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Dear Patient,

Congratulations on your “decision of a lifetime!” We have developed the Weight Loss Surgery Owner’s Manual to help guide you through this exciting time. Our bariatric center is the first in central Wyoming to offer surgical options in the treatment of obesity. All procedures are performed with minimally invasive technique by our advanced laparoscopic surgeon, Dennis M. Lewis, M.D., F.A.C.S.

Please review this manual at home and bring it with you to the hospital and for follow-up visits with the surgeon. This Owner’s Manual covers pre-operative and post-operative care along with important dietary and ***lifestyle changes that are required.***

We appreciate the opportunity to care for you at the Weight Loss Surgery Center of Wyoming at Riverton Memorial Hospital. We look forward to seeing and working with you soon.

Sincerely,

Debbie McClure, MS, FNP-C
Program Director

Dennis M. Lewis, MD, FACS

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Note: e-mailing us with questions is a timely way to contact us, and frees the phone lines for insurance approvals.

Weight Loss Surgery Wyoming

Pre-Op Education Checklist: Gastric Bypass (Roux-en-Y)

Patient Name (please print): _____

Patient Signature: _____ Date: _____

Pre-Op Instructions Given by: _____ Date: _____

Please initial each line on both pages.

_____ I have attended a pre-op class and understand the procedure, complications, risks (including death) and preventive measure. All my questions have been answered.

_____ I understand that successful weight loss requires close follow-up with my surgical team. This includes regular appointments at 7 – 10 days, 1 month, 3 months, 6 months, 12 months, 18 months, 2 years and then at least annually. My surgeon may require more frequent visits in addition to those routinely scheduled. These follow-up appointments may include lab work and other studies in order to monitor and maintain my health. I agree to cooperate.

_____ I also understand that I must be seen regularly by my primary physician and specialists for management of my medical conditions.

_____ I understand that immediately post-op, while in the hospital, and during the first 4 weeks I will need to limit my intake to 2-4 oz of fluid in an hour. This is due to the restricted capacity of my new stomach and to protect the new suture/staple lines while they heal.

_____ I understand the importance of taking in 2-4 oz an hour while awake, in order to avoid dehydration. I will not be capable of drinking large amounts of fluids at a time if I get behind in fluid intake. My goal will be at least 48oz when I leave the hospital.

_____ I understand that my goal for fluid intake will be 48-64 oz/day. Taking in less fluid will affect my circulation, blood pressure, kidneys and energy level. It will also slow down weight loss.

_____ I understand that nausea and or vomiting that prevents intake of fluid for a day requires that I notify my surgeon.

_____ I understand that I should follow the dietary progression guidelines that I have received in the Weight Loss Surgery Owner's Manual. I understand it is to protect the new stomach pouch, to avoid vomiting and to allow for gradual advancement of my diet.

_____ I understand that I will be required to take supplements for the rest of my life. Those required, but not limited to: multivitamins (including B1), iron supplements, sublingual B12 (under the tongue) and calcium.

_____ I understand that protein supplement is essential to my health and promotes healing. As my intake advances to more normal foods, protein is still very important and I should try to take in 70 grams per day minimum. This may require continuing to take in the supplemental protein.

_____ I have reviewed the diet progression handout in the Weight Loss Surgery Owner's Manual, and understand that my individual advancement to normal food needs to be gradual and supervised by the Bariatric Team. This is to avoid causing GI (stomach) upset, which may result in nausea/vomiting or food blockage of the stomal outlet.

_____ I understand the importance of eating small quantities, eating slowly, chewing very well and listening to my body.

_____ I understand it is not recommended to drink 30 minutes before, during, or 90 minutes after eating.

_____ I understand that foods like corn, grapes and raisins may be difficult to digest.

_____ I understand that pork and beef will be the last foods I will add to my diet. This will be after the first four months, and if I am tolerating stage 5 foods as listed in the Weight Loss Surgery Owner's Manual.

_____ I understand the description of *Dumping Syndrome* and how to avoid this.

_____ I understand that attending support group is recommended and will be helpful to my long-term success.

_____ I understand that I should not drink alcohol in the first 6 months following surgery. I should avoid caffeine during the first 6 months after surgery to avoid the risk of dehydration, and all carbonated beverages should be avoided for the rest of my life.

_____ I understand that I should take precautions to avoid pregnancy for the first 12 months post-operatively.

_____ I understand the importance of exercise for weight loss, muscle tone and overall health.

_____ I understand that gastric bypass surgery is a tool, not a cure, miracle or guarantee. It is possible to regain weight and I must become an informed and willing team member involved in my own success.

_____ I have been given a copy of the Weight Loss Surgery Owner's Manual by the Bariatric Nurse, and agree to read it in its entirety. I have been advised to encourage family members/friends who will be assisting me after surgery to read this manual as well. I have been encouraged by the nurse teaching this class to call or email me any questions that I may have after reading the manual.

_____ I have been instructed of the importance in walking at least 4 times per day once home. I should try to increase the frequency and distance daily, but within my limits.

_____ I have been instructed in the importance of, and how to perform deep breath/coughing exercises, which is important for the 1st two weeks after surgery.

_____ I have been given an Incentive Spirometer (ISP) to take home with me for practice (4 times minimum, with 10 repetitions each time) between now and surgery. I understand that I am to bring the ISP with me upon admission to the hospital on the day of my surgery. Failing to do so may result in being billed for a replacement. The bariatric nurse has explained the purpose of this device and the benefits received when using the device as instructed. The nurse has given me a visual demonstration on how to properly use this device, and I have given proper repeat demonstration back to her. I understand that after surgery I am to use the ISP 10 times per hour while awake, and that I should take the initiative to use the ISP every hour. I will take the ISP home after I'm discharged from the hospital and continue to use it for 2 weeks thereafter, or as directed by the surgeon.

_____ I have been instructed to call the surgeon's office and or Weight Loss Center with any problems, question or concerns after discharge from the hospital. If after office hours, I have been instructed to call Riverton Hospital and inform them I am a BARIATRIC patient of Dr. Lewis or Dr. Fine. The hospital staff will notify the person on call. These phone numbers are listed in my Weight Loss Surgery Owners Manual.

_____ I have been informed of the patient online support group available to me if I choose to become a member. I have been instructed that this site is monitored by bariatric nurses on a periodic basis, and in is NOT to be used for medical emergencies or for medical advice.

_____ I have read and signed the Riverton Memorial Hospital Pre-Admission Teaching Record.

What are the Potential Benefits and Risks of Bariatric Surgery?

The many benefits of achieving appropriate weight and eating control are obvious. Everyone feels better physically and emotionally when his or her weight is under control. In addition, high blood pressure, sleep apnea, reflux, diabetes, cholesterol problems and other health problems have been demonstrated to be improved and/or easier to control with less medications if significant weight control is established. It is important to understand that weight loss should be gradual, sustained and accompanied by careful attention to proper nutrition during this period.

Bariatric surgery is major surgery. Patients who undergo any operation incur a certain amount of surgical risk. An obese patient's risk for complication following major surgery is increased when compared to non-obese patients undergoing similar surgery. The occurrence of various complications after bariatric surgery is recognized and anticipated; although complications can be minimized, they cannot always be avoided.

Below is a partial list of the complications patients must consider when thinking about proceeding with surgery. These complications will be listed on an operative consent form and will be reviewed prior to surgery.

Possible Complications:

- 1. Cardiovascular Problems** (especially with unidentified pre-existing heart disease): heart attack, stroke or death.
- 2. Respiratory Problems:** pneumonia, inability to clear secretions from lungs, aspiration of stomach contents), asthma, need for respiratory support for underventilation or possible tracheostomy, pulmonary embolus (blood clots traveling to the lungs).
- 3. Wound Problems:** infection in wound (<5%), hernia development (1% for laparoscopic).
- 4. Circulation Problems:** phlebitis in leg veins (blood clots in legs), pulmonary embolus (blood clots migrate to lungs).
- 5. Stomach/Intestinal Problems:** leak from stomach or intestinal surgical sites requiring additional surgery, intestinal blockage (1-2%), stomal stenosis from scarring (10%), dumping syndrome (cramping bloating, diarrhea after eating).
- 6. Nutritional Problems:** excessive weight loss, vitamin and mineral deficiencies (may need ongoing medications or injections), hair loss, bone weakening, gallstones or kidney stones).

7. Injury to Nearby Organs: spleen-splenectomy (<1%), significant liver-bleeding (<1%), or potential for transfusions (<5%).

8. Numerous Other Less-Common Complications

9. Death Can Occur: For Laparoscopic Gastric Bypass (0.5 – 1%).

* All percentages used are national averages.

In Preparation for Your Weight Loss (Bariatric) Surgery

Preface

This section will outline for you and your family the daily routine of the gastric bypass surgery. The usual hospital stay is 2 days after the day of surgery; however, each patient is different. If an alteration in the following daily routine is needed, your physician and nursing staff will inform you of the needed changes.

What to Bring to the Hospital

It is not necessary to bring anything with you for your hospital stay unless you would like. You do not need money for the phone or television, as these are part of your room accommodations. The hospital will provide the basic toiletry items such as toothbrush, paste, soap and comb. However, some patients have found it more pleasing to have some of their own personal items. In addition, you are welcome to bring the following if you desire:

- Your own pillow
- Shampoo (you will be able to shower on the 2nd day after surgery)
- Deoderant
- Powder
- Chapstick
- Robe and slippers for walking (spacious hospital gowns are provided)
- Underwear for 2nd and 3rd day when urine catheter is removed
- Change of clothes for discharge day (select clothing that fits loosely)
- **Incentive Spirometer given to you from Bariatric Nurse prior to surgery.**

Hospital Information

Visiting Hours: Med Surg: 8:00 a.m. to 8:00 p.m.
Intensive Care Unit: 8:00am – 8:00pm.-at staff determination

Telephone Service: Each patient room has a private phone line, which can dial out locally by first dialing the number 9. There is no charge for local phone service. To place a long distance call you will need to use a calling card or charge the call to your home phone number through the operator (dial 9 then 0) after you are admitted to your room.

Dining Room: Located just past the main entrance and to your right.
Visitor breakfast served from 9:00 a.m. – 10:30 a.m. Lunch is served from 11:15 a.m.-11:30am & 12N– 1:30 p.m. Closed for Dinner.

Gift Shop: Located on the left at the main entrance door. Gifts, snacks and reading materials can be purchased here weekdays from 9:00 a.m. – 4:00 p.m. Closed Saturday and Sunday.

One Month Before and After Surgery

Do not take Cortisone injections, Birth Control Pills, Estrogen Replacement Therapy or any Herbal Supplements because these medications can cause increased clotting after surgery. No Depo shots three months before or 1 month after surgery (and approval by surgeon) due to increased clotting risk. If you are unsure about which medications to stop, contact your surgeon.

Week Before Surgery

Do not take Aspirin, Ibuprofen or other arthritis medications for one week before surgery, because these medications can cause stomach irritation and/or more bleeding after surgery. If you are unsure about which medications to stop, contact the your surgeon. (See *Medications to Avoid*, page 18)

Pre-Operative Preparation

Preparation for bariatric surgery includes several steps to optimize a patient's health in anticipation of an operation.

Careful attention to personal hygiene can help reduce the risk of infections after surgery. Daily bathing several days before surgery with any antibacterial soap will be helpful. Careful attention should be given to cleansing the abdominal area (from breasts to groin), making sure to clean well between folds of skin. Good oral hygiene with careful brushing and flossing of teeth will be beneficial as well.

Establishment of an exercise and dietary program before surgery is important!! Even a small amount of weight loss before surgery makes surgical exposure of the stomach easier and safer. In addition, establishment of proper exercise and eating habits pre-operatively will be easier to continue in the post-operative phase.

Although blood transfusions are not generally needed with bariatric surgery, collection and storage of a patient's own blood, or that from family/friends, can be arranged if that is desired. Detailed instructions regarding other pre-operative preparation will be given to patients as surgery is scheduled.

As soon as you have made the decision to have the surgery, you should do the following:

- Begin a high protein, low carb diet (Atkins) to help shrink the liver
- Stop **all** carbonated beverages (This is a LIFETIME commitment)
- Stop all beverages which contain caffeine (This is for the first 6 months)
- If you smoke....stop smoking
- Begin a routine exercise program (consult your physician first)
- Begin cutting food into small pieces (pinky nail size) and practice chewing very well
- Stop any over the counter Herbal Supplements
- Join the online support group and come to monthly support meetings
- Have your Physician convert all extended/time released medications to non-extended or non-time released medications.

High Protein Diet

Approximately 2 weeks prior to your surgery we ask that you strictly follow a high protein (Atkins type) diet to help shrink the liver, up until your surgery date. If you are not familiar with the Atkins Diet, you can purchase the book: Dr. Atkins New Diet Revolution. This paperback can be found in most bookstores, grocery stores, Wal Mart, K Mart, used bookstores, yard sales, etc. You can also go online and get basic diet information.

Specifically with this type of diet, you should avoid all pasta, rice, potatoes, bread, cakes, cookies, and sweets in general.

Think along the lines of meat and salad (or green vegetables), which can include eggs, cheese and salad dressing. Avoid refined sugars, using artificial sweeteners like Splenda, Equal or Sweet n Low. Again, no carbonation or caffeine.

People who suffer from obesity/morbid obesity typically have enlarged livers due to fat deposits. Shrinking your liver by consuming a high protein diet helps to reduce the risk of potential injury to the liver during surgery.

Pre-Operative Shopping List for Gastric Bypass Patients

The following is a list of food items you might find helpful to have at home after your surgery. Selections are based on each individual's likes and dislikes. Dairy products and other perishable items will be needed after your discharge. **Items should contain less than 18 grams of sugar per serving.**

(Stages 1-2)

- Gatorade (any flavor or color)
- Sugar-free Carnation Instant Breakfast
- Sugar-free Popsicles – fruit or fudge flavored
- Decaf tea and coffee (Nutrasweet, Splenda, Sweet-n-Low allowed)
- Crystal Light or sugar-free Kool-Aid
- 100% no added sugar fruit juice. Avoid citrus (orange, grapefruit, pineapple) and tomato. Grape, apple and cranberry are okay. No juice drinks or juice cocktail
- Clear broth or bouillon (powder, cube or canned)
- Propel Water by Gatorade
- Protein drink: No sugar added, water based
- Skim milk or lactose free skim milk
- Fat-free / sugar-free pudding (in box), natural applesauce
- Low fat / sugar-free yogurt (no fruit chunks)
- Low-fat cream soups
- Chapstick for hospital stay
- Jello – sugar free

For advanced stages (week 3+):

Baby food with no added corn syrup

Bananas, Cottage Cheese, applesauce, tomato and V8 juice

Melba toast, Triscuit, Multigrain crackers, whole wheat bread (for toasting)

Whole grains: Crunchy Granola bars (choose lowest in sugar, honey, molasses)
Grape Nuts, Total, Bran Flakes, Oatmeal (your avg. serving will be approximately 1/8 cup), Cream of Wheat

Brown rice / Whole-wheat pasta

SNACK BARS OR MEAL REPLACEMENT BARS (such as Atkin's, Myoplex, etc.)

Always choose high protein, low carbohydrate bars.

Cream of Wheat

Mashed Potato Flakes

Eggs

Low Fat Cheese

Canned peaches or pears

Tuna

Shopping list continued.

RECOMMENDED SUPPLEMENTS:

These and similar products can be found at nutritional supply stores such as GNC, Wal-Mart and various health food stores.

Protein Supplement: Research your options by talking to patients and searching on line.

Website: www.bariatriceating.com (Nectar products are what you will be given while in the hospital.)

The Nurse Practitioner will give you additional information and you will find information at support group meetings.

Vitamins: (See Supplements: page 26)

Centrum Chewable-Adult Formulation or-

Children's chewable multi-vitamins WITH IRON (example: Flintstone's Complete)

Sublingual B12 (1000mcg is adequate) (Spring Valley by Wal Mart – B-Complex liquid or Rexall Sublingual B-12 micro-lonzenges)

Calcium – chewable (Tums Ultra Tabs). May switch to CITRICAL or CALTRATE at 8 weeks.

B1 (Thiamine)

Can start organic hair, skin and nail vitamins at 8 weeks (example: Biotin) if desired.

OVER THE COUNTER MEDICATIONS:

Dial or Safeguard (Antibacterial Soap)

Liquid Tylenol (Adult, not children's)

Gas-X or liquid Mylicon

Imodium

Tylenol PM (crush or cut in two pieces) – to help with sleeping.

Pre-Surgical Instructions

Your Pre-Op

Groceries:

- Clear liquids (Popsicles, jell-o, broth, juice, Propel water)
- Dial or Safeguard antibacterial soap
- Purchase the requirements of Bowel Prep as directed by Dr. Lewis

DATE: _____

THE DAY BEFORE SURGERY

- CLEAR LIQUID DIET
Water, jell-o, juice (no pulp), broth, Popsicles, Propel water, water...water...water
- No insulin or diabetic medications after 12:00 midnight. (Unless instructed otherwise by physician.)
- Hibiclens or antibacterial soap shower.
- ***NOTHING BY MOUTH AFTER MIDNIGHT.***
NO GUM, NO MINTS, NO WATER
- Remove all fingernail polish.

DATE: _____

DAY OF SURGERY:

- Dial Shower
- You may brush your teeth and gargle, but do not swallow anything.
- CONTINUE TO FAST. You will be told which medications you may take. Discuss with the Pre-op nurse and anesthesiologist.
- **You must take all scheduled heart and blood pressure medications the morning of surgery with sips of water only or surgery may be cancelled.**
- **No make-up, body lotion, body powder or perfumes may be used due to the high risk of infection.**

Morning of Surgery

You will report to the OSTS (outpatient surgery) Nurse's desk located at the ER entrance door at the far end of the corridor and to the left, at the time you have been assigned during your pre-op class. **You should bring any forms, your Owner's Manual, and belongings at that time. BRING YOUR CPAP/BIPAP WITH YOU TO THE HOSPITAL IF YOU ARE A CURRENT USER.** All valuable items should be given to family members at this time. If you would like to wear your wedding band, the nurses will secure it with a piece of silk tape. (This is not recommended as you may experience swelling after surgery.)

You will then report to your assigned room where a nurse will check you in. After changing into your gown, you will have an intravenous catheter (IV) inserted. You will be given antibiotics (to prevent infection) and Heparin (to prevent blood clots). A nurse will review your history and answer any questions you might have. You will be visited by the Anesthesiologist and Surgeon and any remaining questions will be answered. One or two family members may stay with you until you leave for the surgical area about 15 minutes prior to the operation.

When you go to the surgical suite, your family will be taken to the waiting room located outside surgery. There are restrooms, phones and televisions available. General anesthesia will be used. The laparoscopic approach usually takes 2-4 hours in the O.R. Immediately after your operation, your surgeon will come to the waiting room to talk with your family or significant others. During the surgery, a nurse will keep your family informed of progress.

Once in the surgery suite, Anesthesia will put you to sleep, and then intubate you (place the breathing tube). The nurse will place the catheter in your bladder to collect urine while you are asleep. You will be prepped and draped, and then your surgery will begin.

Post Operative (After Surgery)

After your surgery, you will be transported to the Post Anesthesia Care Unit (PACU) located in the surgical area. A nurse will monitor your heart rate, blood pressure and oxygen saturation. If needed, your nurse will give you pain and nausea medication that is injected directly into your IV (intravenous) line. Every effort will be made to make you as comfortable as possible.

You will have oxygen either by mask or nasal cannula. You will have air stockings on your feet or legs that will inflate and deflate at alternate times to prevent blood clots. You will have a catheter tube in your bladder to drain urine. You will have an **ON-Q infiltration pump to assist with pain control and** possibly a JP drain in place.

From the PACU you will be taken to your room in the Intensive Care Unit (ICU). Your nurse will orient you to the room and ask you to begin your breathing exercises using the incentive spirometer 10 times every hour while awake. **Bring Chapstick to use.** You will be allowed ice chips the first evening (one cup per shift). You will be assisted into a chair within a few hours after surgery, possibly walking if you feel up to it. The nurse may perform finger sticks every six hours to check your glucose (sugar) levels if diabetic.

Post-Op Day 1

Your nurse will help you sponge bathe and your surgical dressings might be changed. You may also see a (JP) plastic drain to help prevent infection. The plastic drain will encourage fluid from deep inside the fatty tissues to drain to the surface.

Labs (blood work) will be obtained early in the morning.

Your urine catheter and air compression stockings will be discontinued.

Continue to cough and deep breathe using a pillow to splint your abdomen. Although it will be uncomfortable when you cough, you cannot hurt your surgical sites by deep breathing and coughing. You will continue using your incentive spirometer 10 times per hour, every hour. You must ambulate (walk) 4 times each day minimum.

You will receive injections of a medication called Heparin to prevent blood clots. The injections are given with a very small needle, usually in the abdominal area. You will continue to have IV medication for pain control.

You will be taken to the X-ray department for your "swallow test." You will be required to swallow some "dye" so that we can make sure that there are no leaks inside your abdomen. After the results of the test are on your chart, you will be allowed to start clear liquids. This will include water, ice chips, sugar-free jell-o, Propel water, sugar-free Popsicles and broth. We encourage 2-4 ounces per hour.

You will be transferred to the medical surgical floor if no problems are identified. You will be encouraged to walk from ICU to your Medical/Surgical room. In addition, you will walk at least every 2 hours, increasing distance with each walk.

Post-Op Day 2

The second day after surgery you will be encouraged to get up and walk in the hallways (minimum of 4 times per day). If you have a JP drain, it will be removed in 1-2 weeks. The On-Q pain device will be removed today. You will begin Lortab Liquid (unless allergic) for pain management. You will continue with incentive spirometry every hour.

A prescription for pain medication will be given to you. If you are tolerating clear liquids and have no nausea, vomiting or fever, you will be discharged home. The surgeon, the Bariatric Nurse Practitioner and any consulting MD's will address your medications when you are discharged from the hospital. Please ask for any clarification of medications and dosages as needed.

You will follow-up with your surgeon and/or Bariatric Nurse Practitioner in approximately 7 – 10 days. (See Hospital Discharge Paperwork)

Discharge Instructions

BATHING: You may shower. Your incisions may get wet, but otherwise keep them dry. No tub baths, swimming or hot tub use for 2 weeks minimum.

DRESSINGS: Steri-strips will fall off on their own and you may keep the loose edges trimmed with scissors. You may have some drainage from wounds. This is normal. The drainage should be clear to pink, but not pus-like or foul smelling. You may cover the leaking wounds with a 2 x 2 gauze or bandaid to protect your clothing. Change this as needed and at least twice a day. Any stitches and drains will be removed at the first post-op visit. Do not clean with Peroxide or use antibiotic ointment unless instructed to do so by a staff member.

ACTIVITY: You may resume usual self-care. You may drive when you are off your pain medications. No lifting, pushing, pulling or tugging over 25 lbs. for 3 - 4 weeks. **Walking every day and using incentive spirometry at least 4 times a day (for 2 weeks) is very important.** Continue to deep breath / cough exercises for 2 weeks.

MEDICATIONS: Gas-X as needed up to 7 times per day.
Imodium if needed or as directed.
Continue Foltx until gone then discontinue.
Continue multivitamins, Tums, B-12, and B1 (Thiamine) as directed.

NO ASPIRIN, NO NONSTEROIDAL ANTI-INFLAMMATORY DRUGS
CHECK WITH PHYSICIAN BEFORE TAKING OVER THE COUNTER
MEDICATIONS. Use liquid, chewable or crushed medications.

WHEN TO CALL 911:

- New onset of shortness of breath or difficulty breathing is an emergency. Call 911.
- Chest pain: Dull or sharp, front or back is an emergency. Call 911.

WHEN TO CALL YOUR PHYSICIAN:

- BLEEDING - from incision(s), in vomit or stool (would be black or maroon in color).
- SIGNS OF INFECTION –
 - temperature of 101° or above
 - redness and swelling at incision site(s)
 - Pus-like or foul smelling drainage
- Separating or opening of healed incision
- Nausea or vomiting that is not relieved by medications or that prevent fluid intake for a day.
- Pain that is not relieved by medication prescribed by physician.
- Calf or leg pain and swelling.

Your Program of Recovery After Gastric Bypass Surgery

You have completed your hospital stay following your Gastric Bypass Surgery. You now join the thousands of people who live healthier, happier lives following surgical treatment of their morbid obesity. Although this surgery is designed to promote lasting weight loss, *you* are still in control of your success. You must choose the behaviors that will enhance your surgery. The instructions and information that follow in this booklet will help you navigate the path to successful, health-enhancing weight loss.

As you leave the hospital, remember that your surgical program is not complete. Further participation includes routine follow-up visits with your surgeon, group follow-up with the Nurse Practitioner, attention to informational mailings, responses to phone calls and questionnaires, and attendance at support group meetings. At each follow-up visit, further instructions and important follow-up tests will be given to determine that your recovery and new stomach are functioning as they should.

Certainly, if you have questions in between visits, you may call the Surgeon's office. Remember, small problems can usually be resolved easily. If you wait until the problem becomes major, the more likely it is that more extensive medical intervention will be required.

PLEASE REMEMBER

As an advisory, please be aware that ***shortness of breath and chest or leg pain*** should **NOT** be ignored when you are home, as this may indicate the formation of a blood clot. In the unlikely event of pain development in your legs or chest, please visit the nearest emergency room for evaluation. Chest pain / shortness of breath may also be a sign of a heart attack or pneumonia.

Medications

Medications may need to be crushed or in liquid form for the first six weeks after your surgery. It is best to check with your medical physician before crushing your pills, as many common medications are time-released and cannot be crushed. Also, please check with the Internal Medicine Physician before restarting medications for diabetes, as your requirements may be much different than they were prior to your surgery.

Medications that are irritating to the stomach should be avoided, especially anti-inflammatory medicines (aspirin, Motrin, Aleve, Ibuprofen, Naprosyn, Vioxx, Celebrex, Bextra – see page 18). Liquid medications high in sugar or corn syrup may cause you to experience cramping and other symptoms of the "Dumping Syndrome." To prevent this problem, you may want to dilute these medications with water before taking them. If you have any questions, ask your medical physician or the surgeon.

In the first year, if your physician prescribes a new medication, it is important to inform him/her of your gastric bypass surgery. Some medications – especially those given to treat the stomach – may be ineffective or need to be altered because of the gastric bypass. Please okay all new medications with our surgeons prior to taking.

AFTER SURGERY: TROUBLESHOOTING

Please do not use the Support Websites for Medical Problems!

What To Do If Food Gets “Stuck”

When food is not passing through the pouch you may experience any or all of the following symptoms:

Excessive Salivation (Frothing)
Heartburn
Nausea
Cramping

Vomiting / Dry Heaves
Pain
Thirst

In this case, the following steps can be taken to alleviate the discomfort as quickly as possible:

- Relax! Stress will only increase the discomfort. Lie down if you can.
- Don't eat anything. Drink sips of water. Warm beverages seem to help relax the stomach best.
- Stay on liquids for several hours.
- Remember if you cannot take in liquids for 24 hours you should contact us for further advice.
- If you have heard of the Adolphs or meat tenderizer cocktail from others, **DO NOT USE** - as this may cause ulcer perforation, unless one of our staff members instructs you to do so.

Did I Chew My Food Well? Did I Take Too Big of a Bite?

If you do not chew your food well enough, the bites you swallow will be too large to pass easily from the gastric pouch. The unchewed bites will remain in the pouch and are more likely to cause discomfort. Your food should be cut the same size as your “pinky” nail to be small enough.

Nausea and Vomiting

It is very common for post operative patients to feel nauseated during the first few months. If this nausea causes frequent vomiting, this necessitates a phone call or visit to the office for follow-up.

The new healing stomach is similar to a chamois, (the leather cloth that dries a car). Early on the new pouch is irritable. The surgeon cut and stapled your stomach, so it is unlikely to expand or accept solids or fluids comfortably. At approximately 8-12 weeks this pouch becomes less irritable (like a semi-soft chamois). It is able to move better but still can't expand very well. This is why the first few months 2-3 bites at one time is all the new pouch can tolerate. This is okay.

Early on the gastric bypass patient is virtually living off of stored fat for energy, and replacing muscle with oral intake of protein food. You have a lot of fat to live off of for a period of time. This is why the “protein first” rule is so important.

By approximately 3-6 months, the pouch is pliable (like a wet chamois) and patients tolerate foods better and in a little larger volume.

When you feel full, stop eating and put the food away. Don't pick at it if you are still at the table. A meal should take no longer than 15 – 20 minutes to finish. If it is taking longer, you are probably waiting too long between bites, or getting full and waiting for it to pass through to give you more room. **The goal is not to finish your meal, it is to learn what full means and feels like.**

One of the causes of nausea and vomiting is noncompliance with nutritional guidelines, therefore, following the provided guidelines is very important.

Any problems with nausea or vomiting should prompt the following questions and necessary changes to avoid further pain and discomfort:

1. How long am I taking to eat and/or drink?
2. Did I drink fluids with my meal or too soon before/after the meal?
3. Am I eating more than I should?
4. Am I chewing solid foods until they resemble a pureed consistency?
5. Did I lie down too soon after my meal?
6. Did I eat hard-to-digest foods such as tough meat or fresh bread?
7. Did I eat foods from the next stage of the menu plan before being cleared by the physician to do so?

Repeated vomiting may cause undue stress on the new stomach and result in irritation or even worse, rupture of the staple lines.

If vomiting persists throughout the day, do not eat solid foods. Sip on clear liquids (stage 1). If vomiting occurs for more than 24 hours, contact the surgeon immediately.

Frothing

As the new pouch heals, mucous sometimes is excreted to help break down food. With some patients, this mucous backs up in the esophagus and causes frothy clear vomiting. This is short lived and usually resolves by the 3rd month. Frothing is not a complication, so try drinking warm water ½ hour prior to your meal to emulsify the mucous. Your meal should then be better tolerated. You may also take over the counter Zantac 150mg two times per day for 30 days (if no allergies to Zantax).

Gas Pains

Gas pains are common in the first few weeks after surgery. Sometimes these pains can be severe and more uncomfortable than the “surgical” pain. To help relieve these pains, try to increase your activity level to include some walking. You can also try anti-gas over-the-counter preparations such as Mylanta, Maalox and Gaviscon.

Gas pains or spasms may occur months or even years after your bypass operation. The cause for random episodes of gas or spasms is often unknown, and this discomfort will usually relieve

itself in a short time. If the discomfort from gas or spasms persists, contact your surgeon for evaluation and possible treatment with medication to relax the intestine.

Hair Loss

If you notice hair loss/thinning, especially around the third month after surgery, you should consult with our dietitian to help increase your protein intake. Hair loss is often attributable to the effects of anesthesia and to protein deficiencies. By increasing your protein intake, you may reduce hair loss. There are no “guarantees,” however. Hair re-growth frequently occurs after several months. We recommend 70mg protein each day minimum.

Bowel Habits

It is common to have some temporary bowel changes following surgery. These changes range from constipation to diarrhea. If you do not move your bowels by the first or second day at home, you may try a mild laxative such as Milk of Magnesia. Follow the bottle instructions.

Maroon or blood-tinged stools should be reported to your surgeon, as they may indicate the need for additional medication to reduce the chance of ulcers.

Constipation

After surgery, constipation may occur. Remember that food intake now is very small compared to that before surgery, therefore, bowel movements will be decreased. Many people report having a bowel movement every two to three days. If stools are hard, be sure to drink an adequate amount of fluid (48 to 64 ounces per day) between meals. Also, when appropriate, include more fiber-containing foods in the meal plan. You may use over the counter Milk of Magnesia per package instructions if needed.

Diarrhea

Immediately following surgery, there may be some diarrhea. This should be temporary. If diarrhea occurs more than 3 times in a day, you may take Imodium or over the counter equivalent. If diarrhea persists and adequate hydration is not possible, contact your surgeon. You may have bloody stools (black, tarry) the first 1 – 2 bowel movements. If this persists, please call the surgeons office and speak to the nurse.

Port Site Care

Your port sites will be healing over the next few weeks. Keep a light dressing over them until the drainage has stopped. If no fluid is seeping from the sights, you may keep them uncovered. No peroxide or Neosporin unless directed to do so by the surgeon. Any pus-like drainage (thick, creamy yellow), fever, body aches and chills should be reported to the surgeons.

Bathing

You may take a shower (not a bath) when you get home. The incision can get wet, but try not to soak the wound. After showering, pat the wound dry and cover it if there is still any drainage. An incision will heal faster if it is kept dry during the first week you are home. No swimming, hot tubs or Jacuzzis for 2 weeks.

Sleeping

You may sleep in whatever position is comfortable when you get home. Many people find that sleeping on their stomach will not be comfortable for many weeks due to abdominal discomfort. If you are having difficulty sleeping, this is normal and most likely due to the busy 24-hour schedule of the hospital environment. Some people find that taking their pain medication before sleep will help them feel more comfortable and get to sleep. You may also try a mild crushed sleeping aid such as "Tylenol PM" to help you rest if the problem persists.

Headaches

Some of you who were without anti-depression medication or caffeine for several days may have migraine type headaches as a withdrawal effect. Please resume these medications ASAP. (No extended or time released medications.) For those of you who have seasonal allergies, you may take: Sudafed, Claritin, Allegra, or nose spray for relief. Tylenol Sinus/Allergy is OK to take.

Returning to Work

You should plan on taking 5-14 days off work. We recommend to those who must return to work before 2 weeks, begin with a less than full time schedule and work slowly back to full time. You will need to be sure your employer will allow you to take time to eat your meals slowly at work to ensure proper nutrition. If you need "return-to-work" or other insurance papers completed, please bring them to the office at the one-week visit and we will be happy to assist you with their completion. Remember, NO lifting over 25lbs. For 3 - 4 weeks...NO EXCEPTIONS!

Breathing Exercises (Incentive Spirometer)

The plastic breathing exercise tube is yours to take home. Please use it as you have been instructed in the hospital for 2 weeks. Ten deep breaths every 1-2 hours during the day are highly recommended to enhance your recovery. Continue the deep breath/coughing exercises as instructed at least 4 times per day.

Activity

It is important to be up out of bed or chair and active when you return home. You might notice that you tire easily and need to take frequent rest periods.

You should walk increasing distances every day. **DO NOT** lie around. You should be up walking every 1 – 2 hours while awake. You can resume sexual relations when desirable, keeping the restrictions on other physical activity in mind.

Exercise

Exercise is one of the most important things you can do for yourself after surgery to keep healthy, increase your energy level and lose the maximum amount of weight.

Walking will burn about 200 calories per mile (there are 3,500 calories in one pound). When you get home, you should start a walking program to your tolerance. In addition to the walking program, you should be active and walking as you would normally around your house. If you begin to feel short of breath, tired or exceed your target heart rate during the walking program, slow your pace or stop.

After the first three weeks, you can substitute another type of exercise you enjoy for the walking program if you are feeling strong enough. The exercise should have an aerobic component that raises heart rate to a healthy target heart rate.

Pregnancy/Birth Control After Surgery

Women of childbearing age should be on a reliable method of birth control until their weight has stabilized (12-18 months). If pregnancy does occur, you can be managed nutritionally by having an IV inserted under your collarbone and receiving 2000-3000 calories/day if it is determined that this is necessary. After delivery, weight loss will resume. We DO NOT recommend pregnancy until at least 12 months after surgery! Pregnancies after this time frame have been normal in course. (For more information on this subject, ask for a copy of a recent medical journal article on pregnancy after bariatric surgery.) You may resume birth control pills one month after surgery. For Depo shots, you must wait 1 month to resume them to prevent clot formation.

Diversional Activities

Following surgery you may find yourself spending a lot of time thinking about your gastric bypass operation. Constant focus on the changes happening to your body can get tiring or even distressing. It is important to take some time to exercise another part of your body...your mind. The first six weeks after surgery, while your body is healing, is a good time to participate in activities that are fun and good for you. Get involved in non-food-related activities such as reading, art, music or other hobbies. Contact an old friend, go to a concert, movie, museum, or surf the Internet. By making activities and people the center of your life, food will decrease in importance.

Dumping Syndrome

"Dumping" occurs when a large load of simple carbohydrates (such as those found in table sugar, ice cream, shakes and sugary desserts) enters the jejunum too quickly after eating rather than gradually being released in small amounts.

Symptoms of dumping include; abdominal fullness, nausea, cramping or abdominal pain followed by diarrhea. Also, patients report feeling warm, dizzy, weak or faint. They sometimes experience an increased heart rate and may break out in a cold sweat. To avoid dumping, avoid simple carbohydrates.

The Internet

The Internet has a wealth of information and online support groups for bariatric surgery patients. Support group members have recommended searching under "Gastric Bypass" to find a wide selection of sites. You can post messages and ask questions of former patients from a variety of programs across the nation.

The Weight Loss Surgery Center of Wyoming also has an online patient support group: <http://www.weightlossurgerywyoming.com>

Other sites: <http://www.riverton-hospital.com>
www.obesityhelp.com
<http://www.wslifestyles.com>

Support Groups

One of the assets of the Bariatric Surgery Program is the post-operative care provided to our patients. Medical studies on gastric bypass patients conclude that the most successful patients are those who adhere to and take advantage of the follow-up activities provided by comprehensive programs.

Our monthly and weekly meetings not only offer you the opportunity to compare your experience with other patients in one-on-one, informal setting, but we strive to provide educational sessions each month on topics of interest to gastric bypass patients. We strongly encourage you to attend support groups, which are announced quarterly through our newsletter that will be mailed or e-mailed to you. Remember, one of the lifestyle commitments you made when you decided to have surgery was adherence to follow-up (the other two were diet and exercise).

Supplements

It is a lifetime requirement to supplement vitamins after gastric bypass. We have 2 options available for you to choose from.

Vitamin/Supplement Requirements for All Gastric Bypass Patients:

OTC Option #1

Multivitamin with Iron

One (adult vitamin) each day or
Two (children's Chewable) each day

Calcium - 1200 mg daily

Tums Ultra for first 8 weeks then
patient choice afterwards
(Do **Not** take multivitamin and calcium at the
same
time or you will become constipated.)

B 12 - 1000mcg once monthly
Must be sublingual (under the tongue)

B-1 Thiamine
one pill weekly

Vitamin/Supplement Requirements for All Gastric Bypass Patients:

Bariatric Advantage Option #2

Chewable Multivitamin
2 Daily

Chewable Calcium
4 daily

B 12 - Sublingual
1 weekly

Chewable Iron
1 daily

We recommend Bariatric Advantage vitamins which are available online at:
www.bariatricadvantage.com

Chewable Adult Centrum (Not Silver!) contains 18mg. of iron and is well absorbed. This is recommended.

POST-OP DIET FOR LAPAROSCOPIC GASTRIC BYPASS: OVERVIEW

Days 1-7 Stage 1 (week 1)	Day 7-14 Stage 2 (week 2)
Clear liquids, liquid protein supplement (70 grams per day) and start taking 2 Flintstone chewable vitamins, B12 vitamin sublingual (under the tongue), B1 (Thiamine) and TUMS Ultra.	Add full liquids, skim milk, thin cream soups, yogurt (no fruit chunks), sugar-free pudding, sugar-free Carnation Instant Breakfast and sugar-free Fudgesicles.
Day 14-27 Stage 3 (week 3)	Day 28-34 Stage 4 (week 4)
Add smoothies, applesauce, baby food with no added corn syrup, bananas, tomato juice, V8 juice, no added sugar orange juice and low-fat/sugar-free frozen yogurt.	Add scrambled egg, mashed potatoes, cottage cheese, cream of wheat, soft cooked vegetables, cheese, crackers, dried beans and peas, soft canned fruits (peaches and pears)
Day 35-41 Stage 5 (week 5)	Day 42 (6 weeks) and after
Add baked potato, oatmeal, well cooked vegetables, rice, tuna and poached or soft egg.	Add mushy red beans (very small amount), cracker / melba toast, cereal, pasta, toasted bread, baked Fish and chicken. You may try finely chopped lettuce salad with softer, finer salad ingredients at this stage.
4 months and after	Goals:
PORK and BEEF	<ul style="list-style-type: none"> • Protein: 70 grams per day. • Carbohydrates: <100 grams per day. • Fat: <25 grams per day. • Fluids: 64 ounces per day at a minimum. • Supplements – see page 26

See the following pages for diet stages in more detail.

Remember that protein drinks are a SUPPLEMENT and should never be the exclusive source of your protein by the time you have reached 8-12 weeks. Animal protein promotes improved weight loss, burning of body fat that supplemental protein cannot as effectively achieve.

Advancing Your Diet After Gastric Bypass

Gastric Bypass Clear Liquid Measured Diet to begin post-op Day 1 if no nausea or vomiting.

Stage 1: GBP Clear Liquid Diet

(Usually starts post-op Day 1)

You must sip fluids all day. The goal should be 2 – 4 ounces per hour for a total of 48 ounces of clear liquids per day.

Start children's chewable multiple vitamins with iron on the first day home (2 per day), Tums Ultra (2 tabs, 2 times per day), B1 (Thiamine) – one pill weekly, B-12 once monthly, 70 grams protein each day. (See Supplements – page 26)

Sugar-Free Clear Liquids (or no sugar added – sugar alcohols are negligible)

- Water
- Herbal Tea – Caffeine Free
- Decaf Coffee (non-dairy creamer is okay)
- Propel Water by Gatorade
- Sugar-free Jell-O
- Clear Broth or Boullion – Chicken, Beef or Vegetable
- Sugar-free Popsicles
- No Sugar Added Fruit Juices (no juice drinks or juice cocktail)
- Sugar-free non-caloric beverages (like sports drinks)
- Protein supplement with sugar-free clear liquids
- Gatorade

REMEMBER: If it is not on the list, do not drink it. Some beverages may contain too many refined sugars, which may lead to Dumping Syndrome.

- No carbonated beverages
- No straws
- Sip slowly and steadily through out the day
- No gulping fluids
- No caffeine

NEED:

Need Supplements

Exercise Daily

Extra Protein

Drink Fluids

Stage 2: **GBP Full Liquid Diet**

(Usually starts on Day 7)

Begins after first post-op visit with surgeon.

MEAL PLAN:

1. Continue **High Protein Full Liquids** (Pro-complex, Proteinex, Herbalife, etc.) in addition to **Sugar Free Clear Liquids**.

RECOMMENDED FOODS:

- Skim or fat-free milk
- If protein powder with clear liquid tolerated then mix protein powder of choice with non-fat milk. If Lactose intolerant, use non-fat Lactase-Enzyme treated milk.
- All food from previous stages
- Sugar-free Fudgesicles
- Unsweetened 100% Fruit Juice without pulp (no orange juice, grapefruit or tomato juice). Limit to 4 ounces per day.
- Low Fat creamed soups – thinned (no chunks)
- Sugar-free yogurt (no chunks) – made with Nutrasweet or Splenda
- Sugar-free pudding (box pudding made with skim milk)
- Sugar-free Carnation Instant Breakfast

SAMPLE DAILY INTAKE

- Three meals of 2 to 4 ounce servings. May increase to 4 times per day of high protein drink mixed with water then graduate to milk.
- **Between meals drink water frequently and mentioned beverages, also sugar-free Popsicles and/or sugar-free Jell-O.**
- Aim for 2 to 4 ounces of fluid per hour for a total of 32 to 48 ounces per day.

Stage 3:

(Start as directed by surgeon, usually days 14 through 27)

MEAL PLAN:

1. Continue full liquids, **adding one new food at a time, as tolerated.**
2. Eat three (3) meals a day and (2) two snacks.
3. Aim for 48 to 64 ounces of fluid per day to prevent dehydration.
4. Protein is the priority (70 grams per day).
5. Limit fats and avoid sugars.

RECOMMENDED FOODS:

- All foods from previous stages. Try to include protein supplement whenever possible.
- Low-fat cream soups, blended.
- Non-fat Yogurt (sugar-free)
- Blended protein shakes with non-fat, sugar-free frozen yogurt
- Natural applesauce
- V-8 juice, tomato juice and all other no added sugar fruit juices.
- Sugar-free, Low fat Pudding (try adding protein powder)
- Smoothies
- Other meal replacement full liquid drinks (fat-free and sugar-free)
- NO MEAT – avoid pieces of vegetables at first
- Baby Food with no added corn syrup
- Bananas

TIP: If hunger is a problem, you probably need more protein.

NEED:

Need Supplements

Exercise Daily

Extra Protein

Drink Fluids

Stage 4:
(Day 28 - 34)

Pureed then soft foods as tolerated. Add new foods one at a time.

NO MEAT YET!

MEAL PLAN:

1. Three (3) meals a day, plus two (2) snacks, if needed.
2. Continue drinking fluids especially water between meals and throughout the day.
3. Aim for 48-64 ounces of fluids to prevent dehydration.

RECOMMENDED FOODS:

- All foods from previous stages.
- Cream of Wheat or Cream of Rice cereal – start with 1-2 tbsp at a meal.
- NO GRITS, NO ICE CREAM
- Soft canned fruits (pears or peaches) in light syrup (rinse well)
- Soft Cooked Vegetables (avoid asparagus and celery)
- Potato – Mashed, skin removed (not fried), about 1-2 tbsp should be enough. (No butter or cream added)
- Low Fat or Nonfat Cottage Cheese (¼ cup)
- Egg/Egg substitute – scrambled and cooked with non-stick cooking spray. Maximum of ¼ of the egg per meal.
- Dried beans and peas – navy beans, kidney beans, refried pinto beans, lima beans, lentils, split peas cooked without added fat until very tender (remember that these foods may cause abdominal discomfort and/or gas).
- Cheese containing less than 5 grams of fat per ounce.
- Crackers – containing less than 3 grams of fat per serving such as Melba Toast, soda crackers, plain graham crackers.

Remember:

- Continue supplemental protein (70 grams of protein is the daily goal)
- Avoid starchy foods like white rice, pasta, untoasted bread
- **Chew completely and slowly**
- **Add one new food at a time**
- **Choose high protein first.**
- Try making instant mashed potatoes with broth instead of water or milk for more flavor.

Stage 5:

Day 35-41

(Begins when you have tolerated pureed then soft foods, as directed by surgeon.)

- **Slowly add regular foods one at a time.**
- Be careful to avoid high sugar foods and **maintain adequate water intake.**
- **NO BEEF OR PORK/HAM.** (May begin these at 4 months)

RECOMMENDED FOODS

- Tuna
- Poached or soft egg
- Oatmeal
- Toasted bread
- Low-fat cheese
- Yogurt
- Cereal
- Brown Rice
- **Well cooked** vegetables (corn and carrots are high in sugar)
- Baked potato – no skin
- Low-fat, sugar-free frozen yogurt
- Protein 70 grams per day

Somewhere between 6 and 14 weeks you will be ready to add fish then chicken in small amounts. You may try finely chopped lettuce salad with softer, finer salad ingredients at this stage.

Remember to **CHEW, CHEW, CHEW** and meats should be moist, not dry.

SAMPLE MENU:

Breakfast:

1/4 Scrambled egg with a little shredded cheddar cheese
1/4 piece toasted wheat bread

Snack:

1/4 cup low-fat yogurt with 1/8 – 1/4 banana

or

1/4 cup cottage cheese with 1/4 canned pears

Lunch:

4 oz. Protein Drink

1 Melba Toast (may only want 1/2)
2 tbsp. Of Baked Potato (no skin)

Snack:

Sugar-free Popsicle or Jell-O
Protein Supplement

Dinner:

2 oz. Broiled Tuna steak
1/8 cup green beans

Additional Snack (if needed):

1/8 – 1/4 cup Cottage Cheese
or

Low-fat sugar-free Frozen Yogurt

GASTRIC BYPASS REGULAR DIET

(Day 42 and beyond)

CONGRATUALTIONS! When you return to regular foods, you need to focus on 70 grams of protein daily. Protein is important because it helps to make you feel satisfied. It also helps with tissue healing and preserves your lean muscle mass. It also is important to avoid significant hair thinning.

You need to continue to use small eating utensils. Please cut your food into small bites – about the size of a pea initially. Then you need to CHEW very well. Try to avoid drinking liquids approximately 30 minutes before, during and after your meals. The liquids occupy space thus you won't be able to tolerate much food. It is okay to SIP a little water if food is thick and difficult to swallow.

Begin to add new foods into your meals. When you try a new food for the first time, do so in a small amount and do it at home, in case you are unable to tolerate that particular food. Just because you can't tolerate certain food at 2 months, does not mean that you won't later. Try it again in a couple of weeks.

Use spices sparingly until you see if you can tolerate them. **Go SLOWLY, eat your PROTEIN first, then vegetables or fruit second and starches (breads, grains, pastas) last – if you have any room.**

We don't want you to consider yourself to be on a diet. Just do your best to make **"HEALTHY CHOICES."** We know the bad habits that contributed to our obesity. If there is something you want that is probably not a "healthy choice," you can have it, but make it the **"EXCEPTION AND NOT THE RULE."**

Most patients will only eat 2 – 3 meals each day. Remember to focus on the protein. As time goes by you will be able to eat more than you did initially. Do not let this scare you. The pouch will stretch over time, but will never return to the size prior to surgery. **RELAX AND MAKE "HEALTHY CHOICES."**

Recommended Foods:

- Mushy red beans
- Crackers / Melba Toast
- Baked fish, chicken (meat should be moist), cut very small and chew very well
- Toasted bread
- Cereal
- Pasta
- Cooked vegetables

4 Months:

- Pork, beef and ham

GUIDLINES FOR FOOD SELECTION FOR GASTRIC BYPASS PATIENTS REGULAR DIET

The following list is to be used as a guide for making food selections.
Always work toward eating a well balanced diet.

	FOODS RECOMMENDED	MAY CAUSE DISTRESS
Protein	Eggs, fish, chicken, turkey, calves liver, tofu. If tolerated, nonfat/low-fat cottage cheese, cheese, plain or artificially sweetened nonfat/low-fat yogurt, Lactaid milk.	Fried or high fat meats, fried eggs, highly seasoned or spicy meats, skin of meats and tough meats. Avoid red meat (beef, lamb, pork) during the first 4 months.
Breads, Potatoes and Starch Substitutes	Mashed Potatoes, Crackers, Green peas, Rice, Toast	Breads made with dried fruits, nuts and seeds, pastries, donuts, muffins, pasta and rice if not fully cooked, <u>sugar coated cereals, coarse bran cereals, potatoes to which sugar has been added</u> . Beans may cause gas distress.
Vegetables	Soft cooked fresh, frozen or canned vegetables (i.e., carrots, beets, mushrooms, spinach, squash, green beans), vegetable juice, raw vegetables as tolerated after several months.	Any vegetable with tough skin or seeds (i.e., tomato, corn, celery). Cabbage, cauliflower, broccoli and brussel sprouts may cause gas distress.
Fruits	Unsweetened canned fruits, (in juice or water packed), fresh fruits as tolerated in approx. 3 months)	<u>Fruit juices, fruits canned in heavy syrup</u> . Dried fruits, pineapple for 6 months, melons and raw apples may cause gas distress.
Soups	Protein soups made with allowed foods, spicy soups as tolerated. While restricted on liquids with meals, strain and eat solids only.	Soups prepared with heavy creams or made with high fat ingredients.
Fats	Small amounts of butter or margarine or oil may be used, low-fat salad dressings, nonfat/low-fat mayonnaise, sour cream and cream cheese are tolerated. Peanut butter in small amounts.	<u>Regular mayonnaise and sour cream</u> .
Sweets	Not recommended. See "dumping" explanation.	<u>All sweets and desserts especially if made with chocolate or dried fruits or if eaten on an empty stomach</u> .
Beverages	Decaffeinated coffee, tea, water, nonfat/low-fat Lactaid milk, Crystal Light and Sugar free Kool-Aid.	<u>Alcohol, sweetened fruit drinks or whole soda</u> .
Miscellaneous	Iodized salt, pepper, herbs and strongly flavored seasonings as tolerated. Light mocha mix or other nondairy low-fat substitutes.	Jalapenos, nuts, seeds, tough skins for at least 3 months post-op.

You are recommended to avoid the underlined food for the long term.

DO NOT FORCE YOURSELF TO EAT IF YOU ARE STILL FULL FROM LAST MEAL!!

Note: Guidelines for this diet are based on nutrition information currently available, as well as the experience of thousands of patients who have had Gastric Bypass Surgery.

GENERAL DIETARY GUIDELINES FOR LIFE WITH THE GASTRIC BYPASS PATIENT

- Choose foods high in PROTEIN, moderate to low in carbohydrates, and moderate to low in fat. "HEALTHY CHOICES"
- Proteins should always be eaten first at every meal.
- Eat slowly and chew foods well to avoid pouch distress.
- Eat 2 – 3 meals per day. Do not force a meal if you are full.
- Do not graze, schedule snack times.
- Drink water between meals. Remember 64 ounces or 2 liters per day (at a minimum). Remember to avoid drinking 30 minutes before and after your meal.
- Avoid or limit whole milk.
- Avoid greasy or spicy foods.
- Avoid carbonated beverages and alcohol.
- Take nutritional supplements as directed.
- Avoid or limit sugar. Foods high in sugar may cause DUMPING SYNDROME and will limit your weight loss.

SOURCES OF SIMPLE SUGARS THAT MAY LEAD TO DUMPING SYNDROME

- Sugar
- Corn Sweeteners
- Honey
- Molasses
- Products ending with "ose"
 - Sucrose
 - Brown Sugar Dextrose
 - Levulose
 - Fructose
 - Maltose
 - Lactose
- Natural Sweeteners
- Corn Syrup
- Modified Food Starch

FOOD EXAMPLES THAT MAY PRODUCE DUMPING

- Candy, cakes, pies, cookies, Jell-O, pudding, jams, jellies, sodas, sherbet, ice cream.
- Canned fruit in heavy syrup
- Chewing gum
- Chocolate milk
- Fruit yogurt
- Instant breakfast mixes
- Specialty coffee products
- Some sauces (teriyaki, worchestire, barbecue, spaghetti)
- Some medications (cough syrup, laxatives, liquid cold medications, cough drops, etc.).

LEAN PROTEIN SOURCES: (your new favorite food)

- Baked, broiled, barbecued chicken (without skin), turkey, fish, shellfish. REMINDER: Chew, chew, chew so that the food can pass through small stomach opening.
- Ground chicken, turkey – use for hamburger patties, casseroles, etc.
- Chopped cooked chicken or turkey for salads (make with diet Mayo or dressing) or use for stir fry.
- Canned water packed tuna (1/4 cup = 1 oz meat)
- Egg / egg whites / egg substitute (1 egg = 1 oz meat)
- Tofu – use in stir fry, soups, add to scrambled eggs (2 ½ x 2 inch square = 1 oz meat). Tofu takes on the flavor of whatever it is cooked with.
- Lean red meats and pork – ground will be best tolerated.
- Liver

Protein List

FOOD	PORTION	PROTEIN GRAMS	CALORIES
Anchovies-canned	5	6	42
Bacon-cooked	3 strips	6	109
Bass-striped baked	3 oz.	19	105
Beans-baked beans	½ cup	6	118
Beans-refried	½ cup	8	134
Beef-brisket (lean) braised	3 oz.	21	309
Beef-chuck pot roast (lean)	3 oz.	23	282
Beef-corned beef brisket	3 oz.	15	213
Beef-corn beef canned	3 oz.	10	85
Beef-ground	3 oz.	21	246
Beef-porterhouse steak	3 oz.	21	240
Beef-roast beef	3 oz.	16	105
Beef-short ribs (lean)	3 oz.	18	400
Beef-T-bone steak	3 oz.	21	253
Black beans	½ cup	8	114
Black-eyed peas	½ cup	7	99
Blue fish baked	3 oz.	22	135
Broccoli-cooked	½ cup	3	25
Butterfish baked	3 oz.	19	159
Carp	3 oz.	19	138
Catfish-breaded	3 oz.	15	194
Cheese most types	1 oz.	8	100
Cheese-ricotta	½ cup	14	200
Chicken-boneless, breaded	4 oz.	17	300
Chicken-breast, broiler/fryer	½ breast	35	364
Chicken-canned, with broth	½ can (2.5 oz.)	16	117
Chicken-oven roasted breast	2 oz.	11	60
Chicken-wings, hot & spicy	4 pieces (5 oz.)	15	230
Chicken-deli thin smoked breast	2 oz.	11	60
Chickpeas	½ cup	6	142
Clams-cooked	20 small	23	133
Cod-baked	3 oz.	20	90
Cottage cheese-creamed	½ cup	13	108
Cottage cheese-low fat 1%	½ cup	14	82
Cottage cheese-low fat 2%	½ cup	15.5	101
Crab-king cooked	3 oz.	16	82
Crab-blue cooked	3 oz.	17	87
Crab-canned	3 oz.	17	84
Crab-crab cakes	1 (2 oz.)	12	93
Cream cheese	1 oz.	2	99
Deli meats/ cold cuts- bologna beef	1 oz.	4	88
Deli meats/ cold cuts- salami	1 oz.	4	71
Deli meats/ cold cuts- Spam	1 oz.	3.5	85
Duck w/o skin	4 oz.	26	222
Eel-smoked	3 oz.	18	300
Egg-hard cooked or poached	1	6	75
Egg-egg beaters	¼ cup	5	25
Falafel	2 oz.	4	105
Fava beans-canned	½ cup	7	90
Fish cake	1 (4.5 oz.)	18	166
Flounder cooked	3 oz.	21	99
Great Northern Beans	½ cup	8	105

FOOD	PORTION	PROTEIN GRAMS	CALORIES
Groupers	3 oz.	21	100
Haddock-cooked	3 oz.	21	95
Halibut-cooked	3 oz.	23	119
Ham-deviled ham canned	3 oz.	14	200
Ham-boneless cooked	3 oz.	14	90
Ham-honey ham	3 oz.	15	150
Herring- Atlantic cooked	3 oz.	20	172
Humus	1/3 cup	4	140
Kidney beans-cooked	1/2 cup	8	100
Lamb-lean braised	3 oz.	29	190
Lamb-ground boiled	3 oz.	21	240
Lamb-loin chop (lean)	1 (3 oz.)	19	225
Lentils	1/2 cup	9	115
Lima beans-canned	1/2 cup	6	93
Liver-beef or chicken	3 oz.	23	184
Lobster-cooked	1/2 cup	15	71
Mackerel-cooked	3 oz.	20	223
Meat substitutes- harvest burger	3 oz.	18	140
Milk- 1 %	1 cup	8	110
Milk- 2%	1 cup	8	120
Milk-buttermilk	1 cup	8	99
Monkfish-baked	3 oz.	16	82
Mussels-cooked	3 oz.	20	147
Navy beans-cooked	1/2 cup	20	296
Octopus-steamed	3 oz.	25	140
Oysters-steamed	1 med.	5	43
Oysters-canned	3 oz.	10	100
Peanut butter	2 tablespoons	8	188
Peas-green	1/2 cup	4	59
Peas-split peas, cooked	1/2 cup	8	115
Perch	3 oz.	21	99
Pike-cooked	3 oz.	21	96
Pink beans-cooked	1/2 cup	7	125
Pinto beans-cooked	1/2 cup	5	90
Pollack-baked	3 oz.	21	100
Pompano-Florida, cooked	3 oz.	20	179
Pork-center loin	3 oz.	24	265
Pork-pork roast	3 oz.	15	105
Pork-spare ribs	3 oz.	26	338
Quiche-Lorraine	1 slice (3 oz.)	15	352
Rabbit-roasted	3 oz.	25	167
Red Beans-canned	1/2 cup	6	160
Roughy-Orange, baked	3 oz.	16	75
Salmon-baked	3 oz.	22	155
Salmon-canned, pink	3oz.	17	118
Salmon-salmon cake	1 cake (3 oz.)	18	241
Salmon-smoked	3 oz.	15	99
Sardines-in oil	2	6	50
Scallops	2 large	6	67
Shark	3 oz.	16	145
Surimi mix	3 oz.	13	84
Shrimp-canned	3 oz.	20	102

FOOD	PORTION	PROTEIN GRAMS	CALORIES
Shrimp-cooked	4 medium	5	22
Smelt-cooked	3 oz.	19	106
Snails-cooked	3 oz.	41	233
Sole-cooked	3 oz.	21	99
Soy Milk	1 cup	7	79
Soybeans-cooked	½ cup	15	150
Soybeans-dry roasted	½ cup	34	387
Soybeans-sprouts	½ cup	5	43
Spinach-cooked	½ cup	3	21
Squid	3 oz.	15	149
Sturgeon-smoked	3 oz.	27	147
Swordfish-cooked	3 oz.	22	132
Tilapia (Fish)	3.5 oz	20	98
Tofu-firm	½ cup	20	183
Tofu-soft	4 oz.	12	120
Tongue-beef	3 oz.	19	241
Trout-baked	3 oz.	23	162
Tuna	3 oz.	25	160
Turkey-bologna	3 oz.	15	165
Turkey-breast	3 oz.	20	92
Turkey-ground, cooked	3 oz.	20	188
Turkey-canned, w/ broth	½ can (2.5 oz.)	17	116
Veal-cutlet, lean	3 oz.	31	172
Veal-ground broiled	3 oz.	21	146
Venison	3 oz.	26	134
White beans	½ cup	9	100
Yogurt-fruit lowfat	4 oz.	5	113
Yogurt-plain lowfat	4 oz.	6	65

Food Labels:

Read all your food labels to determine the nutrient content and be on the lookout for hidden sugars.

Be careful when reading labels at the market. Quoted protein amounts are based on certain serving sizes and you may not be able to have a whole serving – so, a product that appears high in protein may not be all that high.

Check the other nutrients also. A food high in protein, but also high in carbohydrates or fats would not be a good choice as the proportion of protein is not as good as it looks.

Protein and your meals:

Half your meal size should consist of protein.

Eat all your protein foods first, then move on to your vegetables and fruits, then finally your grains and cereals.

Try to have protein as part of every meal.

How to Use the Weight Loss Surgery Tool Most Effectively: For Gastric Bypass Patients Six Months and Beyond

Introduction:

A common misunderstanding of gastric bypass surgery is that the pouch causes weight loss because it's so small, the patient eats less. Although that is true for the first six months, that is not how it works. Some doctors have assumed that poor weight loss in some patients is because they aren't really trying to lose weight. The truth is it may be because they haven't learned how to get the "satisfied" feeling of being full to last long enough. **CAUTION: THESE GUIDELINES ARE TO BE FOLLOWED ONLY AFTER YOU ARE AT LEAST 6 MONTHS POST OP. USING THE SUGGESTIONS BELOW PRIOR TO 6 MONTHS CAN BE VERY HARMFUL TO YOUR POUCH. DISCUSS THESE GUIDES WITH THE NURSE PRACTITIONER OR YOUR SURGEON AT 6 MONTHS APPOINTMENT. HOWEVER, READ THEM NOW TO PREPARE FOR THE FUTURE CHANGES YOU WILL BE MAKING.**

Observational Based Medicine:

The information here is taken from surgeon's "observations" as opposed to "blind" or "double-blind" studies, but it IS based on 33 years of physician observation.

Due to lack of insurance coverage for WLS, what originally seemed like a serious lack of patients to observe turned into an advantage, as I was able to follow my patients closely. The following are what I found to effect how the pouch works:

1. Getting a sense of fullness is the basis of successful WLS.
2. Success requires that a small pouch be created with a small outlet.
3. Regular meals larger than 1½ cup will result in eventual weight gain.
4. Using the thick, hard to stretch part of the stomach in making the pouch is important.
5. By lightly stretching the pouch with each meal, the pouch sends signals to the brain that you need no more food.
6. Maintaining that feeling of fullness requires keeping the pouch stretched for a while.
7. Almost all patient feel full 24/7 for the first months, then that feeling disappears.
8. Incredible hunger will develop if there is no food or drink for eight hours.
9. After 1 year, heavier food makes that feeling of fullness last longer.
10. By drinking water as much as possible, as fast as possible ("water-loading"), the patient will get a feeling of fullness that lasts 15-25 minutes.
11. By eating "soft foods" patients will get hungry too soon and be hungry before their next meal, which can cause snacking, thus poor weight loss or weight gain.
12. The patients that follow "the rules of the pouch" lose their extra weight and keep it off.
13. The patients that lose too much weight can maintain their weight by doing the reverse of the "rules of the pouch".

HOW DO WE INTERPRET THESE OBSERVATIONS?

POUCH SIZE:

By following the “rules of the pouch”, it doesn’t matter what size the pouch ends up. The feeling of fullness with 1½ cups of food can be achieved.

OUTLET SIZE:

Regardless of the outlet size, liquidy foods empty faster than solid foods. High calorie liquids will create weight gain.

EARLY PROFOUND SATIETY:

Before six months, patients must sip water constantly to get in enough water each day, which causes them to always feel full. After six months, about 2/3 of the pouch has grown larger due to the natural healing process. At this time, the patient can drink 1 cup of water at a time.

OPTIMUM MATURE POUCH:

The pouch works best when the outlet is not too small or too large and the pouch itself holds about 1½ cup at a time.

IDEAL MEAL PROCESS (rules of the pouch):

1. The patient must time meals five hours apart or the patient will get too hungry in between.
2. The patient needs to eat finely cut meat and raw or slightly cooked veggies with each meal.
3. The patient must eat the entire meal in 5-15 minutes. A 30-45 minute meal will cause failure.
4. No liquids for 1 ½ to 2 hours after each meal.
5. After 1 ½ to 2 hours, begin sipping water and over the next 3 hours, slowly increase the water intake.
6. Three hours after your last meal, begin drinking LOTS of water/fluids.
7. Fifteen minutes before your next meal, drink as much water as possible as fast as possible. This is called “water loading”. **IF YOU HAVEN’T BEEN DRINKING OVER THE LAST FEW HOURS, THIS “WATER LOADING” WILL NOT WORK.**
8. You can “water load” at any time 2-3 hours before your next meal if you get hungry, which will cause a strong feeling of fullness.

THE MANAGEMENT OF PATIENT TEACHING AND TRAINING:

You must provide information to the patient pre-operatively regarding the fact that the pouch is only a tool: a tool is something that is used to perform a task but is useless if left on a shelf unused. Practice working with a tool makes the tool more effective.

NECESSITY FOR LONG TERM FOLLOW UP:

Trying to practice the “rules of the pouch” before six to 12 months is a waste. Learning how to delay hunger if the patient is never hungry just doesn’t work. The real work of learning the “rules of the pouch” begins after healing has caused hunger to return.

PREVENTION OF VOMITING

Vomiting should be prevented as much as possible. Right after surgery, the patient should sip out of 1 oz. cups and only 1/3 of that cup at a time until the patient learns the size of his/her pouch to avoid being sick.

It is extremely difficult to learn to deal with a small pouch. For the first six months, the patient's mouth will literally be bigger than his/her stomach, which does not exist in any living animal on earth.

In the first six weeks the patient should slowly transfer from a liquid diet to a blenderized or soft food only, to reduce the chance of vomiting.

Vomiting will occur only after eating of solid food begins. Rice, pasta, granola, etc. will swell in time and overload the pouch, which will cause vomiting. If the patient is having trouble with vomiting, he/she needs to get 1 oz. cups and literally eat 1 oz. of food at a time and wait a few minutes before eating another 1 oz. of food. Stop when "comfortably satisfied", until the patient learns the size of his/her pouch.

SIX WEEKS

After six weeks, the patient can move from soft foods to heavy solids. At this time, they should use three or more types of foods at each sitting. Each bite should be no larger than the size of a pinkie fingernail bed. The patient should choose a different food with each bite to prevent the same solids from lumping together. No liquids 15 minutes before or 1½ hour after meals.

REASSURANCE OF ADEQUATE NUTRITION

By taking vitamins every day, that patient has no reason to worry about getting enough nutrition. Focus should be on proteins and vegetables at each meal.

MEAL SKIPPING

Regardless of lack of hunger, patients should eat three meals a day. In the beginning, one half or more of each meal should be protein, until the patient can eat at least two oz. of protein at each meal.

ARTIFICIAL SWEETENERS

In our study, we noticed some patients had intense hunger cravings that stopped when they eliminated artificial sweeteners from their diets.

AVOIDING ABSOLUTES

Rules are made to be broken. No biggie if the patient drinks with one meal – as long as the patient knows he/she is breaking a rule and will get hungry early. Also, if the patient pigs out at a party – that's OK because before surgery, the patient would have pigged on 3000-5000 calories, and with the pouch, the patient can pig on only 600-1000 calories max. The patient needs to just get back to the rules and not beat him/herself up.

THREE MONTHS

At three months, the patient needs to become aware of the calories per gram of different foods and to be aware of the "cost" of each gram. (Cheddar cheese is 16 cal/gram, peanut butter is 24 cal/gram.) **As soon as hunger returns between three to six months, begin water-loading procedures.**

THREE PRINCIPLES FOR GAINING AND MAINTAINING SATIETY

1. Fill pouch quickly at each meal.
2. Stay full by slowly emptying the pouch. (Eat solids. No liquids 15 minutes before and none until 1 ½ hours after the meal.) A scientific test showed that a meal of egg/toast/milk had almost all emptied out of the pouch after 45 minutes. Without milk, just egg and toast, more than ½ of the meal still remained in the pouch after 1½ hours.
3. Protein, protein, protein. Three meals a day. No high calorie liquids.

FLUID LOADING

Fluid loading is drinking water/liquids as quickly as possible to fill the pouch, which provides the feeling of fullness for about 15 to 25 minutes. The patient needs to gulp about 80% of his/her maximum amount of liquid in 15-30 seconds. Then just take swallows until fullness is reached. The patient will quickly learn her/her maximum tolerance, which is usually between 8-12 oz.

Fluid loading works because the roux limb of the intestine swells up, contracting and backing up any future food to come into the pouch. The pouch is very sensitive to this and the feeling of fullness will last much longer than the reality of how long the pouch was actually full. Fluid load before each meal to prevent thirst after the meal, as well as to create that feeling of fullness whenever suddenly hungry before mealtime.

POST PRANDIAL THIRST

It is important that the patient be filled with water before his/her next meal as the meal will come with salt and will cause thirst afterwards. Being too thirsty, just like being too hungry will make a patient nauseous. While the pouch is still real small, it won't make sense to the patient to do this because salt intake will be low, but it is a good habit to get into because it will make all the difference once the pouch begins to grow.

URGENCY

The first six months is the fastest, easiest time to lose weight. By the end of the six months, 2/3 of the regrowth of the pouch will have been done. That means that each present day, after surgery you will be satisfied with fewer calories than you will the very next day. Another way to put it is that every day that you are healing, you will be able to eat more. So exercise as much as you can during that first six months, as you will never be able to lose weight as fast as you can during this time.

SIX MONTHS

Around this time, our patients begin to get hungry between meals. **THEY NEED TO BATTLE THE EXTRA SALT INTAKE WITH DRINKING LOTS OF FLUIDS IN THE 2-3 HOURS BEFORE THEIR NEXT MEAL.** Their pouch needs to be well watered before they do the last gulping of water as fast as possible to fill the pouch 15 minutes before they eat.

INTAKE INFORMATION SHEET AS A TEACHING TOOL

I have found that having the patients fill out a quiz every time they visit reminds them of the rules of the pouch and helps to get them “back on track”. Most patients have no problem with the rules, some patients really struggle to follow them and need a lot of support to “get it”, and a small percentage never quite understand these rules, even though they are quite intelligent people.

HONEYMOON SYNDROME

The lack of hunger and quick weight loss that patients have in the first six months sometimes leads them to think they don't need to exercise as much and can eat treats and extra calories as they still lose weight anyway. We call this the “honeymoon syndrome” and they need to be counseled that this is the only time they will lose this much weight this fast and this easy, and not waste it by losing less than they actually could. If the patients' weight loss slows in the first six months, remind them of the rules of water intake and encourage them to drink more water. You can compare their weight loss to a graph showing the average drop of weight if it will help them get back on track.

EXERCISE

In addition to exercise helping to increase the weight loss, it is important for the patient to understand that exercise is a natural antidepressant and will help them from falling into a depression cycle. In addition, exercise jacks up their metabolic rate during a time when their metabolism wants to slow down after the shock of a surgery.

THE IDEAL MEAL FOR WEIGHT LOSS

The ideal meal is one that is made up of the following: $\frac{1}{2}$ of your meal to be $\frac{1}{2}$ low protein, $\frac{1}{4}$ of your meal to be low starch vegetables and $\frac{1}{4}$ of your meal solid fruits. This type of meal will stay in your pouch a long time and is good for your health.

VOLUME vs. CALORIES

The gastric bypass patient needs to be aware of the length of time it takes to digest different foods and to focus on those that take up most space and take time to digest so as to stay in the pouch the longest. Don't worry about calories. This is the easiest way to “count your calories”. For example, a regular stomach person could gag down two whole sticks of butter at one sitting and be starved all day long, although they more than have enough calories for the day. But you take the same amount of calories in vegetables, and that same person simply would not be able to eat that much food at three sittings – it would stuff them way too much.

ISSUES FOR LONG TERM WEIGHT MAINTENANCE

Although everything stated in this report deals with the first year after surgery, it should be a lifestyle that will benefit the gastric bypass patient for years to come, and help keep the extra weight off.

COUNTER-INTUITIVENESS OF FLUID MANAGEMENT

I admit that avoiding fluids at mealtime and then pushing hard to drink fluids between meals is against everything normal in nature and not a natural thing to be doing. Regardless of that fact, it is the best way to stay full the longest between meals and not accidentally create a “soup” in the stomach that is easily digested.

SUPPORT GROUPS

It is natural for quite a few people to use the rules of the pouch and then tire of it and stop going by the rules. Others “get it” and adhere to the rules as a way of life to avoid ever regaining extra weight. Having a support group makes all the difference to those that go astray to be reminded of the importance of the rules of the pouch and to get back on track and keep that extra weight off. Support groups create a “peer pressure” to stick to the rules that the staff at the physician’s office simply can’t create.

TEETER-TOTTER EFFECT

Think of a teeter-totter suspended in air right in front of you. Now on the left end is exercise that you do and the right end is the foods that you eat. The more exercise you do on the left, the less you need to worry about the amounts of food you eat on the right. In exact reverse, the more you worry about the foods you eat and keep it healthy on the right, the less exercise you need on the left.

Now if you don’t concern yourself with either side, the higher the teeter-totter goes, which is your weight. The more you focus on one side or the other, or even both sides of the teeter totter, the lower it goes and the less you weigh.

BARIATRIC MEDICINE

A much more common problem is patients who after a year or two plateau at a level above their goal weight and don’t lose as much weight as they want. Be careful that they are not given the “regular” advice given to any average overweight individual. Several small meals or skipping a meal with a liquid protein substitute is not the way to go for gastric bypass patients. They must follow the rules, fill themselves quickly with hard to digest foods, water load between, increase their exercise and the weight should come off much easier than with regular people diets.

SUMMARY

1. The patient needs to understand how the new pouch physically works.
2. The patient needs to be able to evaluate their use of the tool, compare it to the ideal and see where they need to make changes.
3. Instruct your patient in all ways (through their eyes with visual aids, ears with lectures and emotions with stories and feelings) not only on how but why they need to learn to use their pouch.

The goal is for the patient to become an expert on how to use the pouch.

“Dummies” version written by Sally Perez

Original article written by: Mason.EE, Personal Communication, 1980

Barber. W, Diet al, Brain stem Response to Phasic Gastric Distention. A, J. Physiol 1983: 245(2): G242-8

Flanagan, L. Measurement of Functional Pouch Volume Following the Gastric Bypass Procedure. Ob Surg 1996; 6:38-43