Cleveland Clinic Bariatric and Metabolic Institute Designated as a Bariatric Surgery Center of Excellence

The Cleveland Clinic Bariatric and Metabolic Institute (BMI) has been designated a Bariatric Surgery Center of Excellence by the American Society for Bariatric Surgery and the Surgical Review Corporation. The designation, awarded to programs with a proven record of favorable outcomes for weight-loss surgery, also recognizes Cleveland Clinic bariatric surgeons Philip Schauer, M.D., Bipan Chand, M.D., Stacy Brethauer, M.D., Tomasz Rogula, M.D., and Matthew Kroh, M.D.

The Surgical Review Corporation, a nonprofit organization dedicated to pursuing surgical excellence, establishes the stringent standards with which all Centers of Excellence must comply. Only after a comprehensive evaluation is the designation recommended and awarded.

“We are honored and gratified to have earned the designation as a Center of Excellence,” said Dr. Schauer, Director of Cleveland Clinic BMI. “The prevalence of obesity in our country has risen to an alarming level. It is a disease often accompanied by a number of other grave medical problems. Cleveland Clinic is dedicated to addressing obesity not only as a health problem for individuals, but also as a national health issue.”
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A Message from our Medical Staff

Many people do not realize the profound effect severe obesity has on the mind and body. The severely obese face health, social, and psychological problems that are not recognized by our society. Obesity is not caused by a lack of will power as is commonly believed. The difficulties faced in everyday life are often not appreciated. Tasks such as getting in and out of cars, simple daily hygiene, even tying your shoelaces all become challenging.

Life can all be overwhelming, especially when considering the serious and sometimes life-threatening health risks that are caused by obesity. Obesity is strongly associated with high blood pressure, infertility, arthritis, diabetes, heart and lung disease, and a shortened life span.

Obesity can severely affect the quality of your life! It is a disease that is so powerful that you alone cannot cure it. Just like any other disease, obesity needs intervention and should not be ignored. It is no one's fault that he or she is obese. Many of you have probably struggled with why you are obese and feel defeated by your inability to change your weight. But no matter how many diets you try, diets often have a minimal and short-term impact on weight loss. Statistics show despite diet plans, 95 percent of people will regain their weight. The only proven long-term solution to obesity and its related illnesses is weight loss surgery.

Surgery, despite its modest risks, can drastically improve your life. You can have control and make decisions toward a healthier future. We offer minimally invasive surgical options using the most advanced techniques for permanently treating obesity and its related complications.

You will probably have some questions about the surgery. This patient information booklet will begin the journey to understanding the role of weight loss surgery. Most importantly, it will prepare you for what to expect before and after your surgery.

We look forward to answering any questions you may have and welcome you to our program.

Philip Schauer, MD  
Director  
Advanced Laparoscopic and Bariatric Surgery

Bipan Chand, MD  
Advanced Laparoscopic and Bariatric Surgery  
Director of Surgical Endoscopy

Stacy Brethauer, MD  
Advanced Laparoscopic and Bariatric Surgery

Tomasz Rogula, MD  
Advanced Laparoscopic and Bariatric Surgery

Matthew Kroh, MD  
Advanced Laparoscopic and Bariatric Surgery

Karen Cooper, DO  
Bariatrician

Derrick Cetin, DO  
Bariatrician

Leslie Heinberg, PhD  
Director of Behavioral Services

Amy Windover, PhD  
Behavioral Services

Kathleen Ashton, PhD  
Behavioral Services
Welcome to the Cleveland Clinic Bariatric and Metabolic Institute. We strive to set the standards for quality in the field of bariatric (weight loss) surgery and total patient satisfaction. Our team is comprised of multidisciplinary professionals committed to you as we assist you through your surgical weight loss journey. Our surgeons are active members of the American Society of Bariatric Surgery and specialize in providing a range of weight loss surgery procedures that set the benchmark in bariatric surgery programs worldwide.

**Bariatric Surgery Excellence**
The Cleveland Clinic BMI is devoted to providing world-class care. We are committed to meeting or exceeding the following standards for excellence in weight loss surgery recommended by the American College of Surgeons and the American Society of Bariatric Surgery:

- Multidisciplinary expertise in the following obesity associated specialties:
  - Endocrinology
  - Cardiology
  - Pulmonary medicine (Sleep Apnea)
  - Gastroenterology
  - Nutrition/Dietary
  - Critical Care
  - Psychology/Psychiatry
  - Physical Therapy/exercise therapy
- Designated nurse or physician extenders for care and education
- Commitment to perform >125 bariatric surgical cases per year
- Full line of equipment and instruments for the care of bariatric surgical patients
- Dedicated hospital ward with suitable furniture and medical equipment
- Dedicated outpatient clinic with suitable furniture and medical equipment
- Perioperative care standardized with utilization of clinical pathways
- Availability of organized and supervised support groups
- Long-term follow-up care with a system for outcomes reporting

**Surgeon Qualifications and Credentialing**
Our pursuit of world-class care at the Cleveland Clinic BMI begins with the leadership, skill and experience of our surgeons. Our surgeons meet the highest standard of qualifications and credentialing for bariatric surgery and have performed hundreds of bariatric operations. Our surgeons are nationally recognized leaders in bariatric surgery and have taught surgeons from around the world. We emphasize minimally invasive or laparoscopic surgery for nearly all bariatric operations performed at Cleveland Clinic (> 90%). Qualifications that all our surgeons meet include the following:

- Graduation from approved medical school
- Completion of accredited residency training in general surgery
- Completion of fellowship training in advanced laparoscopic surgery and bariatric surgery
- Membership in the American Society of Bariatric Surgery
- Experience of at least 100 bariatric operations
- Performance of at least 100 bariatric operations per year.
The Decision

Our surgeons work with multi-specialty, full-time support staff that are dedicated to providing the best experience possible for the entire surgical process. Our entire team works with all patients to ensure they receive the best care before, during, and after their surgery. Our commitment to you is to provide you with life-long follow up care.

We encourage serious consideration and commitment to weight loss surgery. Patients need to be aware of and have a fundamental understanding of all aspects of this surgery. All facets of your life - body, mind and spirit - will potentially undergo significant change. We will provide the support and direction to help you to be successful through your weight loss journey. The successful patient will not only lose weight but will also have significant improvement in many of their current medical problems and enjoy an improved quality of life.

To provide ongoing support, we host a monthly meeting for patients who have had surgery and those interested in weight loss surgery. Potential patients, past and current patients, family, and friends are always welcome.

These handouts are designed to guide you through our program and the application process. Please call us with any questions at 216-445-2224, or toll-free, 1-800-223-2273, ext. 5-2224
Dr. Philip Schauer's particular areas of expertise include laparoscopic and gastrointestinal surgery. He has special interests in laparoscopic anti-reflux surgery, laparoscopic esophageal surgery, laparoscopic colon resection, laparoscopic adrenalectomy and splenectomy, laparoscopic hernia repair, and laparoscopic surgery for severe obesity.

He is board-certified in surgery by the American Board of Surgery. He has been the principal investigator or co-investigator on many research grants and has published numerous papers, abstracts, and book chapters related to gastrointestinal and laparoscopic surgery. Memberships in professional and scientific societies include the American College of Surgeons, Association of Academic Surgery, Society of University Surgeons, Society of Laparoendoscopic Surgeons, American Society of Bariatric Surgery, Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), and Society for Surgery of the Alimentary Tract.

Dr. Bipan Chand graduated from the University of Missouri School of Medicine, Kansas City, Missouri, in 1996. He completed surgical residency training at the Cleveland Clinic followed by a fellowship in advanced laparoscopy and endoscopy also at the Clinic. Dr. Chand joined the General Surgery staff in 2003 with a special interest in foregut surgery (GERD, hiatal hernia) bariatric surgery and advanced endoscopy.

He is board certified in surgery by the American Board of Surgery and holds professional memberships the American Medical Association, American College of Surgeons - Diplomat Member, Society of American Gastrointestinal Endoscopic Surgeons, American Society of Bariatric Surgery and American Society for Gastrointestinal Endoscopy.
Dr. Stacy Brethauer is a staff surgeon at the Cleveland Clinic with special interests in laparoscopic bariatric surgery, foregut and gastrointestinal surgery, hernia repair, and endoscopic procedures. He received his medical degree from the Uniformed Services University of the Health Sciences School of Medicine in 1993 while on active duty in the U.S. Navy. He completed his general surgery residency training at the Naval Medical Center San Diego in 2001. He received his specialty training in Advanced Laparoscopic and Bariatric Surgery at the Cleveland Clinic and joined the staff in 2007.

He is board certified by the American Board of Surgery and is a Fellow of the American College of Surgeons. He is a member of the American Society for Metabolic and Bariatric Surgery and the Society of American Gastrointestinal and Endoscopic Surgeons. He is actively involved in many of the research projects being conducted at the Bariatric and Metabolic Institute, has published many abstracts, journal articles, and book chapters on bariatric surgery and is co-editor of a textbook on minimally invasive bariatric surgery.

Dr. Tomasz Rogula is a staff surgeon at the Bariatric and Metabolic Institute at the Cleveland Clinic. He was trained in weight loss surgery in the United States (Mount Sinai School of Medicine - New York, University of Pittsburgh, PA), in Italy and France. In addition to bariatric surgery, his specialty interests include laparoscopic and robotic surgery, gastrointestinal surgery and hernia repair. Dr. Rogula has done pioneering research on novel weight-loss surgery procedures. He also has published multiple articles and book chapters on topics of bariatric and laparoscopic surgery.

He is a member of the American Medical Association, Society of American Gastrointestinal Endoscopic Surgeons, American Society of Metabolic and Bariatric Surgery, International Federation for the Surgery of Obesity and European Association for Endoscopic Surgery.
Dr. Matthew Kroh is a surgeon in the Surgical Institute at Cleveland Clinic. He joined the staff after completing a General Surgery residency and a fellowship in Advanced Laparoscopic Surgery and Surgical Endoscopy at the Cleveland Clinic. Dr. Kroh also holds positions with the Bariatric and Metabolic Institute and the Center for Surgical Innovation, Technology, and Education, located at the Cleveland Clinic main campus. He is licensed by the State Medical Board of Ohio and board-certified by the American Board of Surgery. His specialty interests include advanced laparoscopic surgery, bariatric surgery, gastrointestinal surgery, surgical endoscopy, and single incision laparoscopic surgery. After earning a Bachelor of Science degree in biology from Boston College and Master’s degree from Boston University, Dr. Kroh received his medical degree from the Mount Sinai School of Medicine of New York University.

His professional memberships include the American College of Surgeons, the American Society for Metabolic and Bariatric Surgery, and the Society of American Gastrointestinal and Endoscopic Surgeons.

Dr. Karen Cooper joined the Bariatric Team in 2006. She completed her medical residency at George Washington University and University Hospitals of Cleveland after graduating from the New York College of Osteopathic Medicine in New York City.

Dr. Cooper is a Family Medicine Physician with recent concentrations in urgent care and bariatric medicine. Her specialty interests include exercise physiology, nutrition sciences and weight management.

Dr. Derrick Cetin joined the staff at the Bariatric and Metabolic Institute in January of 2009. From 1995-2009 he was practicing as a Board Certified Internist at the Cleveland Clinic Westlake Family Health Center. He joined the Cleveland Clinic and was accepted by the Board of Governors in 1995. Previously he was in private practice from 1989-1995. He completed an AOA Rotating Internship in Erie, PA in 1985-1986 and completed an Internship/Residency at Cleveland Metropolitan General Hospital after graduating from Philadelphia College of Osteopathic Medicine in 1985.

Primary interests include medical and surgical management of obesity and the medical management of diabetes, insulin resistance, and prediabetes. Also, certified in the management and supervision of a low calorie diet called the Protein Sparing Modified Fasting Sparing Diet.
Leslie Heinberg, PhD, is Director of Behavioral Services for the Bariatric and Metabolic Institute at Cleveland Clinic. She is an Associate Professor of Medicine in the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University and is a staff member of the Neurological Institute and the Endocrinology and Metabolism Institute. She graduated from the University of South Florida and completed a fellowship in Behavioral Medicine at Johns Hopkins University School of Medicine. Dr. Heinberg is a nationally recognized expert in body image with substantial research and clinical experience in obesity and eating disorders among children, adolescents and adults.

She has served as a principal investigator or co-investigator on 3 NIH-funded projects addressing body image and Dr. Heinberg has served as a principal investigator, co-investigator or consultant on 4 NIH-funded projects focusing on lifestyle change for reducing or preventing obesity. Her clinical interests include obesity, bariatric surgery, eating disorders and disorders of body image.

Amy Windover, PhD is a Clinical Psychologist at the Bariatric and Metabolic Institute at Cleveland Clinic. She is the Director of Communication Skills Training in the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University. Dr. Windover is a staff member of the Neurological Institute and the Endocrinology and Metabolism Institute. She graduated from Kent State University and completed two fellowships in Health Psychology at Akron General Medical Center and The Cleveland Clinic. Dr. Windover’s clinical interests include obesity, bariatric surgery, weight management, smoking cessation, and coping with chronic medical illness.

Kathleen Ashton, PhD graduated from The Ohio State University with a doctorate in psychology in 2002. She completed her internship at the Louis Stokes DVA Medical Center in Cleveland Ohio and her fellowship at the Cleveland Clinic in health psychology. Her particular areas of expertise include preoperative bariatric psychological evaluation and binge eating disorder treatment. She also has research and clinical interests in insomnia treatment and behavioral weight management.

She is a licensed psychologist in the state of Ohio and an Associate Member of the American Society of Metabolic and Bariatric Surgery. She is the current President of the Cleveland Psychological Association and a Clinical Assistant Professor of Surgery for the Cleveland Clinic Lerner College of Medicine.
Bariatric and Metabolic Institute Staff Listing

Beth Abood, RN
Research Nurse Coordinator

Steve Booth
Inpatient Nurse Manager

Ellen Calogeras, RD, LD, CDE
Nutrition Therapy

Elaine Carter
Medical Secretary

Debra Cash
Financial Counselor

Christina Caruso, RN
Department RN Assistant

Sue Drees
Administrative Assistant/
Medical Secretary

Nancy Duelley, RN
Staff Nurse

Anthony Ehlinger, RN
Clinical Coordinator

Julie Fetto, RN
Director of Nursing

Lydia Franklin
Patient Service Representative

Ron Gambino, RN, BSN, MPA
Program Administrator

Lacrecia Glaze
Surgical Coordinator

Chytaine Hall
Clinical Research Assistant

Beth Janssen, RN
Department RN Assistant

Ruth Jerkins, RN, C, CBN
Department RN Assistant

Ebony Jones
Patient Service Representative

Kim Keyes
Insurance Coordinator

Wendy Kirby, RD, LD
Nutrition Therapy

Kelly Landau
Medical Assistant

Janet Lenin, RN
Staff Nurse

Shirley Littlejohn
Front End Manager

Deanne Nash, RN
Research Nurse Coordinator

Sharon O’Keefe
Research Nurse Coordinator

Nina Pressello
Medical Secretary

Tracie Reed
Medical Assistant

Randy Scott
Database

Matthew Sedivy
Surgical Coordinator

Linda Shah, RN
Nurse Manager

Laura Smolenak, RN, CBN
Staff Nurse

Marguarite Stephanopoulos
Events Coordinator

Susan Thomas, RN
Research Manager

Paul Tuininga
Database Manager

Anne Tyson- Sabir
Department Assistant

Tammy Wade, LPN
Staff Nurse

Dara Yager
Inpatient Administrative Assistant
(Step by Step Tab Here)
The Steps to Weight Loss Surgery at BMI

STEP 1: Complete Initial Patient Worksheet Questionnaire

STEP 2: Send the Initial Patient Worksheet Questionnaire to the Program Office

STEP 3: Insurance Coverage for Weight Loss Surgery

STEP 4: Medical Qualification for Weight Loss Surgery

STEP 5: Appointment for Weight Loss Surgery Patient Workshop

STEP 6: Weight Loss Surgery Workshop

STEP 7: Visit With the Surgeon

STEP 8: Medical Consultations and Assessments

STEP 9: Acquiring Insurance Approval

STEP 10: Scheduling the Surgery Date and Pre op Clinic Visit

STEP 11: The Surgery

STEP 12: Follow-up Visits

Each of the steps listed above are explained in greater detail on the following pages.
STEP 1: Complete Initial Patient Worksheet Questionnaire

The first step in your evaluation for weight loss surgery is to complete the enclosed initial patient worksheet questionnaire. As with all patient records the information that you provide us is highly confidential. We would greatly appreciate your efforts in completing all the questions and to answer them to the best of your knowledge. If you can’t remember exact dates where needed, please provide approximate dates.

Do not leave any sections blank. If a section does not apply to your situation, please state “does not apply.”

The information you provide is very important in helping us learn more about you, your general health and weight control issues. Our goal is to provide you the highest quality of care tailored to meet your health needs. The completion of this worksheet will take approximately one hour.

STEP 2: Send the Initial Patient Worksheet Questionnaire to the Cleveland Clinic Bariatric and Metabolic Institute Program Office

IMPORTANT: When you have completed your Initial Patient Worksheet Questionnaire, please mail it to:

Cleveland Clinic Bariatric and Metabolic Institute (BMI)
c/o MDnet Solutions
40 Center Avenue
Pittsburgh, PA 15229

STEP 3: Insurance Coverage for Weight Loss Surgery

Please contact your insurance company and verify that your policy does cover weight loss surgery!

Ask your insurance company if the following procedures are covered at the Cleveland Clinic by your insurance plan:

- Roux-en-Y gastric bypass (CPT Code 43644)
- Adjustable laparoscopic band (CPT Code 43770)

The Cleveland Clinic accepts all major insurance carriers including Medicare and Medicaid.

A VERY IMPORTANT NOTE: Most insurance companies require the following:

- medical documentation of a five-year weight history
- any actual documentation of diet drugs and medically supervised diets prescribed
- any commercial diet program records (Weight Watchers, Jenny Craig, etc.)
- any exercise program records (YMCA/YWCA, Gym membership, etc.).
You will need to begin gathering these records **NOW** so that these are available when we communicate with your insurance company. It is NOT enough for you to simply list these items on the initial patient worksheet questionnaire. The insurance company will require official documentation.

If you have a weight history and weight treatment history at the Cleveland Clinic, we will gather that weight information and weight loss drugs prescribed by Cleveland Clinic doctors from your Cleveland Clinic medical record. For weight history outside the Cleveland Clinic or its satellite offices you will need to contact the doctor who weighed you and/or prescribed weight loss drugs for a copy of that documentation. Copies of the doctor’s office notes detailing your weight loss attempts are required. You may need to contact commercial diet program offices and exercise facilities for records if you do not have these.

**STEP 4: Medical Qualification for Weight Loss Surgery**

After your insurance coverage has been verified, your **Initial Patient Worksheet Questionnaire** will be evaluated by our staff to determine if you qualify for weight loss surgery according to the National Institutes of Health guidelines. In addition, other medical problems may be revealed, which could require evaluation by other specialists.

If you do not meet the criteria for weight loss surgery you will be contacted to discuss non-surgical options.

**STEP 5: Appointment for the Weight Loss Surgery Patient Workshop**

Once your initial patient worksheet questionnaire has been reviewed, you will receive a call to schedule a weight loss surgery patient workshop. You will also receive a mailed appointment reminder.

If this appointment cannot be kept, please call the program office at 216-445-2224 or the General Surgery appointment office at 216-445-3030. If you are calling long distance, call (800) CCF-CARE and ask for extension 52224 or 53030.

**STEP 6: Weight Loss Surgery Workshop**

**Please plan for an approximate 3-hour workshop program.** At that time we will measure your height and weight. We would like to obtain your photograph, with your consent, during this workshop. You will be presented with information from our program staff and surgeons regarding weight loss surgery options, risks and benefits. You will be given an opportunity to ask questions about our program and surgical options.

Please come prepared for the workshop by:
1. Reviewing all material provided to you.
2. Bringing the following items to assist you:
   - Pencil or pen
• A list of your questions
• Reading and/or distance glasses

We encourage all of you to bring a family member or a friend for support. Please do not bring young children. Again, please plan to be here approximately 3 hours when you attend the workshop.
At the end of the workshop, you will receive a certificate of attendance for your files.

**STEP 7: Visit With the Surgeon**

After you have attended a weight loss surgery workshop, you may schedule an office visit with one of our surgeons to discuss a weight loss surgery plan. At this office appointment, the surgical staff will review your history and examine you briefly. You will have an opportunity to discuss surgical weight loss options with your surgeon and ask questions. If you have complicated medical conditions, we may schedule you to see an Internist specializing in pre-surgical preparation before seeing the surgeon. At the conclusion of your visit a preoperative testing and consultation plan and worksheet (called the “green sheet”) will be given to you. This plan includes a list of diagnostic tests and consultations that you will be required to complete before proceeding with surgery.

**STEP 8: Medical Consultations and Assessments**

You must complete all testing, assessments and consults that are ordered. Please note that all patients are required to have a nutritional and psychological evaluation done at the Cleveland Clinic main campus. The need for other consultations and evaluations will be determined by the history you provide, physical exam and our discussion with you.
You will be provided with the names and phone numbers of consultants and testing areas so that you can make appointments that will be convenient for you.

It is necessary that you keep copies of your test results, consultations and other records of treatment if performed outside the Cleveland Clinic. Any records of care provided at the Cleveland Clinic main campus or Cleveland Clinic satellite offices (Family Health Centers) are available to us. Although we do not need copies of records of care you receive at the Cleveland Clinic or satellite offices, you may want to ask for a copy of these records for your own file at the time of your tests and consultations.

When all testing and evaluation is complete, please mail the completed patient diary and copies of all outside (non-CCF) testing results, evaluations and other documents to our program office. Mail to:

**Cleveland Clinic Bariatric and Metabolic Institute (BMI)**

ATTN: Kim
9500 Euclid Ave., M61
Cleveland OH  44195
STEP 9: Acquiring Insurance Approval

Once your test results, consults, weight history, diet and exercise program documentation and other records have been received and reviewed by our office, we will submit a letter of recommendation to your insurance carrier requesting approval for the surgical weight loss procedure. Your medical records are forwarded to your insurance company with this letter. The insurance company will let us know if there is any additional information they will need to make the decision to approve or deny your surgery. Again, as described in Step 3, having your weight and weight treatment history at this time is very important. Failure to include this information may result in a delay of the decision for approval or a denial for insurance coverage.

Some insurance companies will make the decision about your surgery within a few weeks. Some insurance carriers take several weeks or months to return a decision. We will contact you when we have heard from your insurance company. You may contact your insurance company to check on the status of your insurance approval.

If your insurance company denies the request for, our financial counselor will discuss appeals and self-pay options with you.

STEP 10: Scheduling the Surgery Date and Pre-op Clinic Visit

Once your insurance approval is obtained, you will be contacted to arrange a preoperative clinic visit date and a date for surgery. At your pre-operative visit you will meet again with a BMI nurse for preoperative education. A Nurse Practitioner or Physician will review your testing and complete a history and physical exam. You will also meet privately with your surgeon who will review all aspects of your upcoming surgery.

STEP 11: The Surgery

In most cases you will be admitted to the hospital the morning of surgery. The actual time you will need to arrive will not be known until the day before surgery. Most surgical weight management patients are in the hospital for 2-3 days. Most patients return to work approximately 4 weeks after surgery or sooner.

There are many more questions that you will have about this step. Many of these questions will be answered during Steps 6 and 7.

STEP 12: Follow-Up Visits

We look forward to working with you in reaching and maintaining your health goals. Compliance to a follow up schedule is very important. Regular follow up visits are essential to helping you achieve your personal and health goals and will help us evaluate your compliance with lifestyle changes.

Please review the following two pages for the schedule for routine follow-up appointments.
Routine Follow-up Appointments for Gastric Bypass and Sleeve Gastrectomy

<table>
<thead>
<tr>
<th>TIME</th>
<th>Appointment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 week after surgery</td>
<td>Surgeon or nurse</td>
</tr>
<tr>
<td>1 month after surgery</td>
<td>Surgeon&lt;br&gt;Nutrition&lt;br&gt;Psychology-Individual</td>
</tr>
<tr>
<td>3 months after surgery</td>
<td>Shared Medical Appointment/Dr. Cooper&lt;br&gt;Life After Surgery Group-Psychology&lt;br&gt;Nutrition&lt;br&gt;Labs as needed</td>
</tr>
<tr>
<td>6 months after surgery</td>
<td>Shared Medical Appointment/Dr. Cooper&lt;br&gt;Nutrition&lt;br&gt;Psychology as needed&lt;br&gt;Labs required</td>
</tr>
<tr>
<td>9 months after surgery</td>
<td>Shared Medical Appointment/Dr. Cooper&lt;br&gt;Nutrition&lt;br&gt;Psychology as needed&lt;br&gt;Labs as needed</td>
</tr>
<tr>
<td>12 months after surgery</td>
<td>Shared Medical Appointment/Dr. Cooper&lt;br&gt;Nutrition&lt;br&gt;Psychology as needed&lt;br&gt;Labs required</td>
</tr>
<tr>
<td>18 months after surgery</td>
<td>Shared Medical Appointment/Dr. Cooper&lt;br&gt;Nutrition&lt;br&gt;Psychology as needed&lt;br&gt;Labs as needed</td>
</tr>
<tr>
<td>Annual</td>
<td>Shared Medical Appointment/Dr. Cooper&lt;br&gt;Nutrition&lt;br&gt;Psychology as needed&lt;br&gt;Labs required</td>
</tr>
</tbody>
</table>

Please note – The scheduling of all appointments are the patients responsibility. If unable to make a scheduled appointment, please call 216-445-3030 to reschedule.
# Routine Follow-up Appointments for Laparoscopic Adjustable Banding Surgery

<table>
<thead>
<tr>
<th>TIME</th>
<th>Appointment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 weeks after surgery</td>
<td>Surgeon or nurse post-op visit (10-14 days)</td>
</tr>
</tbody>
</table>
| 4-6 weeks after surgery | Teaching and adjustment  
Surgeon  
Nutrition  
Psychology-Individual |
| 4 months after surgery  | Teaching and adjustment  
Life After Surgery Group-Psychology  
Nutrition as needed  
Labs as needed |
| 6 months after surgery  | Teaching and adjustment  
Nutrition as needed  
Psychology as needed  
Labs required     |
| 8 months after surgery  | Teaching and adjustment  
Nutrition as needed  
Psychology as needed  
Labs as needed     |
| 10 months after surgery | Teaching and adjustment  
Nutrition as needed  
Psychology as needed  
Labs as needed     |
| 12 months after surgery | Teaching and adjustment  
Nutrition as needed  
Psychology as needed  
Labs required     |
| 18 months after surgery | Teaching and adjustment  
Nutrition as needed  
Psychology as needed     |
| 21 months after surgery | Teaching and adjustment  
Nutrition as needed  
Psychology as needed  
Labs as needed     |
| 21 months after surgery | Teaching and adjustment  
Nutrition as needed  
Psychology as needed     |
| 24 months after surgery | Teaching and adjustment  
Nutrition as needed  
Psychology as needed  
Labs required     |
| Annual                | Teaching and adjustment-3 visits per year  
Labs required one of the three  
Nutrition as needed  
Psychology as needed  
Shared Medical Appointment/Dr. Cooper |
(Obesity/Surgical Overview Tab Here)
Defining Obesity

Obesity: Causes and Treatments

Obesity is a common problem in the United States. Current research suggests that one in three Americans is obese. In the United States alone, about 300,000 deaths per year can be blamed on obesity.

Obesity tends to run in families, suggesting there may be a genetic contribution. However, family members also tend to share the same diet and lifestyle habits. Environment also plays a role in obesity. These environmental factors include what and how often a person eats, a person’s level of activity and behavioral factors. We have come to realize that obesity is a chronic condition and a lifelong battle that requires long-term lifestyle changes.

The treatment of obesity can be difficult, especially when the patient does not have a correctable endocrine problem, such as a thyroid disorder. Low-calorie, low-fat diets – along with exercise – usually are recommended to treat obesity. “Crash” diets and appetite suppressants generally are appropriate only under very specific conditions.
Am I Obese?

Patients are considered morbidly obese if they weight more than 100 pounds over their ideal body weight or have a body mass index (BMI) greater than 35 to 40.

The BMI uses a mathematical formula that measures both a person’s height and weight in determining obesity. To calculate your BMI, multiply your weight in pounds by 705 and divide the answer by your height in inches. Divide this figure by your height again. Your doctor can discuss the BMI in greater detail and determine if you are obese and a candidate for gastric bypass surgery.

### What it means

<table>
<thead>
<tr>
<th>BMI from</th>
<th>What it means</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.5 to 24.9</td>
<td>is a healthy weight</td>
</tr>
<tr>
<td>25.0 to 29.9</td>
<td>is an overweight condition</td>
</tr>
<tr>
<td>30.0 to 39.9</td>
<td>is moderate obesity</td>
</tr>
<tr>
<td>40 or above</td>
<td>is severe obesity</td>
</tr>
</tbody>
</table>

### Body Mass Index (BMI)

<table>
<thead>
<tr>
<th>Height</th>
<th>BMI 18.5</th>
<th>BMI 19.0</th>
<th>BMI 20.0</th>
<th>BMI 21.0</th>
<th>BMI 22.0</th>
<th>BMI 23.0</th>
<th>BMI 24.0</th>
<th>BMI 25.0</th>
<th>BMI 26.0</th>
<th>BMI 27.0</th>
<th>BMI 28.0</th>
<th>BMI 29.0</th>
<th>BMI 30.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>4'0&quot;</td>
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Am I A Candidate?

For patients who remain severely obese after conventional approaches to weight loss – such as diet and exercise – have failed, or for patients who have an obesity-related disease, surgery may be the best treatment option. For other patients, however, greater efforts toward weight control – such as changes in eating habits, behavior modification and increasing physical activity – may be more appropriate.

Answering the following questions may help you decide if surgery is right for you:

Are you morbidly obese (have a BMI over 40)?

Do you have a BMI greater than 35 with one or more significant obesity related conditions including high blood pressure, diabetes, arthritis, sleep apnea, high cholesterol, and a family history of early coronary heart disease?

Have you tried – for at least five years – to lose weight through diet; exercise and behavior modification but cannot maintain the weight loss?

Have you tried dieting in the past? Has it been combined with simultaneous behavior therapy and exercise?

Have you been carefully evaluated by a team of medical, surgical, behavioral and nutrition experts?

Do you understand the gastric bypass and/or gastric banding procedure?

Are you committed to lifelong follow-up care and lifestyle changes?

If you have depression or excessive stress, has it been adequately treated?

Do you have realistic expectations and are motivated?

Are you between 16 and 70 years old (with some exceptions?)
Weight Loss Surgery Overview

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

Normal Stomach

Gastric Bypass Operations
Gastric bypass surgery is an operation that creates a small pouch to restrict food intake and bypasses a segment of the small intestine. In the gastric bypass procedure, a surgeon makes a direct connection from the stomach pouch to a lower segment of the small intestine, bypassing the duodenum (the first part of the small intestine) and some of the jejunum (the second part of the small intestine), delaying the mixing of ingested food and the digestive enzymes.

Roux-en-Y Gastric Bypass (RYGB)
RYGB is the most common type of bariatric surgery. The surgeon begins by creating a small pouch by dividing the upper end of the stomach. This restricts the food intake. Next, a section of the small intestine is attached to the pouch to allow food to bypass the duodenum, as well as the first portion of the jejunum. The small intestine is re-connected 150 centimeters from the pouch to allow ingested food and digestive enzymes to mix.

Restrictive Operations
Alternatives to gastric bypass procedures are restrictive operations such as vertical-banded gastroplasty (not offered at the Cleveland Clinic) or adjustable gastric banding. Restrictive surgery results in weight loss when the surgeon creates a small pouch at the top of the stomach where the food enters from the esophagus. The pouch's lower outlet usually has a diameter of about 1/4-inch. The small outlet delays the emptying of food from the pouch creating a feeling of fullness. Following surgery, patients can usually eat only one-half to 1 cup of food without discomfort or nausea. Most people who have a restrictive operation lose the ability to eat a large amount of food at one time. Some patients do return to eating modest amounts of food, without feeling overly hungry. Both operations serve only to restrict food intake and do not alter the normal digestive and absorptive process.
**Vertical Banded Gastroplasty**
The surgeon uses staples and a plastic band to create a smaller stomach pouch. Patients are unable to eat large quantities of food and do notice a feeling of fullness. Long-term complications such as weight regain and severe acid reflux or difficulty swallowing solids occur in up to one-half of patients who underwent VBG. This procedure is not offered at the Clinic. We do manage patients with complications of VBG and these often require conversion to a gastric bypass.

**Laparoscopic Adjustable Gastric Banding (LAGB)**
During the procedure, surgeons typically use laparoscopic techniques and instruments to implant an inflatable silicone band around the upper portion of the stomach. The band creates a new, tiny pouch that limits and controls the amount of food consumed. The band also creates a small outlet that slows the emptying process into the stomach and the intestines allowing the patient to experience an earlier sensation of fullness and increased satisfied with smaller amounts of food. This ultimately results in weight loss.

The LAGB patient can expect a reduced hospital stay of one to two days; in some instances there may be an increased stay if the surgery required an abdominal incision or complications occurred. Patients may resume normal activities in one to two weeks; again, expect a delay if there is an abdominal incision or complications occurred.

The LAGB procedure requires no cutting or stapling of the stomach and bowel and is considered the least invasive weight loss surgery available. The band is also adjustable and can be modified by inflating or deflating the inner surface with saline solution. The surgeon can control the amount of saline in the band using a fine needle through the skin. The adherence to monthly appointments for band adjustments the first 6-12 months after surgery is very important to achieve optimal results. Once the band is adjusted properly, the duration between visits can be lengthened. The adjustments are made in the surgeon’s exam room and patients have minimal discomfort. Finally, should the band need to be removed, the stomach will return to its original form and function.

**Laparoscopic Sleeve Gastrectomy**
The Laparoscopic Sleeve Gastrectomy (also known as Vertical Gastrectomy) includes removing about 75% of the stomach leaving a narrow gastric tube or “sleeve” through which food passes. No intestines are removed or bypassed during sleeve gastrectomy.

The sleeve gastrectomy is used for selected patients who are not candidates for the band or gastric bypass due to severe medical conditions, extremely high BMI, or prior bowel surgery. In some patients, the sleeve is used as a first stage procedure to improve their medical condition prior to a second stage gastric bypass.
Results of Weight Loss Surgery
Most patients will lose about 66 to 80 percent of their excess body weight with the gastric bypass procedure. Substantial weight loss occurs 18 to 24 months after surgery; some weight regain is normal and can be expected at two to five years after surgery.

In addition to weight loss, surgery has been found to have a beneficial effect on many medical conditions such as: diabetes, hypertension, acid reflux, sleep apnea, polycystic ovary syndrome (PCOS), urinary stress incontinence, low back pain, and many others. Our research has shown that 80% of our diabetic patients had remission from their diabetes (the blood sugar is normal on no medication). Many patients report an improvement in mood and other aspects of psychosocial functioning after surgery.

The overall quality of life is improved. Many patients express elation on being able to do things that may seem trivial to the non-obese person, such as, improvement in personal hygiene, going to the store, playing with their children, getting in and out of a car, riding a roller coaster, shopping for regular sized clothes…the list is endless.

Also, because most surgeries are performed laparoscopically (minimal invasive surgery), patients will typically experience shorter hospital stays, smaller incisions and quicker recovery periods.

Benefits of Surgical Weight Loss
In our section about the health consequences of severe obesity, we listed problems, or co-morbidities, that affect most of the organs in the body. Most of these problems can be greatly improved, or entirely resolved, with successful weight loss. Most people have actually observed this, at least for short periods, after a weight loss by dieting. Unfortunately, with dieting, such benefits usually do not last, because weight loss from diets does not often last. We have shown that the weight loss achieved with Roux-en-Y Gastric Bypass can average 80 percent of excess body weight, and can be maintained for years following surgery. We instruct patients in a very simple program, which is much easier to follow when one is not constantly deprived on a diet.

Medical conditions that may be greatly improved after surgery includes:
• High blood pressure. At least 70 percent of patients who have high blood pressure, and who are taking medications to control it, are able to stop all medications and have a normal blood pressure, usually within two to three months after surgery. When medications are still required, their dosage can be lowered, with reduction of the annoying side effects.

• High cholesterol. More than 80 percent of patients will develop normal cholesterol levels within two to three months after the operation.

• Heart disease. Although we can't say definitively that heart disease is reduced, the improvement in problems such as high blood pressure, high cholesterol, and diabetes certainly suggests that improvement in risk is very likely. In one recent study, the risk of death from cardiovascular disease was profoundly reduced in diabetic patients who are particularly susceptible to this problem. It may be many years before further proof exists, since there is no easy and safe test for heart disease.
• **Diabetes.** More than 90 percent of Type II diabetics obtain excellent results, usually within a few weeks after surgery: normal blood sugar levels, normal Hemoglobin A1C values, and freedom from all their medications, including insulin injections. Based upon numerous studies of diabetes and the control of its complications, it is likely that the problems associated with diabetes will slow in their progression when blood sugar is maintained at normal values. There is no medical treatment for diabetes that can achieve as complete and profound an effect as surgery— which has led some physicians to suggest that surgery may be the best treatment for diabetes in the seriously obese patient. Abnormal glucose tolerance, or "borderline diabetes," is even more reliably reversed by gastric bypass. Since this condition becomes diabetes in many cases, the operation can frequently prevent diabetes as well.

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

• **Respiratory insufficiency.** Improvement of exercise tolerance and breathing ability usually occurs within the first few months after surgery. Often, patients who have barely been able to walk find that they are able to participate in family activities, and even sports.

• **Sleep apnea syndrome** Dramatic relief of sleep apnea occurs as our patients lose weight. Many report that within a year of surgery, their symptoms were completely gone, and they had even stopped snoring completely—and their spouses agree. Many patients who require an accessory breathing apparatus to treat sleep apnea no longer need it after surgically induced weight loss.

• **Gastroesophageal reflux disease** Relief of all symptoms of reflux usually occurs within a few days of surgery for nearly all patients. We are now beginning a study to determine if the changes in the esophageal lining membrane, called Barrett's esophagus, may be reversed by the surgery as well—thereby reducing the risk of esophageal cancer.

• **Gallbladder disease** When gallbladder disease is present at the time of the surgery, it is "cured" by removing the gallbladder during the operation. If the gallbladder is not removed, there is some increase in risk of developing gallstones after the surgery, and occasionally, removal of the gallbladder may be necessary at a later time.

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

• **Low back pain, degenerative disk disease, and degenerative joint disease**. Patients usually experience considerable relief of pain and disability from degenerative arthritis and disk disease and from pain in the weight-bearing joints. This tends to occur early, with the first 25 to 30 pounds lost, usually within a month after surgery. If there is nerve irritation or structural damage already present, it may not be reversed by weight loss, and some pain may persist.
Benefits of Bariatric Surgery

- **Migraines**: 57% resolved
- **Depression**: 55% resolved
- **Pseudotumor Cerebri**: 96% resolved
- **Obstructive Sleep Apnea**: 74-98% resolved
- **Dyslipidemia Hypercholesterolemia**: 63% resolved
- **Asthma**: 82% improved or resolved
- **Non-Alcoholic Fatty Liver Disease**: 90% improved stenosis, 37% resolution of inflammation, 20% resolution of fibrosis
- **Cardiovascular Disease**: 82% risk reduction
- **Metabolic Syndrome**: 80% resolved
- **Hypertension**: 52-92% resolved
- **Type II Diabetes Mellitus**: 83% resolved
- **GERD**: 72-98% resolved
- **Polycystic Ovarian Syndrome**: 79% resolution of hirsutism, 100% resolution of menstrual dysfunction
- **Stress Urinary Incontinence**: 44-88% resolved
- **Degenerative Joint Disease**: 41-76% resolved
- **Venous Stasis Disease**: 95% resolved
- **Gout**: 77% resolved

**Quality of Life**
- improved in 95% of patients

**Mortality**
- 30-40% reduction in 10-year mortality
What are the risks of gastric bypass surgery?
The more extensive the bypass operation, the greater is the risk for complications and nutritional deficiencies. Patients with extensive bypasses of the normal digestive process require not only close monitoring, but also lifelong use of special foods and medications.

Ten percent to 20 percent of patients who have weight-loss operations require follow-up operations to correct complications. Abdominal hernias are the most common complications requiring follow-up surgery.

Rare complications of gastric bypass surgery include leakage through staples or sutures, ulcers in the stomach or small intestine, blood clots in the lungs or legs, stretching of the pouch or esophagus, persistent vomiting and abdominal pain, inflammation of the gallbladder, and failure to lose weight (very rare).

More than one-third of obese patients who have gastric surgery develop gallstones. Gallstones are clumps of cholesterol and other matter that form in the gallbladder. During rapid or substantial weight loss, a person’s risk of developing gallstones increases. Gallstones can be prevented with supplemental bile salts taken for the first six months after surgery.

Nearly 30 percent of patients who have weight-loss surgery develop nutritional deficiencies such as anemia, osteoporosis and metabolic bone disease. These deficiencies can be avoided if vitamin and mineral intakes are maintained.

Women of childbearing age should avoid pregnancy for 18 months to two years until their weight becomes stable because rapid weight loss and nutritional deficiencies can harm a developing fetus.

Though gastric bypass procedures can be reversed, patients should carefully consider all of the risks and benefits before electing to have this surgery.

What are the risks of Gastric Banding?
Most patients have experienced at least one side effect. Common side effects include nausea and vomiting, heartburn, and abdominal pain. The most serious side effects, for example slippage of the band and/or incision, would require another operation or hospitalization.

It should not be used for people who are poor candidates for surgery, have certain stomach or intestinal disorders, have an infection, have to take aspirin frequently, or are addicted to alcohol or drugs. It should not be used on patients who are not able or willing to follow rules for eating and exercise that are recommended by the doctor after surgery.

Though gastric banding procedures can be reversed, patients should carefully consider all of the risks and benefits before electing to have this surgery.
Possible risks for gastric bypass surgery include, but are not limited to:

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<th>Complication</th>
<th>Description</th>
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<tbody>
<tr>
<td>1 Allergic Reactions</td>
<td>From minor reactions such as a rash to sudden overwhelming reactions that can cause death.</td>
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<td>2 Anesthetic Complications</td>
<td>Anesthesia used to put you to sleep for the operation can be associated with variety of complications up to and including death.</td>
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<td>3 Bleeding</td>
<td>From minor to massive bleeding that can lead to the need for emergency surgery transfusion or death.</td>
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<td>4 Blood Clots</td>
<td>Also called deep vein thrombosis and Pulmonary Embolus that can sometimes cause death.</td>
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<td>5 Infection</td>
<td>Including wound infections, bladder infections, pneumonia, skin-infections and deep abdominal infections that can sometimes lead to death.</td>
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<td>6 Leak</td>
<td>After operation to bypass the stomach the new connections can leak stomach acid, bacteria and digestive enzymes causing a severe abscess and infection. This can require repeated surgery, and intensive care and even death.</td>
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<td>7 Narrowing (stricture)</td>
<td>Narrowing (stricture) or ulceration of the connection between the stomach and the small bowel can occur after the operation.</td>
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<td>8 Dumping Syndrome</td>
<td>Dumping Syndrome (Symptoms of the dumping syndrome include cardiovascular problems with weakness, sweating, nausea, diarrhea and dizziness) can occur in some patients after gastric bypass.</td>
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<td>9 Bowel Obstruction</td>
<td>Any operation in the abdomen can leave behind scar tissue that can put the patient at risk for later bowel blockage.</td>
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<td>10 Laparoscopic Surgery Risks</td>
<td>Laparoscopic Surgery uses punctures to enter the abdomen and can to lead to injury, bleeding and death.</td>
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<td>11 Need for and Side Effects of Drugs</td>
<td>All drugs have inherent risks and in some cases can cause a wide variety of side effects including death.</td>
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<td>12 Loss of Bodily Function</td>
<td>Including stroke, heart attack, limb loss and other problems related to operation and anesthesia.</td>
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<td>13 Risks of Transfusion</td>
<td>Including Hepatitis and Acquired Immune Deficiency Syndrome (AIDS), from the administration of blood and/or blood components.</td>
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<td>14 Hernia</td>
<td>Cuts in the abdominal wall can lead to hernias after surgery.</td>
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<td>15 Hair Loss</td>
<td>Many patients develop hair loss for a short period after operation. This usually responds to increased levels of vitamins.</td>
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<td>16 Vitamin and Mineral Deficiencies</td>
<td>After gastric bypass there is a malabsorption of many vitamins and minerals. Patients must take vitamin and mineral supplements forever to protect themselves from these problems.</td>
</tr>
</tbody>
</table>
Gastric banding risks include but not limited to the following:

<table>
<thead>
<tr>
<th>Complication</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Allergic Reactions</td>
<td>From minor reactions such as a rash to sudden overwhelming reactions that may cause death.</td>
</tr>
<tr>
<td>2. Anesthetic Complications</td>
<td>Anesthesia used to put you to sleep for the operation can be associated with a variety of complications up to and including death.</td>
</tr>
<tr>
<td>3. Bleeding</td>
<td>From minor to massive bleeding that can lead to the need for emergency surgery transfusion or death.</td>
</tr>
<tr>
<td>4. Blood Clots</td>
<td>Also called deep vein thrombosis and Pulmonary Embolus that can sometimes cause death.</td>
</tr>
<tr>
<td>5. Infection</td>
<td>Including wound infections, bladder infections, pneumonia, skin infections and deep abdominal infections that can sometimes lead to death.</td>
</tr>
<tr>
<td>6. Perforation</td>
<td>As a result of manipulating the stomach, a perforation may occur. The leaking stomach acid, bacteria and digestive enzymes may cause a severe abscess and infection. This may require repeat surgery, intensive care or may lead to death.</td>
</tr>
<tr>
<td>7. Erosion</td>
<td>Erosion may occur as a result of the band gradually penetrating into the stomach. This is a rare event but requires surgical removal of the band.</td>
</tr>
<tr>
<td>8. Prolapse</td>
<td>Also known as slippage. The band may slip, or the stomach may slip. In these cases the band may not function adequately, or cause symptoms of gastroesophageal reflux. This event is rare but requires surgical fixation.</td>
</tr>
<tr>
<td>9. Difficulty Swallowing</td>
<td>Inadequate chewing of food stuffs may cause a hold-up or blockage, perceived as chest discomfort.</td>
</tr>
<tr>
<td>10. Access port problems</td>
<td>The access port may take an abnormal position rendering difficult access, or the tubing to the band may kink or leak. These events, though rare, may require surgical adjustment.</td>
</tr>
<tr>
<td>11. Bowel Obstruction</td>
<td>Any operation in the abdomen can leave behind scar tissue that can put the patient at risk for later bowel blockage.</td>
</tr>
<tr>
<td>12. Laparoscopic Surgery Risks</td>
<td>Laparoscopic surgery uses punctures to enter the abdomen and can lead to injury, bleeding and death.</td>
</tr>
<tr>
<td>13. Need for and Side Effects of Drugs</td>
<td>All drugs have inherent risks and in some cases can cause a wide variety of side effects including death.</td>
</tr>
<tr>
<td>14. Loss of Bodily Function</td>
<td>Including stroke, heart attack, limb loss and other problems related to the operation and anesthesia.</td>
</tr>
<tr>
<td>15. Risks of Transfusion</td>
<td>Including Hepatitis and Acquired Immune Deficiency Syndrome (AIDS), from the administration of blood and/or blood components.</td>
</tr>
<tr>
<td>16. Hernia</td>
<td>Cuts in the abdominal wall can lead to hernias after surgery.</td>
</tr>
<tr>
<td>17. Hair Loss</td>
<td>Many patients develop hair loss for a short period after the operation. This usually responds to increased levels of vitamins.</td>
</tr>
<tr>
<td>18. Pregnancy</td>
<td>Pregnancy represents increased nutritional needs, and this will require periodic loosening of the band throughout the pregnancy.</td>
</tr>
<tr>
<td>19. Other</td>
<td>Major abdominal surgery, including Laparoscopic Placement of the Lap-Band device, is associated with a large variety of other risks and complications, both recognized and unrecognized that occur both soon after and long after the operation.</td>
</tr>
<tr>
<td>20. Depression</td>
<td>Depression is a common medical illness and has been found to be particularly common in the first weeks after surgery.</td>
</tr>
<tr>
<td>21. Death</td>
<td></td>
</tr>
</tbody>
</table>
(Preparing for Surgical Weight Loss Tab Here)
WEIGHT LOSS SURGERY AND BEHAVIORAL HEALTH

Weight loss surgery is a life-altering, stressful process and procedure that requires careful thought, considerable awareness, and adjustment. Changes occur both emotionally and physically. Weight loss surgery is not a “cure-all”. Instead, it is a tool to help you achieve a healthier weight. We want you to be as successful as you can with weight loss surgery!

In order to have a successful long-term outcome, it is necessary to make a number of permanent lifestyle changes. You will need to permanently change your behaviors, eating habits and activity patterns. A behavioral health evaluation is a requirement at The Cleveland Clinic Bariatric & Metabolic Institute because many habits, behaviors, thoughts and emotions can affect the success of weight loss surgery. Minimally, the behavioral health evaluation will include a one-hour interview and brief questionnaire(s) assessing eating habits, weight history, stress factors, coping patterns, and lifestyle behaviors. Sometimes additional visits may be needed to complete this evaluation. The behavioral health team member will make individualized recommendations to build upon your strengths and help you address challenges so that you can best lose weight and keep it off.

In addition to the behavioral health evaluation, our team can work with you both before and after surgery. It is sometimes necessary to have follow-up behavioral health visits, either individually or in a group, to change behavioral, emotional or psychological patterns that would interfere with a good surgical outcome. For example, many patients need help from a Psychologist to reduce binge-eating behaviors prior to surgery. This eating pattern can reduce your ability to benefit from the surgery. Behavioral health can also provide additional support, stress management skills, assertiveness building, emotion management (e.g., anger or depression), assistance to stop smoking, and strategies for reducing anxiety or fears associated with having the surgery. Further, after the surgery, many individuals are helped from behavioral health follow-up. These visits can help with your psychological and social adjustment to your new lifestyle. Finally, we also encourage you to attend a Weight Loss Surgery support group. This lets you hear from others who have already had the surgery. Support groups also give you additional information about weight loss surgery and the behavioral changes that you will need to make in order to reach a healthier weight and maintain it for the rest of your life.

In summary, we want to help you achieve the best post-surgical outcome possible! If you have any questions or concerns, please do not hesitate to share them with us during your first behavioral health appointment.

Sincerely,

Leslie J. Heinberg, Ph.D., Amy K. Windover, Ph.D., Kathleen R. Ashton, Ph.D.
Behavioral Health Considerations

Weight loss surgery is not a cure-all but rather a serious medical procedure that serves as a tool for establishing a healthier weight. In order to be successful over the long-term, it is also necessary to make permanent lifestyle changes in your eating and activity patterns.

ROUX EN Y SURGERY:
The Roux en Y surgical procedure reduces your stomach to the size of an egg (15cc). This dramatically reduces the amount of food that can be consumed without slowing your metabolism. The surgery also changes the type of foods that can be eaten.

- There are many possible medical complications associated with RNY surgery such as:
  - Dumping syndrome: this occurs when food too high in fat and/or sugar move rapidly through the intestinal pathway resulting in diarrhea, nausea, cramping, dizziness, sweating, and vomiting.
  - Nutritional deficiencies (e.g. vitamin A, B₁₂, D, E) and mineral deficiencies (calcium, iron, folic acid).
  - Stomach hernias and ulcers
  - Staple line or intestinal connection leak

LAP-BAND SURGERY:
- Although it is possible to remove the band (and thus reverse the surgery), the LAP-BAND is intended to be a permanent or long-term implant.

- The laparoscopic procedure involves inserting an inflatable gastric band through tiny (1cm) incisions in the abdomen and then fitting the band around the upper part of the stomach. This creates a small pouch about the size of an egg (15cc), which limits the amount of food that the stomach will hold at any time. The inflatable/adjustable ring controls the flow of food from this smaller pouch to the rest of the digestive tract. The patient will feel comfortably full with a small amount of food, and because of the slow emptying; the patient will continue to feel full for several hours thereby reducing the urge to eat between meals.

- The LAP-BAND procedure requires regular follow-ups to ensure the band is functioning correctly and check for any complications.

- In addition to dramatically reducing the amount of food that can be consumed, this procedure changes the types of food that can be eaten.

- The LAP-BAND is designed to be adjustable after surgery and to assist you in losing weight and maintaining your weight loss. However, following the surgery there are risks of complications associated with the placement, movement, infection, or leakage of the band or port.
1. In addition, some patients may experience post-operative gastric symptoms, such as nausea and vomiting. There also remains the possibility that you may not lose weight or that you may even gain weight or that very rapid weight loss could cause health problems.

2. Some of the specific major risks associated with the LAP-BAND are:

- Band leakage
- Enlargement of stomach pouch or band slippage
- Erosion of band into stomach
- Reflux
- Dehydration
- Nausea
- Gas bloating
- Ulceration
- Difficulty swallowing
- Psychological intolerances

In rare cases, death

**Some complications can be corrected through repositioning or replacement of the band but some may require band removal.**

- Some of the risks associated with any laparoscopic surgery are:
  - Blood clots
  - Damage to major blood vessels
  - Damage to spleen/liver
  - Perforation of the stomach/esophagus
  - Lung problems

- Though weight loss surgery physically reduces the size of your stomach, it will not prevent you from eventually gaining back weight if you do not learn how to reduce the amount of food you eat and increase your physical activity to promote calorie burning.

  - It is entirely possible to “beat” the surgery by eating fatty foods or liquids (such as potato chips, milkshakes, ice cream, etc.).

- Having a diagnosable eating disturbance before surgery increases the chances of gaining back weight. Weight regain often occurs 2-5 years after surgery.
  - Binge Eating Disorder and Night Eating Syndrome are linked with greater risk of weight regain.
  - Cognitive-behavioral consultation/psychotherapy are often necessary to treat such eating disturbances.

- Individuals with mental health difficulties are at an increased risk of medical complications, emotional distress, and decreased satisfaction following surgery.
  - There is a higher rate of psychological difficulties in individuals with obesity compared to the national norm.
  - Clinical depression is the most reported illness.
  - A prescreening for psychological difficulties is important so that proper intervention can be instituted, reducing the risk of post-surgery complications.
• Individuals who use eating to cope with negative emotions or stress are most successful after surgery if they have learned to replace eating with more adaptive coping strategies such as deep breathing, exercise, or developing a hobby.

• The majority of patients who have weight loss surgery report having a better quality of life after surgery and recovery.

• Weight loss surgery alone will not increase your self-esteem. Many factors play a role in one’s self-esteem, such as current and past experiences, perceptions, and attitudes.
  • How you perceive yourself after surgery depends on more than just weight loss. This is especially true when an individual’s weight begins to increase or stabilize after surgery.

• The majority of patients also report improved body image.
  • It is not uncommon to develop new attitudes and perceptions about life after surgery as a result of the dramatic weight loss and new body image. As a result of these changes, individuals often report significant changes in their relationships.

Individuals who have weight loss surgery often experience both positive and negative effects in their marital and interpersonal relationships.

• Some obese individuals who also experience social anxiety (i.e., discomfort in interacting with others) have reported using their weight as an excuse to reduce social interaction. Once the weight is lost, there is the potential for increased anxiety as a result of increased social demands.

• If you are currently on disability for obesity or an obesity-related medical condition, it is important to plan for potential discontinuation of this income after surgery.

• Patients who have undergone surgery and returned to work have reported mixed feelings. This is due to individual differences in how one welcomes the new attention received.

• The majority of patients who have undergone weight loss surgery report an increase in energy after a brief recovery period. This new energy should be put to good use as soon as possible by exercising and being active.

• Those who have had prior substance abuse problems are at an increased risk for relapse. Substance abuse has also been shown to increase the risk of regaining weight 2-5 years following surgery. Ongoing awareness and support can help to reduce this risk.
• These potential risks for undermining a successful post-surgical outcome are important to consider on an individual basis in the context of psychotherapy.

• As you take personal responsibility for making permanent lifestyle changes to create a healthier you, psychotherapy is able to provide you with:
  • Ongoing support and information about how our thoughts and beliefs can impact our ability to make changes in our eating and exercise patterns.
  • Identification and treatment of potential problem areas such as depression, anxiety, or binge eating.
  • The development of specific plans for how to cope with problem areas or stresses that can impede your ability to lose weight and maintain a healthier weight.

Resources


Address orders to:

The LifeStyle Company
P.O. Box 610430, Dept 70 Facsimile: (817) 545-2211
Dallas, Texas 75261-0430 Web Address: www.TheLifeStyleCompany.com
1-888-LEARN-41 E-mail Address: LEARN@TheLifeStyleCompany.com


Leach, Susan Maria (2004). *Before and After: Living and Eating Well After Weight Loss Surgery*.


**INTERNET RESOURCES**
The Obesity Society: [www.obesity.org](http://www.obesity.org)
American Society for Metabolic and Bariatric Surgery: [www.asbs.org](http://www.asbs.org)
Obesity Help.com: [www.obesityhelp.com](http://www.obesityhelp.com)

**WEIGHT LOSS SURGERY SUPPORT GROUPS**

For information on Weight Loss Surgery Support Groups throughout Ohio that are sponsored by the Association for Morbid Obesity, please see: [www.obesityhelp.com/morbidobesity/stateinfo.phtml?State=OH](http://www.obesityhelp.com/morbidobesity/stateinfo.phtml?State=OH)
Exercise

Commit to an exercise plan preoperatively and get started. Check with your PCP before beginning any exercise program.

Benefits of Exercise:

The Surgeon General’s report on physical activity and health states that exercise helps to:
1. Reduce the risk of dying prematurely
2. Reduce the risk of dying from heart disease
3. Reduce the risk of developing diabetes
4. Reduce the risk of developing high blood pressure
5. Reduce blood pressure in people who already have high blood pressure
6. Reduce the risk of developing colon cancer
7. Build and maintain healthy bones, muscles and joints
8. Reduce feelings of depression and anxiety
9. Control weight

Getting Started:
Remember: The key to weight loss is using more calories than you take in!!!!

Walking is an excellent way to start an exercise program.
1. A walking program can be started before surgery and resumed once home from the hospital.
2. A walking program can be followed year round. Walk outside during good weather and move indoor to a gym or mall on cold, rainy or humid days.
3. Start by walking on a flat surface and gradually add hills or slopes, as you get stronger.
4. Gradually increase the distance or amount of time you walk.
5. Alternate your walking routes will keep you from getting bored with your walking program.
6. It may help to join a walking club or walk with a family member or friend to keep you motivated.
7. Walk only where you feel safe.
8. If you can, invest in a good pair of walking shoes.
9. If you have not exercised in a long time, it might make you feel better to take a cell phone with you on your walks.
10. Take a bottle of water with you on longer walks. Sip water at intervals, especially if you walk outside on hot days.
**Aerobic Exercise:**

1. Check with your doctor before starting any form of strenuous exercise program.
2. The best form of aerobic exercise is one that you will enjoy. It is difficult to stick with an exercise program you don’t enjoy.
3. A variety of aerobic activities can help you from becoming bored with your exercise program. Try doing different activities on different days.
4. Swimming and water aerobics are a good form of exercise, especially if you have joint problems or joint pain.
5. If you want to take an aerobic class, always start with a low impact class. Make sure the class is geared for beginners.
6. Research has shown that increasing lifestyle activities can have the same effect on health and weight loss as a structured exercise program. Examples include:
   - Taking the stairs instead of the elevator
   - Parking at the far end of the parking lot and walking to the office or store
   - Mowing the lawn and raking leaves
   - Getting up from your desk to deliver a message instead of using E-mail
   - Walking to do errands instead of driving

**Strength Training:**

Note: strength training is not recommended for the first three months post-operative.

1. Check with your doctor before starting a strength-training program.
2. Strength training may include the use of weight machines, “free” weights (hand-held weights), and resistance bands.
3. It is very important to use correct form when doing strength training. This will help to prevent injuries.
4. When starting a strength-training program, it may be helpful to take a class or hire a personal trainer. The instructor or trainer will show you the correct way to use the equipment.
5. Strength training workouts should always be preceded by a 10-15 minutes warm-up (such as walking, using the treadmill, riding an exercise bike). This will raise the core body temperature and ready the joints and muscles for the workout.

**Goals and Motivation**

Goal: 30 minutes of exercise most days of the week. This can be broken down into 3-10 minute sessions.

Tips to help you maintain your exercise program:
1. Begin your exercise program gradually and progress slowly over time
2. Vary workouts to alleviate boredom
3. Develop specific, realistic and achievable goals
4. Anticipate obstacles—have a back-up plan
5. Keep your walking shoes or exercise clothes in the car.
**Tobacco**

It is highly recommend patients stop smoking eight weeks prior to surgery and refrain permanently.

**Smoking Effects:**
1. Impedes proper lung function.
2. Increases risk of pneumonia post-op.
3. Reduces circulation by constriction.
4. Inhibits healing of surgical sites.
5. Increases risk of blot clots (DVT)
7. Increase risk of ulcer formation.

The Cleveland Clinic Tobacco Treatment Center can be reached at 216-444-8111. For additional information call Ohio Quit Line at 1-888-Quit-Now (1-800-784-8669)

**Alcohol**

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

2. Post-operative alcohol use the first three months should be avoided while your surgical sites are healing. Alcohol can cause gastric irritation and lead to ulcer formation.

3. It is best to abstain fro alcohol. After your three-month recovery post operative, alcohol may be consumed on a very limited basis. Avoid alcohol taken in high sugar content mixers, this can cause “dumping syndrome”.

4. Use caution with alcohol consumption, a few sips can be highly intoxicating.

5. Alcohol is highly caloric and may impede weight loss and/or maintenance.
CAUTION: PREGNANCY & MEDICATION

Pregnancy and Weight Loss Surgery

During the first 18 months after your gastric bypass surgery, your body is undergoing many changes. Weight loss is a major one, your body is also experiencing hormonal changes, increasing your fertility.

Please be cautious during this time and use a method of birth control to insure that you do not become pregnant.

If applicable, a pregnancy test will be conducted prior to your surgery.

Non-Steroidal Anti-Inflammatory (NSAIDS)

Please ask your surgeon about Non-Steroidal Anti-Inflammatory (NSAIDS)
Stop TWO WEEKS prior to weight loss surgery.

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

List of Medications Associated with Bleeding or Ulcers:

Non-Steroidal Anti-Inflammatory (NSAIDS)
Advil            Motrin
Aleve           Naprelan
Anaprox         Naprosyn/EC-Naprosyn
Ansaid          Orudis
Aspirin (including Excedrin, Bufferin) Oruvail
Bextra          Relafen
Cataflam  Tolectin
Celebrex  Toradol
Clinoril        Vioxx
Daypro          Voltaren
Feldene
Ibuprofen
Indocin
Indocin SR
Lodine
Lodine XL
Bariatric and Metabolic Institute Support Group

Come and interact with others
to discuss pre and post-op care and issues you face

Second Thursday of each month.
5:30 pm to 7:00 pm

Please join us at our
Main Campus office location:

Bariatric and Metabolic Institute
9500 Euclid Avenue
6th Floor - M building - M61
Nutritional Guidelines Tab Here
Nutritional Guidelines for Weight Loss Surgery

Purpose:
This diet is designed to restrict caloric intake to produce desired weight loss, to help develop appropriate eating habits and to prevent disruption or obstruction of your pouch.

In addition, it is strongly recommended to pursue weight loss in preparation for surgery. Even a small amount of weight loss may contribute to a decreased surgical risk.

Main Focus:
1. Drink enough fluids to keep your body hydrated
2. Eat adequate protein
3. Take required vitamin and mineral supplements to meet recommended Daily Allowances.

Diet Principles:
1. Drink 6-8 cups of fluid each day
   a) Sip one cup of liquid over an hour
   b) Stop drinking within 30-60 minutes of a meal, during meals, and 30 minutes after meals
   c) Sip allowed beverages slowly
   d) Do not use a straw
2. High calorie foods, beverages, and snacks are omitted.
3. When your doctor gives you permission, vitamin/mineral and calcium supplements are required daily. Additional vitamin B12, iron, and zinc may be recommended.
4. Eat very slowly. Foods need to be thoroughly chewed to prevent blockage.
5. Stop eating as soon as you are full. Indications of fullness are: a) a feeling of pressure in the center just below your rib cage, b) a feeling of nausea, c) a pain in your shoulder area or upper chest. Contact your doctor if the above symptoms persist or worsen.
6. Include protein first at each meal to help maximize protein intake. As your pouch expands, you may only need to eat 3 meals and 1-2 high protein snacks each day.
7. The diet will be advanced gradually, depending on tolerance:
   Phase I    Clear liquid diet (in hospital only)
   Phase II   Full liquid diet (1-2 weeks)
   Phase III  Puree diet (1-2 weeks)
   Phase IV   Soft diet (2 weeks)
   Phase V    Regular diet (1-2 months)-after surgery
Potential Problems Following Weight Loss Surgery
And
Suggested Dietary Modifications

Nausea and Vomiting
- If nausea and vomiting occur after eating a new food, wait several days before trying that food again.
- It may be necessary to return to liquids or pureed foods temporarily.
- Eating/drinking too fast may cause nausea or vomiting.
- Eating/drinking too much may cause nausea or vomiting.
- Insufficient chewing may cause nausea or vomiting.
- Avoid cold beverages and those with caffeine or carbonation.
- If nausea and vomiting persists, call your surgeon.

Dumping syndrome (abdominal fullness, nausea, weakness, warmth, rapid pulse, cold sweat, diarrhea) **this does not occur after gastric banding.**
- Avoid all sweetened foods and beverages.
- Avoid high fat, fried, greasy foods.
- Do not drink fluids with meals.
- Wait at least 30 minutes to drink beverages after meals.

Pain in shoulder or upper chest area (occurs when you eat too much or eat something hard to digest)
- Stop eating if pain occurs during eating and try to eat later after pain has resolved.
- If pain persists, call your surgeon.

Dehydration
- Dehydration can occur with inadequate fluid intake, persistent nausea, vomiting, or diarrhea. At least 6-8 cups of fluid a day are recommended.
- Avoid caffeine.

Lactose Intolerance/Diarrhea (this does not occur after gastric banding)
- Use Lactase-treated milk and lactase enzyme tablets.
- Try low fat Lactaid®, Dairy Ease®, or soy milk.

Constipation
- Constipation may occur temporarily during the first post-operative month.
- This generally resolves with adaptation to changes in volume of food.
- Drink low-calorie fluids regularly—this will help prevent constipation.
- You may need to add a stool softener or fiber supplement, speak with your dietitian or surgeon about available products.

Diarrhea
- Limit high fiber, greasy foods, milk and milk products.
- Avoid very hot or cold foods.
- Eat smaller meals.
- Sip fluids between meals.
- If diarrhea persists, call your surgeon.

**Heartburn**
- Avoid carbonated beverages.
- Avoid citrus fruits and beverages such as lemonade, orange or pineapple juice. (you may resume citrus foods and beverages once on a regular diet, you do not have to avoid citrus after gastric banding)
- Avoid caffeine.
- Do not use a straw.

**Bloating**
- Limit liquids to 2 oz at one time
- Sip slowly.

**Taste/Sensory Changes**
- This may occur during the first few months after surgery but will resolve over time
- Some foods may taste too sweet or have a metallic taste
- Strong smells from cooking may affect you, try to avoid the kitchen while someone else is cooking

**Blockage of the stoma (opening of the stomach)**
- The stoma may be temporarily blocked if foods with large particle size are eaten without thorough chewing.
- If symptoms of pain, nausea, and vomiting persist, your surgeon should be contacted.
- Do not progress to solid foods until your surgeon tells you to.

**Rupture of the staple line after gastric bypass**
- Rupture of the staple line is unlikely; however, avoid eating an excessive quantity of food at one time.

**Stretching of the stomach pouch/stoma dilation**
- Avoiding large portions of food at one time can reduce the risk of stretching the stomach pouch.
- The risk can be decreased by gradually increasing the texture of foods in the early post-operative weeks.
- Follow the recommendations for advancing your diet to prevent this stretching.
- Avoid carbonated beverages
**Weight gain or no further weight loss**

- You might be eating high calorie foods or beverages
- Keep a record of all foods, beverages and snacks eaten to determine the exact reason for this.
- Measure portion sizes
- Avoid prolonged use of nutritional supplements such as Ensure, Boost, etc.
- Use only low calorie beverages in addition to fat free milk.
- If you had gastric banding, you may need your band adjusted.
- Lack of physical activity

**Protein - A Necessary Part of Your Diet**

**WHAT IS PROTEIN?**

Protein is the nutrient responsible for maintenance of all of the tissues in your body. This includes bone, muscle, organs and even hair and skin. In addition, protein helps the body function properly and is essential for healing. The average woman needs 50-60 grams of protein a day and the average man needs 60-70 grams of protein a day to stay healthy. After weight loss surgery, your minimum protein intake is **60 grams a day**.

Your best sources of protein are: lean beef, poultry, fish, milk, dairy products and eggs. Make sure you use low-fat dairy products, lean cuts of meat, white or dark meat of poultry without the skin, eggs or egg substitutes.

When preparing your foods avoid frying. This adds extra fat and may cause you discomfort. Bake, broil, poach, or grill your food instead. Also, choose low-fat or fat-free products, as much as possible.

There are several protein rich foods that may help you maintain an adequate protein intake as your diet advances after surgery:

- As soon as your doctor allows, begin to drink fat free milk throughout the day (if milk makes you feel bloated or nauseated, you may want to switch to low fat lactose free milk, such as Lactaid® or soy milk).
- It is important to start your meal with the protein portion and finish as much of it as you can.

During the pureed and soft phases:

- Try strained low-fat cream soups like cream of chicken (many condensed soups can be made with fat free milk to reduce the fat).
- Use low-fat cottage cheese, ricotta, and light or non-fat yogurt at meals.
- Begin pureeing low-fat cuts of meat, poultry, or fish or use baby food meats.
- Eat scrambled eggs or egg substitutes.
As your diet advances further, continue to:

- Eat the high protein foods first.
- Drink fat free milk throughout the day.

If you have trouble tolerating milk or other protein sources, you may want to use a commercial protein powder as recommended by your dietitian.

- These items can be found in pharmacies, nutrition stores, and supermarkets.

**Protein Supplements**

The following are a few examples of protein supplements available on the market. These products should be used as a meal replacement.

**Rule of thumb:** Protein supplements should be less than 200 calories, 30 of carbohydrates and at least 10-15 of protein.

*Note: The Bariatric and Metabolic Institute does not endorse these products. Also, check with your dietitian or surgeon before using any other products that are not listed on this page. Some products contain large amounts of other substances (i.e. caffeine, hidden sugars, herbs) or they may interact with medications.

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Product Name</th>
<th>Portion Size</th>
<th>Calories</th>
<th>Protein (grams)</th>
<th>Purchase At…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nestle</td>
<td>“No Sugar Added” Carnation Instant Breakfast® with 1 cup fat free or 1% milk or Lactaid</td>
<td>1 packet + 1 cup fat free or 1% milk</td>
<td>150</td>
<td>12</td>
<td>Supermarket in cereal aisle CCF – JJ Pharmacy</td>
</tr>
<tr>
<td>GNC</td>
<td>Pro Performance® 100% Whey Protein</td>
<td>1 scoop</td>
<td>130</td>
<td>20</td>
<td>GNC or Rite Aid</td>
</tr>
<tr>
<td>NEXT Proteins</td>
<td>Designer Whey™ Protein Powder</td>
<td>1 scoop</td>
<td>90</td>
<td>18</td>
<td>GNC or Rite Aid</td>
</tr>
<tr>
<td>Slim Fast</td>
<td>“Low Carb Diet” or “High Protein” Slim Fast®</td>
<td>11 oz</td>
<td>180 (190)</td>
<td>20 (15)</td>
<td>Supermarket, most drug-stores</td>
</tr>
<tr>
<td>Natures Best</td>
<td>Isopure Zero Carb</td>
<td>20 oz</td>
<td>160</td>
<td>40</td>
<td>GNC, Rite Aid, Giant Eagle</td>
</tr>
<tr>
<td>MET-Rx</td>
<td>Protein Plus® Powder</td>
<td>1 scoop</td>
<td>70</td>
<td>15</td>
<td>GNC</td>
</tr>
<tr>
<td>Abbott</td>
<td>Glucerna®</td>
<td>8 oz</td>
<td>220</td>
<td>10</td>
<td>Supermarket, most drug-stores</td>
</tr>
<tr>
<td>Resource</td>
<td>Optisource™ High Protein Drink</td>
<td>8 oz</td>
<td>200</td>
<td>24</td>
<td>Resource.walgreens.com 800-828-9194</td>
</tr>
<tr>
<td>EAS</td>
<td>Advant Edge®</td>
<td>11 oz</td>
<td>100</td>
<td>15</td>
<td>Supermarket, most drug-stores</td>
</tr>
<tr>
<td>Syntrax Innovations</td>
<td>Nectar Fuzzy Navel, Lemonade, Apple, etc</td>
<td>1 scoop</td>
<td>90</td>
<td>23</td>
<td>The Vitamin Shoppe</td>
</tr>
<tr>
<td>Novartis</td>
<td>Glucose Control Boost</td>
<td>8 oz</td>
<td>190</td>
<td>16</td>
<td>Supermarket, most drug stores</td>
</tr>
<tr>
<td>Atkins</td>
<td>Advantage</td>
<td>11 oz</td>
<td>170</td>
<td>20</td>
<td>Supermarket, most drug stores</td>
</tr>
</tbody>
</table>

**Be sure to read the food labels on all products. The protein and calorie amount may vary with different flavors.**
Caffeine – A Little Can Be Too Much

What is Caffeine?

Caffeine is a stimulant and is naturally found in more than 60 plants, including cocoa, tea and coffee. Caffeine is also added to soft drinks and is often a component of many over-the-counter medications and dietary supplements including certain protein powders and drinks. Caffeine temporarily speeds up the body’s heart rate, boosts energy and is often used to “fight fatigue”. Caffeine acts as a diuretic, which means loss of fluids. As a result, caffeine can leave you feeling thirsty if used as your main source of fluid intake. The recommended intake of caffeine is defined as 300 milligrams or no more than 3-5 ounce cups of coffee per day.

However, it is best to AVOID caffeine after surgery. For every 8oz of caffeine you drink, you would have to add an additional 8 oz of a non-caffeinated beverage. If you continue to drink caffeine after surgery, it will be very difficult for you to meet your fluid goals.

If your diet contains a large amount of caffeine, you should decrease your intake gradually to prepare for surgery. This will help to avoid headaches caused by caffeine withdrawal.

Some common caffeine-containing foods and beverages:

<table>
<thead>
<tr>
<th>Beverage/Food</th>
<th>Amount</th>
<th>Caffeine (milligrams)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coffee, brewed</td>
<td>1 cup</td>
<td>180</td>
</tr>
<tr>
<td>Coffee, instant</td>
<td>1 cup</td>
<td>120</td>
</tr>
<tr>
<td>Coffee, decaf</td>
<td>1 cup</td>
<td>3</td>
</tr>
<tr>
<td>Tea, brewed</td>
<td>1 cup</td>
<td>90</td>
</tr>
<tr>
<td>Tea, instant</td>
<td>1 cup</td>
<td>28</td>
</tr>
<tr>
<td>Tea, decaf</td>
<td>1 cup</td>
<td>1</td>
</tr>
<tr>
<td>Cocoa</td>
<td>1 cup</td>
<td>4</td>
</tr>
<tr>
<td>Cola</td>
<td>12 oz</td>
<td>36-90</td>
</tr>
<tr>
<td>Chocolate</td>
<td>1 oz</td>
<td>25</td>
</tr>
</tbody>
</table>
Required Vitamin and Mineral Supplements After Weight Loss Surgery

You will not be able to meet certain vitamin and mineral needs without supplementation. Vitamin and mineral deficiencies have been observed in patients after weight loss surgery. Iron, folate, vitamin B12, calcium, and zinc are most affected after gastric bypass surgery. If you are having gastric banding surgery, you will not need to take all the above supplements. Gastric banding and gastric sleeve does not cause malabsorption of nutrients from your foods. A daily multi-vitamin and calcium supplement is usually sufficient.

All of the required vitamin supplements are listed below. They are available over the counter at your local pharmacy. If you have difficulty locating or tolerating any of the supplements, call your dietitian or surgeon for suggestions.

<table>
<thead>
<tr>
<th>Mandatory</th>
<th>Dosage/Day</th>
<th>Suggested Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-vitamin</td>
<td>1* AM</td>
<td></td>
</tr>
<tr>
<td>Vitamin B12</td>
<td>500 mcg</td>
<td>AM</td>
</tr>
<tr>
<td>Iron</td>
<td>27-28 mg</td>
<td>PM with Vitamin C</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>500 mg</td>
<td>PM with Iron</td>
</tr>
<tr>
<td>Calcium citrate with Vitamin D</td>
<td>1000-1500 mg</td>
<td>Take in divided doses</td>
</tr>
<tr>
<td>Optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zinc</td>
<td>10-20 mg</td>
<td>AM</td>
</tr>
<tr>
<td>Stool Softener</td>
<td>As directed</td>
<td>Take with iron dose</td>
</tr>
</tbody>
</table>

**Mandatory**

1. Multi-vitamin and Mineral
   **Dosage:** One daily with meals

   *Type:* One chewable or liquid adult multi-vitamin OR 2 children’s chewable “complete” multi-vitamin. Once on regular diet you can begin an over the counter prenatal vitamin OR 1 adult multi-vitamin (does not have to be chewable or liquid)

   **Function:** Multi-vitamins will help ensure that you are getting enough of all the micronutrients that you need.

   **Interactions:** None

2. Vitamin B12
   **Dosage:** 500 micrograms orally or 1000 mcg monthly injection

   **Type:** Any sublingual (dissolves under tongue) or monthly injection (prescribed by your surgeon)
**Function:** Helps with blood cell and nerve function, digestion and absorption of food, and protein synthesis. Deficiency may cause certain types of anemia.

**Interactions:** None

3. **Iron**
   - **Dosage:** 27-28 mg of elemental iron daily. Take with Vitamin C. If your multivitamin meets the requirement, no additional Iron is needed.
   - **Type:** Any tablet of ferrous sulfate, gluconate, or fumarate that is equivalent to 27-28 mg of elemental iron. Prenatal vitamins may already have enough iron in each tablet. Read the label first to see if additional supplementation is required.
   - **Function:** Vital to the formation of red blood cells that provide oxygen to the entire body.
   - **Interactions:** Take 1-2 hours before or after taking calcium. Do not take with milk, cheese, eggs, whole-grain breads and cereals. May cause diarrhea or constipation.

4. **Vitamin C**
   - **Dosage:** 500 mg daily. Take with iron
   - **Type:** Any capsule, chewable tablet or liquid form.
   - **Function:** Plays a role in body’s calcium levels and bone formation. Promotes wound healing and reduces chances of infection. Enhances iron absorption.
   - **Interactions:** Antacids may decrease absorption. Take Vitamin C at a different time if using Antacids.

5. **Calcium citrate with Vitamin D**
   - **Dosage:** 1000-1500 mg daily. Calcium is best absorbed in doses of 500-600 mg at a time. Take with meals.
   - **Type:** Tums® initially, once tolerating regular diet switch to Citracal® + D or any equivalent brand with calcium citrate. The citrate form of calcium is better absorbed since it doesn’t require the acid from your stomach to be absorbed.
   - **Function:** Maintains bone strength; also helps heart pump correctly and repairs soft tissue.
   - **Interactions:** Caffeinated products, spinach, and whole grain products may decrease absorption. Take at least 1-2 hours before or after taking iron, since calcium will decrease iron absorption.
Optional

1. Zinc

**Dosage:** 10-20 mg daily. Most over the counter prenatal vitamins should supply you with enough zinc.

**Type:** Any type if not already in your prenatal vitamin.

**Function:** Helps with wound healing and helps support the immune system. Hair loss may represent a zinc deficiency.

**Interactions:** Too much may interfere with absorption of other nutrients. Do not take more than 40 mg of zinc in a day.

2. Stool softener:

**Dosage:** Take daily or every third day to manage constipation only if needed.

*The Bariatric and Metabolic Institute does not endorse any of the above products.

**You do not have to take chewable supplements although some patients tolerate these better while progressing their diet. Once you are on a regular diet, you should be able to tolerate capsules well.
PHASE I
CLEAR LIQUID DIET (in hospital only)

1. After surgery, you will not eat any food or drink any liquids until approved by the surgeon.

2. Once approved, you will receive water, unsweetened apple or grape juice, sugar-free gelatin (no red)*, or decaffeinated** tea. You will only be able to drink 30mL (1 oz) every hour. If you tolerate 1 oz of liquid each hour, you may advance to 60mL (2 oz) of liquid every hour. If you experience nausea decrease amount to 30mL (1 oz) every hour.

3. Once at home, you may drink as tolerated. You SHOULD NOT continue to drink 2 ounces an hour. Listen to your body, stop when you feel full.

4. Remember to drink liquids SLOWLY. DO NOT use a straw***.

5. There may be large quantities of liquids brought to you on your tray. You do NOT have to finish everything. When you feel full STOP!

6. It is not unusual to experience nausea and/or vomiting during the first few days following surgery. Make sure that you drink slowly. If nausea or vomiting persists contact your nurse.

*If “red foods” are consumed after surgery and you vomit, it may be mistaken for blood. “Red foods” include foods on the clear liquid diet such as sugar-free gelatin, sugar-free popsicles, or any “red” sugar-free beverages.

**Caffeine should be avoided after surgery because it is a diuretic. This will cause you to lose fluids and make it more difficult for you to keep yourself hydrated.

***If you drink from a straw after surgery you will cause air to enter into your new pouch. This will create a full feeling and you will have less room for liquids needed to keep hydrated as well as nutritious foods when you advance to those stages.
PHASE II
FULL LIQUID DIET (1-2 WEEKS)

1. Upon discharge from the hospital you will start the full liquid diet.

2. You will stay on the full liquid diet for 1-2 weeks, unless directed otherwise by the General Surgeon and Registered Dietitian.

3. To prevent nausea and vomiting, DRINK LIQUIDS SLOWLY. At each meal, sip ¼ cup (2oz) or more if tolerated of a liquid protein source over 30 minutes. You do NOT have to finish everything. When you feel full STOP!

4. Drink at least 6-8 cups of water or low calorie drinks between high protein beverages. Remember to avoid carbonation, caffeine, and citrus.

5. Take your prescribed multi-vitamin/mineral supplements and calcium as instructed. (refer to page titled “Vitamin and Mineral Supplements” for a list of all mandatory supplements)

6. Make sure you keep track of the kind and amount of high protein beverages you drink. Remember, you need a minimum of 60 grams of protein each day.

The following are examples of protein sources that should be included on the Full Liquid Diet:

- 1 cup Fat free or 1% milk = 8 grams protein
- 1 cup Soy milk or low fat lactose-fee milk (Lactaid® or Dairy Ease®) = 8 grams protein
- No-sugar added breakfast drink made with fat free or 1% milk (Carnation Instant Breakfast®) = 12 grams protein
- 1 cup of strained low fat cream soup made with milk (no tomato, no mushroom or corn pieces) = 8 grams protein
- Commercial supplements as suggested by the surgeon or RD (refer to list on page titled “Protein Supplements”)

*To help boost protein intake add non-fat powdered milk to the above list of liquids. (1 Tbsp = 3 grams of protein, 25 calories)
PHASE II
FULL LIQUID DIET
SAMPLE MEAL PLAN

Below is a sample meal plan that you may use while on the Full Liquid Diet. This meal plan provides 60 grams of protein and 6-8 cups of fluid. Portions may vary with EACH INDIVIDUAL. Make meals last 30 minutes.

<table>
<thead>
<tr>
<th>Time</th>
<th>Amount</th>
<th>Food</th>
<th>Protein (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>¼ cup</td>
<td>Breakfast drink made with fat free milk Non fat powdered milk</td>
<td>3 9</td>
</tr>
<tr>
<td></td>
<td>3 Tbsp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Water or low calorie beverage</td>
<td></td>
</tr>
<tr>
<td>10:00 AM</td>
<td>¼ cup</td>
<td>Creamy peanut butter shake</td>
<td>5</td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Fat free milk</td>
<td>8</td>
</tr>
<tr>
<td>Noon</td>
<td>¼ cup</td>
<td>Breakfast drink made with fat free milk Non fat powdered milk</td>
<td>3 9</td>
</tr>
<tr>
<td></td>
<td>3 Tbsp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Water or low calorie beverage</td>
<td></td>
</tr>
<tr>
<td>2:00PM</td>
<td>¼ cup</td>
<td>Creamy peanut butter shake</td>
<td>5</td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Fat free milk</td>
<td>8</td>
</tr>
<tr>
<td>4:00PM</td>
<td>¼ cup</td>
<td>Yogurt smoothie</td>
<td>6</td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Water or low calorie beverage</td>
<td></td>
</tr>
<tr>
<td>6:00 PM</td>
<td>¼ cup</td>
<td>Yogurt smoothie</td>
<td>6</td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1-2 cups</td>
<td>Water or low calorie beverage</td>
<td></td>
</tr>
<tr>
<td>Total Protein</td>
<td></td>
<td></td>
<td>62</td>
</tr>
</tbody>
</table>

*The “liquid between meal” should be sipped slowly between meal times. If you feel full STOP, you do not have to finish everything!

** If you do not tolerate milk, try lactose-free milk (Lactaid®) or soy milk instead.

*** Recipes for the “Yogurt Smoothie” and “Creamy Peanut Butter Shake” are on the following page. You may choose from the other recipes and make substitutions. If you find additional recipes, check with your dietitian first to make sure they meet the diet guidelines.
**RECIPES FOR FULL LIQUID DIET**

**Creamy Peanut Butter Shake**
2 Tbsp CREAMY peanut butter
¼ cup powdered milk/powdered soy protein
1 package of sugar substitute
2 ice cubes
½ soft banana
½ cup water

Place all ingredients in a blender and blend until smooth.
**Yields: 20 grams of protein**

**Yogurt Smoothie**
1 container (6oz) of light or non-fat yogurt (any flavor)
½ cup fat free milk, soy milk, or lactose-free milk
¼ cup powdered milk
½ banana or ½ cup canned “lite” peaches

Place all ingredients in a blender and blend until smooth.
**YIELD: 24 grams of protein**

**Mexican Chocolate Shake**
1 can Chocolate “Low Carb” Slim Fast®
1 scoop Designer Whey™ vanilla or chocolate protein powder
Dash of cinnamon
½ tsp vanilla
3 ice cubes

Place all ingredients in a blender and blend until smooth.
**Yields: 38.5 grams of protein**
**Tropical Shake**
1 packet of Vanilla “Carb Conscious” Carnation Instant Breakfast®
1 cup of fat free milk, soy milk, or lactose-free milk
1 scoop vanilla Designer Whey® protein powder
½ banana
¼ tsp coconut extract
3 ice cubes

Place all ingredients in a blender and blend until smooth.
**YIELDS: 30.5 grams of protein**

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**Higher Protein Strawberry Shake**
1 packet of Strawberry “No Sugar Added” Carnation Instant Breakfast®
1 cup of fat free milk, soy milk, or lactose-free milk
1 scoop vanilla Designer Whey® protein powder
3 ice cubes

Place all ingredients in a blender and blend until smooth.
**YIELDS: 30.5 grams of protein**

---

**Cream of Chicken or Mushroom soup**
1 can of cream of chicken or mushroom soup
1 cup of fat free milk, soy milk, or lactose-free milk

Heat soup, stirring frequently until it just comes to a boil. Strain soup and discard chicken pieces and mushrooms. Add 2 tbsp of non fat powdered milk to EACH ½ cup serving and mix until blended. Enjoy with a twist of fresh ground pepper.
**YIELDS: 10 grams protein per ½ cup serving**
PHASE III
PUREE DIET (1-2 WEEKS AFTER PHASE II)

1. After 1-2 weeks on the Full Liquid diet, you will be able to SLOWLY add foods of a thicker consistency. All foods for the next 1-2 weeks will be BLENDED to a BABY FOOD consistency.

2. You can continue to include foods on the full liquid diet throughout this stage.

3. It is very important to CHEW foods thoroughly to avoid blockage or nausea. Try 1-2 Tbsp of food at a time to see if tolerated. Each meal should consist of only 2-4 Tbsp (1/8 – ¼ cup of food).

4. Remember to always include PROTEIN FIRST at each meal. **You need a minimum of 60 grams of protein each day.**

5. Keep yourself hydrated! Drink 6-8 cups of water and low calorie beverages between meals. Fat free or 1% milk can be included as part of your total fluid intake.

6. Continue to keep track of the kind and amount of protein you eat every day.

The following are examples of foods from each food group that should be included on the Puree (Blended) Diet.

The meat and the milk group include food choices that are “complete” proteins. “Complete” proteins contain all the essential amino acids your body needs. Food choices from the starch, fruit, and vegetable groups are not “complete” proteins and should only be used with foods from the milk and meat group.

**Meat Group (7 grams protein per serving)**

2 Tbsp (1 ounce) cooked pureed lean meats (chicken, fish, turkey are best tolerated)
¼ cup (2 ounces) baby food meats
¼ cup fat free or 1% cottage cheese (mash it with a fork to a smooth consistency)
¼ cup low fat ricotta cheese
¼ cup egg substitutes

**Milk Group (8 grams protein per serving)**

1 cup fat free or 1% milk
¾ cup light or non-fat yogurt (no fruit pieces)
1 cup sugar free pudding made with fat free or 1% milk
1 cup strained low fat cream soup made with milk (no tomato, no mushroom or corn pieces)
**Starch Group (3 grams protein per serving)**
- ½ cup cream of wheat/rice/baby oatmeal
- ½ cup mashed potatoes, sweet potatoes, winter squash
- 1 cup broth based soup

**Fruit Group (0 grams protein per serving)**
- ½ cup pureed peaches, apricots, pears, melon, banana (no skins or seeds)
- ½ cup unsweetened applesauce
- ½ cup baby food fruits
- ½ cup diluted unsweetened fruit juice (limit to 1 serving a day)

**Vegetable Group (2 grams protein per serving)**
- ½ cup pureed carrots, green beans (no skins or seeds)
- ½ cup baby food vegetables

**Important Tips:**

1. You may need to add fat free milk, clear broths, or fat free gravies to the above foods and use a blender to make the foods a BABY FOOD consistency.

2. Add non-fat powdered milk or acceptable protein powders to your foods to boost protein amount.

3. Try one new food at a time. If you feel nauseated or experience gas or bloating after eating, then you are not ready for this food. Wait a few days before trying this food again.

4. Portions may need to be adjusted depending on your individual tolerance. Listen to your body. Stop when you feel full.
PHASE III
PUREE DIET
SAMPLE MEAL PLAN

Below is a sample meal plan that you may use while on the Puree (Blended) Diet. This meal plan provides 60 grams of protein and 6-8 cups of fluid. Portions may vary with EACH INDIVIDUAL. Make meals last 30 minutes.

<table>
<thead>
<tr>
<th>Time</th>
<th>Amount</th>
<th>Food</th>
<th>Protein (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>¼ cup</td>
<td>Pureed 1% cottage cheese</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>2 Tbsp</td>
<td>Non fat powdered milk</td>
<td>6</td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Water or low calorie beverage</td>
<td></td>
</tr>
<tr>
<td>10:00 AM</td>
<td>¼ cup</td>
<td>Light or non-fat yogurt</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2 Tbsp</td>
<td>Non-fat powdered milk</td>
<td>6</td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Fat free milk</td>
<td>8</td>
</tr>
<tr>
<td>Noon</td>
<td>¼ cup</td>
<td>Strained cream of mushroom soup made with fat free milk</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2 Tbsp</td>
<td>Non fat powdered milk</td>
<td>6</td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Water or low calorie beverage</td>
<td></td>
</tr>
<tr>
<td>2:00PM</td>
<td>¼ cup</td>
<td>Sugar free vanilla pudding made with fat free milk</td>
<td>2</td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Fat free milk</td>
<td>8</td>
</tr>
<tr>
<td>4:00PM</td>
<td>¼ cup</td>
<td>Baby food chicken and gravy</td>
<td>7</td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Water or low calorie beverage</td>
<td></td>
</tr>
<tr>
<td>6:00 PM</td>
<td>¼ cup</td>
<td>Light or non-fat yogurt</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2 Tbsp</td>
<td>Non fat powdered milk</td>
<td>6</td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1-2 cups</td>
<td>Water or low calorie beverage</td>
<td></td>
</tr>
<tr>
<td>Total Protein</td>
<td></td>
<td></td>
<td>62</td>
</tr>
</tbody>
</table>

*The “liquid between meal” should be sipped slowly between meal times. If you feel full STOP, you do not have to finish everything!*

** If you do not tolerate milk, try lactose-free milk (Lactaid®) or soy milk instead.
PHASE IV
SOFT DIET (2 WEEKS AFTER PHASE III)

1. After 2 weeks on the Puree Diet, you will no longer have to blend your foods. You can slowly add foods that are soft in consistency. Soft foods can be cut easily with a fork.

2. You will remain on the Soft Diet for 2 weeks. Remember to try one new food at a time.

3. For better portion control, use smaller plates and baby spoons and forks. Stop eating when you feel full.

4. Keep yourself hydrated! Drink 6-8 cups of water and low calorie beverages between your meals. Don’t drink with your meals. Don’t drink 30 minutes before and 30 minutes after meals.

5. Continue to take your supplements as prescribed.

6. Continue to keep track of the kind and amount of protein you eat every day. Remember, your goal is a minimum of 60 grams of protein each day.

The following are examples of foods from each food group that can be included on the Soft Diet.

**Meat Group (7 grams protein per serving)**
- 2 Tbsp (1 ounce) cooked lean meats: fish, ground turkey, lean ground beef (moist meats are usually tolerated best, beef is usually least tolerated)
- 2 Tbsp (1 ounce) water packed tuna or chicken
- ¼ cup egg substitute or 1 egg scrambled
- ¼ cup fat free or 1% cottage cheese
- 1 oz (1 slice) low fat mild cheese
- 2 Tbsp CREAMY peanut butter – reduced fat
- ¼ cup tofu (3.5 grams of protein)
- 1 oz lean meatballs
- ½ cup chili

**Milk Group (8 grams protein per serving)**
- 1 cup fat free or 1% milk
- ¼ cup light or non-fat yogurt (no fruit pieces)
- 1 cup sugar free pudding made with fat free or 1% milk
- 1 cup low fat cream soup made with milk (no tomato, no mushroom or corn pieces)
**Starch Group (3 grams protein per serving)**
1 slice of bread (toasted)
4-6 crackers
½ cup cooked cream of wheat/rice/oatmeal
½ cup mashed potatoes, sweet potatoes, winter squash
1 cup broth based soup

**Fruit Group (0 grams protein per serving)**
½ cup canned peaches or pears (in own juices or water packed)
½ soft banana
½ cup unsweetened, diluted fruit juice (limit to 1 serving a day)

**Vegetable Group (2 grams protein per serving)**
½ cup soft cooked carrots or green beans (no skins or seeds)

**Important Tips:**

1. All foods should be cooked without added fats. Bake, grill, broil, or poach meats. You may season meats with herbs and spices instead of fats.

2. Moist meats are tolerated better at this phase. Add chicken or beef broths, fat free gravies and low fat cream soups to moisten meats. Finely dice meats and chew well.

3. Add 1-2 Tbsp of a new food at a time, if you feel nauseated or bloating after eating then you are not ready for this food. Wait a few days before trying this food again. Everyone progresses differently. **Listen to your body.**
Below is a sample meal plan that you may use while on the Soft Diet. This meal plan provides 60 grams of protein and 6-8 cups of fluid. Portions may vary with EACH INDIVIDUAL. Make meals last 30 minutes.

<table>
<thead>
<tr>
<th>Time</th>
<th>Amount</th>
<th>Food</th>
<th>Protein (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>¼ cup</td>
<td>Scrambled egg substitutes</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>¼ cup</td>
<td>Canned “lite” peaches</td>
<td></td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Water or low calorie beverage</td>
<td></td>
</tr>
<tr>
<td>10:00 AM</td>
<td>¼ cup</td>
<td>Light or non-fat yogurt</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2 Tbsp</td>
<td>Non fat powdered milk</td>
<td>6</td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Fat free milk</td>
<td>8</td>
</tr>
<tr>
<td>Noon</td>
<td>¼ cup (2oz)</td>
<td>Canned water packed tuna</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>¼ cup</td>
<td>Soft cooked green beans</td>
<td></td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Water or low calorie beverage</td>
<td></td>
</tr>
<tr>
<td>2:00 PM</td>
<td>¼ cup</td>
<td>Sugar free vanilla pudding made with fat free milk</td>
<td>2</td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Fat free milk</td>
<td>8</td>
</tr>
<tr>
<td>4:00PM</td>
<td>¼ cup (2 oz)</td>
<td>Baked salmon</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>¼ cup</td>
<td>Mashed potatoes</td>
<td></td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Water or low calorie beverage</td>
<td></td>
</tr>
<tr>
<td>6:00 PM</td>
<td>¼ cup</td>
<td>Light or non-fat yogurt</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>¼ cup</td>
<td>Canned “lite” peaches</td>
<td></td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1-2 cups</td>
<td>Water or low calorie beverage</td>
<td></td>
</tr>
<tr>
<td>Total Protein</td>
<td></td>
<td></td>
<td>63</td>
</tr>
</tbody>
</table>

*The “liquid between meal” should be sipped slowly between meal times. If you feel full STOP, you do not have to finish everything!*

** If you do not tolerate milk, try lactose-free milk (Lactaid®) or soy milk instead
PHASE V
REGULAR DIET (1-2 MONTHS AFTER SURGERY)

1. After 2 weeks on the Soft Diet, you may begin the Regular Diet if ready. You may be ready for this phase at 1 month after surgery or possibly not until 2 months after surgery. Everybody progresses differently.

2. This is the last stage of the diet progression. Continue to add new foods in slowly. Raw fruits and vegetables can be added in as tolerated. You may want to avoid the skin and membranes on fruit. Citrus fruits can be added back into diet as tolerated.

3. Follow a low fat diet and avoid simple sugars for life. Your protein goal remains at a minimum of 60 grams each day. For successful weight loss, caloric intake may range between 800-1200 calories each day. Ask your registered dietitian how many calories are appropriate for you.

4. Continue to eat 5-6 small meals each day. As your pouch expands, 3 small meals and 1-2 high protein snacks may be more appropriate.

5. Continue to take your prescribed supplements for life.

6. Keep yourself hydrated! Always include 6-8 cups of water and low calorie beverages daily.

7. Continue to track your daily intake and activities. Include calories, protein, fluids, supplements, and exercise.

The following are examples of foods from each food group that are included on a Regular Diet.

**Meat Group (7 grams protein per serving)**

- ¼ cup egg substitutes, 2 egg whites
- ¼ cup fat free or 1% cottage cheese
- 1 ounce cooked lean meats (chicken, turkey, pork, fish, beef)
- 2 Tbsp peanut butter – reduced fat
- 1 ounce lean luncheon meats
- 1 ounce low-fat cheese
- ½ cup cooked beans, peas, lentils

**Milk Group (8 grams protein per serving)**

- 1 cup fat free or 1% milk
- ¾ cup no sugar added/low fat “lite” yogurt
- 1 cup sugar free pudding made with fat free or 1 % milk
- 1 cup low fat cream soup made with milk
**Starch Group (3 grams protein per serving)**
1 slice of bread (may be tolerated better toasted)
4-6 crackers
½ cup cooked cream of wheat/rice/oatmeal
¾ cup unsweetened dry cereal
½ cup potatoes, winter squash, corn, or peas
½ cup rice, pasta – whole wheat
1 cup broth based soup

**Fruit Group (0 grams protein per serving)**
½ cup canned “lite” fruit
½ banana or small fresh fruit (avoid skins and membranes)
½ cup unsweetened, diluted fruit juice (limit to 1 serving a day)

**Vegetable Group (2 grams protein per serving)**
½ cup cooked non-starch vegetables
1 cup raw non-starchy vegetables

**Fat Group**
1 tsp margarine or oil
2 tsp diet margarine
1 tsp mayonnaise
1 tbsp low fat mayonnaise or salad dressing
Below is a sample meal plan that you may use while on the Regular Diet. This meal plan provides 60 grams of protein and 6-8 cups of fluid. Portions may vary with EACH INDIVIDUAL. Make meals last 30 minutes.

<table>
<thead>
<tr>
<th>Time</th>
<th>Amount</th>
<th>Food</th>
<th>Protein (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>½ cup</td>
<td>Low fat cottage cheese</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>½ cup</td>
<td>Canned “lite” pineapple</td>
<td></td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Water or low calorie beverage</td>
<td></td>
</tr>
<tr>
<td>Noon</td>
<td>¼ cup (2oz)</td>
<td>Canned water packed tuna with 1 tsp lite mayonnaise</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>1 slice</td>
<td>Wheat bread (toasted)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>¼ cup</td>
<td>Soft cooked green beans</td>
<td></td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>1 cup</td>
<td>Fat free milk</td>
<td>8</td>
</tr>
<tr>
<td>3:00PM</td>
<td>½ cup</td>
<td>Sugar free vanilla pudding made with fat free milk</td>
<td>4</td>
</tr>
<tr>
<td>Liquid Between Meal</td>
<td>1 cup</td>
<td>Fat free milk</td>
<td>8</td>
</tr>
<tr>
<td>6:00PM</td>
<td>¼ cup (2 oz)</td>
<td>Baked chicken</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>¼ cup</td>
<td>Mashed potatoes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>¼ cup</td>
<td>Soft cooked carrots</td>
<td></td>
</tr>
<tr>
<td>Liquid between meal</td>
<td>3 cups</td>
<td>Water or low calorie beverage</td>
<td></td>
</tr>
<tr>
<td>Total Protein</td>
<td></td>
<td></td>
<td>62</td>
</tr>
</tbody>
</table>

*The “liquid between meal” should be sipped slowly between meal times. If you feel full STOP, you do not have to finish everything

** If you do not tolerate milk, try lactose-free milk (Lactaid®) or soy milk instead

**Foods That May be Difficult to Tolerate After Weight Loss Surgery**
| **Meat & Meat Substitutes** | Steak  
Hamburger  
Pork chops  
Fried or fatty meat, poultry or fish |
|--------------------------|--------------------------------------------------|
| **Starches**             | Bran, bran cereals  
Granola  
Popcorn  
Whole-grain or white bread (non-toasted)  
Whole-grain cereals  
Soups with vegetable or noodles  
Bread  
Rice  
Pasta |
| **Vegetables**           | Fibrous vegetables (dried beans, peas, celery, corn, cabbage)  
Raw vegetables  
Mushrooms |
| **Fruits**               | Dried fruits  
Coconut  
Orange and grapefruit membranes  
Skins (peel all fruit) |
| **Miscellaneous**        | Carbonated beverages  
Highly seasoned and spice food  
Nuts  
Pickles  
Seeds |
| *Sweets (mostly after bypass surgery)* | Candy  
Desserts  
Jam/jelly  
Sweetened fruit juice  
Sweetened beverages  
Other sweets |

- Sweets should NOT be part of your diet if you want to reach your weight loss goal followed by weight maintenance
Instructions for Liquid Diet Before Surgery

Once you are given your surgery date you will be asked to follow an **800 calorie full liquid diet for 2 weeks before your surgery**. The reason for following this liquid diet is to initiate rapid weight loss which will result in a decrease in the size of your liver. This will make the surgery easier for your surgeon to perform and safer for you. You will also become more familiar with the full liquid diet you will be following once discharged from the hospital.

Below are 2 options that are recommended for the 800 calorie full liquid diet. If you would like to use other products discuss this with your dietitian, to ensure you are also meeting the recommended protein amount of 60 grams per day. You will also be able to include water, Crystal Light, decaf tea, sugar free gelatin or sugar free popsicles in addition to the 800 calories in full liquids.

1) 4 ½ cans of “High Protein” Slim Fast daily

OR

2) 5 ½ packets of “No Sugar Added” Carnation Instant Breakfast Drink mixed with fat free or 1% milk daily

OR

3) 5 individual cartons of Atkins Advantage daily

OR

4) 4 ½ bottles of “Glucose Controlled” Boost daily

**If you have diabetes and are taking oral medications and/or insulin you will want to discuss this with your doctor that manages your diabetes. You may also choose to use products that are NOT “low carbohydrate” versions. Make sure to monitor your blood sugars more closely as this is a very drastic change in your diet. Call your doctor if you are experiencing high or low blood sugars**
# Websites for Obesity:  
*Treatment, Problems & Support*

<table>
<thead>
<tr>
<th>Website Address (URL)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.cms.clevelandclinic.org/bariatricsurgery">http://www.cms.clevelandclinic.org/bariatricsurgery</a></td>
<td>Bariatric &amp; Metabolic Institute at the Cleveland Clinic</td>
</tr>
<tr>
<td><a href="http://www.obesityhelp.com/morbidobesity/index.ptml">http://www.obesityhelp.com/morbidobesity/index.ptml</a></td>
<td>Association for Morbid Obesity Support. An excellent Website, which is run by patients who have had surgery. Full of good and not so good advice. You can dialogue with other patients.</td>
</tr>
<tr>
<td><a href="http://www.obesity.org/">http://www.obesity.org/</a></td>
<td>The Obesity Society. For the public and health professionals providing information regarding health effects of obesity and treatment. It is very reputable.</td>
</tr>
<tr>
<td><a href="http://www.bariatricedge.com">www.bariatricedge.com</a></td>
<td>Information about bariatric surgery and morbid obesity. Including what patients have to say and how to overcome concerns and risks.</td>
</tr>
</tbody>
</table>
Risks and Benefits of Bariatric Surgery: Current Evidence
Article Here
Diabetes – Bariatric Surgery as a Treatment for Type II Diabetes
Article here
Directions, Parking, and Lodging Tab Here
Parking and Transportation Services

Parking garages are located throughout the campus. If you have been instructed to report to the Surgical Center (P Building), park in Parking Garage 4 on East 89th and Carnegie Avenue. See the enclosed map for additional information.

If you are driving an oversized vehicle on the day of surgery, it will not fit in Parking Garage 4. You may use valet parking at the Taussig Cancer Center (Euclid and E. 90th just north of the Surgery Center).

Parking Assistance
We can assist in locating cars in garages, jump-starting batteries, changing flat tires and helping retrieve keys locked in cars.

**Hours:** 24 hours  
**Phone:** 216/444-2255

Parking Discounts
If you expect an extended stay or frequent visits to the campus, discounts are available at the Cashier, Desk H11, or any parking garage cashier. Discounts are also available with a Senior Circle Plus Membership Card.

**Hours:** Desk H11, 8 a.m. - 4:30 p.m. weekdays, 8 a.m. - 12 p.m. Saturday  
**Phone:** 216/444-6848

Shuttle Bus
A shuttle bus provides on-campus transportation. The bus stops in front of H, A and other main locations across campus every 15-25 minutes.

**Hours:** 5 a.m. - midnight weekdays, 7 a.m. - 9 p.m. weekends/holidays;  
**Phone:** 216/444-8484

Taxis and Limousines
We are happy to arrange cabs or limos at any of the Service Convenience Centers.

**Hours:** Hours vary;  
**Phone:** 216/444-2029

RTA
[Regional Transit Authority (RTA)]; stops nearby on Euclid Avenue at Clinic Drive and Carnegie at East 100th Street. Route cards are available at Welcome Desks.

**Hours:** 24 hours;  
**Phone:** 216/621-9500 (RTA)

Wheelchairs
Wheelchairs are available for use on the Clinic Campus. Call Patient Transportation to assist you, or visit Desk H10.  
**Hours:** 24 hours;  
**Phone:** 216/444-5763
**Wheelchair Van**
The Clinic provides a specially equipped van to transport patients in wheelchairs to certain locations on campus. Contact Desk H10. **Hours:** Please Call; **Phone:** 216/444-2029

**Directions**
An automated phone line is available to provide directions to the Clinic campus via major highways. You can also obtain directions from any of the Welcome Desks or Service Convenience Centers. **Hours:** 24 hours; **Phone:** 216/444-9500

**Driving Directions**

*From the south via I-77 (from Akron, Canton, and West Virginia)*

*From the south via I-71 (from Cleveland’s southwest suburbs, Mansfield, Columbus and Cincinnati)*

Take I-77 or I-71 north to downtown Cleveland. I-77 and I-71 merge with I-90. Follow I-90 east and exit at Chester Avenue. Turn right (east) on Chester and proceed to East 93rd Street. Turn right (south) on East 93rd Street and drive one block to Euclid Avenue and the CCF campus.

*From the southeast or east via I-271 (from Cleveland’s eastern suburbs)*

Follow I-271 to the Cedar Road exit. Turn right (west) on Cedar and drive approximately eight miles to Carnegie Avenue.

*From the east via I-90 (from Cleveland’s eastern suburbs, Lake County, Erie and Western New York)*

Follow I-90 west to Cleveland. Exit at East 55th Street. Turn left (south) on East 55th Street and proceed to Chester Avenue. Turn left (east) on Chester and proceed to East 93rd Street. Turn right (south) on East 93rd Street and drive one block to Euclid Avenue and the CCF campus.

*From the east via the Ohio Turnpike (I-80)*

Follow I-80 west to Exit 13 (I-480). Take I-480 west to I-271 north. Follow I-271 north to the Cedar Road exit. Turn right (west) on Cedar and drive approximately eight miles to Carnegie Avenue. Follow Carnegie west about ½ mile to the CCF campus.

*From the west via I-90*

(from Cleveland’s western suburbs, Elyria and Lorain)
Take I-90 east to downtown Cleveland. Exit at Chester Avenue. Turn right (east) and proceed to East 93rd Street. Turn right (south) on East 93rd Street and drive one block to Euclid Avenue and the CCF campus.
From the west via the Ohio Turnpike (I-80) (from Toledo, Michigan and Northern Indiana)
Take I-80 east to Exit 8A (I-90).
Follow I-90 east to downtown Cleveland.
Exit at Chester Avenue. Turn right (east) and proceed to East 93rd Street and drive one block to Euclid Avenue and the CCF campus.

Lodging & Transportation (key: $$$ = luxury, $$ = moderate, $ = economical)
For our out-of-town guests, we offer services to make your stay, as well as your travel, convenient and comfortable. There are three hotel options conveniently located right on The Cleveland Clinic campus. Call 216/707-4300, or, toll-free 877/707-8999, for reservations.

The Cleveland Clinic Guesthouse offers apartment-like accommodations with minimal maid service. Guest rooms may be rented by the day, week or month. $

The InterContinental Suites Hotel provides full-service amenities. For upscale comfort and convenience, the hotel offers 163 beautifully appointed suites and is ideal for overnight or extended stays. $$$

The InterContinental Hotel and Conference Center adds grace and style in international lodging. It offers 300 luxury guest rooms and suites, along with fine dining, stylish lounges and an extensive fitness center. The hotel is connected to all major Cleveland Clinic medical buildings via skyways. $$$

Additional lodging:
Hospitality Homes of Cleveland $ 216-518-0404
Non-profit medical lodging service placing out-of-town guests in private host homes in Cleveland neighborhoods. Guests are requested to pay $25 for a single person per night, and $5 for each additional person per night per host.

Hope Lodge of the American Cancer Society (for patients with a Cancer diagnosis and families) 216-844-4673

Downtown Cleveland
Wyndham (1260 Euclid Ave.) $$$ 216- 615-7500

Holiday Inn Lakeside (1111 Lakeside Avenue, free parking) $ 216-241- 5100

South of Cleveland (Independence)
Red Roof Inn, (Rockside Road, Independence, Ohio, South $ Exit Route 77 216-447-0030
Holiday Inn South - Independence  $$
216-524-8050

Eastside of Cleveland
Fairfield Inn at Interstate 90 & 91  $$
440-975-9922

For more information: Cleveland Clinic Lodging Information line at 216-444-4848, or toll-free, 1-800-223-2273, 4-4848.  Cleveland Clinic web site, [www.ccf.org/about/visit](http://www.ccf.org/about/visit).