A Manual for Surgical and Life-long Success

BARIATRIC SURGERY

SLEEVE GASTRECTOMY

MIDWEST BARIATRIC INSTITUTE™

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Preparing for Surgery

Congratulations you have made a wonderful decision to help yourself achieve a healthier life and body size. To ensure a safe procedure and minimize complications, a timeline for surgery preparation is outlined below. It is essential
you follow these guidelines EXACTLY and do not gain weight prior to your surgery. In fact, the risk of developing a complication is lessened if you follow the guidelines and lose a small amount of weight before your surgical date.

We understand that this is both an exciting and nervous time for you. If you have any questions, please contact the Bariatric Center at Little Company of Mary at 708-229-5969.

• 1 month prior to surgery  ____/____/____
  o Stop the following medications and do not resume taking them until 12 weeks after surgery
    ▪ Birth Control Pills
    ▪ Hormone Replacement Pills
  o Stop smoking and the use of all tobacco products.

• 2 weeks prior to surgery  ____/____/____
  o Stop taking the following medications and NEVER resume taking them!
    ▪ Aspirin, Ibuprophen, Motrin, Aleve, Nupril, Excedrin, Naproxin, Pamarin, Celebrex and Vioxx
  o Stop taking all herbal products
    ▪ This includes, but is not limited to Gingko Biloba, Garlic, Ginseng, Vitamin E and Fish oil tabs
  o Stop consuming all alcohol

1 week prior to surgery  ____/____/____
  o Begin a high protein liquid diet. This diet is NON-NEGOTIABLE! The purpose of this diet is to deplete your sugar stores which will decrease the size of your liver, if it is enlarged.
will make your surgery easier and safer. It will also give you a jump
start on incorporating and understanding the post-operative diet.

- Consume a high protein low carbohydrate shake/drink 3-6
times per day. Choose from one of the following OR any
product you like that contains less than 5 grams of sugar
per serving:

**Protein Powders**
Mix the shake with water or 2% milk

- Zero Carb Isopure (25 g. protein per scoop)
- Pro Performance Powder (28 g. protein per scoop)
- Mega Whey Protein (26 g. protein per 2 scoops)
- Pro Blend 55 (27 g. protein per scoop)
- Nectar Whey Protein (23 g. per scoop)
- Matrix 5.0 Powder (22 g. protein per scoop)
- Bariatric Advantage

**Ready to Drink Protein Shakes**

- Zero Carb Isopure Clear Liquid (40 g. protein per 20 oz. bottle)
- Extreme Smoothie (35 g. per 11 oz. can)
- EAS AdvantEdge Carb Control (17 g. protein per 12 oz. container)
- EAS MyoPlex Carb Control (25 g. protein per 12 oz. container)
- Muscle Milk

Consume 64 ounces of water per day

If light-headedness occurs, you may have one of the following
pieces of fruit the first few days: **apple, orange, or banana**

- If you are on diabetes medications
  - **Oral medications**: Stop taking your medications and check
    your blood sugar every 12 hours for the first few days. If
    your blood sugar is below 150/dL do not take your
    medication. If it is greater than 150/dL, take one half
    your normal dose and retest your sugar again in 12 hours.
  - **Insulin**: Follow the Regular Insulin Sliding Scale coverage
    provided to you.

**One day prior to surgery **

- Consume a CLEAR LIQUID DIET from the moment you wake up.
  A full description of a clear liquid diet is on page 20.
- Do not eat or drink anything after midnight!

- The Day of Surgery  _____/_____/_____
  - Men must be clean shaven the day of surgery – no facial hair

Discharge Instructions
**Medications**

**Lovenox:** Lovenox is an injectable blood thinner to decrease the risk of blood clot formation.
- Self-inject **1 time per day** for two weeks
- Bring your sharps container to the office for proper disposal when treatment is completed.

**Prevacid:** Prevacid is a stomach acid-reducing solutab. It aids in the prevention of stomach and stomal ulcerations.
- Place one Solutab under the tongue every day for 12 weeks

**Lortab:** Lortab is a liquid pain killer. Use of pain medication is not mandatory. **Use it only if needed.**
- 15 milliliters (ml) every 4 hours as needed for pain

**Zofran:** Anti nausea medication you can use every 6 hours

**Welch’s 100% Grape Juice** mix 1 part water and 1 part juice for nausea sip through out the day

**Activity**

- **If it hurts do not do it!** Activities that cause pain and are too strenuous can cause harm.
  - Do not lift anything heavier than 5-10 pounds for 6 weeks.
  - You may **walk** as tolerated. Ideally you should try to walk a short distance 3-5 times per day, increasing distance and intensity as you heal.

- **Driving**
  - You may not drive a car for at least two weeks after surgery.
  - Do not drive while taking pain medications
  - If you spend more than 1 hour in a vehicle, stop and walk 5 minutes every hour to prevent blood clot formation.
Showering
- You may shower daily. Wash the incision(s), but do not soak them. Dry off immediately.
- Do not put creams, lotions, perfumed soap, or powders on your incision.
- Lap Band patients are not to shower for 5 days.

Follow-up
- Your follow up appointment at Dr. Cahill’s office will be 1 week after surgery. Call 708-422-5658 to schedule your appointment.
- First Nutrition Class will be the following Tuesday after your surgery in the Mary Potter Pavilion Meeting Room A at 11:30. You will receive more information on the class at the time of your discharge.

Diet
- **Clear Liquid Diet Only:** It is essential that you allow time for the new stomach or “pouch” to heal. Be patient and continue to follow the clear liquid diet at home.
  - Follow the diet for 7 days. Detailed instructions for the clear liquid diet are provided on page 20.
  - Aim to drink at least 48 ounces of water by SIPPING fluid throughout the day.
  - Do not take any of the recommended vitamins until on a full liquid diet for one week.

Medications
After surgery, use caution when taking medications. Remember, your stomach size and function have been altered for life.
• General guidelines
  o Medications should be liquid, chewable, or crushed for the first year or longer after surgery. Taking pills larger than the size of an M&M may get stuck or lodged in the stoma causing discomfort.
  o Do not crush tablets that say “extended release,” “sustained release,” or “time released” prior to speaking with a pharmacist or your physician.
  o Do not take all of your pills at one time. Even if your medications are crushed, wait 10-15 minutes prior to consuming the next medication.

• Medications to avoid after surgery
  o Aspirin or medications containing aspirin
  o Celebrex or Vioxx
  o Non-steroidal anti-inflammatory drugs. These medications have been known to irritate the stomach lining.
    - Ibuprofen
    - Motrin
    - Advil
    - Nuprin
    - Excedrin
    - Naproxen
    - Pamprin
    - Relafen

• Medications to choose if needed
  o Pain relief: Tylenol (liquid) only!
  o Constipation: Colace and Pericolace, Ducolax, Fleets enema, and Glycerin suppositories only.
  o Probiotics: Consider a daily regimen (Chewable Bariatric Advantage)
  o Fiber: Benefiber – start adding to your diet daily as needed

Possible Post-Operative Complications and Concerns

As with any surgery, there is a risk of post-operative complications. Although we do not anticipate complications, it is important to recognize the signs and symptoms, as well as the course of action to take if one should occur.
**Emergency:**
Please contact Dr. Cahill at (708) 422-5658 if you have any questions / concerns or call 911 in the event of an emergency.

**Non Emergency:**
Tony Romeo, R.N., C.R.N.F.A.
Program Director
Phone: (708)229-5969 (non-emergency)
tr@midwestbariatric.com

Lisa Micetich, R.D., L.D.
Nutritionist
708-229-5429
lmicetich@lcmh.org

We are here to assist you. If you have any concerns or questions please contact us.

- **Contact Dr. Cahill if any of the following occur**
  - Fever over 101 degrees Fahrenheit
  - Incision pain, swelling or discomfort that cannot be relieved with medication.
  - Repeated vomiting
  - Swelling of the abdomen or legs
  - Pain and burning during urination
  - Unable to pass gas or have a bowel movement
  - Shortness of breath or rapid heart rate

Call 911 or have someone take you to the emergency room if the severity of symptoms worsens or you suspect a serious complication such as a pulmonary embolism

- **Physical Complications**
  - Pulmonary embolism
    - **Definition:** Pulmonary embolism is a blood clot that can develop after surgery which travels to the lungs. It can block
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the flow of blood to the lungs and, if not recognized and treated in a timely manner, can be fatal.

- **Signs and Symptoms:** Sudden sharp chest pain, shortness of breath, coughing up blood, rapid heart rate and sweating.
- **Course of Action:** If you suspect a pulmonary embolism go to the emergency room immediately.

- **Wound Infection**
  - **Signs and Symptoms:** The incision line may be red and warm. In addition you may have a fever. The incision line may also open or weep fluid.
  - **Course of Action:** Contact your surgeon’s office for advice on what to do.

- **Side Effects**
  - **Dumping Syndrome (Gastric Bypass Only)**
    - **Definition:** Rapid passing of simple sugars into the small intestine.
    - **Signs and Symptoms:** Nausea, rapid heartbeat, vomiting, abdominal discomfort, body weakness or sweating which is usually, but not always, followed by severe diarrhea.
    - **Course of Action:** Let dumping syndrome run its course. If diarrhea is severe, remain hydrated with water and/or broth. Walking or standing may ease the severity of symptoms.
  
  - **Nausea and Vomiting**
    - **Possible Causes:** Eating or drinking too fast, not chewing food adequately, stomal stenosis, overeating, strong smells or odors and not following “The Rules”
    - **Course of Action:** Return to a clear liquid diet and advance as tolerated. If stomal stenosis is suspected contact your surgeon.

  - **Dehydration**
    - **Signs and Symptoms:** Dry mouth, fatigue, headache, light-headedness, constipation, dark colored urine, and a rapid heartbeat.
- **Course of Action:** Increase fluid intake to 48-64 ounces per day. Remember to carry a water bottle around with you at all times. Aim to drink 8-12 ounces in between each meal.

  o **Stomal Stenosis**
    - **Definition:** A stricture or tightening of the opening between the stomach and the small intestine, or a Band that is too tight.
    - **Signs and Symptoms:** Repeated vomiting shortly after eating or drinking even small amounts of food or beverage. Inability to tolerate any food or beverage.
    - **Course of Action:** Contact your surgeon’s office and return to the clear liquid diet as tolerated.

  o **Frothing**
    - **Definition:** Frothing is not a complication per se, but a normal consequence of reducing the stomach size for some patients. Instead of using stomach acid to digest foods the stomach produces extra mucus to aid digestion.
    - **Signs and Symptoms:** Vomiting or spitting up clear mucous.
    - **Course of Action:** Drink or sip hot water 1/2 hour prior to a meal to break up the mucus. You may add lemon or lime to the hot water

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**Successful Eating For Life**

Your stomach has been altered in size. As a result, changing the way in which you eat is essential for healing, avoiding discomfort and successful weight
maintenance. These guidelines should be must be followed for the rest of your life.

1. Eat Slowly

⇒ Take 20 minutes to eat each meal. Consider placing your fork or spoon down in between each bite. Focus on the taste, mouthfeel and texture of each bite.

⇒ Eating too quickly may result in vomiting or an uncomfortable sensation similar to heartburn.

⇒ Stop eating the moment you feel satisfied. One additional mouthful can cause discomfort.

⇒ Be cautious not to extend your meal beyond 20 minutes. Do not remain sitting at the table until you can finish the plate. Once you feel full remove yourself from the table to prevent overeating.

⇒ Sit down at a table while eating.

2. Chew Thoroughly

⇒ One of the stomach’s functions is to grind and chop food. Now that your stomach is smaller, your knife, mouth and teeth must take over the responsibility. Chew food until it is baby food consistency prior to swallowing.

⇒ Swallowing large amounts of food may result in discomfort or feeling like the food “stuck” in the stoma (opening) between your stomach and small intestines.

3. Separate your beverages

⇒ Stop drinking 30 minutes prior to a meal and resume drinking 60 - 90 minutes after the meal ends. Sip fluids in between your meal times only.

⇒ Avoid eating and drinking at the same time. Fluid can fill you up resulting in less room for protein and nutrient dense foods. Secondly, mixing liquid and food turns the stomach contents into a “slushy” consistency. The food will empty out of the pouch quicker resulting in increased food intake and the feeling of hunger after
eating. The goal of eating is to fill the pouch and allow food to slowly empty over several hours.

4. Eat your protein first

⇒ Adequate protein intake is essential to reduce the risk of nutritional complications related to surgery such as hair loss and anemia. For the remainder of your life, you will have to remain conscious about consuming adequate protein.

⇒ AT EVERY MEAL, ALWAYS CONSUME YOUR PROTEIN FIRST! You may follow protein only with the following: fruits, vegetables and low fat dairy.

⇒ Foods high in carbohydrate such as breads, rice, pasta or potatoes should be limited or completely avoided. If chosen, they should be eaten last.

5. Do not snack

⇒ Snacking is associated with weight gain. It usually entails empty-calorie foods and unlimited portions.

⇒ Picking or grazing all day long will never result in a feeling of satisfaction and pouch fullness. Your pouch is designed to fill up and slowly empty. Over time, snacking, picking or grazing will add extra calories, defeating the restrictive component of surgery resulting in weight regain.

⇒ If you want to remain successful do not even start snacking. Every meal (3 times per day) should be about 20 minutes in duration, not picking for several hours.

⇒ If you suspect that you are snacking, grazing or picking, start keeping a food log to raise awareness and identify areas to improve.

Successful Weight Loss for Life

Eat every meal at a table with a knife a fork and a spoon
Do not eat with your hands

Throw away the crisper in your refrigerator

Tupperware with prepared foods at eye level in refrigerator

Grocery Shop in the outer isles only

Always leave plenty of time to prepare and store food after grocery shopping

Exercises 60 minutes every day – If you do not want to exercise on a particular day then don’t eat that day.

Physical Activity

- Use the FITT Principal
The FITT principal is an easy way to incorporate physical activity at a pace that suites you. Each step is designed to build off of the previous one. Take this one piece at a time and you will be successful!

1. **Frequency** is HOW OFTEN you complete the activity. It includes adjusting your schedule to accommodate physical activity at least 5 days during the week.

2. **Intensity** refers to HOW HARD you work during a particular activity.
   - You know how your body feels. If at any time, you feel overexerted, pain or tightening in your chest, dizzy, severe shortness of breath or notice that you have stopped sweating **STOP THE ACTIVITY IMMEDIATELY!** Ask for help or call 911 if needed.

3. **Time** indicates the LENGTH of the activity. There are two ways to increase time. First you can increase time by adding minutes to your current activity or you can increase the amount of times a day you engage in the activity which was described in the section above.

4. **Type** – Once you have mastered the basics, it is time to have fun and experiment! There are many different forms of physical activity. Consider some of these options:
   - Swimming
   - Elliptical
   - Weight training
   - Indoor or outdoor biking
   - Yoga
   - Pilates
   - Outdoor hiking
   - Step class
   - Rollerblading
   - Tai Chi
   - Water aerobics
   - Kick boxing
   - Yoga
   - If you feel stuck in a rut with your physical activity, consider investing in a personal training session to help you “switch it up.” Pam Stroffergen a qualified personal trainer who has worked with bariatric patients for years.

   (708) 227-6627

**Resources**
• **Magazines**

  *WLS Lifestyles* [www.wlslifestyles.com](http://www.wlslifestyles.com) or (866) 255-4WLS

  *Obesity Help Magazine* [www.obesityhelpmagazine.com](http://www.obesityhelpmagazine.com)

• **Websites**

  **Online WLS communities**

  [www.LapBandTalk.com](http://www.LapBandTalk.com)

  [www.VerticalSleeveTalk.com](http://www.VerticalSleeveTalk.com)


  [www.RNYTalk.com](http://www.RNYTalk.com)

  [www.obesityhelp.com](http://www.obesityhelp.com)

  [www.wlslifestyles.com](http://www.wlslifestyles.com)

  Bariatric Advantage

  [www.bariatricadvantage.com](http://www.bariatricadvantage.com)

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**Vitamins**
Dietary supplementation is mandatory. It is essential that you take the products listed below every day for the remainder of your life. By having bariatric surgery, you have committed to nutritional supplementation.

Vitamins, minerals and protein are essential for optimal functioning and to live a long, healthy and happy life. By reducing food intake (smaller stomach) and/or absorption (gastric bypass) you are at risk for deficiency. Your surgeon or physician will monitor your vitamin status at least every year.

- **Multiple Vitamin and Mineral**
  - Take Daily
  - Must be liquid or chewable
  
  - Rationale
    - After surgery your caloric intake will be substantially lower. A vitamin, ensures that your nutritional needs will be met. It is an adjunct to the foods you will be eating, not a replacement.
    - After a bariatric surgery, you will not absorb all of the vitamins and minerals from you food. Supplementation is necessary to prevent deficiency.

- **Calcium plus Vitamin D**
  - 1,200-1,500 mg per day of liquid or chewable calcium.
    - This is usually achieved in two doses.
    - Take separately from your multiple vitamin or iron supplement.
  
  - A calcium supplement should also contain 200-600 IU of vitamin D.
  
  - Rationale
    - Calcium is essential for the prevention of osteoporosis. Rapid weight loss, decreased food intake and being female increase the risk of bone thinning.
    - Vitamin D increases calcium absorption in the small intestine. Deficiency is common in the Midwest. Low vitamin D is linked to certain cancers, bone disorders and autoimmune disease.
• B-Complex
  o Choose any B-Complex with 100 mg of thiamin (B1)
  o Take 1 time per day
  o Must be crushed (if available in a chewable form)
  o Rationale
    ▪ Thiamin and the “B-vitamins” are necessary for nervous system function, blood glucose regulation and the cardiovascular system.

• B-12
  o 1,000 micrograms (mcg) sublingually 1 time per week
    ▪ Sublingual (under the tongue) B-12 is available in liquid or tab form. Place a drop or tab under your tongue one time per week until it dissolves.
  o Rationale
    ▪ B-12 is critical for the function of the nervous system and the formation of red blood cells. Absorption requires high levels of stomach acid, which is typically decreased after bariatric surgery. It can be absorbed under your tongue (sublingual), bypassing the need for stomach acid.

RECOMMENDED SUPPLEMENTATION

Bariatric Advantage Chewable – www.bariatricadvantage.com 1-800-898-6888

PASS HEALTH FOODS - 7228 W. College Drive (119th St.) Palos Heights, IL 60463
www.passhealthfoods.com 708-448-9114

SLEEVE GASTRECTOMY
Stages of Diet Progression
You have undergone a procedure which leaves your stomach and digestive tract highly sensitive to foods, odors and tastes. Each person who begins on the journey of progressing his or her diet will have a different and unique experience. Below are simple guidelines to assist you. During this process, if you experience discomfort, return to a clear liquid diet until your stomach settles.

There are two purposes for these guidelines. First, adequate time must be allotted for your stomach and intestines to heal. Advancing the diet too quickly can compromise the healing process, resulting in complications. Secondly, the pouch is vulnerable to stretching during the first few weeks after surgery. Take time to experiment with the “new” feeling of fullness to avoid overeating.

**STAGE 1**

2 weeks Clear Liquids followed by
4 weeks Protein Shakes

**STAGE 2**

Sleeve Gastrectomy beginning of 7th week for 2 weeks

**STAGE 3**

Sleeve Gastrectomy beginning of the 9th week for 2 weeks

**STAGE 4**

Sleeve Gastrectomy beginning of the 11th week
• Clear Liquid Diet for 2 weeks
  
  o **Consistency:** Foods must be liquid at room temperature and reflect light.

  o **Goals:**
    ▪ 64 ounces of fluid per day
    ▪ Use smaller spoons and cups to slow eating
    ▪ No carbonated beverages or straws

  o **Grocery List**

    • Decaffeinated tea & coffee plain, no lemon or cream – NO caffeine products

    • Low-sodium broths (chicken and beef)

    • Sugar-free beverages (non-carbonated) e.g. Crystal Light

    • Flavored waters, artificially sweetened, non-carbonated (Fruit 20, Propel, Nestle)

    • Sugar-free Popsicles

    • Water and ice chips

• Protein Shakes for 4 weeks after clear liquids

STAGE 2
• Full Liquid Diet

  o **Consistency:** All foods must be a liquid consistency and be able to pour out of a glass or bowl. Do not use a straw.

  o **Goals:**
    - 64 ounces of fluid per day
    - 40-60 grams of supplemental protein per day
    - Begin MULTIPLEVITAMINS, B VITAMINS and CALCIUM

     Continue sipping on water in between meals

  o **Grocery List**

    - Blenderized Canned or soft fruits (peaches, pears packed in extra light or natural juices) and vegetables (green beans or carrots)
    - Skim milk, 1% milk
    - Strained or blenderized (low fat) cream soups (cream of chicken, potato, mushroom)
    - Smooth hot cereal: Cream of Wheat, Farina, Cream of Rice
    - Applesauce (plain or flavored – 100% pure, no sugar added)
    - Yogurt (low sugar/ low fat – no fruit pieces) must have less than 15 grams sugar per serving
    - Fruit or vegetable juices without added sugar

STAGE 3
• Soft to Regular Foods

- **Goal:** Eat a high protein-food first! This is the rule for the remainder of your life.

- **Grocery List**
  - Scrambled eggs
  - Seafood – moist white fish like tilapia, orange roughy, catfish, fillet of sole, tuna fish (can add low fat or light mayonnaise), shellfish: crabmeat (imitation or regular)
  - Deli style meat; chicken, turkey and ham sliced thin or shaved (no spicy, no honey or BBQ flavor)
  - Low fat Cheese (5 grams of fat or less per slice)
  - String Cheese
  - Cottage cheese, made with 1% milk fat, small curd
  - Soups prepared with skim milk (cream of chicken, cream of mushroom, cream of potato)
  - Spices, mustards etc…
  - Salt, Salt substitute, other spices, I can’t believe it’s not butter
  - Thin mashed potatoes

- **Guidelines to help advance your diet**
  - Begin with soft, cooked and moist foods. Chew until each bite is baby-food consistency prior to swallowing.
  - Try only one new food at a time. By eating this way, you will be able to identify the specific food if you experience a reaction or food aversion.
  - If you are unable to tolerate an item on the first try, wait one to two months and retry the food. This does not mean you will not be able to have the food again.

#### STAGE 4
First week after soft
- Seafood: shrimp, scallops, lobster, salmon, halibut
- Vegetables – soft cooked such as carrots and green beans, spinach, zucchini, squash
- *Cold Cereals – should not contain more than 3 grams of sugar per serving
- *Toasted Bread

Second week after soft
- Fruits – canned or soft bananas, apples, melons, peaches (peel skin from fresh fruit) NO CITRUS
- Plain Lettuce – iceberg or bibb
- Low fat or fat free dressing
- Chicken or Turkey – moist white meat – BAKED- not fried – remove skin
- Homemade chicken or turkey salad
- Ground turkey, chicken meat, fajita meat, turkey sausage (remove the skin)
- Soy Products
- Boca Products, Garden Burgers, Morning Star Farms
- Fat Free Refried Beans
- Creamy Peanut Butter
- Raw vegetables
- *Pasta – do not use white sauces, they are high in fat, use red sauce
- *Bread – untoasted bread

CONTINUE TO AVOID THE FOLLOWING FOODS FOR 6 MONTHS
- Red meat and Pork
- Raisins and grapes
- Nuts, seeds, popcorn, corn
- Carbonated beverages
- Caffeine
- Alcohol

* These foods are high in carbohydrates and should be consumed in minimal amounts.

Alcohol
Alcohol can be very dangerous after gastric bypass. The alcohol is absorbed much more quickly after surgery and will reach much higher levels in the blood. You will experience a greater degree of intoxication on very little alcohol because of the rapid absorption. General rule to follow is drink only on special occasions and never more than 2 drinks in a 24-hour period. And remember don’t drink and drive.

Foods that may be difficult to tolerate:

- Tough, dry or coarse meats such as steaks, grilled chicken breasts or dry turkey.
- Skins and membranes of fruits. Peel all fruit prior to eating. In addition, discard the membranes around orange and grapefruit wedges.
- Stringy vegetables such as celery and sweet potatoes.
- Nuts and seeds
- Fried foods
- Spicy foods
- Breads and rice can form a gummy ball in the stomach. This can result in heart-burn like symptoms or feeling that the food is stuck.

Weight Loss Plateaus
Weight loss plateaus are natural. By identifying a plateau and taking action early, weight regain will not occur. If you are experiencing a plateau or weight regain contact us at (708) 229-5969. Begin following these easy-to-use steps.

1. **Thinking positive yields positive results.**

   - What is your mental outlook regarding this “bump in the road?” How you view this natural process of weight loss will greatly determine your outcome at the end of the road. Slips and setbacks are a natural part of the ups and downs of life and a natural part of the weight control process. If you can prevent slips from occurring that would be great, but it is even more important to know **how** to handle these situations once they arise.

   - Understand and accept that this is slight bump in the road and not a natural disaster. It takes months or more of high-calorie eating and physical inactivity to re-gain the weight that you have lost. One meal or even a week of being off course will not make or break your success.

   - Reframe your thinking. Negative thinking and outlook can quickly crowd out the many great things you have done thus far to advance weight control efforts. Rather than lettering one negative episode overshadow the positive, focus on all of your great successes and how to apply the skills you have gained to the current situation.

2. **Keep a food and Exercise log.**

   - Old habits die hard. Often old patterns of eating slowly creep up without notice. Begin keeping a food log of everything you eat and drink for a week. Note the time you are eating, the duration of the meal and the amount you consumed. Review the food log, asking yourself these questions:

   ✓ Am I snacking, picking or grazing throughout the day?
   ✓ Am I drinking beverages that contain calories?
   ✓ Am I eating and drinking at the same time?
   ✓ Do I fill my “pouch” each time I eat?
   ✓ Am I choosing foods that are high in fat and sugar?
   ✓ Am I filling up on breads, rice, pasta or other high carbohydrate foods?
   ✓ Are my meals every 3-4 hours? Am I eating sooner or later?
✓ Are my foods soft, mushy or lack fiber? These foods pass through the pouch quickly.

3. Choose solid foods.

- Solid foods take longer to digest, leaving your feeling full for a longer period of time.

- By choosing semi-solid or liquid foods, you will feel hungry soon after eating. These foods quickly pass through the “pouch” and do not cause a sensation of fullness. This may lead to snacking, grazing or picking in an attempt to feel satisfied.

- Your meals should consist of the following:
  ✓ lean protein
  ✓ Cooked or fresh non-starchy vegetables
  - Potatoes, peas, corn and winter squash are “starchy” vegetables
  ✓ Whole fruit

4. Do not eat and drink at the same time.

- Eating and drinking at the same time turns the contents of the pouch into a soup. This soup will drain quickly, leaving you feeling hungry shortly after eating.

- You may fill your pouch up with water 15 minutes before you begin eating. Do not resume drinking until 60-90 minutes after the meal has ended.

- Although this task may seem minute, this tip may be the most powerful for helping you continue on your weight loss journey.

5. Fill up each time, every time.

- After surgery, the feeling of fullness is created by slight stretching (pressure) of the pouch wall. If you only eat half a meal or do not fill up your pouch, the feeling of fullness will not be generated. This can lead to grazing, picking or snacking.

- Eating until full (not stuffed) is the only way to slightly stretch the pouch, creating a feeling of fullness and satisfaction.
6. Increase your physical activity.

   o The majority of successful weight loss patients engage in 1 hour of moderate-intensity physical activity per day.

7. Attend support group.

   o You will never be alone on this journey. Attend support group to listen, learn and share with others. Attending meetings before surgery will help you prepare for success, attending after surgery will make you successful.

   **First Tuesday of Every Month**

   Little Company of Mary Hospital

   **MARY POTTER PAVILION**

   Lower Level Room B

   **GASTRIC BYPASS and GASTRIC SLEEVE**

   **meets 7:00 pm to 8:00 pm**