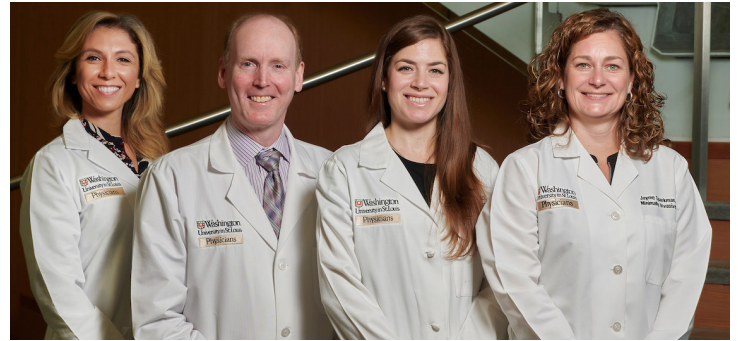


Weight Loss Surgery Patient Journey Guide

The doctors and staff of Washington University Minimally Invasive and Bariatric Surgery are partners in your journey to a healthier lifestyle with your weight loss surgery. This guide is to help you understand, prepare for, and recover from your weight loss surgery. Education and preparation can be your greatest tool throughout this journey and will contribute to your success. With our enhanced recovery plan and multidisciplinary team, we work to ensure that you receive excellent care.



From left: Francesca Dimou, MD; J. Chris Eagon, MD; Shaina Eckhouse, MD; and Jayme Sparkman, ANP-BC.

Our board certified surgeons have considerable experience with minimally invasive bariatric (weight loss) surgery from laparoscopy to robotics, and revisional surgery. In addition, our clinical and office staff are here to support you before and after your surgery.

Patients undergo surgery at Barnes-Jewish Hospital and Barnes-Jewish West County Hospital. We work closely with these facilities to ensure you receive excellent care during your hospital stay.

By becoming informed and involved, patients and family members can contribute to the success of your surgery.

YOUR JOURNEY TO RECOVERY STARTS NOW

This is your Journey Guide to a healthy recovery. You will have an excellent care team to lead you along the way.

- Use this guide to learn about what will happen before, during, and after surgery.
- Complete the guide checklists. This will help you prepare for a healthy recovery.
- Your entire care team will refer to this guide throughout your journey.
- Bring this guide with you to all doctor visits, consultations, meetings, and for your hospital stay.
- At the end of this guide, we will test your knowledge. It is expected you complete this test before surgery as your surgeon will go over the results with you. This is an important and required step in order to proceed with surgery.

Contact:

Doctor's Name: _____

Phone Number: _____



NATIONAL LEADERS IN MEDICINE

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CONTACT US

Office: 314-454-7224

8:00 a.m. to 4:00 p.m. Monday - Friday

Exchange: 314-362-1242

Fax: 877-991-4780

Website:

<https://weightlosssurgery.wustl.edu>

MyChart: Your Secure Online Health Connection

- Manage appointments
- Get test results
- Message your doctor and their team
- Check on FMLA
- Pay bills
- Request prescription
- Ask non-threatening health/diet related questions

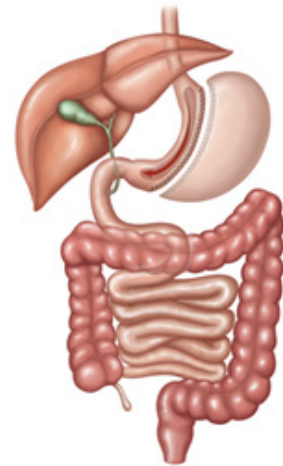
WHY WEIGHT LOSS SURGERY

Weight loss surgery is a powerful tool to help you build a healthier life. After weight loss surgery, you can expect to lose weight. The amount of weight you lose will depend on the type of procedure you have and how well you integrate dietary changes and exercise into your lifestyle. Most procedures will improve your overall health as you lose weight. Some procedures even cure diabetes or greatly improve your blood sugar. This can be life changing and improve your overall health and quality of life!

The type of surgery you have depends on a variety of factors and should be thoroughly discussed with your surgeon. Our team-based approach is dedicated to your overall health and success. There are several surgical options for weight loss, and we believe that surgery should be tailored to each individual patient. Below are some of the options offered by Washington University Physicians.

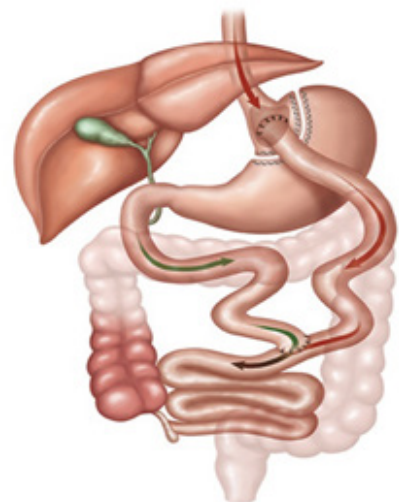
Sleeve Gastrectomy

- This surgery is restrictive only and removes approximately 70% of your stomach
- This surgery is NOT reversible (can't be undone)
- Done through small incisions, also known as minimally invasive, laparoscopic or robotic
- The operation typically takes 1 hour
- The average excess weight loss is 50-60% (For example, if you need to lose 100 pounds you will lose 50-60 pounds)



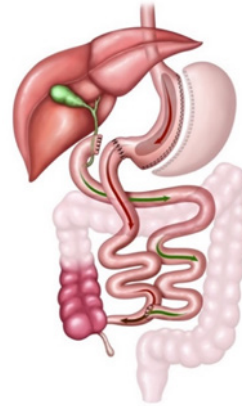
Gastric Bypass

- This surgery is both restrictive and malabsorptive (meaning less food is absorbed by your digestive tract)
- Done through small incisions, also known as minimally invasive, laparoscopic or robotic
- The operation typically takes 2-3 hours
- The average excess weight loss is 60-80% (For example, if you need to lose 100 pounds you will lose 60-80 pounds)
- This is a good option for patients with diabetes



Duodenal Switch

- This surgery is both restrictive and malabsorptive
- Done through small incisions, also known as minimally invasive, laparoscopic or robotic
- The operation typically takes 4-6 hours
- The average excess weight loss is more than 80%
(For example, if you need to lose 100 pounds you will lose more than 80 pounds)
- This is very effective for patients with diabetes.



****We do offer the laparoscopic gastric band, which is a restrictive procedure. However, this is not as effective as the other weight loss options. If you are seriously considering the gastric band, please let us know and we can provide more information about this surgical option.*

Revisional Surgery

People with prior weight loss procedures sometimes need follow up operations to correct problems or improve outcomes. These issues may include inadequate weight loss, weight regain, excessive weight loss, non-healing ulcers, refractory heartburn, and other complications.

These procedures can be very complex and some weight loss surgery programs will not attempt them. Our comprehensive program can help and determine if revisional surgery is right for you.

NOTES

GETTING TO KNOW YOUR CARE TEAM

Your care team is here to provide compassionate, respectful and responsive care. You will be managed by your surgeon, but also cared for by other members of the surgical team.

<p>Bariatric Surgeon</p> <p>Your surgeon is a full-time Washington University physician who will guide your care and perform your surgery. As part of a world-class academic medical center, he or she will work alongside a multidisciplinary team of medical professionals.</p>	<p>Nurse Practitioners</p> <p>These licensed health-care providers are trained at the master’s degree level and will work with your surgeon to care for you throughout your weight loss journey. They will follow your progress daily and update your care team as needed.</p>
<p>Psychologist</p> <p>These licensed clinical psychologists have specialized training and experience working with patients planning to undergo weight loss surgery. Their focus is on helping you develop self-management skills and understand the permanent lifestyle changes required.</p>	<p>Registered Dietitian</p> <p>Dietitians are healthcare professionals licensed to assess, diagnose and treat nutritional problems. They will help you with the dietary recommendations made by your surgeon and can educate you on good nutrition and healthy eating habits to help you with long-term success.</p>
<p>Anesthesia Team</p> <p>An anesthesiologist or advanced practice provider will evaluate your surgery needs. This team is specially trained to keep you safe during surgery and in recovery. They are key team members to manage your pain.</p>	<p>Physical Therapist (PT) and Occupational Therapist (OT)</p> <p>Your PT will do an assessment of your functional status prior to surgery and give you personalized recommendations for how to safely move and exercise before and after surgery. Your OT will teach you to safely complete daily activities, like dressing and showering.</p>
<p>Fellows</p> <p>Fellows are licensed physicians who have completed medical school and a five to seven year specialty residency program in an accredited hospital. They are now getting an additional one to three years of training in advanced specialty fields like bariatric and minimally invasive surgery.</p>	<p>Residents</p> <p>Residents are physicians who have completed medical school and are undergoing additional training in a surgical specialty. If you are an inpatient, you will see resident physicians on daily rounds, checking your progress.</p>
<p>Registered Nurse (RN)</p> <p>Nurses are your advocates. They work with your surgeon and health care team to care for you before, during and after your surgery. They will teach you how to stay safe and healthy during every step of your recovery.</p>	<p>Case Manager/Social Worker</p> <p>Your case manager is a nurse who works with your care team to help plan your discharge, home equipment needs, and help with insurance questions. Your social worker is available to provide support, help with advanced directives, find community resources, and help the team in preparing you for discharge.</p>

SURGICAL LOCATIONS

Barnes-Jewish Hospital Center for Advance Medicine



Main phone number: 314-362-5000

Surgical Waiting Room: 314-454-7318

Website:

<https://www.barnesjewish.org/Patients-Visitors/Locations-Directions/Center-For-Advanced-Medicine>

Barnes-Jewish Hospital Parkview Tower



Main phone number: 314-362-5000

Surgical Waiting Room: 314-454-7318

Website:

<https://www.barnesjewish.org/Patients-Visitors/Locations-Directions/Barnes-Jewish-Parkview-Tower>

Barnes-Jewish West County Hospital



Main phone number: 314-996-8000

Surgical Waiting Room: 314-996-5192

Website:

<https://www.barnesjewishwestcounty.org/Patient-Visitor-Information1>



How to scan a QR code:

1. Open the QR Code reader or camera on your phone.
2. Hold your device over a QR Code so that it's clearly visible within your smartphone's screen. The phone may automatically scan the code.
3. If necessary, press the button. Presto!

YOUR JOURNEY TIMELINE

TIMELINE	DATE	TIME	LOCATION
Initial Evaluation Meet with our Nurse Practitioner (NP)			<input type="checkbox"/> Barnes-Jewish West County <input type="checkbox"/> Telemedicine Visit
Online Informational Video Emmi Video			Access number given at NP visit. Watch video for the procedure(s) you are interested in at www.startemmi.com .
Preoperative Testing EKG and bloodwork must be completed before surgery, prior to meeting with your surgeon.			Testing can also be completed at your Primary Care Physician's office or an outside laboratory.
Medical Clearance Clearance letter should be completed and sent to our office by your primary care provider before surgery.			You must arrange to see your primary care physician to complete and fax back a History and Physical form with a statement of medical clearance for you to undergo bariatric surgery. Please note that you may need cardiology, pulmonary, neurology, or rheumatology clearance depending on your pre-existing conditions or risk factors. Your surgeon will decide what clearances are necessary to complete in addition to the routine work-up instructed by your specific insurance company.
Class - Registered Dietitian Nutrition assessment with lifestyle changes			<input type="checkbox"/> Barnes-Jewish West County <input type="checkbox"/> Missouri Baptist Medical Center You will need at least one appointment with one of our Registered Dietitians. They will help prepare you for life after surgery. See form given at first visit for addresses and phone numbers of approved assessment providers.
Class- Exercise/Physical Therapy Exercise assessment and plan <i>**Wear comfortable clothing and tennis shoes</i>			<input type="checkbox"/> Physical Therapy Department (PT) <input type="checkbox"/> C Sports Therapy and Rehabilitation Program (CSTAR) You will need at least one appointment with one of our Physical Therapists. They will help prepare you for life after surgery. See form given at first visit for addresses and phone numbers of approved assessment providers.

YOUR JOURNEY TIMELINE

TIMELINE	DATE	TIME	LOCATION
Class - Psychology Behavioral assessment			<input type="checkbox"/> Barnes-Jewish Center for Advanced Medicine <input type="checkbox"/> Missouri Baptist Medical Center You will need at least one appointment with one of our Psychologists. They will help prepare you for life after surgery. See form given at first visit for addresses and phone numbers of approved assessment providers.
Upper endoscopy (EGD) A procedure to examine the lining of the esophagus (swallowing tube), stomach, and the small intestine (duodenum)			<input type="checkbox"/> Barnes-Jewish Center for Advanced Medicine <input type="checkbox"/> Barnes-Jewish West County <input type="checkbox"/> Missouri Baptist Medical Center Testing is dependent on type of procedure chosen, health history, and insurance requirements.
Manometry & 24hr pH Study			<input type="checkbox"/> Barnes-Jewish Center for Advanced Medicine <input type="checkbox"/> Missouri Baptist Medical Center
Sleep Study Used to diagnose a potentially serious sleep disorder in which breathing repeatedly stops and starts called sleep apnea.			<input type="checkbox"/> Barnes-Jewish Center for Advanced Medicine <input type="checkbox"/> Missouri Baptist Medical Center Testing is dependent on type of procedure chosen, health history, and insurance requirements.
Surgeon Evaluation Meet with your Surgeon			<input type="checkbox"/> Barnes-Jewish West County <input type="checkbox"/> Telemedicine Visit
Anesthesia evaluation at the Center for Perioperative Assessment and Planning (CPAP)			All patients will attend at least 2 weeks prior to surgery, once surgery has been scheduled. <input type="checkbox"/> Barnes-Jewish Center for Advanced Medicine <input type="checkbox"/> Barnes-Jewish West County

YOUR JOURNEY TIMELINE

TIMELINE	DATE	TIME	LOCATION
Class - Nurse Refresher What to expect before and after surgery			All patients will attend at least 2 weeks prior to surgery, once surgery has been scheduled. <input type="checkbox"/> Barnes-Jewish Center for Advanced Medicine <input type="checkbox"/> Barnes-Jewish West County <input type="checkbox"/> Telemedicine class
Your Surgery Name of your procedure: _____ Surgeon: _____ Estimated length of procedure: _____		Arrival: Surgery:	<input type="checkbox"/> Barnes-Jewish Center for Advanced Medicine <input type="checkbox"/> Barnes-Jewish West County <input type="checkbox"/> Barnes-Jewish Parkview Tower
1st follow-up appointment: One week after your surgery			<input type="checkbox"/> Barnes-Jewish West County
2nd follow-up appointment: Six weeks after your surgery			<input type="checkbox"/> Barnes-Jewish West County <input type="checkbox"/> Telemedicine Visit
3 month, 6month, and Annual Visits We remain interested in your well-being and would like to see you once a year after the first year.			<input type="checkbox"/> Barnes-Jewish West County <input type="checkbox"/> Telemedicine Visit

Reasons Your Surgery Might Get Canceled:

- Testing positive for nicotine
- Weight gain prior to surgery
- Poorly controlled blood sugar
- Not pausing or continuing medications as instructed (i.e. blood thinners)
- Changes to insurance that may not cover surgery



GETTING HEALTHY FOR SURGERY

Let's get started! Here is a list that will guide you to be your healthiest for your weight loss surgery.

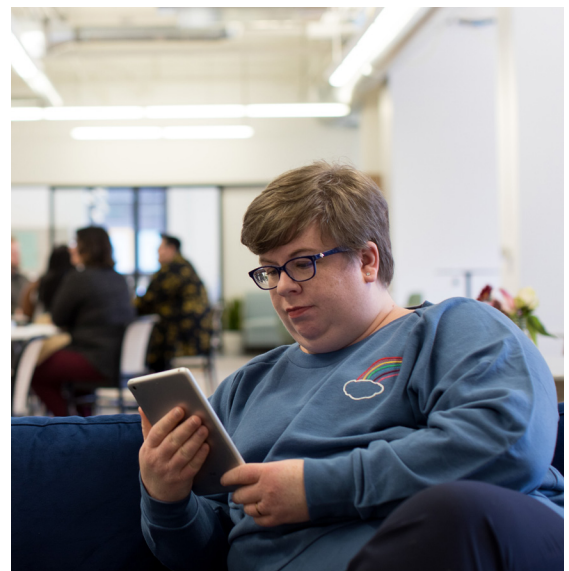
Diet before surgery

To be successful, you will need to change the way you eat. This is the first step toward developing new ways of eating and making good food choices that should last your entire life.

Your journey to health begins **before your surgery**. As someone who carries extra weight, your surgical risks are higher than those who weigh less. When you gain weight, you store fat in your body in a lot of different places. Two of the places excess fat can be stored are in the liver and in the abdominal cavity. Having fat located here makes surgery more difficult. Losing weight before surgery is beneficial. Quickly gaining weight is particularly dangerous and may cause life-threatening complications. This is one of the reasons why we ask anyone scheduled for surgery to limit their calorie intake to no more than 1,400 calories per day for at least two weeks before surgery. There are a number of ways this can be done:

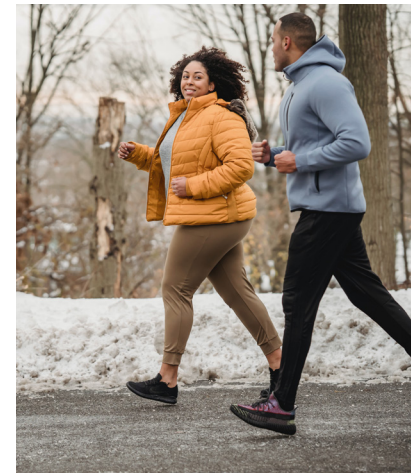
- **Meal Substitution**
Protein shakes can be substituted for some meals.
- **Diet Books**
Atkins, South Beach
- **Counting Calories**
Baritastic App (App on your smart phone or tablet)
My Fitness Pal (App on your smart phone or tablet)
See lists or books for calorie content of common foods (see back of this packet)
**A liquid diet before surgery is NOT necessary.

We also have provided an ideal example of a 1,400 calorie diet on page 30.



Boost your physical activity

- You will meet with a Physical Therapist (PT) to develop a plan specific to your exercise needs.
- Being active before surgery is a great way to help speed up your recovery.
- Increase your physical activity by walking, cycling, dancing, gardening or swimming.



Be alcohol and drug free

- **You must be alcohol and drug free.** You will be tested during preoperative testing and the day of surgery.
- **Stop smoking and using nicotine products at least 8 weeks before surgery.**
 - Doing so will prevent infection, decrease complications, and help your body recover faster. Ask your surgeon for tools to help you quit or call 1-800-QUITNOW (1-800-784-8669). Visit Smokefree.gov for more information.
 - You will not have access to tobacco products, alcohol, or illegal drugs during your hospital stay.
 - Avoid people who are smoking. This will prevent you from inhaling second hand smoke. Surgeries have been canceled for this reason as this will cause your nicotine test to be positive.
 - **Surgery will be canceled if you have not quit smoking before your surgery and/or you have a positive nicotine test.**

Manage your diabetes

- It is important to control your blood sugar levels during your journey. This will help you heal faster and prevent infection. If you have questions or need help controlling your diabetes, the Barnes-Jewish & Washington University Diabetes Center can help. To make an appointment with a diabetes specialist call 314-TOP-DOCS (314-867-3627) or toll-free 866-867-3627.
- **If your HbA1c is over 8.5, you will need to work with a diabetes specialist before your surgery.**
- **If your blood sugar is poorly controlled at the time of surgery, your surgery may be canceled and/or postponed.**

Support your recovery

- Your main responsibility after surgery is to focus on recovery.
- We encourage you to arrange for a family member or friend to assist you with household work and other errands during the days immediately following your surgery.
- We encourage you to have a family member or friend join you for the Nurse Refresher Course class before surgery.



Take care of your mental health

- It is important to take care of your mental health before and after surgery. Taking control of your anxiety, depression, or other mental illnesses will help your recovery. If you have questions or need help with your mental health the psychiatrists at Barnes-Jewish & Washington University can help. To make an appointment call 314-286-1700.

Plan ahead for local lodging

- Your doctor's office and the hospital can provide you with information for local accommodations.

Think about when to return to work

- Patients may return to work as early as 2 weeks, but others may return to work 6 weeks after surgery. Your care team will determine the best plan for you to return to work based on your specific surgery, medical conditions, work-life balance and type of work.

Family and Medical Leave Act (FMLA) Paperwork

- FMLA paperwork can be faxed to 877-991-4780, mailed to the office or given to your surgical coordinator. We cannot email records for FMLA paperwork due to privacy rules.
- Please allow 7 days for FMLA paperwork to be completed and returned to your employer.

Surgical evaluation visit at the Center for Preoperative Assessment and Planning (CPAP)

- All patients have an appointment with a member of the anesthesia team 1-2 weeks before surgery. At this time, they'll take a complete history and physical and do any needed tests. They'll talk with you about the medicine they'll give you to make you comfortable during your surgery. Please let them know if you've ever had a problem with anesthesia in the past.

What to bring with you to CPAP:

- This patient journey guide
- Insurance card, driver's license or state ID
- Advanced directive such as a living will, health care proxy, or health care power of attorney documents (if you have one)
- Complete list of your current medications including prescriptions, over-the-counter vitamins and herbal supplements

Medications

- Your medications will be discussed at your Center for Preoperative Assessment and Planning (CPAP) appointment. In collaboration with CPAP and your surgeon, you will receive recommendations on which medications need to be stopped and which medications need to be continued.
- **Please follow all instructions for stopping any medications before surgery.**
- If you are unclear or have not been given specific instructions regarding certain medications, please call us at 314-454-7224.

FINAL PREPARATIONS BEFORE YOUR SURGERY



2 WEEKS

BEFORE SURGERY

- Limit your calorie intake to 1,400 calories or less
- Refer to page 30

1 WEEK

BEFORE SURGERY

- Stop all NSAID use (Ibuprophen, Aleve, Advil)
- Stop all herbal supplements
- Stop glucosamine +/- chondroitin

THE DAY

BEFORE SURGERY

- Arrange for a responsible adult to drive you to and from the hospital
- Please **stop eating all solid foods after Midnight** prior to your surgical arrival time.
- You may have **clear liquids up to 2 hours** before your surgical arrival time.
- Please **stop drinking all liquids at least 2 hours** prior to surgical arrival time.
- Do not drink any alcoholic beverages
- Skin preparation
**See details on the next page
- Take your PreOp Nausea Medicines (Optional)
 - Emend (Aprepitant) 40mg tablet to be taken at 8p.m. **If not covered by insurance this will cost about \$100
 - Scoplamine 1mg patch. Place the patch behind your ear the night before surgery



THE NIGHT BEFORE SURGERY

Preparing your skin for surgery

The purpose of preparing your skin before surgery is to ensure that your skin is thoroughly cleansed. This helps reduce the amount of bacteria that is normally found on skin.

You will be given a bottle of antiseptic soap (Chlorhexidine gluconate or CHG) pre-operatively. This skin treatment has been shown to reduce the risk of infection in surgical patients. (If you do not have the antiseptic soap, use a mild soap, like Dial®, instead.)

FOLLOW THESE INSTRUCTIONS THE NIGHT BEFORE AND AGAIN THE MORNING OF SURGERY

Instructions

- Wash your hair with your regular shampoo (no conditioner) and your face with your regular facial cleanser. Take a shower using half of the bottle of the antiseptic soap. Scrub your entire body from the neck down using a clean, fresh washcloth. Do not use antiseptic soap on your face or hair.
- Rinse thoroughly.
- You may shave your face, legs, and underarms during the evening shower, being careful not to nick your skin. Do not shave your chest or abdomen. Do not shave the morning of surgery.
- Dry off with a clean fresh towel. Wear freshly washed clothes and sleep in clean sheets. This will help prevent infection.
- Do not apply lotions, ointments, oils, powders or perfumes on your skin after showering.
- Repeat the process with the remaining half of the bottle to shower the morning of surgery.
- Do not wear makeup and remove all fake nails/polish, artificial eyelashes, and jewelry.



WHAT TO BRING TO THE HOSPITAL:

- BRING THIS JOURNEY GUIDE WITH YOU!
- An attitude of success!
- Insurance card and photo ID
- Copy of advanced directive
- Health history and list of medications
- Phone numbers of family/friends
- Glasses/contacts and cases
- Do not wear contacts morning of surgery
- Hearing aids
- Dentures (partials, aligners)
- Loose fitting clothing
- CPAP/BiPAP (if needed)
- Comfortable walking shoes and socks (cane, walker if needed)
- Insulin pump and/or continuous glucose monitor supplies

WHAT TO LEAVE AT HOME:

- Jewelry
- Valuables such as a purse, wallet, cash, credit cards
- Medications from home



THE DAY OF SURGERY

Before you arrive

- Shower with antiseptic soap (CHG) as previously instructed
- Take meds as instructed
- Follow any other instructions provided

Check-in

- Time & Location of Arrival on Surgery Day (see page 9)
- Visitors to surgical waiting area

Procedure and surgery safety

- You will be asked several times what procedure you are having. Repeating this information is part of our safety check to be sure we have the correct patient for the correct procedure.
- When you sign a consent form for the surgery, make sure you read and understand the name of the surgery.
- You will be asked to change into a hospital gown.
- The anesthesia team will meet with you, go over your History & Physical, and talk with you about your pain management plan.
- Your surgeon will come meet with you to review your surgical plan.
- You will be given medications by mouth to help with pain and nausea before your surgery.
- You will be given an injection in your abdomen to help prevent blood clots.
- An IV will be started with medication to make you sleepy.
- After you are taken to the operating room (OR), your loved ones will be directed on where to wait.

During surgery

- You will be taken into the OR and you will be given medications to let you sleep (anesthetic medications). Then, a breathing tube will be inserted into your mouth, and you will be placed on a ventilator.
- You may have a catheter placed in your bladder.

Right after surgery

- After surgery they will wake you up and take you to the recovery room.
- A member of the surgical team will talk to your family once the surgery is over.
- Designating a loved one to get updates from the care team is very helpful.
- You will be in the recovery room for one to two hours before being taken to your hospital room.

Monitoring devices

A variety of equipment will be used to help your recovery, increase your safety, and improve your progress after surgery. As you improve, equipment will be removed or replaced with other methods that allow you to get closer to your normal activity and comfort.

- **Peripheral Venous Line**
 - A peripheral venous line (also called an IV) is placed in your arm or hand while you are awake to give you medications and fluids.
- **Telemetry Monitor**
 - A small box that is attached to your chest with circular pads. This allows your nurses and providers to monitor your heart rate and rhythm at the nurses' station. This is removed when you are discharged from the hospital.
- **Sequential Compression Device**
 - Inflatable sleeves worn around the calves that regularly squeeze the legs to help prevent blood clots. It is important that these are worn at all times when lying in bed or sitting. They are removed when you get up to walk.



YOUR HOSPITAL STAY

Pain expectations

Following surgery, it is normal to have pain. Every person's pain will be different. Depending on the procedure you have, you may need pain medication for a few days to a week after. As you recover from surgery, your pain should decrease each day. Your healthcare team (doctor, nurse practitioner, or pharmacist) will help determine which medications are best for you following surgery.

With pain treatment, we hope to:

- Help you achieve a tolerable level of pain
- Help you heal
- Keep you moving
- Minimize medication side effects

A combination of medications and therapies will be used to control your pain. Pain medications, such as opioids, can become addictive and may have harmful side effects. Non-opioid pain medications will be used first. The benefits of non-opioid pain medication are:

- Less nausea
- Less constipation
- Effective method of pain control
- Reduced risk of addiction

If an opioid is needed, we will suggest the lowest effective dose for the shortest amount of time.

Work with your surgeon to fill out this form. This form will help you determine which medications you should take for pain after surgery.

Wong-Baker FACES® Pain Rating Scale



How bad is my pain?	What should I take for pain?	Pain rating out of 10
<p>I hardly notice my pain OR I notice my pain and it bothers me, but I can still do activities (such as walking, sitting up, and standing)</p>	<ul style="list-style-type: none"> • Tylenol (Acetaminophen) 1000mg by mouth every 8 hours up to 5 days after surgery. • Hyoscyamine (Levsin) 0.125mg by mouth every 6 hours up to 5 days after surgery. • Flexeril (Cyclobenzaprine) 10mg by mouth three times a day. 	<p>FOR ME, THIS TYPE OF PAIN IS: _____ /10</p>
<p>I am focused on my pain and not able to do my usual activities or I am groaning in pain, and I cannot sleep or My pain is as bad as it could be and nothing else matters</p>	<ul style="list-style-type: none"> • Oxycodone 5mg by mouth every 6 hours as needed for pain 	<p>FOR ME, THIS TYPE OF PAIN IS: _____ /10</p>

Increase movement safely

- Moving is vital to improving your progress. Starting the day of surgery, you will be encouraged to increase your movement during your hospital stay.
- **Safety is our biggest concern.**
 - **Prevent a Fall – Call Your Nurse:** You are at risk for falling and becoming injured because of anesthesia, medications, weakness, and equipment you received.
 - **Please call your nurse for assistance when getting out of bed!** Do NOT get out of bed on your own!

Day of surgery

The first day after surgery you may still be a bit sleepy from the anesthesia but you should still be spending some time sitting in the recliner in your room. The longer you can sit up, the better! It helps when you start walking, which we also expect *as soon as possible* after surgery.

After surgery

On the second day after surgery you will leave your room and walk to the nurse's station (maybe farther). Each day you will be asked to walk farther.

Preventing blood clots

- Resting in bed for a long time after surgery can increase your risk of a blood clot forming in a deep vein inside your body. This type of blood clot is known as deep vein thrombosis, or DVT.
- You will be given a type of medication to thin your blood right before and after your surgery.
- While you are in the hospital you may need to wear pumps around your legs to help prevent blood clots.
 - The nurse or patient care technician will place Velcro wraps on your legs. The wraps are attached to a pump.
 - The pump inflates with air every few seconds. This increases blood flow to help prevent blood clots.

Infection prevention

- Lungs
 - Incentive spirometer
 - This hand-held device will help you take deeper breaths to prevent lung infection (Pneumonia).
 - We will show you how to use it.
 - You should use the incentive spirometer every hour while you are awake in the hospital.
- Skin
 - The single most important thing you can do is wash your hands often with soap and water or hand sanitizer. Always wash your hands after using the bathroom and before eating.
 - While you are in the hospital you should receive antiseptic soap (CHG) skin treatments daily.

Your care schedule

- Your surgical care team will make rounds in the morning, visit you, and discuss your plan for the day.
- Your surgeon will make rounds throughout the day or have his or her team see you and report your progress to them.
- You are encouraged to take part in bedside shift report. This is a great time to talk about questions or concerns.
- You will be checked on every few hours by a staff member.
- You will have access to your nurses at all times with a call light button. Your nurse will show you how this works.
- Visitor guidelines will be shared at the hospital.
- Discharge planning will begin when you are transferred to the floor. Discharge rounds are held with your nurse and surgical care-team weekday mornings.

FIRST POSTOP DIET

After surgery your diet will slowly progress to minimize adverse events such as nausea and vomiting as you relearn how to eat and make good food choices. While in the hospital you will be started on a clear liquid diet for the first 24 hours and go home on a full liquid diet. **You will remain on this diet until your first postoperative clinic visit.** It is extremely important that you **DO NOT advance your diet earlier than advised.** Doing so will put you at risk for surgical complications such as vomiting, dehydration and food items becoming trapped in GI tract.

Liquid Diet

- Start immediately after surgery until your first office visit
- Must always take small sips. Drinking too fast will cause pain, nausea, and vomiting
- No added sugar clear liquids you **can** see through
- No added sugar full liquids you **cannot** see through
- Remember low to no sugar options are important in order to reduce the likelihood of dumping syndrome (**most commonly associated with a gastric bypass and duodenal switch**)

Examples include:

- **Water**

Carry a container with you at all times and sip through the day to keep hydrated.

- **Milk**

This is a good source of protein. Choose skim to avoid extra calories.

- **No-sugar added yogurt and sugar-free pudding**

While these items are thick, they behave like liquids when they are eaten. Make sure they do not contain pieces of fruit or other solids.

- **Strained cream soups**

Cream soups such as tomato, chicken, celery, or mushroom made with skim milk are another source of protein. Make sure you strain out the solids before eating.

- **Clear broth**

Make certain it is not high in salt. Low sodium canned broth is available. Avoid bouillon cubes since they are usually high in sodium.

- **Protein shakes**

Ideally you want less than 5 grams of sugar, more than 15 grams of protein, AND low in calories (most shakes range between 120-200 calories).

- **Do not use Ensure or Boost**

They are high in sugar and calories and are meant to help you gain weight!!

- **No-sugar added juices**

Make sure the label says no-sugar added or sugar-free (generally 3-5 grams of sugar is ok).

- **Sugar-free drink mixes and popsicles**

This can be a refreshing alternative to water. Unsweetened brands can be sweetened with Splenda, Equal, Sweet 'n' Low or Stevia.

- **Decaf coffee or tea**

Caffeine can stimulate your appetite and act like a diuretic, so use in moderation.

- **Recipes and examples**

Refer to page 34 for websites and resources.



GETTING READY FOR DISCHARGE

We treat all of our patients as individuals and plan care according to your needs. You will receive written instructions on how to take care of yourself at home. Please share any concerns or questions you have related to your discharge from the hospital.

Devices to be removed

- You will have your IV removed once discharge orders are finished.

Ask your family to:

- Bring clothes for you to wear home
- Make sure you have your equipment needs (cane, walker etc.)
- Bring pillows for the car ride
- Stop frequently on the ride home if you are traveling far. This helps reduce the risk of blood clot formation.

Know your medications

- You will receive a list of medicines to take at home. Make sure you understand what they are for, how much to take, when to take them, and what the side effects may be.
- You will be told if a medication you were taking at home will now have a higher or lower dose than what you were used to. If so, be sure you understand whether you can use the medicine you already have at home or will need a new prescription.
- Avoid smoking and NSAID use (Ibuprofen, Advil, Motrin, Aleve, Naproxen, full strength Aspirin, Meloxicam, Diclofenac, etc.) since both can greatly increase your risk for ulcers.

Pill Instructions

- A pill is ok to swallow after surgery as long as you take your time when taking your medications.
- Allow a minimum of 5-10 minutes between each pill.

Post discharge medications

- **Tylenol** (Acetaminophen) 1000mg by mouth every 8 hours for 4 more days
- **Hyoscyamine** (Levsin) 0.125mg by mouth every 6 hours for 4 more days
- **Flexeril** (Cyclobenzaprine) 10mg by mouth 3 times a day for pain
- **Colace** (Docusate Sodium) 100mg by mouth twice a day
- **Pepcid** (Famotidine) 20mg by mouth twice a day OR Omeprazole (Prilosec) 40mg by mouth once a day
- **Actigall** (Ursodiol) 300mg by mouth twice a day: IF YOU HAVE A GALLBLADDER
- **Oxycodone** 5mg by mouth every 6 hours **as needed for pain**
- **Zofran** (Ondansetron) 4mg by mouth every 8 hours **as needed for nausea**

Lifelong post-surgery supplements

Multi-Vitamin and Mineral Dosage: Twice daily.

- What it does: A Multi-Vitamin will help ensure that you are getting enough of the micronutrients that you need.
- Interactions: None

Calcium citrate with Vitamin D Dosage: Calcium citrate 500mg with 400IU vitamin D3 three times a day.

- Take with meals. The citrate form of calcium is better absorbed since it doesn't require the acid from your stomach to be absorbed.
- What it does: Maintains bone strength; also helps heart pump correctly and repairs soft tissue.
- Interactions: Caffeinated products, spinach, and whole grain products may decrease absorption. Take at least 2 hours before or after taking iron, since calcium will decrease iron absorption.

Iron Dosage (for regularly menstruating women or patients undergoing gastric bypass or duodenal switch): 325 mg of ferrous sulfate daily.

- What it does: Helps the formation of red blood cells that provide oxygen to the entire body.
- Interactions: Take 2 hours before or after taking calcium. Iron may cause diarrhea or constipation.

Vitamin B12 Dosage: 500 micrograms tablet sublingual daily or 1000 micrograms monthly of injectable B12. Type: any sublingual (dissolves under tongue), tablet, or monthly injection (prescribed by your surgeon).

- What it does: Helps with blood cell and nerve function, digestion and absorption of food, and protein synthesis. Deficiency may cause certain types of anemia.
- Interactions: None

Fat Soluble Vitamin (for duodenal switch patients): Vitamin A, D, and K can come individually, in a prescribed combination vitamin, or in a multivitamin that is high in Vitamin A, D and K. Fat soluble vitamins used should be in the form of a tablet, water-soluble, or dry form. Any of these forms need to include the following amounts of each vitamin.

- Vitamin A: 10,000 IU
- Vitamin D: 2,000 IU
- Vitamin K: 300 µg

(For recommended list of brands see page 42)



YOUR JOURNEY HOME

Our goal is for you to be successful in your weight loss journey and surgical recovery so that you may return to an active lifestyle. After surgery, your diet is like a “job”. Sticking with it will ensure you stay hydrated and decrease your risk for nausea and vomiting after surgery.

It is normal to:

- Feel tired for 3-4 weeks afterwards due to the effects of surgery, anesthesia, and because you are taking in fewer calories. It is important to still maintain your protein and fluid intake. Options for sources of protein after your surgery can be found in the resources section of this guide. (See page 41)
- Experience soreness in your abdominal muscles. Weight loss surgery is hard on your abdominal muscles. This will get better with time.
- Have good and bad days. Do not let this upset you. If you have concerns, call your surgeon.
- Have increased gas. Try taking Beano or over the counter Gas-X for relief.
- Have problems with constipation. We recommend continuing your bowel regimen at discharge. (See page 28)

Activity after surgery

You can speed up your recovery by doing what is right for YOU after surgery. By pushing it, and doing too much, you may lengthen your recovery time by weeks. Be good to yourself in the first 2 weeks, and your body will be good to you and heal quickly.

Walking is good exercise and should be started **right after surgery**. Start slowly and work up. While you are in the hospital, your goal is to walk 3-4 times per day. When you go home, try and walk 5 minutes every hour. The following activities are allowed:

- Going up or down a flight of stairs
- Riding in a car. When traveling, please remember to get out of the car and walk every hour. This helps prevent the formation of blood clots.

Restrictions/limitations

- No lifting greater than 10 pounds for 4-6 weeks
- No sexual activity for 2-4 weeks
- No baths or getting into a pool or the ocean for 2 weeks (showers are okay beginning the day after surgery)
- Absolutely NO driving or operating heavy machinery while taking narcotic pain pills
- No golf, tennis, yoga, Pilates, swimming or any exercise that uses your core muscles for 6 weeks
- No flying for 4 weeks after surgery. Please consult your surgeon if you are planning to fly before this. When flying, please remember that you must get up and walk every hour.



CALL IF YOU HAVE ANY OF THE FOLLOWING:

- A fever of 101 degrees or higher
- Pain, redness, or swelling in one or both of your arms or legs
- Persistent nausea or vomiting
- Severe pain in your belly
- Warmth, swelling, redness or fluid leaking from your incisions

Do not hesitate to call the office if you are concerned about something.

Office:

314-454-7224

8:00 AM to 4:00 PM Monday – Friday

Exchange:

314-362-1242

After hours, holidays, and weekends

Care of your incision

- You **will** have pain, soreness and tenderness around your incisions. This pain can last for **4-6 weeks** after surgery. **This is very common.**
- You may take showers and allow soap and water to wash over the incisions. Gently wash, do not scrub the incisions for 10 days.
- There are no stitches that have to be removed. Skin glue is also used. This usually peels off in 7-10 days— if it remains for more than 14 days, you may scrub it off in the shower.
 - **Bruising** of the skin is a completely normal part of the healing process. Do not be alarmed if your skin bruises and changes colors over the week after surgery.
 - **Swelling** of the incision is also a normal process of surgical healing. The incision may be firm, slightly tender, and swollen. This is a part of our body's active recovery and is normal.
 - **Itching** is a common reaction that occurs along the incision sites. It is also a sign of healing. Please avoid scratching or picking at the incision.
 - **Redness** can occur around the incisions and will often go away on its own. If redness grows larger than the size of a half dollar or is accompanied with drainage, significant pain, and fever, please call the office.

Constipation

Your bowel movements may be irregular for several weeks, but they should slowly return to your baseline before surgery. These symptoms are common and are not a cause for concern. Narcotic pain medication can make you constipated. As your need for pain medicine decreases, so will the constipation.

If you haven't had a bowel movement in 2-3 days:

1. Increase your water and fluid intake.
2. Use a gentle laxative, like Miralax, by taking a daily dose for 3 days (it often helps to split the dose into two, and take half a dose in the morning, and half a dose in the evening).
3. You may also try Dulcolax suppositories.

If you have not had a bowel movement in more than 4 days:

- Try a single round of Milk of Magnesia by taking 2 doses, 3 hours apart.
- Enemas are also an option, but this should be discussed with the office staff first.
- All of the medications are over-the-counter, and do not require a prescription.
- For more detailed instructions, please call the office.

Follow-up appointment

At the time of discharge, you will already have your first 2-3 follow up appointments scheduled. Approximately 7-10 days and 1 month after surgery. (See page 9)

Family planning

Women of child-bearing ages should use a method of birth control to prevent pregnancy for at least one to two years year after surgery.

Hair loss

Will resolve on its own. Rapid weight loss can cause thinning of your hair. This typically peaks around 6-8 months after surgery when the most rapid weight loss occurs. Please make sure that you are taking your required vitamins and getting in the required 60 grams of protein.

Over-the-counter Biotin or the vitamin called Hair, Skin, and Nails can help with hair loss prevention.



DIET AFTER SURGERY

The diets below are started after your first post-operative visit. Up until this point, you should have been on a liquid diet: Discussed on page 23 of your guide.

Your surgeon will guide you when to start your pureed diet and advance to a soft diet during your first postoperative visit. This usually occurs one week after your surgery.

Helpful Tip!

You can find more information in the Resources Section of this guide for:

- Post-surgery diet
- Food examples
- Lifelong ways to maintain a healthy lifestyle

Step 1: PUREED DIET (Weeks 2 and 3)

- Start after your first post-operative visit and you will stay on this for 2 weeks
- Foods included in this stage are those that look like baby food or applesauce

Examples include:

- **Processed cooked vegetables**
Carrots, green beans, broccoli, cauliflower, potatoes. Cook until very soft then process in blender or food processor until there are no lumps.
- **Canned tuna or chicken**
Process in a blender or food processor with low-fat salad dressing until smooth to create a tuna or chicken salad-like meal.
- **Cream soups**
Instead of straining, process in a blender or food processor until smooth.
- **Cooked cereal**
Add enough skim milk to make smooth. Make sure there are no lumps.
- **Applesauce**
Make sure it has no added sugar. Canned fruit can also be processed in a blender or food processor until smooth and lump-free.
- **Cottage Cheese**
Reduced fat. Small Curd
- **Mashed potatoes**
Make sure they contain no lumps



Step 2: SOFT DIET (Weeks 4 and 5)

- Start 2 weeks after your Pureed diet and continue this for another 2 weeks
- This stage includes foods that are easy to chew
- **Avoid bread, rice, and pasta**- although these foods are soft they stick together and can cause you to become nauseated and vomit

Examples include:

- **Cooked vegetables**
Make sure they are not “stringy”, like celery or broccoli stems. If using fresh vegetables, make sure they are cooked well. Canned vegetables are usually very soft.
- **Canned fruit**
Make sure it does not have added sugar. Look for labels that say “No sugar added” or “packed in water.”
- **Soft/Ground meats**
Avoid red meat (beef, pork). Chicken and fish are easier to digest. Make sure that it is not too dry. Cook in a slow-cooker or crock pot, or on the stove in liquid at low temperature. Reheating meat in the microwave can dry it out and make it tough. Steam leftovers to heat them.
- **Eggs**
Scrambled, Boiled, Poached.

Step 3: REGULAR FOREVER FOOD PLAN (Weeks 6 and beyond)

- Start 2 weeks after your soft diet
- Here you begin adding other foods to your diet. This is often a “trial and error” process which can be made easier if you follow certain guidelines. You may start to add salads, uncooked vegetables, and other meats
- Remember, this is a lifelong process and your new food plan is something you will need to continue for long term success

Lifelong Guidelines to Follow:

- **Do not drink liquids for 30 minutes before and for 1 hour after eating.** This will push food through your pouch, cause dumping syndrome, make you hungry faster, and decrease absorption of key nutrients.
- **Eat slowly and chew well. You should take at least 45-60 minutes to eat your meals, even small ones.** Eating in front of a clock at first may help you. Put utensils down between bites.
- **Do not skip meals.** We recommend eating 3 meals and 2 brief healthy snacks per day. Snacks should not exceed 10-15 minutes in duration and consist of healthy foods such as high protein foods, fruits, vegetables, or yogurt.
- **NO SUGAR!** Sugar and high fat foods will cause dumping syndrome! Some patients feel so sick they must lie down for an hour or two. **You may use artificial sweeteners including Splenda, Equal, Sweet 'n Low and Stevia.**
- **Avoid red meat (in the beginning).** It is often difficult to chew and digest. Choose poultry (chicken and turkey) and fish. Make certain it is not too dry or it may become stuck in your pouch.
- **Avoid bread, rice and pasta.** Including bagels and dumplings. These items can get stuck in your pouch causing abdominal pain, nausea and vomiting.
- **STAY AWAY FROM UNHEALTHY SNACKS!** They are loaded with empty calories and will hurt your new eating plan. They can and WILL cause you to gain weight.
- **EAT PROTEIN FIRST AND AT EVERY MEAL** Your goal should be 60 grams or more of protein per day to help avoid losing lean muscle tissue. Good sources include milk, eggs, poultry, fish, beans and legumes.
- **Avoid fast food and the “drive-thru”** Fast food is high in fat, calories and salt. If you find yourself “on the road” and must eat out, make good food choices such as salad or grilled poultry or fish. Avoid greasy burgers and fries.
- **Make fruits and vegetables a big part of your diet.** The fiber will help you to feel full and avoid constipation. Fruits and vegetables are also a good source of vitamins and other nutrients that will help you stay healthy after your surgery. Choose fresh fruits and vegetables instead of chips, pretzels and other unhealthy snacks.
- **Don't let yourself get too hungry.** When we get too hungry we often make the wrong choices and eat too fast. This can cause pain, nausea, and vomiting. Don't skip meals.
- **Aim for 64 oz of fluids per day.** Carry a water bottle with you. Take small sips throughout the day



SUPPORT AFTER SURGERY

We're devoted to your success.

Your success after surgery weighs heavily on you. Following guidelines for diet, exercise, and lifestyle are important and can be challenging at times. We're here to support you as you navigate the necessary changes to ensure your long-term success.

Post-Operative Support Group

Patients that regularly attend support groups after surgery have been shown to be more successful than those who don't. We welcome all patients that have previously had weight loss surgery regardless of where you had your original surgery. Our free meetings are a great way to learn, meet and share information with other patients. Our support groups cover nutritional, social, and medical issues related to weight loss surgery.

For up-to-date information on our Support Group schedule, please view our website:
<https://weightlosssurgery.wustl.edu/support/support-groups/>.



ADDITIONAL RESOURCES



Bariatric website:
<https://www.wls.wustl.edu/>



Facebook:
<https://www.facebook.com/wuwls/>



Pinterest:
<https://www.pinterest.com/wuwls/>



How to scan a QR code:

1. Open the QR Code reader or camera on your phone.
2. Hold your device over a QR Code so that it's clearly visible within your smartphone's screen. The phone may automatically scan the code.
3. If necessary, press the button. Presto!

Resources for tracking your health

You may find these websites helpful to track your intake and activity:

- <http://www.thedailyplate.com/>
- <http://www.myfitnesspal.com>
- <http://www.fooducate.com>
- <http://www.sparkpeople.com/myspark/loginpage.asp?whereFrom=nutrition.asp>
- <http://www.fatsecret.com/>
- <http://www.calorieking.com>
- Baritastic app

NOTES AND QUESTIONS

General

Dietitian

NOTES AND QUESTIONS

Psychologist

Physical Therapy (PT)



READING NUTRITION LABELS

What's in a label? Be a nutrition detective!

When choosing the appropriate foods, it is important to understand the ingredients. This will help you avoid dumping syndrome and foods high in sugar. Do not buy foods where sugar or high fructose corn syrup are one of the first three ingredients listed.

Goals for Nutrition Supplements:

- Protein: 15 grams or more of protein per 8 – 12 fluid ounces
- Sugar: 5 grams or less of sugar per 8 – 12 fluid ounces
- Calories: 160-240 calories per serving

① **Start Here** →

② **Check Calories**

③ **Limit these Nutrients**

④ **Get Enough of these Nutrients**

⑤ **Footnote**

Nutrition Facts	
Serving Size 1 cup (228g) Servings Per Container 2	
Amount Per Serving	
Calories 250	Calories from Fat 110
% Daily Value*	
Total Fat 12g	18%
Saturated Fat 3g	15%
Trans Fat 3g	
Cholesterol 30mg	10%
Sodium 470mg	20%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

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

	Calories: 2,000	2,500
Total Fat	Less than 65g	80g
Sat Fat	Less than 20g	25g
Cholesterol	Less than 300mg	300mg
Sodium	Less than 2,400mg	2,400mg
Total Carbohydrate	300g	375g
Dietary Fiber	25g	30g

⑥ **Quick Guide to % DV**

- 5% or less is Low
- 20% or more is High

IDEAL 1400 CALORIE MEAL OPTIONS (BEFORE SURGERY)

Water and Calorie Free beverage of choice can be drank at every meal.

Breakfast (Choose ONE)

<ul style="list-style-type: none"> • 1 cup oatmeal cooked in 8 fl oz. of skim milk, topped with 2 Tbsp. golden seedless raisins and 2 Tbsp. chopped pecans • 1 large hard-boiled egg, seasoned as desired 	<ul style="list-style-type: none"> • Scrambled eggs (½ cup egg whites with 1 Tbsp. shredded cheddar cheese and 2 Tbsp. salsa, using cooking spray) • 1 slice toasted lite whole-wheat bread, topped with 1 tsp soft margarine • 8 fl oz. skim milk 	<ul style="list-style-type: none"> • 1 cup cooked oatmeal, topped with ½ cup sliced strawberries • 6 fl oz. skim milk, added to oatmeal and/or consumed as a beverage
<ul style="list-style-type: none"> • 1 cup bran flakes or similar cold, dry cereal, topped with 2 Tbsp. chopped walnuts and ⅓ cup fresh blueberries • 8 fl oz. skim milk 	<ul style="list-style-type: none"> • ¾ cup cantaloupe cubes • 5 whole-wheat crackers • ¾ cup 2% cottage cheese 	

Lunch (Choose ONE)

<ul style="list-style-type: none"> • Tuna salad (mix 4-oz water-packed tuna with 2 Tbsp. chopped white onion, 1 Tbsp. lite mayonnaise, and 1 Tbsp. Dijon mustard, then arrange 1 cup shredded lettuce and 3 slices medium tomato on plate and top with tuna mixture) • 1 medium orange 	<ul style="list-style-type: none"> • Turkey sandwich (2 slices lite whole wheat bread, 3 slices roasted turkey breast [1-oz slices], 1-oz slice low-fat Swiss cheese, 2 lettuce leaves, 2 slices medium tomato, and 2 Tsp. deli mustard) • 1 medium pear
<ul style="list-style-type: none"> • Peanut butter and jelly sandwich (2 slices wheat bread, 2 tablespoons peanut butter and 1 Tbsp. all-fruit spread) • 1 medium apple 	<ul style="list-style-type: none"> • 1 small (4 inch) wheat pita bread, served with ⅓ cup hummus (favorite flavor) • 8 oz. low-fat yogurt (favorite flavor) • 1 medium peach



Dinner (Choose ONE)

<ul style="list-style-type: none"> • 3 oz. boneless chicken breast, broiled or grilled • 5 inch baked sweet potato, topped with 1 Tsp. unsalted butter • Salad (2 cup tossed field greens, topped with ¼ cup grated carrots, and ¼ cup tomatoes), 1 Tbsp. fat-free dressing 	<ul style="list-style-type: none"> • Chicken breast (grilled on a reduced-calorie bun, 1 slice Swiss cheese and 1 Tbsp. low-sodium barbecue sauce) • Spinach salad (1½ cup baby spinach, tossed with ¼ cup fresh mandarin orange slices), drizzled with 1 Tbsp. chunky blue-cheese dressing
<ul style="list-style-type: none"> • 8 large shrimp, grilled • 1 cup steamed broccoli florets, seasoned as desired • 1 cup wild rice, prepared with 1 Tbsp. butter • 1 cup fruit sorbet (favorite flavor) 	<ul style="list-style-type: none"> • 4 oz. grilled salmon • ½ cup seasoned brown rice, prepared with 1 Tsp. olive oil • 1 cup cooked summer squash, topped with 1 Tsp. soft margarine

Healthy Snacks (Choose ONE)

<ul style="list-style-type: none"> • ¾ cup low-fat frozen yogurt (favorite flavor) 	<ul style="list-style-type: none"> • 8 oz. low-fat yogurt (favorite flavor)
<ul style="list-style-type: none"> • ½ oz. or about 15 large dry-roasted, unsalted peanuts 	<ul style="list-style-type: none"> • 10 large baby carrots, served with 2 Tbsp. fat-free Ranch dressing for dipping • 8 fl oz. canned vegetable juice (low sodium)

HYDRATION AND PROTEIN GOALS

For successful recovery and ongoing nutrition, make sure you drink adequate amounts of:

- Hydrating Fluids: 64 ounces daily
- Protein Shakes (Liquid Meal Replacements): 60 – 80 grams daily

Fluids for Hydration	Liquid Meal Replacements
<p>Fluids to provide hydration should be low or no calorie (5-10 calories per serving) and have no carbonation or caffeine.</p> <p>** Non-carbonated, decaf & low/no calorie **</p> <ul style="list-style-type: none"> • Water • Crystal light • Sugar-free Kool Aid or Wyler’s drink mix • Mio or Dasani liquid flavor enhancer • Unsweetened decaf tea or coffee • Clear juice diluted 50:50 with water (no more than 6 ounces of juice daily) • No-calorie flavored waters • Gatorade G2 or Powerade Zero • Sugar Free popsicles • Broth • Strained Low fat soup • Low Sodium Tomato juice or V8 <p>You may use sugar substitutes such as: Equal, Sweet N Low, Splenda, Truvia and Stevia</p>	<p>Nutrition supplements should contain no more than 5 grams of sugar and at least 15 grams of protein for every 8-12 fluid ounces.</p> <p>Examples Include:</p> <ul style="list-style-type: none"> • Whey Protein Isolate powder mixed with water or skim milk • Isopure • Celebrate Meal Replacement Shake • Bariatric Advantage Shakes • Body Fortress or Six Star Nutrition Pro • Premier Protein • EAS Complete Protein or Myoplex Original (www.eas.com) • Glucerna Hunger Smart or Boost Glucose Control • Slimfast Low Carb • Fairlife skim milk • Fairlife Core Power • Unjury • GenePro Protein Powder <p>Tips</p> <ul style="list-style-type: none"> • Increase the protein content of liquids by adding non-fat dry milk powder or protein powder. • Whey Protein Isolate is considered the best quality protein. Look for this as the first ingredient in the protein blend or mix.

IT IS COMMON TO EXPERIENCE TASTE CHANGES AFTER SURGERY. TRY A VARIETY OF PROTEIN SHAKES AND HYDRATING FLUIDS BEFORE SURGERY AND SELECT A FEW FOR USE DURING THE MODIFIED LIQUID DIET STAGE.



PROTEIN AFTER WEIGHT LOSS SURGERY

One of the most important nutrients you'll need after weight loss surgery is protein. Protein helps make sure the body heals properly and keeps the immune system stays strong. It can also prevent loss of muscle mass and post-surgery hair loss. Because you'll have to eat smaller meals after your procedure, it's very important to make sure you take in enough protein.

In every meal, make sure you have at least one source of lean protein. Your daily goal should be 60 grams. Right after surgery, you'll likely need to get these 60 grams from both food and supplements. Once you're able to eat more later on, you may be able to get all of your protein from food. Keep in mind, protein supplements may still be high in calories. It is always important to check your nutrition labels and track your calories, too.

High-Protein Foods

Foods that are high in protein include:

- Lean pork and beef
- Tuna
- Chicken and turkey
- Eggs and egg substitute
- Cottage cheese
- Low-fat cheese
- Fat-free milk and powdered milk
- Sugar-free yogurt
- Peanut butter
- Beans
- Tofu
- Sausage
- Bacon
- Assorted nuts (especially almonds and Brazil nuts)



Many of these foods, like nuts and pork products, can be high in fat and calories, so be sure to eat them in small quantities. Avoid foods that contain added sugar, as that will greatly drive up their calorie counts.

Protein supplements

Because 60 grams of protein can be hard to achieve with food alone and small portion sizes, there are many protein powders, pre-mixed shakes, and bars that can be used as protein supplements. When choosing protein supplements, make sure you choose those that pack a powerful protein punch with the fewest calories. Sources include:

- 100% whey protein
- Premier protein
- Carnation Breakfast Essentials (sugar free)
- Fairlife protein
- Unjury protein
- EAS shakes and mixes
- Carb Solution shakes
- Advant-Edge shakes
- Optisource protein drinks
- Beneprotein powders
- ProComplex powder



A protein supplement with 20 grams of protein per serving should contain no more than 120 calories per serving. Many of the above powders can be mixed with the drink of your choice (just make sure it's calorie-free or low-calorie). Avoid products like Ensure or Boost, as they're designed for people who need added calories. Also, beware of prepared protein shakes at gyms and health clubs—they often have added sugar to improve their taste. Like with food, it's always best to prepare your own when possible so that you know exactly what's in each supplement or meal you consume.

www.theworldaccordingtoeggface.com - chef who has had a gastric bypass who has a lot of high protein recipes

Vitamins

Multivitamins

- Bariatric Advantage® (www.bariatricadvantage.com)
- Building Blocks® (www.bbvitamins.com)
- Celebrate® (www.celebratevitamins.com)
- Nature Made® (most drug stores)
- Equate® (Walmart)
- Up&up® (Target)

Calcium

- Building Blocks® (www.bbvitamins.com)
- Celebrate® Calcium plus 500 (www.celebratevitamins.com)
- Nature Made® (most drug stores)
- Citracal® (most drug stores)
- Calcet® (most drug stores)
- Equate® (Walmart)
- Up&Up (Target)

B12

- Nature Made® (most drug stores)
- Vitafusion® (most drug stores)
- Equate® (Walmart)
- Up&up® (Target)

Iron (for regularly menstruating women)

- Building Blocks® Chewable (www.bbvitamins.com)
- Celebrate® (www.celebratevitamins.com)
- Nature Made® (most drug stores)
- Equate® (Walmart)
- Up&up® (Target)



ADJUSTING TO YOUR FOREVER FOOD PLAN

About 6 weeks after your surgery, you will be able to transition to regular foods. At the start, your new stomach will only hold 2 to 3 ounces of pureed food at each meal in the first month after surgery and gradually increases to 4 to 6 ounces of solid food per meal. You must learn to listen to your stomach and stop eating or drinking when you start to feel full. Since you will be unable to consume large amounts, you will need to eat slowly. Meals should last 45 to 60 minutes. Again, we recommend 3 small meals with 2 brief healthy snacks per day. **Volume per meal should be 4 to 6 ounces (or 8 to 12 Tbsp.).**

Slowly increase fiber content by adding fibrous foods back to your diet, one at a time. **Food intolerances will vary for each person during progression of diet.** What you were unable to tolerate 3 months after your surgery may be tolerable 6 to 9 months after surgery. As a general rule, it is best to introduce only one new food per day as some foods may be handled easier than others. For the first few weeks it may be helpful to record these foods, as well as how they were tolerated.

SAMPLE MENU- REGULAR FOODS

This menu provides approximately 975 calories and 75 grams of protein.

Breakfast	<ul style="list-style-type: none"> ¼ cup oatmeal with skim milk to thin or moisten ¼ cup egg substitutes ¼ cup canned unsweetened peaches
Morning Liquid	8 oz. skim milk with protein powder
Morning Snack	1 small banana
Morning Liquid	8 oz. sugar free cranberry juice
Lunch	<ul style="list-style-type: none"> ¼ cup water packed tuna with low fat mayonnaise ¼ cup cauliflower
Afternoon Liquid	8 oz. skim milk with protein powder
Afternoon Snack	1 oz. low fat cheese
Afternoon Liquid	8 oz. water
Dinner	<ul style="list-style-type: none"> 2 oz. boneless, skinless chicken ¼ cup broccoli ¼ cup mashed potatoes
Evening Liquid	8 oz. skim milk with protein powder
Evening Snack	½ cup honeydew melon
Evening Liquid	16 oz. water



GENERAL TIPS

Drink 6 to 8 cups of liquid per day.

Liquid should be consumed 30 – 60 minutes before and after meals. Do not consume solid food and liquids at the same time. Liquids consumed with meals may cause “dumping syndrome”. Sip 1 cup liquid over a 30 – 60 minute time period. If you have trouble drinking this slowly, a baby cup with lid helps to control the rate of flow.

Sip 3 cups of skim or low fat milk as part of your daily liquid intake. If you don’t like the taste of milk, try adding sugar free Breakfast Essentials or sugar free chocolate powder. If you are lactose intolerant try a milk substitute like soy milk or low lactose milk found in most grocery stores. Lactase enzyme tablets or drops, which can be added to milk, are also helpful.

Choose an additional 3 to 5 cups of the following daily:

- Water
- Sugar free, caffeine free, non-carbonated beverages
- Decaffeinated coffee or tea
- Broth or Bouillon
- Unsweetened fruit juice (limit to 8 ounces daily)

Take small bites and chew your food thoroughly.

The opening from your stomach to intestine is very small and can easily be blocked with food particles. If this opening becomes blocked, food will be unable to leave the stomach and vomiting can occur. As you progress to foods with more texture, be sure to take small bites and chew the food until it is a pureed consistency.

Avoid high sugar, high fat foods and prepackaged snacks.

The following foods are high in calories. Frequent use of these foods may prevent weight loss or even cause weight gain. Eating foods high in refined sugars may cause lightheadedness, sweating, stomach bloating, diarrhea and a rapid heart rate. Don’t buy foods with sugar or high fructose corn syrup listed as one of the first three ingredients.

AVOID THESE FOODS

- **Starches**
Doughnuts, sweet rolls, croissants, chips, high fat crackers, bread, rice, pasta, bagels, dumplings
- **Vegetables**
Vegetables with cream, butter, margarine, oil, cheese sauce or high fat dips or dressings
- **Fruits**
Fruits with added sugar or canned in syrup
- **Meat and meat substitutes**
Red meat, fried meat, high fat luncheon meats, sausages, hot dogs, bacon
- **Milk and milk products**
Whole milk, sweetened milk drinks, sugared yogurts, pudding or custards, ice cream, whole milk cheeses
- **Fats and Oils (limit)**
Oil, lard, shortening, butter, margarine, gravy, mayonnaise, cream cheese, olives, and avocados
- **Sweets**
Pies, pastries, sherbets, sugar, syrup, candies, sugared chewing gum, jellies, jams, cakes, bars, cookies, chocolate
- **Beverages**
Sugar sweetened beverages, alcohol

Alcohol

Alcohol is allowed in small amounts for bariatric patients, but it can cause problems. 1) Alcohol is high in calories, which can hurt your weight loss if consumed regularly 2). You can feel the effects of alcohol much faster after your surgery. It will also take less alcohol for you to feel the effects.

Choose a nutritionally balanced diet and do not let yourself get too hungry.

Because your stomach won't hold as much, the quantity of food you can eat is greatly reduced. So, it is essential to choose foods with good nutritional quality. Since no single food can provide all of the nutrition you need, it is important to choose a variety of foods from the different food groups. Each meal should be balanced with milk, protein and complex carbohydrates (beans, lentils, fruits, vegetables).



LIFESTYLE FACTORS TO CONSIDER

Dining out

Eating in restaurants is an important social activity that you can continue to enjoy. The following tips will help you continue to enjoy this activity while sticking to your healthy eating habits.

- Select a restaurant that offers foods you know you can tolerate.
- Make informed decisions. Ask for nutrition information on menu items or ask how foods are prepared.
- Avoid fried foods and other high fat items like sauces, gravies and dressings.
- Avoid foods high in sugar.
- Order a child size portion if possible or share a meal with a companion.
- Remember to eat slowly. Stop eating when you begin to get full.
- Plan for leftovers. Cut your meal into quarters right away and share or bring the rest home with you.
- If you drink alcohol, do so in moderation. Alcohol has a lot of calories with no nutrition benefit. Remember, any beverages must be consumed 30 to 60 minutes before or after eating.

Physical activity

A regular program of physical activity can help you achieve long-term successful weight loss. One of your primary goals after surgery should be to develop and start an exercise plan. Check with your physician for specific recommendations.

Behavior modification

Weight loss surgery helps you to lose weight but does not guarantee that you will maintain weight loss. To successfully control your weight, you must develop life-long, healthful eating and lifestyle habits. Changes in your present habits will be necessary but the rewards of healthier habits will be well worth the effort. Some of the following suggestions will help you make behavior changes:

- Keep a food diary in which you record the amount and types of food eaten, when and where you ate, and how you felt while eating. This record will make you more aware of habits that may need to be changed.
- Make a list of activities you enjoy and things you wish to accomplish. Then when feeling bored, nervous or anxious, instead of turning to food, turn to your list of alternatives to eating.
- Always eat sitting down at the dining room or kitchen table. Do not read or watch TV while eating as this may distract you from realizing when you are full.
- Eat slowly. Take small bites, put the fork down between bites and chew each bite 20 – 30 times. You may find that listening to slow, relaxing music helps you to slow down your rate of eating.
- Listen to your stomach and stop eating when you begin to feel full. It is possible to stretch your new stomach and basically undo what the weight loss surgery tried to accomplish.

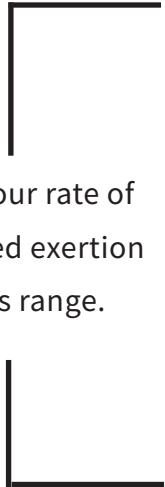


RECOMMENDED WALKING PROGRAM AND POST-OPERATIVE PRECAUTIONS

Week 1	→	Walk 5-7 minutes	Every 1 hour while awake
Week 2	→	Walk 7-10 minutes	Every 2 hours while awake
Week 3	→	Walk 15 minutes	3-4 times per day
Week 4	→	Walk 20 minutes	2-3 times per day
Week 5	→	Walk 25 minutes	2 times per day
Week 6	→	Walk 30 minutes	1-2 times per day
Week 7+	→	Add 5 minutes every week	1-2 times per day

Walking program is to be completed every day.

Borg Rating of Perceived Exertion (RPE) Scale



Keep your rate of perceived exertion in this range.

6	No exertion
7	Very easy
8	Minimal recognition of effort
9	Very light (comfortable walking pace)
10	Light effort
11	Still feels like you have enough energy to continue at this pace
12	Light exertion- this is where your aerobic system is developing
13	Somewhat hard
14	You can hear your breathing but you're not struggling
15	You can talk but not in full sentences
16	Hard work - probably anaerobic threshold
17	Very hard - starting to get uncomfortable
18	You can no longer talk because your breathing is heavy
19	Extremely hard
20	Maximum exertion

1. No lifting more than 5-10 pounds until cleared by your physician at your follow-up appointment.
2. It is okay to push with your arms. Do not pull.
3. Log roll to get into and out of bed until your incision has healed.
4. When coughing, use a pillow to hold against your incision for comfort
5. Only reach down past your knees or to the floor within your pain tolerance.
6. If your physician has ordered you an abdominal binder, wear it when out of bed.

**Even with these precautions,
it is important for healing to walk and to be moving in and out of bed.**

LOG ROLLING AND SAFE SLEEPING PROCEDURES

Getting into bed

1. Sit on the side of your bed, closer to the head of the bed than to the foot of the bed. Scoot back onto the bed as far as you can.
2. Lower yourself onto your side using your arms to help guide and control your body. At the same time, bend your knees and pull your legs onto the bed.
3. Keeping your knees bent, roll onto your back. Keep your shoulders and hips together as a unit as you roll. This is the “log roll.” Your shoulders and knees should always point in the same direction.



Getting out of bed

1. While lying on your back, bend your knees.
2. Roll onto your side keeping your shoulders and hips together as a unit while you roll.
3. Place your bottom hand underneath your shoulder and your top hand in front of you at chest level.
4. Slowly raise your body as you lower your legs toward the floor.



Sleeping positions

1. The most comfortable sleeping position after surgery is either on your back with your knees bent and a pillow under your knees, or on your side with your knees bent and a pillow between your legs.
2. Avoid sleeping on your stomach



WEIGHT LOSS SURGERY JOURNEY TEST

Let's test your knowledge! Fill in your answers on page 54.

1. What might be a reason for your surgery getting canceled? *(please refer to page 9)*
 - A. Positive nicotine test
 - B. Weight gain before surgery
 - C. Poorly controlled blood sugar
 - D. Not holding or continuing medications as instructed
 - E. Changes to your insurance coverage
 - F. All of the above
2. Immediately after surgery your diet will consist of: *(please refer to page 23)*
 - A. Clear liquids for the first 24 hours
 - B. Full liquids for the first 24 hours
 - C. Pureed diet for the first 24 hours
 - D. Regular food right after surgery
 - E. None of the above
3. Which operation(s) is commonly associated with dumping syndrome? *(please refer to the online seminar)*
 - A. Sleeve Gastrectomy
 - B. Adjustable Gastric Band
 - C. Roux-en-Y Gastric Bypass
 - D. Duodenal Switch
 - E. Both C and D
4. How long do I have to take vitamins after I have weight loss surgery? *(please refer to page 25)*
 - A. One week
 - B. 6 months
 - C. 1 year
 - D. 5 years
 - E. For the rest of my life (lifelong)
5. What foods typically cause dumping syndrome? *(please refer to page 23 and 31)*
 - A. Proteins (chicken, fish, eggs)
 - B. Fats (butter, olive oil, coconut oil)
 - C. Sugars (ice cream, soda, cookies, cakes)
 - D. Starch/Complex Carbs (potatoes, vegetables)
6. What providers do I need to see prior to having weight loss surgery to make sure I qualify? *(please refer to pages 7-9)*
 - A. I just need to see the Surgeon
 - B. Surgeon, Psychologist, Dietitian, the Bariatric Nurse Practitioner, my Primary Care Physician
 - C. My Primary Care Provider only
 - D. The Dietitian only
 - E. None of the above

7. Which operation(s) are considered BOTH restrictive and malabsorptive? *(please refer to pages 3 and 4)*
- A. Sleeve Gastrectomy
 - B. Adjustable Gastric Band
 - C. Roux-en-Y Gastric Bypass
 - D. Duodenal Switch
 - E. Choices C and D
 - F. All of the above
8. Which operations are considered ONLY restrictive? *(please refer to pages 3 and 4)*
- A. Sleeve Gastrectomy
 - B. Adjustable Band
 - C. Roux-en-Y Gastric Bypass
 - D. Duodenal Switch
 - E. Choices A and B
 - F. Choices C and D
9. A good food choice after bariatric surgery includes all of these except: *(please refer to pages 31 and 32)*
- A. Vegetables
 - B. Fish
 - C. Snack crackers
 - D. Fruit
 - E. Chicken
10. The best eating pattern after surgery to keep my weight down long term is: *(please refer to page 31)*
- A. Skipping breakfast and lunch and just eating one meal a day
 - B. Grazing on chips while at work to keep my hunger down until my evening meal
 - C. Getting up to eat at night so I'm not so hungry during the day
 - D. Eating three meals and two brief snacks a day
 - E. Eating in front of the TV
11. Characteristics of the gastric bypass include all of these except: *(please refer to the online seminar)*
- A. Losing 70% of excess weight
 - B. Increased risk of ulcers
 - C. Best resolution of Heartburn/GERD
 - D. Simple surgery taking 1 hour or less
 - E. Highest chance of Dumping Syndrome
12. Characteristics of the sleeve gastrectomy include all of these except: *(please refer to the online seminar)*
- A. Losing 55% of excess weight
 - B. Reduced risk of ulcers
 - C. Post-operative risk of GERD of up to 20%
 - D. Simple surgery taking 1 hour or less
 - E. No chance of leak

13. Characteristics of the duodenal switch include all these except: *(please refer to the online seminar)*
- A. Losing 80% of excess weight
 - B. Consists of a sleeve gastrectomy plus a malabsorptive bypass
 - C. No risk of GERD post-operatively
 - D. Most complex bariatric surgery taking 4 hours or more
 - E. Highest risk of vitamin deficiencies post-operative
14. Vomiting can best be avoided after bariatric surgery by: *(please refer to pages 31 and 32)*
- A. Not eating too quickly - taking 45-60 minutes to eat my meals
 - B. Taking one pill at a time - with 5-10 minutes between pills
 - C. Not eating too much at one meal - typically less than 4-6 ounces initially
 - E. Listening to my body - taking small bites, putting my spoon down and letting my body react to each bite
 - F. All of the above
15. Things I can do to improve my chances of successful surgery: *(please refer to pages 44 and 45)*
- A. Stay away from cigarette smoke
 - B. Do the exercises recommended by the Physical Therapist
 - C. Follow a 1400 calorie pre-operative diet that helps my liver get smaller and maybe lose a little weight
 - D. Eat all my favorite meals the day before surgery since I won't be able to do that after surgery and I don't want to miss them
 - E. A, B and C

***Answers may be found throughout your Journey Guide or by reviewing our online seminar:
<https://weightlossurgery.wustl.edu/information/weight-loss-surgery-free-online-seminar/>***

WEIGHT LOSS SURGERY JOURNEY TEST ANSWER SHEET

Mark your answers below.

1.

- A.
- B.
- C.
- D.
- E.
- F.

2.

- A.
- B.
- C.
- D.
- E.

3.

- A.
- B.
- C.
- D.
- E.

4.

- A.
- B.
- C.
- D.
- E.

5.

- A.
- B.
- C.
- D.

6.

- A.
- B.
- C.
- D.
- E.

7.

- A.
- B.
- C.
- D.
- E.
- F.

8.

- A.
- B.
- C.
- D.
- E.
- F.

9.

- A.
- B.
- C.
- D.
- E.

10.

- A.
- B.
- C.
- D.
- E.

11.

- A.
- B.
- C.
- D.
- E.

12.

- A.
- B.
- C.
- D.
- E.

13.

- A.
- B.
- C.
- D.
- E.

14.

- A.
- B.
- C.
- D.
- E.
- F.

15.

- A.
- B.
- C.
- D.
- E.