



KAISER PERMANENTE®
Northern California
Bariatric Surgery Program

Understanding Life with Bariatric Surgery (Book Two)



<http://bariatric-northerncalifornia.kp.org>
<http://mydoctor.kaiserpermanente.org/ncal/healthyweight>

Please bring this binder to every appointment

Edition September 2020

TABLE OF CONTENTS

| | |
|---|----|
| TABLE OF CONTENTS..... | 2 |
| Chapter 1. Introduction to Life After Bariatric Surgery | 6 |
| Introduction..... | 6 |
| Benefits of bariatric surgery..... | 6 |
| Risks of bariatric surgery | 6 |
| This book will cover the habits of success that it takes to be successful and stay healthy..... | 6 |
| Chapter 2. BARIATRIC NUTRITION..... | 7 |
| Ch2. PART 1: Understanding Calories, Proteins, Carbohydrates, Fats, and Fluids..... | 7 |
| CALORIES..... | 7 |
| PROTEIN..... | 8 |
| CARBOHYDRATES | 9 |
| FAT..... | 11 |
| FLUID REQUIREMENTS..... | 13 |
| Ch.2, PART 2: Reading the Nutrition Facts Label | 15 |
| Ch.2, PART 3: Planning a 1200 Calorie Meal Plan and Food Lists..... | 17 |
| Protein List: (Meat and Meat Substitutes) | 23 |
| Non-Fat (Skim) and Low-Fat (1%) Dairy List | 25 |
| Non-starchy Vegetables List..... | 26 |
| Starch List..... | 28 |
| Fruits List..... | 31 |
| Fats List..... | 33 |
| Ch.2, PART 4: Putting It All Together: Meal Planning, and Tools for Success | 35 |
| Develop Successful Lifelong Habits when Eating..... | 37 |
| Meal Prepping Tips..... | 39 |
| Ch.2, PART 5: Bariatric Diet Stages | 40 |
| STAGE 1: Clear Liquids with Protein Supplements | 42 |
| Protein Supplements List | 44 |
| STAGE 2: Modified Liquids | 46 |
| Shopping List for Liquid Diets (Stage 1 and 2)..... | 47 |
| STAGE 3: Soft and Moist Solids..... | 48 |
| STAGE 4: Your Lifelong Regular Bariatric Diet..... | 51 |

| | |
|--|-----|
| Ch.2, PART 6: Lifelong Restrictions and Tools for Success | 57 |
| FOODS TO AVOID or CONSIDER WITH Caution..... | 57 |
| Tools for Success | 57 |
| Restaurant Survival After Surgery | 58 |
| Cooler Emergency Kit | 60 |
| Chapter 3. Vitamin and Mineral Supplements..... | 61 |
| Supplements for Roux en Y Gastric Bypass or Sleeve Gastrectomy | 61 |
| How to choose your supplements | 61 |
| The Supplements You Need. | 62 |
| Specialty “Bariatric” Vitamin/Mineral Supplements..... | 71 |
| VITAMIN SUPPLEMENT CHART | 73 |
| VITAMIN SUPPLEMENT CHART: Sample schedules | 74 |
| SUPPLEMENT WORKSHEET: YOUR SCHEDULE..... | 75 |
| Special Situations..... | 76 |
| Chapter 4. Activity and Exercise | 78 |
| EXERCISE and WEIGHT LOSS:..... | 78 |
| EXERCISE and CALORIES | 79 |
| OTHER BENEFITS OF EXERCISE | 82 |
| EXERCISE GUIDELINES..... | 83 |
| GETTING STARTED | 87 |
| EXERCISE MYTHS | 89 |
| TROUBLESHOOTING..... | 90 |
| RESOURCES | 93 |
| Walking Programs | 93 |
| Chair Dancing/Chair Aerobics..... | 96 |
| Resistance Bands | 97 |
| Kaiser Permanente Resources..... | 100 |
| Chapter 5. Emotional Health and Support | 101 |
| Key principles –TOP 10..... | 102 |
| Mindful Eating | 103 |
| How do I know if I’m physically hungry or emotionally hungry?..... | 107 |
| 10 Steps to Freedom from Emotional Eating By: Nancy Mehegan..... | 108 |

| | |
|--|-----|
| Emotional Eating Exercise..... | 110 |
| Changing our Thinking..... | 111 |
| Restructuring Negative Thoughts..... | 112 |
| Other ways to untwist your thinking:..... | 114 |
| Transforming your Body Image While You Transform your Body..... | 116 |
| Changing Your Behavior..... | 118 |
| Exercise Program Planning Guide..... | 121 |
| Managing Strong Emotions..... | 125 |
| Common Triggers..... | 127 |
| You and the World:..... | 130 |
| Realistic Thinking About Life After Surgery..... | 130 |
| Unhealthy Behaviors and Bariatric Surgery..... | 136 |
| Support Groups..... | 139 |
| Chapter 6: Side Effects, Complications, and Problems..... | 141 |
| Food intolerance and changes in taste..... | 141 |
| Nausea and vomiting..... | 141 |
| Dehydration and Dizziness..... | 141 |
| Constipation..... | 142 |
| Gas, bloating, and bad breath..... | 142 |
| Dumping syndrome..... | 143 |
| Hypoglycemia (low blood sugar)..... | 143 |
| Hair loss..... | 144 |
| Dental erosion..... | 145 |
| Skin rashes, Intertrigo, and loose skin..... | 145 |
| Plastic Surgery..... | 145 |
| Kidney stones..... | 145 |
| GERD, Heartburn, and Acid Reflux..... | 146 |
| Ulcers..... | 147 |
| Hormonal changes (i.e. perimenopausal symptoms) in women..... | 148 |
| Pregnancy and Birth Control..... | 148 |
| Smoking, Alcohol, Pot (see overlap with Emotional health chapter)..... | 148 |
| Reoperations..... | 149 |

| | |
|--|-----|
| Chapter 7: Medications after bariatric surgery | 150 |
| Antacids for ulcer prevention, and GERD | 150 |
| Nsaids..... | 150 |
| Aspirin..... | 150 |
| Prednisone and steroids..... | 151 |
| Warfarin (Coumadin), Plavix, and other Blood Thinners..... | 151 |
| Anti-depressants, and other Psychiatric medications..... | 151 |
| Thyroid medications | 151 |
| Medications that are safe | 152 |
| Chapter 8: Weight stalls or gain after bariatric surgery | 153 |
| There are many reasons for obesity | 153 |
| How does food lead to obesity?..... | 153 |
| Metabolic Adaptation can make fat loss difficult | 154 |
| Understanding the calories in our food can help us understand why we gain fat..... | 155 |
| How does bariatric surgery help lose fat?..... | 155 |
| You can eat through a small stomach: It does not stretch..... | 156 |
| Why you might eat when you do not need to | 156 |
| Why is activity is important..... | 157 |
| A new operation does not help..... | 157 |
| How do you lose weight again two or more years after bariatric surgery? | 157 |
| Chapter 9: Resources | 159 |
| Books | 159 |
| Kaiser Websites: | 160 |
| External Resources and Websites: | 160 |
| Fitness/ Calorie Counter Apps:..... | 162 |
| Gym and Workout gear discounts for KP members. | 163 |
| KP Heath Education exercise classes. | 163 |
| KP Wellness Coach..... | 163 |

Chapter 1. Introduction to Life After Bariatric Surgery

Introduction

Preparing for bariatric surgery and having the operation is only the very beginning of your weight loss journey and hopefully a new, healthier life. The operation seems to help most people with weight loss for the first year. Over time, both the stomach and brain learn to adapt, and unfortunately you may tolerate more food at meals and a greater variety of foods. This can increase your risk of weight regain. Therefore, we often refer to bariatric surgery as a “tool” to help you break the cycle of obesity. For this reason, it is extremely important that you understand how to use your tool properly, and how to maintain awareness and control of your weight for the rest of your life.

Benefits of bariatric surgery

The positive effects of Bariatric surgery include improvement or reduction of many conditions associated with obesity. Your diabetes, high blood pressure, sleep apnea, fertility and mobility may improve. Bariatric surgery is a positive intervention to help you lose enough weight to improve your health, quality of life, and become a more active person. Most weight loss after your surgery will occur in the first 12-18 months. You should use this time to focus on your eating habits and activity to maintain your healthy weight for the rest of your life. It takes awareness, dedication, and action to maintain a healthy weight long term.

Risks of bariatric surgery

Whether or not you lose weight, having bariatric surgery means accepting permanent restrictions and risks. You must make a commitment to take vitamin and mineral supplements daily for the rest of your life. If you do not take your recommended supplements, you may experience significant health problems related to vitamin deficiencies: these include weakness, fatigue, anemia, bone loss and fractures, nerve damage, memory loss, dementia, and many others. With the loss of food as a coping mechanism, you may be at risk for addiction to alcohol, cigarettes, drugs, opioids, and other unhealthy substances or behaviors. After a gastric bypass, it is dangerous to take NSAIDs also known as non-steroidal anti-inflammatory drugs (Motrin, Advil, Aleve, etc.) for pain. With the sleeve you may be able to take NSAIDs under the supervision of your physician. Even with good compliance to the recommendations, you may be at risk for side effects and complications. These include hair thinning, bad breath, loose skin, gas and complications such as reoperations, ulcers, dumping.

This book will cover the habits of success that it takes to be successful and stay healthy.

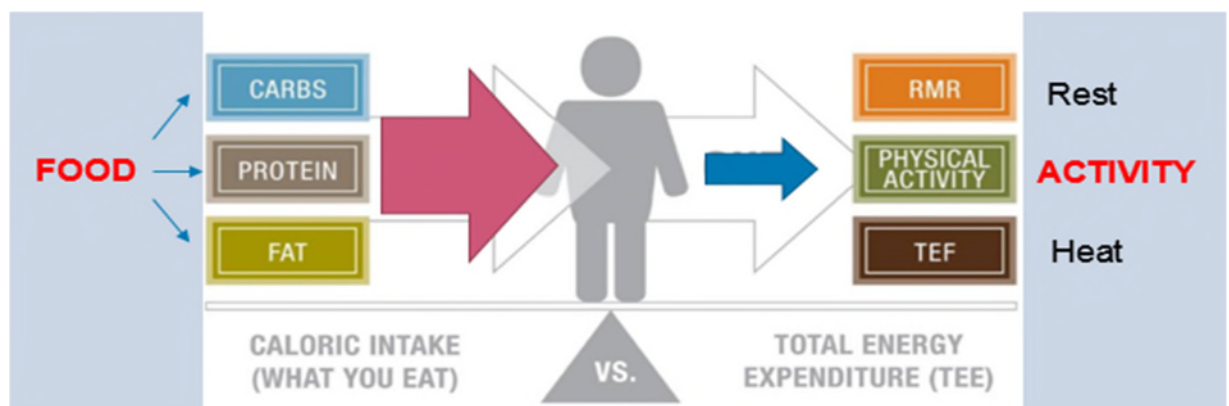
Chapter 2. BARIATRIC NUTRITION

Ch2. PART 1: Understanding Calories, Proteins, Carbohydrates, Fats, and Fluids

CALORIES

A calorie is a “unit of energy”. Energy is the ability to do work.

EXCESS calories result in weight gain



When the body gets too many calories from food, it will store those extra calories as body fat.
3,500 calories are equivalent to approximately 1 pound of fat
Example: eating 100 calories extra a day can result in 10 pounds of weight gain a year

REDUCED calories result in weight loss



When the body uses more energy than it takes in you will lose weight.

3,500 calories are equivalent to approximately 1 pound of fat

Example: eating 100 calories LESS every day, should lead to 10 pounds of fat lost in one year, but you will need to increase your activity as you lose weight.

PROTEIN

Daily Goal: 60-80 grams

Per Meal Goal: 20-25 grams

Protein is a primary component in every cell and tissue in the body. It is used to make hair, skin, nails, muscles, organs, blood cells, nerves, bone, brain tissue and more. Since your stomach will be much smaller, you must be sure to eat enough protein every day to keep you healthy.

However, there is no benefit to consuming more protein than your body needs.

Protein is necessary to:

- Preserve your muscles while you're losing weight
- Prevent protein deficiency. Signs of protein deficiency include poor wound healing, fatigue, hair loss, muscle wasting and patchy or scaly skin.
- Reduce your hunger. Protein takes longer to digest and is more satisfying and filling than carbohydrates. You are less likely to feel the need to snack between meals.
- Help wounds heal
- Keep the calories absorbed into your body lower. Because they are harder to digest, only 80-90% of the calories on the label are absorbed.

Choose Protein First

- High quality protein foods include lean beef, pork, poultry, fish, cheese, eggs, tofu and seafood

- At each meal, **concentrate on eating protein first**. This will help you feel full sooner, stay full longer, and keep blood sugar more stable in between meals.
- Be sure to **select lean sources of protein** to help keep your total fat intake low and to help prevent unwanted weight gain. Poultry and fish are lean proteins. Red meat will have more fat.

Keep Proteins Moist

- After surgery many people have difficulty tolerating dry or tough pieces of meat (Examples: chicken breast, pork and steak). These foods can feel as though they are stuck and may cause pain or vomiting.
- Remember to prepare protein foods using moist cooking methods, such as, braising or using a slow cooker.
- You can try using low-sugar marinades or a small amount of low-fat or fat free gravy to keep foods moist.
- Taking small bites and chewing thoroughly is essential.

Proteins in Dairy Products

- Dairy products include yogurt.
- This food is a good source of protein, calcium and vitamin D.
- Some people become lactose intolerant after surgery.

Yogurt contains protein and it has a soft texture which makes it easily tolerated after surgery. Some yogurts are processed with added sugar and may contribute to Dumping Syndrome. When selecting a yogurt, choose a “Light” option. Avoid “Fruit on the Bottom” yogurts which are high in sugar. Greek yogurt has double the protein content of regular yogurt, and due to lower content of lactose, may be better tolerated.

CARBOHYDRATES

Daily Goal: less than 130 grams per day

Carbohydrates are a major source of energy for your body prior to surgery. After surgery, the need for carbohydrates will be lower and protein and fat will become the primary energy sources. Your body will still need some carbohydrates for your brain and to fuel muscles for activity. After surgery, you will get most of your carbohydrates in the form of whole grains, whole fruit, and starchy vegetables.

Simple Carbohydrates: Sugar

- Sugar is a “simple” carbohydrate and is found in many foods.
- Before and after surgery, it is important to **avoid foods that are high in added sugar**.

- Eating too much sugar can cause dumping syndrome, reactive hypoglycemia (low blood sugar), and weight regain.
- 100% of the calories are rapidly absorbed, and your hunger is not satisfied.
- Sugar can be a major reason for not losing weight or gaining it back.
- Read labels carefully to be sure foods are low in added sugar.
 - **4 Grams of sugar = 1 teaspoon!**
 - This means a soda with 28 grams of sugar has 7 teaspoons of sugar!

Added Sugars

- Foods that contain any of the following types of sugars listed as one of the first 3 ingredients are high in sugar:

| | |
|---------------------------------|--------------------------------|
| Anhydrous dextrose | Invert sugar |
| Brown sugar | Lactose |
| Cane sugar | Maltose |
| Confectioner’s powdered sugar | Maple syrup (or pancake syrup) |
| Corn syrup | Molasses |
| Corn syrup solids | Nectars (peach, pear, etc.) |
| Dextrose | Raw sugar |
| Fructose | Sucrose |
| High fructose corn syrup (HFCS) | Sugar |
| Honey | White granulated sugar |
| Agave syrup or sweetener | |

Source: www.choosemyplate.gov

Foods high in sugar

| | |
|------------------|-----------------|
| Gum | Frozen yogurt |
| BBQ sauce | Kool Aid |
| Candy | Regular soda |
| Jam/Jelly | Ice cream |
| Chocolate milk | Cake |
| Juice bars | Popsicles |
| Sweetened juices | Regular pudding |
| Fudgesicles | Tapioca |
| Sweetened tea | Sports drinks |
| Donuts | |
| Pies | |

Complex Carbohydrates

Complex carbohydrates (breads, pasta, rice, etc.) can be a problem after surgery because these foods can become doughy and expand in the stomach. In addition, eating too many carbohydrates can fill up the stomach pouch leaving less space for protein foods.

“Low Carbohydrate” foods

Do not be fooled by foods that claim to be “Low Carb.” Grocery store shelves are full of “low carb” products. You’ll see everything from “low carb” bread, pasta, to tortillas. The use of the phrase, “low carb” is not monitored by the FDA and there is no regulated definition of the term. Some “low carb” products only have 1 or 2 grams of carbohydrate less than the original version of the food. “Low carb” products are often high in fat and contain sugar alcohols, which may lead to gas, bloating and diarrhea. Remember to look at the label to see what is really in each food.

“Sugar-Free” Products

Be careful about “sugar-free” products. “Sugar-free” does NOT mean calorie free. Most “sugar-free” products are dessert-type foods and have very little to no protein and nutritional value.

Calories from “sugar-free” products can add up and slow down weight loss. “Sugar-free” products generally contain sugar alcohols or artificial sweeteners, which may lead to stomach discomfort if consumed in excess.

Sugar substitutes (Stevia, Truvia, Splenda, Swerve, Monk Fruit, Equal, Sweet ‘n’ Low) should be used in moderation, if at all. Using these products may increase your cravings for sweet foods leading to weight regain.

FAT

Daily Goal: 30-40 grams maximum per day.

Fat is a necessary but often overconsumed component of the average diet. They are required to help absorb vitamins A, D, E and K and promote the feeling of fullness. Fat contains over twice the calories as protein or carbohydrates, so limit the amount to 10-12 grams per meal. Too much fat after surgery can result in poor weight loss success, weight regain, diarrhea, and heartburn.

Types of Fats

There are four different types of fats found in foods: monounsaturated fat, polyunsaturated fat, saturated fat and trans-fats. It is important to limit total fat intake to 30 grams maximum each day. However, when you do eat fat, monounsaturated fats should be your **FIRST** choice.

- Monounsaturated Fats are:
 - Liquid at room temperature
 - The most heart-healthy of the three types of fat
 - Sources include olives, olive oil, canola oil, avocados, or avocado oil

- Polyunsaturated Fats are:
 - Liquid at room temperature
 - More heart healthy than the saturated fat, but less than the monounsaturated fats
 - Sources include vegetable oil, corn oil, sunflower oil and margarine spreads

- Saturated Fats
 - Are solid at room temperature (butter, shortening, lard)
 - Are found in animal fats and in tropical oils (palm oil, palm kernel oil, coconut oil, bacon fat)
 - May increase the risk of heart disease by increasing the LDL or “bad” blood cholesterol while also decreasing your HDL or “good” cholesterol.
 - Saturated fats should be chosen less often or avoided by removing the visible fat from meats, selecting lean cuts of meats, removing the skin from poultry products and switching to lower fat cheese or milk products.

- Trans Fats
 - Can occur naturally but are most often created artificially by food manufacturers. Trans fats are created in a process called hydrogenation where a liquid oil is converted into a solid fat.

Tips for Low-Fat Eating

- **Read food labels! A low-fat food = less than 3 to 5 grams of fat per 100 to 150 calories**
- **Low fat DOES NOT mean low calorie!** While low fat is better for your heart, food manufacturers often increase sugar to improve the flavor of a low-fat product. Be sure to read your food labels completely.
- Choose skinless chicken, turkey, fish and shellfish instead of fatty meats such as sausage, salami, bacon, bologna, and high fat beef.
- Bake, broil, roast, grill or steam your foods instead of frying
- Use nonstick sprays and/or cookware.
- Limit fast food and restaurant meals as much as you can. Choose wisely when you do eat any restaurant or packaged food.
- Choose low-fat and lean cuts of meat more often. For example, when you shop for meats look for labels that read 95-99% lean. This indicates that the meats contain a higher percentage of protein than fat.

FLUID REQUIREMENTS

Daily Goal: 64 fluid ounces a day

- It is very important that you drink **at least 64 ounces of decaffeinated, noncarbonated, low calorie** (less than 20 calories per 8 oz serving) fluid each day to prevent dehydration. Immediately after surgery, it will be more difficult to drink all 64 oz. because of the small size of your stomach, you must drink your liquids slowly, avoid chugging or guzzling fluids.
- Plan for 64 oz. of fluid each day to avoid dehydration.
- Do NOT drink and eat at the same time. When you eat and drink at the same time, the fluid flushes the food out of the pouch and causes it to empty sooner. An empty stomach triggers your body to feel hungry and to want to eat again.
- You must stop drinking 30 minutes BEFORE meals. Waiting will allow time for the fluid to empty out of the stomach
- Wait 30 minutes AFTER your meals to begin drinking again. If you drink too soon; the liquid will flush the food out of the stomach and let you eat again.

Recommended Beverages:

All the fluids below can be used to get your minimum of 64 oz of fluid every day.

- **Water** (#1 choice)
- Fruit infused waters- Example: add lemon, a few pieces of fresh fruit, cucumbers, or mint to water to flavor it naturally
- Crystal Light (caffeine free)
- Diet Snapple (caffeine free)
- PowerAde Zero
- Aquafina flavored water
- Decaffeinated tea
- Decaffeinated coffee
- Propel water (limit to 16 oz)
- Dasani flavored water
- SOBE Life water

Beverages to AVOID:

Carbonated beverages may cause cramping and discomfort. The high calorie drinks listed will impair your weight loss and may cause Dumping Syndrome. These drinks are common reasons for weight gain.

- Regular and Diet soda
- Fruit juice
- Carbonated beverages
- Coffee drinks (including iced or blended)
- SOBE
- Sparkling water
- Whole or flavored milk
- Milkshakes
- Alcoholic beverages
- Smoothies and Juice
- Vitamin water
- Energy drinks (Red Bull, Monster, Full Throttle)
- PowerAde or Gatorade
- Kool Aid

Ch.2, PART 2: Reading the Nutrition Facts Label

Original Label

| Nutrition Facts | |
|--|------------------------------|
| Serving Size 2/3 cup (55g) | |
| Servings Per Container 8 | |
| Amount Per Serving | |
| Calories 230 | Calories from Fat 72 |
| % Daily Value* | |
| Total Fat 8g | 12% |
| Saturated Fat 1g | 5% |
| <i>Trans Fat</i> 0g | |
| Cholesterol 0mg | 0% |
| Sodium 160mg | 7% |
| Total Carbohydrate 37g | 12% |
| Dietary Fiber 4g | 16% |
| Sugars 12g | |
| Protein 3g | |
| <hr/> | |
| Vitamin A | 10% |
| Vitamin C | 8% |
| Calcium | 20% |
| Iron | 45% |
| * Percent Daily Values are based on a 2,000 calorie diet. Your daily value 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 |

New Label

| Nutrition Facts | |
|---|----------------------|
| 8 servings per container | |
| Serving size | 2/3 cup (55g) |
| Amount per serving | |
| Calories | 230 |
| % Daily Value* | |
| Total Fat 8g | 10% |
| Saturated Fat 1g | 5% |
| <i>Trans Fat</i> 0g | |
| Cholesterol 0mg | 0% |
| Sodium 160mg | 7% |
| Total Carbohydrate 37g | 13% |
| Dietary Fiber 4g | 14% |
| Total Sugars 12g | |
| Includes 10g Added Sugars | 20% |
| Protein 3g | |
| <hr/> | |
| Vitamin D 2mcg | 10% |
| Calcium 260mg | 20% |
| Iron 8mg | 45% |
| Potassium 235mg | 6% |
| * The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice. | |

- 1 The serving size now appears in larger, bold font and some serving sizes have been updated.
- 2 Calories are now displayed in larger, bolder font.
- 3 Daily Values have been updated.
- 4 Added sugars, vitamin D, and potassium are now listed. Manufacturers must declare the amount in addition to percent Daily Value for vitamins and minerals.

Source: FDA.gov

Look Here First

- Check Serving Size First.
 - In this example, you would get 230 calories for eating the recommended serving size, 2/3 cup, but 1,840 calories if you ate the entire container.
- Check Calories. Calories listed are per serving. There may be more than one serving per container, if you consume more than one serving, the calories, fat and sugar increase as well.
- Check Other Nutrients
 - The daily values are based on a 2,000-calorie diet, which is more than is recommended for bariatric patients to consume.
 - One serving has 12 grams of sugar, which is about 3 teaspoons.
 - While the amount tolerated varies, many patients experience dumping syndrome if they consume more than 25 grams sugar per serving (natural and added sugar)

- Check ingredients - look for added sugars. Your goal is to limit added sugars, refer to the list on page 7 of added. Sugars.

ALSO: Check Protein. Plan for 20-25 grams of protein per meal, from high quality sources.

Ch.2, PART 3: Planning a 1200 Calorie Meal Plan and Food Lists

Most studies show that AFTER bariatric surgery, people who maintain a healthy weight are eating about 1200 calories a day lifelong. People who are shorter or less active may have to eat less, and those who are taller or more active may need slightly more. In order to lose weight and develop good habits BEFORE your operation, you should start a 1200 calorie (or similar) meal plan as soon as possible.

On average, the meal plans provide (per day):

- 1,200 calories
- 60-80 grams of protein
- 130 grams of carbohydrate
- 30-45 grams of fat

1,200 Calorie Pre-Surgery Meal Plan

| Meal 1 | Meal 2 | Meal 3 |
|--|--|-----------------------------|
| 3 Protein Servings OR 2 Protein Servings +1 (Light Greek yogurt)* | 3 Protein Servings OR 2 Protein Servings +1 (Light Greek yogurt)* | 3 Protein Servings |
| | | |
| | 2 Non-starchy Vegetables | 2 Non-starchy Vegetables |
| 1 Starch | 1 Starch | 1 Starch |
| 1 Fruit | 1 Fruit | 1 Fruit |
| 1 Fat | 1 Fat | 1 Fat |

*Maximum 2 yogurts per day!



1200 calorie Sample Menus

| | | | |
|-----------------------|--|---|--|
| Protein | ¾ cup low-fat cottage cheese | 2 whole eggs + 1 light string cheese | 2 ounces turkey deli meat |
| Starch | ½ whole wheat english muffin | ½ cup cooked unsweetened oatmeal | 1 Light Greek yogurt |
| Fruit | 6.5 ounces strawberries | 4 ounces blueberries | 1 slice 100% whole grain toast |
| Fat | 1 ounce avocado or 1 teaspoon butter | 6 almonds with cinnamon in oatmeal | 2 Halo's/Cuties 1.5 teaspoons nut butter |
| Protein | 3 ounces cooked chicken | 3 ounces tuna | Meat and cheese roll-up: 2 ounces deli meat + 1-ounce cheese |
| Non-starchy vegetable | 1 cup cucumbers and tomatoes OR snap peas | 1 cup raw carrots | 1 cup bell peppers |
| Starch | ½ cup cooked beans | 5 whole grain crackers | ½ cup edamame |
| Fruit | Small apple (4 ounce) | 6.5 ounces strawberries | 4 ounces pineapple or small orange |
| Fat | 1-ounce avocado | 1 tablespoon light mayo or 1-ounce avocado | 1-2 tablespoons hummus |
| Protein | 3 ounces cooked salmon | 3 ounces of lean red meat | 3-ounce veggie patty |
| Non-starchy vegetable | 1 cup cooked broccoli | 1 cup steamed asparagus | 1 cup cooked zucchini |
| Starch | ½ cup quinoa and bean salad | 3-ounce potato | 1 cup winter squash |
| Fruit | 4 ounces raspberries | 5.5 ounces cantaloupe | Small pear or apple |
| Fat | 2 tablespoons light dressing on quinoa salad | Spray butter and 2 tablespoons light sour cream on potato | 16 pistachios |

Pictures of Healthy Meals



Breakfast



Lunch



FOOD LOG – 1,200 Calorie Meal Plan

| DATE: TODAY'S DATE | |
|----------------------|--|
| | MEAL 1 - SAMPLE |
| TIME | 730AM |
| 3 PROTEIN CHOICES OR | 2 EGGS OR ½ CUP COTTAGE CHEESE 1 LIGHT STRING CHEESE |
| 2 PROTEIN CHOICES | 1 EGG + 1 LIGHT STRING CHEESE LIGHT GREEK YOGURT |
| 1 DAIRY | |
| 1 STARCH CHOICE | ½ WHOLE WHEAT ENGLISH MUFFIN |
| 1 FRUIT CHOICE | 4 OUNCE APPLE OR 4 OUNCES BLUEBERRIES |
| 1 FAT CHOICE | 1.5 TEASPOONS NUT BUTTER (ON ENGLISH MUFFIN) |
| | MEAL 2 |
| TIME | 1230PM |
| 3 PROTEIN CHOICES | 3 OUNCES TUNA OR COOKED CHICKEN |
| 2 VEG CHOICE | 1 CUP CUCUMBER/TOMATOES OR BELL PEPPERS |
| 1 STARCH CHOICE | ½ CUP EDAMAME OR ½ CUP COOKED BEANS (BLACK/GARBANCO/KIDNEY) |
| 1 FRUIT CHOICE | 4 OUNCE ORANGE OR 2 HALO™s/CUTIES |
| 1 FAT CHOICE | 1 TABLESPOON REDUCED FAT MAYO (IN TUNA) OR 1 OUNCE AVOCADO |
| | MEAL 3 |
| TIME | 6PM |
| 3 PROTEIN CHOICE | 1 OUNCE SHRIMP + 2 OUNCES STEAK OR 3 OUNCES SALMON |
| 2 VEG CHOICE | 1 CUP STEAMED ASPARAGUS OR BROCCOLI |
| 1 STARCH CHOICE | 3 OUNCE SWEET POTATO OR 1 CUP WINTER SQUASH |
| 1 FRUIT CHOICE | 4 OUNCES PINEAPPLE OR |
| 1 FAT CHOICE | 1 TABLESPOON LIGHT BUTTER (ON VEGETABLE AND/OR STARCH) |

| DATE: | |
|-------------------|---------------|
| | MEAL 1 |
| TIME | |
| PROTEIN CHOICE OR | |
| PROTEIN CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |
| | MEAL 2 |
| TIME | |
| PROTEIN CHOICE | |
| VEG CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |
| | MEAL 3 |
| TIME | |
| PROTEIN CHOICE | |
| VEG CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |

| DATE: | |
|----------------|---------------|
| | MEAL 1 |
| TIME | |
| PROTEIN CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |
| | MEAL 2 |
| TIME | |
| PROTEIN CHOICE | |
| VEG CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |
| | MEAL 3 |
| TIME | |
| PROTEIN CHOICE | |
| VEG CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |

..... FLUID INTAKE: (1 CUP = 8 OUNCES) FLUID INTAKE:



..... (1 CUP = 8 OUNCES) FLUID INTAKE:



..... (1 CUP = 8 OUNCES) FLUID INTAKE:



FOOD LOG – 1,200 Calorie Meal Plan

| | |
|---------------------------|---------------|
| DATE: TODAY'S DATE | |
| | MEAL 1 |
| TIME | |
| PROTEIN CHOICE | |
| VEG CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |
| | MEAL 2 |
| TIME | |
| PROTEIN CHOICE | |
| VEG CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |
| | MEAL 3 |
| TIME | |
| PROTEIN CHOICE | |
| VEG CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |

| | |
|----------------|---------------|
| DATE: | |
| | MEAL 1 |
| TIME | |
| PROTEIN CHOICE | |
| VEG CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |
| | MEAL 2 |
| TIME | |
| PROTEIN CHOICE | |
| VEG CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |
| | MEAL 3 |
| TIME | |
| PROTEIN CHOICE | |
| VEG CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |

| | |
|----------------|---------------|
| DATE: | |
| | MEAL 1 |
| TIME | |
| PROTEIN CHOICE | |
| VEG CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |
| | MEAL 2 |
| TIME | |
| PROTEIN CHOICE | |
| VEG CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |
| | MEAL 3 |
| TIME | |
| PROTEIN CHOICE | |
| VEG CHOICE | |
| STARCH CHOICE | |
| FRUIT CHOICE | |
| FAT CHOICE | |

FLUID INTAKE: (1 CUP = 8 OUNCES) FLUID INTAKE:



(1 CUP = 8 OUNCES) FLUID INTAKE:



(1 CUP = 8 OUNCES) FLUID INTAKE



Protein List: (Meat and Meat Substitutes)

Per serving, PROTEINS contain about:

- 45-75 calories
- 7 grams of protein
- 0 to 5 grams of fat
- 0 grams of carbohydrate

The proteins (meat and meat substitutes) list is based on cooked weight:

- 4 ounces of raw meat is equal to approximately 3 ounces of cooked meat after bone and fat have been removed.
- Trim off visible fat or skin.
- Bake, roast, broil, grill, poach, steam, or boil instead of frying.
- Roast, broil, or grill meat on a rack so the fat will drain off during cooking.
- Use a nonstick spray and a nonstick pan to brown foods.

| Proteins | |
|------------------|--|
| Serving Size | Food |
| 1 ounce | Beef: Select or Choice grades trimmed of fat: ground beef (90-95% lean), roast (chuck, rib, rump), round, sirloin, steak (cubed, flank, porterhouse, T-bone), tenderloin |
| 1/2 ounce | Beef jerky, turkey jerky (no sugar, reduced or low sodium) |
| 1 ounce | Cheese- preferably with 3 grams of fat or less per ounce. (Examples: Light string cheese, BabyBel Light) |
| 2 ounces (¼ cup) | Cottage cheese (low-fat or fat free) |
| 1 ounce | Duck |
| 2 ounces (¼ cup) | Egg substitute (Example: Liquid Egg Whites or Egg Beaters) |
| 2 | Egg whites (cracked eggs, yolk removed) |
| 1 | Egg, whole |
| 1 ounce | Fish, fresh or frozen, plain/not breaded: catfish, cod, flounder, haddock, halibut, orange roughy, salmon, tilapia, trout, tuna |
| 1 ounce | Game: bison, buffalo, elk, ostrich, rabbit, venison |
| 1 ounce | Goat |

| | |
|-------------|---|
| 1 ounce | Goose |
| 2 ounces | Just Egg (V) |
| 1 ounce | Lamb, loin |
| 1 ounce | Meatless burger/crumbles (Beyond Burger, Boca Burger- soy based, <u>Gardein</u>) (V) |
| 1 ounce | Meatless chicken strips (Gardein) (V) |
| 1 ounce | Organ meats: heart, kidney, liver (Note: may be high in cholesterol) |
| 1 ounce | Pheasant |
| 1 ounce | Pork, lean, rib or loin chop/roast, ham, tenderloin, Canadian bacon |
| 1 ounce | Poultry, without skin: chicken, Cornish hen, turkey, lean ground turkey |
| 1 ounce | Processed sandwich meats with 3 grams of fat or less per ounce: chipped beef, deli thin-sliced meats, turkey, ham, turkey kielbasa, turkey pastrami |
| 1 ounce | Salmon, canned |
| 1.25 ounces | Sardines, canned in water, drained |
| 1 ounce | Sausage, lean turkey (Example: Jennie-O) |
| 1 ounce | Sausage, soy based and/or wheat gluten, (Morning Star, Field Roast) (V) |
| 1 ounce | Seitan, (V) |
| 1 ounce | Shellfish: clams, crab, imitation shellfish, lobster, scallops, shrimp |
| 1.5 ounce | Tempeh (soy product) (V) |
| 1 ounce | Tuna, canned in water, drained |
| 2.5 ounces | Tofu, extra firm (V) |
| 1 ounce | Tofurky (deli slices) (V) |
| 1 ounce | Veal, loin |
| 1 ounce | Vegetarian patty (Example: Boca Burger, Beyond burger) (V) |

(V) = Vegetarian option

Non-Fat (Skim) and Low-Fat (1%) Dairy List

Per serving, Non-Fat (Skim) and Low-Fat (1%) Dairy contain about:

- 80-120 calories
- 7-15 grams of protein
- 0 to 3 grams of fat
- 6-12 grams of carbohydrate

Cream and other dairy fats are on the Fats list.

| Non-Fat (Skim) and Low-Fat (1%) Dairy | |
|--|--|
| Serving Size | Food |
| 6 ounces | Yogurt, Light. plain or flavored with an artificial sweetener |
| 5.3 ounces | Yogurt, Greek- choose Light or Plain (Examples: Dannon Light & Fit Greek, Oikos Triple Zero, Activia Light Greek, Store brand Light Greek) |

*Cheese and Cottage Cheese are on the Protein List (Meat and Meat Substitute list)

Non-starchy Vegetables List

Per serving, NON-STARCHY VEGETABLES contain about:

- 25 calories
- 2 grams of protein
- 0 grams of fat
- 5 grams of carbohydrate

Vegetables with small amounts of carbohydrate and calories are on the non-starchy vegetables list.

Starchy vegetables such as corn, peas, winter squash, and potatoes that have more calories and carbohydrates are in the Starchy Vegetables section on the Starch list.

In general, 1 non-starchy vegetable serving is:

- 1/2 cup of cooked non-starchy vegetables
- 1 cup of raw non-starchy vegetables

| Non-starchy Vegetables | |
|-----------------------------------|--|
| Serving Size | Food |
| 1/2 cup cooked or 1 cup raw | Amaranth or Chinese spinach Artichoke Artichoke hearts Asparagus Bamboo shoots Bean sprouts Beans (green, wax, Italian, string, long) Beets Broccoli Brussels sprouts Cabbage (green, bok choy, Chinese) Carrots Cauliflower Chayote Coleslaw, packaged, no dressing Cucumber Daikon Eggplant |

| Non-starchy Vegetables | |
|-----------------------------------|--|
| Serving Size | Food |
| 1/2 cup cooked or 1 cup raw | Gourds (bitter, bottle, luffa, bitter melon) Green onions or scallions Greens (collard, kale, mustard, turnip) Hearts of palm Jicama (1/2 cup raw) Kohlrabi Leeks Mixed vegetables (without corn, peas, or pasta) Mung bean sprouts Mushrooms, all kinds, fresh Okra Onions Pea pods Peppers (all varieties) Radishes Rutabaga Salad greens (chicory, endive, escarole, lettuce, romaine, arugula, radicchio, watercress) Sauerkraut Seaweed/Kelp Soybean sprouts Spinach Squash (summer, crookneck, zucchini) Sugar snap peas Swiss chard Tomato Tomatoes, canned Turnips Water chestnuts Yard-long beans |

Starch List

Per serving, STARCH contains about:

- 80-100 calories
- 0 to 3 grams of protein
- 0 to 1 grams of fat
- 15 grams of carbohydrate

Cereals, grains, pasta, breads, crackers, starchy vegetables, and cooked beans, peas, and lentils are starches.

Starchy vegetables, breads, and grains prepared with fat count as

- 1 starch serving and 1 fat serving.

In general, 1 starch serving is:

- 1/2 cup of cooked cereal, grain, or starchy vegetable
- 1/3 cup of cooked rice or pasta
- 1 ounce of 100 % whole wheat bread product, 1 slice of bread
-

| Starchy Vegetables | |
|-------------------------------------|--|
| Serving Size | Food |
| 1/3 cup | Cassava (Yuca root) |
| 1/2 cup | Hominy, canned |
| 1/2 cup or 1/2 medium (3 ounces) | Potato, boiled or baked, all kinds |
| 1 cup | Pumpkin, canned, no sugar added |
| 1 cup | Squash, winter (acorn, butternut, spaghetti) |
| 1/2 cup | Succotash |
| 1/2 cup | Sweet potato, plain |
| 1/2 cup | Yam, plain |

| Legumes (Beans, Peas, and Lentils) | |
|---|--|
| Serving Size | Food |
| 1/2 cup | Beans, cooked (black, butter, garbanzo, kidney, lima, navy, pinto, white) |
| 1/2 cup | Edamame (soybeans, boiled, unsalted) |
| 1/2 cup | Lentils, cooked (brown, green, yellow) |
| 1/2 cup | Peas, cooked (black-eyed, split) |
| 1/2 cup | Refried beans, canned |

| Bread | |
|-----------------------|---|
| Serving Size | Food |
| 1 ounce | Bagel, 100% whole wheat mini OR bagel thin |
| 2 slices (1.5 ounces) | Bread, reduced calorie, 100% whole wheat |
| 1 slice (1 ounce) | Bread, 100 % whole wheat |
| 1 slice (1 ounce) | Bread, pumpernickel |
| 1 slice (1 ounce) | Bread, rye |
| 1 | Chapati, small, 6 inches across |
| ½ | English muffin-100 % whole wheat |
| 1 ounce | Naan- Whole grain |
| ½ | Pita, 6 inches across-whole grain |
| 1 (1 ounce) | Roll, plain, small- whole grain |
| 1 | Tortilla, corn, 6 inches across |
| 1 | Whole grain toaster waffle (3-5 grams of dietary fiber) |

| Crackers and Other Starches | |
|------------------------------------|---|
| Serving Size | Food |
| 6 | Crackers, saltine-type- whole wheat |
| 2 to 5 (3/4 ounces) | Crackers, whole-wheat lower fat or crisp breads |
| 1 ounce | Matzoh |
| 4 pieces | Melba toast, about 2-inch by 4-inch piece `` |
| 2 | Rice cakes, plain, 4 inches across |

| Cereals and Grains | |
|---------------------------|---|
| Serving Size | Food |
| 1/3 cup | Amaranth, cooked |
| 1/3 cup | Barley, cooked |
| 1/2 cup | Bulgur, cooked |
| 1/3 cup | Couscous, cooked |
| 1/2 cup | Cream of wheat, cooked (unsweetened) |
| 1/3 cup | Farro, cooked |
| 1/3 cup | Freekeh, cooked |
| 1/2 cup | Grits, cooked |
| 1/2 cup | Kasha |
| 1/3 cup | Millet, cooked |
| 1/2 cup | Oatmeal, cooked (unsweetened, steel cut or old fashioned preferred) |
| 1/3 cup | Pasta, cooked- whole grain |
| 1/3 cup | Polenta, cooked |
| 1/3 cup | Quinoa, cooked |
| 1/3 cup | Rice, white or brown cooked |
| 1/2 cup | Rice, black |
| 1/2 cup | Tabbouleh prepared |
| 1/2 cup | Wild rice, cooked |

Fruits List

Per serving, FRUITS contain about:

- 60 calories
- 0 grams of protein
- 0 grams of fat
- 15 grams of carbohydrate

People with diabetes should not avoid fruit, appropriate serving sizes are essential to keep blood glucose readings in control.

Weighing fruits on a food scale is recommended as this will result in accurate calorie and carbohydrate monitoring.

If a food scale is not available, measure foods with standard measuring cups using the following guidelines:

In general, 1 fruit serving is:

- **1 cup fresh fruit, or**
- **½ cup canned fruit (drained)**

Food labels for fruits may contain the words “no sugar added” or “unsweetened”. This means that no sugar has been added; it does not mean the food contains no sugar.

Canned fruits should be drained. Avoid fruit canned in syrup.

| Fruits | |
|--------------|----------------------------|
| Serving Size | Food |
| 4 ounce | Apple |
| 1/2 cup | Applesauce, no sugar added |
| 1/2 cup | Apricots, canned |
| 4.5 ounces | Apricots, fresh |
| 5 ounces | Asian pear |
| 2.5 ounces | Banana |
| 5 ounces | Blackberries |
| 4 ounces | Blueberries |
| 5.5 ounces | Cantaloupe |

| | |
|------------|------------------------------|
| 7.5 ounces | Casaba melon |
| 3 ounces | Cherries, sweet, fresh |
| 3 ounces | Figs, fresh |
| 1/2 cup | Fruit cocktail |
| 7 ounces | Grapefruit |
| 3/4 cup | Grapefruit, sections, canned |
| 3 ounces | Grapes |
| 6 ounces | Honeydew melon |
| 3.5 ounces | Kiwi |
| 3 ounces | Kumquat |
| 3/4 cup | Mandarin oranges, canned |
| 3.5 ounces | Mango |
| 5 ounces | Nectarine |
| 4.5 ounces | Orange |
| 5.5 ounces | Papaya |
| 1/2 cup | Peaches, canned |
| 5.5 ounces | Peaches, fresh |
| 1/2 cup | Pears, canned |
| 4 ounces | Pears, fresh |
| 3 ounces | Persimmon, Japanese |
| 1/2 cup | Pineapple, canned |
| 4 ounces | Pineapple, fresh |
| 4.5 ounces | Plums, fresh |
| 7 ounces | Starfruit (Carambola) |
| 4 ounces | Raspberries |
| 6.5 ounces | Strawberries |
| 4.5 ounces | Tangelo |
| 4 ounces | Tangerines |
| 7 ounces | Watermelon |

Fats List

Per serving, FATS contain about:

- 45 calories
- 0 grams of protein
- 5 grams of fat
- 0 grams of carbohydrate

Fats and oils have mixtures of unsaturated (polyunsaturated and monounsaturated) and saturated fats.

Foods on this list are grouped together based on the major type of fat they contain.

In general, 1 fat serving is:

- 1 teaspoon of butter or oil
- 1 Tablespoon of regular salad dressing

| Monounsaturated Fats | |
|-----------------------------|---|
| Serving Size | Food |
| 2 tablespoons (1 ounce) | Avocado, medium |
| 1.5 tablespoons | Hummus |
| 1.5 teaspoons | Nut butters (trans fat-free): almond butter, cashew butter, peanut butter (smooth or crunchy) |
| 6 nuts | Nuts, almonds, cashews, mixed (50% peanut) |
| 2 nuts | Nuts, Brazil |
| 5 nuts | Nuts, filberts (hazelnuts) |
| 3 nuts | Nuts, macadamia |
| 10 nuts | Nuts, peanuts |
| 4 halves | Nuts, pecans |
| 16 nuts | Nuts, pistachios |
| 1 teaspoon | Oil: canola, olive, peanut |
| 8 large | Olives, black (ripe) |
| 10 large | Olives, green, stuffed |
| | |

| Serving Size | Food |
|--------------------------------|--|
| 1 tablespoon | Mayonnaise, reduced fat |
| 2 teaspoons | Mayonnaise, regular |
| 1 tablespoon | Nuts, Pignolia (pine nuts) |
| 4 halves | Nuts, walnut, English |
| 1 teaspoon | Oil: corn, cottonseed, flaxseed, grape seed, safflower, soybean, sunflower |
| 2 tablespoons | Salad dressing, reduced fat (Note: may be high in carbohydrate) |
| 1 tablespoon | Salad dressing, regular |
| 1 tablespoon | Seeds, flaxseed or chia seed |
| 1 tablespoon | Seeds, pumpkin, sunflower, sesame |
| 1.5 teaspoons | Soy butters, sunflower seed butter |
| 2 teaspoons | Tahini or sesame paste |
| Saturated Fats | |
| Serving Size | Food |
| 1 slice | Bacon, cooked, regular or turkey |
| 1 tablespoon | Butter, Light |
| 1 teaspoon | Butter, stick |
| | |
| ¼ cup | Coconut milk, light |
| 1.5 tablespoons | Coconut milk, regular |
| 2 tablespoons | Cream, half and half |
| 1.5 tablespoons (3/4 ounce) | Cream cheese, reduced fat |
| 1 tablespoon (1/2 ounce) | Cream cheese, regular |
| 1 tablespoon | Cream cheese, vegan (examples Go Veggie, Tofutti, Daiya) |
| 1 teaspoon | Oil: coconut, palm, palm kernel |
| 2 tablespoons | Sour cream, reduced fat or light |
| 1 tablespoon | Sour cream, regular |

Ch.2, PART 4: Putting It All Together: Meal Planning, and Tools for Success

| Date Started | Skills: Required before and after surgery | Date Mastered |
|---------------------|--|----------------------|
| | Use the Pre-Op meal guidelines in your binder to plan your daily 1,200 calorie plan | |
| | Eat 3 meals every day. (Avoid snacking and/or grazing) | |
| | Schedule your meals 4 to 6 hours apart. | |
| | Do not skip any of your meals. | |
| | Do not move servings of food from one meal to another meal. | |
| | Eat the protein food first. Non-starchy vegetables next. Starch & Fruit are last. Add 1 serving of healthy fat to each meal. | |
| | Always “deconstruct” your meals & eat each food group separately I.e. take your sandwiches, casseroles & soups apart before eating them | |
| | Plan for well balanced meals. Do your best to finish each meal. | |
| | Chew each bite of food until it is at least the texture of applesauce before you swallow it. Tip: Chew each bite of your food 30 times. | |
| | Eat slowly. | |

| | | |
|--|---|--|
| | Tip: Put your utensil down between every bite of food. | |
| | Make your meals last 20 to 30 minutes. | |
| | Stop eating when comfortably full. | |
| | Eat your meals without distractions. Tip: Eat your meals at a table. Do not eat in front of the TV, while using the computer or while driving. | |
| | Weigh and measure everything you eat and drink. Purchase a digital food scale, measuring cups, and measuring spoons. | |
| | Write down everything you eat and drink in a food and beverage record. | |
| | Calculate how many calories you eat and drink every day. | |

| Date Started | Skills: Required before and after surgery | Date Mastered |
|--------------|--|---------------|
| | Drink at least 64 ounces of fluid every day. | |
| | Measure your fluids and track your fluid intake to ensure you are consuming 64 ounces of fluids every day. | |
| | Choose water more often. | |
| | Carry a water bottle with you at all times. | |
| | Do not use straws. Swallowed air may cause gas and pain. | |
| | Eliminate carbonated beverages. Carbonation may cause bloating, gas, and pain. | |

| | | |
|--|---|--|
| | Eliminate caffeine. Caffeine may increase risk of stomach irritation and acid reflux. | |
| | Eliminate alcohol. Alcohol increases risk of stomach ulcers, weight gain due to liquid calories, cross addiction, dumping syndrome, and reactive hypoglycemia. | |
| | Eliminate liquid calories, including, smoothies, juices, specialty coffee drinks, sodas. Liquid calories empty out of the stomach quickly and do not promote the feeling of fullness, this increases chances of weight gain/regain. | |
| | Flavored beverages should contain no more than 20 calories in 8 ounces. | |
| | Drink fluids between meals and not with meals. | |
| | Stop drinking fluids 30 minutes before meals | |
| | Start drinking fluids 30 minutes after meals | |
| | If you drink decaffeinated coffee and/or decaffeinated tea, drink it between meals and not with meals. | |
| | Sip fluids between meals. Avoid chugging/gulping. | |

Develop Successful Lifelong Habits when Eating

Adopting healthy lifestyle changes before surgery is vital to success after surgery. This is the time to break unhealthy habits such as skipping meals and crash diets.

WHAT you eat:

- Carefully monitor portion sizes (use a food scale, measuring cups and spoons).
- Eat lean protein at each meal.
- Start your meals with the protein. Move on to non-starchy vegetables, starch/carbohydrate and complete your meal by eating your fruit.

- Eat fewer carbohydrate foods (bread, rice, pasta, bagels, cereal, oatmeal, etc.).
- STOP eating fast food – even salads from fast food chains can contain up to 700 calories or more!
- STOP eating high calorie snack foods (i.e. ice cream, candy, chips, nuts and seeds).
- STOP drinking alcoholic beverages.
- STOP juice or other high calorie beverages (Starbucks, Jamba Juice, soda, etc.).
- STOP dieting. This includes Weight Watchers, Jenny Craig, Slim-Fast, Atkins, South Beach, etc. These plans and products do not prepare you for life after surgery.

WHEN you eat:

- Eat three meals a day spaced 4-6 hours apart
- NO snacking.
- NO skipping meals.
- NO fluids with your meals. STOP 15 minutes before and START fluids 30 minutes after meals.
- Complete meals in 20-30 minutes. Avoid grazing on your meals or consuming them quickly.

WHERE you eat:

- Eat at the table. Do not eat on the run, at your desk, in the car, or while watching TV.
- Make healthy choices at restaurants. Ask for nutrition information or look up restaurant chains online (Example: www.calorieking.com)
- When eating out request a half order or pack up half the order BEFORE eating.
- Pack your meals for work to help avoid poor food choices

HOW you eat:

- Eat S-L-O-W-L-Y, take time to eat.
- Take small bites and chew food 30 times per bite or until baby food or applesauce consistency
- Carefully monitor portion sizes, use a food scale and measuring cups and spoons
- Use a SMALL plate and spoon.
- Do NOT drink fluids with your meals. STOP 15 minutes before and START fluids 30 minutes after meals.
- Stop eating at the first sign of fullness and learn to stop before you feel full.
- Stop drinking 15 minutes before eating and wait 30 minutes after finishing your food before drinking again

Meal Prepping Tips

1. Make a plan
 - Collect a variety of easy recipes. Look online for quick and easy meal prepping recipes.
 - Make a list of your favorite proteins, vegetables, starches, and fruits.
 - Put together a weekly menu
2. Create a grocery list
 - Keep track of the foods you are running low on by using your “notes” or “memo” app on your smartphone.
 - Develop a grocery list for when you are ready to buy your groceries.
3. Pick a day or two to meal prep your meals
 - For example, Saturday morning and Sunday afternoon
 - For first time meal preppers, start out slow. Do not try to meal prep for the whole week, instead meal prep for your 2-3 busiest days of the week and increase as you feel more comfortable.
 - Divide meal prepping into 2 days to avoid feeling overwhelmed. For example, meal prep chicken, fish, or beef and starches on Day 1 and roast or steam vegetables and wash and cut up fruit on Day 2.
 - Make it a family event, have children help out
4. Decide which meal you want to prepare first: Breakfast, Lunch or Dinner
 - Recommend to first meal prep the meal you have the most challenges with. For example, meal prep breakfast foods, if it seems to be the most difficult to put together due to lack of time. Meal prep dinner first if you work late hours or arrive home late, making it difficult to take the time to prepare a healthy meal.
5. Invest in proper food storage containers
 - Purchase a variety of shapes and sizes for containers. This will help make food storage easier.
 - Buy the same brand so that lids are easier to mix and match.
 - Select stackable containers to help conserve space in the refrigerator or freezer
 - Purchase containers with divided compartments that have an airtight seal
 - Buy clear containers to easily pinpoint what is inside
6. When possible cook foods in bulk. For example, grill chicken to last for a few days, hard boil a dozen eggs, or steam brown rice to last for the week etc.
7. Keep in mind, not all foods may need to be cooked at once
 - You may want to simply have vegetables or proteins chopped up ahead of time for recipes

Ch.2, PART 5: Bariatric Diet Stages

Remember: 64 oz. of fluid and water every day in addition to food

| STAGE | One | Two | Three |
|--------------------------------------|--|---|---|
| Description | Water/Liquids with Protein Shakes | Modified Liquids | Soft and Moist Solids |
| Time period after surgery | 0-14 days (per MD) | 0-14 days (per MD) | 14 days – 6/8 weeks (per MD) |
| Approximate portions per meal | Small, frequent sips of fluid. Plan for 1 sip every 60 seconds. 1 oz every 15 minutes. | Approximately ¼ cup, or the amount that is comfortably tolerated in 20-30 minutes. Eat slowly! | Approximately ¼ cup, or the amount that is comfortably tolerated in 20-30 minutes. Eat slowly! |
| Protein daily total | 60-80 grams Shakes recommended | 60-80 grams Shakes recommended | 60-80 grams Shakes if needed |
| Carbohydrates daily total | minimal | minimal | Less than 40 grams |
| Fats daily total | minimal | minimal | Less than 15 grams |
| Examples | Protein drinks Crystal light Diet Snapple (no tea) Gatorade Zero Broth Bouillon Decaf Tea Decaf coffee Propel Popsicles* *Sugar Free | Greek yogurt- Light, blended/smooth, no chunks Cream of wheat? Strained soup? (Split pea or lentil) Cottage cheese- Low-fat or fat free *Sugar Free | Steamed fish Poached fish Tofu Moist turkey Moist chicken Ground meat (lean, very lean turkey or chicken) Lean lunch meat Soft low-fat cheese* Cooked veggies Cooked carrots Eggs *low fat ** drained, no sugar |

Less focus on calorie counting and more focus on food groups and protein

| STAGE | Four | | | |
|--|--|--|--|--|
| Description | Regular Bariatric Diet (Low sugar, Low fat, High Protein) | | | |
| Time period after surgery | 6-8 weeks to 3 months | 3 months to 6 months | 6 months to 1 year | 1 year to life |
| | Usually less than 600 cal/day | Usually less than 800 cal/day | Usually less than 1000 cal/day | Less than 1200 cal/day |
| Plate size | 5-inch diameter | 6-inch diameter | 7-inch diameter | 7-inch diameter |
| Approximate portions per meal ??? | 2-3 oz protein ¼ cup vegetables 2 tablespoon starch or fruit | 3-4 oz protein 1/2 cup vegetables 2 tablespoon starch or fruit | 3-4 oz protein 1/2 cup vegetables 2 tablespoon starch or fruit | 3-4 oz protein 1/2 cup vegetables 2 tablespoon starch or fruit |
| Protein daily total | 60-80 grams Shakes not needed | | | |
| Carbohydrates daily total | Less than 90 grams | Less than 90 grams | Less than 130 grams | Less than 130 grams |
| Fats daily total | 30-40 grams | | | |
| Examples: | Wide variety of foods including raw vegetables and salads, fruit, fish, meat, poultry, and dairy. Avoid sugar. Limit (starchy) carbs. Food logging, calorie counting, and awareness become even more important when you are able to tolerate a greater variety of foods. | | | |

STAGE 1: Clear Liquids with Protein Supplements

Start and End: Day 0 to 14, based on your surgeon's instructions

Goal: Keeping hydrated is your focus and priority in the first two weeks after your operation. Aim for 64 ounces a day, but do not panic if you cannot take in that much. Most people struggle to get even half the amount we tell you to aim for. You may find that you get full on just a few sips of fluid.

Description

- Consists of CLEAR, SUGAR-FREE, CAFFEINE-FREE, NON-CARBONATED fluids.
- Sip fluids SLOWLY and do not gulp or take large mouthfuls of fluids. Drinking too much fluid at one time may cause pain and vomiting
- Do not drink through a straw. Doing so may give you gas. You might also take in too much fluid at one time.
- Stop drinking when you feel comfortably full.
- Your goal intake is approximately 4 to 6 ounces each hour. A good rule of thumb is to take a small sip every 60 seconds. Set a timer on your Smartphone or watch as a reminder to sip.
- It is normal to have no appetite in the days following surgery.
- Liquids that are extremes in temperature (too hot or too cold) may not be well tolerated during the first few weeks or months. You may tolerate room temperature fluids better.

Portions per meal

- The approximate portion size is about 3 oz per meal, which is 6 tablespoons. A large medicine cup usually holds about 30mls, which is about 1 oz, which is about 2 tablespoons. You will be having about three of these medicine cups for each meal.

Protein: 60-80 grams a day

- As food choices are limited at this stage, do not worry about the amount of protein you are consuming. Low sodium beef, chicken, and turkey broth contain a little protein and are good choices initially.
- We usually recommend protein shakes to help you get enough protein during this period.
- You may experience taste and smell changes and need to sample several varieties of protein supplements before finding one you tolerate.

Carbohydrates: minimal

Fats: minimal

Examples

| | |
|--|---|
| <p>Priority Water, ice chips Protein Drinks Other choices: Crystal light (caffeine free) Diet Snapple (caffeine free) Gatorade Zero Broth Bouillon</p> | <p>Decaf Tea Decaf coffee Propel water Diet Kool-Aid Sugar free popsicles Sugar free Jell-O</p> |
|--|---|

Sample Menu – Take small, frequent sips of fluid throughout the day

Protein Supplements List

You may have difficulty getting the recommended amount of protein in the first few weeks or months after surgery. For this reason, we will often recommend protein supplements to help you get enough until you are able to eat more protein.

How to Select A Protein Supplement:

Per 1 scoop or “ready to drink” container, the supplement should have:

- 20 to 30 grams of protein, AND
- 5 grams of Total Fat or less, AND
- 5 grams of Sugar or less

Directions:

- Mix 1 scoop with water in a blender. Add ice (optional).
- Avoid blending high calorie items in these shakes, such as, peanut butter/nut butter, fruit and fruit, juice as this will increase the number of calories, sugar, and fat and will limit your weight loss.

Flavored Vs. Unflavored Protein Supplements:

Most of the protein supplements available have a flavor (chocolate, vanilla, berry, etc.). Some, however, are specifically made to be unflavored so that you can add them to other foods, such as soup, or yogurt. Either choice can be used after surgery

You may experience taste and smell changes after surgery, therefore, having a variety of these supplements is highly recommended.

| Protein Supplements Recommended Sources: | | | |
|---|-----------|-----------|---------------------|
| Whey protein isolate, soy protein isolate, egg white protein | | | |
| | Total Fat | Sugar | Protein per serving |
| Nature’s Best Isopure 100% Whey Protein Isolate- Flavored & Unflavored | 1 gram | 0 grams | 25 grams |
| Nature’s Best Isopure Zero Carb Ready to Drink | 0 grams | 0 grams | 40 grams per bottle |
| Premier Protein Clear | 0 grams | 0 grams | 20 grams |
| Premier Protein Shakes | 3 grams | 1 gram | 30 grams |
| Syntrax Nectar | 0 grams | 0 grams | 23 grams |
| Unjury- Flavored & Unflavored (www.unjury.com) | 0 grams | 0-3 grams | 21 grams |
| <p>Avoid: Slim Fast, Atkins, Carnation Instant Breakfast, Boost, Ensure. These often have too much fat, sugar and/or calories.</p> | | | |

| Online Stores | “Brick and Mortar” Stores |
|--|--|
| www.amazon.com www.gnc.com www.vitaminshoppe.com www.walmart.com www.unjury.com www.bariatricadvantage.com www.syntrax.com | Costco Vitamin Shoppe CVS Walgreens GNC Walmart Sam’s Club Target |

STAGE 2: Modified Liquids

Start and End: Day 1 to 15 (2 weeks), based on your surgeon's instructions

Goal: Staying hydrated is still your focus and priority in the first two weeks after your operation. Adding modified liquids will start to give you a little more energy than the clear liquid diet alone and starts preparing you for more solid foods in the next stage. Aim for 64 ounces a day, but do not panic if you cannot take in that much right away. Most people struggle to get even half the amount we tell you to aim for.

Description

- Full liquids are smooth consistency, opaque foods that are liquid or will turn to liquid at room temperature. You can continue to consume the liquids from Stage 1. It is best to add one new food at a time. Adding too many new foods at once can set you backwards.
- Stay hydrated, sip water and other clear liquids between meals to achieve your fluid goals.
- Your goal intake is approximately 4 to 6 ounces each hour. A good rule of thumb is to take a small sip every 60 seconds. Set a timer on your Smartphone or watch as a reminder to sip.
- You may experience taste and smell changes and need to sample several varieties of protein supplements before finding one you tolerate.
- Liquids that are extremes in temperature (too hot or too cold) may not be well tolerated during the first few weeks or months. Room temperature fluids may be tolerated better.

Portions per meal

- The approximate portion size is about 3 oz per meal or 6 tablespoons.
-

Protein: 60-80 grams a day

- As food choices are limited at this stage, do not worry about the amount of protein you are consuming. Low sodium beef, chicken, and turkey broth contain a little protein and are good choices initially.
- We usually recommend protein shakes to help you get enough protein during this period.

Carbohydrates: **minimal**

Fats: **minimal**

Examples

| Choices | Examples |
|-------------------|--|
| Protein | Protein Drinks (between meals). |
| Dairy | Light Greek yogurt (80-120 calories and 12-15 grams of protein per container) |
| Soup | Strained low-fat cream soup (3 grams of fat or less per serving), low sodium broth, bouillon |
| Sugar substitutes | Sugar substitutes (Stevia, Splenda), Sugar free popsicles |
| Miscellaneous | Seasonings to taste |

Sample Menu

| BREAKFAST | Between meals | LUNCH | Between meals | DINNER |
|---------------------------------------|---|--|---|--------------------------------|
| ¼ - ½ cup Plain or Light Greek yogurt | Protein supplement (25-30 grams protein) | ¼ - ½ cup low-fat strained cream soup | Protein supplement (25-30 grams protein) | ¼ - ½ cup strained tomato soup |

Shopping List for Liquid Diets (Stage 1 and 2)

- Protein Supplement
- Broth soups
- Yogurt (Light Greek Yogurt or Plain Greek Yogurt)
- Sugar-free Jell-O – Ok 1 week after surgery
- Sugar-free popsicles
- Decaf tea
- Decaf coffee
- Low-sugar/calorie beverages (Diet Snapple- caffeine free, Crystal Light-caffeine free, SOBE Lean, Propel, etc.).
- Water
- Flavor enhancers (for protein supplement or other foods)
- Stevia, Splenda
- Pepper, Herbs/Seasonings

STAGE 3: Soft and Moist Solids

Start: Two weeks after surgery

End: 6 to 8 weeks after surgery

Goal: This is food that is solid on the plate, but you must chew into baby food consistency before swallowing. Your stomach is still healing and swollen, and you want to avoid roughage or large chunks of food that can get stuck in the stomach and cause you to vomit. You will need to chew your food extremely well. Practice being mindful and paying attention to how you eat. Eat as slowly as possible.

Description and How to Eat:

- SOFT SOLID foods.
- Eat at least three solid meals a day. Solid foods will stay in your pouch longer and keep you full longer. Space your meals 4 to 6 hours apart.
- Do not eat your meal over several hours. Take approximately 20-40 minutes to eat meals. Chew each bite 30 times, wait between bites. Eating slowly and chewing well will keep you from vomiting. It will also allow more time for your brain to realize when you are full or when you can stop eating.
- It is important that you always **eat protein first**. Begin each meal with protein-rich foods to ensure your protein needs are met.
- Do not drink with your meals. Drinking will flush the food through and allow you to eat more than you should.
- Try not to skip meals.
- NO SNACKS.
- Be aware of portion sizes, eat slowly, and try to stop eating BEFORE you feel full.
- Start decreasing your protein supplement as you tolerate more protein rich foods.
- Add one new food at a time. Adding too many new foods at once can set you backwards.
- Don't try any new food for the first time while eating out.
- If you become sick or feel discomfort after trying a new food, you can always return to Stage 1 and 2 for a day or two to rest your stomach.

Portions per meal

- With each meal, you will have a very small plate with about ¼-½ cup of food total. Plan on 3 meals a day with no snacks.
- Start small, you will probably only tolerate ¼-½ cup of food per sitting.
- If you feel hungry between meals, you can consider sipping your protein shake.
- Continue using a protein supplement (30 to 40 grams) at end of the day until you are able to eat 3 oz. of protein (20-25 grams) per meal.

Protein: 60-80 grams a day
Carbohydrates: LESS THAN 40 grams a day
Fats: LESS THAN 15 grams a day

Bariatric Soft Food Options (Stage 3)

| CHOICES | SUGGESTIONS |
|--|--|
| Beverages | Water, decaffeinated coffee and tea, other beverages as listed above |
| Dairy* | Light Greek yogurt (80-120 calories and 12-15 grams of protein per container),* Many people become lactose intolerant after surgery |
| Fats (use sparingly as these are high in calories) | Olive oil, canola oil, or vegetable oil, butter, low-fat mayonnaise. Cooking spray used in moderation does not count as a fat. |
| Fruits | No Sugar Added apple sauce, banana, canned fruits that have been drained such as canned peaches, canned pears. Avoid fruits with skins and seeds until 6 weeks after surgery. (Extra Lite variety only, pour out juice in the can and rinse). |
| Vegetables | All cooked and pureed vegetables, carrots, green beans, zucchini, eggplant, broccoli, etc. |
| Protein | Steamed or poached fish, low-fat or fat free cottage cheese, soft low-fat cheeses, extra firm tofu, thinly sliced or moist turkey or chicken, lunch meat, protein powder |
| Starch/Carbohydrate | Mashed potato without skin or instant mashed potatoes, saltine crackers, well-toasted bread |
| Soup | Low-fat cream soup made with pureed vegetables, broth or bullion, consommé |
| Sugar substitutes | Sugar substitutes (Stevia, Splenda.), sugar free popsicles |
| Miscellaneous | Seasonings to taste |

SAMPLE MENU, BARIATRIC SOFT (STAGE 3)

Eat until you no longer feel hungry, or you have enough food to give you energy for your day. You do not have to eat all of the portions listed below. Most patients are only able to eat 1-2 ounces (7-14 grams) of protein at a meal.

| BREAKFAST | LUNCH | DINNER |
|--|--|--|
| ¼ - ½ cup low-fat or fat free cottage cheese 1-2 small pear slices (no skin) | 1-2 oz. tuna (with low fat mayonnaise) 2 whole wheat crackers | 1-2 oz. deli sliced meat 1 oz. low-fat cheese 1-2 tsp low fat cream cheese 1-2 whole wheat crackers |

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| 4-6 oz Light Greek Yogurt 1-ounce low-fat cheese ¼ small banana | 1/4-1/2 cup canned chicken breast mixed with 1 tablespoon reduced fat mayonnaise 2 slices peeled apple | 1-2 oz. fish or poultry 1/4 cup cooked carrots |

STAGE 4: Your Lifelong Regular Bariatric Diet

Start: 6 to 8 weeks after surgery

End: Lifelong

Goals:

Your lifelong goal is to choose a **low sugar, low-fat, high protein** meals that will help you continue to lose weight for the first year or two after bariatric surgery, and then help you maintain a healthy weight for the rest of your life. You will still aim for 64 oz of fluid each day.

You should continue to be mindful and aware whenever you eat, and frequently log your food and confirm you are not eating more calories than you should. You should aim for the following calorie ranges after bariatric surgery:

| | |
|--|-------------------------------------|
| 6 – 8 weeks to 3 months after surgery: | 550 – 750 calories total a DAY |
| 3 months to 6 months after surgery: | 750 – 900 calories total a DAY |
| 6 months to 1 year after surgery: | 900- 1200 calories total a DAY |
| 1 year to life: | 1200 calories average total per DAY |

If you are very tall, or very active, you may be able to maintain a healthy weight with a slightly higher calorie range, but you need to pay close attention to your weight and make sure you do not gain.

Nutrition Guidelines

- **Regular consistency** foods.
- Includes salad and raw vegetables.
- Try one new food at a time. Adding too many new foods at once can set you backwards.
- It is important that you always **eat protein first**.
- Eat at least three solid meals a day. Solid foods will stay in your pouch longer and keep you full longer. Space your meals 4 to 6 hours apart.
- Do not eat your meal over several hours. Take approximately 20-30 minutes to eat meals. Chew each bite 30 times, wait between bites. Eating slowly and chewing well will keep you from vomiting. It will also allow more time for your brain to realize when you are full or when you can stop eating.
- Do not drink with your meals. Drinking will flush the food through and allow you to eat more than you should.

- Try not to skip meals.
- Avoid snacking and/or grazing; this increases the chances of weight regain.
- It is important that you continue to integrate your new eating behaviors into your lifestyle.
- Practice mindful eating.

Portions

- Meals should include 3-4 ounces lean protein, followed by ½ cup of non-starchy vegetables, then small amounts of fruit and whole grains (1 to 2 tablespoons).
- A 7-inch diameter plate should be half covered by the protein.
- Keep a food journal or use a calorie counting app to track your calories, protein, carbohydrates, sodium and fat.

Protein: 60-80 grams a day

Carbohydrates: LESS THAN 90 grams a day

Fats: LESS THAN 30 grams a day

SAMPLE MENU, BARIATRIC REGULAR (STAGE 4)

6 weeks post op to 6 months after surgery 550-750 calories

Eat until you no longer feel hungry, or you have enough food to give you energy for your day. You do not have to eat all of the portions listed below, but you should always eat the protein portion first.

| BREAKFAST | LUNCH | DINNER |
|--|--|---|
| 1 light string cheese 1 Light Greek Yogurt ½ whole grain English muffin, toasted, with 1.5 tsp peanut butter | 2-3 oz. chicken or tuna with light mayonnaise 1-2 whole grain crackers 1-2 slices apple | 2-3 oz. lean ground beef ¼ - ½ cup zucchini 1/8 cup mashed potatoes |

| BREAKFAST | LUNCH | DINNER |
|--|--|--|
| ¼ - ¾ cup low-fat or fat free cottage cheese Tomato slices 2 slices of canned peaches | 1 oz. low-fat string cheese 2 oz. luncheon meat Cooked or raw vegetables | 2-3 oz. shrimp or chicken ¼ - ½ cup cooked green beans 1/8 cup sweet potato |

| BREAKFAST | LUNCH | DINNER |
|--|--|---|
| ¼ - ½ cup eggbeaters scramble ¼ - ½ cup Light Greek yogurt 1 small slice pear (no skin) | 2-3 oz. chicken (moist) ¼ - ½ cup lettuce 1-2 tsp low-fat salad dressing 1-2 slices nectarine | 2-3 oz. fish (moist) ¼- ½ cup cooked carrots 1/8 cup baked potato |

Stage 4 Breakfast 6 weeks after the operation



Stage 4 Lunch 6 weeks after the operation



SAMPLE MENU, BARIATRIC REGULAR (STAGE 4)

6 months to 1 year after surgery: 750 -1,200 calories

Eat until you no longer feel hungry, or you have enough food to give you energy for your day. **You do not have to eat all the portions listed below;** you should always start with the protein food first.

| BREAKFAST | LUNCH | DINNER |
|--|--|--|
| ¾ cup low-fat or fat free cottage cheese 1-2 oz fresh berries ½ slice toasted whole grain bread with 1 tablespoon avocado on toast | 3 ounces moist chicken ½ cup green beans 1 Tbsp. light dressing ½ apple 3 whole grain crackers | 3 ounces tilapia or salmon ½ cup cooked greens 1 small red potato 1 teaspoon butter on vegetables |

| BREAKFAST | LUNCH | DINNER |
|---|--|--|
| 1 string cheese 1 boiled egg 1 oz. deli meat ½ banana 1 tsp peanut butter | 3 ounces tuna or imitation crab with 1 tablespoon light mayonnaise 3-4 cucumber slices 1 Halo or Cutie | 3 ounces roast pork ½ cup broccoli ¼ cup sweet potato 1 teaspoon butter on vegetables |

| BREAKFAST | LUNCH | DINNER |
|---|---|--|
| 2 egg whites 1 light string cheese 1 lean turkey or 1 veggie sausage patty 3-4 apple slices with 1 teaspoon peanut butter or almond butter | 3 ounces sliced deli meat ½ cup bell pepper strip/cucumbers with 1 tablespoon hummus 1-2 ounces fresh berries 2 oz. light yogurt | 3 ounces moist turkey ½ cup green beans ¼ cup butternut/acorn or spaghetti squash 1 teaspoon butter on vegetables |

Stage 4 Breakfast 6 months after an operation



Stage 4 Lunch 6 months after an operation



Ch.2, PART 6: Lifelong Restrictions and Tools for Success

FOODS TO AVOID or CONSIDER WITH Caution

| | |
|-------------------------|---|
| Sugar | <ul style="list-style-type: none"> • Sugar is easily absorbed and an easy way to get many calories • Sugar does not make you feel full. • Sugary foods tend to make you crave more sugar • Sugar can lead to dumping symptoms. • Sugar can lead to weight regain |
| Sugar substitutes | <ul style="list-style-type: none"> • These do not have any calories on the label, but in some ways may act like sugar. • They may promote diabetes. • They may make you crave more sweetness and sugar. |
| Juices and sodas | <ul style="list-style-type: none"> • Most juices allow you to drink calories and sugar without feeling full, and can be a major reason for weight regain. |
| High calorie soft foods | <ul style="list-style-type: none"> • Foods that are very easy to eat but have high calories can make it much easier to gain weight |
| Persimmons | <ul style="list-style-type: none"> • Interestingly, persimmons can form fibrous balls in the stomach known as bezoars, than can cause blockage |

Tools for Success

- Food Scale to weigh meat/protein
- Measuring Cups
- Small plate, bowl, fork and spoon
- Blender and/or food processor (for mixing protein drinks and pureeing foods during Stages 1 through 3)
- Non-stick pots and pans
- Strainer (to strain chunky soups)

- Food timer
- Ice cube tray (pour soup in ice cube tray and freeze it. You'll have pre-portioned serving sizes)
- Calorie counting app.

Restaurant Survival After Surgery

As you recover after surgery you will want to resume normal activities. This means occasionally eating out at a restaurant with family and friends. The following tips can help to guide your decisions in restaurants. Your decisions can make the difference between an enjoyable night out or a painful experience.

It is recommended that you wait at least 6 months after surgery before attempting to dine out. If you find that eating out triggers bad food behaviors it might be best to wait until your weight stabilizes after surgery to attempt eating out.

- **Plan Ahead:** Have a meal plan in mind before you go out to eat. This means choosing a restaurant with a menu you are familiar with or a menu you have reviewed. If you make a healthy plan ahead of time, you will be less tempted to make unhealthy food choices once you get to the restaurant. Remember to select protein foods first.
- **Order a Small Portion:** Order from the Senior or a la Carte menus. Our office has cards available stating that you are only able to eat small portions due to gastric bypass surgery. Present this card to your server if needed. If smaller portions are unavailable or not allowed, share a meal with a friend or ask for a take-home container.
- **Customize Your Order:** Ask your server to subtract any sauces or dressings or serve them “on the side”. These may be high in sugar and/or fat and may cause Dumping Syndrome.
- **Ask About Your Order:** Ask your server how a dish is prepared. Avoid fried and fatty foods as they will provide extra calories and slow down your weight loss. The following table will help you decipher the language on the menu:

| High-Fat Terms: | Lower-Fat Terms: |
|---|---|
| <ul style="list-style-type: none"> • Au Gratin • Basted • Battered • Beer-battered • Braised • Butter sauce • Cheese sauce • Cream sauce • Fried • Hollandaise sauce • In rich butter • Pan-fried • Sautéed • Stewed • Stir-fried • Stuffed • Crispy | <ul style="list-style-type: none"> • Baked • Broiled • Charbroiled • Grilled • Poached • Roasted • Steamed |

- **Ask for a Substitution:** If the menu doesn't appear to have what you are looking for, ask your server for food substitutions. Substitute salad or steamed vegetables for French Fries. They will usually honor your request – they want your business!

- **Send Back Items if Needed:** Send back the bread or chips on the table before the meal. These foods may either block the anastomosis or contribute extra fat and calories.

- **Other Eateries:** If your only option is a fast food restaurant, choose a grilled chicken entrée. If that happens to be a salad, watch the added fats (cheese, bacon, dressing, etc.). We also recommend avoiding buffet-style restaurants as they make it difficult to control portion sizes.

Cooler Emergency Kit

Keep this handy in your car when you are going to a party, friend's house or out to dinner just in case there are no appropriate foods to eat.

- Insulated Cooler with ice pack
- Water Bottle

Drinks:

- Bottled Water
- Crystal Light "On the Go" packs
- Decaf tea

Food: Keep protein foods refrigerated under 41 degrees Fahrenheit, do not keep at room temperature for more than 4 hours.

- Sliced lean luncheon meat
- Boiled eggs
- Egg salad
- Low fat cottage cheese, sliced cheese, light string cheese
- Yogurt (no added sugar), Light Greek yogurt
- Tuna packs
- Low sugar turkey or beef jerky
- Crab/shrimp salad
- Dried or cooked vegetables
- Edamame
- Tofu
- Sugar-free Jell-O

Vitamins and Protein Supplement. Include an extra vitamin organizer with your current vitamin supplements and protein supplement if needed.

Chapter 3. Vitamin and Mineral Supplements

Supplements for Roux en Y Gastric Bypass or Sleeve Gastrectomy

- After both the Roux en Y Gastric Bypass and the Sleeve Gastrectomy, you are at risk for developing serious vitamin deficiencies. This is because your stomach and digestive system loses some of its ability to absorb essential vitamins and minerals from food.
- The only way to prevent these vitamin and mineral deficiencies is to take supplements for the REST OF YOUR LIFE.
- SUPPLEMENTS ARE AS IMPORTANT AS PRESCRIPTION MEDICATIONS.
- The recommendations are the same for both the gastric bypass and the sleeve gastrectomy.

How to choose your supplements

- Choosing the proper DOSE is the most important part of choosing your vitamins. If the DOSE is correct, the form (tablets, capsules, chews, liquid, powder, etc.) does not matter. Sometimes you may have to take chewable or liquid vitamins for the first few months after surgery if the tablets are too hard to swallow.
- Check your fasting labs every year. The recommended doses below will work for most people. Some people may need more. You MUST check your blood levels at least once a year for the rest of your life to make sure you are on the correct dose. Some deficiencies can cause critical or irreversible illness. Examples include bone fractures, irreversible memory loss, paralysis, heart failure, and blindness.
- Read the label carefully. For example, look at the following label;

Watch the Serving Size.
Sometimes it can be more than 1 pill.

| Supplement Facts | | |
|---|--------------------|---------------|
| Serving Size: 2 caplets Servings Per Container: 60 | | |
| | Amount Per Serving | % Daily Value |
| Vitamin D (as cholecalciferol) | 250 IU | 63% |
| Calcium (elemental) | 500 mg | 50% |
| Magnesium | 80 mg | 20% |
| Zinc | 7.5 mg | 50% |
| Copper | 1 mg | 50% |
| Manganese | 1 mg | 50% |

2 pills = 500mg
1 pill = 250mg

INGREDIENTS: Calcium Citrate, Polyethylene Glycol,

Are the ingredients correct?

- Pay attention to the complete label (sublingual or quick dissolve, senior, for women/men, slow release etc.)
- Bariatric recommendations will differ from what is on the label.

- Brands may change their formulations from time to time, so please read and compare the labels when you refill your supplements.
- Some brands are labeled “Bariatric” but are not complete and can lead to deficiencies.
- Avoid slow release supplements.
- At the present time, no brand makes 1 capsule or tablet that contains all the necessary supplements. In general, even if it says “complete” or “all in one”, you will still need to take additional supplements such as the B vitamins, calcium and iron.
- Large pills can be cut or crushed, such as the calcium or multivitamins.
- Look for sugar free supplements.
- If you choose vegan, organic or any other special supplements, first make sure they are comparable to the recommended supplements.
- Use phone reminders, smart home devices (i.e.. Alexa), and pill organizers to help you keep track of your doses and schedule.
- Check with the pharmacist to make sure there are no drug interactions between your supplements and prescription medications.
- Recommendations can change, so review the Kaiser Permanente Bariatric Surgery web page on a regular basis.
- Although these supplements are as important as prescription medications, they are not covered by insurance companies. Some employers may provide flexible or health care spending accounts to utilize pretax dollars. Please check with your HR.
- Do not take herbal medications unless your doctor says it is okay. Herbal medications can interfere with the absorption of essential vitamins and can also increase your risk of stomach irritation and ulceration.

The Supplements You Need.

You can find the necessary supplements at local retail stores or online. Here are some guidelines to help you select the correct supplements.

We do not have any conflict of interest and no bias towards any brand. We do use some brand names that are used commonly and are proven to be effective

We will go over each of the following in detail. The charts at the end of the chapter summarizes all your choices and doses. Consider printing them out and laminating them.

- Complete Multivitamin, Multimineral with Iron
- Vitamin B1
- Vitamin B12
- Iron
- Vitamin D
- Calcium Citrate

Multivitamin, Multimineral with Iron

Why:

- Prevents vitamin and mineral deficiencies.
 - Vitamin A deficiency can cause blindness.
 - Copper deficiency can lead to anemia, and neurological problems
 - Zinc deficiency can lead to hair loss, paralysis and poor immune function.
- Take a multivitamin, multimineral with percentages of ingredients that exceed the RDA [i.e. greater than 100% DV (Daily Value)].
- It must contain Copper, Zinc, Selenium, Magnesium, A and B vitamins.
- AVOID Children's chewable vitamins, gummies, prenatal because they often lack minerals which can cause many complications.
- AVOID Men's, Women's and Senior Formulas. Most do not contain adequate amounts of vitamins.
- Everyone needs some iron after surgery and taking a multivitamin that is lacking iron can lead to anemia.
- Liquid multivitamins may not be complete but if you are unable to take any other recommended multivitamins in the list, you can consider the liquid multivitamins listed as they better than others. If you do this, it is critical that you check your lab values.

How much:

- Take 1 regular adult multi vitamin dose with iron **TWICE** a day.

When:

Start 1 month before surgery, immediately after surgery, and then for the rest of your life.



CHOOSE these: (Tip: look for “Compare to Centrum for adults “on the label.)

Tablets

- Kirkland (Costco) Daily Multi Vitamin & Minerals
- Centrum Adult Multivitamins/Multimineral supplement
- Equate (Walmart) Complete Multivitamin
- Walgreens Multivitamin Adults

Chews

- Celebrate Multivitamin soft Chews
- Bariatric Advantage Ultra solo with iron chew
- Centrum silver chews (no iron, you will need extra iron)
- Procare Bariatric multivitamin.

Vegan Tablet

- DEVA Vegan Multivitamin (low in zinc and copper)

Melts

- Barimelts (no iron, you will need extra iron). 2 twice a day.

Liquid

- All One Liquid Life Multi Vitamin. (no iron and contains a lower amount of Magnesium and Zinc)

Powder

- Bariatric Fusion Pink Lemonade Stick Packs. (No iron, you will need extra iron).

Combined with Calcium Citrate: see section after calcium.



AVOID these brands:

- X Centrum Liquid Formula
- X Lil' Critters or Adult Gumi Vites
- X Viactiv multivitamin chews and Flavor Glides
- X Juice plus
- X Nature made diabetes health pack
- X Flintstones
- X Mega Multivitamin or Premium Performance
- X Prenatal vitamins
- X Centrum silver tablets

Vitamin B₁ (Thiamin)

Why:

- To prevent permanent nerve and brain damage, and heart failure (wet beriberi). Deficiency can occur quickly during vomiting or if you are consuming alcohol.

Lab:

- Your lab level should at least be above 100
- High levels do NOT cause any medical problems. NEVER EVER stop completely.

How much:

- B₁ can be found in 12.5mg, 25mg, 50mg, 100mg, 250mg, 300mg and 500mg doses.
 - 25mg twice a day
 - 50mg once a day
 - 100mg three times a week
 - 250 mg or 300mg twice a week
 - 500 mg once a week

When:

Start 1 month before surgery, immediately after surgery, and then for the rest of your life.



Some brands to CHOOSE:

Tablets.

- Nature's Blend, Natures Made B-1, NOW B-1, 100mg
- Spring Valley B1 250mg
- GNC B1 300mg
- Solgar Super Potency B1 500mg

Capsule (less smelly).

- Solgar, Bariatric Fusion, TwinLab, Bariatric Advantage

Sublingual Forms. If you are struggling to swallow pills consider:

- ez melts or Barimelts 25mg (for 2 pills, 1 pill = 12.5mg).
- SuperiorSource Microlingual (under the tongue) 100mg.



AVOID these: Any B complex as it will contain B6 which can be toxic. You already get all the necessary B6 in your daily multivitamin.

VITAMIN B₁₂ (Methylcobalmin or Cyanocobalmin)

Why:

- To prevent permanent nerve and brain damage and anemia.
- Sublingual (under the tongue) or Quick Dissolve Vitamin B12 is absorbed directly into the bloodstream from your mouth.
- Oral (tablets swallowed) may **NOT** be absorbed. Do **NOT** use these.

Lab:

- Your lab level should at least be above 500
- High levels do NOT cause any medical problems. NEVER EVER stop completely.

How much:

- Take at least 3000 mcg TOTAL sublingual (under the tongue) each week.
- B₁₂ can be found in 500 mcg, 1000 mcg, 2500 mcg, 3000 mcg and 5000 mcg doses.
 - 500mcg daily
 - 1000 mcg three to five days a week
 - 2500 mcg twice a week
 - 3000 mcg one to two times a week
 - 5000 mcg once a week

When:

Start 1 month before surgery, immediately after surgery, and then for the rest of your life.



Some brands to CHOOSE:

- Twin Labs B12 Dots, CVS 500mcg
- Trader Joe's Under the Tongue B12 1000mcg (avoid product combined with B6)
- Nature's Bounty B12, Nature's Blend, Spring Valley 2500mcg
- Nature Made Sublingual B12 3000 mcg
- SBR Nutrition Vitamin B12 superior absorption 3000 mcg liquid
- Nature's Bounty sublingual liquid Methylcobalmin (B12) 5000mcg
- Kirkland Signature, Nature's Bounty, Puritan's Pride Quick Dissolve B12 5000mcg

Iron (Ferrous)

Why:

- Prevents iron deficiency anemia, especially in menstruating women.
- Read the ingredients section to determine how much ELEMENTAL iron is in a tablet.
- Take iron as Ferrous **fumarate**, Ferrous **gluconate**, or Ferrous **carbonyl**
- AVOID Ferrous sulfate as this can be irritating to your pouch or sleeve.
- Take WITH sugar free Vitamin C 250mg- 500g to improve the absorption. Some brands include Vitamin C with the iron.
- Do not take added vitamin C if you have kidney stones.
- NOT WITH meals, multivitamin, calcium or tea as these interfere with absorption. Leave a gap of 1-2 hours after any meal. Just before bed is a good time.
- Please avoid blood donations if you have low iron levels or anemia.
- It can be very difficult to correct iron deficiency while you continue to have heavy menses. Be sure to discuss with your GYN provider.

Lab: Your lab level should be above 50

How much:

- If you have a menstrual cycle, even if light: Take 60mg elemental iron every day
- If you do not have a menstrual cycle: Take 60mg three days a week
- Your doctor will advise you if you need to adjust your dose based on labs

When:

- Start 1 month before surgery and 2 -4 weeks after surgery per MD recommendations.
- You may need further evaluation through your primary care physician or Gyn provider if there is no improvement in your levels despite using correct dose of iron.



Some brands to CHOOSE:

Tablets

- Nature's Blend Ferrous Gluconate, 5 gr (324 mg) Elemental Iron 37.5 mg. (You need TWO pills to get a dose of at least 60mg)
- Vitron C 65mg (contains Vitamin C)
- Ferretts Iron 106mg
- Poly-Iron or Ferrex 150mg capsules
- Ferrimin 150 (amazon .com or www.dailyvite.com). Contains a stool softener

Chews

- Bariatric Advantage chewable Iron 60mg
- Celebrate Iron + C 60mg

Melts

- BariMelts Iron + Vitamin C 18mg (serving size is 3 = 54mg)
- ez melts Iron 18mg

Liquid

- Ferrett's liquid iron 40mg/15mls

VITAMIN D

Why:

- Prevents osteoporosis and fractures.

Lab: Your lab level should close to or above 40.

How much:

- Take a minimum of 3000 – 4000 IU/100mcg TOTAL a day as D or D2 or D3
- This will come from:
 - Vitamin D in your calcium, PLUS
 - Vitamin D in your multivitamin PLUS
 - Vitamin D tablet: 2000iu/50mcg a day or 5000iu/125mcg three days a week

If your multivitamin plus calcium have less than 2000IU/50mcg total, then add

- 2000IU/50mcg daily
- 5000 IU/125mcg three times a week, or three together ONCE a week.
- 10,000 IU/250mcg every 5 days
- 14,000 IU once a week
- 50,000 IU one every other week

When:

- Start 1 month before surgery and immediately after surgery.



Some brands to CHOOSE:

Softgel

- Kirkland Signature Vitamin D3 2000IU/50mcg softgel
- Spring Valley Vitamin D3 2000IU/50mcg or 5000 IU/125 mcg softgel

Tablets

- Nature Made D3 2000 IU (50 mcg)
- Nature’s blend vitamin D3 2000iu /50 mcg, 5000 IU/125mcg

Capsule

- Bariatric Advantage Vitamin D 3 5000 IU/125mcg
- Bio-Tech 50,000 IU

Chewable Wafers

- Replesta NX 14000 IU

Melts

- Natrol Vitamin D3 Fast Dissolve 2000IU
- BariMelts D3 5000 IU

Liquid

- Source Naturals Vitamin D 2000iu in 9 drops
- Puritan’s Pride Vitamin D 5000iu/125mcg in 1 ml
- Bariatric Advantage Liquid Vitamin D3 10000iu in 10 drops.
- Suntrex D3 Vegan Vitamin D3 5000 IUin 2 mls [VEGAN]

Calcium Citrate

Why:

- To maintain bone density, protect teeth, and prevent osteoporosis.
- Make sure you always take Calcium Citrate. Look under the Supplement Facts or the list of ingredients on the label to find out what kind of calcium it is.
- It is best taken with meals as this will help prevent kidney stones. It can however be taken any time if this is more convenient for you.

How much:

- Take 1500 mg total a day from supplements. Divided in 2 or 3 doses
- Calcium is absorbed best in 500 mg doses. Do NOT take all of your calcium supplements at the same time.
- Make sure to look at the serving size. Usually you will need 5-8 tablets a day using common store brands depending on the dosage per serving

When:

- Start 1 month before surgery and at about 2 weeks after your operation



Calcium Citrate Brands to CHOOSE:

Tablets

- Citracal, Citracal maximum, Citracal Petites
- Nature's Blend Calcium Citrate with Vit D
- Equate Calcium Citrate with Vit D
- 21 st Century Calcium Citrate
- Spring Valley Calcium Citrate
- Walgreens Calcium Citrate

Powder

- UpCal D Calcium Citrate Powder packs
- Swanson Calcium Citrate
- NOW calcium Citrate

Chews

- Bariatric Advantage Calcium Citrate chewy bites 500 mg
- Celebrate Calcium Citrate Soft Chews 500 mg
- Bariatric fusion Calcium Soft Chews
- GNC Calcium Citrate
- Baraitric Choice soft chews

Melts

- Barimelts Calcium

Liquid

- Nature's Way calcium and vitamin D3 Bone Strength
- Blue Bonnet calcium , magnesium citrate
- Solgar Liquid Calcium, magnesium Citrate
- Nature's Blend liquid Calcium Citrate

Wafers

Twin labs Calcium Citrate wafers



Calcium brands to AVOID:

- X Caltrate 600+D
- X Tums
- X Citracal Chewables (these are not calcium CITRATE)
- X OsCal 500+D
- X Viactiv Calcium Flavor Glides
- X Viactiv Chews
- X Nature Made Calcium
- X Oyster Shell Calcium
- X Nature Made Calcium 750+D+K
- X Calcet Creamy bites (high in sugar and calories)

Combination Multivitamin and Calcium Citrate

There are several brands that combine a complete multivitamin, multimineral AND 1500mg calcium Citrate.

This can help simplify your supplement regimen.



Brands to CHOOSE:

- Bariatric Choice chewables. 2 twice a day (4 total)
- Bariatric Fusion chewables. 2 twice a day (4 total)
- Optisource chewables 2 twice a day PLUS 500mg calcium citrate as it only contains 1000mg of calcium.

Specialty “Bariatric” Vitamin/Mineral Supplements

Some companies sell supplements specifically to patients who have had bariatric surgery. Despite labels, such as “All in One” or “Complete Bariatric supplement you will still need to take additional B1, B12, Iron, Vitamin D. They are sometimes more expensive than store brands without adding more benefit. We listed some of the most commonly used brands. This information is subject to change at any time. We are unable to keep up to date with external vendor web links and discounts.

Bariatric Advantage

Available at www.bariatricadvantage.com . They are currently offering a discount to Kaiser patients. Tell them you are a Kaiser patient to receive your discount or enter “Kaiser” in the Validation code box prior to placing any items in the shopping cart to receive your discount.

What to order:

- Ultra multi, Advanced Multi EA chewable, Ultra solo with iron (DO NOT order Vitaband, High ADEK, or vitamin chewy bites)
- Calcium: Chewy Bites 500 mg
- Iron: Chewables or Chewy Bites in different strengths
- Other supplements like B1, B12 also available

Celebrate Bariatric Supplements

Available at www.celebratevitamins.com or (877) 424-1953. Tell them that you are a Kaiser patient to receive your discount or enter KPCATEN into the promotion code area to receive the discount.

What to Order:

- Multi-Complete capsule with Iron or Soft Chews with iron
- Calcium Citrate Soft Chews (500 mg)
- Iron Plus C chewable tablets in various strengths

Bariatric Fusion

Available at www.bariatricfusion.com.

What to Order:

- Complete chewable vitamin supplement with Calcium Citrate Soft Chews (500 mg)
- Calcium Citrate soft chews.

BariMelts

Available at www.barimelts.com, discount code is BM20.

What to Order:

- Calcium Citrate melts 3 twice a day
- B1 25mg for 2 pills
- Vitamin D 5000iu /125mcg
- Multivitamin Melt 4 a day.

The Iron is very low dose. 1 pill = 18mg.

VITAMIN SUPPLEMENT CHART

Multivitamins and Calcium Citrate must be taken EVERY DAY

| Supplement | Recommendations | Special Considerations |
|---|--|--|
| Multivitamin with Multiminerals (Must contain Vitamin A, K, Iron, Magnesium Copper, Zinc and Selenium) | 1 tablet two times EVERY DAY GOOD: TABLETS: Centrum Adult, Walmart Equate Adult, Walgreens Adult, Kirkland Adult CHEWABLE: ProCare, Celebrate, Bariatric Advantage | AVOID: Prenatal, Kid's vitamins, gummies. These lack minerals: Centrum adult chew (not enough A), Patches (not well absorbed), Tespo (no copper). |
| Calcium Citrate + Vitamin D | Minimum 1500mg total EVERY DAY GOOD: TABLETS: Citracal Max, Kirkland(Costco) Walgreens, Nature's Blend, Equate LIQUID: Nature's Way, Blue Bonnet, Reviva, CHEWABLE: Bariatric Advantage, Celebrate, GNC, Bariatric fusion, Rainbow light, Bariatric Complete, BariMelts POWDER: Upcal D | AVOID: Calcium Carbonate, (NOT absorbed) Citracal gummies, Viactiv, Oyster shell, Caltrate, Vitafusion. Costco soft chews. TABLETS: Take 6 a day. Watch the SERVING size. LIQUID: 1.5 tblsp twice a day. CHEWS/POWDER: 500mg each dose, take 3 a day. |
| (alternative option) Combined Multivitamin with Calcium Citrate | 2 chews 2 times (4 total) EVERY DAY GOOD: Bariatric Choice, Optisource, Bariatric Fusion, | You must still take additional B12, B1, (vitamin D and iron in some situations) |

B12, B1, Vit D, and Iron can be taken daily or weekly depending on the dose you choose.

| | | |
|--|---|--|
| Vitamin B12 UNDER the TONGUE (Cyanocobalamin) | 3000-5000 mcg total per week Choose ONE option below <input type="checkbox"/> 500mcg once a day. <input type="checkbox"/> 1000mcg 3 times a week. <input type="checkbox"/> 2500mcg 2 times a week. <input type="checkbox"/> 5000mcg once a week. | Must be taken sublingually (under the tongue). May be labeled as "Sublingual", "Quick dissolve" or "Lozenges". Will NOT be absorbed if swallowed. |
| Vitamin B 1 (Thiamine) | 250-500 mg total a week Choose ONE option below <input type="checkbox"/> 50 mg daily <input type="checkbox"/> 100mg three times a week <input type="checkbox"/> 250mg (or 300mg) twice a week. <input type="checkbox"/> 500 mg once a week. | AVOID: B Complex. B1 is critical! Continue even if you have vomiting. Deficiency can occur quickly and lead to permanent brain and nerve problems. |
| Vitamin D or D2 or D3 | 2000 iu (50mcg) once a day Choose ONE option below <input type="checkbox"/> 2000iu: once a day <input type="checkbox"/> 5000iu(125mcg): three pills(15,000iu) once a week | Should be taken in addition to the Vitamin D in your multivitamin and Calcium Citrate. |
| Iron (Ferrous Fumarate or Ferrous Gluconate) | Choose ONE option below For most non menstruating people: <input type="checkbox"/> 30mg every day <input type="checkbox"/> 60mg three times a week <input type="checkbox"/> 150mg Ferrimin 150 once a week For menstruating women or anemia: <input type="checkbox"/> 60 mg every day <input type="checkbox"/> 150 Ferrimin 150 three times a week <input type="checkbox"/> 150 Ferrimin 150 daily. | AVOID: Ferrous Sulfate, Ferrous Slow Release. Take 1-2 hours apart from tea, meals, multivitamin, calcium and/or thyroid medication. Take with sugar free Vitamin C 500mg to help with absorption, unless you have a history of kidney stones |

VITAMIN SUPPLEMENT CHART: Sample schedules

The schedules below are examples of how you might schedule your doses each day or across the week. Some people prefer to take a smaller dose more frequently while others prefer to take a larger dose less often. For each supplement, choose one schedule only.

EVERY DAY

**Multivitamin Multimineral
And separate
Calcium Citrate + Vitamin D**

OR

**(alternative option)
Combined Multivitamin
Multimineral
with Calcium Citrate**

| PICK ONE | | Morning | Midday | Evening |
|--------------------------|--|---------------|--------|---------------|
| <input type="checkbox"/> | Multivitamin and Calcium Tablets | ● ○○○ | | ● ○○○ |
| <input type="checkbox"/> | Multivitamin and Calcium 500mg/tablespn liquid | ● 1 ½ Tbsp | | ● 1 ½ Tbsp |
| <input type="checkbox"/> | Multivitamin and Calcium 500mg chew | ● □ | □ | ● □ |
| <input type="checkbox"/> | Multivitamin and Calcium 500mg powder | ● ✱ | ✱ | ● ✱ |
| <input type="checkbox"/> | MVI + Calcium Combo | ● ● | | ● ● |

DAILY or WEEKLY

Vitamin B12 (Cyanocobalamin)

| PICK ONE | B 12 | S | M | T | W | Th | F | S |
|--------------------------|----------|---|---|---|---|----|---|---|
| <input type="checkbox"/> | 5000 mcg | ● | | | | | | |
| <input type="checkbox"/> | 2500 mcg | ● | | ● | | | | |
| <input type="checkbox"/> | 1000 mcg | ● | | ● | | ● | | |
| <input type="checkbox"/> | 500 mcg | ● | ● | ● | ● | ● | ● | ● |

Vitamin D or D2 or D3

| PICK ONE | D3 or D2 | S | M | T | W | Th | F | S |
|--------------------------|----------|-----|----|----|----|----|----|----|
| <input type="checkbox"/> | 5000IU | ●●● | | | | | | |
| <input type="checkbox"/> | 2000IU | ● | ● | ● | ● | ● | ● | ● |
| <input type="checkbox"/> | 1000IU | ●● | ●● | ●● | ●● | ●● | ●● | ●● |

Vitamin B 1 (Thiamine)

| PICK ONE | B 1 | S | S | M | T | W | Th | F |
|--------------------------|-----------|---|---|---|---|---|----|---|
| <input type="checkbox"/> | 500 mg | ● | | | | | | |
| <input type="checkbox"/> | 250/300mg | ● | | | | | | ● |
| <input type="checkbox"/> | 100 mg | ● | | ● | | ● | | |
| <input type="checkbox"/> | 50 mg | ● | ● | ● | ● | ● | ● | ● |

Iron (Ferrous Fumarate or Gluconate)

| PICK ONE | IRON | S | S | M | T | W | Th | F |
|--------------------------|------------------------------|---|---|---|---|---|----|---|
| <input type="checkbox"/> | no periods 30 mg | ● | ● | ● | ● | ● | ● | ● |
| <input type="checkbox"/> | no periods 60 mg | ● | | ● | | ● | | |
| <input type="checkbox"/> | no periods 150mg Ferrimin | ● | | | | | | |
| <input type="checkbox"/> | + periods 60 mg | ● | ● | ● | ● | ● | ● | ● |
| <input type="checkbox"/> | + periods 150mg ferrimin | ● | | ● | | ● | | |
| <input type="checkbox"/> | + periods 150mg ferrimin | ● | ● | ● | ● | ● | ● | ● |

SUPPLEMENT WORKSHEET: YOUR SCHEDULE

| PICK ONE | EVERYDAY Multivitamin & Calcium |
|--------------------------|---|
| <input type="checkbox"/> | AM: Multi x 1 tab ● PLUS Calcium tabs x 3 ●●● PM: Multi x 1 tab ● PLUS Calcium tabs x 3 ●●● |
| <input type="checkbox"/> | AM: Multi x 1 tab ● PLUS Cal liquid (750mg = 1 ½ tbspn) PM: Multi x 1 tab ● PLUS Cal liquid (750mg = 1 ½ tbspn) |
| <input type="checkbox"/> | AM: Multi x 1 tab ● PLUS Cal 500mg chew ■ /powder * Mid: Cal 500mg chew ■ /powder * PM: Multi x 1 tab ● PLUS Cal 500mg chew ■ /powder * |
| <input type="checkbox"/> | AM: Combo calcium/multi x 2 ●● PM: Combo calcium/multi x 2 ●● |

| EVERY DAY Multivitamin & Calcium | | | | | | | |
|----------------------------------|-----|-----|-----|------|-----|-----|-----|
| | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
| AM <small>Breakfast</small> | | | | | | | |
| Mid <small>Lunch</small> | | | | | | | |
| PM <small>Dinner</small> | | | | | | | |

| Vitamin B12 (UNDER the TONGUE) Choose ONE option below. | Take anytime of the day | | | | | | |
|--|-------------------------|-----|-----|------|-----|-----|-----|
| | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
| <input type="checkbox"/> 500mcg ●, mark 7 DAYS | | | | | | | |
| <input type="checkbox"/> 1000mcg ●, mark 3 DAYS | | | | | | | |
| <input type="checkbox"/> 2500mcg ●, mark 2 DAYS | | | | | | | |
| <input type="checkbox"/> 5000mcg ●, mark 1 DAY | | | | | | | |

| Vitamin B 1 (Thiamine) Choose ONE option below. | Take anytime of the day | | | | | | |
|--|-------------------------|-----|-----|------|-----|-----|-----|
| | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
| <input type="checkbox"/> 50 mg ●, mark 7 DAYS | | | | | | | |
| <input type="checkbox"/> 100mg ●, mark 3 DAYS | | | | | | | |
| <input type="checkbox"/> 250mg or 300mg ●, mark 2 DAYS | | | | | | | |
| <input type="checkbox"/> 500mg ●, mark 1 DAY | | | | | | | |

| Vitamin D or D2 or D3 Choose ONE option below. | Take anytime of the day | | | | | | |
|--|-------------------------|-----|-----|------|-----|-----|-----|
| | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
| <input type="checkbox"/> 2000iu ●, mark 7 DAYS | | | | | | | |
| <input type="checkbox"/> 5000iu x 3 ●●● mark 1 DAY | | | | | | | |

| Iron (Ferrous Fumarate or Ferrous Gluconate or carbonyl iron) Choose ONE option below. | Take APART from others (i.e. bedtime). +Vit C 500mg helps absorption | | | | | | |
|---|--|-----|-----|------|-----|-----|-----|
| | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
| For most non menstruating people: <input type="checkbox"/> 30mg ●, mark 7 DAYS <input type="checkbox"/> 60mg ●, mark 3 DAYS <input type="checkbox"/> 150mg Ferrimin150mg ●, mark 1 DAY For menstruating women or anemia: <input type="checkbox"/> 60 mg ●, mark 7 DAYS <input type="checkbox"/> 150 Ferrimin150 ●, mark 3 DAYS <input type="checkbox"/> 150 Ferrimin150 ●, mark 7 DAYS | | | | | | | |

Special Situations

Vitamin patches

We have found that these are not very effective. We do not recommend them long-term.

If however due to serious illness or surgery you are unable to take any form of oral supplementation, these MAY help maintain your vitamin levels.

Remember there are sublingual forms of vitamin B12 and vitamin B1. Please use these in addition to any Patch you might use. Iron is available as an infusion if needed and can be ordered by your primary care provider.

Pregnancy and supplements

Kaiser runs a perinatal program for women who become pregnant after bariatric surgery. They will monitor your labs closely and make adjustments to your supplements if needed. Ask your Ob/Gyn provider to refer you. These visits are by phone or video. You do not have to travel.

Prenatal vitamins are not complete and will not give you all you need. We recommend that you continue to take your regular multivitamin twice a day. Each multivitamin usually contains 400 to 500 mcg of folic acid, taken twice a day this will give you 800 to 1000mcg. You can also add a separate folic acid tablet, 400 mcg each day to your supplements.

Please be sure to continue all your other bariatric supplements.

Kidney Failure and dialysis

If you struggle with kidney failure, your kidney doctor (nephrologist) may recommend that you avoid supplements that contain added potassium and phosphorus. You will however still need to take a complete multivitamin otherwise you will be at risk for serious deficiencies.

We recommend the following:

- Multivitamin: "Women's ONE a day" brand does not contain any added potassium or phosphorus. Be aware companies can change their formulas. Check the supplement facts.
- Vitamin B12: Continue recommended doses.
- Vitamin B1: Continue recommended doses.
- Calcium citrate: Consult with your nephrologist.
- Iron: Consult with your nephrologist. Sometimes they were able to give you an iron infusion at the time of your dialysis

Before surgeries and supplements.

On occasion you may require other surgeries and your surgeon may recommend that you stop your supplements. Usually this is just for 1 week prior to surgery. Provided you have done well with taking your supplements over time, 1 week of your supplements will not greatly affect your levels. Be sure to resume all your supplements immediately after surgery.

Chemotherapy and supplements.

Some chemotherapy regimens may interfere with your supplement regimen. This generally applies to the multivitamin which you may have to stop for a limited period.

Be sure that your cancer specialist (oncologist) is aware that you have had bariatric surgery and are at risk for deficiencies.

It is rare that you would need to also stop your vitamin B1, B12, calcium citrate, vitamin D or iron.

Please resume any supplements you have stopped as soon as possible.

Chapter 4. Activity and Exercise

Exercise is an essential part of a healthy lifestyle. The philosophy of our program is to improve your overall health and exercise is a key component, regardless of your weight.

EXERCISE and WEIGHT LOSS:

Bottom Line:

Exercise is **ESSENTIAL** to helping keep your weight off once you lose it.

...let's look at what research tells us.

- **It's REALLY Important:** In all types of weight loss programs regular exercise is consistently the **MOST** important factor is maintaining weight loss.
- **More is Better:** There is a clear dose response relationship between exercise and keeping your weight off. In other words, the more you exercise, the better you are able to maintain your weight loss.
- **Genetics:** Physical activity protects against weight gain regardless of genetic potential to gain weight.
- **Counteracts lower metabolism:** Activity Helps prevent “metabolic adaptation to low calorie diets “
When people try to lose weight by eating fewer calories, their body will view this as a form of starvation and lower their metabolism in response. This is why it can be much harder to lose fat than to gain it. Regular daily activity prevents the body from lowering its metabolism in response to eating less, which helps you lose fat.
- **Maintain Muscle:** As you lose weight you will lose fat and muscle weight. Exercise will help you lose more fat weight and maintain more of your muscle weight (lean body mass).

HOW does Exercise help with weight loss?

- Your body burns more calories with exercise.
- You build more muscle, and muscle, in turn, burns more calories than fat. So, the more muscle you have, the more calories your body uses **ALL** day even at rest!
- Aerobic (cardio) exercise increases fat tissue breakdown.
- Aerobic exercise increases *resting* metabolism. So, you burn more when you are resting... a freebie!!
- After moderate intensity exercise you continue to burn a small amount calories during the recovery phase (afterglow effect)more free calorie burn!!
- Exercise helps lower your weight “set-point” (the weight your body wants you to be).

EXERCISE and CALORIES

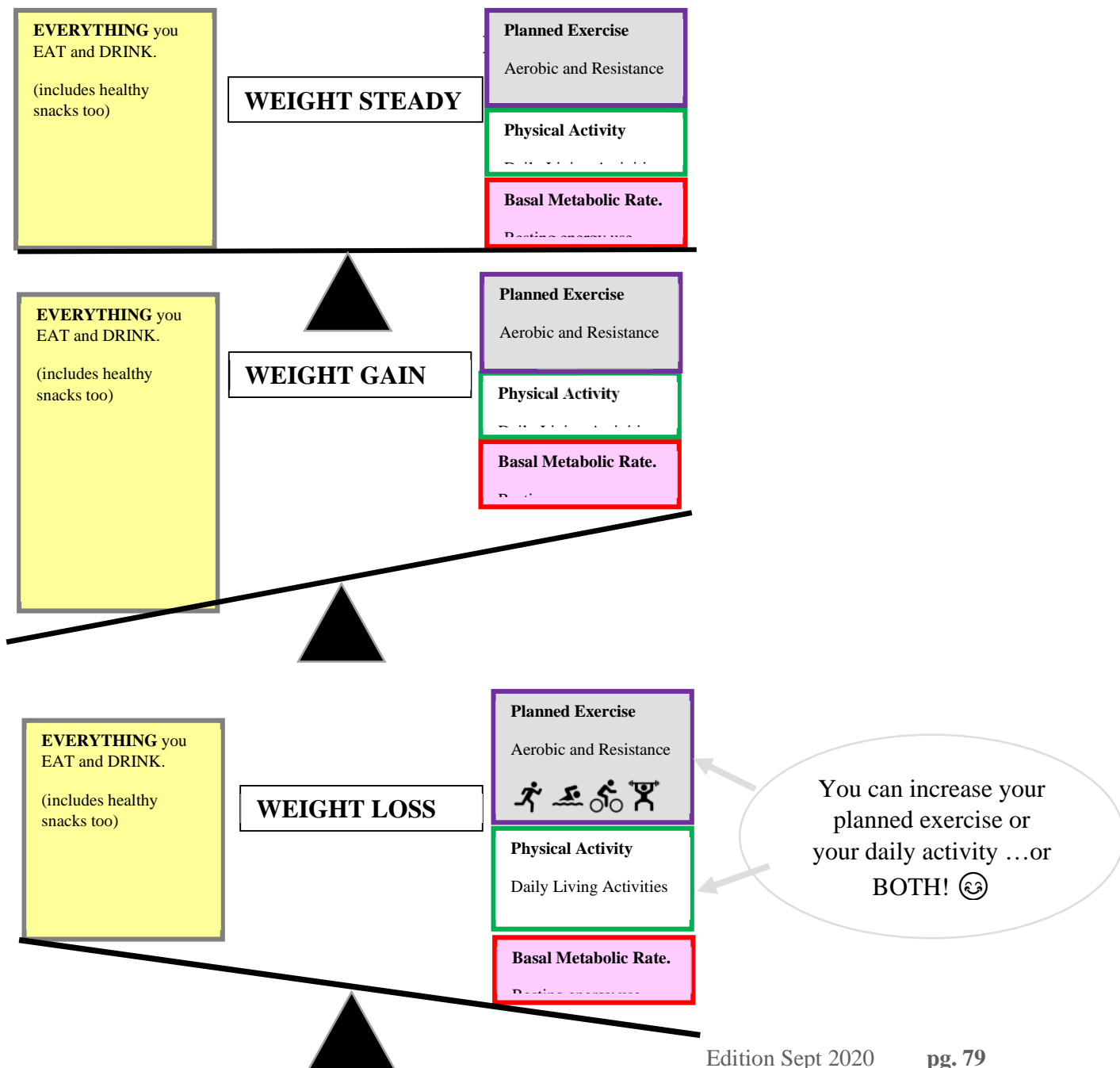
Bottom Line:

Physical activity **WITHOUT** reducing calories will **NOT** prevent weight regain or lead to much weight loss.

You cannot exercise your weight off. You must continue to reduce your calories.

The relationship between exercise and calories comes down to the:

ENERGY BALANCE EQUATION.

















It takes a ALOT of time exercising to burn enough calories to lose weight.

To lose 1lb of fat you need to burn 3500 calories!!!

Let's look at Jane, who weights 200lbs after her bariatric surgery and walks 3.5 miles in an hour (17 minutes a mile). She will burn about 400 calories for every hour she walks. She would need to walk **9 hours** a week to lose 1 lb of fat based on exercise alone. So, it is clear that in addition to walking she will need to continue to count her calories.

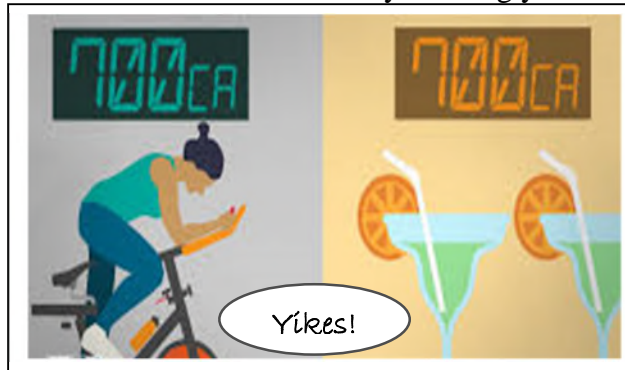
On the other hand, you can consume hundreds of calories in a matter of minutes!

| | | | | |
|---|--|---|---|------------------------------------|
|  | 2 slices Little Caesars pepperoni pizza 560 calories | = |  | 65 minutes of moderate cycling |
|  | 28 tortilla chips 560 calories | = |  | 57 minutes of Zumba |
|  | 1 can of Coca-Cola 140 calories | = |  | 23 minutes of walking (4 mpt) |
|  | 10 pigs in a blanket 490 calories | = |  | 59 minutes of Bikram Yoga |
|  | 4 Double Stuffed Oreos 280 calories | = |  | 1.3 hours of weight lifting |
|  | 4 cans of Miller Light 384 calories | = |  | 32 minutes of running (6 mpt) |
|  | 1 cup Chex Mix 240 calories | = |  | 29 minutes of high impact aerobics |

AVOIDING PITFALLS

Eat (Like You Didn't Exercise)

We sometimes use the exercise session as justification to overeat the wrong foods. If you're trying to lose weight, a single post-workout binge can completely undo the hard work you did in the gym. And then you won't lose weight. **DON'T** go to the gym and “reward” yourself for your hard work! You are effectively undoing your hard work!



Rest like you did not exercise (In other words **DON'T** rest !)

Resting after exercise is a very common issue. You go to the gym then you reckon you are “free for the day”. You think “No need to walk to pick the kids up, I’ll drive instead. Afterall I was in the gym”

This is a huge mistake...

Yes, your muscles need to recover **BUT** you need to stay as active in your daily physical activity as you have always been. Otherwise you use less calories in your daily activities and overall may not have increased your **TOTAL** daily calories burn by that much. Staying active throughout the day can sometimes burn as many calories as your gym workout

Staying active also keeps your muscles and joints more limber and mobile.

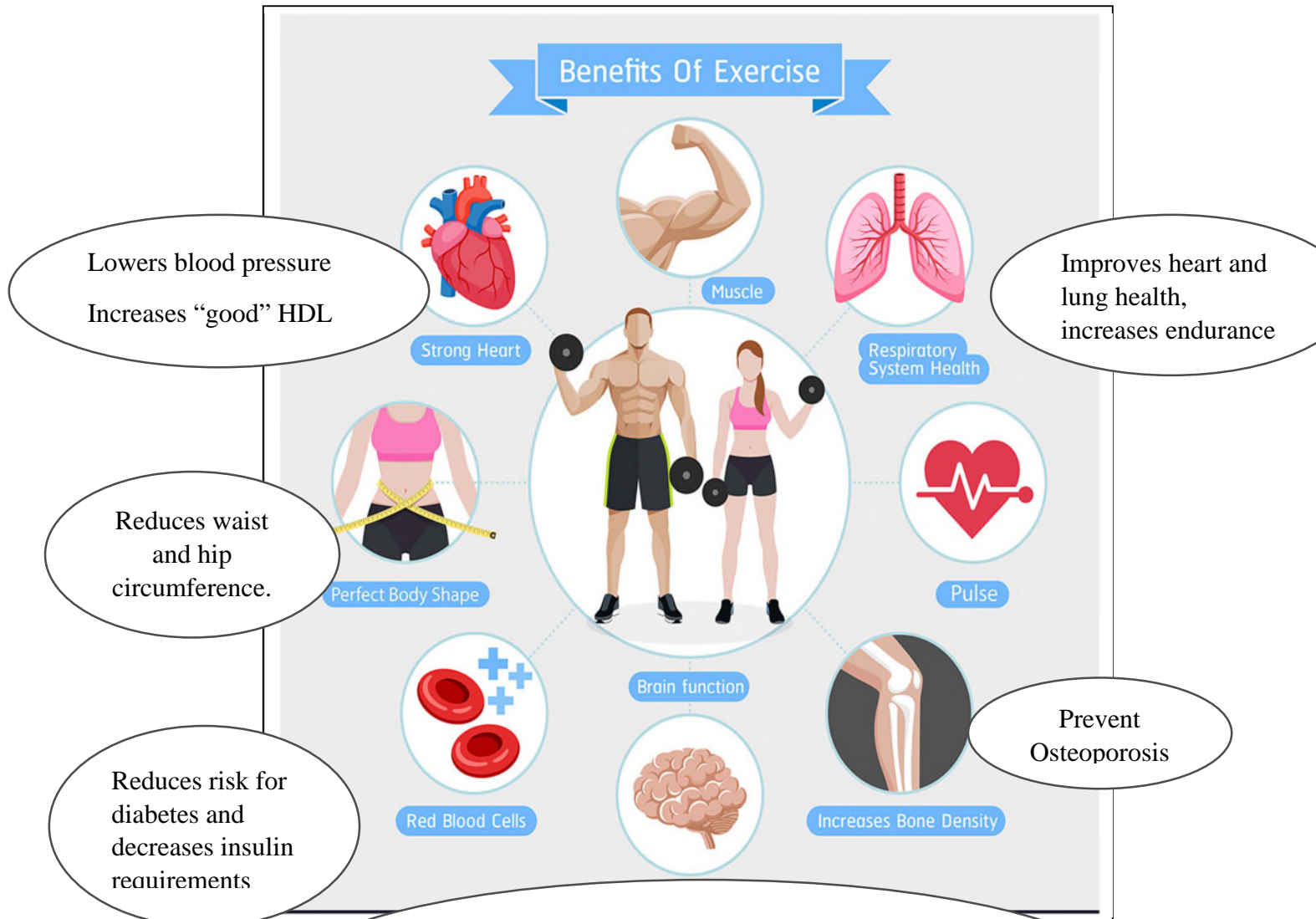
Don't count calories... (what ???)

Just kidding 😊! What I mean is do not give yourself calorie credit for your exercise. Even if you burn 500 calories in your spin class, you should still stick to the 1200 total calories a day. Do not add 500 calories to your daily calorie allowance...unless you want to stop losing weight or even gain weight.

OTHER BENEFITS OF EXERCISE

Apart from weight loss regular exercise has some very important additional spin offs.

Did you know that a NORMAL weight person who does NOT exercise has a HIGHER risk of death from any cause than an overweight person who DOES exercise on a regular basis!!



Reduces anxiety and depression, tension and stress.
 Increases energy and decreases fatigue
 Helps with the overall pain and pain points of

- Helps Prepare for you for surgery**
- Improves strength, balance, flexibility and coordination.
 - You will be expected to walk immediately after surgery in addition to getting in/out of bed and up/down from a chair.
 - Conditions the heart and lungs to better tolerate the stress of surgery and lowers the risk of complications.

EXERCISE GUIDELINES

HOW OFTEN AND HOW LONG SHOULD I EXERCISE?

Bottom line:

60 minutes MOST days of the week. Consistency is KEY

Research tells that to keep your weight off after substantial weight loss you will need **60 minutes** of moderate intensity exercise on MOST days of the week (6-7 days).

Yikes! “How am I going to do this ??”

This is your goal to work up to. The 60 minutes does not have to be all at once.

Consider these examples.

Get up 15minutes earlier for a brisk walk. Sometimes it is easier to go to work 15minutes earlier and take the walk there.

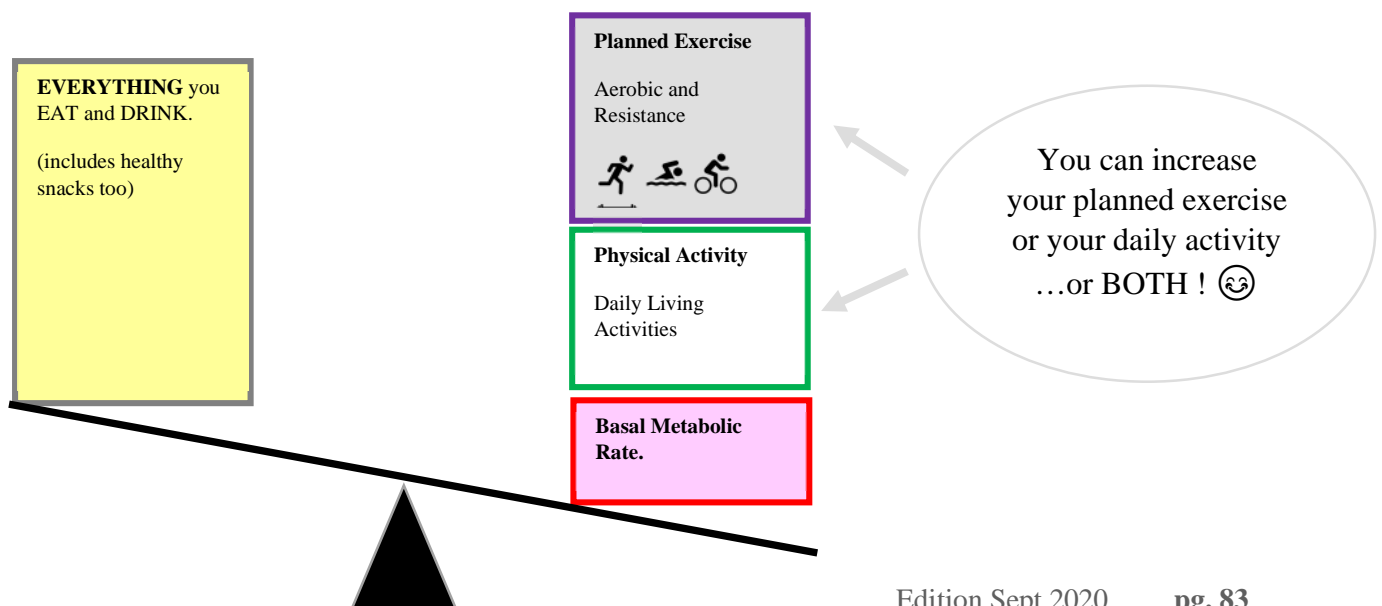
Use 15mins of your work lunch break.

Immediately after work BEFORE you drive home, do another 15minute brisk walk

...then all you need to is 15mins more at home.

It is much better to increase your TOTAL daily energy or calorie use.

This includes both the time you put aside for formal exercise AND being as active as possible in your daily life. Look at the energy balance exercise box equation again.



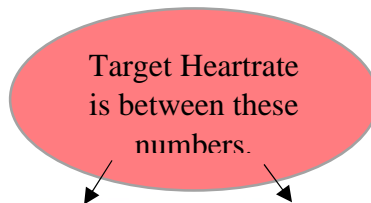
HOW HARD SHOULD I EXERCISE?

Exercise does not have to be intense to be of value. Start slowly and gradually increase. You may need to work up to this if you are not used to physical activity. Do this especially if you have known heart problems.

There are several methods to measure the intensity of your exercise.

Target Heart Rate:

You gain the most aerobic benefit when your exercise heart rate is 50% to 75% of your **maximum** heart rate (white column in the chart below, roughly calculated as 220 minus your **age**. After exercising for about 10 minutes, stop and take your pulse for 10 seconds and multiply this by 6 to get your heart rate. Adjust the intensity of your exercise so that your heart rate stays between the two numbers (blue and pink columns in the chart). However, the target heart rate is only a guide. Every individual is different. Some medications can affect your heart rate. Pay attention to how you feel.


 Target Heartrate
 is between these
 numbers.

| Age | Maximum HR | 50 percent | 75 percent | 85 percent |
|-----|------------|------------|------------|------------|
| 20 | 200 | 100 | 150 | 170 |
| 25 | 195 | 98 | 146 | 166 |
| 30 | 190 | 95 | 142 | 161 |
| 35 | 185 | 93 | 138 | 157 |
| 40 | 180 | 90 | 135 | 153 |
| 45 | 175 | 88 | 131 | 149 |
| 50 | 170 | 85 | 127 | 144 |
| 55 | 165 | 83 | 123 | 140 |
| 60 | 160 | 80 | 120 | 136 |
| 65 | 155 | 78 | 116 | 132 |
| 70 | 150 | 75 | 113 | 127 |
| 75 | 145 | 72 | 108 | 123 |
| 80 | 140 | 70 | 104 | 119 |
| 85 | 135 | 68 | 101 | 115 |

How you “feel” test.

Aim for your exercise to be “pleasantly uncomfortable”. You do not have to collapse with exhaustion after exercise. (Very unpleasant!), but it’s not a gentle stroll either! Your heart should be racing a little, you should “glow” a little, you are a little winded, “uncomfortable”. Be honest with yourself!

As you lose weight and get fitter you will have to increase the intensity of your workout to continue to feel “pleasantly uncomfortable”. Turn up the resistance on your bike, or the speed on your treadmill or add a slight incline.

1- 10 scale

Another good way to judge intensity is to use a scale of 0-10.

0 = how you feel at rest

10 = how you would feel if you were working as hard as possible.

6-7= exertion rate you want to work a, the way you would feel if you were walking briskly to catch a bus or train that was about to leave the station.

WARM UP AND COOL DOWN

Warm-ups and cool-downs generally involve doing your planned exercise at a slower pace and reduced intensity.

Warming up helps prepare your body for activity. It can help gradually raises your body temperature and increases blood flow to your muscles. Warming up **MAY** help reduce muscle soreness and lessen your risk of injury.

Cooling down after your workout allows for a gradual recovery of heart rate and blood pressure. Cooling down doesn't appear to help reduce muscle stiffness and soreness after exercise, but more research is needed.

HYDRATION



If you start an exercise session well hydrated, you'll go a long way towards preventing dehydration.

General guidelines for fluid intake are:

- Drink 2 to 3 cups about 2 hours before exercise.
- Drink 1 cup 5 to 10 minutes before exercise
- Drink 1 cup every 15 to 20 minutes during exercise, especially in warm weather.

Look for CALORIE free, sports drinks that contains sodium (salt) as these are better for replenishing your water stores.

You can make your own if you don't like the taste of artificial sweeteners in commercial drinks.



8 oz of water.

½ fresh lemon or lime squeezed

5 finger pinch of table salt.

GETTING STARTED

If you are starting out on an exercise program for the first time, be sure to check with your Primary Doctor that it is ok to do this, especially if you have any heart problems or diabetes. Consider a referral to physical therapy if you have significant arthritis preventing you from doing certain activities.

- **Enjoy** yourself MOST IMPORTANTLY: Find something you love doing. Explore new activities to find your passion. ...go to your “I’ve always wanted to try that list”
- **Slowing increase**, if it’s been a long time since you’ve been active, begin slowly so that you won’t injure yourself. Gradually start to go a little bit faster, or a little bit farther.
- **Challenge** yourself and set realistic goals.
- **Group or Solo** workouts, what makes you comfortable?
- **Ask for assistance** to learn how to use the equipment if you join a gym. Don’t be shy
- **Schedule**, Schedule, Schedule. Set aside time EVERY day. Get out a planner and schedule your exercise. Keep an activity log.
- **Commit!** write it down and share with your partner, spouse or whoever is helping support you on this journey.
- **Prioritize** exercise!...the house won’t fall down if you don’t do the house work.
- **Look for opportunities** to increase activity in everything you do each day. Volunteer at home and at work to do the more physically active tasks. Reference the 10,000 steps a day program in the Resources section.
- **Music** during exercise can be very motivating
- **Partner up** with someone motivating for exercise.
- **Equipment** can be important to help you exercise. Invest in some good walking shoes. Look at clothes that keep the moisture away from your skin. Spandex or similar compression clothes can help prevent skin chafing

Remember, your overall goal is to try to build a physical activity program that you can **STICK WITH** for the long term. If you have tried the treadmill several times only to find it ends up as a clothes horse, chances are you really don’t like the treadmill 😊

What activity can I do?

Anything Counts:

- Walking. Check out the walking program later in the chapter.
- Swimming (try walking or using a kick board in the pool)
- Biking (try stationary or recumbent if you have a bad back)
- Hiking (there are many parks and trails in the Bay Area for walking)
- Cleaning (kill two birds with one stone)
- Washing the car
- Walking the dog (animals need exercise too)
- Dancing (put on your favorite music and start moving to the beat)
- Tennis (you don’t have to be the Williams sisters; you just need a ball and racket)

Here is a list of the calories burned during some activities. There is variation in these numbers based on your age, gender and genetics. Notice that the heavier you are the MORE calories you burn doing the same exercise as a lighter person.

| Activity (1-hour duration) | Weight of person and calories burned | | |
|------------------------------|--------------------------------------|-------------------|--------------------|
| | 160 pounds (73 kg) | 200 pounds (91kg) | 240 pounds (109kg) |
| Aerobics, high impact | 533 | 664 | 796 |
| Aerobics, low impact | 365 | 455 | 545 |
| Aerobics, water | 402 | 501 | 600 |
| Backpacking | 511 | 637 | 763 |
| Basketball game | 584 | 728 | 872 |
| Bicycling, < 10 mph, leisure | 292 | 364 | 436 |
| Bowling | 219 | 273 | 327 |
| Dancing, ballroom | 219 | 273 | 327 |
| Football, touch or flag | 584 | 728 | 872 |
| Golfing, carrying clubs | 314 | 391 | 469 |
| Hiking | 438 | 546 | 654 |
| Racquetball | 511 | 637 | 763 |
| Resistance (weight) training | 365 | 455 | 545 |
| Rope jumping | 861 | 1,074 | 1,286 |
| Rowing, stationary | 438 | 546 | 654 |
| Running, 5 mph | 606 | 755 | 905 |
| Running, 8 mph | 861 | 1,074 | 1,286 |
| Skiing, cross-country | 496 | 619 | 741 |
| Skiing, downhill | 314 | 391 | 469 |
| Softball or baseball | 365 | 455 | 545 |
| Stair treadmill | 657 | 819 | 981 |
| Swimming, laps | 423 | 528 | 632 |
| Tae kwon do | 752 | 937 | 1,123 |
| Tai chi | 219 | 273 | 327 |
| Tennis, singles | 584 | 728 | 872 |
| Volleyball | 292 | 364 | 436 |
| Walking, 2 mph | 204 | 255 | 305 |
| Walking, 3.5 mph | 314 | 391 | 469 |

EXERCISE MYTHS

“The more I exercise, the more I eat and I gain weight!”

Exercise does have a SMALL short-term effect on increasing your appetite. This effect is LESS than the calories burned. If you eat more calories than you burned that is NOT because of appetite increase. Look at your food choices. You do not need to eat a 600-calorie dessert just because you worked out for an hour and burned 500 calories!! You're 100 calories up!! If you had only added a small post workout calorie-controlled snack you would still be negative several hundred calories.

“Exercise does not burn that many calories compared to what I need to do to lose weight”

To lose 1 lb of fat (with exercise alone) you would need to burn 3500 calories. This would take 20 hours of golf (no cart). Wow! That's a lot of golf to lose one pound of weight. That's the glass half empty point of view. Let's look at the very positive side. 2 hours of golf (350calories) 2 days a week loses you 1 lb in 5 weeks and 10 lbs a year. Imagine if you were active 5 days a week and did something a little more intensive than golf!! (Apologies to all golfers!).

“If I need to lose weight from my tummy I should do focus on crunches”

While this will help tone your abdominal muscles, your weight loss will occur ALL over your body and not just in the muscles you are using. Fat is lost throughout the body in a pattern dependent upon genetics, sex (hormones), and age. Exercise does not cause greater loss of fat in the muscle being used.

“I want to build more muscle so I should take more protein supplements”

Yes, it is true, you do need protein to build muscle using a weight training program BUT adding more protein will also add more calories and you WILL gain weight. You need to continue to focus on your total calories. Liquid protein supplements are not as satisfying as solid protein and it is likely you will be hunger sooner and want to eat more. Beware of some personal trainers who may advice increasing your protein intake without regard for your total calories or try to sell you a particular protein product.

TROUBLESHOOTING

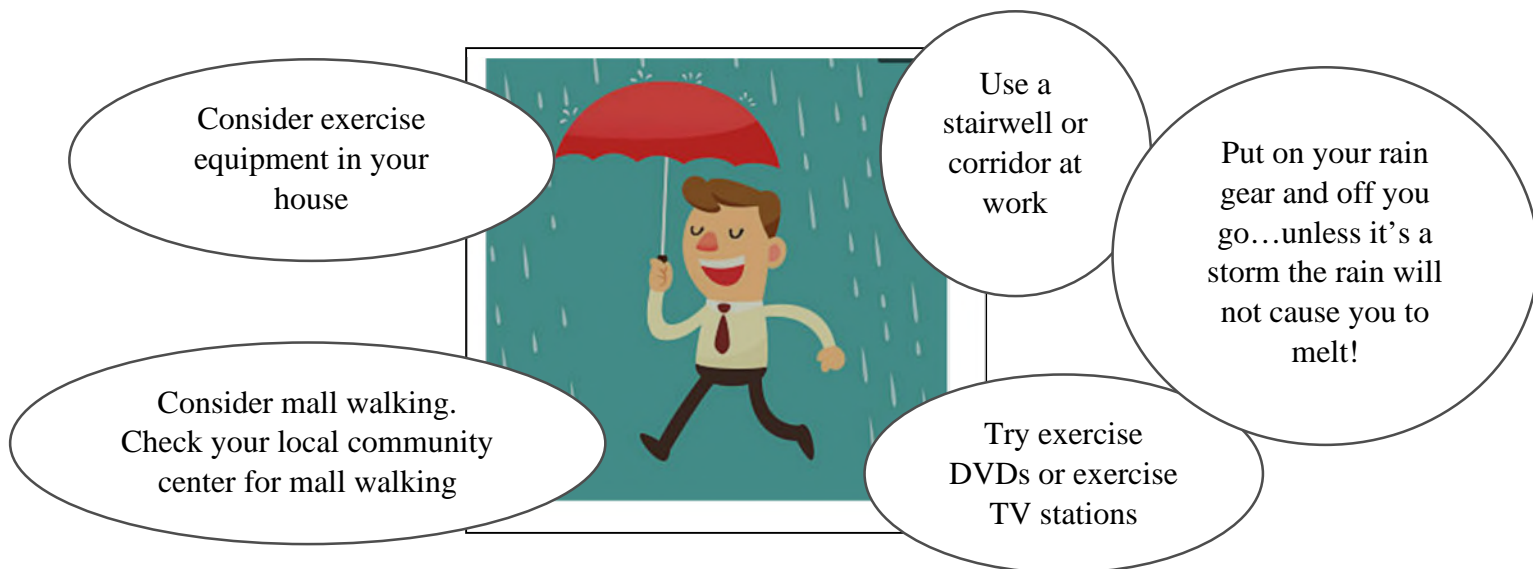
“My knee hurts!”

If your knee hurts, you should rest it. This does not mean you are completely disabled. Rest your knee but find something to do that does not bother your knee. Focus on what you CAN do, not what you cannot do.

- Consider water aerobics, chair aerobics, reclined stationary bike, and rowing machine.
- Considering seeing a physical therapist if that joint continues to be a problem.

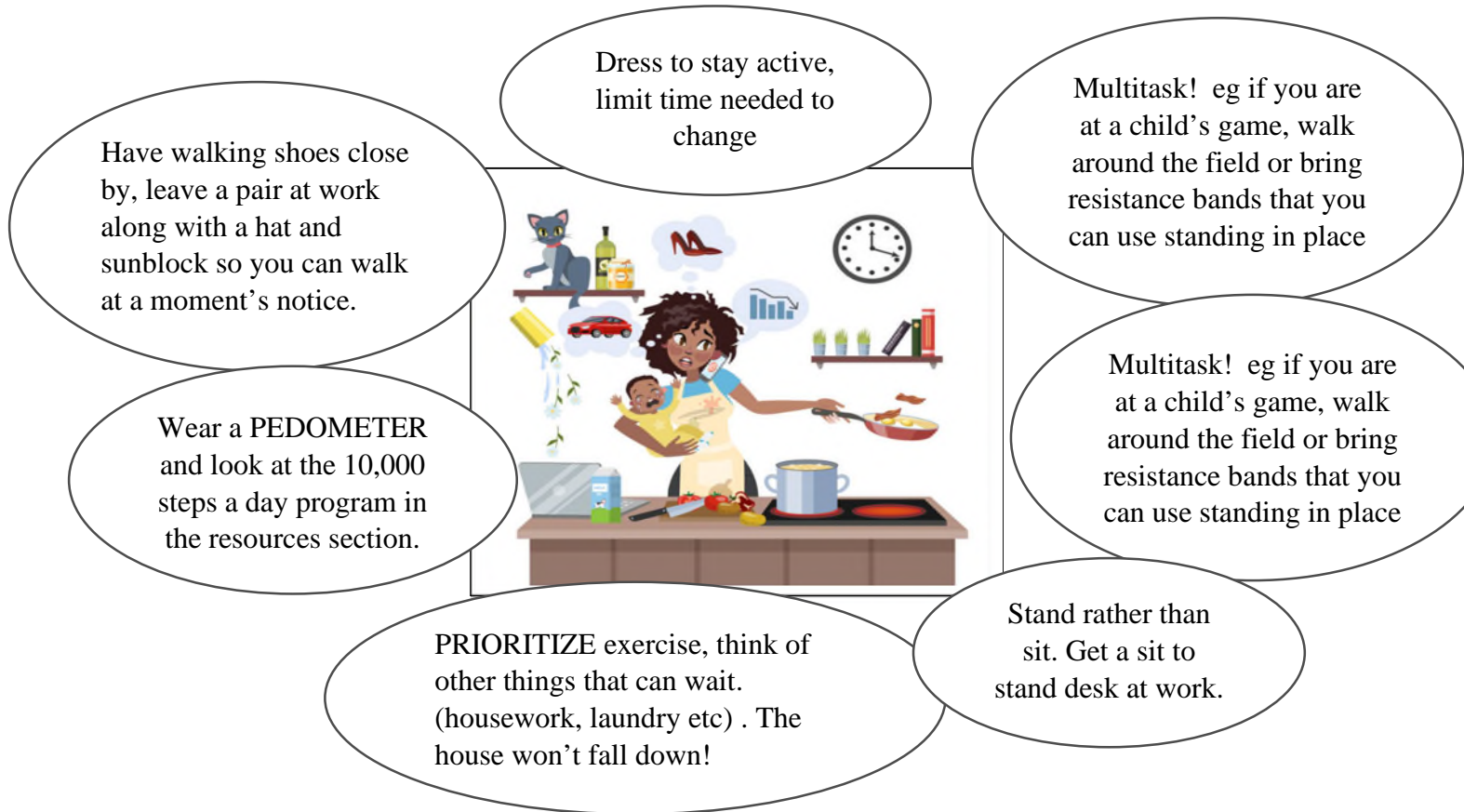
“It’s raining” or “It’s too hot”

It rains every winter (we hope!) so you have time to plan for a rainy weather routine. It’s guaranteed there will be spare the air days in the summer.



“I’ve no time”

You may not be able to head off to the gym for an hour (you have to get there too) but in the course of your day there are multiple opportunities to get exercise without using a lot time



“I can't afford the gym”

You do not need a gym membership to exercise. In fact, it can eat up time getting there.

- Look at discount gym memberships for KP members (Resources section)
- Open the front door and go for a walk. It's free, easy!
- Look at exercise TV or DVDs. (check your local library, or Kaiser Health Education center).
- Your place of work may have deals with local gyms or even have a gym on site.
- Check your local community center for bargain classes.
- Look at Mall walking groups
- Some running stores (eg Fleet Feet) organize walking or running groups outside their store

“I hate exercise!”

There must be something you enjoy doing.

- Take those Salsa lessons you’re always wanted too.
- Make it functional as well, walk to the local grocery store or post office.
- See if you can get a position at work that will give you more physical activity.
- Read a magazine while on the stationary bike.
- Listen to your favorite music while you work out.
- Partner with someone who will motivate you.
- Consider a reward system (not food!)...Buy that handbag or camera you always wanted.
- If you truly hate all physical activity, then please reconsider weight loss surgery. Hopefully you now understand how essential physical activity is to weight loss maintenance. Without it you will not be successful.

“I lose motivation”

Take a moment to consider what makes you tick. Do like being alone or with people? Do you like the outdoors? Are you competitive? Use this to help guide you to an exercise you can be consistent with.

- Try to reduce your barriers to exercise so you have less time to talk yourself out of it. Change into workout clothes at work and then go to exercise before you go home
- Set activity goals and make a chart to track your progress. Reward yourself when you reach certain goals.
- Be realistic and patient with yourself. Start where you are and gradually increase your exercise.
- Remind yourself why you started to commit to your health and losing weight. Carry a before surgery photo with you.
- Make it fun! Exercise can be a great way to relax or even socialize. Walking with a friend can be a great way to catch up. Walk after dinner with family is another idea. Listen to your favorite music to relax.
- Sign up for events such as a 5k walk or even a 10k.
- Get involved in group activities, eg hiking, orienteering, or geocaching (treasure hunting).

...”I’m Pregnant..I should rest!”

In-fact exercise is great during pregnancy. Unless your doctor tells you otherwise you should continue your exercise throughout pregnancy right up to the day you deliver your baby! Avoid activities where you might fall (e.g. climbing, horse-back riding). As your belly gets bigger you may find some exercise uncomfortable such as running. Plan on moving over to less weight bearing exercise such as swimming or recumbent bike.

RESOURCES


Walking Programs



10000 steps a day program. How to get it done!

There are many simple ways you can add steps throughout your day. Every step counts towards your good health and happiness. Think steps – anytime, anywhere.

Start by measuring your baseline steps. Commit to adding an additional 1000 steps to your daily total each week until you have figured how to do 10000 steps consistently each day.

At Home  Mark off what you can commit to doing in PEN

- Be inefficient with the housework. For example. Make multiple trips upstairs to put the laundry away.
- Open the mail while pacing around the house.
- If you help your kids with homework, quiz them while you walk around.
- Make the after-dinner walk a family tradition.
- Walk your dog or offer to walk your neighbor's dog.
- Do a fun family challenge to see who can log the most steps.
- Reward your family for meeting step goals with fun activities.
- Take a walk while your kids are playing sports.
- Walk to your neighbor or friend's house instead of calling.
- If you make a call, walk around the house while you talk.
- Start a walking club with your neighbors or friends.
- Walk to the television to change the channel.
- Turn off the television and do an active family activity.
- Walk around your house during television commercials.
- Get up and move around once every 30 minutes.
- Try to take half of your goal steps by noon.



- Plan walks into your day, for example, with a friend at the beginning of the day, and with your family at the end of the day.
- Plan active weekends (longer walks, scenic hikes, playing in the park).
- Take a walk and pick up litter in your neighborhood or in a park.

On the Town

- Park farther away in store parking lots
- Return your grocery cart to the store.
- Avoid elevators and escalators – try the stairs instead.
- Walk, don't drive, for trips less than one mile.
- Walk at the airport while waiting for your plane, and avoid the people movers.
- Take several trips to unload groceries from your car.
- Plan active vacations.
- Hike some of California's beautiful trails.

At Work

- Take several 10-minute walks during the day, walk a few laps on your floor during breaks, or go outside and walk around the block.
- Choose the farthest entrance to your building, then walk the long way to your office.
- Host "walking" meetings.
- Map out your office (really...use pen and paper...do it right now !). map the longest route to a restroom, water fountain, or copy machine, your bosses office etc. If it on a different floor, that's even better!
- Take a longer route to your meeting.
- Walk during your lunch break.
- Walk to a colleague's office rather than calling or sending e-mail.
- Set your computer for walking breaks/Move. Don't just delete the pop up reminder. **WALK!**
- Park farther away in the morning and when you go to lunch.
- Take the stairs rather than the elevator.
- Start a break-time walking club with your co-workers.
- Multitask, walk while using a speaker or cordless phone if you have basic calls to make.
- If possible ask for a sit to stand desk.

Other Step resources

Americas walking program

<https://www.pbs.org/americaswalking/health/health20percentboost.html>

American Heart association. Six-Week beginner walking plan.

https://www.heart.org/idc/groups/heart-public/@wcm/@fc/documents/downloadable/ucm_449261.pdf

| Week | Warmup | Brisk walking | Cool-down | Total Time |
|------|-----------|---------------|-----------|------------|
| 1 | 5 minutes | 5 minutes | 5 minutes | 15 minutes |
| 2 | 5 minutes | 7 minutes | 5 minutes | 17 minutes |
| 3 | 5 minutes | 9 minutes | 5 minutes | 19 minutes |
| 4 | 5 minutes | 11 minutes | 5 minutes | 21 minutes |
| 5 | 5 minutes | 13 minutes | 5 minutes | 23 minutes |
| 6 | 5 minutes | 15 minutes | 5 minutes | 25 minutes |
| 7 | 5 minutes | 18 minutes | 5 minutes | 28 minutes |
| 8 | 5 minutes | 20 minutes | 5 minutes | 30 minutes |
| 9 | 5 minutes | 23 minutes | 5 minutes | 35 minutes |
| 10 | 5 minutes | 26 minutes | 5 minutes | 36 minutes |
| 11 | 5 minutes | 28 minutes | 5 minutes | 38 minutes |
| 12 | 5 minutes | 30 minutes | 5 minutes | 40 minutes |

Chair Dancing/Chair Aerobics.

There are many versions of chair dancing or chair aerobics available on DVD, YouTube, smart phone or Ipad Apps or exercise TV stations. Check out your community library and your local Kaiser health education center. Many senior centers offer very cost-effective chair aerobic classes. These are a few options.

Sit and Be Fit: Easy Fitness For Seniors with Mary Ann Wilson, R.N DVD

<https://shop.pbs.org/sit-and-be-fit-easy-fitness-for-seniors-with-mary-ann-wilson-rn-dvd/product/>

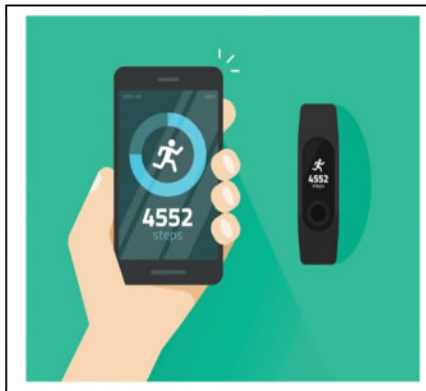
Chair aerobics for seniors

<https://www.silversneakers.com/blog/total-body-chair-workout-for-older-adults/>

Chair Aerobics printable document.

<https://www.healthpromotion.ie/hp-files/docs/HPM00487.pdf>.

Smart Phone and Mobile Device Exercise applications.



These will change from time to time.
Most wearable fitness devices will have
their own apps for your smart phones.

Here are a few of the major apps on the market

Baritastic: App specifically designed for people who have had or are planning to have bariatric surgery

MyFitnessPal: User friendly app that tracks most forms of exercise.

MapMyRun: Another user friendly app that tracks most forms of exercise

NTC: Nike Training Club offer 7 to 60 minute workouts. There is a video of a woman doing the exercise to help you. Great when you are only have a few minutes to work out.

Runkeeper: Uses GPS to track your walking or running.

Other: Amazon's home Alexa or Google home devices: You can set reminders for exercise times.

Resistance Bands

You can get these online for a very reasonable price. They are super portable and can go with you on vacation, to the office, to the kitchen, where-ever you want to work out. They usually come with inserts explaining how to use them or you can also download smart phone Apps. You can get a full body resistance training workout using them.



20 Resistance Band Exercises to Strengthen Your Entire Body

<https://www.self.com/gallery/resistance-band-exercises>



. Gym Equipment



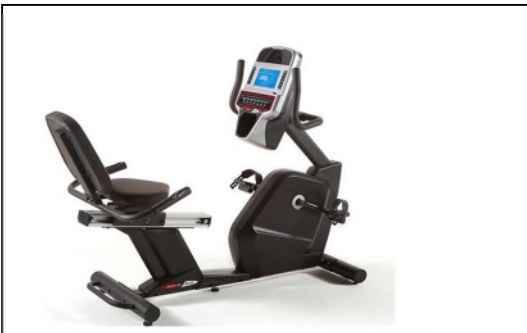
Hand ergometer & rowing machine

- Allow for upper body exercise
- Ideal with lower body injury/pain situations
- Back is supported.



Stationary Pedal Machines

- Portable & light weight
- Space friendly (easily fits under most desks and tables)
- Can be put atop a table for upper body work
- Put it front of you while seated comfortably to work



Recumbent bicycle

- Lower impact activity
- Pedals are in front of you
- Back is supported.



Stationary bike

- Pedals are typically below your torso
- Still low impact (as compared to walking & running)

Kaiser Permanente Resources

See Chapter 9 Resources for Discounts at Gyms, health education exercise classes, wellness coaches, and more.

Chapter 5. Emotional Health and Support

Table of Contents

| | |
|--|-----|
| Key principles –TOP 10..... | 102 |
| Mindful Eating..... | 103 |
| How do I know if I’m physically hungry or emotionally hungry?..... | 107 |
| 10 Steps to Freedom from Emotional Eating By: Nancy Mehegan..... | 108 |
| Emotional Eating Exercise..... | 110 |
| Changing our Thinking..... | 111 |
| Restructuring Negative Thoughts | 112 |
| Other ways to untwist your thinking:..... | 114 |
| Transforming your Body Image While You Transform your Body..... | 116 |
| Changing Your Behavior | 118 |
| Exercise Program Planning Guide..... | 121 |
| Managing Strong Emotions | 125 |
| Common Triggers | 127 |
| You and the World:..... | 130 |
| Realistic Thinking About Life After Surgery | 130 |
| Unhealthy Behaviors and Bariatric Surgery | 136 |
| Support Groups | 139 |

Key principles –TOP 10

1. Failing doesn't make you a failure, making a mistake doesn't mean you are a mistake.
2. Look for patterns in your challenges- is it a mood, a person, a situation, a time of day that tends to pull you off your plan? Self-monitoring logs can help with this!
3. Focus on your values- what makes lifestyle changes worth doing?
4. Remember: What you eat in private shows up in public.
5. Consistency is key; however, do not fear change when it is needed.
6. Remember to focus on PROGRESS, not “perfection.”
7. Get into and keep up with the “first meal of your day” habit.
8. Don't forget physical activity and don't limit yourself. The best exercise is the one you're willing to do! Every little bit helps.
9. Reach out for help when you need it and reach out early! Don't wait to reach out as a last resort- reach out when problems arise so you can get back on track faster.
10. Stress and too little sleep are saboteurs of weight management. Prioritize yourself and your health.

Mindful Eating

Take control of your physical health, emotional well-being & eating habits for a successful bariatric surgery process



Mindful Eating Skills

The goal of eating mindfully is to improve your eating habits, pay attention to moment-to-moment experiences and reactions as you eat, taste and enjoy food more fully, and to be present with yourself and food. Observe your reactions with a non-judgmental attitude.

Before Eating:

- Set aside a 20 minute period to eat at a consistent place. For example, only eat at the dining table.
- Place the food in front of you, but do not eat it as of yet.
- Rate your hunger level from 0-10. 0 = physically hungry, 8 = satisfied, and 10 = uncomfortably full.
- Before eating ask yourself “am I physically hungry”. Recall your signs of physical hunger.
- Relax your body and mind. Take a few Deep Abdomen Breaths.

While Eating:

- Observe any reactions you may have. Mentally note any thoughts, feelings or cravings. Make a conscious decision to begin chewing. Chew slowly. Chew multiple times until the food is completely soft.
- Rate your Hunger level from 0-10. 0 = hungry, 8 = satisfied, and 10 = uncomfortably full

Behavioral Techniques:

- Take a few Deep Abdomen Breaths
- Place down the fork after each bite
- Chew slowly. Chew multiple times.
- Swallow slowly

Cognitive Techniques:

- After swallowing, feel the food in your stomach. Note that your stomach is fuller than before.
- Rate your Hunger level from 0-10. 0 = hungry, 8 = satisfied, and 10 = uncomfortably full.
- Ask yourself ‘am I satisfied, not full or stuffed.
- Differentiate between Physical vs Emotional (AKA Head) Hunger as you eat

Remember, the signs of Physical Hunger, these include the following:

- Gradual appetite, not sudden appetite
- Your appetite is open to different food, not specific food craving
- It is below the neck. That is, you feel your stomach sensations, feeling stomach emptiness
- Patience with food, no immediacy, not urgent with strong desire
- It is an intentional choice and awareness to eat, it is not paired with upset emotions

- Hunger stops when you are satisfied, no uncomfortably full, you can feel the food in your stomach
- After eating there is no distress. It does not follow with feelings of guilt, shame, or discomfort

Eating feels good

- Some foods make biochemical changes in our bodies. Chocolate, for example, increases serotonin and other chemicals that have mood enhancing qualities.
- When we eat chocolate regularly and benefit from an uplifted mood, eventually just thinking about chocolate can change our mood
- Some food items are more soothing than others; these are usually high in fat and sugar. These food items may also be associated with childhood memories or with celebrations and holidays.
- Eating can also stimulate us. When we are bored, feeling exhausted or stressed (for some) eating can serve as stimulation so we feel engaged, awake, or positive.

Anything we do repeatedly can become a habit. Habits we can do without thinking too much about can be very comforting, even when we know they are unhealthy. Particularly during times of stress we tend to revert to these habits.

A note on “Fast-food”:

In our fast paced world we rarely have time to just eat. We drive, we watch TV, and often we have conversations while we are consuming our calories.

Stretch receptors in the stomach are activated as it fills with food; these signal the brain directly about fullness. Scientists have known for some time that a full stomach is only part of what causes someone to feel satisfied after a meal; the brain must also receive a series of signals from digestive hormones. This makes sense since we know a few hundred years ago we had to chew more (eat slowly) because everything was raw and takes much longer to chew.

By eating more slowly, we can give ourselves time to feel our fullness signals. We can eat more slowly by chewing every bite at least 30 times, putting the utensil down between bites, or taking a few minutes break midway through the meal. To slow down naturally, you may choose foods that require work, such as dense protein.

mindLESS eating

eating on autopilot

eating in front of the TV, computer, while driving, etc.



relying on external VS internal clues: clean plate, empty package

EATING JUST BECAUSE IT'S THERE!

People who ate from clear dishes ate



more than those who ate from white dishes.

People ate 53% more popcorn from large buckets than from small buckets.



(evethough the popcorn was STALE!)

mindFUL eating



Don't skip meals! Ignoring hunger can lead to overeating.



More bang for your buck: Protein and healthy fats keep you fuller for longer!

Have a plan: know when and where to grab healthy options



CHOOSE SATISFYING SNACKS THAT INCLUDE PROTEIN!



Like GatorWell on Facebook! Visit gatorwell.ufsa.ufl.edu

How do I know if I'm physically hungry or emotionally hungry?

Emotional Hunger

vs

Physical Hunger

Your hunger comes on **suddenly**

You must be satisfied **instantly**

You crave specific **comfort foods**

You eat **quickly, usually in private**

You're not satisfied with a **full stomach**

After eating you have feelings of **shame, guilt or powerlessness**

Your hunger comes on **gradually**

Your needs can **wait**

Lots of foods sound good to you

Take your time eating with good company

You **stop eating** when you're full.

After eating, you **do not feel bad** about yourself.

10 Steps to Freedom from Emotional Eating

By: Nancy Mehegan

1. Love yourself

I learned to love myself even when I binge; to love the overweight me. This was hard!

When we embrace our negativity (shame, guilt, fear, anger and grief and fat), we are in essence creating for ourselves a new reality. It doesn't matter how much shame, guilt, or fear we experience. It doesn't matter what we've done. We know that we are lovable deep down underneath all the 'garbage'.

2. Give up perfectionism

Welcome to an 'imperfect world'. What is an ideal body or weight? Who is to say? I learned to see life more as a spiral or zig-zag, not a straight line. Life is more fluid now. Sometimes I still binge, although rarely, and I accept this part of me that binges. I focus more on becoming aware of my hopes and dreams.

3. Break out of the "Being-Nice" trap

Oooh. This was a 'big' one. How many 'jolly' fat people are crying inside? I used to be the 'nicest' person you would ever encounter. You could be violating my boundaries, stepping on my shoes and insulting me, but I would always be sweetly smiling. Afterwards I might binge. I am learning the difference between being nice and genuine caring. It's a fine line. If any of the following feelings are familiar you may be caught in the snares of "the being-nice trap":

"Feeling extraordinarily dry, fatigued, frail, depressed, confused, gagged, muzzled, unaroused... Feeling frightened, halt or weak, without inspiration, without animation, without soulfulness, without meaning, shame-bearing, chronically fuming, volatile, stuck, uncreative, compressed, crazed... not insistent on one's own tempo, to be self-conscious..."

A healthy woman is much like a wolf: robust, chock-full, strong life force, life-giving, territorially aware, inventive, loyal, roving..." Women Who Run With the Wolves by Clarissa Pinkola Estes

4. Find alternative means of coping

Sharing problems, dialoguing, journal writing, communicating with Self, listening to music, exercising, pursuing hobbies, reflecting and meditating. I drive near a forest nearby and tune into nature, let my mind rest from dwelling on problems, try to feel some joy...

5. Nurture yourself in new ways

I give myself what I need. I sleep when I am tired, eat when I am hungry, love when I feel empty. I enjoy my solitude when I need to be alone and I share with others when I need to express myself.

6. Be open to intimacy

I allowed others into my life. I trusted. This is what I really 'craved'. It's much more fulfilling than the extra cupcake. Yes, it's scary sometimes. But I meditate more, keep a journal, dialogue with the scared part of me, experiment. I did grief work. I became more sensitive to people. I became more aware of who was capable of being 'there' for me.

7. Find your boundaries

Flamenco dancers... True Boundaries exist as we learn to "focus" our awareness on our core. We learn to protect our core from outside influence and distraction, we grow our boundaries. Don't think of a boundary as a "line" around you defining your space. Think of it as a field of power.

To help you understand this concept, think of the image of the flamenco dancer. Think of the kind of intense, deep passion that flamenco dancers express and how "contained" the flamenco dancer is. That containment allows for the direct focusing of her passion. It isn't loosely falling all over the place. It isn't scattered and directionless. It isn't being nice and pretty. It isn't, what Clarissa Pinkola Estes calls, sanitized. The dancer doesn't stop in the middle to answer an irrelevant question, or become distracted by the details of who is in the audience and who isn't. She is utterly self-contained and focused.

8. Connect

We learn to disconnect in a number of ways. The most popular and acceptable way is we live from our heads, not our hearts. We learn to put our feelings aside and relate through our mental functioning. We numb out. We become "nice." We focus on others for the purpose of losing touch with ourselves. We sabotage our truth in order to be accepted and fit in.

Today I notice when I am disconnecting. I also know how I connect: Meditation, going into the woods and nature, being kind to myself and others.

9. "Fall into Heart"

Instead of binging, find your safety resources, (a safe place, people you can trust and call when you feed badly) and begin to FEEL the feelings instead of stuffing them with food.

Fragmentation is the experience of our disconnected, disjointed and splintered selves. It's an out-of-control feeling, the feelings underneath the binging. It's difficult but a blessing. This is where the raw stuff is, where the work is. Journal, dialogue, begin to work with the feelings. I was taught techniques to navigate fragmentation.

10. Stop thinking about Food and LIVE!

As we heal, we are less obsessed with food and calorie counting. We take small steps to begin to feel our passions, what excites us and we begin to follow our inner callings. Food compulsions fall away as an issue, naturally and we move into our fierce aliveness.

Emotional Eating Exercise

What will true recovery look like?

This exercise will help you get in touch with what you want out of recovery.

With pen and paper in hand, sit in a comfortable chair. Relax, be still and quiet. Close your eyes. Breathe deeply and continue to do so until you are very relaxed. While in this deep and quiet space, feel into a typical day of your present life. What activities occupy your time? What thoughts? What feelings? What is the general pace of your life? The overall feeling?

Now get specific. Ask yourself the following questions and jot the answers down. It is very important to remain in a passive, serene state of mind while you do this. Do not lose your connection with this deep place.

- How much time do I spend on enjoyable activities?
- What are these activities?
- What feelings occupy most of my time?
- What thoughts occupy most of my time?
- What activities occupy most of my time?
- How much time is spent bingeing?
- What types of activities do I now do to help me cope with stress, conflicts, difficult emotions?
- How much time is allotted for growth and development?
- How much time do I spend alone, with others?
- Is this time enjoyable? Fulfilling?
- How much time is spent on activities that challenge and excite?
- What are these activities?
- How many of my day's activities would I rather not be doing?

When you've finished answering the above questions, again be still and quiet and let yourself feel into the quality of your life at present.

Now imagine yourself at a Future Time. Repeat and ask the same questions. Notice the differences...

Now ask for guidance. I like to ask my Inner Self, "What do I need to do at this point in time to help myself make this future life a reality?" Be still and wait. Your answer may come in any form - a feeling, a flash of knowing, a visual symbol, a sensation; or it may come from the outside, at a later date - a statement a friend or therapist might make, an event that alters your way of perceiving. Remain open. The answer will come.

Changing our Thinking

Goals vs Values

Values are about how you want to behave or act on an ongoing basis. They may represent important qualities about the person you would like to be. Values may include things such as being loving or creative, being a good friend, or maintaining health and fitness.

In contrast, goals are generally less deep, less long-term, and about what you want to get, have, or complete. To have a big car, a big house, a great job, a wonderful partner, or a thin body would be examples of goals. Prioritizing goals over values would be like driving a bus to various bus stops (goals) without having an overall direction of where you want to be going (values). At the same time, we can set goals, like stops on a bus route, that can help us get to our destination in terms of our deeper values.

Achieving bariatric surgery can be thought of as a goal, or stop along the journey, towards a value of being healthier for ourselves and our loved ones. Keeping our focus on the end value can help make the difficult goals along the journey easier to overcome.

More than three decades of research have shown that our process for change generally falls on a spectrum between acceptance on one end and “white knuckling” forcing through on the other end. We now know that our emotional connection to the big picture of our life, or to our deeper values, is the basis for “making room” for difficulties that come up along the way. How connected we feel to our values within the domain of relationships, work/productivity, health, spirituality/creativity, etc. will determine our level of acceptance.

Conversely, focusing on goals without a clear emotional connection to the bigger picture of our values often means that we may force through challenges for a little while, but lack the ability to maintain longer term changes. This may promote avoiding unpleasant experiences that prevent us from engaging with our values (such as feeling too self-conscious to go to a party or feeling too lazy to go for a walk). Remember, most of life is a process to be lived rather than a problem to be solved. If your thoughts are not helping you move towards your goals, then treat them as you would any other tool: if you need a hammer and you pick up a screw driver then you simply drop what’s not useful and pick up what you need. Similarly, if a thought is not helping us engage in values-based behaviors, then from this standpoint we simply drop them and work towards a thought that is more helpful.

Restructuring Negative Thoughts

Many of us have been there, one day we feel like we can do anything – and we resolve to try. But a few days or weeks later, we wonder how we can get up the desire to even get out of bed. When it comes to keeping up with healthy eating and physical activity, our psychological state can have a tremendous impact on our success. Let's work together to build healthy psychological strategies that can assist you in reaching your life and weight loss related goals.

Take a moment to review these four steps for staying the course.

Step #1: Examine your thinking

What's going on in your mind as you try to change your behaviors? Remember the connection between our thoughts, our emotions and our behaviors. The first feeds the second, the second the third. If our thinking is awry, so goes our emotions, and our behaviors reflect how we're feeling. Consider these thinking errors common to individuals struggling with weight loss issues:

All-or-nothing thinking – The tendency to go to extremes, judging ourselves and our bodies as extremely good or bad. Challenge this thinking by recognizing that few things are truly one extreme or another.

'Should' statements – Trying to motivate yourself with “should(s)”, including comparing yourself to perfectionistic images in the media. Remember you have choices; look for them.

Magnification/minimization – An over-focus on things you dislike about yourself while minimizing your positive attributes. Thank someone who compliments you and skip the 'but....'

Scapegoating – Incorrectly concluding that a disliked physical characteristic is directly responsible for certain difficulties you encounter. Remember that making assumptions and taking things personally can be a big mistake; fat prejudice does exist, but it may not be responsible for all your troubles.

Mind reading – Projecting your own thoughts/beliefs onto others. Remind yourself that even though you are bright and perceptive, you still can't read others' minds.

Fortune telling – Predicting how your physical shortcomings will affect the future. Remind yourself that even though you are bright and perceptive, you still can't predict the future.

Emotional reasoning – Thinking it must be true if you feel or believe it. Identify what you are feeling and remind yourself it's just a thought – that doesn't make it true. Excerpted from www.fitwoman.com

Step #2: Restructuring your thinking Now that you have identified some problematic thoughts or behaviors you engage in, let’s work on changing them into positive thoughts and motivators! Using the table below, here are the steps to follow:

Column 1: Identify situations that led to unpleasant thoughts (e.g., got into an argument with a friend).

Column 2: Write in your automatic thoughts associated with the event (e.g., I’m worthless).

Column 3: Describe the evidence for and against the thoughts in column 2.

Column 4: Examine the advantages and disadvantages of continuing to think this way.

Column 5: Create alternative self-talk statements and thoughts to help you change your responses.

| 1-Situation | 2-Automatic Thoughts | 3-Evidence for &/or Against | 4-Advantages &/or Disadvantages | 5-Restructured Thoughts |
|-------------|----------------------|-----------------------------|---------------------------------|-------------------------|
| | | | | |

Adapted from The Weight Control Digest 1997; 7:601, 608–611. Used by permission

Step #3: Developing a Plan

Do you have a clear plan about how you're going to get where you want to go? Write down what you want to achieve and how you're going to do it. Break it down into realistic, achievable steps, setting intermediate milestones that will take you to your final goal (example: walking 30 minutes a day instead of losing 50 pounds). Instead of negative goals, such as "I won't binge this week," use positive statements: "I'll eat three meals today and prioritize protein first in each meal."

Remember to plan rewards along the way. There's nothing better than winning and that works best when we get a 'prize' for it, too! This helps you celebrate your successes along the way rather than waiting for the lottery. Rewards can be treating yourself to a bath or few moments alone, or simply being mindful and allowing yourself to accept a personal compliment that you give yourself about your progress.

Step #4: Take action

Having a hard time figuring out where to start? It doesn't really matter – as long as you start. You might want to start with something that's relatively easy for you to do, so you can experience success quickly. It's also important not to take on too much at one time, to avoid overwhelming yourself.

Tip: Take a couple of minutes every day to write down your successes. You'll build the habit of recognizing what you've done instead of focusing on what you haven't done.

Other ways to untwist your thinking:

Counter the Distortion: Write down your negative thoughts so you can see which of the cognitive distortions you're involved in. This will make it easier to think about the problem in a more positive and realistic way.

Examine the Evidence: Instead of assuming that your negative thought is true, examine the actual evidence for it. For example, if you feel that you never do anything right, you could list several things you have done successfully.

The Double-standard Method: Instead of putting yourself down in a harsh, condemning way, talk to yourself in the same compassionate way you would talk to a friend with a similar problem.

The Experimental Technique: Do an experiment to test the validity of your negative thoughts. For example, if, during an episode of panic, you become terrified that you're about to die of a heart attack, you could jog or run up and down several flights of stairs. This will prove that your heart is healthy and strong.

Thinking in Shades of Gray: Although this method might sound drab, the

effects can be illuminating. Instead of thinking about your problems in all-or nothing extremes evaluate things on a range from 1 to 100. When things don't work out as well as you hoped, think about the experience as a partial success rather than a complete failure. See what you can learn from the situation.

The Survey Method: Ask people questions to find out if your thoughts and attitudes are realistic. For example, if you believe that public speaking anxiety is abnormal and shameful, ask several friends if they ever felt nervous before they gave a talk.

Define Terms: When you label yourself "inferior" or "a fool" or "a loser", ask "What is the definition of 'a fool'?" You will feel better when you see that there is no such thing as "a fool" or "a loser".

The Semantic Method: Simply substitute language that is less colorful and emotionally loaded. This method is helpful for "should statements". Instead of telling yourself "I shouldn't have made that mistake", you can say, "It would be better if I hadn't made that mistake."

Re-attribution: Instead of automatically assuming that you are "bad" and blaming yourself entirely for a problem, think about the many factors that may have contributed to it. Focus on solving the problem instead of using up all your energy blaming yourself and feeling guilty.

Cost-Benefit Analysis: List the advantages and disadvantages of a feeling (like getting angry when your plane is late), a negative thought (like "no matter how hard I try, I always screw up"), or a behavior pattern (like overeating and lying around in bed when you're depressed). You can also use the Cost-Benefit Analysis to modify a self-defeating belief such as "I must always try to be perfect".

Adapted from <http://www.bpdrecovery.com/untwist-your-thinking>
David D. Burns (1990) The Feeling Good Handbook New York, NY: Penguin USA

Remember to re-visit this section after surgery!

It is not uncommon after bariatric surgery for patients to worry about their future success and potential "failure." Post-operative patients often discuss their concerns around returning to old habits, self-sabotaging and the fear of re-gaining weight. Many wonder how this experience can or will be different from past attempts with weight loss. Once patients adapt to the various behavioral changes there seems to be a sudden onslaught of "what ifs." Many question how they will be able to maintain these behaviors without slipping back into old behaviors. Patients recognize the importance of the decision they have made and are scared of not being "good enough" with their diet and exercise regime.

These fears and negative thoughts can lead to greater anxiety and frustration and make it difficult to stay on track. When and if this occurs it is important to take a step back and remind yourself why you choose to have bariatric surgery. Instead of focusing on the negative, begin to focus on the positive possibilities within your control and think about what will help you to achieve them.

By challenging your negative thoughts you are able to consider alternatives that may not have been an option for you earlier. Patients are then able to think about and set realistic goals such as trying new activities, exercising for a longer period of time and becoming more socially active with friends and within their communities.

Transforming your Body Image While You Transform your Body

Many individuals pursuing bariatric surgery are hoping to lose weight, improve their health, and also shift the way they feel about their body. You can begin to shape your body image now!

Changing your body image involves an attitude adjustment instead of just an appearance adjustment. It means feeling at home in your own skin rather than feeling separated from your own body.

What is body image?

Body image is not what you look like. It has to do with your personal relationship with your body, which includes your:

- Thoughts
- Beliefs
- Perceptions
- Feelings
- Actions

My body image goals:

What are your body image goals, prior to and after surgery?

Thoughts:

When I think about myself, I'd like to stop thinking

and think

instead.

Feelings:

When I look in a mirror, I'd like to stop feeling

and feel

_____ instead.

Actions:

I'd like to stop

and start

_____ instead.

Excerpted from Learning to Love Your Looks: A Body Image Group for Men and Women by Barbara Sparrow, M. A. and Allison Sallee, M. A., LMFT, Counseling & Mental Health Center, The University of Texas at Austin

Changing Your Behavior

The best key to changing your behavior is being *aware* of it. Keeping a food log is a useful tool for becoming mindful of what you're doing and why. An emotional eating food log can be particularly useful for tracking patterns in your eating behavior. You may notice that you eat off-plan most often at a certain time, certain day of the week, or certain social situation. This can provide valuable information about places in your life, where you may need cope with a situation (boredom, frustration, pain, etc.) in a different way without using food. One exercise is below, and a more thorough eating log is available on the next page.

Conscious Eating Exercise

(from Beck's Diet Solution by Martha Beck)

1. Write down the food you plan to eat for tomorrow.
2. Make the following notations on your food plan:
 - a. Check off the food items you ate that were on your plan.
 - b. Cross out any item you planned to eat but didn't.
 - c. Write down and circle any food you ate that you had not planned to eat as well as circle any items from your food plan which you overate.
3. Maintaining less than six unplanned meals per week (indicated by the circles) is a good benchmark to shoot for.

| Date & Time | Craving | Location | People | Situation | Feelings Before | Food Eaten | Emotion After | Notes |
|--|--|--|--------------------------|--|--|--|---|--|
| <u>EXAMPLE:</u> Monday Oct 1 @11am | <u>EXAMPLE:</u> Pastries chocolate sweets | <u>EXAMPLE:</u> Work- break room | <u>EXAMPLE:</u> Alone | <u>EXAMPLE:</u> Celebration on our unit for employees | <u>EXAMPLE:</u> Stressed Back hurting Over-worked Deprived | <u>EXAMPLE:</u> Part of a pastry | <u>EXAMPLE:</u> Felt bad for the partial pastry- felt good that it was only part | <u>EXAMPLE:</u> Free food is a trigger, being alone is a vulnerability |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Behavior Change Tips

Weight loss surgery will not change the stresses you face in life. It is **ESSENTIAL** that you have ways to lower the impact of these stresses. Below are suggested diversions and stress management techniques. Add to this list as you learn what works for you.

- Try to plan in advance for potential “danger situations”.
- Have your technique ready to put into action.

Diversions:

To replace my urge to eat I CAN:

- Read
- Work on a project
- Do a puzzle (have one ready)
- Call a friend
- Take a class
- Take up a new hobby
- Exercise/Walk/Stretch
- Art/Music
- Take a bath/shower
- _____

Environmental Changes:

To help avoid temptation I CAN:

- Keep unhealthy food choices out of the house, office and car
- Avoid places with temptation foods
- Avoid people that engage in temptation foods- or change what you do together
- Change my routine/route
- Use the buddy system in places or situations that tempt me
- _____

Stress Management/Relaxation Techniques:

- Journal
- Deep breathing/relaxation
- Take a shower or bath
- Talk to someone
- Meditate
- Listen to music
- Yoga
- _____

Challenges:

I need to prepare for:

- Food available at work
- Work/school schedules that interfere with regular meals
- Social eating with family or friends
- Ordering meals from menus
- Food shopping temptations
- The food court
- Travel
- _____

Exercise Program Planning Guide

Regular physical activity will help prepare you for your surgery and help you create healthy habits for weight loss and healthy weight maintenance after surgery. While you'll have a lot to work on after surgery, there are things you can do today to help maximize the benefits of surgery. (please refer to the Exercise section in your binder for additional tips).

Plan to do *some form of physical activity* consistently both before *and* after your surgery. Use the *FITT Principle* to help you keep track of your activity.

Frequency:

- This is the number of times you engage in moderate intensity exercise each week.
- Plan to be active every day of the week.
If you miss a day, resume your commitment the next day OR modify your plan for this day
- Start by committing to a few minutes a day, that is okay.
Make a goal to increase the frequency over time. Pay attention to what your body tells you, don't injure yourself!

Intensity:

- Intensity refers to the pace of your activity.
If you want to become fit, you should challenge your heart, lungs and body.
- A good way to judge intensity is to use a scale of 0-10. Let 0 = how you feel at rest and let 10 = how you would feel if you were working as hard as possible. You want to work at an exertion rate of 6-7, the way you would feel if you were walking briskly to catch a bus or train that was about to leave the station.
You may need to work up to this if you are not used to physical activity.
- Remember to warm up before you exercise and cool down after exercise to decrease your chances of injury.
Begin working slowly and increase your intensity. Towards the end of your workout, taper down the intensity as you cool down.

Time:

- Time refers to the duration of your walking or other exercise.
- The minimum goal is 20 minutes time on the days that you exercise.
- You can complete it in one session or in short increments throughout the day.
- For best results, aim for 45 minutes of activity daily. This may be a goal to work up to.

Type:

- Type refers to the kind or mode of activity you choose.
- Many people start with brisk or power walking, but you may want to try other aerobic activities from time to time to keep your body challenged and your mind motivated.
- Other activities may include using an aerobics video at home, hiking, dancing, tennis, swimming, jumping rope, or using different cardio machines at the gym.

How Do I Get Started?

- Commit yourself to being consistent
- Set aside time every day
- Look for opportunities to increase activity in everything you do each day
- Do something enjoyable while exercising (listen to music, dance...)
- Start slowly and increase activity every week
- Keep an activity log
- Get a partner

If it's been a long time since you've been active, you'll want to begin slowly so that you won't injure yourself. Choose activities that you enjoy and will stick with over time. Gradually start to do a little bit more, go a little bit faster, or a little bit farther. Challenge yourself at your own pace and set realistic goals. Remember, your overall goal is to try to build a physical activity program that you can stick with for the long term. If you can achieve this, you will be much better able to manage your weight for the rest of your life.

What Activity Can I Do?

Anything Counts:

- Walking
- Swimming (try walking or using a kick board in the pool)
- Gentle biking (try stationary)
- Hiking
- Gardening (create that peaceful heaven you've always wanted)
- Cleaning (kill two birds with one stone)
- Walking the dog (animals need exercise too)
- Dancing (put on your favorite music and start moving to the beat)
- What else can you think of?

How Hard Should I Exercise?

Nice and easy does it. Exercise does not have to be intense to be of value. In fact, if you exercise too hard, you get less benefit than if you go at a moderate pace.

Above all, listen to your body. If the exercise feels too hard, slow down. You will reduce your risk of injury and enjoy the exercise much more.

Try the 'talk-sing test' to determine your ideal exercise pace:

- If you can't talk and exercise at the same time, you are going too fast.
- If you can talk while you exercise, you are doing fine.
- If you can sing while you exercise, it would be safe to exercise a little faster.

Your exercise is most effective when you can talk, but not sing, while doing it.

How Often and How Long Should I Exercise?

Most studies show that exercising for 30 minutes on most days of the week is what it takes to improve fitness. However, sometimes it is easier to make exercise a habit if you do it every day.

With aerobic exercise, harder is not better, but longer is. Although you can benefit from as little as 10 minutes of aerobic exercise per day, extending your exercise time will increase your rewards. This is true for up to 1 hour of exercise per day. Beyond that, there may be diminishing health returns and increasing risk of injuries.

No one can prescribe the perfect fitness plan for you. You have to figure it out based on what you enjoy doing and what you will continue to do. The next few pages can be a big help.

Consistency is the most important, the most basic, and the most often neglected part of fitness. Consistent, regular exercise or moderate activity delivers all of the fitness benefits.

Finally, moderate exercise is safe for most people. To be safe, start slowly and gradually increase the intensity of your exercise. *If you have a serious health condition or can answer yes to any of the following questions, you will want to check with your doctor or health professional prior to beginning a vigorous exercise program.*

The Benefits of Exercise for Overall Physical Functioning

Did you know that engaging in various types of physical activity can improve your physical functioning in your everyday life? Here are some examples:

Aerobic/endurance activities make it easier to:

- Vacuum
- Sweep
- Push a stroller carrying a child
- Walk at an incline

Flexibility, or stretching exercises make it possible to:

- Make a bed
- Bend over to put your shoes on
- Look over your shoulder

Strength training can help maintain the ability to:

- Stand up from a seated position
- Carry a bag of groceries from one room to another
- Carry smaller children
- Lift bags of leaves in the yard

Stability/balance exercise can help with:

- Standing on tiptoe to reach something on the top shelf
- Walking up and down the stairs
- Walking on an uneven surface without falling

Source: Adapted from the National Institute of Aging's *Exercise and Physical Activity Guide*. From [http://www.nia.nih.gov/HealthInformation/Publications/Exercise_Guide/01_getready, htm](http://www.nia.nih.gov/HealthInformation/Publications/Exercise_Guide/01_getready.htm)

Managing Strong Emotions

Take Control of Your Thoughts in Four Simple Steps

Neurotransmitters promoting positive feelings flood the reward center of the brain whenever we feel a strong urge or craving whether it be for mood altering substances like fat and sugar, or behaviors such as gambling or over shopping. Repeatedly engaging in these behaviors creates a neuropathway “groove” that makes it more likely that we will seek these habits instead of alternatives when times of stress occur.

The more you have reinforced a certain behavior, the more readily dopamine and cortisol flood your brain. Dopamine has the effect of magnifying the positive of your craving, while cortisol gives the deceptive message that if “I don’t indulge I’ll feel terrible for the rest of the day.” In order to manage cravings and urges skillfully, try the four step process below to “rewire” the reward center of the brain.

The material presented here is from the recommended book You Are Not Your Brain by Jeffrey Schwartz

First, relabel. Meaning: identify your problems. E.g.: “Every time I’m stuck at something, I take the shortcut to stress-relief by eating candy.”

Second, reframe. Put this thought in the right folder. E.g.: “Sugar doesn’t help me feel better. It actually does the opposite. It’s a bad brain circuit.”

Third, refocus. I.e. create a new circuit. It’s essential that you manage to successfully shift your attention to something other than what you’re craving for at least 15-20 minutes. Ideally you could call a friend or something else that will not let you be distracted (e.g. playing a video game if you’re not going to call). When calling, it’s important to talk about anything that will help get your mind of what you’re craving for at least 15-20 minutes. This allows the brain to metabolize the excess neurotransmitters and go back to equilibrium.

Finally, revalue. Acknowledge the better you by looking at the situation from outside. Say: “eating candy was a deceptive brain message. I now tackle stress much better. I’m going to take a walk or call a friend.”

Keep a “Healthy Habits” Notebook

Now, moving from phase 2 to phase 3 is not as easy as it sounds. After all, in time, even a good and calming habit may seem tiring. So, the solution is to make a list of all the good habits you

can think of, so that you can juggle with them. That way, you'll still get the instant gratification! But, this time it will be through an activity, which you know is good for you.

“The Three D principle”

A successful post-op patient eloquently describes her journey, “There are three D’s to Bariatric surgery; Decision, Determination, and Dedication.” The “three D’s” are applied to almost every interaction in order to maintain the lifestyle change. You will need to be dedicated to your decisions and determined to follow through with them. You can apply “the three D principle” every day beginning from the day to attend bariatric orientation through all of your days before and after surgery.

For example, at the party you attend this weekend, you need to Decide what to eat and how much before you arrive. Despite the temptations, you need to be Determined to maintain your choices as it reflects your Dedication to the process. You also need to Determine how you will fit exercise into the day, and be Dedicated to it even if means making the Decision to leave the party early.

Changes in your food habits and your general lifestyle are to be expected. However, there may be other changes that you do not anticipate. In order to make your journey as smooth as possible, it is important to begin thinking about these issues before you have surgery. There is no wrong way to feel about the changes you experience. They are your feelings.

- When do you think you might be able to use the “Three D principle?”
- What was the decision(s) involved?
- Where did you show (or will need to show) determination?
- What can you do to have dedication to your health and self-care?
- Where might your “Three Ds” be challenged?
- Who might challenge your “Three Ds”?
- What can you learn from previous challenges to help you with the “Three Ds” moving forwards?

Common Triggers

Many things can trigger a person to eat when they are not hungry. Identifying your triggers and preparing to handle them can help maintain your weight loss. Below is a list of triggers you may be familiar with. You may have some of your own that are not listed.

Thoughts and excuses: “It doesn’t matter what I eat, I’ll never lose the weight” or “I deserve it” or “I’ve already blown it”

Emotions: Boredom, anger, sadness, anxiety

Sensations: Fatigue or physical discomfort

Dissatisfaction with taste, texture or quantity even when you are full

People who encourage you to eat or drink excessively

Environmental cues: The mall food court, festivals, fairs

Parties, holidays, special events

MY TRIGGERS: List any triggers for you that are not listed above

-
-
-

Review your action plan. Note things that are working and consider adjustments to your plan for those things that are not working. Use a table similar to this one:

| Action/Behavior change | Working or Not Working | Effectiveness and Changes |
|---|-------------------------------|--|
| Example: <i>Bring healthy food to work instead of using vending machine</i> | <i>Working</i> | <i>Continue...I can't believe it's so easy</i> |
| <i>Snack while watching TV</i> | <i>Not working</i> | <i>It's too hard to just sit there...I'll try knitting while the TV's on</i> |
| | | |

Use this quiz to help identify your eating personality!

THE EATING PROFILE QUESTIONNAIRE (EPQ)

By
Cynthia G. Last, Ph.D.

Read each question and circle the answer that best describes your behavior.

- | | | |
|--|-----|----|
| 1. Do you often eat standing up? | YES | NO |
| 2. Is it difficult for you to remember everything you ate today or yesterday? | YES | NO |
| 3. Do you often eat between meals? | YES | NO |
| 4. Do you tend to finish your food before others? | YES | NO |
| 5. Do you often not use plates or utensils when eating? | YES | NO |
| 6. Do you frequently do other activities while eating? | YES | NO |
| | | |
| 7. Is quality of food more important than quantity? | YES | NO |
| 8. Do you tend to eat slowly? | YES | NO |
| 9. Do you enjoy trying different types of food? | YES | NO |
| 10. Do you love high-fat or high-sugar foods? | YES | NO |
| 11. Do you pass on food that isn't tasty? | YES | NO |
| 12. Is eating one of your greatest pleasures? | YES | NO |
| | | |
| 13. Are you a nervous or high-strung person? | YES | NO |
| 14. Do you often snack when you're tense or uptight? | YES | NO |
| 15. Is it hard for you to resist eating something that is right in front of you? | YES | NO |
| 16. Is it difficult for you to relax? | YES | NO |
| 17. Is the act of eating often more important than what you are eating? | YES | NO |
| 18. Are you a worrier? | YES | NO |
| | | |
| 19. Is it difficult for you to be assertive? | YES | NO |
| 20. Do you have upsetting dreams? | YES | NO |
| 21. Do you often eat to avoid thinking about upsetting things? | YES | NO |
| 22. Is it sometimes hard for you to identify your feelings? | YES | NO |
| 23. Do you have problems that seem impossible to overcome? | YES | NO |
| 24. Are you a people-pleaser? | YES | NO |
| | | |
| 25. Do you have special feel-good foods? | YES | NO |
| 26. Does eating initially give you a lift or a high? | YES | NO |
| 27. Do you often feel sad, bored, or down in the dumps? | YES | NO |
| 28. Do you often plan out food treats for yourself? | YES | NO |
| 29. Are you overly critical of yourself? | YES | NO |
| 30. Do you lack energy or enthusiasm? | YES | NO |

The questionnaire on the previous page can help identify your eating personality. It is beyond the scope of these guidelines to address each of these issues in detail but being able to identify possible areas of weakness will help you to better address them.

Interpretation:

Mostly YES to questions 1-6:

IMPULSE eater: not paying attention, often unplanned meals. Look at the mindful eating tips on the previous pages.

Mostly YES to questions 7-12:

ENJOYS FOOD: These eaters often tend to eat foods high in fat or sugar.

Mostly YES to questions 13-18:

STRESS eater: Look in to alternatives to help address your stress such as meditation, exercise or yoga. If you are unable to address these on your own, then **GET HELP**. Consider counseling or psychological assistance.

Mostly YES to questions 19-24:

AVOIDANCE eater: You would rather eat than face a difficult situation or undertake and unpleasant task. You may need training on how to be assertive.

Mostly YES to questions 25-30:

PICK ME UP eater: You use food to try to improve your mood or give comfort. Explore other ways to give yourself a boost. Exercise is a well recognized mood enhancer.

You and the World:

Realistic Thinking About Life After Surgery



In the early months right after surgery, you are likely to be quite excited about your weight loss. With almost no effort, it seems you are losing the weight it previously felt like was so hard to. This dramatic weight loss may also be quite invigorating. You may find an increase in energy. This new energy should be put to good use as soon as possible, by exercising and being active.

Although weight loss surgery physically reduces the size of your stomach, it will not prevent you from gaining back weight. You need to learn how to reduce the amount of food you eat and increase your physical activity to promote calorie burning. It is possible to get around the surgery by eating fatty foods or liquids (such as potato chips, milkshakes, ice cream, etc.). Weight regain after bariatric surgery CAN happen. It can also result in feelings of shame and humiliation, common barriers to seeking professional help for depression.

Keep Your Weight Loss in Perspective

Keep your weight loss in perspective. Stay committed to the lifestyle changes needed to maintain your weight loss. If you hit a roadblock or plateau, talk to your bariatric team. Let them help you get back on track.

Relationship Changes

The changes you make impact those around you. If your pattern is to prioritize what is best for EVERYONE ELSE, change may not be easy. Helping others may feel good and sound nice. While you are “taking care of everybody else” however, you neglect yourself, and eventually lose sight of what makes YOU happy. It will be natural for you to struggle and feel uncomfortable, when you have to stop.

If you find yourself caretaking all the time, it can be difficult being clear about what others need to do around you. It may be difficult for you to know when it is appropriate to say “no.” If you are used to thinking and feeling responsible for other people, it can be challenging to set appropriate boundaries. Learning to say “no” and setting healthy boundaries (not being responsible for other people’s problems or happiness) will reduce stress in your life. It will also allow time for the daily self-care necessary to long-term weight loss and lifestyle management.

As you lose weight and focus on your self-care, there may be changes in how you relate to others and how others relate to you. These changes can be subtle or not. The changes may be positive, but can also be painful. Keep in mind that you may not experience all of these changes. Here are some of the most commonly reported interpersonal changes reported by patients:

- *Intrusive questions about how you lost your weight.* Individuals vary in their responses to these questions. There is no right answer here. The information is yours to share with whom you want, when you want. A more private person may say they are making changes to “diet and exercise.” This simple statement is truthful and usually effective. Most people who ask are trying to be supportive of your changes. This kind of support, although well-intentioned, may make you uncomfortable.

If unwanted questioning persists, you may have to be clear that you do not want your weight to be a topic of discussion any longer. You might also put the spotlight back on them. Asking specific questions about them and their lives, can be a good way to change the subject (i.e. “How was your son’s ...?”).

- *Eye contact and greetings from individuals who didn’t do so before your weight loss.* The reaction to this is mixed. Some individuals enjoy the added attention and/or social inclusion. Others become angry. The angry individual asks, “I am the same person, why should s/he talk to me now?”

It is important to consider your own behavior change. Now that you have lost weight, are you less self-conscious and friendlier to others? Are you more likely to make eye contact and greet others yourself? All of these behavior changes may change how others interact with you. This would be true even if you didn’t lose a pound.

- *Best friends, siblings, etc. may become less supportive and less available as you begin to lose weight.* Many individuals create bonds through their similarities and mutual experiences. This type of bond creates a feeling of emotional safety. This is the “Us and Them” phenomenon. In addition to being “eating buddies” individuals might look to a close relationship as a place to soothe egos. Your friend or sibling may feel “okay” when s/he is around you because you are both obese. Food may play a similar role in your lives. You may have experienced unkindness from the non-obese population. Once you lose weight, you may no longer be seen as a “safe” person. Instead of being one of “us,” you may become one of “them.”

- *Check in with yourself to determine if you have treated your friend, sibling, etc. any differently.* If there is no difference, then that person is most likely trying to take care of him/herself by distancing, in an effort to protect their own self-esteem. If you notice this happening in a valued relationship, try talking with them and reassure them that your feelings have not changed.

Even after a discussion, the individual may continue to keep a distance. You might try including them in other healthy areas of your life. Try to understand what is happening and be respectful of the needs of the other. You may experience a sense of loss, but maintaining the relationship as it was, or even at all, may be out of your control.

- *Best friends, loved ones or family members may try to “sabotage” your attempts to change.* You have made the decision to have bariatric surgery. You have spent time learning about food and new ways to live. Those close to you may not have made the same commitment. They may have a need to maintain the status quo in their own lives.

In order to be successful, you must find a way to be successful within the family, social circle or workplace that may not change. You may be tempted by foods that can contribute to weight gain, and activities that are sedentary. Although it is ideal for the family or office to change to a healthy diet, learn to allow others to continue with their habits, while maintaining your recommended food and lifestyle. The message here is to not rely solely on those around you to help you make the necessary changes in the short or long term. Family, friends and/or coworkers have not made the commitment to change. Be fair in what you expect from others.

- *You may experience close friends, family or coworkers saying you have lost “too much weight”.* You may experience this comment as genuine concern and not an attempt to hurt you. Often this begins to occur when you have lost a significant amount of weight, but are still obese by medical standards. What you are hearing from these individuals is a relative statement. They are used to you looking a certain way and you are now looking quite different.

It is up to you to stay focused on your goal and your health. Remember, you do not need to convince others that you have or have not lost too much weight. This discussion is between you and your doctor, and is supported by the latest medical research.

- *Flirtation and sexual advances may occur.* Weight loss is often accompanied by feeling better about yourself. Therefore, increased attention of this type may be flattering. It may be attention you have never received, or that you have not received in a long time. Reacting to the attention may be tempting. Remember, you are in the process of significant life change. The emotional demands of a new relationship may interfere with this process. Take time and care to NOT lose sight of your food habits, exercise regimen and general self-care. More emotional highs and lows are not what you need at this point.

On the other hand, this type of attention is not always welcome. It can create significant anxiety. If you don't have experience with this type of behavior, or have had unwanted experiences related to this, remember you are in control. You can set your own boundaries of behavior and limits on the behavior of others. Learning to do so however,

can also create anxiety. The process gets easier with practice. If you have any doubts on your ability in this area, a therapist can be helpful.

- *Celebration with your spouse/partner requires careful attention and planning.* If you used to receive chocolate and roses on special occasions, it is very important to plan ahead. Let your loved ones know what makes you happy, even give examples (“I loved those roses you bought me the last time!” “Let’s do something new for our anniversary this year!”).

If your loved one continues to bring your favorite beverage or snack, make sure you acknowledge the intention (“Thank you for your offer, I know you are asking me because you love me”) and then consider suggesting an appropriate alternative (“but I just wish to have a kiss, a hug, or a foot massage”).

- *Spouse or partner becomes “clingy,” and fear you may leave the relationship.* This situation can be tricky. If the relationship is significantly strained prior to surgery, such behavior or fears may be valid. In most cases, there is no real desire to end the relationship. The problem becomes, “how do I convince my spouse/partner that my feelings have not changed?”

If your spouse/partner is insecure, s/he may feel threatened by the changes in your appearance, the increased attention from others, and even your increased interests. Spend time talking with about this topic before surgery and continue to have conversations as you go through the weight loss process. Use reassurance, respect and consideration as you encourage them to join your new lifestyle. It is important not to dismiss your spouse/partners fears as foolish. They are real to him/her. Together, how are you going to create an environment where you can both be comfortable? If necessary, the two of you may want to contact a therapist.

Mood Changes

The psychological effects of obesity can be significant. There is a higher rate of psychological and emotional issues in individuals with obesity compared to the national norm. Clinical depression is the most reported illness. Bariatric surgery can help, to some degree. Losing weight doesn’t always translate into an immediate or permanent reversal. In fact, some issues can get worse if not appropriately addressed and monitored.

Bariatric surgery will not be the “cure-all.” Weight loss may not always result in increased happiness and self-confidence. The changes in physical appearance, feeling less “invisible”, and the need for coping skills other than food can be unsettling. *Happiness and self-esteem are independent from body size.*

Many factors play a role in one’s self-esteem, such as current and past experiences, perceptions, and attitudes. How you perceive yourself after surgery depends on more than just weight loss. This is especially true as weight begins to increase or stabilize after surgery. You may be a smaller, healthier version of yourself, but you will still be the same *person*.

Some of the common post bariatric surgery problems include:

- Feeling overweight or obese even after losing weight and falling within healthy ranges
- Healthy and positive relationships may become stronger, while unhealthy ones may further deteriorate

- Extra skin after weight loss surgery can be upsetting or depressing. It can be difficult when your body still does not “match” how you feel, which can be cause for additional distress.
- Post-surgery, eating whatever you want, whenever you want can be more costly than before surgery. As a result, you may feel deprived or resentful.
- Addictions may develop as you try to fill the void that food once occupied.
- Weight regain often occurs 2-5 years after surgery.
- If you are on disability for obesity or an obesity-related medical condition before surgery, it is important to plan for potential discontinuation of this income after surgery.

How Might You Feel After Gastric Bypass Surgery?

There may be an initial euphoria after the surgery when you begin to lose weight. Immediately after the surgery, you will find that if you eat the wrong kinds of food or too much of any food, you may become sick. When the weight loss slows down (usually after 12-18 months), the euphoria ends, and negative feelings may emerge.

After a year or two, you may find that you can eat more. You can eat a wider variety of foods, some of which are high-calorie foods. It can be more frustrating to realize you can eat those foods but that if you CHOOSE to, you'll gain back the weight. It's vital that you establish healthy behavioral changes – eating patterns, exercise, ways to deal with stress – so that if you ‘slip’ and gain back some weight, you can self-correct by returning to your healthy behaviors.

You may feel angry or deprived that you should not eat what others eat; you should not eat or drink the way you used to. You shouldn't use food and drink the way you did in the past, to handle your feelings about life's problems (e.g. to comfort yourself, to deal with stress, to manage or suppress uncomfortable feelings). This makes it important to establish new ways of dealing with stress – before surgery.

Body Image - Get to know yourself after surgery

The majority of patients who have weight loss surgery report having a better quality of life after surgery and recovery. After significant weight loss, you are likely to be pleased with your new appearance and the opportunities that can result. You notice clothes fit differently; your exercise routine gets easier. You no longer need the seatbelt extender on a flight and comfortably fit in the seat of your favorite amusement ride seat. However, you may also develop body image concerns, especially if it is difficult to “recognize” the extent of your weight loss. For example, when shopping, you might continue to reach for clothes that are too large in size. Even though the scale indicates a lower weight, it may take some time for you to SEE the weight loss in the mirror, or even on the scale.

It is common for there to be a disconnect from your body. You may be happy with the weight loss and your improved health, but not the way your body looks. (I.e. your face may have wrinkles and look older; the skin on your arms, breasts and stomach will sag.) Some people avoid looking at their bodies and many withdraw from life. Once thinner, some people still view themselves as obese.

Adjusting to your new body size can be difficult, especially if you have spent years thinking of yourself as a fat person. Give yourself time. In a sense, it is like getting to know a "new body." You might recognize the changes in your body size, but no longer recognize yourself. This is usually a temporary phenomenon. Your mind may need time to catch up with the reality of your rapid weight loss.

Preparing to return to work or school

Although you may be anxious to get back to “business as usual” after surgery, returning to work or school brings a new set of challenges. You will need to sharpen your stress management skills and be prepared for the reactions of your colleagues and school mates. Time management will become more important. You will have to fit timely meals, sips of water, vitamins and physical activity into your already full schedule.

To assist with making a successful transition:

- Plan and prepare your meals ahead of time (the night before or on a day off)
- Use your “cooler emergency kit.” Keep shelf stable foods such as canned tuna or chicken at work or in your car
- Buy small containers to carry your meals
- Use an alarm or timer to remind you to drink water, take supplements, meal breaks and your exercise
- Use a pedometer to work on increasing steps per day, in addition to your regular physical activity
- Put an extra pair of walking shoes and socks by your desk, in your car or bag
- Keep your supplements with you
- Keep a water bottle with you so that you can sip throughout the day
- Prepare a list of phone numbers of your support people
- “Bookmark” your favorite online support groups; talk to your bariatric peers
- Be prepared for comments from your colleagues. People will notice your weight loss and changed eating habits and may have questions. Think about how you will respond
- Learn from the challenges you had before your healthy lifestyle
- Reflect on your day: what did you do well? Where do you see needing to make some changes?

Unhealthy Behaviors and Bariatric Surgery

Weight loss surgery is about more than losing weight. It is an opportunity to develop healthy lifestyle habits. As you make changes in your self-care plan, you will realize that food has important roles in your life. You may identify occasions in your life where food is used to fill a void. You may recognize an unhealthy pattern here. Consider your options. You can fill that void with healthy habits that reflect who you are, your interests, and the passions in your life. You can fill that void by dealing with any personal issues and feelings that you are suppressing with food or other self-destructive habit.

An addiction, whether to food, alcohol, or any other destructive behavior, is an attempt to fill an inner void. The primary reason for addiction is to escape and not deal with, or face what is going on. The biochemical causes of compulsive eating are very similar to other destructive addictions. There is an instantaneous reinforcement to continue in this behavior because of the immediate relief. The following are common issues that occur with weight loss and bariatric surgery:

Disordered Eating

If you have had a weight problem for most of your life, you are at risk. Having an unhealthy relationship to food before surgery increases the chances of weight regain. The *tool* of surgery will not fix your relationship with food. You may feel a sense of loss after bariatric surgery, particularly if food was an important part of life. You may have used food for comfort, as a reward or to relieve stress after an exhausting day. Food may have been an integral part of your social life.

People who have bariatric surgery sometimes develop disordered eating that can turn into an eating disorder such as bulimia or anorexia. A common post-surgical effect is vomiting caused by eating the wrong food too quickly and not chewing thoroughly. This may become problematic if you begin to habitually rely on vomiting to get rid of certain foods and prevent weight gain. Chewing and spitting out food is another unhealthy habit that may develop. Unable to fully indulge old eating habits, you may want to at least taste the food that once provided so much pleasure.

These behaviors may seem harmless, but can develop into serious eating disorders that may rob you of your quality of life just as your obesity did. Work on your awareness; note what helps you to make healthy choices. Note what the challenges are; problem solve solutions. Don't be afraid to ask for help.

Alcohol and Nicotine/Tobacco

Alcoholic beverages, nicotine and tobacco products have become socially acceptable ways to reduce stress and anxiety. Years ago, the risks of drinking and smoking were unknown. Research has since clearly defined the negative side effects of alcohol consumption and tobacco/nicotine use.

Alcohol is essentially a form of sugar. It slows weight loss and may cause "dumping syndrome". It contains a lot of calories and has no nutritional value. It can irritate the stomach pouch and cause ulcers. Alcohol consumed after surgery enters the blood stream more quickly than before.

The intoxicating effects of alcohol occur sooner, and with even when consumed in smaller amounts. If you drink alcohol after surgery, you absorb FOUR times as much from a drink than you did before surgery. You will especially need to be aware of this possibility when there is a history of alcoholism in your family.

Nicotine/tobacco stimulates gastric secretions that can irritate the lining of your stomach. This irritation can cause chronic and severe gastritis and ulcers in your stomach and small intestine. It can also lead to dangerous strictures of the stomach. The same applies to second hand smoke.

Cross Addiction

Addiction is defined as is the continued repetition of a behavior despite adverse consequences. *Cross addiction* can happen when you “transfer” from one type of unhealthy behavior (excessive consumption of food) to another.

The addiction factor is by no means limited to excessive food or alcohol consumption; it can show up as uncontrolled spending, drug-related difficulties, smoking, sexual promiscuity, or compulsive gambling. In fact, virtually any behavior exhibited in excess can interfere with long term goals.

If you had prior substance abuse problems, you are at an increased risk for relapse. Substance abuse has also been shown to increase the risk of regaining weight 2-5 years following surgery. Ongoing awareness and support can help to reduce this risk.

Signs and symptoms of addictive behavior include:

- An increase in the substance or the behavior in order to achieve the desired effect
- Engaging in a behavior or using a substance longer or in higher amounts than was initially planned
- An inability to cut down use or behaviors, despite the desire to do so
- An increase in negative consequences due to your use or behavior, such as issues with self, family, friends, work, and/or legal problems
- Others have suggested that you stop or cut down the behavior or use
- There is an increase in attempting to hide or cover the up the behavior or use
- There is an increase in feeling of guilt and shame regarding the behavior or use

Managing Urges and Cravings

You will be successful with surgery once you replace unhealthy behaviors with more adaptive strategies. If you used food as a way to cope before surgery, you are still at risk for doing so after. Find ways to deal with your emotions that do not involve food. If you used nicotine products and alcohol before surgery, identify healthy outlets. These may include things such as deep breathing, exercising, and developing a hobby.

If you are struggling with the pull from an addiction transfer, you have not failed. You need to deal with the underlying issues internally. Use this opportunity to protect yourself from returning to unhealthy habits that can make you regain weight or be vulnerable to a cross addiction.

It is very important to be aware of your situation regarding any addiction and to reach out. You notice some behaviors such as consuming alcohol, gambling or shopping are becoming more than just habits. No big deal because you've had surgery and have lost weight. You're just indulging a little bit, right? They are just little things that aren't a real problem. Or, are they? Something about these habits feels familiar. You feel the same pull toward your new indulgence that you did for overeating.

Learning new coping skills, and not turning to another destructive habit is the way to long-term health and success with weight loss surgery. Turn to skills and activities that are life-affirming and not destructive. *If you have regained weight or are feeling the pull of addiction, you can get back in control and overcome the challenge.*

Creating change: abstinence or harm reduction?

Unlike nicotine or alcohol, we literally cannot survive without fat or sugar. In and of themselves, these products are not unhealthy for you. Your body needs a certain amount of these products. They contribute to your overall health. It is typically the amount consumed that create the challenges. Therefore, it is safer to create a "harm reduction plan" versus a plan of complete elimination (or abstinence) in dealing with unhealthy and compulsive overeating of these products, and large portions of anything for that matter.

The harm reduction path stems from the following concepts:

- Fat and Sugar are necessary for human existence and overall health
- A "purposeful" choice means making an effort to reduce negative and potentially harmful outcome of ingesting fat and sugar. This is a healthier option to condemning the behavior altogether
- A solid understanding of different kinds of fat as well as being educated on healthier alternatives to refined sugar
- Focusing on quality of life rather than abstinence
- Empowers the individual as the main driver of their "recovery".

Helpful Harm Reduction Tips

- *Buy less so you use less* (e.g. buying an ice cream cone rather than a pint).
- *Set a time limit before you start.* If you choose, say, to stop eating at 8:00 p.m., watch the time, remind yourself of your time plan, and stick to it.
- *Know what you plan to eat before you start your day* and avoid snacking on high carb foods.
- *Find least harmful alternatives.* In other words, find healthier options to poor choices. Have spaghetti squash instead of pasta, or fruit instead of candy.
- *Plan out some homerun days.* The fewer days in a row you engage in old habits, the better. If you're having a hard time with refined carbs for example, try cutting back your use to every other day. (Make sure you have in mind other ways to spend your time and energy so you don't end up sitting around and thinking about how you miss junk food).
- *Proceed at your own speed* and don't feel pressured to try and do too much too soon

- *Find someone caring and understanding* to talk to when you're struggling to stick to your reduced use plan
- *Don't get stuck when you run into a problem.* Use this learning opportunity for future successes!

Coping skills need to be emphasized and developed prior to surgery in order to reduce the likelihood of a transference of addiction. If you think you have an issue, admitting you are struggling is the first step.

The goal of the Kaiser Permanente Bariatric Surgery Department is to ensure the safety and well-being of all of our members. Substance use following surgery can greatly impact your overall physical health. **We strongly recommend that if you are concerned you may be struggling with addictive and unhealthy behaviors that you seek help and support.** There are many options available, through support groups and mental health professionals. If you are currently abusing alcohol and/or drugs, please let your bariatric surgery team know.

Support Groups

Making the choice to have Bariatric Surgery requires a life-long commitment. During the weight loss process there can be times of disappointment and difficulty reaching goals. You might find it increasingly challenging to manage the self-care necessary for long term weight loss and healthy living. This can be troubling and can make you feel alone.

Research shows that people with good support from family, friends, co-workers, and peers are more successful before and after bariatric surgery. Support groups, specifically, provide moral support, information and advice on creating and sustaining a successful bariatric lifestyle. Challenges are discussed, and solutions can be found through group discussion and problem solving.

Getting an early start in support groups educates you to avoid many unnecessary pit falls. Talking to your peers, who might offer reassurance, a helping hand, and even a friendly smile can prove beneficial. It helps to have someone who shares the same experiences as you. The challenges can be similar, but the solutions might be different. Furthermore, new difficulties will arise the further you are from your surgery. By that time, attending support group will allow you to develop a support system to turn to.

Support can be one person or a group. Support can be meeting in-person. Or an online group. There are many online social media platforms. Be aware of getting variable information . Please always refer to your bariatric binder for any conflicts

The Importance of Support Groups: A Personal Perspective

(by ANONYMOUS bariatric surgery patient)

Making the choice to have Gastric Bypass surgery is a life-long commitment. You will evolve out of this experience a new person. When I made the decision four years ago to take this journey, I had no idea about the profound effect it would have on my life. This journey gives you the opportunity to learn more about yourself than you would ever think possible. Some of those experiences can be joyful and some can be painful. With self-discovery you will start to learn why you've struggled with food in your life.

Getting the proper support is the key to your long-term success. You will need support from friends, family, co-workers and your community. But, most vital is from people who know the struggles you are encountering. Only they can see the path that you are on and know the demons and restrictions that stand in your way.

I would have never admitted to anyone that I had an eating disorder prior to my surgery. I was simply one of those people with a very bad metabolism. Of course I would have done or said anything I thought would improve my chance of getting a surgery date. It took my about a year after my operation before I could truly admit to myself that I had had a problem with food. As much as we would like the surgery to re program our brains, it does not. That is where you are responsible. The surgeons can reprogram your stomach and digestive process. Only you have the power to reprogram you brain.

Support groups come in many different forms; there are large groups, small more personal groups, and online groups. I have put together a list of a wide variety of support groups. This may just be a starting point for you to get your feet wet. From these groups you may find others that work better for you. The point is, to get started with something and make the commitment to follow it through, you will need support groups in the long run. Getting an early start in groups educates you too avoid many unnecessary pit falls. When those pit falls do happen (and they will), you will have an established support system to turn to.

Good Luck to all of you and remember to never forget where you came from; that is what makes all of you the wonderful people you've become.

Please ask any staff member in the Bariatric Surgery Department for a current list of support group locations available to you.

Chapter 6: Side Effects, Complications, and Problems

Food intolerance and changes in taste

Food intolerance is very common after surgery. Some foods may be difficult to tolerate because they tend to cause nausea, discomfort, pain or vomiting. Foods commonly not well-tolerated include milk, chicken, breads, pastas and high-fiber foods, but can occur with other foods as well. Even recommended foods can give you difficulty. It is also possible to tolerate something one day, but not the next.

Sometimes foods that you enjoyed before surgery will taste different and may not be appealing to you any more. You may be more sensitive to the smell of certain foods or fragrances. This usually improves with time.

Work with your new stomach to decide which foods work for you and which foods don't. Everybody will be different.

Nausea and vomiting

Nausea and vomiting can be very common in the first few months of the operation.

- Eat and drink as slowly as possible. Chew solid food until it is very mushy and soft. Wait a few minutes before your next bite. Food that is not chewed enough, or too much food at once can block your stomach.
- Avoid foods and smells that make you feel nauseated.
- Try changing the temperature of your fluids and food. Sometimes foods and liquid that is too hot or too cold can cause nausea and vomiting.
- If you experience nausea throughout the day, you may need to take anti-nausea medications such as Zofran, Reglan, or a scopolamine patch.
- Remember to take your B1 vitamin even if you are vomiting, since B1 deficiency happens quickly
- If you cannot keep any fluids down for more than 24 hours, you should call the Bariatric Department or consult with a doctor.

Dehydration and Dizziness

Drinking water and liquids can be very difficult during the first few weeks or months after the operation. You will have to sip throughout the day to avoid dehydration.

It can also become very difficult to drink whenever you have a cold, “stomach flu”, or any other type of illness. Having a fever can also cause dehydration. You can also become dehydrated if you are very active and lose fluids through breathing and sweating.

Dehydration can lead to feeling feint and dizzy. If you feel dizzy when moving from lying or sitting to standing, try to do this very slowly.

You may feel sluggish, tired, and weak. You may have a dry tongue and mouth, and your urine can become dark. You can also develop headaches and muscle cramps.

- Carry a water bottle and sip every 5 minutes. Try to aim for at least 48 to 64 ounces (6 -8 cups) per day.
- Move from lying to sitting first and stay still for a full minute before standing, and then stand in one place for a full minute before walking
- If you feel severely dehydrated, you should see a doctor to make sure you do not need labs (electrolytes, kidney function) checked and to decide if you need extra fluids using an IV.
- If you are on blood pressure medications, you may need to check your blood pressure and check with your doctor if low.
- Try to avoid sweating and losing more fluid. Avoid heat or heavy exercise that makes you sweat until you are feeling hydrated again.
-

Constipation

Constipation is one of the most common complaints after bariatric surgery. Constipation is especially common in the first few months after the operation because you are not eating enough fiber, not drinking enough fluid, and your overall food intake is low.

Try to avoid constipation by doing the following:

- Drink plenty of water
- Take a stool softener such as Colace (docusate sodium) up to 300mg a day.
- Add milk of magnesia (if your kidneys are healthy) or Miralax.
- You may need to take a stool softener AND miralax every day. This is safe.
- After the first 3 to 4 months, try to add more fiber to your diet, by eating more raw vegetables and fruits.
- You can also add fiber supplements such as Metamucil, Benefibre, Citracel. Some fiber supplements may cause gas and bloating so start slowly. Drink plenty of water whenever you take fiber supplements.

Gas, bloating, and bad breath.

Passing gas and bloating can increase after bariatric surgery. Changing the diet can help.

- Avoid foods that cause gas. These include many vegetables, beans, fruits, wheat bran, and fried and fatty foods.
- Keep a food diary to see if you can identify which foods increase your gas.

- If you have problems with Lactose, avoid dairy products such as milk and cheese. Use products to help digest lactose, such as lactaid.
- Avoid foods with Sorbital
- Try not to swallow air. Do not drink with a straw. Avoid carbonated drinks. Do not chew gum.
- Food enzymes like Beano, or gas medications like Gas X, Simethicone can help.
- Probiotics can also help, but use the pill forms instead of those added to foods. Probiotics can take several weeks to work. Activated charcoal tablets (CharcoCaps) or deodorizers (Devrom) can help with odor and bad breath.

Dumping syndrome

Dumping syndrome is an abnormal hormonal reaction that can happen minutes after eating foods high in sugars. Even fruit, fructose, lactose in dairy products can cause dumping. Foods that are high in fat (fried, creamy, cheese) can also cause dumping. Dumping syndrome is common after Roux-en-Y gastric bypass, but can also happen after the sleeve gastrectomy. It is different from low blood sugar (hypoglycemia) and occurs much sooner after eating. The only treatment for dumping syndrome is to lie down for 30 to 40 minutes to “wait it out”, and then to avoid foods that might cause it in the future.

Dumping syndrome can present with

- Abdominal cramping
- Diarrhea
- Nausea
- Lightheadedness
- Chest or back or shoulder tightness
- Perspiration and sweating
- Rapid heart rate, rapid breathing
- Weakness

To prevent dumping syndrome, you should:

- Avoid foods with added sugars.
- Avoid “sugar-free” foods that have sugar alcohols (xylitol, mannitol, sorbital, isomalt, inositol)

Hypoglycemia (low blood sugar)

If you start sweating, shaking, or feel lightheaded after eating, you may be experiencing low blood sugar. This commonly happens 1 to 4 hours after eating food that is high in sugars or high glycemic carbohydrates. It is common after the Roux-en-Y gastric bypass, and less common after sleeve gastrectomy. Your body over-reacts to the sugar in your diet by releasing too much insulin. The insulin causes your blood sugar to go lower than it should.

To help figure out if you are experiencing low blood sugar, you will need to:

- Use a finger stick glucose monitor (the same kind used to help manage diabetes). Keep a log of the food you eat, the time after eating you experience the symptoms, and your blood sugar while you are experiencing the symptoms. A sample chart is provided below.

| Time of symptoms | Blood Sugar | Time of Prior Meal | Exactly what you ate |
|------------------|-------------|--------------------|----------------------|
| | | | |

- Review this with your doctor or the dietician.

In general you will find that you have low blood sugar after foods with high carbohydrates and low proteins. In general, carbohydrates that have a high glycemic index (more sugar) will be worse.

The treatment includes

- Focus on a high protein diet. Protein first
- Reduce carbohydrates in your diet. Choose “Low glycemic” carbohydrates (whole grain, fiber rich). Use smart phone apps that list the glycemic index of foods.
- Fruits may have natural sugars, so you may need to limit portions.
- Do not eat more frequently, since this can lead to weight gain.

If you continue to have symptoms and documented low blood sugar even after adjusting your diet, you may sometimes need to work with an endocrinologist or a bariatric doctor.

Hair loss

Hair loss (also known as “Telogen Effluvium”) can unfortunately be very common after rapid weight loss. It usually starts at about 3 months after the operation, and can get worse for the first 6 months. It usually starts to improve after 6 months. Once your weight is stable, your hair usually has a chance to grow back. Iron, Zinc, and protein deficiency can make the problem much worse. The recommendations for hair loss include:

- You can try Biotin supplements. There is no good evidence that it works, but it is safe to try.
- You do not need to add zinc supplements. They can irritate your stomach.
- If you are on thyroid medications, make sure your thyroid levels are in normal range.
- Avoid traction on your hair. Do not comb aggressively, pull, or tightly tie your hair.
- Avoid chemicals, dyes, and heat treatments.

Dental erosion

Some people will experience problems with their teeth many years after weight loss surgery. This can include an increased risk of cavities, weaker teeth, and erosion of the teeth. Unfortunately, the exact cause is still unclear. The only advise to hopefully prevent this is to take your recommended vitamins and to take good daily care of your mouth and teeth.

Skin rashes, Intertrigo, and loose skin

Intertrigo is inflammation of the skin caused by irritation in the body folds. In warm, moist body folds, a yeast infection called *Candida albicans* can make the skin red and inflamed.

Keeping your skin clean and dry can prevent intertrigo:

- Use a blow dryer on low setting to dry the body folds.
- Sprinkle antifungal drying powder such as Zeosorb-AF (antifungal) on these areas
- Wear loose fitting, breathable clothes
- If the skin is weeping, it may need treatment:
- Apply a cold water compress for 15 minutes twice a day.
- After using the compress, apply a thin layer of antifungal cream (i.e. Miconazole, Clotrimazole) AND a thin layer of 1% Hydrocortisone cream the the area twice a day.
- Rarely, you may need to talk to your primary doctor about oral anti-fungal medication if the creams do not work.

Plastic Surgery

The excess skin that occurs with weight loss can be very bothersome and upsetting. Although exercise can help muscle tone, it does not really help with extra skin. Many people choose to have plastic surgery to remove the excess skin around the belly, around the hips and back, under the arms, and around the thighs. Unfortunately, these procedures are not always covered by insurance companies, and may cost a significant amount of money. In general, most plastic surgeons would ask you to be as low weight as possible. Some plastic surgeons will not offer any procedures unless your BMI is less than 30. And of course, if you have started smoking cigarettes or vaping again, you will need to stop completely. We recommend talking to people in support groups to understand their experiences and recommendations about plastic surgery.

Kidney stones

After bariatric surgery, you are at higher risk for calcium oxalate kidney stones. The risk is even higher if you had kidney stones before surgery. To prevent kidney stones from forming, you should try to do the following:

- Take your calcium citrate with food, which helps mop up the oxalate in your food. Even though your stones are made of calcium, taking your calcium citrate actually helps

prevent stones. Not taking your calcium supplements actually increases your chance of stones

- Avoid foods with Oxalate. You can find a list of foods to avoid by looking online and searching for “high oxalate foods”.
- Try to drink as much fluid as possible. Your goal is to have 2 liters (1/2 gallon) of urine every day.
- Reduce the sodium in your diet.
- Avoid high doses of vitamin C (greater than 1000 mg)
- Spread your protein across all your meals. Do not have too much animal protein (ie. beef, chicken, etc.) in one meal.
- Add some lemon to your water every day.

GERD, Heartburn, and Acid Reflux

Heartburn is caused by acid from the stomach travelling backward into the esophagus in your chest. When it travels higher to the back of your throat, it is known as acid reflux.

Gastroesophageal reflux disease (heartburn and reflux) often improves with a change in diet and weight loss which lowers abdominal pressure. The gastric bypass improves GERD symptoms in most people because it completely bypasses the lower portion of the stomach. The sleeve gastrectomy is less predictable because some people may have improvement, while others experience worse heartburn and reflux, and need to increase their medications.

Heartburn and acid reflux can be managed in the following ways:

- Keep your weight as low as possible.
- You can take over the counter H2 blockers (Pepcid) or Proton Pump Inhibitors (Prilosec, Protonix, etc.) for occasional symptoms. You can also take the occasional Tums or Pepto Bismol instead. If you have almost daily or severe symptoms you should talk to your doctor about using prescription strength proton pump inhibitors instead. Long term antacids can cause other side effects, so do try to get off them if you don't really have true heartburn.
- Continue to watch your portion size, and chew everything very well before you swallow
- No eating within 4 hours of going to bed or lying down flat
- Make sure you stay away from regular use of NSAIDs such as motrin / advil / ibuprofen which can all irritate your stomach
- Caffeinated drinks such as coffee or black teas can also be very acidic, so stay away from them if you can as well
- No smoking, vaping, or alcohol.

Ulcers

After bariatric surgery you are at increased risk for ulcer formation, especially after the Roux-en-Y Gastric bypass. Ulcers are one of the most common severe complications after Roux-en-Y Gastric bypass, and can occur at any time throughout your life. Ulcers are erosions in the lining of the stomach that usually lead to pain, nausea, vomiting, and difficulty eating. Ulcers should not be ignored since untreated they can get bigger and lead to a hole in the stomach or significant bleeding, requiring emergency hospitalization and surgery. You must avoid the risk factors for ulcers for the rest of your life. Treating ulcers involves stopping all risk factors, and taking anti-ulcer medications for several months.

- After Gastric bypass AND sleeve gastrectomy
 - NO SMOKING or nicotine ever. Ulcers will not heal if you continue smoke. This includes cigarettes, cigars, chewing tobacco, vaping, and nicotine products.
 - NO ALCOHOL.
- After Gastric bypass
 - NO NSAIDS (Motrin, Aleve, Advil, Naprosyn etc), Aspirin
 - NO immunosuppressive or GI irritating medications: prednisone, steroids, immunosuppressive medications.
- H Pylori infection and certain other medications (ie. SSRIs like Prozac) can increase your risk also.
- Caffeine may also increase the risk of ulcers in some people.

Diagnoses and treatment usually involve:

- Confirming the presence of the ulcer using endoscopy (a scope down your mouth and into the stomach)
- Checkng for H.Pylori infection
- Stopping all the risk factors mentioned before .
- Treat the ulcer with a high dose antacid (proton pump inhibitors such as Prilosec or protonix) and sometimes a stomach coating medication such as Carafate. The treatment may take several months and may often require a second or third endoscopy to confirm that the ulcer is healing.
- Ulcers that do not heal after several months may ultimately require an operation which involves removing the portion of stomach with the ulcer and reconnecting the remaining stomach and intestine.

Hormonal changes (i.e. perimenopausal symptoms) in women

Losing fat rapidly can cause many changes in the levels female reproductive hormones, including estrogen. This is why fat loss can significantly improve the side effects of polycystic ovary disease and can increase the chance of pregnancy greatly. Many women who have irregular or no periods may start to have more frequent or heavier periods after weight loss surgery. Some women who have had menopause may go through a second menopause as well. If the symptoms become significant, you may need to talk to your gynecologist about medications that can help.

Pregnancy and Birth Control

You should not become pregnant in the first two years after bariatric surgery. Almost all of your weight loss will occur in the first 12 to 18 months after surgery, and you will lose this opportunity if you become pregnant. It is not safe to keep losing weight during the nine months of pregnancy. Even if you are taking your vitamins, your fetus may not be getting enough. There is a higher rate of low birth weight and birth defects with pregnancies in the first 18 months after bariatric surgery. To make things worse, fertility increases as you lose weight, and it becomes much easier to become pregnant. Many women who could not get pregnant for years before bariatric surgery find themselves getting pregnant shortly after bariatric surgery. For this reason, you should use a reliable method of birth control for at least the first two years.

After bariatric surgery, birth control pills do not seem to prevent pregnancy as well as they should. Birth control pills should be used with condoms to improve reliability. More reliable forms of birth control include an IUD. Permanent forms of birth control include a tubal ligation or complete removal of the fallopian tubes.

After 18 to 24 months, pregnancy is safe as long as you are taking your vitamins and your vitamin levels are normal. In many cases, because of your weight loss, pregnancy is safer than before weight loss surgery. As of the year 2020, Kaiser Northern California offers a program specifically for pregnant women who have had bariatric surgery. Your obstetrician can refer you to the “regional perinatal program for bariatric surgery”, and members of the program will help you and your obstetrician manage your weight and vitamin levels.

Smoking, Alcohol, Pot (see overlap with Emotional health chapter)

Smoking tobacco and nicotine is one of the worst things you can do after bariatric surgery. Cigarettes, vaping, e-cigarettes, cigars, and chewing tobacco significantly increase the chance of severe irritation, chronic pain, ulcers, and scarring. This can happen after both the gastric bypass and the sleeve gastrectomy.

Alcohol also significantly increases the chance of severe irritation, chronic pain, ulcers, and scarring of the stomach. Unfortunately, after bariatric surgery, alcohol is metabolized

differently, and it takes fewer drinks to raise your blood alcohol level. For this reason, accidents related to drinking and alcoholism are more common after bariatric surgery.

Marijuana, THC, and CBD can counteract the effects of your bariatric operation and make it easier for you to eat more. It can also increase hunger and appetite. Eating more than you should and making poorer food choices can sabotage the healthy weight you are trying to achieve using weight loss surgery.

Reoperations

Reoperations can be required for narrowing, blockage due to scar formation or twisting of bowel, loss of bowel due to internal hernia (being trapped in a window), intussusception (bowel folding into itself), or complicated ulcers. Reoperations are much more common after gastric bypass and much rarer with sleeve gastrectomy. Rapid weight loss can sometimes lead to gallstones. If gallstones cause pain on the right side, the gallbladder may need to be removed with an operation. Specific conditions are described in more detail in Book one Chapter 3B (Roux en Y Gastric Bypass vs Sleeve Gastrectomy).

Chapter 7: Medications after bariatric surgery

Antacids for ulcer prevention, and GERD

Medications that lower acid in the stomach can be used to protect the stomach from ulcers and irritation. They can also help with symptoms of heartburn and acid reflux. These medications include famotidine (Pepcid), omeprazole (Prilosec), pantoprazole (Protonix), or similar medications.

Some medications, like Carafate (sucralfate), do not lower the acid, but do coat the lining of the stomach to improve irritation and allow healing.

Nsaids

NSAIDS are non-steroidal anti-inflammatory medications, usually taken for pain or inflammation. Examples include Motrin, Advil, Naprosyn, Alleve, Feldene, Indocin, Lodine, Relafen, Voltaren, Celebrex, Vioxx, and others. If you are not sure your pain medication is an NSAID, consult with a pharmacist or a doctor.

After Roux en Y Gastric Bypass, you must avoid NSAIDs because the risk of developing an ulcer is very high. An ulcer, which is an erosion in the stomach, can cause pain, bleeding, or even a hole requiring an urgent operation.

After a sleeve gastrectomy, you may use NSAIDs because the risk of ulcer is less than a gastric bypass. However, an ulcer is still possible in any type of stomach, and you should stop immediately if the NSAIDS start causing stomach pain.

Ideally you should always take NSAIDS with an acid protection medication such as famotidine (Pepcid), omeprazole (Prilosec), pantoprazole (Protonix), or similar medications

.

Aspirin

Aspirin is a slightly different type of NSAID that is usually used to prevent clotting of the blood. If you are on aspirin because you are at a high risk for a heart attack, stroke, or blood clot you should continue it along with an acid protection medication. If you are not sure why you are on aspirin, you should consult with your doctor to see if you should continue it.

Prednisone and steroids

Prednisone and steroids are often used to treat severe asthma, lung inflammation, severe inflammation, and autoimmune conditions. Like NSAIDS, steroids can also cause ulcers and should be used for very short periods of time if possible. They should also be used an acid protection medication such as famotidine (Pepcid), omeprazole (Prilosec), or similar medications. Steroids can also increase appetite and lead to weight gain.

Warfarin (Coumadin), Plavix, and other Blood Thinners

Warfarin is a strong blood thinner used to treat or prevent blood clots. You may be on warfarin if you have atrial fibrillation, a heart valve abnormality, or blood clot anywhere in your body, or have a strong history of blood clots. Plavix is a different type of blood thinner that is also used to prevent blood clots in smaller vessels. With both warfarin and Plavix, we recommend that you take an acid protection medication to prevent developing an ulcer which can lead to anemia and sometimes rapid bleeding.

There are many newer medications such as Xarelto, Pradaxa, Eliquis, and others, that can be used to treat these conditions, but it is unclear if they can be used after bariatric surgery. For this reason, at this time, it is usually recommended that you use only warfarin, Plavix, or aspirin after weight loss surgery.

Anti-depressants, and other Psychiatric medications

Some anti-depressants, anti-psychotics, and anti-epileptics can increase your appetite and cause weight gain. After weight loss surgery, most medications can be continued at the some dose. However, some medications may be absorbed differently, which can often affect your mood. You should work with your psychiatrist and your regular doctor after weight loss surgery to make sure you are on the right medications to avoid weight regain, and to maintain a stable steady mood.

Thyroid medications

It is very important to have your thyroid medication at the right dosage before and during weight loss. A low dose can prevent you from losing weight. As you lose weight, you may need to adjust your thyroid medication, so you should work with your primary doctor to have the level checked frequently. Ideally you would like to keep your blood TSH level LESS than 3.0.

- Do not take Thyroid medication and Calcium together. Take them at least 1 to 2 hours apart.

Medications that are safe

The following medications are safe to take after bariatric surgery

- Tylenol (acetaminophen) for pain or fever
- Decongestants, anti-allergy medications, cough suppressants, and nasal sprays. Some combination medications will contain NSAIDS, so read the label or check with a pharmacist if you are not sure.
- Narcotics and Opioids (codeine, oxycodone, hydrocodone, etc.). Although these medications are safe for your stomach, they can increase nausea, vomiting, and constipation. They are addicting and should be used with medical supervision and guidance.

Chapter 8: Weight stalls or gain after bariatric surgery

You will always be at risk to gain some or even all of your weight back after bariatric surgery. This can happen as soon as one year after surgery or as late as twenty to thirty years after surgery. Some patients will re-gain weight slowly over time, making it easy to ignore. If you re-gained 10 pounds in a year (that's less than 1 pound a month), you'd be morbidly obese again in as little as 10 years. Maintaining the good eating habits and behavioral changes you develop is essential to preventing this. To understand why it is possible to not lose weight with bariatric surgery or why some people gain it back, you need to understand how bariatric surgery works and how it does not work. In this chapter, we will repeat many of the ideas we discussed in Book One, Chapter 2: Obesity and Weight Loss Surgery.

There are many reasons for obesity

The reasons for obesity are very complex and not yet fully understood.

Some the factors are:

- Food choices and eating patterns
- Lack of physical activity
- Genetics
- Differences in absorption
- Medical conditions
- Medications.

You can see that having a smaller stomach may change how you eat and how you absorb food, but not always. And it will not change any of the other factors.

How does food lead to obesity?

Fat is a “savings account” of food we do not use right away.

Humans eat food to obtain energy. Our body breaks down food until it is liquified and absorbed by our digestive system into the blood stream, and then sent to all the cells in our body to be used for energy. Energy from our food is measured in calories. If all the calories from food are not used within a few hours, the extra calories are stored as fat. This is your body's built in system to ensure survival when there is no food. **Every pound of fat contains about 3,500 calories,** and represents 3,500 calories of food that was eaten but not used.

Every time you eat more calories than you use, you make fat. The only way to lose fat is to eat less and use more energy by being active. This forces your body to use the energy stored in your fat, and “tap into your savings account”. You will need to use up around 3,500 calories to lose about one pound of fat.

| Calories digested (Eaten) | Calories used (activity) | FAT |
|---------------------------|--------------------------|----------|
| HIGH | Low | MAKE FAT |
| Low | HIGH | Lose fat |

Metabolic Adaptation can make fat loss difficult.

Most people need a minimum amount of energy to live every day, even if they are not very active. This is called your basal metabolism. It is the energy you need to breathe, keep your body warm, and live. Although many people think that the average diet should be about 2000 calories a day, most people can live on less than that. If you are not very active, then even 2000 calories a day can lead to fat gain. After bariatric surgery, studies show that most people will maintain their weight with a 1200 calorie a day diet. Some people may need more, and others may need even less.

Our bodies will accept growing and gaining weight, but our bodies do not recognize when we are overweight. There are no natural drives in our bodies that help us lose weight, but there are many natural mechanisms that try to maintain our weight no matter what it is. When people go on a very low calorie diet suddenly or start starving themselves, their bodies view this as dangerous. To prevent you from dying, your body will lower your basal metabolism more than usual. This means that you can survive on even less calories than you needed before. This “metabolic adaptation” is another survival mechanism that allows your body to survive much longer when there is no food. Your body will also increase your hunger, trying to convince you to look for food and eat it. Unfortunately, this makes losing fat even more difficult.

Let’s look at the following example:

- Mrs. P is 200 lbs and not very active. Her basal metabolism is about 1600 calories a day.
- Mrs. P goes on vacation for 7 days and eats a bit more than usual: about 2100 calories a day. Because she is eating an extra 500 calories a day ($2100 - 1600 = 500$), at the end of the week she will have an extra 3,500 calories that she did not need, and she will gain 1 pound of fat.
- Mrs. P returns from vacation and decides that she needs to lose the one pound of fat she gained, and she goes on a crash diet of 1100 calories a day. Based on this, you would guess that she should be able to lose about 500 calories of fat each day and lose 1 pound after one week. Unfortunately, as soon as Mrs. P goes on her diet, her body activates her survival mechanisms, and lowers her basal metabolism to 1200 calories a day. Based on this, she only loses 100 calories of fat each day ($1200 - 1100 = 100$), and it now takes her 35 days to lose 1 pound. It takes her 5 times longer to lose a pound than it did to gain it!

- How do we prevent this? The best way to prevent metabolic adaptation is to be as active as possible. If Mrs. P increased her activity, she would still need to use 1600 calories a day or more, and she would be able to lose her pound of fat in one week.

Understanding the calories in our food can help us understand why we gain fat.

When you eat an extra 100 calories a day, it is possible to gain 1 pound of fat each month. Eventually this leads to an extra 12 extra pounds in one year, an extra 60 pounds in 5 years, and an extra 120 pounds in 10 years.

Eating 200 calories extra a day can lead to 120 pounds in just 5 years. In other words, eating just a little bit extra every day can add up to over an extra 100 pounds over time. In other words, eating just a little bit extra every day can add up to over an extra 100 pounds over time.

Each of the following contain 100 calories each –

| Foods with 100 calories each | |
|--|---|
| <ul style="list-style-type: none"> • 1/3 of a cheeseburger • 1 tablespoon peanut butter • 9 Lay’s chips • 1/9 Block Tillamook sharp cheddar • 23 M&Ms • 1 Reese’s peanut Butter cup • 3/4 can of soda • 1 medium banana or apple • 2 Oreo cookies • 1/3 slice of pizza • 25 baby carrots • 3 tablespoons Ben and Jerry’s | <p style="text-align: center;">An extra ONE of these every day → 10 pounds in 1 year</p> <p style="text-align: center;">An extra TWO of these every day → 20 pounds in 1 year</p> |

How does bariatric surgery help lose fat?

The exact way bariatric surgery helps a person lose fat is still unclear. The operation probably works in the following ways:

- Having a smaller stomach keeps you from have a big meal quickly. It forces you to eat slowly and hopefully eat less. If you eat less calories, this will help you to lose weight. However, it does not help you actually choose the food you eat. You can still eat small foods with lots of calories.

- The operation diminishes hunger temporarily, which allows you to stay on a very low calorie diet without feeling too hungry. The reasons for this are not well understood, and unfortunately the effect may only last a year or two. **Over time the hunger returns.**
- Bariatric surgery is **ONLY A TOOL** that can help to break the cycle of obesity.
- Weight management is a **DAILY LIFETIME** challenge.
- Successful surgery, healthy eating, and exercise can shift obesity from a disease that a person must battle to a choice that a person can control.

You can eat through a small stomach: It does not stretch

Stomach stretching DOES NOT lead to weight gain. There is no real difference in size between the stomach of someone who is maintaining a healthy weight and someone who has gained weight back.

Even with a small stomach, you can see that it is very easy to eat 100 to 500 extra calories a day when you are not paying attention to everything you eat and weighing yourself regularly. Below are some ways people find to eat more than they should with a small stomach:

- **Eating more often: Snacking and grazing.** Having small amounts of food throughout the day can add up to more calories than having three well measured meals a day. Snacking is adding in small meals between your main meals even when you do not need to. Even healthy snacks like fruits and nuts can give you more calories than you need. Grazing is eating a few bites of whatever food is nearby even when you didn't plan to.
- **Eating high calorie foods.** There are many foods that go through the stomach very easily but contain a lot of calories. For example: A ½ cup of Haagen-Dazs chocolate peanut butter ice cream = 360 calories compared to ½ cup tuna = 60 calories.
- **Liquid or Soft Calories.** Soft foods or liquids move quickly through the new stomach and empty into the intestine. It is easier to eat more of these types of foods/beverages because they do not make you feel full. These include ice creams, yogurt, custards, juices, milk, shakes, and coffee beverages (Frappuccino's, latte's, etc.). Many liquids have sugar, which will pass through you quickly and make you even hungrier. Even sugar free drinks can increase your hunger.

Why you might eat when you do not need to

There are many times we all eat even when we do not need the energy the food gives us. Unfortunately, this is food we do not really need. Whenever you eat, you should ask yourself if you are eating for any of the following reasons?

Good Reason:

- Because I need energy and my weight has been in a good range.

Not Good Reasons:

- I am stressed
- I am emotional

- I am bored
- I don't know why
- Because the food is in front of me and I cannot resist
- I am being social. Everyone around me is eating.
- I am rewarding myself
- I have a "craving"
- I think I am hungry, but I am not really sure

If you are eating for some of the "not good" reasons above, read the emotional health chapter (Book two Chapter 5) to help improve your awareness and understanding of why you eat.

Why is activity is important.

Activity forces your body to convert the energy in food into the energy of activity. If you are not active, your body will convert your food to fat. Even when you are on a very low calorie diet, because of metabolic adaptation, your body will lower its metabolism and hold on to your fat. The only way to keep your metabolism high is to be active every single day.

Every time you eat, you should be thinking about how you will use the energy in that food to be active. If you are not very active, use the exercise chapter (Book two Chapter 4) to get started.

A new operation does not help.

If you have a gastric bypass, there is really no way to change the anatomy enough to help with reliable weight loss. You have a small pouch and stomach and making it even smaller can be dangerous and does not seem to help. If you have a sleeve gastrectomy, converting it to a gastric bypass does not seem to reliably recreate the loss of hunger you experienced with the first operation. Because the risks of a second operation are much higher, and because weight loss does not seem to be common, it is not the standard of care to perform a second operation to help with weight loss. A new operation will not make you exercise, stop snacking and grazing, or keep you from eating high calorie foods.

How do you lose weight again two or more years after bariatric surgery?

Because you still do have a small stomach with the gastric bypass, and a very narrow stomach with the sleeve gastrectomy, **the operation can still help you in some ways if you choose the right foods.** You will not be able to eat a large meal quickly for the rest of your life. If you choose foods that have few calories but still make you feel full, you can use the operation to help you eat slowly and consciously.

Here are the tips you must follow to help you get back on track:

- Weigh yourself regularly and as frequently as possible. There is nothing wrong with weighing yourself every day or every other day. Most people who gain weight will gain weight because they were too afraid to get on the scale and confirm that they were

gaining. It is better to catch yourself early and make the changes as soon as you gain a few pounds. When you gain a few pounds, do something about it.

- You must make food logs and count calories. Read labels carefully. Low fat or low sugar labels do not mean low calories.
- Choose foods that are low in calories, require you to chew for a long time, and make you feel full. Choose wholesome and natural foods. Avoid processed and “fast foods” which have added sugar, fats, and chemicals.
- Do not drink liquid calories. No ice creams, yogurt, custards, juices, milk, shakes, coffee beverages (Frappuccino’s, latte’s, etc.), sugar drinks, sodas, high calorie beverages. These will go down your stomach easily and give you lots of calories without feeling full. Diet sodas may not have many calories, but can affect how your body handles sugar and tends to increase the amount of sugar your body craves.
- Do not snack or graze.
- Be as active as possible. Every day. And be consistent. Even if you get down to the weight you want to be, you must remain active every day. Daily physical activity is essential for weight loss and for maintaining weight. If you have an injury, ask yourself what you CAN do rather than why you cannot exercise.
- Research has shown that using a pedometer (step counter) helps push us to get more steps a day. We tend to overestimate how many steps we get and can be surprised at how low the step counter is at the end of the day. Aim for 10000 steps a day.
- Go to Bariatric Support Groups in your area, or at least join an online group.

Here are some additional tips depending on your circumstance:

- If you recognize that you eat more during stress, addressing your stress is essential.
- Consider seeing a therapist, or attending an emotional eating group
- Consider joining groups that may help keep you accountable such as Foodaddicts or Overeaters Anonymous

Chapter 9: Resources

Books

- The Emotional First Aid Kit, A Practical Guide to Life After Bariatric Surgery
Author: Cynthia L. Alexander, PhD
- The Weight Loss Surgery Workbook, Deciding on Bariatric Surgery, Preparing for the Procedure, and Changing Habits for Post-Surgery Success
Author: Doreen A. Samelson, EdD, MSCP
- The Success Habits of Weight Loss Surgery Patients
Author: Colleen M. Cook
- The Good Goodbye: How to Navigate Change & Loss in Life, Love & Work
Author: Gladys Alto Psy.D
- Eat to Live & the End of Dieting
Author: Joel Furman MD
- Eat, Drink & Be Mindful
Author: Susan Albers Psy.D
- Preparing for Weight Loss Surgery: Workbook (Treatments That Work)
Authors: Robin F. Apple, James Lock, Rebecka Peebles
- The Four Day Win
Author: Martha Beck
- The Beck Diet Solution
Author: Judith S. Beck
- Stranger Here: How Weight-Loss Surgery Transformed My Body and Messed with My Head
Author Larsen, Gen
- 50 Ways to Soothe Yourself Without Food
Author: Dr. Susan Albers
- But I Deserve This Chocolate! The Fifty Most Common Diet-Derailing Excuses and How to Outwit Them
Author: Dr. Susan Albers
- It Ain't Over 'till the Thin Lady Sings: How to Make Your Weight-Loss Surgery a Lasting Success
Author: Michelle Ritchie
- Accidentally Overweight: The 9 Elements That Will Help You Solve Your Weight-Loss Puzzle
Author: Libby Weaver

Kaiser Websites:

- <https://bariatric-northerncalifornia.kp.org>
Northern California Bariatric Surgery Centers
- <https://mydoctor.kp.org/ncal/healthyweight>
Kaiser: Eat well, Be active, Live better

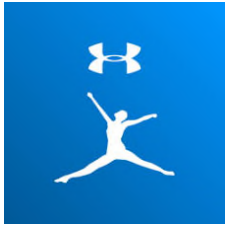
External Resources and Websites:

(Kaiser Permanente does not specifically recommend or endorse any of the organizations or groups listed but simply lists them as resources)

- <https://health.gov/dietaryguidelines> Office of Disease Prevention and Health Promotion
- <https://www.choosemyplate.gov>. US Department of Agriculture
- <https://www.eatright.org>. Academy of Nutrition and Dietetic
- <https://oa.org/>. Overeaters Anonymous
- <https://www.niddk.nih.gov/health-information/weight-management>
NIH - National Institute of Diabetes and Digestive Kidney Diseases
- <https://asmbs.org/patients>. American Society for Metabolic and Bariatric Surgery
- <https://amihungry.com>. Eat Mindfully. Live Vibrantly.
- www.livestrong.com
- www.fitday.com
- www.sparkpeople.com
- www.myfitnesspal.com
- www.tops.org
- www.oa.org

- www.baritastic.com
- www.fa.org
- <https://www.silversneakers.com/> Silversneakers ®: A health and fitness program designed for adults 65+ that is included with many Medicare plans (Kaiser Colorado and Georgia only):
- <https://www.cdc.gov/physicalactivity/index.html> CDC: Center for Disease Control: Has links to mall walking, airport walking, zoo walking programs.
- www.exrx.net ExRX.net : Comprehensive website with contributions from several exercise physiology professionals. Endorsed by American College of Sports Medicine (ACSM).
- <https://twitter.com/#!/FitnessGov>
- <https://www.hhs.gov/fitness/index.html>. Health and Human Services Administration, President's Council on Sports, Fitness and Nutrition. Tips on activity for the whole family. Follow them on Twitter too.
- <https://www.nhlbi.nih.gov/health/educational/wecan/get-active/physical-activity-guidelines.htm>
National Heart Lung Blood Institute

Fitness/ Calorie Counter Apps:



Myfitnesspal



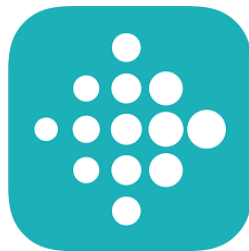
Fooducate



Lifesum



LoseIt



Fitbit



Myplate



Baritastic



Noom



Sparkpeople

Gym and Workout gear discounts for KP members.

The Active & Fit Direct program gives you access to a fitness center membership for just \$25 a month, plus a \$25 enrollment fee. Choose from 9,000+ participating fitness centers and instructor-led classes nationwide and start exercising today.

After you sign up, you will not have to pay for an additional membership to any participating fitness center. Your credit card will be charged monthly by Active&Fit Direct and you can cancel any time after first 3 months.

To enroll log on to KP.org, choose the Health and Wellness tab, then Programs and Classes, then Fitness and Exercise

<https://healthy.kaiserpermanente.org/northern-california/secure/health-wellness/choose-healthy/fitness-exercise>

You can also call 1-877-335-2746 to learn more.

KP Health Education exercise classes.

Search for programs in your local area by typing in your zip code.

<https://healthy.kaiserpermanente.org/health/mycare/consumer/health-wellness/programs-classes/classes>

KP Wellness Coach

Are you looking to make a lifestyle change? Partner with a wellness coach to create a customized plan that outlines small, easy steps that you can take to:

manage your weight

increase activity

eat healthier

Schedule convenient phone sessions at times that work for you. Coaching is available at no cost to Kaiser Permanente members, in English and Spanish. No referral is needed. (They also offer stop smoking and stress management)

<https://mydoctor.kaiserpermanente.org/ncal/promotions/#/wellnesscoaching>