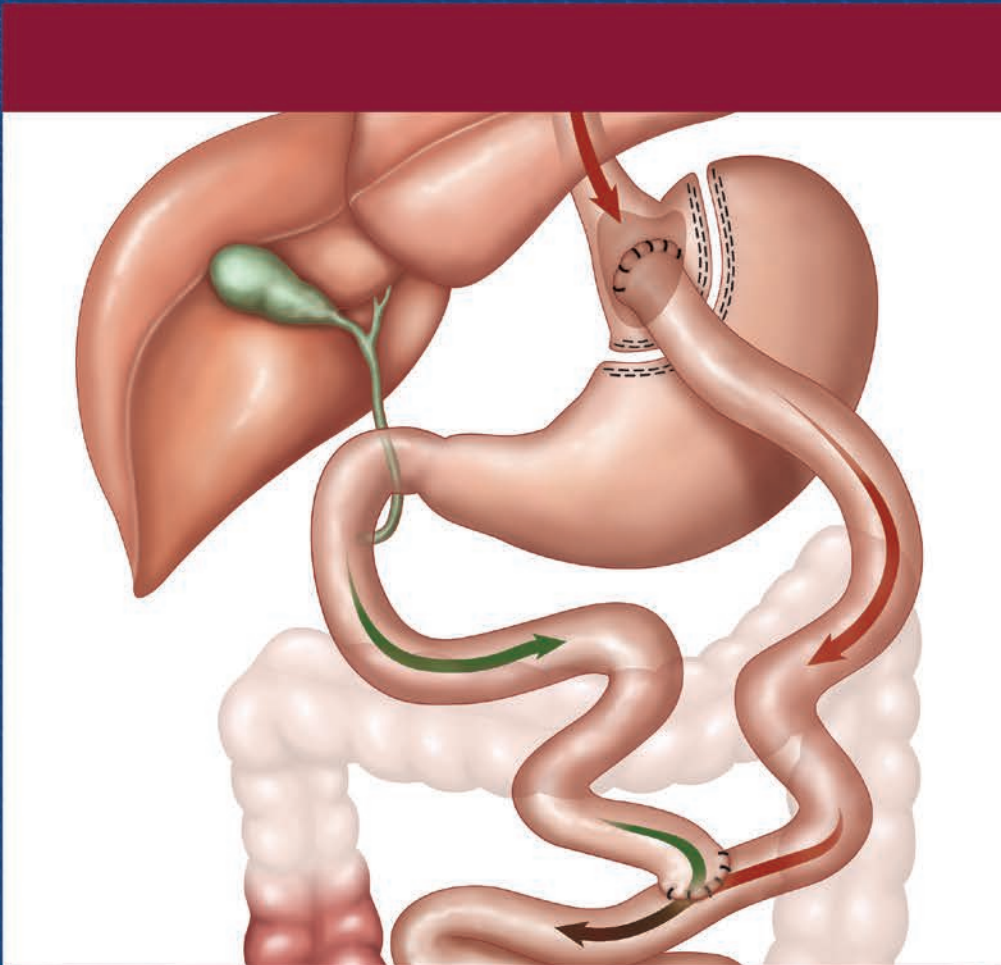


Roux-En-Y Gastric Bypass



Patient Guidebook

www.charleston.va.gov/services/bariatric.asp



VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Ralph H. Johnson VA Medical Center

This guidebook was developed by the members of the VA Southeast VISN 7 Bariatric Surgery Team located at the Ralph H. Johnson VA Medical Center in Charleston, South Carolina for the patients directly in their care. The information contained herein is believed to be accurate as of the time of publishing. As medicine advances and as we receive feedback and questions from our patients, this publication is revised periodically. This guidebook is not to be considered a substitute for medical advice or the individual instructions given to you directly by your providers including your surgeon, dietitian and pharmacist.

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VISN 7 Bariatric Surgery Program

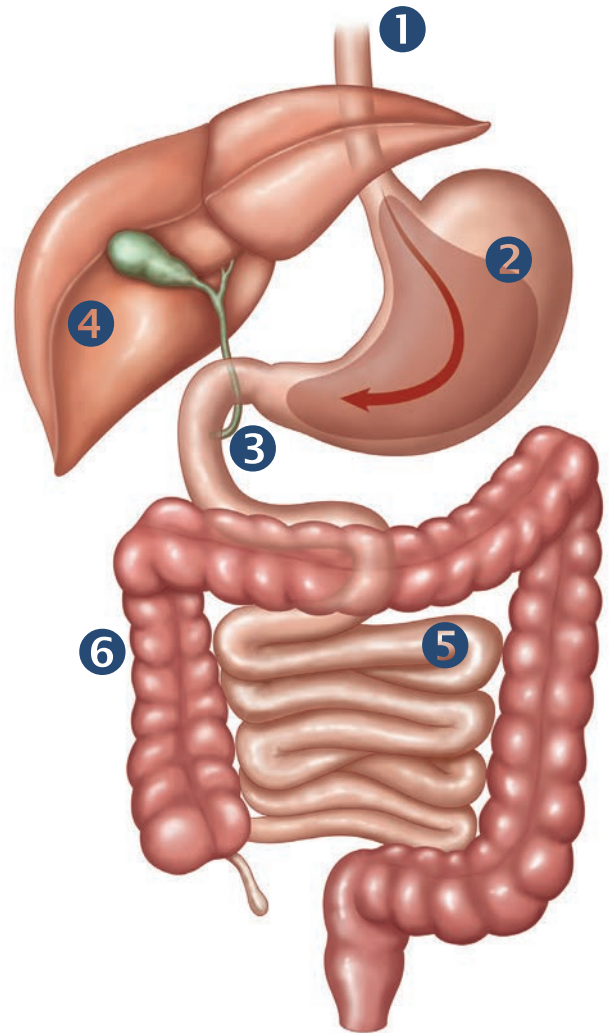
Welcome to the Ralph H. Johnson VA Medical Center (VISN 7) Bariatric Surgery Program. The Bariatric Surgery Program is designed to assist Veterans in improving their health and quality of life by using a surgical procedure for weight-reduction. Bariatric surgery (or weight loss surgery) has shown to be an effective tool in weight loss. It is important for Veterans to remember that **surgery is only a tool**. A successful outcome depends on the Veteran's commitment to long-term lifestyle changes. The goal of our program is to provide Veterans with safe, effective surgical weight loss while improving co-morbid conditions associated with obesity.

The bariatric patient needs to be **well-informed, motivated and willing to participate in long-term follow-up care**. They must also **permanently change their dietary patterns and embrace a healthier lifestyle**. It must be understood that surgery is **not a magic cure**. Surgery provides a tool to help limit the amount of food eaten and to change how food calories are absorbed. By having surgery, you are committing to making these changes for life.

This Bariatric Guidebook outlines important information that you need to know both before and after gastric bypass surgery. You should always have this booklet available to serve as a reference guide. Please bring this booklet with you when you come to the hospital for surgery.

Digestion Before Surgery

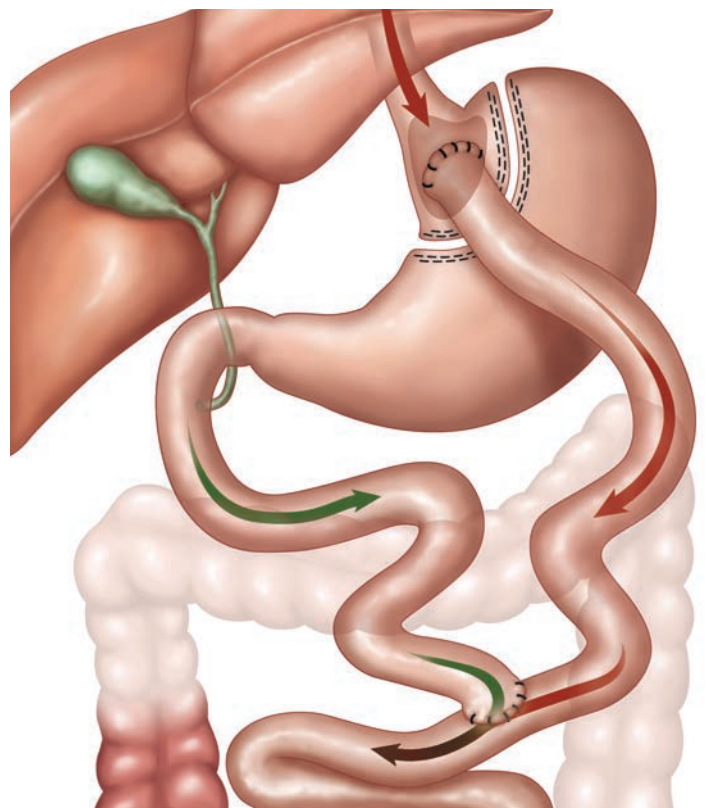
To better understand how weight loss surgery works, it is important to know how digestion works now. Digestion begins when you put food in your mouth. The food pieces get smaller by chewing and mixing with spit. This process prepares the food for swallowing. Food then moves through the esophagus (1) to the stomach (2), where it mixes with enzymes (en-zymes). The stomach normally holds about 3 pints (1500mL) of food from a single meal. Food mixtures leave the stomach slowly through the pylorus, a “trap-door” that allows food to slowly empty from the stomach to the small intestine. The first part of the small intestine (known as the duodenum) (3), is responsible for a large portion of digestion and absorption. The food in the duodenum (3) mixes with bile produced by the liver (4) and with other juices from the pancreas. The rest of the small intestine (5) is about 15 to 20 feet long. It is responsible for digestion and absorption of food that didn’t occur in the duodenum (3). Once the food mixture reaches the large intestine (6), most of the food as been digested and absorbed. The large intestine (made up of the colon and rectum) (6) is responsible for reabsorbing excess fluids and forming stool for excretion.



The Procedure

Roux-en-Y Gastric Bypass (RYGB) is known as the gold standard of weight loss surgery. Gastric bypass is the most commonly performed weight loss surgery in the United States. This surgery reduces the size of the stomach and “reroutes” the intestines making it both a restrictive and malabsorptive procedure.

In this surgery, the stomach is completely divided with staples creating a small (30 cc) stomach pouch. This becomes the new reservoir that holds food. The remainder of the stomach is no longer used, and is referred to as the excluded stomach. The small bowel is then divided using a stapler. The intestine that is further away (called the Roux limb) is pulled up and connected to the newly formed pouch. The other end of the divided small bowel (known as the biliopancreatic limb) is connected into the side of the Roux limb of the intestine creating a “Y” shape.



At the Ralph H. Johnson VA Medical Center, we routinely perform gastric bypass using laparoscopic surgery. This is done by making several small cuts in the abdomen. Plastic tubes, called ports, are placed through these cuts. A camera and other small instruments are then put through the ports. This allows access to inside the abdomen. A robot may also be used to assist during surgery. Sometimes, the surgeon may not be able to perform the surgery only using small cuts. The surgeon may have to make a large cut in the abdomen.

Digestion After Surgery

After surgery, your food will move from your mouth down your esophagus to your new stomach pouch. It will then enter your jejunum (small intestines, labeled “5” in the diagram to the left) and move down the rest of the GI tract. Bile and other enzymes from the excluded stomach and duodenum (bypassed portions) will join the food at the Y connection. From here, the food will move down to the large intestines which forms stool for elimination. Since food will now bypass the excluded stomach and duodenum where a large amount of nutrients are absorbed, it is essential that you take vitamins and minerals for life.

Advantages of Gastric Bypass

The main benefit of weight loss surgery is easy to understand: **weight loss!**

Patients that undergo gastric bypass typically lose about 70% of their excess body weight. Generally, patients notice a significant improvement in quality of life. Obesity-related medical conditions usually improve or even go away after weight loss surgery, including:

- Diabetes
- Back pain
- Sleep apnea
- High blood pressure
- Severe arthritis
- Gastro-esophageal reflux disease (GERD)



Possible Risks of Gastric Bypass

All surgeries carry possible health risks, including death. Complications that may be life threatening includes, but are not limited to:

- **Leak:** occurs when the stomach or bowel stapled or sutured does not heal properly resulting in leakage of bowel contents into the abdomen.
- **Bleeding:** is usually due to bleeding from the staplelines.
- **Infection:** wound, lung, urinary, abdominal, other.
- **Blood Clot:** in the legs or lungs.
- **Lung or heart complications.**
- **Injury to surrounding tissues or organs.**

Other long term complications that may occur:

- Stricture (narrowing)
- Bowel obstruction
- Nutritional deficiencies
- Temporary hair loss/thinning
- Ulcer
- Internal Hernia
- Dumping Syndrome
- Weight regain

Overall, bariatric surgery is safe and effective for achieving significant weight loss. However, complications are possible. It is very important that you routinely follow-up with your bariatric team.

Preparing for Surgery

Ways to start your bariatric diet now

Fuel your body with food that helps it perform at its best. The weight loss surgery diet is not a starvation diet or a low carb diet. It is a calorie controlled diet with the help of a small pouch. Think HIGH nutrients with LOW calories.

Avoid overeating. Sip all fluids and eat slowly. You should take about 30 minutes for each meal. Aim for 4-6 “mini” meals immediately after surgery, and can decrease as time progresses. Do not eat fewer than 3 times per day. Avoid constant nibbling, and stop eating when you feel full.

Chew slowly and thoroughly. Chew at least 25 times per bite. Your new stomach has a very small opening that can easily become blocked. Foods should be very thin before you swallow them!

Stay hydrated. This will avoid dehydration and constipation! Your body doesn't require more fluid than someone who didn't have surgery, but it is harder for you to get it because of your new pouch. Drink 8 cups (64 total ounces) of non-calorie fluid per day (although skim milk can be counted as fluid

too). **DO NOT** eat and drink at the same time. Your dietitian will discuss this with you in detail.

Monitor portions. Measure amounts using measuring spoons and cups. Your pouch can only hold a few tablespoons at a time after surgery. Eventually it will hold about 1/2 to 1 cup. Think overfilling = stretching your pouch over time.

Avoid added sugar. Do not add sugar, cream or fats to any of your liquids. Sugar can cause Dumping Syndrome. Avoid carbonated beverages because they can expand your pouch over time.

Stock your kitchen with foods for the pureed month before you have surgery. Food variety is not important this month but rather hydration and protein. Prepare small portions using ice cube trays, use commercial baby food, or stick with foods that are naturally a pureed consistency. Try these foods before surgery and see what works for you. Attend support group to get help from your peers!

Begin to take your complete multivitamin twice per day.

Exercise!!! Find fun ways to incorporate physical activity every day.

Travel and Lodging

Travel and Lodging is the responsibility of your referring facility. Please check with your home facility for these arrangements.

Please note that the VA does not pay for your family to stay at a hotel while you are in the hospital. We are happy to provide you with a list of nearby hotels that may offer a discount for your family members.

The Night Before Surgery

Have nothing to eat or drink after mid-night. If you were instructed to take your medications the morning of surgery, it is okay to do so with a small sip of water.

What to Bring (label everything)

- This booklet
- Clothes to wear home
- C-PAP/BiPAP machine (if used)
- Slippers, bathrobe
- Cane or walker (if used)

What NOT to Bring (leave all your valuables at home)

- Money
- Watches and jewelry
- Medications from home
- Dentures and glasses should be given to your family during surgery

Day of Surgery

The VA will call you the business day before surgery to tell you what time to arrive for surgery. Most patients are instructed to arrive 2-3 hours before surgery. Check in at the Ambulatory Care Center on the 3rd Floor. If you do not receive a call by 3 p.m. the day prior to your surgery, call (843) 789-7443. Your operation may be as short as 1 1/2 hours or greater than 3 hours. Surgery time depends upon your weight and your prior surgery history. Your family can wait in the surgical waiting area. Your surgeon will speak with your family after the surgery.

The Hospital Stay

Typically, you will be in the hospital for approximately 1-3 days. In some cases you may need to stay in the hospital longer.

Just After Surgery

You will be taken to the Post Anesthesia Care Unit (PACU). You will then be transferred to the surgical floor. If you need closer supervision, you may go to the Intensive Care Unit (ICU).

On the day of surgery you:

- Will start using an **incentive spirometer**. Doing these breathing exercises helps prevent lung problems. Aim for 10 times every hour
- Will have on SCDs (**Sequential Compression Devices**). SCDs are special sleeves that are wrapped around your legs. SCDs gently squeeze the muscles of the leg to promote blood circulation and help to prevent blood clots
- Will be assisted out of bed to a chair. Moving around improves circulation and helps prevent blood clots.
- If you feel nauseated or queasy, ask your nurse for medication. Do not wait until you are miserable.
- You may be able to start a clear liquid diet.

Bariatric Clear Liquid Diet

- Will consist of 1 tray for breakfast, lunch, and dinner of clear, no sugar liquids (broth, crystal light, unsweet tea, sugar-free jello).
- You are encouraged to drink 2-4 ounces per hour as tolerated. Aim for 1 ounce of liquid every 15 minutes. Your nurse can give you a small medicine cup (1 ounce) to help if you wish.
- Hold items from your tray to work on between each meal
- You are encouraged to SIP water throughout the day as well.
- NO solid foods! Not even 1 bite! Your diet will not be advanced until the surgeon decides.



Post-op Day 1

If you are tolerating a clear liquid diet, your team may allow you to advance to a Bariatric Full Liquid diet.

Bariatric Full Liquid Diet

- Will consist of 1 tray at each meal, as well as 3 “snacks” of the protein supplement Glucerna.
- Each tray will contain some full liquid and some clear liquid foods (soups, skim milk, yogurt, unsweet tea, etc). The goal is to ensure you are tolerating the advancement of your diet.
- You are encouraged to eat small, frequent meals until you feel full. DO NOT chug the liquids, but instead sip small amounts ALL DAY.
- Continue to sip on water all day (make sure it's 30 mins before or after “meals”)



• On post-op Day 1 you will also:

- Continue walking in the hallway & wearing SCDs while in bed
- Continue using incentive spirometry
- In some cases, you may need a swallow study
- If you are tolerating a full liquid diet, you may be advanced to pureed diet (see diet below)
- If you are doing well, you may be discharged home

Bariatric Pureed Diet (and for the next 30 days)

- This is the diet you will be on when discharged home.
- 3 total meals, as well as 3 snacks.
- The amount of food that will be delivered will be more than you can eat, but listen to your body cues and stop when you are full.
- Continue to SIP water or other non-calorie beverage throughout the day (30 mins before or after meals). NO solid foods for the next month- not even 1 bite!
- Goal for 1st week—**STAY HYDRATED!!**



Post-Op Day 2 until Discharge

- Continue walking in hallways & SCDs while in bed
- Continue incentive spirometry
- Prepare to transition to home

Preparing to Go Home:

- You should be ready to go home on the 1st or 2nd day after surgery. The team and nursing staff will help you and your family to plan your care at home.
- You CANNOT drive home from the hospital & you can only leave with a responsible adult
- You will receive discharge paperwork. Be sure you understand all the information on your discharge orders, specifically about taking your regular medications after surgery and any NEW medications to be started.
- You need to schedule an appointment with your primary care provider within 3 months of surgery.



Management at Home

Be sure to follow the doctor's discharge instructions. Keep in mind:

- Continue the breathing exercises (incentive spirometer).
- You may have a drain (specific instructions will be given).
- You may be out of work for 3-4 weeks.
- You may shower. Do not take a bath, sit in a hot tub, or swim in a pool.
- Gradually increase your walking routine when you go home.
- Do not lift anything heavier than 1 gallon of milk for 2 weeks. Gradually increase from there.
- Wait 4 weeks before starting any abdominal work or weight training.



What to Watch for at Home

Issue	Comments	When to call / report to ER
Pain	Some discomfort after belly surgery is not unusual.	<ul style="list-style-type: none"> • If you have new or different pain. • Pain worse than when in the hospital. • Pain with vomiting and no bowel movement.
Chest Pain or Shortness of Breath	These can be signs of a serious complication such as blood clot in lungs, heart arrhythmia, or heart attack.	You MUST be seen immediately. Report to the nearest ER.
Vomiting	Can happen if you eat too fast or too much, drink fluids with meals, introduce a new food too soon, eat or drink something with sugar.	<ul style="list-style-type: none"> • Your vomit is black or red. • If you throw up for more than a few hours and cannot seem to keep anything down. • You may need to be admitted for IV fluids.
Infection	It is important that you monitor wounds and overall well-being for signs and symptoms of infection.	<ul style="list-style-type: none"> • Temperature >101 degrees. • Wound has yellow or pus like drainage; bad odor; redness; or swelling. • Pain or frequent urination. • Cough / Shortness of breath.
Blood Clot	After surgery, you have increased risk for developing a blood clot in your legs or lungs.	<ul style="list-style-type: none"> • Leg swelling, warmth, redness, tenderness. • Shortness of breath.
Constipation	<ul style="list-style-type: none"> • Constipation is common after surgery. • To help prevent: choose high fiber foods (applesauce; pureed prunes), drink plenty of fluids, and exercise regularly. • You may take Miralax or Milk of Magnesium. 	If you have NOT had a bowel movement and are vomiting.

If you have any emergent problem please come to the Emergency Room. If you go to an emergency room other than at the Ralph H. Johnson VA Medical Center, please notify the treating physician that you had gastric bypass surgery and to call our bariatric team.

Management of Medications at Home

We have pharmacists on our bariatric surgery team. A pharmacist will call you before your surgery to review your medications. Because your digestion changes after surgery, some medications may need to be changed to ensure you are absorbing the medication. The pharmacist will work with your provider to make these changes.

Before you go home from the hospital, a pharmacist will review what medications you should be taking once you leave the hospital.

Please make sure you ask any questions that you may have. A chart is included in the back of this booklet that may help you better understand how, why and when to take your medications.

One of our team pharmacists will call you within 1 month after surgery to follow-up on your medications. Please be sure to keep a good record of the medications that you are taking.

- If you are on blood pressure medication, please make sure that you have a working blood pressure monitor at home with the appropriate size cuff.

In order to safely adjust your medications after surgery, your team will need to have accurate Blood Pressure

(BP) and Heart Rate (HR) readings. There is a chart in the back of the book to keep track of your BP and HR readings.

- If you are diabetic, please make sure that you have a working glucometer (blood sugar monitor).

In order to safely adjust your medications, your team will need to have accurate blood sugar readings. There is a chart in the back of this booklet for you to write down your blood sugar readings.

Do not decide to discontinue medication on your own. Please discuss with your Primary Care Provider or our team Pharmacist.

Medication TID-BITS

- Generally, you should be able to swallow your pills after surgery. Pill crushing is not necessary unless specifically directed. If you feel that your pills are too large to swallow whole, please discuss this with the pharmacist at your Pharmacy Pre-op Phone visit.

We can get you a pill crusher if needed.

- Gallstone Medication – If you still have a gallbladder you will be given a prescription for Ursodiol which is a medication to help minimize the risk of forming gallstones during rapid weight loss. Start this medication about 2 weeks after surgery and take one pill twice per day for 6 months.

- Do NOT bring your home medications with you to the hospital. In some cases, you may be asked to stay in a hotel for a few days after hospital discharge.

If this is the case, please arrange for your support person to keep your home medications in a safe place while you are in the hospital. If you bring your medications to the hospital, per policy these will be mailed to your home and you will not have them during your hotel stay.

Other Medication Considerations

Diabetes

- You must continue to check your blood sugar frequently at home and record.
- You will continue to work with your medical provider at adjusting diabetic medication as your blood sugar improves.
- Your Primary Care Provider should still continue to check blood sugar levels periodically to assess for recurrence of diabetes.

Hypertension

- Typically, blood pressure will improve shortly after surgery and with continued weight loss.
- Diuretics or water pills (Lasix or hydrochlorothiazide) may be discontinued immediately following surgery as you will be prone to dehydration.
- Many blood pressure medications need dosages reduced to prevent low blood pressure (dizziness or lightheadedness upon standing).
- Measure your blood pressure daily at home and keep a record.





Cholesterol/Triglyceride Medications

- Many patients will experience a *gradual improvement*.
- Often patient's cholesterol medication dose is lowered. If patient has a history of coronary artery disease, most medical practitioners continue a low dosage of the medication.

Sleep Apnea

- Many patients will experience improvements in sleep apnea symptoms following weight loss. It is essential to keep in mind that surgical weight loss alone cannot cure obstructive sleep apnea.
- At this time there are no standing recommendations for discontinuation of CPAP. Patients are advised to check with their Providers regarding recommendations for repeat testing. Most patients need to have a pressure setting adjustment on their CPAP/BiPAP after weight loss.

Depression/Anxiety

- Do not stop medications for depression or anxiety.
- Some anti-depressant medications are "longacting". This means they are slowly absorbed throughout the intestinal tract. After gastric bypass surgery, this type of medication may not be fully absorbed.
- If you feel a worsening in depressive symptoms, please contact the Bariatric Psychologist, your regular mental health provider, or the TAP line.
- With weight loss over time, dosages may need adjustment.

Non-steroidal Anti-inflammatories (NSAIDs)

These types of medications increase the risk of stomach ulcers.

They are not recommended to be used.

- Advil
- Motrin
- Excedrin
- Aspirin
- Ibuprofen
- BC Powder
- Aleve
- Pepto Bismol
- Goody's Powder

Aspirin

Aspirin can cause ulcers in your new pouch. Many patients with diabetes and heart disease are recommended to be on aspirin daily. If your provider recommends continuation of aspirin, great care should be used:

- Take only with food and never take on an empty stomach.
- Use a coated aspirin or a chewable tablet.
- You may need to add Pepcid or Zantac to protect your pouch.

Tylenol or Acetaminophen

- May be used for headaches and muscle pains.
- Do not exceed the daily dosage of 3 grams per 24 hour period.

Talk to the pharmacist when buying over the counter medications. Sometimes medications contain inactive ingredients that may be contraindicated after bariatric surgery.

Vitamin and Mineral Supplements

Required for Life!

Vitamin and mineral deficiencies may occur after surgery because your new pouch is simply too small to get all of the nutrition your body requires from food alone.

- These supplements do not take the place of a healthy diet, but they can enrich it! Supplements do not provide energy but are needed to stay healthy.
- Read labels on vitamins too! A serving size can vary from 1 to 4 pills in order to get the nutrient content listed. Make sure the dose and form of the vitamin is what your bariatric team advised. And if you're not sure, ASK!
- While you are on the pureed diet, you will need to chew or crush your supplements. Once you transition to a regularly textured diet, you may also switch from chewable to regular supplements.
- It is recommended that you start your vitamins prior to surgery

You will need to take the following supplements for the rest of your life unless you are told otherwise by your medical team:

A complete multivitamin – you will need 2 per day. This must contain Iron, Folate, and Vitamins

A, D, and E. (Try Flintstones Complete or Centrum chewables.) You may be able to decrease to 1 pill per day at 1 year post-op. As the bariatric team before doing this. Start following discharge from the hospital.

Vitamin B12 – you will need 500mcg per day. B12 can be taken as a liquid, a tablet that you place under your tongue (sub-lingual) or as a monthly injection. Start following discharge from the hospital.

Calcium Citrate/Vitamin D – you will need **1500-2000 mg per day**. You want to take Citrate, NOT Carbonate (which is not absorbed as well in the body). Do not take more than 600mg of calcium at a time, because more than that won't be absorbed. This means taking your calcium citrate pill multiple times per day. You can wait to start Calcium until 1 month post-op.

You may also be asked to take additional vitamins/minerals based on lab values – Iron, extra fat-soluble vitamins (Vitamins A, D, E, K), Vitamin C, among others. Your bariatric team will let you know.



Planning Your Meals

How Much You Will Be Able to Eat

Time	Per Meal	Per Day
1 month after surgery	2-3 Tbsp / 1-1 ½ ounces	400-600 calories
3 months	¼ cup / 3 ounces	600-800 calories
6 months	½ cup / 4-5 ounces	800-1000 calories
12-24 months	1-1 ¼ cup / 8-10 ounces	1000-1200 calories
<p><i>How much you are able to eat depends on the types of foods you choose and the size of your pouch, which varies slightly in every patient.</i></p>		

Each day, for the rest of your life, you should eat a certain number of foods from each food group:

Food Group	Servings per Day
Meat/Meat Sub/Dairy	8 servings
Vegetable	2 servings
Fruit	2 servings
Starch	2 servings
Fat (these are <i>added</i> fats)	3 servings
Total Calories	1,000 calories per day (work up to this amount) ~47% Carbohydrates, 33% Protein, 15-20% Fat

Follow these recommendations in the order they appear in the tables on the left. The protein foods (meats, eggs, low-fat dairy, etc.) are very important to help you heal after surgery. They also may play a role in preventing loss of muscle mass. Aim for 60 grams of protein daily. Your first priority for food should be lean protein, then milk/dairy, then non-starchy vegetables and fruit, then starches and added fats. You can substitute milk choices for meat choices.

Important Ideas for Meals

During the pureed month, most foods will be “slider foods” because they have been blenderized. Once you transition to a regular diet, the goal is to EAT your calories rather than DRINKING your calories. Too many slider foods can hinder weight loss.

You may season all/any of your foods with herbs, spices, lemon/lime juice, hot sauce, and vinegar. This can be done immediately after surgery if you wish.



Tips for Making Your Own Meal Plans

The following pages include sample menus, but you can also create your own with these tips:

1. Start with the meals first. Anything that has calories is considered a meal.
2. Determine which food group your food belongs to and keep track for the entire day, just like the samples.
3. Add in non-calorie fluids in between your meal times to reach 64 ounces per day. Remember some of your meals may contain milk or soups, which count as a fluid and a meal because they contain calories.

The First 4 Weeks

Food Groups – PUREED DIET

Meat/Meat Substitute/Dairy Group: 8 servings per day

One serving meat = 35-55 calories and 7 grams of protein
One serving of dairy = 90 calories and 8 grams protein

- 1 oz. Cooked, blended meat (skinless turkey, chicken, ham, beef, fish, veal, venison)
- 2.5 oz. Small jar of strained, plain baby food meats (like Gerber®)
- 1 oz. melted low-fat or fat-free cheese (like Kraft® or Cabot®)
- 2 Tbsp. Creamy peanut butter (must choose natural sugar free brands like Smuckers®)
- 1/4 cup low-fat or fat-free cottage cheese or ricotta cheese
- 1/3 cup non-fat dry milk powder (added to increase protein content of other foods)
- 1/4 cup Egg Beaters (pasteurized eggs); can try in a smoothie
- 1/2 cup pureed beans (try fat-free refried beans), black bean soup, lentil soup, split pea soup - these items must be blended
- 1/2 cup tofu (“Silken” brand)
- 8 oz. (1 cup) Skim or 1% milk (stay away from 2% or whole milks)
- 6 oz. fat-free, no sugar added yogurt or nonfat plain Greek yogurts
- 1 packet of no sugar added Carnation Instant Breakfast equals 1/2 of a milk serving

Do not rely on peanut butter for more than 1 meal per day, it contains too many calories. If you develop lactose intolerance after surgery, consider Lactaid pills, or try Lactaid or soy milk.

Vegetable Group: 2 servings per day

One serving = 25 calories and 2 grams protein

- 4 oz. (1/2 cup) vegetable juice (try tomato, V-8, carrot)
- 1/2 cup pureed vegetables (asparagus, green beans, beets, broccoli, Brussels sprouts, cabbage, carrots, cauliflower, celery, Swiss chard, collards, kale, spinach, bell peppers, etc.) This can be baby foods if you desire.
- 1/2 cup strained or blended soups

Fruit Group: 2 servings per day

One serving = 60 calories and 0 grams protein

- 1/2 cup of 100% fruit juice (no KoolAid, Sunny D); dilute 50/50 with water
- 1/2 cup pureed or blended fruits (Can use baby foods if you desire, or blend your own. No skins from fruits; no canned in heavy syrup.)
- 1/2 cup unsweetened applesauce

Starch Group: 2 servings per day

One serving = 80 calories and 3 grams protein

- 1/2 cup cooked cereals (like oatmeal, grits, cream of wheat; should be smooth like applesauce)
- 1/2 cup pureed or blended starchy vegetables (white potatoes, sweet potatoes, corn, peas, lima beans, etc.) You can use baby foods if you desire.
- 1 cup strained or blended soups
- 3 Tbsp. Wheat Germ, dry

When choosing your starch foods, always try to pick the whole grain products that contain higher amounts of fiber. This will help meet your fiber goals and can aid with constipation.

Fat Group: 3 servings per day

One serving = 45 calories and 0 grams protein

- 1 tsp. Margarine
- 1 tsp. Mayonnaise (low-fat)
- 1 tsp. Olive or canola oil
- 1 Tbsp. Sour cream (low-fat)
- 1 Tbsp. Salad dressing (low-fat)
- 1 oz. Avocado

These are ADDED fats.

Low Calorie Fluids Group: 8 cups per day; total of 64 oz.

One serving = <20 calories and 0 grams protein

- Water
- Crystal Light®
- Sugar-free KoolAid®
- Unsweet Tea
- Fruit-2-O®
- Powerade Zero®
- Flavored Water
- Chicken, beef or vegetable broth
- Herbal tea
- Propel® water

Fluid is most important item early post-op.

Sample Menus for the First 4 Weeks

Adjusting to a pureed diet for the first 4 weeks after surgery will be a challenge. Eating, drinking and taking pills will become your full-time job immediately after surgery. But, it's VERY important that you follow the bariatric team recommendations to allow for healing. Your new stomach is just not ready to take "solid" foods. Some of the portion sizes listed below will exceed what you can take in. LISTEN to your body on when you are full, but don't go more than 4-5 hours without having bites of something to eat. Measure your food using a food scale!

Sample Pureed Meal Plan #1 (~600 calories, as tolerated)

Time/Meal	Food	Food Group
6 a.m.	1 cup water	Fluid
7 a.m. MEAL #1	1 cup skim milk ½ cup non-fat dry milk powder 1 chewable multivitamin Vitamin B12	Dairy, Fluid Meat Supplement Supplement
8 a.m.	½ cup sugar-free KoolAid	Fluid
9 a.m.	½ cup Powerade Zero	Fluid
10 a.m. MEAL #2	1 oz. melted low-fat cheese ½ small baby food jar – green beans	Meat ½ Vegetable
11 a.m.	1 cup water	Fluid
12 Noon	½ cup Crystal Light	Fluid
1 p.m. MEAL #3	1 oz. cooked, pureed chicken 3 oz. plain non-fat Greek yogurt	Meat ½ Dairy
2 p.m.	1 cup low sodium chicken broth	Fluid
3 p.m.	½ cup water	Fluid
4 p.m. MEAL #4	½ cup fat free refried beans ¼ cup pureed greens ¼ cup pureed potato ½ tsp. Margarine	Meat ½ Vegetable ½ Starch ½ Fat
5 p.m.	½ cup water	Fluid
6 p.m.	½ cup unsweet tea	Fluid
7 p.m. MEAL #5	1 small jar baby food meat ¼ cup pureed peaches ¼ cup cooked grits ½ tsp. Margarine 1 chewable multivitamin	Meat ½ Fruit ½ Starch ½ Fat Supplement
9 p.m. MEAL #6	2 Tbsp. creamy natural peanut butter ¼ cup applesauce	Meat ½ Fruit
10 p.m.	1 cup water	Fluid
Total: 7 ½ Meat/Dairy, 1 Vegetable, 1 Fruit, 1 Starch, 1 Fat, and 64 ounces fluid, 3 supplement pills.		

Sample Pureed Meal Plan #2 (~600 calories, as tolerated)

Time/Meal	Food	Food Group
6 a.m.	1 cup Crystal Light	Fluid
7 a.m. MEAL #1	¼ cup low fat cottage cheese ¼ cup unsweet applesauce 1 chewable multivitamin Vitamin B12	Meat ½ Fruit Supplement Supplement
8 a.m.	½ cup water	Fluid
9 a.m.	1 cup unsweet tea	Fluid
10 a.m. MEAL #2	2 Tbsp. natural creamy peanut butter ¼ cup pureed carrots	Meat ½ Vegetable
11 a.m.	1 cup coffee	Fluid
12 Noon	½ cup Crystal Light	Fluid
1 p.m. MEAL #3	3 oz. fat-free, no sugar added yogurt ¼ cup pureed peaches, mixed into yogurt ¼ cup pureed cauliflower with ½ tsp. Margarine, mixed in for a mashed potato taste	½ Dairy ½ Fruit ½ Vegetable ½ Fat
2 p.m.	½ cup Crystal Light	Fluid
3 p.m.	1 cup herbal tea	Fluid
4 p.m. MEAL #4	1 cup skim milk with ½ cup nonfat dry milk powder mixed in	Dairy, Fluid Meat
5 p.m.	½ cup water	Fluid
6 p.m.	½ cup water	Fluid
7 p.m. MEAL #5	1 oz blended chicken ½ cup pureed black beans ¼ cup pureed sweet potatoes 1 chewable multivitamin	Meat Meat ½ Starch Supplement
9 p.m. MEAL #6	1 oz. melted low-fat cheese ¼ cup grits with ½ tsp Margarine mixed in	Meat ½ Starch ½ Fat
10 p.m.	1 cup chicken broth	Fluid
Total: 7 ½ Meat/Dairy, 1 Vegetable, 1 Fruit, 1 Starch, 1 Fat, and 64 ounces fluid, 3 supplement pills.		

4 Weeks Post-op: Transition Time!

Transition time is an exciting time following your weight loss surgery. It is the time that you can begin to eat solid foods again! Take this period one day at a time, and go slowly for the easiest transition. There is no time limit on how long it takes a patient to transition back to solid food; it is up to you and your body!

Some Important Tips to Remember

- Try foods one at a time, just like you would with a baby. The goal is to make sure you tolerate each food and can eat it safely. If something doesn't agree with you, simply avoid it for now and reintroduce it at a later time.
- Try soft foods first and work your way up to more textured items. You likely will not do well abruptly changing from pureed broccoli to whole raw broccoli chunks! Try steaming them first.
- Chew each bit until it is almost liquid in your mouth. Listen to your body for signs of intolerance. If you feel good, keep going until you feel full.
- You should still aim for 4-6 small meals per day for now and the rest of your life. You likely won't be able to get in enough nutrition if you are eating less often than this. It is possible that Gastric Sleeve patients can get in enough nutrition with 3 meals and 1 snack per day.
- Continue to follow your "new" food guide pyramid for now and the rest of your life. Work on getting meats/protein foods in first, and work your way down the list. Of least importance is the added fat group.
- Your fluid intake goal remains at a minimum 64 ounces per day (8 glasses that are 8 ounces each) for now and the rest of your life.
- Transition time is also the time to start adding your calcium citrate supplement into your daily regimen.

When a person loses a great deal of weight at once, they are losing weight from everywhere, including their bone mass. Remember, for most patients this means taking 2 pills, 3 times per day! Your bariatric team realizes that this is a large amount of pills to take, but you need your calcium to keep you healthy. This is not an option.



4 Weeks Post-op

Food Groups – REGULAR DIET

Meat/Meat Substitute/Dairy Group: 8 servings per day

One serving meat = 35-55 calories and 7 grams of protein

One serving of dairy = 90 calories and 8 grams protein

- 1 oz. cooked meat (skinless turkey, ground turkey breast, chicken, 96% lean ground beef, fish, seafood, tuna packet in water, veal, venison, pork tenderloin, deli-sliced meats, etc)
- 1 oz. sushi meats (tuna, salmon, shrimp, fish eggs, crab, yellowtail; oyster, squid, eel are also good sources of protein but contain more fat so be cautious)
- 1 oz. low-fat or fat-free cheese (Kraft® or Cabot®)
- 2 Tbsp. peanut butter (best to choose natural sugar free brands like Smuckers®) or nut butter (almond, cashew, soy nut)
- 1 oz (or 1/4 cup) nuts
- 1/4 cup low-fat or fat-free cottage cheese or ricotta cheese
- 1/3 cup nonfat dry milk powder
- 1 egg, 2 egg whites, or 1/4 cup Egg Beaters
- 1/2 cup beans (any kind of bean, lentil, black eyed peas, edamamme/soybeans)
- 1/2 cup tofu or soy products
- 8 oz. (1 cup) Skim or 1% milk (stay away from 2% or whole milk)
- 6 oz. fat-free, no sugar added yogurt or nonfat plain Greek yogurts
- 1 packet of no sugar added Carnation Instant Breakfast equals 1/2 of a milk serving

Cook your foods LOW-FAT (bake, grill, broil, steam, etc.). Do not fry or add calories to your meal plan that you weren't anticipating. (Try using PAM spray instead if you need something in your cookware.)

Vegetable Group: 2 servings per day

One serving = 25 calories and 2 grams protein

- 4 oz. (1/2 cup) vegetable juice (remember to drink this separate from solid "meals")
- 1/2 cup cooked vegetables (can be fresh, frozen, or canned; but should be NON-starchy)

1 cup raw vegetables (may take some time to work up to raw vegetables)

Fruit Group: 2 servings per day

One serving = 60 calories and 0 grams protein

- 1 small piece of fruit
- 1/2 cup of fresh, frozen, or canned fruit (must not be canned in heavy syrup)

Starch Group: 2 servings per day

One serving = 80 calories and 3 grams protein

- 1/2 cup cooked cereals (cream of wheat, grits, oatmeal, etc; can be lumpy at this time)
- 3/4 cup unsweetened cold cereal (Cheerios®, Fiber One®, Kix®, Bran Flakes, etc)
- 1/2 cup starchy vegetables (white potatoes, sweet potatoes, corn, peas, lima beans, etc.); French fries are not a part of this category!
- 1 cup soup (broth or tomato based are best; creamy soups have added calories)
- 1 slice whole grain bread (preferably reduced calorie bread with fiber; try the White Wheat brands if you don't like the taste of wheat bread)
- 1/2 English Muffin, 1/2 Hot Dog or Hamburger bun, 1 small roll
- 1 tortilla, corn or flour, 6 inches
- 6 crackers
- 1/3 cup pasta or rice (try whole wheat; you may not tolerate noodles/rice after surgery)

Fat Group: 3 servings per day

One serving = 45 calories and 0 grams protein

- 1 tsp. Margarine
- 1 tsp. Mayonnaise (low-fat)
- 1 tsp. Olive or canola oil
- 1 Tbsp. Sour cream (low-fat)
- 1 Tbsp. Salad dressing (low-fat)
- 1 oz. Avocado

Low Calorie Fluids Group: 8 cups per day; total of 64 oz.

One serving = <20 calories and 0 grams protein

- Water
- Sugar-free KoolAid®
- Fruit-2-O®
- Flavored Water
- Propel® water
- Chicken, beef or vegetable broth
- Crystal Light®
- Unsweet Tea
- Powerade Zero®
- Herbal tea

4 Weeks Post-op: Sample Menus

These sample menus will help you as you transition to your new regular diet, starting 4 weeks after surgery. More information about the transition period is in the pages that follow.

Sample Soft/Regular Meal Plan #1 (1000 calories, as tolerated)

Time/Meal	Food	Food Group
6 a.m.	1 cup water	Fluid
7 a.m. MEAL #1	1 scrambled egg ¼ cup low-fat cottage cheese 1 small peach 1 chewable multivitamin Vitamin B12	Meat Meat Fruit Supplement Supplement
8 a.m.	1 cup Crystal Light	Fluid
9 a.m.	½ cup water	Fluid
10 a.m. MEAL #2	2 Tbsp. natural peanut butter 1 slice white wheat bread - <i>likely better tolerated if toasted first</i> ½ cup bell pepper 1 Tbsp. low-fat Ranch dressing Calcium Citrate (~500mg) - started 1 month post-op	Meat Starch Vegetable Fat Supplement
11 a.m.	1 cup water	Fluid
12 Noon	½ cup water	Fluid
1 p.m. MEAL #3	6 oz. nonfat plain Greek yogurt ½ cup blueberries	Dairy Fruit
2 p.m.	½ cup Crystal Light	Fluid
3 p.m.	1 cup water	Fluid
4 p.m. MEAL #4	½ cup fat free refried beans 1 oz. shredded low fat cheddar cheese ½ cup corn ½ cup steamed green beans 1 Tbsp. fat-free sour cream Calcium Citrate (~500mg) - started 1 month post-op	Meat Meat Starch Vegetable Fat Supplement
5 p.m.	½ cup Crystal Light	Fluid
6 p.m.	½ cup Crystal Light	Fluid
7 p.m. MEAL #5	1 cup skim milk ½ cup nonfat dry milk powder 1 chewable multivitamin	Dairy, Fluid Meat Supplement
8 p.m.	½ cup sugar free KoolAid	Fluid
9 p.m.	Calcium Citrate (~500mg) - started 1 month post-op	Supplement
10 p.m.	1 cup water	Fluid
Total: 8 Meat/Dairy, 2 Vegetable, 2 Fruit, 2 Starch, 2 Fat, and 72 ounces fluid, 9 supplement pills.		

Sample Soft/Regular Meal Plan #2 (1000 calories, as tolerated)

Time/Meal	Food	Food Group
6 a.m.	1 cup Crystal Light	Fluid
7 a.m. MEAL #1	1 cup skim milk ½ cup strawberries (blend with milk/ice) 1 chewable multivitamin Vitamin B12	Dairy, Fluid Fruit Supplement Supplement
8 a.m.	½ cup coffee	Fluid
9 a.m.	½ cup water	Fluid
10 a.m. MEAL #2	1 oz. low-fat provolone cheese 1 slice whole wheat bread <i>(try toasted at first)</i> 1 tsp. Margarine Calcium Citrate (~500mg) - started 1 month post-op	Meat Starch Fat Supplement
11 a.m.	½ cup unsweet tea	Fluid
12 Noon	½ cup unsweet tea	Fluid
1 p.m. MEAL #3	2 oz. (⅓ can) tuna (in water) 1 tsp. low-fat mayonnaise 1 oz. avocado 1/2 cup celery	2 Meat Fat Fat Vegetable
2 p.m.	½ cup water	Fluid
3 p.m.	½ cup Crystal light	Fluid
4 p.m. MEAL #4	2 oz. deli turkey 6 oz. sugar free yogurt ½ cup cherries Calcium Citrate (~500mg) - started 1 month post-op	2 Meat Dairy Fruit Supplement
5 p.m.	½ cup water	Fluid
6 p.m.	½ cup water	Fluid
7 p.m. MEAL #5	½ cup edamamme (try with Kosher salt) ½ cup cooked frozen mixed vegetables ½ cup grits 1 chewable multivitamin	Meat Vegetable Starch Supplement
8 p.m.	1 cup herbal tea	Fluid
9 p.m.	Calcium Citrate (~500mg) - started 1 month post-op	Supplement
10 p.m.	1 cup water	Fluid
Total: 8 Meat/Dairy, 2 Vegetable, 2 Fruit, 2 Starch, 2 Fat, and 72 ounces fluid, 9 supplement pills.		

Eating Out After Bariatric Surgery

Most of the food items on menus are high in calories, fat, sugar and salt. Here are some tips for you that will help you get through these challenges.

- **Plan your meal ahead of time when dining out.** This way, you will be more likely to eat what you had planned.
- **Skip the carbonated beverages and alcoholic drinks.** You need to talk with your surgeon before you consume these fluids.
- **Avoid the extras.** Tell the waiter not to bring bread or chips to the table.
- Order the smallest portion possible. Often you can order the same foods in a smaller lunch portion or a la carte, or just order off the kids menu.
- **Ask for a carry out box when you order your meal.** Keep only what you will eat on your plate. Put the rest in the to-go box and take home for another meal. If it off your plate from the start, it will be less tempting to overeat.
- **Share a meal.** Purchase one dinner and ask to have it split onto two plates.
- **Order items “on the side.”** When sauces, gravies, and dressings come on the side, you can control the amount you put on your food.
- **Find a few restaurants that are “safe” places.** Eat at these restaurants most often when going out so you know you can succeed at sticking to your eating goals. For example, if your downfall is chips and salsa at the local Mexican restaurant, avoid that restaurant.
- **Salad bars can offer great food choices,** but they also contain high calorie and high fat foods that are poor choices. Know your limits with these type of eating establishments and avoid them if need be.
- **Ask for vegetables and sides to be steamed without added fat.**
- **And most importantly, STOP eating when you feel full.** Listen to your body – you DO NOT have to eat it all!



Dumping Syndrome

Dumping Syndrome is a group of symptoms that occur when food or liquid passes too quickly from the stomach into the small intestine. It is most common in patients who have had gastric bypass surgery. Eating foods/liquids that contain sugar, drinking fluids too soon after a meal, or eating too much at a meal all can cause dumping.

You may experience one or all of the following symptoms: dizziness, headache, sweating, weakness, nausea, vomiting, stomach fullness, gas and diarrhea.

Symptoms vary widely, and although symptoms may decrease as you get further away from surgery, it is best to avoid high sugar and high fat foods for life since these items may contribute to weight regain.

How can I prevent dumping syndrome?

- Eat small meals and snacks.
- Eat and drink slowly.
- Chew foods thoroughly.
- Drink fluids between meals instead of with meals.
- Avoid foods with high amounts of sugar (and/or fat). You will know this by reading food labels. If one of these ingredients is in the **first 3 ingredients**, avoid that food:

- | | |
|--------------------|---------------------------|
| • Agave nectar | • Brown sugar |
| • Cane sugar | • Confectioners' sugar |
| • Corn syrup | • Corn sweeteners |
| • Dextrin | • Dextrose |
| • Fructose | • Fruit juice concentrate |
| • Fruit sugar | • Glucose |
| • Granulated sugar | • Honey |
| • Levulose | • Maple syrup |
| • Malt syrup | • Molasses |
| • Raw sugar | • Rice sugar |
| • Sorbitol | • Sorghum |
| • Sucrose | • Treacle |
| • Turbinado sugar | • Xylitol |

- **These foods may cause dumping and should be avoided for life:** cakes, pies, donuts, candy, cookies, honey, ice cream/sherbet, jelly/jam, regular sodas, regular pudding, sugar-coated cereals, fried foods, regular gelatin, sweet tea/lemonade, syrup, fruit canned in syrup, etc.
- Sugars that are found in dairy and fruit products are naturally occurring sugars and are acceptable for your diet. It is the added sugars that will have the largest impact on dumping. **Read nutrition labels** and ask the dietitian if you are unsure.





Exercise

Physical Activity is the BEST predictor of weight loss maintenance. For you to maintain the weight you lose following weight loss surgery, you *MUST* incorporate physical activity into your life.

Types of Exercise

Light	can sing	walking (slow), standing (cooking, washing dishes), fishing, playing an instrument, light cleaning
Moderate	can talk but can't sing	brisk walking (20 min/mile), ballroom dancing, tennis (doubles), biking (<10mph), golf (no cart), light gardening, walk in pool, bad-mitten, mowing lawn (not riding mower), heavy cleaning (washing windows, vacuuming, mopping)
Vigorous	can't talk easily	racewalking, jogging/running, tennis (singles), aerobic dancing, biking (>10mph), heavy gardening (shoveling), swimming laps, hiking, soccer, basketball

Each person has a different fitness level. What may be easy for you might be difficult for another. Start slow and go at your own pace. Realistically, you must incorporate all levels of exercise into your daily life.

Recommendations

Most Adults (to prevent weight gain)	During Active Weight Loss (YOU)	Weight Maintenance & for the rest of your life (YOU)
150 minutes/week of moderate intensity (30 minutes/5x week) OR 75 minutes/week of vigorous intensity	150-225 minutes/week of moderate intensity (30-45 minutes/5x week) OR 75-115 minutes/week of vigorous intensity	200-300 minutes/week of moderate intensity (40-60 minutes/5x week) OR 100-150 minutes/week of vigorous intensity

For Veterans age 65 and older, push yourself to be as active as ability/condition allows. Try activities to improve your balance.

If you currently do not exercise, these recommendations may seem advanced. The goal is to reach these recommendations over time, and enjoy what you are doing. If you don't enjoy it, you won't stick with it. It is your responsibility to push yourself to improve your fitness level. Your weight will return if you are not active. If you are having difficulty with this, let the bariatric team know so we can help you.



Emotional and Social Changes after Bariatric Surgery

Possible Positive Changes

You are likely aware that your health and weight affect your activities, emotions, social life and vice versa.

Because of these links, positive changes in your weight may also lead to positive changes in your activities, emotions and social life!

- Once you are feeling healthier and more energetic, you may find yourself willing and able to be more active. It is a good idea to take advantage of this and work to build new hobbies and friendships, and do things that you may have been putting off.

Careful and mindful planning can ensure that you spend each day in a way that is consistent with your health goals.

- Weight loss may have a positive effect on your relationships with family and friends, and their support and encouragement can be very helpful!
- A scientific review of more than 50 national research studies showed that bariatric surgery often decreases symptoms of depression. Because depression can involve feelings of sadness, irritability and lethargy, you may experience improvement in these symptoms.

Possible Challenges

While it is likely that you will experience some emotional and social benefits after bariatric surgery, it is also possible that you will face some challenges. The most important thing to remember in these situations is that your bariatric team and other providers at the VA are here to help.

- You will have to carefully control the amounts and types of foods you eat. This may change how you relate to others in social settings.

- While in the long run surgery has many benefits, in the short run it can be a stressful experience. You and your caregivers will need to plan your postsurgical recovery, logistics and supports carefully to keep this stress limited.
- You will need to have healthy ways to manage stress in your life. Eating in reaction to stress or intense emotions, or consuming other potentially harmful substances (alcohol, drugs), are unhealthy coping strategies. If you find yourself having these urges, contact your bariatric team immediately.
- While there may be some psychological benefits to weight loss surgery, it is not a cure for psychological problems. In fact, in some cases, psychological distress, or symptoms of a mental disorder, can become worse or can begin after surgery. Signs that you might be struggling could include:
 - Feeling sad or irritable much of the time.
 - Feeling anxious or nervous much of the time.
 - Isolating yourself from friends and family that you used to spend time with.
 - Feeling overwhelmed by managing your postsurgical diet and lifestyle changes.
 - Feeling upset and distressed at the changes that are happening to your body.
- Your relationships with others may change after surgery. Your family and friends may not understand what you are going through. They may have difficulty accepting your changing appearance and lifestyle changes. Plan carefully how you will discuss these changes with them before surgery, and contact your bariatric team should you struggle with this after surgery.
- It is possible to regain weight by eating too many calories and/or being inactive. You will need to stick with your lifestyle changes forever in order to maintain your weight loss and stay healthy.

How to Best Deal with these Challenges

- It is most important that you continue to meet with your mental health provider after surgery, and you may also want to talk about checking in more frequently. This will ensure you and your provider will detect any worsening of stress-related symptoms early. It is much easier to move forward again when you have only taken 5 steps back instead of 10! Remember, your mind and body have gone through BIG changes, and a mental health professional can help you deal with these changes.
- Attend a bariatric support group! Your bariatric medical team does our best to provide you with support, but there's no better person to talk to than someone who has your same struggles.
- Speak up! Don't be afraid to ask questions of your bariatric team when you are unsure or concerned about something.
- Surround yourself with people who will support you in your journey. It is your right to inform and involve some people in your life, and not others, with your journey.

Long-Term Health Considerations

Issue	Solution/Comments	When to Call
Nausea and/or Vomiting	<ul style="list-style-type: none"> • Eat smaller meals • Eat slower • Chew your food well • Do not eat and drink at the same time • Eating something that contains added sugar 	<ul style="list-style-type: none"> • If vomit is black or red • If you vomit for more than a few hours and can't keep anything down • Also have belly pain
Diarrhea	<ul style="list-style-type: none"> • Common immediately after surgery • Avoid high fat and added sugar foods • Do not eat and drink at the same time • Eventually you should have 1-2 soft bowel movements/day 	<ul style="list-style-type: none"> • Doesn't improve • You may need to have stool studies
Constipation	<ul style="list-style-type: none"> • Common after surgery • Choose high fiber foods • Drink adequate fluids • Stay active • Prunes, Miralax, dulcolax, or milk of magnesia may help 	<ul style="list-style-type: none"> • If you have not had a bowel movement recently and are vomiting, have abdominal pain, or abdominal distention
Hair Loss	<ul style="list-style-type: none"> • Rapid weight loss can cause hair loss • Typically begins around 6 weeks to 3 months after surgery • Eat your 6 servings of protein/day • Don't skip your vitamins 	<ul style="list-style-type: none"> • Becomes a problem for you • Discuss at your follow-up visit
Loss of Appetite	<ul style="list-style-type: none"> • Common in early post-op period • Adequate fluid 	<ul style="list-style-type: none"> • Signs of dehydration
Weight Regain	<ul style="list-style-type: none"> • Small amounts (10 pounds) are somewhat common by the 2 year mark • Track food intake/count calories • Limit the amount of eating out to 3 times/week • Avoid splurging on holidays or special occasions • Stay active EVERY day • Watch less than 10 hours of TV per week • Weight self at least once per week 	<ul style="list-style-type: none"> • You continue to gain weight and don't know why

My Follow-up Plan for Life

	Date of Follow-up	My Weight
1 week		
1 month		
3 months		
6 months (labs)		
12 months (labs)		
18 months		
2 years (labs)		
3 years (labs)		
4 years (labs)		
5 years (labs)		

Your Charleston Bariatric Surgery Team

www.charleston.va.gov/services/bariatric.asp

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 Dr. Natalie Kurtkaya
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 Dr. Janani Raman
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Send us a secure email message using My HealthVet at www.myhealth.va.gov to "Bariatric Surgery"

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