



Owensboro
Health

Surgical Weight
Loss Center

PATIENT INFORMATION GUIDE

OwensboroHealth.org/BestSelf

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Ravi Alapati, MD, FACS
Medical Director,
Owensboro Health
Surgical Weight Loss Center

- General surgeon with fellowship training in minimally invasive and bariatric surgery
- Board-certified by the American Board of Surgery
- Fellow of the American College of Surgeons
- Implemented Owensboro Health's comprehensive bariatric program in 2018.



Welcome

On behalf of the Owensboro Health Surgical Weight Loss Team, we welcome you and celebrate your first steps toward improved health. The goal of our program is to help our patients lose weight and gain their best self through surgical weight loss.

We have structured our program to ensure that our patients are well informed and prepared to meet any challenges head-on with the help of the Surgical Weight Loss Team.

We look forward to helping you navigate this exciting transformational process. If you have any questions or concerns, please do not hesitate to provide us with your feedback, and we will do our best to answer questions and resolve any issues.

Ravi Alapati, MD, FACS



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For non-urgent questions or requests, the best way to reach us is to leave a message on **MyChart** for Dr. Alapati. The appropriate staff member will respond as soon as possible.

Ravi Alapati, M.D., FACS

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INTRODUCTION TO OUR WEIGHT LOSS SURGERY PROGRAM

Receiving this guide means you are considering surgical weight loss with Dr. Ravi Alapati at Owensboro Health Regional Hospital. The decision to undergo bariatric surgery should not be made lightly. It's a lifetime commitment made in partnership with your surgeon, the Surgical Weight Loss Center staff, your loved-ones and yourself to ensure optimal outcomes after surgery.

Bariatric surgery should only be contemplated after all other means to lose weight have been exhausted. It is not a quick fix or an easy way out for people who struggle with obesity. It takes mental health and dedication to maintaining a healthy lifestyle in diet and exercise, all of which are crucial to obtaining the best results.

The Owensboro Health Surgical Weight Loss Center was established in 2018 to help clinically obese people achieve significant weight loss through surgery. Major weight loss improves overall health by decreasing or eliminating many health conditions associated with obesity (hypertension, diabetes, sleep apnea and others). Our experience has shown that patients who lose a significant amount of weight also enjoy a more positive outlook on life and have a significant boost to their self-esteem. Additionally, many patients are able to participate in activities that were not possible prior to weight loss surgery. We want to celebrate all those successes with you!

Our compassionate multi-disciplinary team includes a surgeon, a dietitian, a psychologist, a nursing director, a practice administrator, nurses and other experts. This comprehensive team approach is the best way to provide you with excellent care as you proceed through our program. Each member of the team is focused on your well-being and success in the short- and long-term.

It has been proven that patient education before surgery leads to more successful patients after surgery. Each patient will take part in group-teaching classes and individual evaluations to ensure readiness for surgery. Patients will regularly meet with our dietitian to make any dietary adjustments deemed necessary. We also provide a monthly support group meeting where patients can discuss and learn from others about life as a bariatric surgery patient.

The Owensboro Health Surgical Weight Loss program offers several advantages for patients:

- A dedicated team of experts who have many years of experience in assisting bariatric patients
- Nutrition counseling to discuss the necessary changes required before and after bariatric surgery
- Accessible, lifelong follow-up care by our qualified team of experts
- Dedicated support groups for bariatric patients

Our Medical Director, Dr. Ravi Alapati, is a recognized expert in the field of bariatric surgery and has advanced fellowship training. Dr. Alapati will perform a thorough examination during your first visit to ensure that weight loss surgery is a safe option and that you are a good surgical candidate. If you decided to pursue surgical weight loss, please be aware we will require a serious commitment from you.

Before surgery, you must:

- Be nicotine-free for at least six months before beginning the surgical weight loss program
- Commit to participate in a regular post-operative physical activity program
- Agree to maintain follow-up appointments as outlined by our program
- Understand the surgery and the changes in diet and behavior it necessitates
- Understand that weight loss surgery is not “magic,” it is a tool that must be used as directed by our program
- Understand that improved health is the goal of surgery – improved physical appearance is a secondary benefit

Insurance Information

The insurance process to obtain authorization for bariatric surgery is very detailed. Most insurance carriers require the same information but there are some variations between insurance carriers and policies. Some of the information items requested are likely to include:

- Physician supervised weight loss trial (most plans require six months)
- Two to three year history of obesity (a copy of one office visit from the past two to three years documenting height and weight)
- Requirement to have stopped smoking within two to six months prior to surgery
- Specific laboratory studies (such as thyroid level or possibly a nicotine level if you are a smoker or former smoker, etc.)
- Nutrition clearance from the Registered Dietitian
- Psychological clearance from the Bariatric Psychologist

If you have an insurance deductible, you may be responsible for all charges until the deductible is met. Our insurance representative will call and discuss your insurance and financial responsibilities thoroughly prior to the first visit in our office.

The Program

All patients are charged a non-refundable \$200 bariatric program fee. This fee is due at the time of your first office visit and covers administrative items such as:

- The seminar booklet
- The Bariatric Surgery Manual given at the first office visit
- Support Group materials
- Two hour pre-operative teaching class conducted by a Registered Nurse

These items cannot be billed to your insurance company but are mandatory resources for your success as a patient before and after weight loss surgery.

Surgical Candidates

Bariatric surgery may not be the right weight loss option for everyone. It is a tool to assist in the weight loss process. Lifestyle changes are both desired and necessary for you to have safe and effective weight loss. This is why an extensive evaluation is necessary prior to surgery and will help determine if this is the right time for you to have surgery. We also want to provide you with the tools and motivation to be successful. Patients may need to maintain a food journal, participate in counseling, etc to ensure surgical readiness. Several months of a physician supervised weight loss trial and visits with our Dietitian are required before surgery so insurance approval can be obtained.

Initial Patient Visit

Once you have attended one of our seminars and have been contacted by our office with your insurance information, an appointment will be scheduled with Dr. Alapati to discuss the weight loss procedure which best meets your needs. This visit will include a history and physical examination by Dr. Alapati. Other evaluations will be required to determine your readiness for surgery. Dr. Alapati will order labs, chest x-ray, EKG, etc at your first office visit. You will also be scheduled for a nutrition educational class/evaluation with our Registered Dietitian. Additional consults such as Cardiology and Pulmonology will be required as well.

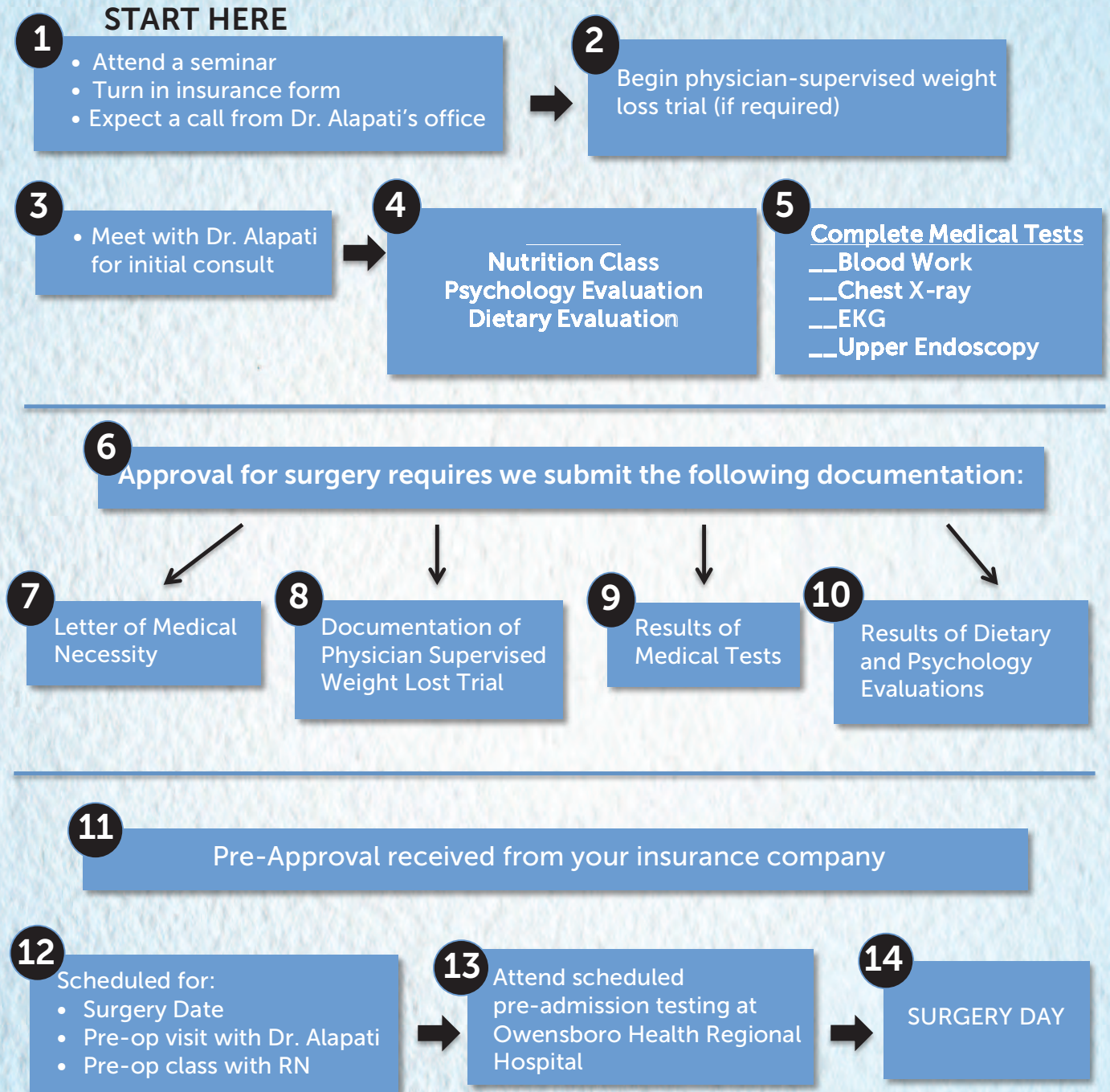
Our goal is to provide all patients with a safe bariatric surgery procedure. Safety includes medical and emotional readiness for surgery. To this end, all patients will have a psychological screening during the evaluation process to determine your ability to make an informed consent for surgery and that you do not have an undiagnosed and/or untreated mental health issue prior to surgery. The mental health evaluation will determine your emotional readiness for surgery.

Pre-Operative Appointment

At your pre-operative appointment, there will be a thorough discussion of your chosen surgical procedure, as well as, the risks and benefits. Surgical consent forms will be signed at this time and pre-operative instructions will be given. An additional appointment in our Pre-Admissions Department will be necessary.

Surgical Weight Loss Program

Steps To Weight Loss Surgery



Owensboro Health

Surgical Weight Loss Center

Post-Operative Visits

It is a requirement of our program that you participate in the mandated post-operative visits. Bariatric follow up is a life-long process....for your safety and in order for our practice to maintain the Center of Excellence designation. Your initial post-operative visit will be within 1-2 weeks after surgery. Thereafter, you will be seen at the following time intervals:

5 weeks post-op	Physician Assistant / Dietitian appointment
3 months post-op	Physician Assistant
6 months post-op	Physician Assistant
12 months post-op	Physician Assistant
18 months post-op	Physician Assistant
24 months post-op	Physician Assistant
Annually thereafter	

You may request an appointment with our Registered Dietitian at any Assistant Physician time after surgery for additional support.

Support Groups

The Bariatric Support Group was established to assist with some of the issues you might face as you lose weight. Some of the issues are dietary, some are cosmetic (loose skin, etc, and others are social. These meetings provide a forum for you to meet and discuss solutions with other patients who may have gained useful insight through personal experience.

The support group is an important part of your recovery process. Studies have shown patients who actively participate in a support group have better outcomes than those who do not.

Attendance at one support group meeting is mandatory before surgery.

CAUSES OF OBESITY

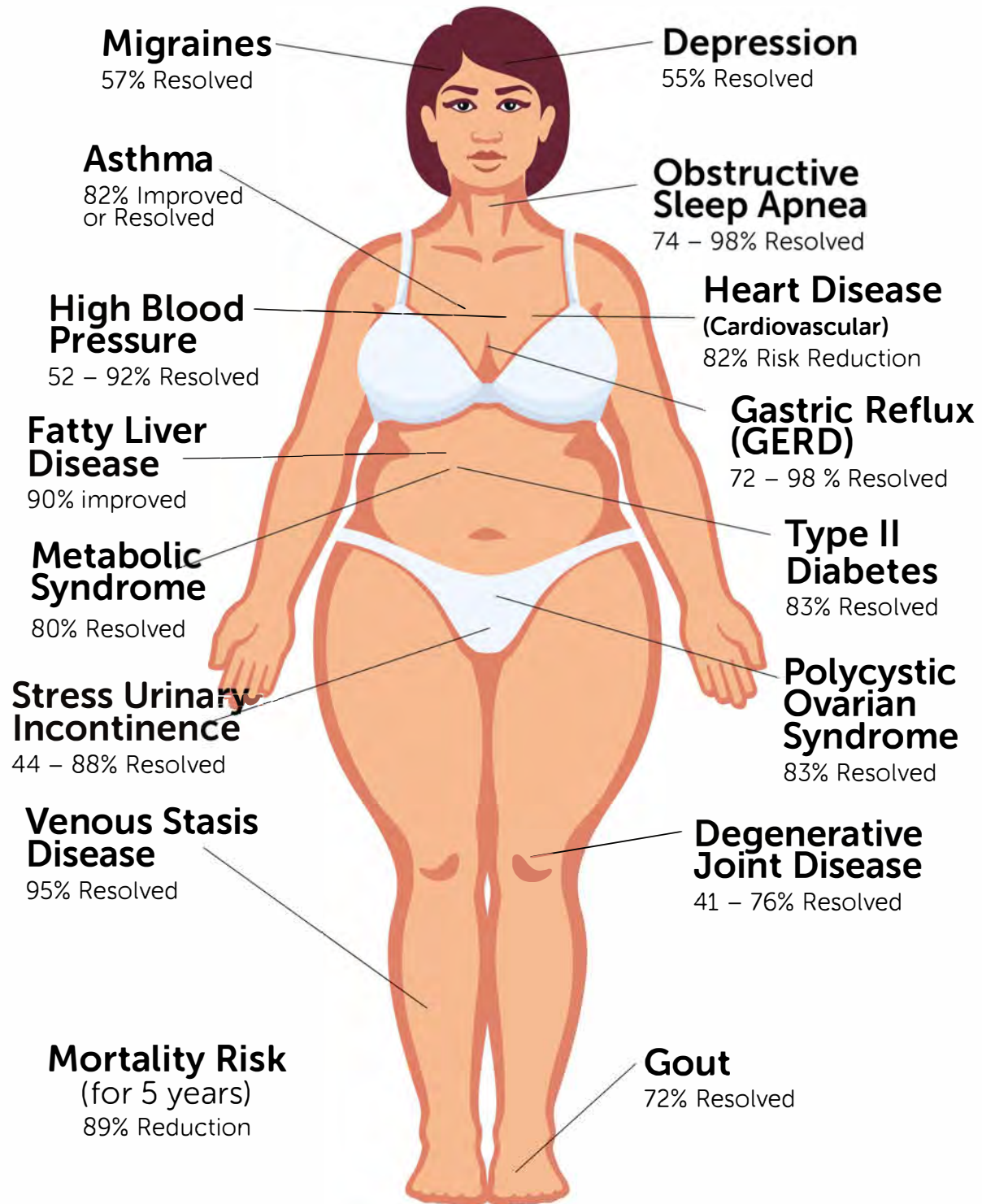
There are several factors that play a role in obesity. A few important ones are an individual's genetic makeup; their home, work and social environments; and their behavioral choices. Body weight and fat levels are regulated by a complex system of signals to the body, not just how much you eat and exercise.

Obesity puts your health at risk. It dramatically increases the risk of the following:

- Type 2 diabetes
- High blood pressure
- High levels of triglycerides (fats circulating in the blood)
- Heart attack
- Stroke
- Arthritis
- Obstructive sleep apnea

Higher body weights are also associated with an increased risk of developing several different types of cancer and premature death.

Resolution of Co-Morbidities after Weight Loss Surgery



Quality of Life Improved in 95% of Patients

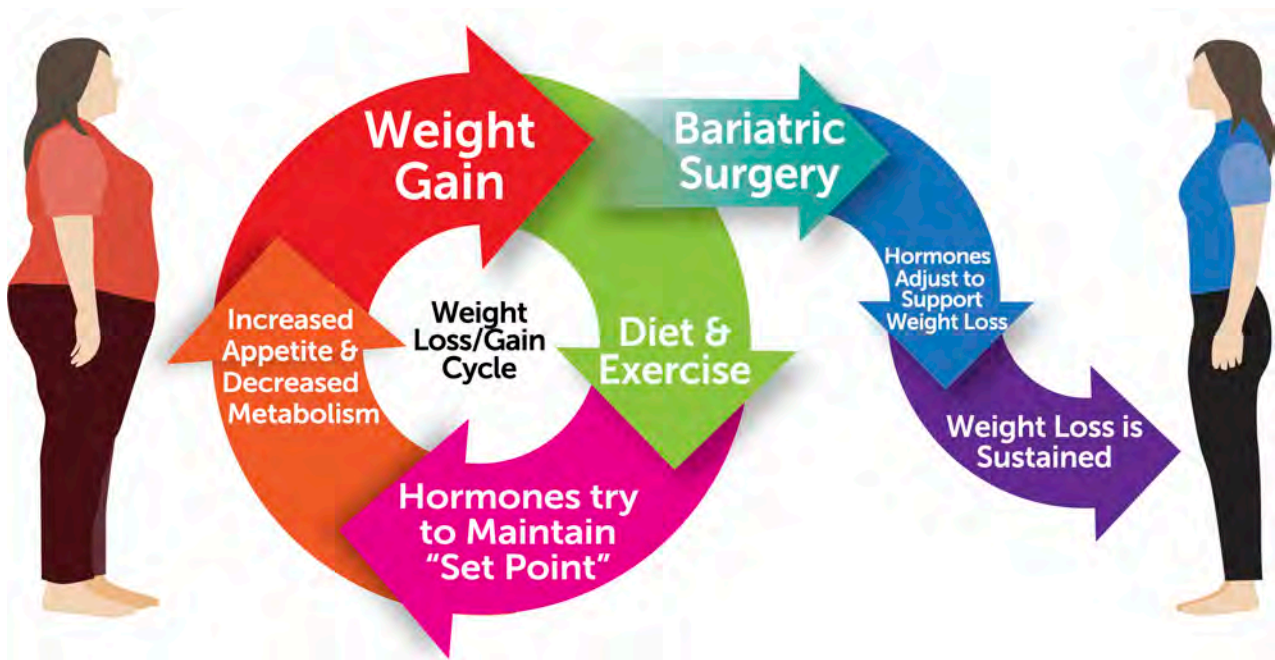
WHY DIETING AND EXERCISE MAY NOT BE ENOUGH

Most nonsurgical weight loss programs are based on a combination of diet, behavior modification and regular exercise. However, research has shown that these methods rarely resolve severe obesity over time because they fail to help people maintain weight loss. In fact, the overwhelming majority of people regain the weight they lost.

Your body has a metabolic “set point,” which is part of a basic biological instinct. When body weight and fat levels fall below your set point, your body activates defense mechanisms to maintain body weight and fat in order to prevent starvation. This happens in everyone, even people with obesity.

Because your body is working hard to defend its set point, diet and exercise are rarely effective in helping people with obesity achieve and maintain a long-term healthy weight. When you go on a diet, your body thinks it’s being starved and its survival instincts kick in. As a result, your body stores energy-rich body fat, which means you can’t lose weight easily. Additionally, whenever weight is lost, lower body fat levels trigger hormones that encourage the body to get back to its previous weight set point. The hormones cause appetite to increase, send decreased feelings of fullness and slow down your metabolism. Studies have found that these hormones do not return to pre-diet levels even after the initial weight loss. That means the body still encourages weight regain for a year after dieting has stopped.

LOOK AT THE CYCLE



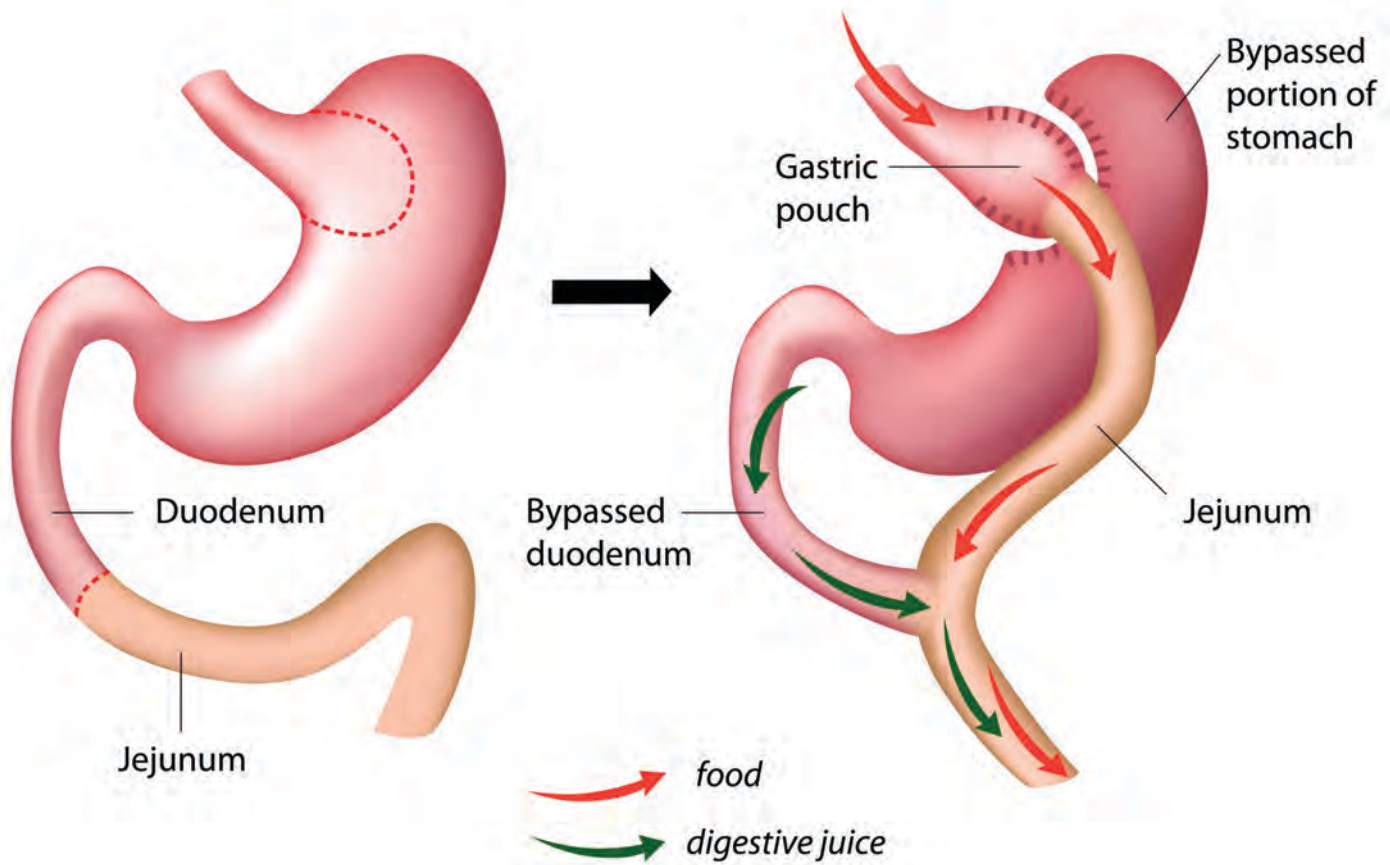
RESET THE SET POINT

Bariatric surgery may reset your set point. In order for a person with obesity to achieve significant, lasting weight loss, the body's weight regulation system must be reset so that the body will stop storing excess fat. By altering the complex relationship your body has with food and its metabolism, bariatric surgery may help to reset your body's ability to manage weight effectively.

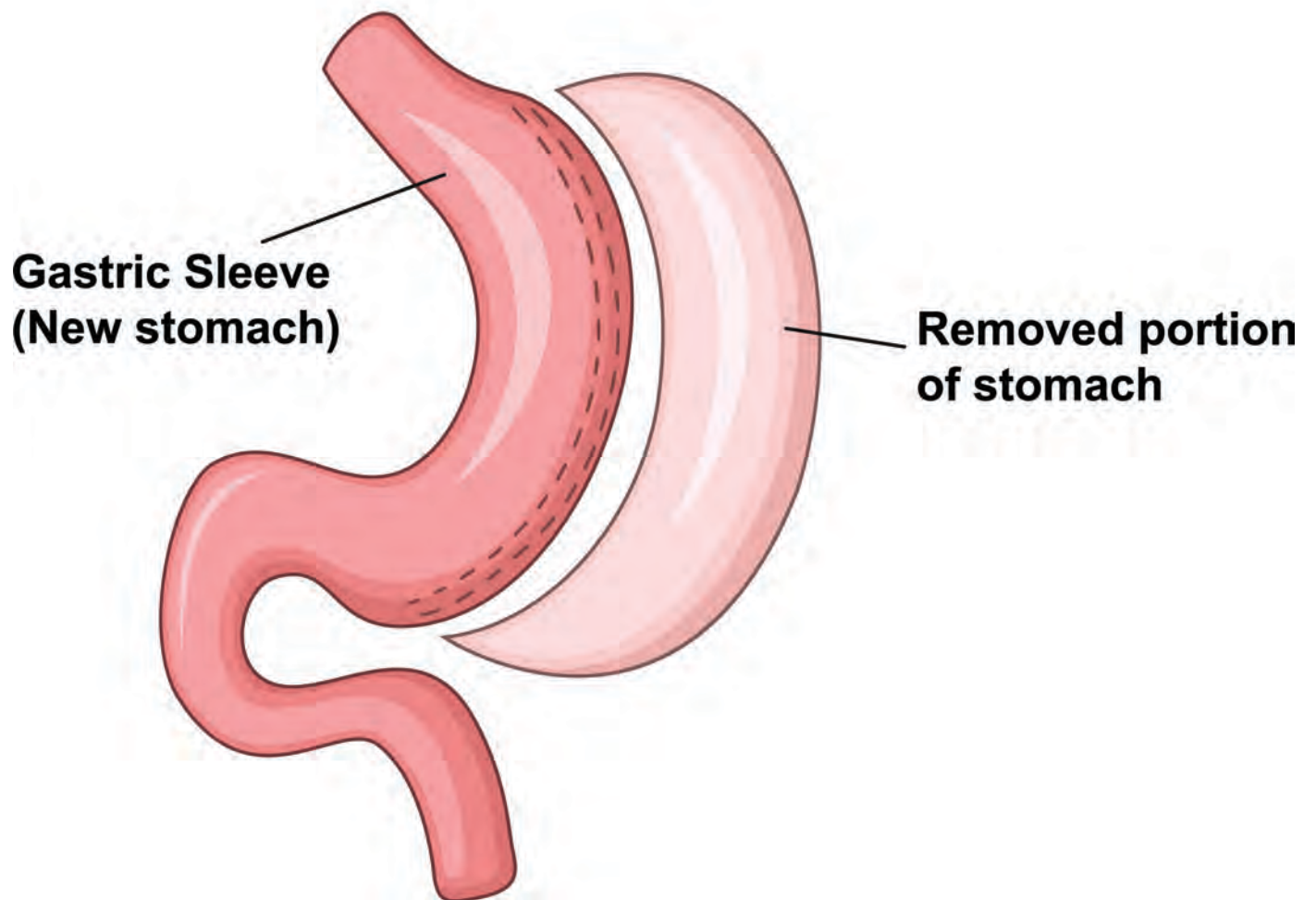
New research indicates that some bariatric surgery procedures (Gastric Bypass and Gastric Sleeve) have metabolic impacts that enable a new, lower set point, allowing the body to return to a lower body fat level by altering hormone signals. This results in decreased appetite, increased feelings of fullness, increased metabolism and healthier food preferences. These positive changes allow your body to lose weight without the internal fight to return to the higher set point.

Bariatric Surgical Procedures

Roux-en-Y Gastric Bypass (RNY)



Vertical Sleeve Gastrectomy



COMPARISON OF PROCEDURES

	Gastric Sleeve	RNY Bypass
Weight Loss	70% Excess body weight	75-80% Excess body weight
Nutritional Concerns	Vitamin D Iron deficiency	Calcium, iron B-complex
Supplements	Multivitamin	Multivitamin
Post-op Meals	Small, Slow Focus on protein	Small, Slow Focus on protein
Surgery Time	One-Two Hours	Two-Three Hours
Hospital Stay	1 day	1-3 days
Return to Work	Individualized Based on type of work 1-2 weeks	Individualized Based on type of work 2 weeks
Type of Operation	Restrictive	Malabsorptive and Restrictive

How to be Successful on your
**Physician-Supervised
Weight Loss Trial**
Nutrition Education



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Reducing (and Eliminating) Added Sugar From Your Diet

“Added Sugars” are sugars and syrups that are added to foods or drinks at home or when they are manufactured. This does not include naturally occurring sugars, such as those found in dairy products and in fruits.

Too much added sugar can contribute to chronic health problems

- Weight gain
- Pre-diabetes
- Type 2 diabetes
- High cholesterol and high triglycerides, increasing your risk for high blood pressure and heart disease
- Chronic inflammation, which can worsen or contribute to many chronic diseases

Examples of foods high in added sugar

- Brown sugar added to oatmeal
- White sugar added to coffee
- Honey added to hot tea
- Drinks, such as soda, tea, fruit punch, and sports drinks
- Cereals – both dry cereals, like bran flakes, and cooked cereals, like oatmeal
- Meal replacement or snack bars
- Yogurts and smoothies
- Flavored milk
- Jam and jelly
- Some condiments, such as ketchup, barbecue sauce, and salad dressings
- Sweet treats, such as cookies, pies, chocolate, candy, ice cream, muffins, and doughnuts

Get to know the nutrition facts label – it is an extremely useful tool for improving your diet and making healthy food choices! Remember to read labels carefully.

When planning your meals, the foods on your plate should meet the following criteria:

10 grams or less of fat per serving

AND

15 grams or less of total carbohydrates per serving

Remember, foods should have no added sugar or be very low in added sugar.

Old label:

Nutrition Facts	
Serving Size 2/3 cup (55g) Servings Per Container About 8	
Amount Per Serving	
Calories 230	Calories from Fat 72
% Daily Value*	
Total Fat 8g	12%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	12%
Dietary Fiber 4g	16%
Sugars 12g	
Protein 3g	
Vitamin A	10%
Vitamin C	8%
Calcium	20%
Iron	45%
* Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g

New label:

Nutrition Facts	
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	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 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.	

Naturally occurring sugars are found in dairy products (called lactose) and fruit (fructose). Added sugar comes in many forms, and has many names:

- Agave syrup
- Agave nectar
- Brown sugar
- Cane crystals
- Coconut sugar
- Corn sweetener
- Corn syrup
- Crystalline fructose
- Dextrose
- Evaporated cane juice
- Fructose
- Fruit juice concentrate
- Glucose / glucose syrup
- High-fructose corn syrup
- Honey
- Invert sugar
- Malt syrup
- Maple syrup
- Molasses
- Raw sugar
- Sucrose
- Syrup
- Turbinado sugar

Tips for reducing added sugar in your diet

- Read food labels and look at the added sugar. Aim for 5 grams of added sugar or less per serving. You will be more successful at reducing added sugar in your diet if your pantry is stocked with foods that are low in added sugar.
- Avoid buying or limit foods high in added sugars like breakfast cereals, granola, cereal bars, sweets, desserts, and sugary beverages like soda, sweet tea, fruit punch, and juices.
- Eat a whole piece of fruit instead of drinking fruit juice.
- Choose plain water most often, or unsweet tea or coffee as beverages.
- Add a squeeze of lemon, lime, or orange to water for flavor.
- Cook more foods from scratch if you can't find low sugar options.
- When indulging in desserts or sweet treats, choose the smallest size available or share. Eat slowly and savor the flavor.
- Learn to love dark chocolate – the darker the chocolate, the less sugar it contains.
- Give your taste buds time to adjust to less sweetness. Foods may not taste “normal” when you start eating less sugar, but over time, they will.



Guidelines for added sugar

Your body does not need added sugar for survival or to function well. However, most of us enjoy a sweet treat. When it comes to sweetened foods, it can be helpful to have an idea of how much is too much.

The U.S. Dietary Guidelines for Americans and The World Health Organization (WHO) recommends less than 10% of calories come from added sugar, but that reducing added sugar to less than 5% of calories provides more health benefits.

Use the chart to help turn these percentages into grams, teaspoons, and calories:

Total calories	10% sugar in grams	10% sugar in teaspoons	10% sugar in calories	5% sugar in grams	5% sugar in teaspoons	5% sugar in calories
1,200	30	7.5	120	15	3.8	60
1,400	35	8.8	140	17.5	4.4	70
1,600	40	10.0	160	20	5.0	80
1,800	45	11.3	180	22.5	5.6	90
2,000	50	12.5	200	25	6.3	100
2,200	55	13.8	220	27.5	6.9	110
2,400	60	15.0	240	30	7.5	120

For example:

If you need 1,800 calories per day:

- Your added sugar intake should be less than 45 grams, about 11 teaspoons, or 180 calories per day. Added sugars would be 10% of your calories per day.
- Limiting added sugars to 22.5 grams, 5½ teaspoons, or 90 calories per day would provide more health benefits. Added sugars would be 5% of your calories per day.

Regardless of calorie intake, the American Heart Association recommends limiting added sugar to:

- 100 calories or 25 grams per day for most women
- 150 calories or 38 grams per day for most men

Nutrition Facts

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

Cholesterol 0mg **0%**

Sodium 160mg **7%**

Total Carbohydrate 37g **13%**

Dietary Fiber 4g **14%**

Total Sugars 12g

Includes 10g Added Sugars **20%**

Protein 3g

Vitamin D 2mcg 10%

Calcium 260mg 20%

Iron 8mg 45%

Potassium 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.

How to be Successful on your PHYSICIAN-SUPERVISED WEIGHT LOSS TRIAL

Get Started on a Healthy Low-Carbohydrate Diet

A low-carb diet is a diet that restricts carbohydrates. Carbohydrate is a fast-metabolizing energy source that comes from plants. A healthy low-carb diet primarily restricts highly refined and processed carbohydrates from sugary and starchy foods (sodas and sugary drinks, candy, breakfast cereals, cookies, crackers, bread, and pasta). The diet is high in protein and fiber, and emphasizes eating lots of whole vegetables and fruit. There are many different approaches to low-carb diets, and research show that they can promote weight loss and improve health. This is a detailed meal plan for a low-carb diet. It explains what to eat, what to avoid, and includes a sample low-carb menu for one week.

What To Eat

- **Meat:** Beef, lamb, pork, chicken, turkey, deer (venison), elk
- **Fish:** Salmon, tuna, trout, Mahi, tilapia, haddock, and many others
- **Eggs**
- **Vegetables:** Any colorful vegetables (green, red, yellow, orange, purple, etc.)
- **Fruits:** Blueberries, strawberries, apples, oranges, pears, banana, etc.
- **Nuts and seeds:** Almonds, walnuts, pistachios, pumpkin seeds, etc.
- **Full-fat dairy:** Cheese, butter, yogurt, and milk
- **Fats and oils:** Olive oil, avocado and avocado oil, butter, coconut oil, fish oil

What to AVOID (in order of importance)

- **Sugar:** Soft drinks, fruit juices, agave, candy, ice cream and many other products that contain added sugar
- **Refined grains:** White Flour, white rice, barley and rye, including most breads, cereals, pastries and pasta
- **Trans-fats:** Hydrogenated or partially hydrogenated oils
- **“Diet” and “low-fat” products:** Many dairy products, cereals or crackers are fat-reduced, but contain added sugar
- **Highly processed foods** (“junk foods”): If it looks like it was made in a factory, don't eat it

Include plenty of colorful, non-starchy vegetables in your diet. You can typically fill up on lots of colorful vegetables and lean protein choices.

What to Drink

- Water
- Coffee
- Unsweetened Tea and Herbal Tea
- Sugar-free, low-calorie beverages

If you are very physically active (performing regular exercise that increases your heart rate) you can tolerate modest amounts of high-fiber starches: “Tubers” like potatoes, sweet potatoes, and yams, unrefined grains like oats and brown rice, and legumes. (Legumes refers to all beans, peas, lentils, and pulses).

Your food choices depend on a few things, including how healthy you are, how much you exercise and how much weight you have to lose. Consider this meal plan as a general guideline, not something written in stone.

Healthy Snacks

If you are trying to lose weight, be careful with cheese and nuts. While these are healthy choices, they are also very high in calories. Finally, it may be beneficial to limit fruit to no more than two (2) servings per day. There is no reason to eat more than three meals per day. If you get hungry between meals, here are some healthy, easy-to-prepare, low-carb snacks that can fill you up:

- A handful of nuts
- A piece of fruit
- 1 to 2 ounces of string cheese, or “snack cheese” (Colby-jack, cheddar, etc.)
- No-added sugar (sugar-free) yogurt
- One or two hard-boiled eggs
- Pickles, or sliced cucumbers with a dash of seasoned salt
- Cherry tomatoes and baby carrots

At most restaurants, it's fairly easy to make your meals low-carb friendly.

- Order a meat- or fish-based main dish. Look for grilled and baked entrees rather than fried.
- Drink plain water or unsweetened tea instead of sugary soda or fruit juice.
- Substitute vegetables instead of bread, potatoes or rice.
- Pass on the bread basket or complimentary chips. You can always politely tell your waiter you're saving your appetite for dinner!

Shopping the Grocery

A good rule is to shop at the perimeter of the store, where the whole foods are more likely to be found. Unless you need coffee, detergent, or cat litter, stay out of the interior of the store!

Organic and grass-fed foods are also popular choices and are often considered "healthier", but this is not always true. "Organic" and "All-Natural" foods are **not necessary** to get the benefits of this diet plan, and they're typically more expensive. Try to choose the least processed option that still fits into your price range. Frozen and canned foods are great options for including more vegetables and fruits at home because they can save money and prevent waste (they will keep much longer!).

Clear your pantry of all unhealthy temptations if you can, such as chips, candy, ice cream, sodas, juices, breads, cereals and baking ingredients like refined flour and sugar.

One-Week Sample Menu

Monday

Breakfast: Omelet with various vegetables, cooked in a healthy fat.

Lunch: Yogurt with blueberries and a handful of almonds.

Dinner: “No-Bun cheeseburger” with cooked vegetables **Tuesday**

Breakfast: Bacon and eggs.

Lunch: Leftover burgers and veggies from the previous night.

Dinner: Salmon with cooked vegetables.

Wednesday

Breakfast: Eggs and vegetables, fried in butter or coconut oil.

Lunch: Shrimp salad with some olive oil.

Dinner: Grilled chicken with spinach salad, tomato, and parmesan cheese.

Thursday

Breakfast: Southwestern omelet with peppers, onions, salsa, sour cream. **Lunch:**

Smoothie with milk, berries, nut butter and protein powder. **Dinner:** Grilled

steak with squash and zucchini or asparagus.

Friday

Breakfast: Bacon and eggs.

Lunch: Chicken salad with some olive oil.

Dinner: Pork chops with California medley (broccoli, cauliflower, carrots).

Saturday

Breakfast: Omelet with various veggies.

Lunch: Grass-fed yogurt with berries, coconut flakes and a handful of walnuts.

Dinner: Meatballs with veggie noodles (“zoodles”) and tomato sauce.

Sunday

Breakfast: Bacon and eggs.

Lunch: Smoothie with milk, chocolate-flavored protein powder, spoonful of peanut butter, and strawberries.

Dinner: Grilled chicken wings (buffalo style) with spinach salad, carrot and celery sticks

Restaurant Eating and Avoiding Food Traps

Oversized Portions and “Value Meals”

Over the past two decades, restaurant portion sizes have significantly increased. Research provides evidence that when individuals are served larger portions, they tend to eat more. Unless you’re careful, when dining at a restaurant, you can easily consume two or three times the amount of food you might eat at home.

The “value meal” only worsens this problem. Economically speaking, spending only pennies more for a more substantial portion makes sense. Given that “supersize” options tend to be available only for cheap, unhealthy foods (such as French fries and soda) they can be a diet landmine. To keep your portions in check, try the following tips:

- Split an entrée with a family member or friend, and order a side salad or extra veggies to round out your meal
- Save half of your meal for lunch or dinner the next day (ask for a box at the beginning of the meal and put away your “second portion” if you doubt your ability to leave half on the plate)
- Just say “no” to supersizing – in fact...
- Order a kid’s meal at a fast-food restaurant, and pay less to eat less

Sneaky Salads

In theory, a salad should be a great choice when dining out. In practice, too many tasty toppers often send salad calorie counts soaring. Many chain restaurant salads pack in well over 1,000 calories, more than other menu options that seem less healthy. Luckily, you can quickly transform these less-than-healthy offerings into a nutritious – and still delicious – meal with a few tweaks:

- Keep fried items off of salads, bypass the tortilla bowl, and request that anything “crispy,” “crunchy,” or “crusted” not be served on your salad
- Cheese, nuts, bacon, and avocado are excellent on top of healthy greens, colorful vegetables, and lean protein – but not all at once; pick one or two, and request that the kitchen keep the rest
- Order dressing on the side, and use creamy dressings sparingly; if you like your salad more heavily dressed, order a low-cal dressing option and remember that an appropriate serving is still only two tablespoons, rather than a small bowl

Bottomless Bread Baskets, Chips, and other “Freebies”

Breaking bread to start a meal is an ancient tradition. Modern restaurants have created a new standard, however, by offering “bottomless” bread baskets and tortilla chips that get refilled as long as you’re at the table (and paying for dinner). It can be shockingly easy to eat **half a loaf of bread** while waiting for your meal. Try to limit yourself to one piece, and if that proves problematic, kindly ask your server to save the loaf of bread.

Creamy sauces and hidden fats

At restaurants, it's often the meal components that you can't see that turn seemingly healthy dishes into diet disasters. Sautéed proteins and vegetables may contain far more oil than you would ever use at home, and everything from lean steak to broccoli is fair game when it comes to an unexpected pat of butter. To avoid unhealthy cooking methods, ask your server how dishes are prepared, and request a style of preparation that works for you.

- Healthy preparation styles include the following: broiling, roasting, baking, steaming, poaching, blackening, grilling (grilled veggies may contain a lot of oil, so ask before ordering)
- Less healthy preparation styles: fried, pan-fried, deep-fried, sautéed, battered, breaded, crispy

When it comes to sauces and sides, terminology can also help lead you towards healthier options and away from fat-traps:

- Opt for: broth-based soups, tomato-based sauces, plain baked potatoes
- Avoid (or consume with caution): au gratin, buttered, cheesy, béarnaise, creamy, hollandaise, alfredo

Salt

While salt does not provide calories, it is present in extraordinary amounts in most fast foods, convenience foods, and restaurant foods. For anyone living with high blood pressure (hypertension), limiting dietary sodium has been shown to be beneficial. In the context of weight loss – consuming excess sodium causes the body to retain water. Never let anyone tell you that losing “water weight” is superficial or meaningless. Shedding extra fluid weight has tremendous benefits and is a step towards significant, lasting weight loss.

Here's the real kicker about salt: it is a flavor enhancer. Restaurants and food manufacturers add A LOT of salt to food because they know it makes most foods hyper-palatable. In other words, you tend to eat more because the flavor has been amplified.

- Choose made-to-order meals over buffet-style dining or fast food, and request that your meal is prepared without added sodium
- Ask your server for low-sodium menu suggestions
- Avoid (or sparingly consume) the following items
 - Soy sauce
 - Smoked, cured, and salted meat, fish, and poultry
 - Ham, bacon, hot dogs, and lunch meats
 - Pickles and olives
 - Roasted nuts
 - Eat low-sodium, non-processed foods the rest of the day when dining out, in order to keep your daily sodium intake within reason

Mindful Eating

Distracted, hurried, and inappropriate eating may add pounds and take away pleasure.

Consider the following scenario: you're at home or your job staring a hectic "to-do" list. After finishing up one quick task, you reach for the bulging burrito on the desk in front of you. After a few bites, you continue chewing while glancing at your computer or phone, then you set down your lunch and open up your email and scroll through your social media page. Before you know it – *poof* – you've finished lunch without even noticing it.

A growing body of research suggests that a slower, more thoughtful way of eating could help with weight problems and may help many people make smarter, healthier choices at meals.

This alternative approach has been dubbed "**mindful eating**." It's based on the concept of **mindfulness**, which involves being fully aware of what is happening within and around you at the moment. In other areas, mindfulness techniques have been proposed as a way to relieve stress and alleviate problems like high blood pressure and chronic digestive difficulties.

Practicing mindfulness includes noticing the colors, smells, flavors, and textures of your food; chewing slowly; getting rid of distractions like TV or reading; and learning to cope with guilt and anxiety about food.

Take Your Time and Pay Attention

Slowing down is one of the best ways we can get our mind and body to communicate what we really need for nutrition. The digestive system actually sends a "fullness" signal anywhere from 10 to 20 minutes before the brain becomes fully aware, which is why we often unconsciously overeat. If you slow down, you give your body a chance to catch up, allowing your mind to "hear" the signals to stop eating. Simple ways to slow down might include following many of your grandmother's manners like sitting down to eat, slowly chewing each bite, setting your fork down between bites – all those old manners that are maybe not as pointless as they might have seemed.

Multitasking and eating is a recipe for not being able to listen deeply to our body's needs and wants. We've all had the experience of going to the movies with our bag full of popcorn, and before the coming attractions are over, we are asking who ate all of our popcorn. When we are distracted, it becomes harder to listen to our body's signals about food and other needs. With your next meal, try single-tasking and just eating, with no screens or distractions besides enjoying the company you are sharing a meal and conversation with.

Eating Randomly vs. Eating at Set Times and Designated Places

Strive to cultivate a mindful eating environment. Another way that we eat mindlessly is by wandering around looking through cabinets, eating at random times and places, and eating while standing in the kitchen or in front of a television. This prevents us from developing strong environmental cues about **when, what, and how much** to eat. If we do this frequently, it programs our brains with new cues for eating. For example, do you really want to train your body to get hungry every time you get into the car?

Sure, we all snack from time to time, but it can boost both your mind and body's health, not to mention helping your sleep schedule, to eat at consistent times and places. This includes sitting down, putting food on a plate or bowl, not eating it out of the container, and using utensils. It may help to eat with others (family and friends). Not only are you sharing a healthy social connection, but you often slow down to enjoy the food and conversation. We may also take unconscious cues from our family/friends. There are certain situations where we experience something called "social norms," and we may constrain our urges to overeat.

Having a **mindful kitchen** means organizing and caring for your kitchen to encourage healthy, nourishing meal habits. Consider what you bring into your kitchen and where you put things away. Are healthy foods close at hand? What kinds of foods are in sight? When food is visible, we tend to eat it. The old adage "out of sight, out of mind" holds a lot of truth in this instance.

Finally, a sage piece of advice is, "don't shop when you're hungry." The sight and smell of food naturally stimulates the appetite. Remember to plan your trips to the grocery at a time when you won't be hungry. If you have not eaten a meal in several hours, have a healthy snack and a bottle of water before you shop!

Listen to Your Body: "Head Hunger" versus True Hunger

How long has it been since your last meal? Is your stomach growling? Is your energy low, or are you feeling a little lightheaded? Too often, we eat when our mind tells us to, rather than our bodies. Mindful eating is actually listening to our body's signals for hunger. Ask yourself: *What are your body's hunger signals, and what are your emotional hunger triggers?*

Eating foods that are emotionally comforting vs. eating for nutrition

Emotional eating (sometimes called stress eating) is a complex topic in its own right. There are many reasons that eating is a pleasurable experience. Our brains are hard-wired to want food – if you're going to stay alive, you need to eat. It isn't optional!

Eating foods to obtain a pleasurable experience from them can be a salve against stressful moments in our life. However, this is a behavior that can spiral out of control, especially if we make a habit out of using food to distract us from things that are difficult to deal with. We often tell ourselves a story about the pleasurable experience of certain foods, and how good they will make us feel once we are eating them. The reality of this experience rarely lives up to the story we create, and the experience is momentary at best.

As we practice eating a greater variety of foods, we are less inclined to binge on our comfort foods, and more willing to enjoy healthy foods. In time we may find **many** foods emotionally and physically satisfying instead of just a few.

Take Time to Express Gratitude

Consider where food comes from rather than thinking of food as an end product. Unless you are a hunter-gatherer or sustainable farmer, we have all become ever more disconnected from our food in recent years. Many of us don't even consider where a meal comes from beyond the supermarket packaging. This is a loss because eating offers an incredible opportunity to connect us more deeply to the natural world, the elements and to each other.

When we pause to consider all of the people involved in the meal that has arrived on your plate, from the loved ones (and yourself) who prepared it, to those who stocked the shelves, to those who planted and harvested the raw ingredients, to those who supported them, it is hard to not feel both grateful and interconnected. You can reflect on the cultural traditions that brought you this food, the recipes generously shared from friends, or brought from a distant place and time to be handed down in the family. Take time to consider everything that went into a meal and express gratitude to all of the people who gave their time and hard work to make it a reality.





Surgical Weight Loss Center

Diet Log for (Days / Dates): _____

Time	Food/Drink Consumed	Amount	Calories	Describe your environment: (Where were you? What were you doing?)



Surgical Weight Loss Center

Diet Log for (Days / Dates): _____

Time	Food/Drink Consumed	Amount	Calories	Describe your environment: (Where were you? What were you doing?)

Bariatric Surgery Nutrition Plan



Owensboro
Health

Surgical Weight
Loss Center

Introduction

Gastric Bypass and Gastric Sleeve surgery require you to change the way you eat and drink. These surgeries are ***tools*** that help control your hunger limiting your food intake. Bariatric surgeries promote weight loss; however, **reaching your weight loss goals, and keeping the weight off for good, requires healthy lifestyle changes.** Our program is designed to set you up for success by building healthy eating habits and being physically active.

This nutrition plan is formulated for bariatric surgery patients to maximize nutrition while promoting weight loss. Every individual possesses a degree of habitual, learned behavior when it comes to eating and drinking. Following bariatric surgery, avoiding digestive complications will depend on retraining some of these eating habits. This nutrition plan is designed to promote awareness of the size and timing of your meals and the quality of your diet.

Gastric Bypass surgery works by restricting the total volume of food consumed and reducing the number of calories and nutrients you absorb from food (this is called malabsorption). ***Gastric Sleeve*** surgery limits food volume only. Both surgeries influence multiple hormones that affect appetite and induce a feeling of fullness (also called *satiety*). Immediately after Gastric Bypass surgery, your new stomach pouch will only be able to hold two tablespoons or less. After Gastric Sleeve surgery, your new stomach will only hold 2 to 4 tablespoons or less. Over time, malabsorption of essential nutrients in food may lead to deficiencies in some vitamins and minerals. It is imperative to take high-potency vitamin and mineral supplements ***for the rest of your life.***

Key Points

1. You must stay hydrated

The amount of fluid you will be able to drink will be limited after the surgery. Because of this, dehydration will be a primary concern. Sipping on liquids throughout the day will help you stay hydrated. Committing this practice to habit before surgery is strongly recommended. **Drink at least 64 ounces of fluid per day.** Non-calorie beverages will allow hunger to return before the next mealtime. **Start building a habit of drinking throughout the day: sip on water or other low-calorie drinks around the house, at work, and in the car.**

2. Avoid introducing air into your stomach

Do not drink carbonated beverages – fizzy and bubbly drinks contain a compressed gas (carbon dioxide) that is released in your stomach. This can lead to discomfort, reflux, indigestion, and other severe complications after surgery.

Avoid drinking through straws and chewing gum – both of these may lead to accidentally gulping down bubbles of air. Drinking very quickly may also result in swallowing air, which may be accompanied by nausea or vomiting. You must learn to sip slowly!

3. Liquids must be sugar-free, low-calorie, and preferably caffeine-free

Avoiding sugary drinks and sugar-sweetened foods help prevent malabsorption resulting in digestive distress (indigestion, reflux, gas, bloating, and loose stools). For gastric bypass patients, **dumping syndrome** is likely to occur when drinking sugary beverages and foods. Dumping syndrome is covered in detail later in this guide. Added sugars and sugar-sweetened drinks are also a significant source of “empty calories,” which promote weight gain and will inhibit weight loss efforts. **Caffeine** is a mild irritant to the stomach. Your diet plan following surgery is designed to avoid placing any stress or irritation on the stomach to promote healing and recovery. Caffeine intake can be especially problematic for patients with a history of reflux disease (GERD) and peptic ulcers.

4. Eat small meals at routine intervals

As with fluids, the amount of food the stomach can tolerate will be limited. Similar to the concern for dehydration, staying well-nourished will require regular food intake without skipping meals. Getting enough calories from food requires eating smaller meals at routine times every day (rather than trying to eat one or two large meals). Eating regular meals will provide the proper nutrition your body needs. High-protein supplements will be necessary during the immediate post-surgery phase of your diet. You will continue to need supplements between meals until solid foods are well-tolerated. *More information on this topic is covered in the post-operative diet stages later in this booklet.*

5. Pay attention to portion sizes

Once you are consuming solid foods (approximately one month after surgery), meals will initially consist of 1 to 2 ounces of soft foods. The amount of food you can tolerate and the variety of foods you consume will progress over time. *One crucial element of sustaining long-term weight loss is **never overeating**.* Over time, the stomach will gradually hold more food (eventually up to six to eight ounces of solid foods). It may take up to a year after your procedure before your stomach pouch will tolerate this amount of food and drink.

6. Eat slowly and chew foods thoroughly

Eating too quickly is the most common eating behavior leading to stomach pain, nausea, vomiting, or diarrhea. Foods must be chewed thoroughly, to a soft consistency, to prevent them from becoming “stuck” in the connection between the pouch and the small intestine (called the “stoma”). The presence of foods that “stick” or move slowly through the upper digestive tract may cause pain, nausea, and vomiting. Once you reintroduce solid foods into your diet, it will be important to wait for one to two minutes between bites of food. **Meals should eventually last 20 to 30 minutes** to promote adequate digestion. Begin retraining eating habits as soon as possible. As adults, our eating behavior is deeply ingrained, and adjusting to a slower pace can take practice. **Pay attention to your body for signs of fullness**, and stop eating or drinking the moment you begin to feel full.

7. Protein is essential!

Consume at least 60 grams of protein per day, up to 90 grams if tolerated. Protein helps heal injured tissue (like surgical incisions) and helps preserve lean body tissue during weight loss. Maintaining muscle is very important: muscle helps to burn fat, increasing weight loss over time. Protein is critical for replenishing tissues that are always growing (hair, skin, and nails). If you're not consuming adequate protein, the body can't afford the upkeep on muscles, joints, and other lean tissues. Thinning hair, dry skin, and brittle nails are all signs of a protein deficiency.

8. Daily multivitamin supplementation is required for life

The quantity of some vitamins and minerals that are absorbed by your body will be reduced following surgery. To prevent any potential deficiency, you will take a high-quality multivitamin (with extra B-12, calcium, and iron) every day **for the rest of your life**. There is more information about vitamins and minerals later in this booklet.

9. Watch out for “sugar alcohols”

Watch out for foods containing sugar alcohols such as **sorbitol, maltitol, isomalt, or mannitol**. Sugar alcohols are very low-calorie sweeteners used in “sugar-free” cookies, chocolates, candies, and ice cream. Excess consumption (usually more than 10 grams) will have a laxative effect, causing cramping, abdominal pain, excess gas, and diarrhea.

10. Food intolerances may develop for some individuals

Some foods are more difficult to digest following surgery, leading to indigestion. A small percentage of patients may experience an intolerance to some elements in some foods. For example, bariatric surgery has been known to cause an intolerance to lactose in some patients. Lactose is an element in dairy (milk) products.

11. Exercise magnifies weight loss and promotes long-term health

Physical activity is a critical requirement for overall health. Exercise improves weight loss when partnered with a healthy diet. Being active helps maintain lean body mass (muscles, joints, tendons, and bone density) following weight loss surgery. Exercise increases your metabolism by increasing muscle mass. Adults with a higher percentage of weight as muscle burn additional calories, even at rest. **Guidelines recommend 150 minutes per week of moderate-intensity exercise.**

Protein Supplement Requirements

1. Products must contain a minimum of 20 grams of protein per serving.
However, more than 30 grams of protein per serving is not recommended.
2. Products should contain no more than 15 grams of total carbohydrates per serving.
3. Products should contain No Added Sugar.
4. It is recommended that your protein shakes contain whey, casein, egg white, or soy.
These are “complete proteins,” which means they provide all essential amino acids your body needs.
5. Collagen and gelatin-based supplements have become popular in recent years.
While they have some proven health benefits, collagen is not a “complete protein” and lacks some essential amino acids.

TAKE NOTE! Protein shakes should NOT be high in calories or carbohydrates.

Ensure, Boost, and Glucerna are not acceptable because they are meal replacements with concentrated carbohydrates, additional fats, and insufficient protein. These products are intended for individuals suffering from chronic low-calorie intake and are at risk for severe malnutrition.

Before your surgery:

- Sample several brands and flavors *before surgery* to find some that you like. Keep in mind that your taste may change after surgery, so don't buy several cases of a single brand or flavor.
- Sample sizes, individual containers, and small portions are available for many brands. Try a variety of flavors and brands, pre-mixed bottles or cartons, and try mixing some at home from dry powders and milk.
- Unflavored protein supplements are available. These can be mixed in any low-calorie beverage and stirred into pudding and soup.
- Make sure you have sufficient protein shakes on hand before surgery, so they are available after arriving home from the hospital.

Protein Supplement Resources and Examples

Where to shop for protein drinks?

All grocery stores and large retail stores such as Kroger, Publix, Wal-Mart, Meijer, Target, Costco, and Sam's Club. Retail pharmacies such as Walgreen's, Rite-Aid, and CVS. Specialty nutrition and supplement stores such as GNC, The Vitamin Shoppe, and Gene's Health Foods (in Owensboro).

Bariatric Specific Websites – these are excellent sources for bariatric products online:

www.bariatriceating.com www.bariatricpal.com www.bariatricadvantage.com

Brand Name	Information
Premiere[®]	Ready-to-drink formulas in several flavors, including a clear protein formulated with water (fruit punch). Also has dry/instant powders. Available at Wal-Mart and Sam's Club, and most groceries.
Fairlife[®]	High-quality milk-based shakes that are also lactose-free and all-natural, sweetened with a combination of Stevia and Splenda [®] .
Unjury[®]	Dry/instant powder in several flavors, including unflavored (aspartame-free), chicken broth, and bariatric-friendly cheese sauce (online only).
Inspire[®]	<u>Only available from bariatriceating.com.</u> Dry/instant whey protein powders in an array of unique flavors. Inspire also has several soups, hot cereals, and snacks that are bariatric diet approved.
Nectar[®]	Available from bariatricpal.com , Walmart, and some specialty stores. Variety of dry/instant powder flavors, including many mixed into water (such as lemonade, fruit punch, and decaf coffee). Gluten-free and lactose-free.
Jay Robb[®]	No artificial flavors or colors, no aspartame or Splenda – sweetened with Stevia. Available with Whey, Soy, and <u>Egg White</u> proteins (available online, and can be found at Kroger and Vitamin Shoppe).
Isopure[®]	Dry/instant powders and ready-to-drink formulas in several flavors. Milk-based flavors, and clear/fruit flavors formulated with water.
Pure protein[®]	Dry/instant powders and ready-to-drink formulas. Dairy-based. Priced very competitively, making this an economical choice!
GENEPRO	GENEPRO Medical Grade Unflavored 30g Protein Powder UNFLAVORED Dry/instant powder mixes with virtually anything (water, sugar-free drinks, soup, pudding, yogurt, etc.).

Bariatric Surgery Pre-Operative Diet Plan

The pre-surgery diet is a low-calorie, low-carbohydrate, and high-protein diet plan designed to deplete some of the surplus energy stored in your liver. Following this diet precisely is very important for 14 to 21 days before your surgery. Doing so improves the safety and efficiency of the surgical procedure. Reducing the size of your liver will make your surgeon's job easier and safer!

On the day before your surgery: STOP THIS DIET.

24-hours before surgery, you are only allowed to have clear liquids!

What Can I Eat?

1. Bariatric-approved protein shakes.
2. **Two servings per day** of any fresh or frozen fruit.
3. You may eat any **non-starchy** vegetables without limit, including:
 - Broccoli, cauliflower, leafy greens (any lettuce, spinach, kale), zucchini, squash, onions, peppers, tomato, cucumber, pickles, carrots, cabbage, brussel sprouts, green beans, celery, fennel, endive, sauerkraut, kimchee
4. **One cup** of cooked beans, peas, or lentils (legumes) is allowed – **one per day**. Beans must be cooked in water or broth and be **LOW-FAT** – without added pork fat, **bacon, or ham**.
5. **A single serving per day** of **no-sugar-added** yogurt. Greek yogurt is very high in protein and makes a great breakfast or snack. **One serving = 5 to 6 ounces**.
6. **Low-fat milk or a plant-based milk** alternative (almond, cashew, and soy milk) is acceptable **but limited to less than 16 ounces per day (2 cups or less)**.
7. You may have fat-free, sugar-free, low-calorie condiments/dressings
8. Very low-calorie, sugar-free snacks allowed on a clear liquid diet – such as sugar-free popsicles and sugar-free Jello – are all permitted.

Do NOT Eat

Avoid starchy vegetables and grains

- **NO** potatoes
- **NO** corn
- **NO** bread or baked goods, crackers, or pasta
- **NO** rice, or oats, or cereals

Your protein will come from a high-quality liquid protein supplement (see above). **NO**

meats, poultry, fish, eggs, nuts and peanut butter, or full-fat dairy products

Do NOT eat foods that are “breaded,” have a breading or coating, or have been deep-fried. Avoid greasy foods and anything high in fat.

Include a protein shake, non-starchy vegetables, or fresh fruit with each meal. Drink plenty of water or other non-calorie beverages every day. Drinking lots of water and snacking on low-calorie, high-fiber vegetables (listed above) can curb daytime hunger.

Salads can be an excellent choice for meals. Salads **must not** contain any croutons, meats, eggs, bacon bits, and other non-vegetable toppings.

Salad dressings: should be sugar-free and low-calorie. **“Walden Farms”** and **“Skinny Girl”** brand salad dressings are fat-free, sugar-free, and usually zero-calorie. These can be purchased at most local groceries. Read nutrition facts labels to locate **“Added Sugars.”** Products should contain **zero grams of added sugar.**

Soups also make an excellent meal choice. Remember, soups must **not** contain any starchy vegetables (potatoes, corn), rice, pasta noodles, barley, or other grains. Simple vegetable soup can be prepared at home with any non-starchy vegetables, broth, vegetable juice (such as V8), herbs, and seasonings.

What Can I Add To My Vegetables For Flavor?

A delicious seasoning for cooked vegetables and homemade vegetable soup is **Braggs “Sprinkle” 24 Herbs and Spices Blend.** It tastes great and saves. If your pantry is not fully stocked with spices and herbs, any “seasoning blend” can be a useful, all-purpose option.

If you prefer to mix your own but aren’t sure how to season your vegetables, try these herbs and spices in any combination you like:

Basil	Rosemary	Thyme Oregano
Parsley	Sage	Soy Sauce
Lemon zest	Ginger	Tarragon Turmeric
Dill weed	Marjoram	Chili powder
Paprika – regular or smoked	Bay Leaves	Lemon/Lime juice
Add a pinch of salt	Pepper: black, white, cayenne	
Garlic or garlic powder	Onion flake or powder	

Remember that over-seasoning can be just as bad as no flavor at all. Pick one flavor combination - either with a tried-and-true seasoning mix or by choosing two or three individual herbs and spices.

Vegetables can be cooked in broth (chicken, vegetable, or beef broth). You cook with **one teaspoon or less** of olive oil or avocado oil. Cooked vegetables can be steamed, sautéed, baked, roasted, or boiled. All vegetables can be consumed fresh/raw without cooking if you prefer.

Owensboro Health Surgical Weight Loss Center

Day	Breakfast	Lunch	Dinner
Sunday	No-Sugar-Added Greek Yogurt 1/2 cup Strawberries 1 tablespoon walnut pieces	Protein Shake Spinach and Tomato Salad 1/2 cup Baby Carrots	Protein Shake Herb Roasted Broccoli 1/2 cup Mashed Cauliflower 1 cup savory broth (miso or bone broth)
Monday	Protein Shake 1 medium banana	Protein Shake 1/2 cup Broccoli Crowns 1 cup sliced cucumber with dill and lemon juice 1/2 cup tomato soup	Protein Shake 1 cup Vegetable Noodles (zucchini noodles, or Palmini) No-Sugar-Added Marinara Sauce
Tuesday	No-Sugar-Added Greek Yogurt 1 cup raspberries 1 tablespoon slivered almonds	Protein Shake 1 cup simple homemade vegetable soup (*no potatoes, rice, noodles, or corn) Broth base or Tomato juice (like V8)	Protein Shake Roasted or sautéed asparagus 1 ounce skim (low-fat) mozzarella 1/2 to 1 cup Riced Cauliflower with garlic
Wednesday	Protein Shake 1 medium banana	Protein Shake 1 cup simple homemade vegetable soup (Leftovers)	Protein Shake 1/2 cup black beans with roasted pepper and onion 1 ounce skim (low-fat) mozzarella 1-2 tablespoons salsa
Thursday	Protein Shake 1 sliced apple, sprinkle with ground cinnamon	Protein Shake 1.5 - 2 cups mixed salad / field greens carrots, peppers, radish, tomato, onion, broccoli No-Sugar-Added, Low-calorie dressing	Protein Shake Veggie Fajitas: Lightly sauté bell peppers, onions, squash, zucchini, mushrooms, etc. Roll-up in romaine lettuce leaves, top with salsa, cilantro, lime juice
Friday	No-Sugar-Added Greek Yogurt 1 cup blueberries 1 tablespoon walnut pieces	Protein Shake 1 cup Vegetable Noodles (Zucchini noodles, or Palmini) Top with mushrooms, carrots, snap peas Toss in lemon juice, 1 teaspoon olive oil, garlic, herbs	Protein Shake 1 to 2 cups California Blend or Vegetable Medley Sprinkle lightly with parmesan cheese Top with 2 to 3 tablespoons of Marinara Sauce
Saturday	Protein Shake 2 tablespoons of RAW almonds or walnuts	Protein Shake 1/2 cup cooked green beans 1/2 cup riced cauliflower 1 cup savory broth (miso or bone broth)	Protein Shake 1/2 to 3/4 cup black beans Top with diced tomato, chives, jalapeno peppers Add 1 tablespoon of plain Greek yogurt

ONE DAY BEFORE SURGERY: CLEAR LIQUID DIET

The day before surgery, your two week pre-operative diet is discontinued and you will go on a clear liquid diet. The goal is to keep yourself well-hydrated with liquids on the day before your surgery. The minimum daily fluid intake is 64 ounces.

The following liquids are allowed this day:

- **No sugar-added fruit juices** – apple, grape, cranberry, cran-apple, cran-grape, cran-cherry, cran-mango, and cran-pomegranite.
- **Broth** – beef, chicken, vegetable (bouillon cubes are acceptable).
- **Decaffeinated coffee and decaffeinated tea** (artificial sweeteners may be used; skim milk or Coffeemate non-dairy creamer may be used);
- **Others** – Sugar free Jell-o; sugar free popsicles; Propel (Gatorade Light); Fuze Slenderize drinks; vitamin waters; Mio drops; and water.
- **Protein Shake** - You may have one protein shake (whey or whey protein isolate) **the day before surgery**. If using a powder, mix with skim milk; 1% milk; soy milk; almond milk; or rice milk only. Whole milk and 2% milk are unacceptable for the day before surgery.

Important:

You may not eat anything after midnight the night before your surgery. However, you can have water and ice chips until two hours prior to your surgery check-in time. Please review the next page to see when you need to stop fluids.

NO PROTEIN SHAKES ON THE MORNING OF SURGERY

Post-op Bariatric Diet Stages

Your diet following bariatric surgery is intentionally planned to support healing, preserve lean body tissue, and keep you hydrated. Eating solid foods too quickly may impair healing at the surgical site and cause digestive symptoms (gastric reflux, nausea, and vomiting). Additionally, Dumping Syndrome is a phenomenon that may occur in Gastric Bypass patients.

- Stage 1: Clear Liquids (36 to 48 hours after surgery)
- Stage 2: Full Liquids (days 2 to 28 after surgery)
- Stage 3: Soft Foods (starting 28 days after surgery)

Note: The above timeline is a general guideline. Dr. Alapati may keep you on an earlier diet stage for an extended period or may advance you to the next stage sooner, depending on your progress and needs.

Stage 1: Clear Liquids

36 to 48 hours *after* surgery

Hydration is the most critical need immediately after surgery. A liquid diet will allow time for the stomach to heal and for swelling to decrease.

Recommendations:

- Immediately after surgery, you may have only ice chips and sips of water. During your hospital stay, you will be allowed to have a clear liquid meal once cleared by the surgeon.
- Sip slowly with small, frequent sips to avoid vomiting. **Stop if you feel full!**
- Slowly increase fluids to reach your goal of at least 64 ounces per day (at least 2 to 4 ounces every 30 minutes).
- Tip: Divide your daily liquids (24 ounces before lunch, 20 ounces before dinner, and 20 ounces before bed).
- Stop drinking if you experience pain, nausea, or vomiting. Wait a few hours and try again. **Call Dr. Alapati's office if you cannot get liquids down for any reason.**
- You will be able to increase how much you drink over the next several days.

Liquids allowed: Water, sugar-free popsicles, broth or bouillon, “clear” protein drinks, sugar-free drinks, unsweetened decaffeinated tea, and decaffeinated coffee.

Examples of Clear Liquid Approved Beverages

Water	Diet Vitamin Water
Broth or bouillon	Power-Aid Zero /Gatorade Zero
Propel Electrolyte Drink	Sugar-free Kool-Aid
Crystal Light	Sugar-free Jell-O
Decaffeinated coffee and tea	Sugar-free popsicles
Bai Fruit Drinks (non-carbonated)	Diet Snapple
“Clear” protein drinks and “Protein Water”: Premiere Clear and Isopure Clear	

Things to AVOID: Sodas, milk, orange juice, drinks containing sugar, carbonated beverages, and anything containing caffeine, which can irritate the stomach, slowing healing and recovery.

Stage 2: Full Liquids

Beginning day 2, lasting until day 28

The Stage 2 diet is defined by sipping liquids throughout the day.
Most of your nutrition will come from high-protein supplements.

You will need to use a high-protein supplement to **consume at least 60 grams of protein each day**. “Supplements” include shakes and protein powders mixed with water or milk (dairy or dairy-alternatives). There are also protein supplements that are pre-mixed liquids, gels, soups and high-protein puddings.

Detailed information about protein supplements follows on the next page

Full Liquid Diet Recommendations

- A full liquid diet consists of items with a smooth, pureed consistency and have no solid pieces of food.
- Strive to drink 8 ounces of liquids every hour (No straws!).
- Your total fluid goal should be 64 ounces per day.

DO NOT attempt to consume any solid foods for the first 28 days after your surgery

Examples of Foods/Fluids Allowed:

Protein shakes	Sugar-free yogurt
Anything allowed on Stage 1	Sugar-free pudding
Unsweetened almond/soy/rice milk	Soups and Broths with a smooth, puree consistency and no solid pieces of food
Skim or 1% low-fat milk	V-8 and vegetable juice (no pulp)
No Added Sugar Applesauce	

Use a colander or strainer to separate pieces of solid food from soups.

Things to AVOID: 2% and whole milk, half and half, cream, oils and fats, regular creamed soups. **Avoid solid foods and anything with solid pieces of food, chunks, pulp from fruits and vegetables, and seeds.**

Dehydration: Dehydration can occur due to not drinking enough fluids or losing fluids with vomiting or diarrhea. Be aware of the symptoms of dehydration:

- Dark or amber-colored urine
- Fatigue
- Very low volume of urine
- Nausea
- Dizziness upon standing (due to a drop in blood pressure)

Stage 3: Soft Foods

Beginning 28 days after surgery

This stage is your re-introduction to eating solid foods. **Begin by eating only soft foods that are easy to digest.** Be selective about which foods you choose to eat! Strive to have high-quality foods at your meals that meet your nutritional needs and present minimal risk for digestive complications.

Recommendations:

A safe strategy is to start with one food at a time. This way, you can quickly identify food that might lead to digestive symptoms. You may gradually increase portion sizes as you feel your stomach tolerates a little more food without any discomfort. **Stop eating when you feel full!**

- **Start with cooked soft foods that are high in protein.**
Lean white meats like **chicken** and **turkey**; flakey fish such as **tuna, salmon, tilapia,** and **cod.** **Eggs** are very high in protein and are very soft. Egg yolk is somewhat high in fat and **may** cause some mild indigestion during the transition to solid foods (they can be added back as you tolerate them).
Beans are a safe choice if they are cooked soft enough to mash with a fork. **Cottage cheese, ricotta cheese,** and soft cheeses like skim **mozzarella.**
- Cut meat into **small pieces** and **chew to a soft consistency.** You may need to add a small amount of chicken/beef broth or au jus to add moisture.
Start with just **1 to 2 ounces of food** (about ¼-cup total).
- After **5 to 7 days** of just proteins, **add cooked vegetables and soft fruit.**
Vegetables should be steamed, sautéed in broth or a minimal amount of oil, baked, roasted, or in a soup. Most fruits that can be skinned or peeled will be tolerated.
- Slowly work up to 4 to 5 ounces of food at mealtimes over the next four to six months. As you approach 12 months after surgery, you should be able to comfortably consume 1,000 to 1,200 calories per day from a healthy diet.

You will be able to increase the variety and consistency of foods over time. Still, you may also find some foods that you cannot tolerate. If you have trouble eating, contact our office, as you may need to be seen by Dr. Alapati. The clinic dietitian remains available to help with food intolerances, meal planning, and nutrition concerns.

Stage 3 “Soft Foods” Diet – Reintroducing Solid Foods

The Stage 3 diet includes choices appropriate for reintroducing solid foods back into your diet. Stage 3 begins 28 days after surgery. Begin by eating **soft foods** first. Your stomach will gradually tolerate tougher, crunchier, and more fibrous textures in the coming weeks. Examples of "tougher" foods include raw vegetables, salads, fruits and vegetables with hard/tough skins.

Continue to track your protein (at least 60 grams per day). Start by consuming 1 to 2 ounces of **high-protein foods** that are soft, have a lot of moisture, and are very lean (no high-fat meats or dairy). *Examples are listed on the following page.*

Guidelines and Recommendations

- Chew your food, and eat slowly. In this early stage, the muscles in your smaller stomach are not strong enough to properly grind down your food.
- Continue to drink your fluids, **but do not drink while eating**. Wait for 20 to 30 minutes after a meal to drink fluids. When you do drink, remember to sip.
- Stop eating when you feel a sensation of fullness or pressure around your stomach.
- Remember your protein needs – 60 or more grams of protein per day. At meals, consume sources of protein first.
- Eat at least three times every day. From 2 to 6 months after surgery, you will likely be consuming very small meals 5 or 6 times per day.
- Remember to take your daily multivitamin and additional vitamin B-12 and Calcium as needed.
- Your new pouch will gradually accommodate a full meal; however, this may take several months of eating small portions of food at mealtimes.
- Let your stomach tell you when you have had enough. Since fullness will feel different than it did before surgery, pay attention, and eat very, very slowly. You will know when to stop eating.
- Never force yourself to eat more than you can tolerate. When you can eat a little more, do so.
- You may need to include snacks, but remember to choose something high in protein whenever possible.
- Everyone progresses through the Stage 3 diet at his or her own pace. Do not compare yourself to anyone else, and progress into more solid foods as you tolerate them.

Sample Meal Plan for 5 to 6 weeks post-surgery

Before Breakfast Sip 4 to 8 ounces of fluids	
Breakfast	Scrambled eggs (<i>or</i>) Low fat cottage cheese (<i>or</i>) light yogurt (no-added-sugar, or sugar-free)
Wait ½ hour (30 minutes), then sip on 12 - 16 ounces of fluids <u>Between Breakfast and Lunch: sip on a protein shake</u> (20 to 30 grams of protein per serving)	
Lunch	2 ounces Tuna, Chicken, or Egg salad made with light mayo (<i>or</i>) cooked beans (<i>or</i>) ricotta cheese with marinara sauce
Wait ½ hour (30 minutes), then sip on 12 - 16 ounces of fluids <u>Between Lunch and Dinner: sip on a protein shake</u> (20 to 30 grams of protein per serving)	
Dinner	Crockpot chicken cooked in tomato sauce with sprinkle of mozzarella cheese (<i>or</i>) Baked chicken with a light savory marinade (<i>or</i>) 2 to 3 ounces of simple
After Dinner Sip 8 to 16 ounces of fluid until bedtime	

Fish, Poultry, Lean Meats

- Cooked soft and moist, served in broth or with a light dressing
- Cooked: baked, broiled, grilled, or boiled
- Prepared in broth, water, with one teaspoon of ripe avocado or mayonnaise

Eggs (cooked any way you like)

Dairy

- Low-fat, Sugar-free yogurt
- 1% or 2% cottage cheese and ricotta cheese
- Soft cheeses – mozzarella, Colby jack, “string cheese”

Beans & Non-Starchy Vegetables

- Cooked and easily mashed beans or lentils
 - *Do not cook vegetables with added fat (such as pork fat, ham, or bacon).*
- Non-starchy vegetables that can be cooked to a soft texture (steamed, boiled, sautéed). ***Avoid deep fried vegetables and anything with a breading.***

Fruits

- Any soft fruit that can be peeled or skinned.
- Fruit packed in water or juice like pears, peaches (Avoid Syrup, Light Syrup, and any fruit with “added sugars.” ***Avoid dried fruit such as raisins and dates.***

Resuming a Healthy Diet – 3 months post-surgery and beyond

- Eat three, well-balanced meals each day with calorie-free fluids between meals.
- Avoid empty calories. Since you will only be able to tolerate limited amounts of food at a time, it is vital to eat high-protein choices and other nutritious foods.
- Avoid foods high in sugar and fat
- Continue taking your multivitamin supplement, since your meals won't be large enough to meet your daily requirements through food alone.
- Consume three balanced meals each day containing nutrient-rich foods, such as:
 - lean meat, poultry, pork, and fish
 - low-fat dairy products
 - vegetables and fruits
 - whole grains without added fat and added sugar
- Stop eating whenever you feel full.
- **For Gastric Bypass Patients:** Wait for 20 to 30 minutes before and after meals to drink fluids.
 - Remember to sip on beverages over a two to three hour period.

Examples of meals 3 to 6 Months After Surgery

Breakfast

- 1 to 2 eggs with 1 ounce of soft cheese
- (or) ¼ cup cooked oats with ¼ cup berries

Lunch

- 2 to 3 ounces turkey breast (or) rotisserie chicken
- ¼ cup of cooked vegetables or small salad

Dinner

- 2 to 3 ounces baked or grilled fish
- ¼ cup cooked spinach with garlic, light cream cheese, or parmesan cheese

Snack or Dessert

- ¼ cup sliced banana
- 2 tablespoons sugar-free yogurt (vanilla, banana, cinnamon flavors)
- ¼ teaspoon cinnamon or pumpkin spice

"What should my diet begin to look like in the future?"

The following meal plan is just an example of a healthy, high protein diet that includes 60 to 80 grams of protein per day. It ranges from 1,000 to 1,200 calories per day. It is provided here only as an example of meal sizes (portions) and food choices.

This meal plan would be appropriate for someone who is approximately 12 months post-surgery

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast	Protein drink made with ¾ cup (skim) milk ¼ banana	2 eggs, cooked 1 ounce low-fat cheese ½ slice whole wheat toast	¼ cup high-fiber cereal ¼ cup fat-free milk ½ banana, sliced	1 ounce turkey sausage* ½ slice whole wheat toast ¼ cup crushed pineapple, canned in juice (drained)	6 ounces fat-free, sugar-free yogurt with 2 tablespoons high-fiber cereal ¼ cup Strawberries	½ cup oatmeal with protein powder or nonfat dry milk 1 tablespoon chopped walnuts	1 egg scrambled with vegetables (try tomatoes, mushrooms, onions, and spinach) and 1½ ounces low-fat cheese
Snack	1 low-fat cheese stick ½ apple	1 cup fat-free milk	6 ounces fat-free, sugar-free yogurt	Protein drink	½ apple 1 tablespoon peanut butter*	Protein drink	¼ cup low-fat cottage cheese 2 dried plums
Lunch	½ slice whole wheat bread 2 ounces turkey 1 teaspoon mayonnaise Tomato slices	2 ounces leftover pork 6 whole grain crackers ¼ cup green beans	2 ounces tuna salad with 1 teaspoon mayonnaise 6 whole grain crackers ½ cup fruit cocktail in juice (drained)	½ cup minestrone soup with ½ ounce low-fat cheese 1 boiled egg	2 ounces ham 1 ounce low-fat cheese ½ slice whole wheat bread Mustard, lettuce, tomato, and alfalfa sprouts	Grilled chicken salad with 2 ounces chicken and 1–2 teaspoons vinaigrette dressing	¼ cup fat-free refried beans 1 ounce reduced-fat cheese 1 corn tortilla
Snack	4 ounces sugar-free yogurt 6 strawberries	¼ cup low-fat cottage cheese ½ cup peaches, canned in juice (drained)	Protein bar with less than 150 calories, more than 7 grams protein, and less than 5 grams sugar	1 ounce sliced cheese 3 whole grain crackers	Protein drink	4 ounces fat-free, sugar-free yogurt ½ cup berries	Protein drink
Dinner	3 ounces pork tenderloin ¼ cup green beans ¼ cup brown rice pilaf with 1 teaspoon olive oil	3 ounces chicken cacciatore with 1 ounce reduced-fat mozzarella cheese ½ cup tossed salad with 1 teaspoon olive oil	3 ounces meatloaf ¼ cup tomato sauce ¼ cup carrot coins	3 ounces broiled chicken in broth ¼ cup cauliflower with 1 teaspoon olive oil ¼ cup apricots, canned in juice (drained)	3 ounces sole or whitefish ¼ cup carrots ¼ cup brown rice with 1 teaspoon olive oil	Stuffed cabbage (3 ounces lean beef) ¼ cup potatoes	3 ounces salmon grilled with ¼ cup low-fat dill sauce ½ cup tossed salad with 1–2 teaspoons vinaigrette ¼ cup berries

Get to know the nutrition facts label – it is an extremely useful tool for improving your diet and making healthy food choices! Remember to read labels carefully.

When planning your meals, the foods on your plate should meet the following criteria:

10 grams or less of fat per serving

AND

15 grams or less of total carbohydrates per serving

Remember, foods should have no added sugar or be very low in added sugar.

Nutrition Facts	
Serving size	1/2 Cup (125 mL) Cooked
Amount per serving	
Calories	150
	<small>% Daily Value*</small>
Total Fat 0.5g	1%
Saturated Fat 0g	0%
<i>Trans</i> Fat 0g	
Cholesterol 0mg	0%
Sodium 5mg	0%
Total Carbohydrate 25g	9%
Dietary Fiber 4g	14%
Total Sugars 0g	
Includes 0g Added Sugars	0%
Protein 12g	
Vitamin D 0mcg	0%
Calcium 12mg	0%
Iron 3mg	15%
Potassium 273mg	6%
Folate 55mcg DFE	15%
<small>*The % Daily Value 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.</small>	

Your average portion size of food will be considerably smaller when following the bariatric diet plan. **An appropriate serving size for most foods will range from 2 to 3 ounces.** This will equal about **1/4 cup for most vegetables, fruits, and high-fiber grains** (such as oatmeal, brown rice, and quinoa).

Many foods will meet the above criteria. If you are looking at a nutrition facts label, you may have to do some basic math **if the standard serving size is larger than 1/4 cup.**

For example, the serving size for the food shown here is 1/2 cup. You might want to grab a calculator – but for the sake of demonstration, we have calculated that 1/4 cup of this food item would contain:

12.5 grams of total carbohydrate, 0 grams of total fat, and about 75 calories.

Dumping Syndrome

Gastric Bypass Patients Only

Dumping may occur due to incomplete digestion. Some foods may not be absorbed well as they move quickly from the stomach into the lower digestive tract. Symptoms are typically unpleasant and include nausea, vomiting, stomach cramping, sweating, rapid heart rate, flushing, lightheadedness, and possibly diarrhea.

After Gastric Bypass surgery, food-specific sensitivities can also develop. One or several of the above symptoms may present after eating something you do not tolerate. To avoid dumping syndrome, be very cautious when consuming foods described below. Follow the recommendations for changing your eating behaviors like slowing down when you eat and drink and chewing food to a softer consistency.

- **Don't drink liquids within 30 minutes of eating.** Stop consuming fluids 30 minutes before each meal, and do not resume fluids until 30 minutes after a meal. Be aware of items such as cereal with milk – a combination of food and fluid.
- **Avoid foods high in carbohydrates.** Follow the “15 grams of carbohydrates or less” rule. **Examples of high-carbohydrate foods include concentrated sweets, cakes, cookies, pies, candy, regular fruit juice, added sugars, maple syrup, and honey.** Be aware that a high-carbohydrate meal cause “delayed dumping.” Symptoms occur one to two hours after eating as the carbohydrate is slowly converted to simple sugars.
- **Avoid foods high in fat or oils.** These items move through your system quickly and may result in diarrhea or dumping syndrome. Liquid and semi-liquid foods such as dressings, condiments, gravies, and sauces pose the highest risk. Examples include high-fat salad dressings, butter and oil, breakfast gravy, alfredo sauce, hollandaise, and béarnaise sauces.
- **Foods that are BOTH high in fat AND high in carbohydrates.** This includes foods like ice cream, pasta with alfredo sauce, French fries, snack chips, whipped coffee drinks, loaded baked potatoes, and cheeseburgers. These pose the highest risk for causing severe symptoms of dumping.

Common Food Intolerances Following All Bariatric Surgeries

Some patients may have trouble tolerating dairy products – this is a form of mild lactose intolerance. If these problems develop, switch to lactose-free milk, almond, cashew, coconut, soy, or rice milk.

Some foods are difficult to digest and may cause indigestion for many patients. Always chew foods thoroughly and stop eating if any food causes pain or nausea.

Introduce the following foods carefully, as they are often not well-tolerated:

- Processed sandwich meats: salami, corned beef, bologna, etc.
- Soft breads, rolls, and buns, and baked goods made from a soft dough. A high-fiber toast is usually better tolerated.
- Pasta, Rice, Dumplings
- Potatoes prepared with extra fat (such as butter, sour cream, bacon, and cheese.
- Tough, dry meats, like over-cooked chicken and turkey breast, beef jerky, etc.
- Deep-fried foods and greasy foods
- Very fibrous vegetables and fruits: Coconut, Pineapple, Celery, Asparagus
- Fruits and vegetables with tough skins or peels
- Peanut butter, almond butter, tahini

Troubleshooting Guide

Symptom	Possible Causes
Diarrhea	Overeating; eating high-fat foods; lactose intolerance
Heartburn	Carbonated drinks; spicy foods; lying down after eating
Bloating	Consuming too much fluid or food at a time
Nausea	Eating too quickly; not chewing thoroughly; dumping syndrome (Gastric Bypass only); bitter taste from crushed medications; chronic post-nasal drip into the stomach pouch
Vomiting	Foods not moist enough; Foods not chewed thoroughly; eating too fast; dumping syndrome (Gastric Bypass patients only)
Lack of Energy	Inadequate protein and/or fluids (possible dehydration); not taking required vitamins/supplements (low iron, low B-12); fear of reintroducing solid food into the diet

Required Vitamins and Minerals

Due to the stomach's smaller size, **vitamins must be crushed, chewable, liquid, or topical** (transdermal patch). **Gummy vitamins are not acceptable** until at least six months after surgery. Gummies are slow to break down in the stomach. Even after chewing them up, gummies can cause severe digestive complications. If you must crush your vitamins, mix them with a teaspoon of sugar-free pudding, yogurt, or unsweetened applesauce.

Multivitamin: Take a **complete multivitamin**. Read the label – it should contain vitamins **A, D, E, C, Thiamin (B-1), Folate (B-9), B-12**, and the minerals **Iron, Zinc, Iodine, Magnesium, and Copper**. Vitamins are better absorbed when there is food present in the digestive tract. To ensure maximum absorption, take your multivitamin 60 minutes after consuming fluids or food.

Vitamin B12: 2,500 – 3,000 mcg per week (400 – 500 per day). Vitamin B12 is essential for several critical functions in the human body. **It is vital that you take EXTRA vitamin B-12.** Check the label on your multivitamin to see if it will meet the recommended weekly dose (many vitamins will not). Bariatric surgery patients will not absorb as much B12 after surgery due to the reduced volume of food and decreased absorption. Vitamin B12 can be found over the counter at multiple stores and pharmacies. Sublingual B-12 (taken by holding under the tongue until it dissolves) is recommended after surgery for the best absorption.

**(Important note: The abbreviation “mcg” means micrograms, while “mg” means milligrams. These are very different amounts, so be sure you read labels carefully!)*

Calcium citrate: Daily goal is 1,200 – 1,500 mg. Your body cannot absorb more than 600 mg of calcium at a time, so you will need to take it two to three times per day. Calcium citrate is the most easily absorbed form of calcium for bariatric patients. There are two forms of calcium commonly sold. **Calcium citrate**, which does not require stomach acid to be absorbed, and **calcium carbonate**, which needs stomach acid to be absorbed. The new gastric pouch has less stomach acid, which makes **calcium citrate the most appropriate choice for bariatric surgery patients!**

Iron: Due to the increased risk of developing anemia (iron deficiency) after **Gastric Bypass** surgery, Dr. Alapati may recommend patients take an iron supplement daily. Iron can be purchased over the counter in a tablet or chewable form. Most complete multivitamins will contain an adequate amount of iron. Malabsorption remains a concern, similar to B-12 and calcium. [Iron should be taken with at least 500 mg of vitamin C to assist with absorption.](#) Do not consume coffee, tea, or dairy products within an hour before or after taking iron. Coffee and tea reduce iron absorption, and dairy (milk, cheese, yogurt, etc.) is high in calcium.

Taking calcium and iron supplements together prevents the absorption of both of them!

Do not take calcium and iron supplements at the same time.

*Take **IRON** and **CALCIUM** supplements 2 hours apart to get the full effect!*

Vitamin patch: A Multivitamin Patch is placed on the skin and changed daily. The vitamins and minerals are absorbed through the skin and do not rely on the stomach or intestinal tract. In other words, you don't eat it. The patch is an affordable alternative to oral supplements. A patch may contain all the Vitamin B-12, calcium, and iron you need. Multiple companies are producing vitamin patches, and they can be purchased over websites and in some pharmacies. **Check with the bariatric dietitian to see if a product is appropriate for your needs.**

Fiber supplement: **This may be recommended but is not required.** After surgery, you will consume less fiber from foods. An over-the-counter fiber supplement may help maintain regular bowel habits in the weeks following surgery. Fiber supplements are available in chewable, liquid, and powder forms. **Always use as directed! Overuse of a fiber supplement may create additional symptoms and increase your risk for dehydration.**

Multivitamin Supplement Options following Bariatric Surgery

Brand	Name	Serving Size	Vitamin B-12 (mcg)	Calcium (mg)	Vitamin D (IUs)	Iron (mg)	Cost/month
PatchAid	Multivitamin Plus	1 Patch	1,000	1,500	5,000	45	\$20
Bariatric Advantage	Advanced EA Multivitamin	2 chewable tablets	1,000	170	3,000	45	\$30
Bariatric Advantage	Chewable Complete Multivitamin <i>without Iron</i>	2 chewable tablets	1,000	170	3,000	45	\$30
BariMelts	Multivitamin - <i>WITHOUT Iron & Calcium</i>	2 chewable tablets	100	0	1,000	0	\$24
Celebrate	Multi-Complete 36	2 chewable or 3 capsules	1,000	0	3,000	36	\$20
Celebrate	Multi-Complete 45	2 chewable or 3 capsules	1,000	0	3,000	45	\$23
Celebrate	Multi-Complete 60	2 chewable or 3 capsules	500	0	3,000	60	\$24
Opurity	Bypass & Sleeve: Optimized Chewable	1 chewable tablet	500	0	3,000	45	\$10
ProCare Health	Bariatric Multi-Vitamin with Iron	1 chewable tablet	1,000	0	3,000	45	\$15
ProCare Health	Bariatric Multi-Vitamin with Iron	1 capsule	1,000	0	3,000	45	\$15
Bariatric Advantage	Ultra-Multivitamin with Iron	3 capsules	1,000	0	3,000	45	\$17
Opurity	Complete Optimized Multivitamin-multimineral	2 capsules	500	0	3,000	18	\$10

	Brand Names	
Vitamin B-12 2500-3000 per week (or) 400-500 per day	<ul style="list-style-type: none"> Wal-Mart® 2500mcg Sublingual Micro-Lozenge Walgreen's® 2500mcg Sublingual Lozenge GNC® 1000mcg Sublingual Lozenge 	<ul style="list-style-type: none"> GNC® 1200mcg Liquid Vitamin Shoppe® Sublingual Lozenge & Liquid EZ-Melts® B-12 tablets Bari-Melts B-12, B-Complex
Calcium Citrate 1,200-1,500 mg/day	<ul style="list-style-type: none"> Citracal® Pearls and Chews BariMelts® Tablets Bariatric Advantage® 	<ul style="list-style-type: none"> KAL® Chewable Solaray® Chewable Walmart Calcium Citrate Chewable

Vitamin Patches should be a high-potency Multivitamin+ product. At this time, there are multiple companies that produce these products. As with any vitamin product – always read the label, looking for vitamin B-12, Iron, Calcium, and vitamin D.

This is the supplement facts label from Patch Aid's Multivitamin-Plus product.

Supplement Facts Serving Size 1 Patch			Patches Per Package: 30		
	Amount / Patch	%DV		Amount / Patch	%DV
Biotin (vitamin B7)	600 mcg	2000%	Potassium (potassium chloride)	99 mg	2%
Boron (boron AA chelate)	3 mg	*	Selenium (selenomethionin)	100 mcg	180%
Calcium (calcium carbonate)	1500 mg	150%	Vitamin A (beta-carotene)	10000 iu	430%
Chloride	70 mg	*	Vitamin B1 (as thiamin mononitrate)	25 mg	1667%
Chromium Picolinate	200 mcg	570%	Vitamin B12 (methylcobalamin)	1000 mcg	41667%
Copper	2 mg	222%	Vitamin B2 (riboflavin)	25 mg	1930%
Folate (Vitamin B9)	400 mcg	100%	Vitamin B3 (niacin)	40 mg	250%
Iodine (potassium iodide)	150 mcg	100%	Vitamin B6 (pyridoxine hcl)	25 mg	1475%
Iron (iron bisglycinate)	45 mg	250%	Vitamin C (ascorbic acid)	1000 mg	1111%
Magnesium (as magnesium oxide)	500 mg	125%	Vitamin D3 (cholecalciferol)	5000 iu	1250%
Manganese (manganese citrate)	4 mg	173%	Vitamin E (D-alpha tocopherol)	200 iu	606%
Molybdenum (sodium molybdenate)	100 mcg	222%	Vitamin K2 (menaquinone-7)	160 mcg	160%
Pantothenic Acid (calcium D-pantothenate)	25 mg	500%	Zinc (zinc oxide)	15 mg	136%
Phosphorus (tricalcium phosphate)	100 mg	14%			

*Daily Value not established



Pre-operative Manual:

What You Need to Know BEFORE Bariatric Surgery

YOUR PRE-ADMISSIONS APPOINTMENT

Prior to surgery, you will be seen in the Owensboro Health Regional Hospital Pre-admissions Department. A registered nurse and an anesthesia representative will discuss your medical history with you during this time. Please allow one to two hours for this appointment. Additionally, some previous tests may be repeated and others which have not been ordered in the past may be required for our Anesthesia protocol.

What to bring to your appointment:

- A copy of your living will, medical power of attorney, etc.
- Health insurance cards and photo I.D.

Pre-admissions Appointment date: _____ **Time:** _____

Pre-registration personnel will contact you to verify your demographic information prior to surgery.

Morning of surgery:

On the morning of surgery, please park in the "A" parking lot and come in via the main entrance. Take the main elevators to the second floor and exit to the right from the elevators. Take the first right to check in at the Surgery waiting room front desk.

Surgery Date: _____ **Check-In Time:** _____

If the Pre-admission Testing department gives you a surgery check-in time that is different by an hour or more from the time above, please call our office surgery scheduler at (270) 688-1500.

PREPARING FOR WEIGHT LOSS SURGERY

MEDICATIONS

Do not take aspirin, aspirin-containing products; or Vitamin E within seven days prior to surgery. Please check with your pharmacist if you are unsure whether any of your medications contain aspirin. Stop taking any herbal medications or diet pills now. Dr. Alapati has reviewed your medications during your pre-operative appointment and instructed you which medications to take and when to take them and which medications to stop.

STOP ALL FORMS OF ALCOHOL NOW

NO TOBACCO OR NICOTINE PRODUCTS.

The use of nicotine supplements (such as NO patches or gum), snuff, chewing tobacco, or vaping must be discontinued before surgery. Use of nicotine products before surgery can deprive the body of necessary oxygen needed for healing after surgery. Nicotine is a stomach irritant, which can lead to a gastric ulcer and GI bleed. For patients with a history of nicotine use, Dr. Alapati reserves the right to order a nicotine test any time prior to surgery. If that test comes back positive your surgery will be postponed.

Report any symptoms of illness within two weeks before your surgery, such as fever or infection, to Dr. Alapati's office. Consult your primary care physician if you have severe cold or flu symptoms to see if treatment is necessary.

Items to purchase or have on hand before surgery:

1. Thermometer
2. A way to take your pulse (pulse ox, blood pressure machine, phone app)
3. Protein drinks
4. Vitamins supplements or vitamin patches
5. Antibacterial soap
6. Adult Strength Liquid Acetaminophen

Body Cleansing Before Surgery

3 Days Before Surgery and the Morning of Surgery

Items needed for each antibacterial shower:

- Freshly-laundered washcloths
- Freshly-laundered towels
- Freshly-laundered clothing
- Freshly-laundered bed linens
- Antibacterial soap

The steps listed below should be followed for each shower using antibacterial soap. If allergic reaction occurs, stop using antibacterial soap immediately and contact Dr. Alapati's office at 270-688-1500.

1. Use normal shampoo/cleaning products for your hair, face, and genitals.
2. Rinse thoroughly with warm water.
3. Pour liquid antibacterial soap onto a wet, clean washcloth and gently apply to your entire body from the neck down, allowing the soap to remain on the skin for three minutes. You may apply more soap as needed for thorough body cleaning.
4. Rinse thoroughly with warm water.
5. Do not use regular soap on areas previously washed with antibacterial soap.
6. Pat skin dry using a freshly-laundered towel after each antibacterial shower.
7. Dress in freshly-laundered clothing after each antibacterial shower.

Day/Night before surgery:

8. Do not apply any lotions, deodorants, powders or perfumes.
9. Do not shave any body hair below the neck. Facial shaving is permitted.
10. Sleep on freshly-laundered bed linens the evening before surgery.

Good hand hygiene is the best defense against infection and should be performed each day. The best way to perform hand hygiene for infection control purposes is to wash your hands with soap and water for 20 seconds. The easiest way to measure this timeframe is to slowly sing "Happy Birthday" or "Row, Row, Row Your Boat" twice while washing your hands.

If you have any questions about the above instructions, please contact Dr. Alapati's office at (270) 688-1500.

What to bring with you to the hospital:

- Glasses case
- Denture case
- CPAP machine (it is not necessary to bring the water, it will be provided)

The hospital will provide you with the gown and slipper socks you need the day of surgery.

What NOT to bring to the hospital the morning of surgery:

Do not bring your suitcase, toiletries, wallet, valuables, or children under the age of 12.

Do not bring any medication from home unless specifically instructed to do so by Dr. Alapati or the Pre-admissions Testing Department. We will reorder all necessary medications during your hospital stay.

What to wear the morning of surgery:

Loose fitting clothes appropriate for wearing home the next day

Slip-on, non-skid shoes

You will be given a bag for your clothes. Remember your accompanying adult will have to keep up with anything you bring into the hospital the morning of surgery.

You may bring your own gown, pajamas and robe to wear and your own toiletries to have once you get transferred to your room, but leave it in the car until after surgery. There will be plenty of time for the adult accompanying you to go to the car to get your personal items after your surgery and before you get to your room.

What NOT to wear the day of surgery:

- Contact lens
- Jewelry
- Remove all body piercings (if you have rubber or plastic gauges you may leave those in)
- Make-up, deodorant, and lotions
- Acrylic or Gel nails are allowed but leave one nail unpolished.

THE DAY OF SURGERY: WHAT TO EXPECT

Bariatric surgery takes approximately one to two hours for either the laparoscopic Sleeve Gastrectomy or the laparoscopic Roux-en-y Gastric Bypass. Longer times may be required if you are having a hernia repair. Your family members will be able to wait in the waiting room during surgery, and Dr. Alapati will meet with your family when the procedure has been completed.

- 1. Pre-op Area:** You will be given a gown and slipper socks to change into. An IV will be started. You will receive a blood-clot-preventative injection in your arm or abdomen.
 - **Sequential compression devices** will be placed on your legs to prevent blood clots from occurring. These are air-filled wraps that alternate compression and inflation on your legs to improve circulation.
 - **Cardiac monitoring:** There will be leads placed on your chest for continuous cardiac monitoring after surgery. We do not expect any cardiac issues after surgery. This is a safety precaution.
 - **Foley catheter:** On occasion Dr. Alapati feels that some patients will benefit from a catheter. If he does in your case, this will be placed and removed while you are in surgery.
- 2. Recovery Room:** You will go to the recovery room for approximately one hour after surgery. The nurses will watch your blood pressure, heart rate and other vital signs. Once your vital signs are confirmed to be stable, you will be taken to your room on the Bariatric Surgical Unit. The head of your bed will remain elevated at 30 degrees and you will have nasal oxygen to make breathing easier after surgery.
- 3. Bariatric Surgical Unit:** Once you leave the Recovery Room you will be transported to our bariatric floor. The nurses on this floor receive specific training on caring for your specialized needs. You will be greeted by one of our registered nurses and an assessment will be completed.

The average length of stay is one to two days after surgery

WHEN TO STOP CLEAR LIQUIDS ON DAY OF SURGERY

<u>ARRIVAL TIME</u>	<u>STOP LIQUIDS AT</u>
5:30 am	3:30 am
6:30 am	4:30 am
7:00 am	5:00 am
7:30 am	5:30 am
8:00 am	6:00 am
8:30 am	6:30 am
9:00 am	7:00 am
9:30 am	7:30 am
10:15 am	8:15 am
10:30 am	8:30 am
11:00 am	9:00 am
11:30 am	9:30 am
12:00 pm	10:00 am
1:00 pm	11:00 am

NO PROTEIN SHAKES ON THE MORNING OF SURGERY

YOUR RECOVERY: WHAT TO EXPECT

- **Pain:** During surgery Dr. Alapati will administer a pain block. This is an effective opioid-sparing technique for postoperative pain management in patients undergoing bariatric surgery. Your pain level will be greatly controlled by this procedure. If you do experience breakthrough pain, please let your nurse know so that she can contact Dr. Alapati for further instructions.
- **Nausea:** Anesthesia can cause nausea. Dr. Alapati will place a scopolamine patch behind your ear to help control nausea before your surgery. If you do experience any nausea while in the hospital, tell your nurse so that medication can be given to ease the discomfort.
- **Coughing and deep breathing:** You will be given an incentive spirometer and your nurses will provide instruction on how to use this item. Take 10 breaths on the spirometer and try to reach the 1500 mark. You do not need to go above this level. These breathing exercises can prevent
- **Hydration:** IV fluids will maintain your hydration during this time. Once approved by Dr. Alapati, you will be given ice chips and small sips of water. **Drink the liquids very slowly.** Once you are able to take adequate fluids by mouth, your IV will be discontinued. Adequate fluid intake is 48 to 64 ounces of fluid per day. Remember to drink liquids very slowly, as this will help you avoid pain or discomfort. The nurses will be tracking the amount of oral and IV fluids you receive, as well as the amount of urine output.
- **Weight:** Within four hours of surgery, the nurse will weigh you on the bariatric scale to obtain an inpatient weight. Do not expect to show a weight loss at this point due to the IV fluids.
- **Ambulation:** You will be required to get out of bed and walk shortly after you get to the Bariatric Surgical Floor. You will be asked to sit at the edge of your bed and to sit in the bariatric recliner during the early post-operative period to prevent complications. You will receive assistance from the nursing staff until you are able to walk safely on your own. A marker board is mounted in the hallway for you to track your walking laps. You should walk 15 laps the day of your surgery and 27 laps the day after your surgery.
- **Upper GI:** The morning after your surgery, you will be transported to Radiology for an upper gastrointestinal imaging study. The imaging study is done to ensure there are no internal gastrointestinal leaks following your surgery.

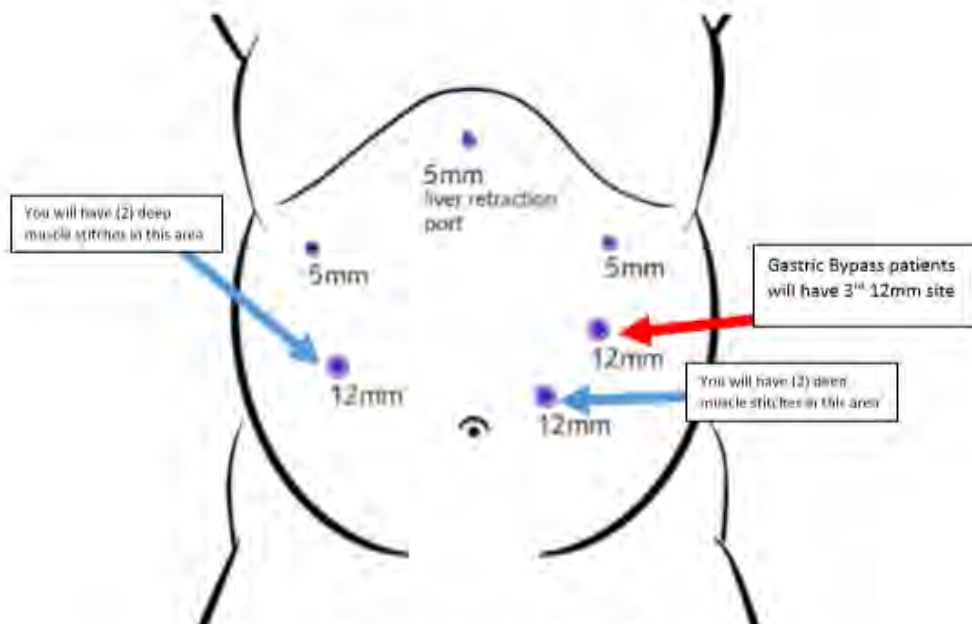
DISCHARGE: GOING-HOME INSTRUCTIONS

You must have a reliable adult drive you home after hospital discharge and, if possible, stay with you for a couple of days after surgery in case of emergency.

CARE OF YOUR INCISIONS

With the laparoscopic gastric sleeve or laparoscopic gastric bypass, you will have five very small incisions (about one-half inch each). Your abdominal surgical sites will be closed with Dermabond (skin glue.) The skin glue will peel and drop off by itself in several days. You will not see sutures or staples. Clean the incisions daily with soap and water. Do not use Neosporin or other creams or lotions on the incision sites as these need to dry, and creams or lotions will keep them moist.

- Bruising and itching are normal during the healing process. Increasing redness, pain and pus are abnormal and you should contact our office if you observe these signs.
- Do not touch the incision sites with your fingers for any reason.
- Dr. Alapati places two stitches on each of the larger incision sites. These stitches extend down through the muscle wall and you may feel some “pulling” sensation when using your abdominal muscles. These stitches are placed to prevent herniation of these surgical sites, and they will dissolve over time.
- As you lose weight, you may notice more of a pulling sensation, due to the skin pulling down on the stitches. You may also feel numbness and tingling at the incision sites due to the nerves healing.



DISCHARGE: GOING-HOME INSTRUCTIONS, Continued.

- **Contact Information:** Please refer to the “**How and When to Contact Us**” section in this binder. The Surgical Weight Loss office number is **(270) 688-1500**.
- **Home Assistance:** You may need someone to stay with you after surgery to help with the activities of daily living for a short time. If you have small children, please arrange for help before surgery. In most cases, you will be able to easily care for yourself.
- **Breathing Exercises:** For the first week at home, use your incentive spirometer every two hours while awake. Take 10 breaths on the spirometer and try to reach the 1500 mark. You do not need to go above this level. These breathing exercises can prevent respiratory complications and pneumonia.
- **Bowel Function:** Returns within 48 to 72 hours after surgery and your stools will be mostly liquid at first. Do not attempt to pass gas unless you are on the toilet as liquid stool may be passed along with the gas. Your stools will become more solid as your diet progresses over the next month. It will become normal to have a bowel movement every three to four days after surgery due to your decreased food intake.
- **Pain Control:** If you are experiencing pain once you are home, please use adult-strength liquid Tylenol first. If that does not control the pain, then use the prescription of liquid Hycet you received at discharge (if not allergic to Hydrocodone). This is liquid hydrocodone and Tylenol. If this does not control your pain, please contact Dr. Alapati’s office.
- **Activity:** Move around during the day. You must take short walks several times per day. Slowly increase your exercise as tolerated. Your risk of blood clots does not disappear the day you leave the hospital. Taking short walks every two hours while awake is the best preventative for blood clots, which can be a serious, potentially life-threatening complication.

Activity Restrictions

- Do not nap for long periods of time. Resting is appropriate, but napping for greater than 30 minutes means you are unable to take in the necessary amount of fluid to prevent dehydration.
- Do not lift anything heavier than **10** pounds for six weeks after weight loss surgery.
- Do not use the pool, hot tub, or take tub baths for four weeks after surgery. Your incisions should not be soaked for prolonged periods of time. Daily showers are acceptable
- Avoid the following activities for four weeks after weight loss surgery: lawn mowing, jogging, skiing, water sports, golf, weight lifting, or aerobic classes. Avoid heavy exercise for six weeks.
- Avoid prolonged outdoor activities during the heat of the day. Activities should be done in the early morning or late afternoon to prevent dehydration from perspiration.
- Do not drive a vehicle or operate heavy machinery until three or four days after surgery. Anesthesia from surgery remains in your system for a few days. This needs to be absorbed before driving.
- Do not travel long distances (greater than two hours of car time) for six to eight weeks after surgery. Talk with Dr. Alapati about any long-distance travel plans you may have. When traveling during this time, stop and walk for five minutes each hour to decrease the chance of blood clots forming. Every 30 minutes in the car, flex your foot and point your toes toward your eyes 10 times
- No air travel for eight weeks after surgery as the risk of forming a blood clot is enhanced. During the flight, you are sedentary and immobilized, allowing blood to pool in the lower legs. Additionally, when sitting the knees remain in a right-angle position, preventing proper circulation. Finally, prolonged time in the air can leave you dehydrated, which is another risk factor for forming blood clots. If you must fly during this timeframe, please discuss with Dr. Alapati.

HOW TO HAVE A GREAT SURGICAL EXPERIENCE AND OUTCOME

1. Remain healthy. Report any illness or open sores anywhere on the body to the surgeon before surgery.
2. Wash your hands frequently to prevent infection or illness before and after surgery.
3. Stay away from anyone not feeling well or with a contagious illness, including a cold.
4. Know your medications and why you take them.
5. If diabetic, keep blood sugars under control before surgery.
6. STOP SMOKING and stop NSAID medication use.
7. Understand the surgical procedure. If you do not, call Dr. Alapati's office **before** surgery for answers to your questions.
8. Follow the bariatric pre-surgical diet as prescribed before surgery and the bariatric post-op diet after surgery.
9. Read the information contained in this packet at least twice and follow the instructions.
10. Be aware that you will be asked your name and date of birth several times, including before you receive any medications in the hospital. Your armband will also be checked prior to receiving the medications. This is for your safety and helps prevent medication and procedure errors due to name or room number confusion.
11. Remind your nurse of any food or medication allergies.
12. If they don't do so themselves, don't be afraid to ask family, friends, medical providers, and all staff caring for you to wash their hands when entering your room.
13. Question any test, procedure, or medication that you do not understand while in the hospital.
14. Know the names of the people who care for you. Ask if you do not know this information.
15. Do not get up on your own after surgery until the nurse or responsible person tells you it can be done safely. Prescription pain medications can often make you dizzy or affect your balance. If you feel unstable or lightheaded, continue to ask for help when getting up. Always wear non-slip socks when getting out of bed.
16. Keep a running list of questions on a small notepad or piece of paper for your surgeon and the staff taking care of you.

Important to remember: If you have any questions or feel your needs are not being met at any time, communicate this to the staff taking care of you or to the nurse manager of the unit.



Post-operative Manual:

What You Need to Know AFTER Bariatric Surgery



HOW AND WHEN TO CONTACT US

Call 270-688-1500

Phone is answered 7 days a week, 24 hours a day, 365 days per year

Call The Surgical Weight Loss Clinic before going to the Emergency Room or Urgent Care

Call us if you are experiencing any of these conditions.

Please call as early in the day as possible so we may best respond to your needs.

- | | |
|--|--|
| <ul style="list-style-type: none">✓ Temperature of 101 degrees or greater✓ Persistent nausea and/or vomiting✓ Systolic blood pressure (upper blood pressure number) of 160 or greater or less than 100✓ Diastolic blood pressure (lower blood pressure number) of 100 or greater✓ Heart rate greater than 115 beats per minute or less than 60 beats per minute✓ Inability to drink liquids or inability to drink more than 30 ounces per day for three days✓ Diarrhea for longer than three days or constipation greater than five days | <ul style="list-style-type: none">✓ Swelling or pain in one or both of your lower legs✓ Episodes of dizziness or feeling faint while standing✓ Increasing abdominal pain or increasing shoulder pain✓ Redness, swelling, or increasing pain at the laparoscopic site(s)✓ Pus and/or a foul smell coming from the laparoscopic site(s)✓ Drainage from the wound lasting longer than one one day✓ Laparoscopic site(s) breaking open✓ Bleeding at the incision site that persists after 20 minutes (pink or clear drainage is ok) |
|--|--|

EMERGENCY SITUATIONS

It is our goal to always give you excellent care without going through the Emergency Room or to an Urgent Care, however; if you feel that your condition warrants an Emergency Room Visit or **if your experience any of the following please call 911 or go to your nearest ER.**

YOU MUST TELL THE EMERGENCY ROOM PROVIDER THAT YOU HAVE HAD BARIATRIC SURGERY.

- ❖ Sudden-onset chest pain
- ❖ Shortness of breath
- ❖ Any sudden loss of blood
- ❖ Any sudden change in level of conscience
- ❖ Any behavior change

call 911 or go to your nearest ER.

Please keep this reference in a visible location.

THINGS TO KNOW FOLLOWING GASTRIC SURGERY

Overeating

Constant overeating can stretch out your stomach pouch. Keep in mind that your stomach will only hold approximately two ounces of food (1/4 cup) in the first two weeks after surgery; four ounces of food (1/2 cup) beginning week three through month six. After month six, slowly increase your food intake by one ounce per month for a maximum of eight ounces at a meal. By month 10 after surgery, meals should include three to four ounces of protein; three ounces of vegetables; and one ounce of starch (potatoes, corn, rice, etc.). If you eat more than eight ounces at a meal, you are overeating. Your body only needs eight ounces of food at a meal.

- Eat only three small meals per day and measure out/weigh your food so you eat the correct amount at each stage.
- Constant grazing and snacking between meals may not stretch your pouch. However, it is a common problem of those who are not meeting their weight loss goals.
- Eat slowly and learn to recognize when you are satisfied. When you reach this point, stop eating even if it is slightly less than the allowed amount of food on your plate.
- The more solid the food you choose, the less you will be able to eat. For example, you may be able to eat four ounces of sugar-free pudding but only two ounces of beef. Beef is the better choice to meet your protein needs and to help you feel fuller for a longer period of time.

Food intolerances

Intolerances vary greatly in patients after bariatric surgery. A food that one person tolerates may not be tolerated by another person. After the initial 28-day soft-food restrictions, try one new food per day and carefully test your reaction to that food. Make a list of “safe” and “unsafe” foods. If a certain food does not agree with you once, wait a few weeks and try it again. Never force foods if you have abdominal discomfort.

Gummy, dry, sticky, or stringy foods cause the most problems. The following foods may be especially difficult to eat in the first few months:

- Tough, dry meats including chicken and cold cuts. Meats should be moist and cut into very small pieces
- Fresh, doughy bread can form a dough ball and block the opening exiting the stomach
- Rice and pasta swell from fluid absorption and can block the opening exiting the stomach
- Milk and dairy products: some patients may become lactose intolerant after surgery
- Seeds and skins of fruits and vegetables, dried fruit, fibrous vegetables (corn, asparagus, celery)
- Nuts and peanut butter

Emergency card: During your pre-operative teaching class, you will receive an emergency card. It is very important to carry this card with you at all times.

Monthly support groups are available to provide you with continuing education and support after surgery. These will also allow you to meet other bariatric surgery patients who are going through the same journey. We have found that the most successful bariatric patients attend support groups on a regular basis. Please check with the office staff at the Surgical Weight Loss Center for a list of upcoming meetings, or find them on our website at OwensboroHealth.org/BestSelf.

Follow-up appointments are mandatory for you to remain healthy after surgery. Follow-up appointments allow us to monitor your ongoing health status, identify any concerns quickly, and provide any extra education and support you may need during your weight loss journey.

You will follow up with Dr. Alapati's Physician Assistant in the Surgical Weight Loss Center approximately two weeks after surgery. Your appointments will be as follows:

- Two weeks after surgery
- Five weeks after surgery
- Three months after surgery
- Six months after surgery **(LAB WORK PRIOR TO VISIT)**
- Twelve months after surgery **(LAB WORK PRIOR TO VISIT)**
- Eighteen months after surgery **(LAB WORK PRIOR TO VISIT)**
- 24 Months **(LAB WORK PRIOR TO VISIT)**
- Annually thereafter **(LAB WORK PRIOR TO VISIT)**

Owensboro Health Surgical Weight Loss Center also is required to follow up with patients to obtain and remain accredited as a bariatric Center of Excellence. This will enable us to provide you with the excellent care you need and deserve after weight loss surgery.

Covering physicians: Please be aware that if you experience a medical emergency, you may receive care from a covering bariatric surgeon if Dr. Alapati is out of town. Covering surgeons are required to have yearly bariatric-specific education in order to provide care to bariatric patients. Dr. Alapati has full confidence in his covering bariatric surgeons, and they will communicate with him as needed to make sure your care is appropriately managed during and after the event

POSSIBLE POST-SURGERY PROBLEMS

1. **Dehydration** can occur easily after weight loss surgery so it's extremely important to make sure you are drinking at least **64 ounces of fluids daily**. Once the cycle of dehydration begins, you cannot "sip" your way out of it and you may need IV fluids to correct the problem. Please be mindful of the following:

- Carry a water bottle with you at all times
- Drink 64 ounces of fluid per day
- Avoid caffeinated drinks, as caffeine is a diuretic and will cause you to urinate more frequently
- Limit outdoor activities to early morning or early evening to avoid fluid loss from perspiration
- Call the office immediately if you are unable to tolerate fluids

Signs of dehydration

- Dark-colored urine or urine with a strong odor
- Dry mouth or frequent thirst sensation
- Infrequent urination or constipation
- Lightheadedness or fainting

Clear, light urine means you are drinking enough. Your goal before leaving the hospital is to drink 48 to 64 ounces of water per day. Remember once you are home, foods such as soup, sugar-free popsicles, sugar-free Jell-o, sugar-free pudding, light yogurt and protein shakes count as fluids.

2. **Nausea** is a common side-effect of both the Gastric Sleeve and Gastric Bypass. Several factors can lead to nausea.

- Dehydration
- Drinking or eating too fast or too much at one time
- Pain medication
- Stomach spasms can happen after gastric bypass when food becomes lodged in the outlet from the stomach to the small intestine. The stomach will spasm to dislodge the food item and move it through the digestive system. Eating too fast and not chewing food thoroughly enough also causes this problem.

3. **Constipation** after surgery is common. Your bowel habits will change after surgery. It will be common to have a bowel movement every three to five days. If you go longer than five days without a bowel movement, you are becoming constipated. Constipation can be caused by:

- Dehydration
- High protein diet, low carbohydrate diet
- Prescription narcotic pain medications taken after surgery.
- Inactivity

Dr. Alapati recommends adequate water intake (at least 64 oz per day) along with fiber supplements such as Benefiber, Citrucel, or Metamucil to avoid constipation. These are fiber supplements and will help prevent constipation. If you become constipated you will have to utilize over-the-counter stool softeners and/or laxatives. If you experience severe constipation, please call Dr. Alapati's office.

- Soluble fiber slows digestion and helps absorb nutrients from food, but can lead to constipation. (Soluble fiber includes dried beans, oats, oat bran, rice bran, barley, citrus fruits, apples, strawberries, peas, and potatoes)
 - Insoluble fiber relieves constipation by moving things along the digestive tract because it passes through the body intact. (Insoluble fiber includes wheat bran, whole grains, cereals, seeds, and the skins of many fruits and vegetables)
4. **Abdominal Gas:** During laparoscopic surgery, CO₂ gas is used to inflate the abdomen. You will feel bloated and may experience discomfort after surgery. It takes several weeks for the gas to be fully absorbed by your body. Walking is the best way to alleviate the discomfort you may experience.
 5. **Intestinal Gas Discomfort:** If you are experiencing gas discomfort, you may use liquid or chewable over-the-counter gas-reducing medications.
 - Do not drink carbonated beverages.
 - **Walking is the best remedy for gas pains.**
 6. **Fatigue**

It is very common to experience fatigue after any surgery requiring a general anesthetic. It is most severe in the first one to two weeks and gradually improves over a period of six weeks. It can take up to six weeks to return to normal energy levels. Dehydration, low protein intake or low vitamin intake will worsen fatigue. It is normal in the first two to three weeks to feel a need to nap by early afternoon.
 7. **Feeling lightheaded or dizzy**
 - You may experience light-headedness when standing or bending over. This may be caused by inadequate fluid intake. To avoid this, be sure to drink at least 64 ounces of water each day.
 - This sensation may also be a signal that you need to decrease or stop taking blood pressure medication. Discuss this with your PCP.

Resuming Home Medication

- Immediately post op you will have to crush your medication(s) – you will receive a pill crusher before discharge.
- Once you are able to eat solid foods, you will be able to take your medication whole. This will be after your five week post-op visit.
- If you are on **ANY** extended release medication, please let us know before surgery. Extended-release medication cannot be crushed.
- If you are on **ANY** blood pressure or heart rate medication, you need to be monitoring your blood pressure and heart rate daily. Blood pressure medication is typically stopped after surgery for a number of reasons, but if your blood pressure starts to go up, we need to know. Please report any blood pressure reading greater than 130 systolic.
- Do not take any vitamins before your two week post op visit. Vitamins should be chewable, dissolvable or liquid. You may begin using vitamin patches immediately post op.
- In most cases it will not be necessary to restart your diabetic medication immediately post op. You must continue to monitor your blood sugar levels and report abnormal results to our office.

IT IS VITALLY IMPORTANT THAT YOU KNOW ALL YOUR MEDICATIONS AND WHY YOU TAKE THEM!

Medications to Avoid after Weight Loss Surgery

MEDICATION NAME	CONTAINS
A	
Aspirin	aspirin
Acuprin	aspirin
Actron	anti-inflammatory
Advil	anti-inflammatory
Aleve	anti-inflammatory
Alka-Seltzer Effervescent tablets	carbonation
Anacin	aspirin

B	
BC powder and tablets	aspirin
Bufferin (all preparations)	aspirin

C	
Cataflam	NSAID
Cap-Profen	NSAID
Clinoril	anti-inflammatory
Co-Advil	anti-inflammatory

D	
Damason-P	aspirin
Darvon	aspirin
De Witt's pills	aspirin
Doan's Tablets	anti-inflammatory
Dolobid	NSAID

E	
Etodalac	anti-inflammatory

F	
Feldene	NSAID
Fenoprofen	anti-inflammatory

G	
Genpril	NSAID
Goody's Powders	aspirin

I	
Ibuprofen	NSAID
Indocin and Indocin SR	anti-inflammatory
Indomed	anti-inflammatory
Indomethacin	anti-inflammatory

K	
Keterolac	anti-inflammatory
Ketoprofen	NSAID

L	
Lodine	NSAID

MEDICATION NAME	CONTAINS
M	
Motril and Motrin IB	NSAID
Magan	NSAID
Magsal	aspirin
Meclofenamate	NSAID
Medipren caplets and tablets	NSAID
Mono-Gesic	NSAID
Momentum muscular backache tablets	aspirin
Menadol	anti-inflammatory
Meprogesic Q	aspirin
Mobic	anti-inflammatory
Midol	NSAID

N	
Nabumentone	NSAID
Naflon	NSAID
Naproxen	anti-inflammatory
Norgesic and Norgesic forte	aspirin
Nuprin	anti-inflammatory

O	
Orudis	NSAID
Oruvail	NSAID
Oxaprozin	NSAID

P	
Pamprin IB	NSAID
Panasal	aspirin
Pentusa	anti-inflammatory
Percodan	aspirin
Phenylbutazone	NSAID
Piroxican	NSAID
Ponstel	NSAID

R	
Robaxisal tablets	aspirin
Roxiprin	aspirin
Relafen	NSAID

S	
Sodium silicylate	aspirin
Sine-aid	NSAID
Sulindac	NSAID

T	
Toradol	anti-inflammatory
Trigesic	aspirin
Tolmentin	NSAID

Z	
Zorpin tablets	anti-inflammatory

Please note this list is not all-inclusive. In general, avoid any medication containing aspirin or ibuprofen. Also avoid anti-inflammatory medications on a chronic basis. Please check with Dr. Alapati's office if you have questions or concerns about your medications.

POSSIBLE POST-SURGICAL SIDE EFFECTS

Nausea, vomiting, bloating, or heartburn can occur from the following:

- Eating and drinking too much, too soon, and/or too quickly
- Drinking liquids with meals
- Not chewing food well enough
- Eating gas-producing foods or drinking carbonated beverages
- Drinking extremely cold fluids
- Eating foods that are rich, fried or high in fat
- Lying down after eating (always sit up or stand for at least one hour after eating)

Excessive gas or diarrhea can occur immediately after surgery, but usually subsides within the first week. Try the items listed below to help alleviate distress:

- Avoid dairy as you may have become lactose intolerant
- Avoid sugar alcohols, added sugars, and high fat foods
- Stay hydrated – by consuming at least 64 ounces of fluid daily
- Avoid carbonated beverages and drinking through straws
- Avoid chewing gum – even sugar-free chewing gum
- Check your diet and keep a food journal

Hair loss

After weight loss surgery, your body has a drastically lowered calorie intake. To compensate for the reduction, all remaining nutrients are channeled to the organs that need them most (such as the heart and lungs). Hair is not considered a vital organ and will not receive the nutrients needed to grow. The body compensates by sending more hair-producing follicles into a resting state and temporarily suspends production of new strands. Hair loss begins around three months after surgery and new growth begins again around six months after surgery. Nothing will fully prevent hair loss, but some actions may help slow or limit hair loss:

- Keep track of daily protein intake and make sure you are getting 60 grams of protein per day
- Take your multi-vitamin with iron
- Biotin and Zinc supplements have been reported to help
- Nioxin Shampoo

Food blockage

This can happen when you haven't chewed food well enough and it gets stuck. Usually the food will dissolve on its own, but it may take several hours. The blockage will cause pain in the upper abdomen, as well as extreme nausea and possibly dry heaving. Vomiting is rare but does happen. If you experience any blockage symptoms, immediately begin walking which causes gravity to help in relieving the blockage.

Dumping syndrome primarily occurs in patients who have undergone Gastric Bypass surgery but can occur in patients who have had Sleeve Gastrectomy. Causes of dumping syndrome include: consuming too much sugar, too many carbohydrates, or fatty foods during a meal. Symptoms can vary with each person and can occur within a few minutes after eating or can be delayed and occur approximately 1-3 hours later. Delayed dumping is correlated with eating too many carbohydrates at a meal or eating carbohydrates without protein or fiber to slow introduction into the digestive system. Symptoms are related to the fluid shifts in the body and include:

- Increased heart rate
- Facial flushing, feeling clammy
- Sudden and extreme diarrhea
- Abdominal cramping
- Profound nausea
- Vomiting

You may have all these symptoms or any combination of symptoms. Remember, if you eat foods containing greater than 15 grams of sugar and/or carbohydrate, you are more likely to experience dumping syndrome.

Nutritional Deficiencies

Because total food consumption is greatly reduced after surgery, choosing unhealthy foods can quickly cause nutritional deficiencies. The Gastric Bypass procedure also causes malabsorption of nutrients, contributing to deficiencies.

- Consume nutrient-dense foods daily (lean meats, low-fat dairy, fruits and vegetables, and high-fiber whole grain products).
- Avoid empty-calorie foods (pretzels; candy, chips, sweets, rice-cakes, pastries, breaded and fried foods, sugary drinks, soda, etc.)
- Take recommended vitamins and supplements each day. **This is essential to avoid deficiencies!** Begin supplements after your first post-operative visit in our office. If you are using the vitamin patch – it is ok to start those after discharge from the hospital.

Post-Operative Diet

Please refer to your nutritional information provided by the bariatric dietitian.

You will be on clear liquids during your hospital stay and advance slowly to full liquids beginning 48 hours after your surgery (patients have usually returned home by this point). This phase will last until day 28 after your surgery, at which time you may slowly transition to a solid diet with restrictions on sugar and carbohydrate intake.

No solid foods before day 28 post-op

Owensboro Health Surgical Weight Loss Center

ACKNOWLEDGEMENT OF INSTRUCTIONS

I acknowledge I have received teaching/instructions on the below subjects during my pre-operative teaching class, and that I have been given the opportunity to ask questions to my satisfaction.

Before surgery

- Pre-operative diet instructions
- Pre-admission testing appointment
- Pre-surgery body-cleansing instructions
- Surgery arrival time
- Nothing to eat after midnight the night before surgery
- Clear liquids allowed on the morning of surgery.
- Discontinue liquids two hours before scheduled arrival time for surgery.

After surgery

- Arrival on the Bariatric Surgical Unit
- Post-operative pain control
- Nausea medication
- Urinary catheter
- Incentive spirometer post-operative coughing and deep breathing requirements
- Sequential compression stockings
- Walking while in the hospital
- Post-operative upper gastrointestinal imaging study (Upper GI)
- Bariatric diet
- Emergency Room visits
- Clinic follow-up appointment timeframes
- Medications to avoid post operatively

Print Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Staff Signature: _____ Date: _____

FREQUENTLY ASKED QUESTIONS:

Q. How much weight will I lose and how quickly will I lose it?

A. The amount of weight you lose and how fast you lose it depends on which weight loss surgery you choose and how dedicated you are to the diet and exercise plan. Remember, weight loss surgery is not magic...it's a tool. Patients who have a sleeve gastrectomy (gastric sleeve) will lose weight slower during the first year than patients who have a gastric bypass. This is because the gastric sleeve is a restrictive procedure only while the gastric bypass is a restrictive and malabsorptive procedure.

Overall, the average patient loses approximately 70% of his/her excess body weight after one year with the gastric sleeve; and 75-80% of his/her excess body weight with a gastric bypass. Compliance with the program guidelines ultimately determines how much overall weight will be lost.

Q. After the first appointment, how long will it take before I have surgery?

A. This depends on how quickly you complete the medical tests and required evaluations before surgery. It also depends on the criteria mandated by your insurance policy (most require a 6 month supervised weight loss trial before surgery). On average, it takes approximately 8 months from your initial visit to surgical authorization. Surgery is scheduled once authorization is received. Remember, this is a journey. The extra weight was gained over a number of years...please be patient while we navigate the insurance process.

Q. How long will I stay in the hospital after surgery and how long will I be off from work?

A. In most cases a 1 day hospital stay is required for the gastric sleeve and the gastric bypass. Your return to work schedule will be individualized. Our office will authorize 2 weeks off for surgery. However, if you have a job which is physically demanding, more time off will be required (4-6 weeks). If you wish to return to work sooner than 2 weeks post-op, please call our office to discuss the situation. As long as you are healing well and tolerating your oral intake, it should not be a problem.

Q. How soon should I exercise after surgery?

A. Exercising on a regular basis is extremely important for losing weight and maintaining weight loss. Our nurses will ambulate you within a few hours after your return from surgery and you will continue to walk around the unit throughout your hospital stay. We ask that you continue walking for 15-20 minutes per day once you are discharged from the hospital until you can comfortably walk 30-45 minutes per day (at least 5 days per week). Do not begin lifting weights until you are at least 8 weeks post-op.

Q. What if I become pregnant after having weight loss surgery?

A. Women should wait at least 2 years after surgery before attempting pregnancy. It is important to discuss your plans for pregnancy with Dr. Alapati during your initial office visit.

The Exercise Challenge

“Fitness is never really about what you lose; it’s about all that you gain.”

Exercise is a crucial component after all forms of weight loss surgery. A commitment to fitness will maximize the amount of weight you lose. The first commitment is the one you make to get started.

“Sometimes, just getting up and moving is victory enough.”

The challenge is to find a form of exercise you can incorporate into your daily life. Look for ways each day to increase your activity and fitness level gradually.

Simple and easy exercise ideas:

- Take the stairs instead of the elevator
- Walk around the mall and window shop
- Take family members to the park
- Park your car at the back of the parking lot and walk
- Exercise during commercials on TV
- Walk the dog
- Plant flowers, mow the lawn, or tend a garden
- Dance at home by putting on a favorite song and having fun!
- Join a gym; Try swimming, water aerobics, or an exercise class
- Home workout videos – many are on the internet for FREE! (YouTube)
- Walk around the neighborhood with a companion

Ten tips to stay motivated in achieving your fitness goals:

1. **Set achievable goals.** Start small and work up to bigger, long-range goals.
2. Start slowly. If you start too fast, you are at risk for injury.
3. Think variety. Your body gets used to repetition. Change things up if you’re doing the same exercise for months at a time.
4. Have fun. Exercise doesn’t have to be boring or a chore. Find something you enjoy doing!
5. Find a routine. Schedule workouts, be creative and find ways to be active all day.
6. Put it on paper. Stay motivated by putting your results in writing, and then hold yourself accountable for what you wrote.

7. Seek support. You're not in this alone. Find a workout buddy, a group activity, or an exercise class.
8. Track your progress. Keep a log to show development and improvements.
9. Reward yourself. List small, medium, and large goals, and find a healthy, fun way to celebrate them.
10. Be flexible. If you need a break, take one. Plan it out and then get back on track.

“The path you walk today will determine where you are tomorrow.”

Continuously evaluate your exercise program and make changes when necessary. You will need to change your chosen exercise routine from time to time because your muscles become more efficient. That means your muscles will no longer need to work as hard as they previously did, which will slow your weight loss.

There will be times you feel like skipping a day will be okay. It's best to remain firm in your fitness program, even when it's hard and you get tired. ***Focus on what you can do, not what you can't do.***

Remember, the best exercise is the one you will do!

Please check with Dr. Alapati before beginning any exercise plan after surgery. Dr. Alapati can send a referral for you to the eight-week **Exercise Is Medicine® program at the Owensboro Health Healthpark** on Ford Avenue. This medical-based program includes certified fitness trainers who can assess your fitness level and determine which exercises are right for you. They can also give you tips and guidance on how to get the most out of your exercise plan and how to enjoy yourself while you work out!



2235 Mayfair Avenue
Owensboro, KY 42301

TO: All Primary Care Physicians

FROM: Dr. Ravi Alapati, MD, FACS

RE: Supervised Weight Loss Trials

Thank you for helping our mutual patients as they undergo the insurance-mandated requirement of a supervised weight-loss trial prior to bariatric surgery. This is usually a six- to seven-month process during which four key points must be documented on the patient's office visit note.

First, the office note must include the patient's **height, weight, and body mass index**. The number of pounds lost or gained should be noted. A comment should be included if there is failure to lose weight or a weight gain is recorded.

Second, there must be documentation of a **low calorie diet with the number of calories** listed on the office encounter form (ex. 1,000-2,000 calories per day).

Third, the **type and duration of exercise** the patient is attempting must be recorded. For example, if the patient is walking 30 minutes a day, or swimming 10 laps in a pool, you would document this in the patient's note.

Fourth, **behavior modification** must be attempted during the supervised weight loss trial. This too must be documented in the patient's chart. Examples include parking further away from store; putting fork down in between bites, chewing each bite thoroughly before swallowing; using stairs instead of elevator; walking instead of taking bus, etc.

Your comments on the patient's progress and further instructions is very important and should be included on the office visit note. Also, please note that these appointments must be documented for consecutive months, with no less that 28 days and no more than 35 days apart. If this requirement is not met, the patient will need to restart the entire weight loss trial from the beginning.

Again, thanks so much for your assistance in this matter. If you have any questions, please contact Jan Carlo, RN, BSN, Nursing Director, Bariatric Services; or April Lambert, Practice Administrator at 270-688-1500.

Ravi Alapati, M.D., FACS
Medical Director
Owensboro Health Surgical Weight Loss Center

EXAMPLE OF PCP LETTER OF MEDICAL NECESSITY

John Smith, MD
Family Medicine Clinic
Owensboro, KY 42301

Dr. Ravi Alapati
Owensboro Health Surgical Weight Loss Center
2235 Mayfair Ave.
Owensboro, Kentucky 42303

Dear Dr. Alapati,

Mrs. Myra Jones is 42 years old and has been my patient for ____ years. She is 5'1" and weighs 282 lbs. Mrs. Jones has diabetes, hyperlipidemia, severe GERD and is currently taking Metformin, Zantac, and Lisinopril.

Over the years, Mrs. Jones has made multiple attempts to lose weight on her own. Additionally, she has tried Jenny Craig and Weight Watchers. Mrs. Jones has been on a six-month physician supervised weight loss trial through my office.

In my opinion, Mrs. Jones is an excellent candidate for weight loss surgery and is medically cleared. Although she has undergone a structured 6 month supervised weight loss trial, she has been unable to maintain any significant weight loss. Surgery will help her many co-morbidities and will improve the quality of her life. If you have any questions, please contact our office at _____.

Thank you,

John Smith, MD

HealthPartner

for Weight Loss Surgery

How to measure BMI

A good first step towards reaching a healthy weight is understanding your current weight status. It gives you a starting point to set reasonable weight loss goals. A good tool to assess and measure your weight status is your Body Mass Index (BMI).

What is BMI?

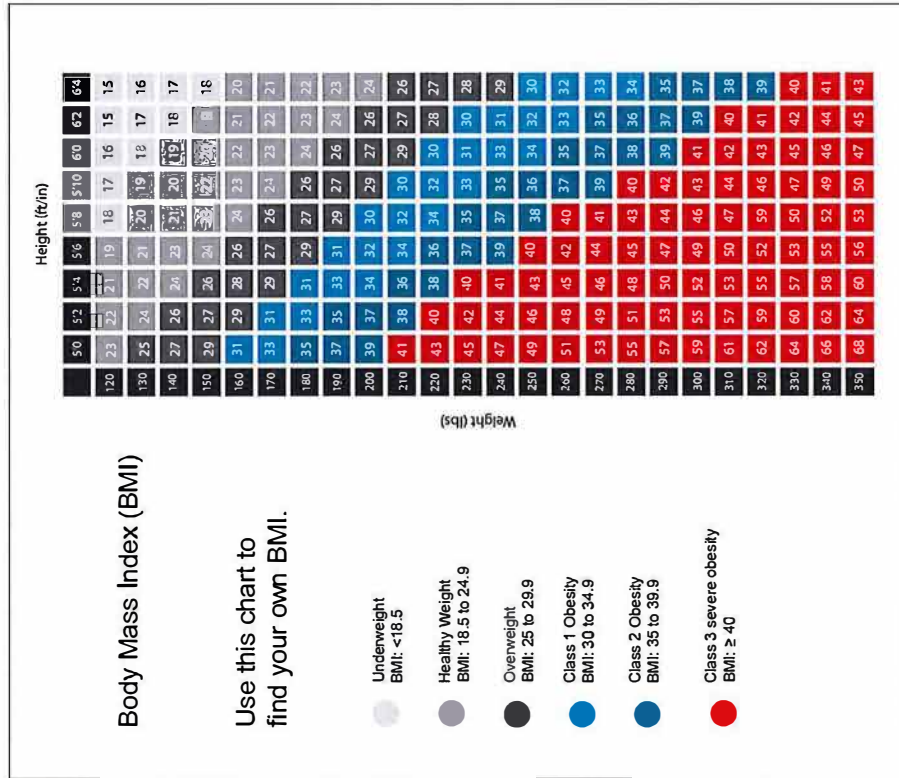
BMI is a weight to height ratio used to estimate total body fat. It can give you an idea of whether you are obese, overweight, or at a healthy weight for your height. It can also help you and your doctor determine whether surgery is right for you.

BMI qualifications for bariatric surgery typically include:

- BMI \geq 40
- BMI \geq 35 and an obesity-related condition such as type 2 diabetes, high blood pressure, sleep apnea, respiratory disorders, heart disease, or other serious health issues.

Know Your Number

The chart to the right can help you estimate your BMI. Select your height and weight on the chart. Then see where they meet. That number is your BMI. For example, someone who is 5'10 and weighs 280 pounds would have a BMI of 40 which is considered severely obese. Talk to your doctor if you have any questions or concerns about your BMI.



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My Weight Loss Journey Appointments

Appointments (in SWLC office)	Provider	Date	Time (arrive 15 min early)	Completed
Intro to nutrition (60 min)	Scott Hall			
6-week or 3-month Follow Up ("Before" photos taken)	Tabitha Day, PA			
Psychological Evaluation	Dr. Farina			
Gastric Bypass or Gastric Sleeve Class (120 min)	Scott Hall			
One-on-one Dietary Evaluation (60 min)	Scott Hall			
Pre-op Appointment	Dr. Alapati			
Pre-op Teaching Class (120 min)	Nurse			



Surgery Clearance Appointments

Appointments	Provider/ location	Date	Time	Completed
Fasting Tests: Blood work, Chest X-ray, EKG, UGI (Upper GI)				
Upper Endoscopy (EGD) (You will need a driver)	Owensboro Health Regional Hospital			
Cardiology				
Pulmonology (if needed)				
Attend Support Group (1 Minimum)				

Physician-Supervised Weight-Loss Trial

Please note: These appointments must be no less than 28 and no more than 35 days apart.

With your Primary Care Physician (based on insurance coverage)	Date	Time	Completed
Month 1			
Month 2			
Month 3			
Month 4			
Month 5			
Month 6			



My Surgery Date _____

Post-Surgery Appointments

Post-Surgery Appointments	Provider	Date	Time	Completed
2 Week Post-op	Tabitha Day			
5 Week Post-op (See Scott After)	Tabitha Day & Scott Hall			
3 Month Post-op	Tabitha Day			
6 Month Post-op	Tabitha Day			
1 Year Post-op ("After" Pictures Taken)	Tabitha Day			
18 Month Post-op	Tabitha Day			
2 Year Post-op				

*After 2-year appointment, patients follow up yearly or as needed.

Note: You may not have every appointment that is listed. These are our standard appointments that a majority of our patients will have. Based on your insurance and health, you may require additional or fewer appointments than what is listed.



2235 Mayfair Avenue • Owensboro, KY 42301
OwensboroHealth.org/BestSelf
270-688-1500