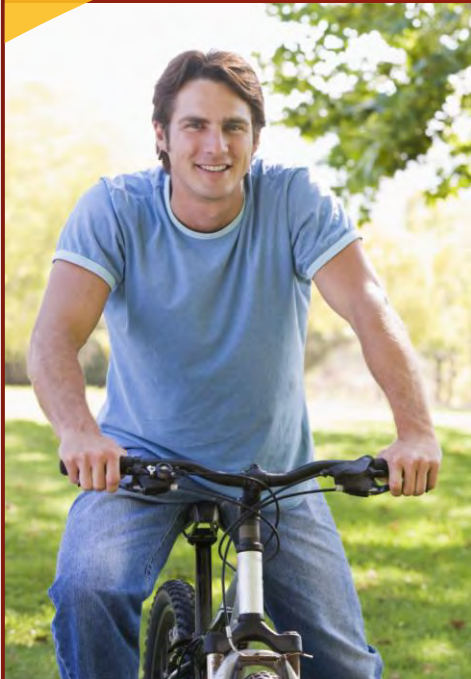


Regional Weight Management

Your Guide for Weight Loss Surgery



P.O. Box 6000 Rapid City, SD 57709

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Introduction

Welcome, and congratulations on taking the first steps towards a healthier life. Everyone at Regional Weight Management Center is excited to welcome you into our family of patients. As the area's leading health care provider, we look forward to helping you meet your health care needs throughout your weight loss journey.

The goal of our program is to educate you about the surgical treatment of obesity and the permanent lifestyle changes required for you to be successful. Please refer to this guide often, as it contains valuable information about your surgery and follow-up care. It is important that you have a clear understanding of the surgery process and the changes to your body afterwards. Please feel free to ask questions if there is any part that you do not understand.

Surgery for obesity is not magic. If you take in fewer calories than you burn, you *will* lose weight. The surgery is merely a tool to assist you on your journey to a healthier life. It is important that you have the surgery for the right reasons.

To this end, it is critical that, over your lifetime, you keep your follow-up appointments and let us know if you are having any problems as a result of your weight-loss surgery. In turn, we are always available here for you whenever needed, and will do whatever we can to make you feel comfortable and welcome at Regional Weight Management.

Regional Weight Management Center is dedicated to providing continuing support and direction for our patients to assist you in achieving the goals you have set for yourself. The staff is proud and grateful that you have selected us to guide and support you through this amazing journey.

Sincerely,

Regional Weight Management

WHAT IS BARIATRIC SURGERY?

Bariatric Surgery is the area of surgery devoted to weight loss. The field of bariatric surgery is a specialty dedicated to the surgical treatment of people who are suffering from the health consequences of excess weight. Surgical therapy for morbid obesity involves operations on the stomach and small bowel, which restrict one's ability to eat and your body's ability to absorb calories, thus promoting weight loss.

The most common and widely used operations for morbid obesity are the Roux en-y Gastric Bypass, Laparoscopic Gastric Banding, and Sleeve Gastrectomy.

For the majority of severely overweight and obese people, dieting, exercise, self-help groups, hypnosis, behavior modification, and weight loss drugs, have unfortunately provided minimal and temporary results. When the traditional methods of weight loss fail, surgery is the only method that has been shown to successfully produce and maintain lasting weight loss. Each procedure has its own unique benefits and risks, and Dr. Sufficool will help you decide which surgical procedure best addresses your needs and goals.

WHO QUALIFIES

In order to qualify for surgery, you must meet the following criteria:

- Are at least 18 years old
- Meet the Body Mass Index (BMI) criteria:
(BMI is a measurement of obesity based solely on height and weight)
 - BMI is at least 40,
 - Or,
 - BMI is at least 35 with Comorbidities such as:
 - Type II Diabetes
 - Hypertension
 - Sleep Apnea
 - Cardiovascular disease
 - Severe arthritis of the weight-bearing joints
 - Hypothalamic Disorder
- At least 100 pounds overweight
- Have been overweight for more than 5 years
- Are prepared to attend regular follow-up sessions and make lifestyle changes

OUR PROGRAM

Here at Regional Weight Management we strive to provide a comprehensive bariatric program. Our goal is to provide you with the knowledge and tools that will allow you to be successful in obtaining your weight loss goals.

All Patients must do the following: (These will all be set-up through our program)

- Speak with our Bariatric Coordinator
 - Complete our Bariatric Program Questionnaire
 - Undergo Psychological Evaluation
 - Receive medical clearance by our medical internist, Dr. Kelly Stacy
 - Attend a Bariatric Nutrition Class
 - Have a consultation with our Bariatric surgeon, Dr. Wesley Sufficool
-
- ✓ Once we receive your questionnaire, it will be reviewed by our bariatric coordinator to determine if you meet qualifications for surgery.

 - ✓ After it is determined that you are a possible candidate for surgery, we will then schedule you for your psychological evaluation. **You must have a favorable psychological evaluation to move forward in the program.**

 - ✓ You are required to get medical clearance for surgery. This is done within our program by Dr. Kelly Stacy. You will be required to undergo basic testing prior to your evaluation. Additional testing may be required by Dr. Stacy to ensure a thorough pre-operative evaluation.

 - ✓ We require that you attend our bariatric nutrition class. This is held on the 3rd Monday of every month at 3 p.m. in the Rushmore Room at Rapid City Regional Hospital.

 - ✓ You will then meet with Dr. Sufficool to talk about your surgical options. He will give you information about the benefits and risks of each of the procedures.

PATHWAY TO SURGERY

To prepare you for the changes following bariatric surgery and meet the requirements of most insurances, you must complete the following prior to surgery.

Here is a pathway card to help you track where you are in the process of seeking surgery, as this may vary from person to person,

Some individuals will need to complete six months of a supervised diet program with a Registered Dietitian and Medical Doctor.

- **Nutrition Class:** Detailed instruction of “how to eat” following a weight loss surgery
 - Date attended _____
- **Psychological Evaluation**
 - Appointment date _____
- **Appointment with the Internist**
 - Appointment date _____
- **EKG/Chest X-ray**
 - Appointment date _____
- **Appointment with Surgeon**
 - Appointment date _____
- **Insurance Authorization**
 - Date completed _____
- **Pre-admissions appointment**
 - Appointment date _____
- **Surgery**
 - Date _____

SURGERY OPTIONS

Laparoscopic Adjustable Gastric Banding (Restrictive Procedure)

Description: An inflatable band is inserted laparoscopically and placed around the stomach to create a small pouch. The band is adjusted to control satiety and limit food intake.

Advantages: The procedure has a low risk of nutritional or mineral deficiencies. Procedure can be reversed if necessary, but the band is designed to stay in for life. Post-operative recovery times are generally rapid. Co-morbid conditions may improve or resolve with weight loss.

Disadvantages: Weight loss is slower than with the Gastric Bypass. Strict compliance and follow-up is required. The most common complications include slippage of the band, erosion of the band, and infection of the port.

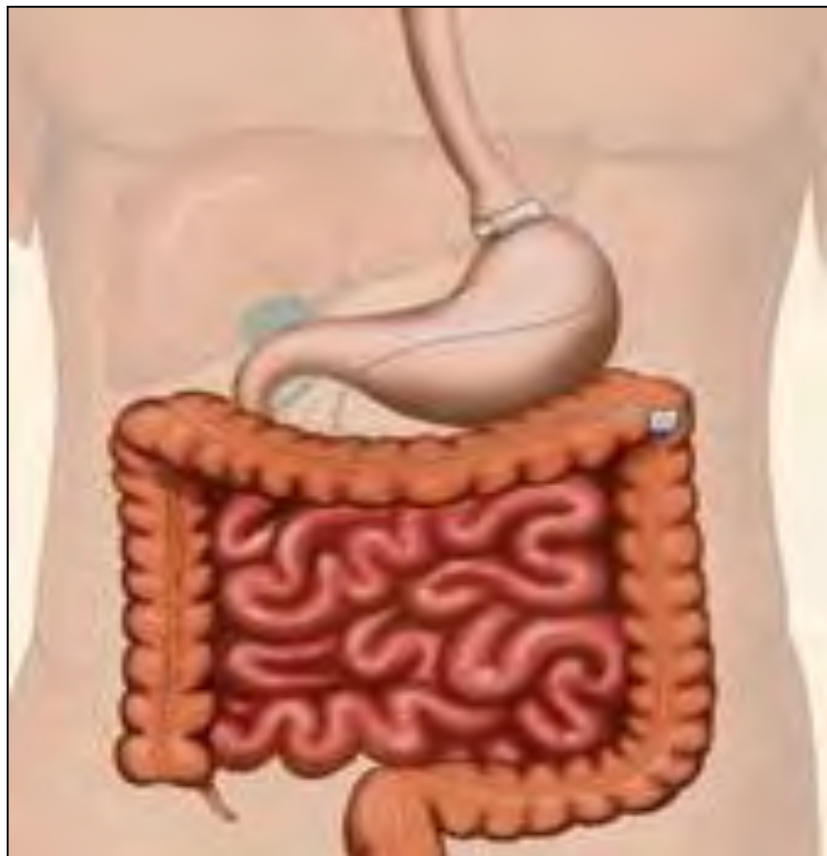


Image used with permission; Lap-Band System 2011

Roux-en-Y Gastric Bypass (Restrictive and Malabsorptive)

Description: Partial stomach division with a portion (limb) of the intestine bypassed then connected to the small stomach pouch.

Advantages: Weight loss is usually rapid. Comorbidities may improve or resolve after weight loss. Follow-up is less frequent than with the gastric band.

Disadvantages: Procedure is more complicated and difficult to reverse. Nutritional deficiencies require lifelong nutritional supplementation. Higher incidence of operative complications may occur.



Image used with permission; Lap-Band System 2011

Sleeve Gastrectomy (Restrictive)

Description: The stomach is divided vertically via stapling, removing more than 85% of it.

Advantages: No implantable device. The risk of malabsorptive complications such as vitamin deficiency and protein deficiency is minimal. Post-operative recovery times are generally rapid. Co morbid conditions may improve or resolve with weight loss.

Disadvantages: This procedure does involve stomach stapling, therefore leaks and other complications related to stapling may occur. This surgery is considered investigational by some insurance companies.



Image used with permission; Lap-Band System 2011

INSURANCE AUTHORIZATION

Many, but not all insurance companies, will cover bariatric surgery. We request that you call your insurance company prior to beginning the program and ask if weight loss surgery is a covered benefit within your insurance policy. Each insurance plan is different and has varying requirements.

Once you have notified us that surgery is a covered benefit for you, we can begin scheduling your appointments.

After you have completed all parts of our program we will then submit your information to your insurance company for pre-authorization. The process of pre-authorization can take up to six weeks, depending on the insurance. Please be patient. If your insurance company denies the pre-authorization after the first submission we can assist you in appealing the decision.

Once your insurance company has pre-authorized the procedure, we can talk about scheduling your surgery.

FINANCIAL RESPONSIBILITY

Insurance companies cover the surgeries at variable rates. Once you are approved for surgery you will be contacted by a patient insurance specialist to discuss payment options. You will also receive a letter in the mail regarding your out of pocket expense from our Patient Financial Services Department.

BEFORE SURGERY

Once we have received a pre-authorization from your insurance, we can schedule surgery.

Before surgery, you will have the following appointments:

- ✓ Pre-Admissions
- ✓ Dietitian (to speak about pre-operative diet)
- ✓ Pharmacist
- ✓ Dr. Sufficool

Pre-Admission Appointment

Location: Rapid City Regional Hospital. Check in at the front desk for this appointment.

- A nurse will complete your medical history, medication list, and do a physical assessment. Information will be given to you regarding your procedure and what to expect.
- Any necessary tests, such as lab work, X-rays, or other diagnostic exams, will be completed.
- If necessary, you may meet with other members of our health care team such as anesthesiologists, radiologists, or physical therapists.
- You will be told when and where to arrive for your procedure.

Dietitian Appointment

Location: Rapid City Regional Hospital, Pre-Admissions

- A Registered Dietitian will go over your 10 day pre-operative diet.
- You will be required to pay for the diet products at this appointment. The cost can vary from \$150.00-\$200.00. Please bring the payment for this to your appointment as insurance does not cover this.
- In order to ensure timeliness and consistency, this appointment is designated to talk about your **pre-operative** diet. If you have multiple questions regarding your post-operative diet, we encourage you to make an appointment to address these questions.

Pharmacist Appointment

Location: Rapid City Regional Hospital Out-Patient Pharmacy

- A pharmacist will review your medications with you, and talk to you about your current and future medications. **Please bring an accurate list of your medications or the pills themselves to this appointment.**

Pre-Operative Appointment with Dr. Sufficool

Location: Regional Rehabilitation Institute: Room 301

- Dr. Sufficool will answer any questions you have about your upcoming procedure.
- After your questions are answered, you will sign your informed consent for surgery.
- The staff will be available to answer any questions about the surgery and the post-operative care.
-

THE DAY OF SURGERY

When you get here...

Check in at the Information Desk just inside the main entrance of Rapid City Regional Hospital. You'll be directed to Admissions, located to the right of the main entrance. You're welcome to bring a friend or family member with you during the admission process.

From Admissions, you'll be directed to the Family Waiting Room, located on the hospital's second floor. You and your family will wait here until it is time for your procedure. A hostess will be available to assist you with any questions and update your friends and family as your procedure progresses.

Specific Steps to Take on the Day of Your Procedure

- Bring a list of your current medications to either your Pre-Admission Appointment or on the day of your procedure.
- Bring a list of your allergies.
- Bring your Medicare/Insurance cards and numbers and a Photo ID.
- Bring any papers or records your physician has given you, especially doctor's orders.
- Leave valuables, jewelry, credit cards and money at home.
- Remove makeup and nail/toe polish.
- Bring storage cases for glasses, contact lenses, hearing aids, dentures, etc.
- Make arrangements to have someone drive you home following your procedure and to stay with you at home for 24 hours after surgery.
- Do not eat solids for the time prescribed by your doctor.
- Do not drink fluids for the time prescribed by your doctor.
- No gum, mints, or candy; **nothing by mouth.**

AFTER SURGERY

A few things to prepare for after your surgery...

- Early ambulation is recommended to help prevent respiratory complications and formation of blood clots. **Activity will be initiated very quickly after surgery.**
- You will be started on a "clear liquid" diet as soon as you are awake enough to drink. **Remember: NO Straws and No carbonated beverages!**
- Before you are sent home, you will be given any necessary care instructions.
- A pharmacist will instruct you on any prescriptions dispensed from our Outpatient Pharmacy.
- A follow-up visit will be scheduled with your physician.
- A member of the surgical staff will contact you at home the day after your procedure to evaluate your progress.
- If you have any concerns or questions, please call Regional Weight Management at (605)719-1375 or after hours (605)719-5700

HOSPITAL STAY

You may be required to stay the night for various reasons including:

- ✓ Roux-en-Y gastric Bypass requires 3-4 nights in the hospital
- ✓ Sleeve Gastrectomy requires at least 1 night stay in the hospital

Patients having Gastric Banding may be required to stay overnight for the following reasons:

- ✓ Pre-operative diagnosis of Obstructive Sleep Apnea requiring use of CPAP or APAP after surgery
- ✓ Uncontrolled pain
- ✓ Uncontrolled nausea and/or vomiting
- ✓ Any reason that the surgeon feels that you would need ongoing observation postoperatively

NUTRITION GUIDE

Pre-Operative Diet

In the 10 days before your bariatric surgery you will need to follow the meal plan outlined below. Weight loss before surgery can help to stabilize conditions such as diabetes and high blood pressure. **If you do not strictly follow this diet your surgery will be canceled.**

Benefits of weight loss before surgery include:

- ✓ Reduces fatty liver
- ✓ Shrinks liver to make surgical procedure easier
- ✓ Shorter operation time
- ✓ Fewer complications

Note: Diabetics need to monitor their blood sugars closely during this time and work closely with your primary doctor to adjust insulin doses or diabetic medications.

During this 10 day liquid fast, no food is consumed. This liquid fast will help you lose weight and promote the benefits of weight loss listed above. Some of your weight loss will be water. Because of this, you will need to drink plenty of liquids that do not have significant calories (4-8 cups of fluid in addition to Optifast). Examples of liquids you can have as desired are: herbal tea, decaffeinated coffee or tea, clear broth or bouillon, water, any flavored water or drink with 10 calories or less in 8 ounces, sugar-free popsicles or sugar-free gelatin.

Post-operative Diet

Stage One: Bariatric Clear Liquids

Clear, sugar-free liquids only. If you are in the hospital you will receive 3 meals and 3 snacks consisting of 4-6 ounces of liquid each. **Sip liquids slowly, aiming for 2-4 ounces (1/4 – 1/2 cup) per hour or 32-64 ounces per day.** Take small sips at a time. **Remember: NO straws and No carbonated beverages.**

Items Allowed:

- ✓ Clear broth or bouillon
- ✓ Herbal tea or decaffeinated coffee or tea
- ✓ Sugar-free gelatin
- ✓ Sugar-free Kool-Aid® or Crystal Light® (No tea flavors)
- ✓ Sport drinks containing no more than 50 calories per 8 oz. serving, such as Gatorade® (Limit to 1 cup total per day to avoid excess calories)
- ✓ Sugar-free popsicles
- ✓ Water

Stage Two: Bariatric Full Liquids

Clear sugar free liquids with the addition of low calorie milk products, refined cooked cereal, and protein supplements. Continue to sip liquids slowly with a goal of 4 ounces per hour (1/2 cup) or 64 ounces per day.

A low-carbohydrate, low-fat Protein Supplement is added at this time under the **direction** of your doctor or dietitian. This will be a very important part of your intake over the next few months. (Refer to Bariatric Surgery Protein Supplement handout)

Items Allowed:

- ✓ All items listed under **Stage One**
- ✓ Skim milk (if lactose intolerant, try Lactaid or Dairy Ease milk)
- ✓ Sugar-free, low-fat pudding, or custard
- ✓ Refined cooked cereal such as Cream of Wheat, Cream of Rice, Malt-O-Meal
- ✓ Sugar-free, low-fat yogurt (no fruit pieces)
- ✓ Strained soups
- ✓ Protein Supplement to provide a total of **50gms of protein daily.**

Lap-Band:

Runny Oatmeal and blended soup allowed.

Stay on Stage two of your diet until after your appointment with Dr. Sufficool.

Stage Three: Bariatric Pureed Foods

- ✓ During this stage add one new pureed food (the texture of baby food or applesauce) at a time.
- ✓ Eat 2-3 meals of no more than 1/2 cup each.
- ✓ Space your meals at least 3 or 4 hours apart.
- ✓ Try to eat your meal over about 20 minutes in order to stretch your new stomach to a point of fullness and satiety without “over-stretching”.

Remember, it is always important to continue to take in adequate liquids. You’ll need to sip on the liquids from the first two stages between meals.

- ✓ Avoid liquids at meal time (**avoid fluids for 30 minutes before and 30-60 minutes after meals**).
- ✓ You will always need to take in 48-64 ounces of fluid per day. **You can increase your fluid as tolerated to more than 4 ounces per hour at this time.**

Continue to take your Protein Supplement as directed. (Drink between meals as part of your fluid intake or powder can be added to yogurt, etc.) You may find it hard to get in enough liquid at this stage so it is acceptable to only eat 2 meals as long as you are meeting your protein needs with supplements plus a good protein source at meals.

Stage Three Pureed Type Foods Allowed:

- ✓ Low-fat or non-fat cottage cheese
- ✓ Soft scrambled egg (may add milk to scramble moister egg)
- ✓ Mashed, boiled, or baked (no skin) potatoes
- ✓ Low-fat cheese (less than 5 grams per ounce)
- ✓ Tofu
- ✓ Oatmeal
- ✓ Blended soft vegetables and fruits including applesauce (no sugar added), mashed Banana
- ✓ V-8 or tomato juice
- ✓ “Light” or “Diet” fruit juice with less than or equal to 50 calories per 8 oz. (Limit to 1 serving per day)
- ✓ Blended soups
- ✓ Protein supplement to provide at total of 80g of protein a day

Once you are tolerating the above foods, low-fat crackers (containing less than 3 grams fat per serving, such as Melba toast, soda crackers, and plain graham crackers) may be added to the diet. For Lap band patients, the Stage Three diet extends for 1-3 days. For Gastric bypass patients, the Stage Three diet extends for 10-14 days.

Stage Four: Gastric Bypass Soft Foods

You may gradually begin adding soft foods to your meals at this time. The goal is never to eat more than 1 cup (300 ml maximum) total volume of food at once during 3 meals daily. If you are only able to eat small meals (< 1/2 c.), 4 to 5 meals are acceptable.

- ✓ Try to space meals 3-5 hours apart.
- ✓ Sip on liquids continuously between meals. (Stop drinking liquids 30 minutes before and wait 30 minutes after meals of solid food.)
- ✓ Begin to focus on lean protein-rich foods with each meal.
- ✓ Chew food well and eat the meal over approximately 20 minutes, stopping at the first sign of fullness.

Soft Foods to Add: (No Fried Foods!!!)

- ✓ Egg or egg substitute – soft boiled or scrambled with non-stick cooking spray, or egg salad with low or non-fat salad dressing
- ✓ Seafood – moist, white fish or shellfish and tuna (Do not start with clams or oysters as they are too chewy).
- ✓ Cold cereals with no more than 3 grams of sugar
- ✓ Toasted bread
- ✓ Rice
- ✓ Pasta with sugar free, low fat sauces (*Cook rice and pasta well so it is fully hydrated or it will swell in your stomach.*)
- ✓ Vegetables – soft cooked such as carrots, green beans, broccoli
- ✓ Fruits - ripe banana, melon, canned fruit with no sugar added or extra light syrup
- ✓ Meats – lean poultry (red meat is usually not well tolerated in the first 3 months after surgery). Begin by eating ground meat.
- ✓ Protein supplement to provide 50 gms protein a day for a total of 80 gms of protein a day

Stage Five: Regular Foods

At this stage you can advance your diet to include many of the same foods your family or friends eat, only in much smaller amounts. Since the quantity of your intake is limited, **it is very important that you eat highly nutritious foods and avoid empty calorie, junk foods.**

- ✓ You will always need to avoid high fat foods and sweets.
- ✓ Chew your foods thoroughly, especially meat. Patients vary on the timing of this transition.
- ✓ Try small amounts of a new food in case it doesn't "sit well".
- ✓ If you experience a problem with a particular food item, wait awhile and then try it again.
- ✓ Limit for a lifetime the volume of food at each meal to 1 cup. (In most cases, you will not be able to tolerate 1 cup until at least 4-6 months after surgery or may never tolerate this volume at one time.)

After 3 months post-op, you can decrease your protein supplement to one serving per day (to provide 15-20 grams protein per serving, as long as you are eating a total of 80gms of protein daily. Total daily protein goals vary from person to person. You will visit with the dietitian at 6 weeks post-op to review your protein goals.

Foods That May Not Be Well Tolerated:

Some patients have found the following foods difficult to tolerate.

- ✓ Tough meats, especially beef – buy lean hamburger, try marinating solid meats or use tenderizer.
- ✓ Rice and Pasta – these foods have a potential to “swell” in your stomach, making them hard to tolerate.
- ✓ Dried fruits such as raisins (unless re-hydrated) may be difficult to digest.
- ✓ The peel of oranges and grapefruit – use only the canned orange or grapefruit sections or strained juices. Tough fibers of fresh pineapple may not be well tolerated.
- ✓ Skins of fruits and vegetables such as grapes, apples, potatoes - peel skins off apples, potatoes, etc.
- ✓ “Stringy” vegetables such as celery, corn – use a blender and strainer as needed to avoid undigestible fiber such as “stringy” squash.
- ✓ Fresh bread – can form into “dough balls” in the stomach – try plain toasted breads.
- ✓ Fried or spicy foods – bake, broil, or grill foods. Season foods lightly.
- ✓ Milk products – try “Lactaid” or “Dairy Ease” and cooked milk products.

Food to Always Avoid:

- ✓ Coconut – difficult to digest and can form into a ball which blocks the stomach opening causing prolonged nausea and vomiting.
- ✓ Carbonated beverages
- ✓ Fruit Juices except those that are “light” or “diet” with equal to or less than 50 calories per 8 oz. (Limit to 1 serving per day to avoid excess calories)
- ✓ Sugar and Sweets (simple carbohydrates):
 - Beverages sweetened with sugar including pop, punch, Kool-aid, lemonade,
 - Chocolate milk, sweetened juice
 - Cereals sweetened with sugar
 - Custard, pudding, regular gelatin-Ice cream, ice milk, frozen yogurt, sherbet
 - Cake, cookies, pies, donuts, frosting, candy, muffins, caramel corn, marshmallows
 - Jam, jelly, syrups, (unless no sugar added or “diet”)
 - Sweet pickles, pickle relish
 - Sweetened condensed milk
 - Hidden sugars: **(Read Food Labels)**
 - Brown sugar -Sucrose
 - Corn syrup or corn syrup solids
 - Dextrose
 - Honey
 - Maple syrup
 - Molasses
- ✓ High fructose corn syrup (fructose is allowed)
- ✓ Sorghum and turbinate sugar
- ✓ Mannitol, sorbitol, and xylitol
- ✓ High fat foods: Mayonnaise, regular salad dressing
- ✓ Margarine, butter
- ✓ Sour cream, cream cheese

- ✓ Olives or nuts
- ✓ High-fat snack crackers or breads, such as croissants
- ✓ High-fat, breaded, or fried meats
- ✓ Fried foods

Small amounts of added fats are allowed: “light” margarines and salad dressings are recommended.

PROTEIN

- ✓ Protein supplements are to be started when discharged from the hospital on Stage Two of the Bariatric Surgery Diet.
- ✓ The protein supplement must provide at least **50 grams of protein per day** for the first 3 months after surgery.
- ✓ After 3 months post-op, most individuals can decrease their protein supplement to one serving per day (to provide 15-20 grams protein per serving).

Lap Band patients: Many lap-band patients can decrease their protein supplement to one serving (15-20 grams protein) per day once able to tolerate Stage Four-Five of the diet and following the recommended meal planning guidelines.

- ✓ The powder protein supplements may be mixed with skim or 1% milk instead of water (this adds 8 grams of protein per serving).
- ✓ You may also add the powder to yogurt, pudding, etc. or freeze the drink and take by spoon.
- ✓ The drinks taste best if mixed immediately before drinking.
- ✓ We recommend two cups of milk per day including the milk mixed with the meal replacement.
- ✓ If you do not take in two cups of milk per day, increase your calcium supplement to 1000 mg/day.

SUPPLEMENT EXAMPLE: ½ scoop Designer Whey or 100% Whey Protein mixed in 4 oz. skim milk four times per day would provide about 52-58 grams of protein per day.

NOTE: The quality of Protein Supplements cannot be determined due to no regulation by the FDA on food supplements. The listed products are just examples available from a variety of sources including the internet. Many other alternatives are available as well. No product or specific store is endorsed by the Dietitians at Rapid City Regional Hospital.

Other Protein Sources

High Protein Bars are also available and may be used for a meal occasionally. Only choose bars that provide the following: >12 gm Protein, <26 gm Carbohydrate, <225 Calories.

Protein Supplement Criteria							
Product	Cals	Protein (gm)	Carb (gm)	Fat (gm)	Fiber (gm)	Vit/Mins	Per Serving
Protein Supplement should come close to these guidelines	<200	>14	<25	<5	Any amount	May have added vitamins and minerals	Make as directed on package
Slimfast Low Carb (ready to drink shake) <i>(discount shopping centers, pharmacy/grocery stores, internet)</i>	180	20	4	9	2	16 added vitamins and minerals	8 fluid oz
Slimfast High Protein (ready to drink shake) <i>(discount shopping centers, pharmacy/grocery stores, internet)</i>	190	15	23	5	5	24 added vitamins and minerals	1 can
Atkins Meal Advantage Shakes (ready to drink shake) <i>(discount shopping centers, pharmacy/grocery stores, internet)</i>	160	15	5	9	0	21 added vitamins and minerals	1 can
Isopure Plus Zero Carb Protein drink (ready to drink) <i>(GNC, internet)</i>	160	40	0	0	0	4 added vitamins and minerals	20 fluid oz
“Unjury” protein powder <i>(1-800-517-7111) or online at www.UNJURY.com</i>	100	20	4	0	0	Calcium added	1 scoop
Designer Whey protein powder <i>(Internet or GNC)</i>	100	18	3	2	.5	9 added vitamins and minerals	1 scoop with 3-6 oz. water
“Isopure” protein powder <i>(Internet, GNC, Drug stores)</i>	100-110	25	0-10	1	0	24 added vitamins and minerals	1 scoop with 4-6 oz
100% Whey Protein <i>(Discount shopping centers, pharmacy/grocery stores)</i>	120	21	4	3	1	Calcium	1 scoop with 8 oz. water

Beware of Liquid Calories

Too many liquid calories can sabotage your weight loss efforts. There may be more calories in a drink than you suspect.

Liquids do not help you feel full. Liquid calories include: carbonated beverages, alcohol, smoothies, ice cream shakes, or liquid sauces/marinades to flavor foods.

If you believe you are not progressing along your weight loss journey as well as you would like, keep a food journal for a few days and really take a look at what you are taking in. Often times, you will be quite surprised.

- ✓ Liquid calories are not necessarily restricted to beverages. Chocolate, ice cream, crème Brule, salad dressing, cheese sauces, and Alfredo sauce are other examples of hidden high calorie liquids.

- ✓ Be wary of “light” or “non-fat” forms of liquid calories as well. Some reduced calorie foods aren’t that much different from the full fat or full sugar versions. You will need to read labels carefully and watch portion sizes.
- ✓ Skim and low-fat milk and lower sugar versions of juice certainly have a place in healthy eating.
- ✓ To quench your thirst, however, stick to water and other no-calorie or low-calorie beverages.
- ✓ It is not necessary to eliminate liquid calories from your diet entirely. **Moderation** is the key. Just be aware of your liquid calorie intake so that you are successful in your weight loss efforts.

VITAMINS AND MINERALS

After bariatric surgery, you will need vitamin and mineral supplements to prevent deficiencies. Restricted portion sizes after surgery means you will no longer be able to eat the amounts of foods required to provide the Recommended Dietary Allowances (RDA’s) of many vitamins and minerals. The following supplement guidelines will need to be followed for the rest of your life.

Vitamin and mineral supplementation following the *Adjustable Gastric Band*

Multivitamin/mineral supplement	1 adult chewable complete multivitamin and mineral supplement daily (children’s chewable multivitamins are NOT recommended)
Calcium Supplement	1000-1500 mg/day of a chewable calcium supplement , either calcium citrate or calcium carbonate. Your calcium supplement should also contain Vitamin D in order to better absorb the calcium. For best absorption you should take your calcium supplements at separate times. *If you do not drink milk and/or eat less than 1 serving of dairy/day aim for 1500 mg from your calcium supplement. *Why do you need a calcium supplement? Calcium is necessary for cellular function and to maintain strong bones and spine. If your diet does not provide adequate calcium, you will promote weakening of your bones.
Sample multivitamin/calcium schedule	AM: 1 adult chewable complete multivitamin/mineral & 1 chewable calcium supplement. PM: 1 chewable calcium supplement

Vitamin and mineral supplementation following the *(Roux En Y) Gastric bypass*

After gastric bypass, your body will have a limited ability to absorb many of the vitamins and minerals provided in your foods. Specific vitamin and mineral supplements to prevent nutritional deficiencies will be required.

You must take these supplements for the rest of your life!!

Multivitamin and mineral supplement	2 adult chewable complete multivitamin and mineral supplements daily (children’s chewable multivitamins are NOT recommended) ** Take each multivitamin/mineral supplement at a separate time to optimize absorption and utilization**
Calcium Supplement	1000-1500 mg/day of a chewable calcium citrate daily. Calcium Citrate is preferred over calcium carbonate following the gastric bypass because it is absorbed better. *If you do not drink milk and/or eat less than 1 serving of dairy/day aim for 1500 mg from your calcium supplement. **Your calcium supplement should also contain Vitamin D in order to better absorb the calcium. For best absorption you should not take more than 500mg Ca at one time.**
Vitamin B12	500 mcg SUBLINGUAL lozenge 3 times weekly or one B12 injection once per month B12 prevents damage to your nervous system

Some companies make vitamins and mineral supplements specifically for individuals who have had bariatric surgery. If you choose a multivitamin/mineral supplement specific for individuals with a Lap-band or gastric bypass, you must follow the recommended dosage instructions on the label, as these vary from company to company.

If you have questions regarding your bariatric diet or supplements, please call your dietitian at (605) 719-1312 or (605) 719-8835.

FOLLOW UP

Studies have shown that the frequency of follow-up care has a direct impact on your personal success.

Please remember that our team is here to support you in many ways including:

- ✓ Providing LAP-BAND adjustments
- ✓ Identify causes of unsatisfactory weight loss
- ✓ Assist you with your nutritional counseling needs
- ✓ Provide support group information
- ✓ Provide you with education, support, and counseling to ensure you experience optimal weight loss!

Even if you have achieved your weight loss goal, we can help you to maintain your weight loss through ongoing support.

Follow-up Schedule: Lap Band

Week 1: Post operative appointment with Dr. Sufficool.

What to expect:

- ✓ Dr. Sufficool will do a general assessment of you to include:
 - Examination of your wounds
 - Assess hydration status (are you drinking enough fluids)
 - Speak with you about any concerns
 - Discussion of diet progression

Week 6: First Lap Band Adjustment and Dietitian Appointment

What to expect:

- ✓ Using a small needle, Dr. Sufficool will inject a medication to numb the skin over your port
- ✓ Using a special needle, saline will be injected into your port
- ✓ You will be asked to drink some fluids after the adjustment to assess the tightness of your band

Dietitian meeting: (you will be asked to keep a log of your daily eating)

- ✓ You will review your eating pattern since surgery (quantity and frequency)
- ✓ Review the foods you are eating
- ✓ Discuss protein and vitamin supplementation
- ✓ Answer any questions you may have about your diet

Every month (No appointment needed)

- ✓ Stop into Regional Weight Management to weigh in or
- ✓ Call us to let us know how you are, what your current weight is, and if there is anything we can do to help!

Lap Band Adjustments: You decide when you need an adjustment!

- ✓ If you are feeling hungry first thing in the morning
- ✓ If you are not feeling full with 1 cup of **Solid** food
- ✓ If you are snacking between meals
- ✓ If you are not losing weight

These are all signs that you need a lap band adjustment. Call us for an appointment!

Month 6 and 1 year: Appointment with the Dietitian

What to expect:

- ✓ Review how you have adjusted to eating with the Lap Band
- ✓ Discuss protein and vitamin supplementation and signs/symptoms of multivitamin/mineral deficiencies
- ✓ Review meal records to help promote optimal nutrition
- ✓ Discuss any issues you may be having
- ✓ Review weight loss goals

Follow-up Schedule: Gastric Bypass and Sleeve Gastrectomy

Week 1: Post operative appointment with Dr. Sufficool

What to expect:

- ✓ Dr. Sufficool will do a general assessment of you to include:
 - Examination of your wounds
 - Assess hydration status (are you drinking enough fluids)
 - Speak with you about any concerns
 - Discussion of diet progression

3, 6, and 12 Months and Annually: Appointment with Dr. Sufficool and dietitian

What to expect:

- Exam by Dr. Sufficool
- Speak about any concerns
- Labs may be ordered at this time

Dietitian meeting: (you will be asked to keep a log of your daily eating)

- ✓ You will review your eating pattern since surgery (quantity and frequency)
- ✓ Review the foods you are eating
- ✓ Discuss protein and vitamin supplementation or signs/symptoms of multivitamin/mineral deficiencies
- ✓ Answer any questions you may have about your diet

Every month (No appointment needed)

- ✓ Either stop into Regional Weight Management to weigh in **OR**
- ✓ Call us to let us know how you are, what your current weight is, and if there is anything we can do to help!

Regional Weight Management recognizes that follow-up and accountability are the keys to success with bariatric surgery and ongoing weight loss. We strive to provide you the tools that you need to be successful. Please continue to utilize us as a resource and attend regular follow up appointments!

LAP BAND® ADJUSTMENTS

You can schedule your first Lap Band Adjustment **6 weeks** after surgery. You may notice that after 3-4 weeks post surgery that you are able to eat more than you had been able to immediately after surgery ...DON'T PANIC! It is not uncommon that 3-4 weeks after surgery your weight loss can slow, and you may be able to eat more. Some patients even gain a few pounds back. To allow adequate time for healing after surgery you cannot schedule your first adjustment before 6 weeks.

Adjustments: What to Expect

- ✓ You will be taken to an exam room
- ✓ We will take your vital signs, review your medications, and talk to you about your eating and exercise habits
- ✓ You will be placed in a lying position
- ✓ The skin over your port will be cleaned with betadine (other cleaning solutions available if you have an allergy to topical iodine)
- ✓ Using a small needle the area over your port will be “numbed”
- ✓ Using a special needle normal saline will be injected into your port
- ✓ Your skin will be cleaned
- ✓ You will then be asked to drink a small cup of water to make sure it is well tolerated

Frequently Asked Questions:

How much fluid does my band hold?

There are two band sizes; standard and large. The standard band holds 10ml and the large band holds 14ml.

How much fluid will be added during my adjustment?

There is no set number. Dr. Sufficool will decide how much fluid to add based on your response to a few questions regarding your eating habits.

How will I know if I need an adjustment?

It is time to come in for an adjustment when you feel you are eating too much, you are not staying full or you are not losing weight.

How long after an adjustment can I have another adjustment?

After 1 week if you are not noticing a difference from your previous adjustment you may need another one.

How many adjustments should I have a year?

That answer is different for everyone. It varies from 2-8 (sometimes more) in the first year.

Can I eat the day of my adjustment?

That depends on the time of your adjustment. We prefer if you do not eat at least 1 hour before your adjustment.

What can I eat after an adjustment?

Full liquids (the same diet you ate the day after surgery).

Just remember every patient responds to adjustments differently. Try to avoid comparing yourself to other patients!

EXERCISE

In order to lose weight you must do two things; take in less calories and increase your activity! Once you have surgery you will be able to be able to control the amount of food that you take in, but for optimal weight loss you will need to **exercise**.

Exercise is activity that you do **above and beyond** your daily activity (working, shopping, and cleaning). Your body adapts to the activities you do daily. You must do something more in order to see the benefits from exercise.

Before you start any exercise regime check with your surgeon!

Patients who start an exercise regimen **before** surgery are more likely than those who don't, to continue with exercise after surgery. Exercise can be difficult for people who carry a lot of extra weight, so start slow!

DIFFERENT TYPES OF EXERCISE

Aerobic Exercise:

Walking, Jogging, swimming, and bicycling are all examples of aerobic exercise. In order to improve your aerobic fitness (how well your heart and lungs deliver blood and oxygen to working muscles) you must do some form of aerobic exercise daily. Again **START SLOW!**

Strength Training:

Weight lifting and resistance training will help you strengthen your muscles. Balanced muscle strength can help prevent injuries. Having more muscle can help with weight maintenance since it burns nearly three times as many calories as fat, even when you're not exercising!

Don't worry about gaining weight from increased muscle mass. Yes, muscle does weigh more than fat but, the more muscle you have, the more fat you will burn.

GETTING STARTED:

Make a plan. People who plan for increased activity and schedule exercise are more likely to continue with an exercise regime.

Start Slowly. If you do too much too soon, you may be sore and tired and may run the risk of injuring yourself.

- ✓ Gradually increase your physical activity.
- ✓ Start with 10 minutes of exercise and gradually increase your time from there.
- ✓ Pick a type of exercise that you enjoy, you will be more likely to stick with it if you enjoy it.
- ✓ Don't get discouraged. It can take time to improve your fitness levels, but don't quit just because it may be difficult.

ACTIVITY

To get you started, consider the list of activities below. Each day, pick at least one that you will do to increase your activity level.

- ✓ Take the stairs versus the elevator
- ✓ Walk up and down a flight of stairs 5 times during each TV commercial
- ✓ Park your car as far away as possible from your destination
- ✓ Do 5 jumping jacks before brushing your teeth
- ✓ Take a walk after lunch or dinner

**Don't wait until after surgery
to start exercising...
START TODAY!**

ONGOING SUPPORT

Bariatric Support Group

Regional Weight Management offers a monthly support group for all our patients. It is held on the last Monday of each month at 7pm at Rapid City Regional Hospital West Auditorium. We encourage you to attend. Each support group covers a set topic with time afterwards to discuss concerns.

Website

www.regionalhealth.com

Please visit our website to view:

- ✓ Up to date information about our program
- ✓ Patient testimonials
- ✓ Monthly Newsletters
- ✓ Support Group Schedule

Other Useful Websites

www.lapband.com

www.asmb.org

www.healthtrax.com

<http://www.niddk.nih.gov/health/nutrit/pubs/statobes.htm>

www.obesityhelp.com

www.obesitylaw.com

www.easternrehab.com

Living with the LAP-BAND System ***10 Important Rules***

These are a few of the rules from the lap-band manufacturer. Following these rules will help you to reach your weight loss goal. We will discuss each of these in detail on the following pages.

- **Eat only three small meals a day.**
Your new stomach can hold only about one-fourth of a cup of food. If you try to eat more than this at one time, you may become nauseated or vomit. If you routinely eat too much, the small stomach pouch may stretch. Frequent vomiting will cancel the effect of the operation and can also cause certain complications, such as stomach slippage. To avoid this, you need to learn to listen to your body and stick to your plan.
- **Eat slowly and chew thoroughly.**
Food can pass through your new stomach only if it's been chewed into very small pieces. Always remember to take more time for your meals and chew your food very well.

- **Stop eating as soon as you feel full.**
Once your stomach is full, your body receives a signal that you have eaten enough. It takes time, though, for you to become aware of this signal. If you rush through your meal, you may eat more than you need. This can lead to nausea and vomiting. Take time to enjoy every bite of your meal. Try to recognize the feeling of fullness – then stop eating at once.
- **Do not drink while you are eating.**
The LAP-BAND can work only if you eat solid food during your three meals. You should not drink anything for 30 minutes before to 30 minutes after a meal. This allows you to keep the feeling of fullness as long as possible.
- **Do not eat between meals.**
After a meal, do not eat anything else until the next meal. Eating snacks between meals in one of the major reasons for weight-loss failure. It is very important to break this habit. If you have proper “fill” levels you will not feel hungry in between meals. If you are still feeling hungry, this may be a sign that your LAP-BAND System is too loose and you should tell your clinician.
- **Eat only good quality foods.**
With the LAP-BAND System in place, you should be able to eat only a small amount so the food you eat should be as nutritious as possible. Follow the nutrition guidelines from your dietitian. Also, ask your physician before you take any vitamin supplements.
- **Avoid fibrous (stringy) food.**
Food that contains many fibers, such as asparagus, can block the stomas. That’s because you can’t chew this food well enough to break it up into small pieces and your saliva can’t break it down. Fibrous food should be avoided. If you would like to eat asparagus or other fibrous foods once in a while, be sure to cook them well, cut them into very small pieces fist, and chew thoroughly.
- **Drink enough fluids during the day.**
Drinking enough fluids is essential for staying hydrated and flushing waste products out of your body. Individual needs will vary, but you should drink 6-8 glasses of liquid a day. Remember: Drink only non-carbonated/zero calorie liquids such as water, tea and coffee. Also, keep your food and drinks completely separate during the day.
- **Drink only low calorie liquids.**
Drinks simply run through the narrow outlet created by the LAP-Band System. If you drink liquids high in calories, you will lose little weight, even if you follow all of the other dietary guidelines.

- **Exercise at least 30 minutes a day.**

Since physical exercise consumes energy and burns calories, it is a very important part of any successful weight-loss program. Obviously, exercise can also help improve your general health. In addition to adopting a routine exercise program, you can increase your activity level in your everyday life. For example, stand rather than sit, walk rather than stand, be outside rather than inside, walk rather than drive, climb the stairs rather than use the elevator. If it's too hot outside to walk, go to the mall. It's as easy as finding a parking space away from the entrance to the mall and using the stairs, not the escalator! If you don't have time before or after work, take ten minutes out of your lunch break and walk. Remember that you should always check with your doctor about the amount and type of exercise that is best for you.

COMMON CONCERNS

Vomiting, Regurgitation, Pain, and Indigestion

- ✓ Try not to eat too quickly because eating too fast often means eating too much. Your bite should be the size of a toddler's spoon.
- ✓ Make eating a pure event – distractions such as TV, reading, and work mean you risk swallowing poorly chewed food or you eat more than you realize. You must pay attention while you're eating.
- ✓ Eat on a regular schedule. If you miss a meal or snack, the hunger will drive you wild. You'll probably grab something and try to eat it too quickly. Chew really, really well. The breakdown of foods starts in the mouth, and if you swallow without chewing, then chunks of food will sit like a manhole cover across the opening to the lower stomach and cause severe indigestion.
- ✓ Keep drinks away from meal times. Wait at least 60 minutes after eating before you take a drink. If you don't you risk flushing the food through (and therefore hunger will return too soon). You might also experience uncomfortable fullness or regurgitation.
- ✓ Take your time – it takes about 20 minutes before the gut signals the brain to say it's full and satisfied. In those 20 minutes, you can pack in far too much and cause problems. Only put in front of you a proper portion size. Eat that and then wait before attempting to eat more food. Many times if you just get busy doing other things, you will forget about eating.

Gas in the Digestive Tract

- ✓ Everyone has gas in the digestive tract.
- ✓ People often believe normal passage of gas to be excessive.
- ✓ Gas comes from two main sources: swallowed air and normal breakdown of certain foods by harmless bacteria naturally present in the large intestine.
- ✓ Many foods with carbohydrates can cause gas.
- ✓ Foods that may cause gas include:
 - Beans
 - Vegetables, such as broccoli, cabbage, Brussels sprouts, onions, artichokes,
And asparagus
 - Fruits, such as pears, apples, and peaches
 - Whole grains, such as whole wheat and bran
 - Soft drinks
 - Dairy, if lactose intolerant
 - Foods containing sorbitol, such as dietetic foods and sugar-free candies and gums
- ✓ If you are burdened with excessive gas, ensure your water intake is adequate, then consider adding a gas reducing enzyme such as beano, simithecone, or lactose (for lactose intolerance).

**Regional Weight Management Center is dedicated to
providing continuing support and direction for our patients
PLEASE call with any concerns or questions!!**



REGIONAL HEALTH

P.O. Box 6000 Rapid City, SD 57709