive Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>I cannot eat the foods I like when I am trying to lose weight.</td>
<td>It is time to put me first.</td>
</tr>
<tr>
<td>A lifestyle change that includes healthful foods has to be hard and restrictive.</td>
<td>I am worth it.</td>
</tr>
<tr>
<td>Thin people are lucky and can eat whatever they want.</td>
<td>I am a healthier person every time I make a healthier choice.</td>
</tr>
<tr>
<td>What other people think about my body is more important than what I think about it.</td>
<td>I am feeling better than I have in years.</td>
</tr>
</tbody>
</table>
Overcoming Triggers

Many people overeat from time to time. But overeating often will stop you from achieving long-term healthy weight loss.

Watch for triggers. These are activities, situations, times, places, and emotions that may give you the urge to eat even when you are not physically hungry. For example, sights, smells, time of day, feeling sad or bored, or being invited to eat with others might trigger you to eat.

When you know what your triggers are, you can plan ahead and make better choices.

There are three general ways to try to cope with triggers.

- **Avoid** the negative trigger or keep it out of sight. For example, keep tempting foods in an opaque container.
- **Add** a new positive trigger (such as an object, thought, person or music) that helps you lead a healthier life. For example, put a picture of yourself at the weight you would like to get to in a strategic place.
- **Do.** Practice reacting to the negative trigger in a healthier way. For example, try doing an alternative activity when stressed rather than eating.

As you learn what your triggers are, here are some ways to help prevent overeating.

- Eat 3 meals each day, plus 1 to 2 healthful snacks if physically hungry.
- Do not multi-task. When eating, do not do anything else that can take your attention away from your meal or snack. This includes watching TV, using the computer or talking on the phone.
- Try not to keep foods in your house that you tend to eat when you are feeling emotional such as chips or chocolate.
- Do activities that keep your hands, mind or mouth busy. This will give you some time to decide if you are really hungry or not.
- Practice positive thoughts. You can learn more about overcoming obstacles on pages 87 to 90.

Try making just one change at a time. Focus on making choices for better health. You will soon start to see positive changes in yourself. If you need more help coping with your triggers, talk with a member of your health care team.

**Did You Know?**

A trigger is something that causes you to overeat.

**Tip**

On the next page, you will find a list of alternative activities that may help keep you from eating when you are not really hungry.
### Alternative Activities

Make a list of activities you will turn to instead of food if you are eating for reasons other than physical hunger. Here are some ideas.

<table>
<thead>
<tr>
<th>Try an activity that keeps your hands, mind or mouth busy.</th>
<th>Try an activity that gives you joy, relaxes or energizes you.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Chew gum.</td>
<td>☐ Go for a walk.</td>
</tr>
<tr>
<td>☐ Play a card game.</td>
<td>☐ Learn to play an instrument.</td>
</tr>
<tr>
<td>☐ Play a sport.</td>
<td>☐ Learn a new sport or skill.</td>
</tr>
<tr>
<td>☐ Knit or crochet.</td>
<td>☐ Take up a new hobby.</td>
</tr>
<tr>
<td>☐ Drink a zero-calorie beverage.</td>
<td>☐ Go visit a friend or invite some friends over.</td>
</tr>
<tr>
<td>☐ Rearrange furniture.</td>
<td>☐ Go to the library or a bookstore.</td>
</tr>
<tr>
<td>☐ Reorganize the junk drawer.</td>
<td>☐ Go fishing.</td>
</tr>
<tr>
<td>☐ Suck on sugar-free mints or candy.</td>
<td>☐ Do yoga, Tai chi or stretch.</td>
</tr>
<tr>
<td></td>
<td>☐ Volunteer.</td>
</tr>
<tr>
<td></td>
<td>☐ Read a book.</td>
</tr>
<tr>
<td></td>
<td>☐ Do tourist activities.</td>
</tr>
<tr>
<td></td>
<td>☐ Get a massage.</td>
</tr>
<tr>
<td></td>
<td>☐ Take a nap.</td>
</tr>
<tr>
<td></td>
<td>☐ Draw or paint</td>
</tr>
<tr>
<td></td>
<td>☐ Listen to your favorite music.</td>
</tr>
<tr>
<td></td>
<td>☐ Be with someone you love or call them.</td>
</tr>
<tr>
<td></td>
<td>☐ Do crafts or woodworking.</td>
</tr>
<tr>
<td></td>
<td>☐ Do a physical activity.</td>
</tr>
<tr>
<td></td>
<td>☐ Ride your bike.</td>
</tr>
<tr>
<td></td>
<td>☐ Take a leisurely drive.</td>
</tr>
<tr>
<td></td>
<td>☐ Play with your pet.</td>
</tr>
<tr>
<td></td>
<td>☐ Play with your children or grandchildren.</td>
</tr>
<tr>
<td></td>
<td>☐ Go to a movie, concert or a play.</td>
</tr>
<tr>
<td></td>
<td>☐ Pray or meditate.</td>
</tr>
<tr>
<td></td>
<td>☐ Take a long bubble bath.</td>
</tr>
<tr>
<td></td>
<td>☐ ___________________</td>
</tr>
<tr>
<td></td>
<td>☐ ___________________</td>
</tr>
</tbody>
</table>
How to cope with some common triggers

Here are some way to cope with some common triggers that may urge you to overeat.

Site and smell of food

- Avoid the kitchen or breakroom with alternate routes. Do not go by bakeries, fast food restaurants or vending machines.
- Keep high-calorie, irresistible foods out of the house or work space – or at least out of sight.
- Remove candy dishes and cookie jars. Move doughnuts away from you at work to another part of the office. Keep healthful options easy to reach, in sight and ready to eat. Keep bottled water within arms reach.
- Turn off the lights in the kitchen when it is not meal time. Put a “kitchen closed” sign on the refrigerator or pantry.
- Limit your eating to one place. Store food only in the kitchen or breakroom.
- If leftovers are an issue, make less of the more tempting option. Keep serving bowls off the table. Put leftovers away before you sit down to eat. Put the container in the back of the refrigerator or in the freezer.
- Keep things around you at home and at work that make you want to eat healthy.

Cooking

- Do not cook when you are hungry. Make several meals at once to decrease how often you cook.
- Have cut-up fruits and vegetables on the table for you and your family to snack on while making the meal to take the edge off your hunger.
- Brush your teeth before making a meal or chew gum while making meal.

Grocery shopping

- Order groceries online.
- Do not shop when you are hungry.
- Do not go to sections in the store that tempt you.
- Put food away right when you get home.
- Make a shopping list ahead of time to limit impulse buys.
- Use food coupons for low-fat and low-calorie foods, not for high-fat foods.
- Ask the grocery store manager to order low-fat and low-calorie foods that you want.
- Shop from a basket rather than a cart if you only need a few items to limit impulse buys.

**Social gathering/dining out**
- Position yourself away from where the food is located.
- Plan to attend special occasions only for a certain length of time. It is OK to have an escape plan or exit strategy. Or just get some fresh air to regroup.
- Hold a glass of water while mingling at a party.
- Decide in advance what you plan to say to others who might be food pushers.
- Try doing non-food activities with family and friends.
- Order smaller or half portions when you dine out or give your leftovers to someone else.

**Maintaining Your New Lifestyle**

Lapses or setbacks are normal. They are also temporary. Something triggers you to lapse and you return to old behaviors. Do not let a bad day or week turn into a bad month or year!

A relapse is a return to an old lifestyle. It often can happen when a crisis or a big change happens in your life that changes your routine. Relapse prevention is key to maintaining positive changes for a lifetime.

**Create a relapse prevention plan**

Create an ongoing plan around the following six areas to help prevent lapses from turning into a relapse. If you have a relapse, have an “emergency mode” plan that is more intense than your ongoing plan.

- **Create a “get back on track” plan for nutrition and physical activity.**
  
  - **Nutrition:** This will vary from person to person. Some people follow something that feels effortless for a short amount of time until they can get back to their ongoing plan. For example, they might follow a specific, simple menu for a period of time (usually 1 to 7 days). It may include more convenience foods such as meal replacements, frozen dinners, or pre-prepared fresh fruits and vegetables.

**Tip**

Create your relapse prevention plan using the worksheet on page 104. You will find a sample plan on page 103.
— **Physical activity**: It is better to cut-back than to stop completely. If you have stopped completely, exercise right away to re-establish the habit, even if just for 1 or 2 minutes each day.

- **Scan/inventory your environment.** Take time to identify what was the trigger that got you off track in the first place.
  - What can you do differently next time?
  - Are there any obstacles?
  - Did trigger foods start trickling back into the house? Clear them out and restock your kitchen with healthful foods.

- **Self-monitor.** Try not to become comfortably complacent (content). Use self-monitoring tools every once in a while to help you notice if you are off track. If you are off track, keep track of your weight, food and physical activity each day until you feel confident again.

- **Be intentional about building motivation.** Read about finding and keeping your motivation on pages 85 to 86.

- **Use positive thoughts.** Remember where you started when you began your weight loss journey. Remember how you looked and felt and how much you have now changed.

- **Use a life line.** Ask your support network for help. Subscribe to magazines or blogs or read books to keep learning and growing. Call your health and wellness coach.
<table>
<thead>
<tr>
<th>Sample Relapse Prevention Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ongoing Plan</strong></td>
</tr>
<tr>
<td><strong>Nutrition and Physical Activity</strong></td>
</tr>
<tr>
<td>- Go grocery shopping on Sunday and write out meals for the next week.</td>
</tr>
<tr>
<td>- Complete the 30 Day Fit Challenge Workout app.</td>
</tr>
<tr>
<td><strong>Scan/Inventory Environment</strong></td>
</tr>
<tr>
<td>- Keep temptations like chocolate in the top cupboard and do an extra clearing out after holidays or special gatherings.</td>
</tr>
<tr>
<td><strong>Self-Monitoring</strong></td>
</tr>
<tr>
<td>- Weigh myself each month.</td>
</tr>
<tr>
<td>- Track vegetables every day.</td>
</tr>
<tr>
<td><strong>Motivation</strong></td>
</tr>
<tr>
<td>- Every 3 months, schedule a time to look at my weight loss graph to remind me of how far I have come.</td>
</tr>
<tr>
<td><strong>Positive Thoughts</strong></td>
</tr>
<tr>
<td>- Tell myself, “This is a journey that starts with hope and ends with success.”</td>
</tr>
<tr>
<td><strong>My Life Lines</strong></td>
</tr>
<tr>
<td>- Reach out to my accountability partner whenever I feel off track.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>My Relapse Prevention Plan</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td><strong>Ongoing Plan</strong></td>
</tr>
<tr>
<td>If the scale ever says _______ pounds, I will...</td>
</tr>
<tr>
<td>Nutrition and Physical Activity</td>
</tr>
<tr>
<td>Scan/Inventory Environment</td>
</tr>
<tr>
<td>Self-Monitoring</td>
</tr>
<tr>
<td>Motivation</td>
</tr>
<tr>
<td>Positive Thoughts</td>
</tr>
<tr>
<td>My Life Lines</td>
</tr>
</tbody>
</table>
Before Weight Loss Surgery

To Do List

- Attend the “Introduction to Weight Loss Surgery” class or watch the online seminar at allinahealth.org/weightloss.
- Call your insurance provider to find out your coverage for weight loss surgery. (See insurance coverage worksheet on page 109.)
- Fill out a health history form.
- Return your completed health history form to the clinic at least 3 days before your first appointment at the clinic.
- Schedule an appointment with a registered dietitian from the weight management program.
  - You will need to have at least two visits with a dietitian. Your insurance provider may have other requirements. Check with your insurance provider.
- Schedule a first appointment with a surgeon and bariatric nurse clinician.
  - Bring a list of any questions you may have with you to this appointment.
- Schedule an appointment for a psychological evaluation.
  - Consider taking the 4-week “Preparing for Success: Bariatric Surgery Group” class. To register, visit allinahealth.org/classes or call Allina Health Class Registration at 1-866-904-9962.
- Have any tests, exams or procedures needed before surgery. These may include:
  - lab work
  - imaging
  - a sleep study.
- Schedule a second visit with your surgeon.
- Schedule your surgery when you receive approval from your insurance provider.

Important

If you use tobacco, you will need to quit 2 months before you have surgery.

Read more about how quitting tobacco will benefit your health and how to quit on pages 117 to 119.
"Introduction to Weight Loss Surgery" Class

Tip

You can also watch an online seminar at allinahealth.org/weightloss. You will need to take a test after watching the class.

You will need to attend an informational class to learn more about weight loss surgery. The class will cover:

- the current types of weight loss surgery
- the benefits and limitations of each type of surgery
- lifestyle and behavior changes you will need to make
- the insurance approval process.

During the class, you will also have an opportunity to ask any questions. You are welcome to bring a family member or friend. There is no charge for this class.

To register, visit allinahealth.org/classes or call Allina Health Class Registration at 1-866-904-9962.

Insurance Coverage

Did You Know?

It may take 3 to 12 months to complete all steps needed to get ready for surgery. During this time, start putting your new healthful lifestyle habits into practice.

Health care benefits are constantly changing and differ from plan to plan and provider to provider. It is important for you to understand your health care benefits before you have weight loss surgery.

Now is a good time to call your insurance provider and find out exactly what is and is not covered under your plan.

Use the worksheet on the next page to help you determine your insurance coverage.

Insurance approval

Your insurance provider will have criteria that you will need to meet before you are approved to have surgery. You may need to provide information such as:

- a document that shows how long you have been obese and if you have any other medical conditions
- documents that show any medically-supervised dietary weight loss attempts over a specific time period
- a letter of support from your primary care provider
- an evaluation from a dietitian or nutritionist for a certain number of visits (at least two)
- a completed psychological evaluation.

You can read more about insurance approval on page 113.
Determining Your Health Insurance Coverage

Questions to ask your insurance provider before your surgery

To learn about your specific coverage, call your insurance provider before you start the steps toward having weight loss surgery.

Look for the telephone number on your membership card. Use this worksheet as a guide to help you get a clear idea of your coverage.

Date/time of call ___________________________________________

Person spoken to ___________________________________________

Reference number of call ____________________________________

1. Is weight loss surgery covered under my insurance plan if I meet all the criteria needed to have the surgery? □ yes □ no

2. Is weight loss surgery at ________________________________ (hospital) covered under my insurance plan. □ yes □ no

3. Is Dr. ________________________________ (name of surgeon) in-network? □ yes □ no

If “yes” to the first three questions:

1. Is laparoscopic ________________________________ (name of surgery) covered? □ yes □ no
   (Choose from: Roux-en-Y gastric bypass, sleeve gastrectomy or duodenal switch)

2. What is the effective date of my insurance plan? _________________________________________
   Is this a plan year or calendar year? ____________________________________________________
   If a plan year, plan start date ____________________________ to ____________________________

3. What is my maximum out-of-pocket? ___________________________________________________

4. What is my deductible? _______________________________________________________________

5. What is my co-pay for clinic visits? ____________________________________________________

6. Do I need to have a BMI of 40 or higher to qualify for surgery? □ yes □ no

Important

The person you speak with may need the following information:

- Diagnosis code: E66.01
- CPT codes:
  - Roux-en-Y gastric bypass: 43644
  - Sleeve gastrectomy: 43775
  - Duodenal switch: 43659

(over)
7. If I have a BMI of 35 or higher, what other medical (co-morbid) conditions qualify me for surgery?

_____________________________________________________________________________________

8. Will I need to have nutritional counseling before surgery? □ yes □ no

If yes, how many months? _________________

Will these appointments be covered? □ yes □ no

9. Will my psychological evaluation be covered? □ yes □ no

10. Is there a weight history requirement? □ yes □ no

If yes, how many years? _________________

11. Is there any other criteria I need to meet before having surgery? □ yes □ no

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

**Insurance and Billing Tips**

As part of the Weight Management program, you will have appointments with nurses, registered dietitians and your surgeon. These visits are an important part of the program.

It is important for you to understand your benefits, deductibles and coinsurance. You may be responsible for part or all of the payment for these appointments.

**Important**

- If additional testing or procedures are needed, check with your insurance provider to find out if you need a referral from your primary care provider before you have the test or procedure.

- If you have a secondary insurance, prior authorization will need to be received from that insurance provider as well. Please tell a weight loss surgery staff member or referral specialist all of your insurance plan information.

- If you have any changes in your insurance coverage during your care, make sure a weight loss surgery staff member or referral specialist is aware of the change, termination or addition of insurance.

**Nutrition Counseling**

CPT codes:
- 97802
- 97803
Your Weight Loss Surgery Team

As you prepare for weight loss surgery, hospital stay and recovery, a weight loss surgery team will work with your surgeon to help you along your journey. Members of your team may include:

- **Advance practice provider**
  An advance practice provider can treat illnesses and diseases such as obesity. An advance practice provider and doctor work together as a team. Advance practice providers include:
  - clinical nurse specialists
  - nurse practitioners
  - physician assistants.

- **Bariatrician**
  A bariatrician is a doctor who can help you reach a healthy weight without surgery. He or she may recommend lifestyle changes, medicine or both.

- **Exercise physiologist**
  An exercise physiologist creates a physical activity plan that helps enhance your overall health.

- **Health coach**
  A health coach will help you address any barriers to change and create achievable goals to help you be successful at losing weight.

- **Insurance specialist**
  An insurance specialist will verify your insurance coverage and any criteria that you will need to meet before you are approved to have surgery. He or she will submit a request for surgery to your insurance provider.

- **Bariatric nurse clinician**
  A bariatric nurse clinician is a registered nurse who will provide care and coordinate a care plan specific for you. He or she will educate you about your weight loss surgery, and provide support to you and your family.

- **Registered dietitian**
  A registered dietitian will work with you and your weight loss surgery team to meet your nutritional needs.

- **Psychologist**
  A psychologist uses “talk therapy” methods to make sure you are ready for weight loss surgery.
Your Appointments with a Registered Dietitian

At your first appointment with a registered dietitian, you will begin learning about the lifelong nutrition changes you will need to make. He or she will begin to review the information in the sections “Nutrition Guidelines: Before Surgery” and “Nutrition Guidelines: After Surgery.”

You will meet with a dietitian at least two times before your surgery. (This may vary depending on your insurance provider’s requirements as well as how you progress toward being ready for surgery.)

After your surgery, you will continue to meet with a dietitian. This will help to keep you on track and make sure you always have updated information. Generally, your visits with the dietitian will be:

- 5 weeks after surgery
- 3 months after surgery
- 1 year after surgery
- every year after that.

Your First Appointment with Your Surgeon

Tip
Read more about the different types of weight loss surgery on pages 114 to 116.

At your first appointment with your surgeon, he or she may:

- review your health and surgery history
- review your current medicines
- do a physical exam.

You and your surgeon will talk about if weight loss surgery is the best option for you. Your surgeon will talk about the different types of surgery. Together you will decide which surgery would be best for you.

Based on your health history, physical exam and which surgery you will be having, your surgeon may require additional tests, exams or procedures. You must complete them and any follow-up before you have surgery.

During this appointment, you will also meet with your bariatric nurse clinician. He or she will make sure you understand the:

- instructions that you were given by your surgeon
- tests, exams or procedures that you need to get done.
**Psychological Evaluation**

All patients having weight loss surgery are required to have a psychological evaluation. Your bariatric nurse clinician will help you find a psychologist who has experience working with patients who want to have weight loss surgery.

The goal of this evaluation is to:
- educate you on how to be successful after surgery and reduce or manage any risk factors
- determine if you are at risk for any psychological or social problems after surgery
- refer you to a mental health provider, if additional care is needed.

**Why do you need to see a psychologist?**

You need to be emotionally and mentally ready to have this surgery and ready for the lifestyle changes after surgery.

Many people who are very obese 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.

**Support Groups**

There are weight loss surgery support groups available. Ask your bariatric nurse clinician for more information or visit allinahealth.org/classes and search using the keywords “weight loss surgery.”

**Insurance Approval**

When you have finished all the required appointments, paperwork, and tests, exams or procedures, an insurance specialist will submit a request for surgery to your insurance provider.

It may take up to 30 days to receive a response from your insurance provider. The insurance specialist will contact you as soon a response has been received.

- If you have been approved for surgery, a scheduler will call you to schedule your surgery.
- If you have not been approved for surgery, the insurance specialist will work with you to figure out why this has happened and if there is anything else that can be done for you to be approved.
Types of Weight Loss Surgery

- **Laparoscopic Roux-en-Y gastric bypass**

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 and the bypassed stomach.

Part of your small intestine will be separated and attached to the stomach so your food will go right into the small intestine after it goes through the stomach. 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 stomach, it will look like a “Y” and that is where the surgery got the “Y” in its name.

**Important**

This surgery cuts down the amount of food and liquid you can hold at one time. Your stomach will hold about 1 to 2 tablespoons of food at the beginning.

As you fill this stomach, 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 throw up.

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 and the bypassed stomach.
Laparoscopic sleeve gastrectomy

This surgery reduces the size of your stomach and limits the amount of food and liquids your stomach can hold. This results in weight loss.

During surgery, your surgeon will reduce the size of your stomach with this surgery. Your stomach will be stapled and then divided. About 80 percent of your stomach is removed during surgery.

Your new stomach will hold a few tablespoons of food at first. As you fill the stomach, your brain receives a signal that you feel “satisfied” and should stop eating. It is important to allow 20 to 30 minutes to eat each meal. If you try to eat too much or too quickly, you may feel a wave of nausea or stomach pain, or you may regurgitate or vomit (throw up).
Laparoscopic duodenal switch

This surgery is a combination of the sleeve gastrectomy and Roux-en-Y gastric bypass. It changes the amount of food you can eat and your ability to absorb calories to help you succeed at long-term weight loss. Weight loss is rapid.
Quit Tobacco for Your Surgery

Did You Know?
Tobacco products contain more than 7,000 chemicals. More than 70 are known to cause cancer.

Tobacco and surgery risks
Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes and JUUL®), smokeless tobacco (dip or chew), cigars, hookahs and pipes.

Using tobacco increases your risk of the following during and after surgery:
- heart problems
- lung problems (complications) such as pneumonia
- infections such as infections of your surgery site (incision)
- blood clots
- slower healing of your surgery site
- higher levels of pain and more problems with pain control.

Tobacco use keeps oxygen from reaching your surgery site and it can increase your recovery time.

Benefits of quitting
- Research shows that quitting 4 weeks before surgery can reduce any problems after surgery up to 30 percent.
- People who quit smoking report having better pain control.
- Your body responds quickly to quitting:
  - 8 hours: the carbon monoxide level in your blood drops to normal. The oxygen level in your blood increases to normal.
  - 48 hours: Nerve endings start to grow again.
  - 2 weeks: Your circulation improves and your lung function increases. (Source: World Health Organization)

When you should quit
Ideally, you should quit as soon as possible. Research shows that:
- the harmful effects from cigarettes begin to go down about 12 hours after your last cigarette smoked
- at least 8 weeks without cigarettes is the best way to reduce problems almost as low as people who do not smoke.

The American College of Surgeons recommends at least 4 weeks without cigarettes.

Important
Secondhand smoke causes as much damage to healing as if you were smoking.

If you live with someone who smokes, ask him or her to smoke outside for at least the time of your recovery.

Did You Know?
Tobacco products contain more than 7,000 chemicals. More than 70 are known to cause cancer.

Important
Secondhand smoke causes as much damage to healing as if you were smoking.

If you live with someone who smokes, ask him or her to smoke outside for at least the time of your recovery.

Tobacco and surgery risks
Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes and JUUL®), smokeless tobacco (dip or chew), cigars, hookahs and pipes.

Using tobacco increases your risk of the following during and after surgery:
- heart problems
- lung problems (complications) such as pneumonia
- infections such as infections of your surgery site (incision)
- blood clots
- slower healing of your surgery site
- higher levels of pain and more problems with pain control.

Tobacco use keeps oxygen from reaching your surgery site and it can increase your recovery time.

Benefits of quitting
- Research shows that quitting 4 weeks before surgery can reduce any problems after surgery up to 30 percent.
- People who quit smoking report having better pain control.
- Your body responds quickly to quitting:
  - 8 hours: the carbon monoxide level in your blood drops to normal. The oxygen level in your blood increases to normal.
  - 48 hours: Nerve endings start to grow again.
  - 2 weeks: Your circulation improves and your lung function increases. (Source: World Health Organization)

When you should quit
Ideally, you should quit as soon as possible. Research shows that:
- the harmful effects from cigarettes begin to go down about 12 hours after your last cigarette smoked
- at least 8 weeks without cigarettes is the best way to reduce problems almost as low as people who do not smoke.

The American College of Surgeons recommends at least 4 weeks without cigarettes.
You should not use tobacco the day of surgery up to 1 week after your surgery. Your doctor may tell you when to quit before your surgery.

If you quit for surgery, you double the chance of staying off cigarettes for good. Many people report they have no cravings while in the hospital.

Not ready to quit? Consider taking a break!

If quitting tobacco makes you feel nervous and seems overwhelming, consider taking a break or a vacation from tobacco use.

- You will get the physical benefits for the period of time that you are not using tobacco.
- You will reduce your risk of problems during surgery and still increase your chances of a smooth recovery after surgery.

If you can, set a goal to stop using tobacco for 1 month after your surgery. This will allow your body to heal the best after your surgery.

Ways to quit or take a break

- abrupt stop (cold turkey)
- nicotine replacement therapy* (gum, lozenge, patch or inhaler)
- medicines (Chantix® and Zyban®)
- behavioral strategies (such as calling a friend or going for a walk)
- aromatherapy (black pepper oil)
- take a break (vacation) from tobacco.

Any step you take without tobacco is going to help you. Small steps are better than nothing!

*Nicotine replacement therapy (NRT) can nearly double your chances of successfully staying off cigarettes. It works best if you use it with the help of a doctor or counselor. Ask your doctor about using NRT around the time of surgery. Go to quitforsurgery.com to learn more.
Resources

Allina Health

- Tobacco Intervention Program at Abbott Northwestern Hospital
  — 612-863-1648
- Tobacco Intervention Program at Mercy Hospital
  — 763-236-8008
- Tobacco Intervention Program at River Falls Area Hospital
  — 715-307-6075
- *United Hospital Lung and Sleep Clinic Tobacco Cessation Program
  — 651-726-6200
- *Penny George™ Institute for Health and Healing (LiveWell Center) tobacco intervention coaching
  — 612-863-5178

Other

- Minnesota Department of Health
  — health.state.mn.us/quit
- Quit Smoking Hotline
  — 1-800-QUIT-NOW (7848-669)
- online tobacco cessation support
  — smokefree.gov
- American Lung Association/Tobacco Quit Line
  — 651-227-8014 or 1-800-586-4872
- Chantix® GetQuit Support plan
  — 1-877-CHANTIX (242-6849) or get-quit.com
- financial aid for Chantix® or Nicotrol® inhaler
  — 1-866-706-2400 or pfizerhelpfulanswers.com
- *Mayo Clinic Nicotine Dependence Center’s Residential Treatment Program
  — 1-800-344-5984 or 1-507-266-1930
- Plant Extracts aromatherapy
  — 1-877-999-4236

*There may be a cost to you. Check with your insurance provider.
Preparing for Weight Loss Surgery

To Do List

☐ Most people are able to return back to work 2 weeks after surgery. Talk with your manager about taking this time off from work.

☐ Learn more about medicine use before and after surgery.

☐ Schedule a health history and physical exam with your primary care provider.

☐ Schedule your pre-surgery education.

☐ Schedule your follow-up appointments for after your surgery:
  ☐ 1 week: You will need to see your surgeon, or a bariatrician, physician assistant or nurse practitioner.
  ☐ 1 to 2 weeks: You will need to see your primary care provider to talk about your medicines.
  ☐ 5 weeks: You will need to see your dietitian and bariatric nurse clinician.

☐ Arrange to have a responsible adult drive you home.

☐ Start a pre-surgery diet 14 days before surgery.
  (See pages 43 to 45.)
Certain medicines can cause problems (complications) with your surgery unless you stop taking them before surgery. The chart below lists common medicines not to take before surgery. **It does not include all the medicines you may be taking.**

If you have questions, please call your surgeon’s office as soon as possible.

### Medicines Not to Take Before Surgery

**Important**

Please bring your medicine list to the hospital on the day of your surgery. You can use the “My Medicine List” on page 187.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>General Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herbal products, vitamins or minerals</td>
<td>Stop taking any herbal supplement or product, vitamin or mineral 2 weeks before surgery. If you are also taking a multivitamin, calcium and vitamin D₃, you should keep taking this until the day before your surgery.</td>
</tr>
<tr>
<td></td>
<td>However, you can continue to take your recommended multivitamin, calcium and vitamin D₃ until the day before your surgery.</td>
</tr>
<tr>
<td>Diabetes insulin by injection</td>
<td>Talk with your doctor who manages your diabetes before you stop taking your medicine. You may have other instructions.</td>
</tr>
<tr>
<td>Diabetes medicines you take by mouth</td>
<td>Do not take these medicines the morning of your surgery.</td>
</tr>
<tr>
<td>Methotrexate (Mexate®, Amethopterin®)</td>
<td>Stop taking this medicine 2 weeks before your surgery. You can restart this medicine 4 weeks after your surgery.</td>
</tr>
<tr>
<td>Birth control (pills, patches, NuvaRing®, Depo-Provera® injections)</td>
<td>Stop taking this medicine 1 month before your surgery. You may start using birth control again 1 month after your surgery. During this time, you will need to use another form of reliable birth control.</td>
</tr>
</tbody>
</table>

**Please note:** These are general guidelines for medicines not to take before surgery. Follow all instructions you receive from your surgeon.
**Medicines Not to Take Before Surgery**

**Please note:** These are general guidelines for medicines not to take before surgery. Follow all instructions you receive from your surgeon.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>General Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormone replacement therapy, such as Premarin®</td>
<td>Stop taking this medicine 1 month before your surgery.</td>
</tr>
<tr>
<td></td>
<td>You may start taking this medicine again 4 weeks after your surgery.</td>
</tr>
<tr>
<td>Aspirin (including low dose and baby aspirin)</td>
<td>Stop taking this medicine 10 days before your surgery.</td>
</tr>
<tr>
<td></td>
<td>If you have an arterial stent or graft, follow the instructions from your cardiologist and surgeon.</td>
</tr>
<tr>
<td>Blood thinner medicine</td>
<td>Stop taking any of the listed blood thinner medicines 10 days before your surgery.</td>
</tr>
<tr>
<td>• aspirin combined with dipyridamole (Aggrenox®)</td>
<td>If you have an arterial stent or graft, follow the instructions from your cardiologist and surgeon.</td>
</tr>
<tr>
<td>• cilostazol (Pletal®)</td>
<td></td>
</tr>
<tr>
<td>• clopidogrel (Plavix®)</td>
<td></td>
</tr>
<tr>
<td>• dabigatran etexilate (Pradaxa®)</td>
<td></td>
</tr>
<tr>
<td>• dipyridamole (Persantine®)</td>
<td></td>
</tr>
<tr>
<td>• prasugrel (Effient®)</td>
<td></td>
</tr>
<tr>
<td>• ticagrelor (Brilinta®)</td>
<td></td>
</tr>
<tr>
<td>• ticlopidine (Ticlid®)</td>
<td></td>
</tr>
<tr>
<td>Warfarin (Coumadin®)</td>
<td>Talk with your primary care provider about when you should stop taking this medicine.</td>
</tr>
<tr>
<td></td>
<td>In general, most people need to stop taking warfarin 5 days before surgery.</td>
</tr>
<tr>
<td></td>
<td>Your surgeon may want you to have heparin shots before surgery.</td>
</tr>
</tbody>
</table>
# Medicines Not to Take Before Surgery

**Please note:** These are general guidelines for medicines not to take before surgery. Follow all instructions you receive from your surgeon.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>General Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-steroidal and anti-inflammatory medicines (NSAIDs)</td>
<td>Stop taking any of the listed NSAIDs 10 days before surgery.</td>
</tr>
<tr>
<td>- ibuprofen (Advil®, Motrin®)</td>
<td></td>
</tr>
<tr>
<td>- naproxen (Naprosyn®, Aleve®, Anaprox®)</td>
<td></td>
</tr>
<tr>
<td>- piroxicam (Feldene®)</td>
<td></td>
</tr>
<tr>
<td>- sulindac (Clinoril®)</td>
<td></td>
</tr>
<tr>
<td>- tolmetin (Tolectin®)</td>
<td></td>
</tr>
<tr>
<td>- celecoxib (Celebrex®)</td>
<td></td>
</tr>
<tr>
<td>- diclofenac (Voltaren®)</td>
<td></td>
</tr>
<tr>
<td>- indomethacin (Indocin®)</td>
<td></td>
</tr>
<tr>
<td>- nambumetone (Relafen®)</td>
<td></td>
</tr>
<tr>
<td>- flurbiprofen (Ansaid®)</td>
<td></td>
</tr>
<tr>
<td>- ketoprofen (Orudis®)</td>
<td></td>
</tr>
<tr>
<td>- etodolac (Lodine®)</td>
<td></td>
</tr>
<tr>
<td>- meloxicam (Mobic®)</td>
<td></td>
</tr>
<tr>
<td>- oxaprozin (Daypro®)</td>
<td></td>
</tr>
<tr>
<td>- Fenoprofen (Nalfon®)</td>
<td></td>
</tr>
<tr>
<td>- Diflunisal (Dolobid®)</td>
<td></td>
</tr>
<tr>
<td>Diuretic (water pill)</td>
<td>If you are not on a pre-surgery diet, stop taking this medicine the day before your surgery.</td>
</tr>
<tr>
<td></td>
<td>If you are on a pre-surgery diet, stop taking this medicine 2 weeks before your surgery, unless you have heart failure.</td>
</tr>
<tr>
<td></td>
<td>If you have heart failure, continue to take your diuretic (water pill). Talk with your primary care provider at your health history and physical exam about if you need to stop taking this medicine before surgery.</td>
</tr>
<tr>
<td></td>
<td>Talk with your surgeon or primary care provider about when to start taking this medicine after surgery.</td>
</tr>
</tbody>
</table>
**Medicines Not to Take Before Surgery**

**Please note:** These are general guidelines for medicines not to take before surgery. Follow all instructions you receive from your surgeon.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>General Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure medicine that is combined with a diuretic, such as HCTZ</td>
<td>Talk with your primary care provider about when to stop this medicine before your surgery.</td>
</tr>
<tr>
<td></td>
<td>Talk with your surgeon or primary care provider about when to start taking this medicine after surgery.</td>
</tr>
<tr>
<td>MAO inhibitors</td>
<td>Stop taking these medicines 2 weeks before your surgery.</td>
</tr>
<tr>
<td></td>
<td>Talk with your mental health provider about when to start taking these medicines again after your surgery.</td>
</tr>
</tbody>
</table>
Medicine Use After Surgery

You may leave the hospital on different medicines than you took before surgery. Your surgeon may stop or lower the dose of your medicines before you go home.

**Important**

The entire size of your medicine must be less than one-quarter of an inch.

This is no larger than the eraser on a standard pencil.

If you had sleeve gastrectomy surgery or duodenal switch surgery, you can go back to a regular medicine size 2 weeks after surgery.

If you had Roux-en-Y gastric bypass surgery, you can go back to a regular medicine size 1 month after surgery.

**Medicine size (pill, capsule and tablet)**

After surgery, the size of the opening to your new stomach is swollen and healing. The swelling can last up to 6 weeks after surgery. This is why it is important that the entire size of your medicine must be no larger than the eraser on a standard pencil (less than one-quarter of an inch).

If the medicine is too large, it could get stuck in the opening of your new smaller stomach. This could cause discomfort or pain until the pill dissolves enough to move through the opening.

When you get a prescription for a new medicine, ask your health care provider about the size of the pill. It is easier to talk with your health care provider during a visit about the pill size than to get a prescription filled and learn that the medicine size is too large. This is something you will need to consider for the rest of your life.

**Some medicines cannot be cut, crushed, chewed or opened**

Some medicines cannot be cut, crushed, chewed, or opened because they are designed to release slowly in your body.

- Look at the name of the medicine. If it is followed by “LA,” “XL,” “SR,” “CR,” “XR,” “contin” or other letters, it means the medicine is “long acting.” Long acting medicines cannot be cut, chewed, crushed or opened. Ask your primary care provider or pharmacist if your medicine is available in a form that can be cut, crushed, chewed or opened.

- Some capsules can be opened and the medicine sprinkled on food. Ask you primary care provider or pharmacist before doing this because it is not OK to do this with all capsules.

It is very important to talk with your primary care provider about all your medicines before your surgery. Your health history and physical exam appointment is a good time to request new prescriptions for medicines that can be cut, crushed, chewed or opened. There may be another option for medicines that cannot be cut, crushed, chewed or opened.
Supplements
Weight loss surgery will change the way your body absorbs vitamins and minerals from the food you eat. You will need to take supplements for the rest of your life.

<table>
<thead>
<tr>
<th>Supplement</th>
<th>How Much to Take</th>
<th>Preferred Brand or Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multivitamin with iron</td>
<td>Take 2 chewable multivitamins with iron each day.</td>
<td>- Some examples include Flintstones Complete® or Centrum® Chewables.</td>
</tr>
<tr>
<td>(Do not take until after your first follow-up clinic visit.)</td>
<td></td>
<td>- The multivitamin needs to have 18 mg of iron.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Do not take “gummy” vitamins. They do not have all the vitamins and minerals you need, even though the label may say “complete.”</td>
</tr>
<tr>
<td>Vitamin $B_{12}$</td>
<td>1,000 mcg vitamin $B_{12}$ sublingual (dissolves under your tongue)</td>
<td></td>
</tr>
<tr>
<td>(Do not take until after your first follow-up clinic visit.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium Citrate*</td>
<td>500 to 600 mg of elemental calcium citrate* 2 to 3 times each day</td>
<td>One example of calcium citrate is Citracal® calcium citrate caplets.</td>
</tr>
<tr>
<td>(Do not take until after your 5-week follow-up clinic visit.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin $D_3$</td>
<td>5,000 IU of vitamin $D_3$ each day.</td>
<td></td>
</tr>
<tr>
<td>(Do not take until after your 5-week follow-up clinic visit.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Elemental calcium is not always listed on the front of the bottle. Turn the bottle over to read the serving size and how much elemental calcium is in each tablet.
**Important**

If you had Roux-en-Y gastric bypass surgery, you should never take NSAIDs medicines. These medicines will hurt your new stomach.

If you had sleeve gastrectomy surgery or duodenal switch surgery, you can start using NSAIDs 4 weeks after surgery while taking a proton pump inhibitor such as omeprazole (Prilosec®).

**Medicines**

Right after weight loss surgery, you should not take non-steroidal anti-inflammatory medicines (NSAIDs). These medicines can hurt your new stomach. They may cause ulcers and bleeding.

Examples of NSAIDs include ibuprofen (such as Advil, Motrin), naproxen (such as Aleve), ketorac (such as Toradol®), nabumetone (such as Relafen) and celecoxib (such as Celebrex).

See the table below for more examples.

**Examples of NSAIDs not to take after surgery**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advil, Motrin</td>
<td>ibuprofen</td>
</tr>
<tr>
<td>Naprosyn, Aleve, Anaprox</td>
<td>naproxen</td>
</tr>
<tr>
<td>Celebrex</td>
<td>celecoxib</td>
</tr>
<tr>
<td>Orudis</td>
<td>ketoprofen</td>
</tr>
<tr>
<td>Indocin</td>
<td>indomethacin</td>
</tr>
<tr>
<td>Feldene</td>
<td>piroxicam</td>
</tr>
<tr>
<td>Lodine</td>
<td>etodolac</td>
</tr>
<tr>
<td>Ansaide</td>
<td>flurbiprofen</td>
</tr>
<tr>
<td>Clinoril</td>
<td>sulindac</td>
</tr>
<tr>
<td>Tolectin</td>
<td>tolmetin</td>
</tr>
<tr>
<td>Relafen</td>
<td>nabumetone</td>
</tr>
<tr>
<td>Mobic</td>
<td>meloxicam</td>
</tr>
<tr>
<td>Voltaren</td>
<td>diclofenac</td>
</tr>
<tr>
<td>Daypro</td>
<td>oxaprozin</td>
</tr>
<tr>
<td>Nalfon</td>
<td>fenoprofen</td>
</tr>
<tr>
<td>Dolobid</td>
<td>diflunisal</td>
</tr>
</tbody>
</table>

Acetaminophen (such as Tylenol®) is the only safe over-the-counter pain medicine you can take after weight loss surgery. Talk to your pharmacist when buying medicines for coughs, colds or sleep. Many of these medicines have NSAIDs.

**Aspirin**

You, your surgeon and primary care provider will decided if taking aspirin after your surgery is right for you.
How to choose an over-the-counter medicine

After surgery you may need medicine for seasonal allergies, a cold or other health issues. These medicines are usually available without a prescription from your health care provider.

Here are some tips to help you choose an over-the-counter medicine.

- Read the package label of the medicine carefully. Look for words such as “long acting” or “extended-release” on the package. Do not use these types of medicines for 6 weeks after your surgery.

- Do not use any combination medicines that have the following ingredients: corn syrup, high fructose corn syrup or sugar. These types of medicines may cause dumping syndrome.

- Medicines that come in the form of a liquid, chewable tablet or a tablet that dissolves under your tongue are generally safe to take.
Health History and Physical Exam

Important
Your health history and physical exam needs to be done within 30 days before your surgery.

This exam needs to be done at least 7 days before your surgery.

Before your surgery, your primary care provider should do a health history and physical exam. Call your primary care provider to schedule your appointment.

During the exam, your primary care provider will:
- evaluate your current health status
- review and/or perform any tests needed before surgery
- make sure you are ready for surgery.

If you currently take any medicines, make sure your doctor provides you with the following information:
- instructions for taking your medicines the morning of surgery
- instructions for stopping any prescription medicines before your surgery
- instructions for stopping any over-the-counter medicines before your surgery, including herbal medicines.

Pre-surgery Education

Important
You will need to arrange to have a responsible adult drive you home.

If you do not have someone to drive you home, your surgery may be canceled.

You are required to receive pre-surgery education. When you have your surgery date, you will be scheduled for this class. This usually happens 2 to 4 weeks before your surgery.

This education will include:
- what will happen the day of your surgery and the rest of your hospital stay
- what to expect when you leave the hospital (care after surgery).

You will also be able to ask any questions and talk about any concerns you may have before your surgery.
Advance Care Planning

How to Get Started

Allina Health offers three ways to help you get started:

- Sign up for a free advance care planning class. Call 612-262-2224 or 1-855-839-0005 to register.
- Fill out a free, secure health care directive online. To create an account, go to: account.allinahealth.org.
- Print out a health care directive at: allinahealth.org/acp.

Planning for your future health care

Advance care planning is the process of giving information to others about your health care choices in case illness or injury prevents you from telling them yourself.

Talk with members of your care circle (family, friends or others close to you) about your health care choices. This is a time for you to share:

- what kind of care and treatment you do or do not want
- your wishes, goals and values and how they relate to your health care choices for the future.

You can put your health care choices in writing by creating a health care directive. Members of your care circle and your health care providers will use this document to interpret and understand your wishes, goals and values for your future health care needs.
Respiratory Exercises (Breathing Exercises)

Performing respiratory exercises will help you prevent respiratory system complications. Deep breathing, coughing, and incentive spirometer exercises may speed your recovery and lower your risk of lung problems, such as pneumonia. Learn the following exercises and practice them every day before your surgery.

Deep breathing
To deep breathe correctly, you must use your abdominal muscles, as well as your chest muscles.

- Breathe in through your nose as deeply as possible.
- Hold your breath for 5 to 10 seconds.
- Let your breath out through your mouth, slowly and completely. As you breathe with pursed lips (like blowing out a candle), your stomach should be going in. Exhale twice as long as you inhale.
- Rest and then repeat these steps with 10 repetitions.

Before and after surgery, your nurse will teach you how to use an incentive spirometer. This is a hand-held breathing exercise device to help you inflate your lungs after surgery. This will help keep your lungs healthy after surgery.

Coughing
To help you cough:

- Hold a pillow against your stomach.
- Take a slow deep breath. Breathe in through your nose and concentrate on fully expanding your chest.
- Breathe out through your mouth and concentrate on feeling your chest sink downward and inward.
- Take a second breath in the same manner.
- Take a third breath. This time hold your breath for a moment, then cough vigorously. As you cough, concentrate on forcing all the air out of your chest.
- Repeat this exercise 2 more times.

Tip
After your surgery, hold a pillow against your stomach to provide more support when coughing.
What to Bring for Your Hospital Stay

Important
Please do not bring any of the following:

- valuables
- large amounts of money
- jewelry
- electrical items (battery-operated items are OK).

Please bring the following to the hospital.

- this education book
- a current list of your medicines (The “My Medicine List” is on page 187 for you to fill out.)
- a copy of your health care directive (if you have one)
- loose, comfortable clothes
- glasses or contacts (if you wear them) and storage containers
- your insurance card, driver’s license or photo ID
- CPAP machine (if you use one)

The Day Before Your Surgery

Tell your surgeon if you have any changes in your health (sore throat, cold, fever, dental problem, urinating problem) or skin condition (rash, abrasions, etc.).

Make a list of your current medicines and allergies.

- Include prescription and over-the-counter medicines, vitamins and herbals
- Include the name of the medicine, how much you take, and the last time you took the medicine.

The Night Before Your Surgery

Cleanse your skin using the instructions below or as directed by your surgeon.

- Please shower and wash your skin with soap and water the night before or morning of your surgery.
- Wash from your rib cage to your hips, including the inside of your belly button.
- Check your skin (including your belly button and skin folds) for rashes, infections and wounds. If you notice any skin changes, please tell your bariatric nurse clinician.
- Do not shave or mark your skin anywhere near your surgery site.
- Do not apply any oils, lotions or powders to your abdomen after cleaning your skin.
- Put on clean clothes or sleepwear.
Food and Liquid Restrictions Before Surgery

Follow the instructions you received at your final surgeon visit for pre-surgery diet.

The Morning of Your Surgery

- If you were given instructions by your primary care provider to take medicines the morning of your surgery, take them as directed with a small sip of water.
- You may brush your teeth, but do not swallow any water.
- Arrive at the hospital 2 hours before your surgery.
Surgery, Hospital Stay and Beyond

What to Expect the Day of Surgery

- You will be taken to the pre-surgery area. A nurse will meet with you to start your care plan and review what you can expect before and after your surgery.
- You will be given hospital clothing to wear.
- Family members can wait with you in the pre-surgery area before surgery.
- You will meet with your surgeon and an anesthesiologist (doctor who specializes in anesthesia and pain management).
- You will need to sign a surgery consent form.
- An intravenous (IV) catheter will be inserted into your arm.
- You will then be taken to the operating room.
- While you are in surgery and in recovery, your family will go to the surgery waiting room.
- Your surgery time will vary from 1 to 3 hours. It is possible that your surgery may take longer.
- Your surgeon will talk with your family when your surgery is done.
- After surgery, you will be taken to the recovery area. The time you spend in recovery will depend on how fast you recover from your anesthetic. Your nurse will monitor your vital signs and help you if you have any side effects from the anesthesia (such as nausea).
- You will start your breathing exercises while you are in the recovery area.
- You may have some discomfort and pain when you wake up. Everyone reacts to pain differently. Your nurse will work with you to make you as comfortable as possible.
- You will see your family when you get to your hospital room.
**General Anesthesia**

General anesthesia is a combination of medicines that block the feelings of pain and put you to sleep during surgery. It acts mainly on your brain and nervous system and affects your entire body.

You will receive it by an intravenous (IV) line or by inhaling it. A breathing tube allows you to breathe while you are under the anesthesia.

Before surgery you will meet an anesthesiologist and a registered nurse anesthetist who will work with the anesthesiologist. The anesthesiologist will review your medical history and talk with you about general anesthesia.

**Side effects**

Minor side effects such as sore throat, hoarseness, nausea and drowsiness are the most common. These side effects usually go away in 1 day.

**Important**

You will receive other pain medicine to give you pain relief during and after surgery.
How to Manage Your Pain After Surgery

**Important**

Having no pain while in the hospital is not realistic, but pain can be controlled.

Your health care team will work closely with you to help manage your pain during your hospital stay and when you return home.

You and your health care team will establish a “pain goal” – the amount of acceptable pain you can tolerate during your hospital stay.

For most people, a pain goal of 3 or 4 out of 10 is an OK pain level that balances pain control with your ability to do daily activities.

**Types of pain**

Pain can last less than 3 to 6 months (acute), last a long time (chronic) or be severe and intense (breakthrough). Pain can come and go with injury, recovery and/or illness.

**Your right to pain management**

All patients have the right to have their pain managed. Proper treatment of pain is necessary for you to achieve the best results during your recovery.

If you do not think that your pain is being treated well, please tell your nurse or doctor. He or she will talk with you about your pain and your pain management needs.

**Pain scale**

Using a number scale (0 to 10) to rate your pain will help the health care team members know how severe your pain is and help them make decisions about how to treat it.

### Allina Health Pain Assessment Scale

<table>
<thead>
<tr>
<th>10</th>
<th>Worst Pain You Can Imagine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Severe Pain</strong></td>
</tr>
<tr>
<td></td>
<td>Pain keeps you from doing your regular activities.</td>
</tr>
<tr>
<td></td>
<td>① Pain is so bad that you can’t do any of your regular activities, including talking or sleeping.</td>
</tr>
<tr>
<td></td>
<td>② Pain is so intense that you have trouble talking.</td>
</tr>
<tr>
<td></td>
<td>③ Pain distracts you and limits your ability to sleep.</td>
</tr>
</tbody>
</table>

| 7-9 | Moderate Pain |
|     | Pain may interfere with your regular activities. |
|     | ④ Pain makes it hard to concentrate. |
|     | ⑤ You can’t ignore the pain but you can still work through some activities. |
|     | ⑥ You can ignore the pain at times. |

| 4-6 | Mild Pain |
|     | Pain doesn’t interfere with your regular activities. |
|     | ⑦ You may notice the pain but you can tolerate it. |
|     | ⑧ You may feel some twinges of pain. |
|     | ⑨ You may barely notice the pain. |

| 0   | No Pain |

Adapted with permission by Dr. Armaan Singh, 2015.
Your role in managing pain

After weight loss surgery, it is common to have some pain. Your nurse will monitor your pain level often and help you manage the pain.

Since you are the only one who knows where and how severe your pain is, you have an important part in managing your pain. If you have pain, tell your nurse or doctor.

All of the following information will help your doctor(s) prescribe the right medicine and therapy for your pain, and avoid serious complications (side effects). Tell your nurse or doctor:

- where you feel pain and how much pain you have (use words to describe how the pain feels)
- what makes your pain better or worse
- what methods of pain control have worked or have not worked well in the past
- if you take pain medicines on a regular basis
- if you have allergies or reactions to pain medicine(s)
- your goals for managing your pain
- what vitamins, herbal and natural products you are taking
- if you smoke
- if you drink more than two alcoholic drinks each day
- if you take illegal (street) drugs
- if you are in a methadone maintenance program.

Treatments for pain

Managing your pain is more than taking prescription (opioid) pain medicine. There are many different types of treatments for pain including:

- medicines
- physical therapy
- heat or cold (ice packs)
- integrative therapies: music, acupuncture, acupressure, relaxation techniques, massage therapy, aromatherapy
- rest (Listen to your body. It knows when you have done too much.)
- psychological therapies.
Your comfort menu

This menu of comfort options was designed to help you, your nurse, and your health care provider make decisions about your comfort together.

Your nurses will use your care board to write down your plan for comfort. Depending on your plan of care, you may use a combination of the comfort options.

Try medicine for comfort

☐ Ask for medicine before your pain returns or gets worse.

☐ Check with your doctor or nurse about adjusting your pain medicines if they don’t give you relief.

☐ Ask your nurse about medicine to:
  — prevent constipation (unable to have a regular bowel movement)
  — prevent or treat nausea (upset stomach)
  — help you sleep.

☐ Use your care board to know when your next dose is available.

Try relaxation therapies

Ask a member of your health care team to try any of these:

☐ aromatherapy
☐ breathing exercises
☐ relaxation exercises
☐ guided imagery
☐ listening to music or the relaxation channel.

Consider doing any religious or spiritual practices that are meaningful to you, such as prayer, meditation, reflection or positive thoughts.
Try comfort actions

- Ask a member of your health care team for help with any of these:
  - walk (as you are able)
  - change positions
  - take a wheelchair ride
  - do gentle stretches or exercises
  - talk or visit with caregivers
  - limit visitors so you can rest
  - dim the lighting or open or close the door or curtains
  - speak with a chaplain or social worker
  - therapies such as acupressure, massage, reflexology or music therapy. Ask your doctor about acupuncture.

Try comfort items

- Ask a member of your health care team for any of these:
  - extra pillows
  - warm pack or ice pack
  - warm blanket
  - warm washcloth
  - ear plugs
  - hot tea or ginger tea.

Try keeping busy

- Ask a member of your care circle (family members or friends) to bring in any of these:
  - reading materials
  - playing cards
  - puzzle books
  - coloring books
  - personal music player and earphones
  - light hobby (like knitting)
  - phone and charger.
Pain medicine side effects

All medicines have some side effects, but not everyone gets them. When side effects occur, it is usually within a few hours after taking the medicine. Most side effects can be managed and go away in time.

Tell your doctor or nurse right away if you have:

- constipation
- sleepiness
- dizziness
- itching and/or rash
- nausea (upset stomach) and vomiting (throwing up)
- slowed breathing
- trouble concentrating
- forgetfulness
- increased anxiety.

Ways to give pain medicine

Your doctor will help you decide which way to get pain medicine might be best for you:

- tablets or pills
- intravenous (into a vein).

When medicines are used correctly to manage pain, addiction rarely occurs. If you have concerns about this issue, please talk with your nurse or doctor.

Pain control can help you

The right pain control can help:

- you be more comfortable
- you get back to your normal routine
- you participate more completely in your exercises and therapy
- promote healing.

Take pain medicine when pain first begins. If you know your pain may get worse with activity, take your pain medicine before the activity. Do not wait for pain to get worse before taking medicine.

Important

Tablets or pills may take up to 30 minutes to begin working. Timing of when to take medicines is important. Talk to your nurse about how to time your pain medicines before therapy or activity.
Before you go home

Your doctor or health care team will give you instructions for managing your pain at home. Be sure to have written instructions with a health care provider’s name/number who will manage your pain after you go home.

It is important you follow your doctor’s instructions for taking pain medicine. If you need help, ask your doctor or pharmacist.

If you have concerns or side effects from pain medicine, call the doctor who prescribed the medicine, or call your primary care provider.

Planning for Leaving the Hospital

Making plans for when you leave the hospital is an important part of your recovery. Your health care team will work with you and your family to help develop your discharge plan. By using this plan, you and your family can make most discharge arrangements before your surgery.

When you leave the hospital will depend on your surgery and your recovery.

You will be able to leave the hospital when you:
- are able to eat and drink without problems
- can take your pain medicine by mouth
- are able to urinate without problems
- are able to pass gas or have a bowel movement
- return to your level of activity before surgery (such as walking or using a cane or wheel chair).
Care After Weight Loss Surgery

To Do List

After your surgery, you will need to go to the following clinic visits:

☐ **1 week:** You will see your surgeon, or a bariatrician, physician assistant or nurse practitioner.

☐ **1 to 2 weeks:** You will need to see your primary care provider to talk about your medicines.

☐ **5 weeks:** You will see your dietitian and bariatric nurse clinician.

☐ **3 months:** You will see your dietitian.

☐ **6 months:** You will see a bariatrician, a physician assistant or nurse practitioner.

☐ **1 year:** You will see your dietitian and your surgeon, a bariatrician, a physician assistant or a nurse practitioner.

☐ **Every year after that:** You will need to see your dietitian and your surgeon, a bariatrician, a physician assistant or a nurse practitioner.
When To Call Your Weight Loss Surgery Team

Important

Call your weight loss surgery team if you have any questions or concerns about your recovery.

After surgery, it will take time to heal completely. It is important to call a member of your weight loss surgery team if you notice any of the following signs or symptoms.

Fever

If you feel freezing cold, sweaty or very warm, take your temperature to see if you have a fever. Call your weight loss surgery team if your temperature is higher than 100.5 F.

Trouble breathing, a fast heartbeat or both

Call your weight loss surgery team if you have any of the following:

- shortness of breath or if it hurts to breathe
- wheezing
- heart is beating faster than usual
- abdominal pain that gets worse
- do not feel well
- feel anxious.

Leg pain

You are at an increased risk of developing a blood clot in your leg after surgery, especially if you are obese. Signs and symptoms of a blood clot are:

- pain in one leg only
- sudden leg swelling
- enlarged veins near the surface of the skin
- reddish-blue skin
- warm skin at the site.

During the day you need to get up and move every hour for 5 minutes. This will help prevent blood clots. If you were sent home with elastic stockings, keep wearing them until you are moving around often.

Not able to drink or keep liquids down

Call your weight loss surgery team if you:

- cannot keep liquids down
- feel like something is “stuck.”
It is very important that you try to drink at least 64 ounces (8 cups) of liquids each day after surgery. This will help prevent dehydration.

Symptoms of dehydration include:
- decreased urine volume
- urine that is dark amber in color
- nausea (upset stomach)
- dizziness
- muscle cramping (abdomen or legs)
- fast heartbeat.

**Redness or drainage from your incision**
If you have any drainage or redness around the incision, wash the area gently with soap and warm water. Pat it dry. Put a thin layer of antibiotic ointment on the incision site. Cover with a bandage. Call your weight loss surgery team if your incision does not get better in 24 hours.

---

**Care After Weight Loss Surgery**

After your surgery, there is a variety of things you need to know for your safety, recovery and comfort. If you have any questions, ask your surgeon or nurse; they want your recovery to be as smooth as possible.

**Incision care**

Your recovery from surgery will be much quicker since you do not have a large incision in your abdomen.

- During the first few weeks, you may have sensations of itching, pulling, tingling and tightness as your incisions heal.
- Numbness around the incision is normal and may take up to 1 year to disappear.
- When and if your scars fade to your normal skin color can vary. This process may also take up to 1 year.
- You may take a shower. Pat your incision dry.
- Do not swim or soak in a bathtub or hot tub until your incisions have completely healed (about 4 weeks).
If you have Steri-Strips® (small strips of tape) over your incisions, they will curl up and fall off. This will not cause your incisions to open. If the strips have not fallen off by 2 weeks after surgery, you may remove them.

If Dermabond® (a surgical glue) was put over your incisions, it will fall off as your incision heals. Do not scratch, rub or pick at the glue.

Do not pull off any scabs.

You may have drainage from one or more of your incisions. Wash the area with mild soap and water two times a day. If the drainage stains your clothing, cover the area with a light bandage.

**Activity**

Your first few days at home, continue the same activity level as at the hospital.

Gradually increase your activity. Walk short distances many times each day and increase your distance as your strength allows. You should walk at least 30 minutes each day by 6 weeks after surgery.

You may climb stairs.

You may sit at the table for meals.

You will likely be able to drive 1 week after you leave the hospital. To be able to drive you should no longer be taking prescription pain medicine and you should be pain free enough to make an emergency stop.

By 1 week after surgery you can do anything you want. Be sure to stop any activity if it hurts.

Do not sit for more than 30 minutes at one time. This will help prevent blood clots.

Most people are able to return back to work 2 weeks after surgery.

**Discomfort**

Aches in your shoulders and upper chest are likely caused from a build-up of the gas you received during surgery. You can expect these aches for up to 48 hours.

You may have incision pain, which should only last a few days. You will receive a prescription for pain medicine before you leave the hospital.

**Nutrition, liquids and supplements**

Follow all the guidelines in the “Nutrition Guidelines: After Surgery” section (pages 49 to 63).
Non-steroidal anti-inflammatory medicines (NSAIDs) or aspirin

Right after weight loss surgery, you should not take non-steroidal anti-inflammatory medicines (NSAIDs). These medicines can hurt your new stomach. They may cause ulcers and bleeding.

Examples of NSAIDs include ibuprofen (such as Advil®, Motrin®), naproxen (such as Aleve®), ketoralac (such as Toradol®), nabumetone (such as Relafen®) and celecoxib (such as Celebrex®).

Acetaminophen (such as Tylenol®) is the only safe over-the-counter pain medicine you can take after weight loss surgery.

Aspirin

You, your surgeon and primary care provider will decided if taking aspirin after your surgery is right for you.

Diarrhea

If you have diarrhea, try not to eat food high in fat, fiber and sugary. It is also helpful to eat smaller meals. Be sure to follow the 30/30 rule. Try to drink room temperature liquids and limit very hot or very cold liquids.

If you have diarrhea for more than 3 days or it starts to affect your daily life, call your bariatric nurse clinician.

Constipation

Constipation often happens after surgery. It can be relieved by drinking at least 64 ounces (8 cups) of liquids each day and getting 30 minutes of physical activity each day.

For 5 weeks after surgery

- When you leave the hospital, you will be given docusate sodium (a stool softener) to take as needed. Follow the package instructions.
- If the docusate sodium does not help relieve constipation, you can take milk of magnesia. Follow the package instructions.

For 6 weeks or longer after surgery

- You can continue to take docusate sodium as needed. Follow package instructions.
- When you are on a regular diet, you can start taking a fiber supplement such as Metamucil® or Benefiber® as needed. Follow the package instructions.
Nausea and vomiting

Sometimes eating or drinking too much or too fast as well as not chewing foods well can cause nausea (upset stomach) and vomiting (throwing up). It may be helpful to return to pureed food or liquids for a couple days.

If nausea and vomiting happen after trying a food for the first time, wait several days before trying it again.

If you have nausea and vomiting for more than 24 hours or it starts to affect your daily life, call your bariatric nurse clinician.

Heartburn

If you have heartburn, do not drink carbonated beverages and do not use straws. Sitting up right after meals may help decrease heartburn. Try to drink room temperature liquids and limit very hot or very cold liquids.

If you have heartburn for more than 3 days or it starts to affect your daily life, call your bariatric nurse clinician.

Important

Do not stop taking any mental health medicines (such as Celexa®, Effexor®, Prozac®, Wellbutrin® or Zoloft®) without first talking to your health care provider.

Emotional care

You will likely go through ups and downs when you are at home. These feelings are normal. If you are feeling sad or “blue,” or 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.

Birth control (for women)

It is important to use a reliable birth control until you are at a stable weight. This is usually 2 years after your surgery.

It is recommended to use two forms of birth control such as the pill and a condom. You can also talk with your primary care provider about having the Mirena® IUD (intrauterine device) placed in your uterus.

Start taking a prenatal vitamin before you begin trying to have a baby. If you get pregnant, call your primary care provider or an obstetrician (childbirth specialist) to make an appointment.
**Tobacco use**

Do not use tobacco after weight loss surgery. It increases your chance of getting a stomach ulcer or having chronic (long-lasting) stomach pain.

Tobacco use can also cause the opening between your stomach and small intestine to get smaller. This can make it harder to swallow food and medicine, which can cause acid reflux and stomach pain.

**Alcohol**

Weight loss surgery changes the size of your stomach as well as your ability to absorb calories. It also changes how your body absorbs alcohol. Read more about alcohol use on pages 62 to 63.

**Physical activity**

Physical activity is important after weight loss surgery. You will have very few calories right after surgery and this could cause your body to think it is starving. Your body will search for more energy (calories) and can burn muscle instead of fat.

To keep this from happening, it is important to start a regular physical activity program soon after surgery. This will change your body’s metabolism (the rate at which you burn calories) and your body will burn fat instead of muscle.

If you do not exercise when you are losing large amounts of weight quickly, your metabolism will slow and your energy level will decrease.

Being overweight puts stress on your body. As you lose weight, the stress on your body decreases. Your body can improve with the right nutrition, supplements and exercise.

Starting a physical activity program right after surgery will create a healthful behavior that will help you maintain weight loss in the future.

---

**Tip**

There are many resources available to help you quit tobacco. You will find a list on page 119.

**Tip**

Learn more about starting a physical activity program on page 70.
How to Take Prescription Pain Medicine at Home

**Pain**

It is important that your pain is under control so you can be active every day. Your health care team will help you manage your pain.

Follow the instructions you received before you left the hospital.

**How to take pain medicine**

- Take the medicine as directed.
- Know the side effects of your medicine. Read the information that came with your prescription.
- Take the medicine at the same time the first few days you are home.
- Write down the time you take your medicine.
- Take the medicine before the pain gets too strong. This may be:
  - when you wake up in the morning
  - before you start certain activities
  - when you are ready for bed.

**How to cut back your pain medicine**

Cut back on the pain medicine when you think the pain is under control. This means that you:

- can go for longer times between doses
- can take one pill instead of two
- may take over-the-counter pain medicine instead of your prescription pain medicine.

**Important reminders**

- Many pain medicines have acetaminophen (like Tylenol®).
  - Pharmacists advise that you take no more than 4,000 mg (four grams) of acetaminophen in 24 hours. More than that could damage your liver.
  - Acetaminophen is also found in cough and cold medicines.
- Do not mix any prescribed pain medicine with alcohol.
- Use caution, especially when your dose changes. Check with your health care provider about driving when you take prescription pain medicine.

**Resources**

Managing your pain continues when leave the hospital.

For more information on managing your pain, visit allinahealth.org/surgery to watch a series of four short videos on pain.

The topics are:

- pain expectations
- how to use the pain scale
- how to treat pain in the hospital
- how to manage pain at home

You can watch the videos as often as you like.
When to call your health care provider or pharmacist

Call your health care provider or pharmacist right away if you:

- have side effects after taking your pain medicine. This includes feeling dizzy, itchy or sick to your stomach. Take less of the medicine and call your health care provider. Side effects may be treated.

- take several medicines, make sure your health care provider knows what you are taking. Some medicines can be harmful when taken with others.

- need a prescription pain medicine refill close to the weekend. Most health care providers on call will not reorder prescription pain medicine for other doctors’ patients. Please call your health care provider by noon on Friday.
The Penny George™ Institute for Health and Healing

The Penny George Institute for Health and Healing offers education to promote wellness, the prevention of illness and healing. The Penny George offers services such as:

- **acupuncture**: An acupuncturist, a person who has special training, gently inserts fine, sterile acupuncture needles through your skin to help promote health and treat illness or pain.

- **guided imagery**: It uses words and images to help move your attention away from the worry, stress and pain and help you find your own inner strength and creativity to support healing.

- **healing coach**: He or she provides ongoing emotional support, and information and education on integrative therapies (such as massage, guided imagery and acupuncture).

- **healing touch**: It is an energy-based approach to health. The practitioner uses gentle touch and a variety of hand motions to clear your energy field.

- **integrative nutrition**: It focuses on the potential to reduce chronic (long-term) disease by providing the nutrients needed to make your body work as well as it can.

- **pre-hospital coaching**: It is available to patients who are preparing for surgery or a procedure. It teaches patients techniques to cope with pain after surgery.

- **reflexology**: It is based on the principle that there are reflex maps in each foot and hand. These maps correspond to all body parts and organs. When pressure techniques and massage are applied to your hands and feet, it causes physical changes in your body.

- **therapeutic massage**: It is the treatment of the skin and soft tissues of the body to enhance health and healing and promote relaxation. Massage can help to restore or maintain balance in your mind and body.

- **therapeutic yoga**: It uses breathing techniques, gentle movement and meditation to relax the body as well as increase strength and flexibility.
**LiveWell® Fitness Center**

The LiveWell Fitness Center offers a wide array of special programs and services. Personal training, fitness assessments, metabolism testing, body composition analysis, blood pressure screenings, heart rate training programs, group fitness classes, fun incentive programs and seminars on a variety of health and fitness topics are just a few of the offerings.

A more complete description and schedule is available at the center’s reception desk or call 612-863-5178 for more information.

---

**Websites**

- **Allina Health**
  allinahealth.org

- **Academy of Nutrition and Dietetics**
  eatright.org

- **Cooking Light**
  cookinglight.com

- **Eating Well**
  eatingwell.com

- **Obesity Action Coalition**
  obesityaction.org

- **Overeaters Anonymous**
  oa.org

- **United States Department of Agriculture**
  - Dietary Guidelines for Americans (cnpp.usda.gov/dietary-guidelines)
  - MyPlate (choosemyplate.gov)
  - What’s Cooking? USDA Mixing Bowl (whatscooking.fns.usda.gov)
**Books**

- *50 Ways to Soothe Yourself Without Food*  
  Susan Albers

- *Eating Mindfully: How to End Mindless Eating and Enjoy a Balanced Relationship with Food*  
  Susan Albers

- *Intuitive Eating: A Revolutionary Program That Works*  
  Evelyn Tribole and Elyse Resch

- *Mindless Eating: Why We Eat More Than We Think*  
  Brian Wansink

- *Operation Beautiful: Transforming the Way You See Yourself One Post-it Note at a Time*  
  Caitlin Boyle

- *The Success Habits of Weight Loss Surgery Patients*  
  Colleen Cook

- *Recipes for Life After Weight-Loss Surgery*  
  Margaret Furtado, Lynette Schultz, Joseph Ewing
Preventing Dehydration

After weight loss surgery, it is important that you drink 48 to 64 ounces of clear liquids each day. This will help prevent dehydration.

Examples of clear liquids include water, broth, 100 percent fruit juices (diluted half water and half juice), and decaffeinated, unsweetened tea or coffee.

Drink two half-full medicine cups (1 ounce total) of a clear liquid at least every 15 minutes while you are awake.

Do not drink liquids too fast. It can cause discomfort in your chest, back or shoulder blade area. To help prevent discomfort:

- Drink one-half ounce (or 1 half-full medicine cup) of a clear liquid.
- Put the cup down.
- Think about how full you feel.
- When you feel ready, drink the next one-half ounce (or 1 half-full medicine) cup of clear liquid.

Repeat these steps at least every 15 minutes.

Symptoms of dehydration

- decreased urine volume
- urine that is dark amber in color
- nausea (upset stomach)
- dizziness
- muscle cramping (abdomen or legs)
- fast heartbeat

If you have any symptoms, please call a member of your weight loss surgery team.

Tip

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

Important

- Do not go more than 1 hour without drinking liquids during the day.
- Sit up straight when drinking liquids.
- Do not drink through a straw.
- Do not drink very hot or very cold liquids.
- Do not swallow ice.
- Do not drink carbonated beverages.

Tracking

Measure the liquid and then use the charts on the back to record the amount that you drink.

- Each box equals 1 ounce.
- Place an “X” in one box for each ounce of liquid you drink.

At Home

Use the medicine cups you were given for drinking liquids until you are comfortable with the amount to swallow.

- First day home:
  Drink at least 52 ounces of liquids.
- Every day after the first day home:
  Drink at least 64 ounces of liquids.

Important: If you can tolerate drinking more liquids than what is listed for each day, feel free to do so.

(over)
<table>
<thead>
<tr>
<th>First Day After Surgery:</th>
<th>At Home Day 1: Drink at least 52 ounces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drink at least 48 ounces</td>
<td>Date: ________________________________</td>
</tr>
<tr>
<td>Date: __________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At Home Day 2: Drink at least 64 ounces</th>
<th>At Home Day 3: Drink at least 64 ounces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ________________________________</td>
<td>Date: ________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At Home Day 4: Drink at least 64 ounces</th>
<th>At Home Day 5: Drink at least 64 ounces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ________________________________</td>
<td>Date: ________________________________</td>
</tr>
</tbody>
</table>

**Tip:** 1 box equals 1 ounce
## Appointments

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Health Care Provider</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Track Your Progress

<table>
<thead>
<tr>
<th>Date:</th>
<th>Weight:</th>
<th>Blood pressure:</th>
<th>Waist:</th>
<th>Hips:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_______ pounds</td>
<td>_______ / _______</td>
<td>_______ inches</td>
<td>_______ inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Weight:</th>
<th>Blood pressure:</th>
<th>Waist:</th>
<th>Hips:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_______ pounds</td>
<td>_______ / _______</td>
<td>_______ inches</td>
<td>_______ inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Weight:</th>
<th>Blood pressure:</th>
<th>Waist:</th>
<th>Hips:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_______ pounds</td>
<td>_______ / _______</td>
<td>_______ inches</td>
<td>_______ inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Weight:</th>
<th>Blood pressure:</th>
<th>Waist:</th>
<th>Hips:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_______ pounds</td>
<td>_______ / _______</td>
<td>_______ inches</td>
<td>_______ inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Weight:</td>
<td>Blood pressure:</td>
<td>Waist:</td>
<td>Hips:</td>
</tr>
<tr>
<td>------</td>
<td>---------</td>
<td>-----------------</td>
<td>--------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td>pounds</td>
<td>/</td>
<td>inches</td>
<td>inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Weight:</th>
<th>Blood pressure:</th>
<th>Waist:</th>
<th>Hips:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>pounds</td>
<td>/</td>
<td>inches</td>
<td>inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Weight:</th>
<th>Blood pressure:</th>
<th>Waist:</th>
<th>Hips:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>pounds</td>
<td>/</td>
<td>inches</td>
<td>inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Weight:</th>
<th>Blood pressure:</th>
<th>Waist:</th>
<th>Hips:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>pounds</td>
<td>/</td>
<td>inches</td>
<td>inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Weight:</th>
<th>Blood pressure:</th>
<th>Waist:</th>
<th>Hips:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>pounds</td>
<td>/</td>
<td>inches</td>
<td>inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>Weight:</td>
<td>Blood pressure:</td>
<td>Waist:</td>
<td>Hips:</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>-----------------</td>
<td>--------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td>______ pounds</td>
<td>______ / ______</td>
<td>______ inches</td>
<td>______ inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Weight:</th>
<th>Blood pressure:</th>
<th>Waist:</th>
<th>Hips:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>______ pounds</td>
<td>______ / ______</td>
<td>______ inches</td>
<td>______ inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Weight:</th>
<th>Blood pressure:</th>
<th>Waist:</th>
<th>Hips:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>______ pounds</td>
<td>______ / ______</td>
<td>______ inches</td>
<td>______ inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Weight:</th>
<th>Blood pressure:</th>
<th>Waist:</th>
<th>Hips:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>______ pounds</td>
<td>______ / ______</td>
<td>______ inches</td>
<td>______ inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Weight:</th>
<th>Blood pressure:</th>
<th>Waist:</th>
<th>Hips:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>______ pounds</td>
<td>______ / ______</td>
<td>______ inches</td>
<td>______ inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Weight:</th>
<th>Blood pressure:</th>
<th>Waist:</th>
<th>Hips:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>______ pounds</td>
<td>______ / ______</td>
<td>______ inches</td>
<td>______ inches</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
My Goals and Plan

Date: ______________________________

Program area: medical / nutrition / physical activity / wellness / behavior change
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Date: ______________________________

Program area: medical / nutrition / physical activity / wellness / behavior change
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Date: ______________________________

Program area: medical / nutrition / physical activity / wellness / behavior change
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Date: ______________________________
My Goals and Plan

Date: ________________________________

Program area: medical / nutrition / physical activity / wellness / behavior change

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Date: ________________________________

Program area: medical / nutrition / physical activity / wellness / behavior change

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Date: ________________________________

Program area: medical / nutrition / physical activity / wellness / behavior change

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
My Goals and Plan

Date: ________________________________

Program area: medical / nutrition / physical activity / wellness / behavior change

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Date: ________________________________

Program area: medical / nutrition / physical activity / wellness / behavior change

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Date: ________________________________

Program area: medical / nutrition / physical activity / wellness / behavior change

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
My Goals and Plan

Date: ________________________________

Program area: medical / nutrition / physical activity / wellness / behavior change

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Date: ________________________________

Program area: medical / nutrition / physical activity / wellness / behavior change

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Date: ________________________________

Program area: medical / nutrition / physical activity / wellness / behavior change

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
Healthy Meal Planner

This meal planner will help you plan your meals and meet your daily nutritional needs. The foods in **bold type** are generally healthful items, while the others are “eat in moderation” foods.

**Protein**

- You should aim for ________ grams of protein each day.
- This is equal to ________ protein servings each day.

Each of the choices below are 1 protein serving and have about 7 grams of protein.

<table>
<thead>
<tr>
<th>Poultry</th>
<th>Beef</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ounce chicken or turkey, white or dark meat</td>
<td>1 ounce lean beef (round, sirloin, flank, tenderloin, roast)</td>
</tr>
<tr>
<td>¼ cup ground or canned chicken or turkey</td>
<td>¼ cup 93 percent lean ground beef</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pork</th>
<th>Fish and Shellfish</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ounce ham</td>
<td>1 ounce fish</td>
</tr>
<tr>
<td>1 ounce Canadian bacon</td>
<td>1 large shrimp</td>
</tr>
<tr>
<td>1 ounce tenderloin</td>
<td>1 ounce clams, crab, lobster, scallops</td>
</tr>
<tr>
<td>1 ounce center loin chop, top loin, cutlet</td>
<td>¼ cup canned salmon or tuna (packed in water)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eggs</th>
<th>Other meats</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 egg</td>
<td>1 ounce venison, buffalo, or rabbit</td>
</tr>
<tr>
<td>2 egg whites</td>
<td>1 ounce lamb: roast, chop, leg, rib roast, ground</td>
</tr>
<tr>
<td>¼ cup egg substitute</td>
<td>1 ounce veal: lean chop, roast, cutlet</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vegetarian</th>
<th>Dairy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 tablespoons peanut butter (1 protein + 2 fats)</td>
<td>¼ cup low-fat cottage cheese</td>
</tr>
<tr>
<td>½ cup tofu</td>
<td>1 ounce or 1 slice low-fat cheese</td>
</tr>
<tr>
<td>½ vegetarian burger</td>
<td>4 tablespoons shredded cheese</td>
</tr>
<tr>
<td>¼ cup edamame</td>
<td>1 piece reduced-fat string cheese</td>
</tr>
<tr>
<td>½ cup lentils (1 protein + 1 carbohydrate)</td>
<td>3 ounces nonfat plain or vanilla Greek yogurt</td>
</tr>
<tr>
<td>½ cup starchy beans: kidney, black, pinto, etc. (1 protein + 1 carb)</td>
<td>1 cup (8 ounces) skim or 1 percent milk</td>
</tr>
<tr>
<td></td>
<td>2 ounces whey protein shake</td>
</tr>
</tbody>
</table>
**Protein**

**Processed meats**
- 1 ounce turkey, ham, roast beef
- 1 small hot dog (1 protein + 2 fats)
- 1 bratwurst (1 protein + 2 fats)
- 1 ounce salami (1 protein + 1 fat)
- 2 ounces bologna (1 protein + 1 fat)
- 2 small sausage links or patties (1 protein + 1 fat)

**Protein serving sizes**

1 ounce = 4 dice (¼ cup)

- **Carbohydrates**

You should aim for __________ carbohydrate servings each day.

Each of the choices below are 1 carbohydrate serving (1 carb).

**Breads**
- 1 small slice whole grain bread
- 1 small whole grain dinner roll
- ½ whole grain English muffin, hotdog, or hamburger bun
- 1 whole grain sandwich or bagel thin
- 3 tablespoons bread crumbs
- one 6-inch whole grain tortilla

**Cereals**
- ½ cup cooked cereal (oatmeal, Cream of Wheat) (1 packet = ½ cup)
- ¾ cup plain dry Cheerios™
- ½ cup high fiber cereal (Fiber One™, All Bran®)
- ¼ cup low-fat granola
- ¼ cup Grape Nuts®
## Carbohydrates

### Grains
- ½ cup cooked barley
- ½ cup cooked whole grain noodles
- ⅓ cup cooked brown rice
- ⅓ cup cooked whole grain couscous
- ⅓ cup cooked quinoa

### Crackers
- 6 whole wheat saltines
- 3 Rye Krisp® crackers
- 3 cups air popped popcorn
- 5 melba toasts
- 5 small pretzel twists
- 5 Triscuit™ crackers
- 2 rice cakes
- 12 Wheat Thins™
- 10 baked chips (potato, tortilla)

### Carbohydrate serving sizes
- 3 tablespoons uncooked oatmeal = ½ cup cooked
- 2 tablespoons uncooked rice = ⅓ cup cooked
- ¼ cup uncooked pasta = ½ cup cooked

### Starchy Vegetables
- ½ cup potatoes, corn, peas, lima beans
- ⅓ cup sweet potatoes
- ¾ cup winter squash (acorn, butternut)
- ¼ cup baked beans
- 1 corn on the cob (6 inches) or half an ear of a large cob

### Soup
- Try to limit soups. They will not help you feel full.
  - 1 cup broth-based soup with noodles, rice or pasta
  - 1 cup cream soup made with water (1 carb + 1 fat)
  - 1 cup chunky soup with meat (1 carb + 1 protein)
  - 1 cup bean soup (1 carb + 1 protein)

### Carbohydrates with fat (count as 1 carb + 1 fat)
- 1 small biscuit (2 inches)
- one 4-inch whole grain waffle or pancake
- 1 cornbread (2-inch square)
- 1 hard shell taco
- ½ cup hummus
**Carbohydrates**

### Fruit

- Apple: 1 small (tennis ball size)
- Apple, dried: 4 rings
- Applesauce: \(\frac{1}{2}\) cup unsweetened
- Apricot, fresh: 4 whole,
- Apricot, dried: 8 halves
- Banana: \(\frac{1}{2}\) large or 1 small (6 inches)
- Blackberries: \(\frac{3}{4}\) cup
- Blueberries: \(\frac{3}{4}\) cup
- Canned fruit: \(\frac{1}{2}\) cup packed in water or its own juice (not syrup)
- Cantaloupe: 1 cup
- Cherries: 12 whole
- Dates: 3 whole
- Figs: 1 \(\frac{1}{2}\) fresh
- Grapefruit: \(\frac{1}{2}\) large
- Grapes: 17 whole
- Honeydew: 1 cup
- Kiwi: 1 whole
- Mandarin oranges: \(\frac{3}{4}\) cup
- Mango: \(\frac{1}{2}\) small or \(\frac{1}{2}\) cup cubed
- Orange: 1 small or \(\frac{1}{2}\) cup cubed
- Papaya: \(\frac{1}{2}\) large or 1 cup cubed
- Peach: 1 medium
- Plums: 2 small
- Prunes, dried: 3 whole
- Raisins: 2 tablespoons
- Raspberries: 1 cup
- Strawberries: 1 \(\frac{1}{4}\) cup
- Tangerines/clementine oranges: 2 small
- Watermelon: 1 \(\frac{1}{4}\) cup

**Non-starchy Vegetables**

Non-starchy vegetables play an important part in helping you manage your weight. They have very little calories and are packed with many nutrients and fiber.

You should aim for _________ servings each day.

- Asparagus
- Bamboo shoots
- Beans (green or waxed)
- Bean sprouts
- Beets
- Broccoli
- Brussels sprouts
- Cabbage
- Carrots
- Cauliflower
- Celery
- Cucumbers
- Eggplant
- Kohlrabi
- Leeks
- Lettuce
- Mushrooms
- Onions
- Pea pods
- Peppers
- Radishes
- Salsa (\(\frac{1}{2}\) cup)
- Sauerkraut
- Spinach
- Summer squash
- Tomato
- Tomato juice
- Tomato sauce (\(\frac{1}{4}\) cup)
- Water chestnuts
Fats

Fats are an essential nutrient and your body needs fat to work properly. But, too much saturated fat or trans fat can increase your cholesterol and your risk of heart disease.

- Limit fat to __________ servings each day.
- Each of the choices below are 1 fat choice and have about 5 grams fat.

<table>
<thead>
<tr>
<th>Oils</th>
<th>Spreads and dressings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 teaspoon canola oil</td>
<td>1 teaspoon butter</td>
</tr>
<tr>
<td>1 teaspoon olive oil</td>
<td>1 tablespoon reduced fat tub spread</td>
</tr>
<tr>
<td>1 teaspoon peanut oil</td>
<td>1 tablespoon cream cheese</td>
</tr>
<tr>
<td>1 teaspoon corn oil</td>
<td>1 1/2 tablespoons reduced fat cream cheese</td>
</tr>
<tr>
<td>1 teaspoon safflower oil</td>
<td>1 teaspoon mayo</td>
</tr>
<tr>
<td>1 teaspoon soybean oil</td>
<td>1 tablespoon reduced fat olive oil mayo</td>
</tr>
<tr>
<td></td>
<td>1 tablespoon Miracle Whip®</td>
</tr>
<tr>
<td></td>
<td>2 tablespoons reduced fat Miracle Whip®</td>
</tr>
<tr>
<td></td>
<td>1 tablespoon salad dressing</td>
</tr>
<tr>
<td></td>
<td>2 tablespoons light salad dressing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nuts and Seeds</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 almonds</td>
<td>2 tablespoons or 1/5 medium avocado</td>
</tr>
<tr>
<td>6 cashews</td>
<td>1 slice bacon, cooked</td>
</tr>
<tr>
<td>4 walnut halves</td>
<td>8 olives, black</td>
</tr>
<tr>
<td>10 peanuts, shelled</td>
<td>10 olives, green</td>
</tr>
<tr>
<td>4 pecan halves</td>
<td>2 tablespoons sour cream</td>
</tr>
<tr>
<td>1 tablespoon flax seeds</td>
<td>3 tablespoons reduced fat sour cream</td>
</tr>
<tr>
<td>1 tablespoon sunflower seeds, shelled</td>
<td></td>
</tr>
<tr>
<td>1 tablespoon pumpkin seeds</td>
<td></td>
</tr>
<tr>
<td>2 teaspoons chia seeds</td>
<td></td>
</tr>
<tr>
<td>2 teaspoons nut butter</td>
<td></td>
</tr>
</tbody>
</table>

**Oil serving sizes**

1 teaspoon = 1 poker chip

1 ounce = 1 golf ball
# Meal Planning

Use the charts below to help plan out your meals.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-starchy vegetable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbohydrate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fats</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-starchy vegetable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbohydrate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fats</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Meal Planning

Use the charts below to help plan out your meals.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protein</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-starchy vegetable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbohydrate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fats</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protein</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-starchy vegetable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbohydrate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fats</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Meal Planning

Use the charts below to help plan out your meals.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protein</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-starchy vegetable</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Carbohydrate</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fats</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protein</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-starchy vegetable</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Carbohydrate</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fats</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Meal Planning

Use the charts below to help plan out your meals.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-starchy vegetable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbohydrate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fats</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-starchy vegetable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbohydrate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fats</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Meal Planning

Use the charts below to help plan out your meals.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-starchy vegetable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbohydrate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fats</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-starchy vegetable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbohydrate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fats</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# How Are You Doing?

Check the box that represents how often you are currently able to follow each of the guidelines.

<table>
<thead>
<tr>
<th>Guideline</th>
<th>Every Day</th>
<th>Most Days</th>
<th>Some Days</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I eat 3 well-balanced meals each day.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am mindful when eating and avoid distractions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I stop eating when I feel satisfied.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I measure my portions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I only snack when I feel physically hungry.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use small plates, bowls and utensils at mealtimes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I take small bites and eat slowly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not drink beverages that are high in calories</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not drink more than 4 ounces of 100 percent fruit or vegetable juice each day.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I choose lean proteins.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I limit unhealthful foods.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I keep a food journal.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get 30 minutes of physical activity each day.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get at least 7 hours of restful sleep each day.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Weight Loss Surgery Guidelines**

<table>
<thead>
<tr>
<th>Guideline</th>
<th>Every Day</th>
<th>Most Days</th>
<th>Some Days</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I follow the 30/30 rule.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I drink 64 ounces (8 cups) of liquids each day.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I sip liquids</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I limit beverages that are caffeinated or carbonated.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I chew each bite 20 to 30 times to the consistency of applesauce.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I always eat protein foods first.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I take vitamin and mineral supplements every day as directed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Before Eating: Stop and Think

Am I hungry?

Yes

Eat
Remember to eat slowly.
Use the hunger-satiety scale and practice mindful eating (pages 94 to 95).

Not sure?

Ask yourself these three questions:

Am I thirsty?

Drink a calorie-free beverage to see if this is what your body needs.

If you recognize that this feeling is hunger, you should eat. (Hunger is your need for food.)

What time did I eat last and what was it?

If you had a well-balanced meal, you most likely will not be hungry for 4 to 6 hours.

If you recognize that this feeling is not hunger, you have a choice to make: Should you eat or not eat?

Is this feeling appetite or a craving?

Appetite is your interest in food. Craving is a desire for a specific food.

If you know what is causing your desire to eat, choose an activity that will help fill that need. Feeling stressed? Try physical activity or deep breathing. Feeling bored? Try an activity that you enjoy or one of your alternative activities.

No

Do not eat

Use your list of alternative activities to help keep you from eating when you are not physically hungry. You will find some ideas on page 99.
### My Strategies for Non-hunger Eating

<table>
<thead>
<tr>
<th>Eating Strategy</th>
<th>Environment</th>
<th>Non-eating Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sugar-free chocolate pudding pop</td>
<td>Home</td>
<td>Take a walk to the water cooler and fill my water bottle</td>
</tr>
<tr>
<td>Fruit</td>
<td>Work</td>
<td>Read my book</td>
</tr>
</tbody>
</table>
# My Medicine List
Fold this form and keep it with you

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
<th>Allergic To: (Describe reaction)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Contact/Phone numbers:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacies, other sources:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Immunization Record (Record the date/year of last dose taken)

<table>
<thead>
<tr>
<th>Flu vaccine(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia vaccine:</td>
</tr>
<tr>
<td>Hepatitis vaccine:</td>
</tr>
</tbody>
</table>

### List all medicines you are currently taking.
Include prescriptions (examples: pills, inhalers, creams, shots), over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin, inhalers).

<table>
<thead>
<tr>
<th>START DATE</th>
<th>NAME OF MEDICATION</th>
<th>DOSE</th>
<th>DIRECTIONS (How do you take it? When? How often?)</th>
<th>DATE STOPPED</th>
<th>NOTES (Reason for taking?)</th>
</tr>
</thead>
</table>
Directions for My Medicine List

1. ALWAYS KEEP THIS FORM WITH YOU. You may want to fold it and keep it in your wallet along with your driver’s license. Then it will be available in case of an emergency.

2. Write down all of the medicines you are taking and list all of your allergies. Add information on medicines taken in clinics, hospitals and other health care settings — as well as at home.

3. Take this form with you on all visits to your clinic, pharmacy, hospital, physician, or other providers.

4. WRITE DOWN ALL CHANGES MADE TO YOUR MEDICINES on this form. When you stop taking a certain medicine, write the date it was stopped. If help is needed, ask your doctor, nurse, pharmacist, or family member to help you keep it up-to-date.

5. In the “Notes” column, write down why you are taking the medicine (Examples: high blood pressure, high blood sugar, high cholesterol).

6. When you are discharged from the hospital, someone will talk with you about which medicines to take and which medicines to stop taking. Since many changes are often made after a hospital stay, a new list may be filled out. When you return to your doctor, take your list with you. This will keep everyone up-to-date on your medicines.

How does this form help you?

- This form helps you and your family members remember all of the medicines you are taking.

- It provides your doctors and other providers with a current list of ALL of your medicines. They need to know the herbals, vitamins, and over-the-counter medicines you take!

- With this information, doctors and other providers can prevent potential health problems, triggered by how different medicines interact.

For copies of the My Medicine List and a brochure with more tips, visit the Minnesota Alliance for Patient Safety’s Web site at www.mnpatientsafety.org or call (651) 641-1121.
A Healthier You!

Before

After
Get better communication and faster answers online with your Allina Health account.

Health is a journey that happens beyond the walls of your clinic or hospital and we will be there to help you – whether it’s a question that pops into your head at midnight or recalling the date of your last tetanus shot. When you sign up for an Allina Health account online, you get better communication with your clinic, hospital and provider; faster answers and your (and your loved one’s) health information organized and at your fingertips anytime.

Sign up for your account at allinahealth.org

*Availability varies by location. Ask your clinic or hospital if this service is available.

5410726A 162301 1016 ©2016 ALLINA HEALTH SYSTEM. TM – A TRADEMARK OF ALLINA HEALTH SYSTEM.

Your account is a free service of Allina Health.
Allina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex. Allina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

Allina Health:
- provides free aids and services to people with disabilities to communicate effectively with us, such as:
  ◊ qualified sign language interpreters, and
  ◊ written information in other formats (large print, audio, accessible electronic formats, other formats)
- provides free language services to people whose primary language is not English, such as:
  ◊ qualified interpreters, and
  ◊ information written in other languages.

If you need these services, ask a member of your care team.

If you believe that Allina Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance with:

Allina Health Grievance Coordinator
P.O. Box 43
Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
GrievanceCoordinator@allina.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Allina Health Grievance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
