

Guide to Your Weight Loss Surgery

At University of Washington Medical Center

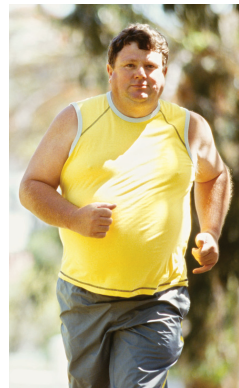
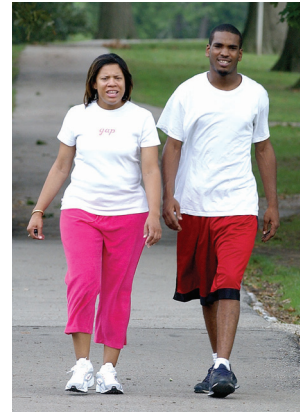




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Welcome

*For patients having weight loss surgery at
University of Washington Medical Center (UWMC)*

Bariatrics is the branch of medicine that deals with the causes and treatment of obesity. UWMC is nationally recognized as a Center of Excellence for Bariatric Surgery since 2006.

Welcome to UWMC's Bariatric Surgery Program. Thank you for choosing us for your weight loss surgery. Our bariatric surgery team is looking forward to working with you and your family.

You are a vital member of the bariatric team. We depend on you to be an active partner throughout your bariatric surgery process. We want you to learn all you can about the evaluation process, the type of bariatric surgery you will have, and the adjustments you will need to make to be successful after surgery.



You are a vital member of the bariatric team. We depend on you to be an active partner throughout your bariatric surgery process.

This manual, *Guide to Your Weight Loss Surgery*, was created to help you

become an active member of your team. It is filled with useful information to guide you through each step of the bariatric surgery process, from being referred by your primary care provider to long-term care after surgery. We hope it answers the many questions you may have about your treatment and progress along the way. Keep this guide handy, and bring it with you to all appointments, including the day of surgery and your follow-up visits.

Thank you again for choosing University of Washington Medical Center.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Center for Bariatric Surgery:
206-598-2274

Your Health Care Team

For patients having weight loss surgery

This section of the Guide to Your Weight Loss Surgery contains information about the health care providers who will be caring for you before, during, and after your surgery.

Your health care team at University of Washington Medical Center wants your surgery and recovery to be successful. We will do everything possible to help you succeed. But you must also:

- Follow the plan we advise for you
- Let us know right away when you are having any problems
- Keep your clinic appointments

Patients who follow up with us on a regular basis have the most success after weight loss surgery. If, at any time in the future you start to have problems such as weight gain or nausea and vomiting, make sure to schedule an appointment with your surgeon or nurse practitioner to talk about your problem and get you back on track. We want the best for our patients!



Patients who follow up with us on a regular basis have the most success after weight loss surgery.

Members of Your Team

While you are at the Surgical Specialties Center, you will meet these members of your health care team:

Bariatric Surgeon

You will see your surgeon at your first clinic visit, before your surgery, during your hospital stay after surgery, and at your early follow-up visits.

Nurse Practitioner

The nurse practitioner works closely with the other members of your health care team to provide care before and after surgery. You may meet

your nurse practitioner at your pre-surgery visit. During this visit, you will have a physical exam and review the results of the tests your surgeon ordered at your first clinic visit.

After surgery, your nurse practitioner will see you for many of your clinic visits, gastric band-adjustments, and annual checkups.

Surgical Residents, Fellows, and Medical Students

These doctors and students are trained by your surgeons. They will provide some of your care.

Dietitian

A dietitian promotes healthy eating and long-term behavior changes that will help you reach and maintain your desired weight. You and your dietitian will meet before surgery to discuss your meal plans. Your dietitian will help you prepare for your surgery and for the lifestyle changes you will need to make.

After surgery, your dietitian will meet with you at your clinic visits to help you get started on your new diet. Your dietitian will help you avoid problems with eating and food, and will develop a food plan that is right for you.

Social Worker

Your social worker will meet with you during the assessment process to learn about your social situation, support system, substance abuse history, mental health issues, and eating behaviors. Your social worker will use this information to help you prepare for surgery and make the lifestyle changes you will need to put in place before surgery.

Registered Nurses

Your nurse is another resource for you. Your nurse will help you prepare for surgery, talk with you about what to expect after surgery, and help you identify the lifestyle changes you will need to make to ensure that your surgery is a long-term success.

If you have any questions or concerns, call Surgical Specialties weekdays from 8 a.m. to 5 p.m., at 206-598-2274. Ask to speak with the bariatric nurse.

Patient Care Coordinator

The patient care coordinator (PCC) for bariatric surgery schedules patient appointments such as the pre-anesthesia visit, checks insurance benefits, and authorizes and schedules surgeries.

Patient Services Specialist

The patient services specialist (PSS) for bariatric surgery schedules patients for the bariatric seminar, new patient appointments, and all follow-up visits after surgery.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Center for Bariatric
Surgery: 206-598-2274

Weight Loss Surgery

Divided proximal roux-y-gastric bypass, laparoscopic adjustable gastric banding, and laparoscopic sleeve gastrectomy.

This section of the Guide to Your Weight Loss Surgery explains the types of weight loss surgery that are done at UWMC. It also includes the benefits and risks of each type.

What is bariatric surgery?

UWMC offers 3 types of weight loss surgery. They are:

- *Divided proximal roux-y gastric bypass (RYGB)*
- *Laparoscopic adjustable gastric banding (LAGB)*
- *Laparoscopic sleeve gastrectomy (LSG)*

Gastric Bypass Surgery

Divided proximal roux-y gastric bypass (RYGB), also called gastric bypass surgery, divides the stomach into 2 sections:

- The small section, called the “pouch,” is connected to your small intestine. The pouch becomes your new smaller stomach. It limits the amount of food you can eat easily.
- The large section of your stomach, called the “remnant stomach,” will stay in place, but your body will not use it.

Compared to other bariatric procedures, RYGB results in:

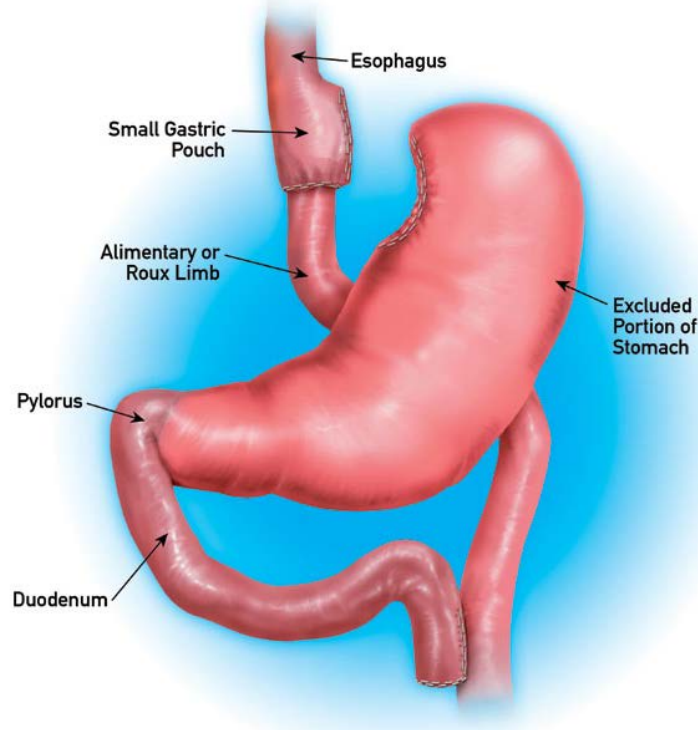
- Quicker improvement in blood sugar control (for people with diabetes)
- Quicker decrease in symptoms of gastric reflux
- Greater average weight loss

RYGB surgery bypasses about 90% of the stomach, so only 10% holds food. A 3-foot to 5-foot length of intestine is connected from the small stomach pouch to the rest of the intestines. Another 9 to 15 feet of intestines is still used to digest and absorb food from the small stomach pouch.



Your weight loss surgery will be done in the Surgical Specialties Center.

Because the smaller stomach holds less food, this surgery helps you feel full more quickly – but you must still eat less to lose weight.



Divided proximal roux-y gastric bypass (RYGB)

Laparoscopic or Open Surgery?

Laparoscopic Surgery

Most bariatric surgeries are done using a device called a *laparoscope*. A laparoscope consists of a camera that guides small instruments that go into the abdomen through several narrow tubes or ports. The surgeon's hands do not go inside the abdomen. In this surgery, 4 to 5 small incisions are made, instead of 1 large incision.

Compared to open some of the benefits of laparoscopic surgery are:

- Fewer wound problems, such as infection and hernias
- Less pain after the first week
- Shorter hospital stay and quicker recovery
- Quick return of bowel function
- Fewer heart and lung problems

Your surgeon will determine whether a laparoscopic operation is best for you.

Open Surgery

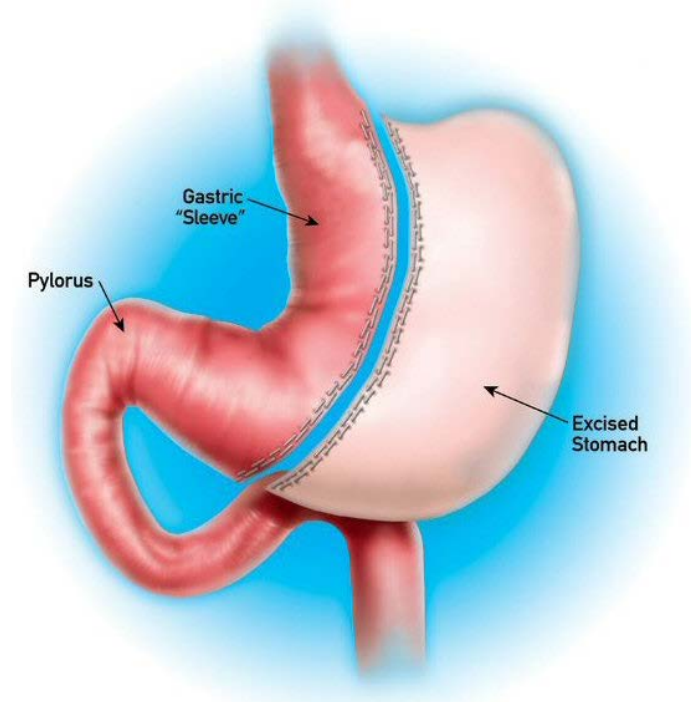
If your surgeon believes that laparoscopic surgery is not possible, an open operation will be done. In this surgery, an 8-inch to 12-inch incision is made down the middle of the abdomen (near the breastbone) to the belly button.

Sleeve Gastrectomy

Sleeve gastrectomy (also called *vertical sleeve gastrectomy*) is another type of weight loss surgery.

In this surgery, 85% to 90% of the stomach is permanently removed by stapling and dividing it vertically. The stomach that is left is in the shape of a slim banana or a sleeve (see drawing below).

Removing a large part of the stomach reduces the amount of food you can eat. It may also affect the hormone called *ghrelin* that controls appetite.



Sleeve gastrectomy

Weight loss with a sleeve gastrectomy is quicker than with a laparoscopic adjustable gastric banding (LAGB) but slower than with RYGB. As with the other surgeries, you must eat less to lose weight. Expected weight loss with a sleeve gastrectomy may be less than a gastric bypass and more than a gastric banding surgery.

Laparoscopic Adjustable Gastric Banding (LAGB)

In *laparoscopic adjustable gastric banding* (LAGB), also called “lap band,” an adjustable band is placed around the top part of your stomach. This band is connected to a small port and tubing (see drawing below). These are placed under the skin of your abdomen.

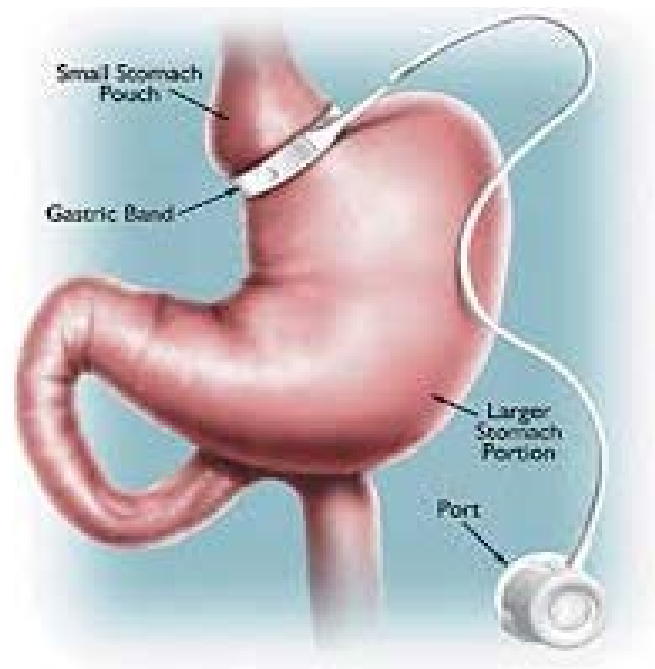
A syringe and needle are used to fill the port with water or saline, or to empty it to adjust the size of the band, as needed. Adjusting the band creates a feeling of restriction and fullness. This helps you control your hunger and how much you can eat.

After LAGB surgery, you will need to be closely monitored by the Center for Bariatric Surgery team for the rest of your life. At your clinic visits, the port may be filled or emptied to adjust the band to the right size.

The band will help with weight loss, but you must also eat less and exercise to lose weight. People who have the most success with the lap band are those who are able to exercise and have had success in the past with dieting.

Comparing Lap Band, Gastric Bypass, and Gastric Sleeve Surgeries

- Weight loss with a lap band is slower than with gastric bypass and gastric sleeve surgery.
- Lap band patients lose about 30% to 50% less weight than bypass patients.
- Lap band placement is a shorter surgery and has fewer risks than a gastric bypass.



The lap band system and port are placed during laparoscopic adjustable gastric banding, also called “lap-band” surgery.

What are the risks?

All surgeries have risks. Your risks with weight loss surgery will depend on your age and other health problems.

Risks for the Open or Laparoscopic Gastric Bypass

- Death: 0.5% to 3% (1 to 6 patients out of 200)
- Leak where the stomach and/or bowel are connected: 1% to 5% (1 to 5 patients out of 100)
- Bleeding: 1% to 5% (1 to 5 patients out of 100)
- Blood clot in the lungs: 0.5% to 1% (1 or fewer patients out of 100)
- Bowel blockage or obstruction: 5% to 10% (5 to 10 patients out of 100)
- Need for re-operation: 10% (10 patients out of 100)
- Laparoscopic bypass:
 - Wound infection: less than 2% (fewer than 2 patients out of 100)
 - Incisional hernia: less than 2% (fewer than 2 patients out of 100)
- Open bypass:
 - Wound infection: 10% to 20% (10 to 20 patients out of 100)
 - Incisional hernia: 10% to 23% (10 to 23 patients out of 100)

Risks for the Vertical Sleeve Gastrectomy

- Death: 0.1% (1 or fewer patients out of 100)
- Leak from stomach: 1% to 3% (1 to 3 patients out of 100)
- Bleeding: 1% to 2% (1 to 2 patients out of 100)
- Infection: 1% to 2% (1 to 2 patients out of 100)
- Blood clot in the lungs: 0.5% to 1% (1 or fewer patients out of 100)
- Need for re-operation: 1% to 5% (1-5 patients out of 100)
- Increased acid reflux: 10% (10 patients out of 100)
- Trouble swallowing or *stricture* (narrowing of the remaining stomach): 5% (5 patients out of 100)
- Increased acid reflux (heartburn)

Risks for the Laparoscopic Adjustable Gastric Band (Lap-Band)

- Death: 0.05% to 0.1% (1 or fewer patients out of 100)
- Band erosion: 1% to 3% (1 to 3 patients out of 100)
- Band slipping: about 5% (about 5 patients out of 100)
- Port site infection: about 2% (about 2 patients out of 100)
- Blood clot in the lungs: 0.5% to 1% (1 or fewer patients out of 100)
- Need for re-operation: 30% (30 patients out of 100)
- Failure to lose the desired amount of weight.

What You Need to Know

- Gastric bypass surgery and vertical sleeve gastrectomy surgery **cannot** be reversed.
- Total weight loss for each surgery varies. Of the 3 options, expect the least amount of weight loss with lap band surgery.
- After any weight loss surgery:
 - You will need to take vitamin and nutritional supplements for the rest of your life.
 - You may be more sensitive to alcohol.
 - If you are a woman, you have a greater chance for unplanned pregnancy and for problems with pregnancy in the first year after surgery.

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Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Center for Bariatric Surgery:
206-598-2274

Getting Started

For candidates for weight loss surgery

This section of the Guide to Your Weight Loss Surgery explains the referral process, medical and insurance criteria, expected costs, and what will happen at your first and second clinic visits at University of Washington Medical Center (UWMC).

Bariatric Surgery Seminar

If you are thinking about having weight loss surgery, we invite you to attend a Bariatric Surgery Seminar. This seminar will provide you and your family with basic information about weight loss surgery. The goal of the seminar is to help you make an informed medical decision.



Bariatric Surgery is part of the Surgical Specialties Clinic at UWMC.

Referral Process

Your primary care provider (PCP) must refer you for this surgery. To begin the referral process:

- You or your PCP should call UWMC's Surgical Specialties Clinic's intake line at **206-598-2274**.
- You or your provider will leave your contact information and request a *bariatric surgical screening* phone call.
- For your screening phone call, our intake office will call you and ask questions to see if you meet the criteria to start the program.

If you meet the medical criteria for weight loss surgery, your patient information is given to the patient services specialist (PSS) to start your patient file and begin the process of financially clearing you for surgery. The PSS will:

- Ask for insurance information to verify your health care coverage.
- Check your insurance for weight loss benefits.
- Find out your insurance company's requirements for getting authorization for you to have the surgery.

Requirements for Bariatric Surgery at UWMC

To have weight loss surgery, you **must**:

- Be between 18 and 60 years old. The bariatric surgeon must approve patients older than 60 or younger than 18.
 - Be referred by your primary care provider. Your PCP **must** be willing to assist your surgeon in your care after the surgery. Patients should have a good working relationship with their PCP.
 - Have a body mass index (BMI) of:
 - 40 or higher
 - **Or**
 - 35 or higher, with major obesity-related health problems
- (See the BMI calculator on page 13.)
- Have tried to lose weight using a nutritionally and medically safe diet, not fad diets.
 - Not have other medical problems that would make surgery too risky.
 - Be willing to make needed changes in your eating habits. You need to really want to make these changes to be able to lose weight.
 - Not smoke cigarettes or use tobacco products for 3 months or longer before starting our program. Your urine will be checked for signs of tobacco use. We ask that you stop smoking before your first visit with the surgeon.
 - Not plan to become pregnant for at least 18 months after your weight loss surgery.

Paying for Weight Loss Surgery

Insurance Coverage

Insurance coverage for weight loss surgery depends on the benefits your plan offers. Even if your doctor thinks you are a good candidate for bariatric surgery, this does not mean your insurance will pay for it. Not all companies that provide health insurance for their employees buy this benefit.

Insurance companies change their plans on a yearly basis, and benefits can change without much notice. Coverage may also be based on your employment status or other issues.

Our PSS will check your insurance plan for specific benefits for weight loss surgery. If you do **not** have insurance benefits for this surgery, our PSS will tell you.

Paying for Your Surgery Yourself

If your insurance does not cover weight loss surgery, you must find other ways to pay for the consultation and surgery. You **must** pay the full amount before your surgery is done.

Our Patient Services Specialist (PSS) will give you a price quote for your specific weight loss surgery. Expect costs close to these:

- Gastric bypass surgery: \$35,000 or more
- Laparoscopic sleeve gastrectomy: up to \$30,000
- Laparoscopic gastric banding: \$25,000 or more

Body Mass Index (BMI) Calculator

BMI = Weight in pounds multiplied by 700, divided by height in inches squared

BMI	25	30	35	40	45	50	55	60	65	70	75	80
Height (Inches)	Body Weight (Pounds)											
58	119	143	167	191	215	239	263	288	311	330	359	385
59	124	148	173	198	222	247	272	297	323	348	372	397
60	128	153	179	204	230	255	281	307	334	359	384	409
61	132	158	185	211	238	264	290	315	345	370	395	423
62	136	164	191	218	246	273	301	332	360	386	410	440
63	141	169	197	225	254	282	310	342	367	393	422	451
64	145	174	204	232	262	291	320	354	380	410	437	466
65	150	180	210	240	270	300	330	360	390	420	450	480
66	155	186	216	247	278	309	341	371	402	433	464	495
67	159	191	223	255	287	319	351	382	415	446	478	510
68	164	197	230	262	295	328	362	396	430	464	495	526
69	169	203	236	270	304	338	373	408	442	477	510	543
70	174	209	243	278	313	348	383	418	453	488	523	558
71	179	215	250	286	322	358	394	430	466	502	538	573
72	184	221	258	294	331	368	405	442	479	516	554	589
73	189	227	265	302	340	378	417	457	495	535	570	606
74	194	233	272	311	350	389	429	469	509	548	587	625
75	200	240	279	319	359	399	440	480	519	559	599	639
76	205	246	287	328	369	410	451	492	533	574	615	656

Medical Insurance Criteria

Most health insurance plans look at these criteria when they are considering paying for weight loss surgery:

- Age 18 to 60
- Diabetes
- Hypertension
- Gastroesophageal reflux disease (GERD) or heartburn
- Sleep apnea
- Arthritis of weight-bearing joints (knees and hips)
- Body mass index (BMI) greater than 35

*(Most insurance plans require either a BMI of 40 or greater **OR** a BMI of 35 with complications of obesity such as diabetes, sleep apnea, or high blood pressure.)*

- Above your ideal body weight by 60 to 100 pounds, for a specific length of time

(Some insurance companies require 5 years of being overweight, documented by your health care provider.)

Some insurance companies require 6 months or more of a doctor-supervised weight management program before they will pay for the surgery.

Learning About Your Surgery

This manual provides basic information about weight loss surgery. You will learn more during your first clinic visit.

First Clinic Visit

During your first clinic visit, you and your surgeon will talk about your weight loss history:

- How much weight you lost
- What you did to try to lose the weight
- How you lost the most weight

Your surgeon will also:

- Describe your weight loss surgery options in detail.
- Talk with you about the lifestyle changes you will have to make for the surgery to have long-term success.

- Tell you what tests and consultations you must complete before you can schedule your second clinic visit. We will give you a copy of the “Bariatric Worksheet,” which lists all the tests and consultations often done before weight loss surgery. Your surgeon will check only the tests and consultations you need. At the end of this first clinic visit, we will schedule you for the tests you need.
- Talk with you about the risks of the surgery, how much weight loss to expect, and how long it may take you to lose the weight.
- Review the Bariatric Team’s responsibilities to you, as well as your responsibilities during this entire process. YOU are an important member of your Bariatric Team!

Why do I need to have so many tests?

For your safety, we need a clear picture of your health before we schedule your surgery. The tests listed in the “Bariatric Worksheet” can show if you have liver problems, breathing problems, excess fluid in your tissues, too much or not enough salts and minerals in your body fluids, or abnormal blood fat levels.

For instance:

- It is important to test your **thyroid function**, since *hypothyroidism* (low thyroid hormone production) can lead to sudden death after surgery.
- If you have **diabetes**, you must take special steps to control your blood sugar.
- We will also test your **heart** to see if it will be able to handle the stress caused by surgery.

Some health conditions, such as serious heart or lung problems, can increase the risk of any surgery. But, these conditions may also increase the need for weight loss surgery. Your surgeon will carefully review your test results and will make a recommendation based on that assessment.

Routine Tests and Evaluations

All candidates for weight loss surgery will have these tests:

Blood Tests

Complete Blood Count (CBC with platelet count)

This test gives information about the kinds and numbers of cells in your blood. From these results, doctors can evaluate and diagnose conditions such as *anemia* (a low red blood cell count).

Chemistry Screen (Complete Metabolic Panel)

This test gives your doctor information about your general health and shows anything that is not normal. There are different versions of this test. The most complete one measures 20 substances in the blood and can include *glucose* (blood sugar), *cholesterol* (a type of steroid found in the blood), and *triglycerides* (a form of fat).

Blood Glucose Test (Included in Chemistry Screen and HbA1c)

This test measures the amount of sugar in your blood. There are 3 ways this test can be done:

- The *fasting blood sugar test* is done 12 to 14 hours after your last meal.
- The *postprandial blood sugar test* is done 2 hours after a meal.
- A *random blood sugar test* is done any time.

The *HbA1c* test tells us your average blood sugar level over the last 3 months.

Thyroid Test (TSH)

Thyroid hormones control activity in your cells and affect your body temperature, appetite, sleep, and mental health. This test will show if your thyroid hormones are normal or too high or too low.

Dietary Evaluation

At your visit, your dietitian will talk with you about the diet changes you can expect after surgery and how to maintain a healthy, successful weight-loss program. The dietitian will plan a 1,000-calorie daily diet for you to start 3 weeks before your surgery.



Good support from your family, friends, and community is a key factor for success with weight loss surgery.

Psychosocial Assessment

Your first meeting during this time will be with a social worker for a *psychosocial assessment*. The purpose of this meeting is for the social worker to learn about different aspects of your life to help you prepare for the surgery. This visit takes about 60 to 90 minutes.

The social worker will talk with you about your:

- **Social situation:** This includes your family history, current family structure, education level, financial status, and employment history.
- **Support system:** Good support from your family, friends, and community is a key factor for success with this surgery. Your support network can help provide emotional support during the surgery process, help with your physical needs after surgery, and help you make lifestyle changes that will help you get the most benefit from your surgery. You will talk with your social worker about your support system and will help you develop additional support, if needed.

- **Substance abuse history:** The social worker will ask you about your history of tobacco, alcohol, and other drug use.
- **Mental health:** If you have any emotional issues that may affect your success after surgery, the social worker may ask you to see a therapist for counseling. A therapist can help you with the many emotional issues that can arise when having a surgery like this.
- **Eating behaviors:** The social worker will ask you about your current eating behaviors. You will also talk about the changes you will need to make to prepare for and get the most benefit from the surgery. The social worker will review with you how changing your eating behaviors might affect your mental health.

Other Tests and Evaluations

Some candidates for weight loss surgery may also have one or more of these tests:

Pulmonary Function Test with Arterial Blood Gas

This test measures how much air you take in with 1 breath and how effective your breathing function is. The arterial blood gas portion of the test shows the amount of oxygen in your blood.

Swallowing Test

This test measures how well your swallowing muscles and esophagus work.

Upper GI X-ray Study or Endoscopy

Patients who have symptoms such as upper abdominal pain, heartburn, or belching sour fluid may have a hiatal hernia, *gastroesophageal reflux* (also called acid reflux, or GERD), peptic ulcer, or other health issues. Up to 15% of patients (15 out of 100) who have symptoms of gastroesophageal reflux show early changes in the lining of their esophagus. These changes could be an early sign of esophageal cancer. It is important to find these changes if they are there so that a treatment program can be planned, if needed.

Upper Endoscopy

Patients with symptoms or signs of reflux disease or swallowing problems may need an *endoscopy*. To do this, your doctor uses a lighted flexible scope or tube to look for any problems in the lining of your esophagus and stomach. It can also check for a hernia (hole) in the *diaphragm*. The diaphragm is the large muscle between the chest and abdomen.

Gallbladder Ultrasound

If you still have your gallbladder, this test shows whether or not you have gallstones or any blockages in your bile duct system.

Sleep Study (Sleep Apnea Testing)

The sleep study checks for abnormal stopping of breathing, called *apnea*. During apnea, the airway is blocked when your throat relaxes during sleep. This condition is linked to a high death rate.

After your bariatric surgery, you will be given pain medicines that affect your normal breathing and reflexes. An airway blockage such as apnea is more dangerous at this time. It is important that we know before your surgery what to expect so that we are prepared to handle it.

Medicine Consult

Your surgeon may order an evaluation by UWMC medicine specialists. These specialists will assess your medical risk for surgery and will help the bariatric surgeon manage other medical conditions, such as diabetes, hypertension, and lung disease, while you are in the hospital after surgery.

Cardiac Evaluation

A basic cardiac evaluation shows whether your heart function is normal or abnormal, whether there is any damage in your heart, and other information about your heart muscle. Other cardiac tests show how your heart muscle contracts, how your heart valves are working, and how your heart responds when it works harder, such as when you exercise.

Electrocardiogram (EKG)

The EKG gives information about your heart function. It is the main test used for diagnosing heart disease.

Echocardiogram

This ultrasound picture shows the heart while it is working. It helps your surgeon assess the condition of your heart muscle and valves.

Physical Therapy and Occupational Therapy

You will have a basic assessment of your physical abilities before surgery. We require 90 minutes of exercise a week for people who will have weight loss surgery. You received an exercise log at the Bariatric Seminar. Please tell our team if you need another log.

Test Results and Your Second Clinic Visit

When the Bariatric Team coordinator has received the results of all of the tests and consultations you have had, you will be scheduled for a second clinic visit to see your surgeon or nurse practitioner. Allow 3 hours for this visit.

At this visit, your surgeon or nurse practitioner will review all of the results with you and let you know if you are a candidate for weight loss surgery at UWMC. Or, they may tell you that you must meet more requirements before you are ready for surgery.



You may have many different types of tests to make sure your body can handle the stress of weight loss surgery.

If you are a candidate for weight loss surgery, these things will occur next:

- We will ask you to read and sign consent forms for your surgery.
- You will have a physical exam.
- Your bariatric nurse will review the self-care instructions you will need to follow before and after your surgery.
- You will need to start a 1,000-calorie-a-day diet. Your bariatric dietitian will teach you about this diet.

After this second visit, the Patient Care Coordinator (PCC) will get authorization from your health insurance company to cover your bariatric surgery.

Once the surgery is authorized, the PCC will call you to schedule a surgery date. Most times, surgeries are scheduled 4 to 8 weeks after your second clinic visit.

Weight Loss Surgery Research

A research coordinator may contact you about having blood tests done after your surgery. These tests are done at specific times after surgery to assess how the surgery has affected your health. Please see page 24 in the section “Preparing for Surgery” in this manual for more information about meeting with a research coordinator.

Getting Ready for Surgery

Once you have a surgery date, the PCC will also schedule your appointments:

- In the Pre-Anesthesia Clinic 3 weeks before surgery
- With your surgeon 2 weeks after surgery

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Center for Bariatric
Surgery: 206-598-2274

Preparing for Surgery

For weight loss surgery patients

This section of the Guide to Your Weight Loss Surgery explains self-care, coping with lifestyle changes, and diet instructions before and after surgery.

Your Pre-Surgery Clinic Visit

Several weeks before your surgery, you will meet with members of your health care team in the Surgical Specialties Center to review:

- Specific diet instructions you must follow
- Anesthesia that will be used during surgery
- Packing for the hospital
- Care after surgery

You may also choose to meet with a social worker and a research coordinator at this time (see pages 23 and 24).

Your Diet Before Surgery

Before surgery, you will also meet with a dietitian, who will review important changes you must make to your eating habits. These changes will help you prepare for your diet after surgery.

The Very Low Calorie Diet

Three weeks before your surgery, you will start following a Very Low Calorie Diet (VLCD). On this diet, you will eat only 1,000 calories a day. This will shrink your liver, which will make your surgery safer.

Your dietitian will give you a VLCD meal plan that will help you lose several pounds. You will need to keep a food diary while you are on this diet. You will also be expected to exercise to help with weight loss. Continue this regular exercise, but stop if you get dizzy or lightheaded during an exercise session.

Your dietitian will also talk with you about your diet after surgery, and how you will eat and drink for the rest of your life. You will receive some sample recipes to get you started.



You will meet with a dietitian before surgery to review important changes you must make in your eating habits.

Managing Diabetes on the Very Low Calorie Diet (VLCD)

If you have diabetes:

- Talk with your doctor who manages your diabetes. You may need to make changes in your diabetes medicine while you are on the VLCD.
- You will need to check your blood sugars often. Your doctor will tell you when and how often to test your blood sugars.
- Do **not** use low-carbohydrate supplement drinks or low-carbohydrate frozen meals. Your body needs carbohydrates while you are on the VLCD.
- If you get low blood sugar while on the VLCD, treat your symptoms with $\frac{1}{2}$ cup fruit juice followed by $\frac{1}{2}$ sandwich or crackers with cheese or peanut butter.

What You Will Learn at Your Clinic Visit

At your clinic visit before surgery, your nurse will give you some educational handouts and review what you must do and not do before and after surgery. Your nurse will also talk with you about possible complications or problems that could occur after surgery, and when you should call for help.

You will receive contact phone numbers for the Center for Bariatric Surgery Clinic and the after-hours line. Keep these numbers by your phone. Also keep them in your wallet or in your cell phone so they are handy if you are away from home and need to call for advice.

The nurse will talk with you and your family or support person about equipment and supplies that you might need to buy after surgery. These may include a hospital bed, a *commode* (portable toilet), and a shower chair.

The nurse will also make sure you and your family are able to prepare your meals after you get home from the hospital. It is best to have a family member or support person who can stay with you for 1 to 2 weeks after surgery to help prepare meals and provide care as needed.

If You Have Diabetes

If you have diabetes, your nurse will remind you to schedule an appointment after surgery with your doctor who manages your diabetes. This visit should take place 1 week after you go home from the hospital or care facility. At this visit, your doctor should check your blood sugar levels and adjust your diabetes medicines, if needed.

Pre-Anesthesia Clinic Visit

Several weeks before your surgery, you will have an appointment at the Pre-Anesthesia Clinic, which is next to the Surgical Specialties Center. You will meet with a nurse there who will review your medical history, medicines you are currently taking, and lab work to make sure you are ready for surgery. More tests may be ordered at this time.

An *anesthesiologist* (a doctor who specializes in pain medicine) in the Pre-Anesthesia Clinic will give the final approval for your surgery.

Packing for Your Stay in the Hospital

What to Bring

- Before you come to the hospital for your surgery, pack a small suitcase or duffel bag with:
 - Bathrobe and slippers
 - Comfortable clothes to wear home
 - Magazines, books, needlework, and other hobbies
 - Your medicines
- On the day of surgery, bring:
 - Some money to pay for the medicines you will need after surgery
 - A complete list of your medicines along with the doses
 - Inhalers if you use them (make sure they have not expired)

Other Personal Items

- You do not need to bring your own wheelchair to the hospital. The hospital will provide you with a bariatric wheelchair, if needed.
- If you bring a cane, walker, or special wheelchair to the hospital, be sure to label it with your name and hospital room number.
- Before surgery, give your dentures, glasses, and contact lenses to your family or support person. Or, you can ask to have them locked in a secure place in the hospital until after your surgery.

If you have sleep apnea:

- Bring your C-Pap or Bi-Pap machine and mask with you to the hospital.
- Label your supplies with your full name.

What Not to Bring

Leave all valuables at home, including watches and jewelry.

Resources Provided by Your Social Worker

Your social worker can talk with you about the lifestyle changes, reactions, and stresses that occur before, during, and after gastric bypass surgery. If needed, your social worker will provide brief supportive counseling.

Community Resources

Your social worker can also refer you to agencies, community resources, or mental health professionals to help you cope with lifestyle and emotional changes. You may request these referrals both before and after surgery.

Monthly Support Group

We invite you to join the monthly Bariatric Surgery Support Group at any stage in your surgery process. This group is led by the bariatric social worker at UWMC, and it meets:

Day: _____ Time: _____

This support group is informal and open to UWMC patients, their families, and friends. The group is made up of pre- and post-surgery patients. It is a great way to learn firsthand from the experiences of others. It also gives you the chance to network with and get support from others facing similar challenges.

Meeting with a Research Coordinator

University of Washington Medical Center (UWMC) participates in many research projects that study how different procedures contribute to the prevention and treatment of diseases linked to obesity. Participating in research at UWMC is voluntary. Your choice about taking part in a study will not affect your surgery or clinical care in any way.

Once you have started your clinic work-up for surgery, a research coordinator may contact you with more information about possible weight loss research studies. These studies are related to obesity, weight loss, and surgery. Most times, research studies are done when you come in for your clinical care, and do not require a lot of extra time.

If you would like to speak with a research coordinator, please e-mail sorce@u.washington.edu, or ask your surgeon about research projects related to your health condition.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Center for Bariatric
Surgery: 206-598-2274

Day of Surgery

For patients having weight loss surgery

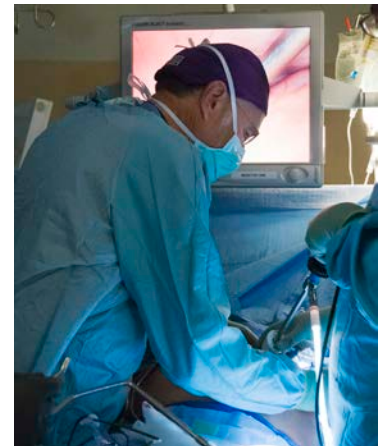
This section of the Guide to Your Weight Loss Surgery explains what to expect on the day of your surgery.

Arriving at the Hospital

On the day of your weight loss surgery, come to the Surgery Center reception desk on the 2nd floor of the Surgery Pavilion to be admitted.

At this time, you will:

- Fill out forms.
- Change into a hospital gown.
- Have your vital signs checked.
- Be weighed to make sure your pre-surgery diet was successful.
- Have an *intravenous* (IV) line placed in your arm or in another site. This IV will be used to give you fluid and medicine during and after surgery.



Your weight loss surgery will take about 3 to 4 hours.

Preparation

Next, you will see your anesthesiologist and other members of the health care team that will be caring for you over the next several hours.

Your health care team will ask questions about your health, any other experiences you have had with surgery and anesthesia, and how you respond to pain medicines. You may be asked some questions more than once, but each of your providers must learn about your medical history so that they can provide the best and safest care for you.

This is also a good time for you to ask any questions you have.

This part of preparation takes about 2 hours. You may have a family member or friend with you for support during much of this time. When you move to the room next to the operating room, where preparations are completed, we will ask your support person to go to the waiting room off the 2nd floor skybridge that connects the Surgery Pavilion with the main hospital.

After Surgery

Gastric bypass and sleeve gastrectomy surgery takes about 3 to 4 hours. Gastric band surgery takes 1 to 2 hours. When your surgery is over, your surgeon will meet briefly with your family or friends in the waiting room.

You will be in the recovery room for 1 to 3 hours right after surgery. You will be watched closely during this time.

In the recovery room:

- Your vital signs will be checked often to make sure you are recovering as expected.
- You may feel confused as you are waking up.
- You will still have your IV in place, and you will be receiving oxygen.
- You will have wraps on your lower legs that gently inflate with air and squeeze to help with blood flow to prevent blood clots. These are called *sequential compression devices* (SCDs).
- You may have a tube in your throat to help with breathing.

Also, if you had gastric bypass surgery:

- You will have a catheter (tube) to drain urine from your bladder.
- You may have tubes for draining fluids from your abdomen.

Your Hospital Stay

When you leave the recovery room, you may be moved directly to your private room, where you will be for the rest of your hospital stay.

If you need to be watched more closely when you leave the recovery room, you will be moved to the intensive care unit (ICU) for the next 24 to 48 hours.

- Gastric bypass patients will most likely be in the hospital for 2 to 3 days.
- Gastric banding and sleeve gastrectomy patients should expect to be in the hospital overnight and be discharged the next morning.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Center for Bariatric
Surgery: 206-598-2274

Your Hospital Stay

For weight loss surgery patients

This section of the Guide to Your Weight Loss Surgery describes what to expect during your stay in the hospital. It includes separate instructions for gastric bypass and sleeve gastrectomy patients, and laparoscopic gastric band patients.



Be sure to ask your nurse if you have any questions about your care.

Pain

No medicine can completely get rid of pain. The goal is to lessen your pain so that you can move around, take deep breaths, and cough.

Gastric Bypass and Sleeve Gastrectomy Patients	Laparoscopic Gastric Band Patients
<p>You will have pain after your surgery. Once you are in your hospital room, you may have a <i>patient-controlled analgesia (PCA)</i> pump. This computerized machine allows you to give yourself pain medicine by pressing a button on a hand-held control. Only you may use the PCA. Do not let anyone else press the button.</p> <p>The PCA unit will not allow you to give yourself too much medicine. It can give you a set amount of pain medicine only at certain time intervals.</p> <p>A nurse will set the PCA computer at the dose and time interval that your doctor prescribes. Your pain will be well-managed using this method of pain control.</p> <p>If you do not have a PCA, you will receive your pain medicine through your IV or by <i>intramuscular injection</i> (a shot into a muscle).</p>	<p>You will have pain after your surgery, even though your incisions are small. You will receive pain medicine that is similar to what you will take once you are discharged from the hospital.</p>

Tubes and Drains

Gastric Bypass Patients

When you are in the operating room, you will have a catheter placed in your bladder. It will drain your urine into a drainage bag. The catheter will be removed in the first few days after surgery. Your doctor may also order other types of tubes, such as a *gastrostomy* tube (a tube placed in your bypassed stomach).

Breathing Exercises

The anesthetic used in surgery causes mucus to form in your lungs. Coughing and deep breathing help clear this mucus.

Your nurse will show you how to do deep-breathing exercises using a hand-held device called an *incentive spirometer*. You must cough and deep-breathe several times each hour after surgery until you go home.

After leaving the hospital, you should:

- Take 8 to 10 deep breaths with your incentive spirometer each hour during the day.
- Cough often to bring up any mucus or phlegm.

You may have some discomfort when you do your deep-breathing exercises, but it is very important to do them. These exercises will help keep you from getting pneumonia or an upper respiratory infection.

Activity After Surgery

You can help prevent complications by being active after your surgery. This lowers your chance of getting pneumonia or upper respiratory infections, blood clots in your legs or lungs, and constipation.

After your surgery, you will have *sequential compression devices* (SCDs) on your legs. These inflate with air and gently squeeze your legs, and then slowly deflate as they release the air. SCDs help with blood flow and help prevent blood clots in your legs.

Gastric Bypass Patients	Laparoscopic Gastric Band and Sleeve Gastrectomy Patients
<p>A physical therapist will help you get out of bed and sit in a chair the evening of your surgery unless you are on a ventilator (breathing machine). You will at least sit on the edge of your bed and dangle your feet over the side. For all your meals, you will either sit in a chair or sit up in bed.</p> <p>The morning after surgery, your nurse will help you walk from your bed to the doorway and, if you are able, in the hallway. Each day, you will get out of bed and walk 2 to 3 times a day in the hallway. Your nurse will help you until you are strong enough to walk on your own. Walking helps expand your lungs and increases your circulation, which keeps blood clots from forming. Your nurse will remove your SCDs before you take your daily walks.</p> <p>A dietitian will meet with you to help you get started with your new diet. Your first meals will be clear liquids such as broth and sugar-free Jell-O. Soon you will be able to add other liquids, such as milk and protein supplements.</p> <p>Your nurses, occupational therapists, and physical therapists will help you and assess your progress. They will make sure that you can safely take care of yourself when you leave the hospital.</p>	<p>After surgery, you will go to the recovery room for 1 to 3 hours. You will be watched closely during this time.</p> <p>Your total time in the hospital is expected to be overnight, with discharge home the morning after surgery.</p> <p>Being active soon after surgery will help prevent complications. Complications that may occur after surgery include pneumonia, blood clots in your legs, constipation, and others. You will need to get out of bed and begin walking as soon as possible. Your nurse or a physical therapist can assist you if you need help. The SCDs on your legs will be removed before you begin walking.</p>

Medicines

Before you leave the hospital, a pharmacist will review your discharge medicines with you. Medicines in pill form will need to be crushed or split. You should have a pill splitter at home to split large pills. You can buy a pill splitter at any drugstore.

You should review all of your medicines with your pharmacist and primary care doctor before surgery. Tell them you are having weight loss surgery and you will need to have your medicines crushed or in liquid form after

surgery. Do this well before your surgery so that substitutions can be made if needed. Not all medicines can be crushed or split.

If you have not yet talked with your pharmacist or primary care doctor about how to take all your medicines, talk with the hospital pharmacist before you leave the hospital. Your primary care doctor may need to prescribe substitute medicines for any that cannot be crushed or split.

Gastric Bypass and Sleeve Gastrectomy Patients

Right after surgery, you will receive a medicine to prevent blood clots or a *deep vein thrombosis* (DVT) from forming in your legs or lungs. DVTs are more common after surgery because you are less active.

At first, your nurse may give you injections of this medicine. Before you leave the hospital, a pharmacist will teach you how to give yourself the injections. You will give yourself the injection 2 times a day as soon as you are able, for a total of 28 days after surgery. A family member or friend can be taught to give you these injections if you are unable to do so.

The syringes you will use are pre-loaded with the medicine, and the needles are short and thin. You will receive written instructions and a video to take home.

Bowel Care

You will begin taking stool softeners while you are in the hospital to help prevent constipation. Keep taking these as long as you are on pain medicines, unless you are told otherwise.

Leaving the Hospital

When you leave the hospital, it is best to have a support person who can be with you for 1 to 2 weeks.

If you live more than a 2-hour drive away, you will be advised to stay in the Seattle area for at least 7 days after your discharge from the hospital. You may wish to stay in the area until your 1st follow-up visit. This visit will be 2 weeks after your surgery.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Center for Bariatric Surgery:
206-598-2274

Going Home

After weight loss surgery

This section of the Guide to Your Weight Loss Surgery explains what to expect when you leave the hospital.

When to Call

Call your nurse or the surgery resident on call **right away** if you have any of these symptoms. They may be a sign of a serious problem:

- A hard time breathing
- New pain in your chest or calf, or in another part of your leg
- Fever over 101.5°F (38°C)
- Vomiting that occurs often and does not get better
- Bleeding or drainage from your incision
- Burning or pain when you urinate, or needing to urinate often
- Not being able to swallow food or keep food down
- Heart rate higher than 150 beats per minute



Call your nurse or the surgery resident on call right away if you have any of the symptoms listed on this page.

Common Questions and Concerns

After you go home from the hospital, you may have questions or concerns that you do not know how to handle. Many patients have questions about eating, pain issues, bowel function, fatigue or low energy levels, and not being able to exercise.

Eating

You will meet with your dietitian at every clinic visit. Together, you will adjust your diet to make sure you stay well-nourished while you are losing weight.

Here are basic guidelines for eating when you go home:

Gastric Bypass and Sleeve Gastrectomy Patients	Laparoscopic Gastric Band Patients
<p>At home, you will follow a blended diet until your first clinic visit. Pay attention to the foods you eat: what you are eating, the consistency of the food (how thick or thin it is), how often you eat, how much you eat, and how quickly you eat. If you eat too much too quickly, or if you advance your diet too soon, you may have nausea and vomiting.</p> <p>At your first clinic visit after surgery, you will meet with the dietitian to talk about advancing your diet to soft, easy-to-chew foods. It is important to eat and drink during this time, even if you do not feel hungry.</p>	<p>Right after surgery, your first meals will be clear liquids such as Jell-O and broth. As your diet advances, you can include full liquids like milk and protein supplements.</p> <p>Once you go home, you will follow the Full Liquid Diet until your first clinic visit. At this visit, you will meet with the dietitian to talk about advancing your diet to a Pureed Blended Diet. It is important to eat and drink during this time, even if you do not feel hungry.</p>

See Section 10, “Lifestyle and Diet Changes,” for more information. If you cannot solve your eating issue on your own, please call your dietitian.

Pain

You should expect to have pain after surgery, and it may last for several weeks. You will go home with liquid pain medicine to help keep you comfortable.

Pain can be caused by your incisions, swelling, or stress on your muscles. Pain may also come from eating too fast or too much at a time. Remember to eat slowly, chew your food well, and follow portion recommendations.

Incision Pain

You may have pain around your incisions. Place a small ice pack over your incisions for short periods to help reduce this pain. Be sure to wrap the ice pack in a clean towel or cloth to protect your skin. If your incisions become swollen, red, or more tender, call your nurse.

Your pain medicine should help with incision pain. You may also be able to take liquid acetaminophen (Tylenol) for more relief. **Check with your doctor or nurse before taking any medicines other than the medicines that were prescribed for you.**

Constipation

Constipation can cause stomach pain. Be sure to take your stool softener, drink plenty of fluids, and walk every day. You may also take laxatives as advised by your doctor.

Call your nurse right away if you have:

- Severe constipation with pain that is getting worse,
- Stomach *distention* (bloating), and
- Vomiting

These symptoms can be signs of a more serious problem, such as a bowel obstruction.

Gas Pains

You may also have gas pains. To help ease these pains:

- Try an over-the-counter medicine that contains *simethicone*.
- Avoid carbonated drinks and vegetables in the cabbage family, since they can cause intestinal gas.

You may also have cramping, diarrhea, and *dumping syndrome* (weakness, dizziness, nausea, and fast heart beat right after eating). Talk with your dietitian and change your diet as needed to stop or prevent these types of pain.

Muscle Pain

The types of pain you have will change over time. Your surgical pain will slowly lessen.

Gastric Bypass and Sleeve Gastrectomy Patients	Laparoscopic Gastric Band Patients
Most patients who have had gastric bypass and sleeve gastrectomy surgery do not need regular doses of prescription pain medicines after the first 2 to 3 weeks after surgery.	Most patients who have had gastric band surgery do not need regular doses of prescription pain medicines after the first 1 to 2 weeks after surgery.

As you become more active and begin using muscles that haven't worked hard for a long time, you may have more pain or soreness in other areas. This pain may occur only when you are in certain positions or move a certain way, and it will not be constant. Use warm packs or ice packs and take acetaminophen (Tylenol), as needed. You may also get relief from a warm shower or relaxing bath.

Fatigue

You should expect to feel fatigued (very tired) and have low energy after major surgery. Prescription pain medicine can also make you feel sleepy. You may need to take naps from time to time.

But, you should also resist the urge to stay in bed. Walking and other exercise will help increase your energy and stamina. Start out slowly and increase your activity every day.

What to Expect During Your First Weeks at Home

- Recovery from major surgery takes about 4 to 6 weeks. Healing after surgery goes on for as long as a year.
- Your recovery will depend on many factors, such as the type of surgery you had, your medical condition before surgery, and any complications after surgery.
- Your first several days at home after surgery will likely be overwhelming. You may feel tired or weak. You may feel anxious or unsure, and even a little depressed.
- We require you to have a support person at home with you for at least part of each day for the first 1 to 2 weeks. Your support person can help with meals, shopping, chores, personal care, driving, and even child or pet care. Your support person can also be your “cheerleader,” and help you stay focused on the progress you are making.

Week 1 After Surgery

During the first week, you should be able to:

- Shower every day.
- Walk 150 to 200 feet, with or without using a device such as a walker to help you.

Weeks 2 to 3 After Surgery

During the first 2 to 3 weeks:

- You may be on prescription pain medicine that contains opioids. Do not drive a car or use machinery while taking this medicine.

Weeks 4 to 6 After Surgery

During the first 4 to 6 weeks:

- Slowly increase how much you lift, but do not lift anything that causes pain.
- Your energy level will slowly increase.
- You may be able to return to work outside of the home.

6 Weeks After Surgery

Starting 6 weeks after your surgery:

- You should be able to eat solid foods.
- You will likely be able to manage without help from others.
- You should be able to do some activities and exercise for longer times.

Recovery is different for each person. Do not feel discouraged if your recovery does not match this timeline. Everyone has setbacks. These are short-term. Overall, you will be making progress toward your goals of weight loss and better health.



By your clinic visit 6 weeks after surgery, we want you to be walking 1 to 2 miles a day, or about 30 minutes a day.

Activity

You must be active to lose weight and be healthy. When you are home after surgery, be as active as possible during the day. Rest when you need to rest, but get up often to walk about in your home. This keeps the blood flowing in your legs and helps increase your energy level.

As you feel stronger, start taking short walks outside. You may need someone to walk with you at first. By your clinic visit 6 weeks after surgery, we want you to be walking 1 to 2 miles a day, or about 30 minutes a day. Most patients are able to do this.

At your follow-up visits with your surgeon, we will assess your progress and talk about other activities for you to begin. Some of the activities that we encourage you to try are:

- Using an exercise bicycle (stationary bike)
- Water aerobics
- Daily walks
- Walk-a-thons

Doing these activities will burn calories. Exercising and following the eating plan your dietitian and surgeon have recommended will help you lose weight. Some patients may need to work with a physical therapist or an occupational therapist to help them do some activities.

Walk as much as you can without getting overly tired. Each week, as you are recovering from your surgery, try to increase the distance you are walking and your activity level in general. This will help you get your strength back faster.

You will need to follow a good exercise and eating plan for the rest of your life. Your surgery is a tool to help you lose weight. Exercise and the proper diet will help you lose the weight and keep it off. See Section 10, “Lifestyle and Diet Changes,” to learn more.

Showering and Incision Care

- Shower daily. You may need to use a shower chair and a hand-held shower attachment until you are stronger. Gently clean with soap and water. Pat dry with a clean towel.
- Do **not** put any creams, lotions, or antibiotic ointments on your incision(s).
- Wash your hands before touching your surgical site and before putting on any dressings (bandages).
- If you have Steri-Strips (thin strips of tape) on your incisions:
 - Do not pull them off. They will fall off on their own in about 2 weeks.
 - It is OK for these strips to get wet.
- Clean any drainage with warm water.

If you had an **open weight loss surgery** with a larger incision:

- You will have staples over your wound. These will be removed at your first or second clinic visit after surgery.
- Tape a sterile 4-inch by 4-inch dressing over your wound. Change this dressing 2 times a day, or more often if the dressing becomes dirty or soaks through.
- A small amount of clear or blood-tinged drainage from your wound is normal. This usually stops in 1 or 2 days.
- If you have increasing blood or drainage, or if the area around an incision is getting more painful and red, call the clinic nurse or after-hours phone number. Tell the nurse or on-call doctor this is happening.

Other Reminders

Blood Thinner Medicine

Gastric bypass and sleeve gastrectomy patients will need to give themselves injections of a blood thinner 2 times a day. If you have any questions, call the Center for Bariatric Surgery Clinic at 206-598-2274.

Bowel Care

You should be having a bowel movement every 2 to 3 days. Regular bowel movements will prevent a blockage in your bowel and keep you more comfortable. If you are not having regular bowel movements:

- Call the clinic nurse.

- Use a laxative such as senna or milk of magnesia. You can buy these products at any drugstore without a prescription.
- Also see information on “Bowel Care” in Section 9 for more tips to help with bowel movements.

Products such as Gas-X will help reduce gas (*flatulence*). You can buy them at any drugstore without a prescription.

Diabetes Care

After weight loss surgery, many people who have diabetes need a smaller dose of their diabetes medicine(s) or can stop using them. When you are discharged from the hospital after surgery, you will receive dosage instructions for your diabetes medicine(s).

You must schedule an appointment with the doctor who manages your diabetes, either your primary care doctor or an endocrinologist. This appointment should be set for 1 to 2 weeks after you are discharged from the hospital or care facility. At this visit, the doctor will review your blood sugar levels and adjust the doses of your diabetes medicine(s) if needed.

Always check with your doctor before stopping any prescription medicines such as diabetes or blood pressure medicines.

Mental Health Medicines

If you have been taking antidepressants or other medicines that a psychiatrist prescribed, have that doctor check them after surgery. Your doses may need to be changed.

Vitamin B12 (for Gastric Bypass and Sleeve Gastrectomy Patients)

Starting 6 weeks after surgery, you will need to start taking vitamin B12. You can take a vitamin B12 pill every day or have an injection every month. You will need to take vitamin B12 for the rest of your life.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Center for Bariatric
Surgery: 206-598-2274

Follow-up

After weight loss surgery

This section of the Guide to Your Weight Loss Surgery explains clinic visits and medical and other concerns in the weeks after surgery.

Help Your Body Heal

Follow these instructions carefully to help your body heal:

- Do **not** lift more than 10 to 15 pounds (no more than a gallon of milk in each hand) for 1 month after surgery. When you pick things up, bend at your knees, not at your waist. Slowly increase how much you lift, but do not lift anything that causes pain or discomfort.
- Do **not** do heavy housework for 1 month after surgery.
- Do **not** drive while you are on prescription pain medicines that contain *opioids*, a certain type of drug.
- Resume sex when it is comfortable.
- You may shower every day. Do **not** take a bath, sit in a hot tub, or swim until your incisions are healed. This will take about 4 weeks.

Clinic Visits

You will need to follow up with your surgical team at the clinic on a regular basis after surgery. At your follow-up visits:

- We will check your weight and blood pressure.
- You will see your nurse, nurse practitioner, dietitian, and doctor. Each one will check how you are doing, based on the care they provide, and will give their recommendations.
- These visits are a good time to ask questions and discuss your concerns.
- A plan for the next visit will be made.
- If needed, more visits or tests may be added to make sure that you are making progress toward your goals.



You will need to follow up with your surgical team at the clinic on a regular basis after surgery.

It is very important for you to come to all of these appointments so that we can help you with any problems and concerns you are having. This will also help prevent new problems from developing. If you are having major problems, we may want to see you more often.

For Gastric Bypass and Sleeve Gastrectomy Patients

Follow-up visits, with a blood test at most visits, are usually scheduled at:

- 2 weeks
- 6 weeks (no blood test at this visit)
- 3 months
- 6 months
- 9 months
- 1 year
- Once a year after the first year

For Gastric Band Patients

- Follow-up visits, with a blood test at 3 months, 12 months, and then yearly, are usually scheduled at:
- 2 weeks
- 6 weeks
- Every month for the first 6 months
- Every 1 to 2 months for the second 6 months
- 2 to 4 times a year after the first year

Blood Tests

Blood draws for your follow-up clinic visits may be done by your primary doctor or in our hospital lab.

- If your primary doctor does the blood tests, the test results must be sent to our clinic 1 week before your appointment. Please ask your doctor to fax your results to 206-598-6705.
- If you have the blood tests done at our hospital lab, **you must arrive at the lab 30 minutes before your scheduled appointment time** so that the results are ready in time for your appointment.

For Gastric Bypass Patients

You must have blood tests done before each visit so that we can check your nutritional status.

For Gastric Band Patients

You will have blood tests done at 3 months, 12 months, and then once a year after your surgery.

Wound Care

- If you had **open surgery**, you will have 1 incision that goes straight down the middle of your belly. This incision will be held together with deep stitches, and your skin will be closed with surgical staples. The staples will be removed at your first clinic visit after surgery. The stitches will dissolve over time.
- If you had **laparoscopic surgery**, you will have 4 to 5 small incisions. These will be closed with stitches and Steri-Strips (thin strips of tape).

You may take a shower while your staples or Steri-Strips are in place. Make sure that you:

- Simply let the soap and water wash over the incision(s).
- Do **not** scrub the incision(s).
- Pat the incision(s) dry with a clean towel.
- Do **not** put any creams or ointments on the incision(s).

Some oozing of pink fluid is common. If you notice any oozing that is bloody or different from the pink fluid:

- Wash your hands well.
- Gently clean the area.
- Tape a dry, sterile gauze pad over the site.
- Do this 2 times a day until the oozing stops.

When to Call Your Doctor

Call any member of your Bariatric Surgery Team if you have:

- Bleeding or drainage that soaks your dressing
- A fever higher than 100.5°F (38°C)
- Shaking and chills
- Any sign of infection in your incision:
 - Redness
 - Increasing pain
 - Swelling
 - Foul-smelling drainage or a change in the type or amount of drainage

- Nausea and/or vomiting
- Concerns that cannot wait until your follow-up visit

Other Things to Know

Taking Medicines

Right after weight loss surgery, it may be hard for some pills, tablets, or capsules to pass through your new stomach pouch. You may have to crush the medicine or take it in a liquid form for the first 2 to 4 weeks after surgery. After that, most patients can handle a pill the size of an aspirin or smaller, one pill at a time.

If you have any questions about your medicines, ask your pharmacist. Or, check with any member of your Bariatric Surgery Team.

Emotional Changes

After surgery, you may feel more emotional than usual. This is normal and usually goes away after a week or so.

If you are upset, or just need someone to talk to, please call your primary care provider, or any member of your Bariatric Surgery Team. They will help you get in touch with the best person to help you.

Vomiting

Vomiting may be caused by eating too fast or too much, or from drinking fluids with meals. If you vomit, think about what may have caused it. If you cannot find a reason, call any member of your Bariatric Surgery Team. Keep a food diary to help us find the reason for your vomiting.

Bowel Care

Constipation is common after weight loss surgery, especially while you are taking opioid pain medicine. It is important not to become constipated. You may need to take a stool softener for 1 month after surgery.

These tips may help you have a bowel movement:

- Eat applesauce, oatmeal, or pureed prunes daily.
- Drink plenty of water.
- Exercise often.

If you still do not have a bowel movement, try a suppository such as Dulcolax, a Fleets enema, or milk of magnesia. If these options do not work after 2 tries, call your health care provider.

Prevent Pregnancy

Many women who have been obese and unable to become pregnant find that they can get pregnant during the weight-loss phase. We strongly advise that you **NOT** get pregnant for at least 18 months after your surgery. It is very important that you use an **effective birth control method** during this time.

These are 2 main reasons to avoid getting pregnant during this time:

- This is when you will lose the most weight, and your body will need to adjust to the changes.
- Many women do not have enough folic acid, vitamin B12, and iron in their bodies after surgery. These *deficiencies* (shortages) can cause permanent or fatal birth defects in a developing fetus.

Medical Alert Jewelry

You may want to wear medical alert jewelry after you have had weight loss surgery. This is very important if you cannot digest pills, tablets, or capsules, or if you have any of these conditions:

- Asthma
- Autism
- Diabetes
- Epilepsy
- Food allergies
- Heart disease
- Hemophilia
- Hypertension
- Latex allergies
- Parkinson's disease

One company that sells medical alert jewelry is Medic Alert. To learn more, please visit their website at www.medicalert.org, or call 888-633-4298.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Center for Bariatric
Surgery: 206-598-2274

Lifestyle and Diet Changes

Self-care for weight loss surgery patients

This section of the Guide to Your Weight Loss Surgery describes self-care, coping with lifestyle changes, and diet instructions before and after surgery.

You will need to make major changes in your lifestyle and in your relationship with your body for your weight loss surgery to succeed. The changes you go through during and after this surgery can have a strong effect on your emotions.

You may find that you struggle with body image issues as your physical condition changes. If you had trauma or abuse in the past, old feelings these events caused may come up as you lose weight.

If you are already dealing with emotional issues, going through the surgery can make some of those feelings and concerns even stronger.

It is very important for you to ask for help if any of the changes you go through after surgery begin to cause you distress.

Weight loss surgery support groups are a good way to connect with others who have had the surgery and may have the same kinds of feelings.

Mental health counselors can also help you sort through your emotions and adjust to the big changes caused by weight loss surgery. Not addressing the emotional issues you have after surgery can affect how well you will be able to stick to lifestyle changes, and this can affect your success after surgery.

Coping with the Changes

Your social worker can talk with you about the lifestyle changes, reactions, and stresses that occur during and after gastric bypass surgery. If needed, your social worker can also provide brief supportive counseling and can refer you to agencies, community resources, or mental health professionals to help you cope with these changes.



Changes in your lifestyle and diet are vital to the success of your weight loss surgery.

Your social worker will be available to talk with you both before and after your surgery.

Good Nutrition Is Vital!

Weight loss surgery by itself does not make you lose weight. Changes in diet and exercise help you lose weight.

The weeks and months after weight loss surgery are a good time for you not only to lose weight, but also to make changes in your diet that can improve your overall health.

There are many nutrients, including water, that are needed for good health. No single food or food group can supply all the nutrients your body needs, so it is important to choose from a variety of foods.

The 4 basic nutrients your body needs are:

- Carbohydrates
- Proteins
- Fats
- Water

At first, you will need to make sure you get enough protein, but carbohydrates, fats, and water are just as important.

Carbohydrates

Carbohydrates, also called “carbs,” are the main source of energy for your body. Your brain and muscles need carbs for fuel. Complex carbs such as fruits, vegetables, and whole grains and cereals provide the most vitamins and minerals. They also provide fiber, which helps your intestines work well.

Other carbs, such as refined grains (white bread and others) and sugary foods or drinks, do not supply as many nutrients. Eat these less often than whole grains.

Protein

You need protein to build and maintain your muscles, help your body heal, and keep your blood strong. Protein also supplies energy. After surgery, you will need about 60 grams of protein every day.

Since you will be able to eat only small amounts of food at first, it will be important for most of your calories to come from protein. Lean protein sources include chicken, turkey, fish, extra lean ground beef, yogurt, and beans. See the table on the next page for a more complete list of protein foods and serving sizes.

Sources of Protein

Protein Goal: 60 grams per day **Servings per day:** At least 8

One “serving” of protein provides about 7 grams of protein. This table gives the serving sizes of some common protein-rich foods.

Protein Source	Serving Size
Cheese, low-fat	1 ounce
Grated cheese, low-fat	¼ cup
Grated parmesan	2 tablespoons
String cheese	1 stick/1 ounce
Cottage cheese, 1%	¼ cup
Pudding, sugar-free, nonfat milk	¾ cup
Milk, nonfat	1 cup
Dry powdered milk	¼ cup
Yogurt, nonfat	¾ cup
Egg	1 whole
Egg substitute	¼ cup
Chicken, pork, beef, or fish	1 ounce
Tuna fish, packed in water	2 tablespoons
Peanut butter, creamy	2 tablespoons
Dried beans (cooked)	½ cup
Tofu, firm	¼ cup
Nuts (all varieties)	1 ounce (25 pieces)
Shellfish, crab, lobster, shrimp	2 ounces
Protein drinks and protein powders (see “Recipes and Diet Suggestions”)	14 to 25 grams of protein (2 to 3 protein servings)

Meat Servings

This table will help you estimate the amount of protein in meat servings:

Meat Serving	Protein Servings
Average hamburger patty	3
3-inch by 4-inch steak	4
1 pork chop	3
½ chicken breast	3
1 chicken thigh	2
1 chicken wing	1
3-inch by 3-inch fish fillet	3

Protein Drinks and Protein Powders

Protein drinks and protein powder are other good sources of protein. Each serving has 14 to 25 grams of protein, which equals 2 to 3 protein servings.

A few stores that carry protein drinks and powders are Fred Meyer, GNC, Target, Trader Joe's, Costco, and Walmart. See "Recipes and Diet Suggestions" for a list of protein drinks you may want to try.

Fat

Fat is also a source of energy for your body. It adds flavor to food, helps you feel full longer by taking more time to digest, and helps your body absorb some vitamins and minerals.

But, fat has twice as many calories per gram as either protein or carbohydrates, so it should be used in small amounts. A teaspoon of butter, margarine, salad dressing, sour cream, and oil have about 50 calories.

When you want a little fat for flavor or texture, choose small amounts of heart-friendly fats like nuts, avocado, olive oil, or flaxseed oil.

Water

Water is the most important of all nutrients. It makes up about 60% of your body weight. Your body needs water for all of its functions. To keep from getting dehydrated, drink at least 8 cups of water every day. You will need even more during hot weather and when you exercise. Drinking water may decrease your appetite by helping you feel full longer.

Reading Nutrition Labels

Reading "Nutrition Facts" labels when you shop takes a little more time, but seeing what is in foods can help you make better choices. The tips on the next page will help you use the information on nutrition labels.

If you have any special concerns about nutrition, ask your dietitian for help reading and using labels to help you make the best possible food choices.



Drink at least 8 cups of water every day.

Nutrition Facts		
Serving Size 1 cup (228g)		
Servings Per Container 2		
Amount	Per Serving	
Calories	260	Calories from Fat 120
% Daily Value*		
Total Fat	13g	20 %
Saturated Fat	5g	25 %
Trans Fat	2g	
Cholesterol	30mg	10 %
Sodium	660mg	28 %
Total Carbohydrate	31g	10 %
Dietary Fiber	0g	0 %
Sugars	5g	
Protein	5g	
Vitamin A 4%	•	Vitamin C 2%
Calcium 15%	•	Iron 4%

*Percent Daily Values are based on a 2,000 calorie diet.

Serving Size

Check the amount of food shown as 1 serving on the Nutrition Facts label. This label says that 1 cup equals 1 serving. This may not be the amount you eat, but it is the amount that contains the nutrients listed. Sometimes what we think is 1 portion may actually be 2 or more.

Calories

The calorie section of the label shows how many calories are in 1 serving of the food. You do not need to count calories every day, but it is important to know which foods are high or low in calories.

Multiply the calorie content by the number of servings to find out how many calories are in the whole package. For example, this package contains a total of 520 calories (260 calories times 2 servings).

Nutrient Information

The Nutrition Facts label also shows how much carbohydrate, protein, fat, sodium, cholesterol, and some vitamins and minerals are in a serving of the food. This information is especially helpful if you are on a diet to help manage diabetes, high blood pressure, or high cholesterol.

Meeting Your Nutritional Needs

After weight loss surgery, the amount of food you can eat at one time is limited. Eating less food and changing your eating habits will help you lose weight.

Since the amount of food that you can eat is limited, it is very important to choose your foods carefully to make sure you get all the nutrients you need. Follow these steps to stay in good health after weight loss surgery:

1. **Eat a variety of foods from each food group every day.**
2. **Eat high-protein foods at each meal.** The goal is to eat at least 60 grams of protein every day. You may need to use protein drinks the first few months to meet this goal. **Always** eat protein foods first. (See “Sources of Protein” and “Protein Drinks and Protein Powders” on page 48 of this section.)
3. **Choose good quality foods that are low in calories and contain a variety of nutrients** – especially protein, vitamins, and minerals. Good examples are low-fat meats, poultry, nonfat milk and yogurt, fruits, vegetables, brown rice, and whole grains.

4. **Avoid foods that are high in calories and low in vitamins and minerals.** Sugars (such as soda pop and desserts) and fats (such as potato chips, fried foods, and salad dressings) add a lot of calories and very few or no nutrients, and they may cause *dumping syndrome* (see page 51 of this section).
5. **Drink plenty of calorie-free fluids** – about 64 ounces every day, including at least 4 cups of water. Drink between meals, not with meals.
6. **Take a multivitamin with iron every day.** Iron helps your body develop healthy red blood cells. Try chewable multivitamins for adults (1 a day), chewables for children such as Flintstones (2 a day), or liquid vitamins with iron, such as Theragram.
7. **Take calcium with vitamin D3 every day.** Calcium and vitamin D are needed for healthy strong bones. The recommended daily amount is 1,500 milligrams (mg) calcium and 2,000 international units (IU) vitamin D. Your multivitamin will contain some vitamin D.

Calcium is absorbed best when divided into 2 or 3 doses. Try chewable calcium tablets such as Caltrate, calcium chews such as Viactiv or Citracal, or TUMS Extra Strength (4 tablets per day).

Gastric Bypass and Sleeve Gastrectomy Patients

Start taking vitamin B12 6 weeks after surgery. Vitamin B12 keeps red blood cells healthy and helps your nervous system work properly. You will need to take a vitamin B12 pill (500 mcg) every day or have a B12 (1,000 mcg) shot every month for the rest of your life.

How to Avoid Problems with Eating

- **Stop eating as soon as you feel full.** At first, you may feel full after drinking only 1 to 2 ounces of liquid. In time, you will be able to take in ½ to 1 cup of solid food. **Never eat more than 1½ cups at a meal.** Become aware of how you feel when you are getting full. You may feel pressure just below your ribs, pain in or near your stomach, or you may feel sick to your stomach.
- **When you begin solids, try only one new food per meal.** Take only 1 or 2 bites and see if you can handle the new food. If you cannot handle it well at first, wait 1 or 2 weeks and try it again.
- **Eat slowly and chew your food well.** It is easy to overeat and swallow chunks of food when you eat quickly. Chew well. Count the number of chews per mouthful, and aim for 25 chews. Give yourself at least 30 to 40 minutes to eat each meal. Take small bites and put your fork down between each bite.
- **Try not to skip meals.** Missing a meal can lead to hunger and eating too quickly later.

- **Drink slowly, and drink only calorie-free beverages.** Liquids pass right through your stomach, so many liquid calories can cause weight gain. Avoid juice, alcohol, and regular soft drinks. Limit your coffee intake to 1 cup a day.
- **Do not drink liquids 30 minutes before or after meals.** Drinking liquids with solid foods may cause dumping syndrome (see the last section on this page), discomfort, or make you feel too full.
- **Keep foods moist.** Try using low-fat gravies and sauces. It may be hard to tolerate:
 - Tough meats (unless they are ground or chopped)
 - Soft rice (like instant, processed, or Japanese sticky rice), pasta, and untoasted or soft bread
 - Skins of fresh fruits and vegetables
 - Fibrous or chewy vegetables (such as celery and corn)
 - Spicy foods
 - Seeds, nuts, and popcorn
 - Greasy or fried foods
- **If you have a day when you cannot tolerate any foods or liquids, stop eating for up to 6 hours.** Try to find out what caused the problem. Ask yourself:
 - Did I eat too much?
 - Did I eat too fast?
 - Did I chew well enough?
 - Did I eat high-sugar or fatty foods?
 - Did I drink too much liquid with my meal?
 - Am I drinking enough liquid between meals?

Start again with clear liquids (broth, Jell-O, clear juices, tea) and advance your diet slowly after your symptoms go away.

Dumping Syndrome

After weight loss surgery, foods and liquids enter your small intestine more quickly. This may cause dumping syndrome to occur after eating. This syndrome may cause bloating, nausea, diarrhea, weakness, and sweating. It usually lessens over time.

To help avoid dumping syndrome:

- Eat 3 to 5 small meals a day.
- Drink fluids with meals **only** if needed.
- Eat and drink slowly and chew foods well.
- Do not eat or drink foods that are high in sugar or fat.

About Calories

Patients often ask, “How many calories do I need?”

After weight loss surgery, we do not ask you to eat only a certain number of calories. But, we do ask you to pay attention to how your stomach feels, and to stop eating when you feel full.

Your dietitian will review your diet at each visit to find out if the amount you are eating is helping you lose the right amount of weight. Remember that even small bites of some foods can contain a lot of calories without giving you much nutrition. If you have questions, ask your dietitian.

Here are some of the high-calorie foods that can slow your weight loss, even if you eat just a few of them every day:

Food	Calories
1 chicken nugget	50
10 French fries	75
3 tablespoons macaroni and cheese	75
½ small hamburger	70

Food	Calories
5 Lay’s potato chips	40
5 peanut M&Ms	60
⅓ powdered sugar donut	96
1 Hershey’s Kiss	25

Calories versus Nutrients

Compare the foods in the table below. The high-calorie ones contain the same kinds of nutrients as the low-calorie ones, but they have very different amounts of calories:

High-Calorie Option	Calories	OR Try	Lighter Option	Calories
8 oz. whole milk	150	▶	8 oz. nonfat milk	80
12 oz. soda pop	150	▶	12 oz. diet pop	0
½ cup mashed potatoes with 2 tablespoons gravy	160	▶	½ cup mashed potatoes, plain	80
½ cup peaches in syrup	100	▶	½ cup peaches in fruit juice	60
1 tablespoon cream-based salad dressing	65	▶	1 tablespoon low-calorie salad dressing	20
1 chicken breast, fried, with skin	232	▶	1 chicken breast, baked, skinless	105

Think Before You Drink

After surgery, it is important to drink enough calorie-free fluids (about 64 ounces) every day to keep you well-hydrated. Keep in mind that most beverages have a lot of calories. Fruit juice, fruit drinks, soda, milk, and lattes all have about 100 calories in an 8-ounce cup. Just a few servings of these drinks each day can easily add 300 calories to your daily diet.

This table shows how the calories in drinks can add up:

Beverage	Calories
1 cup orange juice	120
1 cup cranberry juice drink	140
1 grande nonfat latte	160
1 margarita, daiquiri, or piña colada	325
12 ounces regular cola	150
1 beer	150
6 ounces red or white wine	150
1 cup nonfat milk	90
1 cup lemonade	120

Alcoholic Beverages

After weight loss surgery, **alcohol is absorbed into the bloodstream more quickly and in higher concentrations than before.** Drinking even a small amount can affect you, especially on an empty stomach. Limit your alcohol intake to only a few sips, or skip it completely.

Alcoholic beverages also have a lot of calories and can throw you off your weight loss plan. We recommend that you do NOT drink alcoholic beverages on a regular basis.

Some patients have problems with drinking too much alcohol after surgery. Tell your doctor if you find yourself drinking more than usual after surgery.

See “Alcohol Use Disorder” on pages 69 and 70 for more information.

How much is a serving?

Unless you always use your kitchen scale and measuring cups, it can be hard to figure out the right portion sizes. Here are some quick ways to figure out about how much you are eating.

A thumb tip	= 1 teaspoon
A thumb	= 1 ounce of meat or cheese
Deck of cards	= 3 ounces of cooked meat, poultry, or fish

Tennis ball	= $\frac{3}{4}$ cup
Golf ball	= $\frac{1}{4}$ cup
Ice cream scoop	= $\frac{1}{2}$ cup
Pair of dice	= 1 ounce
Small fist	= 1 cup

Dining Out

Going to restaurants or parties can be challenging with your new diet. Be sure to stick to the foods allowed on your current diet stage. **Do not** try foods you have not tried before. If you are having a hard time handling foods, it may be best to eat at home for several weeks.

Restaurants

Here are some tips to make eating out easier:

- Start with a broth-based soup and crackers instead of bread and salad.
- Order an appetizer-sized meal as your main course. Try to choose protein items such as shrimp cocktail or grilled chicken skewers.
- Ask for a children's or seniors' menu so you can order smaller portions.
- Ask a member of your health care team how to get a bariatric dining card. The card lets the restaurant know that your doctor recommends that you eat small portions.
- Remove breading from deep-fried meats such as chicken tenders or fish.
- Avoid french fries and potato chips.
- Avoid all-you-can-eat restaurants such as buffets. It is tempting to overeat to "get your money's worth."
- Avoid sweet drinks and desserts. They may cause dumping syndrome, and they are often high in calories.
- Remember to chew well and eat slowly. Don't let the conversation distract you into eating too fast or overeating.
- Remember to stop as soon as you start to feel full.
- Ask for a "to-go" box right away so you are not tempted to clean your plate.

Parties

These tips can help you stay with your diet plan when you go out to parties and gatherings where food will be served:

- Call ahead and ask the host or hostess what types of food to expect.
- Check out the whole table first to see what your best options are.

- Limit alcohol and other sweet drinks. Choose water or other calorie-free beverages instead.
- Limit desserts.
- Bring a dish to share that you know you can eat. Shrimp platters, deviled eggs, or chicken dishes are good, high-protein crowd-pleasers. See “Recipes and Diet Suggestions” for recipes for Chicken and Peanut Wraps, Perfect Deviled Eggs, and Shrimp Dippers.

Mindful Eating

Patients often tell us that they struggle with food choices after surgery. “Impulse eating” means being tempted to eat, often when you are not even hungry. It may bring pleasure for a moment, but it often causes feelings of guilt and regret later.

Impulse eating can be triggered by getting too hungry, being around food at a party or in the grocery store, or seeing food ads on TV. You may also eat for emotional reasons, such as being bored, angry, stressed, frustrated, sad, or lonely. You can avoid impulse eating with a mindful approach.

Try some of these ideas:

- **Plan your meals** and snacks ahead of time to make it easier to make smart food choices when it is time to eat.
- **Time your meals and snacks** so that you do not get too hungry. “Urgent” hunger may make you overeat or choose higher calorie foods.
- **Shop often** so that you always have fresh, healthy foods and snacks on hand. When you feel the urge to eat, try eating some fruit or vegetables first, or drink a calorie-free beverage.
- **Eat in a calm environment**, eat slowly, and enjoy the flavors.
- **Do not** try to satisfy your hunger by drinking alcohol, smoking, or going shopping.
- **Make a list of things you like to do.** When you are thinking about food and you know you are not hungry, pick one activity to distract yourself. Some ideas you might try include:
 - Listen or dance to your favorite music.
 - Take a bubble bath.
 - Try aromatherapy. Scents like vanilla and lavender have a soothing effect. Try candles, potpourri, or room sprays in your favorite scent.
 - Go for a nature walk to collect leaves, rocks, or shells, or gaze at stars.
 - Curl up with a blanket and read funny or inspiring books.
 - Call a friend.
 - Keep a journal about your feelings.

- **Tell your dietitian, social worker, or counselor** if you are having a hard time. Together we can work on a plan to help control your impulse eating.

Gastric Bypass Diet Stage 1: Blended/Pureed Foods

Stage 1 is the first 2 weeks after surgery. During this stage, eat only foods that are the consistency of a smooth paste or thin liquid. Do **not** eat any chunks of solid food, even small pieces.

You may only be able to eat or drink 1 to 2 ounces ($\frac{1}{8}$ to $\frac{1}{4}$ cup) at a time. You will need to eat often during this phase to meet your nutritional needs.

- Remember to eat and drink slowly.
- On the blended-food diet, you will be eating only $\frac{1}{4}$ cup (2 ounces) or less of food at a time.
- Introduce one new food at a time.

Making Blended and Pureed Foods

It is easy to make blended or pureed foods. Put solid foods in a blender or food processor, add liquid, and process to a smooth consistency. **Be sure to strain out any chunks.** Make a large batch of a blended food and freeze it in ice cube trays to have small portions ready to defrost and use.

Foods You Can and Cannot Eat on a Blended/Pureed Diet

Food	Allowed	Not Allowed
Beverages	Water, skim milk, tea, protein drinks, nonfat/sugar-free lattes, blended drinks (see “Recipes and Diet Suggestions”), and calorie-free drinks	Fruit juice, fruit drinks, carbonated drinks, alcohol, whole milk, coffee drinks such as lattes or mochas with sugar and/or whole milk
Soups	Broth, low-fat cream soups, blended soups, high protein soups (see “Recipes and Diet Suggestions”)	Regular cream soups, soups with chunks
Meat and Other Protein Foods	Blended meats such as lean beef, ham, fish, chicken, or turkey; baby food meats, blended low-fat cottage cheese, mashed or pureed tofu	Peanut butter, cheese, fried or high-fat meats, spicy meats, all other meats and meat substitutes
Grains and Breads	Cooked low-fiber cereal such as Cream of Wheat, blended mashed potatoes thinned with milk	Pasta, bread, rice, and all other starches

Food	Allowed	Not Allowed
Vegetables	Strained or pureed vegetables, vegetable juice	All others
Fruits	Unsweetened pureed fruits with no seeds or skins, baby food fruits	Fruit juice (unless in protein drink), all others
Milk and Other Dairy Products	Nonfat milk, nonfat yogurt	Whole milk, chocolate milk
Other	Sugar-free Jell-O, sugar-free popsicles, sugar-free pudding	All others

Sample Menu for a Blended/Pureed Diet

Breakfast ¼ cup Cream of Wheat ¼ cup Milk Mixture*	Morning Snack 4 ounces protein drink**	Lunch ¼ to ½ cup low-fat cream soup made with pureed meat, pureed vegetables, and Milk Mixture*
Afternoon Snack 4 ounces protein drink**	Dinner ¼ cup blended low-fat cottage cheese ½ cup blended fruit	Evening Snack 4 ounces protein drink**

* See "Recipes and Diet Suggestions."

** Use either commercial protein drinks, or drink recipes listed in "Recipes and Diet Suggestions."

Gastric Bypass Diet Stage 2: The Soft Diet

Stage 2 is weeks 3 through 6 after surgery. In this stage, start adding soft foods that are tender and easy to chew.

- Eat only ½ to ¾ cup (4 to 6 ounces) of food at a time.
- Eat 3 meals and 2 to 3 snacks daily.
- Do not drink liquids when you eat.
- Introduce only 1 new food at a meal.
- Start with small pieces of fruits and vegetables.
- Eat ground or flaked meat for the first 2 weeks of this stage. After that, you may start adding moist, cooked, chopped meat.
- Dry meats are hard to handle at this time. Add fat-free gravy, broth, or fat-free cream soup to make the meat easier to swallow.

Foods You Can and Cannot Eat on a Soft Diet

Food	Allowed	Not Allowed
Beverages	Water, coffee, tea, skim milk, protein drinks, blended drinks (see “Recipes and Diet Suggestions”), and calorie-free drinks	All others; avoid carbonated drinks
Soups	Broth, low-fat cream soups, vegetable or noodle soups, stew, meat soups with ground or blended meat	Soup made with cream or whole milk, soups with chunks of meat
Meat and Other Protein Foods	Ground lean meat, fish, poultry, eggs, low-fat cottage cheese, creamy peanut butter, parmesan or mozzarella cheese; casseroles with ground meat, tuna, canned chicken, or canned shrimp	Nuts, diced meats (for at least 2 weeks until you can tolerate ground meat)
Grains and Breads	Cooked or refined cereal, rice, mashed potatoes (no skin), well-cooked pasta cut into small pieces, toast, saltine crackers	Firm-cooked pasta, pasta with cream sauce, all others
Vegetables	Soft-cooked vegetables such as carrots, beets, mushrooms, zucchini, green beans; vegetable juices	Vegetables with hulls or skins such as peas, corn, celery; gas-forming vegetables such as broccoli, cauliflower, Brussels sprouts
Fruits	Unsweetened cooked or canned fruit without seeds or skin, bananas, citrus fruits without membranes, soft melon, unsweetened fruit juices (no more than 8 oz. a day)	All others
Milk and Other Dairy Products	Fat-free or 1% milk, sugar-free, fat-free yogurt, low-fat cottage cheese, parmesan or mozzarella cheese, low-fat or fat-free cheese	Chocolate milk, sweetened condensed milk, 2% or whole milk
Others	Sugar-free gelatin, sugar-free popsicles, sugar-free pudding	All others

Sample Menu for a Soft Diet

Breakfast ½ cup corn flakes ½ cup Milk Mixture* ¼ banana	Morning Snack 4 ounces protein drink**	Lunch 2 ounces protein such as canned meats (tuna, chicken, or shrimp) ¼ cup diced peaches
Afternoon Snack ¼ cup cottage cheese	Dinner 2 ounces baked fish ¼ cup mashed potatoes made with Milk Mixture*	Evening Snack 4 ounces protein drink**

* See “Recipes and Diet Suggestions.”

** Use either commercial protein drinks or drink recipes in “Recipes and Diet Suggestions.”

Gastric Bypass Diet Stage 3: Advanced/Regular Diet

The Stage 3 diet usually starts in the 6th week after surgery. It includes foods that are regular consistency, like the foods you were able to eat before surgery.

- Add new foods 1 at a time, and only 1 new food per meal. Take just a couple of bites of the new food to see if you can handle it.
- Chew well, and eat slowly.
- Eat about ½ to 1 cup, or 4 to 8 ounces, of food at a time.
- Do not drink liquids when you eat.
- Add some foods, such as vegetables with a lot of fiber and red meats, only after making sure you can handle all the other foods on the list.

Foods You Can and Cannot Eat on an Advanced/Regular Diet

Food	Allowed	Not Allowed
Beverages	Water, coffee, tea, sugar-free Jell-O, protein drinks (see “Recipes and Diet Suggestions”), and calorie-free drinks	Regular soda, beer, wine, hard liquor, fruit drinks, fruit juice, coffee drinks with whole milk such as lattes or mochas
Soups	Low-fat cream soups, broth-based soups	Regular cream soups

Food	Allowed	Not Allowed
Meat and Other Protein Foods	Ground beef, soft fish, chicken, turkey, eggs, tofu and other soy products, peanut butter – try tender, well-cooked, lean red meat last, and only if you can handle all other foods in this group	High-fat meats such as bacon, sausage, prime rib, beef or pork ribs, fried meats
Milk and Other Dairy Products	Nonfat milk, nonfat yogurt, low-fat or fat-free cheese, regular cheese in small amounts such as Swiss, cheddar	Ice cream, whole milk, chocolate milk
Fruits and Vegetables	Soft fresh fruits, ripe tomatoes, finely chopped raw vegetables	Fruit juice (unless used in a protein drink)
Grains and Breads	Cold cereal (that needs little chewing), breads, English muffins – try whole grain breads and cereals, seeds and nuts last	Pastries, donuts, cake, scones, fruit or bran muffins, cookies, pie
Others	Sugar-free Jell-O, sugar-free pudding, sugar-free popsicles	Hard candies, chocolate, gumdrops, jelly beans, other candies

Sample Menu for an Advanced/Regular Diet

Breakfast ½ piece toast 1 ounce mozzarella ¼ cup fruit	Lunch 2 ounces grilled chicken ¼ cup cooked vegetables	Afternoon Snack 4 ounces protein drink**
Dinner 2 ounces ground beef ¼ cup cooked noodles with 1 teaspoon diet margarine		Evening Snack ¾ cup sugar-free cocoa made with Milk Mixture*

* See “Recipes and Diet Suggestions.”

** Use either commercial protein drinks or drink recipes in “Recipes and Diet Suggestions.”

Achieving Your Goal Weight After Surgery

To reach and maintain your goal weight, you must:

- 1. Continue to follow the eating guidelines in this manual.** Do not eat more than ½ to 1 cup of solid foods at each meal.
- 2. Eat meals at regular meal times.** Be sure to make balanced choices and include protein along with small amounts of fruits, vegetables, and whole grains. Shop often so that you have a variety of fresh, healthy foods on hand.

3. **Eat only when you are hungry and stop as soon as you start to feel full.** Do not feel that you need to finish that last bite or two on your plate, or to taste something just because it is there. You can have that bite or two later, when you are hungry.
4. **Limit snacks between meals.** Those 100-calorie snack packs have become very popular – but remember that even an extra 250 calories a day can mean losing ½ pound less weight that week.
5. **Drink enough fluids.** Drinking at least 64 ounces of calorie-free fluids every day will help you stay well-hydrated and reduce your hunger. It is easy to think we are hungry when we are really just thirsty. If you are not sure, try drinking some water before reaching for food.
6. **Keep a food journal.** If you are losing weight too quickly, not quickly enough, or not getting enough nutrients, keeping a journal is the best way to find out what eating changes you need to make.
7. **Track your hunger level.** If you find you are snacking or eating too much, you may be asked to keep a “hunger journal.” This journal will help you find out whether you are eating because you are hungry or for other reasons.
8. **Exercise, exercise, exercise!** Exercise plays a key role in helping you reach and maintain your new lower weight – it is vital! We recommend exercising 30 minutes every day, or as your primary care provider or physical therapist advises.
9. **Call your dietitian if you think your weight loss is slowing down, or any time you have questions.** This is especially important when you begin to visit the clinic less often. You may want to arrange a nutrition consultation with your dietitian between your scheduled visits.

Your Diet After Laparoscopic Gastric Band Surgery

Adjustable gastric banding by itself doesn't make you lose weight. You will also need to change your diet and add exercise to your routine to lose weight. The weeks and months after adjustable gastric banding surgery are a good chance for you not only to lose weight, but also to make changes in your diet that can improve your overall health.

The adjustable gastric banding procedure places a band around your stomach, and this makes you feel full after eating only a small amount of food. This banding, along with changing your eating habits and exercising more, will help you keep losing weight over time.

After surgery, your diet will go through phases. Phase 1 is a clear liquid diet. You will be on clear liquids while you are in the hospital. Phase 2 is a full liquid diet. You will be on a liquid diet for 2 weeks.

Laparoscopic Gastric Band Diet Phase 1: Clear Liquid Diet

For 2 days after your surgery, you will follow a clear liquid diet. Drink only 1 or 2 ounces at a time. Stop when you feel full. Continue to drink this amount every 15 minutes, for a total of 64 ounces a day.

You may have some flavored liquid foods while you are on the clear liquid diet. Foods allowed during this diet include:

- Jell-O
- Broth
- Popsicles
- Fruit juices without pulp (such as apple, cranberry, and grape)
- Fruit drinks
- Water

Laparoscopic Gastric Band Diet Phase 2: Full Liquid Diet

You will need to follow the full liquid diet for 2 weeks. Eat servings of 3 to 4 ounces up to 5 or 6 times per day. Be sure to include a protein source at each meal.

If you do not tolerate milk products, you may use rice or soy milk products instead of cow's milk. For added protein, make soups and cereals with nonfat milk or plain soy milk instead of water. Or, stir nonfat dry milk or protein powder into your foods.

Full Liquid Diet

	Choose These	AVOID These
Fruits and Juices	Flavored water, fruit juices without pulp such as apple juice, grape juice, cranberry juice, and nectars	Canned, fresh, or frozen fruits; all raw fruit, dried fruit (dates, raisins), coconut, sweetened beverages
Soups	Broth, bouillon, fat-free consommé, strained cream soups, tomato soup made with milk or water	Bean, gumbo, split pea, onion, and chunky soups and chowders; soups with vegetables, noodles, rice, meat, or other chunks of food in them (strain these items from the soup and blend them or just have the broth)

	Choose These	AVOID These
Beverages	Ice chips, water, coffee, tea, herbal teas (hot or cold), noncarbonated calorie-free drinks	All others – no carbonated beverages, diet pop, or alcohol
Sweets and Desserts	Fruit ices (without chunks of fruit), plain gelatin, popsicles made from low-sugar juices, low-fat custards, and puddings	All others
Vegetables	Tomato or V-8 juice	All others
Milk and Other Dairy Products	Nonfat milk, smooth yogurt, Sugar-free Carnation Instant Breakfast, protein drinks	Ice cream
Bread, Cereals, and Grain Products	None	All
Meat and Other Protein Foods	None	All
Oils, Butter, and Margarine	None	All

Laparoscopic Gastric Band Diet Phase 3: Pureed/Blended Diet

Follow the Pureed/Blended Diet for 1 to 1½ weeks. Once you have advanced to this diet, you will be able to eat all foods on the liquid diets plus any food that is the consistency of applesauce. You will need to use a blender or food processor to puree regular foods to the right texture.

How to Puree Foods

1. Cut the food into small pieces, the size of the tip of your thumb.
2. Place food pieces in the blender or food processor, with enough liquid (broth, fat-free gravy, water, or nonfat milk) to cover the blades.
3. Blend until smooth like applesauce.
4. Strain out any seeds or lumps.
5. Season with herbs or mild spices to taste.

Other Tips

- Limit food to 4 ounces (½ cup or 8 tablespoons) per meal.
- Eat 6 small meals a day and include a protein source with each meal.
- Drink 64 ounces of calorie-free fluids each day.
- Limit nonfat milk to 16 ounces a day.
- Limit fruit juice (without pulp) to 8 ounces a day.

Pureed/Blended Diet

	Choose These	AVOID These
Beverages	Water, coffee, tea, calorie-free drinks, noncarbonated drinks, nutritional drinks such as Sugar-free Carnation Instant Breakfast, protein drinks (see “Recipes and Diet Suggestions”)	Beverages with sugar such as fruit drinks, iced tea with sugar, coffee drinks, carbonated drinks
Soups	Broth, bouillon, low-fat cream soups, pureed soups	All others
Starches	Cooked, refined cereals such as Cream of Wheat or Rice, mashed potatoes	Pasta, bread, rice, all others
Vegetables	Pureed vegetables, vegetable juice	All others
Fruits	Applesauce, pureed bananas or other fruits without seeds or skins, unsweetened fruit juice without pulp	All others
Meat and Other Protein Sources	Pureed: meat, poultry, fish or tuna; low-fat or nonfat cheese or cottage cheese, baby food meats, mashed or pureed tofu	Peanut butter, all others

Laparoscopic Gastric Band Diet Phase 4: Soft Diet

For the next 1 to 1½ weeks, include soft foods that are tender and easy to chew, as tolerated. Start with small pieces of fruits and vegetables. Meat should be ground or flaked (like canned tuna) for the first week before adding other meat. Dry meats are often hard to tolerate. Add fat-free gravy, broth, or fat-free cream soups for extra moisture, which will make the food easier to swallow.

On the Soft Diet, you will be eating only ½ cup (4 ounces) of food at a time. Introduce only 1 new food at each meal.

Soft Diet

	Choose These	AVOID These
Beverages	Same as for Pureed/Blended Diet: Water, calorie-free drinks, skim milk, coffee, tea, protein drinks, and blended drinks (see “Recipes and Diet Suggestions”)	All others – limit carbonated drinks
Soups	Broth, low-fat cream soups, vegetable or noodle soups, stew or soups with ground or blended meat	Soup made with cream or whole milk, soup with chunks of meat
Meat and Other Protein Foods	Ground lean meat, fish, or poultry; eggs, low-fat cottage cheese, creamy peanut butter, parmesan cheese, mozzarella cheese; casseroles made with ground meat, tuna, canned chicken or canned shrimp	Nuts, no diced meats until ground meat is tolerated for at least 2 weeks
Grains and Breads	Cooked or refined cereal, mashed potatoes without the skin, rice, well-cooked pasta cut into small pieces, toast, saltine crackers	Firm-cooked pasta, pasta with cream sauce, all others
Vegetables	Soft-cooked vegetables such as carrots, beets, mushrooms, zucchini, green beans; vegetable juice	Vegetables with tough hulls or skins such as peas, corn, raw celery; gas-forming vegetables such as broccoli, cauliflower, Brussels sprouts
Fruits	Unsweetened cooked or canned fruit without seeds or skin, bananas, citrus fruits without the membranes, soft melon, unsweetened fruit juices (no more than 8 ounces a day)	All others
Milk and Other Dairy Products	Fat-free or 1% milk, sugar-free or nonfat yogurt, Greek yogurt, low-fat cottage cheese, parmesan cheese, mozzarella cheese, low- or fat-free cheeses	Chocolate milk, sweetened condensed milk, 2%, or whole milk
Other	Sugar-free gelatin or popsicles, sugar-free pudding	All others

Laparoscopic Gastric Band Diet Phase 5: Advanced/Regular Diet

The Advanced/Regular Diet includes foods that are normal consistency, like foods you were able to eat before surgery. **It is important in this stage to add new foods 1 at a time, and 1 new food per meal.** Add some foods, like red meats and fibrous vegetables, only after you can tolerate all other foods on the list.

During this phase, you will be able to eat about ½ cup (4 ounces) at a time. Be sure to take just a couple of bites, chew well, and eat slowly.

You should be able to advance your diet to regular solid foods by the time of your 6-week follow-up visit with your doctor.

Advanced/Regular Diet

	Choose These	AVOID These
Beverages	Water, coffee, tea, protein drinks (see “Recipes and Diet Suggestions”), and calorie-free drinks	Regular soda, beer, wine, hard liquor, fruit drinks and juices, whole milk, coffee drinks such as lattes and mochas
Soups	Low-fat cream, broth-based soups, pea or bean soups	Regular cream soups
Meat and Other Protein Foods	Ground beef, soft fish, chicken, turkey, tofu, soy products, eggs, peanut butter; try tender, well-cooked red meats AFTER you can tolerate the meats listed above	High-fat meats such as bacon, sausage, prime rib, beef or pork ribs; fried meats
Milk and Other Dairy Products	Nonfat milk, nonfat yogurt, low-fat or fat-free cheese, regular cheese such as Swiss or cheddar (eat only small amounts due to high fat content)	Ice cream, whole milk, chocolate milk
Fruits and Vegetables	Soft fresh fruits, ripe tomatoes, cooked or finely chopped raw vegetables	Fruit juice (unless in a protein drink)
Grains and Breads	Cold cereal, bread, English muffins, noodles, rice, corn; be careful with coarse whole-grain breads and cereals, seeds, and nuts	Pastries, donuts, scones, fruits or bran muffins, cake, cookies, pies
Others	Sugar-free Jell-O, sugar-free pudding, sugar-free popsicles	Hard candies, jelly beans, chocolate, gum drops, other candies

How to Avoid Problems

Each person responds to foods differently. You may be able to eat a food one day, but not the next. Make a note of problem foods. If you try a food you cannot tolerate, wait a few days and try again. If a certain food always causes problems, it is best to avoid it.

Here is a list of some common problem foods and some options you might try, to help you avoid discomfort.

Potential Problems	Options
Carbonated drinks	<ul style="list-style-type: none"> • Try coffee, tea, juice, sugar-free fruit drinks
White and soft breads	<ul style="list-style-type: none"> • Toast until dry and crisp • Use grainy breads and toast well • Try crisp crackers, Melba toast, pita bread, or English muffins
Meat: steak, roast, chops, chicken, turkey	<ul style="list-style-type: none"> • Slice meats very thin before cooking • Avoid dry-cooking methods such as baking, grilling, barbecue, or pan-frying • To tenderize, marinate or slow-cook for a few hours • Try broth, low-fat gravies, or low-fat cream soup to add moisture • Try canned breast of chicken • Use softer proteins such as eggs, legumes, lentils, fish, and tofu
Clams, mussels, octopus, squid	<ul style="list-style-type: none"> • Do not overcook • Try other shellfish such as shrimp, crab, lobster • Try canned or smoked tuna or salmon
Pasta	<ul style="list-style-type: none"> • Cook pasta until soft, and cut into small pieces • Serve with marinara or low-fat Alfredo sauce to add moisture
Fresh oranges and grapefruit	<ul style="list-style-type: none"> • Cut each segment into bite-sized pieces • Remove any tough membranes • Try canned Mandarin oranges or grapefruit
Fresh apples, pears, peaches, plums	<ul style="list-style-type: none"> • Remove peel of apples, pears, peaches, and plums • Cut fruits into small slices • Try canned fruits
Rice	<ul style="list-style-type: none"> • Try in soups or in casseroles with low-fat cream soup or low-fat cream sauce
Reheated food	<ul style="list-style-type: none"> • Add some broth, water, tomato puree, low-fat gravy, or low-fat cream soup before reheating • Avoid dry reheated dishes, including meats

Daily Nutrition Checklist

Once you are able to eat solid foods without problems, you will need to watch your diet closely. Liquids will pass through your stomach quickly and will not make you feel full. Because of this, you should limit drinking beverages that contain calories. Drink water, broth, tea, coffee, or other sugar-free beverages.

Too much food or big chunks of food can block your stomach pouch outlet. Avoid this problem by taking only small bites at a time and chewing food well. Include 5 small meals per day that include a variety of healthy foods such as meat, vegetables, fruit, grains, and dairy products.

- **Eat 5 small meals a day.** After surgery, your small stomach pouch can hold only about $\frac{1}{2}$ cup (4 ounces) of food. Eating more than this at one time may cause nausea or vomiting. Vomiting may cause complications such as slippage of the gastric band. Eating too much too often may also cause your stomach pouch to stretch, which will hinder your weight loss.
- **Eat slowly and chew thoroughly.** Food needs to be chewed into very small pieces for it to pass through your stomach opening. Remember to eat meals slowly and chew foods very well.
- **Stop eating as soon as you feel full.** Pay attention to your body. Once your stomach is full, stop eating. Eating slowly will help you learn your body's signals of fullness. This will help you not eat more than you need.
- **Do not drink while you are eating.** If you drink with a meal, the food you eat can pass through your stomach very easily, and this will reduce the effect of your lap band. Do not drink anything for 1 hour after meals.
- **Eat only high-quality foods.** Since you will only be able to eat small portions, every bite you take needs to be nutritious. Eat a variety of healthy foods such as meat or other protein sources, vegetables, fruits, grains, and dairy products. These foods provide the most vitamins and minerals without extra calories. Avoid eating foods that are high in fat and sugar.
- **Avoid fibrous foods.** Stringy foods such as asparagus, celery, orange or grapefruit membranes, and tough meats can block the *stoma* (the stomach outlet created by the band between the 2 parts of the stomach). It is hard to chew these foods well enough to break them into small pieces, and saliva does not break down the fiber strands in these foods.
- **Drink enough fluids between meals.** You will need to drink at least 64 ounces of fluid every day to stay well-hydrated. Avoid carbonated beverages.

- **Drink mostly calorie free-beverages.** Liquids pass right through your stomach, so too many liquid calories can easily cause weight gain. For best weight loss results, drink only calorie-free beverages. Avoid fruit juice, alcohol, and regular soft drinks.
- **Exercise at least 45 minutes every day.** You must exercise to continue to lose weight. Not only does exercise help you burn fat and calories, it also helps increase your strength, muscle mass, and endurance. Exercise has other health benefits too, such as improving blood sugar, blood cholesterol, and blood pressure levels.
- **Take these nutritional supplements every day:**
 - *Multivitamin with iron* to help you meet your nutrient needs while on a low-calorie diet. You need iron to keep your blood cells healthy. Here are some options:
 - Adult chewables – 1 a day
 - Children’s chewables (such as Flintstones) – 2 a day
 - Liquid vitamins with iron (such as Theragram)
 - *Calcium and vitamin D3* to help keep your bones strong. The recommended dose is 1,500 mg of calcium with 1,000 to 1,200 International Units (IU) vitamin D (including what is in your multivitamin). Calcium is best absorbed when divided into 2 to 3 doses throughout the day. Here are some options:
 - Chewable calcium tablets (such as Caltrate)
 - Calcium chews (such as Viactiv or Citracal)
 - TUMS Extra Strength – 4 tablets a day

Alcohol Use Disorder (AUD)

What is AUD?

Gastric bypass surgery can be a very effective treatment for serious obesity problems. But sometimes patients increase their alcohol use after bariatric surgery. *Alcohol use disorder* (AUD) is a medical condition that may be diagnosed when a person is dependent on alcohol (alcoholic) or abuses alcohol, and their drinking causes harm or distress. We know that adults who have had bariatric surgery have a much higher risk of alcohol use disorders 2 years after surgery.

How is drinking alcohol different after surgery?

- **Faster effects:** After surgery, your stomach pouch is much smaller than a normal stomach, so you will feel the effects of even a small amount of alcohol much more quickly than before surgery. The best advice is to limit your alcohol intake to only a few sips, or to skip it entirely.

- **Slower weight loss:** Alcohol quickly changes into blood sugar, and this can slow down your weight loss.
- **Higher risk of dumping syndrome:** Alcohol can also cause dumping syndrome, which is when food goes from the stomach into the small intestine too soon. This can cause vomiting or diarrhea (see page 51).
- **“Wasted” calories:** Alcoholic drinks also have very few nutrients, and they often are high in “empty” calories (calories that have no food value).

Risks for AUD

Some risks for developing AUD are:

- Regular alcohol use before surgery (at least 2 drinks a week)
- Limited social support
- Use of recreational drugs or smoking before surgery

Men and young adults are at a slightly higher risk for having issues with alcohol after bariatric surgery.

Help for AUD

If you are drinking more after your gastric bypass, an evaluation by a certified chemical dependency counselor may help determine if you have an alcohol use disorder. Your bariatric surgery social worker can provide support and refer you to a chemical dependency counselor.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Surgical Specialties:
206-598-4549

Physical and Occupational Therapy Exercises

For weight loss surgery patients

This section of the Guide to Your Weight Loss Surgery explains exercises that are recommended after your weight loss surgery.

Starting Slow

Walking is very good exercise. It increases your *cardio* (heart) and *pulmonary* (lung) fitness, which helps reduce your risk of heart disease. It also strengthens your muscles and bones. Start slowly, and build up your walking strength so that you can walk for 1 hour every day.

If you have problems walking and doing other weight-bearing exercises because of hip, knee, or ankle pain, try these exercises:

- Walk in a swimming pool – check community centers or a YMCA for a pool near you.
- Ride a recumbent bicycle.
- Use an arm cycle, also known as a restorator bike or exercise peddler.

Many gyms have this equipment. Slowly increase the resistance and how long you exercise. During exercise, you should be able to keep up a conversation with the person next to you, even though you might be a bit short of breath.

If you do not have access to a gym, you can buy a Restorator Bike/ Ex Peddler at most drugstores and online. They cost about \$20 to \$30.



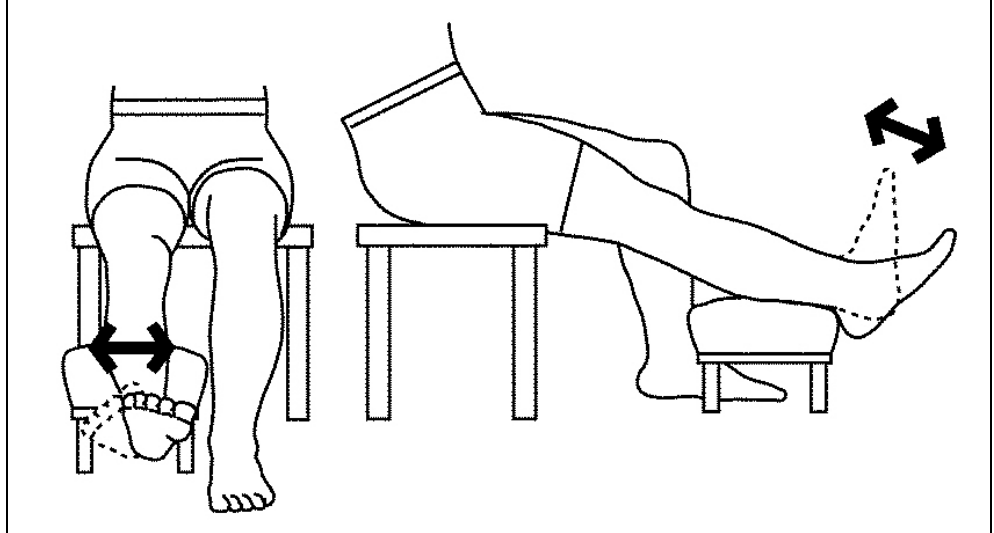
Walking is a good way to “start slow” when beginning an exercise program.

Arm and Leg Exercises

The 7 exercises on the next several pages will help build and tone your muscles. You will do some at least once every day. You will do others every other day. Follow the instructions for each one. Make sure you eat and drink 1 hour before you exercise.

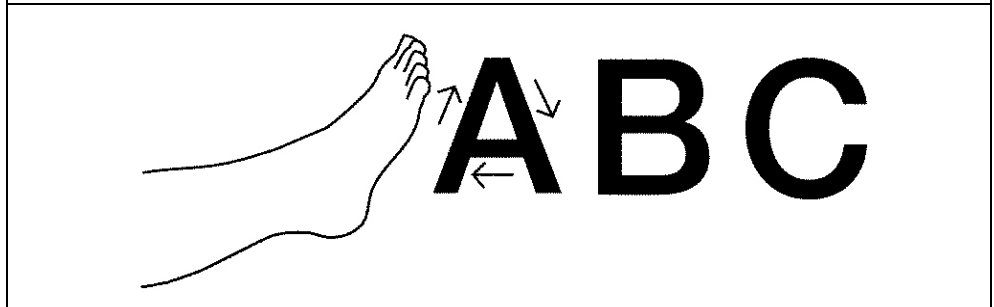
1. Ankle 4-way

1. Sit, and keep your leg supported on a stool, as shown
 2. Point your toes to the left, then to the right
 3. Flex your foot toward your shin, then toward the floor
 4. Repeat with other foot
- Do 3 sets of 20 repetitions, 1 time a day (for a total of 60 times for each foot)



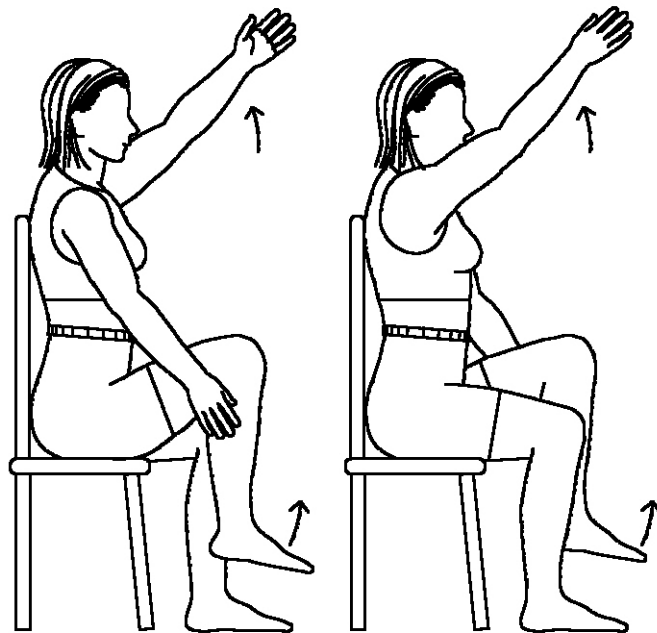
2. Ankle Alphabet

1. Slowly move your foot, writing the alphabet one letter at a time
 2. Do not let your hip or knee move
- Do 3 sets with each foot, 1 time a day (1 set is 1 full alphabet)
 - Rest 1 minute between sets
 - Do 1 letter every 4 seconds



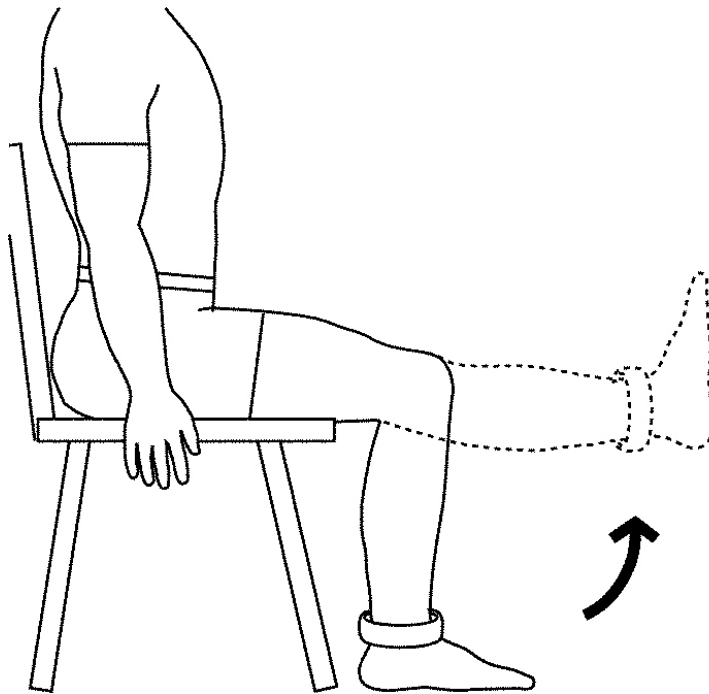
3. Hip Marching with Alternating Arms

1. Sit in a chair with your hips and knees bent at 90-degree angles
 2. Lift up your right leg and left arm, as shown
 3. Lower your arm and leg
 4. Repeat with your left leg and right arm
- Do 3 sets of 20 repetitions, 1 time a day (for a total of 60 on each side)
 - Do not use any weights
 - Rest 1 minute between sets
 - Do 1 repetition every 4 seconds



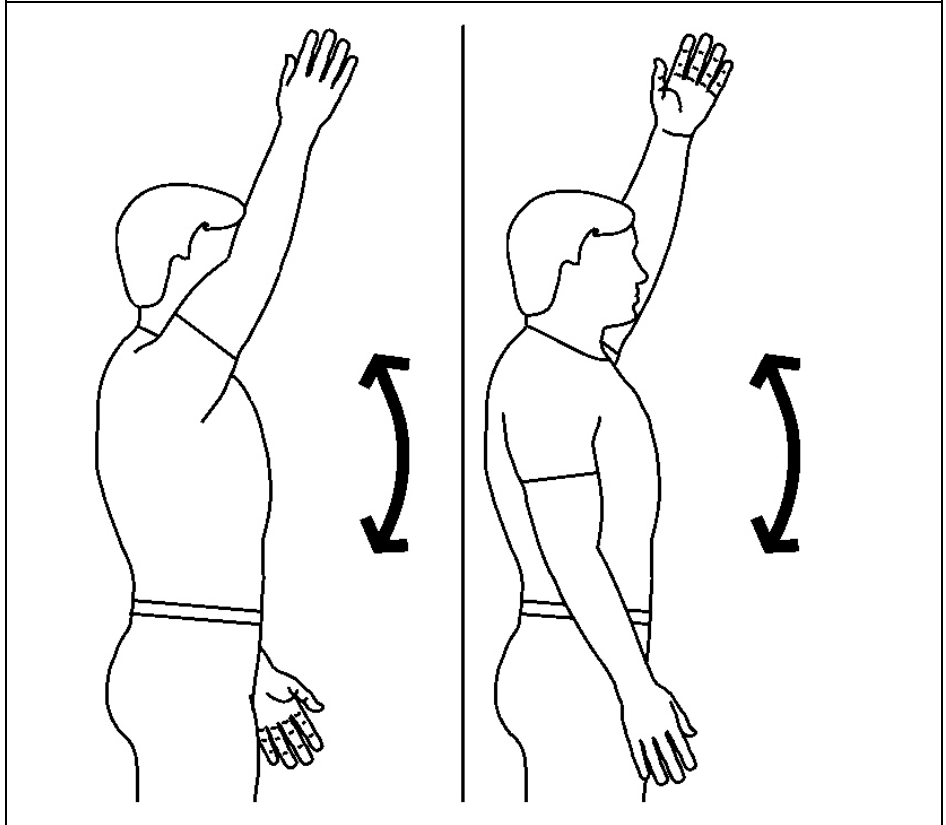
4. Knee Extension with Weight

1. Place the weight on the ankle you are exercising
 2. Sit with your knee bent at a 90-degree angle
 3. Fully straighten your knee
 4. Return your foot to the start position and repeat
 5. Repeat with the other leg
- Do 3 sets of 10 repetitions, 1 time every other day (for a total of 30 times for each leg, each day you do this exercise)
 - Use ____ pounds
 - Rest 1 minute between sets
 - Do 1 repetition every 4 seconds



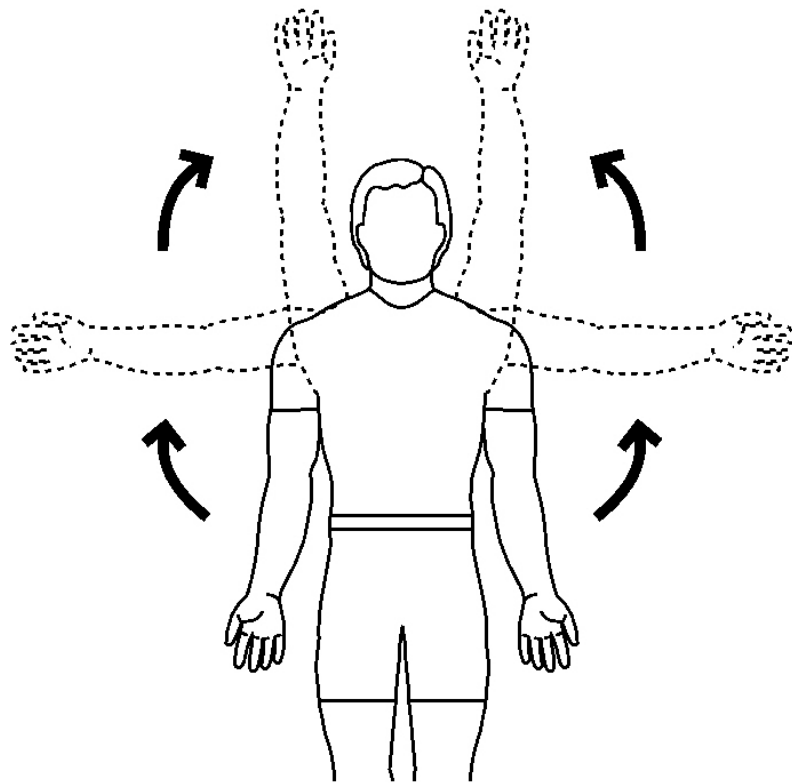
5. Shoulder Flexion

1. Sit or stand with your arms at your sides, palms facing in
 2. Raise your left arm up in front of your body, above your head as shown
 3. Raise your right arm as you lower your left arm
 4. Repeat
- Do 3 set of 15 repetitions, 1 time a day (for a total of 45 times each day)



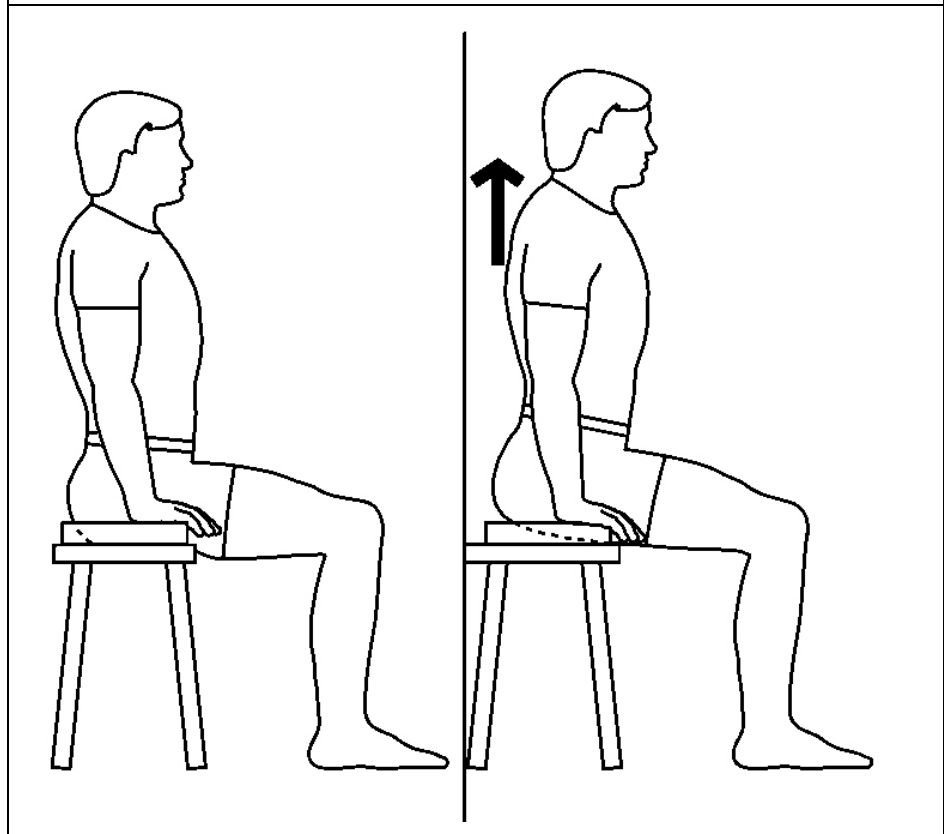
6. Shoulder Abduction

1. Sit or stand with your arms at your sides, palms facing forward
 2. Lift your arms out to the side, then and up above your head as shown
 3. Return to start position
 4. Repeat
- Do 3 sets of 15 repetitions, 1 time a day (for a total of 45 times each day)
 - Rest 1 minute between sets
 - Do 1 repetition every 4 seconds



7. Chair Dip (Seated Pushups)

1. Sit on a firm surface, such as a chair or a bench, with your arms at your sides
 2. Push down with both hands, raising your buttocks off the chair or seat
 3. Return to start position
- Keep your elbows straight (it sometimes helps to place a book on each side of your body, and place your hands on them)
 - Do 3 sets of 10 repetitions, 1 time a day (for a total of 30 times each day)
 - Rest 1 minute between sets
 - Do 1 repetition every 4 seconds



The exercise illustrations in this handout are copyrighted and provided by BioEx Inc. with permission, www.BioExSystems.com.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Center for Bariatric Surgery: 206-598-2274

Recipes and Diet Suggestions

For weight loss surgery patients

This section of the Guide to Your Weight Loss Surgery gives recipes that may be helpful after surgery.

Protein Products

Protein products may be premade drinks you can buy or powders to mix on your own. The best powders are made from whey, whey protein isolate, or egg protein. Here are some protein products you can try:

- Advantedge
- EAS Myoplex Lite
- Champion
- Designer Whey
- Premier Protein
- Med Rx
- Premier Protein
- Pure Protein
- Unjury
- Bariatric Advantage
Chicken Soup
- Muscle Milk Light
- Nectar
- Optisource
- Slimfast High Protein
- Sugar-free Carnation Instant
Breakfast with nonfat milk
- Dried milk powder
- Dried egg white or liquid egg
substitute
- Protein waters like Isopure Zero,
Gatorade G3 Protein Recovery, or
Muscle Milk Protein Water

Blended Recipes

Blended drinks can be used during the first 2 weeks after surgery, and any time you want to add a high protein drink to your meal plan.

Cautions

- During the first 2 weeks, do **not** use frozen or fresh berries unless you pour the drink through a strainer to remove the seeds.
- Where you see an asterisk (*), do **not** use unpasteurized raw eggs due to the risk of food-borne illness.



Blended drinks are a good way to add extra protein to your diet.

Milk Mixture

Serving size (makes 4 servings) 1 cup (8 ounces)
Calories per serving 195
Protein per serving 18 grams

Ingredients

1 quart skim (nonfat) milk
1 cup nonfat powdered milk

Instructions

Mix ingredients together. Chill well. Use in place of regular milk for cooking or in special drinks.

Breakfast in a Glass

Calories per serving 195
Protein per serving 14 grams

Ingredients

½ cup Milk Mixture
¼ cup orange or pineapple juice
¼ cup liquid egg substitute*
½ banana
1 packet sugar substitute

Instructions

Blend all ingredients until smooth.

Eggnog

Serving Information

Calories per serving 245
Protein per serving 23 grams

Ingredients

1 cup Milk Mixture
¼ cup liquid egg substitute*
½ teaspoon vanilla flavoring
1 packet sugar substitute

Instructions

Blend all ingredients until mixed well.

Fruit Nog

Calories per serving 270
Protein per serving 23 grams

Ingredients

1 cup Milk Mixture
½ teaspoon almond flavoring

1 packet sugar substitute
½ cup peaches (canned or fresh without skin)
¼ cup liquid egg substitute*

Instructions

Blend all ingredients until smooth.

Instant Breakfast Shake

Calories per serving.....110
Protein per serving..... 14 grams

Ingredients

½ cup Milk Mixture
1 package sugar-free Instant Breakfast
½ cup ice

Instructions

Blend all ingredients until smooth.

Orange Julius

Calories per serving.....175
Protein per serving..... 14 grams

Ingredients

½ cup orange juice
½ cup Milk Mixture
¼ cup liquid egg substitute*
1 packet sugar substitute such as Equal

Instructions

Blend all ingredients until mixed well.

Yogurt Nog

Calories per serving..... 130
Protein per serving..... 10 grams

Ingredients

½ cup sugar-free nonfat fruit-flavored yogurt (no seeds)
½ cup orange juice
¼ cup liquid egg substitute*
1 packet sugar substitute such as Equal

Instructions

Blend all ingredients until mixed well.

Yogurt Shake

Calories per serving.....145
Protein per serving..... 11 grams

Ingredients

- ½ cup Milk Mixture
- ¼ cup sugar-free nonfat fruit-flavored yogurt
- ¼ cup unsweetened canned fruit

Instructions

Blend all ingredients until smooth.

Fruit Milk Shake

Calories per serving130
Protein per serving (without protein powder added)..... 9 grams

Ingredients

- ½ cup skim milk (made with Milk Mixture recipe)
- ½ cup sliced fruit without seeds or skins (such as peach, banana, melon, pear)
- 2 ice cubes
- ½ teaspoon vanilla extract

Sweetener to taste: 1 to 2 teaspoons sugar substitute such as Splenda

Optional: 1 scoop protein powder

Instructions

Blend first four ingredients until smooth. Sweeten to taste.

Basic Banana Smoothie

Calories per serving210
Protein per serving 23 grams

Ingredients

- ½ cup nonfat sugar-free vanilla yogurt
- ½ frozen banana
- 1 scoop protein powder

Instructions

Blend ingredients until smooth.

Creamsicle

Calories per serving255
Protein per serving21 grams

Ingredients

- ⅓ cup Milk Mixture
- 6 ounces orange-flavored “light” yogurt (about 100 calories)
- ½ cup orange juice
- ½ teaspoon vanilla flavoring
- 1 packet sugar substitute
- ¼ cup liquid egg substitute*
- Ice

Instructions

Blend all ingredients until mixed well.

Cherry Delight

Calories per serving 295
Protein per serving 30 grams

Ingredients

1 cup Milk Mixture
6 ounces cherry-flavored “light” yogurt (about 100 calories)
1 teaspoon almond extract
2 tablespoons chopped Maraschino cherries
1 packet sugar substitute

Optional: ¼ cup liquid egg substitute*, 1 tablespoon cherry juice

Instructions

Blend all ingredients until smooth.

Coconut Cream Pie Drink

Calories per serving 290
Protein per serving 21 grams

Ingredients

½ cup Milk Mixture
¼ cup liquid egg substitute*
½ cup pineapple juice
6 ounces coconut or piña colada-flavored “light” yogurt (about 100 calories)
½ teaspoon vanilla flavoring
1 packet sugar substitute

Instructions

Blend all ingredients until mixed well.

Strawberry-Orange Shake

Serving size (makes 4 servings) ½ cup
Calories per serving 60
Protein per serving 4 grams

Ingredients

½ cup orange juice
½ cup strawberries
½ cup liquid egg substitute*
½ cup Milk Mixture

Instructions

Blend all ingredients until smooth.

Apricot Shake

Serving size (makes 4 servings) ½ cup
Calories per serving..... 150
Protein per serving..... 6 grams

Ingredients

¾ cup apricot nectar
½ cup Milk Mixture
1 cup nonfat yogurt, plain or vanilla-flavored
Dash lemon juice

Instructions

Blend all ingredients until mixed well.

Peanut Butter Smoothie

Calories per serving.....170
Protein per serving..... 7 grams

Ingredients

½ cup skim milk (made with Milk Mixture)
1 tablespoon peanut butter
½ banana

Instructions

Blend ingredients until smooth.

Yogurt Smoothie

Calories per serving..... 105
Protein per serving..... 23 grams

Ingredients

½ cup nonfat plain yogurt or sugar-free fruit-flavored yogurt (no seeds)
½ cup fresh sliced fruit such as peaches, melon, banana, or pears (peeled)
2 ice cubes
¼ teaspoon vanilla
1 scoop protein powder
Sugar substitute to taste

Instructions

Blend all ingredients until smooth.

Mexican Mocha

Calories per serving.....195
Protein per serving..... 18 grams

Ingredients

1 tablespoon granulated Splenda
2 teaspoon cocoa powder

1 teaspoon instant coffee granules
Dash salt
1 cup Milk Mixture

Instructions

Mix all dry ingredients in a small saucepan. Add Milk Mixture and stir until all ingredients dissolve. Heat and stir until mocha reaches serving temperature.

High-Protein Pudding

Serving size (makes 4 servings) ½ cup
Calories per serving.....200
Protein per serving..... 25 grams

Ingredients

16 ounces nonfat cottage cheese
1 small package of sugar-free, fat-free instant Jell-O pudding
¼ cup nonfat milk
12 ounces fat-free or lite Cool Whip
1 scoop vanilla whey protein powder

Optional: Fresh or canned fruit

Instructions

Blend cottage cheese, pudding, milk, and protein powder in a blender until creamy and smooth. Pour into a bowl. Slowly fold in the Cool Whip. The mixture should be creamy. Place mixture in the refrigerator to chill and set (about 2 hours).

Cheesecake Pudding

Serving size (makes 4 servings) ½ cup
Calories per serving.....145
Protein per serving..... 14 grams

Ingredients

1 small package sugar-free, fat-free instant Jell-O Cheesecake Pudding
2 cups cold Milk Mixture
1 scoop vanilla protein powder
½ teaspoon vanilla flavoring

Instructions

Blend all ingredients in bowl with a wire whisk for 2 minutes. Pour into individual ½ cup serving dishes and refrigerate for 5 minutes.

This recipe also works well with other pudding flavors such as white chocolate, chocolate, or butterscotch.

Vegetable Soup

Serving size (makes 8 servings) ½ cup
Calories per serving 60
Protein per serving 4 grams

Ingredients

1 cup mashed potatoes
1 cup Milk Mixture
1 cup beef or chicken broth
4½ ounces strained baby food carrots
3½ ounces strained baby food beef or chicken

Instructions

Heat all ingredients. Stir until smooth.

Baked Potato Soup

Serving size (makes 4 servings) ½ cup
Calories per serving 60
Protein per serving 4 grams

Ingredients

1 cup Milk Mixture
½ cup mashed potato
¼ cup low-fat shredded cheddar cheese
2 tablespoons nonfat sour cream
1 drop onion juice or onion powder to taste
Salt and/or pepper to taste

Instructions

Warm all ingredients in saucepan. Pour into blender and blend until smooth.

Tomato Soup

Serving size (makes 3 servings) ½ cup
Calories per serving 100
Protein per serving 6 grams

Ingredients

½ can tomato soup
½ cup Milk Mixture
¼ cup liquid egg substitute*
Dash salt and nutmeg

Instructions

Heat and blend until smooth.

Northeast Clam Chowder

Serving size (makes 6 servings) ½ cup
Calories per serving 105
Protein per serving 7 grams

Ingredients

10 ounces canned minced clams, completely drained
½ cup Milk Mixture
½ cup fat-free half-and-half
¼ cup mashed potatoes
1 tablespoon vegetable oil
½ teaspoon onion juice
Salt and pepper to taste

Instructions

Heat and pour into blender. Blend until smooth and serve.

Chicken Dinner

Serving size (makes 3 servings) ½ cup
Calories per serving 60
Protein per serving 9 grams

Ingredients

1 cup chicken broth
Chicken gravy mix
Onion and/or garlic powder to taste
½ cup cooked chicken, or baby food chicken

Instructions

Blend ingredients together. Pour into saucepan and heat through.

Sugar-Free Hot Cocoa

Serving size (makes 4 servings) ¾ cup
Calories per serving 79
Protein per serving 15 grams
Fat per serving less than 1 gram

Ingredients

4 tablespoons unsweetened cocoa
2 tablespoons sugar substitute, such as Splenda
¾ cups Milk Mixture
½ teaspoon vanilla

Instructions

In medium heavy saucepan, mix cocoa and sugar substitute. Over medium heat, add ½ cup Milk Mixture, stirring constantly with wire whisk until dry ingredients dissolve. Slowly add the rest of the Milk Mixture. Cook and stir just until mixture bubbles. Remove from heat and stir in vanilla. Serve right away.

Old-Time Lemonade

Serving size (makes 6 servings)	1 cup
Calories per serving.....	10
Protein per serving.....	less than 1 gram
Fat per serving.....	0 grams
Carbohydrates per serving.....	2 grams
Sodium per serving	less than 1 milligram

Ingredients

1 cup sugar substitute such as Splenda
1 cup fresh lemon juice
5 cups water, divided
Lemon slices for garnish
Mint sprigs for garnish

Instructions

In large pitcher, mix sugar substitute, lemon juice and 1 cup water and stir until sugar substitute dissolves. Add 4 cups water. Serve over ice with lemon slices and mint sprigs.

Hot Cranberry Tea

Serving size (makes 3 servings)	1 cup
Calories per serving.....	56
Protein per serving.....	less than 1 gram
Fat per serving.....	2 grams
Carbohydrates per serving.....	14 grams
Sodium per serving	49 milligrams

Ingredients

10 whole cloves
1 cinnamon stick, broken
 $\frac{1}{3}$ cup sugar substitute, such as Splenda
1 cup reduced-calorie cranberry juice cocktail
4 (regular size) tea bags

Instructions

In saucepan, heat 1 cup water until it boils. Place cinnamon and cloves in cheesecloth or metal tea holder and add to water. Reduce heat, cover, and simmer 10 minutes. Add 1 cup water, sugar substitute, and cranberry juice, and heat to boiling again. Remove from heat, add tea bags, and cover. Let stand 5 minutes. Remove tea bags and spices, and serve.

Note: Try different kinds of tea to vary the flavor.

Flavoring Ideas

These flavorings work great in any of the blended drink recipes, or added to packaged drinks such as Boost or Ensure to enhance the flavor:

- Sugar-free coffee syrups
- Sugar-free Kool-Aid powder or Crystal Light
- Extracts such as rum, coconut, almond, lemon, or vanilla
- Cocoa powder
- Espresso powder

Other Ideas

- Use beef, vegetable, or chicken bouillon to flavor recipes.
- Add 1 can of nonfat milk (made with Milk Mixture) to canned soup instead of water.
- Add a jar of baby food meat or pureed meats to a can of pureed soup.
- Blend and freeze leftovers in ice cube trays. This will make it easier to prepare future meals and control portion size.
- Make frozen treats out of protein drinks. Freeze the drink in ice cube trays or popsicle molds.

Soft Recipes

Use these recipes starting 3 weeks after surgery.

Spinach and Ham Quiche Cups

Serving size (makes 6 servings) 1 muffin cup
Calories per serving 127
Protein per serving 13 grams

Ingredients

4 ounces turkey ham, minced
 $\frac{1}{3}$ cup onion, minced
1 clove garlic, minced
 $1\frac{1}{2}$ cups baby spinach, chopped
5 eggs (or use egg substitute equal to 5 eggs)
Salt and/or pepper (optional)
1 cup low-fat cheddar cheese, grated

Instructions

Preheat oven to 350°. Coat 6 cups of a large-cup muffin pan with nonfat cooking spray. Spray nonstick skillet with nonfat cooking spray.

Sauté turkey ham, onion, and garlic in the skillet until the onion softens. Add the chopped spinach and toss until wilted, about 2 minutes. Remove from heat and divide mixture among the muffin cups.

Whip eggs. Add cheese, salt, and pepper to taste (turkey ham is salty, so go easy on the added salt). Mix until well-blended. Pour egg-cheese mixture over spinach mixture in cups until nearly full.

Bake for about 15 minutes, or until the eggs have set. Let stand for 2 minutes before removing from cups (you might need to gently separate quiches from pan with a knife). Place on bed of baby spinach and serve with melon or other fresh fruit. These yummy quiche cups also freeze well for quick reheating later.

Judy's Swedish Meatballs

Serving size (makes 6 servings) 2 meatballs
Calories per serving..... 180
Protein per serving..... 16 grams

Ingredients

1 teaspoon Beaumont seasoning or other seasoning blend
1 small chopped onion
1 pound ground beef
1 egg, slightly beaten
¼ cup bread crumbs
Salt and pepper to taste
1 can fat-free cream of mushroom soup, diluted with ½ can nonfat milk (made with Milk Mixture)

Instructions

Mix all ingredients except soup. Form 1-ounce meatballs. Brown in skillet sprayed with nonstick nonfat cooking spray. Place in a 9-inch by 13-inch baking dish and pour the soup over the top. Bake at 350° for 20 to 25 minutes, until the meatballs are cooked through and the soup is hot.

Perfect Deviled Eggs

Serving size (makes 12 servings) 1 deviled egg half
Calories per serving..... 50
Protein per serving..... 3 grams

Ingredients

6 eggs
3 tablespoons light or fat-free mayonnaise
2 teaspoons Dijon-style or yellow mustard
⅛ to ¼ teaspoon salt-free Creole, paprika, or other seasoning, divided

Instructions

In saucepan, heat 4 inches water to boiling. With large spoon, carefully lower each egg into boiling water. Keep at medium boil and cook eggs for 10 minutes. Remove eggs and plunge them into cold water. Remove shells from eggs and slice in half lengthwise.

With a fork, carefully remove egg yolks and place them in a bowl. Mash them thoroughly. Add mayonnaise, mustard, and seasoning, keeping out a

small amount of seasoning for garnish. Beat with fork until mixture is creamy and smooth. Mound egg yolk mixture evenly into holes in cooked egg whites. Sprinkle each with dash of seasoning. Cover and chill before serving.

Salmon Patties

Serving size (makes 6 servings) 1 patty
Calories per serving 129
Protein per serving 12 grams

Ingredients

12 ounces canned salmon
 $\frac{1}{3}$ cup finely chopped onion
1 egg, beaten, or $\frac{1}{4}$ cup egg substitute
11 multigrain or saltine crackers, crushed

Instructions

Drain salmon and remove skin and bones. Place in a bowl, and flake with a fork. Stir in onion, egg, and about $\frac{1}{4}$ cup cracker crumbs. Pack salmon mixture for each patty into $\frac{1}{3}$ cup measuring cup. Remove mixture from cup, flatten slightly, and coat both sides with crushed crackers.

Preheat nonstick skillet over high heat. Spray 1 side of each patty with plenty of nonfat cooking spray. Place patty sprayed-side down in skillet.

Lower heat to medium. Cook each patty for 3 minutes on the first side. Spray top of patty and turn carefully with spatula. Cook 2 to 3 minutes more, or until patty is golden brown on the bottom. Move cooked patties to a serving plate and keep warm until all patties are cooked.

Cheese and Broccoli Quiche

Makes 4 servings.
Calories per serving 145
Protein per serving 16 grams

Ingredients

$\frac{3}{4}$ cup fresh mushrooms, chopped
 $\frac{1}{4}$ cup onions, chopped
20 ounces frozen chopped broccoli
1 tablespoon water
 $\frac{1}{4}$ cup egg substitute
 $\frac{1}{2}$ cup skim milk
 $\frac{1}{2}$ cup low-fat Swiss cheese, grated
 $\frac{1}{4}$ teaspoon ground nutmeg

Instructions

Spray a microwaveable casserole dish with nonfat cooking spray. Add mushrooms and onions. Microwave in covered dish on high for 1 minute.

Place frozen broccoli and water on top of mushroom mixture. Cover and microwave on high for 3½ minutes.

Uncover and break up broccoli. Cover again and microwave on high for 3½ minutes. Remove from microwave and drain liquid.

In separate bowl, mix egg substitute and milk. Stir in grated cheese and nutmeg. Pour egg mixture over broccoli mixture and replace cover. Microwave on high for 4 minutes.

Picante Meatloaf

Serving size (makes 6 servings)..... 1-inch slice
Calories per serving 255
Protein per serving..... 24 grams

Ingredients

- 1 pound extra-lean ground beef or ground turkey
- 2/3 cup soft whole-wheat breadcrumbs
- ½ cup chopped onion
- ¼ cup coarsely chopped carrot
- 2 egg whites, lightly beaten
- ¼ teaspoon salt
- ¼ teaspoon rubbed sage
- ¼ teaspoon pepper
- ½ cup mild picante sauce

Instructions

Coat cooking rack with nonfat cooking spray. Mix all ingredients except for picante sauce. Shape mixture into a 6-inch by 4-inch by 2-inch loaf, and place on cooking rack. Place rack in a shallow roasting pan. Bake at 400° for 35 minutes.

Brush picante sauce over loaf. Return to oven, and bake 5 more minutes. Let stand 5 minutes before slicing.

Shrimp Salad Spread

Serving size (makes 5 servings)..... ½ cup
Calories per serving 115
Protein per serving..... 12 grams

Ingredients

- ½ teaspoon olive oil
- 1 pound medium shrimp, peeled and deveined
- ¼ cup light mayonnaise
- 1 tablespoon lemon juice
- ½ small yellow onion, chopped
- 1 teaspoon Old Bay Seasoning

Instructions

Heat the olive oil in a large nonstick skillet over medium-high heat. Add shrimp and sauté, stirring constantly, until just done, about 2 to 3 minutes. Shrimp will be opaque throughout when done. Put into a small bowl and set aside.

Blend the mayonnaise, lemon juice, green onions, and Old Bay Seasoning in a food processor until smooth. Add the shrimp and pulse until they are very finely chopped and the mixture is well blended. Put into a serving bowl and cover. Chill before serving.

Lime Yogurt Marinated Chicken

Serving size (makes 8 servings) ½ chicken breast (2 ounces)
Calories per serving 55
Protein per serving 14 grams

Ingredients

- ¾ cup plain nonfat yogurt
- 1 teaspoon grated lime rind
- 2 tablespoons lime juice
- ½ teaspoon ground cumin
- ½ teaspoon ground coriander
- ¼ teaspoon ground white pepper
- ⅛ teaspoon curry powder
- ⅛ teaspoon salt
- 4 cloves garlic, minced
- 4 skinned, boned chicken breast halves (4 ounces each)

Optional: Lime slices

Instructions

Mix all ingredients except for chicken in an 11-inch by 7-inch by 2-inch baking dish. Stir well. Take out half of this mixture and set aside. Add chicken to the yogurt mixture in the baking dish, turning to coat. Cover and marinate in refrigerator 15 minutes. Remove chicken from yogurt mixture, discard this yogurt mixture. Coat a baking sheet with nonfat cooking spray. Place chicken on baking sheet, brush with the yogurt mixture you set aside, and bake at 400° for 15 to 20 minutes. Put chicken on individual serving plates. Garnish with a lime slice, if desired.

Hummus

Serving size (makes 24 servings) 1 tablespoon
Calories per serving 18
Protein per serving 0.8 grams

Ingredients

- 15 ounces canned garbanzo beans, rinsed and drained
- 1 green onion, cut into ½-inch pieces

- 2 tablespoons plain nonfat yogurt
- 2 tablespoons sesame seeds
- 1 tablespoon lemon juice
- 1 small clove garlic

Instructions

Place all ingredients in food processor and process until mixture is smooth. Spoon into a small serving bowl. Cover and chill thoroughly. Serve with crackers, Melba toast, or pita chips. This can also be used on the Advanced Diet with vegetables such as carrots, celery, snow peas, broccoli flowerets, and radishes.

Chunky Beef Stew

Serving size (makes 12 servings)	½ cup
Calories per serving	95
Protein per serving	10 grams

Ingredients

- 1 pound lean, boneless top round steak
- 2½ tablespoons all-purpose flour
- ⅛ teaspoon salt
- ⅛ teaspoon pepper
- 2 cups water
- ¾ cup coarsely chopped onion
- 2 teaspoons beef-flavored bouillon
- ½ teaspoon dried whole sage
- ¼ teaspoon dried whole thyme
- 2 bay leaves
- ¾ pound new potatoes, cut into 1-inch pieces
- 3 large stalks celery, diagonally cut into 1-inch pieces
- 3 large carrots, scraped and diagonally cut into 1-inch pieces

Instructions

Trim fat from beef. Combine flour, salt, and pepper. Dredge beef in flour mixture and set aside. Place beef in a 10-inch microwave-safe browning skillet. Microwave on high, uncovered, for 6 minutes or until beef is browned, stirring after 3 minutes. Drain.

Place beef, water, and next 5 ingredients in a deep 3-quart casserole. Cover with heavy-duty plastic wrap. Microwave on high for 5 minutes. Stir in potato, celery, and carrot. Lower microwave temperature to medium; cover and microwave 20 to 30 minutes or until vegetables are tender, stirring every 10 minutes. Remove and throw away bay leaves before serving.

Ravioli Lasagna

Serving size (makes 12 servings) ½ cup
Calories per serving 200
Protein per serving 10 grams

Ingredients

26 ounces pasta sauce
26 ounces frozen cheese ravioli
10 ounces frozen chopped spinach, thawed and squeezed to remove excess water (may also use broccoli, zucchini, or eggplant)
1½ cups part-skim mozzarella cheese, grated

Instructions

Spread ⅓ of the pasta sauce over the bottom of a 9-inch by 13-inch baking dish. Place half of the frozen ravioli over the sauce in a single layer. Top with ⅓ of the pasta sauce. Cover with spinach and ½ of the mozzarella. Add rest of ravioli in a single layer. Top with rest of sauce and cheeses. Cover with foil and bake 25 minutes. Uncover and bake until bubbling, about 5 to 10 more minutes. Freeze leftovers.

Advanced Recipes

You may start using these recipes about 6 weeks after surgery.

Dilled Garden Dip

Serving size (makes 28 servings) 1 tablespoon
Calories per serving 13
Protein per serving 2 grams

Ingredients

16 ounces 1% cottage cheese
2 tablespoons tarragon vinegar
1 tablespoon finely chopped green onions
1 tablespoon dried parsley flakes
½ teaspoon dried whole dill weed
1 tablespoon skim milk
Dash of coarsely ground pepper
Optional: Fresh parsley sprigs

Instructions

Place cottage cheese and vinegar in electric blender or food processor and process until smooth. Put cottage cheese mixture, green onions, and the next 4 ingredients in a medium bowl. Stir well. Spoon cheese mixture into a small serving bowl; cover and chill. If desired, garnish with parsley sprigs and serve with Shrimp Dippers (see next recipe).

Shrimp Dippers

Serving size (makes 28 servings)1 appetizer
Calories per serving7
Protein per serving.....1.4 grams

Ingredients

14 fresh snow pea pods, trimmed
28 large cooked, peeled, and deveined shrimp

Instructions

Place snow peas in a vegetable steamer over boiling water. Cover and steam 1 minute or until crisp-tender. Remove snow peas and chill. Separate snow peas lengthwise into 2 pieces. Wrap a snow pea half around each shrimp, and hold in place with a plastic pick. Goes well with Dilled Garden Dip (see recipe on page 95).

Pronto Pita Pizza

Serving size (makes 8 servings)..... 1 round
Calories per serving 305
Protein per serving..... 26 grams

Ingredients

4 pita breads (6 inches across)
2 cups canned pasta spaghetti sauce
¼ cup chopped fresh herbs OR ½ tablespoon finely chopped dried basil or oregano leaves
8 ounces low-fat mozzarella cheese, grated (2 cups)
2 tablespoons parmesan cheese, grated
Garlic-flavor nonstick nonfat cooking spray

Choice of toppings:

½ cup ripe black olives, chopped
2 cups mushrooms, sliced
1 cup Roma tomatoes, chopped
Pre-cooked pepperoni or sausage
2 cups grilled chicken, chopped
2 small red onions, thinly sliced
1 cup chopped red pepper

Instructions

Split pita bread around edge with knife to make 2 rounds. Spray the bottom of the pita with garlic-flavor nonfat cooking spray and place on baking sheet. Spread pasta sauce on pita top. Add choice of toppings. Lay on tomatoes first, then meat, followed by mushrooms, onion, and olives. Sprinkle with the cheeses. Dust with basil or oregano. Bake on cookie sheet or baking pan at 350° until cheese is hot and bubbly, about 10 minutes.

Grilled Sesame-Ginger Chicken

Serving size (makes 8 servings) ½ chicken breast (2 ounces)
Calories per serving..... 100
Protein per serving..... 13 grams

Ingredients

1 tablespoon sesame seeds, toasted
2 tablespoons honey
2 tablespoons reduced-sodium soy sauce
1 teaspoon ginger powder
4 skinned, boned chicken breast halves (4 ounces each)

Optional: Thin strips of green onion

Instructions

Put first 4 ingredients in a small bowl. Stir well and set aside. Place chicken between 2 sheets of heavy-duty plastic wrap. Flatten to ¼-inch thickness using a meat mallet or rolling pin. Throw away plastic wrap. Coat grill rack with nonfat cooking spray. Place on grill over medium-hot coals, or use propane grill set at medium. Place chicken on rack, cook for 4 minutes on each side or until done. Baste often with soy sauce mixture. Place chicken on a serving platter; garnish with green onion strips if desired.

Chicken Parmesan

Serving size (makes 12 servings) ½ chicken breast (2 ounces)
Calories per serving..... 90
Protein per serving..... 14 grams

Ingredients

6 skinned, boned chicken breast halves (4 ounces each)
½ teaspoon pepper
1 tablespoon reduced-calorie margarine
½ cup sliced fresh mushrooms
1 tablespoon sliced green onions
1 tablespoon all-purpose flour
1 cup skim milk
3 tablespoons grated parmesan cheese
⅛ teaspoon pepper

Optional: Green onion tops

Instructions

Place chicken between 2 pieces of heavy-duty plastic wrap. Flatten to ¼-inch thickness, using a meat mallet or rolling pin. Throw away plastic wrap. Sprinkle chicken with ½ teaspoon pepper. Coat large nonstick skillet with nonfat cooking spray; place over medium-high heat until hot. Add chicken and sauté 8 minutes or until done, turning once. Place chicken on a serving platter; keep warm.

Wipe skillet dry with a paper towel. Add margarine, mushrooms, and sliced green onions to skillet. Sauté until tender. Add flour and stir well. Slowly add milk, cooking 1 minute or until thickened, stirring constantly. Add cheese and pepper. Stir well. Spoon sauce over chicken. Garnish with green onion tops if desired.

Grilled Italian-Style Scallop Kabobs

Serving size (makes 6 servings) 1 skewer
Calories per serving..... 120
Protein per serving..... 22 grams

Ingredients

36 sea scallops (about 1 pound)
5 ounces lean, smoked sliced ham, cut into ½-inch-wide strips (to make about 36 strips)
2 cloves garlic, minced
¼ cup lemon juice
2 tablespoons minced fresh parsley
¾ teaspoon dried whole oregano

Instructions

Wrap each scallop with a strip of ham. Thread 6 scallops each onto 6 (12-inch) skewers. Set aside. Coat a small nonstick skillet with nonfat cooking spray, place over medium heat until hot. Add garlic. Sauté until browned. Remove from heat, stir in lemon juice, parsley, and oregano. Coat grill rack with nonfat cooking spray. Place rack on grill over medium-hot coals, or use propane grill set at medium-high. Place kabobs on rack. Cook for 9 minutes, turning and basting often with lemon juice mixture. Serve warm.

Grilled Garlic Chicken

Serving size (makes 12 servings) ½ chicken breast (2 ounces)
Calories per serving..... 70
Protein per serving..... 10 grams

Ingredients

½ cup balsamic vinegar
3 tablespoons honey
2 teaspoons lemon juice
2 teaspoons vegetable oil
½ teaspoon onion powder
¼ teaspoon ground white pepper
4 cloves garlic, chopped
6 skinned, boned chicken breast halves (4 ounces each)

Optional: Lemon and lime wedges

Instructions

Put first 7 ingredients in a small bowl, stir well. Place chicken in a shallow dish. Pour marinade over chicken. Cover and marinate in refrigerator at least 30 minutes.

Remove chicken from marinade. Pour marinade into a small saucepan; bring to a boil over medium heat. Reduce heat and simmer 5 minutes. Coat grill rack with nonfat cooking spray, place rack on grill over medium-hot coals, or use propane grill set at medium-high. Place chicken on rack, and cook 5 minutes or until cooked through. Place chicken on a serving platter and pour cooked marinade over it. If desired, garnish with lemon and lime wedges.

Flank Steak Broil

Serving size (makes 8 servings) 2 ounce portion of meat
Calories per serving 115
Protein per serving 11 grams

Ingredients

- 1 pound lean flank steak
- ¼ cup Burgundy or other dry red wine
- 2 tablespoons unsweetened orange juice
- 1 teaspoon dry mustard
- 1 teaspoon honey

Instructions

Trim fat from steak. Pierce steak several times with a fork. Place in a shallow dish. Combine Burgundy and next 3 ingredients, pour over steak. Cover and marinate in refrigerator at least 8 hours. Turn a few times.

Remove steak from marinade. Pour marinade into a small saucepan; bring to a boil. Reduce heat and simmer 5 minutes. Set aside. Place steak on a rack or broiler pan coated with nonfat cooking spray. Broil 3 inches from heat for 7 minutes on each side, or to desired degree of doneness, basting often with marinade. Slice steak diagonally across grain into ¼-inch slices, and serve right away.

Steak or Chicken Diane

Serving size (makes 8 servings) 2-ounce portion of meat
Calories per serving 122
Protein per serving 13 grams

Ingredients

- 1 tablespoon reduced-calorie margarine, melted
- 2 tablespoons low-sodium Worcestershire sauce
- ¾ pound fresh mushrooms, sliced OR 8 ounces sliced canned mushrooms, drained
- 1 cup chopped onion

4 beef tenderloin steaks OR 4 chicken breast halves (4 ounces each)
¼ cup Dijon mustard, divided
¼ cup beef or chicken broth

Instructions

Combine margarine and Worcestershire sauce in a large nonstick skillet. Place over medium heat until hot. Add mushrooms and onions. Sauté until tender.

Place meat between 2 sheets of heavy-duty plastic wrap. Flatten to ¼-inch thickness, using a meat mallet or rolling pin. Throw plastic wrap away. Spread 1½ teaspoons mustard on one side of each piece of meat. Move mushroom mixture to 1 side of skillet; add meat, mustard side down. Cook meat 3 to 4 minutes over medium heat. Stir mushroom mixture once in a while.

Spread 1½ teaspoons mustard on top side of each piece of meat. Turn and cook 3 to 4 minutes on second side of meat or to desired degree of doneness. Lightly pierce meat in several places with a fork. Pour broth over meat. Cover, reduce heat, and simmer 1 minute. Place meat on heated platter. Spoon mushroom mixture over meat before serving.

Mandarin Steak

Serving size (makes 8 servings) 2-ounce meat portion
Calories per serving 135
Protein per serving 11 grams

Ingredients

1 pound lean flank steak
¾ cup unsweetened orange juice
2 tablespoons olive oil
¾ teaspoon hot sauce
5 green onions cut into 1-inch pieces
2 teaspoons cornstarch
⅛ teaspoon salt
11 ounces canned mandarin oranges in light syrup, drained
¼ cup chow mein noodles

Instructions

Trim fat from steak. Combine orange juice and next 3 ingredients in an 11-inch by 7-inch by 2-inch baking dish. Add steak, turning to coat. Cover and marinate 10 minutes.

Remove steak from marinade, saving ¼ cup marinade. Place steak on a rack in a roasting pan coated with nonfat cooking spray. Broil 5½ inches from heat for 5 minutes. Turn steak, and broil 2 minutes more. Top steak with green onions. Broil 2 minutes or to degree of doneness desired. Slice steak diagonally across grain into ¼-inch slices. Place steak and onions on a serving platter. Set aside, and keep warm.

Mix the saved marinade, cornstarch, and salt in a small saucepan. Stir well. Bring to a boil. Reduce heat, and cook 1 minute or until thickened, stirring constantly. Add marinade mixture and mandarin oranges to steak mixture. Toss gently and top with noodles.

Steamed Halibut with Vegetables

Serving size (makes 8 servings) 2-ounce meat portion
Calories per serving 65
Protein per serving 12 grams

Ingredients

4 halibut steaks (4 ounces each)
1 cup small frozen broccoli flowerets, thawed
½ cup shredded carrots
2 tablespoons chopped green onions
2 tablespoons Chablis or other dry white wine
¾ teaspoon garlic powder
½ teaspoon dried whole dill weed

Instructions

Cut 4 pieces of heavy-duty aluminum foil into 18-inch by 12-inch pieces. Center 1 halibut steak on lower half of each piece of foil. Top each with ¼ cup broccoli, 2 tablespoons carrot, and 1½ teaspoons green onions.

In a bowl, combine wine, garlic powder, and dill. Stir well. Spoon wine mixture evenly over fish and vegetables. Fold upper halves of foil over the fish steaks to meet the bottom edges of foil. Seal edges together, making a tight, ½-inch fold. Fold again. Allow space for heat to circulate. Fold side edges of foil to seal.

Place packets on a baking sheet. Bake at 450° for 10 minutes. Remove from oven. Cut an “X” in tops of packets and fold foil back to remove. Be careful to avoid steam that will be released when you do this. Place vegetable-topped steaks on warm plates, spooning juices from the foil packets over each serving.

Peachy Pork Stir-Fry

Serving size (makes 8 servings) ¾ cup
Calories per serving 155
Protein per serving 13 grams

Ingredients

1 pound lean boneless pork loin
½ teaspoon ground white pepper
¼ teaspoon salt
⅓ cup low-sugar apricot spread
¼ cup peach nectar
1 tablespoon cornstarch
1 teaspoon peeled, minced ginger

3 cups sliced frozen peaches, thawed
6 ounces fresh snow pea pods, trimmed

Instructions

Trim fat from pork. Partly freeze pork. Slice diagonally across grain into thin strips. Sprinkle with pepper and salt and set aside. Mix apricot spread, peach nectar, and cornstarch in a small bowl. Stir well, and set mixture aside. Coat a large nonstick skillet or wok with nonfat cooking spray. Place over medium-high heat until hot. Add ginger. Stir-fry 30 seconds. Add sliced pork, stir-fry 3 minutes. Add apricot mixture; cook 1 minute or until well-heated.

Tortilla Flats Pie

Serving size (makes 12 servings)..... ½ cup
Calories per serving..... 140
Protein per serving..... 10 grams

Ingredients

¾ pound lean ground beef
1½ teaspoons chili powder
1 clove garlic, minced
1½ cups red kidney beans, rinsed and drained
½ cup sliced green onions
2 tablespoons red wine vinegar
2 tablespoons tomato paste
5 corn tortillas (6 inches across)
1¼ cups canned no-salt-added chicken broth, undiluted
1 tablespoon plus 2 teaspoons instant-blending flour
½ teaspoon ground cumin
4 ounces canned chopped green chilies
¾ cup grated 40% less-fat cheddar cheese (3 ounces)

Instructions

Place first 3 ingredients in a nonstick skillet. Cook over medium-high heat until browned. Stir to crumble meat. Drain. Pat dry with paper towels. Wipe drippings from skillet with a paper towel.

Return mixture to skillet. Stir in kidney beans, onions, vinegar, and tomato paste. Cut each tortilla into 6 wedges. Wrap tortillas in aluminum foil, and bake at 350° for 8 minutes. Bring broth to a boil in a saucepan. Reduce heat and let simmer. Add flour and cumin. Cook, stirring constantly, until slightly thickened. Remove from heat. Stir in chilies. Set aside.

Coat a 9-inch pie plate with nonfat cooking spray. Line pie plate with 14 tortilla wedges. Top with meat mixture. Spoon broth mixture over meat. Repeat layers twice, using 10 tortilla wedges on a second layer, and 6 on a 3rd layer. Sprinkle with cheese. Bake at 375° for 10 minutes or until cheese melts. Let stand 5 minutes on a wire rack.

Stuffed Peppers

Makes 8 servings.

Calories per serving.....260

Protein per serving..... 18 grams

Ingredients

1 package frozen chopped spinach, drained well

1 large onion, chopped

3 tablespoons butter

3 eggs or liquid egg substitute equal to 3 eggs

8 ounces feta cheese, crumbled

1 cup cottage cheese

Pepper to taste

4 medium red and yellow peppers, sliced vertically in half

½ cup parmesan cheese, grated

Instructions

Preheat oven to 375°. Sauté onion in butter until tender. Remove from heat. In a bowl, beat eggs together and then add spinach. Stir in feta cheese, cottage cheese, sautéed onions, and black pepper. Fill peppers with spinach mixture and place in buttered casserole dish. Sprinkle with parmesan cheese. Bake for 30 minutes.

Curried Chicken

Serving size (makes 6 servings) 1/3 cup

Calories per serving..... 185

Protein per serving..... 25 grams

Ingredients

10¾ ounces canned fat-free cream of mushroom condensed soup

1 teaspoon curry powder

4 boneless, skinless chicken breast halves, cooked, cubed

1/3 cup slivered almonds, toasted

Instructions

In large saucepan, combine soup, ½ soup can of water, and curry. Stir in cubed chicken. Heat and stir until mixture heats through. Sprinkle with almonds just before serving.

“Fried” Chicken

Serving size (makes 4 servings) 1 chicken breast

Calories per serving..... 261

Protein per serving..... 38 grams

Ingredients

1 cup skim milk

4 boneless, skinless chicken breast halves

1 to 1½ cups whole grain or whole-wheat Melba toast crumbs
1 teaspoon dried herbs of your choice

Instructions

In a container with lid, soak chicken breasts in milk. Cover and chill about 30 minutes.

Preheat oven to 375°. Mix toast crumbs and herbs. Drain chicken breasts and coat both sides with crumbs. Press down lightly on crumbs so they stick. Place chicken on baking sheet lightly sprayed with nonfat cooking spray. Bake 20 minutes and pierce chicken with knife to test for doneness. Chicken is done when meat is tender and juices run clear.

Grilled Pork Chops with Apples

Serving size (makes 4 servings) 1 chop with ¼ cup applesauce
Calories per serving 206
Protein per serving 25 grams

Ingredients

4 boneless pork chops (3-inch by 4-inch)
½ teaspoon Mrs. Dash or other herb seasoning blend
2 unpeeled tart apples, cored, thinly sliced
1 to 2 tablespoons sugar-free maple syrup

Instructions

Sprinkle pork chops with seasoning. Broil or grill pork chops about 10 minutes per side. Place on serving plate and keep warm.

Place apple slices in skillet sprayed with nonfat cooking spray. Cook at medium heat. Spray tops of apple slices with cooking spray. Cook and stir apples until brown on both sides. Add ¼ cup water and maple syrup, cover and simmer 10 to 15 minutes or until apples are soft. Remove cover, increase heat to high, and stir until water is gone. Spoon over pork chops and serve.

Chicken and Peanut Wraps

Serving size (makes 4 servings) 2-ounce portion chicken
Calories per serving 250
Protein per serving 24 grams

Ingredients

6 tablespoons reduced-fat peanut butter
4 teaspoons fresh ginger, peeled and minced OR 1½ teaspoons powdered ginger
2 cloves garlic, minced
¼ cup fresh lime juice
8 teaspoons soy sauce
¼ teaspoon red pepper flakes
¼ cup green onion, chopped

8 ounces cooked chicken breast, shredded
½ cup fresh cilantro, chopped
1 cup red bell pepper, stemmed, seeded, and sliced into thin strips
1 apple, peeled, cored, and sliced into thin strips
4 Bibb lettuce leaves

Instructions

In a medium bowl, mix first 6 ingredients. Stir the green onion, chicken, and cilantro into peanut sauce. Mix well. Spoon ¼ of the peanut-chicken mixture onto a Bibb lettuce leaf. Top with ¼ of the red pepper and apple. Roll up and serve.

Tuna and Mostaccioli Salad

Serving size (makes 10 servings) 1 cup
Calories per serving..... 163
Protein per serving..... 10 grams

Ingredients

8 ounces mostaccioli pasta, uncooked
¾ cup water
3 tablespoons olive oil
2 tablespoons balsamic vinegar
1 teaspoon dried whole oregano
¼ teaspoon ground white pepper
⅛ teaspoon salt
14 ounces canned artichoke hearts, drained and quartered
9¼ ounces canned water-packed tuna, drained
2 cups coarsely shredded romaine lettuce
12 cherry tomatoes, halved

Optional: Red leaf lettuce

Instructions

Cook pasta according to package directions, without adding salt or fat. Drain pasta well. Mix water and next 5 ingredients in a small bowl. Stir well with a wire whisk. Place pasta in a large bowl. Pour ½ cup vinegar mixture over pasta. Toss gently. Add rest of vinegar mixture, artichoke hearts, tuna, romaine lettuce, and tomato. Toss gently to coat. Cover and chill. To serve, spoon pasta mixture on lettuce-lined salad plates, if desired.

Mexican Turkey-Bean Salad

Serving size (makes 10 servings) 1 cup
Calories per serving..... 67
Protein per serving..... 7 grams

Ingredients

¼ cup water mixed with 2 tablespoons salsa, divided
¼ cup water mixed with 2 tablespoons vinegar, divided

½ pound freshly ground raw turkey
 ½ teaspoon chili powder
 ¼ teaspoon dried whole oregano
 ⅛ teaspoon pepper
 15 ounces canned dark red kidney beans, drained and rinsed well
 8 cherry tomatoes, quartered
 ⅓ cup thinly sliced green onions
 ⅓ cup chopped sweet yellow pepper
 3 cups torn iceberg lettuce
 3 cups torn curly endive
 1 cup frozen green beans, thawed and drained

Instructions

Place 3 tablespoons water/salsa mixture and 3 tablespoons water/vinegar mixture in a small jar. Cover tightly and shake well. Set aside.

Coat a medium skillet with nonfat cooking spray; place over medium heat until hot. Add turkey and next 3 ingredients; cook until turkey is browned, stirring to crumble. Drain and pat dry with paper towels.

Put turkey mixture, kidney beans, tomato, green onions, and yellow pepper in a large bowl. Toss gently. Add the rest of the water/salsa mixture and the water/vinegar mixture (about 3 tablespoons each). Toss gently.

Place iceberg lettuce and curly endive in a large bowl. Spoon turkey mixture over lettuce mixture. Top with green beans, and drizzle with reserved salsa mixture.

Raspberry Ice Tea

Serving size (makes 8 servings) about 1 cup
 Calories per serving..... 34
 Protein per serving..... 0 grams

Ingredients

6 cups water
 6 tea bags (Lipton, Red Rose, or other Darjeeling-like tea)
 Juice and zest of 1 lemon
 ½ cup sugar substitute such as Splenda
 1 cup raspberries, frozen

Optional: Lemon or lime slices

Instructions

In a medium saucepan, place water and tea bags (strings cut off). Over medium-high heat, bring mixture to a boil. Lower heat, and simmer for 2 minutes. Remove from heat and cool. Carefully press water out of tea bags, then remove from pan. Add juice and zest of lemon and sugar substitute. Mix well. Pour cool mixture into a large pitcher.

Place 2 cups tea mixture and frozen raspberries in a blender and blend until smooth. Pour raspberry mixture into pitcher. Stir well to mix.

Fill 8 tall glasses with ice. Pour tea mixture over the ice. Garnish with a slice of lemon or lime if desired. Serve right away. **Do not drink more than 3 cups a day.**

Strawberry Lemonade

Serving size (makes 8 servings) about 1 cup
Calories per serving25
Protein per serving 0 grams

Ingredients

1 tub Crystal Light lemonade powder
6 cups cold water
1½ cups frozen strawberries

Instructions

In a large pitcher, mix Crystal Light powder and water, stirring well. Put strawberries and 2 cups of Crystal Light lemonade in a blender and blend until smooth. Add blended mixture to rest of lemonade and mix well. Pour over tall glasses with ice. **Do not drink more than 3 cups a day.**

Desserts

Most desserts are high in fat and calories, so it is best not to eat them every day. When you do want to treat yourself, choose desserts that have some nutritional value from high-protein ingredients or fruit.

Banana Pudding

Makes 10 servings.
Calories per serving 137
Protein per serving2 grams

Ingredients

2/3 package Murray sugar-free pecan shortbread cookies
1 tablespoon butter, melted
1 small package of Jell-O sugar-free vanilla pudding, cooked variety
2 cups skim milk
2 teaspoons pure vanilla or coconut extract
1 large ripe banana
1 cup Reddi Whip light whipped cream OR 1 cup Splenda-sweetened whipped cream

Instructions

Preheat oven to 350°. Pulse cookies in a food processor into fine crumbs. Blend the crumbs with melted butter until moist and evenly mixed. Press into a 9-inch glass pie plate and bake for 10 minutes or until crust begins to turn golden in color. Remove to a rack and cool while making the filling.

Cook the pudding mix using the directions on the package. Remove from heat, stir in the coconut or vanilla extract, and set aside. Peel the banana,

cut into thin slices, and arrange evenly over the crust. Pour the slightly cooled filling over the banana pieces. Chill 2 to 4 hours until set. To serve, cut into wedges and top with swirls of Reddi Whip or whipped cream.

Grilled Peaches with Raspberry Puree

Makes 4 servings.

Calories per serving99

Protein per serving 0.6 grams

Ingredients

10 ounces frozen raspberries, slightly thawed

1½ teaspoons lemon juice

2 medium peaches, halved and pitted

1½ tablespoons brown sugar

¼ teaspoon ground cinnamon

1½ teaspoons rum or almond flavoring

1½ teaspoons margarine

Instructions

Place raspberries and lemon juice in a blender or food processor. Blend until smooth. Strain puree and discard seeds. Cover and chill.

Cut 1 sheet of heavy-duty aluminum foil to a square 18 inches by 18 inches. Place peach halves, cut side up, on foil. Mix brown sugar and cinnamon, spoon evenly into center of each peach half. Sprinkle with flavoring and dot with margarine. Fold foil over peaches and loosely seal.

Place grill rack over medium flame or coals. Place peach bundle on rack, and cook 15 minutes or until peaches are thoroughly heated. To serve, spoon 2 tablespoons raspberry puree over each grilled peach half.

Mango Maniac

Serving size (makes 6 servings) ½ cup

Calories per serving 60

Protein per serving 0 grams

Ingredients

2 wild raspberry herbal tea bags

1 cup hot water

2 cups frozen mango chunks

1 cup frozen or fresh strawberries, coarsely chopped

Instructions

Add tea bags to water, steep for 5 minutes. Remove tea bags and cool. Put mango chunks, strawberries, and chilled raspberry tea into a blender. Blend until smooth. Pour into glasses or freeze in ice cube trays or popsicle molds. Mango ice cubes taste great added to club soda or iced tea.

Individual Lime Cheesecakes

Makes 12 servings.

Calories per serving 132

Protein per serving 5.4 grams

Ingredients

12 vanilla wafers

¾ cup 1% cottage cheese

8 ounces Neufchatel cheese, softened

¼ cup plus 2 tablespoons sugar

2 eggs

1 tablespoon grated lime rind

1 tablespoon lime juice

1 teaspoon vanilla extract

¼ cup vanilla low-fat yogurt

2 medium kiwifruit, peeled, sliced, and halved

Instructions

Line 12 muffin pans with paper baking liners. Place 1 vanilla wafer in the bottom of each liner. Spoon cottage cheese into a blender and process until smooth. Put Neufchatel and cottage cheese in a medium bowl. Beat at medium speed of electric mixer until creamy. Slowly add sugar. Mix well. Add eggs, lime rind, lime juice, and vanilla. Beat until smooth.

Spoon cheese mixture evenly over vanilla wafers. Bake at 350° for 20 minutes or until cheesecakes are almost set. Do not overbake. Let cheesecakes cool completely on wire rack. Remove from pans. Chill well. Spread vanilla yogurt evenly over cheesecakes. Top each with 3 kiwi slices.

Blueberry Pudding

Makes 6 servings.

Calories per serving 130 (85 for sugar-free version*)

Protein per serving 1 gram

Ingredients

2 cups blueberries

¼ cup water

1¼ cup bread cubes

⅓ cup sugar*

1 tablespoon butter

⅛ teaspoon lemon rind

1 tablespoon lemon juice

Instructions

Place blueberries in a saucepan and add water. Bring to a boil. Lower heat and simmer uncovered about 5 minutes. Add rest of ingredients and stir until blended. Keep warm over low heat for 15 to 20 minutes.

*For a sugar-free version, use an artificial sweetener such as Splenda in place of the sugar.

Double Chocolate Cupcakes

Serving size (makes 12 servings)1 cupcake
Calories per serving150 (120 for sugar-free version*)
Protein..... 2 grams

Ingredients

- 1½ cups all-purpose flour
- ½ cup sugar*
- ¼ cup unsweetened cocoa powder
- 1 teaspoon baking soda
- ½ teaspoon salt
- ½ cup unsweetened orange juice
- ⅓ cup water
- 3 tablespoons canola oil
- 1 tablespoon cider vinegar
- 1 teaspoon vanilla flavoring
- ⅓ cup semisweet chocolate chips
- 1 teaspoon powdered sugar

Instructions

Mix first 5 ingredients in a medium bowl; make a well in the center of the mixture. In a separate bowl, mix orange juice, water, oil, vinegar, and vanilla. Add orange juice mixture to dry ingredients, stirring just until moistened. Fold in chocolate chips.

Spoon into greased or paper-lined muffin cups, filling ²/₃ full. Bake at 375° for 12 minutes or until a toothpick inserted in the center comes out clean. Remove from pans right away. Cool on a wire rack. Sprinkle with powdered sugar.

*For a sugar-free version, use an artificial sweetener such as Splenda in place of the sugar.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Center for Bariatric Surgery: 206-598-2274

Online Resources

For patients having weight loss surgery

This section of the Guide to Your Weight Loss Surgery lists websites you can visit to learn more about your surgery.

American Society for Metabolic and Bariatric Surgery

www.asmb.org

Center for Comprehensive Weight Loss

www.ccwl.info

Centers for Disease Control and Prevention

www.cdc.gov/healthyweight/assessing/bmi/index.html

Obesity Action Coalition

www.obesityaction.org/weightlossoptions/bariatricsurgery.php

Obesity Help

www.obesityhelp.com

The Realize Solution

www.realize.com/dtcf

Weight Loss Surgery Options

www.weightlosssurgeryoptions.com



The websites on this page provide helpful information if you want to learn more about weight loss surgery.

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Day of Surgery

2-Week Follow-up Visit

1-Month Follow-up Visit

2-Month Follow-up Visit

3-Month Follow-up Visit

4-Month Follow-up Visit

5-Month Follow-up Visit

6-Month Follow-up Visit

7-Month Follow-up Visit

8-Month Follow-up Visit

9-Month Follow-up Visit

10-Month Follow-up Visit
