



SSMHealth[®]

St. Anthony Hospital

MIDWEST

A patient's manual to bariatric surgery

Table of Contents

You have chosen weight-loss surgery, now what?.....	1
Keep track of your BMI.....	1
Day before surgery pre-op preparation reminders and what to expect the day of your surgery	2
Instructions for liquid diet before surgery	2
Nutrition tips with weight-loss surgery	3
Foods that may be difficult to tolerate after weight-loss surgery	3
Phase I - clear liquid diet.....	4
Phase II - full liquid diet	4-5
Liquid diet recipes	6
Phase III - puree diet.....	7-8
Phase IV - soft diet	9-10
Phase V - regular diet.....	11-12
Food pyramid.....	13
Required vitamin and mineral supplements	14-15
Stop NSAIDS and smoking	15
Exercise for the bariatric patient.....	16
Monthly exercise log	17-18
Post-op routine labs.....	19
Chewing.....	19
Knowing how much to eat - learning good eating habits.....	20
Discharge instructions	21
Common things to expect post-op.....	21
Gastric sleeve/Roux-Y-bypass risks include, but not limited to	22
Routine follow-up appointments for gastric sleeve/Roux-Y-bypass.....	23
Laparoscopic sleeve gastrectomy	24-25
Comparison of bariatric surgical procedures	26
Notes.....	27-29

You have chosen weight-loss surgery, now what?

We are excited you have made the commitment to promote a healthier lifestyle. Several steps must be taken prior to the day of surgery, and may include:

Financial Counseling

Some insurance companies require documentation of failed physician supervised weight-loss treatment.

Cardiologist Referral

You will have a consultation with a cardiologist at which time they will determine whether your heart is healthy enough to have weight-loss surgery. Some will need filters placed for blood clots.

Pulmonologist Referral

You will have a consultation with a pulmonologist at which time they will determine whether your lungs are healthy enough to have weight-loss surgery. A sleep study may be needed to evaluate for sleep apnea.

Nutritional Counseling

The nutritionist will work with you to develop a strategy to help you maximize the results of the surgery.

Psychologist/Behavioral

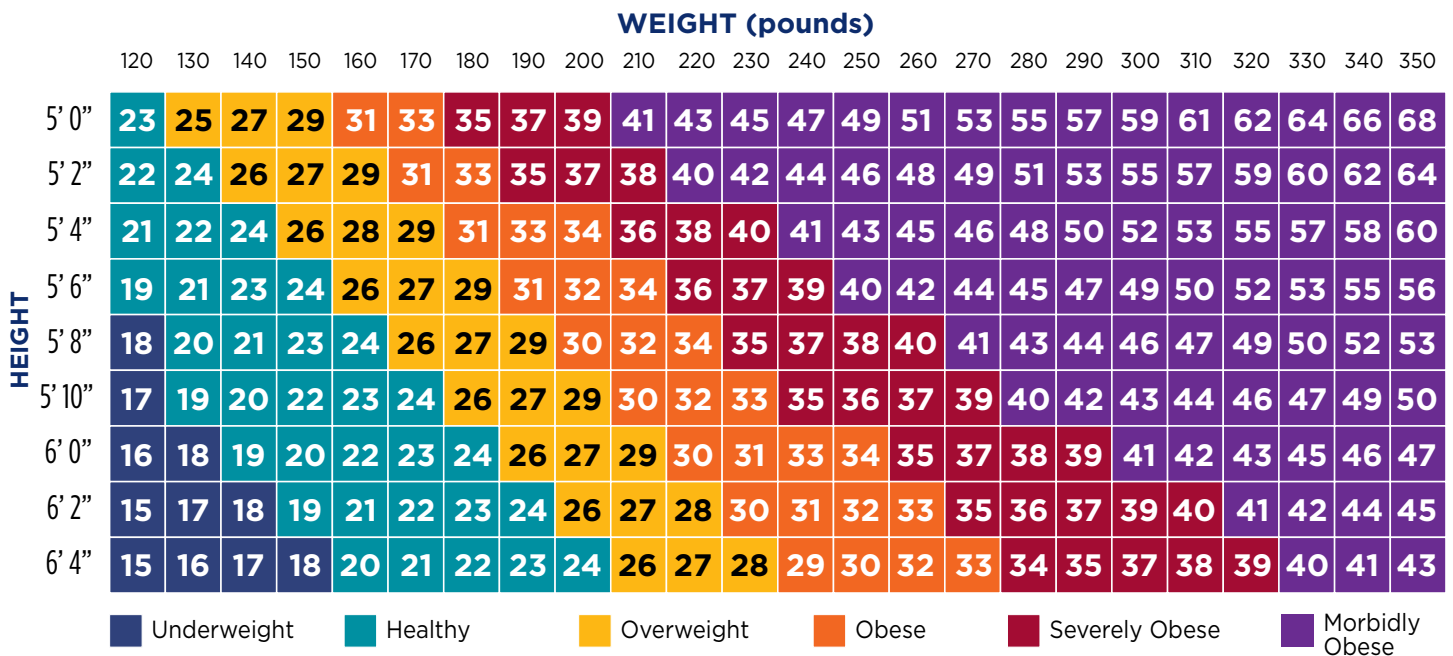
The psychologists consult is required before and after weight-loss surgery to ensure you are mentally prepared to handle the lifestyle changes and physical changes that come with this type of commitment.

Gastroenterologist

You will need to have an EGD by a gastroenterologist to ensure the lining in your stomach is healthy.

Please note: Each consultation may require testing at the specialist's recommendation.

Keep track of your BMI



Day before surgery pre-op preparation reminders and what to expect the day of your surgery

1. Nothing to eat or drink after midnight the day before surgery.
2. **Medication - Please follow your doctor's advice:** they may have advised you that it is OK to take certain medications with sips of water the morning of your surgery.
3. Do not wear jewelry, body piercing(s), makeup, nail polish, hairpins, or contacts on the day of surgery.
4. To find out arrival time for surgery, call our office at **405-732-7715 from the hours of 8 am to 5 pm Monday through Friday the day BEFORE your surgery.** If your surgery is scheduled on Monday, call on Friday.
5. **You may have a few hours of waiting time, depending on the preparations of your surgery and the day's flow of operations. To help keep you relaxed, please bring a book, IPOD, etc.**
6. Upon admission, patients are to change into a hospital gown. Families can stay with the patient until they are taken to the OR, at which time the family will be directed to the waiting room. Surgery generally takes 2 - 2 1/2 hours and the surgeon will speak to the family after surgery has been completed. The patient will recover, or wake up, in the recovery room (which may take 2-3 hours) and then will be taken to their room for the rest of their hospital stay.
7. If you have any questions or concerns, please call: during office hours **405-732-7715.**

Please read your surgical guide book for the information that is necessary for your pre-op preparation for surgery.

Instructions for liquid diet before surgery

Once you are given your surgery date, you will be asked to follow an 800-calorie full liquid diet for 2 weeks before your surgery. The reason for following this liquid diet is to initiate rapid weight loss which will result in decrease in the size of your liver. This will make the surgery easier for your surgeon to perform and safer for you. You will also become more familiar with the full liquid diet you will be following once discharged from the hospital.

Here are four (4) options that are recommended for the 800-calorie full liquid diet. If you would like to use other products, discuss with your dietitian to ensure you are also meeting the recommended protein amount of 60 grams per day. You will be able to include water, Crystal Light, decaf tea, sugar-free gelatin, or sugar-free popsicles in addition to the 800 calories in full liquids.

1. 4 1/2 cans of "High Protein" SlimFast® daily.
OR
2. 5 1/2 packets of "No Sugar Added" Carnation Breakfast Essentials® Nutritional drink mixed with fat free or 1% milk daily.
OR
3. 5 individual cartons of Atkins® Advantage daily.
OR
4. 4 1/2 bottles of "Glucose Controlled" Boost® daily.

Please note: If you have diabetes and are taking oral medications and/or insulin, you will want to discuss this with the doctor who is managing your diabetes. You may also choose to use products that are NOT "low carbohydrate" versions. Make sure to monitor your blood sugars more closely as this is a very drastic change in your diet. Call your doctor if you are experiencing high or low blood sugars.

Nutrition tips with weight-loss surgery

- 1. Protein is the #1 food:** Always eat your lean protein food first to meet your 60 g of lean protein intake a day. Lean protein can be: 1 oz of meat (chicken, turkey, fish, beef, or pork), 1 oz of low-fat cheese, 2 Tbsp. of peanut butter, 1 egg, and 1/4 cup of low-fat cottage cheese.
- 2. No skipping of meals:** Eat at least three meals a day. Having 1-2 small high-protein snacks may be beneficial if you are going more than 4 hours in between your meals. Small, frequent meals will help prevent you from filling up your pouch too fast and will keep your metabolism burning.
- 3. Eat at the table:** Use a plate or dish and sit down. Take 30 minutes to eat your meals. Avoid eating at the counter or cupboards, in front of the refrigerator, or in other areas.
- 4. Portion control:** Serve smaller portions. Cut up chicken in smaller pieces. Use a salad plate as your dinner plate or baby spoons to prevent overeating. Slow down with eating, chew foods thoroughly, and stop when you feel full. Keep serving dishes off of the table.
- 5. Liquids 101:** Drinking 6-8 cups of caffeine-free, calorie-free, and non-carbonated beverages a day is a must. You do not want to drink with your meals; stop drinking 30 minutes before your meal, eat, and then wait 30 minutes after your meal to drink again. This will prevent nausea and vomiting. Sip on fluids between your meals.
- 6. Vitamins/mineral supplements:** When your doctor gives you permission, take your multivitamin and calcium supplements daily. Additional vitamin B12, vitamin C, and iron may be required.
- 7. New way of life:** Try not to think of this weight-loss surgery as a diet, but as a new way of life, not only for you, but also for your family and friends. These healthy habits are a lifestyle change for now and forever.

This information is not intended to replace the medical advice of your doctor or health care provider. Please consult your health care provider for advice about a specific medical condition.

Foods that may be difficult to tolerate after weight-loss surgery

Meats and meat substitutes	steak, hamburger, pork chops, fried or fatty meat, poultry
Starches	bran, bran cereals, granola, popcorn, whole-grain or white bread (non-toasted), whole-grain cereals, soups with vegetables or noodles, bread, rice, pasta
Vegetables	fibrous vegetables (dried beans, peas, celery, corn, cabbage), raw vegetables, mushrooms
Fruits	dried fruits, coconut, orange and grapefruit membranes, skins (peel all fruit)
Miscellaneous	carbonated beverages, highly seasoned and spicy foods, nuts, pickles, seeds
Sweets* (mostly after bypass surgery)	candy, desserts, jam/jelly, sweetened fruit juice, sweetened beverages, other sweets

*Sweets should NOT be a part of your diet if you want to reach and maintain your weight-loss goal.

Phase I - clear liquid diet (in hospital only)

1. After surgery, you will not eat any food or drink any liquids until approved by the surgeon.
2. Once approved, you will receive water, unsweetened apple or grape juice, sugar-free gelatin (no red)*, or decaffeinated** tea. You will only be able to drink 30 ml (1 oz) every hour. If you tolerate 1 oz of liquid each hour, you may advance to 60 ml (2oz) of liquid every hour. If you experience nausea decrease amount to 30 ml (1 oz) every hour.
3. Once at home, you may drink as tolerated. You SHOULD NOT continue to drink 2 ounces an hour. Listen to your body, stop when you feel full.
4. Remember to drink liquids SLOWLY. DO NOT use a straw.***
5. There may be large quantities of liquids brought to you on your tray. You do NOT have to finish everything. When you feel full, STOP!
6. It is not unusual to experience nausea and/or vomiting during the first few days following surgery. Make sure that you drink slowly. If nausea and/or vomiting persist, contact your nurse.

*If “red foods” are consumed after surgery and you vomit, it may be mistaken for blood. “Red foods” include foods on the clear liquid diet such as sugar-free gelatin, sugar-free popsicles, or any “red” sugar-free beverages.

**Caffeine should be avoided after surgery because it is a diuretic. This will cause you to lose fluids and make it more difficult for you to keep yourself hydrated.

***If you drink from a straw after surgery, you will cause air to enter into your new pouch. This will create a full feeling and you will have less room for liquids needed to keep hydrated as well as nutritious foods when you advance to those stages.

Phase II - full liquid diet (2 weeks)

1. Upon discharge from the hospital, you will start the full liquid diet.
2. You will stay on the full liquid diet for 2 weeks, unless directed otherwise by the general surgeon and registered dietitian.
3. To prevent nausea and vomiting, DRINK LIQUIDS SLOWLY. At each meal, sip 1/4 cup (2 oz) or more (if tolerated) of a liquid protein source in a 30 minute period. You DO NOT have to finish everything. When you feel full, STOP!
4. Drink at least 6 - 8 cups of water or low calorie drinks between high protein beverages. Remember to avoid carbonation, caffeine, and citrus.
5. Take your prescribed multivitamin/mineral supplements and calcium as instructed. (Refer to page titled “Vitamin and mineral supplements” for a list of all mandatory supplements.)
6. Make sure you keep track of the kind and amount of high protein beverages you drink. Remember, you need a minimum of 60 grams of protein each day.

The following are examples of protein sources that should be included on the full liquid diet:

- 1 cup of Fat Free or 1% milk = 8 grams protein
 - 1 cup Soy milk or low fat lactose-free milk = 8 grams protein
 - No-sugar breakfast drink made with fat free or 1% milk (Carnation Instant Breakfast®) = 12 grams protein
 - 1 cup of strained low fat cream soup made with milk (no tomato, no mushroom, or corn pieces) = 8 grams of protein
 - Commercial supplements as suggested by the surgeon or RD
- * To help boost protein intake, add non-fat powdered milk to the above list of liquids. (1 Tbsp. = 3 grams of protein, 25 calories)

Phase II - full liquid diet sample meal plan

Below is a sample meal plan that you may use while on the full liquid diet. This meal plan provides a minimum of 60 grams of protein and 6 - 8 cups of fluid. Portions may vary with **EACH INDIVIDUAL**. Make meals last 30 minutes.

Time	Amount	Food	Protein (g)
8 am	1/4 cup 3 Tbsp.	Breakfast drink made with fat-free milk Non-fat powdered milk	3 grams 9 grams
Liquid between meal	1 cup	Water or low calorie beverage	
10 am	1/4 cup	Creamy peanut butter shake	5 grams
Liquid between meal	1 cup	Fat-free milk	8 grams
Noon	1/4 cup 3 Tbsp.	Breakfast drink made with fat-free milk Non-fat powdered milk	3 grams 9 grams
Liquid between meal	1 cup	Water or low calorie beverage	
2 pm	1/4 cup	Creamy peanut butter shake	5 grams
Liquid between meal	1 cup	Fat-free milk	8 grams
4 pm	1/4 cup	Yogurt smoothie	6 grams
Liquid between meal	1 cup	Water or low calorie beverage	
6 pm	1/4 cup	Yogurt smoothie	6 grams
Liquid between meal	1 cup	Water or low calorie beverage	
Total Protein			62 grams

Please note: The “liquid between meals” should be sipped slowly between meal times. If you feel full **STOP**, you do not have finish everything!

If you do not tolerate milk, try lactose-free milk (Lactaid®) or soy milk instead.

Recipes for the “yogurt smoothie” and “creamy peanut butter shake” are on the following page. You may choose from the other recipes and make substitutions. If you find additional recipes, check with your dietitian first to make sure they meet the diet guidelines.

Liquid diet recipes

Creamy peanut butter shake

2 Tbsp. CREAMY peanut butter
1/4 cup powdered milk/powdered soy protein
1 package of sugar substitute
2 ice cups
1/2 soft banana
1/2 cup of water

Place all ingredients in a blender and blend until smooth.

YIELDS: 20 grams of protein

Yogurt smoothie

1 container (6 oz) of light or non-fat yogurt (any flavor)
1/2 cup of fat-free milk, soy milk or lactose-free milk
1/4 cup of powdered milk
1/2 banana or 1/2 cup canned “lite” peaches

Place all ingredients in a blender and blend until smooth.

YIELDS: 24 grams of protein

Mexican chocolate shake

1 can chocolate “Low Carb” Slim Fast®
1 scoop Designer Whey™ vanilla or chocolate protein powder
Dash of cinnamon
1/2 tsp. vanilla
3 ice cubes

Place all ingredients in a blender and blend until smooth.

YIELDS: 38.5 grams of protein

Tropical shake

1 packet of Vanilla “Carb Conscious” Carnation Instant Breakfast®
1 cup of fat-free milk, soy milk, or lactose-free milk
1 scoop of Vanilla Designer Whey® protein powder
1/2 banana
1/4 tsp. coconut extract

3 ice cubes

Place all ingredients in a blender and blend until smooth.

YIELDS: 30.5 grams of protein

High protein strawberry shake

1 packet of Strawberry “No Sugar Added” Carnation Instant Breakfast®
1 cup of fat-free milk, soy milk, or lactose-free milk
1 scoop of Vanilla Designer Whey® protein powder
3 ice cubes

Place all ingredients in a blender and blend until smooth.

YIELDS: 30.5 grams of protein

Cream of chicken or mushroom soup

1 can of cream of chicken or cream of mushroom soup
1 cup of fat-free milk, soy milk, or lactose-free milk
Heat soup, stirring frequently until it just comes to a boil. Strain soup and discard chicken pieces and mushrooms. Add 2 Tbsp. of non-fat powdered milk to EACH 1/2 cup serving and mix until blended. Enjoy with a twist of fresh ground pepper.

YIELDS: 10 grams of protein per 1/2 cup serving

Phase III - puree diet (2 weeks after Phase II)

1. After 2 weeks on the full liquid diet, you will be able to SLOWLY add foods of thicker consistency. All foods for the next 1 - 2 weeks will be BLENDED to a BABY FOOD consistency.
2. You can continue to include foods on the full liquid diet throughout this stage.
3. It is very important to CHEW foods thoroughly to avoid blockage or nausea. Try 1 - 2 Tbsp. of food at a time to see if tolerated.
4. Remember to always include the PROTEIN FIRST at each meal. **You need a minimum of 60 grams of protein each day.**
5. Keep yourself hydrated! Drink 6 - 8 cups of water and low calorie beverages between meals. Fat-free or 1% milk can be included as part of your total fluid intake.
6. Continue to keep track of the kind and amount of protein you eat every day.

The following are examples of foods from each food group that should be included on the puree (blended) diet.

The meat and milk group include food choices that are “complete” proteins. “Complete” proteins contain all the essential amino acids your body needs. Food choices from the starch, fruit, and vegetable groups are not “complete” proteins and should only be used with food from the milk and meat group.

Meat group (7 grams protein per serving)

2 Tbsp. (1 ounce) cooked pureed lean meats (chicken, fish, turkey are best tolerated)

1/4 cup (2 ounces) baby food meats

1/4 cup fat-free or 1% cottage cheese (mash it with a fork to a smooth consistency)

1/4 cup low fat ricotta cheese

1/4 cup egg substitutes

Milk group (8 grams protein per serving)

1 cup of fat-free or 1% milk

3/4 cup light or non-fat yogurt (no fruit pieces)

1 cup sugar-free pudding made with fat-free or 1% milk

1 cup strained low-fat cream soup made with milk (no tomato, no mushroom, or corn pieces)

Starch group (3 grams protein per serving)

1/2 cup cream of wheat/rice/baby oatmeal

1/2 cup of mashed potatoes, sweet potatoes, and winter squash

1 cup broth-based soup

Fruit group (0 grams protein per serving)

1/2 cup pureed peaches, apricots, pears, melon, and banana (no skins or seeds)

1/2 cup unsweetened applesauce

1/2 cup baby food fruits

1/2 cup diluted unsweetened fruit juice (limit to 1 serving a day)

Vegetable group (2 grams protein per serving)

1/2 cup of pureed carrots, green beans (no skins or seeds)

1/2 cup baby food vegetables

Important tips:

1. You may need to add fat-free milk, clear broths, or fat-free gravies to the above foods and use a blender to make the foods a **BABY FOOD** consistency.
2. Add non-fat powdered milk or acceptable protein powders to your foods to boost protein amount.
3. Try one new food at a time. If you feel nauseated or experience gas or bloating after eating, then you are not ready to try to this food. Wait a few days before trying this food again.
4. Portions may need to be adjusted depending on your individual tolerance. Listen to your body and **STOP** when you feel full.

Phase III - puree diet sample meal plan

Below is a sample meal plan that you may use while on the puree (blended) diet. This meal plan provides minimum of 60 grams of protein and 6 - 8 cups of fluid. Portions may vary with **EACH INDIVIDUAL**. Make meals last 30 minutes.

Time	Amount	Food	Protein (g)
8 am	1/4 cup 1/2 cup	Malt-o-meal Skim milk	1.5 grams 4 grams
Liquid between meal	1 cup	Water or low calorie beverage	
10 am	1/4 cup 2 Tbsp.	No-sugar added "lite" yogurt Non-fat powdered milk	2 grams 6 grams
Liquid between meal	1 cup	Fat-free milk	8 grams
Noon	1/4 cup 2 Tbsp. 1/4 cup	Strained fat-free cream soup made with skim milk Non-fat powdered milk Sugar-free jello	2 grams 6 grams
Liquid between meal	1 cup	Water or low calorie beverage	
2 pm	1/4 cup	Sugar-free vanilla pudding (made with fat-free milk)	2 grams
Liquid between meal	1 cup	Fat-free milk	8 grams
4 pm	2 oz 1/4 cup	Pureed lean turkey breast Pureed potatoes	14 grams 1.5 grams
Liquid between meal	1 cup	Water or low calorie beverage	
6 pm	1/4 cup 2 Tbsp.	No-sugar added "lite" yogurt Non-fat powdered milk	2 grams 6 grams
Liquid between meal	1 cup	Water or low calorie beverage	
Total Protein			63 grams

Please note: The "liquid between meals" should be sipped slowly between meal times. If you feel full **STOP**, you do not have finish everything!

If you do not tolerate milk, try lactose-free milk (Lactaid®) or soy milk instead.



Phase IV - soft diet (2 weeks after phase III)

1. After 2 weeks on the puree diet, you will no longer have to blend your foods. You can slowly add foods that are soft in consistency. Soft foods can be cut easily with a fork.
2. You will remain on the soft diet for 2 weeks. Remember to try one new food at a time.
3. For better portion control, use smaller plates, baby spoons, and baby forks. Stop eating when you feel full.
4. Keep yourself hydrated! Drink 6 - 8 cups of water and low calorie beverages between your meals.
5. Continue to take your supplements as prescribed.
6. Continue to keep track of the kind and amount of protein you eat every day. Remember, your goal is a minimum of 60 grams of protein each day.

The following are examples of foods from each food group that can be included on the Soft Diet.

Meat group (7 grams protein per serving)

2 Tbsp. (1 ounce) cooked pureed lean meats: fish, ground turkey, and lean ground beef (moist meats are usually tolerated best, beef is usually the least tolerated)

2 Tbsp. (1 ounce) water-packed tuna or chicken

1/4 cup egg substitute or 1 egg scrambled

1/4 cup of fat-free or 1% fat cottage cheese

1 oz (1 slice) low fat mild cheese

2 Tbsp. CREAMY peanut butter (reduced fat)

1/4 cup of tofu (3.5 grams of protein)

1 oz lean meatballs

1/2 cup chili

Milk group (8 grams protein per serving)

1 cup of fat-free or 1% milk

1/4 cup light or non-fat yogurt (no fruit pieces)

1 cup sugar-free pudding made with fat-free or 1% milk

1 cup low-fat cream soup made with milk (no tomato, no mushroom, or corn pieces)

Starch group (3 grams protein per serving)

1 slice of bread (toasted)

4 - 6 crackers

1/2 cup cooked cream of wheat/rice/oatmeal

1/2 cup of mashed potatoes, sweet potatoes, and winter squash

1 cup broth-based soup

Fruit group (0 grams protein per serving)

1/2 cup peaches or pears (in own juices or water packed)

1/2 soft banana

1/2 cup diluted unsweetened fruit juice (limit to 1 serving a day)

Vegetable group (2 grams protein per serving)

1/2 cup soft cooked carrots or green beans (no skins or seeds)

Important tips:

1. All foods should be cooked without added fats. Bake, grill, broil, or poach meats. You may season meats with herbs and spices instead of fats.
2. Moist meats are tolerated better at this phase. Add chicken or beef broths, fat-free gravies and low fat cream soups to moisten meats. Finely dice meats and chew well.
3. Add 1 - 2 Tbsp. of a new food at a time. If you feel nauseated or bloating after eating then you are not ready for this food. Wait a few days before trying this food again. Everyone progresses differently. LISTEN TO YOUR BODY.

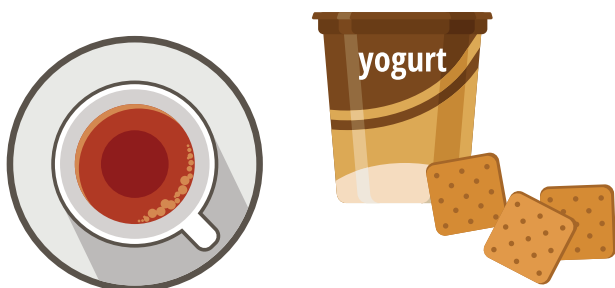
Phase IV - soft diet sample meal plan

Below is a sample meal plan that you may use while on the soft diet. This meal plan provides a minimum of 60 grams of protein and 6-8 cups of fluid. Portions may vary with **EACH INDIVIDUAL**. Make meals last 30 minutes.

Time	Amount	Food	Protein (g)
8 am	1 1/4	Hard-boiled egg Small banana	7 grams
Liquid between meal	1 cup	Calorie-free, caffeine-free and non-carbonated beverage	
10 am	1/4 cup	Light or non-fat yogurt	2 grams
Liquid between meal	1 cup	Fat-free milk	8 grams
Noon	2 oz 6	Tuna salad (made with light/fat-free mayo) Whole grain crackers	14 grams 3 grams
Liquid between meal	1 cup	Calorie-free, caffeine-free and non-carbonated beverage	
2 pm	1/4 cup	Sugar-free vanilla pudding (made with fat-free milk)	2 grams
Liquid between meal	1 cup	Fat-free milk	8 grams
4 pm	2 oz 1/4 cup	Stewed chicken Cooked carrots	14 grams 2 grams
Liquid between meal	1 cup	Calorie-free, caffeine-free and non-carbonated beverage	
6 pm	1/4 cup	Light or non-fat yogurt	2 grams
Liquid between meal	1 cup	Calorie-free, caffeine-free and non-carbonated beverage	
Total Protein			62 grams

Please note: The “liquid between meals” should be sipped slowly between meal times. If you feel full **STOP**, you do not have finish everything!

If you do not tolerate milk, try lactose-free milk (Lactaid®) or soy milk instead.



Phase V - regular diet (1 - 2 months after surgery)

1. After 2 weeks on the soft diet, you may begin the regular diet, if ready. You may be ready for this phase at 1 month after surgery or possibly not until 2 months after surgery. Everybody progresses differently.
2. This is the last stage of the diet progression. Continue to add new foods slowly. Raw fruits and vegetables can be added as tolerated. You may want to avoid the skin and membranes on the fruit. Citrus fruits can be added back into diet as tolerated.
3. Follow a low-fat diet and avoid simple sugars from your life. Your protein goal remains at a minimum of 60 grams each day. For successful weight loss, caloric intake may range between 800 - 1200 calories a day. Ask your registered dietitian how many calories are appropriate for you.
4. Continue to eat 5 - 6 small meals a day. As your pouch expands, 3 small meals and 1 - 2 high protein snacks may be more appropriate.
5. Continue to take your prescribed supplements for life.
6. Keep yourself hydrated! Always include 6 - 8 cups of water and low calorie beverages daily.
7. Continue to track your daily intake and activities. Include calories, protein, fluids, supplements, and exercise.

The following are examples of foods from each food group that can be included on the regular diet.

Meat group (7 grams protein per serving)

- 1/4 cup egg substitute, 2 egg whites
- 1/4 cup of fat-free or 1% fat cottage cheese
- 1 ounce cooked lean meats. (chicken, turkey, pork, fish, beef)
- 2 Tbsp. peanut butter (reduced fat)
- 1 oz lean luncheon meats
- 1 oz low-fat cheese
- 1/2 cup cooked beans, peas, and lentils

Milk group (8 grams protein per serving)

- 1 cup of fat-free or 1% milk
- 3/4 cup no-sugar added/low-fat "lite" yogurt
- 1 cup sugar-free pudding made with fat-free or 1% milk
- 1 cup low-fat cream soup made with milk

Starch group (3 grams protein per serving)

- 1 slice of bread (may be tolerated better toasted)
- 4 - 6 crackers
- 1/2 cup cooked cream of wheat/rice/oatmeal
- 3/4 cup unsweetened dry cereal
- 1/2 cup of potatoes, winter squash, corn, or peas
- 1/2 cup of rice, pasta-whole wheat
- 1 cup broth-based soup

Fruit group (0 grams protein per serving)

- 1/2 cup canned "lite" fruit
- 1/2 banana or small fresh fruit (avoid skins and membranes)
- 1/2 cup diluted unsweetened fruit juice (limit to 1 serving a day)

Vegetable group (2 grams protein per serving)

- 1/2 cup cooked non-starch vegetables
- 1 cup raw non-starchy vegetables

Fat group

- 1 tsp. margarine or oil
- 2 tsp. diet margarine
- 1 tsp. mayonnaise
- 1 Tbsp. low fat mayonnaise or salad dressing

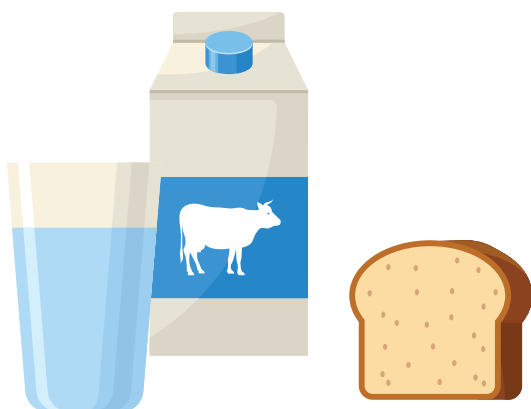
Phase V - regular diet sample meal plan

Below is a sample meal plan that you may use while on the regular diet. This meal plan provides a minimum of 60 grams of protein and 6 - 8 cups of fluid. Portions may vary with **EACH INDIVIDUAL**. Make meals last 30 minutes.

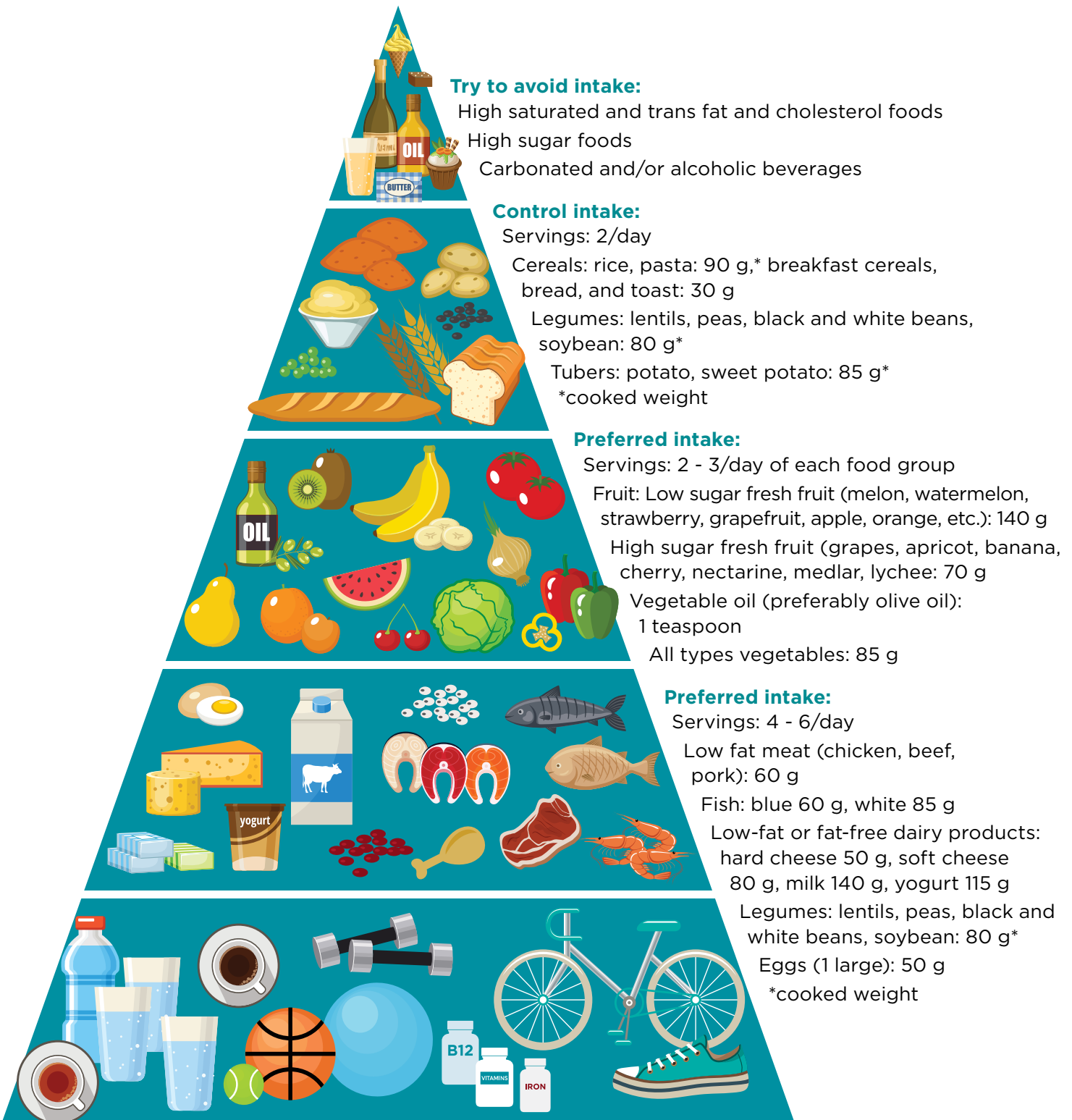
Time	Amount	Food	Protein (g)
8 am	1/2 cup 1/2 cup	Low-fat cottage cheese Canned "lite" pineapple	14 grams
Liquid between meal	1 cup	Water or low-calorie beverage	
Liquid between meal	1 cup	Fat-free milk	8 grams
Noon	1/4 cup (2 oz) 1 slice 1/4 cup	Canned water-packed tuna with 1 tsp. lite mayonnaise Wheat bread (toasted) Soft cooked green beans	14 grams
Liquid between meal	1 cup	Water or low calorie beverage	
3 pm	1/2 cup	Sugar-free vanilla pudding (made with fat-free milk)	4 grams
Liquid between meal	1 cup	Fat-free milk	8 grams
6 pm	1/4 cup (2 oz) 1/4 cup 1/4 cup	Baked chicken Mashed potatoes Soft cooked carrots	14 grams
Liquid between meal	1 cup	Water or low-calorie beverage	
Total Protein			62 grams

Please note: The "liquid between meals" should be sipped slowly between meal times. If you feel full **STOP**, you do not have finish everything!

If you do not tolerate milk, try lactose-free milk (Lactaid®) or soy milk instead.



Recommended food pyramid



Don't forget every day:

Daily nutritional supplements: Calcium and vitamin D • Iron • V&M complex • Vitamin B12

Daily water or non-carbonated, non-sugar, non-caffeine fluid intake

Required vitamin and mineral supplements after weight-loss surgery

You will not be able to meet certain vitamin and mineral needs without supplementation. Vitamin and mineral deficiencies have been observed in the patients after weight-loss surgery.

Iron, folate, vitamin B12, calcium, and zinc are most affected after gastric bypass surgery. If you are having gastric banding surgery, you will not need to take all the above supplements. Gastric banding does not cause malabsorption of nutrients from your foods. A daily multivitamin and calcium supplement is usually sufficient.

All of the required vitamin supplements are listed below. They are available over the counter at your local pharmacy. If you have difficulty locating or tolerating any of the supplements, call your dietician or surgeon for suggestions.

Mandatory	Dosage/Day	Suggested Schedule
Multivitamin and mineral	1 - 2*	AM
Vitamin B12	500 mcg	AM
Iron	27 - 28 mg	PM with vitamin C
Vitamin C	500 mg	PM with iron
Calcium citrate with Vitamin D	1200 - 1500 mg	Take with meals in divided doses
Optional		
Zinc	10 - 20 mg	AM
Stool softener	As directed	Take with iron dose

Mandatory

1. Multivitamin and Mineral

- Dosage: 1 - 2 daily with meals
- *Type: 2 children's chewable multivitamin or 1 chewable or liquid adult multivitamin. Once on a regular diet, you can begin an over the counter prenatal vitamin or 1 adult multivitamin (does not have to be chewable or liquid).
- Function: Multivitamins will help ensure that you are getting enough of all the micronutrients that you need.
- Interactions: None

2. Vitamin B12

- Dosage: 500 microgram tablet or sublingual daily or 1000 microgram monthly of injectable B12
- Type: any sublingual (dissolves under tongue), tablet, or monthly injection (prescribed by your surgeon).
- Function: Helps your blood cell and nerve function, digestion and absorption of food, and protein synthesis. Deficiency may cause certain types of anemia.
- Interaction: None

3. Iron

- Dosage: 27 - 28 mg of elemental iron daily. Take with Vitamin C.
- Type: Any tablet of ferrous sulfate, gluconate or fumarate that is equivalent to 27 - 28 mg of elemental iron. Prenatal vitamins may already have enough iron in each tablet. Read the label first to see if additional supplementation is required.
- Function: Vital to the formation of red blood cells that provide oxygen to the entire body.
- Interactions: Take 1 - 2 hours before or after taking Calcium. Do not taken with milk, cheeses, eggs, whole grain breads, and cereals. May cause diarrhea or constipation.

4. Vitamin C

- Dosage: 500 mg daily. Take with iron.
- Type: Any capsule, chewable or liquid form.
- Function: Plays a role in body's calcium levels and bone formation. Promotes wound healing and reduces chances of infection. Enhances iron absorption.
- Interactions: Antacids may decrease absorption. Take Vitamin C at a different time if using antacids.

5. Calcium Citrate with Vitamin D

- Dosage: 1200 - 1500 mg daily. Calcium is best absorbed in doses of 500 - 600 mg at a time. Take with meals.
- Type: Tums® initially, once tolerating regular diet, switch to Citracel® + D or any equivalent brand with calcium citrate. The citrate form of calcium is better absorbed since it doesn't require the acid from your stomach to be absorbed.
- Function: Maintains bone strength; also helps your heart pump correctly and repairs soft tissue.
- Interactions: Caffeinated products, spinach, and whole grain products may decrease absorption. Take at least 1 - 2 hours before or after taking iron, since calcium will decrease iron absorption.

Required supplements

The supplements noted on the list below must be taken daily, starting the first day of the PSMF diet. Supplements should be taken in divided doses to enhance absorption and decrease any potential stomach irritation. The supplements on this list can be found in local drug stores.

Supplement	Description
Potassium - 16 - 20 mEq per day	Your physician will provide a prescription
Calcium - 1000-1200 mg per day Take in divided doses of 500 mg or less per dose	Any sugar-free brand containing calcium carbonate
One multivitamin tablet per day	Any brand containing 100% of RDA for listed nutrients
Magnesium - 400 mg per day	Liquid, chewable or capsule form
Sodium - 1500 mg per day	Can be taken as: 3/4 teaspoon of salt (1/4 tsp. per meal); or three bouillon cubes or salt tablets (1500 mg sodium chloride)

Stop NSAIDs and smoking

The use of non-steroidal anti-inflammatory drugs (NSAIDs) and smoking are both associated with a high risk of ulcers. The following drugs are NSAIDs or include NSAIDs in their formula and should not be taken after weight-loss surgery.

Advil (all products)	Clinoril	Indo-Lemmon	Orudis
Aleve (all products)	Combunox	Indomethagan	OruvallPamprin IB
Amigesic	Darvon	Lodine	Pecodan
Anacin	Daypro	Lodine XL	Oonstel
Anaprox	Discalcid	Meclomen	Relafen
Anaprox DS	Docobid	Micrainin	Rexolate
Anasaid	EC Naprosyn	Midol IB	Tab-Profen
Arthotec	Ecedrin	Mobic	Tandearil
Ascriptin	Ecotrin	Motrin	Tolectin
Aspirin	Equagesic	Motrin IB	Tolectin 600
Azolid	Excedrin IB	Nalfon	Tolectin DS
Bextra	Feldene	Nalfon 200	Toradol
Bufferin	Ibuprin	Naprapac	Uracel
Butaxolidin	Ibuprofen	Naprelan	Vicoprofen
Cataflam	Indocin	Naprosyn	Voltaren
Celebrex	Indocin SR	Nuprin	

Exercise for the bariatric patient

Exercise is the key to achieving weight loss before and after weight-loss surgery. An exercise plan should begin gradually and increase as tolerated, being closely supervised by a doctor. Your exercise needs to begin before surgery and resume as soon as allowed after weight-loss surgery.

A consistent exercise plan aids in reaching and maintaining an optimal weight loss, as well as helping to:

- Tone your muscles
- Increase energy and metabolism
- Tighten loose skin caused by rapid weight loss
- Improves mood and self-esteem/relieves stress

Post-surgery, fewer calories are consumed sometimes causing the body to react as if you are starving yourself. In search for more energy, the body can begin to burn muscle instead of fat. To prevent this, exercise needs to start as soon as possible to burn fat instead of muscle.

What exercise routine should you be following?

- **Pre-surgery**

Begin your activity regimen at a slow pace. Start with light activity and work your way up to walking or water aerobics. Low-impact activity is still beneficial. Aim for at least 30 minutes of continuous activity 5-6 times per week

- **Hospital stay**

You will need to get up and walk. This will help you feel better and get you on the right track for going home.

- **Initiation stage: home after surgery (week 1 - 4)**

Start slow again. Walk around the house or use stairs as tolerated. You are just beginning to heal so light activity is recommended.

- **Advancement stage: (week 5 - 6)**

Make sure your surgeon has approved you to increase your activity/exercise. Start slowly with low impact exercise such as stationary bicycling, treadmill, and/or housework.

- **Maintenance/lifestyle modification stage (week 7 - and on)**

Increase activity/exercise, any activity that can elevate your heart rate to 120 or greater, on a regular basis. Long-term goal should include:

Cardio: (can include treadmill, stationary bike, jogging, fast walking, swimming, tennis) 30 minutes, of moderate intensity five times a week

OR

150 minutes a week

OR

10,000 steps daily

And

Muscle strengthening (weights or bands):

At least 2 non-consecutive days a week

Recommendations are based on **The American Medical Society for Sports Medicine Guidelines** for routine exercise. amssm.org

Exercise: walking counts!

Adding 30 minutes of daily walking to your routine can take 12 lbs. off in a year, 60 lbs. in 5 years and 120 lbs. in 10 years!

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1	15 min.	15 min.	15 min.	OFF	20 min.	20 min.	OFF
Week 2	20 min.	15 min. am 15 min. pm	OFF	15 min. am 15 min. pm	20 min.	20 min.	OFF
Week 3	15 min. AM 15 min. PM	15 min. am 15 min. pm	20 Min	OFF	20 min.	20 min. am 20 min. pm	OFF
Week 4	20 min.	25 min.	OFF	20 min. am 20 min. pm	30 min.	30 min.	OFF

Maintenance: Brisk walking 30 minutes daily or 4 - 5 times per week. May divide up into 10 minutes or 15 minute segments.

Monthly exercise log - goal: 30 min/day

Name: _____ Age: _____ Starting weight: _____

Exercise Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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(Minutes per day)

Date:							
Cardio							
Strength training							
Other							
Date:							
Cardio							
Strength training							
Other							
Date:							
Cardio							
Strength training							
Other							
Date:							
Cardio							
Strength training							
Other							
Date:							
Cardio							
Strength training							
Other							



Monthly exercise log - goal: 30 min/day

Name: _____ Age: _____ Starting weight: _____

Exercise Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
(Minutes per day)							
Date:							
Cardio							
Strength training							
Other							
Date:							
Cardio							
Strength training							
Other							
Date:							
Cardio							
Strength training							
Other							
Date:							
Cardio							
Strength training							
Other							



Post-op routine labs for bariatric surgery patients (RYGB/lapband & sleeve)

3 months	CBC & CMP if patient complains of fatigue or vomiting	
6 months	CBC with diff CMP Iron and TIBC Vitamin B12 Lipid Panel	TSH PTh intact Folate 25 Hydroxy **If Diabetic- Add HgbA1c
9 months	No labs	
12 months	CBC with diff CMP Iron and TIBC Vitamin B12 Lipid Panel	TSH PTh intact Folate 25 Hydroxy **If Diabetic- Add HgbA1c
18 months	No labs	
Yearly	CBC with diff CMP Iron and TIBC Vitamin B12 Lipid Panel	TSH PTh intact Folate 25 Hydroxy **If Diabetic- Add HgbA1c

Chewing

Take time when chewing your food and make sure you chew your food extremely well.

- This helps the digestive process and allows your stomach time to begin to feel full when you have eaten the volume you can handle.
- Chew each bite 20-30 times.
- Allow 20-30 minutes for your meal.
 - EAT SLOWLY
 - DON'T LET OTHERS RUSH YOU

Some foods, especially meats, can get “stuck” if not chewed well.

- Do not become alarmed.
 - Try relaxing and take deep breaths
 - Walking around will also help
- If it has not passed after a few minutes, use the following to help.
 - Mix 1/2 tsp. meat tenderizer, 1 ounce water, and 1 tsp. lemon juice
 - Mix well and sip
 - This will assist in reducing the size of the object and should clear the opening.

Knowing how much to eat - learning good eating habits

During your recovery (the first 2-6 weeks) it is normal to have little to no appetite. During this time, you are likely to consume far less food than you would need over the long haul to stay healthy, but in this limited time period, it is OK. You need to consume adequate fluids to stay well hydrated.

At this stage you will begin teaching yourself new eating habits that will help you feel well and lose weight over the following weeks. Follow these good eating guidelines.

- You should eat ONLY three meals a day.
- Eat your meals at regular times each day.
- Do not drink 30 minutes before and after or during a meal.
 - This will help to not push the food through too fast.
- Eat at the dining room or kitchen table and NOT in front of the TV.
 - This will help you to control how much you are eating at one time.
- Serve food on a small plate and use baby utensils.
 - This will help you learn what small portions look like.
- Measure out your portions of food and only eat that amount.
 - Leave the rest of the food in the kitchen.
- DO NOT EAT UNTIL YOU FEEL FULL.
 - At first you can eat 1/4 to 1/2 cup at a time. Measure it out.
 - It takes 15 - 20 minutes for your brain to get the message that you are full.
 - If you do feel pressure of fullness, STOP EATING.
 - » That “one more bite” will make you feel miserable.
- No snacking
 - Stick to three meals a day.
 - Instead of a snack, have a protein drink.
 - If you have to have a snack, make sure it is healthy.
 - » Fruit, nuts, cheese, etc. in SMALL amounts

- CHEW, CHEW, CHEW!
 - Chew each bite 20 - 30 times.
- Allow 20 - 30 minutes for your meal.
 - Eat slowly
 - Don't let others rush you.
- Do not “mindlessly eat”; concentrate on your meal.
 - Concentrate on chewing and tasting each bite.
- You should eat something at each meal time. DO NOT SKIP MEALS.
 - Even if you are not hungry at meal time, you need to have a protein drink.
 - » This is all part of behavior modification. This will help to get you in the habit of three meals a day.

Eating too fast, getting food “stuck,” overeating, and not chewing food well can cause nausea, vomiting, and discomfort. Always try to consciously think about your new GOOD habits, until it becomes a part of your routine. Pay attention to the messages your body is giving you. If you feel pressure or fullness in the center of your abdomen, or feel nauseated, STOP EATING! Just “one more bite” may cause pain and discomfort.

Food intolerances after gastric bypass surgery are not uncommon and vary greatly from one individual to another. Intolerance is not always permanent. Some foods, however, may need to be avoided. If you overeat, or eat something that does not agree with you, or eat too quickly, it can cause your stomach to get irritated. Taking in only clear liquids for next meal or two will give it a chance to recover. You do need to maintain your fluid intake.

The best results are seen by patients who take the weight-loss surgery as an opportunity to make permanent change in their life habits. The most successful patients exercise regularly and comply with diet. Eat three meals a day, healthy solid food, no snacking, taking 20 - 30 minutes to eat, and no drinking 1/2 hour before/after or during meals.

Are you miserably hungry?

Most patients say “NO.” In fact, for the first 2 - 6 weeks patients have almost no appetite. Over the next several months, the appetite returns but it tends to not be a ravenous “eat everything in the cupboard” kind of hunger.

Discharge instructions

- Keep your surgical area clean and dry.
 - No bathing/showers until your incisions are healed
- Continue the breathing exercises used in the hospital.
- Walk, walk, walk!
 - Walking can help prevent congestion of the lungs and blood clots in the veins of the legs.
- You have a **10 pound weight lifting limit** until you are 6 weeks post-op.
 - No repetitive lifting, bending, pushing, pulling, reaching, or grabbing.
 - Not following this rule could result in a hernia.
- Start taking your vitamins the day you leave the hospital.
- Start taking your protein drinks the day you leave the hospital.
- If your incisions have a greenish/yellow discharge and odor, call the office: 405-732-7715
- If you are vomiting blood or have blood in your stool, go straight to the emergency room.
- If you are short of breath and have pain between the shoulder blades, go straight to the emergency room.
- ALWAYS tell the ER or hospital admitting that you have had gastric surgery. Bypass patients CANNOT have any gastric tubes placed.

Common things to expect post-op

- Your incisions and abdominal muscles may ache.
 - Especially with deep breathing, coughing and exertion
- Your incisions may become red or irritated.
 - Keep the area wiped clean and open to air.
 - You can apply Neosporin to the irritated skin.
- Some stitches may not dissolve and poke out.
 - Do not pull them out.
 - If they are bothersome, you can trim the extra off.
- Gas pains are extremely common.
 - Avoid drinking from straws.
 - You can take Gas-X,[®] Phazyme,[®] or simethicone drops.
- Diarrhea is very common.
 - You are only taking in liquids, which can contribute to diarrhea.
 - You can take Imodium,[®] or Kaopectate.[®]
- Constipation is very common.
 - Anesthesia can slow down the bowels after surgery.
 - If you have gone two days without a bowel movement, you will need to take milk of magnesium or Dulcolax[®] to help you go.
 - If you have gone past two days without a bowel movement, you will need to get a Fleet[®] enema.
- Low grade fevers (101 degrees or lower)
 - This is your body's natural response to warding off bacteria.
 - You can take Tylenol[®] (take the recommended dose on the label).
 - If the fever persists after taking Tylenol (allow an hour to work), then call the office at 405-732-7715.
- Pain medications and vitamins may upset your stomach.
 - If you are still on a clear liquid diet, try taking them with your protein drinks.
 - If you are past the first 2 weeks, try taking with food.
- Ice cold beverages may cause your stomach to hurt and spasm.
 - Try sipping your drinks at room temperature.
 - This is not a permanent situation (generally only lasts the first month).

Gastric sleeve/Roux-Y-bypass risks include, but not limited to:

	Complication	Description
1.	Allergic reactions	From minor reactions such as rash to sudden overwhelming reactions that cause death.
2.	Anesthetic complications	Anesthesia used to put you to sleep for the operation can be associated with variety of complications including death.
3.	Bleeding	From minor to massive bleeding that can lead to the need for emergency surgery, transfusion, or death.
4.	Blood clots	Also called deep vein thrombosis and pulmonary embolus that can sometimes cause death.
5.	Infection	Including wound infections, bladder infections, pneumonia, skin infections, and deep abdominal infections that can sometimes lead to death.
6.	Leak	After operation to bypass the stomach, the new connections can leak stomach acid, bacteria, and digestive enzymes causing a severe abscess and infection. This can require repeated surgery and intensive care and even death.
7.	Narrowing (stricture)	Narrowing (stricture) or ulceration of the connection between the stomach and the small bowel can occur after the operation.
8.	Dumping Syndrome	Dumping Syndrome (symptoms of dumping syndrome include cardiovascular problems with weakness, sweating, nausea, diarrhea, and dizziness) can occur in some patients after gastric bypass.
9.	Bowel obstruction	Any operation in the abdomen can leave behind scar tissue that can put the patient at risk for later bowel blockage.
10.	Laparoscopic surgery risks	Laparoscopic surgery uses punctures to enter the abdomen and can lead to injury, bleeding, and death.
11.	Need for and side effects of drugs	All drugs have inherent risks and in some cases can cause a wide variety of side effects including death.
12.	Loss of bodily functions	Including stroke, heart attack, limb loss, and other problems related to the operation and anesthesia.
13.	Risks of transfusion	Including hepatitis and Acquired Immune Deficiency Syndrome (AIDS), from the administration of blood and/or blood components.
14.	Hernia	Cuts in the abdominal wall can lead to hernias after surgery.
15.	Hair loss	Many patients develop hair loss for a short period after operation. This usually responds to increased levels of vitamins.
16.	Vitamin and mineral deficiencies	After gastric bypass, there is a malabsorption of many vitamins and minerals. Patients must take vitamin and mineral supplements forever to protect themselves from these problems.
17.	Complications of pregnancy	Vitamins and mineral deficiencies can put the newborn babies of gastric bypass mothers at risk. No pregnancy should occur for the first year after operation and patients must be certain not to miss any of their vitamins if they decide to go ahead with pregnancy later.
18.	Ulcers	Patients undergoing gastric bypass may develop ulcers of the pouch, the bottom of the stomach, or parts of the intestine. Ulcers may require medical or surgical treatment and have complications of chronic pain, bleeding, and perforation.
19.	Other	Major abdominal surgery, including laparoscopic gastric bypass is associated with a large variety of other risks and complications, both recognized and unrecognized that occur both soon after and long after the operation.
20.	Depression	Depression is a common medical illness that has been found to be particularly common in the first weeks after operation.
21.	Death	

Routine follow-up appointments for gastric sleeve/Roux-Y-bypass

Please note: The scheduling of all above appointments are the patient’s responsibility. If you are unable to make a scheduled appointment, please call to reschedule.

Time	Appointment Type
1 - 2 weeks after surgery	Surgeon or nurse
1 month after surgery	Surgeon • Nutrition • Psychology – Individual
3 months after surgery	Shared medical appointment • Nutrition • Psychology as needed • Labs as needed
6 months after surgery	Shared medical appointment • Nutrition • Psychology as needed • Labs required
12 months after surgery	Shared medical appointment • Nutrition • Psychology as needed • Labs required
Annual	Shared medical appointment • Nutrition • Psychology as needed • Labs required

Laparoscopic sleeve gastrectomy

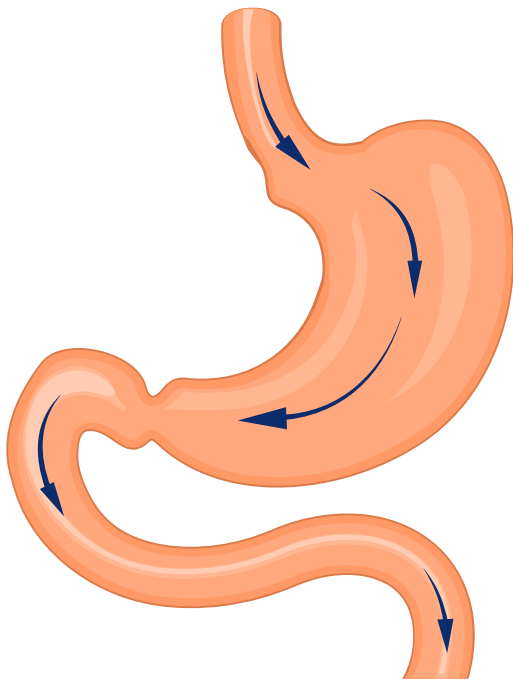
Who do we offer laparoscopic sleeve gastrectomy to?

This procedure was originally used as a part of a staged approach to surgical weight loss. Patients who have a very high body mass index (BMI) or who are at risk for undergoing anesthesia or a longer procedure due to heart or lung problems may benefit from this staged approach. With the staged approach, patients lose a large amount of weight in the first 12 to 18 months after the sleeve and then undergo a second planned bypass operation like a gastric bypass or duodenal switch. After the initial weight loss, high-risk patients are better able to tolerate a longer operation and often have significant improvements in their health and activity level. Though this staged approach involves two procedures, we believe it is safe and effective for selected patients.

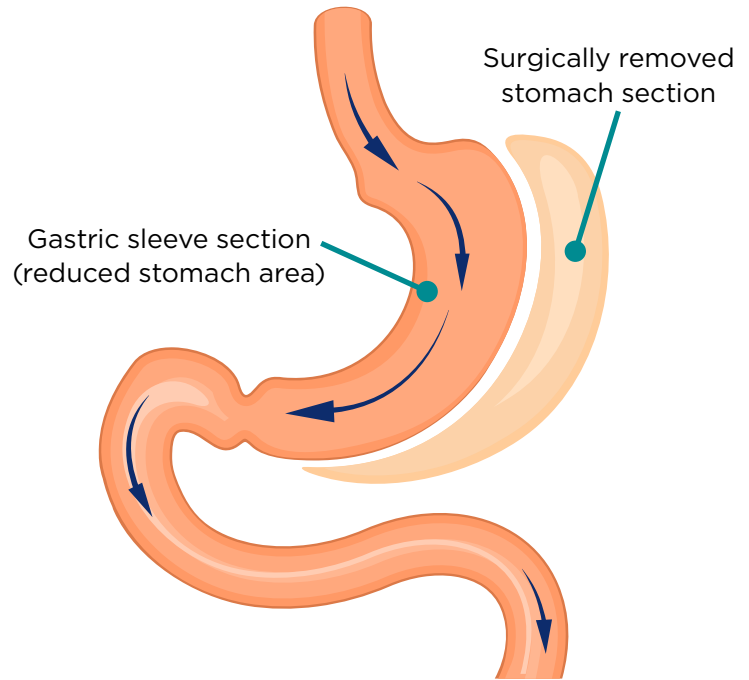
Sometimes the decision to proceed with a two-stage approach is made before surgery due to these known risk factors. In other patients, the decision to perform sleeve gastrectomy (instead of gastric bypass) is made during the operation. Reasons for making this decision intraoperatively include an excessively large liver, extensive scar tissue from prior surgery, or a large amount of fat around the bowel and stomach that would make gastric bypass procedure too long or unsafe.

Laparoscopic sleeve gastrectomy (LSG) is also used as a primary procedure and has become a popular choice for many patients and surgeons due to its excellent weight loss and relatively low-risk profile. There is now a large amount of data regarding the use of LSG as a standalone procedure and the American Society for Metabolic and Bariatric Surgery recognizes LSG as an approved primary bariatric operation.

Before
sleeve gastrectomy
weight-loss surgery



Before
sleeve gastrectomy
weight-loss surgery



What are the risks of laparoscopic sleeve gastrectomy?

There are risks that are common to any laparoscopic procedure such as bleeding, infection, injury to other organ, or the need to convert to an open procedure. There is also a small risk of a leak from the staple line used to divide the stomach. These problems are rare and major complications occur less than 1% of the time. Some patients (about 20%) may develop heartburn symptoms several years after LSG and these symptoms are typically controlled with medication.

Overall, the operative risks associated with LSG are slightly higher than those seen with laparoscopic adjustable band but lower than the risk associated with gastric bypass. Because there is no intestinal bypass or implantable device, however, the reoperation rate for LSG (less than 5%) is the lowest among these three procedures.

What are the benefits of laparoscopic sleeve gastrectomy?

Depending on their pre-operative weight, patients can expect to lose between 50% and 70% of their excess body weight in the first year after surgery. Long-term studies of LSG report average excess weight loss of over 50% that is maintained 8 years after surgery.

Many obesity-related comorbidities improve or resolve after bariatric surgery. Diabetes, hypertension, obstructive sleep apnea, and abnormal cholesterol levels are improved or cured in more than 75% of patients undergoing LSG. For patients who maintain their weight loss, these health benefits are maintained long term as well.

Is laparoscopic sleeve gastrectomy a good choice for me?

Your surgeon may talk to you about LSG as a staged procedure if you have a BMI over 60, a large amount of abdominal obesity, or significant medical problems that increase your risk for undergoing anesthesia or gastric bypass. Your surgeon will discuss LSG as a primary procedure if you are an average risk patient and feel like LSG is a good fit for your weight-loss goals and health status. You should discuss all of the available surgical procedures with your surgeon and determine which procedure is best for you.

How is sleeve gastrectomy performed?

We perform the sleeve gastrectomy as laparoscopic procedure. This involves making five or six small incisions in the abdomen and performing the procedure using a video camera (laparoscope) and long instruments that are placed through these small incisions.

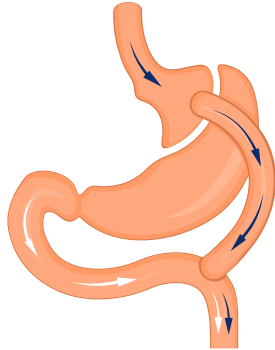
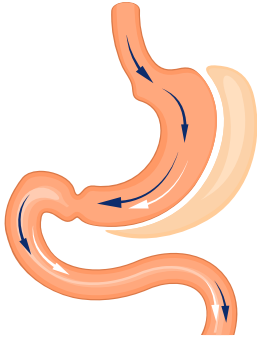
During the laparoscopic sleeve gastrectomy, about 75% of the stomach is removed leaving a narrow gastric “tube” or “sleeve”. No intestines are removed or bypassed during the sleeve gastrectomy. There is no implant or device for this operation. Since part of the stomach is removed, this procedure is not reversible. The LSG takes on to two hours to complete.

How does sleeve gastrectomy cause weight loss?

Sleeve gastrectomy reduces the volume of the stomach. This greatly limits the amount of food that can be eaten at one time. It does not cause decreased absorption of nutrients or bypass your intestines. After eating a small amount of food, you will feel full very quickly and continue to feel full for several hours.

Sleeve gastrectomy may also cause a decrease in appetite. In addition to reducing the size of the stomach, sleeve gastrectomy may reduce the amount of “hunger hormone” produced by the stomach, which may contribute to weight loss after this procedure. Since the stomach is smaller and food travels into the intestines at a faster rate, patients undergoing LSG also have some of the gut hormone effects related to satiety and diabetes improvement seen with gastric bypass. These effects are typically less than with the bypass operations, though.

Comparison of bariatric surgical procedures

	Gastric bypass	Sleeve gastrectomy
		
Procedure description	In this procedure, the surgeon creates a small stomach pouch and attaches a section of the small intestine directly to the pouch. This allows food to bypass a portion of the small intestine.	During the sleeve gastrectomy procedure, a thin vertical sleeve of stomach is created using a stapling device. The sleeve is about the size of a banana. The rest of the stomach is removed.
How it works to help you lose weight	By creating a smaller stomach pouch, a gastric bypass limits the amount of food that can be eaten at one time, so you feel full sooner and stay full longer. By bypassing a portion of the small intestine, your body also absorbs fewer calories. As you eat less, your body will stop storing excess calories and start using its fat supply for energy.	By creating a smaller stomach pouch, a sleeve gastrectomy limits the amount of food that can be eaten at one time, so you feel full sooner and stay full longer. As you eat less food, your body will stop storing excess calories and start using its fat supply for energy.
How it affects digestion	Reduces the amount of calories (in the form of nutrients) that are absorbed.	Does not significantly affect normal digestion and absorption. Food passes through the digestive tract in the usual order, allowing it to be fully absorbed in the body.
Total excess bodyweight lost	62%	66%

Location

9020 E. Reno
Second Floor
Midwest City, OK 73130

J. John Makipour, M.D.

405-732-7715

ssmhealth.com

All of our facilities have implemented enhanced safety measures. These include requiring all individuals to be screened for symptoms and requiring face masks for all upon entry. This will ensure you and your family are protected every step of the way.