



Saint Luke's Center for Surgical Weight Loss

Patient Handbook

*Saint Luke's Center for Surgical Weight Loss is nationally recognized for high-quality bariatric surgery. The American Society for Metabolic and Bariatric Surgery has named our center at Saint Luke's Hospital a **Bariatric Surgery Quality Program** ®.*

Our Bariatric Surgeons

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816-932-7900

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Medical Plaza Building #1, Suite 530
Kansas City, MO 64111

South Location

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Medical Office Building, Suite 500B
Overland Park, KS 66213

East Location

120 NE Saint Luke's Blvd, Suite 220
Lee's Summit, MO 64068

North Location

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Barry Medical Park Suite #120
Kansas City, MO 64154

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Saint Luke's Center for Surgical Weight Loss

General Information



The information contained in this booklet is intended only for the use of the patient it was given. Reproduction and/or distribution of the information without express written consent of Saint Luke's Health System is prohibited.

Our Surgeons

Dr. John M. Price, M.D.

Dr. Price has performed more than 500 weight-loss procedures since 1993. He's performed minimally invasive or laparoscopic procedures since 2001. He's also a consulting surgeon with Ethicon Endo-Surgery®, teaching his gastric bypass technique to other surgeons in the field. Dr. Price performs gastric bypass, sleeve gastrectomy, biliopancreatic diversion with duodenal switch and revises failed surgical weight loss procedures.

Dr. Price is a board certified general surgeon and fellow of the American College of Surgeons and a full member of the American Society for Metabolic and Bariatric Surgery (ASMBS).

Dr. Price is the medical director of Saint Luke's Center for Surgical Weight Loss.

Dr. G. Brent Sorensen, M.D.

Dr. Sorensen became interested in bariatrics during his surgical residency. He trained with pioneers in the field of laparoscopic bariatrics Stephen Scott, M.D., and Roger De La Torre, M.D. He then did a fellowship in advanced laparoscopy and bariatrics.

Dr. Sorensen performs gastric bypass, sleeve gastrectomy and biliopancreatic diversion with duodenal switch. He also performs other minimally invasive and endoscopic procedures. Since joining Saint Luke's, he has introduced techniques to improve bariatric patient care and outcomes.

Dr. Sorensen is a board certified general surgeon and a member of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). He also serves as an associate professor of surgery for the University of Missouri–Kansas City.

Dr. Geoff Slayden, M.D.

Dr. Geoffrey Slayden completed his medical school and general surgery residency at the University of Oklahoma Health Sciences Center in Tulsa, Okla. He then completed a fellowship in Advanced Minimally Invasive and Bariatric Surgery at Saint Luke's Hospital of Kansas City with Dr. Price and Dr. Sorensen. Dr. Slayden joined our team in fall of 2011 and is primarily based at the Saint Luke's South location. He performs laparoscopic bariatric surgery including gastric bypass, and sleeve gastrectomy. He also performs other minimally invasive procedures, including laparoscopic colon resections, anti-reflux surgery, hernia repair, and others. Dr. Slayden is a board-certified general surgeon and a fellow of the American College of Surgeons. He is a member of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) and the American Society for Metabolic and Bariatric Surgery (ASMBS).

Dr. Michael Arroyo, M.D.

He completed medical school at the University of Illinois in Peoria and then a general surgery residency at the University Of Oklahoma College Of Medicine in Tulsa before coming to Kansas City for an Advanced Laparoscopy and Bariatric Fellowship. Dr. Arroyo did his bariatric training at St Luke's Hospital with Dr. Price and Dr. Sorensen. He then started a bariatric program at St John Hospital in Tulsa, Oklahoma before returning back to Kansas City to join our team. His bariatric practice is located at the Saint Luke's East location. Dr. Arroyo is board certified with the American Board of Surgery and is a Fellow in the American College of Surgeons. He is also a member of the American Society for Metabolic and Bariatric Surgery (ASMBS) and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES).

Dr. Kenney, M.D.

Dr. Kenney has performed metabolic/weight loss surgery since 2011. He completed his minimally invasive/bariatric surgery fellowship here at St. Luke's Hospital with Dr. Price and Dr. Sorensen. He then started a bariatric program at Western Missouri Medical Center in Warrensburg, Missouri. He practiced there for 7 years before returning to join our team. His practice is primarily based at the St. Luke's North location. He performs gastric bypass, sleeve gastrectomy, and revisional procedures. Dr. Kenney is board certified with the American Board of Surgery and is a Fellow in the American College of Surgeons. He is a member of the American Society for Metabolic and Bariatric Surgery (ASMBS).

Dr. Sobba, M.D.

After receiving her undergraduate degree from the University of Notre Dame, Dr. Sobba attended medical school at the University of Kansas. She then completed general surgery residency followed by a fellowship in Minimally Invasive and Bariatric Surgery at Wake Forest in North Carolina. During her fellowship, she trained in laparoscopic/minimally invasive bariatric surgery procedures including sleeve gastrectomy, gastric bypass, and biliopancreatic diversion with duodenal switch. She also trained in laparoscopic/robotic general surgery, including advanced foregut and abdominal wall reconstruction surgery. She is a board certified general surgeon and member of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) as well as the American Society for Metabolic and Bariatric Surgery (ASMBS). Dr. Sobba received the SAGES Fellowship Certificate for Advanced GI and MIS Surgery as well as the ASMBS Fellowship Certificate for Metabolic and Bariatric Surgery.

Your Team

Surgeon: You will meet one of the surgeons at the informational seminar. From there, you will meet with your surgeon in the office one-on-one and he will answer any questions you may have and assist you in choosing the best surgery for you.

Your Surgeon's Name: _____

Bariatric Nurse: You will have a bariatric nurse that will guide you and assist you in reaching your bariatric goals. The nurse can manage care as needed for you pre and post-surgery.

Name: _____ **Number:** _____

Insurance/Program Specialist: You will meet with the program specialist at your initial visit meeting the surgeon. She will tell you of all the tests and paperwork you need to have in order to be eligible for surgery. These requirements are from your insurance company and our program rules. The program specialist will follow your case and will keep you updated on your status for approval by your insurance company.

Name: _____ **Number:** _____

Dietitian: You will meet with the dietitian at least once prior to surgery. Typically most patients will have multiple visits. These visits will give education on how to make appropriate changes to your eating habits in preparation for your surgery. After surgery, the dietitian will follow your case and make sure your new diet changes are meeting all your needs.

Name: _____ **Number:** _____

Exercise physiologist: You will meet with the exercise physiologist at least once prior to surgery. Typically most patients will have multiple visits; they are usually with the dietitian appointment. The exercise physiologist will assist you in making daily activity goals to increase your heart rate and burn fat. Post-surgery, you will be expected to make appropriate changes in your daily exercise and include some strength training.

Name: _____ **Number:** _____

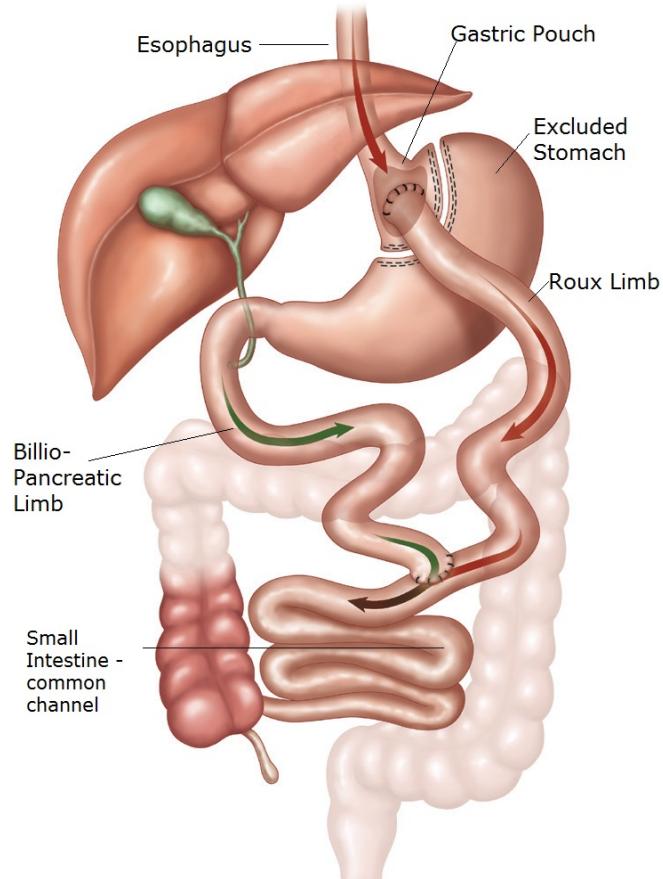
Surgeries We Offer

Gastric Bypass, Roux-en-Y

We consider Gastric Bypass to be the best operation, offering the greatest combination of maximum weight control, and minimum nutritional risk.

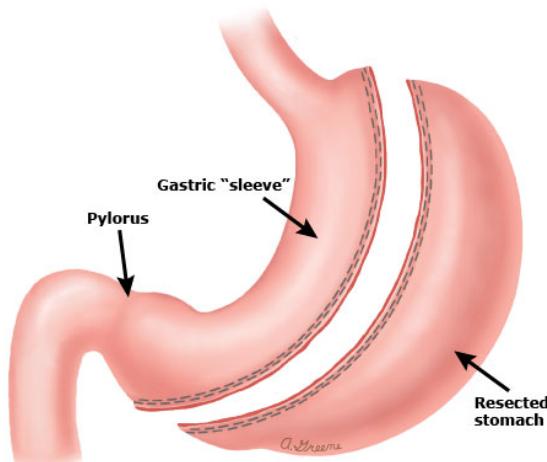
In recent years, better clinical understanding of procedures combining restrictive and malabsorptive approaches has increased the choices of effective weight loss surgery for thousands of patients. By adding malabsorption, food is delayed in mixing with bile and pancreatic juices that aid in the absorption of nutrients. The result is an early sense of fullness, combined with a sense of satisfaction that reduces the desire to eat.

According to the American Society of Bariatric and Metabolic Surgery and the National Institutes of Health, Roux-en-Y gastric bypass is currently the best procedure for weight loss surgery. It is one of the most frequently performed weight loss procedures in the United States. In this procedure, a small stomach pouch is created. The rest of the stomach is not removed from the body, but is completely stapled shut from the stomach pouch. The food leaves the newly formed stomach pouch and flows into the lower portion of the small intestine, thus bypassing this first part of the small intestine. This is done by cutting the small intestine open, the second section will be connected with the newly formed stomach pouch. The first section is then attached to the lower portion of the small intestine. This is what creates the “Y” in the Roux-en-Y name. This procedure causes a decrease of food that can be eaten at one time, but also it causes malabsorption (foods aren’t absorbed the same way), so it tends to produce better weight loss.



Sleeve Gastrectomy

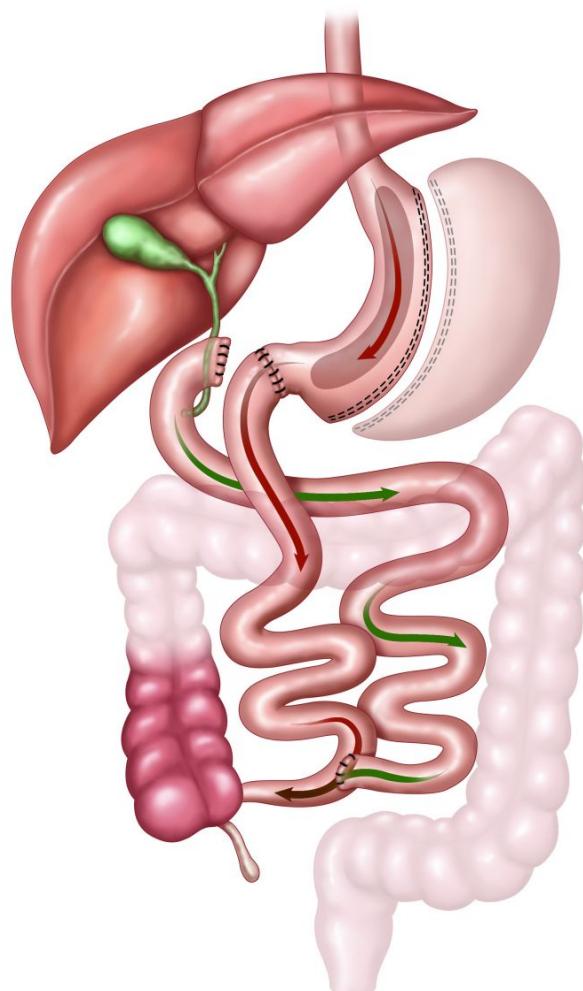
The sleeve gastrectomy is an operation in which the large, left side of the stomach is removed. This results in a new stomach that is roughly the size and shape of a banana. This operation does not involve any "rearranging" of the intestines, so it is a more simple operation than the gastric bypass. The sleeve gastrectomy restricts the amount of food a person can eat, it does not cause malabsorption (foods aren't absorbed the same way).



Laparoscopic Biliopancreatic Diversion with Duodenal Switch

The stomach is reduced similar to that of a sleeve gastrectomy. Then small intestine is disconnected from the stomach and the end is sewn shut. The small intestine is divided into two parts about halfway down. The lower portion that is still connected to the large intestine is then brought up and attached to the stomach. The upper portion of the small intestine is then reattached at a lower part of the small intestine to allow the bile and other digestive juices to mix with the food.

The duodenal switch (DS) is a modification of the Biliopancreatic Diversion designed to prevent ulcers, increase the amount of gastric restriction, minimize the incidence of dumping syndrome, and reduce the severity of protein-calorie malnutrition.



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Saint Luke's Center for Surgical Weight Loss

Pre-Op (Before Surgery)

SAINT LUKE'S CENTER FOR SURGICAL WEIGHT LOSS
816-932-7900

Medically Supervised Weight Loss Program

Your _____ Month Medically Supervised weight loss program starts the day you weighed in and met with your surgeon. It is our goal for you to weigh the same or less than you did at your first appointment, at your last visit of your 3-6 month medically supervised weight loss program. Please use this form to keep track of your weights (and appointments) for your reference.

Your weight at your first visit with Doctor/Insurance Specialist: _____ Date: _____

Visits with the Dietitian and Exercise Physiologist

3 month Medically Supervised Weight Loss Program = **1 visit with the Surgeon & 3 visits** with the Dietitian/Exercise Physiologist*

6 month Medically Supervised Weight Loss Program = **1 visit with the Surgeon & 6 visits** with the Dietitian/Exercise Physiologist*

****If visits are not completed in consecutive months, you may be required to have more visits.***

Diet and Exercise Visits

2nd Visit Weight: _____

Date of appointment: _____

3rd Visit Weight: _____

Date of appointment: _____

4th Visit Weight: _____

Date of appointment: _____

5th Visit Weight: _____

Date of appointment: _____

6th Visit Weight: _____

Date of appointment: _____

7th Visit Weight: _____

Date of appointment: _____

Pre-Op Class Weight: _____

Date of appointment: _____

Day of Surgery Weight: _____

Date of Surgery: _____

2 Week Post-Op Weight: _____

Date of appointment: _____

6 Week Post-Op Weight: _____

Date of appointment: _____

3 Month Post-Op Weight: _____

Date of appointment: _____

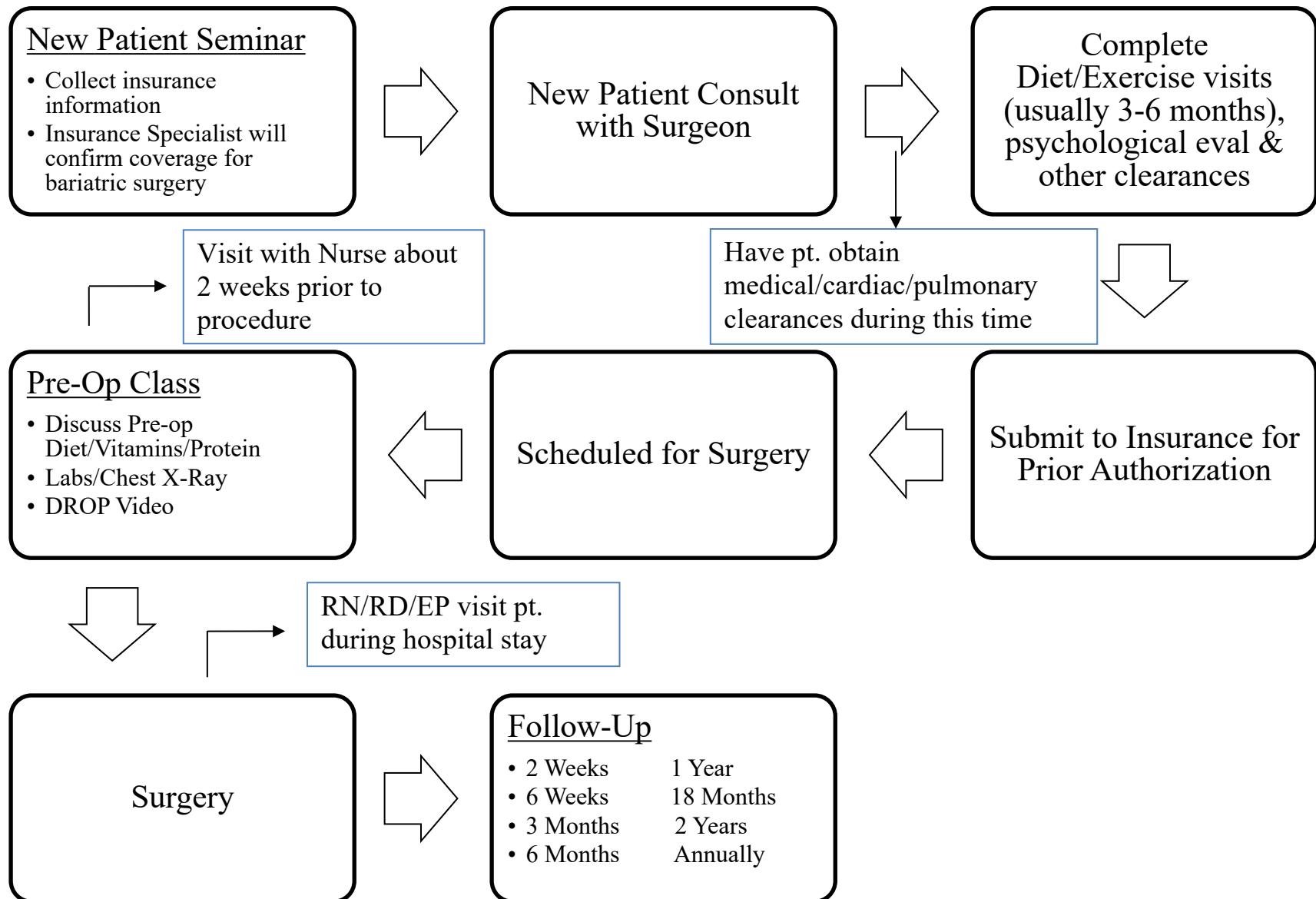
6 Month Post-Op Weight: _____

Date of appointment: _____

12 Month Post-Op Weight: _____

Date of appointment: _____

Bariatric Patient Pathway



New Eating and Drinking Habits

- **Eating Habits**

- Take small bites and chew thoroughly.
 - We suggest chewing to the consistency of baby food or applesauce. To help with this, start with small bites the size of your pinky fingernail or the size of a peanut.
- Eat slowly, making meals last 20-30 minutes.
 - Allow time for your stomach to send the signal to your brain that you are satisfied. This takes about 20 minutes. Before putting more food in your stomach, pay attention to if you feel satisfied. This can help prevent potentially over filling yourself.
- Establish a consistent meal pattern of 3 meals/day without snacks.
 - We recommend 3 meals/day, eating 20-30 grams of protein at each meal and drinking fluids between meals. Snacks can add extra calories and carbohydrates to your diet. Snacking is also a hard habit to break.
- Avoid dumping syndrome caused by high fat and high sugar foods.
 - Symptoms of dumping syndrome could include abdominal cramping or pain, nausea or vomiting, sweating, flushing, or lightheadedness, dizziness or shakiness, rapid heartbeat and fatigue or fainting.

- **Drinking Habits**

- Avoid caffeine and alcohol for 6 weeks after surgery.
 - Caffeine & alcohol can dehydrate you and cause ulcers (sores on the inside of your stomach). We would like to allow the staple line to heal for 6 weeks before adding these items back into your diet. Tolerance of alcohol can also be decreased after surgery.
- Do not use straws and avoid carbonated beverages for 6 weeks after surgery.
 - Straws can cause you to drink faster. You will not know how much you can comfortably hold in your stomach right after surgery. Both straws & carbonation can increase the amount of gas or air pressure in the stomach. We would like to allow the staple line to heal for 6 weeks before adding these items back into your diet.
- Increase water to a minimum of 8 cups/day (64 ounces).
 - Bariatric surgery patients can become dehydrated easily. It can be hard for patients to consume enough water if they aren't constantly sipping throughout the day. Sugar-free, caffeine-free and carbonation-free beverages will meet this requirement. (See page 42 for a list)
- Avoid drinking 15 minutes before, during and until 45 minutes after meals.
 - Liquids empty out of the stomach much faster than foods. If food is in the stomach and liquid is added, those liquids will wash the food out of the stomach and you will not have the full feeling anymore. We want you to feel full and satisfied for as long as possible to prevent the temptation to eat more.

- **Others**

- Avoid herbal supplements before surgery.
 - Certain supplements can interfere with plans in surgery. Your nurse will discuss with you what needs to be stopped or changed.
- Quit smoking prior to surgery & remain smoke free for life.
 - This included cigarettes, e-cigarettes, cigars, marijuana, chewing tobacco, nicotine patches and nicotine gums. Smoking can cause ulcers and prevent the healing process.

The Benefits of Losing Weight before Surgery:

There are several benefits to losing weight before your surgery. While you are completing your pre-op requirements, focus on making healthy changes and weight-loss a priority during this time.

Pre-op weight loss can:

- Help you reach your overall weight goals faster
- Provide you with a smoother transition to the post-op lifestyle

Remember these four key points for best weight-loss results:

1. **Drink 64-96 oz. water.** A hydrated body will lose weight! A dehydrated body will think it is hungry when it is not and will not metabolize fat very efficiently. Drink up for best results!
2. **Focus on lean proteins, non-starchy vegetables, limit fruits and fats, and avoid starches and sweets.** See a sample food list on page 45. Protein fills you up and keeps you full which helps with portion control. Pair veggies with your protein and keep starchy foods at bay. Keep a food journal using a food-tracking phone app or pen and paper. Food journaling shows an average of 10% more weight loss versus not food journaling!
3. **Establish a set meal pattern and avoid skipping meals.** Have a protein based meal within the first hour of waking and evenly spaced meals during your waking hours (same for night or swing shift workers).
4. **Follow a set exercise routine as recommended by your Exercise Physiologist.** Remember exercise helps to relieve stress and improves sleep as well as increases your strength and metabolism! So many great things happen when you exercise!

Please note: Not being able to do some form of daily activity is a contraindication to having any bariatric surgery with Saint Luke's Center for Surgical Weight Loss. We believe strongly that to be successful with any of the surgeries that diet AND exercise must be implemented.

How Much Weight is Okay to Lose?

Your dietitian will notify you if you are getting close to losing too much weight. Until then, continue to focus on making healthy changes.

Monthly Goals

Choose at least one to work on each month until surgery

- Focus on lean proteins and vegetables, begin eliminating starches and sweets
- Consume a minimum of 8 cups (64 oz.) of water daily and decrease caffeine to 2 (8 oz.) cups per day
- Avoid drinking fluids 15 minutes before, during and until 45 minutes after meals.
- Establish a set meal pattern of 3 meals per day
- Make a weekly meal plan and stick to it
- Limit dining out to 2 times per week and cook more at home
- Small Bites and chewing well (bites the size of a peanut)
- Eat slowly (take 20-30 minutes to finish a meal)
- Keep a food journal (see page 28)
- Quit smoking if applicable (must also choose one goal above)

Meal Planning & Grocery Shopping

Meal Planning

- Schedule a weekly appointment to plan your meals for the week ahead. Schedule another time to do the grocery shopping.
- Look at your schedule for the week ahead and plan meals accordingly
- Recommendation – plan dinners first and then utilize leftovers for lunches. Add in breakfast and snack items to your list last.
- Always plan meals and snacks with protein in mind. Pair proteins with vegetables first and limit fruit to once per day. Avoid foods high starches, sugars and fats. (Food list on page 45)
- Utilize recipe websites for meal ideas (www.foodcoach.me, www.kraftfoods.com)

Grocery Shopping:

- Never go grocery shopping hungry!
- Bring a list (and stick to it!)
- Utilize online grocery shopping to help prevent impulse shopping
- Limit distractions (not a good time for a phone call and if possible, go without children)
- Wednesdays are when new sales start
- Best time of day to shop is 8pm (stores are typically the least busy at this time)
- Busiest time of day to shop is 5-7pm
- Ideally shop once per week, on the same day, for good meal planning and grocery shopping rhythm
- Stick to the fresh foods (except the fresh baked good) on the perimeter of the store until the end when you need specific pantry items
- Avoid any free samples

Making a Grocery List *See Sample on Next Page*

- Write your grocery list in categorized sections to make the flow of shopping fast and easy:
 - Protein
 - Produce
 - Pantry
 - Freezer
 - Miscellaneous

Sample Grocery List

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Protein:	Protein:	Protein:	Protein:	Protein:	Protein:	Protein:
Veggie:	Veggie:	Veggie:	Veggie:	Veggie:	Veggie:	Veggie:

PROTEIN

PANTRY

FROZEN

PRODUCE

MISC

Meal Ideas

Recipes on Following Pages

Breakfast

- Eggs, Egg Whites, Egg Beaters® – prepared anyway you like (scrambled, boiled, poached)
- Mini Egg Cups (see recipe)
- Turkey Sausage/Bacon
- 2% Cottage Cheese
- Low-fat Cheese Stick
- Lean Beef/Turkey Jerky
- Shaved Deli Meat (turkey, ham, roast beef)
- Greek Yogurt – plain with sweetener *or* flavors with lowest amount of carbs

Lunch

- Hamburger patty with toppings, green beans
- Homemade chicken/tuna salad on cucumber slices using low-fat mayo
- Bagged salad with pre-cooked chicken on top, dressing on side
- Chili with low-fat cheese (no crackers)
- Insides of sandwich (no bread)
- Pre-cooked shrimp
- Pre-cooked turkey/chicken flavored sausage links

Dinner

- Chicken breast/turkey breast with steamed carrots
- Turkey meatballs with marinara and green beans
- Meatloaf made with parmesan cheese instead of breadcrumbs with mashed cauliflower
- Pork tenderloin with side salad

Breakfast Recipes

Tex-Mex Breakfast Bowl

1 large egg
1/8 cup Jimmy Dean turkey sausage crumbles
Chopped onion and red bell pepper

2 Tablespoons low-fat shredded Monterey Jack cheese
Salsa

Directions:

1. Cook first 4 ingredients in a skillet with non-fat cooking spray.
2. Top with salsa and shredded cheese.

Spinach and Feta Scrambler

1 carton of Eggbeaters
2/3 cup low-fat feta cheese

1/3 cup low-fat milk
1 cup of baby spinach

Directions:

1. Place the Eggbeaters, feta, milk, salt, and pepper in a large bowl and whisk until the mixture is thoroughly combined. Set aside.
2. Heat a small sauté pan that has been sprayed with non-stick cooking spray. Add the spinach and cook, turning constantly with a rubber spatula, until wilted. Add the spinach to the reserved egg mixture and stir until combined.
3. Return the pan to medium-low heat, add the spinach-egg mixture, and cook, stirring occasionally until the eggs have reached your desired doneness.

Mini Egg Cups

1 cup turkey sausage crumbles
1 small onion, chopped
1 red bell pepper, chopped

12 large eggs
2% cheddar cheese

Directions:

1. Preheat oven to 350 degrees F. Spray 12 muffin cups generously with cooking spray.
2. Heat a large skillet over medium-high heat and crumble in turkey sausage, onion, and bell pepper. Cook and stir until turkey sausage is crumbly and evenly browned, about 10 minutes.
3. Sprinkle turkey sausage, cheese, onion, and bell pepper evenly into the prepared muffin cups.
4. Beat eggs and season with salt and pepper. Pour egg mixture evenly over the sausage-cheese mixture in the muffin cups.
5. Bake in the preheated oven until cups are set in the middle and lightly browned, about 22 minutes. Cool for 5 minutes before serving.

Grab and Go Egg Bites

6 large eggs
2 tbsp. chopped onion
1/4 cup chopped bell pepper
1 clove garlic, minced

1 tbsp. finely chopped oregano
1/4 cup chopped baby kale leaves
1/4 cup goat cheese crumbles.

Directions:

1. Preheat oven to 350 degrees F. Spray muffin cups generously with cooking spray.
2. Beat eggs and season with salt and pepper.
3. Heat a large skillet over medium-high heat and cook onions and peppers until tender. Remove from heat and stir in oregano. Divide mixture between muffin cups. Top each with 1 tsp kale and 1 tsp goat cheese.
4. Pour eggs evenly into the prepared muffin cups.
5. Bake in the preheated oven until bites are set in the middle, about 10-12 minutes.

Lunch Recipes

Skinny Chicken Salad

4 cups cooked chicken, cut into 1 inch cubes
½ cup celery, chopped
¼ cup red onion, finely chopped
2 cups red seedless grapes

½ cup plain fat-free Greek yogurt
¼ cup Splenda® or sweetener of choice
¼ tsp garlic powder
1 tsp salt

Directions:

1. Mix together chicken, celery, onion and grapes.
2. In a separate bowl mix together Greek yogurt, Splenda® or sweetener of choice, garlic powder and salt.
3. Toss dressing and chicken mixtures together to coat. Refrigerate until ready to serve.

Shrimp Salad

1 lb. medium pre-cooked shrimp, thawed and tails removed, cut into small pieces
Juice of 1 lime
½ avocado, cut into small cubes

1 tbsp. chopped cilantro
1 red bell pepper, chopped
3 ribs celery, chopped *if tolerated
2 tbsp. fat-free Italian dressing.

Directions:

1. Toss ingredients together. Eat with a fork (cocktail fork to keep bites small!)

Turkey Lettuce Wraps

4 slices deli turkey
1 slice 2% cheddar cheese

1 tsp Dijon mustard
1 slice leafy lettuce (romaine, butter leaf, etc.)

Directions:

1. Spread mustard in the bottom of lettuce leaf. Layer deli meat and cheese on top and roll into a wrap.

Grilled Pork Chops and Corn Salsa

4 (4-oz. each) boneless pork chops
1 c. frozen sweet corn, thawed
1 large tomato, diced
1 fresh jalapeno, seeded and finely chopped

1 clove(s) garlic, minced
2 tbsp. red onion, finely chopped
2 tbsp. fresh cilantro, finely chopped
1 tbsp. fresh lime juice

Directions:

1. Prepare a gas or charcoal grill for direct cooking over medium heat. Season pork chops on both sides with salt and pepper; add pork chops to grill and grill until pork reaches an internal temperature of 145 degrees.
2. In a medium bowl, mix together corn, tomato, jalapeno, garlic, red onion, cilantro, and lime juice. Season, to taste, with salt and pepper. Serve pork chops with vegetable salsa.

Cajun Chicken Skewers

1 (14-16 oz.) pkg. chicken breast tenders
1 tbsp. Cajun seasoning
½ tsp. dried parsley, or thyme

3 tbsp. olive oil
Bamboo skewers

Directions:

1. Preheat oven to 375 degrees. Place skewers in a bowl of warm water and soak until ready to use.
2. In a large bowl, coat chicken tenders with Cajun seasoning, dried parsley and olive oil. Line a large baking sheet with foil or parchment paper. Remove tenders from bowl one at a time and thread each onto a skewer. Arrange tenders on baking sheet 1/2 inch apart and bake until lightly golden and until internal temperature reaches 165 degrees, 12-15 minutes.

Dinner Recipes

Fajita Turkey Burger

1 lb. lean ground turkey
1 egg white
1/2 cup grated parmesan cheese
1/2 tsp each salt & pepper

2 tbsp. taco seasoning
1 medium onion, sliced
1 green bell pepper, sliced
1 red bell pepper, sliced

Directions:

1. Mix together ground turkey, grated parmesan cheese, egg white, salt & pepper & 1 tbsp. taco seasoning.
2. Heat the grill- and meanwhile, form the mixture into patties. Grill for about 4-5 minutes per side or until internal temperature reads 165 F.
3. Meanwhile, add sliced onions and bell peppers to a skillet over medium high heat. Sprinkle another tbsp. of taco seasoning to the mixture. Cook for about 5 minutes.
4. Once burgers are cooked- remove from grill and top with bell peppers and onions. Serve with salsa or other toppings as desired.

20 Minute Turkey Taco Chili

1 lb. 93% lean ground turkey
1 packet taco seasoning
1 packet ranch seasoning

1 can (10 oz.) Rotel®, diced tomatoes & green chilies
1 can (15 oz.) black beans, drained & rinsed
(as desired shredded cheddar cheese)

Directions:

1. Heat a large stock pot to medium high heat, spray with cooking spray. Brown the ground beef at the bottom of the pot.
2. Drain any juice. Add Ranch and Taco seasonings. Stir well and turn heat down slightly.
3. Add Rotel® and black beans, continue to stir until heated through. Serve with sprinkled cheese.

Barbecue Meatloaf

1 lb. lean ground beef
1/2 cup grated parmesan cheese
1/2 cup barbecue sauce (low sugar)
1 egg, beaten

1/2 cup chopped onion
Liquid smoke
Grill seasoning, optional

Directions:

1. Preheat oven to 375F.
2. Mix all ingredients together- using only half of the barbecue sauce. Form into a loaf.
3. Place in a loaf pan and place in oven for 45 minutes or until internal temp reaches 160F. Let stand 5 minutes and top with remaining 1/4 cup sauce.

Fajita-Style New York Strip Steak and Veggies

4 (4-oz.) beef New York strip steaks, 3/4-inch-thick
1 tsp. ground cumin
1 tsp. ground coriander
1 tsp. paprika
1 tsp. ground black pepper

2 tsp. olive oil, divided
3 clove(s) garlic, minced
1 white onion, cut into thin wedges
1 c. julienne bell pepper strips

Directions:

1. Combine cumin, coriander, paprika, and black pepper in a small bowl. Rub seasoning mixture evenly onto steaks; set aside.
2. Heat 1 teaspoon oil in a large nonstick skillet over medium-high heat. Cook steaks for 6-8 minutes turning once halfway though. Transfer to two serving plates; cover and keep warm.
3. Meanwhile, heat remaining 1 teaspoon oil in same skillet over medium heat. Add garlic and cook for 30 seconds. Add onion and bell pepper strips. Cook for 5 to 8 minutes or until crisp-tender, stirring occasionally.

Multivitamin and Mineral Supplements

After surgery, you are at a higher risk of a nutrition deficiency. It is easier to prevent a deficiency by taking vitamins than it is to treat a deficiency with more dramatic therapies. Multivitamin and mineral supplement are considered to be **taken lifelong after surgery.**

You will NEED to choose one item from group #1 and one item from group #2.

Group #1 - Choose One of the Multivitamin Options

- **Bariatric Advantage Ultra Solo with Iron**
Available online at www.bariatricadvantage.com.
 - 1 capsule per day but must 2 hours apart from calcium
- **Bariatric Advantage Ultra Multi Formula with Iron**
Available online at www.bariatricadvantage.com or at some Saint Luke's pharmacies.
 - 3 capsules per day but must 2 hours apart from calcium
- **Bariatric Advantage Multivitamin Chewy Bite and Iron**
Available online at www.bariatricadvantage.com or at some Saint Luke's pharmacies.
 - 2 chews per day and 45-60 mg Iron per day (Iron must 2 hours apart from calcium)
- **Centrum Adult, Iron and Vitamin B12** (available at most drugstores)
 - 2 multivitamins per day, 45-60 mg Iron per day, 1000 mcg B12, sublingual
 - Can all be taken together but must 2 hours apart from calcium
- **Celebrate MC R 45** (available at www.celebratvitamins.com)
 - 1 tablet or capsule per day but must 2 hours apart from calcium

AND

Group #2 - Choose One of the Calcium Supplements

- **Bariatric Advantage Calcium Citrate Chews** (available online at www.bariatricadvantage.com or some Saint Luke's pharmacies.)
 - 3 chews per day (1500mg total)
 - One at a time, at least 2 hours apart from each other and from multivitamin.
- **Calcium Citrate Pills** (available at most drugstores)
 - Example: Citrical Capsules
 - Two mid-morning, two afternoon, one evening (1500mg total)
 - No more than 600 mg at one time
 - Doses must be at least 2 hours apart from each other and from multivitamin
- **Celebrate Calcium Plus 500 Chewable** (available at www.celebratvitamins.com)
 - 3 chews per day (1500mg total)
 - One at a time, at least 2 hours apart from each other and from multivitamin.

Duodenal Switch patients, please talk with your dietitian.

Why Protein Is Important

Bariatric patients are recommended to **have a minimum 60-80 grams** of protein each day. Protein will help with filling you up, healing your body, and successfully losing weight. You will follow a liquid diet after surgery and it will be very important to have good quality protein drinks available during your time of healing. The further you get out from surgery, protein shakes will be used less often as food based proteins are best for weight loss success long-term. They can always be kept on hand to help out in a pinch. (A list of protein foods is on page 45).

What to Look For in Protein Supplement Products

- **Protein Source and Quality**

- Aim for at least 15 grams, but no more than 30 grams of protein for each drink or shake. Our bodies can only absorb about 20-30 grams in one sitting, the rest will get flushed out by your kidneys.
- Avoid products with more than 6 grams of sugar per serving. We just want you to supplement protein, not use them as meal replacements. This will help filter out meal replacement options at the store.
- Some of the best protein sources for your body are listed below. Be sure your product lists one of these as the **very first ingredient** on the label:
 - Whey protein isolate (most complete protein and best absorbed)
 - Soy protein isolate

- **Serving Size and Brand**

- Some protein drinks may have multiple servings per drink. Look on the nutrition label for the serving size. Most powders are either one scoop or two scoops per serving.
- Choose protein drinks/powders that are 200 calories or less per serving.
- It is best to mix protein powders with water. Unsweetened almond milk or cashew milk are acceptable choices after surgery (less than 40 calories per cup).
- Avoid extra mix-ins that increase sugar and calories such as fruit and peanut butter. Instead utilize sugar-free syrups or extracts for extra flavors that don't increase calories. But remember protein supplements aren't meant to be long-term.

Protein Supplements

*Always read the labels to ensure the product is a **WHEY** or **SOY PROTEIN ISOLATE** and meets all nutrition criteria.

Type	One Serving	Protein (grams)	Calories	Carbs (grams)	Sugar (grams)	Other Information	Where To Buy
Unjury Protein	1 scoop or bottle	21	80-110	1-4	0-3	Unflavored, Chicken Soup or Santa Fe Chili. Pre-Made Choc/Vanilla	www.unjury.com 1-800-517-5111
Jay Robb's Protein Powder	1 scoop	25	110	1	0	Stevia Sweetened; Chocolate, Vanilla, Strawberry & Unflavored	www.jrobb.com ; Vitamin Shoppe; Whole Foods; Amazon
About Time 100% Whey Protein Isolate	1 scoop	24-25	100	<1	0	Stevia Sweetened, Lactose Free, Gluten Free, 7 Flavors-ex: Mocha Mint or Birthday Cake	www.tryabouttime.com ; Vitamin Shoppe; GNC Amazon
Syntrax Nectar Whey Protein Isolate	1 scoop	23	100	0	0	Gluten Free, Lactose Free, Wide Variety of Flavors-Ex: Lemonade, Cappuccino, Fuzzy Navel	www.si03.com ; Vitamin Shoppe; GNC;
Celebrate Protein 20	2 scoops	20	100	3	1	Cookies & Cream, Vanilla Caramel Swirl, Iced Decaf Coffee. Peanut Butter Cookie, Chocolate Mint	www.celebrativitamins.com 1-877-424-1953
Bariatric Advantage High Protein Supplement Mix	2 scoops	20	90	3	1	Chocolate & Vanilla This is NOT the High Protein Meal Replacement	Online Only www.bariatricadvantage.com
Dymatize Iso 100	1 scoop	25	106-120	<1	0	Variety of Flavors, Gluten Free	Vitamin Shoppe, GNC, Amazon
Optimum Nutrition Isolate or Gold Standard 100% Isolate	1 scoop	25	120	3	1	Gluten Free Chocolate, Birthday Cake, Strawberry Cream, Vanilla,	www.gnc.com GNC; Amazon
GNC Superfoods Soy	2 scoops	26	120	0	0	Soy, Unflavored	www.gnc.com GNC; Amazon
GNC Earth Genius Soy Protein	1 scoop	13	60	0	0	Soy, Unflavored	www.gnc.com GNC; Amazon
EnergyFirst ProEnergy Natural Whey Protein	1 scoop	20	90	2	1	Gluten Free, Lactose Free Vanilla, Chocolate, Strawberry, Unflavored	Online Only www.energyfirst.com
Premier Protein Clear Protein	1 bottle	20	90	1	0	Clear Liquid; Tropical Punch, Raspberry and Orange Mango. Only the CLEAR form	www.premierprotein.com ; Walmart, Target, Walgreens, SAM's Club, Amazon
Bariatric Advantage Clearly Protein	1 bottle	20	80	0	0	Stevia/Monk Fruit Sweetened Clear Liquid; Fruit Punch Flavor	Online Only www.bariatricadvantage.com
Isopure Zero Carb Ready-to-Drink	1 bottle	40	160	0	0	Gluten Free, Lactose Free. Not enhanced with extra vitamins 7 Flavors-ex: Alpine Punch, Apple Melon, Mango Peach, Grape Frost, Blue Raspberry, Lemonade, Coconut	www.theisopurecompany.com GNC; Vitamin Shoppe; Amazon; 24hr Fitness; Hy-Vee

Food Journaling

Research reports patients who keep a food log will lose more weight than patients who do not. As much as 10% more weight is lost when you record your foods.

Examples of phone apps and online journals:

- MyFitnessPal
- Fit Day
- Lose It
- Baritastic

Pen and Paper journals are helpful in the early weeks after surgery to record how you are feeling and if you are tolerating foods. A sample journal is listed below. Because we are more interested in what you ate rather than how much, keep a record of what the food was instead of the grams or calories. You can also log how fast you ate or if you had any nausea and vomiting episodes. This could help us pinpoint problem foods.

Meal:	Food Record & Notes:
Breakfast	
Lunch	
Dinner	

Water:

Multivitamin:

Calcium:

Iron:

B12:



Saint Luke's Center for Surgical Weight Loss

Pre-Op Class (2 weeks before surgery)

SAINT LUKE'S CENTER FOR SURGICAL WEIGHT LOSS
816-932-7900

2 Week Pre-Op Diet #1

This diet is for patients with a BMI less than 50

2 Meals + 2 Protein Shakes/day + 64oz of water + Vitamins

It is recommended by your surgeon to follow this low calorie, high protein diet for 2 weeks prior to your surgery. The purpose is to deplete your liver glycogen (sugar) stores, which will significantly reduce the size of your liver, allowing you to have this operation laparoscopically.

Diet to begin on _____

2 Meals (See page 45 for food list)	2 Protein Drinks (Page 27 for protein list)
<ul style="list-style-type: none">• 60% Lean Protein-Protein is the focus (3-5 oz.)• 40% Non-Starchy Vegetables-1/2-1 cup/meal• Acceptable Seasonings: salt-free seasoning such as Mrs. Dash, pure herbs & spices	<ul style="list-style-type: none">• Whey or Soy Protein Isolate-First Ingredient• No more than 6 grams sugar/serving• Always mix with WATER during these weeks

64-96 oz. of Sugar-Free Fluids
Follow the “3 C’s”

NO Carbonation, NO Caffeine, Under 15 Calories/8 ounces – during entire 2 weeks

SAMPLES OF APPROVED FLUIDS (listed below)

· Water	· Vitamin Water Zero	· Mio	· Broths (vegetable, beef or chicken)
· Crystal Light	· Diet Cranberry Juice	· Dasani	· Water flavored with lemons or limes
· Sugar-Free Popsicles (limit 2 per day)	· PowerAde Zero (contains electrolytes)	· Propel Zero	
		· Hint	

You will start taking your bariatric vitamin/mineral supplements when you start this diet. You will stop taking vitamins/minerals supplements the day of surgery and then you will restart your vitamins/minerals supplements one week out from surgery. Date to restart vitamins after surgery: _____

***Vitamins/Mineral supplements are expected to be taken for life after bariatric surgery, unless your care provider tells you otherwise.**

***** THE DAY BEFORE SURGERY *****

DATE: _____

***** NO MEALS *****

- Drink 2 bottles of Isopure
 - Drink a total of 80 grams per day
 - ½ bottle at breakfast, ½ bottle at lunch, ½ bottle at dinner & ½ bottle at bedtime
- Drink 64-96 oz. water (or other sugar free beverage)



**40gm Protein
per bottle**

2 Week Pre-Op Diet #2:

This diet is for patients with a BMI over 50

2-3 Protein Shakes/day + 64oz of Water + Vitamins

It is recommended by your surgeon to follow this low calorie, high protein diet for 2 weeks prior to your surgery. The purpose of this diet is to deplete your liver glycogen (sugar) stores, which will significantly reduce the size of your liver allowing you to have this operation laparoscopically.

Diet to begin on _____

2-3 Protein Drinks (Page 27 for protein list)	64-96 oz. of Sugar-Free Fluids
<ul style="list-style-type: none">MUST GET 60-80 GRAMS PROTEIN/DAY<ul style="list-style-type: none">Please read the nutrition label to determine how many drinks you will need/day to reach 60-80 g.Ex: 20g protein/serving = 3-4 drinks/dayWhey or Soy Protein Isolate-First IngredientNo more than 6 grams sugar/servingAlways mix with WATER during these weeks	<ul style="list-style-type: none">Follow the “3 C’s”NO Carbonation, NO Caffeine, Under 15 Calories/8 ounces – during entire 2 weeks <p>SAMPLES OF APPROVED FLUIDS (listed below)</p>
<ul style="list-style-type: none">WaterCrystal LightSugar-Free Popsicles (limit 2 per day)	<ul style="list-style-type: none">Vitamin Water ZeroDiet Cranberry JuicePowerAde Zero (contains electrolytes)
	<ul style="list-style-type: none">MioDasaniPropel ZeroHint
	<ul style="list-style-type: none">Broths (vegetable, beef or chicken)Water flavored with lemons or limes

You will start taking your bariatric vitamin/mineral supplements when you start this diet. You will stop taking vitamins/minerals supplements the day of surgery and then you will restart your vitamins/minerals supplements one week out from surgery. Date to restart vitamins after surgery: _____

***Vitamins/Mineral supplements are expected to be taken for life after bariatric surgery unless your care provider tells you otherwise.**

If you begin feeling shaky or weak on the liquid diet, mix your protein supplements with unsweetened almond milk. If any feelings of shakiness/weakness continue despite changing your protein drinks, contact our office.



***** THE DAY BEFORE SURGERY *****

DATE: _____

***** NO MEALS *****

- Drink 2 bottles of Isopure
 - Drink a total of 80 grams per day
 - ½ bottle at breakfast, ½ bottle at lunch, ½ bottle at dinner & ½ bottle at bedtime
- Drink 64-96 oz. water (or other sugar free beverage)

40gm Protein per bottle

What to Expect:

2 Weeks before Surgery

- Notify your **physician** who **prescribes** your medications of your 2 week, pre-op diet. They may also want to adjust blood pressure and diabetic medications.
- Stop herbal medications.
- If you begin any new medications, notify your surgeon **BEFORE** your surgery date.

1 Week before Surgery

Medications:

- Stop Aspirin base products, and blood thinners **1 week prior** to your surgery date.
- Stop NSAIDS **1 week prior** to your surgery date. Anti-inflammatory medications such as ibuprofen, aspirin, Motrin, Naproxen, Vitamin E, etc., may cause increased bleeding and therefore, need to be stopped at least one week prior to having surgery. Taking these medications after surgery may also cause ulcers.

Day of Surgery

Things to do before Surgery:

- Shower with anti-bacterial soap the morning of surgery.
- **Do Not** shave/prep your own abdomen. If you do this and cut yourself, this may prevent you from having surgery.

Registration:

- Arrive 2 hours prior to scheduled surgery time. It is important that you arrive on time to the hospital because sometimes the surgical time is moved up, at the last minute and your surgery could start earlier. If you are late, it might create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time.

Pre-Operative Area

- You will be asked to change into a cotton hospital gown. All jewelry should be removed. You will be provided a garment bag where you can put your clothes and shoes, which will be delivered to your room in the afternoon/evening after your surgery.
- Nurses will be checking your blood pressure, temperature, etc. and will verify information obtained from you previously. They will also insert an intravenous catheter in your arm and start giving you IV fluids. You will be given some medication to help you relax before going to the operating room. Your surgeon and Anesthesiologist will be see you and answer any questions you may have.

Operating Room

- When the surgeon and the operating room staff are ready for your surgery, they will take you to the operating room via stretcher. You will then be transferred onto the operating room table where you will be put in the proper position for surgery. The anesthesiologist will then give you medications to make you go to sleep before starting the surgery.

Recovery Room

- After your surgery, you will be transferred to the recovery room. Your family members and friends in the waiting room will be given an update by your surgeon. The length of your stay here varies from an hour to several hours depending on several factors such as pain level, presence of nausea or vomiting, etc. Pain medications and anti-nausea medications will be available for you.
- You will have a Sequential Compression Device (SCD's) attached to your lower extremities that alternately squeeze to prevent blood clots.

Surgical Care Floor (Post-Operatively)

- Once you are stable, you will be moved to your room, where you will be able to see your family, and will be given an incentive spirometer for your deep breathing exercises and encouraged to use it.
- You will be encouraged to walk to help mobilize the gas in your abdomen and help prevent blood clots. It is normal to feel uncomfortable during the first few days after surgery, but each day you will feel stronger and more active. You will be given pain medication to ease your discomfort as needed.
- A water pitcher and cup will be provided at your bedside. Remember to only sip 1-2 ounces every 15 minutes. Your urine output will also be measured.
- Nurses are always available to answer your questions. You will be seen by your surgeon as well as other medical specialists (depending on your individual medical conditions) the day after your surgery. Discharge Instruction will be provided the day of your discharge. It is a good idea to involve family members in learning about the diet after surgery.

What to Pack for the Hospital

- THIS BOOK!
- CPAP or BIPAP machine
- Insurance card and picture ID
- Any co-payment required by your insurance company
- List of medications and dosages you are currently taking
- Copy of your Advance Directive
- Personal Essentials (comfortable pajamas, loose-fitting clothing, socks, slippers, hairbrush)
- Glasses (contact wearers are usually more comfortable with glasses during a hospitalization; contacts can become dry if the patient is dehydrated or dozing)
- Toothbrush
- Your cell phone and a charger
- Entertainment such as books, music, IPod, portable DVD player, magazines.

Be advised that YOU are responsible for your possessions.

Why it's So Important to Drink Water after Surgery

Water is one of the body's essential nutrients and supports the following:

- Normal Body Function
- Appetite Suppression
- Fat Metabolism
- Treating Fluid Retention
- Relieving Constipation

REMINDER

Please call our office
FIRST if feeling
dehydrated

What is DEHYDRATION?

Dehydration is defined as a condition when the body suffers from lack of water and salt. As a post-operative bariatric patient you will be at an increased risk of dehydration. To prevent dehydration you need to **drink at least 64-96 fluid** ounces of water or decaffeinated liquids daily.

You also can't gulp, guzzle and chug your fluids, so it's important to sip consistently throughout the day. Be sure to familiarize yourself with the symptoms of dehydration.

<u>Early Dehydration</u>	<u>Severe Dehydration</u>
<ul style="list-style-type: none">• Flushed face, extreme thirst• Urine is less and dark yellow with strong odor• Dizziness, weakness, fatigue• Cramping in arms and legs• Sleepy or irritable feeling• Headaches, dry mouth, dry tongue, thick saliva	<ul style="list-style-type: none">• Weak pulse• Cold hands and feet• Rapid breathing• Blue lips• Confusion, lethargy, and difficulty arousing

**IV Fluids may be used to restore fluids quickly*

How much to drink?

Most people need a minimum of **64-96 ounces or more** of fluids per day. This may vary by individual, based on weight and activity level. Times at which individuals may need more water include:

- Exposure to extreme temperatures
- During strenuous work or exercise
- During sickness (fever, diarrhea, vomiting)

Counting liquids as water. The 3 C's:

- Not caffeinated
- Not carbonated
- Less than 15 calories for 8 ounces

*Caffeinated beverages are dehydrating by nature. Limit caffeine to two (8 oz.) cups per day. Decaf tea and coffee is allowed but does not count towards fluids goals.

Bariatric Surgery: Possible Risks, Complications & Ongoing Concerns

Deciding on bariatric surgery can be difficult. This is major surgery. If you qualify for bariatric surgery, you need to think about the possible risks and complications of having this surgery. Make sure you know what to expect after surgery, too. You need to be willing to change your lifestyle for the rest of your life. Your body may change greatly in the years after surgery.

Possible Risks and Complications

As with any surgery, bariatric surgery has certain risks. These can include:

- Infection
- Leaks or blockage at a site where tissue is sewn or stapled together (anastomosis), requiring further procedures to repair
- Breathing problems, such as pneumonia, which may require ventilation
- Bleeding at an incision site
- Blood clot in the legs or lungs
- Injury to the spleen
- Recurrent vomiting that requires a procedure to stop the problem
- Incisional hernia
- Problems from anesthesia
- Death



Saint Luke's Center for Surgical Weight Loss

Post-Op (After surgery)

SAINT LUKE'S CENTER FOR SURGICAL WEIGHT LOSS
816-932-7900

COMMON COMPLAINTS

CONSTIPATION:

- Drink 64 oz. of water daily
- Try warm liquids in the morning
- Walk every day
- OTC (over the counter) stool softeners
- Bowel Regimen:
(If no bowel movement for 3 days):
2 tablespoons MOM
(milk of magnesia)
1 Dulcolax suppository

If it occurs after one month from surgery:

- In addition to the above, try Sugar-Free Metamucil or Miralax as needed.

EXCESSIVE HAIR LOSS:

It is normal for most patients to experience some temporary hair loss between 3-6 months after surgery. This is a stress response from the surgery. Additional vitamin supplements are not necessary if you are taking the vitamins as prescribed. If you have concerns regarding any additional vitamins or supplements, discuss with your dietitian or surgeon.

Look for hair re-growth and notify the dietitian if you do not see new growth

HEADACHES OR DIZZY:

- These can be symptoms of dehydration.
- Drink a minimum of 64 ounces water daily. You may need to increase your fluids to 96 ounces or more.
- Eat meals on a regular schedule and do not skip.

VOMITING:

- Go back to the previous dietary stage until you find foods you can tolerate. Do not stop eating altogether. Keep up with clear liquids if you can (water, broth, Crystal Light®)
- Take peanut sized bites and chew thoroughly.
- Eat slowly: at least 20-30 minutes per meal. Relax and choose pleasant, quiet surroundings when you eat.
- Make sure foods are moist.
- Avoid foods high in fat or sugar. Do not drink alcohol.
- Do not eat food and drink liquids at the same time.
- Make sure all medications and vitamin pills are crushed, chewable or in a liquid form.

If these suggestions don't work, or if you vomit bright red or dark brown liquid, go to the ER (Emergency Room).

LEG CRAMPS:

- Follow the diet as advised by the team.
- Stay hydrated. Try electrolyte containing beverages such as PowerAde Zero®
- Take your vitamins
- Try to increase your activity. Do not sit in the same position for more than a half hour. Try putting your legs up on a chair if they look swollen.
- Avoid crossing your legs. Don't wear socks or knee high stockings that have tight bands.

NAUSEA:

- If nauseous after eating a meal, be sure your bite sizes are peanut sized and you are chewing well and pausing in between bites
- Stop eating at the first indication of fullness
- Avoid foods that you have not tolerated well.
- Keep drinking fluids.
- Sometimes warm broth will help.
- Try to figure out what you have eaten that could have caused the reaction.
- The nausea could also be related to your emotional state.

DIARRHEA:

- Avoid sugar, fat, alcohol and spicy foods.
- Eat slowly. Stop when full.
- Avoid having beverages with meals.
- Keep eating well-tolerated foods until you feel better, or go back to clear liquids for a day.
- Limit the amount of sorbitol or mannitol in foods (these sugar alcohols are usually found in sugar-free candies and sugar-free ice cream products).
- Limit beverages containing caffeine to 2 cups per day including regular coffee and tea
- Quit smoking if you resumed it after surgery
- Keep a food journal and note when diarrhea has occurred to identify the cause.
- OTC (over the counter) Imodium – take as directed.
- If the diarrhea continues, we may need to check for a bacterial infection. Contact clinic for further instruction.

DUMPING SYNDROME:

What is it?

- It is almost flu-like symptoms (nausea, vomiting, sweating, bloating, diarrhea, etc.) that usually occur after eating high-fat or high-sugar foods.
- The symptoms typically last about 30 minutes.
- However, not everyone experiences dumping. To avoid these symptoms, you should avoid foods that are high in fat or high in sugar.
- Avoid concentrated sugars, sweets like candies, cake, ice cream etc.

BURPING/HICCUPS:

- Stop eating at first sign of fullness. Avoid overeating.
- Chew with mouth closed
- Avoid using straws
- Eat slowly
- Avoid carbonated beverages
- Avoid chewing gum

HEARTBURN/ BURNING FEELING IN STOMACH:

- Take peanut sized bites and pause in between bites. Stop at first sign of fullness.
- Avoid the following food: coffee, tea, caffeinated fluids, chocolate, spicy foods with black or red pepper and alcohol.
- Stop smoking
- Avoid aspirin and try Tylenol instead.
- Take antacid medication as prescribed per your surgeon.
- Avoid foods and fluids that are too hot or too cold.
- Discuss your symptoms with your surgeon including all medications.

FOOD “GETTING STUCK”:

- Cut food into a smaller bite size (most common!)
- Eat/chew slowly
- Avoid “dry” and “tough” foods
- Eat smaller portions
- Take 3 papaya enzyme tablets.
- Recipe: $\frac{1}{2}$ teaspoon Adolph’s unseasoned meat tenderizer, 1 teaspoon of lemon juice, 4 ounces tap water (mix well and sip slowly)

WEIGHT LOSS STOPS:

- Evaluate your food choices, keep a food journal
- Limit high calorie foods and beverages
- Increase physical activity
- Consult your Dietitian and/or Exercise Physiologist

FOOD INTEROLANCES:

- Introduce new foods one at a time
- Focus on small bites and eating slowly for best tolerance of solid protein and vegetables
- Foods commonly difficult to tolerate
 - Tough, high fat meats
 - Citrus fruits membranes (oranges)
 - Skins of fruits (apples)
 - Stringy vegetables (asparagus, celery)

INSTRUCTIONS FOR AFTER BARIATRIC SURGERY

BREATHING	INCISIONAL CARE	ACTIVITY
<ul style="list-style-type: none"> • Use Incentive Spirometer 10 times an hour while awake • Brace abdomen with a pillow to cough and keep lungs clear of mucous • Steps to use Spirometer <ul style="list-style-type: none"> • Exhale Normally • Place lips tightly around Mouthpiece <p style="text-align: center;">DIET</p> <ul style="list-style-type: none"> • Stage 1 Diet (p 40?) for 2 weeks • See book for specific diet advancing instructions. • No carbonated or caffeinated beverages, no straws or alcohol. • Water is first priority, followed by protein shakes, until 5 consecutive days of 64 oz. water and 60 g protein (page 42) 	<ul style="list-style-type: none"> • Dressings: ok to leave on or if irritated or soiled remove and keep clean and dry (5-7 sites) • Glue: do no pick off, it will flake off on its own. <p style="text-align: center;">It is okay to take showers - NO tub baths, swimming pools, saunas etc. until all areas healed</p> <p style="text-align: center;">MEDICATIONS</p> <ul style="list-style-type: none"> • Medications you NO LONGER can take are listed on page 49. Provide list to other physicians if needed. • Take acid reducer for 90 days postoperatively. • Restart your Bariatric vitamins one week from date of surgery or as directed by surgeon. • Take pain medication as needed. • Resume all other medications as directed by surgeon. <p style="text-align: center;">*Dulcolax suppository and 2 tablespoons (30 ml) of Milk of Magnesia if no bowel movement within 48 – 72 hr. from discharge.</p>	<p style="text-align: center;">CALL US WHEN:</p> <ul style="list-style-type: none"> • You have persistent nausea and/or vomiting • Temperature of 101 or greater • Increasing redness or large amounts of drainage from any of the incision areas • Jaundice (yellowing of eyes and/or skin or dark tea colored urine) • Severe increasing abdominal pain • You have not had a bowel movement within 24 hours of using bowel regimen. • CALL 911 IF CHEST PAIN, SHORTNESS OF BREATH OR LEG PAIN!!!!

*****You should be given a typed Bariatric Surgery Discharge Instruction Sheet upon discharge that has more information and a repeat of the above information.**

BARIATRIC POST OP DIET

IN THE HOSPITAL

WHILE IN THE HOSPITAL

- Your diet order in the hospital will be a **Bariatric Sugar-Free Liquid Diet** which will include water, broth, sugar free gelatin, and protein supplements.
- If you wish to bring your own sugar-free flavorings, you may do so. Crystal Light®, Propel®, PowerAde Zero® or herbal teas of your own.
- *If something comes on your tray and you are not sure if you can have it, don't eat it!*

AFTER GOING HOME

For the first two weeks after surgery, you will be on the Stage 1 Bariatric Diet. This includes sugar-free fluids and protein shakes for at least 5 days. If you have met your fluid goals for 5 days, you may start to add in foods from the list of 5 soft foods on page 42. (If you reach your water/protein goal for 4 days and day 5 you don't, then you must start over at day 1 until you have consecutively achieved 5 days of 64 oz. water and 60 g protein).

- Sip on sugar-free fluids throughout the day. You can sip on water and protein shakes at the same time, you don't have to stop drinking water to drink a protein drink. Protein drinks do not count towards your 64oz fluid goal.
- Once at home, you should be drinking 8 ounces (1 cup) of liquid every hour between meal times.
- **Drink a minimum of 64 ounces of fluid.**
- Keep in mind when food is added to your diet, time is taken away from drinking water. If you cannot reach your fluid goals, you may need to skip meals to stay hydrated. If you feel weak, shaky or hungry, this is the time to have a protein shake. **Protein shakes do not count towards your fluid requirements.**

Diet Progression Timeline (for all surgeries)

Stage I	Weeks 0-2
Stage II	Weeks 3-4
Stage III	Weeks 5 and beyond

Stage 1: Bariatric Full Liquid Diet (Weeks 1-2)

As your stomach is healing from your operation, it's important to limit stress on the irritated pouch. This is also a very important time to learn how to get 64 or more ounces of sugar-free liquids each day. This diet will begin the day you return home from surgery until you are 2 weeks post-op.

#1 Sugar-Free Fluids

- This is your number 1 priority after surgery. **Drink a minimum of 64-96 oz. daily.**
- Remember to follow the “3 C’s” to count a liquid as sugar-free.
 - Non-Carbonated; Non-Caffeinated; Under 15 Calories for 8 ounces
 - Samples of Approved Liquids:

Water Herbal Tea Crystal Light®	Vitamin Water Zero® Diet Cranberry Juice® PowerAde Zero® (contains electrolytes)	Mio® Dasani® Propel®	Broths (vegetable, beef or chicken) Sugar-free gelatin, popsicles
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#2 Protein Shakes

Your number one priority is a minimum of 64 oz. sugar-free fluids each day. Protein shakes do not count towards this goal. If you are feeling shaky, weak, tired, or hungry drink a protein shake at these times. Your goal is to drink at least 60 grams of protein each day (2-3 protein shakes). Some patients will reach this goal while others will be focusing on their fluids and not get in all their protein shakes.

PROTEIN SHAKE GUIDELINES: 15 grams protein or more, less than 6 grams of sugar

- Mix with water or Unsweetened Almond Milk/Cashew Milk (milks with less than 40 cal/8 oz.)
- Avoid fruits, nuts or peanut butters which increase fat and sugar
- Choose whey protein or soy protein isolates, See pages 26-27

#3: Food

After FIVE days of meeting your fluid and protein goals, you can begin to incorporate bites of soft protein foods. ****ONLY add in foods if you are reaching your other goals.**** Take very small bites, eat slowly and **stop at the first indication of fullness.** There is no set portion size, you must listen to YOUR body's cues. **As you begin eating protein foods – you can begin decreasing protein drinks.**

Soft foods to add:

- Light or reduced fat cheese – cottage/ricotta/sliced/cubed/string (any flavor)
- Plain Greek yogurt – not fruit flavored
- Eggs – scrambled/egg substitute/modified egg salad (egg & condiment only)
- Fat-free refried beans
- Modified tuna/chicken salad – meat & condiment only

Remember, you cannot drink for 15 minutes before your meal, during your meal and for 45 minutes afterward. If eliminating time for drinking fluids will prevent you from getting in all your water, choose water instead of eating!

#4: Vitamins -Start taking vitamins again one week after surgery.

Stage 2: Soft Protein Foods (Post-Op Weeks 3-4)

As your stomach continues to heal, you will slowly begin incorporating softer textured proteins to keep stress low on the stomach, as well as train you on your new eating behaviors. To avoid complications **do not advance your diet faster than recommended.**

#1 Sugar-Free Fluids (See page 42 for Approved Liquids)

- This is your number 1 priority after surgery. **Drink a minimum of 64-96 oz. daily.**
- **SIP YOUR FLUIDS ALL DAY LONG IN ORDER TO REACH YOUR GOAL.**
- Remember to follow the “3 C’s” to count liquid as sugar-free.
 - Non-Carbonated; Non-Caffeinated; Under 15 Calories for 8 ounces

#2: Food

3 meals per day of soft protein foods (aiming for a goal of 60-80 grams protein *as able*) ****ONLY add foods if you are reaching your other goals.**** Take very small bites, eat slowly and **stop at the first indication of fullness.** There is no set portion size, you must listen to YOUR body’s cues. **As you begin eating protein in foods – you can begin decreasing protein shakes.**

Stage 2 Soft Foods (All the foods from Stage 1 on page 42 plus the list below)

<ul style="list-style-type: none">• Eggs – Prepared as you like: Hard boiled/omelet/deviled/scrambled• Whole beans (boiled/steamed): Navy/pinto/black/black eyed peas/great northern/cannellini/lima/kidney• Skinless dark meat poultry: Thigh/leg/wing• Tofu	<ul style="list-style-type: none">• Canned meat without condiments: Chicken/tuna/flavored tuna/salmon• Deli meats (shaved/thinly sliced): Chicken/turkey/roast beef/ham• Fish (broiled/baked/NO breading): Salmon/cod/tilapia/halibut/catfish/flounder/haddock/orange roughy/trout/tuna
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❖ **Remember the 15/45 Rule:** Stop drinking 15 minutes before eating, NO drinking during meals, & for 45 minutes after eating. If you have to choose between fluids and foods, choose fluids first.

#3 Protein Shakes (if needed)

Your goal is to consume 60-80 grams of protein daily. This can come from both foods & protein shakes. Keep track of your protein intake each day (use a food log/paper or smart phone app). Protein containing whole foods should be your first priority, but if you are not able to consume 60 grams from food, protein shakes should be used.

- If you are able to get 60 grams of protein from your foods, you do not need a protein shake that day.
- If you didn’t get to 60 grams, you will need to do all or part of a protein shake that day.

Some patients will still need 1 protein shake daily, since they are not able to eat 60-80 grams of protein from foods. The length of time after surgery that you need a protein shake will vary depending on how much & what foods you consume each day. Do not be overly concerned with how much or little you are eating at this point. Intake varies greatly from person to person. Some may only be able to eat a few bites and some will be able to eat more.

PROTEIN SHAKE GUIDELINES: 15 grams protein or more & less than 6 grams of sugar

- Mix with water or Unsweetened Almond/Cashew Milk (milks should have less than 40 calories/8 oz.)
- Avoid fruits, nuts or peanut butters which increase fat and sugar
- Choose whey protein or soy protein isolates, See pages 26-27

#4: Vitamins – Continue daily vitamins (Remember they are for life.)

Stage 3: Bariatric Regular Foods (Week 5 & Beyond)

Once you are a month out from your surgery, you are ready to transition back to solid foods. Be very mindful of your bite sizes and how fast you are eating. **You will feel full sooner with solid proteins. Eat two bites of protein to every one bite of vegetable. Fruit is okay once per day, paired with a protein. Continue to avoid starches and sweets for best weight-loss results and optimal hunger control. Everyone's portion size is different – listen to how you feel!**

#1 Sugar-Free Fluids (See page 42 for Approved List)

- This is your number 1 priority after surgery. **Drink a minimum of 64-96 oz. daily.**
- **SIP YOUR FLUIDS ALL DAY LONG.**
- Remember to follow the “3 C’s” to count a liquid as sugar-free.
 - Non-Carbonated; Non-Caffeinated; Under 15 Calories for 8 ounces

#2: Food

- 3 meals per day, focusing on protein foods (aiming for a goal of **60-80 grams protein as able**).
- Try new foods, one at a time and in small amounts. You can start to add in fruits and vegetables at this time, if you wish. Use the food list on page 45-46 for ideas
- **As you begin to get more protein from foods – you can begin to decrease protein shakes, but you must still get 60-80 grams of protein each day from either food or shakes or both. Use a food journal to help you keep track of your protein intake each day.**
- Take very small bites, eat slowly and **stop at the first indication of fullness**. There is no set portion size, you must listen to YOUR body’s cues.
- Food intolerances are common after weight-loss surgery. Do not be discouraged! Keeping a food journal can help!

#3: Vitamins - Continue daily vitamins (Remember they are for life.)

Post-Op Diet - Keys To Remember

- After Stage 1 (full liquid diet), plan to **eat three meals per day**. Eat breakfast within the first hour of waking.
- Include a protein-rich food at each meal (a list is on page 45)
- Once you’ve reached week 5 and after successfully tolerating soft proteins in Stage II, be sure to focus on solid protein sources for best portion and hunger control. (Ex: chicken breast vs. chicken salad).
- Take small bites. Using cocktail forks may be a helpful reminder.
- Put your fork down and pause in between bites. **STOP eating at the first indication of fullness. This will be a different amount for everyone.** The goal is to identify the feelings of when to stop instead of relying on a set measured amount.

Lean Protein Sources – Choose First!

<u>Beef</u> 90% lean ground beef Tenderloin Roast (rib, chuck, rump) Steak (T-bone, cubed, flank, porterhouse, sirloin, round, filet)	<u>Poultry</u> Skinless turkey/chicken breast Ground turkey/chicken Chicken/turkey sausage Dark meats (in moderation)
<u>Fish/Shellfish</u> Cod, Flounder, Haddock Halibut, Tilapia, Trout Salmon, Catfish, Tuna Clams/Crab/Lobster/Shrimp	<u>Deli Meats/Processed Meats</u> Turkey, roast beef, ham Fat-free hot dogs Turkey/chicken sausage and bacon Beef/Turkey/Deer Jerky
<u>Pork</u> Lean ham Canadian bacon Pork tenderloin Center loin chops	<u>Low-fat Dairy</u> Light or 2% cheese (string cheese, sliced cheese, block cheese, shredded cheese) 2% cottage cheese Greek yogurt
<u>Game</u> Duck, Pheasant, Buffalo, Ostrich, Deer <u>Vegetable Proteins</u> Soybeans/edamame Soy products (i.e. veggie burgers) Beans (in moderation) Tofu	<u>Eggs</u> whole egg (with yolk) egg whites egg substitute <i>prepared any way (deviled, scrambled, poached, fried with cooking spray)</i>

Non-Starchy Vegetables – Best Choice to Pair with Protein

Artichoke Asparagus Green beans Beets Broccoli Brussels sprouts Cabbage Carrots Cauliflower Celery Collard greens Cucumber Eggplant Jalapenos	Kale Leeks Lettuce Okra Onions Peppers Radishes Salad greens Snow peas Spinach Summer squash (yellow, zucchini) Tomato (fresh or canned) Turnips
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Fruits – No more than one Per Day, Always with a Protein

Apple	Nectarine
Apricots, fresh	Orange
Banana	Papaya
Blackberries	Peach
Blueberries	Peaches or pears (in light syrup)
Cantaloupe	Pear, fresh
Cherries, fresh	Pineapple, fresh
Fruit cocktail (natural juice)	Pineapple, canned (drained)
Grapefruit	Plumbs
Grapes	Raspberries
Honeydew melon	Strawberries
Kiwi	Tangerines
Mango	Watermelon

Heart-Healthy Fats – One Serving Per Meal If Needed*

**If needed within your meal or recipe (ex: salad dressing, cooking with oil)*

Almonds – 6 nuts	Margarine or butter (stick/tub) – 1 tsp
Avocado – 1/8 OR ¼ cup	Margarine, low-fat – 1 tbsp.
Oils (olive, canola) – 1 tsp	Mayo, regular – 1 tsp
Olives – 8 Black, 10 green	Mayo, reduced fat – 1 tbsp.
Peanuts – 10 nuts	Pumpkin seeds – 1 tbsp.
Peanut/Almond butter – 2 tsp	Sunflower seeds – 1 tbsp.
Pecans – 4 halves	Salad dressing, regular – 1 tbsp.
Pistachios – 16 nuts	Salad dressing, reduced fat – 2 tbsp.
Hummus - 2 tbsp.	Walnuts – 4 halves

Starches and Sweets – Very Seldom for Best Results

Breads or toast	Croutons
Tortilla/wraps	Chips
Rice	Biscuits, rolls, pastries
Crackers	English muffin
Pita bread	Popcorn
Flatbread	Cereals
Pasta	Ice cream/frozen yogurt
Potatoes, Sweet potatoes, peas and corn	Cookies/cakes/brownies
Donuts	Dried Fruits
Muffins	Fruit Juices
Oats/Oatmeal/Granola	<i>*If you think it's a starch...it likely is!</i>

Sample Menus for Each Stage

	<u>SAMPLE</u> <u>Stage 1</u> <small>*after fluid goals reached for 5 days</small>		<u>SAMPLE</u> <u>Stage 2</u>		<u>SAMPLE</u> <u>Stage 3</u>
Breakfast	Scrambled Egg		Omelet with Low-Fat Cheese		Turkey Sausage and Boiled Egg
	<i>Fluids and Protein Drink</i>		<i>fluids</i>		<i>fluids</i>
Lunch	Cottage Cheese		Deli turkey or ham		Pork Chop with Green Beans
	<i>Fluids and Protein Drink</i>		<i>Fluids and Protein Drink</i>		<i>fluids</i>
Dinner	Canned Tuna with Light Mayo		Flakey fish (ex: Tilapia)		Hamburger Patty w/Cheese and Carrots
	<i>Fluids</i>		<i>fluids</i>		<i>fluids</i>

**Fluids in between every meal!*

Avoid drinking 15 minutes before, during and until 45 minutes after meals.

**Aim for 60 grams of protein a day. Approximately 1 oz. of meat = 7 grams protein.
As protein intake increases in your foods, you can decrease protein shakes.*

10 Habits of Highly Successful Patients

1. **Eat 3 meals each day.** Avoid skipping meals which can slow metabolism. Make a habit to eat breakfast within 1 hour of waking.
2. **Make sure all meals are at two-thirds protein.** Meals that are two-thirds protein and the rest non-starchy vegetables will keep you feeling full longer.
3. **Solid protein foods keep you full longer.** Choose chicken, lean beef, lean pork, etc. compared to softer foods like tuna salad, cottage cheese and protein shakes. Liquid and mushy foods will pass through your pouch quicker than solid making you hungry sooner.
4. **Take very small bites and eat slowly to tolerate foods.** Make sure to take peanut sized bites and eat slowly to tolerate foods well. Utilize cocktail or shrimp forks for small bites. If a food is not tolerated, eliminate it and then try a small amount again in 2 weeks.
5. **Avoid starchy foods and sweets.** Foods high in starch such as breads, pasta, rice, potatoes, crackers, cereals, oatmeal and other grains, as well as desserts, will increase hunger and weight gain. For best weight-loss results before *and* after surgery, focus on lean meats and vegetables and eliminate starches and sweets. (See food list-pages 45-46)
6. **Drink a minimum of 64 oz. of fluid daily.** Even mild dehydration can prevent you from losing weight. Hunger and cravings are better controlled when you are hydrated. Keep water with you at all times and keep count of how much you've had. Remember the "3 C's" – if it doesn't have carbonation, calories or caffeine, it counts!
7. **Do not drink 15 minutes before meals, with meals and for 45 minutes after eating.** Drinking with meals empties the contents of your stomach quickly, causing you to be hungry sooner. Which could lead to snacking more often.
8. **Keep a food journal.** Research has proven that people who keep food journals lose twice as much weight as people that do not. Food journals keep you accountable and they provide insight as to where calories are being spent. You can do this with pen and paper or use an app on your smart phone.
9. **Be active! Stick to an exercise plan** as recommended by your team. Exercise increases your metabolism and will keep your bones/muscles strong, as well as improve overall health.
10. **Don't forget your vitamins.** After having weight loss surgery, your food intake is dramatically reduced. Therefore it is necessary to supplement with vitamins and minerals. After surgery, these supplements will be taken for life, unless instructed otherwise.

LIST OF MEDICATIONS TO AVOID AFTER BARIATRIC SURGERY

Do not take Aspirin, Aleve, Naprosyn or any non-steroidal anti-inflammatory drugs (NSAIDS).

Actron	Ecotrin Caplets/Tablets
Advil Caplets/Tablets	Empirin Tablets
Advil Cold/Sinus Caplets	Excedrin Extra-Strength Caplets/Tablets
Aleve	Feldene
Alka-Seltzer Antacid	Haltran Tablets
Pain Reliever Effervescent Tablets	Ibuprofen Caplets/Tablets
Alka Seltzer Plus Cold Medicine Tablets	Ibuprohm Ibuprofen Caplets/Tablets
Anacin Caplets/Tablets	Indocin (Indomethacin)
Anacin Maximum Strength Tablets	Lodine
Anaprox	Midol Caplets
Ansaid	Midol IB Tablets
Arthritis Pain Formula Tablets	Mobigesic Analgesic Tablets
Arthritis Strength Bufferin Tablets	Motrin
Arthrotec	Motrin IB Caplets/Tablets
Aspirin	Nalfon (Fenoprofen)
Ascriptin Caplets/Tablets	Naprosyn
Ascriptin A/D Caplets	Naproxen
Aspergum	Norwich Tablets
Bayer Aspirin Caplets/Tablets	Nuprin
Bayer Children's Chewable Tablets	Orudis (Ketoprofen)
Bayer Plus Tablets	Oruvail
Bayer Select	Oxaprozin
Ibuprofen Pain Relief Formula Caplets	P-A-C Analgesic Tablets
Maximum Bayer Caplets	Pamprin
8-Hour Bayer Extended-Release Tablets	Ponstel (Mefenamic acid)
BC Powder	Relafen (Nambutemone)
BC Cold Powder	Rexolate (Thiosalicylate)
Buffaprin Caplets/Tablets	Rufen
Bufferin Arthritis Strength Caplets	Sine-Aid IB
Bufferin Caplets/Tablets	Sine-Off Tablets, Aspirin Formula
Cama Arthritis Rain Reliever	St. Joseph Adult Chewable Aspirin
Clinoril	Therapy Bayer Caplets
Daypro	Tolectin (Tolmetin)
Doans Pills/Caplets	Toradol (Ketoradolac)
Dolobid (Diflunisal)	Ursinus Inlay-Tabs
Dristan Sinus Caplets	Vanquish Analgesic Caplets
Duract (Bromfenac)	Voltaren (Diclofenac)

Tylenol (Acetaminophen) and Celebrex are safe and okay to take

*** If you think you are having a heart attack, you can chew up and swallow an 81 mg baby aspirin before going to the emergency room.**

****PLEASE be aware, that this list may change as new medications are invented.
If UNSURE of a medication, consult your doctor or pharmacist.**

Recipe Resources and Food Journals:

www.foodcoach.me

www.allrecipes.com

www.kraftfoods.com

MyFitnessPal (app or website)

Lose It (app or website)

Bariatric On-line Support Group Resources:

Our most successful patients are the ones who attend support group on a regular basis! Alternatives for support are encouraged for all patients, but especially for those whom distance or transportation issues are a hardship.

www.facebook.com/saintlukesweightloss

www.americanbariatrics.org

www.dailystrength.org/c/Gastric-Bypass-Surgery/support-group

www.americanbariatrics.org/forum.php

www.obesityhelp.com

www.bariatricpal.com

www.thinnertimesforum.com

www.tops.org (Take off/Keep off Pounds Sensibly)

www.oa.org (Overeaters Anonymous)

Additional Resources:

www.asmbs.org (American Society for Metabolic and Bariatric Surgery)

www.obesityactioncoalition.com



Saint Luke's Center for Surgical Weight Loss

Exercise

SAINT LUKE'S CENTER FOR SURGICAL WEIGHT LOSS
816-932-7900

My Workout Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Exercise VS Physical Activity



Exercise

According to the American College of Sports Medicine (ACSM), exercise is:

“Physical activity that is planned, structured and repetitive, and has a final or intermediate objective the improvement or maintenance of physical fitness.”

In other words:

Exercise is planned and intentional physical activity that is repeated over an extended length of time.



Physical Activity

According to the American College of Sports Medicine (ACSM), physical activity is:

“A bodily movement produced by skeletal muscles that results in energy expenditure above resting (basal) levels.”

In other words:

Physical activity is any movement that uses your muscles to perform typical daily living, work, leisure, or transportation duties.

Aerobic Exercise Program

According to the ACSM: Aerobic exercise is: “Any sport or activity that works large groups of muscles, is continuously maintained and performed rhythmically.”

- You should be able to maintain this exercise at a consistent intensity for an extended length of time.

Pre-Operative Program

If you are not currently participating in an exercise program, you should begin with a minimum of 60 minutes per week for the first month, pre-operatively. The pre-operative progression is as follows:

Month 1: 60 minutes per week

Month 2: 100 minutes per week

Month 3: 150 minutes per week

*The minimum goal prior to surgery is 150 minutes of exercise each week.

Mode/Type

Low impact and non-weight bearing activity is less stressful on knee/hip/ankle joints; however **weight bearing** exercises will burn more calories per minute, as well as maintain and strengthen your bones and skeletal muscles. Possible modes of aerobic exercise include, but are not limited to the following:

Walking: **outside, inside, treadmill, in water**

Swimming: laps, aerobics, walking

Bicycling: outside, indoor class, recumbent, upright, aerodyne

Elliptical: **cross trainer, climber, gazelle, and ARC trainer**

Videos: **aerobic, cross training, walking**

Stepping: **stair climber, nu-step, stairs**

Ergometer: arm, leg

Frequency

Frequency refers to the number of days you exercise. Each patient should aim to exercise 4 to 6 days per week, if not every day. When exercising 4 days per week or less, try to position a day of rest between exercise days. When exercising more than 4 days per week (aerobic), alternate between modes (i.e. Day 1 – TM, day 2 – bike) to avoid over-use injuries and/or boredom.

Duration

Aerobic exercise can last as little as 10 minutes or as much as 6 hours (tri-athletes). You need to commit to a pre-determined length of time to exercise and be able to meet that commitment consistently before increasing your time. Each session should begin with a 3-5 minute warm-up or a slower activity (i.e. TM, bike, laps, etc.). Additionally, 5-10 minutes should be allowed at the end of each session for a cool-down and stretching.

*It is important to note that your warm-up and cool-down are not considered part of your total “active” exercise session.

Intensity

There are many ways to measure and track intensity during exercise. The most commonly used methods are heart rate (HR), Borg’s Rating of Perceived Exertion (RPE), or calories burned. If you choose to monitor your HR, it is ideal to exercise between 70-75% of your age-predicted maximum HR, which is considered moderate-intensity exercise. It is important to note that patients on blood pressure medication are not advised to use HR as a tool to measure intensity, as these medications typically do not allow an accurate HR response to exercise. For these patients, the most advised method is RPE, which measures your feelings of effort, strain, and/or fatigue experienced during exercise. Basically, RPE is how hard you feel you are exercising (ideally between 12-14). Refer to the RPE Chart on page 56 for a detailed explanation.

Progression

In order to improve stamina, health, and fitness, you should progress (or change) your aerobic exercise program every 2 weeks. This may occur with frequency, duration, or intensity. Track your exercise and document what you complete (date, type, time, RPE, other comments) as a reference to allow for proper exercise progression.

Borg Rating of Perceived Exertion (RPE) Scale

Number Rating	Verbal Rating	Example	% of MHR
6		No effort at all. Sitting and doing nothing.	
7	Very, very light	Your effort is just noticeable	
8			
9	Very light	Walking slowly at your own pace	
10		Light effort	50%
11	Fairly light	Still feels like you have enough energy to continue exercising	
12			60%
13	Somewhat hard		
14		Strong effort needed	70%
15	Hard		
16		Very strong effort needed	80%
17	Very hard	You can still go on but you really have to push yourself. It feels very heavy and you are very tired	
18			90%
19	Very, very hard	For most people, this is the most strenuous exercise they have ever done. Almost maximal effort.	
20		Absolute maximal effort (highest possible). Exhaustion.	

***** Shaded areas indicate moderate intensity and should be your benchmark*****

Resistance Training Program

Any exercise that causes the muscles to contract against a resistance for the purpose of increasing muscular strength, tone, mass, and/or endurance.

Basic Post-Operative Program

	6 Weeks – 6 Months	6 Months & Beyond
Frequency	2-3 times per week	3-6 times per week
Sets	2-3 sets	3-5 sets
Repetitions	15-20 reps	8-12
Rest (seconds)	30-60 sec	45-90 sec
Resistance	Light-Moderate	Moderate-Heavy
Outcome	Muscular endurance & coordination	Muscular building & strengthening

**** Make sure you do NOT hold your breath when lifting weights! ALWAYS exhale on exertion! ****

Perform all exercise with a controlled and full range of motion

Mode/Type

Body Weight:	Push-ups, pull-ups, squats, lunges
Machines:	“circuit” training, Curves, Kinesis
Free Weights:	Dumbbells, Barbells, Kettle-bells
Other Resistance:	Elastic bands, Water weights, Medicine balls, Videos
Home-Made:	Tire flipping/tossing, Farmer carry, sled push/pull, water jugs

Frequency

Routines can be programmed many different ways. If performing a full-body routine, you need 48-72 hours of rest between exercise sessions. If just beginning, you may choose to do a full-body program on Monday/Thursday or Tuesday/Friday. If alternating upper body and lower body (more advanced), your schedule may look like: Monday/Thursday – upper body and Tuesday/Friday – lower body.

Duration

There is no specific amount of time required for a strength training session, however, beginners can assume they will spend around 20-45 minutes each session. Instead of thinking about duration in terms of “time” (as we do with aerobic training), think of it in terms of number of exercises per session. Beginners should aim for a goal of 6-10 exercises with a minimum of two sets per exercise.

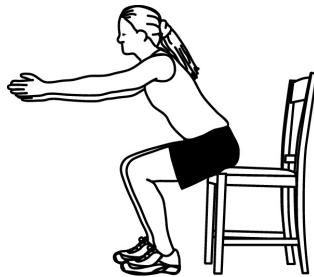
Progression

There are many ways to progress a strength training routine. You should get into the habit of changing your routine at least once a month. Exercise, order of exercises, repetitions, sets, and weight lifted can all be manipulated in order to achieve progression.

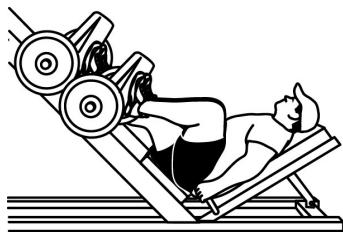
Rest

Rest is the **MOST** important aspect of any strength training program, whether it is between sessions or within a session. Within a session, you should be tracking your rest breaks between exercises and following the recommendations above. Between sessions, you should plan at least one day (24-48 hours) of rest to allow your muscles enough time to recover and rebuild from your previous session. A few times a year, you should plan a week-long rest (typically occurs during a vacation time).

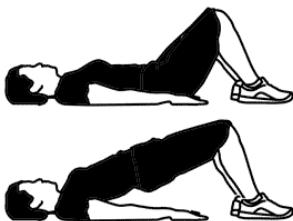
Lower Body Exercises



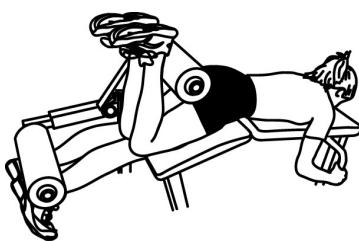
Chair squats – Begin this exercise by sitting comfortably in a stable chair. Knees should be at or near a 90 degree bend and feet should be hip width apart with toes slightly pointed out. Knees follow the direction of the toes. Hold your arms away from your body and the chair as you stand, using only your legs. Be sure to push through your heels as you lift, as this will ensure proper form and muscle engagement. Exhale as you lift/stand and inhale as you sit back down, arm-free. You may add weight as you become skilled at this movement.



Leg Press – If you have access to a gym, the leg press is a great way to begin strengthening your lower body. Consult a fitness professional if you need help operating this machine. It is important to keep your back in contact with the machine during the lift, by engaging your core and not arching your back. Your feet should be placed high on the platform with toes slightly pointed out and feet hip width apart, lower the weight slowly until you achieve a 90 degree bend in the knees then push up, through your heels, **do not** lock your knees at the top of this lift. Inhale as you lower the weight and exhale as you push the weight away from your body. **Suggested start weight: 50-100 lbs.**

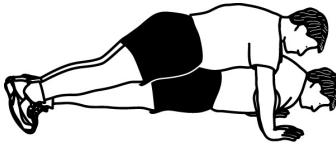


Bridge – Lie on your back, knees bent and hip-width apart with the soles of your feet planted firmly on the floor. Walk your heels back as close to your buttocks as comfortable. Rest your arms by your sides with palms facing down to help stabilize your core. Keeping your head/neck/shoulders on the floor, lift your hips up by pushing through your heels and squeezing your butt as you lift. Keep your knees and thighs parallel throughout the motion. Be sure not to let the knees fall inward or outward. Hold the lifted pose 3-5 seconds and gently lower back down with control. Exhale as you lift your hips and inhale as you lower back down.

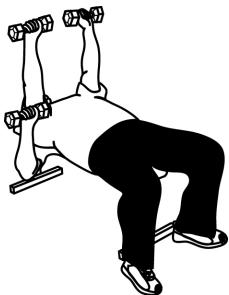


Hamstring Curl – If you have access to a gym, the hamstring curl machine is a great way to improve strength, range of motion, and flexibility in the hamstring muscle group. **Strengthening and lengthening the hamstrings will improve hip and knee stability, and may decrease lower back strain.** Squeeze the gluteus muscles (butt) as you pull the weight toward you, making sure to control the weight as you release the legs back to starting position. Exhale as you pull the weight toward you and inhale as you release the weight back down. **Note:** Do not hyper-extend your knees.

Upper Body Push Exercises (Chest)



Push-ups – You may choose to begin this exercise in the modified, bent knee, position. Avoid allowing your hips and abdomen to “droop” while in either position. You should be able to trace a straight line from your ear to your ankle/knee. Hand placement should be slightly wider than shoulder width apart and elbows should point behind you **throughout** the exercise. Try to engage your butt and core during the exercise. Exhale as you push up and inhale as you lower back down to starting position. This is a great body weight exercise that improves upper body strength and core stability. You may also try these on the wall or by placing hands on a counter or bench to progress to the floor-based push-up.

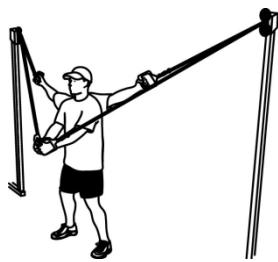


Dumbbell Chest Press – This exercise is nearly identical to the push-up, only now it is performed on an exercise bench. The benefit to using the bend is increased range of motion at the shoulder joint. You might need a spotter to help you position the dumbbells. NEVER pick up or drop the dumbbells from the lying position. Feet should be flat on the floor, never on the bench. Start from the seated position with dumbbells resting on thighs and elbows tucked into your abdomen. Slowly roll backward, maintaining arm position until horizontal, then push the weights up. Slowly lower the weights down, keeping your elbows below the shoulder line, with the weights ending just above the chest, and then push back up. Exhale as you press the weight up and inhale as you lower the weight back down. Keep palms facing away from face throughout the exercise.

Suggested start weight: **Women: 8-15 lbs.** **Men: 10-20 lbs.**



Machine Chest Press – Follow any directions provided by the company or gym. Make sure the seat is at an appropriate height to allow your elbows to run below your shoulders and the handles are at chest level. Make sure your feet are flat on the floor. Go through the full range of motion. Lower the lever until just before the weight rejoins the stack. Exhale as you push the weight away from you and inhale as you return to starting position.



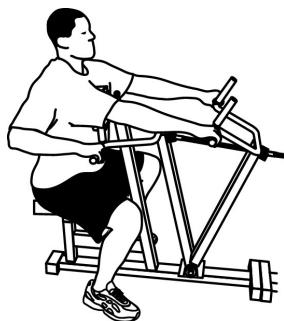
Cable Pec Fly – Place the pulleys on a position above your head. Holding the pulley handles, step forward while pulling your arms together in front of you (this is your starting position). Keep a slight bend in your elbows throughout the entire motion. Extend/release your arms straight out at both sides, feeling a stretch through your chest. Return your arms back to starting position by squeezing through the chest muscles, with palms facing each other. Exhale as you pull the arms back in to starting position and inhale as you extend arms out to sides.

Suggested start weight: **15-30 lbs.**

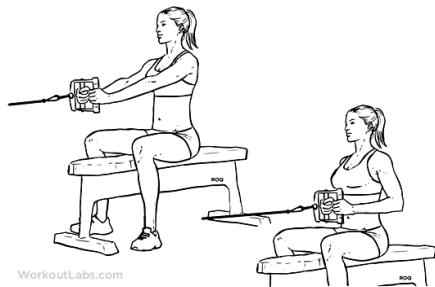
Upper Body Pull Exercises (Back)



Lat pull-down – This is a very important exercise for strengthening the upper back, correcting posture, and decreasing back pain. It is also one of the most incorrectly performed exercises in the gym. Follow the image as closely as you can. Your hands should be wide on the bar and you should lean back slightly during the **entire** lift, as this allows the bar to travel in a straight line from the top of the machine to your sternum (chest). Do not push the bar past this line. As you pull the bar to your sternum, pinch your shoulder blades together as if you want to trap a pencil between them. Slowly return the weight to the starting position. Exhale as you pull the bar to your sternum and inhale as you release the bar back to starting position. **Suggested start weight: 40-60 lbs.**



Machine Rows – Follow manufacturer's directions. Start with handlebars below shoulder level. Pull the levers back as far as you can, keeping your elbows pointing back, making sure you pinch your shoulder blades together. Slowly return to starting position without letting the weights rejoin the stack. Feet should be flat on the floor throughout the lift. Exhale as you pull the weight back and inhale as you return to starting position. **Suggested start weight: 30-50 lbs.**



Seated Cable Row – Using a “v-bar” attachment will allow you to have a more neutral grip with the palms facing each other. Sit down and place feet on the platform, hip-width apart, keeping a slight bend in the knees throughout the motion. Lean in to grab the v-bar and pull back until you are seated in an upright position with your chest out and shoulders back (this is your starting position). Pull the bar toward your belly, keeping your arm close to your sides, while squeezing your shoulder blades together, as if trying to grab a pencil. Slowly return to starting position. Exhale as you pull the bar toward you and inhale as you return to starting position.

Note: Avoid moving your torso during the exercise to avoid unnecessary strain on the low back.



Dumbbell Rows – This exercise can be done as depicted on the left, or with the same-side knee resting on the bench, along with the stabilizing arm. In either position, it is very important to maintain a slightly arched/extended lower back (bend at the hips, not the waist). Begin with the arm straight and the dumbbell close to the floor; pull the dumbbell up to your body (chest) while trying to point your elbow to the ceiling; slowly lower the weight to starting position. Keep the weight close to your body as you pull upward. Exhale as you lift the weight and inhale as you lower the weight back to starting position.

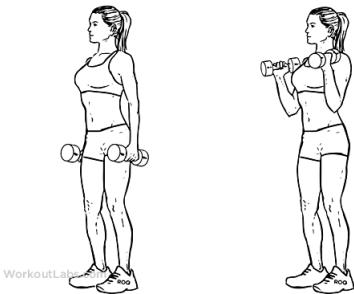
Suggested start weight: 10-20 lbs.

Bonus Exercises



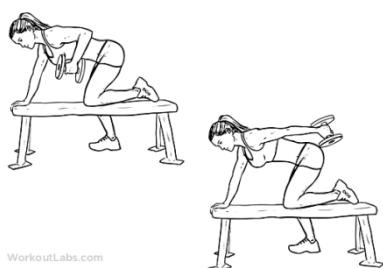
Dumbbell Shoulder Press – This exercise is a good way to strengthen your shoulders for many basic activities of daily living. You may perform this exercise seated or standing, always with an upright posture. Start with the weight/dumbbells at shoulder height, with elbows pointing forward and palms facing inward. Press up. Return to starting position. Keep core engaged throughout exercise to prevent aching your lower back. Exhale as you press up and inhale as you lower the weight back to starting position.

Suggested start weight: 8-15 lbs.



Dumbbell Bicep Curl – Sit or stand up straight with feet hip-width apart and a dumbbell in each hand. You may keep your palms facing each other or turn palms up (this is your starting position). Be sure to keep your belly tight and squeeze your butt to help stabilize you throughout the motion. Begin to curl the weights up, bending only at the elbow and contract your bicep to lift the weight until the dumbbells are at shoulder level. Briefly pause before slowly lowering the weight back to starting position. Exhale as you lift the weights and inhale as you lower back down to starting position.

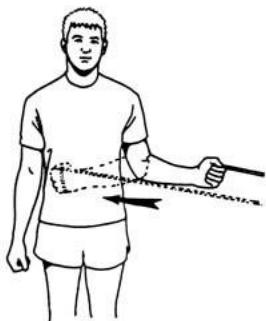
Suggested start weight: Women: 5-10 lbs. Men: 8-15 lbs.



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Dumbbell Triceps Kickback – Place one knee and corresponding palm on a bench with back flat. Hold a dumbbell with your free hand with your palm facing toward your body. Bring your upper arm next to your torso with a 90 degree bend at the elbow, letting the forearm and weight face the floor (this is your starting position). Keeping your upper arm and elbow stable, straighten/extend your arm back while contracting your triceps. Briefly pause before lowering the weight back down to starting position. Exhale when extending arm back and inhale when returning to starting position.

Suggested start weight: Women: 5-10 lbs. Men: 10-20 lbs.

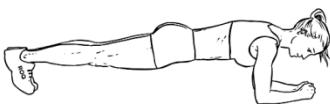


Internal Shoulder Rotation – Begin with a pulley or resistance band at waist level. Keep upper arm close to your torso and do not allow upper arm to move throughout the motion. With a 90 degree bend at the elbow, hold the pulley/band with palm facing out (starting position), and pull the hand into your belly by rotating only at the shoulder. Briefly pause before slowly returning the hand to starting position. Exhale as you pull your hand toward you and inhale as you return to starting position.

Bonus Exercises (cont.)



External Shoulder Rotation - Begin with a pulley or resistance band at waist level. Keep upper arm close to your torso and do not allow upper arm to move throughout the motion. With a 90 degree bend at the elbow, hold the pulley/band with forearm across your belly and palm facing toward you (starting position), and lift your hand away from your belly by rotating only at the shoulder. Briefly pause before slowly returning the hand to starting position. Exhale as you pull your hand away from you and inhale as you return to starting position.



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Plank – Place elbows directly below shoulders and rest forearms on the floor in front of elbows and place feet together propped up on toes. Keep your body straight, like a board or plank from your ankles to your ears. To achieve this position, it is important to keep your abdominal muscles tight as though you are pushing your belly button into your spine and squeeze your butt muscles together. Try to look about 3 feet in front of you to keep your neck in a neutral position.

Note: Do not hold your breath. Try to breathe normally.



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Side Plank – Place elbow directly below shoulder and either stack your feet one on top of the other, place feet in a scissor stance, or drop the lower knee to the ground and bend the knee. Keep your body straight like a board or plank from your ankles/knee to your ears. To achieve this position you must keep your abdominal muscles tight and lift your top hip up. Keep your chest open by placing your free hand on your hip with your elbow facing up. Make sure you work both sides equally. You may add a dip with this, by lowering your hips to tap the floor and raise back up to increase difficulty level.

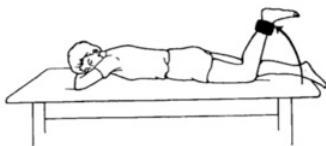
Note: Do not hold your breath. Try to breathe normally.

Resistance Band Exercises



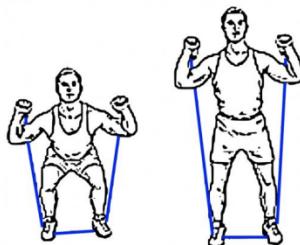
Leg Press

- Sit in Chair
- Loop elastic/tubing around bottom of foot as shown
- Hold handles in each hand
- Push leg down straightening at knee
- Slowly return to start position and repeat
- Exhale when pushing straight and inhale when returning to start



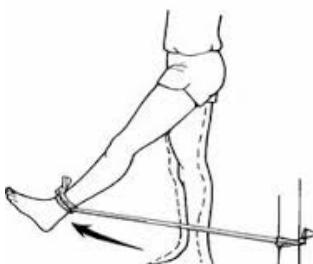
Hamstring Curl

- Attach band to secure object and to ankle of desired leg
- Lie face down on firm surface
- Begin with knee straight and then bend knee, bringing heel toward you
- Slowly return to start position and repeat
- Exhale when pulling heel toward you and inhale when returning to start



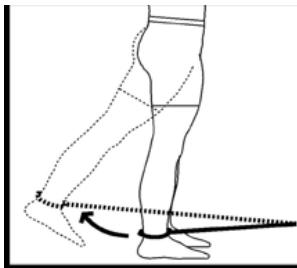
Squat

- Place band under both feet, and spread feet shoulder-width apart
- Hold band handles in hands (either keep arms straight or bend elbows to increase resistance)
- Slowly bend knees between 45-90 degrees, making sure to sit back and keep chest up (do not let knees bend past front of toes)
- Return to standing position by pushing through heels of feet and squeezing through your bottom and repeat
- Exhale when standing from squat and inhale when lowering into squat



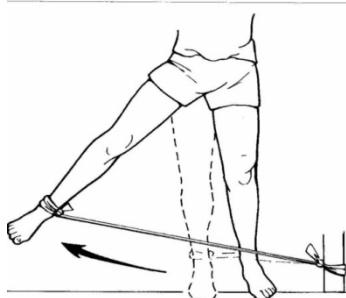
Hip Flexion

- Attach one end of band to a secure object at ankle level and loop other end of band around one ankle, facing away from pull
- Extend leg forward, keeping the knee straight
- Slowly return to starting position with control and repeat
- Exhale when extending leg forward and inhale when returning to starting position



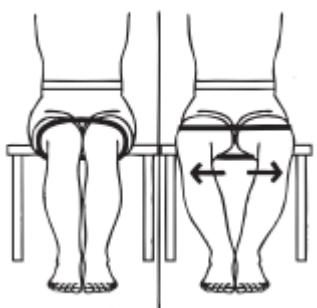
Hip Extension

- Attach one end of band to a secure object at ankle level and loop other end of band around one ankle, facing toward the pull
- Extend leg backward, keeping the knee straight, making sure not to hyperextend the back
- Slowly return to starting position with control and repeat
- Exhale when extending leg backward and inhale when returning to starting position



Hip Abduction (Standing)

- Attach one end of band to a secure object at ankle level and loop other end of band around one ankle, with involved ankle furthest away from secured band
- Extend leg out to the side, away from body, keeping the knee straight
- Slowly return to starting position with control and repeat
- Exhale when extending leg out to side and inhale when returning to starting position



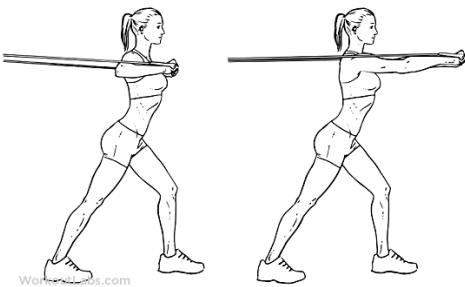
Hip Abduction (Seated)

- Sit in chair with feet and knees together and wrap band around legs just above the knees at desired resistance
- Sitting up tall, keeping feet together, pull knees out and away from each other
- Slowly return to starting position with control and repeat
- Exhale when pulling knees out and inhale when returning to starting position

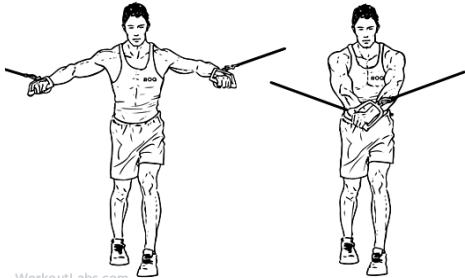


Hip Adduction (Inner thigh)

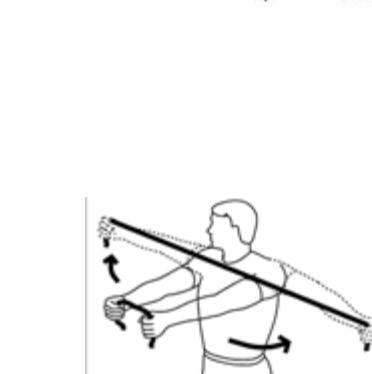
- Lie on back or sit in chair with a folded pillow, folded blanket, or child's ball between knees
- Squeeze knees together against the resistance between knees and hold for 3-5 seconds
- Slowly release, making sure not to drop the pillow, blanket, ball and repeat
- Exhale when squeezing and inhale when relaxing from squeeze



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Chest Press (Standing)

- Attach band to secure object at shoulder level, holding a handle in each hand
- Sit or stand as shown, with arms beginning in bent position
- Push arms forward in front of body, straightening elbows, keeping elbows at shoulder level throughout movement
- Slowly return to starting position with control and repeat
- Exhale when pushing arms out and inhale when returning to starting position

Chest Fly

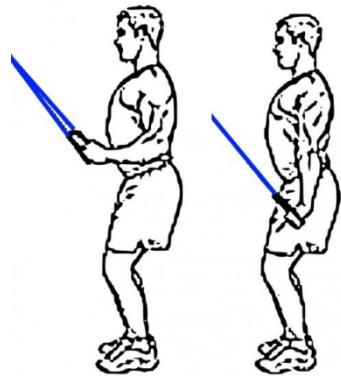
- Attach band to secure object at shoulder level, holding a handle in each hand
- Sit or stand as shown, with arms beginning in bent position and elbows slightly bent and facing behind you
- Pull arms from side to center of body together, keeping slight bend in elbows, squeezing through the chest muscles as you pull inward
- Slowly return to starting position with control and repeat
- Exhale when pulling arms together and inhale when returning to start position

Seated Row

- Attach band to a secure object just above waist level, holding a handle in each hand
- Sit or stand as shown, with back unsupported, maintaining proper posture
- Keep elbows near sides and start with arms extended in front of you and pull arms back, bending only at the elbows
- Squeeze shoulder blades together as you pull back
- Slowly return to starting position with control and repeat
- Exhale when pulling arms back and inhale when returning to starting position

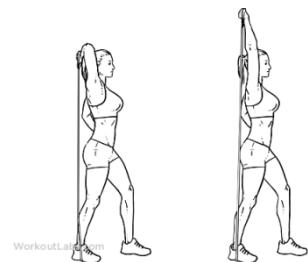
Reverse Fly

- Grasp elastic tubing (or handles) in hands, with arms in front of body and elbows straight, as shown
- Keeping palms facing inward, move arms away from each other, out to the sides
- Squeeze shoulder blades together as you pull arms out
- Slowly return to starting position with control and repeat
- Exhale when pulling arms out and inhale when returning to starting position



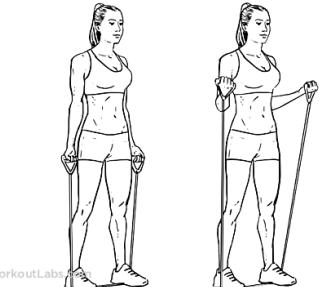
Triceps Press Down

- Attach band to a secure object overhead, or shoulder level and grip one or both handles with palm facing floor
- Begin with elbow bent at 90 degrees and close to body, as shown
- Straighten elbow, keeping arm at side, making sure not to lock elbow
- Slowly return to starting position with control and repeat
- Exhale when straightening elbow and inhale when returning to starting position



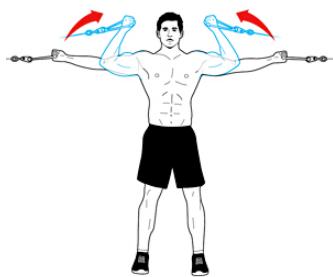
Overhead Triceps Extension

- Place one foot over one end of band and grasp handle of band with hand on same side securing band
- Begin with arm bent behind head, as shown, with palm facing back
- Lift arm to straighten elbow, keeping arm close to your ear
- Slowly return to starting position with control and repeat
- Exhale when straightening elbow up and inhale when returning to start position



Bicep Curls

- Place band under both feet, and spread feet shoulder-width apart
- Grasp handles in each hand with arms down by sides
- Pull upward, bending at elbows, keeping arms near sides
- Slowly return to starting position with control and repeat
- Exhale when pulling upward and inhale when returning to starting position



Horizontal Bicep Curl

- Attach one or two bands to a secure object at shoulder level and grip one or both handles with palms facing up
- Begin with arms straight out at sides at shoulder level and palms up
- Pull bands in toward you, bending only at the elbows
- Slowly return to starting position with control and repeat
- Exhale when pulling inward and inhale when returning to starting position



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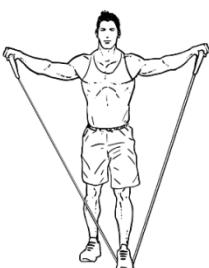


Overhead Shoulder Press

- Place band under one or both feet, with a staggered split stance (as shown) or with both feet shoulder-width apart, and grip handles in both hands
- Begin with arms up at shoulder level and elbows bent with palms facing out, as shown
- Push arms up and overhead, making sure not to arch back or lock elbows
- Slowly return to starting position with control and repeat
- Exhale as you push up and inhale as you return back to starting position



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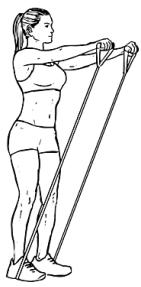


Lateral Shoulder Raise

- Place band under one or both feet, with a staggered split stance (as shown) or with both feet shoulder-width apart and grip handles in both hands
- Begin with arms down by sides and palms facing inward
- Keeping elbows straight, lift arms to shoulder level and no higher
- Slowly lower back to starting position with control and repeat
- Exhale as you lift arms up and inhale as you return to starting position



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Front Shoulder Raise

- Place band under both feet (as shown) and position feet shoulder-width apart and grip handles in both hands
- Position palms facing you and lift arms up to shoulder level, keeping elbows straight
- Slowly lower back to starting position with control and repeat
- Exhale as you lift your arms up and inhale as you return to starting position

Sample Weekly Workout Templates

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Sample Week 6 Days	Treadmill 30-45 Minutes	Full Body Weight Training	Stationary Bike 30-45 Minutes	Full Body Weight Training	Treadmill 30-45 Minutes	Full Body Weight Training	Off
Sample Week 5 Days	Elliptical 45 minutes	Treadmill 30 minutes	Off	Elliptical 45 Minutes	Treadmill 30 Minutes	Walk/Hike/ Bike Ride	Off
Sample Week 4 Days	Stationary Bike 30-45 Minutes	Off	Treadmill 30-45 Minutes	Off	Elliptical 30-45 Minutes	Treadmill 20-30 Minutes	Off
Sample Week 3 Days	Off	Treadmill 45-60 Minutes	Off	Stationary Bike 45-60 Minutes	Off	Elliptical 30-45 Minutes	Off

Exercise Recommendations after Surgery

0 – 2 Weeks Post Surgery

- Exercise begins in the hospital
- 8 – 10 lbs. lifting restriction (approx.. 1 gallon of milk)
- Focus on short duration, frequent walking/movement
 - Aim for 5-10 min of walking/activity per hour you are awake.
- NO high intensity activity, strength training or abdominal exercises
 - Avoid any activity that may result in holding your breath, such as:
 - Vacuuming, carrying groceries, lifting an older child
- Suggestions for staying active:
 - Take a lap around the grocery store or other shopping center *before* shopping
 - Walk in a shopping mall/big box store to avoid heat and/or cold

Post-Op Exercise Progression (Weeks 1-2):

While you are in the hospital, you will be required to get up and around. This will prepare you for even more movement once you are at home, and it will help alleviate gas pressure and ease constipation. At home, you will need to make a conscious effort to be active with minimal lifting. After surgery, try short/slow walks outside, indoors, or on a treadmill. Add small increments of time each day or session, according to how you feel from the previous day's activity. Start with a 5-10 minute walk and add 5 minutes every day or two. Remember... The more you move, the better you will feel!

3 – 6 Weeks Post Surgery

- Focus on building cardio-respiratory (aerobic) endurance.
- 25 lbs. lifting restriction – weeks 3 & 4
- 30 lbs. lifting restriction – weeks 5 & 6
- Duration of exercise should progress to 30-45 minutes, 4-5 times per week
- May introduce elliptical training (no oscillating arms until 4 weeks) and higher intensity walking
 - Avoid strength training and abdominal exercises until week six
- Introduce water exercises if incisions are completely healed

Post-Op Exercise Progression (Weeks 3-6):

During this time, you will gradually increase the time you spend doing continuous aerobic exercise. Walking is considered low intensity aerobic exercise and has positive benefits on the cardio-respiratory system. You should be walking every day of the week. You should be at, or near, the same fitness level you were pre-operatively, or averaging approximately 150 minutes per week of exercise.

**Avoid resistance training and activities that require a lot of abdominal movements.

Beyond 6 Weeks Post Surgery

- Exercise should be 4-5 times per week for 30-60 minutes
 - You no longer have any physical restrictions, unless otherwise noted by your surgeon.
- Introduce light, full-body strength training
 - 2-3 sets, 15-20 repetitions, 2-3 times per week, 6-10 exercises
- Abdominal exercises may be added if desired, but start slow.
- Moderate- to high-intensity aerobic exercise may be introduced

Post-Op Exercise Progression (Weeks 7 - 3 Months):

Your goal should be between 3-5 hours of exercise each week during this time. Gradually increase exercise towards 30-60 minutes per day (on average). This can be achieved through a combination of low- and moderate-intensity aerobic exercise (low: walking, moderate: stationary bike) **AND** moderate intensity resistance training (2-3 sets, 15-20 reps, light weight – men: 10-12 lb. DB, women: 5-8 lb. DB).

A sample week might consist of:

- 2 hours walking
- 1 hour resistance training
- 1 hour stationary bike

3 Months Post Surgery & Beyond

At this point the goal is to build on the foundation and habits you have set and exercise is now a permanent fixture in your life. You will begin to see the most positive outward benefits of aerobic **AND** resistance exercise, as it typically take between 6-8 weeks to visually see the work you have put in. Your goal should be 3-5 hours of moderate- to high-intensity exercise each week. This can be achieved through a combination of moderate- to high-intensity aerobic exercise (low intensity walking should NOT be included) **AND** moderate- to high-intensity resistance training (3-5 sets, 8-12 reps, moderate to heavy weights). Changing your duration, frequency, type, and/or intensity every 3-4 weeks will ensure you continue to make progress.

A sample week might consist of:

- 2-3 hours resistance training
- 1 hour boot camp class
- 1-2 hours in the pool

****Do NOT forget to properly warm-up and cool-down **AND** add flexibility (stretching) training **AFTER** each exercise session.**

Helpful Websites:

- www.exrx.net
- www.livestrong.com
- www.chairexercises.com
- www.powersystems.com
- www.band-exercises.net

Additional Considerations Related to Exercise

Type 2 Diabetes Mellitus

Safety Checklist

- Pre exercise blood glucose levels <100 = ingest 15grams of carbohydrate
- Pre exercise blood glucose levels >250 = exercise should be postponed
- Keep a daily log of exercise, medication management, and glucose levels
- Plan exercise sessions near the same time of day
- Adjust insulin according to amount of exercise (insulin injections + exercise can result in hypoglycemia up to 2-3 hours post exercise). Consult your care provider when needed.
- Wear a diabetes ID tag
- Take care of your feet. Check for foot irritations before and after exercise. Wear proper shoes.
- Pre-Hydrate, drink water during exercise, and drink water after exercise
- Do not exercise in extreme heat or cold temperatures

Cardiovascular Disease (Angina)

Safety Checklist

- If you have been prescribed fast-acting nitroglycerin, carry it with you during exercise
- Postpone exercise if blood pressure (Systolic >180, Diastolic >110)
- Discontinue exercise if you experience chest pain
- Discontinue exercise if your skin, nail beds, or lips turn a bluish color
- Rate of Perceived Exertion Scale (pg. 56) should not exceed 17 on a 20 point scale.
- Discontinue exercise if you experience dizziness, light headedness, or nausea
- Pre-Hydrate, drink water during exercise, and drink water after exercise
- Do not exercise in extreme heat or cold temperatures

Pulmonary Disease (COPD, Asthma, Emphysema)

Safety Checklist

- Invest in a pulse oximeter to measure oxygen saturation and heart rates
- During exercise, maintain >90% oxygen saturation
- Prior to exercise, if oxygen saturation is <90%, utilize your portable oxygen during exercise
- If you suffer from exercise related asthma, taking a fast acting bronchodilator (inhaler) 15 minutes prior to exercise may help prevent an episode for up to 30 minutes post-exercise bout
- Carry your fast acting inhaler with you during exercise
- Postpone exercise if blood pressure (Systolic >180, Diastolic >110)
- Discontinue exercise if you experience chest pain
- Discontinue exercise if your skin, nail beds, or lips turn a bluish color
- Rate of Perceived Exertion Scale (pg. 56) should not exceed 17 on a 20 point scale.
- Discontinue exercise if you experience dizziness, light headedness, or nausea
- During exercise, practice pursing your lips as you exhale
- Pre-Hydrate, drink water during exercise, and drink water after exercise
- Do not exercise in extreme heat or cold temperatures



Saint Luke's Center for Surgical Weight Loss

Psychological Support

SAINT LUKE'S CENTER FOR SURGICAL WEIGHT LOSS
816-932-7900

Psychological Support

We want you to be as successful as possible at Saint Luke's Center for Weight Loss. Part of that success means that you improve your understanding of your own behaviors, thought processes, and emotions. Learning to manage your thoughts and emotions will better help you manage behaviors that took you in a less than desirable direction. Now that you are on the road to obtaining the tools necessary to get your physical health under control, take the next step to total health and get set up with our psychologists. Utilizing the psychologists, is like learning how to write your map to your future. Through therapy you will learn how to cope more effectively with emotions that once sent you to the kitchen. You will also learn how to transform your self-esteem along with transforming your body. You will have support to help you deal with food mourning. You will begin to "own" the new you and never look back.

Psychological factors which may impact your success with Bariatric surgery:

1. A history of major psychiatric issues such as Bipolar Disorder or Schizophrenia
2. A history of anorexia or bulimia
3. A history of chemical dependency or abuse issues
4. A history of being sexually abused
5. Untreated depression or PTSD

Food mourning

Often we eat certain foods or increased amounts of food as a way of managing strong feelings of anxiety, depression, boredom or anger as well as general stress. When we don't replace eating with other ways of coping "food mourning" can occur. In order to avoid or manage food mourning keeping the following strategies in mind can help:

- **Think Prevention:** There is an old saying "Never get too bored, lonely, tired, hungry, angry or sad" Structure your life so that your needs for stimulation, comfort, connection, rest, and adequate nutrition are met.
- **Identify triggers** –situations or emotions (anger, sadness, loneliness, anxiety, boredom) etc. that are likely to trigger eating the "wrong" foods or excess amounts of food
- **Identify strategies to deal with triggers:**
 - Exercise-in addition to importance in weight loss, exercise improves your mood, energy, and level of relaxation
 - Distraction, doing something different-calling someone, getting up, doing a crossword puzzle, reading a magazine, etc. can interrupt a thought or craving.
 - Journaling: Writing down those emotions and experiences which trigger cravings can be very helpful
 - Utilize as many sources of support as possible including post-surgical Bariatric support group.
 - Nurture yourself-you may have used food as a rapid way of providing comfort. Brain storm about other ways of nurturing yourself. Perhaps a massage or manicure would do that or allowing yourself to read a book or watch a movie might be helpful. Be creative!



Saint Luke's Center for Surgical Weight Loss

FAQ's

SAINT LUKE'S CENTER FOR SURGICAL WEIGHT LOSS
816-932-7900

- **I was wondering what medicine can I take for: . . . ?**
 - Common cold Any medication that does NOT have NSAIDs/Aspirin
 - Allergies Benadryl or store brand equivalent
 - Heartburn TUMS or store brand equivalent
 - Gas/bloating Gas X or store brand equivalent
 - Constipation Miralax, Milk of Magnesia or store brand equivalent
 - Keep my stool soft Colace or store brand equivalent-Stool softeners are NOT laxatives

****not an all-inclusive list and need to check your personal allergies to medications.
- **How long do I take the acid reducing medication after my bariatric surgery?**
 - You take the acid reducing medication, such as Protonix for 3 months (90 days).
- **What are the signs and symptoms of “dumping syndrome”?**
 - Also called rapid gastric emptying, dumping syndrome occurs when the undigested contents of your stomach move too rapidly into your small bowel. *Common symptoms include abdominal cramps, nausea and diarrhea.* Most people with dumping syndrome experience symptoms soon after eating. In others, symptoms may occur one to three hours after eating. Some people experience both early and late symptoms. Dumping syndrome is managed by adjusting your diet. In more-serious cases of dumping syndrome, you may need medications or surgery.
- **Is this really for the rest of my life?**
 - Yes, this is a LIFE LONG lifestyle change.
- **Do I have to use the protein supplement after surgery?**
 - In the initial weeks after surgery, you will want to utilize protein shakes for blood sugar control, healing, hunger and more. Once you transition to foods again, you will only need protein supplements if you are unable to get 60-80 grams of protein/day from foods.
- **How long should I wait to call for nausea and vomiting?**
 - If you continue to have nausea and vomiting for 24 hours, please call the office at 816-932-7900 and ask to speak with the nurse.
- **How often do I need to get lab work drawn?**
 - You will need schedule yourself to have your blood drawn at least *one week BEFORE* your 6 month, 12 month and 18 month Dr. appointments after your surgery, then yearly thereafter.

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Saint Luke's Center for Surgical Weight Loss

Consent Form

SAINT LUKE'S CENTER FOR SURGICAL WEIGHT LOSS
816-932-7900

Saint Luke's Center for Surgical Weight Loss Consent Form for Bariatric Surgery

I have reviewed the information provided to me by my surgeon, _____. He has reviewed with me the potential risks, complications and benefits from weight loss surgery. I hereby direct _____ with associates or assistants of his choice to perform upon myself, _____.

The procedure _____ has been described to me. I have been informed of the need for dietary changes, development of an exercise plan, and the need for psychological counseling. He has reviewed with me the importance of proper nutrition, eating a balanced diet, and taking vitamin and mineral supplements for a lifetime.

- There are no guarantees for weight loss and long-term weight management.
- Lifetime follow-up is required.
- Lab work will be required annually or more often as directed by my physician.
- Complications were discussed including:

SURGICAL:

- Potentially serious complications which could result in death, further surgery, or prolonged hospital stays.
- Bleeding, inside the bowel or abdominal cavity (this may require transfusion of blood or blood products).
- Surgical site infections, either superficial or deep. This includes port sites for laparoscopic access. This could lead to wound breakdowns and hernia formation.
- Perforation (leak) of the stomach or intestine causing peritonitis, subphrenic abscess, or enteroenteric or enterocutaneous fistulas.
- Sepsis, Systemic Inflammatory Response Syndrome (SIRS).
- Adult Respiratory Distress Syndrome (ARDS).
- Myocardial infarction (heart attack).
- Cardiac rhythm disturbances.
- Congestive heart failure.
- Atelectasis, pneumonia.
- Pulmonary edema (fluid in the lungs).
- Pleural effusions (fluid around the lungs).
- Injury to adjacent structures including the spleen, liver, diaphragm, pancreas, and colon. This may require repair or removal of the injured organ.
- Stroke.
- Kidney failure or Kidney stones.
- Pressure sores, rhabdomyolysis.
- Deep vein thrombosis (blood clots in the legs or arms).
- Pulmonary embolism (clots migrating to the heart and lungs).

- Staple line disruptions.
- Ulcer formation (marginal ulcer or in the distal stomach).
- Gastric outlet or small bowel obstruction.
- Internal or Incisional hernias.
- Dehiscence or evisceration.
- Inadequate or excessive weight loss.
- Gout.
- Encephalopathy.
- Stoma stenosis.
- Urinary tract infections.
- Esophageal, pouch, or small bowel motility disorders.
- Death.

NUTRITIONAL COMPLICATIONS:

- Protein malnutrition, which could lead to a second surgery to lengthen the common channel.
- Vitamin deficiencies including B12, B1, B6, Folate, and fat soluble vitamins A, D, E, K.
- Mineral deficiencies including calcium, magnesium, iron, zinc, and copper and other trace minerals.
- Uncorrected deficiencies could lead to anemia, neuro-psychiatric disorders and neuropathy.

PSYCHIATRIC:

- Depression, or need for counseling.
- Bulimia / Anorexia.
- Dysfunctional social problems or worsening of preexisting problems.

OTHER COMPLICATIONS:

- Smoking may contribute to adverse outcomes.
- Constipation, diarrhea, bloating, cramping.
- Development of gallstones or gallbladder disease.
- Intolerance of refined or simple sugars, dumping, with nausea, sweating, and weakness.
- Low blood sugar, especially with improper eating habits.
- Vomiting, inability to eat certain foods, especially with improper eating habits or poor dentition.
- Loose skin, Intertriginous dermatitis due to loose skin.
- Diarrhea or malodorous gas, especially with improper food habits.
- Hair loss (alopecia).
- Esophagitis or acid reflux.
- Anemia.
- Bone disease.
- Stretching of the pouch or stoma.
- Cold intolerance.
- Fatty liver disease or non-alcoholic fatty liver disease (NAFL), progression of the preexisting NAFL or cirrhosis.
- Vitamin deficiencies may already exist before surgery.
- Diminished alcohol tolerance.

Pregnancy should be deferred for 12-18 months after surgery or until the weight loss has stabilized. Vitamin supplementation during the pregnancy should be continued. Extra folic acid should be taken if pregnancy is planned. Obese mothers have children with a higher incidence of neural tube defects

and congenital heart defects. Pregnancy should be discussed with your obstetrician. Special nutrition needs may be necessary. Secure forms of birth control should be used in the first year after surgery. Fertility may improve with weight loss.

SUMMARY

You are being offered this procedure because your surgeon believes it is a medically reasonable option in your case. Your part of the decision to undergo surgery is more complex and more important.

Before choosing to undergo bariatric surgery, you must:

1. Believe that your weight is a medically significant problem.
2. Believe that you have exhausted all non-surgical options for weight loss.
3. Understand the expected outcomes and the risks of the surgery.
4. Believe that the tradeoffs and risks associated with surgery are worth the risks for you.
5. Pledge to comply with recommended follow up visits with your surgeon, or to work with your surgeon to make other arrangements if you move.
6. Pledge to keep Saint Luke's Center for Surgical Weight Loss informed of your address/phone numbers.

If all of the above are true, please sign below:

Patient Signature

Date

Physician's Signature

Date

Witness Signature

Date