



# Guide to Weight Loss Surgery



**Marc Zerey, MD, CM, MSc, FRCSC, FACS**

Board-certified Bariatric Surgeon

Sansum Clinic

317 West Pueblo Street

Santa Barbara, CA 93102

(805) 898-3472

Dietitian and Nurse: (805) 898-3140

Coordinator: (805) 898-3472

# Table of Contents

Welcome	3
Preparing for surgery	4
Your surgery day	6
Your hospital stay	8
Home Again	10
Medical Concerns	11
Nutrition Guide	17
Long Term Success	32
Emotional Issues	33
My Journey	34
Journal	36



# Welcome

If you struggle with obesity, you are not alone. The Centers for Disease Control state that more than 1 in 3 adults are very obese, increasing their risk for heart disease, stroke, type 2 diabetes, certain cancers, and keeping them from the active and happy life they deserve.

At Sansum Clinic's Weight Loss Surgery Center, it's never too late to take control. As a nationally recognized Bariatric Surgery Center of Excellence®, we integrate surgical technology, nutritional counseling, emotional support, and long-term follow-up care. We've helped hundreds of people get life-changing success and can help do the same for you.

Our dedicated care team is led by board-certified surgeon, Marc Zerey, MD. Dr. Zerey specializes in minimally invasive techniques that provide greater precision and smaller incisions with an aim to less pain and a quicker recovery for you. Dr. Zerey is backed by a team of weight loss specialists—including a dietitian, program coordinator, nurse specialist and more. Weight loss surgery is the start of a lifelong commitment to wellness and our team is with you every step of the way. We offer extensive education prior to surgery, as well as post-operative monitoring, nutritional counseling and weight loss support groups to help ensure lasting success.

The Sansum Clinic Bariatric Surgery program has been designated as a Bariatric Surgery Center of Excellence® by the American Society for Metabolic and Bariatric Surgery. "Earning the ASMBS Bariatric Surgery Center of Excellence designation signifies our ability to consistently deliver the safest, highest-quality care to bariatric surgery patients," said Dr. Zerey. "The ASMBS BSCOE program fosters quality improvement in bariatric surgery, and participation has focused our team on exceeding clinical benchmarks and guidelines. But most importantly, our commitment to excellence improves the health and well-being of our patients."

Weight loss surgery can significantly improve your health and free you to pursue the active and happy life you deserve. Benefits may include:

- Significant and lasting weight loss
- Improved health conditions such as diabetes, heart disease, hypertension, stroke, sleep apnea, arthritis, asthma, acid reflux and more
- A longer life and a happier, healthier you!

We look forward to working with you,



**Marc Zerey, MD** and the Weight Loss Surgery Team



# Preparing for Surgery

## Getting ready

Now that you have decided to have surgery, there are things to do to be as ready as possible.

- Begin to decrease portion sizes at meals.
- Start exercising regularly to improve blood circulation and to establish a routine before surgery.

## Medicines

- Tell your surgeon all the medicines and herbal supplements you take.
- Avoid aspirin, medication that contains aspirin and over-the-counter medicine that contains aspirin for 10 days before surgery.
- Stop taking herbal supplements such as Kava Kava and Valerian Root 10 days before surgery. These can interact with anesthesia.
- Stop taking herbal medications such as St. John's Wort, Gingko Biloba and Garlic 10 days before surgery. These have blood-thinning properties.
- Check the label of your vitamins which may contain herbal supplements as well.
- If you have questions ask your pharmacist or your doctor.
- If you are prone to yeast infections, you may take Acidophilus Lactobacillus supplements as a preventive measure.

You will be given antibiotics intravenously before surgery to prevent post-operative infections.

## Alcohol and Tobacco

Patients must stop smoking 3 months before surgery and agree to stop permanently after surgery. Ask your primary care doctor about a prescription for a smoking cessation aide.

- Smoking increases the chance of complications from anesthesia.
- Smoking increases the risk of blood clots in the legs, called deep vein thrombosis or DVT.
- Smoking reduces circulation to the skin and slows healing.
- Smoking increases stomach acid production, leading to possible ulcer formation.

We recommend drinking no alcohol at all for one year after surgery and little or no alcohol after the first year.

- Alcohol can irritate the stomach.
- Alcohol can cause liver damage and during periods of rapid weight loss the liver becomes especially vulnerable to toxins such as alcohol.
- After surgery a very small amount of alcohol can cause unusually quick and strong effects. As little as 2 or 3 sips of wine can cause a strong reaction called alcohol intolerance.
- Alcoholic beverages are high in calories, have no nutritional value and may cause "dumping syndrome".

## Work and disability

Most people return to work in 2 to 4 weeks. You need time to recover and to adjust to eating very little and losing weight rapidly. The first few weeks are an important time to get to know your new digestive system, rest, exercise and meet with other post-operative patients in support group meetings. If possible, take this time to focus on your recovery.

You do not need to tell your employer that you are having weight loss surgery but it is a good idea to tell them that you are having major abdominal surgery. Explain that you will need 2 weeks or more to recover. Your employer can tell you what financial resources are available to you. You can say that you will not be able to do any heavy lifting for several weeks after surgery. Do not tell your employer that you are having a different surgery, such as gall bladder surgery, since you would be expected to return to work within 2 weeks.

## Hospital pre-admission procedures

Before you have surgery you need to register with the hospital. We will make an appointment for you with the pre-admission nurse shortly before your surgery day. Bring to the appointment:

- Copies of your insurance cards
- A list of medications you take including prescriptions, over-the-counter medicines, vitamins and herbal supplements
- An Advance Directive for Health or Living Will if you have one

If you have completed tests such as an EKG or chest x-ray, the Bariatric Surgery Coordinator will send test results to the hospital.

## Personal Preparation

Begin taking two showers per day for a few days before you enter the hospital. Careful attention must be given to cleaning the entire body from the neck and armpits to the groin, making sure to clean between any folds of skin. Use antibacterial soap such as **Dial**® or **Hibiclens**®. Pat dry any reddened areas or use a blow dryer on low heat to dry difficult to reach places.

## Bowel Preparation

Instructions for bowel preparation will be given to you at your pre-operative appointment. It is important that you follow these instructions completely. After midnight you must take nothing by mouth except medicines that have been approved by the anesthesiologist and surgeon. Your stomach must be empty at the start of the procedure to avoid the risk of aspiration.

## If You are ill Before Surgery

If you develop a cold, persistent cough, fever or any changes in your health in the days before your surgery, please notify the doctor who did your pre-operative exam immediately. You may need to be re-evaluated to be sure you are in the best possible shape for anesthesia. Your surgery schedule can be adjusted if necessary.



# Your Surgery Day

## General risks of surgery

It is important for you to fully understand the risks involved with surgery so that you can make an informed decision. Complications of surgery are not common but all surgeries have some risk. If a complication occurs, you, the surgeon, and the nursing staff will work together to resolve the problem. Some complications can involve a longer hospital stay and longer recovery time.

## Anesthesia

When general anesthesia is used, you will be sound asleep and under the care of the anesthesiologist throughout the operation. The anesthesiologist will discuss the specific risks of general anesthesia with you before your surgery. The anesthesiologist ensures your safety during the surgery. If there are significant changes in blood pressure, heart rate, or other vital functions they will be taken care of immediately.

## Personal preparation

Shower on the day of surgery. Do not use any moisturizers, creams, lotions, or make-up. Remove jewelry and do not wear nail polish. You may wear dentures, eye glasses and hearing aids. You will take them off before surgery so bring storage cases. Take medication on the morning of surgery only as instructed by the nurse in the pre-admission appointment..

## What to Bring to the Hospital

- Insurance Cards
- List of current prescription and over-the-counter medications, vitamins and herbal supplements. Include the amount you take for each one
- Advance Directive for Health Care, Durable Power of Attorney for Health or Living Will, if you have any of these documents
- If you live out of the area bring reports of recent tests. This may include blood tests, EKG, X-ray, CT or MRI.

Other helpful items:

- This guide
- Toiletries such as toothbrush, toothpaste, soap, shampoo, lotion and lip balm
- Bathrobe
- A photo of family, friends or a pet to make your room feel more like home
- Contact information of family and friends
- Comfortable, loose-fitting clothes that are easy to put on for going home

***Do not bring jewelry, more than \$20 cash or medicines to the hospital.***

## Arriving at the Hospital

### Directions

- Go to the main entrance of Cottage Hospital, 400 West Pueblo Street, Santa Barbara
- Valet parking is available
- Wheelchairs are available in the lobby if needed.

### You will meet with:

- Registered Nurse
- Admitting Department Representative
- Laboratory staff if testing is ordered by your physician



Next you will be asked to remove your clothing and put on a hospital gown and slippers. If you wear dentures, corrective lenses, or hearing aids you will be asked to remove them for safety reasons. Please bring your own container. The hospital staff will keep all your personal belongings in a safe place and give them back to you promptly after surgery.

You will be asked to sign an operative consent form, even though you may already have done so at your surgeon's office. Your signature indicates that the procedure has been explained to you, that you understand it, and that you have no further questions.

Your blood pressure, pulse, respiration, oxygen saturation, temperature, height and weight will be measured. An intravenous (IV) line will be placed in your forearm. This allows fluids and/or medications into your blood stream. You may also be given some medicine to help you relax.

### **The Operating Room Team**

- Your surgeon, Dr. Zerey
- A board certified anesthesiologist
- A trained surgical assistant and nurses that will assist your surgeon
- A registered nurse is in charge of the OR.
- Surgical residents

### **The Operation**

The Operating Room (OR) staff will do everything they can to make you feel secure. You will be connected to monitoring devices and given medicine that will make you feel drowsy followed by anesthesia.

The surgery usually lasts 2 to 3 hours, but the length can vary and can last as long as 6 hours without undue side-effects or risks. When your surgery is complete and your dressings are in place, you will be moved to the Recovery Room.

### **The Recovery Room**

In the Recovery Room you will still be connected to monitoring equipment, and during this period, fully trained Recovery Room nurses will remain with you at all times. When your initial recovery is complete and all your vital signs are stable, you will be moved to your room.

You may feel drowsy or confused when you wake up. Most patients have very little memory about their stay in the Recovery Room.

# Your Hospital Stay

## Recovery

After weight loss surgery most patients stay in the hospital 1 or 2 days, but it can be longer. Patients who have an open operation usually stay longer than those who have laparoscopic surgery. When you return to your room after surgery, you will be closely monitored by your nurses. The first few days after the operation are a critical time for your stomach and intestines to heal.

The nurses will monitor your vital signs including blood pressure, pulse, temperature and rate of breathing. They will encourage and assist you in performing deep breathing, coughing, leg movement exercises, and getting out of bed after surgery. These activities prevent complications. Tell the nurse immediately if you have **nausea, anxiety, muscle spasms, increased pain or shortness of breath**. It is normal to experience some fatigue, nausea and vomiting, sleeplessness, surgical pain, weakness and lightheadedness, loss of appetite, gas pain, gas, loose stools, and emotional ups and downs in the early days and weeks after surgery. Please discuss specific medical concerns with your surgeon or physician.

## Exercises to speed up recovery

The nurse or physical therapist will help you to walk soon after surgery. There will be pain but each time you get out of bed it will get easier. Each day you will notice your strength returning, with less and less pain. After the first day you will walk at least once an hour and do leg and breathing exercises. Changing positions in bed, walking and doing prescribed exercise will promote circulation, discourage the formation of blood clots and enhance healing. You may not feel well enough to go for a walk but it is important that you do as much as possible. Getting up, walking and doing your post-operative exercises will speed up your recovery and minimize complications.

To enhance your recovery your nurse will instruct you in coughing and deep breathing, turning in bed and exercising your feet and legs. You will be shown how to use an *incentive spirometer* to help you expand your lungs. Coughing and deep breathing is important so that you will loosen any secretions that may be in your throat or lungs which helps to prevent pneumonia. Deep breathing also increases circulation and helps to eliminate anesthesia.

The proper way to take a deep breath and cough is:

1. Inhale as deeply as you can
2. Hold breath for two seconds
3. Exhale completely
4. Repeat the above steps three times
5. Inhale deeply
6. Cough. The cough should come from the abdomen, not from your throat. Hold your pillow on your abdomen for support.



Exercising your feet and legs is important for promoting good circulation.



The proper way to exercise your feet and legs is to follow these steps:

1. Push your toes of both feet towards the end of the bed (as in pressing down on a gas pedal).
2. Pull your toes toward the head of your bed, then relax
3. Circle each ankle to the right, then to the left.
4. Repeat three times.

These exercises should be repeated at least once every hour after surgery, but it is also a good idea to practice these exercises before surgery to increase lung function and agility.

## Pain control

You may feel pain where the incisions were made or from the position your body was in during surgery. Your comfort is very important. Although there will always be some discomfort after an operation, keeping your pain under control helps your recovery.

### Here are some pointers to help you be more comfortable:

1. Tell your nurses and physician if you are having pain, particularly if it keeps you from moving, taking deep breaths, and generally feeling comfortable.
2. Tell your nurses exactly how you feel so they can address your needs.
3. Plan ahead for pain; if you are comfortable lying down, you may still need pain medication to get up and walk around.
4. Keep ahead of the pain. Don't wait for the pain to be at its worst before you ask for pain medicine. Pain medication works best BEFORE pain is at its worst.
5. The risk of becoming addicted to pain medicine is very low when it is used for a specific medical purpose, such as surgery.

Please remember that you will not be bothering the staff if you are asking for pain medicine!

## Going home

Your date of discharge will be determined by the team based on your individual progress. Before discharge they will review specific diet and activity instructions with you, along with precautions and situations when your surgeon should be notified. Discuss your concerns about going home with your nurse or discharge coordinator.



# Home Again

## Checking in

We care about your progress. Keep in touch with your surgeon and we will do our best to meet your needs. Dr. Zerey will see you 2 weeks after surgery and again at 1 month, 3 months, 6 months, 9 months, 12 months, 18 months and 24 months and every year after. Please call with any surgical concerns that arise between visits. You may also discuss medical concerns with your primary care doctor.

## Recovery at home

When you get home, plan on taking things easy for a while; you need time to recover from the stresses of major surgery and weight loss occurring during the recovery period.

- Refer to the **DIET** section for specific dietary instructions.
- Do not drive a motor vehicle until you stop taking prescription pain medicines, usually 1 to 2 weeks after your surgery.
- No strenuous activity for 3 to 6 weeks after surgery.
- You may walk and perform light household duties as tolerated.
- You can start water activities about 3 weeks after surgery.
- Increase walking gradually so that you are walking 30 to 45 minutes by 6 weeks after surgery.
- Avoid lifting anything heavier than 20 to 30 pounds during the first 6 weeks.
- You may travel short distances as soon as you feel strong enough to make the trip. To prevent blood clots, avoid sitting and standing without moving for long periods. Avoid long car rides.

## Personal Hygiene

Most patients like to have someone to help them at home for the first few days after surgery. Due to the nature of abdominal surgery, you may need help getting to the toilet. Helpful things to have at home are flushable baby wipes, a squirt bottle, such as a peri-bottle or a small sports-top water bottle and a long sponge stick.

## Wound Care

Your wound needs little care. The sutures dissolve on their own, so there is no need to remove any stitches. Dr. Zerey places “*Dermabond®*” over the incisions which helps keep them dry. This medical adhesive (glue) will fall off in about 2 weeks. You may shower while the Dermabond is on. Avoid the pool, hot tub or submerging in a bath.

**It is important to keep the wound clean and dry to promote faster healing.** Shower, wash with soap, rinse and dry thoroughly. If oozing or catching on clothing you may cover with a very light dressing, otherwise leave open to air. Please do not use Neosporin® or other ointment on your incision.

You may bathe or swim 3 weeks after surgery.

Despite the best care, any wound can become infected. **Contact your surgeon right away if your wound becomes red, swollen, has pus or red streaks, feels increasingly sore or has drainage that looks yellow, green, milky or has an odor or you have a fever above 101°F.**

# Medical Concerns

## Urgent symptoms

We do not expect you to have serious complications but you may experience some symptoms that need to be addressed immediately. If you experience any of these symptoms, **contact your surgeon** right away:

- Fever of 101°F or above
- Yellow, green, milky or odorous drainage from the wound
- Chest or abdominal pain
- Shortness of breath
- Vomiting for more than 24 hours
- Leg pain or swelling
- Any unusual symptom

## Normal symptoms

- **Swelling and bruising** – moderate swelling and bruising are normal after surgery. You may have black and blue marks which take a few weeks to disappear.  
***Severe swelling and bruising may indicate bleeding or possible infection.***
- **Discomfort and pain** – mild to moderate discomfort or pain is normal after any surgery.  
***If the pain becomes severe and is not relieved by pain medication, please contact your surgeon.***
- **Numbness** – small sensory nerves to the skin surface are occasionally cut or interrupted during surgery. The sensation in those areas usually returns within 2 to 3 months as the nerve endings heal.  
***Be especially careful not to burn yourself when applying heating pads to the area that may be numb.***
- **Itching** – itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. These symptoms are common during the recovery period.  
***Ice, skin moisturizers, vitamin E oil and massage are often helpful.***
- **Redness of scars** – new scars are red, dark pink, or purple. The scars take about a year to fade.  
***Protect your scars from the sun for a year after your surgery and wear a sunscreen with a skin-protection factor (SPF) of at least 30 when out in sunny weather.***

## Supplies to have at home

Gauze pads  
Bandage tape  
Cotton balls  
Hydrogen Peroxide  
Thermometer  
Heating pad  
Tylenol® (liquid form)



**NOTE: do not use NSAIDS**, Non-Steroidal Anti-Inflammatory medicines which can irritate your stomach after surgery. NSAIDS to avoid include ibuprofen, naproxen and more. Ask your pharmacist for more information.

## Nausea

**Nausea is often related to fullness, sensitivity to odors, pain medication, not eating, post-nasal drip and/or dehydration.** During the first few days to weeks, another kind of nausea may follow the gastric bypass. This results from delayed function of the Roux-limb, and spontaneously resolves with time. If you experience this type of nausea, it is important to suppress it with medications, called anti-emetics. Persistent vomiting can lead to dehydration and electrolyte imbalance, and can cause vitamin deficiencies to occur.

- Odors can sometimes be overwhelming after surgery. Many former patients found that putting a few drops of peppermint essential oil on a handkerchief can be very helpful if you are dry heaving. Avoid perfumes and scented lotions. If food odors bother you, try to have someone else prepare your meals or prepare bland foods.
- Learn to recognize when you are full. This will not happen immediately, but by eating very slowly, it will become easier.
- Stay hydrated – **fluids should be continuously sipped all day long to prevent dehydration.** If nauseated you may want to try peppermint tea, fennel tea, decaffeinated green tea or water with lemon (hot or cold).
- Take your nausea medicine as prescribed by your surgeon.
- If you believe that your pain medication is the cause of your nausea, please call your surgeon's office to have the prescription changed.

## Vomiting

Vomiting is a problem that can be caused by the way you eat or how much you eat. In the beginning it is difficult to gauge how little food will satisfy your hunger. To avoid vomiting:

- Eat very slowly and chew food thoroughly
- Make sure food is moist
- Eat only small amounts
- Avoid solid foods soon after surgery
- Do not drink liquids with meals or right after meals
- Remain upright after a meal
- Avoid foods that do not agree with you

If vomiting continues for more than 24 hours, contact your surgeon, since vomiting can lead to dehydration which can be very serious.

## Dehydration

Symptoms include dry mouth, fatigue, dark colored urine, dizziness, fainting, lethargy, nausea, low back pain (a constant dull ache across the back), and a white coating on the tongue. Contact your surgeon if you think you may be dehydrated. Dehydration can be serious and may require you to get care in the hospital.

To prevent dehydration:

- Buy a sports bottle and take it with you everywhere so you can sip water all day.
- Drink 6 to 8 glasses of water each day, or more if you are sweating.
- Avoid drinks that contain caffeine. Choose decaf or herbal varieties.
- If you have difficulties drinking due to nausea, you can suck on ice chips or make Popsicles with Propel Fitness Water®, Gatorade® Zero or protein drinks. Avoid regular Gatorade® because it contains a lot of sugar and can cause dumping syndrome.

## Bowel habits

It is normal for you to have one to three bowel movements of soft stool per day. It may be foul smelling and associated with passing gas. Some patients have diarrhea for a few months. Most of these changes resolve within one year after surgery. Please call your surgeon, should you have persistent diarrhea after that time.

After Gastric Bypass or Sleeve Gastrectomy the amount of food needed is much less than before. The quantity of fiber or roughage is also less which may lead to fewer bowel movements and possible constipation. If this becomes a problem, try Metamucil wafers, or other fiber supplements. Avoid pills.

To keep bowel movements regular:

- Remember that your stools will be soft until you eat more solid food.
- Avoid all high fat foods and stop the use of cow milk products if you experience loose stool or diarrhea. You may eat yogurt.
- If loose bowel movements continue, stop eating fruit and juice.
- Add unsweetened Metamucil® to your diet to add bulk to your stools and help you stay regular.
- If you continue to have cramping and loose stools more than 3 times per day or constipation for more than 2 days, please call your surgeon's office.

## Flatulence (gas)

Gas comes from two main sources: swallowed air and normal breakdown of certain foods. Foods that are known to cause gas are beans, veggies, some fruits, soft drinks, whole grains/wheat and bran, cow's milk and cow's milk products, foods containing sorbitol and sugar free products.

Here are some helpful hints:

- Eat slowly and chew food thoroughly
- Lactose intolerance causes gas. Stop taking all cow milk products. Yogurt is okay.
- Avoid chewing gum and hard candy
- Do not drink carbonated beverages
- You may try remedies such as Lactobacillus acidophillus, natural chlorophyllGas X®, Gaviscon®



- Devrom® can help eliminate offensive odors. You can order Devrom® at (800) 453-8898. or at [www.parthenoninc.com](http://www.parthenoninc.com)

## Hernia

If you get a hernia, you may notice a bulge under the skin of your abdomen. This occurs when there is a weakness in the abdominal wall at the incision and the bowels are not contained. You may feel pain when you lift a heavy object, cough, or strain during urination and bowel movements. The pain may be sharp and immediate or it may be a dull ache that gets worse toward the end of the day or after standing for long periods of time. Minimize your risk of a hernia by avoiding heavy lifting for three months after surgery. If you notice that you may have a hernia, please call your surgeon. Surgery is needed to repair a hernia. If the hernia comes out and will not go back in when you lie down and is associated with severe pain and vomiting, it can be an emergency. Call your surgeon's office or your primary care physician on an emergency basis. Hernias can occur after 20% of open operations, but are rare after the laparoscopic approach (1%).

## Yeast infections/Thrush

Symptoms of a yeast infection include a white, cottage cheese-like coating on the tongue and the tongue may be red and inflamed. Yeast infection, also called thrush, is due to large amounts of antibiotics near the time of surgery. Call your primary care provider if you have a yeast infection in your mouth, vagina or a rash on your skin. You can reduce this problem by taking lactobacillus acidophilus after surgery in addition to medications prescribed by your doctors.

## Anemia

We recommend that all menstruating women take an iron supplement in order to prevent anemia. Please contact your doctor to find out which iron supplement is best for you. Signs of anemia include pale skin, weakness, fatigue, dizziness and shortness of breath.

## Temporary Hair Loss and Skin Changes

Some people experience hair thinning or hair loss 3 to 9 months after surgery due to rapid weight loss and low calorie and protein intake. This problem resolves as nutrition and weight stabilize. Changes in skin texture and appearance may also occur including acne or dry skin. Protein, vitamins and water intake are important for healthy skin.

To have healthy hair and skin be sure to take your multivitamin and eat at least 70 grams of protein every day. Nioxin shampoo and biotin tablets or powder may be helpful. Avoid hair treatments and permanents to avoid stress to your hair.

## Scars

Scars are expected after surgery. The size of the scar depends on the type of procedure (open or laparoscopic), sutures used and how your body heals. After the incision is healed you may use silicone pads such as Curad® Scar therapy™ to make the scars look softer, smoother, flatter and closer to your skin's natural color. Keep your scars out of the sun to help them heal properly.



## Sexuality/Pregnancy

You may resume sexual activity when you feel physically and emotionally stable. With weight loss, fertility may be increased and oral contraception or “the pill” may not be fully absorbed. To prevent pregnancy you must use a mechanical form of birth control.

Many severely obese women are infertile because the fatty tissue soaks up the normal hormones and makes some hormones of its own which can stop ovulation. As weight loss occurs, this situation may change quickly so protecting yourself with mechanical birth control is necessary.

You can safely start planning a pregnancy 18 months after surgery. It is very important not to become pregnant before this time. Conceiving during the rapid weight loss phase may harm you and the baby since adequate nutrition may not yet be established. Should you be pregnant ask your OB/GYN to contact your surgeon. They will discuss specific information about your surgery to work toward your best health outcome.

## Long Term Complications - Gastric Bypass

Complications long after surgery are not common after gastric bypass. The most frequent late complication is **weight gain** due to enlargement of the pouch or enlargement of the outlet, which may be addressed with another surgery. This can happen if nutrition and exercise guidelines are not followed. The commitment to these changes must be lifelong.

**Stomal ulcer** is an acid-peptic ulcer that occurs on or near the connection between the stomach pouch and the bowel. It occurs in 2 to 4% of patients, which is similar to the rate in the general population. The rate is higher in smokers and people who have ongoing use of non-steroid anti-inflammatory drugs (NSAID) such as ibuprofen or Aleve®. It can be treated with medications such as Tagamet®, Zantac®, Prilosec®, etc. Occasionally, surgery is needed.

Late **stomal stenosis**, or narrowing of the outlet of the stomach pouch, is rare but often requires another surgery to repair.

**Iron deficiency anemia** is a significant long-term complication, especially in menstruating women who do not take extra iron supplements. Long-term follow-up and use of supplements as instructed is important to prevent, diagnose and treat this problem.

## Long Term Complications - Sleeve Gastrectomy

Complications long after surgery are not common after sleeve gastrectomy. The most frequent late complication is dilatation of the sleeve which happens when the nutrition guidelines are not followed. The sleeve is a restrictive, non-adjustable form of weight-loss surgery. Patients must be especially careful to follow recommendations regarding portion size, meal frequency, and avoidance of carbonated beverages.

**Esophageal reflux** occurs when contents from the gastric system flow back into the esophagus and cause heartburn. This can happen soon after sleeve gastrectomy or after several years. Common causes for reflux after sleeve gastrectomy are:

- The sleeve is too tight and it does not function well
- A patient may develop problems with motility of the esophagus or with the sphincter muscle between the esophagus and stomach
- Some patients may develop a hiatus hernia. A hiatus hernia is a widening of the

diaphragm at the point where the esophagus passes from the chest into the abdomen. When a hiatus hernia develops, the stomach slips into the chest and the sphincter at the end of the esophagus is less effective. The weak sphincter muscle results in reflux. Treatment for reflux is to take acid blockers and avoid acid stimulating foods. A hiatus hernia can be repaired with surgery. If antacids don't work then the sleeve gastrectomy can be converted to a gastric bypass, usually by a laparoscopic approach.

**Staple line leaks** occur infrequently with all abdominal surgeries where staples are used to divide and/or connect bowel. The cause is usually an area of tissue weakness along the staple line. When the weakened tissue breaks down, fluid from within the stomach leaks out and causes an infection. Treatment is usually to drain the leak, repair it if possible, and then support the patient with adequate nutrition as the leak heals. A new approach is to place a stent into the sleeve with an endoscope. The stent closes the leak and allows food to pass into the stomach during the healing process. It can usually be removed in 4 weeks.

### Long Term Complications - Gastric Bypass & Sleeve Gastrectomy

**Wound herniation**, or the pulling apart of small sections of the abdominal wound, is a complication caused by the tremendous amount of pressure on that wound closure in a very obese abdomen with high intra-abdominal pressure. The rate of this happening is 20% in patients who had open surgery and 1% in patients who had laparoscopy. It can be repaired with surgery when the weight is lost. In some cases, hanging skin can be removed during the same surgery.

Sometimes **gallstones** develop due to rapid and significant weight loss, most often in the first six months after surgery. If you have symptoms of gallbladder problems, the gallbladder may be removed during the gastric bypass surgery.

**Bowel obstruction** due to a blockage from scar tissue can occur. An **internal hernia** is the most common reason for bowel obstruction after gastric bypass. Persistent cramps, abdominal pain or vomiting can be a sign of obstruction. This can usually be fixed with a laparoscopic surgery. Alert your surgeon immediately if you experience these symptoms.

# Nutrition Guide

## Quick Facts

- The pouch is walnut sized and holds 1 to 2 ounces
- Hunger and fullness signals may be different after surgery
- It takes 6 to 9 months for emptying to stabilize and allow for more food to be eaten
- For 8 weeks after surgery, you will follow a strict diet before eating solid foods again. The diet will progress in the texture of foods from all liquid to regular foods introduced at specific times.
- Chew your food well, keep it moist and eat only half of what you anticipate eating. If there is still space, and you still feel hungry, then you can eat more. Most people feel full when they eat very little. A few teaspoons may be enough.
- Please note that there is **ABSOLUTELY NO SOLID FOOD FOR 4 WEEKS**.
- **We ask you to please strictly follow the texture progression described below.**

## Priority #1 = Stay Hydrated

### Risk of dehydration is high after surgery!

- Aim to drink 48 to 64 ounces of fluid daily
- Do not drink while eating.
- Wait 30 to 45 minutes after eating to drink.
- Your pouch can only accept 1 to 2 ounces at a time

### Learn to SIP, SIP, SIP throughout the day

- Drink 1.5 to 2 ounces every 15 to 20 minutes
- You may set a timer to remind you to drink continuously
- Carry your favorite “0 calorie” drink anywhere you go
- Suck on ice chips/popsicles

### Signs and Symptoms of Dehydration

Call your surgeon’s office if you have any of the following:

- Dizziness or Fainting
- Dry mouth
- Dark colored urine
- Nausea / Vomiting



## Priority #2 = Eat 60 to 80 Grams Protein

### Protein Supplement Guidelines

- Look for **high protein** content: **15 g of protein or more** per serving.
- Look for moderate **carbohydrate** content: **15 g of carbohydrates or less** per serving.
- Read the ingredient list. A product that has **whey (milk) protein** may be better absorbed by the body. Soy protein and pea protein can also be good sources.
- If you do not tolerate milk or lactose, try a soy or egg product. If you have food allergies, talk to your dietitian for protein supplement recommendations.
- **Do not use collagen** based protein supplements.
- These brands meet the guidelines:
  - ✓ **GenePro** – Unflavored Whey Powder.  
Available at Sansum Clinic pharmacy,  
[www.GenePro.com](http://www.GenePro.com), [www.Amazon.com](http://www.Amazon.com)
  - ✓ **Orgain Organic** – [Whey or pea protein](#).  
[Available at Sprouts, Whole Foods, Albertsons, CVS](#)
  - ✓ **Premiere Nutrition Protein Shake** (Ready-to-drink) – available at Costco, Walmart, Vons, Ralph's
  - ✓ **Celebrate ENS** – multivitamin, calcium and protein shake – available at [www.celebratevitamins.com](http://www.celebratevitamins.com)
  - ✓ Soy and pea protein powders are readily available at health food stores.

Nutrition Facts	
75 servings per container	
Serving size	1 scoop (30g)
Amount Per Serving	
Calories	130
% Daily Value*	
Total Fat 2g	3%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 50mg	17%
Sodium 55mg	2%
Total Carbohydrate 2g	1%
Dietary Fiber 0g	0%
Total Sugars 2g	
Includes 0g Added Sugars	0%
Protein 25g	50%
Vitamin D 0.125mcg	0%
Calcium 162mg	10%
Iron 0.27mg	2%
Potassium 126mg	2%
*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	



## STAGE 1: Sugar-free, low-fat, full liquid diet

### Upon discharge and for 2 weeks until your first follow-up clinic visit

- Work up to the goal of **48 to 64 ounces of fluid** each day. Take small, frequent sips.
- Aim for **60 to 80 grams of protein** each day. This may be difficult in the first week.
- Stop when full.
- If you experience pain, nausea, or vomiting, stop drinking. Wait an hour and try again.
- Do not use a straw.
- All medicines are taken crushed or in liquid form including vitamins.
- Sleeve gastrectomy patients can cut pills into pieces less than ¼ inch.

FOODS ALLOWED: STAGE 1	AVOID: STAGE 1
<ul style="list-style-type: none"> <li>• Water</li> <li>• Sugar-free drinks like Crystal Light Pure, Vitamin Water Zero, Sobe Water (0 calorie)</li> <li>• Liquid Protein Supplements</li> <li>• Decaf coffee &amp; tea</li> <li>• Vegetable juice (V-8)</li> <li>• Broth/bone broth: chicken, beef, vegetable</li> <li>• Sugar-free popsicles</li> <li>• Strained soups</li> <li>• Low fat cow's milk, lactose-free milk (Fairlife)</li> <li>• Unsweetened non-dairy milks</li> <li>• Unflavored Greek yogurt</li> </ul>	<ul style="list-style-type: none"> <li>• Carbonated drinks</li> <li>• Sweetened drinks</li> <li>• Fruit Juice</li> <li>• Caffeinated drinks</li> <li>• Alcohol</li> <li>• ANY solid</li> </ul>

SAMPLE MENU FOR for Stage 1 Full Liquid	
7am	4 oz. broth (may add unflavored protein powder)
8:30am	8-12 oz. protein drink
10am	8 oz. Crystal Light
12pm	2-4 Tbsp. cream soup
1pm	8-12 oz. protein drink
3pm	water
4pm	Crystal Light
5pm	2-4 Tbsp. strained soup
6pm	8-12 oz. protein drink
8pm	Sugar-free popsicle
	<b>Total: 70 gm protein/day</b>



## Stage 2: Puree Diet

**Starts at day #14 after surgery and lasts 2 weeks**

- Start to eat 3 meals and at least 1 or 2 high protein snacks per day.
- **Do not drink during meals or snacks or 15 minutes before eating or 30 to 45 minutes after eating.** Your goal is 48 to 64 ounces of fluids per day.
- Eat protein foods **FIRST**. Your goal is 60 to 80 gm protein per day.
- Pay attention to the signals of your new pouch. Stop when you feel full, yet still comfortable.
- All medicines are taken crushed or in liquid form during this stage.
- Sleeve gastrectomy patients can cut pills into pieces less than ¼ inch.
- All vitamins are chewable/liquid.

	<b>FOODS ALLOWED: STAGE 2</b>	<b>FOODS TO LIMIT/ AVOID: STAGE 2</b>
	• All foods allowed in Stage 1	
<b>MEAT DAIRY PROTEIN</b>	<ul style="list-style-type: none"> <li>• Scrambled/poached eggs</li> <li>• Egg Whites/egg substitute</li> <li>• Refried beans (low fat or fat-free)</li> <li>• Lentil or Split pea soup</li> <li>• Cream soups</li> <li>• Sour cream</li> <li>• Cream cheese</li> <li>• String cheese</li> <li>• Low fat cheeses (Laughing cow, Baby Bell)</li> <li>• Cottage cheese</li> <li>• Silken tofu</li> <li>• Pureed meats (chicken, turkey, beef, pork, with broth for moisture)</li> </ul>	<ul style="list-style-type: none"> <li>• Regular pudding</li> <li>• Regular cheeses</li> <li>• Meats that are not pureed</li> </ul>
<b>CARBO- HYDRATE</b>	<ul style="list-style-type: none"> <li>• Oatmeal</li> <li>• Malt-O-Meal</li> <li>• Cream of wheat</li> <li>• Cream of rice</li> <li>• Mashed potatoes (low fat)</li> <li>• Grits (low fat)</li> <li>• Polenta</li> <li>• Pumpkin or butternut squash puree</li> </ul>	<ul style="list-style-type: none"> <li>• French fries</li> <li>• Hash browns</li> <li>• Bread, Tortillas</li> <li>• Rice</li> <li>• Pasta</li> <li>• Crackers, Chips, Pretzels</li> <li>• Cold cereal</li> </ul>
<b>VEGETABLES</b>	<ul style="list-style-type: none"> <li>• Pureed cooked vegetables (with broth or milk)</li> </ul>	<ul style="list-style-type: none"> <li>• Corn, Peas</li> <li>• Fried vegetables</li> <li>• Vegetables in cheese sauces</li> <li>• Celery</li> <li>• Vegetables with tough skins or large seeds</li> <li>• Stringy vegetables</li> <li>• Lettuce</li> </ul>



	<b>FOODS ALLOWED: STAGE 2 (continued)</b>	<b>FOODS TO LIMIT/ AVOID: STAGE 2 (continued)</b>
<b>FRUITS</b>	<ul style="list-style-type: none"> <li>• Pureed fresh peeled fruits</li> <li>• Pureed unsweetened soft, canned fruits</li> <li>• Unsweetened applesauce</li> <li>• Mashed avocados</li> </ul>	<ul style="list-style-type: none"> <li>• Fruits w/ tough skin, shells, or large seeds</li> <li>• Fruits canned in heavy syrup</li> <li>• Fruit juice</li> </ul>
<b>MISC.</b>	<ul style="list-style-type: none"> <li>• Non-artificial, sugar alternatives: Stevia, Monk Fruit</li> <li>• Herbs</li> <li>• Spices</li> <li>• Lemon juice</li> <li>• Butter</li> <li>• Coconut oil</li> <li>• Olive oil</li> <li>• Sugar-free, fat-free pudding</li> <li>• Artificial sweeteners (Splenda, Equal, Sugar Twin, Sweet-n-Low)</li> <li>• Mayonnaise</li> <li>• Salad dressing</li> <li>• Mild taco sauce/salsa (As tolerated, No seeds or chunks)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ALCOHOL</b></li> <li>• Regular gelatin</li> <li>• Jam/jellies</li> <li>• Honey</li> <li>• Sugar</li> <li>• Chewing gum</li> <li>• Caffeinated drinks</li> <li>• Carbonated drinks</li> <li>• Sweetened fruit drinks</li> <li>• Regular Gatorade/Snapple/Sobe</li> </ul>

<b>SAMPLE MEAL PLAN for Stage 2 Puree Diet:</b>		
<b>Meal</b>	<b>Sample</b>	<b>Protein (g)</b>
<b>Breakfast</b>	1 egg bites of oatmeal/cream of wheat	7
Snack	¼ to ½ cup low fat cottage cheese	7-14
<b>Lunch</b>	2 oz pureed chicken Bites of pureed green beans or carrots (only if room!)	14
Snack	8-12 oz protein shake	20-35
<b>Supper</b>	½ cup of low fat refried beans with low fat cheese Bites of mashed potatoes Pureed or thin salsa (only if room!)	12
<b>TOTAL</b>		<b>61-83</b>

## Stage 3: Soft Diet

**Starts at day #30 and lasts 3-5 months**

Continue eating 3 meals and 1 or 2 high protein snacks each day.

- Avoid drinking during meals, 15 minutes before meals and 30 to 45 minutes after eating.
- **Eat small bites, chew food thoroughly.**
- Aim for **60 to 80 grams of protein** each day.
- All medicines are taken crushed or in liquid form during this stage. All vitamins are chewable or liquid.
- **3 months after surgery: Add whole nuts, seeds, fruit with skin, and raw vegetables.** Vitamins can be in capsule form.

	<b>FOODS ALLOWED: STAGE 3</b>	<b>FOODS TO LIMIT/ AVOID: STAGE 3</b>
	<ul style="list-style-type: none"> <li>• Everything allowed in stages 1 &amp; 2</li> </ul>	
<b>MEAT DAIRY PROTEIN</b>	<ul style="list-style-type: none"> <li>• Moist chicken (may use canned)</li> <li>• Moist turkey</li> <li>• Ground turkey</li> <li>• Extra lean ground beef</li> <li>• Pork loin (very small pieces)</li> <li>• Turkey Sausage (remove casing)</li> <li>• Tuna (in water/oil)</li> <li>• Broiled/baked fish</li> <li>• Tofu, tempeh</li> <li>• High protein veggie-burger (Beyond Meat, Trader Joe's pea protein patty)</li> <li>• Seafood: steamed/baked/broiled</li> <li>• Nitrate-free, low sodium deli meats</li> <li>• Smooth, unsweetened nut butters</li> <li>• Low-fat Cheese</li> </ul>	<ul style="list-style-type: none"> <li>• "Tough" meats</li> <li>• Hot dogs</li> <li>• Bacon</li> <li>• Spare ribs</li> <li>• Salami, prosciutto</li> <li>• Chunky nut butters</li> </ul>
<b>CARBO- HYDRATE</b>	<ul style="list-style-type: none"> <li>• Unsweetened Corn/rice-based cereals (Corn Flakes, Kix, Cheerios, Rice Krispies, Special K High Protein)</li> <li>• Potato without skin</li> </ul>	<ul style="list-style-type: none"> <li>• Bread, Tortillas</li> <li>• Pasta, Rice</li> <li>• Sweetened cereal</li> <li>• High-fiber cereal</li> <li>• Granola</li> <li>• Doughnuts, croissants, sweet rolls/breads</li> <li>• Pancakes, waffles</li> <li>• Popcorn</li> <li>• French fries</li> <li>• Hash browns</li> <li>• Chips, Pretzels, Crackers</li> </ul>

	<b>FOODS ALLOWED: STAGE 3 (continued)</b>	<b>FOODS TO LIMIT/ AVOID: STAGE 3 (continued)</b>
<b>VEGETABLES</b>	<ul style="list-style-type: none"> <li>• Tender-cooked vegetables, no stems</li> <li>• Vegetable soups (without rice or pasta)</li> </ul>	<ul style="list-style-type: none"> <li>• Corn</li> <li>• Peas</li> <li>• Celery</li> <li>• Lettuce</li> <li>• Fried vegetables</li> <li>• Vegetables in cheese sauces</li> <li>• Vegetables with tough skins or large seeds</li> <li>• Stringy vegetables</li> </ul>
<b>FRUITS</b>	<ul style="list-style-type: none"> <li>• Tender, peeled fruits</li> <li>• Unsweetened soft, canned fruits</li> <li>• Unsweetened applesauce</li> </ul>	<ul style="list-style-type: none"> <li>• Fruits with tough skins, shells or large seeds</li> <li>• Fruits canned in heavy syrup</li> <li>• Fruit juice</li> <li>• Dried fruits</li> </ul>
<b>MISC.</b>	<ul style="list-style-type: none"> <li>• Unsweetened cocoa Powder</li> <li>• Nutritional yeast</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ALCOHOL</b></li> <li>• Pies</li> <li>• Regular gelatin</li> <li>• Cakes, Cookies</li> <li>• Potato/corn chips</li> <li>• Chocolate</li> <li>• Ice cream</li> <li>• Candy</li> <li>• Jellies</li> <li>• Honey</li> <li>• Sugar</li> <li>• Maple Syrup</li> <li>• Molasses</li> </ul>

<b>SAMPLE MEAL PLAN for Stage 3 Soft Diet:</b>		
<b>Meal</b>	<b>Sample</b>	<b>Protein (g)</b>
<b>Breakfast</b>	2 oz. turkey sausage 1-2 Tbsp. oatmeal with milk 1/4 ripe banana	14
Snack	1 string cheese or HB egg or protein shake	7-30
<b>Lunch</b>	2 oz. baked chicken 1-2 Tbsp. cooked spinach 1-2 Tbsp. beans	14
Snack	1/4 cup cottage cheese + peach or protein shake	8-30

<b>Supper</b>	2-3 oz. fish 1-2 Tbsp. green beans 1/4 mango	14
	2 cups of skim or 1% milk throughout the day	16
<b>TOTAL</b>		74-81

## Stage 4: Regular Diet

**Starts at approximately 6 months after surgery**

- You can begin to re-introduce some foods you haven't eaten since before surgery **as recommended by your dietitian.**
- Continue to chew thoroughly and eat slowly.
- Re-introduce one food at a time so if something makes you sick or uncomfortable; you can identify which food it was.
- Medicines and vitamins in capsules and/or tablets can be taken whole at this stage.

**Your new diet should follow these guidelines:**

- HIGH in lean protein (goal 60 to 80 grams per day)
- LOW in refined (white) sugar
- LOW in fat
- HIGH in vegetables, fruits and whole grains
- EAT WHOLE UNPROCESSED FOODS!

	<b>FOODS to RE-INTRODUCE: STAGE 4</b>
<b>Protein</b>	<ul style="list-style-type: none"> <li>• Steak: sirloin, round, flank, as tolerated</li> <li>• Pork chops</li> </ul>
<b>Carbohydrate</b>	<ul style="list-style-type: none"> <li>• Toasted bread; then un-toasted, as tolerated</li> <li>• Pasta: whole grain or lentil/bean-based</li> <li>• Rice: brown, basmati, wild, pilaf</li> <li>• Barley, quinoa, kamut</li> <li>• Corn or whole wheat tortillas</li> <li>• Popcorn: air popped</li> </ul>
<b>Vegetables</b>	<ul style="list-style-type: none"> <li>• Lettuce</li> <li>• Salad and other raw leafy greens</li> <li>• Vary your colors</li> </ul>

## Stage 5: Regular Diet

### 18 months and beyond

- Approximately 18 months after surgery you can begin to decrease your protein intake and increase the consumption of non-starchy vegetables and whole grains.
- Talk to your dietitian to determine an appropriate goal for protein intake at this stage.
- Your appetite may increase as you get further from your surgery.
- **Mindful eating** can help you determine true hunger versus “head hunger”. Use the chart below to help you get familiar with what true hunger feels like.

WHAT I Ate	TIME	DURATION	Hunger Before Eating	HOW it Tasted	Hunger After Eating

## The Daily Dozen Strategies for Success

What to do	Why do it	How to do it
1. Drink <b>48 – 64 oz</b> of liquid each day <u>Choices:</u> Water, broth non-carbonated and decaf beverages	Maintain hydration and electrolyte balance Regulate body temperature Prevent headaches Prevent nausea	Follow a daily schedule Use water bottle Fill containers with 48 oz—when empty you have achieved your goal
2. Consume adequate protein <b>~60-80 gm/day</b>	Protein will be your primary source of fuel necessary for: Healthy immune system Repair and maintain cells & tissues Prevent muscle breakdown and increase metabolism—help wt loss Prevent excessive hair loss	Keep food records Read labels. Calculate protein in diet Add protein powder to foods. Use protein supplements, if needed
3. Start your meal with protein	Your stomach pouch/sleeve after surgery can only handle 1 ounce or one to two tablespoons. Protein is the most important fuel source.	Develop meal plan Follow meal plan
4. Eat slowly	Prevent food getting stuck	Use timer Use baby spoon and cocktail fork Fork down between bites
5. No liquids with meals. (Stage 2)	Prevent fullness	Develop schedule Follow schedule Stop 15 minutes before, start 30 minutes after meals.
6. No carbonated beverages	Avoid gas	Don't buy it
7. No caffeinated beverages	Avoid dehydration	Don't buy it
8. No sugar	Prevent Dumping Syndrome	Read labels
9. Take chewable or liquid supplements <b>Multiple Vitamin/Mineral Calcium Citrate</b> B12 (individual need) Iron (individual need)	Maintain nutritional status  B vitamins, minerals Bone Neurological Replace	Complete daily checklist  <b>RD Approved Brands:</b> <b>Bariatric Advantage</b> <b>Bariatric Fusion</b> <b>Celebrate</b>
10. Keep food and supplement records	See your progress Be able to identify foods that cause distress	Use your record forms. Record food and any symptoms
11. Exercise – walking is the only approved exercise for the first 3 weeks.	Prevent muscle loss Assist in weight loss Improve circulation and many other physical benefits* Feel good	Develop and follow a realistic schedule You need to start slowly and for short periods. When will you exercise?



12. Attend support group and join the Sansum Clinic Facebook Group	Share experiences Trouble shoot problems	<b>SB:</b> 2 <sup>nd</sup> Monday of each month at 6 PM <b>Solvang:</b> 1 <sup>st</sup> Monday of each month at 6 PM <b>Facebook:</b> Sansum Clinic Bariatric Support Group
--	---	---

## “Solid” Protein List

FOODS	SERVING SIZE	PROTEIN (GRAMS)
<b>Beans and Nuts</b>		
*Beans (cooked) Baked, black, black-eyed peas, brown, garbanzo/chick-peas, kidney, lentils, lima, pinto, white	½ cup	8 (average)
Fat-free refried beans	½ cup	6
Hummus	¼ cup	4
Nuts and Seeds – almonds, cashews, peanuts, pistachios, pumpkin seeds, sunflower seeds, walnuts	1 oz.	7 (average)
Peanut Butter, unsweetened	2 Tbsp	8
<b>Dairy</b>		
Cheese, cottage (low fat)	½ cup	14
Cheese, mozzarella (low fat)	1 oz.	8
Cheese, ricotta (low fat)	¼ cup	8
Greek yogurt	5 oz.	16
Non-fat dry milk	1/3 cup, dry	8
Pudding, sugar free	½ cup (made with skim milk)	4
Reduced-fat cheese	1 oz.	7
Skim or 1% milk	1 cup	8
<b>Meat and Seafood</b>		
*Beef, lean (cooked)	1 oz (3 oz = deck of cards)	8
Chicken, lean (cooked)	1 oz (3 oz = deck of cards)	7
*Clams	1 oz (3 oz = deck of cards)	7
Crab (steamed)	1 oz (3 oz = deck of cards)	5-6
*Egg (scrambled/boiled)	1	8
Fish, all varieties (cooked)	1 oz (3 oz = deck of cards)	7

Lobster (steamed)	1 oz (3 oz = deck of cards)	5
Oysters	1 oz (3 oz = deck of cards)	2-3
Pork, lean (cooked)	1 oz (3 oz = deck of cards)	7
*Scallops	1 oz (3 oz = deck of cards)	6-7
Shrimp	1 oz (3 oz = deck of cards)	6
Tuna (canned)	1 oz (3 oz = deck of cards)	7
Turkey	1 oz (3 oz = deck of cards)	7
Veal	1 oz (3 oz = deck of cards)	7
<b>Soy Based Sources</b>		
Soybeans (edamame)	1/2 cup	14
Soy flour	¼ cup	13
Soymilk, unsweetened	1 cup	7
Soy nuts	¼ cup	15
Tofu	½ cup	10
Texturized soy protein	½ cup	11
Veggie burger (soy)	1 patty	11-16
* Denotes high iron source		

## Dumping Syndrome after Roux-en-Y Gastric Bypass

**Strictly limit concentrated sweets with ANY gastric surgery.**

After gastric bypass surgery, your body is more prone to a reaction called dumping syndrome. Avoid foods which contain sugar. They slow down weight loss and will make you sick! Eating high-sugar foods and beverages otherwise known as **concentrated sweets** causes “dumping syndrome” in people who have had gastric bypass. Dumping is caused by sugars that go directly from the stomach pouch into the small intestine. Symptoms can include heart palpitations, nausea, bloating, dizziness, vomiting, cramping, diarrhea, fatigue, low blood sugar, weakness, sweating or dizziness.



### Limit the following concentrated sweets:

- Ice cream
- Chocolate milk
- Regular pudding
- Sweetened, fruited, or frozen yogurt
- Dried fruits
- Canned/frozen fruits in syrup
- Fruit juice
- Sugar-coated cereals
- Doughnuts
- Regular Popsicles
- Cakes
- Pies
- Cookies
- Jellies
- Regular soft drinks
- Lemonade
- Kool Aid®
- Sweetened ice tea
- Snapple®/fruit drinks
- Gatorade®
- Table sugar
- Honey
- Candy
- Regular Jell-O®
- Sugar gum
- Molasses
- Syrups
- Sherbet/Sorbet
- Jams
- Sugar-alcohols

## Your Vitamin Regimen for Life after Surgery

- Nutrient deficiencies may occur after surgery because of the small amounts of food you are able to eat and from changes in the digestion process.
- Having weight loss surgery requires a lifelong commitment to supplements. A daily multivitamin is mandatory. Many people also need vitamin D, vitamin B1, vitamin B12, folate, magnesium and/or iron. The doctor or dietitian will help you determine your individual needs.
- Use **chewable or liquid vitamins for at least 3 months**
- We will check your vitamin levels annually after the first year.
- Supplements do NOT replace a healthy diet. Each vitamin and mineral is needed for your health, but only food can provide your body with energy.
- Always read labels on the vitamin and mineral containers. **Serving sizes vary from brand to brand.** Make sure the dose and form of the supplement is what was recommended by your doctor or dietitian.
- Choose supplements with the least amount of sugars and ingredients.
- Do NOT take over the counter medicines or herbal products unless approved by your physician.



## Vitamins and Minerals

We recommend you follow the vitamin and mineral plan below, always following the **instructions from your doctor and dietitian.**

Stop taking vitamins and mineral supplements 1 week before surgery.

Multivitamin & Mineral	Amount Required
Vitamin C	120 mg/day
Vitamin D3 *	3000 IU/day
Vitamin B12	350 - 500 mcg/day
Copper	2 mg/day
Zinc	16 – 22 mg/day
Biotin	600 mcg/day
Vitamin A	5000 – 10000 IU/day
Folic Acid	400 – 800 mcg/day
Vitamin B1	12 mg/day
Calcium Citrate **	1200 - 1500 mg/day
Iron (Ferrous Fumarate) **	45 - 60 mg/day
<b>NOTES:</b> * Add a vitamin D3 supplement if needed to get the correct amount * Add an iron supplement if needed * Take Calcium and Iron at separate times	

### Suggested Routine (based on **Celebrate** chewable vitamins):

Breakfast: Multivitamin + Calcium  
 Lunch: Multivitamin + Calcium  
 Dinner: Calcium  
 Bedtime: Iron (if needed)



# Long Term Success

## Follow-up

Follow-up is extremely important after bariatric surgery.

- Dr. Zerey likes to see 2 weeks after surgery and again at 1 month, 3 months, 6 months, 9 months, 12 months, 18 months and 24 months post-operative, and then annually thereafter.
- You will meet with the dietitian at 2 weeks, 1 month, 3 months, 6 months, 12 months and every six months up to 3 years.

## Expected weight loss

- The greatest weight loss will occur in the first 3 months after the gastric bypass procedure.
- Most patients experience a fairly rapid weight loss in the first 6 months following surgery.
- Weight loss slows, but generally continues for 12 to 18 months after surgery. At that time, the stomach pouch has stretched to hold more food and it is **critical to adhere to the low fat, low sugar diet and exercise** recommendations to maintain your weight loss.

## Lifestyle Changes

You cannot lose weight without having a healthy lifestyle. Here are some simple things you can do right now to keep yourself and your friends and family on track:

- Get rid of all the junk food in your house and replace with healthy snacks your whole family can enjoy.
- Set a specific time to exercise.
- Have a daily schedule to decrease stress and try not to keep too busy.
- You may want to decrease some of your usual activities or your kids' activities.
- Decrease screen time and increase time doing active things such as playing outside with the kids or going for a walk.
- Plan your social life with activities that do not include food, such as going out to a movie rather than going out to dinner.

## Maintain Weight

Gradually, the rate of weight loss will decrease and your weight will stabilize. The gastric bypass and sleeve gastrectomy are tools to help you lose weight. How you use the tool will affect your ability to maintain the weight loss.

- There is often some **weight regain** after the first two years, but patients are much less obese even long after surgery. The average is that  $\frac{1}{2}$  of the weight loss is maintained after 5 to 15 years.
- Avoid snacking and grazing (continuous nibbling), choose healthy foods, eat only until you feel full, be active and exercise daily, and make psychological adjustments.
- Keep your regular office appointments so that your weight loss can be monitored.
- Participate in Sansum support group meetings
- Keep up the strict nutrition and exercise guidelines to reach and maintain your goal weight.
- Find ways to move throughout the day at work, at home, at the grocery store, everywhere!
- Make it hard to get to unhealthy foods and easy to get to healthy ones.



## Reconstructive/Plastic Surgery

Patients who lose more than 100 pounds may have excess skin folds and wrinkles where the greatest weight loss has occurred. Reconstructive surgery is an option and we can recommend an experienced surgeon.

## Emotional Issues

### Emotional considerations

Weight loss surgery has both physical and emotional effects. Please do not take these changes lightly.

- You may experience depression, frustration, anxiety, anger, disappointment, helplessness, euphoria, excitement, and joy. This is a normal reaction to the changes that you need to experience with a changing body image.
- You may long for your “old” way of life.
- You may experience various emotions in stages: denial, anger, bargaining, depression, and finally, acceptance.
- These emotional responses to surgery are completely understandable and must be experienced and worked through.
- Adapting to the changes taking place in your body and in your relationship to food can take many months.

In the past, you may have coped with life stress by eating. This method will no longer be useful, especially while your new stomach pouch is at its smallest. Replacement methods for coping will need to be learned, but this will take time.

- Expect to have ups and downs as the weeks go by.
- Do not suppress your emotions. They will surface again.
- As new challenges pop up, recognize them and develop a problem solving approach.
- Use the journal in this guide as a coping tool.
- Take a walk, listen to music, meditate or pray.
- Do things you always wanted to do.
- Talk to your spouse, family doctor, friends, other patients, or call our staff.

### Counseling

Emotional counseling may be needed as you adjust to the many changes after surgery for morbid obesity. Please ask us about **counselors who are qualified and experienced in working with people who have had weight loss surgery.**

### Family and Friends

Family and friends may have mixed reactions to your surgery experience and to the weight loss that follows. Your partner, friends and family are used to you and your obesity. Your new physical appearance, dietary and lifestyle changes will require your loved ones to relate in new ways to you. This takes time, effort and patience. If you are experiencing serious ongoing problems in your relationships, some short-term professional counseling may be helpful.



## The Internet

The internet is a way to help fill the void between in-person group meetings at Sansum Clinic. There are many online support groups to people may want to join, but we want to stress the need to maintain a cautious, objective approach to what you read. Please ask our staff about being added to Sansum Clinic's private Weight Loss Support Group on **Facebook**.

## Group meetings

Group meetings are **mandatory**. They provide education, nutritional and medical advice, peer support, allow you to learn about the surgery first hand from others, let you share your experiences and provide periodic guest speakers to expand your knowledge on topics related to weight loss obesity surgery. Family and friends are welcome to attend. Please ask our staff for the support group schedule.

## My Journey

We recommend that you start a journal to accompany you through your journey. **Along with pictures, measurements and milestones, the journal will help you put into words the changes that you are going through.** You will treasure this work and will be glad to flip back the pages to see your transformation. To get you started, we have given you a few exercises for you to complete. This is your journal. Be truthful and honest with yourself about the struggles, the surprises and the accomplishments.



Starting Weight:				
Visit	Date	Weight	Challenges	Accomplishments
Post-Op				
1 Month				
3 Month				
6 Month				
9 Month				
1 Year				
Total Weight Loss:				

# Before and After Photos



# My Journal

**Take a few moments to respond to following important questions:**

1. How does it feel to make a commitment to living a healthier, happier life?
2. What will you do to guarantee you will stick with it?
3. What I like most about myself is...
4. What I do to enhance all the good qualities in me is...
5. When I look in the mirror I am a different person and what I like about this person is...
6. What I don't like about that person is...
7. What do you plan to do to improve your self-esteem and self-image?
8. The most difficult situation I had to deal with since surgery is...
9. When dealing with my significant other I have had to help him/her adjust by.....
10. Would I pick me as a best friend?
11. How do I feel about my body now?
12. When I look in the mirror and see myself as "fat", what I do to help me overcome that feeling is to...
13. My significant other tries to help me adjust by...
14. What kind of friend am I to myself?

## My Journal

Date: \_\_\_\_\_

A black and white photograph showing a spiral-bound notebook lying flat. A pen with a dark, textured barrel and a silver-colored tip and clip is resting diagonally across the top right corner of the notebook. The notebook's spiral binding is visible on the left side. The background is a plain, light-colored surface.

My Journal

Date: \_\_\_\_\_



Journal writing area with horizontal lines.

