

COASTAL CAROLINA BARIATRIC CENTER

Survival Guide



**Coastal Carolina
Bariatric Center**
SUMMERVILLE MEDICAL CENTER

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Your CCBC 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.

<u>To Do:</u>	<u>Date Completed:</u>
1) Read Survival Guide	_____
2) Start Keeping Food & Pedometer Logs	_____
3) Obtain Letter of Recommendation from Primary MD	_____
4) Appointment with Dietitian <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• See appendix for suggested list	_____
6) Pre-Operative Testing: <ul style="list-style-type: none">_____ Chest X-Ray_____ EKG_____ Barium Swallow/UGI Study (if needed)_____ Gallbladder Ultrasound (If needed) <p><i>**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</i></p>	_____
7) Pre-Operative Labs	_____
8) Watch Peri-operative Information class <ul style="list-style-type: none">• View Online through CCB&SC	_____
9) Join Our Facebook Group <ul style="list-style-type: none">• Please send friend request to <u>Jane Wiltsie</u> on Facebook if you would like to be added to the SECRET support group page	_____

*****Please bring this checklist 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, 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 for four years in a row!

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 photos highlighting patients' accomplishments.

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!

Dr. Neil McDevitt and Staff



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 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.



Jane Wiltsie, Registered Medical Assistant

Jane has been helping patients since she received her certification in 1993. Her background includes Women's Specialists, Ear, Nose and Throat, and Urgent Care. But it is here she has found her calling. She is our resident "expert" on Gastric Bypass and uses her personal experience to help guide patients in person, on the phone, and through social media.



Michell Pye, Certified medical assistant

Michell's background includes 3.5 years at the MUSC GI clinic and 2 years working with pediatric care. She also previously worked at a weight loss clinic helping patients reach their weight loss goals. She enjoys spending time with her family in the outdoors, especially riding four wheelers and hunting.



Kyla Sutter, Medical Assistant

Kyla comes to us with 10 years of experience as a medical assistant. She previously worked in orthopedics, family practice, and urgent care. Her combination of vast experience, compassion, and knowledge of bariatric surgery (she had a gastric bypass herself in 2013), make her the perfect fit for the CCBSC team! Kyla will be the first face you see when entering the practice, and you will never see it without a smile. She will help guide you throughout the process from registering for a seminar to preparing for surgery.



Meagan Stoner, Practice Manager

After completing her Bachelor's Degree in Biology from Winthrop University in Rock Hill, SC, Meagan joined HCA Physicians Services. She is a jack of all trades and keeps the office running smoothly and efficiently. Meagan's kindness and compassion are a perfect match for her unrelenting determination in obtaining certifications and appeals. Ask Meagan anything, she will find the answer.



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 was also recently named our Bariatric Coordinator and plays an essential role in keeping the program on point for 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 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 three types of weight-loss surgery:

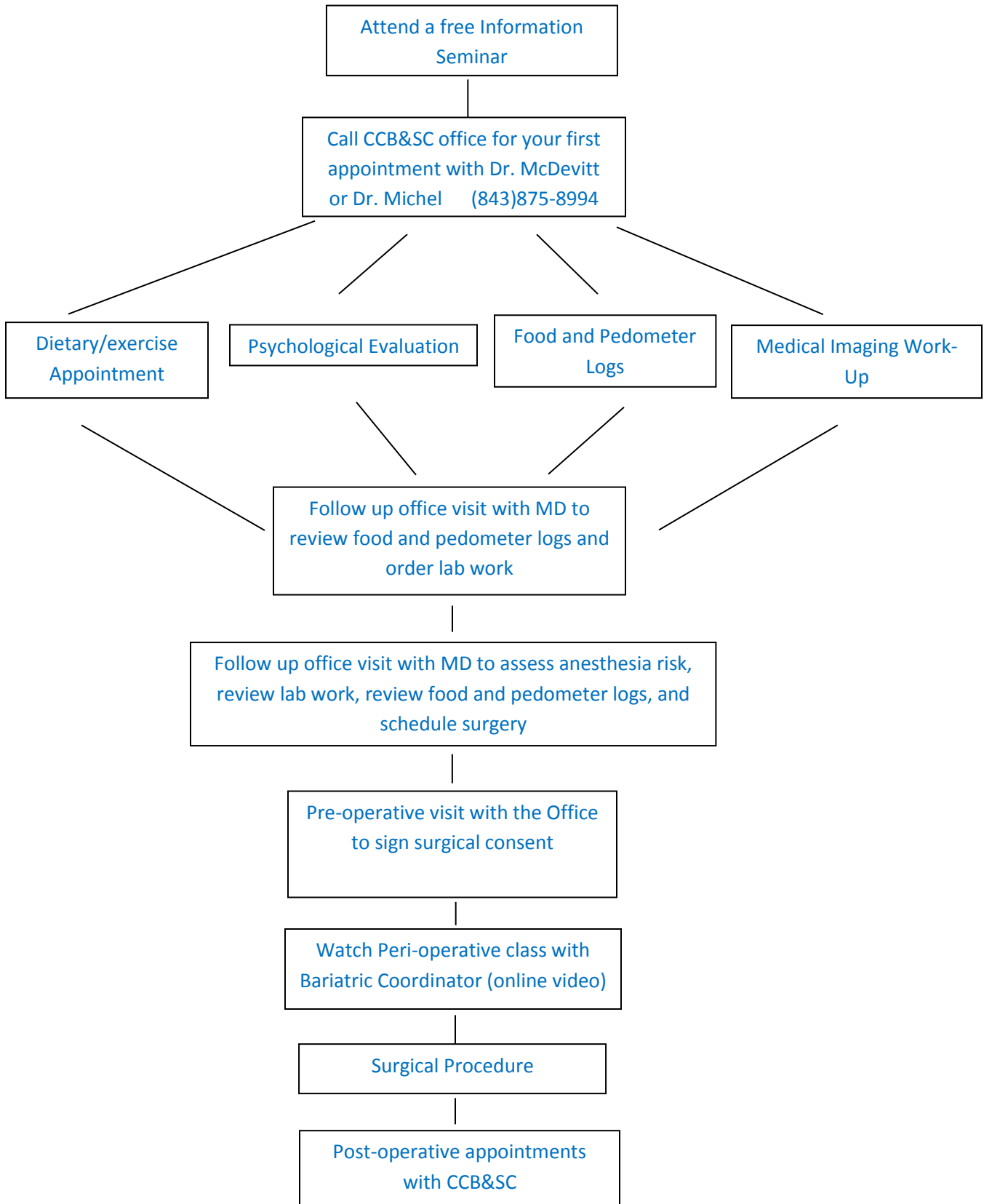
- Laparoscopic Adjustable Gastric Banding (Lap-Band)
- Roux-En-Y Gastric Bypass
- Vertical Sleeve Gastrectomy

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 weeks then monthly after surgery for the first year. Your 2, 4, 6 week, 6 month and 1 year post op appointment will be scheduled for 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.

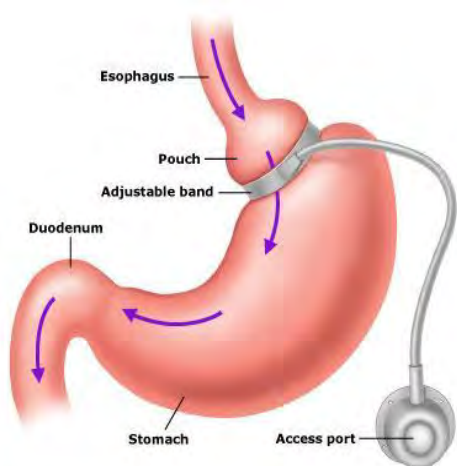
Our Process



Types of Surgeries

Types of Surgeries Performed at CCB&SC

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 change the rate of weight loss. 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.

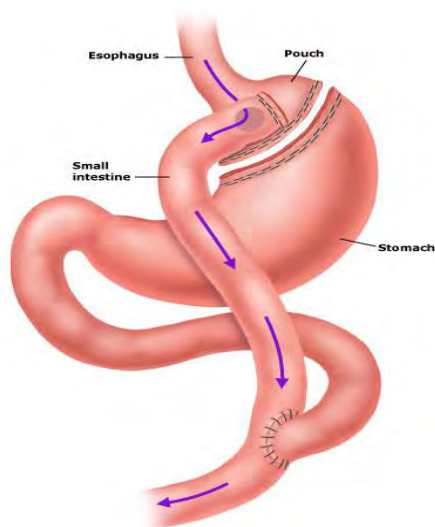
Advantages of Laparoscopic Adjustable Gastric Banding or LAP-BAND®:

- 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.

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):

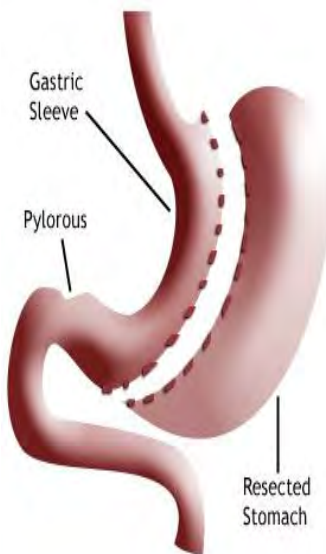
- A low mortality rate (0.145%)
- Excellent weight loss, approximately 60-80% excess body weight at 24months.
- Rapid resolution or elimination of co morbidities (e.g., type II diabetes, sleep apnea, hypertension and more).
- Decreased hunger hormones

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)

Complications

Complications

Possible complications after Lap Band Surgery

Slippage: Overtime, possible 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 most likely 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 you 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 (ie: 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.

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 over 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 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.

Blood Clots: Also called deep vein thrombosis, this most often occurs in people who are unable to move around well. It is imperative that you begin moving ASAP after your surgery. Call your doctor for any swelling and and pain in one or both legs.

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 you 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 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 over 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

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, call the office and ask about a prescription for Magnesium Citrate.

Diarrhea: You may take Imodium as needed for Diarrhea.

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 or Celebrex are appropriate options. **DO NOT** take NSAIDS or ASPIRIN.

Reflux and Heartburn: If you are taking any medications for this 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 and is usually caused by not eating enough protein. 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.

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 mint or fennel oil to a handkerchief to combat nausea



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

- **Feeling of "Impending Doom"**
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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 snack of raw vegetables and low fat ranch dressing 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; such as 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
- Fried foods
- Anything with ‘flour’ listed in the ingredients (including wraps, crackers, cereals, etc)

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.

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 with NO skin: 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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Dairy →

- Milk or Soy milk are good protein choices
- Greek yogurt (Recommend Chobani or Oikos*)



Chobani comes in several varieties and can be found at your local grocery store. Look for the 0% varieties. Try using Greek yogurt instead of sour cream or mayo in a recipe (ie 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 little 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 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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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 	<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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*Recommend Smart Balance

* Small amounts of condiments such as ketchup, butter sprays, mustard, salsa, pam are okay*

*****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*
- *Snacks → Greek yogurt, cheese, fresh fruit*
-

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
 - 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!



TIP *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 (Tip: Ask Ladles restaurant to strain their soups for you!)
- 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.

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

DO NOT ADVANCE YOUR DIET

Activity

- Walk, Walk, Walk
- 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 x 6 weeks
- **NO** core exercises x8 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

- **NO** driving while taking narcotic pain medication
- You may just take Tylenol for the pain- **DO NOT** TAKE TYLENOL AND THE PRESCRIBED NARCOTIC PAIN MEDICATION TOGETHER
- **NO** Aspirin or Aspirin products
- **NO** Non-steroidal Anti-inflammatory Drugs-typically arthritis medications
- Medications should be smaller than a pencil eraser. If not, cut them in half.
- You may start taking your chewable multivitamin and B12. Hold off on taking the calcium and iron for the first 4 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 over 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!!

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 (ie ground meat, meatloaf, etc)
- Cottage cheese
- Chili (ie Wendy’s or homemade)
- Beans, Lentils, legumes
- Eggs
- Low-Fat Cream Soups
- Sugar-Free pudding
- No sugar added Yogurt or Greek Yogurt
- Canned or soft fruits/vegetables (No raw fruits or vegetables)
- No nuts or seeds

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

****NO Baby Foods****

DO NOT ADVANCE YOUR DIET

Activity:

- **Walk, Walk, Walk-** you still have to get your steps in!!
- We still want to avoid post- surgical complications such as pneumonia and blood clots
- **NO** Lifting over 10lbs – including housework x 8 weeks
- **NO** Core exercises x 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
- ***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 over 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:

- At this point you should not be on the narcotic pain medication
- Plain Tylenol should control the pain
- **NO** driving if you are still taking the narcotic pain medication
- **NO** Aspirin or Aspirin products
- **NO** Non-steroidal anti-inflammatory medications
- You may start taking your Calcium and Iron at this time
- Continue taking multivitamin and B12

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

All Surgeries:

When you get home from the hospital, begin taking→

- ✓ **Chewable Multivitamin**
 - You should take Two Chewable per day, Ideally one in the am and one in the pm.
 - Over the counter examples include: Flintstone's Complete, Centrum Chewable

- ✓ **B12**
 - 1000mcg
 - Sublingual (Under your tongue)
 - Or as a nasal spray
 - Or You may also ask about a monthly B12 shot.

At your 4 week post op appointment, you will begin taking→

- ✓ **Chewable Calcium + Vitamin D Supplement**
 - Recommend taking after Lunch
 - 1,200-1,500mg per day
 - 1000IU vitamin D
 - **DO NOT** take your Calcium pill at the same time you take your multivitamin
 - *Choose Calcium Citrate NOT Calcium Carbonate (Gastric Bypass Only)*

- ✓ **Additional Iron Supplement:**
 - 18mg daily
 - Drink plenty of water to help prevent constipation
 - Eat Fiber rich foods to help prevent constipation

WHERE TO PURCHASE:

- 1) GNC, Vitamin World, Walmart or your local pharmacy
- 2) Online through Bariatricadvantage.com or BariatricFusion.com
- 3) Through your insurance company. Ask about Nascobal at your next visit to see if you qualify. (See Appendix for more information)

Post-Op: Maintenance, 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!

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.

✗ 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. e.g. Falling back into old habits leads to failed weight loss."

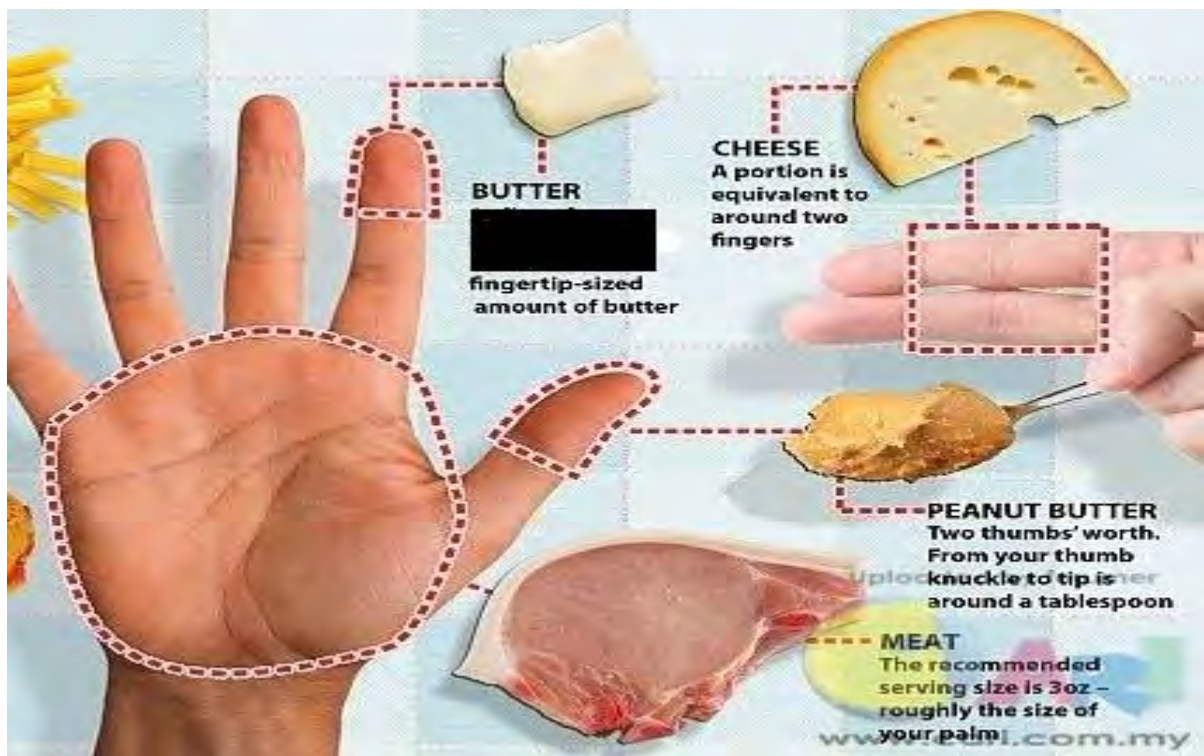
Protein Guide

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; ie. 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 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, ie 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 (ie mozzarella, brie, feta) ~6g protein per ounce
- Medium-Hard cheese (ie 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

Quick Look at Grams of Protein in Meat, Chicken, and Fish

An ounce of meat or skinless poultry has approximately 7 grams of protein when cooked, or 6 grams of protein per ounce for portions weighed before cooking.

Fish has a little more than 6 grams of protein per ounce cooked.

The ounce-equivalents of protein foods are those that best match 1 ounce of lean beef, pork, skinless poultry, fish or shellfish, providing about 7 grams of protein. These include:

- 1 egg
- 1/2 ounce nuts or seeds
- 1 tablespoon nut butter
- 1/4 cup cooked beans, peas, or tofu
- 2 tablespoons hummus

With these rules of thumb in mind, here is a look at high-protein foods, with the grams of protein in common servings and measures. You will see that some vary from the general rule of thumb.

Chicken and Turkey

Chicken and turkey are excellent sources of lean protein, especially if you have skinless portions. A 4-ounce portion of chicken or turkey is about the size of a deck of cards and provides 35 grams of protein. Once cooked, you can enjoy chicken cold or hot, as part of a salad, on sandwiches, by itself, or in other dishes. It can be helpful to check a list of the protein grams in different parts of the chicken.

- Chicken breast (3.5 ounces): 30 grams protein
- Chicken thigh: 10 grams protein (for average size)
- Chicken drumstick: 11 grams protein
- Chicken wing: 6 grams protein
- Chicken meat, cooked (4 ounces): 35 grams protein
- Chicken smoked sausage (Hillshire) (2oz) 8 grams protein
- Chicken Italian sausage (3 1/2oz = 100g) 21.4 grams protein
- Chicken broth 99% fat free (1 cup) 2.6 grams protein
- Turkey breast, roasted (4 ounces): 34 grams protein
- Turkey meat ground (4 ounces): 22 grams protein
- Turkey breast *luncheon meat*, 1 slice (0.7 ounces): 3.6 grams protein
- Turkey leg {3 1/2 oz = 100g serving): 28 grams protein
- Turkey Smoked (1 oz = 28.35g serving): 8.3 grams protein
- Turkey Italian sausage (1 oz = 28.35g) 4.3 grams protein

Beef

Most cuts of beef have 7 grams of protein per ounce. You don't have to eat large quantities of beef or other high-protein foods. A simple quarter-pound hamburger patty can provide most of your protein needs for the day as follows:

- Most cuts of beef = 7 grams of protein per ounce
- Hamburger patty (4 ounces or 1/4 pound) = 28 grams protein
- Steak (6 ounces) = 42 grams protein
- London Broil (3 ounces) = 30 grams protein
- Franks (Ball Park 100% beef bun size) (1 frank) = 6 grams protein
- Swanson beef broth reduced sodium (1 cup) : 2.6 grams protein

Fish

Fish and shellfish are good sources of protein, one that cultures around the world rely on for their protein intake. Oily fish such as salmon, tuna, mackerel, and sardines provide beneficial omega-3 fatty acids. However, children and women who are pregnant or plan to become pregnant need to choose from seafood that has lower levels of mercury contamination.

- Most fish fillets or steaks are about 22 grams of protein for 3 ½ ounces (100 grams) of cooked fish, or 6 grams per ounce
- Wild Salmon 3 ounce serving = 17 grams protein
- Pacific Cod 3 ounce servings = 16 grams protein
- Mullet fillet (grilled) 3 ounce serving = 32 grams protein
- Shrimp, 3-ounce serving = 18 grams protein
- Shrimp, 4-ounce serving = 24 grams protein
- Tuna, 6-ounce can: 40 grams protein
- Crab meat (canned) 3-ounce = 15 grams
- Scallop steamed, broiled, or grilled: 1 scallop = 1.9g, 1 oz = 5.14g, ½ c = 12.5g, 1 c = 24.31 grams protein

Pork

Pork can be an enjoyable addition to your diet and it has about the same protein content as beef and poultry. You will want to look for leaner cuts. Cured pork products are also likely to have more salt and sugar than you may want in your diet.

- Pork chop, average: 22 grams protein
- Pork Ribs, 1 small = 4.8g, 1 med. = 6.87g, 1 lg. = 8.79g, 1 sm. cut (3 ribs) = 21.71g, 1 med. Cut (3 ribs) = 30.39g, 1 lg. cut (3 ribs) 39.07g, 3 oz with bone = 15.63g, 1 cup without bone = 38.78 grams protein

- Pork steak 3 ounces = 24 grams protein
- Pork loin or tenderloin, 4 ounces = 29 gram' protein
- Ham, 3-ounce serving = 19 grams protein
- Ground pork, 1ounce raw = 5 grams; 3 ounces cooked = 22 grams protein
- Bratwurst (Johnsonville Beer Bratwurst) 1 bratwurst = 15 grams protein
- Bacon, 1slice = 3 grams protein
- Canadian-style bacon (back bacon), slice = 5g to 6 grams protein
- Pepperoni ¼ c pieces **OR** ¼ c slices **OR** 1oz. = 6 grams protein

Eggs and Dairy

These round out the animal products that are high in protein. You can find dairy products that are lower in fat if you want to avoid it. While not appropriate for a vegan diet, some vegetarians allow milk and eggs and can make use of them as a protein source .

- Egg, large = 6 grams protein
- Milk, 1cup = 8 grams protein
- Cottage cheese, ½ cup: 15g, ¾ cup = 7.5 grams protein
- Yogurt, 1cup: usually = 8g to 12 grams protein (check label)
- Greek yogurt 6 ounces = 15g to 18 grams protein (check labels)
- Soft cheeses (Mozzarella, Brie, Camembert, Fetta) = 6 grams protein per ounce
- Medium cheeses (Cheddar, Swiss) = 7g or 8 grams protein per ounce
- Hard cheeses (Parmesan) = 10 grams protein per ounce

Prepackaged sliced cheese (Baby Swiss, Provolone) = 5 grams protein per slice

Vegetables/Fruit with Protein

- Artichoke 1 medium vegetable = 4.2 grams protein
- Spinach (1 cup cooked) = 5 grams protein
- Sundried tomatoes 1 cup = 6 grams protein
- Guava 1 cup = 4.2 grams protein

Coconut oil is very healthy, use 2 tablespoons in a smoothie, or use for frying (ex. Eggs)

Protein Powders

The amount of protein and carbohydrate in a protein powder varies a fair amount depending on the source of the powder, so you will need to read the label. Protein powder can be made from whey (milk) protein, egg, soy, rice, peas, and other sources . Many types of protein powder are marketed to body builders and athletes. Be sure to check the labels and avoid any unwanted additives

Beans (Including Soy)

Beans are a staple source of protein for vegan and vegetarian diets. They are lower in some of the essential amino acids than animal protein foods, but if you eat a diet that includes a variety of plant sources, you are unlikely to have a deficit in any.

- Tofu, 1/2 cup = 20 grams protein
- Tofu, 1ounce = 2.3 grams protein
- Soy milk, 1cup = 6 to 10 grams protein
- Most beans (black, pinto, lentils, etc.) 1/2 cup cooked = 7g to 10 grams protein
- Soybeans, 1/2 cup cooked = 14 grams protein
- Green peas, 1cup = 8 grams protein
- Split peas, 1/2 cup cooked = 8 grams protein
- Dried baby lima beans 1cup serving = 14 grams protein
- Dried black beans 1cup serving = 16 grams protein
- Dried black-eyed peas 1cup serving = 14 grams protein
- Dried Garbanzo beans (chick peas) 1cup serving = 14 grams protein
- Dried Great Northern beans 1cup serving = 14 grams protein
- Dried Large lima beans 1cup serving = 14 grams protein
- Dried navy beans 1cup serving = 16 grams protein
- Dried pink beans 1cup serving = 16 grams protein
- Dried pinto beans 1cup serving = 14 grams protein
- Dried red kidney beans 1cup serving = 16 grams protein
- Dried small red beans 1cup serving = 16 grams protein

Nuts and Seeds

As with beans, nuts and seeds are high in protein and can give a boost to vegan or vegetarian diets. Note that the amount needed to supply a protein equivalent is less for nuts and seeds than it is for beans. In addition to protein, most nuts and seeds provide polyunsaturated fats, fiber, minerals (such as magnesium and calcium), and phytonutrients.

- Almonds, 1/4 cup = 8 grams protein, 1ounce = 6 grams protein
- Cashews, 1/4 cup = 5 grams protein, 1ounce = 5 grams protein
- Chia seeds, 1 tablespoon = 2.5 grams protein, 1 ounce = 5 grams protein
- Coconut (dried) 1 ounce = 2 grams protein
- Flax seeds, 1/4 cup = 8 grams protein, 1 tablespoon = 1.3 grams protein
- Hazelnuts, 1 ounce = 4.3 grams protein
- Hemp seeds, 3 tablespoons = 13 grams protein
- Peanuts, 1/4 cup = 9 grams protein, 1 ounce = 7 grams protein
- Peanut butter, 2 tablespoons = 8 grams protein

- Peanuts-boiled, 33 nuts = 4 grams protein
- Pecans, 1/4 cup (1 oz or 19 halves) = 2.5 grams protein
- Pine nuts, 1 tablespoon = 1.3 grams protein
- Pumpkin seeds, 1/4 cup = 8 grams protein
- Sesame seeds 1 tablespoon = 9 grams protein, 1 ounce = 28 grams protein
- Sunflower seeds, 1/4 cup = 6 grams protein
- Walnuts, 1 ounce (14 half's) = 4.3 grams 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 weary 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 multivitamin daily
- ✓ 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, for most patients, this is approximately 1 week.

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?

- 6-8 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.

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) 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)

14) 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.

15) 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

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
- ¼ cup salsa of choice
- 2 Tb Mexican seasoning
- 4 oz tomato sauce
- ¼ cup water
- ½ cup 2% Mexican cheese
- ¼ 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 ½ 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 ½ 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!

Fast Food Menu Guide

- ❖ At most any fast food restaurant, you can choose any **grilled** sandwich and take the bun off
- ❖ For salad dressings, choose a 'Light' option, or better yet, make your own ranch using fat free plain greek yogurt + ranch seasoning packet + splash of milk



Fast food is an okay 'Plan B' option for road trips, late work days, last minute planning, etc but should not be a part of your daily meal plan as many items are still very high in sodium, fat, and calories.

Burger King:

- ✓ Chicken Apple Cranberry Garden Fresh Salad
- ✓ Chicken BLT Salad
- ✓ Chicken Caesar Salad
- ✓ Apple Slices
- ✓ Milk

Wendy's:

- ✓ BBQ ranch chicken salad
- ✓ Apple pecan chicken salad
- ✓ Asian cashew chicken salad
- ✓ Garden side salad
- ✓ Spicy Chicken Caesar salad w/ grilled chicken (No croutons)
- ✓ Chili
- ✓ Apple slices



Arby's:

- ✓ Roast chopped Farmhouse Salad
- ✓ Chopped Side Salad

McDonald's:

- ✓ Premium Bacon Ranch Salad w/ grilled chicken
- ✓ Premium Caesar Salad w/ grilled chicken
- ✓ Premium Asian salad w/ grilled chicken
- ✓ Premium southwest salad w/ grilled chicken
- ✓ Apple slices

Chick Fil A:

- ✓ Chargrilled market Salad
- ✓ Asian salad, grilled
- ✓ Cobb salad, grilled
- ✓ Chicken salad cup
- ✓ Coleslaw
- ✓ Grilled chicken nuggets
- ✓ Fruit cup
- ✓ Greek yogurt parfait (no granola)
- ✓ Milk



Subway

- ✓ Subway offers a variety of salads “Sub in a Tub”
- ✓ Some locations also offer soup options. Just choose one w/ out dumplings, pasta, etc
- ✓ Apple slices
- ✓ Milk

Zaxby's:

- ✓ The Blue blackened chicken salad (ask for no toast or fried onions)
- ✓ The House grilled chicken salad (ask for no toast or fried onions)
- ✓ The Caesar, grilled
- ✓ The cobb, grilled
- ✓ Coleslaw
- ✓ Chicken salad

KFC

- ✓ KY Grilled Chicken
- ✓ Corn
- ✓ Green Beans
- ✓ Coleslaw
- ✓ Baked beans



Moe's:

Salads or burrito bowls → Order "Streaker-style" with either:

- ✓ Chicken
- ✓ Steak
- ✓ Tofu
- ✓ Pork
- ✓ Ground beef
- ✓ Choose either Black or pinto beans
- ✓ Add a variety of fresh veggie toppings.
- ✓ Avoid rice and tortilla chips

Chipotle

Burrito Bowl or Salad: Order without chips or rice

- ✓ Chicken
- ✓ Steak
- ✓ Barbacoa (shredded beef)
- ✓ Carnitas (pork)
- ✓ Sofritas (tofu)

- ✓ Choose either Black or Pinto beans
- ✓ Guacamole
- ✓ Add a variety of fresh veggie toppings



Captain D's **Avoid Rice, hush puppies and Breadstick**

- ✓ Wild Alaskan Salmon dinner or salad
- ✓ Seasoned Tilapia Dinner
- ✓ Shrimp Skewers Dinner or salad
- ✓ Lemon pepper white fish
- ✓ Grilled chicken salad
- ✓ Corn
- ✓ Green Beans
- ✓ Broccoli
- ✓ Coleslaw
- ✓ Side salad

Hardees

- ✓ Low carb Thickburger (Lettuce wrap)
- ✓ Low Carb grilled chicken club (Lettuce wrap)
- ✓ Low carb grilled chicken BBQ sandwich (Lettuce wrap)
- ✓ Low carb breakfast bowl
- ✓ Side salad



Bojangles

- ✓ Grilled chicken salad
- ✓ Roasted chicken bites
- ✓ Garden salad
- ✓ Cajun pintos
- ✓ Green beans
- ✓ Coleslaw

Jersey Mike's

- ✓ You can turn any sub into a salad!

Taco Bell

- ✓ Cantina Bowls: Chicken, steak or veggie (Order without the rice)
- ✓ Black beans
- ✓ Pintos n' cheese



Jimmy Johns

- ✓ Order any sandwich as an 'unwhich'
- ✓ Kosher dill pickle

Dining Out

Eating out in restaurants with family and friends is an important social experience that you do not have to avoid. However, you will have to make some changes and order from the menu carefully. The following guidelines will help you to enjoy your experience while making the right decisions for your body.

- ✓ Have a meal plan in mind before you go. Many restaurants have their menus and nutritional information available online. Planning ahead will make you more likely to select appropriate foods.
- ✓ Select food you know you can tolerate. Always ask your server if you are not sure of an ingredient as experimenting with new foods could ruin your evening out.
- ✓ Order a child-sized or lunch-sized portion if possible. Or order a healthy appetizer as your meal.
- ✓ If you are unable to order a small portion, ask for a to-go box when the meal arrives and pack up ½ of your meal before you begin to eat (Note: you may need to cut your portion into Fourths)
- ✓ Avoid sauces and dressings. Ask to have the dish served without the sauce or ask for it on the side. You may even want to bring your own low-calorie/low-fat dressing.
- ✓ Avoid fried foods. Always ask how the menu item is cooked. If it is fried, ask for it to be broiled, baked, or grilled without butter.
- ✓ Share a meal. Ask for a small plate and take small portions from your companion's meal.
- ✓ Eat a snack before going out
- ✓ Ask about 'Medical Restaurant Cards' at Dr McDevitt's office to avoid being charged for ordering smaller portions
- ✓ Some restaurants will allow you to trade French fries/potato etc sides for a veggie, just ask!



Daily Food and Activity Log

Patient name _____

Meals Day/Date	Breakfast	Snack	Lunch	Snack	Dinner	Protein at each meal (Y/N)	Steps
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

Did you have 3 small meals and 2 smart snacks if needed? _____

Did you have any **Bread/Rice/Potato/Pasta/Sweets** today? _____

What triggered these choices? _____


Daily protein: 60-80 gm

Daily Step goal: 10,000

Sip, Sip, Sip and Chew, Chew, Chew!!

Daily Food and Activity Log

Patient name _____

Meals  Day/Date	Breakfast	Snack	Lunch	Snack	Dinner	Protein at each meal (Y/N)	Steps
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Did you have 3 small meals and 2 smart snacks if needed? _____
 Did you have any **Bread/Rice/Potato/Pasta/Sweets** today? _____
 What triggered these choices? _____

Daily protein: 60-80 gm
 Daily Step goal: 10,000

 Sip, Sip, Sip and Chew, Chew, Chew!!

Coastal Carolina Bariatric & Surgical Center

Support Group Meetings 2018, 6:00pm

January 9th → Curt Richards: Flexibility Class

February 20th → Paul Mitchell studio → Hair care/makeup tip, and makeovers!

March 6th → Kari Saul, LPC: Body Dysmorphia & Clothing swap

April 3rd → Bariatric Fusion representative: supplements and shakes

May 1st → Teresa Dullaghan: Yoga

June 5th → Summer Cookout/Recipe share: Bring your favorite bariatric summer cookout dish and the recipe to share with the group

July 10th → Reintroducing starches back into your meal plan

August 7th → 'Share your Story' group discussion

September 11th → Kathi Peddicord "Living with Helena"

October 2nd → Craft night! Topic TBA

November 6th → Thanksgiving patient appreciation dinner

December 4th →: Gift exchange/TBA

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

Mary Svendsen, Ph.D.
2138 Ashley Phosphate Road, Ste. 203
North Charleston, SC 29406
843-569-2904

Frances Welch, Ph.D.
435 North Cedar Street
Summerville, SC 29483
843-873-1592
*Saturday appointments

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

Bianca Jardin, Ph.D.
2097 Henry Tecklenburg Dr, Ste. 322W
Charleston, SC 29414
843-958-2555
*Takes Medicaid

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

Dr. Jennifer Stolin
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