

The Comprehensive Recovery Pathway for Bariatric Surgery



**Cooperman Barnabas
Medical Center**

RWJBarnabas
HEALTH

Let's be healthy together.

Welcome

Patient Name

Please bring this book with you to all follow-up visits before surgery

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Introduction

Weight loss is more than a surgery

Congratulations on taking the first step in your weight loss journey! As you know, having bariatric surgery can help you lose a significant amount of weight, but a successful outcome requires a permanent and life-long commitment to a healthy lifestyle. The goal of weight loss surgery is to provide a “tool” to assist you with your weight loss and to decrease the long-term risk of medical complications caused by obesity. It is crucial to adhere to the proper nutrition and exercise program and to receive emotional support. In addition, working closely with your healthcare team will ensure that your weight loss is safe as well as successful.

A successful program incorporates the expertise of a multidisciplinary team

Our team at the New Jersey Bariatric and Metabolic Institute located at the Barnabas Health Ambulatory Care Center works closely with the Cooperman Barnabas Medical Center bariatric staff and surgeons to provide pre-surgical and post-surgical follow-up. The staff consists of certified, health professionals who are experts in their fields and have experience with the health implications of obesity. The Center offers individualized nutrition, psychotherapy and exercise programs to meet your need. Long-term follow up is available both individually and through support groups.

Cooperman Barnabas Medical Center has earned the prestigious designation as a MBS AQIP accredited facility (formerly a Center of Excellence) from the American College of Surgeons



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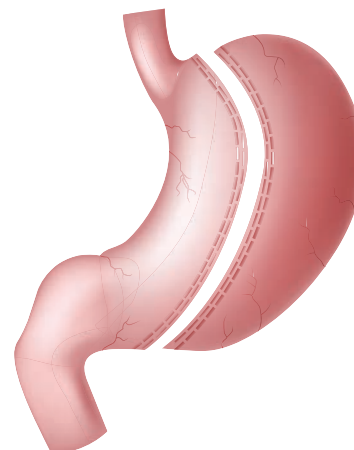
Let's be healthy together.

Overview of Bariatric Surgeries

Sleeve Gastrectomy

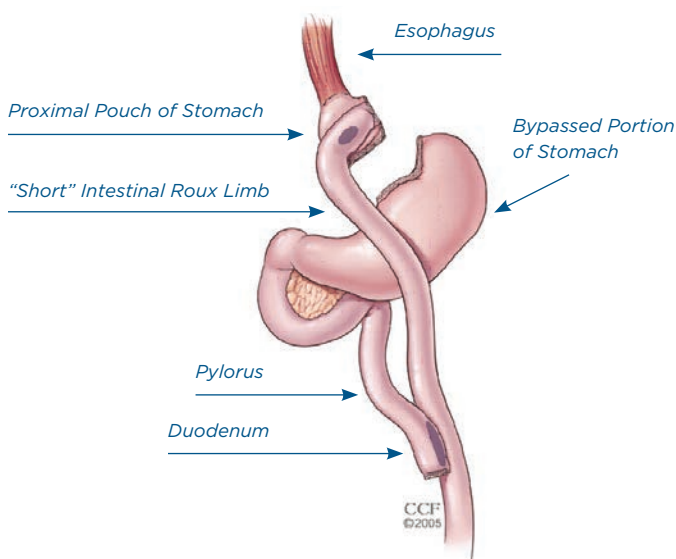
This procedure generates weight loss solely through gastric restriction (reduced stomach volume). The stomach is restricted by stapling and dividing it vertically and removing more than 85%. This part of the procedure is not reversible. The stomach that remains is shaped like a very slim banana and measures from 1-5 ounces. The nerves to the stomach and the outlet valve (pylorus) remain intact with the idea of preserving the functions of the stomach while drastically reducing the volume.

(Procedure description from www.obesityhelp.com)



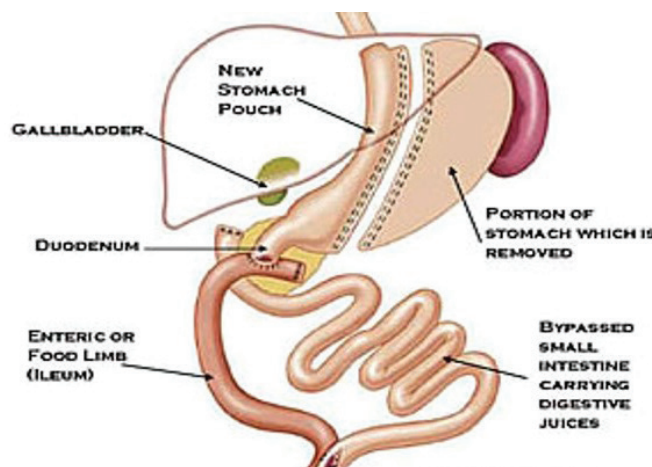
Roux-en-Y Gastric Bypass

The gastric bypass operation is both a restrictive and malabsorptive procedure. It is designed to limit the amount of food you eat and absorb. This surgery reduces the stomach to the size of an egg. This surgery will change the way food passes through the intestine. Your new stomach can hold only about one (1) ounce of food. Over time, the stomach pouch will stretch to hold approximately 4-6 ounces at a time. The smaller opening recreated between the stomach and small intestine slows the rate of the food emptying from the stomach into the small intestine. This increases the feeling of fullness, therefore, helping you to eat less.



Loop Duodenal Switch

The Duodenal Switch (DS) combines restrictive and malabsorption components which allow you to achieve and maintain a greater, long-term percentage of excess body weight lost. The restrictive component reduces the capacity of the stomach while maintaining its functionality. The malabsorptive component of the DS procedure rearranges the small intestine to separate the flow of food (red arrow) from the flow of bile and pancreatic juices (green arrow). This inhibits the absorption of calories and some nutrients. Further down the digestive tract, these paths are rejoined; food and digestive juices begin to mix, and limited fat absorption occurs in the common tract as the food continues on its path toward the large intestine.



Preoperative Checklist

❑ *Obtain Medical and Psychological Clearance*

After meeting with your surgeon, consults will be referred as necessary. You may also need to see your primary care physician for a pre-operative medical evaluation. Please check with your insurance to find out if a referral form is required.

❑ *Obtain Laboratory Tests*

Most surgeons will require updated blood work before surgery. The Bariatric Navigator (973-322-9845) will be available to help you schedule your pre-operative blood work. Ideally, we will try to coordinate the timing of your blood work with other preoperative counseling sessions.

❑ *Start Preoperative Exercises and Diet*

We recommend that patients who are undergoing bariatric surgery start a diet and exercise program that are similar to the one you will be having after the surgery. To ensure your life-long success, The New Jersey Bariatric and Metabolic Institute will be offering you preoperative nutrition, exercise and psychological consults free of charge. The Bariatric Navigator will be coordinating these sessions for you.

❑ *Preoperative Education*

Patients will receive a pre-operative education session before undergoing bariatric surgery. Here are some topics that will be covered:

- ▶ Preoperative Diet and Exercise Regimen
- ▶ Breathing Exercises
- ▶ Preventing Blood Clots After Surgery
- ▶ Pain Management After Surgery
- ▶ Tour of the Bariatric Stepdown Unit
- ▶ Questions and Answers

Behavioral Considerations Before Surgery

It is a good idea to start making changes before surgery to help you prepare for your new lifestyle after surgery. It will facilitate better outcomes.

We should mention that there is a risk of weight regain after surgery if “old” behaviors are not modified and new behaviors are formed. Most weight regain after surgery is related to behavioral issues.

1. Practice eating slowly and chewing your food thoroughly.

You must be able to chew food to an applesauce consistency AFTER surgery before swallowing to decrease your risk of pain, nausea and vomiting. Practice this new behavior by:

- ▶ Using infant utensils or chop sticks.
- ▶ Cutting food into tiny pieces or take tiny bites (ie pencil eraser-size).
- ▶ Chew foods 20 times or until they are liquid.



2. Stop eating when you feel comfortably satisfied.

It takes 20 minutes for your brain to realize that your stomach is full. After surgery you may feel pressure in your **upper** stomach area, this will be your new “full” feeling. If it is painful, you probably took one too many bites, or perhaps ate too quickly, or maybe the food was too dry.

Practice this behavior by:

- ▶ Eating slowly to recognize your feeling of fullness.
- ▶ Savoring each bite, noting its taste, flavor, and texture.
- ▶ Sitting down and focusing on eating. Avoid activities (ie reading, watching TV) where you can become distracted.

3. Practice sipping beverages slowly.

Drinking too quickly, gulping and drinking too much, as well as using a straw may cause pain and discomfort after surgery. At the same time, make sure you are drinking adequate amounts of fluids. You should be taking in 6 to 8 cups per day (48-64 ounces). Avoid alcohol. Alcohol may cause weight gain and result in poor nutrition, since it is high in calories and low in nutrients.

- ▶ Try a sports top water bottle to slow you down.
- ▶ Keep fluids with you all day long.

4. Wean off beverages containing caffeine, carbonation and sugar.

Caffeine and carbonation may irritate the stomach and make you uncomfortable as well as provide empty calories.

- ▶ Choose beverages such as Crystal Light®, Propel Fitness Water, Fruit 2O®, Diet caffeine-free Snapple® and Vitamin Water Zero.
- ▶ If you are having trouble tolerating plain water, try adding a sugar-free flavoring, such as True Lemon/Lime/Orange®.

5. Read food labels.

Begin by identifying the amount of sugar, fat and protein in a particular food.

Sugar

Foods that are high in sugar can also slow down the rate of weight loss and may even cause weight re-gain.

- ▶ Avoid high sugar foods such as sweets, candy, fruit drinks and sodas.
- ▶ Do not eat foods that contain sugar in the first 3 ingredients on the food label.
- ▶ Aim for no more than 15 grams of “sugars” per serving of food at one sitting.

Sugar alcohols

Sugar alcohols such as sorbitol, xylitol, mannitol, and starch hydrolysates may lead to cramping, abdominal pain, excess gas and/or diarrhea. Sugar alcohols are typically found in dietetic foods such as sugar-free candies, cookies, ice cream and chewing gum.

Fat

- ▶ Avoid high fat foods such as snack chips, fried foods, fast food, bacon, sausage, hot dogs, bologna, pepperoni, cream soups, alfredo sauce, donuts, cakes, cookies and pastries.
- ▶ Choose foods with 3 grams or less of total fat per 100 calories. Select cheeses with 5 grams or less of total fat per ounce.

Protein

Protein is important for wound healing and immune function. You will need 70-75 grams of protein a day. Protein should be consumed first at each meal, then vegetables and fruits, then whole grains.

- ▶ Eat protein with each meal or snack.
- ▶ 3 ounces of protein = 20 grams (size of checkbook, deck of cards, palm of your hand)
- ▶ Eat protein foods first at each meal. Take 2-3 bites of protein followed by a bite of fruit or vegetable.
- ▶ Choose lean proteins prepared with little or no fat (white meat like chicken, turkey or fish)
- ▶ Consider moist preparation methods and avoid dry meats.

6. Explore and purchase protein supplements

- ▶ Look for drinks made with whey protein isolate. Protein drinks made from protein isolate contain no lactose and are absorbed well. Whey protein concentrate contains lactose, which may be an issue after your gastric surgery. Lactaid pills can help with tolerance.
- ▶ Choose supplements with at least 20 grams of protein per serving.
- ▶ Mix supplements with skim or 1% milk for an additional 8 grams of protein per serving.
- ▶ Choose supplements with less than 5 grams of sugar per serving.
- ▶ Avoid and/or limit products with collagen (not a complete protein)

7. Purchase your vitamin and mineral supplements.

Initially, you will need vitamin and mineral supplementation after surgery as you will not be getting enough nutrition from your food intake. Be sure to check with your surgeon's Registered Dietitian for recommendations. Below are general guidelines:

Multivitamin (MVI) – Take 2 chewable or multivitamins for the first 4-6 weeks after surgery then 1 multivitamin a day for a lifetime. MVI come in many forms such as chewable, liquid, capsules and powders. We do not recommend “gummies.”

Calcium – Look for **Calcium Citrate** on the label and make sure you're getting 500-600 mg of Calcium Citrate per pill/tablet. Take 500-600 mg two times per day, separated by at least 2 hours (see schedule below).

- ▶ Must contain Vitamin D (at least 400 IU) and Magnesium to help the calcium be better absorbed.
- ▶ Suggested timing of supplements:

Breakfast	1 multivitamin
Lunch	500-600 mgs calcium
Dinner	500-600 mgs calcium

8. Include physical activity in your daily routine.

Exercise is recommended as a life-long habit and is known to improve over-all health, mood and sense of well-being as well as maximize weight loss. Strive for 150 minutes a week of moderate-intensity exercise such as walking. Exercise can be split throughout the day – it doesn't need to be done all at the same time.

9. Avoid “last supper” eating (that “last hurrah” before your surgery).

Weight gain, especially a few weeks before your surgery, can increase the size of your liver and may make it harder for your surgeon to get under your liver and to your stomach to perform your weight loss surgery.

10. Consider losing 5 to 10 pounds before your surgery.

Weight loss has been shown to decrease the size of your liver and make it easier for your surgeon to perform the surgery.

One Week Prior to Surgery

❑ Stop Taking Medications That Increase Bleeding

Anti-inflammatory medications such as ibuprofen, aspirin, Motrin, Naproxen, Aleve and Vitamin E, etc, may cause increased bleeding and therefore, need to be stopped at least one week prior to having surgery. You may also want to check with your surgeon about stopping any herbal supplements that you are currently taking. If you are taking a blood thinner, or medications such as Coumadin, Warfarin, and/or Plavix, your doctor will give you special instructions on when to stop taking them.

❑ **Shopping List**

You will be on a special diet for the first few weeks after surgery. It is highly recommended that you do your shopping a week before surgery to make sure that you have everything ready when you go home. Here is a list of the recommended items:

- ▶ Diet Jell-O (avoid red-colored jello)
- ▶ Sugar-free beverages (non-carbonated)
- ▶ Broth (chicken, beef or vegetable)
- ▶ Decaffeinated coffee or tea
- ▶ Protein shakes (please see list of recommended shakes)
- ▶ Chewable or liquid multivitamins
- ▶ Chewable with Calcium Citrate
- ▶ Sugar-free popsicles
- ▶ Small dishes
- ▶ Small spoons and forks
- ▶ Strainer for food
- ▶ Food processor or Magic bullet
- ▶ Protein shaker bottle

Day Prior to Surgery

Find Out Your Arrival Time at Hospital

The Day Surgery staff will call you the evening before your surgery to provide you with information on time and location. You may receive the call on Friday evening or Saturday morning if you are scheduled to have surgery on a Monday. If we missed you at home please call 973-322-5130 Monday through Friday until 9:00 pm or from 8:00 am to 12 Noon on Saturday.

You will be asked to come to the hospital 2 hours prior to the scheduled surgery to give the nursing staff sufficient time to start IVs, prep and answer questions. It is important that you arrive on time to the hospital because sometimes the surgical time is moved up the last minute and your surgery could start earlier. If you are late, it might create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time.



Night Prior to Surgery

❑ ***What Should I Eat or Drink***

- ▶ Check with your surgeon to see what you can eat or drink before surgery.

❑ ***What to Bring to the Hospital***

- ▶ A copy of your advance directives
- ▶ Your insurance card, driver's license or photo I.D., and any co-payment required by your insurance company
- ▶ Your CPAP machine if you have one
- ▶ Cell phone and charger
- ▶ List of medications
- ▶ Loose-fitting cover up (bathrobe)
- ▶ Walking shoe or sturdy slippers
- ▶ Personal toiletries
- ▶ Glasses, contacts
- ▶ Chewing gum

❑ ***Special Instructions***

- ▶ Check with your primary care physician prior to taking any medication for diabetes on the day of surgery
- ▶ Please leave jewelry, valuables, and large amounts of money at home
- ▶ Makeup must be removed before your procedure
- ▶ Nail polish may be left on, remove nail tips

Hospital Care

Registration

You are required to arrive 2 hours prior to scheduled time of surgery. Proceed to Registration in the new Cooperman Pavilion entrance of the hospital to register. The staff will be asking for your driver's license or photo I.D., insurance card, and if you have an advance directive (please bring a copy if you have one). After registration, you will be asked to be seated in the waiting area until they call you into the pre-operative area.

Pre-operative Area

You will be asked to change into a cotton hospital gown. All jewelry should be removed. You will be provided a garment bag where you can put your clothes and shoes which can be kept in the closet and delivered to your room in the afternoon/evening after your surgery. Please do not leave valuables, jewelry and money in the garment bag.

Nurses will be checking your blood pressure, temperature, etc. and will verify information obtained from you previously. Please let the staff know the exact time you had anything to eat or drink. They will also insert an intravenous catheter in your arm and start giving you IV fluids. Your IV catheter can also be used for administering medications.

Operating Room (O.R.) Holding Area

You will be transported to this area via stretcher or bed. This is where you will be waiting while they are getting the operating room ready for your surgery. The nurses will be verifying all your information and are available to answer your questions. If medications are ordered prior to surgery, you will be receiving them here. The anesthesiologist will be seeing you in this area before the surgery.



Operating Room (O.R.)

When the surgeon and the operating room staff are ready for your procedure, they will take you to the operating room via stretcher or bed. You will then be transferred on to the operating room table where you will be put in the proper position for surgery. The anesthesiologist will then give you medications to make you go to sleep before starting the procedure.

Post Anesthesia Care Unit (PACU)

After the procedure, you will be transferred to the post-anesthesia care unit. Your family members and friends in the waiting room will be given an update by your surgeon. The length of your stay here varies from a half an hour to several hours depending on several factors such as pain level, presence of nausea or vomiting, etc. Pain medications and anti-nausea medications will be available for you. You will have flowtrons boots on your legs that alternately pump to prevent blood clots.

Dedicated Post-Surgery Floor

Once your vital signs, pain and nausea are stable, you will be moved to your room. You will be transferred in your bed. You will have a pulse oximeter applied on your finger overnight that measures the amount of oxygenation in your blood, and a telemetry monitor will also be applied on your chest to monitor your heart. You will be given an incentive spirometer for your deep breathing exercises.

Surgery Center

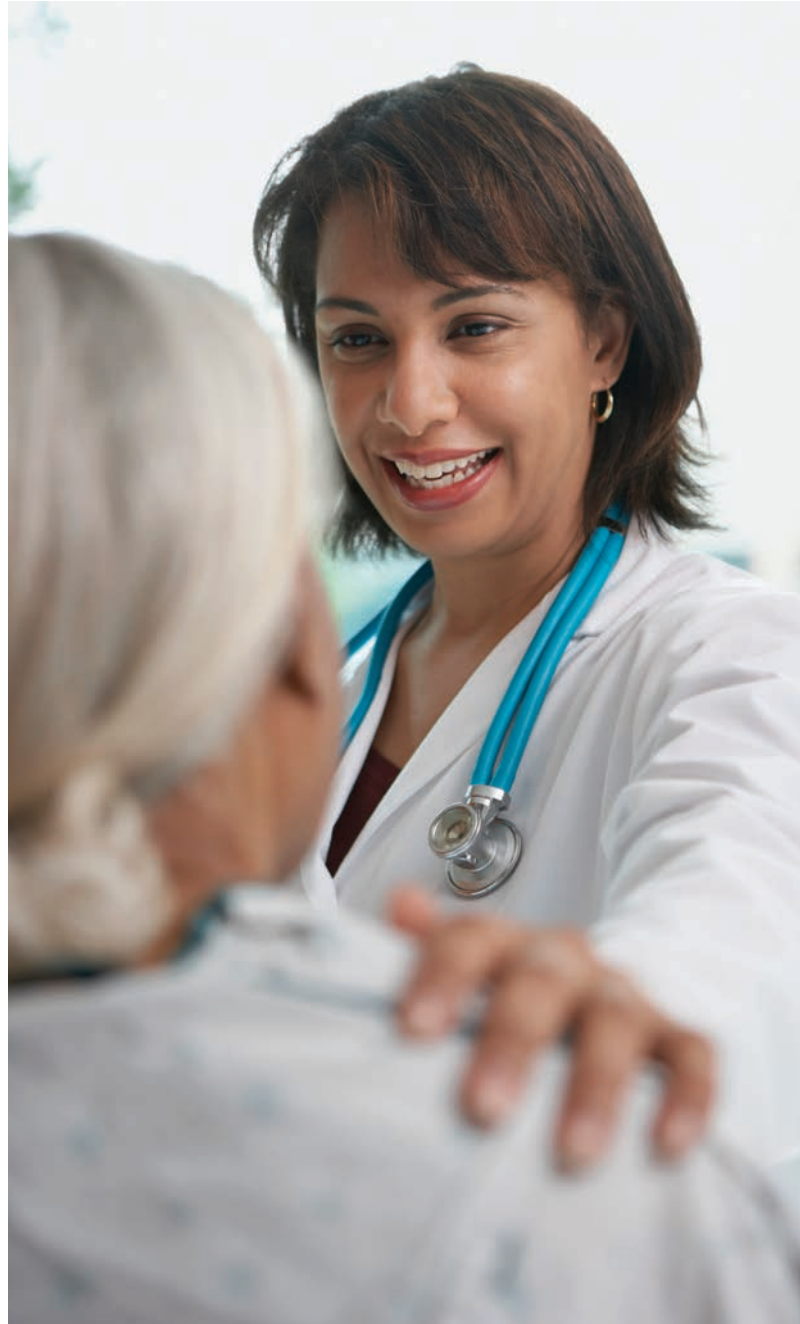
In general, patients who have undergone the sleeve gastrectomy or gastric bypass will be transferred to Surgery Center after PACU, then to the specific bariatric unit.

After Surgery

You will be encouraged to use your incentive spirometer for deep breathing exercises and to walk around the nurses' station to help mobilize the gas in your abdomen. You will be provided small, 1-ounce cups to measure your fluid intake.

Most patients will be started on bariatric stage I diet (clear liquids) after the surgery. Your nurse will explain the amount of intake that you are allowed to take per hour. Your urine output will also be measured. There will be medications available for your pain, nausea, and vomiting. Nurses are always available to answer your questions. You will be allowed to take a shower on the second day after the surgery.

You will also be seen by your surgeon as well as other doctors such as a Metabolic Physician, Endocrinologist, Cardiologist, and Pulmonologist the day after your surgery. You will be weighed prior to discharge. On the morning of your discharge, you will receive discharge education from the Bariatric Team that includes information you need when you go home.





Understanding Nutrients

Remember, you have just had a major surgery. To help with healing, maintain health and prevent disease, it is crucial to modify key nutrients in your diet. In general, your new diet will be high in protein and low in fat, calories, and sugar. Important vitamins and minerals will be supplemented. Let's review the key nutrients.

Protein

Protein is the nutrient that the body uses to build new tissue and help with wound healing. This is particularly true after surgery. Adequate protein intake will also help to limit or prevent hair loss following significant weight loss. Over the long term, protein will help preserve muscle tissue so that weight loss will consist primarily of fat and not muscle.

Sources:

- ▶ lean meats such as skinless chicken, turkey, and veal
- ▶ fish
- ▶ egg whites
- ▶ low-fat or fat-free dairy such as cheese, milk, soy products
- ▶ protein supplements – see appendix for more details

Fluids

One of the main challenges for the post-bariatric patient is to prevent dehydration by consuming adequate fluids. After surgery, fluids must be separated from food. Fluids should not be consumed for 30 minutes prior to eating and for at least 30 to 60 minutes after eating. A minimum of 48-64 ounces of fluid should be consumed per day. A challenge may be drinking enough fluids without feeling full so, sip slowly and avoid using straws or drinking carbonated beverages (increases air pulled into the body causing gas and bloating).

Sources:

- ▶ water
- ▶ no-calorie beverages
- ▶ protein drinks count as fluids!

Fiber

There is initially less space in the stomach to hold bulky, high fiber foods and less gastric juices available to digest them. If high fiber foods are not chewed thoroughly, they may get stuck in the pouch or block the narrow opening into the small intestine. Wait about 2 months after surgery before introducing high fiber foods.

Sources:

- ▶ vegetables
- ▶ fruits



Fat

Too much fat in the diet delays emptying of the stomach and fills you up; leaving no room for other nutrients that can better sustain you. In addition, consumption of fat increases the risk of gastric reflux and adds unneeded extra calories. Fat may also cause diarrhea, nausea or stomach discomfort.

Sources:

- ▶ fried foods
- ▶ fatty meats such as beef,
- ▶ cream sauces
- ▶ mayonnaise
- ▶ butter
- ▶ margarine
- ▶ regular cheese
- ▶ regular salad dressing, oils, etc.

High Sugar Food: High sugar foods are high in calories and/or fat. Even in small amounts they can make weight loss difficult. Eating foods high in sugar may promote “dumping syndrome” (gastric bypass patients only). Symptoms of dumping syndrome may include: bloating, nausea, uncomfortable fullness, abdominal pain/cramping, diarrhea, weakness, sweating, and fast heart rate.

Most sugary foods do not provide many vitamins or minerals despite their calorie content. Since calories are limited on the gastric bypass/gastric banding diet, it is important that every food contribute nutrients. Look for “sugar free,” “no added sugar,” or “zero calorie” products.

Although milk or fruit containing items will contain grams of sugar, it is a natural sugar with nutritional value and is acceptable to incorporate as part of a healthy diet.

Check the ingredient list on products to avoid:

- ▶ sugar
- ▶ high fructose corn syrup
- ▶ brown sugar
- ▶ honey
- ▶ hydrolyzed corn syrup
- ▶ glucose

Artificial sweeteners are acceptable:

- ▶ Splenda (Sucralose)
- ▶ Sweet N Low (Saccharin)
- ▶ Equal, Nutra-Sweet (Aspartame)

Natural Sweeteners are acceptable:

- ▶ Stevia
- ▶ Truvia

Daily Nutrition Requirements

The bariatric diet is designed to bring about significant weight loss. Learning new eating habits and behaviors as well as following the recommended diet will help to maintain long-term weight loss. Since the amount of food you will be able to consume after surgery is limited, your food choices will need to be of high nutritional quality in order to maintain health. In other words you want to get **“the biggest nutritional bang for the calories.”**

The following guidelines will ensure that you are consuming a well-balanced, calorie-controlled diet. These guidelines will also help to reduce your risk of side effects and physical discomfort.

Daily Nutrition Requirements after Surgery

Calories

900-1100 do not expect to reach this daily calorie level for several months after surgery

Protein

70-85 grams (food and supplements)

Carbohydrates

100 grams (unless advised otherwise by Dietitian)

Fat

limit to 30 grams or less (preferable healthy fats: mono and polyunsaturated fats – ask your Dietitian for this information)

Fluid

Minimum of 48-64 ounces (water, calorie-free, decaffeinated beverages – includes liquid protein supplements)

Supplements

multi-vitamin, calcium, sublingual B-12, and vitamin D

Quick Nutrition and Eating Tips

- ▶ Chew food thoroughly before swallowing
- ▶ Eat slowly (30-35 minutes per meal)
- ▶ Eat protein first at each meal
- ▶ Learn proper portion sizes (weigh & measure foods)
- ▶ Use smaller plates & toddler size utensils-which helps reduce portion size
- ▶ Use protein shakes to increase daily protein and liquid intake
- ▶ Sip liquids slowly
- ▶ No liquids from 30 minutes before and 30 to 60 minutes after food
- ▶ No fluids with food
- ▶ Eat 3- 5 nutritious meals everyday (immediately after surgery, smaller, more frequent meals may be more tolerable)
- ▶ Keep food records to track calories and grams of protein
- ▶ Take a liquid or chewable multivitamin with iron daily
- ▶ Take additional 1000-1500mg calcium daily (split dose)
- ▶ Exercise regularly (consult with your physician for exercise clearance)

Your dietitian will go over this information in more detail during you nutrition consultation sessions.

Diet Progression After Surgery

After surgery, your diet will progress through the different stages. It is important to follow these stages for a smooth, safe recovery. If you are not tolerating a diet stage, contact your doctor as it may be suggested that you return to the previous stage and then advance at your own pace. It is advisable to keep track of any food that causes discomfort and wait two weeks before re-trying that food.

One of the most important messages is don't eat until you feel full. The nerves of satiety (feeling of stomach fullness and eating satisfaction) are "slow" nerves. There is a delay of about 15 minutes from the time your stomach pouch gets comfortably filled to the time that your brain becomes aware of that fact. If you swallow even one additional bite, the pouch can become overfilled and you may experience stomach pain, nausea and possibly vomiting. Realistically, every patient will probably experience this overfilled feeling at one time or another. The goal is to learn from the experience. Try to make a mental note of the appropriate amount of food so that you will know when to stop eating, before you feel full. Adjusting to this new concept/eating behavior may take time.

In order to ensure that you can be successful in attaining your weight loss goals, it is important to understand situations that can lead to weight regain such as:

- ▶ Frequent overeating -this may lead to stretching of the pouch. This can be one of the causes of weight regain several years after surgery. It is very important not to overeat after surgery.
- ▶ Over time, the absorption of calories will improve and as a result you will be absorbing more calories, possibly leading to weight regain.

Although this booklet contains food and nutrition guidelines, more individualized information will be discussed with the Dietitian during your nutrition consultations.

Following Your Surgery...

Initially following your surgery, you will be encouraged to sip small amounts of liquids to assess tolerance and begin the healing process. Your specialized diet while in the hospital will consist of:

Breakfast – Lunch – Dinner

- ▶ 2 tablespoons (30 mls) of unsweetened, decaffeinated, non-carbonated fluids
- ▶ Sips of water all day long

In general, the following liquids are allowed for the first week:

- ▶ Sugar-free gelatin
- ▶ Broth-chicken, beef or vegetable (the salt in the broth can help your body hold on to fluid better)
- ▶ Water, decaffeinated tea, decaffeinated coffee
- ▶ Sugar-free fruit drinks (ie. Crystal Light®)
- ▶ Sugar-free popsicles and sugar-free Italian ice
- ▶ Unflavored protein supplement can be mixed with Crystal Light®

Progression of Nutritional Stages

Please keep in mind that the following information on the progression stages are meant to be general guidelines. In addition, you may receive diet progression information from others. Please check with your surgeon's Registered Dietitian if you have any questions or need more detailed information.

Week One After Surgery – Clear Liquids

1. Consume 3 - 5 clear liquid meals a day. You should try to consume at least 3 ounces at each meal.
2. Each meal should total 3 ounces, which is equal to 6 tablespoons.
3. Sip liquids slowly and take a minimum of 15 minutes to a maximum of 30 minutes to complete.
4. To maximize healing, please consume all liquid meals prescribed.
5. Be sure to sip on water throughout the day.
6. Total fluid consumption for the day (includes liquid meals and drinks throughout day) should be 48 ounces.

Example of clear liquid choices:

- ▶ Clear broth **
 - ▶ Sugar-free Jell-O gelatin, sugar free popsicles and sugar free Italian Ice
 - ▶ Sugar-free, caffeine-free, non carbonated drinks i.e. Crystal Light**
 - ▶ Ready to drink sugar-free protein juice drinks (i.e. Isopure @ Vitamin Shoppe)
 - ▶ Unflavored protein powder added to water.
- ** Add 1-2 tsp. per 3 ounce unflavored protein powder to broth, Jell-O and allowed beverages.

Sample Day on Clear Liquids

8:00 am meal: chicken broth with added unflavored protein powder

10:00 am meal: ready to drink sugar free protein juice drink

12:00 pm meal: 8 oz. beef broth with added unflavored protein powder and

2 - 3 tablespoons sugar-free Jell-O gelatin made with unflavored protein powder

3:00 pm meal: 10 oz. water mixed with sugar-free protein powder

6:00 pm meal: vegetable broth with added unflavored protein powder and

2 -3 tablespoons sugar-free Jell-O gelatin made with unflavored protein powder

REMEMBER: Consume all liquid meals plus sip on water throughout the day

Week Two After Surgery – Full Liquids

1. Consume 5 full liquid meals per day.
2. Each meal should total 3 ounces, which is equal to 6 tablespoons.
3. Sip liquids slowly and take a minimum of 15 minutes to a maximum of 30 minutes.
4. To maximize healing, please consume all liquid meals prescribed.
5. Be sure to sip on water throughout the day.

Example of full liquid choices:

- ▶ Milk (skim, 1%, low fat lactaid, plain low-fat soy)
- ▶ Sugar free smooth (Light) yogurt or plain yogurt
- ▶ Ready to drink sugar free protein drinks (i.e. Pure protein, 50 Gram Slam, or Protein Premier)
- ▶ Unflavored protein powder added to the above milk choices – 1-2 tsp. per 3 ounce meal

Sample Day of Full Liquids

8:00 am meal: 2 – 3 tablespoons sugar free vanilla yogurt or plain Greek Yogurt

2oz. skim milk mixed with sugar free chocolate protein powder

10:00 am meal: strained chicken soup with unflavored protein powder

12:00 pm meal: 8 -12 oz. ready-to-drink sugar free vanilla protein drink

3:00 pm meal: 2 tablespoons plain yogurt

8 oz. strained soup

6:00 pm meal: 8 oz. skim milk mixed with sugar free strawberry protein powder

Weeks Three and Four After Surgery – Puree Foods

1. Consume 3 pureed meals a day plus one 11-15 oz. sugar free protein drink which can be divided up in between your meals. (Note: many ready-to-drink protein drinks are 11-15 oz)
2. Each meal should total 6 tablespoons of pureed food.
3. Eat slowly. Make each meal last 30 minutes.
4. Fluids are no longer consumed with meals.
5. To make your own pureed foods: cook thoroughly and then puree in a blender or food processor until baby food consistency. You may add a little broth, strained soup or low fat gravy to keep food moist during the blending process.
6. Avoid raw fruits and vegetables.
7. Your main focus on each meal is your protein rich foods. Always start with protein first.
8. Be sure to sip on water and calorie free non-carbonated drinks between meals, throughout the day. Goal is 6 – 8 cups (48 -64 oz.) of fluid a day.



Example of pureed food choices:

- ▶ Soft scrambled eggs
- ▶ Sugar-free smooth (Light) yogurt or plain yogurt, or plain Greek yogurt
- ▶ Smooth low-fat cottage cheese
- ▶ Farina (cream of wheat), cream of rice, oatmeal needs to be runny
- ▶ Baby food
- ▶ Low fat, sugar free pudding
- ▶ Smooth tuna salad, egg salad with low fat mayonnaise
- ▶ Pureed poultry, fish
- ▶ Pureed cooked vegetables i.e. carrots, sweet potatoes (NOT STRINGY VEGETABLES)
- ▶ Tofu
- ▶ Pureed fruit (canned, in own juice or fresh cooked)

REMEMBER: Consume protein first. Each meal is 6 tablespoons. Go slow at first!

Week 3 – 4 Choices Food

Protein	Choose	Avoid
<p>Always eat protein foods first</p> <p>Choose lean protein foods that provide < 50 calories/oz</p>	<p>2 tbsp provides 6-7 grams of protein</p> <ul style="list-style-type: none"> • Must be Blended • Beef, pork, poultry, fish, shrimp, • lobster, crab, imitation crab/lobster, tuna fish in water • Egg (scrambled), egg substitute <p>2 tbsp provides 3-4 grams protein</p>	<ul style="list-style-type: none"> • Peanut butter • Nut butters
<p>Avoid proteins cooked in oil, fat and butter</p>	<ul style="list-style-type: none"> • Cottage and Ricotta Cheese (fat-free or 1%) Greek-style yogurt (fat-free, plain or vanilla), tofu • cheese, fat-free or low fat (1 slice or 1 oz provides 6-7 grams protein) • milk, 1% or skim (8 oz provides 8 grams of protein) 	
<p>Produce</p> <p>Avoid fruits and vegetables cooked in oil, fat and butter</p>	<p>2 tbsp is a serving size</p> <p>Vegetables</p> <p>Soft, tender varieties, cooked and blended or mashed with a fork</p> <p>Fruits</p> <p>Mashed banana, unsweetened applesauce, Soft tender varieties without seeds, skins or hulls, cooked and blended or mashed with a fork</p>	<ul style="list-style-type: none"> • Raw • Fibrous stalks (celery, asparagus, corn, etc.) • Seeds, skins, hulls
<p>Grains and Starches</p> <p>Avoid grain and starches cooked in oil, fat and butter</p>	<p>2 tbsp is a serving size</p> <p>Hot cereal (oatmeal, grits, cream of wheat)</p> <p>Mashed white or sweet potatoes</p>	<ul style="list-style-type: none"> • Pasta and noodles • Rice • Bread and bread products • All additional starchy foods not listed the choose category
<p>Soups</p>	<p>Broth, bouillon</p> <p>Reduced fat cream soups, blended</p>	<ul style="list-style-type: none"> • Soups with more than 5 grams fat per serving
<p>Beverages</p>	<ul style="list-style-type: none"> • Water • Decaffeinated, non-carbonated beverages with less than 10 calories per 8 oz serving such as coffee, tea, Crystal Light®, Propel® Fitness Water, Fruit 2O®, True Lemon/Lime/Orange® 	<ul style="list-style-type: none"> • Regular soda • Caffeinated coffee/tea • “Fizzy” drinks • Chocolate milk • Sweetened condensed milk

Week Five – Transition to Solid Foods

All patients will transition to a regular diet at different rates. Expect to start on a regular diet anywhere from 4-8 weeks after surgery.

- ▶ Consume 3 meals a day plus 2 protein rich foods.
- ▶ Each meal should be about 1 cup total or 16 tablespoons.
- ▶ Take **30 – 45** minutes to consume a meal. This is extremely important!
- ▶ In the beginning it is recommended to chew your food to an applesauce consistency. As time goes on this will ease up. Thorough chewing will **always** be the key to success.
- ▶ If solid foods are not tolerated well, go back to pureed foods. Be sure to continue with a cup of food even though you may be on pureed foods. Retry solid foods in a few days
- ▶ Try to consume 2-3 oz. protein (14-21 grams protein) at each meal. Your daily goal is 70 - 75 grams a day. Refer to your protein list in this pamphlet.
- ▶ When eating a meal, always consume your protein rich food first.
- ▶ Eat a variety of foods and make sensible choices. Try not to get in the habit of eating the same foods all the time.
- ▶ Your taste for some favorite foods may change in the beginning. Retry in the future, this may pass.
- ▶ Be sure to **sip** on water and calorie free, non-carbonated drinks between meals, throughout the day. Goal is 6 – 8 cups (48 – 64 oz.) a day
- ▶ Your protein rich food could be a sugar-free protein drink or 1/2 sugar free protein bar. Try to keep the snack to less than 150 calories.

Foods which may be difficult to tolerate

- ▶ Red meat, beef jerky
- ▶ Fried, high fat foods
- ▶ Popcorn, peanuts, coconut and almonds – *short term 3-4 months*
- ▶ Carbonated beverages
- ▶ Raw or fibrous vegetables, such as celery, broccoli, artichokes, pineapple, rhubarb, and asparagus. If eaten, cut and chew thoroughly – *short term 3-4 months*

- ▶ Dried fruit, skins and membranes of fruits – *short term 3-4 months*
- ▶ Highly seasoned or spicy foods – *short term 3-4 months*
- ▶ High calorie or sugared desserts
- ▶ Doughy breads like bagels or subs
- ▶ Sugar free products containing sugar alcohols (sorbitol, malitol, mannitol)
- ▶ Pasta – white long pasta, like spaghetti, capellini, linguini, fettuccini
- ▶ White rice
- ▶ Dry chicken breast

Protein

Protein is important for wound healing and immune function. You will need 70-75 grams of protein a day after surgery. Protein should be consumed first at each meal, then vegetables and fruits, then whole grains.

- ▶ Eat protein with each meal or snack
- ▶ Eat protein foods first at each meal. Take 2-3 bites of protein followed by a bite of fruit or vegetable and then a bite of starch/grain
- ▶ Choose lean proteins prepared with little or no fat



Excellent Protein Sources

- ▶ Lean cuts of chicken, turkey, beef, pork, veal or lamb
 - Bake, grill, broil or poach
 - A 3 oz. serving (20 grams protein) is the size of a deck of cards, check book or the size of the palm of your hand
- ▶ Low fat cheese
 - Look for around 5 grams of fat or less per serving
 - 1 oz. of cheese contains 7 grams protein
 - 1 string cheese, 1 slice of cheese or a 1" cube of cheese = 1 oz.
 - Look for words like "part skim" or "low fat"
- ▶ Eggs
 - 1 egg contains 7 grams of protein
 - The white of the egg is complete protein
 - Egg whites and egg substitutes are high in protein, low in fat
- ▶ Milk and dairy products
 - Choose 1% or fat free milk or soy milk
 - An 8 oz. glass of cow's milk or soy milk contains 8 grams of protein
 - 6 oz. of Greek yogurt usually contains 12-18 grams of protein
 - Plain or vanilla yogurt usually contains 6-8 grams protein
- ▶ Legumes/beans - 7 grams in 1/2 cup
- ▶ Tofu and other soy products – 5-10 grams depending on the soy food of choice

Protein Supplements: (see next section for more details)

- ▶ All supplements should be sugar free or less than 5 grams of sugar per serving
- ▶ Try to avoid supplements contains sugar alcohol (maltitol, sorbitol, xylitol, lactitol, mannitol). Sugar alcohol may have a laxative effect
- ▶ If you are lactose intolerant, add soy milk or lactaid milk to a lactose free protein powder

Ready to Drink Protein Drinks:

- ▶ Juice types: Zero-Carb Isopure (Vitamin Shoppe, GNC), 40 grams of protein
- ▶ Strength Systems USA Protein Ice (available on the Internet) *** add a little bit of water if too sweet
- ▶ Milk shake type: 50 Gram Slam (GNC) 50 grams of protein
- ▶ Protein Premier: 30 grams of protein (Costco)
- ▶ EAS Advant Edge Carb Control (Walmart, BJ's, Target) 15 grams of protein

Protein Powders:

- ▶ Designer Whey (Vitamin Shoppe) 18 grams protein/scoop
- ▶ Elite Juicers Whey (www.Dymatize.com)

Mixing skim milk (or water) with Protein drinks and protein powders is an excellent way to meet 70-75 grams per day requirement!!!

Choosing a Protein Supplement

Although there are numerous protein supplements available on the market today, it is important to choose a supplement that meets all of the unique requirements that are appropriate for the bariatric patient. Even though a protein supplement is labeled "bariatric," it does not necessarily mean it is a good choice. Please use the guide below to help you determine good choices.

Also, please note that your sense of taste may change in the weeks after your surgery, which can influence your choice of a protein supplement.

Protein supplements come in many forms: powders, ready to drink shakes and bars etc. Choose one that you will use and integrate easily into your lifestyle.

Guidelines for Protein Supplements

Total calories per serving	100 Calories	120 Calories	150 Calories	180 Calories	200 Calories
Minimum grams of protein	12 grams Protein or more	15 grams Protein or more	18 grams Protein or more	22 grams Protein or more	25 grams Protein or more

Examples of Protein Supplements

(Ready to drink)

Premier Protein
Lean Muscle Meal
Pure Protein
Isopure

(Powders)

GNC Amplified Wheybold Extreme 60
GNC 100% Whey protein (unflavored)
GNC Soy Protein 95 (unflavored)
Designer Whey (flavored)
Unjury
Orgain Protein (plant based)
Vega Protein (plant based)

Whey protein isolate is absorbed very well, and has no lactose or milk sugar

Whey protein concentrate contains lactose, which may be an issue after your surgery.

Lactaid pill can help with tolerance.

Vitamin & Mineral Supplementation

Why do I need to supplement?

It will be difficult to get enough vitamins and minerals from food alone as the post-bariatric diet has limited food quantities. Deficiencies can develop in a matter of months. Iron, folate, B-12, and calcium are the nutrients most affected. Fat-soluble vitamins, such as vitamins A, D, E, and K may also be affected.

How long will I need to take supplements?

Within one week of your surgery you will begin your dietary supplements. VITAMIN AND MINERAL SUPPLEMENTS MUST BE TAKEN FOR LIFE.

Also remember your vitamin and mineral levels will need to be checked every 3-6 months by a metabolic physician or your primary care physician.

A daily vitamin and mineral regimen after surgery should include:

- ▶ Chewable or liquid multivitamin with iron
- ▶ 1000-1500 mg calcium citrate (split 2x-3x/day)
- ▶ Additional B-12 (sublingual), iron, or other supplements as recommended

You may experience some skin and hair changes after surgery, including dry skin or hair loss. While this may be a benign short-term condition, it may also be the result of a vitamin or mineral deficiency. Please let your doctor or metabolic physician know if you experience these changes so that adjustments may be made.

Complaints, Problems and Solutions

Complaint/Problem	Likely Cause	Solution
Burping/Hiccups	Swallowing too much air	<ul style="list-style-type: none"> • Chew with mouth closed • Avoid using straws • Eat slowly • Avoid carbonated beverages
Nausea/Vomiting	Food intolerability, eating large portions of food <i>(Unrelieved nausea/vomiting can be a sign of a more serious problem. Please consult your surgeon if you are vomiting more than twice a month (banding patients), or if you are unable to tolerate anything including liquids)</i>	<ul style="list-style-type: none"> • Avoid concentrated sugars, fried and high-fat foods • Eat/Chew slowly • Limit portion sizes • Drink liquids between meals not with meals
Dizziness/Headache	Dehydration	<ul style="list-style-type: none"> • Consume at least 48 - 64 ounces fluid daily (If you are on blood pressure medication, contact your doctor immediately)
Dumping Syndrome sweets	Bypass patients only-consumption of food comprised of highly concentrated sugar	<ul style="list-style-type: none"> • Avoid concentrated sugars,
Food “getting stuck”	Eating too much or too quickly	<ul style="list-style-type: none"> • Eat smaller portions • Eat/chew slowly • cut food into a smaller bite size • Avoid “dry” & “tough” foods
Hair Loss (typically occurs daily at 3-9 months post-op)	Rapid weight loss and/or not consuming enough protein	<ul style="list-style-type: none"> • Eat the recommended protein • Take recommended multivitamin daily and – Biotin
Dry skin, Dry eyes	Dehydration or a nutrient deficiency	<ul style="list-style-type: none"> • Consult your Metabolic Physician
Constipation	Not consuming enough fluids or fiber	<ul style="list-style-type: none"> • Consume at least 48 - 64 ounces of fluids daily • Discuss w/your doctor the need for adding more fiber to your diet. If blood work show iron is adequate, then reduce iron supplement to twice a week.
Abdominal Pain/ toFeeling Bloating	Eating too quickly at one time	<ul style="list-style-type: none"> • SLOW down at each meal-strive take 30-35 minutes for each meal
Weight Loss stops or weight gain occurs	Consumption of large portion sizes and high-calorie foods	<ul style="list-style-type: none"> • Evaluate your portion sizes • Limit high calorie foods and beverages • Increase physical activity • Consult you Registered Dietitian and/or Physician

Your Bariatric Healthcare Team

Metabolic Physician

Post-operative metabolic monitoring is an essential component for the bariatric patient. The Metabolic Physician is an Internal Medicine specialist with advanced training and certification in clinical nutrition; they are experts in obesity management. These physicians will:

- ▶ adjust any medications
- ▶ perform metabolic monitoring and
- ▶ assure that you are employing proper strategies for a successful outcome.

Medication Adjustments may be required due to pill size/format and your recent surgery. Based on your medical history, additional medications such as acid blockers or anticoagulants may be recommended. Bariatric surgery patients are often able to decrease or discontinue many medications; however sudden discontinuation of certain medications can be dangerous. On the other hand, continuing drugs when they are unnecessary can lead to serious side effects. The metabolic physician will guide you through this process.

Metabolic Monitoring protects patients from developing deficiencies of vital nutrients such as protein, electrolytes, vitamins and minerals. Hair loss, dry skin, dry eyes, altered taste, and numbness may be signs of early nutrient deficiency. More serious conditions including visual disturbance, osteoporosis and cardiac dysfunction can occur if nutritional deficiencies are not properly corrected. Regular blood tests and clinical examinations are scheduled to prevent post operative deficiencies.

Maximizing Successful Strategies after bariatric surgery ensures that you make the most of your operation. The metabolic physician is in a unique position to help you develop these components. For a list of Metabolic Physicians, please contact your surgeon.



Bariatric Navigator

We are committed to you and making sure that you have successful outcomes. To ensure your successful outcomes, Barnabas Health created the Bariatric Navigator position. The Bariatric Navigator is available to assist you in all aspects of your care.

The Bariatric Navigator will act as a liaison among: hospital team members, physicians, out-patient services (nutrition, exercise, and psychology), patients, and the community.

She will be responsible for your care needs before, during and after surgery. The Bariatric Navigator will:

- ▶ Act as your liaison throughout the course of treatment
- ▶ Answer your questions and coordinate hospital and out-patient care
- ▶ Direct you to specific resources
- ▶ Follow-up with you after surgery

CONTACT: *Jenifer Stein, Bariatric Navigator, 973.322.9845*

Registered Dietitian (R.D.)

Bariatric surgery alone does not change long-standing food behaviors. Weight loss surgery requires lifelong nutritional management. It is important to find a registered dietitian that specializes in bariatric patients. Your Registered Dietitian can help ensure that the patient is eating the proper amount of calories and protein, while

still obtaining all vital nutrients. They will work with the patient on making appropriate food choices, brand selection, and supplements. Individualized meal plans also allow your new way of eating to be compatible with your lifestyle.

Patients suddenly have more “food rules” than any diet they have ever followed. How do they eat enough to sustain themselves, yet continue to lose weight? Patients will no longer have the relationship with food they had prior to surgery. Issues that the R.D. addresses are:

- ▶ Modifying eating behaviors
- ▶ selecting proper food choices
- ▶ preventing nutritional complications
- ▶ how to avoid grazing and overeating
- ▶ preparing healthy meals
- ▶ making good choices when eating out

It should not be assumed that patients, who appear to have met their goals for weight loss after 12-18 months, no longer need continued follow-up. It is common for patients to be less aware of their eating habits after year and often fall back into “old habits.” Lifetime follow-up is essential to reinforce proper food choices and good eating habits. The Registered Dietitian can provide education, resources and understanding that will help patients develop new, healthy, and positive relationships with food.

Exercise Physiologist

Before increasing physical activity and beginning any type of formal exercise program, it is important to get clearance from your doctor. A clinically trained Exercise Physiologist can help you make sure you are performing a program that suits your needs.

Regular exercise after surgery is crucial to the weight loss process and long-term success. Some of the benefits of exercise:

- ▶ Burns calories and allows you to lose weight at a quicker and more consistent rate
- ▶ Promotes the loss of fat mass and improves your muscle mass
- ▶ Increases your metabolism
- ▶ Improves the ease of performing everyday tasks

Beginning an exercise program before surgery as well as within the first few months after surgery, will make it easier for exercise to become part of your regular routine, as well as promote continued weight loss and eventually weight maintenance.

Bariatric patients need two distinct forms of exercise, strength training and cardiovascular work. Strength training will consist of:

- ▶ body weight machine
- ▶ free weight exercises

This form of exercise not only burns calories but is also the only form of exercise that can maintain and build muscle. Cardiovascular exercise is equally important, as it burns calories and fat mass in addition to improving heart, lung and circulatory functioning. Cardiovascular work consists of such exercise as:

walking, jogging, bike riding, hiking, and swimming. It is important to note that as a bariatric patient strength work and cardiovascular work are two very separate qualities that should be trained as such.



Psychologist

Bariatric surgery results in physical changes that affect how much food your body can intake and may also affect how it is digested and absorbed. However, it may not lead to changes in your emotional need to eat. Most patients are aware that they will have to forgo favorite foods following surgery, yet they are often ill prepared to deal with the severe emotional ties to food. Patients who have had an extensive history of issues that involve food and disordered eating may experience more challenges post-operatively than patients who do not.

A therapist can help you to develop the appropriate emotional tools to transition into a healthy relationship with food and exercise. Cognitive behavior therapy will teach you how to focus on becoming more aware of your behavior and feelings and learning strategies to cope with your emotions. Additionally, therapy will challenge dysfunctional thinking, identify feelings and develop non-food coping skills. Gaining and maintaining motivation and inner strength will contribute to promoting adherence to your new lifestyle changes.

Change is hard! It is crucial to understand how to handle the physical, mental, and emotional challenges after bariatric surgery.

Support Groups and Resources

Support Groups for Post Surgical Patients are located at the Barnabas Health Ambulatory Care Center

Please call 973.322.9845 to verify schedule as dates are subject to change:

In general, the support group will meet on the **Second Wednesday of each month from 6 - 7:30 pm**

Resources

- ▶ American Society for Metabolic and Bariatric Surgery (www.asmb.org)
- ▶ Obesity Help (www.obesityhelp.com)
- ▶ The Obesity Society (www.obesity.org)
- ▶ The Academy of Nutrition and Dietetics (www.eatright.org)
- ▶ Obesity Action Coalition (www.obesityaction.org)
- ▶ Weight Control Info Network (www.win.niddk.nih.gov)
- ▶ Myfitnesspal.com (calorie and exercise application)
- ▶ Loseit!.com (calorie and exercise application)
- ▶ FitDay.com (calorie counter)
- ▶ Foodnetwork.com
- ▶ PERtrainer.com

Weight Loss is a Journey, Not a Destination



Appendix

Please check with your Dietitian for recommendations

Multi-Vitamins

- ▶ Bariatric Advantage®
- ▶ Bariatric Fusion

Calcium Supplements

- ▶ Bariatric Advantage® chewable (calcium citrate)
- ▶ Citracal (calcium citrate)

Smoking Cessation Programs

At Cooperman Barnabas, we encourage patients to stop smoking in preparation for surgery.

Below are some resources to help you quit smoking.

Websites:

www.smokefree.gov

- ▶ online support

www.becomeanex.org

- ▶ Become an Ex-Smoker

www.ffsonline.org

- ▶ Freedom from Smoking; online support

www.quitnet.com

- ▶ The Quit Net

www.nicotine-anonymous.org

- ▶ A 12-step approach to quitting

Phone Numbers:

- ▶ 1-800-QUITNOW

Phone Apps:

- ▶ Smoke Free – Quit Smoking Now
- ▶ Quit Smoking – My Last Cigarette

Test Your Readiness

This fast and easy quiz can help you assess your readiness for change.

1. Which of the following is your first thought when contemplating changing the types of foods that you eat?

- a. I really dread making this change.
I enjoy the foods that I normally eat.
- b. I am slightly anxious about it.
I will find it difficult, but I think that I can do it.
- c. I am fine with the idea of changing my diet.
I am even looking forward to it a little bit.

2. How necessary do you think that it is for you to make some lifestyle changes?

- a. I do not think that it is all that important.
I think that the media overemphasizes the importance of these things.
- b. I do think that it is important, but it is not one of my most pressing priorities.
- c. I know that it is extremely important right now.
I am willing to make it a priority.

3. The idea of preparing home-cooked meals from fresh food makes me feel:

- a. Overwhelmed and unhappy.
I do not have the time or desire to do this.
- b. OK, but I am used to eating a good many convenience and restaurant meals.
- c. Good. I am looking forward to trying new recipes and techniques.

4. Exercise is:

- a. Torture for me. It is boring, and/or I do not have time for it, and/or I just do not enjoy doing it.
- b. OK, but I would rather do other things.
- c. Important for my health.
I think I will find it fun once I figure out something that I like. I am committed to it.

5. Why are you thinking of making these lifestyle changes?

- a. To get other people off of my back.
I am sick and tired of hearing about it.
Personally, I do not think it really matters whether or not I do this.
- b. Mainly for my appearance and/or so that other people will approve of me.
- c. I am doing it for myself, my health, my self-esteem, and my appearance.

6. How do you plan on attacking the challenge of changing your lifestyle?

- a. I am just going to keep trying things and hopefully something will work.
- b. I am going to change several specific things at one time. I am just going to wake up on the designated day and start my new life.
- c. I have chosen a few important steps.
I am going to incorporate them into my life one at a time, and then I will move onto the next.

7. What preparation have you done to get ready for these changes?

- a. No preparation is necessary.
I am just going to do it.
- b. I have a few ideas about things that will help me.
- c. I actually have gathered or purchased several items that I will need, such as hand weights or cookbooks.

8. Do you have a support network of people who will help you?

- a. I either do not have a support network, or I have many people telling me what to do or making negative remarks about my plans.
- b. I think that I have a few people who would help, although I would not want to bother them if it was not very important.
- c. I have several people who I know will help me and encourage me through this.

9. My level of motivation:

- a. Is definitely lacking. I wish that I just would wake up tomorrow with the change already there.
- b. Is pretty good. However, I still have too many doubts about whether I will succeed.
- c. Is very high. I am ready to do whatever I need to do.

10. Regarding previous attempts to change my lifestyle:

- a. I have never bothered before, or I was not successful.
- b. I did manage to make some changes, although they did not last.
- c. I have made positive changes in the past and was successful.

Scoring

Score yourself with the following key:

- a. = 1 point
- b. = 2 points
- c. = 3 points

10-16 points: You are not yet ready to make this change. Talking to professionals and learning more about your options might help you. You most likely have long-held negative associations about the very same changes that you most need to make.

17-23 points: You are definitely on the right track, although you should not make any changes just yet. Try creating a comprehensive list of why you want or need to make these lifestyle changes. Set goals that are specific, measurable, attainable, realistic, and have a time requirement (SMART goals). For example:

“I want to improve my diet by eating at least five servings of fruits and vegetables each day for the next month. I will keep a food diary and a running record of how I am doing.”

24-30 points: You are ready to make this lifestyle change! Continue to reinforce the idea by focusing on why you are doing it. Also continue to gather resources and learn new ways of doing things. Keep your energy up by rewarding yourself for your progress toward success.

Adapted from: Nutrition 411



Patient Calendar

Comprehensive Recovery Pathway Bariatric Surgery

	Evening Before Surgery	Day of Surgery	Immediately Following Surgery
Pain Management	Follow surgeon's instructions	Follow surgeon's instructions	Pain management & consultation IV medications Oral Medications
Nutrition	Follow surgeon's instructions until night before surgery. Drink-carb-loading drink	Drink Carb loading drink 2 hours prior to surgery start time	Ice chips and Clear liquid diet
Activity	In the weeks before surgery, try to build up to 150 minutes of moderate-intensity activity (like walking) a week.		Approximately 3 hours after surgery, you will be expected to get out of bed for at least 30 minutes.
Respiratory	If you smoke, STOP!		Incentive Spirometer 10 times each hour when awake
Skin	Shower	Shower	Follow healthcare team instructions
Oral	Brush and floss teeth	Brush and floss teeth, rinse with mouthwash	Brush and floss teeth, rinse with mouthwash, Chew gum 3X daily for 20 minutes

Day one Following Surgery	Discharge	At Home
Oral Medications	Oral Medications	Oral Medications - Follow healthcare team instructions
Clear liquid diet	Clear liquid diet for one week then check with surgeon's dietitian for diet progression.	Clear liquid diet for one week then check with surgeon's dietitian for diet progression.
Get out of bed with assistance and walk around nurse's station 3 times daily.	Continue with walking and returning to activities of daily living.	Continue with walking and returning to activities of daily living.
Incentive Spirometer 10 times each hour when awake	Incentive Spirometer 10 times each hour when awake	Incentive Spirometer 10 times each hour when awake
Follow healthcare team instructions	Follow healthcare team instructions	Follow healthcare team instructions
Brush and floss teeth, rinse with mouthwash, Chew gum 3X daily for 20 minutes	Brush and floss teeth, rinse with mouthwash, Chew gum 3X daily for 20 minutes	Brush and floss teeth, rinse with mouthwash



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