

**Preoperative Information Kit  
for  
Bariatric Surgery**

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## The “Weight Loss Tripod”

The foundation for sustained weight loss has been described as the weight loss tripod, with each of the three “legs” being required to successfully and sustainably loose weight. The three legs are:

- 1) Diet
- 2) Exercise
- 3) An appropriate surgical procedure

At this point, you have tried diet and exercise and found that although you may be able to loose some weight, you have not been able to keep off the weight and may have actually regained all of the lost weight and more. This is why, for morbidly obese patients, the third leg of the tripod is required. Bariatric procedures, when performed in motivated patients who also utilize the other two legs, namely diet and exercise, are the only proven means of achieving significant and sustained weight loss. Bariatric surgery alone is not sufficient to achieve long term success, and you should not think of surgery as a silver bullet that will save you from obesity and its complications. Sustained weight loss is a lifelong commitment. Like any tripod, if you take away one of the legs, it will not be useful.

## The Bariatric Surgery Evaluation Process

At this point you have attended an educational seminar, completed a bariatric workbook, attended meetings with a medical doctor, a psychologist or psychiatrist, dieticians, and physicians assistants. You have undergone numerous tests and evaluations, and you have been referred to a bariatric surgeon to discuss and hopefully schedule you for bariatric surgery. At this point you can expect the following:

- 1) A visit with Dr. Catania. At that time he will review all of the testing and evaluations performed to date and conduct a medical examination. You will have a discussion of the bariatric surgical options available, and will decide upon the procedure that is right for you. A tentative date for your operation will be set.
- 2) Insurance precertification. Your insurance carrier will be provided with all of the results of your bariatric evaluation, and they will be asked to approve your case so that surgery can be scheduled.
- 3) Preoperative Diet. You will meet with a dietician and be started on a preoperative high protein, low calorie diet. The goal of this 2 week diet is to shrink your liver to make surgery safer and easier. Failure to adhere to this diet will put the outcome of your operation in jeopardy.
- 4) A preoperative visit with Dr. Catania. At this visit you will be evaluated for results of the preoperative diet. If you have lost an appropriate amount of weight, you will talk again about the operation, and you will be asked to sign the informed consent paperwork. A failure to loose weight on this diet will result in the postponement of surgery.
- 5) Surgery will be performed, and you will begin your weight loss journey.

## Rules

- 1) **No Smoking:** Smoking injures your lungs, interferes with your ability to heal, and increases your risk for complications such as ulcers and strictures after surgery. You must be tobacco free for at least 3 months prior to surgery. You may be tested for nicotine levels to ensure that you are no longer smoking. Continued smoking will result in postponement of surgery. After gastric bypass, ulcers at the hook up between the stomach and small intestine are very common in people who resume smoking after surgery, and are very painful. I strongly recommend that people who undergo bariatric surgery live a tobacco free life.
- 2) **Weight gain/loss before surgery:** All patients benefit from weight loss prior to bariatric surgery. I place all of my patients on a strict diet for the 2 weeks before surgery. This diet is designed to shrink your liver and make your operation safer. If you fail to loose at least 10 lbs on this diet (most patients will loose 15-20 lbs), your surgery will be postponed.

## Lifestyle Changes

Successful long-term weight loss involves significant lifestyle changes, especially in terms of diet and exercise. Surgery alone is not sufficient to achieve long lasting weight loss. Most patients will have better outcomes if they begin making these changes prior to surgery. Begin by eliminating the following from your diet now: fast food, fried food, junk food, soda, sweetened beverages. All beverages that you consume from this point forward should contain zero calories.

## Exercise

Exercise is vital to sustained weight loss after bariatric surgery. It does not matter as much what kind of exercise you do as long as you are staying active. Your exercise should become a priority in your day, and shouldn't be the first thing you put on hold when times are hectic. You should exercise to the point of heavy breathing for at least 45 minutes per day, 5 days per week. Choices for exercise include, but are not limited to:

Walking  
Elliptical Trainer  
Stair Stepper  
Biking (Stationary or Riding)  
Swimming  
Aerobics, Yoga, or Pilates  
Water Aerobics (especially for people with back or joint pain)  
Curves

The best time to start your exercise program is now-before surgery. If you have not been exercising regularly, start with 15 minutes per day of your chosen activity. Gradually increase the amount of time you devote to exercise until you have reached your goal of 45 minutes per day.

Resistance training (weight lifting) is also important, especially during weight loss. During rapid weight loss, your body will attempt to convert your muscle to fuel, and this can cause weakness and fatigue. To prevent this and preserve your muscle mass, you should be doing some type of strength training. Even lifting 5 pound weights will help with this.

## Post-Operative Care

**Drains:** If you have a bypass, a drain will be left near the hook up between your stomach pouch and your small intestine during the operation. In most patients this will be removed prior to discharge.

**Walking:** There is no limit on walking after surgery. In fact, I would like you to walk as much as possible. Walking prevents blood clots, pneumonia, and pressure sores. It also helps to burn calories. I recommend getting a pedometer and trying to reach 10,000 steps per day once you are fully recovered from surgery.

**Exercise:** Most patients may resume their exercise program 2 weeks after surgery. We will discuss this at your first post-operative visit.

**Fluids:** Your new stomach pouch will prevent you from drinking large amounts of fluid at one time. This applies to both band and bypass patients, but is more severe in bypass patients. Therefore, you must constantly be drinking small sips of calorie free liquid throughout the day. Keep a water bottle with you at all times and keep sipping all day. If you allow yourself to get dehydrated, you will not be able to “catch up” by drinking a bottle of water quickly, and may need to be admitted to the hospital for intravenous rehydration. To prevent this, stay ahead of your beverage consumption. Don’t allow yourself to become thirsty!

**Return to Work:** Patients vary greatly in their ability to return to work. In some respects, it depends upon the type of work you do. I advise everyone to plan on taking 2-3 weeks off from work after surgery. Those patients who have strenuous jobs may need to return to work at light duty for up to 6 weeks.

**Follow-up Appointments:** More than any other surgery, follow-up visits after bariatric surgery are essential. We will measure your weight loss, monitor your water, protein, calorie, and vitamin/supplement intake, evaluate your exercise program, and head off any problems before they snowball and get out of control. You will have follow-up visits scheduled as follows:

### Gastric Bypass

2 Weeks  
1 Month  
3, 6, 9, 12 Months  
18 Months  
2 years  
Yearly thereafter

### Adjustable Banding

Monthly for 6 Months  
8 Months  
10 Months  
12 Months  
18 Months  
Every 6 Months thereafter

## **Re-Learning How To Eat**

Many patients with obesity have developed eating habits that unconsciously result in the consumption of too many calories. In the months after surgery you will have to undo some of those habits and “relearn” to eat. Here are some basic tips to help get you started:

- 1) Do not drink anything for 30 minutes before or 60 minutes after meals.
- 2) Take very small bites of food. Put your utensil down, chew thoroughly, and swallow before picking up your utensil again.
- 3) It should take you 20-30 minutes to eat a 4 ounce meal.

## **Foods To Avoid**

- 1) Soups (especially cream soups)
- 2) Protein supplements and shakes (except in the immediate post-operative period or when specifically instructed to use)
- 3) Gravy (except in small amounts to help with dry meats)
- 4) Cream Sauces (Alfredo, Hollandaise, Bernaise)
- 5) Fried Food
- 6) Fast Food
- 7) Junk Food
- 8) Alcohol
- 9) Leftovers (tend to be too dry)

## **Medications After Surgery**

All medications must be crushed, chewed, or in liquid form after bypass surgery. Medications labeled SR (sustained release), XR (extended release), or the like can not be crushed, and alternatives must be found prior to surgery. You should discuss these changes with your pharmacist or the physician who prescribed these medications well in advance of your surgery date.

You may mix your crushed or liquid medications with water, Crystal Light, or soft food items such as yogurt in order to make them more palatable.

There are some medications you should not take without first discussing them with a bariatric surgeon or physician. These include:

NSAIDS (Ibuprofen, Motrin, Naprosyn, Naproxen, Alleve, Indomethacin)  
Aspirin or Aspirin Containing Products (Excedrin, Goody’s Powder, etc.)  
Oral or Intravenous Steroids

Your need for many medications will change in the weeks and months following surgery. Most diabetics will see an immediate decrease in their blood glucose levels after surgery and may no longer need medications, or need much lower doses. All diabetics should have a glucometer, and frequently measure blood glucose levels until no longer requiring medication.

Patients with high blood pressure will also see a decreased need for medication, and may need dosages lowered or medications eliminated. You will need to be in close contact with your primary care physician in the first few months after surgery until your medications dosages stabilize.

## **Nutrition Guidelines Following Gastric Bypass Surgery**

### **Tips for Success after Surgery**

The post-bypass diet is designed to limit your caloric intake and help you meet your weight loss goals. It will also help prevent unwanted side effects such as nausea, vomiting, and dumping syndrome, breakdown of your staple line, or obstruction of your stoma.

### **Main Goals**

1. Drink enough fluids to stay well hydrated: 48-64 oz per day.
2. Eat adequate protein. Women should be taking 50-60 grams and men 60-70 grams of protein per day.
3. Take your recommended multivitamins, calcium and other supplements. You will need to take these supplements forever.

### **Principles**

1. Drink 48-64 ounces of fluid per day:

Drink 4-8 ounces of fluid every hour.

Stop drinking 30-45 minutes before a meal and wait 30 minutes after a meal to start drinking again.

Allowed liquids: Water, diet gelatin, Ocean Spray Light Cranberry Juices, Tropicana Twister Light, Diet V-8 Splash and other diet juices with only 10 grams carbs per 8 oz. Clear beef, chicken and vegetable broth. Propel, sugar-free Popsicles, non-carbonated flavored waters, Crystal Light, herbal teas, chamomile tea, unsweetened decaffeinated teas and coffee.

Milk, yogurt and protein shakes also count as liquid once you are in stage 3 or higher.

**No: Carbonated beverages, caffeine containing beverages, or alcoholic beverages.**

Sip allowed beverages slowly. Room temperature fluids may be better tolerated at first. Don't use a straw, as this may cause bloating.

2. Choose low calorie foods, beverages and snacks. High calorie choices will limit your weight loss.

3. When advised, start taking your chewable multivitamin supplement. Take one in the morning and one in the evening, preferably with a meal if you are using Children's multivitamins. Take your calcium citrate chewable or liquid supplement between meals and before bed. Additional B-12 and iron may be taken in the morning.
4. Take the time to chew your food well.
5. The diet will advance gradually depending on your tolerance. Never advance sooner than is recommended.

### **Important Tips**

- 1) Eat 3 meals per day with at least 4 hours between solid food meals. Don't skip meals. Choose milk, protein shakes, light yogurt, low sugar puddings for snacks since they are also liquids.
- 2) Stop eating when you feel full. This may be perceived as:
  - a. A feeling of pressure or fullness just below your sternum
  - b. Nausea
  - c. Pain in upper chest, shoulder, or back
  - d. Call the office if these symptoms happen frequently or worsen, as they may be related to other conditions
- 3) Chew foods thoroughly. Take small bites. A cocktail fork or baby spoon can be helpful.
- 4) Eat very slowly. Meals should last 20-30 minutes. Stop eating after 30 minutes.
- 5) Don't drink high calorie liquids such as soda, milkshakes, whole milk, juice, sweetened teas, or sweetened waters. These beverages add too many calories and will keep you from meeting your weight loss goals.
- 6) Avoid sweets such as candy, ice cream, cookies, or chips. Even "sugar free" choices can be very high in calories.
- 7) Include a protein food in each meal and eat this item first. Commercial protein powders mixed into shakes can be helpful in meeting protein goal initially. Dry milk powder and pasteurized egg products can also be added to shakes for extra protein. Supplements should be low in carbs (less than 4 grams per serving).
- 8) In the early post-operative phase, include beverages and seasonings that include some salt. Bouillon, broth, V-8, or tomato juice. You may also add salt or soy sauce to your meals.
- 9) Exercise is essential to meet your weight loss goals. Make it a priority!

### **Diet Phases**

You will be receiving handouts with specific dietary guidelines based on your surgery. The gastric bypass diet has five phases and you should follow the recommended guidelines in terms of advancing from one phase of the diet to the next to prevent complications. The

gastric banding diet similarly has five phases. Please keep copies of these dietary guidelines handy with you at all times as you will need to refer to them frequently for the first year after surgery.

### **Bariatric Surgery and Pregnancy**

Female patients should not plan a pregnancy for 2 years after surgery. During the extreme weight loss phase your body will be purposely malnourished, and this can put the development of the child in jeopardy. If you are planning to have a child in the next two years, you should postpone surgery until after delivery. You should also be aware that oral contraceptives are not effective following bypass surgery, and alternatives to oral contraception should be discussed with your gynecologist if you are currently taking these medications.

### **REALIZE mySUCCESS**

Band and Bypass patients may enroll in the REALIZE mySUCCESS web site. The program provides support to help you successfully achieve long-term weight loss with the REALIZE Band or bypass. You will receive enrollment information in the office and may sign up before your procedure to use the pre-operative section of the web site. After the procedure you can apply for full access, which will enable you to track your weight, monitor your diet and exercise, and get answers to the most frequently asked questions of bariatric patients.

## **Pre-operative Medications/Supplements**

**The following is a list of medications or supplements that need to be discontinued prior to surgery.**

- Birth Control Stop 1 month prior to surgery
- Hormone Replacement Therapy Stop 1 month prior to surgery
- Aspirin Stop 5 days prior to surgery
- Ibuprofen Stop 5 days prior to surgery
- Coumadin Stop 5 days prior to surgery
- Vitamin E Stop 1 month prior to surgery
- All Herbal Supplements Stop 1 month prior to surgery
- Fish Oils Stop 1 month prior to surgery