

# **Bariatric Patient Manual**

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FLORIDA COAST  

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WEIGHT LOSS  

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CENTER

# Pre-Operative Visit Schedule

2 tracks exist depending on your decision to use an insurance product or pay cash

## **Insurance Track** (based on a 3-month requirement – will vary depending on your specific plan)

### 1. Initial Visit

- At this visit, you meet with Dr. Peterson to discuss surgery options & formulate a plan. The doctor will get to know you & decide what procedure would be most beneficial for you & your weight loss journey.
- Next, our Bariatric Coordinator, will discuss the process of proceeding through the preoperative requirements. In addition, they will review your bariatric insurance coverage and the specific requirements your plan requires for approval. They will also discuss the cost of surgery if you are a cash pay patient and the various financing options available to you.
- We will schedule your BMR and DEXA scan along with your next appointments with Dr. Peterson.

### 2. BMR and Body Composition Scan Testing Visit

- The BMR test stands for your Basal Metabolic and measures your individual metabolism. It is not a blood test. This will require you to sit for approximately 5-10 minutes and breathe normally into a tube. The result will be used as a baseline and will help us track your progress throughout your entire journey. Knowing your specific metabolism is also helpful in determining what surgery will work best for you. **BE FASTING for 6 hours prior to this office visit.** Please have nothing to eat or drink besides water for 4 hours prior to your appointment. **\*\*Also, NO NICOTINE** (no smoking, chewing, patches, e-cig. No nicotine in any form) and **NO STRENUOUS EXERCISE** for 6 hours prior to your appointment. We will discuss the results of this with you at your next appointment.
- The Body Composition scan is a measurement of your body composition. It is a non-invasive test that measures bone mineral density along with the percentage of lean muscle and fat. It is extremely accurate and allow us to establish a baseline and aid in tracking your process throughout your entire journey. This will typically be done on the same day as your BMR test. The Body Composition results will also be used by your Health Coach to guide your post-operative progress.

### 3. 2<sup>nd</sup> Visit

- Meet with Dr. Peterson to discuss your BMR and Body Composition results and the importance of self-monitoring with calorie tracking and exercising to maintain and improve metabolism. They will also address any medical conditions you have and what diagnostic testing you will require. You will also discuss any referral appointments needed such as Psychological Evaluation, Sleep Study, Cardiac testing, etc. You will also discuss the need for possible scheduling of either an EGD (Esophagogastroduodenoscopy) or TNE (Transnasal Endoscopy), however this is not necessary for all patients. This is performed to evaluate your esophagus, stomach and the first part of your small intestine prior to surgery. Start tracking your progress on the PWLC Baritastic app now! Use code 77952.
- Visit with your Registered Dietitian as required by insurance.
- Visit with your Psychiatrist or Psychologist as required by insurance.
- At the conclusion of this visit you will be given information to access our Pre and Post Op video course curriculum. These courses walk you through everything you need to know about your bariatric surgery. From medications to what to expect the day of surgery.

### 4. 3<sup>rd</sup> Visit – as needed

- Meet with one of our Doctors or Physician Extenders to review the results of previous studies and along with lifestyle issues. You will discuss issues such as stress and emotional eating and how it contributes to weight gain. We will review the results of any lab and diagnostic testing you have had performed. If you were found to have a hiatal hernia on EGD or TNE and/or have significant heartburn you may be referred back to your surgeon to discuss options.
- Visit with your Registered Dietitian as required by insurance.

### 5. Pre-Op Visit

- This is your final visit at which you meet with Dr. Peterson who will explain what the surgery day will look like. Please bring your spouse or family member with you to this appointment.
- Surgical consents will be obtained and any final questions regarding recovery, medications, or diets will be

answered at this time. You will also be given a date and time for your pre-anesthesia visit at the hospital as required.

## 6. 2-week Post-Op Visit

- This is your first visit after surgery at which you meet with Dr. Peterson to identify surgical complications, adjust or eliminate medications, and evaluate your surgical wounds.
- You will meet with one of our Health Coaches typically about 8-10 weeks after surgery to discuss the 3-month post-operative Finish Strong program that has been designed specifically for you. This course will be guided by your Health Coach and consists of an extensive curriculum designed to unpack information on nutrition, movement and lifestyle to help you reach your health, wellness, and weight loss goals. The curriculum is located on the MyCoach app that was used for the Pre and Post Op video series and you will be enrolled at this time.

## **FAST Track**

- This track is designed is to consolidate all the pre-operative appointments, diagnostic testing, pre-surgery dietary education associated with your bariatric surgery to minimize your time away from work or home prior to surgery.

### 1. First Visit

- Initial consult with Surgeon to answer questions, evaluate you for surgery and discuss your surgical options

### 2. Pre-surgical Office Visit and Testing

- Dietary Visit with our nutritionist to discuss pre-surgical dietary requirements and introduce our online resources
- BMR (Basal Metabolic Rate) testing,
- Transnasal esophagoscopy (TNE) or Upper endoscopy (EGD) as required
- Body composition scan
- Pre Op Consultation with Physician

### 3. One Week Prior to Surgery

- Phone visit with a Dr. Peterson to go over any questions and confirm we have everything needed to move forward with your surgery.

**Week of Surgery** Halifax or Alliance Surgery Center

**Post Surgery** Post Op Phone Visit with FCWLC nurse

**Two Weeks Post Surgery** Follow Up Visit - telemedicine

If you have insurance but do not have bariatric coverage we will bill your insurance for TNE/EGD as needed. Any amounts paid by your insurance for these tests will be credited back to you.

Once you decide on an approximate date you'd like to have surgery, we can schedule your phone appointments and in office appointments accordingly. We will need an up-to-date letter of cardiac clearance and any lab results from the last 6 months. If you haven't done blood work in the last 6 months we will work with you to get that done and the results to us. If you don't have a letter of cardiac clearance for surgery we can work to schedule the required testing here in our office. If you have insurance we will bill your insurance for cardiac clearance if not our cash price for cardiac clearance testing is \$185.00 We will also need to request your last office note from your primary care physician or any other specialist you have seen for our provider to review your medical history.

In addition to these required appointments and clearances, you must have a companion come to surgery with you - This is to assure you have transportation and someone with you after surgery. Unfortunately, they will cancel surgery if you arrive without a companion.

## LIFE AFTER SURGERY – FOLLOW UP APPOINTMENTS

Patients who follow up after surgery are more successful.

There are many reasons follow-up is important after weight loss surgery.

1. Nutritional counseling
2. Identify surgical complications
3. Adjust or eliminate medicines
4. Monitor for vitamin and mineral deficiencies
5. Accountability
6. Identify and treat problems early
7. Identify and treat plateaus or weight regain

<b>TIME</b>	<b>APPOINTMENT TYPE</b>
<b>2 WEEKS AFTER SURGERY</b>	FOLLOW UP W/ PHYSICIAN
<b>6 WEEKS</b>	FOLLOW UP W/ PHYSICIAN
<b>8-10 WEEKS</b>	OBTAIN POST OP BODY COMPOSITION SCAN CONSULT WITH HEALTH COACH
<b>3 MONTHS</b>	FOLLOW UP W/ SURGEON, PRIMARY CARE PROVIDER, LABS AS NEEDED, & PSYCHOLOGIST AS NEEDED
<b>6 MONTHS</b>	DUODENAL SWITCH PATIENTS WILL REPEAT LABS AT THIS TIME
<b>1 YEAR</b>	FOLLOW UP W/ PHYSICIAN, LABS AS REQUIRED, PRIMARY CARE PROVIDER
<b>ANNUAL</b>	FOLLOW UP W/ PHYSICIAN, LABS AS REQUIRED, PRIMARY CARE PROVIDER

# IMPORTANT INFORMATION & EMERGENCY NUMBERS

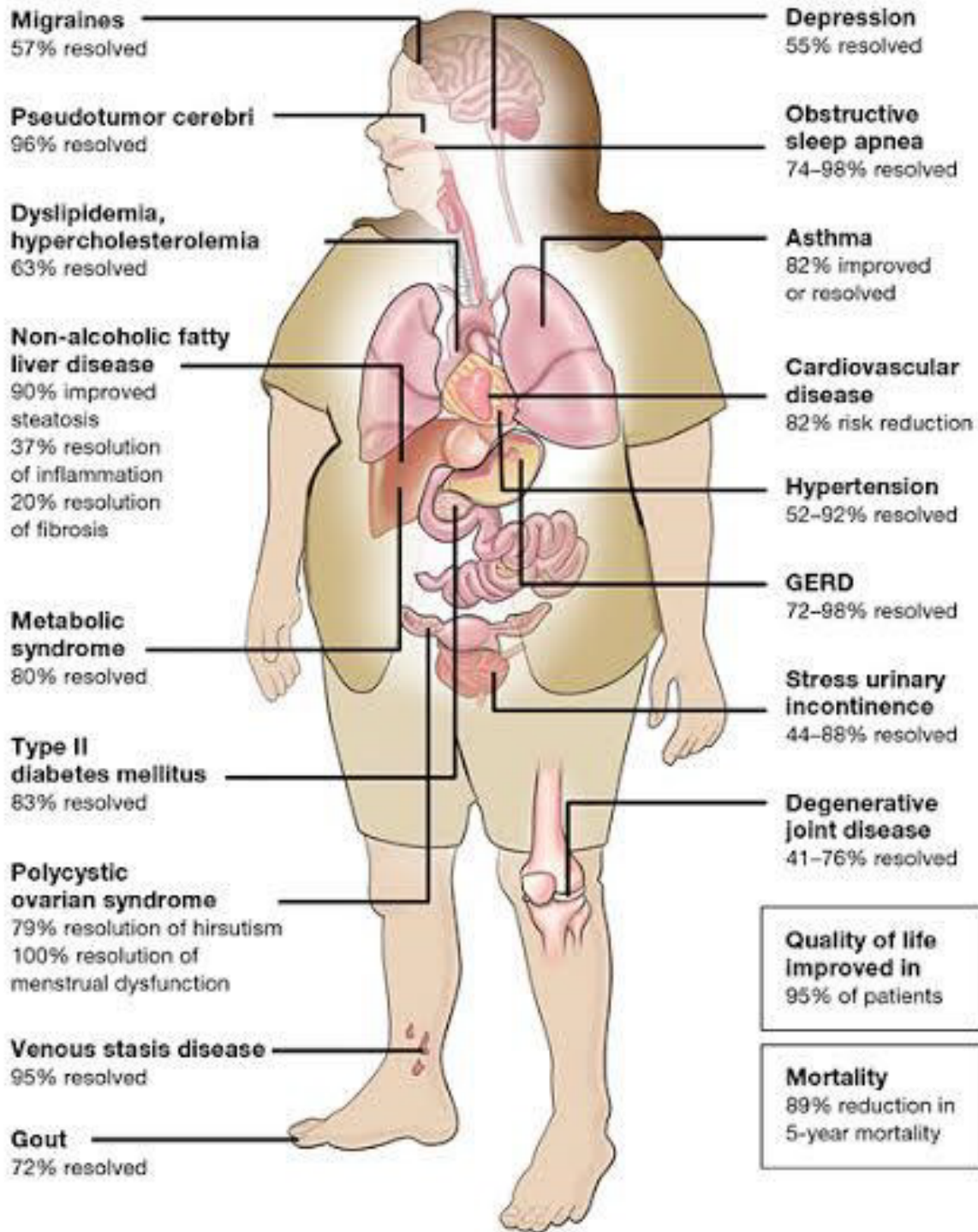
## Florida Coast Weight Loss Center

### EMERGENCY PHONE (386) 276-4553

- If you experience a medical emergency at any time, you should call 911 or go to the emergency room and notify Florida Coast Weight Loss Center as soon as possible. If possible, return to the Emergency Room at the facility you had surgery.
- During normal business hours, if you are experiencing a non-emergent post-operative complication or think you need to be seen by the surgeon, please call our office for an appointment **386-585-4895**. If you are calling after regular business hours call **386-276-4553**.
- If you are having a medical problem or are going to the emergency room after normal business hours, please call **386-276-4553** immediately. The on-call physician will immediately be notified. There are many medical personnel that are unfamiliar with weight loss surgery and serious errors in treatment could occur, therefore it is crucial that Drs. Peterson, Schniederjan, or Neichoy be notified of any emergency.
- ***Notify any medical personnel about your bariatric surgery before they treat you, especially if they plan on inserting a stomach tube for any reason!***

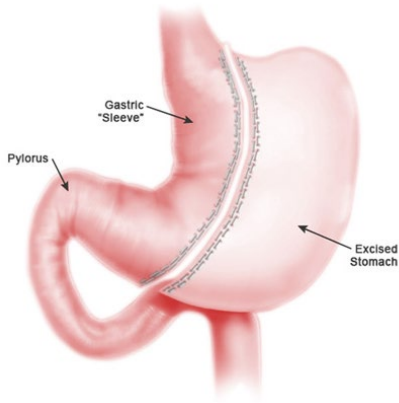
*We know the process prior to surgery can be lengthy and time consuming. Please understand you may have to take time off from work to come to multiple appointments and have lab and or diagnostic testing performed. Metabolic and bariatric surgery is a very effective tool for sustainable weight loss and improvement and potential resolution of the co-morbidities associated with obesity. However, you must put in the necessary time to learn how to make this tool effective for you. We are asking you to make a commitment when choosing to allow Dr. Peterson and his staff guide you through this journey prior to, during, and after surgery. In return, please know that we are **COMMITTED** to making your journey a **SUCCESS!***

# Comorbidity Reduction After Bariatric Surgery



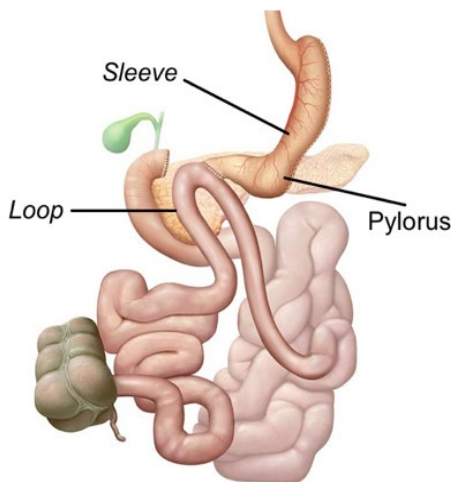


## Procedures Performed at Florida Coast Weight Loss Center



### Sleeve Gastrectomy

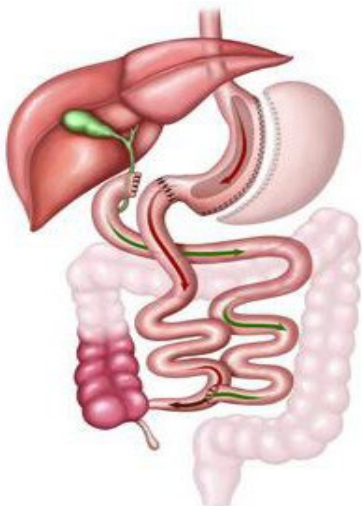
1. Restriction
2. MVI, B12, Calcium & Iron
3. No significant changes in stools
4. Average 65% excess weight loss
5. 81% remission Diabetes
6. Potential for weight regain
7. Commitment to lifelong follow-up



### Loop Duodenal Switch (SADI-S)

A safe and highly effective modification of the historic duodenal switch (DS) procedure, also known as biliopancreatic diversion with duodenal switch (BPD-DS).

1. Restriction and Malabsorption
2. MVI, B12, Calcium, Iron, Fat-Soluble Vitamins
3. On average 1-3 soft to loose stools/day
4. Average 85% excess weight loss
5. 95% remission Diabetes
6. Minimal to no weight regain
7. Commitment to lifelong follow up



SADI-S (single anastomosis duodeno-ileal bypass with sleeve gastrectomy) performed at Florida Coast Weight Loss Center has a single stitch point compared to two on the DS. The SADI-S also has a 300cm Common Channel compared to 100cm on the DS.

Historic Duodenal Switch (DS) is NOT performed at Florida Coast Weight Loss Center

## Frequently Asked Questions

- **When can I get pregnant after surgery?** It is strongly recommended you wait at least 18 months after surgery before trying to conceive. Approximately 18 months post-op, your body will be fairly stable from a weight and nutrition standpoint. You should also know that fertility usually increases with weight loss so be sure to take extra precautions.
- **What do I do about gas?** Walk, walk, walk! Most gas pain are from the carbon dioxide was use during surgery and will be absorbed over the first 1-3 days. Excess gas is also very common in the first few weeks after surgery. You can take Gas-X strips, Mylicon Drops, or Simethicone (generic) to help relieve gas pains.
- **What do I do about constipation?** Constipation can be caused by pain medication or dehydration. If constipation becomes a problem, you may try MiraLax which is available over the counter. You may also need to increase your fluid intake. Constipation can also be relieved through insoluble fiber supplements such as Fiber-con/Benefiber or Metamucil. We recommend starting with about ¼ to ½ the recommended amount. Half a cup of warm prune juice will also help with constipation. Call our office if the constipation persists more than 2-3 days.
- **What do I do about diarrhea?** For the first few weeks after surgery, it is normal to feel cramping or diarrhea. You may take Imodium AD and add some daily yogurt. Diarrhea is a more frequent problem with patients undergoing the Duodenal Switch procedure and can lead to dehydration. Make sure to increase your water consumption beyond the normal recommendations. May start a daily probiotic. Call our office if the diarrhea persists past 2-3 days.
- **What do I do if I am feeling nauseous or vomiting?** Nausea can be expected in the first few weeks after surgery. Watch your eating behavior. Are you eating too much, too fast or foods high in sugar or fat? Are you drinking with your meals? You may also be dealing with food intolerances. If you are feeling nauseous or vomiting wait about two hours until symptoms subside then go back to full liquids again. If vomiting continues for more than a 24-hour period call our office.
- **Why do I need to drink so much water?** Proper hydration is critical during recovery from surgery. When food intake is low, it becomes even more important to drink fluids to meet the needs of your body. Dehydration is one of the most common reasons for re-hospitalization. It can cause weakness, fatigue, light-headedness, dizziness and constipation. Shrinking cells are buoyed by water, which plumps the skin and leaves it clear, healthy and resilient. You should sip constantly on water between meals. Your goal is to get up to 64 ounces of water a day.
- **Why do I sometimes feel tightness in my chest area after eating?** This can be caused by eating too fast, not chewing well enough, taking too big of a bite or drinking with meals. Stop what you are doing. Stand up and pace the floor. This may help tightness to go away sooner.
- **When can I get in a swimming pool?** Wait 6 weeks before allowing the incisional sites to soak in a tub of water; swimming pool, hot tub, or bath tub.
- **Do I have to start my vitamins right after surgery?** While this is ideal, it is not mandatory. Vitamins often cause nausea which not infrequent after surgery. If you are having trouble tolerating your vitamin regimen, wait until you have begun eating some solid food at the 2 week mark post op.



## What to Expect After Surgery

- Up and walking shortly after surgery
- Expect some pain, but it should be tolerable – 5 or less on a scale of 1 to 10.
- If pain medication is not working once you get home, call **386-585-4895** and have your pharmacy number available.
- Left shoulder pain and incisional pain is common.
- You may shower and wash your incisions with antibacterial soap but do not scrub or attempt to pull off scabs. Let the warm soapy water run over the incisions.
- Do not use alcohol or peroxide to clean incisions.
- Your extender will instruct you on resuming your regular medications after surgery.
- No lifting anything over 10 lbs. for 3 weeks after surgery.
- No strenuous exercise for 4 weeks after surgery. Work up to walking 30 minutes a day.
- Return to work when ready - Usually 1 week
- When back at work, be sure to get up every hour and walk to help prevent blood clots for first 4 weeks.
- You may resume driving as soon as you feel comfortable – As long as you are not taking any pain medications.
- No baths, hot tubs, or swimming for 6 weeks after surgery.

## When to Notify Your Surgeon

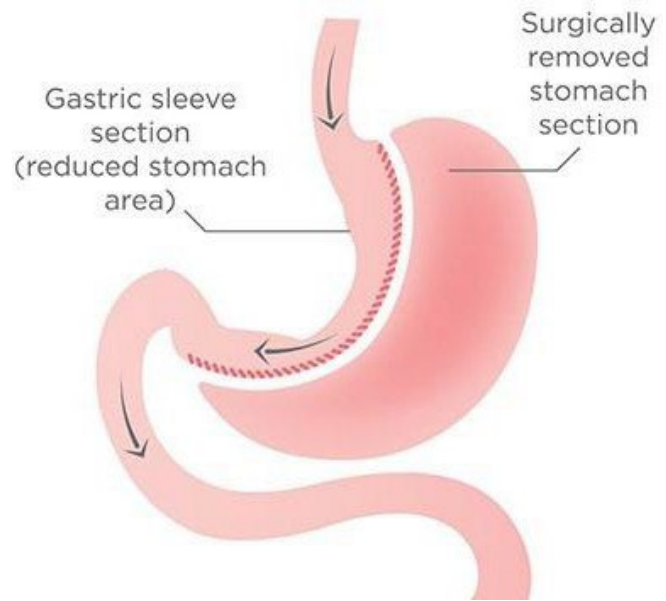
- Bright red blood in your vomit or stools
- Excessive pain in chest
- Pain, redness or swelling in legs
- Difficulty breathing or increased shortness of breath
- Inability to keep fluids down and no urination
- Frequent vomiting or diarrhea lasting more than 24 hours or abdominal pain that persists for more than 4 hours
- No bowel movements, even after Colace or Milk of Magnesia
- Uncontrollable pain or severe pain around incisions
- Increasing redness or milky, malodorous discharge from incisions
- Fever over 100.5

# Sleeve Gastrectomy Vitamin Protocol

Altering your GI structure, means changes in how much and what vitamins can be easily absorbed. Following a bariatric vitamin regimen for life, not for the first year or so after surgery, is extremely important to prevent nutrient deficiencies that can lead to permanent health issues like blindness or neuropathy.

## Why is it important to take supplements?

- Consuming mainly protein after surgery and limited variety of fruits/vegetables decreases nutrient intake from foods.
- Decrease in overall volume of food/ calorie intake does not allow adequate nutrient intake from food sources alone.
- Removing part of the stomach decreases the amount of gastric acids that are released. This decreases how much nutrients can be absorbed from foods.



## Why are over the counter vitamins not adequate after surgery?

- General, over the counter multivitamins are very inadequate after bariatric surgery.
- Typically they are inadequate in vitamin A, D, K, B12, thiamin, Calcium, and Iron.
- The cost of taking over the counter vitamins can add up due to having to buy all of these vitamins in addition to the multivitamin. This also requires >6 supplements daily to meet needs.

## Do I need a multivitamin before surgery?

- Yes! Taking a multivitamin regularly before surgery can improve health prior to surgery and decrease the risk for nutrient deficiencies prior to surgery.
- If you have vitamins at home that are not expired, continue taking them regularly. If you do not have them at home, you may purchase one from the PWLC store in preparation of your upcoming surgery.
- Continue any prescription vitamins your doctor has prescribed and make sure you inform your dietitian of any supplements that you are taking prior to surgery. This may need to be adjusted after surgery.

# Sleeve Gastrectomy Vitamin Protocol

## General Vitamin Instructions:

- START taking vitamins when you start your full liquid diet after surgery. Contact your dietitian if you have any trouble tolerating your vitamins.
- Take multivitamins 4 hours away from thyroid or antacid medication
- Take any additional calcium or iron 2 hours away from each other and multivitamins
- Take any iron, or multivitamins with iron, 2 hours away from dairy foods that are high in calcium.

## Multivitamin Options: Choose one option below.

Bariatric Advantage Ultra Solo Chewable – with Iron	Take 1 chewable tablet daily.	\$54.50 for 3 month supply
Bariatric Advantage Ultra Solo Capsule with Iron	Take 1 capsule daily.	\$25.50 for 1 month supply \$56.25 for 3 month supply
Bariatric Advantage Ultra Solo Capsule without Iron	Take 1 capsule daily.	\$24.50 for 1 month supply \$54.00 for 3 month supply

## Additional Calcium Options:

500 mg Calcium Citrate Soft Chew (fruit variety, strawberry, or orange)	1 chew each day	\$39.50 for 3 month supply
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## Additional Recommended Supplements

Bariatric Advantage FloraVantage Probiotic	Take 1-2 capsule daily	\$42.00 for a 2 month supply
Ultima - hydration and electrolytes	One scoop daily	\$21.00 for a 1 month supply

## Managing Nausea with Vitamins

- Try taking your vitamins with food.
- This can be challenging immediately post-op as there generally is not enough room (i.e., space in your new smaller stomach) for both food and vitamins. Many patients report feeling full with just taking their chewable vitamins. If that is the case, consider taking them after drinking a liquid protein shake or meal replacement.
- There are also some products that combine the multivitamin supplement with fiber in a liquid consistency that may decrease the effect of nausea. Other products combine the multivitamin supplement with fiber and protein, which may further decrease the effect of nausea.
- Consider splitting up your dose.
- Cut your chewable tablet in half and increase the number of supplement sessions to further decrease the risk of nausea during this short-term period.

Shop online at [www.shop.floridacoastweightloss.com](http://www.shop.floridacoastweightloss.com)

# Duodenal Switch Vitamin Protocol

Altering your GI structure, means changes in how much and what vitamins can be easily absorbed. Following a bariatric vitamin regimen for life, not for the first year or so after surgery, is extremely important to prevent nutrient deficiencies that can lead to permanent health issues like blindness or neuropathy.

## Why is it important to take supplements?

- Consuming mainly protein after surgery and limited variety of fruits/vegetables decreases nutrient intake from foods.
- Decrease in overall volume of food/ calorie intake does not allow adequate nutrient intake from food sources alone.
- Removing part of the stomach decreases the amount of gastric acids that are released. This decreases how much nutrients can be absorbed from foods.

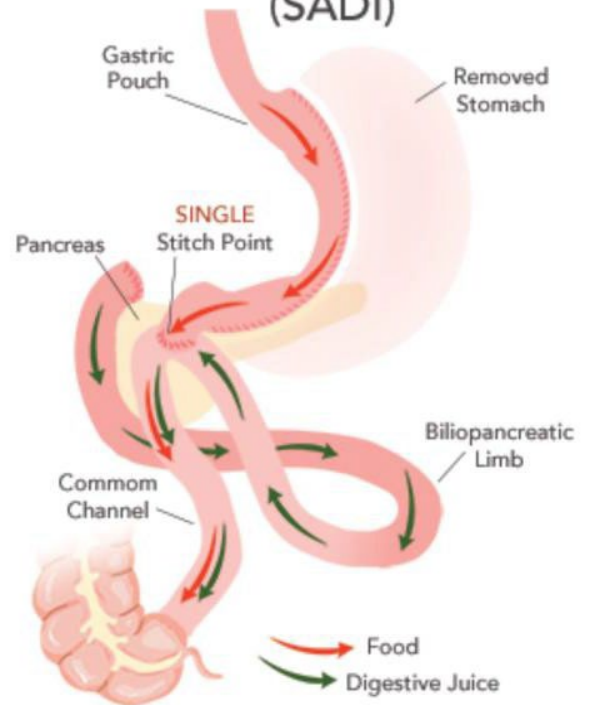
## Why are over the counter vitamins are not adequate after surgery?

- General, over the counter multivitamins are very inadequate after bariatric surgery.
- Typically they are inadequate in Vitamin A, D, K, B12, Thiamin, Calcium, and Iron.
- The cost of taking over the counter vitamins can add up due to having to buy all of these vitamins in addition to the multivitamin. This also requires >6 supplements daily to meet needs.

## Do I need a multivitamin before surgery?

- Yes! Taking a multivitamin regularly before surgery can improve health prior to surgery and decrease the risk for nutrient deficiencies prior to surgery.
- If you have vitamins at home that are not expired, continue taking them regularly. If you do not have them at home, you may purchase one from the FCWLC store in preparation of your upcoming surgery.
- Continue any prescription vitamins your doctor has prescribed and make sure you inform your dietitian of any supplements that you are taking prior to surgery. This may need to be adjusted after surgery.

## Single Anastomosis Duodeno-Ileal (SADI)



# Duodenal Switch Vitamin Protocol

## General Vitamin Instructions:

- START taking vitamins when you start your full liquid diet after surgery. Contact your dietitian if you have any trouble tolerating your vitamins.
- Take multivitamins 4 hours away from thyroid or antacid medication
- Take any additional calcium or iron 2 hours away from each other and multivitamins
- Take any iron, or multivitamins with iron, 2 hours away from dairy foods that are high in calcium.
- STOP taking vitamins 3 days prior to any vitamin lab draw to show actual vitamin stores in your body.

## Multivitamin Options: Choose one option below.

Bariatric Advantage Ultra Solo Chewable – with Iron	Take 1 chewable tablet daily.	\$54.50 for 3 month supply
Bariatric Advantage Ultra Solo Capsule with Iron	Take 1 capsule daily.	\$25.50 for 1 month supply \$56.25 for 3 month supply
Bariatric Advantage Ultra Solo Capsule without Iron	Take 1 capsule daily.	\$24.50 for 1 month supply \$54.00 for 3 month supply

## Additional Required Calcium.

### Recommend total of 1500 mg daily (with food and supplements)

500 mg Calcium Citrate Soft Chew (fruit variety, strawberry, or orange)	2 chews each day	\$39.50 for 1.5 month supply
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## Additional Recommended Vitamins

Bariatric Advantage FloraVantage Probiotic	Take 1 capsule daily	\$42.00 for a 2 month supply
Bariatric Advantage B-50 Complex (as required)	Take 2 capsule in the morning	\$30.00 for a 2 month supply
Ultima - hydration and electrolytes	One scoop daily	\$21.00 for a 1 month supply

## Managing Nausea with Vitamins

- Try taking your vitamins with food.
- This can be challenging immediate post-op as there generally is not enough room (i.e., space in your new smaller stomach) for both food and vitamins. Many patients report feeling full with just taking their chewable vitamins. If that is the case, consider taking them after drinking a liquid protein shake or meal replacement.
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# Side Effects of NOT Taking Bariatric Vitamins

Not following your physician's recommendations to take the appropriate vitamin and mineral supplements can lead to severe consequences, including death. In addition, it is extremely important to be sure to follow-up with your physician to have your nutritional laboratory studies completed as recommended. Getting your labs done can help your physician to make adjustments to your supplement plan decreasing the risk of nutritional deficiencies. Below are some of the more common potential nutritional deficiencies and the potential side effects of not achieving proper nutritional balance.

**Vitamin A.** Vitamin A plays a role in vision, immunity, and many other processes. Deficiencies of vitamin A may lead to the inability to adapt to darkness, night blindness, and blindness (27). Patients suffering from vitamin A deficiency may also experience an increased susceptibility to infectious diseases and diarrhea (27). It has been shown that a vitamin A deficiency may worsen iron deficiency anemia (27). Low levels of zinc may alter vitamin A metabolism (28,29).

**Vitamin C.** Vitamin C cannot be made by humans and therefore must be obtained vitamin C from the diet and/or supplements. A deficiency of vitamin C may lead to scurvy resulting in weakness, fatigue, curly hair, and sore arms and legs. Patients may also experience bleeding gums with a vitamin C deficiency.

**Vitamin D.** A deficiency in vitamin D causes the body to not absorb calcium effectively. In addition, it may lead to liver and kidney disorders, as well as, softening of the bones. The softening of the bones may increase the risk of bone fractures.

**Vitamin E.** Vitamin E deficiency is rare, but it does affect the ability to use other fat-soluble vitamins (vitamins A, D, and K). It may also lead to sterility in males and spontaneous abortions in females.

**Vitamin K.** A deficiency of vitamin K increases the risk of osteoporosis and heart disease. It also causes you to bruise more easily. In addition, it lengthens the time it takes for your blood to clot (after a cut for example or larger internal injury).

**Thiamin.** A thiamin deficiency affects the heart, digestive system, and nervous system and can result in severe consequences, including death. If this deficiency is not detected and quickly treated, the patient's learning and memory can be permanently altered. Coma and death can be the end result if treatment is not initiated.

- The initial stages of thiamin deficiency include indigestion, constipation, malaise, heaviness and weakness of the legs, tender calf muscles, "pins and needles" feeling and numbness in the legs, and increased pulse rate and heart palpitations.
- Wet beriberi leads to edema, tense calf muscles, a fast pulse, distended neck veins, an increase in blood pressure, and decreased urine output.
- Dry beriberi leads to worsening of the early stage symptoms, such as the weakness and numbness of the hands and feet, difficulty walking, and Wernike-Korsakoff syndrome (WKS). WKS leads to a loss of immediate memory, disorientation, jerky movement of the eyes, and a staggering gait.
  - While this condition is relatively rare among bariatric surgery patients, it is possible after surgery due to the changes in eating habits, and a potential reduction in nutrient absorption. This risk of WKS is increased if the patient is experiencing frequent vomiting.
- Ultimately, if not caught and left untreated, a thiamin deficiency can lead to cardiac failure and death.

Keep in mind this nutrient is not stored in large amounts in the body and MUST be replenished daily through either food or supplementation (or a combination of the two).

**Riboflavin.** A riboflavin deficiency may lead to tearing, burning, or itching of the eyes; soreness and burning of the lips, mouth, or tongue; inflammation or swelling at the corner(s) of the mouth; a purple and swollen tongue; and peripheral neuropathy. Peripheral neuropathy results in damage to the peripheral nerves that often causes weakness, numbness, and pain generally in the hands and feet.

**Niacin.** A deficiency in niacin may lead to muscular weakness, indigestion, tremors, a sore tongue, confusion, disorientation, and pellagra. Pellagra is characterized by the 4 D's - dermatitis (condition related to the skin), diarrhea, dementia, and death).

**Vitamin B6.** A deficiency in vitamin B6 may lead to a type of anemia, peripheral neuropathy (results in damage to the peripheral nerves that often causes weakness, numbness, and pain generally in the hands and feet), convulsions, and irritability.

**Folate.** A folate deficiency may also lead to a type of anemia. If a deficiency occurs during pregnancy, this may result in neural tube defects of the child.

**Vitamin B12.** A deficiency in vitamin B12 may lead to fatigue, pale skin, tingling in the hands, and may eventually lead to anemia, and neurological disorders. Other symptoms of vitamin B12 deficiency include heart palpitations, shortness of breath, lightheadedness, diarrhea, vision loss, memory loss, and depression.

**Iron.** Iron deficiency may cause anemia (when the body does not have enough red blood cells and is not able to carry enough oxygen throughout the body), which results in fatigue, pallor (unhealthy pale appearance), hair loss, and an inability to be physically active to your full potential (i.e., you feel winded doing things that were relatively easy previously).

**Calcium.** Calcium deficiency may lead to osteoporosis and/or an increased risk of bone fracture.

**Magnesium.** A magnesium deficiency may lead to muscle tremors, convulsions, irritability, and tetany (a condition marked by intermittent muscle spasms). This deficiency may also lead to hyperreflexia which involves overactive or overresponsive reflexes. Another possibility is hypoflexia which involves below normal or absent reflexes.

**Zinc.** A zinc deficiency may lead to brittle nails, hair loss, and skin changes. A zinc deficiency also makes it take longer for wounds to heal and may lead to hypogonadism (when the sex glands produce too little or no sex hormones). A mild anemia may also occur due to low levels of zinc. Patients may experience a change in taste acuity (tastes are not as strong) with a zinc deficiency. Another possible symptom related to zinc deficiency is diarrhea.

**Selenium.** A selenium deficiency can lead to muscle pain and tenderness, and more importantly cardiomyopathy (a condition that causes heart muscle weakness that can lead to an increased risk of death). In addition a deficiency in selenium may lead to the pancreas not functioning at 100%, meaning that it is not as effective at secreting enzymes that help aid in digestion and hormones that help regulate the metabolism of sugars.

**Copper.** A copper deficiency may lead to an unhealthy appearance, edema, an increased risk of osteoporosis, testicular failure, changes in eye health, and cardiomyopathy (a condition that causes heart muscle weakness that can lead to an increased risk of death). A deficiency in copper may also reduce your immune function.

The only way to find out if you have some of the above deficiencies is through regular nutritional laboratory testing. Some symptoms from nutritional deficiencies will look like other side effects associated with bariatric surgery and a physical exam may not be enough to diagnose some of these deficiencies. Keep in mind, if you are not seeing your bariatric surgeon for post-operative care, it is important to see a physician that understands your post-operative needs. In general, the standard yearly physical labs that your family doctor (or primary care physician) may complete DO NOT cover the nutritional laboratory tests necessary following bariatric surgery.

<https://celebratevitamins.com/pages/bariatric-vitamin-ultimate-guide>



# Online Bariatric Course Curriculum

We have developed a comprehensive Pre and Post-Operative video course series. It has been designed to assist and prepare you for your journey ahead and may be done from the comfort of your home. Designed to minimize office visits, you may work through this curriculum at your own speed. This course is provided through a program called **Coach Catalyst** and accessed through the **MyCoach** app.

## Pre-Operation Video Course – FAST TRACK

This course walks you through everything you need to know about your bariatric surgery. From payment options to surgery details, from nutrition plans to behavior modifications, from what to expect the day of surgery to setting goals for long-term success.

Having bariatric surgery is a big decision and can't be taken lightly. You need to know exactly which surgery is best for you and what you should expect in the process. With this course, most patients can reduce the number of in-person visits to our clinic. This means avoiding the trouble of arranging your schedule and getting all the knowledge you need from your own home.

The 19 modules in the course cover everything you need to know to feel confident about your decision to get your life back. You are required to complete all the modules in this section before proceeding to surgery and a certificate will be issued upon completion.

## Post-Operation Video Course

This course teaches everything you need to know to get the most out of your bariatric surgery. It includes virtual office visits, dietary tips, lessons on managing the mind and emotions, and even an exercise plan for the beginner.

Surgery is a tool. To see results, you must use the tool properly. Now that you've completed surgery, it's time to focus on the behaviors that will maximize results and transform your life. With this course, most patients can reduce the number of in-person visits to our clinic. This means avoiding the trouble of arranging your schedule and getting all the knowledge you need from your own home.

The 30 modules in the course cover everything you need to know to stay on the fast track to the new you. The videos in the course are NOT required to complete but may be used as a reference library.

## Post-Operation Finish Strong Course

The **Finish Strong program** was designed specifically for our patients who have used surgery as a tool in their weight loss toolbox. This course was designed to prepare your body for transformation. Beginning 8 weeks after surgery we will engage you on a daily basis for the next 3 months. Our Health Coaches and Personal Trainers will help you unpack information on nutrition, movement and lifestyle strategies to help you reach your health, wellness and weight loss goals. We are so excited to come alongside you on this journey. The course utilizes the MyCoach app with an extensive online curriculum in conjunction with Health Coaches who will guide you through the process. Your initial Health Coaching visit is included with the Bariatric Package. Supplementary health coaching, nutritional, and personal training visits following this initial visit may be purchased ala carte to provide additional support throughout your journey.

# Pre-Op Bariatric Surgery Diet

## Notes:

- **Start 2 weeks prior to surgery**
- **Nutrition Goals:**
  - **Calories: 1000-1200 per day**
  - **Protein: 80-100 gm per day**
  - **Fiber: 25 gm per day**
  - **Carbs: < 50 gm per day**
  - **Water: 64+ oz per day**

## 2 Week Pre-Op Diet

- **Following a High Protein – Low Calorie diet in this phase will allow the body to use stored energy, such as fat stored in the liver. The goal of this diet is to help shrink the liver, which will aid in lowering surgical risks.**
- **The pre and post-operative diets are designed to making your system “fat adapted”. Fat adaption is a term you will learn about in your Finish Strong Program.**

### Week 1:

**Breakfast:** 1 protein shake (10-14 oz; < 250 calories, 20-30 g protein, <5 g sugar)

**Lunch:** 3-4 oz protein of choice, 1-2 cups of non-starchy vegetables

**Dinner:** 3-4 oz protein of choice, 1-2 cups of non-starchy vegetables

Optional Snacks: 1 cup of non-starchy vegetables, 1 oz nuts, 1 string cheese, protein drink.

\*Please see next page for sample menu

### Week 2:

**Breakfast:** 1 protein shake (10-14 oz; < 250 calories, 20-30 g protein, <5 g sugar)

**Lunch:** 1 protein shake (10-14 oz; < 250 calories, 20-30 g protein, <5 g sugar)

**Dinner:** 3-4 oz protein of choice, 1-2 cups of non-starchy vegetables

Optional Snacks: 1 cup of non-starchy vegetables, 1 oz nuts, 1 string cheese, protein drink.

# Week 1

## Breakfast:

Almond Shake

[Calories: 348, Carbs: 9 g, Protein: 24 g, Fat: 23 g]

- 2 scoops protein powder (found in FCWLC store)
- 1 tbsp almond butter
- 6-8 oz unsweetened almond milk

Directions: Mix ingredients together in a blender along with ice. Blend until desired consistency and enjoy

## Lunch:

Tuna Wrap

[Calories: 312, Carbs: 6 g, Protein 25 g, Fat: 19 g]

- 2 oz canned tuna
- 2 tbsp. unsweetened olive oil or avocado mayonnaise
- 1 tsp olive oil
- ½ cup shredded green pepper
- 1 cup romaine lettuce (~2 large leaves)

Directions: Mix tuna, mayonnaise, and green pepper together. Wrap with lettuce leaves, drizzle evenly with olive oil, and enjoy. May top with salsa if desired.

## Dinner:

Picnic Spread

[Calories: 441, Carbs: 16 g, Protein: 17 g, Fat: 35 g]

- 2 oz. rotisserie chicken OR 1 oz mozzarella
- ¾ cup raw celery
- ¾ cup sliced cucumber
- ½ cup sliced red, yellow, or green bell peppers
- 4 tbsp. mashed/sliced avocado
- 1 oz almonds

Directions: On a plate, assemble all ingredients. Use veggies to dip in avocado

## Snacks:

Celery & Nut Butter

[Calories: 121, Carbs: 6 g, Protein: 5 g, Fat: 9 g]

- 1 cup celery, cut into strips
- 3 tsp almond butter

Directions: Spoon almond butter onto each piece of celery or use it for dipping.

## ➤ Alternative options:

- Protein powder of choice
  - Available in the FCWLC store
  - Ascent – Vanilla or Chocolate
- Premier Protein
- Muscle Milk
- Fairlife Protein

[www.shop.floridacoastweightloss.com](http://www.shop.floridacoastweightloss.com)

## Week 2

### Breakfast:

Vanilla Flaxseed Shake

[Calories: 355, Carbs: 11 g, Protein: 25 g, Fat: 25 g]

- 2 scoops protein powder (found in FCWLC store)
- 3 tbsp. ground flaxseed
- 6-8 oz unsweetened almond milk

Directions: Mix ingredients together in a blender along with ice. Blend until desired consistency and enjoy

### Lunch:

Chicken Salad

[Calories: 312, Carbs: 6 g, Protein 25 g, Fat: 19 g]

- 3-4 oz grilled chicken
- 2 cups spinach or mixed greens
- ¼ onion
- ½ tomato
- ¼ cucumber
- ¼ avocado
- 10 olives
- 1 tsp olive oil

Directions: Mix all ingredients together in a bowl. Squeeze fresh lemon juice, drizzle with olive oil, and add sea salt and pepper to taste.

### Dinner:

Coconut Shake

[Calories: 320, Carbs: 8 g, Protein: 21 g, Fat: 24 g]

- 2 scoops protein powder (FCWLC store)
- 3 tbsp. unsweetened shredded coconut
- 6-8 oz unsweetened almond milk

Directions: Mix ingredients together in a blender along with ice. Blend until desired consistency and enjoy

### Snacks:

Egg & Yogurt

[Calories: 274, Carbs: 8 g, Protein: 16 g, Fat: 20 g]

- 1 whole egg, hard-boiled
- ½ cup Greek yogurt
- 6 almonds

Directions: Slice hard-boiled egg and sprinkle with salt and pepper. Add side of Greek yogurt topped with crushed almonds.

### ➤ Alternative options:

- Protein powder of choice
  - Available in the FCWLC store
  - Ascent – Vanilla or Chocolate
- Premier Protein
- Muscle Milk
- Fairlife Protein

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# Medication List and Instructions

## **Pre op medications (Before Surgery)**

1. **Hibiclens:** 4 oz soap: Use half of the bottle the night before surgery and scrub from collar bones to top of thighs, then morning of surgery use other half of the bottle and follow same directions as above.
2. **Emend 40mg (generic name Aprepitant):** Take 1 capsule, 2 hours prior to surgery with a sip of water. This medication is used to decrease nausea after surgery.
3. **Tylenol Extra Strength 500mg (generic Acetaminophen) – OTC (over the counter):** Take 2 capsules, 2 hours prior to surgery with a sip of water. This is used to begin pain control.
4. **Celebrex 200mg (May substituted with any other NSAID):** Take 2 capsules, 2 hours prior surgery with a sip of water. This is used to begin pain control.
5. **Lyrica 75mg (May be substituted with Gabapentin 300mg):** Take 1 capsule, 2 hours prior to surgery with a sip of water. This is used to begin pain control.

## **Post-op medications (After surgery)**

1. **Zofran 4 mg (generic name Ondansetron):** Take 1 every 4 hours as needed for nausea and vomiting.
2. **Prevacid 15 mg (generic name lansoprazole):** Take 1 tablet by mouth daily for at least 6 weeks. This medication is used to decrease the acid production in your stomach. **If you are already taking a Proton Pump Inhibitor (PPI) continue this for 6 weeks after surgery.**
3. **Colace 100 mg (generic name Docusate):** Take one by mouth twice a day for one month to decrease constipation.
4. **Mylicon 0.6 ml Drops (generic name Simethicone 125 mg tablets or Gas X):** Take every 4 hours by mouth as needed to help decrease gas. You will experience increased gas production for the first couple of weeks after bariatric surgery. (You may also experience some shoulder pain which is very common. This is due to the gas that is used to inflate your abdomen during surgery. The best way to alleviate this pain is to get up and walk and take deep breaths.)
5. **Eliquis 2.5 mg tablets:** 1 tablet twice daily, starting 3 days after surgery for 30 days. (make sure to do paperwork for coverage)

## **PAIN CONTROL TO BEGIN ONCE HOME FOR 7 DAYS CONTINUOUSLY**

6. **Celebrex 200mg (May substitute with any other NSAID)** Take 1 capsule twice daily for 7 days post op. This is used for pain control.
7. **Lyrica 75mg (May be substitutes with Gabapentin 300mg)** Take 1 capsule twice daily for 7 days post op. This is also used for pain control.
8. **Tylenol extra Strength 500mg (generic Acetaminophen) – OTC (over the counter)** Take 2 every 6 hours for 7 days post op. This is used for pain control.

## **PAIN MEDICAITON TO USE IF ABOVE DOESN'T MANAGE PAIN**

9. **Tramadol 50 mg tablets:** Take 1-2 tablets by mouth every 4-6 hours as needed for pain.

## **Vitamins Needed by Case**

### **VERY IMPORTANT!!**

#### **SLEEVE**

- Bariatric Advantage UltraSolo with or without Iron (Chewable or Capsule).
- Bariatric Advantage Calcium Chew (1 per day)
- Bariatric Advantage FloraVantage Balance Probiotic (alternative Thorne FloraMend Prime Probiotic)

#### **SWITCH**

- Bariatric Advantage UltraSolo with or without Iron (Chewable or Capsule).
- Bariatric Advantage Calcium Chew (2 per day)
- Bariatric Advantage FloraVantage Balance Probiotic (alternative Thorne FloraMend Prime Probiotic)
- Bariatric Advantage Vitamin B50 Complex

# Post-Op Bariatric Surgery Diet

## Notes:

- No caffeine for 30 days!
- No carbonation- avoid lifelong after surgery!
- No straws! (minimal 2 weeks to prevent taking in additional air)
- Sip-sip-sip!
  - Sip fluids slowly towards goal of 48-64 oz daily
- Protein Goals:
  - Sleeve Gastrectomy:
    - Women 60-80 grams per day
    - Men 80-100 grams per day
  - LDS:
    - Women 80-100 grams per day
    - Men 100-120 grams per day

## Foods List!

### Clear protein drinks:

- Health wise fruit drinks
- Protein 2.0
- Isopure
- Atkins lift

### Meals:

- Bouillon (beef, chicken, vegetable)
- Broth (beef, chicken, vegetable)
- Sugar free jello

### Other beverages:

- Decaf tea, coffee
- Dasani flavored water
- Water enhancers (crystal light, Mio, infused waters with fruits & vegetables)
- Sugar free fruit juices (apple, cranberry, grape)
- Ocean Spray light juices
- Welch's light juices
- V8 Fusion (fruit juices) light

### Electrolyte replacements: (choose sugar free, or ZERO)

- Gatorade Zero
- PowerAde Zero
- Pedialyte
- Propel workout water

## Clear Liquids (24 hours after surgery)

- Begin right after surgery.
- Stay on **clear liquids for no longer than 48 hours** but you may advance to full liquids at 24 hours after surgery.
- **Begin bariatric multivitamin regimen once you start full liquids.**

### Notes:

- **Fluid Goals: At least 64 oz**
- **Protein Goals for Sleeve Gastrectomy:**
  - Women 60-80 grams per day
  - Men 80-100 grams per day
- **Protein Goals for LDS:**
  - Women: 80-100 grams per day
  - Men: 100-120 grams per day
  
- **Exercise goal: walk 5 minutes every 1-2 hours will help prevent blood clots.**

## Full liquids

(Begin 24 hours after your surgery - thru day 14)

Helpful tips for nausea:

- Avoid overeating
  
- Drink plenty of fluids (nausea is often triggered due to dehydration)
  
- Continue tracking protein & fluids (either on phone app such as Baritastic and/or written journal)
  
- Avoid carbonated beverages of any kind!
  
- Avoid eating and drinking at the same time!
  
  
- May be sensitive to lactose (gas/bloating/nausea/upset stomach)
  
- Foods high in salt are OK if tolerated for extra electrolytes if having trouble staying hydrated.

## Foods List!

Full protein drinks (protein powders)

- Ascent Protein Powder
- TruLean Fed Whey Protein
- Bariatric Advantage High Protein Meal Replacement (HPMR)

Mixed with:

- Water
- Milk (May need to avoid Lactose –protein found in milk)
- Soy milk
- Rice milk
- Almond milk
- Coconut milk
  - All milk alternatives should be sugar-free/unsweetened

**Remember!** MOST pre-made protein shakes bought in the store are high in volume- Aim to avoid volumes larger than 6oz at 1 time for the first 1-2 weeks after bariatric surgery.

Meals:

- Cream soups (chicken, vegetable, etc.)  
\*\*\*MUST BE: STRAINED- NO CHUNKS \*\*\*
- Cream of wheat, Malt-O-Meal, Grits, Oatmeal (very thin) – enjoy these foods in moderation due to highly carbohydrate content
- Yogurt (Dannon Greek Light & Fit, Yoplait Greek 100, Dannon Greek OIKOS Triple Zero)

*SUGAR FREE OPTIONS – should be enjoyed in moderation! Just because it says “SUGAR FREE or NO SUGAR ADDED” does not mean it is the healthiest option for you long-term.*

- Sugar free fudgesicle
- Sugar free pudding
- Applesauce



## Clear + Full Liquids Sample Menus

<b>Protein</b>		
20-30g	<b>Breakfast</b>	Protein shake
		Stay within 4-6 fl oz
15g	<b>Snack</b>	8-16oz clear protein drink
		Sipping on 8-16oz of a clear protein drink in between meals will count towards your overall fluid goal for the day and count towards protein goal for the day.
20-30	<b>Lunch</b>	4oz broth + 2 oz yogurt
		Add protein powder if needed to meet protein goals only
0g	<b>Snack</b>	Sugar free popsicles or sugar free fudgsicle
20-30	<b>Dinner</b>	Protein shake or cream soup
		Stay within 4-6 fl oz
		Add protein powder if needed to meet protein goals only
Total:		Can utilize products fortified with protein in them such as Health Wise soups
75-105g		

<b>Protein</b>		
20-30g	<b>Breakfast</b>	Protein shake (made with protein powder)
		Stay within 4-6 fl oz
0-15g	<b>Snack</b>	Sugar free jello
20-30	<b>Lunch</b>	6oz drinkable yogurt or 5-6oz greek yogurt
		Add protein powder if needed to meet protein goals only
0-15g	<b>Snack</b>	Sugar free pudding
		Add protein powder if needed to meet protein goals only
20-30	<b>Dinner</b>	Broth or cream soup
		Stay within 4-6 fl oz
		Add protein powder if needed to meet protein goals only
Total:		
60-120g		

<b>Protein</b>		
20-30g	<b>Breakfast</b>	Cream of wheat or malt-o-meal
		Stay within 4-6 fl oz
		Add unflavored or vanilla protein powder
		Add 4oz Fair Life milk for additional 6-7g protein
15-17g	<b>Snack</b>	1 clear protein drink
20-30	<b>Lunch</b>	Protein shake
		Stay within 4-6 fl oz
0-15g	<b>Snack</b>	Unsweetened apple sauce
		Add protein powder
20-30	<b>Dinner</b>	5-6 oz greek yogurt + 1-2 tablespoons powdered peanut butter
Total:		
75-122g		

## Post-Op (Weeks 1-2) Bariatric Surgery Meal Schedule

Plan ahead and create a time schedule that best suits your day!

	6:30-7:00 am	Water- 4 oz
	7:00-7:30 am	No Food/Fluids
	<b>7:30-8:00 am</b>	<b>Breakfast (6-8 oz full liquid meal)</b>
	8:00-8:30 am	No Food/Fluids
	8:30-11:30 am	Water- sip, sip, sip- 12 oz (4 oz every hr) 1 protein water drink if needed to meet protein requirements
	11:30- 12:00 pm	No Food/Fluids
	<b>12:30- 1:00 pm</b>	<b>Lunch (6-8 oz full liquid meal)</b>
	1:00- 1:30 pm	No Food/Fluids
	1:30- 2:30 pm	Water- sip, sip, sip- 4 oz
	2:30- 3:00 pm	No Food/Fluids
	<b>3:00- 3:30 pm</b>	<b>PM Snack (6-8 oz full liquid meal)</b>
	3:30- 4:00 pm	No Food/Fluids
	4:00- 5:30 pm	Water- sip, sip, sip- 6 oz (4 oz every hr) 1 protein water drink if needed to meet protein requirements
	5:30- 6:00 pm	No Food/Fluids
	<b>6:00- 6:30 pm</b>	<b>Dinner (6-8 oz full liquid meal)</b>
	6:30- 7:00 pm	No Food/Fluids
	7:00- Bedtime	Water- sip, sip, sip- 4 oz fluids/hr until bedtime

- Aim for 20-30 g protein per meal/ 5-15 g protein/snack: Add protein powder if needed
- Aim for 64 oz decaf, sugar-free, non-carbonated fluids/day

### Notes:

- **Fluid Goal: 48-64 oz per day**
- **Meet protein goals! See initial page for goals.**

## Soft & Moist Proteins (Week 3 & 4)

- Stay on this phase for 2 weeks!**
- 30/30 RULE!** Stop drinking fluids 30 minutes before a meal & wait 30 minutes after your meal before drinking fluids again
- This is to help prevent filling up on fluids before a meal.

- Prevent overloading the stomach after eating which could cause nausea, regurgitation, heartburn, and early gastric emptying.

- Take small nickel size bites
- Practice mindful eating (20-30 minutes to complete a meal)
- 3 meals + 2 snacks (eating about every 3 hours)

### Foods List!

Meat- Must be MOIST, TENDER MEATS. (Ground, Diced, Pureed).

- o Fish: tuna, salmon, cod, tilapia, shrimp
- o Chicken
- o Turkey
- o Ground Beef (limit if necessary)- NO STEAK OR FAJITA BEEF
- o Baby food meats (if necessary)

#### TIPS:

- Can cook in crock pot to add moisture to meats
- Use 1-2 tablespoons of olive oil at a time
- Can add reduced sodium & sauces to soften meat such as: gravies, bouillon, light mayo (made with olive oil)

#### Eggs & Egg Substitutes & Dairy:

- o Eggs
- o Egg whites
- o Eggbeaters
- o Cottage cheese
- o Mozzarella
- o Cheddar
- o Feta cheese

#### TIPS:

- Can prepare scrambles eggs, poached eggs.
- Use 1-2 tablespoons of olive oil at a time

#### Plant Proteins: **Consume in moderation**

- o Refried beans (1/4 cup serving at a time)
- o Hummus (chickpeas)
- o Legumes
- o Lentils
- o Black beans
- o Kidney beans
- o Pinto beans
- o Peas (split, cooked)

**Remember! NO POTATOES, BREAD, PASTA, RICE, SIMPLE SUGARS (cake/cookies/sweets), or FRUITS**

## Soft & Moist Proteins Sample Menus

<b>Breakfast</b>	Cream of wheat with milk or milk alternative
	Stay within 4-6 fl oz
<b>Snack</b>	Protein 2.0 (clear protein drink)
	Sipping on 8-16 oz of a clear protein drink in between meals will count towards your overall fluid goal for the day and count towards protein goal for the day.
<b>Lunch</b>	2-3 oz Tuna (canned in water, add 1 tablespoon mayo) + 2 oz cottage cheese
<b>Snack</b>	Protein shake
	Stay within 4-6 fl oz
<b>Dinner</b>	2-3 oz shredded chicken + 1/3 cup kidney or black beans

<b>Breakfast</b>	Protein shake
	Stay within 4-6 fl oz
<b>Snack</b>	Unsweetened applesauce
	Add protein powder
<b>Lunch</b>	4oz greek yogurt + 1-2 oz thin sliced deli turkey + sugar free popsicle
<b>Snack</b>	8-16 oz clear protein drink
<b>Dinner</b>	2-3 oz fish + 2 oz cream soup (tomato, chicken) with sprinkle of shredded cheese

<b>Breakfast</b>	1 soft scrambled egg or 1 egg white with sprinkle of shredded cheese + 2-4 oz Greek yogurt
<b>Snack</b>	Protein 2.0 (clear protein drink)
	Sipping on 8-16 oz of a clear protein drink in between meals will count towards your overall fluid goal for the day and count towards protein goal for the day.
<b>Lunch</b>	2 oz ricotta cheese with spaghetti sauce + 2-3 oz lean ground turkey meat
<b>Snack</b>	Sugar free pudding or sugar free jello
<b>Dinner</b>	2-3 oz soft/chopped pork tenderloin +2 oz cottage cheese

## Post-Op (Weeks 3+) Bariatric Surgery Meal Schedule

Plan ahead and create a time schedule that best suits your day!

	6:30-7:00 am	Water- 4 oz
	7:00-7:30 am	No Food/Fluids
	<b>7:30-8:00 am</b>	<b>Breakfast</b>
	8:00-8:30 am	No Food/Fluids
	8:30-9:30 am	Water- sip, sip, sip- 8 oz
	9:30- 10:00 am	No Food/Fluids
	<b>10:00- 10:30 am</b>	<b>AM snack</b>
	10:30- 11:00 am	No Food/Fluids
	11:00 am- 12:00 pm	Water- sip, sip, sip- 16 oz
	12:00- 12:30 pm	No Food/Fluids
	<b>12:30- 1:00 pm</b>	<b>Lunch</b>
	1:00- 1:30 pm	No Food/Fluids
	1:30- 2:30 pm	Water- sip, sip, sip- 8 oz
	2:30- 3:00 pm	No Food/Fluids
	<b>3:00- 3:30 pm</b>	<b>PM Snack</b>
	3:30- 4:00 pm	No Food/Fluids
	4:00- 5:30 pm	Water- sip, sip, sip- 16 oz
	5:30- 6:00 pm	No Food/Fluids
	<b>6:00- 6:30 pm</b>	<b>Dinner</b>
	6:30- 7:00 pm	No Food/Fluids
	7:00- 8:00 pm	Water- sip, sip, sip- 8 oz
	8:00- 8:30 pm	No Food/Fluids
	<b>8:30- 9:00 pm</b>	<b>Bedtime Snack</b>
	9:00- 9:30 pm	No Food/Fluids
	9:30- Bedtime	Water- sip, sip, sip- 8 oz

- Aim for 20-30 g protein per meal/ 5-15 g protein/snack. Add protein powder if needed
- Schedule above provides 68 oz of water/day- goal is >64 oz decaf, sugar-free, non-carbonated fluids/day

## Foods List! (Add these foods onto the previously shown “soft & moist proteins” list)

Fruits: MUST be soft, chew well

- Blueberries
- Blackberries
- Raspberries
- Strawberries

### TIP

- Stick with these fruits for a lower-glycemic option, which will help keep your blood sugar stabilized and promote weight loss.

Vegetables: MUST BE SOFT, NOT RAW \*\*CAUTION SKINS\*\*

- Avocados
- Beets
- Carrots
- Eggplant
- Green beans
- Pumpkin
- Bell pepper
- Onion
- Spaghetti squash
- Spinach
- Yellow squash
- Zucchini

NOTE: Refer to Food List attached to your Pre-Op diet information for more vegetable options

BE MINDFUL OF THESE: Introduce these vegetables one at a time to assess tolerance – CAN CAUSE BLOATING, EXCESS GAS, AND ABDOMINAL DISCOMFORT.

- Asparagus
- Broccoli
- Cauliflower
- Celery
- Green bell pepper
- Cabbage

STARCHY/COMPLEX CARBS: \*\*These are easy to mash up, but keep in mind they are “starchy”, which means they will break down into sugar\*\*

- Sweet potatoes
- Squash (winter, acorn, butternut)
- Yams

**Remember! NO BREAD, PASTA, RICE, SIMPLE SUGARS**

## Soft Proteins/ Low Fiber (Week 5-7)

- IF you are comfortable with soft protein foods, begin adding into diet SOFT/COOKED fruits & vegetable.
- **Stay on this phase for at least 2 Weeks! May advance early if tolerating**
- Aim to consume protein first, then fruits & vegetables second. Starches always last!
- **Make sure you are taking the recommended bariatric multivitamin-multimineral.**

### Notes:

- **Fluid Goal:** At least 64 oz/day
- **Protein Goal (SG):**
  - Women 60-80 g/day
  - Men 80-100 g/day
- **Protein Goal (LDS):**
  - Women 80-100 g/day
  - Men 100-120 g/day

## Soft Proteins/Low Fiber Sample Menus

<b>Breakfast</b>	1 egg omelet with diced 1-2 oz ham + shredded cheese + ¼ cup fruit
<b>Snack</b>	Protein shake
	Stay within 4-8 fl oz
<b>Lunch</b>	2-3 oz thin sliced deli meat (chicken, ham, turkey) + sprinkle shredded cheese & spread with cream cheese rolled up (low carb pinwheel) + ¼ cup steamed non-starchy vegetables
<b>Snack</b>	2-3 oz greek yogurt topped with ¼ cup fruit
<b>Dinner</b>	2-3 oz moist rotisserie chicken + ¼ cup mashed sweet potatoes with protein powder added if needed

<b>Breakfast</b>	1 egg white omelet with diced 1-2 oz ham + shredded cheese + ¼ cup fruit
<b>Snack</b>	Unsweetened sugar-free applesauce with added cinnamon
	Add protein powder
<b>Lunch</b>	2-3 oz thin sliced deli meat + 1/3 cup steamed green beans
<b>Snack</b>	String cheese wrapped in deli meat of choice
<b>Dinner</b>	2-3 oz lean meat (chicken, fish, pork, beef) + 1/3 cup stir-fry vegetables (in low sodium soy sauce)

<b>Breakfast</b>	Protein shake
	Stay within 4-8 fl oz
<b>Snack</b>	Parfait: 2-3 oz greek yogurt + 1-2 Tbsp powdered peanut butter + fruit
<b>Lunch</b>	2-3 oz deli meat + ¼ cup hummus + few cucumber slices
<b>Snack</b>	¼ cup cottage cheese w/ sliced tomatoes and avocado (add pepper to taste)
<b>Dinner</b>	2-3 oz boiled shrimp with 1 Tbsp cocktail sauce+ 1/3 cup sautéed spinach

<b>Breakfast</b>	Protein pancake (1 egg+ 1-2 egg whites + 1 small ripe banana + ½ scoop protein powder)
<b>Snack</b>	2-3 oz cottage cheese + fruit
<b>Lunch</b>	2 oz chicken + <¼ cup lentils + ¼ cup steamed non-starchy vegetable
<b>Snack</b>	1 oz cheese cubes + 5-8 grapes
<b>Dinner</b>	4 oz tomato soup + 1-2 oz chopped/diced chicken + sprinkle shredded cheese



### Notes:

- Fluid Goal: 64 oz per day
- Protein Goal:
  - Women 60-80 grams per day
  - Men 80-100 grams per day
- Calorie Goals:
  - Women 650-800 calories per day
  - Men 750-900 calories per day
- Carb Goals:
  - About 30-60 grams per day
- Fat Goals:
  - 20-30 grams per day
  - 4-6 grams saturated

\*\* Protein requirements are high in the first few weeks after surgery. New protein requirements will be calculated following a repeat DEXA scan when you begin the 12 month post-op program.

### Solid Foods: (Week >8)

- Wait 2 months after surgery before beginning this phase.
- IF able to reach recommended protein and fluid goals most days (5 or more days out of the week), then can begin to trial more solid foods.

### Foods List!

Stringy Meats: 2-3 oz serving at 1 time

- Beef fajita meat- steak
- Brisket
- Beef jerky
- Scallops
- Calamari

Fruits: CAN HAVE SKIN & SEEDS OF FRUITS

- Strawberries
- Blackberries
- Blueberries
- Raspberries
- Peaches
- Pears
- Plums
- Prunes
- Apples

The berry family is low in sugar and high in antioxidants. Preferred fruits.

NOTE: Remember to eat fruit in moderation and be mindful of serving size

Vegetables: CAN HAVE RAW VEGETABLES NOW

- Asparagus
- Broccoli
- Cauliflower
- Celery
- Green bell pepper
- Salad
  - Choose 'SPRING MIX OR 50/50 SPRING & SPINACH MIX

**Remember! NO SIMPLE SUGARS**

- Due to the increase in density and increase in fiber content of foods, monitor and take note of your tolerance to any food that is being reintroduced into your diet.

### Notes:

- Continue tracking calories at least 1-3 times per week using an app such as Baritastic, My Fitness Pal, or keep written food journal before seeing Health Coach for dietary follow-up.

## Foods List!

### Citrus fruits:

- Clementine
- Grapefruit
- Kiwi
- Lemons & limes
- Tomatoes
- Oranges
- Pineapples
- Tangerines

### Nuts & Seeds

- Almond butter
- Cashew butter
- Avoid Peanut butter
  
- Almonds
- Cashews
- Peanuts
- Pecans
- Pistachios
- Walnuts
  
- Chia seeds
- Flaxseeds
- Pumpkin seeds
- Sunflower seeds

### PROTEIN BARS

- <250 calories per protein bar
- <5 grams of sugar
- 15-30 grams of protein per serving
- Pay attention to the number of carbohydrates in your selected protein bar. Many are very high in carbohydrates.

**Pay special attention to the  
Primal Blueprint Food Pyramid  
and Primal Approved Foods  
on the next 2 pages!**

## Advanced Solid Foods:

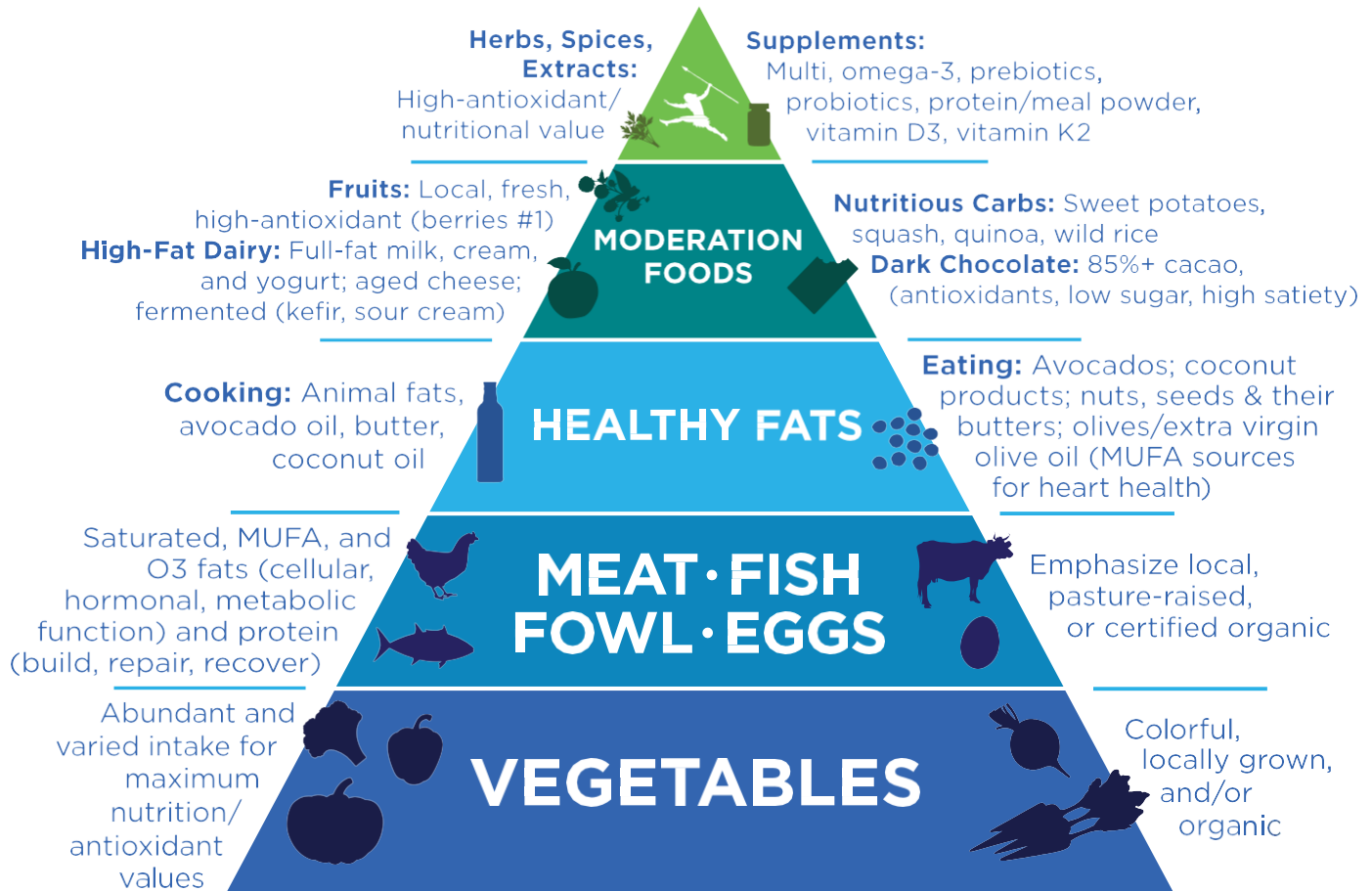
### Add these foods in at the end of week 8!

- Due to the increase in acidic and increase in fiber content of foods, monitor and take note of your tolerance to any food that is being reintroduced into your diet.

# PRIMAL BLUEPRINT FOOD PYRAMID

Nutritious, satisfying, high-nutrient-value, low-insulin-stimulating foods.  
Low carbohydrate, moderate protein, ample nutritious fats.

- Flexible choices and meal habits by personal preference.
- Free of grains, sugars, and refined vegetable oils.



**Pyramid Notes:** The Primal Blueprint Food Pyramid conveys which foods and categories to emphasize in the model of our hunter-gatherer ancestors. Meal emphasis should be on vegetables; think heaping portions crowding the plate, instead of the small-serving accoutrements we are accustomed to. However, most of your calories will come from animal foods (meat, fish, fowl, and eggs) due to their caloric density.

The most critical distinction between primal-style eating and the Standard American Diet (SAD) is the complete absence of the most offensive modern foods: refined sugars, grains and vegetable oils. These inflammatory, oxidative, nutrient devoid “food-like substances” (as author Michael Pollan says) comprise an estimated two-thirds of total SAD calories. Ditching these agents opens you up to colorful, nutrient dense, highly satisfying foods that promote optimal gene expression.

# PRIMAL APPROVED FOODS

## VEGETABLES

Artichoke  
Arugula  
Asparagus  
Avocado  
Beets/Beet Greens  
Bell Peppers  
Bok Choy  
Broccoli  
Broccoli Rabe  
Brussels Sprouts  
Cabbage  
Carrots  
Collards  
Cucumbers  
Eggplant  
Endive  
Fennel  
Fiddlehead Ferns  
Garlic  
Green Beans  
Jerusalem Artichoke  
Jicama  
Kale  
Kohlrabi  
Leeks  
Mushrooms  
Mustard Greens  
Olives  
Onions  
Parsnips  
Peppers (all kinds)  
Pumpkin  
Purslane  
Radish  
Romaine Lettuce  
Rutabaga  
Sea Vegetables  
Spinach  
Swiss Chard  
Tomatoes  
Turnip Greens  
Watercress

## STARCHES IN MODERATION

Cassava  
Potatoes  
Sweet Potatoes  
Wild Rice  
Yams  
Taro

## FISH

Anchovies  
Bass  
Catfish  
Cod  
Eel  
Haddock

Halibut  
Herring  
Mackerel  
Mahi Mahi  
Monkfish  
Mullet  
Northern Pike  
Orange Roughy  
Perch  
Red Snapper  
Rockfish  
Salmon  
Sardines  
Tilapia  
Tuna  
Walleye  
Any other wild fish

## SHELLFISH

Abalone  
Clams  
Crab  
Crayfish  
Lobster  
Mussels  
Oysters  
Prawns  
Scallops  
Shrimp

## MEAT & POULTRY

Beef  
Chicken  
Goat  
Lamb  
Pork  
Game Meat  
Alligator  
Bear  
Buffalo  
Caribou  
Duck  
Elk  
Emu  
Goose  
Pheasant  
Kangaroo  
Ostrich  
Quail  
Rabbit  
Snakes  
Turkey  
Venison

## ORGAN MEAT

Hearts  
Kidney  
Liver  
Bone Marrow  
Sweetbreads  
Tongue

## EGGS

Chicken  
Duck  
Emu  
Goose  
Pheasant  
Quail  
Roe/Caviar  
Other Bird Eggs

## NUTS & SEEDS

Almonds  
Brazil Nuts  
Hazelnuts  
Macadamia  
Pecans  
Pine Nuts  
Pistachios  
Pumpkin Seeds  
Sesame Seeds  
Sunflower Seeds  
Walnuts  
Derivative Butters

## HEALTHY FATS & OILS

Avocado Oil  
Extra Virgin Avocado Oil  
Butter/Ghee  
Coconut Oil/Milk  
Lard  
Macadamia Oil  
Olive Oil  
Sesame Oil  
Tallow  
Unprocessed Palm Oil

## PREFERRED FRUIT

Blackberries  
Blueberries  
Boysenberries  
Cranberries  
Gooseberries  
Raspberries

## OTHER FRUITS

Apple  
Apricot  
Banana  
Cantaloupe  
Cherries  
Coconuts  
Figs  
Goji Berries  
Grapefruit  
Grapes  
Guava  
Honeydew Melon  
Kiwi  
Lemon  
Lime  
Lychee  
Mango  
Nectarine  
Orange  
Papaya  
Passion Fruit  
Peaches  
Pears  
Persimmon  
Pineapple  
Plums

Pomegranate  
Rhubarb  
Star Fruit  
Strawberries  
Tangerine  
Watermelon  
All other fruits

## SPICES & HERBS

Anise  
Basil  
Black Pepper  
Cayenne Pepper  
Chili Pepper  
Cilantro  
Coriander Seeds  
Cinnamon  
Cloves  
Cumin  
Dill  
Fennel  
Ginger  
Mint  
Mustard Seeds  
Nutmeg  
Oregano  
Paprika  
Parsley  
Peppermint  
Rosemary  
Sage  
Tarragon  
Thyme  
Turmeric

## CONDIMENTS & DRESSINGS

Avocado oil mayonnaise  
Avocado oil salad dressings  
Olive oil salad dressings  
Vinegar  
Clean/organic/low sugar ketchup, BBQ sauce, steak sauce, mustard

## OTHER

Stevia  
Tamari  
Tea (green, black, white, oolong)

## OTHER IN MODERATION

100% Full Fat Cream  
Cheese  
Coffee  
Figs  
Grass-fed & Organic Full Fat Yogurt  
Coconut Milk Yogurt Alternative Cashew  
Milk Yogurt Alternative Almond Milk  
Yogurt Alternative

## OCCASIONAL INDULGENCES

Dark Chocolate