



Peachtree Surgical & Bariatrics

Laparoscopic Gastric Bypass & Gastric Bypass
Revision
Patient Manual Guide



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Continuum of Care & Patient Process

Pre-Operative Phase

- Initial consult with Nurse Practitioner
- Insurance clearances reviewed with Advocate
- Nutritional consult and any insurance required weight loss visits
- All 3rd party required appointments
- Attend Support Groups

Surgical Phase

- Pre-op appointment with Surgeon a few days before surgery
- Endoscopy (EGD) with surgeon a few days before surgery
- Procedure with Surgeon

Post-Operative Phase

- 1 week drain removal appointment (if applicable)
- 2 week post-operative appointment with a Clinician
- 6 week post-operative appointment with Clinician
- Months 3-6: Monthly appointments with the Nutritionist, Exercise Physiologist, Nurse Practitioner or Lifestyle Therapist at Support Group
- At 6 months and going forward: Annual check- ups by Nurse Practitioner
- Ongoing: Additional visits Nurse Practitioner, Nutritionist & with Mental Health Therapist at support groups

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Morbid Obesity and Bariatric Surgery

Morbid obesity is a chronic disease that afflicts approximately 9 million American adults. The health effects associated with morbid obesity are numerous and can be disabling. Often, individuals with morbid obesity suffer with more than one health effect, creating a situation that can shorten life span and negatively impact quality of life.

Health Consequences of Obesity:

Obesity increases the risk of many health conditions, including the following:

Coronary heart disease, stroke, and high blood pressure.

Type 2 diabetes.

Cancers, such as endometrial, breast, and colon cancer.

High total cholesterol or high levels of triglycerides.

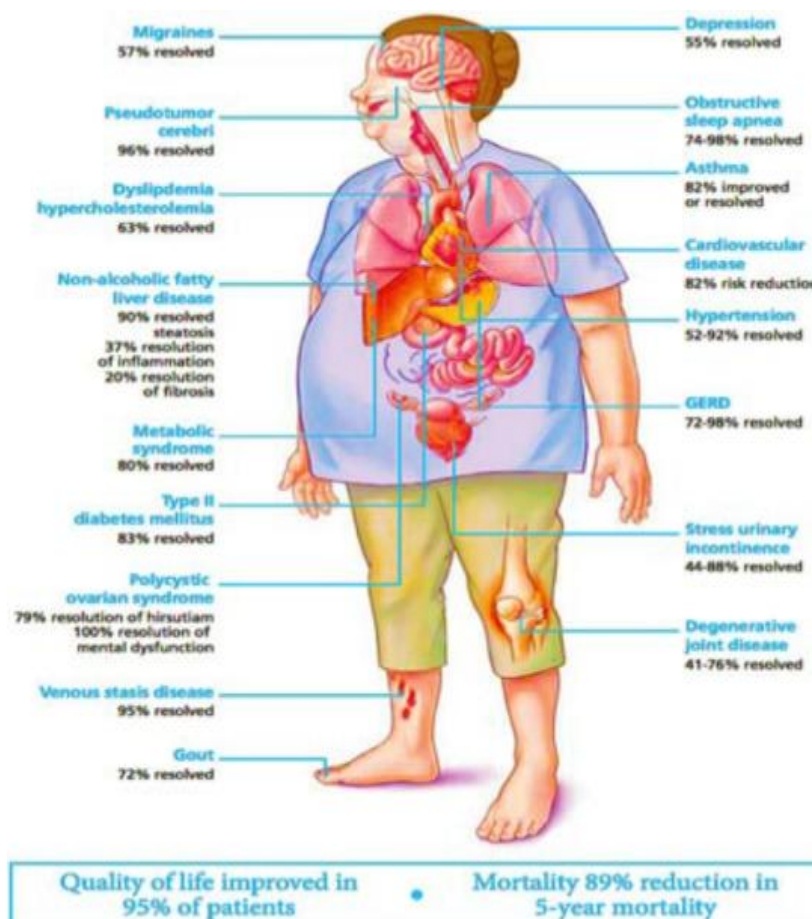
Liver and gallbladder disease.

Sleep apnea and respiratory problems.

Degeneration of cartilage and underlying bone within a joint (osteoarthritis).

Reproductive health complications such as infertility.

Mental health conditions



For many patients struggling with obesity, diet and exercise alone is just not enough. Bariatric surgery provides a powerful tool that will help you achieve optimal weight loss.

Bariatric surgery is major surgery. Our surgeon will perform your surgery laparoscopically (using only small incisions). Laproscopic surgery reduces complication and recovery time. An obese patient's risk for complication following major surgery is increased when compared to non-obese patients undergoing similar surgery.

At Peachtree Surgical and Bariatrics, your health and safety is a priority. Prior to surgery, we will screen you for potential risk factors that may lead to complications. You will undergo a series of testing and clearances before you are safe for surgery.

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 after surgery :

- Cardiovascular: heart attack, stroke or death.
- Respiratory: pneumonia, pulmonary embolus.
- Wound infection (<5%)
- Stomach/Intestinal Problems: leak from stomach or intestinal surgical sites (<1%) intestinal blockage (1-2%), stomal stenosis from scarring (1%), dumping syndrome (cramping bloating, diarrhea after eating).
- Injury to Nearby Organs: spleen-splenectomy (<1%), significant liver-bleeding (<1%), or potential for transfusions (<5%)
- Malnutrition: excessive weight loss, vitamin deficiencies, hair loss, bone weakening, gallstones or kidney stones.

Signs and Symptoms of Complications

Leak at the Anastomosis (Connection from your small intestines to your new pouch)

During your surgery, your surgeon will check to see if your new connection has an air leak. This is done by filling your new pouch with air and your belly with saline. If there are air bubbles present, the anastomosis will be reinforced.

Call the office if you experience

- Increased heart rate
- Sense of anxiety
- Fever
- Worsening Shortness of breath
- Uncontrolled pain
- Yellow/green /brown drainage from JP drain

These may be signs of a leak at your anastomosis and may require intervention.

Pulmonary Embolism

A pulmonary embolism is a blood clot that has traveled from another part of your body, usually your legs that blocks air from going in and out of your lungs. This is the most common early complication of surgery.

This is a medical emergency!

Go Straight To Your Local Emergency Room If You Experience:

Shortness of breath and Difficulty Breathing

- May occur at rest and start suddenly
- Chest pain
 - Under the breastbone or on one side
 - Especially sharp or stabbing; aching, or dull, heavy sensation

- May get worse with deep breathing, coughing, eating, bending, or stooping (person may bend over or hold his or her chest in response to the pain)
- Rapid heart rate
- Anxiety
- Cough
 - Begins suddenly and may have some blood or blood-streaked sputum

What you can do to prevent a Pulmonary Embolism

In the hospital...

WALK, WALK, WALK!!!

The day of surgery, the nurses will have you walking in the halls. This will help to decrease the chance of a blood clot in your legs. You will also be given a blood thinner after surgery.

You will also use a compression device on your legs while lying in bed in the hospital to decrease the risk.

At home...

WALK, WALK, WALK!!!

During your waking hours, you will need to walk for a few minutes every hour

Choose the bathroom furthest from your room. Resume your activities as directed.

Dehydration

- It is very important that you consume 64oz (8 glasses) of water a day.
- You won't be able to drink as usual; instead you will need to sip a little at a time throughout the day.
- Dehydration may lead to hospitalization.

To prevent this...

Sip, Sip, Sip all day long! Room temperature liquids are best

Wound Infection

After surgery, you will have multiple small incisions on your abdomen and in your belly button.

You will have steri strips on these incisions.

- Please call your surgeon if you experience:
 - Redness at incision site
 - Increased tenderness or warmth at incision site
 - Fever >101.0
 - Yellow or green discharge at incision site
 - Excessive swelling at incision site
 - If bleeding saturates the 2nd dressing

We recommend that you clean your incision sites, especially your belly button with hydrogen peroxide or Alcohol pads at least once a day to prevent infection.

- Drainage is normal from your belly button, but if it is thick, yellow or tan please contact the office.

Vitamin Deficiency

After your surgery, it is extremely important that you continue to take your vitamins daily as directed by your provider. Every vitamin that we tell you to take is essential for your health and overall wellbeing.

Calcium → necessary for maintaining bone strength and helps prevent fractures

Without calcium, you are at increased risk of fracture and osteoporosis

Vitamin D → aids with calcium absorption

Without vitamin D, you may experience fatigue, tingling and joint pain

Vitamin B12 → Nourishes the nervous system

Without vitamin B12, you may experience memory loss, numbness, tingling, paralysis

Iron → Carries Oxygen throughout the body

Without iron, you will feel tired and lack energy. You are at risk for a stroke, heart attack or anemia

B complex (B1 and B6) → helps support metabolism

Without B vitamins, you may experience memory loss, numbness, tingling, paralysis, altered balance

Recommended Vitamins

1. Multivitamin

200% (RDA) Recommended Daily Allowance

-Take 2 Multivitamins Daily

2. Vitamin B-12 (Cobalamin)

350mcg or greater every day by mouth

1000mcg twice a month by injection

3. Calcium 1500-2000mg/day+ 5000 IU Vitamin D

Divide this into 2- 3 doses per day

Choose a brand that contains calcium citrate and Vitamin D3

4. Iron – 100% RDA

Use one of the following types or iron

-Ferrous Sulfate – 325mg/day (Some brands may say 65mg equivalent to 325mg)

-Ferrous Gluconate – 325mg/day

-Elemental Iron – 18-27mg/day

5. B Complex (B1 and B6)

B-50 dosage or B-100 dosage

You will not be able to obtain all these vitamins from a single multivitamin

- To minimize that amount of pills taken, you can start with a multivitamin that contains the appropriate amount of iron and B vitamins. You will still need to take an additional calcium and vitamin D. The calcium and vitamin D in your multivitamin will not be enough.
- A prescription is not needed for vitamins. Vitamins can be purchased over the counter or online. You can visit the following websites for high quality vitamins:
Drsinatra.com, Designsforhealth.com, Bariatricadvantage.com
- You will not be able to swallow any whole pills for 6 weeks. Therefore, you will need to purchase a vitamin that is in the form of a liquid or chewable during this period.

- After 6 weeks you will be able to swallow small pills (size of a pencil eraser)
- We will draw blood and monitor your vitamin levels at 6 weeks and every 6 months after surgery.
- We will make additional vitamin recommendations based on your individual lab work

Preparing for Weight Loss Surgery

Pre-Operative Preparation

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

- Stop all carbonated beverages
- Stop all beverages which contain caffeine
- Begin a routine exercise program (consult your physician first)
- Begin cutting food into small pieces and practice chewing very well
- Join a monthly support group

Begin the practice of not drinking with your meals. Stop drinking 30 minutes before you eat and do not drink again until 30 minutes after your eat. This will be a requirement following your surgical procedure and needs to become a lifetime habit.

Have your physician convert all of your time released or extended released medication to non time released. If you are unsure about which medications to stop, contact your pharmacist.

Smoking Cessation

You will be required to stop smoking 6-8 weeks prior surgery. Nicotine increases the risk of complications during surgery. Please contact your primary care provider if you need assistance in smoking cessation.

Two Weeks before Surgery

Start on a High Protein Diet. You need to purchase a whey protein shake mixture from any of your local grocery stores or Retail stores such as GNC, Wal-Mart, and Target. The protein shakes must be low in sugars and carbohydrate. Drink the protein shake for breakfast and for a snack. Eat a lean meat and vegetable for lunch and dinner. This will help shrink the liver prior to surgery. You may drink other liquid drinks (sugar free) in between the meal. **See page 27 for a complete list of protein supplements.**



One Week before Surgery

Do not take Coumadin, Plavix, Aspirin, Ibuprofen or other arthritis medications for one week before surgery, because these medications can cause stomach irritation and/or more bleeding after surgery.



2 Day Liquid Diet Prior to Gastric Bypass

You will need to consume liquids only for the 2 days prior to surgery. This would include:

Apple or other clear juice (juice without pulp)

Water or flavored water products

Clear Broth (Chicken, vegetable or beef)

Protein shakes

Jell-O (any color is fine)

Low fat /skim milk

Popsicles (sugar free)

NO SOLID FOOD

Endoscopy (EGD)

You will be scheduled for an EGD prior to surgery. An EGD is a procedure in which a scope or small camera is passed down your esophagus, stomach and small intestine. The EGD will allow your surgeon to visualize your stomach prior to surgery. **REMEMBER**, Nothing to eat or drink after midnight prior to this procedure.

Morning of Surgery

You will receive a call from the office the night prior to your EGD and/or surgical procedure to be told when to report to the hospital. You will be asked to report between 5:30 AM and 9:30 AM to the AM Procedure Unit on the 7th Floor of Atlanta Medical Center. For patients going to Emory University Hospital Midtown, you will be given specific instructions when you go for your pre-op evaluation. If you are having your surgery at the Surgery Center of Atlanta, you will go to the facility on your pre-op visit and sign consents and be oriented to the facility. Please remember to bring a picture ID and/or driver's license with you to the hospital. We will need to verify your identification prior to placing an arm band on your wrist.



You will be asked to remove all of your clothing and put on a patient gown and a pair of booties. The nurse will start an IV in preparation for surgery.

You will receive medications that have been ordered by your physician or anesthesia at this time in preparation for surgery.

If you consumed any medication the morning prior to reporting to the hospital you will need to let the nurse know.

You will be taken to the Operating Room and placed in the Holding Area. Upon arrival to the holding area, you will meet the individuals who will be taking care of you during surgery. The anesthesiologists will speak to you as well, and you will be given some medication that will make you very drowsy prior to actually being taken to the Operating Room suite.

Your family members will be asked to wait in the Surgical Waiting Room. This waiting room is also shared by family members of patients that are in the intensive care unit. Please limit your family members to three (2) adults. Children under the age of 12 should not accompany patients to the hospital or surgery center.

After Surgery

You will be taken to the Recovery Room following surgery where they will monitor your respiratory status and other vital signs to be sure you are stable before sending you to the nursing unit. If there should be any concerns regarding your vital signs or respiratory status, you may be sent to the Surgical Intensive Care Unit to be monitored post operatively. This does take place on occasionally and you should be aware of the possibility.

You may experience pressure in your abdomen during your stay in the recovery room. This is a normal occurrence; however, you should notify your nurse of any discomfort that you may be experiencing.

When the Anesthesiologist feels you are stable and doing well, you will be evaluated for discharge.

Discharge Instructions

BATHING:

You may shower 48 hours after surgery. No tubs baths, swimming or hot tub use for 4 weeks following surgery.

DRESSINGS:

Keep the dressing dry for 48 hours after surgery. After 48 hours you may remove the top dressing and leave the steri-strips (thin white pieces of tape). These may get wet and will eventually fall off voluntarily. The ones remaining can be removed after 10 days or at your first post-op visit.

- The umbilical area may not have steri-strips. The umbilical area may drain a clear light brown or pale red color fluid. This is ok as long as the drainage is not pale yellow or tan in color. Some of you will have clear glue like substance over your incisions. This will stay on until it peels off by itself.
- Your incisions should be cleaned once a day with Hydrogen Peroxide and a cotton ball or gauze. Clean the belly button (umbilicus) area with Hydrogen Peroxide or alcohol as long as it is draining. Do not put any Q-Tips into your umbilicus!

ACTIVITY:

You may resume usual self-care. You may drive when you feel you are able and you are not taking prescription pain medication.

- You are cleared to start walking right away.
 - Walking every day and using incentive spirometry (the breathing machine that we give you) at least 4 times a day (for 2 weeks) is very important.
- No lifting, pushing, pulling or tugging over 25 lbs. for 4 weeks.
- You will be allowed to start resistance exercise 1-2 weeks after surgery.
- No core or abdominal exercises such as sit ups or crunches for 4- 6 weeks after surgery

REMEMBER TO STOP TAKING YOUR MEDICATION FOR DIABETES AFTER YOUR DOSE ON THE DAY OF SURGERY. HOWEVER CONTINUE TO CHECK YOUR SUGAR AT HOME. IF YOUR SUGAR INCREASES ABOVE 150 CALL YOUR PRIMARY PHYSICIAN SO HE CAN MANAGE YOUR SUGAR. REMEMBER TO CONTINUE TO TAKE ALL OF YOUR OTHER MEDICATIONS AND LET YOUR PCP OR CARDIOLOGIST DECREASE THEM AS NEEDED.

Your Program of Recovery after Surgery

TROUBLESHOOTING

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.

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

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 un-chewed 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.

Be careful with fibrous food.

Although we will teach you that fiber is good for you, food that contains many fibers, such as asparagus, can cause the food to become stuck. That's because sometime you don't chew this food well enough to break it up into small pieces and your saliva can't break it down. If you would like to eat asparagus or other fibrous foods once in a while, then be sure to cook them well, cut them into very small pieces first, and then chew thoroughly.

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.

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:

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

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 office immediately.

Frothing

As the new pouch heals, mucous sometimes is excreted to help break down food. With some patients, this mucous will back 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.

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 that contain simethicone, such as Mylanta, Maalox and Gaviscon, Gas X.



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 protein deficiencies, and 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 increasing your protein intake to 80 grams each day. We also recommend adding Biotin to your vitamin regimen. Biotin is a vitamin specifically designed to increase hair strength and growth

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 fourth 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 such as oatmeal, bananas, fruits, and fiber products. You may also try Smooth Moves, Apricot or Prune juice, unsweetened, Milk of Magnesia or Miralax.

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 the office. You may have bloody stools (black tarry) the first 1-2 bowel movements. If this persists, please call the office.

If constipation, bloating or diarrhea occur for a prolonged period, it may be helpful to try taking a daily probiotic. **Probiotics** are naturally occurring “good” bacteria that live in our gastrointestinal tracts. After surgery or the use of antibiotics, this sensitive balance of good bacteria can be altered allowing the “bad” bacteria to take over. But probiotics from foods and supplements can play a role in helping restore this balance and alleviating symptoms of gas, bloating, diarrhea and constipation. Probiotics are available over the counter at your local drugstore.

Dumping Syndrome

Dumping syndrome occurs when the undigested food from your stomach moves rapidly into your intestines. Common symptoms include abdominal cramps, nausea, diarrhea, hot flashes or dizziness. Symptoms can start immediately after eating or 1-3 hours later. Dumping syndrome usually occurs after eating foods that are high in carbohydrates and sugar. Dumping syndrome is managed by adjusting your diet.

Sleeping

You may sleep in whatever position is comfortable when you get home. that sleeping on their stomach may not be comfortable for many weeks discomfort. If you are having difficulty sleeping, this is normal and 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.



Many people find due to abdominal most likely due to

Headaches

Some of you who were without anti-depression medication for several days may have migraine type headaches as a withdrawal effect. Please resume these medications ASAP. (No extended or time released medications.)

Returning to Work

You should plan on taking 7-14 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 and we will be happy to assist you with their completion. Remember, NO lifting over 25lbs. For 4 weeks...NO EXCEPTIONS.

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 can resume sexual relations when desirable, keeping the restrictions on other physical activity in mind.

Pregnancy after Surgery

Women of childbearing age should be on a reliable method of birth control until their weight has stabilized for at least 12-18 months. We DO NOT recommend pregnancy until at least 12 months after surgery! If pregnancy does occur, a detailed consultation with your bariatric surgeon and obstetrician will be necessary to assess your nutritional status. After delivery, weight loss will resume

Alcohol Consumption

After bariatric surgery, you will feel the effects of alcohol much faster. Blood alcohol levels peak higher and take longer to return to normal due to altered metabolism after bariatric surgery.

- Avoid alcohol for the first six months after bariatric surgery.
- When drinking, remember that small amounts of alcohol can cause intoxication or can result in low blood glucose with serious consequences.
- When you get permission to start drinking alcohol again, avoid carbonated beverages and sugary drink mixers.
- Never drink and drive, even after consuming only minimal alcohol.
- Be aware of the calorie content of alcohol.
- If you find yourself drinking regularly to cope with emotions or stress, seek help by consulting with your primary care doctor.

What to Expect after Surgery

It is very important to follow the eating and drinking instructions starting right after the operation to allow the new stomach structure to heal completely and in the right position.

You will notice a difference in the amount and type of food you can eat. You will receive nutritional counseling to help show you the dos and don'ts. Since the amount of food you can eat will be much less, it becomes very important to eat the right types of food to be sure your body gets enough nutrients.

It is reasonable to expect to lose about half of your excess body weight after Gastric Bypass surgery. Most patients lose about 80-100 pounds in the first year and stabilize at their new lower weight 2 years after surgery.

It is very important to follow the eating and drinking instructions starting right after the operation to allow the new stomach structure to heal completely and in the right position.

Helpful Rules to Effective Weight Loss

It is important to understand that weight loss should be gradual, sustained, and accompanied by careful attention to proper nutrition. Understand that you are not alone, and we are here to help you overcome this disease and put you on the track of a healthy life.

Rule 1: Eat 3 small meals and 2 snacks per day.

The fewer meals you eat, the less your body will want to burn fat. Avoid skipping meals, especially breakfast. Breakfast is the most important meal of the day and should be consumed within the first 2 hours after waking. Breakfast helps regulate stress hormones that control hunger. Skipping breakfast will lead to increased cravings, hunger and dips in energy throughout the day.

Rule 2: Stop eating as soon as you get a feeling of being satisfied.

This is a tough one. Once your stomach is getting 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 rush through your meal, you may eat more than you need. This can lead to nausea and vomiting and stretching of the pouch. Take time to enjoy every bite of your meal. Learn to recognize the feeling of satisfaction-then stop eating at once. If you try to eat until you're full, you may be eating too much and stretch your pouch or stretch the opening between the pouch and the small intestine. Either way, if this happens, you will wind up later eating more than you should.

Rule 3: Do not drink while you are eating.

The Gastric Bypass can work only if you eat solid food during your three meals. You should not drink anything for 30 minutes after a meal. This allows you to keep the feeling of fullness as long as possible. Eating and drinking at the same time may stretch your new stomach pouch.

Rule 4: Eat only good quality, nutritious food.

With the Gastric Bypass, you should be able to eat only a small amount so the food you eat should be as nutritious as possible. Follow the nutrition guidelines and instructions from our medical providers and dietitian. We prefer you eat predominantly protein and vegetables. A snack, if necessary, should be fruit, nuts, or low fat cheese sticks. We want you to limit the carbs as much as possible (oatmeal, grits, rice, mashed potatoes, fries, macaroni and cheese, breads, etc.) and of course the sweets found in desserts and candy-"just say NO".

Rule 5: Drink enough fluids during the day.

Drinking enough fluids is essential for staying hydrated and for flushing waste products out of your body. Individual needs will vary, but you should drink at least six to eight glasses of liquid a day. Remember: Drink

only non-carbonated/zero calorie liquids . Water is preferred. Remember to keep your food and drinks completely separate during the day.

Rule 6: Drink only low-calorie liquids.

Drinks, including those containing calories (milkshakes, sweet tea, juices, sodas), simply run through the narrow outlet created by the Gastric Bypass. **If you drink liquids high in calories and sugar, you will lose little weight, even if you follow all of the other dietary guidelines.**

Rule 7: Avoid foods that increase hunger and cravings

Coffee, artificial sweeteners, and sweet snack foods affect stress hormones and insulin levels which can increase hunger. Choose water, green tea and snacks that contain protein and fiber (fruits and vegetables) instead.

Exercise

Exercise is very important. Once your body detects that you are losing weight, it will try and slow things down by lowering your metabolism. Your body likes you just the way you are and it will try it's best to keep you at your current weight. We can't let your metabolism slow down at this point. If we do, the weight loss will stop. Exercise, especially resistance type exercise, will help speed your metabolism and counteract your body's attempt to slow things down. The more muscle you have, the faster you will burn fat!

Most people find that as the weight comes off after surgery, it becomes easier to exercise. We recommend that our patients exercise at least 10 - 30 minutes a day at least 5 days a week.





- When you get home, you should start a walking program to your tolerance. If you begin to feel short of breath, tired or exceed your target heart rate during the walking program, slow your pace or stop.
- Maintaining muscle mass by performing resistance exercises is very important to keep your metabolism from slowing down.
 - Resistance training is anything that gives resistance against your muscles.
 - Resistance training can be done with elastic bands, hand weights or simply using your own body weight
 - Try to do at least 15 minutes of resistance training each day.

We will start you on an exercise program that includes High Intensity Resistance Training. Our program will allow you to burn fat and increase your metabolism.



Remember that you should always check with your doctor about the amount and type of exercise that is best for you

Medications to **Avoid** After Bariatric Surgery

A.S.A. Enseals	BC Powder/Cold Powder	Dolobid
Advil	Bufferin—Regular & Extra Strength Buffex	Ecotrin Caplets/Tablets/Maximum Strength
Alka Seltzer	Buffinol Cama Arthritis Strength	Emperin
Anacin	Cataflam	Excedrin – any type
Anaprox	Clinoril	Feldene
ArthritisStrengthTri-Buffered Bufferin	Coricidin	Fiorinal
Ascriptin	Cortisone	Halfrin
Asperbuf	Daypro	Ibuprofen
Aspergum Aspirin – all Brands including Children’s	Dipyridamole	
Aspirin	Dislcid	
Indocin	Doan’s Pills	
Lodine Magnaprin	Nuprin Caplets/Tabs	
Maprin/Maprin 1-B	Orudis P-A-C Analgesic	
Measurin Mediprin	Pamprin	
Meclomen	Pepto-Bismol –any type	
Midol Caplet/200	Persantine	
Motrin	Tolectin	
Nalfon	Vanquish	
Naprosyn		
Norgesic		
	NO ASPIRIN,NO NONSTEROIDAL ANTI- INFLAMMATORY DRUG (NSAIDS) AVOID TIME RELEASED DRUGS	

Medications that are Considered **Safe** after Surgery

Benadryl

Tylenol

Dimetapp

Robitussin

Sudafed

Triaminics

Tylenol cold products

Tylenol Extra strength

Gas-X

Phazyme

Imodium

Colace

Dulcolax-suppositories

Fleets enema

Milk of Magnesia

Peri-colace

Claritin



Advancing Your Diet after Bariatric Surgery

Stage 1- Week 1: Clear Liquid Diet

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

You must sip fluids all day. The goal should be 4-8 ounces per hour for a total of at least 64 ounces of clear liquids per day.

Start children's chewable multiple vitamins with iron on the first day home (2 per day), along with calcium, and B-12.

Recommended Sugar-Free Clear Liquids:

- Clear Broth or Bouillon- Chicken, Beef, or Vegetable, can add protein powder
- Crystal Light or sugar-free Kool-Aid
- Decaf tea and coffee (NutraSweet, Splenda, Sweet-n-Low, Stevia allowed, non-dairy creamer is ok)
- Fruit juice sweetened with splenda or other artificial sweetener. Avoid citrus (orange, grapefruit, and pineapple) and tomato. Grape, apple and cranberry are okay. These beverages should contain less than 5 grams of sugar per serving,
- Herbal Tea or un-sweet tea – Caffeine Free
- Jello
- No carbonated beverages
- Propel Water, low calorie Gatorade (G2), or Powerade Zero
- Sugar Free drinks including Diabetic Breeze
- Sugar-free Carnation Instant Breakfast
- Sugar-free popsicles, Sugar Free Italian Ice
- Water



Take Supplements - Exercise Daily - Extra Protein - Drink Fluids

Stage 2- Week 2: Full Liquid Diet

Start high Protein Full Liquids (Pro-complex, Body Fortress, etc.) in addition to Sugar Free Clear Liquids.

RECOMMENDED FOODS:

- All food from previous stages
- If protein powder with clear liquid tolerated, then mix protein powder of choice with non-fat milk or Almond Breeze. If Lactose intolerant, use non-fat Lactase-Enzyme treated milk.
- Low Fat creamed soups – thinned (no chunks), check useful websites for recipes.

- Natural applesauce
- Non-fat Yogurt (sugar-free)/Greek Yogurt (stay under 10 grams of carbohydrates per serving)
- Skim milk or lactose free skim milk
- Fat-free / sugar-free pudding less than 60 calories and 8 grams of sugar per serving,
- Sugar-free pudding- make with skim milk and add protein power
- Unsweetened 100% Fruit Juice diluted with water without pulp (no orange juice, grapefruit or tomato juice).
Limit to 4 ounces per day.
- Protein shakes



Stage 3 - Week 3: Pureed Diet to Soft Diet

Pureed Diet to Soft Diet

- ✓ Add one new food at a time
- ✓ Aim for 48 to 64 ounces of fluid per day to prevent dehydration. Avoid drinking 30 minutes before and after meals
- ✓ Avoid starchy foods like white rice, pasta, breads, mash potatoes
- ✓ Chew completely and slowly
- ✓ Continue full liquids to pureed adding one new food at a time, as tolerated.
- ✓ Eat three (3) meals a day and (2) two snacks.
- ✓ Limit fats and avoid sugars.
- ✓ Protein is the priority (70-80 grams per day).



RECOMMENDED FOODS:

- All foods from previous stages.
- Blended protein shakes with non-fat, sugar-free frozen yogurt, pureed fruit
- Canned peaches, apricots, mandarin oranges or pears (sweetened with splenda)
- Dried beans and peas-navy beans, kidney beans, low fat 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).
- Eggs, scrambled or egg whites
- Hummus
- Lean meats (fish, tuna fish ,chicken, turkey) make sure the meats are moist and very chewed up before swallowing
- Low fat cheese containing less than 6 grams of fat per ounce (most 2% cheese), Low fat or nonfat cottage cheese (¼ cup), ricotta cheese
- Tuna fish made with low fat mayo

- Canned salmon without skin, ground turkey, ground chicken
- Soft cooked vegetables such as green beans, zucchini, squash (mushy in mouth before swallowing)

Stage 4 - Week 4: Add new foods one at a time

SOFT TO REGULAR DIET

- ✓ Aim for 64 ounces of fluids to prevent dehydration. Avoid drinking 30 minutes before and after meals.
- ✓ Continue drinking fluids especially water between meals and throughout the day.
- ✓ Three (3) meals a day, plus two (2) snacks, if needed. No more than two oz's of meat and 1 oz of other food for a meal and 1-2oz for snacks.

RECOMMENDED FOODS:

- All foods from previous stages.
- Avoid fibrous vegetables (raw cabbage, celery)
- Avoid fruit with membranes (oranges, grapefruit, pineapple, grapes)
- Avoid tough meats (steak, roast, pork chops)
- Cheese containing less than 5 grams of fat per ounce (most 2% cheese), Laughing Cow cheese, cheese sticks
- Dried beans and peas-navy beans, kidney beans, low fat 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).
- Lean meats (fish, tuna fish, chicken, turkey) make sure the meats are moist and very chewed up before swallowing
- Low fat or nonfat cottage cheese (¼ cup)
or canned in juice
- Soft cooked vegetables

Remember:

- Add one new food at a time
- Avoid starchy foods like rice, pasta, breads, potatoes
- Chew completely and slowly
- Continue supplemental protein (70-80 grams of protein is the daily goal)

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

- **Foods high in carbohydrates:** (Pasta, Rice, breads, Crackers, Potatoes-all types, Macaroni and cheese, Oatmeal, Grits, Sweets)
- Foods high in saturated fats and avoid trans fats
- Fried foods
- Sugar beverages such as juice and soda.

Why is Protein so Important?

- Protein aids in proper wound healing after bariatric surgery.
- Protein helps keep your hair, skin, bones and nails healthy
- Protein helps your body burn fat instead of muscle for a healthier weight loss.
- Protein helps build muscle which leads to quicker weight loss. Remember, the more muscle you have on your body, the faster your metabolism, and the more fat calories you will burn, even while at rest.
- Protein triggers the fat burning hormones in our body. Protein stimulates the release of glucagon which is a hormone that allows us to utilize our stored fat.
- Protein curb's your hunger between meals and avoid "snacking temptation".
- Protein allows you to feel full for a longer period of time.



Protein and your meals:

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

Half your meal size should consist of protein.

Try to have protein as part of every meal.



Protein-Rich Foods

Eggs, fish, chicken, turkey, tofu, shrimp. Try to choose white meat poultry. Nuts, beans, nonfat/low-fat cottage cheese, cheese, plain or artificially sweetened nonfat/low-fat yogurt, Lactaid milk.

How Do I Get The Recommended Amount of Protein I Need?

*It is recommended that you get average 60-80gm protein/day. This should be broken up into 3 meals, 2 snacks.

You can determine the protein amount with packaged/labeled foods, but foods without labels can be tricky

Here is a helpful explanation for protein content

▪ ounce of protein = 7gm of protein

▪ 1 egg = 7gm protein



▪ 3 oz serving of protein = 21gm protein

(size of palm of your hand or deck of cards)



Greek Yogurt:

Dannon light and fit 6 oz = 12 grams of protein

Yoplait: 1 container = 11gm of protein

Fage: 6oz = 15gm of protein for 0%, plain,
10gm of protein for Flavored, 2%

Chobani: 6oz = 14gm of protein



Why should Carbohydrates be avoided?

- **Carbohydrates activate the fat storing hormones in our body .** Once we consume foods that are high in carbohydrates and sugar, our blood sugar becomes elevated. Our body naturally makes insulin to regulate our blood sugar. However, insulin is a fat storing hormone and has a negative effect on weight loss. Once insulin levels are elevated, our body will store everything that we eat as fat for the next 24 hours.
- **Eating too many carbohydrates will make your portions larger.** Carbohydrates pass through your pouch and into your intestines much quicker than protein. This makes room for more food, ultimately making your portions larger. Because carbs don't stay in your pouch for a long period of time, you will start to feel hungry 1-2 hours after eating
- Carbohydrates also trigger inflammation in our entire body, including your new stomach pouch. Eating too many carbohydrates can stretch your pouch and increase your portion sizes.



Fiber

Not all carbohydrates are bad. Complex carbohydrates such as beans, fruits and vegetables are encouraged. These foods contain more fiber than sugar. Fiber counteracts the body's insulin response to sugar and can activate fat burning hormones. Fiber is also vital in controlling hunger and decreasing cravings.



Carbohydrates to Avoid

bread, rice, pasta, oatmeal, grits, cream of wheat, crackers, chips, macaroni and cheese, juices, sweet teas, sodas, potatoes, bagels, pancakes, cereal, tortilla, sweet treats such as cookies, cakes and candy



Food Labels:

Read all your food labels to determine the nutrient content and be on the lookout for hidden sugars. Serving size is important!

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.

Nutrition Facts	
Serving Size 55g	
Servings per Container about 7	
Amount Per Serving	
Calories 90	Calories from Fat 60
% Daily Value*	
Total Fat 6g	9 %
Saturated Fat 5g	10 %
Trans Fat 0g	
Cholesterol 20mg	7 %
Sodium 410mg	17 %
Total Carbohydrate 2g	1 %
Dietary Fiber 0g	0 %
Sugars 1g	
Protein 6g	
Vitamin A 10 %	Calcium 20 %
Vitamin C 0 %	Iron 0 %
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	
Calories: 2,000 2,500	
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholest	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carb	300g 375g
Fiber	25g 30g

Choose foods that contain:

- less than 10 grams of carbohydrates per serving
- less than 5 grams of sugar per serving
- more fiber than sugar

Your carbohydrate intake should contain be less than 40 grams per day

Your sugar intake should be less than 20 grams per day

Guidelines for Food Selection for Gastric Bypass Patients

The following list is to be used as a guide for making food selections.

Always work toward eating a low-carb, high protein diet.

	FOODS RECOMMENDED	MAY CAUSE DISTRESS
Protein	Eggs, fish, chicken, turkey, tofu, shrimp. Try to choose white meat poultry. 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 beef, lamb, pork during the first 3 months. Afterwards, beef, lamb and pork should be okay to eat.
Breads, Potatoes and Starch Substitutes	Green peas, *Beans and lentils however may cause discomfort and gas.	Breads made with dried fruits, nuts and seeds, pastries, donuts, muffins, pasta and rice if not fully cooked, sugar coated cereals, coarse bran cereals, potatoes to which sugar has been added.
Vegetables	Soft cooked fresh, frozen or canned vegetables (i.e., carrots, beets, mushrooms, spinach, squash, green beans), vegetable juice, and 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	Strawberries, raspberries, blueberries, blackberries apple slices, pear slices	Fruit juices/drinks, fruit skins, fruits canned in heavy syrup. 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 liquids only	Soups prepared with heavy creams or made with high fat ingredients.
Fats	Small amounts of butter 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.	Regular mayonnaise, salad dressing, margarine, butter and sour cream.
Sweets	Not recommended. See “dumping” explanation.	All sweets, candies and desserts especially if made with chocolate or dried fruits or if eaten on an empty stomach.
Beverages	Decaffeinated coffee, un-sweet tea, water, nonfat/low-fat Lactaid milk, Crystal Light.	Alcohol, sweetened fruit drinks or carbonated regular soda.
Miscellaneous	Iodized salt, pepper, herbs and 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.

Meal Replacement Protein Shakes



Must Contain:

Whey Protein – main protein source – within first 2 ingredients

High Protein level – 20gm

Low Calorie – 100 calories (80-120)

Low Sugar – less than 8gm

When mixing powders: Mix with either water, milk (skim, 1%, almond, soy), 100% juice, diet (sugar-free juice). You may also add yogurt and fresh/frozen fruit to them to make smoothies

Some options:

- **Unjury**
 - flavorless protein powder that can be added to anything without changing the flavor of the food/liquid. Can be found at Unjury.com
- **Pure Unflavored Protein Isolate**
 - flavorless protein powder that can be added to anything without changing the flavor of the food/liquid. Can be found at www.store.bariatriceating.com
- **Pure Protein**
 - comes in powder and can form. Strawberry, Vanilla, and Chocolate flavors. Can be found at most grocery stores.
- **Isopure Protein Zero**
 - comes in powder form. Strawberry, Vanilla, and Chocolate flavors. Can be found at most grocery stores and vitamin shops.
- **EAS AdvantEdge Carb Control**
 - comes in powder and can form. Strawberry, Vanilla, and Chocolate flavors. Can be found at most grocery stores.
- **Body By Vi**
 - bodybyvi.com
- **Atkins**
 - comes in premade form. Found at most grocery stores, comes in coffee, mocha, and caramel flavors
- **GNC Pro Performance 100% Whey Protein**
 - comes in powder form. Strawberry, Vanilla, and Chocolate flavors. Can be found at GNC stores.
- **Whey Bolic Extreme 60**
 - comes in powder form. Many flavors. Can be found at GNC stores.
- **CytoSport Whey Protein**
 - comes in powder form. Many flavors. Can be found at GNC stores.
- **Bluebonnett Whey Protein**
 - comes in powder form. Many flavors. Can be found at Whole Foods.
- **Syntrax Innovations Nectar**
 - comes in powder form. Many flavors. Can be found at Vitamin Shoppe.
- **EAS Whey Protein Powder (Lean 15)**
 - comes in powder form. Many flavors. Can be found at most grocery stores.
- **GNC – Lean Protein.**
 - Premade form.
- **Glucerna**
 - comes in premade form. Found at most grocery stores and specialty stores
- **Muscle Milk**
 - Lean Protein comes in premade form. Found at most grocery stores and specialty stores
- **Premiere Protein**
 - comes in premade form. Found at most grocery stores and specialty stores.
- **Body Fortress**
 - Comes in Powder form. Found at most grocery stores and specialty stores.

Click Protein –

- comes in coffee, mocha, and espresso flavors. Found at drinkclick.com or amazon.com

CoreProtein –

- comes in premade form. Found at most grocery stores, specialty stores and convenient stores

WHEN TO CALL YOUR PHYSICIAN

- Abdominal pain not relieved by pain medication
- Shortness of breath or increase in breathing
- Rapid or increase in heart rate
- BLEEDING: From the incision(s), in vomit or stool (could be black or maroon in color).
- 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/or swelling.

FOLLOW-UP:

Peachtree Surgical and Bariatrics Southside

Office Number: 404.881.8020

11 Upper Riverdale Rd.

Riverdale, GA 30274

Peachtree Surgical and Bariatrics Northside

Office Number: 404.881.8020

4200 Northside Parkway NE Building 8

Atlanta, GA 30327

Contact the office if you have any questions

Make your first post-op appointment with OUR OFFICE for 2 WEEKS after discharge from hospital. Please call if you feel you need to be seen earlier.

After surgery you will follow up with the dietician and nurse practitioner

Make appointments with your primary care physicians or other specialist within the first week after discharge to monitor heart, BP and diabetes medications.

Additional Resources

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.

Download our App

Download our App to track your weight loss, have access meal plans, recipes and even ask the staff at PSB non-emergent questions. You can download our app from your Smartphone’s App store. Just search for Peachtree Surgical and Bariatrics! **Don’t miss the Knife and Fork icon on the Apps home page for the useful nutritional tracker!**

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.

Monthly Support Group programs not only offer you the opportunity to compare your experience with the patients in one-on-one, informal setting, but they strive to provide educational sessions each month on topics of interest to Gastric Bypass patients.

We strongly encourage you to attend support groups. It is proven that support group attendance increases your chance for a successful outcome.

- Our live support groups is *usually* held every **2nd Tuesday of the month at 6:30 pm at our Northside location**. Please contact the office or website for more details.
- Our live support groups is *usually* held every **2nd Wednesday of the month at 6:30 pm at our Southside location**. Please contact the office or website for more details.
- In addition to the live support groups, we also offer online support. Please visit are online support group via Facebook at www.facebook.com/groups/peachtreebariatrics