Geisinger
Destination
Bariatric surgery and Nutrition and Weight Management team
geisingerbariatrics.org
Danville, PA 17822 • 570-271-0065

Physicians – Nutrition and Weight Management
Christopher Still, DO Director
Daniela Hangan, MD Associate
Jennifer Franceschelli Hosternam, DO Associate
Bethany Restemayer, MD Associate
Noha Eltawil, MD Associate
Fahad Zubair, MD Associate

Providers – Nutrition and Weight Management
Tasha Dershem Registered Dietitian Nutritionist
Ashley Hashuga Certified Registered Nurse Practitioner
Rose Helm Registered Dietitian Nutritionist
Melissa Kashi Registered Dietitian Nutritionist
Amy Kline Certified Registered Nurse Practitioner
Shannon Mcshea Physician Assistant
Allison Naylor Registered Dietitian Nutritionist
Joanne Rogers Clinical Nurse Specialist

Financial team
Kim Axtman, Financial Liason (Danville – 570-214-3372)
Dorthy Diltz, Appointment Designate (570-214-9101)

Department of Behavioral Medicine
570-271-6396
Dr. Laura Campbell, Psychologist

Danville – Surgery team 570-271-6361
Jon Gabrielsen, MD
David Parker, MD
Anthony Petrick, MD
Matthew Plank, Physician Assistant
Michele Chamberlain, RN Bariatric Coordinator
Valerie Williams, MSN, RN Destination Bariatric Nurse Navigator
Touch points for Destination Bariatric Program
Geisinger
Destination medicine – Bariatric

Geisinger Medical Center
Danville, PA 17822
570-214-6088

First contact
- Initial contact with Heidi Foreman, Destination Medicine manager (570-214-6088)
- Obtain medical records from primary care provider
- Educational materials mailed to patient
  - Support group meeting phone information
  - Barbara Thompson book
  - Patient education materials
  - Destination bariatric patient education book
- Contact made by Kim Axtman financial liason to provide estimate of out of pocket expenses (570-214-3372)
- Quit smoking

Second contact
- Complete records received and reviewed by nurse navigator Valerie Williams (570-214-0065)
- Educational phone call made to patient by nurse navigator
- Trip 1 appointment assigned to patient
- Confirmation email sent to patient by nurse navigator
  - DROP video
  - Support group meeting attachment
  - Healthy eating
- Additional tests reviewed that should be completed preferably prior to trip 1 appointment
- Kim Axtman will contact you to receive payment for trip 1
- Attend one bariatric support group meeting by phone or online, provide date attended at trip 1 appointment

Patient to complete in home market prior to trip 1
- Ultrasound of abdomen, right upper quadrant
- 12 lead EKG
- Stool specimen for H-pylori
- Consults as identified by nurse navigator
- Provide additional records or films as identified by nurse navigator
Trip 1

Please bring patient education booklet

- Arrive in Danville area 1 day prior to appointment
- Lab work completed – Fasting 12 hours
- Evaluation clinic visits with Nutrition and Weight Management team, consultation with
  physician, physician assistant or nurse practitioner; clinical nurse specialist and
  registered dietitian nutritionist
  - Pass nutrition quiz
  - Sign vitamin and mineral contract
- Evaluation clinic visit with behavioral medicine provider
- Evaluation clinic visit with bariatric surgeon and nurse navigator
- Surgical procedure identified and consent signed
- Bariatric diet education
- Pre-op bathing education
- Incentive spirometer
- Adverse events education
- Tentative surgical date assigned
- Register for myGeisinger to receive secure messaging from providers

Patient to complete prior to arranging for trip 2

- Any additional studies identified as required to be completed in home market
- Consults completed in home market as identified
- Sleep study completed in home market if required
- EGD (upper endoscopy) completed if having sleeve gastrectomy
- Using CPAP if ordered – if new to CPAP, must be using no later than 2 weeks prior to surgery date
- Lab work completed in home market as identified
- Updates provided to nurse navigator via myGeisinger or 570-214-0065
- Additional records faxed to 570-214-2990
- Follow-up with Behaviorial Medicine and registered dietitian nutritionist for “green lights”
  via myGeisinger, if needed
- Goal weight achieved and must be maintained
- Make travel and hotel arrangements and provide information to Heidi Foreman 570-214-6088

One month prior to trip 2

- Provide payment for out of pocket expenses 1 month prior to surgery date required.
  Contact Kim Axtman 570-214-3372

Two weeks prior to trip 2

- Stage 2 diet two weeks before surgery
- Stop medications by dates as instructed in myGeisinger message by nutrition and
  weight management provider
Trip 2
--- Arrange in Danville area 2 days prior to surgery
--- Appointments 1 day prior to surgery
   --- History and physical completed by surgical team
   --- Post-op prescriptions provided
   --- Anticoagulation clinic appointment
   --- Pre-surgical anesthesia clinic appointment
--- Fill prescriptions locally or at hospital pharmacy the day before surgery
--- Day of surgery arrive at appointed time
--- Surgical procedure completed
--- Admitted as inpatient at Geisinger Medical Center

Discharge
--- Discharge to local hotel on Stage 2 diet
--- Post discharge phone call from destination nurse navigator
   --- Post-op appointment 7-10 days after discharges from hospital
      --- Post-op appointment with nutrition and weight management clinic
      --- Visit with physician, physician assistant or nurse practitioner;
         clinical nurse specialist
      --- Registered dietitian nutritionist diet advanced to Stage 2B
--- Sign release of information for PCP to receive medical records from Geisinger
   and destination medicine team to receive records from PCP
--- Travel home after post-op appointments are completed and cleared to go by surgeon

Follow-up
--- Appointment with PCP
--- Scheduled phone follow-up with nutritional and weight management team to assist with
   diet advancement, addition of vitamin/mineral supplements and follow-up labs
   (Note: appointment times in EPIC are listed for EST.)
   --- Clinical nurse specialist
   --- Registered dietitian nutritionist
--- Follow diet advancement as listed in bariatric surgery patient education book and as instructed
   by clinical nurse specialist and registered dietitian nutritionist phone calls
--- Vitamin/mineral supplements added as listed in bariatric surgery patient education book
--- Periodic lab draws as listed in bariatric surgery patient education book
--- Phone follow-up with destination nurse navigator
--- EGD (upper endoscopy) completed 1 year post surgery for sleeve gastrectomy
--- It is highly encouraged that patients seek a registered dietitian nutritionist in their home market
   for routine follow-up.
Geisinger Destination Bariatric support group
Nutrition and Weight Management Department

Program requirement: Patients need to attend 1 support group meeting before surgery date.

The meetings can be an independent, telephone or online group. (We prefer the face-to-face group)

Bariatric support groups may be available in your area. Consult ASMBS.org for providers in your area that may run groups.
Eating behaviors that you should be practicing

Eat slowly and chew foods thoroughly.
- Chew, chew, chew! Practice chewing all foods to apple sauce consistency. (30-40 chews for each bite).
- Tips to help you do this:
  - Use children’s utensils or chop sticks
  - Take small bites and put utensils down in between bites
  - Use your non-dominant hand while eating
- Meal time should last 30 minutes, make sure your 1 cup portion of food takes you 30 minutes to finish.
- Use a times to time your meals.

Stop eating when you feel comfortable, not overly full
- Remember it takes 20 minutes for your brain to let you stomach know there is food in it! That is why it is very important to have your meal last approximately 30 minutes.

Meal planning and making healthy food choices
- Eat three meals per day, no skipping meals. If you are hungry between meals, you can have 1 to 2 pre-planned and portion controlled snacks per day.
- Make healthy food choices – lean meats (protein), low-fat and low-sugar food/drink choices, low-fat dairy products (1% or fat-free), vegetables and fruits. Limit any kind of liquid calories, especially alcohol.
- Reduce your portion sizes.

Liquids
- Sipping slowly – approximately five minutes per ounce of liquid.
  - A child’s sippy cup helps with this.
- No drinking with meals and make sure that you are separating solids form liquids:
  - No liquids 30 minutes prior to and after meal.
- Eliminate caffeine – must be caffeine free at least two weeks before surgery!
- No straws, carbonated or sugar-sweetened beverages.

***These behaviors are to help you prepare yourself for surgery. In doing so, it will help you work toward your pre-surgical weight loss goal. Remember, you should be at your goal weight by your next appointment (your medical evaluation).***
Diet guidelines for Roux-en-Y gastric bypass/sleeve gastrectomy surgery

Stage 1 (Small portions of sugar-free clear liquids)
See List A

Begin: Post-op — Day 0
Diet instructions: Three fluid ounces (90cc) of regular bouillon or diet Jello® per meal, plus three to five ounces of water or flat diet ginger ale per hour between meals (as long as fluids do not exceed eight ounces/hour)
Fluid goal: as tolerated
  • Patient is instructed to sip slowly, and to stop as soon as they experience the first feeling of fullness. (No more than eight ounces over one-hour period).
  • Diet ginger ale must be flat to avoid stomach discomfort.
  • Do not use straws. No carbonated beverages.
  • Patient to record all fluids taken in.
  • Patient must use one-ounce medicine cups to avoid drinking too fast.

Stage 2 (Protein shakes primarily-includes items from List A, B and C)

Begin: Post-op — Day 1
Duration: Two weeks
Diet instructions: Approximately three protein shakes per day plus two to three snacks per day (see List C)
Fluid goal: 48-64 ounces per day
Protein goal: Minimum of 60 grams of protein daily
  • The objective of this stage is to provide the patient with enough protein for adequate nutrition and to aid in healing, while minimizing injury to the stomach.
  • The patient needs to keep food records, monitoring food and fluid intake.
  • Liquids should be sipped slowly over the course of an hour. Do not exceed more than eight ounces of fluid in one hour.
  • If protein intake continues to be inadequate one week after surgery, please notify the dietitian or medical provider.

Stage 2B: Begin: approximately two weeks after surgery you will be seen in the GI/Nutrition clinic for your first post op visit. At that time your diet will be advanced to Stage 2B (see List D). Protein and fluid goals remain the same. You need to stay on this diet until you are seen in clinic again (about two weeks later).
Stage 3 (Soft, moist protein options) *No fruits, vegetables or starchy foods (no mashed potatoes, hot cereal, breads, etc).

**Begin:** approximately four weeks after surgery (do not start until you are seen for second post-op visit)

**Duration:** approximately four weeks

**Diet instructions:** 3 ounces of soft, moist protein foods three times per day *plus* 1-2 snacks per day (List C).

**Fluid goal:** 48-64 ounces per day

**Protein goal:** Minimum of 60 grams per day

**Start:** Two Flintstones Complete Chewable Vitamin Daily

- Continue food records to track protein and fluid intake.
- Eat slowly (Ten minutes per ounce).
- If you feel full — stop eating, otherwise vomiting can occur. *Continuous overeating can stretch your new pouch.
- Do not take foods and beverages at the same time. Do not drink any fluids 30 minutes before or after eating a meal.
- Avoid cold or hot liquids and foods because they are sometimes not tolerated.
- Avoid foods that are high in sugar or fat as they may cause dumping syndrome.

Stage 4 (Low-fat, low-sugar diet now including fruits, vegetables and starchy foods; but majority of the meal is protein).

**Begin:** approximately eight weeks after surgery

**Duration:** Lifelong!

**Diet instructions:** Try to consume six ounces of meat or high protein foods per day, two cups of dairy products per day, two to three servings of grains or starch per day (a serving is approximately ¼ cup or ½ slice of bread), two servings of vegetables per day (a serving is approximately ¼ cup), two to three servings of fruit (a serving is ¼ cup or ¼ of a small piece of fruit).

**Fluid goal:** > 64 ounces per day

**Protein goal:** Minimum of 60 grams per day

**Start:** Calcium citrate 1200 mg and daily B12 injections (every three months). Vitamin D3 1000 IU daily.

- Gradually introduce new foods to your diet one at a time. Go slowly with fresh fruits and vegetables (be sure raw vegetables and fresh fruits with skins and membranes are chewed well)
- If foods are not tolerated, wait two to four weeks before reintroducing them again.
- Continue to keep food records to insure adequate protein and fluid intake.
- Consume protein at every meal and consume the protein first, then vegetables and starches.
- Typical meal (one cup) should take at least 30 to 60 minutes to consume.
- A meal will consist of approximately one cup of food. Half of that cup should be protein and should be eaten first. The other ½ cup can consist of fruits, vegetables or starchy foods.
Stage 1 diet guidelines (starting day of surgery)

**LIST A – Sugar-free, clear liquids**
All beverages that are flat, caffeine-free and ten calories or less per serving are allowed
- Water
- Sugar-free, non-carbonated beverage — such as Crystal Light®
- Sugar-free fitness beverage — such as 0 calorie Propel Fitness Water®
- Bouillon or broth
- Decaffeinated coffee and tea
- "Flat" decaffeinated diet soft drinks such as flattened diet ginger ale
- Diet Jell-O® or Gelatein 20®
- Tomato or V-8 juice®
- Sugar-free popsicle: (less than 20 calories each; limit two to three per day)

Stage 2 diet guidelines (Two weeks before surgery and after surgery)

**LIST A – Fluid options**
All beverages that are flat, caffeine-free and 10 calories or less per serving are allowed
- Water
- Sugar-free, non-carbonated beverage — such as Crystal Light®, Vitamin Water Zero®
- Sugar-free fitness beverage — such as 0 calorie Propel Fitness Water®
- Bouillon or broth
- Decaffeinated coffee and tea
- "Flat" decaffeinated diet soft drinks such as flattened diet ginger ale
- Diet Jell-O® or Gelatein 20®
- Tomato or V-8 juice® (NOT Splash® of Fusion® unless DIET)
- Sugar-free popsicle: (less than 20 calories each; limit two to three per day)

**LIST B – Meal options for Stage 2 diet – High protein liquid drinks**

<table>
<thead>
<tr>
<th>Food item</th>
<th>Amount</th>
<th>Protein (g)</th>
<th>Sugar (g)</th>
<th>Fat (g)</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optifast HP ® Shake Mix</td>
<td>1 packet</td>
<td>26</td>
<td>9</td>
<td>6</td>
<td>200</td>
</tr>
<tr>
<td>Premier Protein High Protein Shake®</td>
<td>1 can</td>
<td>30</td>
<td>1</td>
<td>3</td>
<td>160</td>
</tr>
<tr>
<td>Carnation Instant Breakfast® (no sugar</td>
<td>1 packet</td>
<td>13</td>
<td>12</td>
<td>5</td>
<td>150</td>
</tr>
<tr>
<td>added, made with 8 oz. skim milk)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Guidelines for high protein supplement:**
- Calories: 150-250 calories/serving
- Protein: minimum of 12 grams/serving
- Sugar: maximum of 10-15 grams/serving
  - Non-fat milk powder can be added to shakes for additional protein of 6 grams per ¼ cup.
### LIST C – High protein snack options for Stages 2 & 3

<table>
<thead>
<tr>
<th>Food item</th>
<th>Serving</th>
<th>Protein (g)</th>
<th>Fat (g)</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yogurt: non-fat, light (less than 15 gm sugar)</td>
<td>8 oz</td>
<td>8-10</td>
<td>0</td>
<td>90-120</td>
</tr>
<tr>
<td>Non-fat or 1% milk (or fortified milk substitute)</td>
<td>8 oz</td>
<td>8</td>
<td>0-3</td>
<td>80-110</td>
</tr>
<tr>
<td>Tomato or low-fat cream soup (made with skim milk)</td>
<td>8 oz</td>
<td>6</td>
<td>0-2</td>
<td>85</td>
</tr>
<tr>
<td>Sugar-free pudding (made with skim or 1% milk)</td>
<td>4 oz</td>
<td>6</td>
<td>0</td>
<td>76</td>
</tr>
<tr>
<td>No sugar added cocoa (made with skim or 1% milk)</td>
<td>1 packet in 6 oz of milk</td>
<td>7</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Greek yogurt: Fat-free (such as light: Chobani® or Yoplait® and low-sugar: Dannon Light and Fit® or Oikos Triple Zero®) (plain or vanilla only because of sugar content)</td>
<td>6 oz</td>
<td>15-18</td>
<td>0</td>
<td>100-120</td>
</tr>
</tbody>
</table>

### Stage 2B diet guidelines (starting at approximately 2 weeks after surgery)

<table>
<thead>
<tr>
<th>Food item</th>
<th>Amount</th>
<th>Protein (g)</th>
<th>Fat (g)</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cottage cheese (low-fat)</td>
<td>4 oz (½ cup)</td>
<td>13</td>
<td>0-2</td>
<td>80-100</td>
</tr>
<tr>
<td>Egg substitute/whites</td>
<td>½ cup</td>
<td>10</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Whole egg</td>
<td>1 (large)</td>
<td>6</td>
<td>5</td>
<td>70</td>
</tr>
<tr>
<td>Ricotta cheese (low-fat)</td>
<td>4 oz (½ cup)</td>
<td>14</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Moist rotisserie chicken</td>
<td>3 oz</td>
<td>24</td>
<td>3</td>
<td>126</td>
</tr>
<tr>
<td>Low-fat string cheese</td>
<td>1 stick</td>
<td>8</td>
<td>4</td>
<td>70</td>
</tr>
</tbody>
</table>
Stage 3 diet guidelines (starting at approximately 1 month after surgery)
(All foods should be **soft** and **moist**)
No fruits, vegetables or starchy foods are allowed at this stage.
These are the food items that you can add to your diet.

<table>
<thead>
<tr>
<th>Type of food</th>
<th>Amount</th>
<th>Protein</th>
<th>Fat</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fish, not fried or breaded</td>
<td>3 oz</td>
<td>22 g</td>
<td>1 g</td>
<td>95-120</td>
</tr>
<tr>
<td>Salmon (canned or fresh)</td>
<td>3 oz</td>
<td>23 g</td>
<td>6 g</td>
<td>150</td>
</tr>
<tr>
<td>Tuna (canned or fresh-packed in water)</td>
<td>3 oz</td>
<td>22 g</td>
<td>1 g</td>
<td>95</td>
</tr>
<tr>
<td>Chicken (canned or fresh) — <strong>Moist</strong></td>
<td>3 oz</td>
<td>15 g</td>
<td>1 g</td>
<td>120</td>
</tr>
<tr>
<td>Turkey, low-fat — <strong>Moist</strong></td>
<td>3 oz</td>
<td>17 g</td>
<td>6 g</td>
<td>120</td>
</tr>
</tbody>
</table>
| Chicken or Turkey Moisten with broth, fat-free gravy, low-fat or light mayo  
  • Can use ground turkey or chicken  
  • Can use deli chicken or turkey slices | 3 oz   | 21 g    | 3 g  | 150      |
| Imitation seafood                                | 3 oz   | 10 g    | 1 g  | 90       |
| Seafood (Steamed)                                | 3 oz   | 15-20 g | 0 g  | 80-120   |
| Shrimp, lobster, crab, scallops                  |        |         |      |          |
| Fat-free or low-fat cheese (< 5 gram of fat/oz)  | 3 oz   | 12-15 g | 0-9 g| 120-150  |
| Cottage cheese (fat-free or 1% fat)              | 4 oz (½ cup) | 13 g | 0-2 g| 80-100   |
| Fat-Free ricotta cheese                          | 4 oz (½ cup) | 14 g | 0 g  | 100      |
| Egg, whole                                       | 2 large | 12 g  | 11 g | 150      |
| Egg substitute                                   | ½ cup  | 10 g    | 0 g  | 50       |
| Baby food meat, all types                        | 1 jar (2.5 oz) | 10 g | 2-4 g| 80-100   |
| Liver (braised in water)                         | 3 oz   | 24 g    | 5 g  | 160      |
| Tofu/soy                                         | 3 oz   | 12 g    | 2 g  | 90       |
| Boca or veggie burger                            | 3 oz   | 13 g    | 0.5 g| 70       |
| Soy sausage                                      | 3 oz   | 17 g    | 2 g  | 120      |
### Stage 4 diet guidelines
(Starting at approximately 2 months after surgery and to be followed lifelong)

<table>
<thead>
<tr>
<th>Food groups</th>
<th>Amount per day</th>
<th>Recommended types</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meat and high protein foods</strong></td>
<td>6-8 ounces (1 ounce provides approximately 7 grams of protein)</td>
<td>Fish, Shellfish, Chicken without skin, Turkey without skin, Lean, fat-trimmed beef, pork, lamb or veal, 95% fat-free cold cuts, Organ meats (limit to twice per month), Eggs, Egg substitutes, Low-fat, non-fat cottage cheese, Reduced-fat cheeses (with 5 grams fat or less per ounce)</td>
<td>Fried fish, Fish canned in oil, Commercial breaded fish products, Fried poultry, Poultry skin, Bacon, sausage, hot dogs, regular cold cuts, tongue, USDA Prime grades of meat, Goose, duck, Fried eggs, omelets with added fat, Peanut butter, nuts, Regular hard or soft cheeses</td>
</tr>
<tr>
<td><strong>Milk and dairy products</strong></td>
<td>2-3 cups (1 cup provides 8 grams of protein)</td>
<td>Non-fat or 1% milk, Non-fat or 1% yogurt, Diet hot cocoa (made with non-fat or 1% milk), No Sugar Added Carnation Instant Breakfast® (blue box)</td>
<td>Whole or 2% milk fat, Regular hot chocolate, Milk shakes, Frappes, Chocolate drink or milk or egg nog</td>
</tr>
<tr>
<td><strong>Vegetables (non-starchy)</strong></td>
<td>2-3 servings (¼ cup)</td>
<td>Any soft-cooked plain vegetables, Slowly add raw vegetables</td>
<td>Any with added fat, cream or cheese sauce, Olives, Avocados</td>
</tr>
<tr>
<td><strong>Fruits</strong></td>
<td>2-3 servings (¼ cup or ¼ whole fruit)</td>
<td>Banana, Applesauce (unsweetened), Any fruit canned in juice, water/light syrup, Slowly add fresh fruits</td>
<td>Fruits canned in heavy syrup, Coconut</td>
</tr>
<tr>
<td><strong>Starches</strong></td>
<td>2-3 servings (¼ cup or ½ slice each)</td>
<td>Bread, toast, Hot or cold cereal, Potatoes, Squash, Turnips, Rice, Pasta, Corn, Peas, Legumes, Lima beans, Parsnips</td>
<td>Pastries, Croissants, Muffins, Donuts, Cookies, Cake, Biscuits, Crackers (with more than 3 grams fat per serving), Popcorn with butter or oil, Granola, French fries, Potato or fried tortilla chips, Cheese curls, Macaroni and cheese, Fettuccine Alfredo</td>
</tr>
</tbody>
</table>

* Try to consume starches at meals only (3 times daily)! If protein is consumed first, starch portions will be controlled.

* Avoid grazing or snacking on starches.
<table>
<thead>
<tr>
<th>Soups</th>
<th>Broth Bouillon Vegetable or broth-based soup Egg drop soup Low-fat cream soups</th>
<th>Cream soups Chowders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverages</td>
<td>48-64 ounces Water Sugar-free drinks Flat caffeine-free diet beverages Decaf drinks</td>
<td>Caffeinated beverages, Regular soda Kool-aid® Fruit drinks, punches, lemonade Fruit juices Alcoholic beverages</td>
</tr>
<tr>
<td>Fats</td>
<td>&quot;Use condiments sparingly. *Less than 1 Tablespoon/serve&quot;</td>
<td>Light or spray salad dressing Light or fat-free mayonnaise Butter Buds® Molly McButter® Cooking spray/butter spray Light butter or margarine Low-fat sour cream and cream cheese</td>
</tr>
<tr>
<td>Sweets</td>
<td>Limit to one serving daily, 1 serving is ½ cup</td>
<td>Sugar-free Jell-O® Non-fat, sugar-free popsicle Light yogurt Sugar-free pudding or custard Sugar-free, non-fat frozen yogurt Sugar-free, fat-free ice cream</td>
</tr>
</tbody>
</table>

Snacking... A few rules
- Be sure that you are not snacking because you are bored, stressed, angry...if you are, find an alternative activity and have a strategy to combat “head hunger”!
- Recognize your “trigger foods” and keep them out of the house.
- If you truly need a snack, make a snacking routine. This routine should include specific times, places and volumes of food. In other words, you designate a certain time of the day that you allow yourself to have a snack, eat a specific amount of the food (use a special bowl or cup to measure the portion; do not sit down with an entire bag of pretzels!).
- Best snack choices: vegetables, low-fat dairy items, low-calorie protein bars, snacks that are approximately 100 calories or less per serving and that provide you with protein
- If snacking is random, inconsistent and unplanned it will lead to weight regain.
Low sugar meal replacement shake options
Can be used for Stage 2 and beyond

Guidelines
Calories: 150-250 calories/serving
Protein: Minimum of 12 grams protein/serving
Sugar: Maximum of 10-15 grams sugar/serving

Products that have more sugar per serving should not be used after surgery!
*Products that are less than 150 calories may be used in addition with other protein shakes

OPTIFAST HP® Shake Mix

Nutritional Information
- Calories 200
- Protein (g) 26
- Carbohydrate (g) 10
- Fat (g) 6
- Sodium (mg) 480
- Potassium (mg) 800
- Fiber (g) 0
- Vitamins & Minerals 35% of RDI
- Lactose (g) <1

Available at:
Outpatient pharmacies
Geisinger Medical Center, Danville
Geisinger Wyoming Valley Hospital: CareSite Pharmacy
Hazelton CareSite Pharmacy
**By prescription only**

Slim Fast High Protein
180 calories
20 grams protein
2 grams sugar
Available at Wal-Mart, Target and most grocery stores
*Carnation Breakfast Essentials Light Start
140-150 calories
13 grams protein
3-7 grams sugar
Available at most grocery stores and Wal-Mart

Premier Protein Pre-made Shake or Whey Protein Powder
160-180 calories
30 grams protein
1-3 grams sugar
Available at Sam’s Club, Walmart and online

Glucerna Hunger Smart Shake
180 calories
15 grams protein
6 grams sugar
Please note this is the only Glucerna protein drink that you can use. The other Glucerna shakes do not contain enough protein.
Available at Wal-Mart, Target and most grocery stores
Atkins Advantage Shake
*Atkins Lift Protein Drink
100-160 calories
15-20 grams protein
0-1 gram sugar
Advantage – available at Wal-Mart, Target and most grocery stores
Lift – available at Walmart and online

Whey Protein Powder
1 scoop provides:
200 calories
30 grams protein
4 grams sugar
Available at Wal-Mart, K-mart, Target, GNC, most grocery stores and online

*LiquaCel
Can be used only if milk product consistency is not tolerated.
1 fluid ounce (or 1 pack) provides:
70 calories, 16 grams protein, 0 sugars
Available online, at select Target and Care Site Pharmacies
Isopure
160 calories, 40 grams protein
(liquid beverage)
1 scoop: 100 calories, 25 grams protein (powder)
Available at GNC, Vitamin Shoppe and online

Ensure High Protein
160 calories
16 grams protein
4 grams sugar
Please note that this is the only Ensure product you can use. All of the other Ensure products contain too much sugar.
Available at Wal-Mart, Target and most grocery stores

Boost Glucose Control and Boost Calorie Smart
190 calories
16 grams protein
4 grams sugar
Please note these are the only Boost products you can use. Other Boost products contain too much sugar (such as Boost High Protein).
Available at Wal-Mart, Target and most grocery stores
EAS 100% Whey
EAS Myoplex Lite
180 calories
20 grams protein
1 gram sugar
Available at Wal-Mart, Target and most grocery stores

GNC Total Lean Shake 25
2 scoops provide:
200 calories
4 grams sugar
25 grams protein
Please note that GNC Total Lean shake is not acceptable as it does not contain enough protein.
Available online and at GNC

*EAS Advant Edge Live Lean and Toned
100 calories
15 grams protein
0 grams sugar
Available at Wal-Mart, Target and most grocery stores
*Pure Protein
110-120 calories
23 grams protein
1 gram sugar
Available at Wal-Mart, Target and most grocery stores

New Whey Liquid Protein ("Protein Shot")
3.1 ounces
176 calories
42 grams protein
0 grams sugar
Available at Walmart, GNC, Vitamin Shoppe and online

*Muscle Milk Light
(14 ounce bottle)
130-160 calories
20-25 grams protein
0 grams sugar
Available in Wal-Mart, Target, most grocery stores, GNC, Vitamin Shoppe and online
*Unjury Unflavored Protein Powder
1 ounce provides:
90 calories
21 grams protein
0 grams sugar
Available online at unjury.com

*Beneprotein Instant Protein Powder (Unflavored)
1 scoop or each individual packet provides:
25 calories
6 grams protein
0 grams sugar
Available online (amazon.com, walgreens.com, walmart.com, nestlenutritionstore.com)

*Isopure Zero Carb Unflavored Protein Powder
1 scoop provides:
100 calories
25 grams protein
0 grams sugar
Available online (gnc.com, vitaminshoppe.com, amazon.com)

*Premier Protein Clear
16 oz provides:
90 calories
20 grams protein
0 grams sugar
Discharge guidelines for bariatric surgery
Gastric bypass
Sleeve gastrectomy

- Fluid goal: at least 48 oz/day — choose fluids from list A (attached). Your protein supplement and only decaf fluids can count towards your fluid goal.
- Protein goal: at least 60 grams/day
- Sip liquids slowly (no more than eight oz. in one hour).
- Make sure you keep track of your daily intake.
- Use low-sugar (less than 10-15 g of sugar) protein supplements and foods/beverages allowed on Stage 2 list: A, B and C only (see attached).
- Use at least three servings of protein supplement/shake per day for the first two weeks after surgery to provide approximately 60-80 grams of protein per day.
- To meet your protein goal of at least 60-80 grams per day, choose snacks from list C (attached).
- Additional food items will be added at your follow up appointments after surgery.
- Do not advance your diet on your own! You must first consult your doctor and your dietitian. You must continue this stage for approximately two weeks after surgery.

If you have any questions regarding your diet after discharge or any problems with meeting your expected goals, please call nutrition clinic:

Danville – 570-271-6439, option 8
LIST A – Fluid options
All beverages that are flat, caffeine-free and 10 calories or less per serving are allowed
- Water
- Sugar-free, non-carbonated beverage — such as Crystal Light®, Vitamin Water Zero®
- Sugar-free fitness beverage — such as 0 calorie Propel Fitness Water®
- Bouillon or broth
- Decaffeinated coffee and tea
- “Flat” decaffeinated diet soft drinks such as flattened diet ginger ale
- Diet Jell-O® or Gelatin 20®
- Tomato or V-8 juice® (NOT Splash® of Fusion® unless DIET)
- Sugar-free popsicle: (less than 20 calories each; limit two to three per day)

LIST B – Meal options for Stage 2 diet – High protein liquid drinks

<table>
<thead>
<tr>
<th>Food item</th>
<th>Amount</th>
<th>Protein (g)</th>
<th>Sugar (g)</th>
<th>Fat (g)</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optifast HP ® Shake Mix</td>
<td>1 packet</td>
<td>26</td>
<td>9</td>
<td>6</td>
<td>200</td>
</tr>
<tr>
<td>Premier Protein High Protein Shake®</td>
<td>1 can</td>
<td>30</td>
<td>1</td>
<td>3</td>
<td>160</td>
</tr>
<tr>
<td>Carnation Instant Breakfast® (no sugar added, made with 8 oz. skim milk)</td>
<td>1 packet</td>
<td>13</td>
<td>12</td>
<td>5</td>
<td>150</td>
</tr>
</tbody>
</table>

Guidelines for high protein supplement:
- Calories: 150-250 calories/serving
- Protein: minimum of 12 grams/serving
- Sugar: maximum of 10-15 grams/serving

LIST C – High protein snack options for Stages 2 & 3

<table>
<thead>
<tr>
<th>Food item</th>
<th>Serving</th>
<th>Protein (g)</th>
<th>Fat (g)</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yogurt: non-fat, light (less than 15 gm sugar)</td>
<td>8 oz</td>
<td>8-10</td>
<td>0</td>
<td>90-120</td>
</tr>
<tr>
<td>Non-fat or 1% milk (or fortified milk substitute)</td>
<td>8 oz</td>
<td>8</td>
<td>0-3</td>
<td>80-110</td>
</tr>
<tr>
<td>Tomato or low-fat cream soup (made with skim milk)</td>
<td>8 oz</td>
<td>6</td>
<td>0-2</td>
<td>85</td>
</tr>
<tr>
<td>Sugar-free pudding (made with skim or 1% milk)</td>
<td>4 oz</td>
<td>6</td>
<td>0</td>
<td>76</td>
</tr>
<tr>
<td>No sugar added cocoa (made with skim or 1% milk)</td>
<td>1 packet in 6 oz of milk</td>
<td>7</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Greek yogurt: Fat-free (such as light: Chobani® or Yoplait® and low-sugar: Dannon Light and Fit® or Oikos Triple Zero®) (plain or vanilla only because of sugar content)</td>
<td>6 oz</td>
<td>15-18</td>
<td>0</td>
<td>100-120</td>
</tr>
</tbody>
</table>
High-protein liquid diet for 2 weeks after bariatric surgery

After bariatric surgery it is essential that your fluid and protein intake is adequate. This will help you recover from your surgery. The goal is to take at least 48-64 ounces of fluid per day, and > 60 grams of protein per day. Please maintain a food diary to keep a record of your protein and fluid intake.

You will need to drink approximately three high protein liquid supplement per day. In addition, you will need one to two high protein snacks per day (List C). Only designated fluids should be taken (List A). You will need to sip slowly on protein shakes and fluids throughout the day to reach your goals, if you do not feel that you can finish a shake, refrigerate it and come back to it later. If you are having trouble reaching goals for more than three days in a row please contact one of the dietitians for suggestions.

<table>
<thead>
<tr>
<th>Sample menu (for 2 weeks post-op)</th>
</tr>
</thead>
</table>
| **Breakfast:** 8 ounces of Carnation Instant Breakfast® (No sugar added) (blue box)  
Made with 8 ounces of non-fat or 1% Milk |
| Drink fluids from List A in between meals — 8 oz |
| **Snack:** 4-6 ounces of light yogurt |
| Drink fluids from List A in between meals — 8 oz |
| **Lunch:** 8 ounces of water mixed with Optifast HP® Shake Mix |
| Drink fluids from List A in between meals — 8 oz |
| **Snack:** ½ cup – 1 cup of low-fat cream soup made with skim milk. |
| Drink fluids from List A in between meals — 8 oz |
| **Dinner:** 11 oz of Premier Protein High Protein Shake® |
| Drink fluids from List A in between meals — 8 oz |
| **Snack:** 4 ounces of sugar-free pudding made with skim milk. |
| Drink fluids from List A in between meals — 8 oz |
Vitamin and mineral protocol for patients after gastric bypass or sleeve gastrectomy

Children’s chewable complete multivitamin with minerals and iron

1. Like Flintstones Complete® Chewables — Costs approximately $5/month
   Dose: chew one tablet in morning and evening

Use these

Not these

2. Calcium Citrate + Vitamin D like Citracal + D® or store brand (Equate Calcium Citrate + D)
   Costs $9.50/month
   Take two caplets twice daily to provide 1260mg calcium per day

Use these

Not these

3. Vitamin D3 1000 IU
   Take 1 soft gel per day

Revised: November 2017
Vitamin B12

Vitamin B12 or Cobalamin is a water-soluble vitamin. It has an important role in the normal functioning of the brain and nervous system as well as the formation of blood cells.

The Roux-en-Y Gastric Bypass (RYGB) and Gastric Sleeve will decrease your body’s ability to absorb B12 from food and traditional oral supplement sources. After these procedures only a small percentage of B12 from traditional oral supplementation and food is able to be absorbed.

A B12 deficiency can cause: anemia, numbness and tingling of hands and feet, dementia, difficulty in maintaining balance, depression, soreness and/or bleeding of the mouth, gums and tongue. Deficiency of B12 is usually a very slow process. We will monitor you and your laboratory values for any signs of vitamin B12 deficiency.

**Warning** – Vitamin B12 deficiency that is allowed to progress for longer than three months may produce permanent degenerative lesions of the spinal cord.

Vitamin B12 supplementation after RYGB and Gastric Sleeve is necessary! Because absorption is altered after these procedures and deficiency may occur, a **vitamin B12 injection every three months lifelong is recommended**. Some people prefer to take additional sublingual B12 and this is okay but labs would need to be checked more routinely. **Sublingual B12 is not meant to be a replacement for your B12 injections.** When you come to your appointments, we will monitor you for signs of deficiency. If indicated, we will check your lab values and provide B12 injections at your appointments.

**Important points to remember:**

- B12 injections are needed every three months after RYGB and Gastric Sleeve procedures *lifelong*.
- Sublingual B12 is okay in addition to your B12 injections, if necessary.
- Laboratory values and clinic signs should be monitored *lifelong* by those who specialize in the field.
- Regularly scheduled appointments with our clinic are necessary lifelong after bariatric surgery.
Test your knowledge about nutrition and bariatric surgery

1. What diet will you need to follow for two weeks before surgery?
   a. Soft diet
   b. Anything you want
   c. High-protein liquid diet
   d. Low-fat foods

2. What diet will you need to follow after you are discharged until you are seen in clinic?
   a. Soft diet
   b. Anything you want
   c. High-protein liquid diet
   d. Low-fat pureed meats

3. What is the best way to lose weight and to keep it off?
   a. Calorie controlled diet
   b. Exercise
   c. Behavioral changes
   d. All of the above

4. Which of the following vitamins and minerals will need to be supplemented after surgery (lifelong)?
   a. Multivitamin (chewable) and Calcium with Vitamin D (pill)
   b. Fat soluble vitamins (ADEK)
   c. Vitamin B12 (injection)
   d. All of the above
   e. a and c only

5. After the surgery, at which stage will you be able to add fruits, vegetables and starches to your diet?
   a. Stage 1
   b. Stage 2
   c. Stage 3
   d. Stage 4

6. List some examples or types of foods that should be limited life long after surgery.

____________________________________________________________________

7. What types of foods are the best sources of protein?

____________________________________________________________________

8. What eating plan will you be following ten years after your surgery?
   a. I will be eating whatever I want at that point.
   b. A diet high in carbohydrates, low in fat and low in protein
   c. I will continue to be on Stage 4 diet.
   d. I won’t have to worry about my diet because exercise will help me maintain my weight.

Revised: September 2017
Bariatric surgery postoperative vitamin and mineral supplementation contract

After your bariatric surgery you will not be able to get enough vitamins and minerals in your diet alone. Low vitamin and mineral levels have been seen in patients after weight loss surgery; especially low levels of iron, folate, Vitamin B12, calcium, Vitamin D and zinc. Low blood nutrient levels are common indicators of nutrient deficiencies.

Deficiencies of iron, folate and vitamin B12 can cause anemia (too few or abnormal red blood cells). When you have anemia you may feel extremely tired, have less energy and be more sensitive to cold temperatures.

Deficiency of thiamine can result in permanent neurological problems.

Deficiencies of calcium and vitamin D can cause bone disease or osteoporosis. Osteoporosis can lead to bone fractures and pain.

Deficiencies of zinc can cause problems with skin, hair, nails, taste changes and decrease the ability to fight off infections.

Deficiencies of folic acid or folate are of special concern for women of childbearing age (which accounts for 80% of patients who have bariatric procedures) because inadequate folate can cause birth defects in unborn babies.

The risk for deficiency is higher for malabsorptive surgeries such as gastric bypass (RYGB) but can also occur in restrictive surgery such as sleeve gastrectomy. You will need to take your vitamins and supplements as ordered and have lab work performed to ensure that you are getting enough.
I agree to comply with the prescribed vitamin and mineral supplementation. I understand that if I do not take my vitamin and mineral supplements I may develop medical problems from deficiencies. Sometimes these problems are life threatening.

By signing this document, I confirm that I understand the above statements and agree to the terms of this contract as part of my lifelong treatment after my weight loss surgery.

X ____________________________
Patient signature

X ____________________________
Witness signature

<table>
<thead>
<tr>
<th>Mandatory supplement</th>
<th>Bariatric surgery type and dosing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s chewable COMPLETE multivitamin with minerals</td>
<td><strong>Gastric bypass and sleeve gastrectomy</strong></td>
</tr>
<tr>
<td>(like Flintstones Complete chewable not gummy)</td>
<td>2 chewables <em>total</em></td>
</tr>
<tr>
<td>Should meet 100% Daily value for vitamins at least 400 mcg folic acid, at least 600 IU vitamin D, should include copper, zinc</td>
<td>Chew one in the morning and one at night</td>
</tr>
<tr>
<td>Calcium Citrate + Vitamin D</td>
<td>4 caplets <em>total</em></td>
</tr>
<tr>
<td>(like Citracal + D)</td>
<td>2 caplets (630 mg) in the morning and 2 caplets at night</td>
</tr>
<tr>
<td></td>
<td>=1260 mg elemental calcium</td>
</tr>
<tr>
<td>Vitamin D3</td>
<td>Take one 1000 IU soft gel per day</td>
</tr>
<tr>
<td>Vitamin B12</td>
<td>1000 mcg injection every 1 to 3 months (frequency to be determined by your doctor)</td>
</tr>
<tr>
<td>Can receive injection in the weight management clinic or at your primary care doctor's office</td>
<td></td>
</tr>
</tbody>
</table>

Revised: October 2017
Patient education material

Roux-en-Y gastric bypass
Sleeve gastrectomy

Introduction
Deciding to undergo bariatric surgery takes courage, commitment, and permanent lifestyle changes. Your treatment team supports you in your positive decision to take care of yourself and, most importantly, improve your health. Throughout this program, you will encounter new challenges and opportunities as you adjust to a new method of eating and a new way of life. We are here to answer any questions or concerns you may have during this process.

Use this booklet as an information guide. Please share it with your family and other support people. After you are finished reading, you should have a better idea of what to expect from the surgery. The manual will also serve as a reference source for you after you return home and begin to deal with the changes in your life.

Overview
Obesity is a condition consisting of an excess amount of body fat. It is associated with many health problems including:

- Diabetes
- High blood pressure
- Heart disease
- Sleep apnea
- Obesity hypoventilation syndrome
- Gallstones
- Gastroesophageal reflux (heartburn)
- Menstrual problems and infertility in women
- Arthritis
- Fatty liver disease
- Depression — high cholesterol/high triglycerides
- People suffering from clinically severe obesity (generally 100 pounds above their ideal weight) are at very high risk for suffering from these medical problems, or even death due to their excess weight. Weight loss surgery may be indicated to improve their quality of life.

So why undergo surgery?

- Many people who lose weight with dieting alone cannot maintain their weight loss.
- Surgery offers a better chance of achieving permanent weight loss.
- The majority of patients lose approximately 60% of their excess body weight and keep it off for at least five years.
- Statistics show that the operation is far more successful than non-surgical weight loss methods involving dieting alone.

Qualifications

- A person meeting the following criteria may qualify for this surgery:
  - Severely obese for at least five years
  - Body Mass Index (BMI) greater than 40 and type 2 diabetes
  - Medical necessity to lose weight (diabetes, high blood pressure, arthritis, sleep apnea)
  - No evidence of substance abuse, psychosis, eating disorders or uncontrolled depression
  - Past attempts at weight loss without permanent success.

All candidates are screened on an individual basis.

Contraindications

A person will not be considered for surgery if he/she:

- is unprepared to make lifestyle changes that will help them in their weight loss.
- has a severe psychological disorder.
- is unwilling to comply with our recommendations.
- has risks for the surgery that would outweigh any potential health benefits
- cannot consent for the procedure to be performed
Before the operation

You will be asked to provide medical records from your primary care provider and any operative notes from previous surgeries you may have had. You will need to sign a release of information form. One of the destination care staff will assist you in obtaining these.

Once your records have been received they will be reviewed by the destination nurse navigator and a surgeon from the bariatric surgery team. After it is determined that you meet the qualifications for travel surgery, you will receive a phone call from the destination nurse navigator to provide education regarding the program, patient expectations and answer any questions you may have regarding bariatric surgery. During this phone call a date for Trip 1 will be scheduled.

After the phone call, the nurse navigator will reach out to you via email with instructions on other testing that you may need prior to Trip 1. You will also be asked to view a video link that will be sent in this email.

You may be asked to provide the results of some testing performed in your home market prior to your trip 1 appointment. These may include: EKG, blood tests, an abdominal ultrasound (to check your gall bladder and liver), and h-pylori testing.

Some individuals may need to have a special test to check for sleep apnea (breathing repeatedly stopping and starting during sleep). If needed this would need to be completed in the home market prior to admission for surgery. The need for this test will be determined by the treatment team.

We ask that you register for a myGeisinger account with us. This provides you limited access to your medical record. By registering for myGeisinger your treatment team will be able to communicate with you via a secure email messaging system. The team will reach out to you using this access to update and remind you of behavior changes. You will be able to reach out to the treatment team as well with questions using this access. One of the destination care staff will assist you in getting set up for this access.

If you live a great distance away, you will need to arrange hotel accommodations for the night prior to your visit, as well as transportation. One of the destination care staff will be contacting you the week prior to your trip 1 to confirm your travel and hotel arrangements.

You will be expected to attend one support group meeting to learn more about bariatric surgery and lifestyle changes you should expect after surgery.

If you have had kidney stones in the past, we may send you to see a specialist to prevent further kidney stones. The chance of having kidney stones increase after bariatric surgery.

It is helpful to be active while you are preparing for surgery — this will help you to recover faster. Walking is a universal exercise that we encourage.

You need to stop smoking as soon as possible. Some insurances require six months free from smoking. We do not allow electronic cigarettes. Your insurance will require and obtain a nicotine test prior to surgery.

It is also important that you are mentally prepared to accept the major lifestyle changes after surgery. The operation should be scheduled at a time in your life when things are socially, emotionally and professionally stable.

Trip 1

Trip 1 will consist of fasting lab work the morning of your appointments. You may meet with the following members of the treatment team, including the surgeon, physician, physician assistant, nurse practitioner, clinical nurse specialist, dietitian and a psychologist to determine whether you would be a good candidate for the surgery. At this appointment you will be given education on areas that need to be addressed and behavior changes to work on prior to surgery. The goal is to make sure you are as prepared for the lifelong lifestyle changes this surgery will require.
During this appointment the surgeon will review all of the risks and benefits of surgery, as well as the technical aspects of the operation. If you are an appropriate candidate for the surgery, you will be given a date for the operation. The types of surgery will be discussed and a surgery specific to your needs will be recommended. You will be asked to sign a consent form which gives the surgeon permission to perform the bariatric surgery and a liver biopsy. **Be sure to ask questions and discuss any concerns you have.**

The registered nurse will provide preoperative education regarding a high protein liquid diet two weeks prior to surgery, presurgery soap and bathing to prevent infection. You will receive an incentive spirometer that you will need to bring to the hospital with you. This will encourage you to take deep breaths after surgery in order to prevent pneumonia.

Be sure to tell each member of the treatment team about any past illnesses and your current medications. Please bring your education booklet to each appointment. Review the information regularly and ask any questions you may have to improve your understanding of weight loss and your future surgery.

The treatment team will discuss your eating habits and eating plan for after the surgery. You will be asked to keep food records before, during and after surgery for you to learn about your eating behaviors. **We will continue to encourage weight loss prior to surgery** because it makes the operation safer to perform. Losing this initial weight helps you mentally prepare for a new way of eating.

You will be expected to attend one support group meeting prior to surgery to learn more about bariatric surgery and the lifestyle changes you should expect after surgery. These can be done online or by phone.

**It is important for you to begin to arrange your accommodations and travel for trip 2 as soon as you are aware of your surgical dates. Hotels in the area can fill up fast. You are also required to be accompanied by a responsible adult who is capable of caring for themselves as well as helping care for you post discharge. You will need to stay local to Geisinger Medical Center for 7 to 10 days postoperatively.**

Two weeks prior to your surgery date we will require that you go on a high protein- and calorie-controlled liquid diet. (Stage 2)

You will get an incentive spirometer that you will need to bring to the hospital with you. This will encourage you to take deep breaths after surgery — in order to prevent pneumonia.

**Medication changes before surgery**
You may need a change in medications when starting the Stage 2 diet. Also, some medications may need to be stopped prior to surgery. These will be reviewed at the visit prior to surgery. Please contact a member of the Nutrition and Weight Management team (570-271-6439 option 8) if you have any questions, or have not been given this information prior to starting the Stage 2 diet.

**Trip 2**
This will be your surgery trip

**Day prior to surgery**
The day before surgery you will meet with the surgeon or physician assistant to complete a history and physical and update consent, if needed. You will also get prescriptions for medicines you will need after discharge from the hospital. You will also be provided with a prescription for a liquid protein supplement to use as part of the stage 2 diet. This will be your diet for the next several weeks. Do not advance your diet on your own.

You will meet with the anesthesiology team. Additional blood work may be obtained at this appointment. You will also be directed to the admissions department to complete some paperwork.

You will meet with the coagulation clinic to discuss blood clot prevention. This visit is necessary to assess your risk for blood clots after surgery. A medication called Lovenox (exoxaparin) will be prescribed. Lovenox is an injectable type medication with a needle similar in size to an insulin needle. Instructions on how to administer this will be given at the Anti-Coagulation clinic appointment. Depending on your medical history, this medication is usually prescribed to be taken for 7 to 10 days after surgery and in
some cases up to 28 days. You will be provided with a prescription for the medication at this appointment.

Be sure to get your prescriptions filled the day before your surgery so that you have them available at the time of your discharge to the hotel.

The following day will be your surgery. You will be asked to fast after midnight and to shower with the presurgical soap you were provided with on your trip 1 visit.

**Gastric bypass surgical procedure & risks**

To the right is a diagram of the gastric bypass procedure. Your stomach will be made smaller by several rows of titanium staples, separating the stomach into two compartments. The smaller compartment is called a pouch. The larger part of the stomach is bypassed, meaning that the food is going around it rather than passing through it.

A small opening called an outlet is made in the newly formed pouch and is connected to a limb of the intestine. The food will pass directly from the pouch to the intestine, but it will take several hours for the stomach to empty because the outlet opening is small (size of a straw), which will help you feel fuller longer. Also, because the pouch only holds about one to two ounces of food, you will eat less food at one time — this will help you to lose weight because you will eat smaller quantities of food, and you will feel full very quickly.

Because the limb of intestine used to empty your pouch will bypass the upper part of your intestines, it will reduce food absorption, which will also help you to reduce and control your weight. **Patients will need vitamin and mineral replacements because of the intestinal bypass.**

While in the operating room the surgeon will check the entire abdomen thoroughly. If gallbladder disease is found, your gallbladder may be removed at the time of surgery.

**Risks specifically related to gastric bypass** can be divided into early and late complications. The most serious complication is death, which occurs in 1% of patients. This is usually due to a heart attack, irregular heart rhythm, or blood clot to the lungs.

**Early complications** that can develop include injuries to other organs, or a leak through the staples or sutures that hold the pouch and small intestine together.

**Late complications** may include wound infection, formation of ulcers in the stomach or small intestine, or blockage of the pouch outlet, hernias of the abdominal wall, or internal hernias. Vitamin and mineral deficiencies, temporary hair loss and weight gain can occur.

**Dumping syndrome** is a side effect of this operation. It may include one or more of the following symptoms: light-headedness, dizziness, heart palpitations, sweating, nausea, vomiting, cramps and/or diarrhea. This condition is a result of eating the wrong food or eating too much food. The food enters the intestines quickly and causes it to distend, producing some or all of the symptoms mentioned above. Highly concentrated foods such as sweets, high-fat foods and alcohol can cause dumping, so these foods need to be avoided.

**All abdominal operations carry the risk of bleeding, infection, heart or lung problems, intestinal blockage, and the risks associated with general anesthesia. Some of these risks are greater in patients with very severe obesity.**
Gastric sleeve procedure & risks
To the right is a diagram of the sleeve gastrectomy procedure. Your stomach will be made into a tube (size of a garden hose) by several rows of titanium staples. The remainder of the stomach will be removed.

Because the new stomach holds less food, you will eat less food at one time — this will help you to lose weight because you will eat smaller quantities of food, and you will feel full very quickly.

While in the operating room the surgeon will check the entire abdomen thoroughly. If gallbladder disease is found, your gallbladder may be removed at the time of surgery.

All abdominal operations carry the risk of bleeding, infection, heart or lung problems, intestinal blockage and the risks associated with general anesthesia. Some of these risks are greater in patients with very severe obesity.

Risks specifically related to sleeve gastrectomy can be divided into early and late complications. The most serious complication is death, which occurs in 1% of patients. This is usually due to a heart attack, irregular heart rhythm, or blood clot to the lungs.

Other early complications that can develop include injuries to other organs, or a leak through the staples or sutures that hold the pouch and small intestine together.

Late complications generally occur after discharge from the hospital, and include formation of ulcers in the stomach or small intestine, blockage of the pouch outlet due to food, vitamin and mineral deficiencies or transient hair loss. In some patients there is failure of the surgery to work. This is generally due to stretching of the pouch or disruption of the staples from overeating.
Your hospital stay
Some patients will be in the hospital for one night, other may require two or three days.

If you are a patient who has sleep apnea and require a CPAP machine at night, you should bring your mask with you to the hospital. The day of surgery you will be asked to arrive at the hospital at a certain time, usually early in the morning. The nurses will assist you in further preparation for the surgery. You will be given some medication to help you relax before you go into the operating room.

An intravenous line (IV) will be placed in your arm. This will remain for several days until you are able to drink enough fluids. You will also have a catheter in your bladder during the operation and it will likely be removed before you wake up. The surgery will last for several hours and afterwards you will be moved to the recovery room. When you wake up from the anesthesia, you may still be on a respirator with a breathing tube in your mouth. You will not be able to talk while the tube is in place. Try to relax and maintain a positive attitude. Remember, the breathing tube was placed to help you. Often, patients with obesity do not breathe well after the surgery. Once you become aware of the tube, it usually takes a short time before your breathing returns to normal and the tube is removed.

Most patients will have a room on a surgical unit after the surgery. Once you get back to your room, your nurse will encourage you to use the incentive spirometer (you will be provided with this at trip 1 and taught how to use it). You will be asked to cough frequently to clear your lungs of any mucus and prevent pneumonia.

Your nurse will help you get out of bed and sit in a chair the day of your operation. Walking is a very important part of the recovery period as it helps provide circulation to your legs.

It is normal to feel uncomfortable during the first few days after surgery, but each day you will feel stronger and more active. You will be given pain medication to ease any discomfort.

Starting drinking/eating
Day of surgery: You will begin taking water orally, then progress to Stage 1.
First day after surgery: Advance to a high-protein liquid diet (Stage 2). This will be your diet for the next several weeks. You will not be discharged from the hospital until you can tolerate your Stage 2 diet.

Do not be surprised if you have gained a few pounds immediately after surgery. Weight gain is very common and is due to fluid retention. This is only temporary.

You may also notice that you have more gas than usual. This is also a normal reaction and will get better over time. Walking will help.

It is also common to have some drainage from your incision. It is usually a clear, pinkish color. Your nurse will show you how to change the bandage and keep this area clean.
Postoperative discharge instructions and follow-up

You will be discharged to your local hotel on a high-protein liquid diet (Stage 2). This will be your diet for the next several weeks. Do not advance your diet on your own.

You should not drive for at least two weeks after surgery. Check with your surgeon first.

Do not plan on any abdominal exercises for eight weeks until your incision is completely healed and approved by the surgeon.

You may walk as much as you wish, and climb stairs when you feel ready. Start slowly in the beginning, and increase the amount and intensity of your activity over time.

Some people with sedentary jobs have returned to work as early as one to two weeks after surgery, however if your job is more physically demanding, you may need to wait longer.

You can shower after surgery, but it is not recommended that you soak in the tub. Clean your incision with soap and water unless instructed otherwise. If you develop any fever or chills or notice any redness or foul drainage from your incision, call the surgeon right away.

Someone from the surgery department will call you 24 to 72 hours after discharge to see how you are doing. Please return this call, this is vital to the continuation of your care.

<table>
<thead>
<tr>
<th>Medical and nutritional care after surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Provider</td>
</tr>
<tr>
<td>Surgeon</td>
</tr>
<tr>
<td>Dietitian</td>
</tr>
<tr>
<td>Stage 2B</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

We plan to follow you for the rest of your life! We will make periodic scheduled phone calls. Please note appointment times will be made in EST. You will follow-up with your primary care provider to get B12 shots and lab work. Follow-up intervals with PCP should be done at 1 month, 2 months, 5 months, 8 months and 11 months post operative and then annually. A letter will be provided to your PCP.

We encourage you to contact us at anytime if you develop nutritional problems.
Long-term expectations

Initial weight loss after surgery can be quite dramatic, and then slows down after several months. Overall, weight loss generally continues for 12 to 18 months following the operation. Very few patients will reach an "ideal" body weight, but more people can expect to lose about 40% of their pre-surgery weight. Metabolism, eating habits and exercise will influence the weight loss results.

Make sure you stick to a low-fat diet with three to four small meals per day. Stop eating when you feel full to avoid stretching your pouch. Avoid snacking constantly or drinking high-calorie beverages. Get regular exercise to help maintain muscle mass which helps boost your metabolism.

Medical problems associated with the obesity usually diminish with weight loss. Diabetes, sleep apnea, high blood pressure and arthritis symptoms should improve.

Women have an increased chance of becoming pregnant during the active weight-loss phase (six months to a year). Since it is difficult to maintain a healthy pregnancy while losing weight, we strongly recommend that you postpone pregnancy plans for 18 to 24 months after surgery. Since your absorption is affected, contraception that is not taken orally should be discussed with your primary physician.

Medications after gastric bypass surgery
- Pills and capsules that are close to the size of a straw in diameter can be taken whole.
- Capsules and gelcaps can be taken without opening
- Larger tablets and caplets can be cut in half
- Extended release medications (XR, XL, CD, LA) or enteric-coated medicines will need to be changed to another form
- **Do not** take any aspirin or aspirin-containing products, non-steroidal medications (i.e. Advil, Ibuprofen, Aleve), or anti-inflammatory medications after the surgery... **forever**! (High risk for gastric ulcers). See attached list of medications that may damage the pouch
- Acetaminophen-based medications (Tylenol) are acceptable
- Some medications that you took before the surgery may be stopped. The medical provider will review all your medications with you before you go home
- Likely adjustments to your medications:

  ____________________________________________  ____________________________________________  ____________________________________________  ____________________________________________  ____________________________________________

  ____________________________________________  ____________________________________________  ____________________________________________  ____________________________________________

Medications after sleeve gastrectomy surgery
- **Do not** take any aspirin or aspirin-containing products, non-steroidal medications (i.e. Advil, Ibuprofen, Aleve), or anti-inflammatory medications after the surgery... for one to two months (High risk for gastric ulcers).
- Physician will discuss medication adjustments at discharge and at day 7 to 10 post-operative visit.
Adjusting to a new eating style

After undergoing bariatric surgery, you will have to learn a new way of eating and practice choosing the right foods to help avoid discomfort and promote weight loss. Your new stomach will take six to eight weeks to heal and form complete scar tissue. You will need to stay on a mainly liquid diet for about three weeks, before adding soft solid foods (Stage 3). Seven weeks after your surgery, you will be advanced to Stage 4 which consists of low-fat, low-sugar foods. Your physician and dietitian will tell you at your clinic visits when you can advance to the next stage of eating. Do not make this decision on your own.

Nutritional needs: It is important to get adequate protein after surgery to promote wound healing. Remember to keep your food diaries to keep track of your protein and fluid intake. When you advance to Stage 3 you will also need to take two chewable complete multivitamin with minerals and iron tablets every day. Make sure it is sugar-free or low in sugar. (Examples are Flintstones Complete chewable multivitamins). You will also need to take complete calcium citrate to maintain your calcium level. (But wait until on Stage 4)

It is very important that you do not overeat, especially during the first two months following surgery when the stomach is healing. If you eat more than your stomach can hold, you risk vomiting, which can damage your staple line or stretch the pouch. Remember, your stomach is very delicate. Also, stay away from high-fat and high-sugar foods as well as alcohol to avoid dumping syndrome. Chew all foods carefully. Eat slowly and sip (don’t gulp) liquids.

Your meals should last for approximately 30 minutes to an hour. Liquids should be sipped slowly, between meals only, so you will still have room in your stomach for food.

Be cautious when trying new foods. You may have trouble tolerating a particular food at first. If this happens, try eating the same thing again a few weeks later. You may be surprised to find that some of your food preferences have changed. This is not unusual.

Initially, milk may cause cramps, gas or diarrhea because of intolerance to lactose, the sugar found in milk. This reaction may be temporary and is not experienced by everyone.

Remember:
- Do not force yourself to finish your food within a specific period of time.
- Stop eating as soon as you start to feel full.
- If necessary, wait and finish your meal later.
- Give yourself some time to learn to recognize these signals. You are becoming familiar with your stomach as a new and different part of your body.

Important: There are no substitutions for this diet. You should only be eating those foods listed for your current stage. There may be reasons why certain foods are not allowed. The more compliant you are with these guidelines, the more successful you will be. If you have any questions about a particular food, please check with your dietitian.
After bariatric surgery...
Problem/Solution guide

The following guidelines are provided in case of any problems. These are helpful hints to try on your own. They are not a replacement for keeping your medical team informed. If any of these problems occur, please notify the medical team or seek evaluation at the nearest emergency department. It might help to keep a record of anything unusual that occurs and what you tried to do to correct it.

Constipation
If it occurs in the first month after surgery:
• Drink eight ounce glasses of water in between meals.
• Miralax per instruction on bottle.
• Try warm liquids in the morning.
• Try to walk everyday.
• If no bowel movement call nurse.

If it occurs after the first month:
• Try all of the above, in addition to Sugar-Free Metamucil or Benefiber.

Two months after surgery or later:
• Try all of the previous suggestions, and increase the amount of fiber in your diet (fruits, vegetables, whole grains). See your dietitian for more ideas.

Nausea
• Don’t eat past the point of fullness. Stop at first sign of feeling full.
• Avoid foods that you have not tolerated well.
• Keep drinking fluids.
• Try nibbling on one or two low-fat crackers when you first feel nauseated. Make sure they are very soft before you swallow them. Sometimes diet ginger ale (flat) or hot decaffeinated tea also helps.
• Avoid spicy or acidic foods (such as citrus or tomato juices).
• Try to figure out what you may have eaten that could have caused the nausea (could also be related to your emotional state).
• Time your vitamins to be taken with food as sometimes taking these on an empty stomach can cause nausea.

Stomach bloating after eating
• Stop eating when full.
• Do not drink liquids during meals.
• Exercise regularly to eliminate gas build-up.
• If you notice that your stomach is bloated after eating dairy products, please refer to the next section.
• Practice chewing with your mouth closed.

Gas, bloating, or diarrhea after eating dairy products
You may be experiencing lactose intolerance. Try avoiding all dairy products for a few days to see if your stomach gets any better. Then try the following suggestions:
• Replace regular milk with lactose-free (low-fat) milk. Most lactose-free products can be found in large grocery stores or pharmacies.
• Take one to three lactaid tablets with meals containing dairy products.
• Try Simethicone (Gas-X) 125mg chew tablet after meals and bedtime as needed.
• Chew with your mouth closed.

Vomiting
• Go back to the previous stage until you find foods you can tolerate. Do not stop eating altogether. Keep up with clear fluids if you can (water, broth or “flat” diet ginger ale).
• Chew all food carefully.
• Eat slowly — 30 minutes per meal. Relax and choose pleasant quiet surroundings when you eat.
• Measure your food before eating. Use measuring cups and spoons.
• Make sure foods are moist, not dry.
• Avoid foods high in fat or sugar. Do not drink alcohol.
• Do not eat food and drink liquids at the same time.
• Make sure all medications and vitamin pills are crushed.
• If these suggestions don’t work, or if you vomit bright or dark brown liquid, call the clinic or seek medical evaluation immediately.
Diarrhea (not related to eating dairy products)

- Eat more slowly.
- Stop eating when full.
- Avoid having beverages with meals.
- Avoid sugar, fat, alcohol, and spicy foods.
- Keep eating well-tolerated foods until you feel better, or go back to sugar-free clear fluids for a day.
- Limit the amount of sorbitol or mannitol in foods (usually found in sugar-free candies, ice cream products).
- Limit beverages containing caffeine to two cups per day, including regular coffee, tea and colas.
- Do not smoke.
- If bright red blood in stool, contact surgical team immediately. Use the phone contacts on the HELP card provided.

If the diarrhea continues, we may need to check for a bacterial infection. Do not take anti-diarrhea medication without checking with your health care providers first.

Feeling dizzy or getting headaches

- Drink 64-80 ounces of water every day (eight 8 ounce cups).
- Check your blood pressure, if low talk to your doctor about changing your blood pressure medicine.
- If you have a history of diabetes, check your blood sugar. If abnormal discuss with your medical team.

Feeling tired and weak

- Make sure you are getting enough fluid and protein in you diet. Keep food records and show them to your dietitian.
- Limit caffeine-containing beverages to two cups per day, including regular coffee, tea and diet colas.
- Take all recommended vitamins and minerals.
- Remember to drink at least 64 oz. of water per day.
- Make sure you are getting enough sleep. Be realistic about exercise and other activities.
- Check you medications with your doctor.
- Make an appointment at the GI nutrition clinic for possible ordering of blood tests.
- It is natural to feel tired after having surgery. However, you should start to feel better over time.

Heartburn/burning feeling in the stomach

- Avoid the following foods: coffee, tea, caffeinated sodas, chocolate, spicy foods with black or red pepper and alcohol.
- Do not eat or drink anything for two hours before lying down.
- Stop smoking and avoid aspirin or ibuprofen. Use Tylenol, or another non-aspirin product instead.
- Avoid foods that are too hot or cold.
- Discuss symptoms with a member of your health care team. Be sure to tell them about all of the medications you are taking.
- Within three months of surgery, keep taking your ranitidine.

Leg cramps

- Discuss symptoms with your physician.
- Make sure you are eating a well-balanced diet from all food groups.
- Remember to take your multivitamin every day.
- Drink enough fluids.
Excessive hair loss
- Make sure you are getting adequate amounts of protein (80 grams). Check with your dietitian and health care team for assistance.
- Remember to take your multi-vitamin regularly.
- Add 2500 mcg biotin daily and lysine 1000 mg daily.
- Remember this is normal and will get better!

Wound infection
- If you notice that you incision area is red or the skin feels very warm, you may have an infection. You may also notice that you have a slight temperature. Call your surgeon right away. In the meantime, keep the wound dry and clean under the gauze until you can be seen in the clinic.

Inability to lose weight
- Make sure that you not trying to reach an unrealistic weight goal. Try not to rely on the scale as the only way to measure your progress. For instance, you may be losing inches while the reading on the scale stays the same.

Significant increase in hunger
- Make sure you are following your post-op diet and make sure you are getting in your protein first.

Emotional issues
- It is not unusual to feel anxious about receiving compliments on your weight loss or to continue, “feeling fat” in spite of weight loss. You may also be trying to adjust to a new body image. If you are having any difficulty in these areas we recommend you see the psychologist or discuss your concerns with any member of the treatment team.
- Feelings of frustration or deprivation are normal. Realize that you are going through an adjustment period with your eating patterns. You may need to learn new coping methods besides eating.
- You may find that you are more emotional than usual. Don’t keep your feelings bottled up inside. Be sure to get as much support as you can during this adjustment phase. Talk to people who are close to you about your feelings, and don’t forget to consider that they may be changing in response to you.
- Remember why you had surgery in the first place. Focus on the positive benefits of the surgery. Pay attention to your body, which is getting healthier and stronger.
- Review how this surgery works — if you overeat or eat the wrong foods you can cause permanent damage to your pouch.
- Don’t neglect your physical health — it affects your mental attitude. Be sure to eat a well-balanced diet, take your vitamins, and get enough sleep every night.
- Understand that this lifestyle change will affect your spouse and whole family. They may have trouble dealing with emotions as well. Encourage dialogue among family members and plan to attend the bariatric support group meetings together.

Fear of gaining weight
- It is normal to have a certain degree of fear. However, if you find yourself constantly worrying about your weight, you may need to address this issue.
- Are you being realistic about how much you should weigh? Talk to your treatment team about this.
- Are you having trouble adjusting to your new body? This reaction is very common, because your body may be changing faster than what you think you see in the mirror. Talk to your therapist or treatment team members. Don’t be afraid to ask for help — you will feel better for taking a positive action.
- Focus on being healthy and fit, rather than worrying about the number on the scale.
Contraception after bariatric surgery

Use of safe and effective contraception by women not wishing to conceive is of the utmost importance for preventing unintended pregnancy. Following bariatric surgery, women wishing to get pregnant should wait 18 to 24 months to allow for weight loss to become stable. This is best for the safety and health of both mom and baby! If you become pregnant, it is important that you are seen in weight management clinic monthly.

The weight loss that accompanies bariatric surgery can result in more regular menses and an increase in fertility.

Patients who undergo malabsorptive procedures such as gastric bypass and sleeve gastrectomy should consider non-oral contraceptives. There is some scientific evidence that, compared to normal weight women, the risk of contraceptive failure is higher in obese women using the contraceptive patch (Ortho Evra or vaginal ring (Nuvaring).

For this reason, the following methods are recommended for contraception following bariatric surgery:

*Intrauterine contraception such as the copper IUD (Paraguard) or progestin-releasing IUD (Mirena)
*Birth control implant (Implanon or Nexplanon)
*Depot medroxyprogesterone acetate injection (Depot Provera) every three months

Weight gain is a concern for many women using hormonal contraception. There is good scientific evidence demonstrating that the use of combined or progestin only birth control pills, IUDs, and contraceptive injections and implants are NOT associated with weight gain. Studies also show that women tend to gain weight over time regardless of birth control method.

Please discuss your options with your Primary Care or OB-Gyn Provider.

Preconception planning and pregnancy following bariatric surgery

Preconception

- Following bariatric surgery, it is advised to wait 18 to 24 months to get pregnant. During the rapid weight loss phase, it is difficult to support the growth and development of the baby with minimal nutritional intake.
- Please make sure that your OB/Gyn provider is aware that you have had bariatric surgery and which surgery you have had, as you will need modifications in your care. Continue reading to learn about some of these modifications.
- Following bariatric surgery, oral contraception (such as birth control pills) may not be effective so other contraception should be used (such as IUD, birth control implants). Remember, fertility improves in many patients after bariatric surgery. You should consult your OB/Gyn provider to discuss alternate contraceptive options.
- Compliance with vitamin and mineral supplements is vital if you plan to conceive after bariatric surgery. That means taking your vitamins and calcium, getting routine B12 injections and lab work to determine if your vitamin/mineral supplements are adequate. Correct any nutritional deficiencies prior to pregnancy.

Children’s Complete Chewable Multivitamin (Not gummy vitamins) – Take one tablet twice daily
Calcium citrate 1260mg per day – Take 2 caplets twice daily
Vitamin B12 injections every 3 months

After conception

1. Make an appointment with your bariatric team as soon as possible and routine/monthly follow-up is required.
2. Screening for gestational diabetes is done in all pregnancies. The standard glucose tolerance test may not be tolerated in those who have had certain bariatric surgeries. For some, a short interval (approximately one week) of glucose monitoring at home may be indicated instead. Your OB provider will determine which testing best suits you.
**Vitamin and mineral supplementation**
You should continue to take your vitamin and mineral supplements as prescribed. You will need monthly B12 injections as opposed to injections every three months. Based on your lab tests, you may need additional vitamin/mineral supplementation. Many patients need additional iron during pregnancy. Taking mega doses of vitamins, however, is not recommended, as excessive amounts of some vitamins can be dangerous for the baby.

Lab testing may include: Iron studies, complete blood count, parathyroid hormone, calcium, vitamin D, vitamin B12, thiamine, folic acid and zinc.

Additional blood testing may be needed at the discretion of your provider.

Normal ranges for lab values may be altered as a result of pregnancy.

**Weight gain**
Excessive weight gain is associated with increased risk of cesarean sections, larger babies and can lead to trouble with glucose regulation in both mother and baby. Knowing the appropriate weight gain expected for your BMI is essential to a healthy pregnancy.

Current recommendations are based on pre-pregnancy weight and BMI and are as follows (3):

- **Body mass index (BMI) < 18.5 kg/m2** (underweight)
  - Weight gain 28 to 40 lbs (12.5 to 18.0 kg)
  - 1 to 4 lbs over the first trimester and about 1 lb (0.5 kg)/week thereafter
- **BMI 18.5 to 24.9 kg/m2** (normal weight)
  - Weight gain 25 to 35 lbs (11.5 to 16.0 kg)
  - 1 to 4 lbs over the first trimester and about 1 lb (0.5 kg)/week thereafter
- **BMI 25.0 to 29.9 kg/m2** (overweight)
  - Weight gain 15 to 25 lbs (7.0 to 11.5 kg)
  - 1 to 4 lbs over the first trimester and about 0.5 lb (0.25 kg)/week thereafter
- **BMI ≥ 30.0 kg/m2** (obese)
  - Weight gain 11 to 20 lbs (5.0 to 9.0 kg)
  - **1 to 4** lbs over the first trimester and about 0.5 lb (0.25 kg)/week thereafter

**Dietary recommendations**

- **Calories:** Additional 300+ calories/day to minimum of 1200-1800 calories per day to support growth and development of baby.
- **Protein:** Additional 20 grams protein/day to minimum of 80 grams per day to support growth and development of baby.
- **Fat:** Meet essential fatty acid requirements – 200 mg DHA and 300 mg EPA during pregnancy; this can be achieved with consumption of two 6 ounce servings per week of low-mercury fish and seafood. Omega 3 fatty acid supplements are available and pose no risk with mercury.
- **Fluid:** 64 ounces per day minimum

Weight and fetal growth will be used to assess accuracy of nutritional intake as well.

**Breastfeeding**
Breastfeeding is the optimal source of nutrition for infants. Having bariatric surgery would not prohibit a woman from breastfeeding. However, it is vital that you have regular follow-ups with the bariatric nutrition team to ensure the adequacy of a breastfeeding mother’s diet. Simply put, if the mother’s diet is inadequate, breastmilk will be inadequate, as well. Compliance with vitamin and mineral recommendations if of the utmost importance.

**Physical activity during pregnancy**

- **Why exercise during pregnancy?**
  - Decreased risk of excessive weight gain
  - Decreased risk of gestational diabetes mellitus
  - Decreased risk of pregnancy-induced hypertension

- **What you need to know about your body during pregnancy**
  - Your heart rate will be higher
  - Your blood pressure should remain the same
  - You may breathe heavier
What are the benefits of exercise to you and your baby?

- Women who exercise regularly before and during pregnancy have improved blood flow, oxygen and nutrient delivery to the uterus
- Lower the likelihood of giving birth to overweight or low-birth-weight babies
- What should you be doing?

Cardio

**Frequency:** At least three days a week. Preferably every day

**Intensity:** Light/moderate intensity

**Time:** At least 15 minutes per day. Aim to gradually increase to 30 minutes per day.

**Type:** Aerobic exercises involving large muscle groups (e.g., walking, elliptical machines, swimming or water aerobics). Avoid contact sports or sports that may cause a loss of balance or trauma (e.g., soccer, basketball, ice hockey, horseback riding, vigorous intensity racquet sports)

Strength

- Include all major muscle groups
- Use a weight that permits you to perform 12 to 15 repetitions of the movement
- Include Kegel exercises which will help prevent urinary incontinence

**Things to keep in mind**

- Remember to get clearance from your doctor before starting an exercise program
- After the first trimester avoid exercises which require you to lie flat on your back
- Stay hydrated!
- Avoid exercising in excess cold/heat and humidity
- Stop exercising if you experience: vaginal bleeding, dizziness, headache, chest pain, muscle weakness, calf pain or swelling, pre-term labor, decreased fetal movement or amniotic fluid leakage.
Medicines to avoid after gastric bypass procedure

Any type of extended, sustained, or time release medication should be avoided. If an immediate release formulation is unavailable, then you will need to see your doctor.

For the first two weeks after surgery, large pills should be avoided. Pills should be able to fit through a straw. If they cannot then they should be crushed or you should be given a liquid form.

If your doctor prescribes steroids (prednisone) in the first six weeks after surgery then you will need to be on a PPI (proton pump inhibitor) during that time and for 30 days after the medication has stopped to prevent your risk of ulcers.

Oral osteoporosis medications should be discussed with your doctor as they can put a person at risk for ulcers if not taken exactly as directed. Examples include, Fosamax, Reclast, Boniva, Aclasta, and Actonel.

**Aspirin** (Anacin, Ascriptin, Bayer, Bufferin, Ecotrin, Excedrin)
Choline and magnesium salicylates (CMT, Tricosal, Trilisate)
Choline salicylate (Arthromine)
Celecoxib (Celebrex)
Diclofenac potassium (Cataflam)
Diclofenac sodium (Voltaren, Voltaren XR)
Diclofenac sodium with misoprostol (Arthrotec)
Diflunisal (Dolobid)
Etodolac (Lodine, Lodine XL)
Fenoprofen calcium (Nalfon)
Flurbiprofen (Ansaid)

**Ibuprofen** (Advil, Motrin, Motrin IB, Nuprin)
Indomethacin (Indocin, Indocin SR)
Ketoprofen (Actron, Orudis, Orudis KT, Oruvail)
Magnesium salicylate (Arthritab, Bayer Select, Doan's Pills, Magan, Mobidin, Mobogesic)
Meclomenamate sodium (Meclomen)
Mefenamic acid (Ponstel)
Meloxicam (Mobic)
Nabumetone (Relafen)
Naproxen (Naprosyn, Naprelan*)
Naproxen sodium (**Aleve**, Anaprox)
Oxaprozin (Daypro)
Piroxicam (Feldene)
Rofecoxib (Vioxx)
Salsalate (Amigesic, Anaflax 750, Disalcid, Marthritic, Mono-Gesic, Salflex, Salsitab)
Sodium salicylate (various generics)
Sulindac (Clinoril)
Tolmetin sodium (Tolectin)
Valdecoxib (Bextra)

Note: Some products, such as Excedrin, are combination drugs (Excedrin is acetaminophen, aspirin, and caffeine).
Behavioral medicine

Purpose: Everyone who comes through the bariatric surgery program has a psychological evaluation with behavioral medicine. Our goal is to help you lose weight and keep it off.

How to prepare yourself psychologically before surgery
It is very important to have realistic ideas about bariatric surgery. You will have better results if you truly understand what surgery does and does not provide. Think of bariatric surgery as having two very important parts. First, there is the surgery itself, which physically changes your stomach. The second part is having a healthy lifestyle. This involves changing both your diet and getting regular exercise for the rest of your life.

Bariatric surgery is a “tool” to help you meet your weight loss goals. The weight loss from surgery can help you stick to a healthy way of life. Your stomach will be a small pouch about the size of an egg. You will feel full with much less food. For the first 6 to 12 months, the surgery will make it easier for you to change your diet. You will not be as hungry. You may also feel sick if you eat too much, eat too quickly, or do not chew enough.

Those who follow all the healthy lifestyle changes tend to be more successful than those who do not. The bariatric surgery cannot make you exercise or change your eating habits. We know making these healthy lifestyle changes is a hard thing to do. But, without these changes, the surgery will not work over time. Your success with bariatric surgery depends on these diet and exercise changes. You need to be sure you are ready to make these changes for life before deciding to go ahead with the surgery. The sooner you start to make the healthy lifestyle changes the better!

The decision to have bariatric surgery
Bariatric surgery is one of the biggest decisions you will ever make. It will change your life. How do you make such a major decision? One helpful way is to list the pros and cons of having surgery. Use the space below to help you. Look at one box at a time and make a list of everything you can think of. Give yourself time to think about each box. It is important to be honest and realistic with your answers.

<table>
<thead>
<tr>
<th>List of pros and cons:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pros of having surgery</strong></td>
<td><strong>Cons of having surgery</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pros of not having surgery</strong></td>
<td><strong>Cons of not having surgery</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Is weight loss surgery right for me?
Are all the cons and risks of surgery worth the benefits?
Have I really tried my best to lose weight without the surgery?
With everything else I have going on in my life, is this the right time for me to have surgery?
Am I ready to change my lifestyle and stick with those changes?
Will my insurance cover my medical expenses?
Will I have continued medical care?

What if your best choice turns out to be not having the surgery?
This may mean you are not ready to make all the changes that come with bariatric surgery right now. This does not mean you should give up on your goal to lose weight. You can use the questions above to consider other weight loss options. You can also continue to get advice from those you trust, such as your medical team and people who have lost weight successfully.

What to expect at the psychological evaluation
Everyone who comes through the bariatric surgery program has a psychological evaluation. The goal of the evaluation is to help you understand what you need to do to achieve long-term success. The appointment will last about 1 hour. You will be asked to fill out paperwork before your appointment asking about your current feelings, eating habits, physical activity, and social support. This information is important, so please make sure to bring it with you to the appointment.

The psychologist will then ask you questions about:

- Your education, occupation, and family
- Your diet and exercise history
- Your current eating habits
- Situations and behaviors that make it harder for you to lose weight
- Why you want the surgery and what you expect after it
- Your understanding of the surgery, including how the surgery works, the risks of surgery, and the importance of healthy lifestyle changes
- What your family and friends think about your choice to have the surgery and all the healthy lifestyle changes you need to make
- Your mental health history
- Your health habits (caffeine, alcohol, cigarettes, and drugs)
- Any stress in your life
The psychologist will discuss things that make it difficult for you to keep on track with the healthy lifestyle changes. You will be given some tips on how you can deal with these situations when they happen. Everyone leaves the psychological evaluation with some personal tips to help them prepare for life after surgery. The psychologist will be happy to answer any questions you might have.

At the end of the evaluation, the psychologist will give you a “light” status. If you are given a “green light”, this means you are ready to move toward the next step in the surgery program. If you are given a “yellow light”, this means you still have some changes to make before moving forward with surgery. You will be given instructions on what you need to keep working on. You and the psychologist will come up with a plan together to check your progress and provide you support as you work on making changes. Yellow lights are very common because these changes are hard and take time. A “red light” would mean that this is not the right time for surgery. The psychologist would talk to you about the reasons and help you come up with a plan to keep working on your weight loss goal.

Our goal is to help you lose weight and keep it off.
It is normal for people to feel nervous before the psychological evaluation. The psychologist will do his or her best to help you feel comfortable. It is important to be honest and open during the interview. Our goal is to work with you so you can avoid problems down the road. The better we know you, the better we can help you be successful.
Building social support

Purpose: Supportive people can make it easier for you to change to a healthier lifestyle. Non-supportive people may actually get in the way of all the healthy changes you are trying to make. You will be more likely to succeed with your healthy lifestyle changes with the help of supportive people in your life.

Asking for and receiving support
The healthy lifestyle changes you are working hard to make will also affect your family, friends, and coworkers. How these people respond to your new behaviors will make a big difference in how you feel, think, and behave. For example, your family will notice when you stop keeping chips and cookies around the house and begin preparing different kinds of foods. Your coworkers will notice that you are taking time during lunch hour to go for a walk. If they complain about your changes, or tease you, it makes it harder for you. If they cheer you on then it is easier for you to change.

Let the people in your life know that you have decided to make changes in your lifestyle and that you need their help. Tell them exactly how they can help you. For example, ask your family to help you make healthy meal choices and to avoid bringing junk food in the home. Invite coworkers to join you on your walks. With the support of the people in your life, you will be more likely to succeed.

Try to list 10 people with whom you have regular contact and that you feel might be helpful as you are making your healthy lifestyle changes. These people will become your social support network and will help you with all the changes you want to make.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
</tbody>
</table>

Support network:
Types of people to include on your list

**Immediate family:**
- Spouse/partner
- Children

**Extended family:**
- Parents
- Siblings
- Grandparents
- Cousins
- Aunts/Uncles

**Friends**
- Neighbors
- Co-workers
- Church family

**GI Nutrition Team:**
- Behavioral Medicine
- Clinical nurse
- Dietitian
- Support Groups
- Get on Track Group
- Back on Track Group
Determining who can be helpful and when

We receive different types of support from different people. Some people may provide help by doing things for you, such as driving you to appointments. This kind of help is called task support. Another type of support is emotional support. This is the kind of support you receive from someone who is there for you when you need to talk or is someone that will just listen.

<table>
<thead>
<tr>
<th>Types of support:</th>
<th>Task or emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task support</strong></td>
<td>Someone to help with...</td>
</tr>
<tr>
<td></td>
<td>Grocery shopping</td>
</tr>
<tr>
<td></td>
<td>Running errands</td>
</tr>
<tr>
<td></td>
<td>Helping sort my health insurance/bills</td>
</tr>
<tr>
<td></td>
<td>Cooking meals</td>
</tr>
<tr>
<td><strong>Emotional support</strong></td>
<td>someone to...</td>
</tr>
<tr>
<td></td>
<td>Offer advice</td>
</tr>
<tr>
<td></td>
<td>Listen to me</td>
</tr>
<tr>
<td></td>
<td>Go for a walk/to the gym</td>
</tr>
<tr>
<td></td>
<td>Discuss my worries</td>
</tr>
</tbody>
</table>

Take 4 people from the list on the previous page and determine which type of support they are, and how they support you.

<table>
<thead>
<tr>
<th>Name/Relation</th>
<th>Type of support</th>
<th>How they support you</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Emotional</td>
<td>Listens to me</td>
</tr>
<tr>
<td>Friend</td>
<td>Task</td>
<td>Walks with me</td>
</tr>
</tbody>
</table>
The benefits of social support

Having a good social network can go a long way in maintaining health. Listed below are some benefits of having social support.

**Sense of belonging.**
Spending time with people helps keep us from getting lonely and helps us feel like we belong. Being with other bariatric patients, family, or friends can help us feel supported, just knowing you're not alone can go a long way toward coping with all you have to do.

**Increased sense of self-worth.**
Having people who care about you can remind you that you're a good person to be around.

**Feeling of security.**
Your friends and family can give you information, advice, and other things you need. It's comforting to know that you have people you can turn to in a time of need.

**Better for your support.**
Having lots of people that you can count on for different reasons provides you with a healthy support system and helps you feel that you can handle your stresses.

**Support can reduce:**
- Anxiety
- Stress
- Emotional distress
- Depression
- Fatigue
- Pain

**Support can improve:**
- Mood
- Self-image
- Ability to cope with stress
- Enjoyment
- Feelings of control
Getting active

Purpose: Understand importance of exercise and learn specific recommendations, and identify where it can fit into your daily life.

Recognize how exercise can help you manage your weight and improve your overall sense of well being.

Most people believe physical activity is good for their health, but find it hard to put theory into practice. This program emphasizes activity as a critical component of successful, long-term weight management.

Studies show people who lose weight by dieting alone gain most of their weight back after a year; however, people who increase their physical activity; either alone or in combination with cutting calories, are more likely to maintain their weight loss long-term.

Regular physical activity is a key factor in achieving and maintaining a healthy body weight and contributing to mental health and well-being. To reduce risk of chronic disease, adults should engage in at least 30 minutes on most days of the week. In addition, to prevent the gradual accumulation of excess weight and sustain weight loss, 30-60 additional minutes per day may be required to stabilize weight. Much of this physical activity can be met while going about your daily routine. Be active during leisure time; consider replacing sedentary activities such as TV or computer time with activity. Physical activity can be done in short bouts, 10-15 minutes and accumulated throughout the day. Vigorous physical activity, such as jogging or aerobic activity, generally provides greater health benefits.

Health benefits of physical activity

- **Strengthens the heart**—like any other muscle, the heart becomes stronger and more efficient with use. The stroke volume increases (the heart pumps more blood with each beat) and the pulse rate decreases.
- **Improves oxygen uptake**—activity increases the exchange of oxygen between the blood and all other parts of the body.
- **Reduces blood pressure**—activity decreases the stress on the walls of the arteries, allowing the blood flow to increase and the pressure to decrease.
- **Reduces LDL (bad) cholesterol**—LDL forms the harmful plaques on the walls of arteries
- **Increases HDL (good) cholesterol**—HDL breaks down LDL cholesterol so that it can’t cling to the arterial walls
- **Reduces risk of premature death**—deaths from all causes are higher for people with low physical fitness.
- **Controls blood sugar**—activity improves the body’s ability to regulate blood sugar, thus it may prevent type 2 diabetes. Improvements in blood sugar control for people who have type 2 diabetes is also likely with increased activity.
- **Slows bone loss**—bone strength is linked to physical activity. Bone gets stronger and thicker the more it is exercised. As individuals age, bones lose calcium and become more prone to fractures. Activity counteracts this trend.
- **Decreases appetite**—vigorous activity causes the brain to release a natural appetite suppressant. Although this effort only lasts short time, you can use it your advantage in weight management.
- **Builds and firms muscles**—the more muscle you have, the more calories you burn off while at rest. Activity also strengthens the muscles, joints, tendons, and ligaments.
- **Reduces stress**—activity can reduce the hormonal products of stress. Other psychological benefits of physical activity include improved self esteem, less depression, more energy, better sleep, and improved satisfactions with life in general.
How can physical activity fit into your daily routine...

Be intentional
We all engage in a variety of activities throughout the day including cleaning, mowing the lawn, washing the dishes, doing the laundry, gardening, etc. These types of activities are known as: activities of daily living. As health declines with age and with sedentary behaviors it becomes more and more of a challenge to perform these activities. Whether pain, stiffness, or lethargy your quality of life will certainly suffer if you're unable to perform your daily errands with ease. A great way to prevent this decline in health and improve your quality of life is to become more active throughout the day on a regular basis. The best place to start is by making an effort to be intentional with your daily schedule. What does being intentional mean? Below you'll find some helpful examples:

Suggestions:
- Look for parking spaces further from the door so you have a further walk.
- Take the stairs as often as possible.
- Instead of emailing your co-worker while at work walk to his/her work area to talk.
- Periodically stand up throughout the day.
- Whenever you have the choice to stand or to sit, choose to stand.
- Ride your bike instead of driving to your destination (only if it’s safe!).
- Be creative! There are endless ways to be intentional with your activities.

Think of some creative ways you can be more active throughout the day and list them below:

Identify specific exercise guidelines and figure out how to work them into your life

American College of Sports Medicine: physical activity guidelines
Cardiorespiratory exercise
- Adults should get at least 150 minutes of moderate-intensity exercise per week.
- Exercise recommendations can be met through 30-60 minutes of moderate-intensity exercise (five days per week) or 20-60 minutes of vigorous-intensity exercise (three days per week).
- One continuous session and multiple shorter sessions (of at least 10 minutes) are both acceptable to accumulate desired amount of daily exercise.
- Gradual progression of exercise time, frequency and intensity is recommended for best adherence and least injury risk. People unable to meet these minimums can still benefit from some activity.

Resistance exercise
- Adults should train each major muscle group two or three days each week using a variety of exercises and equipment.
- Very light or light intensity is best for older persons or previously sedentary adults starting exercise.
- Two to four sets of each exercise will help adults improve strength and power.
- For each exercise, 8-12 repetitions improve strength and power, 10-15 repetitions improve strength in middle-age and older persons starting exercise, and 15-20 repetitions improve muscular endurance.
- Adults should wait at least 48 hours between resistance training sessions.
Flexibility exercise
• Adults should do flexibility exercises at least two or three days each week to improve range of motion.
• Each stretch should be held for 10-30 seconds to the point of tightness or slight discomfort.
• Repeat each stretch two to four times, accumulating 60 seconds per stretch.
• Static, dynamic, ballistic and PNF stretches are all effective.
• Flexibility exercise is most effective when the muscle is warm. Try light aerobic activity or a hot bath to warm the muscles before stretching.

Neuromotor exercise
• Neuromotor exercise (sometimes called “functional fitness training”) is recommended for two or three days per week.
• Exercises should involve motor skills (balance, agility, coordination and gait), proprioceptive exercise training and multifaceted activities (Tai ji and yoga) to improve physical function and prevent falls in older adults.
• 20-30 minutes per day is appropriate for neuromotor exercise.

What are my barriers?

What are some solutions to my barriers?

What types of things do I like to do for physical activity?

What can I commit to doing?

When can I commit to doing exercise?

How much exercise can I commit to doing?

Am I ready to set a goal? (What is it? Be specific, start out small)
Healthy eating style

Purpose: Understand food cues (other than hunger), identify your individual food cues and learn specific strategies to help you stay on track with your healthy eating goals.

Understanding food cues
All of us eat because we are hungry, but sometimes we eat for other reasons too. We might grab a bag of chips because we are stressed (emotional eating), keep grazing because we are next to the snack bowl at a party (situational eating), or finish a bag of popcorn because we are watching a movie (activity eating). Simply put, some of us eat for reasons other than because we are hungry.

A food cue is a something other than hunger that signals or “cues” you to eat—this can be a situation, feeling, or activity. Food cues are based on the idea that powerful connections between certain eating habits are developed over time. Examples include: feeling stressed and eating ice cream or coming home from work and making a sandwich right away. In order to change these habits, we have to make new connections that are healthier. Understanding your food cues will make it easier to start new, healthier habits.

Identifying your food cues: activities, feelings and situations
Feelings of hunger are a signal or cue that our bodies need energy. But, sometimes we eat even when we are not hungry. It is likely that activities, feelings or situations other than hunger have become ‘cues’ to our eating. For example, many people say that they eat because they are feeling stressed, sad, or bored. Review the list below to find out which activities, feelings, and situations can cue your eating.

<table>
<thead>
<tr>
<th>When do you eat?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructions: Place a check mark next to each food cue that applies to you.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I am riding in the car.</td>
</tr>
<tr>
<td>☐ I am at the movies.</td>
</tr>
<tr>
<td>☐ I attend a sporting event.</td>
</tr>
<tr>
<td>☐ I am working.</td>
</tr>
<tr>
<td>☐ I am watching TV.</td>
</tr>
<tr>
<td>☐ I attend holiday celebrations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feelings:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I am nervous or tense.</td>
</tr>
<tr>
<td>☐ I am angry.</td>
</tr>
<tr>
<td>☐ I am feeling happy or relaxed.</td>
</tr>
<tr>
<td>☐ I am feeling upset or blue.</td>
</tr>
<tr>
<td>☐ I am feeling bored or lonely.</td>
</tr>
<tr>
<td>☐ I am tired.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Situations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I walk by bakeries, delis, fast food restaurants, etc.</td>
</tr>
<tr>
<td>☐ I see or hear food advertisements. In magazines, on TV, or the radio.</td>
</tr>
<tr>
<td>☐ I am next to snacks bowls at home, a party, or the office.</td>
</tr>
<tr>
<td>☐ I see others eating.</td>
</tr>
<tr>
<td>☐ I am offered food.</td>
</tr>
<tr>
<td>☐ I am with a friend.</td>
</tr>
<tr>
<td>☐ I see food around the kitchen counters, in cupboards, or the refrigerator.</td>
</tr>
</tbody>
</table>

What are your food cues?
Count the number of checks for each section. Record the number of checks next to the letter below:

_____ Activity Cues ____ Feeling Cues _____ Situation Cues
Specific strategies to help you stay on track!

Use the 5 D’s
1. Distract yourself from craving.
2. Distance yourself from the food cue (other than hunger).
3. Delay giving into the craving for at least 15 minutes.
4. Determine how important the craving is to you.
5. Decide how much you need to satisfy the craving.

Importance of water
Drinking water is extremely important to a healthy lifestyle. Drinking water on a regular basis can boost your health and keep different functions in your body working properly—this is why it is so important to know how much water you are drinking. If you exercise or engage in any activity that makes you sweat, you will need to drink extra water to make up for what you lose. Try carrying a bottle with you so that you are more likely to drink throughout the day. For the most money-saving option, invest in a reusable water bottle.

The hunger scale
The scale below represents the stages of physical hunger cues. If you are at a 1 or 2 on the scale, then your body is starving — this is something few of us ever truly experience. If you are at a 3 or 4 you’re probably hungry and it might be time to eat. If you are at a 7 or above then you are most likely not hungry. The goal is to stay in the center of the scale, between 3 and 7, throughout the day. To do this you need to listen to your body to see if you are eating because you are feeling hungry—between a 3 and 4. You also need to listen to your body to see if you are truly full (a 7 on the scale) and not stuffed (an 8 on the scale). It takes practice, but you can get better at noticing when you are truly hungry and when you should stop eating.

Regular eating patterns
The meal plan that works best for most people is 3 meals and 1-3 snacks at regular times throughout the day. It is important to have reasonable portion sizes for those meals and snacks. Research tells us that people who skip meals in the daytime usually end up overeating later in the day. If you are not used to eating 3 meals and 1-3 snacks at regular times each day, then it may seem difficult for you to do at first. For example, some people say that they are not hungry for breakfast or that they prefer to skip lunch. If that’s the case for you, chances are you have trained your body into eating little throughout the day and overeating at night. When you start to practice regular eating patterns throughout the day, you will find your body will get used to the new schedule.
Food logs
Keeping food logs can help you spot your food cues and come up with plans to keep you on track towards healthy eating. Write down what you eat at each meal, how you are feeling and anything else you notice about your meals. Write down times when you eat outside of your schedule and see if you can track down the food cue (hunger, activity, feeling, or situation). Discover and stay away from those things that lead to eating for reasons other than hunger.

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Snack</th>
<th>Food cue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9 tips for eating out
Restaurant meals are usually higher in calories and salt than homemade meals. Research shows that the average restaurant portion is often two to three times a “normal” serving. Restaurants also tend to use a lot of fat, salt, and sugar in their food. You can still eat out and eat healthy. But, it will take a little thought and some planning. Give these tips a try and see which might work for you:

1. **Choose a restaurant that’s known for serving healthy food.**
   Restaurants that use local produce are usually a good bet.

2. **Plan your meal ahead of time.**
   Most restaurants now include their menus online; some even include information on calories and nutrients.

3. **Approach foods with healthy words:**
   Steamed, poached, broiled, roasted, grilled, and baked.

4. **Avoid foods with unhealthy words:**
   Fried, crispy, battered, creamy/creamed, cheesy, or dipped.

5. **Be curious about what you are putting in your body.**
   If you are not sure how a dish is prepared, ask your server. Don’t be afraid to make special requests, such as asking for sauces on the side, or if that food be steamed or prepared without butter.

6. **Keep eating a “normal” portion size.**
   Restaurants tend to give you two or three actual servings in one plate. Split your meal in half and share it with a dining partner or to take it home for another meal.

7. **Pass the bread basket.**
   Ask your server not to put it on the table or ask that it not be served until the meal comes.

8. **Start with a healthy soup or salad.**
   Research shows that if you start a meal with a healthy soup or salad, you end up eating fewer calories throughout the meal.

9. **Ditch the dessert.**
   Say “no thank you” to dessert or get a healthy option, like sorbet or fresh fruit.