Weight Loss Center
Bariatric Binder
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#2 IN GI SURGERY
#6 IN THE NATION
Welcome

Thank you for choosing our weight loss center.

Take this binder with you to all of your appointments. Read it several times. Write down your thoughts, questions, and goals in it. This binder will be your go-to guide along the way.

The Cedars-Sinai Weight Loss Center is a one-of-a-kind program, with expert, multidisciplinary providers and world-class care. We are proud to be ranked by U.S. News & World Report as the No. 8 hospital in the nation and No. 2 in GI surgery. Our bariatric center is accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program.

We look forward to supporting you on this journey for many years to come!
Address + Contact Numbers

Cedars-Sinai Weight Loss Center
8635 W. Third St.
West Medical Office Tower, Suite 795
Los Angeles, CA 90048

To make an appointment, call:
310-423-8350, option 3

To speak to Cindy, the Patient Navigator about next steps in the process, call:
310-423-1983

To speak to Karen, the surgery scheduler for Dr. Burch and Dr. Sandhu, call:
310-423-1273

To speak to Delia, the surgery scheduler for Dr. Cunneen, call:
310-423-8690

After surgery, to speak to a nurse with a clinical concern, call:
310-423-8350, option 4
Directions to Cedars-Sinai

10 FREEWAY East
From: Santa Monica
Take 10 East
- Exit La Cienega Blvd. North (10-East exit)
- Go straight onto La Cienega Blvd. and continue to Third Street
- Go left on Third Street and continue to Sherbourne Drive
- Go right on Sherbourne Drive and continue to parking lot 4
- P4 is on your right-hand side

10 FREEWAY West
From: Baldwin Park, Compton, Corona, El Monte, Hawaiian Gardens, Long Beach, Moreno Valley, Murrieta, Norwalk, Paramount, South Pasadena
Take 10 West
- Exit Venice Blvd/La Cienega Blvd. (10-West exit)
- Go straight onto Cadillac Avenue and continue to La Cienega Blvd.
- Go right on La Cienega Blvd. and continue to Third Street
- Go right on Sherbourne Drive and continue to parking lot 4
- P4 is on your right-hand side

101 FREEWAY
Take 101 South
- Exit Highland Avenue (101-South exit)
- Go straight onto Highland Avenue and continue to Beverly Blvd.
- Go right on Beverly Blvd. and continue to San Vicente Blvd.
- Go left on San Vicente Blvd. and continue to parking lot 4
- P4 is on your right-hand side

405 FREEWAY
From: Hawthorne, Torrance, Wilmington
Take 405 North
- Exit Santa Monica Blvd. (405-North exit)
- Go right onto Santa Monica Blvd. and continue to South Santa Monica Blvd.
- Go straight onto South Santa Monica Blvd. and continue to Burton Way
- Go right on Burton Way and continue to Robertson Blvd.
- Go left on Robertson Blvd. and continue to Alden Drive
- Go right on Sherbourne Drive and continue to parking lot 4
- P4 is on your right-hand side
Parking Information

The closest parking lot is **Parking Lot P4**. It is accessible from both San Vicente Blvd. and S. Sherbourne Drive.

If you use Apple Maps or Google Maps, you are able to select the P4 Parking Garage as your destination at Cedars-Sinai.

Be sure to check the map on page 11.

**Parking Lot Rates:**

- 1st hour free
- $5 each hour thereafter
- $15 daily maximum

Unfortunately, we do not validate parking.

*Note that the parking garages at Medical Offices East and Medical Offices West are not operated by Cedars-Sinai. Parking rates there will remain at $18 per day.*

**Value Tickets:** Ideal for ongoing appointments • One lot entry per ticket • No expiration dates • Includes full valet

- 7 Tickets $80 (represents a 24% cost savings or $25)
- 14 Tickets: $140 (represents a 33% cost savings or $70)
- 30 Tickets: $200 (represents a 56% cost savings or $250)

Sold at:

- Pavilion parking booth, Street Level, Lot P4, Room A1511: M—F 8a.m.—4:30p.m.
- Parking Office, Lot P8, Room 100, off George Burns Road: M—F 6:30a.m.—9p.m.
- Rideshare Office, South Tower, Street Level, Room 1603: M—F 7a.m.—3:30p.m.


**Value Card 7-Day:** Ideal for frequent visits • Unlimited lot entry/exit before expiration date • Includes full valet •

- $80 (represents a 24% cost savings or $25)
- 14-Day: $140 (represents a 33% cost savings or $70)
- 30-Day: $200 (represents a 56% cost savings or $250)

Sold at:

- Lot P4 Pavilion M—F, 5 a.m.—10 p.m.
- Parking Office, Lot P8, Room 100, off George Burns Road: M—F 6:30 a.m.—9 p.m.

If you are unable to pick up a pass during office hours, call 310-423-5535 and a staff member will arrange a drop-off.

The Parking Office accepts cash, personal checks, and credit and debit cards. All other selling locations only accept credit, debit or cash.

**Valet**

Valet parking is the same price as self-parking. Gratuities are not accepted.

Valet is available at the following locations:

- Lot P4 Pavilion: M—F, 5 a.m.—10 p.m.
- Lot P3 South Tower: M—F, 5:30 a.m.—11 p.m./Sat—Sun, 10 a.m.—10 p.m.
- Lot P5 Emergency Department, North Tower, Street Level: M—F 6:30 a.m.—11 p.m.
- Lot P1 North Mezzanine: M—F, 8:30 a.m.—6:30 p.m.
- Taper: M—F, 6 a.m.—6 p.m.
- Lot P6 Cancer Center: M—F 6 a.m.—7 p.m.
- Lot P9 310 Building: M—F, 6—10 a.m.
Walking Directions From Lot P4

Follow the pink arrows on the map on pg. 11.

- Exit P4 on the ground level on S. Sherbourne Drive and walk to your left
- Turn right on W. Third Street and start walking
- There are two tall black buildings on your right-hand side. Pass the Wells Fargo on your right, and walk in between the two tall black buildings.
- The West Medical Tower is the tall black building to your left
- Enter the building and take the elevator to the 7th floor
- Exit on the 7th floor and turn to your right. We are Suite #795

You may also download the Cedar-Sinai app on your smartphone.

If you are lost after you have parked, click on the Medical Center Walking Directions in the bottom right corner.

Then, click Directory, in the top right-hand corner.

We are the first option, “Bariatric Surgery—West (Suite 795).” Click on that, and the app will guide you step by step to our office.
Meet the Team

Miguel Burch, MD

- Chief of Minimally Invasive and Gastrointestinal Surgery
- Director of the Advanced GI/Minimally Invasive and Bariatric Surgery Fellowship
- Associate Professor of Surgery

Miguel Burch, MD, has focused his career on diseases that affect the stomach and upper intestinal tract. He specializes in the management of obesity, reflux, achalasia and gastric cancer through minimally invasive laparoscopic and robotic surgery. Included in this program are minimally invasive management of primary and revisional bariatric and complex revisional foregut surgery.

Burch has been a principal investigator on several clinical trials, including investigator initiated and sponsored trials. He has co-authored manuscripts in peer-reviewed journals including: The Cancer Journal, Journal of Thoracic Surgery, Gastroenterology, JAMA Network, Gastrointestinal Endoscopy and Surgical Endoscopy, focusing on endoscopic antireflux surgery, revisional foregut surgery and minimally invasive management of GI malignancies.

Burch previously served at Boston Medical Center as director of Surgical Simulation and as assistant professor of Surgery at Boston University School of Medicine. He is a member of the American College of Surgeons, Pacific Coast Surgical Society, Western Surgical Society, the Society of American Gastrointestinal Endoscopic Surgeons and the Society for Surgery of the Alimentary Tract.

Burch holds a bachelor’s degree in psychology from George Mason University, and earned his medical degree from the Medical College of Virginia. Burch served his internship and residency at Boston Medical Center, where he earned awards for excellence in surgical critical care and the Lester Williams Teaching Award. He was named chief resident at Boston Medical Center in 2004 and completed a fellowship in minimally invasive surgery at Cedars-Sinai Medical Center in 2005.
Scott Cunneen, MD specializes in the management of obesity and reflux through minimally invasive laparoscopic and robotic surgery. Cunneen previously served as the associate director of Surgical Critical Care and Trauma, and assistant director of the Surgical Residency Program at Cedars-Sinai.

Cunneen has written several articles and presentations on a variety of subjects, including key articles on laparoscopic adjustable gastric banding. He is active in several organizations, including the Society of American Gastrointestinal Endoscopic Surgeons, Society of Critical Care Medicine, Association of Program Directors in Surgery, and the American, Californian and Los Angeles Medical Associations.

Cunneen holds a bachelor’s degree from the University of Notre Dame, a master’s degree in physiology from Georgetown University and a master’s degree in human nutrition from the Columbia University College of Physicians and Surgeons. He earned his medical degree from Georgetown University, where he was awarded membership in the medical honor society Alpha Omega Alpha in 1989. He served his internship and residency in general surgery at Cedars-Sinai. He was named chief resident, and in 1997 completed a fellowship in surgical critical care.
Meet the Team

Kulmeet Sandhu, MD

- Associate Director of Minimally Invasive/Bariatric Surgery
- Associate Program Director, Advanced GI/Minimally Invasive Surgery/Bariatric Surgery Fellowship

Kalmeet Sandhu, MD, has interests that include bariatric surgery (including revisional surgery), reflux disease, achalasia and surgery for hiatal and paraesophageal hernias. She has written multiple publications in the areas of minimally invasive and bariatric surgery. She previously served as the surgery clerkship director at the Keck School of Medicine of USC.

Sandhu is an acting clinical associate professor of Surgery at Cedars-Sinai Medical Center.

She obtained a master's degree in biochemistry before earning her medical degree from Boston University School of Medicine. She then completed her general surgery internship and residency at Montefiore Medical Center in New York. She completed her fellowship training in minimally invasive and bariatric surgery at Cedars-Sinai Medical Center.

She previously served as a clinical associate professor of Surgery at the Keck School of Medicine of USC before joining Cedars-Sinai, where she continues her dedication to teaching fellows, residents and medical students.
Kristine Reece, RN, MSN
Clinical Program Coordinator, Nurse Practitioner

Zsofia LaRue
Nurse Practitioner

Chelsea Miine
Physician Assistant
Meet the Team

Mira Kiselyuk, RN III
Certified Bariatric Nurse

Albert Abayev, RD
Registered Dietitian

Carolina Castillo, RD
Registered Dietitian
Robert Chernoff, PhD
Clinical Psychologist

Naomi Orduno
Bariatric Navigator and Medical Assistant
Meet the Team

Marlen Moreno
Patient Service Representative

Hoda Javanmardi
Patient Service Representative

Suzie Pizula
Program Administrator, Assistant to Miguel Burch, MD
Karen Alexander
Surgery Scheduler for Miguel Burch, MD, and Kulmeet Sandhu, MD

Delia Mendoza
Surgery Scheduler for Scott Cunneen, MD

Margaret Guzman
Administrative Assistant
Introduction to Obesity

42% of Americans are obese. (CDC, 2018)

We screen for obesity with body mass index (BMI). BMI only considers a person’s height and weight. Use the table provided to check your BMI.

My Height: ________________  My Weight: ________________

My BMI: ________________

“Morbid” obesity is when a person’s excess weight causes health problems, or “comorbidities.” Obesity-related comorbidities include but are not limited to:

- Diabetes
- High Blood Pressure
- Gastroesophageal Reflux Disease (GERD)
- Sleep Apnea: see page 42
<table>
<thead>
<tr>
<th>Body Mass Index (BMI)</th>
<th>Extreme Obesity</th>
<th>Obese</th>
<th>Overweight</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td></td>
<td></td>
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</tbody>
</table>
If you are considering weight loss surgery, determining whether your insurance plan will cover your procedure or not is an important first step. Many insurance plans will cover weight loss surgery, however individual policies may differ in their requirements and coverage. Use this guide to find out if your insurance will cover your procedure, and what to do if it does not. Firstly, call your insurance provider using the phone number on the back of your insurance card. Click the correct prompt that will lead you to “Benefits and Coverage” department. Provide them with the code below that corresponds to the procedure you are interested in having.

1. Provide them the code for your primary diagnosis. If your primary diagnosis is not Morbid Obesity, please inquire with our bariatric navigator for your diagnosis code.
   The diagnosis code for Morbid Obesity is E66.01.

2. Provide them with the CPT code below that corresponds to the procedure you are interested in having.
   - Gastric bypass: 43644
   - Sleeve gastrectomy: 43775
   - Gastric band: 43770

3. Ensure your visits with the dietician and psychologist/social worker will be covered as well.
   - Dietitian consult: 97802
   - Psych consult: 90791

4. You should also ask:
   - What percent of the total bill will I be responsible for?
   - Do I have a copay, coinsurance, or deductible I need to meet?

If Your Insurance Doesn’t Cover Weight Loss Surgery:

Here are your options:

- Switch to another insurance carrier during open enrollment. Before doing so, review which options will give you the best coverage for weight loss surgery.
- Pay cash or out of pocket for your surgery instead of using insurance. Please inquire with our Bariatric Navigator should you be interested in a cash quote. Our Patient Billing/Finance Dept can give you an estimate of what it will cost. Please note that payment is required in full before the procedure can be performed.
- Call our office to schedule a consultation with Dr. Michael Albert, who specializes in medical weight loss.
Medicare Requirements

Any patient undergoing bariatric surgery for Morbid Obesity with Medicare Insurance MUST meet minimum requirements below to be eligible (effective 10/01/2017):

1. BMI ≥ 35 and one comorbidity within the covered diagnoses

2. Clear documentation of failure of reasonable noninvasive/ non-surgical treatments for obesity:
   - Active participation in the last 12 months prior to bariatric surgery in a weight management program supervised by physician or health care professional for a minimum of four consecutive months
   - Program must include monthly weight, BMI, dietary regimen, physical activity
   - Exclusive pharmacological management is not sufficient

3. Within 6 months of bariatric surgery
   - evaluation by bariatric surgeon recommending surgical treatment including description of proposed procedure
   - Separate medical evaluation other than a surgeon, preferably primary care provider, that includes recommendation and medical clearance for bariatric surgery
   - Mental health or psychological clearance including a statement regarding motivation and ability to follow post-surgical requirements
   - Nutritional evaluation by physician or registered dietician
Weight Loss Surgery

Weight loss surgery, or bariatric surgery, is one of many tools to help people lose weight. Other ways people lose weight include nutritional, medical, and behavioral therapies.

Weight loss surgery is the most effective way to:

- Lose weight and keep weight off
- Treat comorbidities from obesity like diabetes and high blood pressure
- Decrease cancer risk related to obesity by 30%

The benefits of surgery outweigh the risks of being obese.

The three main types of bariatric surgeries available are:

- Bypass
- Sleeve
- Band

This binder will teach you differences between these surgeries. You will also learn more at the seminar and during the consultation with your surgeon.
Minimally Invasive Techniques

We perform minimally invasive “laparoscopic” and “robotic” surgery 99% of the time.

These techniques involve several small incisions on the abdomen. Surgical instruments and a camera are passed through these small incisions to perform the surgery.

Laparoscopic and robotic techniques generally result in shorter hospital stays, quicker recovery, less pain and less risk of complications.

At Cedars-Sinai, we use the advanced Da Vinci Robot Si for all of our robotic surgeries.
To better understand how the surgeries work, let’s first learn what our normal anatomy looks like and how it works.

After chewing, food goes down the esophagus into the stomach.

In the stomach, food mixes with gastric juices.

Then, the mixed food goes into the small intestine. Here, it mixes with digestive juices and is absorbed into the bloodstream.

Lastly, the leftovers go into the large intestine to be excreted.
Excess Weight Loss (EWL)

One way we can compare the surgeries is by calculating excess weight loss (EWL). We can determine EWL from our BMI.

Flip back to the BMI table on page 21. Look for your height. Now scroll over to a BMI of 25 for your height. Write down that weight, and your current weight, below.

My Weight: ________________ lbs

Weight for a BMI of 25 at my Height: ________________ lbs

Subtract the two numbers.
This is your current excess weight __________ lbs

As you start losing weight after surgery, we calculate the percent (%) of your excess weight you have lost. The percentage of the excess weight you lose, is your EWL.

EWL = amount of weight you lose divided by excess weight

EWL of 50%, maintained over five years, is considered a successful surgery.

Example 1:
Excess weight = 150 lbs
You lose 75 lbs after surgery
EWL = 75 / 150 = 50%

Example 2:
Excess weight = 250 lbs
You lose 200 lbs after surgery
EWL = 200 / 250 = 80%
Roux-en-Y Gastric Bypass
aka “Bypass” or “Gastric Bypass”
About

- Oldest bariatric surgery still done today, and the “gold standard”
- Makes changes to both the stomach and the small intestine

How does it work?

- Restricts the amount of food that the stomach can hold
- Limits the amount of calories and nutrients that the small intestine can absorb
- Changes gut hormones to feel less hungry and fuller for longer periods of time

Hospital Stay: 1—2 nights
Back to Work: 2—4 weeks

Pros:

- Excellent weight loss (60—80% EWL)
- Remission or improvement of obesity-related comorbidities

Cons:

- Slightly higher complication rates than the sleeve
- After bypass, patients cannot take aspirin or NSAIDs
- Must take vitamins for the rest of their life
Sleeve Gastrectomy
aka “Sleeve”
About

• Currently, the most popular weight loss surgery in the US
• Makes changes to the stomach

How does it work?

• Restricts the amount of food that the stomach can hold
• Changes gut hormones to feel less hungry and fuller for longer periods of time

Hospital Stay: 1—2 nights
Back to Work: 2—4 weeks

Pros:

• Great weight loss (60—70% EWL)
• Remission or improvement of obesity-related comorbidities
• Slightly lower complication rate than the bypass

Cons:

• 10—20% of patients regain weight
• Though most patients experience relief of GERD, some patients develop GERD after the sleeve
• Must take vitamins for the rest of their life
Laparoscopic Adjustable Gastric Band
aka “Lap Band” or “Band”
About

• Used to be very popular, but is rarely done today
• Places an adjustable band around the top part of the stomach that can tighten the stomach with adjustments

How does it work?

• Restricts the amount of food that the stomach can hold

Hospital Stay: outpatient
Back to Work: 2 weeks

Pros:

• Do not have to stay in the hospital overnight
• Surgery is reversible by removing the band

Cons:

• Relatively high rate of long-term complications
• Less weight loss than bypass or sleeve (45% EWL)
• Must come to clinic many times to have the band tightness adjusted by inserting fluid into the access port
• Must take vitamins for the rest of their life
Surgery Risks and Complications

We take all necessary precautions to prevent complications and are proud of our extremely low complication rate.

However, all surgeries have risks. It is important to understand these risks when you are making your decision about surgery.

All surgeries have risk of:

- Bleeding and Injury to Vital Organs
- Need for Blood Transfusions
- Heart Attack
- Stroke
- Blood Clots and Pulmonary Embolism
- Atelectasis and Pneumonia
- Nerve Injuries to Arms or Legs
- Wound Infection
- Readmission to the hospital
- Reoperation to fix a complication
- Death

Undergoing anesthesia has risks of:

- Damage to Teeth
- Vomiting and Aspiration
- Tracheostomy
Weight Loss Surgery Risks

The following are risks that are specific to all weight loss surgeries.

**All weight loss (bariatric) surgeries have risk of:**
- Converting to Open
- Heparin-Induced Thrombocytopenia
- Nausea, Vomiting, and Dehydration
- Diarrhea and Constipation
- Leak
- Infection, Abscess, and Fistula
- Abdominal Wall Hernia
- Bowel Obstruction
- Adhesions
- Stenosis
- Ulcer
- Gout Flare
- Caffeine Withdrawal Headache
- Change in Body Image, Depression, Divorce, Suicide
- Overeating
- Weight Regain
- Food Intolerances: red meat, milk, high-fiber foods, etc.
- Increased Fertility, notably in females with polycystic ovary syndrome (PCOS)
- Hair Loss
- Excess Skin
Surgery-Specific Complications

The following are risks that are specific to the different types of weight loss surgeries.

**Bypass Complications:**
- Dumping Syndrome: see page 38
- Internal Hernia
- Short Bowel Syndrome
- Malnutrition, Vitamin and Nutritional Deficiencies
- Peripheral Neuropathy
- Osteoporosis
- Anemia
- Hypoglycemia (low blood sugar)
- Inability to perform EGD (a diagnostic procedure)
- Bile Reflux Gastritis
- Obstruction of Stomach Outlet
- Kidney Stones, rarely leading to kidney failure
- Symptomatic Gallstones
- Alcohol Addiction Transfer
Sleeve Complications:
- Reflux, GERD
- Dumping Syndrome: see page 38
- Malnutrition, Vitamin and Nutritional Deficiencies
- Peripheral Neuropathy
- Osteoporosis
- Anemia
- Pouch Dilation
- Obstruction of Stomach Outlet

Band Complications:
- Reflux
- Sensitivity to Foreign Object
- Band Slippage
- Band Erosion
- Band Infection
- Access Port Breakage
- Hiatal Hernia
- Pouch Dilation
- Esophagitis
- Esophageal Dilation
- Difficulty Swallowing
Dumping Syndrome

After gastric bypass and sleeve gastrectomy, some patients experience dumping syndrome. It typically happens when a patient eats trigger foods that are:

- High in Fat
- High in Sugar
- Larger than the new stomach pouch can hold

**Early Dumping Syndrome**

10—30 minutes after eating.

<table>
<thead>
<tr>
<th>Symptoms include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cramps</td>
</tr>
<tr>
<td>Bloating and feeling uncomfortably full</td>
</tr>
<tr>
<td>Nausea, Vomiting, and Diarrhea</td>
</tr>
<tr>
<td>Flushing and Sweating</td>
</tr>
</tbody>
</table>

**Late Dumping Syndrome**

1—3 hours after eating

<table>
<thead>
<tr>
<th>Symptoms include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dizziness</td>
</tr>
<tr>
<td>Weakness</td>
</tr>
<tr>
<td>Fatigue</td>
</tr>
<tr>
<td>Confusion</td>
</tr>
</tbody>
</table>

What causes it?

- Trigger foods move too quickly from the stomach to the small intestine
- Then, the small intestine absorbs too quickly, giving you a sugar rush and a sugar crash

**Good news!** Dumping is almost always preventable by avoiding the trigger foods that cause it, and making some basic changes to how you eat.

We will discuss later (page 121) about how to prevent dumping after your surgery.
Today to Surgery Day Checklist

**Step 1:** Seminar and Consultation With Your Surgeon

**Step 2:** Consultation With Dietitian

**Step 3:** Consultation With Psychologist

**Step 4:** Preliminary Workup

**Step 5:** Multidisciplinary Team Meeting

**Step 6:** Insurance Authorization and Surgery Is Scheduled

**Step 7:** Pre-Op Clearance With Your Primary Care Provider

**Step 8:** Pre-Op Class and Pre-Op Appointment

Surgery
Your **Lifelong** Commitment to Surgery

1. Make Good Food Choices
2. Exercise Daily
3. Buy Vitamins and Take Them Daily
4. Attend Support Group
5. Follow Up Annually
6. Never Smoke
7. Avoid Alcohol
Pause and Reflect

Right now, I feel most interested in the ______________________ surgery.

Some questions I have for my surgeon are:

________________________________________________________________
________________________________________________________________
________________________________________________________________

Some of my goals are:

________________________________________________________________
________________________________________________________________
________________________________________________________________
Preparing for Surgery

Obstructive Sleep Apnea
Sleep apnea is a potentially serious condition that happens when a person is asleep. Breathing can become very shallow, or even briefly stop, usually without you noticing.

Some symptoms of sleep apnea are:
- Snoring
- Daytime sleepiness
- Dry mouth or headaches in the morning

Talk to your primary care provider about sleep apnea if you experience any of these symptoms.

If you have been diagnosed with sleep apnea, use your CPAP machine every night.

Smoking
If you smoke or vape, stop. Stop smoking cigarettes and using all nicotine products (patches, gum) at least six weeks before surgery. Stop smoking marijuana at least two weeks before surgery.

Talk to your primary care provider about quitting, or call 1-800-NO-BUTTS.
Birth Control

Losing weight after surgery can increase your fertility, making you more likely to get pregnant. However, rapid weight loss can be unsafe for a developing fetus.

For this reason, **pregnancy is not recommended for 18—24 months after surgery.** All women of childbearing age are recommended to use reliable birth control methods before and after surgery.

Talk with your primary care provider, or your OB-GYN, about planning your birth control before and after surgery. Bring this binder with you to discuss your options:

Before Surgery:
- All methods permitted; **must stop birth control pills two weeks before surgery**
- Pills, IUD, Nexplanon (implant), NuvaRing, Depo-Provera (shot), patch, condom

After Bypass
- Oral birth control pills do not absorb properly after bypass surgery
- Therefore, only non-oral birth control methods permitted: IUD, Nexplanon (implant), NuvaRing, Depo-Provera (shot), patch, condom

After Sleeve or Band
- All methods permitted; **may not start birth control pills until four weeks after surgery**
- Pills, IUD, Nexplanon (implant), NuvaRing, Depo-Provera (shot), patch, condom
Wellness

Wellness Changes

Surgery is just one part of successful weight loss. Making specific wellness changes—good mental health, good nutrition, and daily exercise—will support you on your weight loss journey.

We hope that this wellness section of your binder gives you the tools and habits to make healthy mental health changes.
Self-Care

Self-Care
Self-Care is any activity that we do to intentionally to take care of ourselves physically, emotionally, and mentally.

Fill out the empty circle with the things you do to take care of yourself.

MY CIRCLE OF SELF-CARE
Mindfulness and Meditation

Mindfulness is a practice of being fully present and aware of what is happening in our physical and emotional world, without being over reactive or overwhelmed by what is going on around us.

Anyone can do it. Research shows practicing mindfulness benefits our mental and physical health, happiness, work and relationships.

Try it at home. It is best learned experientially.

How to Practice Mindfulness

1. **Take a seat.** Find a place to sit that feels calm and quiet to you.

2. **Set a time limit.** If you’re just beginning, it can help to choose a short time, such as 5 or 10 minutes.

3. **Notice your body.** You can sit or kneel however is comfortable for you. Just make sure you are stable and in a position, you can stay in for a while.

4. **Feel your breath.** Follow the sensation of your breath as it goes out and as it goes in.

5. **Notice when your mind has wandered.** When you get around to noticing this—in a few seconds, a minute, five minutes—simply return your attention to the breath.

6. **Be kind to your wandering mind.** Don’t judge yourself or obsess over the content of the thoughts you find yourself lost in. Just come back.
If the experience feels good to you, try incorporating mindfulness as a “check in” when you are doing normal activities. Check in with your body and mind while:

- Washing the dishes
- Brushing your teeth
- Driving
- Exercising
- Getting ready for bed

Here are some apps and resources that can help get you going. A simple internet search for “mindfulness exercise” can link you to many free meditations and courses.

**Headspace:**
Free trial, then costs $. Great for meditation and mindfulness practices.
[https://www.youtube.com/watch?v=t_yXe_6mYTA](https://www.youtube.com/watch?v=t_yXe_6mYTA)

**Happify:**
Mostly free. Helps overcome stress and negative thoughts.
[https://www.youtube.com/watch?v=w6T02g5hnT4](https://www.youtube.com/watch?v=w6T02g5hnT4)

**Calm:**
Free trial, then costs $. No. 1 app for meditation and sleep hygiene.
[https://www.youtube.com/watch?v=FZb3TQ_UPuP](https://www.youtube.com/watch?v=FZb3TQ_UPuP)
Sleep Hygiene

Lack of sleep has a big effect on our physical and emotional health.

Adults on average need **7—9 hours of sleep** per night to feel rested.

Getting enough sleep per night helps to:

- Control weight
- Manage blood sugar
- Boost the immune system
- Have a better mood
- Feel more creative and focused
- Experience less pain

If you have trouble falling asleep, staying asleep, or getting enough hours of sleep, start a sleep diary. Include when you:

- Go to bed
- Go to sleep
- Wake up
- Get out of bed
- Take naps
- Exercise
- Drink alcohol
- Drink caffeinated beverages

Compare your sleep diary to the list of healthy sleep habits. It may help you find ways to get better, more restful sleep.
Healthy Sleep Habits

Regular Sleep Schedule
   Go to sleep and wake up at the same time every day, including weekends. Limit naps to 30 minutes, if needed.

Relaxing Bedtime Routine
   Create a soothing bedtime routine, i.e., taking a warm shower, reading a book or practicing meditation before bed.

Avoid Stimulants and Large Meals
   Stop drinking caffeine in the late morning. Avoid nicotine or alcohol before bed. Avoid large meals and foods that cause heartburn before bed.

Good Sleep Environment
   Keep your bedroom tidy and cool. Ideal temperature is 60—67 degrees F.

Block out Noise and Light
   Keep your bedroom dark and quiet. Use blackout curtains or a sleep mask, as well as fans, humidifiers or white noise machines, to keep the outside out.

Only Sleep and Intimacy
   Use the bed for only sleep and intimacy. Avoid watching TV or using your phone while in bed.

Exercise and Daylight
   Try to do regular exercise, but not too intense before bedtime. Spend time outside in the daylight during the day.
Journaling

After surgery, taking notes on food, liquids and exercise becomes part of your daily life. When you’re tracking these things, also try writing down your thoughts, feelings, and emotions.

Journaling allows us to offload emotions and reflect. Be mindful of the instinct to judge yourself while writing, accept the instinct and continue writing. Your journal is just for you. Just write the thoughts that come to your head.

Write down joys, frustrations, fears, stresses, accomplishments, and successes.

When you find it difficult to write, look back on these questions to help guide your thoughts and feelings as you reflect:

- How do I feel about my body and my health now?
- What kind of friend am I to myself?
- What is my goal for the week?
- What I like most about myself is ___.
- Some things that scare me are ___. I am working on those things by ___.
- I am proud of ___.
- When I look in the mirror, I feel ____.

Search online for “journaling prompts” for many more suggestions.
Pause and Reflect

Right now, I am feeling ________________________.

How do I practice self-care? What do I want to incorporate into my practice?

________________________________________________________________

________________________________________________________________

________________________________________________________________

How does it feel to make this commitment to a healthier life, mentally, emotionally and physically?

________________________________________________________________

________________________________________________________________

________________________________________________________________
Finding Support

Losing weight is a lifelong journey that shouldn’t be tackled alone. It is important to feel supported before and after surgery.

Support Group
Attending support group helps provide insight and real world experiences from others like you. Bringing loved ones to support group builds understanding of your journey.

Sign up for support group at Cedars-Sinai by calling 310-423-8350. If Cedars-Sinai is far, talk to your patient navigator to find one that works for you. There are many locations throughout California that provide free and convenient services.

Loved Ones
We greatly encourage you to involve your loved ones in your journey, if this is a safe and healthy process for you. Involving your loved ones in your decision-making and your plans can help them to understand your journey and act as your support person. Some ways you can ask for support from your loved ones are:

- Asking your friends to make social plans that don’t involve food
- Asking family to take over household responsibilities so that you have time to practice self-care, exercise and meal prep
- Asking roommates or family members to keep trigger foods out of the kitchen

Suggested App:
ThinkUp
Mostly free. Gives daily affirmations and helps develop a positive mindset.
Counseling

Sometimes, even practicing wellness, self-care, mindfulness, meditation, good sleep hygiene, journaling and attending support group isn’t enough to make us feel rested, calm and happy.

**Professional counseling** is a tool to help facilitate a positive adjustment to the changes before and after surgery. We recommend professional counselors who have experience in weight loss surgery. Our psychologist may also recommend counselors more specialized towards your needs.

We highly encourage everyone who is interested to seek care.

**Depression**

Before and after surgery, you and your support person should look out for changes that may be **signs of depression**. If you or your support person notice these changes, seek out professional counseling:

- Sad, anxious, empty mood
- Loss of interest
- Loss of pleasure in activities
- Restlessness
- Feelings of guilt, worthlessness, helplessness, hopelessness
- Changes in sleep patterns
- Decreased energy
- Fatigue
- Irritability
- Excessive crying
- Feeling slowed down
- Difficulty concentrating
- Thoughts of death and suicide
A balanced diet is made up of the right combination of **proteins**, **fats** and **carbohydrates**. Let’s start by learning what they are.

**PROTEINS**

Protein builds and maintains lean muscle mass, keeps you full longer, and promotes healing. Proteins are the most important component of a bariatric diet.

- Fish, turkey, chicken, lean meat
- Eggs
- Low-fat dairy: Greek yogurt, cheese, milk, etc.
- Plant protein: tofu, tempeh, seitan
FATS

Fats contain more calories per gram than proteins or carbohydrates. Fats are important for building hormones, but excess are stored as fat for energy in the belly and under the skin.

There are three types of fats:

<table>
<thead>
<tr>
<th>Unsaturated Fats</th>
<th>Plant oils: extra virgin, nut, Avocado, Nut, nut butters, Fatty fish: salmon, Flaxseeds, chia seeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred</td>
<td>Heart-healthy, but high in calories</td>
</tr>
<tr>
<td>Saturated Fats</td>
<td>Whole milk, heavy cream, cream cheese, Cheese, Butter, lard, Beef, lamb, pork, Tropical oils: coconut</td>
</tr>
<tr>
<td>Limit</td>
<td>Increases LDL, the “bad” cholesterol</td>
</tr>
<tr>
<td>Trans Fats</td>
<td>Processed baked goods, Fast foods, Margarine, shortening, Partially hydrogenated oils</td>
</tr>
<tr>
<td>Avoid!</td>
<td>Increases risk of heart disease!</td>
</tr>
</tbody>
</table>
**Nutrition**

**CARBOHYDRATES**

Carbohydrates are the body’s main source of energy. There are two kinds, complex and simple. Complex are high in fiber, digested slowly and keep you full longer. These are the “good” carbohydrates.

Simple are low in fiber and nutritional value. Simple are digested quickly and spike your blood sugar which leaves you tired, hungry and craving more. We should limit or avoid these carbohydrates.

<table>
<thead>
<tr>
<th>Low Carb Good</th>
<th>Complex Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-starchy vegetables: greens, tomatoes, carrots, etc.</td>
<td>Starchy vegetables: potatoes, peas, corn, etc.</td>
</tr>
<tr>
<td>Fruit</td>
<td>Beans and legumes</td>
</tr>
<tr>
<td>Quinoa and brown rice</td>
<td>High-fiber crackers and cereal, oats</td>
</tr>
<tr>
<td>100% whole wheat bread</td>
<td></td>
</tr>
</tbody>
</table>

| Simple Limit or Avoid | |
|-----------------------||
| Soda, juice, smoothies, sport drinks and coffee beverages | Desserts |
| High-fructose corn syrup | Enriched white flour: white bread, pasta, rice, etc. |
Reading Food Labels

Look At:

1. **Portion Size**. Think, *how many servings are in this?*

2. **Total Calories**. Think, *how many calories in a single serving?*

3. **Sugar**. Choose foods with <5g of sugar per serving. Think, *<5g sugar?*

4. **Fiber**. Choose foods with >3g of fiber per serving. Think, *>3g fiber?*

---

**Nutrition Facts**

8 servings per container

**Serving size** 2/3 cup (55g)

**Amount per serving**

**Calories** 230

<table>
<thead>
<tr>
<th>% Daily Value*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Fat</strong> 8g</td>
</tr>
<tr>
<td>Saturated Fat 1g</td>
</tr>
<tr>
<td>Trans Fat 0g</td>
</tr>
<tr>
<td><strong>Cholesterol</strong> 0mg</td>
</tr>
<tr>
<td><strong>Sodium</strong> 160mg</td>
</tr>
<tr>
<td><strong>Total Carbohydrate</strong> 37g</td>
</tr>
<tr>
<td>Dietary Fiber 4g</td>
</tr>
<tr>
<td>Total Sugars 12g</td>
</tr>
<tr>
<td>Includes 10g Added Sugars</td>
</tr>
<tr>
<td><strong>Protein</strong> 3g</td>
</tr>
</tbody>
</table>

Vitamin D 2mcg 10%

Calcium 260mg 20%

Iron 8mg 45%

Potassium 235mg 6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

---

1. **Portion Size** = 2/3 cups

2. **Total Calories** = 230 calories in 2/3 cups

3. **Sugar** = 12g in 2/3 cups

4. **Fiber** = 4g in 2/3 cups
Supervised Diet

Most insurance plans require some form of a supervised diet before surgery. This time is helpful to teach you everything you need to know about nutrition, and how to eat after weight loss surgery.

Most patients will lose some weight before surgery by following the supervised diet. Losing weight before surgery is important to your surgeon, because it decreases belly fat and liver fat, which helps make laparoscopic and robotic surgery safer.

During your appointment with your dietitian, you will go over this section together and develop an individual plan that works best for you.

Note Regarding Brand Names:
Cedars-Sinai does not endorse any particular brand or product. The brand names referenced are intended only as examples for learning purposes.
Daily Intake on the Supervised Diet:

- 3 balanced meals per day
- 1—2 balanced snacks per day
- 64 ounces of non-caloric liquids per day

Balanced meals consist of

- Vegetables
- Proteins
- Complex carbohydrates

See pages 60-61 for many meal, snack, and drink suggestions.

How to Build a Healthy Meal Plate:

1. Fill half of your 8-inch plate with non-starchy vegetables
2. Add lean protein, about the size of a deck of cards
3. Use a measuring cup to add 1/2 cup complex carbohydrate, about the size of a baseball
Balanced Meal and Snack Ideas

Breakfast:
2-3 oz of lean protein and 1/2 cup complex carbohydrate/fruit

• ½ cup nonfat plain Greek yogurt & ½ cup berries
• 2 egg vegetable omelet & slice of whole wheat toast or piece of fruit
• Slice of egg frittata, side of mixed greens & piece of fruit
• High-protein drink (100-200 calories, 20-30g protein & <5g sugar)
• ½ cup reduced-fat cottage cheese & ½ cup diced peaches
• ½ cup oatmeal made with water & 1-2 scoops protein powder
• ¾ cup Kashi GoLean cereal with ½ cup skim, 1% milk or unsweetened milk alternative
• 2-3oz smoked salmon, 1 tablespoon fat-free/low-fat cream cheese, sliced tomato & capers on Ak-Mak crackers

Lunch/Dinner:
2oz lean protein, 1 cup veggies (no starch) and 1/2 cup complex carbohydrate

• Lean chicken sausage, side kale salad
• Chicken/beef/shrimp/tofu & vegetable stir-fry with ½ cup brown rice or cauliflower “rice”
• Summer salad: 3oz grilled shrimp, 1.5 cups cherry tomatoes, ½ fresh corn and chives
• Mixed green salad with 3oz grilled chicken/steak/fish/hard boiled eggs
• Lean ground turkey Bolognese over zucchini noodles (using spiralizer tool)
• Grilled chicken/lean meat/shellfish and vegetable kabobs
• 1 cup ground buffalo & bean chili
• Sashimi salad (3oz raw fish over garden salad)
• LUVO frozen entrée

Added Fats: 50 calorie portion

• 1 teaspoon regular dressing
• 1 tablespoon reduced-calorie dressing or vinaigrette
• 2 tablespoons calorie-free dressing, balsamic vinegar, lemon/lime
• 1 teaspoon olive oil, Smart Balance or Earth Balance spread
• 1/8 avocado
• 2 tablespoons hummus
• 1 tablespoon light mayonnaise
Snacks:
1-2oz lean protein and 1/2 cup complex carbohydrate and fruit
• 1-2oz lean protein & ½ cup complex carbohydrate/fruit/vegetable
• 10 Somersault snacks
• ¼ cup shelled edamame
• 4 Ak-Mak crackers & 1 light Mini Babybel cheese
• 1 low-fat string cheese & ½ cup grapes
• 2 cutie clementines & 1oz jerky
• ½ cup reduced-fat cottage cheese & ½ cup diced peaches
• ½ cup nonfat plain Greek yogurt & ½ cup berries
• ½ cup nonfat plain Greek yogurt dip & raw vegetables
• 1 hard-boiled egg & 1¼ cup watermelon cubes
• 1-2 slices lean deli meat rolled up with mustard
• High-protein bar (100-200 calories, 15-20g protein & <5g sugar) like Think Thin, Quest, Power Crunch & Pure Protein

Very Low-Calorie Snacks:
• Non-starchy vegetables: peppers, cherry tomatoes, cucumbers, celery, broccoli, cauliflower, zucchini, carrots
• Seaweed snacks
• Sugar-free Jell-O
• Sugar-free popsicle

Very Low-Calorie Beverages: sugar-free, non-carbonated, non-caffeinated preferred
• Water
• “Spa Water” enhanced with lemon, lime, mint or cucumber
• Unsweetened iced tea
• Crystal Light Pure Fitness
• Vitamin Water Zero
• Powerade Zero
Make Your Own Balanced Meal Plan

Choose from the items listed on page 63 to help make a sample meal plan.

**Breakfast:**
2-3oz of lean protein and 1/2 cup complex carbohydrate/fruit

_____________________________ and _______________________________

**Lunch:**
2oz lean protein, 1 cup veggies (no starch), and 1/2 cup complex carbohydrate

___________________, ___________________, and _____________________

**Dinner:**
2oz lean protein, 1 cup veggies (no starch), and 1/2 cup complex carbohydrate

___________________, ___________________, and _____________________

**Snacks:**
1-2oz lean protein and 1/2 cup complex carbohydrate and fruit

___________________, ___________________, and _____________________

___________________, ___________________, and _____________________

**Beverages**
64oz of sugar-free, non-caffeinated, non-carbonated beverages
### Complex Carbohydrates:

- Beans
- Lentils
- Potato
- Sweet Potato
- Corn
- Peas
- Chickpeas
- Yams
- Butternut Squash
- Fruit
- Whole wheat bread (3g+ fiber)

### Non-Starchy Vegetables

- Broccoli
- Brussel Sprouts
- Spinach
- Zucchini
- Cauliflower
- String beans
- Asparagus
- Eggplant
- Cabbage
- Bok Choy
- Kale
- Lettuce
- Cucumber
- Tomato
- Bell Pepper
- Onion
- Celery
- Squash
- Mushrooms

### Protein:

- Beef
- Chicken
- Turkey
- Salmon
- Tuna
- Shrimp
- Scallops
- Halibut
- Clams
- Mussels
- Crab
- Veal
- Ham
- Eggs
- Cottage Cheese
- String Cheese
- Yogurt
- Cow’s milk
- Cheese
- Tempeh
- Textured Soy Protein
- Tofu
- Edamame
Protein Shakes and Powders

Protein intake is very important. In different stages of the pre-op and post-op diet, you will drink protein shakes. Start tasting a variety of protein shakes and powders now to see which ones you like. Your taste preferences might change after surgery.

Choose **Protein Shakes and Powders** that have:

- 100-200 calories
- 20-30 grams of protein
- Less than 5 grams of sugar

**Ready To Drink Protein Shakes** options to buy and try include:

<table>
<thead>
<tr>
<th>Brand</th>
<th>Calories</th>
<th>Protein Grams</th>
<th>Sugar Grams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dymatize ISO100 Clear</td>
<td>170</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>Iconic Protein</td>
<td>130</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>Isopure Cutein</td>
<td>100</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Isopure Zero Carb</td>
<td>160</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>Muscle Milk Light</td>
<td>100</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Muscle Milk Pro Series</td>
<td>160</td>
<td>32</td>
<td>1</td>
</tr>
<tr>
<td>Orgain Organic Protein Shake</td>
<td>150</td>
<td>26</td>
<td>1</td>
</tr>
<tr>
<td>Optisource</td>
<td>200</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Owyn</td>
<td>180</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>Premier Protein</td>
<td>160</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>Pure Protein Shake</td>
<td>170</td>
<td>35</td>
<td>4</td>
</tr>
</tbody>
</table>

Be sure to check individual shakes to confirm calories, protein and sugar. Different flavors often are different. No Boost, Ensure, Glucerna, Atkins or Special K shakes. If you have had an organ transplant, talk to your dietitian for an individualized protein goal.
**Whey Protein Powder** options to buy and try:

<table>
<thead>
<tr>
<th>Brand</th>
<th>Serving Size</th>
<th>Calories</th>
<th>Protein Grams</th>
<th>Sugar Grams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric Advantage High Protein Meal Replacement</td>
<td>2 scoops</td>
<td>160</td>
<td>27</td>
<td>2</td>
</tr>
<tr>
<td>Bariatric Fusion Meal Replacement</td>
<td>2 scoops</td>
<td>150</td>
<td>27</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Blue Bonnet Whey Protein Isolate</td>
<td>1 scoop</td>
<td>125</td>
<td>26</td>
<td>1.5</td>
</tr>
<tr>
<td>Body Tech Whey Protein Isolate</td>
<td>1 scoop</td>
<td>110</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Body Fortress Super Advanced Isolate Protein</td>
<td>1 scoop</td>
<td>140</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>Country Life 100% Green and Whey</td>
<td>2 scoops</td>
<td>100</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>Isopure</td>
<td>1 scoop</td>
<td>110</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>Jay Robb Whey Protein Isolate</td>
<td>1 scoop</td>
<td>110</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Unjury Protein</td>
<td>1 scoop</td>
<td>100</td>
<td>21</td>
<td>2</td>
</tr>
</tbody>
</table>

**Egg Plant and Plant-Based Protein Powder** options to buy and try:

<table>
<thead>
<tr>
<th>Brand</th>
<th>Serving</th>
<th>Calories</th>
<th>Protein</th>
<th>Sugar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now Sports Pea Protein</td>
<td>1 scoop</td>
<td>120</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Orgain Organic Plant Based Protein</td>
<td>2</td>
<td>150</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>Organic Pro 30 Plant Based</td>
<td>1</td>
<td>170</td>
<td>30</td>
<td>3</td>
</tr>
<tr>
<td>Unjury Planted Protein</td>
<td>1</td>
<td>130</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>Vega Protein and Greens</td>
<td>1</td>
<td>110</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>Wonderlife Egg Protein Powder</td>
<td>1</td>
<td>88</td>
<td>20</td>
<td>0</td>
</tr>
</tbody>
</table>
After surgery, your body is unable to absorb all of the necessary vitamins and minerals it needs from diet alone. For this reason, it is absolutely essential that you take specific bariatric vitamins every day for the rest of your life.

The following nutrients must be supplemented every day:

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Minimum daily level to prevent deficiency</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iron</td>
<td>18-60 mg</td>
<td>18 mg minimum OR 45-60 mg elemental iron daily for menstruating females and patients with history of anemia</td>
</tr>
<tr>
<td>Vitamin B12</td>
<td>350-500 mcg</td>
<td>All procedures</td>
</tr>
<tr>
<td>Folate</td>
<td>400-800 mcg from MVI 800-1000 mcg for women of childbearing age</td>
<td></td>
</tr>
<tr>
<td>Thiamine (B1)</td>
<td>12-50 mg</td>
<td>12 mg minimum Preferably 50 mg from a B-complex</td>
</tr>
<tr>
<td>Calcium</td>
<td>1200-1500 mg</td>
<td>Divided into doses of 500 -600 mg to improve absorption</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Purchase calcium citrate instead of calcium carbonate, as the citrate version is better absorbed.</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>3000 units</td>
<td></td>
</tr>
<tr>
<td>Vitamin A</td>
<td>5,000-10,000 IU</td>
<td></td>
</tr>
<tr>
<td>Vitamin E / K</td>
<td>15 mg / 90-120 ug</td>
<td></td>
</tr>
<tr>
<td>Zinc / Copper</td>
<td>8-22 mg / 1-2 mg</td>
<td></td>
</tr>
</tbody>
</table>
There are many options for bariatric vitamin supplements that will meet all or most of the nutrient requirements.

For the first six weeks after surgery your vitamins must be chewable, liquid or powder, so that they are better absorbed and won’t get stuck. Never take gummy vitamins.

<table>
<thead>
<tr>
<th>Brand</th>
<th>Name</th>
<th>Serving Size</th>
<th>Must Also Purchase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric Fusion</td>
<td>Complete Chewable</td>
<td>4 chewable tablets per day</td>
<td></td>
</tr>
<tr>
<td>Bariatric Advantage</td>
<td>Advanced EA Multivitamin</td>
<td>2 chewable tablets PLUS 2-3 calcium doses of 500 mg each</td>
<td>Calcium</td>
</tr>
<tr>
<td>Celebrate</td>
<td>Multi-Complete 45</td>
<td>3 capsules or 2 tablets PLUS 2-3 calcium doses of 500 mg each</td>
<td>Calcium</td>
</tr>
<tr>
<td>Celebrate</td>
<td>Multi-Complete Restrictive 45</td>
<td>1 capsule or 1 tab per day PLUS 2-3 calcium doses of 500 mg each</td>
<td>Calcium</td>
</tr>
<tr>
<td>Opurity</td>
<td>Bypass &amp; Sleeve Optimized Chewable</td>
<td>1 tab PLUS 2-3 calcium doses of 500 mg each</td>
<td>Calcium</td>
</tr>
<tr>
<td>Opurity</td>
<td>Bariatric Multi Capsule 45 mg Iron</td>
<td>2 capsules PLUS 2-3 calcium doses of 500 mg each</td>
<td>Calcium</td>
</tr>
<tr>
<td>Bariatric Choice</td>
<td>Once Daily Bariatric Multivitamin Capsule with 45 mg of Iron</td>
<td>1 tab PLUS 2-3 calcium doses of 500 mg each</td>
<td>Calcium</td>
</tr>
<tr>
<td>ProCare Health</td>
<td>Bariatric Multivitamin Chewable with 45 mg Iron</td>
<td>1 tab PLUS 2-3 calcium doses of 500 mg each</td>
<td>Calcium</td>
</tr>
<tr>
<td>ProCare Health</td>
<td>Bariatric Multivitamin with 45 mg Iron</td>
<td>1 capsule PLUS 2-3 calcium doses of 500 mg each</td>
<td>Calcium</td>
</tr>
</tbody>
</table>
Food Journal

Start keeping a food journal now, to help track your eating habits. Tracking food intake helps keep you accountable and become aware of what you’re actually taking in. Track food, fluid intake, exercise, and how you feel.

There are many options, but the best option is the one that works best for you:

- Special Food Diaries
- Basic Notebook
- Phone App

Suggested App:

**Baritastic:**

100% free, user-friendly, designed specifically for bariatric patients to track their success before and after surgery.

- Tracks nutrition, steps, exercise and weight loss
- Set goals for protein and water intake daily
- Built-in alerts to drink water, vitamins and meals
- Includes photo timelines to track success
- Gives recipe suggestions
- Allows you to journal under “notes”
Other Helpful Apps

**MyFitnessPal:**
100% free, considered the “top” food-tracking app, with more than five million foods. Also tracks exercise.

**Waterlogged:**
Free. Tracks your water intake and reminds you to drink water throughout the day.

**Fooducate:**
Mostly free, with some optional paid features.
Allows you to scan barcodes at the grocery store to quickly see what’s inside.
Skills for Success

Make Eating an Experience:
- Eat at the table 100% of the time, with family and friends if possible
- Always sit before you put food in your mouth
- Use real plates and silverware, set a nice place setting
- Avoid other activities while eating, like watching TV, being on your phone/computer, or driving

Slow Down Your Eating:
- Take at least 30 minutes to finish a meal
- Take small bites and **chew food 25 times** before swallowing
- Savor each bite, paying attention to flavors, textures, consistency
- Set your utensils down on the table between every bite to help go slower

Separate Foods and Liquids:
- Stop drinking liquids 30 minutes before meals until 30 minutes after meals
- If needed, take small sips when eating

Eat Planned Snacks Instead of Grazing:
- Frequent eating (grazing, not planned snacking) slows down weight loss
- Grazing is mindless, uncontrolled consumption throughout the day, usually while doing something else, like sitting at the computer, watching TV, or preparing dinner
- Snacking is consuming a set amount of food at a planned time

Grocery Store Tips:
- Avoid the grocery store on an empty stomach
- Make a list and stick with it
- Avoid buying tempting foods, even if they are not for you
Take time to learn your body’s cues. Check in with yourself:

- Do I need a stretch break?
- Is it time for a trip to the restroom?
- Too cold? Too warm?
- Need a hug?
- Am I feeling stressed?
- Am I hungry and is it time to eat?
- How do I feel?

Use the Hunger-Fullness Scale:

1. Starving, completely empty, feeling weak/dizzy
2. Very hungry, irritable, low energy, stomach growling loudly
3. Pretty hungry, stomach is beginning to growl
4. Beginning to feel hungry
5. **Satisfied, neither hungry nor full**
6. **Slightly full, pleasantly full**
7. Slightly uncomfortable
8. Feeling stuffed
9. Very uncomfortable, stomach aches
10. So full you feel sick, nausea

Start eating a meal or a snack when you are at 3-4. Stop eating when you reach 5-6.
Exercise

Regular exercise is an important part of long-term success on your weight loss journey. Exercise offers incredible mental and physical health benefits. It can boost mood, promote better sleep, help lose weight, and build lean muscle.

If exercise is new for you, here’s how to get started:

• Start with walking. Walk three times a week, for 20 minutes each time.
• If you are unable to walk, walk in a swimming pool three times per week, for 20 minutes each time.
• Progress slowly. Try adding five minutes to your exercise each week.

Here are some tips to help make exercise fun and regular:

• Line up a few walking buddies and schedule regular walking dates.
• Build activity into your daily routine. Schedule time for exercise the same way you schedule work, appointments and errands.
• Write it down. It helps keep things accountable.
• Stay hydrated. Get used to keeping a reusable water bottle on hand.
• Change it up if you’re feeling bored. Play basketball with your kids or take a Zumba class with a significant other.
• Give yourself time for rest and recovery.

Eventually, the goal is to reach 150 minutes of aerobic exercise a week. This means 30 minutes five times a week of exercise that brings up your heart beat and makes you sweat. Slowly and steadily increase your exercise and you will make it!
Exercise

There are many apps available that can help with exercise. Some popular ones include:

**MyFitnessPal:**
100% free, great for tracking exercise. Also, considered the “top” food-tracking app, with more than five million foods.

**Nike+ Training Club:**
Offers a variety of exercise options so you never get bored! Also great for tracking walks and runs.
2 Weeks Before Surgery: Pre-Op Diet

The Pre-Op Diet helps you to lose extra weight just before your surgery and to ease the transition to the liquid diet after surgery.

Pre-Op Daily Diet:
- 3 protein shakes per day
- 1 balanced meal
- 1 balanced snack
- 64+ ounces of sugar-free, non-carbonated, non-caffeinated beverages

See pages 64-65 for examples of protein drinks and powders that are good options.

See page 60-61 for good examples of balanced snacks, meals, and beverages.

Tips for Success:
- Plan ahead and have protein drinks ready to go
- Don’t skip meals! Drink a shake or eat a meal every 3-4 hours
- Replace bread, tortillas, rice and pasta with complex carbohydrates like potatoes, yams, squash, corn, peas, beans, lentils, whole grain crackers and oatmeal
- Start eating from smaller plates, bowls, and cups
- Practice chewing 25 times per bite, and taking at least 30 minutes to finish a meal
- Start keeping food records if you haven’t already. See page 66.
- Avoid carbonated beverages, sugar-sweetened beverages and all alcoholic drinks
- Avoid fast food, fried foods and sweets

You will have a pre-op class with the nurse and dietitian at this time. Use this time to ask questions.
Sample Pre-Op Diet*:

<table>
<thead>
<tr>
<th>Time</th>
<th>Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>8AM</td>
<td>Protein Shake 20-25g</td>
</tr>
<tr>
<td>9AM</td>
<td>6oz fluid</td>
</tr>
<tr>
<td>10AM</td>
<td>6oz fluid</td>
</tr>
<tr>
<td>11AM</td>
<td>Balanced Meal</td>
</tr>
<tr>
<td>12PM</td>
<td>6oz fluid</td>
</tr>
<tr>
<td>1PM</td>
<td>Protein Shake 20-25g</td>
</tr>
<tr>
<td>2PM</td>
<td>6oz fluid</td>
</tr>
<tr>
<td>3PM</td>
<td>Balanced Snack</td>
</tr>
<tr>
<td>4PM</td>
<td>6oz fluid</td>
</tr>
<tr>
<td>5PM</td>
<td>6oz fluid</td>
</tr>
<tr>
<td>6PM</td>
<td>Protein Shake 20-25g</td>
</tr>
<tr>
<td>7PM</td>
<td>2oz sugar-free popsicle</td>
</tr>
<tr>
<td>8PM</td>
<td>2oz sugar-free popsicle</td>
</tr>
<tr>
<td>9PM</td>
<td>6oz fluid</td>
</tr>
</tbody>
</table>

Total fluid = 64oz
Total protein = 80-100 grams

*This sample diet is based on an 8oz Protein shake, where 75% of the ounces (6oz) count to the fluid goal.
2 Weeks Before Surgery: Shopping List

Shopping List:

[ ] Chewable Vitamins: see pages 66

[ ] Protein Shakes: see pages 64

[ ] Reusable Water Bottle

[ ] Pill Crusher

[ ] Blender

[ ] Two 1L bottles of Pedialyte: put one in the fridge and the other in a cupboard

Optional Shopping List:

[ ] Smooth Move Tea, Benefiber, and Miralax for constipation after surgery

[ ] Small dishes and utensils, child-sized

[ ] Measuring cups and spoons

[ ] Ice cube tray: to freeze small portions of pureed food

[ ] Crock-pot: to prepare moist protein like chicken breast

[ ] Food scale: to measure your food precisely
2 Weeks Before Surgery: To Do

Prep Your Home:
- Empty cabinets and pantry of junk food
- If your family wants tempting food, designate a place to keep them out of sight
- Continue the supervised diet, no “last supper”
- Stop drinking caffeinated beverages: i.e., coffee, tea, soda, etc.

Take Photos:
The scale measures everything — fat, muscle, water, organs, etc. — and does not always show the success you are achieving.

Take pictures (front and side) and measurements (chest, waist and hips) now, and after surgery to track your progress in many ways. Track them on pages 122-124.

Pick one outfit now, your “before outfit.” Every month after surgery, take two photos.

In the first, wear your “before outfit.” In the second, wear something that fits properly to show your weight loss.

Print these photos and tape them up to a mirror or in your closet. They will help your mind catch up with your body.

Clothes:
Go through your clothes and sort them by sizes. Keep the next smaller size ready to go. When clothes get too big for you, donate them out of the closet and away!

Focus on imagining the new, smaller sized clothes you will wear.
2 Weeks Before Surgery: To Do

Medical To-Do List:

[ ] Schedule an appointment with your primary care provider for pre-operative clearance two to four weeks before your surgery date. A copy of your results must be faxed to our office at least one week before your surgery date. If results are not faxed to our office in time, your surgery may be delayed or canceled.

[ ] If you have had previous problems with anesthesia or surgery, notify your surgeon at least two weeks before surgery.

[ ] Contact your prescribing doctors to see what medicines need to be changed after surgery. After surgery, you can only take medications in chewing, crushing, or liquid form. You will not be able to take pills that cannot be crushed, capsule-form medications or extended release medications that end in ER, XR, SR, or CR.

[ ] Make follow up appointments with all of your prescribing doctors for seven to ten days after surgery.
Complete your pre-op tests

- **EKG**: if needed, must be done within six months of surgery, except if known cardiac disease, must be done within 14 days of surgery
- **Chest X-ray**: if needed, must be done within six months of surgery
- **Lab Tests** CBC, CMP, Lipid Panel, CRP, if needed, must be done within six months of surgery; beta-HCG (female) must be done within 14 days
- **Type & Screen**: at Cedars-Sinai

At your Pre-Op appointment with your surgeon

- Tell the nurse if you take any blood thinners, go to a pain management doctor, or are on an opioid dependence medication like Suboxone.
- Ask your surgeon questions and express concerns.
- You will be given specific instructions about surgery including hospital location, arrival time, medications, and post-op appointments
2 Weeks Before Surgery: To Do

Call the clinic ASAP if you get sick. Call if you develop:

- A cold
- Persistent cough
- Fever
- Skin breakdown
- Any other changes in your condition

Optional: Advanced Directive Planning

You have the right to make decisions about your healthcare. An Advance Healthcare Directive is the best way to plan ahead and clearly state your goals, values, and preferences if you become unable to do so yourself.

For more information, and to complete a Cedars-Sinai Advanced Directive, visit this website:

https://www.cedars-sinai.org/patients-visitors/resources/advance-directive.html
All hospital rooms are private. One family member may stay the night with you.

**Find someone to drive you to the hospital before and back home after surgery,**
you cannot drive yourself, or take a taxi/Uber/Lyft/bus/etc. home.

________________________________ will drive me to the hospital.

________________________________ will drive me home from the hospital.

**Plan for someone to help you after surgery with:**
- Transportation
- Grocery shopping
- Meal preparation
- Caring for your home, taking care of children, pets, or family members

________________________________ will help out with transportation and meals.

________________________________ will take care of my kids / pets / family.
Requesting Time Off After Surgery

Patients of Dr. Burch and Dr. Cunneen:

- If you are requesting time off after surgery, contact:
  Margaret Guzman
  310-423-6772
  margaret.guzman@cshs.org

- All time off requests take 5-7 days to process
Pause and Reflect

Right now, I feel ______________________ about having surgery.

Some things that feel challenging are:

________________________________________________________________
________________________________________________________________
________________________________________________________________

Some ways that I am working on those challenging things are:

________________________________________________________________
________________________________________________________________
________________________________________________________________
Pre-Op Class Slides

Bariatric Surgery Pre-op Class Agenda

1. Objectives for today's class
2. Pre-op
   - 2 weeks prior to surgery
   - 1 week prior to surgery
   - 1-2 days prior to surgery
3. Day of surgery
   - Your hospital stay
4. Post-op
   - Potential post-op complications
   - Follow-up protocol
5. Q&A
6. Optional exercise slides at the end of this presentation

Objectives for Today’s Class

Understand:

- When to stop & restart medications
- How to prepare your home
- Where to park & check in on the day of surgery
- Understand the risk, benefits, and potential complications
- Know post-operative "red flags" to report
2 Weeks Pre-op To Do List (Appointments/Scheduling)

Remember to:

1. Complete pre-op lab tests, EKG, chest x-ray if requested by the doctor
2. Appointment with primary care for pre-op clearance and complete pre-op testing
3. Attend Support Group meeting

2 Weeks Pre-op To Do List (Meds/Exercise)

Medications

1. If on medications, get in crushable form or liquid forms
2. Avoid aspirin & aspirin-containing products (Advil, Motrin, Aleve, Ibuprofen etc.)
3. Avoid Prescriptions such as Indocin, Naprosyn, Celebrex, Mobic, etc.
4. Talk to cardiologist about anticoagulation medication such as: Pradaxa, Coumadin, Flavix, Eliquis, Xarelto, etc.
5. Discuss special medication instructions for capsules or extended release

Diet & Exercise

1. Empty cabinets/pantry of junk foods
2. Engage family and roommates to remove tempting foods
3. Stop caffeinated beverages to decrease risk of dehydration
4. Eat healthy! (No “last supper”!) 
5. Sample different low sugar, high protein shakes (brands & flavors)
6. Begin exercising
7. Start pre-op diet with 3 protein shakes and one small meal
Pre-op Diet

**Start at least 2 weeks before surgery**

**Daily diet**
- 3 protein shakes per day
- 1 balanced meal and 1 balanced snack
- 64 oz of sugar-free, non-carbonated, non-caffeinated beverages

**Tips for success:**
- **Plan meals.** Don’t skip meals. Eat every 3-4 hours
- **Practice chewing** 25 times per bite and taking 30 minutes to finish a meal
- **Avoid:** breads, rice, pasta, carbonated beverages, alcohol, fast food, fried foods, sweets

**Shopping list**
- Chewable bariatric vitamins
- Protein shakes
- Reusable water bottle
- Optional items (more on p. 74)
  - Pill crusher
  - Blender
  - Pedialyte
  - Smooth Move Tea
1 Week Pre-op To Do List

- Pre-op appointment with your surgeon
- Find someone to drive you to & from the hospital (you may not drive yourself home or call an Uber/Lyft)
- Alert clinic nurse or MD of illness
- Prepare to be off work for 1-3 weeks
- Complete employer short-term disability forms if needed
- Stock your cabinets with protein shakes and water

1-2 Days Pre-op To Do List

Pre-Op Diet

- Nothing but CLEAR liquids (Water, Sugar free Jell-O, Broth, Propel, Crystal Light, etc.) for 24 hours
- May have regular protein shakes
- At least 64 oz. of water daily minimum
- Nothing to eat/drink after midnight the day before surgery (except certain meds; ask your surgeon/primary care physician)

Diabetic Patients

1. Check with your Diabetic doctor for possible medication changes
2. Inform either the surgeon or nurse the instructions given
3. Check your Blood sugar 4 times a day (breakfast, lunch, dinner, & bedtime)
Hospital Packing List: What to Bring?

- Picture ID, valid insurance card, and Advance Directive
- Bring medication list (leave meds at home)
- Slip on shoes to walk the hallway
- House coat
- Comb/Brush
- Toothbrush/toothpaste
- Lip Balm
- Comfortable, loose fitting clothes to go home
- Cellphone & Charger
- CPAP mask (optional)
- Have your family member or friend bring your bag to your hospital room after surgery
- Leave valuables at home (jewelry, credit cards, purse)

Day of Surgery To Do List- Before You Arrive At the Hospital

- **Shower the evening before and the day of surgery** with Antibacterial soap
- **Medications**: take medications advised by your physician (blood pressure pills & Cardiac meds) with a little sip of water, the morning of surgery
- **Arrive 2 hours before your scheduled surgery time**
- **In general, plan for** transportation, grocery shopping, meal preparation, care for your home, children/pets, family members

**Requests for time off of work?** Contact assistants for physicians:

**Drs. Cunneen and Burch**: Contact Margaret Guzman, (310) 423-6722
Day of Surgery Important Information: At the Hospital

- **Where to Park:** validation for lot 2, 3 or 4.
- **Where to Check-In:** South Tower Lobby Registration Desk
- **All rooms are private.** One member may stay the night with you when permitted. No children under the age of 12 allowed
- **Someone must drive you home from the hospital**
- **Surgery generally takes 1-3 hrs.**

Expectations for After Surgery

- **Check with your nurse:** It is important to get up walking within 2-3 hours after surgery
- **Start taking sips of Sugar Free clear liquids** day of surgery-slowly, 1 oz. every 15 min. over 15 min
- **No straws!!
- All pills must be crushed
- **Alert your nurse of nausea & pain
- Breathing machine/Incentive spirometer 10 x hour every hour (take home after discharge)
- **Leg squeezers to decrease clotting risk:** do not wear while walking in the hall
- **Expect to be discharged to go home post-op Day 1** (Day after surgery)
Managing your Pain

- **Take action to control your pain** as soon as the pain starts. It is more difficult to relieve pain once it has become severe.

- **Report your pain.** If you are in pain, tell your doctor or nurse. Because each person experiences pain differently, you can help your doctors and nurses “rate” your pain using the FACES Pain Rating Scale below. A 0 on the scale means no pain, and a 10 on the scale means the worst pain you can imagine.

- **Treating your pain early is key** to good pain control and important to your recovery. Take your pain medication before doing something that may increase your level of discomfort such as getting out of bed to walk.

Managing Pain cont.

0-10 FACES Pain Rating Scale:

- **0 No pain or hurt**
- **2 Hurts a little/pain is mild**
- **4 Hurts a little more/pain is causing discomfort**
- **6 Hurts even more/pain is distressing**
- **8 Hurts a whole lot/pain is horrible**
- **10 Hurts worse/pain is excruciating**
Expectations For Going Home

First Week:
- Drink at least of **64 fluid oz/day**
- **Sugar-free Clear liquid + protein drink** diet
- Review **dietary guidelines**
- May **shower the day after discharge** (no baths, pool or jacuzzi!)
- May **drive day 5 if not taking narcotics** for pain
- **Light activity** (walking 4 times a day as tolerated)
- **Post-op appointment** with surgeon & nutrition post-op class

Diet After Surgery

**Week 1: Protein Drinks + Clear Liquids**

**Week 2: Protein Drinks + Thick Liquids**
- Add pureed soups (no cream) and "light" yogurt
- No noodles, rice or chunks of meat or vegetable

**Weeks 3 & 4: Pureed & Mashed Foods**
- All foods should be pureed or mashed to a **baby food consistency**

**Weeks 5: Chopped Foods**

**Weeks 6+: Solid Foods**
- Try new foods individually and gradually and check for tolerance
- Have 3 small meals and 2 snacks a day
BAND Vitamin & Mineral Supplements – Daily, for life!

- Liquid, powdered or chewable vitamins for life!
- 1 multi-vitamin/mineral with iron
- 1500 mg calcium citrate
  - Meme: 1000 mg
    - With a minimum of 3,000 units of vitamin D
- Take calcium & vitamin D two hours after the multi-vitamin/mineral

Sleeve & Bypass Vitamin & Mineral Supplements – Daily, for life!

- Liquid, chewable or powdered for
  - 3 months post surgery then can take pill form
- 2 servings of multi-vitamin/minerals with iron
- Calcium Citrate: @ 1500 mg daily
  - With minimum of 3,000 units of vitamin D
- B12: 500 -1000 mcg sublingual daily
- Iron: 325 mg of ferrous sulfate (60-100 mg of free iron)
- Take calcium & vitamin D two hours before or after the multi-vitamin/mineral and iron
Sleeve Gastrectomy/ Gastric Bypass Post op

- Referred Shoulder pain - normal
- Reflux is common – sleeve patients
- Hiatal Hernia – chest discomfort
- Vitamin supplementation daily
- Take advantage of the “Honeymoon Period” first 6 months
  - Learn as much as possible to be successful
  - Listen to your body

Gastric Band Post op

- Hunger is normal early on
- Might feel lighter in the morning
- Hiatal hernia – chest discomfort
- Referred shoulder pain - normal
- Port Site very tender – normal
- Everyone is different – unique patient to patient
- Average weight loss is 1-2 lbs per week
- May take several adjustments before you feel it
  - Typically, 4-8 adjustments the first year after surgery
- Vitamin supplements daily
Pre-Op Class Slides

When to call the office…..

<table>
<thead>
<tr>
<th>If you have...</th>
<th>Then that can mean...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest pain or shortness of breath</td>
<td>PE/Pneumonia</td>
</tr>
<tr>
<td>Pus-like drainage from your wound</td>
<td>Infection</td>
</tr>
<tr>
<td>Fever &gt; 100</td>
<td>Infection/Leak</td>
</tr>
<tr>
<td>Nausea or vomiting more than 3 hours and/or abdominal pain that is unrelieved by pain medication</td>
<td>Obstruction</td>
</tr>
<tr>
<td>Pain, redness, and/or swelling in your legs</td>
<td>Blood clot</td>
</tr>
<tr>
<td>Peeing less than 4 times in 24 hours, dark urine</td>
<td>Dehydration</td>
</tr>
</tbody>
</table>

Early Potential Complications- General

- Bleeding
- Pain
- Pneumonia
- Complications to anesthesia
- Deep vein thrombosis/blood clot
- Injury to stomach, esophagus, or surrounding organs (i.e., spleen, pancreas, liver etc.)
- Infection
- Pulmonary embolism
- Stroke/heart attack
- Vomiting/nausea
- Dehydration
- Constipation/diarrhea
- Death
Gastric Bypass Potential Complications

**Early**
- Leaks from staple lines
- Narrowing or ulcer G-J anastomosis
- Narrow or leak J-J anastomosis
- Dumping syndrome
- Gastrointestinal inflammation or swelling
- Obstruction

**Late**
- Weight regain
- Development of gallstones
- Ulcer
- Vitamin deficiencies
- Anemia
- Stomal Stenosis/stricture
- Excess skin

Sleeve Potential Complications

**Early**
- Leaks from staple line
- Gastric outlet or bowel obstruction
- Gastrointestinal or swelling
- Intolerance to sugar

**Late**
- Weight regain
- Gallstone disease
- Anemia
- Vitamin deficiencies
- Ulcer
- Acid reflux
- Stretching of the stomach
Gastric Band Potential Complications

**Early**
- Esophageal spasm
- GERD
- Port site infection
- Inflammation of the esophagus or stomach
- Stomach perforation
- Stoma obstruction

**Late**
- Weight loss failure
- Erosion
- Slippage
- Esophageal dilation
- Port displacement
- Band leak
- Excess skin
- Tube-related complications
  - 1. Port disconnection
  - 2. Tube kinking

Nausea/Vomiting

**Causes**
- Not chewing enough
- "Too full"
- Sensitivity to smell
- Pain medication
- Not eating
- Postnasal drip
- Dehydration
- Electrolyte imbalance

**Resolutions**
- Eat slow, small amounts
- Chew food thoroughly (20+ times)
- Make sure food is prepared moist
- Prepare bland meals
- Recognize when you are full
- Prescription change in pain medication
- May need nausea medication
- Avoid liquids at mealtime
Dehydration

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>May need lab work</td>
</tr>
<tr>
<td>Dark colored urine</td>
<td>Sip water throughout the day</td>
</tr>
<tr>
<td>Dizzy/fainting</td>
<td>Avoid beverages with caffeine (diuretic)</td>
</tr>
<tr>
<td>Nausea</td>
<td>Suck on ice chips or sugar-free popsicles</td>
</tr>
<tr>
<td>Low back pain</td>
<td>IV fluids</td>
</tr>
<tr>
<td>Whitish coating on the tongue</td>
<td>Drink Pedialyte, Gatorade zero</td>
</tr>
</tbody>
</table>

Bowel Habits

<table>
<thead>
<tr>
<th>Patient's Report</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal 1-3 stools per day (beginning)</td>
<td>Avoid dairy- lactose intolerance</td>
</tr>
<tr>
<td>Persistent loose stool notify surgeon</td>
<td>Avoid high fat foods</td>
</tr>
<tr>
<td>Foul smelling</td>
<td>Avoid chewing gum/hard candy</td>
</tr>
<tr>
<td>Constipation (later)</td>
<td><strong>Benefiber- constipation</strong></td>
</tr>
<tr>
<td>Flatulence (gas)</td>
<td>Beano – gas</td>
</tr>
<tr>
<td></td>
<td>Eliminate carbonated beverages</td>
</tr>
<tr>
<td></td>
<td><strong>Devrom</strong>: <a href="http://www.devrom.com">www.devrom.com</a></td>
</tr>
</tbody>
</table>
Anemia

Everyone must take iron as instructed by our office

- Pale skin
- Decreased work performance
- Fatigue
- Weakness
- Cold feeling
- Dizziness
- Shortness of breath

Pregnancy After Surgery

- You should avoid becoming pregnant for at least 18 months after surgery
- Before 18 months you may not be able to provide appropriate nutrients to the fetus
- Many bariatric patients prior to surgery have issues with infertility
- Fertility may be increased as weight loss occurs
- Birth pills may not be fully absorbed (sleeve & bypass patients)
- Women need to use a mechanical form of birth control (IUD, condom, etc.)
- Notify your surgeon if you do become pregnant within 18 months post-surgery
Gastric Bypass/Sleeve Follow Up

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-10 days post-op</td>
<td>Surgeon/NP</td>
</tr>
<tr>
<td>1-month post-op</td>
<td>NP/PA</td>
</tr>
<tr>
<td>3 months post-op</td>
<td>NP/PA</td>
</tr>
<tr>
<td>6 months post-op</td>
<td>Surgeon</td>
</tr>
<tr>
<td>9 months post-op</td>
<td>Dr. Albert</td>
</tr>
<tr>
<td>12 months post-op</td>
<td>Surgeon</td>
</tr>
<tr>
<td>18 months post-op</td>
<td>NP/PA</td>
</tr>
<tr>
<td>24 months post-op</td>
<td>Surgeon</td>
</tr>
<tr>
<td>Annually Thereafter</td>
<td>Surgeon</td>
</tr>
</tbody>
</table>

**Surgeon:** Scott Cunneen, MD; Miguel Burch, MD  
**Bariatrician:** Michael Albert, MD  
**Nurse Practitioner:** Acorda Reece, Kristine; LaRue, Zsofia  
**Physician Assistant:** Chelsea Milne

---

Important Rules

1. **Protein first** (60-80 gm per day)
2. Take your **vitamins & minerals daily**!
3. Drink **no liquids at least 30 minutes before or after meals**!
4. **Cardio exercise** at least 3 times a week. Resistance exercise twice a week.
5. Drink **64 oz of water daily**
6. **No alcohol**
7. **No smoking**
8. **No ibuprofen**, Motrin, Advil, Aleve, aspirin, etc.
9. **No grazing / plan your meals**
10. **EGD/Upper endoscopy – Inform** of prior weight loss surgery (bands need to be deflated).
11. **CT Scans/MRI with oral contrast – inform** them of having weight loss surgery
Potential Causes of Weight Regain

- Lack of exercise
- Surgical/medical issue
- Poor follow-up
- Lack of support
  - Keeps patient mindful
- Not following nutritional guidelines
  - Poor food choices: diet high in fat and high caloric
  - Go back to old eating habits
  - Poor eating habits: grazing

What number to call in case of an emergency?

Day - 310-423-8350 then press “0”

Night – 310-423-8350 then press “*”

1. **Always call this number during the day if you have an emergency** and need to speak to a nurse or at night to reach the on-call physician

2. **Issues of nausea, vomiting & abdominal pain please call immediately** do not wait until the end of the day

3. **Prescription refills will be addressed during clinic hours** 8:00 – 4:30 pm Monday thru Friday
Review following exercise slides in your free time

Exercise and Physical Activity

- Becoming active must be a permanent lifestyle change after surgery
- Significant health benefits are associated with activity, regardless of weight loss
- Studies suggest that physical activity may enhance weight loss and maintenance following bariatric surgery as well as quality of life and mental health

Benefits of Exercise

Lowers risk of...

- Death
- Heart disease
- Stroke
- Type 2 Diabetes
- Hypertension
- Hyperlipidemia
- Metabolic Syndrome
- Colon and breast cancers
- Prevention of weight gain
- Weight loss when combined with caloric restriction
- Improve heart, lung and muscle fitness
- Prevention of falls
- Reduced depression
- Better brain function (older adults)
How much activity is enough?

Goal to work toward

- A minimum of 150 minutes/week of activity to prevent significant weight gain and get health benefits
- Strength training a minimum of 2 days per week
- Greater weight loss and prevention of weight regain is seen with 250-300 minutes/week of activity.

How to get started?

- Talk to your physician first
- Identify realistic activity goals, adjust them as you become more active
- Identify activities you enjoy: walking, dancing, hiking, swimming
- Set up a schedule you can stick with and consider getting an exercise buddy
- Start slowly to prevent injury; activity should not be painful
- Yes, you can and should start before surgery
How to get started? (continued)

- One size does not fit all- individualize your routine
- Initial goal: 20 minutes of activity per day, then increase as you tolerate
- Split up the activity into 10-minute bouts if you need
- Consider using a Fitbit or smart phone to track your activity
- Consider joining classes or working with a trainer for instruction
- Include time for a warm-up and cool-down

In Summary

- Exercise is a fundamental aspect of your weight loss and fitness success
- Exercise to not only aide in weight loss/control, but to also provide overall health benefits, including decreased cardiovascular mortality risk
- Initial activity goal of 150 minutes/week, increase as you tolerate to 300 minutes/week of activity
- Start slow and be consistent, you need to build lifelong habits
2 Days Before Surgery: To Do

**Pick up medicines** from the pharmacy:
- Gabapentin (Neurontin) 300mg: 1 tablet, no refills
- Prevacid 30mg: 30 pills, 2 refills
- Norco 5/325mg: 20 pills, no refills

**Pack for the hospital. Bring:**
- Picture ID (identification card), insurance card, advanced directive
- This binder
- Small overnight bag with toiletries like toothbrush, toothpaste, soap, comb, lotion
- Bathrobe and/or comfortable coat
- Non-slip shoes that easily slide on and off
- Lip balm
- Cellphone and charger
- CPAP mask, if you have one
- Containers for eyeglasses, contact lenses, hearing aids, and dentures
- Comfortable, loose fitting clothes to go home in. Clothes that are easily removed and easy to slip on and off are best

**Leave at Home:**
- Jewelry
- Purses
- Cash more than $20
- Medications
- Valuables
1 Day Before Surgery: Diet

The day before surgery, you may only have clear liquids and protein shakes. Drink at least 64oz of sugar-free, low-calorie, non-carbonated, non-caffeinated liquids per day. Stop at midnight the night before your surgery.

You may drink:

- Water
- Protein shakes
- Diet clear juices like apple and cranberry (no citrus or juices with pulp)
- Decaffeinated tea (without milk)
- Crystal Light
- Fat-free or low-fat chicken or beef broth (with no chunks)
- Sugar-free Jell-O and popsicles

Call the clinic ASAP if you get sick. Call if you develop:

- A cold
- Persistent cough
- Fever
- Skin breakdown
- Any other changes in your condition
Night Before Surgery: Diet

**After midnight, do not eat, drink, consume, inject, or ingest anything** unless instructed differently by your physician.

This means, after midnight:

- No food
- No water
- No coffee, tea or other drinks
- No chewing gum or mints

If you have been instructed by your physician to take medications after midnight, you may take them with a tiny sip of water.

If you have questions, call 310-423-8350, option 4.
Night Before Surgery: Shower With CHG

Before surgery, you will be given a special soap called chlorhexidine gluconate (CHG). This soap destroys bacteria and helps prevent infection.

CHG is widely used. Rare but serious allergic reactions have been reported. If you develop severe rash, hives, swelling or shortness of breath, stop using the product and seek medical attention or call 911 right away.

Please shower with CHG both the night before and the morning of surgery.

Here are the steps to shower with CHG:

1. Do not shave on or near the body area where surgery will be performed.
2. Wash your hair as usual with normal shampoo and rinse thoroughly.
3. Wet your entire body.
4. Turn the water off, to avoid rinsing the soap too soon.
5. Apply the CHG antiseptic soap to your entire body, neck down.
6. Do not use the soap near your ears, eyes, or mouth.
7. Wash your body for five minutes, gently. Pay special attention to your abdomen.
8. Do not wash with regular soap after the CHG.
9. Turn the water on, and rinse thoroughly.
10. Pat dry with a clean towel.
11. Do not apply anything, like: makeup, powders, deodorants, perfumes, lotions.
Day of Surgery: To Do

My surgery is at (time) _______________________ on (date) __________________.

Before you leave for the hospital:

- **Take a shower with CHG.**
- Wear comfortable clothes
- Do not apply makeup, powders, deodorants, perfumes, lotions
- Do not wear mascara or fake eyelashes
- Do not wear jewelry.

Reminder, you cannot drive yourself to the hospital the morning of surgery.

**Three hours before surgery time** take these medications with small sip of water:

- **Gabapentin** (Neurontin) 300mg 1 tablet
  
  This medication may make you sleepy. Do not drive after taking.
- **Acetaminophen** (plain Tylenol) 1000mg (if no liver disease)

I will take the medications at (time) _______________________, three hours before my surgery time above.
Day of Surgery: Arrival at Hospital

Parking:
Your designated driver may park in South Tower (Lot 3) parking on day of surgery and day of discharge. Valet is the same cost as self-parking.

See pages 8-9 for more parking information.

Two hours before surgery time, check in at the registration desk, located at the Street Level of the South Tower. You will be given paperwork and an identification bracelet. Take a seat in the lobby until you are called to the pre-operative area.

Give your overnight bag to your family member. They can bring the bag up to your room once you are settled.
Day of Surgery: Process

Lobby/Waiting Area:

- Your family and friends may wait in the lobby. This area has television, magazines, phone chargers, and volunteer staff who can assist them while you are in surgery.
- Your family may wait here or may accompany you in the pre-op area, at the discretion of the nurse.
- Please let your family know that if they leave the waiting area, they should provide the volunteer with their cell phone number and expected time of return.

Pre-Op Area

- You will change into a hospital gown.
- Staff will check your temperature, blood pressure, pulse, respiration and height and weight.
- The nurse will verify your information before you sign the consent. Speak up if you do not understand something on the form.
- The nurse from the operating room will meet with you and discuss what to expect.
- The anesthesiologist will meet with you to discuss the plan for anesthesia.
- An intravenous (IV) infusion will be started to provide you fluids, and later may be used for anesthesia and other medications.
- The surgeon will meet with you to discuss the plan.
Operating Room:

- Pressure pads and warmed blankets are available for your comfort. Let your team know if you are not comfortable.
- You will never be left alone.

Post-Anesthesia Care Unit (PACU):

- After surgery, you will be transferred to the PACU, where the nurses are specially trained to take care of you.
- Visitors are allowed in PACU. For privacy, only one family member at a time is able to visit you, at intervals of five minutes each.
- The nurse will contact your family and let them know when you are ready to be transferred to your room.
Your Hospital Stay

Visitors:
Cedars-Sinai welcomes family and significant others to be involved in your care while you are in the hospital. Request a cot to be delivered to your room, so that one family member can stay with you overnight.

Visiting Hours:
- 10:00a.m.—9:00p.m.
- Ask your family and friends not to visit if they have a cold or do not feel well.

Pain Control
Effective pain control is a partnership between you and your healthcare team. Some level of pain is expected, but we want to keep you comfortable and help you recover faster. Tell us what treatments have worked for you in the past, including non-medication treatments like ointments, ice, heat, music, etc.

We offer a variety of pain control treatments, including:
- Relaxation, mindfulness and meditation techniques
- Chaplaincy visits, including Reiki healing
- Music therapy
- Pet therapy
- Back rubs
- Volunteer services

We will assess your pain on the universal measuring tool:
In your hospital room, you will:

- Be encouraged to get up and out of bed on the day of surgery, and at least 3-6 times per day thereafter.
- Use the *incentive spirometer* “breathing machine” to reduce your risk of pneumonia. Take in 10 deep breaths per hour.
- Wear the sequential compression device (SCD) “leg squeezers” when in bed or sitting in the chair, to prevent blood clots.
- Have blood tests taken, if needed.

Diet:
You will be given a tray of liquids that include: water, fat free chicken or vegetable broth, diet cranberry juice, sugar-free Jell-O and sorbet, decaffeinated tea and coffee. Your goal in the hospital is to drink at least 28-32 ounces per day. As you progress, you will be given protein shakes to drink too.

- Use the 1-ounce medicine cup to go slow and measure your intake
- Take sips slowly and frequently, stop drinking if you feel full or have any nausea/vomiting
- Avoid gulping, straws, carbonated beverages, and chewing gum
- All pills must be crushed, chewable, or liquid

Let your nurse know if:

- You get nauseous or vomit
- Your pain is not controlled
- You have to go to the bathroom
- Your IV or bandages come loose or get wet
Your Hospital Stay: Safety is No. 1

Hand Washing:
Wash your hands:
- Before and after using the bathroom
- Before and after eating
- After blowing your nose, sneezing, or coughing
- When touching anything unclean

If you do not see your care providers wash their hands or use alcohol-based hand rub, ask them to do so.

Prevent Falls:
- Make sure you can reach and use the call button at all times.
- Keep needed items within reach. Ask for help if you cannot reach.
- Do not get up and walk by yourself unless ordered by your doctor. Call for assistance when you need to go to the bathroom.
- Do not attempt to remove the bed side rails by yourself.
- Put on glasses, contacts, and hearing aids before you get up.
- Wear non-skid footwear or socks. Do not use flip-flops for walking.
- Get up slowly from bed or chair to prevent dizziness.
- While in the bathroom, use the grab bars for sitting and standing. Know where the call button is.
- If you fall, remain calm and ask for help, or press the call button. Stay where you are and wait for assistance.
Discharge Instructions

Most likely, you will go home **one to two days after surgery**. Discuss any concerns about going home with your nurse.

Prepare for discharge by 10:00 am.

**Diet:**
Over the next six weeks, you will progress your diet from only clear liquids to your new normal solid foods. Follow along closely with the binder to make sure you are eating the right foods for your step in the process:

**Week 1 diet begins in the hospital after surgery and continues another five days once you are home.**

**Diet Progression:**
- Week 1: Clear Liquids and Protein Drinks, page 100
- Week 2: Full Liquids and Protein Drinks, page 104
- Weeks 3 and 4: Pureed and Mashed Foods, page 108
- Week 5: Chopped Foods, page 112
- Week 6: Maintenance Solid Foods, page 116

I will start my Week 1 diet on my surgery day (date) ________________________.

My surgery is on a (circle one) Monday | Tuesday | Wednesday | Thursday | Friday.

I will advance my diet each week on (the day you circled above) ________________.
Discharge Instructions

**Medications:**
After surgery, begin taking:

1. **Prevacid 30mg daily for one month.** Open the capsule and take on an empty stomach first thing in the morning. You may eat or drink 30 minutes after taking it. This medication will protect your stomach lining as it heals after surgery.

2. **Vitamins**, daily

3. **Norco 5/325mg.** Crush tablet every four to six hours as needed for severe pain.

After surgery, you may be instructed to stop some or all of your diabetes or high blood pressure medications. Look at your discharge instructions to see which medications you can stop.

You should have scheduled a follow-up with your primary care provider and all prescribing doctors for seven to ten days after your surgery. At that appointment, discuss which of your medications you should continue taking.

**All medications must be crushed, chewable, or liquid for at least six weeks.**

**Shower:**
You may shower as soon as you get home. Let the soap rinse over your incisions, do not scrub them. Gently pat dry with a clean towel after the shower.

No swimming, bath tubs, hot tubs, oceans, rivers for six weeks after surgery.

**Activity:**
Stay out of bed for most of the day, as tolerated. Get up and walk every 30 minutes.

No strenuous activity, like running, dancing, or lifting objects over 20 lbs. for 6 weeks.

**Driving:**
You may drive one week after surgery, **if you are no longer taking pain medication**. If you are still taking pain medication, you may not drive.
When to Call

**Call the office** at 310-423-8350, option 5

- Fevers, greater than 38.5°C or 100.3°F, or chills
- Elevated heart rate greater than 110 beats per minute
- Worsening abdominal pain that is not relieved by pain medication
- Nausea that lasts for more than four hours
- More than one episode of vomiting
- Diarrhea for more than one day
- Constipation for more than two days
- Increased shortness of breath
- Dizziness that does not go away
- Changes at the incision site, such as:
  - Bleeding
  - Redness
  - Burning
  - Swelling
  - Tenderness
  - Warmth
  - Drainage of pus
Post-Op Concerns

Most issues after surgery can be prevented by following the guidelines for eating and drinking. It is important to know what symptoms to watch for, and when to call for help. Always, always, always call if you have a question or concern.

**Hydration / Dehydration**

We recommend that you drink 64 ounces (2 liters) of fluids every day. To accomplish this, you will have to sip fluids all day long. In weeks 1 and 2, the liquid stages, you do not need to separate your meals (protein drinks) from the other fluids.

Symptoms of dehydration are:

- Less urine than usual, or urine that is darker in color
- Dry mouth
- Dizziness and lightheaded
- Fatigue
- Headache
- Constipation
- Increased heart rate >110 beats per minute
- Low blood pressure

If you **start feeling dehydrated, sip the Pedialyte** you purchased, instead of water. Try the cold one from the fridge and the room temperature one from the cupboard to see which feels better.

It can be very difficult to catch up on your own. It is **best to call** as soon as you realize you aren’t getting enough liquids in, or as soon as you start feeling symptoms.

We can send an **IV nurse** to your house to give you IV fluids if you are falling behind.
Nausea, Vomiting or Food Getting Stuck

Nausea and vomiting are not expected consequences from surgery.

Most often, these symptoms happen from:

- Eating the wrong foods
- Eating too much
- Eating too fast
- Not chewing well enough

If you experience nausea, vomiting or food getting stuck:

1. Double check that you are eating the right foods for your step in the process.
2. Measure the amount of food you eat, and reflect on the hunger-fullness scale to check in when to stop (see pg. 69).
3. Slow down your eating, meals should take at least 30 minutes.
4. Chew each bite at least 25 times.

If you still are experiencing nausea or vomiting, call the office.

Gas

Avoid gulping, straws, chewing gum and carbonated beverages. If you experience uncomfortable gas or bloating, slow down your eating. You may also try Gas-X chewables.
Post-Op Concerns

Constipation
Constipation is very common after surgery. Signs of constipation are:

- Less frequent bowel movements
- Hard, dry stools
- Difficulty or straining during a bowel movement
- Nausea, bloating, abdominal cramping or pain

We treat constipation in steps. If the first step doesn’t work, you may move on to the next step.

1. Make sure you are drinking plenty of liquids, at least 64oz. (2L) water per day.
2. Exercise if you are able to, even just walking around the house helps.
3. Drink Smooth Move Tea. Drink one to two cups per day, preferably at bedtime.
4. Start Benefiber. Stir 2 teaspoons into 4oz. of hot water, three times per day. Stop taking if your stools become loose.
5. Start Miralax. Stir 1 capsule into 4oz. of liquid, one time per day. Stop taking if your stools become loose.

If you still have not had a bowel movement for more than two days after trying these steps, call our office at 310-423-8350, option 5.
Dumping Syndrome

For a quick reminder about dumping, see page 38. If you experience dumping, know that it is almost always preventable.

Dumping Prevention

- Eat five to six smaller meals throughout the day, instead of three big meals
- Avoid sugary foods like soda, candy, and baked goods
- Eat more protein from foods like chicken and fish
- Choose foods high in fiber
- Don’t drink fluids within 30 minutes before or after meals
- Chew your food completely before you swallow, at least 25 times

Take notes of what caused your dumping episode. Write down:

- What you ate ________________________________

- How much you ate ___________________________

- How long after you ate did you feel symptoms ________________

- What symptoms you had __________________________

Use these notes to reflect and learn how to prevent dumping in the future.
Life After Bariatric Surgery: Staying on Track

Cedars-Sinai Weight Loss Center
Bariatric Surgery Program

Objectives

- Diet progression following bariatric surgery:
  - Vitamins and minerals
  - Hydration
  - Protein drinks
  - Diet progression
  - Medical concerns
- Physical activity goals
- Behavioral health
After surgery, vitamins are required for the rest of your life
- Your body is unable to absorb all the vitamin and mineral nutrients it needs from diet alone
- For the first six weeks after surgery vitamins must be chewable, liquid or powder
  - Better absorbed and won’t get stuck

- No gummy, senior or children’s vitamins
- Not complete/not appropriate for post-bariatric surgery

### Nutrient Needs per ASMBS Guidelines

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Minimum daily amount needed to prevent deficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iron</td>
<td>18-60 mg</td>
</tr>
<tr>
<td>Vitamin B12</td>
<td>350-500 mcg</td>
</tr>
<tr>
<td>Folate</td>
<td>400-800 mcg from MVM 800-1000 mcg for women of childbearing age</td>
</tr>
<tr>
<td>Thiamine (B1)</td>
<td>12-50 mg</td>
</tr>
<tr>
<td>Calcium</td>
<td>1200-1500 mg</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>3000 units</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>5,000-10,000 units</td>
</tr>
<tr>
<td>Vitamin E/K</td>
<td>15 mg / 90-120 mcg</td>
</tr>
<tr>
<td>Zinc/Copper</td>
<td>8-22 mg / 1-2 mg</td>
</tr>
</tbody>
</table>

- Higher requirements are needed after surgery
- 18 mg is the minimum amount for iron but if you are a menstruating female and/or have h/o anemia then 45-60 mg daily is best
- Calcium citrate is the preferred form versus carbonate
- Divide calcium into doses of 500 mg each to improve absorption and decrease chance of constipation
Ways to Take Vitamins

- Bariatric-formulated vitamins
  - Many different types of bariatric-formulated vitamins out there
  - See bariatric binder for options on page 67
  - Majority of the vitamins do not contain calcium and therefore, need appropriate supplementation
  - Website bariatricfusion.com offers 10% off with code CSHS10 and applies to most products, can't be used on bundles or subscriptions
Vitamin Discounts

- **Bariatric Advantage**
  - 15% when purchasing directly
  - Bariatricadvantage.com
  - Validation code box (NOT discount code)
  - “CEDARS”

- **Celebrate**
  - 10% off
  - Discount code “Cedars10”
  - Celebratevitamins.com

- **Opurity by UNJURY**
  - 10% off when you create a new account
  - Discount code “Cedars10”
  - Unjury.com
  - One time only

- **ProCare Health**
  - 10% off
  - Discount code “CSLA10”
  - Procarenow.com

Hydration

- Aim for 64 oz (2 liters) of sugar-free, non-carbonated, caffeine-free fluids per day

- Carry a bottle with you to sip on throughout the day
Post-Op Class Slides

Protein

- Aim for 60-80 g of protein per day
  - Some patients with renal disease may have a lower protein goal
  - Some patients will have a higher protein goal depending on age, height, gender and activity level
- Benefits of protein:
  - Preserve lean muscle mass
  - Promote surgery wound healing
  - Promote satiety/fullness
  - Decrease dumping
- Include protein in all meals and snacks
- Track protein with a food journal

Protein Drinks

- Protein drinks should have 100-200 calories, 20-30 grams of protein and less than 5 grams of sugar
- Lactose intolerant
  - Look for drinks made with soy protein, egg protein, quinoa protein or whey protein isolate
Bariatric Surgery Diet Progression

- **Week 1**: Clear liquids plus protein drinks
- **Week 2**: Full liquids plus protein drinks
- **Weeks 3 and 4**: Pureed and mashed foods
- **Week 5**: Soft/chopped foods
- **Week 6**: Maintenance solid foods

---

**Week 2: Full Liquids Plus Protein Drinks**

- **64 oz of total fluids**
  - This includes protein drinks and all other sugar-free fluids

- **3-4 protein drinks per day**

- **2-4 oz (¼ to ½ cup) portions of the following:**
  - Skim or 1% milk or unsweetened milk alternative
  - Pureed vegetable soup (tomato, split pea or carrot—no meat, noodles or rice)
  - Fat-free Greek yogurt or artificially sweetened Greek yogurt without chunks or granola
  - Sugar-free pudding
  - Sugar-free popsicles
High-Protein Jell-O by UNJURY

- **Ingredients**
  - 2 servings of UNJURY* or unflavored protein powder
  - 1 box of sugar-free Jell-O, 4 serving package
  - 2 cups (16 ounces) water: 1 cup boiling, 1 cup cold

- **Directions:**
  1. Dissolve Jell-O in 1 cup boiling water.
  2. After dissolving, set aside to cool for 3-5 minutes.
  3. In a different bowl, measure 1 cup of cold water.
  4. Add 2 scoops protein powder into cold water, one scoop at a time, stir slowly to dissolve.
  5. Stir protein powder mixed in cold water into dissolved Jell-O.
  6. Chill quickly. The protein will settle to create a smooth cloud at the bottom. The taste is unchanged.

  ½ cup Jell-O = 10 gm protein

*UNJURY protein powder, 20 gm protein per serving unjury.com
Week 2: Full Liquid Plus Protein Drinks

<table>
<thead>
<tr>
<th>Time</th>
<th>Food</th>
<th>Fluid</th>
<th>Vitamins and Minerals</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a.m.</td>
<td>Protein shake mixed with skim milk</td>
<td></td>
<td>Multivitamin with iron, vitamin B₁₂</td>
</tr>
<tr>
<td></td>
<td>(28-33 g)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 a.m.</td>
<td></td>
<td>6 oz fluid</td>
<td></td>
</tr>
<tr>
<td>10 a.m.</td>
<td>3 oz nonfat plain Greek yogurt</td>
<td></td>
<td>500 mg calcium citrate</td>
</tr>
<tr>
<td></td>
<td>(9-10.5 g)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 a.m.</td>
<td></td>
<td>6 oz fluid</td>
<td></td>
</tr>
<tr>
<td>12 p.m.</td>
<td>4 oz butternut squash soup</td>
<td></td>
<td>500 mg calcium citrate</td>
</tr>
<tr>
<td></td>
<td>(1 g)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 p.m.</td>
<td></td>
<td>6 oz fluid</td>
<td></td>
</tr>
<tr>
<td>2 p.m.</td>
<td>Protein Shake (20-25 g)</td>
<td></td>
<td>500 mg calcium citrate, vitamin D₂</td>
</tr>
<tr>
<td>3 p.m.</td>
<td></td>
<td>6 oz fluid</td>
<td></td>
</tr>
<tr>
<td>4 p.m.</td>
<td>2 oz sugar-free pudding (0.5 g)</td>
<td></td>
<td>Multivitamin with iron</td>
</tr>
<tr>
<td>5 p.m.</td>
<td></td>
<td>6 oz fluid</td>
<td></td>
</tr>
<tr>
<td>6 p.m.</td>
<td>Protein Shake (20-25 g)</td>
<td></td>
<td>Iron (if needed)</td>
</tr>
<tr>
<td>7 p.m.</td>
<td></td>
<td>6 oz fluid</td>
<td></td>
</tr>
<tr>
<td>8 p.m.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total fluid ~64 oz (total protein 78.5-95 g)

Weeks 3 and 4: Pureed and Mashed Foods

- 64 oz of total fluids
- Water and sugar-free liquids
- 1-2 protein drinks
- 2-3 ounce (¼ to ½ cup) portions of the following:

<table>
<thead>
<tr>
<th>Food Groups</th>
<th>Food Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td>Eggs, tuna, salmon, beans, tofu, cottage cheese, nonfat plain Greek yogurt,</td>
</tr>
<tr>
<td></td>
<td>skim or 1% milk</td>
</tr>
<tr>
<td>Complex carbs</td>
<td>Oatmeal, cream of wheat, grits, white or sweet potato, yam, butternut squash,</td>
</tr>
<tr>
<td></td>
<td>corn, peas, lima beans, lentils, beans</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Peeled and steamed zucchini, carrots, beets, eggplant, spinach, mashed cauliflower</td>
</tr>
<tr>
<td>Fruits</td>
<td>Unsweetened applesauce, mashed banana, canned pears/peaches (in own juice or</td>
</tr>
<tr>
<td></td>
<td>water), stewed prunes</td>
</tr>
<tr>
<td>Fats</td>
<td>1 oz (1/8) avocado, 1 tsp olive oil, 1 tsp Earth Balance/Smart Balance spread,</td>
</tr>
</tbody>
</table>
**Weeks 3 and 4: Pureed and Mashed Foods**

![Image of various food items]

**High-Protein Oatmeal by UNJURY**

- **Ingredients:**
  - 1 pack instant oatmeal (low sugar, less than 110 calories)
  - 2-3 cups of water
  - 1 scoop vanilla/flavored **protein powder**

1. **Directions:**
   1. Empty 1 packet of instant oatmeal into microwavable-safe bowl.
   2. Add water (or milk) and stir. Heat in microwave 1-2 minutes or until cereal is cooked.
   3. Remove from microwave and allow to cool for ~1 minute (~140 degrees).
   4. Stir in 1 scoop of protein powder.

- **Add flavor!**
  - Add cinnamon, almond/vanilla extract, cocoa, Splenda, stevia, or Equal
## Weeks 3 and 4: Pureed and Mashed Foods

<table>
<thead>
<tr>
<th>Time</th>
<th>Food</th>
<th>Fluid</th>
<th>Vitamins and Minerals</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a.m.</td>
<td>1 egg (7 g), ¼ cup oatmeal (2 g)</td>
<td></td>
<td>Multivitamin with iron, vitamin B₁₂</td>
</tr>
<tr>
<td>9 a.m.</td>
<td></td>
<td>8 oz fluid</td>
<td></td>
</tr>
<tr>
<td>10 a.m.</td>
<td>¼ cup cottage cheese (7 g),</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>¼ cup canned peaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 a.m.</td>
<td></td>
<td>8 oz fluid</td>
<td></td>
</tr>
<tr>
<td>12 p.m.</td>
<td>4 oz flaked whitefish (28 g),</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>¼ cup steamed carrots (0.5 g)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 p.m.</td>
<td></td>
<td>8 oz fluid</td>
<td></td>
</tr>
<tr>
<td>2 p.m.</td>
<td>Protein shake (25 g)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 p.m.</td>
<td></td>
<td>8 oz fluid</td>
<td></td>
</tr>
<tr>
<td>4 p.m.</td>
<td>2 oz sugar-free pudding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 p.m.</td>
<td></td>
<td>8 oz fluid</td>
<td></td>
</tr>
<tr>
<td>6 p.m.</td>
<td>¼ cup mashed beans (7 g),</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 oz mashed avocado</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 p.m.</td>
<td></td>
<td>8 oz fluid</td>
<td></td>
</tr>
<tr>
<td>8 p.m.</td>
<td></td>
<td>8 oz fluid</td>
<td></td>
</tr>
</tbody>
</table>

**Total fluid 64 oz (total protein 76.5 g, add another protein shake if aiming for 100 g)**
Post-Op Class Slides

Week 5: Chopped Foods

- 64 oz clear or sugar-free liquids
- 2-4 oz (¼ to ½ cup) portions of the following:

<table>
<thead>
<tr>
<th>Food Groups</th>
<th>Food Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td>Eggs, fish, shellfish, skinless poultry, lean meat, beans, tofu, skin or 1% milk, nonfat plain Greek yogurt, low-fat cottage or string cheese</td>
</tr>
<tr>
<td>Complex carbs</td>
<td>Oatmeal, cream of wheat, grits, white or sweet potato, yam, butternut squash, corn, peas, lima beans, lentils, beans, quinoa, whole-wheat couscous, high-fiber crackers or cereal (with ≥3 g fiber per serving)</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Peeled and cooked zucchini, carrots, beets, eggplant, spinach, cauliflower</td>
</tr>
<tr>
<td>Fruits</td>
<td>Soft and peeled fruits, canned fruits (in own juice or water), frozen fruit</td>
</tr>
<tr>
<td>Fats</td>
<td>1 oz (1/8) avocado, 1 tsp olive oil, 1 tsp Earth Balance/Smart Balance spread, 2 tbsp hummus, 1 tbsp light mayonnaise, 2 tsp nut butter</td>
</tr>
</tbody>
</table>

Week 5: Chopped Foods

Quinoa

Cedars Sinai
Speedy Chili by Chef Dave

Ingredients:
- 1 lb ground turkey
- 1 tbsp garlic, chopped
- ½ cup onions, chopped
- 14 oz unsalted tomato sauce
- 14 oz unsalted diced tomatoes, drained
- 2 tsp chili powder
- 1 tsp cumin powder
- ½ tsp black pepper
- 1 can beans, drained (navy, pinto, black beans)

Directions
1. Coat nonstick pan with Pam nonstick cooking spray.
2. Place ground turkey in a medium pot. Sauté and crumble for 5 minutes.
3. Add remaining ingredients to pot and bring to a simmer.
4. Let simmer on low heat for 20 minutes.
5. Top off with fat-free Greek yogurt for extra protein, if desired.

Week 5: Chopped Foods

<table>
<thead>
<tr>
<th>Time</th>
<th>Food</th>
<th>Fluid</th>
<th>Vitamins and Minerals</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a.m.</td>
<td>½ cup Kashi Go Lean cereal (3 g), 4 oz skim milk (4 g), 1 oz frozen blueberries</td>
<td></td>
<td>Multivitamin with iron, vitamin B₁₂</td>
</tr>
<tr>
<td>9 a.m.</td>
<td></td>
<td>8 oz fluid</td>
<td></td>
</tr>
<tr>
<td>10 a.m.</td>
<td>1 low-fat string cheese (7 g), ¼ cup mango</td>
<td>8 oz fluid</td>
<td>500 mg calcium citrate</td>
</tr>
<tr>
<td>11 a.m.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 p.m.</td>
<td>3 oz lean sliced turkey (21 g), ¼ cup mashed sweet potato (1 g), ¼ cup roasted beets (0.5 g)</td>
<td>8 oz fluid</td>
<td>500 mg calcium citrate, vitamin D₃</td>
</tr>
<tr>
<td>1 p.m.</td>
<td></td>
<td>16 oz fluid</td>
<td></td>
</tr>
<tr>
<td>2 p.m.</td>
<td>Frittata made with 1 scrambled egg (7 g), ¼ cup spinach (1 g), salsa and cooked in muffin tin</td>
<td>8 oz fluid</td>
<td>500 mg calcium citrate</td>
</tr>
<tr>
<td>3 p.m.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 p.m.</td>
<td>3 oz nonfat plain Greek yogurt (9 g), ¼ cup stewed prunes</td>
<td>8 oz fluid</td>
<td>Multivitamin with iron</td>
</tr>
<tr>
<td>5 p.m.</td>
<td></td>
<td>8 oz fluid</td>
<td></td>
</tr>
<tr>
<td>6 p.m.</td>
<td>3 oz salmon (21 g), ¼ cup cooked zucchini (1 g), ¼ cup mashed cauliflower (0.5 g), 1 tsp Earth Balance</td>
<td></td>
<td>Iron (if needed)</td>
</tr>
<tr>
<td>7 p.m.</td>
<td></td>
<td>16 oz fluid</td>
<td></td>
</tr>
</tbody>
</table>

Total fluid 64 oz (total protein 76 g, add another meal or protein shake if aiming for 100 g)
Post-Op Class Slides

Week 6: Maintenance, Solid Foods

- 64 oz of water or sugar-free fluids
- 2-4 oz (¼ to ½ cup) portions of the following:

<table>
<thead>
<tr>
<th>Food Groups</th>
<th>Food Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td>Eggs, fish, shellfish, skinless poultry, lean meat, beans, tofu, skim or 1% milk, nonfat plain Greek yogurt, low-fat cottage cheese, low-fat cheese</td>
</tr>
<tr>
<td>Complex carbs</td>
<td>Oatmeal, cream of wheat, grits, white or sweet potato, yam, butternut squash, corn, peas, lima beans, lentils, beans, quinoa, whole-wheat couscous, high-fiber crackers or cereal (with ≥3 g fiber per serving)</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Raw or cooked, salad greens</td>
</tr>
<tr>
<td>Fruits</td>
<td>Raw, cooked, canned (in own juice or water), frozen</td>
</tr>
<tr>
<td>Fats</td>
<td>1 oz (1/8) avocado, 1 tsp olive oil, 1 tsp Earth Balance/Smart Balance spread, 2 tbsp hummus, 1 tbsp light mayonnaise, 1 tbsp light dressing, 2 tsp nut butter</td>
</tr>
</tbody>
</table>

---

Week 6: Maintenance, Solid Foods

<table>
<thead>
<tr>
<th>Time</th>
<th>Food</th>
<th>Fluid</th>
<th>Vitamins and Minerals</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a.m.</td>
<td>¼ cup low-fat cottage cheese (14 g), ¼ cup cantaloupe</td>
<td></td>
<td>Multivitamin with iron, vitamin B₁₂</td>
</tr>
<tr>
<td>9 a.m.</td>
<td>8 oz fluid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a.m.</td>
<td>1 oz low-fat cheese (7 g), ¼ cup raw carrots (0.5 g)</td>
<td></td>
<td>500 mg calcium citrate</td>
</tr>
<tr>
<td>11 a.m.</td>
<td>8 oz fluid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 p.m.</td>
<td>3 oz tuna (21 g), 1 tsp light mayonnaise,</td>
<td></td>
<td>500 mg calcium citrate, vitamin D₃</td>
</tr>
<tr>
<td></td>
<td>2 tsp Al Mak crackers (1.5 g),</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>¼ cup cherry tomatoes (0.5 g)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 p.m.</td>
<td>16 oz fluid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 p.m.</td>
<td>1 small pear, 2 tsp almond butter</td>
<td></td>
<td>500 mg calcium citrate</td>
</tr>
<tr>
<td>3 p.m.</td>
<td>8 oz fluid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 p.m.</td>
<td>3 oz non-fat plain Greek yogurt (9 g),</td>
<td></td>
<td>Multivitamin with iron</td>
</tr>
<tr>
<td></td>
<td>¼ cup raspberries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 p.m.</td>
<td>8 oz fluid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 p.m.</td>
<td>3 oz shrimp (21 g), ¼ cup lentils (3.5 g), ¼ cup asparagus tips (1 g)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 p.m.</td>
<td>16 oz fluid</td>
<td>Iron (if needed)</td>
<td></td>
</tr>
</tbody>
</table>

Total fluid 64 oz (total protein 79 g, add another meal or protein shake if aiming for 100 g)
Week 6: Maintenance, Solid Foods

¾-⅓ cup vegetables
¾ cup complex carbs
3 oz of lean protein

Maintenance, Solid Foods

What 85 g of Protein Looks Like
@bariatric.meal.prep

What 94g of Protein Looks Like
@bariatric.meal.prep

Breakfast 16 g
Snack 12 g
Lunch 19 g
Dinner 24 g
Post-Op Class Slides

What to Avoid

- No bread, rice, pasta or tortillas for 6 months after surgery
- No alcohol for one year after surgery
- No carbonated beverages

Common Food Intolerances

- Discomfort after eating meat
  - Common with dry and chewy meats
  - May feel like food is stuck and/or indigestion
  - May cause nausea or cramping
  - Chew food thoroughly
  - Use moist cuts to reduce discomfort
    - Cook in a crockpot or foil wrap in the oven to retain moisture
- Discomfort while chewing fibrous foods (lettuce, corn, broccoli, celery, pineapple, etc.)
  - Cut into small pieces and chew well
Mealtime Reminders

➢ Drink 30 minutes before and after your meals
  ➢ This will prevent food from being pushed through the pouch too quickly, which can lead to either diarrhea or overeating

➢ Eat slowly
  ➢ Meals should take about 20-30 minutes; eating longer could result in eating more
  ➢ Eating too quickly can result in chest pain or vomiting
  ➢ Take small bites and chew ~20 times before swallowing
  ➢ Put fork down between bites

Mealtime Reminders Cont.

➢ Distraction-free eating
  ➢ Sit down at the table to eat
  ➢ Do not eat in front of the TV, computer or in the car
  ➢ This can lead to overeating and/or discomfort

➢ Use small salad plates to help with portion control

➢ Avoid grazing/nibbling throughout the day
Healthy Habits

Plan:
- Plan meals and snacks ahead of time
- Make a grocery list
  - Or shop online to prevent impulse buying
- Read food labels
  - Aim for 5 g sugar or less
- Keep a food journal or use an app

Goals:
- Women: 1200-1400 calories daily
  - Max 1.5 cups volume per meal
- Men: less than 1500 calories daily
  - Max 2 cups volume per meal
### Common Complications and Solutions: Dehydration

- The #1 reason for readmission to the hospital is dehydration
  - It's preventable!

- Solution:
  - Carry a bottle of water around with you at all times!
  - Sip throughout the day
  - Aim for 64 oz per day
  - Adjust the temperature to find what works best for you after surgery
  - Add zero-calorie flavors for taste

<table>
<thead>
<tr>
<th>Symptoms of dehydration</th>
<th>Causes of limited fluid intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased urine output, dark and smelly urine</td>
<td>Forget to drink/lack of thirst</td>
</tr>
<tr>
<td>Constipation</td>
<td>Too full from protein drinks</td>
</tr>
<tr>
<td>Low energy, lightheadedness</td>
<td>Too full from swelling of the pouch</td>
</tr>
<tr>
<td>Dry mouth and skin</td>
<td>Vomiting and/or diarrhea</td>
</tr>
</tbody>
</table>
| Headache                 | }

---

Cedars Sinai
Post-Op Class Slides

Common Complications and Solutions: Constipation

1. Are you drinking enough fluids?
   - Aim for 64 oz per day
2. Be more physically active, move at least 30 minutes a day
3. Drink Smooth Move herbal tea (natural senna)
4. Add fiber supplement to liquids: sugar-free Metamucil or Benefiber
5. Take a stool softener
6. When diet advances, add more high-fiber foods
   - Beans, fresh fruit and vegetables with the skin, high-fiber cereal, oatmeal, 1 tbsp chia seeds

Cedars Sinai

Common Complications and Solutions: Hair Thinning/Hair Loss

- Don’t panic!!!
- This is normal the first few months after surgery and will resolve on its own.
- Caused by:
  - Rapid weight loss
  - Malabsorption/malnutrition
  - Hormone changes
  - Stress from surgery
  - Inadequate protein intake
  - Not taking vitamins appropriately
- Solution:
  - Adequate protein intake
  - Aim for a minimum of 60-80 g per day
  - Vitamin supplements daily
  - Eat a variety of nutrient-dense foods
  - No evidence to show that extra biotin will prevent hair loss

Cedars Sinai
Common Complications and Solutions: Dumping Syndrome

What is dumping syndrome?

- Dumping syndrome occurs in many patients after sleeve or bypass surgery after eating foods high in fat or high in sugar.

- These foods move very quickly from the stomach to the small intestine, this results in unpleasant side effects such as:
  - Abdominal discomfort
  - Rapid heartbeat
  - Nausea
  - Vomiting
  - Diarrhea
  - Weakness
  - Profuse sweating

Early Dumping Syndrome

- 10-30 minutes after eating
- Cramps, bloating, nausea, vomiting, diarrhea, flushing, sweating, rapid heart rate

Late Dumping Syndrome

- 1-3 hours after eating
- Dizziness, weakness, fatigue, confusion
- "Rebound hypoglycemia" with drop in blood sugar

Solution

- Avoid foods high in fat or high in sugar
- Include protein at every meal and snack
- Avoid eating and drinking together
Common Complications and Solutions: Dumping Syndrome Cont.

- Avoid anything with >10 g sugar:
  - Fruit smoothies, 100% fruit juice, fruit drinks, milkshakes, sweet coffees (e.g., frappuccino), energy drinks, sports drinks, pastries, cakes, cookies, ice cream, frozen yogurt, regular sugar, brown sugar, honey, and large portions of fruit, crackers, rice, pasta

- Avoid high-fat foods:
  - Foods made with cream, butter and full-fat cheese like chowder/bisque soups, casseroles, Alfredo sauce, pizza and deep-fried foods, and greasy meat like bacon

No Pregnancy

- No pregnancy for at least 1.5 years post-op

DO NOT GET PREGNANT
Exercise

- **Start now! Make it a priority!**
- **For the first 6 weeks: Walk, do not lift more than 20 lbs**
- **Aim for at least 30 minutes of aerobic activity per day**
  - Aerobic activity helps to strengthen your heart/lungs, increase endurance and burn calories
  - Walking, jogging, cardio machines, biking

Exercise

- **After 6 weeks: Include more strenuous aerobic and resistance exercise at least 2x per week**
  - Resistance activity helps to increase muscle strength, tone, skin elasticity, endurance and metabolic rate
  - E.g., weightlifting, yoga, Pilates and resistance bands
  - Swimming pool: Wait until the stitches are dry!
Support Groups

- Join our free post-op support group!
- 2nd & 4th Thursday of the month from 6-7 p.m.
- Please call us to schedule at 310-423-8350
- Topics discussed:
  - Tracking progress, staying on track, staying motivated and staying motivated to exercise
  - Changing and maintaining new habits
  - Smarter grocery shopping and dining out
  - Identifying internal and external sabotage
  - Impact on relationships
  - Dealing with cravings (head hunger)
  - Managing stress

Coping With Emotional Changes: Knowing When to Ask for Help

- Focus on maintaining behavior changes on a day-to-day basis.
- Stay proactive and involved as you adjust to your body changes.
- Be patient!
  - Recovering from surgery and adjusting to the lifestyle changes can sometimes be stressful. Be patient and focus on using relaxation techniques.
- Mild depression/anxious mood can be normal shortly after surgery. Connect with the support people in your life and rely on coping strategies.
- If you need counseling, contact our program psychologist for referrals to mental health therapists in the community who have an understanding in weight loss surgery.
Keep Your Appointments!

- In order to be successful with weight loss, have a follow-up with your surgeon, nurse practitioner and dietitian
  - See dietitian at 6 weeks post-op to make sure you’re on track!

- Have labs drawn to evaluate vitamin and mineral needs
  - 6 months post-op, 1 year post-op, and then yearly after that

Living a Healthy Lifestyle

- Be mindful of your relationship with food
- Plan regular balanced meals and snacks
- Keep a food record, aiming for >60-80 g of protein daily
- Stay hydrated
- Make aerobic and resistance exercise a priority
- Be aware of emotional health needs and reach out for additional support when needed
- Take the appropriate vitamins and minerals daily
- Keep in close contact with our Center for Weight Loss team
Week 1 Diet: Clear Liquids and Protein Drinks

After surgery, you will start with **liquids only** to give your stomach pouch time to heal.

**Hydration Goals**

Aim for 64 ounces (8 cups, or 2 liters) per day of sugar-free, non-carbonated, caffeine-free drinks. Take sips slowly and frequently all day long to achieve this goal.

Protein drinks count 75% towards your daily fluid goal.

<table>
<thead>
<tr>
<th>Beverages that are allowed include:</th>
<th>Beverages NOT allowed include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Water</td>
<td>• Sugar-sweetened beverages</td>
</tr>
<tr>
<td>• Sugar-free popsicles, sorbet, fruit ice</td>
<td>• Carbonated beverages</td>
</tr>
<tr>
<td>• Sugar-free Jell-O</td>
<td>• Caffeinated beverages</td>
</tr>
<tr>
<td>• Crystal Light, G2, Propel</td>
<td>• Alcohol</td>
</tr>
<tr>
<td>• Diet cranberry juice</td>
<td></td>
</tr>
<tr>
<td>• Low-sodium, fat-free chicken broth or vegetable broth</td>
<td></td>
</tr>
<tr>
<td>• Herbal tea without caffeine or sugar</td>
<td></td>
</tr>
</tbody>
</table>

**Protein Goals**

Aim for 60-80 grams of protein per day. During this first week, all of your protein will come from protein drinks and protein powder mixed into water only.

You will drink three to four protein drinks per day. Protein drinks should have:

- 100-200 calories
- 20-30 grams of protein
- Less than 5 grams of sugar

See pages 64 for examples of protein drinks and powders that are good options.
Sample Meal Plan

Disclaimer: this sample schedule is a guide

Vitamin and Mineral Supplementation

All vitamins must be chewable, crushed, or liquid. Review on pages 66.

Sample Week 1 Meal Plan*:

<table>
<thead>
<tr>
<th>Time</th>
<th>Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>8AM</td>
<td>Protein shake 20-25g</td>
</tr>
<tr>
<td>9AM</td>
<td>4oz fluid</td>
</tr>
<tr>
<td>10AM</td>
<td>4oz fluid</td>
</tr>
<tr>
<td>11AM</td>
<td>Protein shake 20-25g</td>
</tr>
<tr>
<td>12PM</td>
<td>4oz fluid</td>
</tr>
<tr>
<td>1PM</td>
<td>4oz sugar-free Jell-O</td>
</tr>
<tr>
<td>2PM</td>
<td>4oz fluid</td>
</tr>
<tr>
<td>3PM</td>
<td>Protein shake 20-25g</td>
</tr>
<tr>
<td>4PM</td>
<td>4oz fluid</td>
</tr>
<tr>
<td>5PM</td>
<td>4oz fluid</td>
</tr>
<tr>
<td>6PM</td>
<td>Protein shake 20-25g</td>
</tr>
<tr>
<td>7PM</td>
<td>2oz sugar-free popsicle</td>
</tr>
<tr>
<td>8PM</td>
<td>2oz sugar-free popsicle</td>
</tr>
<tr>
<td>9PM</td>
<td>4oz fluid</td>
</tr>
<tr>
<td></td>
<td><strong>Total fluid = 60oz</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Total protein = 80-100 grams</strong></td>
</tr>
</tbody>
</table>

*This sample diet is based on an 8oz protein shake, where 75% of the ounces (6oz) count to the fluid goal.
Week 1: Tips for Success

**Tips for Success:**

- Sip your liquids slowly and carefully.
- Try liquids at different temperatures — cold, room temperature, and warm — to see what feels best for you.
- Do your best to meet your hydration goals by taking small sips throughout the day.
- It’s okay to pause if you feel full or uncomfortable.
- Plan ahead and have protein drinks ready to go.
- No straws, chewing gum, and taking big gulps. All three can introduce air into your digestive system, making you feel bloated and gassy, and accidentally swallowing gum could cause a blockage.
- Avoid juices, as they are too high in sugar and calories, and may cause dumping.

Reach out if you need help or have questions at 310-423-8350
Week 1: Pause and Reflect

Today, I am feeling __________________________ post-operatively.

Some things that were challenging this week were:

________________________________________________________________

________________________________________________________________

________________________________________________________________

Some successes I had this week were:

________________________________________________________________

________________________________________________________________

________________________________________________________________
Week 2 Diet: Full Liquids and Protein Drinks

You may advance your diet to Week 2, 7 days after your surgery.

The Week 2 diet adds some low-fat dairy products and pureed soups to your Week 1 diet of approved liquids and protein shakes.

Hydration Goals
Drink at least 64 ounces (8 cups, or 2 liters) per day of sugar-free, non-carbonated, caffeine-free drinks. Take sips all day long to achieve this goal.
Protein drinks count 75% towards your daily fluid goal.
See page 63 for examples of approved beverages.

Protein Goals
Meet the protein goal of 60-80 grams per day, by drinking three to four high protein, low-sugar drinks per day. You may now mix protein powder into water, skim milk, or 1% milk.
See pages 64 for examples of protein drinks and powders that are good options.

Diet Instructions
- Drink 64 oz of sugar-free, low-calorie, non-carbonated, non-caffeinated beverages
- Drink three to four protein shakes/drinks per day
  - Fat-free or low-fat 1% milk or unsweetened milk alternative
  - Pureed vegetable soups such as tomato, split pea, carrot with NO meat, noodles, rice
  - Fat-free plain Greek yogurt or light vanilla: NO fruit chunks
  - Sugar-free pudding
  - Sugar-free custard
Sample Meal Plan

Vitamin and Mineral Supplementation
All vitamins must be chewable, crushed, or liquid.

Sample Week 2 Meal Plan*:

<table>
<thead>
<tr>
<th>Time</th>
<th>Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>8AM</td>
<td>Protein shake 20-25g mixed with skim milk</td>
</tr>
<tr>
<td>9AM</td>
<td>6oz fluid</td>
</tr>
<tr>
<td>10AM</td>
<td>3oz nonfat plain Greek yogurt</td>
</tr>
<tr>
<td>11AM</td>
<td>6oz fluid</td>
</tr>
<tr>
<td>12PM</td>
<td>4oz butternut squash soup</td>
</tr>
<tr>
<td>1PM</td>
<td>6oz fluid</td>
</tr>
<tr>
<td>2PM</td>
<td>Protein shake 20-25g</td>
</tr>
<tr>
<td>3PM</td>
<td>6oz fluid</td>
</tr>
<tr>
<td>4PM</td>
<td>2oz sugar-free pudding</td>
</tr>
<tr>
<td>5PM</td>
<td>6oz fluid</td>
</tr>
<tr>
<td>6PM</td>
<td>Protein shake 20-25g</td>
</tr>
<tr>
<td>7PM</td>
<td>6oz fluid</td>
</tr>
<tr>
<td>8PM</td>
<td>2oz sugar-free popsicle</td>
</tr>
<tr>
<td>9PM</td>
<td>6oz fluid</td>
</tr>
</tbody>
</table>

**Total fluid = 64oz**
**Total protein = 80-100 grams**

*This sample diet is based on an 8oz Protein shake, where 75% of the ounces (6oz) count to the fluid goal.*
Week 2: Tips for Success

Tips for Success:

- This diet now contains food that has lactose (milk sugar). Some people may become lactose intolerant after surgery. If you experience gas, bloating, or diarrhea after eating lactose products, refrain from eating them. Instead, buy lactose-free milk and dairy products, or try unsweetened milk alternatives. You can also take Lactaid (lactase enzyme) when eating dairy foods.
- Sip your liquids slowly and carefully.
- Separate fluids 30 minutes from protein drinks and foods.
- Do your best to meet your hydration goals by taking small sips throughout the day.
- It’s okay to pause if you feel full or uncomfortable.
- No straws, chewing gum, and taking big gulps. All three can introduce air into your digestive system making, you feel bloated and gassy, and accidentally swallowing gum could cause a blockage.

Reach out if you need help or have questions at 310-423-8350

Post-Op Appointment

You will come back for a post-op appointment this week. Share with your team how everything has been going and voice any concerns.
Week 2: Pause and Reflect

I’m feeling _________________________ about the Week 2 diet.

I have been working on:

________________________________________________________________
________________________________________________________________
________________________________________________________________

I would like to talk to my provider this week about:

________________________________________________________________
________________________________________________________________
________________________________________________________________
Week 3 and 4 Diet: Pureed and Mashed Foods

You may advance to the Week 3 and 4 diet, 14 days after your surgery. You will stay on this diet for two weeks.

The Week 3 and 4 diet allows you to start pureed and semi-solid foods that are easily digested. Introduce foods back in one at a time and chew thoroughly. Aim to get most of your protein from pureed and mashed foods.

Hydration Goals

Drink at least 64 oz (8 cups, or 2 liters) per day of sugar-free, non-carbonated, caffeine-free drinks.

Protein drinks count 75% towards your daily fluid goal.

Protein Goals

Meet the protein goal of 60-80 grams per day, by:

- Drinking 1-2 high-protein, low-sugar drinks per day
- Eating 1/4 to 1/2 cup of the foods on page 155.

Add 1 scoop of protein powder, 1 scoop of dry nonfat milk or 1/2 cup of skim milk to foods like oatmeal, pudding, and pureed vegetable soups to increase the protein content.

For flavor variety, mix the following into nonfat Greek yogurt, low-fat cottage cheese or low-fat ricotta:

- Sweet: vanilla, cinnamon, nutmeg, ginger, sugar-free jelly
- Savory: pepper, chives, garlic powder, chili powder, cilantro, basil, lime
### Food Groups

<table>
<thead>
<tr>
<th>Food Groups</th>
<th>Foods Allowed</th>
<th>Grams of Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protein</strong></td>
<td>Eggs, tuna, salmon, beans, tofu, cottage cheese, nonfat plain Greek yogurt, skim or 1% milk</td>
<td>• Egg = 7g&lt;br&gt;• 1oz fish 7g&lt;br&gt;• 1/4 cup beans = 3.5g&lt;br&gt;• 1/4 cup cottage cheese = 7g&lt;br&gt;• 3oz Greek yogurt = 9g&lt;br&gt;• 8oz milk = 8g</td>
</tr>
<tr>
<td><strong>Complex Carbohydrates</strong></td>
<td>Oatmeal, cream of wheat, grits, potato, sweet potato, yam, butternut squash, corn, peas, lima beans, lentils, beans</td>
<td>• 1/2 cup hot cereal = 1-2g&lt;br&gt;• 1/4 cup starchy veggie = .5-1g&lt;br&gt;• 1/4 cup beans/lentils = 3.5g</td>
</tr>
<tr>
<td><strong>Vegetables</strong></td>
<td>Peeled, steamed and mashed: beets, carrots, cauliflower, eggplants, spinach, zucchini</td>
<td>• 1/4 cup veggies = .5-1g</td>
</tr>
<tr>
<td><strong>Fruits</strong></td>
<td>Applesauce, mashed bananas, mashed canned pear/peach in own juice/water, stewed prunes</td>
<td>• No protein</td>
</tr>
<tr>
<td><strong>Fats</strong></td>
<td>1oz avocado, 1tsp olive oil, 1tsp Earth balance/ smart balance spread, 2Tbsp hummus, 1Tbsp light mayo</td>
<td>• No protein</td>
</tr>
</tbody>
</table>

### Tips for Success

- Use a fork, blender or food processor to completely mash your foods
- If you experience problems after eating like vomiting, diarrhea or cramping, try to find the cause (not chewing food properly, eating too fast, drinking liquids with foods, eating the wrong foods). Return back to Week 2 diet and if problems last more than 12 hours, call the clinic at 310-423-8350, option 4.
Week 3 and 4: Sample Meal Plan

Sample Week 3 and 4 Meal Plan:

<table>
<thead>
<tr>
<th>Time</th>
<th>Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>8AM</td>
<td>1 egg + 1/4 cup oatmeal</td>
</tr>
<tr>
<td>9AM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>10AM</td>
<td>1/4 cup cottage cheese + 1/4 cup canned peaches</td>
</tr>
<tr>
<td>11AM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>12PM</td>
<td>4oz flaked white fish + 1/4 cup steamed mashed carrots</td>
</tr>
<tr>
<td>1PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>2PM</td>
<td>Protein shake 20-25g</td>
</tr>
<tr>
<td>3PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>4PM</td>
<td>2oz sugar-free pudding</td>
</tr>
<tr>
<td>5PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>6PM</td>
<td>1/4 cup mashed beans + 1oz mashed avocado</td>
</tr>
<tr>
<td>7PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>8PM</td>
<td>6oz fluid</td>
</tr>
<tr>
<td>9PM</td>
<td>4oz fluid</td>
</tr>
</tbody>
</table>

**Total fluid = 66 ounces (with protein drink)**

**Total protein = 76 grams**
Pause and Reflect

I’m feeling ______________________ about the Week 3 and 4 diet.

The following tastes really good for me and have become my go to:

________________________________________________________________________
________________________________________________________________________

I am proud of myself because:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Week 5 Diet: Chopped Foods

You may advance your diet to Week 5, 28 days after your surgery.

The Week 5 diet allows you to start chopped foods that are easily digested. Introduce foods back in one at a time and chew thoroughly. Aim to get most of your protein from food instead of protein drinks.

Hydration Goals
Drink at least 64 ounces (8 cups, or 2 liters) per day of sugar-free, non-carbonated, caffeine-free drinks.

Protein Goals
Meet the protein goal of 60-80 grams per day, by:
- Eating 1/4 to 1/2 cup of the foods on page 113.
Add 1 scoop of protein powder, 1 scoop of dry nonfat milk or 1/2 cup of skim milk to foods like oatmeal, pudding, and pureed vegetable soups to increase the protein content.

Tips for Success
- Be extra careful eating red meat, dry chicken or turkey and fibrous fruits and vegetables, as they can be very difficult to digest.
- Use moist cooking techniques (like crock-pot and foil-cooked fish/meatloaf), and cook with small amount of healthy fats.
- If you have trouble eating a food for the first time, wait for a while before trying it again, as your tolerance may improve over time.
<table>
<thead>
<tr>
<th>Food Groups</th>
<th>Foods Allowed</th>
<th>Grams of Protein</th>
</tr>
</thead>
</table>
| **Protein**  | Eggs, fish, shellfish, skinless poultry, lean meat, beans, tofu, cottage cheese, nonfat plain Greek yogurt, skim or 1% milk, low-fat string cheese                                                                 | • Egg = 7g  
• 1oz fish/poultry/meat 7g  
• 1/4 cup beans = 3.5g  
• 1/4 cup cottage cheese = 7g  
• 3oz Greek yogurt = 9g  
• 8oz milk = 8g |
| **Complex Carbohydrates** | Oatmeal, cream of wheat, grits, potato, sweet potato, yam, butternut squash, corn, peas, lima beans, lentils, beans, quinoa, couscous, high-fiber crackers and cereal (>3g fiber/serving) | • 1/2 cup hot cereal = 1-2g  
• 1/4 cup starchy veggie = .5-1g  
• 1/4 cup beans/lentils = 3.5g  
• 1/4 cup quinoa/couscous = 1-2g  
• 2 Ak-Mak crackers = 1-1.5g  
• 1/4 cup high-fiber cereal = 1-3g |
| **Vegetables** | Peeled, steamed and chopped: beets, carrots, cauliflower, eggplants, spinach, zucchini                                                                                                                        | • 1/4 cup veggies = .5-1g                              |
| **Fruits**   | Soft and peeled fruits, chopped canned pear/peach in own juice/water, frozen fruit. Pick low-sugar                                                                                                           | • No protein                                          |
| **Fats**     | 1oz avocado, 1tsp olive oil, 1tsp Earth balance/smart balance spread, 2 Tbsp hummus, 1Tbsp light mayo, 2tsp nut butter                                                                                         | • No protein                                          |
Week 5: Sample Meal Plan

Sample Week 5 Meal Plan:

<table>
<thead>
<tr>
<th>Time</th>
<th>Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>8AM</td>
<td>1/4 cup Kashi Go Lean cereal + 4oz skim milk + 1oz frozen blueberries</td>
</tr>
<tr>
<td>9AM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>10AM</td>
<td>1 low-fat string cheese + 1/4 cup mango</td>
</tr>
<tr>
<td>11AM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>12PM</td>
<td>3oz lean sliced turkey + 1/4 cup mashed sweet potato + 1/4 cup roasted beets</td>
</tr>
<tr>
<td>1PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>2PM</td>
<td>Frittata made with 1 scrambled egg + 1/4 cup spinach + salsa, cooked into a muffin tin</td>
</tr>
<tr>
<td>3PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>4PM</td>
<td>3oz nonfat plain yogurt + 1/4 cup steamed prunes</td>
</tr>
<tr>
<td>5PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>6PM</td>
<td>3oz salmon + 1/4 cup cooked zucchini + 1/4 cup mashed cauliflower with 1tsp Earth balance</td>
</tr>
<tr>
<td>7PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>8PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>9PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td></td>
<td><strong>Total fluid = 64 ounces</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Total protein = 76 grams</strong></td>
</tr>
</tbody>
</table>
Pause and Reflect

I’m feeling _________________________ about the Week 5 diet.

I am most looking forward to:

________________________________________________________________

________________________________________________________________

________________________________________________________________

I have been practicing self-care by:

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
Week 6 Diet: Maintenance Solid Foods

You may advance your diet to Week 6, 35 days after your surgery.

You may now have **solid foods** without having to alter the texture. Introduce foods back in one at a time and chew thoroughly. Aim to get most of your protein from food instead of protein drinks.

**Hydration Goals**

Drink at least 64 ounces (8 cups, or 2 liters) per day of sugar-free, non-carbonated, caffeine-free drinks.

**Avoid alcohol for at least one year following surgery.**

**Protein Goals**

Meet the protein goal of 60-80 grams per day, by:

- Eating 1/4 to 1/2 cup of the foods on page 163

Add 1 scoop of protein powder, 1 scoop of dry nonfat milk or 1/2 cup of skim milk to foods like oatmeal, pudding and pureed vegetable soups to increase the protein content.

**Tips for Success**

- Aim for three balanced meals and two to three balanced snacks per day. Pair protein with starch, fruit, or vegetable.
- Eat slowly, put your fork down between bites.
- Wait 30 minutes after you eat to drink fluids.
- Avoid bread, rice, tortillas, and pasta for six months.
- Continue to avoid high-fat foods and sweets.
- If you have trouble eating a food for the first time, wait for a while before trying it again, as your tolerance may improve over time.
<table>
<thead>
<tr>
<th>Food Groups</th>
<th>Foods Allowed</th>
<th>Grams of Protein</th>
</tr>
</thead>
</table>
| **Protein**          | Eggs, fish, shellfish, skinless poultry, lean meat, beans, tofu, cottage cheese, nonfat plain Greek yogurt, skim or 1% milk, low-fat string cheese | • Egg = 7g  
• 1oz fish/poultry/meat = 7g  
• 1/4 cup beans = 3.5g  
• 1/4 cup cottage cheese = 7g  
• 3oz Greek yogurt = 9g  
• 8oz milk = 8g |
| **Complex Carbohydrates** | Oatmeal, cream of wheat, grits, potato, sweet potato, yam, butternut squash, corn, peas, lima beans, lentils, beans, quinoa, couscous, high-fiber crackers and cereal (>3g fiber/serving) | • 1/2 cup hot cereal = 1-2g  
• 1/4 cup starchy veggie = .5-1g  
• 1/4 cup beans/lentils = 3.5g  
• 1/4 cup quinoa/couscous = 1-2g  
• 2 Ak-Mak crackers = 1-1.5g  
• 1/4 cup high fiber cereal = 1-3g |
| **Vegetables**       | Raw or cooked, salad greens                                                    | • 1/4 cup veggies = .5-1g                               |
| **Fruits**           | Raw, cooked, canned (in own juice or water), frozen                            | • No protein                                           |
| **Fats**             | Raw, cooked, canned (in own juice or water), frozen                            | • No protein                                           |
## Week 6: Sample Meal Plan

### Sample Week 6 Meal Plan:

<table>
<thead>
<tr>
<th>Time</th>
<th>Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>8AM</td>
<td>1/2 cup low-fat cottage cheese + 1/4 cup cantaloupe</td>
</tr>
<tr>
<td>9AM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>10AM</td>
<td>1oz low-fat cheese, 1/4 raw carrots</td>
</tr>
<tr>
<td>11AM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>12PM</td>
<td>3oz tuna, 1Tbsp light mayo, 2 Ak-Mak crackers, 1/4 cup cherry tomatoes</td>
</tr>
<tr>
<td>1PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>2PM</td>
<td>1 small pear + 2tsp almond butter</td>
</tr>
<tr>
<td>3PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>4PM</td>
<td>3oz nonfat plain yogurt + 1/4 cup raspberries</td>
</tr>
<tr>
<td>5PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>6PM</td>
<td>3oz shrimp + 1/4 cup lentils + 1/4 cup asparagus tips</td>
</tr>
<tr>
<td>7PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>8PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td>9PM</td>
<td>8oz fluid</td>
</tr>
<tr>
<td><strong>Total fluid</strong></td>
<td><strong>64 ounces</strong></td>
</tr>
<tr>
<td><strong>Total protein</strong></td>
<td><strong>79 grams</strong></td>
</tr>
</tbody>
</table>
Pause and Reflect

I’m feeling _________________________ about the solid diet.

I look in the mirror and I feel:

________________________________________________________________
________________________________________________________________
________________________________________________________________

What is my goal for this week?

________________________________________________________________
________________________________________________________________
________________________________________________________________
Life After Bariatric Surgery

A successful surgery is 50% of excess weight loss (see page 25) at 12-24 months, that is maintained for at least five years. If weight isn’t coming off or staying off as planned, act early and come back in and see us. If you have questions, as always, give us a call. We are here for you!

Follow these keys to success for years to come.

Listen to your body. When full at a level 5 or 6, stop eating.

Eat planned portions of plants and proteins. Protein first. Avoid refined carbs.
No grazing! Healthy, planned snacks are your friends.

Journal your intake. This keeps you accountable and ensures good nutrition.

Slow down your eating. Chew each bite 25 times. Set your fork down between bites.

Separate foods and liquids. Wait 30 minutes after eating to drink fluids.

Make exercise a habit, and schedule it in your calendar like any other task. Find something you enjoy and stick to it.

Get at least six hours of sleep every night—eight to nine hours is best.

Attend support group. Practice mindfulness and take good care of your mental health.

Make and keep your follow-up appointments. Get your labs drawn.
Future Follow-Ups

Commitment to long-term follow-ups is essential for your healthy recovery and to meet your weight loss goals. At your follow-up appointments, you may see your surgeon, or one of our nurse practitioners or physician assistants.

For appointments that need labs, please have them drawn at least 5 days in advance.

Fill in the chart with your appointment dates, as you go along.

<table>
<thead>
<tr>
<th>Visit</th>
<th>With</th>
<th>Labs</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-Op</td>
<td>MD</td>
<td>No</td>
<td>Will also attend post-op class</td>
</tr>
<tr>
<td>6 weeks</td>
<td>NP or PA</td>
<td>No</td>
<td>Will also meet with dietitian</td>
</tr>
<tr>
<td>3 months</td>
<td>NP or PA</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td>MD</td>
<td>Yes (fasting)</td>
<td>Will also meet with dietitian Recommended to attend support group</td>
</tr>
<tr>
<td>9 months</td>
<td>NP or PA</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>12 months</td>
<td>MD</td>
<td>Yes (fasting)</td>
<td>Will also meet with dietitian Recommended to attend support group</td>
</tr>
<tr>
<td>12.5 months</td>
<td>NP or PA</td>
<td>No</td>
<td>Recommended to attend support group</td>
</tr>
<tr>
<td>Annually after</td>
<td>NP or PA</td>
<td>Yes (fasting)</td>
<td>Recommended to attend support group and meet with</td>
</tr>
</tbody>
</table>
Tracking Success: Measurements and Weight

The scale measures everything—fat, muscle, water, organs, etc.—and does not always show the success you are achieving.

Take pictures (front and side) and measurements (chest, waist and hips) now, and after surgery to track your progress in many ways.

At 1, 3, 6, 9, 12, and 18 months post-op, take 2 photos. In the first, wear your “before outfit.” In the second, wear something that fits properly to show your weight loss.

Print these photos and tape them up to a mirror or in your closet. They will help your mind catch up with your body.

How to take your measurements:

**Chest:** with arms relaxed down at the sides, measure the fullest part of the chest/bust

**Waist:** measure around the natural waistline

**Hips:** measure around the fullest part of the lower body
Before Surgery

Date ______________________  Weight ______________________

Chest _______________  Waist _______________  Hips _______________

1 Month After Surgery

Date ______________________  Weight ______________________

Chest _______________  Waist _______________  Hips _______________

3 Months After Surgery

Date ______________________  Weight ______________________

Chest _______________  Waist _______________  Hips _______________

6 Months After Surgery

Date ______________________  Weight ______________________

Chest _______________  Waist _______________  Hips _______________
Tracking Success: Measurements and Weight

9 Months After Surgery

Date ______________________              Weight ______________________

Chest _______________ Waist _______________ Hips ________________

12 Months After Surgery

Date ______________________              Weight ______________________

Chest _______________ Waist _______________ Hips ________________

18 Months After Surgery

Date ______________________              Weight ______________________

Chest _______________ Waist _______________ Hips ________________

24 Months After Surgery

Date ______________________              Weight ______________________

Chest _______________ Waist _______________ Hips ________________
Changes After Surgery

The “Honeymoon Period”

The Honeymoon period is a time period after surgery of rapid weight loss, where weight loss almost feels effortless. Some patients have no hunger during this time.

The length of the honeymoon period varies widely—from weeks, months to years.

Hair Loss

Hair loss is thought to happen on very-low-calorie diets, like the diet after weight loss surgery. It does not happen to everyone, and is almost always temporary.

To prevent hair loss:

- Eat adequate protein daily
- Take vitamins daily
- Take biotin 3000mcg-5000mcg daily
- Avoid coloring or perming your hair
- May use products like Nioxin or Paul Mitchell’s Tea Tree Oil to prevent hair loss

Excess Skin

The amount of excess skin after weight loss surgery varies based on the amount of weight loss, genetics, and overall muscle tone.

It is important to keep skin folds clean to prevent skin infections. If infections do occur, be sure to see your primary care provider for evaluation and treatment, and have these infections documented in your medical record.

Some insurance plans may cover plastic surgery to remove excess skin on areas like the abdomen or breasts, if medically necessary. We recommend waiting 18-24 months on average before considering these procedures.

There are also clothing garments that hold excess skin in place. Contact your insurance to see what is available, if interested.
Restaurants

Eating out at a restaurant can be a very different experience after surgery. Expect to bring home much of your meal in a “doggie bag.”

Here are some dining out tips:

- Bring your bariatric restaurant card with you so you can order off the smaller menu.
- Look online ahead of time to preview the menu and find options that work for you.
- Be assertive in asking for special orders.
- Ask that bread, rolls, or chips not be brought to the table.
- Try splitting one dinner meal with someone else, or choosing one to two appetizers instead of a full meal.
- Choose side dishes of complex carbohydrates, salads or steamed vegetables.
- Ask that all dressings and condiments be brought on the side.
- Ask that your food is baked with no added butter, oil or fat.
- Request a to-go container with your food, and portion your meal out before you begin eating.
- Focus on the conversation and company you are with, instead of the food.
Holidays

**Holidays, Potlucks, Parties, and Weddings**

Focus on the social aspect of the event, and make a point to engage in conversation.

Avoid alcohol for at least one year following surgery. After one year, be extremely cautious with alcohol intake, as there is a higher risk of intoxication than before surgery. After bypass surgery, the body absorbs alcohol quickly, which can lead to addiction.

Don’t go to the party hungry. Eat a healthy and balanced breakfast and lunch the day of the event. Drink plenty of water throughout the day.

Bring a dish to share, so that you are sure there is a healthy option available. Try eating one to two healthy appetizers or a smaller portion of the meal.

Practice healthy holiday cooking:

- Mashed potatoes: use skim milk, chicken broth, garlic and Parmesan cheese
- Gravy: refrigerate the gravy to harden the fat. Once hardened, remove all the fat
- Green bean casserole: cook fresh green beans with cubed potatoes instead of cream, top with sliced and roasted almonds instead of fried onions

Search online for “healthy holiday food swaps” for many more suggestions!

At weddings, scan the buffet in advance and make a plan as to what food you can eat. If the meal is plated, call ahead to ask what they are offering and ask to put in a special request.

If you overindulge, be mindful and kind to yourself. All is not lost. Recommit to healthy patterns and move forward, learning from this experience.
Medications After Surgery

After surgery, you cannot take medications that contain NSAIDs (nonsteroidal anti-inflammatory drugs) unless approved by your surgeon.

Common NSAIDs include:
- Advil, Ibuprofen, Motrin
- Naproxen, Naprosyn, Aleve
- Celebrex
- Diclofenac, Voltaren
- Indomethacin, Indocin
- Ketorolac, Toradol
- Meloxicam, Mobic

Common medications that contain NSAIDs include:
- Pepto-Bismol

You can take acetaminophen/ Tylenol products. If you have questions about a medication, talk to your primary care provider.
Cough and Cold Medication

Please talk to your primary care provider about coughs and colds after surgery. You may take any cold/flu product with acetaminophen in liquid form. If you are concerned about dumping, choose sugar free. Here are some options:

For Nasal Congestion
- Diphenhydramine (Benadryl)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Saline nasal spray

For Sore Throat
- Lozenges (Halls, Cepacol)
- Sore throat sprays (Chloraseptic)

For Cough
- Dextromethorphan (Delsym, Robitussin, Vicks 44)
- Guaifenesin (Mucinex)

Combo Products
- Sudafed Cold and Sinus
- Theraflu Severe Cold and Congestion
- Robitussin DM
- Nyquil/Dayquil Cold and Flu Relief
- Tylenol Cold and Flu

For Fever, Aches, Pains, Headaches
- Acetaminophen (Tylenol)
Resources

Just a quick reminder that Cedars-Sinai does not endorse any particular brand or product, but the following may be helpful to you on your journey.

Patient Forums:
Forums can sometimes act like support groups, linking you to others and creating community. But we all know the downsides of social media, too. Beware of information that seems “not right,” and protect yourself from negativity. If you see or hear something you’re not sure about, give us a call.

- Bariatricpal.com
- Obesityhelp.com
- Thinnertimesforum.com
- Americanbariatrics.org
- Facebook Groups

Scientific Information:
- Obesity Action Coalition
- MBSAQIP Patient Education

Nutrition:
- Choosemyplate.gov
- Caloriecontrol.org
Products:
- Bariatriceating.com
- Unjury.com
- Bariatricpal.com

Podcasts:
- Weight Loss Surgery Podcast
- Beyond Bariatric Surgery

Magazines:
Magazines can be a good place to get inspired and feel motivated. Just keep in mind that these magazines are not generally specific to bariatric surgery and your weight loss journey. As always, if you see or hear something that you’re not sure about, give us a call.
- Weight Matters Magazine, by Obesity Action Coalition
- Health
- Cooking Light
- Fitness
- Women’s Health
- Men’s Health
- Eating Well
- Mindful
Letter to Your PCP

The following pages are a letter to be given to your primary care provider after surgery. They should receive this letter by mail, but feel free to bring your binder to your primary care appointment after surgery to show them as well.

The letter provides valuable information about short-term and long-term follow-up.
Dear Colleagues,

Our mutual patient, _______________________________________________, has undergone

☐ Roux-en-Y Gastric Bypass  ☐ Revision Band to Sleeve
☐ Sleeve Gastrectomy  ☐ Revision Band to Bypass
☐ Laparoscopic Adjustable Gastric Band  ☐ Sleeve Revision
☐ Revision Sleeve to Bypass  ☐ Bypass Revision

at Cedars-Sinai Medical Center, on _________________________________ (date), with

☐ Miguel Burch, MD
☐ Scott Cunneen, MD
☐ Kulmeet Sandhu, MD

Our patient has received a patient education binder and has been comprehensively educated on lifestyle, behavioral, psychosocial, and medical changes necessary after surgery to achieve improved overall health and desired weight loss results.

This letter is intended to help guide long-term management of bariatric patients. While surgeons diagnose and manage most short-term complications from bariatric surgery, primary care providers often first detect the long-term complications. This letter does not include an all-encompassing list of complications and considerations, but those that may be most frequently encountered or are most serious.

We encourage your team to reach out to us at any time. Thank you for your support.

Sincerely,

Cedars-Sinai Weight Loss Center

Cedars-Sinai 8635 W. Third St. 310-423-8350
Weight Loss Center Los Angeles, CA 90048 310-423-8351 fax cedars-sinai.org
Your patient is recommended to follow-up post-operatively with our office at the following intervals:

- 2 weeks, *will also attend post-op class*
- 6 weeks, *will also meet with the dietitian*
- 3 months
- 6 months with fasting labs, *will also meet with the dietitian*
- 9 months
- 12 months with fasting labs, *will also meet with the dietitian*
- Annually thereafter with fasting labs, *recommended to meet with the dietitian*
- 3 years following sleeve gastrectomy, recommend surveillance EGD f

We draw the following labs:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>☐ CBC</td>
<td>☐ CMP</td>
<td>☐ Lipid Panel</td>
<td>☐ D25OH</td>
</tr>
<tr>
<td>☐ Magnesium</td>
<td>☐ HgA1c</td>
<td>☐ Folate</td>
<td>☐ Ferritin</td>
</tr>
<tr>
<td>☐ Iron Panel</td>
<td>☐ iPTH</td>
<td>☐ Vitamin B12</td>
<td></td>
</tr>
</tbody>
</table>

**Diet Progression Post-Operatively:**

- Week 1: bariatric clear liquids + protein shakes
- Week 2: bariatric full liquids + protein shakes
- Week 3 and 4: pureed and mashed foods
- Week 5: chopped foods
- Week 6 and beyond: maintenance solid foods

**Diet Goals:**

- Hydration Goals: 64+ ounces of sugar-free, non-carbonated, decaf fluids per day
- Protein Goals: 75-100 grams per day

**Exercise:**

- No strenuous exercise or lifting more than 10 pounds for six weeks, but walk 4x/day
- After six weeks, steadily progress to the recommended 150 minutes of aerobic exercise/week

**Support Group:**

- Highly encouraged
- Professional counseling and therapy encouraged
Smoking After Bariatric Surgery:
Not recommended, adamantly avoid
Bypass: high risk of marginal ulcer

Alcohol After Bariatric Surgery:
Not recommend for at least one year after surgery
Bypass: high risk of addiction transfer, increased risk of intoxication

Bariatric Multivitamins:
Must be taken lifelong and meet the following daily requirements
- Iron 18-60mg
- Vitamin B12 350-500mcg
- Folate 400-800mcg
  - 800-1000mcg for women of childbearing age
- Thiamine (B1) 12-50mg
- Calcium Citrate 1200-1500mg
  - Divide into doses of 500-600mg to improve absorption
- Vitamin D 3000 units
- Vitamin A 5,000-10,000 IU
- Vitamin E / K 15mg/90-120ug
- Zinc / Copper 8-22mg / 1-2mg

Medication Considerations after Bariatric Surgery:
For first six weeks post-operatively
- All meds crushed, chewed, or liquid
- No sustained release (SR), extended release (ER, XR), or controlled release (CR) formulations, because these pills cannot be crushed. Please replace any SR, ER/XR, and CR formulations with standard release formulations that can be crushed
- Avoid PO steroids to promote wound healing
Diabetes, HTN, HLD medications:
- Adjustment of chronic medication is necessary as weight loss occurs
- Adjust diabetic medications, antihypertensives, lipid medications as appropriate
Bypass:
- NSAIDs and salicylates should be completely avoided lifelong, as they have been implicated in the development of anastomotic ulcerations and perforations
Pregnancy After Bariatric Surgery:

Not recommended for 18-24 months following bariatric surgery due to rapid weight loss.
PCOS females often have increased fertility after bariatric surgery.
Recommend all menstruating females to use reliable birth control methods:

Bypass:
- Non-oral birth control methods permitted; OCPs are not well absorbed.

Sleeve/Band:
- All birth control methods permitted.
- May not restart OCPs until four weeks after surgery.

Short-Term Complication

<table>
<thead>
<tr>
<th>Common</th>
<th>Rare but Serious</th>
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</thead>
<tbody>
<tr>
<td>Dehydration</td>
<td>Leak, Perforation, Obstruction, Infection,</td>
</tr>
<tr>
<td>Dumping Syndrome:</td>
<td>Hemorrhage, Ulcer</td>
</tr>
<tr>
<td>Typically occurs after high-fat/sugar meals</td>
<td>Sx: <strong>Tachycardia</strong>, +/- abdominal pain</td>
</tr>
<tr>
<td>Sx: Abdominal pain, diarrhea, nausea, flushing, palpitations, sweating, syncope</td>
<td>Tx: Usually detected post-operatively and managed by surgical team; presence of</td>
</tr>
<tr>
<td>Tx: Dietary modification, eat small and regular meals with protein + complex carbs</td>
<td>Sx: Immediate referral back to surgical team or nearest ER</td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
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<tr>
<td>Hair Loss (Temporary)</td>
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</table>

Long-Term Complications:

Patients presenting with vague or abnormal abdominal symptoms should be evaluated by the bariatric surgeon or nearest emergency room.

Iron Deficiency Anemia
Vitamin Deficiencies and Malnutrition
Osteoporosis
- Consider DXA scan two years after surgery.
- Bisphosphonates may be considered after appropriate therapy for calcium and Vitamin D insufficiency.
- IV bisphosphonate therapy should be used, as concerns exist with adequate oral absorption and potential anastomotic ulceration with PO bisphosphonates.

Intertrigo
- Seen in excess skin folds.
- Documentation important for possible insurance coverage of panniculectomy.

Weight Regain
- Maximum weight loss typically seen at 12-24 months.
- If regaining weight, usually due to dietary and exercise noncompliance, promptly refer back to bariatric surgeon for evaluation.
Complications Specific to Bypass:

- Cholelithiasis
  Refer back to bariatric surgeon for evaluation
- Nephrolithiasis
  May be associated with hyperoxaluria and acute kidney injury
  Prompt referral to nephrology indicated
- Post-prandial hypoglycemia
  Prompt referral to endocrinology indicated

Complications Specific to Sleeve:

- Gastroesophageal reflux disease (GERD)
  Refer back to bariatric surgeon for evaluation

Complications Specific to Band:

- Dysphagia / Pseudoachalasia / Hiatal Hernia
  Refer back to bariatric surgeon for evaluation
- Band erosion, slippage, infection
  Patient should be evaluated by bariatric surgeon in the Emergency Room