

A photograph of a forest path with sunlight filtering through the trees. The path is dirt and leads into a dense forest. Sunlight rays are visible, creating a warm and serene atmosphere. The trees are tall and thin, with some green and some yellowing leaves, suggesting autumn. The overall scene is peaceful and natural.

**Your journey
to a healthy new you**



Saint Agnes
Metabolic & Bariatric Surgery

Weight & Waist Circumference Log

	Weight	Waist Circumference	Date
Initial	_____	_____	_____
Class 1	_____	_____	_____
Class 2	_____	_____	_____
Class 3	_____	_____	_____
Class 4	_____	_____	_____
Class 5	_____	_____	_____
Class 6	_____	_____	_____
Day of Surgery	_____	_____	_____
1 week post-op	_____	_____	_____
1 month post-op	_____	_____	_____
3 month post-op	_____	_____	_____
6 month post-op	_____	_____	_____
1 year post-op	_____	_____	_____
Goal	_____	_____	_____

"Where you start is not as important as where you finish."

– Zig Ziglar

Congratulations on your decision for bariatric surgery!

Bariatric surgery is a life-changing procedure.

You will lose weight, reduce co-morbidities,
and feel better.

Your weight loss will vary depending upon
your commitment and willingness to maintain
a healthy diet and healthy lifestyle.

Along with your surgery, it is imperative that
you prepare yourself with the proper education
and training to succeed in reaching your weight
loss goals.

Our bariatric team is committed to helping you
transform your life through educational and
behavioral changes.

Let the journey begin!



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What is bariatric surgery?

Bariatric surgery (*a.k.a. weight loss surgery*), when combined with nutritional counseling, physical activity, and behavioral changes, is a powerful tool for achieving long-term health and weight loss. You will also hear bariatric surgery referred to as metabolic surgery because many metabolic diseases, like type 2 diabetes and hyperlipidemia, improve or resolve following surgery.

What are the types of bariatric surgery?

There are different types of bariatric surgery. Two of the most common types are sleeve gastrectomy and Roux-en-Y bypass surgery.

Sleeve gastrectomy

In this surgery, the stomach is reduced to about 30% of its original size, by stapling away a large portion of the outer stomach. The result is a sleeve or tube-like structure. The procedure permanently reduces the size of the stomach. The procedure is generally performed laparoscopically and is irreversible.

Roux-en-Y bypass surgery (*roo-en-wy*)

This surgery involves creating a small pouch from the stomach and connecting the newly created pouch directly to the small intestine. After gastric bypass, swallowed food will go into this small pouch of stomach and then directly into the small intestine, thereby bypassing most of your stomach and the first section of your small intestine.

Duodenal Switch

Duodenal switch surgery is a weight-loss procedure that combines the principles of restriction and absorption by making the stomach smaller and rerouting the intestines. This combination of treatments is a proven, effective way to lose weight and improve weight-related health issues. Biliopancreatic diversion with duodenal switch (BPD-DS) surgery is a 2-part procedure in which approximately 75-80% of the stomach is removed (similar to the gastric sleeve surgery). Then, a small, tubular stomach pouch is created. The outlet of the newly created stomach pouch is then connected to the last portion of the small intestine, called the duodenum.

Bariatric Surgery

Normal



Sleeve Gastrectomy



Roux-en-Y bypass



Duodenal Switch



Image from: mayoclinic.org



How does bariatric surgery reduce weight?

- Reduces appetite
- Promotes early satiety (*getting full on less food*)
- Increases resting energy expenditure (*metabolism*)
- Promotes a preference for healthier foods
- Changes the brain's "set point," achieving and maintaining a healthier weight
- Normalizes the gut hormones that communicate with the brain
- Changes the bile acids and the types of bacteria that normally reside in our gut

Tanita Body Composition Analyzer

Attach your print out here

TANITA
BODY COMPOSITION
ANALYZER
TBF-310

BODY TYPE	STANDARD
GENDER	FEMALE
AGE	33
HEIGHT	5ft 1.0in
WEIGHT	208.0lb
BMI	39.3
BMR	7084 kJ
	1693 Kcal
IMPEDANCE	550 Ω
FAT%	49.2%
FAT MASS	102.5lb
FFM	105.5lb
TBW	77.0lb
DESIRABLE RANGE	
FAT%	21-33%
FAT MASS	28.0-52.0lb

TARGET BF% is: 20%

Predicted weight: 132.0lb

Predicted fat mass: 26.5lb

FAT TO LOSE: 76.0lb

Consult your physician before beginning any weight management program. Tanita is not responsible for determining your target BF%.

Daily Nutrition and Fluid Goals

Nutrition Prescription

Calories / Day:

Protein / Day:

Fluid / Day:

_____ oz

Physical Activity Prescription:

_____ days / week

_____ mins

Resources and Tools to use to meet your nutrition and fluid goals

- Food Journal (ie. myfitnesspal.com, [calorie counter](#), [mynetdiary](#))
- Refillable water bottle
- Measuring cups
- Food scale

Your Body's Protein Needs

Protein is necessary to help heal and preserve muscle while you are losing weight. Slight hair shedding is normal in the months immediately following bariatric/metabolic surgery and is rarely a sign of nutritional complication. If additional hair loss occurs after six months, this may be a sign of protein deficiency. Protein needs are based on an individual's height. To obtain your individual protein needs, refer to the chart below. It may take you several weeks or even months to reach this goal. If you need assistance with achieving your protein goal, you may request a consultation with the Registered Dietitian.

Excess protein is not advised and can lead to kidney failure, liver failure and calcium loss from bones. You are also at greater risk for dehydration because it takes a lot of water to break down protein. **Stick with your individual goal and do not go overboard!**

Women		Men	
Height	Protein grams needed	Height	Protein grams needed
4'8	42 – 46	5'0	48 – 53
4'9	43 – 47	5'1	51 – 56
4'10	44 – 48	5'2	54 – 59
4'11	45 – 50	5'3	56 – 62
5'0	46 – 51	5'4	59 – 65
5'1	48 – 53	5'5	62 – 68
5'2	50 – 55	5'6	65 – 72
5'3	52 – 57	5'7	67 – 74
5'4	55 – 61	5'8	70 – 77
5'5	57 – 63	5'9	73 – 80
5'6	59 – 65	5'10	76 – 84
5'7	61 – 67	5'11	78 – 86
5'8	64 – 70	6'0	81 – 89
5'9	66 – 73	6'1	84 – 92
5'10	68 – 75	6'2	86 – 95
5'11	71 – 78	6'3	89 – 98
6'0	73 – 80	6'4	92 – 101
6'1	75 – 83	6'5	95 – 105
6'2	77 – 85	6'6	97 – 107

Prior to surgery, you will attend four weight management classes led by health professionals. These classes will be educational and motivational so you can set your Health and Wellness SMART (Specific, Measurable, Attainable, Relevant, Time-bound) goals. Setting SMART goals prior to surgery will help you develop good habits so you can continue healthy habits after surgery.

Pre-Surgery Weight Management Goals



Class 1: Fundamentals of Nutrition and Exercise

- Drink 72-96 ounces of non-calorie fluids/day
- Read nutrition labels and ingredient list
- Decrease simple carbohydrates and limit high fat foods
- Keep food diary
- Avoid all soda and calorie containing beverages

Class 2 : Nutrition and Digestion

- Drink 72-96 ounces of non-calorie fluids/day
- Keep food diary
- Avoid drinking with meals
- Avoid sugary items and high concentrated sweets



Class 3 : Food & the Brain

- Sign up for support group
- Complete daily checks
- Identify types of hunger

Class 4 : Hospital Expectations & Maintaining Success

- Drink 72-96 ounces of non-calorie fluids/day
- Keep food diary
- Avoid drinking with meals
- Eat slowly. 30 minutes to finish a meal



My Why

Understanding your **WHY** is foundational to a maintainable lifestyle. Your **WHY** determines what motivates you to get to your health and wellness goals. Your **WHY** is what will keep you going when you are tempted to throw in the towel. Take a moment to consider your **WHY** and list it in your booklet.

When you feel like quitting, think of WHY you started.

At the end of your pre-surgical weight management course, what is your ONE main goal?

Why do you want this?

Why?

How will your life be different when you accomplish your goal?

Carbohydrates: 4 calories per gram

Carbohydrates are starches and fiber from food

- Carbohydrates fuel our brain and muscles which is required to function normally

There are two main types of carbohydrates:

1. **Simple or refined carbohydrates:** these have little or no nutritional value, contain very little vitamins and are often high in fat and sugar.

Examples are: sugar, candy, sodas, sweetened beverages, cakes, potato chips, bagels, pancakes, white bread/flour/rice and sugar cereals.

2. **Complex carbohydrates:** these starches are in their most natural form and have much greater nutritional value, vitamins, antioxidants and fiber. Complex carbohydrates are known to help prevent cardiovascular disease, constipation and colon cancer, as well as help lower cholesterol and manage diabetes.

Examples are: fruits, whole grain, brown rice, legumes/beans, vegetables, wheat bread, wheat pasta and oatmeal

Proteins (amino acids): 4 calories per gram

Proteins are required by the body for survival and daily functions such as:

- building, repairing and maintaining body tissue and immune function
- acting as hormones, enzymes, receptors and transporters

Protein is found in:

- **Animals:** poultry, beef, pork, fish, milk products (*cheese, yogurt*) and eggs
 - Animal protein can be high in saturated fat and cholesterol which causes plaque buildup in our blood vessels, so choose lean sources
- **Plants:** beans, nuts, nut butters, soy and tofu
 - Plant proteins have minimal saturated fat and cholesterol and can provide the same amount of protein per ounce

After surgery you will need to be sure that you are eating enough protein to meet your body's needs.

Macro-nutrients

Important tips

- Complex carbohydrates have greater nutritional value and help to prevent cardiovascular disease.
- Choose lean sources of protein.
- Lean sources of protein include: skinless chicken breast, egg white, pork loin, extra lean ground beef and bison.

Tips to limit saturated fat with protein

- One portion of meat is three ounces or about the size of a deck of cards.
- Choose lean cuts of meats. Lean cuts usually contain the words "round," "loin" or "sirloin" on the package
- Trim off as much fat as you can before cooking and pour off the melted fat after cooking
- Use healthier cooking methods: bake, broil, stew and grill

Fat: 9 calories per gram

Fat is essential for vitamin and phytochemical absorption, nerve transmission and cell membranes.

Three types of fat:

1. Saturated fat: "bad fat." Limit these fats.

Contributes to the buildup of plaque on blood vessels leading to heart disease.

Examples are: animal meats, lard, whole milk dairy, palm oil, butter, shortening, coconut oil and cocoa butter.

2. Unsaturated fat: "heart healthy," mono/polyunsaturated.

Choose these fats more often.

They can decrease LDL (*bad*) cholesterol and increase HDL (*good*) cholesterol.

Omega 3 fatty acids can reduce blood clots and the clogging of arteries.

Examples include the following: canola, corn, olive, safflower, and sunflower oils, nuts, salmon and tuna.

3. Transfat: Avoid these fats.

These fats act like saturated fats and lead to cardiovascular (*heart*) disease.

Examples are: cookies, crackers, vegetable shortening, packaged baked goods, commercially fried or fast foods and stick margarine.

Vitamin and mineral facts

Below are some vitamins and minerals which, according to research, are associated with deficiencies following weight loss surgery. Do not take your vitamin supplements until the first week after surgery. (**Source:** <https://ods.od.nih.gov/>)

Vitamin B12

- Used for energy and protein metabolism, cell growth and reproduction, and nervous system function.
- If left untreated, B12 deficiency can lead to permanent irreversible nerve damage.
- Vitamin B12 is naturally found in animal products, including fish, meat, poultry, eggs, milk and milk products. Vitamin B12 is available in fortified breakfast cereal for vegetarians. Some nutritional yeast products also contain vitamin B12.

Folate

- Important in DNA synthesis; cell structure, replication and maturation, and protein metabolism.
- Folate requires vitamin B12, and therefore, B12 deficiency can lead to a folate deficiency.
- Deficiency is generally caused by poor dietary intake after surgery.
- Folate is naturally found in a wide variety of foods including vegetables (*especially dark green leafy vegetables*), fruits and fruit juices, nuts, beans, peas, dairy products, poultry and meat, eggs, seafood and grains. Spinach, liver, yeast, asparagus, and Brussel sprouts have the highest natural levels of folate. Folate is fortified in enriched breads, cereals, flours, cornmeals, pastas, rice and other grain products.

Thiamine (B₁)

- Thiamine is important for the protection of nerve tissue and for cardiovascular (*heart*) health.
- Severe thiamine deficiency is called Beriberi. If left untreated, Beriberi can lead to irreversible nerve and brain damage, cardiac injury and death.
- Thiamin is found in whole grains, meat, pork and fish. Breads, cereals and infant formulas are fortified with thiamin.

Micro-nutrients

“Courage doesn’t always roar. Sometimes courage is the quiet voice at the end of the day saying, ‘I will try again tomorrow’.”

– Mary Anne Radmacher

Vitamin and mineral facts cont'd

Iron

- Iron is an important part of red blood cells and is necessary for the transportation of oxygen throughout the body. It also has a role in energy production.
- Iron deficiency is called Microcytic Anemia and it causes weakness, fatigue (*feeling tired*), and pale skin.
- Iron is naturally found in lean meat and seafood, which is better absorbed. Other food sources include nuts, beans, vegetables and fortified grain products. Consuming foods with vitamin C (*ascorbic acid*) increases iron absorption.

Calcium

- Calcium has several roles in the body. It is important for muscle contractions, heart rhythms, nerve function, blood clotting, enzyme function, cell structure, normal blood pressure, fluid balance and for strong teeth and bones.
- Requires vitamin D for proper metabolism.
- Calcium deficiency can lead to osteoporosis (*bone loss*), hypertension (*high blood pressure*), heart palpitations, brittle nails, nervousness, numbness in arms and legs, muscle cramps and convulsions.
- Calcium-rich foods (*like dairy products*) are often eliminated from the diet after surgery due to limited portion sizes.
- Supplementation is required to ensure adequate intake.
- Milk, yogurt and cheese are rich natural sources of calcium. Nondairy sources include vegetables, such as Chinese cabbage, kale and broccoli. Spinach provides calcium, but its bioavailability is poor. Foods fortified with calcium include many fruit juices and drinks, tofu and cereals.

“Obstacles don’t have to stop you. If you run into a wall, don’t turn around and give up. Figure out how to climb it, go through it, or work around it.”

– Michael Jordan

Vitamin D

- Vitamin D is necessary for calcium absorption. It is made by our skin when exposed to adequate sunlight.
- Vitamin D is a fat soluble vitamin that is absorbed in the mid to lower intestine. Bile, which is produced in the liver and stored in the gallbladder, is required for the absorption of vitamin D.
- Vitamin D deficiency is called Osteomalacia in adults and is characterized by soft deformed bones. Symptoms of deficiency include weakness, inability to stand or walk, slow growth and irritability. Deficiency after gastric bypass is generally related to decreased intake of vitamin D-rich foods.
- Adequate vitamin D is important for many reasons, including healthy bones and teeth. Research shows that it might also protect against cancer, diabetes, support healthy immune function, brain and nervous system health, support lung function and heart health.
- Very few foods naturally contain vitamin D. The flesh of fatty fish, salmon, tuna, mackerel and fish liver oils are the best sources. Small amounts are found in beef liver, cheese and egg yolks. Milk and dairy products are generally fortified with vitamin D. Cereals, orange juice and yogurt are also fortified.

Water and Hydration

Getting enough water everyday is important for your health. Drinking enough water can prevent dehydration. Water also allows the body to maintain its temperature, remove waste and lubricate your joints. Water is needed for overall good health. After weight loss surgery, your fluid goal will be 72-96 ounces of water per day.

Some tips that can help you reach your daily fluid goal:

- Keep a bottle of water with you during the day.
- If you don't like the taste of plain water, try adding a slice of lemon or lime to your drink.
- Drink water before, during and after a workout.
- When you're feeling hungry, drink water. Thirst is often confused with hunger. True hunger will not be satisfied by drinking water. Drinking water may also contribute to a healthy weight-loss plan.
- If you have trouble remembering to drink water, drink on a schedule. For example, drink water when you wake up, between breakfast, lunch, dinner and when you go to bed. Or, drink a small glass of water at the beginning of each hour.
- Limit caffeine. Caffeine may cause some people to urinate which can lead to dehydration.

Sugary Drinks

Sugary drinks should be avoided

People who often drink sugary drinks are more likely to face health problems, such as weight gain, obesity, type 2 diabetes, heart disease, kidney diseases, non-alcoholic liver disease, cavities and gout, a type of arthritis. Avoiding sugary drinks can help you maintain a healthy weight and have a healthy diet.

Alcohol

Alcohol should be avoid

- Consuming alcohol is discouraged after gastric bypass surgery.
- Due to changed absorption after surgery you will feel the effects of alcohol stronger and longer with minimal amounts:
 - Hard liquor is generally mixed with sodas/juices/sugary beverages
 - Beer is carbonated
 - Wine is similar to juice in that without dilution it can lead to dumping syndrome

High protein foods

Work toward your protein goal by eating protein-rich foods first. Use the following table to reference lean protein options. The serving size provided in the table will equal approximately **7 grams of protein per serving**. Your pre-surgery serving size and post-surgery serving size will differ because after surgery the size of your stomach will be smaller.

Food	Serving size
Beans: black, garbanzo, kidney, lima, navy, pinto, white (cooked or canned, drained and rinsed)	1/2 cup
Beef: ground (90% or higher lean/10% or lower fat); select or choice grades trimmed of fat: roast (chuck, round, rump, sirloin), steak (cubed, flank, porterhouse, T-bone), tenderloin	1 oz
Cheeses with 3 grams of fat or less per ounce	1 oz
Curd-style cheeses: cottage-type (all kinds); ricotta (fat-free or light)	1/4 cup (2 oz)
Edamame (shelled)	1/2 cup = 8 g 1/8 cup = 2 g
Egg substitutes (plain)	1/4 cup
Egg	1 egg
Fish: fresh or frozen such as catfish, cod, flounder, haddock, halibut, orange roughy, salmon (fresh or canned), tilapia, trout, tuna	1 oz
Game: buffalo, ostrich, rabbit, venison	1 oz
Hummus	1/3 cup
Lamb: chop, leg or roast	1 oz
Milk: fat-free (skim) or low-fat (1%)	8 oz = 8 g 1 oz = 1 g
Nut spreads: almond butter, cashew butter, peanut butter, soy nut butter	1 Tbsp
Peas: black-eyed and split peas (cooked or canned, drained and rinsed)	1/2 cup
Pork (lean): Canadian bacon, Ham, Rib or loin chop/roast, tenderloin	1 oz

High Protein Foods

Visual cues to remember serving sizes

1/4 cup



- 1 golf ball
- 1 large egg

1/3 cup



- makeup compact
- espresso cup

1/2 cup



- tennis ball
- 1/2 baseball
- 1/2 of fist

3/4 cup



- small Styrofoam cup

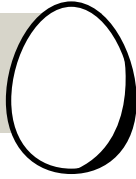
1 cup



- lightbulb
- baseball
- 1 fist

Visual cues to remember serving sizes

1 ounce of meat



- 1 egg
- ping pong ball
- 1/3 palm of hand

1 ounce of cheese



- 3 dice

1 ounce of nuts



- 1 golf ball
- 1 palm of hand

1 fluid ounce



- 1 medicine cup

1 tablespoon



- thumb (base to tip)

1 teaspoon



- 1 die
- tip of finger

High protein foods cont'd

Food	Serving Size
Poultry (<i>without skin</i>): chicken, Cornish hen, turkey, lean ground turkey or chicken	1 oz
Soy Milk	8 oz = 8 g 1 oz = 1 g
Tofu (<i>light</i>)	4 oz = 8 g 1 oz = 2 g
Veal: cutlet (<i>no breading</i>), loin chop, roast	1 oz
Vegetable burger (<i>grams of protein vary by product</i>)	1 patty
Yogurt: Greek, nonfat	3 oz = 7 g 1 oz = 2 g

1. Start with the serving size

This tells you the amount in one serving. If you eat more than one serving then you are eating more calories and fat.

2. Limit cholesterol

Daily cholesterol less than 300 mg. Cholesterol is found in animal foods such as beef, milk and eggs. If you are following a heart healthy diet, it is recommended to limit your cholesterol intake to 200 mg per day.

3. Protein

Find your protein goal. Choose lean protein sources to limit fat and calories.

4. Complex carbohydrates

Choose grain products that limit sugar and have greater than 5 grams of fiber. Sugar alcohols are sweeteners that may lead to gas, bloating and cramping, and should be limited.

5. Choose healthy fats

Avoid trans fats, and limit saturated fats. Have a moderate amount of mono- and poly-unsaturated fat daily.

6. Monitor sodium

No more than 2,000 mg per day of sodium. High amounts are found in processed food, canned and prepackaged food.

7. % daily value

Percentage of a 2000 calorie diet that each nutrient provides per serving.

Label claims

Calorie Free = Less than 5 calories

Low Calorie = 40 calories or less

Fat Free = Less than 0.5 g of fat

Low Fat = 3 g or less of fat

High Fiber = 5 g or more of fiber

Sodium Free = Less than 5 mg of sodium

Low Sodium = 140 mg or less sodium

Light or Lite = 1/3 fewer calories or 50% less fat than the original

Light in Sodium = 50% less sodium than the original

Very Low Sodium = 35 mg or less sodium

Cholesterol Free = Less than 2 mg of cholesterol and 2 g or less of saturated fat

Low Cholesterol = 20 mg or less of cholesterol and 2 g or less of saturated fat

"High/Excellent Source of Whole Grains" does not have a mandated regulation

Understanding Food Labels

Nutrition Facts	
1	8 servings per container
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	5
2 Cholesterol 0mg	0%
Sodium 160mg	7%
6	
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
4	
Total Sugars 12g	
Includes 10g Added Sugars	20%
3 Protein 3g	
Vit. D 2mcg 10%	7 Calcium 260mg 20%
Iron 8mg 45%	7 Potas. 235mg 6%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

"Success is the sum of small efforts, repeated day in and day out."

– Robert J Collier

Reading the Food Label Ingredient List



Ingredients are listed in descending order of weight. This means the first ingredient is what the manufacturer used the most. A good rule of thumb is to scan the first few ingredients as they are the main ingredients you will be eating in that food. Look for whole foods and limit foods that have sugar in the top three ingredients.

Protein may be listed on labels as caseinate, whey, soy, pureed meat or individual amino acids.

Fat may be listed as partially-hydrogenated oil, soy, canola, corn, sunflower, safflower or medium chain triglyceride oils.

Carbohydrates have many different names. Be sure to read ingredient lists to look for foods with high sugar content. The scientific names for sugars often end in “ose.” The following list provides different names of sugars. If these ingredients are listed within the first five, it’s probably a significant source of sugar and should be avoided.

Other names for sugar

Sugar can lead to dumping syndrome after Roux-en-Y surgery. Sugars contain empty calories and provide very little nutrition.

All of these are “sugars” so read the label!

- Sugar
- Sucrose
- Dextrose
- High fructose corn syrup
- Fructose
- Corn syrup solids
- Corn sweeteners
- Honey
- Molasses
- Brown sugar
- Maple syrup

If any of these are listed as the first three ingredients, that product may not be the best choice and should be avoided.

Sugar substitutes

Sugar substitutes are processed from sugars or glucose and are not fully absorbed. They are usually absorbed at 40-70% as normal sugar. If consumed in large amounts, sugar alcohols can cause digestive symptoms, similar to dumping syndrome.

Examples of sugar substitutes are: Splenda (Sucralose), Equal (Aspartame), Sweet-N-Low (Saccharin), Stevia and Truvia

Research shows that to maintain weight loss, regular physical activity is a must. The recommendation for bariatric patients is to accumulate 360 minutes of physical activity per week. Emphasize time over intensity, as tolerated, for maximum results.

What activities can I do in the first few weeks after surgery?

- 24 to 48 hours after surgery, move around, even if you are only taking a few steps.
- Walking is best for the first 4 to 5 weeks.
 - Check with your surgeon before you begin your exercise routine.
 - Always include a warm-up and cool down in your exercises.
 - Start with a short distance and increase the amount you are walking every day.
 - Each week add 2 minutes to your brisk walking until you are walking for 30 minutes.
 - Your surgeon will likely limit the amount of lifting and straining to allow healing time.

How much physical activity should I be getting every day?

- Start with a goal of 30 and build to 45 minutes of activity on most days of the week
- Create a physical activity plan now that you will be able to follow after surgery.
- Be ready to find a solution to barriers that prevent physical activity:

I don't have time

- Start with 10 minutes per day and slowly add time
- Walk for 10-minutes 3 times per day instead of walking for 30 minutes straight.
- Try using a step counter (*pedometer*). Set a goal to increase your steps by 2,000/per day.

I'm too tired after work

- Plan an activity before work or during the day. A lunchtime walk may meet your goals.

It's too hot outside

- Try walking inside of a shopping center.

It's too boring

- Find something you enjoy doing or enlist a friend or family member to exercise with you.
- Switching your routine also helps.

Include both types of exercise in your routine

- Aerobic (5+ times per week 75-90 minutes): walking, biking, swimming and running
- Flexibility and strength (2-3 times per week): yoga, pilates, weight lifting, stretching and golf

Physical activity should be done daily: walking, taking the stairs instead of the elevator, parking in a farther spot at the store, playing with kids/dogs, and cleaning house (sweeping/mopping/vacuuming)

Target heart rate

Age (years)	Target HR (beats per min)	Average Max HR (beats per min)
20	130-170	200
25	126-166	195
30	124-162	190
35	120-158	185
40	118-154	180
45	114-148	175
50	110-144	170
55	108-140	165
60	104-136	160
65	100-132	155

Your target heart rate is about 220 minus your age. Use the table to the left as a general guideline. Your target heart rate is approximately 65-85 percent of your calculated maximum heart rate.

Note: A few high blood pressure medications lower the maximum heart rate and thus the target zone rate. If you're taking such medicine, call your physician to find out if you need to use a lower target heart rate.

"Act as if everything you do makes a difference. It does."

– William James

Normal digestion

Digestion is the process of breaking down food into individual molecules small enough to be absorbed in the intestine. Digestion starts in the mouth and continues in the stomach, which receives chewed and swallowed food. The stomach mixes food with various gastric juices that are chemically broken down into smaller pieces. Most digestion occurs in the small intestine, responsible for the vast majority – about 90% – of nutrient processing and absorption. The first part of the intestine, the duodenum, functions to break down food into simple nutrients and absorb a variety of nutrients including iron and calcium.

The next stop is the jejunum, which functions to absorb more nutrients. Digestion continues in the ileum, where Vitamin B12 is absorbed and then finishes in the large intestine with a bowel movement.

Digestion after surgery

Gastric sleeve

Gastric sleeve digestion does not involve any “rerouting” of your digestive system. Your new stomach will only hold about 1/2 cup of food. Your stomach holds less food and you will feel less hungry. The rest of the digestion is normal. The diet guidelines will be the same.

Roux-en-Y

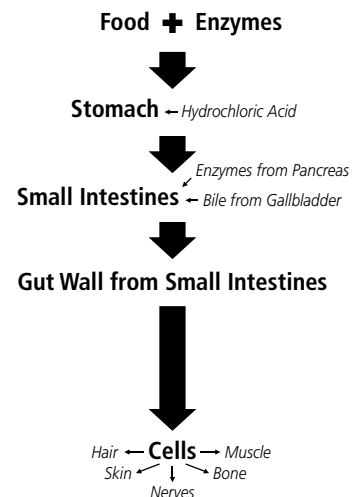
Gastric bypass surgery digestion is different because you are bypassing part of the small bowel (*the duodenum*), which leads to weight loss. Your new stomach holds less food and you will feel less hungry. With the duodenum bypassed, your jejunum will adjust and absorb every calorie you eat. However, this also restricts the absorption of a variety of necessary vitamins and minerals, which explains the need for life-long supplements following surgery.

Duodenal Switch

With this procedure, the food empties directly into the duodenum, bypassing about $\frac{3}{4}$ of the small intestine. This causes the body to absorb fewer calories and nutrients. Duodenal switch surgery affects hormones in the gut to reduce hunger, increase satiety and help control blood sugar to effectively treat diabetes.

Digestion

Normal digestion



Post-Surgical Vitamin and Mineral Recommendations

Remember to talk to your doctor about vitamin and mineral supplementation.

"It is better to take many small steps in the right direction than to make a great leap forward only to stumble backward."

– Chinese Proverb

Since the diet following the gastric bypass surgery does not provide enough vitamins and minerals and prevents absorption, most physicians recommend taking supplements. Listed below are guidelines. Your doctor will discuss supplementation further with you.

Multivitamins:

- High potency vitamin with 100% of daily value for at least 2/3 of the nutrients
- Goal is 200% of the daily value (*approximately 2-3 chewable multivitamins per day*)
- Chewable or liquid vitamins are best absorbed and recommended for at least two months after surgery
- Examples include Flintstones Complete
- Tablet form of multivitamins may be used if other forms are not tolerated after the first two months postoperatively
- If nausea occurs, take supplement closer to food intake

B12 (cobalamin):

- 350-500 mcg/day recommended in sublingual tablet form (*crystalline*)
or
- 1000 mcg/month recommended for intramuscular injections

Calcium:

- 1500-2000 mg/day recommended for patients who had a sleeve gastrectomy or gastric bypass
- 1800-2400 mg/day recommended for patients who had a duodenal switch
- Choose a brand with calcium citrate and vitamin D3
- Chewable or liquid are recommended for at least two months postoperatively, then other forms are permitted after that
- Split into 500-600 mg doses throughout the day for best absorption
- Do not take within 2 hours of taking multivitamin or iron supplements

Fat-soluble vitamins (vitamins A, D, E, and K):

- Higher maintenance doses of fat-soluble vitamins are required for patients who had a duodenal switch
- A bariatric formula is recommended

When do I take my supplements?

- It is not recommended that you take all of your supplements at the same time, since your body can only absorb so much of the vitamin/mineral at one time.
- By spacing intake throughout the day, you are allowing for maximum absorption.

Where do I buy my supplements?

- Supplements can be purchased at most drug, grocery and supplement stores.
- CVS, Walgreens, Trader Joe's, Costco, Whole Foods, GNC, Vitamin Shoppe, Target and Walmart may have some or all of the supplements recommended.
- To ensure that you are buying a safe and quality supplement look for "NSF," "NPA" or "USP" on the label.



Following this diet progression will minimize the risk for complications, allow for proper healing and enhance weight loss. Choosing a well-balanced diet and following the types and amounts of foods listed will help you maintain good health while losing weight.

Your surgeon will be following you very closely and may recommend a slightly different meal plan than provided. Ensure that your surgeon's directions are followed and the recommendations provided here are used as a tool for following those directions.

In the beginning, most patients may eat many times a day in order to take in enough nutrition. The long-term goal is to have three meals per day and a snack

Post-Surgical Diet Progression

Stage 1: Week 1 – Clear liquid

Plain water can be a problem. Sometimes water is better tolerated if “flavored” with lemon, lime, or Crystal Light. Strained soup might taste better than broth. Broth might be too salty for your taste. Remember you can only tolerate a few ounces at a time. In order to prevent dehydration, you will need to drink 1 ounce every 15 minutes, or 4 ounces every hour while awake.

**This phase of your weight loss surgery diet will last for one week following surgery. It is normal to feel slightly bloated during this post-surgery phase. This feeling generally diminishes during the first few days after surgery.*

This is the first phase of your post weight loss surgery diet.

Description:

- A clear liquid is any liquid that you can see through.
- Sip liquids very slowly. Do not gulp.
- Fluids served at room temperature or warm may be better tolerated than hot or cold beverages.
- Avoid caffeinated beverages.
- Avoid all carbonated beverages (*soda, soda water, sparkling water*)
- Avoid straw
- Avoid drinks containing added sugars such as fruit/sports drinks, lemonade, and sweetened teas.
- Clear juices (*apple juice, cranberry juice*) are only tolerated when diluted with water.

Goal:

- Fluid intake of 72-96 oz. per day
- Focus on drinking about 4 ounces every hour while you are awake

Shopping List:

- Low-sodium broth or strained broth soups – chicken, beef, or vegetable
- Bone broth
- Non-caloric fluid: Crystal Light®, diet Snapple®
- Decaffeinated tea
- Sugar free gelatin or popsicles
- Unflavored coconut water
- Other fluids include: Propel Zero, Powerade Zero, G Zero (*Gatorade*), Vitamin Water Zero Sugar, SoBe Life Water, Protein2O water

Clear Liquids Sample Meal Plan:

- Breakfast: 8 oz. decaffeinated tea
- AM Snack: sugar free gelatin
- Lunch: 8 oz chicken broth
- PM Snack: sugar free popsicle
- Dinner: 8 oz bone broth

(Remember to also consume water to help you reach a daily intake of 72 oz of fluid)

Stage 2: Week 2 – Full liquid

You may begin to take full liquids 2 weeks following surgery. Advancing your diet too quickly is dangerous and puts you at risk for complications.

Description:

- Full liquids are liquids that you cannot see through, without chunks
- High in protein
- Low in sugar and fat (*low fat, light*)

Goal:

- Consume a minimum of 72-96 oz. of fluid per day
- Meet your daily protein goal

Stage 2 Shopping List:

- Skim cow's milk, Lactaid skim or 1% milk alternative
- Light yogurt, blended (*no fruit chunks*) or plain, non-fat Greek yogurt
- Sugar free pudding, blended
- Soups: tomato, butternut squash, or pureed split pea
- Thinned cream of wheat
- Vegetable juice, no pulp, strained
- Protein shake (*greater than 20g of protein and less than 2g of sugar*)

Ex: Premier Protein, Fairlife Protein, Ensure Max Protein, or Boost Max Protein

Full Liquid Sample Meal Plan:

- Breakfast: Greek yogurt (*non/low fat, sugar free, without chunks*)
- AM Snack: 4 oz. protein shake
- Lunch: 8 oz. tomato soup
- PM Snack: 4 oz. protein shake
- Dinner: 8 oz. butternut squash soup

(Remember to also consume water to help you reach a daily intake of 72 oz of fluid)

A note on lactose intolerance

Lactose intolerance is common after gastric surgery.

- Symptoms are abdominal discomfort like gas, bloating or diarrhea after eating dairy products
- Intolerance ranges from being able to tolerate a cup of milk, to none at all
- Some people can tolerate cheese, yogurt, and cottage cheese, but not milk.

Substitutions to ensure adequate calcium (when diet is advanced):

- Dark green leafy vegetables, legumes, tofu and salmon
- Lactose free dairy products are also available like soy milk or Lactaid®

**Calcium supplementation recommended regardless of lactose intolerance*



Stage 3: Week 3 – Pureed Diet

Starting the third week after surgery, you should be in the third phase of your post weight loss surgery diet.

Stage 3 Description:

- Foods must be moist, pureed and without any chunks.
- Meals should be protein-based (*always consume protein items first*) with some additional fully cooked pureed vegetables or fruits.
- If grains are desired, thinned cream of wheat recommend.
- Portion size 2.5 oz. per meal, or 1/3 cup per meal.
- Allow 30 minutes to eat meals.
- Mindful, slow eating.
- Keep fluids separate from meals (*30 min before and 30 min after*).

Stage 3 Goals:

- 3-6 small meals per day
- 72-96 oz. of fluid
- Meet your daily protein goal

Stage 3 Sample Shopping List:

- Pureed meat (*blenderized without chunks, purchase “baby food” pouches/ jars or pre-packaged frozen puree items*)
- Creamy nut butters (*no sugar added, peanut butter, almond butter, etc.*)
- Pureed tofu and/or well-cooked pureed beans
- Plain light yogurt or Greek yogurt (*no fruit chunks, low fat*)
- Pureed mashed potatoes, sweet potatoes, or yams (*without chunks*)
- Pureed vegetables
- Pureed fruits
- Protein shakes (*greater than 20g of protein and less than 2g of sugar*)
Ex: Premier Protein, Fairlife Protein, Ensure Max Protein, or Boost Max Protein
- Skim cow’s milk, Lactaid skim or 1% milk alternative
- Homemade smoothie with no chunks (*greens, berries and protein*)

Pureed Sample Meal Plan:

- Breakfast: 1 pureed scrambled egg
- AM Snack: 4 oz. skim milk or 1% milk alternative
- Lunch: 2.5 oz. Greek yogurt (*no fruit chunks, low fat*)
- PM Snack: 4 oz. protein shake (*see sample shopping list*)
- Dinner: 1.5 oz. pureed meat and 1 oz. sweet potatoes

Stage 4: Week 4 – Soft Diet

Starting the fourth week after surgery, you should be in the fourth phase of your post weight loss surgery diet

Stage 4 Description:

- Foods must be moist, soft or ground.
- Foods must be chewed very well (*pureed when swallowed*).
- Meals should be protein-based (*always consume protein items first*) with some additional fully cooked soft vegetables or fruits.
- If grains are tolerated, recommend oatmeal, cream of wheat or quinoa.
- Foods to avoid: fresh fruits with skins (*remove skin for better tolerance*), papaya, pineapple, mango, and coconut, nuts, seeds and raw vegetables.
- Portion size 2.5 oz. per meal or 1/3 cup per meal.
- Mindful, slow eating, allow 30 minutes per meal.
- Keep fluids separate from meals (*30 min before and 30 min after*).

Stage 4 Goals:

- 3-6 small meals per day
- 72-96 oz. of fluid
- Meet your daily protein goal

Stage 4 Sample Shopping List:

- Lean soft meat (*Ex: ground turkey, 90/10 lean ground beef, canned water packed tuna, non-fried fish, canned chicken*)
- Tofu or well-cooked beans
- Eggs
- Reduced fat string cheese
- Nonfat or reduced fat plain yogurt, Greek yogurt, or cottage cheese
- Soft vegetables (*tender zucchini, yellow squash, steamed carrots, sweet potatoes*)
- Soft fruits (*without seeds, skins, or rinds*)
- Protein shakes (*greater than 20g of protein and less than 2g of sugar, Ex: Premier Protein, Fairlife Protein, Ensure Max Protein, or Boost Max Protein*)

Soft Diet Sample Meal Plan:

- Breakfast: 1 scrambled egg with 1/8 avocado slice
- AM Snack: 4 oz. skim milk or milk alternative (*see shopping list*)
- Lunch: 2.5 oz. canned tuna salad (*water packed mixed with light mayo or avocado slices*)
- PM Snack: 4 oz. protein shake (*see sample shopping list*)
- Dinner: 1.5 oz. ground turkey and 1 oz. cooked zucchini

“He who has health, has hope. And he who has hope, has everything.”

– Thomas Carlyle

5 Weeks Post-op

- Add ground meats (*like beef or turkey*), soft moist chicken, fish, deli meats and water-packed canned chicken or tuna
- Beans – navy, soy, pinto, kidney, black
- Fruits – peeled fruit, such as apple, pear, peach, nectarine, etc.
- String cheese or lowfat cheese
- Steam/soft vegetables – continue with vegetables listed in 4th week. Slowly add additional non-starchy vegetables to diet one item at a time. (*asparagus tips, yellow and green beans, beets, broccoli, carrots, cauliflower, spinach, onions, mushrooms, peppers, zucchini, canned tomatoes*)
- Seeds and nuts – almonds, peanuts, cashews

6 Weeks Post-op

- May be able to tolerate salads (*romaine or spring blend might be tolerated with sugar free vinaigrette dressing*)
- Crab, shrimp, lobster
- Lean pork or steak

One year after surgery

- The maximum portion size recommended to prevent your pouch from stretching is 1 cup.
- Stretching your pouch increases the chance of gaining weight.
- Remember to keep your portions to no more than 1 cup per meal
- Eat three 1-cup meals per day
- Measure meals for accuracy and plan meals ahead of time
- Eat on small plates and use small utensils to help control portions

Sample Meal Plan:

Breakfast 2 eggs or egg whites and 1/2 cup yogurt (*18 g protein*)

Lunch Grilled chicken breast 4 oz and
 1/4 cup spinach with mandarins (*24 g protein*)

Dinner Baked salmon 3 oz. and
 1/4 cup brown rice with broccoli (*18 g protein*)

“This one step – choosing a goal and sticking to it – changes everything.”

– Scott Reed

Time frame from surgery

Portion size for meals, eat *no more than*:

First 3 months	1/3 cup
Months 3-6	1/2 cup
Months 6-9	3/4 cup
Months 9-12	1 cup
12 months and beyond	No more than 1 cup with 1-2 small high protein snacks (<i>depending on weight goals and activity level</i>)

Although different for everyone, most people find that these foods are difficult to tolerate:

- **Dry meats** – Try marinating meat for moisture and moist cooking methods (*such as stewing, roasting or slow cooking*). Chew all meats very well before swallowing. Avoid tough, stringy meats – hard salami, jerky, tough cuts of red meat (*brisket*).
- **Very fibrous vegetables** – When adding vegetables to the diet, start with cooked vegetables, add raw vegetables slowly. Fibrous vegetables need to be cooked especially well to be tolerated.
- **Rice** – Rice tends to stick together forming a lump that is difficult to pass. Try long grain and whole grain rice varieties and chew the rice very well. Follow similar guidelines for pasta.
- **Hard crusted breads** – Start with dry breads, such as crackers and toast. Slowly add bread to the diet and chew well.

Foods to avoid for six months

- Bread
- Muffins/bagels
- Rice
- Dry cereal
- Tortillas
- Crackers
- Waffles/pancakes
- Popcorn
- Quinoa

You may gradually introduce whole grains into your diet after 6 months. Whole grains include brown rice, whole wheat pasta, barley, bulgar, or whole grain breads. Remember, portion sizes need to remain small – just 1-2 ounces. *Note: Starchy foods can also be addictive. Like any addiction, it is recommended to avoid starchy foods if there is a food addiction to starches.*

General Guidelines for Portion Control for Meals

Overall tolerance

Food intolerances are individual and change day to day. Intolerance includes nausea, vomiting, diarrhea and cramping.

If this happens, ask yourself the following questions:

1. What did I eat that may have been new or prepared differently?
2. Was the food well moistened? Pay attention to animal protein and food texture.
3. Did I eat or drink too quickly? Did I overeat?
4. Did I drink with my meal? Did I drink too soon before/after the meal?
5. Was I responding to head hunger, stomach hunger or stress?

General Rules After Surgery

1. **Do not consume more than 1/3 cup of food at any one time** (*See Page 23 for Timeline*).
2. Chew all food until it becomes mushy or pureed and EAT SLOWLY. Swallowing foods that are not fully chewed might block the stomach opening and cause vomiting. Each bite should be chewed 20-30 times.
3. It should take at least 30 minutes for each meal. Enjoy the flavor of your food.
4. Introduce solid foods slowly. Try one new food at a time.
5. Avoid eating and drinking at the same time. This may lead to vomiting or may stretch your stomach pouch. It might also wash food through too quickly, causing dumping syndrome.
6. Start drinking fluids 30 minutes after solids foods and stop drinking 30 minutes prior to your next meal.
7. Do not skip meals. This may cause you to overeat at your next meal.
8. Concentrate on protein and healthy carbohydrates.
9. All gastric bypass patients should AVOID sugar, ice cream, milkshakes, and other food or drinks with sugar! All beverages should be sugar-free and non-carbonated.
10. AVOID pasta, bread, tortillas, waffles or pancakes, muffins, bagels, dry cereal and crackers for at least 6 months. These foods form a gummy, pasty ball in your tiny stomach and might cause pain, nausea and/or vomiting.
11. To avoid dehydration, drink 72-96 ounces of fluid daily.
12. Take your Multivitamin, Calcium and B-12 as directed.
13. Avoid drinking with straws.
14. Avoid alcohol and carbonated beverages.

Preventable Nutrition-Related Complications

1. **Nausea and vomiting:** this is usually the result of eating too much food. Eating too quickly and not chewing thoroughly may also cause this problem.

Suggestion: measure portion sizes, chew foods very well and eat slowly.

2. **Constipation:** A diet low in fiber (whole grains, fruits, vegetables) and not drinking enough fluid can lead to constipation. This may occur most often during the first month after surgery.

Suggestion: make sure you are drinking enough fluid that is not caffeinated (goal is 9-12 cups a day). Eating high fiber foods (fruits, vegetables) may be difficult at first, but include them as much as possible. Also, increase physical activity.

3. **Dehydration:** may occur if vomiting or diarrhea is occurring often or if you are not drinking enough fluid.

Suggestion: drink 9-12 cups of fluid a day, or if you are unable to keep fluids down you should contact the surgeon.

4. **Diarrhea/dumping syndrome:** caused by eating sweets/sugars and greasy foods. Diarrhea may also occur because of lactose intolerance or drinking with meals.

Suggestion: avoid sweets and greasy foods, try lactose-free dairy products (Lactaid, soy milk) and eat and drink separately.

5. **Heartburn/pouch pain:** caused by eating too much, not chewing foods well, drinking carbonated beverages, drinking from a straw or eating and drinking items that are too hot or cold.

Suggestion: measure foods, avoid overeating, avoid carbonated drinks, avoid straws, chew your foods very well and avoid hot/cold food and drinks.

6. **Blockage:** occurs from not chewing foods well or advancing your diet too quickly.

Suggestion: chew very well and follow your diet guidelines!

7. **Weight regain:** Surgery is a restrictive procedure that requires good nutrition and lifelong changes to achieve weight loss and weight maintenance. Do not graze and snack all day and do not go back to old eating habits. Avoid drinks that contain calories and all sweet and greasy foods. Exercise everyday!

8. **Anemia:** When all or part of your stomach is removed, your body may not be able to absorb vitamin B12 from your food, which makes it harder to absorb iron. Both nutrients are required for healthy blood cells. You might need vitamin B12 injections. To help your body get the iron it needs, you can:

- Eat high-iron foods – red meat, liver, kidney, oatmeal and breakfast cereal with added iron (*Special K and cornflakes*).
- Eat foods high in vitamin C within ½ hour of eating high-iron foods. These include fruit (*citrus, fruit juices and berries*) and vegetables (*especially tomatoes and capsicum*).

Preventable nutrition-related complications after surgery

- Dumping syndrome
- Feeling full early
- Diarrhea
- Excessive weight loss
- Anemia
- Nausea
- Vomiting
- Dehydration

Improving Our Relationship with Food

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Whether we realize it or not, everyone has a relationship with food. People may just consider food to be something that they need to live, but they may not recognize that they have an actual relationship with food that can contribute to or hinder achieving weight goals. While bariatric surgery can provide a valuable physiological tool to the weight-loss process that can revive hope in people fighting the struggles of obesity, it is also important to acquire the behavioral, emotional, psychological, and social tools necessary to cultivate a healthy relationship with food that can lead to greater success in maintaining long-term weight-loss goals.

Often, we turn to behaviors, experiences, or substances (*food included*) that help us to feel good. When we do that, the brain makes note of our choices that helped us feel good and encourages us to repeat those choices later. When we use food to feel good, to manage difficult feelings, to distract from boredom, and even to reward ourselves, the brain wants us to continue to use food for these purposes. Soon, food becomes more to us than fuel to nourish, strengthen, and provide energy for our bodies; it becomes the go-to to help us feel better emotionally. As a result, our relationship with food is now as our friend, our comforter, our entertainer, our support system, our reward system, etc., which are roles meant to be filled by people, not by food. Food is meant to be fuel. If we continue to use food as something other than fuel, our weight-loss efforts may be sabotaged. (*See the “Winning the Sabotage Battle” article in this booklet.*)

If we are caught in this unhealthy relationship, how do we change it? First, we must recognize the patterns that we have created that have built this unhealthy relationship with food. Next, we have to retrain the brain to turn to healthy alternatives to feel good vs. turning to food as a feel-good resource. Here are the steps to do that:

- When you find yourself wanting to eat, ask yourself, “What am I feeling? Why am I eating? And why am I eating THIS?”
- Check in with yourself and recognize if you are eating because your stomach is hungry and your body needs energy and nutrition, or are you eating because you saw something that looked good, smelled something good, heard food cooking, want to taste a certain food, have been thinking about food, or experiencing difficult emotions and want to turn to food as “medication” or entertainment.

**<https://www.theartofmindfuleating.com/2015/04/8-types-hunger/>*

- If you find that you are eating for a reason other than needing fuel for your body, replace turning to food with turning to a different activity, which is training the brain to do something else instead. This can include going for a walk or some other form of physical self-care that you enjoy, doing something fun, or doing something that provides upliftment and healthy connection with others and with yourself. *(Use the “Retraining the Brain Self-Care Chart” to plan, write down, and follow through with alternative activities vs. eating.)*
- Spend time learning about healthy eating; healthy ways to care for your body, mind, and spirit; and then make these things a daily practice in your life.
- Be kind and supportive to yourself in your efforts to make behavioral and emotional changes. Recognize that other people may try to sabotage your efforts; don’t become one of them.
- Turn to people who offer healthy connection, support, and encouragement vs. turning to food. Attend the bariatric support group to connect with others who are navigating the same journey. Attend psychotherapy if needed.

Retraining the Brain Self-Care Chart

Activity	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
1 Physical							
1 Emotional/Fun							
1 Upliftment/ Connection							

Winning the Sabotage Battle

During any lifestyle change, intentional and unintentional sabotage are common obstacles that people face; this is especially true when the change involves weight-loss and implementing long-lasting improvements to nurture physical, emotional, and mental well-being. Sabotage often comes from well-intended family, friends, co-workers, fellow church members, and others, even from the individual achieving the goal. However, when individuals learn to recognize potential sabotage and obtain skills to battle it, success in maintaining weight-loss and healthy lifestyle changes can increase.



How does sabotage happen, and what does it look like?

Let's take a look! People often get used to us being in a certain "place or role" in life. When we change that role, people sometimes feel unsure of how to relate with us or how to allow changes to happen. This may result in intentional or unintentional attempts to keep us in the role that others are used to or feel more comfortable. Here are examples of statements

Possible Sabotage from Others	Possible Self-Sabotage
"But I made this just for YOU! Don't you like my cooking?"	"I don't deserve good in my life." "I will just fail this time too! I'll never look or feel better."
"Oh, just one won't hurt."	"No one could love me as I am." "Until I weigh _____, I'll never fit in or be lovable."
"Do you think you are better than us now?" "You're judging me, because you've lost weight and I haven't!"	"Life without compulsive eating seems impossible." "My whole family is obese." "Not clearing my plate is unacceptable."
"You and your "healthy changes" are going to leave me for someone else, aren't you!"	"My needs will never get met if I have to trust others." "I'll just meet needs myself or just not have any." <i>(Increases unhealthy isolation)</i>
Family outings or get-togethers, celebrations, social gatherings tend to center on food.	Stress, loneliness, anger, fatigue, sadness, boredom, fear, isolation - often medicated with food.
Food as gifts can interfere with goals	Food police: "I never should have eaten that piece. Now my entire goal is ruined! I may as well eat the whole thing."
Food police: "You're not supposed to be eating that, are you?" "Here's your smaller portion."	Add any other false, negative, internal messages you regularly hear in your head or from others.

How do I combat potential sabotage?

Here are a few tools to implement.

First, recognize how statements or occasions make you feel.

If you feel pressure, manipulation, conflict, or feel unheard, it may indicate intentional or unintentional sabotage. When resisting offers of food not in your plan, graciously state something like, “*Thank you for thinking of me; I’ve always enjoyed your kindness. However, I’ve made a commitment to myself to only eat the foods on my list today; maybe another time.*” This kind of response can also decrease feelings of resentment or shame you may experience when giving in or not saying no.

Second, realize what’s yours and not yours.

We all have our “garbage-bag-full of stuff.” People may try to give you their garbage-bag-full of stuff to fix. Focus on what they are feeling, and respond empathically, such as, “Feeling like you’ve failed is always difficult, but I have confidence that you’ll figure this out. Trust yourself!” You can sit with them in their “stuff” without taking it on as yours; you have your own bag to carry. Others may dislike your lifestyle changes, but that’s THEIR stuff, not yours. Additionally, remember to have the same empathy and compassion for yourself in your stuff.

Third, always have your attainable goals in mind.

Life-long changes take time, consistency, and patience. Keep your goals realistic! You are in the process of changing years of thinking patterns, toxic internal messages, unhealthy behaviors, and beginning to foster healthier relationships with yourself and food. Be patient, yet consistent, with your efforts.

You CAN enjoy improved relationships with yourself, with others, and with food without the trigger of sabotage from yourself or others! Remember, food is meant to be used as body fuel, not as entertainment, comfort, bribery, reward, or love. Make YOU a priority, and choose priority over drama! Do it for YOU!

Tips for Maintaining Success

*"Success is a staircase,
not a doorway."*

– Dottie Walters

What do I need to know to make sure that I am successful in losing weight?

- Take small bites and chew food well to a puree consistency, especially in the first few months.
- Sip fluids and avoid using straws. This will cause unwanted air in your pouch.
- Eat and drink slowly. A meal should take about 30 minutes to complete.
- Drink fluids apart from meals (*30 minutes before and 30 minutes after a meal*).
- Include protein with all meals. ***Eat protein-rich foods first.***
- Use small plates at home.
- Use smaller glasses and consume drinks between meals.
- Avoid carbonated beverages. These will leave you feeling very uncomfortable.
- Stop eating before you feel uncomfortably full. Overeating will usually lead to vomiting.
- Eat three meals per day. Eat when you are hungry and avoid constant snacking.
- Limit the amount of added fat to no more than three servings per day.
- Avoid drinking high calorie and high fat liquids.
- Do not use straws and do not gulp.
- Put your fork down between bites.
- Avoid eating on the run.
- Alcohol is discouraged.
- Only eat when you are hungry.

What do I need to know to be a successful grocery shopper?

- Come prepared. Plan menus and make your list ahead of time to stay focused as you shop and avoid purchasing less-healthy items you don't need.
- Shop the outer aisles of the store first; this is where fresh foods like veggies, fruits, whole grains, dairy, fish and lean meats usually reside.
- Spend some time exploring the produce section.
- Don't shop on an empty stomach.
- Buying frozen or canned fruits and veggies helps avoid food waste.
- When buying canned fish, chicken or lean meat, look for items packaged in water instead of oil, and labeled no salt added or lower sodium.
- When buying grains and bread products look for items that list a whole grain first in the ingredients instead of enriched flour or "multi-grain."
- Divide the snacks. When you get home from the store, portion out your snack foods into individual serving sizes in snack containers or baggies.
- Read Labels. Try to avoid items that have refined (*white*) flour, high-fructose corn syrup, hydrogenated oils, preservatives or artificial flavors, colors or sweeteners.
- Avoid buying unhealthy food for others.
- Don't buy food that will tempt you later.

Grocery Shopping Tips

Grocery list

Weight Management Cooking Tips

Weight Management Cooking Tips

- Plan meals and snacks ahead of time
- Try cooking methods that cut calories
- Cook without adding fat (*bake, broil, roasting, stewing, air frying*)
- Use nonstick cooking pan or sprays instead of butter or oil. You can also use wine, broth or fruit juice instead of oil when cooking
- Cook only what you need for one meal (*don't make left overs*)
- Drink water while you cook to avoid grazing
- Make fruit, vegetables and other low-calorie foods part of each meal
- Place meat on rack while cooking so grease drains off
- Remove fat from cooked ground meat by draining on a rack or using a paper towel
- When making stews or soups, refrigerate the broth and skim hardened fat off the top before reheating and serving

Carbohydrates:

- Choose whole grains
- Reduce the amount of sugar in recipes
- Use non-caloric sweeteners in drinks
- Substitute sucralose (*Splenda*) for sugar when baking
- Eat plenty of vegetables and fruits, they are high in fiber
 - Add vegetables when stir-frying or to soups
 - Dried peas, beans and lentils are rich in fiber and are a good meat substitute

Proteins:

- Choose fish and lean meats often, meats labeled “loin” or “round” are leaner
- Cut away fat and remove skin from chicken or other poultry
- Choose reduced-fat cheeses
- When scrambling eggs, throw away some of the yolk to reduce calories in you meal
- Have meatless meals. Substitute beans, egg whites, tofu or texturized soy protein products for meat

Fats:

- Cut the amount of oil in half and substitute applesauce or fruit puree for the other half of the fat
- Select reduced fat cheese and fat-free milk products
- Flavor with lemon juice or herbs instead of butter, margarine or oil
- Choose reduced-fat salad dressings and limit portion size. Instead of salad dressing, use vinegar or lemon juice with a small amount of oil
- Use fat-free evaporated skim milk to replace whole milk in sauces
- Use a reduced-fat margarine spread instead of regular butter, margarine or oil

Meal Guide

Breakfast

Lean Protein:

Complex Carbohydrate:

Healthy Fat:

Lunch

Lean Protein:

Complex Carbohydrate:

Healthy Fat:

Dinner

Lean Protein:

Complex Carbohydrate:

Healthy Fat:

Mindful Eating Tips

Choose what goes on your plate. Mindful eating starts with the food you stock in the pantry and refrigerator.

Eat without distractions. Turn off the television, log off the computer and put down the phone.

Know your hunger level. If you're only slightly hungry, eat until you feel satisfied, then save the rest for later.

Take time to think. Spend your meals thinking about your day, your plans or your future.

Be Prepared. Prepare meals and snacks ahead of time and try to set aside 20-30 minutes for each meal.

Savor your food. Put your fork down between bites, chew your food thoroughly and notice how your food tastes.

Pay Attention to Energy. Meals should leave you feeling refreshed and energized.

Be Thankful. Take time to be thankful for every meal and recognize what it took to reach your plate.

Reference: www.northwestpharmacy.com/healthperch/mindful-eating

Eating and Emotions


Do you use eating to deal with feelings other than hunger, such as boredom, being tired, or stress? If you eat for these reasons, here are some other things you can try:

- **Call a friend for support.**
- **Use inspirational quotes to help you avoid the temptation to eat.**
- **Take a warm bath or shower.**
- **Listen to music or a relaxing CD.**
- **Take a walk.**
- **Try activities that keep you from eating.** For example, it's hard to eat while you're exercising. If you are gardening, you probably won't eat while your hands are covered in soil.

Eating out with family and friends is an important social experience and you should not be afraid of it. Use the following guidelines to help make dining out a relaxing and enjoyable experience.

- **Think about what you will eat before you go out.** Planning ahead will make you more likely to select appropriate foods. Select “safe” foods you know you can tolerate. Sometimes it is hard to tell what is in an item by its name on the menu. Do not be afraid to ask. It is wise to stick with foods you know when dining out.
- **Order child-size portions if possible,** however do not order from the children’s menu. You may have to give a simple explanation of your dietary needs. Our office will provide you with a card you can carry in your wallet stating you have had stomach surgery and cannot eat normal size meals. Most restaurants will honor this card.
- **Avoid dressings and sauces.**
- **Avoid fried foods.** If it is fried, ask if it can be baked or steamed instead.
- **Share a meal.** Ask for a small plate and take small portions from your dining companion’s meal.
- **Avoid alcohol** as it contains a large amount of calories and the surgery itself significantly lowers your tolerance.
- **Chose lean protein first.** When reviewing the menu, choose your lean protein first and then complete your sides with non-starchy veggies.
- **Avoid going to the restaurant overly hungry.**
- **Order your meal first.** Listening to others place their order may sway your healthy decision. Avoid asking others what they are getting.
- **Skip the bread and chips.** Request for bread and chips not to be sent or you can send them back.
- **Choose low calorie condiments.** Mustard, salsa, relish and vinegar are lower calorie condiments that are packed with flavor.
- **Be the slowest eater. Fast eaters are often over eaters.** Slow down by setting your fork down between bites.

Dining Out Tips

SPECIAL MENU REQUEST	
Patient Name _____	
The patient named above has had bariatric surgery, reducing his/her stomach capacity to less than 3 ounces. Please allow him/her to order a smaller portion or make a selection from the children's menu. Thank you for your cooperation!	
Surgeon Name _____	 Saint Agnes Metabolic & Bariatric Surgery
Phone Number _____	

Carry this card in your wallet so you can request smaller portions when dining out.

Measuring Your Success

There are many ways to track your progress. This includes: physical progress, psychological progress and social progress.

Physical Progress

- Inches lost
- More energy
- Better sleep
- Dropping a dress or pant size
- Less aches and pain
- Exercising with greater ease
- Exercising with more intensity
- Improvement in digestive system

Psychological

- More confident in skin
- Less anxiety in uncomfortable situations
- Conquering a food-related trigger
- Eating a mindful meal
- Feeling empowered to make healthy choices

Social

- Being more social
- Compliments from others
- Choosing a healthier entrée when dining out
- Turning down treats at work
- Recruiting others to join your new healthier lifestyle

Rewarding yourself to stay motivated

Positive reinforcement supports new habits and will likely help you repeat new healthful habits. When choosing your rewards, you want to avoid food-related rewards. Non-food-related rewards include: healthy rewards, tangible rewards, self-care rewards and social rewards.

Tangible rewards: new (*smaller*) clothes, shoes, books or magazines, coloring book, music album

Self-Care rewards: facial, spa day, mani-pedi, new beauty products, buy fresh cut flowers

Social rewards: go to the movies, go to a concert, host a party

Healthy rewards: sign up for new workout class, buy new water bottle, buy kitchen gadget, family photoshoot

My Rewards:

My Tangible Reward is: _____

My Self-Care Reward is: _____

My Social Reward is: _____

My Healthy Reward is: _____

When I accomplish my **ONE MAIN goal**, I will reward myself by

Things to do **Before** Surgery

(complete at least 2 weeks before)

- I purchased my recommended supplements.
- I started a regular exercise routine *(such as walking)* and I am exercising at least 5 times per week.
- I eliminated carbonated beverages completely.
- I no longer drink my beverage with my meals.
- I eat slowly and take at least 30 minutes to eat my meal.
- I practice sipping my fluids. I no longer gulp them down.
- I am following a meal plan to promote weight loss prior to my surgery.



Saint Agnes
Metabolic & Bariatric Surgery

www.samc.com

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