



Cleveland Clinic Florida  
Bariatric & Metabolic Institute  
Department of General and Vascular Surgery

# Nutrition Manual



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Once all testing is complete, please mail all medical records to our office in a SINGLE package.

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# Bariatric Surgery

## Indications

Bariatric surgery is intended for people who are approximately 100 pounds or more overweight (with a Body Mass Index of 40 or greater) and who have not had success with other medical therapies such as diet, exercise, medications, etc. In some cases, a person with a Body Mass Index (BMI) of 35 or greater and one or more co-morbid conditions may be considered for bariatric surgery.

## Important considerations

Bariatric surgery should not be considered until you and your doctor have looked at all other options. The best approach to bariatric surgery calls for discussion of the following with your doctor:

1. Bariatric surgery is not cosmetic surgery and should not be thought of in any way as cosmetic surgery.
2. Bariatric surgery does not involve the removal of adipose tissue (fat) by suction or surgical removal.
3. The patient and doctor should discuss the benefits and risks together.
4. The patient must commit to long-term lifestyle changes, including diet and exercise, which are key to the success of bariatric surgery.
5. Patients need to be aware that problems after surgery may require more operations to correct them.

# Body Mass Index

Body Mass Index (BMI) is a measurement based on height and weight as it relates to body fat. It is used to determine how much risk a person has of developing certain health problems because of his or her weight. The higher the BMI the higher the risk a person has to develop additional health problems.

## How to calculate BMI?

$$\text{BMI} = \frac{(\text{Weight in Pounds} \times 703)}{(\text{Pounds/Inches}^2) \text{ Height in Inches}^2}$$

OR

$$\text{BMI} = \frac{\text{Weight in Kilograms}}{(\text{Kg/m}^2) \text{ Height in Meters}^2}$$

## Interpretation of BMI for adults

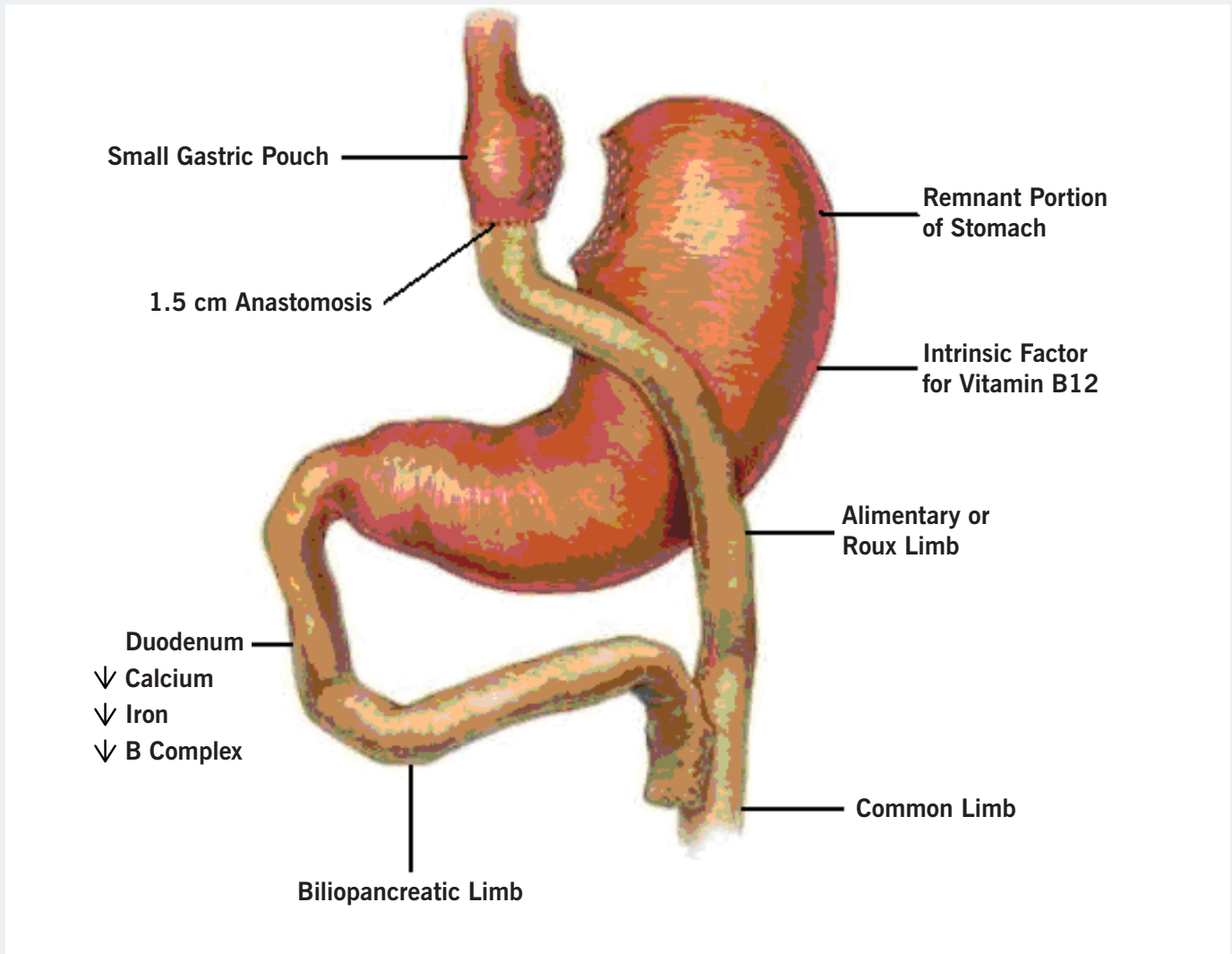
|                          |           |
|--------------------------|-----------|
| Underweight              | <18.5     |
| Preferred                | 18.5–24.9 |
| Overweight               | 25.0–29.9 |
| Obese                    | >30.0     |
| Class I                  | 30.0–35.0 |
| Class II Severe Obesity  | 35.0–39.9 |
| Class III Morbid obesity | >40.0     |
| Super Obesity            | >50.0     |

As the BMI increases, the risk of developing health conditions such as diabetes, heart disease, high cholesterol or hypertension increases.

## BMI Risks

| BMI       | Risk Level     |
|-----------|----------------|
| 20.0–24.9 | Low            |
| 25.0–29.9 | Increased      |
| 30.0–34.9 | High           |
| 35.0–39.9 | Very High      |
| >40.0     | Extremely High |

# Roux-en-Y Gastric Bypass – Gold Standard



- Small stomach pouch created.
- Bypass of small intestines, limiting the absorption of calories.
- Food is delayed in mixing with the bile and pancreatic juices that aid in the absorption of nutrients.
- Results in an early sense of fullness, combined with a sense of satisfaction. This reduces the desire to eat.
- The Roux-en-Y Gastric Bypass is considered by many to be the current gold standard procedure for bariatric surgery. It is the most frequently performed bariatric procedure in the United States. In this procedure, stapling creates a small stomach pouch.
- The remainder of the stomach is not removed, but it is divided from the newly created stomach. The outlet from the formed pouch empties directly into the upper portion of the jejunum, thus bypassing calorie absorption and the duodenum. This is done by dividing the small intestine just beyond the duodenum and constructing a connection with the new, smaller stomach pouch. The length of either segment of the intestine can be increased to produce lower or higher levels of malabsorption. The larger part of the stomach and duodenum are connected to the lower jejunum.

### Advantages

- Average weight loss in the Roux-en-Y procedure is generally higher in a compliant patient than with purely restrictive procedures.
- One year after surgery, weight loss can average 77% of excess body weight. (Weight loss varies with individuals.)
- Studies show that after 10–14 years, 60% of excess body weight loss has been maintained by patients. A 2004 meta-analysis of more than 22,000 patients showed that those who underwent a bariatric surgical procedure experienced complete remission or improvement of their co-morbid conditions including diabetes, hyperlipidemia, hypertension, and obstructive sleep apnea.

### Risks

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

- Because the duodenum is bypassed, poor absorption of iron and calcium can result in the lowering of total body iron and cause a predisposition to iron deficiency anemia.
- Bypassing the duodenum has caused metabolic bone disease in some patients, resulting in bone pain, loss of height, humped back, and fractures of the ribs and hip bones. Women should be aware of the potential for heightened bone calcium loss. All of the deficiencies mentioned above, however, can be managed through proper diet and vitamin and mineral supplements.
- Chronic anemia due to vitamin B12 deficiency can occur. This can usually be managed with sublingual tablets, nasal spray or injections of vitamin B12.
- When removing or bypassing the pylorus, a condition known as “Dumping Syndrome” can occur as the result of rapid emptying of stomach contents into the small intestine. This is sometimes triggered when too much sugar or large amounts of food are consumed. While generally not considered a serious risk to your health, the result can be extremely unpleasant and can include nausea, weakness, sweating, faintness, and diarrhea after eating.
- In some cases, the effectiveness of the procedure may be reduced if the stomach pouch is stretched. Overeating can chronically stretch the pouch
- The remnant stomach pouch and segments of the small intestine cannot be easily visualized using x-ray or endoscopy if problems such as ulcers, bleeding, or malignancy should occur.
- Talk with the surgeon about the possible surgical risks.

# Roux-en-Y Gastric Bypass – Gold Standard *(continued)*

## Complications

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

- Bleeding\*
- Complications due to anesthesia and medications
- Deep vein thrombosis
- Pulmonary embolism
- Dehiscence (separation of areas that are stitched or stapled together)
- Infections
- Leaks from staple lines
- Marginal ulcers
- Spleen injury\*
- Stenosis (narrowing of a passage, such as valve)
- Internal hernias
- Gallstones
- Changes in body image
- Death

*\*To control operative bleeding, removal of the spleen may be necessary.*

According to the American Society for Bariatric and Metabolic Surgery 2004 Consensus Statement, the operative morbidity (complications) associated with Roux-en-Y gastric bypass in the hands of a skilled surgeon is roughly 5 percent and the operative mortality is approximately 0.1 percent.

## Possible side effects

- Dumping syndrome
- Nutritional deficiencies
- Need to avoid pregnancy temporarily
- Nausea, vomiting, bloating, diarrhea, excessive sweating, increased gas and dizziness
- Lactose intolerance
- Sensory changes (taste and smell)



# Roux-en-Y Gastric Bypass – Post-op Vitamin and Mineral Supplementation

For the first 3 months after Roux-en-Y surgery, all medications need to be CHEWABLE, CRUSHED or in LIQUID FORM.

| Type of Vitamin/Mineral  | Dosage   |
|--|--|
| Adult Multivitamin with Iron                                       | Daily  |
| Calcium Citrate with Vitamin D                                     | 1200–1500 mg   |
| Vitamin B12  | 500 mcg sublingual pill/day <b>or</b><br>1 cc injection monthly <b>or</b><br>Weekly nasal spray (Rx) |
| Vitamin B Complex (with Thiamine)                                  | Thiamine should be in the dosage of 75–100 mg/day  |
| Iron to be taken with Vitamin C<br><b>Do not take with Calcium</b> | Iron: 45–60 mg/day<br>Vitamin C: 500 mg/day  |
| Zinc<br>Biotin<br>Optional to minimized temporary hair thinning    | 15 mg/day<br>3000 mcg/day  |

**Read the supplement label. NO single vitamin or mineral may contain everything you need.**

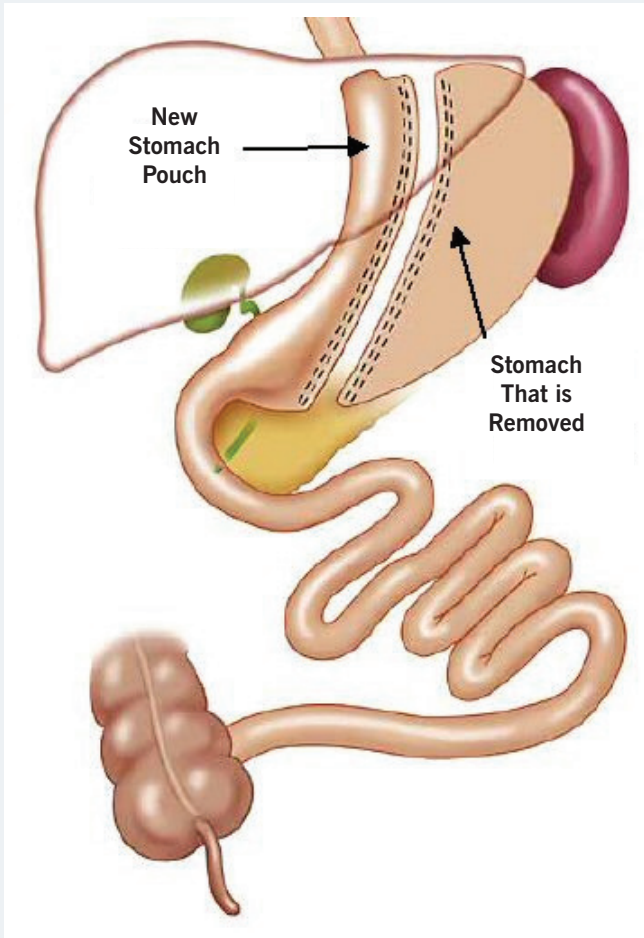
## Where to buy vitamins?

Please read labels to get the specific form and amount of vitamins.

- Bariatric Fusion [www.bariatricfusion.com](http://www.bariatricfusion.com)
- Bariatric Advantage [www.bariatricadvantage.com](http://www.bariatricadvantage.com)
- Vita4Life! [www.vita4life.net](http://www.vita4life.net)
- Celebrate Vitamins [www.celebratevitamins.com](http://www.celebratevitamins.com)
- Pharmacy stores: Walgreens, CVS
- Health stores: GNC, The Vitamin Shoppe, Whole Foods
- See “Obesity and Bariatric Resource Information” for more references as to where you can buy vitamins\*

*\*We do not endorse any company mentioned in this manual.*

# Sleeve Gastrectomy



- The sleeve gastrectomy is a bariatric procedure in which the surgeon divides the patient's stomach into a slender vertical pouch.
  - The sleeve gastrectomy is a procedure that induces weight loss by restricting food intake
  - With this procedure, the surgeon removes approximately 84% of the stomach laparoscopically so that the stomach takes the shape of a tube or "sleeve."
  - This procedure is not reversible. The stomach that remains is shaped like a thin banana and its capacity is about 3–5 ounces.
- The nerves to the stomach and the outlet valve (pylorus) remain intact with the idea of preserving the functions of the stomach while reducing the volume.
  - This procedure can also be performed on super obese or high risk patients with the intention of performing another surgery at a later time. The second procedure can be the gastric bypass.
  - This procedure can be performed as a final or first step procedure.
  - The excess stomach is removed, not left in place. This greatly reduces Ghrelin-hormone production and helps reduce appetite and the hunger sensation. Five-year results from England and three-year results from the United States suggest that the Sleeve Gastrectomy has weight loss success similar to other procedures with lower risk of complication. Currently it is approved by some insurance companies, but it is considered investigational.
  - Expected weight loss for most patients can be 30–50% of their excess body weight over 6–12 month period.
  - Of the procedures that are currently performed for the treatment of obesity, the sleeve is ideal for patients who have very high medical risks, high weight or BMI, complex surgical histories or those who are fearful of potential complications from a gastric bypass. It is also ideal for lower BMI patients who wish to avoid a more complex gastric bypass or the responsibility of vitamin or nutritional deficiencies secondary to procedures which cause malabsorption. Patients interested in the Adjustable Gastric Banding may also want to consider this procedure, since it avoids the foreign body issue of a band
  - Critics of this procedure maintain early results look promising, but the lack of a gastric bypass may lead to weight regain.

## Advantages

- The stomach volume is reduced, and it tends to function normally so most food items can be consumed in small amounts.
- Eliminates the portion of the stomach that produces the hormones that stimulate hunger (Ghrelin).
- No dumping syndrome because the pylorus is preserved.
- Minimizes the chance of ulcers occurring.
- By avoiding the gastric bypass, the chance of intestinal obstruction (blockage), anemia, osteoporosis, protein deficiency and vitamin deficiency are almost eliminated.
- Very effective as a first stage procedure for high BMI patients (BMI >55 kg/m<sup>2</sup>).
- Limited results appear promising as a single stage procedure for low BMI patients (BMI 35–45 kg/m<sup>2</sup>).
- Appealing option for people with existing anemia, Crohn's disease and numerous other conditions that make them too high risk for intestinal bypass procedures.
- The anatomy is preserved.

## Disadvantages

- Potential for inadequate weight loss or weight regain. While true for all procedures, it is theoretically more possible with procedures without malabsorption.
- Higher BMI patients may need to have a second stage procedure later to help lose all of their excess weight. Two stages may ultimately be safer and more effective than one operation for high BMI patients. This is an active point of discussion for bariatric surgeons.
- Soft calories from ice cream, milk shakes, etc., can be absorbed and may slow weight loss.
- This procedure does involve stomach stapling and therefore leaks and other complications related to stapling may occur.
- Because part of the stomach is removed, it is not reversible. It can be converted to almost any other weight loss procedure.
- Considered investigational.

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

- Deep vein thrombosis
- Pulmonary embolism
- Pneumonia
- Splenectomy
- Gastric leak and fistula
- Postoperative bleeding
- Small bowel obstruction
- Death

## What is a second stage operation?

In the stage approach, a multi-step operation like the gastric bypass is broken down into 2 operations. In the first stage, a sleeve gastrectomy is performed. This allows the patient to lose 80 to 100 pounds or more, which will make the second part of the operation substantially safer.

The second stage operation is usually performed 8–12 months after the first. The “sleeve” stomach is converted into a formal gastric bypass. This will permit additional weight loss and will provide a much more permanent result than sleeve gastrectomy alone.

Both stages of the surgery can be performed laparoscopically, giving the advantage of shorter recovery, shorter incision, and fewer incision-related problems and less pain.

# Sleeve Gastrectomy – Post-op Vitamin and Mineral Supplementation

For the first month after Sleeve Gastrectomy surgery, all medications need to be CHEWABLE, CRUSHED or in LIQUID FORM.

| Type of Vitamin/Mineral  | Dosage  |
|--|---|
| Adult Multivitamin with Iron                                       | Daily (May take whole)  |
| Calcium Citrate with Vitamin D                                     | 500 mcg, 3 times a day for a total of 1200–1500 mg  |
| Vitamin B12  | 500 mcg sublingual pill/day <b>or</b><br>1 cc injection monthly <b>or</b><br>1 nasal spray (Rx) |
| Vitamin B Complex (with Thiamine)                                  | Thiamine should be in the dosage of 75–100 mg/day   |
| Iron to be taken with Vitamin C<br><b>Do not take with Calcium</b> | Iron: 45–60 mg/day<br>Vitamin C: 500 mg/day   |
| Zinc<br>Biotin<br>Optional to minimized temporary hair thinning    | 15 mg/day<br>3000 mcg/day   |

You need to take **ALL** of the vitamins for the first year after the Sleeve Gastrectomy. Then continue to take a multivitamin, B12, and calcium with vitamin D daily. Add the other vitamins (vitamin B complex with thiamine, and iron with vitamin C) as needed based on blood test results. **Read the supplement label. NO single vitamin or mineral may contains everything you need.**

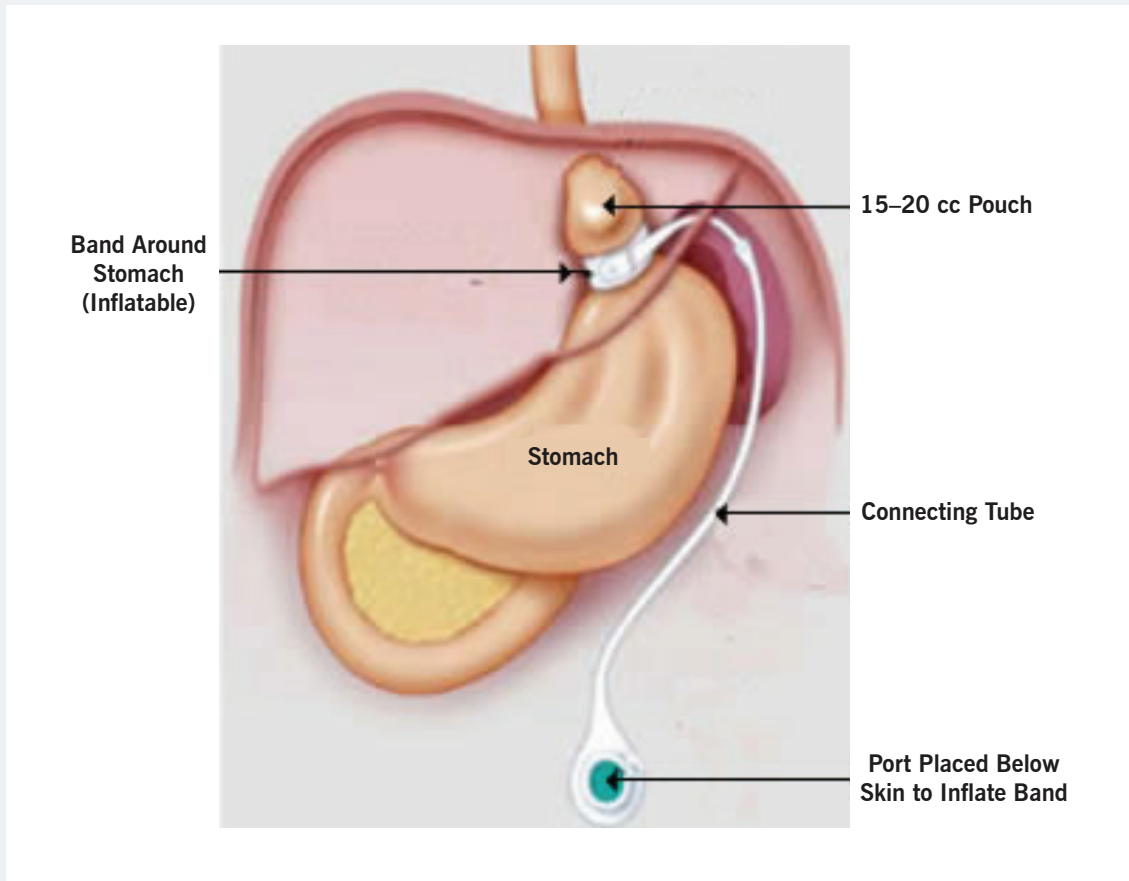
### Where to buy vitamins?

Please read labels to get the specific form and amount of vitamins.

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- Bariatric Advantage® [www.bariatricadvantage.com](http://www.bariatricadvantage.com)
- Vita4Life!™ [www.vita4life.net](http://www.vita4life.net)
- Celebrate Vitamins® [www.celebratevitamins.com](http://www.celebratevitamins.com)
- Pharmacy stores: Walgreens™, CVS™
- Health stores: GNC™, The Vitamin Shoppe™, Whole Foods™
- See “Obesity and Bariatric Resource Information” for more references as to where you can buy vitamins\*

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# Laparoscopic Adjustable Gastric Banding – Restrictive Procedure



- Small stomach pouch is created.
- This reduces stomach capacity and along with BEHAVIORAL CHANGES result in consistently lower caloric intake and consistent weight loss.
- The Adjustable Gastric Banding is a procedure purely restrictive in which a band is placed around the uppermost part of the stomach. This band divides the stomach into two portions: one small and one larger portion. Food digestion occurs through the normal digestive and absorption process.

## Advantages

- Does not change the anatomy
- It restricts the amount of food than can be consumed at a meal
- Food consumed passes through the digestive tract in the usual order, allowing it to be fully absorbed into the body.
- In a U.S. study, the mean weight loss at three years after surgery was 36.2% of excess weight.
- The band can be adjusted to decrease or increase restriction.
- The band can be removed surgically.

# Laparoscopic Adjustable Gastric Banding – Restrictive Procedure *(continued)*

## Risks

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

- Gastric perforation or tearing in the stomach wall may require additional operation.
- Access port leakage or twisting may require additional operation.
- May not provide the necessary feeling of satisfaction that one has had “enough” to eat.
- Nausea and vomiting
- Outlet obstruction
- Pouch dilation
- Band migration/slippage
- Talk with surgeon about further possible surgical risks.

## Why would I have an open procedure?

Although the laparoscopic approach is feasible in 99.4% of cases, in some patients, the laparoscopic or minimally invasive approach to surgery cannot be used. Here are some reasons why you may have an open procedure:

- Prior abdominal surgery that has caused dense scar tissue
- Inability to see organs
- Bleeding problems during the operation

The decision to perform the open procedure is a judgment call made by your surgeon either before or during the actual operation and is based on patient safety

# Laparoscopic Adjustable Gastric Banding – Post-op Vitamin and Mineral Supplementation

For the first month after Gastric Lap Band surgery, all medications need to be CHEWABLE, CRUSHED or in LIQUID FORM.

| Type of Vitamin/Mineral  | Dosage   |
|--|--|
| Adult Multivitamin with Iron                                       | Daily  |
| Calcium Citrate with Vitamin D                                     | 400 mcg, 3 times a day for a total of 1200–1500 mg |
| Vitamin B12  | Not required unless Vitamin B12 level is low       |
| Vitamin B Complex (with Thiamine)                                  | Thiamine should be in the dosage of 75–100 mg/day  |
| Iron to be taken with Vitamin C<br><b>Do not take with Calcium</b> | Iron: 45–60 mg/day<br>Vitamin C: 500 mg/day        |
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- Pharmacy stores: Walgreens™, CVS™
- Health stores: GNC™, The Vitamin Shoppe™, Whole Foods™
- See “Obesity and Bariatric Resource Information” for more references as to where you can buy vitamins\*

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# Pre-op Diet

## 2 weeks prior to surgery

- Start the pre-op diet TWO weeks prior to surgery

### First week of the 2 weeks

- Consume (2) TWO meals + and replace (1) one meal of your choice with (1) protein shake
- Each meal consist of may consist of: 3–5 oz. of a lean protein (Chicken, turkey of fish) and (1) one cup cooked vegetable or salad
- Do NOT take any vitamins and minerals
- Continue to take your medication as directed by physician, but inform physician that you are going on a pre-op diet and ask if they should change any dosages of your medications

## Second week

- Drink (1) one protein shake as a meal replacement three times per day. NO SOLID FOOD.
- You can use:
- Premixed protein shakes or
- Protein powders mixed with SKIM MILK or WATER (See next pages for the list of protein shakes)
- Total volume per shake 8–16 oz.
- Drink clear liquids in between protein shakes (see the list of clear liquid after protein shakes)
- You can buy protein shakes online, in pharmacy stores, health stores or general stores
- 24 hours before surgery, you must stop your protein shakes and have clear liquids only.** You can have protein drinks (listed under “Clear Protein Drinks” in the Protein Shake/Powders/Drinks list)
- Do not eat or drink anything after midnight the night before the surgery.** See preoperative instruction sheet for medication instructions.
- Failure to follow the pre-op diet may cause your surgery to be cancelled



# Protein Powders

## Protein shakes/powders/drinks

| Protein Powders                      | Serving Size | Sugar (g) | Protein (g) | Comments             |
|--------------------------------------|--------------|-----------|-------------|----------------------|
| Bariatric Aid Whey Protein           | 2 scoops     | 2.5       | 17          |                      |
| Isopure®                             | 20 oz        | 0         | 40          |                      |
| Unjury®                              | 1 scoop      | 0-2       | 20          | Available unflavored |
| Myoplex® Lite Powder                 | 1 pkg.       | 2         | 25          |                      |
| Pure Whey                            | 1 scoop      | 3         | 22          |                      |
| 100% Whey Protein                    | 1 scoop      | 2         | 21          |                      |
| American Whey Protein™               | 1 scoop      | 6 g CHO   | 20          |                      |
| Designer Whey Protein Powder®        | 1 scoop      | <1 g      | 18.5        |                      |
| Pro-Score® 100                       | 1 scoop      |           | 17          |                      |
| Atkins™ Nutritionals Shake Mix       | 2 scoops     | 1         | 24          |                      |
| Muscle Milk™                         | 2 scoops     | 4         | 32          |                      |
| Met-Rx® Protein Plus                 | 2 scoops     | 2         | 46          |                      |
| EAS® Precision Protein               | 1 scoop      | 2         | 20          |                      |
| Nectar™                              | 1 scoop      | 0         | 23          |                      |
| Zero Carb Isopure®                   | 3 scoops     | 0         | 50          |                      |
| Keto Shake™                          | 2 scoops     | 0         | 24          |                      |
| Ultimate Nutrition® LO Carb Whey     | 1 scoop      | <0.5      | 20          |                      |
| ISS Research™ Advantage Matrix       | 1 packet     | 3         | 42          |                      |
| ISS Research™ Complete Pro           | 1 packet     | 1         | 42          |                      |
| Carb Watchers Lean Body®             | 1 packet     | 2         | 40          |                      |
| Optimum Nutrition® Why Gold          | 1 packet     | 4         | 45          |                      |
| Muscle-Link™ Muscle Meals            | 1 packet     | 2         | 40          |                      |
| Champion Ultramet® Lite              | 1 packet     | 2         | 29          |                      |
| Jay Robb® Whey Protein*              | 1 package    | 0         | 25          |                      |
| 100% Raw Foods and Whey Protein*     | 1 package    | 1         | 20          |                      |
| Biochem® 100% Green & Whey*          | 2 scoops     | <1        | 20          |                      |
| Soy Protein Powders                  | Serving Size | Sugar (g) | Protein (g) | Comments             |
| Genisoy® Soy protein                 | 3 Tbsp       |           |             |                      |
| Puritan's Pride® Pure Soy Protein    | 1 scoop      | 0         | 25          |                      |
| Soy Ultra XT® Natural Protein Powder | 1 scoop      | 0         | 25          | Available unflavored |
| Soy Protein                          | 1 serving    | 10 g CHO  | 21          | Available unflavored |
| Super Blue Pro-96®                   | 1 packet     | <0.5      | 25          | Available unflavored |

\*Sweetened with Stevia.

## Protein Powders *(continued)*

| Protein Powders with No Artificial Sweeteners | Serving Size | Sugar (g) | Protein (g) | Comments             |
|---|--------------|-----------|-------------|----------------------|
| Whey To Go®                                   | 1 packet     | 1         | 16          | Available unflavored |
| Carb Solutions®                               | 2 scoops     | 0         | 21          |                      |
| Ready to Drink Protein Shakes                 | Serving Size | Sugar (g) | Protein (g) | Comments             |
| Zoic®   | 1 can        | 0         | 21          |                      |
| Atkins™                                       | 1 can        | 1         | 20          |                      |
| EAS® AdvantEDGE®                              | 1 container  | 0         | 17          |                      |
| Slim Fast® Low Carb                           | 1 can        | 1         | 20          |                      |
| EAS® Myoplex Lite                             | 1 container  | 1         | 25          |                      |
| EAS® Myoplex Carb Sense                       | 1 container  | <1        | 25          |                      |
| EAS® Results                                  | 1 container  | 1         | 15          |                      |
| Ultra® Pure Protein                           | 1 can        | 1         | 35          |                      |
| Resource Optisource®                          | 4 oz         | 0         | 12          |                      |
| Clear Protein Drinks (Fruit Flavored)         | Serving Size | Sugar (g) | Protein (g) | Comments             |
| Isopure® Drink                                | 20 fl        | 0         | 40          |                      |
| Extreme Pure Protein® Drink                   | 20 fl        | 0         | 42          |                      |
| Protein Twist™                                | 20           | 0.5       | 40          |                      |
| Whey Fruity®                                  | 1 scoop      | 0         | 26          |                      |
| Nectar™                                       | 1 scoop      | 0         | 23          |                      |

**Preferably** choose a protein shake that is:

- High in protein (20 grams or more per serving)
- Low in sugar (<5 grams)

If you find another protein shake that you prefer or have any questions, please provide label to our office for approval.

# Clear Liquids

## **Non carbonated sugar-free/low sugar clear liquids**

Water

Crystal Light®

Wyler's Light®

Tropical®

Diet Snapple®

Diet Iced Tea®

Propel®

Veryfine Fruit<sub>2</sub>O O Plus®

Glaceau Smart Water®

Walgreens Natural Flavor H<sub>2</sub>O Plus®

Welch's® Low Calorie Juice (Splenda®)

AriZona® Diet Ice Tea (Splenda®)

Country Time Sugar-free Pink Lemonade Mix®

Sugar-free Kool-Aid® Mix

Champion Lyte Sugar-free Refresher® (Splenda®)

Nestea® Diet Citrus Green Tea

PJ's Crystal Beach Loganberry Diet®

Ket-O.J.®

Keto Kooler®

## **Caffeine Free Coffee**

## **Caffeine Free Tea**

## **Sugar-free Jello®**

## **Sugar-free Popsicle®**

Eddy's No Added Sugar Fruit Pops®

**Broth** (chicken, beef, vegetable)

# Exercise

Exercise is critical after bariatric surgery. It will help you not only attain your weight loss goals but also maintain them. Do not rely only on the bariatric surgery to achieve your weight loss.

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

Establishing an exercise routine even before the surgery will help in the recovery phase.

The fitness plan will vary depending on the individual's needs. Here are some steps and tips to a lifestyle of physical activity:

- Set your personal fitness goals. Why do you want to exercise? These are some of the reasons you may have to exercise: to achieve and maintain weight goal, to increase energy levels, to preserve and build muscle, to increase strength and endurance, to reduce anxiety levels.
- Establish your own fitness program by following the next steps:
  - 1. Choose an exercise from each of the following categories:**
    - Cardiovascular exercise:** Walking, treadmill, dancing, water exercise
    - Strength exercises:** Resistance bands, free weights, medicine balls
    - Flexibility:** Assisted or self stretching before and after exercise, chair stretches.
  - 2. Schedule timing of exercise:** If your fitness level is low then start with 5–10 minutes 3 times per day and increase it as tolerated. The goal is 45 minutes daily.
  - 3. Set up frequency of exercise:** Number of exercise session per week. The goal is 6 times per week to every day.
  - 4. Increase the intensity of the exercise as tolerated:** For instance, start walking at 3.0 mph and increase the speed to 3.3 mph then to 3.5 mph as your fitness level improves.
- Implement your fitness plan as soon as you can. Start now!
- Be consistent. Overcome exercise barriers.
- Monitor your progress by keeping an exercise log.

## Exercise – sample workout

### Pre-surgery

Begin an exercise program prior to surgery

| Exercise/Week 1  | Time       | Frequency  | Intensity   | Week 2, 3, 4  | Strength Exercise   |
|--|------------|--|---|---|---|
| <b>Cardio exercises:</b><br>Walking, cycling,<br>swimming, rowing,<br>stair climbing | 15 minutes | 3 times/week with<br>1 day of rest in<br>between | Increase the time by<br>5 minutes every day<br>until you work<br>continuously for 45<br>minutes a session | <b>Week 2:</b> Add a 4 <sup>th</sup><br>day of exercise<br><b>Week 3:</b> Add a 5 <sup>th</sup><br>day of exercise<br><b>Week 4:</b> Add a 6 <sup>th</sup><br>day of exercise | Alternate cardio<br>with strength<br>exercises as able<br>and tolerated |

# Two Weeks Before Surgery

## Remember, 2 weeks before surgery you must:

1. Begin the Pre-op diet: During the first week, you may substitute a protein shake for 1 meal and for the other 2 meals, consume lean protein (seafood, poultry, egg whites, low fat dairy) and salad. No alcohol, no sweets/sugars, fruit/juice, or starchy carbohydrates. On week 2 of the pre-op diet, stop consuming all solid food and drink 1 high protein shake 3 times per day (1 shake for breakfast, 1 shake for lunch, 1 shake for dinner). You may have clear liquids in between the shakes throughout the day on both week 1 and 2 of the pre-op diet.
2. Stop taking all vitamin and mineral supplements because some may affect your blood clotting time. The nutrients in the protein shake will be sufficient for this time frame.
3. Stop taking all aspirin, aspirin products and NSAIDS such as Advil®, Motrin® and Aleve®.
4. If you are taking Coumadin® and/or Plavix®, please notify this office so we can make special arrangements.
5. If you have diabetes, you must notify your Primary Care Physician and/or Endocrinologist regarding the changes in your diet before and after surgery. They will assess if any dosage changes need to be made with your medications. If you experience low blood sugars while on the pre-op diet, you may drink orange juice. However, if this occurs after surgery, please call the dietitian to assist you with choosing the appropriate food.
6. All clearances from your Primary Care Physician must be done.

# Surgery Day

## Remember, nothing to eat or drink after midnight

- An attempt will be made to contact you the day before your scheduled surgery to start your pre-admission paperwork by the Pre-operative nurse. In the event that we are unable to contact you, this process will be completed the day of surgery.
- Please arrive to the hospital early.
- Proceed to the Admissions Desk located on the first floor in front of the hospital. Remember to bring your insurance card and a picture ID. It is important to leave all your valuables at home. A list of all your medications with the name, dose, time that you take them and the last dose that you took would be very helpful.
- From the Admissions Desk, you will proceed to the 2<sup>nd</sup> floor Registration Desk. This is where you will check in for your surgery. At that time you will receive a pager and be asked to sit in the waiting room.
- When your name is called or the pager rings, you will be escorted into the pre-operative area. Please give the pager to your family member, as that will be the way that the hospital personnel will be able to communicate with them about your progress. (This device does not work outside the hospital.) Once in the pre-operative area, a nurse who will stay with you until you are taken to the operating room will greet you. She will ask you to change into a gown and place your personal belongings into a bag. Storage will be provided for your items, however you may wish to give them to your family member. A nursing assessment including blood pressure, temperature and heart rate will be done. Your IV will be inserted at that time as well as any pre-operative antibiotics that your physician has ordered.
- Compression devices will be placed on your legs (little massagers). Pain management education will take place at this time as well. The physician, anesthesiologist and the Operating room nurse will also see you. This is a good time to ask any further questions that you may have. When this process is complete your family members will be able to stay with you until your surgery.
- You will wake up in a hospital bed. You will have a blood pressure cuff on you arm, oxygen in your nose and have heart monitor on so that we can measure you heart rate. You may or may not have a urine catheter and drains. You will be able to communicate with your nurse any discomfort that you are experiencing including pain and nausea. These issues will be addressed according to the physician orders. If you have a PCA (Patient-Controlled Analgesia) pump you will be instructed how to use it. While you are in the recovery room, your family will not be able to visit you; however, your surgeon will meet and speak with them about your surgery and your progress.
- Once your room has been assigned, your family member will be paged and informed of your room number. They will be able to see you once you reach your room.
- Lab work will be drawn 4 hours after surgery and again in the morning. You will be NPO (Nothing by mouth). The next day, we will do an x-ray to verify that there are no leaks. If that test is okay, we will start you on some sips of water and advance your diet accordingly.
- Physical therapy will also be working with to get you up and ambulating. It is very important to walk and sit in the chair to help with motility of you bowels as well as your breathing. PLEASE remember to bring the incentive spirometer with you to the hospital.
- Once your vital signs are stable and you are able tolerate liquids, your drains will be discontinued and you will be able to go home.

# Frequently Asked Questions

**Q: Why do I have to take Proton Pump Inhibitors such as Prevacid®, Nexium® or Prilosec® after surgery?**

**A:** To prevent ulcer formation in the new stomach pouch, as well as prevent gastric reflux. It is recommended that you take the Prevacid® for 2–3 months after surgery even if you are not experiencing gastric reflux.

If you ever have to take antibiotics or anti-inflammatory medications, it is recommended that you take Prevacid®, Nexium® or an over-the-counter Prilosec®. If you should have any questions or concerns about prescribed or over-the-counter medications, always consult with your physician or pharmacist.

**Q: When can I start to exercise?**

**A:** You can begin to walk as soon as you can tolerate it. Clearance for heavy lifting, weight training, and other exercises may be discussed at your first post-op visit.

**Q: When can I go swimming?**

**A:** You may resume swimming 6 weeks after surgery. Until that time, no pools, no spas, no ocean swimming, no baths.

**Q: When can I drive?**

**A:** There is typically no restriction to driving unless you are on pain medication. If you have questions about medications, please consult with your physician or pharmacist.

**Q: When do I see my Primary Care Physician (PCP) after surgery?**

**A:** You should see your PCP within the first 2 weeks post-op. Any of your current medications for diabetes, high blood pressure, etc., may need to be changed or adjusted.

**Q: Will I go home with drains?**

**A:** Drains will normally be removed before hospital discharge, however, if there is a large amount of fluids which still need to be drained, they will remain in until your first post-op visit.

**Q: Can all or any of my prescription medications be crushed?**

**A:** It is recommended that before you crush any prescription medications that you consult with your doctor or pharmacist. Perhaps there is an alternative form such as liquid.

**Q: How long do I have to crush prescription or over-the-counter medications? When can I swallow my pills and vitamin and mineral supplements?**

**A:** We recommend that you do not swallow any whole pills, capsules or other forms of medications/vitamins/minerals for 2–3 months after surgery.

**Q: When can I go back to work?**

**A:** Typically, you can go back to work in 2 weeks.

**Q: What is *Helicobacter pylori* (*H. pylori*)?**

**A:** This is a bacteria found in the stomach and intestines that can cause ulcers. If you are positive for this bacteria, you will be prescribed antibiotics and you will need to take it for 10–14 days. No additional lab work will be required.



# “What Do I Do?” List

| Possible Occurrence | May Be Caused By  | Possible Solution   |
|---------------------|---|---|
| Constipation        | Having a bowel movement every 3 days after surgery is a normal occurrence. Constipation may also be caused by less total food intake, inadequate fluid intake, high protein, low fiber intake. Some vitamins, minerals or medications may also cause constipation. Inactivity may lead to constipation. | Stay well hydrated. Fluid intake should be at least 64 ounces per day. If constipated, try to increase fluid intake with an additional 8–10 cups per day. Continue eating proteins, and taking vitamins, minerals and medications as directed. You may use over the counter laxatives, fibers or stool softeners such as Milk of Magnesia®, Benefiber®, Metamucil®, Senokot® or Colace®. If constipation persists, contact your physician.                                |
| Dumping Syndrome    | This may be caused by high sugar or fat intake in the Gastric Bypass procedure.   | Avoid sugars. (See list of other names of sugars.) Avoid fried foods and high fat foods. Stay well hydrated. Fluid intake should be at least 64 ounces per day.   |
| Diarrhea            | This may occur during the liquid protein phase of your diet plan. Diarrhea may also be caused by low fiber intake, lactose intolerance, food allergy, high sugar or fat intake or food borne illness.   | Stay well hydrated. Fluid intake should be at least 64 ounces per day. Switch to lactose-free milk, always check for food tolerances. Limit sugar intake to no more than 5 grams per serving. Avoid fried food and high fat. Do not eat food that you are allergic to. Always cook, cool and store your food appropriately to avoid food spoilage and food borne illness. Using bulking fibers such as Benefiber® may help. If diarrhea persists, contact your physician. |
| Vomiting            | This may be caused by eating too fast, not chewing well, swallowing large pieces of food, a food intolerance or food borne illness, or overeating. If vomiting persists, this may be due to a stricture or stenosis. Call the office to make an appointment with the physician.                         | Cut food into small pieces and chew at least 25 times before swallowing. Swallow food only after it has been made “mushy” in your mouth. Always check for food tolerances. Stop eating the food which makes you vomit. Always cook, cool and store your food appropriately to avoid food spoilage and food borne illness. Don’t overeat. If vomiting persists, contact your physician.  |
| Nausea              | Having nausea is a common occurrence after surgery. This feeling is not permanent. Food intolerances, dehydration or sensory changes may also cause feelings of nausea. Some vitamins and minerals may cause nausea.  | Stay well hydrated. Fluid intake should be at least 64 ounces per day. Always check for food tolerances. Avoid extreme temperatures of hot and cold. This may trigger nausea. Do not skip meals, vitamins and minerals. If nausea progresses into vomiting, see above.  |

## “What Do I Do?” List *(continued)*

| Possible Occurrence               | May Be Caused By   | Possible Solution   |
|-----------------------------------|--|---|
| Pain After Eating or Drinking     | This may be caused by eating too fast, not chewing well and swallowing large pieces of food. Pain may also be caused by overeating or drinking carbonated or caffeinated beverages. If pain persists, call the office to make an appointment with the physician. | Cut food into small pieces and chew at least 25 times before swallowing. Swallow food only after it has been made “mushy” in your mouth. Stop eating when you feel the sense of fullness and restriction. Do not overeat. Avoid all carbonated and caffeinated beverages. |
| Gas                               | This may be caused by eating too fast, drinking carbonated beverages, or eating gas-producing foods such as legumes (beans), broccoli, onions, cabbage or Brussels sprouts.  | Slow down. Do not eat fast. Avoid all carbonated beverages. Soak beans in cool water overnight to reduce gas-producing enzymes in legumes. Temporarily avoid gas-producing vegetables. You may take anti-gas medications such as Beano® or Mylicon®.                      |
| Vitamin or Mineral Deficiency     | This may be caused by malabsorption of nutrients and not taking the recommended types, dosage and timing of the recommended vitamin and mineral regimen. This may lead to other conditions that would not be healthy.  | Adhere to the recommended vitamin and mineral protocol. Have your blood work done so the physician and nutritionist can assess your vitamin and mineral levels. If you have any questions about vitamins and minerals, contact your physician or nutritionist.            |
| Sensory Changes (Taste and Smell) | This is common after surgery. Although the physiological mechanism is unknown, sensory changes may be exacerbated by strong food odors, spicy foods or extreme temperatures of hot or cold.  | If the sensory change causes discomfort, avoid foods which aggravate it. If it doesn't bother you, embrace the keen sense of taste and smell. Do not skip meals and stay well hydrated.   |
| Lactose Intolerance               | This is common in patients who have had surgery. Lactose intolerance means that you cannot digest the lactose found in milk and dairy products. Lactose is a natural sugar found in milk.  | Always use lactose free milk such as Lactaid®. Fermented dairy products such as cheese and yogurt have very little lactose in it. However, always check your tolerance to these foods when eating them for the first time after surgery.                                  |

# Hospital Post-Op – Day 1

On the first day after surgery, you may undergo a **Gastrophin Swallow Test** at the discretion of your surgeon. This test will make sure that there are no leaks or obstructions. After successful completion and results come back from the Gastrographin Swallow Test, you may:

- Drink 1 ounce (30 cc) of room temperature water every hour
- Sip slowly, do not gulp
- No ice chips
- Do not use a straw
- Avoid extreme temperatures of the water (no hot or ice-water)
- If water is well tolerated with no nausea or vomiting, Phase I of the Bariatric Eating Plan may begin
- Remember to start physical activity, as tolerated

## Exercise

### Post-op at the hospital

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

# Phase I: Sugar-free, Clear Liquids

**Duration of Phase I:**  
**Approximately 1–3 days**

**Important considerations**

- Phase I may begin on post-op day 1 or 2, or once water is well tolerated
- You may be on Phase I for 1-3 days or until tolerated or discharged from the hospital
- Drink 1–3 ounces (1/8 to 3/8 of a cup) or as tolerated of sugar-free, clear liquids every hour
- A clear liquid is defined as non-dairy fluids that cause a minimal amount of residue in the digestive tract
- Clear “solids” that become liquid at body temperature are also appropriate such as diet Jello® and sugar-free popsicles
- No carbonated beverages
- Drink decaffeinated clear liquids (for at least 3 months)
- No milk or dairy
- No vitamin or mineral supplementation at this time
- Sugar substitutes can be used (see list of sugar substitutes)

**Nutritional considerations**

- Consume at least 64 ounces of sugar-free, decaffeinated clear liquids per day
- Check tolerance level
- Stop drinking when you feel full

**Examples of clear liquids**

- Water
- Crystal Light®, sugar-free Snapple®, sugar-free Kool-Aid®, etc.
- Plain decaffeinated tea (no milk or creamer)
- Plain decaffeinated coffee, black (no milk or creamer)
- Sugar-free Jello®
- Sugar-free popsicles
- Clear flavored broth (chicken, beef, seafood, ham)

**Menu sample**

- Morning:** Decaffeinated coffee with Splenda®
- Breakfast:** Low sodium chicken both
- Midmorning:** Crystal Light®
- Lunch:** Low sodium seafood broth
- Mid-afternoon:** Water
- Dinner:** Low sodium ham broth
- Evening:** Decaffeinated tea with Splenda®

**Important reminders when on Phase I**

- Consume at least 64 ounces of sugar-free, decaffeinated, clear liquids per day
- Check tolerance level
- Stop drinking when you feel full
- Sip slowly, do not gulp
- Do not use a straw
- Avoid extreme temperatures (extreme hot or cold)
- No carbonated beverages
- No milk, cream or other dairy products
- Consume decaffeinated clear liquids for at least 3 months after surgery
- Remember to keep increasing physical activity as tolerated

**Exercise – sample workout**

**Post-op at home, week 1**

Walk 5–10 minutes, 3 times per day

**Post-op, week 2**

| Exercise          | Time  | Frequency    | Intensity    |
|-------------------|---|--------------|--------------|
| Walk              | 20 minutes                                  | 2 times/week | As tolerated |
| Strength exercise | <b>Do not start until medical clearance</b> |              |              |

# Phase II: Sugar-free, Liquid, High Protein Shakes

## Duration of Phase II: Approximately 2 weeks

### Important considerations

- Phase II may begin in the hospital if you tolerate Phase I or at home upon discharge
- It is recommended that you stay on Phase II for a total of 2 weeks to ensure proper tolerance and healing
- The goal is to consume at least 60 grams of protein per day in the form of a liquid, high protein shake
- Consume no solid food at this time
- Drink 4–8 ounces of protein shake 3 times per day (4–8 ounces or ½ to 1 cup for breakfast; 4–8 ounces or ½ to 1 cup for lunch; 4–8 ounces or ½ to 1 cup for dinner)
- Do not skip any meals
- Stop drinking when you feel full
- Consume sugar-free, non-carbonated, decaffeinated clear liquids in between shakes for a total of 64 ounces (8 cups) per day
- Follow the “30-Minute Rule” to fluid intake: wait 30 minutes before and after your shake to drink other fluids
- No vitamin or mineral supplementation at this time

### Important considerations about protein shakes

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

### Nutritional considerations

- Consume at least 60 grams of protein per day in the form of a liquid, high protein shake
- Consume sugar-free, non-carbonated, decaffeinated clear liquids in between shakes for a total of 64 ounces (8 cups) per day
- Consume no solid food at this time
- Check tolerance level
- Stop drinking when you feel full

## Phase II: Sugar-free, Liquid, High Protein Shakes *(continued)*

### Menu sample

**Morning:** Decaffeinated coffee with Splenda®

**Breakfast:** Jay Robb® Whey Protein mixed with 8 oz of skim milk

**Midmorning:** 8 oz Crystal Light®

**Lunch:** Jay Robb® Whey Protein mixed with 8 oz of skim milk

**Mid-afternoon:** 8 oz Chicken broth

**Dinner:** Jay Robb® Whey Protein mixed with 8 oz of skim milk

**Evening:** 8 oz Crystal Light®

### Important reminders when on Phase II

- Consume at least 60 grams of protein per day in the form of a liquid, high protein shake
  - Consume sugar-free, non-carbonated, decaffeinated clear liquids in between shakes for a total of 64 ounces (8 cups) per day
  - Consume no solid food at this time
  - Check tolerance level
  - Stop drinking when you feel full
  - Sip slowly, do not gulp
  - Do not use a straw
- Avoid extreme temperatures (extreme hot or cold)
  - No carbonated beverages, no alcoholic beverages
  - Consume decaffeinated clear liquids for at least 3 months after surgery
  - Follow the “30-Minute Rule” to fluid intake: wait 30 minutes before and after your shake to drink other the fluids
  - Remember to keep increasing physical activity as tolerated

### Exercise – sample workout

#### Post-op, week 2

| Exercise          | Time  | Frequency              | Intensity    |
|-------------------|---|------------------------|--------------|
| Walk              | 20 minutes                                  | 2 times/day, every day | As tolerated |
| Strength exercise | <b>Do not start until medical clearance</b> |                        |              |

### **Duration of Phase III: Approximately 6–8 weeks**

#### **Important considerations**

- Phase III may begin 2 weeks after surgery if Phase II is well tolerated
- It is recommended that you stay on Phase III for 6–8 weeks to ensure proper tolerance of solid, soft foods
- Follow the “30-Minute Rule” to fluid intake: wait 30 minutes before and after your food to drink fluids
- The goal is to consume at least 60–80 grams of protein per day in the form of soft or pureed high protein foods
- Inadequate protein intake can lead to fatigue, loss of lean body mass and increase your risk of infection and other illnesses
- Consume 3–4 ounces of protein 3 times per day (3–4 ounces for breakfast; 3–4 ounces for lunch; 3–4 ounces for dinner)
- As an estimate, 1 ounce of protein is approximately 7 grams. For example, if you consume 3 ounces of chicken, this would equal approximately 21 grams of protein
- Some good protein suggestions are:

#### **Seafood**

- Tuna, tilapia, grouper, soft flaky fish such as cod, haddock, sea bass – canned or fresh

#### **Shellfish**

- Scallops, lobster, shrimp, crab – canned or fresh

#### **Dairy**

- Low fat, sugar-free or carbohydrate-controlled yogurt without visible fruit pieces
- Low fat cottage cheese, ricotta cheese, farmer’s cheese or other soft cheeses

#### **Eggs**

- Eggbeaters®, egg whites or whole eggs (no more than 1 egg yolk per day): boiled, scrambled, baked, poached (avoid fried or under cooked eggs)

#### **Poultry**

- Turkey, chicken, game hen, duck breast
- Deli such as roast turkey breast or chicken breast – canned or fresh

#### **Legumes**

- Black beans, kidney (red) beans, garbanzo beans, white beans, lentils etc.
- Hummus and pureed beans may be well tolerated

#### **Tofu**

- Tofu, Boca Burger® (without the bun), MorningStar Farms® soy products

#### **Meat**

- Ham (red meat and pork may be difficult to digest; always check your tolerance level)
- Low sodium, rind-less, no sugar added cold-cuts and deli meats – canned or fresh

#### **Important considerations about soft or pureed proteins**

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

## Phase III: Soft/Pureed, High Protein Foods *(continued)*

### Nutritional considerations

- Consume at least 60 grams of protein per day in the form of soft and/or pureed high protein sources
- Consume 3–4 ounces of protein 3 times per day (3–4 ounces for breakfast; 3–4 ounces for lunch; 3–4 ounces for dinner)
- You may continue to use protein shakes as a meal replacement if you find that you cannot consume enough protein
- Do not skip meals; have 3 meals per day (breakfast, lunch and dinner)
- Consume sugar-free, non-carbonated, decaffeinated clear liquids in between soft/pureed high protein foods for a total of 64 ounces (8 cups) per day
- Check tolerance level
- Stop eating when you feel the sense of fullness
- During Phase III, no breads, no cereals, no rice, no noodles, no pastas, no crackers, no potatoes (sweet or white), no yams, no corn, no plantain, no yucca, no fruits, no fruit juices, no vegetables, no carbonation, no caffeine, no alcoholic beverages**
- Begin vitamin and mineral supplementation  
**See procedure-specific section titled “Post-Op Vitamin and Mineral Supplementation” to ensure proper type, dosage and timing for your specific bariatric procedure**

### Menu sample

**Morning:** Decaffeinated coffee with Splenda® may be used; Wait at least 30 minutes after consuming fluids before eating protein foods

**Breakfast:** 4 ounces of scrambled egg

**Midmorning:** 8 oz Crystal Light®

**Lunch:** 3–4 ounces of pureed tuna fish made with 1 Tbsp of low fat mayonnaise

**Mid-afternoon:** 8 oz Crystal Light®

**Dinner:** 3–4 ounces of low fat, low sodium turkey deli slice

**Evening:** 8 oz Crystal Light®

### Important reminders when on Phase III

- Consume at least 60 grams of protein per day in the form of soft and/or pureed high protein sources
- Consume sugar-free, non-carbonated, decaffeinated clear liquids in between meals for a total of 64 ounces (8 cups) per day
- Have 3 meals per day (breakfast, lunch and dinner)
- Do not skip any meals
- Check tolerance level
- Even though food is soft and pureed, take small bites of food and chew food well (25 times) before you swallow
- Stop eating or drinking when you feel full
- Sip fluids slowly, do not gulp
- Do not use a straw
- Avoid extreme temperatures (extreme hot or cold)
- No carbonated beverages
- Consume decaffeinated clear liquids for at least 3 months after surgery
- Follow the “30-Minute Rule” to fluid intake: wait 30 minutes before and after your food to drink fluids
- During Phase III, no breads, no cereals, no rice, no noodles, no pastas, no crackers, no potatoes (sweet or white), no yams, no corn, no plantain, no yucca, no fruits, no fruit juices, no vegetables, no carbonation, no caffeine, no alcoholic beverages
- Don't forget to take your vitamin and mineral supplements
- Remember to keep increasing physical activity as tolerated



## Exercise – sample workout

### Post-op, week 3

| Exercise | Time          | Frequency    | Intensity   | Strength Exercise   |
|----------|---------------|--------------|---|---|
| Walk     | 15–30 minutes | 4 times/week | Increase the time by 5 minutes every session until you work continuously for 45 minutes a session | May begin weight training with doctor's approval Add 2 days of light weight training as follows:<br><b>Day 1:</b> Upper body, 15–30 minutes<br><b>Day 2:</b> Lower body, 15–30 minutes, <b>as tolerated</b> |

### Post-op, week 4 to 2 months

| Cardio Exercise  | Time          | Frequency      | Intensity  | Strength Exercise   |
|--|---------------|----------------|--|---|
| Walk or start other cardio exercises:<br>Swimming*, rowing, aerobics, stair climbing with surgeon's approval | 30–45 minutes | 5–6 times/week | If starting at 30 minutes, increase it by 5 minutes every other session until you work continuously for 45 minutes a session | Add a 3 <sup>rd</sup> day of light weight training alternating upper and lower body weight x 15–30 minutes, <b>as tolerated</b> |

## Phase III: Soft/Pureed, High Protein Foods *(continued)*

### Phase III breakfast ideas

- Protein shakes are a fine way of getting in some of your daily protein intake and may be more convenient to consume for breakfast
- Low fat, carbohydrate-controlled or sugar-free, yogurt
- Low fat, cottage cheese, farmer's cheese or ricotta cheese
- Low fat string cheese
- Eggs, whole, egg whites or EggBeaters®; Eggs may be scrambled, baked, poached or made into an omelet
  - Remember to follow the Cleveland Clinic Florida Phases of your diet plan
  - For example, if you are in Phase III and you make an omelet, you can add cheese and ham but no vegetables
  - For example, if you are in Phase IV and you make an omelet, you can add cheese, ham and mushrooms (or other vegetable)
- Low fat turkey or tofu breakfast sausage; bake or microwave them; don't fry them
- Low fat, tofu hotdogs
- You may also consume lunch/dinner foods for breakfast! Always check your own personal food tolerances and preferences.

### Phase III lunch/dinner ideas

- Homemade chili made with ground turkey, chicken or ground tofu crumbles
- Grilled, baked, poached seafood/shellfish (any type that you can tolerate); do not fry or bread the seafood
  - Whitefish, tilapia, grouper, orange roughy, flounder, sole, snapper, catfish, perch, herring, swordfish, halibut, cod, sea bass, salmon, scallops, shrimp, lobster, crab, etc.
- Egg salad, tuna salad, crab salad, chicken salad (light mayonnaise or light salad dressing is okay, but no relish, celery or onion unless you are in Phase IV of the Cleveland Clinic Florida diet protocol)
- Grilled, baked, poached, braised or sautéed poultry such as chicken, Cornish game hen, turkey or duck
- Legumes (black beans, navy beans, pinto beans, Northern beans, white beans, etc); these can easily be made into a "dip" or a hummus or they can be baked or added to chili
- Grilled Tofu burgers (avoid red meat for at least 6 months, and then try a hamburger or cheeseburger)
- Deli meats such as turkey, chicken, ham, etc. Don't eat the deli "rind." Choose low sodium deli and those that do not have added sugars. You can create a deli roll-up and roll a piece of cheese in the middle.
- Baked, crust-less cheese quiche
- Turkey or tofu meatballs
- Low fat cheese fondue
- Plain turkey or tofu meatloaf (use eggs or milk to bind it together)
- Egg and cheese frittata

## Phase III recipes

### Baked Eggs with Cheese *(Serves 4)*

#### Ingredients

- 4 large eggs
- ¼ cup low fat cheddar cheese
- ¼ cup skim or 1% milk
- 1 teaspoon of non hydrogenated margarine or olive oil

1. Preheat the oven to 350 degrees F
2. Crack 1 egg individually into 4 small baking ramekins
3. Add ¼ cup of milk to each ramekin
4. Top with cheese
5. Bake until egg is set and the internal temperature of the yolk is 165 degrees F

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### Egg, Cheese and Ham Frittata *(Serves 8)*

#### Ingredients

- 8 large eggs
- 8 slices of low sodium deli ham, chopped
- ½ cup shredded cheddar cheese
- ¼ cup water
- Salt and pepper to taste
- Pam cooking spray oil

1. Spray a light coating of Pam cooking spray oil on the bottom of a skillet
2. Heat the chopped ham through and then transfer to a plate
3. Separate the eggs, placing the yolks in a medium size bowl and the egg whites in another bowl
4. Mix the egg yolks with the water and beat until fluffy
5. Beat the egg whites until they are foamy and stiff
6. Fold the egg yolks into the egg white
7. Re-spray your skillet with Pam cooking spray oil and put skillet on low heat
8. Pour in the egg mixture and spread evenly over the bottom of the skillet
9. Sprinkle the ham and cheese over the top of the mixture
10. Cover and cook until the eggs are cooked through and fluffy, approximately 25 minutes

*Freeze or refrigerate leftovers.*

### Baked Cod Fish with Lemon and Olive Oil *(Serves 4)*

#### Ingredients

- 4 cod fillets, approximately 4 ounces each
- 1 Tablespoon freshly squeezed lemon juice
- 1 Tablespoon olive oil
- ¼ cup garlic powder
- ½ teaspoon dried thyme
- ¼ sweet paprika

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, dried thyme and paprika
5. Bake until fish is opaque and juicy
6. Spoon pan juices over top and serve

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### Baked Whole Fish in Foil *(Serves 1–2, depending on fish size)*

#### Ingredients

- 1 whole fish such as snapper, trout, orange roughy, cleaned and washed
- 1 lemon, sliced
- Juice of 1 fresh lemon
- ¼ teaspoon dried parsley
- ¼ teaspoon dried thyme
- 1 tablespoon of olive oil
- Aluminum foil and roasting pan

1. Preheat oven to 400 degrees F
2. Line roasting pan with aluminum foil and add fish
3. Sprinkle fish with olive oil, parsley and thyme
4. Place lemon slices on top of fish
5. Pour fresh lemon juice over fish
6. Cover and cook in oven until cooked, approximately 20–25 minutes depending on thickness of fish

## Phase III: Soft/Pureed, High Protein Foods *(continued)*

### Phase III recipes *(continued)*

#### Banana Flavored Protein Shake *(Serves 1)*

##### Ingredients

- 1 cup plain, low fat yogurt
- 1 cup lactose free skim milk
- 1 teaspoon banana extract (found in the spice section of supermarket)
- 1 package of unflavored whey protein powder
- Ice cubes
- 1–2 packets of sugar substitute like Splenda® or NutraSweet®

1. In a blender, combine, ice cubes and milk and whiz until ice is thoroughly crushed
2. Add the yogurt, banana extract and whey protein powder into the blender
3. Whiz all together until thick and frothy
4. Drink slowly

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#### Mint-infused Black Tea

##### Ingredients

- 1 quart of water
- 3 bags of decaffeinated Darjeeling, Oolong or Black tea
- 3 tablespoons of coarsely chopped fresh mint, spearmint or peppermint
- 1–2 packets of sugar substitute

1. Boil water in saucepan
2. Add the tea bags, chopped mint and sugar substitute
3. Steep for 3–5 minutes
4. Strain into mugs
5. Drink slowly

### Cooking terms

**Roasting:** Food is placed in a hot oven and the food is surrounded by hot, dry heat

**Grilling:** Food is placed over a heat source, that is open to air

**Barbecuing:** A combination of covered grilling and smoking

**Broiling:** Food is placed under a heat source, such as the broiler setting of the oven

**Braising:** Simmering foods in a small amount of fluid

**Poaching:** Immersing foods in a fluid that is heated to a gentle simmer, but not boiled

**Sauteing:** Placing food in a hot pan to quickly brown and cook food

**Steaming:** Similar to poaching, except that the fluid is usually water and in the form of gas

**Boiling/Blanching:** Cooking food in hot water

**Bake:** To cook food, uncovered in an oven with a small amount of liquid or fat

### Cooking measurement conversions

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

### Estimate of standard proportions

| Household Item                  | Size (approximate)                     |
|---------------------------------|--|
| Tip of thumb to the first joint | 1 teaspoon (tsp) = 5 ml                |
| Golf ball                       | 1 Tablespoon (Tbsp) = 15 ml            |
| Computer mouse                  | $\frac{1}{2}$ cup (2 ounces, 2 cc)     |
| Match box                       | 1 ounce                                |
| CD disc                         | 1 ounce slice                          |
| 4 dice                          | 1 ounce                                |
| 2 dominos                       | 1 ounce                                |
| Tube of lipstick                | 1 ounce                                |
| Deck of poker cards             | 3 ounces                               |
| Tennis ball                     | $\frac{2}{3}$ cup, "medium" size fruit |

*These are approximate measurements.*

*For accurate measurements, use standard measuring utensils.*

## Phase IV: High Protein Foods, Added Vegetables

### Duration of Phase IV:

**Until you have reached 75% of your excess weight loss (EWL) or have your diet advanced at the discretion of your Registered Dietitian**

### Important considerations

- Phase IV may begin once Phase III is well tolerated, but not before 2 months post-surgery
  - Phase IV may begin at 2 months after surgery
  - You will stay on Phase IV until you have reached 75% of your Excess Weight Loss (EWL)
  - The goal is to consume at least 60-80 grams of protein per day with the addition of adding vegetables
  - Inadequate protein intake can lead to fatigue, loss of lean body mass and increase your risk of infection and other illnesses
  - Consume 3-4 ounces of protein 3 times per day (3-4 ounces for breakfast; 3-4 ounces for lunch; 3-4 ounces for dinner)
  - As an estimate, 1 ounce of protein is approximately 7 grams. For example, if you consume 3 ounces of chicken, this would equal approximately 21 grams of protein
  - Always eat your protein foods first before eating the vegetable
  - Do not begin eating your vegetable first. Vegetables contain little or no protein and protein is essential
  - Continue to consume sugar-free, non-carbonated, decaffeinated clear liquids in between high protein foods for a total of 64 ounces (8 cups) per day
  - Follow the “30-Minute Rule” to fluid intake: wait 30 minutes before and after your food to drink fluids
- ### Important considerations about adding vegetables
- When incorporating vegetables, it is recommended that you begin with softly cooked vegetables first
  - Avoid vegetables that do not become soft when cooked
  - Avoid fibrous stalks like those found in asparagus, broccoli, celery, stalks of romaine lettuce, kale, etc
  - Be cautious of seeds and peels
  - You may introduce raw vegetables only after you can tolerate a variety of cooked vegetables
  - Remember to always check for food tolerance
  - Slowly increase your variety of choices only after you know that you can tolerate it
  - When eating raw vegetables, it is recommended that you first try softer vegetables such as broccoli florets, Bibb lettuce, red-leaf lettuce or Boston lettuce
  - Remember to chew vegetables thoroughly (chew 25 times) and swallow only when chewing has made it into a “mushy” pureed consistency
  - If you have trouble with gas, avoid eating gas-producing vegetables such as onions, cauliflower, garlic, scallions, leeks, Brussels sprouts and cabbage
  - Avoid starchy vegetables such as potatoes (sweet and white), yams, yucca, plantain and corn at this time
  - Continue with vitamin and mineral supplementation
- See procedure-specific section titled “Post-Op Vitamin and Mineral Supplementation” to ensure proper type, dosage and timing for your specific bariatric procedure**

## Nutritional considerations

- The goal is to consume at least 60-80 grams of protein per day with the addition of adding vegetables
- Consume 3-4 ounces of protein 3 times per day (3-4 ounces for breakfast; 3-4 ounces for lunch; 3-4 ounces for dinner)
- You may continue to use protein shakes as a meal replacement if you find that you cannot consume enough protein
- Do not skip meals; have 3 meals per day (breakfast, lunch and dinner)
- Consume sugar-free, non-carbonated, decaffeinated clear liquids in between high protein foods for a total of 64 ounces (8 cups) per day
- Check tolerance level
- Stop eating or drinking when you feel the sense of fullness
- During Phase IV, no breads, no cereals, no rice, no noodles, no pastas, no crackers, no potatoes (sweet or white), no yams, no corn, no plantain, no yucca, no fruits, no fruit juices, no carbonation, no caffeine, no alcoholic beverages**
- Continue with vitamin and mineral supplementation  
**See procedure-specific section titled “Post-Op Vitamin and Mineral Supplementation” to ensure proper type, dosage and timing for your specific bariatric procedure**

## Menu sample

**Morning:** Decaffeinated coffee with Splenda® may be used; Wait at least 30 minutes after consuming fluids before eating protein foods

**Breakfast:** 4 ounces Eggbeaters® omelet with sautéed mushrooms, scallions and cheese

**Midmorning:** 8 oz Crystal Light®

**Lunch:** 1 Boca Burger®, steamed broccoli

**Mid-afternoon:** 8 oz Crystal Light®

**Dinner:** 3–4 ounces baked tilapia fish, steamed cauliflower florets

**Evening:** 8 oz Crystal Light®

## Phase IV: High Protein Foods, Added Vegetables *(continued)*

### Important Reminders When on Phase IV

- The goal is to consume at least 60-80 grams of protein per day with the addition of adding vegetables
- Consume sugar-free, non-carbonated, decaffeinated clear liquids in between meals for a total of 64 ounces (8 cups) per day
- Have 3 meals per day (breakfast, lunch and dinner)
- Do not skip any meals
- Check tolerance level
- Take small bites of food and chew food well (25 times) before you swallow
- Stop eating or drinking when you feel full
- Sip fluids slowly, do not gulp
- Do not use a straw
- Avoid extreme temperatures (extreme hot or cold)
- No carbonated beverages, no caffeine, no alcoholic beverages
- Follow the “30-Minute Rule” to fluid intake: wait 30 minutes before and after your food to drink fluids
- Don't forget to take your vitamin and mineral supplements
- Remember to eat your protein foods first, followed by the vegetable
- During Phase IV, no breads, no cereals, no rice, no noodles, no pastas, no crackers, no potatoes (sweet or white), no yams, no corn, no plantain, no yucca, no fruits, no fruit juices, no vegetables, no carbonation, no caffeine, no alcoholic beverages
- Continue to stay on Phase IV until you have reached 75% of your Excess Weight Loss (EWL)
- Remember to keep increasing physical activity as tolerated

### Exercise – sample workout

#### Post-op, month 2

| Exercise  | Time          | Frequency      | Intensity  | Strength Exercise  |
|---|---------------|----------------|--|--|
| Walk or start other cardio exercises:<br>Swimming*,<br>rowing, aerobics,<br>stair climbing with<br>surgeon's approval | 30–45 minutes | 5–6 times/week | If starting at 30 minutes, increase the time by 5 minutes every other session until you work continuously for 45 minutes a session | Add a 4 <sup>th</sup> day of light weight training, alternating upper and lower body weight x 15–30 minutes, <b>as tolerated</b> |



# Phase V: High Protein Foods, Added Complex Carbohydrates in the Form of Whole Grains, Starchy Vegetables and Fruit

## Duration of Phase V: Lifetime

### Important considerations

- Phase V may begin once you have reached 75% of your Excess Weight Loss (EWL) or at the discretion of your Registered Dietitian. This may take anywhere from 6–12 months or longer after surgery
- For example, if your excess weight is 100 lbs and you lose 75 lbs, you may add complex carbohydrates back into your meal plan
- If you are unsure when to add complex carbohydrates back into your meal plan, please consult with the doctor or dietitian
- The goal remains to consume at least 60–80 grams of protein per day with the addition of adding vegetables, fruit and complex carbohydrates
- Inadequate protein intake can lead to fatigue, loss of lean body mass and increase your risk of infection and other illnesses
- Consume 3–4 ounces of protein 3 times per day (3–4 ounces for breakfast; 3–4 ounces for lunch; 3–4 ounces for dinner)
- As an estimate, 1 ounce of protein is approximately 7 grams. For example, if you consume 3 ounces of chicken, this would equal approximately 21 grams of protein
- Always eat your protein foods first before eating the vegetable, fruit or complex carbohydrate
- Do not begin eating your complex carbohydrate first. They contain little or no protein and protein is essential
- Continue to consume sugar-free, non-carbonated, decaffeinated clear liquids in between high protein foods for a total of 64 ounces (8 cups) per day
- Follow the “30-Minute Rule” to fluid intake: wait 30 minutes before and after your food to drink fluids

### Important considerations about complex carbohydrates

- Complex carbohydrates are found in whole grains, fruits, legumes and vegetables
- Up until Phase V, you may have been eating legumes and vegetables. Now you may consider whole grains, starchy vegetables and fruit
- When incorporating complex carbohydrates, it is recommended that you begin with peeled fruit, either cooked or raw
- No-added sugar and syrup canned fruit is acceptable
- Remember to always check for food tolerance
- Slowly increase your variety of choices only after you know that you can tolerate it
- Fruit juice is not recommended
- Avoid white flours, rice, pastas or breads that are “doughy” or “gummy”. These are hard to tolerate
- When choosing whole grains, choose 100% whole wheat, 100% multigrain. These are packed with fiber, vitamins and minerals.
- Limit complex carbohydrates and remember to always consume your protein first

### Nutritional Considerations

- The goal is to consume at least 60-80 grams of protein per day with the addition of 1 serving complex carbohydrate per meal
- Consume 3–4 ounces of protein 3 times per day (3–4 ounces for breakfast; 3–4 ounces for lunch; 3–4 ounces for dinner)
- You may continue to use protein shakes as a meal replacement if you find that you cannot consume enough protein
- Do not skip meals; have 3 meals per day (breakfast, lunch and dinner)

## Phase V: High Protein Foods, Added Complex Carbohydrates in the Form of Whole Grains, Starchy Vegetables and Fruit *(continued)*

### Nutritional Considerations *(continued)*

- Consume sugar-free, non-carbonated, decaffeinated clear liquids in between high protein foods for a total of 64 ounces (8 cups) per day
- Check tolerance level
- Stop eating or drinking when you feel the sense of fullness
- Add a variety of complex carbohydrates back into your meal plan including vegetables, fruit and whole grains
- Avoid simple carbohydrates such as soda, candy, cakes, pastries, ice cream
- Consume your protein foods first before the vegetable, the fruit or the complex carbohydrate
- Continue with vitamin and mineral supplementation  
**See procedure-specific section titled “Post-Op Vitamin and Mineral Supplementation” to ensure proper type, dosage and timing for your specific bariatric procedure**

### Important Reminders When on Phase V

- The goal is to consume at least 60-80 grams of protein per day with the addition of adding vegetables
- Consume sugar-free, non-carbonated, decaffeinated clear liquids in between meals for a total of 64 ounces (8 cups) per day
- Have 3 meals per day (breakfast, lunch and dinner)

- Do not skip any meals
- Check tolerance level
- Take small bites of food and chew food well (25 times) before you swallow
- Stop eating or drinking when you feel full
- Sip fluids slowly, do not gulp
- Do not use a straw
- Avoid extreme temperatures (extreme hot or cold)
- No carbonated beverages
- Add a variety of complex carbohydrates back into your meal plan including vegetables, fruit and whole grains
- Consume your protein foods first before the vegetable, the fruit or the complex carbohydrate
- Follow the “30-Minute Rule” to fluid intake: wait 30 minutes before and after your food to drink fluids
- Don't forget to take your vitamin and mineral supplements
- Remember to stay committed to exercise, keep following the recommended sample exercise plan or follow your own.

## Complex carbohydrates

| Type  | Examples  |
|---|---|
| Cereals and Grains                                | Amaranth, bran, barley, brown rice, bulgur, buckwheat, cornmeal, couscous, grits, kasha, kamut, millet, muesli, oats, quinoa, rye, semolina, 100% whole wheat, wheat germ, wild rice.<br><b>When choosing a cereal, choose one that has less than 5 grams of sugar per serving and has at least 5 grams of fiber per serving</b>  |
| Breads, Crackers, Pita, Tortilla, Pastas and Rice | Look for 100% whole grain, stone-ground, multigrain or 100% whole wheat breads, crackers and pastas.<br>Ezekiel® and Spelt breads, Arnold's Whole Grain Classics®, Pepperidge Farms Whole Grain®. Crackers such as: Wasa®, Ryvita®, Kavli® and Kashi® brands. Pastas such as Ronzoni Healthy Harvest®, Barilla Plus®, Muellers Whole Grain®. Rice brands such as: Tex-Mex® brown rice, Eden Foods® whole grain rice, Lundberg's® brown rice, Success® whole grain brown Rice, Uncle Ben's® brown or wild rice.  |
| Starchy Vegetables                                | Corn, peas, plantain, potato (sweet and white), yam, squash, yucca  |
| Legumes and Beans                                 | Soybeans (edamame), lentils, peas. Beans such as: black, red, white, navy, northern, kidney, lima<br><b>Soak dried beans overnight to reduce gas-production</b>   |
| Vegetables  | Use fresh or frozen without added sauces, cheeses or gravies.<br>Good examples of vegetables are: Broccoli and cauliflower florets, tender green beans, soft yellow squash, zucchini, soft eggplant, cucumbers, soft asparagus, Brussels sprouts, carrots, parsnip, rutabaga, beets, snow peas, plantain, potato (sweet and white), yams, yucca, sweet leeks, scallions, shallots, onions, green beans, peas, corn, lettuce, creamed spinach, kale, collards, cabbage, legumes, squash, mushrooms, peppers, tomatoes, herbs like parsley, basil, thyme, sage.<br><ul style="list-style-type: none"> <li>• If using canned, choose low sodium and rinse under cool water</li> <li>• Avoid tough stalks and vegetables that are too fibrous or hard to chew</li> <li>• If experiencing gas, avoid onions, garlic, leeks, cabbage, broccoli, cauliflower and other gas producing vegetables</li> </ul> |
| Fruits  | Use fresh or frozen without added sugar, syrup or cream. Always wash your fresh fruit under cool, running water. Peel fresh fruit.<br>Good examples of fruits are: Peaches, apples, nectarines, plums, cherries, strawberries, apricots, blueberries, melons, bananas, grapes, figs, papaya, mangoes, avocado, pears, persimmons.<br><ul style="list-style-type: none"> <li>• Avoid fruit that is too fibrous or hard to chew such as coconut and the rind of the orange</li> <li>• It is recommended that you peel fresh fruit before eating</li> <li>• If using canned fruit, choose sugar-free or no added sugar and syrup</li> <li>• Use cautions when eating fruits with seeds or pits</li> </ul>  |

# Common Names For Sugar, Sugar Alcohols, Artificial Sweeteners

## Common names for sugar

- To avoid unnecessary empty calories and to reduce your risk of developing Dumping Syndrome, limit your intake of sugar to less than 5 grams per serving
- Choose products that are labeled “sugar-free.” They will have less than 5 grams of sugar per serving.
- Read food labels. Read ingredient lists. Ingredients are always listed from most to least, so choose products that do not have sugar listed as the first 5 ingredients
- Sugar may be called other things besides “sugar.” These names are:
  - Corn syrup
  - High fructose corn syrup (HFCS)
  - Corn sweeteners
  - Dextrose
  - Fructose
  - Glucose
  - Dextrose
  - Honey
  - Molasses
  - Sucrose
  - Syrup
  - Levulose
  - Turbinado
  - Brown sugar
  - Granulated sugar
  - Raw sugar
  - Confectioner’s sugar

## Commons names for sugar alcohols

- Avoid sugar alcohols
- They may cause gas and diarrhea and they are not well tolerated
- Sometimes these sugar alcohols are referred to as “sugar-replacers”
- Examples of sugar alcohols are:
  - Sorbitol
  - Xylitol
  - Mannitol
  - Maltitol
  - Lactitol
  - Erythritol
  - Isomalt

## Commons names for artificial sweeteners

- Sugar substitutes, also called artificial sweeteners, are acceptable in the bariatric nutrition plan
- Examples of artificial sweeteners are:
  - Aspartame (NutraSweet®, Equal®, Equal Spoonful®)
  - Saccharin (Sweet’n Low®)
  - Sucralose (Splenda®)
  - Acesulfame-K (Acesulfame Potassium)
  - Neotame
  - Tagatose
  - Cyclamate (Sugar Twin®, Sucaryl®)
  - Truvia®
  - Stevia® (herbal sweetener)

# Nutrition Facts Label

## What to look for on a Nutrition Facts label after bariatric surgery

- See diagram of “Nutrition Facts Label”
- Choose foods that have less than 5 grams of sugar per serving
- Choose foods that are high in protein
- Aim for at least 60 grams of protein intake per day
- Look for foods that are good sources of fiber and have at least 3 grams per serving
- Choose food that is low fat and contains less than 30% of calories from fat
  - Choose food that has less than 10% of calories from **saturated fat**
  - Choose food that has less than 1% of **trans fat**
- Choose foods that have less than 300 mg of sodium per serving
- Choose foods that are low cholesterol
- To meet your vitamin and mineral needs, make sure you take your daily supplements

| <b>Nutrition Facts</b>   |                           |
|--|---------------------------|
| Serving Size grams 2 tortillas (51g)   |                           |
| Servings Per Container 6   |                           |
| <b>Amount Per Serving</b>  |                           |
| <b>Calories</b> 110  | Calories from Fat 10      |
| <b>% Daily Values*</b>   |                           |
| <b>Total Fat</b> 1g  | <b>2%</b>                 |
| Saturated Fat 0g   | <b>0%</b>                 |
| Trans Fat 0g   |                           |
| <b>Cholesterol</b> 0mg   | <b>0%</b>                 |
| <b>Sodium</b> 30mg   | <b>1%</b>                 |
| <b>Total Carbohydrate</b> 22g  | <b>7%</b>                 |
| Dietary Fiber 2g   | <b>9%</b>                 |
| Sugars 0g  |                           |
| <b>Protein</b> 2g  | <b>4%</b>                 |
| Vitamin A  | 0%                        |
| Vitamin C  | 0%                        |
| Calcium  | 2%                        |
| Iron   | 4%                        |
| *Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs. |                           |
|  | Calories 2,000 2,500      |
| Total Fat  | Less than 65g 80g         |
| Sat Fat  | Less than 20g 25g         |
| Cholesterol  | Less than 300mg 300mg     |
| Sodium   | Less than 2,400mg 2,400mg |
| Total Carbohydrate   | 300g 375g                 |
| Dietary Fiber  | 25g 30g                   |
| Calories per gram:   |                           |
| Fat 9 • Carbohydrate 4 • Protein 4   |                           |

# Weight Chart

Name \_\_\_\_\_

Height \_\_\_\_\_ Weight Before Surgery \_\_\_\_\_ BMI \_\_\_\_\_

Weight Goal \_\_\_\_\_

|                         | Date | Weight | Weight Loss | BMI |
|-------------------------|------|--------|-------------|-----|
| Nutrition Consultation  |      |        |             |     |
| Pre-op Visit            |      |        |             |     |
| 2 Weeks Post-op Visit   |      |        |             |     |
| 2-3 Month Post-op Visit |      |        |             |     |
| 6 Months Post-op Visit  |      |        |             |     |
| 1 Year Post-op Visit    |      |        |             |     |

Weigh yourself at least once weekly and record it.

|                | Date | Weight | Weight Loss | BMI |
|----------------|------|--------|-------------|-----|
| Week 1 Post-op |      |        |             |     |
| Week 2         |      |        |             |     |
| Week 3         |      |        |             |     |
| Month 1        |      |        |             |     |
| Week 5         |      |        |             |     |
| Week 6         |      |        |             |     |
| Week 7         |      |        |             |     |
| Month 2        |      |        |             |     |
| Week 9         |      |        |             |     |
| Week 10        |      |        |             |     |
| Week 11        |      |        |             |     |
| Month 3        |      |        |             |     |
| Week 13        |      |        |             |     |
| Week 14        |      |        |             |     |
| Week 15        |      |        |             |     |
| Month 4        |      |        |             |     |
| Week 17        |      |        |             |     |
| Week 18        |      |        |             |     |
| Week 19        |      |        |             |     |
| Month 5        |      |        |             |     |



# 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 overeat.
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
12. Do not skip meals. Have 3 meals per day: breakfast, lunch and dinner.
13. Sip fluids slowly throughout the day. Do not gulp. Do not use a straw.
14. Do not chew/swallow gum.
15. Take small bites of food and chew properly (25 times) swallowing. Food should be a “mushy” before you swallow.
16. 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.
17. Always check with your Primary Care Physician about taking medications and/or over-the counter medications.
18. Be physically active everyday.
19. Participate in support group meetings.
20. Call the dietitian with any nutrition questions or concerns.
21. Remember, bariatric surgery is not the cure for obesity. It is a tool that can assist you with weight loss/management.



# Post-operative Follow-up Visit Reminders

## 2-Week Post-op Follow-up Visit at Cleveland Clinic

Date \_\_\_\_\_

Weight \_\_\_\_\_ BMI \_\_\_\_\_

Questions to Ask \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is recommended that you schedule an appointment with your Primary Care Physician (PCP) within one month after surgery.

## 2-Month Post-op Follow-up Visit at Cleveland Clinic

Date \_\_\_\_\_

Weight \_\_\_\_\_ BMI \_\_\_\_\_

Questions to Ask \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is recommended that you schedule an appointment with your Primary Care Physician (PCP) every 3 months after surgery during the first year.  
Don't forget to get your blood work done approximately 2 weeks before your 2-month follow up visit.

# Post-operative Follow-up Visit Reminders

## 6-Month Post-op Follow-up Visit at Cleveland Clinic

Date \_\_\_\_\_

Weight \_\_\_\_\_ BMI \_\_\_\_\_

Questions to Ask \_\_\_\_\_

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**It is recommended that you schedule an appointment with your Primary Care Physician (PCP) every 3 months after surgery during the first year.**

**Don't forget to get your blood work done approximately 2 weeks before your 6-month follow up visit.**

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## 1 Year Follow-up Visit at Cleveland Clinic

Date \_\_\_\_\_

Weight \_\_\_\_\_ BMI \_\_\_\_\_

Questions to Ask \_\_\_\_\_

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**It is recommended that you schedule an appointment with your bariatric surgeon once a year.**

**Don't forget to get your blood work done approximately 2 weeks before your 1-year follow up visit.**

**It is recommended that you get blood work done once per year after your first year post-op to assess your vitamin and mineral status.**

# Obesity and Bariatric Resource Information

## Educational websites

[www.AmericanHeart.org](http://www.AmericanHeart.org)  
[www.asmb.org](http://www.asmb.org)  
[www.bscresourcecenter.com](http://www.bscresourcecenter.com)  
(formerly *Bariatric Support Center*)  
[www.ccf.org](http://www.ccf.org)  
[www.cdc.gov](http://www.cdc.gov)  
[www.eatright.org](http://www.eatright.org)  
[www.fda.gov](http://www.fda.gov)  
[www.FoodSafety.gov](http://www.FoodSafety.gov)  
[www.lightandhope.com](http://www.lightandhope.com)  
[www.MyPlate.gov](http://www.MyPlate.gov)  
[www.niddk.nih.gov](http://www.niddk.nih.gov)  
[www.Nutrition.gov](http://www.Nutrition.gov)  
[www.obesity.org](http://www.obesity.org)  
[www.obesityaction.com](http://www.obesityaction.com)  
[www.obesitydiscussion.com](http://www.obesitydiscussion.com)  
[www.obesityhelp.com](http://www.obesityhelp.com)  
[www.soard.com](http://www.soard.com)  
[www.wlshelp.com](http://www.wlshelp.com)

## Bariatric products websites

[www.bariatricadvantage.com](http://www.bariatricadvantage.com)  
[www.bariatricchoice.com](http://www.bariatricchoice.com)  
[www.bariatricfoodproducts.com](http://www.bariatricfoodproducts.com)  
[www.bariatricfusion.com](http://www.bariatricfusion.com)  
[www.bluebonnetnutrition.com](http://www.bluebonnetnutrition.com)  
[www.bodybuilding.com](http://www.bodybuilding.com)  
[www.bulknutrition.com](http://www.bulknutrition.com)  
[www.carbessentials.net](http://www.carbessentials.net)  
[www.celebratevitamins.com](http://www.celebratevitamins.com)  
[www.cvs.com](http://www.cvs.com)  
[www.designerwhey.com](http://www.designerwhey.com)  
[www.dietdirect.com](http://www.dietdirect.com)  
[www.eas.com](http://www.eas.com)  
[www.gnc.com](http://www.gnc.com)  
[www.houseofnutrition.com](http://www.houseofnutrition.com)  
[www.naturesbest.com](http://www.naturesbest.com)  
[www.nutritionexpress.com](http://www.nutritionexpress.com)  
[www.unjury.com](http://www.unjury.com)  
[www.vitacost.com](http://www.vitacost.com)  
[www.vitaminshoppe.com](http://www.vitaminshoppe.com)  
[www.walgreens.com](http://www.walgreens.com)  
[www.wholefoodsmarket.com](http://www.wholefoodsmarket.com)

## Books and magazines

*The Emotional First + Aid Kit: A Practical Guide to Life After Bariatric Surgery* by Cynthia L. Alexander, PsyD

*Gastric Bypass Surgery* by Mary McGowan

*Getting to Goal and Staying There: Lessons from Successful Patients* by Terry Simpson, MD

*Eating Well After Weight Loss Surgery – The Delicious Way to Eat in the Months and Years After Surgery*  
by Pat Levine, William B. Inabnet and Meredith Urban

*Tiny Bites: A Guide to Gastric Surgery for the Morbidly Obese* by Sandra Beauchamp-Parke

*Exodus From Obesity: Guide to Long-Term Success After Weight Loss Surgery* by Paula F. Peck, RN

*The Doctor's Guide to Weight Loss Surgery* by Louis Flancaum, MD and Erica Manfred

*Weight Loss Surgery for Dummies* by Marina S. Kurian, MD, Barbara Thompson, Brian Davidson and Al Roker



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