

UCHealth Poudre Valley Hospital
Bariatric Center of the Rockies
Northern Colorado Surgical Associates

Sleeve Gastrectomy

Patient Guide



Learn more at [uchealth.org](https://www.uchealth.org).

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Surgery

Introduction.

Congratulations. Scheduling weight-loss surgery is the first step toward better health.

Thank you for choosing Bariatric Center of the Rockies. Northern Colorado Surgical Associates and Poudre Valley Hospital welcome you to our bariatric program. We promise to treat you with dignity and respect.

This packet contains your weight-loss surgery guide. It explains your hospital stay, your diet after surgery, and your instructions for when you return home. It also contains the keys to your weight-loss success.

Please read this guide a few times before surgery. Also, share it with the people who will help you after surgery. We strongly encourage you to attend a support group meeting before your surgery.

A NCSA staff nurse and a registered dietitian will also explain the contents of this guide to you.

Please refer to this guide often. You may add pages or move pages around. It is yours to do with as you wish.

Don't lose it! You will need the information for a long time to come.

Thank you again for choosing Bariatric Center of the Rockies. We believe your surgery and lifestyle changes will lead to a longer, healthier and happier life. Good luck!

Our philosophy.

Bariatric Center of the Rockies treats all patients with dignity and respect. Our doctors and staff, both at Northern Colorado Surgical Associates and Poudre Valley Hospital, will do all we can to support you before, during and after your surgery. We will be your partners as long as you need us.

Our mission.

Our patients will feel safe, comfortable and accepted in our office and hospital. We educate our patients fully about weight-loss surgery. We help our patients succeed and have a better life.

Thank you for choosing Bariatric Center of the Rockies.

Before surgery.

Testing.

You will have tests done before your surgery. Your surgeon will decide which tests you need:

- All patients meet with a registered dietitian to talk about nutrition. Please bring this guide with you to this appointment.
- All patients have a psychological evaluation.
- If you have gallbladder symptoms, we will do an ultrasound of your abdomen. If the ultrasound shows gallstones, your surgeon may remove your gallbladder during surgery.
- You might need special heart and lung tests or more X-rays.

Hospital pre-admission.

You will have a hospital pre-admission appointment a few days before surgery. Bring a list of your medications and doses to this appointment.

At this appointment, we will give you an incentive spirometer. A nurse will show you how to use it. Practice using it at home before surgery.

If you use a CPAP or BIPAP machine, you must bring it with you to the hospital on the day of your surgery. Also bring the prescribed setting. You must clean the machine and mask before bringing them to the hospital.

No smoking.

You will not be offered gastric bypass surgery if you have a history of smoking. If you smoke, you must quit smoking at least two months before your surgery. Smoking causes ulcers and greatly increases your risk of pneumonia and other lung problems after surgery. Call your primary care doctor's office if you need medication to help you quit smoking. We will test your urine for nicotine to make sure you have quit smoking. If nicotine test is positive, your surgery will be canceled.

Caffeine.

If you drink a lot of caffeine, cut back before the surgery. This will help prevent headaches after surgery.

Herbs.

We recommend that you stop taking herbal remedies one week before surgery.

Coumadin/blood thinners.

You must stop taking blood thinner medicine at least five days before surgery. Your doctor will tell you when to restart it after surgery.

The day of surgery.

Please come to Poudre Valley Hospital at the scheduled time on the day of your surgery. See map on the back cover.

The nurses in the preoperative area will prepare you for the operating room. Nurses and doctors will ask you questions and tell you what to expect. An IV will be started, and you will be given some medicine. Compression pumps will be placed on your legs or ankles. They will gently squeeze your legs to help prevent blood clots. They will be used during surgery and while you are in the hospital, unless you are up and walking.

Family and friends can wait in the surgery waiting room. Surgery normally takes about two hours. During the surgery, the volunteer at the waiting room desk can tell your friends and family how the surgery is going. After the surgery, your friends and family can talk to the surgeon.

Your hospital stay.

When you wake from surgery, you will be in the recovery room. You will be there for one to two hours. You will go to your hospital room when you are fully awake and in a stable condition.

Tubes and drains.

Once you are asleep in the operating room, a tube will be placed through your mouth and into your stomach. This tube will be removed at the end of surgery.

Pain management.


You will be given three liquid medications to take by mouth when you arrive for surgery. This will decrease your pain after surgery. You will have IV pain medication available as needed after surgery. Patients will experience some discomfort for the first few days and soreness will quickly decrease after that. You will move to pain medication by mouth as soon as you are ready.

Activity and circulation.

Physical activity is essential to your recovery and weight loss. Activity helps prevent pneumonia, blood clots and constipation. It also increases weight loss. For these reasons, your exercise program will begin while you are in the hospital. The most important thing you can do after surgery is get up and get moving.

You will take your first walk the day of your surgery. You will be encouraged to be up as much as possible.

Your bed will be placed in a slanted position (head up, feet down) for a day or two to keep pressure off your incisions and help you breathe easier. You may be given a special bariatric bed.



When you wake up from surgery, you may have an abdominal binder on. You will wear this binder for one to six weeks. The time depends on if you had open or laparoscopic surgery. The binder helps support the incision and makes you more comfortable. You may take the binder off at night and when you rest. Make sure you wash the binder frequently. If it irritates your skin, you may wear it over a T-shirt.

Breathing exercises.

After surgery, you must use your incentive spirometer at least 10 times each hour. This helps prevent pneumonia, lung collapse and other breathing problems. Coughing and deep breathing also help. (Hold a pillow over your incision when you cough. It will hurt less.) You must continue to use the incentive spirometer for at least two weeks after you leave the hospital.

If you use a CPAP or BIPAP machine, you will continue to use it in the hospital. You should have brought it to the hospital with you, along with the recommended settings.

If you have asthma, bring your inhalers with you to the hospital.

In-hospital diet.

Here is what you will eat in the hospital:

- **Day of surgery:** No food or drink. You may have ice chips after surgery.
- **Then:** Clear liquids: ¼-cup sugar-free liquids, Jell-O and broth. These will be offered to you as meals and snacks.
- **Then:** Full liquids: For both meals and snacks, start with no-added-sugar full liquids, including skim milk, Carnation Instant Breakfast, thin soups and pureed foods. Five or six days after surgery, you can add pureed foods. They should be the consistency of applesauce. You must eat only full liquids and pureed foods without added sugar until your next appointment. This will be 10 to 14 days after surgery. At that time, you will be moved to a soft diet if the doctor thinks you are ready.

Discharge from hospital.

You will be released to go home when you are doing well and drinking full liquids with no problems. Many patients will be able to go home after one night in the hospital. If you are not quite ready, we will keep you another night before sending you home. Patients must stay in Fort Collins for an additional two days after discharge from the hospital.

Sleeve gastrectomy checklist and schedule.

Bring to hospital:

- This guide.
- Incentive spirometer.
- Personal mobile device with music to help you relax.
- List of all your medications and doses, inhalers.
- CPAP or BIPAP machine and settings. (Please clean machine and mask before you come.)
- Coumadin must be stopped five days before surgery.

Day of surgery:

- Arrive at the hospital two hours before surgery.
- Do not eat or drink anything after midnight the night before. If you do, we must cancel the surgery.

Before surgery:

- An IV will be started.
- Compression leg pumps will be placed to prevent blood clots.
- You will talk to the anesthesiologist.
- Family members may stay with you until you go to surgery.

During surgery:

- A stomach tube may be inserted and removed.
- Surgery takes about one hour.

Immediately after surgery:

- You will go to the recovery room for about one hour.
- From there you will go to the surgical unit on the fourth floor.
- You may have a PCA (Patient Controlled Anesthesia) pump to control pain.
- You may suck on ice chips in moderation.
- You must use your incentive spirometer 10 times every hour.
- In the evening you will be up and walking.

First day after surgery:

- IV will continue.
- PCA may be discontinued. Oral medication will be started.

- Ice chips only in morning.
- Begin clear liquid diet in the morning. Advance to full liquids if doing well.
- Leg pumps continue unless you are up walking.
- Use incentive spirometer.
- You will walk at least three times.
- You will receive blood thinner injections.
- You will take a shower with assistance.
- We will begin to teach you about caring for yourself when you leave the hospital.
- Released to go home if doing well.

Second day after surgery (if needed):

- IV will be removed.
- Use incentive spirometer.
- You will walk three or four times.
- Leg pumps will continue as needed.
- You will take a shower.
- Your family can bring in sugar-free popsicles.
- You will be on a full-liquid diet.
- You will be released to go home if doing well.

Third day after surgery.

If you are still in the hospital:

- Use your incentive spirometer every two hours.
- You may have diarrhea.
- You will keep drinking full liquids.
- You will walk by yourself.
- If you have a drain, we'll teach you how to care for it before you go home.

You will be released to go home when you are doing well and drinking full liquids with no problems.

This is usually two days after surgery. This guide includes instructions for caring for yourself at home.

Call our office when you get home to schedule your first follow-up appointment. This will take place about 10 days after your surgery.

After Surgery

Instructions for caring for yourself at home after sleeve gastrectomy.

Diet:

- Stay on the pureed/full liquid diet until after your first follow-up appointment.
- You will need 60 to 75 grams of protein each day (or more, as instructed by your dietitian). This is a process. It does not happen overnight. Do the best you can do. It is more important to stay hydrated.
- All foods must be sugar-free. Read labels. Look for items high in protein and low in sugar.
- Drink meal replacement shakes (such as Carnation Instant Breakfast (no sugar added), Premiere Protein or Boost Calorie Smart) for protein and vitamins.
- Sip liquids slowly. Stop when you feel full. If you are nauseous or vomiting a lot, return to a clear liquid diet and call your doctor. Take medication given to you if you feel nauseous.

Fluids.

Drink 60 to 70 ounces of fluids every 24 hours (8 ounces = 1 cup). Drink between meals, slowly. If your urine is dark yellow, drink more fluids.

Activity:

- Increase activity a little bit at a time. Plan to rest. Listen to your body.
- Use a pedometer or walking app to count the number of steps you take each day. Try to take a few walks each day. Increase your exercise by one minute or 100 steps every four to seven days, if you are feeling well.

Restrictions:

- Don't lift anything heavier than 20 pounds for two to three weeks (six weeks if you had open surgery).
- You may drive when you are no longer taking pain medication and feel that you can safely drive. This is usually about one week and varies from patient to patient.
- Avoid activities that require pushing, pulling or bending and straining over and over again (such as vacuuming).
- Avoid getting pregnant for 18 months after surgery. Rapid weight loss makes you more fertile, so take extra precautions.

Bathing.

It's OK to shower over your incisions. Don't take a bath or submerge into water for two weeks or until your incisions are healed.

Bowels.

You may have some diarrhea or constipation after surgery:

- For diarrhea that continues, take Imodium or call your doctor.
- For constipation, you may need to use a stool softener such as Colace until you can eat more fiber. You may also use Milk of Magnesia, if needed. Follow the instructions on the bottle.

Pain control:

- Take pain medicine as prescribed by your doctor.
- Gas pains rarely last more than a day or two. Walking and using a heating pad on your stomach may help.
- Don't take aspirin or aspirin-like products such as Motrin, Advil, ibuprofen, naproxen or Aleve. If you normally take anti-inflammatory medicine, you must have it approved by your surgeon.

Incision:

- It is normal for your incisions to sting, burn and itch.
- It takes six weeks for a surgical incision to heal.
- Keep your incisions clean and dry.

Routine medication:

Discuss with your doctor the prescriptions you took before surgery. You will be told which medications to continue taking after surgery.

Follow-up appointments:

- You will see your surgeon 10 to 14 days after you leave the hospital.
- After the first year, you will see your surgeon on an annual basis.

Call your doctor if:

- You have increased pain, redness, swelling or drainage from your incision.
- Your incision separates.
- You have chills and/or a temperature over 101° F. You do not need to check your temperature unless you feel feverish or your doctor tells you to.
- You have pain, swelling or redness in your legs.
- You feel faint or dizzy. (It is normal to be a little dizzy when you first get out of bed or stand up quickly for the first week after surgery.)
- You have nausea, vomiting or diarrhea that won't go away.
- You can't tolerate fluids.
- You are having difficulty breathing.
- You are having increasing abdominal pain.

Please call
your doctor if you have
any concerns or questions
after you have returned home.
Call NCSA at 970.482.6456 to
schedule your first follow-up
visit for 10 to 14 days after
your surgery.

Exercise.

Exercise is the key to success after any weight-loss surgery. Exercise every day once your doctor says you are ready. There are lots of ways to exercise. Do what works for you. Slowly increase how long and hard you exercise. You should be walking at least two miles per day two months after surgery. Some people join an exercise gym. You will be more successful and recover more quickly if you exercise every day. UHealth Medical Fitness offers a program for weight-loss surgery patients. Please contact the center at 970.675.6500. CSU also has an exercise program designed for our patients. If you are interested, call 970.491.0928.

Use a pedometer or walking app to count your steps. This helps you make short-term and long-term goals. Try to add at least 100 steps every day. You may also use the exercise sheet in this guide.

If you have joint problems or arthritis and can't walk far, try swimming. UHealth Medical Fitness has a warm water therapy pool that may work well for you. Ask your surgeon when it's OK to swim (usually two to four weeks after surgery). You may climb stairs if you feel OK.

Activity restrictions.

It is important that your muscles heal after surgery. To help with this and to lower your risk of a hernia:

- You may drive when you are no longer taking pain medication and feel that you can safely drive. This is usually about one week and varies from patient to patient.
- Don't lift anything over 20 pounds for two weeks (six weeks if you had open surgery).
- Don't do heavy housework (vacuuming, mopping, lifting laundry baskets, etc.) for two weeks (four weeks if you had open surgery).
- Don't have sexual intercourse for two to four weeks.

- Don't bathe until your incisions are completely healed. You may shower.

You will be able to go back to work two to six weeks after surgery, depending on your job. We are happy to give you a work release if you need one.

Care of your incisions or staple line.

If you had laparoscopic surgery, you have five small incisions. They are closed with stitches that dissolve. (Ninety-nine percent of our surgeries are laparoscopic.) If you had open surgery, you have a five- to seven-inch incision down the middle of your abdomen. It is closed with staples. The staples will be removed at your first follow-up appointment. You may shower and lightly pat the staples or incisions dry with a towel.

Call NCSA (970.482.6456) if you notice signs of infection:

- Increased redness, swelling or heat at staple/incision line.
- Increased soreness or pain in your staple line.
- Drainage from your staple line (although a small amount of clear yellow drainage is common).
- Fever higher than 100°Fahrenheit.

Pregnancy.

Female patients must avoid getting pregnant for the first 12 to 18 months after surgery. Pregnancy would be dangerous for you and the baby. Rapid weight loss increases fertility, so take extra precautions. We strongly encourage you to use two forms of birth control if you are sexually active.

When and if you do become pregnant, we recommend that you see the dietitian again for a sleeve gastrectomy pregnancy consultation. Pregnant women are given a glucose tolerance test to check for gestational diabetes. This test can cause dumping syndrome for people who've had weight-loss surgery. Ask and we'll send your doctor a bariatric pregnancy protocol.

Emotional changes.

This is a life-altering surgery, physically and emotionally. The first few weeks can be overwhelming, and the first six weeks are often the hardest. Be prepared for emotional ups and downs. Some patients feel like they're on an emotional roller coaster. This is completely normal.

It is also common to feel grief. After all, food may have been your friend and comfort. Talking to other weight-loss patients helps. They will offer support and ideas for getting through tough times. Support groups are especially effective during this time.

Keep a positive attitude. Go for a walk when you get depressed. The quicker you adjust to your new eating habits, the quicker you will get through this phase. If you take an antidepressant, continue to take it for the first three months after surgery. We will re-evaluate this at your six-week appointment.

Medications.

You will receive prescriptions for these additional medications when you are released from the hospital:

- Pain and anti-nausea medication.
- Any other medications your doctor thinks you need.

You brought a list of your medications and doses to your preadmission appointment. The doctor who releases you from the hospital will review with you which medications you should resume.

If you take an antidepressant, start taking it again when you return home.

For the first six weeks after surgery, if you take a pill larger than a baby aspirin, you must crush it or break it in half. If your medication comes in a capsule, it is usually OK to open it and mix it with food. If you have a question about that, please check with your pharmacist.

Medications to avoid.

Don't use the following medications. They may cause ulcers in your pouch:

- Advil
- Motrin
- Ibuprofen
- Aleve
- Aspirin
- Non-steroidal anti-inflammatory drugs (NSAIDs)

For arthritis, you may be able to take Tramadol and Celebrex. These are prescriptions, so ask your doctor. For general pain, we suggest Tylenol.

You can take other everyday medications such as antibiotics, cold medications, etc., without concern.

Jason lost 230 pounds following weight-loss surgery.



Possible problems.

There are risks to sleeve gastrectomy surgery. We discussed these in the office with you. Be aware of possible problems you may need to report to our office. Some may be related to your diet.

Nausea and vomiting.

If you have nausea in the hospital, you will receive medication. Nausea without vomiting is common right after surgery. Consider these possible causes:

- Anesthesia.
- Not enough protein.
- Not enough fluids or too much fluid too fast.
- Fluids that are too cold.
- Pain medication. (Stop taking it as soon as you can.)
- Some of your medications.
- Certain foods.
- Eating too infrequently. Some people feel hunger as nausea, so keep something in your stomach. Eat often and follow the guidelines.
- Moving ahead in the diet stages before you are ready.

Try peppermint lozenges or tea to fight nausea. You may also need to take anti-nausea medication for a while. Remember that this will take time. Your gastrointestinal system will adapt. Start good habits and stick to them.

Vomiting can be caused by eating habits:

- Eating too much, too fast.
- Taking bites that are too big.
- Not chewing well enough.
- Not pausing long enough between bites.
- Eating food that is too dry.

To adjust to smaller portions and slower eating, use a baby spoon, baby fork and timer. Set the timer for two minutes between each bite. This will force you to learn to take small bites and chew well. Also, keep a food diary. This will help us understand if what or how you are eating is causing the vomiting.

Call us within 12 hours if you are throwing up liquids. You may need IV fluids to prevent dehydration.

Vomiting can also be caused by a pouch obstruction. This happens when a piece of food gets stuck. Sometimes we must use an upper endoscopy to retrieve a stuck piece of food or stretch the pouch opening. This problem is uncommon with sleeve gastrectomy, though.

If you are vomiting fluids or vomiting even though you believe you are eating properly, call us. Have your food diary nearby so you can tell the nurse what and when you have been eating. This will help us understand what might be wrong.

You may have reflux or heartburn after surgery. It usually goes away over time. In the meantime, taking acid reducing medication is OK.

Weight loss.

Weight-loss surgery does not guarantee weight-loss success. It is only a tool. How you use the tool will affect the results. Some sleeve gastrectomy patients lose more than others. When you see the doctor, you will be given a realistic weight goal. It is not our expectation that you will reach your ideal weight.

Still, chances are good that your health and self-image will improve.

Weight gain.

Avoid high-fat foods and high-calorie drinks. Eating foods high in fat will slow weight loss and may cause weight gain. Our bodies do need some fat in the diet, though. Eating about 25 to 30 percent of calories each day in high-quality fats prevents essential fatty acid deficiency. It also allows your body to absorb fat-soluble vitamins.

These are examples of poor-quality, high-fat foods. They should be avoided or eaten very rarely:

- High-fat meats
- Bacon
- Sausage
- Cream, sour cream
- Butter
- Fried foods
- High-fat snack chips
- Shortening/lard
- High-fat cheeses
- High-fat dressings and gravy

You must also limit foods cooked in or seasoned with fats or oils. Try using Molly McButter, Butter Buds, I Can't Believe It's Not Butter spray or Brummel & Brown instead.

Finally, you will gain weight if you drink regular (non-diet) soda or fruit drinks high in sugar.

Weight regain.

This is generally when people forget they made a lifelong commitment to change. Almost always, weight regain is caused by getting off-track with your eating habits. Please reread this guide once a year and re-engage in your commitment to yourself. Refer to the "Keys to success" found in this book (page 14). Call us if you gain more than 20 pounds.

Changes in bowel habits.

Changing bowel habits are common after weight-loss surgery. You may go back and forth between constipation and diarrhea for a while. This will normalize once you are eating a regular diet and getting enough fluids. Make sure you are getting some exercise every day.

If you're constipated:

- Make sure you're drinking at least 60 ounces a day.
- Try drinking 4 ounces of diluted prune juice once a day or taking a fiber supplement such as Fiber Choice.
- If it is at least four to six weeks after surgery, you may need to eat more high-fiber foods, such as fruits, vegetables and whole grains.
- You may need to take a stool softener. Colace and Surfak are available over the counter.
- You may also need to take a gentle laxative like Milk of Magnesia if you do not have a bowel movement at least every three days.

Kidney stones.

A small percentage of patients develop kidney stones after surgery. This usually happens a few months after surgery, although it can happen any time. To reduce your risk of kidney stones, make sure you drink 60 ounces of fluids each day.

Alcohol use.

Weight-loss surgery patients should avoid alcoholic beverages. They are high in calories and sugar, so they can cause weight regain. An occasional glass of wine is OK.

Marijuana use.

We discourage use of marijuana in all forms unless there is a good medical reason.

Symptoms to be concerned about.

Symptom	Cause
Nausea and vomiting that doesn't stop.	Possible stomal stenosis. Your pouch may need to be dilated.
Nausea and vomiting that doesn't stop AND pain in your stomach and back.	Possible ulcer. See your surgeon.
Left shoulder pain, back pain you didn't have before surgery, fever, a feeling that something "just isn't right."	Possible anastomotic leak. This can happen where the intestine is reconnected to the pouch. Very rare after two weeks after surgery.
Chest pain and shortness of breath.	Possible pulmonary embolism (blood clot).

If you have any of these symptoms, please call NCSA (970.482.6456) right away and ask to speak to a nurse.

Follow-up.

Follow-up is extremely important after weight-loss surgery. If we do your surgery, we want to see you for follow-up care. A lot happens in the first year after surgery. We don't know what's happening if we don't see you. If you live a long distance away, we still want to see you. If you cannot make your appointments, please call or email us (bjm4@medcommunity.org) to let us know how you are doing. If you move or change your phone number, please let our office know.

If you live more than two hours away from Fort Collins, you must stay in Fort Collins an additional two days after you have been discharged from the hospital. Please call our concierge desk at 970.495.8582 for discount lodging information.

You should continue to see your primary care doctor for general medical needs. It is important that he knows you are having the surgery and that he is an advocate for you. Please tell your primary care doctor to call us with any questions or concerns.

Once you leave Poudre Valley Hospital, you must return for follow-up after:

- About 10 days after discharge
- One month after first appointment (about six weeks after surgery)
- Three months after your surgery (may skip if everything is going well)
- Six months after surgery (blood work needs to be done)
- One year surgery anniversary (blood work needed)
- Annually with blood work

Follow-up appointments are an essential part of your recovery. We want to help you lose weight safely and make sure you are healthy. If you have questions or concerns between scheduled visits, please call or email our office.

Keys to success.

Weight-loss surgery is a tool. What you do with this tool will determine your success. The surgery is not a cure for obesity. If used incorrectly, this tool can cause physical and emotional problems. It is possible to not lose weight and also to regain weight.

Here are the seven keys to a good outcome:

1. Protein

You must eat 60 to 75 grams of protein every day for the rest of your life (or more, as instructed by your dietitian).

2. Fluids

You must drink 60 to 70 ounces a day. If you don't keep track, you may drink too little. Dehydration can cause dizziness, lightheadedness, bladder infections and headaches. Adolescents should try to drink 90 ounces a day.

3. Exercise

Find ways to make exercise a regular part of your life. Daily physical activity will help you have the best results from this surgery. Make it fun.

4. Vitamins

You must take a multivitamin with iron, vitamin B12 (sublingual or injection) and calcium citrate plus vitamin D. We also recommend patients take an additional 2,000 iu/day of vitamin D3. Patients who don't take their vitamins may develop a vitamin deficiency within a year.

5. No grazing and no sugar

Eat three meals plus three healthy snacks every day. Commit to staying away from sugar. Never eat more than 15 grams of sugar at once.

6. Follow-up

Follow-up is essential. We want to see you after 10 to 14 days, six weeks and every three months for the first year, and once a year or as needed after that. Please call to schedule a follow-up appointment with the dietitian two to three months after your surgery.

7. Positive attitude

Not every day will be a great day. There is a learning curve after this surgery. The first six to eight weeks are the hardest. You will have ups and downs. You are doing this for your health and a better quality of life. Follow our guidelines and know that things will get easier. Use your support system, attend support group or call us when you need help.

Diet Information

Message from your dietitians.

As part of your health care team, we are happy to help you with your nutrition plan. Our goal is to help you successfully move through the different stages of the diet. We will do everything we can to help make your journey a positive one.

After surgery, good nutrition will help you heal, lose weight and be healthy. We will help you understand why you must now eat differently. We will also give you tips on how, what and when to eat so you stay healthy as you lose weight.

We look forward to meeting you. Congratulations on taking steps toward health and fitness!

Diet progression.

In the hospital.

Right after surgery, you will have nothing to eat or drink except ice chips. Before you leave the hospital, your diet will move to clear liquids and then full liquids. Be sure to drink 60 to 70 ounces of clear liquid each of these days.

Stage 1—Pureed/full liquid.

(Starts three to four days after surgery. Usually lasts until 10 to 14 days after surgery.)

- Have a meal replacement drink three times each day. Options include Carnation Instant Breakfast (no sugar added) blended into 8 ounces of 1 percent or fat-free milk, Premier Protein Shakes or Boost Calorie Smart.
- Other full liquids include milk and sugar-free smooth yogurt, pudding and protein shakes.
- No vitamins or supplements are required during this time.

Stage 2—Soft diet.

(Usually lasts four weeks.)

- You may start adding soft-textured foods that are easy to digest.
- Add foods gradually.
- The length of time to stay on soft foods varies. Use your comfort level as your guide.
- Begin taking vitamin and mineral supplements.

Stage 3—Low-fat, low-sugar Lifetime Nutrition.

(Starts about six to eight weeks after surgery.)

- You can start adding foods that are harder to digest.
- Add foods gradually to make sure you can tolerate them.
- Continue vitamin and mineral supplements.

See the description of each phase of the diet for more complete information. In all phases, you must have 60 to 70 ounces of fluid and 60 to 75 grams of protein (or more, if instructed by your dietitian) each day.

Diet progression.

What to expect when you go home.

Two weeks	Four weeks	Lifetime Nutrition
<p>Stage 1: Full liquid/pureed</p> <p>Carnation Instant Breakfast (no sugar added), Premier Protein or Boost Calorie Smart three times per day. Plus other high protein liquids and/or pureed foods.</p>	<p>Stage 2: Soft</p> <p>Slowly start introducing new textures and foods that are harder to digest. Start supplements:</p> <ul style="list-style-type: none"> • Complete multivitamin. • Calcium citrate with Vitamin D3. • B12. • Vitamin D3. • Iron if needed. • Additional supplements if needed. 	<p>Stage 3: Lifetime Nutrition</p> <p>By six weeks after surgery, you should be eating a diet that includes a variety of foods rich in nutrition.</p>

"Getting started" shopping list.

Until your first follow-up appointment after surgery, you will drink one meal replacement drink three times a day.

Items to have at home the day you leave the hospital:

- Carnation Instant Breakfast (no sugar added), Premier Protein or Boost Calorie Smart. You need three servings per day for about 10 to 14 days.
- Milk: skim, 1 percent, soy or lactose-reduced—at least 24 ounces per day.

Three packets of Carnation Instant Breakfast (no sugar added), each mixed with 8 ounces of milk, provides a total of 39 grams of protein and 24 ounces of fluids. You will also need other liquids, pureed protein foods and sugar-free fluids.

High-protein fluid options:

- Plain yogurt (nonfat or 1 percent including smooth Greek yogurt).
- Skim milk, buttermilk or 1 percent milk.
- Light yogurt (sweetened with a sugar substitute such as NutraSweet or Splenda).
- Low-sugar tomato soup made with skim milk in place of water.
- Soy milk.
- Appropriate liquid nutritional supplements.

Note: You can increase protein in any of these fluids by adding nonfat dry milk powder. Add four tablespoons (¼ cup) for six to 11 grams of additional protein and 60 to 110 additional calories. Or add a whey or soy protein supplement. Check the food label.

Other fluids.

(Note: These are NOT replacements for the three meal replacement drinks.)

- Water (preferred).
- Coffee or tea—use sparingly; one to two cups per day.
- Bouillon or broth.
- Crystal Light or any sugar-free beverage.
- Tomato or V-8 juice.
- Sugar-free popsicles.
- Flavored unsweetened or artificially sweetened water (Propel, Fruit₂O, etc.).

Other high-protein foods you can puree at home:

- Cooked fish.
- Tuna, canned in water.
- Scallops, bay or sea.
- Cottage or ricotta cheese, 1 percent or fat-free.
- Eggs.
- Chicken or turkey.
- Baby food meats-Stage 1; no dinners.
- Liver (beef or chicken).
- Tofu.

If you will be staying somewhere besides your home when you leave the hospital, pack utensils and tools for mixing, such as a whisk, spoon or blender. You will need to refrigerate the meat, cheese and milk. You may also want to have an appliance for heating foods.

You will follow a pureed/full liquid diet from the time you leave the hospital until your first follow-up visit after surgery. While your stomach pouch is healing, everything you eat **must** be either liquid or blended to the consistency of applesauce.

For safe weight loss, you need to eat a healthy, well-balanced diet. **It's important that you get enough fluid and protein each day.** You need 60 to 70 ounces of fluid and 60 to 75 grams of protein (or more, as instructed by your dietitian) daily.

Stage 1: Pureed/full liquid diet.

Starting two days after surgery and continuing until your first follow-up appointment.

This is the diet you will follow until your first doctor's appointment after your surgery. The size of your stomach before surgery is about that of a small cantaloupe and holds between 34 fluid ounces (or 1000 ml) and 101 fluid ounces (or 3000 ml). The size of your stomach after sleeve gastrectomy surgery will be that of a small, slim banana and will hold between five fluid ounces (or 150 ml) and 10 fluid ounces (or 300 ml). While your stomach pouch is new, everything you eat must be liquid or blended to the consistency of applesauce. During this stage, your main diet goal is to get enough fluid and protein every day and avoid vomiting.

Fluid intake: 60 to 70 ounces daily. Drinking enough is very important. If you don't, you can suffer dehydration, dizziness, headaches, hair loss, dry skin and decreased kidney function. You should drink at least 60 ounces a day. This may be hard at first. It will get easier as you get used to it.

Protein intake: 60 to 75 grams daily (or more, as instructed by your dietitian). For the first two to four weeks, this may be difficult to reach, but it will become easier as you heal. You may need to use a protein supplement for the first few months. After that, we would like for you to get your protein through your regular diet.

Vitamins/minerals: Carnation Instant Breakfast (no sugar added), Premier Protein and Boost Calorie Smart contain the vitamins and minerals you need right now. You can find them at most grocery stores, or order by phone or internet (see the product information sheet).

Sip each meal replacement drink slowly over one hour.

After surgery, some people have a temporary intolerance to milk products (lactose intolerance). If you have a lot of bloating, cramping or diarrhea, let us know. We will suggest different protein sources. Information on lactose intolerance is also included in this guide.

High-protein fluids (full liquids)	Amount	Protein grams	Fat grams	Calories
Carnation Instant Breakfast (no sugar added), mixed with skim or 1 percent milk	8 oz	13	1	160
Skim milk, buttermilk or 1 percent fat milk	8 oz	8	0-3	90-110
Plain or artificially sweetened soy milk	8 oz	7	0-5	80
Plain yogurt, nonfat or low-fat	8 oz	12	0-3	130
Light flavored yogurt	6 oz	5-8	0-2	90-110
Premier Protein Shake	11 oz	30	3	160
Smooth, plain, light greek yogurt	6 oz	12-15	0	60-100
Boost Calorie Smart	8 oz	15	7	180
Unjury (skim milk)	8 oz	20	0	100
Bariatric Advantage Microfiltered Whey Protein	8 oz	16	0	80
Isopure (GNC)	10 oz	20	0	80

Note: You can increase your protein intake by adding nonfat dry milk to any of the above liquids. 4 tablespoons (1/4 cup) = 6 to 11 grams of protein (60-110 calories). You can use whey or soy protein powder to make shakes or add to foods. Read labels for nutrition information.

Other fluids allowed between meals.

Note: These are NOT replacements for the three meal replacement drinks daily.

- Water (preferred).
- Coffee or tea (with caffeine)—use sparingly; one to two cups per day.
- Bouillon or broth.
- Crystal Light or any sugar-free, non-carbonated beverage.
- Propel, Fruit₂O.
- Sugar-free Jell-O.
- Tomato or V-8 juice.
- Sugar-free popsicles.
- Special K Water.
- Powerade Zero.

*Do not use straws or drink carbonated beverages.

High-protein foods for blending (pureed)	Amount	Protein grams	Fat grams	Calories
Tender fish	1 oz	7	0-3	30-55
Salmon	1 oz	7	1-4	40-65
Tuna, canned in water	1 oz	7	0-1	30-35
Scallops, bay or sea	1 oz	6	0-1	25
Blended cottage cheese, 1 percent or fat-free ricotta cheese	1 oz	3-4	0-0.5	30
Egg, hardboiled	1	6	5	75
Chicken or turkey, pureed	1 oz + 1 tbsp. broth	8	1-3	50-75
Baby food, all types of meat	1 oz	3-4	1-3	30-40
Liver (beef/chicken)	1 oz	7	1-2	45
Tofu	1 oz	2-2.5	1	20
Fat-free refried beans	2 tbsp.	2	0	25-35

How to blend foods:

- Make sure any meat, fish, poultry or eggs are well-cooked before blending.
- Cut food into small pieces about the size of your thumbnail.
- Place food in blender.
- Add liquid to cover the blades (broth, vegetable or tomato juice, skim or 1 percent milk).
- Blend until smooth like applesauce.
- Strain out any lumps, seeds or pieces of food.
- Use spices (except hot seasonings such as cayenne pepper or hot sauce) to flavor.
- You may blend in fat-free Miracle Whip or fat-free mayonnaise.
- Get creative with seasonings to make food as flavorful as possible.

*Keep in mind that if you add low-protein foods or fluids to blended food, this lowers the amount of protein per ounce.

Food record.

Keeping a daily record of what you eat helps you meet your protein and fluid goals. Keep a running total of the fluid ounces and protein grams you consume so that you can plan for meals and snacks left in the day. Other good times to keep food records are at each new stage of the diet and to spot-check regularly during Lifetime Nutrition. If you are coming in for a follow-up appointment with the dietitian, we recommend you fill out this form for two to three days before the appointment.

Time	Type of food	Amount	Fluid ounces	Protein grams	Comments/feelings

(Copy this blank form as needed to make more pages.)

Product information.

Bariatric Advantage (lactose-free protein and vitamin/mineral supplements)

bariatricadvantage.com

Boost Calorie Smart (lactose-free)

boost.com/products/calorie-smart

1.877.463.7853 to order: walgreens.com

Carnation Instant Breakfast (no sugar added)

carnationbreakfastessentials.com

To order: careexpress.com or 1.800.210.8132

Celebrate (whey protein isolate and vitamin/mineral supplements)

celebratevitamins.com or 1.877.424.1953

Isopure (lactose-free liquid)

theisopurecompany.com or purchase at GNC

Lactaid (chewable)

lactaid.com or 1.800.LACTAID

Optisource High Protein Beverage (lactose-free)

nestle-nutrition.com/products

1.877.463.7853 to order: walgreens.com

Premier Protein

premierprotein.com

To order: Order online or call 866.972.6879 (toll-free)

Resource Beneprotein (lactose-free protein powder)

nestle-nutrition.com/products

1.877.463.7853 to order: walgreens.com

Resource Diabetishield (clear liquid with protein)

nestlenutritionstore.com/products

1.877.463.7853 to order: walgreens.com

Unjury (whey protein isolate powder) and

Opurity bariatric vitamins

To order: UNJURY.com or 1.800.517.5111

Todd lost 223 pounds following weight-loss surgery.



Stage 1: Pureed/full liquid diet.

Sample diet.

Time	Pureed foods/full liquids	Fluid ounces	Protein grams	Amount pureed food
7 a.m.	Water	6		
8 a.m.	Meal replacement drink (no sugar added)	8	13	
9 a.m.	Coffee	8		
11 a.m.	Blended hardboiled egg		6	1 egg
Noon	Water	6		
1 p.m.	Meal replacement drink (no sugar added)	8	13	
2 p.m.	Tomato juice	6		
3 p.m.	Blended tuna		14	2 ounces
4 p.m.	Water	6		
6 p.m.	Meal replacement drink (no sugar added)	8	13	
9 p.m.	Light Greek yogurt	6	12-15	
8 p.m.	Water	8		
	Total	70	71-74	

For 10 to 14 days after your surgery (or until your first follow-up visit with your doctor), you will eat only liquids and pureed foods. The above menu is just a sample. You may choose different foods from the list of allowed foods or eat them at different times.

During the first two weeks after surgery, you must eat often to get enough protein and fluid. It is very important to eat every two to three hours and sip fluids throughout the day. Eat and drink very slowly. It should take you about one hour to drink eight ounces. As your diet progresses, your eating plan will include three meals and three snacks.

Tip:

Add powdered milk to any food to increase protein.

Pureed recipes.

Egg Salad

1 hardboiled egg
2 teaspoons fat-free mayonnaise
Tiny pinch of paprika ($\frac{1}{16}$ teaspoon)
Blend all ingredients. Makes 1 serving.

Tuna Salad

2 ounces of tuna fish
1 teaspoon fat-free mayonnaise
 $\frac{1}{8}$ teaspoon onion powder
Blend all ingredients. Makes 1 serving.

Blended Omelet

1 egg scrambled and cooked well using nonstick spray.
Add 1 tablespoon nonfat dry milk to eggs before cooking.
 $\frac{1}{8}$ teaspoon onion powder
Blend all ingredients. Makes 1 serving.

Pureed Chicken

8 ounces boneless, skinless chicken breast
 $\frac{1}{2}$ teaspoon onion powder
 $\frac{1}{2}$ teaspoon garlic powder
 $\frac{1}{2}$ teaspoon lemon juice
 $\frac{1}{4}$ cup chicken broth

Season chicken with spices and lemon juice (marinate overnight if desired). Cook chicken well with nonstick spray in a pan or grill. Place chicken in a blender along with broth and blend until smooth. Makes 4 to 6 servings. Freeze extra pureed chicken in an ice cube tray for easy use.

Stage 2: Soft foods.

Dos and don'ts.

This stage usually starts about two weeks after surgery.

Dos	Don'ts
DO try to have three meals and two to three snacks each day. This is necessary to meet your protein and fluid needs.	DON'T skip meals, but also do not nibble constantly throughout the day. This can cause weight gain.
DO make high-protein foods a priority (such as eggs, cottage cheese, fish and pureed meats).	DON'T fill up on low-nutrition foods. If you are hungry, eat another meal of protein or vegetables.
DO eat and drink slowly. Take at least two to three minutes in between bites. Set a timer if necessary. Using a baby spoon and baby fork may help.	DON'T eat quickly or gulp foods or fluids.
DO stop eating at first feeling of fullness.	DON'T continue eating when you feel full.
DO gradually add foods from the soft foods list.	DON'T eat a lot of new foods at one time. If problems develop, you want to know what caused them.
DO avoid soft bread, tortillas and fresh fruits and vegetables at this stage. Also avoid meat unless it is pureed.	DON'T eat soft bread, tortillas and fresh fruits yet. They may cause digestive problems.
DO drink fluids 10 minutes BEFORE or 30 to 45 minutes AFTER meals.	DON'T drink fluids with meals. Drinking right before or at meals may cause bloating, low food intake or vomiting.
DO enjoy low-calorie fluids such as water, sugar-free Kool-Aid or Crystal Light.	DON'T drink carbonated or alcoholic beverages.
	DON'T fill up on low-calorie fluids without first meeting your protein requirements.
DO use supplements and medications only as prescribed by your doctor.	DON'T take additional supplements without discussing it with your doctor.
DO avoid all sweets.	DON'T eat sweets. They can cause dumping syndrome, even in small amounts.
DO limit caffeine to moderate amounts.	DON'T drink more than two cups of coffee or tea with caffeine. Too much caffeine prevents nutrients from being absorbed.
	DON'T chew sweetened chewing gum. If you chew unsweetened gum, make sure that you don't swallow it.

Food list.

Starts after first follow-up appointment after surgery (one to two weeks after surgery).

When your doctor advances you to this stage, you may begin eating foods that are soft in texture and easy to digest. Use the following guidelines to ease the transition to solid foods. Try to add only one new food at a time. Continue your intake of 60 to 70 ounces of fluids per day and 60 to 75 grams of protein (or more, as instructed by your dietitian) per day.

Food group	Recommended foods	Foods to avoid at soft stage
Meats and high protein foods 1 ounce of meat = 7 grams of protein	<ul style="list-style-type: none"> • Scrambled, hard-boiled or poached eggs • Smooth peanut butter or powdered peanut butter • Tofu • Low-fat (1 percent or fat-free) cottage cheese • Low-fat (1 percent or fat-free) ricotta cheese • Low-fat (1 percent or fat-free) string/mozzarella cheese • Fish without breading, water-packed tuna, scallops, oysters, real or imitation crab • Pureed chicken or turkey 	<ul style="list-style-type: none"> • Fried eggs or omelets prepared with added fat • Nuts • Regular hard and soft cheeses (cheddar, American, camembert, brie, cream cheese) • Fried fish or seafood • Fish canned in oil • Commercially breaded fish products • Non-pureed chicken or turkey • ALL BEEF, PORK AND VEAL
Milk and milk products (Consume all liquids between meals only.)	<ul style="list-style-type: none"> • Skim or 1 percent fat milk • Light or plain yogurt • Light Greek yogurt • Carnation Instant Breakfast (no sugar added) • Protein shake 	<ul style="list-style-type: none"> • Whole, 2 percent milk or yogurt • Regular hot chocolate • Milkshakes • Frappés • Chocolate drink or chocolate milk • Eggnog
Grains/starches	<ul style="list-style-type: none"> • Whole wheat toast • Rice cakes • Saltine crackers, graham crackers, Melba toast, rusks • Pretzels • Hot cereals such as Cream of Wheat, Cream of Rice, Malt-o Meal, farina • Unsweetened instant oatmeal • Unsweetened refined cereals such as cornflakes, Rice Chex, Rice Krispies, Cheerios, Wheat Puffs • Soft potatoes without skin • May cause swelling in pouch: • Well-cooked pasta • Hominy • Instant rice 	<ul style="list-style-type: none"> • All soft white or wheat breads and all tortillas • High-fat crackers, such as Ritz and Club brands • Pastries, croissants, muffins, doughnuts, cookies, cake, biscuits • All other cereals • Granola • Macaroni and cheese, fettuccine alfredo • French fries, potato chips or tortilla chips • All popcorn

Stage 2: Soft foods (continued).

Food list (continued).

Food group	Recommended foods	Foods to avoid at soft stage
Vegetables	Soft-cooked or canned, plain, tender vegetables such as squash, sweet potatoes, green beans, spinach, carrots, mushrooms, beets	<ul style="list-style-type: none"> • All fresh vegetables • Vegetables with husks such as corn, green peas, dried beans/legumes • Any vegetable with added fat, cream or cheese sauce
Fruit	<ul style="list-style-type: none"> • Unsweetened soft, canned fruits • Bananas, smoothies made with fruit and milk/yogurt 	<ul style="list-style-type: none"> • Fruits canned in any syrup • All other fresh fruit
Soups (Consume all liquids between meals only.)	Broth, bouillon or broth-based soup, soups with well-cooked soft vegetables, cream soups made with skim milk, egg-drop soup	Cream soups or chowders made with whole milk or cream
Added fats	<ul style="list-style-type: none"> • Fat-free or lowfat salad dressings and mayonnaise, Butter Buds, Molly McButter, cooking spray • Small amounts of avocados and olives are permitted. Use olive and canola oils sparingly. 	Regular salad dressings, mayonnaise, butter or margarine (all kinds), cream cheese, sour cream
Desserts	<ul style="list-style-type: none"> • Sugar-free gelatin, sugar-free popsicle, sugar-free non-fat yogurt, sugar-free pudding or custard (made with skim milk) 	<ul style="list-style-type: none"> • Regular gelatin • Popsicles • Candy • Ice cream, ice milk, sherbet • Pies, pastries • Cakes, cookies, brownies
Beverages (Consume at least 10 minutes before or 45 minutes after meals.)	<ul style="list-style-type: none"> • Water, tea, coffee (regular or decaf) • Sugar-free drinks, such as unsweetened flavored waters, sugar-free powdered mixes, sugar-free bottled beverages 	<ul style="list-style-type: none"> • Regular soda or Kool-Aid, fruit drinks, punches, sweetened juices, lemonade • Alcoholic beverages • Fruit juice • Gatorade

Sample menu.

Soft diet with supplements.

Fluid	6 ounces water - sip slowly
Breakfast	One egg scrambled with Pam or ¼ cup cooked Cream of Wheat cereal made with skim milk and 1 to 2 tablespoons nonfat dry milk powder (Multivitamin with Iron, B12 Supplement)
Between-meal fluid	6 ounces coffee or tea
Snack	Smoothie made with 6 ounces plain or light yogurt, ¼ banana, 2 tablespoons powdered milk, sweetener to taste (calcium with Vitamin D3, Vitamin D3 Supplement)
Between-meal fluid	6 ounces tomato juice
Lunch	2 ounces baked, poached, steamed, or broiled fish ¼ cup sweet potato with Butter Buds (Calcium with Vitamin D3)
Fluid	8 ounces water
Fluid	8 ounces milk
Snack	One string cheese (¾ - 1 ounce) ¼ cup peaches, canned no added sugar (Calcium with Vitamin D3)
Dinner	2 ounces pureed chicken ¼ cup green beans, canned or well-cooked
Fluid	8 ounces protein shake (Additional supplement if needed)

NOTES:

- All beverages should be consumed at least 10 minutes before or 45 minutes after meals.
- All beverages should be sipped slowly.
- All meals and snacks should be eaten slowly.

Vitamins and minerals.

Recommendations for long-term health.

You must take the following vitamins and minerals starting in Stage 2 and every day for the rest of your life. Serious problems can happen if you do not. The supplements in this chart are required. You may also need others if blood tests show that your levels are low.

Vitamins or minerals	Amount required	Examples	Tips
Complete multivitamin/mineral with or without iron	100 percent RDI/day	One complete multivitamin such as a chewable children's vitamin like Flintstones Complete, or one chewable adult daily vitamin such as Centrum Chewable, or one bariatric multivitamin, such as Bariatric Advantage or equivalent vitamin powder or liquid vitamins	Take with food for better tolerance and absorption.
Calcium citrate with vitamin D3	1500 mg/day 1000 IU/day of vitamin D3 from calcium supplement	Chewable, powder or liquid Calcium citrate supplements that include additional vitamin D3	Can be taken with or without food. Take no more than 500 mg at one time. Don't take within two hours of supplement containing iron.
Vitamin D3	2000 IU/day in addition to the vitamin D3 from the calcium	Liquid drops, sublingual or small capsules or tablets	Can be taken with or without food.
Vitamin B12	500 mcg/day	Sublingual micro-lozenge each day or one injection per month (injections can be prescribed by your doctor)	
Iron (if multivitamin does not contain iron)	18-36 mg/day	Ferrous fumarate (tolerated better), carbonyl or ferrous sulfate chewable, liquid or small solid tablets	Tolerated better when taken with food. Take at least two hours apart from calcium supplement.

Vitamin tips:

- You may need additional vitamin and mineral supplements if blood tests show your levels are low.
- Optional supplements include B-complex, omega-3 fatty acids, probiotics and others.
- Spread out your vitamins and minerals through the day. See the sample menu for suggestions on how to take them.
- Don't take vitamins and minerals on an empty stomach.
- Don't take vitamins and minerals with coffee or tea.
- Don't take calcium and multivitamin/iron at the same time (separate by two hours).
- Don't take more than 500 mg of calcium at one time because it won't be absorbed (separate by two hours). Choose calcium citrate.
- Especially during the first two months, we recommend solid tablets or capsules only if they are smaller than an aspirin. After two months, you may tolerate larger solid supplements, but we still recommend liquid, powder or chewable supplements because they are absorbed better.
- Rapid weight loss can cause hair loss, too. To minimize hair loss, take vitamins/mineral supplements regularly and get enough protein.
- Iron may turn your stools black.

Lisa lost 100 pounds following weight-loss surgery.



Lifetime Nutrition.

Dos and don'ts

Dos	Don'ts
DO try to have three meals and two to three snacks each day. This is necessary to meet your protein and fluid needs.	DON'T skip meals, but also don't nibble constantly. This can cause weight gain.
DO make high-protein foods a priority (such as eggs, cottage cheese and fish). Slowly advance to tender chicken, turkey, pork and beef.	DON'T fill up on low-nutrition foods. If you're hungry, eat another meal of protein or vegetables.
DO eat and drink slowly. Take at least two to three minutes between bites. Set a timer if necessary. Using a baby spoon and fork may help.	DON'T eat quickly or gulp foods or fluids. These can cause vomiting or indigestion.
DO stop eating at first feeling of fullness.	DON'T keep eating when you feel full.
DO gradually add foods from the foods list for the Lifetime Nutrition. For example, first try fresh fruits without the skin and some tender fresh vegetables.	DON'T eat a lot of new foods at one time. If problems develop, you want to know what caused them.
DO be patient when adding foods that may be hard to digest. Some foods that may take more time to tolerate include breads, fibrous fresh fruits and vegetables and tough meats.	DON'T eat these foods until you've had good luck tolerating them in very small amounts, because they may cause digestive problems.
DO drink fluids 10 minutes BEFORE or 30 to 45 minutes AFTER meals.	DON'T drink fluids with meals. Drinking right before or at meals may cause bloating, low food intake or vomiting.
DO enjoy low-calorie fluids such as water, sugar-free Kool-Aid, or Crystal Light beverages. Drink liquids with caffeine in moderation.	DON'T fill up on fluids. Carbonated diet drinks may cause gas and bloating. DON'T drink more than two cups of coffee or tea with caffeine. Too much caffeine prevents nutrients from being absorbed.
DO continue to use supplements and medications only as prescribed by your physician. You may be eating more now, but you still need the vitamin and mineral supplements every day.	DON'T take additional supplements without discussing it with your doctor.
DO avoid all sweets.	DON'T eat sweets. They can cause dumping syndrome even in small amounts.
DO remember that each person's tolerance for certain foods and amounts is different.	DON'T chew sweetened chewing gum. If you chew unsweetened gum, make sure you don't swallow it.
	DON'T get frustrated. If you have a setback, relax, refocus and try the next step in the progression in that food group.

Alcohol.

Limit or avoid alcohol. Avoid sugary drinks such as piña coladas and daiquiris, margaritas and regular (non-diet) soda mixers. Drinking too much alcohol can cause liver damage. Also, alcoholic beverages can cause weight gain and nutrition deficiencies because they are high in calories and low in nutrients.

Food list.

Begin six to eight weeks after surgery.

Once you can tolerate most soft foods, slowly begin adding choices that are harder to digest, such as: nonblended but tender chicken and turkey; red meat; fresh fruits; and raw vegetables. Try to add only one new food at a time and continue to have at least 60 to 70 ounces of fluids a day and 60 to 75 grams of protein (or more, as instructed by your dietitian).

Food group	Daily number of servings	Recommended types	Avoid or limit
Meats and high-protein foods	6 to 8 ounces Eat your protein first. You want to make sure you're getting enough protein before you get full.	Fish, scallops, crab and lobster Moist, tender chicken and turkey 90 percent or greater lean ground beef Lean, tender, fat-trimmed beef, pork, veal, lamb (round, flank, sirloin) 95 percent fat-free thinly sliced deli meats Organ meats (twice per month) Eggs Peanut butter Well-chewed nuts Low-fat (1 percent or fat-free) cottage cheese Low-fat (1 percent or fat-free) ricotta cheese Low-fat cheese	Fried fish, fish canned in oil Commercially breaded fish products Fried poultry, poultry skin, goose, duck Chicken wings High-fat cuts of beef, pork, lamb (rib, chuck, arm, shoulder) Hot dogs, bacon, sausage, regular cold cuts Fried eggs or omelets prepared with added fat Regular hard and soft cheeses (cheddar, American, camembert, brie, cream cheese)
Milk and milk products	2 cups	Skim or 1 percent milk Light or plain yogurt Light Greek yogurt Carnation Instant Breakfast (no sugar added) Low-sugar, low-fat smoothie	Whole or 2 percent milk or yogurt Regular hot chocolate Milkshakes Frappés Chocolate milk or drinks Eggnog

Lifetime Nutrition (continued).

Food list (continued).

Food group	Daily number of servings	Recommended types	Avoid or limit
Grains and starches	2 to 3 (¼ cup or ½ slice each)	Bread or toast Whole wheat toasted or corn tortillas Low-fat crackers Rice cakes Pretzels Low-fat popcorn Plain breadsticks Hot or cold cereal (can try higher fiber) Brown, wild or white rice White or wheat pasta Mashed potatoes Baked potatoes without skin (introduce skin slowly) Hominy Quinoa (Choose more whole grains as tolerated)	Pastries Fried tortillas Croissants Muffins Doughnuts Cookies Cake Biscuits High-fat crackers, such as Ritz and Club brands Buttered or regular microwave popcorn Granola Macaroni and cheese Fettuccine alfredo
Vegetables (Reintroduce salad and raw vegetables slowly.)	1 to 3 (¼ cup each)	Any soft-cooked plain vegetable, such as potatoes, squash, green beans, tomatoes, turnips, parsnips, corn, peas, legumes, beans	French fries Potato or tortilla chips Any vegetable with added fat, cream or cheese sauce
Fruit (Reintroduce raw fruits slowly.)	1 to 3 (¼ cup each)	Unsweetened soft, canned fruits Bananas Peeled peaches, pears, apricots, nectarines or plums, tender melons *Introduce skin slowly	Fruits canned in any syrup Coconut Fruits with tough skins or large seeds Dried fruits
Soups		Broth, bouillon, vegetable or broth-based soup, cream soups made with skim milk, egg-drop soup	Cream soups or chowders made with whole milk or cream

Food group	Daily number of servings	Recommended types	Avoid or limit
Added fats		Fat-free or lowfat salad dressings and mayonnaise Butter Buds, Molly McButter, cooking spray Small amounts of avocados and olives Olive and canola oils (use sparingly)	Regular salad dressings Regular mayonnaise Butter or margarine (all kinds) Cream cheese Sour cream
Desserts	Limit to ¼ cup per day	Sugar-free gelatin, sugar-free popsicle, sugar-free non-fat yogurt, sugar-free pudding or custard (made with skim milk)	Regular gelatin and popsicles, candy, ice cream, ice milk, sherbet, pies, pastries, cakes, cookies
Beverages (Drink at least 10 minutes before or 30 to 45 minutes after meals.)	60 to 70 ounces a day	Water, tea, coffee (regular or decaf), sugar-free drinks such as: unsweetened, flavored waters; sugar-free powdered mixes; sugar-free bottled beverages	Regular soda or Kool-Aid, fruit drinks, punches, sweetened juices, lemonade, alcoholic beverages. Fruit juice Gatorade

Sample menu.

Day 1

Fluid	6 ounces coffee with skim milk and artificial sweetener
Breakfast	¼ cup oatmeal with artificial sweetener, cinnamon and powdered milk
Fluid	8 ounces water
Snack	8 ounces sugar-free, high-protein drink or protein bar
Fluid	8 ounces water
Lunch	2 ounces salmon, ¼ cup cooked carrots
Fluid	8 ounces water or sugar-free drink
Snack	8 ounces protein shake
Fluid	8 ounces water
Snack	1 egg and 1 small whole-grain cracker
Fluid	8 ounces skim milk
Dinner	1 ounce turkey breast, ¼ cup peach or nectarine
Fluid	8 ounces water or sugar-free beverage

Day 2

Fluid	6 ounces tea with skim milk
Breakfast	6 ounces light yogurt
Snack	8 ounces sugar-free, high-protein drink or protein bar
Fluid	8 ounces water
Lunch	1 ounce chicken breast with fat-free gravy and ¼ cup cooked spinach
Fluid	8 ounces water or sugar-free beverage
Snack	1/4 banana with 1 tablespoon peanut butter
Fluid	8 ounces skim milk
Dinner	1-2 ounces white fish and ¼ cup tomato (chopped and peeled) with fat-free dressing
Fluid	8 ounces water
Snack	8 ounces protein shake
Fluid	8 ounces protein shake (additional supplement if needed)

These menus are only samples. You may choose different foods or eat at different times. Notice that you will still be eating three meals and two to three snacks a day. Continue to wait 1 ½ to 2 hours between meals and snacks. Don't graze. Also, continue to separate eating and drinking. Don't drink for at least half an hour before eating and half an hour after eating.

Dumping syndrome.

What is dumping syndrome?

Dumping syndrome is usually a side effect associated with gastric bypass, and while it is less likely to occur with sleeve gastrectomy, it can happen. When you eat foods high in sugar, this can cause fluid to be pulled into the intestinal tract. This shift in fluid can make you feel nauseous and can cause cramps and diarrhea. Other symptoms can include feeling lightheaded, shaky, dizzy and sweaty.

Does what I eat affect dumping syndrome?

Yes. Your food choices can cause dumping syndrome. Sweets and foods high in sugar are a major cause. Eating and drinking at the same time can also cause dumping.

How can I prevent dumping syndrome?

The best way to prevent dumping syndrome is to avoid sweets and sugary foods and to never eat and drink at the same time.

To tell if a food has too much sugar, look at the food label. If it has more than **15 grams of sugar per serving**, it will likely cause dumping syndrome. Remember, if there's a food label, read it!

Not every food you'll meet will be labeled, though. In general these foods are high in sugar and should be avoided:

- Cake
- Candy
- Candy bars
- Chewing gum
- Cookies
- Condensed milk
- Beverages with sugar
- Custard/pudding
- Fruit juice
- Honey
- Jams and jellies
- Marmalade
- Molasses
- Pies
- Regular fruit drinks
- Sugarcoated cereal
- Syrup
- Some canned tomato soup

Nutrition Facts	
Serving Size 2 tortillas (51g)	
Servings Per Container 6	
Amount Per Serving	
Calories 110	Calories from Fat 10
% Daily Value*	
Total Fat 1g	2%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 30mg	1%
Total Carbohydrate 22g	7%
Dietary Fiber 2g	9%
Sugars 0g	
Protein 2g	
Vitamin A 0%	• Vitamin C 0%
Calcium 2%	• Iron 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
Saturated 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
Calories per gram:	
Fat 9 • Carbohydrate 4 • Protein 4	

Tips for avoiding dumping syndrome:

- Don't eat sugary foods.
 - Read food labels.
- Don't eat and drink at the same time.

The importance of protein.

Why is protein so important after surgery?

Protein is an important part of healthy eating for everyone, but it is especially important after sleeve gastrectomy surgery. First, it helps your body heal. Second, it helps ensure that as you lose weight, you are losing fat, not muscle. And third, it helps prevent or reduce the hair loss that comes with rapid weight loss.

How much protein is enough?

We recommend you get at least 60 to 75 grams of protein every day after sleeve gastrectomy surgery. When you meet with the dietitian, this amount may be adjusted to meet your individual needs.

Which foods have protein?

Several types of foods tend to be high in protein:

- Meat, fish, poultry
- Meat alternatives (nuts, legumes, beans, eggs, tofu)
- Dairy foods (milk, yogurt, cheese)

High-protein food	Amount	Grams of protein
Meat, fish, poultry	1 ounce	7 g
Nuts	1 ounce (¼ cup)	5 g
Legumes, dried beans	¼ cup	3 g
Tofu	1 ounce	3 g
Egg	1	6 g
Nonfat or 1 percent milk	8 fluid ounces	8 g
Light Greek yogurt	6 fluid ounces	12 g
Cheese	1 ounce	7 g
Cottage cheese	¼ cup	7 g

Another great tool to use to figure out protein content is the food label. Most food products have labels, and the labels are very reliable. Remember to check the serving size to know the amount the label is referring to. You will need to calculate the protein content for the amount of the food you are actually eating.

Nutrition Facts	
Serving Size 2 tortillas (51g)	
Servings Per Container 6	
Amount Per Serving	
Calories 110	Calories from Fat 10
% Daily Value*	
Total Fat 1g	2%
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Sodium 30mg	1%
Total Carbohydrate 22g	7%
Dietary Fiber 2g	9%
Sugars 0g	
Protein 2g	
Vitamin A 0%	Vitamin C 0%
Calcium 2%	Iron 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:	
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Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g
Calories per gram:	
Fat 9 • Carbohydrate 4 • Protein 4	

High-protein snacks:

- 1 tablespoon peanut butter with two crackers
- ¼ cup cottage cheese with unsweetened fruit
- 1 piece string cheese and ¼ cup fruit
- 1 oz cheese and two crackers
- ¼ cup sugar-free yogurt
- 1 hardboiled or scrambled egg and 1 oz cheese
- ½ banana with 1 tablespoon peanut butter
- 1 tablespoon peanut butter with ¼ cup sugar-free pudding
- ¼ cup low-fat refried beans with 1 oz shredded cheese
- 8 oz skim milk mixed with one packet Carnation Instant Breakfast (no sugar added)

Sweeteners, sugar substitutes and sugar alcohol.

Sugar substitutes/artificial sweeteners:

- Do not have calories.
- Can be used for cooking. On its label, each brand tells you how much to use in place of regular sugar.
- The following have been approved by the FDA:

Scientific name	Brand name
Aspartame	NutraSweet, Equal
Saccharin	Sweet-n-Low
Sucralose	Splenda
Acesulfame K	Sunnette, Sweet One
Stevia rebaudiana	Stevia
Stevia-based sugar substitute	Truvia
Stevia-based sugar substitute	Pure Via

Sugar alcohols.

Name	Characteristics
<ul style="list-style-type: none">• Mannitol• Sorbitol• Xylitol• Starch hydrolysate	<ul style="list-style-type: none">• Have calories but fewer than sugars• Laxative effect• Possible cramping, gas, diarrhea, bloating

Products that often contain sugar alcohols:

- Sugar-free chocolates, gum and candy
- Some low-carbohydrate bars, baked goods, ice cream
- Syrup and diet products

Some products contain a mixture of artificial sweeteners and sugar alcohols. Stevia is an herbal sweetener that is generally recognized as safe by the FDA. Truvia is a mixture of Stevia and a sugar alcohol (erythritol).

Lactose intolerance after surgery.

It's very important to choose foods that are both nutritious and easy to digest after sleeve gastrectomy surgery. For the best nutrition, you should eat a variety of foods. However, you might experience food intolerances, which means your body can't easily process a certain food. Even if you could eat a food without problems before your surgery, you might be intolerant to it now.

What is lactose intolerance?

Lactose is a natural sugar in some foods, especially dairy products like milk. Your body makes an enzyme called lactase that breaks down lactose in your small intestine. But after sleeve gastrectomy surgery, the food you eat moves through your small intestine much faster. About 10 percent of people who have sleeve gastrectomy surgery become lactose-intolerant after the surgery.

Within a few minutes of eating or drinking food with lactose, people who are lactose-intolerant feel:

- Bloating
- Cramping
- Gas
- Diarrhea

Some people with lactose intolerance can drink small amounts of cow's milk or dairy foods, while others find they are bothered by even just a little.

Tips for coping with lactose intolerance:

- Yogurt and cheese are usually tolerated better than milk. Fortified soy milk and rice milk are lactose-free.
- If you still want cow's milk, try taking a lactase enzyme (brand name: Lactaid). Take one pill at the beginning of the meal and another halfway through the meal. It's a product that breaks down the lactose in milk. (See our product information list.)
- Try lactose-free cow's milk, yogurt and other dairy products available in most grocery stores.
- Make sure you are taking the proper supplements for the vitamins and calcium you need.
- Many drink supplements such as meal replacement drinks contain lactose. (See lactose-free options in the full-liquid/pureed section of your book.) You may need to shop for bariatric vitamins/minerals or protein supplements that are lactose-free.

Recipes: Protein powder.

(Use whey isolate or soy-based protein powder.)

Shakes with lactose and artificial sweeteners.

Protein Powder Milkshake

1 to 2 scoops protein powder
8 ounces skim, 1% or 2% milk
Mix in shaker.

Protein Powder Chocolate Supreme

1 to 2 scoops protein powder
1 scoop sugar-free cocoa OR 1 scoop sugar-free, fat-free pudding mix
1 cup (8 ounces) skim or 1% milk
Mix in shaker.

Protein Powder Yogurt Delights, Chocolate

1 to 2 scoops chocolate protein powder
8 ounces light yogurt–cappuccino, white-chocolate raspberry or vanilla.
Stir to mix until well blended, about one minute. Chill or enjoy immediately.

Protein Powder Yogurt Delights, Vanilla

1 to 2 scoops vanilla protein powder
8 ounces light yogurt–lemon chiffon, strawberry-banana or vanilla
Stir to mix until well blended, about one minute. Chill or enjoy immediately.

Shakes without lactose.

Protein Powder Milkshake

1 to 2 scoops vanilla protein powder
8 ounces lactose-free milk or soy milk
Mix in shaker.

Protein Powder Chocolate Supreme

1 to 2 scoops chocolate protein powder
1 scoop Nestlé's Nesquik no sugar added powder OR 1 scoop sugar-free, fat-free pudding mix
8 ounces lactose-free milk or soy milk
Mix in shaker.

Protein Powder Apple Compote

1 scoop vanilla protein powder
½ cup (4 ounces) unsweetened applesauce
Stir briefly and add a pinch of cinnamon.

Protein Powder Punch

1 scoop vanilla protein powder
3 ounces 100% juice blend with cranberry, apple and grape juice
Mix briefly in shaker.

Beverages without artificial sweeteners.

Protein Powder Pineapple-Orange Piña Colada

1 scoop vanilla protein powder
3 ounces Dole Pineapple-Orange 100% unsweetened juice
Mix briefly in shaker.
If you wish, serve with lemon twist.
(Use whey isolate or soy-based protein powder!)

Protein Powder Orange Crush

3 ounces 100% unsweetened orange juice
½ cup ice
1 scoop protein powder
Blend juice and ice. Add protein powder.
Shake briefly and enjoy.

Other beverages.

High-Protein Cocoa

1 cup skim milk, heated
2 tablespoons nonfat dry milk
2 tablespoons sugar-free hot cocoa mix
Stir sugar-free hot cocoa mix and nonfat dry milk into the heated skim milk.

Eggnog

6 ounces skim milk
1 carton egg substitute, liquid
1 pinch nutmeg or cinnamon
2 packets sugar substitute
1 teaspoon vanilla or rum extract
Place all ingredients in a blender.
Blend on low speed until well blended.

Southwest Refresher (Mock Bloody Mary)

1 ½ cups low-sodium vegetable juice
1 tablespoon lime juice
1 cup ice cubes
½ cup cucumber
¼ teaspoon chili powder
4 cucumber slices
In a covered blender, combine the first four ingredients. Blend until smooth. Add ice cubes, one at a time, blending until finely crushed. Pour immediately into a chilled glass. Garnish with cucumber slices if desired. This is a very low-calorie beverage. Try it for something different between meals.

Tofu Smoothie (lactose-free)

⅓ cup quartered fresh blueberries
1 cup light vanilla soy milk
2 tablespoons pineapple juice concentrate
½ cup soft silken tofu
½ frozen banana, sliced
Combine the blueberries, soy milk and tofu in the blender. Add the banana and pineapple juice. Blend until smooth. Makes 2 servings.

High-Protein Cream of Vegetable Soup

1 ¼ cups water
1 cup vegetables (chopped, fresh or frozen)
¾ teaspoon onion, dried
⅛ teaspoon basil and thyme, dried
¾ cup nonfat dry milk
1 cup skim milk
1 ½ tablespoons cornstarch
Dash of pepper
½ teaspoon instant bouillon
Combine vegetables and water in a saucepan. Cover and cook until vegetables are tender. Combine other ingredients. Mix well. Cook over low heat, stirring frequently to avoid scorching, until soup has thickened. Mix in blender until smooth. Heat thoroughly.

Orange Protein Drink

3 ounces 100% orange juice
½ cup ice cubes
2 tablespoons light whipped topping
Nonfat dry milk or protein powder
Put all ingredients into a blender. Blend until completely smooth and protein powder is mixed thoroughly.

Fruit-Flavored Protein Smoothie

8 ounces light fruit-flavored or plain yogurt
1 scoop protein powder, or nonfat dry milk
A dash of vanilla extract if desired
Place contents in blender and blend until completely smooth and protein powder is completely mixed.

Other beverages (continued).

Vanilla Shake

½ cup milk (skim, 1%, 2%)
2 packets sweetener
1 teaspoon vanilla extract
3 ice cubes
1 scoop protein powder or nonfat dry milk
Place all ingredients in blender and blend for about two minutes, or until ice cubes are melted.

Chocolate Shake

½ cup skim milk
2 tablespoons sugar-free cocoa
3 ice cubes
2 packets sugar substitute
½ teaspoon vanilla
Place all ingredients in blender and blend for about two minutes, or until ice cubes are melted.

Instant Breakfast Drink Shake

1 packet of Carnation Instant Breakfast Drink (no sugar added)
6 ounces skim milk
¼ cup nonfat cottage cheese
Artificial sweetener to taste
Vanilla or other flavored extract to taste
3 ice cubes

Variations:

Mocha: Substitute 1½ teaspoons instant coffee and ½ cup mocha extract for vanilla

Chocolate Cherry: Substitute 1 capful cherry extract for vanilla

Chocolate Mint: Substitute ¼ capful mint extract for vanilla

Chocolate Coconut: Substitute 1 capful coconut extract for vanilla

Chocolate Rum Coconut: Substitute 1 capful rum extract and ½ capful coconut extract for vanilla

Recipes. Lifetime nutrition.

Broccoli with Sesame-Ginger Sauce

Makes 7 servings ($\frac{2}{3}$ cup, 4.3 ounces)

Preparation time: 10 minutes

Baking time: 5 minutes

Preparation time: 30 minutes

Marinade time: 30 minutes

Ingredients:

- 5 cups broccoli florets
- 1 tablespoon soy sauce
- 1 tablespoon rice vinegar
- 1 tablespoon peanut oil
- 1 tablespoon water
- 1 tablespoon tahini (pureed sesame seeds)
- 1 teaspoon chopped fresh ginger
- $\frac{1}{2}$ teaspoon chopped garlic
- 1 tablespoon Splenda Granular
- Pinch red pepper flakes

Directions:

In a food processor, combine everything except the broccoli and mix until thoroughly blended. Set aside. Half-fill large skillet with water. Cover and bring to a boil. Add the broccoli and simmer until tender. Drain well but do not rinse. Transfer to a serving bowl. Pour the sauce over the hot broccoli and toss to coat. Serve warm or at room temperature.

Fresh Tomato-Herb Sauce

Makes 8 servings

Preparation time: 30 minutes

Marinade time: 30 minutes

Ingredients:

- 2 cups fresh tomatoes with seeds removed
- $\frac{1}{3}$ cup finely-chopped red onion
- $\frac{1}{4}$ cup chopped fresh basil
- 2 tablespoons olive oil
- 1 tablespoon Equal Spoonful or $1\frac{1}{2}$ packets Equal
- 1 tablespoon fresh oregano
- 1 teaspoon minced garlic
- Salt and pepper to taste
- $\frac{1}{2}$ cup (2 ounces) crumbled feta cheese

Directions:

Combine all ingredients except for feta cheese. Let stand at room temperature for 30 minutes. Just before serving, add feta cheese. Toss with hot, cooked pasta or serve over chicken or fish. Also good on toasted Italian bread.

Exercise

Exercise after weight-loss surgery.

Exercise is important for your health. This is true for anyone, but it's especially true for people who've had weight-loss surgery. In fact, long-term studies prove that people who exercise regularly after weight-loss surgery are more successful than those who don't.

Exercise doesn't just help keep weight off, though. It also improves your overall health, including stamina and emotions. Exercise brings more oxygen to your brain, too. This helps you think. It also makes you feel happier and can help you live longer.

Yet many people who've had weight-loss surgery have a hard time exercising. Problems such as lack of motivation, joint pain, breathing problems and general difficulty moving are common. The information in this section will help you find ways to overcome these problems and become more active slowly and safely.

You will start some of the exercises right after surgery. We also suggest how to make your exercise more challenging over the first year, as you recover from the surgery, lose weight and get stronger.

For the first three months after surgery, the exercises are based on the simple movements you make in everyday life: standing up, walking, and moving your arms and legs. When you do these motions quickly and repeatedly, they are an effective low- to moderate-intensity aerobic workout. The exercises during this phase will also help you improve your posture. Most people are very motivated in the early weeks and months after surgery. This makes this the perfect time to develop or reinforce the habit of exercising regularly.

At three to six months after surgery, most people are ready to add some strength and balance exercises to their program. At nine to 12 months after surgery, many people are ready to increase the intensity of their exercise.

As with any exercise program, you must always use good judgment. If you feel worse joint pain with an exercise, try making the movement smaller and gentler. If you still have increased joint pain, skip that exercise.

Never exercise too hard. You should be able to carry on a conversation as you exercise. If you feel chest discomfort, lightheaded or unusual, or if you get short of breath, stop exercising and contact your doctor.

One key to making exercise a regular habit is finding something you enjoy. If you are competitive, you may be motivated by tracking your progress. Try a pedometer, exercise log sheet or exercise app. For others, exercising with a friend or being part of a class works best. Listening to music or audiobooks while you exercise can make an otherwise boring routine something you look forward to. Every day should be a reflection of a new attitude that you are important and your health matters. Be proud of yourself each day that you stick with this commitment.



Posture.

Bad posture creates poor alignment of joints. This in turn creates joint stress and inefficient movement, which cause pain and fatigue.

When we spend most of the time sitting or standing with poor posture, those positions feel normal to us, and good posture feels strange. But when we become aware of our posture and make frequent, brief corrections, better posture seems more familiar and easier.

For ideal posture, the center of your ear should be lined up over the middle of your shoulder, which should be lined up over the hip. Your knees should be pointing straight ahead and lined up with the second and third toe on each foot. If you are standing, your hip should be lined up over the knee and ankle.

Being overweight can prevent ideal alignment. As you lose weight, though, you will be able to improve your posture. Achieving better posture will give your joints better alignment and allow you to exercise with less pain and fatigue.

The goals we suggest for posture exercises are:

1. Check your posture (sitting or standing) at least three times per day. Try to make some corrections and hold that corrected position for five seconds each time.
2. Do all of the suggested posture exercises each day. They can be done all at one time or spread throughout the day.

Aerobic exercise.

Aerobic exercise is exercise that makes your heart beat faster and breathing speed up. Improving your aerobic fitness strengthens your heart. It also allows you to be active for long periods of time without feeling tired or short of breath.

To get a good aerobic workout, you need to be active and moving continuously for a period of time. Research shows that just 10 minutes of continuous exercise is enough to start strengthening your heart. We recommend working toward 60 minutes per day.

Walking is the aerobic exercise that works best for most people, since it requires no special equipment. If you have a swimming pool you can use, walking in water is excellent because it reduces the stress on your joints.

Swimming is NOT recommended during the first three months after surgery, though, because it works your abdominal muscles more than walking. Limit swimming-pool exercises to walking and arm/leg exercises while standing in the water for the first three months.

If you can't walk for exercise, you'll need to find another way to get an aerobic workout. A stationary bike is a good option for many people. Seated arm and leg movements (such as the routine in this section) can give a low-intensity aerobic workout when done briskly and continuously. If you aren't able to move your legs, a stationary arm bike might be the best piece of equipment for you.

The beginning goals we suggest for aerobic exercise are:

1. Exercise for 10 minutes at a time, three times per day. Your exercise can be all of one type or a variety of things such as walking, walking in a pool, riding a stationary bike or seated arm/leg exercises.
2. After the first two weeks, start to increase the length of one or two of your exercise sessions by five minutes. Work toward 60 minutes per day.
3. When you can exercise for 20 to 30 minutes without stopping, you can make your workout harder by increasing your speed. Don't increase both the intensity of your exercise and the amount of time you exercise in the same session, though.

Remember to find ways to make your exercise sessions fun. Moving to music will make your routine more interesting and pleasant. Your exertion level should allow you to carry on a conversation, so try exercising while chatting with a friend. Audiobooks are another great way to pass the time. Wanting to hear the next chapter is a great incentive to schedule your next exercise session.

Balance.

You need good balance to be safe with home, community and work activities and with some kinds of exercise.

Specific balance exercises are important because aerobic, strength and flexibility exercises may not help your balance. To improve your balance, you must practice things that make you a little unsteady. Keep safety in mind. Make sure you have stable support nearby if needed.

You should practice your balance exercises at least two to three days per week.

As your balance improves, you can increase the difficulty of the balance exercises in this section by reducing your hand support, placing your feet closer together, or adding head or arm movements. For example, for the first six exercises, you could make them more difficult by using less hand support. For the exercise done standing with your eyes closed, placing your feet closer together would make this more difficult. Reducing your hand support or moving your head during the exercise would make the last four exercises more difficult.

Strength.

Strength exercises make muscles stronger so they can lift, push and pull more than they used to. Strong muscles make life easier. They also burn more calories.

For a beginner, start by doing strength exercises at a level that is not your maximum but that requires some effort to complete 15 to 20. Typically, doing three sets of 12 to 15 repetitions with a one-minute rest between sets, two to three days per week, gives good strength improvements.

Take at least one day off between strength-training sessions. Do not work the same muscles more than three days per week. Breathing correctly during strength exercises is also very important. Inhale on the easy part of the exercise and exhale on the hard part. Counting out loud as you exert yourself is a good way to make sure you are exhaling and not holding your breath. If you have arthritis or other joint problems, you probably can do strength exercises but you should be guided by an exercise professional who understands your limitations.

Strength-training exercises can be done with resistance bands, free weights, weight machines, body weight and isometric exercises (using pressure against solid resistance). This section includes isometric exercises as well as some using body weight and some using small free weights.

The initial goals we suggest for strength training are:

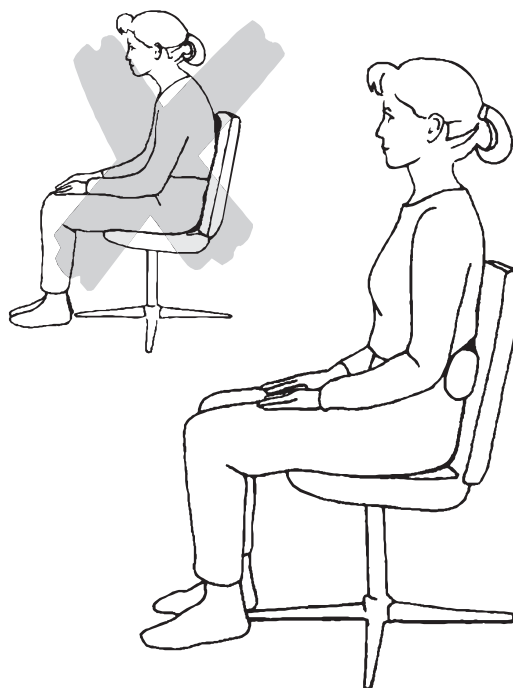
1. Strength train each muscle group two to three days per week. Rest at least one day between strength-training days.
2. Rest 60 to 90 seconds between sets.
3. Increase weight once you are able to complete three sets of 15 repetitions with ease.

Posture.

Sitting.

Sit upright, head facing forward. Try using a roll to support lower back. Keep shoulders relaxed and avoid rounded back. Keep hips level with knees.

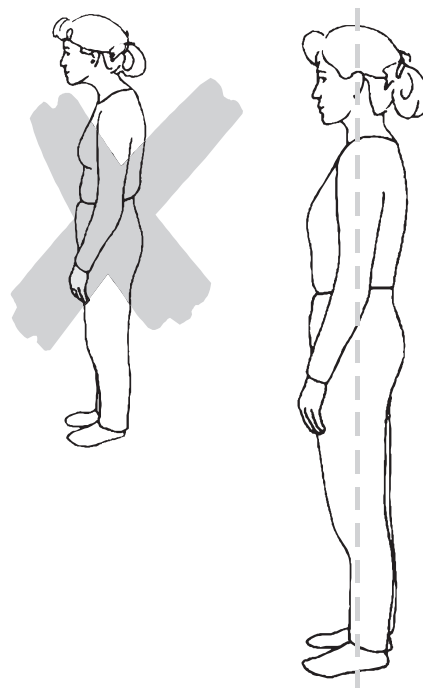
Check your sitting posture three times per day. Correct your posture and hold that position for five seconds.



Standing.

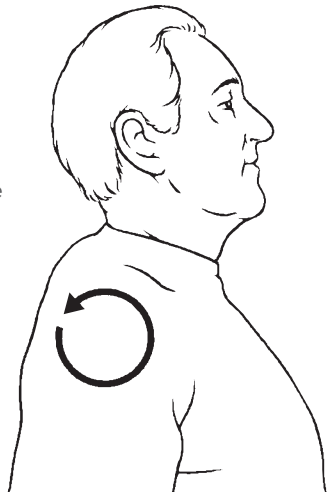
Try to stand straight and maintain a slight curve in lower back and align ears over shoulders, hips over ankles.

Check standing posture three times per day. Correct your posture and hold five seconds.



Slowly circle shoulders backward 10 times.

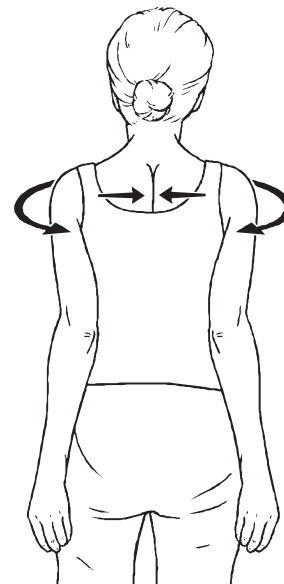
Do one or more times per day.



Pull shoulders back gently and squeeze shoulder blades together. Hold while you count to three, then relax.

Repeat three times.

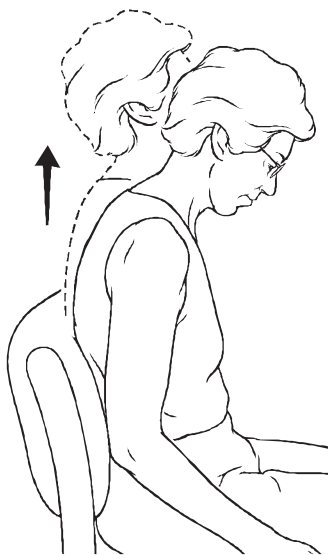
Do one or more times per day.



Inhale deeply and sit as straight as possible and hold this erect posture as you exhale.

Relax. Repeat three times.

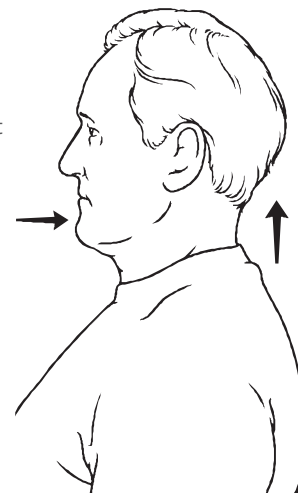
Do one or more times per day.



Gently pull chin in while lengthening back of neck. Hold for a count of three.

Repeat three times.

Do one or more times per day.



Posture (continued).

With back against wall, feet shoulder-width apart, knees slightly bent, place one hand in curve of lower back. Try to flatten lower back so hand feels increased pressure. Hold for a count of three.



Repeat three times.

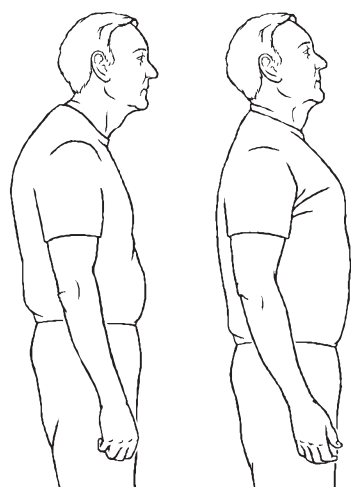
Do one or more times per day.

Tuck chin in, then down. Hold for three count then relax. Repeat three times.

Do one or more times per day.



Take a deep breath in and stand with chest up and shoulders back. Hold this erect posture for a count of three.



Repeat three times.

Perform one or more times per day.

Try to stand two to four inches taller. Imagine a string, golden thread, rope, or steel cable pulling up at the crown of the head. Avoid tilting head back—keep chin parallel to floor. Do not shrug shoulders. Hold for count of three.



Repeat three times.

Do one or more times per day.

Seated aerobic/AROM.

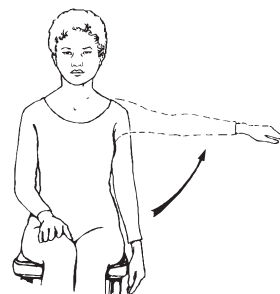
Sit in a firm chair for these exercises. Try to maintain good posture. You should not cause pain with these exercises. If you have increased pain with a movement, make the movement smaller and more gentle. If you still have increased pain, skip that exercise.

Try doing these exercises to music, and move in time to the beat. If you do the full sequence at a moderate cadence, it should take about 10 minutes.

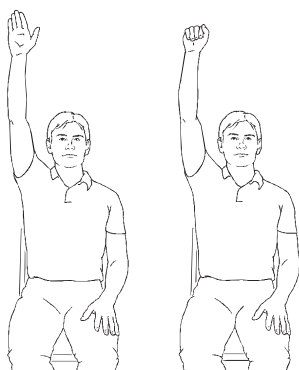
Gently make backwards circles with your shoulders.
Repeat 20 times.



Raise arm out to side, with elbow straight and palm down.
Lower arm and repeat 20 times. Perform with other arm.

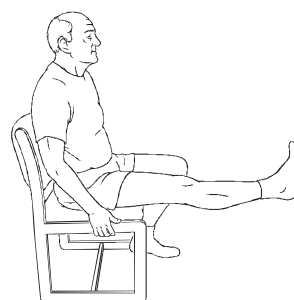


Raise arm up with hand in a fist. Open fingers and stretch upward as high as comfortable.



Lower arm and then repeat 20 times. Perform with other arm.

Sitting erect, straighten one knee, then lower foot to floor.
Repeat 20 times.



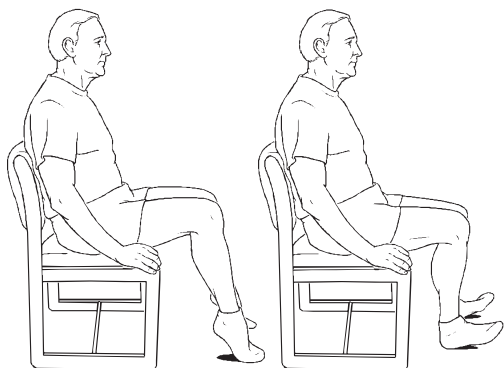
Repeat with other leg.

Lift knee and then lower it.

Repeat 20 times. Then perform with other leg.



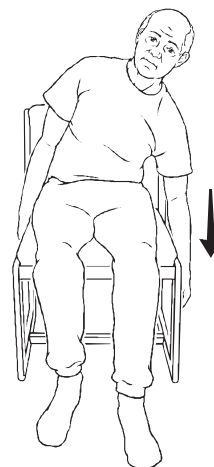
Seated aerobic/AROM (continued).



Gently lift your toes and then your heels.
Repeat 20 times.

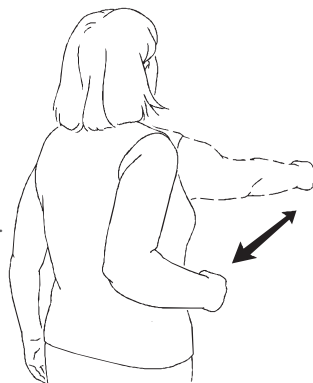
While sitting, bend to one side reaching hand toward floor. Repeat to other side and alternate sides.

Repeat 20 times.



In a sitting position with elbows bent at 90 degrees, swing one arm forward as you bring the other one backward. Achieve a brisk alternating motion, as if jogging.

Repeat 20 times.

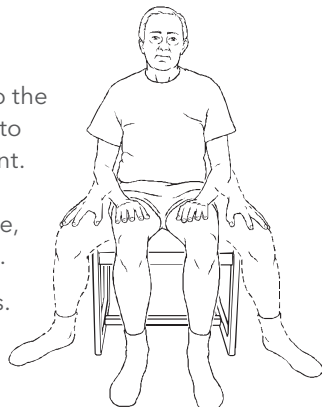


With hands near chest and elbows at sides, lift elbows and then lower like a chicken flapping its wings.

Repeat 20 times.

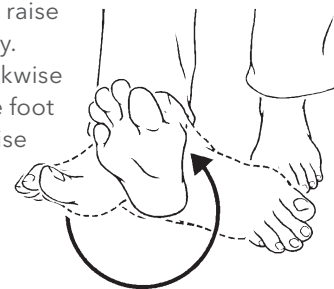
Sitting straight, move one leg to the side, then back to the starting point. Move the other leg and continue, alternating legs.

Repeat 20 times.

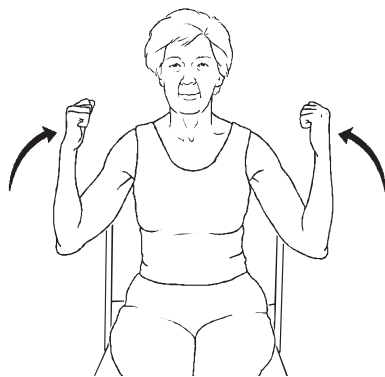


Sitting with both feet on floor, gently raise one foot slightly. Circle foot clockwise 10 times. Circle foot counterclockwise 10 times.

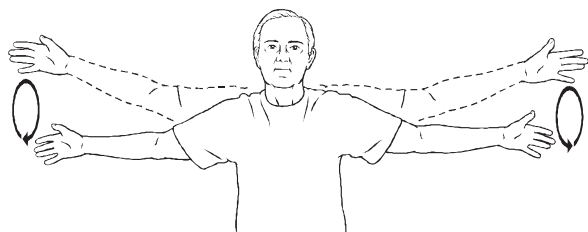
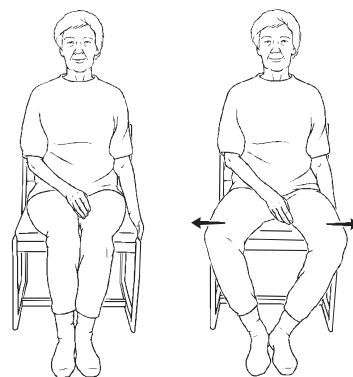
Repeat entire exercise with other foot.



Bend and straighten elbows, moving both arms at the same time.
Repeat 20 times.

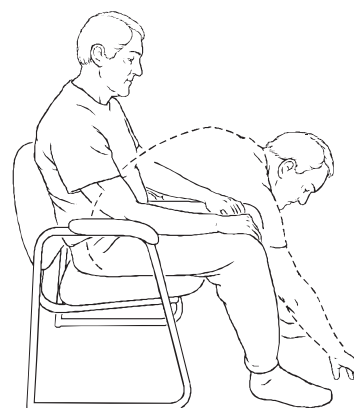


Squeeze knees together, spread them apart and bring them back together. Work within a comfortable range.
Repeat 20 times.



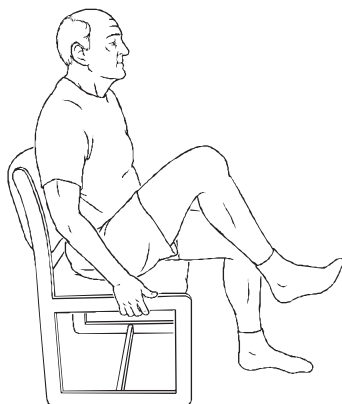
With arms out from sides, make 10 small forward circles. Then make 10 small backward circles. Keep movement small enough that you do not have increased pain.

Lean forward, knees apart, arms on thighs. Reach down and forward with one arm. Go only as far as you can without increased pain.

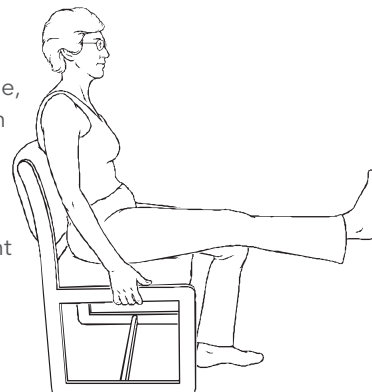


Repeat with other arm.
Repeat 20 times.

Lift knee and then lower it. Repeat with other knee and continue, alternating the left and right leg.
Repeat 20 times.



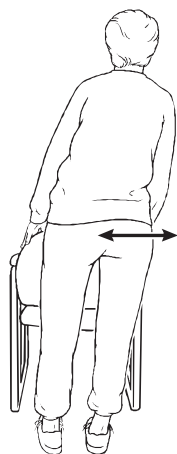
Straighten one knee, lifting the foot from the floor. Lower it and then raise the other foot. Repeat, alternating the right and left leg.
Repeat 20 times.



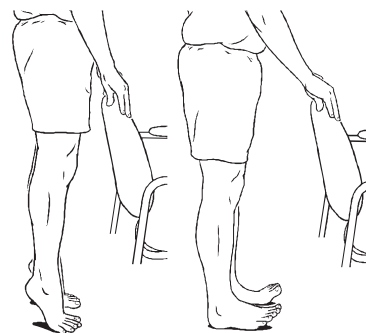
Balance.

For balance exercises, make sure you have stable support close at hand, such as the edge of the kitchen sink or the back of a heavy chair. Rest your hands lightly on the support as you start an exercise. If you are steady with light hand support, you can lift your hands briefly to challenge your balance. Make sure you stay safe with these exercises.

Using support as needed, lean body weight from side to side.
Repeat 10 times.



Using support, gently rise up on toes and rock back on heels.
Repeat 10 times.



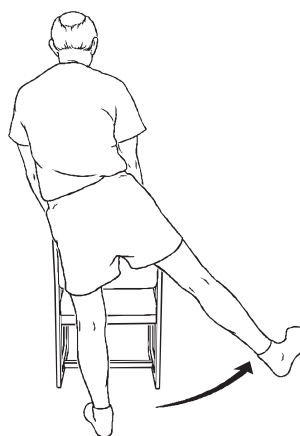
Using support, stand on one leg. Tilt head to left and then right.
Repeat five times.
Repeat standing on other leg.



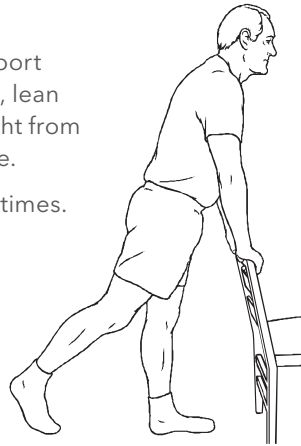
Using support, stand on one leg. Move head to look up, then down.
Repeat five times.
Repeat while standing on other leg.



For balance, keep toes pointed forward and swing a leg out to side, keeping knee straight. Do not lean.
Then lift other leg.
Repeat 10 times.



Using support as needed, lean body weight from side to side.
Repeat 10 times.



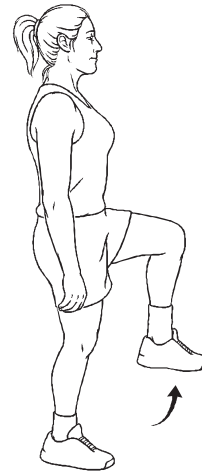
Stand with feet shoulder-width apart and hands touching support. Close eyes and hold 10 seconds. As you improve, try to lift your hands for a few seconds.
Repeat one to three times.



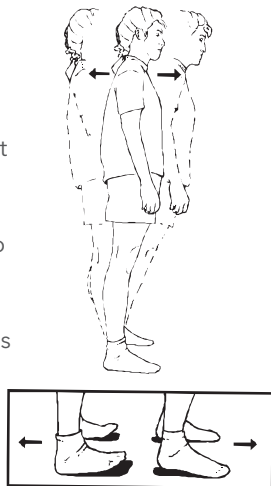
Stand on one leg lightly holding support. Hold three to five seconds. If you are able, lift your hands. Perform on other leg.
Repeat three times each leg.



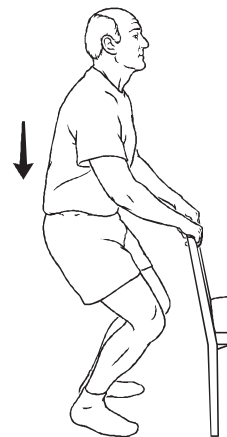
Standing near support and holding as needed, march in place, lifting knees as high as possible.
March for 20 steps.



Standing close to stable support and touching it as needed, slowly shift weight backward until toes begin to rise off floor. Return to starting position. Shift weight forward until heels begin to rise off floor.
Repeat five to 10 times.



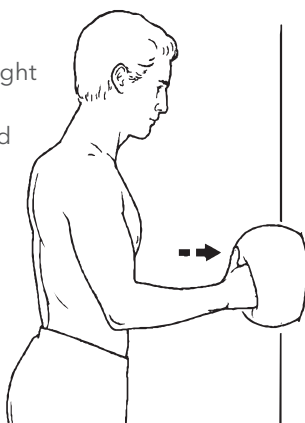
Holding a chair for balance as needed, slowly bend knees and then straighten. Keep both feet on the floor.
Repeat 10 times.



Strength.

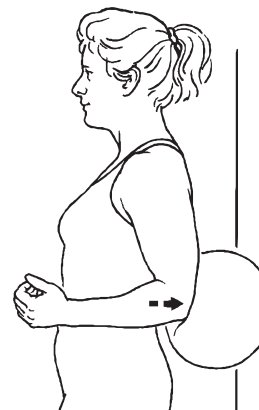
Using wall for resistance, press right fist into ball using light pressure. Hold five seconds.

Repeat 10 times per set.



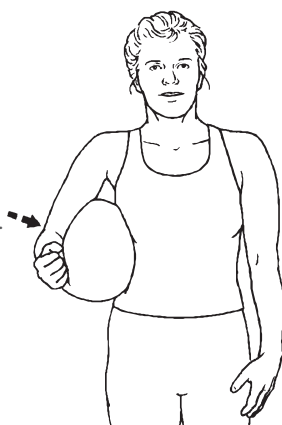
Using wall for resistance, press back of left arm into ball using light pressure. Hold five seconds.

Repeat 10 times per set.



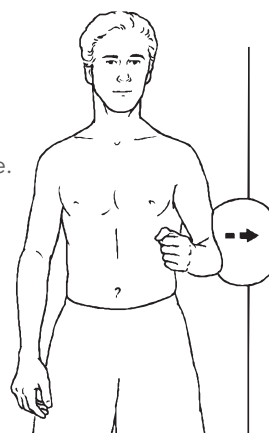
Using body for resistance, gently press right arm into ball using light pressure. Hold five seconds.

Repeat 10 times per set.



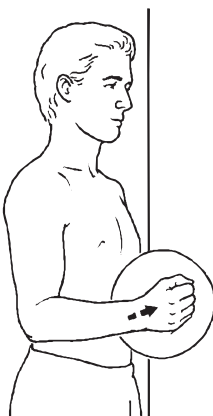
Using wall for resistance, press left arm into ball using light pressure. Hold five seconds.

Repeat 10 times per set.



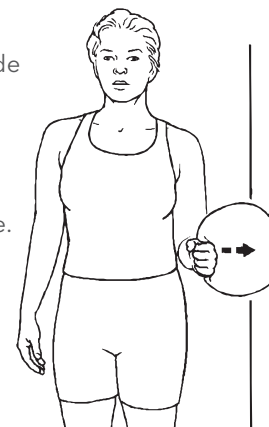
Using door frame for resistance, press palm of right hand into ball using light pressure. Keep elbow in at side. Hold five seconds.

Repeat 10 times per set.



Using wall to provide resistance and keeping right arm at side, press back of hand into ball using light pressure. Hold five seconds.

Repeat 10 times per set.



With support, bend right knee as far as possible.

Repeat 10 times on each leg per set.



Keeping feet flat on floor, shoulder width apart, squat as low as is comfortable. Use support as necessary.

Repeat 10 times per set.



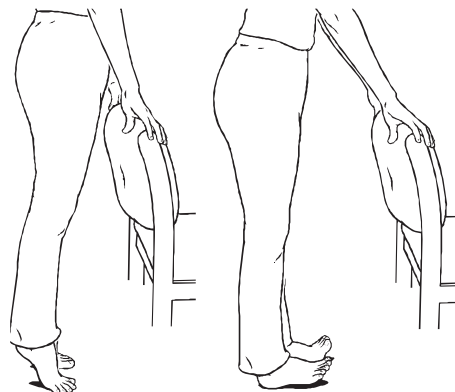
Using support, lift knees, taking high steps.

Repeat 10 times on each leg.

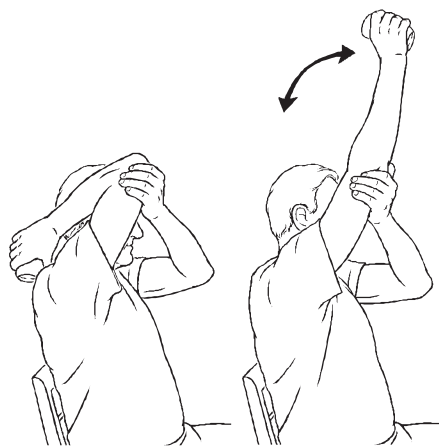


Gently rise up on toes, then roll back on heels.

Repeat 20 times.



Strength (continued).



Standing or sitting, bring arm with weight up so elbow is near ear. Support that arm with other hand. Now slowly straighten arm, then bend it. Repeat sequence with other arm.

Repeat 10 times on each arm, per set.

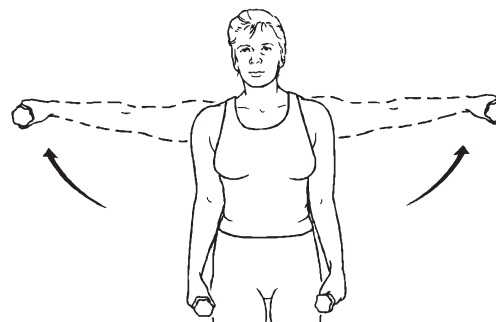
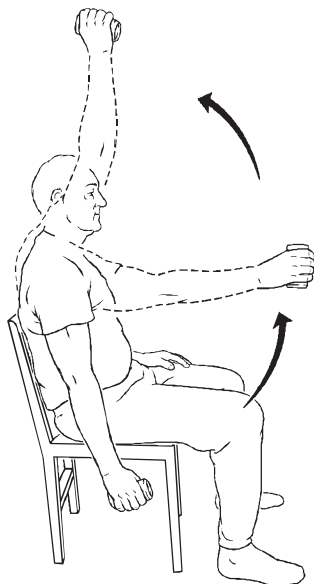


Sit with feet and knees apart. Rest arm holding weight on inner thigh, then raise forearm and slowly curl weight to shoulder. Slowly return arm to starting position. Repeat with other arm.

Repeat 10 times on each arm per set.

Sit or stand with small weight in one hand. Keeping elbow straight, raise arm above head. Very slowly, return arm to side. Repeat with other arm.

Repeat 10 times on each arm per set.



Do this sitting OR standing. Holding small weights, raise arms out from sides only as far as you can go without shoulder pain.

Repeat 10 times with both arms per set.

Miscellaneous

Support group information.

Support groups are a very important part of our program. Please take advantage of the groups that we have established for you. Data shows that people that take advantage of support groups tend to do better after the surgery.

Light for Life Bariatric Support Group

Meets the last Monday of every month
Poudre Valley Hospital, Café F (basement level in back of cafeteria), Fort Collins
6-8 p.m. | Free

This group is designed for patients and their families who have either had weight-loss surgery or are considering it. Becki Mudgett, RN, CBN, facilitates the meetings. One of the surgeons always attends to answer medical questions. Also, we often have a guest speaker on topics of interest to the group. The support group is a wonderful resource for you and we hope you will take advantage of it.

It's important for your spouse, partner or family members to come to support group meetings. It's normal for them to be nervous and sometimes not completely supportive of this surgery. At support group, they can talk to other patients, spouses and support people. This will make them more comfortable with your surgery.

If you don't live in or near Fort Collins, visit our website (ncsurgical.net) to see if a support group has formed near you. You can also see if another bariatric center in your area offers a support group. Ask if you can attend. Website chat rooms can be another helpful group resource. Try Obesityhelp.com and YahooOSSG.com.

Living Positively After Bariatric Surgery

Meets second Tuesday of each month
Poudre Valley Hospital, Café F
6-7:30 p.m. | \$20 per person

Bariatric surgery doesn't just change you physically. It affects you emotionally and psychologically, too. Valerie Kinzie, LPC and bariatric behavior specialist, facilitates this smaller, more intimate support group, and it is open to all NCSA and Bariatric Center of the Rockies patients who've had weight-loss surgery. For further information, please contact Valerie Kinzie at 208-851-2873.

We encourage you to post any comments about your hospital stay, surgeon and our office staff on Obesityhelp.com.

Support group schedules.

Light for Life Support Group

Last Monday of every month
Poudre Valley Hospital, Café F
6-8 p.m.
Facilitator: Becki Mudgett, RN, CBN, 970.482.6456

Living Positively After Bariatric Surgery

Second Tuesday of each month
Poudre Valley Hospital, Café F
6-7:30 p.m. | \$20 per person
Contact: Valerie Kinzie, LPC, 208.851.2873

Denver Support Groups

Contact: Kelly Elliott, 303.770.1222

Products and vendors.

We hope you'll buy from these Fort Collins stores. They have been kind to offer unique and hard-to-find items for you.

Carnation Instant Breakfast

(no added sugar)

Can usually be found in the following stores:

- King Soopers - 2325 S. College Ave., stocked item or ask at customer service counter.
- Safeway - 731 S. Lemay Ave., ask at service desk.
- Super Walmart - South Lemay Ave.

Most grocery stores will special order this product.

Choice DM (lactose-free)

Order by the case. 12 cans per case.

Vanilla flavor.

- Safeway - 731 S. Lemay Ave., request from customer service counter or pharmacy may need to order.
- King Soopers - 2325 S. College Ave., 970.482.8855, request from customer service or pharmacy may need to order.

Resource (lactose-free)

Order from grocery store by the case.

27 cartons per case

Vanilla, chocolate, strawberry

Optisource Nutritionals

(supplements, vitamins, protein bars, high-protein/lactose-free beverage)

- 800.333.3785 option 3
- Order from Walgreens at walgreens.com, 800.828.9194

Vitamins

Vitamin World Inc., Wild Oats, GNC, Whole Foods, or any other vitamin store/pharmacy

Bariatric Advantage Nutritional Supplements

bariatricadvantage.com

Reliv Supplements

970.352.0500

reliv@comcast.net

Isopure Liquid or Powder

GNC Health Food Stores

Bariatric Nutrition

BariatricShop.com

Product Connection

(nutritious alternatives)

robard.com

800.222.9201

Pro Blend (protein)

postopprotein.com

mdlabs.com

800.883.3869

Products and vendors (continued).

smartforme

smartforme.com

877.895.3511

Large website for protein products

nutrition.com

Other protein choices:

(available at health food stores)

- Whey protein
- Rice protein
- Soy protein

Devrom Chewable tablets

(helps with odor of gas)

800.453.8898

FitBALL 101: Exercises for Plus-Size and Underactive Adults

DVD

800.752.2255

fitball.com

Used clothing stores.

Unique Repeats

1025 Pennock Place, Suite 3

Fort Collins, CO, 80524

Phone: 970.495.8890

Thrift Rite

3609 S Timberline Rd

Fort Collins, CO 80525

Phone: 970.297.2837

Brand Spanking Used

227 S College Ave.

Fort Collins, CO 80524

Phone: 970.449.4155

ARC

2701 S College Ave

Fort Collins, CO 80525

Phone: 970.267.8870

Excessive skin removal.

(PANNICULECTOMY)

After weight loss, most patients have extra skin around their abdomen, arms and sometimes inner thighs. To help minimize the amount of extra skin, you must exercise regularly, including lifting weights. Drinking lots of water as you lose weight also helps.

If you have rashes, infections, pain or other troubles caused by extra skin, see your primary care doctor. If you want to have the extra skin removed surgically (called panniculectomy), you must have documentation from your primary care doctor about the health issues caused by the extra skin and the treatments you've tried.

Bring this documentation with you to your appointment with the surgeon. This makes the insurance process much faster.

At your appointment with your surgeon, be prepared to have pictures of your excess skin taken. These will be sent to your insurance company. After your consultation, it may take a few weeks to get insurance approval. Our insurance specialist will keep you posted.

If you're considering this surgery, please understand that:

- Your weight must be stable.
- Your weight-loss surgery must have been at least 12 to 18 months ago.
- You may have drains in place for a long time after the skin-removal surgery.
- You may need to visit the doctor's office several times after surgery to have fluid drained.
- You may have swelling and discomfort for up to six months after the surgery.
- You may have some healing problems that require wound care.
- Even after the skin-removal surgery, you may still have some extra skin. You may not have the "perfect" cosmetic result you were hoping for.

Frequently asked questions.

Will I lose hair?

Probably. Rapid weight loss usually causes hair loss. This varies with each person. To minimize hair loss, get enough protein, drink lots of water and take your vitamins. Hair loss usually happens three to nine months after surgery. It will slow down once you've lost most of your weight. The good news is that it does grow back.

Will I stop losing weight sometimes?

Probably. This, too, varies with each person. A leveling off of weight loss, called a plateau, is normal. It means your body needs time to catch up and rest a bit. Plateaus can last from one to four weeks. Keep doing what you know is right, and you will start losing weight again. You may need to increase or change your exercise routine. And make sure you're getting enough protein.

When can I go back to work?

You can return to work after two to six weeks. The amount of time depends on the demands of your job and how quickly you recover.

Do I need to crush my pills?

If your pill is bigger than an aspirin, you must crush or break it in half for the first few weeks. Discuss this with your doctor.

When should I start taking my medications again?

Your doctor will go over this with you before you leave the hospital. Your diabetes and blood pressure medications may be stopped or lowered.

Will I need to have excess skin removed?

When you have lost most of your extra weight and your weight is stable, you might consider having your excess skin removed. This is another big surgery and a very personal decision. Discuss it with your surgeon when the time is right, usually one to two years after surgery.

Will the surgery change my menstrual cycle?

If you haven't had your period for a while, surgery may bring it on. Often, losing weight restarts menstruation and increases fertility. On the other hand, the surgery may make you irregular for a while. If you have menstrual problems, see your primary care doctor or gynecologist.

How will my body know when to stop losing weight?

Patients usually stop losing weight a little sooner than they want. Your body will find a balance of energy in versus energy out. This usually happens two to three years after surgery.

Helpful hints from other patients.

Before and after:

- Face your fears and know that surgery is the best thing for you.
- After surgery, take a picture of yourself once a month. The change will surprise and delight you.
- During the adjustment period after surgery, remember why you had it. Make a list of reasons and look at them when you get down.
- Enjoy the journey. Many changes will happen in the first year. Enjoy the compliments.
- Write down your accomplishments. For instance, today I was able to cross my legs or sit in a movie theater seat.

Clothes:

- Enjoy clothes shopping and get what you like—not just what fits.
- Always have the next-smaller size ready to go in your closet.
- Keep at least one pair of old pants. When you're not losing weight as quickly as you'd like, put them on. It really helps.

Doctors:

- Always keep your appointment with your doctor, even if you're feeling good.

Eating out:

- Order an appetizer or a side dish, or split a meal with someone.
- Ask for a takeout box right away. When your food comes, put at least half of your food in it.

Eating tips:

- In the beginning, use a baby spoon, baby fork and timer. Set the timer for two minutes between bites. This forces you to take small bites, chew well and pause between each bite.
- Use small dinner plates.
- Eat in a peaceful setting. It helps your digestion.
- Burping can be a sign that you're taking in too much air. Try breathing through your nose.
- If you're eating and something feels stuck, sip on warm fluids to help relax your pouch and go for a fast walk. This will help the food pass.
- Use a Happy Baby Food Grinder. (Available at The Cupboard in Fort Collins.)
- Journal what you eat and drink daily.
- Plan your meals and snacks ahead of time.

Emotions:

- Your health psychologist can help guide you on your journey.
- Don't get discouraged. Your body will adjust.
- Don't believe all the negative comments you hear.
- Have a sense of humor. Learn to laugh at yourself.

Family:

- You and your family will worry that you're not getting enough to eat. Remember, a normal person does not eat a lot.

Fluids:

- Don't drink carbonated beverages.
- Don't drink with meals.

Helpful hints from other patients (continued).

Follow the rules:

- Read this Patient Guide once a month.
- Exercise.
- Follow the “Keys to success.” They work.
- Make the commitment. Just do it!

Food choices:

- You will start to crave healthier foods a few weeks after your surgery.
- If a certain food doesn't work, try it again in a few weeks.
- Always have something on hand that you know works for you, like soup.
- Meat MUST be tender and moist to be digested.
- Medifast.com (good products).
- Products: Crystal Light white grape, Voskos Greek Yogurt, Ocean Spray diet juice, Atkins protein shakes/bars, Pure Protein bars.

Patience:

- Give yourself a few weeks to figure things out. Everything will eventually make sense.
- Be patient. You didn't gain weight overnight, and you won't lose it overnight.
- Sometimes the answer to your question is time. Everything gets better with time.

Plateaus:

- Take your measurements before surgery. When you hit a plateau (and you will), you can see how far you've come and love yourself through it.
- Plateaus are normal. Don't panic. Your body needs time to adjust.
- Every day gets better.

Protein:

- Add protein powder to foods and beverages.
- Keep protein bars with you all the time so you can have one if your next meal is delayed.
- Be creative with protein: lunch meats, edamame, soy nuts, nut butters.
- Protein is your priority, but remember to eat a well-balanced diet.

Skin:

- No one has ever died from excess skin. People die from obesity. Have the surgery and deal with the skin later.

Sleeping:

- You might be more comfortable sleeping in a recliner after surgery.
- Sleeping on your right side might be more comfortable for a while.
- Stop eating at least one hour before bed.

Support group:

- Go to a support group.
- Get educated and stay motivated.
- Get a bariatric surgery buddy.

Throwing up:

- Sometimes you might feel better if you throw up.
- Some days, food just won't want to stay down. It's OK. Tomorrow is a new day.

Vitamins:

- Make sure to take your vitamins forever.

Phone numbers/emails.

Northern Colorado Surgical Associates

970.482.6456

888.699.6272

nrsa@ix.netcom.com

NCSA Staff

bjm4@communitymed.org

Bariatric Program Navigator

970.495.8316

Michelle.Carpenter@uchealth.org

PVH Dietitians

970.495.8205

cecilia.jamieson@uchealth.org

Discount Lodging

PVH Concierge

970.495.8582

Exercise Support

UCHealth Medical Fitness: 970.674.6500, medicalfitness@uchealth.org

Colorado State University: 970.491.0928

We appreciate
your opinions. We invite
you to post comments about
your surgery and the care
you've received on
Obesityhelp.com.

Final comments.

We hope this guide gives you useful information about sleeve gastrectomy surgery. It was created to explain our process before, during and after surgery and help our patients be successful.

On your day of surgery, please bring this guide, your incentive spirometer, a list of your medications and dosages, and any inhalers you may have with you to the hospital. If you use a CPAP or BIPAP machine, bring it with you to the hospital along with the correct setting. (Please clean the machine before bringing it into the hospital.)

If you have any questions or concerns about your surgery, please call us. See your primary care doctor for regular medical care.

For more information, articles and patient testimonials about weight-loss surgery, visit ncsurgical.net and uchealth.org/weight-loss-surgery-pvh.

Notes.



Locations



UHealth Poudre Valley Hospital

1024 S. Lemay Ave., Fort Collins, CO 80524

866.495.7579

uhealth.org/weight-loss-surgery-pvh

Michelle.Carpenter@uhealth.org

Northern Colorado Surgical Associates PC

2121 E. Harmony Road, Suite 250, Fort Collins, CO 80528

970.482.6456

888.699.6272

ncsurgical.net

ncsa@ix.netcom.com

UHealth Poudre Valley Hospital
Bariatric Center of the Rockies
Northern Colorado Surgical Associates

Learn more at uhealth.org.

17-BARI-1815

[uhealth](http://uhealth.org)