FLORIDA COAST
WEIGHT LOSS
CENTER

Bariatric Patient Manual

A guide for preparing, recovering, and building long-term success after bariatric surgery

OFFICES: PALM COAST, PORT ORANGE, and LAKE MARY, FL

Darren Peterson, MD, FACS

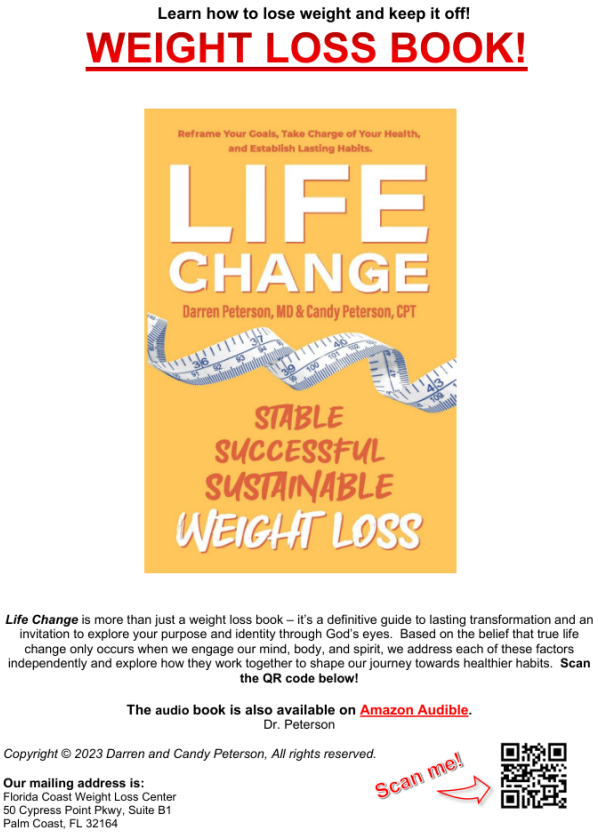
START HERE

Welcome to Your Bariatric Journey

HOW TO USE THIS MANUAL

Use this guide throughout your journey - before surgery, during your early recovery, as you advance your diet, and for lifelong follow-up. Keep it available as a reference and bring questions to your Florida Coast Weight Loss Center team.

Life Change



Learn how to lose weight and keep it off!

Life Change is more than just a weight loss book - it's a definitive guide to lasting transformation and an

The audio book is also available on Amazon Audible.

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Our mailing address is:

Florida Coast Weight Loss Center

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Palm Coast, FL 32164

FLORIDA COAST WEIGHT LOSS CENTER

Your Journey at a Glance

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Consultation & decision	**Pre-operative testing & education**	**Two-week pre-op diet**	**Surgery day**	**Early recovery**	**Diet progression**	**Finish Strong & lifelong follow-up**

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SECTION 1

Preparing for Surgery

Know what happens before surgery and what is expected at each step.

PREPARING FOR SURGERY

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. Body Composition Scan with BMR Testing Visit

- The BMR test stands for your Basal Metabolic and measures your individual metabolism. It is not a blood test. The test is incorporated into the high resolution body composition scanner and the result will be used as a baseline and will help us tract 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 4 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 (InBody) 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. The InBody results will also be used by your Health Coach to guide your post-operative progress.

3. 2nd 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. We will 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. If endoscopic testing is necessary, we will make the necessary arrangements for 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 FCWLC Baritastic app now! Use code 69281.
- 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. 3rd 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.

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. The Finish Strong program is set to begin 8 weeks post op. Please ensure your notifications have been turned on for this program.

Self Pay 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

2. Pre-surgical Testing Visit

- Dietary Visit with our nutritionist (via the online training video series) to introduce the pre-surgical dietary requirements and our online resources
- BMR (Basal Metabolic Rate) testing,
- Transnasal esophagosopy (TNE) or Upper endoscopy (EGD) - AS REQUIRED
- Body composition scan
- Pre Op Consultation with Physician

3. Pre-Op Visit – 1-2 weeks prior to surgery

- Televisit with 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 (Advent Lake Mary Surgery Center)

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 for you. 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.

PREPARING FOR SURGERY

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 (www.coachcatalyst.com)** and/or accessed through the **MyCoach app** using the same login and password for both.

Pre-Operation Video Course

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. 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.

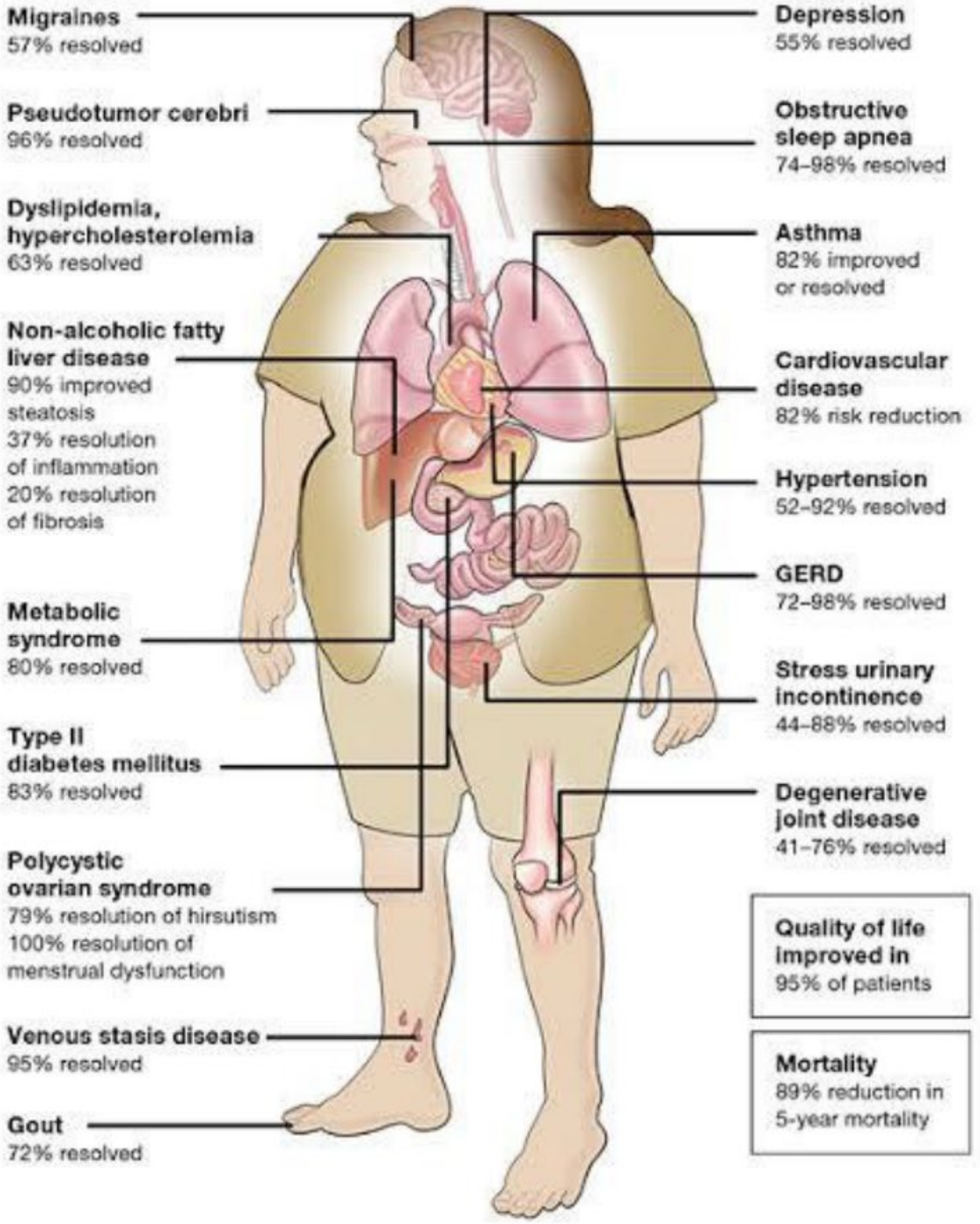
Post-Operation Finish Strong Course

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.

PREPARING FOR SURGERY

NOTE: The MyCoach app occasionally conflicts with firewalls you may have running in the background on your particular mobile device. If you are having issues getting the videos in these courses to play, try using your desktop or laptop computer to access these curriculums through www.coachcatalyst.com and use the Username and Password you selected to create your account profile.

Comorbidity Reduction After Bariatric Surgery



FLORIDA COAST WEIGHT LOSS CENTER

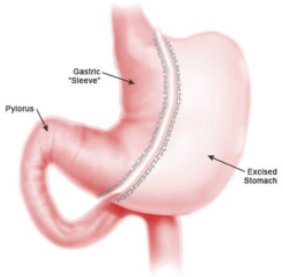
SECTION 2

Understanding Your Surgery

Review the procedures performed at Florida Coast Weight Loss Center.

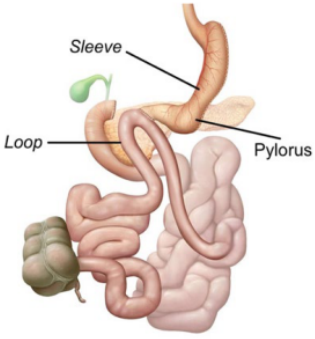
UNDERSTANDING YOUR SURGERY

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

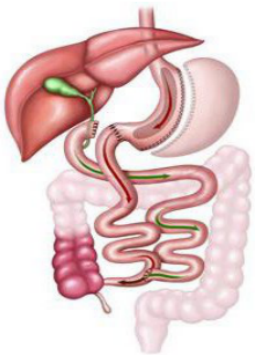


Loop Duodenal Switch (SADI-S)

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.



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

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SECTION 3

The Two Weeks Before Surgery

Follow the pre-operative diet and medication instructions exactly as provided by your care team.

TWO WEEKS BEFORE SURGERY

Pre-Op Bariatric Surgery Diet

Start this plan 2 weeks prior to surgery.

DAILY NUTRITION GOALS – THESE ARE MEANT TO BE A REFERENCE, NOT ACTUAL DIETARY LIMITS

- 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

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 non-starchy vegetables
- Dinner: 3-4 oz protein of choice + 1-2 cups non-starchy vegetables
- Optional snacks: 1 cup non-starchy vegetables, 1 oz nuts, 1 string cheese, or protein drink

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 non-starchy vegetables
- Optional snacks: 1 cup non-starchy vegetables, 1 oz nuts, 1 string cheese, or protein drink

WHY THIS MATTERS

- A high-protein, low-calorie diet helps your body use stored energy, including fat stored in the liver.
- The goal is to help shrink the liver and lower surgical risk.
- The pre- and post-operative diets are designed to help make your system “fat adapted,” a concept you will learn more about in Finish Strong.
- Do not think of these goals as strict guidelines. These are meant to be general targets. Again, the goal is NOT calorie restriction, but rather dietary changes to prepare your body for surgery.
- In these 2 weeks we are trying to eliminate processed foods, harmful seed oils, sugars, and limiting carbohydrate intake.

TWO WEEKS BEFORE SURGERY

Pre-Op Diet - Week 1 Sample Menu

Suggested menu on the left; protein alternatives and substitutions on the right.

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
- 1/2 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
- 3/4 cup raw celery
- 3/4 cup sliced cucumber
- 1/2 cup sliced red, yellow, or green bell peppers
- 4 tbsp mashed/sliced avocado
- 1 oz almonds

Directions: Assemble all ingredients on a plate. Use vegetables to dip in avocado.

SNACK **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.

PROTEIN OPTIONS

- Protein powder of choice
- Available in the FCWLC store
  - Ascent – Multiple flavors
  - HPMR - Bariatric Advantage High Protein Meal Replacement
- Premier Protein
- Muscle Milk
- Fairlife Protein

shop.floridacoastweightloss.com

NOTE: There are several great protein options available on our online store at www.shop.floridacoastweightloss.com. Ascent Protein is 3rd party tested and recognized by multiple organizations and certifications including the Informed-Sport program and Fit Body Boot Camp. Notable benefits over preformulated protein drinks include:

- **Zero artificial flavors and sweeteners**
- **Ingredients you can pronounce, sourced from whole food**
- **Ingredients that work and are supported by their board of PhD advisors**
- **Clean, fast digesting protein tolerated by individuals who typically struggle with traditional protein powders**

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TWO WEEKS BEFORE SURGERY

Pre-Op Diet - Week 2 Sample Menu

Continue the same daily nutrition goals while increasing reliance on protein shakes.

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
- 1/4 onion
- 1/2 tomato
- 1/4 cucumber
- 1/4 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.

SNACK **Egg & Yogurt**

Calories: 274 | Carbs: 8 g | Protein: 16 g | Fat: 20 g

- 1 whole egg, hard-boiled
- 1/2 cup Greek yogurt
- 6 almonds

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

PROTEIN OPTIONS

- Protein powder of choice
- Available in the FCWLC store
  - Ascent – Multiple flavors
  - HPMR - Bariatric Advantage High Protein Meal Replacement
- Premier Protein
- Muscle Milk
- Fairlife Protein

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TWO WEEKS BEFORE SURGERY

NOTE: There are several great protein options available on our online store at www.shop.floridacoastweightloss.com. The Bariatric Advantage Hight Protein Meal Replacement (HPMR) powder is another great protein option. It offers superior digestibility, a specialized micronutrient profile, and significantly higher fiber content compared to conventional preformulated drinks like Premier Protein. Other benefits include:

- **Gentle on a sensitive sleeve pouch**
- **20+ specialized bariatric nutrients**
- **100% high-quality whey protein isolate which removes most lactose, making it easy to digest**
- **Added fiber to prevent constipation**

Medication List and Instructions

7 PRE-OP MEDICATIONS (TO BE TAKEN 2 HOURS PRIOR TO ARRIVAL AT THE SURGERY CENTER)

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 arrival at the surgery center 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 arrival at the surgery center 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 to arrival at the surgery center 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 arrival at the surgery center 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 AS NEEDED.

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.) AS NEEDED

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

SLEEVE VITAMIN PROTOCOL

- Bariatric Advantage UltraSolo with or without Iron (Chewable or Capsule).
- Bariatric Advantage Calcium Chew (1 per day)
- Bariatric Advantage Flora Vantage Balance Probiotic (alternative Thorne Complete Biotic)

SWITCH VITAMIN PROTOCOL

- Bariatric Advantage UltraSolo with or without Iron (Chewable or Capsule).
- Bariatric Advantage Calcium Chew (2 per day)
- Bariatric Advantage Flora Vantage Balance Probiotic (alternative Thorne Complete Biotic)
- Bariatric Advantage Vitamin B50 Complex

SECTION 4

Surgery & Your First Weeks Home

Use this section for early recovery expectations, common questions, and urgent warning signs.

EMERGENCY PHONE

(386) 276-4553

SURGERY & RECOVERY

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.
- 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 at 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 Dr. Peterson 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!

SURGERY & RECOVERY

What to Expect After Surgery

- Up and walking shortly after surgery
- Expect some pain, but it should be tolerable
- 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.
- If you happen to vomit in the first 24-48 hours after surgery, it is not unusual to see a small amount of blood in your emesis. Please call the office if it persists or is a large volume.
- 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 physician 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. If you should happen to vomit, a small amount of blood or coffee ground liquid in your emesis is not unusual in the first 24-48 hours.
- 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

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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 is from the carbon dioxide (CO2) use during surgery and will be absorbed over the first 1-3 days. Walking helps the CO2 to be absorbed more quickly. 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. 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 bathtub.
- Do I have to start my vitamins right after surgery? While this is ideal, it is not mandatory. In general, we suggest starting your supplements 3 days after surgery when you typically start the Eliquis (POD3). Vitamins sometimes 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 beginning of the 3rd week post op.
- When can I have coffee? We recommend avoiding coffee in the early post-op period for several important reasons. Hydration should always be your top priority - water comes first. In the early stages after surgery, you're only able to take in small amounts at a time, so staying well-hydrated is essential. Coffee is naturally acidic, and both regular and decaf can cause discomfort, including nausea, cramping, or even heartburn. Since your stomach is still healing, it's important to avoid anything that could increase irritation or inflammation. If coffee causes reflux or stomach pain, it's best to pause and try again later. That said, if you're someone who typically enjoys just one cup a day, you may tolerate it well. Just reintroduce it slowly and pay attention to how your body responds. Be mindful with sweeteners and creamers - avoid added sugars and go easy on artificial ones too.

Frequently Asked Questions - Continued

- When can I drink alcohol? In the early stages after bariatric surgery, it's important to avoid alcohol because it acts as a fourth macronutrient, providing calories without any nutritional value. When consumed, the body prioritizes metabolizing alcohol over other energy sources-like fat and carbohydrates. This means fat burning is temporarily halted, which can slow down weight loss progress. Additionally, the effects of alcohol are often greatly intensified after surgery, which can increase the risk of intoxication and make drinking potentially unsafe. Avoiding alcohol helps support safe recovery and optimal weight loss.

FLORIDA COAST WEIGHT LOSS CENTER

SECTION 5

Eating After Bariatric Surgery

Advance your diet in stages while prioritizing hydration, protein, tolerance and the specific goals provided in this manual.

EATING AFTER SURGERY

Post-Op Bariatric Surgery Diet

The plan progresses in phases. Follow the phase and timing directed by your bariatric team.

CLEAR LIQUID OPTIONS

NON-NEGOTIABLES

- No caffeine for 30 days
- No carbonation for 8 weeks - limit lifelong after surgery
- No straws for a minimum of 8 weeks
- Slowly work toward 48-64 oz daily

PROTEIN GOALS

- Sleeve - Women: 60-80 g/day
- Sleeve - Men: 80-100 g/day
- LDS - Women: 80-100 g/day
- LDS - Men: 100-120 g/day

- Clear protein drinks: Health Wise fruit drinks, Protein 2.0, Isopure, Atkins Lift
- Meals: bouillon or broth (beef, chicken, vegetable), sugar-free Jell-O
- Other beverages: decaf tea/coffee, flavored water, water enhancers, sugar-free/light juices
- Electrolytes: Gatorade Zero, PowerAde Zero, Pedialyte, Propel workout water

CLEAR LIQUIDS 24-48 HOURS AFTER SURGERY

- Begin right after surgery.
- Stay on clear liquids no longer than 48 hours; you may advance to full liquids at 24 hours after surgery.
- Begin bariatric multivitamin regimen on POD3.

NOTE: There are several great protein options available on our online store at www.shop.floridacoastweightloss.com. Ascent Protein Clear Whey protein is a great option during this stage! Available in Pineapple Coconut and Orange Mango flavors.

CLEAR WHEY

Revitalize your muscles after an intense workout with Ascent's Pineapple Coconut Whey Protein Isolate, a tropical-infused, refreshing drink crafted to boost muscle recovery. This flavorful whey protein also has:

CLEAR WHEY
PROTEIN ISOLATE

Engineered to speed up muscle repair and encourage lean muscle growth, it delivers the essential building blocks your body needs to rebuild and perform at its peak.

LEUCINE

With 2.2g of leucine per serving, this pivotal amino acid is essential for activating muscle protein synthesis, laying the foundation for accelerated muscle repair and recovery.

20 GRAMS
OF PROTEIN

Each scoop of our Clear Whey Protein Isolate provides 20g of clean protein, matching the protein content of 2.5 cups of whole milk, 3 large eggs, or two 8oz servings of yogurt. It blends seamlessly, offering a quick and convenient boost to your daily protein regimen.

EATING AFTER SURGERY

Full Liquids - Day 1 Through Day 14

Hydration and protein are the priorities during this phase.

FULL PROTEIN DRINKS

GOALS

- Fluid goal: at least 64 oz/day
- Sleeve protein: Women 60-80 g/day; Men 80-100 g/day
- Exercise: walk 5 minutes every 1-2 hours to help prevent blood clots

Full Protein Drinks

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

MIX WITH

- Water
- Milk (may need to avoid lactose)
- Soy, rice, almond, or coconut milk
- All milk alternatives should be sugar-free/unsweetened

PORTION REMINDER

- Most pre-made protein shakes are high in volume. Aim to avoid volumes larger than 6 oz at one time for the first 1-2 weeks after surgery.

MEAL OPTIONS

- Cream soups - MUST BE STRAINED, NO CHUNKS
- Cream of wheat, Malt-O-Meal, grits, oatmeal (very thin) - enjoy in moderation due to carbohydrate content
- Greek yogurt options listed in the original plan
- Sugar-free fudgesicle, sugar-free pudding, applesauce - enjoy in moderation
    - Just because it says “SUGAR FREE or NO SUGAR ADDED” does not mean it is the healthiest option of you long term.
    - Many Duodenal Switch patients will have worsening issues with diarrhea or loose stools using the “SUGAR FREE” options because of the artificial sweeteners used in these products. Refer back to the LIFE CHANGE book, Ch. 9 for more details.

AVOID / WATCH FOR

- Avoid overeating.
- Avoid carbonated beverages of any kind.
- Do not eat and drink at the same time.
- You may be sensitive to lactose (gas, bloating, nausea, upset stomach).
- Nausea is often triggered by dehydration - keep sipping fluids.

EATING AFTER SURGERY

Clear + Full Liquids Sample Menus

Three examples showing how to build protein across the day.

SAMPLE DAY 1

MEAL	PROTEIN	OPTION
Breakfast	20-30 g	Protein shake - stay within 4-6 fl oz
Snack	15 g	8-16 oz clear protein drink
Lunch	20-30 g	4 oz broth + 2 oz yogurt; add protein powder if needed
Snack	0 g	Sugar-free popsicle or sugar-free fudgesicle
Dinner	20-30 g	Protein shake or cream soup; stay within 4-6 fl oz

SAMPLE DAY 2

MEAL	PROTEIN	OPTION
Breakfast	20-30 g	Protein shake made with protein powder; stay within 4-6 fl oz
Snack	0-15 g	Sugar-free Jell-O
Lunch	20-30 g	6 oz drinkable yogurt or 5-6 oz Greek yogurt; add protein powder if needed
Snack	0-15 g	Sugar-free pudding; add protein powder if needed
Dinner	20-30 g	Broth or cream soup; stay within 4-6 fl oz; add protein powder if needed

SAMPLE DAY 3

MEAL	PROTEIN	OPTION
Breakfast	20-30 g	Cream of wheat or Malt-O-Meal; stay within 4-6 fl oz; add unflavored/vanilla protein powder and 4 oz Fairlife milk if desired
Snack	15-17 g	1 clear protein drink
Lunch	20-30 g	Protein shake; stay within 4-6 fl oz
Snack	0-15 g	Unsweetened applesauce; add protein powder
Dinner	20-30 g	5-6 oz Greek yogurt + 1-2 tbsp powdered peanut butter

EATING AFTER SURGERY

Post-Op Weeks 1-2 Meal Schedule

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

TIME	PLAN
6:30-7:00 am	Water - 4 oz
7:00-7:30 am	No Food/Fluids
7:30-8:00 am	**Breakfast (6-8 oz full liquid meal)**
8:00-8:30 am	No Food/Fluids
8:30-11:30 am	Water - 12 oz (4 oz every hr); protein water if needed
11:30-12:00 pm	No Food/Fluids
12:30-1:00 pm	**Lunch (6-8 oz full liquid meal)**
1:00-1:30 pm	No Food/Fluids
1:30-2:30 pm	Water - 4 oz
2:30-3:00 pm	No Food/Fluids
3:00-3:30 pm	**PM Snack (6-8 oz full liquid meal)**
3:30-4:00 pm	No Food/Fluids
4:00-5:30 pm	Water - 6 oz; protein water if needed
5:30-6:00 pm	No Food/Fluids
6:00-6:30 pm	**Dinner (6-8 oz full liquid meal)**
6:30-7:00 pm	No Food/Fluids
7:00-Bedtime	Water - 4 oz fluids/hr until bedtime

- Aim for 20-30 g protein per meal / 5-15 g per snack.
- Pro tip: Add Ascent unflavored protein powder to liquids and soups.
- Aim for 64 oz decaf, sugar-free, non-carbonated fluids/day.

FLORIDA COAST WEIGHT LOSS CENTER

EATING AFTER SURGERY

Soft & Moist Proteins - Weeks 3 & 4

Protein first. Foods should be moist, tender, and easy to chew.

MOIST, TENDER MEATS

GOALS

- Fluid goal: at least 64 oz/day
- Meet the protein goals listed at the beginning of the post-op plan.

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

TIPS

- Cook in a crock pot to add moisture
- Use 1-2 tbsp olive oil at a time
- Add reduced-sodium sauces to soften meat: gravies, bouillon, light mayo made with olive oil

EGGS, DAIRY & PLANT PROTEINS

- Eggs, egg whites, Eggbeaters
- Cottage cheese, mozzarella, cheddar, feta
- Plant proteins in moderation: refried beans, hummus, legumes, lentils, black beans, kidney beans, pinto beans, split peas

AVOID DURING THIS PHASE

- NO potatoes, bread, pasta, rice, simple sugars (cake/cookies/sweets), or fruits.

KEY RULES

- Stay on this phase for 2 weeks.
- 30/30 Rule: stop drinking 30 minutes before a meal and wait 30 minutes after eating before drinking again.
- Take small nickel-size bites.
- Practice mindful eating - 20-30 minutes to complete a meal.
- 3 meals + 2 snacks, about every 3 hours.
- Prevent overloading the stomach after eating which could cause nausea, regurgitation, heartburn, and early gastric emptying.

EATING AFTER SURGERY

Soft & Moist Proteins Sample Menus

Three sample days from the original plan, reorganized for quick reference.

SAMPLE DAY 1

MEAL	OPTION
Breakfast	Cream of wheat with milk or milk alternative - stay within 4-6 fl oz
Snack	Protein 2.0 clear protein drink
Lunch	2-3 oz tuna + 2 oz cottage cheese
Snack	Protein shake - stay within 4-6 fl oz
Dinner	2-3 oz shredded chicken + 1/3 cup kidney or black beans

SAMPLE DAY 2

MEAL	OPTION
Breakfast	Protein shake - stay within 4-6 fl oz
Snack	Unsweetened applesauce + protein powder
Lunch	4 oz Greek yogurt + 1-2 oz thin sliced deli turkey + sugar-free popsicle
Snack	8-16 oz clear protein drink
Dinner	2-3 oz fish + 2 oz cream soup with shredded cheese

SAMPLE DAY 3

MEAL	OPTION
Breakfast	1 soft scrambled egg or egg white + shredded cheese + 2-4 oz Greek yogurt
Snack	Protein 2.0 clear protein drink
Lunch	2 oz ricotta cheese with spaghetti sauce + 2-3 oz lean ground turkey
Snack	Sugar-free pudding or sugar-free Jell-O
Dinner	2-3 oz soft/chopped chicken or salmon + 2 oz cottage cheese

EATING AFTER SURGERY

Post-Op Weeks 3+ Meal Schedule

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

TIME	PLAN
6:30-7:00 am	Water - 4 oz
7:00-7:30 am	No Food/Fluids
7:30-8:00 am	**Breakfast**
8:00-8:30 am	No Food/Fluids
8:30-9:30 am	Water - 8 oz
9:30-10:00 am	No Food/Fluids
10:00-10:30 am	**AM Snack**
10:30-11:00 am	No Food/Fluids
11:00 am-12:00 pm	Water - 16 oz
12:00-12:30 pm	No Food/Fluids
12:30-1:00 pm	**Lunch**
1:00-1:30 pm	No Food/Fluids
1:30-2:30 pm	Water - 8 oz
2:30-3:00 pm	No Food/Fluids
3:00-3:30 pm	**PM Snack**
3:30-4:00 pm	No Food/Fluids
4:00-5:30 pm	Water - 16 oz
5:30-6:00 pm	No Food/Fluids
6:00-6:30 pm	**Dinner**
6:30-7:00 pm	No Food/Fluids
7:00-8:00 pm	Water - 8 oz
8:00-8:30 pm	No Food/Fluids
8:30-9:00 pm	**Bedtime Snack**
9:00-9:30 pm	No Food/Fluids
9:30-Bedtime	Water - 8 oz

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

EATING AFTER SURGERY

Soft Proteins / Low Fiber - Weeks 5-7

If soft proteins are comfortable, begin adding soft/cooked fruits and vegetables.

FRUITS - MUST BE SOFT, CHEW WELL

- Blueberries
- Blackberries
- Raspberries
- Strawberries

TIP

- These berries are lower-glycemic options and can help keep blood sugar more stable.

VEGETABLES - SOFT, NOT RAW; CAUTION WITH SKINS

- Avocados, beets, carrots, eggplant, green beans, pumpkin
- Bell pepper, onion, spaghetti squash, spinach, yellow squash, zucchini

BE MINDFUL

- Introduce asparagus, broccoli, cauliflower, celery, green bell pepper, and cabbage one at a time. These may cause bloating, excess gas, and abdominal discomfort.

STARCHY / COMPLEX CARBS

- Sweet potatoes
- Winter/acorn/butternut squash
- Yams

AVOID

- **NO bread, pasta, rice, or simple sugars.**

PHASE PRIORITIES

- Stay on this phase at least 2 weeks; may advance early if tolerating.
- If you are comfortable with soft protein foods, begin adding into diet SOFT/COOKED vegetables.
- Aim to consume protein first, fruits and vegetables second, starches last.
- Continue the recommended bariatric multivitamin and calcium chew.
- Fluid goal: at least 64 oz/day.
- Protein goals remain procedure-specific:

SLEEVE GASTRECTOMY

- **Women 60-80 g/day**
- **Men 80-100 g/day**

DUODENAL SWITCH

- **Women 80-100 g/day**
- **Men 100-120 g/day**

Soft Proteins / Low Fiber Sample Menus

Four sample days from the original manual.

SAMPLE DAY 1

MEAL	OPTION
Breakfast	1 egg omelet + 1-2 oz ham + shredded cheese + 1/4 cup fruit
Snack	Protein shake, 4-8 fl oz
Lunch	2-3 oz thin deli meat pinwheel + 1/4 cup steamed non-starchy vegetables
Snack	2-3 oz Greek yogurt + 1/4 cup fruit
Dinner	2-3 oz moist rotisserie chicken + 1/4 cup mashed sweet potatoes; add protein powder if needed

SAMPLE DAY 2

MEAL	OPTION
Breakfast	1 egg white omelet + 1-2 oz ham + shredded cheese + 1/4 cup fruit
Snack	Unsweetened sugar-free applesauce + cinnamon; add protein powder
Lunch	2-3 oz thin sliced deli meat + 1/3 cup steamed green beans
Snack	String cheese wrapped in deli meat
Dinner	2-3 oz lean meat + 1/3 cup stir-fry vegetables in low-sodium soy sauce

SAMPLE DAY 3

MEAL	OPTION
Breakfast	Protein shake, 4-8 fl oz
Snack	Parfait: 2-3 oz Greek yogurt + 1-2 tbsp powdered peanut butter + fruit
Lunch	2-3 oz deli meat + 1/4 cup hummus + cucumber slices
Snack	1/4 cup cottage cheese + tomatoes + avocado
Dinner	2-3 oz boiled shrimp + 1 tbsp cocktail sauce + 1/3 cup sautéed spinach

SAMPLE DAY 4

MEAL	OPTION
Breakfast	Protein pancake: 1 egg + 1-2 egg whites + 1 small ripe banana + 1/2 scoop protein powder
Snack	2-3 oz cottage cheese + fruit
Lunch	2 oz chicken + <1/4 cup lentils + 1/4 cup steamed non-starchy vegetable
Snack	1 oz cheese cubes + 5-8 grapes
Dinner	4 oz tomato soup + 1-2 oz chopped chicken + shredded cheese

EATING AFTER SURGERY

Solid Foods - Week 8+

Advance only when you are meeting protein and fluid goals most days and tolerating prior phases.

FOODS TO REINTRODUCE

DAILY GOALS

- **Calories: based in part on pre-op BMR and activity; discuss with Health Coach**
  - **Remember, calories don't dictate your weight loss! Hormones do!!!**
  - **Calories are the energy your body needs to function optimally!**
- Fluid: at least 64 oz/day
- Protein goals – procedure specific

  SLEEVE GASTRECTOMY
  - Women 60-80 g/day
  - Men 80-100 g/day

  DUODENAL SWITCH
  - Women 80-100 g/day
  - Men 100-120 g/day
- Carbs: about 40-60 g/day
- Fat: 20-30 g/day (may be more depending on calorie goals)
- Protein requirements will be recalculated after repeat body scan at 3 months.

- Stringy meats (2-3 oz): beef fajita meat/steak, brisket, beef jerky, scallops, calamari
- Fruits with skin/seeds: berries (strawberries, blackberries, blueberries, raspberries), peaches, pears, plums, prunes, apples
  - The berry family is low in sugar and high in antioxidants. These are preferred over other fruits
- Raw vegetables: asparagus, broccoli, cauliflower, celery, green bell pepper, salad (spring mix or 50/50 spring & spinach mix)

REMEMBER

- Eat fruit in moderation and be mindful of serving size.
- NO SIMPLE SUGARS.

WHEN TO ADVANCE

- Wait 2 months after surgery before beginning this phase.
- If you reach recommended protein and fluid goals 5 or more days per week, you may begin to trial more solid foods.
- Monitor your tolerance as food density and fiber increase.

FLORIDA COAST WEIGHT LOSS CENTER

EATING AFTER SURGERY

Advanced Solid Foods - End of Week 8

Add these foods gradually and pay attention to tolerance.

CITRUS / ACIDIC 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, flax, pumpkin, and sunflower seeds

PROTEIN BAR GUIDE

- <250 calories per bar
- <5 g sugar
- 15-30 g protein per serving
- Pay attention to carbohydrates - many protein bars are very high in carbs.

NEXT

Pay special attention to the Primal Blueprint Food Pyramid and Primal Approved Foods on the next pages.

TOLERANCE FIRST

- Acidic and higher-fiber foods may be less comfortable at first.
- Introduce foods gradually and note any symptoms or intolerance.
- Continue periodic food logging using Baritastic, MyFitnessPal, or a written food journal before Health Coach follow-up.
- Prior to your first health coaching visit, track your food for 2-3 days and bring that data with you to this visit!

SECTION 6

Vitamins & Nutritional Monitoring

Bariatric vitamin supplementation and nutritional laboratory follow-up are lifelong responsibilities.

VITAMINS & MONITORING

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 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 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.

VITAMINS & MONITORING

Sleeve Gastrectomy Vitamin Protocol - Options & Instructions

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. $25.25 for 1

month supply $60.00 for 3 month supply Bariatric Advantage Ultra Solo Capsule - with Iron Take 1 capsule tablet daily. $26.00 for 1 month supply $61.75 for 3 month supply Bariatric Advantage Ultra Solo Chewable - without Iron Take 1 chewable daily. $24.75 for 1 month supply $54.50 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:

500 mg Calcium Citrate Soft Chew (fruit variety, strawberry, or orange) 1 chew each day $39.50 for 3 month supply 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 **VITAMINS & MONITORING**

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?
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- 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.

VITAMINS & MONITORING

Duodenal Switch Vitamin Protocol - Options & Instructions

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. $25.25 for 1 month supply $60.00 for 3 month supply Bariatric Advantage Ultra Solo Capsule - with Iron Take 1 capsule tablet daily. $26.00 for 1 month supply $61.75 for 3 month supply Bariatric Advantage Ultra Solo Chewable - without Iron Take 1 chewable daily. $24.75 for 1 month supply $54.50 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:

500 mg Calcium Citrate Soft Chew (fruit variety, strawberry, or orange) 2 chews each day $39.50 for 3 month supply 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.
- 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

VITAMINS & MONITORING

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. Patients suffering from vitamin A deficiency may also experience an increased susceptibility to infectious diseases and diarrhea . It has been shown that a vitamin A deficiency may worsen iron deficiency anemia (27). Low levels of zinc may alter vitamin A metabolism.

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.

SECTION 7

Lifelong Success

Follow-up, accountability, nutrition, movement and ongoing education help you use surgery as an effective lifelong tool.

LIFELONG SUCCESS

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:

- Nutritional counseling
- Identify surgical complications
- Adjust or eliminate medicines
- Monitor for vitamin and mineral deficiencies
- Accountability
- Identify and treat problems early
- Identify and treat plateaus or weight regain LONG-TERM FOOD GUIDANCE

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

Life After Surgery – HEALTH COACHING VISITS

One of the aspects of working with the Florida Coast Weight Loss Center is the breadth and depth of education we provide. In order to obtain successful and sustainable weight loss, proper education is imperative. To that end, we are fully committed to taking you on an educational journey that will ensure your ultimate success!

In order for this success to be achieved, you must commit to embarking on this journey with us as partners. The Finish Strong Program was specifically developed by your surgical team to provide this education in a curriculum that is easy to follow. Our expert Health & Nutrition Coach will act as your tour guide as you continue though this program.

Regular body composition scans and subsequent health & nutrition coaching visits are a fundamental part of this journey. To make these visits most impactful, please set aside adequate time for these visits and present with the following material:

- **Your most recent InBody scan report – your health coach will review this in detail with you**
  - **REMEMBER: For your body composition scan, you need to be *fasting, no nicotine, no strenuous exercise, and no caffeine* within 4 hours of testing.**
- **A 2-3 day food log taken just prior to this visit**
  - **Use the Baritastic app (or any other app you're comfortable with) and track everything you consume for 2-3 days prior to this visit. Do not deviate from your diet at this stage. We want to know what you are currently eating!**

The Bariatric Surgery Package and Body Composition Package includes InBody scans with interpretation by our Health & Nutrition coach every 3 months throughout the first post op year. Many patients find these visits to be highly valuable to integrating the various nutritional and lifestyle changes necessary. Patients often find these one on one Health & Nutrition coaching visits can identify unique opportunities to integrating concepts taught in the Finish Strong Couse. If you are interested in additional coaching visits, simply call the office at (386) 585-4895 and our practice manager will assist you in scheduling these visits.

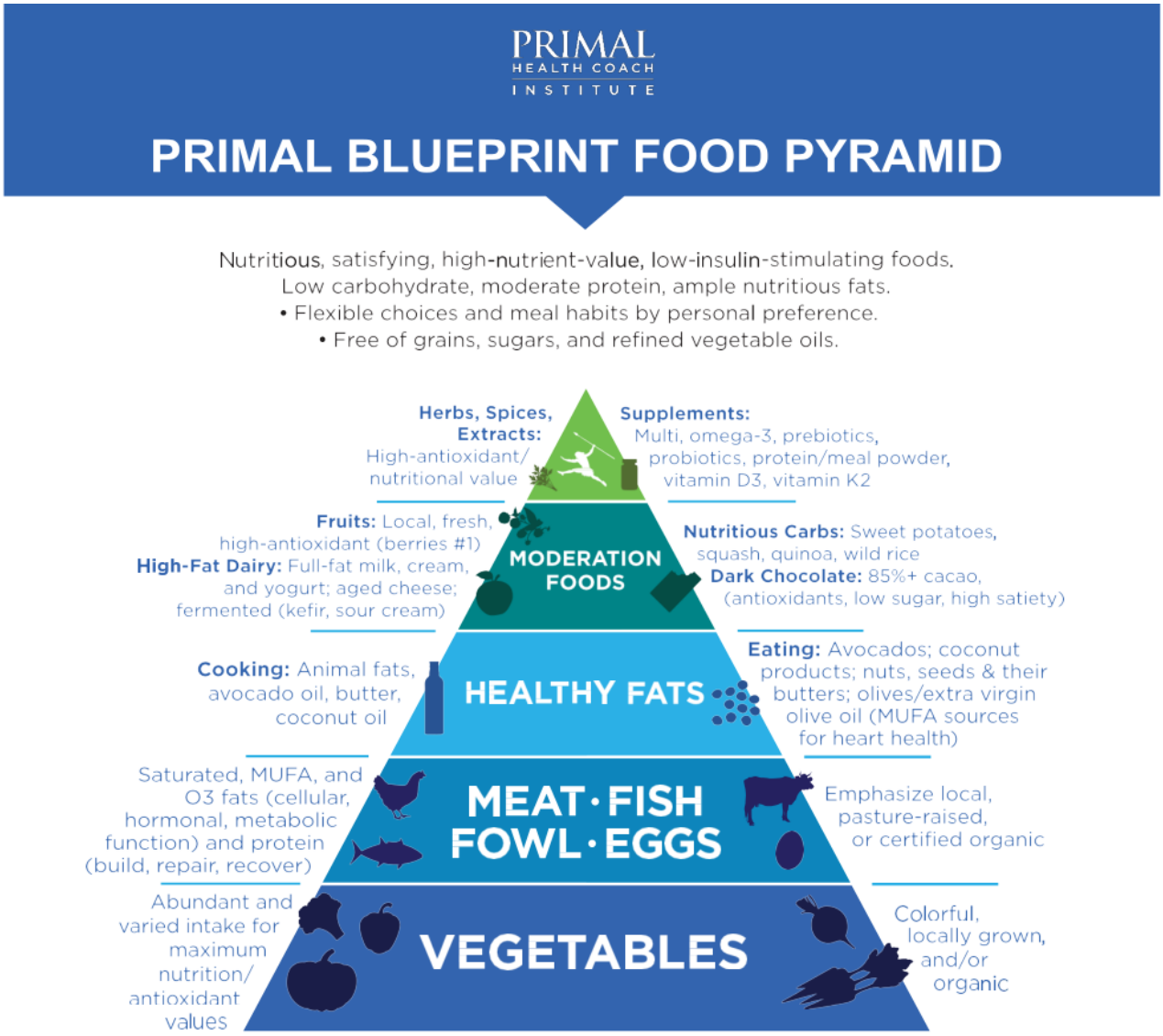
Health & Nutrition visits - $50/visit or $180 for a package of 4.

- **If a package is purchased, these can be used at any time on a regular basis or randomly as needed.**

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.

Primal Blueprint Food Pyramid



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

PRIMAL HEALTH COACH INSTITUTE

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
Grass-fed & Organic Full Fat Yogurt
Coconut Milk Yogurt Alternative Cashew Milk Yogurt Alternative Almond Milk Yogurt Alternative

OCCASIONAL INDULGENCES
Dark Chocolate

Note: Some food choices listed above might be endangered or unsustainable. Please use discretion when making selections.

PRIMAL HEALTH COACH INSTITUTE

www.PrimalHealthCoach.com

FLORIDA COAST
WEIGHT LOSS
CENTER

COMMITTED TO YOUR SUCCESS!

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