AdvancedHoustonSurgical

Fresh Start Program

Weight Loss Journey Portfolio

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Notes:

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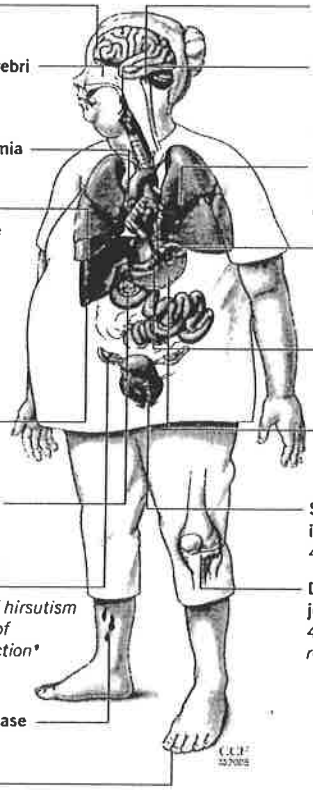
Co-morbidity Reduction after Bariatric Surgery



Migraines
57% resolved[1]

Pseudotumor cerebri
96% resolved[2]

Dyslipidemia, hypercholesterolmia
63% resolved[1,43]

Non-alcoholic fatty liver disease
90% improved steatosis
37% resolution of inflammation
20% resolution of fibrosis[3]

Metabolic syndrome
80% resolved[3]

Type II diabetes mellitus
83% resolved[1,47]

Polycystic ovarian syndrome
79% resolution of hirsutism
100% resolution of menstrual dysfunction[9]

Venous stasis disease
95% resolved[4]

Gout
72% resolved[1]

Depression
55% resolved[1,3]

Obstructive sleep apnea
74-98% resolved[1,38]

Asthma
82% improved
or resolved[1,57]

Cardiovascular disease
82% risk reduction[4]

Hypertension
52-92% resolved[1,36]

GERD
72-98% resolved[1,25]

Stress urinary incontinence
44-88% resolved[1]

Degenerative joint disease
41-76% resolved[1,56]

Quality of life
improved in 95% of patients[1,7]

Mortality
30-40% reduction in obesity-related mortality[10,11]

STOP

NSAIDS! and SMOKING!

The use of non-steroidal anti-inflammatory drugs (NSAIDS) and smoking are both associated with a **HIGH RISK OF DEVELOPING STOMACH ULCERS**

The following drugs are NSAIDs or include NSAIDS in their formula and should not be taken after weight loss surgery:

- Advil
- Aleve
- Amigesic
- Anacin
- Anaprox
- Anaprox DS
- Ansaid
- Arthrotec
- Ascriptin
- Aspirin
- Azolid
- Bextra
- Bufferin
- Butazolidin
- Cataflam
- Celebrex
- Clinoril
- Combunox
- Darvon
- Daypro
- Disalcid
- Dolobid
- EC Naprosyn
- Ecedrin
- Ecotrin
- Equagesic
- Exedrin IB
- Feldene
- Ibuprin
- Ibuprofen
- Indocin
- Indocin SR
- Indo-Lemmon
- Indomethagan
- Lodine
- Lodine XL
- Meclomen
- Micrainin
- Midol IB
- Mobic
- Motrin
- Motrin IB
- Nalfon
- Nalfon 200
- Naprapac
- Naprelan
- Naprosyn
- Nupin
- Orudis
- Oruvail
- Pamprin IB
- Percodan
- Ponstel
- Relafen
- Rexolate
- Tab-Profen
- Tandearil
- Tolectin
- Tolectin 600
- Tolectin DS
- Toradol
- Uracel
- Vicoprofen
- Voltaren

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Routine Follow-Up Appointments for
Gastric Bypass and Sleeve Gastrectomy

1 Week after surgery – Follow up with surgeon.

1 Month after surgery – Follow up with surgeon.

3 Months after surgery – Follow up with surgeon, nutritionist, labs as needed.

6 Months after surgery – Follow up with surgeon, nutritionist, and labs required.

12 Months after surgery – Follow up with surgeon, nutritionist, and labs required.

18 Months After Surgery – Follow up with surgeon, nutritionist. Psychology if needed. Labs if needed.

Annually – Follow up with surgeon, nutritionist. Psychology if needed. Labs required.

Please Note: The scheduling of all the above appointments are the patients responsibility. If unable to make a scheduled appointment, please notify our office at **713-263-3900.**

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Pre-Op Liver Shrinking Diet

Two weeks before your scheduled surgery date, start this low-calorie, low-carbohydrate meal plan. It is designed to induce ketosis, which allows your body to use fat for energy. This diet will help to shrink your liver, which will help to promote a faster and safer surgery. Talk to your doctor before starting this diet if you have diabetes or a history of kidney problems.

Protein Supplements

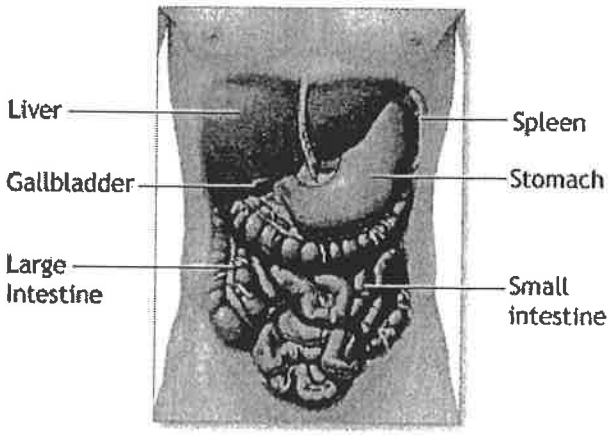
Drink 3-5 servings of a liquid protein supplement per day. See approved protein supplement list for examples. Protein powders may be mixed with water, skim milk, light soy milk, unsweetened almond, or unsweetened cashew mil. Do not add fruit, juice, or nut butters to your shakes.

Examples: Bariatric Advantage Meal Replacement, NutriMed Shakes/Soups, Premier, BiPro, About Time

Other Allowed Fluids

Drink at least 64 ounces of sugar-free fluids per day:

- Water
- Sugar-free lemonade
- Propel or Powerade Zero
- Sugar-free gelatin
- Sugar-free popsicles *(25 calories or less)*
- Low sodium broth
- V8 Original – limit to 6 ounces per day



Sample Menu:

Breakfast	Protein shake Decaf coffee or tea 8 oz water
Snack	6 oz low-sodium tomato juice 4 oz sugar-free Jell-O 8 oz water
Lunch	Protein shake 6 oz low sodium broth 8 oz water
Snack	Protein shake 1 sugar-free popsicle 8 oz water
Dinner	Protein shake 6 oz low sodium broth 8 oz water
Snack	½ cup sugar-free gelatin or sugar-free popsicle 8 oz water

Reminders:

- Continue to take your multivitamin while on this diet.
- Aim to get at least 60 grams of protein per day from your shakes.
- You may infuse your water with cucumbers, lemons, or limes (no other fruits).
- Follow this diet for 14 days prior to surgery unless otherwise specified by your bariatric surgeon.

Call the bariatric dietitian at 281-525-7173 if you have further questions regarding this diet.

eat right. Academy of Nutrition and Dietetics

Diet Stages After Weight Loss Surgery

Protein needs are individualized for each patient. Write in your protein goal for each diet stage. If you are not sure how much protein you need, ask the dietitian.

Diet Stage	Duration	Important Tips	Goals
I. Clear Liquids (See-Through Liquids) • Herbal tea • Clear protein drink • Sugar-free sport drink • Broth or bouillon • Sugar-free gelatin • Sugar-free popsicles (2 ounces fluid)	Start date: Day 1 Post-op End date: May advance to Bariatric Full Liquids if tolerating well after 1 day	• No sugars. • No caffeine. • No carbonation. • Drink 1 to 2 ounces every 15 minutes. • For nausea, try lemon in water, or change fluid temperatures or flavor.	• Fluid: 64 ounces (minimum: 48 ounces) • Begin walking
II. Bariatric Full Liquids • Protein drink • Yogurt or pudding thinned with milk • Milk (consider lactose-free milk): fat-free (skim) or low-fat (1%) milk • Soy milk (no added sugar) • Blended and strained pea or lentil soup with protein powder	Start date: Day 2 Post-op End date: Day 7 Post-op	• Can include all foods from stage I. • Sip slowly. Increase rate as able.	• Fluid: 64 ounces (minimum: 48 ounces) • Protein: 60–80 grams • Walk every 2 hours while awake • Rest

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Diet Stage	Duration	Important Tips	Goals
III. Blended • Canned chicken or tuna • Small-curd cottage cheese • Loose scrambled eggs • Mashed or blended vegetables • Canned fruit (no sugar added), blended	Start date: Day 8 Post-op End date: End of week 4 Post-op	• Can include all foods in stages I and II. • Eat ⅛–¼ cup food. • Take 30 minutes to eat meals. • Keep liquids separate from meals by 30 minutes. Begin taking supplements two weeks after surgery (Day 14)	• Fluid 64-80 ounces • Protein Individualized • 2 multivitamins with iron (1 for AGB) • 600 mg calcium citrate with vitamin D and magnesium twice daily (3 times daily for BPD) or 500 mg calcium citrate three times daily • 500 mcg vitamin B-12 • 3,000 IU Vitamin D3 • Increase walking as able
IV. Soft • Chopped moist meats, poultry, fish, or vegetarian meat substitutes • Low-fat soft cheeses • Cooked vegetables (no skin, seeds, or strings) • Canned fruits (no added sugar, juice drained)	Start date: Week 5 Post-op End date: End of week 6 Post-op	• Can include all foods in stages I–III. • Food chopped to size of a pea. • Chew each bite 20 times. • Eat ½–¾ cup food (only until no longer hungry). • Take 30 minutes to eat meals. • Keep liquids separate from meals by 30 minutes.	• Fluid 64-80 ounces • Protein Individualized • 2 multivitamins with iron (1 for AGB) • 600 mg calcium citrate with vitamin D and magnesium twice daily (3 times daily for BPD) or 500 mg calcium citrate three times daily • 500 mcg vitamin B-12 • 3,000 IU Vitamin D3 • Increase physical activity toward 60 minutes total most days

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Diet Stage	Duration	Important Tips	Goals
V. Low Fat, Low Sugar, High Protein • Moist meats are allowed • Add fresh fruits and vegetables as able (can add salads) • If desired, try protein bars (limit to one a day), whole grains such as bread, rice, or pasta (add very small portions at first as these foods may cause discomfort)	Lifelong Begin week 7 Post-op	• Eat at least 3 times a day and no more than 6 times a day (includes any snacks, nibbles, or protein drinks). • Avoid high-sugar foods. • Avoid high-fat foods. • Eat protein foods first, then add fruits and vegetables. • Aim for a balanced diet. • Take supplements daily!	• Fluid 64-80 ounces • Protein Individualized • 2 multivitamins with iron (1 for AGB) • 600 mg calcium citrate with vitamin D and magnesium twice daily (3 times daily for BPD) or 500 mg calcium citrate three times daily • 500 mcg vitamin B-12 • ADEK vitamin supplement for BPD • Increase walking as able

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Stage I Clear Liquid Diet (No Sugar): The "See-Through" Diet

Your surgical team has recommended that you follow a clear liquid diet for a few days after weight-loss surgery. To prevent common problems at this stage, such as nausea, pain at pouch (located below the breastbone), vomiting, and dehydration, follow these guidelines.

Fluids to Choose or Avoid

Fluids that you can drink include:

- Sugar-free gelatin
- Sugar-free popsicles
- Broth
- Zero-calorie sport drinks
- Herbal tea/decaffeinated tea
- Sugar-free flavored drinks

Note: You may be more sensitive to sweet tastes. Diluting sweet-flavored drinks or adding ice may make them taste better to you.

Avoid:

- Juice and drinks that contain sugar (even unsweetened fruit juice)—read the Nutrition Facts label for sugar content!
- Carbonated beverages, such as soda, diet soda, club soda, seltzer, and sparkling water.
- Caffeinated drinks.

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Sample Menu for Stage I Clear Liquid Diet

This is an example only. Follow the specific menu prescribed by your surgical team.

8–9 am	4–6 ounces herbal tea (e.g., chamomile)
9–10 am	4–6 ounces clear protein drink
10–11 am	4–6 ounces sugar-free sport drink
11–12 pm	4–6 ounces broth or bouillon
12–1 pm	4–6 ounces clear protein drink
1–2 pm	4–6 ounces sugar-free gelatin
2–3 pm	2 sugar-free popsicles (4 ounces fluid)
3–4 pm	4–6 ounces herbal tea
4–5 pm	4–6 ounces sugar-free electrolyte drink
5–6 pm	4–6 ounces clear protein drink
6–7 pm	4–6 ounces broth or bouillon
7–8 pm	4–6 ounces clear protein drink

Tips

- Sip slowly.
  - Drink 1 to 1½ ounces clear fluid every 15 minutes.
  - Drinking too fast will cause pain and discomfort and may make you vomit.
  - Do not use a straw or gulp when you drink (you may swallow too much air or fluid, which can cause pain).
- Get a *minimum* of 48 ounces of fluid daily (include a salty drink such as broth or sugar-free sport drink).
  - This will be a full-time job! Start drinking upon awakening.
  - Carry liquids with you all day, even when you go out.
  - Drink constantly throughout the day. If you get behind, you will not be able to gulp and catch up and may need intravenous fluids.

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Tools

- 1-ounce medicine cups
- Special drink cups that limit the volume of each sip
- Timer
- Lemon
- Fluid checklist

Signs and Symptoms of Dehydration

- Light-headedness and dizziness
- Dark-colored urine or infrequent urination
- Dry mouth
- Nausea
- Tiredness

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Fluid Checklist

Each time you drink an ounce (oz), check a box. This will help you make sure you are drinking enough.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ _____ **oz**

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ _____ **oz**

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ _____ **oz**

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Stage II Liquid Protein Diet

Your surgical team has recommended that you follow a liquid protein diet for 7 days. This diet should provide you with 500 to 800 calories a day and enough protein and fluids to promote healthy weight loss during the early stages after weight-loss surgery. You will also need to take a liquid or chewable multivitamin and mineral supplement.

In addition to approved clear liquids, select from the following choices as allowed in the menu plan on the next page:

- Low-sugar, low-fat protein drink
- Fat-free (skim) milk
- Low-sugar soy milk
- Blended split pea, bean, or lentil soup
- Sugar-free, fat-free yogurt (no particles) or fat-free Greek-style (thick liquid) yogurt
- Sugar-free pudding thinned with fat-free milk

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Liquid Protein 3-Day Sample Menu

From: _____ **To:** _____

	Day 1	Day 2	Day 3
7–9 am	8-ounce protein drink*	8-ounce protein drink*	8-ounce protein drink*
9–10 am	Sip other liquids	Sip other liquids	Sip other liquids
10–11 am	2–4 ounces blended and strained pea soup	2–4 ounces banana yogurt (sugar free, fat free, no particles)	2–4 ounces sugar-free vanilla pudding thinned with fat-free milk
11am–1 pm	Sip other liquids	Sip other liquids	Sip other liquids
1–3 pm	8-ounce protein drink*	2–4 ounces strained low-fat soup with protein added**	2–4 ounces lemon yogurt (sugar free, fat free, no particles)
3–4 pm	Sip other liquids	Sip other liquids	Sip other liquids
4–5 pm	4 ounces fat-free milk, Lactaid, or no added sugar soy milk	2–4 ounces sugar-free butterscotch pudding thinned with fat-free milk	2–4 ounces strained low-fat potato soup made with fat-free milk
5–7 pm	Sip other liquids	Sip other liquids	Sip other liquids
7–9 pm	8-ounce protein drink*	8-ounce protein drink*	8-ounce protein drink*

*Choose a protein drink with at least 20 grams of protein per 8-ounce serving

**Whisk in protein powder when soup is lukewarm (not too hot).

Tips

- Sip slowly (start with 1 to 2 ounces per hour).
- Sip continuously throughout the day.
- Aim for 60 to 80 grams of protein daily.
- Take your chewable vitamins and liquid calcium daily.
- To avoid bloating and vomiting, do not drink too fast, drink from a bottle or straw, or gulp fluids.

Note: Your tastes may be different after surgery. Many people are more sensitive to sweet tastes. You may find that soups and protein drinks that are more diluted taste better to you and offer variety.

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Stage II Diet Tracking Record

Protein

List the protein drink and other high-protein fluids you had today:

Goal: _____ grams of protein

Protein Source	Grams of Protein
TOTAL:	

Fluids

List the servings of fluid you had today.

Goal: _____ ounces

Fluids (including fluids with protein)	Ounces
TOTAL:	

Vitamin/Mineral Supplements and Medications

List either (a) the multivitamin with iron *or* (b) the multivitamin without iron and iron supplement you took today: _____

List other vitamin/supplements you took as ordered: _____

_____

_____

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List medications taken today: _____

_____

Physical Activity

List physical activity you did today.

Goal: _____

Type of activity:

_____

_____

Minutes: _____ Number of times: _____

How did you feel after?

_____

_____

Other

Is your urine the color of lemonade? Yes No
(Amber-colored urine indicates dehydration.)

Did you have a bowel movement? Yes No

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Stage III Blenderized Diet

In addition to approved protein drinks, select from Group A and Group B as allowed in the menu plan that follows:

Group A	Group B
• 1 soft scrambled egg or egg white, chopped • 1 ounce canned chicken, mashed with a fork • 1 ounce fish or canned tuna, mashed with a fork • ½ cup fat-free refried beans or pureed lentils or split peas • 6 ounces fat-free (skim) or low-fat (1%) milk • 6 ounces no added sugar soymilk • 6 ounces no added sugar, low-fat yogurt • ¼ cup low-fat cottage cheese • ¼ cup low-fat or fat-free ricotta cheese	• 1–2 ounces unsweetened applesauce • 1–2 ounces blended peaches or pears (cooked, no added sugar) • ¼ small mashed banana • 1 ounce mashed potatoes • 1 ounce mashed sweet potatoes • 1–2 ounces cooked mashed carrots, cauliflower, or winter squash

Blenderized Diet Meal Pattern

Use the lists for Groups A and B above to plan your menu. If you need extra protein, make your protein drink with fat-free or low-fat milk or soy milk (no added sugar). In addition, add 1 fat serving (1 teaspoon oil, ⅛ mashed avocado, or 1 teaspoon creamy peanut butter) to your daily plan.

Breakfast	Choose 1 from Group A; choose 1 from Group B
Snack	Protein drink
Lunch	Choose 1–2 from Group A; choose 1–2 from Group B
Snack	Protein drink
Dinner	Choose 2 from Group A; choose 1–2 from Group B

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Sample Breakfast Ideas

- Protein drink made with 1 cup fat-free milk or unsweetened soy milk (30 grams protein)
- 1 egg + 1 egg white scrambled soft with 2 tablespoons milk (11 grams protein)
- ¼ cup fat-free or low-fat cottage cheese with either 2 tablespoons unsweetened applesauce or 2 tablespoons cooked, blended pears or peaches (7 grams protein)
- ¼ cup ricotta cheese with 2 tablespoons unsweetened applesauce and cinnamon (5 grams protein)
- ½ cup fat-free, no added sugar yogurt, strained of any particles (5 grams protein)

Sample Lunch and Dinner Ideas

- 2 ounces mashed canned chicken + 2 tablespoons mashed carrots (14 grams protein)
- 2 ounces mashed canned tuna + 2 tablespoons mashed sweet potatoes (14 grams protein)
- 2 ounces mashed canned salmon (bones removed) + 2 tablespoons mashed winter squash (14 grams protein)
- ¼ to ½ cup fat-free or low-fat cottage cheese (7 to 14 grams protein)
- ½ cup fat-free refried beans (7 grams protein)
- ½ cup pea or lentil soup made with fat-free milk, cooked carrots, cooked potatoes, and then blended (8 grams protein)
- ½ cup dal (simmered, pureed lentils) + 2 tablespoons mashed potatoes and carrots (9 grams protein)
- ½ veggie burger (mashed well or blended) (6 to 8 grams protein)

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Blenderized Diet: Sample 7-Day Menu

Note: Do not exceed ¾ cup total in any one meal.

Day 1	
Breakfast	1 egg + 1 egg white scrambled soft with 1 tablespoon fat-free milk, ¼ small mashed banana
Snack	Protein drink
Lunch	1–2 ounces mashed tuna, 1–2 tablespoons unsweetened applesauce
Snack	Protein drink
Dinner	1–2 ounces canned chicken, 1–2 tablespoons mashed potatoes
Day 2	
Breakfast	¼ cup fat-free ricotta cheese mixed with 1–2 tablespoons unsweetened applesauce and cinnamon
Snack	Protein drink made with fat-free milk or soy milk
Lunch	½ cup blended pea soup made with milk, cooked carrots, and cooked potatoes
Snack	Protein drink
Dinner	1–2 ounces mashed canned salmon (bones removed), 1–2 tablespoons mashed winter squash
Day 3	
Breakfast	1 egg + 1 egg white scrambled soft with 1 tablespoon fat-free milk, 1–2 tablespoons unsweetened applesauce
Snack	Protein drink made with fat-free milk or soy milk
Lunch	6 ounces yogurt (fat free, no added sugar), ¼ small mashed banana
Snack	Protein drink made with fat-free milk or soy milk
Dinner	1½ ounces mashed tuna with 1 teaspoon low-fat mayonnaise, 2 tablespoons mashed cooked peas
Day 4	
Breakfast	¼ cup mashed fat-free or low-fat cottage cheese; 1–2 tablespoons blended peaches, canned in juice and drained
Snack	Protein drink
Lunch	½ cup dal + 2 tablespoons mashed potatoes and carrots
Snack	Protein drink
Dinner	1–2 ounces canned chicken, 1–2 tablespoons mashed cauliflower with parmesan

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Day 5	
Breakfast	6 ounces yogurt (fat free, no added sugar), ¼ small mashed banana
Snack	Protein drink
Lunch	¼ cup blended asparagus soup, ¼ cup egg salad (mash egg and add 1 teaspoon light mayonnaise)
Snack	Protein drink
Dinner	¼ cup fat-free mashed beans, ¼ cup creamy tomato soup made with fat-free milk
Day 6	
Breakfast	1 egg + 1 egg white scrambled soft with 2 tablespoons fat-free milk (cooked in oil), sprinkled with parmesan cheese; 1–2 tablespoons canned apricots, unsweetened, pureed
Snack	Protein drink
Lunch	½ cup lentil soup, blended with cooked carrots and potatoes (add protein powder)
Snack	Protein drink
Dinner	¼–½ cup mashed cottage cheese, 1–2 tablespoons mashed carrots
Day 7	
Breakfast	Smoothie made with ¼ cup canned or frozen unsweetened fruits (mango, papaya, banana, peaches, or pears), ¼ cup tofu, and ¼ cup fat-free milk with ¼ teaspoon vanilla extract
Snack	Protein drink
Lunch	1–2 ounces tuna with 1 teaspoon light mayonnaise; 1–2 tablespoons canned pears, unsweetened, blended
Snack	Protein drink
Dinner	¼ cup butternut squash soup, 1–2 ounces canned chicken

Tips for Blending

- Pureed food should have the consistency of baby food.
- Strain out any lumps or stringy materials. Yogurt should not have any seeds or fruit bits.
- Add enough fluid to blend.
    - Fruit and vegetables can be blended by adding 1 to 2 teaspoons water or vegetable juice to each ¼ cup of food.
    - Meat can be blended by adding 2 tablespoons cooking liquid, sauce, broth, or low-fat gravy to every 2 ounces of cooked meat.

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- Certain foods do not blend or puree well. These include:
  - Fruits and vegetables with tough skins or seeds
  - Vegetables with hulls (e.g., corn)
  - Vegetable that are stringy (e.g., celery, spinach)
  - Chicken with skin
  - Fish with bones

Shopping List

- Fat-free (skim) milk or soy milk (no added sugar)—consider lactose-free milk or lactase tablets
- Eggs
- Canned chicken and tuna
- Canned salmon
- Fat-free or low-fat cottage cheese
- Fat-free ricotta cheese
- Fat-free refried beans
- Sugar-free applesauce (no sugar added)
- Unsweetened canned fruit (peaches, pears)
- Fat-free, sugar-free yogurt (make sure there are no added fruits or solids; Greek yogurt often has more protein)
- Tofu
- Low-sugar and low-fat canned soups, such as butternut squash, lentil, and pea soup
- Bouillon cubes or broth
- Strainer
- Blender or food processor
- Small plates and spoons
- Probiotics (e.g., Acidophilus Pearls)
- Anti-gas products (simethicone [Gas-X] or Beano)

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- Canned, frozen, or fresh vegetables
- Unsweetened canned fruit (peaches, pears)
- Fat-free or low-fat cottage cheese (individual cups are convenient for work)
- Reduced-fat string cheese
- Fat-free, sugar-free yogurt (make sure there is no added fruit or solids; Greek yogurt often has more protein)
- Whole grain crackers
- Mallet to pound meat
- Small plates and spoons
- Approved fiber supplements

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Stage III Blenderized Diet Tracking Record: Roux-en-Y Gastric Bypass (GBP) and Sleeve Gastrectomy (SG)

Date: _____

Foods

	Servings You Had Today	Daily Goal
Group A servings	❑ ❑ ❑ ❑ ❑ Total: _____	4–5 servings
Group B servings	❑ ❑ ❑ ❑ ❑ Total: _____	3–5 servings
Protein drink	❑ ❑ Total: _____	1–2 servings

Supplements

	Supplements Taken Today	Goal
Multivitamin with iron *or* multivitamin without iron plus supplemental iron	❑ ❑ Total: _____	1–2 supplements/day (as recommended by surgical team)
Calcium citrate with vitamin D and magnesium*	❑ ❑ Total: _____	1,200–1,500 mg/day
Vitamin B-12 or monthly injection	❑ Total: _____	350–500 mcg/day or monthly injections

*Separate calcium supplements from iron by at least 2 hours.

Physical Activity

Type of activity: _____ Minutes: _____

How did you feel after? _____

Fluid

Goal: Minimum of 64 ounces

How did you do today?

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Stage III Blenderized Diet Tracking Record: Biliopancreatic Diversion (BPD)

Date: _____

Foods

	Servings You Had Today	Daily Goal
Group A servings	❑ ❑ ❑ ❑ ❑ Total: _____	4–5 servings
Group B servings	❑ ❑ ❑ ❑ ❑ Total: _____	3–5 servings
Protein drink	❑ ❑ Total: _____	1–2 servings

Supplements

	Supplements Taken Today	Goal
Multivitamin with iron *or* multivitamin without iron plus supplemental iron	❑ ❑ Total: _____	1–2 supplements/day (as recommended by surgical team)
Calcium citrate with vitamin D and magnesium*	❑ ❑ Total: _____	1,800 mg/day
Vitamin B-12	❑ ❑ Total: _____	350–500 mcg/day, or monthly injections
Vitamins A, D, E, and K	❑ ❑ ❑ Total: _____	2–3 supplements/day with meals, or as prescribed

*Separate calcium supplements from iron by at least 2 hours.

Physical Activity

Type of activity: _____ Minutes: _____

How did you feel after? _____

Fluid

Goal: Minimum of 64 ounces

How did you do today?

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Stage III Blenderized Diet Tracking Record: Adjustable Gastric Banding (AGB)

Date: _____

Foods

	Servings You Had Today	Daily Goal
Group A servings	❑ ❑ ❑ ❑ ❑ Total: _____	4–5 servings
Group B servings	❑ ❑ ❑ ❑ ❑ Total: _____	3–5 servings
Protein drink	❑ ❑ Total: _____	1–2 servings

Supplements

	Supplements Taken Today	Goal
Multivitamin with iron *or* multivitamin without iron plus supplemental iron	❑ Total: _____	1 supplement/day
Calcium citrate with vitamin D and magnesium*	❑ ❑ Total: _____	1,200–1,500 mg/day

*Separate calcium supplements from iron by at least 2 hours.

Physical Activity

Type of activity: _____ Minutes: _____

How did you feel after? _____

Fluid

Goal: Minimum of 64 ounces

How did you do today?

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Stage IV Soft Diet

Your surgical team has recommended that you follow a soft diet. To follow this diet:

- Chop foods to the size of a pea.
- Use only cooked fruits and vegetables.
- Avoid fibrous foods, seeds, and peels.
- Avoid gummy starches such as pasta and untoasted bread.
- Start with tender cuts of meat, which may be better tolerated

Examples of Allowed Foods

Examples of foods allowed on the soft diet are listed below and are grouped by food groups.

Protein Foods *(1 ounce = 1 serving)*

Very Lean Protein Foods (35 calories per ounce)	**Lean Protein Foods (55 calories per ounce)**
• Chicken or turkey breast (skinless) • Water-packed tuna • Cod, tilapia, trout, haddock, snapper • Shellfish (crab, scallops, shrimp) • Oysters • Clams • Egg whites or ¼ cup egg substitute • Vegetarian meat substitute	• Pork or beef tenderloin • Sirloin • Flank steak • Dark meat chicken or turkey (skinless) • Lean ham • Canadian bacon • Veal • Salmon • Tofu (lite) • Dried peas or beans

Nonfat Dairy

- 1 cup fat-free (skim) milk
- 6 ounces fat-free, sugar-free (no added sugar) yogurt
- 1 ounce fat-free cheese
- ¼ cup fat-free cottage cheese
- ¼ cup fat-free ricotta cheese
- 1 cup soy milk (no sugar added)

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Vegetables *(¼ cup cooked = 1 serving)*

- Asparagus
- Beets
- Broccoli
- Cabbage
- Cauliflower
- Green beans
- Green peppers
- Mushrooms
- Onion
- Spinach
- Yellow or crookneck squash
- Zucchini

Note: Avoid stringy vegetables such as celery.

Fruits and Starchy Vegetables

- 2 ounces unsweetened applesauce
- 2 ounces peaches or pears (cooked, no added sugar)
- ¼ small banana
- ¼ cup cooked potatoes or yams
- ¼ cup cooked winter squash

Grains

- ¼ cup brown rice
- ¼ cup quinoa
- ½ slice whole grain toast

Fats

- 1 teaspoon oil
- ⅛ mashed avocado
- 1 teaspoon creamy peanut butter

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Soft Diet 7-Day Menu Plan

- Limit yourself to ½ to ¾ cup maximum of food per meal or snack.
- For record keeping, you may find it useful to cross out each food as you eat it.
- You may substitute foods from one meal to another as long as your daily intake meets the menu recommendations. Include protein with each meal and most snacks, especially if you have problems with low blood glucose (sugar) or hunger.
- Make sure meats are moist to improve tolerance. You can use low-fat broth, sauce, or gravy.

Day 1	
Breakfast	1 egg + 1 egg white scrambled soft with 2 tablespoons milk; ¼ cup mango chunks
Snack	Protein drink made with fat-free milk or soy milk
Lunch	2–3 ounces tuna with 1 teaspoon light mayonnaise; 1 canned pear half (unsweetened)
Snack	Protein drink made with fat-free milk or soy milk
Dinner	2–3 ounces chopped pork tenderloin; ¼ cup mashed potatoes
Day 2	
Breakfast	1 low-fat cheese wedge; ½ banana, sliced
Snack	Protein drink made with fat-free milk or soy milk
Lunch	¾ cup pea soup (made with fat-free milk); 2 whole grain crackers
Snack	Protein drink made with fat-free milk or soy milk
Dinner	2–3 ounces poached salmon; ¼–½ cup chopped broccoli
Day 3	
Breakfast	½ cup unsweetened oatmeal cooked with 1 tablespoon raisins; add protein powder and sweetener (optional)
Snack	Protein drink made with fat-free milk or soy milk
Lunch	2–3 ounces grilled chicken; ¼ cup sautéed vegetables
Snack	Protein drink made with fat-free milk or soy milk
Dinner	2–3 ounces stuffed cabbage rolls; ½ slice garlic toast (use light margarine or butter spray)

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Day 4	
Breakfast	¼ cup fat-free or low-fat cottage cheese; 2 tablespoons peaches, canned in juice and drained
Snack	Protein drink made with fat-free milk or soy milk
Lunch	½ cup minestrone soup; 2 rye krisps; 1 boiled egg
Snack	Protein drink made with fat-free milk or soy milk
Dinner	2–3 ounces chicken; 2 tablespoons cooked cauliflower with parmesan
Day 5	
Breakfast	6 ounces yogurt (fat free, no added sugar); ½ cup melon
Snack	Protein drink made with fat-free milk or soy milk
Lunch	2 ounces turkey luncheon meat; 1 piece string cheese; 2 rye krisps; ¼ small banana
Snack	Protein drink made with fat-free milk or soy milk
Dinner	½ cup fat-free mashed beans with 1 ounce cheddar cheese
Day 6	
Breakfast	1 egg scrambled with cooked mushrooms, diced tomatoes, and green pepper and low-fat cheddar cheese; ½ slice whole wheat toast
Snack	Protein drink made with fat-free milk or soy milk
Lunch	¾ cup lentil soup, blended (add protein powder); 2 whole wheat crackers
Snack	Protein drink made with fat-free milk or soy milk
Dinner	2–3 ounces chopped meatloaf; ¼–½ cup cooked carrots
Day 7	
Breakfast	Smoothie made with ¼ cup canned or frozen unsweetened fruits (mango, papaya, banana, peaches, or pears), ½ cup tofu, ½ cup fat-free milk, and ¼ teaspoon vanilla extract
Snack	Protein drink made with fat-free milk or soy milk
Lunch	2 ounces tuna with 1 teaspoon light mayonnaise; 2 tablespoons canned pears, unsweetened, blended
Snack	Protein drink made with fat-free milk or soy milk
Dinner	½ cup butternut squash soup; 2–3 ounces chicken cacciatore

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Tips for Blending

- Chop all foods in small pieces (no bigger than a pea). The outlet from the pouch is about the size of a pea, and your stomach cannot help you break down food. Chopping food and chewing well will help prevent discomfort.
- Start with protein and do not overeat. It is not necessary to eat all the food on the menu. Stop eating when you are no longer hungry or after about 30 minutes. While it is important to consume enough protein each day, you may find that you do not need to consume snacks to stay comfortably full and get enough protein. Also, protein powder may be added to foods. As you find you need more food to fill up, you should:
  - Eat protein foods first (meats and dairy).
  - Eat produce (fruits and vegetables provide fiber that will keep you regular and should form a part of long-term weight management).
- Eat slowly. You should take 30 minutes to fill up. If you do not finish the food on your plate in 30 minutes and you are no longer hungry, do not continue eating!
- Chew well. Aim for 20 chews per bite. Food that is not well chewed can cause nausea, pain, and other problems.
- Avoid liquids with meals. Drinking with meals can fill you up, cause dumping, and make you hungry soon after eating. Instead, sip water or other low-calorie fluids in between meals. Stop drinking 15 minutes before a meal, and resume drinking 30 to 45 minutes after a meal.
- Remember that the stomach pouch size is 4 to 6 ounces and some foods may obstruct the stoma or gastric band opening. Some examples are tough meat, dried fruit, untoasted bread, fibrous foods (e.g., asparagus, rhubarb, broccoli stalks, and celery), skins of fruits and vegetables (e.g., apple, pear, and potato), coconut, popcorn, and large pieces of food.

Soft Diet Stage Shopping List

- Fat-free (skim) milk (consider lactose-free milk or lactase tablets)
- Soy milk without added sugar
- Eggs
- Lean, tender cuts of meat, chicken, and fish
- Bouillon cubes or broth (use to moisten meats and chicken)
- Meat marinades
- Turkey luncheon meat

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Stage IV Soft Diet Tracking Record

Date: _____

Foods

	Servings You Had Today	Daily Goal
Protein group	❑ ❑ ❑ Total: _____	2–3 servings
Nonfat dairy group	❑ ❑ ❑ Total: _____	2–3 servings
Vegetable group	❑ ❑ ❑ Total: _____	3 servings
Fruit and starchy vegetable groups	❑ ❑ ❑ Total: _____	2–3 servings
Grain group	❑ ❑ ❑ Total: _____	2–3 servings

Supplements

	Supplements Taken Today	Goal
Multivitamin with iron *or* multivitamin without iron plus supplemental iron	❑ ❑ Total: _____	AGB: 1 supplement/day GBP, SG, and BPD: 2 supplements/day
Calcium citrate with vitamin D and magnesium*	❑ ❑ Total: _____	1,200–1,500 mg/day
Vitamin B-12 or monthly injection	❑ Total: _____	GBP, SG, and BPD: 500 mcg/day, or monthly injection
Vitamins A, D, E, and K	❑ ❑ ❑ Total: _____	BPD: As prescribed

*Separate calcium supplements from iron by at least 2 hours.

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Physical Activity

Type of activity: _____ Minutes: _____

How did you feel after? _____

Fluid

Goal: Minimum of 64 ounces

How did you do today?

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AdvancedHoustonSurgical

Bariatric Surgery: Post-op Vitamin & Mineral Supplementation Recommendations

After surgery, you will need to take vitamin and mineral supplements daily for the rest of your life. Changes to the digestive system after weight-loss surgery make it more difficult for your body to absorb certain nutrients. Since you will not be able to meet all of your nutritional needs with diet alone, specifically vitamin and mineral needs, you will need to take supplements to prevent deficiencies.

Recommended Vitamin & Mineral Protocol After Gastric Bypass or Gastric Sleeve

- 2 complete multivitamins with minerals and iron (36-60 mg of iron*)
- B12: 500-1000 mcg
- Vitamin D: 3000 IU (total)
- Calcium: 1200-1500 mg

* Iron needs vary, ask your doctor or dietitian

Sample Supplement Pattern

Breakfast: Multivitamin with 18 mg elemental iron & 1,500-2,000 IU vitamin D
Mid-morning: Calcium citrate, 500 mg w/ 400 IU vitamin D
Lunch: Calcium citrate, 500 mg w/ 400 IU vitamin D
Mid-afternoon: Calcium citrate, 500 mg w/ 400 IU vitamin D
Dinner: Multivitamin with 18 mg elemental iron, additional iron if needed

Multivitamin and Mineral Supplement

- Start taking a multivitamin before surgery. After surgery, begin taking your multivitamin supplement the day after you are discharged from the hospital.
- Take 2 multivitamins separately per day unless your dietitian or surgeon tells you otherwise.
- Select a chewable or liquid multivitamin that contains 100% of the daily value for at least 2/3 nutrients. Your multivitamin should contain:
    - Vitamins A, C, D, E, and K
    - Thiamin
    - Riboflavin
    - Niacin
    - Vitamin B-6, folic acid (at least 400 mcg), vitamin B-12, pantothenic acid
    - Copper
    - Iron (at least 36 mg elemental iron per day, may choose to take separate from multivitamin)
    - Zinc

- Chewable or liquid multivitamins are absorbed better after bariatric surgery and should be used for at least 6 months after surgery; after that you may progress to whole tablet/capsule as tolerated if you choose to do so.
- Avoid time-release and enteric coated products.
- Do not use expired supplements.
- Avoid children's formulas that are not complete.

Calcium Citrate

- Take 2-3 calcium citrate supplements daily in divided doses. Your body can absorb up to 600 mg of calcium at one time and you require 1,200-1,500 mg per day from your supplement.
- Take your calcium supplement the day after you are discharged home from the hospital. Be sure to start taking calcium within 1 month after surgery.
- Do not take your calcium supplement with iron. Calcium and iron compete for absorption. Take them at least 2 hours apart from each other.
- Choose a chewable or liquid calcium citrate supplement containing Vitamin D3 and magnesium. Calcium citrate is recommended after bariatric surgery because it does not need stomach acid in order to be absorbed. Many over-the-counter calcium supplements are in the form of calcium carbonate. It is not absorbed well after bariatric surgery.
- You may progress to a tablet or capsule form as tolerated after 6 months.

Vitamin B-12

- Take 350-500 mcg of B-12 daily the day after you are discharged home from the hospital or within 3 months of having surgery.
- You may choose to take a daily sublingual tablet that dissolves under your tongue, weekly nasal spray, or a monthly vitamin B-12 injection.

Vitamin D3

- Take 3,000 IU per day (from all supplements including your multivitamin, calcium, and/or additional vitamin D supplement)
- Additional vitamin D3 may be required if you have low vitamin D levels

Tips for Remembering to Take Supplements

- Set the alarm on your cell phone
- Pop-up reminder on your computer
- Place supplements in places you go to at certain times
- Buy supplements that taste good, such as chewable multivitamins
- Make it a part of your routine, take with meals or at bedtime

What are the mandatory supplements, and why should you take them?

Multivitamin:

- Take two children's chewable complete multivitamins per day.
- Choose the chalky version, NOT the gummy version.
- The multivitamins will help ensure that you are getting enough of all the micronutrients you need.

Vitamin B_{12}

- Take 1,000 micrograms (mcg) per day in either sublingual (under the tongue) or pill form.
- You may also get a monthly injection if prescribed by the surgeon.
- Vitamin B_{12} helps with blood cell and nerve function, digestion and absorption of food, and protein synthesis. A lack of this vitamin causes certain types of anemia.

Iron

- Take 18 milligrams (mg) of iron daily in addition to the iron that is in the multivitamin.
- The iron should be in any of the following forms: ferrous fumarate, ferrous gluconate, or ferrous sulfate.
- Iron is vital to the formation of red blood cells that provide oxygen to the entire body.
- The amount of your iron supplement should equal 100% of the "% daily value." (See label below.)

Nutrition Facts	
Serving Size : 1 Wafer	
Serving per Container : 100	
Amount Per Serving	**% Daily value***
Iron 18 mg	100%

- **Interactions:** You should take iron 1 to 2 hours before or after taking calcium. Do not take iron with milk, cheese, eggs, or whole-grain breads and cereals.
- Iron may cause diarrhea or constipation.

Calcium citrate with vitamin D:

- Take 1,000 to 1,500 mg daily. Calcium is best absorbed in doses of 500 to 600 mg at a time.
- The citrate form of calcium is better absorbed than others because it does not require the acid from your stomach to be absorbed. One brand that combines calcium citrate and vitamin D is Citracal®.
- Calcium and vitamin D supplements are important for maintaining bone strength, helping the heart pump correctly, and repairing soft tissue.
- **Interactions:** Caffeinated products, spinach, and whole grain products may decrease absorption.

- Take calcium at least 1 to 2 hours before or after taking iron, since calcium will decrease iron absorption.

Vitamin D_3:

- Take 2,000 IU daily in tablet form if you ARE NOT taking a weekly mega-dose of vitamin D_3 (50,000 IU).
- Vitamin D_3 helps the body absorb calcium and phosphorus, minerals needed for the proper growth and development of bones and teeth.

What are the optional supplements, and why should you take them?

Stool softener

- Take daily or every third day to manage constipation, only if needed.

Biotin

- Take pre- and post-op weight loss surgery to prevent/reduce hair loss.

Common brand names for the types of vitamins include: Nature Made®, Nature's Bounty®, Celebrate®, and Bariatric Advantage®. The Cleveland Clinic Bariatric and Metabolic Institute does not endorse any of the above products.

You do not have to take chewable supplements although some patients tolerate these better while progressing their diet (moving from one phase to another). Once you are on a regular diet, you should be able to tolerate capsules well.

References

Aills L, et al. ASMBS Allied Health Nutritional Guidelines for the Surgical Weight Loss Patient. Surg Obes Relat Dis. 2008;4(5 suppl):S73-108.

Mechanick, et al. AACE/TOS/ASMBS Guidelines: Clinical practice guidelines for the perioperative nutritional, metabolic, and nonsurgical support of the bariatric surgery patient – 2013 Update: cosponsored by American Association of Clinical Endocrinologists, the Obesity Society, and American Society for Metabolic & Bariatric Surgery. Surg Obes Relat Dis. 2013;9(2):159-191.

Notes

AdvancedHoustonSurgical

EXERCISE: WALKING COUNTS! Adding 30 minutes of daily walking to your routine can take 12 pounds off in a year, 60 pounds in 5 years, and 120 pounds in 10 years.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1	15 Minutes	15 Minutes	15 Minutes	Off	20 Minutes	20 Minutes	Off
Week 2	20 Minutes	A.M. 15 Minutes P.M. 15 Minutes	Off	A.M. 15 Minutes P.M. 15 Minutes	20 Minutes	20 Minutes	Off
Week 3	A.M. 15 Minutes P.M. 15 Minutes	A.M. 15 Minutes P.M. 15 Minutes	20 Minutes	Off	20 Minutes	A.M. 15 Minutes P.M.15 Minutes	Off
Week 4	20 Minutes	25 Minutes	Off	A.M. 15 Minutes P.M.15 Minutes	30 Minutes	30 Minutes	Off

MAINTENANCE AFTER WEEK 4: Brisk walking 30 minutes daily or 4-5 times a week, may be divided up into 10 or 15 minute segments 2 times a day.

Let's Get Physical: Fitness 101

The Benefits of Physical Activity

A key to long-term weight management, physical activity includes both daily activity (such as walking to and from your car or using the stairs instead of the elevator) and structured activity (for example, taking a 15-minute walk to get fit and burn calories). People who get regular structured activity maintain weight loss better than those who are less active. Studies show that the people who get at least 200 minutes of moderate-intensity activity a week are most likely to keep weight off. If you have always struggled with physical activity, there is good news on many fronts.

- **Just increasing daily activity can burn additional calories.** You can start by parking a little bit farther from the store entrance when you go shopping. If you use a motorized cart to get around the store, try parking it and walking a bit within the store aisles. Also, using a pedometer or an accelerometer can challenge you to increase you daily steps.
- **You can start wherever you are.** If you find it painful or difficult to exercise for long periods, you can start by adding just 2 minutes of activity, or whatever amount you can do. As you continue to increase your minutes of activity, you will improve your fitness, which will make exercise easier, and you'll develop successful activity habits. Chair aerobics and chair dancing are options if mobility is a problem. As you lose weight, activity will become easier.
- **You can benefit from short bouts of activity.** Although 150 to 250 minutes of moderate-intensity activity weekly is recommended to maintain weight loss, you don't have to do that activity in a single session. You can split your activity into 10-minute bouts spread throughout the day.

What Is Moderate-Intensity Activity?

Moderate-intensity activity is where you feel like you are working "somewhat hard." Your heart may beat faster and you may sweat. You should be able to talk, but you may not be able to carry a tune!

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Safety Tips for an Active Life

Reasons to Seek Medical Advice Before Exercising

If any of the following apply to you, check with your doctor to see whether increasing activity is safe for you:

- You have a chronic disease such as diabetes.
- You have high blood pressure, high cholesterol, or a personal or family history of heart disease.
- You are pregnant.
- You are a smoker.
- You have other concerns about exercise and your health.

Reasons to Stop Exercising Immediately

Stop exercising and seek medical attention immediately if you:

- Have pain, tightness, or pressure in your chest or neck, shoulder, or arm.
- Feel dizzy or sick.
- Break out in a cold sweat.
- Have muscle cramps.
- Are extremely short of breath.
- Feel pain in your joints, feet, ankles, or legs.

Questions to Ask When Choosing a Fitness Center

- Can the treadmills, bikes, or benches support people who are large?
- Does the fitness staff know how to work with people of larger sizes?
- Can I take time to see how I like the center before I become a member?
- Is the aim of this center to have fun and get healthy—not to lose weight?
- What are the hours and what times of day is the center crowded?
- Is there a swimming pool?
- Are fitness classes free with the membership?
- What is your holiday schedule?

Tips to Avoid Injuries

- **Try non-weight-bearing activity.** If you have joint pain or osteoarthritis, you may benefit from non-weight-bearing activities such as biking, water activity, or chair dancing. Consider asking your doctor for a physical therapy referral or a prescription to use a therapeutic pool.
    - When biking, you may want to use a recumbent bike, which seats you so you are low to the ground with your legs reaching forward to the pedals. The seat on a re-

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cumbent bike is also wider than the seat on an upright bike. For biking outdoors, try a sturdy mountain bike. You can also buy a larger seat to put on your bike.

- You do not need to know how to swim to work out in water—you can do shallow-water or deep-water exercises without swimming. Many swim centers offer classes in water workouts. Check with local pools.

- **Warm up and cool down.** Start and end exercise sessions with a few minutes of light activity such as swinging your arms or marching in place. This can help prevent injuries, protect your heart, and prepare your body for activity.
- **Stretch after exercise.** Stretching should not hurt. Just lightly extend your muscles and hold for 10 to 30 seconds. Try a gentle yoga class for flexibility and strength training.
- **Start where you are.** Do not be overly ambitious. As you add activity to your life, your body will adapt in ways that make exercising easier. Allow your body the chance to adapt to becoming more fit. If you are truly committed to an active lifestyle, the most important part is starting and staying with it. You will have the rest of your life to build your activity.
- **Invest in good shoes, and replace them often.** We put about 5 million pounds of pressure on our feet each day. A specialty running and walking store may be able to help you select the best shoes for your activity and stride. You can also get help from a podiatrist.
- **Wear appropriate clothes.** Tights or spandex can help prevent chafing. Running stores can also help you with products that can be applied to your skin to prevent irritation. Socks and shirts should be made from "wick-away" materials. Ask for these products at a local sporting goods shop.
- **Check the maximum weight load.** When using equipment such as bikes, treadmills, elliptical trainers, or weight benches, make sure that the equipment can support your weight.
- **Use the right form when working with weights.** A certified personal trainer may be able to help you.
- **Stay hydrated.** Carry water with you and drink often during exercise.
- **Make personal safety a priority.** Walk in safe areas and carry pepper spray, your cell phone, and a whistle. Wear bright clothes when walking at night or in a highly trafficked area.

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Cleveland Clinic

Health Information

For Patients and the Community

Exercise for the Bariatric Patient

Exercise is the key to achieving weight loss before and after a weight loss surgery. An exercise plan should begin gradually and increase as tolerated, being closely supervised by a doctor. Your exercise needs to begin before surgery and resume as soon as allowed after weight loss surgery.

A consistent exercise plan aids in reaching and maintaining an optimal weight loss, as well as helping to:

- Tone your muscles
- Increase energy and metabolism
- Tighten loose skin caused by rapid weight loss
- Improve mood and self-esteem
- Relieve stress

Post surgery, fewer calories are consumed, sometimes causing the body to react as if you are starving yourself. In search for more energy, the body can begin to burn muscle instead of fat. To prevent this, exercise needs to start as soon as possible to burn fat instead of muscle.

What exercise routine should you be following?

Pre-surgery: Begin your activity regimen at a slow pace. You should start off with walking as light activity and work your way up to water aerobics. Low-impact activity is still beneficial. Aim for at least 30 minutes of continuous activity 5-6 times per week.

Hospital stay: You will need to get up and walk. This will help you feel better and get you on the right track for going home.

Initiation stage: Home After Surgery (Weeks 1 through 4): Start slowly again. Walk around the house or use stairs as tolerated. You are just beginning to heal so light activity is recommended.

Advancement stage (Weeks 5 and 6): Make sure your surgeon has approved you to increase your activity/exercise. Start slowly with low-impact exercise, such as using a stationary bike, treadmill, and/or doing housework.

Maintenance/lifestyle modification stage (Week 7 and onward): Increase your activity and exercise, doing any activity that will elevate your heart rate to 120 beats per minute or greater, on a regular basis. Your long-term goals should include:

Cardio: Using a treadmill or a stationary bike, jogging, fast walking, swimming, or tennis, for a total of 30 minutes of moderate intensity five times per week (150 minutes per week)

OR

10,000 steps per day

AND

Muscle strengthening (using weights or bands) on at least two nonconsecutive days per week.

These recommendations are based on The American Medical Society for Sports Medicine Guidelines for routine exercise, www.amssm.org.

Notes

This information is not intended to replace the medical advice of your doctor or health care provider. Please consult your health care provider for advice about a specific medical condition.

Cleveland Clinic

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Cleveland Clinic

Health Information

For Patients and the Community

Nutrition Tips with Weight Loss Surgery

1. **Protein as the #1 food**. Always eat your lean protein food first to meet your 60g of lean protein intake a day. Lean protein can be: 1 oz. of meat (chicken, turkey, fish, beef, or pork), 1 oz. of low-fat cheese, 2 Tbsp. peanut butter, 1 egg, ¼ cup of low-fat cottage cheese

2. **No skipping meals.** Eat at least three meals a day. Having 1-2 small high-protein snacks may be beneficial if you are going more than 4 hours in between your meals. Small, frequent meals will help to prevent you from filling your pouch up too fast and will keep your metabolism burning.

3. **Eat at the table**. Use a plate or dish and sit down. Take 30 minutes to eat your meals. Avoid eating at the counter or cupboards, in front of the refrigerator, in other areas of the home, or in front of the TV or computer.

4. **Portion control.** Serve smaller portions. Cut up chicken in smaller pieces. Use a salad plate as your dinner plate or baby spoons to prevent overeating. Slow down with eating, chew foods thoroughly, and stop when you feel full. Keep serving dishes off the table.

5. **Liquids 101.** Drinking 6-8 cups of caffeine-free, calorie-free, and non-carbonated beverages a day is a must. You don't want to drink with your meals; stop drinking 30 minutes before your meal, eat, and then wait 30 minutes after your meal to drink again. This will prevent nausea and vomiting. Sip on fluids in between your meals.

6. **Take your vitamin/mineral supplements daily**. When your doctor gives you permission, take your multivitamin and calcium supplements daily. Additional vitamin B12, vitamin C, and iron may be required.

7. **Your new "Way of Life."** Try not to think of this weight loss surgery as a diet, but as a new way of life not only for you but also for your family and friends. These healthy habits are a lifestyle change for now and forever.

This information is not intended to replace the medical advice of your doctor or health care provider. Please consult your health care provider for advice about a specific medical condition.

Cleveland Clinic

Bariatric and Metabolic Institute

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Appointments: 216.445.3030 (Main Campus)

1.800.CCF.CARE (1.800.223.2273), ext.53030

Hearing Impaired (TTY) Assistance: 216.444.0261

www.clevelandclinic.org/health/

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Name_____ Age_____ Starting Weight_____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Breakfast							
Snack							
Lunch							
Snack							
Dinner							

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TABLE 2 Adult BMI Chart

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height	Weight in Pounds																
4'10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4'11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5'	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5'1"	100	105	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5'2"	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5'3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5'4"	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5'5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5'6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5'7"	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5'8"	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5'9"	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5'10"	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5'11"	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6'	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6'1"	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6'2"	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6'3"	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
	Healthy Weight						Overweight					Obese					

Source: US Department of Health and Human Services, National Institutes of Health, National Health, Lung, and Blood Institute. The Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults: Evidence Report. September 1998 [NIH pub. No. 98-4083].