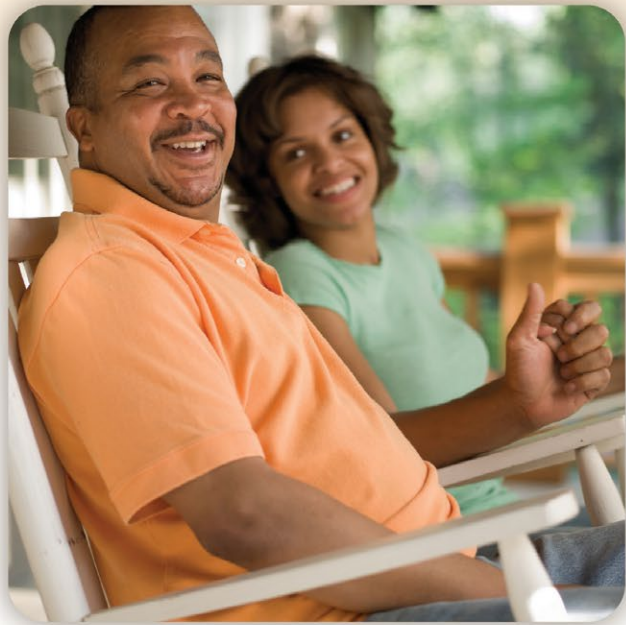


PATIENT RESOURCE GUIDE
METABOLIC & BARIATRIC
SURGERY



WELCOME

Thank you for choosing the Weight-Loss Surgery Center at Clovis Community Medical Center. We are recognized by major health care providers and accredited by the American Society For Metabolic and Bariatric Surgery, and designated as a Center of Excellence by major payers. Rest assured you have chosen a superb facility to have metabolic/bariatric surgery.

We congratulate you in your decision to change your life and we appreciate the opportunity to care for you during this important time. Our mission while you are here is to provide you with excellent care and service. Our compassionate staff are trained to care for metabolic and bariatric patients. During your hospital stay, our team will ensure that you are reaching your daily goals and provide you with the information necessary for ongoing success. We are dedicated to making your stay the best it can be.

We feel that it is important for you to be completely informed and educated about your care before, during and after surgery. This Patient Resource Guide has been created specifically for our metabolic and bariatric surgery patients, and will provide insight to nursing care, nutrition, and exercise as these apply to patients having gastric-bypass or a sleeve gastrectomy surgery. Please read through this booklet prior to your surgery and refer back to the information as needed.

Thank you again for choosing the Weight-Loss Surgery Center at Clovis Community Medical Center. If you should have any questions please feel free to contact us at (559) 324-4815.

Sincerely,

Clovis Community Weight-loss Surgery Team



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SURGERY DAY

Most pre-operative care follows these general guidelines, however your experience may differ according to your individual needs.

PRE-OPERATIVE CARE

- The morning of surgery you will be instructed to take a shower at home before coming to the hospital. You will have already spoken with your bariatric surgeon about your routine medications; please leave your medications at home. Also, if you use a CPAP machine, bring it to use in the hospital.
- **You should not eat or drink anything after midnight prior to your surgery day.** Your bariatric surgeon or nurse will ask you details about your most recent meal because most anesthesia can only be given on an empty stomach. If you take routine oral medications at home, your bariatric surgeon will have already instructed you as to which ones are appropriate to take on the day of surgery.
- **Most medications can be taken the day of surgery with small sips of water; however your bariatric surgeon will give you instructions regarding your specific medications.**
- **Be sure to tell the nurse about any allergies you may have.** These allergies can include medications, food, and/or latex allergies.
- By the day of surgery your lab work, and if needed, chest x-ray and electrocardiogram (EKG) will have already been completed. After you are admitted to the hospital, your bariatric surgeon may order more labs and tests.
- Once you arrive in the pre-operative area, the nurse will do a brief physical examination. The nurse will take your temperature, pulse, respirations, blood pressure, and ask about pain and anxiety levels to ensure your comfort. You will be asked to sign a consent for surgery after the risks, benefits and alternatives have been explained to you by your bariatric surgeon. **Feel free to ask questions or bring up any concerns that you may have.**
- Your bariatric surgeon and other care providers will talk to you and your family about your surgery and what to expect afterward. They will discuss IV fluids, pain relief, medications, diet, and activity. You will also be taught how to turn, cough, deep breathe and use a breathing exercise device called an Incentive Spirometer.
- Just prior to surgery you will have an IV started and the surgical site will be clipped if necessary. Do not shave this site at home. The IV will be used to provide you with hydration and to administer antibiotics, pain medications, anti-nausea medications, and anesthesia (medication which makes you drowsy and relaxed during surgery).



Most patients' surgical recovery follows these general guidelines, however your experience may differ according to your individual needs.

SURGICAL RECOVERY IN THE POST ANESTHESIA CARE UNIT (PACU)

- ▶ After surgery you will be taken to the recovery room where the nursing staff will monitor you closely to ensure your safety and comfort. This room is known as the **Post Anesthesia Care Unit (PACU)**. The nurses in the PACU will wake you and check your vital signs often. They will check your temperature, pulse, respirations, blood pressure, pain level, sedation level, and anxiety level. Your nurse will continue to take these measurements often, until you are ready to transfer to the Medical/Surgical unit.
- ▶ In PACU, you may find that you are attached to several medical devices. These may include IV fluids, a PCA pump (see a description below), a plexipulse foot compression, drains, incisional dressings and oxygen. Your nurse will teach you about all of your devices and answer any questions that you may have.
- ▶ You will not be given anything to eat or drink while in the PACU. However, you may ask your nurse for water to rinse your mouth.
- ▶ Pain management is an important part of your post-operative care. In an effort to control your pain, the nurse will provide pain medications as ordered by your physician. Anti-nausea medications are available, should you need them.
- ▶ After your surgery your nurse will assist you in turning, coughing and deep breathing.
- ▶ After your recovery in the PACU, you will be moved to the Medical/Surgical floor where you will stay until you are discharged from the hospital.



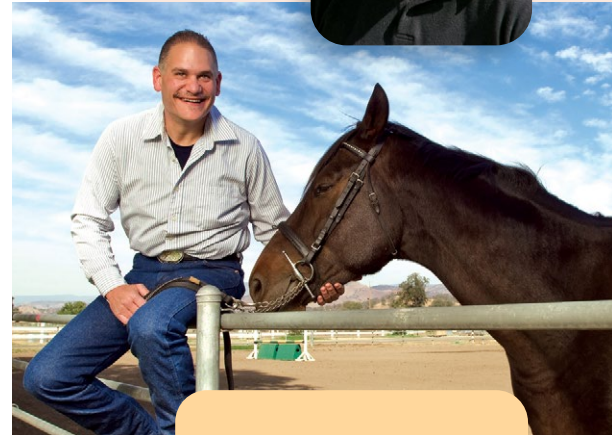
HOSPITAL STAY

After your time in the PACU you will be transferred to your room on the Medical/Surgical unit. This floor is specially designated for our metabolic and bariatric surgery patients.

RECOVERY IN THE MEDICAL/SURGICAL UNIT

- During your stay, the nursing staff will check your vital signs, pain level, sedation level, and anxiety level regularly. They will measure the amount of liquids that you drink and those that you get from your IV (intake). They will also measure your urine output and any other drainage (output). Your wound dressing will be checked frequently.
- You and your family will be taught about your general care after surgery on topics including IV fluids, pain relief, medications, activity, coughing, deep breathing, diet and exercise. You will also be taught how to use a breathing device called an Incentive Spirometer which is used to prevent lung infections. If oxygen is given, a machine called a Pulse Oximeter will be used to measure the level of oxygen in your blood (this is done with the use of a probe clipped on your finger).
- Pain medication and nausea medication will be available, as needed. When you are tolerating oral fluids, you will be offered oral pain medicine and weaned off the IV pain medication. Your bariatric surgeon may also order lab work to ensure that you are recovering well.
- Nutrition and hydration are very important aspects of your recovery. You will begin a low sugar/sugar-free liquid diet once you arrive to your room and are able to drink safely. Carbonated beverages and straws will not be permitted. The dietitian may visit you to review the bariatric diet if directed by your bariatric surgeon.
- You will be encouraged to begin walking soon after you arrive to your room. You will be provided with assistance when you start to walk, until it is safe for you to do so alone. The physical therapist may visit you to ensure that you are walking safely and may also provide information on exercise if directed by your bariatric surgeon.

**REGAIN
HEALTH**



“For my surgery, I wanted the best of the best. I chose Clovis Community.”



GUIDE TO PREVENTING BLOOD CLOTS

Blood clots, also called deep vein thrombosis (throm-BO-sis), most often occur in people who can't move around well or who have had recent surgery or an injury. Blood clots are serious. It is important to know the signs and get treated right away.

CAUSES OF BLOOD CLOTS

Blood clots can form if you don't move around frequently. You may also get a blood clot if you:

- Have had recent surgery
- Are 65 or older
- Take hormones, especially for birth control. (Ask your doctor about this)
- Have had cancer or are being treated for it
- Have broken a bone (hip, pelvis, or leg)
- Have a bad bump or bruise
- Are obese
- Are confined to bed or a chair much of the time.
- Have had a stroke or are paralyzed
- Have a special port the doctor put in your body to give you medicine
- Have varicose (VAR-e-kos) or bad veins
- Have heart trouble
- Have had a blood clot before
- Have a family member who has had a blood clot
- Have taken a long trip (more than an hour) in a car, airplane, bus, or train

SYMPTOMS OF A BLOOD CLOT

You may have a blood clot if you see or feel:

(If you think you may have a blood clot, call your surgeon right away!)

- New swelling in your arm or leg
- Skin redness
- New, significant soreness or pain in your arm or leg

Blood clots can be dangerous. Blood clots that form in the veins in your legs, arms, and groin can break loose and move to other parts of your body, including your lungs. A blood clot in your lungs is called a pulmonary embolism (POOL-mo-nar-e EM-bo-liz-em).

A blood clot may have gone to your lungs if you suddenly have:

- A hard time breathing
- Significant chest pain
- A persistent, rapid heartbeat
- Fainting spells

Call your bariatric surgeon immediately if you are experiencing any of these symptoms. If you feel you are experiencing a life-threatening condition, dial 911 immediately.

PREVENTING BLOOD CLOTS

You can help prevent blood clots if you: (Stay active and well hydrated!)

- Wear loose-fitting clothes, socks, or stockings
- Raise your legs six inches above your heart from time to time
- Wear special stockings (called compression stockings) if your doctor prescribes them
- Do exercises your doctor gives you
- Change your position often
- Do not travel longer than one hour for four weeks after surgery without permission from your bariatric surgeon
- Do not stand or sit for more than one hour at a time
- Decrease salt in your diet
- Try not to bump or hurt your legs, and try not to cross them
- Do not use pillows under your knees
- Take all medicines the doctor prescribes you

Call your Surgeon immediately, if you are unable to:

- Drink and keep down at least one liter of fluid per day

Your Guide to Preventing and Treating Blood Clots. AHRQ Publication No. 09-0067-C. Agency for Healthcare Research and Quality, Rockville, MD. May 2009. <http://www.ahrq.gov/consumer/bloodclots.htm>

Note: *This information is not meant to replace any information or personal medical advice you receive directly from your surgeon.*

We expect you to have a smooth recovery. However, call your surgeon IMMEDIATELY if you experience any of the following:

- ▶ **Shortness of breath, chest pain, or persistent productive cough**
- ▶ **Bloody diarrhea**
- ▶ **Temperature greater than 101.5°**
- ▶ **Severe abdominal pain or new, severe left shoulder pain**
- ▶ **Persistent pulse greater than 100 beats per minute**
- ▶ **Persistent nausea or any vomiting**
- ▶ **The inability to drink or keep liquids down**
- ▶ **Difficult, painful or inability to pass urine**
- ▶ **Wound separation or excessive drainage. A small amount of bruising and or clear to slightly blood drainage is to be expected**
- ▶ **Any other issue you have serious concerns about**



EMERGENCY DEPARTMENT PATIENT IDENTIFICATION CARD

During your post-op education you will receive an Emergency Department patient identification card. Should you, for any reason, need to come back to Clovis Community Hospital or are out of town and need to use emergency facilities, please present this card to staff so that they may contact your bariatric surgeon. This card should be carried in your wallet or purse and be presented to hospital staff whether or not your visit is related to your metabolic or bariatric surgery.



PATIENT EDUCATION AND FOLLOW UP

Review any and all literature given to you by your surgeon during your preoperative appointment. You will be seen for regular follow up office visits at approximately one week, one month, three months, six months and annually for life.

It is extremely important to keep all of your follow-up appointments. Your bariatric surgeon is your best resource for maintaining a successful outcome.

NUTRITIONAL GUIDELINES FOLLOWING **WEIGHT LOSS SURGERY**

LIQUID DIET FOR WEIGHT LOSS SURGERY (2-3 weeks)

After surgery you will follow a liquid diet while in the hospital. This diet will be continued after discharge until your bariatric surgeon tells you otherwise. It is very important to follow this guideline because your gastrointestinal (GI) tract needs time to heal. Starting on solid foods before receiving approval from your bariatric surgeon can cause serious damage to your body.

Key points to remember while on a liquid diet:

- ▶ It is very important to drink plenty of fluids to maintain hydration during this time. You should drink at least 6-8 cups of fluid each day (48-64 ounces per day). Try to drink 30 mL (1 ounce) every 20 minutes.
- ▶ Avoid carbonated drinks, alcohol, caffeine, and drinks that contain sugar (i.e. punch, soda, undiluted fruit juice, Jamba Juice® and other fruit smoothies, and undiluted sports drinks such as Gatorade® and Powerade®).
- ▶ After discharge start a sugar-free liquid protein supplement. This will help meet your daily protein goal until you can eat solids.
- ▶ Avoid using straws and drinking out of bottles because this can cause you to swallow air, and may lead to stomach pain and discomfort.
- ▶ Remember to sip fluids, don't gulp. Gulping fluids can cause you to swallow air. It may also cause you to over fill your pouch with fluid.

Examples of foods that are allowed on the liquid diet stage are as follows:

- ▶ Liquid protein
- ▶ Water
- ▶ Unsweetened, decaffeinated coffee or tea
- ▶ Sugar-free non-carbonated drinks (Crystal Light®, Propel®, G2® or Sugar-Free Kool Aid®)
- ▶ Sugar-free gelatin
- ▶ Sugar-free popsicles
- ▶ Broth or strained soups



PUREE DIET FOR WEIGHT LOSS SURGERY (start at 2-3 weeks)

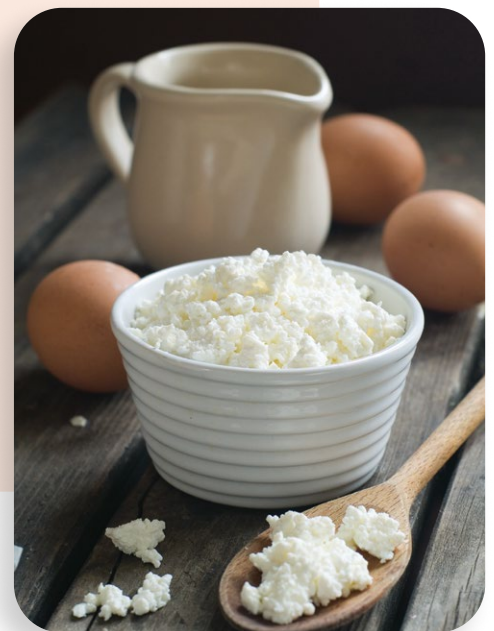
Once your bariatric surgeon has given you the okay, slowly begin eating soft “mushy” foods. At this point, foods should be pureed and they should be able to “pour” off of the spoon (applesauce consistency). You will be on the puree diet until your bariatric surgeon tells you otherwise. Remember that eating solid foods before receiving approval from your bariatric surgeon can cause serious damage to your body.

Key points to remember while on a puree diet:

- ▶ Eat protein foods first.
- ▶ Eat slowly and stop when you begin to feel full. Overeating may lead to nausea and vomiting.
- ▶ Eat and drink separately. Wait at least 30 minutes before and after each meal to drink liquids. Drinking and eating together will cause you to eat more calories, and also causes “Dumping Syndrome.” (see page 13)
- ▶ Continue sugar-free protein drinks. These should be taken between meals and they can count toward your daily fluid goal.
- ▶ Do not eat sticky, dry, or greasy foods. Avoid foods that are high in sugar and fat. Do not drink alcohol or carbonated beverages, and do not use straws.

Examples of foods that you may want to keep on hand while on a puree diet:

- ▶ Pureed bean soups: split pea, black bean, lentil
- ▶ Low fat refried beans
- ▶ Greek yogurt
- ▶ Cottage cheese
- ▶ Eggs (prepared poached, scrambled, soft boiled)
- ▶ Tofu
- ▶ Sugar-free pudding
- ▶ Milk and/or soy milk



NUTRITIONAL GUIDELINES FOLLOWING **WEIGHT LOSS SURGERY**

SOFT REGULAR DIET FOR WEIGHT LOSS SURGERY

Approximately one month after surgery your GI tract is ready to digest regular soft foods (your bariatric surgeon will tell you exactly when to begin eating solids). You are still at risk for “Dumping Syndrome” and other GI side effects associated with eating so it is important to try one new food at a time and remember to listen to your body.

Key points to remember while on your soft regular diet:

- ▶ Chew, chew, chew! You must chew your food until it is pureed before swallowing.
- ▶ Eat slowly! It should take you around 20-30 minutes to eat a meal. Eating too quickly may overstuff your pouch. This might cause nausea and vomiting. Stop eating when you feel full.
- ▶ Do not eat bread, rice, pasta, tortillas, or foods that are breaded and/or fried! Eating these foods can cause a sticky blockage in your pouch. Also, some of these foods can expand in your pouch and cause pain, nausea and vomiting.
- ▶ Do not eat tough, chewy, dry, or fibrous foods. Do not eat fresh vegetables or the peels of fruit for the first two months after surgery.
- ▶ Do not drink alcohol, carbonated drinks, or drinks that are high in sugar.
- ▶ After surgery, you might not be able to eat some of the foods that you used to enjoy. You may also need to change the way you eat and drink some of your favorite foods. Experiment with basic foods and drinks until you can tolerate them.
- ▶ Continue to drink sugar-free protein supplements.

Examples of foods to keep on hand while on the soft regular diet:

- ▶ Creamy peanut butter (*low sugar variety)
- ▶ Beans, nuts, seeds
- ▶ Soups
- ▶ Eggs (prepared to your liking, with minimal butter/oil)
- ▶ Cheese (string, ricotta, cottage, low fat cheddar/jack, etc.)
- ▶ Fish and other seafood
- ▶ Ground beef, poultry, veal, pork, canned chicken or tuna in water (needs to be moist)
- ▶ Well cooked green vegetables



THREE MONTHS AND BEYOND FOR WEIGHT LOSS SURGERY

After about three months you should be...

- ▶ Able to eat a variety of foods
- ▶ Eating high protein foods first, at each meal
- ▶ Meeting most of your protein needs with food
- ▶ Drinking 48-64 oz. of fluid per day
- ▶ Separating food and fluids by 30-60 minutes
- ▶ Avoiding alcohol, carbonated drinks, or drinks that are high in sugar

At the end of one year you should be...

- ▶ Eating high protein foods
- ▶ Eating a healthy diet (i.e. avoid high sugar foods)
- ▶ Eating three meals a day (do not snack or "graze")
- ▶ Meeting your daily protein goal from food alone (without protein supplements)
- ▶ Drinking 48-64 oz. of fluids per day



Foods to be avoided for weight-loss management:

Rice	Pastries	Gravy
Pasta	Ice cream	Sugary marinades
Bread	Sherbet	Cream
Chips	Fried Foods	Cookies
Pretzels	French Fries	Cake
Popcorn	Onion rings	Candy
Crackers	Fish sticks	Sugary beverages

THE IMPORTANCE OF PROTEIN

After surgery it is very important to eat a high protein diet. Getting enough protein throughout the day will help maintain energy levels and keep muscles strong. It will also help to prevent hair loss, support your immune system, and preserve normal physiological function (i.e. the production of hormones, enzymes, receptors and transporters in the body).

Protein Sources

Protein is found mainly in animal products, which includes beef, pork, poultry, seafood, dairy products, and eggs. It is also found in plant foods. Examples of plant proteins include beans and legumes, nuts and nut butters, soy and tofu. Whole grains also have a small amount of protein.

Daily Protein Requirements

After surgery you will need to eat between 60 and 80 grams of protein per day, depending on body frame and gender. Your new pouch is small; therefore it is important to eat protein first. Keeping a food journal (see page 21) will be helpful to ensure you are eating enough protein. Remember to make every bite count.

In addition to food, you will be required to use liquid protein shakes to help meet your daily protein goal of 60 - 80 grams per day. For the first six months, these will be absolutely essential. As your ability to eat increases, you can slowly wean off the protein shakes. However, you should get used to utilizing them to help maintain your weight loss by using them as an occasional meal replacement. Your shakes should have more than 25 grams of protein and less than 10 grams of carbs per shake.



VITAMINS & MINERALS

As a result of surgery your diet is limited, meaning you may be unable to meet daily vitamin and mineral requirements from food alone. In addition, your GI tract will be less efficient with absorbing vitamins and minerals from food. You must take daily vitamin and mineral supplements for the rest of your life to help meet your needs and to prevent serious deficiencies. Regular follow-up with your bariatric surgeon is required to monitor your blood levels for vitamin and mineral deficiencies.

GENERAL GUIDELINES FOR VITAMIN AND MINERAL SUPPLEMENTATION

TIP: Take 2 multivitamin pills per day, with food. One in the morning and one in the afternoon to maximize absorption.

TIP: Your body absorbs only 500 mg of calcium at one time so it is recommended to consume at different times during the day to maximize absorption. If you are taking iron supplements, be sure to take them separately from your calcium because they will compete for absorption in the GI tract.

Multivitamin (bypass & sleeve): The multivitamin will be continued for the rest of your life regardless of food volume consumed. For the first few months after your surgery a chewable vitamin with minerals is recommended. Once your intestine has healed from surgery, you will be able to swallow multivitamin pills.

Calcium (bypass only): Calcium Citrate + Vitamin D (1500 mg/day) supplements are recommended daily to maintain bone and teeth density. Like the multivitamin, a chewable is recommended while the intestine is healing from surgery. Eventually your surgeon may recommend switching to pill form.

B12 (bypass only): B12, 1000 mcg daily is needed to avoid anemia and maintain nerve health. It needs to be sublingual because if swallowed it will not be absorbed.

“Now I listen to my body. I know how much and what to eat.”



NUTRITIONAL SIDE EFFECTS

DUMPING SYNDROME

This will only occur for gastric bypass patients with the consumption of food or drinks that are high in sugar and fat, when patients eat and drink at the same time, or when food is eaten too quickly. The symptoms of dumping syndrome include nausea, cramps, diarrhea, abdominal rumbling, sweatiness, fatigue, rapid heart rate, light-headedness and the general desire to lie down. These symptoms typically last from 20 minutes to 1 hour. Dumping syndrome is described as a very uncomfortable feeling. To avoid it you should stay away from foods that are high in sugar and fat, and avoid drinking liquids at mealtime.

“The symptoms of dumping syndrome include nausea, cramps, diarrhea, abdominal rumbling, sweatiness, fatigue, rapid heart rate, light-headedness and the general desire to lie down.”

LACTOSE INTOLERANCE

The intolerance to dairy products may result after surgery. This is caused by a deficiency in the intestinal enzyme called Lactase (the enzyme that breaks down milk sugar or lactose). Symptoms include gas, bloating and/or diarrhea after eating dairy products. If you experience lactose intolerance you can try lactose free products such as soymilk or Lactaid® milk as a substitute for other dairy products.

NAUSEA AND VOMITING

Some patients experience nausea and vomiting after weight loss surgery. It is usually a result of eating too quickly, over eating, or not chewing enough. Patients may also experience nausea from lying down immediately after meals or from waiting too long to eat between meals (fasting). Nausea after gastric bypass can also be a reaction to the strong smells and flavors of foods. Vomiting can result from eating high fat or high sugar foods and/or eating foods that expand in the pouch such as rice. To minimize nausea and vomiting be sure to follow the rules at each diet stage and make wise food choices.

Persistent nausea and vomiting may be a sign of a more serious medical condition. If you experience chronic nausea and vomiting be sure to contact your bariatric surgeon.

CONSTIPATION

Constipation is a common complaint during the first few months after weight loss surgery. It can be caused by the use of pain medications, poor fluid intake, decreased fiber intake, and decreased exercise. Some patients also report becoming constipated from taking iron and calcium supplements. Your doctor may give you medication to alleviate constipation, however it is important that you drink plenty of fluids, exercise regularly and consume high fiber foods such as vegetables (when appropriate) to help naturally prevent constipation. Also, your doctor may suggest the use of fiber supplements such as Metamucil® or Benefiber® to help alleviate constipation. Be sure to talk to your bariatric surgeon before using these products and check to see which brands are appropriate.

Serving Size reflects the amount typically eaten by many people.

The list of nutrients covers those most important to the health of today's consumers.

Nutrition Facts	
Serving Size 3 cookies (34g/1.2 oz)	
Servings Per Container About 5	
Amount Per Serving	
Calories 180	Calories from Fat 90
% Daily Value*	
Total Fat 10g	15%
Saturated Fat 3.5g	18%
Polyunsaturated Fat 1g	
Monounsaturated Fat 5g	
Cholesterol 10mg	3%
Sodium 80mg	3%
Total Carbohydrate 21g	7%
Dietary Fiber 1g	4%
Carbohydrates 11g	
Protein 2g	
Vitamin A 0%	• Vitamin C 0%
Calcium 0%	• Iron 4%
Thiamin 6%	• Riboflavin 4%
Niacin 4%	
* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	
	Calories 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g

Ingredients: Unbleached enriched wheat flour [flour, niacin, reduced iron, thiamin mononitrate (vitamin B₁)], sweet chocolate (sugar, chocolate liquor, cocoa butter, soy lecithin added as an emulsifier, vanilla extract), sugar, partially hydrogenated vegetable shortening (soybean, cottonseed and/or canola oils), nonfat milk, whole eggs, cornstarch, egg whites, salt, vanilla extract, baking soda, and soy lecithin.

Calories from Fat are now shown on the label to help consumers meet dietary guidelines that recommend people get no more than 30 percent of the calories in their overall diet from fat.

% Daily Value (DV) shows how a food in the specified serving size fits into the overall daily diet. By using the %DV you can easily determine whether a food contributes a lot or a little of a particular nutrient. And you can compare different foods with no need to do any calculations.

READING THE NUTRITIONAL FACTS LABEL

SUGAR

One of the most important areas to look at when reading the Nutrition Facts label on packaged foods is the amount of carbs (gm) that the food contains. If the food contains more than 10 grams of carbs per serving, then you should avoid eating it. In general, foods high in carbs are not healthy and may cause dumping syndrome.

Look for "hidden" sugars in the ingredient list. The following words mean sugar: sucrose, dextrose, fructose, maltose, lactose, manitol, sorbitol, xylitol, malt, cane sugar or juice, sorghum, fruit juice concentrate, corn syrup, corn syrup solids, corn sweeteners, honey, molasses, brown sugar, and maple syrup. If you see these words listed in the first three ingredients, eat with caution!

PROTEIN

The other important area of interest when reading the Nutrition Facts label is the amount of protein (gm) per serving. You should be looking for foods that are high in protein to help meet your daily goal.

ESTIMATING SERVING SIZES

Portion size	Estimated portion size
3 oz meat, pork, fish or poultry	Deck of cards, cassette tape, or computer mouse
1 oz cheese	4 stacked dice
½ cup cottage cheese or yogurt	Tennis ball
1 cup broccoli	Woman's fist
1 teaspoon butter or peanut butter	Tip of your thumb
1 oz nuts	One palm full

MEASURE OF EQUIVALENTS

1 Tablespoon (Tbsp)	3 Teaspoons (tsp)
2 Tablespoons	1/8 cup
4 Tablespoons	1/4 cup
5 Tablespoons + 1 Teaspoon	1/3 cup
16 Tablespoons	1 cup
8 oz (fluid ounce)	1 cup
1 oz (fluid ounce)	30 milliliter (ml)/30 cc

HIGH PROTEIN FOODS

Printed below is a list of common high protein foods and their protein content in grams. This list maybe helpful for you to use as you keep track of your daily protein intake.

FOOD GROUP	SERVING SIZE	PROTEIN/SERVING
DAIRY		
Milk	¼ cup	2 grams
Cottage cheese	2 Tbsp (1/8 cup)	3 grams
Yogurt	¼ cup	4 grams
Shredded Cheese	2 Tbsp (1/8 cup)	4 grams
Cheese Slice	1 slice (~1oz)	5 grams
Cheese Stick	1 oz stick	7 grams
Low fat, sugar-free pudding	2 oz (1/8 cup)	2 grams
Nonfat dry milk powder (NFDM)	1 Tbsp	3 grams
Sugar-Free Carnation Instant Breakfast®	1 packet	4 grams
MEAT/FISH/POULTRY		
Ground beef/chicken/pork/turkey	2 Tbsp (~½ oz)	4 grams
Deli meat	1 slice (~½ oz)	4 grams
Fish or Chicken Breast	¼ of a deck of cards (1/3 oz)	5 grams
Hamburger patty	¼ of a patty (~½ oz)	3-4 grams
Canned tuna	2 Tbsp (1/8 cup)	4 grams
Egg	1 whole (¼ cup)	7 grams
Egg substitute	¼ cup	7 grams
GRAINS/STARCHES		
Beans/peas/legumes	¼ cup	4 grams
Whole grain cereal	¼ cup	1-2 grams
Soy beans (edamame)	¼ cup	6 grams
Soy milk	¼ cup	2 grams
MISCELLANEOUS		
Peanut butter	1 Tbsp	4 grams
Nuts and seeds	2 Tbsp	4 grams
Boca Burger® (vegetarian)	¼ patty	5 grams
Morning Star Farms® (vegetarian)	¼ patty	3 grams
Chicken patty	¼ patty	3 grams
Griller patty	¼ patty	4 grams

EXERCISE

Exercise plays a crucial role after surgery. It is important to begin exercising as soon as possible after surgery. Exercise will help you lose weight more rapidly, and decrease the burden on your bones, joints and vascular system. The following pages will provide simple instructions on safe and healthy exercise goals after surgery.

- ▶ **Do not engage in strenuous exercise until you are given permission from your bariatric surgeon!** Do not lift more than ten pounds at a time. Over time you will be able to increase your exercise intensity as tolerated.
- ▶ After surgery, it is very important to follow an exercise routine that is safe to perform while your GI tract heals. It is best to start with gentle exercises and a strict walking program until you receive approval from your doctor to progress. At approximately 6 to 8 weeks after surgery, you should be able to tolerate all but the most strenuous exercises.
- ▶ Once you have recovered from the effects of prescribed pain medication and can move around the home safely, you can begin to do light house cleaning, walking, and other activities that do not cause undue discomfort. You should not sit or stand in one place for a long period of time. Driving a car is usually permitted one week after surgery.
- ▶ The time of your return to work will depend upon the physical demands of your job and the rate of your recovery. Please consult with your doctor.

THREE-PART EXERCISE PROGRAM

You do not have to jump up from the surgical bed and run a marathon, but you do have to move your body: walk, stretch, bend, inhale and exhale. In order to take full advantage of your surgery you must engage in daily physical exercise.

To be complete, your exercise program should include three types of exercise: cardiovascular, flexibility, and strength training. These three components will work in combination to help you become healthy, agile, and maintain a good metabolism.



1. Cardiovascular (Aerobic exercise)

Aerobic exercise is any activity that raises your heart rate. Aerobic exercise uses the larger muscle groups in your arms, legs, and back. Aerobic exercise should be performed at least 30 minutes per day.



2. Strength Building

Strength building exercises work a specific muscle or muscle groups to build muscle mass and increase strength. Strengthening exercises should be performed in a repetitive manner where the number of "reps" equals a "set." Strength building exercises should take approximately 20 minutes per day.



3. Flexibility (Stretching)

Stretching exercises are movements that lengthen and loosen the muscles and joints. These exercises are performed 1-2 times and are usually held for a period of 15-30 seconds. Stretching exercises should take 10 minutes per day.

WALKING

Walking is one of the most effective forms of exercise for post surgery patients. Therefore, a regular walking program after surgery is highly recommended. Walking will help to decrease your risk for certain side-effects after surgery and will help to improve muscle tone while losing weight.

- Your doctor wants you walking SEVEN days a week. Begin with very short walks several times a day and gradually increase the distance. Walk as much as you can tolerate at a comfortable pace. Each time you go for a walk, gradually build up the pace. The goal is a steady progression.
- What counts as walking? Even small activities add up. Go out of your way to:
 - Park further away from the entrance of the shopping center
 - Take the stairs instead of the elevator
 - Stand instead of sit to perform tasks
- It is not uncommon to feel tired after exercise, and it is okay to rest periodically through the day. The idea is to be more active! Getting out and walking will help you feel healthier.



WALKING SAFETY

It is important to remain safe while walking. Pick a safe place to walk, stay on smooth surfaces, and avoid getting too hot or cold when walking outdoors. You may even choose a place to walk indoors such as a mall. Just be cautious and don't overdo it. It is normal to feel stiff or sore the day after starting your walking program. However, if you get any new pain while walking or stretching, stop doing what caused the pain. Also, if you are sick or have an injury that hurts while walking, stop until you heal. Ask your doctor when it is okay to resume your program.

HOME EXERCISE PROGRAM

Exercises (See examples on pages 22-24)

- ▶ Start by trying to do one set of ten reps and then slowly build up from there
- ▶ By the end of the week, you should be up to three sets of ten reps
- ▶ Exercise repetitions should be performed one after the other with 30 seconds of rest between each set
- ▶ You can also break up your sets throughout the day

Stretches

- ▶ Your goal is to be able to hold each stretch for 30 seconds
- ▶ Start by stretching once on each side and build up from there
- ▶ DO NOT over stretch – you should feel a muscle pull, but it should not hurt

Walking

- ▶ Start with small increments of walking throughout the day, but remember to record it as such
- ▶ The goal is to gradually increase to 30-45 minutes of continuous walking every day
- ▶ Try using a pedometer... every step counts

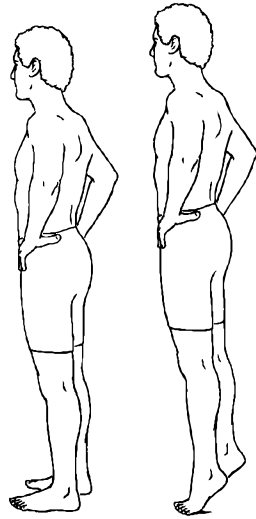


***“I lost over 100 pounds!
I sleep better, I breathe
better and I’m healthier.
I lost the weight and
regained my health!”***



HEEL RAISES

Rise on balls of feet.



Repeat 10-20 times per set.
Do 1-3 sets per session.
Do 1-2 sessions per day.

TOE RAISES

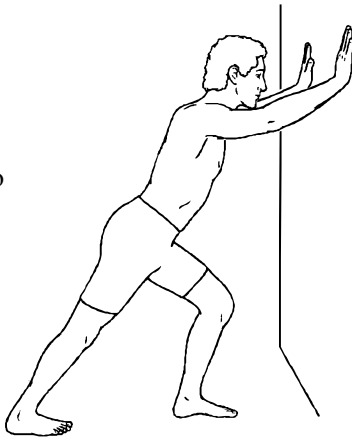
Rock back on heels.



Repeat 10-20 times per set.
Do 1-3 sets per session.
Do 1-2 sessions per day.

CALF STRETCH

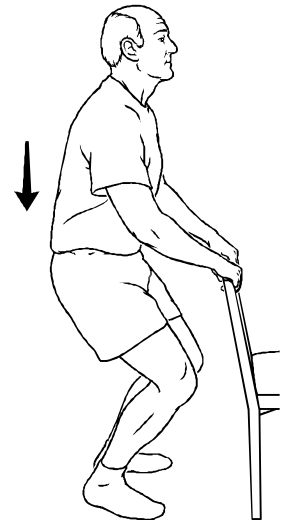
Stand with right foot back, leg straight, forward leg bent. Keeping heel on floor, turned slightly out, lean into wall until stretch is felt in calf. Hold 30 seconds.



Repeat 3 times per set.
Do 1-3 sets per session.
Do 1-2 sessions per day.

MINI SQUATS

Holding on to a stable object, slightly bend knees and slowly straighten them again.



Repeat 10-20 times.
Do 1-2 sessions per day.

BUTTOCK FIRMER

Using a chair for balance, keep legs shoulder width apart and toes pointed forward. Slowly extend one leg back 5 inches, keeping knee straight. Do not lean forward.

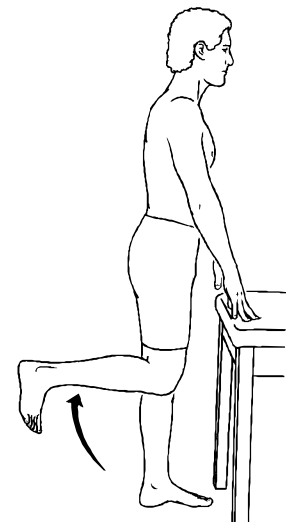
Repeat with other leg.

Repeat 10-20 times.
Do 1-2 sessions per day.



FANNY KICKS

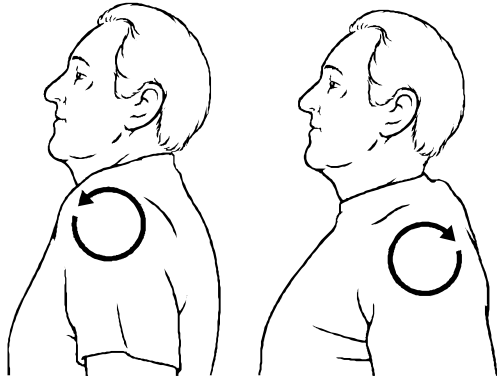
With support, bend right knee as far as possible.



Repeat 10-20 times per set.
Do 1-3 sets per session.
Do 1-2 sessions per day.

EXAMPLE EXERCISES

SHOULDER CIRCLES



Roll shoulders forward, making 15-30 small circles. Then roll shoulders backward, making 15-30 small circles.

Repeat 0 times. Do 1-2 sessions per day.

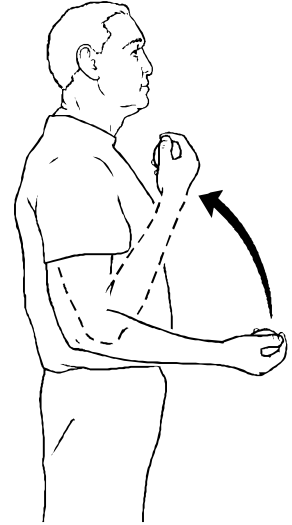
BICEP CURLS W/ WEIGHT

Stand with one arm at side bent to 90°, palm up holding weight. Slowly bend elbow and raise weight toward shoulder.

Repeat with other arm.

Repeat 10-20 times.

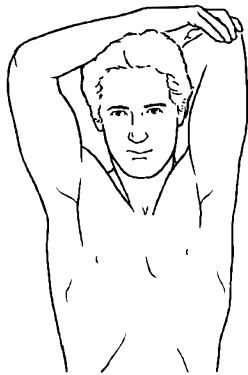
Do 1-2 sessions per day.



TRICEP STRETCH

Gently pull on left raised elbow with other hand until stretch is felt in shoulder.

Repeat with the right arm
Hold 15-30 seconds.



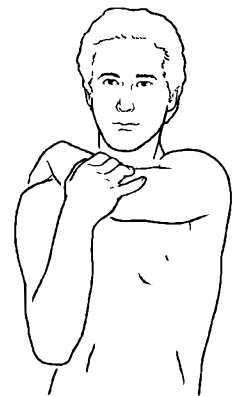
Repeat 2 times per set.
Do 1-3 sets per session.
Do 1-2 sessions per day.

SHOULDER STRETCH

Gently pull on left forward elbow with other hand until stretch is felt in shoulder.
Hold 15-30 seconds.

Repeat with the right arm.

Repeat 2 times per set.
Do 1-3 sets per session.
Do 1-2 sessions per day.



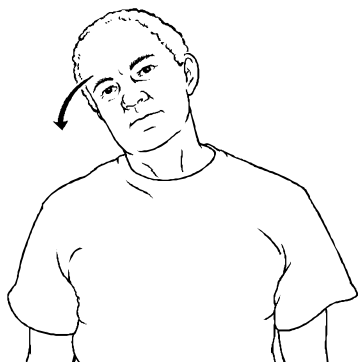
HEAD TILT

With head in comfortable, centered position and chin slightly tucked, gently bring right ear toward right shoulder.

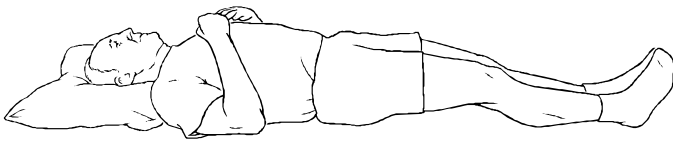
Hold 15-30 seconds.

Repeat with left side.

Repeat 3 times.
Do 1-2 sessions per day.



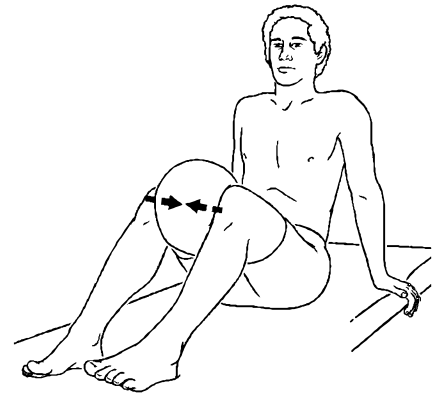
GLUT SQUEEZES



Squeeze buttocks muscles as tightly as possible while counting out loud to 10.

Repeat 10 times. Do 1-2 sessions per day.

THIGH TONER



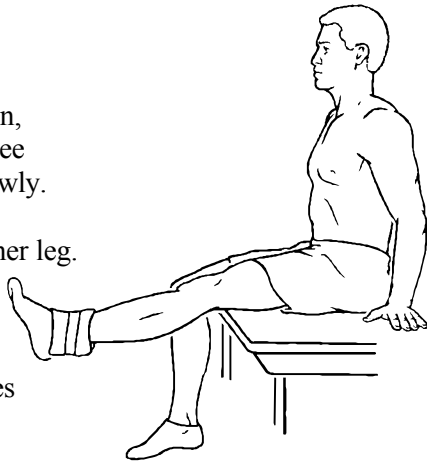
In a seated position, with a ball or folded pillow between knees, squeeze knees together. Hold 2 seconds.

Repeat 10-20 times per set. Do 1-3 sets per session. Do 1-3 sessions per day.

SEATED KICKS

In a seated position, straighten right knee fully and lower slowly.

Repeat with the other leg.



Repeat 10-20 times per set.

Do 1-3 sets

per session.

Do 1-2 sessions

per day.

BARIATRIC SURGERY SUPPORT GROUP

Clovis Community Medical Center's Weight-loss Surgery Center offers support groups that meet on a quarterly basis and provide information on a number of topics including diet and nutrition, exercise and body mechanics, and social aspects of lifestyle change. Past, present, and future patients are welcome to attend, along with spouses, friends, and/or family members who are supporting you on your journey.

Please contact (559) 324-4815 for meeting times and location.

CLOVIS COMMUNITY WEBSITE

ClovisCommunity.org

CLOVIS COMMUNITY WEIGHT-LOSS SURGERY CENTER

ClovisBariatric.org

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