



Bariatric Surgery Key Points

- **Preparing for Surgery**

- What to Bring to the Hospital

- I. Comfortable gym clothes
 - II. Sandals for walking in the hospital
 - III. CPAP machine, if you have one

- What to do Before You Go

- I. No bowel prep is necessary
 - II. Follow the pre-op diet the week leading to surgery
 - III. Review the Medication Changes chart.
 - IV. Clean out your belly button
 - V. No breakfast and nothing to drink except some sips of water to wash down medications the morning of surgery.
 - VI. Arrive at the hospital **3** hours before for hospitals, or **1.5** hours before for the ambulatory center, HASC.
 - VII. Document your journey! Take a "Before" picture.
 - VIII. Get signed up to attend the program at Bariatric Counseling Center while you are off work after surgery.

- **Discharge Instructions – First Week after Surgery Until Your Follow-up with Your Surgeon**

- Follow Stage 1 Diet.
 - Walk as far as you can at least once a day; twice is better.
 - Showers are ok; avoid swimming pools or baths.
 - Do not drive if you are on narcotic pain medications.
 - Go to your 1 Week Follow Up appointment with your surgeon and your post op class.
 - Return to Work is typically 1-2 weeks after surgery.
 - Continue to document your journey with pictures and journaling.
 - Call our office (210) 651-0303 if you experience any of the following:
 - Fever over 100.5
 - Worsening pain, unrelieved pain, or pain that worries you
 - Incision problems such as leakage, redness, swelling, or increased tenderness
 - Difficulty keeping up with hydration
 - Shortness of breath

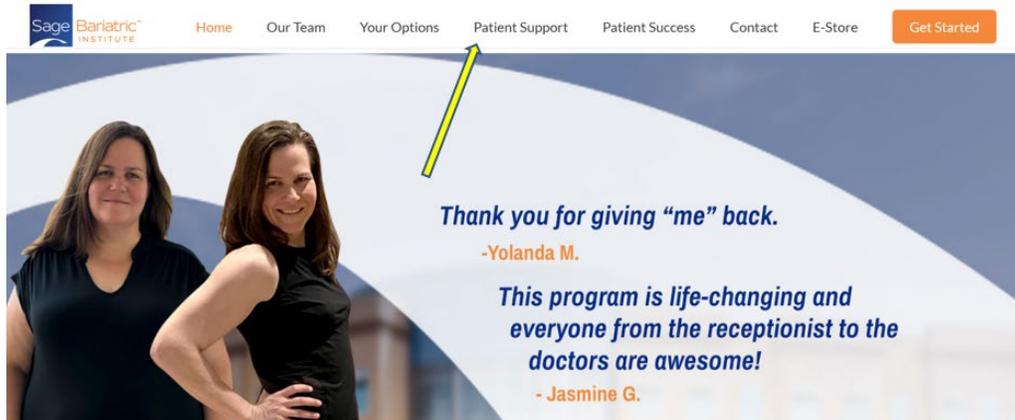
- **Weeks 2-4**

- Follow Stage 2 Diet (See Nutrition Guide on our website under Patient Education).
 - Start your bariatric vitamin regimen (See Nutrition Guide on our website under Patient Education).
 - Do not drink water for 1 hour after eating.
 - Remember your WEPNSS.
 - Start exercising – get guidance by a consultation at Texas PT Specialists.
 - Expect your energy to be a little low still.
 - Attend your One Month Post Op visit with our medical team. Out-of-Towners should see their Primary Care Provider if you cannot come to our office.

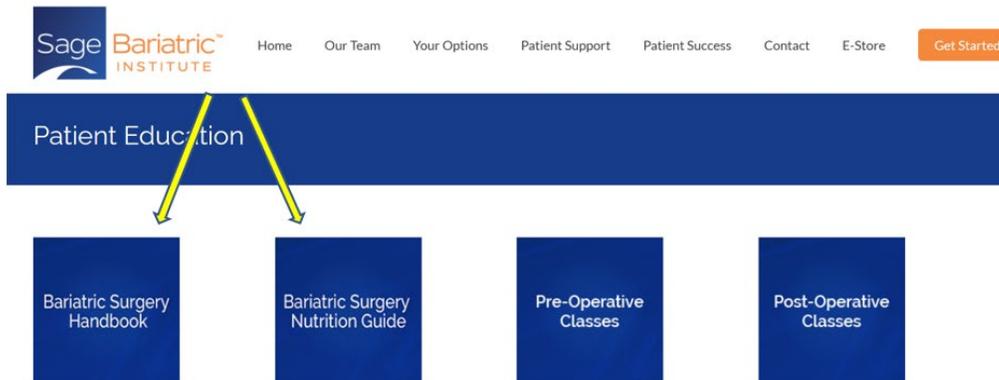
- Continue journaling.
- Connect with us on **Facebook** or **Instagram** and attend **Support Group**. Out-of-Towners may attend Support Group online. A link is sent in the monthly newsletter.
- **Weeks 5-8 / Month 2 and Beyond**
 - Follow Stage 3 Diet. (See Nutrition Guide on our website under Patient Education).
 - Do not drink for 1 hour after eating.
 - Always follow your WEPNNS.
 - Constipation:
 - Fiber supplement 2-3x/day
 - Make sure you're getting in 64 oz water
 - Probiotics may be helpful
 - OTC stool softeners such as Colace 100mg daily
 - Milk of Magnesia or Miralax
 - Contact us.
 - Adhere to Bariatric Vitamin regimen.
 - Get your 1 month labs done and review them at your 2 Month Post Op Visit with us (or your PCP if you are too far out of town).
 - Continue journaling.
 - Connect with us on Facebook or Instagram and attend Support Group.
- **Follow Up Schedule**
 - 1 week post op
 - 1 month post op
 - 2 months post op (with lab review)
 - 3 months post op
 - 6 months post op (with lab review)
 - 1 year post op (with lab review)
 - 18 months post op
 - Annually thereafter (with lab review)
 - If you start gaining weight at any time, call the office to schedule an appointment to get back on track. Do NOT wait! Obesity is a chronic disease. We are here for your journey long-term.
- **Lab Slips – Monitoring vitamin levels and other lab markers is of critical importance for your health and safety after bariatric surgery. Failure to identify and manage vitamin deficiencies or other problems may be severely debilitating or even fatal.**
 - You should receive a personalized lab slip from us for your labs the visit before.
 - Out of town patients will receive their lab slips at their 1 Week Post Op visit in our office which you may have drawn with your PCP.

Download your HANDBOOKS

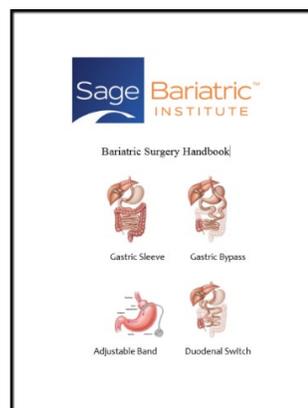
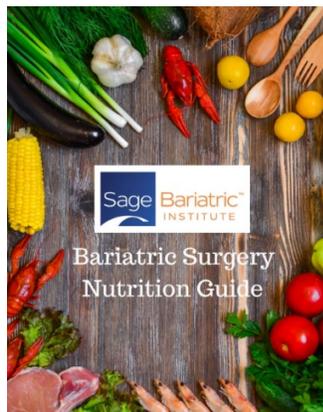
1. Go to Patient Support on our website www.sagebariatric.com.



2. Open Patient Education and click on the 2 guides:



3. Open and print or download the handbooks.



Medication Changes Around Bariatric Surgery*

Medication Type	Before Surgery	After Surgery
Blood Pressure/Heart Toprol, Lopressor, Amlodipine, Losartan, Lisinopril, Altace, etc.	<p>DO take most of your blood pressure and heart meds on the usual schedule.</p> <p>The only exceptions are the lisinopril group and the losartan group - please leave off the last dose prior to surgery.</p>	Almost always, resume blood pressure meds after surgery. After several months of weight loss it may be practical to reduce or eliminate blood pressure meds; we like to involve your prescribing doctor in this decision.
Diuretics Lasix, HCTZ	Do not take the day of surgery.	Usually no longer needed after surgery.
Cholesterol/Lipids Lipitor, Crestor, etc.	Take these on the usual schedule leading up to surgery.	Plan to resume these at home after surgery. There's a good chance your levels will improve and your medical doc can stop this type of medicine a few months after surgery.
Diabetes – oral meds Glyburide, Avandia, Januvia, Metformin, etc.	Metformin may cross-react with anesthesia, so the last dose should be 3 days prior to surgery. Other oral meds – do not take the last dose before surgery.	Diabetic meds often can be stopped or reduced after surgery. Your surgeon will give you specific instructions for when you go home.
Diabetes – injections Insulin, Victoza, etc.	Your surgeon will give you specific instructions.	Often, diabetic meds can be stopped or reduced after surgery. Your surgeon will give you specific instructions.
Blood Thinners Aspirin, Coumadin, Xarelto, Eliquis, Plavix, Lovenox, etc.	Usually stop 1 week before surgery. Your surgeon will give you specific instructions.	Aspirin is very likely to cause bleeding ulcers, so it should not be taken after surgery. Other blood thinners are usually okay, but should be discussed with your surgeon.
Birth Control, Other Hormones	Stop birth control and other hormone meds 2 weeks before surgery due to a slight increase in the risk of blood clots.	Okay to resume these meds one month after surgery.
Reflux/Heartburn Nexium, Zantac, etc.	It is okay take these meds on your usual schedule leading into surgery.	Take this type of medicine as needed after surgery.
Steroids Prednisone, Flonase, Advair, Pulmicort, etc.	Steroid pills such as prednisone should be stopped 2 months prior to surgery. If this is medically impractical, please discuss with your surgeon. Inhaled steroid and injected steroids (joint injections) are okay.	May resume after surgery.
Asthma, Sinus Meds Zyrtec, Claritin, Allegra, etc.	Take these as needed, on normal schedule leading into surgery.	Resume on normal schedule after surgery.
Psychiatric	Take these on normal schedule leading into surgery.	Resume on normal schedule after surgery. (If any of your meds need

Prozac, Seroquel, Wellbutrin, etc.		to have the levels monitored (Lithium, Depakote, etc.) please plan more frequent monitoring for proper levels during the first 3 months after surgery.)
Immune/Arthritis Humira, Enbrel, etc.	Stop 1 month prior to surgery. These meds may interfere with healing or with normal immune function.	Resume on normal schedule after surgery.
Thyroid Replacements	Take these on normal schedule leading into surgery.	Resume on normal schedule after surgery.
Pain Meds - Prescribed Opioid/Narcotic Meds Such As Norco, Percocet, Morphine, etc.	There's no major conflict with surgery or anesthesia, but patients who take this type of med regularly often have a hard time with pain control around surgery. Please make a plan with your pain doc and your surgeon before surgery is scheduled.	Resume according to your particular plan.
Pain Meds – OTC NSAIDs such as Ibuprofen (Motrin, Aleve, Advil), Naprosyn, Voltaren, Mobic, etc.	Stop 3 days before surgery. Like aspirin, meds in this group thin the blood. Tylenol does not cause bleeding – you may take it on your normal schedule leading into surgery.	Like aspirin, these meds are likely to cause bleeding ulcers after surgery so they should almost never be taken. Tylenol is not in this group, and Tylenol is okay. Celebrex is a prescription med that is okay for joint pain, headache, etc.
Bariatric Supplements	Stop these 1 week prior to surgery, when you start your pre-op "liver shrinking" diet.	Do not take these during first week at home. Resume when instructed at follow up class.
Other Vitamins & Herbal Remedies	Stop these 1 week prior to surgery, when you start your pre-op "liver shrinking" diet.	Discuss with our team if you need these after surgery.

*This table is a general guide, but you should receive particular instructions from your surgeon at your pre-op appointment. Please discuss any questions with your surgeon. When you're released from the hospital after surgery, you'll receive a complete, detailed list about your medication instructions for home use. The great news is that surgery is likely to eliminate many of your prescription medications because you won't need them anymore. If there are medications that you still need, we can reassure you that prescription medications work in a completely normal way after surgery.



Preoperative Diet Plan: To be followed for 1 week prior to your surgery date.

Preoperative weight loss results in a reduction in the size of your liver and fat stores in the abdomen making your stomach more accessible for the surgery and reducing complications.

The diet should be **≤800 calories, ≤50 grams of carbohydrate, and ≤15 grams of fat.**

1. Drink at least 64 fluid ounces of caffeine-free, calorie-free, non-carbonated fluids preferably water
2. Use a **protein shake/meal replacement** for 2 meals per day. Recommended nutritional content is **100-200 calories, 15-35 grams of protein, ≤ 15 grams of carbohydrate, ≤ 4 grams of sugar, ≤ 5 grams of fat.**
3. One small, low calorie meal
 - a. Palm-size or ~3 ounces of a lean protein without skin or breading prepared with no fat such as skinless chicken or turkey, water packed tuna, fish, egg whites, lean ham, Canadian bacon, vegetarian meat substitute (i.e. Boca burgers), 99% lean ground turkey or 97% lean ground beef
 - b. Palm-size portion of non-starchy vegetables which is anything other than corn, peas, potatoes, yams, or winter squash
 - c. ½ cup or 1 small piece of fruit
4. Avoid sugars or carbohydrates (such as bread/rice/pasta/crackers/cereals/tortillas). Avoid dairy products. Avoid starchy vegetables. Limit fruit to ½ cup per day.
5. Avoid snacks. If hungry between mealtimes...drink water, fat free broth/stock, decaf teas or coffee or use up to 2 servings of sugar-free jello or sugar-free popsicles, or dill pickle.

SAMPLE MEAL PLAN	
Breakfast	Protein Shake
Snack (only if needed)	½ cup celery or cucumbers
Lunch	Protein Shake
Snack (only if needed)	Sugar free jello
Dinner	3 ounces skinless chicken breast basted with Dijon mustard
	1 cup steamed or stir fried (1/2 tsp olive oil) broccoli
	½ cup mandarin oranges
Snack (only if needed)	Sugar free popsicle

If you are diabetic: Monitor your glucose levels frequently. Hypoglycemia (low blood sugar) is a potential problem with an aggressive diet plan. You may need to reduce the amount of insulin or the oral diabetic medication that you are taking. Please contact your primary care physician to notify them about this aggressive diet that may require medication changes.

If you have high blood pressure: Watch your blood pressure readings closely. Blood pressure can be lowered by even modest amounts of weight loss. You may need to contact your primary care physician to inform him/her of this diet so that he/she can monitor your blood pressure.

DAY PRIOR TO SURGERY: Eat a light breakfast. Shakes for lunch/dinner. Nothing by mouth for 12 hours prior to surgery. If you have any questions, please do not hesitate to call our office at 210-651-0303.

Stage 1: Sugar-Free Liquids

- Stage 1 begins **immediately after your surgery** and continues **until you see your surgeon 7 to 10 days after your surgery**. This stage promotes healing and maintains hydration after surgery.
- You should drink zero-calorie fluids almost constantly in small sips. Carry some fluid with you at all times. You should aim to drink 64 ounces of fluid each day. Keep an eye on the appearance of your urine – if the color is light and clear then you probably have enough hydration; if the urine is deep yellow or amber in color then you probably need to drink more fluids.
- Imagine your new stomach as a small funnel. Thin liquids will flow out of the bottom steadily and it should be OK to take a small sip every few seconds. Like a funnel, it will be possible to overfill it by drinking too fast or “plug it up” by eating something too thick before it has healed sufficiently.
- It’s normal to have no appetite for a few weeks following surgery on your stomach. We recommend that you only take in thin sugar-free (less than 10 calories per 8 ounces), noncaffeinated, noncarbonated liquids. If you force food (including soup or protein drinks) “to keep your energy up” you may make yourself feel sick, delay your recovery, and impair weight loss. You came into surgery with a normal nutrition level, so for the time being there is no daily nutritional ‘requirement.’
- You can try flavored water and fluids with sweeteners, or you can try broth to get some taste variety. Sometimes the artificial sweeteners or broth can cause diarrhea, so if you’re having loose BM’s it’s probably best to hydrate with pure water.

Sugar-Free Liquids	
<p>Water <i>May flavor with lemon, lime, herbs (e.g., mint, basil), or spices (e.g., cinnamon, ginger)</i></p> <p>Sugar-Free Flavored Waters</p> <p>Sugar-free Fruit-Flavored Drink Mixes <i>(e.g., Crystal Light, Hawaiian Punch, Kool-Aid, Tang, Mio)</i></p> <p>Tea (decaf), including bottles and drink mixes <i>(e.g., Lipton Diet Decaf LemonIced Tea mix, bagged fruit and herbal teas from Bigelow, Celestial Seasonings, Lipton, Tazo and others)</i></p>	<p>Coffee (decaf)</p> <p>Popsicles (sugar-free)</p> <p>Drink one of the following daily to help restore your electrolytes in the early months after surgery: Broth/bouillon <i>(e.g., beef, chicken, vegetable)</i> Ramen seasoning packet <i>(NO noodles)</i> Zero-Calorie Sports Drinks <i>(e.g., Propel, PoweradeZero or GatoradeZero, Thorne Catalyte)</i></p> <p>If you experience hunger: Bariatric Advantage Clearly Protein <i>(Use as a meal and do not drink all day long.)</i></p>

- Remember to sip fluids slowly in order to recognize fullness. **Stop sipping if you feel fullness, pain, or nausea.**
- **Be aware of dehydration.** If you experience any of these symptoms, drink more fluids:
 - Less frequent urination and / or dark colored urine
 - Flushed face
 - Headaches
 - Dizziness / lightheadedness
 - Dry mouth / tongue
 - Arm / leg cramps

Stage 2: Soft Protein Foods

- Stage 2 begins **between weeks 1 and 2** (7 to 10 days) after you see your surgeon in follow up and get clearance to advance your diet. Continue Stage 2 **through week 4** (day 28).
- You may eat soft **protein** foods starting with soft, mushy proteins first.
- Try to eat at least twice per day but no more than 3 times per day. Choose from the table below. Remember the benefit of purposeful FASTING between meals.

Stage 2 Food Choices	
Step 1 Choices: Soft, Mushy Proteins	Step 2 Choices: Textured Proteins
<ul style="list-style-type: none"> ▪ Beans/Soybeans—whole (boiled/steamed) / fat-free refried ▪ Eggs or egg substitute—scrambled ▪ Cheese—reduced-fat cottage, ricotta, 2% shredded, goat, part skim string ▪ Milk—fat-free, Mootopia (limit to 8 ounces/day in a shake or cooking) ▪ Yogurt—light, low-fat, ideally Greek 100 or <10 grams sugar perserving <p><small>**moisten with low-fat mayo/salad dressing/yogurt or mustard if needed</small></p>	<ul style="list-style-type: none"> ▪ Eggs**—whole, whites, substitute; hard-boiled or prepared in a low-fat way ▪ Canned meats**—chicken, tuna, salmon, crab ▪ Chicken/turkey**—skinless, shredded white meat ▪ Crab—boiled/steamed ▪ Deli Meats—lean 96% fat-free (such as chicken, turkey, roast beef, ham)—shaved ▪ Fish—baked/broiled/steamed (no breading) ▪ Ground beef, chicken, turkey—at least 90% lean ▪ Tofu/Soy

- Continue to drink plenty of fluids—aim for 64 ounces daily. Remember **not to drink while eating and wait 1 hour after eating to resume drinking.**
- Food journaling can be helpful to both you and your dietitian/provider to aid in success after surgery. Try out our Smartphone App! Journaling helps you ensure you are staying hydrated, taking your vitamins and minerals, exercising, and eating foods suitable to your current diet stage.
- Try new foods one at a time and in **very** small amounts to avoid overeating as well as recognize any food intolerances that may arise.
- Take small bites –about the size of your pinky nail or a black bean per meal – Chew solid foods to a pureed consistency.
- Take time to eat, pausing 2 to 4 minutes between each bite. This will help you learn when to stop eating and to improve tolerance of foods as time goes on.
- **REMEMBER: Stop eating when you feel satisfied—not full.** One extra bite could make you uncomfortable and nauseated and may eventually stretch your pouch.
- Start vitamins as tolerated. It is critical that you adhere to a follow-up visit schedule and lab draws in order to detect and treat any nutritional deficiencies. If prevented or caught early, they can be treated. But left to their own devices, nutrient deficiencies can be life changing or debilitating. Be your own advocate and use the schedule in the Nutrition Guide.

Why do I need vitamins and minerals after bariatric surgery?

All forms of bariatric surgery increase the risk of nutritional deficiencies either because of changes in anatomy, quantity of food consumed, or variety of food. You need vitamins and minerals every single day in adequate amounts in order for your body to function properly. If your body is lacking in nutrients over days, weeks or months, life threatening and debilitating consequences can occur.

- *Fatigue/anemia*
- *Poor immune function contributing to cancer risk, cardiovascular disease, side effects of diabetes*
- *Bone loss/fractures*
- *Neuropathy or neurological impairment*
- *Damage to heart*
- *Blindness*

Why take a bariatric vitamin?

The needs of the bariatric surgery patient are unique. After surgery, bariatric patients have less gastric acid, which is required for proper breakdown and absorption of vitamins. Bariatric products are specifically designed to be processed and absorbed with the new anatomy in a bariatric surgery patient. They also provide high quality ingredients at the higher levels required after surgery.

Vitamin deficiencies can decrease significantly when taking a bariatric-specific supplement versus over the counter vitamin preparations.

Cost of bariatric specific vitamins can vary from \$30-60 per month for all of the recommended nutrients depending on types or forms. When comparing the cost of additional over the counter supplements that may or may not meet the recommended daily needs as well as the cost of vitamin deficiency complications, bariatric specific vitamin supplements are highly recommended to protect your health and your pocketbook.

How do I start?

- Begin 1-2 weeks after surgery when you are cleared by your surgeon
- You will be given the opportunity to sample and purchase at your post op nutrition class
- Discuss the options right for you with your Registered Dietitian, provider, or surgeon at Sage Bariatric Institute
- Visit the e-store at www.sagebariatric.com

What supplements will I need following bariatric surgery?

High Potency Multivitamin which includes a minimum of:

- 100-300% of daily value of B2, B3 (niacin), B5(pantothenic acid), Folate (400-1000mcg), biotin
- At least 15-50mg of B1 (thiamin)
- 15 mg/day of vitamin E
- 1500-3000 mcg (5000-10000IU) of vitamin A
- 60-500 mg of vitamin C
- 90-120 mcg vitamin K
- 100% of daily value for zinc (8-22 mg), selenium, copper (1-2 mg), manganese, chromium, molybdenum
- Ideally also contain choline and inositol

Iron

- 18 mg for low-risk: sleeve or band/men or non-menstruating
- 45-60 mg for high risk: bypass and duodenal switch/prior history of iron deficiency
- Separate from calcium by 2 hours as inhibits absorption
- MONITOR LEVELS. Check with your provider as to the quantity of iron that you should be taking

Vitamin B12

- At least 350-500 mcg orally, nasal spray or injections

Vitamin D

- 75 mcg (3000 IU) of vitamin D (include amount in multi and calcium)

Calcium

- Needs to be in the form of calcium *citrate* for improved absorption with decreased gastric acid
- 1200-1500 mg per day total
- The body can only absorb about **500mg at a time**, so divide dose throughout the day

What form should I use? Chewable? Capsule?

- Chewable and gelatin capsules are the easiest for your new anatomy. Tablets are often difficult to break down. Watch calorie count on liquids and gummies.
- Bottom line...find one you tolerate and can be compliant with taking.

Stage 3: Solid Foods

- Stage 3 begins **week 5** (about 29 days) after your surgery once you are comfortably tolerating Stage 2 foods and ready to progress your diet. Your surgeon recommends you follow it for the **rest of your life** to achieve long-term weight loss and maintain good nutrition.
- Remember to focus on protein first, working up to a goal of 60-80 grams of protein daily. Eat no more than 3 times per day! FAST in between meals.
- Remember that foods should be particularly well-chewed and eaten slowly (pausing 2 to 4 minutes between bites). As you progress and are tolerating a variety of proteins, this time may be shortened to a minute between bites.
- Meals should take you **20 to 30 minutes** to eat. This will help you learn to identify your satisfaction cues when eating more solid and textured proteins. Always stop eating or drinking when you feel **satisfied – not full**.
- For the first months after surgery, don't worry about eating a "balanced meal" that consists of several different foods. Gradually work your way up from soft to more solid meats such as white meat chicken/turkey, beef, and pork, as these meats may be tough, dry, stringy, and/or fibrous and you may only tolerate small amounts of them.
- Add non-starchy vegetables, small amounts of fruits (less than 1/3 cup per day), and healthy fats when you feel comfortable. However, you should be eating 2 to 3 bites of the protein food per bite of other foods.
- Continue to drink plenty of fluids as recommended. Remember not to drink while eating and wait 1 hour after eating to resume drinking.

Protein

Protein should be the biggest part of your diet -- it provides a longer sense of fullness, is highly nutritious, and helps control blood sugar levels. Include protein at all meals. Choose high quality, leaner choices that are not breaded or fried.

Solid Proteins (Primary Choices)	Softer Proteins (Secondary Choices)
<ul style="list-style-type: none"> ▪ Beef/Game (lean)—USDA Select or Choice grades trimmed of fat, such as tenderloin; roast (rib, chuck, rump); steak (T-Bone, cubed, flank, porterhouse, sirloin, round); at least 90% lean ground ▪ Deli/processed meats—lean, 96% fat-free deli meats, e.g., turkey, roast beef, ham, chicken; low-fat turkey/beef hot dogs or sausage ▪ Lamb/Veal (lean)—Roast, chop, or leg ▪ Pork—Lean pork, such as fresh ham; Canadian bacon; tenderloin, center loin chop ▪ Poultry—Skinless chicken or turkey ▪ Shellfish—Clams, crabs, lobster, scallops, shrimp 	<ul style="list-style-type: none"> ▪ Beans—Garbanzo, pinto, kidney, white, split, black, black-eyed ▪ Dairy—Milk: non-fat or 1% cow, Mootopia, unsweetened soy/coconut/almond milk (≤8 ounces per day in shakes or cooking) Cheese (≤3 g. fat/ounce): Sliced cheese (2% milk); string cheese; hard and shredded cheese; non-fat/low-fat cottage cheese Yogurt: light, low-fat Greek 100 (<10 g. sugar per serving) ▪ Eggs—Whole eggs, egg whites, egg substitutes ▪ Fish—Cod, flounder, haddock, halibut, tilapia, trout, tuna, herring, salmon, catfish, oysters,

Stage 3: Solid Foods

Non-starchy Vegetables

Non-starchy vegetables are an excellent source of vitamins, minerals, and dietary fiber. Begin adding in a few bites when you are tolerating your proteins well. Watch the use of high fat or high calorie condiments such as salad dressing or butter.

Artichoke	Artichoke hearts	Asparagus
Beans (green, wax, Italian)	Bean sprouts	Beets
Broccoli	Brussels sprouts	Cabbage
Carrots	Cauliflower	Celery
Cucumber	Eggplant	Green onions/scallions
Greens (collard, kale, turnip)	Lettuce/Salad	Mushrooms
Okra	Onions	Peppers
Radishes	Sauerkraut	Spinach
Sugar snap/snow peas	Summer squash	Tomato
Turnips	Water chestnuts	Zucchini

Fruits

Fruits contain natural sugar/carbohydrate. They should be eaten last or only as a condiment to your meal no more than once a day. Use the following guidelines when choosing fruits.

In limited amounts	Seldom	Rarely/Never
<ul style="list-style-type: none"> ▪ Fresh fruit: choose any kind, preferably with the skin to increase fiber content. ▪ Frozen fruit: choose unsweetened fruit of any kind. <p><i>Limit bananas and tropical fruits</i></p>	<ul style="list-style-type: none"> ▪ Canned fruit: choose canned in natural juice or extra light syrup, and unsweetened applesauce to decrease added sugars. <p><i>*Tip: to remove added sugars, rinse drain and rinse before eating.</i></p>	<ul style="list-style-type: none"> ▪ Dried fruits: (e.g., raisins, banana chips) high-calorie foods that usually have added sugars. ▪ Fruit juice: high-calorie liquids that will not cause fullness.

Healthy Fats

Monounsaturated and polyunsaturated fats are considered healthy fats. Fats play an essential role in the body. However, saturated and *trans*-fatty acids which are found in processed and fried foods should be avoided because they are not good for the heart. Aim for **2 servings per day** of healthy fats, as these are high-calorie foods and too much may negatively impact your weight.

Monounsaturated Fats	Polyunsaturated Fats
Avocado.....1/8 medium or 2 tbsp... (1 oz.)	Flaxseed, ground 1½ Tbsp
Oil (canola, olive, peanut)..... 1 tsp.	Margarine, (stick, tub, squeeze)..... 1 tsp
Olives, black.....8 large	Margarine, low-fat (30-50% vegetable oil) 1 Tbsp
Olives, green, stuffed..... 10 large	Mayonnaise, regular..... 1tsp
Nuts: almonds, cashews, mixed..... 6 nuts	Mayonnaise, reduced-fat..... 1Tbsp
Pistachios..... 14 kernels	Oil (corn, safflower, soybean) 1 tsp
Peanuts..... 10 nuts	Pumpkin or sunflower seeds..... 1 Tbsp
Pecans 4 halves	Salad dressing & Miracle Whip, regular..... 1 Tbsp
Peanut butter (smooth or crunchy) 2tsp	Salad dressing & Miracle Whip, reduced-fat..... 2 Tbsp
Sesame seeds..... 1Tbsp	Walnuts.....4halves

Guidelines for Successful Weight Loss with Bariatric Surgery

Will I lose enough weight? Will I keep it off? These are the two biggest concerns most patients have about bariatric surgery. Your surgery is a highly-effective tool for weight loss, but there are some very important principles that you must understand in order to use your tool optimally. This guide will teach you how to give yourself the best shot at losing your excess weight and keeping it off. Remember, this tool is highly effective. It is unbelievably powerful. But it only works if you operate it properly. It is not magic. Your proper understanding and use of the tool may make it seem like magic, but it is not magic. Patients who are successful long-term follow these guidelines. Learn them and live by them. They are your “weapons” against obesity.

---WEPNSS---

Water

Hydration builds a solid foundation of success as it aids in healing and controlling hunger.

- Drink consistently throughout the day.
- Minimum of 64 ounces (8 cups/4 bottles)
- Keep beverages less than 10 calories per 8 ounces. Avoid juice, milk, soda, sweet tea, lemonade, coffee drinks, smoothies, alcohol
- Avoid caffeine for 3 months after surgery. Decaf is OK.
- Avoid alcohol for 1 year following surgery.
- Avoid carbonation long-term.
- Do not drink and eat at the same time. Stop drinking at your first bite and wait 1 hour after meal to resume drinking. May cause reflux, ability to eat more or more frequent hunger.

Exercise

Consistent purposeful movement not only will help you lose weight and keep it off, it also helps to maintain lean muscle mass during active weight loss.

- Goal is to work up to at least 30 minutes 5 times per week of aerobic activity such as walking and 15 minutes 3 times per week of a strength training activity.
- Texas Physical Therapy Specialists can help you put together a safe & effective plan to optimize your metabolic benefit.

Protein

Protein provides high-quality nutrition that promotes satisfaction and fullness while assisting in healing and maintaining muscle mass. **AVOID** carbohydrates. They can be addictive and cause weight regain.

- Work up to a goal of 60 grams per day for women and 80 gram per day for men. Choose protein first at each of your meals.
- Protein sources include lean meats (such as fish or tuna, skinless chicken or turkey, lean beef, pork loin), eggs, dairy (such as Greek yogurt, cottage cheese, low fat cheese), beans, or tofu.
- 50-70% of meals should be lean protein, 30-50% non-starchy vegetables (anything other than corn, peas, potatoes)
- Less than 15% (less than 1/3 cup) of your meal should be from healthy carbohydrates such as beans, starchy vegetable, dairy, or whole fruit. Avoid sweets and processed, refined carbohydrates as they will interfere with your weight loss...juice, soda, sweet tea, candy, cookies, breads, tortillas, rice, pasta, crackers, chips, oatmeal.
- Take your time to eat. Be mindful of taking small bites and chew food well. Meal times should take at least 15 minutes but no longer than 30 minutes.

🕒 No Snacking or Grazing

Bariatric surgery is a tool designed to restrict how much you can eat per meal. You are supposed to feel satisfied with a smaller portion of food at each meal. But if you have many small intakes of calories per day, whether you call it a meal, or a snack, or whatever, then you will defeat your tool. Again, the tool can only limit how much you get in per meal. If you take calories of any type in between the 3 meals a day that we recommend for you, then you won't lose as much weight as you could have lost, and you will likely regain weight.

- Eat 2 to 3 times per day. No more. No less. The rest of the time you should be fasting.
- We call taking calories of any type in-between meals SNACKING. This is the saboteur of your tool. It doesn't matter if the calories are liquid or solid, good for you or bad for you, don't snack in between meals.
- FASTING periods between meals leads to the greatest amount of fat burning...space meals at least 3-4 hours apart and avoid eating 2-3 hours before bedtime.
- It's ok to be hungry and looking forward to your next meal. Water intake between meals is recommended. Water has no calories and it may help you to avoid snacking.
- If you eat for reasons other than hunger (such as social, stress, boredom), work on finding other ways of coping with these habits rather than eating. Work with the Bariatric Counseling Center to implement new habits.
- It only takes an extra 100 calories per day to be equivalent to 10 pounds in a year.

📖 Supplements

Take your vitamin and mineral supplements every day for the rest of your life no matter how great you are feeling. This helps prevent nutritional deficiencies that may be caused by limited food intake and poor absorption of nutrients with the change in anatomy.

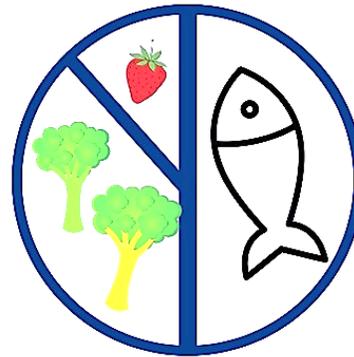
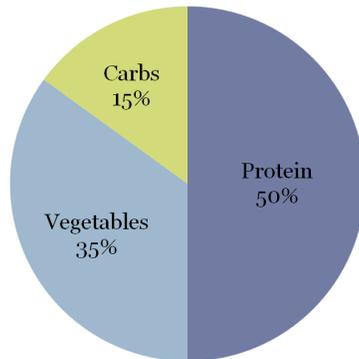
- Use **bariatric-specific vitamins**. They are created to deliver the quantity, type and form of nutrients that will be best absorbed after bariatric surgery. Standard over the counter (OTC) vitamin brands are formulated to meet the nutritional needs of the general population.
- Particular nutrients that you will need include a high potency, bariatric multivitamin that includes extra vitamin B12, vitamin D and possibly iron, as well as calcium in the form of calcium citrate or calcium lactate. Not all bariatric vitamins are created equally, make sure they meet the recommend micronutrient requirements.

👉 Support

Having a good support system helps to ensure accountability and can help improve long-term weight control and health management.

- Regular visits with your healthcare team (surgeon, doctor, nurse practitioner/ physician assistant, dietitian). If you start experience more than 10 pounds of weight regain, please call the office to be evaluated and get back on track.
- Attend support groups. Schedule on Patient Support tab of the website
- Receive newsletters
- Follow us on Facebook, Pinterest, and Twitter
- Utilize our website, www.sagebariatric.com. Under the Patient Support tab is the Patient Education section. Find Bariatric Surgery handbook, Nutrition Guide, educational videos, recipes, meal plans, more.
- Connect with us via the app HT CARE via code 6563. Track your progress, hydration, activity and intakes. Tracking has been shown to increase long term success!

Healthy Plate Balance



LEAN PROTEIN SOURCES (~50% OF MEAL or 2-5 oz)

<p>Beef</p> <p>≥ 90% lean ground beef Roast (rib, chuck, rump) Steak (t-bone, cubed, flank, porterhouse, sirloin, round, sirloin, tenderloin)</p>	<p>Dairy</p> <p>sliced cheese string cheese hard cheese shredded cheese cottage cheese</p>	<p>Eggs</p> <p>1 whole egg 2 egg whites 1/4 c egg substitute <i>Prepared anyway</i> Each of the above = 1 oz</p>
<p>Fish/Shellfish</p> <p>catfish, cod, clams, crab, flounder, haddock, halibut, lobster, salmon, sardines, scallops, shrimp, oysters, tilapia, trout, tuna</p>	<p>Game</p> <p>duck pheasant venison buffalo ostrich</p>	<p>Deli Meats/Processed Meat</p> <p>turkey, roast beef, ham, roasted chicken low-fat hot dogs turkey/chicken sausage & bacon beef/turkey jerky</p>
<p>Pork</p> <p>center loin chop pork tenderloin lean ham Canadian bacon</p>	<p>Poultry</p> <p>skinless turkey/chicken ≥ 90% lean ground turkey/chicken chicken/turkey sausage dark meats in moderation</p>	<p>Soy & Beans</p> <p><i>(higher in starch - use in moderation)</i> beans (black, black-eyed peas, garbanzo, kidney, pinto, split, etc.) edamame, tofu</p>

NON-STARCHY VEGETABLES (~30-50% OF MEAL or 1/2 to 2 cups)

<p>artichoke asparagus green Beans beets broccoli Brussels sprouts cabbage carrots cauliflower</p>	<p>celery collard greens cucumber eggplant greens jalapeños leeks lettuce mushrooms okra</p>	<p>onions peppers radishes salad greens snow peas spinach summer squash (yellow & zucchini) tomato (fresh or canned) turnips</p>
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**starchy vegetables to avoid: potatoes, sweet potatoes, green peas, corn, butternut squash, acorn squash

HEART HEALTHY FATS (0-2 servings per meal)

avocado- 1/8 OR 1/4 cup oils (olive, canola, peanut, corn, safflower, soybean)- 1 tsp olives- 8 black, 10 green stuffed peanuts- 10 nuts peanut butter/almond butter- 2 tsp almonds- 6 nuts walnuts- 4 halves pecans- 4 halves pistachios- 16 nuts	butter (stick/tub) - 1 tsp mayo, regular- 1 tsp mayo, reduced fat- 1 tbsp pumpkin seeds- 1 tbsp sunflower seeds- 1 tbsp salad dressing, regular- 1 tbsp salad dressing, reduced fat- 2 tbsp hummus- 2 tbsp
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COMPLEX CARBOHYDRATES (<15% of meal or ≤ 1/3 cup per meal)

FRUIT	DAIRY	BEANS & LEGUMES
apple apricots banana blackberries blueberries cantaloupe cherries fruit cocktail (light syrup) grapefruit grapes honeydew melon kiwi	Milk: cow, light soy, cashew almond, coconut or lactose-free Yogurt: Greek yogurt has more protein; keep carbohydrates <15g; regular fat (not low-fat) will improve satiety	black black-eyed peas garbanzo kidney navy pinto split white

**starchy vegetables

CONDIMENTS, HERBS, SPICES, FREEBIES

broth cacao (powder/nibs) flavored extracts garlic ginger herbs & spices, all, fresh or dried horseradish hot/pepper sauce	lemon and lime juice liquid amines miso mustard salsa (no sugar added) soy sauce vinegars, unsweetened	dill pickle* sugar free popsicles* sugar free jello* *limit to no more than 2 per day*
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