### **Nutrition Changes for Surgery: Start Now**

Surgery is a tool for weight loss, not an easy fix. To be successful with losing weight and keeping it off, you must change your eating and exercise habits and start practicing now. You will need to make these changes and reach your weight loss goal/or not gain any weight over the duration of the program.

#### **EATING CHANGES**

Utilize the Plate Method and begin reducing starch intake: We recommend using The Plate Method as a guide to help with weight loss, to create healthy eating habits, and prepare you for diet after surgery. Use a dinner plate no more than 9-10 inches in diameter. Make half of your plate non-starchy vegetables, choose 3 ounces of lean protein, and limit starches. Always start by eating PROTEIN FIRST, NON-STARCHY VEGETABLES SECOND, and if you still feel hungry, STARCH THIRD (page 40).

#### EAT 3 meals per day (may have additional snacks to meet protein goals):

You will not be able to fit your daily protein needs in one meal, it is best to start practicing eating 3 meals a day now. Your body needs protein to heal. You may supplement with snacks to achieve protein goals.

Plan your meals and snacks and measure portions: Preparing for your meals will allow you to have quick healthy choices when you are hungry. Understanding food labels (page 43) and measuring portions will help you understand exactly what you are eating. You should use the nutrition facts label to help determine portion size, which will also help prevent under/over-eating. You should avoid eating between planned meals and snacks.

**Avoid foods that are high in sugar and fat:** The foods on the following list should be avoided because they hinder weight loss and can cause dumping syndrome after surgery (page 44).

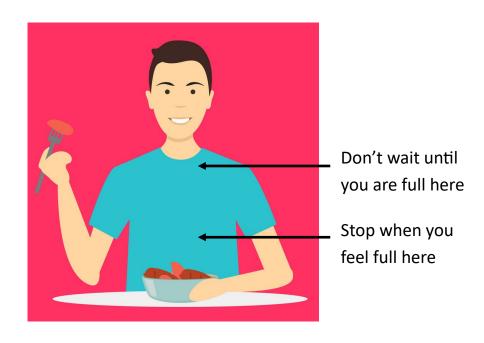
- Breaded and/or fried foods (including fried seafood)
- High-fat meat (bologna, salami, pepperoni, hot dog, bacon, sausage, andouille, boudin, etc.)
- Added fat used in cooking (butter, oil, grease, lard, pickled meats, etc.)
- Salad dressings, creamy sauces, and gravies
- Smoothies and fruit juice
- Sweets and desserts (cakes, ice cream, frozen yogurt, cookies, candy, etc.)
- Full-fat condiments (mayonnaise, salad dressings, sauces, gravies, etc.)

# **Eating Changes: Continued**

**Chew your food thoroughly:** Eating too quickly and chewing incompletely will cause pain, vomiting, and irritation to your new pouch. You should take small bites and chew each bite 25-30 times until it has an "applesauce" consistency prior to swallowing. Your new stomach will be much smaller than its original size, and food will pass easier if it is chewed very well.

**Eat slowly:** It is best if meals take 30-40 minutes to eat. Try putting your utensils down after each bite to help slow the process down and prevent overfilling your stomach. This will help reduce complications and the feeling of food being stuck. However, eating should not take longer than 40 minutes; otherwise you are at risk of eating too many calories.

**Avoid overeating:** It is extremely important to stop eating at the first sign of fullness. Your meal portions may range from 1/4 cup-1/2 cup for the first few months after surgery. Overeating can lead to discomfort, vomiting, and stretching of your stomach. The difference between comfort and discomfort can be one bite. You will have to re-learn the feelings of fullness and hunger with your new pouch after surgery. Start developing your mind-body connection today. If food feels like it is stuck sit up straight, walk to help move it through and try a papaya enzyme to help break it up.



# **Drinking Changes**

**Drink fluids slowly:** After surgery **you will not be able to gulp or chug fluid**. Gulping more than 1 ounce of liquid may cause pain; this will require you to slowly sip fluids all day. **ODO not drink your liquids with a straw after your surgery**, as air will be swallowed, causing painful gas and irritation to the stomach.

**Eat without drinking:** Starting with the soft food phase of the diet, **do not drink 30 minutes before you eat and do not drink until 30 minutes after you finish eating.** Drinking prior to your meal will fill your pouch and prevent you from eating enough food. Drinking during or after meals will flush the food too quickly out of your pouch and cause you to become hungry faster and possibly eat too many calories. This is explained very well in this YouTube video: <a href="https://youtu.be/xROVM3mnsgM">https://youtu.be/xROVM3mnsgM</a>

Cut down on caffeine and carbonated beverages: Caffeine acts as a diuretic and can irritate the lining of the stomach. You should eliminate caffeine for the first month, after surgery and should limit to 16 ounces (2 cups) per day after that. You will not be able to have carbonation after surgery, carbonated (bubbly) beverages release gas that can cause pain as the pouch expands. Cutting carbonation from your lifestyle will be a permanent behavior.

**Choose low-calorie beverages**: All beverages except protein drinks should have fewer than 10 calories per serving. Calories from drinks can add up quickly and can cause weight gain. Always read food labels, because even healthy looking drinks may have many calories and a lot of sugar (page 43).

- Avoid Alcohol After Surgery: It is recommended that you avoid alcohol after surgery because it...
  - Increases operative risks
  - Is high in calories, dehydrating, and has no nutritional value
  - May reduce maximal weight loss success
  - Is rapidly absorbed after surgery and your sensitivity (tolerance) levels are reduced
  - Can cause Dumping Syndrome because of high sugar content

**Avoid alcohol for the first 1 year after surgery.** If you choose to drink, do so in moderation (1 drink, 1-4 times a year). Once again, your tolerance will likely be very low, so be careful trying alcohol again.

#### **Other Nutrition Changes**

**Find supplements/protein you like:** After surgery you will need to take vitamins; including a multivitamin, calcium citrate, and possibly other supplements. Start taking your multivitamin now (page 46) to make sure your vitamin levels are normal before surgery. Begin sampling calcium citrate options (page 47) and protein drinks/mixes (page 49) to make sure you know which brands you like before surgery. You will need to take Calcium citrate and a bariatric approved multivitamin for **THE REST OF YOUR LIFE.** 

**Renal Patients:** If you are following a Renal diet, continue following your specific recommendations with the addition of Plate Method guidelines. If you are being followed by a Dialysis Center or a Renal Provider, please speak with that medical team regarding protein goals, fluid needs, and vitamin/mineral recommendations after bariatric surgery.



**Food Journal:** It is extremely important to know what you are eating. Many people lose weight just by understanding how many calories are in their food. You should bring your food journal to each appointment to help your surgeon and dietitian understand how to help you improve your weight loss experience.



**Exercise:** Your weight loss will be greater if you can incorporate exercise into your daily routine. You do not want to hurt yourself; therefore it is important to start slowly. The exercise goal for sustained weight loss maintenance is about 150 minutes per week (page 30).



**Detoxify your kitchen:** Clean out your kitchen cabinets. Get rid of foods that might tempt you after surgery. It is important that you include your family (or members of your support system) in this process. Educate them on foods that are part of your bariatric diet plan and foods that are not.



Have a good support system in place: There are many adjustments to make after surgery. It is very common for some family and friends to express concerns about surgery. Look for an understanding and supportive friend, family member, co-worker, etc. with whom you can talk. Our support groups are a great place to find support as well. Developing a healthy relationship with food, learning to manage stress, and improving self-esteem may call for the help of a professional counselor.

