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Introduction

Welcome!! We are committed to providing quality, professional healthcare services to our patients through leading-edge, faith-based care. We value our patients and want to thank you for choosing us.

Our office is committed to helping with all of your surgical needs. This includes providing comprehensive care from our Physicians, nurses, coordinator, dietitian, fitness instructor and behavioral health counselor. It has been proven that patients who have surgery in a center that offers these multidisciplinary people are more successful in their weight loss journey. After surgery we strive to provide meticulous and compassionate care to assure a full and speedy recovery.

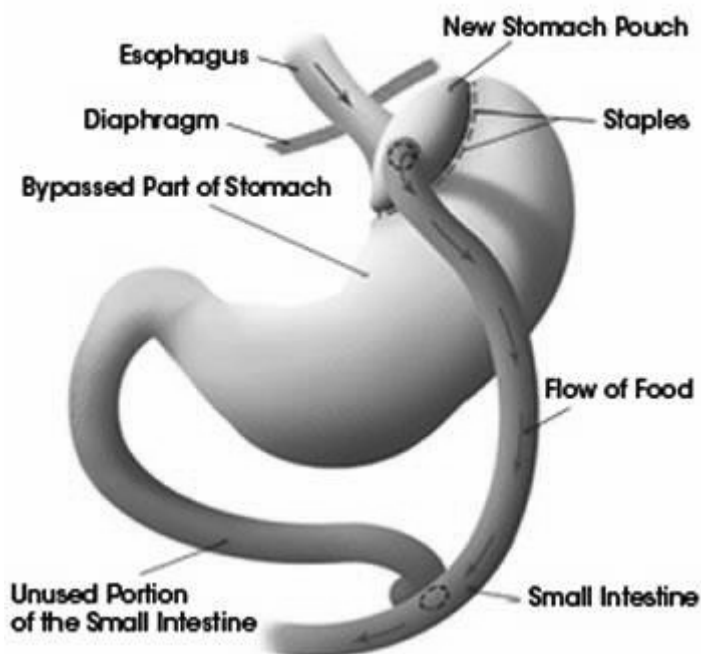
It is a privilege for us to be a part of your medical care.

Sincerely,

The Physicians and Staff of Advanced Surgical Weight Loss Center

Roux-en Y Gastric Bypass

Roux-en-Y Type of Gastric Bypass Procedure



This type of operation is both **"restrictive"** and **"malabsorptive"**. Also generally performed by laparoscopic technique, this procedure creates a small stomach pouch thereby decreasing the amount of food one is able to eat and also **"bypasses"** a portion of the small intestine leading to decreased absorption of the calories and nutrients eaten.

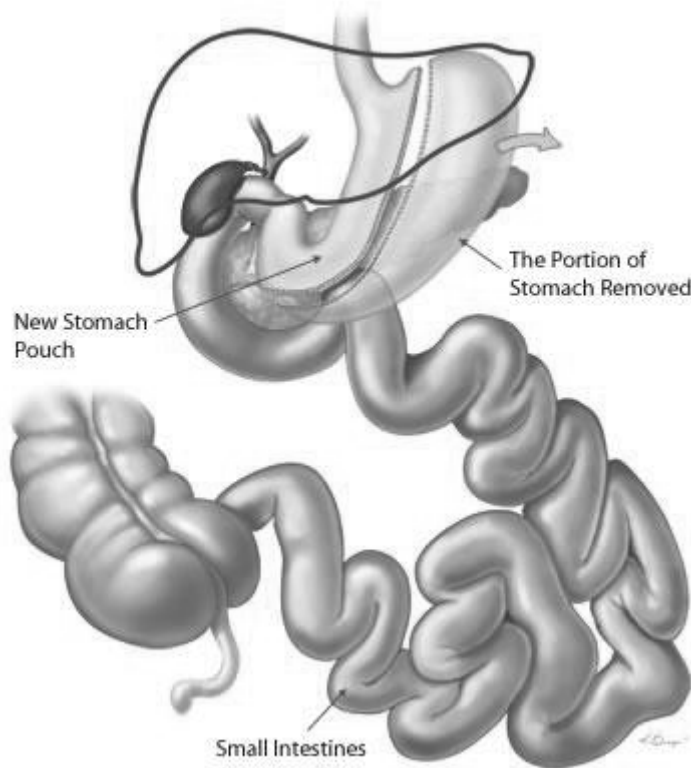
This procedure is considered the "Gold standard" by the American Society for Metabolic and Bariatric Surgery. The weight loss is greatest with this surgery compared to the others, as some patients can lose over 100 to 200 pounds if needed. It is an excellent choice for diabetics as their diabetes tends to greatly improve or go into remission. There are vitamin supplementation requirements to avoid malnutrition.



Grandview Medical Center ~ Birmingham, AL ~ 205-971-3943

Sleeve Gastrectomy

GASTRIC SLEEVE

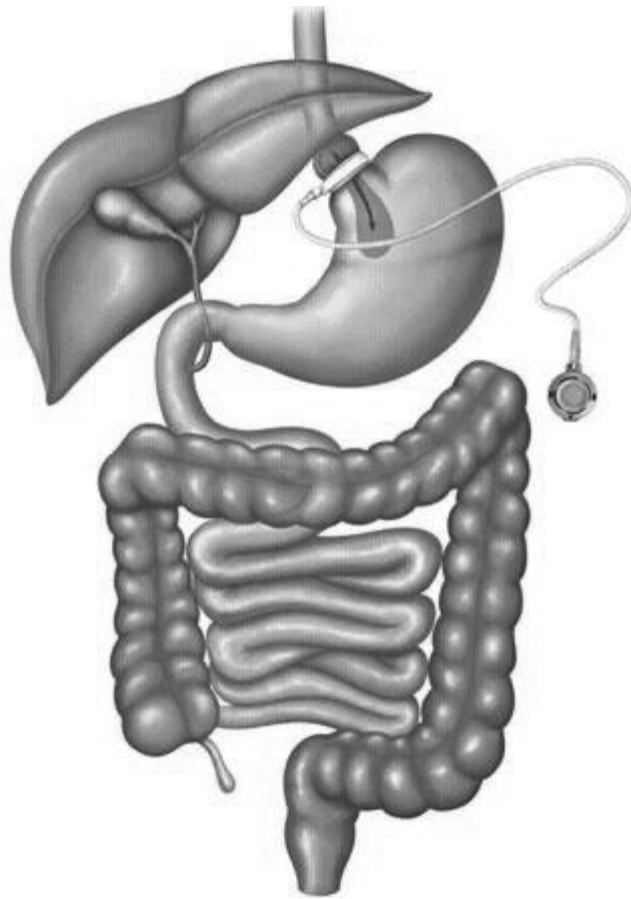


A **vertical sleeve gastrectomy** or simply **sleeve gastrectomy** is a restrictive/malabsorptive procedure that limits the amount of food a person can eat. This procedure reduces the overall size of the stomach, thereby altering gastrointestinal hormone secretion which results in decreased appetite. A portion of the stomach is totally removed from the digestive system through a vertical line of staples.

The remaining "banana shaped" stomach pouch remains connected to the first part of the small intestine. With most (approximately 85 percent) of the stomach removed, large amounts of food simply cannot be eaten as there is very little stomach left to collect it. Weight loss results are similar to that of Gastric Bypass surgery as most patients can lose between 60 to 120 pounds.



Adjustable Gastric Band



This is considered a purely "restrictive" procedure meaning weight loss occurs by decreasing the amount of food a person can eat. The **Lap-Band®** is a silicone based device that completely encircles the upper portion of the stomach creating a small pouch. The pouch size may be adjusted after surgery by accessing a port under the skin allowing your surgeon to provide more or less restriction according to your weight loss.

Most patients will lose between 20 to 50 pounds, although some can lose more. Patients who maximize their exercise post-surgery tend to lose more weight than those who do not.



Preoperative Information

Bariatric Surgery Preoperative Education Class and Pre-Admission Testing

When: Wednesdays **Where:** Grandview Physician Plaza Building

There are many things planned for this morning. Below is a checklist of what to anticipate, although not in order of occurrence. Being late delays the process and can result in your class and/or surgery being rescheduled.

- ✓ ☐ Lab testing to include blood and urine sample(s). You do not have to be fasting.
- ✓ ☐ The Grandview Medical Center Financial counselor will be calling in order to
 - Review insurance & medical information, sign paperwork, pay hospital/anesthesia fees
- ✓ ☐ Pay all surgeon fees to include deductibles and/or co-insurance and any balances.
- ✓ ☐ EKG (if scheduled)
- ✓ ☐ Purchase the pre-op diet and/or supplements, if you haven't already
- ✓ ☐ Pre-op class – scheduled to start after all of the above has been completed for all patients scheduled.

Part 1 –The Bariatric Coordinator will cover what to expect, when & why as well as medications pre- & post-surgery, and nuggets of information from the perspective of a bariatric surgery patient

Part 2 – Our Registered Dietitian reviews food plans before and after surgery, protein supplements, explains the clear diet day before surgery & vitamin needs.

This event is in a group setting. Our goal is to have you ready for surgery and everything completed by 12pm. Please plan accordingly. We appreciate your patience as we give everyone the attention they need. If you cannot stay until the end of class, your surgery will be rescheduled.

ADVANCED SURGICAL WEIGHT LOSS CENTER

PRE-OP DIET

2 WEEKS PRIOR TO BARIATRIC SURGERY

Two weeks prior to your surgery, it is **VERY IMPORTANT** that you follow a low carbohydrate, low calorie, high protein diet. This diet helps to shrink the liver, and this is very helpful for both your surgical procedure and your recovery after surgery.

During this two week period, you will follow a meal replacement program that has been approved by Advanced Surgical Weight Loss Center.

WHY A STRUCTURED MEAL REPLACEMENT PLAN?

1. Science-created by qualified professionals (food scientists, registered dietitians); contain exact mix of essential daily nutrition needed.
2. Relieves stress, pressure, and uncertainty of choosing foods and creating meal plan.
3. You do not have to reinvent the wheel; it is already planned for you
4. Food amounts are portion controlled.
5. One less thing to worry about! This diet is less complicated and achieves great results.
6. Allows focus on changing eating behavior/habits
7. Cheaper than trying to buy equivalent products yourself.

The following pages in your book give information about the preoperative diet and a list of our currently available meal replacement products. Please review this list, and your dietitian will assist you in coming up with a plan that works for you.

****This is a requirement before surgery. There are no exceptions. Please bring any questions or concerns to the dietitian.**

THE MEAL REPLACEMENT DIET

Most common errors and confusion:

1. Using extra meal replacements-

*Your dietitian and your doctor will tell you how many replacements you need each day.

2. Skipping meal replacements -

*Don't do this! This diet is to be followed very closely. Follow your routine every day.

3. Substituting foods -

*The meal replacements are not to be substituted with other foods. This diet is for a short time, and it is expected that you follow the diet plan.

4. Portion sizes -

*Your diet plan will be explained to you and given to you. Be sure to follow the portions listed in your diet plan.

5. Preparation methods -

*Be sure to follow the preparation directions listed on each replacement

6. Lack of pre-planning -

*Life is busy- and full of opportunities to find yourself hungry/ at a social event (like a party or restaurant) without being prepared and having your own food. A meal replacement diet requires planning on your part to make sure you are prepared for "eating" situations throughout your day.

7. Not asking for help -

*We are here to help you! If you have problems, please call the clinic at 205-716-6120 or your dietitian at 205-716-6111.

Robard Corporation

A Division of Food Sciences Corporation

Meal Replacements

High in protein, low in fat and full of essential vitamins and minerals, the Robard meal replacements are designed to provide complete nutrition in place of a meal.

- **Bars** (15 grams of protein, 5 grams of fiber, 160 calories and 18 grams of carbohydrates):

Caramel, Cocoa, Peanut, Cinnamon, Double Berry, Fudge Graham, Chocolate Almond, Variety Pack, Dark Chocolate S'mores, Peppermint, Cocoa Crunch.

- **Beverages** (26 grams of protein, 200-210 calories, 10-14 grams of carbohydrates):

Pineapple Apricot, Strawberry, Chocolate with Fiber, Vanilla with Fiber, Mocha, Hot Cocoa.

- **Soups** (26-27 grams of protein, 200 calories, 10 grams of carbohydrates)

Cheddar Broccoli, Cream of Chicken.

- **Puddings** (27 grams of protein, 200 calories, 10 grams of carbohydrates):

Lemon, Chocolate, Vanilla.

2 Week Preoperative Diet

This diet is to be followed during the 2 weeks prior to surgery

EAT ONLY THE FOLLOWING

1. **Robard/New Direction Meal Replacements.** You are to have 4 of the meal replacements each day. ** These are **MANDATORY**. Space them out – 4 throughout the day, not 2 at one time.
2. **Very Lean Meat.** Examples include boneless/skinless chicken breast, fish (avoid salmon, as it is higher in fat), venison, extra lean ground beef, chicken or turkey, shrimp, very lean deli meat (96% fat free), egg whites. **NO SKIN, NO BREADING, NO OIL, NO BUTTER, NO SAUCE.** You may use Pam spray or Olive Oil spray. You may use dry spices and dry seasoning, garlic, onions, pepper to season. You may use a low sodium bullion or fat free chicken stock to use as flavoring. ****1 serving once per day** (this is about 4 ounces or the size of the palm of your hand).
3. **Non-Starchy Vegetables** – These are **UNLIMITED!** Non-starchy vegetables may be cooked or eaten raw, as in a green salad. You may have lettuce, spinach, cucumbers, bell peppers, onions, green beans, asparagus, mushrooms, celery, zucchini, yellow squash, cabbage, Brussels sprouts, greens, okra, broccoli, cauliflower. Avoid **ALL** starchy vegetables!! (these are corn, peas, potatoes and dried beans). Go lightly on tomatoes and carrots – these have sugar! **AVOID BACON, CHEESE, FRUIT, CROUTONS, CRACKERS, NUTS, SEEDS AND REGULAR SALAD DRESSINGS!** You may use fat free Italian, Balsamic Vinaigrette or Walden

Farms zero calorie salad dressing (any flavor). If cooking vegetables, same rules as lean meat; no butter, oils or sauces.

***You may use; yellow mustard, vinegar, hot sauce, minced dill pickle relish or dill pickles in moderation.

4. **As much as you want to drink as long as it is calorie free** (5 calories or less). Examples – Crystal Light, sugar free Jell-O, sugar free popsicle, Propel zero, Vitamin Water zero, Sobe Lifewater zero, Mio

** Stay away from carbonated beverages, even the diet ones (absolutely **NO** regular carbonated beverages) because any carbonated beverages are off limits after surgery.

** Wean off caffeine – *temporarily*. Caffeine is **off limits** for the first 2 months post op, so please switch to decaf coffee and tea prior to surgery. Use Splenda or other no-calorie sweetener. Coffeemate non-dairy Original powder creamer is acceptable in the serving size on the label (one serving per day).

** No milk or milk products (this includes, Almond Milk, Soy, Lactaid and Coconut)!

** No fruit or fruit juice!

** No breads, grains, pasta, rice, cereal, crackers, etc!

Example 1: Pre-op diet:

Breakfast – Robard/New Direction Meal Replacement (bar or beverage)

Snack (mid-morning) – Robard/New Direction Meal Replacement (bar)

Lunch – Robard/New Direction Meal Replacement (soup or beverage) and large green salad with appropriate dressing.

Snack (mid-afternoon) – Robard/New Direction Meal Replacement (bar)

Dinner – 4 ounces of lean meat, steamed green vegetable and green salad with appropriate dressing.

Snack (night) – sugar free Jell-O

Example 2:

Breakfast – Robard/New Direction Meal Replacement

Snack – sugar free Popsicle

Lunch – Robard/New Direction Meal Replacement and large green salad with appropriate dressing

Snack – Robard/New Direction Meal Replacement

Dinner – 4 ounces of lean meat grilled, grilled green vegetables, large green salad with appropriate dressing.

Snack – Robard/New Direction Meal Replacement.

Example 3:

Breakfast – Robard/New Direction Meal Replacement

Lunch – Robard/New Direction Meal Replacement and steamed green vegetables and large green salad with appropriate salad dressing.

Dinner – Robard/New Direction Meal Replacement and 4 ounces of lean meat grilled or baked and green vegetables (cooked or raw or both)

Snack – Robard/New Direction Meal Replacement.

**Drink as much as you want throughout the day as long as it is calorie free (5 calories or less). Start the habit of not eating and drinking at the same time (this is tough!).

**Remember no butter, oils or sauces when preparing lean meat and/or green vegetables. You may use Pam Spray, dry spices, dry seasoning, fresh herbs and spices, low sodium bullion or fat free chicken stock to cook with and flavor.

**You must get in all 4 meal replacements! The lean meat and green vegetables are optional. The serving of lean meat does not substitute a meal replacement.

Nutrition Price List

ROBARD

Beverages/Box	\$ 20.00
Beverages/singles	\$3.00
Pudding/Box	\$20.00
Pudding/Singles	\$3.00
Soup/box	\$20.00
Soup/singles	\$3.00
Bars/box	\$10.00
Bars/Single	\$2.50
Fiber jello drink/box	\$6.50
Mini crisps-Choc/box	\$8.00
Lite bites snack	\$2.50
Shaker cups	\$1.50
Blender Cups	\$ 12.00

CELEBRATE

Multivitamin	\$18.00
Iron Plus c 30 tab	\$14.00
Iron Plus C 90 tab	\$26.00
Creamy Bites	\$15.00
B12 Sublingual	\$18.00
Coromega	\$35.00
Calcium 500 Wafer	\$42.00
Vit D Quickmelts	\$13.00
Multivitamin w/iron	\$22.00
ENS 2 in 1 Bar	\$17.00
Hair, Skin Nail 120 ct	\$24.00
Multicomplete cap 90	\$48.00
Cit chews 500 mg 90 ct	\$42.00
4 in 1 Tub	\$63.00
4 in 1 Variety Pack	\$35.00

BARIATRIC ADV.

Calc. Cit Chews	TBD
Multichews	\$20.00
Pro Joe/Bottle	\$3.00
Meal replacement	\$60.00
MVI CAPSULES	\$24.00
Biotin	\$18.00

SI03/Syntrax

Nectar flavors	\$42.00
Nectar naturals	\$50.00
Matrix 2.0	\$32.00
Matrix 5.0	\$56.00
Nectar sgl samples	\$2.00

BARI FUSION

Multivitamin Soft Chew	\$24.00
Biotin	\$12.00
Iron Chews	\$25.00
Multivitamin Capsule	\$20.00
Multivitamin Tablets	\$28.00
Multivitamin Stick Pack	\$35.00

SUGAR FREE CLEAR LIQUID DIET

Use the day before Surgery

Food Group	Recommended	Foods to <u>Avoid</u>
Beverages	Water, Propel Zero, Vitamin Water Zero, Fruit Juices without pulp (Limit fruit juice to no more than 4 oz) Crystal Light Decaf coffee or Decaf Tea	Sugar-sweetened drinks Alcohol Milk or milk products Chocolate Milk Meal Replacements
Desserts	Sugar-free Jell-O Sugar-free popsicle	Any with added sugar
Soups	Bouillon: consommé: Fat-free broth	Cream Soups, Vegetables Soups, Meat based soups

**Sweet-N-Low, Equal, or Splenda are OK to use. Truvia and Stevia are preferred.*

Sample Menu:

Breakfast	Lunch	Dinner
4 oz Apple Juice Sugar-free Jell-O Decaf Coffee	Crystal Light Punch Chicken broth Sugar-free popsicle Premier Clear drink	Vitamin Water Zero Beef broth Sugar-Free Gelatin

Postoperative Diet Information

YOUR DIET WHILE IN THE HOSPITAL

What to Expect in the Hospital:

- ◆ Clear liquids will begin when you return to your room after surgery.
- ◆ No carbonated beverages are allowed (Sodas/cokes/etc.). Foods to be served are: unsweetened fruit juices, chicken or beef broth, sugar free gelatin, sugar free popsicle. Consumption of ice chips or water can continue to help keep you hydrated. You will be responsible for consuming 1 ounce at a time.

Your nurse will provide a medicine cup for you to use as a guide.

Do not take in more than 1 ounce every 15 minutes. Do not use a straw.

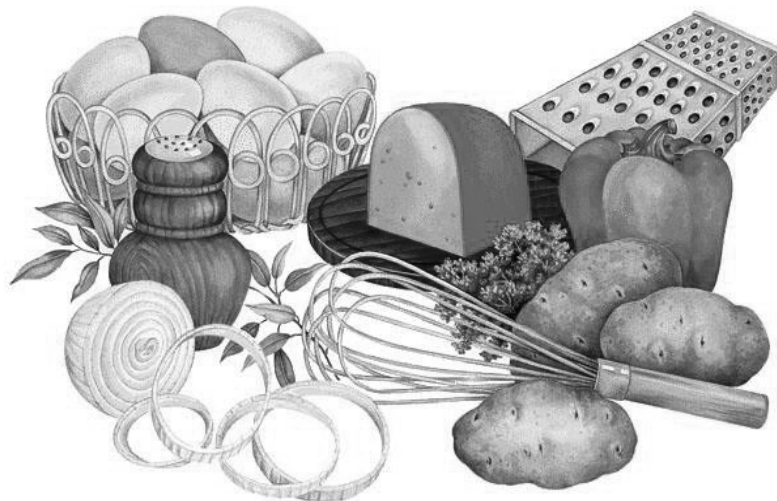
- ◆ If no problems are experienced with clear liquids, your diet will advance to full liquids (liquids that are not clear). No carbonated beverages are allowed. Foods to be served are: unsweetened fruit juice, strained soup, skim milk, Premier Nutrition protein supplement. Do not use a straw. You will be responsible for **slowly** consuming 1 to 2 ounces every 15 to 20 minutes. **Always stop when you feel full.**

When you get home, it is not necessary to measure your liquids. It is very important to “listen” to your body and become accustomed to what you can easily tolerate. This thin liquid phase of the diet will last 1 week.

Food Safety Note: When your next meal arrives, discard any leftover items from the previous snack/meal. High protein foods, milk products, and cooked cereals should not be kept at room temperature for more than two hours.

Bariatric Surgery Post-Op Nutrition Plan

Advanced Surgical Weight Loss Center



NUTRITION FACTS FOR BARIATRIC SURGERY POSTOP **DIET**

How does surgery promote weight loss?

Bariatric surgery produces weight loss by restricting food intake and, in some cases, interfering with nutrition through malabsorption. Patients who undergo bariatric surgery must also commit to a lifetime of healthy eating and regular physical activity. These healthy habits help ensure that the weight loss from surgery is successfully maintained.

Vertical Sleeve Gastrectomy

VSG *historically* had been performed only as the first stage of BPD-DS in patients who may be at high risk for complications from more extensive types of surgery. These patients' high risk levels are due to body weight or medical conditions. However, more recent information indicates that some patients who underwent a VSG can actually lost significant weight with VSG alone and avoid a second procedure. VSG has now been endorsed by the American Society of Metabolic and Bariatric Surgery (ASMBS) as a stand alone procedure for effective weight loss. A VSG operation restricts food intake and does not lead to decreased absorption of food. However, most of the stomach is removed, which may decrease production of a hormone called ghrelin. A decreased amount of ghrelin may reduce hunger more than other purely restrictive operations, such as gastric band.

Roux-en-Y Gastric Bypass

RYGB works by restricting food intake and by decreasing the absorption of food. Food intake is limited by a small pouch that is similar in size to the adjustable gastric band. In addition, absorption of food in the digestive tract is reduced by excluding most of the stomach, duodenum, and upper intestine from contact with food by routing food directly from the pouch into the small intestine.

The primary nutrition goals after surgery are as follows:

- Learn proper eating habits that will promote weight loss while maintaining health at a reduced weight
- Consume adequate amounts of protein to minimize loss of lean body mass and facilitate healing
- Take adequate amounts of fluid to maintain hydration
- Obtain adequate nutrients for optimal health through vitamin and mineral supplementation

The Bariatric Surgery postop food plan is designed to bring about significant weight loss. Learning new eating habits and following the diet correctly will help to maintain this weight loss over time. In general, the gastric sleeve diet includes food that is high in protein, and low in fat, fiber, calories, and sugar. Important vitamins and minerals are provided as supplements. Bariatric surgery provides your body with the physical change that can assist with weight loss. However, it is up to you to now make lasting life-style changes that will promote weight loss after surgery and get you on track for a healthy way of living.

- ◆ **Protein** is the nutrient that the body uses to build new tissue. It is important to get enough protein right after surgery to make sure that wounds heal properly. Over the long term, adequate protein will help preserve muscle tissue, so that weight can be lost as fat instead. Protein sources include eggs, chicken, turkey, fish, and low-fat dairy products like skim milk, low-fat cheese, and low-fat yogurt. Make sure that these foods are chewed very well before swallowing to prevent discomfort.
- ◆ **Sugary foods** include candy, cookies, ice cream, milkshakes or slushes, sweetened juices or gelatin, and most desserts. These foods are high in calories and fat. Even in small amounts, they could make weight loss difficult. Also, most sweet and sugary foods don't provide many vitamins or minerals for the calories they take up – and since calories are so limited after surgery, it is important that every food contribute its fair share of nutrients.
- ◆ **Fat** may be difficult to digest after surgery. Too much fat delays emptying of the stomach and may cause reflux, a back up of stomach acid and food into the esophagus that causes heartburn. Fat may also cause diarrhea, nausea, or stomach discomfort. High fat, fried foods and fatty meats are common offenders.

- ◆ **Fiber** is found in foods like bran, popcorn, raw vegetables, and dried beans, is also limited. There is less space in the stomach to hold these bulky foods, and less gastric acid available to digest them. Some kinds of fiber could get stuck in the pouch itself, or block the narrow opening into the small intestine. Do not take any fiber pills or laxatives without the advice of your physician.

- ◆ **Vitamins & Minerals** are an important part of the post op plan. Since the plan allows for only small amounts of foods, it may be difficult to get enough vitamins and minerals from food alone. Deficiencies can develop in a matter of months. Iron, folate, vitamin B-12, and calcium are the nutrients most affected.
*See “Coming Home After Surgery”-the last page in your pre-op diet section-for information on vitamin supplements.

- ◆ **Fluids** are important in preventing dehydration. You should drink approximately 64 oz of caffeine-free fluids each day. Fluids should be taken in small amounts continuously throughout the day to reach this goal. However, you should avoid liquids 30 minutes before and after meals. Avoid carbonated beverages.

BARIATRIC SURGERY POSTOP EATING PLAN: PHASE I **(THIN LIQUIDS)**

Continue for 1-2 weeks after surgery

When you go home from the hospital, your FIRST PRIORITY is to drink enough fluid to prevent dehydration. (Remember that protein drinks count as liquids!)

It is not uncommon to feel a sensation of fullness from liquids after surgery. This sensation may limit your ability or desire to take the goal volumes in the first several days after surgery. As you progress from surgery you should find it easier to meet the daily goals.

For best tolerance, do not use straws, take small sips, and start with room temperature liquids.

Food Groups	Recommended	Foods to Avoid
Beverages	Skim or 1% milk and milk drinks, High Protein supplements, Strained unsweetened fruit juices (limit fruit juices to no more than 4 oz per day), Crystal Light™ or equivalent, Propel Fitness Water, water (may add lemon or lime juice for flavor if desired)	Chocolate milk made with added sugar, sweetened drinks, sugar sweetened juices, cranberry juice cocktail, whole milk, carbonated beverages, caffeine, alcohol, spicy drinks, acidic drinks (like orange juice, V8 juice)
Desserts	Sugar Free gelatin Sugar Free popsicle	Regular desserts and sweets
Soups	Broth, Bouillon Strained cream soups (protein powder may be added to soups to increase the protein) Vegetable soup that has been blended and strained	All Others
Miscellaneous	Salt, pepper, sugar substitute	Any food that needs chewing

****All liquids should be thin enough to run off a spoon**

- **Goal is to consume at least 64 grams of protein and 64 ounces of liquids every 24 hours.**

*Protein is essential to aid in healing and maintaining muscle mass after weight loss surgery. It may also help avoid (but not necessarily prevent) hair loss associated with rapid weight loss.

How to Prepare Liquid AND Pureed Meals:

(Remember that for the first week after surgery, you are to only have liquids, and all liquids need to run off a spoon)

Using a food processor or blender, food may be blended with liquid and then strained. Fruits, vegetables, meats, casseroles, and cereals from the table can be used.

If you do not want to use a food processor or blender, you may buy strained foods in a jar (baby foods).

Several different liquids may be added to strained foods to thin them to liquid form:

- Broth
- Low-Fat Creamed soup
- Skim or 1% Milk
- Low-Fat thin gravies

Salt, flavoring extracts, and some spices can be added for flavor

Hints for Blending Foods:

- Warm meats, vegetables, or potatoes before blending
- Chop meat finely before blending
- Use blended or strained meat and blend with gravy or cream soups
- Blend vegetables with cream soups
- Blend fruits with light cottage cheese. Add fruit juice if needed to be thin

BARIATRIC SURGERY POST-OP EATING PLAN: PHASE II **(PUREE FOODS)**

Lasts 1-2 Weeks

You should choose *PUREED* foods. Below is a listing of foods to try and items to avoid. **Avoid all foods that need chewing.** Use a food processor or blender to achieve the desired consistency or choose baby food.

*The foods listed in the “recommended” section are foods that you can probably **tolerate** at this point in time. REMEMBER: Eating lots of foods off of the starch list is not “recommended” to help you lose weight.

*****Continue high protein supplements.** ***You are to take in **at least 64 grams protein per day.** Sip **at least 64 oz. of fluids throughout the day.**

Food Group	Foods Tolerated	Food to Avoid
Beverages	Skim or 1% milk and milk drinks High protein supplements, unsweetened fruit juices (limit fruit juices to no more than 4 oz. in 24 hours), Crystal Light™, water (may add lemon or lime juice for flavor if desired)	Chocolate milk made with added sugar, sweetened drinks, sugar sweetened juices, cranberry juice cocktail, whole milk, carbonated beverages, caffeine, alcohol, spicy drinks, acidic drinks (like orange juice, V8 juice)
Cereals	THIN Oatmeal unsweetened, THIN Cream of Wheat **CAN ADD PROTEIN POWDER TO INCREASE PROTEIN CONTENT**	Sweetened cereals, granola or other coarse, whole-grain cereals, grits
Desserts	Sugar free Gelatin Sugar free popsicles Smooth unsweetened custards and puddings (protein powder or nonfat milk powder may be added to increase the protein)	Regular desserts and sweets, Baby food desserts

Food Group	Foods Tolerated	Food to Avoid
Fruit	Unsweetened applesauce, ripe banana, Pureed unsweetened canned fruit or baby food fruit with no sugar added, avocado	Other fresh fruit, fruit canned in syrup, dried fruit, berries
Meat and Meat substitutes	Pureed chicken, turkey, pork or beef. Put in blender or use baby food. Egg or egg substitute, poached, soft boiled or scrambled. Low fat cottage cheese Refried Beans	Whole meats, gristle, skin. Fried meat of any kind.
Potato/Starches	Mashed potatoes Pureed, strained sweet potatoes (fibers removed) Crackers **GO LIGHTLY ON CARBS/STARCHES! **CAN ADD PROTEIN POWDER TO INCREASE PROTEIN CONTENT**	Potato skin Fibrous sweet potatoes Fried potatoes Chips or “snacks” Any bread Crackers with seeds
Soups	All low-fat cream soups Blended broth based soups made with allowed foods. **May add baby food OR protein powder to soups to increase nutrition/protein content**	Soups containing vegetables with seeds, membranes, or tough skins, corn, or celery
Vegetables	Pureed vegetables You may use a blender and strainer to separate the indigestible fiber of stringy vegetables, or use baby food. You may well cook and mash well; cauliflower, butternut squash, green beans, carrots, peas	Raw or fried vegetables Seeds or skins of vegetables Fibrous vegetables: Stringy celery, okra, cabbage, lettuce, greens, broccoli, brussel sprouts

Food Group	Foods Tolerated	Food to Avoid
Miscellaneous	Sugar free low fat smooth yogurt, Greek yogurt, hummus, tofu Ground seasonings and spices, tomato paste, mustard, ketchup and other smooth condiments	Sugar Yogurt with pieces of fruit Nuts, coconut, seeds, popcorn, relishes

BARIATRIC SURGERY POST-OP EATING PLAN: PHASE III **(SOFT FOODS)**

Lasts 2-4 Weeks

Soft foods will be added GRADUALLY to your meal plan. While on the soft foods phase, you must continue to **focus on high protein foods and avoid foods that are high in fat, sugar, or fiber.**

You will probably still need to get some of your protein from supplements until you are able to eat enough solid food to meet your nutritional needs (see the list of protein supplements). **REMEMBER YOUR GOAL TO TAKE IN AT LEAST 64 GRAMS PROTEIN PER DAY.**

Consuming adequate protein in your eating will help you maintain muscle mass and heal as you lose weight. Because you will not be able to eat a large volume of food at one time you should plan to eat small meals. Adding in a planned/thought-out high protein snack is okay.

At meal times it is important to focus on high protein foods, making sure you eat them first. You will be instructed to add only one new food at a time to establish tolerance to foods slowly. **If you do not tolerate a food well, the problem may be with the food itself, how it was prepared, or the way it was consumed.**

TAKE VERY SMALL BITES, CHEW THOROUGHLY!!

You should choose soft textured foods. The following pages are a listing of foods to try and foods to avoid. **Chew your food to a mushy consistency.** If you have dental problems and are unable to adequately chew, use a food processor or blender to achieve the desired consistency, or choose baby food.

*****Time to add your vitamin/mineral supplements (always), and take your high protein supplements as needed. Sip at least 64 oz. of fluids throughout the day.**

- Focus on eating your **protein!!!** Next, go for the non starchy vegetables. Eat no more than 1 starchy vegetable per meal and no more than 1 fruit per day.

BARIATRIC SURGERY POST-OP EATING PLAN: PHASE III **(SOFT FOODS) CONTINUED**

Lasts 2-4 Weeks

Food Group	Foods Recommended	Food to Avoid
Beverages	Skim or 1% milk and milk drinks High protein supplements, unsweetened fruit juices (limit fruit juices to no more than 4 oz. in 24 hours), Crystal Light™, Propel Fitness Water, water (may add lemon or lime juice for flavor if desired)	Chocolate milk made with added sugar, sweetened drinks, sugar sweetened juices, cranberry juice cocktail, whole milk, carbonated beverages, caffeine, alcohol.
Cereals	Cream of Wheat, Oatmeal, **CAN ADD PROTEIN POWDER TO INCREASE PROTEIN CONTENT** Unsweetened Ready-to-eat cereals (soak in milk)	Sweetened cereals, granola or other coarse, whole-grain cereals
Desserts	Smooth unsweetened custards and puddings. (protein powder or nonfat milk powder may be added to increase the protein)	Regular desserts and sweets
Fruit	Most unsweetened canned or cooked fruit, unsweetened applesauce, ripe banana, ripe melons, Orange and grapefruit sections with membranes removed.	Other fresh fruit, fruit canned in syrup, dried fruit, berries, fruits with seeds, stringy sections of fruit, membrane of citrus fruit, fruit cocktail

Food Group	Foods Recommended	Foods to Avoid
Meat and Meat substitutes	Any fish/seafood flaked or chopped; tender cooked, chopped/ground chicken, turkey, pork or beef. Egg or egg substitute, poached, soft boiled or scrambled. Low fat cottage cheese, Soft or shredded low fat cheese Tofu (soy) mixed in soup or vegetables Tuna fish (fat free mayo is okay) Smooth Peanut Butter – limit to 1 Tbsp per day	Tough meats (steak, pork chops, ham, hot dogs), gristle, skin. Fat back, bacon, sausage, bologna, salami Fried meat of any kind. Crunchy Peanut Butter Melted stringy cheese Hard cheeses
Potato/Starches	Mashed potatoes Pureed sweet potatoes (fibers removed) Toasted bread, crackers **GO LIGHTLY ON CARBS/STARCHES! **CAN ADD PROTEIN POWDER TO INCREASE PROTEIN CONTENT**	Sticky Rice Pasta (especially overcooked or large noodles) Macaroni and cheese Potato skin Fibrous sweet potatoes Fried potatoes Chips or “snacks” Untoasted bread-it is “sticky” Any bread with seeds
Soups	All creamed, low fat soups Broth based soups made with allowed foods. **May add baby food OR protein powder to soups to increase nutrition/protein content**	Soups containing vegetables with seeds, membranes, or tough skins, corn, or celery
Vegetables	Soft cooked vegetables; cauliflower, broccoli florets, green beans, carrots, zucchini, sweet potato You may use a blender and strainer to separate the indigestible fiber of stringy vegetables	Raw or fried vegetables Seeds or skins of vegetables Fibrous vegetables: Stringy celery, okra, cabbage, lettuce, greens, broccoli stems, Brussel sprouts NO RAW VEGGIES/SALADS
Miscellaneous	Sugar free low fat yogurt	Sugar, Nuts, coconut, seeds, popcorn, relishes, cream cheese, coconut, chips, gravy,

Food Group	Foods Recommended	Foods to Avoid
	Ground seasonings and spices, tomato paste, mustard, ketchup and other smooth condiments	mayonnaise, sour cream, butter, margarine, oils, salad dressing

REGULAR EATING PLAN: **POST BARIATRIC SURGERY**

When progressing to regular food, try only one new food at a meal to determine if any food might give you a problem. Try one small bite, chew thoroughly, swallow, and wait a few minutes. If no distress, try two small bites, one at a time. If you have no problem at this point, you should be fine with that food.

- Don't forget to take your vitamin/mineral supplements. Your **goal** is to get your protein from your food. Protein supplements might be needed if you are **not** eating 64 Grams of protein per day.
- Aim for 1 cup of food at a meal.
- **Focus on eating your protein!!!** Next, go for the non starchy vegetables.
- Eat no more than 1 starchy vegetable per meal and no more than 1 fruit per day.
- For healthier eating, avoid fried foods along with high-fat meats and sauces.

MEATS: Provides approximately 7 GM Protein per ounce.

		Serving size
Beef	Lean beef such as round, sirloin and flank steak, tenderloin and chipped beef	2-3 ounces
Chicken or Turkey	Without skin	2-3 ounces
Fish	Baked or broiled fish Not fried. Canned tuna in water	2-3 ounces or ½ cup
Pork	Lean pork such as ham, Canadian bacon, tenderloin	2-3 ounces
Veal	All cuts are lean except for veal cutlets. Examples of lean veal: chops and roasts	2-3 ounces
Cheese	Low fat Cottage Cheese, Low-fat cheeses with less than 55 calories per ounce	2-3 ounces or ½ cup
Eggs	Boiled, scrambled, poached or fried with non-fat spray	1 egg or 2 egg whites
Processed meat	95% fat free or leaner luncheon meat	2-3 ounces

**** Avoid any tough, hard to chew meat**

VEGETABLES:**Serving size = 1/4-1/2cup**

Artichoke	Onions
Asparagus	Green Peppers
Beans (green, wax, Italian)	Rutabaga
Beets	Summer squash
Broccoli	Tomato
Carrots	Tomato or Vegetable juice
Eggplant	Turnips
Mushrooms	Zucchini, cooked
Okra	

Avoid any tough, leafy or stringy vegetables*CEREALS:****Serving size**

Cooked cereals (grits, oatmeal, cream of wheat)	1/4 cup
Ready-to eat unsweetened cereals	1/2 cup
Puffed cereal	1 cup
Pasta (well cooked)	2 TBSP-1/4 cup
Rice, white or brown (well cooked)	2 TBSP-1/4 cup

Avoid Bran cereals*DRIED BEANS/PEAS/LENTILS:****Serving size**

Beans and peas (cooked)	2 TBSP-1/4 cup
Lentils (cooked)	2 TBSP-1/4 cup
Baked Beans	2 TBSP-1/4 cup

STARCHY VEGETABLES:**Serving size**

Corn	2 Tbsp-1/4 cup
Corn on cob	1: 4 inches long
Lima beans	2 Tbsp-1/4 cup
Green peas (canned)	2 Tbsp-1/4 cup
Baked Potato (no skin)	1/2 small
Mashed Potato	2 Tbsp-1/4 cup
Squash, winter (acorn, butternut)	2 Tbsp-1/4 cup
Sweet potato (no skin)	2 Tbsp-1/4 cup

BREAD:**Serving size**

Bagel	1/4
Bread sticks, crisp 4 inches long	2 (2/3 ounce)
Croutons, low fat	5 small
English muffin	1/2
Frankfurter or hamburger bun	1/2 (1 ounce)
Pita, 6 inches across	1/2
Plain roll, small	1 (1 ounce)
Raisin bread, unfrosted	1 slice (1 ounce)
Tortilla, 6 inches across	1
White bread (including French and Italian)	1 slice
Whole wheat bread	1 slice

***Caution, bread may cause discomfort**

COOKIES/CRACKERS:**Serving size**

Animal crackers	8
Graham crackers, 2 1/2 square	2
Matzo	3/4 ounce
Melba toast	2 slices
Oyster crackers	12
Pretzels	3/4 ounce
Rye Crisp, 2 inches x 3 1/2 inches	4
Saltine crackers	4
Vanilla Wafers	4

FRUIT:**Serving size**

Apple (raw, 2 inches across) PEELED	1/2
Applesauce (unsweetened)	1/4 cup
Apricots (medium, raw)	1
Apricots (canned)	1/4 cup or 1 half
Banana (9 inches long)	1/4
Blackberries	1/4 cup
Blueberries (raw)	1/4 cup
Cantaloupe	1/4 cup
Cherries (large, raw)	6
Cherries, canned	1/4 cup
Figs (raw, 2 inches across)	1
Fruit cocktail (canned in water)	1/4 cup
Grapefruit, no membrane	1/4 cup
Grapes, small (peeled)	10
Honeydew melon (medium)	1/4 cup
Kiwi (large)	1
Mango	1/4 cup

Nectarine	1
Orange sections, no membrane	1/4 cup
Papaya	1/4 cup
Peach, PEELED	1/2 small or 1/4 cup unsweetened canned
Pear, PEELED	1/2 small or 1/4 cup unsweetened canned
Raisins	2 tablespoons
Watermelon (cubes)	1/2 cup

***Avoid peel or tough membrane**

UNSATURATED FATS:

Serving size

Avocado	1/4 cup
Margarine	1 teaspoon
Mayonnaise	1 teaspoon
Almonds	6 whole
Cashews	1 tablespoon
Pecans	2 whole
Peanuts	10 large
Walnuts	2 whole
Other nuts	1 tablespoon
Seeds, pine nuts, sunflower seeds, pumpkin seeds	2 teaspoons
Oil (Olive, Canola, Corn, cottonseed, safflower, soybean, peanut)	1 teaspoon
Olives	5 large
Salad dressing, creamy	2 teaspoons
Salad dressing, oil-based	1 tablespoon

***Nuts or seeds must be well-chewed**

SATURATED FATS:

Serving size

Butter	1 teaspoon
Bacon	1 slice
Sour cream	2 tablespoons
Cream cheese	1 tablespoon

Remember: fats add lots of calories to your food, so use sparingly.

The amount of protein and calories in common foods:

Item	Protein	Calories
8 ounces skim milk	9 gms	90
1 medium/large egg	6 gms	75
1 ounce sliced cheese	7 gms	120
1 oz. skinless chicken breast	9 gms	50
1/4 cup 2% low fat cottage cheese	7 gms	50
1 oz. fish	7 gms	75
1 - 2oz jar Gerber Strained Baby Food Meat	7 gms	125
1/4 cup Baked Beans / Pinto Beans / Lima Beans	3.5 gms	60
1/4 cup Green Peas	2 gms	34
1/4 cup green vegetables	1 gm	13
1/4 cup cooked cereal	1 gm	35
1/4 cup potatoes	1 gm	35
1/4 cup fruit	0 gm	30
1 oz. lean meat	8 gm	80
1 oz. mixed nuts	5 gm	170
1 Tbsp. peanut butter	8 gm	95

****YOU MAY OR MAY NOT TOLERATE ALL THE FOODS ON THESE LISTS! NOTE THAT SOME OF THESE FOODS MAY BE TOO STRINGY OR NOT EASY TO CHEW. BE CAREFUL! ANYTHING THAT YOU CANNOT CHEW UP ALL THE WAY, DON'T TRY TO SWALLOW IT!**

GREEN VEGETABLES/LOW CARBOHYDRATE FOOD CHOICES:

- AVOCADO
- OKRA
- CABBAGE
- CHOPPED RED, YELLOW, OR GREEN PEPPERS
- LETTUCES (ICEBERG, ROMAINE)
- TOMATO
- CUCUMBER
- GREEN BEANS, WAX, ITALIAN
- SPINACH
- TURNIP GREENS
- MUSHROOMS
- EGGPLANT
- TOMATO JUICE OR TOMATO SAUCE
- BROCCOLI
- CAULIFLOWER
- SUMMER SQUASH
- SPAGHETTI SQUASH
- ZUCCHINI

STARCHY/CARBOHYDRATE FOOD CHOICES:

- GREEN PEAS
- CHICKPEAS
- BLACK EYED PEAS
- GARBANZO PEAS
- ACORN OR BUTTERNUT SQUASH
- CARROTS
- COOKED WHOLE OATMEAL
- YAM/SWEET POTATO
- LOW CARB BREAD
- FRUIT

THESE ITEMS SHOULD BE EATEN MINIMALLY-THEY CONVERT TO SUGAR QUICKLY:

- CORN
- BREAD
- BAGEL
- CAKE
- CROISSANT
- CANDY
- CHOCOLATE
- CRACKERS
- GRITS
- CEREAL
- RICE
- POTATOES
- PASTA
- FRUIT JUICE
- SOFT DRINKS
- DRIED FRUITS
- CHIPS
- PRETZELS
- WAFFLES, PANCAKES, DOUGHNUTS
- JAM
- SUGAR
- CORN SWEETNERS
- HONEY
- MOLASSES
- NATURAL SWEETNERS-FRUIT JUICES, CONCENTRATE, FRUIT PUREES
- CORN SYRUP
- MODIFIED FOOD STARCH

Learn to recognize when you are full. Indications of fullness may be a pressure, tightness, or heaviness in the center of your abdomen just below the breast bone. Feelings of nausea, regurgitation, or heartburn are indications that too much has been eaten or the meal was eaten too rapidly.

Nausea, abdominal pain, or discomfort is most often the result of eating inappropriately and rarely a complication of surgery. Common eating-related

causes of discomfort are: eating too fast, not chewing food well, eating too much food at once, eating solid foods too soon after surgery, or drinking liquids either with meals or right after meals.

Eating Behaviors for Success

Eat slowly and be aware of when you feel full. When you feel satisfied, stop eating! If you continue to eat, you may develop intense chest pain and vomit.

Chew, chew, chew! You need to make sure you chew your food very well before you swallow it. This makes it easier to digest and pass from your gastric pouch into your small intestine.

Swallowing food in chunks may block the stoma and prevent foods from passing into the intestine. It is **CRITICAL** that you eat slowly and chew food well to lower the risk for getting anything caught in this area. The following tips may help you eat more slowly.

- set aside 30 minutes to eat each meal
- aim to chew your food 30 times with each bite, ground or soft foods may be necessary if you have dentures
- explain to friends and family why you must eat slowly so they will not urge you to eat faster
- take small bites of food (you may want to use a smaller spoon and use a saucer in place of a plate to help you with portion control)
- pay attention to taste; learn to savor your food stop eating as soon as you are satisfied (over-eating even one oz. can make you vomit and can lead to stretching your pouch)

Avoid drinking fluids 30 minutes before and with your meals. If you fill up your small gastric pouch with liquid, you won't have room for your food. Furthermore, the liquids may accelerate passage of the solid food out of the stomach and possibly cause some discomfort. Have fluids 30 minutes before or after you eat solid food. Each day drink at least 64 oz. of fluid to avoid dehydration. Sip slowly. Do not use a straw to drink beverages since it can overfill you with liquid and air. Do not drink carbonated beverages.

Drink enough fluid between meals to meet your fluid requirements. You need six to eight cups of fluid per day to prevent dehydration. Remember your goal of 64 oz. fluid per day. You can exceed this goal!

Avoid food and beverages high in sugar. Do not eat sweets or drink sweetened beverages. Use artificial sweeteners in moderation.

Carbonated beverages are not recommended due to the potential for gastric expansion. Carbonated beverages may cause painful bloating and gas. One of the NUMBER 1 CAUSES FOR RE-WEIGHT GAIN.

Chewing gum is not recommended. The action of chewing tricks the stomach into preparing for food by secreting stomach acid. While you are healing from surgery, additional stomach acid could be irritation or painful to your stomach. Swallowing gum can cause a blockage in your esophagus or the narrow opening leading into the small intestine.

Do not drink more than 2 cups of coffee or tea each day. Wait at least 3 months after your surgery to have any caffeine. Caffeine is irritating to a healing stomach and also can be dehydrating. Tea can inhibit iron absorption and cause low iron stores in the body, resulting in anemia.

Limit high fat foods. These foods may make you feel nauseated. They are also high in calories and will slow down your weight loss. Using a low-fat, reduced-fat, or light version of a product is okay, but watch sugar content.

Try to avoid vomiting. Causes for vomiting include eating too fast, over-eating, and eating foods too large or bulky to pass through the small dime-sized intestine.

Vomiting

Vomiting may occur after bariatric surgery. It is often the result of eating inappropriately but can be caused by a surgical complication and should be reported to your surgeon.

Eating inappropriately is the most common cause of vomiting. Common eating related causes of vomiting are:

- eating too fast
- not chewing food properly
- eating too much food at once
- eating solid foods too soon after surgery
- drinking liquids either with meals or right after meals
- lying down after a meal
- eating foods that do not agree with you

If you begin vomiting that continues throughout the day, stop eating solid foods and sip clear liquids (clear, diluted juice, broth, tea). The vomiting may indicate that the stomach pouch is blocked. If vomiting continues for more than 24 hours, contact your doctor.

Other Considerations

- ◆ **Food Intolerances** - Especially to red meat, milk, and high-fiber foods, are experienced by many patients. Since food intolerances vary with the individual, your dietitian can help with sorting out food choices to minimize symptoms such as stomach discomfort, nausea, or diarrhea.
- ◆ **Overeating** – Almost all people who require gastric bypass surgery have had problems with overeating. The causes for this are complex, involving genetics, emotions, upbringing, and even the functions of the brain. None of this changes after bypass surgery, except that the stomach is now much smaller. Eating more than the new stomach can hold may cause vomiting, expansion of the pouch, weight gain, or even rupture of the stomach. Education, counseling, and group support can help to prevent overeating and are just as important as diet to the success of the operation.
- ◆ **Others** - Stomach pain, ulcers, and gastritis (an inflammation of the stomach lining) are complications which may require medical attention. Notify a physician if frequent stomach pain becomes a problem.

FREQUENTLY ASKED QUESTIONS

1. Is alcohol OK after surgery?

Alcohol is not recommended for 6 months after your surgery because it is extremely irritating to your pouch. Alcohol, besides providing empty calories (that is, calories that do not contribute any vitamins, minerals or nutrients) can also cause further malabsorption of nutrients – especially Vitamin B-12, folate, and thiamin. Also, be aware that many patients who have had gastric bypass surgery say they feel the effects of alcohol much sooner than they did before surgery.

2. Why no carbonated beverages?

Carbonation, especially diet sodas and regular sodas are the NUMBER 2 reason for re-weight gain. There have been no research studies conducted to validate the claim that carbonated beverages do in fact cause stretching of the stomach. However, it would be wise to avoid anything that could potentially cause the surgery to fail.

3. Are artificial sweeteners OK?

Artificial sweeteners are okay in moderation. Even though artificial sweeteners are not true sugar and therefore have little to no calories, research suggest artificial sweeteners like Equal, Sweet n Low and Splenda can cause weight gain. Be aware of foods sweetened with sugar alcohols and with the artificial sweetener sorbitol. In excessive quantities, sorbitol can cause diarrhea in some people. Sorbitol is most commonly found in sugar-free hard candies and sugar-free chocolates.

4. Is there a magic calorie level?

No, but you should aim for about 1000 calories a day. The nature of your surgery and the structured eating pattern, if followed, should allow for this reduction in calories taken in... which should therefore lead to weight loss.

***It may take you 3-6 months or longer to reach this calorie level.

5. Is caffeine bad?

A few months after surgery, 2 servings per day of caffeine should be okay unless you have a reflux problem where caffeine is not indicated. Have your caffeine in moderate amounts, as too much of anything can be harmful. Caffeine can act as a mild diuretic and may inhibit nutrient absorption if taken in excess.

6. If you're not supposed to have liquids and solids at the same time, is cereal allowed?

Cereal would be a good meal choice if you allow the cold cereal to soften in milk (or Lactaid) for a few minutes. This will allow for easier digestion of the cereal. Remember to keep the portion size small. Early on after surgery, avoid high fiber cereals (bran cereals, wheat bran, shredded wheat, etc.) and high sugar cereals (for example, Fruit Loops or Frosted Flakes) as they may cause gastrointestinal discomfort.

7. Are changes in bowels normal?

Your stools will be soft until the foods you eat are more solid. Typically, lactose intolerance and high fat intakes are the culprits for loose stools or diarrhea. Look at what you're eating; you may want to try rice, bananas or applesauce to help give bulk to your stool. If cramping and loose stools persist for several days, you may want to talk with your physician. Certain foods have gas-forming properties due to the indigestible nutrients they contain. The by-product of these indigestible nutrients is gas, which can cause bloating and flatulence. Different foods will affect everyone differently. Avoiding products with lactose, dried beans/peas, onions, peppers, cabbage, Brussels sprouts, greens, cucumbers, and cauliflower may help reduce gas formations.

8. Does this mean no more Chinese food or pizza?

Everyone tolerates foods differently. Those who become lactose intolerant might not be able to eat the cheese on a pizza. One also must be aware of toppings on the pizza, like high-fat pepperoni, or gas-forming vegetables like

onions or peppers. The egg-drop soup, lean chicken, beef or seafood dishes are good for some people, however, many Chinese dishes are fried and are high in fat and calories. Basically, if you do tolerate these foods, remember many pizzas, pastas, Chinese take-out and the like are typically high in fat and calories. Besides causing abdominal pain or diarrhea from the fat or lactose, these types of foods can prevent you from losing weight. If you do choose to eat these foods, remember portion sizes and try to limit the frequency in your diet. Another option would be to prepare these foods at home.

9. Can I gain my weight back?

Unfortunately, yes. Poor food choices, not making appropriate lifestyle changes and stretched stomach pouches can lead to weight gain. Remember: the success of the surgery depends on you!

10. How should I take other medications?

Medications the size of a Cheerio or smaller may be taken whole. Medication larger than this should be crushed, chopped, or in a liquid form. Check with your physician to find out if your prescription medications can be crushed or if you can take the pill in a liquid form.

Extended release medication may not be crushed or chopped. If you take extended release medications, speak with your physician or pharmacist to determine how you should take these medications. Everyone reacts differently to these medications after surgery. Monitor yourself/your symptoms. If your symptoms are not controlled, please speak with the doctor who prescribed the medication concerning options.

11. What about herbal products?

Herbs may have medicinal properties, but they are not prescribed medications. Sometimes herbs can actually interfere or react with medications you are taking. Check with your physician, dietitian or pharmacist for safety and appropriateness of any herbal remedy/product.

TIPS FOR MANAGING FOOD CRAVINGS

- Consume three high protein meals per day. Skipping meals can cause you to become too hungry for your next meal, making you more likely to overeat.
- Learn to accept the fact that our society is food-oriented. If you cannot control the food craving, learn to control the reaction to the craving. Remember “everything in moderation.”
- If you slip up from time to time, do not beat yourself up. Try to think about your slip up and what led you to your detour from your food plan so that you can be more prepared for these obstacles next time.
- Take responsibility for making a healthy choice in all circumstances. You may not be able to control the foods that are available at work and social events, but you can learn to manage your behavior when faced with these situations.
- Understand that cravings are not real hunger, and therefore will pass.
- Do not label foods as “good” or “bad.” The key to healthy eating is moderation. Depriving yourself of “bad” foods can cause more intense cravings.
- Stay active! Exercise is a good way to burn off extra calories from our moments of indulgence, but also, exercise can help take away your focus from food.
- Defuse your cravings with the **5 D’s**:
 - Delay** - wait 10 minutes before allowing yourself to indulge
 - Distract** - try to focus on something else
 - Distance** - keep foods that are tempting to you out of your environment
 - Determine** - STOP and think...do you *really* want it??
 - Decide** - if you choose to eat something that you are craving, limit yourself to a controlled portion

If you crave:	Try eating more:	Try eating less:	Instead, try eating:
Sugar	Whole grains, squash, apples, cooked fruit	Meat, salt, dairy products	Fresh and frozen fruit, sugar free popsicles
Salt	Black beans and vegetables	Sweets, fat, alcohol, meats, grains, processed foods	Natural soy sauce, herbs, spices
Dairy products	Leafy greens, whole grains, beans, fish	Sugar, baked goods, meats, processed fruit	Tofu, soy milk, sorbet
Fats and sweets	Protein foods, beans, fish, eggs, chicken	Processed grains, refined flours, processed foods, jellies	Olive oil or canola oil (in place of others), fresh fruit, lower fat versions of dairy products and treats

HABITS TO MAKE FOR LIFE

1. **PROTEIN FIRST:** At every meal, you will eat your protein first, followed by vegetables, then fruit or a starch if you have room. The rationale is that you need your protein the most to prevent loss of muscle, to promote healing, and to regulate body processes. Plan for protein to cover over half of your plate at each meal.
2. **DRINK WATER:** Your goal for after surgery is to drink at least 64 oz. fluid per day. Try to make sure that at least ½ of this fluid is water.
3. **EXERCISE:** Make sure you get moving! You may have a little trouble in the beginning, but you should move your body a little more every day.
4. **NO GRAZING:** If you eat proper foods, you should be satisfied with regular meals. Remember-a meal is planned for and focuses on protein. Grazing is mindless consumption of calories (usually carbs/starches like crackers, chips, sweets) throughout the day.
5. **AVOID OVEREATING:** Overeating may cause you to vomit or over a period of time, stretch your stomach and decrease the effectiveness of your surgery. Indications of over-fullness are a feeling of pressure or fullness in the center of your chest just below your rib cage; nausea; and/or pain in your shoulder area or upper chest. Over-fullness is something you will not want to experience more than once.
6. **FOOD TOLERANCES:** Try each new food at home the first time in case you do not tolerate it. If you try something today and do not tolerate it, this does not mean you can never eat it again. Wait a week or two, then try that food again. You may tolerate chicken (or anything else) today, but not tomorrow, which is NORMAL.
7. **MEATS/PROTEIN:** Experimentation will determine which meats agree with you and what you enjoy. Try to avoid beef in the form of steak, roast, corned beef, and any tough/stringy beef for at least 6 months after your surgery. These foods can be difficult to digest. Processed or ground beef such as meat in chili, ravioli, etc. seems to be tolerated well. Chicken and turkey (no skin) are EXCELLENT sources of protein and are usually tolerated well. Fish and pork (tenderloin and lean chops) are also usually tolerated well.

Dried beans like pinto or black beans may cause bloating and pain. Avoid fatty, processed meats like sausage, bacon, hot dogs, fried meats, and meats with a lot of fat or marbling. A good rule of thumb is to cut your pieces about the size of a pencil eraser and eat only one piece at a time, chewing thoroughly. Remember to choose lean cuts and to bake it, broil it, steam it, grill it-just **DON'T FRY IT!** Make sure the food is moist. Dry or tough foods are hard to digest.

8. **MILK/DAIRY:** Healthier dairy options include skim milk, fat-free/sugar-free yogurt, low-fat cottage cheese, fat-free ricotta cheese, and other low-fat or fat-free cheeses. Avoid whole milk, regular cheeses, and ice cream.

Symptoms of lactose intolerance include nausea, cramps, bloating, gas, and diarrhea, which begin 30 minutes to two hours after eating or drinking foods containing lactose. The severity of symptoms varies depending on the amount of lactose each individual can tolerate. Soy milk and soy cheese may be tolerated. You can also try Lactaid, a lactose-free milk.

9. **VEGETABLES:** Eat only after you have eaten your protein. Eat a variety of soft, cooked vegetables (fresh, canned, or frozen). Limit vegetables with tough skins or seeds, as well as raw vegetables. Salads contain bulky low-calorie foods that take up your valuable pouch space without providing you with the protein you greatly need. They can also be very difficult to digest. Choose the darker green lettuces and good vegetables with a very low-calorie, low-fat, low-carb salad dressing.
10. **FRUITS:** Eat only after you have eaten your protein and your non-starchy vegetables. Acceptable are fresh, canned (in their own juice-no syrup!), frozen or cooked fruit (no real sugar added). Avoid dried fruits, as they have much more sugar. Use caution with fruits that have a core, seeds, or skins. Peel them! They can be harsh to your pouch.
11. **CARBOHYDRATES (STARCHES):** They are NOT the devil. They do not have control over you-YOU have control over them and everything else you put in your mouth! Remember-avoid soft breads that become gummy, like yeast rolls. Avoid breads with nuts or dried fruits, potato skins, pastas, and rice. These carbs can cause your pouch discomfort, and they will not help you lose weight!

12. **MEALTIME:** While you will need to take your time, take small bites and chew thoroughly, and your meal should last no more than about 30 minutes. Don't feel like you need to eat alone at your desk. Lunchtime for most people is a social event in which you should take part. Just remember that when you are finished with your meal, you are done. Throw it away and don't pick at it. Yes, you will hear, "Is that all you are going to eat?" Your response can be as detailed as you want, but a simple, "yes" or, "why do you ask" should suffice.
13. **DESSERTS:** Be very careful of falling back into old habits. You had this surgery to lose weight, and you have been given several tools to learn how to eat appropriately and not let food take control over your life. You have been given a new, small stomach pouch to HELP you control your portions. Eat only when hungry and stop when you feel satisfied! Eating sugary foods may only make you want to eat MORE sugary foods. Try to AVOID cakes, pies, brownies, doughnuts, ice cream, candy, dried fruit, jelly, jam, and marmalade. Don't keep these foods in your house to tempt you! If you are going somewhere where you will find sugary foods, plan ahead to bring or eat other foods and not eat the sweet/fatty stuff. Beat that temptation!
14. **BEVERAGES:** Always and forever, it is important that you keep hydrated! Sip, sip, sip water all day, every day. WATER is by far that best choice for liquids. Calorie-free beverage mixers, like Crystal Light, are also good choices. Fruit juice is LIQUID CALORIES -switch to diet juices. If you do choose to drink regular juice, choose 100% fruit juice, and your limit is 4 oz. (1/2 cup) per day. This is your serving of fruit for the day. And remember: NO CARBONATED BEVERAGES!!
15. **ALCOHOLIC BEVERAGES:** Alcohol is not recommended for 6 months after your surgery because it is extremely irritating to your pouch. You are strongly cautioned to first try alcohol at home. Before surgery, you typically drink and eat together-and the alcohol slowly enters your bloodstream. After surgery, you will not be eating and drinking together. ADDITIONALLY, alcohol is empty calories!
16. **GETTING YOUR WATER IS DIFFICULT AT BEST:** Your new job is to sip, sip, sip your water/hydrating liquids all day long. If you have a desk job, it will be much easier to keep water by your side and sip all day. If you are up and moving, it may be much harder. Try to keep a bottle or a glass with you as much as you can. Reality is you may have to schedule drinking

your water/fluids. Drink a bottle of water on your way to and from work. When everyone else takes a coffee break, take a water break. If you are unable to drink very much at work, this has to be your priority for the rest of the day.

RECOMMENDED FOOD PLAN

When you are able to eat regular foods after surgery, it is important to remember to eat plenty of protein and vegetables. We understand that following a certain plan perfectly is almost impossible. That is why we want to give you guidelines rather than a strict food plan to follow while you are losing weight. The quantity of what you eat will change automatically due to your stomach being smaller. Your intake of food will be cut drastically and you possibly won't be hungry. That is why it is very important to eat protein first, veggies second, and starches third. You will lose weight even if you don't eat protein, but you will have other serious problems. You may become anemic, your hair will likely fall out, and you can lose muscle mass. Your body requires protein to operate efficiently.

1. EAT PROTEIN FIRST

2. EAT GREEN/NON-STARCHY VEGETABLES NEXT

3. EAT STARCHES/CARBOHYDRATES LAST (Remember that this includes any beans other than wax/green beans; peas; corn; potatoes; rice; pastas; breads; crackers; sweets)

No one is perfect. It is important to follow the "one day at a time" approach to healthier eating. If you eat the wrong type of food at breakfast, try to eat the proper way for lunch and dinner. You deserve and need to take care of yourself and provide yourself with proper nutrition. Don't feel like you have to throw in the towel because you made a mistake. It just means that you need to learn from that mistake and be careful to not put yourself in that situation again. **Don't give up!**

After Surgery Care

LAPAROSCOPIC BARIATRIC SURGERY POSTOPERATIVE CARE

Dietary Considerations:

1. Follow the phases!! Do not advance before it is appropriate.
 - a. Please review post-operative diet throughout binder.
2. Constipation may initially be treated with adequate (64 ounces per day) liquid intake. Second you may use a gentle laxative (such as Milk of Magnesia 2-3 teaspoons) as needed. If you do not have a bowel movement after 5 days use a gentle laxative with stool softener.
3. Diarrhea may be treated with Pepto-Bismol equivalent – Call Surgeon's office if diarrhea persists beyond 48 hours
4. Maintain an oral intake of 64 ounces of liquids and 64 grams of protein per day.
 - a. A protein shake will count as liquid and protein in your daily intake.

Activity:

1. Do **not** lift anything heavier than 10 pounds in either hand
2. It is okay to walk up and down steps *carefully*.
3. Do **not** drive for 4-5 days after surgery. Before you drive, practice slamming on the brakes and other driving maneuvers in your parked car to be sure you can perform them safely. Do not drive while taking prescription pain medication.
4. Walk at least twice a day. Your *goal* is to work up to a total of 60 minutes of walking per day. Limit stairs to no more than 2 flights a day if possible, for the first 5 days after surgery.
 - a. No direct abdominal exercises until 6 weeks after surgery or until you are cleared by your Surgeon.
 - b. Stationary bike is permitted and walking is permitted and unlimited.
 - c. Refer to the *After Surgery Exercise Guideline* found in your Tool Kit.
5. You may shower 24 hours after surgery – pat abdomen dry, steri-strips may be removed **after** 7 days. Wait 2 weeks before submerging stitches in a bath or pool.

6. Swimming or water aerobics are not permitted until you are cleared by your Surgeon usually after 6 weeks.
7. You may remove Steri strips after 7 days if they have not already fallen off. You do not have stitches to be removed. The stitches used are absorbable.

Medication Management:

1. Follow the plan you and your primary care physician have developed regarding your medication regime after surgery. You will most likely need to continue to take any blood pressure medication, cholesterol medication, heart condition medications, antidepressants unless otherwise directed by your primary care physician. ***Schedule a follow up appointment with your PCP to discuss changes in medication at least 4-8 weeks after surgery.
2. If you take a strong diuretic such as Lasix then you may need to stop this for 2-3 weeks after surgery until you are able to stay hydrated adequately. Check with you PCP.
3. If you have type 2 diabetes, and you ONLY take oral blood sugar control medication, you may or may not need to take blood sugar medication after surgery. Check with your prescriber to determine how they wish for you to proceed after surgery.
4. You will have 3 medications prescribed to you at discharge:
 - Omeprazole (Prilosec) 40 mg. Take daily for acid/reflux control. This protects your pouch or sleeve during the healing phase. Helps to prevent heartburn, indigestion, and/or ulcers. Should be taken regardless if you feel as if you are having reflux or not.
 - Zofran 4 mg. Take this prn (as needed) for nausea. If your nausea is severe and does not resolve with Zofran or if you are unable to drink liquids to maintain hydration for more than 24 hours, please call the office or go to the nearest ER for treatment.
 - Hycet (liquid Lortab – combination of Acetaminophen and hydrocodone). If you have an allergy to either of these medication please let your surgeon know.

NOTE: Medications smaller than a Cheerio may be swallowed whole otherwise, they should be crushed or in liquid form.

2. Use your pain medicine and other medications as prescribed. Please call the office regarding questions or difficulties with your medicines the first week after surgery.
3. Begin your supplements (vitamins, calcium and B12 if appropriate) 2 weeks after surgery to allow time for your stomach to heal some. Separate the doses for better absorption.

Follow-up:

1. Your surgery follow up appointment will be scheduled for 14 days after your operation and will be provided to you.
2. If you do not receive a follow up appointment, please call the office and make your follow-up appointment. We will want to see you within 14 days of your operation. Plan on seeing your surgeon, the dietitian and fitness/emotional support.
 - It is recommended to follow up with your counselors every 4 weeks for the first 6 months to obtain guidance and support while adjusting to this new life style.
 - Don't forget about our monthly support groups! The support group meets on the second Tuesday of every month at the second floor classroom in the Physician's Plaza (where pre-op class is held).
3. Please call your Surgeon if you develop any of the following:
 - a. Fever of 101 degrees or more
 - b. Increasing pain lasting longer than 2 hours
 - c. Redness or drainage at surgical site
 - d. Tenderness or swelling in the calf area or legs
 - e. Any concerns about your post-operative condition
4. Seek emergency help for the following symptoms:
 - a. Vomiting of blood or persistent nausea or vomiting
 - b. Blood in stool
 - c. Severe shortness of breath or chest pain.

If calling during regular office hours with a problem or concern, ask to speak to your Surgeon's nurses.

The answering service is available after office hours @ 595-8985.

COMING HOME AFTER SURGERY

VITAMINS

GASTRIC BYPASS	GASTRIC SLEEVE	LAP-BAND
Adult Multivitamin and Iron (may be liquid or chewable). NO GUMMIES. NO FLINSTONES. Take with food. Serving size – 2 servings/day	Adult Multivitamin and Iron (may be liquid or chewable). NO GUMMIES. NO FLINSTONES. Take with food. Serving size – 1 serving/day	Adult chewable MVI (may be liquid) NO GUMMIES. NO FLINSTONES. Take with food. Serving size – 1 serving/day
Calcium Citrate (chewable or liquid). Serving Size – 1500 mg per day in divided dosages	Calcium Citrate (chewable or liquid). Serving size – 1000 mg per day in divided dosages	Calcium supplement (chewable or liquid). Serving size – 1000 mg per day in divided dosages
B12 supplement Options: <ul style="list-style-type: none"> • Liquid or tablet sublingual (1000 mcg/day) • Nasal spray (Nascobal) 1 spray in the nose 1 time/week. • Injection – 1/month 	B12 Encouraged/Optional “	B12 Encouraged/Optional “
Vitamin D3 Encouraged/Optional Recommended dosage – 3,000-5,000 IU/day	Vitamin D3 Encouraged/Optional “	Vitamin D3 Encouraged/Optional “

******Vitamins are forever and after! However, you may switch to tablet or capsule form after 2 months post op.

Examples of Multivitamin – Centrum, Wellessee, Life Source, Alive, Bariatric Advantage, Bari Active, *Celebrate, *Bari Fusion

Examples of Calcium Citrate – Celebrate (ASWL), Bariatric Advantage (ASWL), Bari Fusion (ASWL) UpCal D, Citracal, TwinLab Calcium Citrate wafers (GNC). You will typically find calcium citrate at places such as: Advanced Surgical Weight Loss, GNC, Whole Foods, Health Foods, Vitamin Shop. You may also find vitamins at online resources such as: vitaminshop.com, amazon.com, swansonvitamins.com.

If calcium has 500 mg or more per serving, **DO NOT TAKE IRON AND CALCIUM AT THE SAME TIME (TAKE 2 HOURS APART)**

PROTEIN

Protein supplements generally need to have ABOUT 100 CALORIES PER SERVING, 5 grams or LESS total carbohydrates per serving, 5 grams or LESS total fat per serving, and AT LEAST 20 grams of protein per serving or more.

If there are more calories, there HAS to be more protein, but never more than 5 grams of sugar, fat, or carbohydrates! (Ex. 150 calories, 25-30 grams of protein, 5 grams total carbohydrates, 3 grams total fat.)

DIABETIC PATIENTS ONLY:

Develop a plan with your primary care physician regarding your insulin and oral diabetic medications. You will need to be able to monitor your blood sugar after surgery. You should have a meter with test strips. If you require a sliding scale, this should be provided by your primary care physician. This plan **MUST** be completed before you begin the pre op diet.

Whey Protein and Weight Loss Surgery

Before and after weight loss surgery, patients are advised to eat primarily protein. Protein helps prepare the body before surgery and reduces the amount of fat in the liver. Post-surgery, protein is necessary to repair body cells (helps with healing), to build and repair muscle and bones, to provide a source of energy, and to control many of the important processes in the body related to metabolism. Protein also helps to maintain muscle mass during weight loss.

Protein requirements:

Post-surgery, your goal is to take in at least 64 grams of protein per day. A high quality protein contains all of the essential amino acids required by the body. Due to reduced stomach capacity, especially in the first weeks after surgery, it may be difficult to consume this protein from food alone.

Whey Proteins:

Whey proteins are high quality proteins derived from milk, with protein quality scores similar to those of egg protein.

Whey proteins are complete proteins, containing all the essential amino acids required by the human body.

Whey proteins are digested and absorbed.

Whey proteins are rich in leucine, an amino acid proven to preserve lean muscle tissue while promoting fat loss.

Whey protein contributes the amino acids required by the body to synthesize glutathione, an important antioxidant required to support a healthy immune system.

***** All of the protein supplements sold at Advanced Surgical Weight Loss Center are made from whey protein.**

Protein Supplements

As a nutrient, protein performs many functions. Proteins are worker molecules that are necessary for virtually every activity in the body. Your body needs a constant supply of protein to repair body cells as they wear out. During times of growth and healing, the body needs protein to make new body tissues. Proteins also supply your body with energy, if you don't consume enough carbohydrates and fat (which you try to avoid during weight loss). Otherwise protein is saved for its unique function, which is to build and repair body tissue. You can see that it is very important to consume an adequate amount of protein.

Prior to Bariatric Surgery most patients consume more than enough protein; however, after surgery it is often necessary to supplement protein, particularly in the first few weeks or months. Many weight loss surgery patients will tell you that supplementing protein gives them more energy, is helpful in avoiding plateaus, and speeds up weight loss by keeping your metabolism up. Protein supplements comes in many forms; including bars, powdered drink mixes, powdered food additives, and pre-mixed drinks. There are dozens of protein supplements on the market. Experimentation is the only way to find one that you enjoy. Communication with other weight loss patients is a good way to get tips and helpful hints about good protein supplements.

Commercial protein supplements are available in drug stores and super markets. **DO NOT GET** energy drinks they contain lots of carbohydrates.

High Protein Supplements Found at Advanced Surgical Weight Loss Center

(For use after your surgery to help you meet your goal of 64g protein per day, remember that you can exceed this goal!)

Product	Calories per serving	Protein per serving
Nectar Flavors Fuzzy Naval Pink Grapefruit Caribbean Cooler Crystal Sky Roadside Lemonade Apple Ecstasy Chocolate Truffle Vanilla Bean Torte Strawberry Mouse	100	24
Nectar Latte Cappuccino	100	24
Nectar Natural Flavors Orange Peach Fruit Punch	100	24
Matrix 2.0 Flavors Cookie N Cream Milk Chocolate Perfect Chocolate Peanut Butter Cookie Banana and Cream Orange Cream	120	23
Matrix 5.0 Flavors Strawberries N Cream	110	23
Unjury Flavors	100	20
Unjury Unflavored	80	20
Bariatric Advantage Orange Cream	160	27

** All Nectar products are lactose- free!

** All Nectar products and Unjury products are made with Whey protein isolate. Whey protein isolate contains almost no sugar, lactose, or fat.

Some high protein supplement locations

(For use after your surgery to help you meet your goal of 64 grams of protein per day.
Remember that you can exceed this goal!)

Location	Product	Calories per serving	Protein per serving
Rite Aid	Twinlab 100% Whey Protein fuel	140	25grams
	Protica Profect “Shot”	100	25 grams
	Super High Protein Powder	110	24 grams
	Abb Performance PurePro 50	125	25 grams
	Gold Standard 100% Whey Protein	120	24 grams
	GNC Pro Performance 100% Whey Protein	130	20 grams
	100% Whey Protein	110-120	23 grams
	GNC Total Lean: Lean Protein Weight Control	100	20 grams
	Myofusion	150	25 grams
	Six Star Pro Nutrition Whey Protein Elite Series	160	26 grams
CVS	Cvs Whey Protein Powder	140	25 grams
	Protica Protein “Shot”	100	25 grams
	Pure Protein 100% Whey Protein Powder		25 grams
GNC	Nature’s Best Perfect Low Carb Isopure	105	25 grams

Location	Product	Calories per serving	Protein per serving
	Gold Standard 100% Whey Proteins	120	24 grams
	IsoPure Zero Carb Drinks or Powders		
	CytoSport Whey Isolate		
	GNC 100% Whey Unflavored Protein		21 grams
Wal-Mart	Body Fortress Super Advanced Whey Protein	110-140	26 grams
	Body Fortress Super Whey Protein “Shot” (sold online)	100-130	26 grams
	6 Star Muscle Professional Strength Whey Protein Elite Series	160	26 grams
Whole Foods	Bluebonnet 100% Natural Whey Protein Isolate	116	26 grams
	Proasis All Natural Protein “Shot”	120	26 grams
	All-Pro APS Science Complete 100% Grass Fed Whey	130	23 grams

Location	Product	Calories per serving	Protein per serving
	Jay Robb Whey Protein	110	25 grams
Publix	EAS Myoplex Carb Control	150	25 grams
	Pure Protein Shake	120	23 grams
	EAS 100% Whey Protein	130	23 grams
	Pure Protein 100% Whey Protein	140	25 grams

**Premier Nutrition Shakes can be found at Wal Mart, Sams or Costco.

Additional Resources

www.bariatriceating.com

**May find lower prices at Aldi and Sam's Club.

**Prices at above locations are subject to change.

**Availability may vary upon store location.

Supplement generally need to have **ABOUT 100 CALORIES, LESS than 5 grams carbohydrate/sugar, LESS than 5 grams of fat, and AT LEAST 20 grams of protein per serving! If there are more calories, there HAS to be more protein, but never more than 5 grams of sugar, fat or carbohydrates! (Ex. 150 calories, 25-30 g protein). **CHECK THE LABELS!!**

Protein and Lactose Intolerance

If you are lactose intolerant, look for either a soy protein powder like GNC ProPerformance soy Protein 95 or whey protein isolate that meets the criteria for a good protein drink choice (see above paragraph). Whey protein isolate contains almost no sugar, lactose, or fat. The following are examples of whey protein isolate:

- Unjury protein powders (found at Advanced Surgical Weight Loss Center)
- Syntrax Nectar protein powders (found at Advanced Surgical Weight Loss Center)
- IsoPure Zero Carb Drinks and Powders (found at GNC, Vitamin Shoppe, and BariatricEating.com)
- BioPro (found online)
- CytoSport Whey Isolate (found at GNC)

FINALLY FREE BARIATRIC SUPPORT FORUM

Open to all persons interested in meeting with others who have had bariatric surgery. Occurs the 2nd Tuesday of every month at 5:30pm in the 2nd Floor Conference Center (where the Pre-op Class is also held) located in the Grandview Physician Plaza building.

The purpose of this group is to provide peer support, education and accountability in a group setting. This allows those who want to learn firsthand from others who have had surgery as well as allowing those who had have surgery to share and learn. It is a wonderful opportunity to make new friends and be with people who understand what you are experiencing. It is often reassuring to hear other's viewpoints on common concerns and get additional information from the leader or guest speaker.

Research has shown that patients who attend a support system/group regularly are more successful with their weight loss and mental adjustment postoperatively than those who do not. This is especially true long term.

Family and friends are always welcome to join you!

MISSION STATEMENT

This group has been established to provide a welcoming, comfortable environment for anyone on a quest to gain more information about bariatric surgery.

This group functions as a forum type setting where questions, comments and the occasional guest speaker is utilized to enhance the experience.

We provide support and information as well as acceptance of all individuals, no matter where or when their surgery occurred. Family and friends are always welcome to attend.

Bariatric Program Coordinator
Grandview Medical Center
205-971-3943

Life Rules

MAKE CONSISTENTLY HEALTHY FOOD CHOICES

Protein first plus a vegetable or fruit

MAINTAIN PORTION CONTROL

Forever more in every eating situation

EXERCISE ON A REGULAR BASIS

That means daily

DRINK PLENTY OF WATER THROUGHOUT THE DAY

But not 30 minutes before or after meals

EAT BREAKFAST

Protein, protein, protein.....doesn't have to be traditional breakfast food

PLAN YOUR MEALS AND FOLLOW YOUR PLAN

You don't have to want to.....you just have to!

KEEP A FOOD DIARY

It keeps you accountable and is the best way to maintain weight loss

KEEP AN EXERCISE DIARY

It will remind you of all the great hard work you are doing

GET ENOUGH SLEEP

Who knew there was a connection between sleep and weight?

UTILIZE A HEALTHY SUPPORT SYSTEM

Support Group, in person or online

PARTICIPATE IN INDIVIDUAL AND/OR GROUP THERAPY

Okay.....not a daily thing, but a very good idea on a weekly basis

Be patient

You can't get comfortable, you aren't getting any rest because you hate to sleep on your back, you have an awful taste in your mouth, and nothing tastes good; even water tastes funky. Welcome to the club! You are normal!

In the weeks immediately following your procedure, it is important for you to be patient in this vulnerable and very emotional stage. Just about all of us second guessed our decision to have our bariatric procedure, especially as the early post-op weeks are not fun. Focus on the positive things that will unfold for you as a result of your mobbing forward with a permanent solution to your morbid obesity.

Eating is a frightening proposition and can take time; hold back, do not rush your food stages and stick to the surgeon's protocol. Full liquids include smooth thin soups, thinned out yogurt, and protein drinks. Take your time introducing new flavors and textures.

While you are resting, make sure you drinking plenty of liquids even though it may be difficult. Crystal Light will taste distinguishingly sweet; water it down and concentrate on sipping *all day long*. Get out of your recliner and walk to the kitchen to replenish your drink several times a day. Warm broth or herbal tea is soothing and relaxes the muscles in your stomach. Ice cold beverages can make your new pouch cramp, so try to stick with room temperature or warm liquids.

Listen to your pouch. Figure out it's language. When it says you've had enough, **STOP!** Portion control is one of the benefits of bariatric surgery. Let your pouch and not your eyes guide you to how much you should eat.

Hang in there, it gets better everyday!

Remember these key things:

Sip, sip, sip

64oz fluids/64 grams protein daily

Walk, walk, walk

Nausea/Vomiting

Nausea and vomiting after surgery is not uncommon. If you are experiencing these problems you may want to try the following:

- Try eating very slowly (Put your fork/spoon down between every bite and keep talking to others to a minimum, as this may cause you to not pay attention and eat too fast.)
- Take very small bites (Try using a baby spoon and only filling it halfway.)
- Pay attention to how much you are eating! Eating too much can be a problem so keep your portion sizes very small.
- Chew your food to the consistency of applesauce.
- Do not drink with your meals. (Drink 30 minutes before or after meals.)
- If you are still having problems, call the office at 205-595-8985.

Constipation

Directions to follow after surgery-short term

Constipation after bariatric surgery is a common complaint. It may be caused by decreased food and water intake, and in some people supplemental iron and pain killers.

You should not expect your bowel pattern to be the same as it was before. This is not a problem if they are comfortable and if the bowel movements pass easily.

If infrequency and discomfort are present, or if you do not have a bowel movement after 5 days, we recommend the following:

- Drink adequate fluids: a minimum of 64 ounces per day.
- Increase physical activity like walking.
- Try taking Milk of Magnesia every day for up to 3 days.
- You can take Miralax 2 times daily but you may need to adjust your dosage.
- If all else fails, take ½ bottle of Magnesium Citrate, if no results take the other ½.
- If you still do not have a bowel movement after trying everything above, call the office.

Directions to follow long term

If infrequency and discomfort are present, we recommend the following:

- Kashi cereals or high fiber cereals (not until phase 3-4)
- Colace 3-5 capsules per night.
- Miralax 2 capsules per day.
- If Miralax does not work alone Mineral Oil may be taken 1-2 tablespoons nightly.

Gas

The abdomen is filled with air during surgery and this may cause gas post operatively. This sometimes causes pain in the left shoulder. If you experience this:

- Try walking as much as possible. This is the best way to help eliminate gas.
- Take Gas-X or Phazyme (both are over the counter) or Simethicone drops.
- If no relief call the office.

Dizziness is a sign of Dehydration

One of the main challenges for weight loss patients is maintaining hydration. Your body needs just as much fluid after surgery as it did before surgery, yet your reduced capacity stomach limits you to one-two ounces at a time. **THAT MEANS NO MORE CHUGGING!**

Small amounts of liquid are best and you should carry a fluid source with you at all time.

DUE TO RESTRICTED LIQUIDS BEFORE, DURING OR AFTER MEALS, CONSTANT DRINKING IS REQUIRED.

It may seem strange at first to eat without drinking, but it works. A good tip-remove liquids from the table while you are eating. In addition to reducing your overall food intake, this new habit encourages chewing food more thoroughly before swallowing, because liquids are not available to wash down half chewed food.

Drinking during your meals washes food out of the stomach and allows more food that is desirable.

Eating soup is similar to drinking with food. Soup is not an absolute “no-no” but should not be part of your regular diet.

Liquids should not be consumed for 30 minutes after eating. Food actually forms a plug that blocks the outlet from the upper stomach until it has completely passed through. Liquids on top of this plug creates a very uncomfortable sensation and also may force food downstream too quickly.

Liquids must be calorie free, and sugar free. Calories in fruit juice or other liquids cause patients to experience inadequate weight loss. Caffeine is a stimulant and a diuretic. It can add to dehydration.

Water is the body’s best source for maintaining good health. It helps with digestion and absorption of food. Water regulates body temperature and circulation and carries nutrients and oxygen to the cells. It also removes toxins and waste.

Dehydration can cause and/or aggravate constipation, kidney stones, urinary infections, high or low blood pressures, difficulty controlling diabetes and migraines.

Signs of dehydration include dizziness, clumsiness, arm and leg muscle cramps, dark yellow urine, fatigue, irritability, sunken eyes, low blood pressure, fainting, bloating, and a fast weak pulse.

Hair Loss

Your body needs protein for all sorts of things, including hair production. Hair loss may be caused by lack of protein in the diet. When this happens, the body will help save protein by shifting growing hairs into the resting phase. It usually starts abruptly and very seldom lasts longer than 6 months.

Protein helps your body build, repair and maintain tissue, including muscles. If you don't get enough protein by mouth your body takes it from muscles. You need to lose fat mass not muscle mass.

Any type of surgery, but especially in bariatric surgery, it is difficult to get enough protein. This is mostly true in the first few months or so after surgery. Hair loss can be reversed and prevented by eating the proper amount of protein.

The good news is that you can count on the hair returning unless you have a chronic illness or genetic reason for the hair thinning. The following suggestions are the best advice we can give our patients.

Make sure you get enough protein.

1. Drink your protein shakes.
2. Protein bars.
3. Meats, cheeses, eggs, and milk.
4. Anything that is a mother or has a mother.

When Protein is not the issue, here are a few conservative over the counter products which can help.

1. Biotin—B complex vitamin that helps reduce hair loss.
2. Biotin shampoo and conditioner.
3. Zinc—Mineral in some foods that, if deficient, can cause hair loss. (Ex: chicken legs, pork tenderloin, lobster, baked beans, yogurt, almonds, peas, milk, oatmeal, and kidney beans). Other examples can be found with a search online.
4. Hair, Skin, Nails supplement
5. Juven—a powder that mixes with water that keeps protein from breaking down too quickly.

Recipe/Mixing Ideas

Mixing Ideas and Recipes

With Milk

- Add 1 scoop of Chocolate or Vanilla Unjury to 8 ounces of skim milk. For lactose intolerance, use soy or lactose-free milk. Shake for 15-20 seconds. Protein 28 grams per serving.

Non-Milk

- Add 1 scoop of unflavored Unjury to 8 ounces of fruit flavored Crystal Light, Sunrise classic orange, Raspberry ice or other fruit flavor. Shake for 15-20 seconds. Protein 20 grams per serving.
- Add 1 scoop of Strawberry sorbet Unjury to 8 ounces of water or Crystal Light lemonade. Shake for 15-20 second. Protein 20 grams per serving.
- Add 1 scoop of Chicken broth flavor Unjury in 8 ounces of warm water (not too hot, approximately 130 degrees or less). Stir until dissolve. Protein 21 grams per serving.

Café Unjury

- Add 1 scoop of Chocolate Unjury to warm coffee, decaf, or regular (not too hot, approximately 130 degrees or less) for a mocha taste. Protein 20 grams per serving.
- Add 1 scoop of Vanilla Unjury to warm coffee, decaf, or regular (not too hot, approximately 130 degrees or less) for a rich cappuccino taste. Protein 20 grams per serving.

Unjury Vanilla Chai Tea

- Steep 1 spiced Chai tea bag, decaf or regular in 1 cup water for 5 minutes before removing tea bag. Gradually stir 1 scoop of Vanilla Unjury into tea. May be enjoyed as a warm beverage, (not too hot, approximately 130 degrees or less) or chilled over ice. Protein 20 grams per serving.

Friendly Protein Shake Recipes

Made in your blender

Banana Shake

- ½ cup skim milk
- 1 cup ice (or to desired thickness)
- 1 scoop vanilla matrix
- 1 ripe banana (the riper the better)
- 3 packs Splenda
- Blend well

Chocolate Shake

- 1/2 cup skim milk
- 1 cup ice (or to desired thickness)
- 1 scoop chocolate matrix
- Blend well

Double Chocolate Shake

- ½ cup skim milk
- 1 cup ice (or to desired thickness)
- 1 scoop chocolate matrix
- 1 pack of sugar free swiss miss chocolate
- Blend well

Chocolate Peanut Butter Shake

- ½ cup skim milk
- 1 cup ice (or to desired thickness)
- 1 scoop vanilla matrix
- 1 pack of sugar free swizz miss chocolate
- 1 tbsp of peanut butter
- 3 packs Splenda
- Blend well

Cookies n Cream Shake

- ½ cup skim milk
- 1 cup ice (or to desired thickness)
- 1 scoop cookies n cream matrix
- Blend well

Unjury Smoothie and Recipe Tips / Ideas

Protein Colada

- Mix 1 scoop vanilla Unjury with 8 ounces of skim milk
- Add 2 drops McCormick imitation pineapple extract
- Add 2 drops McCormick imitation coconut extract
- Adjust to taste
- Protein 20 grams per serving

Root Beer Float

- Mix 1 scoop vanilla Unjury
- 8 ounces flat diet root beer
- Protein 20 grams per serving

Mocha Proticcino (A fun mocha protein cappuccino)

- 1 scoop chocolate or vanilla Unjury
- 8 ounces milk
- 1 tablespoon regular/decaf instant coffee
- Place all ingredients in a shaker , shake until blended
- Protein 28 grams per serving

Fruit of the Season Smoothie

- 1 scoop vanilla Unjury
- 8 ounces milk
- About ¼ cup fruit (any mix of berries, bananas)
- Place all ingredients in a blender, blend until smooth
- Protein 28 grams per serving

Chocolate Banana Smoothie

- 1 scoop chocolate Unjury
- 8 ounces milk
- ½ banana
- Place all ingredients in a blender , blend until smooth
- Protein 28 grams per serving

Smoothie Tips

- Milk ice cubes- for richer frosty cold drink, substitute frozen milk ice cubes (from ice cubes frozen in your ice try) for some milk.
- For example, use ½ cup of frozen cubes and ½ cup milk for your recipe. Blend in blender until smooth.
- Frozen fruit-use frozen fruit instead of fresh for a cold fruit slushy drink.
- Add peanut butter-add a couple teaspoons of low sugar peanut butter to the chocolate/vanilla proticcino. Blend until smooth.
- Add banana-add a banana to the chocolate/vanilla proticcino.

Unjury Soup Recipes

Warm Chicken Broth, Not Hot

- Pour chicken broth into container for heating
- Add 1 scoop of unflavored Unjury before heating and stir until dissolved
- Heat to warm temperature, not boiling, not above 130 F
- We recommend using a meat thermometer
- Protein 20 grams per scoop of Unjury

Souped-Up Soups

- Cup of Soup (Tomato or Cream of Chicken)
- Empty dry soup mix in bowl/cup
- Add 1 scoop of unflavored Unjury
- Blend unflavored Unjury into dry soup mix using a fork until thoroughly blended
- Add hot water (not boiling) as package directs, mixing as you add the water
- Protein 22 grams per 6 ounce cup of soup

Condensed Canned Soups

- Empty soup from can into microwaveable container
- Measure water as directed on the label (1 can water)
- Mix one scoop unflavored Unjury
- Add water to condensed soup
- Microwave to heat, but do not heat to boiling, just to medium heat
- Stir and enjoy
- Protein 10 grams per half cup serving

Chicken Soup

- ¼ cup cold water
- 1 scoop/package chicken broth flavored Unjury
- 1/3 cup frozen diced carrots and other vegetables as tolerated
- 1 tablespoon diced onion
- ¼ cup cooked chopped chicken-may use fat free canned chicken breast in water
- ¼ teaspoon basil or thyme
- Dash of nutmeg
- ½ cup of water
- Salt and pepper to taste
- Place ¼ cup cold water and chicken broth flavored Unjury in a small shaker with tight fitting lid, shake to blend; set aside
- Put vegetables, chopped chicken, basil/thyme, nutmeg, and ½ cup water in microwave safe container. Cover and cook on high for 1 ½-3 minutes, until hot, and vegetables are cooked to desired doneness
- Gradually stir 2 tbsp. (liquid portion) of the hot mixture into Unjury cold mixture.
- Continue to stir in another 2-3 tbsp. of the hot mixture before adding remainder of chicken and vegetables. Adjust seasonings with salt and pepper, serve warm. Finished soup may be pureed until smooth.

To reheat-Place in microwave safe container, cover and heat 1 minute on high, stirring every 10 seconds until warm. Do not overheat or boil (texture can be affected if the protein is heated about 130F). If you forget to stir every 10 seconds, soup may become grainy, but is still fine to eat. Protein 29 grams.

FLAVORED/UNFLAVORED UNJURY SUGGESTIONS

High Protein Jell-O

- Use sugar free jell o, 4 serving box, any flavor
- Follow package directions for dissolving Jell-O in 1 cup boiling water
- After dissolving, set aside to cool for 3-5 minutes
- In a different bowl, measure ½ cup cold water, 1 scoop at a time, stirring slowly to dissolve
- Add ice to the cold water with Unjury to equal on cup
- Stir Unjury with ice into dissolved Jell-O until ice has melted
- Place in freezer for a t least 30 minutes to chill quickly. The protein may settle somewhat to create a smooth cloud at the bottom. The taste is unchanged.
- Protein 20 grams per cup Jell-O

High Protein Pudding

- Use sugar free jello instant pudding (not cooked), 4 serving box, any flavor
- Measure 2 cups of cold fat free milk following package direction
- Add two scoops of unflavored Unjury to the 2 cups of cold milk
- Mix thoroughly the dry Unjury in the milk by shaking or stirring
- Follow pudding package direction by putting the Jell-O sugar fee instant (not cooked) dry pudding mix into a bowl
- Pour in the previously mixed Unjury plus milk
- Mix and chill and enjoy

Hi Protein Yogurt

- For plain yogurt , use vanilla Unjury
- For fruit flavored yogurt, you can use unflavored Unjury or vanilla Unjury
- Put about ½ of 6 oz. container or all of a 4 ounce container in a small bowl
- The first time you try this recipe, mix ¼ or ¼ scoop of Unjury
- Stir together until blended
- If this works well, the next time you might experiment with ½ scoop

Crystal Light

- Unjury is very popular in many flavors of crystal light, including sunrise classic orange and raspberry ice.
- Mix the crystal light per package directions (one tub to 2 quarts of water)
- Pour 6-8 ounces of crystal light mixture in a cup
- Add one scoop of unflavored Unjury per cup of crystal light.
- Stir and enjoy

Dreamsicle

- Mix one scoop of vanilla Unjury with 8 ounces of sugar free tang or crystal light sunrise classic orange, OR
- Mix one scoop of vanilla Unjury with 8 ounces of flat diet orange soda

Kool Aid Tropical Punch

- Measure 24 ounces of cold water in shaker
- Add 2 (0.06 oz.) single serve “on the go” packets of sugar free Kool-Aid tropical punch
- Shake until dissolved
- Add 3 single serve packets unflavored Unjury OR 3 level scoops of unflavored Unjury
- Shake until dissolved

Suggestions for Flavors

- Unflavored Unjury in any flavor of pudding mix
- Vanilla Unjury in Vanilla pudding mix
- Strawberry sorbet Unjury in vanilla pudding mix
- Chocolate Unjury in chocolate pudding mix

Water and Why It Is Good For You

Water is essential to good health, it helps your body to:

- Regulate the body temperature
- Lubricate joints
- Lessen the burden on the kidneys and liver by flushing out waste products
- Carry nutrients and oxygen to the cells
- Prevent constipation
- Protect organs and tissue
- Dissolve nutrients to make them accessible to the body

Dehydration

- Lack of water can lead to dehydration, and even mild dehydration can drain your energy and make you tired. Thirst is not a good indicator of dehydration, because you do not get thirsty until a percent of your body is already dehydrated. When just 5-6% of your body is dehydrated, you can have lethargy and an increased heart rate, while dehydration at 7-9% of your body weight could cause low blood pressure and even result in a coma.

Did you know?

- Water makes up 60% of your body
- Mild dehydration decreases your metabolism by 3%
- Drinking 64 ounces of water a day burns approximately 100 calories through thermogenesis.
- Every day you lose water through your breath, perspiration, urine, and bowel movements. Water needs vary from individual to individual, but most people need 6-12 cups per day.

Calcium

Chief Functions:

- Bones and teeth the primary function of calcium is in the development and maintenance of healthy bones and teeth.
- Blood clotting necessary for normal blood clotting mechanisms that begin wound healing.
- Blood pressure helps maintain normal blood pressure.
- Enzymes and hormones essential for the production and activity of numerous enzymes and hormones that regulate digestion, energy and fat metabolism, and the production of saliva.
- Membranes aids in the transport of nutrients and other substances across the cell membrane.
- Muscle contraction works with magnesium in the normal contraction of muscles, including the heartbeat; a balance needs to exist between calcium, sodium, potassium, and magnesium to maintain muscle tone.
- Nerve transmission essential for normal transmission of electrical impulses along nerves.

Deficiency Symptoms:

- Rickets
- Osteomalacia or osteoporosis
- Periodontal Disease
- Tetany (Painful spasms of the muscles)
- Hypertension

Dietary Sources:

- Dairy products, such as milk, cheese, and yogurts, also canned fish with the bones are the best sources. Other good sources are dark green leafy vegetables, broccoli, cottage cheese, cooked dried beans, and peas

Groups at Highest Risk for Deficiency:

- Individuals who do not or cannot consume dairy products
- The elderly
- Patients who have undergone gastric bypass surgery or have had part or most of their stomach removed because of disease.

*****Calcium Citrate supplements are not recommended among patients with kidney disease because it results in a higher risk for aluminum toxicity. Calcium acetate doesn't require acid, like calcium citrate, and is the preferred type of calcium if your kidney function is compromised.**

About Vitamin D and Vitamin D Deficiency

What does vitamin D do?

- Vitamin D is a fat soluble vitamin that is found in food and can also be made in your skin after exposure to the sun. Vitamin D sends signals that tell the body to absorb calcium from the digestive system and put it in places like your bones. It is also important for your immunity, growth and development, and communication between some types of cells.

What happens if my vitamin D is low, or if I don't get enough?

- If you do not have enough vitamin D, you can develop a condition called osteomalacia. Many times this is a “silent condition” which means that you have no obvious symptoms that you feel. When you have osteomalacia, your bones become soft and weak. You may get muscle, or bone pain (especially in your hips and back).
- If vitamin D deficiency becomes severe or continues over a long period of time, there can be permanent disability due to bone loss. Serious problems may also develop with the nervous system and immune system.

What are other symptoms?

- Muscle tics, twitches or spasms (especially facial)
- Unexplained fractures
- Seizures
- Depression, seasonal affective disorder
- Loss of balance, increased falling
- Arrhythmia, hypertension
- Breast, prostate and colon cancers

Where can I get vitamin D?

- Humans make vitamin D in our skin in response to sun exposure. So one way to get vitamin D is to get adequate sunlight without or with very minimal SPF (sunscreen protection above 8 blocks almost 100% of vitamin D production). Fatty fish, dairy products, fortified soy products, eggs and liver are good dietary sources of vitamin D. If you have a vitamin D deficiency your doctor may recommend supplemental vitamin D in addition to diet and sunlight. If you are supplementing vitamin D, it is also important to make sure that you have adequate calcium.
- As a fat soluble vitamin, vitamin D can have side effects and toxicity if taken at doses that are too high or if taken for too long. For this reason, it is not a good idea to take high doses of vitamin D on your own, unless instructed to do so by your doctor. Also, if your doctor has placed you on a high dose of vitamin D, it is very important to take it as directed and to follow instructions for follow up laboratory evaluations.

Vitamin B12 and Health

Cardiovascular disease

Cardiovascular disease is the most common cause of death in industrialized countries, such as the United States, and is on the rise in developing countries. Risk factors for cardiovascular disease include elevated low-density lipoprotein (LDL) levels, high blood pressure, low high-density lipoprotein (HDL) levels, obesity, and diabetes [45].

Elevated homocysteine levels have also been identified as an independent risk factor for cardiovascular disease [46-48]. Homocysteine is a sulfur-containing amino acid derived from methionine that is normally present in blood. Elevated homocysteine levels are thought to promote thrombogenesis, impair endothelial vasomotor function, promote lipid peroxidation, and induce vascular smooth muscle proliferation [46,47,49]. Evidence from retrospective, cross-sectional, and prospective studies links elevated homocysteine levels with coronary heart disease and stroke [46,49-58].

Vitamin B12, folate, and vitamin B6 are involved in homocysteine metabolism. In the presence of insufficient vitamin B12, homocysteine levels can rise due to inadequate function of methionine synthase [6]. Results from several randomized controlled trials indicate that combinations of vitamin B12 and folic acid supplements with or without vitamin B6 decrease homocysteine levels in people with vascular disease or diabetes and in young adult women [59-67]. In another study, older men and women who took a multivitamin/multimineral supplement for 8 weeks experienced a significant decrease in homocysteine levels [68].

Evidence supports a role for folic acid and vitamin B12 supplements in lowering homocysteine levels, but results from several large prospective studies have not shown that these supplements decrease the risk of cardiovascular disease [48,62-67]. In the Women's Antioxidant and Folic Acid Cardiovascular Study, women at high risk of cardiovascular disease who took daily supplements containing 1 mg vitamin B12, 2.5 mg folic acid, and 50 mg vitamin B6 for 7.3 years did not have a reduced risk of major cardiovascular events, despite lowered homocysteine levels [65]. The Heart Outcomes Prevention Evaluation (HOPE) 2 trial, which included 5,522 patients older than 54 years with vascular disease or diabetes, found that daily treatment with 2.5 mg folic acid, 50 mg vitamin B6, and 1 mg vitamin B12 for an average of 5 years reduced homocysteine levels and the risk of stroke but did not reduce the risk of major cardiovascular events [63]. In the Western Norway B Vitamin Intervention Trial, which included 3,096 patients undergoing coronary angiography, daily supplements of 0.4 mg vitamin B12 and 0.8 mg folic acid with or without 40 mg vitamin B6 for 1 year reduced homocysteine levels by 30% but did not affect total mortality or the risk of major cardiovascular events during 38 months of follow-up [66]. The Norwegian Vitamin (NORVIT) trial [62] and the Vitamin Intervention for Stroke Prevention trial had similar results [67].

The American Heart Association has concluded that the available evidence is inadequate to support a role for B vitamins in reducing cardiovascular risk [48].

Dementia and cognitive function

Researchers have long been interested in the potential connection between vitamin B12 deficiency and dementia [47,69]. A deficiency in vitamin B12 causes an accumulation of homocysteine in the blood [6] and might decrease levels of substances needed to metabolize neurotransmitters [70]. Observational studies show positive associations between elevated homocysteine levels and the incidence of both Alzheimer's disease and dementia [6,47,71]. Low vitamin B12 status has also been positively associated with cognitive decline [72].

Despite evidence that vitamin B12 lowers homocysteine levels and correlations between low vitamin B12 levels and cognitive decline, research has not shown that vitamin B12 has an independent effect on cognition [73-77]. In one randomized, double-blind, placebo-controlled trial, 195 subjects aged 70 years or older with no or moderate cognitive impairment received 1,000 mcg vitamin B12, 1,000 mcg vitamin B12 plus 400 mcg folic acid, or placebo for 24 weeks [73]. Treatment with vitamin B12 plus folic acid reduced homocysteine concentrations by 36%, but neither vitamin B12 treatment nor vitamin B12 plus folic acid treatment improved cognitive function.

Women at high risk of cardiovascular disease who participated in the Women's Antioxidant and Folic Acid Cardiovascular Study were randomly assigned to receive daily supplements containing 1 mg vitamin B12, 2.5 mg folic acid and 50 mg vitamin B6, or placebo [76]. After a mean of 1.2 years, B-vitamin supplementation did not affect mean cognitive change from baseline compared with placebo. However, in a subset of women with low baseline dietary intake of B vitamins, supplementation significantly slowed the rate of cognitive decline. In a trial conducted by the Alzheimer's Disease Cooperative Study consortium that included individuals with mild-to-moderate Alzheimer's disease, daily supplements of 1 mg vitamin B12, 5 mg folic acid, and 25 mg vitamin B6 for 18 months did not slow cognitive decline compared with placebo [77]. Another study found similar results in 142 individuals at risk of dementia who received supplements of 2 mg folic acid and 1 mg vitamin B12 for 12 weeks [75].

The authors of two Cochrane reviews and a systematic review of randomized trials of the effects of B vitamins on cognitive function concluded that insufficient evidence is available to show whether vitamin B12 alone or in combination with vitamin B6 or folic acid has an effect on cognitive function or dementia [78-80]. Additional large clinical trials of vitamin B12 supplementation are needed to assess whether vitamin B12 has a direct effect on cognitive function and dementia [6].

Energy and endurance

Due to its role in energy metabolism, vitamin B12 is frequently promoted as an energy enhancer and an athletic performance and endurance booster. These claims are based on the fact that correcting the megaloblastic anemia caused by vitamin B12 deficiency should improve the associated symptoms of fatigue and weakness. However, vitamin B12 supplementation appears to have no beneficial effect on performance in the absence of a nutritional deficit [81].

Vitamin B12 (cobalamin)

Chief Functions:

- Important in metabolism of energy nutrients
- Acts with folate in the production of hemoglobin
- Needed for normal fatty acid and DNA synthesis
- Functions metabolically as a coenzyme in new cell synthesis
- Protects the sheath around nerve fibers
- Helps build bone tissue
- Aids in the formation of red blood cells, i.e. needed to make all blood cells

Possible Benefits: May play a role in the preventing the onset of Alzheimer's disease as low levels of B12 are found in those patients.

Symptoms of B12 deficiency

Symptoms tend to develop slowly and may not be recognized immediately. As the condition worsens, common symptoms include:

- Weakness and fatigue
- Hypersensitivity to touch
- Tingling or numbness
- Light-headedness and dizziness
- Palpitations and rapid heartbeat
- Shortness of breath
- A sore tongue that has a smooth, red, beefy appearance
- Nausea or poor appetite
- Weight loss
- Diarrhea
- Yellowish tinge to the skin and eyes

If low levels of B12 remain for a long time, the condition also can lead to irreversible damage to nerve cells, which can cause the following symptoms:

- Numbness and tingling in the hands and feet
- Difficulty walking
- Muscle weakness
- Irritability
- Memory loss
- Dementia
- Depression
- Psychosis

Foods rich in B12

Food	Micrograms (mcg) per serving	Percent DV*
Clams, cooked, 3 ounces	84.1	1,402
Liver, beef, cooked, 3 ounces	70.7	1,178
Breakfast cereals, fortified with 100% of the DV for vitamin B12, 1 serving	6.0	100
Trout, rainbow, wild, cooked, 3 ounces	5.4	90
Salmon, sockeye, cooked, 3 ounces	4.8	80
Trout, rainbow, farmed, cooked, 3 ounces	3.5	58
Tuna fish, light, canned in water, 3 ounces	2.5	42
Cheeseburger, double patty and bun, 1 sandwich	2.1	35
Haddock, cooked, 3 ounces	1.8	30
Breakfast cereals, fortified with 25% of the DV for vitamin B12, 1 serving	1.5	25
Beef, top sirloin, broiled, 3 ounces	1.4	23
Milk, low-fat, 1 cup	1.2	18
Yogurt, fruit, low-fat, 8 ounces	1.1	18
Cheese, Swiss, 1 ounce	0.9	15
Beef taco, 1 soft taco	0.9	15
Ham, cured, roasted, 3 ounces	0.6	10
Egg, whole, hard boiled, 1 large	0.6	10
Chicken, breast meat, roasted, 3 ounces	0.3	5

*DV = Daily Value. DVs were developed by the U.S. Food and Drug Administration (FDA) to help consumers determine the level of various nutrients in a standard serving of food in relation to their approximate requirement for it. The DV for vitamin B12 is 6.0 mcg. However, the FDA does not require food labels to list vitamin B12 content unless a food has been fortified with this nutrient. Foods providing 20% or more of the DV are considered to be high sources of a nutrient, but foods providing lower percentages of the DV also contribute to a healthful diet. The U.S. Department of Agriculture's (USDA's) [Nutrient Database](#) Web site [13]) lists the nutrient content of many

foods and provides a comprehensive list of foods containing vitamin B12 arranged by nutrient content and by food name.

Dietary supplements

In dietary supplements, vitamin B12 is usually present as cyanocobalamin [5], a form that the body readily converts to the active forms methylcobalamin and 5-deoxyadenosylcobalamin. Dietary supplements can also contain methylcobalamin and other forms of vitamin B12.

Existing evidence does not suggest any differences among forms with respect to absorption or bioavailability. However the body's ability to absorb vitamin B12 from dietary supplements is largely limited by the capacity of intrinsic factor. For example, only about 10 mcg of a 500 mcg oral supplement is actually absorbed in healthy people [8].

Physical Activity

Congratulations! You have made the first step in achieving your weight loss goals. Dedicated workouts are great, but physical activity you accumulate throughout the day helps you burn calories, too. My job is to create fun, progressive physical activity programs for all fitness levels and address specific needs such as diabetes, arthritis, fibromyalgia and osteoporosis.

During your initial visit, we will discuss your current physical activity level, address physical limitations, previous exercise experience, and general daily routine. You will receive education and instruction for disease-specific exercise safety, stretching and range of motion, cardio modifications appropriate for current physical activity level, rate of perceived exertion, and the benefits of resistance training. If you're moving, it counts! If you have moved more today than you did the previous day, you're on the right track! I look forward to getting to know and support you along this amazing journey. Below is a sample of what to expect at each visit along with a general review of after surgery activity progressions.

Pre-op – Begin activity as suggested from initial fitness visit. Examples include tracking daily steps using a pedometer, complete suggested minutes for cardio or cardio modification, and initiate resistance training 2-3x week along with stretching.

After Surgery- * Walk, Walk, Walk...follow the After Surgery Guidelines (in binder)

*No lifting or Abdominal exercises for 4-6 weeks.

2-4 week post-op- *Discuss current walking schedule/evaluate body composition if desired.

*Activity progressions are assessed and dependent on MD clearance.

*Continue to avoid abdominal exercises and avoid lifting weights.

6 week post-op- *Review current activity level and measurement update if desired

*Intro to Circuit training and abdominal exercises.

***Patients are encouraged to follow up every 4-6 weeks.**

-Your Wellness Coordinator

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#1 USE A PEDOMETER OR ACTIVITY TRACKER

Pedometers are often used as motivational tools to encourage physical activity. They are a small device that you can attach to your clothing and track how many steps are taken in a given amount of time

Inexpensive and Easy to Use- Pedometers can be one of the most inexpensive and beneficial ways track activity. Shape Up America explains that on average, a pedometer can cost \$9 to \$40, depending on the model. List what options you are looking for---such as an easy set-up program, and one that is comfortable to wear---and check sports stores for the latest models. Look also for a model that attaches to the hip, as these tend to be the more accurate. Smart phone devices also have FREE apps! **Pedometers are also available in the ASWLC store for your convenience.**

Lose Weight-Wearing a pedometer has also been shown to increase weight loss. The Journal of Extension found that when participants who enrolled in a weight-loss study were provided with pedometers, it helped them reach a greater fat loss and improve body composition than those who did not use one. In addition to weight loss, The Washington Post also reports a lowering of blood pressure when 10,000 steps a day is reached.*****Take your 3day average # of steps and increase by 200 -400 steps each week.**

Chair-bound Exercise

If you are chair-bound, movement matters even more, and fitness is entirely achievable. You can reap the benefits of exercise with strength training, flexibility, and even some endurance movements. If being chair-bound has prevented you from trying exercise in the past, take heart knowing that when you become more physically active, the results will amaze you. Like any exercise program, a chair-bound fitness routine takes a little creativity and personalization. Check out pool-therapy programs designed for wheelchair bound seniors. If you lack access to special machines or pools, repetitive movements (like rapid leg lifts or sitting pushups) work just as well to raise your heart rate. Simple laps around the park or track in a manual wheelchair works the arms, chest and shoulders and gets the heart pumping.

Try these:

Sit Downs- Sitting tall, stretch arms overhead. Bend down and touch the ground.

Arm Circles- Stretch your arms to the sides, shoulder high. Palms up and make backward circles in the air. Start with 10 reps and increase as time and energy permit.

Chair Jogging- Sitting tall and holding on to the chair for support, jog in place as fast as you can for 2 minutes.

*****Chair bound patients are encouraged to use an upper body ergometer or Pedal Exerciser (exercise bike). These are inexpensive options and are available in the ASWLC Bariatric Store for your convenience.**

After Surgery Exercise Guideline

*Begin walking as soon as you get clearance after surgery. Adjust your activity as needed. If you are meeting nutrition requirements, you may walk more than the sample schedule below, but nothing more intense than brisk walking. ***You may resume strength training with weights and abdominal exercises 6 weeks after surgery.**

Week 1- Fatigue in the first week is normal. Rest when you feel you must, but begin your walking program immediately. To get started, walk at least 5 minutes, 4 times during the first week. Use an upper body pedal exerciser if you are chair bound. Below are some sitting exercises you can do while recovering. *Foot Flex* -Sitting tall and holding on to the chair for support, raise one leg in front. Flex and point your foot 8 times. Repeat with the other leg. *Arm Circles*-Stretch your arms out to the sides, shoulder high. With palms up, make small backward circles in the air. Start with ten reps and increase as time and energy permit.



Week 2- Walk 5-10 minutes, 4 times during the second week.

Week 3- 10-15 minute walk, 4 times per week. Walking Must Be Brisk. Incisions must be healed/MD approved before getting in water/pool.

Week 4- 15-20 minute walk, at least 4 times per week. Remember to warm up and cool down. On the days you don't plan to walk, do at least two stretching exercises.

Week 5- 20-25 minute walk 4 times per week. You should be eager to begin strength and core training.

Week 6- 25-30 minute walk per day at least 4 days per week. **Begin strength training exercises as directed by your Fitness Instructor.**

Beyond Week 6- By now you should aim for walking/cardio at least 30+ minutes per day 4 days a week combined with strength training 2-3 days per week. Keep a "Fit Ready Bag" in your car stocked with exercise clothing and tennis shoes.

***Fun Walk Workout**

- Warm Up: Stretch and march in place for 5 minutes.
- Regular Walk: Walk at an aerobic pace for 10 minutes.
- Power Walk: Walk 2 minutes like a race walker; stand tall & swing your arms vigorously.
- Station # 1: Stop & face the curb, standing in the street. Step up on the curb with the right foot, then the left. Next, step down with the right foot, then the left. Repeat 10 times.
- Power Walk: Walk 2 minutes like a race walker; stand tall & swing your arms vigorously. Walk 5 minutes at an aerobic pace, Cool down walking slower 5 min. Stretch.

Exercise Safety

*****Individualized guidelines will be assessed during your initial appointment.** Continue to follow any additional exercise safety guidelines as directed by your MD. Keep in mind that these are goals that you should work up to gradually over time.

Exercise and Hypertension - A regular cardiovascular exercise program can help prevent hypertension and lead to substantial declines in systolic blood pressure. For maximal benefit, it is recommended that individuals engage in moderate-intensity exercise at least 30 minutes on most, preferably all, days of the week. Walking, swimming, cycling and low-impact aerobics are excellent options. As your aerobic conditioning improves, add a circuit-training program that emphasizes low-resistance, high-repetition exercises. (Note: When engaging in resistance training, avoid holding your breath, as this can lead to rapid increases in blood pressure and heart rhythm abnormalities.)

Exercising Safely with Arthritis- The primary goal is to improve functional capacity to help reduce pain and fatigue associated with activities of daily living. A secondary focus is to improve physical fitness. Start your exercise program with a goal to improve flexibility. Try to move your joints through their full range of motion at least once per day, holding the stretch for at least 30 seconds. Take your time with these exercises and never stretch to the point of pain or discomfort. By focusing on flexibility, you reduce your risk of injury and limber up the joints that have been stiffened by arthritis. Progress to strengthening exercises to improve muscular endurance. Engage in resistance-training activities two to three times per week. Your muscles need time to recover and repair, so take at least one day off in between strength-training workouts. Be careful not to lift too much, too soon. Take your time and build up gradually. Once you've developed a flexibility and resistance-training routine, incorporate aerobic activity. Cardiovascular exercise programs reduce pain and morning stiffness and improve walking speed and balance. Aim for participating in cardiovascular exercise such as walking, swimming or bicycling three to five times per week. As with strength training, start aerobic exercise slowly and progress gradually. Depending on your current fitness level, you may want to start with as little as two minutes of activity three times a day and work your way up to a single 20-minute session three to five times per week. Finish every workout with stretching, choosing exercises that minimize the stress on the most painful joints.

General Exercise Guidelines for Patients with Heart Disease- Include at least a five-minute warm-up and five-minute cool-down in every exercise session to reduce the likelihood of oxygen deprivation to the heart in response to a sudden physical effort or abrupt cessation of exercise. Engage in moderate-intensity physical activity such as brisk walking for at least 30 minutes on most, preferably all, days of the week. Monitor your exercise intensity closely. Avoid strenuous activity in extreme environmental conditions. Vigorous exercise in the cold (such as snow shoveling) is associated with MI. Hot conditions require a dramatic increase in the heart's workload. High altitude increases demands on the heart, particularly for individuals who are not acclimatized. Inform your trainer and physician if you have any abnormal signs or symptoms before, during or after exercise. These include chest pain, extreme fatigue, indigestion or heartburn, excessive breathlessness, ear or neck pain, upper respiratory tract infection, dizziness

or racing heart and severe headache. If prescribed, always carry your nitroglycerin with you, especially during exercise. Never exercise to the point of chest pain or angina.

Exercise and Type 2 Diabetes

The latest research has put exercise at the forefront in the prevention, control and treatment of diabetes because it decreases insulin resistance. Following regular exercise training, cells can better respond to insulin and effectively take glucose out of the blood and into the cell. Exercise also helps to decrease the risk of cardiovascular disease by decreasing blood pressure, cholesterol levels and body fat. Cardiovascular exercise—Strive to accumulate a minimum of 1,000 kcal expended through physical activity each week. Pending current conditioning levels, this may require three to seven days per week of low-to-moderate intensity exercise for 20 to 60 minutes (walking and other non-weight bearing activities such as water aerobics and cycling are good choices). Daily exercise is highly recommended. Perform resistance-training activities at least two days per week, targeting the major muscle groups. Complete a minimum of one set of 10 to 15 repetitions of each exercise at a low-to-moderate intensity. Flexibility—Perform stretching exercises at least two to three days per week, stretching major muscle groups to the point of tension (not pain) for 15 to 30 seconds. Complete two to four repetitions of each stretch. You must monitor your glucose before and after exercise to understand how you respond to certain types of activities. Also, exercising with a partner and wearing an ID bracelet indicating one's diabetic condition are very important.

Exercising With Asthma

Once you receive clearance from your doctor, consider the following exercise guidelines: Always have medication nearby for use in the event of an asthma attack. Be aware of early signs of an asthma attack, such as shortness of breath and coughing. Take extra time (aim for 15 minutes) to warm up before exercising. This helps the airway retain a more normal size. Prolong your cool-down. The second most likely time to experience an exercise-induced asthma attack is in the five to 10 minutes after exercise. By gradually decreasing intensity, you reduce your risk. Be aware of your exercise environment. Avoid exposure to other asthma triggers such as pollen and pollution when exercising. A warm and humid environment (like that in a pool) reduces exposure of the lungs to cool, dry air—the suspected cause of exercise-induced asthma. Choose exercises least likely to trigger an attack, such as pool swimming and walking. Maintain adequate hydration. This will decrease mucous accumulation in the airways, thus reducing risk for an asthma attack or a future infection like bronchitis or pneumonia. Maximize air exchange with diaphragmatic breathing. Inhale deeply through your nose and exhale through your mouth. With each inhalation you should see or feel your belly rise. Rest when necessary and listen to what your body is telling you.

Strength training is an excellent form of exercise for gastric bypass patients that are undergoing rapid weight loss. It preserves lean body mass, maintains or increases muscle strength and endurance, helps develop and maintain muscle tone, and promotes improved skin elasticity. This can begin for most patients six weeks after surgery. Heavy resistance and maximal lifting should be avoided during the first six to 12 months post-op. Also, care should be taken with exercises that require considerable balance and coordination, such as unsupported lunges or squats due to the rapidly changing body weight, which alters the center of balance. These exercises are not recommended during the first six months post-op.

Three Things Every Exercise Program Should Have

1. Aerobic Exercise- Aerobic exercise can be as simple as walking. Walking, jogging, jumping rope and dance-exercise are good forms of weight bearing aerobic exercise, which is any activity that uses large muscle groups in a continuous, rhythmic fashion for sustained periods of time and during which the individual's body is not supported in some fashion. There are also non-weight bearing aerobic exercises, such as bicycling, stationary cycling, swimming and rowing. Keep the pace comfortable. A very important aspect of your exercise program is the intensity. You should exercise at a comfortable pace.

2. Strength Conditioning- Resistance bands, free weights or machines. Just be sure that your strength training includes exercises for every major muscle group, including the muscles of the arms, chest, back, stomach, hips and legs. Start with a weight that's comfortable to handle and perform eight repetitions. Gradually add more repetitions until you can complete 12 repetitions. For greater strength conditioning, add more weight and/or more repetitions, in sets of eight to 12, when the exercise becomes easy.

3. Stretching for Flexibility-Proper stretching involves holding a mild stretch for 15 to 30 seconds while you breathe normally. Always warm up before you stretch. Like strength conditioning, flexibility exercises should include stretching for all of the major muscle groups.

Health Behavior

People often start a program with the intention of making a change, but struggle to stick with it. Remember, it is only when you decide that you are ready to make a real commitment to this change and do it for yourself that you expect results. Without a real resolution to change, you will likely encounter many obstacles and barriers that will make sticking with the program difficult. Consider the following tips if you are thinking about starting a program:

- Ask yourself why you want to make this change and who you are doing it for.
- Write down a list of all the benefits you foresee with making this change and a list of costs (e.g., time, effort and money) that will be required to do so. If the balance swings in favor of the benefits, you are likely to stick with the program.
- Identify a support system. Find individuals of significance in your life who will support your desire to change and perhaps even join you.
- Select some rewards for achieving major steps in your program. Recognize your achievements with treats such as a purchase, attending a function or even taking a trip. Such rewards will help you stay motivated during the beginning of your program.
- Visibly place prompts and cues that constantly remind you of the decision you made to change, and remove any stimuli that may trigger undesirable behaviors. For example, placing visible notes or keeping a workout bag accessible will prompt good behavior, while removing ice cream from the freezer may remove a negative stimulus.

***MONITORING EXERCISE INTENSITY USING PERCEIVED EXERTION ***

Perceived exertion is assessed by use of a 0-to-10 chart to rate the feelings caused by your exertion. For example, quietly sitting in a chair would have a rating of 0. Adding a gentle waving of your arms might increase the effort rating to 0.5. Walking at a pace that you *feel* is moderate would be given a rating of 3. Remember, the rating of your exertion should be completely independent of the pace you think you are walking; it is dependent solely on the feelings caused by the exertion. Increase the pace to a run and add a hill (not recommended) and you could work your way up to a 10 on the scale. **The recommended RPE range for most people is usually between 4 (moderate) and 6 (moderate/strong).**

10	Max Effort Activity	feels almost impossible to keep going, unable to talk, out of breath
9	Very Hard Activity	difficult to maintain intensity, barely breath or speak
7-8	Vigorous Activity	almost uncomfortable, short of breath, but can speak a sentence
4-6	<u>Moderate Activity</u>	<u>feels like you can do for hours, breathing heavy but can talk</u> <u>*****This is ideal RPE*****</u>
2-3	Light Activity	can do most of the day, easy to breath and carry conversation
1	Very Light Activity	anything other than sleeping, watching tv, read ,ride in car, etc



Seated Hip Stretch: While seated, cross the right ankle over the left knee and sit up tall, contracting the abs. Gently lean forward, keeping the back straight and reaching out with the torso until you feel a stretch in the right glute and hip. Hold for 10-30 seconds and repeat on the other side.



Twisted Shoulder Stretch: Take the hands straight out in front of you and rotate the arms so that the palms face away from each other. Cross the arms so that the palms are pressed together and round the back, reaching the arms away from you as you relax the head. Hold the stretch for 30 seconds.



Neck Stretch: Sitting in your chair, reach down and grab the side of the chair with the right hand and gently pull while tilting your head to the left, feeling a stretch down the right side of the neck and shoulder. Hold for 10-30 seconds and repeat on the other side.



Torso Stretch: Seated or standing, lace the fingers together and stretch them up towards the ceiling. Take a deep breath as you stretch up as high as you can, then exhale and open the arms, sweeping them back down. Repeat for 8-10 reps.



Spinal Twist: In a seated position with the feet flat on the floor, contract the abs and gently twist the torso towards the right, using your hands to help deepen the stretch. Only twist as far as you comfortably can and keep the back straight while keeping the hips square. Hold for 10-30 seconds and repeat on the other side.



Shoulder Shrugs: Seated or standing, lift the shoulders up towards the ears, squeezing them as hard as you can. Hold for 1-2 sec and roll them back as you relax down. 8-10 reps

Upper Body Workout with Resistance Band:

6week post-op and beyond. Start with one set of 10 repetitions for each exercise. Perform resistance exercise at least 2 to 3 times a week. Don't exercise the same muscle groups on consecutive days. Gradually progress toward a goal of 2 to 3 sets of 10 repetitions for 10-12 exercises. Perform each repetition slowly, particularly on the return movement. Remember to exhale on exertion and to maintain proper posture during the exercise. These can also be performed in a seated position. Do not perform exercises if you experience pain.



Elbow Biceps Curl (standing)

Stand on the middle of the tubing. Grasp the ends of the tubing. Lift the tubing upward, bending your elbows and palms up. Keep your elbows by your side. Hold and slowly return.

VARIATION: Perform with palms facing downward.

TIP: Keep your back straight; avoid leaning backward or rounding your back.



Elbow Extension Kick Back

Begin with one leg slightly in front of the other. Stand on the end of the band with the front foot. Bend forward at the hips, keeping your back straight. Grasp end of band with shoulder extended and elbow bent. Pull band backward by extending elbow, keeping your shoulder extended as well. Hold and slowly return.



Shoulder Front Raise in Standing

Stand on the middle of the band under your feet. Grasp the ends of the band. Lift upward, keeping your elbows straight and thumbs up. Stop at shoulder level. Hold and slowly return.

VARIATION: Lift arms completely overhead for full range of motion.

TIP: Keep your shoulder blades down; avoid shrugging your shoulders. Keep your back straight.



Shoulder Lateral Raise in Standing

Stand on the middle of the band. Grasp the ends of the band. Lift the band upward, keeping your elbows straight and thumbs up. Stop at shoulder level. Hold and slowly return.

VARIATION: Lift arms completely overhead for full range of motion.

TIP: Keep your shoulder blades down; avoid shrugging your shoulders. Keep your back straight.



Shoulder Bench Press in Standing

Begin with band wrapped around your upper back. Grasp both ends of band with elbows bent and palms facing inward. Push band forward, extending your elbows to shoulder level. Slowly return to starting position.

TIP: Keep your back and neck straight. Don't shrug your shoulders. Don't hold your breath.



Shoulder Pull Back in Standing

Grasp the ends of the band in front of you at shoulder height, and take up the slack. Pull the band outward, keeping your elbows straight and pinch your shoulder blades together. Slowly return.

TIP: Keep your lower back straight. Don't hold your breath, and relax after each repetition.



Shoulder External Rotation (Bilateral) in Standing

Grasp the middle of the band about shoulder width apart, with slight tension in the band. Keep your elbows by your side and forearms parallel to the ground. Pull the ends of the band outward. Hold and slowly return.

TIP: Don't extend your elbows to complete the motion.

Measurements

Measurements

Arm- between shoulder and elbow. Waist- 2 inches above bellybutton. Hip- measure at largest part of rear. Thigh- measure where fingertips meet thigh. Measure in 4 week intervals.

Date:							
Arm r l							
Chest							
Waist							
Hip							
Thigh r l							
Weight							

**Try avoiding weighting more than 1 time each week.

**Plateaus are normal!! If you plateau more than 2 weeks in a row, call the office for guidance.

Healthy Behavior

Healthy Weight Eating Habits

Normal eating requires developing specific skills and practicing them most of the time. If maintaining a healthy weight is difficult, one of the problems may be unhealthy eating. There are a number of common ways to eat unhealthily. These Include:

Compulsive eating: *Eating too much because it gives you pleasure

*Eating without thinking about why, where, when, and how much you are eating

Emotional Eating: *Eating to feel better when your life is challenging or difficult

*Eating to avoid thinking about or dealing with life challenges and difficulties

*Eating to relieve depression, sadness, boredom, or fatigue

Eating in response to cues: coming home, watching TV, movies, ball games, time of day, sight or smell of food. Your individual experience makes you more vulnerable to some signals than others.

Compensating for compulsive or emotional eating by limiting eating can leave you so hungry that your body eventually produces hormones that encourage you to overeat.

Unhealthy eating has little to do with satisfying real hunger or biological cravings. It involves eating for reasons that cannot be satisfied by food. Most of us eat in one or more unhealthy ways from time to time. When done often, it becomes difficult to maintain a healthy weight.

What types of unhealthy eating have you experienced?

Unhealthy eating can cause feelings of guilt. Unhealthy eating is not a character flaw or moral failing- it is an unhealthy habit that can be changed. It is important to be aware of your unhealthy eating so that- when you are ready, willing and able- you can work to change it.

Normal eating involves: *Eating when your body needs food- when you are having a biological craving

*Choosing foods that satisfy- that meet your need for food until the next meal

*Choosing foods that you like and that satisfy your taste preferences

*Staying connected to your body by eating with awareness and enjoyment- (mindful eating)

*Eating just enough to experience moderate fullness

Exercise 1: Mindful Eating

This exercise is designed to help you increase your awareness (mindfulness) when you eat. Do the exercise twice: once when you are not hungry and once when you are hungry. Choose the same food each time. It is best to do this exercise alone without distractions.

Choose a small amount of a food that you like and that has a strong flavor, for example, blueberries, low fat sharp cheese, grapes, or nuts.

NOT HUNGRY:

Sit at a table with the food in front of you. Take a small bite. Chew the food slowly and well. Get the full experience of taste and texture, then swallow. Is the food tasty – or not? _____

Breathe regularly and wait a few moments. Tune in to your body and determine if you want to take another bite of food, think about why- is it because it tastes good, because it's there, or for some other reason? Stop eating when you are ready to do so, or have eaten all the food.

What did you experience and/or learn from this exercise?

HUNGRY:

Sit at a table with the food in front of you. Take a small bite. Chew the food slowly and well. Get the full experience of taste and texture, then swallow. Is the food tasty – or not? _____

Breathe regularly and wait a few moments. Tune in to your body and determine if you want to take another bite of food, think about why- is it because it tastes good, because it's there, or for some other reason? Stop eating when you are ready to do so, or have eaten all the food.

What did you experience and/or learn from this exercise?

What differences, if any, did you experience in doing the above exercise?

Eating Awareness- Hunger, Cravings, and Emotional Eating

Normal eating requires knowing when you are hungry and eating before you feel like you're starving and want to quickly eat large quantities of whatever food is in sight. Certain feelings or sensations are commonly associated with the feeling of hunger- although they may occur for other reasons (such as an illness or other physical distress and/or emotional upset). Circle any of these feeling of hunger you have experienced: gnawing or hollow feeling or sensation in the stomach, light-headedness, growling in the belly, slight irritability, a light headache, a slight feeling of nausea. What other feelings or sensations do you experience when you are hungry?

Hunger is a physical experience indicating you are low on fuel. When you eat, the sensations go away. If you don't eat, your hunger sensations grow stronger but will eventually go away if not satisfied.

A biological craving is different from hunger and may- or may not- accompany it. While hunger tells you it is time to eat, a craving gives you clues about what to eat. The feelings or sensations of a biological craving may include: * a sudden desire for a particular food, *A mouth-watering sensation at the thought of the craved food.

If you eat a large amount of a craved food and are not satisfied, you are trying to satisfy an emotional need. While eating for emotional reasons may soothe you temporarily, it will not meet your emotional need (s). And, it can cause weight gain. Paying attention to hunger and cravings and eating just enough to satisfy them is what normal eating is all about. Feeling moderately full is a sense of being satisfied-of no longer being hungry but not feeling stuffed. It is also a sense of having enjoyed what you have eaten. While you are working to achieve or maintain a healthy weight, it is important to know that you can continue to enjoy eating.

If you do not experience hunger or fullness, you may learn to be aware by careful observation. By tuning into your body, you can learn to recognize the physical sensations that occur when you need food and those that can occur when you've had enough to eat. If certain foods are so enjoyable that you can't stop over-eating them, you may need to avoid them, at least temporarily.

Practice: Take a moment to identify what you are feeling when you are moderately hungry and moderately full. Are you eating to satisfy hunger or are you engaging in an unhealthy eating behavior? Are there any non-hunger reasons for eating that have not yet been identified?

Thought Awareness

There is a relationship between thought, feelings, and actions. It is important to look at how each influences the others. ***If you think something is good for you, you feel differently about it than if you think it is bad for you. *If you feel good about something, you are likely to take a different action than if you feel bad about it. Similarly, the actions you take can influence your thoughts and feelings.**

Changing eating behavior can be difficult. Let's look at how thoughts, feelings and actions influence each other in greater detail. We'll start with focusing on how you think about an event can make a difference in both your feelings and actions.

EXAMPLE	THOUGHTS	FEELINGS	ACTIONS
Being cut off on the Interstate	He could have caused a wreck! I can't let him get away with that!	Rage	Speed up to pass
Being cut off on the Interstate	What did I ever do to him? I don't deserve that.	Insulted, annoyed	Drive distractedly, less carefully
Being cut off on the Interstate	That's dangerous! I'm glad he's in front of me- it's safer.	Relieved	Continue driving calmly

Now, let's look at examples of how Cognitive Behavior Theory (C-BT) might apply to food and eating.

EXAMPLE	THOUGHTS	FEELINGS	ACTIONS
An extra work project when already feeling overwhelmed	I need a break; weren't there cookies in the vending machine?	Overwhelmed/relief	Eat several cookies
Eating Dinner	I must clean my plate because there are starving people in the world.	Obligation/guilt	Eat everything even though all the food is not wanted or is too much
Offered food while dieting	It's rude to refuse food.	Conflicted/guilty	Eat the food

According to (C-BT), there are two kinds of thoughts in responses to experiences: healthy and unhealthy.

UNHEALTHY THOUGHTS	HEALTHY THOUGHTS
Not based on objective, current fact	Based on objective, current fact
Undermine the accomplishment of life goals when acted upon	Support the accomplishment of life goals when acted upon
Undermine health, well being and happiness	Support health, well-being and happiness

Most people have one or more unhealthy thoughts about food, eating, body size, body weight. Some typical unhealthy thoughts are listed below. Circle the thoughts that apply to you and add any additional unhealthy thoughts that you have experienced.

*There are good and bad foods. *Food is love and comfort. *I should never eat fattening foods.

*If I start eating something I like, I will never stop. *My body is too big to be attractive

*If I socialize, food has to be involved. *Eating is my greatest pleasure. *I must always clean my plate.

*It is rude to refuse food. *I can't let myself feel hunger. *Overweight means I'm not good enough.

Ultimately, these unhealthy thoughts about food, eating, body size, or weight lead to actions that do not support your healthy weight range and cause you to feel badly. Below are a few healthy thoughts to have about food, eating, weight, and body size.

Food: *Foods can be more or less nutritious and higher or lower in calories, fat, and sugar. All foods can be part of a healthy diet. * It is up to me what I eat. Most of the time, I choose to eat foods that satisfy my hunger and support health.

Eating: *I do not need to be ashamed of myself no matter what I eat. * Everyone occasionally eats too much, eats poor quality foods and for reasons that don't involve hunger. I accept myself even if I do this occasionally. When I eat in these ways too often, I work to understand my reasons and try to respond to my needs in a better way.

Weight: *Wonderful, attractive people come in all shapes and sizes. *A person's size or body shape has nothing to do with their character.

Body size: *Happiness is based on many important things; body size does not have to be one of them. *I deserve to be happy at any weight or size.

What is your reaction to these thoughts? Do you agree or not? Why are the thoughts helpful?

Reframing Thoughts

“Reframing” is the skill C-BT uses to change (correct) unhealthy thoughts that contribute to negative feelings and actions to healthy thought. The healthy thoughts then contribute to positive feelings and actions.

EXAMPLE	THOUGHTS	FEELINGS	ACTIONS
An extra work project when already feeling overwhelmed	I’m so stressed. I need a break; weren’t there cookies in the vending machine?	Cookies may provide a distraction or pleasure, but they will not support my weight goals. I’ll be unhappy with myself if I eat cookies.	I’m stressed. I need to relax. Healthy ways for me to do that are taking a walk, doing something that helps me relax, or talking to someone.
Eating Dinner	I must clean my plate because there are starving people in the world.	Eating all of my food does not hurt or help the starving people of the world. I can hurt my weight goal and cause me to feel bad about myself.	I’ll eat normally. If I want to help others, I can find a charity that helps feed and support the hungry people of the world.
Offered food while dieting	It’s rude to refuse food.	Refusing food can be done in a rude or polite way. I need to eat to support my weight goals.	I will refuse food politely when I don’t want it.

While identifying and framing unhealthy thoughts may seem simple, it can actually be quite challenging. With practice you can learn to identify unhealthy thoughts and reframe them. Changing a pattern of thinking so that you consistently think in a new way is a process that takes time. Can you identify your thoughts that need “reframing”.

Unhealthy Thought	Reframed Healthy Thought
Example: Food must be included in all my social activities.	Food will be included on some of my activities but socializing without food can be fun too.
Change is simple.	Change is not simple. Like most people, I will struggle to change my unhealthy habits.
It just takes willpower to change.	Change requires knowledge about how to overcome the obstacles to change. It also involves a plan, commitment and effort.
I’ve tried and failed so I know nothing works.	A variety of healthy habits can support change. I need to find those that I can practice long enough for change to take hold.

The Stages of Change

Habits are naturally difficult to change. In order to successfully change an unhealthy habit using the Stages of Change Model, it is critical to understand which stage you are in with regard to the unhealthy habit. Only when you have done the work of the stage you are in are you ready and able to move on to the next stage. If you try to move ahead too quickly, you are unlikely to succeed in changing the unhealthy habit. Created by Prochaska, DiClemente, and Norcross in 1991, the stages-of-change model includes:

Precontemplation: You are not intending to change anytime soon (that is, within six months). You are unaware of and/or denying the need for lifestyle change. **“I don’t have a problem with the way I think and don’t want to make any changes. Even if I do have a problem, I don’t think I can change it”.**

Contemplation: You’re considering it. Weighing the costs, effort, treatment and time commitment, you mull over joining a fitness or weight-loss program in the near future. This stage is often characterized by ambivalence. You may remain in this stage for months or even years. **“I know this thinking is unhealthy but I don’t know how to change it- at least nothing I’ve tried has worked”.**

Preparation: You’ve made the first move. You’ve scheduled an appointment with your support team and you’ve started to limit your consumption of low quality foods or you have joined a gym and are exercising periodically. **“I have been considering ways I might change my unhealthy thinking”.**

Action: You are changing your behavior. You’re going to your desired exercise class, walking regularly, planning meals and/or keeping a diet record. Unfortunately, during the action stage, you are at greatest risk for relapse. **“I have been using specific positive actions to change my unhealthy thinking habit”.**

Maintenance: You’ve done it. You have successfully sustained lifestyle modification. You continue to actively utilize methods to monitor and control your behavior. You may even be avoiding situations that would increase the probability of slips and relapse. **“I have done a good job with changing my unhealthy thoughts but know I could regress to old habits. I am working hard to find ways to reinforce my healthy thinking”.**

***Try It:** Choose one unhealthy thinking habit at a time and use this exercise to help you identify the stage of change you are in now. “I can’t enjoy time with my friends if I have to limit my social eating”

Unhealthy Thinking Habit _____

What stage of change are you in at this time Why?

What does it feel like to be in this current stage of change? How does the unhealthy thinking affect your life?

What would it take to move to the next stage of change?

The Stages of Change Model can help you figure out where you are in the change process. If you are clear about where you are in that process you have a better understanding of how to move forward.

Evaluating Feelings

Feelings are experienced both mentally and physically. For example, when you feel affection, you're likely to relax and smile when you feel angry, you're likely to be tense and scowl. Feelings can also be uncomfortable. Some people are more aware and accepting of feelings of others. Many have learned to ignore, deny, or control their feelings because previously their feelings were ignored, laughed at, or punished. You may have been told by friends or family that your feelings were "right" or "wrong". If you have learned to "stuff" or "hold in" your feelings, you will have difficulty understanding what you are feeling-or even realizing if you are experiencing a feeling.

If you stuff your feelings or do something else to try to avoid them, why do you think you do this?

How well does stuffing or trying to avoid your feelings work?

Understanding where feelings come from is important for learning how to manage feelings in a healthy way. It can seem like feelings are an automatic result of something that happens. But it's a little more complicated than that. In fact, feelings are the automatic result of evaluations you make about something that happens. It's not what happens that triggers a feeling; it's how you evaluate what happens. Evaluations are based on your personal values, beliefs, and experiences and you may or may not be aware that you are making them. If you evaluate something as good for you, your feeling will be positive. If you evaluate something that is bad for you, your feeling will be negative. Something happens in your mind or in the world around you. What happens is objective- it is what it is. But what you feel depends on how you think about what happened.

What Happens	Feelings	Evaluations triggering Feelings
You step on scale and see you have lost 2 pounds.	Excited	I'm doing well! This is great!
	Disappointed	I'm not doing well, not enough!
You hear that your friend has lost 20 pounds.	Happy	It's great he/she is feeling better!
	Jealous	He/she did well. I'm not, it's not fair!
Your co-worker has decided to keep a jar of candy on her desk for anyone that wants a treat.	Joy	Yum, how nice of her!
	Anger	She is trying to sabotage me!

As you can see, different evaluations lead to different feelings. In real life you experience feelings so fast that you don't usually notice the evaluations that led to them. That's why even through the evaluation, you typically have to discover it by starting with the feeling and then figuring out why you are experiencing that specific feeling.

Exercise 2 : Identifying Evaluations

What Happened	When I Imagine that situation, I think I would feel:	I think the evaluation leading to that feeling would be something like:
You're at a restaurant and notice a healthy-looking couple sharing a rich dessert.	Example: Jealous, annoyed	Example: Some people don't have to watch what they eat-they're thin no matter what they do.
You feel good about losing weight. You bump into an old friend and they say "Oh, I see you've put on some weight."		
You are in a public place. You see a couple with angry faces and hear them shouting at each other. You can't understand what they're saying.		
You are at a function and have just finished a tasty meal. You've eaten mindfully and you are moderately full and satisfied. Then large servings of a delicious-looking dessert are served.		

If you realize that your feeling is the result of an unhealthy evaluation, what do you do? You can reframe evaluations in exactly the same way you reframe thoughts.

Reframing Unhealthy Evaluations

The process of **A** (something happening) to **B** (an evaluation) to **C** (a feeling) can be fast. It is a skill to be able to identify the evaluation behind a feeling. But once you are able to do this, you have a way to change feelings that are not based on reality (objective, current fact) to those that are reality-based and healthy. If you are not comfortable with a feeling, a good first step is to determine if that feeling is based on a healthy or unhealthy evaluation. Then, if the cause of the feeling is an unhealthy evaluation, you can choose to reframe (correct) the evaluation- and thereby change the feeling. ***Identify the evaluation.**

*** Is the evaluation healthy or unhealthy? *Determine a healthy replacement.**

*What uncomfortable feeling do you want to work with?

*What happened in your mind (thought or memory) or in the world around you that triggered evaluation leading to the feeling?

*What evaluation about this led to the feeling?

*Is the evaluation of the feeling based on objective, current fact?

*Would the evaluation support your life goals if acted upon?

*Would the evaluation support your health, well-being, and happiness if acted upon?

*Based on your answers, was the evaluation healthy?

Exercise 3: Reframing Unhealthy Evaluations

Identify something that happened for which you have an uncomfortable feeling caused by an unhealthy evaluation. Remember that to be healthy, an evaluation must be based on objective, current fact and support your life goals, your health, well-being, and happiness.

Identify the unhealthy evaluation:

Did the evaluation come from your own thinking, others, or previous experience?

What feeling resulted from the unhealthy evaluation?

What would be a good replacement-healthier evaluation?

How might the new evaluation change the feeling about what happened?

Managing Feelings

Now let's discuss how to manage feelings so they don't interfere with our healthy weight and lifestyle goals. Not all uncomfortable feelings are due to unhealthy evaluations. Sometimes unpleasant things happen- and an accurate evaluation of these things leads to unpleasant feelings. When people feel uncomfortable, they naturally act to relieve the discomfort. For a number of physical and psychological reasons, many people learn to eat to get relief from uncomfortable feelings and/or the discomfort resulting from "stuffing" their feelings. To maintain a healthy weight, you must find other ways to act in response to your feelings.

Experiencing Feelings: Most feelings are short-lived. If you choose to be aware and accepting of the feeling, the intensity of the feeling increases until it reaches a maximum strength. Then it will gradually ease until it goes away. Feelings naturally stimulate us to act. But it is risky to let them push us to acting before we've considered what we want to achieve and what actions could help us reach our goal. It is not healthy to act mindlessly in response to a feeling, even a feeling based on a healthy evaluation. It is healthy to balance our feelings with reason so that the actions we take will be productive- not destructive.

Being Self-Responsible: Ignoring, denying, or repressing your feelings is a mistake because you lose important information about whether certain situations or ways of thinking are good for you or not. Being self-responsible is acting in your own best interest, having considered your wants and goals, the short-term and long-term results of your actions, and the possible effects of your actions on people you care about.

Guidelines for being Self-Responsible:

- *Experience the feeling
- * Identify the evaluation involved in the feelings and assess for health
- * Reframe unhealthy evaluations
- *Explore words and actions that could satisfy these wants and goals
- * Consider the possible effect of these words/actions on others
- *Choose the words/actions you think best reflect self-responsibility (based on current fact, support life goals, health, well-being, and happiness, considerate of others.)

It is important to know that you only have control over your own thoughts, feelings, and actions. You do not have control over what others will think, feel or do in response to your being self-responsible. Being able to manage your feelings in self-responsible ways-without overeating- is empowering and supports a healthy weight, and happiness. The ability to act self-responsibly is a learned skill and one that you may not be able to manage all the time. This means you can try again and choose more self-responsible words and actions.

Problem Solving

(Solutions to problems should not be based on changing the thoughts, feeling, or actions of others)

Define a problem as specifically as you can. Describe any parts of the problem you can do something about. List possible solutions to the parts of the problem you can do something about. Choose the best solution. Decide if your solution is working. If not, choose a different one. Repeat.

Managing Uncomfortable Feelings: Using techniques to help relax by releasing endorphins into your system. Endorphins are natural body chemicals that give you a sense of well-being.

1) Deep Breathing:

- Sit comfortably with arms and legs uncrossed and eyes closed.
- Inhale through your nose as you silently and slowly count to four.
- Exhale through your mouth as you silently and slowly count to six or eight.
- Breathe in this pattern for several minutes then resume normal breathing. Open your eyes when ready.

2) Guided Imagery- use your imagination to take a break from a stressful situation.

- Go to a quiet place where you won't be interrupted.
- Get comfortable, close your eyes, and take some deep breaths.
- Let your mind wander to a peaceful place you would enjoy such as a beach or forest.
- Imagine all the sights, sounds, smells, and tastes of the environment you picture in your mind.
(The more sensations you imagine, the better)
- Linger in your chosen place. When ready, open your eyes.

3) Support from others- just talking to a trusted family member or friend about your life challenge and receiving their understanding and advice can help you feel better. Joining a support group of people going through a similar experience can also be helpful. You may also want to see a licensed counselor or therapist, religious advisor, or other professional.

4) Rituals- routines that people use to feel grounded and help "let go" of uncomfortable feelings. (Writing in a daily journal, reading something spiritual or uplifting, or following a routine of daily grooming). This is useful if you are having difficulty feeling it. There are also Bariatric-related books that can describe even more techniques.

*******Suggested Books:*******

***Eat It Up! The Complete Mind/Body/Spirit Guide to a Full Life After Weight Loss Surgery, Connie Stapelton, PH.D.**

***50 Ways to soothe yourself without food, Susan Albers, PSY.D.**

***The Emotional First Aid Kit A Practical Guide to Life After Bariatric Surgery, Cynthia L. Alexander, PsyD**

Exercise 4: Managing Feelings

Some life challenges take a long time to resolve. The uncomfortable feelings that come with those challenges need to be managed effectively (without overeating). Making a plan to manage the feelings is useful. Use the steps below to develop an effective management plan.

* Identify an uncomfortable feeling experienced with the life challenge. Describe how the feeling is affecting you.

* Would experiencing your feeling help you work through it?

* List other healthy ways you might manage the feelings right now.

* Consider the evaluations associated with your feeling. If unhealthy, how might you reframe them?

* List daily rituals that might help you manage the feeling.

* Identify the support you have, or can get, to help manage the feeling.

* Note any ways you can limit exposure to, avoid, or leave behind the challenge that is uncomfortable to the feeling?

* Consider life challenges with uncomfortable feelings you've successfully managed in the past. Do these boost your confidence that you can be successful this time? Why?

There are different methods to cope with uncomfortable feeling. If the feelings are based on unhealthy evaluations, you can reframe the evaluations to change the feeling. If the uncomfortable feelings are based on healthy evaluations, you can allow yourself to experience the feeling until it lessens, you can act self-responsibly, you can problem-solve, and/ or you can use a variety of management techniques.

Exercise 5: Food Choices

Normal eating is supported by choosing foods that meet hunger and biological cravings in a satisfying way. Use the chart to identify whether your food choices are- or are not- mostly nutritious, low to moderate in calories, and satisfying. Use the following scale: **1-** Not satisfied at all, **2-** Somewhat satisfied, **3-** Reasonably satisfied, **4-** Satisfied, **5-** Quite satisfied.

Food Choice	Satisfaction Level	Nutritious/Low or Moderate Calories- Or Not	Conclusion
Example: Baked Fish and veggies	2	Nutritious and low in calories	Example: Too bland; I need to use more intense flavoring next time.

Poor food choices can also result from eating certain foods over and over and forgetting about nutritious foods that are preferred *As quickly as you can, list single nutritious foods you like. (Lettuce instead of salad)

***Put a check mark by any food on list that you haven't had in the past week.**

Exercise 6: Meeting Non-Hunger Needs

List feelings that make you uncomfortable and /or urge you to take action. Go back and think about what actions you've taken in the past and judge the healthiness of those actions. Remember: healthy actions are based on objective, current fact. Support the accomplishment of life goals when acted upon, and support health, well-being, and happiness.

When I feel:	I might:	This action is healthy (H) or unhealthy (U)
Example: Bored	Have a snack Take a walk Call a friend Smoke a cigarette	U H H U

Exercise 7: Action Plan for Habit Change

Successful change doesn't just happen. It happens when you are ready to change and you develop and follow an action plan. If you are ready to change a habit, it is important to work through the following steps in making an action plan for change:

1. Choose a habit to change. Be Specific. Example: I want to eat fewer high-carbohydrate or sweet foods to support my healthy weight goal.

2. Identify the need the habit meets- or used to meet. Examples: I eat too many high carb or sweet foods when I feel like I deserve a treat or feel bored. Now eating them is just a habit because I enjoy the taste of foods.

3. Identify unhealthy thoughts- if any- that encourage the habit and reframe them. Example: High carb and sweet foods are the only treats/rewards that will soothe me when I am stressed. Reframe to: Eating high carb or sweet foods when I am stressed makes me feel guilty and discouraged. It doesn't support my weight goals.

4. Identify one or more healthy substitute habits. The substitute habit (s) must meet the need to satisfy the urge for reward in a healthier way. Examples: When I'm hungry and feel I deserve a treat, I'll eat some fresh fruit or low-fat, low –sugar yogurt that I like. If I'm not hungry, or when I am stressed or bored and feel I deserve a treat, I will indulge in some "me time". I'll take a walk, read a book, or call a friend instead of eating high-carb or sweet foods.

5. Outline a plan for habit change. The plan should include specific things that fit your unique context and that make it difficult to engage in the unhealthy habit and easy to engage in a healthier habit. Example: To change my unhealthy habit I will: Remove high carb and sweet foods from my environment, keep low-fat low sugar yogurt and fresh vegetables at home and at work to eat when I am hungry and stressed or bored, keep an interesting book, magazine, or quick workout plan available for times when I'm stressed or bored and not hungry, have pictures of walking shoes, motivational quotes and a telephone to remind me to walk or call a friend instead of eating when I am stressed or bored.

Plan Adherence: *The only way to know if a plan actually works is to try it and observe the results

Day	Followed Plan?	Awareness Notes
Friday	Yes	Stressed but took a walk
Saturday	No	Ate ice cream after argument

Exercise 8: Identifying Obstacles

When a plan is not working it needs to be adjusted but you must first identify what hasn't worked and what's getting in the way. Then your plan can be modified and more effective. A plan may need to be fine-tuned several times before it works well most of the time. If you have a lapse, simply address what is happening as soon as possible. Your goal should then prevent a temporary lapse from becoming an old habit. Recovering from a lapse is an accomplishment and it is important to recognize and be happy about your success.

Behavior	What got me off track?	Solution Strategies
Ate ice cream after arguing with my husband.	Emotional Overload! The pictures of walking shoes on the refrigerator were ineffective in this situation.	Learn some better ways to soothe my feelings. Explore options.

Plan Monitoring

Day	Item Monitored	Working/Not Working	Better Alternative
Ex: Saturday	Remove sweets from home	Not working, my husband insists on having chips available for snacking	Have husband keep chips in a drawer in his home office so I don't see them.

Compare these results with the results in exercise 1 that you completed before. Are you using more healthy habits more often than when you started these exercises? Congratulate yourself for any progress that you've made. Keep using these exercises to help you increase and reinforce your healthy weight habits.

You can be successful at achieving and maintaining a healthy weight. Yes, it's an effort, but aren't you worth it? *Yes YOU ARE and YOU CAN do this!*

Additional Support Groups

Additional Support Groups:

***Request to join ASWLC Support on facebook to stay up to date on Advanced Surgeons PC. Support group**

***Overeaters Anonymous:** Visit www.oa.org for more locations.

***Baptist Church of the Covenant** University Blvd and 22nd Street Birmingham, Al. 35244

Meeting Day/Time: Monday 12:00 **Contact:** Karen - 205-705-2372

***Riverchase Methodist Church** 1953 Old Highway 31 Birmingham (Hoover), Al. 35216

Meeting Day/Time: Saturday 10:30 am **Contact:** Bell 205-542-1312

***Vestavia Hills UMC** 2061 Kentucky Ave Room 323 Birmingham (Vestavia Hills), Al. 35244

Meeting Day/Time: Tuesday 7:00 pm **Contact:** Andrea 205-834-1976

Marital and Relationship Difficulties: *Hunter Street Baptist Church 2600 John Hawkins Pkwy Birmingham, Al. 35244 205-985-7295

***Shades Mountain Baptist Church** 2017 Columbiana Road. Birmingham, Al. 35216 205-822-1670
www.shades.org

***Our Lady Of Sorrows Church** P.O. Box 59055 Birmingham, Al. 35259 205- 969-8509 email:
hfbowers@bellsouth.net

***St Francis Xavier Parish** 2 Xavier Circle Birmingham, Al. 35213 205-871-1153

Depression, Bipolar, and other Mood Disorders: *NAMI/National Institute of Mental Health 700 28th Street South Birmingham, Al. 35233 205-871-0039 www.mamibirmingham.org email: Arthurlau@charter.net

***Depression/Bipolar Support Alliance** Birmingham, Al. 205-324-3505 www.mhaca.com

***Depression/Bipolar Support Alliance** 205-345-4561 www.moodies.org

Various Addictions: *Alcoholics Anonymous 242 W Valley Avenue, 211 Birmingham, Al. 35209 205-290-0060

***Narcotics Anonymous** P.O. Box 321324 Birmingham, Al. 35232 205-941-2655 www.alnwfscna.org

***Alabama/Drug Abuse Treatment Center** 601 Princeton Ave. SW Birmingham, Al. 35211 205-785-5787

***Oakmont Center** 2008 21st Street Ensley P.O. Box 8328 Birmingham, Al. 35218 205-787-7100
www.theoakmontcenter.com

***Bradford Health Services** 631 Beacon Parkway W, 211 Birmingham, Al. 35209 205-942-3200, (800)293-7191
www.bradfordhealth.com

***A Grace Fellowship Of SAA** (Sexual Addiction) Disciples Fellowship 2970 Lorna Rd. Birmingham/Hoover, Al. 35216 Contact: Jim L. 205-408-2500 e-mail: info@ssa-bham.org

***Alabama Abuse Counseling Center** 54 Kelly Lane Columbiana, Al. 35051 205-669-2330

***Alabama Abuse Counseling** 1612 3rd Avenue N Bessemer, Al. 35020 205-428-2600

***Gamblers Anonymous** Hillcrest Behavioral Health Services Birmingham, Al. 205-824-2473

