Bariatric Surgery Pre-Operative Guide







Congratulations on choosing to have weight loss surgery.

We look forward to supporting and guiding you through the pre and post operative period. Please read through this manual several times prior to your procedure and reference it often afterwards.

Notify your surgeon immediately for any of the following

- Fever over 101 degrees Fahrenheit with chills
- Difficulty breathing or pain with breathing, sharp chest pain
- Fast heart rate or sense of anxiety
- Rash or hives all over body, throat or tongue swelling
- Inability to take small sips or drink enough fluids, change in urine color, dizziness or lightheadedness

- Severe pain in the abdomen or shoulder with meals
- Uncontrollable vomiting or nausea
- Pain in the legs or swelling of the legs
- Blood in the stool or black stools
- No longer passing gas or having bowel movements and feeling distended or bloated.

UChicago Medicine AdventHealth La Grange

5101 Willow Springs Road | La Grange, IL 60525 **Office:** 708-245-5425

After Hours

Dr. Jihad Kudsi & Dr. Van Vallina For urgent matters, you may call our answering service: 630-790-1700

> Call 911 or have someone take you to the emergency room if the severity of the symptoms worsens or you suspect a serious complication.

Preparing for Surgery

3 WEEKS PRIOR TO SURGERY

If you are taking insulin or any diabetes medications, contact your primary care physician. Review the pre-operative diet with him/her and discuss any medication changes. The diet will be low calorie and low carbohydrate. It can cause low blood sugar with certain medications.

> Review any medications with your primary care provider to ensure they can be cut or crushed after surgery. You will not be able to take whole pills for at least a month after Weight loss surgery (WLS).

2 WEEKS PRIOR TO SURGERY

Purchase your vitamins

 Purchase online or they are available in the hospital pharmacy or office

Grocery Shop for your pre and post-operative full liquid diet

Pre operative Diet

You will be on a limited meal plan 2 weeks prior to surgery. This diet is **NON-NEGOTIABLE**. Failure to follow the diet may result in surgery being cancelled or rescheduled.

The purpose of the plan:

- Reduce/Shrink liver prior to surgery. Making surgery guicker and safer.
- Weight loss. Any weight you can lose before surgery will help you get closer to your goal weight after surgery.
- Mindset! Time to focus, get zeroed in, prepare mentally and emotionally for what is to come.

If you have diabetes, speak with your medical provider regarding the diet and your medications. This diet can cause your blood glucose to drop on certain medications.





Pre Op Stage I

7–14 days prior to surgery. Protein Foods + Protein Shakes

You can choose as much food as you need to be satisfied from the following list:

FOOD	
Beef	Steak, hamburger, meat a beef sandwich (no bre
Pork	Pork chop, Sausage, Ba
Chicken	Grilled or baked chicker "naked" chicken wings/
Turkey	Turkey, ground turkey (t
Fish/Seafood	Any kind of fish (not dee
Eggs	Eggs prepared any way
Dairy	Cheese, shredded chee
Protein Shakes	Powder or ready to drin per serving
Misc.	Hot sauce, sugar substi
Beverages	WATER, Unsweetened of Diet Snapple, unsweete

It is important to stay hydrated when you are on this diet. Initially, there will be some water loss when switching to a low carbohydrate plan. This is normal. Aim for 64 ounces or more of noncaloric beverages per day.

Avoid: Anything that is not listed above including fruits, vegetables, breads, breading, sugar or grains. If it is not specifically listed as a permitted food, don't eat it.

EXAMPLES INCLUDE

tball, chili, taco meat, Beef that you would use on ead), luncheon meat

acon, Salami, smoked/pulled pork (no BBQ sauce)

en, ground chicken (tacos, chili), chicken salad, bites, smoked/pulled chicken (no BBQ sauce)

tacos, burgers, chili), luncheon meat

ep fried), shrimp, tuna salad

/ including omelets

ese, Sour Cream, Half and Half, cottage cheese

nk shakes with less than 5 grams of carbohydrate

itutes, mustard, mayonnaise, avocado, soy sauce

coffee/tea, no calorie beverages, Gatorade Zero, ened coconut milk

Pre Op Stage II

1–7 days prior to surgery. Protein Shakes/Liquids Only

1 WEEK PRIOR TO SURGERY

You can drink as much as you would like from the following list:

FOOD	EXAMPLES INCLUDE
Protein Shakes	Powder or ready to drink protein one with less than 5 grams of carbohydrate per serving. Mix it with unsweetened coconut milk, ice or water.
Beverages	WATER, Unsweetened coffee/tea, no calorie beverages, Gatorade Zero, Diet Snapple, broth

This list is all inclusive of the diet the week before surgery.



3 DAYS BEFORE SURGERY

Stop any of these medications for diabetes:

- Canagliflozin (Invokana®)
- Dapagliflozin (Farxiga[®])
- Empagliflozin (Jardiance[®])

1 DAY BEFORE SURGERY

Preadmission testing will review final instructions and provide an arrival time. If you do not get a call by 2 pm, call the office at 708-245-5425.

Nothing to eat or drink after midnight. Follow all instructions provided by preadmission testing.

Make sure you have a ride home. You will not be able to drive yourself home, use Uber, Lyft or a Cab.

During your Hospital Stay

- 1. Shortly after surgery you will be asked to sit in a chair and walk around the floor. Regular movement helps recovery and healing. It also prevents blood clots from forming.
- 2. You will be on a FULL LIQUID sugar free bariatric diet.
- 3. Take small sips and go slow after surgery. Resist the urge to take large gulps; they may not feel comfortable. Consider using the small medicine cups.
- 4. Drink 2–4 ounces per hour.
- 5. You will be receiving IV fluids to keep you hydrated. The IV will stay in until you are discharged. Dehydration is a risk after surgery.
- 6. You can shower 24 hours after surgery. Don't soak the incisions.

Dry off immediately.

Do not use any lotions, powders or perfumed soap near the incisions.

Post Op Diet Stages

STAGE 1: BARIATRIC FULL LIQUID

Roux-en-Y gastric bypass (RYGB), Sleeve gastrectomy (SG) Revisions: Days 1–14

Goals:

- Drink 1/4-1/2 cup (2-4 oz.) per hour.
- Stay Hydrated: Signs of dehydration include dry mouth, fatigue, headache, light headedness, constipation, dark colored urine, and rapid heartbeat.
- 60–80 grams of protein per day from protein supplements. Supplemental protein drinks are preferred over other low protein liquids.
- Room temperature or warm liquids may be better tolerated than ice cold.

• If you experience gas, bloating or diarrhea with dairy, choose



Lactaid or other dairy alternative products.

- All products must be sugar free. Sugar, especially after RYGB may be bothersome.
- Have a food processor, immersion blender or blender available.

Unflavored protein power such as Isopure

• START YOUR BARIATRIC **MULTIPLE VITAMINS**

or Vital Proteins

Milk

High Protein Choices

Protein shakes with 20–30 grams of protein and less than 7 grams of carbohydrate (powder or ready to drink)

Low Protein Choices (mix/blend with unflavored protein powder)*

Broth-based or creamy soups. Must be blended or strained. No pieces of food.

Plain Siggi's drinkable yogurt or no sugar added Kefir

Unsweetened almond, oat or coconut milk

Zero Calorie Beverages (mix/blend with unflavored protein powder)*		
Water	Sugar free popsicles	
Gatorade Zero or Powerade Zero	Fruit infused water such as Hint®	
Zero calorie mix ins such as Crystal Light® or MiO®	Unsweetened tea (hot or iced)	
Avoid		
Milk shakes, ice cream, smoothies	All carbonated beverages	
Slushies	Acid based beverages such as orange, pine- apple, grapefruit, or tomato	
Diluted 100% juice	Blending shake with ice, fruit, or other mix	
Alcohol	ins. You will not be able to consume this large volume.	

*When mixing unflavored protein powder with soup or hot items, heat the soup or beverage first, then mix in the protein powder. This will prevent clumping. Using a blender or shaker bottle will achieve the smoothest consistency.

STAGE 1 SAMPLE MENU

(60 g. of protein)

Meal 1

Premade Protein Shake (10 g. protein per 6 oz. portion). Drink only 3 oz. Save the other half for Meal 4.

Meal 2

4 ounces of unsweetened vanilla almond milk with 1 scoop unflavored protein (10 g protein)

Meal 3

3/4 cup of blended cream of chicken soup and 2 scoops of unflavored protein (20 g. protein)



Meal 4

Drink the remaining 3 oz of premade protein shake from Meal 1.

Meal 5

 $\frac{1}{2}$ c. of strained broth soup with 1 scoop of unflavored protein (10g. protein)

Meal 6

Sugar free popsicle

STAGE 2: BARIATRIC SOFT/ **MUSHY DIET**

SG, RYGB and Revisions: Days 14–30

Goals:

- All foods need to be easily mashed with a fork or spoon.
- Stay Hydrated: Signs of dehydration include dry mouth, fatigue, headache, light headedness, constipation, dark colored urine, and rapid heartbeat.
- 60–80 grams of protein per day
- Reduce protein shake consumption as you increase food intake.



- · Start out with small bites and chew until food is baby-food consistency.
- Try one new food at a time.
- All products must be sugar free. Sugar, especially after RYGB may be bothersome.
- CONTINUE YOUR BARIATRIC **MULTIPLE VITAMINS**

High Protein Choices

Lightly seasoned ground meats: Ground beef, turkey or chicken, taco meat, chili, meatballs, burgers, meatloaf, flaky fish

Eggs: Scrambled, over easy, Omelet, soft boiled

Dairy: Cheese slice, plain whole milk Greek yogurt, cottage cheese, shredded cheese, Ricotta, string cheese, Baby Bella cheese

Luncheon meat

Tuna, egg or chicken salad

Legumes: Lentil soup, refried beans, ham/bean soup, vegetarian chili

Vegetarian: Tofu, Beyond Meat, Morning Star or Impossible products

Protein shakes with 20-30 grams of protein and less than 5 grams of carbohydrate (powdered or pre-made)

Unflavored protein power such as Isopure or Vital Proteins

Low Protein Choices

Soft cooked vegetables: Green beans, carrots, cauliflower, peas, broccoli, zucchini

Avocado, guacamole, nut butters (2 Tbs. or less per day)

Avoid

Fruits

Grain-containing foods such as pasta, pancakes, bread, oatmeal or grits

Potato-based foods such as sweet potatoes or mashed potatoes

Beverages with calories



STAGE 3: BARIATRIC REGULAR LOW CARBOHYDRATE DIET SG, RYGB and Revisions: Days 30+

Goals:

- Consume protein-rich foods first, followed by vegetables
- 60–80 grams of protein per day
- Less than 50 grams of carbohydrates per day
- Solid foods (vs. liquid shakes) will keep you fuller longer
- Daily bariatric multiple vitamin and calcium

- 64 ounces of calorie free drinks per day
- All products must be sugar free. Sugar, especially after RYGB will cause dumping syndrome.
- Follow "Success Strategies" after WLS

High Protein Choices

Poultry: Ground chicken, turkey, luncheon meats, chicken thighs, chicken sausage, chicken salad, "Naked Nuggets"

Beef: Ground beef, hamburgers, meatballs, meat loaf, taco meat, chili, tender cuts of steak

Pork: Tender pork chop, sausage

Eggs: Scrambled, over easy, Omelet, soft boiled, hard boiled, egg salad

Dairy: Cheese, Whole Milk Greek yogurt, Cottage Cheese, shredded cheese, Ricotta, string cheese, Baby Bella cheese

Fish and Shellfish not breaded or fried

Tuna, egg or chicken salad

Legumes: Lentil soup, refried beans, ham/bean soup, vegetarian chili

Vegetarian: Tofu, Beyond Meat, Morning Star or Impossible products

Low Protein Choices

Vegetables, salad

Avocado, guacamole, nut butters (2 Tbs. or less per day)

Fruits: 2 or fewer per day, such as berries, pear, apple, orange.

Avoid

Sugar: Candy, cake, cookies, ice cream

Flour: All foods with flour as the main ingredient. Bread, buns, toast, pasta, pancakes, waffles, croissant, pizza crust, cake, cookies, cereals, whole grains

Potatoes: Baked potatoes, mashed potatoes, sweet potatoes, French fries, hash browns, potato chips

Corn: Corn bread, corn tortillas, corn/taco chip, taco shells, popcorn, cereal

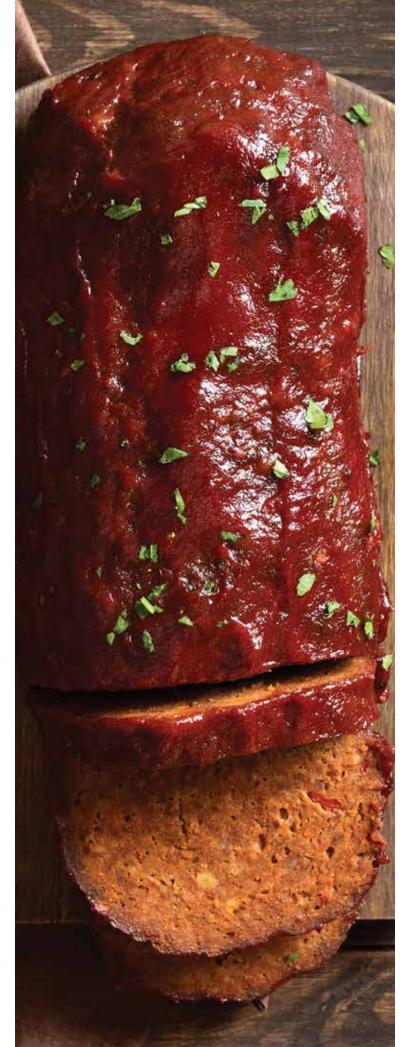
Rice: Rice cakes, sushi, fried rice, rice pasta, cereal

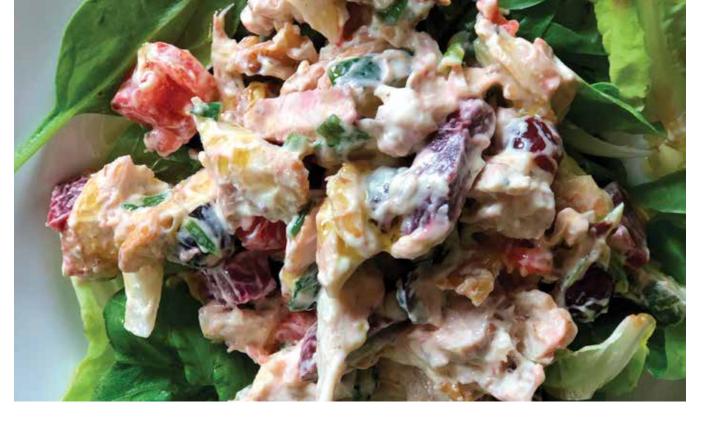
Tough dry coarse meats may be difficult to tolerate and 'get stuck'

Bread and Rice may form a gummy ball and 'get stuck'

Beverages with calories

Alcohol





Conceptualizing a "Regular" Bariatric Diet

It is a typical meal, just leave off the carbohydrate. The beauty of surgery is being able to feel satisfied on a small portion of food without the need to fill up on bread, pasta, rice or potatoes.

BEFORE SURGERY Chicken Burrito Chicken Chop Suey over rice Hamburger with fries Meat loaf, mashed potatoes and carrots Meat loaf and carrots Breakfast Sandwich on a bagel Oatmeal Lunchmeat sandwich Chicken Parmesan and pasta BBQ chicken sliders with mashed potatoes and salad Chicken tenders and French fries

AFTER SURGERY

Chicken taco salad: chicken over shredded lettuce, refried beans, salsa and cheese

Chicken Chop Suey no rice

Hamburger, no bun, top with avocado and side salad or vegetables

Egg bites with berries, *Real Good* breadless frozen breakfast sandwich, Jimmy Deans Delights Egg-wich

Sugar free Greek Yogurt, 1–2 tbs. berries, 1 tbs chopped pecans

Tuna salad with cucumber or carrot slices Or Lunchmeat rolled up or in an Egg White Wrap

Chicken parmesan, no pasta, with sautéed spinach

BBQ pulled chicken (use sugar free BBQ sauce or no sauce), salad

Naked Nuggets and side salad

Vitamins and Minerals

It is required to take vitamins, minerals, and calcium every day after surgery.

This commitment is for life.

- The further out from surgery you are the greater risk of nutritional deficiency.
- Common nutrient deficiencies include iron (anemia), folic acid, B-12, vitamin D, thiamine, calcium (loss of bone density/ osteoporosis)
- It is critical to start vitamins as soon as possible after weight loss surgery
- DO NOT choose over the counter (OTC) gummies or chewable multiple vitamins. They are severely deficient in many of the nutrients and levels needed after WLS.

- Avoid patches. There is no science demonstrating skin absorption of all of your micronutrients.
- Micronutrient deficiencies can take years to develop. They are not something you tend to "feel." Deficiencies contribute to osteoporosis, fatigue, pain, anemia, skin/ hair/nail abnormalities

VITAMINS STAGE 1

Days 1–30: chewable bariatric vitamins

Tips for starting your vitamins

- Choose a bariatric specific formula.
- Do not take on an empty stomach. They can cause nausea or GI upset.
- Start at dinner or with your largest meal.
 Patients report that vitamins first thing in the morning can cause an upset stomach.
- Take your vitamin and then eat immediately. Do not space them out.
- If needed, start at half a dose and then increase to the entire dose once you know they are tolerated.
- Taste or smell bothering you? Take your vitamins out of the bottle in the morning or afternoon and let them sit in the open air so the smell dissipates. It will no longer cause problems later in the day

SG, RYGB, RevisionsMultiple VitaminBariatric Advantagor
Or
Celebrate One 45Calcium/Vitamin D*
1200–1500 mg per dayAny over the cour
your needsOptional: B complexBariatric Advantagor
Bariatric Advantagor

*calcium citrate is preferred. If you choose a calcium carbonate, take with your meals. It needs stomach acid for digestion and absorption. Taking calcium carbonate on an empty stomach may contribute to kidney stones, especially if you are not hydrated.



Bariatric Advantage EA Chewable - 2 tabs per day

Celebrate One 45 Chewable — 1 tab per day Any over the counter chewable **Calcium Citrate** can meet

Bariatric Advantage B50 complex or other OTC B complex

VITAMINS STAGE 2

Days 30+ – lifelong

- Choose a bariatric specific capsule or tab.
- Do not take on an empty stomach. They may cause nausea or GI upset.
- Do not choose the following: Children's chewables, Mens or 50+/Senior formulas, patches or OTC Adult gummies or chewable multiple vitamins.
- Take calcium 2–3 times per day. You can only absorb about 600mg at a time.

SG, RYGB, Revisions

ic Advantage — Solo with Iron
tab per day Or lebrate One sule — 1 per day
ver the counter vable Calcium ate can meet vour needs
tric Advantage 50 complex Or OTC B complex

*calcium citrate is preferred. If you choose a calcium carbonate, take with your meals. It needs stomach acid for digestion and absorption. Taking calcium carbonate on an empty stomach may contribute to kidney stones, especially if you are not hydrated.



Success Strategies

What is it going to take for you to be successful 6 months, 1 year, 5 years or even 10 years from now? Nobody has weight loss surgery hoping to regain their weight. But it can happen. With surgery, we put obesity into remission, it is never cured.

This is the magic! These are the tried and true strategies for success. Master these. Practice them day in and day out. You will achieve lasting results.

Get a strong start! Hit the ground running.

The more weight you can lose in initial postoperative months, the lower weight you are going to achieve in the long run.

- Follow this manual to the best of your ability
- You are never going to be as motivated as you are right after surgery. We can't recreate this moment for you.
- Don't even mess around with foods such as mashed potatoes, fried foods, ice cream, slushies, bread, cereals, cakes or cookies. Losing weight while eating these foods is positive reinforcement. Then, when weight loss plateaus or there is regain, it will be much more difficult to give them up later because you have trained your brain to think they are okay.
- Trust the process! This is as much a mental/ emotional shift as it is a physical one. Stay in the mental game. Tell yourself "It is working, "I am doing it," "I feel good," "I am in control. Allow yourself to experience success in a different way than you have before.
- Don't compare yourself to others, especially those online or in social media groups. There are many factors that contribute to how much and how quickly weight is lost. Comparing yourself to what you may see online, can set an unrealistic expectation and take you out of the mental game. You do you! Be confident that the procedure is working for you. Talk to your team if you have questions.

	Mind the Carbohydrates. Monitoring and minimizing carbohydrates is not only for the immediate post op period, it is a lifelong commitment.
/.	• 50 grams or less when actively losing weight
	 130 grams of carbohydrate or less for weight maintenance
	 Avoid processed carbohydrates such as French fries, white bread, cakes, cookies, pop, juice, doughnuts.
k	• Carbohydrates increase the body's insulin response which over time can take you out of fat burning mode. If you have a history of diabetes, prediabetes, PCOS, Fatty Liver or Insulin Resistance pay extra attention. Insulin tells your body to build and store fat, not burn it.
ר יי יי	 Processed carbohydrates do not help WLS induce early satiety or suppress hunger. We call these "slippery/slider foods" which pass through the pouch quickly leaving you hungry sooner.

Choose Protein and Produce

- Successful losers fill their plates up with protein foods, then produce. This will help keep you fuller longer and meet your nutritional needs.
- 5 servings of vegetables/fruit per day is associated reaching and maintaining goal weight.
- Fiber found in produce will help you stay fuller longer after eating. It will also keep you satisfied in between meals.
- Limit or avoid foods made with RICE, FLOUR, SUGAR, CORN or POTATO.

Calories matter. You can follow the diet to perfection, but if you overconsume calories weight loss will stop or slow. Low carb does not = low calorie. Eating too much of the following can lead to weight plateaus or gain.

- Nuts and trail mixes. 800–1000 calories per cup. Take a small portion and have it with a meal. Do not leave the nut container open all day and take handfuls out.
- Nut butters such as peanut butter. 100 calories per tablespoon.
- Cheese sticks, string cheese, cheese slices. 80–100 calories each. Snacking on cheese multiple times per day will slow your weight loss.
- High fat processed meats. These include salami, pepperoni, sausage and hot dogs.
- Protein bars, shakes and other diet foods. They are calorie concentrated and should not be used in place of sweets. A bar, on average, is 200 calories.
- Low carb snacks such as Pork Rinds are just as high calorie as their carbohydrate counterparts. They are not healthy and do not contribute to satiety.

Choose meals not snacks. True or false: You have to eat to burn. FALSE. You do not have to eat small meals throughout the day to burn fat or increase your metabolism. Eat a meal when you are hungry and finish it within 20-30 minutes.

- The goal 30+ days after surgery is to eat only when you feel hunger. Be sure to still meet your protein and fluid goals.
- Snacking is associated with weight gain. It usually entails empty calorie foods and unlimited portions.
- Picking or grazing all day long will never result in feeling satisfied or full. You will feel like your procedure is not working for you.
- Over time snacking, picking or grazing will add extra calories, lead to increased hunger, and stop/slow your weight loss.
- Consume your meal in 20–30 minutes. Imagine your meal has bookends. There is a beginning and an end. After you are done, put the food away. Do not go back and keep picking at the dish until it is finished.
- Take advantage of the hunger/satiety cues the procedure is giving you. That is why you had surgery.



Physical activity & movement

- Increased physical activity is one of the #1 predictors of long-term weight maintenance.
- predictor of weight loss.
- do, how long you do it, or how intense the activity is. Consistency is key!
- Work up to 5 hours per week of physical activity.
- Consider adding muscle strengthening/building activities. If you don't use your muscle you lose it. Muscle loss contributes to aging, slower metabolism and osteoporosis.
- Movement makes a powerful impact on anxiety, depression, boosting your immune system, preventing osteoporosis, heart disease prevention, sleep, etc. It positively impacts every aspect of your body and life.

Drink calorie free beverages

- · Liquid calories include regular pop/soda, 100% juice, high calorie "coffee" drinks, sweet teas, milk, lemonade, beer, wine, other alcoholic beverages and mixers.
- Liquid calories quickly pass through the "pouch" and do not contribute to feeling full or satisfied, defeating the purpose of surgery.
- They do not send the signal to your mind that you have eaten like solid foods do. This will lead to over consuming calories and slowing your weight loss.
- If you have had the Roux-en-Y gastric bypass, added sugars can cause dumping syndrome.

Physical activity is not the primary driver of weight loss. Food and calorie deficit is the biggest

Consistency and building the habit into your weekly routine is more important than what you

Noteworthy Nutrition-Related Topics

DUMPING SYNDROME

This will occur after RYGB or SG. Due to the changes in anatomy and digestion, added sugars will cause GI upset and symptoms that can last up to 3 hours.

- Read every label for added sugar. This includes condiments such as spaghetti sauce, ketchup, BBQ sauce, sweet and sour sauces and salad dressing.
- Look for sugar-free alternatives. These may be labeled as keto, sugar free or paleo condiments.
- Even a small amount of added sugar can cause dumping syndrome.
- Dumping syndrome happens in 2 phases.
- Phase 1: 10-30 minutes after eating. Nausea, cramping, diarrhea, dizziness, bloating.
- Phase 2: 1-3 hours after eating. May feel like having low blood sugar. Sweating, fatigue, weakness, heart palpitations, fainting.

NAUSEA & VOMITING

Immediately after surgery you may experience some nausea. Foods may not look, smell or taste appealing. It is normal. If you cannot tolerate liquids or have repeated vomiting contact your surgeon.

- Over time, nausea and vomiting can be caused by eating or drinking too fast, not chewing foods well, or choosing foods that "get stuck" such as dry meats, bread or rice.
- If this happens, return to a clear liquid diet for a meal or two. Stay hydrated. Do not continue to eat shortly after the episode. Your stomach needs a little time to calm down, even if you feel better.

DEHYDRATION

There is a real risk of dehydration, especially in the early post operative period. Signs and symptoms include: dry mouth, fatigue, dark colored urine, constipation and rapid heartbeat. Contact your surgeon if you suspect you are dehydrated.

• Aim for 64 ounces of liquid per day. This includes protein shakes, water, soups, sugar free popsicles and other flavored sugar-free beverages. If you have trouble remembering to drink set a timer every hour, have a water bottle/cup out so you see it, or keep a daily log.

CONSTIPATION

Contact your surgeon if you are concerned by constipation. Symptoms include hard dry stools and difficulty trying to eliminate.

• To prevent constipation drink water and other sugar free beverages, increase physical activity to help the bowels move, add fiber into your diet by increasing vegetables, beans, fruit or other plant foods.

PREGNANCY

After WLS sex hormones can normalize and fertility increases. We ask that you wait until weight loss has slowed or stopped prior to conceiving. WLS increases the likelihood of a healthy pregnancy and delivery. Work with your bariatric surgeon, OB/GYN and dietitian to plan for pregnancy to make sure all your nutrition needs are met.

THIAMINE DEFICIENCY

Thiamine is one of B vitamins that is involved in our central nervous system. Deficiency can occur at any time but is more likely in the first few months at WLS.

Symptoms include:

- Difficulty with coordination or walking
- Confusion
- Vision abnormalities
- GI symptoms such as difficulty swallowing, nausea, vomiting, abdominal pain, inability to advance diet

If you have any symptoms contact your surgeon. To help prevent thiamine deficiency start your bariatric vitamins ASAP after surgery and take a B Complex if you suspect the onset of symptoms.

ALCOHOL

After SG and RYGB you will have an impaired ability to metabolize/process alcohol. This combined with weighing less, increases the rate and intensity at which alcohol will impact you. Your tolerance will decrease drastically. We do not encourage alcohol consumption after WLS. It is a source of empty calories, will stop/slow your weight loss and is generally not a part of a healthy lifestyle.

OTHER NUTRITIONAL DEFICIENCIES

The risk of nutrition deficiency increases the further out you are from weight loss surgery. It is recommended you take the recommended vitamins for the rest of your life and have labs checked regularly.

• Common deficiency include iron, thiamine, B-12 (at 2–5 years post op), folic acid, Iron deficiency, Vitamin D, Vitamin A (loss of night vision), Zinc (loss of taste/smell, impaired immune system)

Sample Menu Ideas for Bariatric Diet

Days 30+

Breakfast

- Hard boiled egg(s) and berries
- Boca or morning star breakfast sausage and cutie tangerine
- Omelet with vegetables and cheese
- Plain Greek yogurt with ½ c. blue berries and 1 tbs of chopped nuts
- Cottage cheese and small peach
- Jimmy Deans Delights Egg'wich (frozen)
- Crustless frittata

Lunch

- Tuna or chicken salad with cucumber or carrot slices
- Small bowl of Chili (homemade or Wendy's)
- Grilled chicken strips or nuggets on salad
 with low sugar dressing
- Cottage cheese with pineapple pieces, carrots and hummus
- Lunchmeat roll up: turkey or ham and cheese with cream cheese rolled around a pickle and a handful of grapes
- Jimmy John's Unwich or Subway salad bowl with a piece of fruit
- Beyond meat burger with avocado slices and roasted cauliflower
- Taco salad with cheese, salsa and sour cream
- Naked chicken nuggets with fruit cup
- Atkins or other low carb frozen meal

Dinner

- 2 meatballs, salad with vinegar and oil
- Baked or grilled salmon with sautéed spinach
- Chicken salad wrapped in bibb lettuce with green beans
- Pot roast with roasted carrots
- Shrimp shish kabob with cauliflower
- Hamburger topped with an egg and avocado with grilled asparagus
- Chicken leg with roasted Brussels sprouts and ¹/₂ c. watermelon
- Grilled chicken sausage with three-bean salad
- Chicken fajitas over shredded lettuce or wrapped in Bibb lettuce
- Rotisserie chicken over a pre-made salad kit such as Caesar or Kale salad
- Piece of chicken parmesan with steamed broccoli
- Chili or vegetarian chili with 1 chopped apple



Identifying Added Sugars

There are many sneaky ways food manufacturers add sugar to packaged foods, sauces and drinks.

- Added sugar = sugar where sugar doesn't belong. Natural sugars such as those found in milk, plain yogurt or fruit do not have the negative health effects like added sugars.
- After RYGB added sugars will cause dumping syndrome.

Sneaky names for added sugar:

- Agave Nectar
- Barbados sugar
- Barley malt
- Beet sugar
- Blackstrap molasses
- Brown Rice Syrup
- Brown Sugar
- Buttered syrup
- Cane Juice
- Cane Sugar
- Caramel
- Carob syrup
- Castor sugar
- Confectioner's sugar
- Corn Syrup
- Corn syrup solids

• Ethyl Maltol

Dextran

Dextrose

Date sugar

- Fructose
 - Galactose
 - Glucose
 - Glucose solids
 - Golden syrup
 - High-fructose corn syrup
 - Honey
 - Invert sugar
 - Lactose
 - Malt syrup
 - Maltose

• Added sugars make food hyperpalatable, do not help you feel satisfied after weight loss surgery, and lead to weight regain.



Molasses

• Maple syrup

- Organic raw sugar
- Raw sugar
- Refiner's syrup
- Rice syrup
- Sorghum syrup
- Sucrose
- Sugar
- Turbinado sugar
- Yellow sugar



- Look for a protein powder or ready-made drink with at least 20 grams of protein and less than 7 grams of carbohydrate per serving.
- Add variety to protein drinks. Choose vanilla protein powder. Flavor with a few drops of zero calorie mix ins such as Crystal Light, MiO. Or add 1-2 teaspoons of sugar-free Jell-O powder. Shake or blend well.
- If using protein powder, mix with skim milk, Lactaid, unsweetened almond, oat, or soy milk for a richer flavor.

READY TO DRINK PROTEIN

Isopure Max Protein

Premier Protein Shake

Atkins

Slim Fast Low Carb

Pure Protein

Fair Life Core Power

PROTEIN POWDERS

Vega One

Bariatric Advantage including high protein soups

Syntrax Nectar

Isopure Unflavored

Vital Proteins unflavored

Market Pantry (Target) Whey Protein Powder



• Evaporated Juice

- Before surgery, blend your protein power with ice to make it bigger and more satisfying. You can even use a food processor to whip it into an ice cream-like texture.
- For the first 2 weeks after surgery, avoid blending your shakes with ice or any other mix-ins. It makes the shake too large and will take too long to drink. It will be hard to meet your 60 gram protein minimum.



PROTEIN SHAKE RECIPES

Pre and Post Op Full liquid diet: Use skim milk, Lactaid, unsweetened almond, oat, or soy milk.

Orange Dreamcicle

Blend ³/₄ cup of milk, 1 scoop of vanilla protein powder and 2 tsp of sugar free Orange Jell-O powder. Once smooth pour over ice.

Hot Chocolate

Heat ³/₄ cup of milk. Pour warm milk into the blender. Add chocolate protein powder, 1-1 ¹/₂ Tablespoons of unsweetened cocoa and 2 packets of sugar substitute. Blend until smooth.

Pistachio Whip

Place 8-10 ice cubes in a food processor. Process until ice resembles the texture of a snow cone. Using a spoon, scrape the ice off the sides of the food processor. Add ¼ c. of water, vanilla protein powder, 2-3 teaspoons of sugar free Jell-O pistachio powder. Replace lid and process on high for 1 minute.

Lemon Cheesecake shake

Blend ³/₄ c. of milk with 1 scoop of vanilla protein shake. Add ¹/₂ teaspoon (or to taste) of lemon extract and 2 teaspoons of sugar-free Jell-O cheesecake powder. Serve over ice.

Mocha Latte

Can be made hot or cold. Brew ³/₄ cup of strong decaf coffee (or use instant decaf coffee powder). Add coffee to blender and start blending. While it is blending pour in 1 scoop of chocolate protein powder, 1-1 ¹/₂ tablespoons of unsweetened cocoa and 2 packets of sugar substitutes. Drink warm or over ice.





