

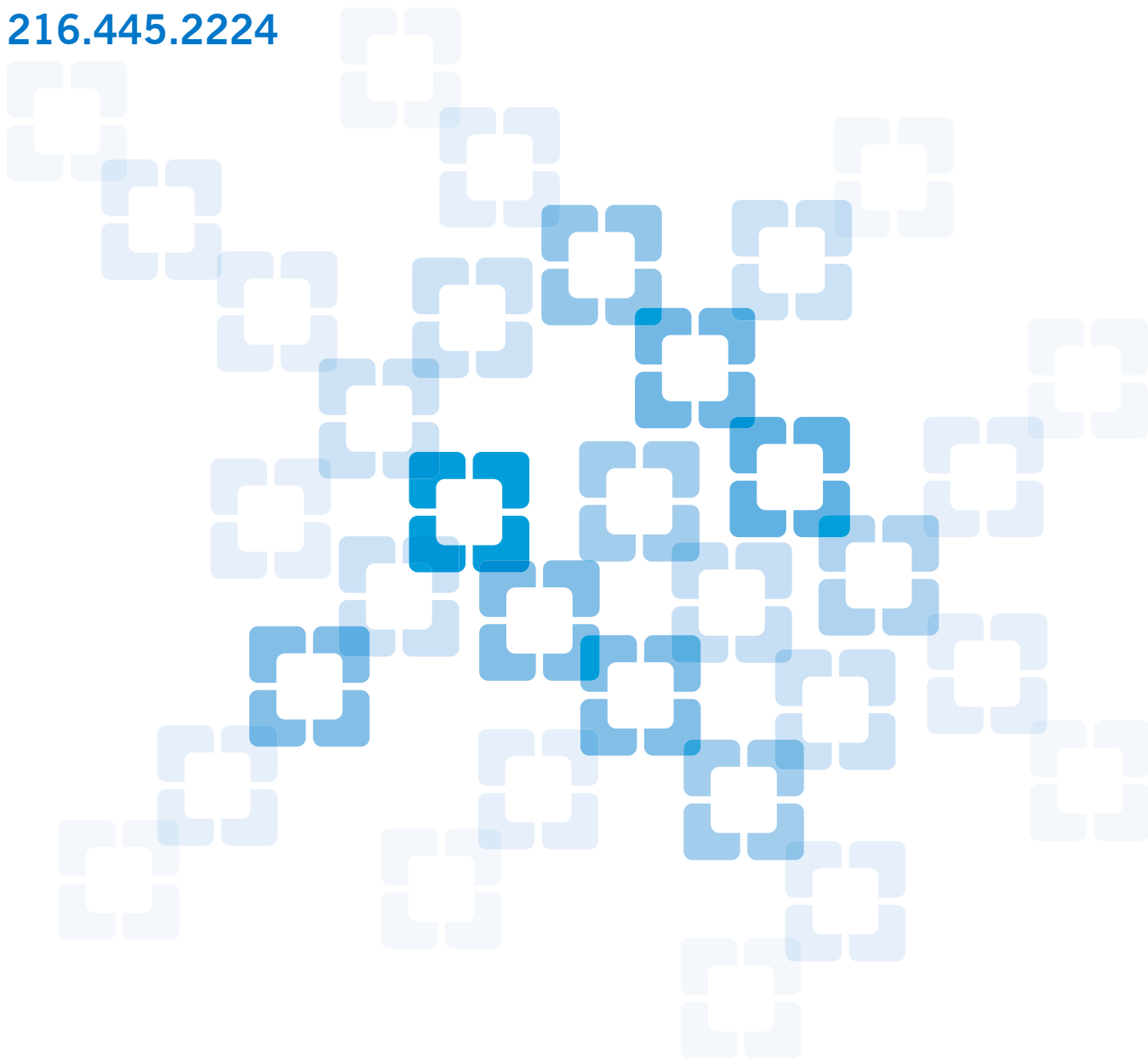


Cleveland Clinic

Bariatric and Metabolic Institute

Stronger Every Step: Your Metabolic and Bariatric Surgery Guide

216.445.2224



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1. Welcome to the Metabolic and Bariatric Surgery Program

› A Message from our Medical Staff

Cleveland Clinic Bariatric and Metabolic Institute (BMI)

Welcome to the Cleveland Clinic Metabolic and Bariatric Surgery Program

We're so glad you're here. Deciding to have Metabolic and bariatric surgery is a big step—and it takes courage. You are not alone. At Cleveland

Clinic's Bariatric and Metabolic Institute (BMI), we're here to support you every step of the way.

We understand that obesity is a complex disease that affects your whole life—your body, your health, and even how you feel about

yourself. It's not about willpower. Many of our

patients have tried multiple diets or weight loss plans that didn't work long-term.

Bariatric surgery is not an "easy fix," but it is a powerful medical tool that can help when other methods haven't worked.

Our team includes surgeons, doctors, nurses, dietitians, psychologists, and exercise specialists—all focused on helping you succeed. We work together to create a personalized plan that fits your needs. From your first visit to long after surgery, we are here for you.

You'll get:

- One-on-one care from experts in weight loss, nutrition, mental health, and more
- Support before, during, and after surgery
- Lifelong follow-up care
- Monthly support groups (on-line)
- Surgery performed with the most advanced tools and techniques



We are proud to be accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), meaning our program meets the highest national standards for safety and quality.

We also have specially designed spaces and equipment to meet your needs, including private hospital rooms and outpatient clinics that are welcoming and easy to access.

This guidebook will help you understand the full journey—what to expect before surgery, how to prepare, what recovery looks like, and how to stay on track for life.

You've already taken the first step by being here. If you have any questions, call us anytime at 216.445.2224. We're here to help.

2. Step by Step

- › Flow Sheet For Surgery

Flow Sheet For Surgery

Step by Step

We're here to walk with you through the bariatric surgery process. Each step below shows what to expect and how to move forward. Everyone's path is a little different, but you're in the driver's seat. We're always here if you need help or have questions.

Step 1: Register for the Program – If you have not done so already.

Start by signing up for the Cleveland Clinic Metabolic & Bariatric Surgery Program.

You can do this:

- Online: ClevelandClinicWeightLoss.com
- Or call us at 216-445-2224 to request a form.

The form includes a health questionnaire. Be sure to fill it out completely. It helps us create the best plan for you.

After you register, our team will check your insurance to see what's covered.

Step 2: Insurance Review

We'll check your insurance to see if bariatric (weight loss) surgery is included.

Every plan is different. Some may have extra steps or rules.

If your insurance doesn't cover surgery, you can ask about self-pay options by calling:

216-444-2998

STEP 3:

After your insurance is verified and we get your questionnaire, a scheduler will call you. You'll be set up for:

- A surgery consult
- A medical evaluation
- A nutrition visit
- A mental health check-in

Please sign up for MyChart to get messages and track your appointments.

You might need other tests or visits depending on your health.

Step 4: Insurance Approval

When all your visits and tests are done, we'll send your info to your insurance company. They will review everything and decide if surgery is approved. This step takes about 2–4 weeks.

Step 5: Schedule Your Surgery

Once insurance gives the OK, your surgeon's nurse will call to:

- Set your surgery date
- Book your pre-op visit

At your pre-op appointment, you'll meet with a nurse and your surgeon. They'll explain what to expect on surgery day.

Step 6: Surgery and Aftercare

You'll come to the hospital on surgery day (usually in the morning).

Most people stay in the hospital for 1–2 days and go back to work in about 4 weeks. Follow-up visits are very important! These help you stay healthy and on track with your new lifestyle.

3. Obesity/ Surgical Overview

- › Defining Obesity
- › Am I a Metabolic & Bariatric Surgery Candidate?
- › Metabolic & Bariatric Surgery Overview
- › Results and Benefits of Bariatric Surgery
- › Risks Surgery

Defining Obesity

Obesity is a common health condition in the United States. About one in three Americans is affected. Obesity has many causes. It may run in families and can be influenced by how and what we eat, our activity levels, and certain medical conditions. We now know that obesity is a chronic disease that usually requires long-term treatment.

For some people, low-calorie diets and exercise are helpful. But for many, these are hard to maintain long-term. Medications or surgery may be needed when other methods don't lead to lasting results.

Am I a Metabolic and Bariatric Surgery Candidate?

You may be a candidate for surgery if:

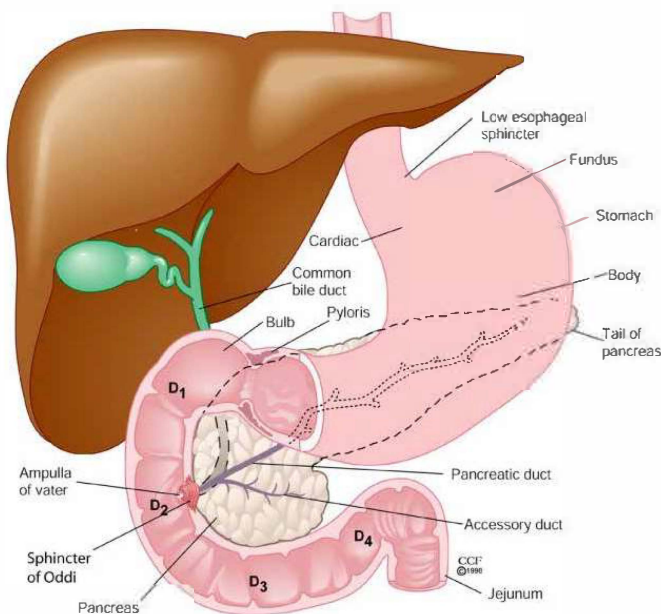
- You weigh more than 100 pounds over your ideal body weight
- You have a BMI (Body Mass Index) of 40 or higher
- You have a BMI of 35 or higher along with obesity-related health conditions (like diabetes, high blood pressure, or sleep apnea)
- You have not been able to lose weight and keep it off with diet and exercise

To check your BMI, visit clevelandclinicweightloss.com.

Bariatric Surgery Overview

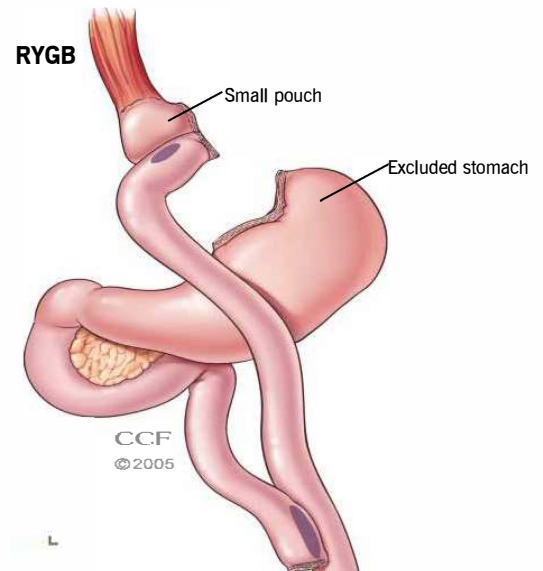
The Digestive Process

To better understand how Metabolic and Bariatric surgery works, it is helpful to know how the normal digestive process works. As food moves along the digestive tract, special digestive juices and enzymes arrive at the right place at the right time to digest and absorb calories and nutrients. After we chew and swallow our food, it moves down the esophagus to the stomach, where a strong acid and powerful enzymes continue the digestive process. The stomach, which is about the size of a football, can hold about three pints of food at one time.



Sleeve Gastrectomy (SG)

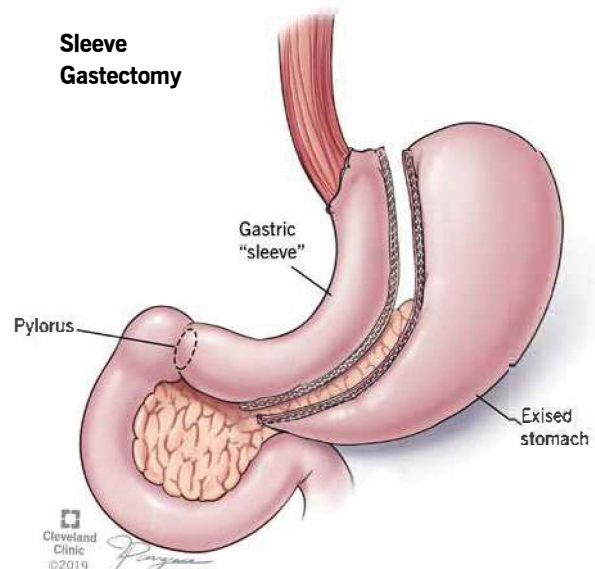
The Sleeve Gastrectomy (also known as Vertical Gastrectomy) removes about 75% of the stomach, leaving a narrow tube or "sleeve" through which food passes. No intestines are removed or bypassed, and no device or implant is placed. Sleeve Gastrectomy is also used as a first step for patients with very high BMI or high-risk medical conditions before they undergo a second surgery like a duodenal switch.



Roux-en-Y Gastric Bypass (RYGB)

RYGB is one of the most common types of bariatric operations. The surgeon begins by creating a small pouch by dividing the upper end of the stomach. This restricts food intake. Then, a section of the small intestine is attached to the pouch so food bypasses the duodenum and the first portion of the jejunum. The small intestine is reconnected about 150 centimeters from the pouch to allow food and digestive enzymes to mix.

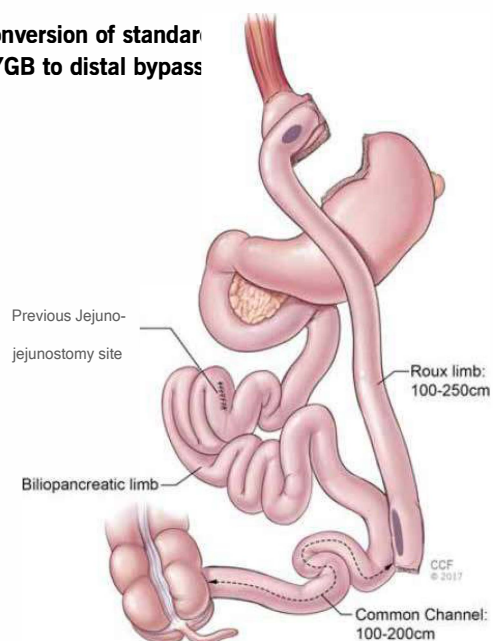
Sleeve Gastrectomy



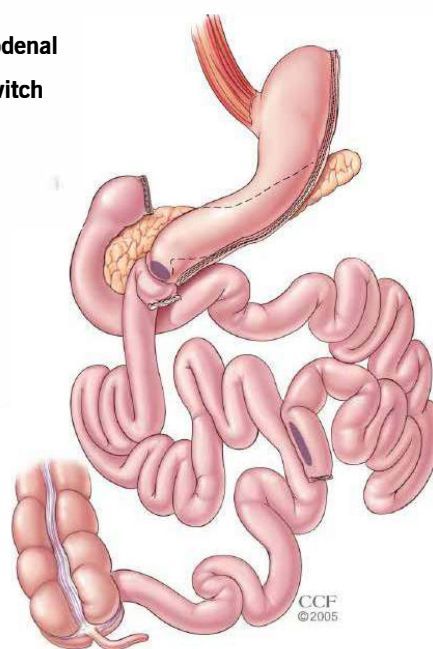
Duodenal Switch / SADI (Single Anastomosis Duodeno-Ileal Bypass with Sleeve Gastrectomy)

This procedure combines a sleeve gastrectomy with a single connection between the first part of the small intestine (duodenum) and a loop of the lower small intestine (ileum). This reduces the amount of food you can eat and the number of calories and nutrients your body can absorb. It is often recommended for patients with very high BMIs or for those needing a revision surgery. Because this procedure significantly reduces nutrient absorption, you must take lifelong vitamin and mineral supplements to avoid serious deficiencies.

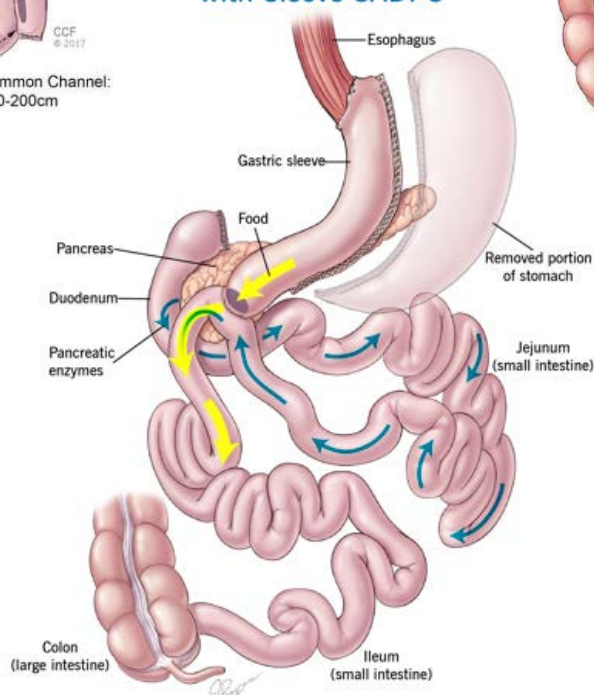
Conversion of standard RYGB to distal bypass



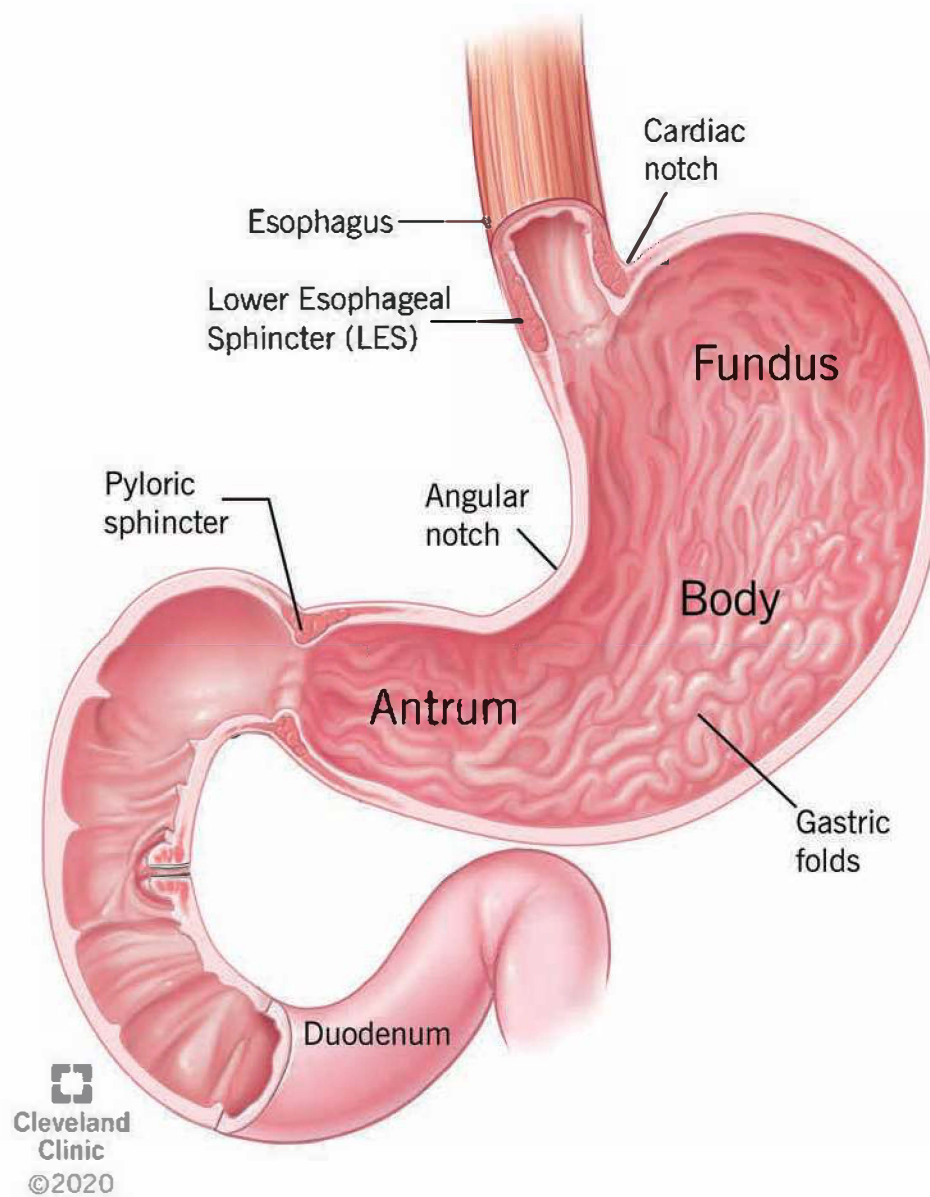
Duodenal Switch



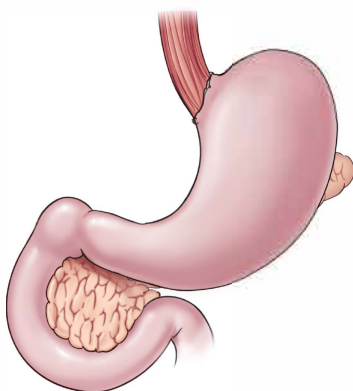
Single Anastomosis Duodeno-Ileal Bypass with Sleeve SADI-S



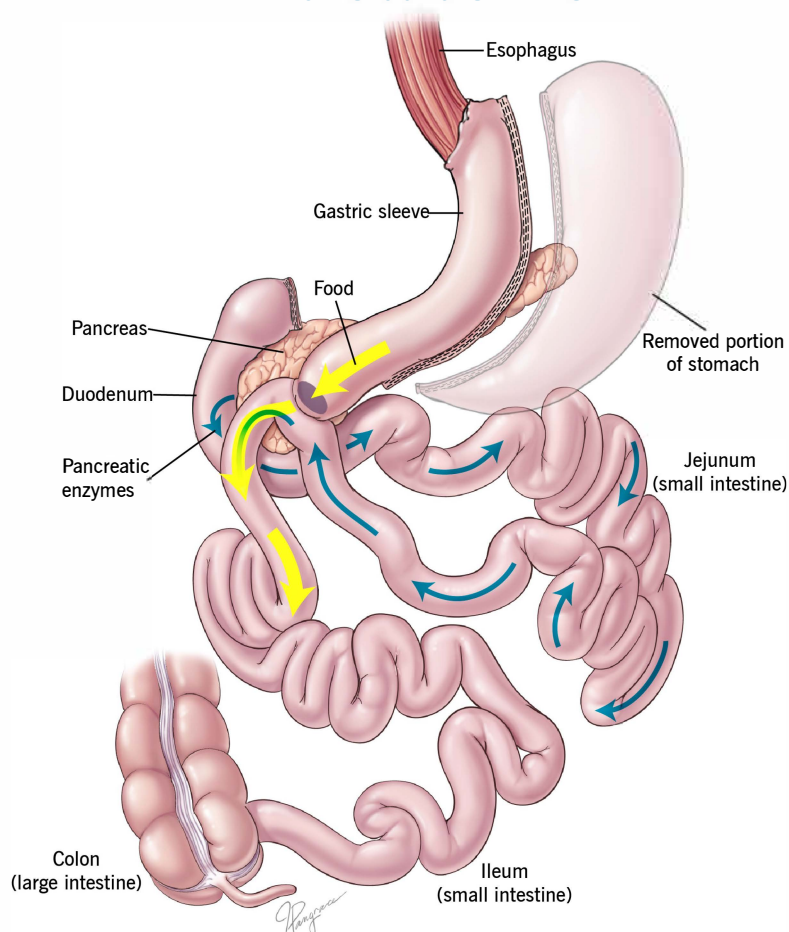
Gastrointestinal Anatomy



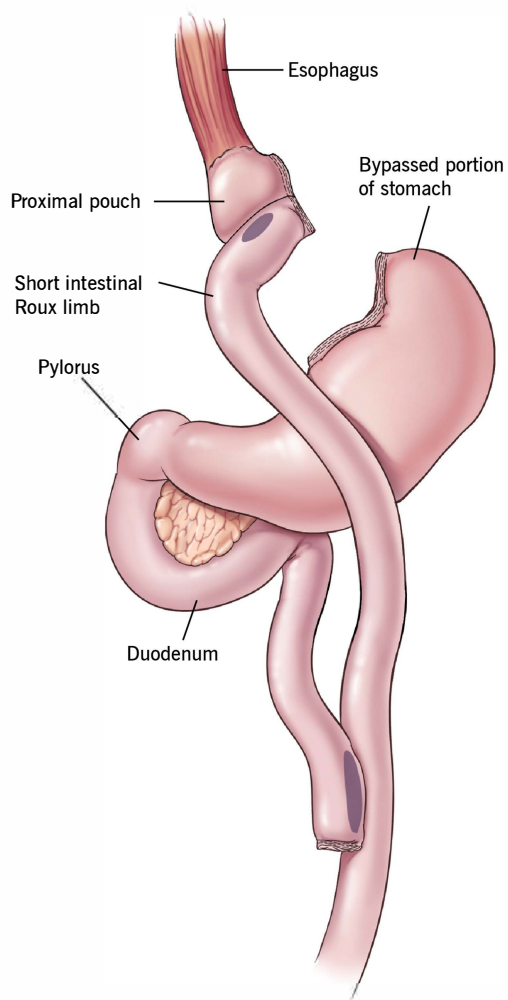
Normal Stomach



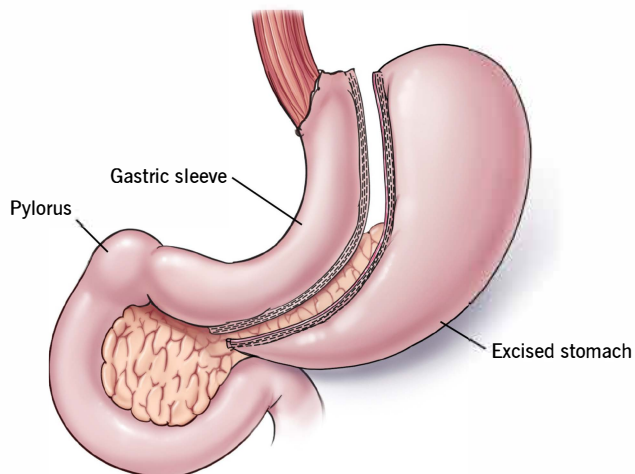
Single Anastomosis Duodenal-Ileal Bypass with Sleeve SADI-S



Roux-en-Y Gastric Bypass



Sleeve Gastrectomy



Results and Benefits of Metabolic & Bariatric Surgery

Results of Bariatric Surgery

Roux-en-Y Gastric Bypass - most patients will lose about 70 to 80 percent of their excess body weight. Substantial weight loss occurs 12 to 18 months after surgery; some weight regain is normal and can be expected at two to five years after surgery.

Sleeve Gastrectomy - most patients will lose 55 to 65 percent of their excess body weight in 12 months. Some long-term data suggests that most patients, after 5 years, maintain over 50 percent excess weight loss.

Benefits of Bariatric Surgery

In our section about the health consequences of severe obesity, we listed problems, or co-morbidities, that affect most of the organs in the body. Most of these problems can be greatly improved, or entirely resolved, with successful weight loss. Many people have observed this, at least for short periods, after a weight loss by dieting. Unfortunately, with dieting, such benefits usually do not last, because weight regain almost always occurs. Research has shown that the weight loss achieved with bariatric surgery can be maintained for years following surgery. We instruct patients in a very simple program, which is much easier to follow when one is not constantly deprived on a diet.

Potential Health Benefits of Bariatric Surgery

- **Improve survival**

There are 30 large studies that consistently show bariatric surgery is associated with improved survival and lower rate of death in patients with severe obesity compared with usual care.

- **Lower blood pressure**

About 7 out of 10 people with high blood pressure are able to stop their medication after bariatric surgery. Others may still need medicine, but often at a lower dose with fewer side effects.

- **Improvement or cure of diabetes**

If you have type 2 diabetes, weight loss surgery can help you feel better and manage your blood sugar. More than 8 out of 10 people with type 2 diabetes see big improvements after surgery. For many, their blood sugar levels return to normal within just a few weeks. Some people are even able to stop taking their diabetes medications, including insulin shots.

Keeping your blood sugar in a healthy range can help slow down or prevent serious problems from diabetes, like eye, kidney, or nerve issues.

People with "borderline diabetes" (also called pre-diabetes) often see their blood sugar return to normal after surgery too. This may help prevent full diabetes from developing in the future.

- **Heart Health**

Metabolic and bariatric surgery has been shown to improve heart health. Research now shows that it can lower the risk of heart disease—especially in people with type 2 diabetes. This is because surgery often helps improve key risk factors like high blood pressure, high cholesterol, and blood sugar levels. All of these changes work together to protect your heart.

- **Normal cholesterol**

More than 80 percent of patients will develop normal cholesterol levels within six months after the operation.

- **Asthma control**

Most patients with asthma find that they have fewer and less severe attacks, or sometimes none at all. When asthma is associated with gastroesophageal reflux disease, it is particularly benefited by gastric bypass.

- **Respiratory sufficiency**

Breathing and movement often get easier within a few months after surgery. Many people who had trouble walking before find they can join in on family activities—and even enjoy sports again.

- **Sleep apnea improves**

Sleep apnea often gets much better after bariatric surgery. Many people stop snoring and no longer need a breathing machine within a year. A follow-up sleep study can confirm if it's gone.

- **Resolution of gastroesophageal reflux disease**

Most people notice a big improvement in reflux or heartburn just a few days after Gastric Bypass surgery. Some feel complete relief. Sleeve surgery can also help with reflux symptoms, though results may vary. Your care team will help manage any ongoing symptoms.

- **Improvements in urinary stress incontinence**

This condition responds dramatically to weight loss and usually becomes completely controlled. A person who is still troubled by incontinence can choose to have specific corrective surgery later, with much greater chance of a successful outcome with a reduced body weight.

- **Improved low back pain, degenerative disk disease, and degenerative joint disease**

Many people feel relief from back, hip, or knee pain soon after surgery—often after losing just 25 to 30 pounds. While weight loss can ease pressure on joints, some pain may still remain if there's nerve or bone damage.

Risks of Bariatric Surgery

The current practice of bariatric surgery is extremely safe. Risk of complications after surgery is similar to gall bladder surgery, appendectomy and joint replacement.

What are the risks of Gastric Bypass surgery?

The more extensive the bypass operation, the greater is the risk for complications and nutritional deficiencies. Patients with extensive bypasses of the normal digestive process require not only close monitoring, but also lifelong use of special foods and medications.

Rare complications of gastric bypass surgery include bleeding requiring blood transfusion, leakage at the bowel connections or staple lines, ulcers in the stomach or small intestine, blood clots in the lungs or legs, persistent vomiting and abdominal pain, inflammation of the gallbladder, and failure to lose weight (very rare), long-term weight gain, bowel obstruction or twisting of the intestine ("internal hernia").

Near one-fifth of obese patients who have gastric surgery develop gallstones. Gallstones are clumps of cholesterol and other matter that form in the gallbladder. During rapid or substantial weight loss, a person's risk of developing gallstones increases. Gallstones can be prevented with supplemental medication (Ursodiol) taken for the first six months after surgery.

Up to 30 percent of patients who have Gastric Bypass surgery develop nutritional deficiencies such as Vitamin B12, calcium, Vitamin D deficiencies that can lead to anemia, osteoporosis and metabolic bone disease. These deficiencies can be avoided if vitamin and mineral intakes are maintained and monitored regularly.

Women of childbearing age should avoid pregnancy for 18 months to two years after surgery until their weight becomes stable because rapid weight loss and nutritional deficiencies during pregnancy can put the developing fetus at risk.

The risks of surgery should always be considered relative to the benefits. Patients should carefully consider all of the risks and benefits before electing to have this surgery.

What are the risks of Sleeve Gastrectomy?

There are risks that are common to any laparoscopic procedure such as bleeding, infection, injury to other organs, or the need to convert to an open procedure. There is also a small risk of a leak from the staple line used to divide the stomach. These problems are rare and major complications occur less than 1 % of the time.

Complications

Possible risks for bariatric surgery include, but are not limited to:

	COMPLICATION	DESCRIPTION
1	Allergic Reactions	Rashes or more serious symptoms from medications or materials used in surgery.
2	Anesthetic Complications	Problems from being put to sleep for surgery.
3	Bleeding	Rare but can require a transfusion.
4	Blood Clots	Can form in the legs or travel to the lungs.
5	Infection	Can occur at the incision site or internally.
6	Leak	Digestive fluids leaking from where tissues were joined.
7	Narrowing (stricture)	Narrowing where the stomach and intestine connect.
8	Dumping Syndrome	Can cause nausea, sweating, dizziness, or diarrhea.

>>continued

	COMPLICATION	DESCRIPTION
9	Bowel Obstruction	Scar tissue or twisting can block the intestines.
10	Minimally Invasive Surgery Risks	This surgery technique uses small incisions to enter the abdomen, which in rare cases can lead to injury.
11	Need for and Side Effects of Drugs	All medications have risks and can sometimes cause a variety of side effects.
12	Heart Events	This includes stroke, heart attack, and other problems related to surgery and anesthesia.
13	Loose Watery Stools	More common after malabsorptive procedures like SADI. This can often be managed by adjusting your diet fiber intake.
14	Hernia	Can form at the incision site or internally. occur after Gastric Bypass.
15	Hair Loss	Often temporary due to rapid weight loss or low protein.
16	Vitamin and Mineral Deficiencies	Can lead to serious health problems if not managed.
17	Complications of Pregnancy	Vitamin and mineral deficiencies can cause risks to the newborn and pregnant mother. Wait 18-24 months after surgery to become pregnant and make sure to take necessary vitamins during pregnancy.

>>continued

	COMPLICATION	DESCRIPTION
18	Ulcers	Gastric Bypass surgery has the risk of ulcers developing in the pouch, parts of the intestines, or bottom of the stomach. This can require medical treatment or surgery. Smoking and NSAID use can cause further complications such as chronic pain, bleeding, or even perforation.
19	Other	Major abdominal surgery has a variety of other unforeseen risks and complications that can occur both immediately or long after surgery.
20	Depression or Emotional Changes	Some people experience changes in mood.
21	Alcohol Use Disorder	These surgeries increase sensitivity to alcohol and some individuals develop problematic alcohol use afterwards. The best way to avoid this risk is to abstain from alcohol.
22	Death	Very rare (less than 1 in 1,000 patients), and risk is lower than many other surgeries.

4. Preparing for Metabolic and Bariatric Surgery

- › Behavioral Health Welcome
- › Behavioral Health Considerations
- › Exercise for the Bariatric Surgery Patient
- › Tobacco and Alcohol
- › Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Behavioral Health Welcome

Metabolic and Bariatric Surgery and Behavioral Health

Bariatric surgery is a life-changing procedure that brings many emotional, social, and physical changes. While it can be a powerful tool, success depends on how well you prepare and adjust your habits. To help you succeed, every patient in our program receives a behavioral health evaluation. This usually includes a one-hour interview and questionnaires about eating habits, weight history, stress, coping skills, and daily behaviors. Sometimes more visits are needed. Our behavioral health team will provide support before and after surgery. They'll work with you on things like eating patterns, coping with stress, quitting smoking, managing emotions, and adjusting to your new lifestyle. Many patients also benefit from joining support groups. If you have questions or concerns, please share them during your appointment. We're here to help you get the best outcome possible.

Behavioral Health Considerations

- **Surgery Is Just a Tool**

Bariatric surgery makes your stomach smaller, but it's still up to you to build healthy habits. Eating too often, choosing high-calorie foods like chips or milkshakes, or not staying active can lead to weight recurrence—even after surgery. Staying on track with your eating and movement helps you get the best results.

- **Eating Patterns Matter**

Some people may struggle with emotional or disordered eating before surgery. If these patterns continue after surgery, it can lead to weight recurrence over time. Getting support from a therapist or counselor can make a big difference and help you build healthier habits that last.

- **Making Surgery Work for You**

Bariatric surgery helps by making your stomach smaller—but long-term success depends on your choices. Eating high-calorie foods, snacking all day, or not staying active can lead to weight recurrence. Building healthy habits with food and movement is key to keeping the weight off and feeling your best.

- **Long-Term Success Takes Effort**

Bariatric surgery is a powerful tool, but it's not magic. If old habits return—like snacking all day, choosing high-calorie foods, or avoiding exercise—weight can come back. Staying mindful of your eating and staying active are key to keeping the weight off for good.

- **If you have an eating disorder before surgery, it may make weight loss harder and increase the chance of gaining weight back later.**

Conditions like Binge Eating Disorder or Night Eating Syndrome can lead to weight recurrence, especially if those eating habits continue after surgery. Getting help to manage these behaviors is important for long-term success.

Behavioral Health Considerations

- **Changing how you cope with stress can help you succeed.**

If you tend to eat when you're stressed or feeling down, it's important to find new ways to cope after surgery. People do better long-term when they use healthy habits—like walking, deep breathing, or hobbies—instead of turning to food for comfort.

- **Mental health matters when it comes to surgery.**

People living with obesity are more likely to have mental health concerns like depression. These issues can increase the chances of problems after surgery, including emotional struggles and less satisfaction with results. That's why it's important to treat and stabilize any mental health conditions before surgery. A mental health screening helps your care team support you better and lower the risk of complications later.

- **Substance use can become a concern after surgery.**

If you've had issues with alcohol or other substances in the past, surgery can increase the risk of relapse. After surgery, your body processes alcohol differently—you may feel drunk much faster, even with small amounts. Some people may even develop new problems with alcohol or drugs. Staying aware and getting support can help. The safest choice is to avoid alcohol and other substances altogether.

- **Most people feel better about their body after surgery.**

Losing weight can boost confidence and lead to a more positive outlook on life. But some people may feel upset about loose or sagging skin after weight loss.

- **Bariatric surgery can affect your relationships and work life.**

Many people notice changes—both good and bad—in their relationships after surgery. This can include partners, family, and friends. Some people also feel differently when they return to work, especially if they get more attention. Everyone reacts in their own way, and it's okay to have mixed feelings.

- **Surgery doesn't automatically boost self-esteem.**

Feeling good about yourself involves more than just weight loss. Your past experiences, mindset, and how you see yourself all play a role. Some people may struggle with self-image, especially if their weight starts to level off or go back up after surgery.

- **If you're receiving disability for obesity or a related condition, be prepared that this benefit may change after surgery.**

As your health improves, your eligibility for disability income could be re-evaluated. Planning ahead can help you feel more secure during this transition.

- **Behavioral health support can help you adjust to your new lifestyle.**

As you work toward better health, our team can help you:

- Understand how your thoughts and emotions affect your eating and activity habits.
- Identify and treat issues like depression, anxiety, or disordered eating.
- Create a plan to manage stress or challenges that might get in the way of your weight loss journey.

Preparation for Surgery

The Day Before Surgery

1. To find out your arrival time for surgery, your scheduler will call you in the afternoon the day before your surgery. If your surgery is scheduled for Monday, you will receive a call on Friday.
2. Do not wear jewelry, body piercings, make-up, nail polish/artificial nails, deodorant, lotion, perfume, hair pins, or contact lenses on the day of surgery. Please shower the night before and the day of surgery using your preoperative body wash as instructed below:
 - a. The evening before your surgery, take a shower using your preoperative body wash or Dial® soap as instructed. Do not apply to the face and head.
 - b. Do not shave the surgical area. You may shave your face, underarm, and legs.
 - c. Using a clean fresh towel, dry your body.
 - d. After washing, do not apply any lotions, powders, creams, or hair products.
3. Nothing to eat after midnight the day before surgery. However, you may have clear liquids up to 2 hours before arrival time.
4. If you have Sleep Apnea and have been prescribed a C-PAP machine, please bring your C-PAP machine, mask, and tubing with you to the hospital.

The Day of Surgery

1. Repeat the shower as you did the night before (repeat steps A-D). If you are unable to take two showers, a minimum of one is highly recommended, preferably on the morning of your surgery.
2. Medication - Please follow your doctor's advice. They may have advised you to take certain medications with sips of water on the morning of surgery.
3. After you have checked in, you will be prepped for surgery in the pre-op holding area. You will change into a hospital gown and an IV will be started. You will be transported to the surgery suite and your friends/family will be asked to wait in the waiting area. Your surgeon will call or visit the waiting area after the surgery is over to give an update to your waiting family/friends.

If you have any problems or questions, please call:

- Monday - Friday, 9:00 am - 5:00 pm:
216.445.2224
 - You will speak with the nurse triage.

Exercise for the Bariatric Surgery Patient

Exercise is the key to achieving weight loss before and after surgery. An exercise plan should begin gradually and increase as tolerated, being closely supervised by a doctor. Your exercise needs to begin before surgery and resume as soon as allowed after bariatric surgery.

A consistent exercise plan aids in reaching and maintaining an optimal weight loss as well as helping to:

- Tone your muscles
- Increase energy and metabolism
- Tighten loose skin caused by rapid weight loss
- Improves mood and self-esteem/relieves stress

Post surgery, fewer calories are consumed sometimes causing the body to react as if you are starving yourself. In search for more energy, the body can begin to burn muscle instead of fat. To prevent this, exercise needs to start as soon as possible to burn fat instead of muscle.

What exercise routine should you be following?

- **Pre-surgery**
Begin your activity regime at a slow pace. Start with light activity and work your way up - walking or aerobics. Low impact activity is still beneficial. Aim for at least 30 minutes of continuous activity 5-6 times per week.
- **Hospital Stay**
You will need to get up and walk. This will help you feel better and get you on the right track for going home.

- **Initiation Stage: Home After Surgery: Week 1-4**

Start slow again. Walk around the house or use stairs as tolerated. You are just beginning to heal so light activity is recommended.

- **Advancement Stage: Week 5-6**

Make sure your surgeon has approved you to increase your activity/exercise. Start slowly with low impact exercise - stationary bike, treadmill and/or housework.

- **Maintenance/Lifestyle Modification Stage: Week 7 and on**

Increase activity/exercise, any activity that will elevate your heart rate to 120 or greater, on a regular basis - long-term goal should include:

- **Cardio**

Can include treadmill, stationary bike, jogging, fast walking, swimming, tennis:

30 minutes, of moderate intensity
five times a week

OR

150 minutes a week

OR

10,000 steps daily

AND

- **Muscle Strengthening (weights or bands):**

At least 2 nonconsecutive days a week

Recommendations are based on The American Medical Society for Sports Medicine Guidelines for routine exercise. www.amssm.org

Exercise Physiology Services: Once cleared by your surgeon, you can schedule personalized sessions with our Exercise Physiology team. Call 216-442-0331 to make an appointment.

Tobacco and Alcohol

Tobacco

Patients are required to stop smoking prior to surgery and permanently avoid all tobacco products (e.g., cigarettes, cigars, chewing tobacco, hookah, e-cigarettes, vaporizers, nicotine patches/gums). Depending on the surgical procedure, patients must quit all nicotine products from one to six months before surgery is scheduled. A series of negative nicotine screens are required to verify abstinence.

Smoking Effects:

- Impedes proper lung function.
- Increases risk of pneumonia post-op.
- Reduces circulation by constriction.
- Inhibits healing of surgical sites.
- Increases risk of blood clots (DVT)
- Stimulates production of stomach acid.
- Increase risk of ulcer formation.

The Cleveland Clinic Tobacco Treatment Center can be reached at 216.444.8111. For additional information call Ohio Quit Line at 1.888.Quit.Now (1.800.784.8669).

Alcohol

Excessive use of alcohol may substantially increase operative risks or may result in cancellation of surgery.

Post-operative alcohol use the first six months should be completely avoided while your surgical sites are healing. Alcohol can cause gastric irritation and lead to ulcer formation. Your tolerance for alcohol will dramatically change after surgery. Use caution with alcohol consumption, as a few sips can be highly intoxicating. It will also take longer to metabolize alcohol. One drink after gastric bypass surgery puts you above the legal level of intoxication (0.08). Bariatric surgery is related to increased risk of developing an alcohol use disorder, even if you did not have problems with drinking before surgery.

Finally - alcohol is high in calories, may cause "dumping syndrome" and can interfere with weight loss and/or maintenance.

We do not recommend use of alcohol after bariatric surgery. If you choose to drink alcohol after the six month recovery period, limit yourself to one or less. Never drive if using alcohol after bariatric surgery.

STOP!

The use of NSAID medications (non-steroidal anti-inflammatory drugs) is a high risk for developing stomach ulcers after weight loss surgery for life. The list below contains common NSAIDs, but are not limited to:

Advil*	Azolid	Feldene	Nalfon	Tolectin
Aleve	Bextra	Ibuprin	Nalfon 200	Tolectin 600
Amigesic	Bufferin	Ibuprofen*	Naprapac	Toradol*
Anacin	Butazolidin	Indocin	Naprelan	Uracel
Anaprox	Cataflam	Indocin SR	Naprosyn*	Vicoprofen
Anaprox DS	Celebrex*	Indo-Lemmon	EC-Naprosyn	Voltaren*
Ansaid	Clinoril	Indomethagan	Nupin	
Arthrotec	Combunox	Lodine	Oruvail	
Ascriptin	Darvon	Lodine XL	Pamparin IB	
Aspirin*	Daypro	Meclomen	Percidan	
	Disalcid	Meloxicam*	Ponstel	
	Dolobid	Micraomom	Relafen	
	EC Naprosyn	Midol IB	Rexolate	
	Ecedrin	Mobic	Tab-Profen	
	Ecotrin*	Motrin*	Tandearil	
		Motrin IB*		

* = common brands

Note: This is especially for gastric bypass patients. For those undergoing other procedures (i.e. sleeve gastrectomy, duodenal switch) you may be able to begin anti-inflammatory medications a few weeks after surgery with your surgeon's permission.

Non-Steroidal Anti- Inflammatory (NSAIDS)

Please ask your surgeon about Non-Steroidal Anti- Inflammatory (NSAIDS).

Stop TWO WEEKS prior to weight loss surgery.

Non-Steroidal Anti- Inflammatory (NSAIDS) have been linked to cause stomach ulcers after weight loss surgery.

List of Medications Associated with Bleeding or Ulcers:

Non-Steroidal Anti-Inflammatory (NSAIDS)

Advil	Indocin SR
Aleve	Lodine
Anaprox	Lodine XL
Ansaid	Motrin
Aspirin (Including Excedrin, Bufferin)	Naprelan
Bextra	Naprosyn /EC-Naprosyn
Cataflam	Orudis
Celebrx	Relafen
Clinoril	Tolectin
Daypro	Toradol
Feldene	Vioxx
Ibuprofen	Voltaren
Indocin	

5. Nutritional Guidelines

- › Preparing for Bariatric Surgery with a Healthy Diet
- › The Importance of Protein
- › Required Vitamin and Mineral Supplements
- › Post-Surgery Diet Phases

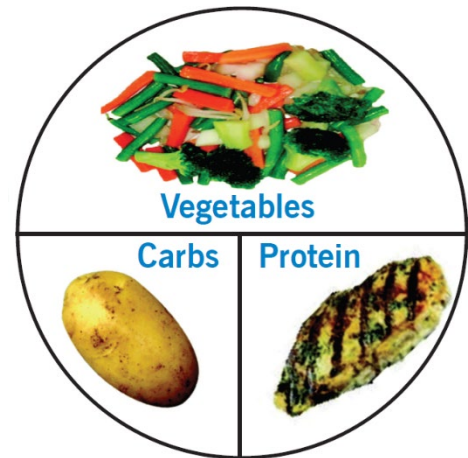
Preparing for Bariatric Surgery with a Healthy Diet:

Bariatric surgery is a life-changing tool to help achieve a healthier weight and lifestyle, but success starts *before* surgery. Developing healthy eating habits now will prepare your body for surgery and also set you up for long-term success.

Healthy Plate Guidelines

Follow a balanced approach to meals to ensure proper nutrition while managing portion sizes. Use the **healthy plate model**:

- **Protein:** Choose lean sources like chicken, turkey, fish, eggs, low-fat dairy, tofu, or beans. Fill $\frac{1}{4}$ of your plate with protein. This is around 20-30 grams of protein per meal.
- **Non-Starchy Vegetables:** Choose veggies like broccoli, spinach, carrots, green beans, and zucchini. Fill half your plate with vegetables.
- **Complex Carbohydrates ("Carbs"):** Choose whole grains, beans, and starchy vegetables, like quinoa, brown rice, sweet potatoes, oats, chickpea pasta. High fiber starches should fill $\frac{1}{4}$ of your plate or about 1 cup serving.



Limit/Avoid:

- Highly processed foods (chips, packaged and frozen snack foods).
- High-fat foods (fried items, fatty cuts of meat, processed meats).
- Sugary foods and beverages (desserts, candy, cookies, soda, juice).

Hydration Tips

Staying hydrated is very important! Drink at least **64 oz of fluids daily**.

- **Choose:** Water, herbal teas, decaf coffee, sugar-free drinks or flavor packets, diet juice
- **Avoid:** Caffeine, carbonated drinks, sugary drinks, and alcohol. Gradually wean off these before surgery.

Practice Mindful Eating

Bariatric surgery changes how your body digests food. Practicing these habits now will help your body adjust:

1. **Eat Slowly:** Take small bites. Savor your food.
2. **Chew Thoroughly:** Chew each bite 20–30 times until it's soft and easy to swallow.
3. **Separate Eating & Drinking:** Wait 30 minutes before and after meals to drink liquids.

Act Now

- Keep a food journal to track your progress.
- Prepare balanced meals.
- Control portions.
- Plan meals and snacks in advance.
- Schedule regular check-ins with your dietitian for help.

The Importance of Protein:

What is protein?

Protein is the building block for all the tissues in the body. This includes bone, muscle, organs, and even hair and skin. Protein helps the body work properly. It is essential for healing. After bariatric surgery, protein is even more important to prevent muscle loss and maintain a healthy weight.

Your protein goal is: _____

Protein Foods

The best protein sources are low in saturated fat and calories. This will support weight loss as well as your overall health.

Choose:

- Chicken and turkey
- Fish and seafood
- Lean red meat from beef, pork, venison, bison, goat, lamb
- Eggs
- Low-fat dairy such as Greek yogurt, labneh, cottage cheese, milk, and cheese
- Plant proteins such as tofu, seitan, tempeh, nutritional yeast
- Nuts or nut butters
- Beans or lentils

Limit or avoid:

- High fat cuts of red meat: lamb, ribeye, prime rib, pork belly, and bacon
- Processed meats: sausage, hot dogs, salami, pepperoni, and bologna
- Dark meat poultry: poultry with skin, wings, and thighs
- Full-fat dairy: Whole milk, full-fat cheeses, cream cheese, and sour cream

Protein Supplements

Protein Supplement

Types:

- Powders
- Ready to drink

shakes

- Bars

Protein Source:

Animal and plant-based protein supplements are both good options. Some examples include:

- Whey
- Casein
- Pea
- Hemp
- Soy

Do not use collagen as your sole source of protein. It is not a “complete protein.” A single serving of a protein supplement should contain:

- 15-30 grams of protein
- Less than 200 calories
- Less than 5 grams of sugar

Tips:

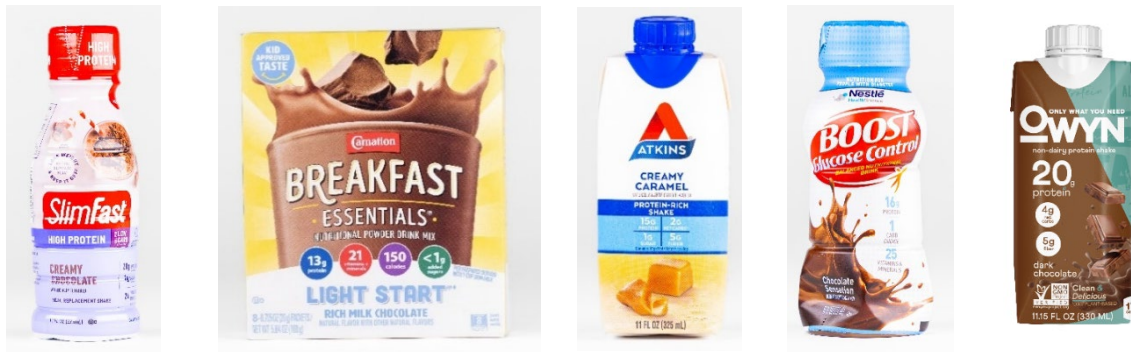
- Avoid protein supplements with caffeine during the pre-op liquid diet and for at least 3 months after surgery.
- Always read the label for protein powders. This will tell you what liquid to mix the powder with, and how much liquid to use. This will ensure you are getting the correct calories and nutrition.
- Some protein powders contain sugar alcohol, which may cause abdominal discomfort for some people. Check the ingredient list if you choose to avoid sugar alcohol.
- If you are lactose intolerant, choose products that are lactose free or suitable for lactose intolerance.
- Try an unflavored protein powder mixed into foods to help boost protein intake.
- Clear protein beverages are also a good option if you do not prefer a “milky” texture.

Pre-Surgery Liquid Diet

A liquid diet before bariatric surgery will make your liver smaller. This allows better access for the surgeon, which makes your surgery safer. Your dietitian will tell you how long to follow the diet.

Most people will follow a full liquid diet. Choose only from the shakes below and drink the listed amount. This will provide you with the right calories and protein. Do not add solid foods. Talk to your dietitian before you start if you have questions.

- 4 ½ bottles per day Slim Fast High Protein
- 5 ½ packets per day Carnation Breakfast Essentials Light Start mixed with 8 oz of fat free, 1% or soy milk
- 5 cartons per day Atkins (15 gram protein version)
- 4 ½ bottles or cartons per day Boost Glucose Control
- 4 ½ bottles or cartons per day OWYN protein (20-gram protein & 170-180 calorie version)



Tips

- Take a Super B or B-100 Complex supplement daily with 75-100 mg of thiamin.
- Drink at least 64 fluid oz daily of clear liquids that are sugar free and decaffeinated.
Options:
 - Water
 - Decaf coffee and tea (no added sugar, milk or cream)
 - Broth (beef, chicken, vegetable, seafood, bone)
 - Sugar-free electrolyte drinks
 - Sugar-free Jello and popsicles (no pieces of solid fruit)
 - Diet juice (no pulp)
 - Flavored water such as Crystal Light or Propel
- Read nutrition labels to be sure drinks have less than 5 grams of sugar per serving
- Sugar alternatives such as Stevia and Splenda are okay to use

You may be asked to follow a different pre-surgery diet. Work closely with your dietitian to ensure you are following the diet correctly.

Required Vitamin and Mineral Supplements:

The body does not absorb nutrients as well after bariatric surgery. You will need to take vitamin and mineral supplements for life to stay healthy.

- Work closely with your health care team to make sure you are taking the correct dose. Supplement needs may be different depending on:
 - the type of surgery you have
 - whether you are pregnant
 - if you have a history of nutrient deficiency
 - if you have certain health conditions
- Products can be purchased at pharmacies and health stores.
- Always read the label to make sure you are taking the correct dose.
- Taking a bariatric supplement brand allows you to take fewer supplements and can cost less.
- NO single product will contain everything you need.
- No single vitamin or mineral will contain everything you need, so you will need to take more than one dose per day.
- Avoid patches and gummy textured supplements. These do not absorb well,
- Below is a list of companies that sell bariatric supplements:
 - Bariatric Fusion / www.bariatricfusion.com
 - Bariatric Advantage / www.bariatricadvantage.com
 - Celebrate Vitamins / www.celebratevitamins.com
 - Procure Health / www.procurenw.com
 - Bariatric Choice / www.bariatricchoice.com
 - Bariatric Pal / www.store.bariatricpal.com/
 - BariLife / www.barilife.com
- The following chart shows exact doses recommended:

Type of vitamin/mineral	Daily Dose for SG or RNY	Daily Dose for BPD/DS, SADI, or Distal Bypass
Vitamin B1 (thiamin)	At least 12 mg	At least 12 mg
Folic acid	400-800 mcg	400-800 mcg
Vitamin B12	350-1,000 mcg	350-1,000 mcg
Vitamin A	5,000-10,000 IU (1,500-3,000 mcg)	10,000 IU (3,000 mcg)
Vitamin D	3,000 IU (75 mcg)	3,000 IU (75 mcg)
Vitamin E	15 mg	15 mg
Vitamin K	90-120 mcg	300 mcg
Copper	LSG: 1 mg; RYGB: 2 mg	2 mg
Zinc	LSG: 8-11 mg; RYGB 8-22 mg	16-22 mg
Iron	18-60 mg*	18-60*
Calcium citrate	1,200-1,500 mg**	1,800-2,400 mg**

* Low risk patients (males and patients without a history of anemia) need 18 mg of iron from their multivitamin. Higher risk patients (menstruating females who have had SG, RNY, or BPD / DS or those with anemia) need at least 45-60 mg of iron daily.

** Take calcium citrate in divided doses and at least 2 hours apart from iron

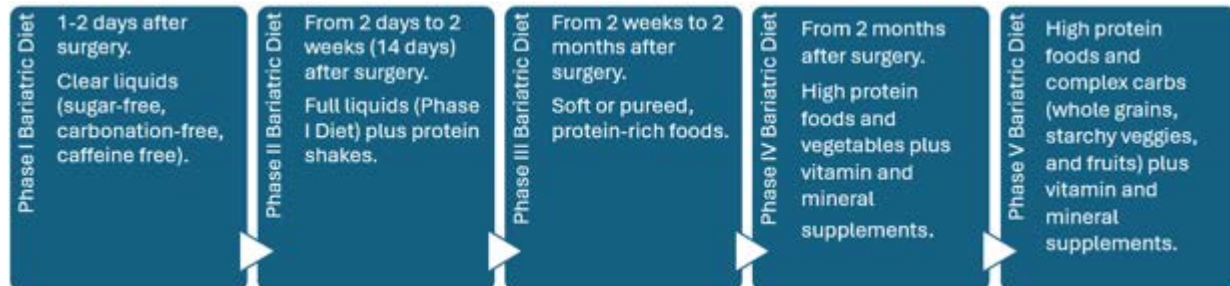
Taking the recommended supplements daily for life after surgery can help:

- Prevent nerve problems
- Support energy levels
- Reduce risk of bone fractures
- Prevent muscle and joint pain or weakness
- Protect vision and prevent night blindness
- Reduce hair loss or skin changes

Reference: <https://www.cdrnet.org/vault/2459/web/Mechanick%202019%20Guidelines%20-%20CSOWM.pdf>

Post-Surgery Diet Phases

Gradually advancing your diet after surgery will help you heal and tolerate food better. The guide below outlines the progression for most people following bariatric surgery. Eating and tolerance of foods typically becomes easier over time.



PHASE I: Clear Liquids

This will last 1-2 days post-surgery. This includes:

- Water
- Decaf coffee and tea (no added sugar, milk or cream)
- Broth (beef, chicken, vegetable, seafood, bone)
- Sugar-free electrolyte drinks
- Sugar-free Jello and popsicles
- Diet juice (no pulp)
- Flavored water such as Crystal Light or Propel

Tips:

- Sip slowly.
- Drink consistently.
- Drink at least 64 ounces of fluid daily.
- Avoid extreme temperatures of too hot or cold.

Do not drink:

- Caffeine
- Carbonated beverages
- Milk or milk alternatives

Phase II: Full Liquids

This will last until you are 2 weeks (14 days) post-surgery. This includes:

- Clear liquids from Phase I
- Protein shakes and powders

- Clear protein waters

Tips:

- Drink at least 64 fluid ounces daily.
- Drink at least 60 grams of protein daily from protein shakes.
- Take a Super B or B-100 complex supplement daily.
- Always keep fluids with you at home and when you leave the house.
- Drink fluids all day long.
- You may not feel thirsty after surgery. Create a schedule and set alarms to remind you to drink.
- Sip slowly. Avoid gulping. This will help prevent discomfort and bloating.
- Track your intake on paper or using an app to help you track how much you drink.
- Consume no solid food.
- Stop drinking when you feel full.
- Follow the “30-Minute-Rule” for fluid intake: Wait 30 minutes before and after a protein shake to drink other fluids.
- Do not use milk as a substitute for protein shakes. Milk does not have enough protein per serving.
- Due to possible changes in taste and smell, try a variety of flavored or unflavored protein supplements.
- Protein shakes with 30 grams or more of protein may be difficult to tolerate due to thicker consistency.
- You may use low fat milk, unsweetened milk alternatives, or water to mix the protein shake if it is powder-based. Read the product’s label as this may change the nutrient content.

Avoid:

- Caffeine (Coffee flavored protein shakes often contain caffeine, avoid until at least 3 months post-op)
- Carbonation
- Alcohol

Sample Menu:

- Morning: Decaffeinated coffee or tea with Stevia
- Breakfast: Protein shake with 20 grams of protein
- Midmorning: 8 oz water or Crystal Light
- Lunch: Protein shake with 20 grams of protein
- Midafternoon: 8 oz chicken broth
- Dinner: Protein shake with 20 grams of protein
- Evening: Sugar-free popsicle or Jello

Exercise:

- Increase physical activity as tolerated and directed by your surgeon.

Phase III: Soft, High Protein Foods

This phase starts no sooner than 2 weeks post-surgery. This phase lasts until you are at least 8 weeks post-surgery.

This includes:

- Clear liquid and protein supplements from Phase I & II
- High protein foods that are soft and tender. See chart below.

Below are recommended foods during Phase III:

Fish	Soft and flaky fish such as salmon, tilapia, cod, tuna, whitefish, haddock, seabass, flounder, catfish, perch, sole, herring, and trout
Shellfish	Scallops, lobster, shrimp, crab
Dairy	Greek yogurt, high protein yogurt beverages, cottage cheese, ricotta cheese, farmer's cheese, and other types of cheeses *Choose reduced fat and no-sugar added dairy *Avoid yogurt with solid pieces of fruit or other food items such as granola
Eggs	Eggbeaters®, egg whites or whole eggs: boiled, scrambled, baked, poached (avoid fried or undercooked eggs), Egglife Wraps®
Poultry	Turkey, chicken, game hen, duck breast, deli such as roast turkey breast or chicken breast
Legumes	Dry or canned beans such as black, brown, kidney, navy, white, mung, chickpeas or garbanzo beans; split or black-eyed peas; red, brown, and green lentils; hummus or other pureed beans; Just Egg®
Nut spreads	Smooth or creamy nut or seed butters such as peanut butter or sun butter Powdered peanut butter such as PB2®
Soy	Tofu, edamame or soybeans, soy burger, soy-based yogurts
Red Meat	Red meat can be difficult to digest after surgery. This includes beef, lamb, goat, venison, bison and pork. Some people can tolerate low fat options such as 90% lean ground beef, deli roast beef, or ham

Tips:

- Drink at least 64 fluid ounces daily.
- Gradually increase protein until you reach your protein goal daily.
- Begin taking the recommended bariatric supplements.
- Follow the "30-Minute Rule" for fluid intake: Do not drink during your meal. Wait 30 minutes before and after you eat food to drink fluids.
- Low protein intake can lead to problems such as:

- fatigue
- loss of lean body mass
- increased risk of infection and other illnesses.
- Aim to eat 4-6 small meals per day instead of 3 large meals. This will help avoid overwhelming your smaller stomach.
- It is okay to continue using protein supplements as needed to help reach your protein goal.
- Try only one new food at a time to test your tolerance.
- Add moisture from low sodium broths or low-fat dressing.
- Food should be lean and tender. This makes them easier to chew.
- Use moist cooking methods.
 - Boiling, baking, sautéing, poaching, stewing, or braising
- Eat slowly by placing your utensil down between each bite. Stop eating as soon as you start to feel full.
- Use small plates and bowls.
- Cut meat into very small pieces.
- Chew very carefully and thoroughly.
- Fish and poultry that are canned or in pouches may be better tolerated.
- Puree foods only if you have a difficult time tolerating them.

Avoid:

- Fried foods
- Breadcrumbs or flour products
- Spicy food
- Soups
- Dry or overcooked meats
- High fat meats like pork bacon/sausage, hot dog, salami, pepperoni, bologna, poultry skin
- Vegetables
- Fruits
- Starches

Phase III Breakfast Ideas:

- Greek yogurt mixed with creamy nut butter
- Scrambled egg topped with cheese
- Egg white omelet with diced ham
- Turkey or chicken sausage with boiled egg
- Cottage cheese egg bites *recipe below
- Smoked salmon with farmers' cheese
- "Proffee" protein shake mixed with decaf coffee
- Chocolate peanut butter shake *recipe below

Phase III Lunch and Dinner Ideas:

- Egg salad, tuna salad, chicken salad, or crab salad made with light mayonnaise

- Shrimp cocktail
- Shredded chicken topped with beans, cheese and Greek yogurt
- Pinwheels made with Egglife wrap, cheese, and choice of lean deli meat
- Grilled, baked or poached fish
- Quesadilla made with Egglife wrap, cheese, and beans
- Turkey chili * recipe below
- Meatloaf or meatballs made without bread products
- Tofu or turkey burger (no bun)
- Ricotta cheese bake * recipe below

Phase III Snack Ideas

- Reduced fat cheese stick
- Boiled egg
- Cottage cheese
- High protein yogurt beverage
- Turkey or ham and cheese roll up
- High protein pudding * recipe below

Recipes:

Cottage Cheese Egg Bites

Recipe makes 12 egg bites

Ingredients:

- 9 large eggs
- $\frac{3}{4}$ cup cottage cheese
- Salt and pepper to taste
- *Optional add ins: shredded cheese, diced ham, turkey, or chicken sausage*

Instructions

1. Preheat oven to 350 degrees F.
2. Line a regular muffin tin with paper liners and spray with cooking spray.
3. Place eggs, cottage cheese, salt and pepper in a blender and blend until smooth.
4. Pour mixture evenly into prepared muffin tins.
5. Add a sprinkle of the optional add ins if desired.
6. Bake for 22 minutes.

Chocolate Peanut Butter

Shake Ingredients:

- 1 cup skim milk
- 1 scoop chocolate protein powder
- 1 tablespoon smooth peanut butter (or alternative nut spread)
- 1 cup ice cubes

Instructions

1. Place everything in a blender and blend until smooth.
2. Top with cinnamon if desired.

Turkey

Chili

Ingredients:

- 1 lb ground turkey
- 1.5 Tbsp chili powder
- 1 tsp cumin
- 1/2 tsp onion powder
- 1/2 tsp garlic powder
- 1 can 28 oz can crushed tomatoes
- 1 cup chicken broth
- 1 can kidney beans rinsed and drained
- Salt and pepper to taste

Instructions

1. Cook turkey in a large pot on medium heat until browned.
2. Add spices and mix with turkey.
3. Stir in crushed tomatoes and broth, bring to simmer for ~15-20 minutes.
4. Mix in kidney beans and serve warm.
5. Optional: top with shredded cheese or Greek yogurt if desired.

Baked Fish with Lemon and Olive Oil

Recipe makes 4 servings

Ingredients

- 4 cod fillets, approximately 4 ounces each (or other fish of choice)
- 1 Tbsp freshly squeezed lemon juice
- 1 Tbsp olive oil
- 1 tsp garlic powder
- 1/2 tsp dried herb such as thyme, parsley or dill
- 1/4 tsp sweet paprika

Instructions

1. Preheat the oven to 400 degrees F.
2. Arrange the fish in a baking dish.
3. Drizzle fish with lemon juice and olive oil.
4. Sprinkle with garlic powder, herbs, and paprika.
5. Bake for about 10-15 minutes depending on how thick the fillets are.

Protein Pudding

Ingredients:

- 11 fl oz ready to drink protein shake of choice
- 1 package of sugar free pudding mix

Instructions

1. Empty dry pudding packet into a bowl.
2. Stir in protein shake.
3. Whisk or use a mixer until smooth.
4. Refrigerate for at least 30 minutes before serving.

Phase IV: High Protein Foods & Vegetables

This phase begins 8 weeks post-surgery if Phase III is well

tolerated This includes:

- Clear liquid and protein supplements from Phase I & II
- Phase III soft, protein foods and non-starchy vegetables

Tips:

- Drink at least 64 fluid ounces daily.
- Consume your recommended protein goal daily.
- Continue to take the recommended bariatric supplements.
- Eat the protein on your plate first. Then, eat your vegetables.
- Avoid starchy vegetables like corn, potatoes, sweet potatoes, peas, plantain, or cassava.
- Begin with softly cooked vegetables before trying raw. Raw vegetables are harder to digest.
- Avoid fibrous stalks of vegetables such as broccoli, asparagus, celery, or the rib of romaine and kale.
- Slowly increase your variety of vegetables.
- Include raw vegetables only after you have tolerated cooked vegetables for 1-2 weeks.
- Begin with softer raw vegetables. Try broccoli florets, Bibb lettuce, or butterhead lettuce.
- Removing seeds and peels may help you tolerate the food better..
- Chew vegetables well. Swallow only once it is a pureed texture.
- If you have trouble with gas, either avoid these vegetables or cook them well
 - Broccoli, cauliflower, cabbage, onions, garlic or Brussels sprouts
- Follow the "30-Minute Rule" for fluid intake: Do not drink during your meal. Wait 30 minutes before and after you eat food to drink fluids.

Phase V: High Protein Foods, Vegetables & Complex Carbs

This phase typically begins 6 months post-surgery or at the recommendation of your dietitian. This includes:

- Clear liquids and protein supplements from Phase I & II
- High protein foods and non-starchy vegetables
- Complex carbs like fruit, whole grains, beans, and starchy vegetables

Complex carbs are digested more slowly. This makes them a healthier choice than simple carbs. They can reduce a blood sugar spike, especially when part of a balanced meal that includes protein and healthy fats. These unrefined grains have higher amounts of vital nutrients and fiber which can keep you full longer and support overall health. Examples include:

- 100% whole grain bread, pasta, wraps, crackers
- Brown or wild rice
- Quinoa
- Oats

- Bulgur
- Barley
- Sorghum
- Beans and lentils
- Baked white or sweet potato
- Corn
- Peas

Avoid simple or refined carbs as these can be high in calories but lack vitamins, minerals, and fiber. They are also not very filling, making it easier to overeat. Examples of simple carbs to avoid include:

- Products made with white flour: bread, cereal, pasta, wraps, crackers, pancakes, waffles
- Baked goods: cookies, muffins, cakes/cupcakes, and other pastries
- Food or beverages made with simple sugars such as soda, juice, candy, ice cream, and chocolate
- Condiments such as ketchup, barbecue sauce, jelly, syrups, salad dressings. Review nutrition labels to find low sugar options.

Tips:

- Eat the protein on your plate first, then vegetables, then complex carbs.
- Follow the "30-Minute Rule" for fluid intake: Do not drink during your meal. Wait 30 minutes after you eat food to drink fluids.
- Always eat consistently. Have breakfast, lunch, and dinner daily.
- Drink at least 64 fluid ounces daily.
- Consume your recommended protein goal daily.
- Continue to take your bariatric supplements.

6. After Metabolic and Bariatric Surgery

- › **Hospital Post Op**
- › **Discharge Instructions**
- › **Text Message Enrollment**
- › **Help Card**
- › **Things to Remember for a Lifetime After Surgery**
- › **Appointment Types/ Follow up visit schedule**
- › **Nutrition Tips After Bariatric Surgery**

Hospital Post-Op

Soon after your return to your room after surgery most patients will be able to sip water.

- Sip slowly, do not gulp.
- Do not use a straw.
- If water is well tolerated with no nausea or vomiting, Phase I of the Bariatric Eating Plan may begin.

Exercise

POST-OP AT THE HOSPITAL

Walk in the room or around the hospital floor
2–3 times a day

Discharge Instructions for Bariatric Surgery

Incision care

- You may wash your stomach with mild soap and water in the shower. However, do not soak your incision in water until they are fully healed.
- Remove and gently clean around incision sites. After you shower, dry the area well. You will have surgical glue covering the incision. It will peel off on its own.

Activity

- Continue activities of daily living as tolerated. Walk for 5-10 minutes every 1-2 hours while awake immediately after surgery and for the first week after surgery.
- Do not lift, push, or pull greater than 10-20 lbs. for the first month.
- Do not drive a motor vehicle, operate power tools or machinery while taking a narcotic pain reliever. You may resume driving when you are feeling well and off pain medication for 48 hours.
- Increase activity slowly after your first follow-up appointment. Walk every day as a scheduled exercise in addition to your activities of daily living. 15–30-minute walks, even in divided increments, are very effective.
- When sitting or riding in a car or plane for longer than one hour, walk around 5-10 minutes then resume. Do this for the first six months after surgery to prevent blood clots.
- Use your incentive spirometer for the first 2-3 weeks after surgery to remove secretions from your lungs. Drinking fluids help liquefy the secretions.

Post-Surgery Discomfort

- It is not uncommon to have post-surgery discomfort at the incisions after the operation.
- A prescription for pain medicine will be given to you at your pre-operative office visit.
- If the pain is mild, you may substitute with Tylenol, Gas-X, or Extra Strength Tylenol tablets.
- If you feel that you need pain medicine at night, only take Extra Strength Tylenol at night.
- Talk to your surgeon if you have further questions or concerns regarding post-surgery discomfort.

Medicines

- Resume all meds as instructed in the Discharge Summary Instructions.
- Make sure you understand your discharge medicines. Some medicines might be added or subtracted from your regular list.
- **It is very important to have a follow up with your primary care doctor within 2-4 weeks to manage your medications. Please set this up prior to surgery.**

- **Do Not** take anti-inflammatory medications (NSAIDs) if you have gastric bypass. Sleeve patients can resume anti-inflammatory meds a few weeks after surgery if needed.

Diet

- Upon discharge, you are to begin Phase II Full-Liquid diet for the next 2 weeks unless your surgeon tells you otherwise.
- Follow the dietary instructions in your "Bariatric and Metabolic Institute, Your Guide to Surgery," discussed by a dietitian.
- Take your vitamin and mineral supplements as directed by your surgeon. Refer to the "Bariatric and Metabolic Institute, Your Guide to Surgery" for complete listings.
- The daily goal for fluid intake from all sources is 64 ounces.
- Your minimum daily the protein goal is 60 grams.
- Remember to drink and eat in small portions.
- **The number one cause of nausea and vomiting early after surgery is dehydration.** Drinking or eating too quickly or too much at one given time and constipation may also contribute to nausea.
- Signs and symptoms of dehydration include dry mouth, decreased urinary output or dark yellow urine, and nausea. **If you are thirsty, you are already getting behind on your fluids.** If you are unable to drink at least 4 cups in 24 hours, seek medical advice.

Bowel habits

- It is not uncommon to have different bowel habits after surgery, such as constipation or diarrhea.
- We recommend that you take a minimum of 64 ounces of fluid for constipation.
- Warm fluids, massaging your lower stomach, and walking for 10-15 minutes stimulate bowel motility.
- If you do not have a bowel movement, Phillip's Milk of Magnesia as needed is recommended.
- If you do not have a bowel movement within two to three days after discharge, you may also try a Dulcolax suppository or a Fleet's enema.
- A fiber product is also recommended. These fiber products may include Metamucil, Citrucel, or Benefiber. Do not use these products if your fluid intake is poor.

Follow-up visits

- Regular follow-up with the Bariatric Team is essential to your recovery.
- You will need a follow-up office visit 7 to 10 days after your discharge. In most cases, this appointment is scheduled before surgery. If you do not have an appointment, please call your site's scheduler located under "Routine Follow-Up Appointments After Surgery"

Post Bariatric Surgery Text Message Enrollment

Please scan the QR Code below to receive daily reminders and tips during your recovery period!



Directions: To begin post-surgery text messages, please scan the code with your cell phone on the **day of discharge** or **when you get home**. You will be prompted to enter your date of discharge from the hospital. Text messages should begin on the day after your discharge date. If you have difficulty, please call 216-445-2224 for assistance.

Bariatric Surgery HELP Card

*Use this Card if you have: Any Problems, Questions or Concerns
We want to know about it!!*

- **Worsening Abdominal Pain**
- **Dehydration**
- **Persistent Nausea and Vomiting**
- **Continuous Fast Heart Rate**
- **Sudden Shortness of Breath**
- **Sustained Lower Leg Pain**
- **Fever Over 101° F**

Contact Information on Reverse Side 

Contact Numbers

EMERGENCIES: Call 911

Routine Questions:

All Locations (9:00am – 5:00pm): 216.445.2224

After Hours Urgent Questions:

Main Campus | Lutheran Hospital | South Pointe Hospital

216.444.2200 *Ask to speak with the bariatric fellow on call

Fairview Hospital

216.476.7000 *Ask to speak with the bariatric fellow on call

Hillcrest Hospital

440.449.1101 *Answering service will page your surgeon

For helpful daily text message tips, scan the QR code
on your day of discharge from the hospital



Things to Remember For a Lifetime After Bariatric Surgery

1. Always eat your protein first. Even after you have progressed through the dietary phases, consume your proteins first before any other food item. When you feel full, stop eating.
2. When you feel full, stop eating and do not eat again until the next meal of the day. Do not over-eat.
3. Always follow the "30-Minute Rule" to fluid intake: Do not drink with your meals. You must stop drinking 30 minutes before you eat and wait 30 minutes after you have eaten to resume fluid intake.
4. Consume at least 60-80 grams of protein per day (or more if recommended by your MD or RD).
5. Take your vitamin and mineral supplements every day unless otherwise instructed by the doctor or dietitian.
6. Consume at least 64 ounces (8 cups) of non-carbonated, sugar-free, caffeine-free fluid per day. Do not wait until you feel thirsty before you drink.
7. Keep your scheduled follow-up appointments. Don't forget to get your blood work done so an assessment of your vitamin and mineral levels can be done.
8. Avoid sugar. Have no more than 5 grams of sugar per serving.
9. Avoid caffeine. Although some patients may be able to tolerate caffeine after 3 months, it is recommended that you either decrease your intake or eliminate it altogether.
10. Avoid alcohol
11. Do not skip meals. Have 3 meals per day: breakfast, lunch and dinner.
12. Sip fluids slowly throughout the day. Do not gulp. Do not use a straw.
13. Do not chew/swallow gum.
14. Take small bites of food and chew properly (25 times) before swallowing. Food should be a "mushy" before you swallow.
15. 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.
16. Always check with your Primary Care Physician about taking medications and/or over-the counter medications.
17. Be physically active everyday.
18. Participate in support group meetings.
19. Call the dietitian with any nutrition questions or concerns.
20. Remember, bariatric surgery is not the cure for obesity. It is a tool that can assist you with weight loss management.

Appointment Types

While working with the BMI both before and after your surgery you will experience several types of appointments.

Depending on your visit type and location, some appointments may be set up virtually through MyChart.

Besides the regular one-on-one appointments we also utilize group appointments which we call Shared Medical Appointments or SMAs. These types of visits allow interaction with other patients experiencing the same things you do.

Following bariatric surgery, patients need to schedule follow-up appointments at 3, 6, 12 and 18 months, additional 9 and 15 month visits are required for Clinic employees. These visits are extremely important for your welfare and health due to rapid changes that follow these surgeries.

Shared Medical Appointments (SMA)

What are they?

SMA's are routine follow-up appointments in a group setting. Not only are you getting your needed questions answered but you may find that you are not the only one with that question. SMA's are visits with a support group feel. SMA's also allow patients a greater variety of when they can be seen.

The BMI (Bariatric and Metabolic Institute) has several group type appointments:

- SNA- Shared Nutrition Appointments, run by a dietitian.
- SMA- Shared Medical Appointment, run by both a clinician and dietitian.
- SPA- Shared Psychology Appointment- Run by our staff psychologists.

Our patients have found this style of appointment invaluable and very reassuring to their concerns.

If you feel you would be more comfortable with an individual appointment, those can be scheduled as well.

IMPORTANT:

Once these appointments are scheduled it is extremely important that they are kept. Not keeping appointments is the number one reason this process takes so long or and many people just give up on surgery altogether.

If you cannot keep your appointments, please, be considerate and let us know 48 hours BEFORE your scheduled appointment so we may offer the visit to another patient.

Thank you.

Follow Up Appointments

	1 Week	2 Week	1 Month	3 Months	6 Months	12 Months	18 Months	Annually Years 2 and Beyond
Surgery Team	YES		YES		If Needed	YES		As Needed
Shared Nutrition or Individual Nutrition		YES	YES	YES	YES	YES	YES	YES
Shared Psychology or Individual Psychology			YES	YES	YES	YES	As Needed	As Needed
Shared Medicine or Individual Medicine				YES	Or Surgeon as needed		YES	YES
Labs *ordered at time of visit				YES	YES	YES	As Needed	YES

Shared Nutrition (SNA) Led by Registered Dietitian-allows you to discuss issues in a group setting to share ideas, successes and issues.

Shared Psychology (SPA) Led by our psychologists-allows you to discuss issues in a group setting to share struggles and solutions.

Shared Medical (SMA) Led by Dietitian and Medical Provider-allows you to see medicine and nutrition in the same visit with a group saving you time and trips back to the office.

Please Note –The scheduling of all above appointments is the patient's responsibility. If you are unable to make a scheduled appointment and need to reschedule, please call:

- Main Campus – (216) 445-3136
- Hillcrest – (440) 449-1101
- Twinsburg – (330) 888-4000
- Avon – (440) 695-4000 (ask for scheduling for bariatrics)

Nutrition Tips w/ Metabolic and Bariatric Surgery

1. Protein as the #1 food

Always eat your lean protein food first to meet your 60g of lean protein intake for the day. Lean protein can be 1 oz of meat (chicken, turkey, fish, beef, or pork), 1 oz of low-fat cheese, 2 tablespoons peanut butter, 1 egg, and 1/4 cup of low-fat cottage cheese.

2. No skipping meals

Eat at least three meals per day. Having 1-2 small high-protein snacks may be beneficial if you are going more than 4 hours between your meals. Small, frequent meals will help to prevent you from filling your pouch up too fast and will keep your metabolism burning. Getting adequate nutrition and fluids is very important even if you are not hungry or thirsty.

3. Eat at the table

Use a plate or dish and sit down. Take 30 minutes to eat your meals. Avoid eating at the counter or cupboards, in front of the refrigerator, in other areas of your home, or in front of the TV or your computer.

4. Portion control

You might experience a feeling of fullness in your throat or near your breastbone if you are eating too fast. Serve smaller portions. Cut up your protein into smaller pieces. Use a salad plate as your dinner plate or baby spoons to prevent overeating. Slow down with eating, chew foods thoroughly, and stop when you feel full. Keep serving dishes off the table.

5. Liquids 101

Drinking 64 ounces (8 cups) of caffeine-free, calorie-free, and non-carbonated beverages is a must. You don't want to drink with your meals; stop drinking 30 minutes before your meal, eat, and then wait 30 minutes after your meal to drink again. This will prevent nausea and vomiting. Sip on fluids in between your meals. Room temperature liquid may be better tolerated.

6. Take your vitamin/mineral supplements daily

When your doctor gives you permission, take your multivitamin and calcium supplements daily. Additional vitamin B12, vitamin C, and iron may be required.

7. Your new "Way of Life"

Try not to think of this weight loss surgery as a diet, but as a new way of life, not only for you but also for your family and friends. These healthy habits are a lifestyle change for now and forever.

7. Patient Resources

- › Helpful Reading and Resources after Surgery
- › Books to support you
- › Podcasts to keep you motivated
- › Online Articles and Support
- › Educational Websites

Helpful Reading and Resources After Bariatric Surgery

Your weight loss journey doesn't stop after surgery—it continues as you heal, adjust, and build new habits. Below are trusted resources, written and recorded with real patients in mind. These books, articles, and podcasts can help guide you through the emotional, physical, and nutritional changes ahead.

Books to Support You:

Metabolic and Bariatric Surgery

- The Bariatric Blueprint: A Simple Guide to a Successful Lifestyle after Bariatric Surgery (Hills & Bour; Your Onderland)
- Before and After: Living and Eating Well After Weight-Loss Surgery (Susan Maria Leach)
- The Emotional First Aid Kit a Practical Guide to Life After Bariatric Surgery (Cynthia Alexander, PsyD)
- Preparing for Weight Loss Surgery: Workbook (Robin Apple, James Lock, and Rebecka Peebles)
- The Sleeved Life (Pennie Nicola)
- The Success Habits of Weight-Loss Surgery Patients (Colleen M. Cook)
- Weight Loss Surgery with the Adjustable Gastric Band (Robert Sewell, MD & Linda Rohrbough)
- Weight Loss Surgery for Dummies (Marina S. Kurian, MD, Barbara Thompson, and Brian Davidson)
- Weight Loss Surgery Cookbook for Dummies (Brian K. Davidson & Sarah Krieger, MPH, RDN, LDN)

Emotional Eating/ Mindful Eating

- 50 Ways to Soothe Yourself Without Food (Susan Albers, PsyD)
- The Beck Diet Solution Weight Loss Workbook: The 6-week Plan to Train Your Brain to Think Like a Thin Person (Judith Beck, PhD: terrible title but good content)
- Breaking Free from Emotional Eating (Geneen Roth)
- Eat, Drink, and Be Mindful (Susan Albers, PsyD)
- Eat What You Love. Love What You Eat (Michelle May, MD)
- Eating Mindfully, Second Edition (Susan Albers, PsyD)
- End Emotional Eating (Jennifer Taitz, PsyD)
- The Food & Feelings Workbook (Karen Koenig, LCSW, MEd)
- Savor: Mindful Eating, Mindful Life (Lilian Cheung, DSc, RD & Thich Nhat Hanh)
- A Size That Fits (David Creel, PhD)

Podcasts to Keep You Motivated

- Scaling Back and Gaining Your Best Life by Allison Rezendes, MS RD/LD
- Core Bariatrics by Maria Iliakova, MD, and Tammie Lakose
- The Pound of Cure Weight Loss Podcast by Matthew Weiner, MD, and Zoe Schroeder, RD
- Australian Weight Loss Surgery Podcast by Jacqui Lewis, BHsc
- Weight Loss Winformation by Connie Stapleton, PhD
- Bariatric Surgery Success by Susan Mitchell, PhD, RDN, LDN
- Butts and Guts: A Cleveland Clinic Digestive Health Podcast

Online Articles and Support

- Obesity Action Coalition Blog (<https://www.obesityaction.org/blog/>)
Stories, tips, and advocacy resources from a national group dedicated to supporting people with obesity.
- Cleveland Clinic Bariatric Surgery Patient Education (<https://my.clevelandclinic.org/services/bariatric-surgery/patient-education>)
Easy-to-read articles and handouts from the Cleveland Clinic team, designed to support your journey every step of the way.

Educational Websites

These websites offer reliable, patient-friendly information to help support your journey before and after weight loss surgery.

- **General Health and Nutrition**
 - American Heart Association (<https://www.americanheart.org/>)
 - Centers for Disease Control and Prevention (CDC) (<https://www.cdc.gov/>)
 - Academy of Nutrition and Dietetics (<https://www.eatright.org/>)
 - U.S. Food and Drug Administration (FDA) (<https://www.fda.gov/>)
 - FoodSafety.gov (<https://www.foodsafety.gov/>)
 - MyPlate.gov (<https://www.myplate.gov/>)
 - Nutrition.gov (<https://www.nutrition.gov/>)
 - National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) (<https://www.niddk.nih.gov/>)
- **Obesity and Bariatric Resources**
 - American Society for Metabolic and Bariatric Surgery (ASMBS) (<https://asmbs.org/>)
 - The Obesity Society (<https://www.obesity.org/>)
 - Obesity Action Coalition (<https://www.obesityaction.org/>)
 - ObesityHelp (<https://www.obesityhelp.com/>)
 - Bariatric Support Centers International (<https://bsciresourcecenter.com/>)
- **Cleveland Clinic Resources**
 - Cleveland Clinic Main Website (<https://www.ccf.org/>)
 - Cleveland Clinic MyChart (<https://my.clevelandclinic.org/online-services/mychart>)

8. Lodging

› Lodging

Lodging

Main Campus:

The Intercontinental Suites Hotel

LOCATION:

8800 Euclid Avenue, Cleveland, OH 44106

Hours: 24 hours I Phone: 216.707.4300

Reservations Only: Toll-free: 877. 707 .8999

Holiday Inn Cleveland Clinic

LOCATION:

8650 Euclid Avenue, Cleveland, OH 44106

Hours: 24 hours Phone: 216. 707.4200

Reservations Only: Toll-free: 844. 7 48.2877

Hilton Garden Inn Cleveland Downtown

LOCATION:

1100 Carnegie Ave., Cleveland, OH 44115 Phone: 216.658.6400 Distance: 3.1 miles from Cleveland Clinic's Main Campus

Westlake Campus:

Hyatt Place Cleveland/Westlake/Crocker

LOCATION:

2020 Crocker Rd, Westlake, OH 44145 (440) 871-3100

Holiday Inn Express & Suites Cleveland West - Westlake by IHG

LOCATION:

30500 Clemens Rd, Westlake, OH 44145 (440) 808-0500

Southpoint Campus:

Aloft Cleveland Beachwood

LOCATION:

1010 Eaton Blvd, Beachwood, OH 44122 (216) 595-0900

Home2 Suites by Hilton Cleveland Beachwood

LOCATION:

3589 Park E Dr, Beachwood, OH 44122 (216) 755-7310

Hilcrest Campus:

Holiday Inn Cleveland-Mayfield by IHG

LOCATION:

780 Beta Dr, Mayfield, OH 44143 (440) 461-9200

Hilton Garden Inn Cleveland East/Mayfield Village

LOCATION:

700 Beta Dr, Cleveland, OH 44143 (440) 646-1777

