

BARIATRIC SURGERY

A CENTER OF EXCELLENCE

Your Guide To Weight-Loss Surgery

(718) 918 – LOSS (5677)



JACOBI MEDICAL CENTER

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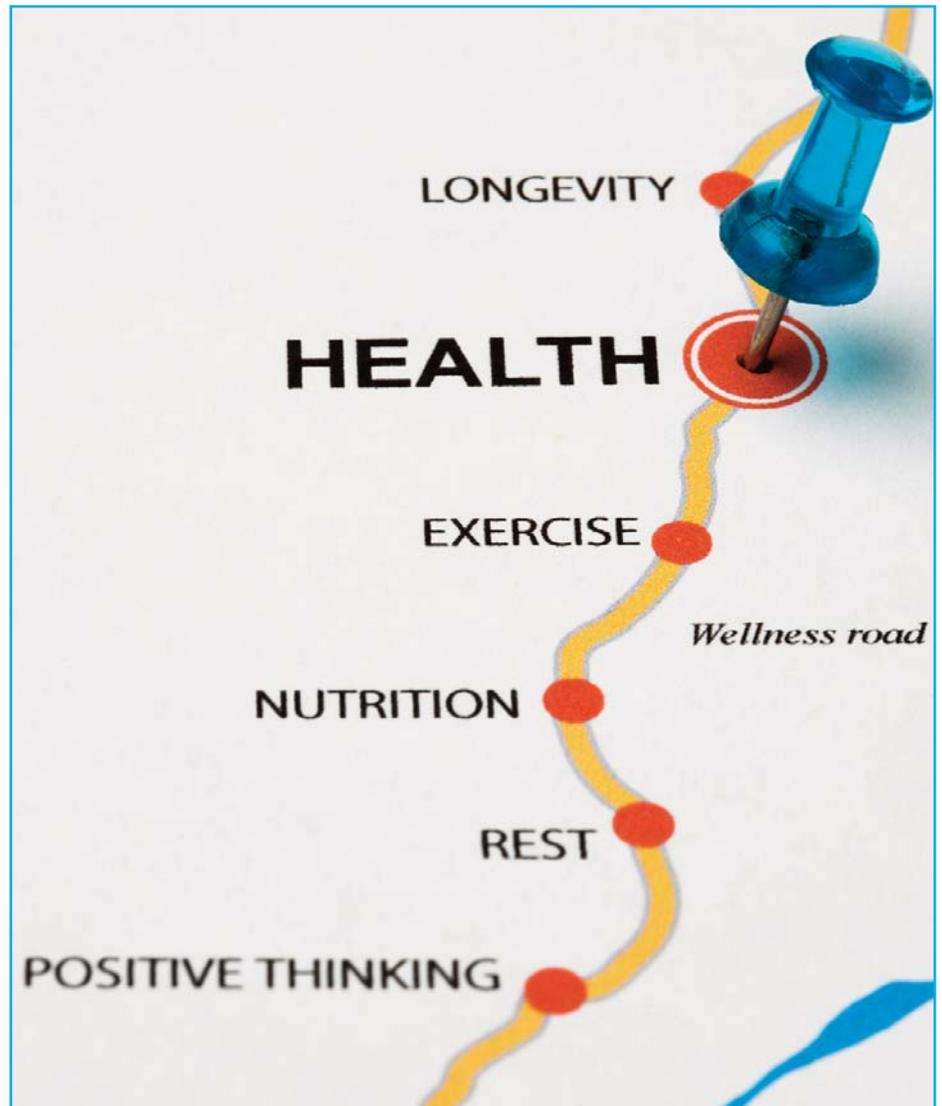
YOUR JOURNEY TO A HEALTHIER, HAPPIER YOU STARTS AT JACOBI

Is obesity robbing your life of pleasure and joy? In reality, obesity does more damage than that. This serious medical condition can cause dangerous health problems, such as high blood pressure, diabetes, severe arthritis, life-threatening sleep apnea, and heart and lung disease.

Weight-loss surgery can change your life.

For many folks struggling with obesity, the usual diet-and-exercise prescription just doesn't work. If you feel this frustration, you've come to the right place.

The Bariatric Surgery Center at Jacobi Medical Center offers suitable candidates the safest and most advanced weight-loss surgery available today. Basically, bariatric surgery works by making your stomach smaller, so you feel full while eating less food. It eliminates the constant hunger that makes long-term dieting so hard.



Good news: After significant weight loss, serious medical conditions that accompany obesity often clear up entirely. And major weight loss can boost your confidence and help you create the life you want.

We support you all the way.

Our skilled and caring bariatric surgery team supports you before your surgery – and long after. For months, even years after your surgery, we offer you encouragement and personalized success strategies for reaching and maintaining your weight-loss goal.

This guide is your roadmap for a journey that can give you the life you want.

WHAT YOU NEED TO KNOW ABOUT BARIATRIC SURGERY



Weight-loss surgery is not a “magic pill”!

Before even presenting yourself as a candidate at Jacobi, you need to really understand what this surgery is – and isn’t. Please have a frank conversation about the following aspects of weight-loss surgery with your primary care doctor or a doctor who is most familiar with your care.

- ◆ **Bariatric surgery is not cosmetic surgery.**
- ◆ **Bariatric surgery does not involve the removal of fat by suction or surgical removal.**
 - ◆ **There are benefits and risks to weight-loss surgery.**
- ◆ **The key to success after bariatric surgery is committing to long-term lifestyle changes, including diet and exercise.**
- ◆ **You need to be aware that, in rare cases, problems after surgery may require more operations to correct them.**

ARE YOU A CANDIDATE FOR WEIGHT-LOSS SURGERY?

Your safety is our number one concern. That's why, before accepting you as a patient, our team gives you a series of evaluations with various specialists, to see if weight-loss surgery is the best answer for you. What we learn about you from your evaluations lets us compare the risks of bariatric surgery with the benefits for you.

The first qualification for being a bariatric surgery candidate at Jacobi is your Body Mass Index (BMI). So let's find out what this important measure means:



What is your Body Mass Index (BMI)?

- ♦ Your BMI measurement shows the relationship between your height and weight and your amount of body fat.
- ♦ Your BMI is used to determine how much risk you have of developing certain health problems because of your weight.
- ♦ The higher your BMI, the higher your risk for developing additional health problems, such as diabetes, heart disease, high cholesterol or hypertension.

Here are BMI scores for adults and what they mean:

Underweight	less than 18.5
Healthy	18.5 - 24.9
Overweight	25 - 29.9
Obese	more than 30
Class I	30 - 35
Class II Severe Obesity	35 - 39.9
Class III Morbid Obesity	more than 40
Super Morbid Obesity	more than 50

You are a candidate for bariatric surgery at Jacobi if your BMI is:

- ♦ 40 or greater – you are approximately 100 pounds or more overweight
- ♦ 35 or greater and you have one or more medical conditions

SUCCESS STORIES

MARIE N.

Sleeve Gastrectomy

“I have two birthdays. One is the day I was born. The other is the day Dr. Chopra did my bariatric surgery and I began to live again.

I had basically stopped living. For three years, I hid in the house. I couldn't fit in chairs, so I stopped going anywhere. I couldn't sleep. I couldn't lay on my back because I'd feel like I was being suffocated. I couldn't clean myself in the shower, so I always felt dirty. I couldn't walk around the corner without feeling my heart was going to pump out of my chest.

Now I feel like someone put a battery in me! I walk everywhere. I had the confidence to go out and find two jobs. The people at Jacobi were beautiful – the nurses, the surgeons, everybody. They gave me so much encouragement as the weight was coming off.”

“Now that I have my health back, I'm going to find my happiness. I am in love with life!”



Before surgery:
384 lbs.



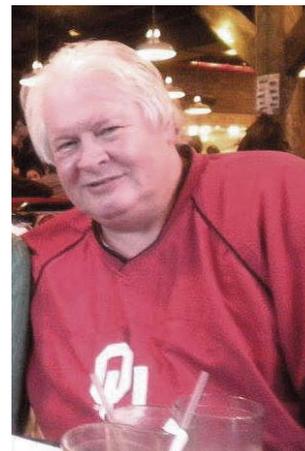
15 months after surgery:
179 lbs.

TERRY A.

Adjustable Gastric Banding

“I've got my life back! At 353 pounds, I had sleep apnea, high blood pressure was right around the corner, and I was scheduled for my seventh knee surgery. I loved to travel and fly, but having to ask the stewardess for a seatbelt extension made me avoid planes like the plague. I hated calling attention to myself.

As my weight kept going up, I wondered, ‘Will I ever have another relationship?’ Now I have a new life and a new career.”



Before surgery:
353 lbs.



1-1/2 years after surgery:
235 lbs.

“I say to people, ‘Do you want to feel good about yourself? There is a way.’”

Will You Be Our Next Success Story?

ADJUSTABLE GASTRIC BANDING

General Information

- ◆ A band is placed around the stomach, dividing the stomach into two parts, a small upper “pouch,” and a larger bottom part
- ◆ Because food first goes into the small pouch, you feel full with very little
- ◆ Food digestion and calorie absorption occurs normally
- ◆ The band is made tighter or looser through the port, with a needle, which is surgically placed under your skin. It can be felt to the touch, but not seen, and causes no pain.

Advantages

- ◆ There is no permanent division of the stomach or intestines
- ◆ The band restricts the amount of food that can be consumed at a meal
- ◆ Food consumed passes through the digestive tract in the usual way, allowing it to be fully absorbed into the body
- ◆ Expected weight loss after surgery can be 50 percent of excess body weight after two years
- ◆ The band can be adjusted to decrease or increase restriction
- ◆ The band can be removed surgically - making it a reversible procedure
- ◆ No need for overnight stay after surgery

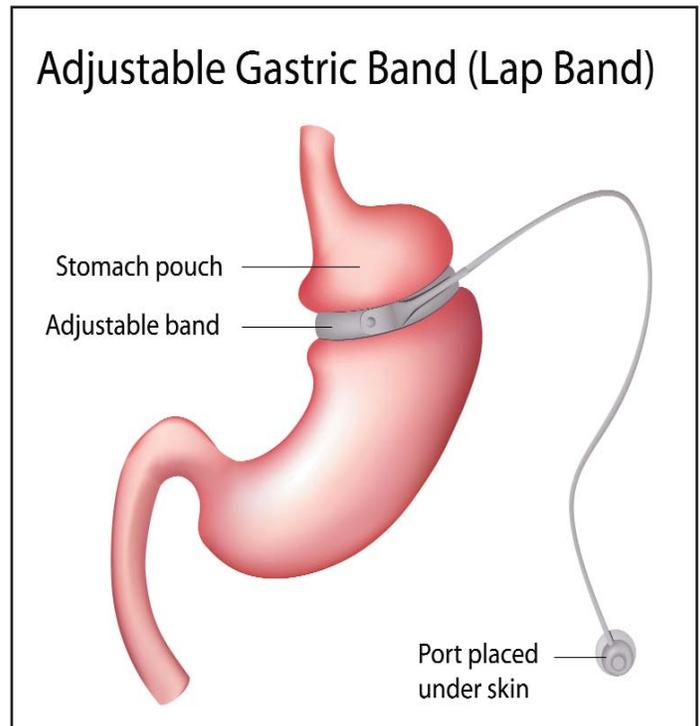
Disadvantages

- ◆ Use of injection with needle to tighten or loosen the band
- ◆ Needs close follow-up for best results
- ◆ Less weight loss than other procedures

Possible Complications

These possible problems are in addition to the general risks of surgery:

- ◆ Infection where the port enters the body
- ◆ Nausea and vomiting
- ◆ Band slippage or leakage
- ◆ Stomach damage due to separation
- ◆ Gaining access to a port that is leaking or twisting may require an additional operation
- ◆ Band erosion (through the stomach wall)
- ◆ Reflux



SLEEVE GASTRECTOMY

General Information

- ◆ Newest procedure
- ◆ Simpler to perform than gastric bypass
- ◆ Two thirds of stomach is removed, the remaining third is stapled closed
- ◆ The stomach that remains is shaped like a thin banana, and its capacity is about 3-5 ounces
- ◆ Not reversible
- ◆ Can be converted to gastric bypass

Advantages

- ◆ Though stomach size is reduced, it functions normally. So most food can be consumed in small amounts
- ◆ Reduces appetite-stimulating hormone so you feel less hungry
- ◆ Creates fewer vitamin deficiencies than gastric bypass
- ◆ The anatomy is preserved and food progresses through the normal channel
- ◆ No foreign body placed in the body, as with the gastric band
- ◆ Expected weight loss for most patients can be 60-70 percent of their excess body weight over 1-2 years
- ◆ Ideal for patients who have very high medical risks, high weight or BMI, complex surgical histories, or those who fear potential complications from a gastric bypass
- ◆ Also ideal for lower BMI patients who want to avoid a more complex gastric bypass, or have to compensate for vitamin or nutritional deficiencies
- ◆ Good option for people with anemia, Crohn's disease and numerous other conditions that make them too high-risk for intestinal bypass procedures

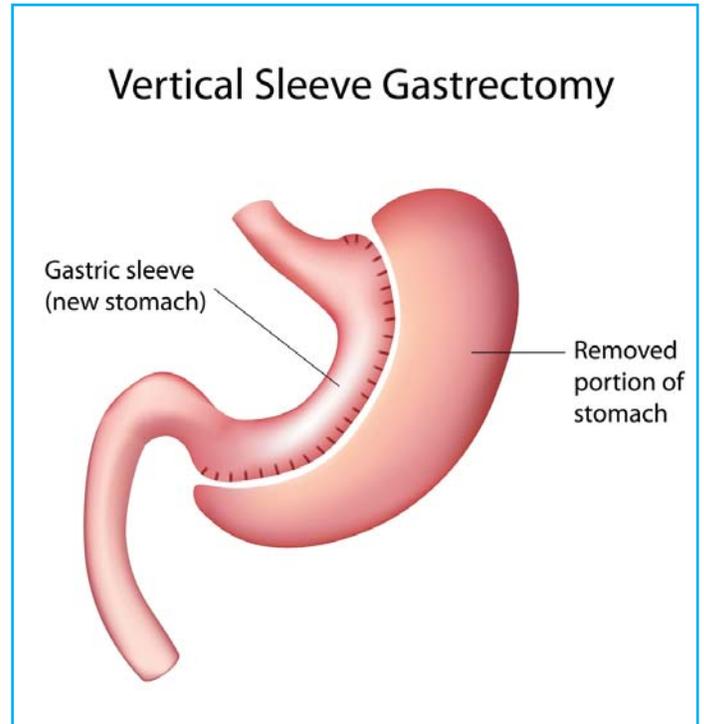
Disadvantages

- ◆ Higher BMI patients may need to have a second-stage gastric bypass later to help lose all their excess weight
- ◆ Two stages may be safer and more effective than one operation for high BMI patients
- ◆ Not reversible, but it can be converted to another weight-loss procedure
- ◆ Risk of acid reflux (heartburn). If reflux doesn't respond to medications, patient may need change to gastric bypass

Possible Complications

As with any surgery, there can be complications. These may include:

- Gastric leak
- Acid reflux
- Pulmonary embolism
- Pneumonia
- Spleen injury
- Stenosis (narrowing) caused by scar tissue
- Bleeding



ROUX-EN-Y GASTRIC BYPASS

General Information

- ♦ Major operation.
- ♦ Small stomach pouch created
- ♦ Bypass of section of small intestines, limiting the absorption of calories
- ♦ Results in a fast sensation of fullness, combined with a sense of satisfaction. This reduces the desire to eat.
- ♦ Most frequently performed bariatric procedure in the United States

Advantages

- ♦ Average weight loss higher than with other procedures
- ♦ One year after surgery, weight loss can average 70-80% of excess body weight. (Weight loss varies with individuals.)

Disadvantages

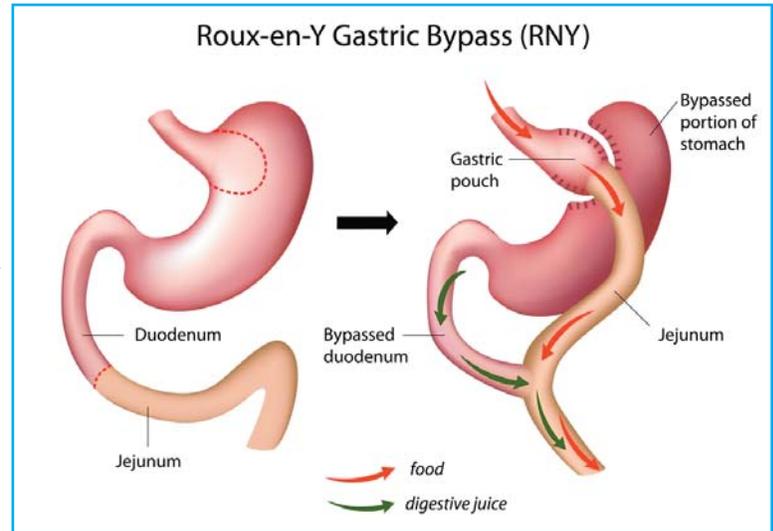
The following are in addition to the general risks of surgery:

- ♦ Decreased absorption of iron and vitamin B12, which may result in anemia
- ♦ Vitamin deficiencies, and decreased calcium absorption which can be managed through proper diet and vitamin and mineral supplements
- ♦ Need to avoid alcohol
- ♦ Need to avoid most anti-inflammatory medications, like Motrin, Advil etc., and smoking, as it increases risk of complications. If you're on an anti-inflammatory for a medical condition, check with your doctor before stopping.
- ♦ Dumping Syndrome
 - ♦ Nausea, weakness, sweating, faintness, palpitations, abdominal pain and diarrhea after eating sugary foods like ice-cream, cakes etc.
 - ♦ Result of rapid emptying of stomach contents into the small intestine
 - ♦ Though it can be very unpleasant, not considered a serious health risk
 - ♦ Can be avoided by sticking to an eating plan that includes complex carbohydrates (for example, whole-grain bread) instead of simple sugars (for example, candy) as a part of a balanced diet
- ♦ Overeating can stretch the pouch over time

Possible Complications

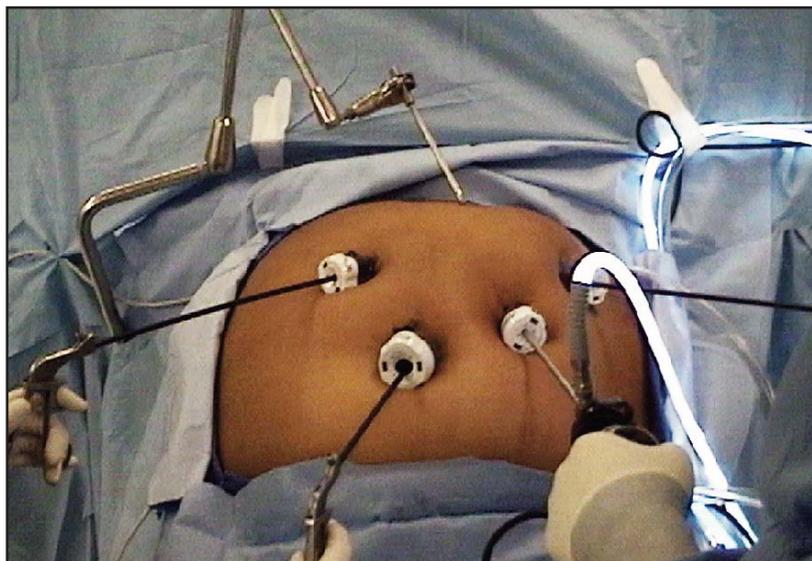
As with any surgery, there may be immediate and long-term complications. Possible risks can include, but are not limited to:

- ♦ Leaks from staple lines
- ♦ Pulmonary embolism (blood clot in the lungs)
- ♦ Stenosis from scar tissue (narrowing of a passage) - (less than 5%)
- ♦ Internal hernias and bowel obstruction (5%)
- ♦ Need for further surgery
- ♦ Bleeding (less than 1%)
- ♦ Infections
- ♦ Ulcers where pouch attaches to the intestine
- ♦ Death



MINIMALLY INVASIVE VERSUS OPEN SURGERY

Our bariatric surgeons usually use state-of-the-art minimally invasive (also called, laparoscopic) techniques. Rather than making a large cut to gain access to your organs, the surgeon makes several tiny incisions. Through these openings, small instruments are inserted, some with attached cameras, with which the surgeon performs the procedure. The many benefits to minimally invasive surgical techniques include less trauma to the body, less scarring, less post-operative pain and faster healing.



However, for some patients, the laparoscopic approach is not possible. Here are some of the reasons why you may need an open procedure:

- ◆ Previous abdominal surgery has caused dense scar tissue
- ◆ The surgeon can't see organs without using the open surgery method
- ◆ Bleeding problems during the operation

Although it is rare, the decision to perform the open procedure is a judgment call made by your surgeon either before or during the operation and is based on your safety. We only do what is most safe for you.

THE FIRST STEPS IN YOUR JOURNEY TO A HEALTHIER, HAPPIER YOU



INFORMATION SESSIONS

- ◆ All patients are required to attend at least two before being scheduled for surgery
- ◆ Occur about every 2-4 weeks
- ◆ You'll hear presentations made by clinical providers
- ◆ You'll get answers to your questions and concerns
- ◆ You'll learn about making positive changes to your eating
- ◆ You'll learn what to expect after surgery
- ◆ Patients who already had the surgery answer your questions
- ◆ Spanish sessions available

SUPPORT GROUP SESSIONS

- ◆ Offers a helping hand after your surgery
- ◆ Sessions dedicated to emotional issues
- ◆ Sessions dedicated to nutritional plans, concerns and sharing of tips

INITIAL APPOINTMENT

- ◆ This will be held in our Surgical Ambulatory Care office.
- ◆ Please bring your completed questionnaire and Psychiatric Evaluation Form
 - ◆ **Important!** Please fill out the questionnaire completely, making sure to list medical problems, past surgeries and medications with dosages and frequencies
- ◆ Your BMI will be calculated at your first appointment
- ◆ Detailed review of the information in your questionnaire
- ◆ You will discuss all procedures we offer in terms of their risks and benefits



If our team finds you possibly eligible for weight-loss surgery after your initial visit, you will be scheduled for:

- ◆ Nutritional counseling
- ◆ Psychological evaluation
- ◆ Upper endoscopy -- a direct look at your stomach
- ◆ Upper GI Series
- ◆ Ultrasound
- ◆ Laboratory tests
- ◆ Possible sleep study
- ◆ Medical clearance
- ◆ Possible pulmonary or cardiac evaluation

INSURANCE ISSUES

Every insurance company has different requirements for approving bariatric surgery. It is a good idea to call your insurance company to find out what they require. Most will require proof that you've been on a medically supervised diet and exercise program for a certain period of time (possibly 6-12 months). This includes documented monthly weigh-ins.

NUTRITIONAL COUNSELING

All patients must see our nutritionist before and after surgery. They will assess your current eating habits, and suggest dietary changes both before and after surgery.

PSYCHOLOGICAL EVALUATION

You will meet with a psychologist at Jacobi Medical Center to make sure you understand the risks and benefits of bariatric surgery and the lifestyle changes you will have to make after surgery to have the best chance at weight-loss success. The psychologist will also assess if any psychological issues need to be addressed.

MEDICAL CLEARANCE

You will need a medical clearance at Jacobi Medical Center before having surgery.

Let's review all the necessary first steps in your journey:

- ◆ Two information sessions are required
- ◆ Psychological evaluation
- ◆ Two or more nutrition appointments. (Some insurances require more frequent sessions.)
- ◆ Medical clearance
- ◆ Laboratory tests
- ◆ All necessary testing
 - ◆ Upper GI
 - ◆ Endoscopy
 - ◆ Ultrasound
- ◆ Possible pulmonary and cardiac evaluations

Completed everything on the list? Excellent! Now you're ready to call (718) 918-LOSS to make a follow-up appointment at our bariatric surgery office. Everything will be reviewed at that appointment and if everything shows that bariatric surgery will help you achieve better health, you will be given a surgery date.

You will then be referred to our financial office and be given an appointment for our pre-admission testing department. At pre-admission testing, a nurse will review your chart. Other testing may be performed at this time (for example, labs, electrocardiogram, and a chest x-ray).

What should you do during the period before surgery?

Two Months Before

You must stop smoking at least two months before surgery.

One Month Before

We recommend a high-protein diet with minimal carbohydrates for at least 2-4 weeks before surgery.

Choose a protein shake that is:

- ◆ High in protein (20 grams or more per serving)
- ◆ Low in sugar (less than 5 grams)

Two Weeks Before

- ◆ Stop taking all herbal supplements (ginkgo biloba, etc.) because some may affect your blood-clotting time.
- ◆ Stop taking NSAIDS such as Advil®, Motrin® and Aleve® unless otherwise directed.
- ◆ If you are taking Aspirin, Coumadin® and/or Plavix®, please notify your surgeon, so we can make special arrangements.



WHAT TO DO ON THE DAY OF SURGERY

Remember: Nothing to eat or drink after midnight the night before surgery

- ◆ You must call the day before your scheduled surgery to confirm your surgery and what time to come to the hospital
- ◆ Follow the cleaning/bathing instructions given at your pre-op appointment
- ◆ Arrive at the hospital at the required time
- ◆ Go to the reception desk in Building #6, second floor, Same Day Surgery Unit 2D
- ◆ Remember to bring your insurance card and a picture ID
- ◆ Leave all your valuables at home
- ◆ Bring a list of all your medications with the name, dose, and time that you take them and the last dose that you took
- ◆ Storage will be provided for your items, however, you may wish to give them to a family member
- ◆ The surgeon, anesthesiologist and the operating room nurse will meet with you to answer any questions you have

AFTER SURGERY

- ◆ You will wake up in a hospital bed
- ◆ You will have a blood pressure cuff on your arm, oxygen in your nose, and have a heart monitor on so that we can measure your heart rate
- ◆ You may have a urine catheter
- ◆ You will be able to communicate with your nurse any discomfort that you are experiencing, including pain and nausea
- ◆ If you have a PCA (Patient-Controlled Analgesia) pump, you will be instructed how to use it
- ◆ Lab work will be drawn in the morning after surgery
- ◆ You will be NPO (nothing by mouth)
- ◆ You will remain in a monitored setting overnight (either on 3A or in the recovery room)
- ◆ If you have the band - you will get an x-ray and may be discharged on the night of your surgery

HOSPITAL POST-OPERATIVE DAY 1/2

On the first day after surgery, you will undergo a Gastrografin Swallow Test. This test will make sure that there are no leaks, or obstructions. After successful completion and results come back from the Gastrografin Swallow Test, you may:

- ◆ Drink 1 ounce (30cc) of room temperature water and may increase amount slightly every hour to a maximum of 4 oz
- ◆ Sip slowly, do not gulp
- ◆ Do not use a straw
- ◆ Avoid extreme temperatures of the water (no hot or ice-water)
- ◆ If water is well tolerated with no nausea or vomiting, clear liquid diet may begin
- ◆ Remember to start physical activity as tolerated
- ◆ Urine catheter will be removed
- ◆ Use incentive spirometer for breathing exercise
- ◆ For exercise, walk in the room or around the hospital floor 2-3 times a day
- ◆ You will receive shots with a medication that helps prevent blood clots



HOSPITAL POST-OPERATIVE DAY 1/2

- ◆ Clear liquid diet will be given as tolerated
- ◆ Important to stop drinking at the first sensation of fullness
- ◆ Take small sips
- ◆ Activity as tolerated
- ◆ It is very important to walk and sit in the chair to help with motility of your bowels as well as your breathing
- ◆ Once your vital signs are stable, and you are able to tolerate liquids, you will be able to go home

DISCHARGE INSTRUCTIONS

- ◆ You will be discharged 1-2 days post-operatively
- ◆ Nutrition and psychology appointments will be given between 1-3 months post-op
- ◆ Remain on a full liquid diet (Phase 2)
- ◆ No solid food
- ◆ You may shower 48 hours after surgery. Be gentle with the surgical area.
- ◆ Wounds can be left open to air
- ◆ No lotions or creams on wounds
- ◆ No bathtub or swimming pool for 1 month after surgery
- ◆ No heavy (more than 20 lbs) lifting for 1 month after surgery
- ◆ Feel free to call office if you have any questions or concerns after discharge (718) 918-LOSS (5677)

Reasons to go to the Emergency Room

- Persistent fever or chills
- Persistent nausea/vomiting
- Severe abdominal pain
- Redness or swelling of a large part of the abdominal wall

- ◆ First post-surgery office visit: 10 days - 2 weeks
- ◆ Then at 1 month, 3 months, 6 months and 1 year from surgery
- ◆ Yearly and as needed follow ups after that
- ◆ Regular nutrition follow-up after surgery
- ◆ Need to follow-up with primary doctor/pulmonologist on a regular basis

VITAMIN SUPPLEMENTS AFTER BARIATRIC SURGERY

- ◆ One adult multi-vitamin 2 times a day
- ◆ Calcium 600 mg 2 times a day
- ◆ Vitamin D 400 IU 2 times a day
- ◆ Must use chewable or liquid multi-vitamin (Centrum®) and calcium (Tums®) for first month
- ◆ After 30 days, you may continue the chewable or switch to a vitamin that is smaller than a dime in every direction



DIET PRINCIPLES

- ♦ The rate of progression from one phase of the diet to the next is based on past experiences with similar patients, but it will also depend on your individual tolerances.

Advance gradually, as instructed.

Phase 1 Clear Liquids	0-48 hours after surgery
Phase 2 Full Liquids	48 hours through first post-op visit (approximately 10 days -2 weeks)
Phase 3 Pureed-Mechanical	2 weeks through second post-op visit (1 month)
Phase 4 Soft Solid Diet	1 month - 3 months
Phase 5 Stabilization	After 3 months

- ♦ If you have a problem with any phase, the best idea is to go back to the previous phase for a day or two and then try again. If you ever vomit, it may be helpful to return to clear liquids or full liquids for 24 to 48 hours.
- ♦ Drink enough fluid to keep your body hydrated. Try to drink 64 ounces of fluid per day.
 - ♦ Sip allowed beverages slowly
 - ♦ Warm beverages may be better accepted
 - ♦ Consume only calorie-free beverages, except milk
- ♦ Eat adequate protein (protein shakes at least 2 times a day).

HELPFUL DIET TIPS

After surgery, you need to change your eating habits to avoid pain and vomiting, rupture of staple lines and to help in weight loss. Immediately after surgery, the tissue around the staples and sutures is very swollen and needs to heal. Swallowing food in chunks may block the passage of food and prevent foods from passing into the intestine. It is **CRITICAL** that you eat slowly and chew your food well to lower the risk of getting anything caught in this area.



Dos

Don'ts

Foods need to be thoroughly chewed to prevent obstruction of the stomach opening, about the size of a dime. Explain to friends and family why you must eat slowly so they do not urge you to eat faster.

No high-calorie foods, beverages and snacks.

Eat only at meal times. 3 small meals per day are sufficient. If you feel hungry in between meals choose a low-fat protein source like yogurt, cheese or milk.

Avoid high-calorie beverages such as soda, shakes, alcoholic beverages, fruit drinks, sweetened iced tea or sweetened waters.

Set aside 30 to 45 minutes to eat each meal. Aim to chew your food 30 times with each bite until it is the consistency of applesauce while still in your mouth. Slow down – we have a lifelong habit of eating too fast.

No between meals snacking or “grazing” or small amounts of food throughout the day. This will sabotage your weight loss and result in the inability to lose an adequate amount of weight.

Add one “new” food at a time. Experiment at home with a new food to make sure it agrees with you.

Never drink liquids when eating solid foods. Liquids should be avoided for a period of 30 minutes before and 30 minutes after eating solid food or meals.

Take small bites of food and, for a visual aid, you may want to use a saucer in place of a plate to help with portion control.

Avoid high calorie sweets such as candy, cake, cookies, ice cream and snack foods such as chips, pretzels, crackers, etc. Sugary foods may cause Dumping Syndrome.

Include a protein food at each meal. Eat this item first to help maximize protein intake.

Stop eating as soon as you are full. Overeating even one ounce can make you vomit and can lead to stretching your pouch.

PHASE 1 - CLEAR LIQUID DIET

Sugar-Free, Clear Liquids

Duration: Approximately 1-2 days

Important Considerations

- ◆ Clear liquids may begin on post-op day once water is well tolerated
- ◆ You may be on clear liquids for 2-3 days or until tolerated
- ◆ Drink 1 to 3 ounces (1/8 to 3/8 of a cup) or as tolerated of sugar-free, clear liquids every hour
- ◆ Clear “solids” that become liquid at body temperature are also appropriate such as diet Jello® and sugar-free popsicles
- ◆ No carbonated beverages
- ◆ Drink decaffeinated clear liquids (for at least 3 months)
- ◆ No milk or dairy
- ◆ No vitamin or mineral supplementation at this time
- ◆ Sugar substitutes can be used (see list of “Sugar-Substitutes”)



Examples Of Clear Liquids

- ◆ Water
- ◆ Crystal Light®, sugar-free Snapple®, sugar-free KoolAid®, etc.
- ◆ Plain decaffeinated tea (no milk or creamer)
- ◆ Plain decaffeinated coffee, black (no milk or creamer)
- ◆ Sugar-free Jello®
- ◆ Sugar-free popsicles
- ◆ Clear flavored broth (chicken, beef, seafood, ham)
- ◆ Diet Snapple®, Diet Iced Tea®, Arizona diet ice tea® (Splenda)
- ◆ Propel®, Veryfine Fruit20 Plus®, Glaceau Smart Water®, Walgreens Natural Flavor H2O Plus®
- ◆ Country Time Sugar Free Pink Lemonade Mix®



Important Reminders When On Phase I

- ◆ Stop drinking when you feel full
- ◆ Sip slowly, do not gulp
- ◆ Do not use a straw
- ◆ Avoid extreme temperatures (extreme hot or cold)
- ◆ No carbonated beverages
- ◆ No milk, cream or other dairy products
- ◆ Consume decaffeinated clear liquids for at least 3 months after surgery
- ◆ Remember to keep increasing physical activity as tolerated

Indications Of Fullness

- ◆ A feeling of pressure or fullness in the center of your abdomen, just below your rib cage
- ◆ A feeling of nausea, regurgitation or heartburn
- ◆ A pain in your shoulder area or upper chest



FULL LIQUID DIET/PHASE 2

Sugar-Free, Liquid, High-Protein Shakes

From After 48 Hours to Approximately 2 Weeks

Important Considerations

- ◆ Phase 2 may begin in the hospital if you tolerate Phase 1, or at home upon discharge
- ◆ Remain on this diet until your follow-up appointment
- ◆ It is recommended that you stay on a full liquid diet up until 2 weeks after the surgery to ensure proper tolerance and healing
- ◆ The goal is to consume at least 70 grams of protein per day in the form of a liquid, high protein shake
- ◆ Consume no solid food at this time
- ◆ Drink 8 ounces of protein shake 2 times per day
- ◆ Do not skip any meals
- ◆ Stop drinking when you feel full
- ◆ Consume sugar-free, non-carbonated, decaffeinated clear liquids in between shakes for a total of 64 ounces (8 cups) per day
- ◆ Only liquid or chewable vitamin or mineral supplementation at this time

Important Considerations About Protein Shakes

- ◆ Choose a high -protein shake that contains at least 20 grams of protein per serving
- ◆ Choose a high-protein shake that contains less than 5 grams of sugar
- ◆ The source of the protein should preferably be whey protein; however, shakes may be soy- or egg-based or a combination of whey, soy or egg
- ◆ You may use skim or 1% milk or water to mix the protein shake if it is powder-based
- ◆ You may use lactose-free milk if lactose intolerant
- ◆ Do not use milk as a substitute for protein shakes since it does not provide enough protein per serving
- ◆ Do not use milk in between shakes as a choice of fluid
- ◆ Due to possible sensory changes in taste and smell, choose a variety of flavor or non-flavored protein shakes; always check for tolerance



Important Reminders When on Phase II

- ◆ Sip slowly, do not gulp
- ◆ Do not use a straw
- ◆ Avoid extreme temperatures (extreme hot or cold)
- ◆ No carbonated beverages, no alcoholic beverages
- ◆ Remember to keep increasing physical activity as tolerated

PUREE DIET/BARIATRIC PHASE 3

Soft/Pureed High Protein Foods

From 2-4 weeks

Important Considerations

- ◆ Your diet will be advanced on your postoperative office visit
- ◆ Puree diet may begin 2 weeks after surgery if full liquid diet is well tolerated
- ◆ It is recommended that you stay on puree diet for 2-4 weeks to ensure proper tolerance of solid, soft foods
- ◆ Follow the “30-Minute Rule” for fluid intake: wait 30 minutes before and after your food to drink fluids
- ◆ The goal is to consume at least 60-80 grams of protein per day in the form of soft or pureed high protein foods
- ◆ Inadequate protein intake can lead to fatigue, loss of lean body mass and increase your risk of infection and other illnesses
- ◆ Consume 3-4 ounces of food 3 times per day (3-4 ounces for breakfast; 3-4 ounces for lunch; 3-4 ounces for dinner)
- ◆ As an estimate, 1 ounce of protein is approximately 7 grams (for example, if you consume 3 ounces of chicken, this would equal approximately 21 grams of protein).

Important Considerations About Soft or Pureed Proteins

- ◆ It is acceptable to add low sodium broths or low fat dressings to prepared protein sources to add moisture
- ◆ Do not fry or put breading on the protein
- ◆ Proteins should be moist and lean
- ◆ Place food in a blender or food processor to create a soft/pureed consistency
- ◆ Avoid red meat for 6 months
- ◆ Avoid spicy foods
- ◆ Avoid dried out, over-cooked meats; many patients find that they cannot tolerate chicken after surgery; always check your tolerance to any food
- ◆ Introduce one “new” food at a time
- ◆ Use moist cooking methods such as boiled, baked, sautéed, poached, stewed or braised
- ◆ Avoid frying protein foods
- ◆ Even though food is soft and pureed, take small bites of food and chew food well (25 times)



Nutritional Considerations

- ◆ You may continue to use protein shakes as a meal replacement if you find that you cannot consume enough protein
- ◆ Do not skip meals; have 3 meals per day (breakfast, lunch and dinner)
- ◆ Consume sugar-free, non-carbonated, decaffeinated clear liquids in between soft/pureed high protein foods for a total of 64 ounces (8 cups) per day
- ◆ Check tolerance level
- ◆ Stop eating when you feel the sense of fullness
- ◆ During puree diet, no breads, no dry cereals, no rice, no noodles, no pastas, no crackers, no potatoes (sweet or white), no yams, no corn, no plantain, no yucca, no fruit juices, no carbonation, no caffeine, no alcoholic beverages

How to Puree Foods

- ◆ Pureed to a smooth consistency, like pudding
- ◆ Final consistency smooth and thick
 - ◆ Enough to scoop with a fork or spoon
 - ◆ Similar to the consistency of mashed potatoes
- ◆ Proper equipment
 - ◆ Food processor
 - ◆ If not available, heavy duty blender or stick hand mixer

Helpful Hints When Pureeing Foods

- ◆ Cut food into small chunks so it can be pureed evenly
- ◆ Drain canned foods thoroughly and save liquid for use in adjusting the consistency during pureeing
- ◆ Use hot cooked meats, vegetables, casseroles, and soups when pureeing. Warm cooked food is softer and easier to puree to the proper consistency
- ◆ Puree with liquid until a smooth consistency or paste is formed
- ◆ Add powdered thickener if necessary
- ◆ Make sure to scrape down the sides of the bowl or container while pureeing. Doing so will help to incorporate all ingredients that may become stuck to the side
- ◆ Once food is pureed, reheat or cool as necessary before serving

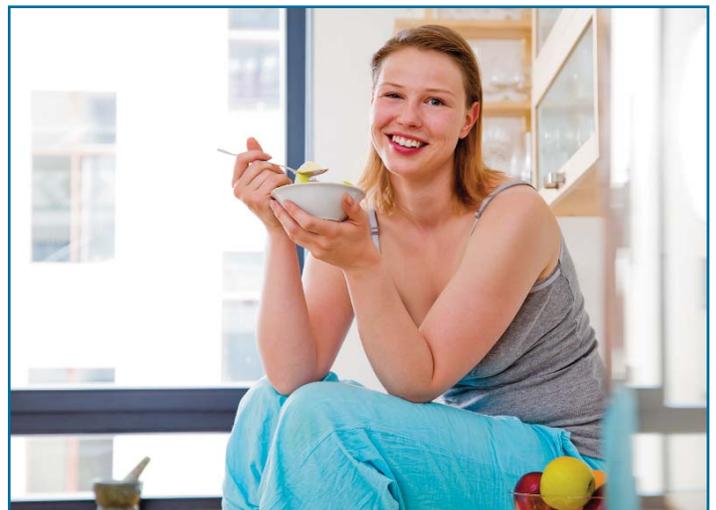


SOFT SOLID DIET/BARIATRIC PHASE 4 **1-3 Months**

During this phase, you will begin eating more solid foods. It is extremely important to follow the correct eating procedures, which by now should be becoming a habit.

Important Considerations

- ◆ Chew, chew, chew all food to a pureed consistency
- ◆ Eat protein portion of meal first
- ◆ Take one small bite of solid food, put your utensil down and chew until mushy consistency. Then slowly begin again
- ◆ Pay attention to taste, enjoying each bite to the fullest
- ◆ When you feel full, stop eating. Don't exceed your stomach capacity
- ◆ Follow the "30-Minute Rule" for fluid intake: wait 30 minutes before and after your food to drink fluids
- ◆ Each meal should consist of at least 3 items totaling 6-8 oz or one cup; 2 oz protein, ¼ cup vegetable, ¼ cup fruit, and ¼ cup starch
- ◆ Continue taking your multivitamin (capsule or chewable)



PHASE 5 - STABILIZATION DIET After 3 Months

During this stage, you will be able to eat foods of regular consistency. However, this does not mean that you should start to go back to your old eating patterns.

- ♦ Don't exceed one cup or 8 oz of food at meal times
- ♦ Stop eating whenever you feel full and do not eat longer than 30 minutes for each meal
- ♦ Continue to eat 3 balanced meals a day, which contain nutrient-rich foods such as meat/poultry/fish/beans, dairy products, vegetables, and fruits
- ♦ These foods contain the energy, protein, vitamins, and minerals that your body needs
- ♦ It is important to continue to take a vitamin and mineral supplement daily for the rest of your life

What Can I Do To Create A Sense Of Fullness With Every Meal?

- ♦ **Drink your fluids separately from your meals.** Between meals, liquids should be taken at least 30 minutes to one hour after meals.
- ♦ **Plan your meals.** Choose foods that will not easily pass through a funnel. Soups, pudding, and drinking with meals make food soft and mushy and they will pass through the funnel leaving you hungry for more.
- ♦ **Stop snacking.** Are you really hungry or simply eating out of habit, or to relieve boredom, stress or feeling low? Instead, distract yourself, try one of these:
 - ♦ Drink water
 - ♦ Take a walk or go for a bike ride
 - ♦ Phone a friend
 - ♦ Read a book
 - ♦ Work in the garden
 - ♦ Play with the kids
 - ♦ Establish a new hobby

Foods That May Be Difficult To Tolerate After Bariatric Surgery

Continue to avoid large quantities of sweetened foods, high fat foods and high calorie beverages to avoid weight gain and possible digestive problems. Avoid using these foods during Clear Liquid to Soft solid stages. Once you reach the final stage, you may be able to tolerate some of these items. Add items such as meat, starches, fruits and vegetables gradually as tolerated.

Meat and Meat Substitutes <ul style="list-style-type: none"> • Steak • Tough fibrous meat like pork chops • Fried or fatty meat, (dry) chicken breast 	Vegetables <ul style="list-style-type: none"> • Fibrous vegetables (peas, celery, corn, cabbage, broccoli and cauliflower)
Fruits Dried fruits • Coconut	Starches <ul style="list-style-type: none"> • Granola • Popcorn • White bread (non-toasted)
Sweets (especially after bypass surgery) Candy • Desserts • Jam Jelly • Alcohol • Sweetened fruit or juice Sweetened beverage, soda	Miscellaneous <ul style="list-style-type: none"> • French fries, potato chips, tortillas, corn chips • Carbonated beverages • Highly-seasoned and spicy food • Seeds

COOKING MEASUREMENT CONVERSIONS

$\frac{1}{4}$ tsp = 1 ml	1 oz = 30 g
$\frac{1}{2}$ tsp = 2 ml	2 oz = 60 g
1 tsp = 5 ml	4 oz = $\frac{1}{4}$ lb = 115 g
1 T = 15 ml or 3 tsp	8 oz = $\frac{1}{2}$ lb = 230 g
2 T = 30 ml or 1 oz	12 oz = $\frac{3}{4}$ lb = 340 g
$\frac{1}{4}$ cup = 60 ml or 2 oz	16 oz = 1 lb = 455 g
$\frac{1}{2}$ cup = 120 ml or 4 oz	2.2 lbs = 1 kg
$\frac{3}{4}$ cup = 180 ml or 6 oz	
1 cup = 240 ml or 8 oz	

ESTIMATES OF STANDARD PORTIONS

Household Item	Size (Approximate)
Tip of thumb to the first joint	1 teaspoon (tsp) = 5 ml
Golf Ball	1 Tablespoon (T) = 15 ml
Computer Mouse	$\frac{1}{2}$ cup (4 ounces)
Match Box	1 ounce
CD disc	1 ounce slice
4 dice	1 ounce
2 dominos	1 ounce
Tube of lipstick	1 ounce
Deck of poker cards	3 ounces
Tennis Ball	$\frac{2}{3}$ cup, “medium” size fruit

*** These are approximate measurements; for accurate measurements, use standard measuring utensils.

COMMON NAMES FOR SUGAR

- ♦ To avoid unnecessary empty calories and to reduce your risk of developing Dumping Syndrome, limit your intake of sugar to less than 5 grams per serving.
- ♦ Choose products that are labeled “sugar-free.” They will have less than 5 grams of sugar per serving.
- ♦ Read food labels. Read ingredient lists. Ingredients are always listed from most to least, so choose products that do not have sugar listed among the first 5 ingredients.
- ♦ Sugar may be called other things besides “sugar”. These names are:

Corn Syrup ♦ High Fructose Corn Syrup (HFCS) ♦ Corn Sweeteners
 Dextrose ♦ Fructose ♦ Glucose ♦ Honey
 Molasses ♦ Sucrose ♦ Syrup ♦ Levulose
 Turbinado ♦ Brown Sugar ♦ Granulated Sugar
 Raw Sugar ♦ Confectioner’s Sugar

COMMON NAMES FOR ARTIFICIAL SWEETENERS

- ♦ Sugar substitutes, also called artificial sweeteners, are acceptable in the bariatric nutrition plan used in moderation.
- ♦ Examples of artificial sweeteners are:

Aspartame (NutraSweet®, Equal®, Equal Spoonful®)
 Saccharine (Sweet’n Low®) ♦ Sucralose (Splenda®)
 Acesulfame-K (Acesulfame Potassium)
 Neotame ♦ Tagatose
 Cyclamate (Sugar Twin®, Sucaryl®) ♦ Stevia (Herbal Sweetener)

PROTEIN-CONTAINING FOODS

MEAT, FISH, POULTRY (Serving size: 3 ounces, cooked)		
Low Protein (Up to 21 grams)	Higher Protein (21.1 to 25 grams)	Highest Protein (25.1 grams or more)
Lean ground beef (20.5)	Extra lean ground beef (21.6)	Lean bottom round (25.9)
Regular ground beef (20.5)	Lean rib beef (23.2)	Lean top sirloin (25.8)
Roasted duck (20.5)	Lean eye round (24.5)	White chicken (27.5)
Veal ribs (20.4)	Dark meat chicken (24.4)	Lean lamb loin (25.5)
Egg substitute (11.0)	Lean leg of lamb (24.1)	Lean lamb shoulder (30.0)
Large egg white (3.50)	Pork tenderloin (24.0)	Lean broiled pork chops (25.7)
Large whole egg (6.30)	Lean pork roast (24.4)	Light turkey (25.1)
Large egg yolk (2.50)	Braised pork spareribs (24.7)	Veal leg (30.7)

SEAFOOD
(Serving size: 3 ounces, cooked)

Low Protein (Up to 17 grams)	Higher Protein (17.1 to 21 grams)	Highest Protein (21.1 grams or more)
Raw clams (10.9)	Cooked cod (19.5)	Cooked halibut (22.7)
Alaska king crab (15.5)	Blue crab (17.2)	Salmon (23.2)
Cooked oyster (7.50)	Cooked flounder (20.5)	Cooked swordfish (22.7)
6 raw oysters (5.90)	Cooked haddock (20.5)	One cup tuna salad (32.9)
6 large cooked scallops (16.8)	Cooked lobster (17.4)	Cooked yellow fin tuna (25.5)
6 large shrimp (9.50)	Canned tuna in water (20.1)	
Canned salmon (16.3)	Cooked pollock (20.0)	

DAIRY PRODUCTS
(Serving size: as stated)

Low Protein (Up to 7.9 grams)	Higher Protein (8 to 12 grams)	Highest Protein (12.1 grams or more)
½ cup buttermilk (4.10)	1 ounce Swiss cheese	1 cup cottage cheese (25.0)
1 ounce blue cheese (6.00)	1 cup 1% milk (8.0)	1 cup 2% cottage cheese (31.0)
1 ounce cheddar cheese (1.10)	1 cup 2% milk (8.10)	1 cup non-fat cottage cheese (25.0)
1 ounce feta cheese (4.0)	1 cup skim milk (8.40)	1 cup part skim ricotta cheese (28.0)
1 ounce mozzarella cheese (7.80)	1 cup whole milk (8.00)	1 cup ricotta cheese (27.7)
1 tablespoon parmesan cheese (2.10)	1 cup low-fat plain yogurt (11.9)	½ cup condensed milk (12.2)
1 ounce provolone cheese (7.30)	½ cup evaporated non-fat milk (9.70)	½ cup instant dry milk (12.2)
1 tablespoon cream cheese (1.10)		1 fat-free plain yogurt (13.0)
One container (6 ounces) fat-free, artificially sweetened yogurt (5.0)		
½ cup frozen yogurt (2.90)		

LEGUMES AND NUTS

(Serving size: ½ cup or 4 ounces, unless otherwise stated)

Low Protein (Up to 7.9 grams)	Higher Protein (8 to 12 grams)
Boiled black beans (7.60)	White beans (9.50)
Boiled kidney beans (7.70)	2 ounces cashews (8.00)
Lima beans (7.30)	2 ounces Brazil nuts (8.00))
Boiled navy beans (7.90)	2 ounces European chestnuts (9.10)
Pinto beans (7.00)	2 ounces hazelnuts (8.50)
Refried beans (6.90)	2 tablespoons peanut butter (8.00)
Boiled chickpeas (7.30)	Split peas (cooked) (8.20)
Cow peas (2.60)	4 ounces raw silken tofu (9.60)
Soy milk (3.50)	4 ounces soft tofu (9.00)
1 ounce almonds (6.00)	2 ounces walnuts (8.00)

GRAINS AND CEREALS

(Serving size: 1 cup or 1 slice, unless otherwise stated)

Low Protein (Up to 2.9 grams)	Higher Protein (3 to 6 grams)	Highest Protein (6.1 grams or more)
½ slice French bread (2.20)	Cheerios cereal (3.00)	3 ½ inch egg bagel (7.50)
Italian bread (1.80)	6 ½ inch white pita (5.50)	Cooked egg noodles (7.60)
Oatmeal bread (2.30)	6 ½ inch whole wheat pita (6.00)	Cooked macaroni (6.70))
Wheat bread (2.70)	Cream of wheat (4.30)	Wild rice, cooked (7.60)
Rice Crispies cereal (2.10)	1 whole English muffin (4.40)	Cooked spaghetti (6.70)
Corn flakes cereal (1.80)	1 slice whole wheat bread (4.00)	Cooked whole wheat spaghetti (7.50)
Total whole grain cereal (2.00)	1 cup cooked oatmeal (6.00)	
1 dinner roll (2.40)	½ cup cooked couscous (3.00)	
½ cup cooked brown rice (2.50)	Hamburger/hot dog bun (3.70)	
½ cup cooked white rice (2.15)	Kaiser roll (5.60)	

Bread, Pasta and Grains

Bran muffin
Whole wheat bread (varies, check label)
Spaghetti, Whole Wheat
Brown rice
Pumpnickel Bread
Fiber One® Cherry Granola Bar

Breakfast Cereals

All-Bran
Kashi GoLean®
Kashi GoLean® Crunch
Bran flakes
Oatmeal, cooked
Raisin Bran
Shredded Wheat

Vegetables

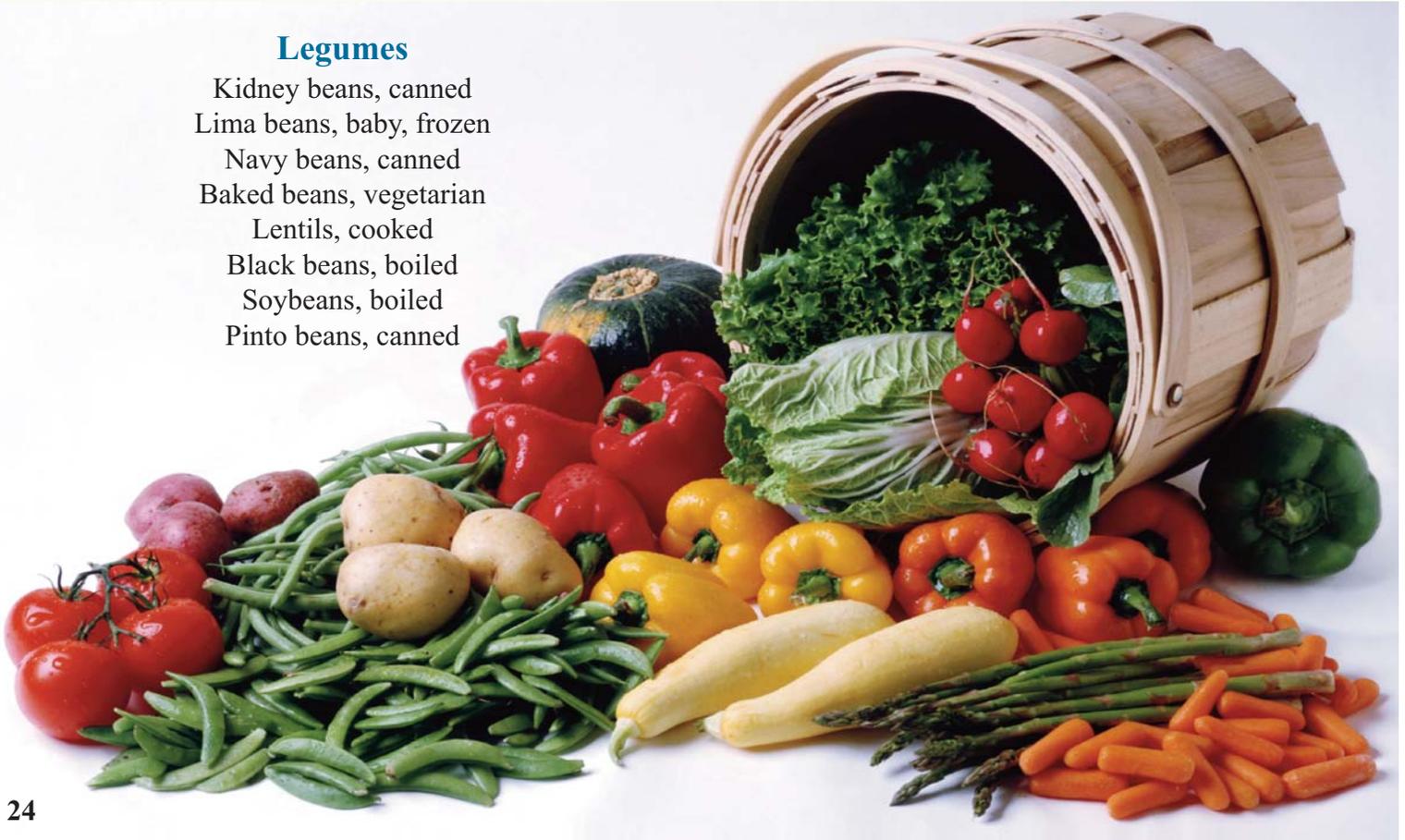
Broccoli, frozen
Brussels sprouts, frozen
Carrots, raw
Cauliflower, frozen
Chickpeas, canned
Corn, frozen
Green beans, frozen
Green peas, frozen
Spinach, frozen
Tomato, raw
Potato, baked with skin
Sweet potato, baked with skin

Fruits

Apple with skin
Apricot, canned
Banana
Blueberries, raw
Cantaloupe
Cherries, sweet
Dates, dried
Orange, fresh
Peach, fresh with skin
Prunes
Raisins
Strawberries
Pear

Legumes

Kidney beans, canned
Lima beans, baby, frozen
Navy beans, canned
Baked beans, vegetarian
Lentils, cooked
Black beans, boiled
Soybeans, boiled
Pinto beans, canned



WHAT TO LOOK FOR ON A NUTRITION FACTS LABEL AFTER BARIATRIC SURGERY

- ♦ Choose foods that have less than 5 grams of sugar per serving
- ♦ Choose foods that are high in protein
- ♦ Aim for at least 60 grams of protein intake per day
- ♦ Look for foods that are good sources of fiber and have at least 3 grams per serving
- ♦ Choose food that is low fat and contains less than 20% of calories from fat
 - ♦ Choose food that has less than 5% of calories from saturated fat
 - ♦ Choose food that has less than 1% of trans fat
- ♦ Choose foods that have less than 300 mg of sodium per serving
- ♦ Choose foods that are low in cholesterol
- ♦ To meet your vitamin and mineral needs, make sure you take your daily supplements

Nutrition Facts	
Serving Size	5 Crackers (16g)
Servings Per Container	About 28
Amount Per Serving	
Calories 80	Calories from Fat 40
% Daily Value*	
Total Fat 4.5g	7%
Saturated Fat 1g	5%
Trans Fat 0g	
Polyunsaturated Fat 1.5g	
Monounsaturated Fat 2g	
Cholesterol 0mg	0%
Sodium 140mg	6%
Total Carbohydrate 9g	3%
Dietary Fiber less than 1g	1%
Sugars 1g	
Protein 1g	
Vitamin A 0%	Vitamin C 0%
Calcium 0%	Iron 2%
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:	
	Calories 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g

EXERCISE

Exercise is critical after bariatric surgery. It will help you not only attain your weight-loss goals but also maintain them. Do not rely only on the bariatric surgery to achieve your weight loss. Establishing an exercise routine even before the surgery will help in the recovery phase.

- ♦ Set your personal fitness goals. Why do you want to exercise?
- ♦ These are some of the reasons you may have to exercise: to achieve and maintain weight goal, to increase energy levels, to preserve and build muscle, to increase strength and endurance, to reduce anxiety levels

Choose an exercise from each of the following categories:

- ♦ Cardiovascular exercise: walking, treadmill, dancing, water exercise
 - ♦ Strength exercises: resistance bands, free weights, medicine balls
 - ♦ Flexibility: assisted or self-stretching before and after exercise, chair stretches
- ♦ Schedule timing of exercise: if your fitness level is low, then start with 5-10 minutes 3 times per day and increase it as tolerated. The goal is 45 minutes daily
 - ♦ Set up frequency of exercise: number of exercise sessions per week. The goal is 6 times per week to every day.
 - ♦ Increase the intensity of the exercise as tolerated: for instance, start walking at 3.0 mph and increase the speed to 3.3 mph then to 3.5 mph as your fitness level improves
 - ♦ Implement your fitness plan as soon as you can: start now!
 - ♦ Be consistent: overcome exercise barriers
 - ♦ Monitor your progress by keeping an exercise log

You should get your doctor's approval for any strenuous exercise; otherwise, start physical activity as soon as you can tolerate it.

Activities to Fit Your Lifestyle

Exercise does not have to be planned. Think of all the ways you can be active during your day.

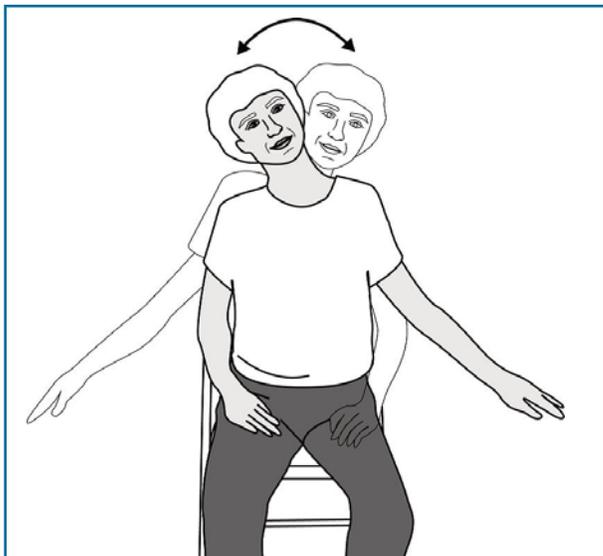
- ♦ Walk or ride a bike for transportation
- ♦ Take the stairs instead of the elevator
- ♦ Park at the far end of the parking lot and walk.
- ♦ Get off the bus one stop early and walk the rest of the way
- ♦ Walk your dog, or borrow someone else's dog
- ♦ Take a brisk walk while you are shopping at the mall
- ♦ Walk to your mailbox
- ♦ Mow the grass, rake the leaves, weed the garden
- ♦ Dance whenever you can
- ♦ Wash your car
- ♦ Vacuum or sweep the floor often
- ♦ Get up to change the TV channel, don't use the remote
- ♦ March in place during TV commercials
- ♦ Stretch or do chair exercises while watching TV
- ♦ Stand up and step in place while using the phone
- ♦ Walk down the hall to talk to a coworker instead of using the phone or sending an email
- ♦ On work breaks, take a 5-10 minute walk
- ♦ If you play golf, walk every hole



There are lots of activities that involve little or no cost.

- ♦ Walking is free
- ♦ Churches and community centers often have free events
- ♦ Build strength using household items for weights (canned foods, small bottles of water, etc.)
- ♦ Simple stretches can improve flexibility and range of motion
- ♦ Find a local trail
- ♦ Buy a bicycle from a second-hand shop or at a yard sale
- ♦ Try a new sport that doesn't require expensive equipment
- ♦ Look at senior centers, the YMCA, and local recreational centers for free or reduced-cost activities
- ♦ Physical activities that you build into your daily routine like taking the stairs or parking farther away and walking are free

Examples of Chair Exercises



Neck Stretch

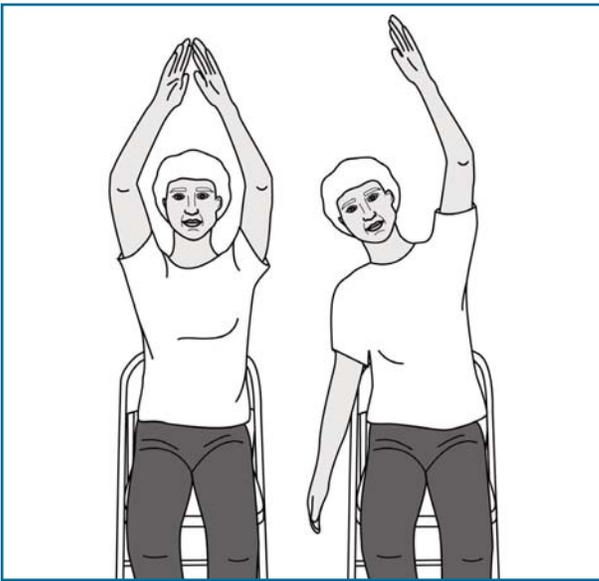
Seated in a chair with good posture, slowly tilt your head toward your right shoulder.

Hold the head in this position, and extend your left arm out to the side and slightly downward so that your hand is at waist level.

Release and repeat on the left side.

Do 2 times for each side.

Modification: For a deeper stretch, gently pull the extended arm behind your back.



Overhead Reach with Side Bends

Seated in a chair with good posture, reach your arms up overhead. Hold for 10 seconds.

Allow your right arm to relax down by your side (can rest hand on chair seat) while your left arm stays up overhead. Slowly lean to the right and reach your left arm over your head to the right.

Hold for 8 to 10 seconds. Come back up to the center position, pulling both arms overhead again.

Repeat by bending to the opposite side, relaxing the left arm to the side this time. Do another set.



Rear Leg Extensions

Begin by standing behind a chair with the right leg slightly in front of the left, holding onto the back of the chair for balance.

Keeping your back straight and leaning slightly forward, lift the left foot a few inches off the floor or as high as you comfortably can, squeezing the buttocks as you do this. Do not arch your back. Lower the leg back down and repeat the movement 8 to 10 times.

Switch sides to work the other leg. Rest briefly. Do another set of 8 to 10 repetitions for each leg.

Modification: For an extra challenge, change the count of the movement. Lift the leg and hold for 5 seconds, or do short, quick pulse lifts for 5 seconds.



Side Leg Lifts

Begin by holding onto the back of a chair as needed, standing with feet slightly apart. Take 2 to 3 seconds to lift your right leg 6 to 12 inches out to the side, keeping the knee and toes pointed forward.

Hold the position for 1 second. Take 2 to 3 seconds to lower your leg back to the starting position. Perform 8 to 15 lifts.

Switch to the opposite leg. Do another set of 8 to 15 repetitions for each leg.

Modification: For a less advanced version, tap the toe out to the side and pull back in, rather than lifting and lowering the leg.

For a more advanced version, change the count of the movement by lifting the leg and holding for 5 seconds or lifting and pulsing the leg and releasing back down.

TIPS FOR BETTER SLEEPING

Good sleeping habits are important for long-term weight maintenance. Lack of sleep causes stress to your body. This stress causes your body to release a hormone (cortisol) that stores abdominal fat. In addition, the hormone ghrelin increases when you lose sleep. Ghrelin increases appetite. You want your body to work for you, not against you. You may have to break some old habits in order to get the best result from your surgery.

- ♦ Go to sleep around the same time each night, even on weekends. Aim to be in bed by 11 PM. Staying up beyond midnight may cause “second wind syndrome,” making it hard for you to fall asleep.
- ♦ Get up around the same time each day, even on weekends. Get up at your usual time, even if you did not get your usual amount of sleep.
- ♦ A warm bath 1-2 hours before bedtime may help make you sleepy. If desired, lavender oil or another essential oil can be added to the bath water. Showers can be too stimulating.
- ♦ Keep the bedroom cool at night.
- ♦ Sleep on a good mattress. Make sure the pillow is comfortable for your head, neck, and shoulders.
- ♦ Keep the bedroom dark, with the exception of a night light, if necessary.
- ♦ Keep the bedroom quiet. Use earplugs if necessary to block out noise.
- ♦ Use your bed only for sleep and intimate relations.
- ♦ Keep televisions, computers, and work materials out of the bedroom.
- ♦ If you lie in bed awake for more than 20-30 minutes, get up and go to a different room. Engage in a quiet activity (e.g. watching television, reading), and then return to bed when feeling sleepy.
- ♦ Avoid getting involved in stimulating activities just before bed. Examples include watching an exciting or disturbing television show or movie, playing a competitive game, and having an important conversation with a loved one.
- ♦ Do not exercise right before bedtime.
- ♦ Avoid daytime naps.
- ♦ Avoid caffeine in the late afternoon and early evening.
- ♦ Do not go to bed very hungry or too full.
- ♦ If you have sleep apnea, continue to use your CPAP machine after surgery. You will be referred back to the pulmonary service 9 to 12 months after surgery. The need for ongoing CPAP will be re-evaluated at that time.



A restful night's sleep improves quality of life!

TIPS FOR SUCCESS AFTER BARIATRIC SURGERY

Dos

- ♦ Always eat your protein first.
- ♦ Even after you have progressed through the dietary phases, consume your protein before any other food item.
- ♦ When you feel full stop eating.
- ♦ Always follow the “30-Minute Rule” for fluid intake.
- ♦ Consume at least 60-80 grams of protein per day.
- ♦ Take your vitamin and mineral supplements every day unless otherwise instructed by the doctor or dietitian.
- ♦ Consume at least 64 ounces (8 cups) of non-carbonated, sugar-free, caffeine-free fluid per day.
- ♦ Keep your scheduled follow-up appointments.
- ♦ Avoid sugar.
- ♦ Avoid fried food and high-fat foods.
- ♦ Have 3 meals per day: breakfast, lunch and dinner.
- ♦ Sip fluids slowly throughout the day.
- ♦ Take small bites of food and chew properly (25 times) swallowing. Food should be “mushy” before you swallow.
- ♦ Always check your tolerance level for foods. If a food doesn’t agree with you, stop eating it and try again at another time. If that particular food continues to be intolerable, discontinue eating it altogether.
- ♦ Always check with your Primary Care Physician about taking medications and/or over-the-counter medications.
- ♦ Be physically active every day.
- ♦ Participate in support group meetings.
- ♦ Remember, bariatric surgery is not the cure for obesity. It is a tool that can assist you with weight-loss management.

Don'ts

- ♦ Do not eat again until the next meal of the day.
- ♦ Do not overeat.
- ♦ Do not drink with your meals. You must stop drinking 30 minutes before you eat and wait 20 minutes after you have eaten to resume fluid intake.
- ♦ Do not wait until you feel thirsty before you drink.
- ♦ Don't forget to get your blood work done so an assessment of your vitamins and minerals levels can be done.
- ♦ Have no more than 5 grams of sugar per serving.
- ♦ Do not skip meals.
- ♦ Do not gulp.
- ♦ Do not use a straw.
- ♦ Do not chew or swallow gum.

*“Stand up to your obstacles and do something about them.
You will find that they haven't half the strength you think they have.”*

-Norman Vincent Peale

HELPFUL CONTACT INFORMATION

(718) 918-LOSS (5677)

ADDITIONAL APPOINTMENTS

Endoscopy (718) 918-7668

Ultrasound (718) 918-4957

Upper GI (718) 918-4957

INFORMATION SESSIONS

Jacobi Medical Center
4th Floor Auditorium

North Central Bronx Hospital
17th Floor Dining Room



JACOBI MEDICAL CENTER

What Great Looks Like

1400 Pelham Parkway South ♦ Bronx, NY 10461 (718) 918.5700
HHC - NYC Health & Hospitals Corporation (nyc.gov/hhc)