Weight Loss Surgery Information

Dieter Pohl, MD, FACS | Aaron Bloomenthal, MD, FACS | Daniel Christian, MD, FACS

The Start to Your New Good Life!

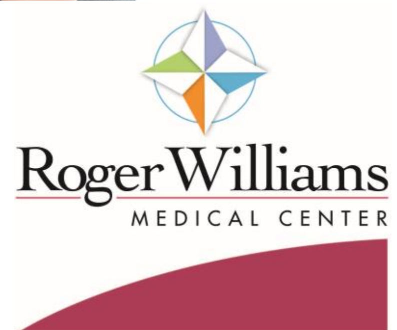

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TABLE OF CONTENTS

Page 2 Who we are (surgeons)
Page 3 Weight loss surgery introduction
Page 4 Gastric Bypass and Sleeve Gastrectomy
Page 5 SADI-S
Page 6 Pancreatic diversion with duodenal switch
Page 7 Advantages and disadvantages of the surgeries
Page 8 Comparison of all weight loss surgeries
Page 9 Qualifying and paying for surgery
Page 10 Outpatient evaluations before surgery
Page 11 How surgery helps with weight loss; Necessary changes
Page 12 Side effects; Benefits and risks
Page 13 How to reduce risks
Page 14 What to expect from hospitalization
Page 16 Long-range results and expectations
Page 17 Alcohol and pregnancy after surgery
Page 18 For family and friends
Page 19 Weight loss surgery check-list
Page 20 Preoperative Diet, 2 weeks prior to, and morning of surgery
Page 21 Hospital experience
Page 22 Postoperative instructions
Page 23 Intake guidelines
Page 24 New way of eating
Page 26 Diet following surgery
Page 32 Gastric Bypass, Sleeve Gastrectomy, SADI-S and DS diet
Page 38 General calorie content of foods
Page 39 Basic food groups, serving sizes and recommended foods
Page 44 Long-term maintenance for patients 6 months or more after surgery
Page 45 Successful long-term weight loss and maintenance
Page 48 Exercise guidelines
Page 50 Other guidelines
Page 52 Sample forms

AMERICAN COLLEGE OF SURGEONS AND AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY ACCREDITED COMPREHENSIVE CENTER SINCE 2005

WHO WE ARE:

Dieter Pohl, MD, FACS

Medical School in Germany
Residency in Surgery in Germany and New York City
Fellowship in Minimally Invasive Surgery at the University of Washington, Seattle

General Surgery
Bariatric Surgery, laparoscopic gastric bypass and sleeve gastrectomy.
Advanced laparoscopic surgery for gallbladder, groin hernia, abdominal hernia, colon removal, reflux, hiatus hernia, achalasia, spleen, adrenal, and stomach.
Cancer Surgery.

Aaron Bloomenthal, MD, FACS

Boston University School of Medicine, MD, 2001
University of Massachusetts General Surgery Residency Program, 2009
Thomas Jefferson University Fellowship in Minimally Invasive and Hepatopancreaticobiliary Surgery, 2010

General Surgery
Bariatric Surgery, laparoscopic gastric bypass, sleeve gastrectomy, and revisional surgery.
Advanced laparoscopic surgery for diseases of the esophagus, stomach, small intestine, colon, gallbladder, all types of hernias, etc.

Daniel Christian, MD, FACS

Florida State University Medical School, MD, 2012
New Hanover Regional Medical Center
Carolinas Medical Center

General Surgery
Bariatric Surgery, laparoscopic gastric bypass, sleeve gastrectomy, and revisional surgery.
Advanced laparoscopic surgery for diseases of the esophagus, stomach, small intestine, colon, gallbladder, all types of hernias, etc.

INTRODUCTION OF THE WEIGHT LOSS SURGERIES

You have asked for information about gastric operations for the treatment of obesity. Consequently, your weight must be making it difficult for you to live the kind of lifestyle you desire. Both the medical profession and the general public recognize the fact that the burden of carrying more than twice your normal weight creates numerous health problems that interfere with normal body functions. Being overweight can also cause problems with social and personal relationships, emotional stress, and upheaval.

Diets, for many individuals, have not been successful in taking off and keeping off extra weight. This results in continuous, frustrating attempts and a feeling of failure. Because of the frequency of obesity in our culture, and the greater than 95% failure of sustained weight loss through diet, with or without pills, in patients more than 100 pounds over ideal weight, surgeons have developed gastric operations for the treatment of patients who are extremely overweight. Since 1966, these procedures have helped approximately 80% of the operated patients achieve a healthier body weight.

This booklet will provide you with general facts about gastric bypass, sleeve gastrectomy and SADI-S. It is beyond the scope of this booklet to offer great detail or to answer all your questions. On the contrary, it may create some questions in your mind. Please feel free to ask any questions you may have.

THE DEVELOPMENT OF GASTRIC BYPASS, SLEEVE GASTRECTOMY, SADI-S, DS AND HOW THEY WORK

In 1966, the first gastric bypass operations were performed at the University of Iowa. Since that time, many variations and modifications to this original gastric bypass have been introduced. They include variations in the method of connecting the small intestine to the upper segment, Roux-Y gastric bypass, then the sleeve gastrectomy, which removes a large part of your stomach completely and leaves a small, long stomach pouch while re-routing the intestines. Now the SADI-S, is a bypass of some of the small intestine with a connection to the duodenum and a sleeve gastrectomy. Also, DS is a sleeve gastrectomy with a bypass of some of the small intestine with a connection in the duodenum and small intestine.

GASTRIC BYPASS AND SLEEVE GASTRECTOMY

Roux-Y Gastric Bypass (figure B) places a 3-foot segment of intestine between the small gastric pouch and the rest of the intestines, leaving approximately 15 feet of intestine available for digestion and absorption. This bypass technique creates a stomach pouch which can hold 15-30 cc (about the size of your thumb) of liquid or food. This operation is usually performed laparoscopically.

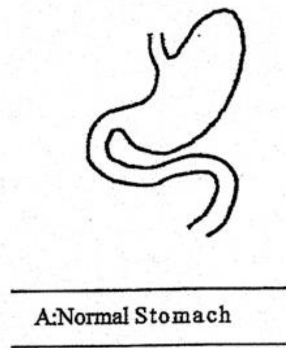


Figure A: Normal Stomach

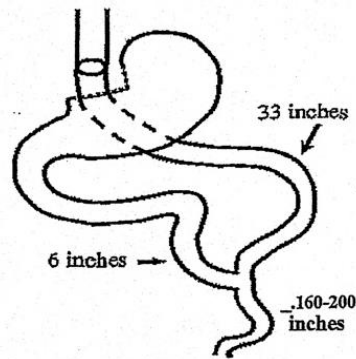


Figure B: Gastric Bypass

This operation bypasses approximately 97 percent of the stomach. In other words, 97 percent will not be used to receive or hold food. The upper 3 percent is used as the food holding pouch. It will hold about two to three tablespoons of solid food. This pouch must have a new opening created between it and the intestine. This new opening is only slightly larger than a pencil or pen (less than 1/2 inch in diameter). The small opening slows the rate at which food leaves the stomach; therefore, a small amount of food fills you quickly and you stay full longer.

The gastric bypass works by:

1. decreasing the portion side of a meal.
2. not absorbing some of the calories and nutrients in the top 3 feet of the intestine.
3. changing certain hormones in the body with the effect that hunger is reduced for up to a year, and blood sugar will be improved.

Sleeve Gastrectomy (figure C) is a procedure in which the majority of the stomach is stapled off and removed. The patient will have a long small stomach tube going from the esophagus to the intestines. This new stomach looks like a banana. This stomach holds about 3 ounces. This surgery works by reducing the portions of food that can be eaten. There is also a change in hormones in the body that helps to reduce hunger.

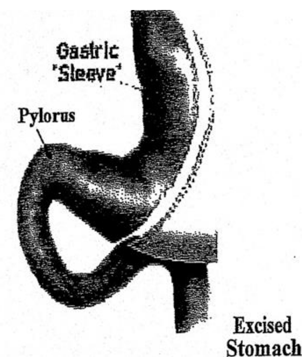
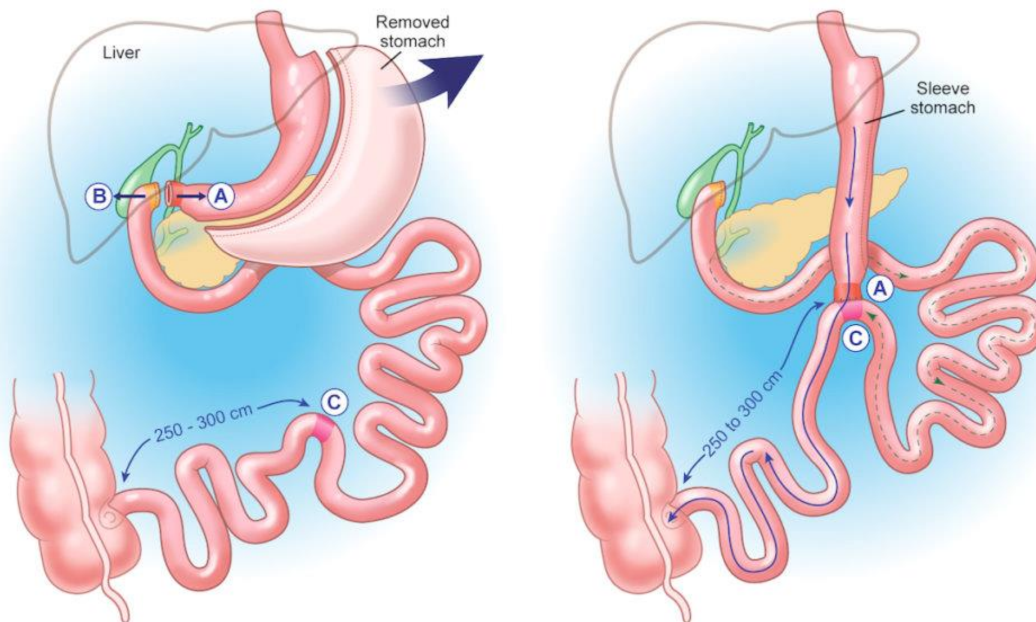


Figure C: Sleeve Gastrectomy

SADI-S

The SADI-S abbreviation stands for a medical mouthful of incomprehensible words: Single Anastomosis Duodeno-Ileostomy with Sleeve gastrectomy. We will explain what all this means. The SADI-S is a procedure that was developed in the early 2000s. It consists of a sleeve gastrectomy and a bypass of some of the small intestine with one connection between the duodenum and the small intestine. There are now many reports about the success and safety of the surgery and many thousands of patients had the surgery in the US and worldwide. The surgery was endorsed by the American Society of Metabolic and Bariatric Surgery in October of 2019.



The surgery works in three ways.

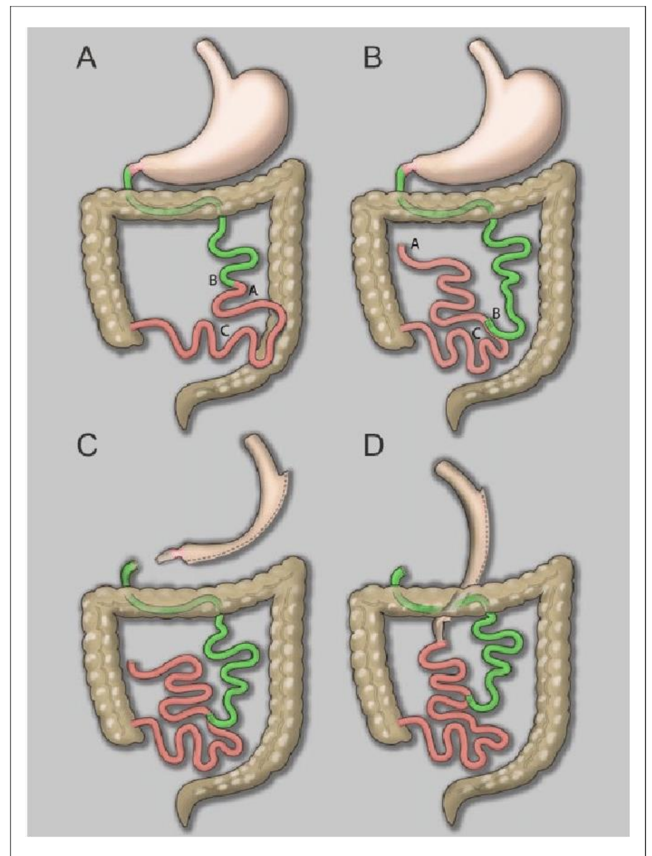
1. The sleeve gastrectomy part creates a 2-3oz small stomach and as a result, a person cannot eat much. The eating portions are small.

2. The food will move from the new small stomach directly into the lower 10 feet of the small intestine and bypass the first part of the small intestine, which is about half of the small intestine. Normally, the small intestine that is available to absorb calories and nutrients is around 15 to 25 feet long. The result is that less of the calories are absorbed.

3. Certain hormones in the body are changed. The hunger hormone Ghrelin is reduced and most persons after surgery will have no hunger for many months. Several hormones that regulate blood sugar are changed so that blood sugar is much better controlled. The SADI-S is excellent for diabetes treatment.

BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH

The DS is an abbreviation that stands for a medical mouthful of incomprehensible words: bilio-pancreatic diversion with duodenal switch and sleeve gastrectomy. We will explain what all this means. The DS is a procedure that has been around for 30 years. It consists of a sleeve gastrectomy and a bypass of some of the small intestine with two connections: one between the duodenum and the small intestine and one between two parts of the small intestine.



There are many reports about the success and safety of the surgery and many thousands of patients had the surgery in the US and worldwide. The surgery was endorsed by our professional organization many years ago and is a covered procedure for all health plans, if bariatric surgery is covered.

The surgery works in three ways:

1. The sleeve gastrectomy part creates a 2-3oz small stomach and as a result, a person cannot eat much. The eating portions are small.

2. The food will move from the new small stomach directly into the lower 10 feet of the small intestine and bypass the first part of the small intestine, which is about half of the small intestine. Normally, the small intestine that is available to absorb calories and nutrients is around 15 to 25 feet long. The result is that less of the calories are absorbed. The intestines are then cut and one part is implanted further towards the large intestine (colon). The result is, that at the end there are about 10 feet of small intestine, which absorb food, about 5 feet without the help of bile and about 5 feet with bile.

3. Certain hormones in the body are changed. The hunger hormone Ghrelin is reduced and most people after surgery will have no hunger for many months. Several hormones that regulate blood sugar are changed so that blood sugar is much better controlled. The DS is the best for diabetes treatment.

THE ADVANTAGES OF THE DS OVER THE SADI-S, THE SLEEVE GASTRECTOMY AND THE GASTRIC BYPASS ARE:

- Better initial weight loss and better long-term weight loss than SADI-S, sleeve and bypass.
- Less chance that the weight will come back.
- Better diabetes treatment than SADI-S, sleeve and bypass.
- Much more stable blood sugar levels throughout the day than with sleeve and bypass.
- Less acid reflux than sleeve.
- Lower risk of internal hernia than gastric bypass.
- Lower risk of stomach ulcer than gastric bypass.
- Lower risk of abdominal pain than gastric bypass.
- Patients can take anti-inflammatory medications (NSAIDS).

DISADVANTAGES OF THE DS OVER THE SADI-S, SLEEVE GASTRECTOMY AND THE GASTRIC BYPASS ARE:

- More vitamin and mineral deficiencies.
- 1-3 bowel movements per day in some people.
- Occasionally diarrhea so bad, that a surgery needs to be done to correct this.
- Occasionally vitamin/protein/nutrient levels are so low that a surgery needs to be done to correct this.
- A leak inside the abdomen happens with all three surgeries at a rate of 1-2 per 1000 patients. The DS leak at the connection between the duodenum and the small intestine may be more difficult to treat than after gastric bypass. There is one more connection that could leak in the DS than the SADI-S.

ADVANTAGES OF SADI-S OVER DS

- Almost as good as DS
- Only one connection between structures
- A little less problems absorbing nutrients

COMPARISON OF THE FOUR SURGERIES

	BEST	**2nd BEST**	**Good**	**Least**
Initial weight loss	DS	SADI	Bypass	Sleeve
Long-term weight loss	DS	SADI	Bypass	Sleeve
Diabetes treatment	DS	SADI	Bypass	Sleeve
Blood sugar control	DS	SADI	Bypass	Sleeve
Blood pressure, Sleep Apnea, Heart	DS	SADI	Bypass	Sleeve
Reflux	Bypass	SADI and DS		Sleeve
Sweet eaters	Bypass, SADI and DS			Sleeve
High BMI	DS	SADI	Bypass	Sleeve
Ease of surgery	Sleeve	DS, Bypass and SADI		
Ease of recovery	All similar			
Can do normal endoscopy	Sleeve ONLY			

COMPARISON OF RISKS:

- **Sleeve**: more risk of worsening or new reflux and Barrett's esophagus, possibility of another surgery (Bypass, SADI or DS)
- **Sleeve:** more risk of stomach stretching
- **Bypass**: more risk of stretching in stomach-intestine connection
- **Bypass**: more risk of internal hernia with intestine blockage, which requires emergency surgery. Mild risk in DS and SADI, no risk in the Sleeve.
- **Bypass:** more risk of stomach ulcer, pain and rupture at the stomach to intestine connection. No risk with the other surgeries
- **Bypass:** more risk of inexplicable pain in the abdomen
- **DS**: more risk of low protein and nutrients, anemia but can be fixed with another surgery. Mild risk in SADI and Bypass
- **DS**: more risk of frequent loose bowel movements and diarrhea, another surgery could fix this. Mild risk in the SADI.
- **Bypass and Sleeve**: more constipation
- **DS, SADI and Bypass:** need to follow up in the office with labs diligently

QUALIFYING FOR WEIGHT LOSS SURGERY:

The following criteria usually must be met before a candidate is accepted for the operation. Some modifications of these criteria are occasionally made depending on the severity of obesity and individual needs.

1. You must have a primary (personal) physician who is willing to continue your follow-up in cooperation with your surgeon after the operation.
2. You should have a **BMI greater than 40 without any medical conditions, or a BMI of 35 with medical conditions due to being overweight.** If you have diabetes Type 2, your BMI only needs to be 30 or higher, but, to date, you will have to pay out of pocket because insurance companies do not accept this category of medical condition yet.
3. Please see page 9 for explanation.
4. You must have made previous efforts at weight loss through a diet that was nutritionally and medically safe, not fad diets. **You need to have documented and supervised weight loss by your physician or a nutritionist/dietitian.**
5. You must be willing to make the necessary changes in eating habits. You need motivation toward weight loss.
6. You must not smoke at all! If you are currently smoking, you have to stop smoking 2 months before the surgery.
7. **You have to be 18 years of age or older.**
8. You should have prospects for increased physical activity and involvement in work and leisure pastimes that will keep you busy and happy without frequent eating and drinking of high-calorie foods and beverages.
9. You cannot have a dependency on alcohol or illicit drugs.

PAYING FOR WEIGHT LOSS SURGERY

This procedure is complex and requires a thorough evaluation before the decision to operate is made. To accomplish this operation, the services of multiple specialists are needed and much specialized equipment is used. We will work with you to help you get coverage. If your insurance specifically excludes this procedure, you can pay out-of-pocket. Ask our billing specialist in the office for details. Fortunately, most health insurances pay for these procedures.

OUTPATIENT EVALUATION BEFORE SURGERY

For patients who meet the criteria for gastric operation, an extensive evaluation is completed before any patient is scheduled for admission to the hospital for surgery. This may include an endoscopy of the stomach, X-rays of the lungs, tests of breathing ability, and blood tests. In addition, each patient is seen and evaluated by a dietitian and mental health care worker. The existence of psychiatric problems does not eliminate you from the program, but indicates that you may be at a somewhat greater risk to experience adjustment problems. For some patients, the attending surgeon may request an evaluation by a cardiologist, a gastroenterologist, an endocrinologist, a lung specialist, or other specialist as indicated. Additional tests that may be ordered include special tests for swallowing and for acid heartburn, and tests for sleep apnea (tests to detect if your breathing stops while you sleep). Please inform the doctor if you have any of these symptoms.

We hope to determine whether your hopes and expectations for having surgery are realistic, based upon our understanding of the possibilities and limitations of this type of operation. For example, it would be unrealistic for you to expect that weight loss would turn you into a totally new person, but it is realistic of you to expect better health and to be able to participate in new activities.

Major weight loss will result in major changes in your life, causing the need for emotional and social adjustment. The final purpose of the evaluation is to evaluate how we can help you in your adjustment to the positive changes after surgery.

HOW THESE SURGICAL PROCEDURES HELP TO ACHIEVE WEIGHT LOSS

Weight loss surgery tends to limit the quantity of food you can eat at any one time. By eating at mealtime only until you feel full, your daily food intake will be decreased enough to provide a two- to three-pound weight loss per week. We have found from the results of our previous patients that those who have been most successful with weight loss have made changes in their daily habits of eating, working, and playing that maximize the effectiveness of weight loss surgery.

SOME NECESSARY CHANGES

1. Eat a variety of foods. Although weight loss surgery reduces the amount of food you can eat at one time, your nutritional needs for protein and vitamins do not decrease. It is important that what you choose to eat provides good sources of nutrients. Take a multivitamin with iron in liquid or chewable form each day.
2. Make a special point of selecting good sources of protein foods several times a day (e.g., meats, poultry, fish, and eggs).
3. Sugars (white sugar, brown sugar, jams, and syrups) and fats (butter, margarine, oil, mayonnaise, cream, gravies, salad dressing, and sauces) added to foods greatly increase calories, but add little or no nutritional value. Limit the use of sugars and fats in your diet.
4. Do not drink any liquids that have calories such as juices (orange, apple, V8, etc), milk (skim or other), soda, ice cream, or alcohol.
5. Eat slowly. Stop eating as soon as you feel full. Gulping your food or taking a few extra bites or swallows will make you feel uncomfortable and may cause you to vomit. You will not be able to eat all the food you may desire after surgery.
6. When you begin taking solids, chew your foods until they are of a mushy, liquid consistency.
7. For the first few weeks after surgery you will feel very full on 1/3-1/2 cup (90-120 cc) of liquid. Gradually, you will tolerate slightly more liquid at one time or some solid foods. When you do, follow these guidelines:

   a. Try taking only solid foods at mealtimes. You will feel full longer on solids. Drink zero-calorie beverages such as water, tea, and sugar free drinks between meals.
   b. Avoid high calorie, low nutrient drinks such as juices, milk, soda pop, beer and other alcoholic beverages, and milk shakes. By sipping on such drinks throughout the day, you will consume many calories without feeling full and will not lose weight.
   c. Avoid grazing between meals. Constant nibbling will defeat the purpose of the operation and you will not lose weight.

Experience has shown that people who have carried through with the above changes have fewer problems and greater long-term weight loss. Weight loss surgery is neither a miracle procedure, nor an easy way out. It is possible to "out eat" the operation and fail to lose or even to regain weight at a later time. For the greatest success, these operations must be accompanied by the healthy eating habits that include the selection of proper and nutritious foods. Gastric surgery for the treatment of obesity makes this easier because the small stomach and its small outlet reduce continual hunger and place a limit on the amount you can eat at one time; however, you play a very important part in your

eventual weight loss. The necessary changes or adjustments in your present habits will be yours to make, but the pride and feeling of accomplishment as you lose weight will also be yours.

SIDE EFFECTS

In addition to making it difficult to eat rapidly or eat large meals, weight loss surgery has several other expected side effects. After this operation, it will be more difficult for your body to absorb iron, calcium, vitamin B12 and other vitamins, minerals, and necessary nutrition. To avoid serious long-term health consequences, it will be necessary to take supplements of these nutrients for the rest of your life. Failure to take calcium or vitamin D will lead to osteoporosis. Failure to take iron supplements will lead to iron-deficiency anemia. Failure to take vitamin B12 will lead to anemia and then nerve injury. Failure to take vitamin A can make you blind. Other complications are heart damage, paralysis, bone fractures, and a variety of very rare conditions.

Because gastric bypass surgery in particular eliminates one of the normal mechanisms that control emptying of the stomach, some foods can lead to an unpleasant series of symptoms that are caused by sudden high concentrations of food entering the intestine. These symptoms can include sweating, dizziness, headache, stomach cramps, and diarrhea (dumping). Foods that commonly cause this are sweet foods such as ice cream, milkshakes, candy, and similar foods, along with high-fat foods.

BENEFITS AND RISKS

The benefits of weight loss surgery are higher than the risks. The risks of having obesity are higher than the risks of surgery.

- Wound infection or wound hernia.
- Leaks or perforations causing internal infection and the need for re-operation.
- Blood clots in your veins.
- Too much scar tissue at the anastomosis and necessity for an endoscopy with stretching.
- Failure to lose weight; severe vitamin deficiencies; stomach ulcer.
- Excessive weight loss.
- Psychiatric complications such as depression.
- Hemi/lung/nerve/other complications.
- Gallstone formation, gallbladder colic or infection, and/or pancreatitis.
- Kidney stones, renal colic, gout, and/or weight re-gain.
- Intolerance of the sleeve and conversion to gastric bypass.
- Bowel blockage requiring an additional operation.

HOW TO HELP REDUCE RISK:

If the surgeon asks you to do so, losing 10 lbs. or more right before surgery may make the surgery easier. Only if the surgeon tells you to do so, then start a liquid diet two weeks before surgery.

One month before surgery, stop birth control medication and female hormone replacement which contain estrogen, in order to prevent blood clots.

You should begin taking two showers a day a few days before you enter hospital. Careful attention must be given to the cleansing of the abdominal area from the breasts to below the waist, making sure to clean between any folds of skin. Any good soap is adequate.

You should not have an elective procedure such as weight loss surgery while you have any other acute medical problem. If you suspect that you may have a sore throat, ear infection, kidney or bladder infection, open wound or sore, or other such problems, call you doctor to discuss your situation before coming to the hospital.

Very importantly, your immediate postoperative care involves moving, walking, coughing, and deep breathing. Coughing and deep breathing are necessary to clear the lungs of mucus that normally develop when a person has an anesthetic. It is extremely important to take deep breaths and cough following your operation until discharged from the hospital.

Walking helps to expand the lungs and provides good blood circulation to your legs. You will be out of bed the evening of the operation. Assistance will be given to increase the amount of walking daily until you can manage on your own. This means being out of bed and walking four to six times per day.

Smoking paralyzes the lining of the air passages and interferes with lung function. Smoking also increases your risk of blood clots. If you smoke, this is the time to quit. You cannot be scheduled for this procedure while you are smoking. Please stop smoking two months before surgery.

You should always follow the doctors' and nurses' instructions and report quickly any severe pain or anxiety.

WHAT TO EXPECT FROM HOSPITALIZATION

As part of your evaluation, you will meet with the anesthesia team who will discuss the anesthesia procedures with you.

Prior to the onset of your procedure, an intravenous (IV) continuous injection will be started. The IV solution is necessary in order to keep fluid in your body during the period when you will not be able to drink or eat. The IV will be removed prior to your discharge from the hospital - when you are taking in adequate fluids.

During your hospitalization, you will receive information on postoperative care and any questions you may have will be answered. You may wish to write down your questions in advance, in order to remember them when the doctors visit you in your room.

The surgical procedure itself will last from one to three hours. Following the operation, you will spend another one to three hours in the Recovery Room. You will then go to a regular room on the regular ward, and can be visited by your family. All rooms are private rooms and one family member can stay with you the entire time.

After your operation, on the same day, you will be given small sips of water. On the following day, if you tolerate water, you will be given protein shakes. You may be ready to go home on the first day after the surgery if you are able to tolerate both water and protein shakes. Patients who are able to go home on the first day usually have a more positive attitude toward discharge and are usually those who began a physical exercise program before the operation to get fit for the operation.

In general, you will be ready for discharge when you can walk, have no complications, can take in enough water (four 8-oz glasses per day). You will then be advised to follow the instructions given to you in a separate brochure. This information is in the packet as well as online.

Bariatric shakes are available in our office.

Your weight loss is usually fast at the beginning and slows down after a few months. Statistically you reach your maximum weight loss after one or one and a half years. After that, some patients will gradually gain weight again to a certain degree. The average weight loss statistically in the long-term is one-third (1/3) of your current weight for gastric bypass surgery, about one-fourth (1/4) for the sleeve gastrectomy and around 40% with the SADI-S and DS.

Always try to remember that your new stomach is small. At first, about 1/4 cup or less of food is the most your stomach can hold at one time. The rate of advancing to solid foods varies among individuals, depending upon the physician's recommendations, and/or how each person adjusts to the changes in eating habits. By three to four months after the operation, many people are eating a wide variety of solid foods; however, some foods may never again be tolerated by some patients.

You can begin taking chewable vitamins once you are home. You need to take an additional iron medication; any multivitamin with iron is acceptable. They may be purchased in chewable or liquid form. You should also begin taking calcium supplements. You should also take a vitamin B complex pill. You will take medication to prevent stomach ulcers for 6 months. You will also take medication to prevent gallstones (in the event your gallbladder had not been removed), because you are at a higher risk to develop gallstones when you lose weight rapidly.

When you arrive home from the hospital, you should walk as much as possible in order to prevent blood clots in your legs or lungs. Do not lift anything heavier than 10 to 20 pounds for at least four weeks.

1. Walk as much as you can tolerate without becoming overly tired.
2. Increase the distance you walk gradually.
3. Begin driving a car as soon as you feel strong enough and pain free to drive with confidence. Do not drive a car or operate machinery while you are still taking pain medications.
4. You may resume sexual relations when you desire to and feel able.
5. You can return to work whenever you want, unless you have a job that requires lifting more than 15 lbs, in which case, you will be out of work for 4 weeks.

LONG-RANGE RESULTS AND EXPECTATIONS:

You will return to the office for a follow-up visit two weeks after your operation, and then every 2-3 months during your first year. These visits are necessary to monitor your weight loss, nutrition intake, and general health.

Everybody needs to be seen in the office regularly *for the rest of your life*. If you should have a problem in between visits and are not sure what the reason might be, call us anytime, as problems could be related to surgery. If it is not related, we will tell you and advise what you should do. You *must* follow up with us regularly; otherwise, life-threatening problems can occur.

Gradually your weight loss will decrease until you reach a stable weight. This is usually above what your normal expected weight should be; however, you can lose additional weight if you make a more concerted effort. Many factors influence weight loss including age, sex, and initial weight at the time of operation. Younger patients and more physically active patients tend to lose more.

All the surgeries are intended to be permanent.

A healthy level of exercise is important to include in everyday life. After the first postoperative visit, we encourage you to resume your activity and begin some active exercises that you find enjoyable. Recreational activities that are enjoyable and also provide good exercise and high use of calories are swimming, bicycling, tennis, golf, jogging, or even brisk walking.

Once you begin to lose weight you will have a greater level of energy than before your operation and will be able to participate in other types of exercise that can be useful in toning up muscles. These include floor exercises (sit-ups, leg raises, etc.), weight lifting, and yoga. You should check with your physician before beginning any of these exercises. These exercises will strengthen your muscles and promote your health, but they will not prevent loose, sagging skin if you lose a substantial amount of weight.

Your hunger and appetite, as well as your bad habits such as snacking may come back after several months. We offer many services to you to help you along in your weight loss surgery. We work with dedicated dietitians, offer several counseling options, several support groups, and referrals to physical therapy. Also, we strongly encourage everyone to see the counselor or psychiatrist whom you saw before your operation. You may need help to keep you from reverting back into some of your old bad habits. Take all the help that is available; otherwise, you might fail. Remember, we only operate on your stomach, not on all your other issues. If you have lost weight before and gained it back, this could happen again, despite your best intentions before the operation. It will happen to one out of every five patients. Trust us, listen to us. We want to make this work for your lifetime, but most of the success depends on you.

ALCOHOL AFTER WEIGHT LOSS SURGERY:

Be Careful: A tiny sip of alcohol can make you drunk.
A tiny sip of alcohol can may you hypoglycemic (fainting, shaking, confusion, etc.)
Alcohol can destroy the liver.
You can become addicted easily.

***Do not drive, conduct business, operate machinery or do any other responsible activity after any amount of alcohol*!!!!!**

PREGNANCY AFTER WEIGHT LOSS SURGERY:

You must not get pregnant for 18 months after your operation. You will not have enough nutrition for a fetus and as a result, you may have a baby with birth defects or permanent damage. Eighteen (18) months after your surgery, there is no problem with becoming pregnant from the weight loss surgery point of view.

Many of our patients have told us that this was one of the best decisions of their lives.

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FOR FAMILY AND FRIENDS

Surgery to help lose weight is a great tool and you have started a journey to a life with better health and a much better quality of life.

This will be a journey that will continue for the rest of your life and cannot and should not be done alone. The people in your environment need to be supportive.

Please give this information to the people that you live with and deal with at work or in your social environment. They need to know, so they will not misunderstand you, will not tempt you, and will not lead you to gain weight again years down the line.

For all the spouses, partners, friends, family members, co-workers, and acquaintances:

1. If possible, go to the dietitian with the patient.

2. Eat the same food as the patient; FOREVER.
   If you have different cravings, please fulfill them outside the house.

3. Do not encourage the patient to eat more than what they can and want to eat.

4. Do not bring in food or encourage food that is "normal" in our society but has a lot of calories (i.e., comfort foods such as pizza, Chinese food, cookies, cakes, donuts, ice cream, candy bars, etc.)

   Although you may feel that you want to show your affection to the patient, in reality you are hurting them by enabling them to gain the weight back.

5. Do not go to fast food places, buffets, etc. Instead, support planning of meals.

6. Encourage exercise, healthy eating, support groups, and dietitian visits.

7. Do not tell them they look sick or too thin although the person is still overweight. If you have a concern, make an appointment with us, so we can assess if there is a problem.

Thank you very much! You play a crucial role!

WEIGHT LOSS SURGERY CHECK LIST

This is the list of appointments that you need to make and tests you need to have **BEFORE** we can schedule your weight loss surgery. To expedite matters and for your convenience with the timing, we ask you to make the appointments that have been checked off. After you have completed **ALL** tests, call our office.

☐ Online Seminar__________ ☐ In person__________ ☐ None

☐SADI-S ☐DS ☐Gastric Bypass ☐Sleeve Gastrectomy

Required	Received	Procedure	Date	Phone
		Upper Endoscopy (EGD) UGI		Instructions received by mail. You will get a call from the hospital with schedule
		Psychiatry Consultation		Request evaluation for weight loss surgery. Michael D. Brodeur, PSY.D. 369-9224 Melissa DaSilva, LICSW (Spanish) 227-0372 Gershon Psych. Associates (Spanish 349-3131 Dr. David Kroessler – Angell St. Psychiatry 274-8777 Dr. Anthony Gallo, South County Psychiatry 268-5333 Dr. Steven Hirsch 272-9666
		Dietary Consultation insurance: _________ # of visits: _________		Gina Lombardi/Diana Beaton 521-6310 Nutrition Consultants 615-5538 Nutrition Inc. 490-0900 Evolution Nutrition 396-9331 Patricia Sloss 223-2366 Michelle Lamoureux 595-5407 HealthwayRI 228-6010
		Last Office Visit Note from PCP ☐		Our staff will get the letter ☐
		Sleep Apnea testing		Sleep Lab will contact you to schedule
		Support group – 2 visits		See our paper list or website: loseweightRI.com
		Blood testing / labs		Roger Williams or Fatima lab; see paper list or online
		Watch videos online		Loseweightri.com go to "Free Seminars" https://www.youtube.com/watch?v=WymQg8QLwt4
		Other:		

<u>TELL EVERYONE TO FAX YOUR RESULTS TO OUR OFFICE</u>: (401) 861-9596

Finish all tests, then call for an appointment.

PRE-OPERATIVE DIET (2 WEEKS BEFORE SURGERY)

3 Protein shakes per day

- 15 grams of protein per shake and 100-150 calories per shake.
- **NO** other food for breakfast, lunch, and/or snacks.

One (1) Light dinner per day

- 3 oz lean protein (i.e., poultry or fish) with vegetables,
- **OR** 1 frozen low-calorie dinner (i.e., Lean Cuisine, Smartone, Healthy Choice, etc.)

Water

- At least 64 ounces per day.

Vitamins

- 1 Bariatric Fusion (multivitamin with iron), two in A.M.; two in P.M. (these are sold at the office; $25 per bottle.)
- **OR** 1 of another brand (i.e., Flintstones), one in A.M.; one in P.M.

IMPORTANT TO REMEMBER

- No liquids with calories (juice, regular soda, sports drinks with calories, milk, cream).
- Bring your protein shakes to the hospital the day of your surgery if you like a particular protein shake. The hospital also has protein shakes available.

GENERAL PRE-OP INFORMATION (THE DAY OF SURGERY)

NO FOOD AFTER MIDNIGHT BEFORE SURGERY.

DRINK WATER

- On the morning of surgery, you CAN DRINK WATER until 2 HOURS before your arrival.

TWO HOURS BEFORE YOU ARRIVE AT THE HOSPITAL, drink 12 ounces of Gatorade, PowerAde, or juice (i.e., apple or cranberry).

For example:

- If your arrival time is 8 A.M., you can drink until 6 A. M.
- If your arrival time is 9:30 A.M., you can drink until 7:30 A.M.
- If your arrival time is 12 Noon, you can drink until 10 A.M.
- If your arrival time is 1:30 P.M., you can drink until 11:30 A.M.

HOSPITAL EXPERIENCE

We want you to drink 12 oz. Gatorade, PowerAde, apple juice, or cranberry juice until 2 hours before you are scheduled to come to the hospital. ***For patients told to arrive at 6 A.M.,*** you do not have to drink 12 oz., but if you want, you can drink until 4 A.M.

Other examples:

- If you are told to arrive at 8 A.M., you can drink until 6 A.M.
- If you are told to arrive at 9:30 A.M., you can drink until 7:30 A.M.
- If you are told to arrive at noon, you can drink until 10 A.M.
- If you are told to arrive at 1:30 P.M., you can drink until 11:30 A.M.

Do not drink less than 2 hours before the time you were told to arrive at the hospital, or your surgery will be canceled.

You will check in.

- You will be admitted by the nurses, see the anesthesia team, and your surgeon.
- You will receive several medications to prevent blood clots, pain, nausea, and infection.

When the surgery is completed, the surgeon will call your family.

- After surgery you will be in the Recovery Room for 2-4 hours.
- The nurses will call your family when you are moved to your room
- Your relatives/friends ***cannot visit you until you are in your room.***
- Altogether, your relatives/friends cannot see you for 5-6 hours.
- You will walk, do breathing exercises, and sip water.
- We will take care of issues such as pain and nausea.

The goal is to send you home safely.

- Most patients can be discharged the next day after surgery.
- Before you go home, you need to be able to drink about 4 cups of water and 4-8 oz. of protein shake in one day.
- You may shower.
- You will get a laxative.

We will give you several prescriptions for home. We will take allergies into consideration.

For Pain:	Tylenol and a narcotic such as Oxycodone
For Nausea:	Scopolamine patch and Phenergan
For your bowels:	Miralax and a probiotic (for 2 weeks)
For your stomach:	Omeprazole (for 6 months)
To prevent gallstones:	Actigall (for 6 months)

We will provide instructions that will tell you which of your own medications you need to take.

You will most likely gain a few pounds; this is just water, and you will lose it quickly.

POST-OPERATIVE INSTRUCTIONS:

DIET

- Advance diet according to booklet.
- Consume *at least* 60 grams of *protein* per day.
- **Do not** drink anything with calories like milk, juice, soda, sports drinks, etc., ***forever!***
- **Do not** drink one-half hour before meals, during meals, and one hour after meals, ***forever!***

DAILY VITAMINS

Multivitamin: chewable with iron daily; you may choose:

- Any pharmacy brand (i.e., Flintstones), or
- 4 Bariatric Fusion ADEK, two in the A.M. and two in the P.M.

Calcium: chewable with vitamin D daily.

- Any pharmacy brand or
- Three Viactiv, one with breakfast, lunch, and dinner, or
- Three Caltrate, one with breakfast, lunch, and dinner.

Extra Iron (from the office, prescription, or over-the-counter).

One B-complex, any store brand.

One 50,000 IU vitamin D.

- Taken weekly, prescription given in the office.

PLEASE MAKE SURE TO:

Make appointments with:

- Your dietitian within 3 weeks after your surgery.
- Primary care physician.

Attend a support group.

Exercise.

- Start with walking, bicycling, or running.
- You may return to all the activities 4 weeks after surgery.

Do not take anti-inflammatory medication (i.e., Motrin, aspirin, naproxen, etc.) If you need to take one of these medications, speak with us first.

DO NOT SMOKE. DO NOT TAKE ALCOHOL.

Come to see us in the office at your scheduled visits ***for the rest of your life. ***

INTAKE GUIDELINES AFTER SURGERY:

Liquids - 1-2 oz or 1/4 cup every 15 minutes, 8 oz or 1 cup over an hour for the first month.

Consume liquids 30 minutes to 1 hour prior to and after meals, once you eat real food.

DO NOT CONSUME LIQUIDS WITH MEALS.

Do not use a straw with liquids.

Consume six-to-eight 8-oz/1 cup meal servings per day.

Food: Chew slowly and to a ground consistency.

A maximum portion after 2 months is 1 cup or 8 oz, or two-level palms.

Avoid fried foods, sweets, candy, etc.

Consume protein at each meal.

Vitamin and Minerals:

Chewable multivitamin with iron
Chewable calcium with vitamin D
B complex
Iron

NEW WAY OF EATING:

You have been waiting a long time and working very hard to make it to this point. Congratulations! Now it is time to begin your diet after having gastric bypass surgery.

Please review this diet booklet carefully. As you are reading, remember these are only guidelines. Everybody is different, so there are dietary substitutions that can be made if you are having a difficult time tolerating some of the suggested foods. ***Do not make substitutions on your own***. Make a list of questions, concerns, or comments you would like to discuss with any member of our team.

REMEMBER: You have just had stomach surgery!! This is major surgery. Your new stomach will take six to eight weeks to heal. To help in the healing process, you will go through four stages of the diet. Your diet will always be low in fat with no concentrated sweets. You will need to stay on a liquid diet for one or two weeks, prior to advancing to pureed and soft solid foods. Your meal plan will be high in protein, which is essential for optimal healing and weight loss. It is important that you follow these stages of the diet to help assure healing. At each of your follow-up visits, your surgeon and/or dietitian will evaluate your progress and advance your diet accordingly.

Initially, your meal times should last for approximately 30 minutes to one hour. It is recommended that you take approximately 10 minutes for each ounce that you eat. Food should be a liquid consistency in your mouth before you swallow. Once you eat solid food easily, take just enough time to eat your food slowly. Liquids should be sipped slowly, between meals only, so that you still have room in your stomach for food.

If you are experiencing cramps, gas, or diarrhea during your initial stages, you may have developed intolerance to lactose, the sugar found in milk. If this occurs, changing your diet to a lactose-free diet usually will reduce these symptoms. Your dietitian will review the guidelines for this with you if it occurs.

As you advance in your stages of diet, you will always be able to eat/drink the food you had in the previous stages. You may also find that you are not able to tolerate all the foods you could prior to the surgery. When advancing, try a food by itself so that if you have a difficult time tolerating it, you can eliminate it from your diet for a couple of weeks. You may re-attempt the same food a couple of weeks later. Many people also relay that their taste preferences have changed.

Most often patients report that they do not feel hungry or have a loss of appetite after surgery. In turn, this often causes patients to skip meals, depriving themselves of their nutritional needs. Try to eat a minimum of three meals a day. It is acceptable to not be able to finish the food that is recommended. Do not force yourself to finish your food within a specific period of time. Stop eating as soon as you start to feel full. If necessary, put away the food you did not finish and eat it later. Keeping food records will help facilitate your meal timings and help you keep track of

what you need to finish by the end of the day. Most often your three meals may turn into small meals at the beginning. Feelings of hunger and fullness take time for your mind and body to recognize. It is also helpful to review these records with your dietitian.

Six to eight weeks after the surgery, at Stage 4, you will be able to eat solid foods. This is the time to introduce different food groups into your diet. Your diet could incorporate all the food groups from the food guide pyramid, but protein is still the most important. Your portions, however, will be different from the ones recommended in MyPlate™. Your dietitian will help you with this. These food groups include protein (red meats, poultry, fish, eggs, beans, lentils, and tofu) and dairy, fruits, vegetables, grains, or starches (whole grain bread, whole grain cereal, pasta, pita bread, English muffins, cereal, rice and many others.) Within these food groups, focus on low fat, low sugar foods (no concentrated sweets) to minimize stomach upset and promote further weight loss. Most often if you eat foods high in fat and sugar, you will experience dumping syndrome, a condition which causes dizziness, sweating, diarrhea, cramps or nausea.

Stage 4 is the final stage, and you will be following this stage for the rest of your life. Over time, you will be able to tolerate and eat more foods. To help with weight maintenance and a healthy eating style, it is important to keep the following things in mind:

1. You should have three meals per day only and avoid snacking.
2. Do not drink any calorie-containing liquids: orange/grapefruit/apple/V8/tomato juice, milk, ice-cream soda, Gatorade, energy drinks, etc. (or alcohol in large amounts).
3. Start your day with a protein and grain breakfast (such as oats, whole grain cereal (i.e., Kashi Go-Lean™ and others), with yogurt.
4. Always know how many calories are in the food you are about to eat.
5. Never finish your plate.
6. Always use dessert plates; never regular size plates.

Start exercising if you have not started already. Eventually, (after your surgeon approves), you should begin to incorporate weight training to your cardiovascular exercises. Weight lifting/training helps build muscle, and the more muscle you have, the easier it is for your body to burn fat.

At times weight loss may slow down. Your weight is like a staircase. You are going to plateau before you continue to lose more weight. This is normal. Everyone will lose weight at different rates. When you are at your plateau, continue keeping food records and keep track of your exercise schedule. One or both of these aspects may have to be altered to help with weight loss.

This is a drastic change in your lifestyle and it affects ALL AREAS of your life. You start to feel anxious about comments that are made to you about your weight loss, "feeling fat" in spite of weight loss, dealing with social situations, and learning to deal with your emotions now that you no longer have food as part of your comfort. The first thing to remember is that you are not alone in this process. It is important to keep yourself involved in support groups, continue to see our program psychologist, talk to any member of the team, and with supportive friends and family.

DIET FOLLOWING WEIGHT LOSS SURGERY:

As a result of your surgery, your stomach has been altered in both anatomy and function. Special dietary changes are necessary to ensure successful weight loss without causing harmful malnutrition. These guidelines will help you understand the various stages of your diet. During your hospitalization, you will be placed on Stages 1 and 2. You will be discharged during Stage 2 (sugar free, nonfat liquids) and then gradually advance to Stage 4, as indicated. Remember these are only guidelines. If you are having trouble with any of these stages, work with your dietitian so that your diet may be more individualized.

STAGE 1 - WATER

- GOAL: Four cups of water daily.
- INSTRUCTIONS: Sip water. You will probably experience dry mouth. Do not be alarmed, as this is very common. Try drinking as long as nausea is controlled.

STAGE 2 - SUGAR-FREE NONFAT FULL LIQUIDS:

SHAKES: (Available through our office). Start shakes on the day after surgery, usually 24 hours after Stage 1. Start while still in the hospital and then go home during this stage.
DIET: 3-4 small meals per day consisting of a packet of protein shakes or drinks (available through our office) mixed with 8 ounces of water. Drink slowly (sip) over a 45-minute to 1-hour period. Try to space meals 4-5 hours apart. Between meals you can sip on water or water with Crystal Light, flavored water, sugar-free Jell-O or popsicles, broth or herbal tea.

GOAL: 64 ounces of water/liquid daily. This includes liquids from the protein shakes.
45-60 grams of protein daily.

INSTRUCTIONS:

1. While you are in the hospital, you will receive your protein shakes, water and clear liquids.
2. Walk as much as you can with your nurse or a family member.
3. Record fluid intake at home. Bring this record to your follow-up office visits. Sip all liquid slowly. If you are experiencing dry mouth, you may still be dehydrated. Do not worry if you have already had 64 fl. oz. You may just need more.
4. Try to drink as many protein shakes as you can. Do not worry if you cannot consume all 3-4 drinks. Do the best you can.
5. When you get home, begin taking vitamins. Follow the instructions we give you.

Fluids for all stages:
Choose from this list of fluids allowed between meals on Stage 2 (not to replaced meals or snacks). Fluid intake is very important in preventing dehydration. If you are having any problems or questions about your fluid, discuss with your surgeon or dietitian.

- Water
- Crystal Light, or any drink with 0 (zero) calories
- "Flat" diet tonic (decaffeinated)
- Diet Jell-O

- Sugar-free Popsicle: <20-30 calories each (limit to 2-3 day).
- Broth

STAGE 3- PUREED FOODS/SOFT AND GROUND FOODS

START: 2-3 weeks after surgery, depending on what procedure you had.
DIET: ½ cup of high protein, pureed/blenderized foods 3 times per day; you will also need to consume 25-30g of protein from shakes between meals.

GOAL: 64 oz fluid and 45-60 g protein daily.

INSTRUCTIONS:

1. Remember to eat slowly.
2. Milk intolerance may also occur due to a temporary lactose intolerance. Try Lactaid milk or add 10 drops of Lactaid to a quart of milk. Try lactose-free products such as milk and yogurt.
3. See chart below for additional options.
4. Still sip fluids all day; no need to stop drinking 1 hour before and after meals.

Nutritional information is listed below and if you get bored with the above suggestions, additional items are also listed below. All food items listed are also very low in fat (0-3 grams per serving, unless indicated otherwise).

FOOD ITEM	AMOUNT	PROTEIN	CALORIES
Skim milk	8 oz	8 g	90
Protein-fortified skim milk	8 oz	9.7 g	100
Meal replacement shakes	8 oz	15 g	70-100
Scrambled eggs (Egg Beaters)	1/2 cup	10-12 g	46-60
Fat-free or 1% cottage cheese	1/2 cup	15 g	80
Sugar-free, fat-free pudding	1/2 cup	4-5 g	70
Yogurt: i.e., Dannon® or Colombo® "Light"	6-8 oz	5-8 g	90-100

Ways to make your meal replacement shake more interesting:

- Add flavored extract to vanilla meal replacement shake to create new flavors.
- Freeze it like a Popsicle.
- Add 1 tsp coffee to the chocolate meal replacement shake, i.e., mocha.
- Warm up the meal replacement shake and drink as a hot chocolate, or add sugar-free hot chocolate to the vanilla meal replacement shake.
- Add ice cubes and make a frappe.
- Try these variations slowly. On occasion extreme temperatures of food items are not well tolerated initially.

STAGE 4- SOFT AND GROUND FOODS:

START: Usually 4-5 weeks after discharge from the hospital.
DIET: 3 oz (6 Tbsp.) of high protein pureed/ground food consumed 3 times per day. You will also be allowed one snack of 8 oz meal replacement shake daily between your meals. If you do not want the meal replacement shake, you may choose from some low-fat and sugar-free foods such as yogurt, cottage cheese or eggs (similar to Stage 3, as noted above).

GOAL: 64 fluid oz. and 50-60 grams of protein daily.

1. Many patients have difficulty with meat despite chewing well. Mixing broth may help make it moist. Consume meals very slowly (about 45 minutes per meal). If you feel full, stop at that point, put it aside, and go back to it after an hour or two. If you try to force it in, you may vomit.
2. Do not drink fluids with meals. Fluids fill you up and therefore do not leave enough room for the food. Wait approximately 30 minutes before and after meals to drink. Avoid carbonated beverages. Refer to the list on the previous page for suggestions. Avoid drinking with a straw.
3. Mild discomfort may be due to temporary lactose intolerance. Try Lactaid milk or add 10 drops of Lactaid to a quart of milk. Try lactose-free products such as milk and yogurt.
4. Weigh the food on a scale after it has been cooked to make sure you are getting the right amount of protein. Protein is needed to heal your wound and may prevent hair loss.
5. Never chew gum. Once swallowed, it can cause an obstruction.
6. Try using the ice cube trays for storing pureed food portions. Each ice cube section holds about one ounce. If you do not have a scale at home, a deck of cards is the closest approximation to the size of a 3-ounce piece of cooked meat.
7. Baby warmer trays may be helpful for keeping food warm while it is slowly being eaten.
8. Miralax, Milk of Magnesia, or diluted prune juice may help with constipation.
9. You will not be allowed any RAW fruits and vegetables or starchy food until Stage 5. If by the second week of this stage you need a little variety, the only vegetable you may try is homemade mashed potatoes made with skim milk. You may also incorporate some unsweetened/canned fruits, i.e., applesauce.
10. Keeping food records is very important to help identify any intolerances or nutrient deficiencies.
11. If you have any problems, questions or concerns, contact our office.

***If you feel any "tightness" or nausea and/or vomiting, you probably ate your food too quickly or swallowed a large bite. Remember to monitor the time it takes you to eat. Record your starting and finishing time.

Stage 4 tips when you prepare meals: Keep food moist. Bake, broil or steam all your meats or fish. Make sure you try different spices, marinades, and sauces prior to adding to a meal to evaluate your tolerance. Eliminate food items you cannot tolerate for a couple of weeks before you try them again. Do not worry if there are foods you simply cannot tolerate, as this is expected.

Information on Stage 4 Foods:

Make sure food is of liquid consistency in your mouth before swallowing. The following information may vary depending on brand name and packaging style.

YOU WILL NOT BE ABLE TO EAT ANY FRESH FRUITS OR VEGETABLES, OR STARCHY FOOD UNTIL STAGE 5 UNLESS YOU ARE INSTRUCTED OTHERWISE BY ONE OF THE DOCTORS OR DIETITIAN.

Reminder: Your goal is to eat at least 45-60 grams of protein a day. Please keep track of how much protein you eat by reading food labels on the products you use. You will need to bring these records to your visit with the dietitian.

STAGE 5- LOW CALORIE SOLID FOODS:

START: Usually 6-7 weeks after surgery.
DIET: This is your final stage. Congratulations!
GOAL: 64 fluid oz. daily; 60-80 grams of protein daily.
Follow a healthy balanced diet. (Choose lean, low-fat and low-sugar foods.)

INSTRUCTIONS:

1. Certain solid foods may not be well tolerated. Many patients have difficulty with meat despite chewing well. Food intolerance is individual and often temporary. It is a good idea to keep track of any food that causes discomfort and wait 2 weeks before trying that food again.
2. Patients most often report that the following foods are usually not well tolerated in the beginning of Stage 5. Some of these are: red meat, bread, pasta, tomato sauce, chicken or turkey that is dry or tough, and raw fruits and vegetables (especially apple peels and the membranes of citrus fruits). Take your time incorporating these foods into your diet plan. Foods to avoid include potato skins, high-fat and high-calorie foods (including alcohol).
3. Foods that are easier to tolerate in the beginning are: toast, cereal, and cooked vegetables and fruits. Remember to make sure your diet is well balanced and you have some variety. You may not be able to tolerate the same foods you ate prior to surgery; however, you may find you enjoy some foods you never did before.
4. Alternative high protein foods are veggie burgers, tofu, beans, and lentils. If needed, there may be alternatives you can discuss with your dietitian.
5. It is very important to chew your food and eat slowly. It can be very easy to chew too quickly or eat too fast in this stage as you get familiar and comfortable with solid food. Over-eating or taking too large of a bite can cause nausea, vomiting, and discomfort. Take small bites and chew thoroughly. It should take you at least 10 minutes to eat an ounce of food. Chew your food to a liquid/puree in your mouth before swallowing. Remember not to eat and drink at the same time. Fluids fill your stomach up rapidly and will prevent you from getting your nutritious meal. Wait a half hour before and after each meal before drinking fluids.
6. Keep food records daily. Smaller plates makes it look like you have more food. After you take a bite of food, put your utensil down and put your hands on your lap. Chew food 20 times. It is also important to avoid distractions. For example, do not eat while watching TV. Try to eat in a quiet, soothing environment and enjoy every morsel of your meal.
7. Remove your plate after you are satisfied. Do not sit at a table looking at food which is left on your plate. In a restaurant, ask the waiter to take your plate as soon as you have stopped eating. You will not then be tempted to take any more unnecessary bites.

<u>These General Rules Apply</u>:

1. Do not drink any calorie-containing liquids (orange/grapefruit/apple/V8 - tomato juice, milk, ice cream, soda, Gatorade, or alcohol).
2. Start your day with a protein and grain breakfast (such as whole grains, i.e. oats, Kashi Go-Lean® and others with yogurt).
3. Always know how many calories are in everything that you eat.
4. Never finish your plate.
5. Always use dessert plates, never regular size plates.

<u>Vitamins/Minerals:</u>

Chewable calcium with vitamin D	3 per day
Chewable MVI with minerals	2 per day, i.e., Flintstones, **<u>or</u>** 4 Bariatric Fusion
B-Complex	1 per day

FOREVER!!!!

For Gastric Bypass/Sleeve/ Duodenal Switch/ SADI-S patients

Congratulations! You have had your surgery and are getting ready to go home. Here is a brief overview of the diet progression for the next 7 weeks:

- If you have difficulty advancing the diet, go back to the previous week's diet consistency.
- Call the surgeon's office if you have experienced difficulty swallowing, pain, fever, or vomiting.
- Do not use a straw with liquids.
- Do not consume any fluids with sugar or calories ever again.
- Avoid caffeinated beverages and all carbonated beverages for **2 weeks** after surgery.
- When you start to add solid food, chew slowly and thoroughly.
- Do not eat fried food, sweets, candy, etc. ever again.
- Consume protein at each meal.
- Take your chewable multivitamins, calcium and iron supplements daily.
- Be sure to schedule a 3-week follow-up appointment with your dietitian once you have a surgery date.

Dieter Pohl, M.D., F.A.C.S. Aaron Bloomenthal, M.D., F.A.C.S.,
Daniel Christian, M.D., F.A.C.S.
41 Sanderson Road, Suite 207
Smithfield, RI 02917
Telephone: (401) 521-6310

Weeks 1&2: Clear liquids with protein shakes

Protein Shake Guidelines: 150 calories, 15-30g protein

- You will need 45-60g protein from shakes each day,
    - If your shake has 15-20g protein drink **3 per day**
    - If your shake has 30g protein drink **2 per day**

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Breakfast	Protein shake	Protein shake	Protein shake	Protein shake	Protein shake	Protein shake	Protein shake
Lunch	Protein shake	Protein shake	Protein shake	Protein shake	Protein shake	Protein shake	Protein shake
Dinner	Protein shake	Protein shake	Protein shake	Protein shake	Protein shake	Protein shake	Protein shake

Clear liquids (sugar-free, non-carbonated): Water, herbal tea, Crystal Light, Fruit 20, sugar-free sports drinks (no more than 1), Diet Jell-O, broth (beef, chicken or vegetable), sugar-free popsicles (no more than 2).

Remember:

- Goal for liquids is 64 oz each daily (this includes the protein shakes).
- Sip liquids throughout the day.
- It may take up to 1 hour to consume 8 oz, go slow!
- Do not use a straw!!

Week 3: Full liquids and Pureed foods

You will need 30g of protein from shakes each day

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Breakfast	½ cup low-fat Greek yogurt	½ cup scrambled eggs	½ cup low-fat cottage cheese	½ cup low-fat Greek yogurt	½ cup scrambled eggs	½ cup low-fat cottage cheese	½ cup low-fat Greek yogurt
Lunch	½ cup low-fat cottage cheese	½ cup low-fat Greek yogurt	½ cup pureed soup	½ cup silken tofu	½ cup pureed soup	½ cup low-fat Greek yogurt	½ cup low-fat cottage cheese
Dinner	½ cup refried beans	½ cup low-fat ricotta cheese with marinara	½ cup pureed egg salad	½ cup pureed soup	½ cup low-fat ricotta cheese with marinara	½ cup pureed tuna salad	½ cup refried beans

Additional liquids: coffee, black; carbonated beverages (zero calories); and same as previous weeks.

Remember:

- Scrambled eggs to be loosely cooked with a low-fat milk of choice
- Choose Greek yogurt vs. regular for more protein
- Greek yogurt should have NO "fruit on the bottom" or fruit pieces mixed in
- Pureed soups: blended low-fat chicken noodle, blended bean soup or other low-fat soups with protein
- Pureed tuna/egg/chicken salad prepared with low-fat mayo or low-fat Greek yogurt
- Add more flavor to foods like Greek yogurt and cottage cheese by using sugar-free flavorings like sugar-free syrups or sugar-free powders

Weeks 4&5: Pureed foods

You will need 30g of protein from shakes each day

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Breakfast	½ cup cream of wheat, ½ cup pureed peaches	½ cup scrambled eggs, ½ cup mashed sweet potatoes	½ cup low-fat Greek yogurt ½ mashed banana	½ cup cottage cheese and ½ cup pureed pears	½ cup scrambled eggs, ½ cup pureed avocado	½ cup cream of wheat, ½ cup pureed mango	½ cup low-fat Greek yogurt, ½ cup applesauce
Lunch	½ cup blended egg salad, ½ cup pureed squash	½ cup pureed beans, ½ cup avocado	½ cup low-fat ricotta cheese ½ cup tomato soup	½ cup pureed meat, ½ cup pureed potatoes	½ cup pureed bean soup, ½ cup applesauce	½ cup blended tuna, ½ cup pureed squash	½ cup silken tofu, ½ cup pureed fruit
Dinner	½ cup pureed soup, ½ cup pureed cauli-flower	½ cup silken tofu, ½ cup pureed fruit	½ cup pureed tuna, ½ cup mashed sweet potatoes	½ cup pureed bean soup, ½ cup pureed cauli-flower	½ cup pureed meat, ½ cup pureed squash	½ cup low-fat ricotta cheese with marinara ½ cup pureed peas	½ cup pureed meat, ½ cup mashed potatoes

Additional liquids: same as previous weeks

Remember:

- Make cream of wheat with skim milk to add protein
- Make homemade pureed meat-blend with fat-free gravy, marinara sauce or both
- Do not use instant mashed potatoes

Week 6: Soft, ground and moist foods

No more protein shakes, goal is to eat at least 60g protein from food each day

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Breakfast	½ cup oatmeal with low-fat milk, ½ cup pears	½ cup dry cereal with 4 oz. skim milk	½ cup mashed beans, ½ cup softened avocado	½ cup scrambled eggs, 1 slice of toast	½ cup cottage cheese, ½ cup peaches	½ cup dry cereal, 4 oz. skim milk	½ cup Greek yogurt, ½ banana
Lunch	1 cup turkey and bean chili	½ cup tuna salad, ½ cup green beans	½ cup ground turkey with ½ cup sweet potato	½ cup tofu, ½ cup zucchini	½ cup chicken soup, ½ cup canned fruit	½ cup egg salad, ½ cup cauliflower	½ cup ground beef, ½ cup squash
Dinner	½ cup white fish and ½ cup squash	½ cup ground beef, 1/4 cup mashed sweet potatoes	1 veggie burger patty, ½ cup zucchini	½ cup ground chicken, 1/4 cup green beans	1 egg omelet with soft vegetable 1 slice of toast	½ cup salmon and 1/4 cup mashed potatoes	½ ground turkey and ½ cup green beans

Additional liquids: same as previous weeks

Remember:

- Choose cereals with added protein: oatmeal, Kashi Go-Lean, etc.
- Use fat-free butter (margarine) or no added sugar jelly for toast
- Moisten all ground meats with fat-free gravy or marinara
- Choose unsweetened, sugar-free and fat-free canned or frozen fruits and vegetables
- Make sure all fruits and vegetables are soft either cook well (roast, bake, boil, steam) or buy canned

<u>Week 7 (and from now on):</u> Solid, low-Fat, low-sugar foods

<u>Do not consume more than 1 cup at each meal, goal is 60g protein each day</u>

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Breakfast	1 egg, 1 slice of toast	½ cup Greek yogurt, ½ cup fruit	½ English muffin, 1 Tbsp. natural peanut butter	½ cup cereal, 4 oz. skim milk	½ cup oatmeal, 1 tbsp peanut butter, 4oz skim milk	1 egg omelet with ½ cup pepper and onions	½ cup cottage cheese, ½ cup fruit
Lunch	2 turkey and cheese roll-ups, ½ cup carrots and celery	½ cup tuna salad, 1 slice of toast, 2 slices of tomato	½ cup mixed salad, 3oz. grilled chicken breast	½ cup egg salad, 1 slice of toast, ½ cup green beans	1 cup chicken soup, ½ cup apple slices	½ cup ground beef, ½ cup whole wheat pasta	1 small tortilla, ½ cup beans, 1oz low-fat cheese
Dinner	3oz. white fish, ½ cup green beans	3oz. steak, ¼ cup rice, ¼ cup mixed vegetables	3oz. turkey, ¼ cup mashed potato, ¼ cup broccoli	½ cup ground beef, ½ cup whole wheat pasta, ¼ cup marinara	1 veggie burger patty, ½ cup mixed salad	3 oz. baked salmon, ½ cup roasted squash medley	3oz. baked chicken, ½ cup baked sweet potato

Additional liquids: same as previous weeks

Remember:

- Consume protein foods first; eat salad and other vegetables at the end of the meal as tolerated
- Be aware: foods that may be difficult to digest at first are tough meat, fresh bread, stringy vegetables, membrane on orange and grapefruit, and skin on fruits and vegetables.
- Always choose low calorie, diet and sugar-free food products, forever!

Total amount of food should not exceed 1 cup at each meal.

CALORIE CONTENT (BASIC FOOD GROUPS)

Food group	Calories
Vegetables 1/2 cup	30
Fruit 1/2 cup or 4 oz	60
Starch/grain/starchy vegetables 1/2 cup or 1 slice of bread	80-100
Dairy/skim milk 1 cup	90
Dairy/1% milk 1 cup	107
Dairy/2% milk 1 cup	125
Dairy/whole milk 1 cup	152
Yogurt/ice cream/cottage cheese, low fat or lite, 1/2 cup	100
Cheese/meat, low fat, < 5 gm fat per 1oz serving, or 1 slice	75
Butter/margarine/salad dressing, <5 gm total fat, 1 tsp/lite	45

Food Groups	Serving Size	Recommended	Not Recommended
Vegetables: Reintroduce new vegetables slowly.		Any raw or cooked vegetables: carrots, broccoli, green beans, Brussels sprouts, asparagus, spinach, peppers, cucumbers, tomatoes, radishes, mushrooms, cauliflower, cabbage, and more.	Limit added fats such as butter, margarine, cream or cheese sauce. Olives can be used sparingly.
This group provides vitamins A and C and are a great source of fiber. They are also naturally low in fat. To get the most out of your vegetable intake, select dark leafy greens and deep yellow or orange vegetables.	1/2-1 cup raw leafy vegetables. 1/2-1 cup raw or cooked vegetables.		Avoid deep-fried vegetables. Any vegetable juice.
Fruit: Reintroduce fruit slowly.		Bananas, oranges, apples, cantaloupe, watermelon, strawberries, blueberries, raspberries, peaches, nectarines, kiwi, mango, papaya, honeydew, plums, and many others.	Avocados and coconuts can be used in small amounts. Any fruit juice. Fruits canned with heavy or light syrup, coconuts, and candied apples.
This food group is a good source of vitamin C. Fruits are low in fats and calories.	1/2-1 cup cut up fruit or berries. 1 melon wedge. 1 medium apple, banana, peach, or orange.		
	During the first few months, try 1/4 cup servings to monitor tolerance. As your diet progresses, you may have a larger serving size or more than 1 serving per day.		

Food Groups	Serving Size	Recommended	Not Recommended
Meats and High-Protein Foods	2 servings per day (1 serving = 2-3 oz).	*Fish (low fat):* cod, flounder, haddock, halibut, perch, red snapper, sea trout, and canned tuna in water.	Fried fish, fish canned in oil, and commercially breaded fish products.
Animal foods, beans, and nuts are a great source of protein, iron, zinc, and B vitamins.	2-3 oz cooked lean meat, poultry, or fish. 1-2 eggs. 1/2 cup cooked beans.	*Fish (moderate fat):* bluefish, herring, mackerel, salmon, lake trout, and swordfish.	
		Shellfish: clams, crab, lobster, oyster, scallops, and shrimp.	Stuffed shrimp and lobster.
		Poultry: chicken or turkey, skinless breast, 3-5 gm of fat per 3 oz. *Ground chicken or beef*: lean, fat trimmed, USDA select or choice cut loins, T-bone, Porterhouse, filet mignon, sirloin, tenderloin, rump roast, round steak, ground beef > 90% lean (< 3 gm of fat per oz).	Fried chicken, chicken wings, duck, goose, commercially breaded nuggets and patties, thighs, and legs. Bacon and sausage.

Food Groups	**Serving Size**	**Recommended**	**Not Recommended**
Other meats and high-protein foods.		*Cold cuts*: 95% fat free (any brand with < 3 gm fat per oz), i.e., turkey, chicken, ham, roast beef, turkey ham, and turkey pastrami.	Regular ham, salami, liverwurst, bologna, corned beef, and pastrami.
		Eggs: Whole eggs, egg whites	Fried eggs or omelet prepared with fat.
Dairy/Milk group		*Cheese*: Low fat, nonfat, <3 gm fat per oz. Alpine lace, Free N' Lean, Kraft-Free, Borden, Light-Line, nonfat cottage cheese and cream cheese, and mozzarella made with skim milk.	Regular hard and soft cheeses, cheddar, American, camembert, brie, cream cheese, bleu, Colby, muenster, provolone, Swiss, and Velveeta cheese spreads and sauces.
Vitamin D and calcium.	1 serving – 1/2c - 1 cup skim milk or yogurt.	*Skim/fat-free or low-fat yogurt*: Nonfat or low-fat plain or fruited yogurt. Look for yogurts with less sugar.	Whole (regular) or milk or yogurt, regular hot chocolate, milkshakes, frappes, chocolate drinks, eggnog, chowders made with cream, and sour cream.

Food Groups	Serving Size	Recommended	Not Recommended
Fats	1 serving = 1 teaspoon. These foods provide calories; however, they can also provide a good source of vitamin B into your diet (about 2 servings per day is all you need from this recommended list).	Oil-free salad dressing, fat-free mayonnaise, Butter Buds, Molly Mutter, nonstick cooking spray, and fat-free cream cheese.	Regular salad dressing; mayonnaise; reduced-fat mayonnaise, butter, or margarine (all kinds); oil (all kinds); cream cheese' sour cream; nuts, and olives*. *Olive oil, canola oil, and peanut butter ARE good sources of vitamin B*.
Sweets	Calorie-containing sweets. Limit 1-3 times per week (*maximum!* 1/4 cup serving).	Fat-free, sugar-free popsicles, sherbet, pudding or custard made with skim milk, nonfat fruited yogurt ("Lite").	Candy, ice cream, ice milk, pies, pastry, cake, and cookies.
Carbohydrates	1 serving=see package food label.	Complex carbohydrates: oats, bran cereal, whole grain bread or toast, whole grain cereals (Kashi-GoLean®, muesli, or Famiglia®).	White bread, pasta, potatoes, rice in large amounts; candy, juices, sweetened or sugary cereals.

THE FOLLOWING CHAPTER IS FOR PATIENTS WHO HAD SURGERY *MORE THAN SIX MONTHS AGO* AND ARE EATING REGULAR FOOD.

DO NOT USE THESE GUIDELINES IMMEDIATELY AFTER THE OPERATION!

SUCCESSFUL LONG-TERM WEIGHT LOSS AND MAINTENANCE

INTRODUCTION:

The first year after weight loss surgery is usually very rewarding, but this time can also be confusing, frustrating and frightening. The function of your new "stomach pouch/tool" changes almost continuously over the first six months, and continues to change periodically for a year or so. Just when you feel you have begun to understand how to use your stomach pouch/tool and how to use it, things change again.

Your surgeon has created a stomach pouch that will be your tool to control your weight. The stomach pouch is described as a tool so that you will understand that it is necessary for you to learn how to use it, and to stick with the "rules of the tool" over time. The time to choose your new habits is during the early recovery after surgery. This is when your motivation is the highest. Use this early recovery period to choose your new exercise and diet habits. Even though patient lose weight "no matter what" during the first few months, use of the concept outlined here will maximize weight loss during the so-called "honeymoon period." Take advantage of this time, so that when appetite and capacity return, you will not have much further to go to achieve your weight goal. Do not give in to a false sense of comfort during this time that could lead to recreational eating and the avoidance of exercise. It will not be long before the honeymoon is over. You must develop good habits to ensure long-term success.

There is an especially frightening change that takes place around 6 to 9-month timeframe after surgery. The stomach pouch softens; you will regain a regular appetite, and can "suddenly" tolerate a significantly larger amount of food. Some patients worry that something has pulled apart or broken on the inside, though this is not the case. This increased interest in food and increased capacity for food is a very natural and appropriate part of the recovery process after bariatric surgery. This information will show you how to gain and maintain control of your weight using the stomach pouch/tool and how to control your weight for life.

THE "RULES OF THE TOOL":

Here are the "magic" rules of the tool. Are you ready? They are calorie-conscious eating and exercise. Seriously: eating foods with lower amounts of calories and exercise, supported by your stomach pouch/tool, can help you achieve your goal weight with excellent energy and without uncomfortable hunger. The specific guidelines are below.

HEALTHY EATING SUGGESTIONS:

The dietary guidelines are targeted to patients who have had their gastric bypass surgeries more than six months ago. In the first six months, please follow the guidelines provided by your surgeon.

The goals of the long-term gastric bypass diet are:

1. Consume minimal calories to promote weight loss.
2. Consume adequate nutrition to achieve excellent long-term health.
3. Achieve the first two goals without undue hunger or cravings.

These goals can all be achieved by using the stomach pouch/tool with the right kinds of food, at the right intervals, and with appropriate managements of fluids. The first thing to understand is that when the pouch is filled with food, it sends signals to the brain that say that hunger is satisfied; no additional food is needed. This feeling is called "satiety". Anytime a mature pouch is stretched by food inside it, the pouch will send a satiety signal to the brain, and the satiety signal will continue as long as the food is still in the pouch!

Maintaining satiety is considered by many experts to be the most important lifestyle change after the gastric bypass procedure. This means that the stomach pouch/tool needs to be truly filled with adequate wall distention at each meal. Keep the pouch filled over time and slow down the emptying time by eating solid foods and avoiding liquids for 15 minutes before and one hour after eating.

A person with a normal stomach tends to judge how much he/she needs to eat at a given meal by approximately how many calories are in that meal. After having gastric bypass surgery, you need to change the way you think about the amount you can eat and the number of calories consumed. Concentrate on the volume and consistency of the food, rather than the caloric count. There is an enormous variation between calories and volume. You must "think volume" when making food choices to achieve and maintain satiety in a mature small gastric pouch.

Snacking and drinking high-calorie liquids will sabotage your success. They provide extra calories, but do not provide satiety. They are the enemy.

Artificial sweeteners should be limited if you experience very strong hunger cravings in the first months after surgery. Studies have shown that this hunger abruptly ceased when artificial sweeteners were eliminated.

Therefore, keeping in mind the goals you have just read, it is important that you adhere to the following guidelines.

Eat no more than three meals per day, and one small snack 2-3 hours after your breakfast and lunch, with NO nibbling between meals. This will limit the volume of food and naturally limits the number of calories. One of these meals should definitely include breakfast. It has been shown that the absence of nutrient intake at the beginning of the day causes the appetite center to "gear up" or become more sensitive, resulting in greater overall calorie intake throughout that day.

Use solid protein (chicken, fish, tofu, etc.), vegetables, and fruit as the basis for each meal. The ideal meal will consist of finely cut meat, chicken, or fish, and minimally cooked or raw vegetables. The solid protein will meet your nutritional needs and it is the best food to give your stomach pouch the feeling of satiety. Vegetables and fruit provide you with good satiety, fiber, and healthy carbohydrates.

The ideal meal for weight loss is one-half of the meal volume (up to two or three ounces) of low-fat protein. The rest of your stomach pouch/tool should be filled with low starch vegetables and solid type fruits such as apples and pears.

Many patients quickly learn that they cannot hold nearly as much chicken as they can mashed potatoes. This is a GOOD effect. The effect exists because solid proteins do not pass out of the pouch easily; therefore, you consume less. Simple carbohydrates (potatoes, pasta, rice, bread) should also be minimized because of their effect on blood sugar. Simple carbohydrates are closely related to sugar. Therefore, the calories in these foods are easily absorbed and they tend to "rush" into the system and drive the blood sugar up quickly. Because the amount of carbohydrates consumed is not very large, the blood sugar level soon begins to fall. By this time, however, the pancreas is pumping out large amounts of insulin (a hormone which pushes blood sugar down), and this combination causes the blood sugar to drop too low. At this point, the patient is experiencing hypoglycemia, as well as a strong urge to consume food. A cycle of blood sugar highs and lows leads to the consumption of too many calories, most of which have no nutritional value. On the other hand, proteins take a while to digest, and they are absorbed more slowly. This provides a long-term steadier energy source for your body.

DO NOT DRINK LIQUIDS WITH MEALS: Do not drink for at least one hour after your meal. Liquids taken after a meal will wash the food out of the pouch, releasing the tension on the walls of the pouch, and losing the feeling of satiety. In other words, consumption of liquids (with a mature stomach pouch/tool) will be followed by a feeling of emptiness or hunger. Soup is a particularly poor food choice, because it is just like drinking your meal. The liquefied food will pass quickly through the pouch, which allows more calories to be consumed and leaves the pouch empty. **Remember that this is not appropriate to begin in the first three months or so after gastric bypass surgery. In the early period after surgery, it is a struggle to get in adequate liquid.**

PRE-LOAD WITH WATER: Just as you can avoid severe hunger with proper use of the stomach pouch/tool, it is also manageable to avoid thirst and remain adequately hydrated. Beginning approximately one hour after a given meal, you should begin to drink (**calorie-free**) liquids aggressively. This brisk liquid consumption should finish with a "water load" about 15 minutes before you are to eat again. "Water load" means that you quickly drink as much liquid as you can hold, intentionally stretching your pouch. This maneuver serves to top off your hydration and to send satiety signals to your brain before you eat. This should moderate the pace and amount of your eating. Some allowance in this system must be made for the time of the day. It is a good idea to get fluid in before breakfast, including the water load. It is also all right to wait longer than you would after dinner (3 or 4 hours) before drinking fluids. You may also use this technique whenever you are feeling the sensation of hunger and are tempted to snack.

TIMING OF MEALS IS IMPORTANT: The meal should be eaten in over five to fifteen minutes if possible. Prolonging a meal over 30-45 minutes or more leads to eating too much. Don’t do it.

GET ADEQUATE NUTRITION: If you are worried that you are not getting adequate nutrition, ask for reassurance from your surgeon or the dietitian. Without reassurance, some patients will deliberately eat six to eight times a day because of a fear of malnutrition, which is often initiated by well-meaning family members and friends. You will get an adequate amount of vitamins and minerals by faithfully taking the supplements recommended by your surgeon. Your main responsibility, then, is to focus on eating low-fat animal source protein at each meal three to four times a day.

You should eat approximately two to three ounces of protein at each meal. DO NOT SKIP MEALS even if you have no appetite. You need the nutrition provided by these meals.

VOMITING SHOULD BE PREVENTED IF POSSIBLE: It is not easy to get accustomed to having a small pouch volume. Vomiting seldom occurs in the immediate postoperative period unless there is an outlet obstruction problem.

However, vomiting can occur at some time after starting on solid foods as you learn which foods you tolerate best. For the first few months, your "eyes will be larger than your stomach". You must be careful when eating solid foods, especially rice, pasta, or granola - foods that swell in the stomach after consumption. The most frequent cause of vomiting is overloading the pouch. Continue to measure your meals with a one-ounce cup if you experience difficulty with vomiting. After eating each ounce, wait to see if you feel comfortably satisfied before eating more food.

EXERCISE GUIDELINES

Regular exercise is as important to success as following the dietary recommendations you have just read. Regular exercise means some kind of vigorous aerobic activity, at least 45 minutes in duration, at least five days per weeks. If you achieve this goal, you can reliably expect to have improved energy and improved weight loss.

HIBERNATION MODE AND HUNTING MODE:

It is easier to understand the benefits of exercise by thinking back to the evolution of our ancestors. Back in the days of caveman, starvation was a constant threat. As we evolved, our bodies stored extra calories in preparation for lean times. During lean times, the body does everything it can to hold onto the calorie stores; therefore, the first response of the body when faced with starvation is to conserve all possible energy by turning down the "metabolic thermostat". This means that fewer calories are burned and the person feels like sleeping and being away from activity. Some call this "hibernation mode", as if the long winter has come and the best adaptation is to go way back into the cave and wait until the weather and the hunting improves. (The hibernation mode can also lead to depression and difficulty interacting with others.)

The role of exercise in this situation can be thought of as "tricking" the body into a different role called "hunting mode". If the body is treated to regular vigorous physical activity during starvation, its interpretation may be that the person is foraging or hunting. The body (from the evolutionary standpoint) would be in favor of hunting because it could lead to more calorie intake and provide more energy to facilitate the acquisition of food; therefore, the "metabolic thermostat" is turned up. This means that more calories are burned throughout the 24-hour period (in addition to the calories burned during exercise) and the person has a significantly increased level of energy.

The best time to begin your exercise program is before the gastric bypass. Your success depends on choosing the right behaviors, with the support of surgery to improve your success. Exercise and diet before the surgery will have a strong impact on reducing your surgical risk. You will also benefit from having an exercise program in place. If you are unable to begin exercise before surgery, it should be started as soon as possible after surgery.

Generally, you should maximize your physical activity from the outset; however, if you have any questions, discuss them with your surgeon.

Exercise begins with walking on the same day as surgery and should progress to more vigorous activity as the weeks and months go by. People who delay regular exercise until they feel "all recovered", or who try to start exercising when they realize they are not on course to reach their goal weight, generally do not achieve or maintain this new habit. If you exercise regularly early after the surgery, you will find it very rewarding as the weight falls off and the capacity for exercise improves dramatically each week.

Two objections to exercise are frequently voiced. The first is, unfortunately, valid in many patients who are extremely heavy. People with a BMI of 70 or more frequently cannot engage in routine

exercise. The good news is that people with extreme weights burn a large number of calories simply by walking.

The amount of physical work performed comes from how much mass is moved and how far it goes. The take-home message is that the benefits of exercise can be realized in many ways. Just work as hard as you can and do it frequently.

Fatigue is the second objection. In the first few months, some people cannot even imagine walking to the door and back. Do your best to exercise anyway. This complaint is likely to be a manifestation of hibernation syndrome, which can be shaken off by exercise.

In the first six months, you have the opportunity to maximize your weight loss. Most likely, two-thirds of your weight will be lost in the first six months. It is in your best interest, therefore, to exercise as much as possible during this time. You will never have the opportunity to lose weight at this rate again.

Exercise is a critical part of a healthy lifestyle for all of us. More important, exercise is necessary to maintain weight loss in gastric bypass patients. Regular exercise improves the metabolic rate, which is helpful in weight loss and maintenance. The release of endorphins with aerobic exercise improves emotional stability, mental clarity, and helps any person cope with the annoyances of everyday life. Endorphins and adrenalin also act to prevent depression.

OTHER GUIDELINES

SUPPORT GROUPS:
Support groups provide a forum to ask questions and learn from others in a nonthreatening and nonjudgmental setting. They are also very effective in reinforcing the principles of stomach pouch/tool use. Some people are able to apply all of the principles we have discussed without any difficulty. Others, however, get lost and need the feedback that is offered in a support group setting.

Education and social interaction are also part of many support groups. It is important to remember that what you say in a support group is confidential and it is the responsibility of the members to make sure that confidentiality is respected.

YOU SHOULD TAKE CONTROL OF YOUR WEIGHT

Weigh yourself every morning, naked, with an empty bladder. This way you will notice changes of every pound and can intervene immediately (meaning after maybe a 3-pound weight gain rather than a 10-pound gain).

Have a panic weight number in your mind that you will never want to overstep, and if you do, immediately go on a diet until you are below your panic weight number.

Learn how to read labels. The only number you need to worry about is the calorie number. It is the calories that turn into pounds.

Learn how to have a calorie log. You can do this on paper or with one of the many Smartphone apps. Do this at least once a month to see how much you are actually consuming.

AVOIDING ABSOLUTES

Finally, you have spent a long time reading all of the recommendations you should follow in order to reach your goal; however, you need to understand that it is not necessary to follow every recommendation all of the time. It is alright to break the rules once in a while. The important thing is to be aware of what you are doing and to understand why you are doing it. If you make a mistake at one meal, be sure to refocus your energy at the next meal.

It is a good idea to re-read these guidelines each month until you have really "got it". It takes a lot of effort, determination, and practice to use your stomach pouch/tool in the most effective way.

THE FOLLOWING PAGES SHOW SAMPLES OF

FORMS YOU WILL BE SIGNING

Dieter Pohl, M.D., F.A.C.S. Aaron Bloomenthal, M.D., F.A.C.S.,
and Daniel Christian, M.D., F.A.C.S.
41 Sanderson Road, Suite 207
Smithfield, RI 02917

Name: Date:

This is a patient who qualifies for weight loss surgery; the patient is interested in ***gastric bypass surgery***.

The doctors informed me that the surgery will create a small stomach pouch of about 1/2 to 1 ounce in size, which is about the size of my thumb. There will be some rerouting of the intestines to decrease uptake of nutrients. The doctors told me that I will have a TOOL to lose weight. The operation is not an easy fix, it is not an easy solution, and it is not the answer to all my problems. The operation is a last resort, and it is not foolproof. ( )

The doctors explained to me that I still need to change my diet, change my lifestyle, and do physical activity. I will need to adhere to the diet instructions. Should I not do this, I will not lose enough weight or gain it again. The failure rate is at least 20%, or one out of five patients. ( )

The DIET immediately after the operation will initially be liquids, and then more and more gradually solid food. The portions will be small and it will take one-half hour to one hour to eat. The doctos told me to chew slowly and put the fork and knife down after each bite, *for the rest of my life*. Should I eat too fast or too much, despite feeling full, I might have nausea and/or vomiting, and weight re-gain may occur. ( )

The doctors explained that initially most patient will not feel hungry and may have no appetite. The hunger and appetite will come back within a few months. Some patients become nauseated, and some may vomit for months. The stomach pouch may also stretch out over the years. That is why it is very important to have a good diet *for the rest of my life*, which is high in protein and low in fat and carbohydrates. Drinking is not allowed with meals, and no sugar or calorie-containing liquids are ever allowed, such as juice, milk, soda, soft drinks, sports drinks, ice cream, and alcohol in large amounts. ( )

The doctors stressed that I need to take multivitamins, iron, calcium, vitamin B12, vitamin D, and others for *the rest of my life*. Should I not do this, I will have life-threatening complications such as anemia, osteoporosis, broken bones, nerve damage, blindness, or other complications. These may not present until several months after I did not take the supplements, and they are difficult conditions to treat. ( )

The doctors also emphasized that I need to follow with the support group, the dietitian, and the psychiatrist/counselor. The doctors told me that I will need all the help I can get because the weight problems have many emotional and psychological aspects that surgery alone will not address. ( )

I confirm that I attended either the in-person weight loss informational meeting, or watched the online videos of the meeting. ( )

The above checked off items were discussed with me as printed.

____ ______________________________
PATIENT NAME/SIGNATURE DATE

The doctors then explained the **technical aspects** of the ***laparoscopic gastric bypass*** with the help of diagrams. This is done with 5-6 small incisions with the laparoscope under general anesthesia at Roger Williams Medical Center. Should there be technical difficulty, an 8 to 10-inch midline incision in the abdomen will be done. The stomach is then cut and stapled to the size of 1/2 to 1 ounce to an ounce, which is the size of my thumb. The small intestine is also cut and stapled so that approximately three feet are bypassed and then reconnected to the stomach. The doctors will do an endoscopy of the esophagus, stomach and small intestine at the end of the operation to look for any problems. The doctors explained that I will be in the hospital for several days and then follow-up with them regularly for the rest of my life. ( )

The doctors then explained the **risks and complications** which include, but are not limited to: bleeding, infection, injury to any organs, leakage of the esophagus, stomach or intestines, necessity for further surgeries, long-term intensive care unit stay with respirator/artificial nutrition/others, blood clot formation, bowel blockage, bowel kinking, too much scar tissue build-up at the bowel-to-stomach connection with necessity for endoscopies, and stretching, heart/lung/nerve/pancreas/ kidney/gallbladder/other complications, death, insufficient uptake of nutrients and symptoms of those deficiencies, re-connection of the two stomach sides, wound infection, wound hernia, lactose intolerance, hair loss, chronic pain, diarrhea, constipation, bloating, bad breath, stomach ulcers, psychological problems, nausea and vomiting, and low blood sugar. The doctors explained that the operation should be looked at as being permanent. It will be impossible to look back into the stomach afterwards. I will have extra skin and may want plastic surgery. I may not be able to have x-rays because of too much weight. ( )

The doctors explained that women must not get pregnant until they have lost all the possible or desired weight, usually not for at least 18 months after surgery. Early pregnancy can lead to permanent problems or death for mother and child. ( )

The doctors explained that drinking alcohol in even the smallest amount can make me drunk. I must not drive, conduct any business, operate any machinery or undertake any activity that requires responsible decision making after any amount of ingested alcohol. Alcohol can render me hypoglycemic (fainting, shaking, confusion, etc.). I can become addicted easily. ( )

I understand all of this, all questions were answered, alternative including no treatment were explained and I would like to continue with the work-up. Once this is completed and we have insurance authorization, I will make another appointment and we will then discuss surgery. ( )

The work-up includes EGD, consultation with a psychiatrist, a dietitian, cardiologist and sleep apnea study if indicated. ( )

The above checked-off items were discussed with me as printed.

____ ________________________
PATIENT NAME/SIGNATURE DATE

Name: Date:

This is a patient who qualifies for weight loss surgery; the patient is interested in ***sleeve gastrectomy surgery***.

The doctors informed me that the surgery will create a small stomach pouch of about 1/2 to 1 ounce in size, which is about the size of my thumb. There will be some rerouting of the intestines to decrease uptake of nutrients. The doctors told me that I will have a TOOL to lose weight. The operation is not an easy fix, it is not an easy solution, and it is not the answer to all my problems. The operation is a last resort, and it is not foolproof. ( )

The doctors explained to me that I still need to change my diet, change my lifestyle, and do physical activity. I will need to adhere to the diet instructions. Should I not do this, I will not lose enough weight or gain it again. The failure rate is at least 20%, or one out of five patients. ( )

The DIET immediately after the operation will initially be liquids, and then more and more gradually solid food. The portions will be small and it will take one-half hour to one hour to eat. The doctor s told me to chew slowly and put the fork and knife down after each bite, *for the rest of my life*. Should I eat too fast or too much, despite feeling full, I might have nausea and/or vomiting, and weight re-gain may occur. ( )

The doctors explained that initially most patient will not feel hungry and may have no appetite. The hunger and appetite will come back within a few months. Some patients become nauseated, and some may vomit for months. The stomach pouch may also stretch out over the years. That is why it is very important to have a good diet *for the rest of my life*, which is high in protein and low in fat and carbohydrates. Drinking is not allowed with meals, and no sugar or calorie-containing liquids are ever allowed, such as juice, milk, soda, soft drinks, sports drinks, ice cream, and alcohol in large amounts. ( )

The doctors stressed that I need to take multivitamins, iron, calcium, vitamin B12, vitamin D, and others for *the rest of my life*. Should I not do this, I will have life-threatening complications such as anemia, osteoporosis, broken bones, nerve damage, blindness, or other complications. These may not present until several months after I did not take the supplements, and they are difficult conditions to treat. ( )

The doctors also emphasized that I need to follow with the support group, the dietitian, and the psychiatrist/counselor. The doctors told me that I will need all the help I can get because the weight problems have many emotional and psychological aspects that surgery alone will not address. ( )

I confirm that I attended either the in-person weight loss informational meeting, or watched the online videos of the meeting. ( )

The above checked off items were discussed with me as printed.

__________________________________ ______________________________
PATIENT NAME/SIGNATURE DATE

The doctors then explained the **technical aspects** of the ***laparoscopic sleeve gastrectomy*** with the help of diagrams. This is done with five to six small incisions with the laparoscope under general anesthesia at Roger Williams Medical Center. Should there be technical difficulty; an 8 to 10-inch midline incision in the abdomen will be done. The stomach is then cut and stapled along the left side to create a pouch of about 2-3 ounces. The left and excluded side will be removed through a 2-inch incision. The doctors will do an endoscopy of the esophagus and stomach at the end of the operation to look for any problems. I will be in the hospital for several days and then follow-up with them regularly for the rest of my life. ( )

The doctors then explained the **risks and complications** which include, but are not limited to: bleeding, infection, injury to any organs, leakage at the staple line immediately or even months later, necessity for further surgeries, long-term intensive care unit stay with respirator/artificial nutrition/others, blood clot formation, bowel blockage, bowel kinking, too much scar tissue build-up in the pouch with necessity for endoscopies, stretching, heart/lung/nerve/spleen/pancreas/ kidney/gallbladder/other complications, death, insufficient uptake of nutrients and symptoms of those deficiencies, reflux, wound hernia, lactose intolerance, hair loss, chronic pain, diarrhea, constipation, bloating, bad breath, stomach ulcers, psychological problems, nausea and vomiting, stretching of the pouch and reflux. The doctors explained that the operation should be looked at as being permanent. I will have extra skin and may want plastic surgery. I may not be able to have x-rays because of too much weight. ( )

The doctors explained that women must not get pregnant until they have lost all the possible or desired weight, usually not for at least 18 months after surgery. Early pregnancy can lead to permanent problems or death for mother and child. ( )

The doctors explained that drinking alcohol in even the smallest amount can make the patient drunk. I must not drive, conduct any business, operate any machinery or undertake any activity that requires responsible decision making after any amount of ingested alcohol. Alcohol can render me hypoglycemic (fainting, shaking, confusion, etc.) I can become addicted easily. ( )

I understand all this, all questions were answered, alternatives including no treatment were explained and I would like to continue with the work-up. Once this is completed and we have insurance authorization, I will make another appointment and we will then discuss surgery. ( )

The work-up included EGD, consultation with a psychiatrist, a dietitian, cardiologist, and sleep apnea study if indicated. ( )

The above checked-off items were discussed with me as printed.

____________________________________ ______________________

PATIENT NAME/SIGNATURE DATE

SADI-S

Name: Date:

This is a patient who qualifies for weight loss surgery. The patient is interested in the **SADI-S (Single anastomosis duodeno-ileostomy with Sleeve gastrectomy)**. The doctors informed me with the help of the booklet and diagrams about the implications of weight loss surgery. The doctors informed me they will remove about three quarters of my stomach. They will disconnect the first part of the duodenum from the stomach and attach it to the small intestines at a spot about 10 feet above where the small intestine enters the colon. The result is that the food portions will be small, some of the nutrients will not be absorbed into my body and certain hormones may change. The doctors told me that I will have a tool to lose weight. The operation is not an easy fix, it is not an easy solution and it is not the answer to all of the problems. The operation is the last resort and it is not foolproof. ( )

The doctors explained to me that I still need to change the diet, change the lifestyle and do physical activity. I will need to adhere to the diet instructions. Should I not do this, I will not lose enough weight or gain it again. The failure rate is at least 20% or one out of five patients. ( )

The **diet** after the operation is initially liquids and then more and more gradually solid foods. The portions will be small and it will take half an hour to one hour to eat. The doctors told me to chew slowly and put knife and fork down after each bite for the rest of my life. Should I eat to fast or too much despite fullness feeling, I might get nausea, vomiting or weight re-gain may occur. ( )

The doctors explained that initially most patients will not have much hunger and no appetite. The hunger and appetite will come back after several months or years. Some patients are nauseated and vomit for months. The stomach pouch may also stretch out over the years. That is why it is very important to have a good diet for the rest of my life, which is high in protein, low in fat and carbohydrates. Drinking is not allowed with meals and no sugar or calorie-containing liquids are ever allowed, such as any juices, milk, sodas, soft drinks, sports drinks, ice cream, and alcohol. ( )

The doctors stressed that I will need to take **multivitamins**, iron, calcium, Vit B12, Vit D or others for the rest of my life. Should I not do this, I will have life-threatening complications such as anemia, osteoporosis, broken bones, nerve damage, blindness or others. I may also be low in protein and need the surgery partially reversed. These may not present until many months after I did not take the supplements and are very hard to treat. That is why I understand that I need to see the doctors or their assistants regularly after surgery forever. ( )

The doctors also emphasized that I need to follow with the support group, the dietitian and the psychiatrist/counselor. The doctors told me that I will need all the help I can get because the weight problem has many emotional and psychological aspects that surgery alone will not address. ( )

I confirm that I attended either the in-person weight loss information meeting or watched the online videos of the meeting. ( )
The above checked-off items were discussed with me as printed.

______________________________ ______________________
PATIENT NAME/SIGNATURE DATE

Name: Date:

The doctors then explained the technical aspects of the **laparoscopic SADI-S** with the help of diagrams. This is done with five to six small incisions with the laparoscope under general anesthesia at Roger Williams Hospital. Should there be technical difficulty, an eight to ten-inch midline incision in the abdomen will be done. The stomach is then cut and stapled to the size of 2-3oz, which is the size of a banana. The small intestine right behind the stomach, called the duodenum is also cut and stapled and attached to the small intestine ten feet before it goes into the colon. The doctors will do an endoscopy of the esophagus, stomach and small intestine at the end of the operation to look for any problems. The doctors explained that I will be in the hospital for several days and then follow-up with them regularly for the rest of my life. ( )

The doctors then explained the **risks and complications** which include but are not limited to: bleeding, infection, injury to any organs, leakage of the esophagus, stomach, duodenum, or intestines, necessity for further surgeries, long-term intensive care unit stay with respirator/artificial nutrition/others, blood clot formation, bowel blockage, bowel kinking, too much scar tissue build-up at the duodenum to intestine connection with necessity for endoscopies and stretchings, reflux, kidney stones, heart/lung/nerve/pancreas/kidney/gallbladder/other complications, death, insufficient uptake of nutrients and symptoms of those deficiencies, wound infection, wound hernia, lactose intolerance, hair loss, chronic pain, diarrhea, constipation, bloating, bad breath, stomach ulcers, psychological problems, nausea and vomiting, low blood sugar. ( )

The doctors explained that the operation should be looked at as being permanent. I will have extra skin and may want plastic surgery. I may not be able to have x-rays because of too much weight.( )

The doctors explained that women must not get pregnant until they have lost all the possible or desired weight, usually not for at least18 months after surgery. Early pregnancy can lead to permanent problems or death for mother and child. ( )

The doctors explained that drinking alcohol in even the smallest amount can make me drunk. I must not drive, conduct any business, operate any machinery or undertake any activity that requires responsible decision making after any amount of ingested alcohol. Alcohol can render me hypoglycemic (fainting, shaking, confusion, etc.). I can become addicted easily. ( )

I understand all this, all questions were answered, alternatives including no treatment were explained and I would like to continue with the work-up. Once this is completed and we have insurance authorization, I will make another appointment and we will then discuss surgery.

The above checked-off items were discussed with me as printed.

__________________________________ _____________________________

PATIENT NAME/SIGNATURE DATE

Name: Date:

This is a patient who qualifies for weight loss surgery. The patient is interested in the DS (bilio-pancreatic diversion with duodenal switch with Sleeve gastrectomy). The doctors informed me with the help of the booklet and diagrams about the implications of weight loss surgery. The doctors informed me they will remove about three quarters of my stomach. They will disconnect the first part of the duodenum from the stomach and attach it to the small intestines at a spot about 10 feet above where the small intestine enters the colon. They will also cut the intestines about 10 feet above the colon and re-attach the intestine about 5 feet above the colon. The result is that the food portions will be small, some of the nutrients will not be absorbed into my body and certain hormones may change. The doctors told me that I will have a tool to lose weight. The operation is not an easy fix, it is not an easy solution and it is not the answer to all of the problems. The operation is the last resort and it is not foolproof. ( )

The doctors explained to me that I still need to change the diet, change the lifestyle and do physical activity. I will need to adhere to the diet instructions. Should I not do this, I will not lose enough weight or gain it again. The failure rate is at least 20% or one out of five patients. ( )

The **diet** after the operation is initially liquids and then more and more gradually solid foods. The portions will be small and it will take half an hour to one hour to eat. The doctors told me to chew slowly and put knife and fork down after each bite for the rest of my life. Should I eat to fast or too much despite fullness feeling, I might get nausea, vomiting or weight re-gain may occur. ( )

The doctors explained that initially most patients will not have much hunger and no appetite. The hunger and appetite will come back after several months or years. Some patients are nauseated and vomit for months. The stomach pouch may also stretch out over the years. That is why it is very important to have a good diet for the rest of my life, which is high in protein, low in fat and carbohydrates. Drinking is not allowed with meals and no sugar or calorie-containing liquids are ever allowed, such as any juices, milk, sodas, soft drinks, sports drinks, ice cream, and alcohol. ( )

The doctors stressed that I will need to take **multivitamins**, iron, calcium, Vit B12, Vit D or others for the rest of my life. Should I not do this, I will have life-threatening complications such as anemia, osteoporosis, broken bones, nerve damage, blindness or others. I may also be low in protein and need the surgery partially reversed. These may not present until many months after I did not take the supplements and are very hard to treat. That is why I understand that I need to see the doctors or their assistants regularly after surgery forever. ( )

The doctors also emphasized that I need to follow with the support group, the dietitian and the psychiatrist/counselor. The doctors told me that I will need all the help I can get because the weight problem has many emotional and psychological aspects that surgery alone will not address. ( )

I confirm that I attended either the in-person weight loss information meeting or watched the online videos of the meeting. ( )
The above checked-off items were discussed with me as printed.

______________________________ ________________________
PATIENT NAME/SIGNATURE DATE

Name: Date:

The doctors then explained the technical aspects of the **laparoscopic DS** with the help of diagrams. This is done with five to six small incisions with the laparoscope under general anesthesia at Roger Williams Hospital. Should there be technical difficulty, an eight to ten-inch midline incision in the abdomen will be done. The stomach is then cut and stapled to the size of 2-3oz, which is the size of a banana. The small intestine right behind the stomach, called the duodenum is also cut and stapled and attached to the small intestine ten feet before it goes into the colon. The intestines will be cut and re-attached about 5 feet above the colon. The doctors explained that I will be in the hospital for several days and then follow-up with them regularly for the rest of my life. ( )

The doctors then explained the **risks and complications** which include but are not limited to: bleeding, infection, injury to any organs, leakage of the esophagus, stomach, duodenum, or intestines, necessity for further surgeries, long-term intensive care unit stay with respirator/artificial nutrition/others, blood clot formation, bowel blockage, bowel kinking, too much scar tissue build-up at the duodenum to intestine connection with necessity for endoscopies and stretchings, reflux, kidney stones, heart/lung/nerve/pancreas/kidney/gallbladder/other complications, death, insufficient uptake of nutrients and symptoms of those deficiencies, wound infection, wound hernia, lactose intolerance, hair loss, chronic pain, diarrhea, constipation, bloating, bad breath, stomach ulcers, psychological problems, nausea and vomiting, low blood sugar. ( )

The doctors explained that the operation should be looked at as being permanent. I will have extra skin and may want plastic surgery. ( )

The doctors explained that women must not get pregnant until they have lost all the possible or desired weight, usually not for at least18 months after surgery. Early pregnancy can lead to permanent problems or death for mother and child. ( )

The doctors explained that drinking alcohol in even the smallest amount can make me drunk. I must not drive, conduct any business, operate any machinery or undertake any activity that requires responsible decision making after any amount of ingested alcohol. Alcohol can render me hypoglycemic (fainting, shaking, confusion, etc.). I can become addicted easily. ( )

I understand all this, all questions were answered, alternatives including no treatment were explained and I would like to continue with the work-up. Once this is completed and we have insurance authorization, I will make another appointment and we will then discuss surgery. ( )

The above checked-off items were discussed with me as printed.

PATIENT NAME/SIGNATURE DATE

Name: Date:

I, ____________________hereby confirm that I have read and understood the booklet: Weight Loss Surgery Information.

My surgeon informed me about the technical aspect of the **proposed weight loss surgery** with the help of diagrams. I understand that this operation provides me only with a tool to lose weight and is not an easy fix. I will have to adhere to the diet recommendations and increase my level of physical activity. I understand that there is at least a 20% chance for failure to lose weight or for weight gain.

I understand that the operation will create a small stomach pouch. My meals will be small; I will have to eat slowly. Vomiting and nausea are frequent and may occur even months after the operation. Should I over-eat, I may over-stretch the stomach pouch and ruin the effect of the operation.

I understand that I will be in the hospital until my surgeon deems it is indicated to go home. I understand that x-rays in the hospital may not be possible due to my weight and this will make my treatment more difficult. I will follow the recommendations for follow-up visits in the office, with the dietitian, and with the support group. I understand that I need to take the recommended vitamins and nutrients, otherwise I may develop life-threatening conditions. I agree that my care after the operation may be performed by other surgeons who are not my primary surgeon, but cover during times that my surgeon needs to be away.

I understand that the operation has many potential risks, complications and side effects, which my surgeon explained to me. I understand that these include, but are not limited to: bleeding, infection, injury to any organs/artery/nerve/vein/nerves, leakage at the bowel-to-stomach connections or bowel-to-bowel connection, necessity for further surgery, drain or tube insertion, intensive care unit stay, artificial nutrition; blood clots, bowel blockage/kinking, too much scar tissue build-up at the bowel-to-stomach connection with necessity for endoscopies to stretch this, hemi/lung/kidney/gallbladder or other complications, death, wound infection, hernia, hair loss, lactose intolerance, insufficient uptake of nutrients into the body, kidney stones, osteoporosis, diarrhea, stomach ulcer, dumping syndrome, chronic pain, psychological problems and further operations.

I had sufficient time to read this document. My surgeon answered all of my questions sufficiently. He explained all other treatment options including no treatment. After consideration of all pros and cons I consent to the weight loss operation.

______________________________________ ____________________

SIGNATURE DATE