

Welcome to Mercy Bariatric Center Washington

A comprehensive surgical weight loss program
addressing the medical, behavioral, nutritional
and surgical issues related to obesity



Your life is our life's work.

mercy.net

Mercy Bariatric Center

Is Weight Loss Surgery Right for You?

Dear Interested Surgical Candidate,

We would like to take this opportunity to thank you again for choosing Mercy Bariatric Center Washington. For people suffering from obesity and related health conditions, weight-loss surgery may be the solution. Studies demonstrate that weight-loss surgery, as compared to non-surgical treatments, yields the longest period of sustained weight loss in patients who have failed other therapies. By attending our informational session, you should have many of your questions answered. By accepting our screening packet, you have made one step toward a life changing decision. There are many guidelines to the program that are imperative to your surgical care. We want you to be prepared and informed as our patient. The team at Mercy Bariatric Center has a goal to make your journey pleasant and educational.

For best results, patients need to actively participate in our multidisciplinary weight-loss program which includes nutritional, emotional and exercise counseling. Our highly trained team is committed to providing the highest level of patient care every step of the way.

Please read and fill out all the material provided in this packet. Please obtain all the information on the checklist that follows. You may mail, e-mail, fax or drop off the completed information at the Mercy Bariatric Center Office in Washington, MO.

Our office will contact you by telephone for your initial consultation. If you have questions concerning the packet, please call our Mercy Bariatric Center Coordinator – Cathy Radford, RN at 636-861-7891.

Good luck on your journey,

The Mercy Bariatric Center Team

Mercy Bariatric Center

Washington: 851 E. 5th St. | Suite 108 | Washington, MO 63090 (Main Office)

O'Fallon: 300 Winding Woods Dr. | Suite 206 | O'Fallon, MO 63366

St. Louis: 621 S. New Ballas Rd. | Suite 260A (Tower A) | St. Louis, MO 63141

Office: 636-861-7891 | Fax: 636-861-7899 | Dr. Hawver's office: 636-861-7870

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Criteria for Consideration for Bariatric Surgery:

- Current BMI of greater than 40 or BMI of greater than 35 with obesity related comorbidities.
 - Longstanding history of obesity despite failed medical weight loss regimens with documentation of at least three years of previous weights.
 - Motivated patient who can demonstrate a lifetime commitment to a surgical weight loss program with nutritional guidelines and follow-up appointments.
 - Letter of referral from primary care physician with as much health information as possible.
 - Verification from insurance provider that bariatric surgery consultation is a covered benefit (i.e. will the provider even consider coverage for surgery) or the patient is willing to self finance.
 - No drug or alcohol addiction and no poorly controlled mental disorder that would interfere with appropriate follow-up regimens and compliance.
 - Must have quit smoking for at least two months prior to surgery.
 - Between the ages of 18-70 (older if in good health).
 - Weighs less than 400 lbs. and BMI <65 Women and <60 Men.
 - Willing and able to use effective birth control for at least 18 months after surgery (women only).
- ** Each patient that meets the above criteria is then evaluated collectively by our multidisciplinary team to assess their candidacy for weight loss surgery.

Weight Loss Surgery Options

The American Society for Metabolic and Bariatric Surgery describes two approaches to weight loss surgery including restriction of intake and decreased absorption of calories (malabsorption). Mercy Bariatric Center is committed to providing each patient the appropriate individualized counseling and education for each procedure so all patients can make an informed decision to meet his or her needs and weight loss goals.

There are three types of procedures that are accepted by the ASMBS and offered by Mercy Bariatric Center - Washington, they include:

- Laparoscopic or Open Roux-en-Y Gastric Bypass
- Laparoscopic Adjustable Banding (LAPBAND®)
- Laparoscopic or Open Sleeve Gastrectomy

A successful weight loss procedure is measured by achieving weight loss and resolution of comorbidities. For example, weight loss after gastric bypass is typically at 70% after one year, but 60 percent excess weight loss after five years, due to weight regains which usually occurs after the initial weight loss. Patients who have laparoscopic gastric banding surgery typically have less weight loss. With diet and exercise, they should expect a weight loss around 40% of their excess weight within two years.

It has been documented through research that co-morbid conditions such as diabetes type 2, high blood pressure, back pain, sleep apnea, GERD and depression which are associated with morbid obesity may be dramatically improved or resolved after weight loss surgery. Many patients are able to reduce their dependency on medications for these health conditions soon after surgery, even before weight loss is finished.

The following pages will describe each procedure in greater detail.

Gastric Bypass

Laparoscopic or Open Roux-en-Y Gastric Bypass surgery is a type of bariatric surgery that treats morbid obesity and obesity related health problems through food restriction and malabsorption. Gastric bypass surgery was initially performed through open surgery, but the development of laparoscopic techniques paved the way for the first laparoscopic RNY gastric bypass surgery in 1993. Laparoscopic surgery is performed through small incisions using special tools and does not require opening the entire abdominal wall. The benefit is a quicker recovery and less pain than associated with open surgery. Currently, gastric bypass remains the gold standard by which all other procedures are measured.



Laparoscopic or open gastric bypass is a combination of both restriction and malabsorption. In RNY gastric bypass procedures, a smaller stomach pouch is formed in the upper portion of the stomach and a new stomach outlet (stoma) is formed. After the intestine is divided, the lower intestine is connected to the new stomach outlet. The remainder of the stomach is not removed, but is completely stapled shut and divided from the stomach pouch. The outlet from the newly formed pouch empties directly into jejunum, thus bypassing caloric absorption. By adding malabsorption, food is delayed in mixing with bile and pancreatic juices that aid in the absorption of nutrients. It requires close follow-up and lifelong vitamin and protein supplementation. Gastric bypass also carries a small risk of leak and mortality. A list of complications due to malabsorption, such as anemia, bone density loss or “dumping” may occur. The dumping syndrome is a condition which can cause an ill feeling when food is not chewed thoroughly or a high concentration of sugar or carbohydrates are consumed outside of the diet plan. Education is provided and reinforced by the staff at Mercy Bariatric Center to avoid dumping. The bypassed portion of the small bowel or stomach cannot be easily visualized by x-ray or endoscopy after surgery making it difficult to visualize problems such as ulcers, bleeding or malignancy should occur.

Pros of Gastric Bypass Surgery

- Rapid weight loss in the first 6 months.
- Decreased amount of food that can be eaten at one time.
- Decreased amount of calories that are absorbed by the body.
- Due to dumping syndrome, high-calorie sweets and fats are controlled.

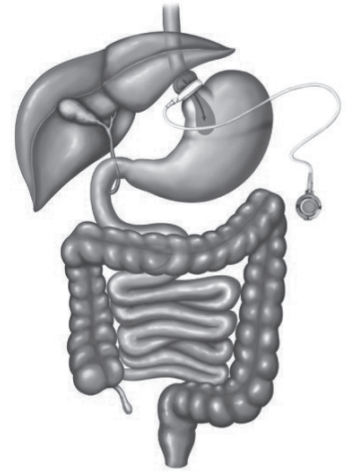
Cons of Gastric Bypass Surgery

- Operating on the stomach and intestines includes possible surgical risk of infection, suture leaks, and blood clots.
- Due to the changes in the digestive tract it can cause risk of ulcers, bowel obstruction and/or reflux.
- Lifelong commitment nutritional supplements to avoid vitamin and mineral deficiencies, which can lead to serious health conditions.
- Dumping syndrome, due to intestinal changes sweets enter the bloodstream too quickly and causes nausea and weakness.

Laparoscopic or open gastric bypass achieves 60 to 80 percent of excess weight loss. It has shown to have a small amount of weight re-gain at 5-7 years after the procedure, but will be considered successful at approximately 60 to 70 percent excess weight lost. It is the most frequently performed procedure with the largest amount of literature and length of follow-up.

Laparoscopic Adjustable Gastric Banding (Lap-Band®)

The Lap-Band® System is a surgically implanted weight loss device that helps a person lose weight by restricting food intake and controlling hunger. It is a purely restrictive procedure to limit volume and therefore caloric intake. Laparoscopic Adjustable Gastric Banding is a surgically placed band around the upper portion of the stomach. The inner balloon is accessed by a port under the skin, on the abdominal wall. At regular intervals sterile saline can be injected, increasing restriction, until adequate weight loss is achieved.



Surgery to place the Lap-Band® into the patient is a relatively safe and quick procedure. In most cases, the operation is performed laparoscopically on an out-patient basis, taking little over an hour to complete. Post-op stay is generally less than 24 hours.

During surgery, the gastric band is put into position around the upper part of the stomach and the access port is stitched to the abdominal wall. This creates an hour glass shape out of the upper most portion of the stomach. It is a slower weight loss over 2-3 years and requires more frequent follow up and adjustments in the surgeon's office. There is no malabsorption, but because of the decreased volume of intake, vitamin supplementation is still required. The procedure does not involve cutting, stapling, or rerouting of the stomach and intestines.

The Lap-Band® is usually placed into the body unfilled, allowing the body to recover from surgery and adjust to the initial restriction of the gastric band. The first fill is scheduled approximately 4 to 6 weeks after surgery. During the first two years, which is the period of maximal weight loss, most patients will receive from 5 to 8 band adjustments. The band can be filled (tightened) to increase restriction and rate of weight loss, or loosened to decrease restriction. Finding just the right balance between the amount of restriction and rate of weight loss is often known as finding the "sweet spot."

The Lap-Band® achieves 40-60 percent of excess weight loss and may prove to be higher with time. It has the lowest mortality, and the chances of leaking are rare due to the fact that it does not divide any organs such as stomach or small bowel. Weight loss results will vary from patient to patient, with some losing more and some less than the average. Actual weight loss is affected by a combination of factors, including starting weight, diet after surgery, and exercise habits. Substantial weight loss following lap band surgery will also improve or resolve other health conditions associated with obesity, including type 2 diabetes, high blood pressure and sleep apnea.

The Lap-Band® is a foreign body and requires the most frequent adjustments and follow-up. It may be less effective in patients with a BMI greater than 50. The Lap-Band® has unique and infrequent complications such as slipping, erosion into the stomach and port site infection. The patient may require removal of the band, which is usually done laparoscopically in which case weight re-gain is likely.

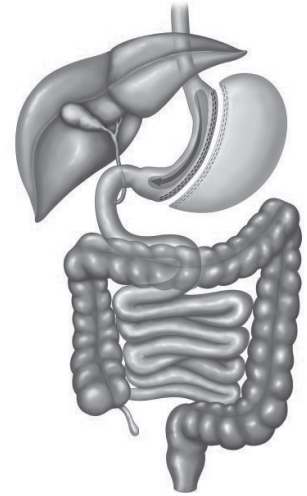
Gastric Sleeve Surgery

Gastric sleeve surgery, or gastric sleeve resection, is one of the newer types of bariatric surgery and the most frequently done. This surgery can also be referred to as sleeve gastrectomy, vertical sleeve gastrectomy, tube gastrectomy and laparoscopic sleeve gastrectomy. It is a restrictive form of bariatric surgery that helps with weight loss by limiting food intake and controlling hunger sensations. After surgery the amount of food that can be eaten at any one time is greatly reduced. The surgery also helps to control hunger, because the upper portion of the stomach that produces the hunger stimulating hormone Ghrelin is removed during surgery.

During this procedure a bariatric surgeon removes about 85 percent of the stomach so that it takes the shape of a tube or sleeve. It does not involve cutting or rerouting the small intestine and it does not require an implanted weight loss device. This operation is performed laparoscopically, meaning that the surgeon makes small incisions as opposed to one large incision, or open. He or she inserts a viewing tube with a small camera (laparoscope) and other tiny instruments into these small incisions to remove part of the stomach. The tube-shaped stomach that is left is sealed closed with staples.

In some cases, gastric sleeve surgery may be followed by a gastric bypass surgery after a person has lost a significant amount of weight. Some individuals are either extremely obese or have health problems which disqualifies them from having gastric bypass surgery or gastric banding. In these cases, the gastric sleeve may be recommended, either as an alternative method or as the first step in a two step bariatric process. It can be called a "staged" approach to weight loss surgery, this makes the second procedure less risky than it would have been had it been the first and only procedure. The timing of the second surgery varies according to the degree of weight loss. It usually occurs within six to 18 months after the initial surgery.

The gastric sleeve procedure will restrict the amount of food that can be eaten at any one time, but it does not restrict any certain foods from the diet as the digestive system still functions normally. It is up to the patient to adopt the healthy diet and active lifestyle that will promote weight loss. The average amount of weight loss is typically 30 to 50 percent of excess weight in the first eighteen months after surgery.



Preoperative Psychological Evaluation

Thank you for choosing to see my patient. This patient is considering weight loss surgery and is required by their insurance company and by our Bariatric program to have a psychological evaluation by a psychiatrist. Most insurance companies will not authorize weight loss surgery without a letter of support from a psychiatrist or psychologist. We are committed to a multidisciplinary program that treats our patients' physical and psychological concerns pre-operatively and post-operatively. Please do not hesitate to call or e-mail if you have any questions.

Please evaluate and include in your report:

- The reason for this evaluation.
- How long has obesity been a problem for the patient?
- How does the patient think the surgery will benefit them?
- Patient obesity history (duration, diet attempts)
- Patients understanding of risks and benefits of weight loss surgery and are able to make a lifestyle change.
- Patient personal history (where they are from, live at now, education, marital status, home situation, family interactions, physical and sexual abuse).
- Does the patient have adequate support?
- List and describe sources of stress in the patient's life.
- Provide details of tobacco, alcohol, recreational or prescribed drug use (currently, in the past, addiction of and/or treatment of).
- Provide details of suicidal tendencies, eating disorders, untreated depression and compliance issues.
- Document any significant psychiatric illness (treated, untreated or incompletely treated).
- Does the patient understand the need to follow up yearly for the duration of their lifetime?
- Document patient's reliability to be compliant with post-operative instructions.
- Provide details of compliance of diet, exercise and lifelong vitamin therapy.
- Does the patient understand that non-compliance puts them at risk for post-op as well as future complications?
- Are the patient's expectations realistic?
- Behavioral observations.
- All test results.

Please fax or mail evaluation to:

Mercy Bariatric Center-Washington

Lisa Hawver, MD, FACS, Medical Director

851 East Fifth Street, Suite 108

Washington, MO 63090

Phone: 636-861-7891

Fax: 636-861-7899

Insurance Required Medically Supervised Diet

Many insurance companies are now requiring a documented medically or professionally supervised diet prior to approval for weight loss surgery. Getting and keeping medical records to show the work you've done with your primary physician is obviously the best and easiest way of proving your past dietary efforts. The best advice we can give you if you are considering weight loss surgery is to immediately get on a medically supervised weight loss plan and make sure you and your physician DOCUMENT your progress.

If your insurance company requires a medically supervised diet, then you need to:

- See your family physician every month (consecutively) for the duration of the supervised diet. This could be for 3, 6, 8, 9, or 12 months depending on your insurance company. The first visit counts as "day zero". For example, a 3 month diet will need 4 visits. Do not miss a month, or you will need to start over!
- It is very important that you physician document the following each month:
 1. Current weight
 2. Vital signs
 3. BMI
 4. Counsel you on the weight loss and document your exercise program, calorie restricted diet, diet medication or other method used.

Attached is the form your physician can use to track your monthly progress. **Please make copies** and give to your primary physician to use each month of your diet. We will need this information to submit to your insurance company.

Good Luck!

Your bariatric team at **Mercy Bariatric Center**

Lisa Hawver, MD, FACS, Medical Director

Cathy Radford, RN, Program Coordinator

Mercy Bariatric Center - Washington

Monthly Physician-Supervised Weight Loss Visit

Month: _____

Patient Name: _____ Date: _____

DOB: _____ Physician: _____

WT: _____ HT: _____ BP: _____ PULSE: _____ TEMP: _____ BMI: _____

Current Diet Plan

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Low Fat | <input type="checkbox"/> Weight Watchers |
| <input type="checkbox"/> Atkins | <input type="checkbox"/> South Beach |
| <input type="checkbox"/> Thrive | <input type="checkbox"/> Diabetic Diet |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Other |

Exercise Program

- | | |
|--|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Gym Attendance |
| <input type="checkbox"/> Target HR 3x week | <input type="checkbox"/> Increased daily physical activity |
| <input type="checkbox"/> Other _____ | |

Behavior Modifications

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Diet Journal | <input type="checkbox"/> Meeting with Dietitian |
| <input type="checkbox"/> Other | <input type="checkbox"/> Website support |

Use of FDA approved Medication

Comments/Recommendations

Physician Signature: _____

Mercy Bariatric Center - Washington, MO

Lisa Hawver, MD, FACS, Medical Director

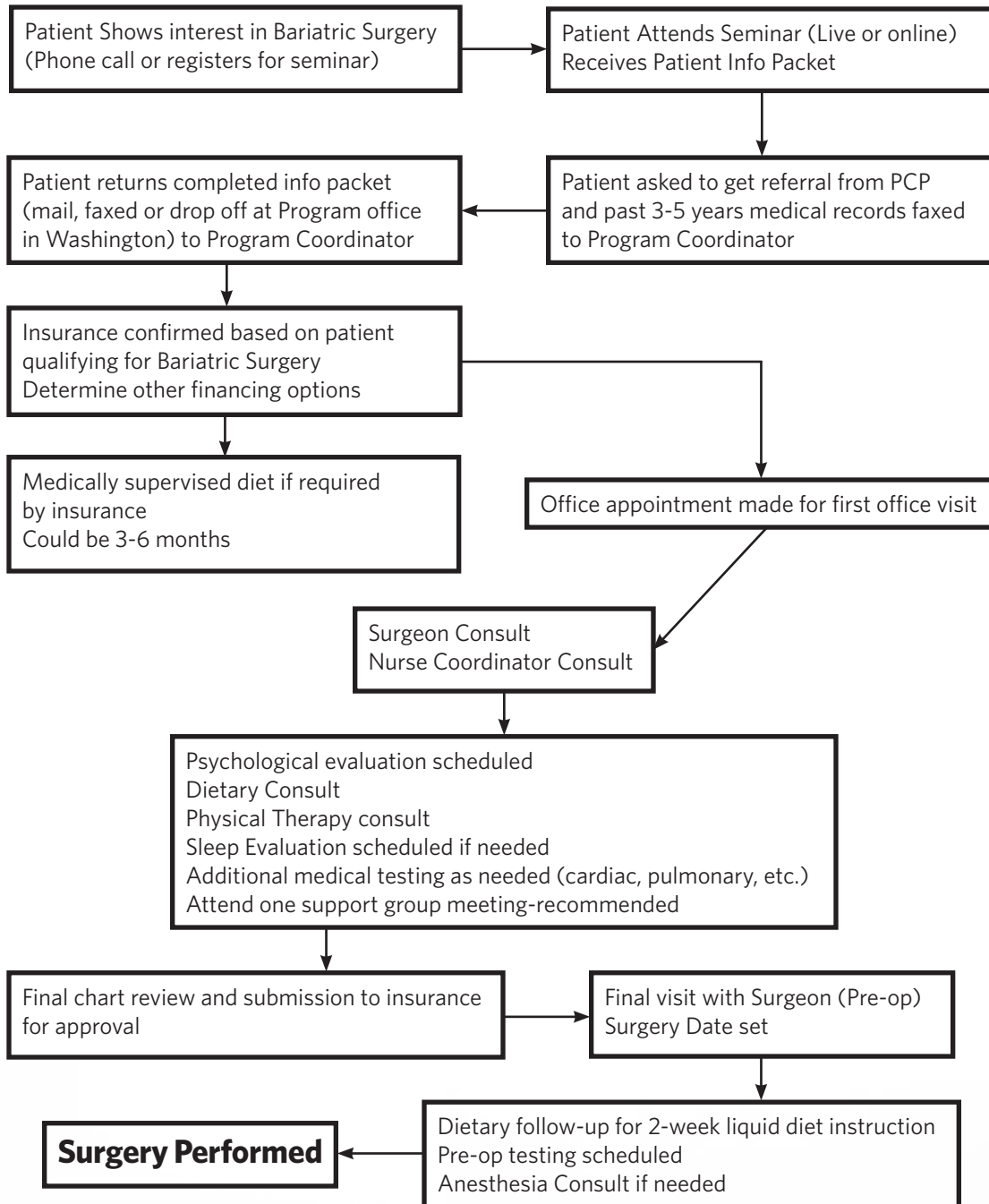
Cathy Radford, RN, Program Coordinator

Phone: 636-861-7891

Fax: 636-861-7899

BARIATRIC SURGERY

Preoperative Patient Flow



Mercy Bariatric Center Comprehensive Process

Bariatric surgery is an elective surgery. Patients must have a body mass index of 35 or greater, serious medical comorbidities and documented failure of previous weight loss attempts. This surgery is intended to improve the health of patients who choose to have bariatric surgery. The process is lengthy; however, the end result is a well informed, happier, healthier patient. The process listed is an outline, and each patient's experience may vary.

- **Attend an Interest Group Session Live or On-Line:** The sessions are scheduled several times each month. The surgical procedure and our process will be explained at this session. Each session takes approximately one hour or more, including time for questions.
- **Complete and Return the Patient Information Packet:** All patients must complete a patient packet in order to enter the program. This packet is a very important part of the process. Your medical records are relevant to your surgery and pre-certification process. Incomplete packets will be returned to you. If you mail your packet and would like verification that the packet has been received, please send it certified mail.
- **Consultation:** You will be scheduled to see the surgeon after your patient packet is complete. At your consultation, the surgeon will review your medical history and perform a brief physical examination. Please be prepared to spend approximately one hour at the office that day. After your consultation, additional appointments may be scheduled for you. You will receive information on how to complete the requirements of the bariatric program to obtain surgery.
- **Psychological Evaluations:** Psychological evaluations are required for all patients. As a result of your psychological evaluation, you may be required to have ongoing therapy prior to surgery or throughout the surgical process. You **must** abide by the treatment plan provided in order to be considered as a candidate for surgery.
- **Fitness Evaluation:** This evaluation, conducted by a physical therapist, will be scheduled prior to your surgery date.
- **Sleep Evaluation:** If you have not had a previous sleep study. A consultation with a sleep center may be required for patients prior to surgery. This will check for the presence of sleep apnea, a serious condition that is characterized by brief interruptions in breathing during sleep.
- **Labs/EKG:** If labs or EKG done in the past 9 months to 1 year may not need to repeat.
- **Any other testing or medical clearance**
- **Pre-Certification:** Pre-certification for surgery will be sent to your insurance company after your consultation with the surgeon and other requirements are met. This is a lengthy process that may take up to several weeks to months. Each insurance company is different. They all have different criteria for medically necessary surgery. You may be required by your insurance company to obtain additional testing, medical records or participate in a physician supervised diet. Please be patient during this stage of the process. This is a great time to continue your research of the surgery and the lifestyle change.
- **Pre-operative Evaluation:** Once your insurance is approved, you will return to meet with the surgeon. At this time, you will review your pre-operative and post-operative instructions and schedule a surgery date. In addition, your pre-admission testing (PAT) will be scheduled.
- **Support Group:** The support group meets each month. You should attend at least one support groups hosted by our team prior to surgery. Make sure you sign in at the support meetings.
- **Dietary follow-up Scheduled:** Once insurance approval has been received, you will need to see dietary again for pre-op diet.
- **Surgery:** Congratulations! This is the first step in your journey to a new healthier lifestyle.

Two Week Pre-Operative Diet

So why is it important to follow this diet prior to your surgery?

Weight loss surgery is just like any other major surgery and it is important to be prepared. The time leading up to your weight loss surgery is not the time to splurge and let your health worsen, but it's the time to start making changes and preparing for your new lifestyle. By restricting yourself to a low calorie, low-fat, high protein diet for two weeks prior to your surgery, you ultimately help yourself to have a safer surgery.

Weight loss before surgery reduces the size of your liver. The liver is like your own personal built-in "chemical power plant" and it is located just to the right of your stomach. The liver is responsible for converting the food we eat into energy, removing alcohol and toxic substances from the blood, and for processing drugs and medications. To help protect this vital organ it naturally has fat stored around it. However, in certain conditions like obesity and diabetes, the liver does not work as it should and an excess of fatty tissue builds up around the liver, a condition known as "fatty liver". Since the liver is so close to your stomach, reducing its size even the slightest amount will help you and your surgeon have a safer surgery and it may even help reduce the risks for potential post-op complications.

Pre-op weight loss reduces operating and recovery time and the severity of co-morbidities. Another advantage is this will jump-start your weight loss. Due to your decreased intake and variety during this pre-surgery diet, it is recommended you begin taking a multivitamin (any once daily tablet is okay).

- **Protein Drinks:** It is recommended you get at least 70 grams of protein/day from a protein supplement (this is in addition to your diet). These supplements are available in ready-to-drink or powder form. Make sure the supplement is low in fat and sugar. Products that may be used include Premier, Unjury, Nectar, Matrix, GNC or other brands of whey protein powders, EAS AdvantEdge and Bariatric Advantage High Protein Meal Replacement. Please speak with your dietitian if you have questions about protein supplements.
- **Daily Goals:** 60-80 grams of protein, or as instructed by your dietitian and 48-64 ounces (6-8 cups) or more of water
- **Portion Size and Meal Schedule:** Include **4-6 servings** each day of the items from the food choices list below. Food choices should be healthy (low-cal, low-fat, sugar-free, etc.). Drink water, coffee, tea or other sugar-free beverages as needed during the day. Ask your dietitian if you have questions about other foods.
- **All meals are liquids only.** Calorie intake is approximately 700-800 calories.
- **Examples of liquids you may have:**
 - Protein shakes
 - Sugar-free gelatin
 - Sugar-free pudding
 - Skim milk
 - Broth or bouillon
 - Strained cream soups
 - Sugar-free popsicles
 - Low fat, sugar free yogurt (artificially sweetened)

Stages of the Post-Surgery Bariatric Diet

After bariatric surgery the pouch will not be able to hold as much food or liquid. Initially it can only hold about ¼ cup of food or 2 ounces at a time. To allow the new pouch to heal completely, introduce liquid and solid foods slowly. This slow introduction is done in different stages. The first stage starts soon after surgery. The stages of the diet are as follows:

- Stage 1: Full Liquids
- Stage 2: Pureed
- Stage 3: Mechanical Soft
- Stage 4: Solid Foods

There are two things that will change in each stage:

- 5. **Amount:** The portions that are recommended are *maximums* - less should be eaten if needed. It is important to eat only to the point of feeling satisfied.
- **Texture:** The stages start off with very liquid-type foods and will progress toward normal solid foods.

Rules for Eating

1. Eat 3 meals a day and 1-2 snacks if needed.
2. Always stop eating or drinking when starting to feel satisfied.
3. Eat slowly! It should take at least **20-30 minutes** to finish each meal.
4. Do not drink with meals.
5. Do not drink liquids that have calories except for low-fat milk or protein liquids.
6. Always eat protein first at meals. ***Each meal should be balanced by providing protein, vegetables and some carbohydrates (starch or fruit source).***
7. Take all vitamin/mineral supplements ***daily***.
8. Exercise daily, 30 minutes or as recommended by the doctor and/or exercise physiologist.
9. Remember to progress diet slowly and per your doctor's recommendations!

Nutrition Expectations Prior to Bariatric Surgery

Lifestyle changes are encouraged to improve health before surgery, help to tolerate surgery better, and provide for a successful recovery period. **Permanent lifestyle changes** are needed for success after surgery, which is why it is important to **start making these changes now**.

- Begin keeping a food log. Record foods and drinks, portion sizes, time, mood, location and hunger level.
- Include fruits, vegetables, whole grains, lean protein, and low-fat dairy to have a well-balanced meal plan prior to surgery.
- Limit or eliminate simple sugars and high fat foods.
- Begin the day with breakfast to boost metabolism and reduce hunger.
- Eliminate alcohol due to its diuretic effect, excess empty calories, metabolism changes and the risk of addiction.
- Eliminate carbonated beverages due to their diuretic effect. Excess gas produced can bloat and stretch the pouch.
- Eliminate straws because they can cause gas due to swallowed air.
- Eliminate caffeine because it can be an appetite stimulant, empty calories, and a diuretic.
- Stop smoking and all forms of tobacco use.
- Choose only water and sugar-free, decaffeinated, non-carbonated beverages.
- Drink 48-64 ounces (6-8 cups) non-carbonated, decaffeinated fluids daily.
- Practice taking very small bites/sips of foods and beverages (small utensils, small plate).
- Chew foods thoroughly (30 times) to the texture of applesauce before swallowing.
- Practice eating and drinking very slowly; take at least 20-30 minutes to finish eating a meal. Set fork down between bites of food to slow eating pace.
- Practice not drinking with meals. See next page.
- The doctor will require a full liquid diet 2 weeks prior to surgery to shrink the liver.
- Attend support group meetings and educational sessions to prepare for surgery.

Changes after Surgery

Even though change to the size of the stomach is a useful tool, it can cause serious problems if healthy eating habits and meal planning are not followed. Complications can happen at any time (days, weeks, months or years) after surgery. Following the diet guidelines for portion size, specific foods and supplements will help prevent complications. Common complications and ways to prevent them are listed below.

Preventable Complication	Possible Causes	Ways to Prevent Complication
Dehydration	Not enough fluid Vomiting	Drink at least 6-8 cups (48-64 oz.) liquid daily. See ways to prevent vomiting below.
Nausea and vomiting Heartburn	Too much food Eating too fast or not chewing thoroughly Blockage	Follow guidelines for portion control. Always stop eating when you feel satisfied. Eat slowly, chew food thoroughly; Meals should last 20-30 minutes. If having more than 1-2 vomiting episodes per day, or if vomiting after everything eaten, call your physician immediately!
Constipation	Not enough fiber Dehydration	Try to eat more vegetables, fruits and whole grains. Please note: limit bran, whole grain bread, and raw fruits and vegetables immediately following surgery. Add these foods slowly so the pouch can adapt to them. Do not take any fiber pills or laxatives without talking to the doctor. See ways to prevent dehydration above.
Protein deficiency	Not enough protein	Make sure to eat protein first at all meals. It is important to get at least 60-80 grams protein daily.
Vitamin and mineral deficiency	Not enough vitamins and/or minerals	Always take multi-vitamin and any other supplements required from the doctor or dietitian.
Diarrhea	Lactose intolerance Dumping syndrome	Try lactose-free milk or soy milk. See below for ways to prevent dumping.
Blockage of the stomach opening	Not chewing food well	Chew food 30 times before swallowing. Call doctor if pain, nausea and/or vomiting persist.
Stretching of stomach pouch	Eating past point of fullness	Avoid large quantities of food.
Weight gain or a plateau	Snacking, not exercising, consuming caloric beverages. Grazing behavior.	Avoid snacking, caloric drinks, high fat and high calorie foods. Exercise regularly!
Dumping syndrome (RYGB only)	Simple sugars, high fat foods, drinking with meals	Avoid simple sugars, sweets, high fat foods and drinking liquids with meals.

Bariatric Surgery and Lifestyle Changes: Useful Tools for Weight Loss

Remember, bariatric surgery is a **tool** that **helps** make the necessary lifestyle changes for weight loss. It **does not** guarantee lifestyle changes! The surgery makes the stomach into a small pouch. The new pouch, along with behavior changes, helps with portion control. Below are helpful rules to make the tool work. If the rules and other dietary guidelines in this booklet are not followed, then complications or problems can occur after surgery.

Rules for Weight Loss:

- 1. Eat 3 meals a day and 1 to 2 snacks (if needed).** Snacking too much between meals adds extra calories. This will slow weight loss, cause weight regain, or result in a weight loss plateau. When used wisely, snacks can help you meet your protein goals and can control hunger between meals.
- 2. Always stop eating or drinking as soon as you feel satisfied.** Eating past the point of fullness will cause the pouch to stretch/slip depending on surgery performed. It may also cause vomiting.
- 3. Eat slowly and chew food thoroughly!** If a meal is eaten too fast it may become hard to feel satisfied before it is too late. This may lead to overeating, vomiting or possible blockage.
- 4. Do not drink with meals.** Drinking will flush food quickly through the pouch and/or lead to overeating at meals. Avoid drinking fluids 10-15 minutes before meals, during meals, and 30-60 minutes after meals.
- 5. Do not drink liquids with calories except for milk and protein drinks.** Liquids that contain calories include regular soft drinks, sports drinks, sugary fruit drinks, sweet tea, and coffee with sugar. Fruit juices have calories, but in small amounts can also provide vitamins and minerals. If fruit juices are desired choose 100% fruit juice and limit the serving size (4 oz is considered a serving of juice).
- 6. Avoid caffeinated, carbonated, and/or alcoholic beverages.** This includes coffee, tea, bubbly drinks and any alcohol.
- 7. Always eat the protein source first at meals.** This will help you get the required protein recommendations.
- 8. Choose healthy, nutrient-dense foods.** The quality of food eaten is more important after surgery because the amount is much smaller.
- 9. Take all necessary supplements daily.**
- 10. Exercise regularly;** or as recommended by the physician or exercise physiologist.

Body Mass Index Chart

Height in Feet

	4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	
125	28	27	26	25	24	24	23	22	21	20	20										
136	31	29	28	28	27	26	25	24	23	23	22	21	21	20	20						
147	33	32	31	30	29	28	27	26	25	25	24	23	22	22	21	21	20				
158	35	34	33	32	31	30	29	28	27	26	26	25	24	23	23	22	21	21	20	20	
169	38	37	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	
180	40	39	38	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23	
191	43	41	40	39	37	36	35	34	33	32	31	30	29	28	27	27	26	25	25	24	
202	45	44	42	41	40	38	37	36	35	34	33	32	31	30	29	28	27	27	26	25	
213	48	46	45	43	42	40	39	38	37	36	34	33	32	32	31	30	29	28	27	27	
224	50	49	47	45	44	42	41	40	39	37	36	35	34	32	32	31	30	30	29	28	
235	53	51	49	48	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	29	
246	55	53	52	50	48	47	45	44	42	41	40	39	37	36	35	34	33	33	32	31	
257	58	56	54	52	50	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	
268	60	58	56	54	52	51	49	48	46	45	43	42	41	40	39	37	36	35	34	34	
279	63	60	58	56	55	53	51	50	48	47	45	44	43	41	40	39	38	37	36	35	
290	65	63	61	59	57	55	53	51	50	48	47	46	44	43	42	41	39	38	37	36	
301	68	65	63	61	59	57	55	53	52	50	49	47	46	45	43	42	41	40	39	38	
312	70	68	65	63	61	59	57	55	54	52	50	49	48	46	45	44	42	41	40	39	
323	73	70	68	65	63	61	59	57	56	54	52	51	49	48	46	45	44	43	42	40	
334	75	72	70	68	65	63	61	59	57	56	54	52	51	49	48	47	45	44	43	42	
345	78	75	72	70	68	65	63	61	59	58	56	54	53	51	50	48	47	46	44	43	
356	80	77	75	72	70	67	65	63	61	59	58	56	54	53	51	50	48	47	46	45	
367	82	80	77	74	72	69	67	65	63	61	59	58	56	54	53	51	50	49	47	46	
378	85	82	79	77	74	72	69	67	65	63	61	59	58	56	54	53	51	50	49	47	
389	87	84	81	79	76	74	71	69	67	65	63	61	59	58	56	54	53	51	50	49	
400	90	87	84	81	78	76	73	71	69	66	65	63	61	59	58	56	54	53	51	50	
411	92	89	86	83	80	78	75	73	71	69	66	65	63	61	59	57	56	54	53	51	
422	95	92	88	85	83	80	77	75	73	70	68	66	64	62	61	59	67	56	54	53	
433	97	94	91	88	85	82	79	77	74	72	70	68	66	64	62	61	59	57	56	54	
444	100	96	93	90	87	84	81	79	76	74	72	70	68	66	64	62	60	59	57	56	
455	102	99	95	92	89	86	83	81	78	76	74	71	69	67	65	64	62	60	59	57	
466	105	101	98	94	91	88	85	83	80	78	75	73	71	69	67	65	63	62	60	58	
477	107	103	100	97	93	90	87	85	82	80	77	75	73	71	69	67	65	63	61	60	
488	110	106	102	99	95	92	89	87	84	81	79	77	74	72	70	68	66	65	63	61	
499		108	105	101	98	94	91	89	86	83	81	78	76	74	72	70	68	66	64	62	
510			107	103	200	97	93	91	88	85	82	80	78	75	73	71	69	67	66	64	
521			109	105	102	99	95	92	90	87	84	82	79	77	75	73	71	69	67	65	
532				108	104	101	98	94	92	89	86	83	81	79	76	74	72	70	68	67	
543					106	103	100	96	93	91	88	85	83	80	78	76	74	72	70	68	
554						105	102	98	95	92	90	87	84	82	80	77	75	73	71	69	
565						107	104	100	97	94	91	89	86	84	81	79	77	75	73	71	
576							106	102	99	96	93	90	88	85	83	80	78	76	74	72	
587								104	101	98	95	92	89	87	84	82	80	78	76	74	
598									103	100	97	94	91	88	86	84	81	79	77	75	

Weight in Pounds

Weight Category	Body Mass Index (BMI)
Underweight	Less than or equal to 18.5
Normal Weight	18.5 - 24.9
Overweight	25 - 29.9
Obese	30 - 34.9
Severely Obese	35 - 39.9
Morbidly Obese	Greater than or equal to 40

If you have or have had one or more of the following conditions and your BMI is 35 or higher, Weight Loss Surgery might be right for you. Ask your doctor.

- Hypertension**
- Sleep Apnea**
- Stroke**
- Heart Disease**
- Type 2 Diabetes**
- Joint Problems**