

# **BARIATRIC SURGERY HANDBOOK**

**SBH**  
Health System  
**B R O N X**

**SBH Health System**

4422 Third Avenue, Bronx, NY 10457-2594 | [www.SBHNY.org/BariatricSurgery](http://www.SBHNY.org/BariatricSurgery)



Patient name : \_\_\_\_\_

Starting weight : \_\_\_\_\_

Goal weight : \_\_\_\_\_

**IMPORTANT  
PHONE NUMBERS**

**Please contact us with any  
questions or concerns.**

**Dr. Nahmias**

Office: (718) 863-8695

Cell: (267) 970-1131

Email: [nahmias@sbhny.org](mailto:nahmias@sbhny.org)

**Rebecca Koch (Dietitian)**

Office: (718) 960-3871

Email: [rkoch@sbhny.org](mailto:rkoch@sbhny.org)

**SBH Surgery Department**

Phone: (718) 960-6127

Fax: (718) 960-6132

**SBH Appointment Line**

(718) 960-3730

**SBH Ambulatory Clinic**

(718) 960-1880

**Bronx Park Medical Pavilion**

(718) 863-8695

**Clinica Milenio**

(212) 781-1057

 **Instagram: SBH\_Bariatric**

 **Listen to our podcast Episode 4 on  
Bariatric Surgery at:  
[www.sbhbronxhealthtalk.org](http://www.sbhbronxhealthtalk.org)**

# CONTENTS

Pre-surgery Checklist . . . . . 4

Introduction to Bariatric  
Surgery . . . . . 5

Pre-surgery Process. . . . . 8

Pre-surgery Diet. . . . . 11

Surgery – what to expect . . . . . 12

Discharge Information. . . . . 15

Vitamins and Mineral  
Supplements. . . . . 18

Post-op Diet. . . . . 19

Food Journal. . . . . 22





# PRE-SURGERY CHECKLIST

- Primary care letter
- Nutrition #1
- Nutrition #2
- Nutrition #3
- Nutrition #4
- Nutrition #5
- Nutrition #6
- Pulmonology
- Sleep study
- Cardiology clearance
- Gastroenterology clearance
- Upper endoscopy
- Gallbladder ultrasound
- Mental health clearance
- Labs including TSH



## What is weight loss surgery?

Weight loss surgery is a surgery to help you lose weight. It works by making your stomach smaller (restrictive). Some types of surgery also change the path the food takes which can cause your body to take fewer calories and nutrients (restrictive and malabsorptive).

## Who can have bariatric surgery?

Doctors use a measure called body mass index or BMI to decide who is a candidate for weight loss surgery. Your BMI will tell you whether your weight is normal for your height.

	HEALTHY BMI					OVERWEIGHT BMI					OBESITY BMI							EXTREME OBESITY BMI														
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
HEIGHT	WEIGHT IN POUNDS																															
4'10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239
4'11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247
5'	97	102	107	112	118	123	128	133	138	143	148	153	158	163	169	173	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255
5'1"	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264
5'2"	104	109	115	120	126	131	136	142	147	153	158	164	169	174	180	185	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273
5'3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	192	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282
5'4"	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291
5'5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300
5'6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309
5'7"	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319
5'8"	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328
5'9"	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338
5'10"	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348
5'11"	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358
6'0"	140	147	154	162	169	177	184	191	199	206	213	221	228	235	243	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368
6'1"	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378
6'2"	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389
6'3"	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399
6'4"	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410

Bariatric surgery is appropriate for people who have not been able to lose weight through other means and who:

- Have a **BMI greater than 40**
- Have a **BMI between 35 and 40** and also have related medical problems (also called comorbidities) such as diabetes, high blood pressure, and heart disease.

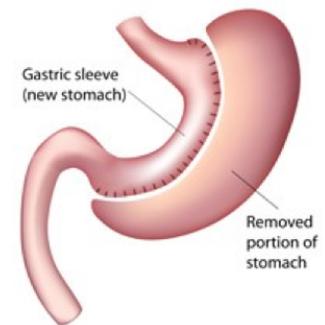
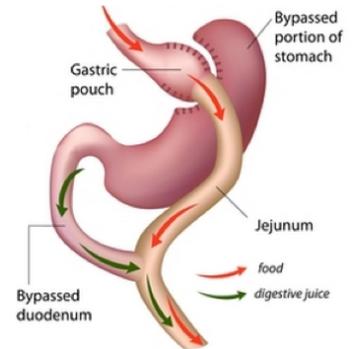
## Types of bariatric surgery

**Gastric bypass** also known as “roux-en-y” gastric bypass. For this surgery, the doctor closes off part of the stomach leaving only a small pouch for food. Then a new connection is made from the new stomach pouch to the small intestine.

Gastric bypass leads to the most weight loss and works the fastest, but it involves a more serious surgery. It can cause problems in how your body can absorb nutrients. As a result it can lead to nutritional deficiencies, meaning that the body is missing important nutrients. You may need to take vitamins for the rest of your life.

**Gastric sleeve** also known as vertical sleeve gastrectomy. For this surgery, part of your stomach is removed, leaving behind a narrow stomach shaped like a banana.

Sleeve gastrectomy is safer than gastric bypass because it does not involve cutting and reattaching the intestines. Sleeve gastrectomy is less likely to cause problems with how you absorb nutrients.



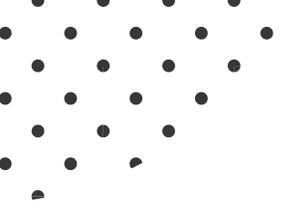
## How is the surgery done?

All surgeries are done laparoscopically. This means the surgeon inserts a narrow tool that has a tiny camera on the end into the abdomen with a small incision. This is called a “laparoscope.” This allows the surgeon to see inside the abdomen without opening it all the way up. The surgeon can then continue to do the surgery using other tools that fit through small openings in the abdomen and can be controlled from the outside.

## How do I know which surgery is best for me?

The decision about which surgery to have is very important. Your doctor will discuss the choices and work with you to make the best decision based on answers to the following questions:

- About how much weight can I expect to lose with each option?
- How long would it take me to lose the weight?
- What are the risks?
- What changes will I need to make to my diet and lifestyle with each option?



## What are the benefits of the surgery?

In addition to helping you lose weight, surgery can help improve or even eliminate certain health problems, including:

- Diabetes
- High Blood Pressure
- High Cholesterol
- Sleep Apnea (a disorder that causes you to stop breathing for short amounts of time while you sleep)
- Gastro-Esophageal Reflux Disease (a condition that causes heartburn)

## What are the risk of surgery?

The risks of surgery are different depending on:

- The type of weight loss surgery you have
- Whether your surgery is open or laparoscopic
- Your age and overall health

The risks can include:

- Bleeding
- Infection
- A blockage or tear in the intestines
- Problems with your heart or lungs
- A need for additional surgery

## Will I need to change my diet?

Yes. You will work with a dietitian to learn about your diet. You should choose foods high in protein and low in fat and calories. Eating the wrong food can hinder your weight loss. If you have gastric bypass, you will need to avoid certain foods that can make you sick. Gastric bypass can make it hard for your body to absorb all the nutrition it needs. You must keep taking vitamin and mineral supplements for the rest of your life.

## Process for weight loss surgery

Schedule your first appointment with the bariatric surgeon.

During this appointment the surgeon will discuss your medical/surgical history and perform a general physical examination to determine if you are a candidate for surgery.

If you are a candidate for surgery, together you will determine which surgery is most appropriate and the work-up will be reviewed outlining the required consults and testing needed before surgery.

Begin to schedule the following consultations:

- Nutrition
- Psychiatry
- Cardiology
- Pulmonary
- Gastroenterology

Once the surgeon determines you are ready for surgery and we have received a copy of all necessary records from your work-up, our office will submit your case to your insurance company (or companies) for approval.

Once your case is approved for surgery by your insurance company (or companies), you will be scheduled for a pre-operative appointment. If not approved, our office will work with you on providing next steps and options.

## Pulmonary Consult

All patients must have pulmonary clearance for weight loss surgery. A pulmonologist is a doctor who specializes in the lungs, the airways and breathing.

As part of your work-up the pulmonologist may schedule a:

- An appointment
- Pulmonary Function Tests
- Sleep Study

If you already have a pulmonologist, please do the following:

1. Bring this Pulmonary Consult sheet to your pulmonologist
2. Ask your pulmonologist to fax over the following records to our office:
  - a. Assessment and Evaluation
  - b. Pulmonary Function test (PFTs)
  - c. Assessment and Evaluation for sleep apnea (if applicable)
  - d. Assessment of pre-operative risk of pulmonary complications
  - e. Assessment if pulmonary problems are stable at the time of surgery

**If you do not have a pulmonologist, make an appointment to see one at St. Barnabas Hospital or at Clinical Mileno.**

If you are required to have a sleep study, please **schedule your appointment at the sleep center as soon as possible**. The process can take a few months. You will need to have an initial consultation, then a sleep study may be scheduled. You may have to stay overnight at the sleep center. After your study you will need to come back for a follow up appointment where the doctor will explain your results. Be sure to **make a follow up appointment for 2 weeks after your sleep study**. The phone number for scheduling at the sleep center is **(718) 960-3100**.

## Cardiac Consult

All patients must have cardiac clearance for weight loss surgery regardless of age. A cardiologist is a doctor who specializes in the heart.

If you already have a cardiologist, please do the following:

1. Bring the Cardiac Consult Sheet to your cardiologist
2. Have your cardiologist fax cardiac consult to the bariatric surgeon's office. The consult may include:
  - Echocardiogram
  - EKG
  - Stress Test

**If you do not have a cardiologist, make an appointment to see one at St. Barnabas Hospital, Bronx Park Medical Pavilion, or Clinica Mileno.**

## Gastroenterology Consult

All patients must have a gastroenterology clearance for weight loss surgery. A gastroenterologist is a doctor who specializes in the digestive system. The gastroenterologist will order an upper endoscopy if you have not had one in the last year. During this procedure, the doctor will use a small camera to examine your esophagus, stomach, and upper intestine. If you have a gallbladder, you may also need an ultrasound to check for gallstones.

## Psychiatric Consult

All patients must have psychological clearance for weight loss surgery. This can be completed with a psychiatrist, licensed psychologist, or licensed clinical social worker.

If you have a psychiatrist, psychologist, or therapist that you have seen in the past, please ask them to contact our office for information needed for your case.

If you do not have a mental health provider, you may wish to contact your insurance company to find a mental health professional who can complete your evaluation. Otherwise you may call **Lori Nevins LCSW (917) 861-1459** to complete your evaluation.

## Nutrition Consult

All patients are required to meet with a dietitian or nutritionist.

Most insurance companies require 6 sessions of nutrition education over 6 months prior to bariatric surgery. Please contact your insurance provider for the nutrition visit requirements for bariatric surgery. It is very important to find out early in the process if your insurance plan has specific diet requirements. No surgery will be approved if the diet requirements have not been met.

If you already have a nutritionist or dietitian, or have been counseled about diet by a physician, please provide our office with all documentation.

If you do not already have a dietitian or nutritionist, make an appointment with **Rebecca Koch** at St. Barnabas Hospital, Bronx Park Medical Pavilion, or Clinica Mileno.

## Pre-Surgery Liquid Diet- 2 weeks before surgery

Before surgery you should follow a high protein, low calorie liquid diet. This diet prepares your body for surgery with vitamins, minerals, protein, and hydration. It shrinks your liver, making surgery faster and easier.

During this time you will drink protein shakes as meal replacements 3-4x/day. Shakes should be high in protein (around 30 g per serving) and low in sugar and fat. Suitable shakes include Ensure Max (which you will receive in the hospital after surgery), Boost Max, and Premier Protein. If you wish to use a different shake, please discuss it with the dietitian before starting this diet.



Other fluids: water, sugar free Jello, clear broth, Crystal Light, Powerade Zero, Vitamin Water Zero, Propel Electrolyte Water, unsweetened tea/coffee

Sample Pre-surgery 1 Day Menu	
8 am	11 oz protein shake
10 am	8 oz unsweetened tea or coffee
12 pm	11 oz protein shake
2 pm	4 oz sugar free Jello
4 pm	11 oz protein shake
6 pm	8 oz clear chicken broth
8 pm	11 oz protein shake
10 pm	4 oz sugar free Jello

## Before Surgery

- Please make an appointment with Dr. Nissin Nahmias for medical clearance/ pre-op physical (**this includes history & physical, blood work, and if necessary, an EKG**).
- If on coumadin, aspirin, blood thinners, anti-coagulants, anti-inflammatories you must stop taking 7 days prior to surgery.
- **DO NOT** have anything to eat or drink after 12:00 midnight the night before surgery.
- On the day of your procedure, **DO NOT** take any medications. You may take them after the procedure is done.

## Surgery – what to expect!

What will happen on the day of surgery and the days that follow?

### BEFORE SURGERY

You will be admitted to the hospital on the day of your surgery, after completing paperwork in the admitting office, you will be directed to the 2rd floor MAIN BUILDING pre-op area. Your relatives will be allowed to stay with you until you are called into the operating room.

You will receive a special gown and stockings. An IV will be placed in your hand or arm to administer fluids and antibiotics. You will also receive an injection to help prevent blood clots. A nurse and the anesthesiologist will interview and examine you.

You will then wait to enter the operating room. The time of surgery you have been given is only an estimate. All surgeries take as long as necessary to provide the best results, which may result in a delay of several hours. We understand that you are anxious, but we appreciate your understanding. Please remember that when you are the patient in the operating room, the doctor will take as much time and care as necessary to successfully complete your procedure.

### OPERATING ROOM

You will be taken by stretcher to the operating room escorted by a nurse. At the time of your procedure, your relatives will be instructed to wait in the OR waiting area of the hospital. Upon entry to the operating room, you will be asked to move onto the table and you will be given medications to help sedate you. You will see the equipment and instruments in the operating room. The anesthesiologist will place sticky pads on your chest to monitor your heartbeat. An oxygen mask will be placed on your face and anesthesia will then be administered through your IV.

Once you are asleep your surgery begins. It may last between 45 minutes and 3 ½ hours. The staff will notify your relatives, and the surgeon will speak with your relatives once the procedure is completed.

## **AFTER SURGERY**

You will wake from surgery in the recovery room, and your doctor will come talk with you. You will remain in the recovery room for approximately 1-2 hours. You may experience some nausea and/or pain. You may see drains protruding from your belly, which will be removed before you go home.

If you are staying overnight or more than one day, you will be transferred to the 5th or 7th floor, until discharge.

The nurses will ask you to sit up and perform deep breathing exercises using an incentive spirometer. You will be started on small sips of water after a contrast X-ray is done, and then be asked to stand up and walk. It is imperative that you begin walking as soon as possible to prevent blood clots.

Once your surgeon is satisfied that your digestive system is functioning properly, you will then be discharged home. Any drains or catheters will be removed prior to your discharge.

Once home, it is important to follow all instructions you have been given. You should follow the proper diet stage as directed by the nutritionist and/or doctor. You should begin taking a daily multivitamin and any other nutritional supplements as directed by your surgeon or nutritionist.

You will be out of work 2 weeks following a gastric sleeve procedure and a gastric bypass. You should already have made a follow-up appointment with your surgeon approximately 7 days following surgery. If you had not done so, please call our office to schedule your visit as soon as possible.

Please do not hesitate to contact our office with any questions or difficulties you may be experiencing. A surgeon is on call at all times should the need arise.

# Bariatric Post-Op: Day 1 Liquid Diet Checklist

**Day 1:** 30 ml water every 30 minutes for 4 hours, then 30 ml water and 30 ml protein drink (Ensure Max) alternating every 15 min for 4 hours. If you tolerate this, you can likely be discharged home today.

**Drink 30 ml water every 30 minutes for 4 hours.** Check next to the time on the box below.

Time	30 ml water <input checked="" type="checkbox"/>

**If water is tolerated for 4 hours, drink 30 ml Ensure Max and 30 ml water every 30 minutes for 4 hours.** Check next to the time on the box below.

Time	30 ml water <input checked="" type="checkbox"/>	Time	30 ml Ensure Max <input checked="" type="checkbox"/>

# Discharge Instructions

## ACTIVITY

- You are encouraged to walk around as much as you are able to do so comfortably to prevent blood clots.
- Do not lift more than 10 pounds until you are cleared by the surgeon.
- You are not allowed to drive while you are taking prescription narcotic pain medication.

## DIET

- Stay on the Phase I clear liquid diet which includes protein shakes and a crushed (or gummy) multivitamin.
- Do not use a straw.
- Very hot and cold liquids may cause discomfort. Try room temperature liquids.
- It is important to drink 48-64 ounces of liquids per day to keep hydrated.

## MEDICATIONS

1. Your prescriptions (usually delivered to your room before you leave the hospital) include:
  - liquid pain medication
  - ulcer prophylaxis (Prevacid solutab, Pantoprazole or Nexium)
  - anti-nausea medication (dissolvable Zofran)
  - medication for bloating/cramping (levsin)
2. You may also receive a prescription for Lovenox which is a medication injected under the skin (subcutaneously) to prevent blood clots. This medication is taken once daily for 14 days.
  - If you vomit blood, pass bloody stools or experienced uncontrollable bleeding, please call SBH Bariatrics or seek emergency care.
3. If you take any other medication, it is important you schedule an appointment with your prescribing physician (i.e. Primary care physician, cardiologist, endocrinologist, etc.) before and after your surgery for any changes that need to be made to your regimen.
  - Long-acting and sustained-release medications are not absorbed the same way after gastric bypass surgery and cannot be crushed or dissolved.

- Some medications may need to be ordered as liquid for the first 6 weeks post-op.
  - Diuretics (“water pills”) such as Lasix or HCTZ may cause dehydration. Please check with your prescribing physician to make sure it is okay to take these only on a selective basis (only if you feel as you are retaining fluid, your legs are swollen, or your blood pressure is high).
4. Aspirin and other anti-inflammatory medications in the NSAID category (Motrin, Aleve, Naprosyn, Excedrin Migraine) should not be used after surgery.

## WOUND CARE

- Do not submerge your incisions in water (no tub baths, no swimming, no hot tubs).
- You may shower.
- Pat skin dry. Do not rub the incisions. Do not apply any lotions, creams or oils.

## WARNING SIGNS

**Call SBH Bariatrics if you experience any of the following:**

- Temperature greater than 101.4°F
- Persistent nausea not relieved with medication
- Inability to keep down liquid and medication
- Persistent abdominal pain not relieved with pain medication
- Redness, throbbing, warmth and foul-smelling drainage from incisions.
- Calf tenderness and leg swelling
- Chest pain and trouble breathing
- Uncontrolled bleeding

## FOLLOW-UP

- You are scheduled for a one-week post-op visit at the Bariatric Center.
- You have appointments scheduled for 1 month, 3 months, 6 months, 9 months, and 12 months after surgery.
- Please follow-up with your primary care provider after surgery.

## PREVENTING CONSTIPATION

Constipation may occur for many reasons after surgery. For example: food intake is reduced, dietary intake tends to be low in fiber, physical activity may be low, and fluid intake may be insufficient. You may try some of the following to help alleviate this problem:

- Be sure to sip 48-64 ounces of fluid daily.
- Try 1-2 small, individually wrapped baby prunes.
- Try to increase your activity, especially walking.
- Try Dannon Activia light fat-free yogurt (contains a natural culture which helps to regulate your digestive system).
- You may try OTC Milk of Magnesia or Miralax. Remember, these take between 24-48 hours to take effect.
- If you are at least 2 months after surgery, you may add fiber supplements to your diet (Metamucil®, Benefiber® or Citrucel®).
- Add fruits and vegetable to your diet (pureed if you are within the first six weeks after surgery, fresh if you are in Phase 4).

## PREVENTING NAUSEA

**What to do if you develop nausea:**

- Try to think what you were doing just before and try to identify the cause.
- Take a Zofran pill.
- Lay down and try to relax.
- Take only ice chips, or frozen crystal light 1oz every 15min. and document the amounts, if the problem persist call the office (during business hours) at or Dr. Nahmias afterhours ASAP.

## Vitamin and Mineral Supplements

For the first month after bariatric surgery, you need to have chewable or liquid vitamins and minerals. After 1 month, you can switch to pills. Most other medications are designed to dissolve easily, but vitamins and minerals do not. So while you are healing, it is best to take chewable supplements. The types of vitamins and minerals you will need are listed below.

Do not take your other vitamins at the same time as your calcium citrate supplements. Calcium and iron (in the multivitamin) compete for absorption. It is best to take your vitamins a couple of hours apart from your calcium.

It is also important that you spread out your doses when you take your calcium supplements. For better absorption, the doses should be taken at least 2 hours apart. It is best to take your calcium supplements with meals.

### Multivitamin with Iron

Buy from the following list of “Complete with Iron” vitamins:

- Pokemon Complete with Iron Flintstones Complete
- Centrum Children’s Complete with Iron
- Centrum Adult Chewable Vitamins or Centrum Liquid
- CVS Spectravite Chewable or Liquid
- Walgreen’s Complete Multivitamin Multimineral Supplement Liquid

Since you will be taking 2 multivitamins a day, you will need at least 60 chewable tablets for the first month.

### Vitamin B-12

Buy sublingual (melts under your tongue) vitamin B-12. You need 350 to 500 micrograms (mcg) of vitamin B-12 per day oral/sublingual or nasal or 1,000 micrograms per month intramuscularly. Do not buy time release. You can take vitamin B-12 once a day. You do not need to spread out the doses.

### Vitamin D-3

The amount of vitamin D recommended is 3,000 IU a day. Vitamin D can be found in liquid or in gel caps. You can take vitamin D-3 once a day. You do not need to spread out the doses.

### Calcium Citrate with Vitamin D

Purchase a calcium supplement that contains vitamin D. The amount of calcium you need:

- Men and premenopausal women: 1,200 milligram(mg) a day.
- Postmenopausal women: 1,500 milligrams a day.

## Bariatric Phase 1

### Clear Liquid + Protein Diet-1 week after surgery

**Day 1:** 30 ml water every 30 minutes for 4 hours, then 30 ml water and 30 ml protein drink (Ensure Max) alternating every 15 min

If tolerated after 4 hours, you can likely be discharged home today.

**Remainder of week 1:** Continue 3-4 cartons Ensure Max protein shake per day

**Sugar free liquids:** Water, sugar free Jell-O, clear broth, sugar free juice, Crystal Light, Vitamin Water Zero, Powerade Zero, Propel Electrolyte Water, unsweetened decaf tea/coffee, sugar free popsicles, fat free milk/Lactaid.

- Sip liquids throughout the day. Aim for 48-64 ounces per day.
- Begin liquid or chewable multivitamins with iron twice daily.
- Begin liquid or chewable 600 mg calcium citrate with vitamin.
- D and magnesium twice daily (do not take within 2 hours of taking multivitamin with iron).
- Do not drink with a straw.
- Do not drink carbonated liquids (soda, seltzer, etc.).

## Bariatric Phase 2

### Pureed Foods + Clear Liquids + Protein – 2 weeks after surgery

Continue multivitamins with iron and calcium citrate with vitamin D and magnesium as in week 1.

**High protein foods:** Blended low fat cottage cheese, silken tofu, low-fat ricotta cheese, pureed chicken and turkey, pureed fish (tuna blended with light mayo), light yogurt, hummus, baby food

**Non-protein items:** Unsweetened pureed fruit, unsweetened applesauce, thin mashed potato or mashed sweet potato, smooth pureed vegetable (i.e. carrot, cauliflower, winter squash)

Breakfast	1 serving group A food and 1 serving group B food
Snack	4 oz. Ensure Max protein shake
Lunch	1-2 servings group A food and 1-2 servings group B food
Snack	4 oz. Ensure Max protein shake
Dinner	2 servings group A food and 1-2 serving group B food

*Continue to drink sugar-free liquids between meals. Keep liquids separate from meals by 30 minutes.*

## Bariatric Phase 3

### Mechanical Soft/Chopped Foods + Liquids – 3-4 weeks after surgery

Continue to eat 3 meals/day, eating protein first at each meal followed by a serving of allowed non-protein food.

- Can include all foods from stages 1-2.
- Food chopped to size of a pea.
- Chew each bite 20 times.
- Eat ½–¾ cup food (only until no longer hungry).
- Take 30 minutes to eat meals.
- Keep liquids separate from meals by 30 minutes.
- Continue multivitamins with iron and calcium citrate with vitamin D and magnesium.

Begin 500 mcg vitamin B-12 daily.

**High protein foods:** Everything allowed on phase 2 + scrambled or poached egg (mashed with fork), light yogurt, low fat cottage cheese or ricotta cheese, tofu, fish (white flaky fish, tuna mixed with light mayo), soft chicken (cut up very fine, moisten with sauce or low fat gravy), low fat cheese (i.e. mozzarella), mashed bean.

**Non-protein foods:** everything allowed on phase 2 + soft noodle/vegetable soup, soft cooked vegetables, mashed (green beans, carrots, asparagus tips, mushrooms, tomatoes, squash; no corn or peas), cooked cereal, ripe bananas

## Bariatric Phase 4

### Semi-solid soft foods + liquids - 5-6 weeks after surgery

Continue to eat 3 meals/day, eating protein first at each meal followed by a serving of allowed non-protein food. Can include all foods from stages 1-3.

Continue multivitamins with iron, calcium citrate with vitamin D and magnesium, 500 mcg vitamin B-12 as in phase 3.

**High protein foods:** everything allowed on phase 3 + eggs, fish, lean moist meats (chicken, turkey, pork), low sodium deli meats, beans

**Non-protein foods:** everything allowed on phase 3 + fresh soft fruits (melon, mango, banana), steamed/boiled vegetables (no raw vegetables), low sodium clear broth soups, unsweetened cold cereal with 1% or skin milk or Lactaid

## Bariatric Phase 5

### Regular Foods + Liquids – Up to 6 months post-op

Continue to eat 3 meals/day, eating protein first at each meal followed by a serving of allowed non-protein food. Can include all foods from stages 1-4.

Continue multivitamins with iron, calcium citrate with vitamin D and magnesium, 500 mcg vitamin B-12 as in phase 4.

**High protein foods:** *Everything allowed on phase 4 + eggs, low fat cheese, lean meats, deli meats, fish, light yogurt, beans, nuts*

**Non-protein foods:** everything allowed on phase 4 + raw vegetables and fruits allowed

Eat 3 meals (2-4 oz. food) per day. Avoid snacking between meals. Drink sugar-free fluids and protein shakes between meals.

No added sugar, concentrated sweets, empty calories. Eat protein first. Chew food well.

## Tracking your progress

It is a good idea to keep track of what you are eating and drinking, your physical activity, and your supplements. This can help you see your progress and notice what does and does not work for you. It also keeps you accountable for your actions. You can use a food log like the one on the next page (ask the dietitian for more copies if you would like to use this tool), your own notebook, or an electronic tracking tool like MyFitnessPal.

**Date:** \_\_\_\_\_ **Diet phase:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Breakfast**

**Time:**

Food	Amount	Notes

**Snack**

**Time:**

Food	Amount	Notes

**Lunch**

**Time:**

Food	Amount	Notes

**Snack**

**Time:**

Food	Amount	Notes

## Dinner

Time:

Food	Amount	Notes

## Snack

Time:

Food	Amount	Notes

Activity	Duration

## Supplements:

- Multivitamin
- Calcium
- Vitamin D
- Vitamin B12

## Water:



How do I feel today? \_\_\_\_\_

What did I do well today? \_\_\_\_\_

What do I want to do differently? \_\_\_\_\_

