



**Pardee
Bariatrics University
PATIENT HANDBOOK**



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Pardee Bariatrics University

INTRO TO BARIATRICS UNIVERSITY





INTRO TO BARIATRICS UNIVERSITY

Congratulations on your decision to pursue a lasting and effective treatment for obesity with our team. Obesity presents many challenges, compromising both health and quality of life. Our medical experts can help you overcome this complex disease through an integrated and customized approach that includes lifestyle education, nutritional and psychological counseling, exercise training, and the most advanced and tested weight loss surgery options available. Most importantly, we offer committed and lifelong support to guide you through this remarkable journey.

We develop a customized, personalized approach for each of our patients, and are devoted to creating an environment that encourages you to adopt and maintain a healthy lifestyle with regular exercise, constructive psychological training, and good nutrition. Our commitment to evidence-based and leading edge surgery, integrated and customized care, and lifelong maintenance and support is what sets us apart from the rest and leads our patients to success.

MEET OUR TEAM

Christopher Edwards, MD, FACS

Dr. Edwards is a board-certified general surgeon and the medical director for Pardee's bariatric and weight loss program. Dr. Edwards has performed nearly 2,000 bariatric procedures since 2006 and has practiced in Western North Carolina for more than 10 years. He has served as the medical director for dozens of surgeon training courses nationwide for bariatric and minimally invasive surgery, and his work has been published in many peer-reviewed journals. Dr. Edwards treats and cares for his patients as he would his own family, and aims to provide the highest quality, most expedient care possible.

Amelia Martin, PA-C

Amelia is a certified physician assistant who received her graduate training from the University of Alabama at Birmingham. Amelia specializes in bariatrics and weight loss, providing all aspects of bariatric care, including preoperative care, post-operative care, and assisting Dr. Edwards in the operating room. She enjoys the team-based approach to bariatric care and working with patients every step of the way throughout their weight loss journey.



Christopher Edwards, MD,
FACS



Amelia Martin, PA-C

Program Navigator

Works one-on-one with each patient to create an individualized care plan, while taking the time to educate them about their surgical options, and provide them with resources to guide them along the way. From the very first step a patient takes, through surgery and follow up, the Program Navigator provides support, advocacy and encouragement.

Registered Dietitian

Guides each patient through his/her nutritional needs and lifestyle changes. This person deeply understands the important role that diet plays in a bariatric patient's success, and is available throughout their journey to answer any dietary and nutritional questions or concerns.

Financial Counselor

Handles all insurance and financing for our bariatric patients. They deliver the most accurate and timely information to them, and provide sound recommendations and solutions to any financial or insurance barriers that may arise.

Certified Medical Assistant

Assists the bariatrics program with a variety of needs and answers questions for patients or potential candidates who call into our practice. They also gather a patient's health information and establish their patient profile.

PATIENT SELECTION GUIDELINES

Patient selection guidelines are designed to ensure safety, and only patients who are most likely to benefit from weight loss surgery are selected. In general, patients over 450 pounds or with a body mass index, or BMI, greater than 60 have a higher surgical risk. This is primarily because the procedure becomes technically more challenging, but also because the patients tend to have other health conditions that prevent them from obtaining adequate surgical clearance.

Patients who are 450 pounds or have a BMI greater than 60 are placed into a supervised weight loss program to assist in achieving the necessary weight goal for a safer surgical procedure.

Age	Patients must be a minimum of 18 years of age. <i>Patients must be well motivated, informed, and have a strong support system to be considered for surgery.</i>
BMI/Weight	Patients must have BMI greater or equal to 35 with at least one co-morbidity.
Mobility	Patients should have good mobility. <i>Wheelchair bound individuals may not be good surgical candidates unless they are mobile or are able to demonstrate activity.</i>
Emotional Stability and Reliable Support System	Patients must be psychologically stable and have a dedicated support person on whom they can depend throughout the process. <i>Support person will attend the orientation with the patient and are encouraged to attend the final pre-op appointment</i>
Communication Access	Patients must have a working email address and phone number.

The following risk factors affect a patient's ability to be considered as a good candidate for bariatric surgery:

Surgical History	Patients with a history of a previous weight loss surgery or a history of major abdominal surgeries may be higher risk and this surgical history will be considered in assessing risk.
Psychological History	Patients with a history of major psychiatric illness, alcohol abuse or drug abuse, are not good candidates.
Medical History	Some co-morbid conditions make an individual not a good candidate. Examples are lupus, rheumatoid arthritis, or any condition for which they have recently been treated with steroids. However, we will take this into account in selecting the ideal surgical procedure or candidacy Active smokers are not good candidates and will not be considered unless smoking cessation has been achieved for at least 6 weeks.

SURGEON CONSULTATION

Purpose: To have a personal consultation with Dr. Christopher Edwards and discuss which procedure would be best for you, review your past medical history, and determine necessary pre-operative studies.



Choosing to undergo weight loss surgery is a life changing decision. Dr. Edwards ensures your initial consultation provides you with all of the information you need to make an informed decision. Dr. Edwards will personally tailor an individualized surgical plan specific to your medical needs and will discuss the various surgical options with you to help guide your choice of operation. Here, referrals will be made for any additional testing. This will include a referral to a clinical psychologist, dietitian, somnography for a

sleep study, and possibly a gastroenterologist or other medical specialists. Again, this will be patient specific and tailored to your needs.

Remember, your level of motivation, realistic weight loss goals, psychological coping skills, and surgical risks help your surgeon decide the most appropriate recommendation. We respect your personal preference for a procedure but offer guidance to mitigate risk and optimize your satisfaction.

Once your initial consultation is complete, we will guide you through the multi-step process of the program, including all insurance certification, nutrition and exercise evaluations, labs and diagnostic tests. Once all preoperative testing is complete, we will then obtain written consent and schedule preoperative testing with anesthesiology.



ORIENTATION SESSION

Purpose: To provide a more in-depth look into the requirements of this program.

After attending the information session and having a one-on-one consultation with Dr. Edwards, our office staff will contact you about attending an orientation session. The orientation session will provide a more in-depth look at what the program entails from start to finish. During this orientation, we want to learn more about your motivation for weight loss, review your weight history, and discuss your personal weight loss goals.

At orientation, you will receive a checklist and a Baritastic app detailing the next steps of the process. Our team wants to ensure you are as healthy as possible and have all the necessary tools to ensure you are successful at maintaining your weight loss years after surgery. To do this, we have you meet with various groups of specialists including pulmonologists, exercise specialists, a psychologist, and undergo routine lab work. Please note: if you already see a specialist, we will need you to sign a records release form so we may obtain copies of any necessary documentation.



A sample copy of the checklist is provided below:

Required of all patients

- Program planning visit with navigator
- Labs and nurse assesment
- Dietitian visits
- Program visits with physician's assistant
- Exercise evaluation
- Psychological evaluation

Possible tests but not limited to

- Sleep study
 - Upper Endoscopy (EGD)
 - Cardiology consult
 - Hematology consult
 - Endocrinology consult
 - HA1c - 8.0 or below
- * Tobacco free 6 weeks***

FINANCE AND INSURANCE

Who is Going to Pay for This?

Your insurance covering this procedure depends on your individual insurance policy. Every insurance company has an “exclusion” section that explains what the policy will not pay for. If your policy states that it does not cover the surgical treatment for obesity, then it will not pay for bariatric surgery.

It will also not pay for any tests or clinic visits pertaining to the surgery. It is important that you check with your insurance company before your first visit. You should also check with your employee benefits department at work to make sure they have not “excluded” this coverage from your policy. If your insurance company will not cover the cost of the surgery, you have the option of paying for the surgery out-of-pocket. This can further be discussed with our financial counselor.

Please bring your insurance card with you to the Information Session or to your first visit so that we may keep a copy on file. If your insurance changes at any time during your treatment course, please let us know. We will then need a copy of your new card.

Insurance Approval

The surgeon will review all of the reports from required consultations once they are completed. He will then determine if you are a candidate for surgical weight loss treatment. If you are a candidate for surgery, the office will contact your insurance company for approval. Even though you may be an ideal candidate clinically, this does not guarantee coverage by your insurance carrier. All of the required information will be sent to them to review, which can take a few weeks. Once the insurance approval is received, you will be contacted to discuss a surgery date, as well as additional lab work required. Your surgery date is dependent upon your surgeon’s schedule and the availability of the operating room, and will be scheduled as soon as possible.

Medicare

There is not guarantee that Medicare will cover bariatric surgery. Medicare does not have a pre-authorization process. Patients are required to follow Medicare criteria. Each patient will be required to sign an Advanced Beneficiary Notice of Non-Coverage form, or ABN, prior to his or her surgery. This form allows the patient to be billed for services that are denied by Medicare.

Medicare may cover bariatric surgery for at least one of the following sample medical conditions:

1. **Poorly controlled Type 1 and Type 2 Diabetes**
Documentation from medical doctor must state that the patient has uncontrolled diabetes.
2. **Poorly controlled dyslipidemia**
Documentation from medical doctor must state that the patient has poorly controlled dyslipidemia
3. **Poorly controlled hypertension**
Documentation from medical doctor must state that the patient has uncontrolled hypertension.
4. **Severe Cardiopulmonary Disease**
For example, coronary disease, CHF, asthma, COPD, pulmonary hypertension.
5. **Obstructive Sleep Apnea**
Documentation of sleep study will be required.
6. **Severe Arthropathy of weight bearing joints**
Documentation of treatment for weight bearing joints will be required
7. **Pseudotumor Cerebri**
Documentation from neurologist will be required.

If you have any questions, please contact our Financial Counselor at 828-694-8436.

NOTES





Pardee Bariatrics University
SURGERY 101





SURGERY 101

Pardee offers three major weight loss surgery procedures:

- Gastric Bypass
- Vertical Sleeve Gastrectomy
- Duodenal Switch

GASTRIC BYPASS

Procedure Description

The Roux-en-Y gastric bypass involves dividing the top portion of the stomach to form a small pouch that holds about one to two ounces of food or liquid. The remainder of the stomach is not removed, but excluded (separated) from the pouch, therefore making it unable to receive food. A portion of the small intestines is attached to the pouch, constructing a “bypass.” This bypass allows food to skip a portion of the small intestines, which reduces the amount of calories the body can absorb. This procedure truly works by changing your body’s metabolic status. The new opening between the pouch and the small intestines (where the two were attached or anastomosed) is about the size of a quarter. This small opening, along with the restricted pouch, creates a feeling of fullness. Thus, less food will be eaten and fewer calories absorbed, leading to weight loss.

Outcomes -

How Much Weight Will I Lose?

The amount of weight loss will vary from patient to patient. It is possible to lose in excess of 100 pounds the first year after surgery, that is, if you have 100 pounds to lose. For instance, if you are 5’ 2” tall, weighing 200 pounds, you may only have 80 pounds to lose. Though possible, not everyone loses all of their excess weight. Typically, the weight you lose will be significant enough for you to see a difference. Generally, the weight loss will level off around the two-year period. It is important to realize that weight loss success will not come from surgery alone. It is important for you to understand that eating the right foods and exercise are vital to your success.

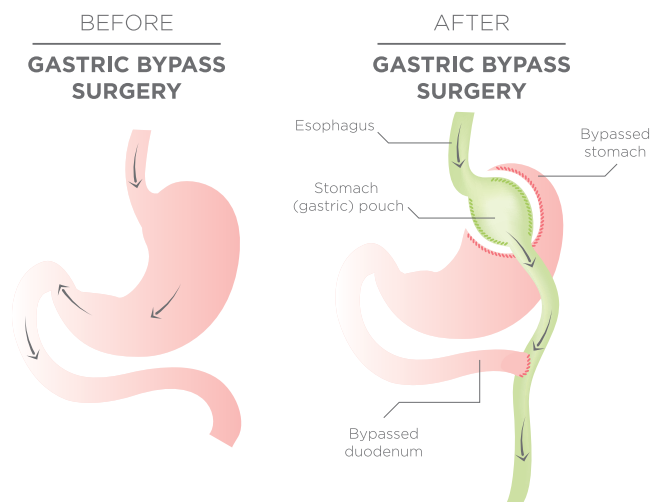
This operation is great for those with diabetes as it lends nearly a 90% remission rate of diabetes in numerous studies.

Potential Complications

Fortunately, bariatric surgery has been shown to be very safe. Every precaution is taken before, during and after surgery to prevent any complications. However, the risk of complications cannot be totally eliminated.

The following is a list of some of the complications that can occur during or following surgery. This list includes, but is not limited to:

- Ulcers
- Bleeding (requiring transfusion)
- DVT (blood clot in the leg)
- Obstruction
- Death
- Hernia
- Wound Infection
- MI (heart attack)
- Anastomotic Stricture (causing obstruction)
- Gallstone Formation
- Excessive Weight Loss
- PE (blood clot to the lung)
- Pneumonia
- Leak
- Nutritional Problems
- Regaining of Weight



VERTICAL SLEEVE GASTRECTOMY

Procedure Description

The vertical sleeve gastrectomy is a restrictive type weight loss operation. After removing approximately 90% of the stomach and creating a slender tube, the remaining stomach holds a volume of only 2-3 ounces. This not only reduces your caloric intake, but also slows the transit of food, creating a sense of fullness and satiety. In addition, researchers hypothesize a hormonal effect with the sleeve gastrectomy. This metabolically reduces hunger by removing a hormonally active portion of the stomach and reducing the production of hunger hormones such as Ghrelin.

Outcomes -

How Much Weight Will I Lose?

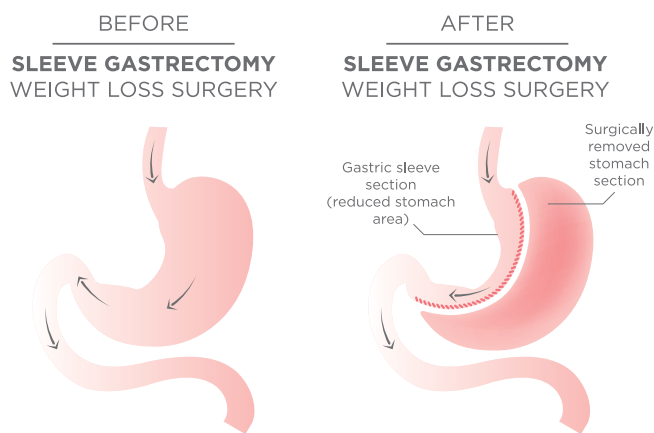
The amount of weight loss will vary from patient to patient. On average, patients can lose 55-65% of their excess weight within one year and then weight loss tends to slow. That means if you are 100 pounds overweight, on average, you will lose 55-65 pounds in the first year. Results will vary, and some patients will do even better. It is important to realize that weight loss success will not come with surgery alone. You must understand that eating the right foods and exercise are vital to your success. This is a great choice of procedure for those without diabetes or severe reflux disease and weight tends to be the primary issue.

Potential Complications

Each bariatric procedure carries a unique set of potential complications. The Sleeve Gastrectomy offers an excellent safety profile but is not exempt to risk of serious complications.

The following list describes some of the possible complications:

- Staple line leak
- Dilatation of the pouch
- DVT (blood clot in the leg)
- Vitamin deficiency
- Death
- PE (blood clot to the lung)
- Excessive weight loss
- Regaining of weight
- MI (heart attack)
- Staple line stricture
- Gastroesophageal reflux
- Gallstone formation (causing obstruction)
- Bleeding (requiring transfusion)
- Pneumonia
- Esophageal spasm and dysmotility
- Infection



DUODENAL SWITCH

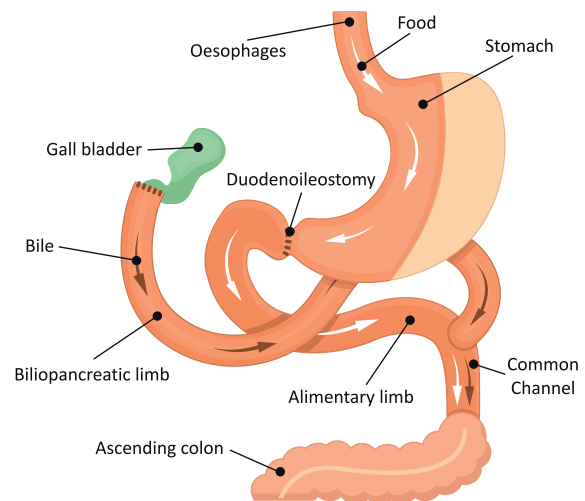
Procedure Description

The duodenal switch (also referred to as biliopancreatic diversion with duodenal switch or “switch”) involves two bariatric techniques in one operation: a vertical gastric sleeve attached to a distal intestinal roux-en-Y bypass. During this operation, approximately 80% of the stomach is removed. The switch procedure is a well-established bariatric operation with excellent long-term weight loss (on average 80%) and a track record as the most effective metabolic operation for treating diabetes mellitus (91%).

The effectiveness of the procedure is based on a combination of restriction, fat malabsorption, and hormonal effects that reduce hunger, increase satiety, and decrease insulin resistance. The operation is more technically challenging, but still performed laparoscopically. Generally, we reserve this approach for a select group of patients.

Talk with your surgeon to see if you are a candidate for the laparoscopic duodenal switch.

Patients need to expect some higher risk of both short and long term complications, including leakage, infection, malnutrition, and diarrhea. Your doctor can help you decide which approach best fits your needs.



CASE VOLUME AND OUTCOME DATA

Pardee UNC Health Care Bariatric Surgical Information

6/1/21-6/30/22	Sleeve Gastrectomy	Laposcopic Rny Gastric Bypass Morbidity
Number of procedures	70	105
Percentage of cases with occurrences	0.7%	5.25%
Serious Event (Wound infections, pneumonia, bleeding, SBO)	0.7%	4.2%
Percentage of Readmission to hospital	1.4%	4.2%
Leaks	0.7%	0%
Bleeding	0%	1.05%
Reoperation	0%	0%
Death	0%	0%

NOTES



Pardee Bariatrics University
INTRO TO NUTRITION

 **PARDEE**
UNC HEALTH CARE



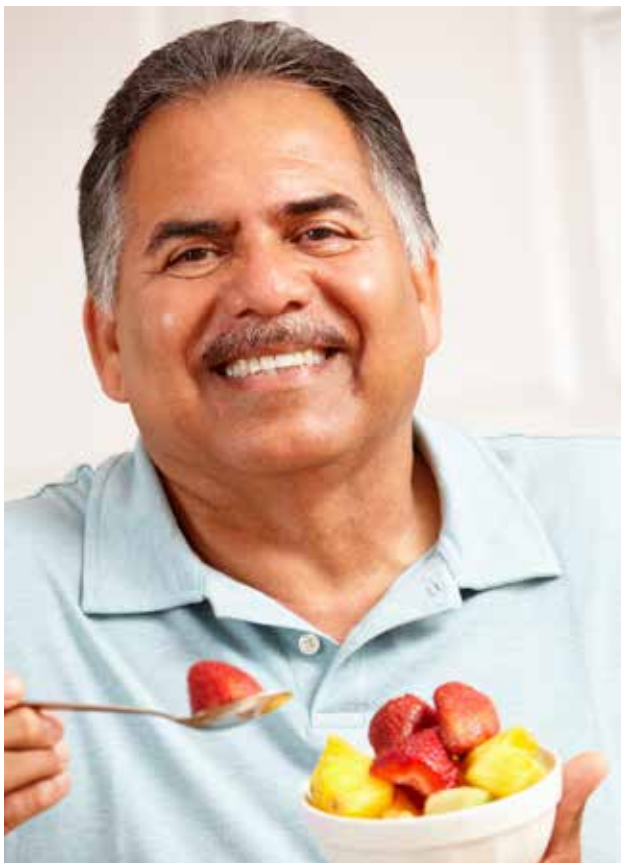
INTRO TO NUTRITION

CHANGING HABITS

Lifestyle Changes to Make

Your lifestyle refers to your daily habits, the activities you choose, and your overall attitude. Adopting a healthy lifestyle that incorporates healthier eating strategies is different from going on a weight loss diet. Most diets are looked at as temporary, but the changes you make in your life after weight loss surgery are permanent.

Making behavioral changes and developing new habits will help you create a healthier way of life for yourself, which encourages long-term weight loss success. Prior to your weight loss surgery date, try incorporating as many of these changes as possible into your lifestyle.



Diet Changes: Clean Out Your Pantry

- Eliminate carbonated, caffeinated, and sugar-sweetened beverages.
- Eliminate or reduce packaged and processed foods
- Focus on eating lean protein, raw fruits and vegetables, and whole wheat products.

Behavioral Changes

- Avoid skipping meals. Work toward three small meals and 1-3 protein focused snacks per day.
- Pace yourself. Eat slowly. Allow yourself 20-30 minutes to eat a meal. This is how long it takes for your stomach to tell your brain that you are full.
- Chew slowly and deliberately while taking time to enjoy the taste of your food.
- Chew a food between 25-30 times per bite. Your stomach's ability to digest is limited following surgery.
- Try putting your fork down between bites
- Use baby utensils or chopsticks.
- Use the half plate method of dividing your plate in half, and set a timer. Consume only half of your plate within 15 minutes and, if finished before 15 minutes have elapsed, wait and then consume other half of plate in remaining 15 minutes.
- Drink fluids 30 minutes before or after meals to ensure that you have enough room in your stomach for foods that provide your body with the nourishment it needs.

CALORIES AND MACRONUTRIENTS

What is Nutrition?

Nutrition is how the body utilizes the nutrients in food. Nutrition plays an integral role in the relationship between diet, health, and disease. When we make healthy food choices, we feel better!

What is a Calorie?

Nutritious meals contain a balanced number of calories which provides us with energy. All food choices have a calorie content. A calorie equals one unit of energy. Your body requires energy every day to perform daily activities. Each person requires a

different amount of daily calories to get the energy they need.

What is a Macronutrient?

We get our calories from three macronutrients such as protein, carbohydrates and fat. These macronutrients perform unique functions to help our bodies stay healthy.

Did you know each macronutrient contains different calories? In what foods do we find these macronutrients? Read the section below to learn more about macronutrients.



Protein Functions:

- Essential for growth and repair of tissue
- Helps fight infections
- Preserves lean muscle
- Produces hormones, enzymes and essential molecules

1 gram = 4 calories

Example sources:
Fish, beans, meat, poultry, dairy, nuts, tofu, legumes

Carbohydrate Functions:

- Body's main source of fuel for energy
- Prevents body from using protein as an energy source

1 gram = 4 calories

Example sources:
Grains, fruit, potatoes, winter squash, dairy

Fat Functions:

- Helps absorption of fat-soluble vitamins (A,E,D, K)
- Concentrated source of energy
- Essential in cell, nerve tissue and hormone production

1 gram = 9 calories

Example sources:
Oils, avocado, nuts, fatty fish, butter

SUGARS



Sugar can be found naturally in the foods we eat. Sugars can also be added to foods to enhance their natural sweetness. Be sure to read your nutrition label to determine how much sugar a product contains. Added sugar leads to added calories. To avoid added sugar read the nutrition label. Sugar can come in different forms such as:

- Glucose
- Fructose
- High Fructose Corn Syrup (HFCS)
- Sucrose
- Cane Sugar (table sugar)
- Honey
- Agave

Remember, no matter what kind of sugar is listed on the nutrition label it is still added sugar and will increase the number of calories in your diet. When looking at the nutrition label, aim for less than 5 grams of sugar or less in a serving. To satisfy your “sweet tooth,” without added excess calories you can use sugar substitutes.

Sugar Substitutes

You can use sugar substitutes to sweeten food and avoid too much sugar. We recommend Splenda (artificial) Stevia (natural) or Monk Fruit (natural) sweeteners. Avoid Aspartame, Saccharin, and Acesulfame Potassium.

Sugar Alcohols

Sugar alcohols are another type of reduced-calorie sweetener. Although the name may sound like it, they do not contain alcohol. They are found in many products labeled “sugar-free” or “no sugar added.” Sugar alcohols provide fewer calories than sugar and can help people reduce carbohydrates and gain better control of blood sugar levels. Sugar alcohols can have a laxative effect or other gastric symptoms in some people, especially in children.

Types of Sugar Alcohols:

- Erythritol
- Glycerol (also known as glycerin or glycerine)
- hydrogenated starch hydrolysates
- Isomalt
- Lactitol
- Maltitol
- Mannitol
- Sorbitol
- Xylitol

Agave syrup, maple syrup and honey are “natural” sources of sweeteners, but they are still sugar. If you are going to sweeten your food, use one of the recommended sweeteners above.



UNDERSTANDING FOOD LABELS

Food labels are placed on products to help consumers make healthier food choices, but all of the information that manufacturers provide can be overwhelming and confusing.

Here is some information to help you navigate through food labels and make the best food decisions possible.*

Serving Size (Green Section)

The serving size should be the first place you look on the nutrition label. All of the information on the food label applies to ONE serving of that food item. Remember: if a serving size = 1 cup and you consume 2 cups, you must remember to double the calories and all other nutrients!

A serving size on the food label may differ from serving sizes based on the dietary exchanges. For example a serving of cereal in the dietary exchanges equals $\frac{1}{2}$ cup, however a cereal food label might list 1 cup as a serving.

Calories from Fat

The number of calories you consume is determined by how many servings you have.

General Guide to Calories

(per serving/based on 2000 calories/day)

- 40 Calories = low
- 100 Calories = moderate
- > 400 Calories = high

Determining Calories from Fat

- (Calories from Fat/Total Calories)
 - * $100 = \% \text{ of calories from fat}$
- Example from sample: (110/250)
 - * $100 = 44\% \text{ of calories from fat}$

Try to keep total calories from fat under 30% per serving!



Saturated Fat, Trans fat, Sodium and Cholesterol (Orange Section)

Try to limit these nutrients as much as possible. These nutrients are known to increase your chances of developing heart disease, high blood pressure, and some cancers.

A good rule of thumb is to choose food items that have no more than 3 grams of fat for every 100 calories. Keep saturated fat less than 1 gram for every 100 calories.

Fiber, Vitamins and Minerals (Blue Section)

Make sure that you are getting enough of these nutrients. A diet rich in fruits, vegetables and grain products that are high in fiber and low in saturated fat and cholesterol may reduce the risk of heart disease. Fiber also assists in maintaining normal blood glucose levels that prevent blood sugar spikes and can assist with maintaining proper bowel habits.

Most vitamins must be ingested because our bodies do not make these on its own. Vitamins are essential for maintenance of normal metabolic functions. Different foods including vegetables and fruits contain varying amounts of vitamins and minerals. Eating a balanced diet helps ensure you get the vitamins and minerals needed for proper health. Supplements help us get what we may not consume from our diet alone.

Footnotes and % DV (Purple Section)

The footnote is responsible for giving you information about the % daily values. This is based on the requirements for all Americans and will be the same on every product.

The % daily values help to let the consumer know if the product is high or low in that specific nutrient.

- 5% or less = low
- 20% or more = high

These are generic food label reading instructions to assist you in choosing foods that are healthier than others. For more specific information on how to fit foods for your particular stage within the weight loss surgery process, please contact your Registered Dietitian.

Nutrition Facts

Serving Size 1 cup (228g)

Servings Per Container 2

Amount Per Serving

Calories 250

Calories from Fat 110

% Daily Value*

Total Fat 12g 18%

Saturated Fat 3g 15%

Trans Fat 3g

Cholesterol 30mg 10%

Sodium 470mg 20%

Total Carbohydrate 31g 10%

Dietary Fiber 0g 0%

Sugars 5g

Protein 5g

Vitamin A 4%

Vitamin C 2%

Calcium 20%

Iron 4%

*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calories needs.

PORTION SIZES

Estimating Portion Sizes

You can estimate portion sizes easily by referring to the general guidelines provided below:

1 teaspoon (tsp)	about the size of a (pointer) fingertip
1 tablespoon (Tbsp)	about the size of your thumb or a tube of lipstick
¼ cup (C)	one large egg
½ C	1 handful
1 C	the size of a tennis ball or as much as a woman's palm can hold

Use these serving sizes to estimate portions and/or exchanges:

- 1 oz chicken, poultry, or meat — size of a matchbook
- 1 oz meatball — size of a golf ball
- 3 oz cooked fish, poultry, or meat — size of a deck of cards, the palm of your hand, or a checkbook
- 1 oz cheese — size of a lipstick tube or thumb
- 1 tsp peanut butter — size of the tip of your thumb
- 2 Tbsp peanut butter — size of a golf ball
- 1 medium piece of fruit — size of a baseball
- 1 medium bagel — size of a hockey puck
- 1 C dry cereal — a mounded handful
- 1 oz cheese — size of four dice
- 2 oz cheese — size of a pair of dominoes
- 1 small baked potato — size of a computer mouse
- 1 C raw vegetables, yogurt, or sliced fruit — as much as would fit into an average woman's hand

RECOMMENDED KITCHEN SUPPLIES/EQUIPMENT

Preparing for bariatric surgery involves making lifestyle changes. In order to set you up for success, we have created a kitchen supply list that we hope you will find useful. While you certainly do not need everything on this list, we've included items that patients have found to be beneficial.

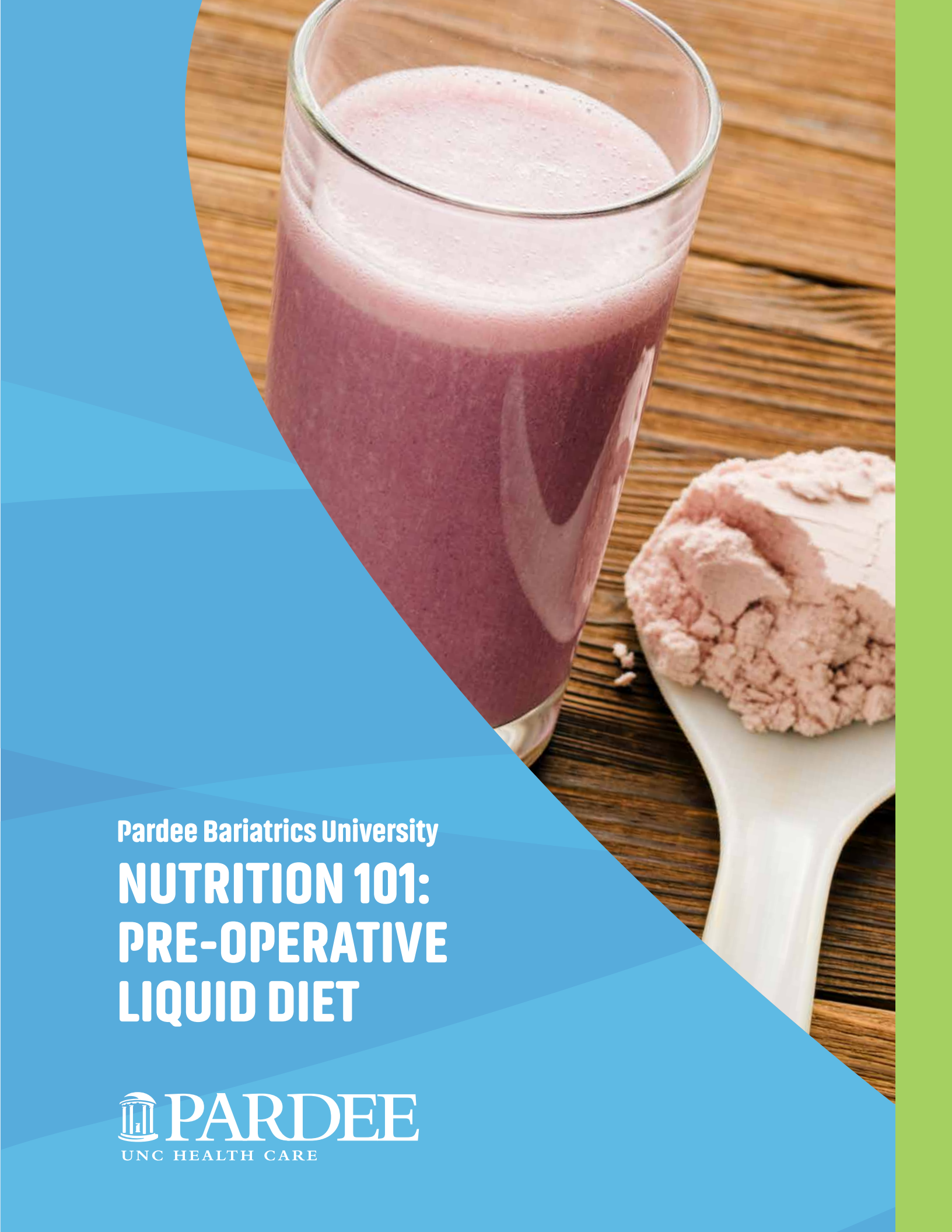
Essential basics needed for the first dietary stage:

- Blender, mini or standard
- Emulsifier
- Baby utensils, small plates and small cups
- Medicine cups

Optional supplies:

- Cooking utensils:
 - Whisk
 - Strainer or sieve
 - Spatula
 - Ladle
 - Peeler
- Shaker bottle with shaker ball(s)
- Meat thermometer
- Ice cube trays
- Tumbler with lid, no straws
- Measuring cups and spoons
- Ramekins (1 or 2 ounce)
- Tupperware
- Travel lunchbox
- Mini and standard muffin tins
- Baking sheet pans
- Crock-Pot
- Instant Pot
- Spiralizer
- Food processor
- Waffle maker



A glass of pink liquid diet next to a spoon of powder on a wooden surface. The glass is filled with a thick, pink, frothy liquid. The spoon is white and contains a mound of pink powder. The background is a wooden surface. The image is overlaid with a blue geometric shape on the left and a green vertical bar on the right.

Pardee Bariatrics University
NUTRITION 101:
PRE-OPERATIVE
LIQUID DIET



NUTRITION 101: PRE-OPERATIVE LIQUID DIET



Begin: 2-3 weeks prior to surgery date as deemed by your surgeon

Definition: A liquid diet is made up only of fluids and foods that are thin in consistency. These items stay liquid at room temperature, do not contain chunks, and are thin enough in consistency they can readily be poured from a cup. This form of liquid diet is a, high protein, low carbohydrate diet.

Purpose: The liquid diet is used prior to surgery for a variety of reasons including:

- Facilitate weight loss
- Reduce complications during and after surgery
- Reduce the size of the liver
- Reduce the size of intra-abdominal fat
- Reduce operative time
- Improve recovery time
- Improve patient understanding and confidence of postoperative liquid diet phase
- Improve co-morbidities such as high cholesterol, diabetes and hypertension

Introduction: In the previous section, *Intro to Nutrition*, you learned how to read a nutrition label and learned about macronutrients. Now it's time to put that information to good use. In the pre-operative (pre-op) liquid diet phase you will be restricted on the number of daily calories and carbohydrates you can consume.

To help you achieve good results, we have provided a basic outline of these guidelines. Remember, each person's macronutrients needs are slightly different. A person's macronutrients needs are based on several factors including their body weight, height, age, muscle mass and their amount of daily exercise. For example, a 42-year-old adult male weighing 350 lbs at 6 feet tall is going to need more protein than a 60-year-old female who weighs 250 lbs at 5.5 feet tall. Our dedicated dietitian will help you determine what is right for you.

Common Side Effects of the Pre-Op Diet

- Dry Mouth
- Headache
- Fatigue
- Dizziness
- Bowel changes

REMEMBER

YOUR SURGERY WILL BE CANCELED if you do not follow the Pre-Op Liquid Diet Guidelines. If you have trouble with following these guidelines, or feel weak or dizzy, please call the office so we can help.

Fluids 64 - 96 ounces daily	Carbs 50 grams MAX per day	Protein 60 - 150 grams daily	Calories 1100 - 1500 total daily
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PRE-OPERATIVE LIQUID DIET SAMPLE MEAL PLAN

Breakfast

170-250 calories

- Protein shake
- Sip 4-5 ounces water 30 minutes later

Morning Snack

170-250 calories

- Protein shake
- Sip 4-5 ounces water 30 minutes later

Lunch

170-250 calories

- Protein shake or Low sodium broth with unflavored protein powder
- Sip 4-5 ounces of water 30 minutes later

Afternoon Snack

170-250 calories

- Protein shake
- Sip 4-5 ounces of water 30 minutes later

Evening Meal

170-250 calories

- Protein shake
- Sugar-free Jell-O
- Sip 4-5 ounces of water 30 minutes later

Evening Snack

170-250 calories

- Protein shake
- Sugar-free popsicle
- Sip 4-5 ounces of water 30 minutes later



**No caffeine,
carbonation,
or straws**

TIP: Try to average 10 or less grams of carbohydrates per meal to keep total net carbs under 50 grams each day.



PRE-OPERATIVE LIQUID DIET GROCERY LIST

- Protein Shake (shake varieties listed on page 34)
 - Pre-made/ready-to-drink shakes
 - Protein powder
- Nonfat or 1% dairy milk (*substitute Lactaid if lactose intolerant*)
- Broth (*low fat & strained*)
- Popsicles (*sugar free*)
- Sugar-free and caffeine free* drink mix
- Artificial sweeteners – Splenda (sucralose), Stevia, or monk fruit
- Sugar-free Jell-O (*Jell-O pudding is NOT included*)
- Torani®, Da Vinci® or Amorretti® Syrups (*sugar free*)
- Milk Alternatives: soy or almond milk (*unsweetened*)
- Spices: cinnamon, nutmeg, pumpkin pie spice, spice blends, herb blends

MILK CHART

Milk Level	Milk Type, 8 oz.	Net Carbs (g)	Protein (g)
1	Coconut, Unsweetened	1	1
	Cashew, Unsweetened	1	<1
	Coconut, Original	7	0
	Soy, Light Vanilla	6	6
	Soy, Light Original	4	6
2	Almond, Original	8	1
	Fairlife Skim	6	13
	Fairlife 1%	6	13
	Fairlife 2%	6	13
3	Cow, Skim	12	8
	Lactaid 1%	13	8
	Lactaid 2% Protein	12	12
	Cashew, Original	9	<1

PROTEIN POWDERS, SHAKES, AND DRINKS

Whey-Based Protein Powder

Brand	Calories	Protein	Carbohydrates
Celebrate (Sold at the Bariatric & Weight Loss Clinic)	150	27	9
Designer Whey Premium Natural 100% Whey Protein	110	20	6
Dymatize 100% Whey Isolate	140	25	4
Genuine Muscle Milk	280	32	21
Isopure Zero Carb Powder	160	30	0
Syntrax Nectar	80	23	0
Unjury	100	21	3
Genepro (unflavored)	58	30	1
Muscle Milk (100% whey)	130	25	3
Muscle Milk (Pro series)	310	50	17

Plant-Based Protein Powder

Brand	Calories	Protein	Carbohydrates
Bob's Red Mill Gluten Free Soy Protein Powder	180	20	19
Bob's Red Mill Vanilla Protein Powder Nutritional Booster	180	20	3
Garden of Life Organic Protein	120	20	5
Orgain Organic Protein	150	21	15
Unjury Planted True	120	20	3
Vegan Smart	160	20	14

Ready-to-Drink Protein Shakes

Brand	Calories	Protein	Carbohydrates
Boost (Lactose Free) Glucose Control Liquid Calorie Smart Liquid	190	16	16
Core Elite Power	240	42	10
Core Power	170	26	26
Ensure High Protein	160	16	19
Equate High Protein Meal Replacement Shake	180	20	6
Fairlife Smart Milkshakes	170	15	15
Premier Protein Shakes	160	30	4
Pure Protein	120	23	8
Lean Body	280	40	9

Vegan Ready-to-Drink Protein Shakes

Brand	Calories	Protein	Carbohydrates
GNC Total Lean Shake	170	25	6
OWYN, Vegan protein Shake	180	20	10
PlantFusion	150	18	9
Vega Protein Nutrition Shake	170	20	14

Clear Liquid Protein Drinks

Brand	Calories	Protein	Carbohydrates
Isopure	160	40	0
Protein 2 0	60	15	1
biPro	90	20	0
Premier Protein Clear	90	20	1
Trimino Water	28	7	0

PRE-OPERATIVE LIQUID DIET RECIPES

Most of the sample pre-op recipes we have provided here are simple with just a few ingredients. Recipes are divided into sweet and savory. Remember, after surgery your tastes may change, so be prepared and have a variety of both savory and sweet options at home. Try different brands and products several weeks before you start your liquid diet so you can choose products you enjoy.

Here are some helpful hints to get you started:

- 1. Start small.** Select vanilla, chocolate, and unflavored protein powders to get started.
- 2. Experiment.** Try various sugar free syrups and extracts. Torani,[®] Amoretti,[®] and Da Vinci[®], all have sugar free options and are available in stores and online.
- 3. “Stock Up.”** Low sodium broths are a welcomed break from the sweet protein shakes. Purchase a variety of low sodium broths, or make your own, then add spices to create flavor varieties. Examples include low sodium beef stock with taco seasoning, or low sodium chicken stock seasoned with thyme.

Watch the number of carbohydrates closely. It is very important to limit the number of daily carbohydrates to less than 50 per day to achieve preoperative weight loss, shrink the liver, and prepare your bowels for surgery.

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Basic Protein Shake Instructions

1. Start with your base.

Pour 8 ounces of milk level 1,2 or 3 such as unsweetened soy milk or Lactaid into a shaker bottle or blender.

2. Add protein powder.

Mix all ingredients in a blender bottle, blender, or emulsifier. (Tip: Add ice last to avoid clumping).

3. Add flavor.

Get creative using flavored sugar free syrups, gelatin, or extracts. Spices add flavor without excess sugar or fat.

4. Pour over ice and enjoy.

Sweet Recipe Variations

Protein Powder



Chocolate
Vanilla
Strawberry
Unflavored

Milk or Milk Alternative



Unsweetened Soy Milk
Unsweetened Almond Milk
Unsweetened Coconut Milk
Fairlife 1%
Fairlife 2%

Extracts / Flavoring



Vanilla Extract
Banana Extract
Jell-O Gelatin (sugar free)
Flavored Sugar Free Syrups
Torrani, Amoretti, or Da Vinci brands
Spices



PRE-OPERATIVE LIQUID DIET RECIPES (SWEET)

Banana Cream Shake

- 1 serving – vanilla whey protein powder
- ½ teaspoon banana extract
- ¼ teaspoon vanilla extract
- 8 ounces of dairy or alternative milk

Mix all in a blender bottle, blender, or emulsifier.

Nutritional Analysis:

Total Calories: 143

Protein: 21g Carbs: 4g Total Fat: 5g

Butterfinger Shake

- 4 oz unsweetened almond milk
- 1 serving chocolate protein powder
- 2 Tbsp PB2
- 1 Tbsp sugar free butterscotch flavored syrup – Almoretti brand

Mix all in a blender bottle, blender, or emulsifier.

Nutritional Analysis:

Total Calories: 188

Protein: 11g Carbs: 26g Total Fat: 6g

Decaf Coffee Frappe

- 4 oz milk or milk alternative
- 4 oz decaf coffee
- 1 serving vanilla or chocolate protein powder

Mix all in a blender bottle, blender, or emulsifier.

Nutritional Analysis:

Total Calories: 234

Protein: 35g Carbs: 10-14g Total Fat: 2-4g

Fall Spice Latte

- 1 serving vanilla protein powder
- ½ cup unsweetened almond or soy milk
- ½ cup decaffeinated coffee
- 1 tsp cinnamon
- ¼ tsp ginger
- Microwave-safe mug

Heat unsweetened almond or soy milk in the microwave (DO NOT HEAT ABOVE 140° F!). Stir in decaf coffee. Slowly add 1 scoop of vanilla protein powder, stir until dissolved. Sprinkle with cinnamon and ginger to taste.

Nutritional Analysis:

Total Calories: 86

Protein: 31g Carbs: 18g Total Fat: 2g

Key Lime Shake

- 4 oz Fairlife 2% Milk
- 1 serving vanilla protein powder
- 1 tsp sugar free lime Jell-O powder
- 1 tsp lime juice

Mix all in a blender bottle, blender, or emulsifier.

Nutritional Analysis:

Total Calories: 280

Protein: 40g Carbs: 15g Total Fat: 5g

Mocha Delight Shake

- 1 serving chocolate protein powder
- 6 oz. decaffeinated coffee
- 1 Tbs unsweetened almond or soy milk
- 4 ice cubes

Mix all in a blender bottle, blender, or emulsifier.

Nutritional Analysis:

Total Calories: 112

Protein: 21g Carbs: 4g Total Fat: 1g



Orange Julius Shake

- 1 serving vanilla protein powder
- ½ cup unsweetened almond or soy milk
- ¼ tsp sugar free orange Jell-O powder
- 5 ice cubes

Mix all in a blender bottle, blender, or emulsifier.

Nutritional Analysis:

Total Calories: 178

Protein: 30g Carbs: 13g Total Fat: 1g

Raspberry Lemonade Vitamin Water

- 2-3 cups water
- ½ cup fresh mint leaves*
- 1-2 oz lime juice (approximately 1 lime)
- Celebrate 3-in-1 powdered multivitamin in raspberry lemonade

Bring water to a boil. Add chopped fresh mint leaves to boiling water and let steep at least 20-60 minutes to infuse mint flavor. Strain the mint leaves from the liquid and discard leaves. Add Celebrate 3-in-1 raspberry powder to strained mint water along with lime juice. Shake or stir powder to dissolve then serve chilled over ice. This is also great blended with ice cubes for a slushy-like consistency. Garnish with fresh lime and mint leaves.

*You can substitute 1-2 drops of mint extract for fresh mint leaves.

Nutritional Analysis:

Total Calories: 18

Protein: 0g Carbs: 4g Total Fat: 0g

REMEMBER

You can find more recipes and share tips and tricks with fellow patients by joining our Facebook group.



Salted Caramel Latte

- 4 oz unsweetened almond or soy milk
- 1 serving vanilla protein powder
- 1 tsp instant decaf coffee
- 1 Tbsp sugar free Torani salted caramel syrup

Mix all in a blender bottle, blender, or emulsifier.

Nutritional Analysis:

Total Calories: 188

Protein: 28g Carbs: 12g Total Fat: 5g

Strawberry Shortcake Shake

- 1 serving of Celebrate cake batter protein powder
- 1 Tbsp sugar free strawberry Jell-O powder
- 8 oz unsweetened almond milk

Mix all in a blender bottle, blender, or emulsifier.

Nutritional Analysis:

Total Calories: 180

Protein: 27g Carbs: 9g Total Fat: 5g

Thin Mint Shake

- 1 serving chocolate protein powder
- ½ cup unsweetened almond or soy milk
- 1 drop peppermint extract
- 5 ice cubes

Mix all in a blender bottle, blender, or emulsifier.

Nutritional Analysis:

Total Calories: 140

Protein: 26g Carbs: 3g Total Fat: 2g




Basic Savory Soup Instructions

1. Heat 8oz of water in microwave safe mug or bowl on high for 2-3 minutes or until steaming
2. Place a meat thermometer into water
3. Add ice cubes to lower the temperature to **less than 140 degrees F**
4. Add protein powder to water and mix with whisk, immersion blender or stand-up blender.
5. Add flavor with spices or seasonings

Savory Recipe Variations


Protein Powder



Unflavored protein powder

+


Broth



Low Sodium Chicken, Beef, Vegetable Broth

+

Spices



Italian Seasoning
Creole Seasoning
Taco Seasoning
Curry Powder
Chili Powder
Basil
Thyme



PRE-OPERATIVE LIQUID DIET RECIPES (SAVORY)

Beef Broccoli Soup

- 2 cups water
- 2 beef bouillon cubes – low sodium
- 1 cup chopped broccoli
- 1 tsp onion powder
- 1 tsp garlic powder
- ½ tsp black pepper
- 2 scoops unflavored protein powder

Steam or roast broccoli in oven until fork tender. Combine all first 6 ingredients into a blender and puree to a smooth liquid consistency. Add more water to achieve thin liquid consistency. Strain out chunks. Microwave soup or warm on stove until hot. Check temperature. If temperature is less than 140°F, add protein powder. *Caution: adding protein powder to hot liquid will lead to clumps of protein. Slowly stir protein into cold liquids and gently warm to prevent clumps.*

Nutritional Analysis:

Total Calories: 158

Protein: 28g Carbs: 11g Total Fat: 2g

Chicken & Cauliflower Rice Soup

- 2 cups water
- 2 chicken bouillon cubes – low sodium
- 1 cup cauliflower rice (frozen by veggies)
- 1 tsp onion powder
- 1 tsp poultry seasoning
- ½ tsp black pepper
- 2 scoops unflavored protein powder

Mix the first six ingredients together in a blender and puree. Pour into a sauce pan and heat. Add unflavored protein powder while soup is cool a little at a time, whisk to blend. Protein powder does not mix well in high temperatures.

Serving Size: 2 servings

Nutritional Analysis:

Total Calories: 152

Protein: 27g Carbs: 9g Total Fat: 1g

Chicken Tikka Masala Soup

- 8 oz water
- 1-1.5 Tbsp Tikka Masala jar pre-made sauce
- 1-1.5 Tbsp low fat Greek yogurt
- 1 serving of chicken flavored protein powder (sub unflavored protein powder for mild flavor)

Heat water in microwave on high. Whisk Tikka Masala sauce into water. Add 1-2 ice cubes until water temperature reaches less than 140°F then whisk in chicken or unflavored protein powder until dissolved. Add the yogurt, ensuring mixture is a thin consistency and can be poured from a cup. *Tip: The chicken flavored protein powder adds a nice rich flavor but comes at the price of higher carbohydrate count. If you need to reduce the number of carbs, try substituting unflavored protein powder instead. If you like spice, add more Tikka Masala sauce.*

Nutritional Analysis:

Total Calories: 130-170

Protein: 9-12g Carbs: 26g Total Fat: 3g

High in carbohydrates – limit to a once daily treat to keep total daily net carbs under 50.

Egg Drop Soup

Source: Kristin Willard, RDN of Bariatric Meal Prep

- 8 oz water
- 1 serving of chicken soup flavor protein powder
- 1 egg

Heat water in microwave on high for 3 minutes. While cooking, whisk egg into measuring cup. Once water has heated, slowly whisk egg into water. Add 1-2 ice cubes to cool to 140°F, then add protein powder and whisk until smooth.

Nutritional Analysis:

Total Calories: 137

Protein: 18g

Carbs: 4g

Total Fat: 1g



French Onion Soup (Insta-Pot)

Source: *The Protein Artist of Bariatric Smorgasbord*

- 4 cups water or low sodium beef broth
- 1 Tbsp olive oil
- 3 medium sized Vidalia onions
- 5 bay leaves
- 3 cloves garlic
- ½ cup vinegar
- 4 servings unflavored protein powder

Peel and chop onions and arrange into Insta-Pot with olive oil. Press sauté button and sauté for 5-7 minutes until translucent. Add garlic and bay leaves and continue to sauté until onions become brown and caramelized. Careful not to burn them. Add water/broth and seal Insta-Pot lid. Cook on HIGH for 20 minutes then release the pressure valve. *Caution: contents are hot and steam can burn you.*

Use an immersion blender to puree the soup. Add additional water or broth to until a smooth but thin consistency is formed. Ladle broth into bowls and add 1-2 ice cubes to bring broth to less than 140°F prior to adding unflavored protein powder of choice. Whisk or use immersion blender to stir protein powder and prevent clumps. Freezes well.

Serving Size: 4 servings

Nutritional Analysis:

(for each) Total Calories: 80

Protein: 14-25g Carbs: 10.5g Total Fat: 1g



High Protein Butternut Squash Soup

Source: *Kristin Willard, RDN of Bariatric Meal Prep*

- 1/2 lb butternut squash (approx. ¼ of squash)
- 1 teaspoon olive oil
- ½ onion, diced
- 32 oz almond milk soup base (bought at Walmart)
- 1 teaspoon ginger, minced
- 1 teaspoon garlic
- Salt and pepper for taste
- 2 scoops unflavored protein powder
- Paprika for garnish (optional)

Sauté onion in olive oil in saucepan over medium heat until onion is translucent. Then add ginger and garlic and sauté for another minute. Once soft, add squash, broth, almond milk and seasonings. Bring to a boil and then let simmer for 15 minutes or until squash is soft. Blend with immersion blender or purée in regular blender. Once temperature is below 140° F, add protein powder. Thin with additional almond milk soup base as needed to achieve thin liquid consistency

Serving Size: 2 servings

Nutritional Analysis:

Total Calories: 120

Protein: 17g Carbs: 15g Total Fat: 3g

High in carbohydrates – limit to a once daily treat to keep total daily net carbs under 50.

High Protein Chicken Creole Soup

- 1 can V8 juice
- 1 cup water
- ½ cup unsweetened coconut milk
- ¼ teaspoon creole seasoning
- ¾ tsp curry powder
- 2 scoops chicken flavored protein powder

Combine the first 4 ingredients and heat in microwave for 1-2 minutes. Add 1-2 ice cubes to cool to 140° F, then whisk or use shaker bottle to blend to a smooth consistency.

Serving Size: 2-3 servings

Nutritional Analysis:

Total Calories: 102

Protein: 12g Carbs: 8g Total Fat: 1g

High Protein Tomato Soup

Source: *Bariatric Whole Living*

- 1 can (28 oz) crushed tomatoes
- 1 can (14 oz) diced tomatoes
- 1 tsp minced garlic
- 1 tsp olive oil
- ¼ cup Parmesan cheese (sub 1 cup low fat cottage cheese to reduce carbohydrates)
- 1 tsp Italian seasoning
- 1 scoop unflavored protein powder
- Salt and pepper to taste

Sauté garlic in olive oil for 30 seconds over medium heat. Add crushed and diced canned tomatoes, Italian seasonings and cheese. Simmer 20 minutes.

Once it is done cooking, serve the soup in bowls for family members that do not need extra protein powder. Ladle out 1 cup for yourself and once temperature reaches below 140° F, add 1 scoop of protein powder, stir and enjoy.

Serving Size: 2 servings

Nutritional Analysis:

Total Calories: 157

Protein: 24g Carbs: 9g Total Fat: 3g

Miso Broth

- 8 oz water
- 1 Tbsp Miso paste
- 1 serving chicken or unflavored protein powder

Heat water in microwave safe mug or bowl. Add Miso paste and stir until blended. Add 1-2 ice cubes to cool soup down enough to less than 140° F to prevent protein powder from clumping. Sip warm.

Nutritional Analysis:

Total Calories: 170

Protein: 12g Carbs: 27g Total Fat: 3.5g

High in carbohydrates – limit to a once daily treat to keep total daily net carbs under 50.

South of the Border Soup

- 4 cups water
- 1 can (10oz) Rotel tomatoes
- 1 can (16oz) refried beans
- ½ teaspoon garlic powder
- 2 servings of chicken flavored protein powder

Combine first 4 ingredients into large pot. Bring to simmer over low-medium heat for 10-15 minutes. Place 1 cup of mixture into bowl and add 1-2 ice cubes to cool soup to 140° F. Add chicken flavored protein powder and whisk or use immersion blender for smooth consistency

Nutritional Analysis:


Total Calories: 72

Protein: 8g Carbs: 10g Total Fat: 1g

REMEMBER

You can find more recipes and share tips and tricks with fellow patients by joining our Facebook group.





Pardee Bariatrics University
**NUTRITION 101:
POST-OPERATIVE
LIQUID DIET**

NUTRITION 101: POST-OPERATIVE LIQUID DIET



MARK YOUR CALENDAR

Begin: Immediately after bariatric surgery

End: 3 weeks after bariatric surgery

Definition: The post-operative liquid diet is the same thin consistency as

the preoperative liquid diet but you are no longer restricted in the number of daily carbohydrates you can consume.

Purpose: The liquid diet is gentle which helps healing, prevents pressure on the staple lines, decreases nausea and vomiting, and facilitates weight loss.

Introduction: The postoperative liquid diet is a great time to begin introducing more carbohydrates into your diet. Remember, a thin consistency is key as this is gentle on your stomach as it is healing from surgery.

Tips for Success:

- **Protein is key:** A minimum of 60 gram of protein is necessary to facilitate healing, meet your energy needs and preserve muscle mass. Take small sips.

- **Hydrate:** Aim for 64 ounces of water daily. The fluid in your protein drinks or high protein soups counts toward your total daily fluid intake. Staying hydrated helps prevent constipation, a common occurrence in patients in the first several weeks to months after surgery.

- **Tastes change:** You may find you are most sensitive to certain smells, odors and tastes after surgery. This is expected. Your tastes will continue to change and evolve over the next few months. Which foods you like today will be different that which foods you enjoy later. Continue to experiment with new foods, texture and portion sizes.

- **Slow down:** Remember to take small sips. Don't push fluids. Learn your fullness cues. Listen to your body to know when you are full. Your portion sizes will be much smaller.

REMEMBER

If you have trouble with following these guidelines, or feel weak or dizzy, please call the office so we can help.

• **Pace yourself:** Try to eat every 2–4 hours. Do not go longer than 4 hours without a meal or snack. Remember to put your drink down between sips and allow your new small stomach time to digest your food. Many patients find setting a timer helps.

• **Log your food:** You will be required to keep track of your daily fluids and protein intake after surgery to ensure you are meeting your nutrition needs. Log your food and macronutrients into Baritastic or keep a notebook. Our dietitian and clinician will review this with you at every visit, so be prepared.

• **Be creative:** In the postoperative liquid diet phase we want you to experiment with new flavors, textures and increase your complex carbohydrates with fresh fruits and vegetables. Adding in some fruit or vegetables is a great way to increase calories and get your vitamins and minerals without excessive fat or added sugars. Fruit and vegetables are a great source of fiber which helps keep you full and keeps your bowels moving preventing constipation. Sample recipes can be found here. If you need help, our dietitian is a great resource to troubleshoot any dietary difficulties. Give us a call or send a message in MyChart.

• **Keep a journal:** Start a journal of new recipes including estimated amounts. That way you can remember what you enjoyed and what you didn't. A full liquid diet consists only of fluids and foods that are a liquid consistency. We refer to this texture as "pourable." The full liquid diet items are thin in consistency, meaning they can be readily poured out of a cup. This texture does not contain chunks. This is the same diet texture as the pre-op liquid diet.

POST-OPERATIVE LIQUID DIET SAMPLE MEAL PLAN

Meal 1

- 4–5 ounces protein shake
- Sip 4–5 ounces water 30 minutes later

Meal 2

- ¼ cup Cream of wheat
- ¼ cup low sugar, smooth yogurt (no chunks)
- sip 4–5 ounces water 30 minutes later

Meal 3

- 4–5 ounces protein shake
- Sip 4–5 ounces water 30 minutes later

Meal 4

- 4–5 ounces protein shake
- Sip 4–5 ounces water 30 minutes later

Meal 5

- 4–5 ounces protein shake
- Sip 4–5 ounces water 30 minutes later

Meal 6

- ¼ cup low fat soup (strained) – add unflavored protein powder
- Sip 4–5 ounces water 30 minutes later

Meal 7

- 4–5 ounces protein shake
- Sip 4–5 ounces water 30 minutes later

Meal 8

- 4–5 ounces protein shake
- Sip 4–5 ounces water 30 minutes later

**No caffeine,
carbonation,
straws, or going
longer than 2 hours
between meals.**



POST-OPERATIVE LIQUID DIET GROCERY LIST

- Protein shake (*see protein shake varieties listed on page 34*)
 - Ready-to-drink shakes
 - Protein powder
- Nonfat or 1% milk (lactaid if lactose intolerant)
- Dairy or unsweetened milk alternatives (*see Milk Chart on page 33*)
- Yogurt: Greek low sugar, low fat, smooth (no chunks)
- Pudding (sugar-free)
- Soup (low fat & strained)
- Cream of wheat cereal (unsweetened) – pourable (thinned with water, milk, or milk alternative)
- Cream of rice cereal (unsweetened) – pourable (thinned with water, milk, or milk alternative)
- Applesauce (unsweetened, no chunks)
- Popsicles (sugar-free)
- Sugar free & caffeine free drink mix
- Artificial Sweeteners – Splenda (sucralose), Stevia or monk fruit
Avoid: Sugar alcohols or aspartame (Refer to Intro to Nutrition for sugar alcohol education)
- Frozen fruit blended and strained (thin and runny)



PROTEIN SHAKE GUIDELINES

Protein Shake Recipe Variations

- To increase sweetness, add Splenda, Stevia, Swerve or Monk Fruit sweetener.
- To decrease sweetness, mix half of your flavored protein powder and half unflavored protein powder. Substituting plain low-fat Greek yogurt or low fat cottage cheese or tofu helps too.
- Make it savory: try using unflavored protein powder and low sodium broth or chicken flavored protein powder.
- Add flavor with extracts: ¼ tsp sugar free syrups or extracts such as vanilla, caramel, or banana.
- Add fiber by using ½ cup of greens, such as spinach or kale, or fruits, such as strawberries, blueberries and banana.
- Include frozen fruits (no added sugar). If using frozen fruit, remember to omit ice cubes.
- To thicken, add low sugar yogurt or 1 tsp sugar free pudding powder mix.
- Add peanut butter, almond butter, or cashew butter.

Protein Powder



Follow
Guidelines



Fruit and Leafy Greens



Fruit, blended
and strained
(1/2 cup)

Leafy Greens
(serving size
1/2 cup)



Milk or Alternative Liquid



Cow's, milk,
oat milk, or
soy milk
(serving size
1 cup)

Alternative
Liquid
(serving size
1 cup)

REMEMBER

Be creative and vary your shakes! Pre-Operative recipes can be used in the Post-Operative phase without carbohydrate restrictions. Have fun adding fruit and veggies, but keep the consistency thin.

POST-OPERATIVE LIQUID DIET RECIPES

Banana Pudding Protein Shake

- 1 serving vanilla protein powder (Celebrate brand, vanilla bean★)
- ½ banana
- 2 Tbsp sugar-free, fat free vanilla pudding mix
- 1 cup oat milk, soy milk, or low-fat milk

Place ingredients in blender and blend until smooth.

Nutritional Analysis:

Total Calories: 147

Protein: 28g Carbs: 31g Total Fat: 4g

Blueberry Blaster Shake

- 1 scoop of vanilla protein powder
- 4 to 6 ice cubes
- ¾ cup blueberries

Place all ingredients in the blender and blend for 4-5 minutes until smooth.

Nutritional Analysis:

Total Calories: 99

Protein: 28g Carbs: 25g Total Fat: 2g

Chocolate Protein Pudding

- ½ cup plain Greek yogurt
- 2 Tbsp chocolate protein powder (Celebrate brand Chocolate P20)
- 2 Tbsp powdered peanut butter

Using a small rubber spatula, add ingredients to a bowl and stir. Fold mixture together continuously until well blended.

Nutritional Analysis:

Total Calories: 292

Protein: 51g Carbs: 16g Total Fat: 10g

Chocolate Strawberry Shake

- 1 scoop of chocolate protein powder OR 1 scoop whey/soy protein powder
- 6 oz. of water
- 4 to 6 ice cubes
- 6 small strawberries

Place ingredients in blender and blend until smooth.

Nutritional Analysis:

Total Calories: 104

Protein: 20g Carbs: 18 g Total Fat: 1g

Fall Spice Latte

- 1 scoop Vanilla protein powder (Celebrate brand, vanilla bean★)
- ½ cup Skim Milk
- ½ cup coffee
- 1 tsp Cinnamon
- ¼ tsp Ginger 0 everything

Measure skim milk into a microwave safe mug. Heat skim milk in the microwave (below 130°F). Stir ½ cup coffee (below 130°F) into warm skim milk. Slowly add 1 scoop of Vanilla UNJURY and stir until dissolved. Sprinkle cinnamon & ginger and mix well (amount of cinnamon and ginger may vary depending on your personal taste)

Nutritional Analysis:

Total Calories: 86

Protein: 31g Carbs: 18 g Total Fat: 2g



Frozen Chocolate Banana Shake

- 8 oz. water
- 4 to 5 ice cubes
- ½ medium banana
- 1 scoop chocolate protein powder

Place ingredients in blender and blend until smooth.

Nutritional Analysis:

Total Calories: 153

Protein: 21g Carbs: 16g Total Fat: 1g

Lemon Cream Protein Shake

- 1 cup unsweetened almond or low-fat milk
- 1 serving vanilla protein powder (Celebrate brand, vanilla bean★)
- ½ cup fat free plain Greek yogurt
- 2-3 tsp grated lemon zest
- 6 ice cubes

Place ingredients in blender and blend until smooth.

Nutritional Analysis:

Total Calories: 200

Protein: 52g Carbs: 29g Total Fat: 5g

Mocha Shake

- 4 ice cubes
- 1 Tbsp milk
- 6 oz. decaffeinated coffee
- 1-2 scoops chocolate protein powder

Place ingredients in blender and blend until smooth.

Nutritional Analysis:

Total Calories: 112

Protein: 21g Carbs: 4g Total Fat: 1g

Orange Creamsicle

- 2 scoops of vanilla protein powder OR 1 scoop whey/soy protein powder (Celebrate brand, vanilla bean★)
- 6 oz. of water
- 4 to 6 ice cubes
- 1 small orange (size of tennis ball)

Place ingredients in blender and blend until smooth.

Nutritional Analysis:

Total Calories: 83

Protein: 28g Carbs: 21g Total Fat: 2g

Peanut Butter Cup Protein Shake

- ½ frozen banana
- 1 serving chocolate protein powder
- 2 Tbsp powdered peanut butter
- ½ cup oat milk, soy milk, or low fat milk
- ¼ cup plain Greek yogurt
- 6 ice cubes

Place ingredients in blender and blend until smooth.

Nutritional Analysis:

Total Calories: 247

Protein: 35g Carbs: 20g Total Fat: 4g

REMEMBER

Pre-Operative recipes can be used in the Post-Operative phase without carbohydrate restrictions. See recipe index on page 36.



*Nutritional values vary depending on brands and type of protein powder used

Piña Colada Shake

- 6 oz. water
- 4 ice cubes
- 2 scoops vanilla protein powder OR
1 scoop whey/soy protein powder
(Celebrate brand, vanilla bean★)
- 1/3 cup pineapple chunks
- 1 tsp sugar free coconut extract

Place ingredients in blender and blend until smooth.

Nutritional Analysis:

Total Calories: 61

Protein: 27g Carbs: 15g Total Fat: 2g

Pineapple Blast Shake

- 4 ice cubes
- 6 oz. water
- 2 scoops vanilla protein powder OR
1 scoop whey/soy protein powder
(Celebrate brand, vanilla bean★)
- 1/3 cup pineapple chunks
- 1 tsp sugar free, instant pudding powder mix

Place ingredients in blender and blend until smooth.

Nutritional Analysis:

Total Calories: 75

Protein: 27g Carbs: 18g Total Fat: 2g

Protein Hot Chai Tea Mix

- 6 scoops vanilla protein powder
(Celebrate brand, vanilla bean★)
- 1 ½ cups non-fat powdered milk
- ¾ cup instant unsweetened tea mix
- ¾ cup Splenda
- 1 TB chai spice mix (or use half cinnamon
and half ground ginger)
- 1 tsp ground cloves
- 1 tsp cardamom

Mix all dry ingredients in bowl until well blended. Add ½ cup of mixture to mug and add a splash of cold water. Stir to create smooth paste. Add 8 oz. hot water and mix well. Top with sprinkle of chai spice.

Nutritional Analysis:

Serving Size: 7 servings (about ½ cup)

Total Calories: 729

Total protein 199g total carbs 145g total fat 12g

1 serving:: Calories: 104 Protein: 23 g Carbs: 20g

Total Fat: 1.7g

Pumpkin Protein Shake

- 1 cup unsweetened almond milk or low-fat milk
- ½ cup pumpkin puree (not pie filling)
- 1 serving vanilla protein powder
- ½ tsp pumpkin pie spice
- ½ banana
- 6 ice cubes

Place ingredients in blender and blend until smooth.

Nutritional Analysis:

Total Calories: 165

Protein: 31 g Carbs: 22 g Total Fat: 2 g



Raspberry Chocolate Shake

- 2 scoops of chocolate protein powder OR 1 scoop whey/soy protein powder
- 6 oz. water
- 6 ice cubes
- 3/4 cup fresh raspberries

Nutritional Analysis:

Total Calories: 111

Protein: 21g Carbs: 14 g Total Fat: 2g

Strawberry Cheesecake Protein Shake

- ½ cup unsweetened almond or low-fat milk
- 1 serving vanilla protein powder (Celebrate brand, vanilla bean*)
- 1 Tbsp sugar-free, fat free cheesecake pudding mix
- ¼ cup Greek plain yogurt
- 6 ice cubes
- ½ cup pureed strawberries

Place ingredients in blender and blend until smooth.

Nutritional Analysis:

Total Calories: 133

Protein: 35g Carbohydrates: 23g Total Fat: 3g

NOTES

REMEMBER

You can find more recipes and share tips and tricks with fellow patients by joining our Facebook group.



*Nutritional values vary depending on brands and type of protein powder used

NOTES





Pardee Bariatrics University
NUTRITION 102:
SOFT DIET



NUTRITION 102: SOFT DIET



Post-Operative Soft Diet

Definition: A soft diet involves only foods that are smooth in consistency. We refer to this texture as pureed, mashed, or mechanically ground. Soft foods must remain moist. The soft diet will begin three weeks after surgery after you have completed your follow up visit with the dietitian. The soft diet phase lasts until three months after.

Purpose: To allow your stomach and intestines to heal. Slowly introduce soft, semi-liquid foods. Eating solid food too soon may put pressure on the staple line and can cause breakage or leakage. Be patient and do not push the limits of this stage. Although it is frustrating to be “stuck” in this special texture, advancing too rapidly into foods that are too dense and hard can cause problems with nausea, vomiting, and even result in foods getting stuck.

If at any time you find that you are not doing well with these foods, slow down and give your stomach a rest. Go back to liquids. Remain there for one to two days, then advance again to the more soft stages. Try to introduce only one new soft food item a day to determine trouble foods.

Many patients are excited to advance from the liquid diet phase to the soft diet phase but struggle learning what foods are appropriate. We have created soft diet guidelines, a sample meal plan, recipes, and even a grocery list of items to stock your pantry. If trying to come up with tasty recipes during this phase seems bleak, never fear! Our dietitian will help you every step of the way.

Soft Diet Guidelines

- Begin soft diet no sooner than 3 weeks after surgery once advanced by the dietitian.
- The soft diet phase continues until three months after surgery

Remember to keep your scheduled appointments, many patients find marking their calendar a great way to keep track and stay motivated during this stage.

- Continue 3 protein shakes and slowly begin adding new soft foods daily as tolerated.
- Soft foods should be moist and not dry.
- Eat very slowly, 25–30 chews per bite.
- Estimated calorie range is _____ calories, as determined by your provider or dietitian.
- Consume a minimum of 60 grams of protein daily, more as tolerated.
- Consume at least 64 ounces of fluids daily (protein shakes are included in total daily fluid intake).
- Keep track of your daily macronutrients in the Baritastic application or food journal of your choice.

SOFT DIET SAMPLE MEAL PLAN

Breakfast

- Protein shake
- Sip water 30 minutes later

Morning Snack

- Scrambled egg
- Sip water
- Scrambled egg with melted cheese or avocado

Lunch

- 1/4 cup tuna with light mayo or cheese stick wrapped with thinly sliced deli meat
- 1/4 cup sugar free pudding with added protein powder
- Sip water 30 minutes later

Afternoon Snack

- Whole protein shake
- 30 minutes later-sip water

Evening Meal

- 1/4 cup mashed beans, moist ground meat (chicken, beef or turkey) with a tablespoon of avocado or melted cheese
- 1/4 cup boiled or steamed vegetables
- Sip water 30 minutes later

Evening Snack

- Whole protein shake
- Sip water 30 minutes later



No caffeine, carbonation, straws, or going longer than 2 hours between meals.





SOFT DIET GROCERY LIST

- Eggs
- Baked fish
- Canned tuna or chicken
- Deli meat – thinly sliced
- Tofu
- Hummus
- Avocado
- Mashed beans
- Mashed fruit
- Broiled or steamed vegetables
- Soft cheeses
- Cottage or ricotta cheese
- Infant pureed meats, fruits and vegetables
- Oatmeal
- Ground meats (make sure it is moist)

Avoid: Sugar alcohols or aspartame (Refer to Intro to Nutrition for sugar alcohol education)

Remember, you can also eat foods from the full liquid stage. (See full liquid diet grocery list on page 48)

SOFT DIET RECIPES

Baked Tofu Bites

- 6 oz. extra-firm tofu
- ¼ cup of soy sauce
- 3 Tbsp sugar-free maple syrup
- 2 Tbsp ketchup
- 1 tsp toasted sesame oil
- 2 tsp Worcestershire sauce
- 1 dash sweet chili sauce or hot sauce
- 1 Tbsp sesame seeds
- ¼ tsp garlic powder
- ¼ tsp ground black pepper
- ¼ tsp salt
- 1 Tbsp rice wine vinegar

Drain tofu of excess liquid. Cover with paper towel, place in Ziploc bag or on plate & refrigerate overnight. Preheat oven to 375 F. Cut tofu into ½ to 1-inch cubes. In a bowl, whisk the rest of the ingredients. Gently stir tofu cubes into sauce. Cover and marinate at least five minutes (or up to 2 hours). Place tofu on baking sheet. Bake 20 minutes, turn tofu and bake 20 minutes more (until toasty). Turn off oven and leave Bites in the oven for 20 minutes more or until they look toasted and are dried out (note: baking time dependent on size of Tofu bites).

Serving Size: 1 oz.

Nutritional Analysis:

Each with: Calories: 50 Protein: 4 g Carbs: 3 g
Total Fat: 2 g Sat Fat: 0 g
Trans Fat: 0 g
Cholesterol: 0 mg Sodium: 340 mg
Sugars: 1 g Fiber: 0

Berry Delicious Cream of Wheat

Blueberries, blackberries, strawberries, or huckleberries can also be substituted for the raspberries in this recipe.

- ¾ cup (135g) instant Cream of Wheat, no salt added
- ½ tsp vanilla extract
- ½ cup (60g) fresh raspberries
- 2 Tbsp (15g) protein powder supplement (make sure the protein is appropriate for hot foods)
- 2 Tbsp (28 ml) nonfat milk or low-fat, low-sugar soy milk (less than 14grams of sugar per cup)
- 2 sprigs spearmint

Prepare Cream of Wheat per the package instructions for two servings, adding the vanilla to the water before boiling. Just before removing the Cream of Wheat from the pan, stir in the raspberries. Add the protein powder just prior to serving. Serve in warmed bowls, topped with the milk and garnished with the fresh spearmint sprigs.

Serving Size: 1 serving

Nutritional Analysis:

Each with: Calories: 219 Protein: 24 g Carbs: 23 g
Total Fat: 3 g Sat Fat: 1 g
Cholesterol: 0 mg Sodium: 84 mg Sugars: 4 g
Fiber: 4 g

NOTES



Black Bean and Lime Puree

- 1/2 cup black beans, rinsed
- 1/2 Tbsp lime juice
- 1/2 Tbsp juice from jarred jalapeños
- 1/4 cup chicken or vegetable broth
- 1 Tbsp unflavored protein powder

Place rinsed black beans in a small saucepan over medium heat. Add lime juice and juice from jarred jalapeños. Stir and heat throughout. Add chicken broth.

1. Move mixture to a blender or using a hand blender, blend mixture until smooth. Move to a bowl.
2. Let cool slightly and then stir in unflavored protein powder until blended in well. Serve.

Serving Size: 2 servings

Nutritional Analysis:

Total Calories: 210

Protein: 26g Carbohydrates: 23g Total Fat: 7g

Black Bean Soup

- 1 small onion, diced
- 2 cloves garlic, minced
- 1 Tbsp olive oil
- 2 cans black beans (15 oz. each)
- 2 cans diced tomatoes (15 oz. each)
- 2 cans fat free chicken broth (15 oz. each)
- 1 Tbsp balsamic vinegar
- 1 tsp thyme
- 2 bay leaves

Sauté onion and garlic in olive oil until onions start to sweat. Add black beans and mash about a quarter of the beans with a potato masher. Add remaining ingredients. Bring to a boil, then turn down heat. Simmer for 10 minutes until done. Remove bay leaves and serve.

Serving Size: approx. 10 servings (about 1/2 cup)

Nutritional Analysis:

Each with: Calories: 79 Protein: 5 g Carbs: 11 g

Total Fat: 1 g Sat Fat: 0 g

Cholesterol: 0 mg Sodium: 410 mg Sugars: 2 g

Fiber: 5 g

Buffalo Chicken - Pureed

Ingredients

- 1 can of chicken, drained (9.75 ounce)
- 1 Tablespoon low-fat blue cheese crumbles
- 2 Tbsp light ranch dressing
- 1 tsp buffalo sauce
- Salt and pepper, to taste

Place all ingredients in a blender and puree until smooth.

Serving Size: 2 servings

Nutritional Analysis:

Total Calories: 170

Protein: 17g Carbohydrates: 2g Total Fat: 10g

Eggs Poached in Tomato Sauce

- 1/2 jar of spaghetti sauce – a brand without sugar as an ingredient or 3 cups of homemade marinara
- 2 eggs

1. Heat the sauce in a shallow skillet to a gentle simmer.
2. Crack an egg into a small dish or coffee cup
3. Make a hole in the sauce with the back of a large spoon and slip the egg into the space.
4. Cover and cook to desired doneness.

Serving Size: 2 servings

Nutritional Analysis:

Total Calories: 219

Protein: 10g Carbohydrates: 21g Total Fat: 11g



**Nutritional values vary depending on brands used*

Egg ‘Crepe’ with Ricotta

- 1 large egg
 - salt and pepper
 - 1 tsp olive oil
 - ¼ cup part skim ricotta
 - ¼ cup of your favorite non-chunky salsa
1. Scramble egg with pinch of salt and a few grinds of pepper
 2. Heat 1 tsp olive oil in a small nonstick pan over medium high heat
 3. Pour into hot pan and swirl as it covers the bottom as a crepe
 4. Cook until egg is set and carefully flip
 5. Add small spoonfuls of ricotta in a line across your ‘crepe’ and roll up
 6. Remove to plate
 7. Add salsa to pan to sizzle and warm before spooning over egg

Serving Size: 1 serving

Nutritional Analysis:

Total Calories: 203

Protein: 12g Carbohydrates: 3g Total Fat: 15g

NOTES



Fall Harvest Pumpkin Soup

- 3 cups (735g) pureed canned pumpkin (no salt) or 1 (5 pound, or 2.5 kg) sugar pumpkin
- 1 large yellow onion, diced
- 2 large celery ribs cut into ½ inch (1.25 cm) pieces
- 1 quart (1 L) low-sodium chicken stock
- ½ cup (120 ml) white wine, cooking sherry, chicken broth, or vegetable broth
- 2 tsp cinnamon, plus more for garnish
- 2 tsp allspice
- 2 tsp curry powder (optional)
- 2 tsp paprika
- ½ tsp cumin
- 1 tsp cayenne pepper (optional)
- ½ tsp ground white pepper
- ¾ cup (175 ml) nonfat half and half

If using fresh pumpkin, preheat the oven to 375 degrees F (190 degrees C). Cut the pumpkin in half and scrape out the seeds and strings. Cut the halves into quarters. Place the pumpkin, skin side down, in a 9 ½ x 13 ½ inch (22.5 x 32.5 cm) or 3 quart (3 L) baking dish, with about ½ inch (1.25 cm) of water in it. Bake the pumpkin for about 60 minutes, until the flesh is tender throughout. Let cook and scrape out the flesh. Puree the pumpkin using a hand mixer, blender, or food processor (it should be about 3 cups puree).

In a 4 quart (4 L) soup pot, place the chicken stock, onion, and celery. Cover and bring it to a simmer. Continue cooking for about 15 minutes, until the vegetables are soft and translucent. With a slotted spoon or small mesh strainer, remove the vegetables and puree using the same method as the pumpkin. Return the vegetables to the chicken stock and add the pumpkin puree. Add the wine (or sherry or broth), cinnamon, allspice, curry powder (if using), paprika, cumin, cayenne pepper (if using), and white pepper. Slowly stir in the half-and-half. Bring it back to a simmer and continue cooking for about 20 minutes, stirring occasionally.

Serving Size: 6 servings (about 1 cup)

Nutritional Analysis:

Each with: Calories: 151 Protein: 6 g Carbs: 22 g

Total Fat: 4 g Sat Fat: 1 g

Cholesterol: 5 mg Sodium: 252 mg Sugars: 7 g

Fiber: 5 g

Filet of Salmon with Sesame-Orange Glaze

- 1 ½ pounds (700g) wild Atlantic salmon, cut into 6 (4-ounce, or 115g) pieces
- ¼ tsp salt
- ¼ tsp black pepper
- 3 Tbsp (45 ml) light soy sauce
- 3 Tbsp (45 ml) fresh or premixed 100% orange juice
- 1 tsp orange zest
- ½ tsp toasted sesame oil

Preheat the oven to 375 degrees F (190 degrees C). Sprinkle the top and bottom of the salmon with the salt and pepper and set aside for 15 minutes in the refrigerator. In a small mixing bowl, combine the soy sauce, orange juice, orange zest, and sesame oil. Vigorously whisk with a wire whip or fork. Pour the glaze mixture into a small saucepan and cook over medium-high heat until glaze reduces in volume by one-fourth. Place the salmon in a 9x13 inch (22.5 – x 32.5 cm) glass baking dish skin side down and spoon the glaze on top. Bake the salmon fillets 12 to 15 minutes for every 1 inch (2.5 cm) of thickness.

Serving Size: 6 servings (about 3 ounces)

Nutritional Analysis:

Each with: Calories: 176 Protein: 23 g Carbs: 2 g
Total Fat: 8 g Sat Fat: 1 g
Cholesterol: 62 mg Sodium: 350 mg Sugars: 2 g
Fiber: 0 g

Greek High-Protein Berry-Licious Milkshake

You can play around with the ingredients to make a new smoothie, such as, substituting the fruit for pumpkin with a touch of cinnamon or a ½ of a banana and a teaspoon cocoa powder.

- 1 cup (235 ml) nonfat milk or low-fat, low-sugar soy milk (less than 14grams of sugar per cup)
- 1 cup (150g) fresh or frozen blueberries, raspberries, strawberries, or blackberries
- 2 ounces (55g) protein powder supplement
- 7 ounces (200g) Greek yogurt (2% fat)
- 1 Tbsp (14 ml) sugar-free vanilla syrup
- 1 cup (150g) crushed ice (optional)

In a blender, combine the milk, blueberries, protein powder, yogurt, syrup, and ice (if using). Blend until the ingredients are emulsified. (The milkshake will be a creamy consistency and blue color throughout).

Serving Size: 3 servings (about 1 cup each)

Nutritional Analysis:

Each with: Calories: 179 Protein: 23 g Carbs: 15 g
Total Fat: 3 g Sat Fat: 1 g
Cholesterol: 5 mg Sodium: 108 mg Sugars: 12 g
Fiber: 1 g

NOTES



Herb and Cheese Mashed Cauliflower

- 2 ½ cups (570 ml) water
- 3 cups (450g) cauliflower florets (about 1 inch, or 2.5 cm pieces)
- 2/3 cup nonfat milk
- ¼ cup (155 ml) nonfat sour cream
- ½ tsp salt
- 1/8 tsp ground white pepper
- 2 Tbsp (15g) finely chopped green onion
- 1 Tbsp (4g) finely chopped fresh parsley
- 1 Tbsp (14g) butter substitute

In a 2 ½ quart (2.5 L) saucepan with a steamer basket, bring the water to a boil. Place the cauliflower in the steamer basket and steam for about 15 minutes, until the cauliflower is very tender throughout. Place the cauliflower in a food processor fitted with a metal S blade and puree until smooth. Add the milk and sour cream and carefully pulse the mixture until smooth. (Pulsate the mixture briefly to avoid the liquids splashing out of the processing bowl). Add the salt, white pepper, onion, parsley, and butter substitute and continue pulsating until evenly incorporated. Serve warm as a side dish.

Serving Size: 4 servings (about 1 cup)

Nutritional Analysis:

Each with: Calories: 88 Protein: 6 g Carbs: 14 g
Total Fat: 2 g Sat Fat: 0 g
Cholesterol: 3 mg Sodium: 252 mg Sugars: 7 g
Fiber: 4 g

Italian Chicken Puree

Ingredients

- 1 can of chicken, drained (9.75 ounce)
- 1 1/2 Tbsp tomato sauce
- 1/8 tsp salt
- 1/8 tsp pepper
- 1 tsp Italian seasoning

1. Place all ingredients into a small blender or use the back of a fork to blend ingredients until well incorporated and mixture looks soft.
2. Move to bowl and microwave 30 seconds.
3. Optional variation: add low-fat cottage cheese or ricotta cheese for a lasagna style meal.

Serving Size: 2 servings

Nutritional Analysis:

Total Calories: 127

Protein: 16g Carbohydrates: 3g Total Fat: 5g

Low Carb Taco Casserole

- 1 lb 93% lean ground turkey
- 1 packet taco seasoning
- 1/2 cup 2% cottage cheese
- 1 can diced tomatoes, drained
- 1/2 cup 2% shredded cheddar

1. Heat oven to 400 degrees F.
2. Meanwhile, brown the ground beef with the taco seasoning packet. Drain and move to the bottom of a 8×8 casserole dish.
3. Stir all other ingredients together and add over top of ground turkey. Bake for 20 minutes.

Serving Size: 4 servings

Nutritional Analysis:

Total Calories: 228

Protein: 28g Carbohydrates: 2g Total Fat: 12g



**Nutritional values vary depending on brands used*

Lentil Soup

- 1 Tbsp (14 ml) extra-virgin olive oil
- 1 cup (130g) diced carrot (about 1 large)
- $\frac{3}{4}$ cup (120g) diced yellow onion (about 1 medium)
- 1 cup (100g) diced celery (about 1 large rib)
- 2 cloves fresh garlic, chopped
- 2 bay leaves
- 1 Tbsp (14 ml) low-sodium tamari soy sauce
- $\frac{1}{2}$ tsp black pepper
- 1 tsp dried oregano
- 1 tsp dried thyme
- 1 can (14.5 ounces, or 415g) plum tomatoes, drained
- 2 cups (385g) green lentils, soaked for 30 minutes
- 4 $\frac{1}{2}$ cups (1 L) water
- Water or low-sodium vegetable broth (optional)
- 6 sprigs fresh thyme

In a 3-quart (3 L) stockpot or soup pot over medium-high heat, heat the oil. Add the carrot, onion, celery, garlic, bay leaves, tamari soy sauce, pepper, oregano, and dried thyme, and cook until the carrots begin to soften. Break apart the tomatoes by crushing them with your hands, then add them to the pot. Drain the lentil, and then add them to the pot. Add the water and bring to a boil. Reduce the heat to a soft boil, cover partially, and cook for 20 minutes, until the lentils become soft throughout. If a thinner consistency is desired, add additional water or low-sodium vegetable broth in small amounts at a time. (Adding too much water to the soup will decrease the strength in flavor). Remove the bay leaves prior to serving. Garnish with the thyme sprigs and serve in warmed soup bowls.

Serving Size: 6 servings (about 1 cup)

Nutritional Analysis:

Each with: Calories: 313 Protein: 20 g Carbs: 49 g
Total Fat: 5 g Sat Fat: 1 g
Cholesterol: 0 mg Sodium: 394 mg Sugars: 11g
Fiber: 23 g

Mushroom Spread

- 8 oz. block of low-fat cream cheese softened
 - 8 oz. mushrooms sliced
 - 2 cloves of garlic, minced
 - 3 Tbsp of butter
 - 1 sprig of fresh thyme about $\frac{1}{2}$ teaspoon
 - Kosher and white pepper to taste
1. Heat butter over a medium heat. Sauté mushrooms in butter until soft, about 10 minutes.
 2. Add garlic and thyme and cook another minute or two.
 3. Cool a few minutes and then blend mushrooms and cream cheese together in food processor.
 4. Season with kosher salt and pepper. Chill...or not.

Serving Size: 4 servings

Nutritional Analysis:

Total Calories: 216

Protein: 5g Carbohydrates: 4g

Total Fat: 18g

Peppermint Mousse

- 1 box sugar-free, fat-free instant white chocolate pudding mix
- 2 cups skim milk
- $\frac{1}{2}$ tsp peppermint extract
- 3 drops red food coloring
- 1 $\frac{1}{2}$ cups of sugar-free Cool Whip

In a bowl, mix pudding mix, milk, peppermint extract, and food coloring. Whisk for 2 minutes. Refrigerate for 5 to 10 minutes. Add Cool Whip and mix for 2 additional minutes. Spoon into parfait glasses.

Serving Size: 8 servings (about $\frac{1}{4}$ cup)

Nutritional Analysis: Each with:

Calories: 80 Protein: 2 g Carbs: 15 g

Total Fat: 0 g



Pumpkin Yogurt Dip

- ½ cup canned pumpkin
- 6 oz. nonfat plain Greek yogurt
- 2 tsp Splenda®
- ¼ tsp cinnamon
- ⅛ tsp nutmeg

Combine all of the ingredients in a bowl. Serve chilled with Flat-Out Chips

Serving Size: 3 servings

Nutritional Analysis:

Each with: Calories: 48 Protein: 6 g Carbs: 6 g

Total Fat: 0 g Sugars: 4 g

Red Pepper Enchilada Bean Puree

- 1/2 cup black beans, rinsed
- 1 1/2 tbsp red enchilada sauce, divided
- 2 Tbsp finely chopped jarred roasted red pepper* may need to omit based on your program
- 2 tbsp chicken broth
- 1 tbsp unflavored protein powder

1. Add black beans, 2 tbsp enchilada sauce and red pepper to a small sauce pan and heat over medium heat.
2. Add broth.
3. Use a hand blender to blend ingredients well. OR move to a blender and blend well.
4. Transfer bean puree to a bowl. Allow to cool a moment and add protein powder and another 1/2 tsp enchilada sauce. Serve.

Serving Size: 1 serving

Nutritional Analysis:

Total Calories: 165

Protein: 16g Carbohydrates: 22g

Total Fat: 2g



**Nutritional values vary depending on brands used*

Salsa & Eggs Turkey Skillet – High Protein Recipe

Fast and easy meal using lean ground turkey, salsa and eggs. This bariatric friendly recipe is packed with protein and sure to fill you up and keep you full! The key to weight-loss success!

- 1 lb 93% lean ground turkey
- 1 jar (16 oz) salsa of choice
- 4 large eggs
- ½ tsp cumin
- 1/4 tsp each salt and pepper

1. Heat nonstick skillet to medium high heat. Brown ground turkey and drain.
2. Add salsa and cumin and stir to combine. Crack eggs over top of ground turkey, season with salt and pepper and cover. Cook until set, about 6–8 minutes. Let cool slightly and serve.

Serving Size: 4 servings

Nutritional Analysis:

Total Calories: 187

Protein: 24g Carbohydrates: 1g Total Fat: 9g

*Nutritional Values vary depending on brands used

NOTES

Scrambled Eggs with Black Bean Puree

- 1 egg
- 1/8 tsp salt
- 1/8 tsp pepper
- 1/2 cup black beans, rinsed
- 3 Tbsp green enchilada sauce, divided
- 2 Tbsp chicken or vegetable broth
- 1 Tbsp unflavored whey protein powder

Black Bean Puree

1. Place rinsed black beans in a small saucepan over medium heat. Add enchilada sauce. Stir and heat throughout, about 2 minutes. Add chicken broth.
2. Move mixture to a blender or using a hand blender, blend mixture until smooth. Move to a bowl.
3. Let cool slightly and then stir in unflavored protein powder until blended in well. Cover to keep warm until egg is cooked. Refrigerate leftovers for another meal.

Scrambled Egg

1. Heat a non-stick skillet to medium high heat. Meanwhile in a small bowl, whisk the egg well allowing air to incorporate.
2. Pour egg into heated skillet. Sprinkle with salt and pepper. Use a rubber spatula to slowly move the egg around the pan as it cooks through. When egg seems mostly cooked but still has some liquid texture, fold onto itself and remove to a plate. Top with 1 tbsp black bean puree and 1 tsp green enchilada sauce.

Serving Size: 1 serving

Nutritional Analysis:

Total Calories: 257

Protein: 22g Carbohydrates: 24g

Total Fat: 8g

Slow-Cooked Bone-In White Chicken Chili

- 1 pound (455g) skinless chicken thighs
- 1 pound (455g) dry Great Northern White beans, rinsed (about 2 ½ cups)
- 6 cups (1410 ml) low-fat, low-sodium chicken broth
- 2 Tbsp (30g) low-sodium tomato paste
- 1 medium green bell pepper, cored and diced (about ¾ cup, or 105g)
- 1 large medium yellow onion, diced (about 1 ½ cups, or 240g)
- 3-6 cloves fresh garlic, chopped
- 1 jalapeno pepper, seeded and minced (optional)
- 1 Tbsp (4g) dried oregano
- 3 tsp ground cumin
- 2 tsp paprika
- 1 Tbsp (9g) chili powder
- ½ tsp cayenne pepper (optional)
- Nonfat sour cream

Rinse the chicken and pat them dry with paper towels. Place the beans in the slow cooker, along with broth and tomato paste. Stir to dissolve the tomato paste and add the chicken, bell pepper, onion, garlic, jalapeno pepper, oregano, cumin, paprika, chili powder, and cayenne pepper (if using). Cook on high for 10 hours. Serve in warm bowls and top each with a teaspoon of sour cream.

Serving Size: 8 servings (about ¾ cup)

Nutritional Analysis:

Each with: Calories: 270 Protein: 26 g Carbs: 32 g

Total Fat: 4 g Sat Fat: 1 g

Cholesterol: 47 mg Sodium: 112 mg Sugars: 4 g

Fiber: 12 g



Smoked Salmon Pate

- 2.5 oz fresh smoked salmon
 - 2 Tbsp 0% fat, plain Greek yogurt
 - ½ tsp dried dill
 - 1 Tbsp fresh lemon juice
 - 1/8 tsp salt
 - 1/8 tsp pepper
1. Place all ingredients except Greek yogurt into a food processor. Process mixture until fish is finely diced.
 2. Use a spoon or rubber spatula to stir in Greek Yogurt until smooth.

Nutritional Analysis:

Total Calories: 165

Protein: 22g Carbohydrates: 1g Total Fat: 8g

Soft Mexican Chicken Salad

- 1 cup canned chicken, drained (9.75 ounces)
 - 1 Tbsp light mayonnaise
 - 1 tsp taco seasoning
 - 2 tsp juice from jarred salsa (no chunks)
1. Place canned chicken into a bowl. Use a fork to break chicken into smaller pieces. Add mayo and stir until well combined and soft.
 2. Stir in taco seasoning and salsa juice. Serve.

Serving Size: 2 servings

Nutritional Analysis:

Total Calories: 140

Protein: 16g Carbohydrates: 1g Total Fat: 7g

Traditional Hummus

Serve this with avocado slices, deli meat, Greek olives, or soft cheese. Note that five Greek olives equals one serving of fat.

- 3-5 cloves garlic, crushed
- 1 ½ Tbsp (21 ml) extra-virgin olive oil, divided
- 3 cans (15 ounces, or 430g each) cooked chickpeas (garbanzo beans), rinsed and drained
- ¼ cup (60g) sesame tahini
- ½ tsp toasted sesame oil
- 2 Tbsp (28 ml) cold water
- 2 Tbsp (28 ml) fresh lemon juice
- ½ tsp salt
- 2 tsp ground cumin

Place the garlic in a food processor with 1 ½ teaspoons of the olive oil and process until the garlic is minced, almost paste-like. (You will need to stop the process and scrape down the garlic from the sides of the container a few times). Add the chickpeas, tahini, sesame oil, water, lemon juice, salt, and cumin, and continue processing. While the puree is still processing, slowly add the remaining olive oil. (The consistency should have a smooth, but grainy texture. If a thinner consistency is preferred, add additional later in small increments).

Serving Size: 16 servings (about ¼ cup)

Nutritional Analysis:

Each with: Calories: 112 Protein: 5 g Carbs: 14 g

Total Fat: 5 g Sat Fat: 1 g

Cholesterol: 0 mg Sodium: 40 mg Sugars: 2 g

Fiber: 4 g



**Nutritional values vary depending on brands used*

Holiday Pumpkin Parfait

- 1 cup (255g) pumpkin puree
- 1 package (1 ounce, 28g) sugar-free instant vanilla pudding mix
- 2 cups (475 ml) cold nonfat milk
- 1 tsp cinnamon
- 1 tsp allspice
- ½ teaspoon vanilla extract
- 6 Tbsp (18g) nonfat whipped cream topping
- 6 cinnamon sticks
- ½ tsp ground nutmeg

In a medium mixing bowl, combine the pumpkin puree, pudding mix, and milk. Add the cinnamon, allspice, and vanilla and mix thoroughly. Evenly spoon the mixture into 6 parfait or martini glasses. Chill in the refrigerator for about 30 minutes, until the mixture is set. Place 1 tablespoon (3g) whipped cream topping on top of each parfait. Garnish each with a cinnamon stick and nutmeg.

Serving Size: 6 servings (about ½ cup)

Nutritional Analysis:

Each with: Calories: 55 Protein: 3 g Carbs: 9 g

Total Fat: 1 g Sat Fat: 0 g

Cholesterol: 2 mg Sodium: 100 mg Sugars: 5 g

Fiber: 1 g

NOTES

REMEMBER

You can find more recipes and share tips and tricks with fellow patients by joining our Facebook group.





Pardee Bariatrics University
NUTRITION 103:
REGULAR DIET





NUTRITION 103: REGULAR DIET

Regular Diet

The regular diet is a diet without texture restrictions. However, many patients often find these foods need to be chopped small and cooked meats should remain moist. Essentially, the regular diet consists of whole cooked or raw vegetables, fresh fruits, and all sources of cooked lean meats. The regular diet begins three months after surgery after advanced by the dietitian.

At the regular diet stage, it is important to focus on the **Quality of food rather than the Quantity of food.** Protein remains an essential part of your diet. When sitting down to a meal, eat protein first then healthy carbohydrates such as your vegetables and fruit and whole grains and fats last. Our dietitian will review the plate method with you in the office. We want you to be successful months and years after surgery. Read the following guidelines and recipes to stay on track with your weight and nutrition after surgery.

Do not forget that your pantry should already be stocked with many of these items, but now you can explore a more diverse array of recipes, and begin experimenting with different flavors and heartier textures. If you struggle trying to come up with tasty recipes, our dietitian is here to help you.



Tips for Successful Transition to Solid Foods

- Always eat your protein first.
The first 2-4 ounces (or $\sim 1/4 - 1/2$ cup) of food should be high in protein.
- The total volume of food at a meal should be 6-8 ounces (or $3/4 - 1$ cup) or less, depending on the food's texture and density.
- Do not go more than 2-3 hours without a meal.
- Carry snacks for between meals.
- As you transition through the diet stages, try one new food at a time to determine what foods you tolerate best.
- Remember: you can always build on recipes from the previous diet, progressively adding more texture and fresh whole produce.
- Remember to pace yourself. Eat slowly & allow yourself 20-30 minutes to finish a meal; It takes between 20-30 minutes for your stomach to tell you brain that you are full. Tips for slowing down include:
 - Try putting your fork down between bites.
 - Use chopsticks or baby utensils.
 - Chew slowly and deliberately while taking time to enjoy the taste of your food.
- Use the half plate method of dividing your plate in half and set timer; consume only half of your plate within 15 minutes and if finished before 15 minutes half elapsed. Wait. Then, consume the other half of the plate in remaining 15 minutes.
- Chew well. Chew a food between 25-30 times per bite.
- Drink fluids 30 minutes before or after meals to ensure that you have enough room in your stomach for foods that provide your body with the nourishment it needs.

- Limit or avoid certain types of foods:
 - Sticky/stringy/foods are often not tolerated well initially, and can cause blockages. Sticky/stringy foods include: fresh bread, sticky rice, pasta, and melted cheese.
 - Crunchy foods to use caution with include: raw veggies, nuts and seeds, and popcorn.
 - Limit or avoid tough fibrous foods, which include corn, celery, fruit skins/membranes, large seeds and sweet potatoes for 3-6 months after surgery.
 - If you love these foods and would like to incorporate them into your diet, cooking them until tender and/or chewing them very well may allow you to add them to your meals.
- Learn to identify true hunger vs. emotional hunger. What are some signs of true hunger?
 - Weakness and lethargy
 - Tired and fuzzy thoughts
- Learn to recognize fullness/satiety. Indications of fullness may be:
 - Pressure or fullness in the center of your abdomen
 - Feelings of nausea or heartburn
 - Hiccups (sometimes)

Regular Diet Guidelines

- You will slowly advance to a regular diet, about three months after surgery.
- You will progress along the texture scale, as tolerated.
- Protein goal will be 80-100 grams daily.
- Continue 2-3 protein shakes or bars daily to meet protein goals.
- Eat slowly, 25-30 chews per bites.
- Eat 4-5 small portions daily.
- Track your food for success.

REGULAR DIET SAMPLE MEAL PLAN

Breakfast

- Spinach omelet or ½ cup oats with milk and protein powder
- Sip water 30 minutes later

Morning Snack

- Protein bar
- Sip water 30 minutes later

Lunch

- Salad with protein
- Sip water 30 minutes later

Afternoon Snack

- Protein shake
- Sip water 30 minutes later

Evening Meal

- 2 ounces chicken thigh
- 1/4 cup vegetables
- Sip water 30 minutes later

Evening Snack

- Whole protein shake or ½ cup pudding with added protein powder
- Sip water 30 minutes later

Avoid:

- **Breads, pasta, rice and starches**
- **Carbonated beverages**
- **Straws**



REGULAR DIET RECIPES

Asian Shrimp Zucchini Pasta

- 1/3 cup light Asian salad dressing
 - 2 Tbsp powdered peanut butter (PB2 or PBFit)
 - 2 Tbsp light soy sauce
 - 1 tsp dried minced garlic
 - 1/2 lb medium shrimp, precooked, tails removed
 - 1 medium zucchini, shredded into noodles
 - 1/2 cup cucumber seeded, peeled and diced
 - 2 baby carrots, shredded
 - 1/4 cup peanuts, chopped
1. In a small bowl whisk together salad dressing, powdered peanut butter and soy sauce. Shred zucchini into noodles using a serrated peeler or spiralizer.
 2. Heat a large skillet on medium high heat sprayed with cooking spray. Add minced garlic and shrimp and cook 2 minutes. Add cucumber and carrots. Heat another minute.
 3. Add zucchini noodles and stir to combine. Heat 3 minutes. Pour salad dressing mixture over top and fold in until evenly coated. Heat 1-2 minutes more and serve with chopped peanuts over top.

Serving Size: 3 Servings

Nutritional Analysis

Total Calories: 282

Protein: 23g Carbohydrates: 17g

Total Fat: 10g

Baked Salmon Cakes

- 1/2 lb salmon fillet, fresh or frozen (thawed)
 - 1 tsp each salt and pepper
 - 3/4 cup red onion, diced
 - 1 small yellow pepper
 - 1 1/2 tsp fish seasoning (ex: Old Bay®)
 - 1/2 cup grated Parmesan cheese
 - 3 Tbsp plain 0% fat Greek yogurt
 - 1 tsp Dijon mustard
 - 1 large egg, beaten
1. Season salmon with salt and pepper. Heat a large saute pan to medium-high heat and cook salmon four minutes on each side. Let cool.
 2. Add onion and bell peppers to the skillet and cook until translucent. Add fish seasoning and let cool. Preheat oven to 400F.
 3. Flake the salmon into a large bowl. Add Parmesan cheese, Greek yogurt, mustard and egg.
 4. Add the vegetable mixture and mix well.
 5. Spray a non-stick baking sheet with cooking spray or use baking stone.
 6. Shape the batter into 12 cakes and place on sheet. Bake 10-12 minutes per side.

Serving Size: 3 Servings

Nutritional Analysis

Total Calories: 340

Protein: 25g Carbohydrates: 2g Total Fat: 20g

NOTES

**Nutritional values vary depending on brands used*



Cheesesteak Skillet

- ½ large white onion, chopped
 - 1 large green bell pepper, chopped
 - 1 lb 93% lean ground beef
 - 2 Tbsp Worcestershire sauce
 - 1 pkt Italian seasoning
 - ½ cup part skim shredded mozzarella cheese
1. Heat non-stick skillet to medium high heat and saute onion and pepper until soft.
 2. Add ground beef and cook until brown. Drain and rinse if necessary.
 3. Add Worcestershire sauce and seasoning packet. Heat and stir one minute more. Stir in cheese, remove from heat. Allow to cool slightly and serve.

Serving Size: 4 Servings

Nutritional Analysis

Total Calories: 168

Protein: 21g Carbohydrates: 1g Total Fat: 9g

NOTES



**Nutritional values vary depending on brands used*

Cheesy Italian Chicken (Sheet Pan Meal)

- 2 chicken breasts
- 1 lemon, sliced
- 3 cloves garlic, peeled and chopped roughly
- ½ Tbsp salt
- ½ tsp pepper
- 1 Tbsp Italian Seasoning
- Zucchini, sliced
- Baby broccoli, trimmed and washed
- Tomato, quartered
- ½ cup of tomato sauce (feel free to use any that does not include sugar as an ingredient)
- 1½ Tbsp olive oil, divided
- 1 provolone cheese slices, you could also use mozzarella
- Grated Parmesan, truly just a light sprinkle

1. Pound the chicken quickly so it is an even thickness.
2. Place in gallon sized Ziploc baggie, and add the lemon, salt, pepper, Italian seasoning, garlic and 1 tbsp of the olive oil.
3. Shake and smush to evenly coat the chicken and squeeze a bit of juice from the lemon.
4. Place bag in fridge for up to 9 hours, but at least 1 hour.
5. Pre-heat Oven to 425.
6. On your biggest sheet pan, place the chicken to one side, then lay the veggies on the other.
7. Drizzle remaining Olive Oil on veggies and season lightly with salt, pepper and a bit of the Italian seasoning. Just a couple shakes of each.
8. Place a tablespoon of the sauce on each chicken breast.
9. Slice the cheese in half and top the chicken with the cheese.
10. Place in oven to bake until chicken reaches 180 degrees internally, about 15-20 min.

Serving Size: 2 Servings

Nutritional Analysis:

Total Calories: 305

Protein: 30g Carbohydrates: 9g Total Fat: 15g

Chicken, Broccoli, and Mushroom Casserole

- 6 (4-ounce, or 115g) boneless, skinless chicken breasts
- 1/8 tsp salt
- 1/8 tsp black pepper
- 1 package (10 oz, or 280g) frozen broccoli florets
- 2 tsp light butter
- ¾ pound (340g) fresh mushrooms, cleaned and sliced
- 1 can (8 ounces, or 225g) low-fat condensed cream of celery soup
- 2 tsp lemon juice
- ½ cup (120 ml) nonfat milk
- ¼ cup (25g) sliced green onions (white and green parts)
- ¼ cup (25g) seasoned bread crumbs
- 2 Tbsp(10g) grated Parmesan cheese
- 2 Tbsp(8g) finely chopped fresh parsley

Preheat the oven to 375 degrees F (190 degrees C). Spray a medium-large (about 9 – x 13 – inch, or 22.5 – x 32.5 – cm) baking dish with cooking spray. Sprinkle the chicken with the salt and pepper and place them in the prepared baking dish. Bake the chicken for 15 minutes. (It will finish cooking in the following process). Leave the oven on.

Meanwhile, thaw and drain the broccoli florets. Remove the chicken from the baking dish, cool in the refrigerator for 15 minutes, and then cut it into 1-inch (2.5cm) pieces. Place the chicken back into the baking dish. Add the broccoli.

In an 8 or 9- inch (20 or 22.5cm) nonstick skillet, melt the light butter over medium-high. Sauté the mushrooms for about 8 minutes, until soft, then distribute them evenly along with any juices over the chicken and broccoli. In a small bowl, mix together the bread crumbs, cheese, and parsley. Remove the casserole from the oven and sprinkle the bread crumb mixture over the top. Return the dish to the oven and bake for 10 minutes more, until the crumb topping is golden brown.

Serving Size: 8 servings (about 1 cup)

Nutritional Analysis

Each with: Calories: 161 Protein: 24 g Carbs: 9 g
Total Fat: 3 g Sat Fat: 1 g Cholesterol: 52 mg
Sodium: 386 mg Sugars: 3 g Fiber: 2 g

Easy Oven-Baked “Fried” Chicken

- ½ cup (40g) instant oats
- 1 tsp garlic powder
- 1 tsp onion powder
- 1 tsp ground celery seed
- 1 tsp paprika
- 1 tsp dried basil
- ½ tsp salt
- ½ tsp black pepper
- 1 Tbsp(4g) finely chopped fresh parsley
- 1 ½ Tbsp(20g) Dijon mustard
- ½ tsp lemon juice
- 4 (4-ounce, or 115g) boneless, skinless chicken breast halves

Preheat the oven to 375 degrees (190 degrees C). Coat a baking sheet with cooking spray. In a shallow dish, combine the oats, garlic powder, onion powder, celery seed, paprika, basil, salt, pepper, and parsley and stir to mix.

In a small bowl, combine the mustard and lemon juice. With a pastry brush, coat the chicken with the mustard mixture on both sides. Gently press the chicken into the oat mixture to coat both sides. Place the coated chicken on the prepared baking sheet and bake for 20 minutes, until chicken is golden brown.

Serving Size: 4 servings (about 3 oz.)

Nutritional Analysis

Each with: Calories: 168 Protein: 28 g Carbs: 7 g
Total Fat: 3 g Sat Fat: 1 g
Cholesterol: 66 mg Sodium: 272 mg Sugars: 0 g
Fiber: 1 g



Edamame

Pop the shells open and eat the beans inside. You can find them fresh or frozen at most local grocery stores.

- 2 ½ quarts (2.5 L) water
- 1 Tbsp (18 g) salt
- 2 pounds (1 kg) fresh or frozen edamame
- 1/8 tsp coarse sea salt

In a quart (3-L) pot, bring the water and table salt to a boil over high heat. Add the edamame, reduce the heat, and simmer for 3 minutes if using fresh beans or 4 minutes if using frozen.

Drain the beans and transfer them to a serving bowl just large enough to hold the edamame. (If the serving container is too large, the beans will cool off too quickly). Toss the beans with the coarse sea salt and serve immediately.

Serving Size: 14 servings (about 1 cup)

Nutritional Analysis

Each with: Calories: 91 Protein: 8 g Carbs: 7 g
Total Fat: 4 g Sat Fat: 0 g
Cholesterol: 0 mg Sodium: 30 mg Sugars: 2 g
Fiber: 3 g

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**Nutritional values vary depending on brands used*

Flat-Out Chips

- 2 Flat-Outs® Wraps (recommended: Multi grain made with Flax)
- Butter-flavored cooking spray
- Splenda®
- Cinnamon

Heat oven to 350°. Using kitchen shears, cut flat-outs into “chip-size” dippable triangles or squares. Spray a baking sheet with cooking spray. Place the cut-up Flat-Outs® on the baking sheet, leaving ½ inch between each. Spray the tops of Flat-Outs® with butter-flavored cooking spray. Sprinkle with cinnamon and Splenda®. Put in oven for about 10–12 minutes or until desired crispiness. Watch them carefully! They can burn easily.

Serving Size: 4 servings

(1 serving is ½ Flat-Out® Wrap)

Nutritional Analysis

Each with: Calories: 50 Protein: 4 g Carbs: 8 g
Total Fat: 1 g Fiber: 4 g

Spaghetti Squash with Pomodoro Sauce

If you would like to make a complete meal out of this, add about 3 ounces (85g) shredded part-skim mozzarella cheese or shredded vegetarian (soy) cheese.

- 1 medium spaghetti squash (enough to yield 2 cups, or 310g cooked)
- 1 ½ cups (570 ml) water
- 1 can (14 1/5 ounces, or 415g) diced tomatoes in juice, no salt added
- 2 cloves garlic, minced
- 6 Tbsp (3 ounces, or 90 ml) white wine or chicken broth, or vegetable broth
- ½ tsp kosher salt
- ½ tsp ground white pepper
- 1 Tbsp (14 ml) extra-virgin olive oil
- 1 Tbsp (5g) grated Parmesan cheese
- Fresh parsley sprigs

Spaghetti Squash with Pomodoro Sauce continued

Preheat the oven to 375 degrees F (190 degrees C). Cut the squash in half lengthwise and scrape out and discard seeds. Place the halves in a baking dish, skin sides up. Add the water to the baking dish and bake about 40 minutes, until the squash will gently peel away from the skin with a fork.

In a 1 or 2-quart (1 or 2 L) saucepan, place the tomatoes with juice, garlic, wine, or broth, salt, white pepper, and oil, cover, and bring to a simmer. Once a simmer is reached, remove the cover and continue cooking for 20 minutes. For a smoother consistency, an immersion blender can be used to slightly puree the sauce.

Remove the cooked spaghetti squash by gently peeling away from the skin with a fork. Arrange in 1 cup (155g) mounds and serving plates or in serving bowls as you would pasta and top with the sauce. Garnish with the cheese and parsley.

Serving Size: 4 servings (about ¾ cup)

Nutritional Analysis

Each with: Calories: 96 Protein: 2 g Carbs: 10 g

Total Fat: 4 g Sat Fat: 1 g

Cholesterol: 0 mg Sodium: 275 mg Sugars: 4 g

Fiber: 2 g

NOTES

Instant Pot Greek Chicken

- 1 lb boneless skinless chicken breast, fresh or frozen
- 2 Tbsp Greek seasoning
- ½ cup chicken broth
- 1 pint cherry tomatoes, halved
- ¼ cup kalamata olives, halved
- 2 tsp olive oil

1. Start by prepping the veggies and getting out the frozen chicken. Turn the Instant Pot to the saute function and add 2 tsp olive oil to the bottom.
2. Add cherry tomatoes and olives. Stirring somewhat frequently until the skins of the tomatoes begin to blister. Remove to a bowl and drain any remaining oil.
3. Add chicken broth to the Instant Pot followed by the frozen chicken breast (or fresh). Coat both sides of chicken with Greek Seasoning. Place lid on the cooker and move the venting valve to closed. Select the poultry option and cook for 10 minutes if frozen, 6 minutes if fresh.
4. Allow to naturally release 8-10 minutes then move valve to open to manually release any remaining pressure. Serve with tomatoes and olives. (Add reduced fat feta cheese crumbles for added flavor!)

Serving Size: 4 Servings

Nutritional Analysis

Total Calories: 225

Protein: 34g Carbohydrates: 5g

Total Fat: 6g



Pizza Clouds

- 8 eggs, separated
- ¼ cup cottage cheese
- ⅓ cup Parmesan cheese
- ½ tsp Italian seasoning
- ½ tsp sea salt
- ¼ tsp freshly grated black pepper
- 1 small zucchini, grated and squeezed dry
- ½ cup diced Boars Head pepperoni – use lean pepperoni, NOT fatty turkey pepperoni
- 1 Roma tomato, cut in half, squeezed of seeds and diced
- ¼ tsp cream of tartar

1. Preheat oven to 300 degrees.
2. Spray a muffin tin with nonstick cooking spray or line with muffin papers and set aside. You can also use Ramekins or Custard Cups if you prefer.
3. In a blender pulse the egg yolks and cottage cheese until smooth – transfer to a large bowl. Stir in the Parmesan, Italian seasoning, salt, pepper, zucchini, pepperoni and tomato.
4. In a separate medium bowl add the cream of tartar to the egg whites and beat on high speed until fluffy with stiff peaks.
5. Gently fold the egg whites into the ‘pizza’ yolk mixture until just combined.
6. Carefully spoon into each of 12 cups.
7. Bake 12 to 15 minutes, until puffed and golden.
8. Serve with warmed marinara sauce and additional Parmesan, if desired.

Serving Size: 4 Servings

Nutritional Analysis

Total Calories: 305

Protein: 34g Carbohydrates: 4g

Total Fat: 17g

Stuffed Mushrooms

- 1 pound (455g) medium mushrooms (about 18)
- 1 Tbsp (14 ml) olive oil
- 1 clove garlic, minced
- 6 tsp finely diced red bell pepper
- ¼ cup (40g) finely diced yellow onion
- 2 Tbsp (15g) thinly sliced green onion (green and white parts)
- 1 Tbsp (4g) chopped fresh parsley
- ¼ tsp dried basil
- ¼ tsp dried oregano
- ¾ cup (75g) whole-wheat bread crumbs (about 1 ½ slices bread, toasted)
- 2 Tbsp (10g) grated Parmesan cheese

Preheat the oven to 375 degrees F (190 degrees C).

Clean the mushrooms and remove stems. Finely chop or mince the stems and set aside. Place the mushroom caps in a 9x13 inch (22.5-x-32.5-cm) baking dish.

In a medium nonstick skillet, heat the oil over medium-high heat. Add the mushroom stems and garlic and sauté for about 3 minutes. Add the bell pepper, yellow onion, green onion, parsley, basil, and oregano and continue cooking for about 4 minutes, until the peppers are soft. Remove from heat and add the bread crumbs and cheese. Stir to combine. Fill the mushroom caps with the stuffing mixture and bake for 20 minutes, until the mushrooms are soft.

Serving Size: 6 servings (about ½ cup)

Nutritional Analysis

Each with: Calories: 76 Protein: 4 g Carbs: 7 g

Total Fat: 4 g Sat Fat: 1 g

Cholesterol: 1 mg Sodium: 82 mg Sugars: 2 g

Fiber: 1 g



**Nutritional values vary depending on brands used*

Sugar-Free Ginger Applesauce Cake

- 2 cups (220g) all-purpose flour
- 1 tsp baking powder
- 1 tsp baking soda
- 1 ½ tsp allspice
- ½ tsp salt
- ¾ cup (20g) brown sugar substitute
- 2 eggs
- 2 Tbsp (16g) fresh grated ginger root
- 1 ½ cups (360g) unsweetened applesauce
- 1 ½ tsp vanilla extract

Preheat the oven to 350 degrees F (180 degrees C). Spray a 1 ½ quart (1.5 L) loaf pan with cooking spray. In a medium mixing bowl, sift together the flour, baking powder, baking soda, allspice, and salt. In a separate bowl, mix together the sugar substitute, eggs, ginger, applesauce, and vanilla.

Pour wet mixture into the dry mixture in thirds, stirring all the while with a wire whisk. Continue mixing until just smooth. (Do not over mix). Pour batter into the prepared pan and bake for about 50 minutes, until a toothpick inserted into the center comes out clean. Cool the cake at room temperature for 30 minutes before releasing it from the pan.

Serving Size: 12 servings (about 2-ounce)

Nutritional Analysis

Each with: Calories: 107 Protein: 3 g Carbs: 20 g

Total Fat: 1 g Sat Fat: 0 g

Cholesterol: 40 mg Sodium: 199 mg Sugars: 4 g

Fiber: 1 g

Swedish Meatballs

- 1 Tbsp butter
- 1 medium onion, finely chopped
- 1 cup finely chopped mushrooms
- 1 pound ground turkey or ground beef (I only buy ground turkey from Fresh Market as I'm picky)
- 1 egg yolk
- ½ tsp kosher salt
- ¼ tsp black pepper
- ¼ tsp freshly grated nutmeg (grate into a little pile and lightly measure)
- ½ tsp dried thyme or 1 teaspoon fresh thyme leaves

Swedish Meatballs continued

- 1 Tbsp flour
- 1 cup beef broth
- ¼ cup Greek plain yogurt

1. Saute the onion in the butter, in a large non-stick skillet, for 2 to 3 minutes, until softened and lightly browned, add the mushrooms and cook until juices are released and have evaporated. Set aside to cool. In a large bowl, combine the ground turkey with the egg yolk, salt, pepper, nutmeg, thyme and cooked onion mushroom mixture.
2. Use a small metal ice cream scoop to portion and roll 'cherry tomato sized' meatballs, placing on a plate as you work. If you don't have a scoop, use a tablespoon as your guide to divide.
3. Using the unwashed skillet from the onions, lightly brown the meatballs over medium high heat and remove to a plate.
4. Add the flour to the skillet and whisk to incorporate as best as you can with the small amount of fat in the pan. Whisk in the beef broth and cook scraping and stirring 3 to 4 minutes until gravy is smooth and thickened.
5. Add the meatballs to the gravy along with any juices from the plate and cook 10 to 12 minutes until they cooked through and the dish is hot and bubbling. Remove from heat, stir in the Greek yogurt and serve. Do not boil after yogurt is added or it will separate.

Serving Size: 4 Servings

Nutritional Analysis

Total Calories: 235

Protein: 25g Carbohydrates: 7g

Total Fat: 12g



Sweet and Smoky Sugar Free BBQ Sauce

- 1 can tomato paste, 6 oz.
- 1 cup water
- 1 cup Sugar Free apricot jam
- 1 Tbsp each:
 - Cider vinegar
 - Yellow mustard
 - Worcestershire sauce
 - Sugar free maple syrup
 - Splenda® brown sugar
- 2 Tbsp each:
 - Chili powder
 - Liquid smoke
- 1 tsp each:
 - Onion powder
 - Garlic powder
 - Paprika
 - Ground ginger
 - Cumin (may omit or use less)
 - Red pepper (if prefer spicy)
 - Salt & Pepper to taste

Combine the tomato paste and water in pan. Add the jam and stir to mix. Whisk in the remaining ingredients/spices. Add more or less spices depending on your taste. Simmer for 20 minutes stirring occasionally. Longer if you wish or put in a Crockpot. Flavors get better the longer it sits.

Serving Size: 2 Tbsp

Nutritional Analysis

Each with: Calories: 30 Protein: 0 g Carbs: 4 g
Total Fat: 0.3 g Sat Fat: 0 g Trans Fat: 0 g
Cholesterol: 5 mg Sodium: 46 mg Sugars: 1 g
Fiber: 0 g

Sweet Potatoes au Gratin

- 1 Tbsp (14g) light butter
- 1 medium onion, finely diced
- 1 small clove fresh garlic, minced
- 2 ½ cups (570 ml) low-sodium vegetable broth
- ½ cup (50g) green onions, finely chopped
- ¼ cup (15g) chopped fresh parsley
- 1 cup (235 ml) nonfat milk
- ¼ tsp salt
- ¼ tsp ground black pepper
- 3 medium sweet potatoes, peeled and thinly sliced (about 2 ½ pounds, 1.25 kg)
- ½ cup (55g) shredded reduced-fat Cheddar cheese
- ¼ cup (20g) shredded Parmesan cheese

Preheat the oven to 375 degrees F (190 degrees C). Coat a 9x13 inch (22.5x32.5 cm) baking dish with cooking spray. In a 2 quart (2 L) saucepan, melt the butter substitute over medium heat. Add the onion and garlic and sauté until the onion begins to soften, about 5 minutes. Add the broth, green onion, parsley, milk, salt, and pepper and bring to a simmer. Cook until the liquid is reduced to about 2 ¾ cups (650 ml). Add the sweet potatoes and return to a simmer. Continue cooking for an additional 5 minutes. Pour the mixture into the prepared baking dish and bake for about 35 minutes, until the potatoes are tender, basting the potatoes occasionally with the liquid in the dish. Top the dish evenly with the Cheddar and then the Parmesan and continue to bake for about 20 minutes, until the cheese is bubbly and golden brown.

Serving Size: 16 servings (about ¾ cup)

Nutritional Analysis

Each with: Calories: 104 Protein: 4 g Carbs: 18 g
Total Fat: 2 g Sat Fat: 1 g Cholesterol: 5 mg
Sodium: 117 mg Sugars: 4 g Fiber: 2 g



**Nutritional values vary depending on brands used*

Whole Roasted Chicken with Potatoes and Brussels Sprouts

- 1 (5-pound, or 2.5 kg) whole chicken
- 2 tsp sea salt or kosher salt
- ½ tsp black pepper
- 1 tsp dried basil
- 4 cloves fresh garlic, halved
- ½ cup (120 ml) white wine or chicken stock
- 2 cups (475 ml) water
- 2 Tbsp (28 ml) lemon juice (about ½ lemon)
- 12 small to medium baby red potatoes, washed and halved
- 18 Brussels sprouts, washed, trimmed, and halved
- Fresh sprigs parsley

Preheat the oven to 400 degrees F (200 degrees C). Remove all innards from the chicken. Using kitchen shears or a filet knife, remove all of the skin and trim all of the excess fat.

In a small cup or bowl, combine the salt, pepper, and basil and mix well into a dry rub. Rub the seasonings evenly on all surface areas of the chicken. Place the chicken breast side down in a 6- quart (6-L) roasting pan with a lid. Add the garlic, wine or stock, water, and lemon juice to the pan. Place the potatoes on one side of the pan, and the Brussels sprouts on the other, along with the chicken.

Cover with the lid and bake for about 1 hour and 15 minutes, basting with the liquid in the pan three or four times. Remove the cover and continue baking for an additional 30 minutes, until a leg can easily be separated from the body when checked with a fork, and the juices from the chicken run clear. (If using a meat thermometer, the internal temperature of the breast should be about 180 degrees F). Remove the chicken from the pan and let stand for about 5 minutes before carving.

For an elegant presentation, serve the chicken, potatoes, and Brussels sprouts on the same serving platter, decorated with fresh parsley sprigs.

Serving Size: 6 servings (about 3-4 ounces chicken, 6 Brussels sprout halves, and 4 potato halves)

Nutritional Analysis Each with: Calories: 357 Protein: 29 g Carbs: 46 g Total Fat: 5 g Sat Fat: 0 g Cholesterol: 76 mg Sodium: 464 mg Sugars: 4 g

Unjury Chocolate Peanut Butter Balls

- ¾ cup reduced fat JIF peanut butter
- 3 scoops Chocolate UNJURY
- Optional Ingredients: dried fruit (raisins, cranberries or cherries) in small quantities, spices (cinnamon or nutmeg), etc.

Measure ¾ cup peanut butter and add to mixing bowl. Add 3 scoops of Chocolate UNJURY, 1 scoop at a time, stirring well after each scoop, until dough is formed. Roll into 14 balls & freeze overnight.

Serving Size: 14 servings (about ½ cup)

Nutritional Analysis

Each with: Calories: 103 Protein: 8 g Carbs: 7 g Total Fat: 5 g

NOTES





Pardee Bariatrics University
**POST-OPERATIVE
CARE 101**





POST-OPERATIVE CARE 101

RECOVERY AFTER SURGERY

After recovery, we will monitor your vital signs closely overnight. We emphasize the importance of early walking to preventing blood clots in the legs (DVT) which can travel to the lungs (PE) with potentially lethal consequences. We also recommend deep breathing exercises, which help improve oxygenation and decrease the risk of pneumonia.

You will begin a liquid diet immediately after surgery and will continue the liquid diet for 3 weeks, until advanced by your dietitian. We also expect you to get out of the bed and walk. Discharge from the hospital is anticipated one to two days after surgery.

Commonly, we reduce or discontinue diabetes or blood pressure medications. We decide this prior to discharge, and adjust accordingly at follow-up visits. For this reason, do not get any large medication refills prior to surgery. Some of your delayed release meds may need to be changed as well. Ask your doctor about what medications changes to expect after surgery. After surgery the stomach and/or intestines need to heal. You will be given an acid suppressing medication to take for 3 months after surgery. Often these are omeprazole/Prilosec or pantoprazole/Protonix.



When to Call the Doctor's Office

At times, you may feel unsure whether or not you should call our office. You may question if something is “normal” or not.

Although the list below is not all-inclusive, please call the office if you:

- Have persistent nausea and vomiting
- Have abdominal pain not relieved by your pain medication
- Your incisions become red, swollen or have a foul-smelling drainage from them
- Have a fever of 100.5 F or greater
- Have redness, warmth or pain in your lower leg(s) along with shortness of breath
- Have anything that does not seem normal to you
- Have chest pain

CONTROLLING DISCOMFORT

- Take your prescribed pain medication as directed if you need it.
- You will be asked to take scheduled Tylenol®/Acetaminophen unless contraindicated. This is an effort to decrease your overall pain medication need. However, to avoid Acetaminophen toxicity, do not take Acetaminophen-containing pain medications at the same time.
- Splint your abdomen with a pillow when coughing or sneezing. With laparoscopic gastric bypass, patients often notice increased soreness or pain at the larger abdominal incisions. This is typical and expected, especially with more movement. It can take up to 4 weeks to completely go away.

COMMON QUESTIONS AND CONCERNS

Signs of Dehydration

Dehydration is the most common reason for readmission to the hospital. Symptoms of dehydration include fatigue, dark colored urine, dizziness, fainting, nausea, low back pain, and a whitish coating on the tongue. Contact our office if you believe you may be dehydrated.

Tips for preventing dehydration:

- Buy a sports bottle and take it with you everywhere you go so you can sip water all day
- Drink at least 1½ to 2 liters of fluids daily. Increase this amount if you are sweating
- Avoid beverages containing caffeine; they cause you to urinate and lose more fluid



Nausea

Nausea is common in the early post-operative period. It may be related to overeating/drinking, insufficient chewing, fullness, sensitivity to odors, pain medication, not eating, post-nasal drip, and/or dehydration. For nausea that occurs in the first days after surgery, the nausea can usually be treated with anti-nausea medications like Phenergan or Zofran. In unusual cases, nausea can be so severe that it prevents intake of adequate fluid or nutrition. If this occurs, you may need some intravenous fluids.

Bowel Habits

It is unpredictable how weight loss surgery will affect your bowel habits. Some people state they have loose bowel movements for a couple of weeks and others complain of constipation. Your bowel movements may be foul smelling and associated with flatulence. Most of these changes resolve as your body adapts to its new anatomy. It is common to have constipation immediately after surgery. The changes to your bowels, prescribed pain medication, reduction in fluid intake, limited activity and new diet can all affect these changes. If you have not had a bowel movement within 3-4 days after surgery, follow the Bowel Protocol Instructions listed below. If you do not find relief with this or experience uncontrollable diarrhea, please call the office.

Bowel Protocol

Constipation

- Stool Softener such as Colace or Senna. Take 1-2 capsules daily for 1 -2 weeks after surgery
- Mild Laxative such as Milk of Magnesia: drink 30-60mL daily as needed* for 1-2 weeks after surgery (if you have kidney problems, ask your doctor before taking)
- Magnesium Citrate – take 150 – 300mL daily as needed (if you have kidney problems, ask your doctor before taking)
- Suppository (over the counter) – take one suppository per rectum as needed
- Enema (over the counter) – take one enema per rectum as needed
- Remember to stay hydrated. Drinking a minimum of 64 oz of water daily.
- Your protein shakes count toward the total daily fluid requirements.

Diarrhea

- Your stools may be soft until you eat more solid food.
- Lactose intolerance and high fat intake are generally the culprits of loose stool and diarrhea. Avoid all high fat foods and discontinue the use of all cow milk products if this should occur.
- Stool softeners such as Colace or mild laxatives like milk of magnesia or Dulcolax can be helpful.

Bathing After Surgery

You may begin showering the day after surgery. Wash over your incisions gently using mild soap and water. Try to avoid perfumed soaps from the specialty bath store for the first two weeks following surgery. We recommend Dial antibacterial soap. When you are finished with your shower, pat the areas dry. You do not have to keep your incisions covered, although you may want to if you note any drainage. Please avoid taking tub baths until your incisions have completely healed.

Driving After Surgery

A general rule is not to drive for 1 to 2 weeks following surgery. There are many reasons for this. However, your surgeon may let you return to driving at one week if you:

- Are not taking narcotic pain medication
- Can stomp your foot on the ground without pain (mimic pressing the brake hard)
- Get into and out of your vehicle comfortably without pain

Return to Work

Returning to work will vary with each patient depending on the type of procedure, the approach that was used (laparoscopic vs. open), as well as the type of work you do (sedentary vs. physical). For example, it is not unusual for a person who works as a telephone operator at a desk all day to return to work in 1 to 2 weeks. On the other hand, a person who works in landscaping lifting plants/trees may need to be out 4 weeks. There are also those patients that are somewhere in between the two extremes. You can go back sooner, doing light duty, until your surgeon clears you to go back with no restrictions in some cases. Your surgeon can give you a better idea once the two of you have decided which procedure is best for you. **However, as a general rule: Laparoscopic bariatric surgery patients will be out 1-3 weeks.**

POST-OPERATIVE VISITS

Having the proper follow-up after surgery is very important. Lab work will be drawn starting at your 3-month visit to make sure you are maintaining your health while losing weight. During these visits, you will either see the surgeon or the physician assistant.

FOLLOW-UP	PROVIDER
1 week	Surgeon or PA
3 weeks	Dietitian
4-6 weeks	Surgeon or PA
3 months	Nurse Assessment and Labs Surgeon or PA and Dietitian
6 months	Surgeon or PA
9 months	Dietitian
12 months	Nurse Assessment and Labs Surgeon or PA
18 months	Dietitian

Annual follow-ups are recommended for at least 5 years after surgery. However, we consider you a patient for life. We welcome you to continue your follow-ups yearly and to call with any questions if you have a concern.

You will also need to continue seeing your family doctor for any health problems you had prior to surgery. While our clinicians make initial adjustments in your medications immediately after surgery, it will be up to your family doctor to adjust your medications long term. We recommend you make an appointment with your family doctor in 4-6 weeks after surgery to discuss these changes.

NOTES





Pardee Bariatrics University
**POST-OPERATIVE
CARE 102**



POST-OPERATIVE CARE 102

UNDERSTANDING BODY CHANGES

Body Changes After Surgery

It is common to feel tired after surgery. Your body is adjusting to the physiologic changes and weight loss. Ironically, you may find it difficult to sleep, which is also normal. Do not sleep or nap too much during the day. You may even feel depressed for a few weeks and question your decisions to choose surgery. If you experience these feelings, you will find that after about a month's time, you will start to feel better.

Some patients may experience nausea and/or vomiting. The most common causes of vomiting following bariatric surgery are:

- Eating too fast (you should spend at least 60 seconds between swallows)
- Eating too much
- Drinking while eating
- Eating foods without chewing them thoroughly

If vomiting occurs, try the following strategies to better accommodate your eating style:

- Eat your meals over a 30-minute period.
- Avoid fluids during your meal.
- Chew your food thoroughly.
- Eat softer foods for a few days following the episode.

If your issues persist, please call our office. While a decreased appetite is the desired effect of the operation, you must be careful not to forget to eat. You may need to encourage yourself to eat. It is extremely important that you follow the dietary plan as directed (starving is bad).

Vomiting

Vomiting is often associated with eating inappropriately. It is very difficult to gauge in the beginning how little food will satisfy your hunger. Chew your food well, keep it moist and eat only half of what you anticipate eating. If there is still space, and you still feel hungry, then you can always eat a little more. Chances are that you are going to feel full with very little. A couple of teaspoons may be all that you can take in at one time.

Vomiting may be caused by:

- Eating too fast; take your time and chew your food thoroughly
- Not chewing properly
- Eating too much food at once
- Eating solid foods too soon after surgery
- Eating food that is too dry. Remember: "slow, small, moist, and easy"
- Drinking liquids either with meals or right after meals
- Drinking with a straw
- Lying down after a meal
- Eating foods that do not agree with you

If you begin vomiting and it continues throughout the day, stop eating solid foods and sip clear liquids. Should you have difficulty swallowing foods or keeping foods down, please call your surgeon.

Vomiting may indicate that the stomach pouch is blocked. If vomiting continues for more than 24 hours, call your surgeon. If vomiting is associated with abdominal pain, call the surgeon.

Dumping Syndrome

For gastric bypass and sleeve patients: Limit high sugar and high fat foods, as they can cause “dumping.” For duodenal switch patients, excess fat intake causes a similar effect, with the addition of loose, fatty stools and foul smelling gas.

This is caused by the fast rate of emptying or “dumping” of sugary fluids and foods from the pouch, directly into the “re-routed” intestines.

Symptoms include:

- Rapid heart rate, sweaty, light-headedness
- Nausea and vomiting
- Stomach cramping, bloating, and diarrhea

As a general rule, read your food labels and:

- Limit sugars to <5 grams per serving (You can increase up to 15-25g as tolerated).
- sugars are also known as simple carbohydrates, such as table sugar, high fructose corn syrup, corn sweeteners, honey, molasses, and syrups, which are often added to processed food. Avoid products containing these words in the first three ingredients.
- Caution should also be used with some of the naturally occurring simple sugars, such of fructose (from fruit) and lactose (from milk), as well.

Lactose intolerance (or the unmasking of lactose intolerance) has been known to occur. If you experience adverse symptoms, eliminate dairy and dairy containing products immediately.

- Sorbitol, Xylitol, or Mannitol (SUGAR ALCOHOLS) usually found in “sugar free” products, can cause dumping symptoms as well if eaten in large amounts. Please refer to the sugar alcohol section in Nutrition 101 for further examples and guidelines on page 23.

Malabsorption

- At times, rapid emptying occurs with the ingestion of foods high in fat as well, and/or foods are malabsorbed, leading to similar symptoms. Limit fat to <5 grams per serving (you may increase to 10g as tolerated) due to malabsorption of these fats, leading to diarrhea and some symptoms similar to dumping.
- It is also important to take your vitamins. A high fat intake in your diet is the most common cause of increased gas production following bariatric surgery. You may take anti-gas medication from your local drugstore. These medications include Beano, Gas-X and Phazyme. You might also want to try adding yogurt or acidophilus milk to your diet once your diet plan allows. These things will help change the bacterial flora in your intestines.

Transient Hair Loss/Skin Changes

Hair thinning or loss is expected with rapid weight loss. It is temporary. Unfortunately, that does not make it any less disheartening. During the phase of rapid weight loss, calorie intake is markedly reduced and protein intake may be marginal. This physical strain results in hair thinning or loss. This is a transient effect and typically resolves itself when nutrition and weight stabilize. The hair loss usually occurs anywhere from 3 to 9 months post-operatively. For the same reason, skin texture and appearance may change. It is not uncommon for patients to develop acne or dry skin after surgery. Protein, vitamins and water intake are also important for healthy skin.

If you experience hair loss, please learn to be gentle with your hair and avoid coloring or perming your hair during this period. Use a wide-toothed comb and minimize blow-drying your hair.

Bad Breath

You or your loved ones may notice that you have bad breath following surgery. You may also notice a different taste in your mouth. A couple of things that may contribute to this are your body being in ketosis (burning excess fat) or dry mouth. This usually improves by the 6th month. In the meantime, try brushing your teeth several times daily. Maximize protein intake to the recommended level of 60-80g daily and stay well hydrated. Keep Listerine mouth strips with you. Keep your mouth moist by drinking plenty of non-sugar beverages. Sugar-free gum can also help.

Hypoglycemia

Keep in mind you want to avoid sugar in your diet; chewing gum with sugar can also cause bad breath to become worse. Some patients experience episodes of hypoglycemia (low blood sugar). If you experience this, try eating a protein snack as the protein will help stabilize your blood sugar. Depending on what diet stage you are in this can be liquid, gel or whole foods. Ask your doctor what he/she recommends, though a few examples are listed below:

Diet Stage

- **Liquid** – protein shake with minimum of 15g of carbohydrates, or 1/2 cup orange juice
- **Soft** – unsweetened applesauce, mashed banana/fruit
- **Regular** – peanut butter 1-2 Tablespoons with banana/fruit

Your doctor may provide you with a prescription at the time of your discharge. Keep this with you at all times. If you notice that this persists, then you need to contact our office.

Some symptoms of hypoglycemia are:

- Dizziness
- Diaphoretic (sweaty)
- Irritability
- Fainting

Anemia

All menstruating women and some men should take supplemental iron to prevent iron deficiency anemia. It is important that you follow up at the regularly scheduled appointments for laboratory testing to identify iron deficiency anemia early. Treatment with oral iron is usually sufficient; however, occasionally intravenous iron replacement is necessary.

Loss of Bone and Muscle Mass

When the body is in a state of stress it tends to burn muscle mass preferentially to fat mass. The way to combat this is to use your muscles regularly (i.e. daily) and eat plenty of protein. This will cause the body to use fat rather than muscle as its energy source. This concept is similar with calcium stores. Calcium is stored in the bones. Strong bones require calcium, phosphorous and other nutrients in addition to weight-bearing exercise. Obese persons tend to have strong bones because the additional weight stimulates bone growth. When major, rapid weight loss occurs and adequate mineral supplementation is lacking, osteoporosis is more likely.

Loss of muscle mass and osteoporosis are preventable. Follow the recommendations of your bariatric clinician to maintain optimal nutritional status. In addition, it is very important during active weight loss to exercise every day.

We recommend at least 150-250 minutes of exercise weekly (20-35 minutes daily) of both aerobic and weight-bearing exercise.

Pregnancy/Sexuality

Patients who may have had difficulty with irregular menses or infertility very rapidly become more fertile and have improved menstrual regularity after surgery. It is imperative that you practice 2 methods of birth control during the first 12 to 18 months to prevent pregnancy. Studies have shown that fetuses develop normally despite the malabsorptive component of the gastric bypass, but overall weight

loss of the mother may be reduced as the body switches to a mode of weight retention rather than loss. Folate and other vitamins necessary for normal fetal development will also need to be increased in pregnancy. In most cases, your bariatric-specific vitamins are more than adequate prenatal and postnatal vitamins and a simple prenatal vitamin should not be substituted for your bariatric vitamin during pregnancy. You should consider mechanical means of contraception during the period of rapid weight loss (12-18 months) as absorption of birth control pills may be unpredictable.

Sexual Relations

Sexual relations can be resumed as early as 2 weeks following surgery if it is comfortable. This may be longer with an open operation. The best rule is to resume when it is comfortable for you. Females - please remember to use a method of contraception to prevent pregnancy for the first 18-24 months following surgery.

Emotional Considerations

Bariatric surgery has both physical and psychological effects. All patients need to consider this before and after surgery. Some of the feelings that you may experience include depression, frustration, anxiety, anger, disappointment, loss, helplessness, euphoria, excitement, joy and others.

Short-term, the immediate sense of loss of food is often a cause for distress. Along with the rapid reduction in estrogen levels, you may experience symptoms of depression, not unlike the “baby blues.” Long-term, you may experience changes in body image and further awareness of the social implications of obesity.

Bariatric surgery is not a fix for your everyday problems with your spouse, friends, family members, employment, or social life. This surgery will allow you to gain control over one aspect in your life – your weight. Although you have elected to have weight loss surgery to resolve your obesity, weight loss also changes the lifestyle you knew so well. Even with its problems and tensions, obesity was comfortable, simply because it was known. Now, that life is gone. When the reality of the new situation confronts you, it is natural to begin a longing for your old way of life. This expresses itself in several stages. These stages include denial, anger, bargaining, depression, and finally, acceptance.

Different people go through these stages differently. It is natural for some patients to experience denial before they have surgery because they focus on the positive. They seem to understand the risks and complications but often do not recall hearing about the emotional and physical stress that follows. After surgery, some patients try to bargain for extra space in their stomach pouches. They overeat, experience



the painful consequences, and may become angry for getting into this situation. This anger may also surface when other discomforts or complications develop throughout the recovery period. These feelings are difficult to accept or express openly, and depression may follow. Feelings of sadness and crying episodes can be common occurrences.

These emotional responses to surgery are understandable. They cannot be eliminated, but must be experienced and worked through. Adapting to changes can take many months. The final stage of acceptance will occur when you feel at peace with the changes brought about by surgery. In the past, one of the best methods for you to cope with life stress may have been for you to eat. This method will no longer be useful, especially while your new stomach pouch is at its smallest. One of the keys to success of this surgery is to learn to replace those comforts with healthy activities. Replacement methods for coping will need to be learned, but this will take time. Try not to sabotage yourself. The experience of such rapid bodily change will likely be accompanied by many emotional ups and downs depending on your age and sex.

There are many things that you can do to help yourself through the recovery and adjustment period. One of the most important aspects is the recognition and understanding of the experience of loss. Expect to have ups and downs as the weeks go by. If you are feeling teary and depressed, have a good cry. Do not suppress your emotions. They will surface again anyway. Going for a walk or adding other physical activities will help you manage this changing phase of your life. Your adjustment and acceptance will also be eased by the realization that bariatric surgery, with resultant weight loss, will not solve your personal or relationship problems by itself. You cannot expect a perfect body or a perfect life after the weight loss. In fact, many new problems will develop because of the many new opportunities. These will need to be recognized and addressed. Try to be as positive as possible. As new challenges pop up, recognize them and develop a problem-solving approach.



Body Image

Keep in mind that as your body undergoes changes in weight and size, it is likely you may not see your body as others may see it. It takes time for your mind to catch up with what your body is doing. It is similar to the phantom limb phenomenon where a person who has lost a limb continues to experience pain or feeling from the missing part, and in fact, feels they still have a limb. As you lose weight, you may actually be surprised when you see your new reflection in a store window or mirror. You may not feel like this person is you! It is normal to feel like you are still the same size as you were before, but there are some definite ways to help you work at this.

Here are some examples:

- Take a picture of yourself every few weeks during your weight loss and compare the changes.
- Try on clothes in a smaller size. You'll be surprised how quickly you will be changing sizes.
- Have someone point out a person in a public place who is about the same size as you. This helps you have a new frame for reference.
- Take measurements of yourself every few weeks and record the results.
- Save an outfit from your pre-op size and try it on every few weeks or whenever you need a lift.
- Accept compliments graciously. Don't minimize or qualify your weight loss. You have worked hard for the outcome for which you have been complimented. Simply say, "thank you."

COUNSELING

Occasionally, personal adjustment or relationship problems will persist after surgery. These should be addressed in professional counseling. Our experience has shown us that in the period of stress, mild to severe depression is common. You and your support person should look for the signs of depression:

- persistent sadness
- anxious or empty mood
- loss of interest or pleasure in activities (including sex)
- restlessness
- irritability or excessive crying
- feelings of guilt
- worthlessness
- helplessness
- hopelessness
- changes in sleep patterns
- decreased energy
- fatigue
- feeling “slowed down”
- thoughts of death and suicide
- difficulty concentrating, remembering or making decisions
- persistent physical symptoms that do not respond to usual treatment.

Effective drug and psychological treatments are available. With treatment, patients can improve and return to normal quickly.



SUPPORT GROUPS

Support groups are a wonderful resource during all stages of your bariatric surgery journey. While attendance to these meetings isn't mandatory, they are designed to provide ongoing bariatric education, support, nutritional and medical advice.

These group meetings provide peer support, allow you to learn about the surgery firsthand from others who have had gastric bypass, let you share your experiences and provide periodic guest speakers to expand your knowledge on obesity surgery-related topics. They are great for problem solving. These support groups are a great opportunity to make new friends and be with people who share what you are experiencing. It can be reassuring to hear other's viewpoints on common concerns and to get additional information from the group leader or guest speaker.

Research has shown that patients who attend support groups regularly are more successful with their weight loss and mental adjustment than people who do not, especially long term.

Visit pardeebariatrics.org to see support group dates, or call the office at 828-694-8436.



Can't make it to a support group?
Join us online in our Facebook group
to stay connected.

STRESS REDUCERS

- Listen to music.
- Breathe deeply. Inhale through your nose and exhale through your mouth slowly, and imagine that you are inhaling calmness and exhaling stress.
- Laugh often. Watch a comedy, listen to a CD, or read the Sunday funnies.
- Speak up for yourself. People who feel they have some control over some aspects of their life are less subject to stress. If you do not like the way something is going, say so politely.
- Let go. Learn the difference between what you can control and what you cannot. Stop worrying about things that are beyond your control. Use that energy to make changes you can.
- Manage your time. To avoid feeling rushed, plan out how much time you will need to accomplish tasks, to get ready to go places, to travel, to eat, etc.
- Practice meditation. Spend at least 15 minutes a day relaxing your mind, sit comfortably, breathe calmly, perhaps listen to some soft music, and just clear your mind.
- Treat yourself with compassion. Give yourself permission to make mistakes, to play without feeling guilty, to change your mind, and to set aside time only for you.



NOTES





Pardee Bariatrics University
EXERCISE 101

 **PARDEE**
UNC HEALTH CARE



EXERCISE 101

GETTING STARTED

With fitness fads and conflicting health advice flooding our news feeds, it can be hard to decipher what is the right amount of exercise and how often we need to be active. We follow the federal physical activity guidelines created by The Office of Disease Prevention and Health Promotion and the U.S. Department of Health and Human Services. The Physical Activity Guidelines provides evidence based advice on how physical activity can help promote health and reduce the risk of chronic disease. These guidelines serve as the primary, authoritative voice of the federal government for evidence-based guidance on physical activity, fitness, and health for Americans.

In 2018, The ODPHP developed the Move Your Way campaign. Rather than a one-size-fits-all approach, Move Your Way emphasizes personalized, practical strategies that you can use to fit more activity into you busy life.

Remember, some physical activity is better than none. Adults should move more and sit less throughout the day. Adults who sit less and do any amount of

moderate-to-vigorous physical activity gain some health benefits. Some of these health benefits include:

- Weight loss
- Increased self-esteem
- Reduced anxiety & depression
- Improved sleep, mood, and concentration
- Better blood pressure control
- Lowers risk of type 2 diabetes
- Lowers risk of certain cancers
- Lowers risk of falls
- Improved bone health

Similar to pennies in a bank, small bouts of physical activity add up! Research continues to show that physical activity accumulated in bouts of at least 10 minutes can improve a variety of health-related outcomes. For example, in a single session, of moderate-to-vigorous activity can improve insulin sensitivity, reduce blood pressure, and reduce anxiety symptoms. Other benefits, such as improved balance, greater endurance and disease risk reduction accrue within a matter of days to weeks after consistently being more physically active.



Starting an Exercise Program

Before we get started on an exercise regimen, it is important to define what activities count as exercise. There are two types of exercise recommended:

- Aerobic exercise
- Muscle Strengthening

Aerobic exercise, also called “cardio,” is physical activity that moves the body’s larger muscles for a sustained period of time. This gets the heart beating faster, and will cause you to breathe harder than at rest.

Muscle Strengthening, is also called, “resistance training”, “strength training” or “weight lifting.” This form of physical activity focuses to strengthen individual muscle groups.

Examples of both aerobic exercise and muscle strengthening exercises are below:

Aerobic	Muscle Strengthening
Brisk walking	Yoga
Biking	Lifting weights
Cardio machines: treadmill, elliptical, rowing	Elastic Resistance bands
Sports: basketball, football, soccer, tennis	Body weight exercises
Jogging or running	Yard work: gardening, racking, mowing the lawn
Swimming / water aerobics	Gymnastics
Dancing	Rock Climbing
Hiking	Shoveling
Martial Arts	Pilates
Tai Chi	

How much exercise do I need?

All forms of physical activity count toward your daily exercise. However, there are key guidelines in place that show proven health benefits:

Aerobic Activity

Adults should strive toward 150 minutes (2.5 hours) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1.15 hours) to 150 minutes (2.5 hours) a week of vigorous intensity aerobic activity. Preferably, aerobic activity should be spread throughout the week.

Muscle Strengthening

Adults should strive toward moderate or greater intensity of muscle strengthening activities that involve all major muscle groups on two or more days a week.

How much activity do I need?

Moderate-intensity aerobic activity

Anything that gets your heart beating faster counts!



Muscle-strengthening activity

Do activities that make your muscles work harder than usual.



AND

Tight on time this week? **Start with just 5 minutes.** It all adds up!

What is exercise intensity?

Exercise intensity is a measure of how much you exert yourself performing the activity. We use the terms “moderate” and “vigorous” to describe exercise intensity. In general, moderate activities are those you can talk while you do them but cannot sing.

Vigorous activities take more effort than moderate ones. During vigorous activities, you can usually only say a few words without having to stop and catch your breathe.

Remember, for the greatest health benefits, moderate to vigorous activities are recommended for 10 minutes or more at a time. Here are a few examples of each:

Moderate	Vigorous
Walking briskly	Hiking
Water aerobics	Swimming multiple laps
Biking on level ground	Biking on hills/trails or faster than 10 mph
Ballroom dancing	Aerobic/fast dancing
Gardening: raking, planting, trimming shrubs	Gardening: digging, hoeing
Sports: golf, tennis (doubles)	Sports: basketball, soccer, football, tennis (singles)

MAKING AN EXERCISE PLAN

Now that you have learned the basics, let's get started! Our exercise specialists will work with you to develop an exercise plan tailored to your needs. As you progress and want to increase your exercise intensity or if you want to switch up your routine, take a look at the activity planner online.

Use this link to build a customized exercise plan that fits your needs and your schedule:

<https://health.gov/>

[MoveYourWay/](#)

[Activity-Planner/?from=badge](#)



Walking Workout

Recent research indicates that walking is one of the best ways to be in charge of your life. Besides the well-documented health benefits, the beauty of walking is you can do it at your own pace. Walking is the first type of exercise that we recommend, both before and after surgery. If you are new to exercise and you are recovering from surgery, you can walk 10 to 20 minutes four or five days a week. As you get stronger, you can increase the distance and the speed to your comfort level.

As with any type of exercise, it is still important to warm up, then stretch. Start by walking for just 5 minutes and then do a few gentle stretches. Your muscles will stretch better if you walk a little first. Ask a fitness professional which stretches are best for you. Consistency is probably the most important part of your walking routine. The more time you can devote to walking each day, the healthier you will be. Remember that short walks are better than none at all. Health, like life, is a journey. What you need to do is take the first step.

Water Fitness

Many of our clients like water programs. You can start water activities about 2-3 weeks after surgery. Water programs are great, since they are non-weight bearing and therefore are gentle to painful joints. Water fitness can improve strength, flexibility, cardiovascular health, decrease body fat, facilitate rehabilitation after surgery, improve functional living and even enhance other sports skills.



Water classes today offer more versatility than ever, but how do you find the right class for your goal, interests, needs and skills? Find the facility first. Contact Pardee Rehab and Wellness, your local YMCA, health clubs, and community centers. Look for a well-maintained pool, adequate locker rooms and a lifeguard on duty. Hospitals usually offer arthritis or heart disease related classes through their physical therapy program and usually will let you join the class with a prescription from your primary care physician. Those are favorite beginner classes since it is more of a medical environment and the cost is often covered through health insurance. Health clubs and the YMCA now also offer most specialized classes with different fitness levels.

Whichever class you decide to try, start with the lowest level and use the smallest water weights at first. Many people make the assumption that because the exercise is in the water, they cannot injure themselves. Most importantly, you should feel comfortable in the environment. If the water is too cold, you find the staff to be lacking empathy, or do not feel at ease in your class, then this is not the right class for you. Water exercise, like any other type of exercise, should be done in a relaxing environment. If this is not the case, it is a sign to look for something else.

Personal Trainers Can Help

If you are looking to maximize your workouts or just not sure how to get started, consider choosing a Personal Trainer.

There is a reason movie stars and athletes use personal trainers: working with a personal trainer is one of the fastest, easiest, most successful ways to improve your health. In fact, personal training has proved so effective that it has spread well beyond the world of the rich and famous. Today, personal trainers are used by people of all fitness, social and economic levels to help make lifestyle changes that they could not achieve by themselves.

A personal trainer can help you:

- **Improve your overall fitness.** A trainer will monitor and fine-tune your program as you go, helping you work your way off plateaus.
- **Reach a healthy weight.** Remember that the surgery is only one of the tools to weight loss. Body fat reduction, weight reduction and management, body shaping and toning can all be achieved with the aid of a qualified personal trainer who can help you set realistic goals and determine strategies, all while providing the encouragement you need.
- **Learn to stick to it.** Sticking with a well-intentioned plan is one of the biggest challenges that exercisers face. Qualified personal trainers can provide motivation for developing a plan that places a high priority on health and activity. A trainer can help you brainstorm an agenda to overcome your biggest obstacles to exercise.
- **Focus on your unique health concerns.** Most personal trainers are familiar with the special needs of morbid obesity, arthritis, and diabetes. Your trainer can work with your physician and physical therapist to plan a safe, efficient program that will enable you to reach your health goals.
- **Find the right way to work out.** You will learn the correct way to use equipment with the appropriate form and technique for cardiovascular work and free-weight training.
- **Stop wasting time.** Get maximum results in minimum time with a program that is specifically designed for you. Your trainer will identify workouts that use your strengths and improve on weak points in a way that is efficient and effective.
- **Learn new skills.** Want to learn to skate, golf like a pro, or get ready for an adventure vacation? An individualized program can improve your overall condition and develop the specific skills you will need.
- **Enhance your mind, body, and spirit.** A personal trainer can act as a door to personal growth experiences. Many personal trainers provide mind-body activities such as Tai Chi sessions.
- **Benefit from the buddy system.** What could be better than making a commitment to regularly meet with someone who will provide you with individualized attention?
- **Make sure that your trainer has a college degree in the field of fitness.** Ask if the trainer belongs to professional fitness and exercise associations and regularly attends workshops or conventions. You can find a personal trainer through your local health club, community fitness center or ask your provider about reputable certified trainers in the area.



WORKOUT TIPS

Look at exercise like a prescription: if your doctor tells you to take a medication every day, you are very likely to take it. Think about exercise as something you **MUST** get every day.

- **Do research:** find out what types of classes are offered at local gyms and decide what you would like to try. Or, look for new walking trails in your community to change your scenery. Explore new types of exercise!
- **Change your routine:** let's say you love to walk, but you are bored with it. Change your route or find a buddy to walk with you to make it less boring.
- **Listen to some music:** treat yourself to some type of music (iPod, MP3 player, etc.). Put some music on it that you love and you'll find that 30 minutes of exercise will just speed by.
- **Know what makes you give up on a program:** if going on vacation throws off your fitness plans, try getting a little exercise while you're traveling. Can anybody say, "Walks on the beach?"
- **Make a schedule:** make exercise a priority. If you don't schedule it into your regular routine, you will be far less likely to follow through with it.
- **Stay active between workouts:** walk as much as possible between workouts. Park farther away, get off the bus a couple of stops early, walk around the store once before you put anything into your cart.
- **Participate in group sports/activities:** participating in group activities increases the chances that you will stick to the program. Choose water exercise, yoga or stretching classes will be at places and times where there are other people who are actively involved in exercise.



NOTES





Pardee Bariatrics University
**MEDICATIONS AND
VITAMINS 101**

MEDICATIONS AND VITAMINS 101



NUTRITIONAL SUPPLEMENTS

After bariatric surgery your anatomy has been changed and you may not absorb all the required nutrients needed. This is due to the fact you have a smaller stomach, you are eating less, and your body's process for absorption is different.

One to two weeks following bariatric surgery, you will begin taking multiple vitamins. Our patients are required to take a bariatric specific multivitamin along with a separate calcium and vitamin D. Additional supplements may be started based on your lab results, current medications and planned procedure.

The number of vitamins and supplements available on the market today is overwhelming. To get you

started on the right vitamins we have created a sample worksheet that helps guide you through the vitamin selection process. Remember, not all vitamins are created equal. Pay attention to the vitamins form, taste, texture, cost and dosing schedule. Once you have completed the worksheet, discuss your vitamins with your bariatric team to be sure you have everything you need. Nutritional deficiencies are much easier to prevent prior to surgery than they are to treat after surgery. Your risk of vitamin deficiencies increases the farther out you are from surgery.

If you have questions about your vitamins don't hesitate to call the office or schedule an appointment to discuss your vitamin needs.

MEDICATIONS TO AVOID

Medication	Examples
NSAIDs	<ul style="list-style-type: none">• Ibuprofen• Advil• Motrin• Aleve• BC powders• Naproxen• Aspirin• Goody powders
Steroids	<ul style="list-style-type: none">• Prednisone• Prednisolone• Hydrocortisone• Methylprednisolone• Bethamethasone• Budesonide• Dexamethasone• Ethamethasoneb
Tobacco	All tobacco products – including all cigarettes, smokeless tobacco, and chewing tobacco – should be stopped 6-8 weeks prior to surgery.

BARIATRIC SURGERY VITAMINS WORKSHEET

Multivitamins

After bariatric surgery your anatomy and the ability to absorb certain vitamins has changed. We are often asked, “why can’t I take an over the counter multivitamin?” Great question. Here’s why:

Over the counter vitamins are created for the average American who has not had their digestive track surgically altered. Over the counter multivitamins do not provide adequate amounts of all the necessary nutrients to prevent vitamin deficiencies after weight loss surgery. Therefore, bariatric specific multivitamins are required. We follow strict, research supported data from the American Society of Metabolic and Bariatric Surgery. These guidelines detail exactly how much of each vitamin should be in your multivitamin to prevent vitamin deficiencies and/or vitamin toxicities. You can find these guidelines on the chart in the following pages.

Remember, you will need more than just a multivitamin. Patients will need to take calcium and vitamin D. Read through the entire worksheet to learn about each.

Basic Vitamin Guidelines

Multi-Vitamin and Mineral Supplements

ALL patients are required to take a bariatric specific multivitamin after surgery.

We carry various bariatric brand multi-vitamins. There are several different forms of these vitamins available, including:

- Capsule
- Chewable tablet
- Chewable gummy
- Powder
- Dissolvable tablets*

If you cannot afford or do not like these vitamins, ask your provider about other bariatric vitamins available on the market and we can help you find one that fits your tastes and nutritional needs after surgery. A few examples of acceptable brands include:

- Celebrate – *Multivitamin – available with or without iron in capsule, powder, chewable and sublingual forms.*
- ProCare – *available with and without iron*
- Bariatric Advantage – *Advanced Multi EA*
- Bariatric Fusion – *Vitamin and Mineral Supplement*
- Opurity – *Bypass and Sleeve Optimized*

All of these examples contain the recommended amounts of vitamin D (3000 International Units), vitamin B1 (12 mg), vitamin B12 (350 mcg), and other nutrients.

Some of these multi-vitamin and mineral pills have iron and calcium and some do not. **You will need a separate iron and calcium supplement if your multi does not have enough in them.**



VITAMIN GUIDELINES

2016 ASMBS Guidelines

for Roux-en-Y Gastric Bypass and Vertical Sleeve Gastrectomy

Multivitamin

Thiamin	At least 12 mg/day
Thiamin* (at risk patients)	At least 50-100 mg/day
Folic Acid	400-800 mcg/day from MVI
Folic Acid (female, child bearing age)	800-1,000 mcg/day total
B12	Oral: 350-500 mcg/day
Vitamin D	3,000 IU (75 mcg)/day to maintain above normal blood levels
Vitamin A	5,000-10,000 IU (1,500-3,000)/day
Vitamin E	15 mg/day
Vitamin K	90-120 mcg/day
Copper	2 mg/day from MVI
Zinc	8-22 mg/day from MVI

Zinc-to-Copper Ratio: 8-15 mg of zinc for every 1 mg of copper
(Take in divided doses (minimum 2 per day))

Iron (from all supplements)

At least 45-60 mg/day**
CANNOT take with Calcium

Calcium (from food and supplements)

1,200-1,500 mg/day
Take in divided doses
Calcium Citrate with or without meals
Calcium Carbonate with meals

Other

Protein (often individualized)*** Minimum of 60 g/day with some patients needing higher amounts of 80-90 g/day
Fluids (often individualized)*** At least 50 oz/day to ensure adequate hydration

* At risk patients: rapid weight loss, protracted vomiting, the need for parenteral nutrition, excessive alcohol use, neuropathy, encephalopathy, and/or heart failure.

** Low risk patients (males and patients without a history of anemia) need 18 mg of iron from their multivitamin. Higher risk patients (menstruating females who have had SG, RNY or BPD/DS, or those with anemia) need at least 45-60 mg of iron total daily.

Information adapted from Parrott et al. SOARD. 2017;13:727-741. ***Information adapted from Mechanick et al. SOARD 2013;9:159-191.

2016 ASMBS Guidelines
for Biliopancreatic Duodenal Switch / Duodenal Switch

Multivitamin

Thiamin	At least 12 mg/day
Thiamin* (at risk patients)	At least 50-100 mg/day
Folic Acid	400-800 mcg/day from MVI
Folic Acid (female, child bearing age)	800-1,000 mcg/day total
B12	Oral: 350-500 mcg/day
Vitamin D	3,000 IU (75 mcg)/day to maintain above normal blood levels
Vitamin A	10,000 IU (1,500-3,000)/day
Vitamin E	15 mg/day
Vitamin K	300 mcg/day
Copper	2 mg/day from MVI
Zinc	16-22 mg/day from MVI

Zinc-to-Copper Ratio: 8-15 mg of zinc for every 1 mg of copper
(Take in divided doses (minimum 2 per day))

Iron (from all supplements)

At least 45-60 mg/day**
CANNOT take with Calcium

Calcium (from food and supplements)

1,800-2,400 mg/day
Take in divided doses
Calcium Citrate with or without meals
Calcium Carbonate with meals

Other

Protein (often individualized)*** Minimum of 60 g/day with some patients needing higher amounts of 80-90 g/day
Fluids (often individualized)*** At least 50 oz/day to ensure adequate hydration

* At risk patients: rapid weight loss, protracted vomiting, the need for parenteral nutrition, excessive alcohol use, neuropathy, encephalopathy, and/or heart failure.

** Low risk patients (males and patients without a history of anemia) need 18 mg of iron from their multivitamin. Higher risk patients (menstruating females who have had SG, RNY or BPD/DS, or those with anemia) need at least 45-60 mg of iron total daily.

Information adapted from Parrott et al. SOARD. 2017;13:727-741. ***Information adapted from Mechanick et al. SOARD 2013;9:159-191.

MULTIVITAMIN GUIDE

MULTIVITAMIN BRAND	DIRECTIONS	Vitamin B1 <i>12 mg or more</i>	Vitamin B12 <i>350-500 mcg</i>	Folate** <i>400-1000 mcg</i>	Calcium Caltrate <i>1200-1500 mg</i>	Vitamin A <i>5000-10,000 IU</i>	Vitamin E <i>15mg</i>
Celebrate Multivitamin Soft Chews	2 daily	X	X	X		X	X
Celebrate Multivitamin Soft Chews <i>(no iron)</i>	3 daily	X	X	X		X	X
Celebrate MCR18	1 daily	X	X	X		X	X
Celebrate Multi-Complete 45	2 daily	X	X	X		X	X
Celebrate 3-in-1 Drink Mix	2 daily	X	X	X	X	X	X
Bariatric Advantage Ultra Solo	1 daily	X	X	X		X	X
Bariatric Advantage Advanced EA	2 daily	X	X	X	X	X	X
Bariatric Fusion Complete Chewable	4 daily	X	X	X	X	X	X
Bariatric Fusion One Per Day Capsule	1 daily	X	X	X	X	X	X
Bariatric Fusion Soft Chews	2 daily	X	X	X		X	X
Procare Once Daily Multivitamin	1 daily	X	X	X		X	X
Barimelt Multivitamin	2 daily <i>(dissolves in mouth)</i>		X	X		X	X
Opurity Once Daily Chewable	2 daily	X	X	X		X	X
GNC Bariatrics Womens Multivitamin	2 daily			X		X	
Flintstone Complete Gummies	2 daily			X			X
Equate Prenatal	1 daily			X			

Vitamin K 120-300 mg	Vitamin D 3000 IU or more	Iron* 18-60 mg	Zinc 8-22 mg	Copper 1-2 mg	NOTES
X	X		X	X	Must add calcium + iron
X	X		X	X	Must add calcium + iron
X	X		X	X	Must add calcium (available in capsule and chewable)
X	X	X	X	X	Must add calcium (available in capsule and chewable)
X	X		X	X	Flavors water, promoting hydration. Two flavors. --- Add iron
X	X	X	X	X	Must add calcium
X	X	X	X	X	Must add calcium
X	X	X	X	X	Iron and calcium may interact. No vitamin K.
X	X	X	X	X	Need additional calcium. No vitamin K. Question absorption due to calcium and iron being present.
X	X		X		No vitamin K or copper. Need calcium and iron supplements.
X	X	X	X	X	Need additional calcium. Provided with 18 mg iron or without.
X			X	X	Need calcium, iron, vitamin D. Low on thiamin.
X	X	X	X	X	Must add calcium
					Add calcium + vitamin D. Low in many vitamins.
X			X		Add calcium + vitamin D. Low in many vitamins.
			X	X	Add calcium + vitamin D. Low in many vitamins.

REMEMBER

Some bariatric supplements are available in stores and many are available online. No matter where you plan to get your supplements, always read the labels to make sure you are getting the correct amounts of the nutrients you need.

Supplement Schedule Sample

Do not take all of your supplements at the same time. A sample schedule would be:

- Breakfast – 1 multi
- Mid-morning – 1 calcium
- Lunch – 1 multi + B12
- Mid-afternoon – 1 calcium + vitamin D
- Dinner – 1 calcium

Calcium

- Take chewable calcium or crush a non-chewable calcium supplement.
- Take calcium citrate or tricalcium phosphate. You will not absorb calcium carbonate very well after bariatric surgery. Read the label carefully to make sure you are getting the right type of calcium.
- You need 1200-1500mg of calcium per day. Do not take calcium at the same time you are taking iron.

Iron

- Not all patients need iron after surgery. Talk to your provider about your specific needs regarding iron.





Pardee Bariatrics University
LIFETIME MAINTENANCE





LIFETIME MAINTENANCE

LIFESTYLE CHANGES

You cannot lose weight without having a healthy lifestyle. Do you have an unhealthy lifestyle? Here are some simple things you can do right now to keep yourself, your friends and family on track:

- Get rid of all the junk food in your house. (No, the kids don't need junk food).
- Restock your cupboards with healthy snacks your whole family can enjoy
- Have allotted time for fun and outside play
- Have a daily schedule to ease the chaos and decrease some of the stress in your life. This may mean taking some activities out of your schedule or your kid's activities. Often, we plan to do more than we have time.
- Cut the time you and your family spend each day watching TV or using the computer.
- Spend more time doing more active things, such as playing outside with the kids or going for a walk.
- Plan your social life with activities that do not include food such as going out dancing rather than going out to dinner.

MAINTAINING THE WEIGHT

Weight loss surgery is a powerful tool in the arsenal against obesity. Only in conjunction with appropriate diet, exercise, and psychological support can long-term success be maintained. The goal of surgery is to allow you to eat less but not be hungry.

Your window of weight loss is anywhere from 12 to 18 months. With exercise, you can control the weight loss and may see weight loss for up to 24 months.

By eating only at mealtime and only until you feel full, your daily food intake will be decreased enough to provide weight loss. The weight loss will vary from week to week and may plateau for days and up to 2 weeks at a time. Gradually, the rate of weight loss will decrease and your weight will stabilize. Your responsibility is to avoid snacking, grazing (continuous nibbling), to choose healthy foods, be active, exercise daily and nurture the process of recovery from obesity. Participate in group meetings and continue to use this guide to help you through the surgery process. Be sure to keep your regular office appointments so that your weight loss can be maximized and your health monitored.



10 RULES FOR MAINTAINING WEIGHT LOSS

There are 10 rules that we have found helpful for weight loss success. All successful patients who have had surgery have these things in common:

- 1 Consumption of an adequate amount of liquids, preferably water, is crucial.** You should consume a minimum of 1½ to 2 liters of liquid each day. This can only be done slowly, sipping fluids throughout the day. Never drink more than about 2 ounces over a 10- to 15-minute period. On hot days or when exercising, you should drink additional glasses of water.
- 2 Follow your meal plan.** Unplanned eating between meals (“grazing”) will sabotage your weight loss and result in the inability to lose an adequate amount of weight.
- 3 The primary source of nutrition should be protein.** A diet consisting of 1000–1500 calories and 60–120 grams of protein is recommended, depending on what stage of the program you are in and your weight.
- 4 Never drink liquids when eating solid foods.** Liquids should be avoided for a period of 30 minutes before and 30 minutes after eating meals.
- 5 Avoid foods and liquids that contain sugar sources, such as high fructose corn syrup.** Not only will they slow down your weight loss, but they may make you sick! Sugar may cause “dumping syndrome” in patients with gastric bypass. Dumping is when sugars go directly from your stomach pouch into the small intestine resulting in heart palpitations, nausea, abdominal pain, and diarrhea.
- 6 Stop eating and drinking when you begin to feel full.** Listen to your body’s signals. Do not look at the food that is left on your plate. Overfilling your stomach pouch will cause your pouch to stretch and may prevent weight loss success – or worse – cause long-term problems and complications.
- 7 It is essential that you begin a regular exercise program before surgery and continue after surgery.** Our research indicates that this will increase your overall weight loss by 15% in 6 months.
- 8 Attend support group meetings and workshops regularly.** Support Group will help you stay focused, motivated and help you work through the changes that weight loss brings. Plus, you might just make a few new friends.
- 9 Avoid caffeine.** Caffeine acts as a diuretic, which causes you to lose water in your urine and can contribute to dehydration. Decaf coffee is recommended. Use sugar free sweeteners and avoid high fat creamers. After you begin a regular diet, you may add coffee/tea back into your diet but limit to one cup a day.
- 10 Avoid alcohol.** Alcohol can slow down weight loss by contributing unnecessary calories to your diet. Alcohol has many negative effects on your body after bariatric surgery, including increased absorption which leads to decreased alcohol tolerance. Sometimes, this can lead to alcohol dependence. Alcohol also impairs your judgment, can disrupt your sleep, can lead to changes in emotions and behavior as well as promote ulcer formation in some individuals. We therefore recommend you avoid alcohol or use in moderation after having bariatric surgery.

RESOURCES

Books

Koenig KR. *The Food and Feelings Workbook: A Full Course Meal on Emotional Health*. Carlsbad, CA: Gürze Books; 2007

Koenig KR. *Nice Girls Finish Fat: Put Yourself First and Change Your Eating Forever*. New York, NY: Fireside/Simon and Schuster; 2009.

Koenig KR. *The Rules of “Normal” Eating: A Commonsense Approach for Dieters, Overeaters, Undereaters, Emotional Eaters, and Everyone in Between!* Carlsbad, CA: Gürze Books; 2005.

Lloyd, Kristin. *Bariatric Mindset Success: 6 month accountability Workbook*. Middletown, DE. LC Taylor Publishing, 2017

Stapleton, Connie. *Eat It Up! The Complete Mind/Body/Spirit Guide to a Full Life After Weight Loss Surgery*. 2009.

Vuong, Duc. *Ultimate Gastric Sleeve Success: A Practical Patient Guide to Help Maximize Your Weight Loss Results*. HappyStance Publishing; 2013

“Intuitive Eating” by Evelyn Tribole & Elyse Resch - [Intuitive Eating, 4th Edition - By Evelyn Tribole & Elyse Resch \(paperback\) :Target](#)

Bariatric Meal Prep Made Easy, by Kristin Willard, RD - <https://www.amazon.com/Bariatric-Meal-Prep-Made-Portion-Controlled/dp/1645674967>

Bariatric Fitness For Your New Life – A postsurgery program of mental coaching, strength training, stretching routines and cardio by Julia Karlstad - <https://www.amazon.com/Bariatric-Fitness-Your-New-Life/dp/161243794X>

Associations

The American Society of Metabolic and Bariatric Surgery (ASMBS) www.asmb.org

The Obesity Action Coalition (OAC) www.obesityaction.org

The Obesity Society (TOS) www.obesity.org

Blogs

Bariatric Food Coach www.bariatricfoodcoach.com/blog

Bariatric Foodie www.bariatricfoodie.com

Bariatric Meal Prep www.bariatricmealprep.com

Bariatric Pal <https://store.bariatricpal.com/blogs/news>

Smartphone Apps - Food Trackers

Baritastic www.baritastic.com

Lose It www.loseit.com

My Fitness Pal www.myfitnesspal.com

Smartphone Apps and Websites - Exercise

ACTIVEx

Daily Yoga

Freeletics

MyFitnessPal

JOYN Movement: Home (joynmovement.com)

Body Positive Fitness - Online fitness classes for all levels — Body Positive Fitness

Do Yoga with Me - DoYogaWithMe Online Yoga - Practice Anytime, Anywhere | DoYogaWithMe

Podcasts

Feel Better Live More – Dr. Rangan Chatterjee

Weight Loss Surgery Podcast – Reeger Cortell, FNP

The Happiness Lab – Dr. Laurie Santos

Online Support Groups

Pardee’s Bariatrics Support Group Facebook Page www.facebook.com/groups/458179971468058

NOTES

CONTACTS

Aeroflow	DME Supplies	888-345-1780	3175 Sweeten Creek Road, Asheville, NC 28803
Appalachian Counseling	Counseling	828-575-9760	1 Oak Plaza Suite 208, Asheville, NC, 28801
Apria Healthcare	Home Sleep Study and DME Supplies	828-684-9981	141 Glenn Bridges Road, Arden, NC 28704
Blackstone	Home Sleep Study	888-710-2727	405 S Dale Mabry Highway, Suite 145, Tampa, FL 33609
Blue Ridge Community Health	Mental Health	828-692-4289	709 North Justice Street, Hendersonville, NC 28791
Carolina Lung and Sleep at Pardee	Pulmonology and Sleep specialists	828-696-2570	705-A 6th Avenue West, Hendersonville, NC 28739
Dr. Pamela Lowe-Hoyt	Psychologist	828-483-6978	2270 Hendersonville Road, Suite 1, Arden, NC 28704
Hendersonville Hematology and Oncology at Pardee	Oncology	828-692-8045	805 6th Avenue West, Suite 100, Hendersonville, NC 28739
Mountain Counseling (Hendersonville & Brevard)	Behavioral and Mental Health Counseling	828-692-7300	110 Williams Street, Hendersonville, NC 28792
Nutritious Thoughts	Nutrition Counseling – eating disorder focused	828-333-0096	542 North Oak Street, Hendersonville, NC 28739
			31 College Place, Building B, Suite 200, Asheville, NC 28801
Pardee Bariatrics and General Surgery	Chris Edwards, MD, Amelia Martin, PA-C	828-694-8436	2695 Hendersonville Road, Suite 132, Arden, NC 28704
Pardee Cardiology Associates	Cardiology	828-697-7377	709 North Justice Street, Hendersonville, NC 28791
Pardee Diabetes and Endocrine Associates	Endocrinology	828-696-2393	617 6th Avenue West, Hendersonville, NC 28739
Pardee Outpatient Radiology	Chest X-Ray EKG Ultrasounds	828-698-7979	807 North Justice Street, Hendersonville, NC 28791
		828-698-7978	
Sona Pharmacy	Pharmacy	828-298-3636	805 Fairview Road, Asheville, NC 28803
		828-233-0848	600 Carolina Village Road, Hendersonville, NC 28792

Southeastern Sports Medicine and Orthopedics <i>A Department of Pardee Hospital</i>	Orthopedic Walk-In Clinic	828-233-2929	212-C Thompson Street, Hendersonville, NC 28792
		828-692-4356	2315 Asheville Highway, Ste. 20 Hendersonville, NC 28791
		828-209-0925	2775 Hendersonville Road Arden, NC 28704
		828-274-4555	21 Turtle Creek Drive Asheville, NC 28803
		828-454-9816	35 Valley View Terrace Waynesville, NC 28786
Tapestry	Eating Disorder and Mental Health Treatment	828-373-8661	119 Tunnel Road, Suite G, Asheville, NC 28805
		828-373-8343	11 N. Country Club Road, Brevard, NC 28712
YMCA	Gym	828-697-9622	810 6th Avenue West, Hendersonville, NC 28739
		828-651-9622	3 Town Square Boulevard, Asheville, NC 28803

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