

OWNER'S MANUAL: Index

Page

1	Index
2	Welcome Letter
3	The WLS Members and How to Contact Us
4	Pre-op Teaching Checklist (your copy)
5	Weight Loss Surgery Stats
6	Preparation Instructions
8	Pre-op Shopping List
10	Pre-Surgical Instructions
11	Surgery Day
11	Morning of Surgery
12	Day of Surgery
13	Discharge Instructions
14	Follow-Up
15	Recovery Program
16	Post-op Diet Overview
17	Your New Diet / 10 Important Rules
21	Protein List
25	Internet / Support Groups

Note: the contents of this manual are the property of Weight Loss Surgery Center of Wyoming and it is unlawful to reproduce this booklet in whole or in part without permission from the owners.



Dear Patient,

Congratulations on your “decision of a lifetime!” We have developed the Weight Loss Surgery Owner’s Manual (Lap Band) to help guide you through this exciting time. Weight Loss Surgery Center of Wyoming is the first and only center in Wyoming to offer the adjustable Lap-Band. All procedures are performed minimally invasive by our advanced laparoscopic bariatric surgeon, Dennis Lewis, MD, FACS.

Please review this manual at home and bring it with you to the hospital and for follow-up visits with the surgeon. The 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, RN, FNP-C
Bariatric Program Director

Dennis Lewis, MD, FACS
General Surgeon

Revised 01/06-DM

Weight Loss Surgery of Wyoming
716 College View Dr., Suite B
Riverton, Wyoming 82501
Phone: 307-856-9962
Toll Free: 800-589-7942

Websites: <http://www.weightlossurgerywyoming.com>
<http://www.riverton-hospital.com>

Bariatric Team Members:

Debbie McClure

Nurse Practitioner

307-856-9962

e-mail: Debbie.Mcclure@LPNT.net

Richard Wheeler, MD

Psychiatrist/Consultant

307-332-9577

Nanette Meredith, RD

Program Dietician

307-857-3414

e-mail: Nanette.Meredith@LPNT.net

Donna Post, RN

Surgeon's Office Staff

307-857-5220

Riverton Memorial Hospital

(For after hours calling)

307-856-4161

PREOP TEACHING CHECKLIST FOR LAP BAND

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

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

_____ I understand the importance of taking in 2-4 oz of water or non-sugar/carbonated fluids 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 32 oz when I leave the hospital and then up to 64oz/day or more.

_____ 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 will be encouraged to take supplemental vitamins with Iron for the rest of my life.

_____ 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 take in 70 gms/day. This may require continuing to take in the supplemental protein.

_____ I have reviewed the diet progression handout, and understand that my individual advancement to normal food needs to be gradual and supervised by the team.

_____ 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 while eating.

_____ I understand that pork and beef will be the last foods I will add to my diet. This will be at approximately 8 weeks.

_____ 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.

_____ I understand that I should take measures to avoid pregnancy for the first year post-op.

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

_____ I understand that the Lap Band surgery is a tool. It is possible to regain weight and I must become an informed and willing team member involved in my own success.

_____ I understand that I must be willing to accept blood products during or after surgery if my condition is such that the physician deems it necessary.

Patient Name (please print): _____

Patient Signature: _____ Date: _____

Pre-Op Instructions Given by: _____ Date: _____

In Preparation for Your Weight Loss (Bariatric) Surgery

Preface

This section will outline for you and your family the routine of the Lap Band patient. The usual hospital stay is 23 hours; 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, deodorant, 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
- Powder
- Chapstick
- Robe and slippers for walking (spacious hospital gowns are provided)
- **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 Located just past the main entrance and to your right.

Room: 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 one month 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.

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
- Stop all beverages which contain caffeine
- If you smoke....stop smoking
- Begin a routine exercise program (consult your physician first)
- Begin cutting food into small pieces and practice chewing very well
- Stop any over the counter Herbal Supplements
- Join the online support group and come to monthly support meetings

Pre-Operative Shopping List for Lap Band 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. The Bariatric Nurse will review these items before you return home.

- 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

ALSO-

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, Smoothie King, Wal-Mart and various health food stores nutritional web sites. We have a list if you desire.

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

Herbal Life Thermojetics protein powder mix (wild berry or peach mango) – Must be purchased through an independent distributor. Ask a staff member for a contact name and number.

PRO COMPLEX

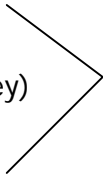
OPTIMA WHEY PROTEIN

DESIGNER PROTEIN (Whey)

LIQUID PROTEINEX

MET-Rx RTD Lite

Atkins Advantage Shakes (Wal-Mart)



<http://www.bariatriceating.com/>

OVER THE COUNTER MEDICATIONS:

Any antibacterial soap like Dial or Safeguard

Liquid Tylenol (Adult, not children's) Adult Extra Strength Tylenol Liquid 325mg/5ml.

Gas-X or liquid Mylicon

Imodium

Tylenol PM (crush or cut in two pieces)

VITAMINS:

Complete multi-vitamin with iron (chewable for first month).

Pre-Surgical Instructions

Your Pre-Op

Groceries:

- Clear liquids (Popsicles, jell-o, broth, juice, Propel water)
- Hibiclens or other Antibacterial Soap

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.
- Hibiclens or antibacterial soap shower.
- ***NOTHING BY MOUTH AFTER MIDNIGHT.***
NO GUM, NO MINTS, NO WATER
- Remove all fingernail polish.

DATE: _____

DAY OF SURGERY:

- Hibiclens or antibacterial soap 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 registration desk just inside the main entrance of the hospital (if before 6:45 a.m. report to Emergency Room Registration area to be checked in). A clerk will check you in at the desk and verify insurance information and/or collect any money due. 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 the surgery waiting area 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 1-2 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. If family members have questions or concerns between updates, they may step up to the desk clerk and ask for more information.

Once in the surgery suite, Anesthesia will put you to sleep, and then intubate you (place the breathing tube). You will be prepped and draped, and then your surgery will begin.

Day of 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.

From the PACU you will be taken to your room on the medical-surgical floor. 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 initially, then sugar-free clear liquids and protein supplements. You will be encouraged to be up walking within 2 hours. You may be discharged that evening (if you are tolerating liquids well and pain is controlled) or first thing the next a.m.

Discharge Instructions

- BATHING:** You may shower. Your incisions may get wet, but otherwise keep them dry. No tub baths, swimming or hot tub use.
- DRESSINGS:** Steri-strips will fall off on their own. 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. Do not clean with Peroxide or use antibiotic ointment.
- ACTIVITY:** You may resume usual self-care. You may drive when your surgeon advises. No lifting, pushing, pulling or tugging over 25 lbs. for 3 weeks. **Walking every day and using incentive spirometry at least 4 times a day (for 2 weeks) is very important.**
- 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.
Other medications as indicated by Surgeon or Physician at discharge.

NO ASPIRIN, NO NONSTEROIDAL ANTI-INFLAMMATORY DRUGS UNTIL SURGEON GIVES APPROVAL

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 Lap Band Surgery

You have completed your hospital stay following your Lap Band 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 band adjustments will be done based on each individual's progress.

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 few days 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 surgeon before restarting medications for diabetes, as your requirements may be much different than they were prior to your surgery.

DO NOT RESTART hormones / birth control pills / Depo provera injections, aspirin or other nonsteroidal anti-inflammatory medications ("arthritis meds") without prior approval of the surgeon.

POST-OP DIET FOR LAP BAND

Remember: Try one new food at a time, in small (1-2 oz) servings, and chew, chew, chew.

Days 1-2		Day 3	Days 5-6
Clear Liquids (32 – 64 ounces per day). Add liquid protein supplements (70 grams per day).		Add full liquids, V-8 juice, thin cream soups and yogurt.	Add applesauce, pudding, smoothies and bananas.
Day 7 (1 week)	Days 8-10	Days 11-12	Day 14 (2 weeks)
Add mashed potatoes, cream of wheat and baby food (No grits, rice, pasta or peanut butter). Well-cooked vegetables, vegetable soup and legumes (beans) well cooked.	Add Baked potato, oatmeal, soft boiled & scrambled eggs, cottage cheese and canned pears. (Try low-fat cheese to eggs and potatoes.)	Slowly add fresh fruits Chew well Eat slowly Continue protein supplement Drink 64 oz per day	SLOWLY add <u>baked</u> fish, tuna (with no fat mayonnaise), toast or crackers, small amount of rice, pasta, vegetables (except: asparagus, celery, corn) and whole grain cereal (granola bars, protein bars)
Days 16-8 (approx. 3-4 weeks)	Day 56 (8 weeks) and after	GOLDEN RULES	GOALS
You'll be ready to try baked turkey and chicken and salads.	You can move on to ground beef, and then gradually add roast beef, ham and sausage. Steak should be last!!	<ul style="list-style-type: none"> • Eat until comfortable NOT FULL. • Choose protein first. • Eat slowly, chew well. • Don't drink 15 minutes before or 2 hours after meals. • Liquids will not satisfy hunger • Exercise daily 	<ul style="list-style-type: none"> • Protein: 70 grams per day • 64 ounces fluid per day • Carbohydrates <100 • Fats <25

YOUR NEW DIET

When you can eat solid foods without problems, you will need to pay close attention to your diet. Liquids will pass through the reduced stomach pouch quickly and will not make you feel full. You should avoid high-calorie drinks from this point on. Drink water, broth, tea, and coffee (without sugar). Artificial sweeteners are okay (Splenda, Equal and Sweet n'Low)

Too much food or big chunks of food can block the stomach pouch outlet. You can avoid this problem by chewing food well and eating small bites at a time. Eat only three small meals a day. Make sure that these meals contain adequate nutrients. A healthy meal has vegetables, fruit, meat, bread and/or dairy products.

10 important rules

Here are ten rules for eating, drinking and exercise that will help you get the best results you can with the LAP-BAND System. How willing you are to follow a new way of eating is key to making the operation a success.

1. Eat only three small meals a day.
2. Eat slowly and chew thoroughly (approximately 15 to 20 times a bite).
3. Stop eating as soon as you feel full.
4. Do not drink while you are eating.
5. Do not eat between meals.
6. Eat only good quality foods.
7. Avoid fibrous food.
8. Drink enough fluids during the day (at least 64 ounces).
9. Drink only low-calorie liquids.
10. Exercise at least 30 minutes a day.

Why the rules are important and how to make them work

Rule 1 – Eat only three small meals a day

The LAP-BAND System creates a small stomach pouch that can hold only about half a cup (3 to 4 ounces) of food. If you try to eat more than this at one time you may become nauseous. You may also vomit. **If you routinely eat too much, the small stomach pouch may stretch.** That will cancel the effect of the operation. Frequent vomiting can also cause certain complications, such as stomach slippage. You need to learn how much your stomach pouch can hold comfortably and then not exceed this amount.

Rule 2 – Eat slowly and chew thoroughly

Food can pass through the new stoma only if it has been “chopped” into very small pieces. **Always remember to take more time for your meals and chew your food very well.**

Rule 3 – Stop eating as soon as you feel full

Once your stomach is full, your body receives a signal that you have eaten enough. It takes time though, for you to become aware of this signal. **If you hurry your meal, you may eat more than you need.** This can lead to nausea and vomiting. Take time over your meal. Try to recognize the feeling of fullness. **Then stop eating at once.**

Rule 4 – Do not drink while you are eating

This operation can work only if you eat solid food. If you drink at mealtimes, the food you have eaten becomes liquid. Then the effectiveness of the LAP-BAND System is greatly reduced. **You should not drink anything for one to two hours after a meal.** That way you can keep the feeling of fullness as long as possible.

Rule 5 – Do not eat between meals

After a meal, do not eat anything else until the next meal. Eating snacks between meals is one of the major reasons for weight-loss failure. It is very important to break this habit.

Rule 6 – Eat only good quality foods

With the LAP-BAND System in place, you should be able to eat only a small amount. So the food you eat should be as healthy as possible. **Do not fill your stomach pouch with “junk” food that lacks vitamins and other important nutrients.** Your meals should be high in protein and vitamins. Fresh vegetables, fruit, meat, and cereals are good foods to choose. Foods high in fat and sugar are not. You may eat apples and oranges, but try to avoid orange juice and apple juice.

Note: Solid food is more important than liquid food. **The LAP-BAND System will have little or no effect if you eat only liquid food.** Liquid food passes through the stomach outlet very quickly and does not make you feel full.

Rule 7 – Avoid fibrous food

Food such as asparagus that contains many fibers can block the stoma. That's because you can't chew this food well enough to break it up into small pieces and your saliva can't break it down. **Fibrous food should be avoided.** If you would like to eat asparagus or other fibrous foods once in a while, then you must be sure to cook them well, cut them into very small pieces first and then chew thoroughly.

Rule 8 – Drink enough fluids during the day

If you lose weight, your fat content will drop. That results in waste products. You will need to drink large amounts of liquid every day in order to urinate more and excrete these waste products from your body. Individual needs will vary, but you should drink at least 6-8 glasses of water a day. Also, **keep your food and drinks completely separate during the day.**

Rule 9 – Drink only low-calorie liquids

Drinks, including those containing calories, simply run through the narrow outlet created by the band. If you drink liquids high in calories, you will lose little weight, even if you otherwise follow your diet.

Rule 10 – Exercise at least 30 minutes a day

This rule is just as important as the other nine rules. Since physical exercise consumes energy and burns calories, it is very important to successful weight loss.

Exercise can help improve your general health. Your size may make it hard for you to exercise as much as you should. But get started, even if it is a little at first. The more weight you lose, the easier it should get. **Start with simple exercises**, such as walking and swimming.

Gradually expand your program to include more vigorous forms of exercise such as cycling, jogging and aerobics.

Increase your activity level in the course of daily living. For example: stand rather than sit, walk rather than stand, be outside rather than inside, walk rather than drive, climb the stairs rather than use the elevator, etc.

Your food

Use this section to help you plan what you eat. You may choose what you would like from each of these food groups each day:

1. Fruit and vegetables

- 2 to 3 servings of fresh vegetables daily
- 1 to 2 servings of fresh fruit daily

2. Bread and cereals

- 1 small portion of corn flakes for breakfast
- 1 to 2 slices of whole wheat or rye bread each day (If you want, you can spread just a little margarine or butter on the bread.)

3. Meat products

- 1 oz. To 2 oz. Of meat, fish or poultry or one egg each day (Remove all visible fat from the meat. Remove the skin from poultry. Prepare the meat in ways that need very little fat. Grilling, steaming, microwaving, or boiling are all good ways to do that.)

4. Dairy products

Milk and yogurt are calories in liquid form. In theory, then, they should be avoided. But these types of food have calcium. That makes them an important part of a healthy diet. Choose a maximum of 2 cups of skimmed milk or low-fat yogurt and 1 oz. of cheese a day.

5. Fats

Restrict the use of fat to 3 to 4 teaspoons of margarine, butter, or oil per day. You can have low-fat salad dressings and mayonnaise in moderation.

6. Liquids

Drink as many calorie-free liquids per day as you wish. Suitable drinks are:

- Tea or coffee (decaf)
- Water
- Non-carbonated beverages containing few or no calories
- Clear soup

Some doctors have reported that carbonated beverages may contribute to enlargement of the small pouch and should be avoided.

7. Food to avoid

These foods have a concentrated supply of calories with little nutritional value. These empty-calorie foods should be left out of your healthy diet.

Sugar and foodstuffs containing large quantities of sugar, such as:

- High-calorie soft drinks
- Syrups
- Cakes
- Biscuits
- Sweets
- Jam
- Marmalade
- Honey

High-fat foods including:

- Chocolate
- Chips
- Pie
- Pastries

Alcoholic drinks should also be avoided as much as possible. These are drinks such as:

- Beer
- Wine
- Liquors
- Port
- Sherry
- Cocktails
- Champagne
- Other high-calorie drinks

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

FOOD	PORTION	PROTEIN GRAMS	CALORIES
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
Grouper	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	½ 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	½ cup	9	115
Lima beans-canned	½ cup	6	93
Liver-beef or chicken	3 oz.	23	184
Lobster-cooked	½ 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	½ 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	½ cup	4	59
Peas-spit peas, cooked	½ cup	8	115
Perch	3 oz.	21	99
Pike-cooked	3 oz.	21	96
Pink beans-cooked	½ cup	7	125
Pinto beans-cooked	½ cup	5	90
Pollack-baked	3 oz.	21	100
Pompano-Florida, cooked	3 oz.	20	179

FOOD	PORTION	PROTEIN GRAMS	CALORIES
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	½ 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
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.

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:

Other sites: <http://www.weightlossurgerywyoming.com>
<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 weight loss surgery 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 programs 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 weight loss surgery patients. We strongly encourage you to attend support groups, which are announced monthly 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).