

COASTAL CAROLINA BARIATRIC CENTER

Survival Guide



**Coastal Carolina
Bariatric Center**
SUMMERVILLE MEDICAL CENTER

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Your CCB&SC Check List

Congratulations on taking the first steps in your weight loss journey. This is your personal checklist to help ensure that all requirements for surgery have been met. Please note, there are many factors that play into getting you ready for your surgery. Completion of these steps **does not** guarantee you a surgery date. Other factors (such as insurance, current health clearance, etc.) can cause delays that are out of our control.

To Do: _____ Date Completed: _____

1) Read Survival Guide _____

2) Start Keeping Food & Pedometer Logs _____

**This is an Insurance/Program Requirement*

3) Obtain Letter of Recommendation from Primary MD _____

4) Appointment with Dietitian _____

- CALL (843) 832-5134 to schedule your appt.
- Please fill out Pt information form (see appendix)
- **MUST bring Food Logs to appt.**

5) Appointment with Psychologist _____

- See appendix for suggested list

6) Pre-Operative Testing: _____

_____ Chest X-Ray

_____ EKG

_____ Barium Swallow/UGI Study (if needed)

_____ Gallbladder Ultrasound (If needed))

***Please check with office staff to see if there is any further surgical clearance/testing that you may be required to complete prior to surgery*

7) Pre-Operative Labs _____

8) Pre-Op Visit _____

9) Join Our Facebook Group _____

- Please send a friend request to Jane Wiltsie on Facebook if you would like to be added to the SECRET support group page

*****Please bring this Survival Guide to EACH appointment*****

INTRODUCTION



Welcome! At Coastal Carolina Bariatric & Surgical Center, we are dedicated to helping people who are obese achieve dramatic, long-term changes through bariatric surgery.

Neil McDevitt, MD, and Michael Michel, MD, lead our team of compassionate, patient-centered professionals. We feel called to this work because obesity is a health liability that fosters many problems, including diabetes, stroke, liver disease, and cancer. With surgery and support, patients can bolster their health while also enjoying many other benefits in regards to appearance, as well as what they can do and accomplish.

If you have struggled with other weight-loss methods, surgery can be life changing. Yet, this is not a simple decision or a simple path. That's why we ask prospective patients to attend a complimentary information session followed by a comprehensive education program with a dietician, exercise physiologist (if needed), and an independent psychologist or psychiatrist. During this period, we will explore which weight-loss surgery will work best for you.

We offer several safe and highly effective weight loss surgery options including, minimally invasive, Laparoscopic Roux-en-Y Gastric Bypass, Lap-Band surgery and Vertical Sleeve Gastrectomy. Complete success requires a commitment to change in any case, and we will be here for you throughout your journey, boosting you up and holding you accountable. In addition to monthly support groups, our practice hosts clothing exchanges and promotes communication through our members-only Facebook page. Our patients, along with our staff, participate in 5Ks as a team, and kayak trips that are planned to celebrate our patients' weight loss. That personal interest in our patients' success has led to our being rewarded by HCA for providing the highest level of patient satisfaction in the nation 5 times!

We made Summerville Medical Center our home because of its close-knit feel. Our office set up encourages visitors to get to know one another, with comfortable couches, bulletin boards, and a patient information section at checkout so you can stay up to date with current events, new recipes, support groups etc. Our location next to the hospital makes it easy for us to communicate and arrange your procedure, lab tests, pre-op procedures, etc.

We never want our patients to feel alone on their journey and are always available to you. You can contact us at **(843)875-8994** or send a personal message via the Bariatric Friends Facebook page. We are excited to be a part of this journey with you!

Your Surgical Team

Neil S. McDevitt, M.D. FACS



After obtaining his undergraduate degree from Boston College, Dr. McDevitt received his medical degree from the University of Medicine and Dentistry of New Jersey Robert Wood Johnson Medical School, and completed his residency training at the Medical College of Georgia in Augusta, GA. He is Board Certified in General Surgery. He has completed additional bariatric training at Emory University and is a Fellow in the American College of Surgeons. Dr. McDevitt comes to Summerville from Beaufort, SC, where he was Director of Bariatric Services for Beaufort Memorial Hospital and has been performing bariatric surgeries since 2004.

Michael Michel, M.D.



After obtaining his undergraduate degree at the University of Central Florida, Dr. Michel received his medical degree from the University Of Miami School Of Medicine. From there he completed his surgical internship followed by a research year at Keesler Medical Center; then a residency at Orlando Regional Medical Center. He also completed a fellowship in Bariatrics and Minimally Invasive Surgery at the University of Florida. He is board certified in General Surgery. He served in the US Air Force both as a Pararescueman (PJ) and as a General Surgeon. In addition to bariatric surgery, his interests include anti-reflux surgery, advanced laparoscopic surgery, and robotic surgery.

Diana Axiotis, MPAS, PA-C



Diana joins our practice as a Physician Assistant (PA) with over 12 years of experience in bariatric surgery. Having completed a surgical residency at Norwalk Hospital/Yale University School of Medicine for physician assistants, she also holds a Master's degree in PA studies from the University of Nebraska as well as a Bachelor's degree in Psychology from the University of Michigan. Her 30 years of practice as a PA includes numerous surgical specialties, emergency medicine, anesthesiology as well as instructor and clinical coordinator at the university level. She is the current ASPIRE committee chairperson for the South Carolina Academy of Physician Assistants where she assists prospective PA students as well as educates the community on the role of a physician assistant. Her current research is focused on a multi-center gastroesophageal reflux study under the direction of Dr. Michael Michel. When not at work she enjoys spending time with her family at the beach and upcycling flea market treasures.

Lauri Watson, Bariatric Coordinator and Registered Dietitian



Lauri joins us through Summerville Medical Center and serves as our liaison between the office practice and hospital. She has extensive experience in nutrition and has been essential in developing the center's holistic approach to weight loss. She will help you along the path to healthy eating for life. She has been with the program from the beginning and after helping to develop the dietary plan, she has expanded her role with the program as the bariatric coordinator to help maintain our MBSAQIP certification.

Benefits of Surgery

Weight reduction surgery has been reported to improve quality of life and lessen associated diseases. Numerous studies have shown that bariatric surgery helps decrease or eliminate diabetes, hypertension, obstructive sleep apnea and high cholesterol. It also has been demonstrated to positively impact other areas, including gastroesophageal reflux disease, stress incontinence, cardiac function, infertility and arthritis. Weight loss surgery might even help you reduce the intake of certain medications. Most importantly, it can once again put you back in control of your life.

After you have completed the pre-surgical consultations and testing (which can take up to 3-6 months) you will be given a surgery date. We will then submit all of your information to your insurance company for authorization. When we get the approval you will then come in for a final weigh-in and to sign your surgical consent. Typical hospital stays are between 1-3 nights. Upon discharge, you will receive your follow-up visits and your discharge instructions for the first 2 weeks.

Getting Started

To be eligible for weight loss surgery, you must meet the follow criteria:

- Are at least 18 years old
- You have tried diet programs and have failed
- You have a Body Mass Index (BMI) of 40 or more, or a BMI of 35 with other associated illnesses

Coastal Carolina Bariatric & Surgical Center performs multiple types of weight-loss surgery:

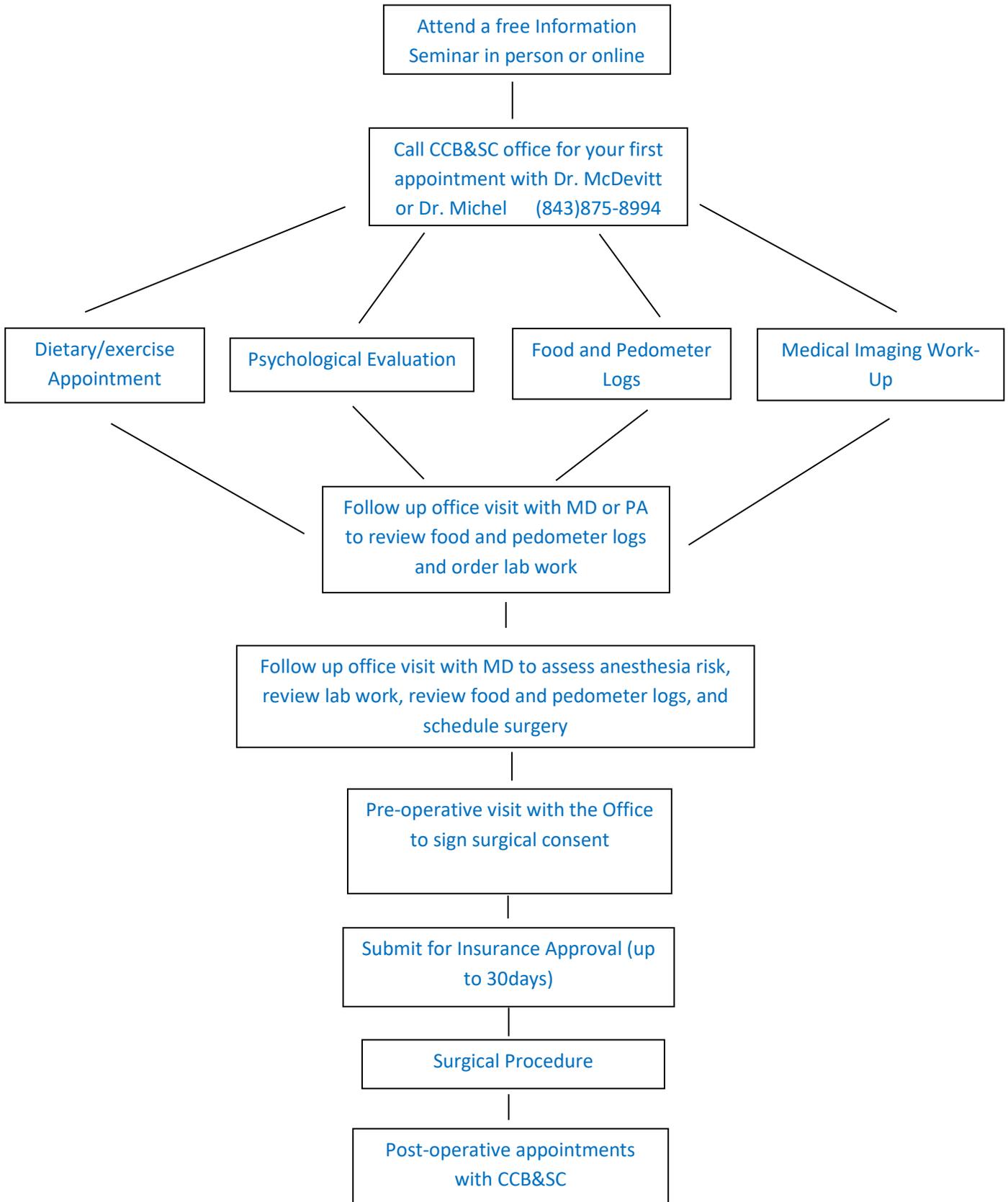
- Laparoscopic Adjustable Gastric Banding (Lap-Band)
- Roux-En-Y Gastric Bypass
- Vertical Sleeve Gastrectomy
- Revisions for complications when needed

Post-surgical follow up care and support

Coastal Carolina Bariatric & Surgical Center understands the critical importance of follow up care in our bariatric patients. We also understand that bariatric surgery is only a tool in achieving a healthy life. Follow up care and support is essential in learning to appropriately use this tool.

- Your follow-up visits will be at 2, 4, 6, and 8 weeks then monthly after surgery for the first year. Your first 6 months of post op appointments will be scheduled for you and you will receive these appointment dates before you leave the hospital after surgery. You will need to visit the Coastal Carolina Bariatric & Surgical Center website to schedule the remainder of your monthly appointments using our online scheduling system. In our experience aggressive follow up care is essential in the first year after surgery for success.
- We offer support groups every month at Summerville Medical Center and access to our private, patient run Facebook page. In addition to these we participate in community activities including local 5k runs/walks, kayak trips, and other events.

Our Process



ERAS/ESR Program

The Enhanced Recovery After Surgery program, also known as Enhanced Surgical Recovery, is designed to reduce narcotic usage after surgery. It is a new way of approaching surgery that has the benefit of reduced pain, reduced nausea, increased movement and an overall decrease in length of stay at the hospital. You will need to drink a special carbohydrate drink prior to surgery to give your body the fuel it needs during surgery, this product will be provided to you by the office during your pre-op visit. You will still be provided with prescriptions to assist with pain management at discharge, this will include Tylenol, and Celebrex.

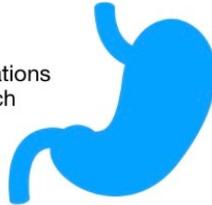


Pre- Surgery

- Education and Pre-Surgery Instruction
- Meeting with Surgeon or PA
- Carbohydrate drink prior to Surgery

During Surgery

- Minimal use of opioid pain medications
- Laparoscopic or Robotic approach when possible
- Goal-directed Intravenous Fluids



Post-Surgery

- Early and Frequent Walking
- Early allowance of liquids
- Early transition to oral pain medications

BETTER OUTCOMES

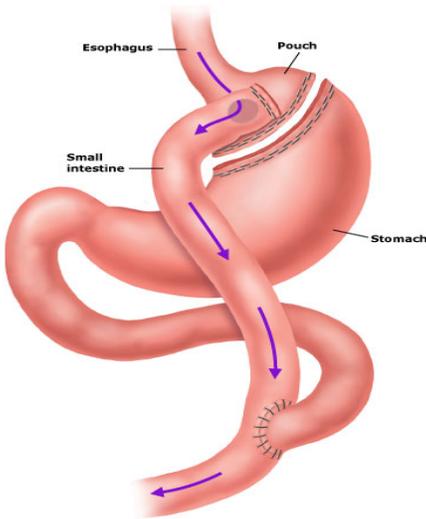
- Earlier discharge from hospital
- Decreased Nausea
- Improved Satisfaction
- Decreased Complications



Types of Surgeries

Types of Surgeries Performed at CCB&SC

Roux-En-Y Gastric Bypass



The gastric bypass surgery works by decreasing portion sizes, reducing the absorption of food, and by disrupting the body's hunger hormones. First, the stomach is reduced in size by using surgical staples. The new, smaller stomach (or pouch), which is now about the size of an egg, is only able to hold a few ounces of food at one time. Next, a Y-shaped section of the small intestine is attached to the pouch allowing food to bypass the lower stomach. Bypassing a significant amount of the small intestine allows the body to reduce the amount of calories and nutrients that can be absorbed. RYGB is restrictive in nature and the size of the new stomach pouch will no longer allow the same eating habits to exist since the pouch has the capacity to hold only a few ounces of food at one time. Lastly, the RNY alters the body's hunger hormones, which then reduces the urge to eat.

An adequate amount of protein as well as a strict implementation of vitamin supplements is necessary due to the malabsorptive aspect of RYGB. Patients need to comply with the lifestyle changes or they can regain weight.

Advantages of Roux-en-Y Gastric Bypass (RYGB):

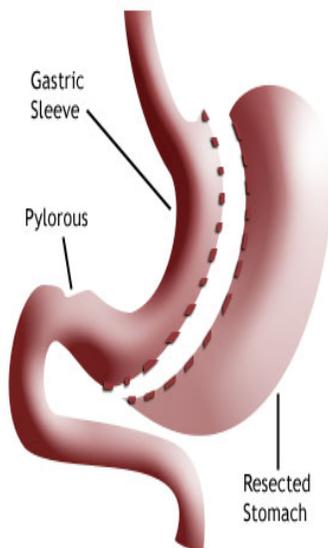
- A low mortality rate (0.145%)
- Excellent weight loss, approximately 60-80% excess body weight at 24months.
- Rapid resolution or elimination of co morbidities (e.g., type II diabetes, sleep apnea, hypertension and more).
- Decreased hunger hormones
- Rapid improvement in diabetes in majority of cases

Disadvantages of Roux-en-Y Gastric Bypass (RYGB):

- Disruption of the staple line can lead to leakage, serious infection, or death.
- Possible malnutrition or anemia.
- Possible obstruction of the GI tract.
- Long term vitamins required.

Vertical Sleeve Gastrectomy

This procedure generates weight loss through gastric restriction (reduced stomach volume) and by disrupting the body's hunger hormones. The stomach is restricted by stapling and dividing it vertically and removing more than 85% of it. This part of the procedure is not reversible. The stomach that remains is shaped like a very slim banana and measures from 2-5 ounces (60-150cc). The nerves to the stomach and the outlet valve (pylorus) remain intact with the idea of preserving the functions of the stomach while drastically reducing the volume. Patients feel full with small meals and the urge to eat is reduced.

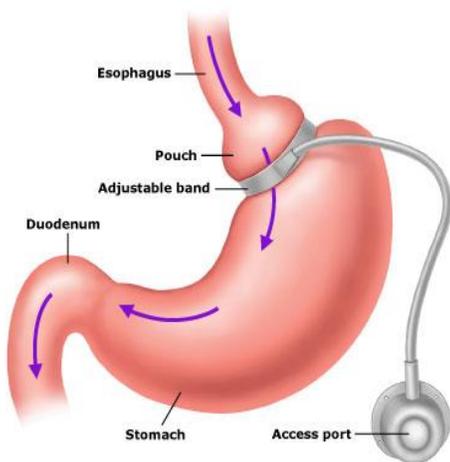


Advantages of Vertical Sleeve Gastrectomy (VSG):

- No malabsorption
- Excellent weight loss. Expected- 40% of Excess Body Weight
- Improved health with rapid resolution of co-morbidities like Diabetes, Obstructive Sleep Apnea, and Hypertension
- Less likely to be anemic or vitamin deficient
- Decreased Hunger

Disadvantages of Vertical Sleeve Gastrectomy (VSG):

- Disruption of staple line can lead to leakage or serious infection in 1-3%
- Reflux (Worse in 10-15% of patients)



Laparoscopic Adjustable Gastric Banding

In this procedure, an adjustable band is secured around the upper portion of the stomach separating it into a small section and a larger section, much like an hourglass. Weight loss is achieved by reducing the capacity of the stomach, thereby allowing the patient to experience a sense of fullness more quickly, thus consuming less food. Digestion takes place naturally since the stomach is not stapled. Unlike other restrictive weight loss surgeries, LAGB does not require the removal of any part of the stomach or intestine.

Since the band is adjustable, it can be loosened or tightened in the office to help limit portion sizes. By injecting the band with a sterile saline solution, the stomach size is restricted. A port under the skin is placed to allow for inflating or deflating the saline filled band.

Advantages of Laparoscopic Adjustable Gastric Banding or LAP-BAND®:

- Gastric banding is the least invasive weight loss procedure.
- No re-routing of the intestine.
- Reversible
- Shorter hospital stay and reduced chances of nutritional deficiencies.

Disadvantages of Laparoscopic Adjustable Gastric Banding or LAP-BAND®:

- Worsening reflux is possible.
- Slipping of the band can require further surgery.
- Should the band become infected, surgery would be needed to remove it.
- Although unlikely, the band can eventually erode into the stomach.

Complications

Complications

Possible Complications of the Gastric Sleeve & Gastric Bypass.

Leakage: Disruption of the staple line on the stomach or where the stomach and intestine are attached. A 'leak' occurs when the intestinal fluids leak out freely into the abdomen. If there is a leak, it can lead to a serious infection or death if not quickly treated.

Blood Clots: Also called deep vein thrombosis, a clot forms in the legs when you are inactive after surgery. It is imperative that you begin moving ASAP after your surgery. Call your doctor for any swelling and/or pain in one or both legs or if your movement is severely limited.

Bleeding: This can happen after ANY surgery; on rare occasions, it may require additional surgery to repair.

Infection: This is a complication that can occur after ANY surgery. Infection may present with redness around the incision sites and/or fever. Call the office if you have a fever >101.5, heart rate >120 even after 10 minutes of rest, any redness, oozing, or drainage around any of your incisions.

Pneumonia: A lung infection that can occur from lack of movement after surgery. This is treated with antibiotics and can be avoided by deep breathing and walking after surgery.

Nausea/Vomiting: Most vomiting episodes can be prevented. Typically, vomiting occurs from one of the following reasons: eating too fast, not chewing properly, eating too much, drinking liquids right after eating, lying down after a meal, and/or eating foods that do not agree with you. If vomiting occurs throughout the day, and you are following program guidelines, revert back to drinking sugar free clear liquids only and contact the office.

Dumping Syndrome and gastric bypass surgery: This is a complication that can occur after having gastric bypass surgery (also known as Roux-en-Y). It results from the rapid passage of high sugar and/or high fat foods into the small intestines, which leads to a rapid shift of fluid into the intestines. This rapid shift of fluid results in diarrhea, vomiting, cramping, sweating, flushed appearance, dizziness, weakness, headache, and/or dehydration. The way to avoid this complication is to avoid high sugar/high fat foods.

Call the office *IMMEDIATELY* at #843-875-8994 day or night for any of the following:

- **Feeling of "Impending Doom"**
- **Temperature >101.5**
- **Spike in blood sugars – 200-300 range or higher**
- **Unexplained heart rate >120- even when resting for 10 minutes**
- **Worsening abdominal pain despite pain medications**
- **Any change in your incisions: redness, drainage or foul smelling drainage**
- **Shortness of breath or chest pain**
- **Redness, drainage, or anything that does not look normal about your incisions**

Complications

Possible complications after Lap Band Surgery

Slippage: Overtime, possibly from frequent overeating, the band can slip down. Symptoms include: Difficulty swallowing, reflux/heartburn, night cough, regurgitation, unable to tolerate liquids. If these symptoms are addressed quickly, the band can be saved by removing all of the fluid or returning to the operating room and securing it back in place. In some cases, the band may have to be removed altogether.

Erosion: Over time, the band may erode itself into the stomach. This is usually NOT a problem with the newer bands and their designs. This may present with an infection at the port site or suddenly feeling more restricted despite having fluid removed. The band will need to be removed.

Port Infection or Failure: Every time we access the port, there is potential for infection or damage to the port itself. If the port fails to hold its fill, we can simply remove it and replace it without affecting the band. If there is an infection at the port, we need to know right away so that we can make sure there is not an erosion around the band.

Infection: This is a complication that can occur after ANY surgery. Infection may present with redness around the incision sites and/or fever. Call the office if you have a fever >101.5, heart rate >120 even after 10 minutes of rest, any redness, oozing, or drainage around any of your incisions.

Nausea/Vomiting: Most Vomiting episodes can be prevented. Typically, vomiting with the lap band occurs from one of the following reasons: eating too fast, not chewing properly, eating too much, drinking liquids right after eating, lying down after a meal, and/or eating foods that do not agree with you (e.g. Bread and pasta tend to get 'stuck'). If vomiting occurs throughout the day, and you are following program guidelines, revert back to drinking clear liquids only and contact the office, you may need to have fluid removed from your band.

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Medications for Common Side Effects After Surgery

Constipation: The key to preventing constipation is **HYDRATION**. Remember to **SIP, SIP, SIP** on fluid throughout the day. This is also a side effect of taking pain medication. You may use milk of magnesia. If this does not help, try Miralax or Magnesium Citrate.

Diarrhea: You may take Imodium as needed for Diarrhea. **It is not uncommon to have loose stools for the first couple weeks after surgery. However, If you have more than 5 loose stools/day, please call the office.*

Colds: You may take cold medicines that **DO NOT** contain **ASPIRIN/NSAIDS** (non-steroidal Anti-Inflammatory Drugs). Examples include Tylenol cold and Sinus and Mucinex. If you are not sure about a medication, ask your local pharmacist or give our office a call.

Headache/Arthritis/Muscle Pain: Tylenol Arthritis is an appropriate options. **DO NOT** take NSAIDS or ASPIRIN (ie Motrin, Aleve, Goodies powder, BC powder or Excedrin).

Reflux and Heartburn: If you are taking any medications for either of these prior to surgery, you will need to continue taking them after surgery as well. This is often a side effect of eating too much! *If you had lap band surgery, this could also be a side effect of the band being too tight.*

Hair Loss: This is usually temporary when it occurs around 4-6 months after surgery and is typically caused by fluctuating hormones. Hair loss that occurs >1 year after surgery is typically caused by not eating enough protein and/or not taking a good multivitamin. Remember, you should be eating 60-80g/day, keeping a food log can help to ensure that you are reaching this goal each day. You may take Biotin as directed on the bottle to help strengthen hair skin and nails. Rosemary essential oil may also help to increase hair growth, just add 1-2 drops of a good quality, pure rosemary oil to your shampoo regimen.



Nausea: This is very common after having bariatric surgery. A prescription will be given to you for medications to help with this. Nausea can often be triggered by strong smells.

Try adding a little peppermint or fennel essential oil to a handkerchief to combat nausea

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Program Philosophy & Pre-Op Meal Plan

Program Philosophy

Nutrition is a very important component to your weight loss success. Remember that surgery is a ‘tool’ to help you lose weight, it is not a ‘quick fix’. The road ahead will require hard work and dedication, but you CAN and WILL succeed. Here are a few nutrition guidelines, tips & tricks, and recommendations to help you succeed in your weight loss journey. If you ever have any questions, please feel free to contact us at ANY time.

Our program is based on the “Theory of Starch Addiction” and starches, such as pasta, bread, rice, and potatoes, and sweets have been eliminated from this meal plan. There is an increasing amount of research that supports ‘The Theory of Starch Addiction’ and its role in obesity. Basically, when we eat high starchy/sugary foods, the brain releases a ‘feel good’ chemical that keeps us coming back for more and leads to cravings. Your meal plan from here forward is designed to ‘retrain your brain’ to *NOT* crave starches. Instead, we want our bodies to learn to crave fruits and vegetables, legumes, and lean proteins. When a ‘craving’ strikes, we want to learn to alleviate it by physical activity, such as taking a walk, to reduce these cravings and to teach a new way of living a balanced lifestyle. Often times a ‘craving’ is merely stress, boredom, or even thirst and it is not brought on because of a true desire to eat. If you are *truly* hungry, grab a Greek yogurt or a small handful of nuts.

Although starches have been eliminated from the meal plan, there is still a way to enjoy your favorite foods. By altering ingredients we can make “mashed potatoes”, “pasta”, and “pizza”! Yes, even pizza! Look for recipes and ideas at the end of this packet!



The foods to avoid include the **“B-R-P-P-S” or Breads, Rice, Pasta, Potatoes and Sweets**

This also includes:

- Sugary or carbonated beverages such as soda, juice, Gatorade, sweetened iced tea
- Potato chips and pork rinds
- Grits, oatmeal and corn tortillas
- All forms of sugar including Honey and agave nectar
- Fried foods
- Anything with ‘flour’ listed in the ingredients (including wraps, crackers, cereals, etc) and almond/coconut/legume, etc. flours
- 1 cup (8oz) of regular coffee/day is fine, choose decaffeinated if drinking more than that

Start keeping a food and pedometer log TODAY. You will need to bring these to each visit to CCBC and to your appointment with the Dietitian. Food logs help us guide you in preparation for your surgery. It helps you to see where you are going and where you are coming from in your food journey. It also helps to ensure that you are eating an adequate amount of protein each day.

****You should be eating at least 3 meals/day, lean protein at each meal.****

****Movement****

Put your flip flops away and get a pair of sneakers with good arch support. Get a pedometer and WEAR IT. Record your daily steps at the end of each day. At the end of the week, add those steps together to get a daily average. Take that number and increase it by 10% each week until you hit your goal of 10,000 steps/week. It may take months or years to reach this goal, and that is okay. The important thing is to KEEP MOVING and to keep pushing yourself to reach a new goal each week. Be careful not to push yourself too hard as this can cause injuries/added stress to joints.

MEAL PLAN:

Protein → A serving is = a deck of cards or the palm of your hand (~3-4 ounces)

Must have protein at **EVERY** meal

<ul style="list-style-type: none"> ▪ Beef: round, sirloin, tenderloin, flank, or chipped beef ▪ Pork: fresh ham, Canadian bacon, center loin chops, tenderloin ▪ Poultry: Chicken, turkey, Cornish hen ▪ Wild game: Venison, rabbit, pheasant, bison 	<ul style="list-style-type: none"> ▪ Veal: all cuts except cutlets ▪ Fish: fresh or frozen, tuna, shellfish, sardines, herring ▪ Cheese: low fat cheeses, low fat cottage cheese ▪ Meat Substitutes: tofu, tempeh, etc. ▪ Other: 95-99% Fat free luncheon meats, egg whites or substitutes
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*Be careful with high fat/high sodium processed meats such a bacon, bologna, sausage, hot dogs, etc. These are okay on occasion, but should not be consumed on a daily basis.



Dairy →

- Milk or Soy milk are good protein choices
 - ✓ Avoid Whole milk and flavored milks with added sugar (ie chocolate/strawberry milk)
 - ✓ Almond or coconut milks are a good option as well
- Greek yogurt (Recommend Chobani or Oikos*)



- ✓ When choosing a flavored yogurt, the Protein should be greater than carbohydrates on the nutrition facts label

Greek Yogurt comes in several varieties and can be found at your local grocery store. Look for the 0% or no added sugar varieties. Try using Greek yogurt instead of sour cream or mayo in a recipe (e.g. chicken salad, egg salad, tuna salad, etc.), add a packet of Splenda or Crystal Light to plain varieties, or add sliced cucumbers and a little lemon juice to make Tzatziki sauce! You can even mix it with a ranch seasoning packet and a milk to make ranch dressing!

Vegetables → No need to restrict these! Use these to help control hunger

<ul style="list-style-type: none"> ▪ Artichokes ▪ Asparagus ▪ Green/wax/Italian Beans ▪ Bean Sprouts ▪ Beets ▪ Broccoli ▪ Brussels Sprouts ▪ Cabbage ▪ Carrots ▪ Cauliflower ▪ Celery ▪ Cucumber ▪ Eggplant ▪ Green onions or scallions ▪ Collard/kale/mustard greens ▪ Leeks ▪ Mushrooms 	<ul style="list-style-type: none"> ▪ Okra ▪ Onions ▪ Peppers ▪ Salad greens ▪ Sauerkraut ▪ Spinach ▪ Yellow summer squash ▪ Tomato sauce/tomatoes ▪ Water chestnuts ▪ Watercress ▪ Zucchini <p>Starchy Vegetables: 1 serving per day</p> <ul style="list-style-type: none"> ▪ ½ cup corn or ½ corn on the cob ▪ 1 cup winter squash (butternut, spaghetti, acorn) ▪ ½ cup cooked beans, peas, lentils
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Tips to increase veggie intake:

- Use spaghetti squash instead of pasta noodles
- Bibb lettuce (or other large leaf lettuce) as a tortilla/wrap with sliced turkey breast/ham and cheese
- Mash steam cauliflower w/ Laughing Cow cheese wedges instead of mashed potatoes
- Look for more recipes on the Bariatric Friends Facebook page, at checkout after your appointment at the office and during your visit w/ the dietitian!

****NO Fruit Juices****

Fruit → 2 servings per day

<ul style="list-style-type: none"> ▪ 1 small apple ▪ 2 kiwi ▪ ½ cup canned fruit (packed in own juice) ▪ 1 small banana or ½ large ▪ ¾ cup blackberries or blueberries ▪ 12 cherries ▪ 3 dates/prunes ▪ 2 medium fresh figs ▪ ½ grapefruit 	<ul style="list-style-type: none"> ▪ 17 small grapes ▪ ½ small mango/papaya ▪ 1 orange/nectarine ▪ 2 tangerines ▪ ½ fresh pear ▪ 2 small plums ▪ 2 Tbsp raisins/Dried fruit ▪ 1 cup raspberries ▪ 1 cup strawberries ▪ 1 peach
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***NO melons or pineapple. These are high sugary, watery fruits that are hard to portion control and lack fiber.**

Fat → 2-3 servings per day

<ul style="list-style-type: none"> ▪ 1 tsp margarine* ▪ 1 Tb light margarine* ▪ 1 tsp mayonnaise ▪ 1Tb light mayonnaise ▪ 1 Tb salad dressing ▪ 1 Tb whipped cream cheese ▪ ¼ avocado ▪ 1 Tb chia or ground flax seed <p>*Recommend Smart Balance</p>	<ul style="list-style-type: none"> ▪ 2Tb light salad dressing ▪ 1 tsp oil (canola, peanut, olive) ▪ ¼ cup nuts** ▪ 1 tsp butter ▪ 1 slice bacon ▪ 2 Tb half&half cream ▪ 1 ounce reduced fat cheese ▪ 1Tb peanut butter
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* Small amounts of condiments such as ketchup, butter sprays, mustard, salsa, Pam are okay*

* Avoid high sugar sauces such as Teriyaki or sauces listed with ‘honey’, ‘maple’, ‘sweet’

**Look for proportioned meals/snacks with nuts, cheese and deli meat etc for quick, convenient ‘on the go’ options.



*****Pre-Op Meal Plan (2 weeks prior to surgery)**

***Depending on which surgery you have and the result of your abdominal ultrasound, you may be required to follow a 2 week pre-op shake diet to shrink down your liver.*

The basic diet plan will include:

- *Breakfast & Lunch → high protein shake*
- *Dinner → A balanced*, high protein meal*

*****Be sure to discuss this with your surgeon prior to your surgery*****

Post-Op: First 2 weeks, All Surgeries

You can reach our office staff for ANY concerns by:

- Calling our office # 843-875-8994
- You may also post general questions on the Bariatric Friends Facebook page



Facebook is for general support only! ALL medical questions/concerns need to be directed to our office staff so that we may assist you promptly!

Post-Op Plan

Eating After Surgery:

Bariatric Surgery is a TOOL, and just like a hammer, if you hold it wrong it does not work. You must take the time to learn how to use your new tool. There will be ups and downs throughout the journey, the most important thing is to remember to **VISUALIZE**, **PRACTICE** and **PERFORM**. You must **VISUALIZE** the size of your stomach (1/2 cup, palm of your hand) **PRACTICE** preparing food on a plate that matches the size of your new pouch (ie tea cup saucer plate), and **PERFORM** by eating slowly and savoring the foods that you are eating. Your stomach will send you clues as to when you have had enough to eat- listen to your body and learn those clues. Remember: Your eyes really are bigger than your stomach!

✓ Follow the **MESS (Moist, Easy, Soft, Slow)** acronym to avoid becoming a hot mess!

First 2 weeks after surgery:

Bariatric Liquids

** Goals for the first few days after surgery are:

- 1) **HYDRATION**
- 2) **40-60g protein/day**

Bariatric Liquids

- You will be on a *bariatric* liquid diet for the first **2 weeks** after surgery.
 - NO guzzling/chugging, take small sips of clear liquids ALL day
 - No straws or carbonated beverages, The air bubbles can cause gas, pain, and bloating.
 - Use the 'Pee Test' to determine if you are drinking enough fluid:
Dark Yellow → not drinking enough; clear/light yellow → Good job, you are drinking enough fluid!



Not sure if your liquids are thin enough to drink? Strain it through a colander! If it fits, it's okay to drink!

Bariatric Liquids Include:

- Protein Supplements: Mix with milk or water, or premade
 - ✓ Can add fruit such as strawberries/blueberries as long as it is **WELL BLENDED**
- Sugar-free gelatin
- Sugar-free popsicles
- Broth: beef, chicken, vegetable, etc.
- Any soup that is **STRAINED**. Avoid acidic soups like tomato soup.
- Bone Broth
- Decaf/Unsweetened Tea or coffee
- Crystal Light
- Powerade ZERO
- Sugar-Free Kool-Aid
- Diet V-8 Splash
- Diet Snapple
- Milk

✓ Artificial Sweeteners can be used in small amounts. Recommend stevia powder or stevia drops.

X NO straws. NO carbonated beverages. NO sweetened beverages/juices.

DO NOT ADVANCE YOUR DIET



TIP You can lose over 1 liter of water in an hour through sweating in the summer heat! Plan your day appropriately: Work outside in the morning or evening hours if possible. Stay cool and stay hydrated! Sip Sip Sip throughout the day to stay cool and hydrated!

Activity

- Walk, Walk, Walk
 - ✓ Minimum 2000 steps/day by 1 week post op.
- Remember you still have to get your steps in
- Helps to reduce post-surgical complications such as pneumonia and blood clots
- **NO** sex for at least 4 weeks
- **NO** lifting over 10 pounds for 6 weeks
- **NO** core exercises for 8 weeks
- You may shower; **NO** baths, hot tubs, or swimming

Taking care of your surgical incisions

- After you shower pat them dry- do not scrub them
- Call for any changes in how your incisions look:
 - Increased redness
 - Foul smelling drainage or bleeding coming from the incision
 - Gap in your incision
 - It becomes hot to touch

Post-op Medications

- You may just take Tylenol for the pain
- **NO** Aspirin or Aspirin products
- **NO** Non-steroidal Anti-inflammatory Drugs-typically arthritis medications
 - **Aspirin/NSAIDs have a greater risk of causing gastric ulcers in post op patients.**
- Medications should be smaller than a pencil eraser. If not, cut them in half.
 - ✓ Capsules can be opened & mixed with 1 tsp of yogurt or sugar free pudding to help get it down

Vitamins:

- *****We recommend a bariatric specific multivitamin such as Bariatric Fusion, these are available at Medicine Man Pharmacy: 404 Old Trolley Rd.*****
 - ✓ Hold off on taking your complete bariatric multivitamins for the first 4 weeks.
- ***If you are taking a separate multivitamin, calcium, iron and B12, you may start taking the multivitamin and B12 at discharge. Hold off on the iron and B12 for the first four weeks.***

Call the office **IMMEDIATELY** at **#843-875-8994** day or night for any of the following:

- **Feeling of "Impending Doom"**
- **Temperature >101.5**
- **Spike in blood sugars – 250-300 range or higher (if you have a history of diabetes)**
- **Unexplained heart rate >120- even when resting for 10 minutes**
- **Worsening abdominal pain despite pain medications**
- **Any change in your incisions: redness, drainage or foul smelling drainage**
- **Shortness of breath or chest pain**



Remember: The ONLY bad question is the one you don't ask!!

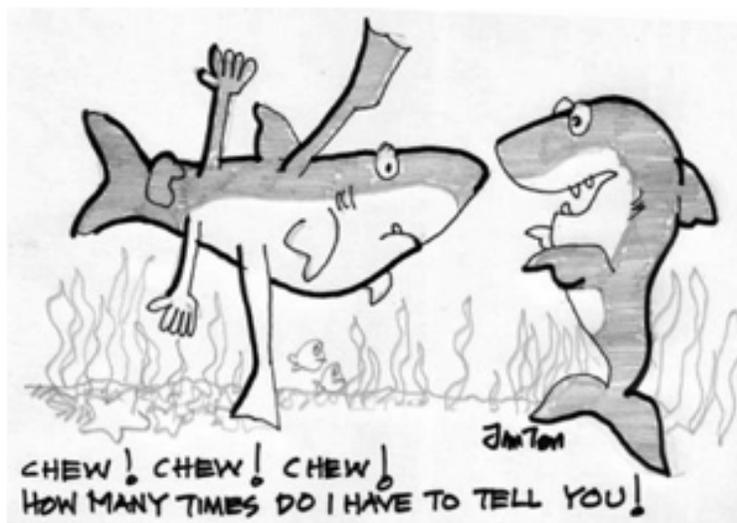
For First Two Weeks after Surgery you may have
SUGAR FREE, NON-CARBONATED LIQUIDS ONLY. NO STRAWS.



**If it can fit through a mesh strainer, and it is sugar free
non-carbonated, you can sip it.**



And remember to CHEW, CHEW, CHEW Your Food!



Post-Op Weeks 2-4, All Surgeries

You can reach our office staff for ANY concerns by:

- Calling our office # 843-875-8994
- You may also post general questions on the Bariatric Friends Facebook page



Facebook is for general support only! ALL medical questions/concerns need to be directed to our office staff so that we may assist you promptly!

Weeks 2-4 After Surgery: Gastric Bypass, Sleeve, Lap Band **You will now be on Soft Foods**

❖ M-E-S-S: Moist, Easy, Soft, Slow

- ¼ cup (2 ounces) food per meal, or a small handful
 - 3 meals per day, 2 Smart Snacks (If hungry)
 - Drink liquids between meals (NO liquids 30 minutes before or after meals)
 - 40 grams protein (minimum)
 - Continue using “Pee Test” to determine hydration status (Want Light Colored Urine)
 - **CHEW, CHEW, CHEW**
 - Allow at least 15-20 minutes per meal
 - Use a small tea plate to help with portion control
 - Put your fork down in between bites
- ✓ Artificial Sweeteners can be used.
X NO straws. NO carbonated beverages. NO sweetened beverages/juices.

Soft Foods Include all items from the Bariatric Liquids Lists and:

- Tuna salad, chicken salad, egg salad, pimiento cheese
- Shrimp salad, crab salad
- Soft meats (e.g. ground meat, meatloaf, etc.)
- Cottage cheese
- Chili (e.g. Wendy’s or homemade)
- Beans, lentils, legumes
- Eggs
- Low-Fat cream soups
- Greek Yogurt (protein should be greater than carbohydrates)
- Canned or soft fruits/vegetables (No raw fruits or vegetables)
 - ✓ *Canned fruit should be packed in water or in its own juice, not heavy syrup*

*You may use Molly McButter, Butter Buds, or butter sprays

****NO Baby Foods. No nuts or seeds****

DO NOT ADVANCE YOUR DIET

Activity:

- **Walk, Walk, Walk-** you still have to get your steps in at your Pre-Op baseline!
- **NO** Lifting over 10lbs – including housework for 8 weeks
- **NO** Core exercises for 8 weeks
- **NO** sex for at least 4 weeks and even then nothing strenuous
- Continue showers- no soaking in a bathtub, hot tub, or swimming until at least 6-8 weeks post op
- Pills no longer need to be crushed/broken
- ***Females remember to use some sort of Birth Control; Females tend to become very fertile after weight loss***
- ***We recommend that you avoid pregnancy for the first 18 months***

Weeks 2-4 Post-op Continued

Taking care of your surgical incisions:

- After you shower pat them dry- do not scrub them
- Call for **ANY** changes in how your incisions look:
 - Increased redness
 - Foul smelling drainage or bleeding coming from the incision
 - Gap in your incision
 - It becomes hot to touch

Call the office **IMMEDIATELY** at **#843-875-8994** day or night for any of the following:

- **Feeling of “Impending Doom”**
- **Temperature >101.5**
- **Spike in blood sugars – 200-300 range or higher**
- **Unexplained heart rate >120- even when resting for 10 minutes**
- **Worsening abdominal pain despite pain medications**
- **Any change in your incisions: redness, drainage or foul smelling drainage**
- **Shortness of breath or chest pain**
- **Redness, drainage, or anything that does not look normal about your incisions**

Post-op Medications:

- Plain Tylenol should control the pain
- **NO** Aspirin or Aspirin products
- **NO** non-steroidal anti-inflammatory medications
 - **Aspirin/NSAIDs have a greater risk of causing gastric ulcers in post op patients.**
- Pills no longer need to be crushed/broken, can take whole
- You may start taking your bariatric specific multivitamin
 - Or You may start taking your calcium and iron at this time if taking separate

You can reach our office staff for **ANY** concerns by:

- Calling our office **# 843-875-8994**
- You may also post general/non-medical questions on the Bariatric Friends Facebook page
- You may also send us a personal message on Facebook if you don't want everyone to see what you may be experiencing



Remember: The only bad question is the one you don't ask!!

Vitamin Supplementation

You will need multivitamin/Mineral supplementation for life!

Option 1: Bariatric Specific

- ✓ We recommend a bariatric complete multivitamin after surgery. These multivitamins include all of the vitamins and minerals you need to meet the post op guidelines. Medicine Man Pharmacy, located at 404 Old Trolley Road, carries Bariatric Fusion complete chewables. You will need to take 2 chewables in the am and two in the pm. They also have stick packs (similar to crystal light) and other options available. You can also purchase these online.

There are other Bariatric specific companies available as well. These include, but are not limited to Bariatric Advantage, Opurity, Celebrate.

Option 2: Insurance/Nascobal

- ✓ You can also discuss insurance coverage options with the office, some insurance companies will cover the cost of Nascobal* (there may be a co-pay.)

Option 3: Not Bariatric Specific

- ✓ If you choose to purchase a non-bariatric multivitamin (ie Centrum), you will need to purchase additional Calcium, Iron and B12→

Chewable Multivitamin

- You will need to take Two Chewables per day, ideally one in the am and one in the pm.

B12

- 1000mcg, Sublingual (Under your tongue)
- Or You may also ask about a monthly B12 shot.

Chewable Calcium + Vitamin D Supplement

- Recommend taking with meals
- 1,200-1,500mg per day
- 3000IU vitamin D

Additional Iron Supplement:

- 18mg daily (for low risk gastric sleeve patients)
- 45-60mg for RNY or high risk patients
- Drink plenty of water to help prevent constipation
- Eat Fiber rich foods to help prevent constipation

ASMBS (American Society for Metabolic and Bariatric Surgery) Reference Chart for Multivitamin/mineral recommendations

*****If you choose to select an option that is not bariatric specific, you will need to use this guideline to ensure you are meeting your daily estimated needs.***

	VSG	RYGB	BPD-DS
MVI+ Minerals	Recommended	Recommended	Recommended
Iron (away from calcium)	18mg from MVI (low risk pts) OR 45-60mg total	45-60mg total	45-60mg total
Folic Acid *800-1000mcg for females, childbearing age	400-800 mcg in MVI	400-800 mcg in MVI	400-800 mcg in MVI
Thiamin	>12 mg in MVI	>12 mg in MVI	>12 mg in MVI
Copper	1 mg in MVI (100% RDA)	2 mg in MVI (200% RDA)	2 mg in MVI (200% RDA)
Zinc	8-11mg in MVI (100% RDA)	8-22mg in MVI (100-200% RDA)	16-22mg in MVI (200% RDA)
Zinc to Copper Ratio	Recommended that supplementation protocol contain a zinc-to-copper ratio of 8-15mg zinc per 1 mg copper.		
B12	Oral: 350-500 mcg/day/ Intranasal: as directed by manufacturer/ IM/SQ: 1000mcg/month		
Vitamin D	At least 3,000 IU to maintain levels of D,25(OH) >30ng/ml		
Vitamin A	5,000-10,000IU	5,000-10,000IU	15,000-20,000IU
Vitamin E	15mg (22.4IU natural Vit E; 16.7IU synthetic Vit E)		
Vitamin K	90-120mcg	90-120mcg	390-420mcg
Calcium	1200-1500mg in divided doses Carbonate w/ meals; citrate w/ or w/o meals	1200-1500mg in divided doses Carbonate w/ meals; citrate w/ or w/o meals	1500-2400mg in divided doses Carbonate w/ meals; citrate w/ or w/o meals

Post-Op: Maintenance, All Surgeries

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- You may also post general questions on the Bariatric Friends Facebook page



Facebook is for general support only! ALL medical questions/concerns need to be directed to our office staff so that we may assist you promptly!

Maintenance Phase

- ✓ Very similar to Pre-op Meal Plan
- ✓ You will be on this meal plan for THE REST OF YOUR LIFE



M-E-S-S: Moist, Easy, Soft, Slow

**This stage will begin ~4-5 weeks post-op, or when cleared by MD

- ¼-½ cup food (2-4 ounces) (Your entire meal should fit into the palm of your hand)
 - 3 meals per day, 2 Smart Snacks (If hungry)
 - NO liquids 30 minutes before or after meals
 - 60 grams protein (minimum)
 - Continue using 'Pee Test' to determine hydration status (want light colored urine)
 - **CHEW, CHEW, CHEW**
 - Allow at least 15-20 minutes per meal
 - Use a small tea plate to help with portion control
 - Put your fork down in between bites
-
- ✓ Artificial Sweeteners can be used in small amounts. Recommend Stevia powder or liquid drops.
 - ✗ NO straws. NO carbonated beverages. NO sweetened beverages/juices.
 - ✗ NO alcohol for at least the first year after surgery, then in VERY small amounts in moderation only.



Avoid “Slider Foods” → soups, ice cream, milk shakes, applesauce, and other foods that ‘slide’ through your pouch and do not offer any protein/nutrition. This foods will add calories but will not fill you up/satisfy your hunger.

You May Now Eat:

- Raw or seedy fruits with peeling
- Raw vegetables
- Pickles
- Nuts/seeds
- Flaky fish
- Corn
- Winter squash (spaghetti, acorn, butternut squash)



Avoid the “B-R-P-P-S” or Breads, Rice, Pasta, Potatoes and sweets
“Those who do not study history are doomed to repeat it. i.e. Falling back into old habits leads to failed weight loss.”

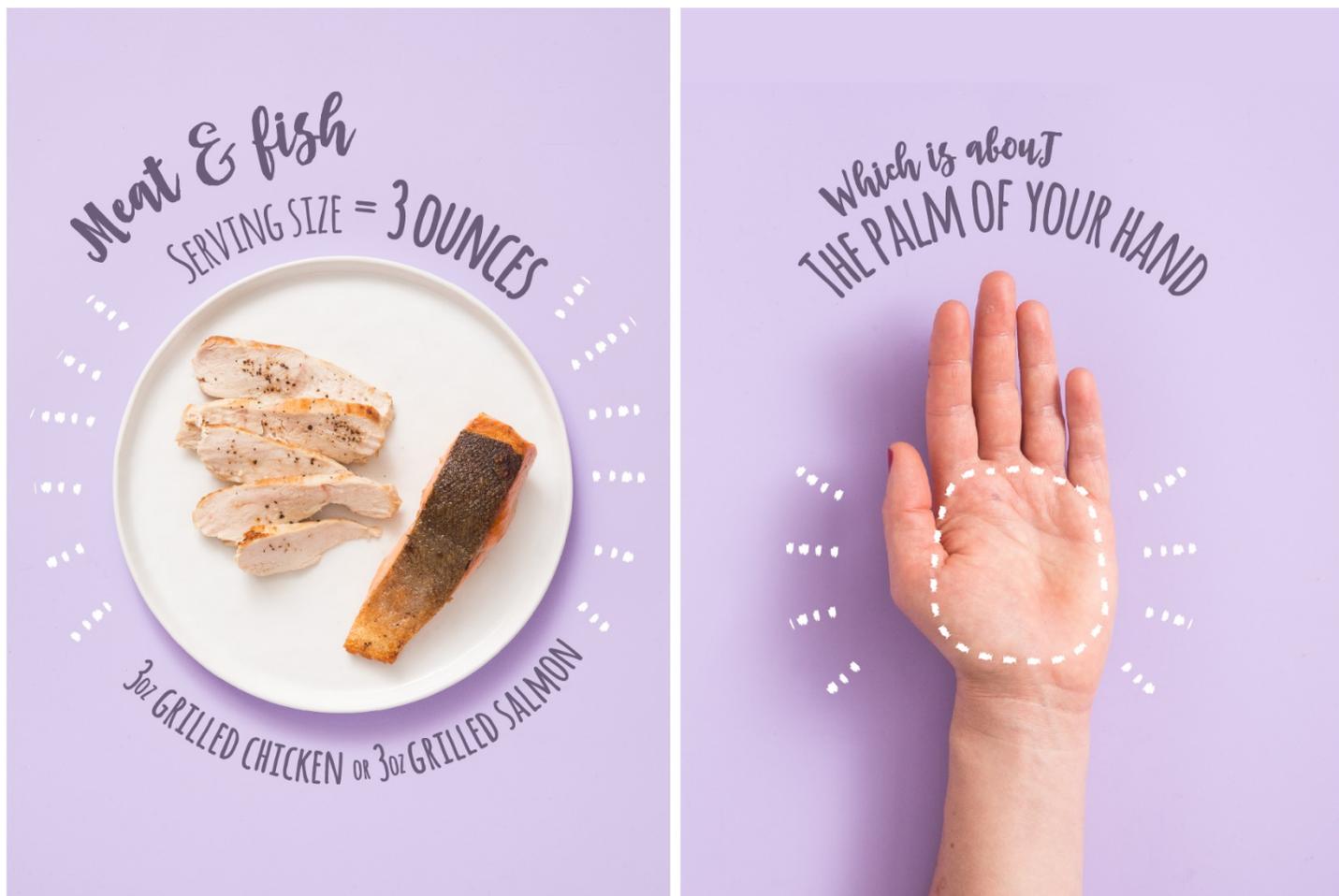
Protein Guide

Protein

Remember your ‘new pouch’ can only hold about a fist full of food at one time, so make sure your meals are made up of high quality proteins! For example, choose lean grilled chicken or steak instead of hot dogs or bacon!

Eat only high-quality, nutrient dense foods. Protein is **key** and should be the main focus of each meal. Learn to recognize the difference between true hunger and boredom, stress, or cravings. Also, learn to recognize ‘triggers’ and create a game-plan for avoiding them; e.g. Avoid sitting in front of the TV to eat, instead only eat when sitting at the dinner table. Avoid grazing; go for a walk instead. Remember, Surgery is just a tool to help you reach your weight loss goals. New eating habits and a healthy lifestyle change are essential to reaching your weight loss goals.

Once you have reached the “Maintenance Stage,” you need to consume at between 60-80 grams of protein per day. It is very important that you eat at least this amount of protein per day in order to stay healthy and lose weight. You will not maintain weight loss unless you consume an adequate amount of protein. If you do not eat enough protein, your body will begin to breakdown muscle for energy and retain fat. Fruits and vegetables are an important part of a healthy diet; however, high-protein foods should be your main focus the first few weeks after your surgery. Please refer to the Protein Supplement & Vitamin handout for more information on specific brands.



PROTEIN | PORTION

Our bodies need protein to be healthy and strong, but a serving is probably smaller than you think. Here's what a healthy serving of some common protein foods looks like.



FISH
3 ounces



LEAN BEEF
3 ounces



SKINLESS CHICKEN
3 ounces



BEANS & LEGUMES
1/2 cup cooked



EGGS
1 egg or
2 egg whites



YOGURT
(low-fat or fat-free)
6 ounces



MILK
(low-fat or fat-free)
1 cup

Protein Reference Guide

For the most part, you can refer to your hand or a deck of cards to estimate portion size of any meat; this is equal to ~3-4oz. In general, 3 ounces of any type of meat = 21 grams protein, 4oz = 28grams protein and 5 ounces = 35grams protein. Remember this is your cooked, edible portion, i.e. without any bones and the fat trimmed away.

****Please note: This is not an all-inclusive list**

Chicken:

- Breast: ~30g protein
- Thigh: ~10g protein
- Wing: ~6g protein
- Drum stick: 11g protein

Fish/Seafood:

- Shrimp ~24 grams for 4oz
- Tuna (6oz can) ~40g protein
- Crab ~15g for 3oz (canned)

Eggs/Dairy:

- Egg, large: ~6g protein
- Milk, 1 cup: ~8g protein
- Yogurt, 1 cup: ~7-10g protein
- Greek yogurt, 6oz: ~15-18g protein
- Soft cheese (i.e. mozzarella, brie, feta) ~6g protein per ounce
- Medium-Hard cheese (i.e. parmesan, cheddar, Swiss) ~7-10g protein per ounce
- Cottage cheese, 1/2cup ~15g protein

Beans/soy products:

- Tofu, 1/2cup: 10g protein
- Soy milk, 1 cup: 6-8g protein
- Beans (black, pinto, lentils, etc.) 1/2cup: ~8g protein
- Soy beans, 1/2c cooked: ~14g protein

Nuts/Seeds:

- Peanut butter, 2Tb: ~8g protein
- Nuts (almonds, pecans, cashews, etc.) 1/4c ~8g protein
- Sunflower seeds, 1/4c: 6g protein
- Flax seed (make sure it is ground) 2Tb, 3g protein
- Chia Seeds 1Tb, 3g protein

Lifestyle

Eating Methods and Strategies After Surgery

Things to Remember regarding your meal plan

- ✓ 3 meals/day, 2 snack if hungry
- ✓ 4-6 ounces of lean protein **FIRST**, then vegetables **IF** you have room at each meal
- ✓ 60-80g protein/day
- ✓ **NO** drinking before, during or after meals
- ✓ Portion control: small tea/coffee plate, cocktail or baby spoons/forks
- ✓ No carbonated beverages or straws
- ✓ No fruit juice, soda, milk shakes or other sweetened beverages
- ✓ **NO BRPPS** (Bread, rice, pasta, potatoes sweets) until weight loss goals are reached. Then in small, controlled quantities
- ✓ **MESS**: Moist, Easy, Soft, Slow
- ✓ Put your fork down in between bites
- ✓ Stop eating as soon as you feel full
- ✓ **CHEW, CHEW, CHEW**
- ✓ No alcohol for at least the first year after surgery, then in very small amounts in moderation only
- ✓ **SLOW DOWN**: taste your food, savor the flavor
- ✓ Allow 15-20 minutes per meal
- ✓ Enjoy a conversation during meal time
- ✓ Sit down at the table to eat. Be wary of 'mindless eating' in front of the TV/computer etc

Things to Remember regarding Lifestyle

- ✓ Do not donate blood (you are at a higher risk for anemia after surgery)
- ✓ **MOVE, MOVE, MOVE**: wear pedometer and aim for 10,000 steps/day
- ✓ Take the stairs rather than the elevator
- ✓ Park at the far end of the parking lot
- ✓ 'Mall Walk' on rainy days, or walk the perimeter of Lowes/Walmart
- ✓ **PLAN** ahead for events, road trips, or any other unusual circumstances. Always **BE PREPARED**
- ✓ Take your vitamins **EVERYDAY** for **LIFE**
- ✓ Get rid of the scale. **DO NOT WEIGH** yourself at home as this will lead to unnecessary stress/anxiety. Remember, the number on the scale is just one piece of the picture- how you feel, how your clothes fit, and controlling co-morbidities are just as important, if not more important, than the number on the scale!

Movement

Put your flip flops away and get a pair of sneakers with good arch support. Get a pedometer and **WEAR IT**. Record your daily steps at the end of each day. At the end of the week, add those steps together to get a daily average. Take that number and increase it by 10% each week until you hit your goal of **10,000 steps/week**. It may take months or years to reach this goal, and that is okay. The important thing is to **KEEP MOVING** and to keep pushing yourself to reach a new goal each week. Be careful not to push yourself too hard as this can cause injuries/added stress to joints.

Ask Yourself: WHY AM I EATING?

Emotional Hunger **VS** Physical Hunger

Your hunger comes on
SUDDENLY

Your Hunger Comes on
GRADUALLY

You must be satisfied
INSTANTLY

Your needs can **WAIT**

You crave **SPECIFIC** comfort
Foods

Lots of **DIFFERENT** foods
sound good to you

You eat **QUICKLY**, Often in
PRIVATE

Take your **TIME** eating, Often
with **COMPANY**

You are not Satisfied even with a
FULL stomach

You **STOP** eating when you are
full

After eating, you have feelings of
SHAME, GUILT, or
POWERLESSNESS

After eating, you do **NOT** feel
bad about yourself

Do NOT weigh yourself at home.



*****You will weigh-in at each of your follow-up appointments*****



How Flip Flops Mess With Your Feet

This summer shoe is a real flop. Here's what's happening to your foot when you throw them on.

TOES

With only a small strip of fabric holding the foot in place, your toes need to grip the shoe to keep it on. Over time, that repetitive gripping can lead to overuse of the muscles, which could trigger tendinitis, or the inflammation of the tendons that connect your muscles to the bones. Tendinitis can be painful, and could result in tears or ruptures in the tendons. Over-wearing your flip flops can lead to hammer toes (a contraction of the joints that causes the toe to bend abnormally) and encourage bunion formation, or make an existing bunion worse.

BONES

Overuse can also lead to stress fractures in the bones of your feet, which develop from repetitive trauma without any shock absorption or cushioning. Standing or walking too long in a thin, flat shoe like a flip flop can cause these tiny cracks in the bones.

BACTERIA

How's this for gross-out factor: a 2009 report from the TODAY show and the University of Miami found one pair of flip flops was home to more than 18,000 bacteria, including the dangerous *Staphylococcus aureus* and bacteria from fecal matter.



SPACE BETWEEN TOES

Unlike other more structured shoes, there isn't much material to stabilize the foot while wearing a flip flop. Rubbing bare skin against the plastic or leather of a flip flop thong can lead to painful blisters, which are liquid-filled sores that develop from chafing to help protect deeper layers of the skin.

ANKLES & UP

Because you're carrying your foot differently than you do in a more supportive shoe, you actually change the entire way you walk. One Auburn University study found that people wearing flip flops take shorter steps and hit their heels to the ground with less vertical force, which can throw off your natural gait and trigger pain and problems throughout the body. Changes to your natural gait can lead to issues in your ankles, knees, hips and back.



FOOT PAD

Your feet are in constant motion in a flip flop. And motion creates friction. When your foot is moving around and rubbing against the base of the flip flop all day, it can create a burning sensation or blisters on the pads of the underside of your foot, especially when that friction is coupled with sweat on a hot day.

ARCH

A thick band of tissue called plantar fascia runs from your heel to the ball of your foot, creating an arch. Overuse and lack of support (read: a thin flip flop) can lead to the inflammation of that plantar fascia, a condition called plantar fasciitis, which can cause arch pain. A lack of arch support can also cause the foot to over-pronate, or flatten out.

HEEL

Similar to the arch, heel pain can stem from plantar fasciitis. One of the most common symptoms of plantar fasciitis is a dull or sharp pain in the heel. Open-backed flip flops can also promote heel pain by allowing the back of the foot to repeatedly rise off the back of the shoe.

Not All Flip Flops Are Created Equal

Here are some tips for picking a better pair:



SIZE MATTERS

One-size-fits-all flops are not your friend. Zinkin recommends finding a pair that fit properly, without your toes or heels hanging (even a little) off the end.



THE BEND TEST

If you pick up a flip flop and it easily bends right down the middle, put it back. You need more support than that. (It should only bend at the ball of the foot where you need it for walking.)



IT'S IN THE ARCH

Sutera recommends picking a flip flop with a thicker sole and a little bump in the middle to create arch support.



STRAP IT IN

A thin thong doesn't provide much support, and leaves your foot moving all over the place. Look for a shoe with a strap across the back, or at least longer, thicker straps in the front.



THINK MATERIAL

The American Podiatric Medical Association recommends a high quality, soft leather over other materials to cut blister and irritation risk.



GO SHOPPING

Flip flops wear out — replace yours each year, especially if they're showing obvious signs of wear.

Sources: Jackie Sutera, New York City podiatrist; Cary Zinkin, Deerfield Beach, Fla. podiatrist and spokesperson for the American Podiatric Medical Association; A.D.A.M. Medical Encyclopedia; Auburn University; TODAY Photos: Shutterstock and Getty

FAQ's

1) What should I bring to the hospital for my stay?

- A complete list of your medications (include name, strength and dose)
- Comfortable/slip on shoes
- Comfortable clothes for 1-3 days/nights (depending on your surgery)
- Books, magazines, electronics
- Chap-stick/Lip Balm
- CPAP machine if using one
- Your survival Guide!

2) Is there internet/WIFI at the hospital? Can I bring my own electronics?

- Yes the hospital does offer free WIFI and you can bring your own electronics

3) Can someone spend the night with me at the hospital? Is there an age requirement?

- In most cases, a family member or spouse is welcome to spend the night. We try to offer private rooms to all of our patients when able, however if you are placed in a semi private room, your spouse or significant other may not be able to spend the night. Please inquire about this at the time of your admission
- Children under the age of 18 are permitted to stay the night as long as there is another accompanying adult present.

4) How soon after surgery can I drive?

- As long as you are not taking any narcotic pain medications you can drive locally within 48-72 hours.

5) How soon can I go back to work after surgery?

- Usually about 2 weeks for a desk/light-work job
- Usually about 8 weeks for a strenuous job (lifting >10 pounds)

6) How soon after surgery can I have sex?

- ~4 weeks
- ***Females remember to use some sort of Birth Control; Females tend to become very fertile after weight loss***

7) How soon after surgery can I get pregnant? Will the baby be healthy?

- We recommend you wait at least 18 months after your surgery to conceive. Most women are *much* more fertile after surgery. ***Females remember to use some sort of Birth Control; Females tend to become very fertile after weight loss***
- After surgery, there is much less risk of experiencing problems during pregnancy (gestational diabetes, eclampsia, macrosomia) and during childbirth. There are also fewer miscarriages and stillbirths than in heavy women who have not had surgery and weight loss. There is also less risk of needing a C section.
- Make sure you are following up with your OB/GYN regularly and continue taking your MVI/mineral regime and/or a good prenatal as prescribed by your OB/GYN.

8) When can I start exercising again?

- We recommend no lifting of anything over 10 pounds for the first 6 weeks after surgery.
- You will begin walking immediately after surgery and continue to build upon that slowly until you reach your goals of 10k steps/day.
- No abdominal crunches or tummy exercises for the first 8 weeks after surgery

9) Will I need to have plastic surgery? Does insurance pay for plastic surgery?

- It is not uncommon to have some loose or sagging skin after weight loss surgery. The amount of sagging skin depends upon several things, including how much weight you lose, your age, your genetics and whether or not you exercise or smoke.
- Some patients will choose to have plastic surgery to remove excess skin. Most surgeons recommend waiting at least 18 months, but you can be evaluated before that.
- Plastic surgery for removal of excess abdominal and breast skin is often covered by insurance for reasons of moisture, hygiene and rash issues. Arms and other areas may not be covered if they are considered “purely” cosmetic by your insurer.
- You will need to get a referral from your Primary care provider (PCP).

10) Will I lose my Hair after surgery?

- Some hair loss is common between 3 and 6 months following surgery. ***Hair loss is almost always temporary.*** The reasons for this are not totally understood, but most likely this is due to hormonal changes. Adequate intake of protein, vitamins and minerals will help to ensure hair re-growth, and avoid longer term thinning.

11) Where can I fill my pain medicines/prescriptions after discharge?

- Depending on your insurance, a Walgreens representative may visit you during your hospital stay and fill your prescriptions for you prior to discharge.
- If your insurance does not cover prescriptions at Walgreens, there is a Publix about ½ mile from the hospital →
**1575 Old Trolley Rd, Summerville, SC 29485
(843) 832-0456**

12) How do I get added to the Bariatric Friends Facebook Page?

- Send Jane Wiltsie a ‘friend request’ and she will add you to the group.
- This is a secret group for our patients only

13) Can I chew Gum?

- Proceed with caution with chewing gum as it can be a trigger for some people, especially the sweeter gums like juicy fruit. Also, chewing gum may cause you to swallow air and cause gas/pain/bloating. If this occurs, discontinue chewing gum altogether. If you do decide to chew gum, choose a mint or non-sweet flavor.

14) How many times will I visit the dietitian/psychologist?

- One 1-hour pre-op visit with the dietitian
- 1-2 visits with the psychologist (ask when you call to make your appt., this varies by practice)

15) How soon will I get a surgery date?

- There are many factors that play into getting you ready for surgery. It usually takes a MINIMUM of 12 weeks to receive a surgery date, but this depends on several different factors that may be out of our control.
- Ultimately, we will proceed at the pace that you and your insurance allow us too. If you are struggling with changing your lifestyle, will work with you to ensure that you are ready and this may prolong your surgical date.

16) How often will my follow-up visits be after surgery?

- Initially 2 weeks, 4 weeks, 6weeks, and 8weeks after surgery
- Then monthly for the first year
- Then every 3 months after that

17) When can I get in the pool/ocean/hot tub after surgery?

- You will need to wait until the incisions have completely healed to get into any body of water, this is typically around 6 weeks after surgery. Be sure to clear this with your surgeon first.

Recipes

Baked Eggs

- 1-2 eggs
- Small handful of spinach, roughly chopped
- 1 wedge of laughing cow original Swiss, or other cheese of choice
- dash of S&P
- Muffin Tin

Directions:

Preheat oven to 350 degrees F. In muffin tin, put spinach on the bottom and crack open the egg(s) on top. Break cheese into chunks and spread around the bowl. Sprinkle with S&P and bake in oven for ~12 minutes, or until the clear part of the egg is white. *Other add-in options: Peppers, onions, tomatoes, mushrooms, black beans, diced ham, bacon, etc.

Mashed Cauliflower (Mashed Potato Substitute)

- 1/2 head cauliflower, chopped into florets (or 1/2 package fresh or frozen cauliflower florets)
- 1-2 cloves minced garlic
- 2 Tb fat free Greek yogurt OR 2 Tb whipped cream cheese
- Splash milk (If needed)
- Pinch of salt
- 1-2 laughing cow cheese wedges (optional)

Directions:

Add cauliflower and a splash of water to a microwave safe dish. Cover and cook in microwave on high for ~4 minutes, or until cauliflower is tender. Add cooked cauliflower to food processor or blender. Add in garlic and Greek yogurt or cream cheese. Blend/puree until desired consistency is reached. (If needed, add a splash of milk).

Lemon Hummus Chicken and Veggies

- Veggies of choice
- 1 pound chicken breast
- ½ cup hummus (Recommend Sabra Brand)
- 2 lemons cut in half
- 1 Tb Garlic, minced
- Salt and pepper to taste

Directions:

Preheat oven to 450 degrees. Spray veggies and large glass baking dish w/ pam. Add veggies to dish and top with chicken breast. Sprinkle w/ salt and pepper. Top chicken w/ hummus and squeeze lemons over top. Place lemon halves on top of chicken and cover dish with foil (optional). Bake at 450 degrees for 25-30mins, until chicken is cooked through (>165degrees F)

Zucchini Boats

- 4 medium zucchini
- 1 pound ground beef or turkey
- 1/2 small onion, diced
- 1/4 cup salsa of choice
- 2 Tb Mexican seasoning
- 4 oz. tomato sauce
- 1/4 cup water
- 1/2 cup 2% Mexican cheese
- 1/4 cup bell pepper diced (optional)
- 2-3Tb cilantro, chopped
- Greek yogurt (for topping)

Directions:

Preheat oven to 350degrees. Trim off ends of zucchini. Cut in half lengthwise and scoop out the pulp leaving ~1/2 inch in the shell. Finely chop pulp. In a skillet, cook the beef or turkey, zucchini pulp, onion, peppers over medium heat until meat is cooked through and onions/peppers are soft. Add Mexican seasoning, tomato sauce, salsa water and mix well. Fill the hollowed zucchini 'boats' with the turkey/gr beef mixture and place in greased baking dish. Top with cheese and bake uncovered for 25-30 minutes on 350 degrees until zucchini is tender. Garnish with chopped cilantro and Greek yogurt.

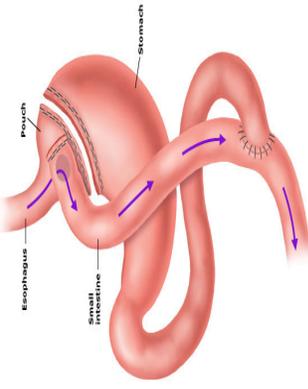
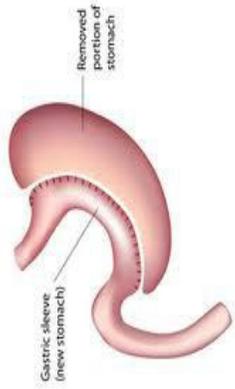
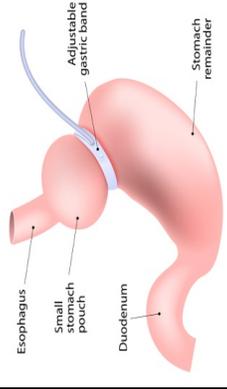
Spaghetti Squash: (Pasta Substitute)

Spaghetti squash is a large yellow winter squash that contains about 21 calories and 5 grams of carbohydrate per 1/2 cup cooked. Once cooked, the inside of the spaghetti squash peels away from the rind and looks like noodles, hence the squash's name! It is also faster to cook than regular pasta noodles because you do not have to wait for the water to boil!

How to cook a spaghetti squash:

Cut the spaghetti squash in half lengthwise, remove seeds with a spoon. Place squash cut side down in a microwave safe dish with about a 1/2 inch of water. Cook on high for about 10-14 minutes (longer if needed) or until the spaghetti squash is fork tender. Allow to cool for about 5 minutes. Once cooked, use a fork to 'comb' out the spaghetti strands! Top with marinara/meat sauce or enjoy as a pasta substitute in all your favorite pasta dishes!

Quick Comparison Guide

			
Type of Surgery	Roux-en-Y Gastric Bypass	Sleeve Gastrectomy	Adjustable Lap Band
Brief Description	Reduces stomach to size of a walnut, Reroutes food away from stomach.	Stomach divided vertically, portion of stomach is removed	Adjustable band placed around upper part of the stomach, access port is placed underneath abdominal skin
How it Works	Restricts food volume and alters the absorption of nutrients. Decreases the hormones that affect hunger.	Restricts food volume and decreases the hormones that affect hunger	Restricts food volume
Nights in Hospital	~3	~2	0-1
Longevity	1970s	2009 approved as a primary procedure	available in the US since 2001
Expected weight loss	55-70% **All results depend upon commitment to lifestyle changes	55-60% **All results depend upon commitment to lifestyle changes	~40% **All results depend upon commitment to lifestyle changes
Surgical Risk	moderate	low to moderate	low
30-day mortality rate	0.4%	0.1%	0.1%
Ease of reversibility (Always requires surgery and is accompanied by weight regain)	Moderate to difficult; can be reversed to normal anatomy function	Part of stomach (70-80%) is permanently removed. Can be converted to a gastric bypass.	Can be removed and can be converted to gastric sleeve or RNY Bypass
Pros	<ul style="list-style-type: none"> • Weight loss is more rapid • Most commonly studied procedure • Rapid improvement or resolution of weight related co-morbidities (ie Diabetes) • Improved insulin utilization • Decrease hunger hormones 	<ul style="list-style-type: none"> • No device is implanted • No intestinal rerouting • No malabsorption component • Improved insulin utilization • Decrease hunger hormones 	<ul style="list-style-type: none"> • Least invasive • No stomach stapling or intestinal rerouting • No malabsorption component • Fast recovery time
Cons	<ul style="list-style-type: none"> • Potential for nutritional and vitamin deficiencies • "Dumping syndrome" 	<ul style="list-style-type: none"> • Acid reflux may develop • Not reversible • Long term data is limited 	<ul style="list-style-type: none"> • Acid reflux may develop • Foreign Body • Weight loss may be less than other surgeries

Acceptable Psychological Associates

- This is a list of providers that have a great deal of experience with our bariatric patients. However, you are not limited to only seeing someone on this list. Please check with your insurance company before making any appointments. Many insurance plans, such as Medicaid and Tricare, will require a referral from your Primary Care Physician prior to making this appointment.

Cashton B. Spivey, Ph.D.
Behavioral Associates
Parkshore Centre
1 Poston Road, Suite 145
Charleston, SC 29407
843-556-4157

Sheldon Levin, Ph.D.
913 Bowman Road, Bldg. #2
Mount Pleasant, SC 29464
410-746-8187 Cell
843-216-2535 Office

Ebele Compean, MD
2683 Elms Plantation Blvd
Charleston, SC 29406
843-531-9888

Frances Welch, Ph.D.
627C Old Trolley Rd
Summerville, SC 29485
843-425-9661
*Saturday appointments

Scott Shaffer, Ph.D.
902 North Street
Beaufort, SC 29902
843-524-9116

Bianca Jardin, Ph.D.
523 Live Oak Drive
Mt. Pleasant, SC 29464
843-300-2095
*Takes Medicaid

Dr. Jeannine Monnier
Dr. Cindy Carter
29 Leibbach Drive, Ste. D-2
Charleston, SC 29407
843-501-7001
*Takes All Medicaid Plans; Referral
Required

Dr. Jennifer Stolin- (Referral Required)
90 Springview Lane, Suite A
Summerville, SC 29485
843-832-9113
*Please specify the need for a *Bariatric
Psychological assessment* when making
appointment.

Counselors

- Most insurance companies require you to see a psychiatrist or psychologist. However, for self-pay patients and post-operative patients, a licensed professional counselor is often a great option.

Kari Warren, LPC
3030 Ashley Town Center Drive
Suite 203-B
Charleston, SC 29141
843-730-4613

Judy Lohr, MSW, LISW
897 Magnolia Bluff Circle
Beaufort, SC 29902
843-575-8316

Patricia Alley, CSW
897 Magnolia Bluff Circle
Beaufort, SC 29902
843-263-6038

