REMEMBER: Please bring this book with you to all of your bariatric appointments.
This booklet is to be used for informational purposes only and is not intended as a substitute for professional medical advice, diagnosis or treatment. Please consult your health care provider for advice about a specific medical condition. A single copy of this book may be reprinted for non-commercial personal use only.

Products mentioned in this book are used as examples only. Neither St. Joseph’s Healthcare, Toronto nor Health Sciences North/Horizon Santé Nord encourage or endorse the products mentioned in this book. Alternatives to these products are available and may be used instead of the mentioned products with the advice of a health care professional.

Pictures on page 5-7 are used with permission from University Health Network (Toronto Ontario, Canada)

Developed by the Department of Nursing Practice and Education, Department of Clinical Nutrition and Department of Surgery
*Adapted by the Clinicians at The Thunder Bay Regional Bariatric Care Centre and Health Sciences North/Horizon Santé Nord with permission from St. Joseph's Healthcare Hamilton – October 2011
# Inside this book . . .

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>5</td>
</tr>
<tr>
<td>LEARNING THE WORDS AND PICTURES</td>
<td>6</td>
</tr>
<tr>
<td>WHAT HAPPENS WITH GASTRIC BYPASS SURGERY?</td>
<td>7</td>
</tr>
<tr>
<td>A CLOSER LOOK AT THE SURGERY</td>
<td>8</td>
</tr>
<tr>
<td>GASTRIC SLEEVE</td>
<td>9</td>
</tr>
<tr>
<td>BENEFITS OF SURGERY</td>
<td>10</td>
</tr>
<tr>
<td>RISKS OF SURGERY</td>
<td>11</td>
</tr>
<tr>
<td>EXPECTED WEIGHT LOSS</td>
<td>11</td>
</tr>
<tr>
<td>GETTING READY FOR SURGERY</td>
<td>12</td>
</tr>
<tr>
<td>TRAVEL INFORMATION</td>
<td>12</td>
</tr>
<tr>
<td>6 MONTHS BEFORE SURGERY + ONGOING</td>
<td>13</td>
</tr>
<tr>
<td>3 TO 4 MONTHS BEFORE SURGERY</td>
<td>13</td>
</tr>
<tr>
<td>2 MONTHS BEFORE SURGERY</td>
<td>14</td>
</tr>
<tr>
<td>MEDICATIONS BEFORE SURGERY</td>
<td>16</td>
</tr>
<tr>
<td>2 WEEKS TO 1 MONTH BEFORE SURGERY</td>
<td>17</td>
</tr>
<tr>
<td>If you have Diabetes</td>
<td>18</td>
</tr>
<tr>
<td>Pre-Admission Assessment Visit</td>
<td>19</td>
</tr>
<tr>
<td>MIDNIGHT BEFORE SURGERY</td>
<td>20</td>
</tr>
<tr>
<td>WHAT TO PACK CHECKLIST FOR HOSPITAL STAY</td>
<td>21</td>
</tr>
<tr>
<td>THE DAY OF SURGERY</td>
<td>22</td>
</tr>
<tr>
<td>THE OPERATION</td>
<td>22</td>
</tr>
<tr>
<td>THE RECOVERY ROOM &amp; NURSING UNIT</td>
<td>23</td>
</tr>
<tr>
<td>CARING FOR YOURSELF AT HOME</td>
<td>25</td>
</tr>
<tr>
<td>APPOINTMENTS AFTER SURGERY</td>
<td>31</td>
</tr>
<tr>
<td>NUTRITION GUIDELINES AFTER BARIATRIC SURGERY</td>
<td>33</td>
</tr>
<tr>
<td>&amp; MORE NUTRITION INFORMATION</td>
<td>33</td>
</tr>
<tr>
<td>PROTEIN SUPPLEMENTS</td>
<td>33</td>
</tr>
<tr>
<td>HYDRATION: 6-8 CUPS EACH DAY</td>
<td>35</td>
</tr>
<tr>
<td>PHASE 2: FIRST TWO WEEKS AFTER SURGERY—FULL FLUIDS DIET</td>
<td>36</td>
</tr>
<tr>
<td>PHASE 3: NEXT TWO WEEKS—PUREED OR BLENDED FOODS</td>
<td>39</td>
</tr>
<tr>
<td>PHASE 4: ONE MONTH AFTER SURGERY—INTRODUCTION TO SOFT</td>
<td>46</td>
</tr>
<tr>
<td>SOLID FOODS</td>
<td>46</td>
</tr>
<tr>
<td>PHASE 5: FOOD FOR LIFE!</td>
<td>52</td>
</tr>
<tr>
<td>Food for Life! Meal Ideas / Recipes</td>
<td>54</td>
</tr>
<tr>
<td>AMOUNT OF PROTEIN IN FOODS FOR LIFE</td>
<td>58</td>
</tr>
<tr>
<td>GROCERY SHOPPING GUIDE</td>
<td>59</td>
</tr>
<tr>
<td>VITAMIN AND MINERAL DEFICIENCIES</td>
<td>60</td>
</tr>
</tbody>
</table>
Introduction

This booklet explains the process involved with weight loss surgery. This information will help you prepare for surgery and your new life after surgery. The two types of surgery discussed in this book are the OHIP-funded Roux-en-Y gastric bypass and the gastric sleeve.

You, your family, friends and supports can refer to this book and may need to read the information many times.

Please bring this book with you to all of your appointments and to the hospital when you have surgery.

Health Care Team

You will work closely with your health care team. We are here to support and guide you before, during and after surgery. The members on your healthcare team include:

- Surgeon
- Your Primary Care Provider
- Nurse Practitioner
- Registered Nurse
- Secretaries
- Social Worker
- Physiotherapist
- Pharmacist
- Registered Dietitian
- Program Coordinator

Research

You may be asked to take part in a research study. The research will be explained to you. You can decide whether you want to take part or not. If you decide to take part you will sign a consent form. If you decide not to take part, your care will not be affected.
Learning the Words and Pictures

Here are some words and pictures to help you understand this surgery:

<table>
<thead>
<tr>
<th>Esophagus: (food tube)</th>
<th>The esophagus is the tube that carries the food you eat and drink from your mouth to your stomach.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stomach:</td>
<td>The stomach breaks food into small pieces so your body can use it for energy.</td>
</tr>
<tr>
<td>Small bowel: (small intestine)</td>
<td>The food moves from the stomach to the small bowel first. The food is broken into very small pieces and is absorbed into the blood as the muscles push it along. The small bowel is also called the small intestine. The 2 sections of the small bowel involved in this surgery are called the duodenum and jejunum.</td>
</tr>
</tbody>
</table>

Arrows show the direction food moves through the body.

![Diagram showing the esophagus, stomach, duodenum, and jejunum](image-url)
What Happens with Gastric Bypass Surgery?

Gastric bypass is also known as the Roux-En-Y Gastric Bypass (RYGB). During this surgery, your surgeon makes a small stomach pouch at the end of the esophagus. The pouch is made by stapling the top part of the stomach shut. The larger, lower part of the stomach is stapled shut so no food will go into it. The small intestine is cut at the lower part of the jejunum and is attached to the stomach pouch.

As you can see in the picture, most of the stomach is bypassed and not used any more. The duodenum is also bypassed. The larger stomach is still left in place and the normal digestive juices from the stomach and duodenum help digest food when rejoined lower down on the small bowel. The food you eat and drink will now go into the new, smaller stomach pouch and right to the jejunum.

The new, smaller stomach pouch limits the amount of food you can eat. Bypassing the duodenum also means that you absorb less calories and nutrients including vitamins and minerals.
A Closer Look at the Surgery

This surgery is done using 5 to 6 small incisions. Each incision is 5 to 12 millimeters (mm) long. One incision is used to insert a small camera so the doctor can see. The other incisions are used for instruments needed to do the surgery. The incisions are closed with dissolvable stitches and special tape on top called steri-strips.

Here is a picture of where the incisions may be. Your incisions may not be in exactly the same places.
**Gastric Sleeve**

Vertical sleeve gastrectomy (VSG) is a restrictive, laparoscopic surgery. During this surgery most of the stomach is removed. Since the stomach is smaller, you feel full sooner. This surgery may decrease the production of a hormone called ghrelin. A decreased amount of ghrelin is thought to reduce hunger therefore causing less food intake. This results in weight loss. The stomach is cut creating a long pouch that connects the esophagus to the small intestine. The pouch or ‘sleeve’ is stapled and the rest of the stomach is removed. The gastric sleeve is less commonly performed, however it may be required in certain situations (ie. BMI>60, previous abdominal surgeries, etc).

*The surgeon will decide which procedure is appropriate for you.*
Benefits of Surgery

Benefits of Bariatric Surgery

- MIGRAINES: 89% resolved or improved
- DEPRESSION: 40-70% reduction in prevalence and severity of depression
- IDIOPATHIC INTRACRANIAL HYPERTENSION: 92% resolution of symptoms
- OBSTRUCTIVE SLEEP APNEA: 79% resolution
- HYPERTENSION: 79% resolution or remission
- CARDIOVASCULAR EVENTS: 50-60% reduction in incidence of MI and cerebral vascular accidents
- DYSLIPIDEMIA: 79.7% resolved
- COPD: 72% resolved
- ASTHMA: 79.3% improved or resolved
- GERD: 70% symptom improvement or resolution
- NON-ALCOHOLIC FATTY LIVER DISEASE: 69.5% improved steatosis
- STRESS URINARY INCONTINENCE: 71% resolved
- TYPE II DIABETES MELLITUS: 83% remission or improvement
- VENOUS STASIS ULCERS: 91.9% resolved
- MUSCULOSKELETAL PAIN: 73% improvement of musculoskeletal pain from osteoarthritis on weight-bearing joints
- ARTHRITIS: 62.9% resolved

References for 'Benefits of Bariatric Surgery' data in Appendix (A) at end of Handbook
Risks of Surgery

<table>
<thead>
<tr>
<th>Pneumonia</th>
<th>Nausea/ Vomiting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleeding</td>
<td>Narrowing of</td>
</tr>
<tr>
<td>Blood clots in legs/lungs</td>
<td>intestine/stricture/stenosis</td>
</tr>
<tr>
<td>Infection</td>
<td>Bowel obstruction</td>
</tr>
<tr>
<td>Incisional hernia</td>
<td>Injury to surrounding organs</td>
</tr>
<tr>
<td>Stroke</td>
<td>Kidney stones</td>
</tr>
<tr>
<td>Heart attack</td>
<td>Gallstones</td>
</tr>
<tr>
<td>Leakage</td>
<td>Malnutrition/Dehydration</td>
</tr>
<tr>
<td>Ulcer</td>
<td>Death</td>
</tr>
</tbody>
</table>

Expected Weight Loss

In the first 1-2 years, the average total weight loss (TWL) loss is:

<table>
<thead>
<tr>
<th>Roux-en-Y Gastric Bypass</th>
<th>20-35% TWL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastric Sleeve/Vertical Sleeve</td>
<td>15-25% TWL</td>
</tr>
</tbody>
</table>

An Example of Expected Weight loss of the Roux-en-Y?

- A person who weighs 300lbs could lose 60-105lbs.
- Expected weight range 195-240lbs in 1-2 years.
- They will likely regain 15% in 5 years.
Getting Ready for Surgery

There are many things to do to get ready for surgery. This section describes some general guidelines to follow.

Travel Information

Once you have been scheduled for surgery, it will be up to you to make travel arrangements and accommodations in Toronto, Ontario. The websites for the hospitals with hotel suggestions and rates are:

- Toronto Western Hospital
  http://www.uhn.ca/PatientsFamilies/Patient_Services/Documents/Corp_PF_Services_AccommodationList.pdf

- St. Joseph's
  http://www.stjoe.on.ca/patients/coming_as_a_visitor/pdf/Hotels%20-%202014%20update.pdf

Our Social Worker can provide more guidance, if needed.

Prior to Surgery
It may be necessary for you to travel to Toronto on multiple occasions to be assessed by the Surgeon and/or Anesthetist.

Your Surgical Date
You will be required to travel to Toronto 24-48 hours before the surgical date. Limited reimbursement is available for some travel expense through:

1. Northern Health Travel Grant

2. Ontario Disability Support Program and/or Ontario Works Program Individuals
   Please speak to your case manager for possible assistance

3. First Nations Individuals
   Please contact your First Nation health representative, band manager, or the regional Non-Insured Health Benefits Program in your area for possible assistance

We recommended that you make arrangement to stay close to St. Joseph’s Healthcare in Toronto for 3-4 days after surgery in case you suffer any complications from your surgery.
**6 Months Before Surgery + Ongoing**

**Stop Recreational Drug Use**
These are also referred to as street drugs, drugs that are purchased on the street or inappropriate use of prescription drugs. Taking these types of drugs is unhealthy for many reasons. They can cause many problems with medications you need to take before, during and after surgery. Some also increase appetite and this can impair your ability to follow your diet.

**Stop Smoking**
Smoking is unhealthy for many reasons.
After surgery smoking can delay wound healing due to poor blood flow and lead to problems such as lung infections and pneumonia. It makes it much more likely that your new stomach pouch will bleed.

Initial assessments will be delayed at least 3 months if you are smoking. Smoking includes occasional use, cigars and marijuana.

For help to quit smoking, contact:
Smokers Helpline: 1-877-513-5333, [www.smokershelpline.ca](http://www.smokershelpline.ca)
Sudbury District Health Unit: 705-522-9200

**3 to 4 Months Before Surgery**

**Donating your own blood**
Some people want to store their own blood for surgery. This is called autologous blood donation. Not everyone is able to donate their own blood. You can talk to your surgeon about this if you are interested.

If your primary care provider (doctor or nurse practitioner) allows you to donate your own blood, you need to contact the Canadian Blood Services in your area to make a plan. **You need to do this early as you cannot give blood in the 10 days before surgery.**
2 Months Before Surgery

Stop Caffeine
Caffeine irritates the lining of the stomach. Since you will have a very small, new stomach, it is important to avoid caffeine for the first 6 months after surgery.

Stopping caffeine can cause withdrawal symptoms at first including headaches and fatigue.

Stop Alcohol, Beer and Wine
Alcohol irritates the lining of the stomach and can cause liver damage. When you lose weight fast, your liver takes up waste products and toxins produced in your body. This puts stress on the liver and can cause many problems if drinking alcohol.

After surgery, you will need to avoid alcohol for at least 6 months. It is also high in calories and sugar. After surgery, your stomach pouch is not able to break down the alcohol and your blood absorbs it very fast. This means that you feel the effects quickly and can become intoxicated after a very small amount. This is not safe for many reasons. Alcohol may also cause Dumping Syndrome as described on page 61.

Your doctor, nurse practitioner or dietitian will help you decide if or when you can have alcohol again.

Stop Carbonated Drinks
It is recommended that you avoid carbonated drinks for life. After surgery, carbonated drinks produce gas in the small stomach pouch and many people find this very painful. Carbonated drinks can be difficult to cut out of your diet. It may be helpful to start working on this change before surgery.
Exercise and Activity

It is important to be in good physical condition before surgery. Being in good shape will help you recover faster and prevent problems after surgery.

Make sure that at least 2 months before surgery you begin or continue to do regular physical exercise.

Walking

Walking is a great exercise, it helps
  your blood flow
  you breathe better
  you build muscle
  you lose weight
  you feel good

Start walking before surgery. You will be moving and walking the day you have surgery so it is best to practice these activities now (and daily!) to prepare yourself.
Medications Before Surgery

There will be some medications that you **will not** be able to take after surgery.

- NSAIDs (Advil, Ibuprofen, Motrin, Aleve etc)
- Long acting medications (XR, CR, etc)
- Enteric coated medications

Advise the program nurse and pharmacist of all medications, vitamins, herbal products or botanicals that you take. Some may cause your blood to be thin or cause other medical problems and may need to be stopped before surgery.

**Our pharmacist will recommend if some medications need to be adjusted.**
2 weeks to 1 Month Before Surgery

OPTIFAST

Nutrition and Diet before Surgery – 2 weeks to 1 month before surgery

OPTIFAST is low in sugar and low in calories. This type of diet has been shown to help shrink the liver. This can help make the surgery safer and easier.

Your surgeon will tell you how long you need to follow this diet before surgery.

Liver – Shrinking (OPTIFAST) Diet:

Make sure you have 4 OPTIFAST packets each day. You can drink 1 packet every 4 hours.

Mix 1 packet with 300 ml of cold water. You can add ice cubes if you like but do not heat. Shake well.

Drink at least 2 litres (or 8 cups) of fluid each day.

Drink sugar-free, calorie-free beverages that are non-carbonated, including water, decaf coffee or tea, and Crystal Light®.

Low fat broth, sugar-free Jell-o®, and sugar-free popsicles are included as fluids.
If you have Diabetes

If you have diabetes
To help manage your blood sugar as you get ready for surgery and during OPTIFAST you will need to do the following:

**Check your blood sugar** regularly and **record** the results.

Your medication may need to be adjusted at the following times:

1. As you prepare for surgery, you may be eating less food each day
2. During OPTIFAST, the diet is much lower in carbohydrates and causes weight loss in most people

You will need to work closely with your diabetes care provider before surgery to manage your diabetes. If your medication is not at the right dose you are at risk for low blood sugars. See page 89 for instructions on what to do if your blood sugar reading is less than 4.0 mmol/L

It is important to attend an **appointment with your diabetes care specialist** the week before you start OPTIFAST
Pre-Admission Assessment Visit

This visit will take place approximately 1 month before your actual surgery. At this appointment, you will meet with the surgeon and other members of the health care team. This visit may take up to several hours.

Please bring:
- all your medications, including puffers
- your Ontario Health card
- any information on your semi-private/private insurance coverage
- any forms requested by hospital
- phone numbers for your pharmacy and primary care provider (PCP).

After meeting with surgeon and/or surgical team, you may be required to have the following tests done prior to being approved for surgery:

- Blood work and urine test
- Abdominal Ultrasound
- Upper Endoscopy
- Colonoscopy
- ECG
- Sleep Study
- Pulmonary Function Test
- Cardiac Testing

*You will be given pre-op instructions during this appointment. You will also receive your Optifast prescription and instructions on how to take it.

Call your surgeon if you develop a cold, flu or infection within a week of your surgical date.

NOTES: ________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Midnight Before Surgery

Instructions:

Stop the Liver-Shrinking (OPTIFAST) Diet at Midnight before surgery.

After midnight, follow the eating and drinking instructions you were given in the Pre-Admission Assessment Unit. ‘Nothing to Eat or Drink’ includes no chewing gum or sucking candy. Failure to follow pre-op instructions may result in your surgery being cancelled.

You can take any medications the anesthesiologist advised with a small sip of water. Bring all your medications with you to the hospital; this includes your puffers.

If you have a CPAP or BiPAP machine:

Bring your machine and mask to the hospital on the day that you are admitted.

Write down your prescription provider and settings for the machine so your health care providers will be able to operate it.

<table>
<thead>
<tr>
<th>Name of Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone #:</td>
</tr>
<tr>
<td>CPAP/BiPAP Setting:</td>
</tr>
</tbody>
</table>
What to Pack Checklist For Hospital Stay

- All your medications including puffers
- CPAP machine (if you have sleep apnea)
- Ontario Health card
- Semi-private/private insurance documents
- $20.00 cash for personal expenses
- Nightgown or pyjamas and slippers
- Toothbrush and toothpaste
- Brush or comb
- Box of tissues
- Shaving supplies
- Phone numbers of your pharmacy and PCP

BEFORE YOUR SURGERY

- Have a bath or shower
- Wear loose, comfortable clothing and shoes with low heels
- Remove make-up, lipstick and nail polish from fingers and toes
- Remove all jewelry including earrings, rings, watches and body piercings
- Do not use perfumes or any scented products
- Do not tie long hair in a bun; please keep hair loose
- Leave wallet, credit cards, purse and items of value at home
The Day of Surgery

You will be expected to be at the hospital at least 2 hours before your surgery. After you have registered, you will be admitted to the Day Surgery Unit. A nurse will have you change into a hospital gown, check your vital signs, start an intravenous (IV), and answer any questions you may have.

The Operation

When it is time, you will be taken to the Operating Room. This room is bright and cool. The surgery takes about 2-3 hours depending on which type of surgery is done.
The Recovery Room & Nursing Unit

Recovery
From the Operating Room you will be moved by stretcher into the Recovery Room. You will be watched closely and comfort measures will be provided. Once you are fully awake and stable, you will be transferred onto a Nursing Unit. Please let your nurse know if you are having discomfort.

Pain Control
You may have some pain from your incisions or from the air that is put into your abdomen during the surgery. This pain usually decreases within the first 2 days.

Other ways to relieve pain are:
- walking
- any method of relaxation such as listening to music, deep breathing or imagery

Intravenous Therapy
The IV will give you fluids and medication after surgery. It is taken out when you are able to drink well.

Nausea
Some people have nausea after a general anesthetic. It is very important to tell your nurse if you feel sick to your stomach. You can have medication to help.
Activity
Exercise and activity are very important to help you recover. Getting up and moving helps keep muscles strong and prevent:
  - breathing problems
  - blood clots
  - constipation

Do deep breathing exercises and circulation exercises every hour that you are awake.

The First Time You Get Up
The nurses will help you get up and walk the same day of your surgery. The next day you should get up and walk at least 4 times. Make sure you have good walking, non-slip shoes on. As you feel stronger, you will be able to take longer walks.

Making Plans to Go Home:
You will need to arrange for someone to pick you up from the hospital. Discharge usually occurs in the morning.
Caring for Yourself At Home

Pain Control
If you have pain, take the pain control medication ordered by your doctor. Pain should be less and less each day. Call your doctor or nurse practitioner if your pain is not relieved by medication or does not go away over a few weeks.

Medication
You may need to split or crush some medications for 3 months or longer or for life. Some capsules may need to be opened. You can mix the medication with a small amount of unsweetened applesauce, water or other liquid to help it go down. You may also need to take some medications in liquid form.

Blood pressure may improve after surgery as well. If you get dehydrated after surgery your blood pressure may drop too low so discuss with your doctor/NP.

Take 1 pill at a time. Wait before taking another medication to make sure it goes down. Drink extra fluid to help you swallow.

A general guideline for taking pills is you may be able to swallow them whole if they are smaller than 1.5 centimetres or the size of a dime.

Your doctor and members of the health care team will tell you when you can start taking certain medications after surgery. Each person’s plan of care for medications is different. Talk to a member of your care team, when you have questions or concerns. Let your primary care provider know if things do not seem to be working as well as before.

Remember to start taking all of your vitamins once you are home from surgery.
Ulcer Prevention Medication
You will take a special medication to prevent stomach ulcers for at least 6 months. Your surgeon will prescribe this for you.

Medications for Blood Pressure, Depression and/or Seizure Control
If you take medications to manage blood pressure, depression and/or seizures, you must closely monitor your symptoms after surgery. Some medications for diabetes and blood pressure will likely be decreased or stopped, but must be done only with close and regular contact with your primary care provider.

Call your family doctor if you notice:
- changes in your blood pressure
- changes in your symptoms of depression
- changes in seizure control

Do not stop any medication or change doses on your own.

Prevention of Blood Clot Medication
After surgery you have a higher risk of getting a blood clot. A blood clot can be very dangerous because it can block a blood vessel so blood cannot flow through your body.

- A blood clot in your brain can cause a stroke.
- A blood clot in your heart can cause a heart attack.
- A blood clot in a lung is called a pulmonary embolism. Symptoms include sharp chest pain, trouble breathing and shortness of breath.
- A blood clot in your leg is called a deep vein thrombosis. Symptoms include pain, redness, tenderness and swelling around the site of the clot.

You will be taking a medication called an anticoagulant or blood thinner while in hospital. This medication prevents:
- a blood clot from forming
- a blood clot that has formed from getting bigger

You may need to continue taking this medication once you are home. This is decided by members of your health care team.
**Bathing and Incision Care**

It is important to keep incisions clean and dry.

You will be instructed on when you can shower by your surgeon.

You will have small white paper tape (steri-strips) over your incisions. Leave these steri-strips on until they fall off on their own or in 5-7 days, whichever comes first.

You cannot take a bath or swim until your incisions are well healed. You can talk to the nurse about this during your 1 month post-op visit.

**Signs of infected incisions:**

- a yellow or green discharge
- bad smell coming from the incision
- fever, chills
- hot to touch
- redness and swelling
- pain or sore to touch

You may have some numbness in the incision area. This is normal as some nerve endings were cut during surgery. Feeling may or may not return slowly over the next 2 to 3 months.

**Incision scars**

The scars may be red, dark pink or purple. These may or may not fade over the next year. This depends on your skin type. Protect your skin from the sun. Use a 30 SPF sun block.
Contact your doctor if you notice or go to the Emergency Department if you have:

- any incision is red, swollen, painful, bleeding
- any incision has yellow, green or smelly discharge
- a fever – a temperature 38.3°C or above
- vomiting that lasts more than 3 hours
- unable to tolerate ANY liquids by mouth
- leg pain or swelling
- dizziness that does not go away
- shortness of breath
- chest or shoulder pain
- severe abdominal pain
Exercise and Activity
Gradually resume your normal activities. Moving and walking helps you recover, prevents problems after surgery and promotes weight loss.

- Do not lift or carry anything over 4 kilograms or 10 pounds. This includes things like a grocery bag, suitcase, laundry basket, vacuum cleaner, pet or child until you check with your doctor.
- Do not do any strenuous exercise for 8 weeks until your doctor says you can.

Start with short walks a few times a day. You will feel tired so rest and take breaks but keep on walking. As you recover you will be able to walk further each time, and more times each day.

Keep on walking:

- 6 weeks after surgery, you should be walking 4 times a day for a total of 30 to 45 minutes
- 3 months after surgery, you should try to be walking 45 to 60 minutes

Get Advice First
Talk to your doctor or speak with our bariatric physiotherapist if you have problems with your joints and walking is hard. There is an exercise for you! Sometimes water exercises are better.

Talk to your doctor or physiotherapist about starting any new exercises as you must be well healed first.
Return to Work or School

The usual time off work is 4 to 6 weeks. When you return to work depends on what you do and how you feel. Talk to your doctor about when you can go back to work or school at your follow-up visits.

Sexual Activity

You can resume sexual activity when you feel able. It is very important that you do not become pregnant for at least 1½ to 2 years after surgery as it is considered a high risk pregnancy due to your body not being able to absorb the vitamins and minerals needed to build a healthy baby. Rapid weight loss can make you more fertile so it is important to use 2 forms of contraceptive. Oral contraceptive has not been proven to be effective for prevention of pregnancy. Examples of contraceptives: IUD and condom.

Talk to your doctor about how to prevent pregnancy.
If you become pregnant or think you may be pregnant, contact your PCP and the Bariatric Assessment and Treatment Centre right away.
Appointments After Surgery

Make an appointment with your Primary Care Provider (PCP) within the first month after surgery.

***MAKE SURE YOU CONTACT THE SUDBURY BARIATRIC PROGRAM WITH YOUR SURGERY DATE SO THAT YOUR FIRST FOLLOW-UP APPOINTMENT CAN BE BOOKED

Follow Up Appointments at the Bariatric Assessment and Treatment Centre:
- 1 month (in Sudbury)
- 3, 6, 12 months (these appointments may be in Sudbury or Telemedicine)

<table>
<thead>
<tr>
<th></th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MONTH FOLLOW-UP</td>
<td></td>
</tr>
<tr>
<td>3 MONTH FOLLOW-UP *</td>
<td></td>
</tr>
<tr>
<td>6 MONTH FOLLOW-UP*</td>
<td></td>
</tr>
<tr>
<td>1 YEAR FOLLOW-UP*</td>
<td></td>
</tr>
</tbody>
</table>

* BLOOD WORK REQUIRED FOR THESE VISITS

You will have to pay for some blood work and can check with your insurance company if they will reimburse the costs
POST-OPERATIVE ASSESSMENTS

- > 1 week
- > 1 month
- > 3 months

Management of early post-operative issues & significant dysphagia, nausea & abdominal pain in the post-op year.

- > 6 months
- > 12 months

Management of bloodwork
Management of pre-existing medical conditions
Management of routine, non-urgent issues (e.g., constipation, excess skin, hair changes, etc.)

1 YEAR POST-OP ASSESSMENT AT BARIATRIC CLINIC

COMPLETE TRANSITION OF CARE TO PCP

ANNUAL POST-OPERATIVE ASSESSMENTS BY PCP:

- > 2 years
- > 3 years
- > 4 years
- > 5 years
Nutrition Guidelines after Bariatric Surgery
& More Nutrition Information

Protein Supplements

What is a good protein supplement to buy?
If possible, buy a protein supplement made of whey protein isolate. This is absorbed the best and has no lactose. Otherwise you could buy a whey protein concentrate that contains some lactose. Protein supplements come in a variety of flavours. Choose a protein supplement that has between **20 to 40 grams of protein** and **0 to 5 grams of carbohydrates per serving**. Read the label carefully.
It is important to try a few samples of protein supplements before surgery.

How much protein do I need in a day?
Your protein needs are high after surgery. Aim for a minimum of **60 to 80 grams** of protein a day. Some people may need more protein; ask your dietitian about this. Supplementing with protein is the best way to reach this amount.

How do I make protein shakes?
Some protein drinks are pre-made and ready to drink.
Some are in powder form. To make them you will need to read the directions on the label carefully.

How many protein shakes should I drink?
Start drinking the protein shakes during phase 2 (Full Fluids) or the day after surgery.
If your protein shake is very high in protein (for example, it has 40 grams per serving), then aim to have two drinks every day.
If your protein shake is lower in protein (for example, it has 20 grams per serving), then aim to have three drinks every day.
If you are not sure how much you should have, speak to your dietitian.

To make a protein shake using powder:
Add 1 scoop of powder to about 175 to 250 mL (6 to 8 ounces) of cold water or skim milk and shake. **Do not use any kind of juice** to make your protein shakes because juice will add sugar.

**TIP!**
You can add unflavoured protein powder or skim milk powder to your food or drinks for extra protein.
How long do I need to drink protein shakes?
You will need to drink protein shakes until you are able to eat enough protein from food. At your follow-up dietitian appointment, we will advise you when to stop drinking the protein shakes. Solid proteins from food will help keep you full for longer and provide additional vitamins and minerals. Even though you may not feel hungry now, it is important to progress towards solid foods so that you develop good eating habits for weight loss and weight maintenance.

Where can I buy protein supplements?
You can buy protein supplements at your local grocery store, pharmacy, health food store or on-line, such as

- Loblaw’s®
- Wal-Mart®
- Shoppers Drug Mart®
- Rexall™ Pharma Plus
- Costco®
- GNC®
- Metro®
- Your Independent Grocer

Examples of protein supplements
- Unjury whey protein isolate (www.unjury.com)
- Sunwarrior Protein (online: http://www.sunwarrior.com/store/products.html)
- All Max Nutrition Isonatural (Popeyes, GNC)
- 6-Star whey protein isolate (Walmart)
- Body Fortress (Walmart, Shoppers)
- Premier Nutrition premade protein shakes (Costco)
- Isopure Zero Carb premade protein drink (GNC, Nutrition House)
- Webber Naturals 100% Isolate European Whey (Walmart, Shoppers)
- Weider Whey protein fruit splash
- GFR/LeanFit 100% Natural Whey Isolate Protein (Costco, GNC)
- Vega Sport Performance (Shoppers)
- Kaizens (Costco)

TIP!
If you are having difficulty finding a protein supplement, speak to your dietitian or your community pharmacist.
Hydration: 6-8 cups each day

What can I do to keep myself well hydrated?

You need liquids to stay hydrated. Sip slowly on water and other non-carbonated, non-caffeinated, non-alcoholic beverages throughout the day. Try not to drink 30 minutes before and after each meal.
Keep track of how much fluid you are drinking each day
Some reminders to drink include: alarms, fluid apps and charts
Have water nearby at all times. Keep a glass of water at your bedside. Measure your water glass or bottle to know how much fluid it holds.

Avoid carbonated beverages, hard candies, chewing gum and straws. They will fill you up with gas and can cause you to feel full, bloated and sometimes cause pain.

Avoid high-calorie drinks like milkshakes, soda, pop, fruit juice, fruit drinks, beer, alcohol, meal substitutes. They can make you gain weight by adding extra empty calories.

You may flavour water with diet crystal powders (such as Diet Kool-Aid® or Crystal Light®) or with lemon or lime wedges.

TIP!
If you are having difficulty drinking enough, try ice chips, sugar-free popcicles, diet jello or broth. Fluids at room temperature may be better tolerated.

TIP!
A really good way to help meet your protein needs is to make sure that half of your fluids contain protein. For example drink milk, soy milk, lactose free milk or protein shakes.
### Phase 2: First two weeks after Surgery—Full Fluids Diet

<table>
<thead>
<tr>
<th>Start Date: ___________</th>
<th>End Date: ___________</th>
</tr>
</thead>
</table>

**Goals:**
- 60 to 80 grams of protein each day
- 6 to 8 cups (1500 to 2000 millilitres) of fluid each day (this includes water, milk, protein drinks)
- Refer to the webcast information at [www.webcast.otn.ca](http://www.webcast.otn.ca) (search number 37387079 for the presentation on diet phases)

**How long will I need to have Full Fluids?**

On the day of surgery, you will have Clear Fluids. After you have tolerated Clear Fluids well, you will start to have Full Fluids, usually the day after surgery. You should have and tolerate Full Fluids before going home from the hospital. Continue with Full Fluids for **2 weeks (14 days) after Gastric Bypass Surgery.**

**What are Full Fluids?**

Full Fluids include fluids and liquids and some foods that are easy to swallow. You do not generally need to chew Full Fluids. This diet is mainly milk-based, high in protein, low in sugar and low in fat.
What types of Full Fluids can I have?

<table>
<thead>
<tr>
<th>Types of Food</th>
<th>Examples of Full Fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk and milk products</td>
<td>Low fat milk (skim or 1%)</td>
</tr>
<tr>
<td></td>
<td>Lactose reduced milk (skim or 1%)</td>
</tr>
<tr>
<td></td>
<td>Soy milk (fortified, unsweetened)</td>
</tr>
<tr>
<td></td>
<td>Pudding (low fat, no sugar added)</td>
</tr>
<tr>
<td></td>
<td>Yogurt (low fat, no sugar added sugar, no berries/ seeds or granola)</td>
</tr>
<tr>
<td></td>
<td>Cottage cheese (low fat)</td>
</tr>
<tr>
<td>Vegetables and Fruits</td>
<td>Fruit sauce (unsweetened, no seeds)</td>
</tr>
<tr>
<td></td>
<td>Vegetable juice</td>
</tr>
<tr>
<td></td>
<td>Tomato juice</td>
</tr>
<tr>
<td>Grain products</td>
<td>Cream of Wheat®/Oat Bran Hot Cereal®</td>
</tr>
<tr>
<td></td>
<td>Oatmeal (plain)</td>
</tr>
<tr>
<td>Soups</td>
<td>Strained, low fat cream soup (made with skim milk)</td>
</tr>
<tr>
<td></td>
<td>Low fat beef, chicken, or vegetable broth</td>
</tr>
<tr>
<td>Desserts and sweets</td>
<td>Sugar-free Jell-o/Sugar-free popsicles</td>
</tr>
<tr>
<td>Beverages</td>
<td>Diet drinks, such as Crystal Light®, Diet Kool-Aid®, Decaffeinated tea or coffee</td>
</tr>
<tr>
<td>Protein Supplements</td>
<td>Protein drinks (20 – 40 g of protein &amp; 0 – 5 g of carbohydrate per serving)</td>
</tr>
<tr>
<td></td>
<td>Unflavoured protein powder added to Full Fluids</td>
</tr>
<tr>
<td></td>
<td>Skim milk powder added to Full Fluids</td>
</tr>
<tr>
<td></td>
<td>Nestle Carnation Breakfast Anytime No Sugar Added supplement</td>
</tr>
<tr>
<td></td>
<td>Boost Diabetic</td>
</tr>
</tbody>
</table>
How much should I eat?
You may be able to have about ½ cup to ¾ cup (4 to 6 ounce) of Full Fluids at your meal.
Drink or eat 2 tablespoons (1 ounce) every 15 minutes.
Be prepared to spend about 1 hour to 1 ½ hours to have your meal.
If you feel pain or discomfort while eating, stop eating and take a break. Try again later.

What is a typical Full Fluid menu?

<table>
<thead>
<tr>
<th>Full Fluids Menu sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have three meals and three small snacks to keep you nourished (this includes protein drinks). Focus on taking in small amounts slowly to prevent vomiting or discomfort. Remember that you need to focus on high protein to help you heal.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breakfast</th>
</tr>
</thead>
<tbody>
<tr>
<td>¼ cup hot cereal, made with ¼ cup milk (add 1 tablespoon skim milk powder or sprinkle some unflavoured protein powder)</td>
</tr>
<tr>
<td>¼ cup yogurt</td>
</tr>
<tr>
<td>1/3 cup protein drink</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Morning Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/3 cup protein drink</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lunch</th>
</tr>
</thead>
<tbody>
<tr>
<td>¼ cup strained low fat cream soup, made with low fat milk (add 1 tablespoon skim milk powder or sprinkle some unflavoured protein powder)</td>
</tr>
<tr>
<td>¼ cup unsweetened fruit sauce</td>
</tr>
<tr>
<td>1/3 cup protein drink</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Afternoon Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/3 cup protein drink</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>¼ cup low fat mashed cottage cheese (add 1 tablespoon skim milk powder or sprinkle some unflavoured protein powder)</td>
</tr>
<tr>
<td>¼ cup yogurt</td>
</tr>
<tr>
<td>1/3 cup protein drink</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evening Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/3 cup protein drink</td>
</tr>
</tbody>
</table>

Remember
This sample diet is an example of the volume and types of food that you can have. This may not meet your fluid and protein requirements.
It is important to keep track of your intake and talk to your dietitian if you are not meeting your requirements.
## Full Fluids Diet Recipes

### Vanilla-Raspberry Heaven
- 1 scoop vanilla protein powder
- 1 cup (250 mL) skim or 1% milk, lactose-reduced or soy beverage
- ½ package of Crystal Light single (raspberry flavor) OR 1 tsp sugar free raspberry extract

Mix in Shaker or blend ingredients with ice in a blender.

### Chocolate Mint Protein Drink
- 1 scoop chocolate protein powder
- 3/4 cup (175 mL) skim milk
- 2 ice cubes
- 1/8 tsp peppermint extract

In a blender, combine ice cubes, protein powder, milk and extract; blend for 45 to 60 seconds or until ice cubes are crushed.

Recipe from: “The complete Weight-Loss Surgery Guide and Diet Program” by Sue Ekserci, RD and Dr. Laz Klein, MD

### Other tips
- Leftovers of the above recipes can be frozen in ice cube trays or popsicle containers

### Phase 3: Next two weeks—Pureed or Blended Foods

**Start Date:** ___________  
**End Date:** ___________

**Goals:**
- 60 to 80 grams of protein each day
- 6 to 8 cups (1500 to 2000 millilitres) of fluid each day, sipped between meals
- Blend all foods to a baby food or applesauce consistency
- Eat protein foods first, followed by fruits and vegetables, then grains
- Avoid spicy foods. Very hot or very cold foods may also cause discomfort.
- Try only one new food at each meal, so that you know what you can tolerate.

Refer to the webcast information at [www.webcast.otn.ca](http://www.webcast.otn.ca) (search number 37387079 for the presentation on diet phases)
How long will need to have Pureed/Blended Foods?
After having Full Fluids for the first 2 weeks, start to introduce Pureed or Blended foods on the third week after Gastric bypass Surgery. You will have Pureed or Blended foods for another 2 weeks (14 days)

What are Pureed Foods?
Pureed foods are foods blended to a smooth consistency. Foods should be low fat and low sugar. There are some food exceptions that do not need to be pureed and are generally well tolerated (see examples of pureed foods list).

What types of Pureed Foods can I have?
Try to include food from all four of Canada’s Food groups—Vegetables & Fruits, Grain products, Milk & Alternatives and Meat & Alternatives. At each meal, eat the higher protein food first.

<table>
<thead>
<tr>
<th>How do I puree food? Types of Food</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat and Fish</td>
<td></td>
</tr>
<tr>
<td>1. Boil, roast, or bake until the meat separates easily from the bones or the fish flakes easily with a fork</td>
<td></td>
</tr>
<tr>
<td>2. Remove bones and skin, trim off the fat</td>
<td></td>
</tr>
<tr>
<td>3. Cut meat or flake fish into small pieces</td>
<td></td>
</tr>
<tr>
<td>4. Blend. You may need to use some cooking water or broth to get the right texture.</td>
<td></td>
</tr>
<tr>
<td>Meat Alternatives</td>
<td></td>
</tr>
<tr>
<td>1. Cook legumes, such as beans, lentils and chickpeas according to package directions.</td>
<td></td>
</tr>
<tr>
<td>2. Blend with a little water.</td>
<td></td>
</tr>
<tr>
<td>Vegetables and Fruit</td>
<td></td>
</tr>
<tr>
<td>1. Wash, cut into smaller pieces, pit and/or seed</td>
<td></td>
</tr>
<tr>
<td>2. Steam or boil until soft</td>
<td></td>
</tr>
<tr>
<td>3. Drain and save the cooking water</td>
<td></td>
</tr>
<tr>
<td>4. Blend. You may need to use some cooking water to get the right texture.</td>
<td></td>
</tr>
<tr>
<td>Types of Food</td>
<td>Examples of Pureed Foods</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Meat & Alternatives**                    | Pureed chicken or turkey  
Pureed fish  
Pureed beans, lentils and legumes  
Pureed or smooth tofu  
Poached eggs (chew well)  
Texturized Vegetable Protein – you can add this to food and puree until smooth                                                                                   |
| **Milk & Alternatives**                    | Low fat milk (skim or 1%)  
Lactose reduced low fat milk (skim or 1%)  
Soy milk (fortified, unsweetened)  
Pudding (low fat, no sugar added)  
Yogurt (Low fat, no sugar added sugar)  
Cottage cheese (low fat)  
Ricotta cheese (smooth, low fat)  
Skim milk powder (added to Pureed Food or milk)  
Cream soups (strained, low fat, made with milk)                                                                                                               |
| **Vegetables & Fruit**                     | Fruit sauce (unsweetened)  
Pureed cooked fruits  
Pureed cooked vegetables (such as pureed green beans, carrots, parsnips, peas, cauliflower)  
Vegetables juice  
Tomato juice                                                                                                                                                    |
| **Grain Products**                         | Cream of Wheat®  
Oat Bran Hot Cereal®  
Oatmeal (plain)  
Cornmeal (made like Cream of Wheat®)  
Mashed potato  
Mashed sweet potato or yams  
Low fat saltine crackers (soda crackers) or melba toast                                                                                                         |
| **Protein Supplements**                    | Protein drinks (high protein, low carbohydrate, low fat)  
Protein powder (added to Pureed Foods)                                                                                                                                                                                     |
* Do not puree or eat pasta, bread, noodles, rice or muffins.
* Do not have anything with nuts, seeds, tough skins or dried fruits.
* Limit added fats and oils.
* Limit sugars
* Limit spicy foods

How much should I eat?
Try to have about ½ cup to ¾ cup (4 to 6 ounce) of food at your meal.
Eat 2 to 4 tablespoons (1 to 2 ounce) every 15 minutes.
Be prepared to spend about 1 hour to 1 ½ hours to have your meal.
If you feel pain or discomfort while eating, stop eating and take a break. Try again later.
Take your time and eat slowly. You need to focus while eating.

<table>
<thead>
<tr>
<th>Amount of Protein in Pureed Foods</th>
<th>Food</th>
<th>Amount of protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken, fish, turkey, eggs (2 Tablespoons)</td>
<td>7 grams of protein</td>
<td></td>
</tr>
<tr>
<td>Cottage cheese/ricotta cheese (fat free or 1%), tofu, yogurt (2 tablespoons)</td>
<td>4 grams of protein</td>
<td></td>
</tr>
<tr>
<td>Milk, skim (½ cup, 125 mL or 4 ounces)</td>
<td>4 grams of protein</td>
<td></td>
</tr>
<tr>
<td>Cheese, fat-free or low fat (1 slice or 1 ounce)</td>
<td>7 grams of protein</td>
<td></td>
</tr>
<tr>
<td>Protein shake/nutrition supplement</td>
<td>Check label</td>
<td></td>
</tr>
<tr>
<td>Greek Yogurt, 0% M.F. Plain or no added sugar (1/2 cup)</td>
<td>8 grams of protein</td>
<td></td>
</tr>
</tbody>
</table>
What is a typical Pureed Foods/Blended Foods menu?

### Pureed/Blended Foods Menu sample

Eat three small meals and three small snacks to keep you nourished. Focus on taking in small amounts slowly to prevent vomiting or discomfort. Remember that you need to focus on high protein to help you heal. At each meal, eat the protein rich food first, followed by vegetables or fruit, and then grain products.

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal Details</th>
</tr>
</thead>
</table>
| Breakfast  | ¼ cup hot cereal, made with low fat milk (add 1 tablespoon skim milk powder or sprinkle some unflavoured protein powder) or 1 poached egg  
  ¼ cup yogurt  
  2 to 4 tablespoons pureed fruit or unsweetened fruit sauce |
| Morning Snack | 1/2 cup protein drink  
  2 tablespoons pureed fruit |
| Lunch      | 2 to 4 tablespoons low fat pureed soup, (add 1 tablespoon skim milk powder or sprinkle some unflavoured protein powder)  
  1 to 2 crackers  
  1/3 cup vegetable or tomato juice (optional)  
  1/2 cup protein drink |
| Afternoon Snack | 2 to 4 tablespoons yogurt  
  1/2 cup protein drink |
| Dinner     | 2 to 4 tablespoons pureed meat or pureed fish  
  2 tablespoons mashed potato  
  2 tablespoons pureed vegetables |
| Evening Snack | 1/2 cup protein drink |

**TIP!** Remember to sip on water throughout the day.
Protein Smoothie with a Boost
1 scoop vanilla or chocolate protein powder or 2 scoops unflavoured protein powder
½ cup (125 mL) skim or 1% milk, lactose-reduced milk or soy beverage
½ to ¾ cup frozen fruit (peaches, mango, cantaloupe, banana, strawberries)
1 (100g) container yogurt (low sugar/low fat) Mix ingredients in blender

Try 1-2 Tbsp of Greek yogurt for added protein (10 grams protein vs. 3 grams)

High Protein Chocolate Banana Smoothie
1 scoop chocolate protein powder
1 cup (250 mL) skim milk, lactose-reduced milk or soy beverage
½ banana
Mix ingredients in blender
High Protein Pureed Soups

Choose a homemade, low fat soup recipes; for example:
- minestrone
- lentil
- navy bean
- cream of tomato
- cream of spinach
- potato soups

Add 1 ½ Tbsp unflavoured protein powder (e.g. Beneprotein) or skim milk powder per portion of soup. Let soup cool before adding Beneprotein or it may clump. Strain if necessary.

More Soup Ideas:

Presidents Choice® Blue Menu Tomato and Roasted Red Pepper

In a large cooking pot, add 1 can of PC Blue Menu Tomato and Roasted Red Pepper Soup.
Add 1 can of white navy beans or white kidney beans.
Add spices or flavor to taste (try basil, oregano, pepper, etc).
Cook soup until beans are soft.
Puree in blender
Tip: Add 2-3 Tbsp. of Greek Yogurt to boost protein and make soup creamier.

Presidents Choice® Blue Menu Minestrone

Blend PC Blue Menu Minestrone Soup in a food processor or blender.
Phase 4: One month after Surgery—Introduction to Soft Solid Foods

Remember: **Bring your vitamins in their bottles and this book to your one month class visit**

| Start Date: __________________ | End Date: __________________ |
| Goals: |
| 60 to 80 grams of protein each day |
| 6 to 8 cups (1500 to 2000 millilitres) of fluid each day, sipped between meals |
| Eat protein foods first, followed by fruits and vegetables, then grains |
| Only eat the most nutritious foods. Remember how small your stomach is! Eat very slowly, take small bites and chew foods until they are mushy. |
| Sit down and focus while eating. Avoid distraction such as television, computer or work. |

Refer to the webcast information at [www.webcast.otn.ca](http://www.webcast.otn.ca) (search number 37387079 for the presentation on diet phases)

**When can I start to introduce solid foods?**

If you were able to tolerate the Full Fluids and Pureed/Blended Foods, you may want to start to introduce Soft Solid Foods **4 weeks (1 month) after surgery. Do not start solids before 1 month after surgery.** This can be very harmful to you. Be sure to try only one new food at a time, progressing very slowly.

Separate liquids when eating solid foods. You should avoid liquids 30 minutes before and 30 minutes after eating solid food or meals. Having liquids and solids together may cause nausea. It also pushes the foods through the stomach faster, causing you to eat more.
### What types of Soft Solid Foods can I have?

<table>
<thead>
<tr>
<th>Types of Food</th>
<th>Instructions</th>
<th>Examples of Soft Solids</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Protein Foods</strong></td>
<td>Start with these foods first!</td>
<td>Chicken (moist)</td>
</tr>
<tr>
<td>(lean, low fat)</td>
<td></td>
<td>Fish, water packed tuna</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flaked chicken, ham or turkey (low fat)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extra lean ground beef, chicken or turkey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eggs or egg white substitutes (scrambled, poached, hardboiled)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tofu</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Beans, lentils, legumes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low fat chili, lean meatballs or meatloaf</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Veggie hot dogs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low fat cheese</td>
</tr>
<tr>
<td><strong>Protein Rich Soups</strong></td>
<td>Do not eat soups with a lot of noodles, pasta or rice in them.</td>
<td>Lentil soup</td>
</tr>
<tr>
<td>(not pureed)</td>
<td></td>
<td>Bean soup</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chicken vegetable soup</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lean meatball soup</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minestrone soup</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types of Food</th>
<th>Instructions</th>
<th>Examples of Soft Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vegetables</strong></td>
<td>Try these once you are able to tolerate high protein foods and protein-rich soups.</td>
<td>Canned or very well cooked soft vegetables that are not stringy. Do not have seeds or tough skins.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fruit</strong></td>
<td>Try these once you are able to tolerate soft vegetables.</td>
<td>Soft canned fruit packed in water or cooked fruit (no skins or seeds)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grain products</strong></td>
<td>Try these grain products last, once you are able to tolerate a variety of protein, vegetables and fruit</td>
<td>Unsweetened or low sugar cold cereal soaked in low fat milk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Potatoes, sweet potatoes, yams (boiled or baked)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pita bread and wraps—look for whole wheat or thin pita bread, mini pita pockets, whole wheat and low fat wraps. You can make a small sandwich by adding high protein food</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low fat crackers</td>
</tr>
</tbody>
</table>
Once you are able to eat and tolerate a variety of foods listed above, you can then try the following foods slowly:

1. Toasted whole wheat bread or toasted rye bread
2. Raw vegetables and salads
3. Raw fruits (apple skins should be peeled)
4. Whole wheat pasta or rice
5. Tougher meats such as roast or pork chop

**TIP!**
At first avoid seeds and nuts, peanut butter, nut butters and tough dry meats.

### Amount of Protein in Solid Foods

<table>
<thead>
<tr>
<th>Food</th>
<th>Amount of protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beef, pork, poultry, fish, shrimp, eggs (1 ounce cooked)</td>
<td>7 grams of protein</td>
</tr>
<tr>
<td>Cottage cheese/ricotta cheese (fat free or 1%), tofu, yogurt (2 tablespoons)</td>
<td>4 grams of protein</td>
</tr>
<tr>
<td>Milk, skim (½ cup, 125 mL or 4 ounces)</td>
<td>4 grams of protein</td>
</tr>
<tr>
<td>Cheese, fat-free or low fat (1 slice or 1 ounce)</td>
<td>7 grams of protein</td>
</tr>
<tr>
<td>Protein shake/nutrition supplement</td>
<td>Check label</td>
</tr>
<tr>
<td>Yogurt, 0% M.F. Plain or no added sugar (1/2 cup)</td>
<td>8 grams of protein</td>
</tr>
</tbody>
</table>

**How much should I eat?**

At first, you will eat very small amounts of food – about 2 to 3 tablespoons of each item on your plate or about ¼ cup of solid food. Over time, the pouch will stretch and will allow you to eat larger portions, **but you should restrict your portions to ½ to ¾ cup (4 to 6 ounces) at each meal. Stop eating as soon as you feel full. If you eat too much you will feel sick.**
If you had too much, you may feel:

- Nausea or urge to vomit
- Pressure or fullness in the center below your rib cage
- Pressure or discomfort in your throat

If you feel any of the above, you should stop eating, even if you have not finished your meal. Try and eat again later.

What is a typical Soft Solids Foods menu?

<table>
<thead>
<tr>
<th>Soft Foods Menu Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat three nutritious meals, spaced out during the day. Do not skip meals. Eat foods high in quality and full of nutrition. Make every bite count. At each meal, eat the protein rich food first, followed by vegetable or fruit, then starch or grain. Add foods slowly, one at a time, to test your tolerance.</td>
</tr>
<tr>
<td><strong>Stop drinking protein shakes when</strong> you are able to eat about 1 ounce of protein at breakfast, 2 ounces at lunch and 3 ounces at dinner. Your dietitian will help you decide when you no longer need protein drinks.</td>
</tr>
</tbody>
</table>

| Breakfast | 1 egg or ¼ cup of low fat cottage cheese or ricotta cheese ½ of a piece of toast ½ cup of low fat milk (wait ½ hour after meal) OR ¼ cup cooked oatmeal made with low fat milk ½ cup Greek yogurt |
| Morning Snack | ¼ cup canned fruit (packed in water) ¼ cup low fat Greek yogurt |
| Lunch | 60 grams (2 ounces) of moist, lean protein (such as chicken or canned tuna fish) ¼ cup vegetables 2 melba toast or ½ small tortilla wrap |
| Afternoon Snack | 30 grams (1 ounce) low fat cheese 2 to 4 crackers |
| Dinner | 60 to 90 grams (2 to 3 ounces) of moist, lean protein (such as chicken, fish or ground meat) ¼ cup vegetables ¼ cup starch or grain product (such as potato) ½ cup milk (wait ½ hour after meal) |
| Evening Snack | ½ cup low sugar cereal 1/2 cup milk or protein drink |

**TIP!** Remember to sip on water throughout the day.
Do I need to eat snacks?

You only need snacks if:

You are not able to eat enough during meal times

There are more than 3 to 4 hours in between meals

You are very active

Your dietitian will help you decide when you need a snack, if any. If you are having a snack, try to include a protein source.

Soft Foods Recipes

High Protein Mayo

Try mixing low fat mayonnaise with Plain Greek Yogurt. For a zest of flavour, try adding Renee’s® Herb & Italian salad dressing or Roasted Red Pepper dressing.

Spaghetti Squash Supreme

INGREDIENTS

1 spaghetti squash – cut in 2 halves (lengthwise)
High protein sauce (see below)
ground chicken, turkey or beef - browned
soft vegetables (mushrooms, zucchini, pepper, onion, garlic, spinach)

DIRECTIONS: Cut spaghetti squash length wise (down the middle). Scrape out the seeds and pulp. Microwave spaghetti squash for about 6- 8 minutes or cook in oven for 20 minutes face down then 10 minutes face up @ 350°. Separate strands by running a fork through squash from ‘stem to stern’ direction. Mix cooked meat and vegetables into sauce and pour over top of the squash ‘noodles’.

Special Protein Sauce

INGREDIENTS

1-2 cans white navy beans (or kidney beans)
2 cans diced tomatoes (no salt added)
spices (your choice: pepper, oregano, basil, bay leaf)
all veggies (make sure they are soft: steam or microwave)
onions
garlic

DIRECTIONS: Add everything to blender and puree. Cook in slow cooker. The Special Protein Sauce boosts protein while hiding vegetables in your meals. It can be used for pasta sauce, beef stews, chili, mixed into meatloaf or meatballs or can be poured over chicken. A great idea when making the sauce is to make large batches, and portion into containers which can then be frozen or refrigerated.
Crustless Spinach Quiche
SERVINGS: 8 small portions

INGREDIENTS
2 teaspoons vegetable oil
1 medium onion, chopped
1 package (10 ounces) frozen chopped spinach, thawed and drained
1 ½ cups shredded 50% light cheddar cheese
4 egg whites
2 whole eggs
1/3 cup reduced-fat cottage cheese
1/4 teaspoon cayenne pepper
1/8 teaspoon salt
1/8 teaspoon nutmeg

DIRECTIONS
Heat oven to 375 degrees. Coat a 9-inch pie pan with vegetable cooking spray. In a medium non-stick skillet, heat oil on medium high. Add onion and cook 5 minutes or until softened. Add spinach and stir 3 more minutes, or until spinach is dry; set aside. Sprinkle cheese in pie pan. Top with spinach/onion mixture. In a medium bowl, whisk egg whites and whole eggs, cottage cheese, cayenne pepper, salt and nutmeg. Pour mixture over spinach. Bake 30 to 35 minutes or until set. Let stand 5 minutes. Cut into wedges and serve.

Spanish Omelet
SERVINGS: 2 portions

INGREDIENTS
3 teaspoons drained/chopped roasted red pepper or ½ red pepper (diced)
2 tablespoons chopped tomato
½ teaspoon fresh minced garlic
3-4 button mushrooms, cleaned and sliced
2 tablespoons fat-free ham, diced
¼ cup liquid egg substitute
1 slice light mozzarella cheese, cut into strips
1 ½ teaspoons fresh cilantro chopped
2 tablespoons fresh salsa
fresh strawberries

DIRECTIONS
Coat a 6-inch nonstick omelet pan with cooking spray and heat to medium high. Add the roasted red pepper, tomato, garlic, mushrooms and ham and sauté for about 4 minutes, or until the mushrooms are soft. Transfer the mixture to a bowl, drain off excess liquid and set aside. Wipe the pan clean with paper towel and coat again with nonstick spray. Heat over medium heat and add the egg substitute. Using a rubber spatula, carefully lift the sides of the omelet up to let the egg substitute spill underneath the cooked, solid bottom. Repeat this process until the egg mixture is almost done, then turn off the heat. Immediately add the cheese and cilantro to the bottom half of the omelet, followed by the sauté mixture. Gently fold the top half of the omelet over the bottom half and carefully slide onto a serving plate. Top the omelet with salsa and garnish the plate with strawberries.
Phase 5: Food for Life!

This diet consists of a variety of healthy foods to promote healthy weight loss and long-term weight maintenance. Three small meals and planned snacks will help keep calories low. It is important to include protein foods at each meal to help prevent muscle loss.

Start Date: ________________  End Date: For Life!!!

General Guidelines
- Eat 3 small meals and 1 to 3 healthy snacks.
- The amount you eat at each meal or snack should be between $\frac{3}{4}$ cup to 1 cup of food.
- Eat balanced meals that focus on foods that are high in protein.
- Eat solid foods at your meals and snacks. Avoid soupy or mushy textures.
- Eat slowly and chew foods well. Take at least 20 minutes to eat a meal.
- Stop eating when you feel full.
- Avoid foods that are high in sugar or fat.
- Do not drink fluids with meals. Drink all fluids 30 minutes before and 30 minutes after a meal. Aim for 2 litres (8 cups) of Bariatric fluids each day. Sip on fluids; do not gulp.
- Drink only calorie-free beverages.
- Take your vitamin and mineral supplements every day.
- Refer to the webcast information at www.webcast.otn.ca (search number 37387079 for the presentation on diet phases)

Tips for boosting protein
- Plan your meal around protein. Protein foods should make up at least half of your plate. Eat the protein food first.
- If you have difficulty with meat, enjoy softer textures such as fish, chicken, ground meats, eggs, beans and lentils, tofu and cottage cheese. Try slow cooked, stewed or marinated meats.
Difficult foods

Some people continue to have problems with certain foods. The most common problem foods are:

- Very dry or tough red meat
- Doughy breads
- Rice and pasta
- High sugar foods
- High fat foods
- Carbonated beverages

Red meats, especially, may be difficult to eat. Always cut into very small bites and chew very well. You may add low-fat gravy, low-fat mayonnaise, sauce or marinate overnight to moisten. Choose moist cooking methods such as boiling, steaming, poaching, slow-cooking or stewing. Try ground meats instead.

If you encounter a difficult food wait 1 to 2 weeks before trying it again. If you continue to have problems, you may need to avoid or limit this food.

<table>
<thead>
<tr>
<th>Common Food</th>
<th>Choose Instead:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread, rice, pasta</td>
<td>Toast, crackers, couscous, quinoa, spaghetti squash, orzo</td>
</tr>
<tr>
<td>Dry or tough meats/poultry</td>
<td>Fish, eggs, ground meats, tofu/texturized vegetable protein, or moisten meats</td>
</tr>
<tr>
<td>Raw vegetables/fibrous fruits</td>
<td>Cooked vegetables, removed skin from fruits</td>
</tr>
<tr>
<td>Nuts, seeds, popcorn</td>
<td>Avoid until tolerated</td>
</tr>
</tbody>
</table>

Tips for Success

- Continue to exercise each day.
- Pay careful attention to your body’s feeling of fullness.
- Be alert to emotional and mindless eating. Find other activities to enjoy instead of snacking.
- Keep a consistent schedule for meals and snacks.
- Eat your meals while sitting at a table without distractions.
- Read food labels. Choose foods that are low in calories, sugar and fats.
- Keep a food and activity journal.
- Check your weight once per week.
- Follow up regularly with your Dietitian.
Food for Life! Meal Ideas / Recipes

BREAKFAST IDEAS
Choose one food from each food group to create a balanced meal:

<table>
<thead>
<tr>
<th>Protein</th>
<th>Vegetable/Fruit</th>
<th>Grain/Starch</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 poached egg</td>
<td>¼ small ripe pear</td>
<td>½ piece of toast</td>
</tr>
<tr>
<td>1 scrambled egg</td>
<td>1 tomato slice</td>
<td>½ whole wheat English muffin</td>
</tr>
<tr>
<td>¼ cup cottage cheese</td>
<td>2-3 strawberries</td>
<td>½ small bran muffin</td>
</tr>
<tr>
<td>1 Tbsp peanut butter or other nut butter (as tolerated)</td>
<td>¼ small banana</td>
<td>1-2 Ryvita crackers</td>
</tr>
<tr>
<td>1 oz lean ham</td>
<td>2-3 canned peach slices</td>
<td>1/3 cup high fibre cereal</td>
</tr>
<tr>
<td>½ cup low fat plain or artificially sweetened yogurt</td>
<td>¼ cup diced melon</td>
<td>2-3 Tbsp Bran Buds</td>
</tr>
<tr>
<td>1 ½ Tbsp Protein Powder</td>
<td>¼ cup blueberries</td>
<td>1/3 cup oatmeal</td>
</tr>
</tbody>
</table>

Try these BREAKFAST ideas

Peanut Butter Pipe:
Whole wheat wrap + peanut butter + ½ banana (or thinly sliced apple + cinnamon)
Roll/fold and make batches. Cut in halves or bit size. Keep refrigerated.

Nutty oatmeal:
Stir in 1 Tbsp peanut or almond butter into 1/3 cup oatmeal (with hot water or milk).
Wait for nut butter to melt. Add cinnamon and top with fruit of your choice.

A Cheesy change:
Mix ¼ cup cottage cheese with 2-3 diced canned peaches. Spread on 1-2 Ryvita crackers, melba toast or ½ slice of whole grain toast.

McHomemade:
Top ½ a whole wheat English muffin with Dijon mustard, tomato slice, ½ slice lean ham and 1 scrambled egg or boiled egg.

Yogurt Parfait:
Stir ¼ cup blueberries and 2-3 Tbsp Bran Buds into ½ cup low fat plain or artificially sweetened Greek yogurt.
Cheesy Pipe:
Whole wheat wrap + baby spinach (remove stems) + cheese string (under 20% milk fat). Spread 5-6 spinach leaves in centre of wrap; place cheese on wrap and roll up. Wrap a paper towel around the wrap and microwave for 20 seconds (time depends on microwave).

LUNCH IDEAS
Choose one food from each food group to create a balanced meal:

<table>
<thead>
<tr>
<th>Protein</th>
<th>Vegetable/Fruit</th>
<th>Grain/Starch</th>
</tr>
</thead>
<tbody>
<tr>
<td>¼ cup hummus</td>
<td>2-3 cucumber slices</td>
<td>3 Triscuits</td>
</tr>
<tr>
<td>2 oz canned tuna</td>
<td>½ peeled apple</td>
<td>2 flatbread crackers</td>
</tr>
<tr>
<td>¼ cup cottage cheese</td>
<td>1-2 Tbsp tomato bruschetta</td>
<td>1-2 slices toasted baguette</td>
</tr>
<tr>
<td>¼ cup egg salad</td>
<td>½ cup chopped garden salad</td>
<td>½ slice of toast</td>
</tr>
<tr>
<td>¼ cup of beans (e.g. baked beans, black beans, kidney beans)</td>
<td>2-3 avocado slices (1/8 of an avocado)</td>
<td>½ small whole wheat flour tortilla</td>
</tr>
<tr>
<td>2 oz diced chicken</td>
<td>¼ cup steamed vegetables (frozen or fresh)</td>
<td>2-3 Tbsp pearl barley</td>
</tr>
<tr>
<td></td>
<td>¼ cup pineapple tidbits</td>
<td>½ whole wheat pita</td>
</tr>
</tbody>
</table>

Try these LUNCH ideas

Fajita Time:
Fill ½ small whole wheat flour tortilla with ¼ cup black beans, 1 Tbsp salsa, 1 Tbsp of low fat sour cream, sprinkle some low fat cheese and diced lettuce/tomato. Fold in half and fry briefly in a pan sprayed with a non-stick spray.

Pizza Pizzazz:
Top 1 whole wheat English muffin with tomato sauce, 2-3 Tbsp pineapple, 2 oz diced chicken or ham, shredded low fat cheese. Broil until cheese is melted.

Egg Salad Sandwich:
Enjoy a ¼ cup of egg salad with 2 flatbread crackers and ¼ cup chopped garden salad topped with light salad dressing and 4 chopped almonds.

Topped off chicken stew:
Add 2-3 Tbsp cooked pearl barley and 2-3 Tbsp frozen vegetables to ½ cup chicken stew.
SUPPER IDEAS
Choose one food from each food group to create a balanced meal:

<table>
<thead>
<tr>
<th>Protein</th>
<th>Vegetable/Fruit</th>
<th>Grain/Starch</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/4 cup chili with beans or ground beef</td>
<td>1/4 cup mixed vegetables (fresh or frozen)</td>
<td>2-3 Tbsp sweet potato</td>
</tr>
<tr>
<td>1/4 cup turkey stew</td>
<td>1/4 cup carrots</td>
<td>1/4 cup cornmeal biscuit</td>
</tr>
<tr>
<td>2 oz grilled or baked chicken breast</td>
<td>2-3 small spears broccoli</td>
<td>2-3 Tbsp quinoa</td>
</tr>
<tr>
<td>2 oz grilled or baked salmon or fish</td>
<td>1/4 cup tomato and cucumber salad</td>
<td>3-4 oven-baked potato fries</td>
</tr>
<tr>
<td>2 oz pork tenderloin</td>
<td>1/4 cup zucchini</td>
<td>2-3 Tbsp scalloped potatoes (low-fat recipe)</td>
</tr>
<tr>
<td>1/4 cup lentils</td>
<td>1/4 cup green beans</td>
<td>2-3 Tbsp whole wheat couscous</td>
</tr>
<tr>
<td>2 oz veggie burger (about 1/2 small burger)</td>
<td>1/4 cup cooked mushrooms</td>
<td>1/2 small whole wheat roll</td>
</tr>
</tbody>
</table>

Try these SUPPER ideas

Fish & Chips:
2 oz fish with lemon pepper, garlic and pepper and bake. Serve with 1/4 cup steamed carrots and 3-4 oven-baked potato fries.

BBQ Chicken:
Brush chicken breast with BBQ sauce and grill – serve 2 oz for meal. Serve with 1/4 cup chopped green beans and 2-3 Tbsp baked or microwaved sweet potato.

Chili:
Serve 1/2 cup chili with mushrooms over 2-3 Tbsp couscous or quinoa. Sprinkle with Parmesan cheese.

For lunch tomorrow:
Try leftover chili on 1/2 cup of romaine lettuce with 1 Tbsp of salad and shredded light cheese.

Burger delight:
Enjoy 1/2 a small veggie burger patty on 1/2 small whole wheat roll. Top with 2-3Tbsp tomato and 1/4 cup cucumber salad.
Vegetarian Bean Chili

**INGREDIENTS**
- 2 Tbsp vegetable oil
- 1 large onion, chopped
- 2 cloves garlic, minced
- 1 tbsp chili powder, 1 tsp cumin, 1 tsp dried oregano
- 1 can (796mL/28 oz) diced tomatoes
- 1 can (540 mL/19 oz) red kidney beans
- 1 can (540 mL/19 oz) black beans
- 1 can (540 mL/19 oz) chick peas
- 1 green, red or yellow pepper, diced
- 1 cup mushrooms, sliced
- 1 tbsp cider vinegar
- ½ tsp salt, fresh ground black pepper, ½ tsp cinnamon

**DIRECTIONS**
In a large saucepan, heat oil over medium-high heat. Sauté onion and garlic until softened. Stir in chili, cumin, oregano and tomatoes (with juice). Add beans, peppers, vinegar, salt, cinnamon and pepper. Bring to a boil. Reduce heat to medium low; simmer for 20 minutes. Freeze leftover portions.
<table>
<thead>
<tr>
<th>Food</th>
<th>Amount = 1 Protein Choice = 7 grams protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lean beef, pork, veal, wild meat, chicken, turkey, partridge (measure after cooking)</td>
<td>1 ounce or 30 grams</td>
</tr>
<tr>
<td>Fish or seafood</td>
<td>1 ounce or 6 medium shrimp</td>
</tr>
<tr>
<td>Egg</td>
<td>1</td>
</tr>
<tr>
<td>Low fat hard cheese: Colby, Swiss, cheddar, mozzarella or gouda</td>
<td>1 ounce or 30 grams</td>
</tr>
<tr>
<td>Tofu</td>
<td>1.5 ounces or 50 grams</td>
</tr>
<tr>
<td>Cottage cheese, ricotta cheese</td>
<td>60 ml or ¼ cup</td>
</tr>
<tr>
<td>Canned tuna or salmon</td>
<td>60 ml or ¼ cup</td>
</tr>
<tr>
<td>Peanut butter</td>
<td>30 ml or 2 tablespoons</td>
</tr>
<tr>
<td>Plain nuts with no added salt or seasoning</td>
<td>60 ml or ¼ cup</td>
</tr>
<tr>
<td>Dried peas and beans (kidney beans, chickpeas, lima beans, lentils)</td>
<td>125 ml or ½ cup (after cooking or canned)</td>
</tr>
<tr>
<td>Roasted soy nut or chick peas</td>
<td>60 ml or ¼ cup</td>
</tr>
<tr>
<td>Skim milk</td>
<td>250 ml or 1 cup</td>
</tr>
<tr>
<td>Low fat plain or artificially sweetened yogurt yogurt</td>
<td>175 ml or ¾ cup</td>
</tr>
<tr>
<td>Liberte or Kirkland Greek Yogurt 0% M.F. plain</td>
<td>60 ml or ¼ cup</td>
</tr>
<tr>
<td>Low fat plain or artificially sweetened Greek yogurt</td>
<td>125 ml or ½ cup</td>
</tr>
</tbody>
</table>

Each protein choice has about 7 grams of protein. **You need to eat 60- 80 grams of protein each day.** You need 8 to 11 protein choices every day if you do not take a protein supplement. Add up your solid protein choices for the day and top up with your protein supplement to make 60- 80 grams a day.
## Grocery Shopping Guide

<table>
<thead>
<tr>
<th>Food items</th>
<th>What to look for (per serving)</th>
<th>Grocery list</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>g = grams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mg = milligrams</td>
<td></td>
</tr>
<tr>
<td>Cereal</td>
<td>At least 4g of fibre</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than 10g of sugar</td>
<td></td>
</tr>
<tr>
<td>Crackers</td>
<td>At least 2g of fibre</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than 5g of fat</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than 200mg of sodium</td>
<td></td>
</tr>
<tr>
<td>Breads</td>
<td>At least 2g of fibre</td>
<td></td>
</tr>
<tr>
<td>Soups</td>
<td>Less than 400mg sodium</td>
<td></td>
</tr>
<tr>
<td></td>
<td>At least 1g of fibre</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than 5g of fat</td>
<td></td>
</tr>
<tr>
<td>Convenience meals</td>
<td>Less than 500 calories</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than 400mg of sodium</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than 5 grams of saturated fat</td>
<td></td>
</tr>
<tr>
<td>Sauces</td>
<td>Less than 5 g of fat</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 trans fat</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than 200mg sodium</td>
<td></td>
</tr>
<tr>
<td>Cheese</td>
<td>Less than 20% fat (M.F.)</td>
<td></td>
</tr>
<tr>
<td>Yogurt</td>
<td>1% M.F. or less</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than 5g sugar</td>
<td></td>
</tr>
<tr>
<td></td>
<td>As much protein as possible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(compare brands)</td>
<td></td>
</tr>
<tr>
<td>Prepared fish, chicken or meat</td>
<td>Less than 400mg sodium</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than 5 g of saturated fat</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than 1g trans-fat(small amounts of trans-fats are naturally occurring in meats)</td>
<td></td>
</tr>
</tbody>
</table>
Vitamin and Mineral Deficiencies

After bypass surgery, you will need to take the following every day for the rest of your life:

- two multivitamin and mineral supplements
- a calcium supplement
- vitamin D supplement
- vitamin B12 supplement

As you recover and adjust to your new lifestyle your needs may change. It is very important to follow the diet and vitamin and mineral supplementation guidelines advised by your surgeon, nurse practitioner and dietitian.

After bypass surgery you have an increased risk of developing serious and life-threatening problems from a nutritional deficiency. Some of these problems are reviewed in the next section.

Following your diet and taking your vitamin and mineral supplements as directed will help prevent problems and help you feel better, stronger, and healthier. Blood tests will be done and monitored before surgery and at your follow-up appointments to assess for vitamin and mineral deficiencies. You may need further supplementation.

Your vitamin and mineral supplements need to be **chewable, liquid or crushed** for the **first 3 months after surgery**. This will help you absorb the vitamins and minerals while your stomach heals and the swelling decreases. After 3 months you can use solid vitamins and minerals but remember to keep them smaller than a dime in size.
<table>
<thead>
<tr>
<th>Dosage</th>
<th>Take 2 complete adult multivitamin and mineral supplements. Read the label. Choose a formula that has at least 18 milligrams (mg) of iron per tablet. Also choose one that contains copper, zinc, folic acid and thiamine</th>
<th>Aim for a total of 1200 mg to 1500 mg of calcium each day from food and calcium supplements. Calcium is better absorbed in divided doses. The usual dose is 500 mg to 600 mg, three times per day. <strong>Calcium citrate</strong> is best due to low acid.</th>
<th>Require a total of 3000 IU daily. You will get Vitamin D through your multivitamins and calcium. 3000 IU vitamin D - _____Amount in Multivitamins - _____Amount in Calcium = _____Amount of additional vitamin D needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forms</td>
<td>Chewable Crushed (not gummies)</td>
<td>Liquid Chewable Crushed</td>
<td>Drops Chewable Crushed</td>
</tr>
<tr>
<td>Function</td>
<td>Gives you the vitamin and minerals that may be missing or not absorbed properly.</td>
<td>Maintains bone strength. Helps heart pump correctly and repairs soft tissue.</td>
<td>Important for bone health.</td>
</tr>
<tr>
<td>Special Instructions</td>
<td>Interacts with calcium supplement. Take the multivitamin and mineral supplement separate from calcium.</td>
<td>Calcium interacts with iron supplements by decreasing iron absorption. Do not take calcium at the same time as iron. Take the calcium at least 2 hours before or after taking your iron or multivitamin.</td>
<td>It is best to take Vitamin D at the same time as the Calcium supplement. It is quite common for Gastric Bypass patients to have low Vitamin D. You may need an additional Vitamin D supplement.</td>
</tr>
<tr>
<td>Vitamin B12</td>
<td>Iron</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dosage</strong></td>
<td>Do not start additional iron, unless your health care professional has advised you to do so. The usual dose is 300 mg of ferrous gluconate once a day, up to three times per day. The amount you need depends on your blood values.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choose one of the following:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>350-500 micrograms (µg or mcg)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>once a day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1000 mcg every other day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injection from your doctor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>every month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tablets -Sublingual or chewable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strips</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduces the risk of certain types</td>
<td>Reduces the risk of certain types of anemias</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of anemias.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is best to take iron on an empty stomach, but many people find it easier to take with food. If you take iron with food, try to take it with foods that are high in Vitamin C, such as citrus fruits. Iron may make you constipated. It is important to choose higher fiber foods and drink plenty of water. You may need a fiber supplement. Speak to a health care professional if you need more help.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Helpful hints for taking your Vitamins and Minerals

Keep your vitamins and supplements in a handy spot.
Take them at about the same time each day to help you remember.
Take your multivitamins with a meal or at bedtime if they upset your stomach.
Take your Calcium supplement at least 2 hours before or 2 hours after taking your vitamin. Iron and Calcium compete for absorption in the body, so if taken together you reduce the absorption of each.

Here is a sample schedule:

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal/Supplement</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 am</td>
<td>Breakfast – Take Calcium supplement with Vitamin D and Vitamin B12</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Lunch - Take Calcium supplement</td>
</tr>
<tr>
<td>5:00 pm</td>
<td>Dinner – Take Calcium supplement</td>
</tr>
<tr>
<td>10:00 pm</td>
<td>Bedtime – Take 2 Multivitamins</td>
</tr>
</tbody>
</table>

Diet Related Problems after Surgery

Nausea and Vomiting
After surgery, it is common to have an upset stomach or nausea. This can be caused by:

- the surgery
- eating too much
- eating too fast
- odours
- pain medication

Nausea caused by the surgery can last a few days to a few weeks. This should go away over time. If you think the problem may be caused by pain medications, contact your doctor.
Nausea can also happen when you eat too much.

You can prevent vomiting by:

- eating slowly (meals should take a minimum of 30 to 90 minutes)
- eating small amounts
- chewing well
- avoid laying down after eating
- not drinking with meals (drinking fluids 60 minutes before or after meals instead of 30 minutes)
- avoid beverages that are cold, caffeinated or carbonated

You can usually eat again shortly after vomiting. If symptoms of nausea and vomiting continue more than 12 hours, contact your primary care provider.

**Dehydration**

Dehydration means that you do not have enough water in your body to function well. People with severe dehydration are admitted to the hospital and given fluids through their veins.

**Symptoms of dehydration are:**

- dark urine
- nausea
- feeling tired all of the time
- making less urine
- dry mouth and tongue
- feeling dizzy

**You can prevent dehydration by:**

- Drinking at least 2 litres (8 cups) of fluid a day. Sip fluids all day long.
- Having ice chips, sugar-free popsicles or diet Jello®
- Drinking more if you are very active, sweat excessively or are experiencing vomiting or diarrhea.

**TIP!**

Try lemon wedges or no added sugar drink crystals to change the taste of water.
Dumping Syndrome

This happens when food or liquids empty into the intestine too fast. It is caused by:
- eating large portions
- eating or drinking too much fat
- eating or drinking too much sugar
- eating too fast
- drinking while eating

May occur as EARLY (10-30 minutes post meal) or LATE (1-3 hours post meal)

Symptoms include:
- **EARLY:** bloating, cramps/pain, nausea, vomiting, diarrhea
- **LATE:** flushing, sweating, rapid heart rate, light headedness, diarrhea, intense desire to lie down

Symptoms of Dumping Syndrome are:

- abdominal pain
- nausea
- cramping
- diarrhea
- sweating
- feeling faint
- increased heart rate
- bloating

To prevent Dumping Syndrome:

Avoid consuming anything that is high in fat or sugar such as: sweets, candy, cookies, donuts, muffins, pies, cake, fries, fried food, wings, syrup, ice cream, fruit drinks and fruit juice.

Read the ingredients on food or drink labels. If sugar (in the form of glucose, fructose, or sucrose, cane sugar and syrups) is in the first three ingredients, then do not eat or drink this product.

Aim for less than 5 grams of sugar per serving. The lower the number, the better.

Avoid high fat foods. Read the label on foods and look for less than 5% Daily Value of fat.

Avoid drinking while eating or 30 minutes before or after eating.

Avoid eating large portions.

Remember that liquid medicines can contain large amounts of sugar and that even “sugar free” liquid medicines sweetened with sorbitol or xylitol can cause similar problems.
Constipation

Your stool may be soft at first as you are not eating solid food. Some people have stool that is hard to pass. This is called constipation.

Constipation may be caused by:
- eating less fibre because you are eating less food
- not drinking enough fluids during the day
- pain control medications
- iron supplements

It is normal to have 1 to 3 bowel movements of soft stool every 2 to 3 days.

To help improve your bowel movements, you can:
- drink water and no-calorie fluids regularly. You should aim for at least 1.5 to 2.0 litres of fluid a day.
- include fiber-rich foods in your diet
- increase your physical activity
- add a fiber supplement such as Benefibre or Metamucil. Start by adding a small amount in your diet and increase slowly until your stool is soft and your bowels move every 1 to 3 days.
  Try ¼ cup of prune juice mixed with ¼ cup warm water

If you do not have a bowel movement every 2 to 3 days, contact your PCP.

Diarrhea

Some people have soft or liquid stool called diarrhea for a few months after surgery. This can happen as your body gets used to the changes. It can also happen with Dumping Syndrome.

To help prevent diarrhea, avoid:
- food and fluids that contain caffeine
- alcohol and prune juice
- spicy and fatty foods

Drink extra fluids. You may need to add stool thickening foods to your diet such as bananas, applesauce and oatmeal. You may also need to take a fibre supplement to help. This depends on the type of diet you are on at the time you have diarrhea. Talk to your dietitian about this. If you have diarrhea that continues more than 3 days, contact your primary care provider or the Bariatric program.
Gas and bloating
After surgery it is normal to have pain or discomfort from gas in your abdomen. As your bowel starts to move, the gas moves too.

Food is a common cause of gas. Foods that may cause gas are:
- beans, lentils, legumes
- vegetables such as broccoli, cauliflower
- apple skins
- eggs
- beer
- carbonated drinks
- dietetic products that contain sugar alcohols

If you snore or breathe through your mouth, you may also have more gas.

To help prevent gas:
- eat slowly/chew well
- avoid skipping meals
- avoid straws/chewing gum
- walk or move around

Hair or Skin Changes
Hair thinning or loss and skin changes can happen after surgery and a rapid weight loss. Hair loss usually happens around 3 to 9 months after surgery.

To help prevent problems, follow your diet. Make sure you get enough protein and water in your diet. Take your vitamin and mineral, calcium and vitamin D supplements each day. As your diet improves, so will these problems.
Low Blood Sugar

Since you are now eating smaller amounts, you are at risk of having low blood sugar. Low blood sugar is also called hypoglycemia.

Some signs of low blood sugar are:
- sweating
- dizziness
- tired
- feeling shaky
- blurred vision
- headache
- clammy skin
- slurred speech
- mood change
- feeling hungry

You need to check your blood sugar if you have any of the above symptoms, especially if you have diabetes or hypoglycemia.

If you do not already have a glucometer, a pharmacist or a diabetes care provider will give you a blood testing meter and show you how to use it.

**Target blood sugar levels are:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Before meals</td>
<td>4 to 7 mmol/L</td>
</tr>
<tr>
<td>2 hours after meals</td>
<td>5 to 10 mmol/L</td>
</tr>
</tbody>
</table>

Your blood sugar targets may be different. You and your diabetes care provider will work together to set your blood sugar targets.

**What do I do with my blood sugar results?**

Write all your blood sugars in a notebook along with the time of day it was taken and record what you had eaten and drank. Write the results in a notebook even though your meter has a memory. This will help your diabetes care provider see the patterns in your blood sugar levels.

When you test your blood sugars on a regular basis, you can see if your blood sugars are in good control.
What is A1C?
A1C is also called glycosolated hemoglobin. A1C shows the 3-month average blood sugar level before the test was taken. You do not have to fast before this test.

When your A1C result is less than 7%, you decrease your risk of diabetic complications.

The A1C is done at the laboratory and is not the same as your meter’s blood sugar results.

When your blood sugar is below 4 mmol/L:

1. Take 15 grams of a fast acting carbohydrate right away. Examples of 15 grams of fast acting carbohydrate are:
   - chew 3 to 4 dextrose or glucose tablets – read the label for carbohydrate per tablet or
   - drink 125 ml or 1/2 cup juice (if you are able to drink this amount at one time, may cause dumping)
   Taking 15 grams of a fast acting carbohydrate will raise your blood sugar quickly.

2. Wait 15 minutes and check your blood sugar again.

3. If your blood sugar is still below 4 mmol/L, treat again with one of the fast acting carbohydrates listed above.

4. Repeat these steps until your blood sugar is in your target level.

5. If your next meal or snack is more than 1 hour away, you need to have 1 bottle of Boost Diabetic or Carnation Breakfast Anytime No Added Sugar supplement. If you are not able to drink a bottle at one time, try to sip it slowly.

You can talk to your diabetes care provider, pharmacist or dietitian about other fast acting carbohydrates to carry with you to prevent or treat low blood sugar.

If you carry dextrose or glucose tablets, read the package to know how many tablets total 15 grams.
Mental Health and Bariatric Surgery

The following pages will guide you through some of the mental health components that may be relevant to you both before and after surgery.

Mental Health in Bariatrics – Overview
Mental health concerns in a bariatric population can be different than those in the general population. Research focused on bariatric patients has identified higher rates of disorders such as depression, anxiety, substance abuse, and binge eating. Your team of bariatric professionals are here to help with extra support should you feel you require these services.

Mental Health Issues (depression, anxiety, bipolar disorder)
Research tells us that, for some patients, mood disorders such as depression and anxiety can improve after surgery. However, for some of these cases, the disorder can remain the same or symptoms may increase in severity or return after some time which highlights the importance of treating mood disorders both before and after your surgery. Advise a member of your team if you feel that you may be suffering from a mental health issue as additional services are available to help you with treatment.

If you currently see a psychiatrist, it is highly recommended that you advise them of your interest in bariatric surgery.

Substance Abuse
The abuse of substances like drugs and/or alcohol can complicate bariatric surgery both before and after the operation.

Binge Eating
Binge eating disorder is a mental health issue which can get into the way of your success because urges to binge eat can remain even after surgery. Binge eating disorder needs to be diagnosed and treated before having surgery.
Treatment
One effective treatment method for these diagnoses is cognitive behavioural therapy, or CBT. This treatment is talk-based and focuses on emotions, thoughts (cognitions) and behaviours and is very much goal-oriented. This method is considered a collaborative work between therapist and client and is relatively brief in duration.

For more treatment options, please contact your local Mental Health & Addictions Program within the hospital or community setting.

1-800-565-8603
www.drugandalcoholhelpline.ca

1-866-531-2600
www.mentalhealthhelpline.ca

1-888-230-3505
www.problemgamblinghelpline.ca
Readiness for Change

Bariatric surgery requires a serious commitment from you in order to be successful. You will have to make real changes in your lifestyle and behaviour and sustain these changes indefinitely. We are committed to helping you prepare for this process, but it is a good idea for you to take a moment and ask yourself how ready you are to make these changes.

Research has identified stages that are part of the process to change. Review these stages and try to identify the stage you are currently in regarding the challenges you face related to your obesity and upcoming surgery.

Stage 1: Precontemplation (Not ready)
If you are in this stage it means you have not really begun to consider the advantages of making changes in your life to begin to get ready for bariatric surgery. You may be learning about some of the pros and cons of making healthy change, but aren’t ready to do so in the near future.
Example: Your doctor explains the bariatric surgery process to you and explains the benefits and risks. You are not convinced and believe you are able to lose the weight on your own.

Stage 2: Contemplation (Getting ready)
You may be weighing the pros and cons of making healthy changes and even considering the thought of starting sometime soon.  
Example: You know others who have had gastric bypass surgery and see the changes in others. You think about your health and realize it may help you. You book an appointment with your doctor to discuss the bariatric surgery process OR You are attending orientation class for bariatric surgery in order to make an informed decision if you want to have the surgery.

Stage 3: Preparation (Ready)
You are ready to start making small changes, but still need to develop a plan. Identifying family, friends and support people is important during this stage. Try to imagine what change will look like.
Example: You have attended orientation and are ready to proceed with initial assessments. You have looked at your lifestyle and are strategizing ways to change your dietary and activity levels in a lasting way.
Stage 4: Action
You’ve replaced unhealthy behaviours with healthy ones, but still fight urges to slip back to your former ways. Keep up the hard work!
Example: You have begun making changes to your dietary and activity needs and realize this is a forever lifestyle change. You adjust your changes in order to maintain them long term. OR You have had your surgery and enjoyed your weight loss during the first year. After one year, your appetite starts to increase slowly and you seek out more non-food related activities to distract yourself.

Stage 5: Maintenance
You’ve made healthy changes and have continued them for over 6 months. Surround yourself with supportive and healthy people and use the techniques you learned to maintain your change for life!
Example: You see and feel the benefits of your dietary and activity level changes. You continue adjusting your changes to maintain your success with the help of your support system. Some choose not to proceed with surgery at this point; others choose to move forward. OR You have had surgery and have been successful with the dietary and activity levels you have sustained and added into your life.
Positive Non-Food Related Activities

For many people, eating is a very pleasurable activity. Problems can arise, however, for those people who make eating their pleasurable activity of choice. Food can serve as a distraction, a coping tool, and can even affect brain chemistry which makes you feel good.

Leading up to your surgery it is a good idea to incorporate some new pleasurable activities into your life so that after surgery, when you simply cannot eat as much as before, you have already started a routine with new healthy things to do in situations where you might normally use food.

It is important to consider both activities that can be done spontaneously with little planning as well as those that are more planned and perhaps rely on other people. Planning a walk with a friend is great, but if that friend is unavailable when you’re looking for something to do it is important you have other options.

Examples of some things you can do at anytime include:
  
  - going for a walk
  - taking a hot bath or shower
  - gardening
  - engaging in some exercise
  - reading (or writing!)
  - meditating (positive imagery, muscle relaxation)
  - drawing (or doodling!), taking pictures/photography

Use the chart on the following page to record some of your own ideas for ‘quick’ or ‘anytime’ activities as well as other ‘sometimes’ activities that you can do sometimes, but not always.

Refer to the chart below when you’re bored, stressed, frustrated, or are struggling with an urge to eat (when you are not hungry). Make sure to include as many ‘anytime’ activities as you can think of and to have the things you’ll need on hand so you can do them ‘in a pinch’. This means getting a book from the store or library if reading a book is one of the activities you want to do. A variety of activities is important as well to enrich your life with new things to do and enjoy!
<table>
<thead>
<tr>
<th>Pleasurable Activity</th>
<th>Anytime or Sometimes?</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Reading a magazine or book (or trying an audiobook)</em></td>
<td>Anytime</td>
</tr>
<tr>
<td><em>Going golfing with a friend</em></td>
<td>Sometimes</td>
</tr>
</tbody>
</table>
Sleep

Making sure that you are getting a ‘healthy’ night’s sleep every night is very important to your overall health and well-being. The following strategies can greatly improve your sleep:

1. **Commit to a regular bedtime and wake-up time.** This can be especially important if you have a hard time falling asleep or waking up. By going to sleep and waking up at a similar time each day and night your body can get used to these times and you will get sleepy as bedtime approaches and will have an easier time waking up.

2. **Sleep in your bed!** While this sounds obvious, consider whether or not you fall asleep on the couch, in your child’s room, or while watching TV. This will help your body pair your bed with sleep (a good thing!) and avoid cues such as the TV or couch from making you feel sleepy.

3. **Create a bedtime routine and a wake-up routine.** Try to come up with a routine before bed to help your body get into ‘relaxation mode’. Pour a hot (caffeine-free!) tea, have a warm bath, or try meditation (just be sure to stay awake). When you wake-up you can go for a short walk, read a newspaper, or try some exercise to help jump-start your day.

4. **Engage in regular exercise.** While exercise is good for many reasons, it might come as a surprise to you to know that it can be very beneficial to your sleep quality and can also lower stress and promote relaxation. Avoid exercise late at night as exercising sooner than 4 hours prior to bedtime can keep you awake.

5. **Muscle relaxation or stretching and/or breathing exercises.** While exercise before bedtime can disrupt sleep, some light stretching and relaxation of muscles can promote a good night sleep. Also, you can focus on slow and deep breathing while envisioning some pleasant environment (walking on a beach, under the canopy of a beautiful forest etc).

6. **Limit or eliminate caffeine use.** This will be a part of your pre- and postsurgical instructions, but should be considered immediately if your sleep habits are not healthy. Switch to decaffeinated versions of the beverages you already consume.

7. **Ensure you are using your CPAP or BiPAP machine.**

   Please use your machine as directed along with regular maintenance.
Social Support and Interactions

Your surgery will impact your social interactions. It is important to take some time before your surgery to consider your social support network as well as some social interactions that you are likely to experience post-surgery.

Your Support Network

Before surgery you should make a list of those people in your support network and work with these individuals to establish the roles that they will have in your post-surgery recovery time (and beyond!). Consider things that you do now that you will not be able to do immediately following surgery and make sure to have these tasks covered by somebody in your support network. Things to consider:
- who will help you get (or bring you) food and drink
- who will drive you to/from follow-up appointments
- who will get the kids ready for school
- who will do the house-cleaning

Identify both the ‘assignments’ (things that you will need help with) as well as the people available to you that will help support you throughout your recovery. Complete the chart below so you can be organized and ready for your post-surgery days and weeks.

<table>
<thead>
<tr>
<th>Supportive Person</th>
<th>Assignment or task</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Social Interactions and Changes

**Relationships:** You may find mixed reactions from friends and family who are aware of your decision to undergo bariatric surgery. This is normal. The important thing for you to consider is who can help you through the process and who may make it more challenging. As you begin to lose weight, relationships can also change. Communicate with those around you to help them understand the new you!

**Comments and compliments:** After your surgery, the resulting weight loss can yield attention from the people who know you. You may receive compliments or other recognition of your weight loss progress. While well-intentioned, you may find these to be intrusive. It is good to think about this now and consider some appropriate responses to such comments and questions.

**Emotional Eating**

Emotional eating is the practice of consuming large quantities of food in response to feelings instead of hunger. These feelings are not solely negative (sad, upset, angry) but can also be positive (celebratory, happy, accomplished) where food is either the comfort or the reward.

*Example:* Eating take out food when time is limited and you are feeling stressed, eating your favourite meal as a reward or celebration.
Developing a Healthy Relationship with Food

1. Emotions/Food Records
You have likely heard of food records and perhaps have used them in the past. The concept of journaling what you eat may not sound appealing to you, but it is a very important part of the process of making changes and gathering accurate data. Relying on your memory alone is not going to provide complete or accurate information.

It is important to understand that these records will not only help your professional team better understand your concerns and problematic behaviours, but will also be an invaluable tool for yourself to use throughout your journey.

Try to make it a habit of recording each and every thing that you eat and drink within a day and to do so shortly after each meal (so you don’t forget!).
2. Places You Eat

Where we eat on a regular basis can actually have a great impact on how we eat. Our minds have a way of ‘pairing’ places with pleasurable activities (such as eating!). What does this mean for you? If you find that you eat in places not normally designated for eating, it may be that simply going to these places can trigger an urge to eat.

This is acceptable if you are sitting at the dining room table, but less so if you are on the couch, at the movies, or any number of other places that are triggering this urge. If you are having urges to eat every time you are in these places, it is likely that overeating will occur.

We are aware of many people whose jobs require them to eat in their cars, trucks, or at their desks. It is important also to include mindful eating strategies while eating in these places.

*Use the chart below to identify some of the appropriate and inappropriate places you eat (consider home/work/other locations). Reflect on your responses and consider how you might make changes towards eating in more appropriate places.*

<table>
<thead>
<tr>
<th>Places I eat</th>
<th>Appropriate for me?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dining room table</td>
<td>Yes</td>
</tr>
<tr>
<td>On the couch, in front of the TV</td>
<td>No</td>
</tr>
<tr>
<td>In my car, between clients</td>
<td>Yes, although I park my car in a safe location, turn on some music, eat slowly and mindfully</td>
</tr>
<tr>
<td>In my truck since I travel long distances</td>
<td>Yes, although I park my truck in a safe location, eat slowly, take a couple of circle checks, and stretch</td>
</tr>
</tbody>
</table>
3. Prepare Meals Ahead of Time

It is difficult to plan meals while you are in the middle of a busy work week or on vacation out of town. If you make meals ahead of time, portion them, and freeze them you will be more successful at eating the right foods at the right time. Your in-the-moment solution of ordering fast food will lessen if you have other options. Another option is to have small snack-sized meals in a cooler for you to eat when you are physically hungry. This is helpful for long haul truck drivers, employees who are unable to leave their desks during their shifts, and those who have busy schedules.

4. Reminders to Eat

Sometimes it is easy to forget to eat, especially for those with a limited, small appetite, or those with busy lives. It is very important that you follow the eating schedule provided to you by the dietitian, and also taking your medications and vitamins regularly as recommended by the nursing team. One strategy would be to use your cell phone and set timers for yourself. Cell phone reminders can remind you to eat when your day gets busy and seems to ‘fly by’.

Mindful Eating

Our brains have a difficult time focusing on more than one thing at a time. This creates a problem when eating happens at the same time as something else (such as eating, driving, working etc). When we try to use food to distract us from something else, we aren’t very focused on eating either. These situations lead us to ignore signals from our body telling us that we are no longer hungry (or perhaps were never hungry to begin with).
What is mindful eating? It is paying attention to not just what you eat, but how you eat. Eating can be a pleasurable activity, but it deserves your full attention, savouring every bite of your meal or snack. Try some of the tips below to practice mindful eating and you may notice that you can be more satisfied while having eaten less.

**Start small.** Begin by practicing mindful eating at just one meal and eventually practice mindful eating every time you eat.

**Stop multitasking!** Focus on the act of eating.

**Eat at the table.** Hurried eating in the car or distracted eating in front of the TV will lead to less satisfaction and more consumption. We understand this is unavoidable for some, so parking your car, putting on some soft music, and turning off your cell phone can help you take time to relax and eat slowly.

**Take a moment before you start eating.** Take a breath and appreciate the aroma and sight of what you are about to eat.

**Focus on each mouthful.** Once you take a bite, chew slowly and appreciate the textures and flavours of what you are eating.

**Quality over quantity.** Even if it costs more, it may be economical because you can eat less of it because it is so satisfying.

**Put your cutlery down between bites.** We are often preoccupied with the next bite when we haven’t even finished chewing what’s in our mouths. Chew. Enjoy.

**Prepare your own meals.** Compared with eating prepared or packaged foods, you can buy premium ingredients and enjoy the experience of creating something fresh and delicious.

**Take a break.** When you’ve eaten half of what was on your plate, stop. Take two minutes to talk or think. Consider how much more you want to eat before resuming.

**How do you feel?** Take a moment after eating and ask yourself this question.
Common Themes from Emotional Journey of Weight Loss

1. **First month**- period of rapid adjustment characterized by intense emotional and physical change.

   **Buyer’s remorse**: “What have I done?”
   **Emotional rollercoaster**: “I can’t stop crying”
   **Loss of food as coping**: “My former best friend has become my enemy”

2. **First year**- period in which the bulk of weight-loss occurs: appetite is reduced, many new experiences and “wow” moments.

   **Hair thinning**: “Oh my! Is that my hair?”
   **Changing sizes**: “Nothing fits!”
   **Body Image**: “Who is that person in my mirror?”
   **Frustration with plateaus**: “I’m not done YET, am I?”
   **Return of Appetite**: “The Unwelcome Visitor”

3. **Making the Most of Your First Year**

   Towards the end of this phase, weight-loss begins to slow, but you can continue to lose for up to 18-months. Continue to adjust your new lifestyle to optimize your road to health. It is a good idea to continue to weigh and measure your portions at least once per week. We would like you to work on developing habits that will carry you through the rest of your weight loss period and into the maintenance phase. Friendly reminder: work on getting into the habit of regular exercise!

4. **Maintenance**

   If the first year is all about your changing body, the second is often about your mind. Your body can tolerate more foods in somewhat bigger quantities which may or may not be a good thing. If you’ve developed good habits during the weight loss phase, this will present less of a challenge for you.

   You will not continue losing weight forever. Switching your mindset from weight loss to weight maintenance takes some getting used to. **Remember, only 1% will achieve what is typically considered a healthy BMI.** This is the time to discover who you really are without the excess weight. You may or may not like what you see, what changes, or what doesn’t change as a result of the surgery. If what you see inside isn’t what you want to see there, you will have some work to do to change what’s inside and become the person you really want to be.
Financial Considerations

- At least 2 trips to Toronto (1. pre-operative assessment, 2. surgery)
- Several trips to Sudbury before and after surgery
- Time off work (4 - 8 weeks, maybe more)
- Childcare, pet care, hired help if needed
- Optifast for 2 – 4 weeks ($200 - $400)
- Travel costs (air fare, bus, price of gas, taxis, subway)
- Hotels (est. $800-$1000 for a week)
- Parking at the hotel
- Hospital Parking (est. $15 daily max, 7 day pass $40)
- Prevacid (est. $80 a month for 6 months = $480)
- Multi Vitamins, Minerals, Protein (est. $40-60/month)
- Laboratory testing costs (some charge, other’s don’t)
- Scales/Measuring Tools $50 or more
- Clothes, undergarments, shoes
- Complications may mean more trips to our centre or to see your surgeon

Seriously plan your finances. Do not wait until you hear you have been approved for surgery.

Loans
Ontario Disability Support Program (ODSP)
First Nation (Band)
Travel grants
Family

Finding Other Supports

Join a bariatric surgery support group
  o Professionally led group on third Thursday of each month at our centre

Join online forums/groups

Get counselling if needed

Find out about your local resources including Crisis programs, counsellors, nearest emergency departments.
Weight Loss Surgery: Stages of Transformation

Stage 1 Decision Point
You make the decision to have weight loss surgery

Stage 2 Shock and Awe
You feel buyer’s remorse or are in awe of how little you can eat

Stage 3 Grief and Loss
You feel sadness about the loss of some foods, rituals, or even friends

Stage 4 The Miracle
You feel invincible, like you’ll never overeat again

Stage 5 Testing Limits
You go back to foods that used to trigger you to overeat, like sweets, and you try out new behaviours

Stage 6 End of Invincible
The “miracle time” ends and your eating more easily affects your weight loss or weight maintenance

Stage 7 Give Up or Change
You realize if you don’t make changes, you will gain weight or stop losing

Stage 8 Learning
You open up and learn to pinpoint what your real problems are (not what you assume they are)

Stage 9 Experimenting
You go through a trial and error process to discover what really will work for you

Stage 10 Self Trust
You develop a sense of self-trust and self-care that was previously non-existent

Stage 11 Mastery
You regain some control and begin to experience some peace of mind with food, your body, and the scale

Stage 12 Freedom
You see that what you really want to do, and what you must do to stay healthy, are one and the same

## Weight Tracking

<table>
<thead>
<tr>
<th>Date</th>
<th>Weight (kg)</th>
<th>Body Mass Index (BMI)</th>
<th>Waist Circ (cm)</th>
<th>Hip Circ (cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After Optifast</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 to 6 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 months (1 year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# My Health Care Team Members

<table>
<thead>
<tr>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgeon</td>
</tr>
<tr>
<td>Endocrinologist</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>Clinic Nurse</td>
</tr>
<tr>
<td>Clinic Coordinator</td>
</tr>
<tr>
<td>Registered Dietitian</td>
</tr>
<tr>
<td>Registered Dietitian</td>
</tr>
<tr>
<td>Registered Dietitian</td>
</tr>
<tr>
<td>Social Worker</td>
</tr>
<tr>
<td>Psychologist</td>
</tr>
<tr>
<td>Kinesiologist</td>
</tr>
<tr>
<td>Psychiatrist</td>
</tr>
<tr>
<td>Diabetes Nurse</td>
</tr>
<tr>
<td>Medical Internist</td>
</tr>
<tr>
<td>Pharmacist</td>
</tr>
<tr>
<td>Thromboembolism Team</td>
</tr>
<tr>
<td>Physiotherapist</td>
</tr>
<tr>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>Sleep Apnea Doctor</td>
</tr>
</tbody>
</table>