



Bariatric Surgery and Weight
Management Program

Your Bariatric Surgery Journey



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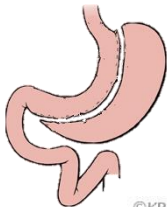
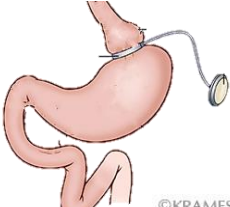
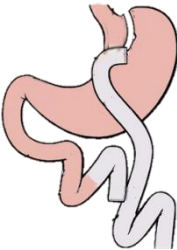
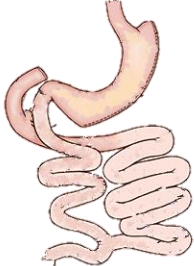
TOP THINGS TO KNOW

- Obtain all required clearances such as from your PCP (primary care provider) as well as your specialist doctors - cardiologist (heart), pulmonologist (lungs), hematologist (blood), etc. Your surgeon will let you know what is needed from your specialist doctors.
- The pre-op liquid diet is vital to make your surgery as safe as possible. Refer to the *Pre-Operative Liquid Diet* section for full guidance.
- **Do not eat or drink** anything after midnight the night before your surgery.
- If you are taking a GLP-1 injectable medication like Ozempic®, Saxenda®, Wegovy®, Mounjaro®, Trulicity®, Bydureon®, or Byetta®, **do not eat or drink anything for 12 hours before your surgery.**
- Pickup your discharge medication prescriptions before you leave the hospital. They will be sent to the NYU Outpatient Pharmacy (on the 1st floor). Read the section “Your Prescribed Medications Explained” for more details on your medications after surgery.
- It is **vital** that you follow your post-op diet and nutrition guide. If not, this puts you at higher risk of complications after your surgery.
- If you have trouble going from one diet stage to another, stay on your current stage until you are ready to move to the next one. **Each stage of your post-op diet plan can be extended but should NOT be shortened.**
- **Avoid heavy lifting (anything more than 10 pounds), pushing/pulling, or vigorous exercise for 4 weeks after surgery.** Walking is encouraged and should begin as soon as possible. You are not allowed to drive for one week.
- Shower with wound dressings in place. Then remove the outer clear dressings 3 days after surgery. **No baths, hot tubs, or swimming for 3-4 weeks.**
- **Call us right away at 212-263-3166** if you have any of the signs and symptoms in the “When to Call Your Doctor” section.

INTRODUCTION

Congratulations on your important decision to have bariatric surgery. Be sure to read this booklet carefully. It has instructions to guide you through your entire bariatric surgery journey. This way you know what to do and what to expect before, during, and after your hospital stay (and even beyond). It also explains how members of your care team, such as doctors, nurses, Registered Dietitians (RDs) and others, will work with you. Please share this information with your family members and/or caregivers.

Types of Bariatric Surgery Procedures

Sleeve Gastrectomy	Adjustable Gastric Band (Lap Band)	Gastric Bypass (includes One- Anastomosis Gastric Bypass (OAGB) and Distal Bypass)	Duodenal Switch (DS) (includes Loop-DS)
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Surgical Approach Options

There are 3 different approaches to bariatric surgery. They are laparoscopic, robotic, or open. The method that will be used is determined by a number of factors including the size of your liver. The 3 surgical approaches are described in the following table.

Surgical Approach	What it means?
Laparoscopic	Between 4-6 small incisions (cuts) in the abdomen (belly). Uses a laparoscope (small surgical camera). Minimally invasive, small scars.
Robotic	Between 4-6 small incisions in the abdomen (belly). Uses a machine with many robotic arms controlled by the surgeon. Minimally invasive, small scars.
Open	An incision (a larger cut) that extends from the breastbone to the navel (bellybutton). Healing time is longer with this larger scar.

Requirements for Surgery

- Your surgeon will decide which tests, evaluations, and clearances you need to complete before surgery. These decisions will be based on your past medical history and other factors.
- You may also need to complete additional evaluations and tests. These include an esophagram, endoscopy or chest X-ray.
- Your Surgical Coordinator will help with scheduling all the pre-op requirements you need.

BEFORE SURGERY (PRE-OP)

Pre-op Liquid Diet

- You need to follow a pre-op liquid diet for 2 weeks before surgery. Your surgeon will let you know if you need a longer pre-op liquid diet.
- Please refer to the *Pre-Operative Liquid Diet* section of the Nutrition Guidelines for full information.**

Note about Fatty Liver Disease:

A common side effect of obesity is a fatty liver. This can make surgery more difficult. The pre-op liquid diet will shrink your liver and make surgery much easier and safer. If your liver is too large, you may not be able to have the surgery. Your surgeon will discuss this with you. Let them know if you have any questions.

Medications

If you take any of the medications listed in the table below, use as directed.

Medication Name	Directions
Aspirin or any products that contain Aspirin (except baby aspirin – see below)	<ul style="list-style-type: none"> STOP taking 2 weeks before surgery
Baby Aspirin (81 mg – for heart stents)	<ul style="list-style-type: none"> Take only 1 pill (81 mg) a day Do not take any more than 81 mg daily
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) such as: Ibuprofen (Motrin®) or (Advil®) and naproxen (Aleve®)	<ul style="list-style-type: none"> STOP taking 2 weeks before surgery
Blood Thinners (Anticoagulants)	<ul style="list-style-type: none"> STOP taking several days before surgery Talk to your healthcare provider for specific instructions.
Plavix® (for heart stents)	<ul style="list-style-type: none"> STOP taking Plavix® 1 week before surgery Do this unless your cardiologist tells you otherwise.
Insulin	<ul style="list-style-type: none"> Talk to your healthcare provider about your pre-op and post-op diet to adjust your insulin dose as needed.
Oral (by mouth) Diabetes Medication	<ul style="list-style-type: none"> Talk to your healthcare provider about your pre-op and post-op diet to adjust your dose as needed. STOP taking the day before surgery

Medication Name	Directions
<p>GLP-1 Medication:</p> <ul style="list-style-type: none"> • Weekly Injection - <ul style="list-style-type: none"> ○ Semaglutide (Ozempic® Wegovy®) ○ Tirzepatide (Mounjaro®) ○ Dulaglutide (Trulicity®) ○ Exenatide (Bydureon BCise®) • Daily Injection or Pill - <ul style="list-style-type: none"> ○ Liraglutide (Saxenda®) ○ Semaglutide Pill (Rybelsus®) • Twice Daily Injection - <ul style="list-style-type: none"> ○ Exenatide (Byetta®) 	<ul style="list-style-type: none"> • Weekly Injection – STOP taking 1 week before surgery • Daily injection or pill – STOP taking the day before surgery • Twice daily injection – STOP taking the night before surgery • Talk to your healthcare provider about when and if to restart this medication after surgery.
<p>Birth Control Pills</p>	<ul style="list-style-type: none"> • DO NOT take any pills starting 2 weeks before surgery • DO NOT start them again until 2 weeks after surgery • Use an additional non-hormonal birth control method (like a condom or abstinence) for 30 days after surgery.
<p>NuvaRing®</p>	<ul style="list-style-type: none"> • REMOVE 2 weeks before surgery • DO NOT start them again until 2 weeks after surgery • Use an additional non-hormonal birth control method (like a condom or abstinence) for 30 days after surgery.
<p>Diuretics (Water Pills)</p>	<ul style="list-style-type: none"> • Talk to your healthcare provider for specific instructions
<p>Medications labeled: Extended Release, Slow Release, or Long Release</p>	<ul style="list-style-type: none"> • Check with the prescribing provider for specific instructions or safe alternatives that can be crushed or are available in liquid form prior to your surgery. • This is because after your surgery, you will only be able to take medications crushed or in liquid form for 4 weeks after your bariatric surgery. • Medications with these labels cannot be crushed or opened.

Additional Pre-Op Preparation

- **Do not eat or drink anything after midnight the night before your surgery.**
- If you are taking any GLP-1 medication (listed above), do not eat or drink for 12 hours before surgery.

- On the morning of your surgery, you should only have sips of water to take your medication as prescribed.
- Shower the night before or morning of your surgery. This is for infection control.

Pre-op Phone Call

- You will get a call from a pre-op nurse the day before your surgery.
- This call will confirm the location and time of your surgery.

DAY OF SURGERY

Kindly arrive at your scheduled time. We will admit you and complete final preparations for your surgery.

What to Bring to the Hospital and What to Leave at Home

Bring with You	Leave at Home
<ul style="list-style-type: none"> • Non-skid Slippers and Robe • Toiletries • Lip Balm • Phone Charger • Insurance card, photo ID, and a credit card** • Eyeglasses (if needed) • Dentures (if needed) • Hearing aids (if needed) 	<ul style="list-style-type: none"> • Jewelry • Watches • Cash • Body Piercings (must be removed before surgery)
<p>**A credit card or other form of payment may be needed for any copay or coinsurance. Your family or caregiver can bring these back home once you are assigned a room.</p>	

Prepping for the OR (Operating Room)

- Be mindful that prepping for your surgery will probably take 2-3 hours.
- You will remove all your clothes and change into a hospital gown.
- You will also need to remove all jewelry (including wedding rings), glasses, dentures, hearing aids, etc.

Vital Signs and Weight

- A staff member will take your vital signs (blood pressure, pulse, temperature, etc.). This is needed to ensure you are safe for surgery.
- We will weigh you before surgery. An accurate weight is needed for proper dosing of medication and anesthesia.

Intravenous Catheter (IV)

- Your care team will place an intravenous catheter (IV). An IV is a soft, thin, flexible tube that is placed into a vein.
- This will allow for fluids and medications to be given during and after your surgery.

Telemetry

- Your care team will place telemetry leads (stickers) on your chest. These leads are attached to a heart monitor. This way your care team can monitor (check) your heart rate and rhythm during and after surgery.

Anticoagulant Medication

- Your care team will give you anticoagulant (blood thinner) medication before surgery. This is to prevent blood clots.

Sequential Compression Devices (SCDs)

- Your care team will place Sequential Compression Devices (SCDs) on your lower legs. SCDs are like loose blood pressure cuffs that massage your legs. They will gently squeeze your calves to mimic walking.
- This device prevents blood clots from forming, increases blood circulation in your lower legs, and reduces the risk of inflammation (phlebitis).

Meet with Anesthesiologist

- You will meet with the anesthesiologist who will give you the anesthesia during surgery.
- They will ask about your personal and family history regarding anesthesia.

Question and Answer Session with Your Care Team

- At this time, you can ask any other questions or express any concerns to your nurse and/or bariatric surgeon.

After Surgery

- We will take you to the PACU (Post Anesthetic Care Unit / Recovery Room). You will be there until the effects of the anesthesia wear off. This usually takes about 2-3 hours.
- If you have a lap band, you will be discharged the same day, directly from the PACU.
- For all other surgeries, you will be transferred to a single-bed room in the Tisch Hospital-Kimmel Pavilion, depending on room availability. If a room is not available after surgery, you may stay overnight in the PACU.

Family Members / Support Person

- The number of family members that can accompany you on the day of surgery can vary. You will be given specific instructions before your surgery.
- It's important to select one main contact person.
- Let the nurse in the pre-op area know how your contact person can be reached after surgery.

AFTER SURGERY (POST-OP)

This section has guidelines detailing what you can expect during your stay in the hospital after surgery.

Vital Signs

- Your nurse will closely monitor your recovery during your stay.
- Right after surgery, your nurse will take your vital signs (blood pressure, pulse, oxygenation, and temperature). This will be checked regularly.

Drains

- In certain cases, patients may have a surgical drain coming from out of their abdominal area. These drains are called Jackson Pratt (JP) drains. They are placed during surgery to help remove unneeded fluid from your body. These drains are not painful while they are in place. If you have a JP drain, you may just feel a “tugging” sensation when you move. This is normal.
- Most patients will have their drain(s) removed before going home. While the drain is being removed, you may feel some “pulling” or “pressure.”
- If you need to go home with your JP drain(s) in place (for medical reasons), your care team will train you and your support person on how to drain, measure, and maintain your drain or drains. **You must have an in-person post-op visit to remove the drain.**
- You will also have home care services arranged to help with care for your drain(s).

Nausea and Vomiting

- You should avoid vomiting after surgery. If you have any nausea, let the nurse know right away so that they can give you anti-nausea medication. **Do not wait until it gets worse.**

Medications

- Your care team will go over what medications you will need after your surgery.
- To prevent dehydration, you will be given fluids through your IV. You will also have some medications given through your IV if needed. Some of the medications your care team may give you are: IV Tylenol or Robaxin for pain, and Reglan or Zofran to treat / prevent nausea.
- All medications taken by mouth will be crushed or in liquid form.

Pain Management

- Pain is common and expected after surgery. You may have some pain and discomfort for a few or several days after surgery. Our goal is to safely treat and reduce your pain to a tolerable level. This will allow you to participate in your daily activities and help your recovery process.
- You will likely feel the most pain at the largest incision site usually located on your right side.

- Your nurse will show you how to brace yourself while coughing to prevent pain on the incision line. This usually involves hugging a pillow to your belly.
- We will assess your pain level by asking you to rate your pain on a scale of 0 -10. Below is an example of a pain scale to help rate your pain.

NONE	MILD			MODERATE			SEVERE			
0	1	2	3	4	5	6	7	8	9	10
0	No pain at all.									
1-3	Mild pain. You may have some pain or discomfort, but it should not keep you from doing most activities. (Pain is tolerable.)									
4-6	Moderate pain. You may have pain that makes it hard to do your everyday activities or goals of care.									
7-10	Severe (very bad) pain. You may have intense pain that makes it hard to concentrate on your activities.									

- We will do our best to help you feel better. **It is important to take pain medication BEFORE your pain is very strong (between 7 – 10).** This provides better and faster relief. This is the case with any pain medication - prescribed or OTC (over the counter) medication.

Keys to Healing After Surgery

The 3 keys for healing after surgery are: walking, hydration, and oxygenation!

1. Walking and Out of Bed Activity

- **Remember that getting up and moving your body is vital for your recovery!**
- You need to get out of bed and walk as much as possible after your surgery. Try to walk in the hallway within 3 hours of surgery. A member of your care team will be with you the first time you get out of bed after surgery.
- Walking is the easiest way to help prevent or relieve the following:
 - Pneumonia (lung infection)
 - DVT (deep vein thrombosis) – blood clot in the legs
 - PE (pulmonary embolism) – blood clot in the lungs
 - Constipation
 - Gas pain
- Your activity goal will be to stay out of bed for 8 hours during the day. This includes walking around and sitting in a chair.
- You will be on a clear or thin liquid diet while you're in the hospital. It is important that you drink your meals while sitting up in a chair.
- When you are in bed, you will have SCDs like you had on in the OR during surgery. These are important for your post-op recovery.

2. Hydration

- You will be given fluids through your IV.
- If your team says it is okay, you can begin sipping thin liquids by mouth the night after your surgery.
- You will continue thin liquids the next day (the day after surgery).
- Sip thin liquids slowly and constantly during the entire day to prevent dehydration and constipation.

3. Oxygenation and Deep Breathing

- You will be given a breathing tool called an incentive spirometer. A member of your care team will teach you how to use it.
- **Inhale slow deep breaths** with your incentive spirometer **10 times every hour** while awake. Doing these breathing exercises helps to:
 - Fully open your lungs after anesthesia
 - Prevent post-op pneumonia and fevers

DISCHARGE PROCEDURE

Your expected discharge date can change depending on your recovery. Many patients are surprised at how quickly they can return home after surgery. Your care team will help you with any concerns you may have about discharge. The table below highlights how long you may be in the hospital after surgery.

Type of Surgery	Expected Discharge
Sleeve/Bypass/DS	1-2 days after surgery
Lap Band	Same day of surgery

Requirements for Discharge

Fluid challenge	For sleeve/bypass/DS patients: You must be able to drink 1 small (1 ounce) cup of fluid every 15 minutes for 4 hours in a row. This fluid challenge will happen on the morning of your scheduled discharge day. You will not be able to go home unless you're able to do this.
	For lap band patients: You must be able to drink an 8 ounces (oz) cup of water in order to be discharged home from the PACU. This will happen a few hours after surgery.
Medication Prescriptions	Before you leave the hospital, pick up your prescriptions (especially Roxicodone® or Hycet®) at the NYU Langone Outpatient Pharmacy located on the 1st floor. Make sure you do this as many pharmacies do not carry the liquid form of these medications.
Support Person	<p>For discharge on the same day of Surgery: You must have a support person 18 years or older take you home. If you do not have a support person who can escort you home, we may not be able to discharge you.</p> <p>For discharge 1 or more days after surgery: We strongly recommend you have a support person 18 years or older to take you home.</p> <p>Note: Discharge time is 10am. Please have your support person arrive on time for discharge.</p>

YOUR POST-OP CARE AT HOME

Diet and Nutrition

- Included in this booklet is your post-op diet plan.
- **It is important that you follow this plan as outlined.** You will find it in the Diet Progression section of the Nutrition Guidelines.

Pain Management

- When you go home, your pain medication plan may include both opioid and non-opioid medications.
- If you are using opioids for pain at home after surgery, you should be able to taper off of these medications after just a few days. The goal is to use only non-opioid pain medications such as acetaminophen (Tylenol®).
- Left shoulder pain is common due to gas that was used during surgery. This gas pain should go away in 1-7 days after surgery. Walking should help relieve this pain. You can also try Mylanta-Gas® or Gas-X®.

Medications

- Start taking all your regular medications on the day you get home.
- All medications taken in the first 4 weeks after surgery must be crushed or in liquid form. **For lap band patients, we recommend you continue this practice for life.**
- If you take any medications labeled as extended release, slow release, or long release, speak with your doctor about these medications to find an alternative. These types of medications cannot be crushed or opened.
- Make sure to shake the bottle well before pouring for any liquid medications.
- Open all your capsules (if they are not extended, slow or long release). Then mix the powder or beads with a small spoonful of unsweetened apple sauce or liquid. You may take liquid forms of your medicines if they are available.
- Do not take non-steroidal anti-inflammatory (NSAIDs) medications for more than 3 consecutive days after surgery. Some examples of these medications are ibuprofen (Advil®, Motrin®, Bayer®, Excedrin®, naproxen (Aleve®), and celecoxib (Celebrex®). These can cause stomach discomfort, bleeding, or ulcers (**especially for gastric bypass patients**).
- If another doctor prescribes any NSAID medications, please contact our team for guidance on appropriate alternatives or how to safely take them for a short time.
- **DO NOT** start any birth control pills or use the NuvaRing® until 2 weeks **after** surgery. Use an additional non-hormonal birth control method (like a condom or abstinence) for 30 days after surgery.

Your Prescribed Medications Explained

For ALL bariatric surgeries:

Medication Name	Purpose	Possible Common Side Effects	How to take this medication
Roxicodone® (oxycodone) or Hycet® (hydrocodone /acetaminophen)	Prescribed pain reliever (opioids)	<ul style="list-style-type: none"> • Nausea • Vomiting • Constipation 	Follow directions and take as needed

For Gastric Sleeve, Bypass, and DS surgeries:

Medication Name	Purpose	Possible Common Side Effects	How to take this medication
Lovenox® (enoxaparin)	Prevents blood clots in abdominal (belly) or leg veins	<ul style="list-style-type: none"> • Bleeding • Bruising • Reaction at the injection site 	Injection as directed by surgeon
Reltone® (ursodiol) Note: this medication will be sent to a pharmacy that will deliver this medication directly to your home.	Prevents gallstone formation	<ul style="list-style-type: none"> • Diarrhea • Constipation • Upset stomach 	Start 2 weeks after surgery Take 3 capsules once daily for 6 months

For Gastric Sleeve ONLY:

Medication Name	Purpose	Possible Common Side Effects	How to take this medication
Baby Aspirin (ASA 81 mg)	Prevents blood clots in abdominal (belly) or leg veins	<ul style="list-style-type: none"> • Bleeding • Bruising • Upset stomach 	Take 1 daily for 30 days after surgery if not taking Lovenox®
Levsin® (hyoscyamine)	Prevents chest spasms	<ul style="list-style-type: none"> • Dry mouth or eyes • Constipation • Dizziness 	Let pill melt under your tongue; take as needed
Prilosec® (omeprazole)*	Acid blocker to prevent reflux	<ul style="list-style-type: none"> • Belly pain • Gassiness 	Take daily for first 30 days after surgery then stop unless reflux returns
Zofran® (ondansetron)*	Prevents nausea	<ul style="list-style-type: none"> • Headache • Constipation • Tiredness 	Let pill melt under your tongue; take as needed

***Please note that if another provider prescribed omeprazole, esomeprazole, or a similar acid blocker, you can continue your medication as prescribed. We will not give you a new prescription if you were already taking this type of medication before surgery. If you need refills, please request them from your original prescriber.**

Optional Over the Counter (OTC) Medications for Pain Relief

Medication Name	Purpose	Possible Common Side Effects	How to take this medication
Tylenol® (acetaminophen) 500 mg	pain reliever	<ul style="list-style-type: none"> • Nausea • Rash • Headache 	Take 2 every 6 hours as needed
Mylanta-Gas® or Gas-X® (simethicone)	gas pain reliever	<ul style="list-style-type: none"> • Diarrhea • Nausea 	Take as directed and as needed

Hydration (Drinking Enough Fluids)

Hydration (drinking enough fluids) should be a top priority for all patients to prevent dehydration and constipation. Dehydration is one of the most common reasons for readmission to the hospital after weight loss surgery.

Below are some tips to help you avoid coming back to the Emergency Department after surgery:

- **Aim to drink 6-8 cups (48-64 ounces) of zero calorie, decaffeinated, and non-carbonated fluids per day.**
- Flavored water may be easier to drink than plain water after weight loss surgery. You can add a squeeze of lemon to water or try Crystal Light®, Propel Water®, or Vitamin Water Zero®.
- Take small sips of water all day long. It may take one hour of frequent sipping to drink 8 ounces of fluid. It helps to set a timer for every 30 minutes to remind yourself to drink 3-4 ounces.
- **DO NOT** gulp. Drink as if you were drinking hot tea. Do this to prevent stretching the stomach and prevent nausea and vomiting.
- **Avoid** straws to prevent gas and discomfort.
- Carry a water bottle with you at all times. But do not drink from the bottle because you can drink too quickly. Pour water into a cup and drink it from the cup.
- Monitor your urine – darker colored urine may be a sign you are not drinking enough fluids. If you see your urine is dark, you need to drink more. Your urine should be light yellow.
- Watch out for signs of dehydration including:
 - Sticky mouth
 - Thirst
 - Headache
 - Nausea
 - Feeling tired
 - Lightheadedness
 - Decreased urination or dark colored urine

Important note:

- If you cannot drink at least 40 ounces (5 cups) of fluid each day for 2 days in a row, please **CALL our office right away**.
- **Do not** email or send a message through MyChart.
- You may need to have fluids given to you through an IV, either at our office, at an infusion center or at home.

Constipation

- Anesthesia and opioids will slow down your digestive tract after surgery. This can cause constipation. You can ease this by drinking more fluids and walking more.
- It is normal to move your bowels less often after weight loss surgery. Sometimes every other day or every 2 days is normal.
- If you do not have a bowel movement (stool) by day 3 after surgery and you are uncomfortable, we recommend taking one of the following OTC medications (generic versions are okay to take):

Medication Name:	Possible Common Side Effects:	How to take this medication:
Milk of Magnesia® (magnesium hydroxide)	<ul style="list-style-type: none"> • Diarrhea • Belly pain • Nausea 	2 tablespoons twice a day (once in the morning and again before bed)
Dulcolax® (bisacodyl) Suppositories	<ul style="list-style-type: none"> • Nausea • Belly cramps • Diarrhea 	Take as directed (and as needed)
Miralax® (polyethylene glycol)	<ul style="list-style-type: none"> • Bloating • Cramping • Gassiness 	1 packet or 1 capful in 4-8ounces of liquid every day. This method works slower than the others suggested. This may be more difficult for sleeve patients since it requires a lot of water.
Fleet Enema® (sodium phosphate)	<ul style="list-style-type: none"> • Fecal urgency or incontinence • Bloating • Belly pain • Nausea 	1 rectally if all other suggestions do not work

- To help constipation, you can also take or drink:
 - Probiotics such as Culturelle® or Align Chewables®
 - Smooth Moves® herbal tea
- If your constipation does not go away within the first week, contact our office.

Diarrhea

- You may have loose stools after surgery as a side effect of the protein shakes. This should go back to normal once your diet advances to the pureed phase.
- You may have diarrhea for several days after surgery.
- You can take Pepto Bismol™ or Imodium®.
- If diarrhea continues one week after discharge, contact our office.

Care of Your Incisions (Cuts)

- Your incisions will be covered with a Tegaderm™ dressing. This is a clear, plastic, waterproof material.
- You can take showers with these dressings on. **However, tub baths, hot tubs, or swimming are NOT allowed for 4 weeks after surgery.**
- Please remove the Tegaderm™ 3 days after surgery and allow the paper steri-strips to fall off on their own. Do this unless advised differently by our team.
- If surgical staples or stitches were used to close your incisions, you will need an in-person post-op check in our office 7-10 days after your surgery. The staples or stitches will be removed during this visit.
- You can expect some pain, bruising, and clear or sometimes bloody drainage at the incision sites. If there is blood oozing in small amounts, hold direct pressure on the area for a full 5 minutes. The bleeding should stop. It is ok to reinforce the incision with a Band-Aid or dry gauze. If the Band-Aid or gauze gets wet or dirty, you need to change it.
- Call our office right away at 212-263-3166 if you have any of the following signs of infection:
 - the incisions become red, more painful or swollen, hot to the touch
 - cloudy or foul-smelling drainage

Diet

- It is vital that you comply with your post-op diet!
- This is to prevent vomiting and other serious complications such as a leak.
- Please refer to the Post-op Thin Liquid Diet section of the Nutrition Guidelines for full guidance.

Physical Activity and Rest

- Your recovery will take several weeks. This depends on your age and your general health. Feelings of fatigue (being tired) are normal. For this reason, you should try to rest as needed.
- We strongly recommend you continue to walk as often as tolerated. This prevents blood clots, lung infections, gas pain, and constipation.
- **Do not overdo it.** Increase your activity level slowly.
- You will get tired more easily for a while after surgery. This is normal. Your periods of activity will gradually get longer before you need to rest.
- You can start walking on a treadmill 1 week after discharge. However, no weightlifting or abdominal sit-ups for 4 weeks.
- **Avoid lifting, pushing, and/or pulling anything heavier than 10 pounds for 4 weeks after surgery.** For example, a gallon of milk is about 8 pounds.
 - This is important for healing and to prevent incisional hernias. An incisional hernia is when a surgical incision (cut) weakens your abdominal (belly) muscles and allows abdominal tissues and/or organs to push through the incision causing a bulge and / or pain.
 - Light housework is ok.

- You can climb stairs. However, we recommend that you climb them slowly at first. Pause after every few steps.
- Continue to use your incentive spirometer at home. Also continue the coughing and deep breathing exercises you were taught. Do this until your first post-op appointment.
- **Do not drive for 1 week after discharge** (until you are off prescribed pain medication). Opioid/prescription pain medication can make you drowsy and slow to react when driving.
- You can resume sexual activity 2 weeks after discharge.

Returning to Work

If you will be going back to work after your surgery, you can expect the following to return at the following times:

- **Sleeve / Bypass / DS** – 2 weeks after surgery
- **Lap Band** – 1 week after surgery

FOLLOW UP CARE AND VISITS

- **It is very important that you stay in touch with our team on a regular basis.** This way we can monitor (check) your progress and weight loss.
- Your first post-op appointment with your surgeon or one of our clinicians should be 7-10 days after surgery.
- You should see your PCP (primary care provider) within 1-2 weeks after surgery to adjust any other medications you took before your surgery. This includes medications such as those for high blood pressure, cholesterol, and diabetes.
- We also strongly recommend that you regularly follow up with our Registered Dietitians (RD) as well.
- If your first post-op visit has **not** already been scheduled, schedule it by calling our office directly at **212-263-3166**. You can also schedule your appointment through MyChart.

Follow-Up Testing and Procedures

Regular testing and follow-up procedures are an important part of your post-op care. Below you will find what you will need based on the type of surgery you had.

All Surgeries:

- You will need blood work done every year (annually) after your surgery.

Sleeves Only:

- Endoscopies
 - We strongly recommend an endoscopy (EGD) with a gastroenterologist for all sleeve patients **starting 2 years after surgery**.
 - If your EGD is normal, we recommend you have this procedure every 2 years.
 - **If your EGD is abnormal, then we recommend an EGD every year.**
 - We recommend you have your endoscopy at NYU Langone with one of the following gastroenterologists:

Doctor's Name	Phone Number
Abraham Khan, MD	212-263-3095
Seth Gross, MD	
Rita Knotts, MD	
Grigoriy Gurvits, MD	646-754-2000

- You can also use your own gastroenterologist if you already have one.

Gastric Band Only:

- Esophagrams
 - You will need an esophagram (a special type of x-ray) after your discharge. This procedure involves swallowing a liquid before the x-ray. This liquid will outline your esophagus so that it can be seen on the x-ray.
 - You need to have this x-ray done every year at the NYU Langone Radiology Department. Please schedule this test **BEFORE** your yearly visit.

- To schedule your first esophagram appointment, call the Radiology Department directly at 212-263-8868. Please try to schedule this esophagram on the same day as your first post-op appointment. If this is not possible, schedule the esophagram sometime BEFORE your post-op visit.
- **If you are not able to schedule your own esophagram or have any difficulties, call our office at 212-263-3166.**

Follow Up Visit Schedule

Visit Type	SURGERY TYPE		
	Sleeve	Gastric Bypass or DS	Lap Band
Post-Op Visit (7-10 days)	Wound check and RD visit	Wound check and RD visit	Wound check, baseline esophagram and RD visit (Please schedule this esophagram before your first post-op visit to preferably happen on the same day as your first post-op visit.)
1-month visit (1 month after first post-op visit)	Routine checkup / labs and RD visit	Routine check-up and RD visit	1st adjustment and RD visit
2-month visit	N/A	N/A	2nd adjustment
3-month visit	Routine checkup / labs and RD visit	Routine checkup / labs and RD visit	3rd adjustment and RD visit
4-month visit	N/A	N/A	4th adjustment
5-month visit	N/A	N/A	Adjustment as needed
6-month visit	Routine checkup / labs and RD visit	Routine checkup / labs and RD visit	Adjustment as needed and RD visit
7-month visit	N/A	N/A	Adjustment as needed
8-month visit	N/A	N/A	Adjustment as needed
9-month visit	Routine checkup and RD visit	Routine checkup/ labs and RD visit	Adjustment as needed and RD visit
1-year visit	Yearly routine checkup / labs and RD visit	Yearly routine checkup / labs and RD visit	Yearly routine checkup / labs / esophagram and RD visit
15-month visit	N/A	N/A	Routine checkup / adjustment
18-month visit	Routine checkup	Routine check up	Routine checkup / adjustment
21-month visit	N/A	N/A	Routine checkup / adjustment
2-year visit and then yearly	Yearly routine checkup / labs and EGD	Yearly routine checkup / labs	Yearly routine checkup / labs / esophagram

PREGNANCY GUIDELINES AFTER WEIGHT LOSS SURGERY

- Wait until your weight and nutritional health has stabilized before becoming pregnant. This usually takes about 18 months. Use reliable birth control to keep from getting pregnant during this time.
- **For bariatric patients who take birth controls pills:** There is a higher risk that this method of birth control could fail after you have had bariatric surgery. If you would like to keep taking a hormonal type of birth control (instead of a barrier method like condoms), talk with your doctor. They can advise you on switching to another method such as a patch or injection.
- Get tested to learn your baseline nutritional status. The most common nutritional deficiencies are protein, iron, thiamine, vitamin B12, folate, vitamin D, and calcium.
 - Speak with your RD to ensure you are taking the vitamin and mineral supplements that are right for your health status and type of bariatric procedure.
 - Correct any nutritional deficiencies before you get pregnant.

Weight Gain During Pregnancy

- You must keep track of your weight gain closely while you are pregnant.
 - 1st trimester: 2 to 4 pounds total
 - 2nd and 3rd trimester: About 1 pound a week
- Do not try to lose weight while pregnant. If you do gain excess weight, talk with your surgeon and RD. They can help you maintain a healthier weight.
- Remember: you are not REALLY eating for two! Eating an additional 150-300 calories a day is enough.

Gastric Band Patients Only:

Work with your bariatric team for optimal band management.

- 1st Trimester: your band may be loosened for less restriction. This can also relieve nausea and vomiting.
- 2nd trimester: your band may be loosened or tightened based on your weight gain.
- End of 3rd trimester: you may need to be loosened. This would be to prevent impact on delivery and to help you be ready to breastfeed.

WHEN TO CALL YOUR DOCTOR

CALL our office at 212-263-3166 if you have any of the following signs and symptoms:

- Signs of infection at your incision(s):
 - Increased pain, swelling, redness, or heat
 - Cloudy or foul-smelling drainage
- Signs of a bladder or urinary tract infection (UTI):
 - Burning, pain, bleeding, hesitancy, frequency when urinating
- Fever higher than 100.8° F (38.2° C) on 2 or more times during the first 1-3 weeks after surgery. For a reliable temperature reading, do not take aspirin, acetaminophen (Tylenol®) or ibuprofen for 3-4 hours before. Do not have hot liquids right before taking your temperature.
- A fast heart rate - usually greater than 120 beats per minute. To calculate this, place your index finger over your pulse on the inside of your wrist nearest your thumb. Then count the number of beats for 15 seconds. Multiply this number by 4.
- If you cannot drink at least 40 ounces (5 cups) of fluid each day for 2 days in a row.
- Shaking chills (rigors) or night sweats
- Persistent pain, nausea, and/or vomiting after eating
- Persistent diarrhea after the first week of being discharged
- New onset of upper back, chest, or left shoulder pain. You may have lower back pain. This is normal.
- Persistent hiccups and abdominal (belly) pain for more than 2 hours
- Fatigue (lengthy or not usual)
- Disorientation or confusion
- Depression
- Trouble breathing or shortness of breath
- Swollen or painful leg

**Please do NOT use MyChart for any urgent or developing medical issues.
MyChart is only for non-urgent questions.**

Other Care Team Members

In addition to our surgeons, the following team members are available to address your concerns. You can reach any of them via phone or using the messaging feature in MyChart:

Kathryn Guidone, NP
Jennifer Lillis, NP
Kelly Minus, NP
Gaspar Rosario, NP
Elizabeth Wright, NP
Shoshana Grinfeld, RD
Leah Kaufman, RD
Lauren Kotler, RD
Brooke Levine, RD

Our main number is 212-263-3166

Our fax number is 212-263-3757

BARIATRIC SUPPORT GROUP

Patients who have had bariatric surgery or patients who are thinking about it can meet others to discuss similar issues. Each support group is led by a dedicated social worker.

Bariatric Surgery Support Group Zoom	2 nd / 4 th Wednesdays of the Month 6 pm – 7:30 pm
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Email to receive details: bariatricsupportgroup@nyulangone.org

Nutritional Guidelines Before and After Surgery

PRE-OP LIQUID DIET

Purpose

Before your bariatric surgery, it is important to go on a high protein, low fat, low carbohydrate, liquid diet. This will make your liver smaller and will help your surgery be better and safer.

Note: Although we call this a 'liquid diet,' it actually also includes 2 cups of vegetables.

When to Start the Liquid Diet

All Procedures	
BMI less than 50	Start 2 weeks before surgery until day before surgery
BMI 50 – 59	Start 3 weeks before surgery until day before surgery
BMI 60 or greater	Start as directed by your surgeon and dietitian

What to Eat and Drink Each Day

- **Limit Calories:** Eat no more than 1,000 calories
- **Limit Fat:** Eat no more than 35 grams
- **Protein Shakes:** Drink up to 5-6 protein shakes (Examples include: New Direction® Protein Powder or Premier® Protein Shake)
- **Vegetables:** Eat 2 cups
- **Stay Hydrated:** Drink 100 ounces (about 12 cups) of liquid like water, every day. This is in addition to daily your protein shakes. This helps prevent dehydration.

Protein Shakes

- Remember that most of your calories and fat will come from protein shakes.
- Keep in mind that protein shakes vary in flavors and brands. **See the lists of protein shake options in the next section of this guide.**
- If you need help choosing a different brand, contact your Registered Dietitian (RD) for a complete list.

Vegetables

- **Remember your daily limit: no more than 2 cups of vegetables/salads.**
- Eat these recommended vegetables: asparagus, broccoli, brussel sprouts, cabbage, carrots, cauliflower, cucumber, lettuce, mushroom, okra, onion, peppers, spinach, string beans, tomato, and zucchini.
- **Do not have** corn, peas, potatoes, or beans. These have too many calories and carbs.
- Make sure that recommended vegetables are raw or cooked (steamed, boiled, grilled, or in a soup). **Do not** add any additional dips, marinades, or fats such as oils, mayo, or sour cream.

Dressings and Toppings

- Remember your daily limit: **no more than 2 tablespoons** of fat free dressing.

- Have small amounts only of mustard, salsa, and vinegar.
- **Do not** add butter, oil, or mayonnaise.

Snacks

- Limit snacks to 30 calories a day.
- Snack Choices:
 - Sugar-free gum, sugar-free popsicles, and sugar-free gelatin
 - Low sodium broth or low sodium bone broth

Drinks

- Drink 100 ounces (10-12 cups) of hydrating liquids throughout the day. This is in addition to your 5 to 6 protein shakes daily. This is important because the high protein shakes can dehydrate you.
- Choose sugar-free beverages. Examples include water, diet iced tea, Crystal Light®, diet lemonade and Diet Snapple®.
- Remember, water is best!
- Do not drink alcoholic beverages during this time. These are not allowed because they can cause great harm to your liver.
- Coffee and tea are ok to drink. Use only skim milk and an artificial sweetener if needed.

Special Note about Caffeine:

- Limit caffeine to no more than 200 mg of caffeine a day. This is about two 8 ounce cups of coffee a day.
- Since caffeine is mildly diuretic (makes you urinate more), drink an extra 8 ounce cup of water for every 8 ounce cup of caffeinated beverage (coffee or tea) you drink.
- Avoid caffeinated energy drinks.

Please note:

- **It is important to follow this pre-op liquid diet very carefully!**
- **This diet may cause constipation.** If this happens, add fiber to your protein shakes (sugar-free Benefiber®, use 1-2 teaspoons).
- The protein shakes are low carb. For this reason, they may cause gas or bloating symptoms. It is important to drink at least 100 ounces (12 cups) of water daily.
- You may have times of low energy throughout the day. This is your body adjusting to the reduced amount of food. Know that the protein shakes, vegetables, and water consumption are still enough to meet your daily nutritional needs.
- Dehydration is most common with high protein/low carb diet. Drink more clear fluids and make sure you can urinate at least 3 times a day. Report dehydration to your surgeon or RD.

- If you feel lightheaded or have a headache, even after drinking the protein shakes, it may be due to any of the following:
 - **Medications** - If you are taking medications for diabetes or to control your blood pressure, they may need to be adjusted. Please contact your doctor for guidance.
 - **Skipped a Meal** - It is important to not skip meals.
 - **Not Enough Fluids** – Make sure you are drinking sugar free, calorie free fluids, and water throughout the day.
 - **Too Much Caffeine** – It may be best to lower your caffeine intake. Instead of coffee or tea, drink water instead.
- If you have any questions about your diet, please contact your RD.

Vitamins

- Start taking a multivitamin right away. We strongly recommend this. Some examples are Centrum® Adult Chewable Multivitamin or Flintstones™ Complete Multivitamin, or Maxi Health® Chewable (Kosher).
- Take a daily **Vitamin B complex with 100 mg of Thiamine**. Some examples are Bariatric Advantage® B-50 Complex and Nature Made® Super B-Complex.
- **Stop taking your vitamins 10 days before surgery except for Vitamin B complex with Thiamine**. You will restart taking them after surgery.

PRE-OP DIETARY QUIZ

- **You must take the “Pre-Op Dietary Quiz” within 7 days after receiving it. This is very important!**
- Passing the “Pre-Op Dietary Quiz” is required to schedule your surgery.
- **If you do not pass**, you need to schedule an additional visit or call with your RD and retake the quiz.

LIQUID PROTEIN OPTIONS

The following tables list the recommended protein shake options you can purchase for your pre-op liquid diet. You can purchase your preferred protein from any vendor. If you prefer an option not on this list, please confirm with your RD if it is appropriate for your pre-op liquid diet.

Liquid Protein Options

*Note: All listed options are Kosher **except** Unjury.

Product	Mixing Instructions	Nutrition per Serving	Where to Buy
New Direction® Protein Powder	1 packet and 9 ounces of water	200 calories 27 grams protein 10 grams total carbs 0-5 grams dietary fiber	<ul style="list-style-type: none"> • Medical product (you can only buy in our office)
Premier Protein® Shake (organic option available)	Ready-made 11-ounce bottle	160 calories 30 grams protein 5 grams total carbs 3 grams dietary fiber	<ul style="list-style-type: none"> • BJs • Costco • Online, various vendors
Muscle Milk® Genuine Zero Sugar	Ready-made 11-ounce bottle	160 calories 25 grams protein 7 grams total carbs 4 grams dietary fiber	<ul style="list-style-type: none"> • Target • Costco • Online, various vendors
Muscle Milk PRO® Advanced Nutrition	Ready-made 11-ounce bottle	170 calories 32 grams protein 9 grams total carbs 5 grams dietary fiber	<ul style="list-style-type: none"> • Target • Costco • Online, various vendors
Fairlife Core Power®	Ready-made 14-ounce bottle	170 calories 26 grams protein 6-8 grams total carbs 1-2 grams dietary fiber	<ul style="list-style-type: none"> • Target • Costco • Online, various vendors
Fairlife® Nutrition Plan®	Ready-made 11.5-ounce bottle	150 calories 30 grams protein 3-4 grams total carbs 0-1 grams dietary fiber	<ul style="list-style-type: none"> • Target • Costco • Online, various vendors

Liquid Protein Options (continued)

Product	Mixing Instructions	Nutrition per Serving	Where to Buy
OWYN™ (*Note: “Complete Shakes” are NOT approved because they have 30 grams of carbs)	Ready-made 12-ounce bottle	180 calories 20 grams protein 8 grams total carbs 3 grams dietary fiber	<ul style="list-style-type: none"> • CVS • Target • Walmart • Online, various vendors
OWYN™ Pro Elite	Ready-made 12-ounce bottle	200 calories 32 grams protein 3 grams total carbs 3 grams dietary fiber	<ul style="list-style-type: none"> • CVS • Target • Walmart • Online, various vendors
Orgain™ Clean Protein (organic option available)	Ready-made 11-ounce bottle	130 calories 20 grams protein 9 grams total carbs 1 gram dietary fiber	<ul style="list-style-type: none"> • Walgreens • Costco • Whole Foods • Online, various vendors
Premier Protein® Clear (Clear, fruit flavored)	Ready-made 16.9-ounce bottle	90 calories 20 grams protein 1 gram total carbs 0 grams dietary fiber	<ul style="list-style-type: none"> • Sam’s Club • Costco • Amazon
Unjury® (*Non-Kosher)	1 scoop and 8 ounces of fat-free milk	180 calories 28 grams protein 15 grams total carbs 0 grams dietary fiber	<ul style="list-style-type: none"> • www.unjury.com • 1-800-517-5111
Glucerna® Hunger Smart (*for diabetic patients)	Ready-made 10-ounce bottle	180 calories 15 grams protein 16 grams total carbs 6 grams dietary fiber	<ul style="list-style-type: none"> • Target • Walmart • Online, various vendors

Liquid Protein Options for Patients on Dialysis ONLY

Product	Size	Nutrition per Serving	Where to Buy
Nepro® OU Dairy	Ready-made 8-ounce bottle	425 calories 19.1 grams protein	<ul style="list-style-type: none"> • Online, various vendors
Resource® Protein	8 ounces	480 calories 20 grams protein	<ul style="list-style-type: none"> • Online, various vendors
Pro-Stat® (*sugar-free)	1-ounce serving	100 calories 15 grams protein	<ul style="list-style-type: none"> • Online, various vendors

DIET PROGRESSION STARTING THE DAY OF SURGERY

REMINDER

As you go through the different diet stages after your surgery, remember:

- Each person is different.
- Listen to your body!
- **Do NOT** advance to the next stage of your diet before the suggested time.
- Only advance when you are comfortable. Each stage of the diet can be made longer, but not shorter.

Stages of your Diet by Surgery Type:

Sleeve

Day of Surgery	Day After Surgery	Post-Op Days 2 to 10	Post-Op Days 11 to 20	3 Weeks	4 – 5 weeks	6 – 7 weeks
Ice Chips / Sips of Water ONLY	Sugar-free Clear Liquids	Thin Liquids	Thin Liquids	Thin Liquids	Pureed Diet	Soft Solid Diet

*Note: Week 8, you will start a regular diet.

Bypass / DS

Day of Surgery	Day After Surgery	Post-Op Days 2 to 10	Post-Op Days 11 to 20	3 Weeks	4 – 5 weeks	6 – 7 weeks
Ice Chips / Sips of Water ONLY	Sugar-free Clear Liquids	Thin Liquids	Pureed Diet	Soft Solid Diet	Soft Solid Diet	Soft Solid Diet

*Note: Week 8, you will start a regular diet.

Lap Band

Day of Surgery	Day After Surgery	Post-Op Days 2 to 10	Post-Op Days 11 to 20	3 Weeks	4 – 5 weeks	6 – 7 weeks
Ice Chips / Sips of Water ONLY	Sugar-free Clear Liquids	Thin Liquids	Pureed Diet	Regular Diet	Regular Diet	Regular Diet

SUGAR-FREE CLEAR AND THIN LIQUID DIET STAGES

REMINDER

As you go through the different diet stages after your surgery, remember:

- Each person is different.
- Listen to your body!
- **Do NOT** advance to the next stage of your diet before the suggested time.
- Only advance when you are comfortable. Each stage of the diet can be made longer, but not shorter.

Sugar-free Clear Liquids

You will get sugar-free clear liquids during your hospital stay. These may include broth, water and Propel®.

Thin Liquids

Advance from sugar-free clear liquids to the thin liquids diet below. Try to have at least 4 ounces of fluids every hour and increase to 8 ounces of fluid per hour as tolerated.

- Drink plenty of fluids to prevent dehydration and constipation. Aim for 6-8, 8 ounce glasses (48-64 ounces total) of fluid daily (**not including your protein shakes**).
- Sip your fluids slowly all day long. Do not gulp. Drink as if you were drinking hot tea. This will prevent your stomach from stretching and prevent nausea and vomiting. It may take you one hour of constant sipping to drink 8 ounces of fluid.
- Remember that fluids should be thin enough that you could sip them through a straw. However, do not actually drink any liquids with a straw because this can cause you gas and discomfort.
- Avoid carbonated drinks. These can cause gas and discomfort.
- For the first week, we recommend diluting, or thinning, protein shakes with water or skim milk. This way you avoid the risk of vomiting or pain.
- Protein goal to work towards is 60+ grams of protein.

Sample Thin Liquid Menu

Take small sips of sugar-free, decaffeinated, non-carbonated fluids. Do this throughout the day following this diet. Staying hydrated is very important during this stage. Try to drink 6-8, eight-ounces glasses (48-64 ounces total) of sugar free, non-carbonated fluids per day.

Here is an example of what you can drink during this thin liquid diet stage:

Mealtime	Recommended Meal
Breakfast	4-8 ounces protein drink
Snack	4-6 ounces low sodium bone broth
Lunch	4-8 ounces protein drink
Snack	4-6 ounces protein drink
Dinner	4-8 ounces protein drink
Snack	sugar-free popsicle or 4-6 ounces protein clear drink or 4-6 ounces low sodium bone broth

PUREED FOOD STAGE

REMINDER

As you go through the different diet stages after your surgery, remember:

- Each person is different.
- Listen to your body!
- **Do NOT** advance to the next stage of your diet before the suggested time.
- Only advance when you are comfortable. Each stage of the diet can be made longer, but not shorter.

Pureed Food Diet

- In this stage, try to increase to 4-6 ounces of fluid every hour while adding in pureed foods.
- **Avoid** drinking with meals from this point on. The reason is that this can increase your chances of vomiting and make you feel full too quickly. Use the following guidelines for drinking with meals:

Sleeve / Bypass / DS	Stop 30 minutes before meal	Wait 30 minutes after meal
Lap Band	Stop 5 minutes before meal	Wait 20 minutes after meal

- Get into the habit of eating protein first. Your goal should be 60 grams of protein daily.
- **Do not eat eggs until 4 weeks after surgery.** Eggs are difficult to digest when your stomach size has been reduced.
- Eat a balanced healthy diet with a focus on protein and nutrient rich foods. For example, yogurt, pureed chicken soup and no sugar added apple sauce.
- To puree food:
 - Cut food into small pieces no bigger than a pencil eraser and then cook.
 - Keep the fluid that the food was cooked in and set it aside.
 - Blend the food in a blender or food processor, adding the kept liquid/juice until it has the consistency of applesauce.
 - Strain any lumps or pieces.
 - Final consistency should be smooth.
- Use spices to flavor your pureed food.
- Continue to have protein shakes as a meal replacement.
- Blend soups for a quick and easy meal. Make sure to strain any lumps or pieces that did not blend. And add broth to thin out soups that are too thick. You can add unflavored protein powder to meet your dietary needs.
- You can also eat pureed baby food.

Sample Pureed Food Menu

Remember to sip fluids between your meals. Protein drinks are fluids.

DAY OF THE WEEK	MEAL					
	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Monday	¼ cup low-fat small curd cottage cheese	4-ounce protein drink	¼ to ½ cup Greek yogurt without chunks	4-ounce protein drink	¼ to ½ cup split pea soup made w/ skim milk	4 oz protein drink
Tuesday	¼ cup oatmeal made w/ 4 ounces skim milk	4-ounce protein drink	¼ to ½ cup cream of tomato soup made w/ skim milk and protein powder	4-ounce protein drink	¼ to ½ cup Greek yogurt without chunks	4-ounce protein drink
Wednesday	¼ cup cream of wheat made w/ 4 ounces skim milk	4-ounce protein drink	¼ to ½ cup blended black bean soup	4-ounce protein drink	¼ to ½ cup potato soup without chunks made w/ skim milk	4-ounce protein drink
Thursday	¼ to ½ cup Greek yogurt without chunks	4-ounce protein drink	¼ to ½ cup split pea soup made w/ skim milk	4-ounce protein drink	¼ to ½ cup blended tuna fish with mayo without chunks	4-ounce protein drink
Friday	¼ cup low-fat small curd cottage cheese	4-ounce protein drink	¼ to ½ cup cream of potato soup and cheese without chunks make w/skim milk	4-ounce protein drink	¼ to ½ cup refried beans smooth without chunks	4-ounce protein drink
Saturday	¼ cup oatmeal made w/ 4 ounces skim milk	4-ounce protein drink	¼ to ½ cup Greek yogurt without chunks	4-ounce protein drink	¼ to ½ cup small curd low-fat cottage cheese	4-ounce protein drink
Sunday	¼ to ½ cup Greek yogurt without chunks	4-ounce protein drink	¼ to ½ cup cream of mushroom soup made w/ skim milk	4-ounce protein drink	¼ to ½ cup potato soup without chunks made w/ skim milk	4-ounce protein drink

Examples of Clear / Thin Liquids and Pureed Foods

SUGGESTED FOOD / BEVERAGES	DIET STAGES		
	Clear Liquids	Thin Liquids	Pureed Foods
Water	✓	✓	✓
Low sodium broths – Chicken, beef, bone, vegetable	✓	✓	✓
Propel®	✓	✓	✓
Sugar-free beverages - Wyler's Light®, diet iced tea, Crystal Light®, sugar-free hot chocolate, Vitamin Water Zero®, decaf coffee or decaf tea	✓	✓	✓
Sugar-free popsicles / ices		✓	✓
Tomato juice, tomato soup, V8® Vegetable Juice		✓	✓
Protein Shakes		✓	✓
Blended protein - flakey and fork mashed fish, dark meat chicken, blended meatballs			✓
Pureed Soups and Low-Fat Creamy Soups – Strain out the solids if needed			✓
Silken tofu, non-fat refried beans, hummus			✓
Low-fat milk, low fat/sugar-free yogurt, ricotta cheese, cottage cheese, sugar-free pudding			✓
Baby food fruits and vegetables - choose low in sugar and higher in protein			✓
Cream of Wheat® or Farina®, mashed potatoes (limit), runny oatmeal			✓
Yogurts – No sugar added. Less than 12 grams of carbs. No Fruit Pieces			✓
Fruit Purees– No sugar added, such as: Apple or Pear			✓

SOFT SOLID DIET STAGE

REMINDER

As you go through the different diet stages after your surgery, remember:

- Each person is different.
- Listen to your body!
- **Do NOT** advance to the next stage of your diet before the suggested time.
- Only advance when you are comfortable. Each stage of the diet can be made longer, but not shorter.

Soft Solid Diet

During the soft solid diet stage, you will start with foods that are very soft to chew. Then you will advance to foods that will be considered in the regular diet.

In this stage:

- Remember that you should be able to cut all food with the side of a plastic fork. Think of these foods as “Plastic Fork Tender.”
- Chop foods to the size of a pea.
- Use only cooked fruits and vegetables.
- **Avoid** foods with seeds and peels.
- **Avoid** gummy starches such as pasta and untoasted bread.
- Start with tender cuts of meat.
- Continue to eat slowly and chew your food well. It should take you about 5 minutes to consume 1 ounce of food.
- Keep mealtimes to around 30 minutes. This way you avoid overeating. Eat only to the point of feeling full. If you are full before you eat 2-3 ounces, do not continue to eat. You can finish the meal at a later time. Eating when you are full will only create bad eating habits.
- Use a very small plate or bowl along with a small spoon or seafood fork. This can help remind you to eat smaller portions and slow down your eating.
- Put your utensils down between bites.
- **Avoid distractions when eating.** Make sure you are in a relaxing setting and sitting down when eating.
- Include high protein foods at each meal and snack.
- **Aim for 75 grams of protein daily.** This high protein diet goal may prevent hair loss.
- Work in all food groups when planning your meals or snacks for the day.
- Sip on fluids constantly throughout the day, between meals to prevent dehydration.
- **Listen to your body signals.** If you start to feel pressure in the middle of your chest, stop eating right away.

Sample Soft Solid Menu

Remember to sip fluids between your meals. Protein drinks are fluids.

DAY OF THE WEEK	MEAL			
	Breakfast	Lunch	Snack	Dinner
Monday	Egg + 1 egg white scramble, ½ cup unsweetened apple sauce	Soft tofu stir fry with zucchini	½ protein shake	½ cup minestrone soup without pasta
Tuesday	15 grams protein shake	3 egg white omelet with low fat feta	3 ounces Greek Yogurt with mashed banana	3 ounces lean ground beef in tomato sauce over cauliflower rice
Wednesday	0% plain Greek yogurt, 1 tsp ground flaxseed	2-3 ounces tuna with light mayo, unsweetened canned pear	1-2 slices lean turkey breast	2-3 ounces chopped turkey meatloaf with 2 tbsp mashed sweet potato
Thursday	½ cup oatmeal, 1 scoop protein powder	2-3 ounces canned salmon with boiled broccoli	2-3 ounces 0% cottage cheese with 1 tsp ground flaxseed	2-3 turkey slices with 1 slice of low-fat cheese, unsweetened canned fruit
Friday	3 egg white omelet with soft broccoli	½ cup turkey chili	Soft melon with 1 tsp of nut butter	½ cup black bean soup
Saturday	½ cup 0% cottage cheese, ½ cup unsweetened apple sauce	½ cup chicken vegetable soup	1 slice of thin low-fat cheese	2-3 medium cooked salmon with boiled cauliflower
Sunday	Smoothie made with ½ cup yogurt, ½ cup skim milk and ½ cup cooked fruit	½ cup vegetarian chili	½ cup low fat milk with unsweetened canned fruit	½ cup lentil soup

WHEN TO ADD ADDITIONAL SOFT SOLID AND REGULAR FOODS

For Sleeve, Bypass, and DS patients:

You will start the regular diet stage at week 8. Start adding more soft solids and other regular foods at the time periods listed below.

2 Months	3 Months	4 Months	6 Months
Add white meat chicken (no skin), soft fruits, moist ground meats in sauce, sashimi (raw fish without rice)	Add rice, soft bread, lean ground meat, turkey, duck	Add veal, crunchy fruits and vegetables including salads	Add beef and pork. Choose poultry and fish more often as they have lower fat content

For Lap Band patients:

You will start the regular diet stage 3 weeks after surgery.

For ALL Surgeries:

- Make sure your diet is high in protein and low in refined carbs made from white flour.
- Eat food in this order:
 1. Protein
 2. Vegetables
 3. Fruit
 4. Whole Grains - If you have room in your stomach at the end of the meal (for example whole wheat bread, brown rice, lentils, beans, etc.)

REGULAR DIET STAGE

The following tables highlight what foods and drinks are best and which should be avoided when you start the Regular Diet stage.

If you have a lap band, you must follow these guidelines for life. If you had a sleeve, bypass, or DS procedure, these guidelines are **strongly recommended**.

Remember, if you had lap band surgery, you will start the Regular Diet 3 weeks after your surgery.

Best Foods to Eat After Bariatric Surgery

Note: Moist foods with low fat or non-fat sauces work better than dry foods. Do not overcook your food.

FOOD TEXTURE	WHY IT WORKS WELL	FOOD YOU CAN EAT
Soft	They are easy to chew and break down well.	<ul style="list-style-type: none"> • Fish (the flakier the better) - sole, flounder, sea bass, tilapia, cod, haddock, halibut, trout, carp, swordfish, sardines, gefilte fish, etc. • Scallops, crab cakes, lobster claws • Cheese (low fat suggested if you eat cheese often) • Processed meats (chicken, turkey, and ham) - sliced paper thin and shredded • Dark meat poultry (moist, remove skin) • Tofu, veggie burgers, and beans
Crumbly	They are already broken down.	<ul style="list-style-type: none"> • Moist Ground meat (veal, beef, chicken, turkey) • Chili (vegetarian or regular) • Skinless sausage (for example: turkey sausages, vegetarian sausages)
Crunchy	They “disintegrate” as you chew.	<ul style="list-style-type: none"> • Fruits and vegetables (remove skins and cut them up into small pieces if needed) • Cereal (Fiber One™, All-Bran®, Cheerios®) • Soy crisps, pretzels, popcorn, Wheat Thins®, Triscuits®, dry roasted nuts. • Crackers, breadsticks, matzo, rice cakes, bagel chips, pita chips, flat breads, Melba toast, water crackers and toasted wheat or rye bread • Well-toasted bagel (scooped out) with cream cheese • French baguette or Challah bread (crust only)

Foods and Drinks to AVOID After Bariatric Surgery

Beware of these ‘liquid calorie’ foods and drinks. They will prevent weight loss, cause dumping syndrome, or slide through your lap band!

Liquid Calorie Foods	Liquid Calorie Drinks		
Chocolate	Regular soda	Juices	Iced tea
Ice Cream	Fruit Punch	Hi-C®	Kool-Aid®
Milk Shakes	Frappuccinos®	Regular Snapple Drinks®	

- If you had sleeve, bypass, or DS surgery, we highly recommend you avoid the foods and drinks listed in the table above. **This is to prevent dumping syndrome** (described on page 45).
- If you have a lap band, it is **very important** to avoid these types of foods and drinks.
- These liquid calorie foods and drinks will slide through your band.
- Liquid calories are often forgotten calories that do not provide the nutrition that will keep you feeling full or satisfied. Do not ignore them. They should be tracked. They are “hidden” calories that can keep you from losing weight or even make you gain weight.

Beware of the foods in the table below because they can be hard to swallow and can get stuck in the lap band!

- If you have a lap band, the foods below may get “stuck” in the band and make you feel sick.
- If you had a sleeve, bypass or DS, these foods may be difficult to swallow because they are drier.
- Remember: Moist food with low fat or non-fat sauces is usually easier to handle.
- For some patients, no matter how well they are chewed, they may still cause problems.

These foods are allowed but with caution:

Red Meat	Steak, pork and lamb chops, roast beef, spareribs, veal, pastrami, roast beef, and corned beef (Ground meats are ok)
Chicken and Turkey Breast	Too dry. (Dark meat is ok. Ground turkey or chicken and deli- sliced chicken and turkey are also ok.)
Doughy bread	Rolls, heroes, Italian bread, donuts, or croissants (Toasted bread is ok)

Other things to remember:

- **Do not eat eggs until 4 weeks after surgery.**
- Peel and chop fruit and vegetables with thick skins before you eat them (apples, cucumbers, eggplant, etc.).
- You must chop leafy veggies (lettuce, spinach, and cabbage) into small pieces.
- Cook cabbage well.
- You must chew bananas well. Do not just bite and swallow.
- **For lap band patients only:** Peel off the clear membrane of citrus fruit (orange, grapefruit, etc.).
- **Avoid asparagus stalks** because these stems are too stringy. Asparagus tips are ok.
- **Avoid calamari and lobster tail** because they are too tough.

Meal Recommendations for Regular Diet

Note: Your diet should be made up of more protein and less carbs. **Start every meal with protein.** Protein should always be the main part of every meal.

For the recommended foods below, all serving sizes are about 1/2 cup to 1-cup total per meal.

Meal	Food Options
<p style="text-align: center;">Breakfast and/or Brunch</p> <p>Note: You may not feel hungry for breakfast or until later in the day. You can replace it with a cup of coffee, tea, or a protein shake.</p>	<p>Choose One:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Scrambled eggs and high fiber cereal, oatmeal, farina, or grits with milk. <input type="checkbox"/> Whole wheat/low calorie toast or crackers with slice of cheese or peanut butter <input type="checkbox"/> Low fat cottage cheese and melon <input type="checkbox"/> Greek yogurt and fruit. Example: ½ cup strawberries <input type="checkbox"/> Breakfast sausage and whole grain waffle with sugar free syrup
<p style="text-align: center;">Lunch and Dinner</p>	<p>Choose one:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2 slices low calorie bread toasted with thinly sliced turkey, ham, or cheese <input type="checkbox"/> Salad with protein. Example: Lettuce with cheese or beans and melba toast <input type="checkbox"/> ¼ cup pasta and chicken, tofu, or meat sauce, etc. <input type="checkbox"/> Lentil soup with fiber crackers <input type="checkbox"/> Cooked vegetables and baked or poached fish <input type="checkbox"/> Hamburger or veggie burger with no bun <input type="checkbox"/> Red potatoes (3 ounces) and protein such as fish, ground meat or ground veal <input type="checkbox"/> Regular, turkey, or vegetarian chili with 1-ounce baked chips and salsa <input type="checkbox"/> Turkey meatloaf with mashed cauliflower <input type="checkbox"/> Lean Cuisine® type meal

DIET STAGES FOR LAP BAND ADJUSTMENTS

After having a lap band adjustment, you will need to go through the following stages again:

Days 1 and 2	Days 3 and 4	Day 5 and Beyond
Thin Liquids	Pureed Diet	Regular Diet

Things to Know about Band Adjustments

- Your first adjustment will be about one month after surgery.
- Make an appointment to see your RD for when you come in for your first adjustment.
- Your RD will go over the diet guidelines and address any questions or concerns you are having.
- Follow up appointments are 20 minutes and can be booked on an “as needed” basis.

How to Contact Your RD

- Call the main office to schedule an in-office or phone appointment at: (212) 263-3166.
- You can also contact your RD by phone or email with questions.

IMPORTANT DIETARY TIPS FOR ALL PROCEDURES

- **A long-term goal is to eat only 2-3 meals a day.** Start this habit while on your pureed diet. Eat only when you are hungry. Avoid snacking as this will slow down weight loss.
- **Note:** You can stop taking the protein shakes once you have started your pureed diet. However, if you wish to replace a meal (for example, breakfast) with a shake, you may do so.
- If you are hungrier in the first 2 weeks, drink more protein-rich drinks (for example, protein shakes, milk). **Do not advance your diet too quickly as you will increase your chances of vomiting.** Remember that you are on a liquid diet to help promote healing.
- **Stop eating when you feel full.** Your “pouch” or smaller stomach can only hold about **½ a cup to 1 cup of food** per meal. If you overeat, you may regurgitate your food, become nauseous, or have pain. Vomiting may cause band slippage. Learn to listen to your body.
- Eat food in the following order. Your meals should include protein first, then fruits and vegetables. Then have whole grains.
- Eat protein rich foods. Protein rich foods usually come from animal products (chicken, fish, eggs, cheese, yogurt, etc.). However, **do not eat eggs until 4 weeks after surgery.** Beans, nuts (peanut butter) and tofu are also great sources of protein. Protein will help preserve lean muscle and help promote wound healing.
- Limit fats as they can cause nausea and weight gain.
- Eat slowly. It should take you 30 minutes to eat each meal! You do not have to finish all the food on your plate.
- Chew slowly and thoroughly – Try cutting up food into small pieces.
- Remember your stomach can only hold a few tablespoons right after surgery. Eventually, it can hold about **½ to 1 cup per meal.** (After 6 months, a ½ sandwich can be a meal. After one year, a Lean Cuisine® sized entrée can be a meal.)
- **Stop eating when you feel full to avoid vomiting.**
- **To prevent food intolerances,** introduce new foods one at a time to help rule out the source of the intolerance. If you cannot tolerate a food, take it out of your diet and then reintroduce in after one week. If dairy is an issue, substitute Lactaid for milk, or you can take lactase pills with dairy to help digest the lactose.
- **Fluids:** Drink at least 6-8 cups (48-64 ounces) of fluid per day. We highly recommend this, so you do not get dehydrated and constipated. We also recommend that you carry a water bottle around with you. This will help you stay hydrated.

VITAMIN SUPPLEMENTATION

Multivitamin (with iron)

<ul style="list-style-type: none"> All patients should begin taking a multivitamin on day 1 after hospital discharge Sleeve / Bypass / DS Patients: <ul style="list-style-type: none"> Take twice the daily recommended value OAGB / Distal Bypass / DS Patients: <ul style="list-style-type: none"> Add Multivitamin with vitamins A, D, E, and K (ADEK) We recommend Bariatric Advantage® Chewable High ADEK Gastric Band Patients: <ul style="list-style-type: none"> Take the daily recommended value 		
<p>What to look for when buying your multivitamin:</p> <ul style="list-style-type: none"> “Complete Formula” containing the RDA (Recommended Dietary Allowance) for thiamine, iron, and zinc No gummy multivitamins allowed Choose chewable or liquid form Avoid time-released supplements and enteric coating Children’s formulas are ok if they are listed as “Complete” 		
<p>Tips:</p> <ul style="list-style-type: none"> Do not mix multivitamin containing iron with calcium supplement. Take at least 2 hours apart. You can take your multivitamin with food. Take 2-3 doses daily. Spread out the doses. For Kosher Supplements visit koshervitamins.com 		
Multivitamin Brands		
Bariatric Specific Brands:	Amount to take:	
	Sleeve / Bypass / DS	Band
Bariatric Advantage® Multivitamin	3 Daily	1 Daily
Celebrate® Multivitamin Complete 45- with Iron	2 Daily	1 Daily
Bariatric Fusion® Mixed Berry Complete	2 Daily	1 Daily
Non-Bariatric Specific Brands:	Sleeve / Bypass / DS	Band
Centrum® Chewable Multivitamins	2 Daily	1 Daily
Flintstones™ Complete Multivitamins	4 Daily	2 Daily
Maxi Health® Chewable (Kosher)	3 Daily	2 Daily
Nutra Metrix Isotonix® Multivitamin with iron	2 Capfuls Daily	1 Capful Daily

Calcium

- All patients should begin taking a calcium supplement on day 1 after hospital discharge.
- **Sleeve / Bypass / Lap Band Patients:**
 - 1200 – 1500 mg daily
- **OAGB / Distal Bypass / DS Patients:**
 - 1800 – 2400 mg daily
- If your calcium supplement doesn't have Vitamin D, also take a 2000 IU Vitamin D supplement.
- If you have a Vitamin D deficiency, take 50,000 IU a week Vitamin D2 by mouth for 8 weeks.

What to look for when buying your calcium supplement:

- Choose a brand that contains both calcium citrate and Vitamin D3 (cholecalciferol).
- Choose chewable form.

Tips:

- Take 3 times daily. You absorb calcium best when split into 500–600 mg calcium doses evenly throughout the day.
- Do not combine calcium with iron-containing supplements. Take at least 2 hours apart.
- Also, include calcium-containing, low-fat dairy beverages / foods in your diet. Have up to 3 servings daily.
- For Kosher Supplements visit koshervitamins.com
- Increase calcium through foods with calcium and Vitamin D such as:
 - Dairy products, broccoli, kale, collards, canned fish with bones

Calcium Supplement Brands

Bariatric Specific Brands:	Amount to take:	
	Sleeve / Bypass / Band	OAGB / Distal Bypass / DS
Bariatric Advantage® 500 mg Calcium Chewables	3 Daily	4 Daily
Bariatric Advantage® 250 mg Chewy Bites	4 - 6 Daily	8 Daily
Bariatric Fusion® 500 mg Calcium Citrate Soft Chews	3 Daily	4 Daily
Non-Bariatric Specific Brands:	Sleeve / Bypass / Band	OAGB / Distal Bypass / DS
Citracal® Calcium with Vitamin D	2 Daily	3 Daily
Chewable OS-Cal® 500 + D	3 Daily	4 Daily
NutraMetrix® Isotonix® Calcium Plus	3 Capfuls Daily	4 Daily

Vitamin B Complex (not for lap band patients)

- All patients, **EXCEPT lap band patients**, should begin taking a vitamin B-complex supplement on day 1 after hospital discharge
- If you have a deficiency of one of the following vitamins, take the following as directed by your care team:
 - **Vitamin B-12:** 1,000 mcg per week sublingual (under the tongue) or intramuscularly (IM) for 8 weeks. After 8 weeks, take 350-500 mcg daily sublingual.
 - **Thiamine (Vitamin B1):** 100 mg 2-3 times daily. IV therapy may be needed
 - **Folic Acid (Vitamin B9):** 1000 mcg daily until normal levels are reached and then start taking normal dosage again.

What to look for when buying your Vitamin B-complex:

- The B-complex vitamin should have the following:
 - Vitamin B12: 500 mcg
 - Thiamine: 50-100 mg
 - Folate: 400-800 mcg

Tips:

- You can take it with a multivitamin.
- Supplements in chalky form are best absorbed.
- For Kosher Supplements visit koshervitamins.com
- Increase your Vitamin B12 through foods such as:
 - Beef, trout, liver, clams, tuna, yogurt, fortified breakfast cereal

Vitamin B-complex Supplement Brands

Bariatric Specific Brands:	Amount to Take:
	All Surgeries (Except Lap Band)
Bariatric Advantage® B-50 Complex	1 Daily
Bariatric Fusion® B-50 Complex	1 Daily
Celebrate Vitamins® B-50 Complex	1 Daily
Non-Bariatric Specific Brands:	All Surgeries (Except Lap Band)
Nature Made® Super B Complex	1 Daily
Solaray® Chewable B Complex	1 Daily

Iron (not for lap band patients)

- Take 36 – 45 mg daily in total from all supplements.
- Take additional iron as directed by your care team, **only** if you have iron deficiency.
- If you have an iron deficiency, take the following or as directed by your care team:
 - **Bypass / DS patients:** 300 mg or more daily. Given in 2-3 doses throughout the day on an empty stomach.
 - **Sleeve:** Less than or equal to 30 mg daily. Given in 3-4 doses throughout the day on an empty stomach.

What to look for:

- Low risk patients may meet iron requirements by taking 2 complete multivitamins daily.
- Higher risk patients may have additional iron prescribed by the doctor.

Tips:

- Vitamin C may enhance iron absorption.
- Calcium supplements, dairy foods, coffee, or tea block iron absorption. Do not take your iron supplement within 2 hours of having any of these items.
- For Kosher Supplements visit koshervitamins.com
- Increase your iron through iron-rich foods such as:
 - Beef, tofu, mussels, clams, organ meats, black beans, chickpeas, spinach, canned tuna/salmon

Iron Supplement Examples

Brands:	Amount to Take:
	All Surgeries (Except Lap Band)
Vitron-C®	1 Daily
Maxi Health® Maxi Liquid Gentle Iron (kosher)	2 Daily
Niferex® or Chromagen® Forte (Prescribed)	As Prescribed

DUMPING SYNDROME

(Applies to all surgeries except for Lap Bands)

What is Dumping Syndrome?

Dumping Syndrome happens when food passes quickly from the stomach into the small intestine. This can be triggered by certain eating habits. These include **eating high-sugar foods, overeating and drinking liquids with meals**. The partly digested food in your small intestine draws water out of the blood vessels from your body into the small intestine. It is most common with procedures that have had portions of the small intestines bypassed.

What are the signs and symptoms of Dumping Syndrome?

- Nausea
- Cramping
- Weakness
- Fast heart rate
- Fullness
- Diarrhea
- Sweating

What to do if you are having Dumping Syndrome?

- Drink plenty of water to help rehydrate.
- It usually passes within 15-20 minutes. However, in some cases, it can last 4-6 hours. You can take Imodium® A-D or Pepto-Bismol™ and wait for the symptoms to pass.

How can you prevent Dumping Syndrome?

- Avoid eating and drinking at the same time.
- Avoid these foods and drinks:

<ul style="list-style-type: none"> ○ Ice cream ○ Pudding ○ Jellies or Jams ○ Dried fruits ○ Syrups ○ Candy ○ Yogurt (sweetened, fruited, or frozen) 	<ul style="list-style-type: none"> ○ Sugar coated cereal ○ Canned or frozen fruits in syrup ○ Table sugar ○ Doughnuts ○ Cakes and Cookies ○ Popsicles ○ Regular Jell-O® ○ Gum with sugar ○ Honey or Molasses 	<ul style="list-style-type: none"> ○ Pies ○ Sherbets or Sorbets ○ Regular soft drinks ○ Kool Aid ○ Chocolate milk ○ Lemonade ○ Sweetened iced tea ○ Snapple ○ Fruit juice
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Note: Sugar-free and artificial sweeteners are ok in moderation.

IMPORTANT REMINDERS FOR LONG-TERM SUCCESS

- Keep in mind that **your diet for the rest of your life** needs to be:
 - ✓ low fat
 - ✓ low calorie
 - ✓ low carb / low sugar
 - ✓ portion controlled

You must commit to this life-long diet so you can achieve maximal weight loss!

- **If you have excess gas**, make sure you are not using drinking straws. These can make you swallow too much air. Other possible causes of gas include lactose intolerance as well as having too many sugar-free foods, too much dietary fiber and/or calcium carbonate. Try Dairy Care™, Lactaid® milk or soy milk if you are lactose intolerant. Talk to your doctor or RD about products such as Gas-X®, Mylanta-Gas®, or Beano® to help reduce gas.
- **If you are constipated**, have more fluids and eat more fiber rich foods. Also, increase physical activity as long as it is medically safe. Fiber rich foods include beans, oatmeal, fruits, whole grain breads and high fiber cereals. Add fiber slowly into your diet to avoid stomach upset. Drink more fluids as you increase your fiber intake. Talk to your doctor or RD about products such as Milk of Magnesia®, Dulcolax®, or Miralax® to relieve constipation.
- **We recommend that you keep a food journal.** This will help you keep track of your eating habits. Bring your food journal to your follow-up visits with your RD to review your nutrition progress.
- **Watch your portion sizes at meals.**
 - ✓ The less food you put in front of you, the less you will eat.
 - ✓ Use a small plate for meals or buy a small container 1 cup size or less for portion control.
- **Stop eating when you feel comfortably satisfied.**
 - ✓ It takes 20 minutes for your brain to recognize that your stomach is full. When you feel pressure in your upper stomach area, this is your new full feeling. If it is painful, you probably took one too many bites! **Do not overeat!**
 - ✓ Eat slowly to recognize this feeling.
 - ✓ Keep a timer on your table when eating. Set it for 20 minutes. This visual will be a constant reminder to **slow down!**
- **Only eat when you are hungry.**
- **Drink enough fluids to prevent dehydration.**
 - ✓ Aim for 48-64 ounces (6-8 cups) of fluids a day.
 - ✓ Do not drink and eat at the same time. For Sleeve/Bypass/DS patients, stop drinking 30 minutes before your meal then wait 30 minutes after a meal to drink again. For Lap Band patients, stop drinking 5 minutes before a meal and wait 20 minutes after a meal to drink again.
 - ✓ For the first week after surgery your stomach will be swollen. It may take you 30-60 minutes to drink a cup of liquid.

- ✓ Keep sipping all day to help prevent dehydration. Remember that it gets easier as the weeks pass. Soon it will only take 5-15 minutes to finish a cup.
- ✓ **Do not gulp your beverages!** Sip them.
- ✓ Try sippy cups or sports top water bottles to slow you down. Keep fluids with you all day long so you can keep sipping.
- ✓ Avoid setting a glass at your place setting. It is too tempting to drink if there is a beverage at your meal.
- ✓ **Drink more fluids if you have any of the following, and call your doctor right away: dark urine, headache, dizziness, confusion, a white coating on the tongue.**
- **Avoid carbonated beverages and beverages containing sugar.**
 - ✓ Wean off carbonated beverages before surgery.
 - ✓ The bubbles in carbonated beverages may cause irritation and gas.
 - ✓ Choose sugar-free/calorie-free, non-carbonated drinks such as: Crystal Light®, Fruit 2O®, Diet Snapple®, Light Minute Maid®, etc.
- **Avoid alcoholic beverages.**
 - ✓ Alcohol, beer, and wine, in excess, can cause weight gain. They can also result in poor nutrition since they are high in calories and low in nutrients.
 - ✓ You may feel the effects of the alcohol after consuming just a small amount. This is because you may be absorbing alcohol more quickly than before due to your small stomach.
- **Read food labels.**
 - ✓ Food choices should have no added sugar and be low in fat.
 - ✓ Foods that are high in sugar and fat may cause diarrhea and abdominal discomfort or cause “Dumping Syndrome.”
 - ✓ These poor food choices can slow down your weight loss and may even lead to weight regain.
 - ✓ Avoid concentrated sugar. It is high in calories and leaves you hungry for more!
 - ✓ Make sure sugar is not one the first 3 ingredients on food labels.
 - ✓ The following ingredients are also known as sugar and commonly found on food labels: dextrose, high fructose corn syrup, glucose, sucrose molasses and honey.
 - ✓ Artificial sweeteners such as NutraSweet®/Equal®, saccharine/Sweet-n-Low®, sucralose/Splenda®, and Stevia®/Truvia® are ok in moderation.
 - ✓ Watch out for foods containing sugar alcohols such as sorbitol. There are large amounts of sugar alcohol in sugar-free candies, cookies, and ice cream. Eating these can cause you cramping, abdominal pain, excess gas, or diarrhea.
- **Exercise!**
 - ✓ Exercise helps maintain long term weight loss.

- ✓ Walk for the first 4 weeks after surgery. Walking should be your primary exercise. Aim for at least 30 minutes every day.
- ✓ After 4 weeks, try adding strength exercises.
- ✓ Speak to your doctor first if you have never exercised. This is very important.
- **Follow our Supplement Guides**
 - ✓ Set up a schedule for supplements and medications.
 - ✓ Refer to the supplement guide often when changing brands or adding additional supplements.
 - ✓ Remember to take calcium and eat meals separate from iron supplements.
- **Weight Loss Plateau**
 - ✓ It is very common to hit a weight loss plateau (weight loss stops for a period of time). Most people will have one or more plateaus during their weight loss journey. This is normal. Your body is adjusting to having fewer calories.
 - ✓ If you hit a weight loss plateau, review your diet and eating behaviors. Are you eating protein first? Are you limiting your fats and starches? Are you eating “soft calorie” or “liquid calorie” foods (for example, ice cream)? Are you drinking with your meals? Are you snacking? Review the nutritional guidelines and stick to them.
- **Mental Health Support**
 - ✓ This surgery is a life-changing experience. Continue to follow-up with your mental health care provider. You can also join the NYU Langone Bariatric Support Group discussed on page 21 of this guide.

OTHER REMINDERS AFTER YOUR SURGERY:

- **Do not miss your follow up visit with our office 7-10 days after surgery.**
- **Follow up with your PCP (primary care provider) 1 to 2 weeks after surgery.** Your PCP may need to lower the dosages of your medications as you lose weight. This is especially important if you have diabetes and/or high blood pressure.
- **Sleeve/Bypass/DS:** Take all your medications in crushed or liquid form for at least 4 weeks after surgery.
- **Lap Band: While the lap band is in place, you may not have pills larger than a Tic-Tac® mint.** Large pills will dissolve in your esophagus (above the Band), and not in your stomach where they should. The esophagus does not have a protective lining so the pills can cause ulcers. This can cause other **complications** including heart burn, acid reflux and stretching of the esophagus. Take pills with meals and never take a handful at a time. Try to avoid taking medications first thing in the morning and right before bedtime.

CHANGING BEHAVIOR AFTER SURGERY

The following guidance is from Dr. Warren L. Huberman, PhD, Clinical Psychologist, Board Certified in Behavioral and Cognitive Psychology and a Clinical Assistant Professor at NYU Grossman School of Medicine.

Remember Your Reasons for Improving Eating Habits - Why Did I Have Surgery?

- Think about these questions: “What’s in it for me?” Why did I have surgery? What is it that I believe that long-term weight loss will help me achieve?”
- The answers to these questions speak to your values and what is really important to you. “I want to be able to move more easily.” “I want to live a longer, healthier life.” “I want to be around for my loved ones.” “I want to feel more comfortable in my body.”
- Everyone has different values and motivators. Take your time to learn what’s in it for you. Reflect on your answers often so they are present in your mind when making food choices.

Ask Yourself “Do I really want to eat this?”

- Simply put, food is fuel and eating is refueling. Successful long-term weight loss involves reducing eating out of habit. It is ok to have a snack here and there. However, eating because you are bored or “just because” is a problem.
- Become aware of this type of eating. And ask yourself “Do I really want or need to eat something right now?” At least, try to learn to delay this type of eating. If you resist the urge to snack, you may become engaged with another activity. If you do this each time, you can be successful at avoiding unneeded snacking.

Keep a Food Diary

- This is not about tracking calories, carbs, etc. The objective is to become aware of your eating. What, when, where and why you are eating. Write down what you eat, how much, when, and a bit about the circumstances (place, emotions, etc.). By learning what drives you to eat, you can begin to understand where to focus your efforts and where to make changes.

Formalize Your Eating: Planned Meals and Planned Snacks

- It is easier to keep track of and control your eating when it happens on a schedule - a more predictable and less frequent one. The rule is not to avoid eating, but to eat on a more regular schedule. If food is fuel, you want your “refueling episodes” to be more predictable and less impulsive.

Practice Cue Control - If you don’t want to eat it, try not to have it in your house.

- One of the top “cues” for eating is the sight of food. We see certain foods and we want to eat them. When trying to change your eating behavior, you have 2 options: avoid or alter. In other words, you can try to avoid eating certain foods or you can change how you eat them.
- Avoiding certain foods can be a good strategy. However, avoiding them too much can lead to feelings of deprivation and resentment. “I’m not allowed to eat ice cream” might be a bit much but “I shouldn’t keep pints of ice cream in my freezer” might be more rational. Consider having fewer temptations around. Also, have

better options in their place and allow treats to be treats or occasional indulgences rather than foods you have daily.

Slow Down - Stop and be present before you eat and while you are eating.

- Eating is an enjoyable experience, so enjoy it!!! Take the time to chew your food thoroughly. This helps with digestion. It also allows you to savor and enjoy each bite instead of just experiencing the pleasure of eating! Slowing down also helps you notice the early signs of fullness. This way you do not overindulge and feel uncomfortable. And potentially “stretch” your fullness response.

Turn off the television and do not look at screens while eating

- This is another tip about being present when you are eating. It may be relaxing to watch TV or scroll on your phone while you munch. However, you really cannot focus on eating and the sensations associated with eating while distracted. Distracted eating tends to lead to overeating.

Eat Good Fuel

- Try to eat foods that are nutritious and agree with your new diet (more protein and less simple carbs). If you are considering an indulgence, ask if it fits with your overall daily plan. There is nothing wrong with the occasional treat. Think, “Food is my main fuel so I have to ensure I am giving my body the best fuel to run on.” The best fuel is NOT sugar and other processed foods.

Discover alternatives for emotional eating and bored eating.

- Ask yourself, “How is eating this (ice cream, pizza, cookie) going to help in the short-term and the long-term?” The truth is that in the short-term you might actually feel better, but in the long-term you likely will not.
- Eating these foods feels good. But for how long? In the long run, you will still have to deal with whatever is causing your emotional distress. Plus, now you also feel lousy for eating all of those cookies. Refer back to the earlier tip regarding “What’s in it for me?” Review some of your values and reasons for eating healthily and pursuing your weight loss goals.
- Then consider what you can do that might really help you cope with and address whatever you are struggling with. Can you call a friend? Watch a show? Go for a walk? Do a craft? Almost anything you choose to do is better than emotional eating.

Try different foods and find healthier alternatives.

- Most patients know that they will be eating smaller portions after weight loss surgery. Many also know there will probably be some foods that they cannot eat or are advised not to eat. However, weight loss surgery also gives you a chance to try out new foods - great options.
- The next time you are in the supermarket, make it a point to examine the store as if you are visiting from another planet. Do not just grab your old favorites. Look at the items on the upper and lower shelves. See if you can buy some new foods to try out. You may discover healthy alternatives that you actually prefer over your old favorites