The Bariatric Surgery Program

It's a new life, live it well!

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The Bariatric Surgery Program

Of

Ireland Army Community Hospital

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Disclaimer

Ireland Army Community Hospital provides educational material to assist you with making an informed decision. If you are considering weight loss surgery then it is your responsibility to become well informed about the procedures, risks, complications, benefits, and how your life will change. We encourage you to research this topic and talk to your primary care manager to be sure that this is right for you. Please use this book for educational purposes only and is NOT as a substitute for consultation. The decision to have surgery should be made after you have considered all the indications, contraindication, risk, and benefits. Bariatric surgery should be considered only after you have investigated all your options. Please make an informed decision.
**Obesity in America**

Obesity is a serious health problem that affects one in four Americans. The National Institute of Health defines obesity as a disease, and is reflected by having a body mass index (BMI) of 30 or more. A person with a BMI between 25–29.9 is considered overweight; with a BMI of 30–39.9 is considered obese, and with a BMI greater than 40 is considered morbidly obese.

Morbid obesity is simply not a result of overeating, but is caused by many factors such as genetics, culture, environment, medical conditions and behaviors. Morbid obesity is a significant health concern due to the health risks associated with the disease and is life-threatening.

Management of the disease and its co-illnesses (co-morbidities) are expensive, and often ineffective. Such common associated diseases include Diabetes, Hypertension, Sleep Apnea, Coronary Artery Disease, and increased risk of Stroke. A person’s life expectancy is often shortened when these factors are present.
What should I know about bariatric surgery?

Bariatric surgery is when a large portion of your stomach is closed off or separated. All bariatric procedures make it difficult to consume large amounts of food at one time. Bariatric surgery has been proven effective and successful as a weight loss tool.

The goal of bariatric surgery is to improve your health, quality of life, and increase the length of your life. Successful bariatric surgery can decrease the amount of medications you take, increase your ability to perform daily physical activity, and increase your self-esteem.

Bariatric surgery is not for everyone. Bariatric surgery requires that you make a personal commitment to yourself and to the bariatric program. Your personal commitment is to improve your health daily by taking vitamins and minerals as directed, following all dietary recommendations, drinking 64 ounces of water daily, and exercising for one hour five days a week. Your commitment to the bariatric program includes agreeing to follow-up with your surgeon as scheduled for the first year, then annually for a period of five years. In the event that you move, you must see your surgeon and the bariatric nurse coordinator for an exit interview, and you will be expected to leave an address and telephone number when we can follow up with you.

Is Bariatric Surgery Right for Me?

Take your time to think about this in detail, write it all down, and review your compiled information. This will help you make the decision about surgery. It may not be what you wanted, but it may represent the best choice for you. If your choice turns out not to have surgery, then this may simply mean you crave weight loss, but you are not ready to make the lifestyle changes that are required with bariatric surgery.

Wait a few months and try the pros and cons again. Your diet and exercise plan will determine your success with the surgery. You need to be sure you are committed before deciding to have surgery. Remember, you only have one chance at success, if you are not ready to make the lifestyle changes, and then don’t do it.
Qualifying for Bariatric Surgery

NIH criteria requires that you have a BMI of 40 or more, or a BMI of 35, and two or more co-morbidities such as Gastric Reflux, Hypertension, Sleep Apnea, and Diabetes. You must be healthy enough to have surgery, and have failed traditional weight loss attempts with diet and exercise. You will be required to have a psychological, educational and nutritional evaluation. You are required to have knowledge of the indications, risks, and benefits that accompany weight loss surgery.

To have bariatric surgery, you must NOT be a current smoker. Our guidelines must be tobacco free for at least 30–60 days prior to surgery. IACH Health and Wellness Center (HAWC) offer monthly smoking cessation workshops to assist you with quitting.

Health and Wellness is located on the 4th floor of the hospital, and we encourage your participation in their program. More information on tobacco cessation resources is available in the HAWC. 502–624–WELL (9355)

Requirements for all Bariatric Surgery Candidates

- Patients must between the ages of 18 and 60 years of age
- Patients must be 100 pounds or more above ideal body weight, or have a BMI of 40 or greater. If the BMI is less than 40, then you may qualify by having a BMI of 35 or greater, with one or more obesity related conditions.
- Obesity related psychosocial impairments, and many more
- Patients must have a history of medically supervised weight loss attempts such as failed diets, exercise programs, medical aides or weight loss medications
- Patients must have motivation and commitment to comply with the lifelong post-operative care and lifestyle changes that the procedures demand
- Health issues or co-morbidities may include Gastric Reflux, Hypertension, Sleep Apnea, Depression, Degenerative Arthritis, Psychosocial issues.
Ireland Army Community Hospital Bariatric Surgery Program

The Bariatric Surgery Program of Ireland Army Community Hospital is committed to providing a quality bariatric program for our patients. Our program follows program guidelines as defined by the American College of Bariatric Surgeons, and the American Society of Metabolic and Bariatric Surgeons. Indications and contraindications for bariatric surgery are governed by National Institute of Health 1991 Consensus Position.

The following patients are not eligible for bariatric surgery.

**NOTE:** Bariatric surgery for patients weighing greater than 400 pounds is unavailable at Ireland Army Community Hospital.

- Patients below the age of 18, and above the age of 60
- Presence of cardiac or pulmonary co-morbidities
- BMI 55 or greater in males
- BMI 60 or greater in females
- Obesity caused by Metabolic or Endocrine disorders
- Those with severe medical problems that would make surgery dangerous
- History of substance or alcohol abuse
- Women thinking about becoming pregnant within the next year
- Patients who are unable to understand the operation and lack the capacity to give informed consent
- Patients with unrealistic expectations
- Unresolved or untreated emotional illness
- Unwilling to sign follow-up contract
- No support person at home
- Out of control or unmanaged co-morbidities
Preparing Yourself, Your Family and Your Environment before Surgery

Discuss your feelings about your surgery with your surgeon and/ or someone you can trust before the actual surgery date. Try to get several options to help you with making the right decision. But remember, ultimately, it is your decision, and you will have to take responsibility for your choices. Be sure to do some research on the surgery.

Become very knowledgeable about bariatric surgery, learn everything you can. Talk to people who have had the surgery, join the local support group. Remember, you are required to attend our support group before surgery, and at least once again after surgery. We recommend for maximum benefit that you attend the support group monthly for the first twelve months following your surgery.

Members of your bariatric team are your surgeon, the bariatric nurse, the dietitian, psychologist and your support persons.

Talk to them about your concerns, your goals and your feelings for bariatric surgery. They are your team, and they will guide you through this process and support you as you make the necessary lifestyle changes needed to use bariatric surgery as a successful tool for weight loss.

Start the changes as far ahead as possible. This will increase your long term success after surgery. Surgery is only one step in your weight loss journey, and surgery alone is not a cure.

Learn to structure your eating patterns

- Begin a consistent exercise routine
- Emphasize activity rather than food
- Control emotional eating/ recreational
**Why should you prepare before surgery?**

There seems to be the expectation that surgery will force the lifestyle changes that must occur, but this does not happen. The surgery will make it easier to change your diet, but you must follow the diet and exercise. You must develop these changes for a lifetime, or you will fall back into old habits, old behaviors and set yourself up for weight loss failure and lose your chance at a healthier longer lifetime.

**Why should I prepare my support system?**

When you have the support of your family and friends it is easier to achieve your goals. Studies have shown that patients lacking adequate support are likely to fail, or that stress will hinder the success. Evaluate your relationships; decide who your cheerleaders are. Those will be the people who will help you achieve your goals, and celebrate the success with you. Talk to them in advance, come up with a support plan and know when to use it.

**My support plan**

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

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___________________________________________________________________
You don’t have to go it alone…

There are many avenues of support available to you.

You are not alone in this journey.

You may wish to consider counseling during this journey, and your family may wish to participate so they can understand all the changes. We want this to be a positive experience for you, but you need to realize that your journey can get difficult, initial excitement will fade, and you may face roadblocks; that is why you have to make a significant commitment, and make peace with the fact that your lifestyle changes must be lifelong. We also strongly encourage you to attend the bariatric support group.

How do you structure eating habits?

Start by eating three healthy meals a day. Eat slowly, chewing your food completely. Eat over a period of 20–30 minutes. Slowing down helps be in control of you eating. Remember that you need to increase your protein intake between 60–80grams daily; always eat your protein first. Our dietitian will work with you to start to make the desired dietary lifestyle changes. She will assist you in improving your food choices, eating behaviors and making permanent lifestyle changes.

Why Exercise?

Start early to develop a habit of daily exercise. Walking is an excellent activity. Start slowly and increase your distance and time as you go. The goal is that you become physically active for at least one hour, five times a week. If one hour seems overwhelming, break it down to sessions of 10 to 15 minutes throughout the day. If you have additional health issues, please consult with your primary care manager before starting an exercise program.
**Why should I prepare my environment?**

Remember when you said “I am not going to eat cake”? But, it was in the house, and you had a weak moment, so you ate the cake. It happens to us all. We see something, than we want it, all the while thinking “just this once...”.

The solution to this problem is simple; do not have things in the house as temptation.

Make your environment bariatric friendly.

Do not go to the grocery store while you are hungry, and also prepare and shop by a list. This will help cut down on impulse purchases at the store, which are often not your best dietary choices.

Try keeping protein snacks in the house, fibrous foods and your favorite bottled water in stock at all times. This will also help control emotional and recreational eating. Know the difference. Are you eating because you are hungry or because you are bored or upset? Everyone does this, so learning to control this is important to your weight loss success.

Most people need to figure out why they eat to make change in their life, for some it is a control issue, for others it is boredom. Find other ways to satisfy yourself. Spend time with family or friends, go for a walk, talk on the phone, go for a swim, but regardless of what activity you decide to do, at least be able to acknowledge that you are making a healthier choice.
**Kitchen Clean Out**

Prepare your kitchen and pantry to help you lose weight and keep healthy!

- Go through each food item and determine what stays and what gets trashed (or donated to your local food pantry).
- After you’re done, check out the "Well-stocked Pantry" food list and restock.

### #1 CHECK THE NUTRITION FACTS PANEL

<table>
<thead>
<tr>
<th>TRASH/DONATE ANYTHING WITH...</th>
<th>EXCEPT...</th>
</tr>
</thead>
<tbody>
<tr>
<td>With more than 20% DV for...</td>
<td></td>
</tr>
<tr>
<td>X Fat</td>
<td></td>
</tr>
<tr>
<td>X Saturated fat</td>
<td></td>
</tr>
<tr>
<td>X Sodium</td>
<td></td>
</tr>
</tbody>
</table>

***Extra Credit to those who keep only items with less than 5% DV for fat, sat. fat, and sodium***

### #2 CHECK THE INGREDIENTS LIST

<table>
<thead>
<tr>
<th>TRASH/DONATE ANYTHING WITH...</th>
</tr>
</thead>
<tbody>
<tr>
<td>➩ The words <strong>hydrogenated or partially hydrogenated</strong></td>
</tr>
<tr>
<td>➩ Any crackers, cereal, bread, pasta, tortillas, wraps etc that the 1st ingredient isn’t the word <strong>whole</strong>.</td>
</tr>
<tr>
<td>➩ Any crackers, cereal, breads, pasta, tortillas, wraps, etc that have <strong>enriched</strong> flour.</td>
</tr>
<tr>
<td>➩ With any of the following words within the first 5 ingredients ➩ <strong>sugar, inverted sugar, brown sugar, cane juice; syrup, high fructose corn syrup, maple syrup, brown rice syrup, corn syrup, glucose, dextrose, sucrose, maltose, honey, molasses, agave, fruit juice concentrate</strong></td>
</tr>
<tr>
<td>➩ IF an item has less than 5 ingredients and has any of the above word...Trash it.</td>
</tr>
<tr>
<td>➩ Pasta that is not <strong>100% whole grain</strong> (whole wheat flour)</td>
</tr>
<tr>
<td>➩ Rice that is not brown rice or <strong>100% whole grain rice mix</strong>.</td>
</tr>
</tbody>
</table>

### #3 CHECK THE EXPIRATION DATE

Don’t forget basic food safety! When in doubt throw it out! Trash...

Leftovers more than 3 days old. Opened containers more than 1 week old (except condiments). Any condiments or other items past their stamped expiration date.
## Well Stocked Pantry /Kitchen

- Food processor—available in various sizes 3 cup processors are compact and versatile for grinding, chopping and pureeing foods.
- 6” plates, small bowl, spoons and forks
- Food scale
- Extra sets of ½ cup, ¼ cups and tablespoon measuring cups
- Small Tuber-ware to store your prepared foods for later meals.

### PROTEIN
- Lean protein (check score)
- Tuna/other seafood packed in water
- Low sodium canned chicken
- Protein powder—variety of flavors (see approved)

### RICE
- Brown rice

### CONDIMENTS
- Low Sodium Broths
- Lemon juice
- Lime juice
- Light Mayonnaise
- Mustard (Yellow and Dijon)

### OILS
- Olive oil
- Canola oil
- Oil aerator

### DRIED HERBS & SPICES and OTHER FLAVORINGS

### STARCHES
- Whole wheat pasta, barley, 100% whole grain oats, steel cut oats, quinoa, buckwheat, 100% whole grain crackers, sugar free whole grain cereal, sweet potatoes.

### IN THE REFRIGERATOR
- Trans fat free margarine
- Eggs, egg substitutes
- Various low fat/fat free cheeses
- Fat free plain yogurt
- Various fruits and vegetables
- Salad dressing (light)
- Produce: chopped garlic, onions, lemons/limes

### IN THE FREEZER
- Fruits—raspberries, strawberries, blueberries, mangoes, etc.
- Veggies—green beans, cut peppers, spinach, broccoli, etc.
- Chicken breast, Tilapia, Salmon, other seafood.
Why should I quit smoking?

Tobacco use is the number one single most preventable cause of death in the United States according to the Center for Disease Control, followed closely by obesity.

Not very good odds are they?

That is why the Bariatric Surgery Program of Ireland Army Community Hospital requires that our bariatric patients be tobacco free for at least 30 days prior to surgery.

You will be having major surgery and you will need your lungs to be in the best possible shape. Smoking affects your oxygen supply during and after surgery. Smoking also increases several risks for post-operative pneumonia, atelectasis and respiratory depression. Smoking also increases in the risk of Deep Vein Thrombus, blood clots, in the obese patient. Smoking will also slow the healing process by constricting your blood vessels which blocks oxygen from going to the surgery site.

Help is available: 24 hours a day, 7 days a week.

Call TRICARE® Smoking Quit line 1-866-459-8766 or

Chat Online @ http://www.ucanquit2.org/

Contact an expert coach to get answers about quitting tobacco, join a real-time group chat with a coach, or chat with others who are working to become tobacco free.
The Goal of Bariatric Surgery

As members of your bariatric team, we have set some goals for you ourselves. Take a look at our goals, and then evaluate your own goals, and see how many of ours match up.

- Improvement in weight related conditions
- Increased energy
- Overall improvement in health status
- Weight loss
- A longer, more productive life

Take some time, think about what your expectation and goals of surgery are, and list them.

During your pre-operative visit with your bariatric team we will review your goals and expectations with you.

- ______________________________________________________________________
- ______________________________________________________________________
- ______________________________________________________________________
- ______________________________________________________________________
- ______________________________________________________________________
- ______________________________________________________________________

I have failed before, so how can I be successful this time?

Set small achievable, realistic goals

- Set SMART Goals
- Commit to caring about yourself by addressing your emotional and physical needs
- Set a measurable goal for increasing your daily activity. Initially walk 10 minutes daily then increase by 10 minutes every week until you reach your goal.
- Keep a food diary daily, be aware of what you eat
- Keep your appointments with your healthcare providers as scheduled.
What is considered as successful surgery?

Bariatric surgery is approved by the National Institute of Health as one of the most effective methods of weight loss. Success rate is defined as losing at least 50% of your excess weight. Weight loss surgery is only a tool for weight loss, a tool to be used in conjunction with diet and exercise for positive results.

Bariatric Support Group

One of the benefits of the Bariatric Surgery Program of Ireland Army Community Hospital is that we are able to offer a comprehensive program designed to meet the needs of our patients. Medical studies with all types of bariatric surgeries conclude that the most successful patients are those who adhere to, and take advantage of the follow-up activities provided by comprehensive programs. You will be making many lifestyle changes during that first year. You will learn to be responsible for the success and failure of your bariatric surgery. One important change will be the way you think about food. It is vital that you learn that you must eat to live rather than live to eat, and the difficulty of setting a goal for weight loss. These are but a few of the reasons why a support group is essential to your success.

Our meetings offer you the opportunity to compare your experience with other patients in a one-on-one setting. It is informal, and we strive to provide educational sessions each month on topics of interest to the bariatric patient. We strongly suggest you attend the support group.

Support Group Location. ______________________________________

Support Group Time and Date. ____________________________________

Notes:
Let’s start with the basics of bariatric surgery…

Bariatric surgeries can be defined as restrictive procedures, malabsorption procedures, or combination procedures. Restrictive procedures such as the LAP-BAND, an Adjustable Gastric Banding procedure and Sleeve Gastrectomy procedure, are just that, restrictive. The procedure restricts the size of the stomach causing restricted intake for the patient. Those are two of the more common procedures, and we will look at those closer in a bit.

The most common bariatric procedure, the Roux–en–Y Gastric Bypass, is a combination procedure. Not only is it restrictive due to changing the pouch size of the stomach, but it is also malabsorptive due to re-routing of the Roux limb.

Another factor in bariatric surgery is if the procedure is performed laparoscopically or an open procedure. Laparoscopic surgery is when the surgeon using small incisions to use laparoscopic instruments into the abdomen to perform the surgery. An open procedure is when the surgeon has to make a single large incision in the abdomen to perform the procedure.

Your surgeon will discuss with you the those options, but be aware, the decision to perform the procedure either laparoscopically or open is ultimately the surgeons, and it is based on how to perform your surgery the safest way possible for you.
Bariatric Surgery Options for the Treatment of Obesity

Sleeve Gastrectomy

The Sleeve Gastrectomy can either be done as an open or laparoscopic procedure. This procedure removes 85% of the outer portion of your stomach, converting your stomach into a narrow ‘sleeve’ or tube. Your smaller stomach holds much less food and allows you to get full on small portions. The smaller stomach results in decreased production of Ghrelin, thereby reducing appetite and hunger sensation. Digestion with this procedure remains normal, and there is no re-routing of the intestines as with the Roux-en-Y. Weight loss is rapid with this procedure for most patients, and is comparable to those who have the Gastric Bypass.

Advantages of Sleeve Gastrectomy

✓ Stomach volume is reduced
✓ Decreased hunger and appetite
✓ No Dumping Syndrome
✓ Can be converted to another weight loss procedure at a later time
✓ Faster weight loss as compared to gastric banding procedures
✓ No foreign body issues such as slippage or erosion

Disadvantages of Sleeve Gastrectomy

✗ Potential for sleeve to stretch over time due to overeating
✗ Weight loss success is proportional to patient’s compliance
✗ Possible leaks or blockage at the anastomosis site, or suture line which can require further procedures for repair
✗ Recurrent vomiting
Adjustable Gastric Banding

The Laparoscopic Adjustable Gastric Banding System (LAGB), is an adjustable silicone device that is fastened around the upper end of the stomach to create a small stomach pouch. We use only FDA approved bands on the market. There are two types of bands available, the LAP-BAND®, which is made by Allergan Corporation, and the Realize® Band, made by Johnson and Johnson. At Ireland Army Community Hospital we have chosen to use the LAP-BAND® system for our patients.

In this procedure, the surgeon makes small incisions through which the laparoscopic instruments are inserted to place and fasten the LAGB around the upper portion of the stomach. There is a small port attached to the band that is secured to the underlying abdominal muscle that is easily accessible for adjustments. The adjustments take only a few minutes, and are done in the office.

The need for adjustments varies from patient to patient. Most adjustments occur during the first year. The procedure restricts the size of the stomach to about 2 ounces and is considered a strictly gastric restrictive procedure, however, some suggest that when adjusted properly, that it does decrease one’s appetite, as well.

The difference between LAGB and other restrictive surgeries is that the restriction level can be adjusted without further surgery. Weight loss occurs by restricted intake— the smaller pouch creates the sensation of fullness earlier, therefore decreasing the desire for food and limiting the volume of food one is capable of consuming at one time.
There is no division or bypass of the stomach in this procedure. With this limited intake, if you eat too much at one meal, you may feel discomfort, or vomit. This shows the importance of learning the capacity of your ‘new’ stomach.

The LAGB generally carries the least complication of all bariatric surgeries, but weight loss is more gradual than with other procedures, and consuming high calorie liquids and soft foods, can defeat the gastric banding system.

Weight loss with the LAGB system is reported at 35–68% of excess body weight, and obesity related conditions are also usually improved or revolved. However, studies show that at the 3 year postoperative mark, that LAGB has the same long term weight loss statics as the Roux-en-Y Gastric Bypass in compliant patients.

**Advantages of the LAGB**

- ✔ No cutting of the stomach
- ✔ Quick operative, and recovery time
- ✔ Only adjustable procedure available
- ✔ Less chance of protein or vitamin deficiency, and hair loss
- ✔ Can be converted to another bariatric procedure if needed

**Disadvantages of the LAGB**

- ❌ Slower, more gradual weight loss
- ❌ Foreign body placed in the abdomen
- ❌ Complication of band slippage and erosion possible
- ❌ Possible port infections
Roux–en–Y Gastric Bypass

The ‘gold standard’ in bariatric surgery is the Roux–en–Y Gastric Bypass. This procedure can be performed either laparoscopically or as an open procedure. The procedure is designed to make a small pouch for food at the upper portion of your stomach, with a capacity of about 2 ounces. This pouch is connected to the upper small intestine by a new anastomosis (outlet), thereby allowing food to bypass the majority of your stomach, which remains alive and undisturbed, but nonfunctional otherwise.

The purpose of this procedure is to functionally limit the amount of food and liquid intake at any one time. There is a small component of malabsorption, at least initially. This procedure is associated with rapid weight loss, which stabilizes over time to a weight that is healthy for you.

Advantages of Roux–en–Y Gastric Bypass

- Weight loss averages 60–70% excess body weight within 18 months of surgery
- Proven long term effectiveness– studies indicate that after 10–14 years, patients still maintain their excess body weight loss
- Studies also indicate that 90% of co–morbidities, or obesity related conditions such as hypertension, sleep apnea, heartburn, diabetes, cardiac function and depression, to name a few, either improve or are completely resolved

Disadvantage of Roux–en–Y Gastric Bypass

- Potential for protein, vitamin, and mineral deficiencies in non–compliant patients
- Commitment to program proportional to outcome results
- “Dumping Syndrome” a complex symptom that involves sweating, flushing, diarrhea, nausea or vomiting, pain that occurs after eating foods high in fat or sugar content
- Possible stretching of the pouch over time due to overeating
- Possible leaks at the anastomosis sites and stricture (narrowing) of the sites, and leaks at the suture line.
Surgical Benefits and Risks with Any Bariatric Procedure

Here we will discuss some risks and benefits associated with all major surgical procedures. It is important that you are aware that some of the risks associated with surgery are elevated due to some obesity-related conditions.

Benefits: There are numerous studies that confirm the positive effects on health, which occur after bariatric surgery.

- Resolution or improvement in
  - High blood pressure
  - Diabetes, type II
  - Obstructive sleep apnea
  - Gastric reflux disease
  - Decreased pain, back and joint
- Improved quality of life, and have reported they feel
  - More confident in public settings
  - Increased self esteem
  - More energy
  - More mobile

Risks: Bariatric surgery, no matter which procedure selected, is major surgery, and carries all the risk associated with having major surgery with general anesthesia. Some of the risks and complications of surgery are most often related to the patient’s obesity related medical conditions. This is why we encourage and stress that individuals stop smoking, begin to exercise, and lose weight early in the process.

Some of the complication of major surgery are

- Deep vein thrombus
- Pulmonary Embolism
- Bleeding
- Injuries to internal organs and structures
- Stroke
- Cardiac events
- Pneumonia
- Death

Your bariatric team will review all the risks and benefits of bariatric surgery with you, and make sure you understand and accept all the associated risks and benefits.
Frequently Asked Questions

This is meant to be a guide. Always check with your doctor!

Q: Does bariatric surgery typically lead to major weight loss?
A: Yes, and No. The amount of weight loss depends on the patient. Factors such as how much weight they have to lose, and how compliant are they after surgery.

Q: How important is the patient’s attitude for success of bariatric surgery?
A: Very important! The more motivated a patient is, the better the patient will do. A motivated patient manages their weight loss well and meets the requirements of dietary, behaviors and physical activity modifications as needed to be a success.

Q: You mentioned the possibility of a deep vein thrombus, and pulmonary embolism as a surgery risk, is there anything you can do to reduce those risks?
A: Yes! We have several things we do to reduce the risk of these for our patients. First, we use sequential compression devices on your legs. These devices, much like wrap around sleeves, inflate then deflate helping in moving the blood through your legs back up to the heart. These will be place on you in the operating room, and will stay on during your hospitalization while you are in bed, or up in the chair. Secondly, we will use blood thinners to prevent clots in your lungs, or legs. Blood thinners allow the blood to flow more freely back to the heart. And lastly, is our partnership with you, the patient, this is one of the most important reasons we encourage you to get up and get moving! Getting you moving and walking as soon as possible after surgery greatly reduces your risk of these complications.
Q: If I have a hiatus hernia, can I still have bariatric surgery?

A: If you have a hiatus hernia, this will be discussed with your surgeon during your evaluation. An endoscopy may be required prior to weight loss surgery to evaluate the hernia. Based on the assessment, the hernia may need repaired. Your bariatric surgeon will work out a plan that is best for you.

Q: Why do some people lose their hair after surgery?

A: Individuals may notice their hair falling out after surgery. This is only temporary. These changes can be related to general anesthesia, change in nutrition, and change in hormone levels. It is our recommendation that you increase your protein intake. You should also be taking a multivitamin with iron.

Q: Can I get pregnant after weight loss surgery?

A: We recommend that women wait 18–24 months after surgery before getting pregnant, and recommend that you use 2 methods of birth control during that period. The body needs time to adjust after surgery, and during a time of restriction is not the time to introduce the physical demands of a pregnancy and all of its increased nutrition requirements on your body.

Q: Will I have excess skin?

A: As you start losing weight, you may notice excess skin. The amount of excess skin depends on several factors such as which procedure you have, your age, use of tobacco and your exercise routine prior to and after surgery. For some patients, the skin will tone up, in other cases; the skin has stretched too much to return to normal. Some patients may choose to have plastic surgery to have this skin removed. We do not recommend that you consider plastic surgery until 2 years after your bariatric surgery, and you have reached your weight loss goal. Plastic surgery is currently available at Ireland Army Community Hospital.
The First Steps in Your Journey

So, you’ve decided that you are going to have weight loss surgery? Let’s get to work immediately then on your journey. Behavioral changes take time; this will be a lifetime commitment on your part to changing your eating and behavioral habits.

It is much easier if you take small steps, you should start with the following:

- Begin implementing healthy eating to include high protein, low carbohydrate, low fat foods, which will help shrink your liver, making surgery easier.
- Stop all carbonated beverages, this is a lifelong commitment.
- We recommend you decrease the amount of caffeine.
- If you smoke, now is the time to stop!
- Begin an exercise program—consult your primary care provider first!
- Stop all over the counter herbal supplements 30 days prior to surgery.
- Start the Bariatric Vitamin/Mineral Supplement regimen.
Insurance Considerations

As a family member or retiree, you are eligible for services at Ireland Army Community Hospital. Please check with Tricare concerning coverage, such as Tricare Prime versus Tricare Standard versus Tricare for life. Some coverage has a co-pay or deductible attached, and you need to be aware of out-of-pocket expenses.

You may have additional or outside expenses related to your weight loss surgery with additional consultations, examinations and tests. Remember our goal is that you be as healthy as possible the day of your surgery. Possible tests could include, but not limited to:

- Sleep Studies
- Radiology
- Pulmonary studies
- Cardiac evaluation
- Endoscopy
- Psychological evaluation

Another consideration is what happens when you relocate due to PCS/ETS. There is no exception family program for bariatric surgery, and there is the possibility that you are located in an area where bariatric services are not offered at the military medical facility. If you are a LAGB patient, you should be aware that band adjustments can average in the private sector anywhere from $125.00 to $375.00 per adjustment.

Should you relocate we will assist you in finding a bariatric care provider in your new area. Please remember, that to be eligible for bariatric surgery at Ireland Army Community Hospital that you cannot be within 6 months of your PCS/ETS date, and we require a letter from the sponsor’s command with the estimated date.
**Initial Appointment**

Today is the first day of your journey! Today you met with the Bariatric Nurse Coordinator and the Bariatric Surgeon. We will review with you the Medical Questionnaire you returned from the Introductory Seminar, and started your Bariatric checklist. We know as you look at your checklists and requirements that it looks overwhelming, but we are here to guide you every step of the way!

**Next step on your journey**

Your surgeon has ordered some tests and evaluations for you.

**Psychological Evaluation**

This evaluation assists in assuring that you are aware of the risks and benefits of surgery, and are able to commit to the lifestyle changes after surgery. This evaluation will also assist in identification of any mental health needs the patient may have, so we can assist and support you during the stress of the surgical process and recovery. Please note, that some mental health issues may exclude you from being eligible for bariatric surgery.

We encourage you to be honest with the psychologist.

**Questions for my Psychologist.**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________
Dietitian Consultation

Every patient will have an initial nutritional consult with our Registered Dietitian and will follow up with her at regular intervals before and after surgery.

During these visits, our dietitian will discuss pre-operative and post-operative dietary guidelines and behavioral changes to assist in your weight loss journey. The dietitian will also monitor you closely during your weight loss to identify quickly any problems or need for additional vitamins, minerals or adjustments to your protein intake. Establishing a healthy diet routine prior to surgery is very important. Your ultimate goal is successful, long-term weight loss in order to become a healthier you. In order to achieve these goals, dietary modifications should be in place prior to weight loss surgery.

Dietary Modifications MAY include:

- Eat structured meals throughout the day, limiting “grazing” ie. three small meals a day
- Be mindful and present at meals. Eat slowly, taking small bits, and chewing slowly.
- Take your time with meals and snacks, the goal is to quit eating when you are no longer hungry, not when you feel full
- Eat only nutrient dense foods; after surgery the amount of food you will be able to eat will be limited, so therefore it should be as nutritious as possible
- Track everything you eat and drink. Maintain a food diary
- Practice portion control and reduce portion size
- Do not drink liquids with your meals and snacks
- Drink plenty of non-carbonated, caffeine free, and calorie free/low calorie beverages
- Choose foods from the following groups:
  - Lean meats, low fat/fat free dairy and other lean protein foods 1st
  - Vegetables and fruits 2nd
  - Limit “white” starches; include only whole grains
  - Calorie free, caffeine free, carbonation free beverages
  - Reduce fat intake, switch to reduced fat/low fat alternatives

Questions for my dietitian: _____________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Internal Medicine, Medical Clearance

You may also be given a referral for the Internal Medicine Clinic, where you will see a physician who will evaluate your general medical condition, and any obesity related health issues needing addressed. The Internal Medicine provider will be the physician who will determine if you are healthy enough for surgery, and the bariatric surgeons will require their approval for your surgery.

Questions for my Internal Medicine Provider:

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Educational Seminar

Education is a significant part of our comprehensive program. You will be scheduled to attend a 4 hour Educational Seminar lead by your Bariatric Nurse Coordinator.

This seminar is mandatory.

During the seminar you will also receive information from other members of your bariatric team such as Respiratory Therapy, and Physical Therapy.

It is also at the Educational Seminar that we will review your Patient Contract, you will need to sign it and turn it end at the end of the seminar. A copy of the Patient Contract is published in the back of this book for your review.

What do I need to bring the day of the Educational seminar?

- Sweater, in case the room is cold
- A healthy snack and bottled water or low calorie beverage
- My questions, and my commitment to making lifelong changes
- A pen or pencil
- This book
Notes:
**Incentive Spirometer**

Using your incentive spirometer after surgery will help you keep your lungs clear. The incentive spirometer also will help keep your lungs active when you are recovering from surgery, as if you were at home performing your daily activities.

**How to use the incentive spirometer**

- Sit on the edge of your bed if possible, or sit up as far as you can in bed.
- Hold the incentive spirometer in an upright position.
- Place the mouthpiece in your mouth and seal your lips tightly around it.
- **Breathe in slowly** and as deeply as possible, raising the yellow piston toward the top of the column. The yellow coach indicator should be in the blue outlined area.
- Hold your breath as long as possible (for at least five seconds). Allow the piston to fall to the bottom of the column.
- **Rest for a few seconds** and repeat Steps one to five at least 10 times every hour when you are awake.
- Position the yellow indicator on the left side of the spirometer to show your best effort. Use the indicator as a goal to work toward during each repetition.
- After each set of 10 deep breaths, practice coughing to be sure your lungs is clear. If you have an incision, support your incision when coughing by placing a pillow firmly against it.

We ask that you start using your incentive spirometer 1 week before surgery, at least four times daily for 10 repetitions. You will also continue using the incentive spirometer after you go home from surgery for about a week.
Once you have completed all of your ordered consults, classes and testing, please turn in your check list to the Bariatric Nurse Coordinator. (502) 624-0624.

Only then will you be scheduled your second visit with your bariatric surgeon.

Final appointment to schedule surgery

Today is the day, it is finally here! The day you schedule your surgery! Today you will receive more education, and be asked to sign more forms, not shocked are you? We told you education is very important!

Your surgeon will meet with you, talk about the risks and benefits, possible complications, and make sure you have quit smoking, and started on your lifestyle changes.

Remember, if you have gained weight between your pre-operative visit with the surgeon, and surgery, you run the risk of having your surgery cancelled, as gaining weight will lead to an enlarged liver. Also, if the surgeon finds that your liver is excessively large at the time of surgery; your procedure may be aborted and rescheduled at a later time.

You have made a serious commitment to surgery and are expected to implement the lifestyle changes prior to surgery.
Vitamin and Mineral Supplement Guide:

What to Look for

- Complete formula with at least 18mg iron, 400mcg folic acid, 1.1-1.2mg thiamin, zinc 8-11mg, and include selenium and copper.
- Time-Release and Enteric coated formulations should be avoided
- Children incomplete formulas should be avoided
- Men’s MVI, Silver, or Women’s 55+ should be avoided

<table>
<thead>
<tr>
<th>Supplement</th>
<th>Gastric banding</th>
<th>Gastric sleeve/Gastric bypass</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multivitamin with iron</strong></td>
<td>100% RDA 1 tablet per day</td>
<td>200% RDA 2 tablets per day</td>
</tr>
<tr>
<td><strong>Calcium +D</strong></td>
<td>Calcium 1500mg/day Vitamin D 400-800 IU of D (500-600mg) Calcium carbonate or calcium citrate 3 tablets per day most brands; divide dose with meals. Chewable or crushed Take separate from iron by 2 hours</td>
<td>Calcium 1500mg/day Vitamin D 400-800 IU of D (500-600mg) Calcium citrate only 3 tablets per day most brands; divide dose with meals Chewable or crushed Take separate from iron by 2 hours</td>
</tr>
<tr>
<td><strong>Vitamin B12</strong></td>
<td>1000mcg/day sublingual (liquid or dots) Or 1000mcg intra-muscular injection monthly Optional</td>
<td>1000mcg/day sublingual (liquid or dots) Or 1000mcg intra-muscular injection monthly Mandatory</td>
</tr>
<tr>
<td><strong>Supplemental Iron</strong></td>
<td>Women: 27 mg/day elemental 40-65 mg/d menstruating females Most multi-vitamins provide 18 mg/day Take with 500mg of Vitamin C ↑absorption</td>
<td>Women: 27 mg/day elemental 40-65 mg/d menstruating females Most multi-vitamins provide 18 mg/day Take with 500mg of Vitamin C ↑absorption</td>
</tr>
</tbody>
</table>
Important rules to remember:

1. Iron and Calcium don’t like each other—never take multivitamin with iron or iron supplement at the same time as your calcium. Always separate by minimum of 2 hours.
2. Gummy Bears are a no-no and so are gummy vitamins—they can obstruct gastric bands.
3. Do not purchase children’s vitamins or prenatal vitamins.

*If you should become pregnant call Bariatric team ASAP for adjustments to you nutritional guidelines

You must take these supplements for the rest of your life!

So budget accordingly.

**Gastric Banding.**

Centrum Adult Chewable with Iron
Instructions:
1. Take 1 chewable tablets per day
2. Do NOT take at same time as Calcium

Caltrate 600-D Plus Chewable
Instructions:
1. Take 1 chewable tablet, 3 times per day
2. Do NOT take at same time as Multivitamin and/or iron.

**Gastric Sleeve/RNY bypass.**

Centrum Adult Chewable with Iron
Instructions:
1. Take 2 chewable tablets per day
2. Do NOT take at same time as Calcium

Citracal Max+ D:
Instructions:
1. Take 1 serving (2 caplets crushed) twice daily with or without food
2. Do NOT take at same time as Multivitamin and/or Iron.

Sublingual B-12 liquid/dots 500mcg
Instructions:
1. 1 dropper full of liquid B-12 under tongue daily.
   Or
1a. Dissolve 1 dots under tongue daily.
Get Moving!

It is also important to begin an exercise program as soon as you make the decision to have bariatric surgery. Exercise is an essential part of your weight loss success after surgery.

Always check with your primary care provider before starting an exercise program.

Stretching

1. Should be gentle, slow and a prolonged activity.
2. Each stretch should be held for 30 seconds each and should be smooth without bouncing motions.
3. Make sure you breathe in and out slowly as you perform each stretch.
4. Don’t stretch cold, always do a light warm up before stretching.

Walking

Walking is one of the best and most effective ways to start an exercise program.

1. Wear good walking shoes, there is no substitute for the support good shoes can provide.
2. Focus on the amount of time you are walking rather than the distance. If you start to have pain, then take a break. Divide walk into 2–3 shorter walks instead of one long walk.
3. Be consistent and walk every day, keep a record to mark your progress.

Resistance Training

1. Focus on your upper body first, as some people often already suffer from pain in their hips, knees and ankles.
2. You can use canned vegetables as a weight at home.
3. Perform each exercise 10–15 times each without pain or fatigue. If you are unable to do so, reduce the amount of weight you are using.
4. Perform resistance training every other day, allowing rest in between.
EXERCISE AND WEIGHT LOSS

Before starting any exercise program, discuss it with your doctor to find a program appropriate for you.

Aerobic exercise increases the blood flow to the muscles, increases the work of heart, increases the oxygen capacity, and overall improves functioning of the heart, lungs and circulatory system. When a person's heart is "fit", the person can exercise vigorously for long periods without severe fatigue. The person is able to respond to sudden physical or emotional demands without as much strain to the heart or body. All the exercises mentioned in this handout are aerobic exercises.

General Guidelines for Exercise for Weight Loss

- See your doctor before starting exercise if:
  - You are over 40 and not accustomed to exercise
  - Have a history of heart disease, a heart murmur, or have had a heart attack
  - Have a family history of premature (less than age 50) heart disease or heart attacks
  - Have a history of high blood pressure, or you do not know your blood pressure
  - You have pain or pressure in the chest, neck, shoulder, or arm after you exercise
  - You experience extreme breathlessness after mild exertion
  - You have joint, bone, or muscle problems
  - You often feel faint or have spells of severe dizziness
  - You have diabetes
  - You have any other medical condition or are on daily medication

The type and intensity of your exercise depends upon your health and activity level.

- Drink plenty of fluids to prevent dehydration.
- Warm-up before and cool-down after exercise.
- Check your pulse during exercise to ensure you are exercising at your target (see below).

Start your exercise program and progress slowly

- Choose exercise activities that you will enjoy and continue (there are many to choose from: walk, bike, ski machine, stair machine, jog, swim, etc. etc.)
- Progress up to 30–60 minutes of exercise 5 days per week (but avoid high impact exercise every day such as running)

Be consistent! Schedule your exercise and keep at it regularly.
To promote desired weight loss and to prevent regain of weight long term living a physical active lifestyle is a must.

**RECOMMENDATIONS.** Exercise should range from 30–60 minutes of moderate or intense exercise on most, if not all days per week. Research shows that ultimately a minimum of 150 minutes/week of physical activity is determinant of long term success. We don’t expect for you to start there but here is how to get started.

**Step 1: Set Personal Goals**

Set realistic goals. Start slow and increase to help you meet your weight and health goals.

**Step 2: Determine How to achieve Goals**

Choose activities that fit your lifestyle from each of the following categories:

Schedule timing of physical activity (The FIT Principle):

- **F** – Frequency, number of exercise sessions per week
- **I** – Intensity, calculate Target Heart Rate (THR)
- **T** – Time, duration of exercise
- **T** – Type
Maximum Heart Rate (MHR) = 220 - age

Target Heart Rate = MHR x 0.60 - 0.70 (this is what you should aim for in moderate intensity exercises)

Measure your heart rate. Place your three fingers on the pulse at the inside of your wrist or put your index and middle finger on the pulse at your neck. Count the beats in 10 seconds and multiple the number you get by 6, which gives you the # of beats per minutes.

Aerobic Exercises

**Frequency.** 3–7 days per week **Intensity,** 40–85% of max HR. Start out slow and use interval training of going high to low for 30 second intervals **Time,** 10–60 minutes **Type,** walking, stationary bike, water aerobics, elliptical, aerobics classes.

Strength Training

**Frequency.** 2–3 days per week **Intensity,** 15–20 repetitions per exercise **Time,** 1 set per muscle or muscle group (ie upper body: arms, biceps, triceps, shoulders, chest, legs) in the 1st and 2nd weeks, than increase to 2 sets in week 3 **Type,** free weights, resistance bands, kettle bells, weight machines, Pilates.

Flexibility

**Frequency.** 5–7 days per week **Intensity,** low only to the point of tight, never pain **Time,** 1–2 sets per muscle group, holding each stretch for 30 second count or more; never bounce **Type,** yoga, static stretches.

Step 3. Implement Plan

- Make a commitment and start today
- Get started slowly and pace yourself
- Stay consistent, fit physical activity into your daily routine

Step 4. Regularly Evaluate Plan

Monitor progress and recognize achievement
**Exercise Expectations Before and After Bariatric Surgery**

**Pre-Op**
Begin an exercise program prior to surgery. Meet with exercise physiologist to individualize plan.

**Post-Op Day 1**
Walk in room 2-3 times and sit in chair with nurse assistance.

**Post-Op Day 2 – Day 7**
Walk 3-5 minutes, 4-6 times a day.

**Post-Op Week 1 – Week 2**
Continue walking, increasing the time of the walk to 5-15 minutes, 3 times a day.

**Post-Op Week 2- Week 4**
Continue walking 10-15 minutes, 3 times a day.
May begin weight training with doctor approval.

**Post-Op Month 1 - Month 3**
Continue 30 minutes to 1 hour of cardiovascular activity at least 5 days per week. Begin or continue weight training.
All wounds must be healed before participating in water exercise.

**Post-Op Month 3 and On**
Stay committed to exercise and bariatric aftercare program.

---

**Home Exercise Program**

1. Begin by performing 1 set of 10-15 repetitions for each exercise. Gradually increase to 3-5 sets of 10-15 repetitions over a 4-7 week period.
2. The speed of each movement should be 2 seconds up and 4 seconds down.
3. Begin with dumbbell weight that you can easily lift 10-15 times.
4. Wear shoes to prevent falls.

---

**Tricep Kickback**
Sit in chair. Grasp a dumbbell in one hand. Begin with elbow bent and dumbbell at side. Extend dumbbell backwards, fully extending arm.

**Abdominal Crunch**
Lie on bed or floor with arms across chest. Raise the upper back slightly, keeping the neck in neutral position and eyes focused on the ceiling.

**Bicep Curl**
Sitting or Standing
Grasp a dumbbell in each hand, palms facing forward. Curl the dumbbells up by flexing at the elbow.

**Squats**
Stand in front of a chair with feet shoulder-width apart. Sit down slowly, then stand up. Keep arms outstretched.

**One Arm Roll**
Stand with left foot forward, right foot back. Place hand on sturdy surface approximately 25 inches tall. Grasp dumbbell with right hand. Start with dumbbell aligned with left knee and pull up toward waistline. Reverse feet, and repeat with left hand.

**Chest Press on Bed/Hour**
Lie on bed or floor. Grasp a dumbbell in each hand. Begin with the dumbbells at chest level and press the dumbbells straight up until arms are fully extended.

**Chest Press on Counter**
Stand in front of the kitchen counter with hands shoulder-width apart. Begin by leaning into the counter and press back.

**Chest Press on Wall**
Stand in front of a wall. Begin by leaning back into the wall and press back.

**Modified Push Up Chest Press**
Lie on the floor with arms shoulder-width apart and knees on the floor. Begin by pressing the body up with arms fully extended.

**Shoulder Press**
Sitting or Standing
Grasp a dumbbell in each hand, palms facing forward. Begin with the dumbbells slightly above shoulder level and press them up overhead.

**Shoulder Shrugs**
Grasp a dumbbell in each hand with arms at your side. Keep your elbows straight and shrug your shoulders up toward your ears.
Pre-operative Diet for Weight Loss Surgery

A pre-surgical diet for bariatric surgery will reduce the size of your liver, as well as decrease the amount of fat in and around your liver. A smaller, less fatty liver means a much healthier liver. You will also have a lower risk of complications during surgery, since the smaller liver allows the surgeon to maneuver around easier.

Your surgeon will decide if and for how long before surgery, you are requested to follow the preoperative diet.

Benefits of Pre-operative Weight Loss

- Reduced liver size and intra-abdominal fat
- Improved visual field for the surgeon
- Reduces co-morbidities
- Increases patients understanding of post-operative requirements
- Reduces operating time
- Reduced post-operative risks

NOTES:
BARIATRIC SURGERY PRE-OP DIET

A pre-surgical diet for bariatric surgery will reduce the size of your liver, as well as decrease the amount of fat in and around your liver. A smaller, less fatty liver means a much healthier liver. You will also have a lower risk of complications during the surgery, since the smaller liver is easier for the surgeon to maneuver around.

_______ WEEKS PRIOR TO SURGERY:  (start date = ______________________________)

GENERAL GUIDELINES:

➢ 5 small meals/snacks per day, spaced 3–4 hours apart
➢ 64–100 oz of FLUID (sugar–free) every day.
➢ Practice not drinking 15 minutes before, during, and 30 minutes after meals
➢ “Freebies”– 2 cups sugar–free Jell–O; Sugar free Popsicles– limit 2

BREAKFAST: 1 Protein Shake or ¾ cup egg substitute/whites + vegetables

LUNCH: 3 ounce lean protein (P-score 15 or less)
½ cup vegetables cooked/1 cup raw
2 cup salad greens
2 TBSP fat free/light dressing or balsamic vinaigrette

SNACK: 1 Protein Shake

DINNER: 3 ounce lean protein (P-score 15 or less)
½ cup vegetables cooked/1 cup raw
2 cup salad greens
2 TBSP fat free/light dressing or balsamic vinaigrette

SNACK: 1 Protein Shake

Meal alternative:
1 Lean Frozen Meal
- Must have ≥ 14 grams protein
- ≥ 5 grams dietary fiber
- AND ≤ 300 kcal

Best Protein Shakes:
- 14-25 grams of protein
- ≤ 150 calories
- ≤ 15 grams of carbs
- ≤ 5 grams of fat
- a short list of ingredients, and made from whey, soy, or egg protein isolate
LEAN PROTEIN CHOICES

**Beef:**  *USDA Select or Choice cuts*
- Veal
- Sirloin
- Tenderloin
- Round
- Flank

**Veal**
- Sirloin
- Tenderloin
- Round
- Flank

**Poultry:**
- Chicken
- Turkey
- Cornish hen

**White or dark meat without skin only**

**Pork:**
- Ham  
- Center-cut  
- Tenderloin  
- Canadian Bacon

**Fish:**
- If it swims, you may have it!

**Shellfish:**
- Shrimp
- Scallops
- Imitation crab
- Lobster
- Crab

**Cheese:**
- Any non fat or low fat cheese, 2% or less
- Non-fat or low fat cottage cheese

**Other:**
- Any luncheon meat with < 3 grams of fat per ounce
- 1 whole egg + 1 egg white
- Egg substitute: ¼ cup = 1 ounce protein

**Any protein source with P-Score of ≤ 15**

Methods of cooking:

- Bake
- Broil
- Grill
- Roast
- Steam
- Sauté (with minimal oil)

**DO NOT**
- Bread
- Fry or
- Add gravy or sauces

**Salad Greens**
- All lettuces
- Spinach
- Cabbage
- Chinese Cabbage

All greens: collards, mustard, turnip, etc.

*(Prepared without fat added)*

**Vegetables**
- Any EXCEPT: Potatoes, corn, peas, beans, peas.

***NO FRUIT, STARCHES, GRAINS, NUTS OR PEANUT BUTTER***
## LUNCH AND DINNER MENU SUGGESTIONS

<table>
<thead>
<tr>
<th>3 oz. Grilled Chicken on Salad Greens (2 cups) with 2 Tbsp. Balsamic vinegar</th>
</tr>
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<tbody>
<tr>
<td>⅛ c. tomatoes chopped</td>
</tr>
<tr>
<td>¼ c. cucumbers</td>
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</table>

<table>
<thead>
<tr>
<th>3 oz. Turkey</th>
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</thead>
<tbody>
<tr>
<td>2 c. salad greens with 2 Tbsp. fat-free dressing</td>
</tr>
<tr>
<td>½ c. steamed or roasted yellow squash</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3 oz. broiled shrimp</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 c. salad greens with 2 Tbsp. fat-free dressing</td>
</tr>
<tr>
<td>½ c. steamed spinach</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 oz. Grilled Salmon</th>
</tr>
</thead>
<tbody>
<tr>
<td>⅜ c. asparagus</td>
</tr>
<tr>
<td>2 c. salad greens with 2 Tbsp. fat-free dressing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 oz. shrimp stir fried in 1 Tbsp. Olive Oil that includes 1 ½ c. of broccoli, pea pods, mushrooms, onions, red bell pepper, and squash</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 oz. pork tenderloin</td>
</tr>
<tr>
<td>½ c cabbage steamed</td>
</tr>
<tr>
<td>2 c. salad greens with 2 Tbsp. fat-free dressing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 oz. grilled halibut</th>
</tr>
</thead>
<tbody>
<tr>
<td>½ c. squash medley</td>
</tr>
<tr>
<td>2 c. salad greens with 2 Tbsp. fat-free dressing</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3 oz. ham and fat-free cheese roll ups</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 c. sliced tomatoes</td>
</tr>
<tr>
<td>2 c. Salad greens with 2 Tbsp. fat-free dressing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 oz. tuna steak</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 c. spinach salad with 2 Tbsp. fat-free raspberry vinegar dressing</td>
</tr>
<tr>
<td>½ c. steamed pea pods</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 oz. grilled Mahi Mahi</th>
</tr>
</thead>
<tbody>
<tr>
<td>½ c. oven-roasted vegetables (zucchini, summer squash, asparagus, and bell pepper)</td>
</tr>
<tr>
<td>2 c. spinach salad with purple onion, mushrooms, and tomatoes</td>
</tr>
<tr>
<td>2 Tbsp. fat-free salad dressing or balsamic vinegar</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 medium steamed oysters</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 c. tossed green salad with tomato, peppers, and mushrooms</td>
</tr>
<tr>
<td>½ c. squash and zucchini medley with onions and red peppers</td>
</tr>
<tr>
<td>2 Tbsp. fat-free dressing or balsamic vinegar</td>
</tr>
</tbody>
</table>

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**REMEMBER…**

- If you haven’t already → Start your post op vitamin/mineral regimen
  - Chewable Multivitamin and Chewable Calcium supplement
- Drink ≥ 64 ounces of calorie-free liquids daily
  - Water, Crystal light, Mio flavor enhanced water, decaf coffee/tea
FULL LIQUID PRE-OP DIET

Your surgeon has determined you need to follow a high-protein, liquid diet prior to your surgery date. Compliance to this diet is mandatory and necessary. Research has shown a liquid diet lowers your surgical risk. The diet also assists with preoperative weight loss. The diet consists of liquid protein supplements, fat free, no sugar added strained/thinned liquids and sugar-free, non-carbonated beverages. This diet is liquid only. No food is allowed. See below for specifics.

_______ DAYS PRIOR TO SURGERY: (start date = ______________________________)

GENERAL GUIDELINES:

- Aim for 60-80 grams protein daily.
- Eat minimum of 3 meals per day;
  - However 5-6 times per day is encouraged to minimize excessive hunger.
- Use fat free or low-fat milk (skim, 1%, or light soy milk) or water for mixing.
- Drink a minimum of 64 ounces of fluid daily.
- Keep a beverage container with you at all times and practice taking small, frequent sips. Fluids need to be non-carbonated, low calorie, and sugar-free.
  - Appropriate fluids include:
    - Tea/Coffee
      - Can use sugar substitutes, such as Splenda®, Equal®, or Sweet n’ Low®; no creamer
    - Sugar Free Kool-Aid®, Crystal Light® Mio or other sugar free water enhancers
    - Flavored waters (sugar free/non carbonated i.e. Fruit2O®)
    - Clear broth or bouillon (chicken, beef, or vegetable).
    - Sugar-free gelatin
    - Sugar-free popsicles
    - Sugar-free sports drinks (i.e. Propel®, PowerAde Zero®)
  - Remember the goal of this diet is to shrink your lives; avoidance of high carbohydrate foods at this stage is very important to the success of your procedure.
## ALLOWED FOODS:

<table>
<thead>
<tr>
<th>Food choice</th>
<th>Protein</th>
<th>Special considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skim milk/fat free milk</td>
<td>8 grams protein per 8 ounces</td>
<td>Aim for 3 servings per day.</td>
</tr>
<tr>
<td>Soy milk (light)</td>
<td>6–8 grams protein per 8 ounces</td>
<td>Good substitution if lactose intolerant.</td>
</tr>
<tr>
<td>Smooth yogurt, non fat yogurt</td>
<td>4 grams protein per 4 ounces</td>
<td>Avoid yogurts with chunks of fruit, seeds.</td>
</tr>
<tr>
<td>V8 juice (low sodium)</td>
<td>0 protein</td>
<td></td>
</tr>
<tr>
<td>Low fat cream soups</td>
<td>Protein content varies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strained and thinned. Mix your unflavored protein powder into your soups to boost your protein intake.</td>
</tr>
<tr>
<td>Sugar free pudding made with skim milk</td>
<td>4 grams protein per 4 ounces</td>
<td>Good place to add in your flavored protein powder to boost your protein intake.</td>
</tr>
<tr>
<td>Protein shakes</td>
<td>Varies</td>
<td>Choose protein shake with at least 15 grams of protein per 4 ounces serving and less than 6 grams of sugar. Protein shakes should be used between meals at snacks and are NOT to replace meals.</td>
</tr>
<tr>
<td>Protein powder</td>
<td>&gt;15 grams per scoop</td>
<td>If mixing into hot liquids make sure the temperature of the liquid with the protein added to it does not exceed 140° to prevent curdling.</td>
</tr>
</tbody>
</table>

**If you take medication for diabetes,** please contact the healthcare team who prescribes your medication(s) and let them know about the change in your diet. They may need to make adjustments to your medication. **Potential Side-Effects:** Some people experience nausea, headaches, and/or irritability the first few days on the diet as their body adjusts to a dramatic change. These symptoms will pass after a couple days. Loose stools and frequent trips to the restroom are also common as your entire oral intake is now liquid.

***Homemade protein shakes, power protein puddings, Jell-o and other recipes check out Protein Recipes located in the Nutrition Resources section of this book***
Getting Ready for Surgery…

The week before surgery

Do not take aspirin, non-steroidal anti-inflammatory drugs such as ibuprofen, or other arthritis medications not cleared by the surgeon. These medications can cause stomach irritation and/or excessive bleeding during surgery. If you are unsure of what medications to stop, contact your bariatric nurse.

Make sure you are taking your vitamins and the folic acid you were prescribed. You will find in this book a list of your vitamin and mineral requirements. Some of your supplements will be available from our pharmacy, but others you will need to purchase on your own.

Careful attention to personal hygiene can help reduce the risk of infection after surgery. Daily bathing several days before surgery with an antibacterial soap will be helpful. Pay special attention to the abdomen area (from breasts to groin) making sure to clean well between the folds of skin. Good oral hygiene with careful brushing and flossing of the teeth will be beneficial as well.

Pre-Admission Appointment

Please arrive at the hospital at the scheduled date and time of your pre-admission appointment. Wear comfortable clothing for your appointment; you may have some final tests to complete prior to surgery. The pre-admission nurse will review your medical history, medications and allergies with you during this visit. You will also see the Anesthesiologist during this visit and will be given an arrival time for the morning of your surgery.

Pre-admission is located on the second floor, located past Same Day Surgery.
Day before Surgery

- Begin a clear liquid diet—broth, decaf black coffee, tea jell-o and popsicles
- No insulin or diabetic medications after 12:00 midnight unless instructed otherwise by your surgeon or nurse
- **Nothing by mouth after 12:00 midnight, this includes no gum, no mints and no water**
- Remove all nail polish

Day of Surgery

What do I need to do to prepare for surgery?

- Shower the morning of surgery. No lotions, powders or perfumes
- Take any blood pressure, heart or seizure medications, with just a sip of water, the morning of your surgery unless otherwise directed
- You may brush your teeth and gargle, but do not swallow anything
- What to bring to the hospital with you?
  - If you have sleep apnea, please bring your C-Pap or Bi-pap machine
  - **Make sure you bring this book**
  - incentive spirometer
  - Comfortable clothes to wear home when you are discharged
  - Personal hygiene items
  - Reading materials
  - Internet is not available in our patient rooms
- You will arrive at the hospital at your appointed time to the 2nd floor at the Progressive Care Unit, where you will be greeted by one of our registered nurses
- You will be escorted to your room, which is where you will stay during your hospitalization. The room has a telephone and television in it.
- Anything else? __________________________
Basic Hospital Information

- Parking is available, and free.
- The AOD is available at the information desk located in the basement, across from the pharmacy.
- The cafeteria is also located in the basement, and hours of operation are Monday Thru Friday 0600 to 1730. Cafeteria does not open until 0800 on the weekends and holidays.

General Surgery Clinic Phone Number
(502) 624–9444

Bariatric Nurse Coordinator Phone Number
(502) 624–0624

Progressive Care Unit/ 2B , 2nd floor
(502) 624–9951
Before Surgery

Once in your room, the nurse will ask questions to make sure you understand your surgery. They will ask you to verify your identity by your name, date of birth and/or sponsor’s ID number. They will review your allergies, your medications, and the last time you ate or drank anything. They will also check and make sure your entire lab and test results are available. The nurse will also start your IV, and start IV fluids to keep you hydrated.

They will orient you to the room, and to the unit’s procedures, including used of bed controls, call light and pain scale usage. If you do not understand something, please just ask. They are there to care for you, and your comfort is our priority.

Your family will be able to remain with you up to the point that you are being transported to the operating suite. The Operating Room staff will come to your room with a stretcher, assist you onto the stretcher, place a blue hat on your head, and provide you with a blanket. They will talk with your family, and allow them to see you off to surgery.

While you are in surgery, your family will be in the waiting area, just outside of the operating room area. This is where the surgeon will come to talk with them after your procedure, updating them on your condition.
Operating Room

In the operating room, you will see lots of people, and lots of equipment in your room, do not let this frighten you. This is your bariatric surgery team. These individuals are trained to care for bariatric patients, and every one of them are there to take care of you, and help ensure that your surgical experience is a positive one.

An Anesthesiologist or Certified Nurse Anesthesia (CNA) will be giving you general anesthesia, so your surgery can begin. You will be in the operating room a average of 1–2 hours, for some patients it may take longer, it depends on each individual patient, and the surgeons will take as much time as needed to perform your procedure safely.

Immediately Following Surgery

When you wake up from surgery, you will be in the Recovery Room, also known as the PACU. There you will be cared for by a Registered Nurse who will remain at your bedside to provide care for you. Some of the equipment you will notice will be:

- Oxygen Mask– when you arrive in the recovery room you will have a mask on your face that will provide you oxygen until you are awake from the anesthesia
- Sequential Compression Device (or wraps)- these are the special wraps we put on your legs in the OR to help prevent blood clots, it will feel like they are massaging your legs
- Heart and oxygen monitor–while you are in surgery and in the recovery room you will be wearing a heart monitor, and a oxygen sensor will be attached to your finger. This is routine for all surgery patients, and it assists the nurses in noting any significant changes in your heart rate or rhythm, or changes in your oxygen levels.
After surgery, generally you will be in the recovery room for about an hour. The nurse present at your bedside will be watching your breathing, taking your heart rate and blood pressure frequently. You will be instructed to take lots of deep breaths.

![How is your Pain Today?](image)

The nurse will also be asking you questions regarding your pain, nausea or vomiting. You will be asked to rate your pain using a scale of 0–10, 0 meaning no pain, and 10 being the worst pain possible. We are committed to making you as comfortable as possible after surgery. Pain can interfere with the healing process. Pain medication will be available to you should you need it, please inform your nurse.

You will be transferred out of the recovery room and back to your room based on the nurse’s and anesthesiologist assessment of your vital signs and your tolerance of the anesthetic you received during surgery.

**Returning to your room**

You will return to your room after your time in the PACU, once you get settled in, and the nurse has completed your assessment, your family will be allowed to visit you. We do ask however, that individuals who are coughing, running a fever, or who are generally ill, reframe from visiting you. We do not want you exposed to secondary infections while you are recovering from surgery. We also wish to remind you that hospital policy does not allow children under the age of 12 to visit our patients. As much as we love our little people, they frequently carry many germs that we wish to protect you from during this time.
Once in your room, the registered nurse will continue your care. You will continue to be monitored and assessed frequently. They will ask you about your pain, because again, pain control is very important, it can interfere with the healing process, and your comfort is our concern. Again, you will be asked to use the pain scale as discussed earlier, to communicate your pain to your nurse.

Remember those sequential compression devices we talked about earlier? Those will still be on your legs, and will remain on while you are in bed, or up in the chair.

Also, this will be the time that you will use your incentive spirometer, every hour while you are awake. This is important to expand your lungs and prevent complications such as pneumonia.

Nausea and vomiting control. Your surgeon has ordered medications to take care of any nausea or vomiting. One of the most important things after bariatric surgery is avoiding vomiting. In a LAP-BAND® patient, vomiting can cause band slippage. In the Sleeve Gastrectomy patient, vomiting can cause too much tension on the new suture line and cause a leak, so it is very important that you let your nurse know if you feel nauseated or vomit, so this can be addressed.

Ambulation (walking). You will be up in the chair 4 hours after surgery, and then from there we will ask you to walk every 4 hours. The first time you get up, the staff will be with you, and they will be with you every time until you are stable on your feet. The goal is that you spend more time out of bed, then in bed. Ambulation prevents complications such as blood clots, pneumonia and it enhances your overall recovery time. It also decreases pain. If your surgeon has ordered an abdominal binder for you to wear, the nursing staff will show you how to adjust it. Remember, your abdominal binder needs to be on whenever you are up and about!
When can I have something to drink?

That depends on your surgeon. The surgeon may order for you a study to be done after your procedure, either a Barium Swallow, or a Gastrogriffin Swallow. The purpose of these studies is to either verify placement of the LAP-BAND® system, or to check the suture line of the Sleeve Gastrectomy. If this has been ordered for you, once it is complete, and the surgeon is satisfied with its results, we will start you off on liquids, slowly.

You will be allowed liquids as long as you are not vomiting.

_Do not drink liquids with a straw!_ Drinking with a straw increases air into your stomach causing burping and bloating. Take only small sips.

Do not over do it when drinking liquids, as this can lead to vomiting and increased pain.

While you are in the hospital, many members of your bariatric team will be in to see you. The internal medicine provider will be following your care. The registered dietitian will be in to help you make the necessary adjustments to your diet after surgery. The bariatric nurse coordinator will come talk to you about your follow-up care, and give you your discharge instructions, and the respiratory therapist will follow your progress with your incentive spirometer and breathing exercises.

The nursing staff will continue to monitor your vital signs, pain management, your activity tolerance, and your liquid intake and urinary output. Your urine is a great indication of how well hydrated you are. Urine should be clear light yellow if you are getting enough fluids. The darker the urine, the more fluids you need to drink, and this is also a good indicator that once you go home, you need to continue to pay attention to!
Time for Discharge

The surgeon has decided it’s time for you to go home from the hospital. You must have a responsible adult to drive you home from the hospital after your surgery, and there must be someone available at home to help you for the first few days.

Once home, we have some instructions we need you to pay close attention to, if you have any questions, please ask! We want to make sure you know how to take care of yourself after surgery, and when you need to seek emergency medical assistance.

Nausea/ Vomiting

The following are possible causes of nausea and vomiting after surgery:

- Drinking too much and/ or too fast
- Sinus drainage, post-nasal drip for allergy suffers; decongestants or nasal sprays may help with this discomfort.
- Also try warm liquids in the morning to help with any congestion
- Holistic approaches can include mint teas, a ginger infused warm liquid, or warm water with a lemon peel grated in.
- Low blood sugar (sweating, shaking, irritable, weakness, dizzy), sip on 100% fruit juice—no added sugar, until symptom’s subside. If you are a diabetic, check your blood sugar!!
- Nausea and vomiting can also be a sign that your LAP-BAND® is too tight. If you are frothing, not handling normal secretions or have persistent nausea, vomiting and/ or cough, please call the surgeon’s office immediately.
- Any nausea or vomiting that prevents you from keep liquids down for more than 24 hours also requires a call to the surgeon’s office.

Frothing

With frothing, some patients may experience bubbling in your pouch; this is can happen with the Sleeve Gastrectomy procedure. You should try different foods should this occur. Try luke warm liquids instead of very hot or very cold liquids, some even report warm foods work well. Often food with higher sugar content may lead to frothing, check your labels, and make sure there is less than 5 grams of sugar in your serving. Also, chew your food extremely well. If frothing continues to e an issue, contact your bariatric surgeon or the bariatric nurse coordinator.
Dumping Syndrome

Dumping syndrome is a common problem associated with the Roux-en-Y Gastric Bypass, but on rare occasions it may happen with the Sleeve Gastrectomy. Dumping syndrome results from the rapid passage of food into the small intestines and the shift in fluids into the intestines. It can be triggered by eating too fast, eating too much, eating foods high in sugar, eating foods high in fat such as fried, greasy foods, and it can be caused by eating and drinking at the same time.

There are two types of dumping syndrome. First is Early Dumping Syndrome, which can present with diarrhea due to the rapid gastric empting, and usually occurs 30–60 minutes after eating. The second is Late Dumping Syndrome. This occurs without the diarrhea.

What can you do to avoid this? Limit your sugar intake to less than 5 grams per meal. Do not eat simple sugars such as sugar, honey, corn sweeteners, molasses, modified corn starch and corn syrup. Simple sugars have been linked with dumping syndrome.

Lactose Intolerance

Some patients may develop lactose intolerance. This is the inability to digest lactose, which is sugar found in milk products. This can cause nausea, cramping, bloating, gas and diarrhea. Soy milk and cheese products may be tolerated. If lactose intolerance occurs after surgery, you may try to use Lactaid tablets, which may help with the symptoms. You may also notice you’re stomaching making those ‘rumbling’ noises after milk product consumption. These are not hunger pains!! This is the gas moving through your intestines as part of the lactose intolerance!

Hair Loss

Some patients may experience hair loss after surgery, and this generally occurs anywhere from 60 to 90 days after your surgery. If you are taking your proteins and vitamins, your hair will grow back normally, but you need to be very mindful of your protein intake. You need to make sure you are taking in 60–80 grams of protein every day. We will check your protein level every three months for the first year. But you need to count and record your protein intake daily.
Urine Output and Bowel Movements

As we discussed earlier, monitoring the color of your urine is a good indicator of how well hydrated you are. You want your urine to be clear light yellow. The darker the urine, the more fluids you need to drink.

You may not have a bowel movement for 2–3 days after surgery. You may also experience loose stool for a day or two after surgery. If so, increase your fluids to avoid dehydration. Some patients may experience constipation after surgery. Constipation can also be treated by increasing your fluids, drinking warm liquids and increasing your activity. If after several days, you continue not to have a bowel movement, and you’re having abdominal discomfort, please call the surgeons office.

Bathing

You may shower 24 hours after surgery. Your incision may get wet, pat dry with a clean towel, otherwise, keep them dry. No tub baths, hot tubs or swimming for 2 weeks minimum.

Pain Control

You will be given a prescription for liquid pain medication for you to take at home, if you feel that the medication is too strong for you, you can try taking half the ordered dosage, or try over the counter liquid adult Tylenol as directed. If you are experiencing gas discomfort, you can take over the counter Gas-X, per the directions on the box. However, please know that walking will greatly reduce gas and discomfort after your surgery.

You may experience some minor pain, especially on your left side or at you incision site, which will improve daily. Pain should not get worse, or become suddenly intense. You should contact the Bariatric Surgery Program of Ireland Army Community Hospital with worsening pain, constant or severe pain.

Any sudden pain in the lower extremities with associated warmth and redness should be called to the surgeon immediately. Do not rub or massage the area.
**Abdominal Incisions**

Do not scrub your incisions but allow the soapy water to run over them, rinse well, then pat dry with a clean towel. You may use any brand of antibacterial soap. Do not use peroxide or antibiotic type ointments unless instructed to do so by your surgeon. Do not apply lotions, powders or perfumes. Monitor your incisions daily for signs and symptoms of infection to include drainage, foul odor, redness, swelling, pain, warmth at the incision site. You may also experience other symptoms of infection such as fever, chills, and body aches. Call your surgeon’s office immediately should you suspect infection or have a fever.

Depending on your surgery, you may also have an abdominal drain in place. We call this a **JP Drain**. The purpose of this drain is to remove excess fluid that collected in your abdomen during surgery. To make sure the drain is working correctly, the bulb should be compressed, that creates a vacuum that pulls the extra fluid out. Your nurse will show you how to empty the drain and reclose it before you go home.

The drain will need to be emptied and measured daily, and as often as needed to keep it from becoming full. The liquid may be a light kool-aid color, and that’s alright. However, if the fluid suddenly becomes bright red, or starts to look yellowish or have a bad odor, you need to call the surgeon’s office. These could be a sign of bleeding, or infection.

The drainage tube may stay in for several days; you will be instructed as to when to return to the general surgery clinic to have it removed. It is very important that you remember to always wash your hand with soap and water before and after handling your JP Drain and your incisions.

**NOTES:**
Any chest pain or shortness of breath should be considered life-threatening, and you need to seek immediate medical attention at the Emergency Department of Ireland Army Community Hospital. Any time you are evaluated in the emergency department, ask them to notify your bariatric surgery.

_I really don’t feel well, when do I call the surgeon?_

This is a typical list of times you should call the bariatric surgeon or nurse coordinator:

- Vomiting, not keeping liquids down
- Increased pain, swelling or redness
- Temperature 101
- Cloudy or foul drainage
- Night sweats
- Abdominal pain with nausea or vomiting
- Diarrhea that has lasted beyond 5 days after surgery
- New onset back, chest or left shoulder pain
- Increased heart rate over 120 beats per minutes
- Hiccups of abdominal pain lasting longer than 2 hours
- Prolonged fatigue

If it is after hours, weekends, or a holiday, please proceed to the Emergency Department. Make sure you ask them to call your surgeon.

**Emergency Notes and Phone Numbers:**
Dietary Guidelines

Prior to discharge your diet will be advanced to the Bariatric full liquid diet (Stage 2). Remember, it is important that you take note of what you are consuming and use sugar free products.

The dietitian will be by prior to your discharge to review Stage 2 with you and to answer your questions. Most people think that because they are on a liquid diet that their calorie intake cannot be that high, but the truth is, it is possible to drink your calories, and many juices, shakes, drinks and soups are high in calories. Read your labels! Stick to only foods allowed on the Bariatric Full liquid diet. You will remain on a Stage 2 Bariatric Full liquid diet for about 2 weeks, before you are advanced to Stage 3 at your 1st post operative follow up with the Bariatric team. Please see the detailed dietary guidelines in the nutrition section of this book. This is also the time in your recover that you want to keep your food journal. Write down everything you eat and drink, and bring it back in with you so we can review it together to ensure you’re on the right path.

Maintaining Hydration

It is important that you remain well hydrated after surgery. We recommend that you drink at least 64 ounces of water daily. Remember our bodies mostly made of water, but we don’t produce it, so you need to drink water to maintain your optimal health and hydration. You will also need to increase your daily water intake also when you have increased physical activity because water is lost through our sweat and you need to replace it.
Medications

You will be given a list of medications the surgeon wants you to resume after surgery. Remember, you will not be able to take time-releases or sustained released medications after surgery, so please address this with your internal medicine provider.

You will also continue taking your adult chewable multivitamin. Any pill larger than the size of a Red-Hot candy should be crushed or broken in half; and some capsules will have to be opened and diluted with liquid. Check with your internal medicine provider or pharmacist as to which of your medications is safe when crushed, or which capsules can be opened and diluted safely. Your surgeon may decide that you need to continue taking the blood thinning medication, Lovenox even after being discharged from the hospital. Your nurse will educate you regarding Lovenox self-injections. You will start giving yourself this medication the morning after surgery, and your surgeon will determine how long you will need to keep taking it. In this section of your book, you will find the 6 step guide for self-administering your Lovenox injections. If you have any questions about administering your Lovenox make sure you discuss it with your registered nurse or your bariatric nurse coordinator before you go home.

Sexual Activity and Pregnancy

The surgeon will instruct you as to when you can resume sexual activity. We remind you that we do not recommend pregnancy for at least 18 months after your surgery if you are female, and strongly suggest you use two forms of birth-control during that time.
Activity

- Continue to use your incentive spirometer 4 times a day (10 repetitions each time) for 1 week after surgery. Also continue your coughing and deep breathing exercises. This will help prevent respiratory complications such as pneumonia.

- No lifting, pushing, pulling or tugging anything over 20 pounds for 3 weeks after surgery. Moderate walking is recommended every 2 hours. Further exercises will be discussed at your first visit after surgery.

- No driving or returning to work until cleared by your surgeon, and off all pain medications. If you are a car passenger in a distance over 30 miles, stop every 30–45 minutes and walk 5–10 minutes each time. This will help prevent blood clots from forming when you are sitting for too long.

- No tanning beds for up to 8 weeks after surgery. Your incision can burn very badly, and tanning increases scarring.

- We recommend that you do not weigh yourself more than once a week. Remember the weight was not gained overnight, and you will not lose it overnight. Do not compare yourself to others; everyone progresses at their own rate.

- Do not get discouraged, you are on a journey, and you are just starting. Remember, being healthy and obtaining your goals is a marathon, not a sprint.

- Remain positive, keep your written goals close, so you can reflect on them and activate your support system plans if you need to.
Emotional Changes and Reactions

Some patients report that they experience many emotional changes and reactions to having bariatric surgery. This is a time in your life of significant change, and sometimes change does not come easily. One reaction some patients have reported is called “Head Hunger”. This usually manifests itself as intense food cravings, and it can happen in the initial weeks after surgery as some patient’s grief the loss of their old friend—food. Head hunger will decrease over time, and is very manageable. Sometimes however, it will require us to face head on our past relationship with food, and acknowledge the fact that the relationship has changed forever. However, if you find that you truly are experiencing excessive hunger, then you need to reevaluate your food choices. Starchy, carbohydrate filled foods will increase your hunger drive, just to make sure you are on track, avoid those foods for a few days and see if your hunger improves.

Some patients report feeling some form of depression after surgery. At some point you may ask yourself, “what have I done?” or “will I ever be normal again?”. Some patients may feel fear before leaving the hospital, and others experience fear the moment they get home from the hospital. Remember that these are normal emotions, and you are embarking on a new journey in your life. Depression can range from mild to severe. Know and recognize the symptoms of depression, so you may ask for help. You should know that some depression is considered normal and will usually go away in a week or two. Symptoms may include sadness, loss of interest, hopelessness, social isolation, change in sleeping habits, irritability and lack of motivation. If your symptoms do not resolve, or begin to interfere in your relationships with others, or affect the way you take care of yourself, you need to seek help.

Depression can come from many sources such as mourning the loss of food; from reactions you receive from your family, friends, even co-workers. If you have a history of depression then you may be even more prone to experiencing depression after your surgery. You are never alone in your journey, talk to your bariatric team about mental health options available to you.
These are a guideline to assist you when you go home, but if you have concerns or are in doubt…

Call the Bariatric Surgery Program of Ireland Army Community Hospital.

(502) 624-9444 or (502) 624-0624.

Additional Discharge Instructions:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Your doctor has prescribed this drug for you to take at home. When you pick up your prescription, you’ll get a package of ready-to-use syringes that are filled with the medicine.

**Prepare to take your shot**

Clean your hands with hand cleanser, or wash them with soap and warm water.

Sit or lie down so you can easily see your stomach.

Find a place on the fatty part of your stomach to take your shot. Look for a place about 2 inches from your belly button.

Take the cap off the needle and throw it away.

**After you take the cap off, don’t put the syringe down or let anything touch the needle. Don’t press down on the plunger of your syringe until you take your shot.**

To take your shot:

Hold the syringe like you would hold a pen or pencil. Use the same hand you use for writing.

Use the thumb and forefinger of your other hand to gently pinch the place on your stomach where you’ll be taking your shot.

Put the needle into the skin fold at a 90° angle, facing straight up and down. Put the needle all the way in.

Slowly press down on the plunger of the syringe with your finger or thumb.
If you press down too fast, the medicine can sting. The slower you go, the less it will sting.

Hold the plunger down for a count of 10. This will make sure you get the full dose of medicine.

Pull the needle straight out.

If there’s a little blood where you took your shot, use the alcohol swab to gently wipe it clean and apply a small Band-aid. Don’t rub the place where you took your shot. Rubbing it can make it bruise.

**After your shot**

1. Drop your used syringe, needle first, into a special container. Don’t put your syringe in with your other garbage.
2. Tightly close the lid to the container.
3. Keep the container in a place that children can’t get to it.
4. Dispose of your container safely. Your care team will let you know the best and safest way to dispose of your syringes.
You are on the road to recovery!
Learning New Eating Habits

Learning to eat is a major concern after bariatric surgery, there is no simple answer that fits all patients the same. At Ireland Army Community Hospital, we have guidelines for all of our bariatric patients to follow, which includes the amounts and types of foods you may eat.

It can be normal after surgery that you may not want to eat. We want you to make sure you are consuming adequate fluids so you do not become dehydrated. When you do start to eat, initially, do not eat until you feel full. Your stomach is going through changes, and it needs a bit to adjust. This is because the nerves in your stomach are slow; it takes awhile for them to realize that they are full before they send that signal to your brain that say “stop, you are full”. So at first it is important that you don’t wait for that signal to stop eating, because if you put more food into the pouch then it can tolerate, you will become nausea, and may vomit.

Your pouch will stretch over this first year; you may notice that you can take in increased amounts of food. This is the time for all of your good habits you have been developing will kick in to support further weight loss. If you have gotten away from the habit of stopping eating before your brain signals you that your full, then you will comfortably continue to eat restricted amounts of food, and will continue to lose weight.

However, if you go back to your old ways of eating, then your progress will slow and you may even regain weight.

Remember, it’s all about calories in, and calories out. If you eat more than you expend in energy, you will gain weight. If you eat less than you expend, you will lose weight.

Your lifestyle changes start here!
Dear Patient,

We have asked much from you during this process. Please know it is because we want the best possible outcome for you, and we sincerely want you to be healthy and live a long happy lifetime. It is essential that you follow the recommendations of your bariatric team to meet your goals.

When your surgery is over, that does not mean we quit caring about you and your family. We encourage you to follow closely with us after your surgery to ensure that you remain healthy.

Thank you for choosing our team to provide your care. It’s been an honor to be with you and help you start your journey.

Wishing you health, happiness and wellness,

~ The Bariatric Team of Ireland

Army Community Hospital
Your first appointment will be **10–14 days after surgery**. At this appointment the surgeon will assess how your recovery is progressing, and check your incisions. They will answer any questions you may have. Your band will not be adjusted at this appointment.

Your next appointment will be approximately **one month after surgery**. Not only will you see the surgeon, but you will also see the bariatric nurse coordinator at this visit. During this visit, we will assess your band for the need for an adjustment. If you are eating properly, and losing weight, it may not be necessary to adjust your band. We will discuss with you when you should return for your next adjustment. This is also an excellent time for you to see the dietitian to continue monitoring your dietary changes. Also, this is the time you should be involved in the bariatric support groups.

**At two months** we recommend a wellness check-up with your internal medicine provider, and perhaps a return visit to the psychologist. Your internal medicine provider needs to assess your on-going health and progress your obesity related conditions are making. You need to review your medications, and they will make any changes needed as your co-morbidities improve. Please remember to let us at the bariatric program know on your next visit when your medications have changed. Why do we recommend you follow-up with the psychologist? Because we realize that you have had life changing surgery, and that you may not have anticipated some of the impact of those changes on your life. The surgical procedure is a tool to help you overcome the physical aspects of your eating habits, but we did not do surgery on your emotions, habits or behaviors. And your emotional attachment to food still exists, and some people more than others need additional help in separating those attachments.
For the reminder of the first year you will be scheduled about every 6 weeks for education and band adjustments as needed. The bariatric nurse coordinator will advise you as to when you need to have your lab work done before a visit. Each time you come in, you will be asked to complete a ‘LAP-BAND Assessment’, this will help us monitor how well the band is working with you. Of course, if you are experiencing problems, we will see you sooner, or if your band needs adjusted before the 6 weeks mark. Just call the office, and we will get you in.

*Please read the page of this book titled “General Guidelines for Band Adjustments”, these are very important information you need to be aware of for your adjustments.*

Even if you are pleased with your weight loss and improvements in your co-morbidities, we still want to see you at that 6 months post-operative visit. Some patients meet their weight loss goals with a few adjustments, others may need several. Everyone is different. We want to see you again at:

- **1 year**
- **18 months**
- **2 years**
- **Annually for a total of 5 years**
**Annual Appointments** are important for gastric band patients, as you learned in the Introductory and Education Seminars; you can anticipate losing about 70% of your excess weight 2–3 years after surgery. To achieve that goal, we would like to see you annually after your first year anniversary of surgery date. At these visits we will assess your progress, and talk to you about your overall health, and any changes you have achieved in the previous year. It also gives us a chance to celebrate your successes with you; we want a healthier longer new life for you, and we want you to live it well!

Please also remember that we are here for you. Here to share your successes, here to redirect you should you take a wrong turn in your journey, and here to help you be healthier. Anytime you would like to share your weight loss story, you are always welcome to speak at the support groups, and you can always share your stories and photos with us at the Bariatric Program. We promise we will never share any of your information with others without your expressed written consent. Your privacy and your confidence in us, is of upmost important to the staff of the Bariatric Program of Ireland Army Community Hospital.

**Missed Appointments.**
If you should miss any of your appointments, we will attempt to reschedule with you. Please note that also if you are more than 10 minutes late for your appointment, that that appointment may be rescheduled at the discretion of the bariatric staff. If you are not complaint with your follow up schedule you will be notified via telephone or mail, it is important that you abide by your patient contract, and follow up with the bariatric team as recommended.

Your weight loss success is directly proportional to your compliance with our program. We want you to succeed, and that is the reason we make the recommendations we do.

Notes,
**Nutrition Guidelines**

**Read these guidelines carefully**

Once you have decided to have gastric banding surgery, you **MUST** make significant changes to your eating and lifestyle habits.

**THIS SURGERY NOT A QUICK FIX OR DIET.**

- Surgery is a tool for you to use to achieve weight loss and improve your quality of life.
- Once you have surgery, you must maintain healthy eating habits for a **LIFETIME**.

In order to achieve weight loss and maintain good health, it is important to develop and maintain proper eating habits before and after surgery. Failure to modify eating habits will result in weight regain.

**How the Band works.**

- It reduces how much you can eat at a time. You are satisfied with a smaller amount of food.
- It reduces the hunger you will feel between meals. (i.e. increased satiety)

---

**The Lap-Band is designed to restrict SOLIDS NOT LIQUIDS.**

*This operation will only work if you eat SOLID food.*

- Drinking liquids with meals or immediately after meals will simply flush the food through the band opening allowing you to eat more.
- High calorie liquids will also pass very easily through the band opening without much restriction. You will absorb ALL of these calories.
- Soft foods such as soups, puddings, yogurts will also pass easily through the band.
- The band limits how much you can eat at any ONE time. You can however eat small meals or snacks throughout the day thereby bypassing the band’s effect. With frequent snacking or “grazing” you can consume a large amount of calories throughout the day.
- Food must be chewed well to pass through the band. Do not make the mistake of choosing foods that do not need to be chewed to save time or effort. These will pass easily through the band leaving you feeling hungry.
- The band creates a small pouch of approx 2oz (size of an egg). If you try to eat more than this at one time you may become nauseated and vomit.
- Eat SLOWLY to allow your body to receive “full” signals. It may take some time to learn what this feels like. It can be different for everyone.
Nutrition Guidelines

Your small pouch is your new “tool” to obtain early satiety (a sense of fullness).

- Eat 3-4 meals a day without snacking between meals.
- To get through the day without hunger between meals, space your meals about 4 to 5 hours apart (i.e. breakfast at 8am, lunch at 1 pm, and dinner at 6 pm).
- Do not skip meals or you will not meet your protein and nutrient requirements.
- You should also take between 20-30 minutes to eat each meal. Eating slowly and chewing each bite 30 times will help prevent vomiting and obstructions.
- Do not eat your meal over several hours. “Grazing” on your meal will allow you to take in more calories.
- The ideal post-op meal should include:

1st PROTEIN + PRODUCE (CHOOSING VEGETABLES OVER FRUITS)

These foods are likely to stay in your stomach longer, producing a greater sense of fullness, and will also meet your nutrient needs.

- Do not drink liquids of any kind with your meals. Keeping solid food in your stomach will cause longer periods of satiety (fullness).

Nutrition Components after Surgery

Calories: initially 600-800 calories per day as you progress through the post op stages to approximately 1000-1600 calories day after one year to maintain weight/loss.

(Men 1400-1600; Women 1000-1200)

Protein: To promote healing and to preserve lean muscle mass.

60-80 grams per day from low fat sources [Use the Score your Protein Handout for help]

Carbohydrates: 30-130 grams per day as you progress through the post op stages: from fruits and vegetables, limited amounts of whole grains

Fat: Limit to 30 grams per day: choose more mono-and polyunsaturated fats

Fluids: 64 ounces per day minimum: drink between meals

No caffeine, no carbonation, no sugar
Nutrition Guidelines

Stage 1 Bariatric Clear liquid

- **Start:** Begins day after surgery.
- **End:** Until your surgeon advances you to Bariatric Full Liquids (Stage 2) usually 1 day. You will still be in the hospital.
- **Goal:** HYDRATION IS THE MAIN CONCERN ➔ Aim for 64 ounces a day, although you may only be able to take in 30-40 ounces.

**Description**

- Consists of CLEAR, SUGAR-FREE, CAFFEINE-FREE, NON-CARBONATED fluids.
- Sip fluids SLOWLY and do not gulp or take large mouthfuls of fluids. Your mouth will be bigger than your stomach so even a mouthful of fluid may be too much and cause discomfort. Drinking too much fluid at one time may cause pain.
- Sip at rate of 1 ounce per 20 minutes.
- Avoid drinking through a straw as it may give you gas or you may accidentally take in too much fluid at one time.
- Stop drinking when you feel comfortably full.
- We recommend diluting juice to at least 1 part juice to 3 parts water to keep the sugar content low and prevent the dumping syndrome.

**Your goal intake is approximately 4 to 6 ounces each hour.**

- Liquids that are extremes in temperature (too hot or too cold) may not be well tolerated during the first few weeks or months. Room temperature fluids may be better tolerated.
- It is normal to have a reduced appetite in the days following surgery. Because food choices are limited on this stage, do not worry about the amount of protein you are consuming. Beef, chicken, and turkey broth contain a little protein and are good choices initially.

**Suggested List of Clear Liquids**

Water, Broth, Diet Tang, Crystal Light, Bullion, Diet Kool-Aid, Diet Snapple Decaffeinated Tea, 100% Juice (Diluted-1 part juice to 3 parts water), Decaffeinated Coffee, Sugar-free Jell-O, Sugar-free Popsicles, Mio

**Meal Serving Size:** Remember that the size of your new pouch is 1 ounce (the size of your thumb) that can expand up to 2-3 ounces. You may find that you get full on just a few sips of fluid.
Nutrition Guidelines

Stage 2: Bariatric Full Liquid

Start: The morning after surgery. You will be started on this diet prior to leaving the hospital unless otherwise directed by your surgeon.

End: About 10-14 days later when your surgeon advances you to Bariatric Soft Food (Stage 3) at your first postoperative appointment.

Goal: HYDRATION: aim for 64 or more ounces fluids and ¼ cup full liquid foods or more as tolerated 3 TIMES A DAY.

Description

- Consists of all of the foods found in Bariatric Clear Liquid (Stage 1)
- PLUS SOFT, LOW-SUGAR foods that are LIQUID OR SEMI-LIQUID
- Begin your PROTEIN SUPPLEMENT—Mix your protein powder into your foods to pump up your protein.
- Continue to sip water and other calorie free clear liquids between meals, aim for 64 ounces a day. Sugar free popsicles and sugar free Jell-O are allowed between meals (1 sugar free popsicle = 1 ounce of fluid)
- Eat 3-4 meals per day and only about ¼ to ½ cup at each of these meals (2-4 ounces).

Most importantly eat only to the point of fullness!!!

- PROTEIN 1ST = TARGET is 60-80 grams of protein per day!!!
  - At this stage of the diet progression the majority of your protein will come from protein supplements; protein powder mixed or premixed liquid protein drinks.
  - Remember to choose a Protein Supplement that provides good quality protein isolate and also is low in carbohydrates/ sugar. (see protein supplement guide)
- If your pouch has problems adjusting return to Bariatric Clear Liquid Diet (Stage I)
  - The clear liquid foods of the Bariatric Clear Liquid Diet (Stage I) are NOT nutritionally adequate and therefore you should not follow the Bariatric Clear Liquid Diet (Stage I) for more than one to two days at a time.
Nutrition Guidelines

STAGE 2 BARIATRIC FULL LIQUID

<table>
<thead>
<tr>
<th>Food choice</th>
<th>Protein</th>
<th>Special considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skim milk/fat free milk</td>
<td>4 grams protein per 4 ounces</td>
<td></td>
</tr>
<tr>
<td>Soy milk (light)</td>
<td>3-4 grams protein per 4 ounces</td>
<td></td>
</tr>
<tr>
<td>Smooth yogurt, non fat yogurt</td>
<td>4 grams protein per 4 ounces</td>
<td>Avoid yogurts with chunks of fruit, seeds.</td>
</tr>
<tr>
<td>V8 juice (low sodium)</td>
<td>0 protein</td>
<td></td>
</tr>
<tr>
<td>100% fruit juice</td>
<td>0 protein</td>
<td>Limit total quantity of juice each day due to the high sugar content.</td>
</tr>
<tr>
<td>Low fat cream soups</td>
<td>Protein content varies</td>
<td>Strained and thinned. Mix your unflavored protein powder into your soups to boost your protein intake.</td>
</tr>
<tr>
<td>Sugar free pudding made with skim milk</td>
<td>4 grams protein per 4 ounces</td>
<td>Good place to add in your flavored protein powder to boost your protein intake.</td>
</tr>
<tr>
<td>Protein shakes /Protein powder</td>
<td>Varies</td>
<td>Choose protein shake with at least 15 grams of protein per 4 ounces serving and less than 6 grams of sugar. REFERENCE the PROTEIN POWDER RECEIPES for ideas.</td>
</tr>
</tbody>
</table>

Sample Menu:

**Breakfast** → ½ cup *Protein Fruit Smoothie* ..................................................... 20 grams protein

**Snack** → ½ cup (4 ounce) *High Protein Jell-O* .............................................. 11 grams protein/4 ounces fluid

**Lunch** → ½ cup Low fat cream soup + protein powder .............................20-25 grams protein

**Snack** → ½ cup (4 ounces) *High Protein Jell-O* .............................................. 11 grams protein/4 ounces fluid

**Dinner** → ¼ cup *High protein Pudding* + ¼ cup smooth non-fat yogurt -----7 grams +2 grams protein

**Beverage** → 4-6 ounces sugar free, clear liquid/hour between meals

---

Total protein = 70 grams
Nutrition Guidelines

Protein Supplement:

**Bariatric Full Liquid (Stage 2)**

Although the Bariatric Full Liquid (Stage 2) foods are soft in texture, they are not typically rich in protein. The Bariatric Full Liquid (Stage 2) foods alone will not supply you with the protein you need for wound healing after surgery. In our experience, individuals who do not use the recommended amount of protein supplement often complain of feeling weak, tired, and hungry. Therefore, during Bariatric Full Liquid (Stage 2) meal plan, you will use a protein supplement between meals.

**Bariatric Soft (Stage 3)**

The solid protein foods you will eat during Bariatric Soft Foods (Stage 3) will meet your protein needs; however, you may not be able to eat 70-80 grams of protein. You may need to use protein supplements at the end of the day until you can eat enough protein in your meals.

**How to Select a Protein Supplement:**

**Flavored Vs. Unflavored Protein Supplements:**

Most of the protein supplements available have a flavor (chocolate, vanilla, berry, etc). Some, however, are specifically made to be flavorless so you can add them to other foods such as soup, apple sauce, yogurt, etc.

Both kinds are fine to take after surgery, just remember, if you are using a flavorless protein supplement to take in enough scoops to reach the 60 to 80 grams of protein you need each day. Your taste may change after surgery, so you may want to have samples of several types of protein supplements available (powder, ready to drink, different flavors).
**Nutrition Guidelines**

**Protein Supplement Shopping**

*Remember the goal is to get 60-80 grams of protein per day!*

Protein powder and protein supplements will be an essential part of the Pre-op diet and post operatively Stages 1 and 2, the Bariatric Full liquid and Bariatric Soft diets respectively. It is important to understand that not all proteins or protein drinks are the same. Your body requires a protein source of high biological value and the supplement should contain minimal sugar and fat. It’s important to remember that by the time your diet has advanced to the final stage, Stage 3 Bariatric Regular, protein supplements and powders should NOT be used on a daily basis as this will inhibit long term success.

✔ **BEST CHOICES:**

- Protein source/main ingredient such as: milk, soy, egg, whey protein isolate or soy protein isolate.
- Look for a protein supplement that contains less than 6 grams of sugar and at least 15 grams of protein per serving.

✔ **AVOID:** Supplements which list collagen, collagenic protein isolate, or hydrolyzed collagen as the protein source.

---

**Nutrition Facts**

<table>
<thead>
<tr>
<th>Serving Size: 1 scoop (24g)</th>
<th>Servings Per Container: 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Per Serving</td>
<td>1 scoop</td>
</tr>
<tr>
<td>Calories</td>
<td>80</td>
</tr>
<tr>
<td>Calories from Fat</td>
<td>0</td>
</tr>
<tr>
<td>Total Fat 0g</td>
<td>0%*</td>
</tr>
<tr>
<td>Saturated Fat 0g</td>
<td>0%*</td>
</tr>
<tr>
<td>Trans Fat 0g</td>
<td>0%*</td>
</tr>
<tr>
<td>Cholesterol 0mg</td>
<td>0%*</td>
</tr>
<tr>
<td>Sodium 35mg</td>
<td>1%*</td>
</tr>
<tr>
<td>Potassium 130mg</td>
<td>4%*</td>
</tr>
<tr>
<td>Total Carbohydrate 0g</td>
<td>0%*</td>
</tr>
<tr>
<td>Dietary Fiber 0g</td>
<td>0%*</td>
</tr>
<tr>
<td>Sugars 0g</td>
<td>0%*</td>
</tr>
<tr>
<td>Protein 20g</td>
<td>40%*</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>0%*</td>
</tr>
<tr>
<td>Calcium 105 mg</td>
<td>10%*</td>
</tr>
<tr>
<td>Iron 0 mg</td>
<td>0%*</td>
</tr>
<tr>
<td>Phosphorus 60 mg</td>
<td>6%*</td>
</tr>
<tr>
<td>Lactose 0g</td>
<td>**</td>
</tr>
</tbody>
</table>

* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

**Ingredients:** Whey protein isolate and soy lecithin

**Contains:** Milk and soy.

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**Always check your label and ingredient list!**
Shopping List: Bariatric Clear Liquid (Stage 1) & Bariatric Full Liquid (Stage 2)

Tools for Success

- Food Scale to measure meat/protein
- Strainer (to strain chunky soups)
- Measuring Cups
- Non-stick pots and pans
- Small plate, bowl, fork and spoon
- Food timer
- Food processor (Stage 1 & Stage 2)
- Blender (for protein drink during Stage 1 & 2)
- Ice cube tray
  - Pour soup in ice cube tray and freeze it. You’ll have pre-portioned serving sizes

Groceries for Bariatric Clear Liquid (Stage 1) & Bariatric Full Liquid (Stage 2)

- Protein Supplement
- Broth soups (any kind)
- Low fat creamy soups (any kind, but blend it or strain out the larger chunks of food)
- Low-fat or fat-free soy milk
- Low-fat or fat-free Lactaid milk
- Yogurt (Dannon Light N’ Fit, any flavor, nonfat/low fat Greek Yogurt)
- Sugar-free Jell-o
- Low-sugar custard
- Sugar-free pudding
- Sugar-free popsicles
- No sugar added rice pudding (example: Kozy Shack)
- Decaf tea
- Decaf coffee
- Low-fat or fat-free cottage cheese
- Low-sugar/calorie beverages (Diet Snapple, Crystal Light, SOBE Lean, Propel, etc).
- Water
- Flavor enhancers (for protein supplement or other foods)
- Splenda, Equal, Stevia (it’s your preference)
- Torani sugar-free syrups
- Salt/Pepper, Herbs/Seasonings (as long as it’s a soft consistency)
Nutrition Guidelines

Stage 3: Bariatric Soft

Start: After the surgeon advances you at your first post operative appointment.

End: About 2-4 weeks later at your 4-6 week post operative appointment.

Goal: \( \frac{3}{4} \text{ cup (2 ounces)} \) or more soft PROTEIN + Produce meals 3 TIMES A DAY.

INCREASE FLUIDS TO 64 OZ+ A DAY (between meals)

Description:

- SOFT SOLID foods.
- Eat three meals a day with NO snacks.
- BEGIN each meal with protein-rich foods to ensure your protein needs are met.
- Start WEANING OFF your protein supplement as you tolerate more protein rich foods.
- Meats should be pureed in a blender or ground to a fine consistency in a food processor after cooking.
  - It is recommended to add water or broth to the meat to prevent it from becoming too dry.
- Baby foods (Step 2) are appropriate for use on this meal plan, which are useful if having to eat away from home.
- Add one new food at a time to assess tolerance. Don’t try any new food for the first time while eating out. If you become sick or feel discomfort after trying a new food, you can always return to Stage 1 for a day to rest your stomach.
- Avoid fluids with meals to prevent rapid emptying of the pouch and weight regain.

TIPS FOR SUCCESS:

- ALWAYS eat your protein first!
- Use small plates (6”) and children size utensils can help you eat slower and feel more satisfied at your meals.
- Remember to use healthy methods of food preparation—baking, grilling, broiling, boiling, and steaming.
- Be aware of portion sizes
- Eat slowly and always stop eating when you feel comfortably full.
- Do NOT replace meal with a protein shake as this will result in weight gain.
Nutrition Guidelines

Bariatric Soft (Stage 3)

APPROPRIATE FOOD CHOICES INCLUDE:

**Protein:** Low fat/fat free cottage cheese, egg whites, egg substitutes, fat free yogurt, chicken breast, turkey breast, baked fish, beans, low fat/fat free cheese, canned tuna, canned chicken, canned lump crab meat and tofu. Between meals (1% or Fat free milk, Lactaid milk, soy milk).

- Canned meats and baked fish do not need to be pureed; they are already the right consistency.

**Vegetables:** All cooked and pureed vegetables. Green beans, peas, carrots, beets, squash, peppers, zucchini, cucumbers, mushrooms, okra, broccoli, cauliflower, tomatoes, spinach etc.

- Cook till soft and can be mashed with a fork and/or add to food processor and process till pureed.

**Fruits:** No sugar added apple sauce, peaches, pears, pineapple, bananas, cantaloupe, honeydew melon, no sugar added fruit cocktail, watermelon, mango, papaya, kiwi, strawberries, cherries, blueberries, blackberries, raspberries, and prunes.

- Fruits and vegetables need to be chopped/blended to a fine texture

**Starch:** Cream of wheat, cream of rice, oatmeal, malt-o-meal, grits, farina, sweet potatoes, mashed potatoes, baked potato without the skin.

**Beverages:** Water, decaf coffee/tea, other sugar free, carbonation free beverages. Fat free milk.

PROTEIN+PRODUCE MEAL PLANNING

<table>
<thead>
<tr>
<th>Meal 1</th>
<th>Meal 2</th>
<th>Meal 3</th>
<th>Between meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>¼ cup (2 ounce) + protein</td>
<td>¼ cup (2 ounce) + protein</td>
<td>¼ cup (2 ounce) + protein</td>
<td>Protein shake/protein powder mixed in fat free milk or water. Each shake should include 20 grams of protein.</td>
</tr>
<tr>
<td>2 TBSP (1 ounce) fruit</td>
<td>2 TBSP (1 ounce) vegetable</td>
<td>2 TBSP (1 ounce) vegetable</td>
<td>64 ounce of fluid</td>
</tr>
</tbody>
</table>

* For ½ cup (4 ounce) meal
Add another 2 TBSP (1 ounce) of a fruit, vegetable or starch. *Season foods with herbs and spices!*
# Bariatric Soft (Stage 3) Sample Meal Plan

<table>
<thead>
<tr>
<th>Meal</th>
<th>Food</th>
<th>Protein</th>
<th>Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>¼ cup fat free cottage cheese + 2 tbsp apple sauce + ½ scoop unflavored protein powder</td>
<td>17 grams</td>
<td>0 ounces</td>
</tr>
<tr>
<td>Drink</td>
<td>20 ounce bottled water with Crystal light</td>
<td>X</td>
<td>20 ounces</td>
</tr>
<tr>
<td>Lunch</td>
<td>¼ cup canned chicken + 2 tbsp cooked carrot pureed</td>
<td>9 grams</td>
<td>0 ounces</td>
</tr>
<tr>
<td>Drink</td>
<td>20 ounce bottled water with Crystal light</td>
<td>X</td>
<td>20 ounces</td>
</tr>
<tr>
<td>Dinner</td>
<td>2 ounces Baked tilapia + 2 tbsp cooked zucchini/tomato/basil puree</td>
<td>14 grams</td>
<td>0 ounces</td>
</tr>
<tr>
<td>Protein drink</td>
<td>20 ounces Water + Crystal light add unflavored protein powder (20 grams of protein per scoop)</td>
<td>20 grams</td>
<td>20 ounces</td>
</tr>
<tr>
<td></td>
<td><em>or</em> 12 ounce of fat free milk with flavored protein powder (20 grams of protein per scoop)</td>
<td>33 grams</td>
<td></td>
</tr>
<tr>
<td>Snack</td>
<td>1 sugar free popsicle + 4 ounces of sugar free gelatin</td>
<td>0 grams</td>
<td>1 ounce</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 grams</td>
<td>4 ounces</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>60/73 grams protein</td>
<td>65 ounces fluid</td>
</tr>
</tbody>
</table>

* REMEMBER TO TAKE YOUR VITAMIN and CALCIUM SUPPLEMENT EVERY DAY!!!
Nutrition Guidelines

Bariatric Regular (Stage 4)

Start: At your 6-8 week post operative appointment.
End: Continue for the rest of your life.
Goal: **LOW FAT, PROTEIN + PRODUCE MEALS** and **64 OZ FLUIDS A DAY**.

Description:

- **REGULAR CONSISTENCY Foods**
- Whereas in the Bariatric Soft (Stage 3) phase you had to cook your vegetables, the Bariatric Regular (Stage 4) diet includes raw salad and vegetables.
- Try one new food at a time.
- Eat three solid meals a day, NO snacks. Solid foods will stay in your pouch longer and produce satiety.
- Meals should include 3-4 ounces lean protein, followed by vegetables, then small amounts of fruit and whole grains.
- Do not eat your meal over several hours. Take approximately 25-30 minutes to eat meals.
- Chew each bite 25-30 times, wait between bites.

Tips for Success:

**TIPS FOR SUCCESS:**

- **ALWAYS** eat your protein first!
- Use small plates (6”) and children size utensils can help you eat slower and feel more satisfied at your meals.
- Remember to use healthy methods of food preparation—baking, grilling, broiling, boiling, and steaming.
- Do NOT replace meal with a protein shake as this will result in weight gain.
- It is important that you continue to integrate your new eating behaviors into your lifestyle. Practice mindful eating.
- Be aware of portion sizes
- Eat slowly and always stop eating when you feel comfortably full.
- Continue to keep your food journal and bring it to all follow up appointments.

*Continue to take your Multivitamin and Calcium for life!*
# Nutrition Guidelines

## BARIATRIC REGULAR (STAGE 4)  PROTEIN + PRODUCE MEAL

<table>
<thead>
<tr>
<th>6 weeks post op to 3 months post op approximately 600-900 calories</th>
<th>4-6 ounces per meal</th>
<th>(½ - ¾ cup)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meal 1</strong></td>
<td><strong>Meal 2</strong></td>
<td><strong>Meal 3</strong></td>
</tr>
<tr>
<td>3 ounces protein (½ cup)</td>
<td>3 ounces protein (½ cup)</td>
<td>3 ounces protein (½ cup)</td>
</tr>
<tr>
<td>2 TBSP (1 ounce) fruit</td>
<td>2 TBSP (1 ounce) vegetable</td>
<td>¼ cup (2 ounce) vegetable</td>
</tr>
<tr>
<td>2 TBSP (1 ounce) whole grain</td>
<td>2 TBSP (1 ounce) fruit</td>
<td>2 TBSP (1 ounce) whole grain</td>
</tr>
</tbody>
</table>

- **Choose lean proteins, cook with minimal added fat and season foods with herbs and spices!**
- **You should NOT be drinking or need to use protein shakes/powder once you’ve reached this stage of the diet. Doing so will inhibit your potential weight loss.**
- **Remember to avoid slippery, mushy and liquid food at meals.**

<table>
<thead>
<tr>
<th>3 months to 1 year post op approximately 600-1200 calories</th>
<th>6-8 ounces per meal</th>
<th>(¾ -1 cup)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meal 1</strong></td>
<td><strong>Meal 2</strong></td>
<td><strong>Meal 3</strong></td>
</tr>
<tr>
<td>3-4 ounces protein (¾ -½ cup)</td>
<td>3-4 ounces protein (¾ -½ cup)</td>
<td>3-4 ounces protein (¾ -½ cup)</td>
</tr>
<tr>
<td>¼ cup (2 ounce) fruit</td>
<td>¼ cup (2 ounce) vegetable</td>
<td>¼ cup (2 ounce) vegetable</td>
</tr>
<tr>
<td>¼ cup (2 ounce) Whole grain or vegetable</td>
<td>¼ cup (2 ounce) Fruit, whole grain or extra vegetable</td>
<td>¼ cup (2 ounce) Fruit, whole grain or extra vegetable</td>
</tr>
</tbody>
</table>

**After one year:** You probably will be able to tolerate a variety of foods. Your portion size can vary from one cup to over 2 cups at a meal depending on the food eaten.

It is very important to be mindful of your portions and keep a food log of your intake.

**Eat until you feel comfortably full, but do not feel that you have to eat all of the portions listed above. Most patients are only able to eat 2 ounces (14 grams) protein at a meal. You may continue using protein supplement (1 scoop or 20 grams) at end of the day until you are able to eat 3-4 oz protein (20-28 grams) per meal.**
Nutrition Guidelines

BARIATRIC REGULAR (STAGE 4) Appropriate Food Choices:

Protein:

Eggs, egg whites, egg substitute, ham, chicken breast, turkey breast, 95-99% lean ground turkey, pork chop, pork loin, pork roast, 95-97% lean ground beef, lean red meat (sirloins, flank steak, etc.), beans, fish, low fat/fat free cheese, fish and other sea food, canned tuna, canned ham, canned lump crab meat, lobster, scallops, shrimp, veggie burgers, tofu.

- Steak may be difficult to chew for the 1st year, some patient are never able to eat steak.
- Remember to score your protein:
  - Excellent choices = 4-11
  - Good choices = 11-14
  - Not so good choices ≥ 15

Vegetable:

Any type of raw or cooked vegetable is allowed, including salads. The key is to consume a variety of colors, due to each having different vitamins and minerals.

Fruit:

Any type of raw, canned, or frozen fruit is allowed, including the peeling on fruits. The key is to consume a variety of fruits throughout the day and week.

- If choosing canned fruits, make sure to buy the fruit in its "own juice" or "low-sugar/ light syrup." Avoid fruits canned in "heavy syrup."

Whole grains:

Oatmeal, steel cut oats, barley, sweet potatoes, sugar-free whole grain dry cereal, whole grain crackers, brown rice, whole wheat pasta, quinoa, buckwheat, wild rice.

- Look for the words “whole grain” in the ingredients list.
  - Good sources of fiber ≥ 3 grams
  - Excellent sources of fiber ≥ 5 grams
- Remember to avoid “white” starches and breads.

Beverages:

Water, decaf coffee/tea, other sugar free, carbonation free beverages. Fat free milk.
## Stage 4 Sample menu

### 6 weeks post op to 3 months post op approximately 600-900 calories → 4-6 ounces per meal

(½ - ¾ cup)

<table>
<thead>
<tr>
<th>Meal</th>
<th>Food</th>
<th>Protein</th>
<th>Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>½ cup scrambled egg substitute 3 Strawberries (optional 1 ounce whole grain)</td>
<td>18 grams</td>
<td>0 ounces</td>
</tr>
<tr>
<td>Drink</td>
<td>24 ounces of water</td>
<td>X</td>
<td>24 ounces</td>
</tr>
<tr>
<td>Lunch</td>
<td>1-3 oz crab or tuna with fat free mayonnaise 1-2 slice apple 2-3 baby carrots (or) 1-2 whole grain crackers</td>
<td>21 grams</td>
<td>0 ounces</td>
</tr>
<tr>
<td>Drink</td>
<td>24 ounces water</td>
<td>X</td>
<td>24 ounces</td>
</tr>
<tr>
<td>Dinner</td>
<td>3 oz grilled chicken breast ¼ cup zucchini 2 TBPS sweet potato</td>
<td>21 grams</td>
<td>0 ounces</td>
</tr>
<tr>
<td>Drink</td>
<td>24 ounces water</td>
<td></td>
<td>24 ounces</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>60 grams protein</td>
<td>72 ounces fluid</td>
</tr>
</tbody>
</table>

### 3 months to 1 year post op approximately 600-1200 calories → 6-8 ounces per meal

(¾ -1 cup)

<table>
<thead>
<tr>
<th>Meal</th>
<th>Food</th>
<th>Protein</th>
<th>Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>6 ounces-Nonfat Greek yogurt (plain) ¾ cup fruit 2 TBSP Whole grain Cereal (ie. Fiber One Original or Kashi Go Lean Crunch)</td>
<td>18 grams</td>
<td>0 ounces</td>
</tr>
<tr>
<td>Drink</td>
<td>24 ounces of water</td>
<td>X</td>
<td>24 ounces</td>
</tr>
<tr>
<td>Lunch</td>
<td>4 oz moist chicken 1 cup salad 1 T light dressing 1 Tangerine</td>
<td>20-28 grams</td>
<td>0 ounces</td>
</tr>
<tr>
<td>Drink</td>
<td>24 ounces water</td>
<td>X</td>
<td>24 ounces</td>
</tr>
<tr>
<td>Dinner</td>
<td>3-4 oz tilapia or salmon ½ cup carrots/green beans 1 small red potato 1 tsp trans free margarine</td>
<td>20-28 grams</td>
<td>0 ounces</td>
</tr>
<tr>
<td>Drink</td>
<td>24 ounces water</td>
<td></td>
<td>24 ounces</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>66-74 grams protein</td>
<td>72 ounces fluid</td>
</tr>
</tbody>
</table>
Rules for Gastric Banding

• eat solid food
• eat three meals per day
• keep your weights once a week (only once a week)
• "pouch" is the size of a golf ball — that never changes

RULES OF LIQUIDS

1. No liquids with your meal
2. No liquids as your meal
3. No liquids with calories between meals
   - No liquids with your meal and at least 1 and 1/2 hour after a meal.
   - No liquids AS your meal
     - Soups are liquid, soupy chili is a liquid, and thin oatmeal in the morning is a liquid.

GENERAL RULE

1. If you have to ask is this a liquid or not" it is probably a liquid
2. If you have to use a spoon to eat it - IT IS A LIQUID

No liquids with calories between meals

No sweet tea, carbonated diet or regular sodas, or juices.

A "meal" should take no longer than 25-30 MINUTES - if you are taking longer to eat then you are probably trying to "out eat the Band.

**Heartburn at Night = Band is TOO TIGHT  (Call us immediately)
General Guidelines for LAP–BAND® Adjustments

• The initial band adjustment should occur about 4 weeks after surgery. Not every patient will need an adjustment at that time.

• The patient should be assessed regularly, every 2-4 weeks, with weight and clinical status measured at each visit.

• The goal is for the patient to be eating about ¼ to ⅓ of what they eat at one sitting prior to surgery, and staying full for about 3-4 hours after.

• Greatest weight loss is achieved by following all the “rules”:
  o Making good, healthy food choices
  o Exercising at least 3-4 times a week
  o Not drink with meals
  o Attending support groups

• When a patient is eating 50% or more than before surgery, and getting hungry less than 3 hours after they eat, they probably need an adjustment, unless the patient is eating inappropriately.

• The band may be too tight if you are vomiting several times a week, eating soft foods to keep from vomiting, or having reflux or difficulty swallowing.

• If the band is too tight, you will need some or all of the fluid removed from the band to avoid complications and resolve your symptoms.

You can, and will gain weight if your band is too tight. As you will naturally consume soft foods which are easy to swallow, and goes down well, but those are often high in calorie; doing this will lead to pouch dilation and/or slippage of the band. If you think your band is too tight, call the clinic.

• Dense, high protein foods will help keep you full longer than soups and soft foods. These will also reduce unwanted snacking. Remember; do not drink with your meals. This flushed the foods through prematurely, and the goal is to stay fuller longer. Think of your new stomach as a funnel, liquids go through much quicker than solids.

Your bariatric surgeon and nurse use the recommended guidelines when making your band adjustments. These guidelines are followed to reduce the chance of complications and discomfort for you. Please trust them in using their judgment when adjusting your band.
**General Guidelines for LAP-BAND® Adjustments**

Please understand that the amount of fluid in your band is not what is important, but your satiety (feeling of fullness) achieved by adjustments. When you are talking to other LAP-BAND patients, you need to understand that the amount of fluid differs from person to person. The amount of fluid will be different between patients due to many factors such as:

- Size of band
- Weight loss
- Size of your stomach/ pouch
- Liquid consumption at meals

Our goal of adjustment is to find you green zone, and maintain you there. Each time you come in for an appointment, we will ask you to fill out a “LAP-BAND Assessment Form”. We use this form to evaluate you well you are doing, and will review it with you in deciding if an adjustment is needed.
Important Information Concerning LAP-BAND® Adjustment Appointments

- You cannot have anything to eat or drink 6 hours before your appointment
- You will be asked to sign a consent for your LAP-BAND® adjustment
- You need to bring ice cold water with you to the appointment, as you will need it for us to test your band adjustment
- After your adjustment, you will need to remain in the clinic for 30 minutes so we can ensure you are not experiencing any obvious complications. Please do not leave the clinic until the bariatric nurse coordinator tell you that you are free to go. Also please tell the staff immediately if you begin to feel uncomfortable or ill.

After LAP-BAND Adjustment Instructions

Today we adjusted your LAP-BAND to provide you with greater restriction and more satiety. Tightening of the band may cause some swelling for a few days which will intensify the restriction and increase the likelihood of getting food ‘stuck’ in your pouch. During the first few days after your adjustment, you will need to follow the following diet progression below to prevent complications.

Day 1- Day of Adjustment: Clear liquids Only

Day 2- Day after adjustment: Full Liquid Diet

Day 3- Bariatric Soft Diet

Day 4- Regular Diet

If you find yourself only being able to tolerate soft foods, feel discomfort while eating, or are coughing at night, your band may have too much fluid, and some may need to be removed. If this is the case, please call the office.

Please also, if you notice any redness, swelling or pain at your port site, call our office.

502-624-0624
The LAP-BAND® Pledge

I agree to make lifestyle changes.

I will follow my dietary recommendations, for they are in my best interest.

I will choose foods low in sugar, low in fat and high in protein.

I commit to eating three meals a day, and always to eat my protein first.

I will not drink liquids for 60 minutes before or after my meals.

I will take my chewable multivitamin each day.

I will take my chewable Calcium+D 1500mg daily.

I commit to increasing my physical activity.

I will also increase my daily water intake when I am more physically active.

I will drink at least 64 ounces of water every day.

I will not drink carbonated beverages or alcohol, as I know what risks they hold for me.

I will keep my follow-up appointments with the bariatric program.

I will follow the recommended referrals made by my bariatric team.

I will exercise every day.

I will attend the bariatric support groups, my support system is vital to my success.

I commit to following the guidelines outlines by my surgeon, and the bariatric staff.

I will make healthy choices.

I will be successful in my goals.

I will enjoy my new life, and

I will live it well.
WEIGHT PLATEAUS

During the journey of weight loss, it is common for some people to experience periods of no, or very slow, changes in weight. Plateaus are normal and everyone loses weight at different rates.

Important points:

You will not experience dumping syndrome with this restrictive surgery. “Sweet eaters” may have a harder time losing weight. Patients may have more frequent follow-ups because they may not experience the accelerated weight loss phase after Lap-Band as there is with Gastric Bypass patients.

Your success with the Lap-Band depends on your motivation and commitment to follow a new way of eating.

The following list may help you to resume weight loss should you experience a plateau:

- Follow the RULES TO LIVE BY FOR BARIATRIC SUCCESS guidelines.
- Exercise regularly. Remember, the goal is to exercise for 40-60 minutes, 6-7 days a week. If you are already exercising, give your metabolism a kick start by changing your exercise pattern (i.e. increase the intensity a little, add 1-2 days a week of strength training, or try a new activity).
- Drink at least 64 ounces of fluid each day.
- Write down everything you eat and weigh and measure your food. Your portions may be creeping up without you realizing it.
- Stick to protein foods first. Some people experience plateaus in weight if they migrate back to eating more carbohydrate foods. Carbohydrate foods will not fill you up the same way protein foods will and may cause you to become hungry again soon after eating. Frequent snacking on carbohydrate foods may cause you to hit a plateau.
- Continue to take your measurements. It can help keep you motivated. You may be losing inches although your weight is stable, especially if you are lifting weights. Muscles weigh more than fat, so the number on the scale may be deceptive.
MY GASTRIC BYPASS
OR
SLEEVE GASTRECTOMY
Follow-up Guidelines for Sleeve Gastrectomy

Your first appointment will be **10-14 days after surgery**. At this appointment the surgeon will assess how your recovery is progressing, and check your incisions. They will answer any questions you may have.

Your next appointment will be approximately **one month after surgery**. Not only will you see the surgeon, but you will also see the bariatric nurse coordinator at this visit. This is also an excellent time for you to see the dietitian to continue monitoring your dietary changes. Also, this is the time you should be involved in the bariatric support groups.

**At two months** we recommend a wellness check-up with your internal medicine provider, and perhaps a return visit to the psychologist. Your internal medicine provider needs to assess your on-going health and progress your obesity related conditions are making. You need to review your medications, and they will make any changes needed as your co-morbidities improve. Please remember to let us at the bariatric program know on your next visit when your medications have changed. Why do we recommend you follow-up with the psychologist? Because we realize that you have had life changing surgery, and that you may not have anticipated some of the impact of those changes on your life. The surgical procedure is a tool to help you overcome the physical aspects of your eating habits, but we did not do surgery on your emotions, habits or behaviors. And your emotional attachment to food still exists, and some people more than others need additional help in separating those attachments.

At three months after your surgery, we will see you in the office. You will have lab work done before this visit to assess your protein intake, and how well your body is adjusted to your surgery. You will see the bariatric surgeon and the nurse coordinator during your visit.

From this point, we will continue to see you, and have lab work done every 3 months for the first year. So you will need to schedule your 6 month, 9 month, 12 months and 18 month appointments. Please remember to have your labs drawn at least 5 days prior to your
appointment, so that we have time to get your results back, so we can review them with you. We will continue to see you annually after that for 5 years from your surgery date.

**Annual Appointments** are important for bariatric patients. As you learned in the Introductory and Education Seminars, you can anticipate losing about 70% of your excess weight 2–3 years after surgery. To achieve that goal, we would like to see you annually. At these visits we will assess your progress, and talk to you about your overall health, and any changes you have achieved in the previous year. It also gives us a chance to celebrate your successes with you; we want a healthier longer new life for you, and we want you to live it well!

Please also remember that we are here for you. Here to share your successes, here to redirect you should you take a wrong turn in your journey, and here to help you be healthier. Anytime you would like to share your weight loss story, you are always welcome to speak at the support groups, and you can always share your stories and photos with us at the Bariatric Program. We promise we will never share any of your information with others without your expressed written consent. Your privacy and your confidence in us, is of upmost important to the staff of the Bariatric Program of Ireland Army Community Hospital.

**Missed appointments.** If you should miss any of your appointments, we will attempt to reschedule with you. Please note that also if you are more than 10 minutes late for your appointment, that that appointment may be rescheduled at the discretion of the bariatric staff. If you are not complaint with your follow up schedule you will be notified via telephone or mail, it is important that you abide by your patient contract, and follow up with the bariatric team as recommended.

Your weight loss success is directly proportional to your compliance with our program. We want you to succeed, and that is the reason we make the recommendations we do.
**Nutrition Guidelines**

**Read these guidelines carefully**

Once you have decided to have gastric bypass surgery/gastric sleeve surgery, you **MUST** make significant changes to your eating and lifestyle habits.

**THIS SURGERY NOT A QUICK FIX OR DIET.**

Surgery is a tool for you to use to achieve weight loss and improve your quality of life.

Once you have surgery, your stomach will be forever changed and you must maintain healthy eating habits for a **LIFETIME**. In order to achieve weight loss and maintain good health, it is important to develop and maintain proper eating habits before and after surgery. Failure to modify eating habits will result in weight regain and complications such as dumping syndrome etc.

**Your New Anatomy & Nutrition Basics**

**Keep a plastic egg around as a reminder of your new stomach**

The size of your new stomach will be approximately 1 oz. (2 tbs.) With such a small stomach size, the nutritional value of the food you eat becomes very important. Only foods with high nutritional quality should be eaten, such as protein, vegetables, and fruits. Food of low nutritional quality such as popcorn, chips, and candy should be avoided. If you overeat or eat past the point of feeling full, you will feel very uncomfortable and may vomit. If you snack frequently throughout the day or drink high-calorie beverages, you will not lose as much weight as you potentially could and will **regain** weight.

**To lose weight, you must eat no more than 3-4 small well-balanced meals each day and avoid snacking and high-calorie beverages.**

Your New Stomach Size
**Nutrition Guidelines**

*After Gastric Bypass/Sleeve Meal Guidelines*

Your small stomach pouch is your new “tool” to obtain early satiety (a sense of fullness).

- Eat 3-4 meals a day without snacking between meals.
- To get through the day without hunger between meals, space your meals about 4 to 5 hours apart (i.e. breakfast at 8am, lunch at 1 pm, and dinner at 6 pm).
- Do not skip meals or you will not meet your protein and nutrient requirements.
- You should also take between 20-30 minutes to eat each meal. Eating slowly and chewing each bite 30 times will help prevent vomiting and obstructions.
- Do not eat your meal over several hours. “Grazing” on your meal will allow you to take in more calories.
- The ideal post-op meal should include:

  1. **PROTEIN + PRODUCE (CHOOSING VEGETABLES OVER FRUITS)**

     These foods are likely to stay in your stomach longer, producing a greater sense of fullness, and will also meet your nutrient needs.

     - Do not drink liquids of any kind with your meals. Keeping solid food in your stomach will cause longer periods of satiety (fullness).

**Nutrition Components after Surgery**

**Calories:** initially 600-800 calories per day as you progress through the post op stages to approximately 1000-1600 calories day after one year to maintain weight/loss.

(Men 1400-1600; Women 1000-1200)

**Protein:** To promote healing and to preserve lean muscle mass.

60-80 grams per day from low fat sources [Use the Score your Protein Handout for help]

**Carbohydrates:** 30-130 grams per day as you progress through the post op stages: from fruits and vegetables, limited amounts of whole grains

**Fat:** Limit to 30 grams per day: choose more mono-and polyunsaturated fats

**Fluids:** 64 ounces per day minimum: drink between meals

No caffeine, no carbonation, no sugar
Nutrition Guidelines

Stage 1 Bariatric Clear liquid

- **Start:** Begins day after surgery.
- **End:** Until your surgeon advances you to Bariatric Full Liquids (Stage 2) usually 1 days. You will still be in the hospital.
- **Goal:** HYDRATION IS THE MAIN CONCERN → Aim for 64 ounces a day, although you may only be able to take in 30-40 ounces.

Description

- Consists of CLEAR, SUGAR-FREE, CAFFEINE-FREE, NON-CARBONATED fluids.
- Sip fluids SLOWLY and do not gulp or take large mouthfuls of fluids. Your mouth will be bigger than your stomach so even a mouthful of fluid may be too much and cause discomfort. Drinking too much fluid at one time may cause pain.
- Sip at rate of 1 ounce per 20 minutes.
- Avoid drinking through a straw as it may give you gas or you may accidentally take in too much fluid at one time.
- Stop drinking when you feel comfortably full.
- We recommend diluting juice to at least 1 part juice to 3 parts water to keep the sugar content low and prevent the dumping syndrome.

Your goal intake is approximately 4 to 6 ounces each hour.

- Liquids that are extremes in temperature (too hot or too cold) may not be well tolerated during the first few weeks or months. Room temperature fluids may be better tolerated.
- It is normal to have a reduced appetite in the days following surgery. Because food choices are limited on this stage, do not worry about the amount of protein you are consuming. Beef, chicken, and turkey broth contain a little protein and are good choices initially.

Suggested List of Clear Liquids

Water, Broth, Diet Tang, Crystal Light, Bullion, Diet Kool-Aid, Diet Snapple Decaffeinated Tea, 100% Juice (Diluted-1 part juice to 3 parts water), Decaffeinated Coffee, Sugar-free Jell-O, Sugar-free Popsicles, Mio

Meal Serving Size: Remember that the size of your new pouch is 1 ounce (the size of your thumb) that can expand up to 2-3 ounces. You may find that you get full on just a few sips of fluid.
Nutrition Guidelines

Stage 2: Bariatric Full Liquid

Start: The morning after surgery. You will be started on this diet prior to leaving the hospital unless otherwise directed by your surgeon.

End: About 10-14 days later when your surgeon advances you to Bariatric Soft Food (Stage 3) at your first post operative appointment.

Goal: HYDRATION: aim for 64 or more ounces fluids and ¼ cup full liquid foods or more as tolerated 3 TIMES A DAY.

Description

- Consists of all of the foods found in Bariatric Clear Liquid (Stage 1)
- PLUS SOFT, LOW-SUGAR foods that are LIQUID OR SEMI-LIQUID
- Begin your PROTEIN SUPPLEMENT—Mix your protein powder into your foods to pump up your protein.
- Continue to sip water and other calorie free clear liquids between meals, aim for 64 ounces a day. Sugar free popsicles and sugar free Jell-O are allowed between meals (1 sugar free popsicle = 1 ounce of fluid)
- Eat 3-4 meals per day and only about ¼ to ½ cup at each of these meals (2-4 ounces).
  Most importantly eat only to the point of fullness!!!

- PROTEIN 1ST = TARGET is 60-80 grams of protein per day!!!
  o At this stage of the diet progression the majority of your protein will come from protein supplements; protein powder mixed or premixed liquid protein drinks.
  o Remember to choose a Protein Supplement that provides good quality protein isolate and also is low in carbohydrates/sugar. (see protein supplement guide)

If your pouch has problems adjusting return to Bariatric Clear Liquid Diet (Stage I)
  o The clear liquid foods of the Bariatric Clear Liquid Diet (Stage I) are NOT nutritionally adequate and therefore you should not follow the Bariatric Clear Liquid Diet (Stage I) for more than one to two days at a time.
Nutrition Guidelines

STAGE 2 BARIATRIC FULL LIQUID

<table>
<thead>
<tr>
<th>Food choice</th>
<th>Protein</th>
<th>Special considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skim milk/fat free milk</td>
<td>4 grams protein per 4 ounces</td>
<td></td>
</tr>
<tr>
<td>Soy milk (light)</td>
<td>3-4 grams protein per 4 ounces</td>
<td>Avoid yogurts with chunks of fruit, seeds.</td>
</tr>
<tr>
<td>Smooth yogurt, non fat yogurt</td>
<td>4 grams protein per 4 ounces</td>
<td></td>
</tr>
<tr>
<td>V8 juice (low sodium)</td>
<td>0 protein</td>
<td>Limit total quantity of juice each day due to the high sugar content.</td>
</tr>
<tr>
<td>100% fruit juice (dilute 1 part juice 2 parts water)</td>
<td>0 protein</td>
<td></td>
</tr>
<tr>
<td>Low fat cream soups</td>
<td>Protein content varies</td>
<td>Strained and thinned. Mix your unflavored protein powder into your soups to boost your protein intake.</td>
</tr>
<tr>
<td>Sugar free pudding made with skim milk</td>
<td>4 grams protein per 4 ounces</td>
<td>Good place to add in your flavored protein powder to boost your protein intake.</td>
</tr>
<tr>
<td>Protein shakes /Protein powder</td>
<td>Varies</td>
<td>Choose protein shake with at least 15 grams of protein per 4 ounces serving and less than 6 grams of sugar. REFERENCE the PROTEIN POWDER RECEIPES for ideas.</td>
</tr>
</tbody>
</table>

Sample Menu:

**Breakfast** → ½ cup *Protein Fruit Smoothie* ---------------------------------------------20 grams protein

**Snack** → ½ cup (4 ounce) *High Protein Jell-O*-------------------------------------------11 grams protein/4 ounces fluid

**Lunch** → ½ cup Low fat cream soup + protein powder ------------------------------------20-25 grams protein

**Snack** → ½ cup (4 ounces) *High Protein Jell-O*------------------------------------------11 grams protein/4 ounces fluid

**Dinner** → ¼ cup *High protein Pudding* + ¼ cup smooth non-fat yogurt ----7 grams +2 grams protein

**Beverage** → 4-6 ounces sugar free, clear liquid/hour between meals

__________________________
Total protein = 70 grams
Nutrition Guidelines

Protein Supplement:

Bariatric Full Liquid (Stage 2)

Although the Bariatric Full Liquid (Stage 2) foods are soft in texture, they are not typically rich in protein. The Bariatric Full Liquid (Stage 2) foods alone will not supply you with the protein you need for wound healing after surgery. In our experience, individuals who do not use the recommended amount of protein supplement often complain of feeling weak, tired, and hungry. Therefore, during Bariatric Full Liquid (Stage 2) meal plan, you will use a protein supplement between meals.

Bariatric Soft (Stage 3)

The solid protein foods you will eat during Bariatric Soft Foods (Stage 3) will meet your protein needs; however, you may not be able to eat 70-80 grams of protein. You may need to use protein supplements at the end of the day until you can eat enough protein in your meals.

How to Select a Protein Supplement:

Flavored Vs. Unflavored Protein Supplements:

Most of the protein supplements available have a flavor (chocolate, vanilla, berry, etc). Some, however, are specifically made to be flavorless so you can add them to other foods such as soup, apple sauce, yogurt, etc.

Both kinds are fine to take after surgery, just remember, if you are using a flavorless protein supplement to take in enough scoops to reach the 60 to 80 grams of protein you need each day. Your taste may change after surgery, so you may want to have samples of several types of protein supplements available (powder, ready to drink, different flavors).
Nutrition Guidelines

Protein Supplement Shopping

*Remember the goal is to get 60-80 grams of protein per day!*

Protein powder and protein supplements will be an essential part of the Pre-op diet and post operatively Stages 1 and 2, the Bariatric Full liquid and Bariatric Soft diets respectively. It is important to understand that not all proteins or protein drinks are the same. Your body requires a protein source of high biological value and the supplement should contain minimal sugar and fat. It’s important to remember that by the time your diet has advanced to the final stage, Stage 3 Bariatric Regular, protein supplements and powders should NOT be used on a daily basis as this will inhibit long term success.

✓ BEST CHOICES:
  o Protein source/main ingredient such as: milk, soy, egg, whey protein isolate or soy protein isolate.
  o Look for a protein supplement that contains less than 6 grams of sugar and at least 15 grams of protein per serving.

✓ AVOID: Supplements which list collagen, collagenic protein isolate, or hydrolyzed collagen as the protein source.

**Nutrition Facts**

Serving Size: 1 scoop (24g)
Servings Per Container: 15

- Calories 80
- Total Fat 0g
- Saturated Fat 0g
- Trans Fat 0g
- Cholesterol 0mg
- Sodium 35mg
- Potassium 130mg
- Total Carbohydrate 0g
- Dietary Fiber 0g
- Sugars 0g
- Protein 20g
- Vitamin A
- Calcium 105mg
- Iron 0mg
- Phosphorus 60mg
- Lactose 0g

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.*

**Ingredients:** Whey protein isolate and soy lecithin
**Contains:** Milk and soy.

**ALWAYS CHECK YOUR LABEL AND INGREDIENT LIST!**
Shopping List: Bariatric Clear Liquid (Stage 1) & Bariatric Full Liquid (Stage 2)

Tools for Success

- Food Scale to measure meat/protein
- Strainer (to strain chunky soups)
- Measuring Cups
- Non-stick pots and pans
- Small plate, bowl, fork and spoon
- Food timer
- Food processor (Stage 1 & Stage 2)
- Blender (for protein drink during Stage 1 & 2)
- Ice cube tray
  - Pour soup in ice cube tray and freeze it. You’ll have pre-portioned serving sizes

Groceries for Bariatric Clear Liquid (Stage 1) & Bariatric Full Liquid (Stage 2)

- Protein Supplement
- Broth soups (any kind)
- Low fat creamy soups (any kind, but blend it or strain out the larger chunks of food)
- Low-fat or fat-free soy milk
- Low-fat or fat-free Lactaid milk
- Yogurt (Dannon Light N’ Fit, any flavor, nonfat/low fat Greek Yogurt)
- Sugar-free Jell-o
- Low-sugar custard
- Sugar-free pudding
- Sugar-free popsicles
- No sugar added rice pudding (example: Kozy Shack)
- Decaf tea
- Decaf coffee
- Low-fat or fat free cottage cheese
- Low-sugar/calorie beverages (Diet Snapple, Crystal Light, SOBE Lean, Propel, etc).
- Water
- Flavor enhancers (for protein supplement or other foods)
- Splenda, Equal, Stevia (it’s your preference)
- Torani sugar-free syrups
- Salt/Pepper, Herbs/Seasonings (as long as it’s a soft consistency)
Nutrition Guidelines

Stage 3: Bariatric Soft

Start: After the surgeon advances you at your first post operative appointment.

End: About 2-4 weeks later at your 4-6 week post operative appointment.

Goal: \( \frac{1}{4} \text{ cup (2 ounces)} \) or more soft PROTEIN + Produce meals 3 TIMES A DAY.

\[ \text{INCREASE FLUIDS TO 64 OZ+ A DAY (between meals)} \]

Description:

- SOFT SOLID foods.
- Eat three meals a day with NO snacks.
- BEGIN each meal with protein-rich foods to ensure your protein needs are met.
- Start WEANING OFF your protein supplement as you tolerate more protein rich foods.
- Meats should be pureed in a blender or ground to a fine consistency in a food processor after cooking.
  - It is recommended to add water or broth to the meat to prevent it from becoming too dry.
- Baby foods (Step 2) are appropriate for use on this meal plan, which are useful if having to eat away from home.
- Add one new food at a time to assess tolerance. Don't try any new food for the first time while eating out. If you become sick or feel discomfort after trying a new food, you can always return to Stage 1 for a day to rest your stomach.
- Avoid fluids with meals to prevent rapid emptying of the pouch and weight regain.

TIPS FOR SUCCESS:

- ALWAYS eat your protein first!
- Use small plates (6”) and children size utensils can help you eat slower and feel more satisfied at your meals.
- Remember to use healthy methods of food preparation—baking, grilling, broiling, boiling, and steaming.
- Be aware of portion sizes
- Eat slowly and always stop eating when you feel comfortably full.
- Do NOT replace meal with a protein shake as this will result in weight gain.
Nutrition Guidelines

Bariatric Soft (Stage 3)

APPROPRIATE FOOD CHOICES INCLUDE:

**Protein:** Low fat/fat free cottage cheese, egg whites, egg substitutes, fat free yogurt, chicken breast, turkey breast, baked fish, beans, low fat/fat free cheese, canned tuna, canned chicken, canned lump crab meat and tofu. Between meals (1% or Fat free milk, Lactaid milk, soy milk).

- Canned meats and baked fish do not need to be pureed; they are already the right consistency.

**Vegetables:** All cooked and pureed vegetables. Green beans, peas, carrots, beets, squash, peppers, zucchini, cucumbers, mushrooms, okra, broccoli, cauliflower, tomatoes, spinach etc.

- Cook till soft and can be mashed with a fork and/or add to food processor and process till pureed.

**Fruits:** No sugar added apple sauce, peaches, pears, pineapple, bananas, cantaloupe, honeydew melon, no sugar added fruit cocktail, watermelon, mango, papaya, kiwi, strawberries, cherries, blueberries, blackberries, raspberries, and prunes.

- Fruits and vegetables need to be chopped/blended to a fine texture

**Starch:** Cream of wheat, cream of rice, oatmeal, malt-o-meal, grits, farina, sweet potatoes, mashed potatoes, baked potato without the skin.

**Beverages:** Water, decaf coffee/tea, other sugar free, carbonation free beverages. Fat free milk.

PROTEIN+PRODUCE MEAL PLANNING

<table>
<thead>
<tr>
<th>Meal 1</th>
<th>Meal 2</th>
<th>Meal 3</th>
<th>Between meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>¼ cup (2 ounce) + protein</td>
<td>¼ cup (2 ounce) + protein</td>
<td>¼ cup (2 ounce) + protein</td>
<td>Protein shake/protein powder mixed in fat free milk or water. Each shake should include 20 grams of protein.</td>
</tr>
<tr>
<td>2 TBSP (1 ounce) fruit</td>
<td>2 TBSP (1 ounce) vegetable</td>
<td>2 TBSP (1 ounce) vegetable</td>
<td>64 ounce of fluid</td>
</tr>
</tbody>
</table>

* For ½ cup (4 ounce) meal Add another 2 TBSP (1 ounce) of a fruit, vegetable or starch.

*Season foods with herbs and spices!*
<table>
<thead>
<tr>
<th>Meal</th>
<th>Food</th>
<th>Protein</th>
<th>Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>¼ cup fat free cottage cheese + 2 tbsp apple sauce + ½ scoop</td>
<td>17 grams</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>unflavored protein powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink</td>
<td>20 ounce bottled water with Crystal light</td>
<td>X</td>
<td>20</td>
</tr>
<tr>
<td>Lunch</td>
<td>¼ cup canned chicken + 2 tbsp cooked carrot pureed</td>
<td>9 grams</td>
<td>0</td>
</tr>
<tr>
<td>Drink</td>
<td>20 ounce bottled water with Crystal light</td>
<td>X</td>
<td>20</td>
</tr>
<tr>
<td>Dinner</td>
<td>2 ounces Baked tilapia + 2 tbsp cooked zucchini/tomato/basil</td>
<td>14 grams</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>puree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protein</td>
<td>20 ounces Water + Crystal light add unflavored protein powder</td>
<td>20 grams</td>
<td>20</td>
</tr>
<tr>
<td>drink</td>
<td>(20 grams of protein per scoop) <em>or</em> 12 ounce of fat free milk with</td>
<td>33 grams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>flavored protein powder (20 grams of protein per scoop)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snack</td>
<td>1 sugar free popsicle</td>
<td>0 grams</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>4 ounces of sugar free gelatin</td>
<td>0 grams</td>
<td>4</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>60/73 grams protein</td>
<td>65 ounces fluid</td>
</tr>
</tbody>
</table>

* REMEMBER TO TAKE YOUR VITAMIN and CALCIUM SUPPLEMENT EVERY DAY!!!*
Nutrition Guidelines

Bariatric Regular (Stage 4)

Start: At your 6-8 week post operative appointment.
End: Continue for the rest of your life.
Goal: LOW FAT, PROTEIN + PRODUCE MEALS and 64 OZ FLUIDS A DAY.

Description:
- REGULAR CONSISTENCY Foods
- Whereas in the Bariatric Soft (Stage 3) phase you had to cook your vegetables, the Bariatric Regular (Stage 4) diet includes raw salad and vegetables.
- Try one new food at a time.
- Eat three solid meals a day, NO snacks. Solid foods will stay in your pouch longer and produce satiety.
- Meals should include 3-4 ounces lean protein, followed by vegetables, then small amounts of fruit and whole grains.
- Do not eat your meal over several hours. Take approximately 25-30 minutes to eat meals.
- Chew each bite 25-30 times, wait between bites.

Tips for Success:

TIPS FOR SUCCESS:

✓ ALWAYS eat your protein first!
✓ Use small plates (6”) and children size utensils can help you eat slower and feel more satisfied at your meals.
✓ Remember to use healthy methods of food preparation—baking, grilling, broiling, boiling, and steaming.
✓ Do NOT replace meal with a protein shake as this will result in weight gain.
✓ It is important that you continue to integrate your new eating behaviors into your lifestyle. Practice mindful eating.
✓ Be aware of portion sizes
✓ Eat slowly and always stop eating when you feel comfortably full.
✓ Continue to keep your food journal and bring it to all follow up appointments.

Continue to take your Multivitamin and Calcium for life!
**Nutrition Guidelines**

**BARIATRIC REGULAR (STAGE 4) → PROTEIN + PRODUCE MEAL**

<table>
<thead>
<tr>
<th>6 weeks post op to 3 months post op</th>
<th>600-900 calories</th>
<th>4-6 ounces per meal</th>
<th>(⅓ - ¾ cup)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal 1</td>
<td>Meal 2</td>
<td>Meal 3</td>
<td>Between meals</td>
</tr>
<tr>
<td>3 ounces protein (⅓ cup)</td>
<td>3 ounces protein (⅓ cup)</td>
<td>3 ounces protein (⅓ cup)</td>
<td>Drink sugar free, carbonation free beverages.</td>
</tr>
<tr>
<td>2 TBSP (1 ounce) fruit</td>
<td>2 TBSP (1 ounce) vegetable</td>
<td>¼ cup (2 ounce) vegetable</td>
<td>64 ounce of fluid</td>
</tr>
<tr>
<td>2 TBSP (1 ounce) whole grain</td>
<td>2 TBSP (1 ounce) fruit</td>
<td>2 TBSP (1 ounce) whole grain</td>
<td></td>
</tr>
</tbody>
</table>

- Choose lean proteins, cook with minimal added fat and season foods with herbs and spices!
- You should NOT be drinking or need to use protein shakes/powder once you’ve reached this stage of the diet. Doing so will inhibit your potential weight loss.
- Remember to avoid slippery, mushy and liquid food at meals.

<table>
<thead>
<tr>
<th>3 months to 1 year post op</th>
<th>600-1200 calories</th>
<th>6-8 ounces per meal</th>
<th>(¾ -1 cup)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal 1</td>
<td>Meal 2</td>
<td>Meal 3</td>
<td>Between meals</td>
</tr>
<tr>
<td>3-4 ounces protein (⅓ -⅓ cup)</td>
<td>3-4 ounces protein (⅓ -⅓ cup)</td>
<td>3-4 ounces protein (⅓ -⅓ cup)</td>
<td>Drink sugar free, carbonation free beverages.</td>
</tr>
<tr>
<td>¼ cup (2 ounce) fruit</td>
<td>¼ cup (2 ounce) vegetable</td>
<td>¼ cup (2 ounce) vegetable</td>
<td>64 ounce of fluid</td>
</tr>
<tr>
<td>¼ cup (2 ounce) Whole grain or vegetable</td>
<td>¼ cup (2 ounce) Fruit, whole grain or extra vegetable</td>
<td>¼ cup (2 ounce) Fruit, whole grain or extra vegetable</td>
<td></td>
</tr>
</tbody>
</table>

**After one year:** You probably will be able to tolerate a variety of foods. Your portion size can vary from one cup to over 2 cups at a meal depending on the food eaten. It is very important to be mindful of your portions and keep a food log of your intake.

**Eat until you feel comfortably full, but do not feel that you have to eat all of the portions listed above. Most patients are only able to eat 2 ounces (14 grams) protein at a meal. You may continue using protein supplement (1 scoop or 20 grams) at end of the day until you are able to eat 3-4 oz protein (20-28 grams) per meal.**
Nutrition Guidelines

BARIATRIC REGULAR (STAGE 4) Appropriate Food Choices:

Protein:
Eggs, egg whites, egg substitute, ham, chicken breast, turkey breast, 95-99% lean ground turkey, pork chop, pork loin, pork roast, 95-97% lean ground beef, lean red meat (sirloins, flank steak, etc.), beans, fish, low fat/fat free cheese, fish and other sea food, canned tuna, canned ham, canned lump crab meat, lobster, scallops, shrimp, veggie burgers, tofu.

- Steak may be difficult to chew for the 1st year, some patient are never able to eat steak.
- Remember to score your protein:
  - Excellent choices = 4-11
  - Good choices = 11-14
  - Not so good choices ≥ 15

Vegetable:
Any type of raw or cooked vegetable is allowed, including salads. The key is to consume a variety of colors, due to each having different vitamins and minerals.

Fruit:
Any type of raw, canned, or frozen fruit is allowed, including the peeling on fruits. The key is to consume a variety of fruits throughout the day and week.

- If choosing canned fruits, make sure to buy the fruit in its "own juice" or "low-sugar/ light syrup." Avoid fruits canned in "heavy syrup."

Whole grains:
Oatmeal, steel cut oats, barley, sweet potatoes, sugar-free whole grain dry cereal, whole grain crackers, brown rice, whole wheat pasta, quinoa, buckwheat, wild rice.

- Look for the words “whole grain” in the ingredients list.
  - Good sources of fiber ≥ 3 grams
  - Excellent sources of fiber ≥ 5 grams
- Remember to avoid “white” starches and breads.

Beverages:
Water, decaf coffee/tea, other sugar free, carbonation free beverages. Fat free milk.
## Stage 4 Sample menu

### 6 weeks post op to 3 months post op approximately 600-900 calories ➔ 4-6 ounces per meal

<table>
<thead>
<tr>
<th>Meal</th>
<th>Food</th>
<th>Protein</th>
<th>Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>½ cup scrambled egg substitute</td>
<td>18 grams</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3 Strawberries</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(optional 1 ounce whole grain)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink</td>
<td>24 ounces of water</td>
<td>x</td>
<td>24</td>
</tr>
<tr>
<td>Lunch</td>
<td>1-3 oz crab or tuna with fat free mayonnaise</td>
<td>21 grams</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1-2 slice apple</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-3 baby carrots (or)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-2 whole grain crackers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink</td>
<td>24 ounces water</td>
<td>x</td>
<td>24</td>
</tr>
<tr>
<td>Dinner</td>
<td>3 oz grilled chicken breast</td>
<td>21 grams</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>¼ cup zucchini</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 TBPS sweet potato</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink</td>
<td>24 ounces water</td>
<td>x</td>
<td>24</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>60 grams</td>
<td>72</td>
</tr>
</tbody>
</table>

### 3 months to 1 year post op approximately 600-1200 calories ➔ 6-8 ounces per meal

<table>
<thead>
<tr>
<th>Meal</th>
<th>Food</th>
<th>Protein</th>
<th>Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>6 ounces-Nonfat Greek yogurt (plain)</td>
<td>18 grams</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>¾ cup fruit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 TBSP Whole grain Cereal (ie. Fiber One Original or Kashi Go Lean Crunch)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink</td>
<td>24 ounces of water</td>
<td>x</td>
<td>24</td>
</tr>
<tr>
<td>Lunch</td>
<td>4 oz moist chicken</td>
<td>20-28</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1 cup salad</td>
<td>grams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 T light dressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Tangerine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink</td>
<td>24 ounces water</td>
<td>x</td>
<td>24</td>
</tr>
<tr>
<td>Dinner</td>
<td>3-4 oz tilapia or salmon</td>
<td>20-28</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>½ cup carrots/green beans</td>
<td>grams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 small red potato</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 tsp trans free margarine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink</td>
<td>24 ounces water</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>66-74</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>grams protein</td>
<td></td>
<td>fluid</td>
</tr>
</tbody>
</table>
WEIGHT PLATEAUS

During the journey of weight loss, it is common for some people to experience periods of no, or very slow, changes in weight. Plateaus are normal and everyone loses weight at different rates.

Important points:

You will not experience dumping syndrome with this restrictive surgery. “Sweet eaters” may have a harder time losing weight. Patients may have more frequent follow-ups because they may not experience the accelerated weight loss phase after Lap-Band as there is with Gastric Bypass patients.

Your success with the Lap-Band depends on your motivation and commitment to follow a new way of eating.

The following list may help you to resume weight loss should you experience a plateau:

- Follow the RULES TO LIVE BY FOR BARIATRIC SUCCESS guidelines.
- Exercise regularly. Remember, the goal is to exercise for 40-60 minutes, 6-7 days a week. If you are already exercising, give your metabolism a kick start by changing your exercise pattern (i.e. increase the intensity a little, add 1-2 days a week of strength training, or try a new activity).
- Drink at least 64 ounces of fluid each day.
- Write down everything you eat and weigh and measure your food. Your portions may be creeping up without you realizing it.
- Stick to protein foods first. Some people experience plateaus in weight if they migrate back to eating more carbohydrate foods. Carbohydrate foods will not fill you up the same way protein foods will and may cause you to become hungry again soon after eating. Frequent snacking on carbohydrate foods may cause you to hit a plateau.
- Continue to take your measurements. It can help keep you motivated. You may be losing inches although your weight is stable, especially if you are lifting weights. Muscles weigh more than fat, so the number on the scale may be deceptive.
The Sleeve Gastrectomy Promise

“I promise to make smart, healthy food choices.
I promise that I will follow the recommendations of my bariatric team, for they are thinking of my best interest.
I promise not to eat in front of the TV, as I know this is a distraction, and I will not pay attention to how I am eating.
I promise that I will take my time eating, chewing slowly and chewing well.
I promise to eat high quality meals and snacks throughout the day, always eating my protein first.
I promise that I will not eat out of bags, or pans, and will not eat at the kitchen counter while I cook.
I promise to avoid or limit milk products, spicy foods and sugary foods; they will not help me be successful.
I promise that I will take my vitamins every day.
I promise I will keep my follow-up appointments with my bariatric team, because they are vital to reaching my goals.
I promise to pull out my support plan, and pick up the phone when my journey gets bumpy, I know that I am not alone.
I embrace the promise that my new life holds,
And I promise to live it well.”
NUTRITION RESOURCES
RULES TO LIVE BY FOR BARIATRIC SUCCESS

1. INCLUDE PROTEIN 1ST AT ALL MEALS → Protein-rich foods keep you feeling full longer. Good protein sources include, chicken, turkey, lean meat, fish, eggs, egg whites, beans, tofu, protein shakes, and nonfat/low fat dairy products such as cheese, cottage cheese and yogurt. PROTEIN + PRODUCE MEAL PLAN. You should consume protein first, then vegetables and fruits, and last, grains. TARGET 60-80 GRAMS PER DAY

2. AVOID BEVERAGES THAT CONTAIN CALORIES → Liquids pass through your pouch quickly. Translation: lots of calories without ever feeling full. AVOID soda, juice, milkshakes, coffee drinks, sugar-sweetened beverages, and alcohol.

3. DO NOT EAT AND DRINK AT THE SAME TIME → Avoid drinking 15-30 minutes before and after meals, doing so makes solid food mushy! Leaving you hungry. Sip fluids slowly. Do not use straws. Drink only sugar free, calorie free, carbonation free beverages.

4. BE MINDFUL AND PRESENT AT MEALS → Set aside 20-30 minutes, a minimum of 3 times per day for Protein + Produce meals. Eat slowly. Allow 20-30 minutes to eat a meal to prevent overeating. Overeating can cause you to vomit and/or cause your pouch to stretch (besides it hurts!). Put your fork down between each bite.
   a. TAKE SMALL BITES. Bites should be the size of a pencil eraser or Cheerio to lessen your chances of causing an obstruction and to slow you down.
   b. CHEW YOUR FOOD THOROUGHLY. Chew each bite 25-30 times or until the food in your mouth is unidentifiable. This also will lessen your chances of causing an obstruction.
   c. STOP EATING AS SOON AS YOU FEEL COMFORTABLE, NOT FULL.

5. STAY HYDRATED → Drink 6-8 cups of calorie free, non-carbonated, caffeine-free beverages every day. Drinking adequate fluid prevents dehydration and constipation. Remember: Drink between meals, NOT will meals.

6. CHOOSE SOLID FOODS OVER SOFT, MUSHY, OR LIQUIDY FOODS → Solid foods fill up your pouch and stay in your pouch longer than soft, mushy or liquidy foods do, helping you stay full and satisfied longer. Solids = poultry, fish, meat, beans, vegetables and whole fruits, etc. Mushy: Ice cream, yogurt, pudding, soup, milkshakes, coffee drinks, applesauce, and mashed potatoes.

7. TAKE YOUR DAILY VITAMINS → (See Vitamin/Mineral supplement Guide for details)
WHAT TO NOT EAT AND WHY

**HIGH SUGAR FOODS.** High sugar foods are generally easily digestible, allowing you to eat larger quantities and leave you hungry for more. Consuming high sugar foods/beverages will cause weight plateau and possibly weight gain. Read labels and beware of added sugar, and avoid eating these foods.

**HIGH FAT FOODS.** Each gram of fat in a food adds 9 additional calories. Adding extra fat when cooking or choosing foods containing large amounts of fat will hinder your weight loss. Special note for Gastric banding patients—you have an extra reason to avoid high fat foods. Fatty foods often are considered “slippery” foods. “Slippery” foods pass easily through the band and can result in you feeling hungry shortly after a meal.

**CARBONATION.** A little pain and discomfort can be expected after surgery; however it will be a whole lot worse if you choose to through carbonated beverages into the mix. The gas bubbles can put pressure on your newly created pouch, resulting in painful bloating. Long term, carbonation has been linked to stretching of the pouches that can result in over eating down the road.

**CAFFEINE.** Caffeine free beverages are preferred. Caffeine can also make your body absorb less calcium. In the 1st year after surgery, you will be losing weight at the most rapid rate. This puts your body at risk for losing bone mass. If caffeine is consumed, your body will not be as effective at absorbing calcium from foods and supplements. Additional concerns with caffeine include: stimulating increased acid production exacerbating heart burn; increase risk of stomach ulcer formation; and risk for dehydration.

**ALCOHOL.** Alcohol provides extra calories of no beneficial nutritional value. These so called “empty” calories will hinder your weight loss efforts. An additional warning is that alcohol can be irritating to the stomach lining and worsen heart burn.

**“TOUGH” FOODS.** Steak, doughy breads, and some fruits skins and vegetables have been known to give post op bariatric patients problems. Each person will experience problems with these foods differently. Some patients may experience problems with consuming these foods long term. When advanced to the Bariatric Regular diet, you will want to try new foods one at a time, taking extra care with well known “tough” foods.

**THE “WHITES” STARCHES.** The “white” starches include potatoes, breads, rice, and pasta. For the most success with your weight loss efforts we suggest that these foods be avoided. Eventually you will be able to add back in whole grains into your meal plan. They are excellent sources of fiber and key nutrients. Always remember PROTEIN + PRODUCE meal planning; don’t add in grains at the expense of protein and vegetables and fruits.
SPECIAL WARNING FOR GASTRIC BANDING PATIENTS. Breads, gummy foods including gummy candies, gummy vitamins, and foods that can’t be chewed thoroughly to mush in the mouth should be avoided. These foods can get STUCK in the band and cause a dangerous obstruction.

NOTES:
KNOW YOUR PROTEIN
INCLUDE A SERVING OF PROTEIN AT ALL MEALS
TARGET 60-80 GRAMS PROTEIN PER DAY
CHOOSE THE BEST SOURCES MOST OFTEN

SCORE YOUR PROTEIN (CALORIES/GRAMS PROTEIN)
Excellent choice score between 4-10
Good choices score between 11-14
Not as good choices score >15

<table>
<thead>
<tr>
<th>Protein food</th>
<th>Serving</th>
<th>Calories</th>
<th>GRAMS PROTEIN</th>
<th>Protein Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baked beans, fat free vegetarian</td>
<td>½ cup</td>
<td>130 kcal</td>
<td>6 grams</td>
<td>22</td>
</tr>
<tr>
<td>Kidney beans</td>
<td>½ cup</td>
<td>105 kcal</td>
<td>7 grams</td>
<td>15</td>
</tr>
<tr>
<td>Pinto beans</td>
<td>½ cup</td>
<td>100 kcal</td>
<td>6 grams</td>
<td>17</td>
</tr>
<tr>
<td>Garbanzo beans</td>
<td>½ cup</td>
<td>105 kcal</td>
<td>6 grams</td>
<td>17.5</td>
</tr>
<tr>
<td>Hummus</td>
<td>¼ cup</td>
<td>104 kcal</td>
<td>5 grams</td>
<td>21</td>
</tr>
<tr>
<td>Lima beans</td>
<td>½ cup</td>
<td>80 kcal</td>
<td>4 grams</td>
<td>20</td>
</tr>
<tr>
<td>Cheese, fat free american</td>
<td>1 slice</td>
<td>31 kcal</td>
<td>5 grams</td>
<td>6</td>
</tr>
<tr>
<td>Cheese, reduced fat american</td>
<td>1 ounce</td>
<td>68 kcal</td>
<td>5 grams</td>
<td>14</td>
</tr>
<tr>
<td>Cheese, American</td>
<td>1 ounce</td>
<td>105 kcal</td>
<td>6 grams</td>
<td>17.5</td>
</tr>
<tr>
<td>Cottage cheese, fat free</td>
<td>½ cup</td>
<td>72 kcal</td>
<td>11 grams</td>
<td>6.5</td>
</tr>
<tr>
<td>Cottage cheese, reduced fat</td>
<td>¼ cup</td>
<td>102 kcal</td>
<td>15 grams</td>
<td>7</td>
</tr>
<tr>
<td>Cheese, part skim mozzarella</td>
<td>1 ounce</td>
<td>72 kcal</td>
<td>7 grams</td>
<td>10</td>
</tr>
<tr>
<td>Cheese, part skim ricotta</td>
<td>1 ounce</td>
<td>40 kcal</td>
<td>3 grams</td>
<td>13</td>
</tr>
<tr>
<td>Chicken, white meat breast w/o skin</td>
<td>1 ounce</td>
<td>47 kcal</td>
<td>9 grams</td>
<td>5</td>
</tr>
<tr>
<td>Chicken, leg w/o skin</td>
<td>1 ounce</td>
<td>54 kcal</td>
<td>8 grams</td>
<td>6.75</td>
</tr>
<tr>
<td>Cod, dry heat prepared</td>
<td>1 ounce</td>
<td>30 kcal</td>
<td>6.5 grams</td>
<td>5</td>
</tr>
<tr>
<td>Imitation crab</td>
<td>1 ounce</td>
<td>29 kcal</td>
<td>3.5 grams</td>
<td>8</td>
</tr>
<tr>
<td>Whole egg, large</td>
<td>1 each</td>
<td>78 kcal</td>
<td>6 grams</td>
<td>13</td>
</tr>
<tr>
<td>Egg Substitute (Egg Beaters)</td>
<td>¼ cup</td>
<td>30 kcal</td>
<td>6 grams</td>
<td>5</td>
</tr>
<tr>
<td>Egg white, large</td>
<td>¼ cup</td>
<td>32 kcal</td>
<td>7 grams</td>
<td>4.5</td>
</tr>
<tr>
<td>Flounder, dry heat prepared</td>
<td>1 ounce</td>
<td>33 kcal</td>
<td>7 grams</td>
<td>5</td>
</tr>
<tr>
<td>Halibut, dry heat prepared</td>
<td>1 ounce</td>
<td>40 kcal</td>
<td>8 grams</td>
<td>5</td>
</tr>
<tr>
<td>Protein food</td>
<td>Serving</td>
<td>Calories</td>
<td>GRAMS PROTEIN</td>
<td>Protein Score</td>
</tr>
<tr>
<td>------------------------------</td>
<td>---------------</td>
<td>----------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Tilapia, dry heat prepared</td>
<td>1 ounce</td>
<td>36 kcal</td>
<td>7 grams</td>
<td>5</td>
</tr>
<tr>
<td>Lobster, steamed</td>
<td>1 ounce</td>
<td>34 kcal</td>
<td>6 grams</td>
<td>6</td>
</tr>
<tr>
<td>Sea bass, dry heat</td>
<td>1 ounce</td>
<td>35 kcal</td>
<td>7 grams</td>
<td>5</td>
</tr>
<tr>
<td>Catfish, dry heat prepared</td>
<td>1 ounce</td>
<td>30 kcal</td>
<td>5 grams</td>
<td>6</td>
</tr>
<tr>
<td>Grouper, dry heat prepared</td>
<td>1 ounce</td>
<td>33 kcal</td>
<td>7 grams</td>
<td>5</td>
</tr>
<tr>
<td>Whitefish, dry heat prepared</td>
<td>1 ounce</td>
<td>49 kcal</td>
<td>7 grams</td>
<td>7</td>
</tr>
<tr>
<td>Salmon, dry heat prepared</td>
<td>1 ounce</td>
<td>58 kcal</td>
<td>6 grams</td>
<td>10</td>
</tr>
<tr>
<td>Light tuna, in water</td>
<td>1 ounce</td>
<td>33 kcal</td>
<td>7 grams</td>
<td>5</td>
</tr>
<tr>
<td>Shrimp, moist heat</td>
<td>4 large</td>
<td>22 kcal</td>
<td>5 grams</td>
<td>4.5</td>
</tr>
<tr>
<td>Scallop, steamed</td>
<td>1 ounce</td>
<td>32 kcal</td>
<td>7 grams</td>
<td>4.5</td>
</tr>
<tr>
<td>Turkey breast/white meat</td>
<td>1 ounce</td>
<td>40 kcal</td>
<td>9 grams</td>
<td>4.5</td>
</tr>
<tr>
<td>Turkey leg, w/o skin roasted</td>
<td>1 ounce</td>
<td>45 kcal</td>
<td>8 grams</td>
<td>6</td>
</tr>
<tr>
<td>99% fat free ground turkey breast</td>
<td>1 ounce</td>
<td>30 kcal</td>
<td>7 grams</td>
<td>4</td>
</tr>
<tr>
<td>85% lean ground turkey</td>
<td>1 ounce</td>
<td>67 kcal</td>
<td>8 grams</td>
<td>8</td>
</tr>
<tr>
<td>Bologna</td>
<td>1 slice</td>
<td>70 kcal</td>
<td>4 grams</td>
<td>18</td>
</tr>
<tr>
<td>Turkey lunch meat, 98% fat free</td>
<td>1 ounce</td>
<td>29 kcal</td>
<td>5 grams</td>
<td>6</td>
</tr>
<tr>
<td>Extra lean ham lunch meat</td>
<td>1 ounce</td>
<td>31 kcal</td>
<td>5 grams</td>
<td>6</td>
</tr>
<tr>
<td>Italian, pork sausage</td>
<td>1 ounce</td>
<td>98 kcal</td>
<td>5 grams</td>
<td>20</td>
</tr>
<tr>
<td>Polish sausage</td>
<td>1 ounce</td>
<td>92 kcal</td>
<td>4 grams</td>
<td>23</td>
</tr>
<tr>
<td>Turkey breakfast sausage</td>
<td>1 ounce</td>
<td>67 kcal</td>
<td>4 grams</td>
<td>16</td>
</tr>
<tr>
<td>Bacon, broiled</td>
<td>1 medium slice</td>
<td>46 kcal</td>
<td>3 grams</td>
<td>15</td>
</tr>
<tr>
<td>Canadian bacon</td>
<td>1 slice</td>
<td>44 kcal</td>
<td>6 grams</td>
<td>7</td>
</tr>
<tr>
<td>Beef, 95% extra lean broiled</td>
<td>1 ounce</td>
<td>48 kcal</td>
<td>7.5 grams</td>
<td>6</td>
</tr>
<tr>
<td>Beef, 80% lean broiled</td>
<td>1 ounce</td>
<td>77 kcal</td>
<td>7 grams</td>
<td>11</td>
</tr>
<tr>
<td>Beef Roast</td>
<td>1 ounce</td>
<td>46 kcal</td>
<td>8 grams</td>
<td>6</td>
</tr>
<tr>
<td>Veal chop, loin</td>
<td>1 ounce</td>
<td>50 kcal</td>
<td>7.5 grams</td>
<td>5</td>
</tr>
<tr>
<td>Sirloin steak</td>
<td>1 ounce</td>
<td>53 kcal</td>
<td>8.5 grams</td>
<td>6</td>
</tr>
<tr>
<td>Venison</td>
<td>1 ounce</td>
<td>45 kcal</td>
<td>9 grams</td>
<td>5</td>
</tr>
<tr>
<td>Protein food</td>
<td>Serving</td>
<td>Calories</td>
<td>GRAMS PROTEIN</td>
<td>Protein Score</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------</td>
<td>----------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Ham, baked</td>
<td>1 ounce</td>
<td>70 kcal</td>
<td>6 grams</td>
<td>12</td>
</tr>
<tr>
<td>Center cut pork chop, broiled</td>
<td>1 ounce</td>
<td>68 kcal</td>
<td>8 grams</td>
<td>8.5</td>
</tr>
<tr>
<td>Pork tenderloin, roasted</td>
<td>1 ounce</td>
<td>46 kcal</td>
<td>8 grams</td>
<td>6</td>
</tr>
<tr>
<td>Edamane, shelled</td>
<td>¼ cups</td>
<td>94 kcal</td>
<td>8 grams</td>
<td>12</td>
</tr>
<tr>
<td>Tofu, firm</td>
<td>1 ounce</td>
<td>41 kcal</td>
<td>4.5 grams</td>
<td>9</td>
</tr>
<tr>
<td>Boca Burger</td>
<td>½ patty</td>
<td>50 kcal</td>
<td>6.5 grams</td>
<td>8</td>
</tr>
<tr>
<td>Morning Star Farms Veggie Crumbles</td>
<td>2/3 cups</td>
<td>80 kcal</td>
<td>10 grams</td>
<td>8</td>
</tr>
<tr>
<td>Plain Non fat Greek yogurt</td>
<td>⅛ cup</td>
<td>67 kcal</td>
<td>12 grams</td>
<td>6</td>
</tr>
<tr>
<td>Non fat plain yogurt, regular</td>
<td>⅛ cup</td>
<td>69 kcal</td>
<td>7 grams</td>
<td>10</td>
</tr>
<tr>
<td>Non fat fruit flavored yogurt</td>
<td>⅛ cup</td>
<td>116 kcal</td>
<td>5 grams</td>
<td>23</td>
</tr>
<tr>
<td>Peanut butter</td>
<td>1 TBSP</td>
<td>94 kcal</td>
<td>4 grams</td>
<td>24</td>
</tr>
<tr>
<td>Light Soy milk</td>
<td>8 ounces</td>
<td>60 kcal</td>
<td>6 grams</td>
<td>10</td>
</tr>
<tr>
<td>Skim milk</td>
<td>8 ounces</td>
<td>90 kcal</td>
<td>8 grams</td>
<td>11</td>
</tr>
<tr>
<td>Unjury protein powder, unflavored</td>
<td>1 scoop</td>
<td>90 kcal</td>
<td>20 grams</td>
<td>4.5</td>
</tr>
<tr>
<td>Almonds</td>
<td>1 ounce (25 each)</td>
<td>169 kcal</td>
<td>6 grams</td>
<td>28</td>
</tr>
<tr>
<td>Walnuts</td>
<td>1 ounce</td>
<td>185 kcal</td>
<td>4 grams</td>
<td>46</td>
</tr>
<tr>
<td>Pistachios</td>
<td>1 ounce (49 each)</td>
<td>161 kcal</td>
<td>6 grams</td>
<td>27</td>
</tr>
<tr>
<td>Cashews</td>
<td>1 ounce</td>
<td>157 kcal</td>
<td>5 grams</td>
<td>31</td>
</tr>
</tbody>
</table>

**Calculating the Protein Score (P-Score)**

1. Check serving size
2. Take total calories and divide by grams protein
3. Rate your protein choice based on its score
   - 4-10 = Excellent choice
   - 11-14 = Good choice
   - ≥15 = Not the best choice

---

**Nutrition Facts**

<table>
<thead>
<tr>
<th>Serving Size</th>
<th>1 egg (50g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serving per Container</td>
<td>12</td>
</tr>
<tr>
<td>Calories</td>
<td>70 Calories from Fat 40</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td></td>
</tr>
<tr>
<td>Total Fat</td>
<td>4.5g</td>
</tr>
<tr>
<td>Saturated Fat</td>
<td>1.5g</td>
</tr>
<tr>
<td>Monounsaturated Fat</td>
<td>5g</td>
</tr>
<tr>
<td>Polyunsaturated Fat</td>
<td>2.0g</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>215mg</td>
</tr>
<tr>
<td>Sodium</td>
<td>65mg</td>
</tr>
<tr>
<td>Potassium</td>
<td>80mg</td>
</tr>
<tr>
<td>Total Carbohydrate</td>
<td>1g</td>
</tr>
<tr>
<td>Protein</td>
<td>5g</td>
</tr>
</tbody>
</table>

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs. Calories | 2,000 | 2,500 |
| Total Fat | Less than | 65g | 80g |
| Sat Fat | Less than | 20g | 25g |
| Cholesterol | Less than | 300mg | 300mg |
| Sodium | Less than | 2,400mg | 2,400mg |
| Potassium | Less than | 3,500mg | 3,500mg |

Not a significant source of Dietary Fiber or Sugars.
READING A FOOD LABEL—IMPORTANT THINGS TO REMEMBER

1. **Consider YOUR serving size**
   Start by looking at the serving size and assessing how much YOU are actually going to eat. A look on a label of mixed nuts will tell you that 1 ounce of nuts = 6 grams protein. This may seem like a lot until you read further on the label that 1 ounce of nuts = 30 pieces and you are likely only going to be able to eat 5-10 pieces before you feel full. So your portion will only provide 1-2 grams protein.

2. **Look for the HIGHS and LOWS**
   The %Daily Value listed on the right hand side of the label can help you determine quickly if a foods is high or low in a nutrient.
   
   %DV of 20% or higher = that food is high in that nutrient
   
   %DV of 5% or lower = that food is low in that nutrient
   
   When comparing foods, you want to choose foods with high amounts of fiber, protein, calcium, iron, vitamin A and C. You want to choose foods with low amounts of fat, saturated fat, and sodium.

3. **Check the INGREDIENTS**
   The ingredients are listed from the highest weight to the lowest. This means that the higher an ingredient is on the list, the more prevalent it is in the food. Usually, healthier foods have few ingredients.
   
   There are two items you want to consider when reading the ingredients: sweeteners and whole grains.
   
   **GRAINS→** the 1st ingredient should start with the word “whole”
   
   **SUGAR→** when sugar is listed within the first 5 ingredients, the food is more likely to cause dumping.
   
   There are many foods that are code for sugar. Avoid those listed below with an X.

<table>
<thead>
<tr>
<th>ACCEPTABLE SWEETNERS</th>
<th>NOT ACCEPTABLE SWEETNERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Splenda—sucrolose</td>
<td>❌ Sugar</td>
</tr>
<tr>
<td>✓ Equal—aspartame</td>
<td>❌ Invert Sugar</td>
</tr>
<tr>
<td>✓ SweetN'Low—saccharin</td>
<td>❌ Sucrose</td>
</tr>
<tr>
<td>✓ Acesulfame Potassium</td>
<td>❌ Glucose</td>
</tr>
<tr>
<td>✓ AcesulfameK</td>
<td>❌ Dextrose</td>
</tr>
<tr>
<td>✓ Stevia</td>
<td>❌ Maltose</td>
</tr>
<tr>
<td>✓ Truvia</td>
<td>❌ High Fructose Corn Syrup</td>
</tr>
<tr>
<td>✓ Fructose (if sugar &lt;3 grams/serving)</td>
<td>❌ Molasses</td>
</tr>
</tbody>
</table>

*Note: Be cautious of sugar alcohols—can cause GI upset. Only use them if <2-3 grams of sugar.*

*Sorbitol, Mannitol, Xylitol, Lactitol, Erythritol, Isomalt, Hydrogenated starch hydrolystates*
**Servings per Container**
In the example to the right, there are 21 servings of 2 crackers each in the whole box. If you eat 4 crackers, you are eating 2 servings and double the amount of calories, fat, etc. listed on the Nutrition Facts label.

**Calories**
See how this food item fits into your total daily calories and meal plan.

**Total Fat**
No more than 30% of your calories should come from fat. If you are eating a 1200 calorie diet, this means no more than 40 grams of fat per day. It is especially important to limit Saturated Fat and Trans Fat. Both are harmful to your blood cholesterol.

**Cholesterol**
Aim for less than 200mg/day. Cholesterol comes from animal sources so it can’t be avoided entirely.

**Sodium**
The daily recommendation for most people is to limit to less than 2400mg/day.

**Total Carbohydrate**

* Dietary Fiber: goal 25-30g/day (helps you feel fuller longer)
* Sugars: Avoid Added Sugars. Remember fruit and milk have natural sugar so look to the ingredients list to determine.
* Sugar Alcohols: (i.e. sorbitol, xylitol) are listed separately on a food label.

They may cause GI upset so try in limited amounts.

**Protein**
Pay attention to your protein! Remember the goal is 60-80 grams per day. Aim for 15-20 grams per meal.

**Ingredients**
Ingredients are listed in order by amount, so the first ingredient listed appears in the largest amount in the food.

Watch for words that disguise sugar, salt and fats!

* **Sugar:** Fructose, Glucose, Dextrose, Honey, Molasses, Brown Sugar, Invert Sugar, Corn Syrup, High Fructose Corn Syrup, Maple Syrup, Crystalline Fructose.
* **Sodium:** Salt, Monosodium Glutamate, Sodium, Sodium Chloride, Baking Soda, Baking Powder, Brine, Sea Salt, DiSodium
* **Fat:** Hydrogenated, Coconut Oil, Palm Oil, Cream, Whole Milk, Milk Solids
FOOD LABEL CLAIMS DEFINED:

- **Free** → an amount so small that it probably won’t have an effect on the body. Less than 0.5 grams per serving.
- **Low fat** → 3 grams or less per serving
- **Low saturated fat** → 1 gram or less per serving
- **Low sodium** → 140 milligrams or less per serving
- **Very low sodium** → 35 milligrams or less per serving
- **Low cholesterol** → 20 milligrams or less per serving and 2 grams or less of saturated fat per serving
- **Low calorie** → 40 calories or less per serving
- **Reduced** → At least 25% less calories, fat, saturated fat, cholesterol, or sodium than comparable food.
- **High** → 20% or more of the Daily Value for a given nutrient
- **Light** → 1/3 fewer calories or 50% less fat than the traditional version of the food
- **Good source** → 10%-19% of the Daily Value of that nutrient
- **Healthy** → Used for labels on foods those are low in saturated fat and unsaturated fats and specific levels of cholesterol, sodium and other vitamins and minerals.
- **Lean** → Less than 10 grams of total fat, 4 grams of saturated fat and 95 milligrams cholesterol per 3 ounces serving
- **Extra Lean** → Less than 5 grams of total fat, 2 grams of saturated fat and 95 milligrams of cholesterol per 3 ounce serving
### Measurement Conversion Chart

<table>
<thead>
<tr>
<th>Cup</th>
<th>Fluid Ounces</th>
<th>Tablespoons</th>
<th>Teaspoons</th>
<th>Milliliters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 cup</td>
<td>8 oz</td>
<td>16 tbsp</td>
<td>48 tsp</td>
<td>237 ml</td>
</tr>
<tr>
<td>¾ cup</td>
<td>6 oz</td>
<td>12 tbsp</td>
<td>36 tsp</td>
<td>177 ml</td>
</tr>
<tr>
<td>½ cup</td>
<td>5 oz</td>
<td>11 tbsp</td>
<td>32 tsp</td>
<td>158 ml</td>
</tr>
<tr>
<td>½ c</td>
<td>3 oz</td>
<td>8 tbsp</td>
<td>24 tsp</td>
<td>118 ml</td>
</tr>
<tr>
<td>¼ c</td>
<td>2 oz</td>
<td>5 tbsp</td>
<td>16 tsp</td>
<td>79 ml</td>
</tr>
<tr>
<td>⅛ c</td>
<td>1 oz</td>
<td>2 tbsp</td>
<td>6 tsp</td>
<td>30 ml</td>
</tr>
<tr>
<td>1/16 c</td>
<td>½ oz</td>
<td>1 tbsp</td>
<td>3 tsp</td>
<td>15 ml</td>
</tr>
</tbody>
</table>

### Measurements Conversions

| 1 c   | ½ pint       |
| 2 cups | 1 pint       |
| 4 cups | 1 quart      |
| 2 pints | 1 quart     |
| 4 quarts | 1 gallon    |
| 8 quarts | 1 peck      |
| 4 pecks | 1 bushel    |
| 3 tsp  | 1 tablespoon |
| 4 tbsp | ⅛ cup        |
| 5 ⅛ tbsp | ⅜ cup       |
| 8 tbsp | ⅝ cup        |

### Safe Meat Temperatures Cooking Times

- Beef ...140°F... rare ... safe to eat
- Beef ...160°F ... medium ... safe to eat
- Beef ...170°F ... well-done ... safe to eat
- Pork roast ... 165°F ... done ... safe to eat
- Lamb roast ... 145°F ... safe to eat
- Pork or Lamb, ground ...160°F ... safe to eat
- Ham, precooked ... 140°F ... done
- Chicken, whole ... 180°F ... safe to eat
- Turkey, whole... 180°F... in thick part of thigh
- Stuffing in poultry ... 165°F ... safe to eat

### Oven Temperature Conversion Chart

<table>
<thead>
<tr>
<th>Temperature Level</th>
<th>Fahrenheit</th>
<th>Celsius</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very low</td>
<td>250 - 275°F</td>
<td>121 - 135°C</td>
</tr>
<tr>
<td>Slow Cook</td>
<td>300 - 325°F</td>
<td>149 - 163°C</td>
</tr>
<tr>
<td>Moderate Heat</td>
<td>350 - 375°F</td>
<td>177 - 191°C</td>
</tr>
<tr>
<td>High Heat</td>
<td>400 - 425°F</td>
<td>204 - 218°C</td>
</tr>
<tr>
<td>Very Hot</td>
<td>450 - 475°F</td>
<td>232 - 246°C</td>
</tr>
<tr>
<td>Extremely Hot</td>
<td>500 - 525°F</td>
<td>260 - 274°C</td>
</tr>
</tbody>
</table>
Ways to use protein powder at each stage following surgery.

CLEAR LIQUIDS
The UNJURY® flavors mixed as suggested below are allowed on a Clear Liquid Diet

- Strawberry Sorbet UNJURY mixed with water or sugar free lemonade
- Unflavored UNJURY mixed with Clear Liquid beverages, such as sugar-free Crystal Light
- Chicken Soup flavor UNJURY flavor mixed with heated water
- UNJURY Hi-Protein Jell-O

FULL LIQUIDS
All UNJURY flavors mixed as suggested below are allowed on a Full Liquid Diet

- Chocolate or Vanilla UNJURY mixed with skim milk, soy milk or Lactaid milk or coffee – decaf
- Vanilla UNJURY mixed with orange flavored beverages or juices for a dreamsicle taste.
- Strawberry Sorbet UNJURY mixed with water or sugar free lemonade
- Chicken Soup flavor UNJURY mixed with heated water.
- Unflavored UNJURY mixed with beverages, warm soups.
- Vanilla UNJURY mixed with cereals such as cream of wheat or oatmeal.
- UNJURY Hi-Protein Jell-O or Pudding

SOFT FOODS
All of the UNJURY choices from the above are allowed on a Soft diet. Here are some additional ideas.

- Use Chicken Soup flavor UNJURY (mixed with warm water) to moisten soft vegetables and soft cooked chicken.
- Mix Chicken Soup flavor UNJURY® or Protein’d Cheese Sauce into prepared mashed potatoes.
- Add soft cooked vegetables, such as carrots or peas, to prepared
- Chicken Soup flavor UNJURY®
**Basic Unflavored Smoothie Recipe**
*Do not use this recipe on the pre-op full liquid diet.*
1/4 cup Liquid (Trop50 Orange Juice or LIGHT V-8 Fusion)
1 scoop or packet Unflavored UNJURY
1/4 cup Frozen, Unsweetened Fruit
(Examples: 3 small Strawberries, 3 peach slices, 1/4 cup blueberries or 1/4 cup raspberries)
Note: If you use fresh fruit, add 1/4 cup ice.

**Directions:**
Add liquid to blender. Next add Unflavored UNJURY, followed by your fruit of choice. Blend until smooth. If you prefer a thinner consistency, add more liquid or water.

**Nutrition Facts per 1/2 cup:**
- 110 calories
- 20 grams Protein
- 8 grams carbohydrates
- 5 grams sugar

---

**Basic Chocolate Smoothie Recipe**
*Do not use this recipe on the pre-op full liquid diet*
1/4 cup Liquid (skim milk, almond milk, or soy milk)
1 scoop or packet Chocolate (Splendor or Classic)
1/4 cup Frozen, Unsweetened Fruit (Examples: 3 small Strawberries or 1/4 cup raspberries)
Note: If you use fresh fruit, add 1/4 cup ice.

**Directions:**
Add liquid to blender. Next add Chocolate Splendor or Chocolate Classic UNJURY, followed by your fruit of choice. Blend until smooth. If you prefer a thinner consistency, add more liquid or water.

**Nutrition Facts (per 1/2 cup):**
- 135 calories
- 22 grams Protein
- 11 grams carbohydrate
- 8 grams sugar
Basic Vanilla Smoothie Recipe
*Do not use this recipe on the pre-op full liquid diet
1/4 cup Liquid (Trop50 Orange Juice or LIGHT V-8 Fusion)
1 scoop or packet Vanilla UNJURY
1/4 cup Frozen, Unsweetened Fruit
(Examples: 3 small Strawberries, 3 peach slices, 1/4 cup blueberries, or ¼ cup raspberries)
Note: If you use fresh fruit, add 1/4 cup ice.

Directions:
Add liquid to blender. Next add Vanilla UNJURY, followed by your fruit of choice. Blend until smooth. If you prefer a thinner consistency, add more liquid or water.

Nutrition Facts (per 1/2 cup):
128 calories
20 grams Protein
11 grams carbohydrate
9 grams sugar

Berry Smoothie
*Do not use this recipe on the pre-op full liquid diet
1 Scoop or packet Vanilla UNJURY
1/4 cup Dannon Light and Fit Blueberry Yogurt
1/4 cup Trop50 Orange Juice
1/4 cup Ice
1/4 cup Frozen Raspberries

Directions:
In a blender, combine the ice, raspberries and orange juice. Mix UNJURY into yogurt and spoon into blender. Blend for 10-15 seconds, until a smooth consistency is reached.

Nutrition Facts (per 1 cup):
150 calories
22 grams Protein
15 grams carbohydrate
10 grams sugar
Chocolate Banana Smoothie
*Do not use this recipe on the pre-op full liquid diet
1 Scoop or Packet of UNJURY 1 cup (8 Ounces) Skim Milk (1 cup) 1/4 cup Sliced Banana*

Directions:
Place all ingredients in a blender and blend until smooth.

Nutrition Facts:
214 calories 28 grams protein
25 grams carbohydrate
19 grams sugar
*Alternative: To lower carbohydrates and sugar try:
1-2 tbsp. sugar-free, fat-free banana pudding
or 1/2 – 1 drop banana extract

Cinnamon Caramel Coffee
1 scoop or packet Unflavored UNJURY
1 cup (8 ounces) Water
4 tsp. General Foods International Sugar Free French Vanilla Café
2 tsp. Sugar Free Carmel Syrup
1/8 tsp. Cinnamon

Directions:
Measure 4 tsp General Foods International Sugar Free French Vanilla Café into a shaker. In a separate cup measure water and heat in microwave (below 140 degrees). Add warm water to General Foods International Sugar Free French Vanilla Café and stir. Add 1 scoop Unflavored UNJURY to shaker and shake until dissolved . Add 2 tsp. Sugar Free Caramel Syrup to shaker and stir until combined. Add 1/8 tsp cinnamon and stir.

Nutrition Facts:
110 calories
20 grams protein
2 grams carbohydrate
2 grams sugar
High Protein Oatmeal (Instant Oatmeal Packet)
*Do not use this recipe on the pre-op full liquid diet
1 packet instant oatmeal
2/3 cup water (or milk) 2
1 scoop or packet Chocolate, Vanilla, or Unflavored UNJURY

Directions:
Empty 1 packet instant oats into a microwave-safe bowl. Add 2/3 cup water (or milk) and stir. Heat in microwave 1-2 minutes or until cereal begins to thicken. Carefully remove from microwave and allow to cool for 30 seconds (~ 140 degrees). Stir in 1 scoop or packet of UNJURY.

Nutrition Facts (per serving):
180 calories 24 grams protein
19 grams carbohydrate
0 grams sugar

1 Nutrition facts are based on instant oatmeal packets. Other types such as steel cut oats and old fashioned oats may be substituted. Be sure to follow product instructions for preparation.
2 Nutrition facts are based on water. Skim milk, soy milk, almond milk, lactaid or your favorite milk product may also be substituted.

Add other tastes you like!
- Spice it up with: Cinnamon, ginger, nutmeg or cloves
- Sweeten it up: Sugar substitute, brown sugar, maple syrup
- Add a little crunch: Granola, toasted walnuts, almonds
- Top it off with fruit: Berries, bananas, apples, pears or peaches
Original UNJURY® Chicken Soup
UNJURY Chicken Soup Flavor 1 cup (8 Ounces) Warm Water

Directions:
Heat water to 140 degrees
Add 1 packet, or scoop of Chicken Soup Flavor UNJURY.
Stir until smooth.

Nutrition Facts:
90 calories 20 grams protein
1 gram carbohydrate
1 gram sugar

Super Quick & Easy Homemade Chicken Soup
UNJURY Chicken Soup Flavor (2 scoops or packets) - Serves 2
2 cups (16 Ounces) Warm Water (heat only to 140 degrees)
6 oz. Boneless, skinless Chicken Breast
1 cup Steamed Vegetables

Directions:
Microwave frozen vegetables according to package directions
Remove vegetables from microwave and drain
Open and drain canned chicken (6 oz. in water), or cut up some cooked chicken
Measure 2 cups water (16 oz.) and heat in microwave (heat only to 140 degrees)
Stir in 2 scoops or packets Chicken Soup Flavor UNJURY to warm water
Stir warm vegetables and chicken into Chicken Soup Flavor UNJURY. Enjoy!

Nutrition Facts (per serving):
206 calories 44 grams protein
13 grams carbohydrate
Hi-Protein Jell-O Use Sugar-Free Jell-O*
4 serving package
2 Scoops or Packets of UNJURY Protein
1 box of Sugar-Free Jell-O, 4 serving package
2 cups (16 ounces) water

Directions:
Follow package directions for dissolving Jell-O in 1 cup of boiling water.
After dissolving, set aside to cool for 3 to 5 minutes.
In a different bowl, measure 1 cup of cold water.
Add two scoops or packets of UNJURY to cold water, one scoop or packet at a time, stirring slowly to dissolve.
Stir UNJURY mixed in cold water into dissolved Jell-O.
Chill quickly. The protein will settle somewhat to create a smooth cloud at the bottom. The taste is unchanged.

Nutrition Facts (1/2 cup serving):
60 calories
11 grams protein
1.5 grams carbohydrate
1.5 grams sugar

Suggestions for flavors:
- Unflavored UNJURY in any flavor of Jell-O
- UNJURY's Vanilla protein powder in any flavor of Jell-O (results in a creamy taste)
**Strawberry Banana Jell-O Pudding Pops**

*Use Instant Sugar-Free Banana Pudding*, 1 oz. box, makes 6 popsicles

2 Scoops or Packets of UNJURY Strawberry Sorbet Protein
2 cups (16 ounces) of Skim Milk
1 1oz. Box of Instant Sugar-Free Banana Pudding (Not Cooked) 4-serving package

**Directions:**

Measure 2 cups of cold skim milk following package directions.
Add two scoops, or packets of Strawberry Sorbet UNJURY to the two cups of cold milk. Thoroughly mix the UNJURY powder with the milk by shaking or stirring.
Put the Jell-O Sugar Free Instant (Not Cooked) Dry Pudding Mix into a bowl.
Add the UNJURY and milk mixture to the dry pudding mix. Stir for 2 minutes.
Pour into 6 small paper cups (3 oz. pudding per cup).
Place popsicle stick in center of each cup.
Put cups in freezer for about 4 hours.
Once popsicles have frozen, peel away the paper cup and enjoy!

**Nutrition Facts per 3oz. popsicle (makes 6):**

- 76 calories
- 9 grams protein
- 9 grams carbohydrate

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**Strawberry Lemon Hi-Protein Jell-O**

*Use Sugar-Free Lemon Jell-O, 4 serving package*

2 Scoops or Packets of UNJURY Strawberry Sorbet Protein
2 cups (16 ounces) Water
1 box of Sugar-Free Lemon Jell-O*, 4 serving package

**Directions:**

Follow package directions for dissolving Jell-O in 1 cup of boiling water.
After dissolving, set aside to cool for 3 to 5 minutes.
In a different bowl, measure 1 cup of cold water.
Add two scoops or packets of Strawberry Sorbet UNJURY to cold water, one scoop or packet at a time, stirring slowly to dissolve.
Stir UNJURY mixed in cold water into dissolved Jell-O.
Chill quickly. The protein will settle somewhat to create a smooth cloud at the bottom. The taste is unchanged.

**Nutrition Facts (1/2 cup serving):**

- 60 calories
- 11 grams protein
- 1.5 grams carbohydrate
- 1.5 grams sugar
**High Protein Pudding**

2 Scoops or Packets of UNJURY Unflavored Protein
1oz. Box of Instant Sugar-Free Pudding (Not Cooked) 4-serving package*
2 cups (16 ounces) skim milk

**Directions:**
Measure 2 cups of cold milk following package directions.
Add 2 scoops or packets of UNJURY's Unflavored Protein to the two cups of cold milk.
Thoroughly mix the UNJURY powder with the milk by shaking or stirring.
Then follow pudding package directions by putting the Instant, Sugar-Free Dry Pudding Mix into a bowl. Add the Unjury and milk mixture. Mix Well.
Chill and Enjoy!

**Nutrition Facts (per ½ cup serving):**
105 calories 14 grams protein
12 grams carbohydrate
6 grams sugar

*Suggestions for flavors:
- Unflavored UNJURY in Chocolate pudding mix
- Vanilla UNJURY in Vanilla pudding mix

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**Creamsicle Jell-O Pudding Pops**

**Use Instant Sugar-Free Vanilla Pudding, 1 oz. box, makes 6 popsicles**
2 Scoops or Packets of UNJURY Vanilla Protein
2 cups (16 ounces) Skim Milk
1-1oz. Box of Instant Sugar-Free Vanilla Pudding (Not Cooked) 4-serving package
1 tsp. of Orange Extract

**Directions:**
Measure 2 cups of cold skim milk following package directions.
Add two scoops, or packets of Vanilla UNJURY to the two cups of cold milk.
Thoroughly mix the UNJURY powder with the milk by shaking or stirring.
Put the Jell-O Sugar Free Instant (Not Cooked) Dry Pudding Mix into a bowl.
Add the UNJURY and milk mixture to the dry pudding mix. Stir for 2 minutes.
Mix in 1 teaspoon of Orange Extract (adjust to taste).
Pour into 6 small paper cups (3 oz. pudding per cup).
Place popsicle stick in center of each cup.
Put cups in freezer for about 4 hours.
Once popsicles have frozen, peel away the paper cup and enjoy!

**Nutrition Facts per 3oz. popsicle (makes 6):**
76 calories, 9 grams protein, 9 grams carbohydrate
Guidelines for keeping a **written** food record

- **WRITE DOWN EVERYTHING** THAT YOU CONSUME.
  - Be as specific as possible. Example of a **Bad** entry → Soup and crackers
  - Example of a **Good** entry → ½ cup Campbell's Tomato soup with 3 saltine crackers

- **WRITE IT DOWN NOW, NOT LATER.**
  - Record as close to meal time as possible. The longer you wait, the more you are likely to forget.

- **BE SPECIFIC ABOUT PORTIONS.**
  - Measure in ounces, cups, tablespoons, or volume fluid ounces.
  - Avoid using abstract sizes—bites, bowl, scoop.
  - Example of a **Bad** entry → bowl strawberries, 1 scoop eggs, 4 bites grits
  - Example of a **Good** entry → 1 cup sliced strawberries, 2 eggs scrambled (or ½ cup), 4 TBSP grits

- **DESCRIBE METHOD OF PREPARATION.**
  - Example: Grilled chicken breast; baked French fries; steamed vegetables.

- **INCLUDED ITEMS USED IN PREPARATION.**
  - Example: ½ cup sliced onions sautéed in 1 tsp olive oil; 2 Fried egg cooked with Pam.

- **DON’T FORGET CONDIMENTS AND ADD ONS.**
  - Examples: 1 biscuit with 2 TBSP gravy; 8 ounces of coffee with 1 TBSP flavored creamer
  - 1 sandwich (2 slices 100% whole wheat bread, 3 slice 98% Fat free turkey, 1 TBSP mayo)
  - 6. Specify if an item is homemade or purchased. If purchased, specify size and brand.

- **DOCUMENT SNACKS, NIBBLES AND SNEAKS.**
  - That piece of candy or handful of cheese from the while making dinner count too.

- **TRACK YOUR PROTEIN AND FLUID TOTALS EVERY DAY**
  - Grams Protein—Check the label grams/serving and adjust for how much you ate.
  - The website [www.calorieking.com](http://www.calorieking.com) can help you figure out how much protein is in your food.
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