

Managing your weight, changing your life



Legacy Health

Legacy Weight and Diabetes Institute



Important information

Legacy Weight and Diabetes Institute

A department of Legacy Good Samaritan Medical Center

Good Samaritan Building 2
1040 N.W. 22nd Ave., Suite 520
Portland, OR 97210
www.legacyhealth.org/weight

Legacy Weight and Diabetes Institute

Phone: 503-413-7557 • Fax: 503-413-6547 • Toll-free: 800-733-9959, ext. 37557

For general information on pre-surgical evaluation and follow-up appointments.

Valerie J. Halpin, M.D.

Jay Jan, M.D., FACS

Kevin Reavis, M.D.

- Nurse practitioner: Christy Powers, FNP
 - Registered dietitians: Pam Evans, M.S., R.D.; Sarah Curole, R.D.
 - Physical therapists: Nancy Sullivan, P.T.; Tony Wolff, P.T.
 - Physician assistant: Lisa A. VanderWerff, PA-C
 - Psychologists: Avid Farahani, Psy.D.; Dale Veith, Psy.D.; Emily York, Ph.D.
-

Oregon Weight Loss Surgery LLC (OWLS)

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Emma J. Patterson, M.D., FRCSC, FACS

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Parking information

Valet parking

For your convenience, free valet parking is available for patients and visitors weekdays, 7 a.m.–4:30 p.m. at the main hospital entrance. Parking is also available in parking structures 2 and 3.



Our weight-loss surgery program steps

Step one: Come to our Welcome Group. Complete an application, lab work, EKG and psychology questionnaire. After that you will meet individually with a dietitian, physical therapist, medical provider and psychologist at Legacy Weight and Diabetes Institute.

Step two: Meet with a surgeon. The surgeon's office will call you to set up this meeting.

Step three: Come to our class about surgery.

Step four: Surgery

Step five: Post-surgery follow-up appointments and support groups

	Date/Time	Done	Notes
Step one			
Complete application and bring to Welcome Group			
EKG			
Lab tests			
Sleep study			
Psychology appointment			
Nutrition appointment			
Medical appointment			
Physical therapy appointment			
Additional possible steps			
Echocardiogram			
EGD or UGI			
Cardiology consultation			
Step two			
Surgeon appointment			
Step three			
Class about surgery			
Step four			
Surgery			
Step five			
Follow-up appointments and support group (ask for schedule in office)			

A comparison of two approaches to weight loss

Typical approach to weight loss	Healthier approach to weight loss
Reason for change	
• Being fat is bad. Being thin is good. • Believing you must weigh XXX pounds • Hating your body • Thinking your life will be fixed when you lose weight	• Moving toward health, energy and fitness • Understanding that every body is different • Becoming your own best friend • Treating yourself like the wonderful person you are
Attitude	
• Seeking a quick fix (being impatient) • Developing temporary behaviors • Trying to be perfect • Wanting all the weight off now • Thinking you should be able to do it alone	• Learning slowly (being patient) • Developing new, life-long healthy habits • Remaining flexible and open • Knowing that you will make mistakes
Behavior	
• Depriving and restricting yourself • Seeing foods and eating behavior as good or bad • Exercising just to lose weight • Doing exercises you don't like and then giving up • Exercising too much and being hard on your body	• Being kind to yourself • Asking for help in making healthy changes • Eating foods that you enjoy and that nourish your body • Practicing being aware of what and why you eat • Eating when you are hungry and stopping when you first feel full • Doing activities that you enjoy and that feel good
Results	
• You may lose weight, but usually gain it back, and then some. • You feel like a failure when you gain weight back.	• Your small steps will lead to success. • You'll start to believe you can achieve other personal goals.

Source: Adapted from Kaiser Permanente Cultivating Health Weight Management Resource Guide

Calorie awareness

	Choices without calorie awareness	Calories	Choices with calorie awareness	Calories
Breakfast	Burger King Double Croissanwich with sausage, egg and cheese	680	2 pieces French toast with 2 Tbsp maple syrup	380
			½ cup fresh blueberries	60
Lunch	2 slices pepperoni pizza	800	2 slices thin crust vegetable pizza	400
	Regular Coke	145	1 cup baby carrots	70
			Diet coke	0
Snack	Snickers bar	280	Tangerine	60
			String cheese	100
Dinner	Veal parmesan	540	1½ cups spaghetti with meat sauce	472
	2 slices garlic bread	300	1 slice garlic bread	150
	Caesar salad	260	Tossed salad with light dressing	50
Snack	1 cup Häagen-Daz chocolate peanut butter ice cream	720	Skinny Cow ice cream bar	140
Total		3,725	Total	1,862

The amount of calories each person needs will be different depending on activity level, age, weight and gender. Ask your dietitian about a calorie level that is right for you.

Look under the resource tab at the back of this book for ideas about books and websites that will help you find the calorie content of foods.

Hunger management

Hunger management = portion control = weight management

It is normal to be hungry every three to four hours. If you wait longer to eat, you will be more hungry. Then, you might want higher-calorie foods and larger portions. You might also eat faster than usual.

It takes your body 20 minutes from the time you start eating to tell you that you are full or satisfied. Eating slower helps you recognize how full you are. You then eat less.

Protein and fiber will help you stay full longer.

You can manage calories better if you eat protein and fiber at each meal. Try to eat at least 10 grams of protein and more than 4 grams of fiber for each meal and snack. The table below is an example.

	Fiber (grams)	Protein (grams)
Breakfast		
1½ cup wheat bran flakes	8	4
¾ cup milk	—	6
½ cup blueberries	1.7	.5
Snack		
8 whole-grain crackers	3	3
1 Tbsp peanut butter	1	4
Lunch		
Salad including 2½ cups spinach	5	3
3 oz chicken	0	25
½ cup garbanzo beans	7	9
Snack		
3 carrot sticks (1 medium)	6	3
String cheese	0	8
Dinner		
3 oz salmon	—	21
1 cup green beans	2	1
Snack		
1 cup plain yogurt	—	13
1 cup raspberries	8	1.5
Total	38.1	105

Hunger/fullness scale

Some people find it hard to eat smaller amounts of food due to hunger. We all find it hard to eat small amounts when we are really hungry. We may also eat faster, which makes it hard to stop eating before we are really full.

Choosing to eat when you feel just a little bit of hunger, and stopping when you feel just a little full,

can go a long way to help with weight loss.

Use the hunger scale below to help think about how you feel before, during and after meals. Aim to stay between 3 and 7. Tell your dietitian where you usually are before and after meals.



Making life changes for weight loss

Making life changes for weight loss and better health can be hard and takes time. We go through many stages before we are able to make lasting changes. Even if you're ready to lose weight, you may not feel ready for some changes you will need to make. Look at the six stages below. Think about what stage you are in. We will use different strategies to help you move through each of the stages of change.

Stage 1, pre-contemplative — You're not thinking about change at all. You may not even be aware that you need to change. At this stage, we want you to see the possible benefit from making a certain change.

Stage 2, contemplative — You're thinking about making a change. You're starting to see how important it is to make this change. But, you are not ready to take any steps. At this stage, we help you think about what your life would be like without any changes. Then, we help you think about what your life would be like with changes.

Stage 3, preparation — You're planning to make a change. You are getting things organized. You are even trying to change a little. At this stage, we would help you find resources to put your plan into action.

Stage 4, action — You're making changes. You are practicing. You are problem-solving and doing things differently. At this stage, we would support you to make the changes you want to make. We would help you problem-solve any challenges that come up.

Stage 5, maintenance — You have practiced the new way of doing things so much that it has become a habit. The chance of going back to old habits (relapse) is low. Here, we would help you to keep going with your plan. We would help you manage any challenges along the way.

Stage 6, relapse — You have returned to your old way of doing things because something happened that made you stop doing your new, healthier habit. At this stage, it is very important to get support. We would help you learn from your challenges and get the support you need. For some people, this could mean moving through these stages again.

Pros and cons of changing to healthier habits

Pros	Cons
<i>Examples:</i> Increased energy Will feel better	<i>Examples:</i> Have to wake up early to exercise Takes too much time to cook

The blueprint for my new life

Importance scale, 1–4: 1 = somewhat important; 2 = important; 3 = very important; 4 = essential to my new identity

I want my life to include:	Importance (1–4)
<i>Examples: travel, health improvement, getting rid of medications, playing on the floor with children/grandchildren, etc.</i>	

What gets you in the mood to eat?

Mark your triggers

- ☐ Hunger
- ☐ Satisfying your senses
- ☐ Boredom/restless
- ☐ Punishment
- ☐ Anger/frustration
- ☐ Pressure from others
- ☐ Loneliness
- ☐ Anxiety
- ☐ Happiness
- ☐ It looks/tastes good
- ☐ Celebration
- ☐ Availability
- ☐ Social events
- ☐ Others eating
- ☐ Comfort
- ☐ Habit
- ☐ Tiredness/fatigue
- ☐ Reward/bribery
- ☐ Stress

- ☐ Time of day
- ☐ PMS
- ☐ TV ads
- ☐ Sedation/food coma
- ☐ Depression
- ☐ Procrastination
- ☐ Distraction
- ☐ Cravings
- ☐ Low blood sugar

Other

If you are not hungry but want to eat, what else can you do?

Where do you eat?

- ☐ Garage
- ☐ Bedroom
- ☐ Bathroom
- ☐ TV room/living room
- ☐ Kitchen

- ☐ Dining room
- ☐ Closet
- ☐ Car
- ☐ Hallway
- ☐ Computer room/study/office

Surgery options

Why surgery?

Less than 1 in 20 morbidly obese people can lose weight and keep it off. In 1991, the National Institutes of Health determined that surgery is the only effective way for morbidly obese people to lose weight and keep it off. Surgery takes away some health problems that come from being obese. Surgery could help you have better health and quality of life.

What is minimally invasive weight-loss surgery?

Minimally invasive, or laparoscopic surgery, is done through a few small cuts in the belly wall. A hollow tube is put into each cut. Long, narrow surgical

tools are put into the belly through these tubes. A narrow camera is also put into the belly. The surgeon sees the picture on a video monitor like a TV.

Most patients feel less pain after laparoscopic surgery and recover faster and can do normal activities sooner. Most patients have less infections or hernias.

Which surgery is best for you?

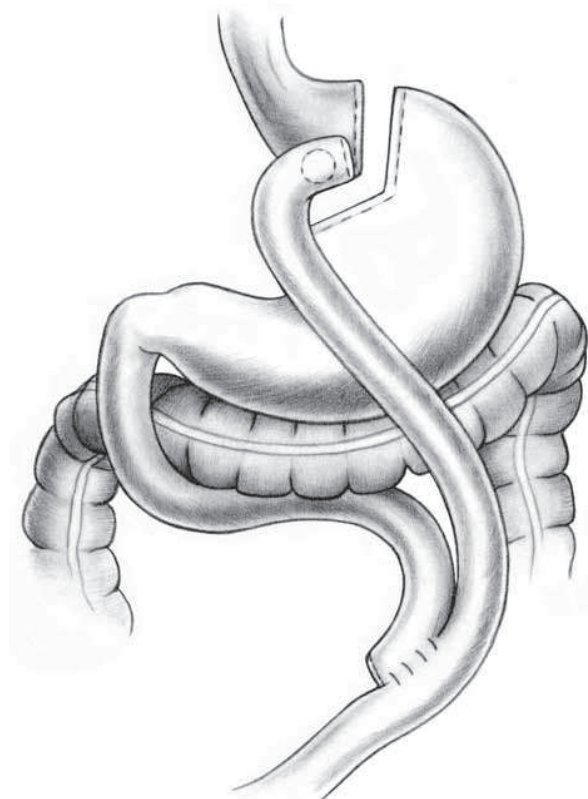
There are several helpful surgeries for weight-loss. There is not one surgery that is best for all patients. We offer several choices. We want you to learn the pros and cons, and risks and benefits of each operation. If you are at high risk for surgery, we may suggest one over another.

Roux-en-Y gastric bypass

This surgery is also called “gastric bypass.” It has three steps. First, we create a small gastric pouch from the original stomach. The new pouch is about the size of a golf ball. The stomach is usually about the size of a football. The smaller stomach holds less food so you feel full faster.

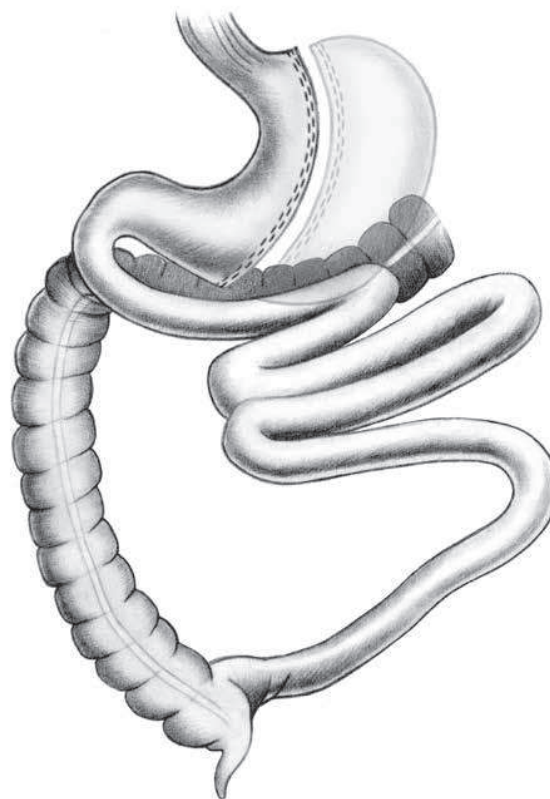
The next step of this surgery is to divide the jejunum, the second part of the small bowel, and connect its bottom part to the gastric pouch. Food will travel from the mouth to the esophagus to the gastric pouch and to the jejunum or “Roux limb.” Food no longer goes to the larger part of the stomach.

For the last step, the surgeon reconnects the bowel to the part of small bowel that was connected to the gastric pouch. This step will allow digestive juices to mix with food in the Roux limb, at the “Y” intersection. This surgery takes about two hours.



Sleeve gastrectomy

Sleeve gastrectomy is a new surgery. Most of the stomach is removed. What is left is a long stomach that is like a tube. It goes from the esophagus to the small intestine. The surgery is simpler than a gastric bypass. It does not bypass any of the intestinal tract. There is no foreign material left in the belly. Early weight loss results are promising.

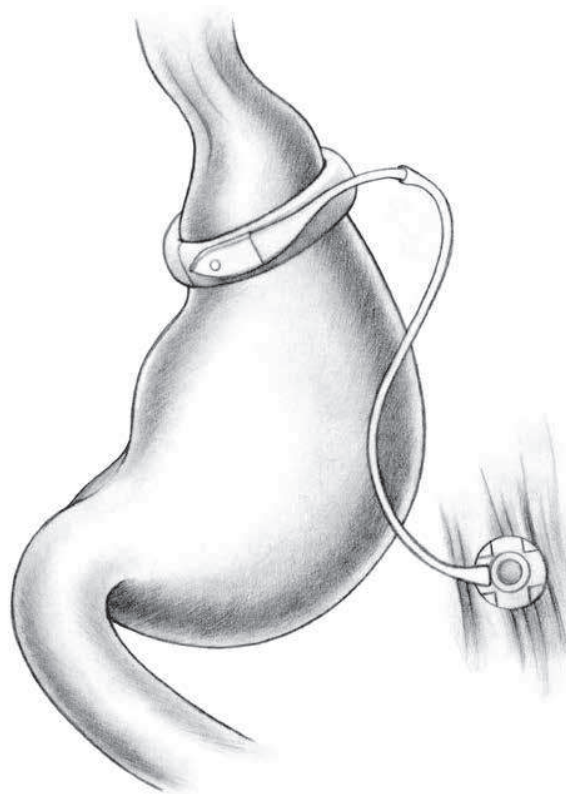


Adjustable gastric banding

This treatment is also called the “lap band.” It reduces the amount the stomach can hold. A band is put around the top of the stomach. This makes a new, smaller pouch. This pouch is also about the size of a golf ball. You would be full with less food.

A surgeon can adjust the band at any time. You would just need to come back in for an appointment. The band has a balloon-like ring that can be inflated with saline (fluid) to increase the level of tightness. Saline (fluid) can also be removed from the band to lessen the tightness. You and your surgeon will decide how much fluid is right for you.

There is no stapling or stomach rerouting. The lap band is the least invasive of the weight-loss surgeries. Your hospital stay would be less than 24 hours. Some patients stay overnight. Some go home the same day. This surgery can also be reversed but it is intended to be permanent.



Benefits and risks of surgery

Having surgery is a personal decision and a medical one. At Legacy Weight and Diabetes Institute, we will teach you about the surgery. We will help you think about the benefits and risks of surgery. We also want you to think about the possible risks of not having surgery. Morbid obesity can lead to serious illness and even death.

Benefits

A healthy diet and regular exercise are an important part of losing weight, even with surgery. Most weight loss happens in the first 12 to 24 months after surgery. The average patient loses 50 to 70 percent of extra weight.

Weight loss helps many health issues, such as:

- High blood pressure
- High cholesterol
- Heart disease
- Diabetes
- Asthma
- Sleep apnea
- Heartburn
- Urinary leakage
- Low back pain
- Joint pain
- Limited activity tolerance

Most people recover from weight-loss surgery quickly. You could go back to desk work within one to three weeks. If your job is more active, you may need to wait three to six weeks. If you have a problem from the surgery, it could take longer.

Risks

Your surgeon will talk with you about the risks of surgery in general and how it could affect you personally. Problems are possible with any major surgery. Surgery is a serious choice. Some problems that can happen after surgery may need to be treated with medicines or more procedures.

Risks include:

- Death
- Less weight loss than you wanted
- Lung problems: pneumonia, blood clot
- Infection
- Bleeding, blood transfusion
- Bowel blockage
- Your bowel could leak into your belly
- Ongoing nutrition problems: lack of protein, vitamins and minerals
- Your stomach outlet could block
- An adjustable band could slip or erode. The access port could rotate or become infected.
- Nausea, vomiting, some temporary hair loss, food intolerances, changing bowel habits, loss of muscle mass
- Unplanned pregnancy (as sometimes infertility resolves)
- Possible birth defects. This could happen if you do not have enough vitamins and minerals.
- You could lose more weight than you wanted

Do you qualify for surgery?

Legacy Weight and Diabetes Institute helps you find out if you can have weight-loss surgery. We can also help answer some insurance questions.

You should also call your insurance company and ask about your coverage for weight-loss surgery.

We help decide if you are able to have surgery by looking at the National Institutes of Health (NIH) guidelines. They suggest surgery if:

- You have a body mass index (BMI) greater than 40 or
- You have a BMI greater than 35 and illnesses, such as high blood pressure, heart disease or diabetes.
- You can prove that you have tried other appropriate ways to lose weight.
- You are very motivated to change your lifestyle. You will need to agree to be more active and eat healthy.
- You have not smoked for at least six months.
- You can handle general anesthesia.

Your surgeon will look at your medical history as well as other factors to decide if surgery is likely to be safe and effective for you. We want you to understand how the surgery works. We also want you to understand how obesity affects your health and what you will need to do after surgery. To meet your goals, you will need to change your diet, how you eat and exercise.

To see if you qualify for surgery, you must go through our process.

Our process

You will need to have a medical evaluation at Legacy Weight and Diabetes Institute. This needs to be done at our clinic because our providers specialize in weight-loss surgery.

This appointment is important. It can help you get insurance pre-approval for the surgery. The appointment will include a history of all of your medical conditions related to obesity.

We also will need a complete list of your medicines and allergies. You will have an electrocardiogram (EKG), lab tests and a physical exam.

Laboratory tests

- Folate and B12
- Iron deficiency profile
- Comprehensive metabolic panel*
- Lipid profile panel*
- Vitamin D
- Uric acid
- Glycosylated hemoglobin (HgbA1c)*
- Thyroid stimulating hormone (TSH)
- Parathyroid hormone (intact)
- Helicobacter pylori, IgG
- Complete blood count (CBC)

After your medical evaluation, we will talk about any areas of concern. You may need a referral to a specialist, such as a cardiologist, pulmonologist, nephrologist or endocrinologist. You may also need additional diagnostic testing to make sure you are ready for surgery.

Sleep study and weight-loss surgery

Why do you need a sleep study before surgery?

When you go to sleep, the muscles that keep your throat open relax. If you have sleep apnea, the muscles relaxing can cause your throat to narrow. Then it is hard for you to breathe.

Your brain senses this. It tries harder to breathe. Then you wake up and turn from side to side, trying to open up your throat. Once breathing gets easier, you go back to sleep. This cycle continues to happen again and again.

Why does this matter with obesity?

Seventy to 75 percent of obese people have sleep apnea. Most people do not know they have it.

What health problems are associated with sleep apnea?

Sleep apnea that is not treated can lead to:

- Too much daytime sleepiness
- Disturbed sleep

**Fasting for at least 12 hours*

- Morning headaches or nausea
- Loss of interest in sex and impotence
- Frequent nighttime urination
- High blood pressure
- Heart attack
- Stroke
- Depression

How do you know if you have sleep apnea?

Loud snoring is one of the most common symptoms. A sleep study is the best way to find out if you have sleep apnea. You can have a sleep study at a sleep center. It is an overnight test. Sensors and monitors are small metal discs taped to your head and skin. They watch how your body sleeps. They see brain waves, muscle movements, eye movements, breathing through your mouth and nose, snoring, heart rate and leg movements. You will also have a clip attached to your finger or earlobe. The clip watches the oxygen level in your blood. After the study, a sleep specialist reviews the results. You can have this test at Legacy Good Samaritan Sleep Disorders Center.

How is sleep apnea treated?

A continuous positive airway pressure (CPAP) can help. The CPAP machine delivers air through a small mask worn over the nose.

Why do you need a sleep study before weight-loss surgery?

More than 75 percent of our patients have sleep apnea and many don't know it. If you don't know that you have it, sleep apnea can lead to serious problems. Also, your oxygen levels after surgery could fall very low. Then, you could have serious medical problems — even death. If you have sleep apnea, we want you to get treated before surgery, as this will make surgery safer.

You can schedule a sleep study with your doctor, and fax the report to 503-413-8241. We can also help you schedule a study.

How to prepare for surgery

Your “before-surgery” checklist

- Have labs drawn within four weeks of your surgery
- Lose weight before surgery. This will help your surgeon perform your surgery safely.
- Avoid all non-steroidal, anti-inflammatory (NSAIDS) medications seven days before your surgery. These medications can increase your risk of bleeding. These include aspirin, ibuprofen, Motrin, Advil and Aleve. These also include any other medications that you may use for arthritis. Please ask if you are unsure. Tylenol is OK to use.

The day before surgery

- One day before surgery, have an all-liquid diet. Examples of liquids: protein shakes, Propel, Gatorade, low-fat milk, juice, water, JELL-O and broth
- Drink plenty of fluids! It is important you are well hydrated when you arrive for surgery.
- Do not eat or drink anything after midnight before your surgery.
- Do not shave your abdomen. This may increase your risk of infection.
- To prevent skin infections after surgery, take a warm shower or bath. Clean your skin with an antibacterial soap such as Dial, Lever 2000 or Safeguard. Your partner should also shower with antibacterial soap to help keep their germs from spreading to you. Do not put on body products like lotion or powder after bathing. Dry off with a freshly washed towel and dress in freshly washed sleep wear. Your bed sheets should also be freshly washed. Do not allow your pet to sleep with you.

The morning of surgery

- After you wake up on the morning of your surgery, take only the medicines your doctor recommended, with sips of water.
- Clean your abdomen with the provided cleansing wipes. Open the package of wipes and pull out

one wipe. Wipe the skin of the surgical area, using a light back-and-forth motion for 60 seconds. (Do not follow the package instructions by wiping for three minutes because that can irritate the skin.) Be sure to wipe in and around all skin creases, including stomach rolls.

- If itching or redness happens, rinse the area and stop using the wipes.
- Allow the skin to air dry.
- Repeat with the second wipe in the package.
- It is normal for the skin to feel sticky. Do not rinse your skin.
- Do not shower, wash or put lotion or makeup on your skin after using the wipes.
- Dress in freshly washed clothes for your trip to the hospital.

• If you are on a beta blocker, that is the only blood pressure medication that will be taken the morning of surgery.

- Take any anti-depressants the morning of surgery with a sip of water.
- Diabetes instructions — If you are on diabetic medications by mouth, do not take them the day of surgery. If you are on insulin, please ask your surgeon if you need to take it.

• Bring your CPAP if you have sleep apnea.

After you arrive at the hospital

- Check in at the front desk at Legacy Good Samaritan Medical Center.
- You will have a chance to ask your surgeon any last-minute questions.
- A nurse will take you to the operating room. An anesthesiologist will give you medicine to help you sleep.
- After you are asleep, the anesthesiologist will gently place a tube down your throat to help you breathe during your surgery.

After surgery in the recovery room

You will wake up in recovery. A recovery nurse will care for you. Once you are stable, you will be transferred to your hospital room.

Your hospital stay

- Most patients spend one to two nights in the hospital.
- You will be given medications to treat your pain and nausea, as needed.
- When you are able, you will be encouraged to get up and walk around.
- Do deep breathing exercises to keep your body well-oxygenated.
- You will slowly start drinking liquids.

Discharge criteria (before you can go home)

- Your pain needs to be controlled with oral (by mouth) medications.
- You will be able to move around without help.
- You will be able to show us that you understand how to do the deep breathing exercises.
- You will be able to handle liquids — at least 1 ounce every 15 minutes.
- You can urinate (go to the bathroom) without issues.

After you are home

- Take pain medications as needed.
- Medications need to be liquid, chewable or crushed for the first four weeks after surgery. You can swallow your pills if they are the size of a pencil head eraser or smaller.
- Do not lift more than 15 pounds or do strenuous activity for four weeks. Walk more each day. You can go up and down stairs.
- You cannot drive until after you are off pain medication.
- You will receive a prescription for Pepcid to take twice daily.
- Wound care — Your incisions (cuts from surgery) have been closed with under-the-skin sutures (stitches) that slowly dissolve. Your incision has

Call your surgeon if:

- You are short of breath
- You have a rapid (fast) heart rate
- You have chest pains
- You have abdominal pain that gets worse or lasts for more than one hour
- You have fever, chills or weakness
- You vomit persistently
- Your wound gets infected
- You go to any emergency room other than Legacy Good Samaritan's

Phone numbers

Dr. Halpin, Dr. Jan and Dr. Reavis — 503-413-7557

Dr. Patterson — 503-227-5050

been covered with skin adhesive. It usually peels off in 10 days. It is OK to shower, but do not soak or scrub the site for 10 days after surgery.

- Constipation is common after surgery. You may need to take a stool softener such as Colace (docusate sodium) that you can buy over the counter.
- Diet — Two weeks of liquids, two weeks of pureed. Make sure you have protein shakes available for you when you arrive home.

Eating after weight-loss surgery

We have split this information into phases. That way, you can focus on what is most important during each phase after surgery. You are about to begin a long process. We want you to do well. You will be changing your life and lifestyle. It takes time to develop new eating and exercise habits. Just take small steps. Work on one thing at a time. We are here to help you. Remember that you need to change your lifestyle for good. This will prevent you

Weight-loss surgery does not cure obesity. It is a tool that helps you lose weight when combined with a healthy diet and regular exercise. Your ultimate success depends on your lifestyle choices!

from gaining weight back.

Please follow these guidelines closely after surgery. You will need to make regular follow-up appointments with one of our dietitians. We want to make sure that you are getting enough nutrients during each phase. The dietitian will help you learn about nutrition so you can take charge of your food choices. If you have

questions about your diet, please call one of our dietitians at 503-413-7557.

Phase 1 — First two weeks after surgery

To help your stomach heal after surgery, you need to introduce foods slowly. The following guidelines will help you heal properly and have the most success with weight loss.

You should have a follow-up appointment with one of our dietitians three to four weeks after surgery. Please bring at least three days of food records to your appointment.

Stay hydrated

Drink 48 to 64 ounces of fluid a day. Drink at least 4 ounces of fluids every hour you are awake (4 oz × 16 hrs. = 64 oz per day).

Do not drink carbonated, caffeinated or sugared drinks.

Get enough protein

For your daily protein needs, in grams, multiply your current body weight in pounds by 0.3. For example, a 300-pound person would need 90 grams of protein ($300 \times .3 = 90$).

It might be hard for you to eat this much protein at first. But, you should work up to this amount. Focus on your protein needs when you are deciding what to drink. Always meet your protein needs for the day or have a plan to meet them before you eat

foods without protein in them. Read the sample menu on page 4.2 for ideas on what to eat to meet your protein needs.

You will need a protein powder/supplement. If you can't drink the protein supplement after surgery, please call the dietitian.

Supplements

You will need a chewable multivitamin and chewable calcium for the first four weeks. We suggest Centrum multivitamin (liquid or chewable) and chewable calcium citrate. We will talk about any other vitamin supplements you might need at your first follow-up appointment.

Liquids only for the first two weeks

Your stomach will only hold about two tablespoons right after surgery. You will need to sip fluids slowly all the day. You will start with just one ounce over 15 minutes. You can increase slowly.

Liquids you can have the first two weeks after surgery

- Milk — preferably 2 percent, or calcium-fortified soy milk
- Low-sugar yogurt (no seeds or chunks)
- Protein supplement — A powder form is the best option because you can control how much protein you get in a serving. Read the nutrition label to decide how much you need to meet at least one-third of your daily protein needs in a 10-ounce serving. Mixing the powder with 1 cup of milk will add 8 grams of protein.
 - If you get tired of your protein drink or do not like the taste, try adding a dash of vanilla, cinnamon or sugar-free syrup.
- Soups without lumps/chunks
 - Brands such as Pacific Natural Foods or Trader Joe's offer tomato, gingered carrot, roasted red pepper, etc.
 - Add milk or non-fat dry milk powder to increase protein in soup.
 - Strained pureed soups (must pass through a sieve)
- Vegetable juice, e.g., V8, carrot juice or homemade if juicer available
- Water — You need 48 to 64 ounces of total fluid every day. Most of this should come from plain water.
- Herbal tea

Phase 1 — Sample menu for first two weeks after surgery

Meal	Food	Serving size*	Protein content
Breakfast	Protein supplement mixed with milk	1 cup, 8 oz	Milk = 8 grams; supplements should provide at least 20 grams
Snack	Yogurt	1 cup, 8 oz	10 grams
Lunch	Tomato soup mixed with milk	1 cup	6 grams
Snack	Low-sodium V8 juice	½ cup	2 grams
Dinner	Protein supplement mixed with milk	1 cup, 8 oz	Milk = 8 grams; supplements should provide at least 20 grams

*Serving sizes listed may take more than 30 minutes to finish, especially the first week after surgery.

Recommended protein supplements

Brand	Protein source	Where to buy	Nutrition information	Serving size
EAS Whey	Whey protein concentrate and isolate	Target www.bodybuilding.com \$23 for 2 lbs	Calories: 120 Protein: 23 g	1 scoop 2 lb bag = 30 servings
Revival Soy (sucralose sweetened)	Soy protein blend (non-GMO soy isolate and soy concentrate)	www.soy.com \$42/15 servings	Calories: 120 Protein: 20 g	1 packet
Syntrax Nectar	Whey protein isolate	www.bariatricchoice.com 800-993-1143	Calories: 90 Protein: 23 g	
Unjury	Whey protein isolate	www.unjury.com 800-517-5111	Calories: 100 Protein: 20 g	1 scoop
Premier Protein (premade)	Milk protein isolate	Costco	Calories: 160 Protein: 30 g	11 oz

You can use Crystal Light or Propel for some of your fluids. You can also squeeze a lemon or lime into your water.

Pay close attention to how your body feels before, during and after you eat. If you feel so full that you are uncomfortable at the breastbone, stop drinking right away. If you ignore this feeling, you could vomit or have pain. You do not need to feel full after meals. Give yourself permission to throw food away or save it for later.

Things to avoid

In order to prevent blockage of the small opening at the bottom of the pouch, it is important to **avoid chewing gum, lozenges and hard candies**. To reduce belching and gas, which cause discomfort, avoid carbonated beverages.

Avoid concentrated sugars and fats. Pure carbohydrates, e.g., sugar, candy, fruit juice and other foods high in sugar, may cause “dumping syndrome.” This is lightheadedness, shakiness, vomiting or diarrhea. If you have these foods on a regular basis, you could lose weight more slowly and even gain weight back.

Limit coffee and caffeine for the first four weeks. These drinks cause dehydration and can stimulate your bowel. Then, you could cramp or have diarrhea. Both coffee and tea interfere with the absorption of some vitamins and minerals.

Dairy intolerance — Some people do not tolerate dairy products after surgery. If you cannot tolerate dairy, try using Lactaid milk or calcium-fortified soy milk. Lactase or Dairy Ease can help you digest the lactose in regular milk.

Introduce new foods one at a time. If you cannot tolerate a food, avoid it for a week or two. Then retry.

Constipation — Pain medications can cause constipation. You should have relief after you are done with them. If constipation continues, make sure you are drinking enough fluids. You can add supplemental fiber such as Benefiber or Metamucil to drinks. You can also use over-the-counter laxatives such as Peri-Colace or Dulcolax.

Phase 2 — Foods you can eat three to four weeks after surgery

Lap-band surgery patients follow this phase for one week, then move on to phase 3.

All foods should be the consistency of cottage cheese. Small, moist lumps are OK.

Proteins — Ground, moist foods only

- Low-fat tofu
- Ricotta cheese
- Crab meat
- Fish, canned or fresh
- Eggs
- Cottage cheese
- Shrimp
- Milk — skim or 1 percent
- Yogurt
- Vegetarian refried beans

Vegetables — All vegetables need to be cooked and blended or mashed.

Beverages

- Water
- Crystal Light
- V8 juice
- Carrot or tomato juice
- Skim milk or milk substitute

- G2 (low-calorie Gatorade)
- Caffeine-free herbal teas
- Vitamin Water Zero

Condiments

- Herbs/spices
- Salsa
- Lemon juice
- Ketchup
- 1 teaspoon olive oil or flax seed oil
- Vinegar
- Light sour cream
- Mustard
- Light mayonnaise
- Avocado
- Hummus

Below is a sample menu. We want you to try a variety of foods.

Portions vary from 4 tablespoons to ½ cup depending on the type of food you are eating. The best way to decide on portions is to listen to your stomach.

Meal	Day 1	Day 2	Day 3
Breakfast	Low-sugar vanilla yogurt	Cottage cheese, Cream of Wheat	Scrambled egg with salsa
Snack	Protein drink	Protein drink	Protein drink
Lunch	Ground chicken with barbecue sauce, pureed pears	Tuna salad, cooked carrots	Low-fat refried beans with salsa and shredded cheese
Snack	Protein drink	Protein drink	Protein drink
Dinner	Ground beef with marinara sauce and cooked cauliflower	Ground turkey and baked sweet potato	Pureed salmon, pureed beets

Ask your dietitian for more ideas.

Phase 3 — Four to six weeks after surgery

Introducing new foods

Most of your diet should now be soft food. All foods should be moist. Your goal is to get most of your daily protein needs from food. Most people still need to use supplemental protein for three months after surgery.

Introduce new foods one at a time. This will help you see how well you tolerate each food. See below for a sample menu.

Foods to avoid

Sweets, bread, pasta, rice, dry meat, raw vegetables and fruits with skins. Avoid fruit juice.

Planned meals

As you begin to eat more variety, it is more important to have meal times that are set apart from other activities. You need to have at least three meals a day. Most people need to eat two more times daily to meet minimum nutrient needs. A planned, healthy snack is OK.

Sample soft menu

The sample menu below has healthy snack ideas. Avoid snacking often throughout the day.

Slow down and chew foods well. Chewing food slowly and thoroughly will help with digestion. Each meal should take at least 15 to 30 minutes, but no longer than 30 minutes.

Separate liquids from meals. Make this a habit for life. Avoid drinking liquids of any kind five minutes before and at least 30 minutes after meals. If you are

drinking enough fluids (64 oz. or more) throughout the day, you should not be thirsty at meal times.

Supplements

Be consistent about taking your vitamins/minerals and medications. If you had gastric bypass or sleeve gastrectomy surgery, you should take calcium citrate with vitamin D twice daily, and iron, sublingual vitamin B12 and a multivitamin once a day. Do not take calcium and iron at the same time. Doing so decreases the absorption of both. You will need to take supplements for the rest of your life to avoid nutrient deficiencies.

If you had lap band surgery, you will need a daily multivitamin and calcium twice daily. The clinic may ask you to take additional vitamins based on the results of your lab tests.

Other healthy snacks

- ¼ cup cottage cheese with fruit (Limit fruits if you have diabetes.)
- 1 thin slice of lean deli turkey
- V8 juice
- One graham cracker square with 2 teaspoons peanut butter
- 4 oz light yogurt with high-fiber cereal (more than 5 grams of fiber per serving)
- Hard-boiled egg
- ¼ cup black beans with melted cheese
- ¼ cup edamame, cooked

Meal	Day 1	Day 2	Day 3
Breakfast	6 oz low-fat, low-sugar yogurt	¼ cup low-fat cottage cheese, 2 tbsp diced pears	1-egg omelet with 2 tbsp diced turkey
Snack	Protein drink	Protein drink	Protein drink
Lunch	¼ cup tuna salad with low-fat mayonnaise, 4 whole wheat crackers	¼ cup egg salad with low-fat mayonnaise, 4 whole grain crackers	¼ cup vegetarian (low-fat) refried beans, 1 tbsp salsa, 1 tbsp low-fat cheese
Snack	1 oz light mozzarella string cheese	1 oz protein bar	6 oz low-sugar yogurt
Dinner	2 oz flaked fish, 2 tbsp sautéed zucchini	⅓ cup cubed chicken with low-fat gravy, 1 tbsp cooked carrots	½ cup turkey vegetable stew (finely chopped pieces)

Ask your dietitian for more ideas.

Phase 4 — Six to 12 weeks after surgery

Introducing more new foods

It is time to start introducing most foods into your diet. **Remember that food texture, bite size, how well you chew and portion size will affect your tolerance.**

Try all kinds of moist-cooked meats. Trim the fat. You can also have raw vegetables. Just be careful with tough or stringy parts, e.g., stalks of broccoli and celery. Breads are best if toasted. Pasta and rice are better cooked soft. Fruits with tough skins might be hard for you. You may need to peel fruit.

Chew foods well

Chew foods well. This helps digestion. Food that is not chewed well can make you feel uncomfortable. Moist foods are usually easier to digest than drier foods. Foods re-heated in a microwave can often be dry and hard to digest. You can add a small amount of liquid to microwave foods.

Keep your meals consistent

Keep meals and snacks in the same amounts and at the same time. Do not graze all day long. Plan your meals and snacks so that you can make healthy choices. Protein is still important. Plan well to help yourself get enough protein. If you skip meals or go too long without eating, you can eat more quickly. This can lead to problems tolerating foods or over-eating. Do not delay or skip meals.

Eat a variety of foods

You should have a variety of foods at each meal. Try to have at least two different food items at each meal. Each meal should have at least one high-protein food. Eat a variety of food throughout the day and week. Although you may not be able to handle some foods at first, you might be able to later. Try a food more than once.

Phase 5 — Three to six months after surgery

Introducing more new foods

At three to four months after surgery, most patients have tried and can handle most foods. Most people can get enough protein from foods. This is true if they have a high-protein food at each meal and snack. Then, they might be able to stop using supplemental protein. Talk with your dietitian about that.

Pay close attention to your body signals

When you are able to eat a variety of food, it becomes easier to overeat. This is a crucial time to determine emotional hunger versus physical hunger. Know when you are full. You should never feel stuffed, just satisfied. If it is hard for you to stop emotional eating, you might want to get help from a mental health professional. You can also go to a support group.

Chew slowly and thoroughly

As you introduce more fibrous foods, it becomes especially important to chew foods well. Foods can get stuck or cause discomfort if not chewed well.

It is also important to take time with your meals. Eating quickly can cause indigestion and discomfort.

Keep your meals small and consistent

Have a routine or pattern for meal times, amounts and types of food. Meal planning will help you eat healthier and continue to lose weight.

Drink plenty of water

You will always need to drink plenty of fluids. Most of your fluids should be non-carbonated, non-caf-feinated and calorie-free. Water, Crystal Light and Propel fitness water are good choices.

Be careful with alcohol

If you had gastric bypass surgery, your body now absorbs alcohol quickly. This will cause you to become intoxicated with very little alcohol. Alcohol is high in calories with little nutritional value. Even if you drink only small amounts on a regular basis, you can hinder weight loss.

Phase 6 — Life-long dietary guidelines

Six months post-surgery and thereafter

These are general guidelines. They will help you remain successful with weight loss and weight maintenance.

The best diet for weight loss and weight maintenance is adequate in protein, moderate in fat, high in fiber, and low in sugar and refined grains. All dietary phases since surgery encourage this way of eating. Our dietitians are available for more help developing a healthful diet.

Eat three well-balanced meals per day. If you are hungry between meals, find healthy snacks. Plan to eat a small snack when you will be most hungry.

Always eat enough protein. You don't need to eat too much, just make sure you are getting enough.

Have a protein-rich food at each meal. (Total daily needs in grams = your weight in pounds $\times$ 0.3.)

Watch how much fat you eat. Some fat is good. Monounsaturated or polyunsaturated fats are very good. Just know that high-fat foods (even the good fats) are higher in calories.

Eat a variety of foods. For the most nutritious meals, aim for at least three different kinds of food. An example is scallops, green beans and a quarter of a small sweet potato.

Remember — Do not skip meals!
Breakfast • Lunch • Dinner

Avoid liquid calories. Stick to water and other calorie-free drinks.

Eat slowly and chew food well. Eating fast can lead to eating more. You should be able to enjoy all foods. You should also eat many different foods. The key is moderation. Be moderate with portion size and how often you eat something.

Always listen to your body. If you are comfortably full or satisfied, stop eating. If you are hungry, eat!

Maintaining your weight

If you are struggling to maintain weight or get to a healthy weight, come in for an appointment. Support is key for weight management.

Protein content of various foods

	Food/beverage	Serving size	Grams of protein	Calories
<i>Best choice</i>	Tuna, canned in water	3 oz	21	100
<i>Best choice</i>	Salmon	3 oz	20	125
<i>Best choice</i>	Shrimp, boiled	3 oz	21	85
<i>Best choice</i>	Tilapia	3 oz	21	105
<i>Best choice</i>	Dungeness crab	3 oz	15	80
<i>Best choice</i>	Turkey, breast meat without skin	3 oz	25	120
<i>Best choice</i>	Scallops, large, steamed	3 oz, approx. 6 scallops	15	75
<i>Best choice</i>	Lobster	3 oz	19	85
<i>Best choice</i>	Ham, thinly sliced deli meat	3 oz	26	130
	Chicken, dark meat without skin, stewed	3 oz	22	165
<i>Best choice</i>	Chicken, white meat without skin, stewed	3 oz	25	135
	Pork chop	3.5 oz	21	150
	Roast	3 oz	19	200
	Ground beef, 7 percent fat	½ cup	21	120
	Amy's Vegetarian Chili	½ cup	8	100
Meat alternatives				
<i>Best choice</i>	Tofu, raw	½ cup	10	95
	Peanut butter	2 tbsp	8.5	190
	Almonds, dry roasted	1 oz, approx. 20 nuts	6	165
	Soy nuts	¼ cup	10	120
	Edamame	½ cup	8	100
Starches				
<i>Best choice</i>	Fat-free refried beans	½ cup	9	135
<i>Best choice</i>	Kidney beans	½ cup	7	110
<i>Best choice</i>	Black beans, canned, drained	½ cup	7.5	120
	Baked beans	½ cup	8	160
	Barley	1 cup	3.5	200
	Garbanzo beans (chickpeas)	½ cup	7	140
Soups				
	Low-fat creamed soup	1 cup	6–9	90
<i>Best choice</i>	Bean or lentil soup	1 cup	7.5	60
<i>Best choice</i>	Minestrone	1 cup	5	60
	Split pea	1 cup	9	160
Dairy				
<i>Best choice</i>	Cottage cheese, reduced-fat	½ cup	14	80
<i>Best choice</i>	Mozzarella, skim	1 oz	6	80
	Cheddar cheese, shredded	¼ cup	7	110
<i>Best choice</i>	Cheddar cheese, fat-free, shredded	¼ cup	9	35
<i>Best choice</i>	Skim milk	1 cup (8 oz)	8	80
<i>Best choice</i>	Yogurt, light	1 cup	8	90
<i>Best choice</i>	Yogurt, Greek, non-fat or low-fat	1 cup	14	100
	Egg, large	1 egg	7	65
	Egg substitute	¼ cup	7	60

3 oz. of meat is about the size of a deck of cards

Resources

Online support

Connect with other patients who are also going through weight-loss surgery:

Please note: These are Internet-based groups. *They are not private. Anything you post can be viewed by people outside of the groups.* If you prefer, you can create a user name that cannot be associated with your actual name. That will make it less likely that others can identify you.

Lap band patients — <http://health.groups.yahoo.com/group/goodsambandsters>

Gastric bypass and sleeve gastrectomy patients — <http://health.groups.yahoo.com/group/goodsambypassers>

Click “Join this group.” Follow the instructions to sign up.

To sign up, you will need to be approved. Site moderators make approvals. Please type in the password, “Good Sam Support” in the “comment to owner” box.

Additional websites

Legacy Weight and Diabetes Institute — www.legacyhealth.org/weight

Sign up for our newsletter, helpful tips and support



Facebook — Join us on Facebook to see new research and information about weight management. Legacy Weight and Diabetes Institute manages this information.

Nutrition websites

bariatriceating.com — Recipes and ideas for nutrition after surgery

sparkpeople.com — Ideas for motivation in the areas of eating and exercise

hungrygirl.com — Recipes, shopping lists, upbeat tips to motivate you

fitday.com — Free online food and exercise tracking

obesityhelp.com — Bariatric surgery support and information

lapbandtalk.com — Info and support for those who have had or are thinking about lap band

theworldaccordingtoeggface.blogspot.com — Blog from a woman who had lap band. The blog includes recipes to use after weight-loss surgery.

eatright.org — A website sponsored by the American Dietetic Association

myfitnesspal.com — Free food and activity tracker. A favorite site of many in the clinic

Books

“Intuitive Eating” by Evelyn Tribole, M.S., R.D.

“Eat This, Not That!” by David Zinczenko

“Eating Well After Weight Loss Surgery” by Patt Levine and Michele Bontempo-Saray

“Weight Loss Surgery: Finding the Thin Person Hiding Inside You!” by Barbara Thompson

“CalorieKing Calorie, Fat and Carbohydrate Counter” (calorieking.com) by Allan Borushek, R.D.

Physical activity

geocaching.com — Treasure hunting for cash using compass/GPS

arthritis.org — Public swimming pools in Oregon that have water arthritis classes. To find them, click the “Resources” tab, choose “Community Programs,” then “Aquatics,” then “Find a local program” at the bottom of the page.

oregonlive.com/pools — Locations and phone numbers for pools in Oregon

youtube.com — Many free exercise videos. Try searching for “sit and fit” or “silver sneakers.”

Notes

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Legacy Weight and Diabetes Institute
A department of Legacy Good Samaritan Medical Center
www.legacyhealth.org/weight

