



Patient Education Booklet & Nutrition Guide

For Weight Loss Surgery



Compiled and Reviewed by the MUSC Metabolic & Bariatric Surgery Team

Copyright: All written materials contained within these pages are the sole property of the Medical University of South Carolina. Any reproduction or registration of this material is prohibited without the expressed written consent of the Medical University of South Carolina. Any reproduction of illustrations or photographs appearing on these pages is strictly prohibited.

Rev. 1/18/2022

Patient Education Booklet & Nutrition Guide

Subject	Page
Table of Contents	2
Who to Call List	3
Weight Loss Surgery Procedures: How they work	4
Dumping Syndrome	5
Preparing for Surgery and Hospital Stay	6
Preoperative Work up visit & Day of Surgery	7
Surgery and Recovery & Arriving to your room	8
While you are in the Hospital (pain control, nausea/vomiting, movement, SCDs, Incentive Spirometer)	9
Discharge home from the hospital Taking Care at Home (time off, activity, physical limitations, wound care)	10
Medications after surgery (prevent gallstones, ulcers, meds to avoid)	11
If you need HELP during 1 st month postop and when to notify us	12
Follow up after surgery	13
Goals and Expectations	14
Nutrition Education – inpatient diet	15
Post-bariatric surgery inpatient diet progression	16
Primary Goals for first 4 weeks (fluid, pureed protein, vitamins)	17
Protein-Rich Pureed foods, directions for blending, recipe ideas	18
Protein choices (pureed texture for first month)	19
Protein Supplement Tips	20
Transitioning to a Regularly Textured Diet	21-22
Meal Planning Worksheet	23
Long Term Eating Behaviors	24
How to Identify Added Sugars	25
Food Groups after the first Month – Protein Rich Foods (8 svg/day)	26
Food Groups after the first Month – Produce (fruits & veggies) (4 svg/day)	27
Food Groups after the first Month – Starches (2 svg/day)	28
Food Groups after the first Month – Added Fats (3 svg/day)	29
Vitamin & Mineral Supplements: Required Forever!	30
Choosing the right vitamin for YOU	31
Other Considerations (Alcohol, Pregnancy, Alcohol, Physical Activity, Exercise, Psychosocial health)	32
Program Tools & Resources (Support Group, Medically Supervised Exercise Program, Monthly Newsletter, Email List, Facebook Fan Page, Virtual Grocery Store Tour)	33

Who to Call

Medical University of South Carolina Metabolic & Bariatric Surgery Program

25 Courtenay Drive, Ashley River Tower, MSC 290
Charleston, SC 29425-2900

Program PHONE – 843-792-3046 - Program FAX – 843-876-4201

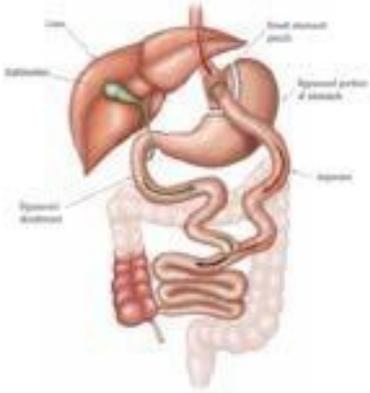
www.muschealth.org/weight-loss-surgery

www.facebook.com/muscweightlossurgery

If you have...	Contact...
<u>These symptoms during the day (7 am – 3 pm):</u> Abdominal pain, diarrhea, constipation, nausea and vomiting, fever >100°F, surgical site problems, trouble getting in fluid	<ul style="list-style-type: none"> - Nursing Triage Line for GI (Bariatric) Surgery Clinic (843-876-5788) - Leave a message and they will return your call
<u>These symptoms afterhours (3 pm – 7 am) or weekends (Sat/Sun):</u> Abdominal pain, diarrhea, constipation, nausea and vomiting, fever >100°F, surgical site problems, trouble getting in fluid	<ul style="list-style-type: none"> - If emergency – Dial 911 - Call the Ashley River Tower Hospital and ask for the GI Surgery Resident on call (843-792-2123)
<u>An emergency is considered:</u> chest pain, shortness of breath, excessive bleeding, calf pain, sense of doom	<ul style="list-style-type: none"> - Come to the Chest Pain Center (that is the name of the Emergency Department at Ashley River Tower) Let them know you had surgery with us, and to call the bariatric surgeon on call

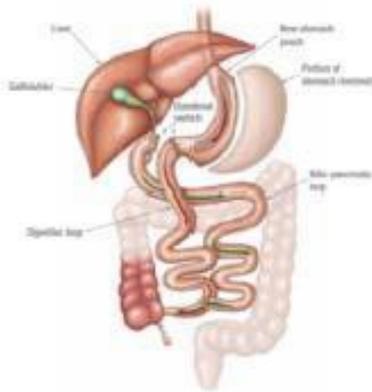
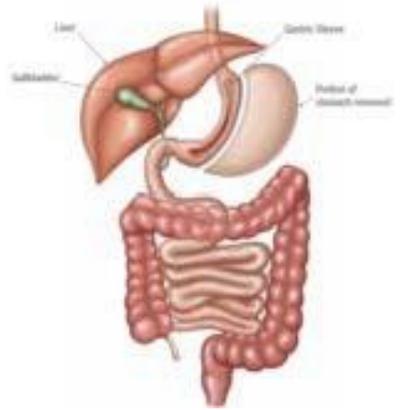
If you have questions about:	Contact:
Making or changing an appointment	GI Surgery Scheduling Line: (843) 792-7929
Clinical care (non-emergent) After surgery clinical care	Bariatric RN Coordinator, Beth Fogle MHA, RN, CBN (843-876-7920) fogleeli@musc.edu Bariatric Nurse Practitioner, Lauren Timmerman, NP Send Mychart message or contact the GI surgery clinic at (843-876-5788)
Insurance Requirements, Insurance approval, Scheduling Surgery Adolescent Bariatric Program	Janine Garey (843-876-7226) garey@musc.edu Alyshia Clark (843-876-4264) clarkaly@musc.edu
Behavior medicine/psychology	Bariatric Program Social Worker, Jessica Hinton, LMSW (843-876-5925) hintonjh@musc.edu Behavioral Medicine Clinic at 67 President Street (843-792-0686); Appointments (843-792-9162)
Nutrition, Diet, or Vitamins	Bariatric Dietitian, Amanda Peterson, RD peterama@musc.edu Bariatric RDs can be reached at (843) 876-4867 or (843) 876-4307
Financial Services: co-pay, self-pay, billing	Financial Counselor: Georgette Gadsden (843) 876-4864
Exercise Program (cardiac rehab)	Center at 122 Bee Street, Suite 201 (843) 792-5014
Endoscopy (if you were referred for EGD)	General GI Scheduling (843) 792-6982
Radiology (if you were referred for X-ray)	Radiology (843) 792-9729
Pre-surgical clearances (if ordered by us)	Cardiology (843) 792-1952; Pulmonary (843) 792-9200

Weight Loss Surgery Procedures: How they work



Roux-en-y Gastric Bypass (RYGB) is a procedure with a combination of restrictive and malabsorptive components. The surgery reduces the size of your stomach to a small pouch about the size of an egg. This reduces the amount of food you can eat. The surgeon also re-routes part of your small intestines and re-attaches small intestine to your new pouch. This reduces the amount of nutrition (calories, vitamins, and minerals) you absorb from the foods you eat. The surgical changes also reduce your gut hormones that promote satiety and suppress hunger.

Vertical Sleeve Gastrectomy (VSG), commonly called “the sleeve” is a restrictive procedure. The surgeon removes approximately 80% of the stomach. The remaining stomach is a tubular pouch that resembles a banana. The surgical changes also reduce your gut hormones that promote satiety and suppress hunger.



Biliopancreatic Diversion with Duodenal Switch – (BPD/DS), commonly called the “Switch” is a procedure with two components. First, a tubular pouch is created similar to the sleeve gastrectomy. Next, a large portion of the small intestine is bypassed. There is a significant decrease in the absorption of calories, fat soluble vitamins and nutrients. The surgical changes also reduce your gut hormones that promote satiety and suppress hunger.

Revision/Conversion Procedures – Sometimes patients will require a revision to a previous bariatric procedure. The same postoperative nutritional guidelines will apply, and vitamin supplements will be required for life.

Bariatric Surgery for other medical conditions – Some patients will require a gastrointestinal surgery that is very similar to gastric bypass or sleeve gastrectomy, and will be required to follow the same postoperative nutritional guidelines and vitamin supplements.

Dumping Syndrome

Dumping Syndrome is a condition that can develop after bariatric surgery. Dumping syndrome is caused by rapid gastric emptying and delivery of food, especially sugar, to the small intestines.

Early dumping: 10-30 minutes after eating

- bloating
- sweating, flushing, lightheadedness
- abdominal cramps/nausea
- stomach rumbling
- urge to lie down
- rapid heartbeat
- diarrhea

Late dumping: 1-3 hours after eating

Symptoms are the same; however, they are caused by a release of large amounts of insulin to absorb the sugars entering your small intestines resulting low blood sugar.

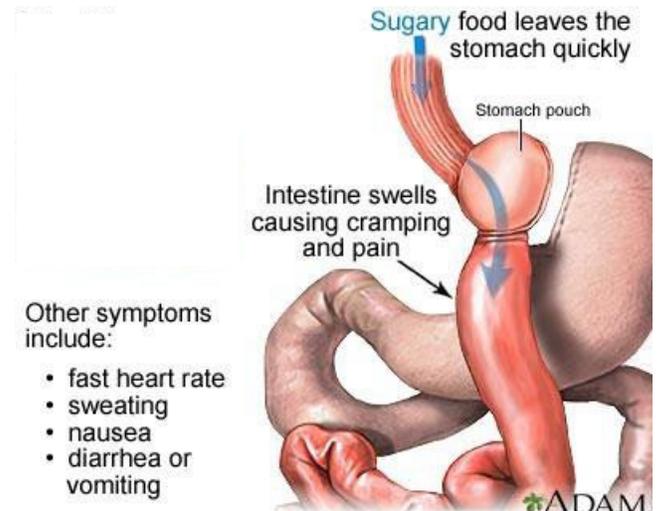
Preventing Dumping Syndrome

- Eat small, frequent meals (4-6 times every day)
- Do not drink liquids with your meal
- Avoid simple sugars such as sweets, candy, soda, cakes, and cookies
- Lie down as soon as you finish eating
- Avoid foods that are very hot or very cold

When to see your Doctor

- If your symptoms are not controlled by dietary changes
- If you are losing large amounts of weight due to dumping syndrome

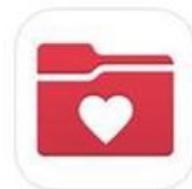
Dumping syndrome is most common after gastric bypass, but similar symptoms can be seen after all bariatric surgery types, and patients should avoid added sugar to minimize the chance of dumping and maximize weight loss after surgery.



Preparing for Surgery and Hospital Stay

Help us help you prepare: Sign up for our Electronic Medical Record, **MyChart** to access your record. This is so you will receive notices, reminders about appointments, and can communicate electronically with us. You will also have access to lab and other test results.

Call 843-792-3111 or <https://mychart.muschealth.com/mychart/signup>



Choose a primary care provider: It is required that you have a primary care provider to partner with us to care for you before and after surgery. If you don't have a primary care provider, call 843-792-1414 for MUSC Primary Care Providers around the area.



MUSC has a 3 month Nicotine-Free Policy

If you are using any form of nicotine (cigarettes, dip, chew, e-cigarettes with nicotine) **you must quit permanently 3 months BEFORE surgery and demonstrate with urine nicotine tests.**

Smoking makes you more likely to get pneumonia, breathing problems, and painful and all nicotine puts you at risk for developing dangerous ulcers after surgery. If you are using nicotine at the time of your workup, your surgery will be canceled. Please see your primary care provider for smoking cessation, or we can refer you to behavioral medicine.

Alcohol: Do not drink any alcohol **for 48 hours before surgery.** Beer, wine, mixed drinks and liquor are all alcohol. Additionally – alcohol is not recommended after weight loss surgery.



Eating and Drinking: Follow your specific instructions from the team regarding when to stop eating and drinking before surgery. If these instructions are not followed exactly, you will not be able to have surgery. Oral medications that Anesthesia asks you to take with a sip of water the morning of surgery are fine. They will also advise you on the use of diabetic medications, if any.

Sickness: If you have a fever, cold, cough, massive diarrhea or rash, call the program office, your surgery may need to be done at a later time.

Pre-Operative Work Up Visit

Once you have completed your requirements and have been approved for surgery, you will be scheduled for a pre-operative work up visit about 1-2 weeks before your surgery is scheduled.

Here's what to expect:

- History and Physical Exam with Advanced Practice Provider (NP/PA)
- Discuss and sign Informed Consent Paperwork
- Meet with the Dietitian to review your 'First Month Survival Guide' for planning what to eat and drink
- Plan for your vitamins and purchase them if you haven't already
- May meet with Anesthesia to get cleared for surgery, EKG, lab/test review
 - Pre-Op Clinic is on the 4th floor in Rutledge Tower Building
- Instructions to prepare your skin to avoid infection – receive the skin preparatory soap to use the night before surgery and morning of surgery
- COVID-19 testing or proof of vaccination (policy updated frequently)

Time to report to Ashley River Tower on Day of Surgery

You will receive a call from the hospital 1-2 days prior to surgery with arrival time. If you haven't heard day before – call **843-876-5276**

Day of Surgery

On the day of your surgery, check in to the Ashley River Tower (ART) Hospital Registration on the first floor of ART.

- ✓ You need your insurance card and appropriate ID
- ✓ You will get an ID bracelet
- ✓ Sign paperwork and be directed to the 4th Floor (Surgery)

Bring with you	Leave at Home	Give to Family
Pajamas, slippers, bathrobe	All your valuables	Dentures
Clothes to wear home	Money, watches, jewelry	Glasses/contacts
Cane or walker	Medications	Hearing aids
ID and insurance cards		Assistive devices
Patient education booklet		
C-PAP/BiPap mask, tubing, machine	<i>If you bring cell phone, have it password protected and keep on table in your room not on bed</i>	
List of your medications		

Surgery and Recovery

What to expect in Family Waiting Area:

- While you are having surgery, your family will be shown the waiting area and the tracking board
- Surgery time typically ranges from 1 to 2.5 hours
- Your family will get to go back to the HOLDING area once you are ready for surgery, and you may not see them until you are in your assigned room
- Your surgeon will come out and talk to your family after surgery
- Please provide waiting area receptionist a phone number if you leave

What to expect in Recovery (PACU):

- You will be monitored in the PACU until your vital signs are stable and then you will be moved to the 6th floor (6 East)
- If you need closer supervision, you may go to the Intensive Care Unit at ART (Medical Surgical ICU)
- You may stay overnight in PACU if no bed is available on 6 East

Arriving to Your Room

What to Expect in your room:

- You will be oriented to your room by a nurse or a tech
- You are allowed to have **one** adult (over 18 years old) stay overnight in room
- You will be asked to answer some questions about fall risk before you can watch TV
- The Patient Education System is called the GetWell Network and there are videos you are required to watch in order to access the TV
- Be sure you watch the 'Post Bariatric Surgery Video' while you are here, as it will help you plan for best possible post-surgical outcomes
- Ask your Nurse if you need help accessing TV



While you are in the Hospital

Pain Control

- It is our goal to enhance your recovery after surgery using post-operative pain management
- We will use a combination of opiates and Tylenol
- You will be discharged with no more than a 3 day supply of opiate pain medication
 - *SC state law has imposed limitations on the amount of opiate medication prescribed for surgical patients*
 - If you require more opiate pain medication, you will need a clinic appointment to assess your continued pain
 - If you have a pain contract or are prescribed opiate pain medications prior to surgery, you will need to coordinate pain control/management with that provider

Nausea/Vomiting

- You will have medications prescribed to control nausea – Zofran or Phenergan.
- It is important that you eat slowly, and sip, sip sip on fluids (not gulping)

Movement & Sequential Compression Devices

- Our goal is for you to get up out of bed, use the restroom, and walk a short distance the afternoon of your surgery (within 2-4 hours after surgery)
- Focus on being out of your bed either in the chair or walking the halls
- Adopt a mantra to “Walk, Walk, Walk”
- Sequential compression devices (or SCD for short) are placed on your legs before surgery, when you are in the holding area
- SCDs gently squeeze your lower legs and decrease risk of **blood clots**
- Make sure the SCDs are connected and turned on, and that you are wearing them whenever you are in bed or up in chair



Incentive Spirometer

- Use of an incentive spirometer decreases your chance of getting pneumonia
- The nurse will show you how to use it: take deep breaths, aim for using 10 times per hour, and continue for 1 week after discharge at home

Discharge Home from the Hospital

It is our goal that you are discharged home after staying 1-2 nights in the hospital, with a goal for an early afternoon discharge. You must have someone to drive you home from the hospital.

What to expect upon discharge:

- Your nurse will give you bedside discharge instructions – be sure you understand all the information, and ask if you need help
- Review your medication list for those to continue, start and stop
 - New Medications for pain, nausea, ulcer prevention, gallstone prevention, and possibly a blood thinner
- Prescriptions can be sent to the ART Pharmacy and will be delivered and explained to you
- Be sure you have your vitamins as discussed with your dietitian preop
- Make sure you understand what to eat or drink (use your First Month Survival Guide) and when to notify us (use your HELP card)
- If you have Diabetes and use Insulin – you will be seen by the Diabetes Management Service to discuss managing your medications at home
- Be sure to make an appointment with your Primary Care Provider (PCP) during first 2 weeks postop to see if you can decrease some medications for blood pressure, diabetes, etc.

Taking Care at Home

Time Off from work

- You will be out of work ~1-4 weeks (depending on your individual situation)
- FMLA paperwork or work excuses should be faxed to 843-876-4201 with a turnaround time of 10-14 days. Be sure to include all your information, name, surgery date, time requested off, how to contact you if questions

Activity and Physical Limitations

- Your goal is to walk every hour for at least a few minutes (while you are awake) and continue to increase your walking/exercise time
- Limitations for 1 month after surgery:
 - No lifting anything heavier than a gallon of milk or 10lbs
 - No abdominal exercises/weightlifting

- No heavy housework (vacuuming, mopping)
- No driving for 1 week (or if still taking pain meds or if you have a drain)
- You may walk, walk on treadmill, or ride stationary bicycle
- Shower when you get home, but do NOT submerge your belly into a body of water (pool, tub, ocean) until all incisions are completely closed

Wound Care

It is important after surgery to keep your incisions clean and dry. Do not use any ointment on your incisions. Our goal is to have these heal without infection.

Watch for signs of infection and let us know if you have these symptoms:

Wound Infection	Lung Infection	Urinary Tract Infection
Foul odor at wound site	Cough that won't go away	Strong, persistent urge to urinate
Swelling, redness, drainage and unusual pain	Shortness of breath	Cloudy or dark urine with strong odor
Fever greater than 100°F	Fever greater than 100°F	Fever greater than 100°F

Medications after Surgery

No need to crush medications

- If pill is large, you can split or cut it in half (check with pharmacist)
- Ask PCP about any extended release meds that can be changed to short acting- especially if having gastric bypass
- Start with chewable multivitamins, sublingual B12

Prevent gallstones with Ursodiol

- If you still have a gallbladder, Ursodiol is taken to decrease risk of gallstones during time of rapid weight loss
- Start 1 week post-surgery and continue for 6 months

Prevent ulcers with Proton Pump Inhibitor (PPI)

- You will be discharged on a PPI to protect you from getting a painful ulcer
 - Gastric Bypass - take for at least 3 months
 - Sleeve Gastrectomy or Duodenal Switch – take for at least 1 month
- The need to continue will be addressed at your 1 month postop visit
- Use Tylenol instead of Non-steroidal Anti-Inflammatory Drugs (NSAIDs) for pain – talk to your prescribing providers about alternatives

Prevent nausea/vomiting

- You will be prescribed Zofran or Phenergan

AVOID after Bariatric Surgery:

Advil	Motrin	Aleve
Ibuprofen	Goody's/BC Powder	Excedrin
Pepto Bismol	Aspirin*	Steroids

**discuss 81 mg/325 mg Aspirin taken for heart/stroke on individual basis*

If you need HELP during First Month Postop

Keep your HELP Card Handy

We give you a 'Help' card at your pre-op visit so you have the numbers handy and know what you should call for, and when to be seen emergently

Emergency Care

If you experience sudden onset of shortness of breath, chest pain, rapid heartbeat, persistent leg or calf pain, vomiting blood or passing blood from rectum, call 911 and seek emergency care at your closest emergency room. At MUSC, come to the Ashley River Tower Chest Pain Center (it is our Emergency Room)



Bariatric Surgery Program Help Card

Don't hesitate, we want to know about:

- Abdominal Pain
- Diarrhea
- Constipation
- Nausea & Vomiting
- Fever >100°F
- Surgical Site Problems
- Trouble getting in fluid

If you have an emergency, come to the Chest Pain Center in the Ashley River Tower!
If you go to another ER, tell them you have had a *Roux-en-Y Gastric Bypass, Sleeve Gastrectomy, or a Biliopancreatic Diversion with Duodenal Switch* (Bariatric Surgery)

An Emergency is: chest pain, shortness of breath, excessive bleeding, calf pain, sense of doom

Emergency Personnel: No nasogastric tube, limited anti-inflammatory medication

Bariatric Surgery Help Card: Contact Info

Please call us any time after discharge with questions or concerns

Daytime/Weekdays 7 am-3 pm:

- Nursing Triage (GI Surgery Clinic): 843-876-5788
- Nutrition/Dietitian: 843-876-4867
- Bariatric Program RN Coordinator: 843-876-7920

Afterhours/Weekends 3 pm-7 am:

- Emergency: Dial 911
- Hospital (MUSC Ashley River Tower): 843-792-2123
- *ask for GI Surgery Resident On Call

Additionally when to notify us:

1. Pain in abdomen

- New pain or worse pain than day you left the hospital
- Pain with vomiting and no bowel movements
- New onset epigastric pain (especially if smoking/using NSAIDs)

2. Vomiting

- Check portion size/rate of eating
- Ensure you're not eating and drinking at same time, portions are small, and you are eating and chewing very slowly
- Are you taking your Zofran or Phenergan as prescribed?

3. Constipation

- Common immediately post-surgery
- Focus on sipping your 64 oz. of fluids and walking
- OK to try *Milk of Magnesia, Miralax, Senakot, Fleets Enema, Dulcolax*
- Movement helps – walk, walk, walk

Follow up After Surgery

It is important to stay connected with us after surgery; we are your bariatric family!

What to expect:

- When you are discharged from the hospital, you will have a follow up appointment made for you – if this isn't made, please call:
843-792-7929
 - 30 days (1 month) after surgery for all bariatric patients, typically on a Thursday morning to discuss advancing to regular textured diet
 - If you had a JP drain placed, your first appt will be at 1 week
- Our Clinical Reviewer will call you ~30 days if you haven't been seen to ask you some follow up questions
- Follow up appointments at:
 - 1 month
 - 3 months
 - 6 months
 - 1 year
 - 18 months
 - 2 years
 - Every year FOR LIFE
- We start checking labs at 6 months; you do not have to fast for labs
- After every clinic visit, please stop at front desk to make your next appointment
- If you move or change phone numbers, please contact us to let us know! We will help you find an MBSAQIP-accredited program for your continued aftercare
 - Look for a Bariatric Surgery Center accredited with MBSAQIP here:
<https://www.facs.org/search/bariatric-surgery-centers>

Goals and Expectations

Goals after surgery

- Weight loss surgery is not a “magic bullet” for losing weight. It is a **tool** to help you lose weight. Using the “tool” correctly is **your** responsibility (but we will teach you how to use it!)
- The goal of surgery is to provide you with the ability to get FULL QUICKLY, and stay FULL LONGER on SMALLER PORTIONS of food – YOU control the quality of what you eat (and we are here to help you improve your choices!)
- By using the “tool” correctly, you will be able to:
 - Lose and maintain a significant amount of weight
 - Reduce trouble you have from weight related conditions
 - Improve and maintain your health and lifestyle

Expectations after surgery

- The Registered Dietitians (RDs) will help you determine a realistic goal for how much weight you can expect to lose
- You can expect to lose the most weight during the first 6 months, but will continue to lose weight over 12-18 months
- Significant weight regain is uncommon, but can occur for many reasons, and your team will work with you to determine an appropriate plan of action – stay in touch with us, even if you regain some weight
- We encourage you to set goals that are not about your weight (non-scale motivators), as these can help encourage you to stick with the plan for the long haul
 - Movement
 - “I want to get on the floor and play with my grandkids”
 - Exercise/fitness goals
 - “I want to be able to walk a 5K (3.2 miles)”
 - Eating habits
 - “I want to try new, healthy foods to nourish my body”
 - Medications
 - “I hope to get off all my diabetes medications, and only take vitamins!”

Nutrition Education

This part of the booklet is designed to give you some basics for how to eat once you have had weight loss surgery. You will regularly meet individually with the Registered Dietitian to individualize a meal plan that meets your needs.

The first few weeks/months will be more structured and will follow a progression from liquids to purees to regularly textured foods.

In the hospital, your diet will be similar to:

Bariatric Clear Liquid:	1-2 ounces of clear liquids every hour
Bariatric Full Liquid:	Full liquids (protein liquids), frequent small amounts
Bariatric Pureed:	pureed foods, frequent small amounts

Your diet will be advanced to the next stage per doctor's orders

You will receive standard trays during your hospital stay, but are able to participate in our 'At Your Request' room service program if you desire. This program allows you to call and order your own food at mealtime and gives you the chance to make appropriate substitutions.

After discharge, you will eat only pureed food for 4 weeks (or 30 days).

This is what your hospital trays will look like:



Post-Bariatric Surgery Inpatient Diet Progression

Meal delivery times for 6 East are approximately 8 am, 12 pm, and 5 pm.

Please talk to your care team if you need to make any substitutions.

Day of Surgery

Dinner: CLEAR LIQUIDS

- 1 glass (1 oz each) water
- 1 glass (1 oz. each) unsweetened 100% apple juice
- 1 glass (1 oz. each) *Crystal Light* lemonade
- 1 glass (1 oz. each) *Crystal Light* berry
- 1 glass (1 oz. each) unsweetened tea
- 1 glass (1 oz. each) *Powerade Zero*
- 2 packets of non-calorie sweetener
- 1 lemon juice packet

Day 1 After Surgery

Breakfast: FULL LIQUIDS

- 5.3 oz. *Yoplait* Light Yogurt (vanilla)
- 4 oz. *Boost* Glucose Control
- 4 oz apple juice, unsweetened
- 4 oz *Lactaid* Milk, nonfat
- 1 packet of non-calorie sweetener

Lunch: FULL LIQUIDS

- ½ cup strained cream of chicken soup
- 4 oz. *Boost* Glucose Control
- 4 oz. *Lactaid* milk, nonfat
- 4 oz. unsweetened tea
- 1 packet of non-calorie sweetener, lemon juice, salt, pepper

Dinner: PUREED*

- ¼ cup pureed meat (chicken)
- ¼ cup pureed vegetable (carrots)
- ½ cup strained cream of chicken soup
- ¼ cup pureed fruit (peaches)
- 4 oz. *Lactaid* milk, nonfat
- 4 oz. unsweetened tea
- 1 packet of non-calorie sweetener, lemon juice, salt, pepper

Optional snack between meals:

- 4 oz. *Boost* Glucose Control

Day 2 After Surgery

Breakfast: PUREED*

- ¼ cup cottage cheese, fat free
- 5.3 oz. *Yoplait* Light Yogurt (any flavor)
- ¼ cup applesauce, unsweetened
- 4 oz. *Lactaid* milk, nonfat
- 4 oz. 100% orange juice, unsweetened
- 4 oz. coffee
- 1 packet of non-calorie sweetener, lemon juice, salt, pepper

Lunch AND Dinner: PUREED*

- ¼ cup pureed meat (beef)
- ¼ cup pureed vegetable (broccoli)
- ½ cup strained cream of chicken soup
- ¼ cup pureed fruit (pears)
- 4 oz. *Lactaid* milk, nonfat
- 4 oz. unsweetened tea
- 1 packet of non-calorie sweetener, lemon juice, salt, pepper

Call to order optional snacks between meals:

- 4 oz. *Boost* Glucose Control
- ¼ c vanilla pudding, diet
- ¼ c applesauce, unsweetened
- ¼ c cottage cheese, fat free



Clear Liquids Tray



Full Liquids Tray



Pureed Tray

** Once you have been advanced to a pureed diet, you may call the diet office for any changes or additional options. Call the Diet Office Call Center 2 hours prior to mealtime *111 (Hours: 7 AM-7:30 PM)*

Primary GOALS for the first 4 weeks:

- Sip on 64 ounces of **fluid**
- Take bites of **protein-rich PUREED** foods
- Take your **vitamins** as outlined by your Dietitian

Fluid Choices

How: To get in **64 ounces per day**, drink **4 ounces/hour for 16 hours** or **1 ounce (about a shot glass) every 15 minutes**. Use a timer, your phone alarm, or a friend to remind you to drink. It is most important to stay hydrated – even more than eating!

What: low calorie (<20 per serving) and non-carbonated

Do NOT drink more than 16 ounces per day of coffee/tea (as they can prevent your body from absorbing certain minerals)

- WATER!!!

- Crystal Light (NOT Pure)
- Wyler's Light (powder or drops)
- Sugar free Kool-Aid
- Mio Liquid Enhancer or Dasani Drops
- Coffee (can add artificial sweetener and/or milk)
- Unsweetened tea or herbal tea
- Diet Green tea (NOT the sparkling version)
- Fruit₂O
- Diet Snapple
- Minute Maid Light (15 cal/8 oz)
- Metromint flavored water
- PowerAde **Zero**
- Propel **Zero** Fitness Water
- Vitamin Water **ZERO**
- Sobe Lifewater **0** (white label)
- Fuze **Slenderize** Low Carb
- Low sodium chicken, beef, or vegetable broth (**add blended meat**)
- Smart water (comes in a 32oz bottle, so 2 gets you to your goal)
- **Diet V8 Splash** (10 cal/8 oz) (NOT Light V8 Fusion)
- 100% fruit juice (dilute 50/50 with water, max 8 oz juice, stop after 1st month)
- **Diet** Juices with reduced calories (<5 calories per serving) (NOT sparkling)
- V8 vegetable juice or tomato juice (counts as a veggie!) (50 cal/8 oz)
- Sugar free popsicles (only gives you about 1 oz of fluid)
- Diet Jell-O (only gives you about 1 oz of fluid)
- Skim/nonfat milk (0% or 1%) or Nonfat Lactose-free milk (8 g protein per 8 oz)
- Unsweetened Light soy milk (8 g protein per 8 oz)
- Unsweetened Almondmilk (2 g protein per 8 oz)
- Nonfat dried milk powder (8 g protein per 1/3 cup – added to 8 oz milk)
- No sugar added carnation instant breakfast (blue box) (added to skim milk)



Protein-Rich Pureed Foods

For the first 4 weeks after your weight loss surgery, you must eat all foods in a liquid or blended/pureed form. The reason for this is to make sure you heal adequately. You may begin the pureed diet as soon as you go home. Eating any solid food may cause severe pain, nausea and/or vomiting.

To alter the texture of your foods you can use a blender, a food processor, or buy foods that are already a pureed, blended texture.

You will meet with a dietitian at your pre-surgical work up visit to discuss a plan for the first month. You will receive the **“Survival Guide for your First Month After Bariatric Surgery”** Booklet for more info!

How to Blend Foods

1. Cut the food into very small pieces about the size of your thumbnail
2. Place the food in a blender/foodprocessor
3. Add enough liquid to cover the blades inside the blender
--> *Use liquid such as broth, 100% juice or skim milk*
4. Blend the food and liquid together until it is smooth **like applesauce**
--> *Yogurt and cottage cheese are okay without beingpureed*
5. If there are lumps, seeds or large pieces of food, strain them out before you eat
6. Use herbs and spices to flavor thefood
7. After 4 weeks, you can *slowly* transition to a soliddiet

Recipe Ideas

Be creative with your recipes and try new cookbooks or websites

Watch “how-to” video on our website:

<http://www.muschealth.org/weight-loss-surgery/nutrition/index.html>

You can also get ideas from the Recipe Corner on our website:

<http://www.muschealth.org/weight-loss-surgery/nutrition/recipe-corner.html>



Protein Choices (pureed texture for first month)

***Pureed/blended fruits and veggies can be added to protein-rich foods*

- **Pureed meats**
 - Cooked, then blended with broth or water- add to 4-8 oz of broth
 - Lean/skinless turkey, chicken, beef, fish, tuna, veal, venison
- **Baby food meats**
 - Use any seasonings except sugar to flavor
Baby food meats
- **Beans**
 - Fat-Free Refried beans (from the grocery store) or mashed limas, pintos, black beans or black-eyed peas or hummus (blended chickpeas)
- **Soups**
 - Low-fat veggie, bean, lentil, chili, or meat-based soups (nonoodles/rice)
 - Blend chunky soups in the blender and add pureedmeats
- **Peanut butter**
 - Natural (no added sugar) peanut butter off the spoon or in a smoothie
- **Silken tofu**
 - Good addition to soups (no flavor but addsprotein)
- **Homemade smoothie**
 - Blend any combo of milk, yogurt, carnation instant breakfast, peanut butter, eggbeaters, vanilla or almond extract, ice, etc.
- **Protein shakes**
 - With no added sugars (see next page)
- **Cheese**
 - Melted low-fat orfat-free
 - Soft cheese like *Laughing Cow* Light
- **Cottage Cheese** (lowfat/nonfat)
 - Add some blended fruit or unsweetened applesauce
- **Ricotta cheese** (lowfat/nonfat)
 - Flavor with lemon/almond extract, artificial sweetener, or tomato sauce
- **Yogurt**
 - Fat-free, No Added Sugar Regular Yogurts (*Dannon* Light and Fit, *Activia* Light, Low Fat Plain, *Breyer's* Light)
 - Greek Yogurt (nonfat, 0%)
 - Plain (*Fage*, *Oikos*, *Yoplait*, *Dannon*, or *Chobani* brands)
 - Artificially sweetened (*Dannon* Light and Fit Greek, *Yoplait* Greek 100, *Oikos* Triple Zero)
- **Egg, egg substitute, or egg whitespureed**
 - Mashed/blended scrambled eggs moistened withmilk
- **Sugar-free pudding** (made with your own skimmilk)

Protein Supplement Tips

- The preferred source of protein in your diet is “real food” such as pureed meats, low-fat dairy, eggs, pureed beans and soy because they FILL YOU UP!
- Remember that weight loss surgery was designed to keep you feeling full on small amounts of solid foods
- If you are drinking protein shakes and not feeling full or satisfied for a few hours, it is likely moving through your system too quickly
- You will feel fuller for longer when you eat small bites of solid protein-based foods that sit longer in your pouch
- At least 15 grams of protein and less than 5 grams of sugar
- If you are having difficulty eating at least 60 grams of protein per day, protein supplements may help you increase your protein intake (especially in first few months)
- Remember that dried nonfat milk offers 8 grams of protein per 1/3 cup and sugar-free carnation instant breakfast adds 4 grams of protein per packet

	NAME	Flavors	Calories	Protein (g)	Fat (g)	Carbs (g)
Ready to Drink	Premier Protein Shake	Chocolate, Vanilla Strawberries and Cream	160	30	3	5
	Isopure	Many fruit flavors plus green tea	160	40	0	0
	Ensure High Protein	Milk Chocolate, Vanilla	210	25	2.5	23 (3g fiber)
	Slim Fast High Protein	Creamy Milk Chocolate, Vanilla Cream	180	20	9	4
	Atkins Advantage Shake	Strawberry, chocolate, vanilla	160	15	9	4 (2g fiber)
	Muscle Milk Light	Many flavors including banana, chocolate and caramel	195	25	6	11 (1g fiber)
Powder: mix in milk, water, crystal light	Unjury powder	Strawberry, chocolate, vanilla, unflavored, chicken	100	20	0	4
	Dry skim milk	Plain	90	9	0	13
	Nectar (try mixing it in crystal light)	many fruit flavors plus chocolate, vanilla, cappuccino	100	23	0	0
	Bariatric Fusion High Protein, Low Carb Meal Replacement	many flavors including chocolate mousse, orange cream and cinnamon bun	150	27	2	9 (5g fiber)

Transitioning to a Regularly Textured Diet

Transitioning TIPS

- Introduce only one new food per day; try the same food for 2 days before putting it on your “safe foods” list
- Avoid cores and skins of fruits and vegetables at first
- Chew, chew, chew, before you try another bite



Fluids

- Still aim for 64 oz of fluid/day (4 oz/hr)
- Low calorie (<20 cals per serving), no carbonation/bubbles
- DON'T eat and drink at the same time (wait 30 min after eating to drink)

Food/meal/snack planning

- Goal for first several months 60 grams of protein/day
- Volume: approximately ½ cup to ¾ cup at a time (depends on texture)
- Move to more SOLID foods – they SIT LONGER in your pouch/sleeve
- Eat breakfast within 2 hours of waking up
- Begin to go 3-4 hours between meals
- Limit added sugar and AVOID alcohol
- Continue to focus on protein-rich foods
- PAIR up your PROTEIN options with your PRODUCE
- Limit to 2 starch servings/day (after protein/produce)

Vitamins

- Continue to take your vitamins as instructed by your Dietitian
- If you haven't done so already, it's time to start your calcium (see page 4 for guidelines)

Exercise

- Start exercising! Faster, longer, harder! Aim for >30 minutes/day

Transitioning to a Regularly Textured Diet

- **Eat slowly and be aware of when you feel full.**

When you feel full, stop eating! If you continue to eat, you may develop intense chest pain and vomit. You may only be able to eat a few bites of food at a time, eating up to 4-6 “mini meals” a day.

- **Chew, chew, chew!**

You need to make sure you chew your food very well before you swallow it. This makes it easier to digest and pass from your gastric pouch/sleeve and into your small intestine.

- **Avoid drinking fluids 30 minutes after your meals.**

The liquids may accelerate passage of the solid food out of the stomach and possibly cause some discomfort or dumping syndrome

- **Drink enough fluid between meals to meet your fluid requirements.**

You need eight cups (64 oz.) of fluid per day to avoid dehydration. You should carry a water bottle with you and sip on low/no calorie liquids throughout the day to get enough fluids.

- **Avoid tough or rubbery meats.**

Meat is a great source of protein, but it needs to be soft and tender for you to digest it. Try a slow cooking method to make your meat tender, such as a crock-pot, boiling or cooking at a low temperature over a long period of time.

- **Avoid food/beverages high in sugar.**

High sugar foods can cause "dumping syndrome." After gastric bypass surgery, some people feel light-headed, sweaty or faint soon after consuming sugar. Sugary foods and drinks are also high in calories and low in nutrition.

- **Avoid extremes in the temperature of your foods and beverages.**

Some patients experience spasms or cramps with very hot or cold food/beverages. Try lukewarm versions.

- **Limit high fat foods.**

These foods may make you feel nauseated. They are also high in calories and will slow down your weight loss.

.....
▪ **Remember weight loss surgery is designed for you to feel full on SOLID foods.** You are SUPPOSED to
▪ get full quickly! Liquids and soft slider foods will travel quickly through your pouch and will not produce that
▪ “full” feeling. If a few bites of solid protein foods, like meat, feel ‘heavy’ in your pouch, it means the surgery is
▪ working! Try not to gravitate to liquid foods that you can consume more of, or that “go down easy”.
.....

Meal Planning Worksheet

- Eat within 2 hours of waking up in the morning
- Plan your Meal OR Snack every 3-4 hours apart
- Drink 16 oz of no-calorie, no-bubble beverage between each eating occasion
- Plan for a PROTEIN and PRODUCE at each meal/snack
- Starches/fats are after Protein/Produce (not alone), and max 2 starch, 3 fat

Time	PROTEIN	PRODUCE	EXTRAS (like Starch, Added Fat, condiments)

Long Term Eating Behaviors

Fluids

- Drink ~64 ounces fluid/day – **no carbonation**, low-calorie(<20/serving)
- Don't eat and drink at the same time - Wait 30-60 minutes after eating to resume sipping on your fluids

Eating Pattern

After surgery, we suggest the following food groups (rather than strict calorie counting) to meet your nutritional needs

Food Group	Servings	Grams protein per serving
Protein-Rich Foods (Meat/Fish, Beans, Dairy)	8	7-8
Produce (Vegetables, Fruits)	4	0-2
Starch	2	3
Fat	3	0

Protein-rich foods

- The protein foods (meat, eggs, low-fat dairy) are especially important to help you heal
- You can substitute milk choices for meat choices
- Aim for at least 60 grams protein daily, may need 90-100 grams depending on surgery type and length out from surgery
- Your **FIRST** priority for food should be protein, then produce, followed by fruit and starches
- We encourage you to **PAIR** foods from **PROTEIN** group with **PRODUCE** group for maximum fullness

Behaviors

- Eat **4-6 small meals/snacks** (meal/snack may be just a couple bites)
- Eat small bites, very slowly and chew well (20-30 chews per bite)
- Avoid** snacking or grazing throughout the day. Plan all your eating occasions ahead
- Find a routine to get in your **VITAMINS** daily for LIFE
- **Exercise** optimizes your long term weight loss – aim for daily

How to Identify Added Sugars

Naturally occurring sugars are found in milk/dairy products and fruit which are safe to consume. However, when looking at the grams of sugar listed on a Nutrition Facts label, sometimes you cannot tell if the grams of sugar listed are naturally occurring (which are fine) or added (which are not). You have to read the ingredient list to determine if the grams of sugar listed are added sugars.

Steps to determine if something has added sugar:

1. Does it come from milk or fruit?
2. Does the Nutrition Facts Label have any grams of sugar?
3. Does the ingredient list have any words that mean sugar?

Sugar Substitutes:

- **Sugar alcohols** are sugar replacers that are not well digested or absorbed by the body and are found primarily in sugar free candies and protein bars. Some people will tolerate up to 10 grams of sugar alcohols, some people don't tolerate any, so try them cautiously. Sugar alcohols can cause GI distress such as gassiness, bloating, loose stools or diarrhea.
- **Sugar substitutes or artificial sweeteners** are acceptable after having bariatric surgery. They provide sweetness without adding calories. They include saccharine (eg: Sweet n' Low), sucralose (eg: Splenda), aspartame (eg: Equal, NutraSweet), and stevia (eg: Truvia, PureVia).
- **Watch out for the "blends" such as Splenda sugar blend and brown sugar blend, which contain real sugar**
- Sugar-free gum and mints are also okay – just don't swallow your gum!

It is recommended to avoid foods and drinks containing added sugar:

Cake	Gatorade or sports drinks	Sugar, honey or molasses
Candy or candy bars	Granola and sweet cereals	Sweetened tea
Cookies	Ice cream	Sweet rolls
Custard and pudding	Jam and jelly	Sweetened condensed milk
Fruits canned in syrup	Pastries and pies	Sweetened fruit
Fruit drinks or punch	Regular soda	Syrup

Read the Ingredients List! Sugar, by any one of these names, may be hiding in your food. Know which ingredients to avoid.

Sugar, table sugar, granulated sugar, white sugar, cane sugar, beet sugar, sucrose	Fructose, levulose, fruit sugar	Molasses, blackstrap molasses
Agave Nectar, agave syrup	Fruit juice concentrate	Powdered sugar, confectioners' sugar, icing sugar
Barley malt syrup	Glucose, D-glucose, dextrose, corn sugar	Raw sugar, natural brown sugar, demerara sugar, turbinado sugar, muscavado sugar, "sugar in the raw"
Brown rice syrup, rice syrup	High maltose corn syrup	Splenda® Sugar Blend and Splenda® Brown Sugar Blend
Brown sugar, Light brown sugar, Dark brown sugar	High-fructose corn syrup	Sucanat®, whole cane sugar, organic sugar
Corn syrup	Honey	
Date sugar	Invert sugar	
	Maple syrup, maple sugar	

Food Groups (after the first month)

Protein-Rich Foods - Aim for 8 servings per day

Types of food	Portion to equal 1 serving	Options
Meat, Poultry, Fish	1 oz cooked	skinless turkey, ground turkey breast, chicken, 96% lean beef, fish, seafood, shellfish, tunafish in water, veal, venison (no added fat), pork tenderloin, deli-sliced turkey, ham, roast beef
Beans/Legumes	½ cup beans ¼ cup nuts (1 oz) 2 Tbsp nut butter or hummus	rinsed/drained beans, lentils, black eyed peas or edamamme (soybeans) any kind of nut (almonds, peanuts, pistachios, etc) peanut butter/almond butter (“natural” – no added sugar brands), hummus
Soy products	½ cup	Tofu (firm, silken) Veggie burger
Egg/egg substitute	¼ cup 1 egg	Egg Beaters 1 egg, or 2 egg whies
Cheese	1 oz	low-fat (1%) or fat-free cheese
Cottage Cheese	¼ cup	low-fat (1%) or fat-free cottage cheese
Ricotta Cheese	¼ cup	low-fat (1%) or fat-free ricotta cheese
Milk	1 cup (8 oz)	Skim/nonfat/fat-free/0% or lowfat/1% Lactose-free milk (Lactaid)
Milk-alternatives	1 cup (8 oz)	Unsweetened soymilk (8 g pro in 8 oz) Unsweetened almond milk (2 g pro in 8 oz)
Yogurt	¾ cup (6 oz)	Nonfat/fat-free/0% plain or flavored with artificial sweeteners
Greek Yogurt	¾ cup (6 oz)	Nonfat/fat-free/0% PLAIN Greek Yogurt or flavored with artificial sweeteners

Meal Planning Tips:

- Season your foods with herbs, spices, lemon/lime juice, hot sauce and vinegar
- Cook in a low-fat method: bake, broil, grill, steam, BBQ, or George Foreman Grill
- DO NOT fry or add any oils to the pan while cooking (canola oil, olive oil, butter, crisco, bacon drippings or lard)
- Use non-stick cookware and cooking spray like PAM
- These foods are too high in fat and too low in protein and must be avoided for life due to cancer risk: poultry skin, chicken or turkey wings, potted meat like Vienna sausages or SPAM and processed meats like bacon (turkey, beef and pork), sausage, hot dogs, bologna or salami
- Limit nut/nut butters to ¼ cup of nuts or 2 Tbsp of nut butter per day

Produce (Fruits & Vegetables) - Aim for 4 servings per day

Types of food	Portion to equal 1 serving	Options
Cooked Vegetables	½ cup cooked	Non-starchy fresh, frozen, or low-sodium canned veggies, including but not limited to: beets, carrots, green beans, spinach, broccoli, greens, zucchini, cabbage, cauliflower, etc.
Raw Vegetables Salads	1 cup raw	Raw veggies including but not limited to: carrots, celery, cucumbers, bell peppers, beets, broccoli, etc. Leafy greens (like spinach or lettuce)
Fruits	½ cup (4 oz) or 1 small piece, ½ of a banana	Fresh, frozen or canned in water/own juice, including but not limited to: orange, apple, grapefruit, berries, melons, peaches, pears, pineapples, cherries, grapes, banana etc.

Meal Planning Tips:

- Strive to cut out all juice (as it is a liquid that you can consume more of)
- If you choose canned fruits, opt for those canned in water or their own juice instead of syrup.
- The more chewing required, the better the choice!
- Soups may be low calorie, but we encourage you to add bulk with protein (like beans/meat in a chili made with veggies)
- If you feel hungry, the veggie group is the best to add at only ~25 calories/serving
- In general, ALL fruits and ALL vegetables are acceptable (just not in syrups, and not cooked with oils, added fats & meat-parts)

Starches - Limit to 2 servings per day

Types of food	Portion to equal 1 serving	Options
Cereals	½ cup cooked or dry	Look for cereals with >3 g fiber and no added sugar; grits, cream of wheat, oatmeal
Starchy Vegetables	½ cup cooked	Corn, butternut squash, lima beans, peas
Potatoes	½ cup (4 oz)	White or sweet potatoes (keep skin on), and not in Fry-form!
Bread	1 oz (1 slice)	Whole grain, whole wheat options are best, look for >3 g fiber/slice. Try brands with only 40-45 calories/slice. Whole wheat english muffin, bagel thin
Rice, Pasta	1/3 cup cooked	Choose brown rice and whole wheat pasta for more fiber, more filling option. Note – rice/pasta swell when cooked, may feel uncomfortable even at this small portion
“Snack foods”	1 oz (or portion to = 80 calories)	Popcorn, whole grain crackers, etc. Look for "whole" on the label

Meal Planning Tips:

- You likely will not have room in your diet during first month for any starches (as you will be full from the protein and produce)
- As you are farther out from surgery – you will increase your starch servings
- Keep starches high fiber by choosing whole grain, whole wheat, and ‘brown’ versions wherever possible
- For all the ‘snack foods’ – calculate an 80 calorie serving (or about 1 oz on the scale)
- Avoid eating starchy foods all by themselves – be sure to PAIR it with a protein option at all meals and snacks (like cheese or deli meat on crackers)

Fats - Limit to 3 servings per day

Types of food	Portion to equal 1 serving	Options
Butter, butter substitutes	1 teaspoon	Lower fat butter substitutes are encouraged
Oils	1 teaspoon	Olive oil, canola oil
Mayonnaise, sour cream	1 teaspoon	Low fat or fat free
Salad Dressing	1 Tablespoon	Low fat or fat free or Light/Lite options have fewer calories per volume *the serving size for most dressings
Plant fats	1 oz	Avocado

Meal Planning Tips:

- All oils have the same amount of calories and fat per serving
- When choosing salad dressings, look at the serving size carefully (most report 2 Tbsp = 1 serving, and your serving after surgery is 1 Tbsp – so half the amount listed)
- Try using Fat Free Plain Greek Yogurt instead of Mayo/Sour Cream for a creamy texture, no fat, and lots of protein!
- Have olive oil in the house, but use it sparingly
- ALWAYS measure out your fats so you can be sure not to overdo it (the difference between 1 teaspoon and 1 Tablespoon is hard to 'see')

Vitamin & Mineral Supplements: Required FOREVER

Your new stomach is too small to absorb all of the nutrition your body requires from food alone. You will need to take these supplements every day for the **rest of your life** unless you are told otherwise by your bariatric surgery specialty team.

☐ Complete Multivitamin

- Take 2/day for first 6 months
- Men's formulas, seniors formulas and gummy vitamins are **NOT** acceptable
- Chewable options:
 - *Flintstones Complete*
 - *Centrum Complete Chewable*
 - *Bariatric Fusion Complete Chewable*
**all-inclusive vitamin, ask your dietitian for more details*
 - *Bariatric Advantage Ultra Multi*
- Tablet options OK after the first month
- If you are having the duodenal switch, you need a High ADEK (fat soluble vitamins) Multi sold through "*Bariatric Advantage*", "*Bariatric Fusion*" or "*Celebrate*" online companies

☐ 500 micrograms of Vitamin B₁₂

You may take this in a liquid/dropper or sublingual ("under the tongue") form to avoid crushing it. Do not swallow it. Alternatively, you can have your primary care physician give you a *monthly* intramuscular shot of 1000 micrograms.

☐ 1200-1500 mg Calcium Citrate or Carbonate (must take carbonate with meals)

(NOTE: If having the Duodenal Switch procedure, will need 1800-2400 mg calcium daily)

- **Citrate pill option:** "*Citracal Max*" 2 pills, 2 times daily = 1200 mg
- **Carbonate pill option:** "*Caltrate 600*" 1 pill, 2 times daily = 1200 mg
- **500 mg chewable options** available through bariatric specific brands
- *Take calcium in divided doses for maximum absorption. Do not take more than 600 mg at one time*

☐ 2000 IU Vitamin D₃

In addition to the D in your multi/calcium, you need an additional 2000 IU/day (to total 3000 IU/day from all supplements)

***Duodenal switch patients may need extra iron and B vitamins - Talk to the RD!**

It is advised that you start your vitamins **before** surgery. We will follow your labs closely and will make individual recommendations for additional supplements if needed. You will receive a letter from your dietitians after labs are drawn if abnormal. Be sure to check MyChart for quick access.

Choosing the RIGHT vitamin for YOU

There are a variety of vitamin/mineral supplement options that you can choose to meet your micronutrient needs. Discuss these options with your dietitian to find one that is RIGHT for YOU.

Remember, you will need to take vitamin/mineral supplements FOR LIFE!



Other Considerations

Alcohol

- Alcohol may cause dumping syndrome as it empties out of the gastric bypass pouch quickly
- Emerging research shows that certain patients may be at higher risk for alcohol misuse after bariatric surgery
- Due to calorie content, metabolism of alcohol, and potential for addiction, alcohol should be **avoided the first 6 months after surgery** and it is advised to limit alcohol thereafter

Pregnancy

- Pregnancy is not safe during rapid weight loss
- You are advised **NOT** to get pregnant for 12-18 months after your surgery.
- Rapid weight loss **increases** fertility, so you must be extra careful.
- Talk to your doctor about using **two forms** of birth control

Hair Loss

- Hair loss is seen frequently 3–6 months after surgery lasting as long as 6–12 months
- This is due to the stress of surgery and from weight loss, which disrupts the normal growth cycle of individual hairs
- Fortunately, the hair follicle is not damaged and the hair will grow back



Physical Activity/Exercise

- Movement is critical to your weight loss success
- Emerging research shows 150-300 minutes of moderate intensity exercise is critical for weight maintenance after weight loss

Psychosocial Health

Your mental health is an important component of your overall health and the “new you.” Our behavioral medicine psychologists are available to help after surgery:

- Difficulty integrating healthy lifestyle changes (diet, exercise, vitamins)
- Mood changes
- Social pressures, reactions from others
- Emotional eating
- Stress management
- Weight regain
- Body image concerns
- Struggling with addiction

Program Tools & Resources

Support Group

- We welcome pre-op & post-op patients of all surgery types and family & friends who are supporting the bariatric surgery patient.
- Our Support Group is the **3rd TUESDAY** of every **OTHER** month from **3:30 – 5 PM**
- Support Group may be virtual OR in-person depending on the month.
- Always check out our website for up-to-date info!

Monthly Blog Posts and Email List

- Enjoy a monthly email and stay abreast of new offerings and changes to our program through our email list
- Visit the MUSC Health Blog for our latest blog posts at <https://muschealth.org/medical-services/weight-loss-surgery/wls>
- To join our email list, email wls@musc.edu.

‘LIKE’ us on Facebook [facebook.com/MUSCweightlossurgery](https://www.facebook.com/MUSCweightlossurgery)

- MUSC’s bariatric surgery team has a fan page on Facebook
- LIKE us to stay up to date with classes, support groups, recipes, news about bariatrics and more!
- Post what you’re up to, connect with your bariatric buddies and swap tips for success!



Virtual Grocery Store Tour

- Take your own personal bariatric grocery store tour from the privacy of your own home!
- Listen as an RD narrates while you review your meal plan, food groups, serving sizes, products we love, health halos, and more!
- See our homepage or search on YouTube directly
- https://www.youtube.com/watch?v=e72_cv97Wwk&feature=youtu.be

