



YOUR BARI BOOK



We don't treat obesity here –
we treat *people*
with obesity.



5 Things

to agree on before
you start

1

Obesity is a serious, chronic, progressive disease requiring long-term medical management.

2

You are not to blame for your weight.

3

You should never feel ashamed of your size or need to seek treatment.



4

You are not alone on the journey to a healthier weight.

5

We don't treat obesity here – we treat *people* with obesity.



Welcome

At Springfield Clinic Bariatrics, we believe treatment is something we achieve with our patients not something we do to our patients. Every detail in this program has been created and developed to provide you the optimal tools, resources and care team to support you at every step of your journey. Throughout the program, we'll highlight Springfield Clinic Words of Wisdom, or SC WOWs.

Let's start by reviewing a few facts about obesity.

Obesity is serious. It can shorten the lifespan of those it affects and should be treated early. Obesity should be treated in the same serious manner as diabetes, high blood pressure and high cholesterol/lipids.

According to the Obesity Medicine Association, there are 57 comorbidities associated with obesity.

Comorbidities are health conditions, such as type 2 diabetes, high blood pressure, high cholesterol and arthritis. In general, the more weight you carry, the more likely you are to develop weight-related health conditions.



What's included in your Springfield Clinic Bariatric Surgery Toolkit?



Bari Book

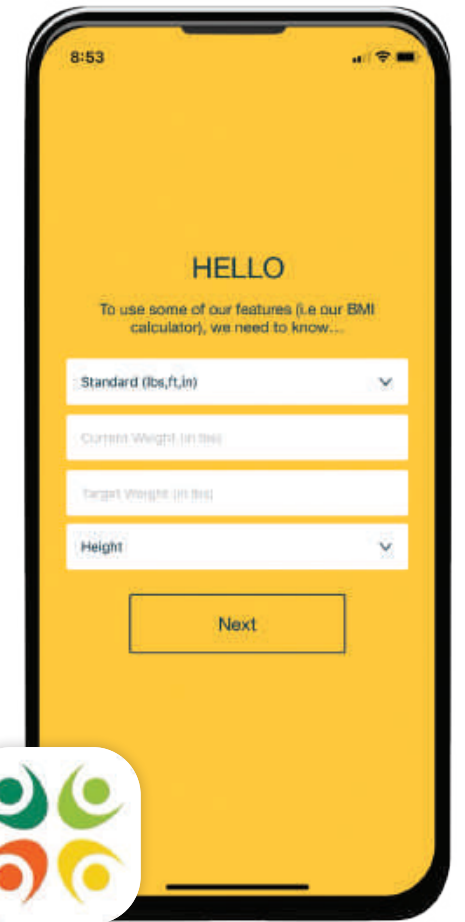
Your resource for all things related to your bariatric journey! This book contains an overview of available treatment options, content for the Bari Foundations class (no need for a separate notebook or handouts), "All about Surgery," recipes, shopping lists and checklists.

Bari Foundations

This program focuses on lifestyle changes and behavior modification to prepare you for surgery. These free classes are held weekly virtually via Zoom. You must complete each module prior to surgery.

Bari Transitions

A virtual support group is held via Zoom weekly. All surgical patients must attend at least once prior to surgery, although you are encouraged to attend more frequently!



Baritastic App

Download this free app from the Apple or Android store to your phone. When you register, enter the code SCBari to have instant access to videos and resources to support you throughout your journey.

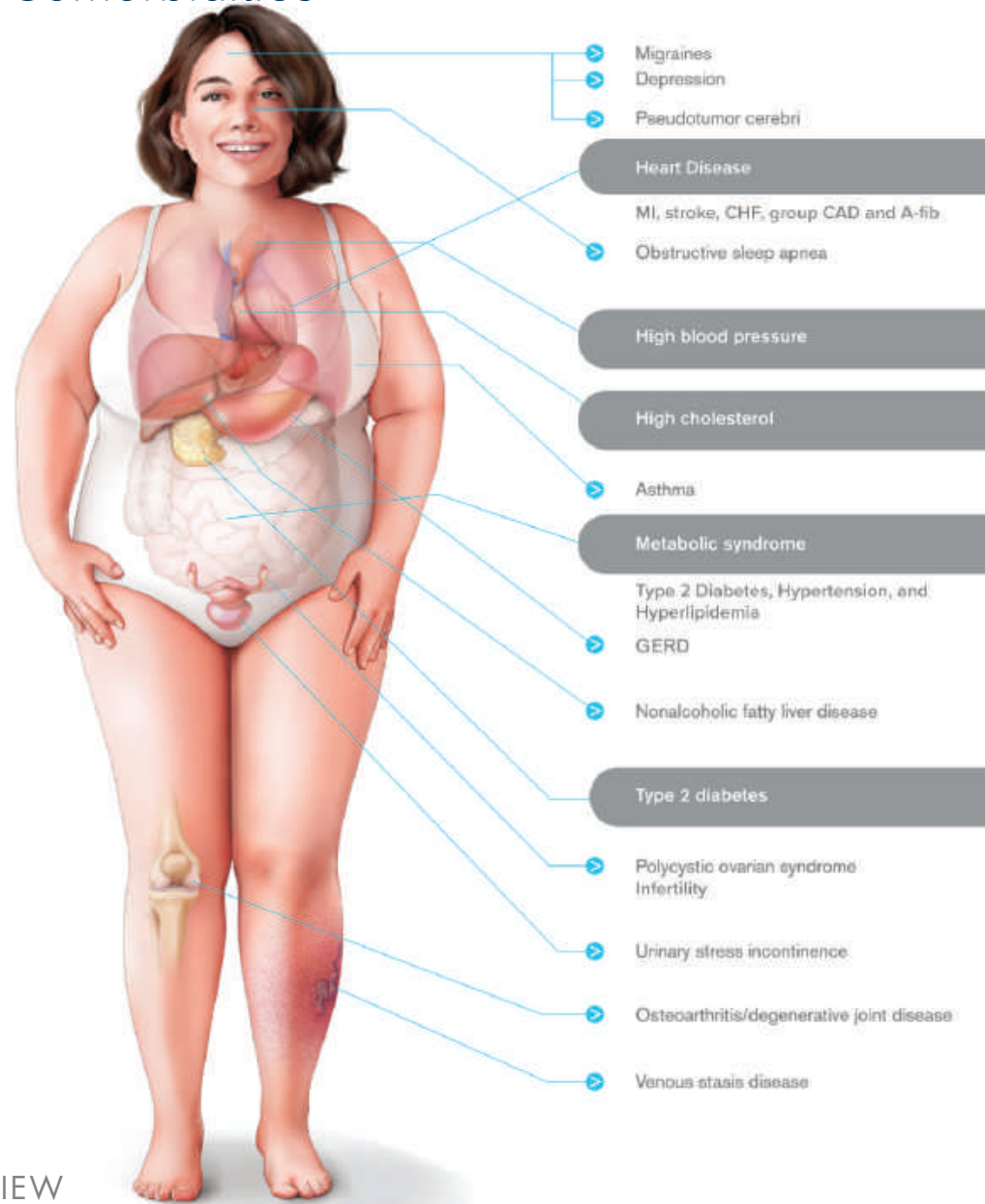


One-Stop Vitamin Shop

While you may purchase your bariatric-formulated vitamins from any resource, we have assembled vitamin bundles with everything you will need based on your procedure and if you're pre-op (still on the road to surgery) or post-op (have already had surgery). To shop the bundles, please visit springfieldclinic.bariatricadvantage.com and enter the code SCBari for a 15% discount.



Obesity-Related Comorbidities



Increased cancer related death
14% in men and
20% in women

“
**You're not alone.
Treatment is
available. We're
here to help.**

Although obesity is generally perceived to be a disease, it is not commonly treated as such. Most people with obesity consider weight loss to be entirely their own responsibility, but you wouldn't fix your own broken leg or perform your own heart surgery. If you did, you wouldn't be very successful! Yet most of us have tried multiple times to address our weight all on our own, and we're surprised when it doesn't work.

What Affects Weight Management?

Many things beyond your control, like appetite signals in your body, genetics, behavior and environment, affect your weight.



Appetite Signals

When you lose weight, your body responds by increasing a key “hunger” hormone and decreasing “fullness” hormones.

Essentially, your body works against you as you lose weight, making you feel hungrier and less full.



Genetics

Your genes can be a big part of how much weight you gain compared to other people.



Behavior

You may not be able to get enough sleep, which can affect your weight.

You may lack time for physical activity or a place to do it.



Environment

You may not be able to find healthy foods at reasonable prices near you.

You may have a long commute, so you don't have enough time to make healthy food, relying instead on fast food or convenience foods.



Managing weight is not simply a matter of willpower!

Before we dive into treatment options, take a moment to answer a few questions.

How is your weight affecting your life?

How important is it for you to make this change and why?

Why do you want to address your obesity at this time?

How confident are you that you can make this change?

What needs to happen for you to make changes?

What are your expectations of the program?

Who's on your clinical team?

Bariatrician

Bariatric physicians, also known as bariatricians, specialize in the medical treatment of obesity and related disorders. At Springfield Clinic Bariatrics, our bariatricians work with you through all stages of your journey, surgical and non-surgical.

Bariatric Surgeon

Bariatric surgeons at Springfield Clinic are board-certified general surgeons who have completed specialized training to treat obesity with surgical procedures, such as gastric bypass and sleeve gastrectomy.

Registered Dietitian

Registered dietitians are the food and nutrition experts who can translate the science of nutrition into practical solutions for healthy living. They complete nutrition evaluations, teach classes and see patients one-on-one when needed.

Physical Therapist

Physical therapists are movement experts who improve quality of life through prescribed exercise, hands-on care and patient education. They complete physical therapy evaluations, teach classes and see patients one-on-one when needed.

Licensed Clinical Social Worker

Licensed clinical social workers are committed to helping people change their lives for the better. They can diagnose and treat mental, behavioral and emotional health issues. They complete psychological evaluations, lead support groups and see patients one-on-one when needed.

Nurses

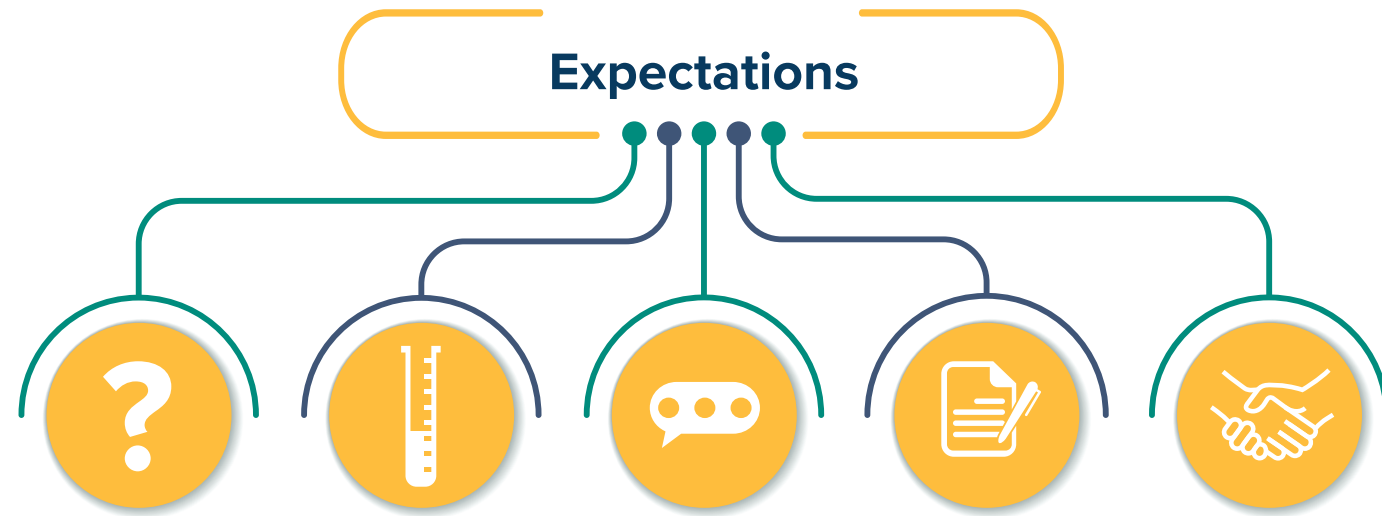
Nurses discuss the pre-surgery instructions, review post-operative expectations and procedures and answer any questions you may have. They teach our pre-op class for patients scheduled for bariatric surgery.


You


The most important member of your care team is you. Please ask questions, share your thoughts and let us know how we can help.





What can you expect from your teammates?




 We ask a lot of questions so we can provide options that work best for you.

 We thoroughly assess your health in relation to your weight. This may include laboratory tests, a sleep study or referrals to a cardiologist, endocrinologist, pulmonologist or other specialists.

 We advise you on treatment options available and work with you to develop short-term and long-term treatment goals.

 We use shared decision-making to come to an agreement on the best treatment option(s) for you.

 We assist in providing resources, support and follow up.

How do we treat obesity?

We focus on the following pillars of health:

- Nutrition
- Mobility
- Sleep
- Stress reduction
- Behavior change



While we may discuss treatment options in different categories, the best treatment plan is one that includes multiple components.

Lifestyle Interventions and Behavior Modification

What are they?

The foundation of treatment! Behavior modification helps you build a set of strategies to achieve and sustain a healthier lifestyle, which facilitates achieving and sustaining weight goals. In our program, we will focus on several strategies, including:

Evaluating your habits and how to create new ones

Setting goals that are specific, meaningful, achievable, realistic, time-bound, enjoyable and rewarding

Self-monitoring activity and eating habits, whether you use good old-fashioned pen and paper, your camera phone or a snazzy fitness app (we recommend Baritastic)

Stress management via identification of healthy coping mechanisms and relaxation techniques

Alternative behaviors by identification of eating triggers and how to counter those with new activities

Social support There's nothing like sharing struggles and victories with others who have been there, done that

Who's a candidate for lifestyle interventions and behavior modification?

The short answer is everyone! We can all benefit from making changes to achieve healthier habits.



DOWNLOAD

the Baritastic App and use code SCBari

Anti-Obesity Medications

The bariatrician will discuss details of specific medication options. Why would you consider taking a medication?

We now have multiple medications that are FDA approved for the chronic management of obesity. These medications may help you maintain the lifestyle changes that lead to a healthier weight.

Using medication in conjunction with lifestyle modification, patients have achieved a 5%-10% weight loss nearly twice as often as without the use of medication.

Different medications may help decrease appetite, decrease the amount of fat the body absorbs or reduce cravings.

Some individuals have more resistant forms of obesity and, even with surgery, may benefit from medications to keep their obesity in remission long-term.

Who is a candidate for anti-obesity medications?

- Individuals who have implemented lifestyle changes without reaching a healthier weight, and
- Are regaining weight after losing it, and
- Have a body mass index (BMI) of > 27 and a weight-related comorbidity, or
- Have a BMI > 30



How do the medications work?

None of the medications create weight loss on their own. You must be an active participant in your weight loss journey, making difficult choices and decisions daily that impact your weight. Using a shared decision-making tool, your team (which includes you) will determine if one or more weight loss medications is right for you.

Contrave®

(naltrexone HCl/bupropion HCL) is an extended-release medication that works in the hypothalamus, the brain's central thermostat that controls appetite, temperature and how the body burns energy.

It's a combination of two existing drugs: The antidepressant Wellbutrin® and the addiction drug naltrexone.



It's a combination of two existing drugs: The antidepressant Wellbutrin® and the addiction drug naltrexone.

Phentermine

(Adipex-P®, Lomaira®) is an amphetamine-like prescription medication used to suppress appetite. It can help weight loss by decreasing your hunger or making you feel full longer.

Qsymia®

(phentermine and topiramate) is an extended-release capsule that works to decrease cravings. Cravings can occur even after you've eaten and are full. They can also be tied to emotions like boredom. Qsymia may also alter the taste of certain foods, which may reduce the pleasure of eating.



Saxenda®

(liraglutide) is a daily injection that works like GLP-1 by regulating your appetite, which can lead to eating fewer calories and losing weight.

Your body naturally produces an appetite hormone known as glucagon-like-peptide (GLP-1) that helps to regulate your hunger. This physiological regulator of appetite and caloric intake is present in several areas of the brain. This once-daily shot works like it to decrease your appetite.

Wegovy™

(semaglutide) is a weekly injection that is indicated as an adjunct to a reduced calorie diet and increased physical activity for chronic weight management in adults.



Xenical®

(orlistat) is a gastrointestinal lipase inhibitor that works by blocking chemicals (enzymes) in your gut which digest fat. Nearly a third of the fat that you eat is blocked by orlistat.

Each of the above listed medications have side-effects, risks and benefits of use. The information provided here is intended to give you a very basic overview of the types of weight loss medications currently available. Please ask your bariatrician for additional information based on your medical history and current physical condition.

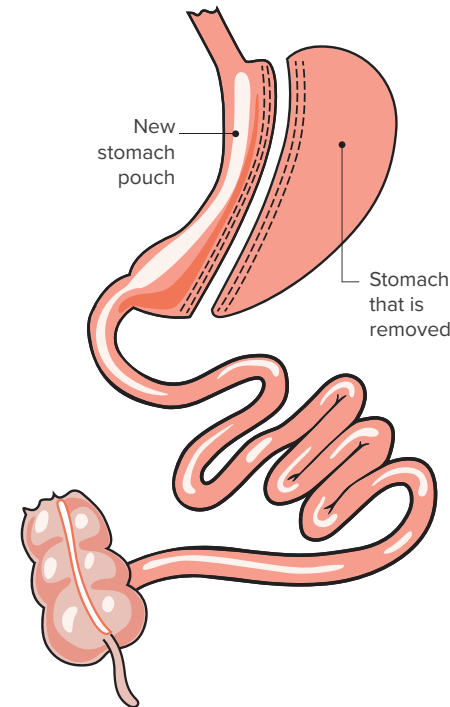
Bariatric Surgery

Previously, bariatric surgery was considered a “last-resort” treatment. Now, with innovative techniques and experienced surgeons operating in accredited Metabolic and Bariatric Surgery Quality Improvement Programs (MBSAQIP), bariatric surgery has become a front-line treatment option for obesity and type 2 diabetes.

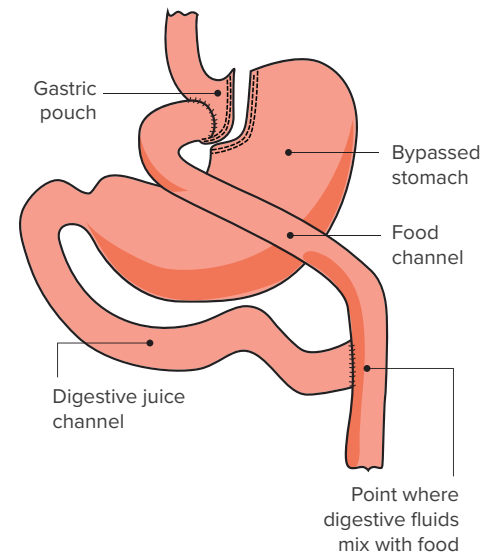
What are the types of surgery?

Sleeve Gastrectomy (SG)

The sleeve gastrectomy procedure removes approximately 75-80% of the stomach, leaving behind a small “sleeve” of stomach tissue about the size of a small banana. Before sleeve gastrectomy, the stomach can hold around 40 ounces (think of a Route 44 drink from Sonic). After sleeve gastrectomy, the stomach can hold about 4-6 ounces (a child’s small size drink.) Unlike a gastric band, there is a greater amount of restriction with a gastric sleeve when you leave the hospital. By removing the upper, outer and more stretchable portion of the stomach, the result is a decrease in the level of ghrelin, the “hunger hormone,” which reduces the appetite.



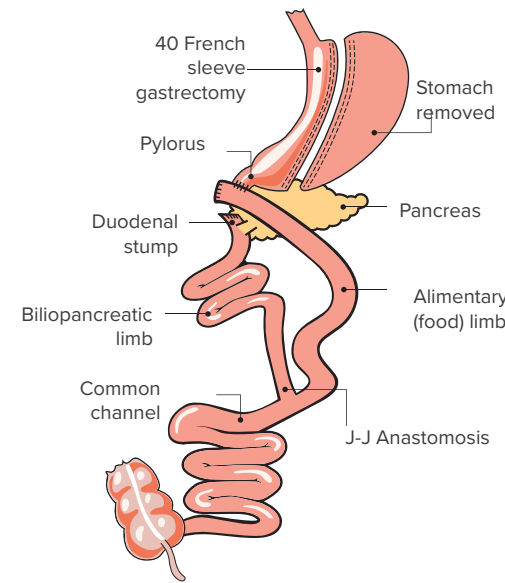
This is currently the most frequently performed bariatric surgery in the U.S.



Gastric Bypass (RNY)

Long performed as treatment for stomach ulcers or cancer, gastric bypass has historically been considered the “gold standard” of bariatric surgery procedures. In this procedure, none of the stomach is removed. Instead, the surgeon creates a small (one-half- to one-ounce) stomach pouch and bypasses the remainder of the stomach and approximately 150-200 centimeters (about 49 inches) of small intestine. The portion of the stomach bypassed includes the pylorus, which is a valve that regulates the flow of food from the stomach to the small intestine. This can result in dumping syndrome. The food channel is 150 centimeters to prevent bile reflux.

Dumping syndrome is best described as a series of symptoms resulting from food, especially carbohydrates, being “dumped” too quickly into the small intestine. The symptoms can include palpitations, flushing, sweating, feeling like your heart is racing and may also include abdominal cramping or bloating. Because the portion of the small intestine bypassed is where the majority of iron and calcium are absorbed, it is extremely important for patients to follow the vitamin and mineral recommendations of their surgeon and dietitian.

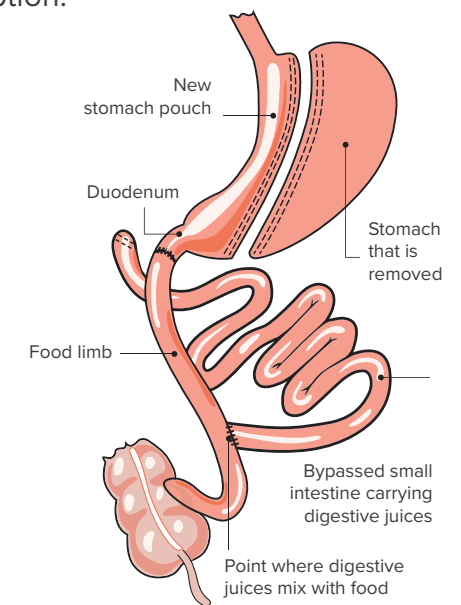


Duodenal-Jejunal Bypass with Sleeve (DJBS)

This procedure combines the restriction of a sleeve gastrectomy with the decreased calorie and nutrient absorption of a mini duodenal switch. With this procedure, approximately 80% of the stomach is removed while leaving the pylorus intact. This minimizes the potential for dumping syndrome while both significantly decreasing the amount of food you can eat at a time and decreasing the absorption of the calories eaten. Approximately 200 centimeters of proximal small bowel is bypassed. The food channel is 150 centimeters to minimize bile reflux. The absorption channel is longer than the traditional DS (150-350 centimeters) which minimizes complications related to malabsorption.

Bilio-Pancreatic Diversion with Duodenal Switch (DS)

Duodenal switch surgery begins with a vertical sleeve gastrectomy that is intentionally made slightly larger than when a gastric sleeve surgery is performed as a stand-alone procedure. The purpose of this is to allow for greater intake of foods with a high protein content. Calorie and nutrient absorption are limited by bypassing roughly one-half to three-fourths of the upper small intestine. This procedure is often performed in two stages with the sleeve gastrectomy performed first and the malabsorption component added later. Absorption channel is 100-150 centimeters.



Risks associated with any abdominal surgery, including bariatric surgery:

- Bleeding
- Infection
- Pain
- Shoulder pain
- Pneumonia
- Indigestion, constipation or diarrhea
- Nausea and/or vomiting that may lead to dehydration
- Reflux or GERD
- Ulcers/Strictures
- Gallstones
- Obstruction
- Vitamin and mineral deficiencies
- Bone loss
- Kidney stones
- Leaks from staple lines
- Complications due to anesthesia and medications
- Fistula (gastric fluids leaking through an opening in the lining of the stomach)
- Deep vein thrombosis (blood clot)
- Pulmonary embolism (blockage of the lung artery by material circulating in the blood)
- Injury to the stomach, esophagus or surrounding organs
- Stroke or heart attack
- Death

Obesity treatment is not one size fits all, and there is not a single treatment that is best for everyone. Our team will work with you to find the right combination of treatments specific to your health and lifestyle conditions.



Bari Foundations

Building Strong Foundations

Module One

How habits are formed and how to change them

Setting SMARTER Goals

Building your support team

Long-term success

Module Two

Meal planning, exercise, coping with comments

Hints, tips and hacks to better health

Nutrition for Life

Your Journey Map

Whether your journey leads to surgery or not, there are several basic concepts all of us can incorporate to improve our overall health. These concepts, while inter-related, can be addressed gradually over several months or through a more accelerated approach over weeks. Developed with input and guidance from your Springfield Clinic team to support you in the transition to a healthier lifestyle, the **Bari Foundations** program is required for all surgical patients and strongly encouraged for non-surgical patients.

How the Bari Foundations Program works:

- There is no charge for this program.
- Surgical patients are required to complete the Bari Foundations program. Non-surgical patients are not required to attend the program; however, they are strongly encouraged to do so.
- The content will be delivered virtually on Tuesday evenings at 7 p.m. central time. We will schedule these for you.
- You will be provided with the details to access the classes once you are enrolled.
- A summary of the content is available on the next page.

We strongly encourage you to measure your success in what we commonly refer to as non-scale victories, or NSVs. Examples of NSVs include:

- Decreasing or eliminating medications for diabetes, high blood pressure or high cholesterol
- Coming off your CPAP machine
- No longer needing a seat belt extender for the car or on a plane
- Feeling more comfortable in your clothes
- Riding on roller coasters or other fun rides
- Sitting on the floor to play with your children, grandchildren or pets
- Parking further away
- Shaving your legs, painting your toenails, tying your shoes

Now, it's your turn! List three NSVs you're looking forward to celebrating.

1. _____
2. _____
3. _____

Bari Foundations

Building a Strong Foundation

| | Topic | Dietitian | Physical Therapy | Behavioral Health | Goals |
|------------|---|--|---|---|--|
| MODULE 1 | Habits: How they're formed and how we change them | Break food habits by making them: invisible, unattractive, difficult & unsatisfying | Create activity habits by making them visible, attractive, easy & satisfying | Overview of cues, cravings, responses & rewards—how we form habits | Utilize the worksheets to identify 1-2 habits to eliminate and 1-2 to create. Utilize Baritastic to track. |
| MODULE 1 | Hints, tips & hacks to better health | Four things successful patients always have in their pantry; why carbs aren't evil | 12 secrets to a good workout; why you belong in the gym | How to deal with negativity | Incorporate the hints, tips and hacks into your daily routine |
| MODULE 1 | Setting yourself up for long-term success | How to meet goals: 100 ounces non-carbonated, SF/day, protein 1st & ½ of every meal; no liquid calories, match balance plate | How to meet goals: 5,000-10,000 steps/day, weights 2-3 times a week; daily stretching | How to meet goals: identify 2-3 situations likely to increase stress & how to neutralize | Incorporate today's lessons to describe a typical day after implementing |
| MODULE 1 | Setting long-term goals for long-term success | Focus on five things: fluids, protein, vitamins, fiber, fitness | How to ramp up your exercise: increase the distance, speed and/or difficulty | Staying on top of your triggers: How to identify areas of concern | Utilizing the tools & resources in your Bari Toolkit, map your journey roadmap |
| NEXT STEPS | Track your intake via Baritastic. Watch for new videos weekly. | Ask the dietitian any questions regarding diet stage, diet advancement or vitamins | Ask the physical therapist any questions about increasing your activity | The social worker is your contact for any concerns over depression, anxiety or stress management. | Attend the support groups! On-site or remote. |
| MODULE 2 | Setting SMARTER goals: specific, meaningful, achievable, realistic, time bound, enjoyable & rewarding | Goals: 64 ounces of water/day, 80 grams of protein/day, no soda, no caffeine, stop drinking with meals | Goals: begin with 2,000-5,000 steps/day, use of exercise bands, stretching | Goals: focus on self-care, keep a daily reflection journal | Utilize the worksheets to set 1-2 SMARTER goals for the next 4-6 weeks Track via Baritastic |
| MODULE 2 | Demo Day! | How to set your pantry up for success; how to meal prep & grocery shop | Discuss the effects of exercise on sleep & stress; setting up your home gym | Demonstration of guided imagery and stress management | Utilize the meal mix & match sheet to identify 35 quick & healthy meals |

MODULE 1

Habits

Habits are the small decisions you make and actions you perform every day.

- Salting food without tasting it first
- Eating while watching television
- Keeping a journal
- How you hold your pen
- When you brush your teeth

The stages of a habit (based on James Clear's Atomic Habits)

1. There is a cue. This triggers your brain to start a behavior.
2. A craving is born. Cravings are the motivational force behind every habit. Without motivation or desire—without craving a change—we have no reason to act.
3. Your response is the habit. This may be a thought or an action and depends on how motivated you are and how much friction is associated with the behavior.
4. Rewards are the end goal. Rewards deliver contentment and relief from craving.

Your brain is a reward detector!



It can be a vicious cycle. The cue is about noticing the reward. The craving is about wanting the reward. The response is about obtaining the reward.

How to Break a Bad Habit

1. Make it invisible
2. Make it unattractive
3. Make it difficult
4. Make it unsatisfying

How to Create a Good Habit

1. Make it obvious
2. Make it attractive
3. Make it easy
4. Make it satisfying

HOMEWORK

Module 1 | Identifying & Changing Habits

Break a habit by making it:

Invisible _____

Unattractive _____

Difficult _____

Unsatisfying _____

Create a habit by making it:

Obvious _____

Attractive _____

Easy _____

Satisfying _____

Habit Plan #1

Habit Plan #2

FILL IN THE BLANKS

Module 1 | Identifying & Changing Habits

Habits are:

Habits to continue:

Habits to break:

Habits to develop:

The specific actions I will take over the next month are:

MODULE 1

Setting Smarter Goals

Most impossible goals can be met simply by breaking them down into bite-size chunks, writing them down, believing them and going full speed ahead as if they were routine.

-Don Lancaster

Why SMARTER goals? Aren't SMART goals enough? Nope, not for you! We want you to find achieving your goals both enjoyable and rewarding. This is what we're working toward:

- S** Specific describes specifically [WHAT] you're going to do. Increase/decrease/eliminate what behavior eating/drinking/activity/swearing/shopping
- M** Meaningful & Measurable [WHY] are you doing this? To improve health? Minimize pain? Decrease anxiety?
- A** Achievable & Actionable [WITHIN REACH] No pie in the sky goals here; what can you reasonably achieve that moves you closer to the long-term change you want to see?
- R** Realistic & Relevant [WITHIN YOUR CONTROL] Do you have the time and resources? Don't say you're going to swim every day if you don't have access to a pool.
- T** Time-bound [DUE DATE] If you don't set a deadline, it'll never get done!
- E** Enjoyable [MAKE IT FUN] If you're doing something you enjoy, you'll stay with it.
- R** Rewarding [WHAT YOU CAN DO NOW] Positive reinforcement!



Whether you think you can or you think you can't, you're right.
- Henry Ford



DOWNLOAD
the Baritastic App
and use code SCBari

Setting Smarter Goals

Use this worksheet to set your first SMARTER goal by filling in the blanks.

| | | |
|----------|------------------------------------|---|
| S | SPECIFIC | I will <input type="checkbox"/> increase <input type="checkbox"/> decrease <input type="checkbox"/> eliminate my <input type="checkbox"/> water <input type="checkbox"/> activity <input type="checkbox"/> liquid calories by _____ <input type="checkbox"/> minutes <input type="checkbox"/> ounces/cups |
| M | MEANINGFUL & MEASURABLE | I am doing this to <input type="checkbox"/> improve my body's function <input type="checkbox"/> decrease pain/stiffness/anxiety and will track it by _____ |
| A | ACHIEVABLE & ACTIONABLE | I will achieve this by {insert date} _____ which is in <input type="checkbox"/> one week <input type="checkbox"/> one month <input type="checkbox"/> two weeks |
| R | REALISTIC & RELEVANT | I have <input type="checkbox"/> the time <input type="checkbox"/> I need to <input type="checkbox"/> schedule time <input type="checkbox"/> the resources <input type="checkbox"/> find resources |
| T | TIME-BOUND | To accomplish this by {insert date} _____ |
| E | ENJOYABLE | This gives me the opportunity to <input type="checkbox"/> try new recipes <input type="checkbox"/> focus on self-care <input type="checkbox"/> spend more time outdoors <input type="checkbox"/> treat myself |
| R | REWARDING | Which means I will be able to _____ _____ |

By my signature, I commit to spending the time and energy needed to accomplish the above SMARTER goal.

TODAY'S DATE

Setting Smarter Goals

What you can see, you can change... starting tracking your eating habits!

| | |
|--|----------------------------|
| How often you eat (or don't eat)? | How much you drink? |
| _____ | _____ |
| NOTE: Make sure you are eating enough | |
| Your hunger levels throughout the day | Energy patterns |
| _____ | _____ |
| When do you have cravings? | |
| _____ | |
| What cues you to eat when you're not hungry? | |
| _____ | |
| Are you meeting your nutrition goals for after surgery? | |
| _____ | |
| What foods are challenging to eat? | |
| _____ | |
| How certain environments affect how much and why you eat? | |
| _____ | |



Home Exercise & Workouts

You don't have to spend a lot of time or money to have a functional home gym that gives you a great workout. Tip: Channel your inner child!

- ✓ Pull the bike out of the garage, dust it off and hop on for a ride.
- ✓ Take your dog for a walk. No dog, no problem—volunteer to walk the neighbor's dog.
- ✓ Go roller skating—show the kids how it's done.
- ✓ Start a walking group in your neighborhood.
- ✓ Play tag or flag football.
- ✓ Walk around the track/field while your kids have sports practice.
- ✓ Pick up some exercise bands (less than \$10).
- ✓ Use your stairs at home like you would a stair stepper at the gym: up and down, up and down.
- ✓ Crank up the music and dance, dance, dance.
- ✓ Grab your comfy sneakers and walk.



REMINDER

When it comes to exercise and movement – do what you can and will do.

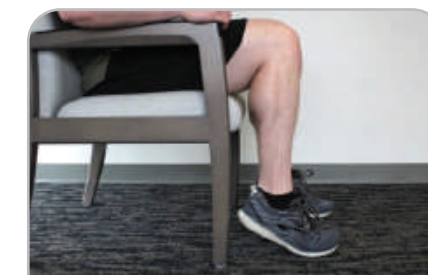
MODULE 1

General Strengthening Program

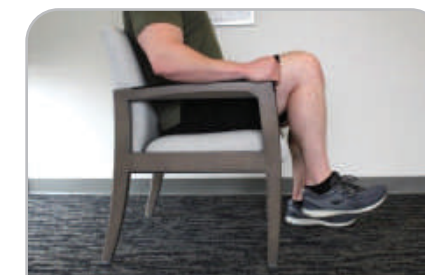
- All exercises should be completed for **three sets of 10-15 repetitions** (30-45 total), at least three to four days per week.
- **Max effort** should be a six or seven out of ten (0=rest, 10=exhausted). You should be able to carry on a conversation.
- Be sure to **focus on breathing** in and out during each repetition and don't hold your breath!



Phase 1: Seated Exercises



1. Heel Raise
Push toes into ground and raise heels, hold one second, repeat.



2. Marching
Raise knee up, hold one second, lower slowly and repeat.



3. Knee Extension
Kick leg out and fully extend knee, pause, lower slowly, and repeat.



4. Shoulder Press (start and end position)

Use small weights, bottles of water, or soup cans. Raise arms upwards above head in a vertical motion, lower slowly, repeat.



5. Hip Squeeze
Use a pillow or soft ball and place in between knees. Squeeze thighs together, hold two seconds, repeat.

MODULE 1

General Strengthening Program

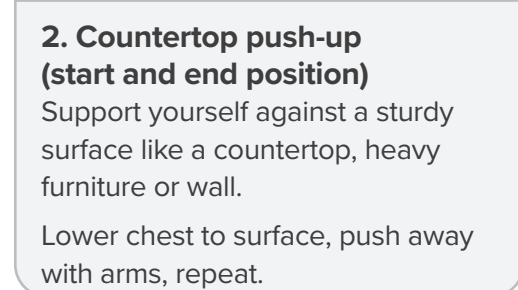
Phase 2: Standing Exercises



1. Squat with arm support (start and end position)

Hold on to a sink or large piece of furniture.

Bend knees and hips to squat, return to standing, repeat. Stand from a tall chair/bed if needed and for safety.



2. Countertop push-up (start and end position)

Support yourself against a sturdy surface like a countertop, heavy furniture or wall.

Lower chest to surface, push away with arms, repeat.



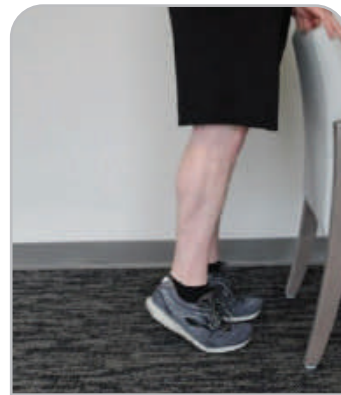
3. Hip Extension

Support yourself on one leg, extend the other behind you, pause and return slowly, repeat.



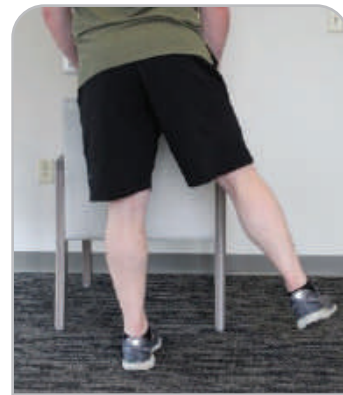
4. Hamstring Curl

Support yourself on one leg, bend other knee, pause and lower slowly, repeat.



5. Calf Raise

Push toes into ground and raise heels, hold one second, repeat.



6. Hip Abduction

Support yourself on one leg, extend the other leg to the side, pause and return slowly, repeat.

Internet Resources:

- www.choosept.com/resources/detail/exercise-videos-from-physical-therapists (Exercise Video Examples)
- www.nia.nih.gov/health/exercise-physical-activity (Info on types of exercise, safety tips, benefits of activity)
- www.cdc.gov/physicalactivity (Activity guidelines, statistics, nutrition information)

MODULE 1

Hints, Tips & Hacks to Better Health

You will have many cheerleaders and supporters along your journey. Unfortunately, there will also be nay-sayers and those who want to bring you down. The more aware you are and the better prepared you are for these situations, the easier it will be to maintain your focus.

HINT



TIPS



HACKS



You may encounter any, or all, of the following comments:

- People who boast they lost weight, “the hard way.”
- Snide remarks about, “taking the easy way out.”
- NOTHING about weight loss, whether it is through surgical or non-surgical means, is easy. It’s work—hard work.



Don’t underestimate the effects of stress.

- Stress can affect how, where, when and what you eat.
- Stress can affect the amount and quality of your sleep.
- Stress can be greatly decreased by being more active, completing a daily stretch routine and by taking time for, and focusing on, self-care.



Four items to keep in your pantry before and after surgery:

- Canned beans/lentils
- True lemon/lime/orange
- Ready-to-drink protein shakes
- Sugar-free instant pudding



Dining out after surgery

- Pick a user-friendly restaurant.
- Review the menu in advance.
- Decide what to order before you arrive.
- Have a back up plan – just in case!
- Don’t get caught off guard or let the plate model be your guide.



Release yourself of other peoples thoughts and opinions.

MODULE 1

Hints, Tips & Hacks to Better Health

HINT



TIPS



HACKS



Relationships may change after surgery, so proactively address this. Talk about it with the people in your life.

- Good relationships tend to get better.
- Poor relationships tend to struggle.
- This can be true for relationships with friends, family and spouses/partners.



Foods are not good or bad and neither are your choices.



- All food groups are needed for safe and long lasting weight loss, the key is balance.
- Carbs are not evil.
- They do have same calories as protein, but fewer calories than fat.
- They move through your pouch quicker and therefore won't keep you feeling full as long.
- All carb calories are not created equal.
- Pair carbs with protein and space them throughout the day vs omitting them.



Proteins are not perfect.

- Too many can lead to constipation and stress on your kidneys.
- They keep you feeling full for a longer period of time.
- They stabilize blood sugar and prevent muscle breakdown.
- Too many can lead to constipation and increase the risk of gout.



Comfort is key.

- Know what you are doing.
- Be comfortable when and where you exercise.
- Take comfort in sharing an experience with others, such as at a support group.

You are an expert on you!



Stress Relievers

Relaxation techniques and other stress-relieving activities and therapies have been shown to effectively reduce muscle tension, decrease the incidence of certain stress-related disorders, such as headaches, and increase a sense of well-being. For those who develop chronic pain conditions, stress-relieving activities have been shown to improve mood and daily function.

Bottom line? Don't underestimate the effects of stress on your life.



Begin and end your day with 10-12 deep breaths.



Place a golf ball or water bottle on the floor and roll your foot over it for a massage.



Add a stretching routine to your day. Our physical therapist will provide you details!



Give your brain something to do—crossword puzzles, seek & find or other puzzles.



Create a playlist - it can be calm and soothing or one you work out to!



Doodle, draw or try an adult coloring book.



Dedicate 10 minutes a day to reading or writing.



Carve out 10 minutes ALL TO YOURSELF and have a warm cup of coffee/tea.



Put your hands to work—pop bubble wrap, sort coins, try knitting or other crafts.



Throw on your headphones and sneakers and take a stroll.

Do's & Don'ts of Beginning/Extending Your Exercise Program

How many times have you begun an exercise program only to either burnout, run out of steam or develop an injury that keeps you sidelined and ready to just give up? We've put together a few Do's and Don'ts to prevent that from happening in the future.

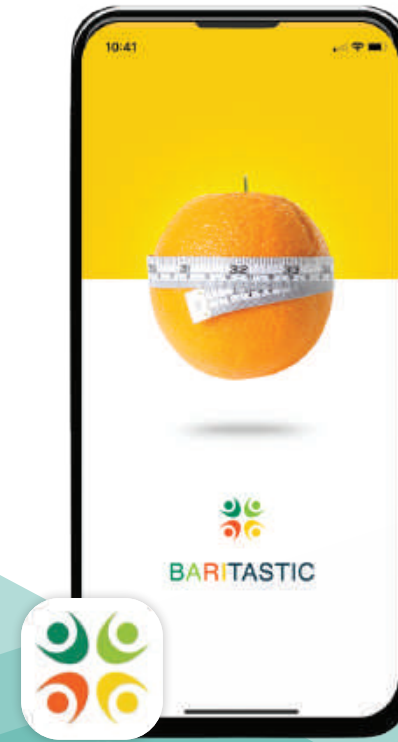
Do's

- Start slow, go slow
Stay steady, advance slowly
Every two-three days, increase how long, how fast or how far you're walking/jogging/running
- Dress the part.
Wear well-fitting, comfortable shoes and snug, not tight workout wear. (Ladies, this includes a sports bra.)
- Find a workout buddy or accountability partner—someone who will make it fun to be active (this could be your dog, or even your neighbors).
- Try something new.
Take a class.
Download an app or 2 (or 3).

Don'ts

- Go from zero to 60!
Too much walking/jogging/running too quickly can result in painful plantar fasciitis.
- Skimp on your feet.
Your feet work hard: they carry you throughout the day. Pamper them, give yourself a foot massage after your workout.
- Go it alone.
It's easy to get too far into our own head and have a bit of a pity party
- Don't fall into a rut .
Change up your routine, take a walk today, a swim tomorrow and do a class on the weekend.

MODULE 1 Building Your Support Team

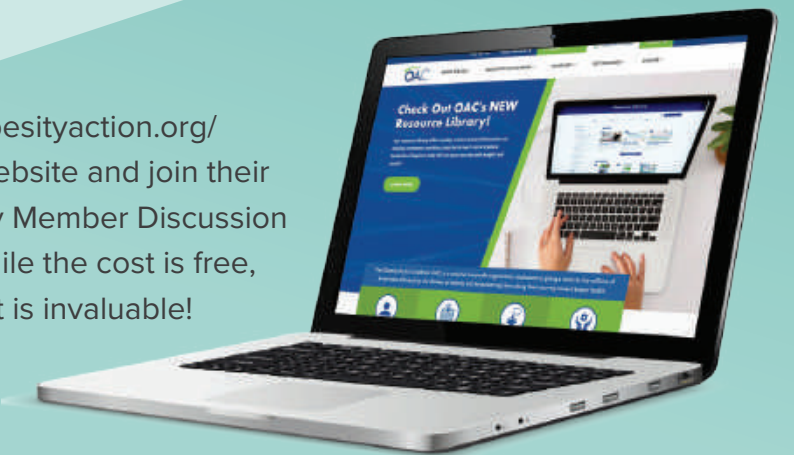


If you haven't already, download the Baritastic app from the Apple or Google Play store. Once downloaded, use the code SCBari to access our program specific resources.



Add our support group dates to your calendar.

Visit the obesityaction.org/member website and join their Community Member Discussion Forum—while the cost is free, the content is invaluable!



Set up auto-order on your vitamins so you don't run out. Visit springfieldclinic.bariatricadvantage.com and sign up.

Connect with others in a support group so you have a BariBuddy where you can encourage each other and share, "been there, done that," experiences.

Fast Food Tips

It's easy to eat an entire day's worth of fat, salt and calories in just one fast-food meal. But it's also possible to make wise choices and eat a fairly healthy meal. What you order is the key. Here are some tips to get you started:

General Tips

- Order the smallest size for sandwiches, burgers and sides.
- Split larger sandwiches or sides, like French fries.
- Ask for a salad or fruit instead of French fries.
- Avoid breaded and fried meats.
- Look up nutrition information on your phone or online before you go.

Drinks

- Drink water or other sugar-free drinks like unsweetened tea, coffee, light lemonade or diet soda.
- Avoid sugary drinks such as regular soda, sports drinks, sweet tea or coffee drinks with sugar and cream.

Sandwiches and Burgers

- Order the smallest sandwich or burger.
- Ask for grilled instead of fried chicken.
- If grilled is not available, remove breading and skin from chicken.
- Add extra vegetables like lettuce, tomato, and onion.
- Order it without cheese, bacon, mayonnaise or special sauces.
- Use mustard, salsa, hot sauce or ketchup instead.
- Get sauces on the side and add it yourself so you use less.
- If available, ask for a whole wheat bun, wrap or bread.
- Scoop out some of the bread if it is a large bun or roll.

Sides

- Ask for fruit or a side salad instead of fries or chips.
- If you order fries, order a small and split it with someone.

Salads

- Ask for grilled chicken instead of fried.
- Ask for a lowfat dressing.
- If lowfat dressing is not available, ask for a vinegar and oil mix. It doesn't stick to the lettuce leaves as easily so you eat less.
- Always ask for the dressing on the side and plan to use less than half.
- Dip your fork into the dressing and then stick the food.
- Ask for salad without cheese and bacon.
- Avoid macaroni, potato and other salads with mayo or dressing.

Notes

MODULE 1

Food Diary

| Date | Meal | Time (start & end of meal or snack) | Location (kitchen, living room, bedroom, car, work) | Activity (reading, watching tv, cooking) | Mood (happy, tense, bored, rushed, tired, neutral) | Hunger (1 = starving, 5 = satisfied) | Food/Beverage AND Amount | Fullness (6 = pleasantly full, 10 = so full you feel sick) |
|------|-----------|--|--|---|---|---|--------------------------|---|
| | Breakfast | | | | | | | |
| | Lunch | | | | | | | |
| | Dinner | | | | | | | |
| | Snack | | | | | | | |
| | Breakfast | | | | | | | |
| | Lunch | | | | | | | |
| | Dinner | | | | | | | |
| | Snack | | | | | | | |
| | Breakfast | | | | | | | |
| | Lunch | | | | | | | |
| | Dinner | | | | | | | |
| | Snack | | | | | | | |

MODULE 2

Hunger and Fullness Scale

Before you eat your meal or snack, decide where you would place yourself on the scale below. During and after eating do the same thing. The numbers you choose at any one time do not mean your eating is right or wrong.

| Before Eating | During or After Eating |
|--|--|
| Aim to start eating round a 3 to 4 when hunger starts. | Consider stopping around a 5 to 6 (satisfied, comfortable). |
| Try to limit extreme hunger (around a 1 to 2) to avoid overeating. | Try to limit fullness getting to an 8 to 10 (extremely uncomfortable and full). |



At first, it can be hard to detect and understand your body signals. Answering the questions below may be helpful. There is space to write your own notes.

| Questions | Notes |
|--|-------|
| How can you tell when you first start feeling hungry? As you get hungrier? | |
| What happens if you wait too long to eat? | |
| How can you tell when you first start feeling full? | |
| What does it feel like to be satisfied and comfortable? | |
| What does it feel like to be comfortably full? Do you feel satisfied? | |
| If you eat until you are extremely full, what do you feel? | |
| Do you eat when you're not hungry? What do you notice about your feelings or what's happening in your life? | |
| What things seem to affect your body signals from day to day? | |
| Do you see any patterns, such as the amount of time between eating? How is this affected by what or how much you've eaten? | |

MODULE 2

Meal Planning, Exercise

You may be wondering why you need to begin changing what you eat and how you eat when you're still weeks, or perhaps months, away from surgery. Every step you take now to prepare for life after surgery, the easier it will be!

Remember, the reasons we're doing this are to:

1. Make your transition easier. Now is the time to:
 - Try new recipes
 - Taste-test protein drinks
 - Make the switch to non-carbonated, non-caffeinated, and no-calorie drinks.
2. Minimize cues and cravings. Remember, "out of sight, out of mind." This is the time to make the default option the healthier option for everyone in your home.
3. See what you're going to need
 - For meal prep
 - For freezer-friendly meals, both single servings or for the whole family



Drink like it's your job!

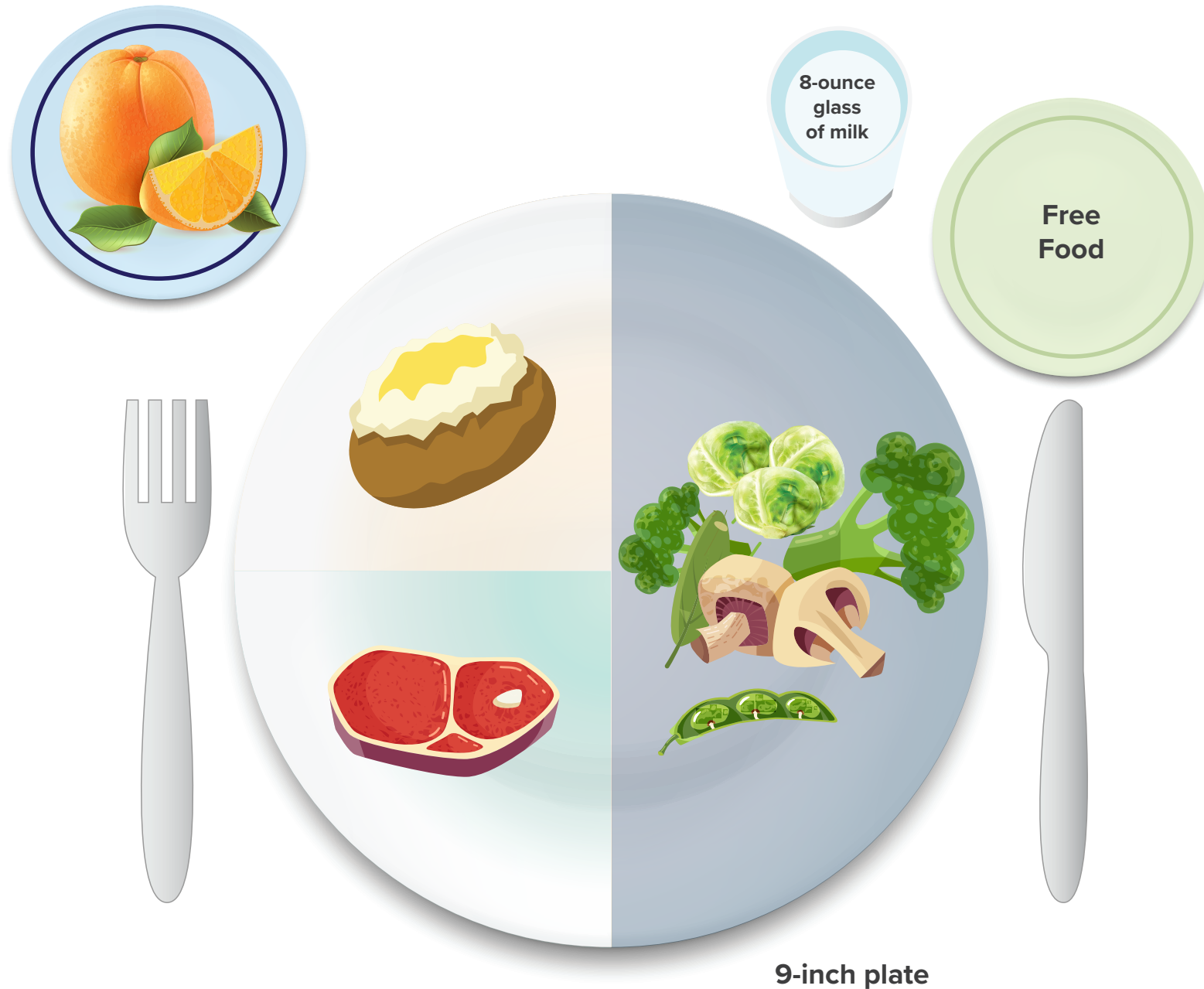
Dehydration is the number one reason for admission to the hospital!

You need a variety of options to keep you hydrated and to maximize your protein intake.



The Balanced Plate

Please refer to methods of use, meal planning guidelines and portion tips



| My Plate Planner Methods of Use | |
|--|--|
| Fill ½ of your plate with vegetables such as broccoli, carrots, cauliflower and salad. | |
| Fill ¼ of your plate with lean meat, chicken or fish; this is about 3 ounces. | |
| Fill ¼ of your plate with a starchy choice such as ½ cup of mashed potatoes. | |
| Add 1 serving of fruit. | |
| Choose 1 serving of milk | |
| Add margarine or oil for preparation or addition at the table. | |
| Add other portions as needed to round out your meal plan. | |
| For breakfast, use only half the plate. | |
| For lunch and dinner, use the whole plate. | |

| Visual Tips for Portion Sizes | |
|-------------------------------|--|
| 1 cup = | |
| ½ cup = | |
| ⅓ cup = | |
| 2 Tablespoons = | |
| 1 Tablespoon = | |
| 1 teaspoon = | |
| 1 ounce (oz) = | |
| 3 ounces (oz) = | |

| Meal Planning Guidelines | |
|---|--|
| <p>Carbohydrates Choose any three servings at each meal.* Choices include breads and starches, fruits, some vegetables and milk. If your meal plan is different, adjust the number of servings accordingly. Examples of one serving of carbohydrates:</p> <p>Bread and starches</p> <ul style="list-style-type: none"> • 1 slice bread or small roll • ½ cup rice or pasta • ½ cup cooked cereal or potatoes • ¾ cup dry cereal • ½ cup corn <p>Fruits</p> <ul style="list-style-type: none"> • 1 piece, such as a small pear or apple • 1 cup fresh fruit • ½ cup canned fruit • ½ cup fruit juice <p>Milk</p> <ul style="list-style-type: none"> • 1 cup skim or lowfat • 1 cup sugar-free lowfat yogurt | <p>Meat and Proteins Choose one to three servings per meal.* Examples of one serving:</p> <ul style="list-style-type: none"> • 1 ounce lean meat, poultry or fish • 1 egg • 1 ounce cheese • ¼ cup lowfat cottage cheese <p>Fat Choose one to two servings per meal* Examples of one serving:</p> <ul style="list-style-type: none"> • 1 teaspoon margarine, oil or mayonnaise • 1 Tablespoon salad dressing or cream cheese <p>Free Foods Food with less than 20 calories per serving. use as desired*</p> <ul style="list-style-type: none"> • Most vegetables • Sugar-free soda • Black coffee or plain tea |

Note: If you have a personalized meal plan, the number of servings you choose may be different.

Fast Food Meal Makeover

Your choices make a big difference. See our meal makeovers to help you make healthier choices.

| Fast Food Burger Meal Makeover | | |
|--|-----------------------------------|---|
| Original | Better Choice | Best Choice |
| Large hamburger, large fries, large coke | Hamburger, small fries, diet coke | Hamburger, side salad with lowfat Italian dressing, water |
| 1330 calories | 470 calories | 300 calories |
| 51 g fat | 19 g fat | 9 g fat |
| 188 g carbohydrate | 188 g carbohydrate | 41 g carbohydrate |
| 1230 mg sodium | 610 mg sodium | 690 mg sodium |

The best choice saves over 1,000 calories, 40 grams of fat, 145 grams of carbohydrate and 540 mg sodium.

- Choose a smaller burger.
- Add mustard instead of mayonnaise.
- Choose a side salad instead of fries.
- Add a sugar-free drink.

| Fast Food Fried Chicken Meal Makeover | | |
|---|--|--|
| Original | Better Choice | Best Choice |
| Fried chicken breast (with skin), fries, large coke | Grilled chicken breast (no skin), fries, diet coke | Grilled chicken breast (no skin), green beans, water |
| 1330 calories | 510 calories | 245 calories |
| 54 g fat | 22 g fat | 7 g fat |
| 179 g carbohydrate | 35 g carbohydrate | 4 g carbohydrate |
| 2,195 mg sodium | 1,635 mg sodium | 990 mg sodium |

The best choice saves over 1,000 calories, 45 grams of fat, 175 grams of carbohydrate, and 1,200 mg sodium.

- Change to a grilled chicken breast instead of fried.
- Remove the skin from chicken.
- Choose a side salad instead of fries.
- Add a bottle of water or other sugar-free drink.

| Fast Food Sub Sandwich Meal Makeover | | |
|--|--|--|
| Original | Better Choice | Best Choice |
| 6-inch cheesesteak sub, chips and large coke | 6-inch turkey breast sub, chips, diet coke | 6-inch grilled chicken sub, apple, water |
| 920 calories | 440 calories | 315 calories |
| 27 g fat | 13 g fat | 4 g fat |
| 164 g carbohydrate | 61 g carbohydrate | 52 g carbohydrate |
| 1,465 mg sodium | 855 mg sodium | 670 mg sodium |

The best choice saves over 600 calories, 23 grams of fat, 112 grams of carbohydrate and 800 mg sodium.

- Change to a lean type of protein.
- Add mustard instead of mayonnaise.
- Choose fruit instead of chips.
- Add a bottle of water or a sugar-free drink.

Pantry and Meal Prep

Time to make the transition of what it is to what it can be. Let's get your pantry and refrigerator to work with you toward your goals and make meal planning and prep super easy! Start this project when you have several hours and solicit help if you can.

Where Do You Begin?

Size your plate, cups, bowls and utensils down for easy portion management.

- 9-10 inch plate
- Bowl that holds ~ 1 cup (woman's fist)
- Smaller forks/spoons
- Measured drinking glass/cup to know how much you are drinking.

What's Next?

Out of sight, out of mind! Clear your countertops to reduce eye hunger cues.

- Clear vs opaque containers
- Smaller/individual packages for portion control
- Put cereal boxes and snack foods in cabinets—clear off your countertops!



Take EVERYTHING out



Wipe down the shelves



Consider adding paint or shelf paper



Throw away expired items



Donate unopened items that are not on your plan



Wipe off the jars/cans



Organize by product/brand/category/etc.



Mason jars make great shaker cups!



Make your shopping list for food and storage items



Place your containers within easy reach

NOW YOU'RE READY TO STOCK YOUR CLEAN PANTRY
WITH BARI BASICS

20 Bari Must-Haves

Stocking the Pantry

- Bone broth | any flavors
- Tea | decaffeinated options
- Gelatin | sugar-free
- Sports drinks | sugar-free
- Water Flavoring | Mio, True Lemon, Crystal Light, etc.
- Powdered peanut butter
- Black/navy/pinto beans | canned
- Protein powder | plain or vanilla from Nectar, Unjury
- Glass jars | ½ pint, pint, quart sizes
- Your meal prep containers

Stocking the Refrigerator

- Eggs, liquid eggs or egg beaters
- Cottage cheese | low-fat
- Greek yogurt | low/no-fat, plain (you'll add flavor)
- Cheese | string, laughing cow, shredded
- Chicken | skinless, finely chopped after cooking
- Fish | boneless, finely chopped after cooking
- Fairlife® milk | any flavor(s)
- Sugar-free popsicles (freezer)
- Pudding | sugar-free to mix with protein powder
- Fresh herbs | flavor water, broth

Make meal planning/execution work FOR YOU not against you

Find your meal prep and kitchen “helpers”

- Pre cut fruits/veggies/frozen
- Sugar-free drink mixes (True Lemon/Lime, Mio, Crystal Light, etc)
- Whole grain microwave rice/pasta packets/crackers/bread
- Rotisserie chicken, tuna packets
- No cooking weeknight meals versus more time consuming recipes (save 'em for the weekends!)
- Precooked hard boiled eggs
- Crockpot, Pressure cooker, Air Fryer



MODULE 2

Bariatric Supermarket List

DAIRY, DAIRY ALTERNATIVES AND EGG PRODUCTS

- **Fat free/low fat cheeses**
 - Fat free/low-fat cottage cheese
 - 2% shredded or cheese slices
 - Kraft
 - Weight Watchers
 - Sargento
 - Part skim or reduced fat cheeses
 - Cabot 75% light cheddar
 - Cabot 50% reduced fat sharp cheddar, jalapeno, or pepper jack
 - Cracker Barrel reduced fat sharp cheddar cheese
 - Mini Babybel Light Cheese or light swiss wedges
 - Fat free/low fat cream cheese
 - Laughing Cow Light Cheese Wedges
 - Light string cheese/part skim string cheese
 - Part skim/fat free ricotta cheese
- **Fat-free liquid egg substitutes/Eggs**
 - Egg Beaters, Better'n Eggs, Just Whites
 - Fresh eggs (limit four whole eggs/week)
- **Fat free/low fat, low sugar yogurt**
 - Low-fat/Light Yogurt (Yoplait Light, Dannon Light & Fit, Weight Watchers, Yoplait Fiber One yogurt, Fage Total 0% Greek Yogurt)
 - Weight Watchers fat free yogurt smoothies
- **Sugar free/fat free pudding**
 - Sugar-free/fat free pudding cups or instant pudding (prepared with 1% or skim milk) (Jell-O, Sugar free Handi Snacks, South Beach Diet pudding cups, Hunts No Sugar Added)
- **Milk, Light soymilk and non-dairy beverages**
 - Unsweetened light soymilk (8th Continent Light Vanilla soymilk)
- **Milk, Light soymilk and non-dairy beverages**
 - Silk Light Vanilla Soymilk, Soy Slender Splenda sweetened light soymilk)
 - Almond Breeze (Unsweetened) Vanilla, Chocolate, Original (located in non-refrigerated soymilks)
 - Sugar-free flavored powdered creamers
 - Skim, 1%, or Lactaid milk
 - Carnation non-fat dry milk powder
- **Assorted low-calorie condiments/marinades**
 - Fat-free/low fat mayonnaise
 - Fat-free/low fat sour cream
 - Sugar free Cool Whip
 - Mustard (regular, brown, spicy, Dijon, etc)
 - Salsa
 - Davinci, Torani, or other sugar-free flavored syrups
 - Apple cider vinegar/balsamic vinegar/rice vinegar
 - Sugar substitutes (Splenda, Sweet N Low)

- **Assorted low-calorie condiments/marinades (continued)**
 - Low, Equal, Sugar Twin, etc.)
 - Sugar free/low sugar preserves
 - Sugar free breakfast syrup
 - KC Masterpiece Classic Blend BBQ sauce (10 calories/serving)
 - Mrs. Dash marinades for meat/vegetables
- **Spray/light salad dressings**
 - Wishbone Salad Spritzers
 - Ken's Steakhouse Lite Accents
 - Newman's Own Natural Salad Mist
 - Low fat/fat free dressings (vinaigrette based best choice)
 - Kraft On the Go Pouches of Reduced fat dressings
- **Assorted spices/seasonings**
 - Vanilla extract
 - Splenda Flavor sticks for coffee
 - Cinnamon
 - Pumpkin pie spice
 - Garlic powder
 - Onion powder
 - Mrs. Dash
 - Other fresh or dried herbs/spices
 - Pantry Staples
 - Whole wheat flour/whole wheat pastry flour
 - Ground milled flax seed
 - Rolled oats
 - Splenda no calorie sweeteners
 - Splenda Brown Sugar
 - Splenda Baking sugar mix
 - Unsweetened cocoa powder
 - Sugar free syrups
- **Cereal**
 - Avoid cereal with sugar, high fructose corn syrup as first 3 ingredients, choose cereals with 4-5 grams fiber/serving
 - Post Bran Flakes
 - 100% Bran
 - Puffed wheat, puffed rice, puffed corn
 - Kashi 7 Whole grain Puffs
 - Kashi Go Lean
 - Kashi Honey Sunshine
 - Fiber One (Regular Bran cereal, Raisin)
 - All Bran
- Kashi Vive
- Kix
- Shredded Wheat
- **Hot cereal**
 - Old fashioned oatmeal
 - Quaker Simple Harvest Instant Multigrain hot cereal
 - Quaker Weight Control Oatmeal
 - Quaker High Fiber Oatmeal
 - Steel Cut Oats
- **Meat/Seafood/Protein**
 - Boneless, skinless chicken breasts or chicken tenders.
 - Skinless turkey breast
 - Extra lean ground turkey breast (not ground turkey)
 - Canned/pouched tuna in water
 - Canned/pouched salmon in water
 - Bumble Bee Prime Fillet Albacore Steak Entrees
 - Real crabmeat
 - Frozen or fresh shrimp and scallops
 - Frozen or fresh fish fillets (i.e. tilapia, cod, orange roughy, halibut, etc.)
 - Jeannie-O Lean turkey burger patties
 - Jennie-O Lean turkey bacon
 - Lean beef (extra lean ground beef (93% lean or greater), round or cubed steak, London broil, flank steak**
 - Lean deli meats (turkey, ham, chicken, roast beef)
 - Lean pork (tenderloin, loin chops, Canadian bacon)
 - Boca or Morningstar Farms Meatless Ground Burger
 - Morningstar Farms Meal Starters Grillers Recipe Crumbles, Sausage Crumbles
 - Smart Balance or Natural peanut butter
 - PB2 powdered peanut butter/PB2 powdered chocolate powdered peanut butter (available at bellplantation.com)
 - Light tofu
 - Deli style lean meats (turkey, roast beef, ham, chicken breast—watch sodium content)
- **Margarines**
 - Smart Balance Light tub/spray
 - I Can't Believe It's Not Butter Spray
 - Take Control tub margarine
 - Benecol tub margarine
 - Fleishmann's Olive Oil Spread
 - Parkay Butter Spray
- **Non-stick cooking sprays**
 - Pam canola or olive oil spray
 - Mazola Pure Olive oil spray
 - Generic cooking sprays
- **Veggies (free)**
 - Romaine lettuce (for salads and wraps)
 - Salad greens
 - Frozen veggies (without sauce/butter)
 - Fresh butternut squash/spaghetti squash
 - Summer squash
 - Onions
 - Baby carrots
 - Broccoli florets
 - Sugar snap peas
 - Garlic
 - Grapes
 - Green beans
 - Spinach (frozen and/or fresh)
 - Tomatoes
 - Zucchini
 - Eggplant
 - Cucumber
 - Mushrooms
 - Asparagus
 - Brussel sprouts
 - Cauliflower
 - Bell peppers
 - Low sodium V8 juice
 - More fresh vegetables!!
- **Starchy Vegetables/Beans/Legumes**
 - Potatoes
 - Sweet potatoes
 - Corn
 - Peas
 - Beans (black, chickpeas, kidney, pinto, white)
 - Lentils
- **Fruits**
 - Apples
 - Bananas
 - Berries (blueberries, strawberries, raspberries, blackberries)
 - Cherries (fresh)
 - Grapefruit
 - Grapes
 - Kiwis
 - Lemons/limes
 - Melon (honeydew, cantaloupe)
 - Nectarines
 - Oranges
 - Peaches
 - Pears
 - Pineapple
 - Any canned or frozen fruit in its own juice or without added sugar/syrup
- **Beverages (goal: minimum 64 oz day, sugar-free, carbonation-free, caffeine-free, alcohol-free liquids/day)**
 - Diet V8 Splash
 - Water
 - Decaf coffee
 - Decaf tea
 - Sugar free drink sticks to add to water
 - V8 Fusion Light
 - Minute Maid Light
 - Sugar free Jell-O
 - Crystal Light (without added calcium)
 - Sugar free Kool-Aid or Tang
 - Fruit20
 - Propel
 - Pulse
 - Smart Water
 - Sobe Lean
 - Sugar free popsicles
 - Fat free broth
 - Snapple Diet Ice
 - Whey Protein Isolate drinks
 - Store brand sugar free drink mixes
 - Herbal teas
 - Aquafina Flavor Splash

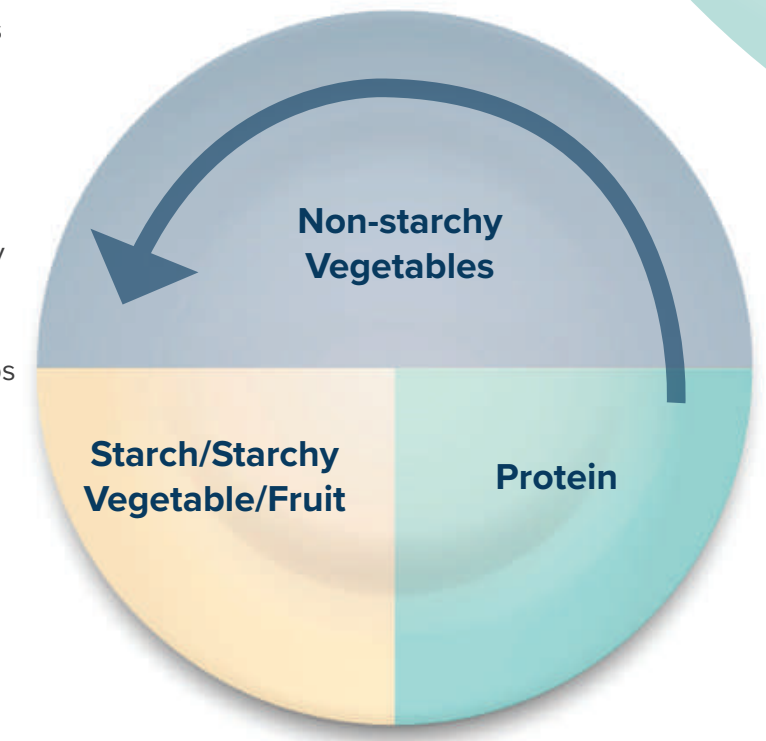
- **Frozen Foods**
 - Edamame (shelled or unshelled)
 - Any frozen veggie (without added butter/sauce)
 - Sugar free popsicles
 - Vegetarian/soy protein burgers
 - Original Gardenburger, Original Boca Burger, Morningstar Farms Mushroom Lovers burger, Grillers original burger
 - Soy crumbles (Boca or Morningstar Farms ground crumbles)
 - Microwave meals (Sodium 600mg or less/meal, ~300 calories/meal)
 - Lean Cuisine
 - Healthy Choice
 - Smart Ones
 - Kashi
 - Whole grain waffles (Eggo Nutri-grain Low fat whole grain, Kashi)
- **Breads/grain products**
 - Light English muffins
 - Weight Watchers
 - Thomas Light Multi-grain or 100 calorie original
 - Fiber One
- **High fiber tortillas (> 5 g fiber /tortilla, ~110 calories/tortilla)**
 - La Tortilla Factory Soft wraps
 - Mission Carb Balance (soft taco size)
 - La Tortilla Factory Smart and Delicious Low Carb/High Fiber Tortillas
 - Whole grain/light bread
 - Nature's Own Double Fiber Wheat
 - Pepperidge Farm Whole Grain 100% Whole Wheat Small Slice
 - Light Breads (~45 calories/slice)
 - Wonder Light
 - Weight Watchers
 - Nature's Own Light
 - Arnold's Bakery Light Pepperidge Farm (Light style)
 - Sara Lee Delightful Bread
 - Healthy Life
 - Fiber One bread
 - Light buns/high fiber buns
 - Wonder light hamburger and hot dog buns
- Healthy Life hamburger and hot dog buns
- Nature's Own Double Fiber buns
- Pepperidge Farm Classic Whole Grain buns
- High fiber pitas
- Weight Watchers
- **High fiber pitas**
 - Thomas Sahara pitas
- **Whole grain pasta**
 - Smart Taste (Ronzoni)
 - Barilla Plus
 - Hodgson Mill
 - Healthy Harvest (Ronzoni)
- **High fiber crackers**
 - Kashi brand
 - All Bran crackers
 - Wheat Thins Fiber Select
 - Wasa Multigrain Crispbreads
 - Low fat Triscuts
- **Brown rice**
- **Bars**
 - Fiber One bars
 - South Beach Living snack bars
 - Kashi GoLean bars
- **Low-calorie canned soups (monitor sodium content)**
 - Campbell's V8 soups
 - Progresso 99% Fat Free soups
 - Progresso light soups
 - Healthy Choice soups

MODULE 2

Post Op Plate Model

Food After Surgery

- Balancing your plate after surgery is still a priority as you progress back to solid foods.
- The amount of food you will tolerate at a meal will increase over time. Don't worry! This is normal and your body is adjusting to wanting more nutrition at meal times. Your plate structure will stay the same, but the amounts will change as you get further away from your operation.
- Start with protein foods first, work your way counterclockwise, eventually building all food groups back in.
- As you add balance back into your plate, the amounts may seem small, but it's still important to include all the plate components most often to balance your blood sugar and support your muscle and metabolism.
- Soft foods will take up less room than solid foods. Although soft foods will feel comfortable, including solid foods will give you longer satiety/fullness.



Non-starchy Vegetables

- 4 weeks post op: soft, well cooked, peeled vegetables
- 10-12 weeks post op: raw vegetables (may have to peel). Although soft foods will feel comfortable, including solid foods will give you longer satiety/fullness.

Starch/Starchy Vegetables/Fruit

- 1 week post op: low fat crackers, quarter piece of toast, applesauce
- 4 weeks post op: potato, sweet potato, peas, canned, cooked, soft fruit
- 10-12 weeks post op: raw fruits peeled, higher fiber whole grains

Protein

- 1 week post op: soft proteins, cooked beans, low fat cheese, yogurt
- 5 weeks post op: ground meats, chicken, fish
- 10-12 weeks post op: beef, pork, venison, shrimp, protein bars (dense protein)

Healthy Fats

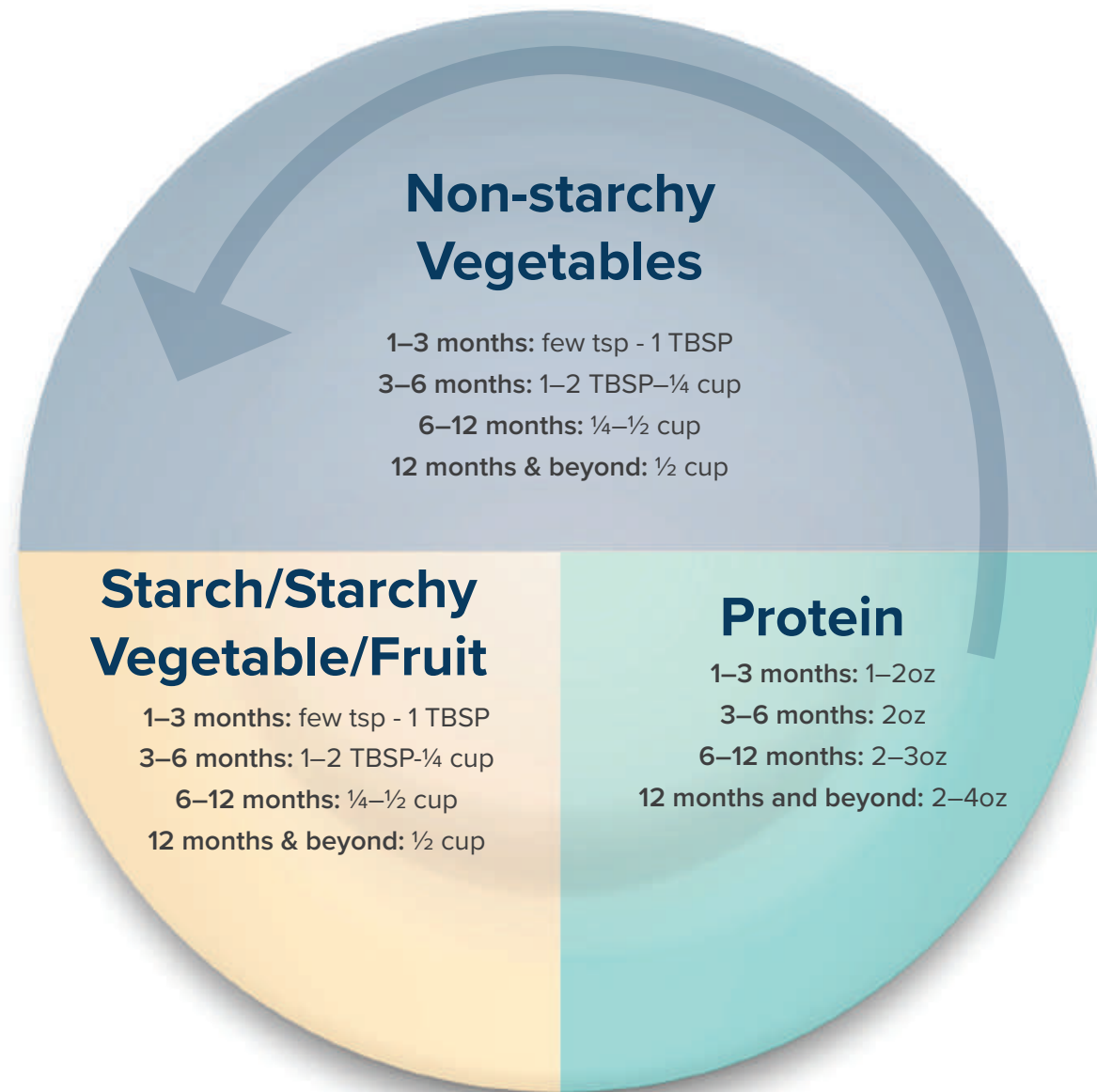
- 8 weeks post op: nuts, nut butters, vinaigrette salad dressings, seeds (chia or flax), heart-healthy oils (olive, avocado, canola or peanut)

Tips to Keep in Mind:

Stringy or leafy fruits and vegetables (like citrus membranes or celery), dense/thick proteins (like beef and pork) may cause some food intolerance. It's okay to try them but make sure you are using moist cooking methods or low fat sauces for meats. Start slow and small with healthy fats at 1-2 teaspoon(s) and work your way up to 1-2 tablespoon(s) per day. Always cut everything down into very small pieces, chew well and use your mealtime behaviors to assist with tolerance.

MODULE 2

Healthy Recipe Substitutions



Estimated typical food volume per meal most often after surgery (divide the amount out on your plate)

| | | | |
|-------------------|--|-------------------|--|
| 1-3 MONTH | <p>1–3 months post op ¼-½ cup divided into:</p> <ul style="list-style-type: none"> • 1-2 ounces of protein • Few tsp. - 1 tbsp non-starchy vegetables • Few tsp. - 1 tbsp starch/starchy vegetables/fruit | 3-6 MONTH | <p>3–6 months post op ⅓–½ cup divided into:</p> <ul style="list-style-type: none"> • 2 ounces of protein • 1-2 tbsp - ¼ cup non starchy vegetables • 1-2 tbsp - ¼ cup starch/starchy vegetables/fruit |
| 6-12 MONTH | <p>6–12 months post op ½–¾ cup divided into:</p> <ul style="list-style-type: none"> • 2–3 ounces of protein • ¼ - ½ cup non-starchy vegetables • ¼ - ½ cup starch/starchy vegetables/fruit | 12 MONTHS+ | <p>12 months post op & beyond 1–1 ½ cups divided into:</p> <ul style="list-style-type: none"> • 2–4 ounces of protein • ½ cup non-starchy vegetables • ½ cup starch/starchy vegetables/fruit |

| Instead of... | Try... |
|-----------------------------|---|
| 1 egg | 2 egg whites 1 Tbsp ground flax seed + 3 Tbsp water ¼ cup egg substitute |
| All purpose flour | ½ whole wheat flour + ½ all purpose flour whole wheat pastry flour (1:1 ratio) |
| Sugar | Splenda™ (1:1 ratio) Splenda Baking™ |
| Brown Sugar | Splenda Brown Sugar™ |
| Oil, Butter, Margarine | Flax seed (3:1 ratio) Unsweetened applesauce (1:1 ratio) Plain non-fat yogurt (1:1 ratio) Prune/fruit puree (1:1 ratio) Canned pumpkin (1:1 ratio) ½ margarine/fat amount + ½ fruit puree or yogurt <i>**or can reduce fat amount in half</i> |
| Evaporated whole milk | Evaporated skim milk |
| Sour Cream | Non-fat/light sour cream Greek style yogurt |
| Regular Cheese | Fat free or 2% milk cheese |
| 1 cup chocolate chips | ½ cup mini chocolate chips |
| Bacon/Sausage | Turkey bacon, turkey sausage Canadian bacon Soy sausage crumbles patties |
| Mayonnaise Salad dressing | Light or non-fat |
| Cream cheese | Light |

MODULE 2

Healthy Recipe Substitutions

| Instead of... | Try... |
|------------------------------|---|
| Heavy Cream | Equal parts half and half and fat free evaporated milk |
| Breadcrumbs | Ground high fiber cereal Ground high fiber crackers Ground whole grain bread |
| Ground beef | Ground turkey breast Meatless soy crumbles |
| Whole Milk | 1%, skim or plain Almond Breeze™ milk Fairlife milk Carbmaster |
| Jam Jelly | Sugar free or low sugar jam/jelly |
| Peanut Butter | PB2™, Better Than Peanut Butter natural, no-stir |
| Powdered Sugar (for dusting) | 1 cup Splenda™ 1 tsp Cornstarch <i>* place in blender and blend for 1 minute, scraping frequently</i> |
| Salt (for seasoning) | Mrs. Dash™ fresh/dried herbs |

MODULE 2

Smarter Snacking

Snacking may help you stay full between meals. Feeling satisfied between meals helps avoid excessive hunger at mealtime, which therefore prevents overeating.



1 Avoid grazing.

While snacking is eating an intentional amount of food at a set time between meals, grazing is more mindless and unintentional.

2 Try pairing protein-rich foods with a high-fiber carbohydrate.

Carbohydrates provide both your body and your brain with energy, plus protein-rich foods help fill you up because they break down more slowly in the body.

3 100-200 calories is a good target for snacks.

Protein + Carbohydrates

- Greek yogurt + berries
- Peanut butter + apple
- Cottage cheese + canned pineapple
- String cheese + popcorn
- Almonds + clementines
- Low-fat cheese + whole grain crackers
- Beef jerky + pretzels
- Egg life wrap + chocolate hazelnut spread + raspberries
- Turkey lunchmeat + wholegrain wrap
- Tuna packet + cucumber slices
- Protein powder + instant oatmeal
- Hard-boiled egg + grapes
- Protein shake + banana



Protein Bars

- Pure Protein
- Built Bars
- FitCrunch™
- Quest®
- Think!®
- No Cow
- Nature Valley Protein



MODULE 2

25 Ways to Balance your Plate with Non-Starchy Veggies

1. Make a salad from bagged lettuce and add fresh garden veggies.
2. Make up five little salads for lunches at the same time to cut down on prep time. Make them fun: Use different lettuces, top with various low-fat cheeses, add fresh fruit, get a new fun dressing or even top with roasted veggies.
3. Spray your skillet with cooking spray and stir fry vegetables until tender crisp, you can even add some low-sodium teriyaki or soy sauce for additional flavor.
4. Roast veggies in the oven (fresh or frozen; sprayed with cooking spray, seasoned and roasted at 450°-500° F for 20 min).
5. Place in foil and grill or use a grill basket to stir fry on the grill.
6. Thickly slice veggies and brush on fat-free zesty Italian dressing and lay directly on the grill.
7. Cook in low-sodium broths for added flavors.
8. Cook in a can of crushed tomatoes, even trying some of the flavored varieties like Italian or Mexican crushed tomatoes.
9. Add brown sugar substitute and butter spray to carrots for “candied carrots.”
10. Melt Laughing Cow light cheese wedges with fat-free milk to drizzle over steamed broccoli.
11. Dip raw veggies in fat-free plain Greek yogurt (seasoned with dry ranch powder, taco seasoning and salsa or Mrs. Dash).
12. Make up a steamer bag of veggies, then toss on a couple wedges of laughing cow cheese to melt over the top.
13. Add steamer bag veggies to frozen meals.
14. Add extra mushrooms, onions and green peppers to spaghetti sauce.
15. Try spaghetti squash or zucchini noodles instead of pasta in spaghetti.
16. Make up extra flavorful veggies ahead of time and store them for a night when you don’t have time to cook.
17. When cooking with a slow cooker, simply lay non-starchy veggies like cabbage, carrots, asparagus, broccoli, cauliflower and others on the top to absorb the flavors from the food. Works really well on roast!
18. Cut up cucumbers and onions and marinate in vinegar, Splenda, water and a dash of salt.
19. Use spaghetti squash or zucchini noodles instead of pasta in a cold pasta salad.
20. Make a tomato mozzarella salad using fat-free zesty Italian dressing and low-fat mozzarella.
21. Replace regular rice with cauliflower rice, or do one-half regular and one-half cauliflower rice.
22. Replace mashed potatoes with mashed cauliflower, or do ½ regular and ½ cauliflower.
23. Add spinach or kale to your smoothie.
24. Start your meal with a broth-based vegetable soup.
25. Dip mini bell peppers in hummus instead of chips.



Shopping List for Mix & Match Meals

- One Dozen Eggs**
Consider splurging on fresh eggs or those with added omega-3.
\$1.50 - \$3.00
- String cheese**
Cheddar, Colby-Jack, mozzarella, (try multiple flavors)
\$3.00 - \$5.00
- Laughing Cow cheese**
Multiple flavors available
\$2.75 - \$4.00
- 8-ounce package shredded cheese**
The flavor is better if you shred your own; however, pre-packaged is fine.
\$2.78 - \$3.50
- 32-ounce non-fat Greek yogurt**
Get plain so you can add savory or sweet flavors yourself.
\$3.47 - \$5.00
- 24-ounce container low-fat cottage cheese**
\$1.76 - \$2.50
- 52-ounce carton Fairlife milk**
Go plain or flavored - whatever you want to mix with your sugar-free pudding.
\$3.68 - \$4.00
- 1 box sugar-free instant pudding**
Go plain or flavored - whatever you want to mix with your Fairlife milk \$.98
- Powdered peanut butter PB2**
6.5-ounce container
\$8.98 - \$12.45
- Four foil packs tuna/salmon**
Mix up your flavors - so many options
\$1.00 - \$2.78
- Premier Protein Shake**
Mix up your flavors - so many options. Grab two four-packs.
\$7.47 per 4-pack

Cost Estimates

| | | | |
|----------------------------|-----------------|---------------------------------|-------------------|
| One dozen eggs..... | \$1.50 – \$3.00 | Sugar-free instant pudding..... | \$.98 |
| String cheese | \$3.00 – \$5.00 | Low-fat Cottage cheese | \$1.76 – \$2.50 |
| Laughing Cow cheese | \$2.75 – \$4.00 | Powdered peanut butter | \$8.98 – \$12.45 |
| Shredded cheese..... | \$2.78 – \$3.50 | Tuna/salmon | \$1.00 – \$2.78 |
| Non-fat Greek yogurt | \$3.47 – \$5.00 | Premier protein shake..... | \$7.47 per 4-pack |
| Fairlife milk..... | \$3.68 – \$4.00 | | |

One week = **35** bariatric meals

All available at Walmart for < **\$60.00**

TIME TO GO SHOPPING - IT DOESN'T HAVE TO BE EXPENSIVE OR BORING

Bari Meal Plan Mix & Match

This is a sample stage 4 meal plan. Try it now with larger portions.

| | MEAL #1 | MEAL #2 | MEAL #3 | MEAL #4 | MEAL #5 |
|------|--|--|--|---|--|
| MON | 1-2 eggs soft scrambled with cheese | ½ cup cottage cheese with herbs, such as dill or thyme | Sugar-free instant pudding made with FairLife® milk & protein powder chocolate/PB | Mix ½ of a foil pouch of flavored tuna with low-fat mayo. | Mix 6-8 ounces of Fairlife milk with ice & PB2 blend. |
| TUES | ½ cup Greek yogurt with 1 tsp. sugar-free preserves and PB2 powder | High-protein egg salad - mix Greek yogurt, pepper, hard-boiled eggs. | Premier protein shake—consider putting it in the freezer! Try salted caramel. | Mix ½ of a foil pouch of flavored salmon with low-fat mayo. | Mix 4 ounces of Greek yogurt with ice & SF preserves blend & freeze. |
| WED | Poached egg with fresh dill or cilantro | ½ cup cottage cheese with ranch seasoning | Sugar-free instant pudding made with Fairlife milk & protein powder vanilla/peach | Mix ½ a foil pouch of flavored tuna with low-fat mayo. | Mix 6-8 ounces of Fairlife Milk with ice, SF preserves, blend. |
| THUR | ½ cup Greek yogurt with any flavor SF Torani's Syrup | High-protein chicken salad - mix Greek yogurt with diced chicken. | Premier protein shake consider putting it in the freezer! Try the banana flavor. | Mix ½ of a foil pouch of flavored salmon with low-fat mayo. | Combine 1 egg, 1 tbsp. cottage cheese, microwave and top with shredded cheese. |
| FRI | On-the-go meal 1 soft-boiled egg & 1 piece string cheese | ½ cup cottage cheese with SF applesauce | Sugar-free instant pudding made with Fairlife milk & protein powder chocolate and strawberry | Mix ½ of a foil pouch of flavored tuna with low-fat mayo. | Sip 6-8 ounces of Fairlife milk, beans, cheese, street taco tortillas. |
| SAT | Mix ½ cup Greek yogurt with PB2. Add in your favorite berry. | High-protein tuna salad - mix Greek yogurt with water-packed tuna pouch. | Premier protein shake—consider putting it in the freezer! Try the apple cinnamon. | Mix ½ of a foil pouch of flavored salmon with low-fat mayo. | Add your water flavoring (Mio, True Lemon, etc.) to ½ cup vanilla SF pudding. |
| SUN | Sip one cup of Fairlife milk blended with ice and berries. | ½ cup cottage cheese with any type of Mrs. Dash seasoning | Sugar-free instant pudding made with Fairlife milk & protein powder vanilla/pumpkin spice | Mix ½ of a foil pouch of flavored tuna with low-fat mayo. | Try 1-2 eggs fried in non-stick cooking spray. Cook over easy-medium. |

Your Journey Roadmap



Take what you've learned and assemble your journey road map!

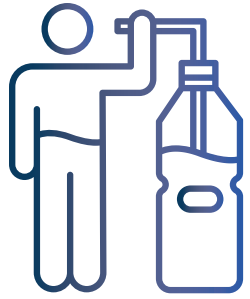
MODULE 1 | How to identify your habits, the good ones and the not so great ones
 How to shift a habit by making it invisible, unattractive, difficult and not satisfying.
 How to create a habit by making it obvious, attractive, easy and satisfying.

- Potential habits to shift or eliminate:**
- Drinking with your meals
 - Eliminating carbonated caffeine drinks
 - Salting food before tasting it
 - Using dinner plates (Choosing smaller plates leads to smaller portions.)

- Potential new habits to incorporate:**
- Begin separating eating and drinking by 30 minutes before and after a meal.
 - Focus on eating protein, match balanced plate, first and half of every meal.
 - Drink 80-100 ounces of water (you can flavor with fresh herbs or sugar-free drink mix), decaffeinated tea (hot or iced without sugar) daily.
 - Walk 10-15 minutes every evening after dinner.
 - Use the Baritastic app daily [code SCBari].

MODULE 1 | How to set SMARTER goals to move you forward in your journey

- Set goals that are specific to what you want to achieve.
- Identify goals that are meaningful and how you will measure your progress.
- Identify goals that are within both your reach and control.
- Make your goals time-bound while also enjoying your efforts.
- Appropriately reward yourself for achieving your goals AND how to reset, if needed.



Goals you may want to incorporate:

Increase Daily Water Intake

I will increase my daily water intake by 10 ounces a day to a total of 80 ounces daily in order to improve my body's function. I will achieve this by June 26 and will track my progress via Baritastic. On June 26, after drinking 80 ounces a day for three days in a row, I will treat myself to a Yeti tumbler.



Decrease Liquid Calories

I will decrease liquid calories by changing my daily latte order to a black coffee with sugar-free flavored syrup in order to focus my calorie intake on chewable food which improves feelings of fullness. I will achieve this by the end of the week and will track my progress via Baritastic. Next week, after maintaining my liquid calorie intake to less than 100 calories a day for three days in a row, I will treat myself to a manicure.



Increase Flexibility and Tone

I will increase my flexibility and tone to decrease pain and stiffness by completing a stretching program three times a week. I will achieve this within six weeks and will track my progress via Baritastic. After I complete 12 classes, I will celebrate my focus by enrolling in the yoga class I've been considering.

MODULE 2

How to prep your pantry and incorporate healthier behaviors

- Go through your pantry and identify items to throw out or donate.
- Prepare your pantry to make meal prep super easy.
- Stock your pantry and your refrigerator with Bari Basics.
- Mix and match meals while minimizing your grocery list and maximizing your options.
- Create a home gym and workouts that don't cost a lot of time or money.
- Nutrition before & after surgery
 - Hunger/Fullness
 - Meal Structure
 - Balance
 - Bari Basics
 - Vitamin Supplements



MODULE 2 | Hints, tips & hacks to better health

- Make a plan now to deal with negative comments later.
- Incorporate methods to decrease stress while maximizing sleep quality and quantity.
- Do your research and plan a successful and fun meal out a few months after surgery.
- Stay focused on your relationships and anticipate how they may change for the better, or worse, after surgery.
- Remember the secrets of a good workout so you always have a good workout.

HINT



TIPS

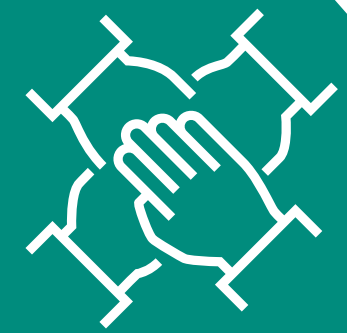


HACKS



MODULE 2 | Building your support team

- If you haven't already, download the Baritastic app from the Apple or Google Play store. Once downloaded, use the code "SCBari" to access our program-specific resources.
- Add our support group dates to your calendar.
- Visit the obesityaction.org/member website and join their Community Member Discussion Forum. While the cost is free, the content is invaluable!
- Set up auto-order on your vitamins so you don't run out.
- Visit springfieldclinic.bariatricadvantage.com and sign up.
- Connect with others in a support group so you have a BariBuddy, where you can encourage each other and share, "been there, done that," experiences.



MODULE 2 | Setting yourself up for long-term success

- A vision of healthy looks different for everyone, what does it look like to you?
- My healthy self is...
- What's going well right now?
- What's getting in my way?
- What can I do today to move myself further toward my goals?
- What am I ready to change?
- Choose three to five areas of focus to concentrate on using the tools we've discussed for creating and eliminating habits and setting SMARTER goals. Set a reminder now on your calendar to revisit this section in six weeks to choose the next three to five areas to focus on.

AREAS OF FOCUS | Healthy Eating

- ✓ Eat three meals a day, including breakfast.
- ✓ Drink 80 ounces of water a day.
- ✓ Reduce portions.
- ✓ Eat protein first.
- ✓ Increase fiber.
- ✓ Reduce/eliminate liquid calories.
- ✓ Reduce sodium.
- ✓ Limit processed foods.
- ✓ Balanced Eating (meals/snacks)
- ✓ Modify recipes to increase protein and fiber and decrease added sugar and total fat
- ✓ Schedule snacks to keep hunger levels manageable throughout the day



Physical Activity






- ✓ Complete a stretching routine three to five times per week.
- ✓ Use exercise bands for toning and strength three to five times per week.
- ✓ Perform yoga or Pilates three to five times per week.
- ✓ Go play golf.
- ✓ Dance.
- ✓ Roller skate.



Behavior and Mindset

- ✓ Track your food and activity in the Baritastic app.
- ✓ Identify triggers that lead to emotional eating.
- ✓ Identify challenging social eating situations.
- ✓ Learn about eating mindfully.
- ✓ Prepare for how to handle setbacks.
- ✓ Get a full night's sleep (7-8 hours).

Behavior modification is building a skill set of behavioral knowledge and strategies to help you achieve and sustain improvements in your obesity long-term. Some of these strategies include:

-  **Self-monitoring** – Record eating habits, physical activity and goal progress and to measure successes. Springfield Clinic Bariatric provides the Baritastic App to our patients to assist with self-monitoring. Download the app and enter the code “SCBari.”
-  **Alternative behaviors** – Learn how to identify eating triggers and how to counter those triggers or cues with healthy activities and habits. The Springfield Clinic Bari Foundations course covers this in module 2.
-  **Goal setting** – Module 2 of the Springfield Clinic Bari Foundations course encourages you to set SMARTER goals that are attainable and increase your motivation.
-  **Stress management** – Module 2 of the Springfield Clinic Bari Foundations course walks you through 10 stress relievers for relaxation.
-  **Social support** – Module 2 of the Springfield Clinic Bari Foundations course focuses on identifying friends and/or family who can provide you support through both struggles and victories.

Obesity is a chronic disease requiring long-term management. Your team is here to help you along every step of the journey.

Lifestyle Journal

| | |
|---|---------------|
| TODAY'S DATE: <input type="text"/> | |
| Hours slept last night: | Snacks: |
| Breakfast: | Water Intake: |
| Lunch: | Exercise: |
| Dinner: | Mood: |

| | |
|---|---------------|
| TODAY'S DATE: <input type="text"/> | |
| Hours slept last night: | Snacks: |
| Breakfast: | Water Intake: |
| Lunch: | Exercise: |
| Dinner: | Mood: |

TODAY'S DATE:

Today I am feeling

- Today's Tasks**
- _____
 - _____
 - _____
 - _____
 - _____

Today's focus is

- _____
- _____
- _____
- _____
- _____

Today I will achieve

- _____
- _____
- _____
- _____
- _____

TODAY'S DATE:

Today I am feeling

- Today's Tasks**
- _____
 - _____
 - _____
 - _____
 - _____

Today's focus is

- _____
- _____
- _____
- _____
- _____

Today I will achieve

- _____
- _____
- _____
- _____
- _____

TODAY'S DATE:

Today I am feeling

Today's Tasks

- _____
- _____
- _____
- _____
- _____

Today's focus is

- _____
- _____
- _____
- _____
- _____

Today I will achieve

- _____
- _____
- _____
- _____
- _____

TODAY'S DATE:

Today I am feeling

Today's Tasks

- _____
- _____
- _____
- _____
- _____

Today's focus is

- _____
- _____
- _____
- _____
- _____

Today I will achieve

- _____
- _____
- _____
- _____
- _____



All about Surgery

SURGERY

“The Easy Way Out”

You will hear people say surgery is, “the easy way out.” Those people are **wrong**. There is nothing about surgery that is easy. Preparing for surgery is not easy. Obtaining insurance approval for surgery is not easy. Changing the way you eat, drink and think about food forever is not easy. At Springfield Clinic Bariatrics, we’ve got your back. We work with you before and after surgery to make sure you have all the tools you need for the easiest transition to this new stage of your journey.

Let’s clarify a few myths about bariatric surgery.

Myth #1

Surgery is a last-resort effort reserved for individuals with extreme levels of obesity.

Reality

People with obesity who are younger and have not yet developed some of the obesity-related health conditions (commonly referred to as comorbidities) are among the best candidates for surgery. The current body mass index (BMI) criteria for metabolic and bariatric surgery include:



250 lbs 295 lbs

BMI of 35 or greater

(for reference a 5’ 6” female weighing 250 pounds and a 6’ male weighing 295 pounds each have a BMI of 40)



215 lbs 260 lbs

BMI between 30 – 34

(for reference a 5’ 6” female weighing 215 pounds and a 6’ male weighing 260 pounds each have a BMI of 35) with one or more health conditions, such as:

- Type 2 diabetes
- Poorly controlled high blood pressure
- Obstructive sleep apnea requiring CPAP
- Reflux (GERD)
- Heart disease

Myth #2

Bariatric surgery refers to one procedure and is a one-size-fits-all approach.

Reality

There are multiple metabolic and bariatric surgery procedures available. We will go over each one in great detail later in this section but, for now, please realize there are procedures that focus entirely on restricting the amount of food you can eat at a time and there are procedures that combine restriction with bypassing the normal digestive process so fewer calories (and nutrients) are absorbed. We work with you to determine which procedure is best for you.

Myth #3

Surgery is a means to get out of diet and exercise.

Reality

Quite the opposite. Metabolic and bariatric surgery works to level the playing field so dietary changes and increased activity can now work for you instead of against you. The average person choosing bariatric surgery has tried an average of 22 (no, that’s not a typo) different diet and exercise programs. If diet and exercise alone worked, you wouldn’t be here.

Myth #4

Recovery from metabolic and bariatric surgery is long and painful.

Reality

While recovery is different for each person, and healing can vary depending on other health conditions you may have, laparoscopic surgery has a pretty quick recovery time. The majority of patients go home the same day or the day after their surgery. Once home, we want you up and moving around, not lying around.

Myth #5

Most people who have bariatric surgery gain all of the weight back.

Reality

While this is a very common belief, it’s simply not true. While results vary based on your age, beginning weight, comorbidities and your participation in long-term follow-up, most people who have bariatric surgery keep the majority of weight off long-term. The reality is that approximately 50% of patients regain a small amount of weight over a two-year period, but recurrent weight gain is generally only approximately 5% of their excess weight.

Myth #5

Surgery will cure diabetes and obesity.

Reality

Both diabetes and obesity are chronic, life-long diseases that require long-term management. Metabolic and bariatric surgery is currently the most effective treatment we have for both diabetes and obesity; however, treatment does not equal a cure. Surgery, and the accompanying weight loss may allow other forms of treatment to be decreased or eliminated.

Now that we’ve clarified a few myths, let’s dive in and take a look at various **metabolic** and bariatric procedures available.

Wondering why we keep saying metabolic and bariatric surgery? Bariatric refers to weight loss and, while the weight loss is significant, the effects surgery has on over 40 different health conditions can be profound.



Bariatric Procedure OVERVIEW



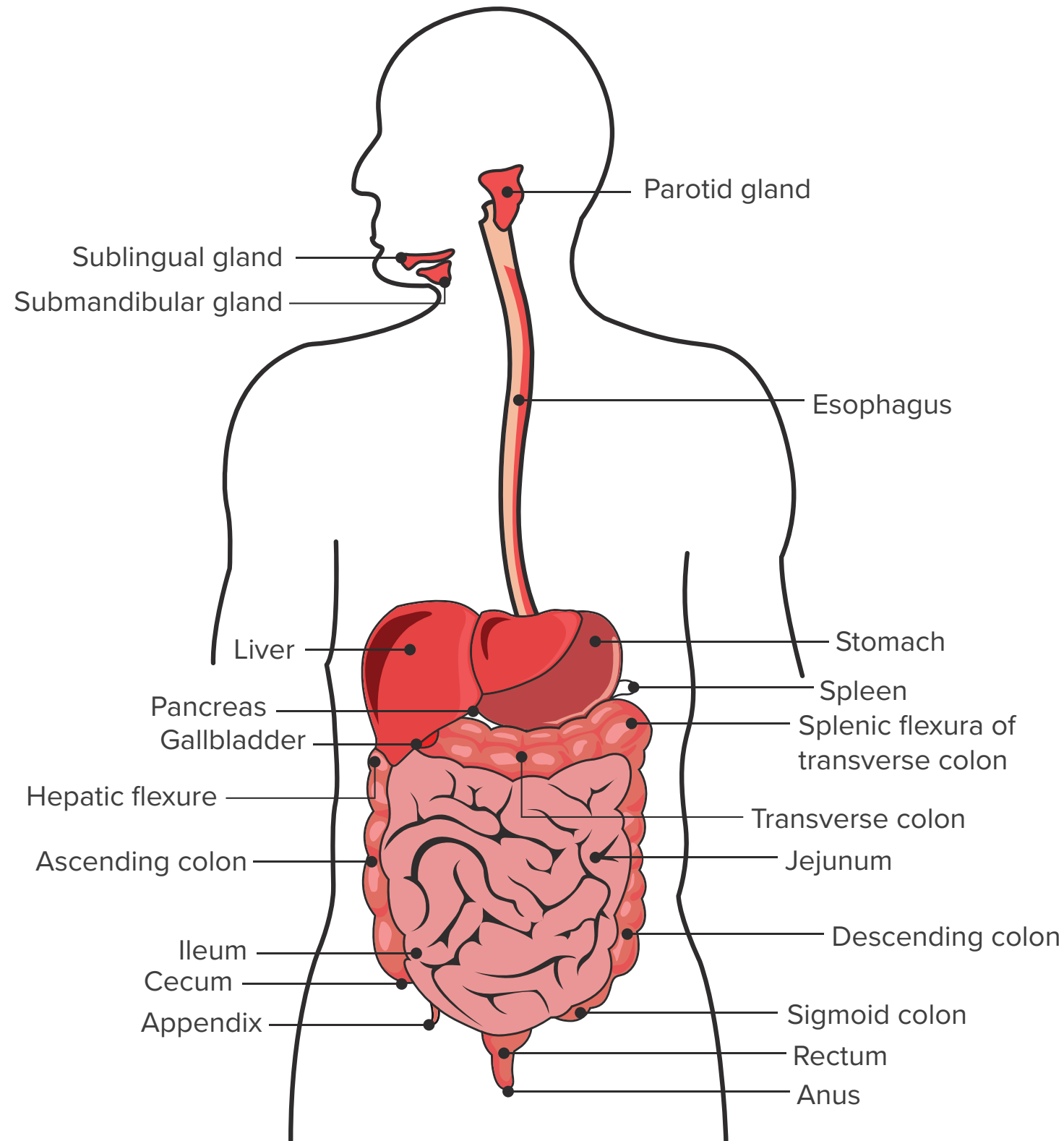
The Springfield Clinic Bariatric Weight Loss Center was developed to provide you with comprehensive and compassionate care throughout your weight loss journey. We understand everyone's journey is different. We combine evidence-based treatment with an individualized approach.

Your comprehensive care team will include:

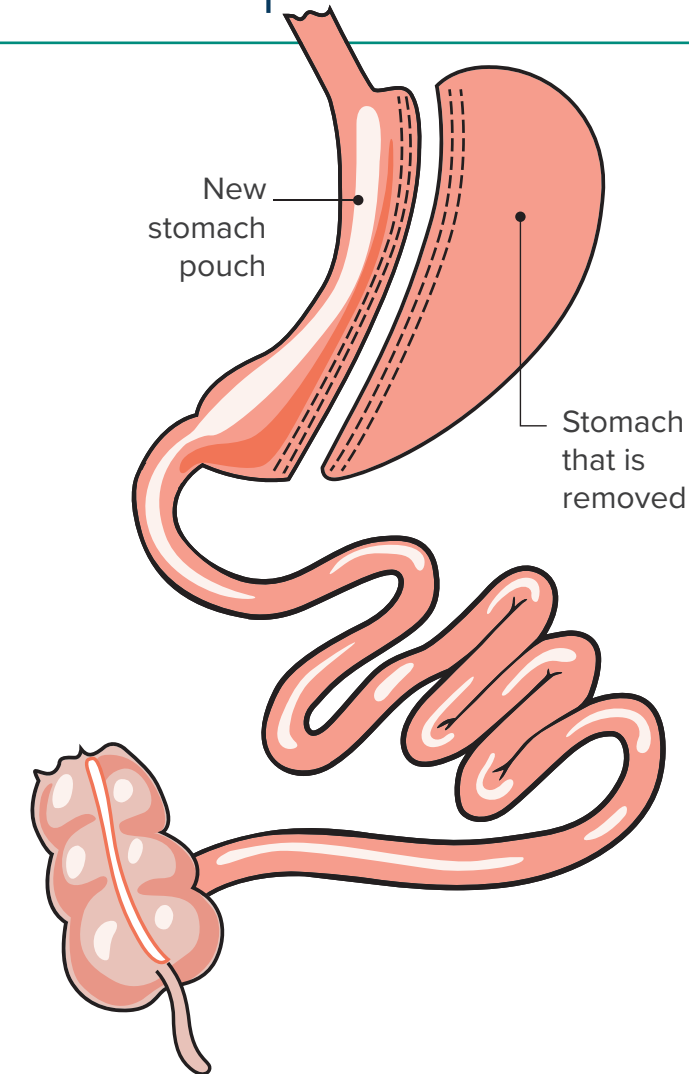
- Registered dietitians
- Physical therapists
- Mental Health Therapists
- Nurses
- Bariatrician
- Surgeon
- Insurance specialist
- And, YOU

The foundation of treatment begins with education on lifestyle modification and behavior change. Additionally, you may be a candidate for other treatment options including the ones outlined in this book.

Normal GI Tract



Laparoscopic Sleeve Gastrectomy



An ideal candidate for this surgery:

- Has a Body Mass Index (BMI) of 35-45
- Does not have GERD or Barrett's esophagus
- Exercises regularly
- Higher risk profile/extremes of age
- Adhesions/hernias
- A transplant candidate
- Stage procedure for risk reduction for Body Mass Index (BMI) > 50

The stomach is divided vertically (up and down) by stapling. The portion of the stomach that is left is shaped like a very slim banana (or sleeve). The nerves to the stomach and the valve leading from the stomach to the small intestine remain intact, so the stomach works as usual. The small intestine is left alone.

Because a large piece of the stomach is removed, you will not be able to eat as much.

BENEFITS

A sleeve gastrectomy is an easier surgery to perform, and usually takes only about 40 minutes. It also can be effective for people who had lap-band surgery and regained weight.

- Good weight loss (After 5 years, most people have had 50-60% excess weight loss.)
- No implanted devices or connection site (anastomosis) Intestines remain intact and there is no bypass
- No marginal ulcers or internal hernias
- Causes favorable changes in gut hormones affecting long-term hunger and satiety (ghrelin)
- Low risk of dumping syndrome or diarrhea
- Option for patients with BMI > 50 as a staged procedure
- This procedure can be easily revised to another procedure, such as gastric bypass or duodenal switch.

SHORT-TERM RISKS

- Leaks, bleeding and obstruction due to long staple line
- DVT (blood clot)/pulmonary embolus
- Irreversible, cannot be undone.

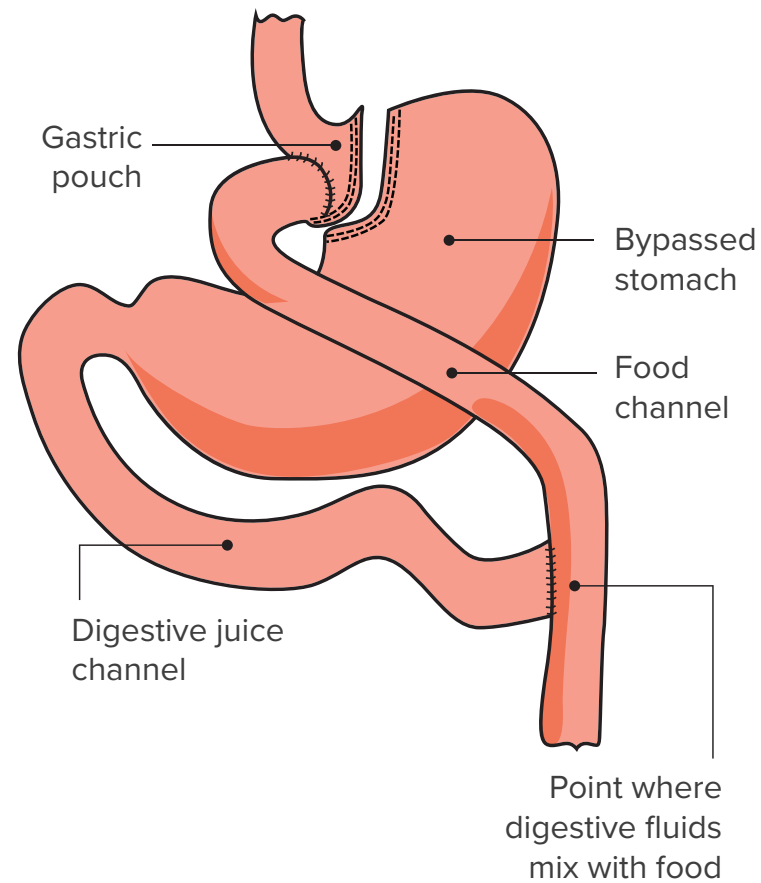
LONG-TERM RISKS

- Chronic GERD
- Weight gain (approx. 30% of patients regain greater than 20% of their weight after 5 years)

Bariatric Surgeries: Mechanisms of Action

1. Restrictive
2. Malabsorptive
3. Combination

Laparoscopic Roux-En-Y Gastric Bypass



An ideal candidate for this surgery:

- Has a BMI of 35-50
- Is 18-65 years old
- Has not had previous stomach and lower GI/hernia surgery
- Individuals with any of the following:
 - Type 2 diabetes less than 10 years, and not on insulin)
 - Suffers from severe GERD
 - Barrett's esophagus

The Roux-en-Y bypass separates the stomach into two sections using parallel rows of staples. The small upper segment of the stomach (connected to your esophagus) will receive food just as it always has. The lower portion no longer receives any food.

Then, a piece of the small intestine is disconnected. The surgery re-routes food directly from the newly-created small stomach pouch directly into the remaining intestine.

BENEFITS

- Roux-en-Y gastric bypass is the current "Gold Standard." Generally, there is a lower risk of complications with excellent and durable weight loss (60-75% EWL). More than 70% of patients experience an improvement with diabetes.
- Roux-en-Y is durable long-term (50 years). The procedure is restrictive and malabsorptive.

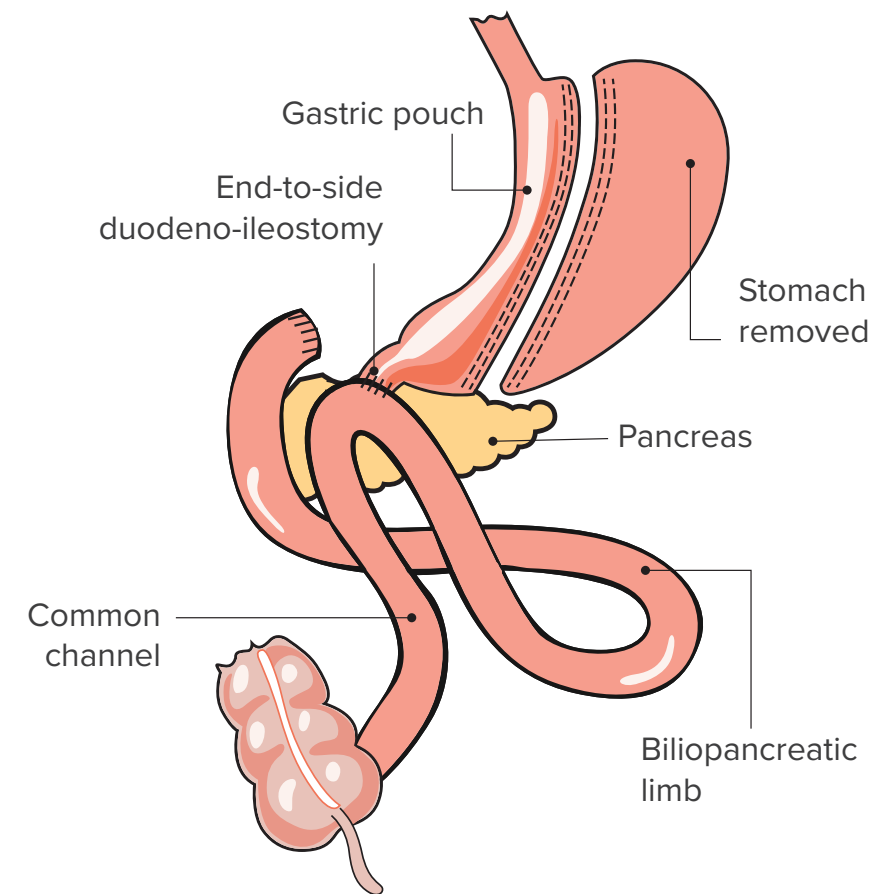
SHORT-TERM RISKS (1 to 3 months)

- Leaks, obstructions, bleeding
- DVT (blood clot)/pulmonary embolus
- Dumping syndrome (with increased intake of sweets)

LONG-TERM RISKS (After 3 months)

- Nutritional deficiencies
- Marginal ulcers & strictures
- Must avoid: NSAIDs, steroids, alcohol, smoking & caffeine
- Internal hernias
- Intussusception
- Weight gain (approx. 15-20% of patients regain greater than 20% of their weight loss after 5 years)
- Anatomy changes making it harder to revise
- Protein/calorie malnutrition
- Gallbladder disease and/or gallstones
- Low blood sugar that occurs after a meal

Single Anastomosis Duodeno-Ileostomy (SADI)



An ideal candidate for this surgery:

- BMI 45-55
- Age 18-65 years
- Metabolic syndrome (OMii, hypertension, hyperlipidemia)
- No Barrett's esophagus or severe esophagitis
- No history of Crohn's disease
- No previous resection of ileocecal valve or intestinal surgery
- Not a transplant candidate
- Willing to participate in life-long follow up

The Single Anastomosis Duodeno-Ileostomy (SADI) rearranges the intestines so that you absorb fewer calories from food with less malabsorption compared to the traditional duodenal switch. It also makes the stomach smaller so you cannot eat as much. This procedure is restrictive and malabsorptive. It should provide greater weight loss than the gastric bypass and sleeve gastrectomy while minimizing GI side effects of the traditional duodenal switch.

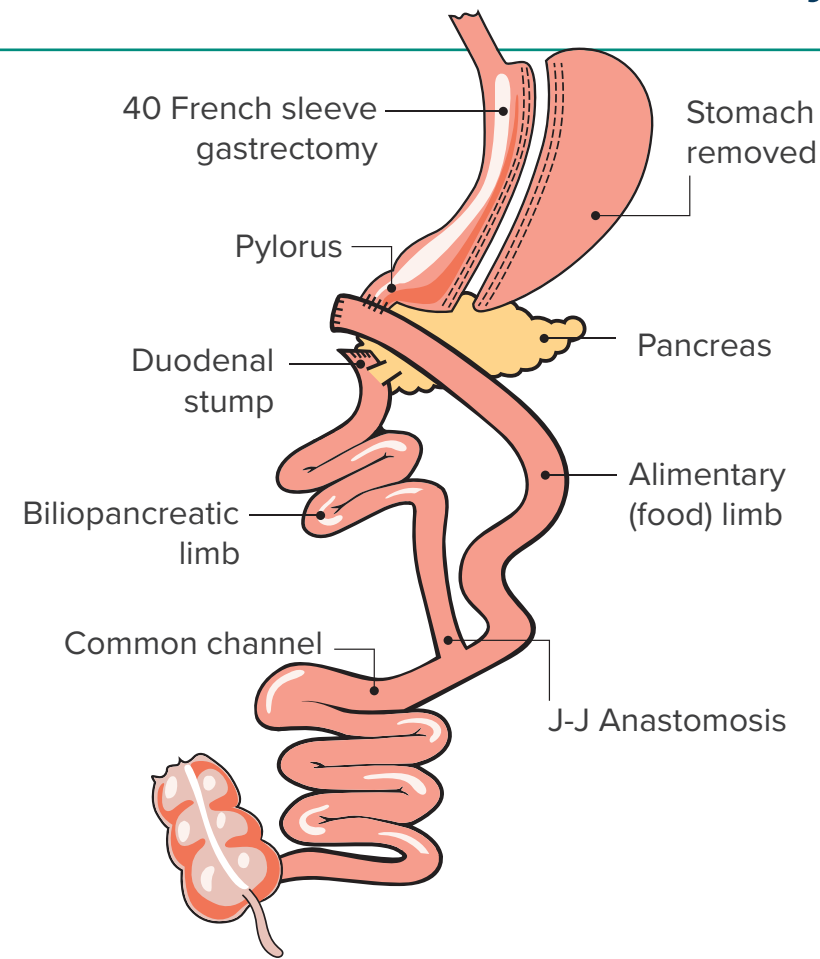
BENEFITS

- Weight loss is similar to a duodenal switch with similar improvement in metabolic conditions
- Can be staged procedure or revisional procedures who have had a sleeve gastrectomy or adjustable gastric band
- >90% remission of diabetes in 1 year
- Less risk of vitamin/mineral deficiency than with duodenal switch
- Avoids one anastomosis (surgical connection) which shortens surgery time resulting in the potential for lower risk than duodenal switch

RISKS

- Leaks, obstruction, bleeding
- DVT (blood clot)/pulmonary embolus
- Protein caloric malnutrition with poor compliance (less than duodenal switch; <4%)
- Bile reflux gastritis requiring revision to duodenal switch

Duodenal-Jejunal Bypass with Sleeve Gastrectomy (DJB-S)



An ideal candidate for this surgery:

- BMI 45-55
- Age 18-65 years old
- Metabolic syndrome (T2DM, hypertension, hyperlipidemia)
- No Barrett's esophagus or severe esophagitis
- No history of Crohn's disease
- No previous resection of ileocecal valve or intestinal surgery
- Not a transplant candidate
- Willing to participate in life-long follow up

The DJB-S rearranges the intestines so that you absorb fewer calories from food with less malabsorption compared to the traditional duodenal switch. It also makes the stomach smaller so you cannot eat as much. This procedure is restrictive and malabsorptive. It should provide greater weight loss than the gastric bypass and sleeve gastrectomy while minimizing GI side effects of the traditional duodenal switch.

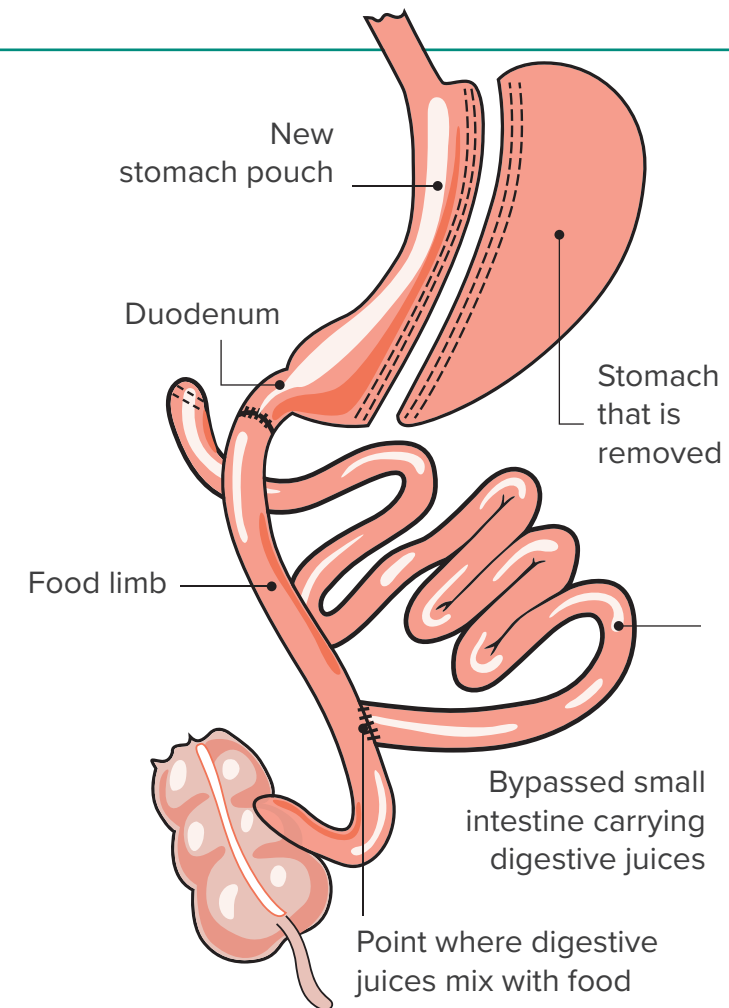
BENEFITS

- Estimated weight loss benefit better than gastric bypass and sleeve (due to more malabsorption), but less than traditional duodenal switch
- Helps to promote fullness (early satiety) due to removal of fundus and ghrelin secreting area of stomach (restrictive component)
- Pylorus function is maintained
- No dumping syndrome
- Helps maintain normal blood sugar levels
- Prevents bile reflux into stomach
- Lower risk of marginal ulcers and strictures compared to gastric bypass
- Improved Type 2 Diabetes resolution over gastric bypass or sleeve gastrectomy
- Fewer possible GI side effects compared to the duodenal switch
- Lower risk of nutritional and vitamin deficiencies compared to the duodenal switch
- Excellent short-term weight loss at 1 - 3 years

RISKS

- Higher risk of DVT/PE compared to gastric bypass and sleeve (longer operative time)
- Bleeding, leaks, obstruction
- Does not eliminate long-term risk of internal hernias
- Unknown long-term weight loss results

Laparoscopic Duodenal Switch



An ideal candidate for this surgery:

- Is 18-60 years old
- Has BMI above 50
- Individuals with any of the following:
 - Poorly controlled Type 2 diabetes
 - High triglycerides
 - Metabolic syndrome

The duodenal switch rearranges the intestines so that you absorb fewer calories from food. It also makes your stomach smaller so you cannot eat as much. This procedure can be done in one or two stages.

During stage 1, the surgeon will first perform a vertical sleeve gastrectomy procedure.

During stage 2, typically 12-18 months after stage 1 procedure, the remaining part of the stomach is connected to the lower portion of the small intestine.

BENEFITS

- Greatest reduction in weight (> 80% EWL)
- Lowest weight-gain (< 10%)
- Can be staged procedure or revisional procedure for patients who had a band or sleeve
- Most effective in diabetes improvements (97% remission for patients)
- On insulin 5-10 years = 88% remission
- On insulin > 10 years = 66% remission
- Causes favorable changes in gut hormones affecting long-term hunger and satiety.
- Higher calorie consumption with greater weight loss
- Most effective for resolution of metabolic comorbidities

RISKS

- Leaks, obstructions, bleeding
- DVT (blood clot)/pulmonary embolus
- Higher surgical risk
- Longer surgery time (2.5 hours) and longer hospital stay (2 days)
- Highest risk for diarrhea
- Highest risk of foul smelling stools/gas/diarrhea (especially with sweets and/or fat)
- Highest risk of excessive weight loss
- Protein/calorie malnutrition with poor compliance (nutritional complications < 5%)
- Greater malabsorption of vitamins/minerals (Risk of osteoporosis, risk to bone health)

Procedure Comparison

Based on national outcomes from the MBSAQIP data registry.

| | SLEEVE GASTRECTOMY | GASTRIC BYPASS | DUODENAL SWITCH |
|---------------|--------------------|----------------|-----------------|
| %TWL* 1-3 yrs | 20% | 30% | 40% |
| Bleeding | 0 – 3.6% | 1.5 – 5% | 0.5 – 2% |
| Leak | 0 – 2.3% | 0 – 1.9% | 1 – 3% |
| Blood Clot | 0.5% | 0.2 – 0.7% | 1 – 3% |
| Obstruction | 0 – 1.3% | 0 – 3.4% | 1 – 2% |
| Change in BMI | ↓ 10 – 12% | ↓ 12 – 15% | ↓ 21 – 24% |
| Death | 0.1% | 0.3% | 0.5 – 1.2% |

Based on Springfield Clinic patients since 2015

| | SLEEVE GASTRECTOMY | GASTRIC BYPASS | DJBS | DUODENAL SWITCH |
|----------------------------|--------------------|----------------|----------|-----------------|
| %TWL* | 20 – 30% | 20 – 35% | 30 – 45% | 40 – 50% |
| Bleeding | 1 – 2% | <1% | <1% | 0% |
| Leak | 0% | 0% | 0% | 0% |
| Blood Clot | 0% | 0% | 0% | 0% |
| Obstruction | 0% | <1% | 0% | 0% |
| Readmission within 30 days | 2 – 3% | 3 – 6% | 0% | 0% |
| Reoperation within 30 days | 1 – 2% | 2 – 4% | 2 – 4% | 0% |
| Death | 0.1% | 0% | 0% | 0% |

* Based on long-term follow-up and commitment to changes in nutrition, activity and behavior modification.

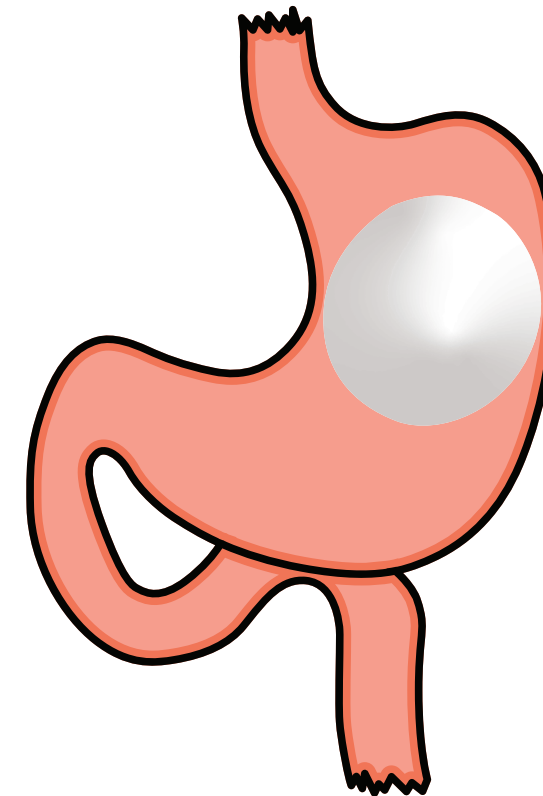
Resolution of Comorbidities After Bariatric Surgery Procedures

Most all patients have some degree of improvement in their weight-related comorbidities after bariatric surgery. Some also see a resolution or remission of those conditions (disease goes away completely). Resolution depends on severity of the disease, how long you have had the disease, types of medications used to manage the disease and the age of the patient.

| | GASTRIC BYPASS ¹ (at 5 – 9 years) | SLEEVE GASTRECTOMY ² | DUODENAL SWITCH ³ |
|-----------------|---|---------------------------------|------------------------------|
| Type 2 Diabetes | 70 – 84% | 50 – 60% | ≥95% |
| Hypertension | 40 – 70% | 40 – 60% | 65 – 70% |
| Sleep Apnea | 70 – 80% | 70 – 80% | 80 – 90% |
| Hyperlipidemia | 40 – 50% | 30 – 40% | 75 – 90% |
| GERD (reflux) | >70% | ≤40% | ≤40% |

Based on national outcomes from the MBSAQIP data registry.

Endoscopic Bariatric Therapy: Intragastric Balloon



An ideal candidate for this procedure:

- Age 18-65
- BMI 30-40 with or without comorbidities
- No previous stomach or GI surgery
- Team approach

The intragastric balloon is temporarily placed endoscopically in the stomach for six months. It helps your body adapt to smaller portion sizes.

The balloon is inserted through the mouth into your stomach. The balloon is then inflated with saline and is about the size of a grapefruit. After six months, the balloon is removed endoscopically.

This therapy is used with diet, exercise and possibly medications before, during and after the balloon.

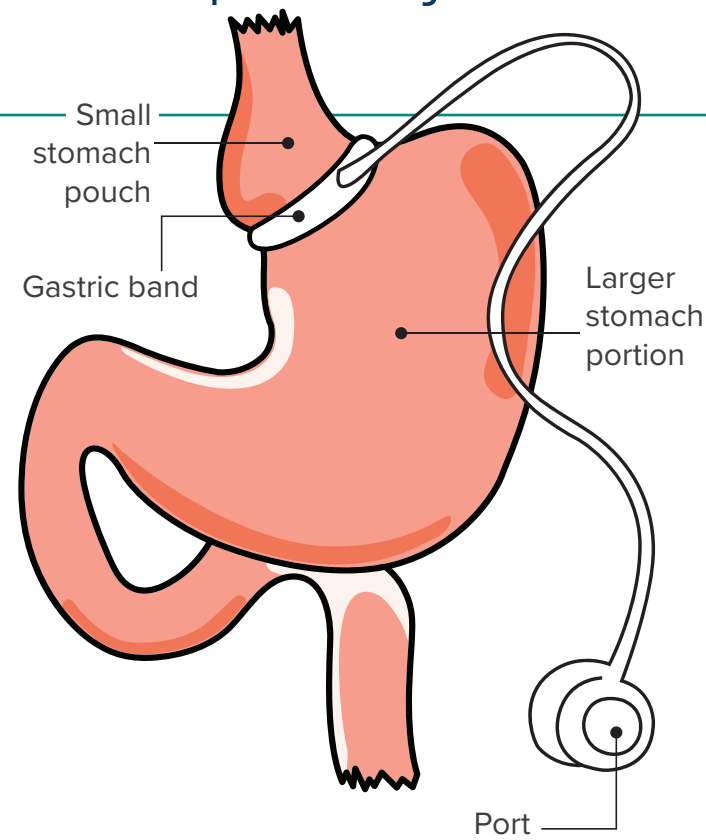
BENEFITS

- Outpatient procedure with sedation
- No incision or scar
- Easy to perform
- Faster recovery
- Safe
- Excess weight loss of 25% at 6 months post removal
- Total weight loss 10 – 15%

RISKS

- Device may cause nausea/vomiting/abdominal pain/GERD
- Although it is rare, there is a risk of: obstruction, perforation, aspiration pneumonia and death
- Device intolerance is 5%, and the long-term durability is unknown
- Weight gain after removal of the balloon

Laparoscopic Adjustable Gastric Band



BENEFITS

- Shorter operative time (easiest to perform)
- No change to anatomy
- Adjustable and/or reversible/removable
- Reduced risk for micronutrient deficiencies
- Shorter hospital stay (outpatient) and shorter recovery (return to work 1-2 weeks)
- Lowest risk for death (0.08%)
- Lower cost

RISKS

- Slower weight loss (three years), and lower overall weight loss (five years 25-50% EWL)
- Easiest to cheat
- Problems with the device (port leakage, slipping, erosion)
- Nausea/vomiting/abdominal pain/GERD
- Esophageal and pouch expands; 75% of patients require second operation
- Long-term tolerance is unsure
- Removal rate higher than 50% at 5 years; 75% at 15 years
- Multiple adjustments may be needed

An ideal candidate for this surgery:

- Is 18-60 years old
- Has BMI between 30-40
- Is active
- Is willing to follow instructions
- Is able to visit a provider for monthly checkups

Lap-band is often performed laparoscopically (with a very small incision) as an outpatient procedure. You may have a shorter hospital stay and faster recovery time compared to a traditional surgical incision.

The surgeon puts a silicone elastic ring around the upper part of your stomach.

The ring is then filled with saline (saltwater) solution. A tube attached to the ring is connected to a port under the skin of the abdomen. The saline is then injected or drawn out until the ring is tight enough around the opening from the upper stomach to the lower stomach.

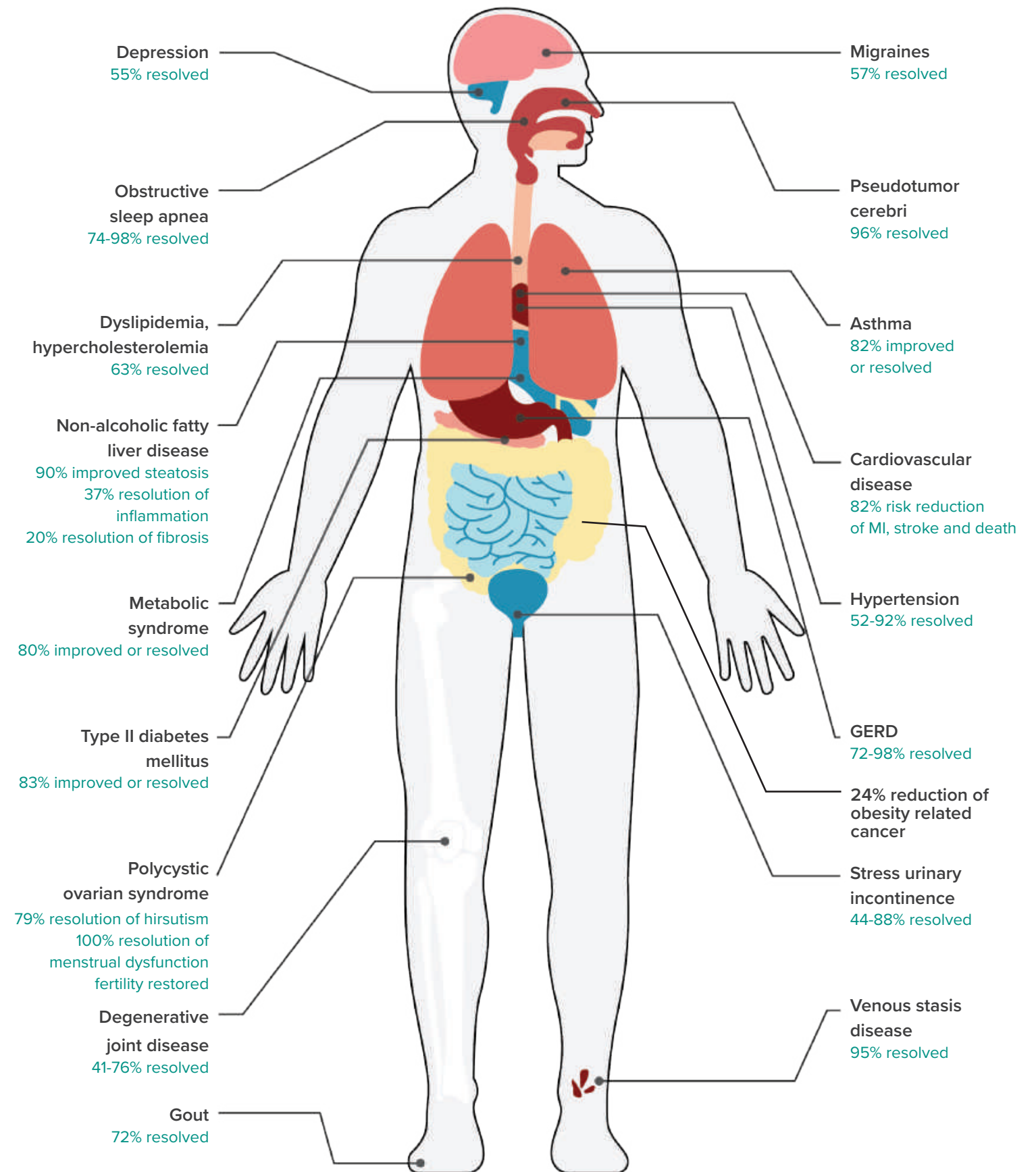
Tightening the band decreases hunger. You will eat less and still feel full.

For the first year after surgery, the device has to be checked every month by a trained healthcare provider to see if adjustments need to be made.

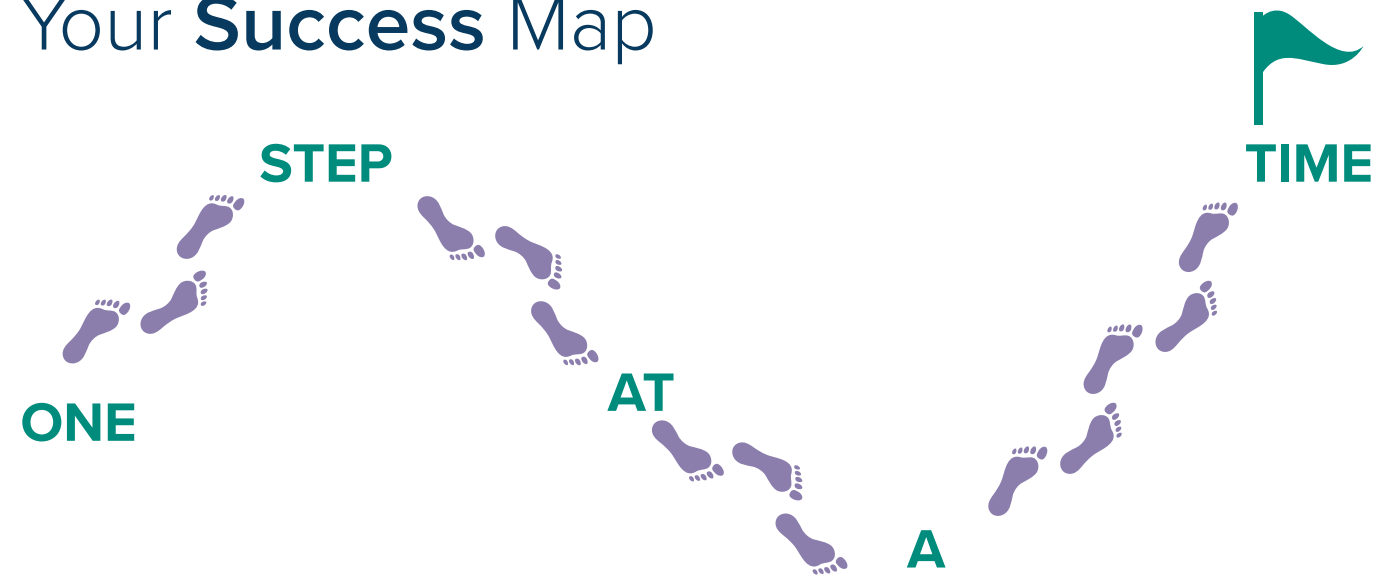
Co-Morbidity Reduction after Bariatric Surgery

95% of patients quality of life improved

89% reduction in 5-year mortality



Your Success Map



STEP 1 Take Springfield Clinic Bariatrics along for your weight loss journey.

STEP 2 Incorporate as much as you can from your visits with the dietitian, social worker, physical therapist and the Bari Foundations classes.

STEP 3 Find support and support others through the Bari Transitions support groups.

STEP 4 Use the resources available, including the Baritastic app and Pill Boxie app. You may find additional apps like Calm or other mindfulness apps helpful.

STEP 5 Put your vitamins on auto-order so you never run out and take them daily.

STEP 6 Come in to see your team on a regular basis.

STEP 7 Cut yourself some slack. Progress over perfection!

Bariatric Surgery Risks

To meet the criteria for bariatric surgery, most people have a level of obesity that puts them around 75 pounds or more over what the height and weight charts define as “ideal body weight.” You did not gain this amount of weight overnight. In fact, you may have spent years trying to control your weight. Metabolic and bariatric surgery (MBS) will not work overnight. MBS is not easy. MBS is not pain-free. MBS does not do the work for you. Instead, MBS allows you some advantages you may have not experienced with previous weight loss attempts.



Bariatric Surgery Risks

As with any surgical procedure, there are potential complications. By consenting to metabolic and bariatric surgery, you are accepting the risk of complications. A description of possible risks includes, but is not limited to, the following:

| Possible Complications within 30 Days of Surgery | Description | How to Minimize Your Risk |
|--|---|---|
| Abort the procedure | Under very rare circumstances, the surgeon may determine the procedure should be aborted (stopped) out of concern for the safety of the patient. | <ol style="list-style-type: none"> Follow your pre-op diet to help shrink your liver prior to surgery. Make sure the surgeon is aware of all previous surgeries you've had and the medications you take. |
| Allergic reactions | From minor reactions, such as a rash, to sudden overwhelming reactions, which in rare circumstances can lead to death. | Inform your doctors, nurses and everyone on your care team of any and all allergies. |
| Bile duct injury | Injury to the duct system draining the liver could occur, requiring repair or replacement of the duct with a portion of your bowel. This is a rare injury. | Follow your pre-op diet to help shrink your liver prior to surgery. |
| Bleeding | From minor to massive bleeding that can lead to the need for emergency surgery, blood transfusion or, very rarely, death. | Make sure you stop all medications as instructed by the surgeon's office. |
| Blood clots | Also called deep vein thrombosis and pulmonary embolism; these can lead to death. | <ol style="list-style-type: none"> Walk, walk and walk after surgery five to ten minutes every one to two hours. Foot pump exercises every hour while awake. |
| Bowel obstruction | Any operation in the abdomen can leave behind scarring that can put you at risk for late blockage. | Make sure the surgeon is aware of all previous surgeries. |
| Hernia | Incisions through the abdominal wall can lead to hernias after surgery. Gastric bypass, DJBS and duodenal switch procedures can alter and change the anatomy of the intestines and create mesenteric defects. This may lead to intestinal ischemia and/or obstruction potentially requiring surgery to correct the problem. | <ol style="list-style-type: none"> Make sure the surgeon is aware of all previous surgeries, specifically any previous hernia repair procedures. Call the surgeon's office with any new onset abdominal pain after surgery. |

| Possible Complications within 30 Days of Surgery | Description | How to Minimize Your Risk |
|--|---|--|
| Infection | Including wound infections, bladder infections, pneumonia, skin infections and deep abdominal infections that can sometimes lead to prolonged hospitalization and, rarely, death. | <ol style="list-style-type: none"> Before surgery, use the Hibiclens as instructed. Shower from neck to groin with half the bottle the night before surgery; sleep in clean pajamas on clean sheets with no children or animals in the bed. Repeat the shower the morning of surgery using the rest of the bottle. After surgery, shower daily. Do not remove the Steri-Strips™, and allow them to fall off over time. Drink your fluids! Sip on water, decaffeinated tea and broth and monitor your urine output and color. Take frequent, short walks of five to ten minutes every one to two hours while awake. |
| Laparoscopic surgery | Laparoscopic surgery uses punctures to enter the abdomen and can lead to an unlikely injury, bleeding and/or death. | Follow your pre-op diet to help shrink your liver prior to surgery. |
| Lactose intolerance | With any of the procedures, you may experience short-term or long-term lactose intolerance. The most common symptoms are abdominal cramps and pain, nausea, bloating, gas and diarrhea. This may occur soon after a meal with dairy or up to two to three hours after the meal. | <ol style="list-style-type: none"> Keep a food journal so we can help trace any issues you have with food intolerances. Try lactose free dairy. Long term, you may take a lactose enzyme supplement available over the counter. |
| Leak | After operations to remove or bypass the stomach, the new connections can leak stomach acid, bacteria and digestive enzymes, causing a severe abscess and infection. This can require repeated surgery, intensive care, prolonged recovery, disability and, rarely, death. | <ol style="list-style-type: none"> Stop using nicotine or nicotine products a minimum of six weeks prior to surgery. Do not resume or begin using nicotine or nicotine products after surgery. Do not advance your diet until advised to do so by your dietitian, nurse or surgeon. |
| Medications and side effects | Bariatric surgery can change the absorption of medications, specifically extended-release or timed-release medications. All drugs have inherent risks and, in some cases, can cause a wide variety of side effects, including death. | Make sure your prescribing physician(s) are aware of your surgery. Share the information in this book with them. |

| Possible Complications within 30 Days of Surgery | Description | How to Minimize Your Risk |
|--|--|---|
| Narrowing (stricture) | Narrowing or stricture can occur. This could require procedures such as endoscopic dilatation or further surgery if medications and endoscopic procedures fail. | Advance your diet only when instructed by the surgeon, nurse or dietitian. |
| Ulcer/marginal ulcer | Bariatric surgery increases the susceptibility for development of ulcers, specifically in areas where the stapler is used. Usage of NSAIDs, steroids and/or nicotine significantly increases the risk of developing ulcers/marginal ulcers, which can lead to strictures, bleeding and perforation requiring additional surgery. | <ol style="list-style-type: none"> 1. Stop using nicotine or nicotine products a minimum of six weeks prior to surgery 2. Stop usage of NSAIDs as instructed. |

| Possible Long-Term Complications | Description | How to Minimize Your Risk |
|----------------------------------|---|--|
| Gallbladder disease | Between 7-10% of patients require gallbladder removal six months to two years after their bariatric surgery. | |
| Hair loss | Occasionally, patients develop hair loss for a short period of time following any surgery involving anesthesia. This usually resolves with time. | <ol style="list-style-type: none"> 1. Take your vitamins. Do not add supplements without discussing them with your dietitian first. 2. Meet your daily protein requirements. |
| Periodontal disease | Patients may experience periodontal disease after bariatric surgery. | See your dentist for routine care every six months. |
| Pregnancy | Women of childbearing age or who have issues with infertility prior to surgery may have increased risk of becoming pregnant in the early stages after surgery related to improved hormone regulation. Increased risks exist to the mother and fetus during this time of rapid weight loss. We recommend avoiding pregnancy for two years after bariatric surgery. | Use two methods of birth control in the 24 months following surgery. |

| Possible Long-Term Complications | Description | How to Minimize Your Risk |
|---|---|--|
| Protein calorie malnutrition | Some patients may become markedly deficient in protein and calories requiring nutritional support and possible surgery to revise the bariatric procedure. | <ol style="list-style-type: none"> 1. Once cleared to advance to the appropriate stage, drink your protein drinks. 2. Focus long term on protein first meals. |
| Psychiatric complications | Although most people experience improvements in their mood, some will have worsening states of depression, which could lead to suicide. Patients taking psychiatric medications should have the dosage and effectiveness of these medications monitored carefully by their prescribing physician. | <ol style="list-style-type: none"> 1. Make sure your entire care team, those involved directly in your surgery AND any other providers you see, are aware that metabolic and bariatric surgery has the potential to change medication absorption. |
| Vitamin and mineral deficiencies | After bariatric surgery, there may be some malabsorption of vitamins and minerals. You must take vitamin and mineral supplements forever after surgery to help protect yourself from these issues. Vitamin and mineral supplementation is a lifelong out-of-pocket expense. | <ol style="list-style-type: none"> 1. Make a schedule for taking your vitamin and mineral supplements and stick to it. 2. Use bariatric-formulated products recommended by your surgeon or dietitian. 3. Have your labs drawn as scheduled. |

| Procedure-Specific Risks | Description | How to Minimize Your Risk |
|--|---|---|
| Sleeve gastrectomy - GERD | Gastro-esophageal reflux disease (GERD) signs and symptoms can become severe despite medication and can result in the need for surgery to revise the sleeve to another procedure. | <ol style="list-style-type: none"> 1. Avoid using NSAIDs, steroids and nicotine. 2. Report any history of reflux to your surgeon prior to surgery. |
| Gastric bypass - dumping syndrome and postprandial hypoglycemia | Patients may experience symptoms of low blood sugar or dumping syndrome after eating. These are side effects of the procedure caused by rerouting of the intestines. | <ol style="list-style-type: none"> 1. Follow all dietary recommendations. 2. Avoid foods with greater than 10g added sugars per serving. 3. Pair protein and carbs to prevent postprandial hypoglycemia |
| DJBS and duodenal switch - diarrhea | These procedures result in an increased risk for malabsorption. (Your intestine doesn't absorb food, nutrients or medications the same way it did prior to surgery.) This can cause more frequent bowel movements and diarrhea. Foul-smelling stool and flatulence (gas) can also result. | <ol style="list-style-type: none"> 1. Follow all dietary recommendations. 2. Avoid foods high in fat. 3. Consider taking an odor-neutralizing product like Devrom®. 4. Don't drink with your meals. |

Pre-op Pathway



Your Pre-op Checklist

- 1. My health care provider sent a referral to Springfield Clinic Bariatric Surgery.
- 2. I provided my current insurance information.
- 3. My insurance criteria was reviewed with me by Springfield Clinic Bariatric Surgery. If you haven't already, download the Baritastic App and enter code SCBari.
- 4. I have the following appointments scheduled to begin the surgical process:

| | | |
|--------------------------|------|---|
| Nutrition evaluation | Date | To cancel or change these appointments, please call 217.528.7541 and ask for ext. 49712 at least 24 hours in advance. |
| Psychological evaluation | Date | |
| Fitness evaluation | Date | |
| Medical evaluation | Date | |

- 5. I completed and returned the Springfield Clinic Bariatric Questionnaire.
- 6. I am enrolled in the Bari Foundations* course on the following dates:

| | |
|---|----|
| 1. | 2. |
| <i>*I realize if I miss a month, my insurance may require me to start over.</i> | |

- 7. I will attend the Bari Transitions support group on the following dates:

| | |
|----|----|
| 1. | 2. |
|----|----|

Your Pre-op Checklist

8. I have an appointment for medically supervised weight loss* on the following dates:

| | | |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |

**I realize if I miss a month, my insurance may require me to start over.*

9. My sleep study is scheduled with:

_____ at _____
 Provider Date

10. My EGD is scheduled at:

_____ at _____
 Location Provider

 Date Arrive at

11. My consult with:

_____ at _____
 Location Provider

 Date Arrive at

12. Springfield Clinic submitted the request to my insurance on

_____ Date

13. My insurance approved me for:

14. My pre-surgical testing (PST) is scheduled on

_____ at _____
 Date Location

15. My pre-op class is scheduled on

_____ at _____
 Date Location

16. My appointment with the surgeon is on

_____ at _____
 Date Location

16. Surgery is scheduled on

_____ at _____
 Date Location

 Arrive At

Your Surgery Timeline

In the months leading up to surgery, begin taking actions that can make your transition to life after surgery easier.

First Steps: To begin as soon as you receive this book!

1. Stop smoking and stop using all nicotine replacement products.

Why? The number one risk factor for developing a leak or an ulcer after surgery is use of nicotine. Nicotine decreases blood flow to the tissues we've cut and stapled during surgery. When these tissues don't heal properly, leaks and ulcers are much more likely to develop. If you need assistance with smoking cessation, let us know; Springfield Clinic has programs available.

2. Choose a 9-10 inch plate for meals and focus on balancing all foods. Trial lower fat cooking methods (baked, broiled, grilled, poached, steamed and air frying). Eat protein first, then non-starchy vegetables, then carbs.

Why? This will help transition your taste buds and decrease your calories.

3. Drink 80–100 ounces of non-carbonated, no calorie fluids daily.

Why? We often mistake thirst for hunger. Being better hydrated helps your body in a multitude of ways and makes the transition to focusing on getting your fluids in a priority.

4. Begin taking vitamins/mineral supplements as your team/dietitian recommends.

Why? Most individuals with obesity are nutritionally depleted with low levels of vitamin D and other nutrients. Starting your vitamin regimen now develops the habit of taking them postoperatively and may improve your recovery.

5. Focus on getting your fluids in between meals while eliminating drinking while you eat. Stop drinking 30 minutes prior to starting your meals and wait until 30 minutes after your meal ends to resume drinking.

Why? From speaking with thousands of patients, separating eating and drinking is often the most difficult adjustment to life after surgery. Doing so now will make it second nature by the time you have surgery.

One Month Before Surgery – Must Dos

1. Stop taking any hormone replacement medications like estrogen/birth control pills, patch or ring.

Why? These hormones can increase your risk of developing deep vein thrombosis (DVT), or a blood clot, after surgery.

2. Educate yourself. Read and re-read this book, review the content in the Baritastic App, review the informed consent document thoroughly and make a list of any questions you have for the surgeon.

Why? This is an elective procedure and, the more you know, the better prepared you will be.

3. First goal: Maintain weight.

Why? Just as losing weight right before surgery can make laparoscopic surgery easier, gaining weight right before surgery can make the procedure more difficult. Additionally, many insurers will deny the request for authorization if you gain weight during the time of your medically supervised weight loss.

4. Work to be less sedentary in your everyday life—reduce your sit time!

Why? Any of these activities will improve your cardiovascular system and reduce some surgical risks.

Two Weeks before Surgery – Must Dos

1. Stop taking all non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, Motrin®, Advil®, Aleve®, naproxen, meloxicam, Toradol®, nabumentone and Pepto-Bismol®. These are now “never ever drugs.”

***Ask your physician when to safely stop any aspirin or any blood-thinning medication, such as Coumadin®, Eliquis®, Pradaxa® and Xarelto® prior to surgery. You will be given a medication plan from your physician for these medications prior to surgery.*

Why? Any of these medications can predispose you to bleeding at the time of surgery or immediately after surgery.

Your Surgery Timeline

Two Weeks before Surgery – Must Dos (continued...)

2. Begin your two-week pre-surgical diet. (Full details with suggested menus can be found later in this book.)

Why? Why am I doing a diet before I have bariatric (weight loss) surgery? Any weight you can lose during this period helps to shrink the size of your liver, which can make surgery easier.

3. Continue taking any over-the-counter multivitamins and calcium supplements as directed by the program dietitian.

Why? To maximize your nutritional status prior to surgery.

4. Stop taking any and all herbal medication. Also stop taking phentermine 14 days prior to surgery.

Why? Herbal medications can contain compounds that affect your heart rate, your risk of bleeding and the effects of anesthesia. Phentermine can affect your heart rate and blood pressure.

5. Purchase omeprazole 20-milligram tablets prior to your surgery.

Why? You will be on this over-the-counter medication for 90 days after surgery. Once purchased, after you go home from surgery, take a omeprazole 20-milligram tablet once daily for 90 days.

6. Give any disability forms or FMLA forms to the patient access specialist in the Bariatric Surgery Department. Please do not give these forms to the surgeon or anyone at the hospital or the Surgery Center.

Why? We want to make sure these are completed for you in a timely fashion. Giving them to anyone other than our patient access specialist will delay completion.

7. **If you have diabetes**, contact the provider managing your diabetes to discuss management during the two-week pre-surgical diet. This diet consists of 1000 calories per day, which includes 125 grams of carbohydrates and 115 grams of protein per day.

Why? The change in your diet during this period will likely require a change in your medication (insulin and/or oral medication) management. The person managing your diabetes is the expert on managing your diabetes.

Two Days before Surgery – Must Dos

1. Stop taking metformin. All patients must stop taking metformin 48 hours prior to surgery.
2. Drink 80 ounces of water.



One Day before Surgery – Must Dos

1. Consume clear liquids only!

Drink one to two protein waters throughout the day. Both options listed below can be purchased at Walmart, Amazon and most grocery stores.

- Protein2O (20 grams protein, 6 grams sugar, 90 calories)
- Premier Clear (20 grams protein, 2 grams sugar, 90 calories)

Drink a minimum of 60 ounces (you may have unlimited amounts) of the following clear liquid options:

- Water – you may use Mio Water Enhancer to flavor
- Crystal Light
- Fruit2O®
- Propel fitness water
- Bone broth (liquid only)
- Beef, chicken, turkey, vegetable, mushroom broth (liquid only)
- Sugar-free popsicles
- Sugar-free Jell-O®
- Decaffeinated tea or coffee – no creamer, use sugar substitutes only

2. Do not eat or drink anything after midnight the night before surgery.

3. If you are having a gastric bypass or a DJBS procedure, you must drink a 10-ounce bottle of citrate of magnesia (available at most pharmacies or grocery stores for \$1 to \$2) at 4 p.m. the afternoon before surgery.



Your Surgery Timeline

One Day before Surgery – Must Dos (continued...)

4. Prepare your skin for surgery and decrease your risk of infection by doing the following:



The evening before surgery,

- Take a shower and shampoo your hair with your own soap and shampoo and rinse off thoroughly.
- Next, use half of the bottle of Hibiclens soap (you will receive this at your pre-op appointment) and wash thoroughly from your neck to your groin front and back (if you can't reach your back, ask someone to assist). Allow the Hibiclens soap to set on your body for two full minutes prior to rinsing it off.
- Dry your skin thoroughly with a clean towel, put on freshly laundered pajamas and sleep on freshly laundered sheets. Do not allow children or pets in the bed.



The morning of surgery,

- Take a shower and shampoo your hair with your own soap and shampoo and rinse off thoroughly.
- Next, use the other half of the bottle of Hibiclens soap and wash thoroughly from your neck to your groin front and back (if you can't reach your back, ask someone to assist). Allow the Hibiclens soap to set on your body for two full minutes prior to rinsing it off.
- Dry your skin thoroughly with a clean towel. Wear freshly laundered clothes to the hospital or surgery center.

WARNING:

Do not use if you are allergic to Hibiclens or chlorhexidine.

Do not use on the head or face; keep out of the eyes and ears. May cause serious eye or ear injury. Rinse eyes, ears or mouth with cold water right away should contact occur.

Do not use on open wounds.

Hibiclens is for topical use only; do not ingest.

If skin irritation occurs with the first use, use Lever 2000 or Dial soap in place of the Hibiclens for morning shower.

Surgery Day is Here!

If your surgery is scheduled (overnight discharge) at the hospital, you will likely be discharged the next morning, so you will not need to bring a lot with you.

Items to bring:

- Insurance card and identification
- CPAP or Bipap machine, tubing, mask, and distilled water if you are on either of these treatments
- Phone charger
- Chapstick
- Loose fitting, comfortable, freshly laundered clothes to wear home
- Comfortable, non-skid slippers or shoes to wear when you're up walking—which will be often!

Items to leave at home:

- Valuables
- Cash
- Jewelry

What to expect the day of surgery:

Once you're checked in and are placed in a room, the nurse will review your past medical history, current medications and allergies. You will change into a hospital gown and store any personal belongings. You will meet the anesthesiologist and/or nurse anesthetist. Once ready, you will be taken to the operating room.

Once surgery is finished, you will recover in the post-anesthesia care unit (PACU) until you are awake and alert enough to be transferred to the bariatric unit.

Within a few hours of arrival to the nursing unit, you will get up to walk for the first time. This is super important! We want you up, out of bed and taking frequent walks. Why? Walking is the best way to minimize your risk of developing deep vein thrombosis (DVT), or a blood clot.

Use your incentive spirometer, 10-12 big, deep breaths in every hour you're awake. Why? Taking deep breaths helps to prevent pneumonia and also facilitates clearing anesthesia from your lungs. Once cleared to begin drinking, you will sip on water and clear liquids from a small medicine cup. Initially, you will drink one small medicine cup of fluids every 15 minutes or so. Over the next couple of days you will be able to shorten the time between drinks to every 10 minutes, then every three to five minutes.

It is very likely you will be discharged the morning after surgery, so plan ahead and make sure you have a ride home arranged. You cannot drive yourself home from the hospital or surgery center. If you live more than an hour away, make sure you stop every hour, get out of the car, and walk around for five minutes in addition to doing your ankle pumps while sitting.

What to expect the day of surgery (continued...):

If your surgery is scheduled as outpatient surgery (same-day discharge) at the hospital or surgery center, you will be discharged the same day, so you will not need to bring a lot with you.

Items to bring:

- Insurance card and identification
- Chapstick
- Loose fitting, comfortable, freshly laundered clothes to wear home
- Comfortable, non-skid slippers or tennis shoes

Items to leave at home:

- Valuables
- Cash
- Jewelry

Within a few hours of arrival in the post-anesthesia care unit (PACU), you will be ready for discharge home. Once home, we want you up, out of bed and taking frequent walks.

Why? Walking is the best way to minimize your risk of developing deep vein thrombosis (DVT), or a blood clot.

Use your incentive spirometer, 10-12 big, deep breaths in every hour you're awake. Why? Taking deep breaths helps to prevent pneumonia and also facilitates clearing anesthesia from your lungs.

Begin drinking. You will sip on water and clear liquids from a small medicine cup. Initially, you will drink one small medicine cup of fluids every 15 minutes or so. Over the next couple of days, you will be able to shorten the time between drinks to every 10 minutes, then every three to five minutes.

If you live more than an hour away, make sure you stop every hour, get out of the car and walk around for five minutes in addition to doing your ankle pumps while sitting.

You're home from the hospital – YAY!

NOW WHAT?

Sip on the clear liquid, taking in a minimum of 64 ounces every day. Once you can comfortably drink 64 ounces a day of clear liquids, you can slowly start adding in small amounts of protein supplement.

Shakes:

Premier and Isopure® are available as either ready to drink or powder forms.

- Fairlife® protein shake:
30 grams protein, 2 grams sugar, 150 calories
- Fairlife® Core Power:
26 grams protein, 5 grams sugar, 170 calories
- Premier protein shake:
30 grams protein, 1 gram sugar, 160 calories
- Protein2O:
20 grams protein, 6 grams sugar, 90 calories
- Premier Clear:
20 grams protein, 2 grams sugar, 90 calories
- Isopure zero carb protein drink:
40 grams protein, 160 calories

Clear liquids:

Some people prefer their fluids hot or cold, while others prefer room temperature.

- Water – you may use Mio Water Enhancer to flavor
- Crystal Light
- Fruit2O®
- Propel Fitness Water
- SoBe® Lifewater
- Vitaminwater®
- Sugar-free Kool-Aid
- Any non-carbonated, sugar-free water
- Bone broth (liquid only)
- Beef, chicken, turkey, vegetable, mushroom broth (liquid only)
- Sugar-free popsicles
- Sugar-free Jell-O®
- Decaffeinated tea or coffee – no creamer; use sugar substitutes only

Dehydration is the #1 reason patients are readmitted to the hospital after surgery.

Know the signs of dehydration:

- Dark colored urine – Your urine should be pale yellow to clear.
- Decreased urine – You should be urinating 5+ times per day.
- Fatigue
- Dizziness
- Headache
- Dry mouth
- Dry skin
- Constipation
- Changes in your blood pressure and/or heart rate



RECORD YOUR FLUID INTAKE, ACTIVITY, INCENTIVE SPIROMETER USE AND ANY QUESTIONS FOR US DAILY FOR THE FIRST WEEK.

| Day 1 | Fluid Intake | Walking/ Ankle Pumps | Incentive Spirometer | Other Notes |
|----------|--------------|----------------------|----------------------|-------------|
| 6:00 AM | | | | |
| 7:00 AM | | | | |
| 8:00 AM | | | | |
| 9:00 AM | | | | |
| 10:00 AM | | | | |
| 11:00 AM | | | | |
| 12:00 PM | | | | |
| 1:00 PM | | | | |
| 2:00 PM | | | | |
| 3:00 PM | | | | |
| 4:00 PM | | | | |
| 5:00 PM | | | | |
| 6:00 PM | | | | |
| 7:00 PM | | | | |
| 8:00 PM | | | | |
| 9:00 PM | | | | |
| 10:00 PM | | | | |
| 11:00 PM | | | | |
| 12:00 AM | | | | |
| 1:00 AM | | | | |
| 2:00 AM | | | | |
| 3:00 AM | | | | |
| 4:00 AM | | | | |
| 5:00 AM | | | | |

| Day 2 | Fluid Intake | Walking/ Ankle Pumps | Incentive Spirometer | Other Notes |
|----------|--------------|----------------------|----------------------|-------------|
| 6:00 AM | | | | |
| 7:00 AM | | | | |
| 8:00 AM | | | | |
| 9:00 AM | | | | |
| 10:00 AM | | | | |
| 11:00 AM | | | | |
| 12:00 PM | | | | |
| 1:00 PM | | | | |
| 2:00 PM | | | | |
| 3:00 PM | | | | |
| 4:00 PM | | | | |
| 5:00 PM | | | | |
| 6:00 PM | | | | |
| 7:00 PM | | | | |
| 8:00 PM | | | | |
| 9:00 PM | | | | |
| 10:00 PM | | | | |
| 11:00 PM | | | | |
| 12:00 AM | | | | |
| 1:00 AM | | | | |
| 2:00 AM | | | | |
| 3:00 AM | | | | |
| 4:00 AM | | | | |
| 5:00 AM | | | | |

| Day 3 | Fluid Intake | Walking/ Ankle Pumps | Incentive Spirometer | Other Notes |
|----------|--------------|----------------------|----------------------|-------------|
| 6:00 AM | | | | |
| 7:00 AM | | | | |
| 8:00 AM | | | | |
| 9:00 AM | | | | |
| 10:00 AM | | | | |
| 11:00 AM | | | | |
| 12:00 PM | | | | |
| 1:00 PM | | | | |
| 2:00 PM | | | | |
| 3:00 PM | | | | |
| 4:00 PM | | | | |
| 5:00 PM | | | | |
| 6:00 PM | | | | |
| 7:00 PM | | | | |
| 8:00 PM | | | | |
| 9:00 PM | | | | |
| 10:00 PM | | | | |
| 11:00 PM | | | | |
| 12:00 AM | | | | |
| 1:00 AM | | | | |
| 2:00 AM | | | | |
| 3:00 AM | | | | |
| 4:00 AM | | | | |
| 5:00 AM | | | | |

| Day 4 | Fluid Intake | Walking/ Ankle Pumps | Incentive Spirometer | Other Notes |
|----------|--------------|----------------------|----------------------|-------------|
| 6:00 AM | | | | |
| 7:00 AM | | | | |
| 8:00 AM | | | | |
| 9:00 AM | | | | |
| 10:00 AM | | | | |
| 11:00 AM | | | | |
| 12:00 PM | | | | |
| 1:00 PM | | | | |
| 2:00 PM | | | | |
| 3:00 PM | | | | |
| 4:00 PM | | | | |
| 5:00 PM | | | | |
| 6:00 PM | | | | |
| 7:00 PM | | | | |
| 8:00 PM | | | | |
| 9:00 PM | | | | |
| 10:00 PM | | | | |
| 11:00 PM | | | | |
| 12:00 AM | | | | |
| 1:00 AM | | | | |
| 2:00 AM | | | | |
| 3:00 AM | | | | |
| 4:00 AM | | | | |
| 5:00 AM | | | | |

| Day 5 | Fluid Intake | Walking/ Ankle Pumps | Incentive Spirometer | Other Notes |
|----------|--------------|----------------------|----------------------|-------------|
| 6:00 AM | | | | |
| 7:00 AM | | | | |
| 8:00 AM | | | | |
| 9:00 AM | | | | |
| 10:00 AM | | | | |
| 11:00 AM | | | | |
| 12:00 PM | | | | |
| 1:00 PM | | | | |
| 2:00 PM | | | | |
| 3:00 PM | | | | |
| 4:00 PM | | | | |
| 5:00 PM | | | | |
| 6:00 PM | | | | |
| 7:00 PM | | | | |
| 8:00 PM | | | | |
| 9:00 PM | | | | |
| 10:00 PM | | | | |
| 11:00 PM | | | | |
| 12:00 AM | | | | |
| 1:00 AM | | | | |
| 2:00 AM | | | | |
| 3:00 AM | | | | |
| 4:00 AM | | | | |
| 5:00 AM | | | | |

| Day 6 | Fluid Intake | Walking/ Ankle Pumps | Incentive Spirometer | Other Notes |
|----------|--------------|----------------------|----------------------|-------------|
| 6:00 AM | | | | |
| 7:00 AM | | | | |
| 8:00 AM | | | | |
| 9:00 AM | | | | |
| 10:00 AM | | | | |
| 11:00 AM | | | | |
| 12:00 PM | | | | |
| 1:00 PM | | | | |
| 2:00 PM | | | | |
| 3:00 PM | | | | |
| 4:00 PM | | | | |
| 5:00 PM | | | | |
| 6:00 PM | | | | |
| 7:00 PM | | | | |
| 8:00 PM | | | | |
| 9:00 PM | | | | |
| 10:00 PM | | | | |
| 11:00 PM | | | | |
| 12:00 AM | | | | |
| 1:00 AM | | | | |
| 2:00 AM | | | | |
| 3:00 AM | | | | |
| 4:00 AM | | | | |
| 5:00 AM | | | | |

| Day 7 | Fluid Intake | Walking/ Ankle Pumps | Incentive Spirometer | Other Notes |
|----------|--------------|----------------------|----------------------|-------------|
| 6:00 AM | | | | |
| 7:00 AM | | | | |
| 8:00 AM | | | | |
| 9:00 AM | | | | |
| 10:00 AM | | | | |
| 11:00 AM | | | | |
| 12:00 PM | | | | |
| 1:00 PM | | | | |
| 2:00 PM | | | | |
| 3:00 PM | | | | |
| 4:00 PM | | | | |
| 5:00 PM | | | | |
| 6:00 PM | | | | |
| 7:00 PM | | | | |
| 8:00 PM | | | | |
| 9:00 PM | | | | |
| 10:00 PM | | | | |
| 11:00 PM | | | | |
| 12:00 AM | | | | |
| 1:00 AM | | | | |
| 2:00 AM | | | | |
| 3:00 AM | | | | |
| 4:00 AM | | | | |
| 5:00 AM | | | | |

Activity, Hygiene and Incision Care



The day after surgery, if you still have dressings over the incision sites, remove the dressings. You will have Steri-Strips™—short, pieces of surgical tape—over each incision site. Leave those in place. They will curl up and fall off on their own within 10-14 days after surgery.

Get in the shower (no tub baths until all incisions are fully healed), allowing the warm soapy water to flow over the incisions. Once rinsed off, pat the area dry with a freshly laundered towel. Do not apply a dressing, and wear loose, freshly laundered clothes.

You may place ice packs on the incision sites if needed to help with pain relief the first week after surgery.

You may feel very tired after surgery—this is not unusual. You’ve had surgery, general anesthesia and now your calorie intake is much lower than it was previously. It is crucial you do two things to combat fatigue after surgery:

1. Sip to get your fluids in.
2. Get up and walking once every one to two hours while awake. You may need to set a timer or other reminder for both of these activities.

We routinely advise our patients to be off from work for six weeks after surgery. If you need to return to work earlier, this can be reviewed and discussed at your first follow-up visit.

When to call the surgeon's office:

- Any difficulty or trouble breathing (if severe, call 911)
- Chest pain or rapid heartbeat (more than 100 beats per minute)
- Vomiting bright red blood or vomiting with a coffee ground appearance
- Bright red blood in your stool
- Leg pain or swelling
- Severe pain in the abdomen, chest, back, shoulder, leg or arm
- Wound infection: signs and symptoms such as temperature greater than 101, reddened or warm-to-the-touch incision, any drainage other than clear, swelling or odor or pain at the site
- Difficulty drinking adequate fluids – you must get in 64 ounces minimum per day. Initially, 1 ounce every 15 minutes, which equals 4 ounces per hour, which equals 64 ounces over a 16 hour period.
- Urine output that is dark or you are urinating fewer than four times in 24 hours
- Severe nausea, vomiting or dry heaves lasting longer than a two-hour period

Common factors contributing to nausea or vomiting

- Eating or drinking too fast
- Eating or drinking too much
- Not chewing well enough before swallowing
- Drinking liquids with meals
- Advancing your diet too soon
- Carbonated drinks

Frothing vs Vomiting

Frothing: undigested foods are regurgitated often due to food being too dry, bite being too big, eating too quickly, not chewing well enough, eating distracted.

- Any emergency room visit. Should you go to the ER in the first year after surgery, make sure they contact your surgeon's office. Ideally, go to the hospital where your surgery was performed.
- Any questions regarding your recent bariatric surgery.

If you are experiencing non-surgical related issues (for example, questions regarding your blood pressure or blood sugars), please contact your primary care provider.

Short-Term Follow-Up

The first day after you're home from surgery, you can expect a call from the nurse to check in regarding how you're feeling overall and to see how you're doing with your fluids.

At the 7-10 day mark after surgery, you can expect a call from the nurse to review how you're doing with the current stage of your diet and to be progressed to the next stage if you've been tolerating liquids and consistently meeting the 64 ounces per day goal. It is critical you do not advance your diet without the surgeon, nurse or dietitian instructing you to do so. Advancing your diet too quickly can put you at risk for developing a leak at the staple line(s) from surgery.

At the 3-4 week mark after surgery, you will have a follow-up appointment with the APP and the dietitian. This appointment date and time will be given to you prior to discharge from surgery.



Let's talk about long-term follow-up!

MBS will not do all the work for you. YOU—yes, YOU—must be an active participant in your health care, and MBS is no different. For a multitude of reasons, prior to surgery, our bodies crave calories differently, they process calories differently and they store calories differently. As a result, for us to have the greatest results after MBS, we must rely on a team to share their knowledge and expertise with us. We must rely on that team to coach us, encourage us, support us and educate us—over and over again, not just one time!



Other Important To-Dos

Continue to use your incentive spirometer for the first full month you're home from the hospital. Remember, it's not how hard you breathe out, it's how deeply you breathe in. Take 10-12 slow, deep breaths an hour every hour while awake. The goal is to float the bubble between 2000 and 2500.

If you have high blood pressure, monitor your blood pressure twice a day, recording it to bring with you to your appointment. If your blood pressure is greater than 150/90 or lower than 90/50, contact your surgeon's office.



If you have diabetes, monitor your blood sugar in the morning while fasting and at bedtime or as directed. Call the provider (usually your primary care physician or endocrinologist) treating your diabetes if your glucose is over 250 or lower than 70.

Take all medications as ordered by your surgeon. Do not take anti-inflammatory drugs (NSAIDs), such as ibuprofen, Motrin®, Advil®, Aleve®, naproxen, meloxicam, toradol, nabumentone and Pepto-Bismol®. If you are on aspirin or Coumadin®, you will be given a plan by your physician when this can safely be restarted.



Keep a bottle of MiraLAX® (available at Walmart, drugstores or grocery stores) on hand for any issues with constipation. During the first couple of weeks after surgery when you're on liquids only, it's not unusual to have some diarrhea. Once you begin on chewable foods, you may experience constipation. If you go three to four days without a bowel movement, take one dose of MiraLAX daily until you do.



What about pain management?

We find most patients who have had previous abdominal surgery, such as gallbladder removal or hernia repair, or women who have gone through childbirth, rate their pain after bariatric surgery as similar or less than these experiences. When you've not had previous surgery, you have nothing to compare the surgical pain to, and we want you to be prepared and know there are multiple ways to address pain after surgery.

For incisional pain, the areas where the dressings were and the Steri-Strips remain, we recommend:

- Ice packs
- Lidocaine patches (available at drug stores, Walmart, and most grocery stores in the pharmacy section): Cut into small strips to cover the area of pain or soreness. Do not place directly over the incision.

For surgical pain, you will receive three different prescriptions that work by three different mechanisms to minimize your pain.

- DO NOT drive or perform activities requiring close attention while taking oral pain medication.
- You may transition from the prescribed medications to acetaminophen (Tylenol®) as your pain decreases (around three to four days after surgery). The dose is 1-2 500 milligram tablets every six hours as needed for pain relief.

For constipation – keep MiraLAX® on hand and follow the instructions on the bottle. This is a softer, gentler laxative that doesn't cause cramping as other products may.

For gas pain – It is not unusual to experience gas pain in the shoulder or neck after laparoscopic surgery.

- Getting up and moving around – Walking is the best method to improve this type of gas pain.
- You may try a heating pad on your shoulder or neck for short-term relief.

For abdominal gas pain – It is not unusual to experience gas after bariatric surgery.

- DO NOT use straws.
- Avoid gulping or swallowing a lot of air when drinking your fluids.
- Avoid sugar alcohols (check labels).
- Check your food journal. Do any of the drinks you're using contain dairy or dairy products? You may have a transient lactose intolerance. If this is the case, either avoid products containing dairy or try lactase enzyme tablets or substituting non-dairy based milk such as almond, cashew or soy.

By following up with the dietitian long-term, you learn:

- What foods to avoid
- Foods to incorporate
- New methods of cooking
- How to meal prep
- What to do when dining out
- How to reintroduce different foods
- And so much more

By following up with the social worker long-term, you learn:

- Why relationships change after surgery
- How to deal with increased attention
- Why you're mourning the loss of food
- What to do about the range of emotions you're feeling and how to deal with them when food is no longer your best friend
- How childhood food patterns (were you sent to bed without dessert when "bad" and rewarded with sweet treats for being "good") continue to affect us as adults
- And so much more

By following up with the physical therapist long-term, you learn:

- How to begin and increase your fitness routine safely
- Why walking may or may not be the best activity for you
- Why you may not be taking in enough calories, or the right foods, to sustain your new activity routine – don't worry, they'll consult with the dietitian to give you the best advice for your unique situation
- What's the best stretching, toning and aerobic activity for you at the current stage of your journey
- And so much more

By following up with the bariatrician or nurse practitioner long-term, you learn:

- How your body is adapting to MBS
- When you may need to increase or decrease your vitamin and mineral supplements
- When it's safe to become pregnant, and when you should wait
- When we may need to add anti-obesity medications to your post-op regimen. That's right, MBS is not the final treatment; it's one step along the continuum of care for treating your obesity.
- This leads us to the topic of weight regain. It can happen and, if it does, you need to realize:
 - You're not alone.
 - We're here to help. ALL of us. Your team is here to help.
 - Our services and support only work if you continue to connect with us. Don't wait until you, "lose the weight," to come back in. That's why we're here!

The scale merely reflects the force of your gravitational pull to Earth.

Your weight does not reflect:

- Your value
- Your worth
- You

Post-Op Surgical

PATHWAY AT A GLANCE

| PROVIDER & SERVICES | WEEK 1 | MONTH 1 | MONTH 3 | MONTH 6 | MONTH 12 | MONTH 18 | MONTH 24 | ANNUAL |
|----------------------|------------|---------|---------|---------|----------|----------|----------|--------|
| SURGEON/PA | NURSE CALL | ✓ | | | | | | |
| BARIATRICIAN/ NP | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| DIETITIAN | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| P.T. EXERCISE SCRIPT | | | | ✓ | ✓ | | ✓ | ✓ |
| LCSW | | | | ✓ | ✓ | | ✓ | ✓ |
| LABWORK | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| DEXA SCAN | | | | | ✓ | | ✓ | ✓ |
| SUPPORT GROUP | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

| DIET STAGES AFTER SURGERY | DAY ONE | DAY TWO | DAY 7-10* | WEEK 4-6* |
|---------------------------|---------|---------|-----------|-----------|
| STAGE 1 CLEAR LIQUIDS | ✓ | | | |
| STAGE 2 FULL LIQUIDS | | ✓ | | |
| STAGE 3 SOFT FOODS | | | ✓ | |
| STAGE 4 "REGULAR" | | | | ✓ |

Follow-up appointments at months 3 and 18 do not apply to sleeve gastrectomy patients unless you are experiencing complications.

**Do not advance to stage 3 or stage 4 until cleared to do so by the surgeon, nurse or dietitian.

Your Bari Book is your resource for allowed foods at each stage.



Your Nutrition Program for Bariatric Surgery

Pre-Op Surgical

BEGIN NOW AND FOLLOW UNTIL THE TWO-WEEK PRE-OP DIET

The more changes you can make now to prepare for the changes in your eating style after surgery, the easier the transition will be and you will likely lose weight along the way! Many insurance plans will deny the request for surgery if you gain weight during the weeks and months leading up to surgery, so this is not the time to eat all your favorites “one last time.” There are very few foods that have to be avoided forever after surgery, although some may upset your stomach. Most foods can be enjoyed occasionally in moderation.

Modify Those Liquid Calories

One quick and easy way most of us can minimize excess calories is to find tasty alternatives.



TRANSITION TO:

- Try using a protein drink in place of creamer or sugar-free creamers
- Try Splenda®, Stevia, Monk Fruit, Equal® or Sweet'n Low® or unsweet tea with Mio or Crystal Light
- Fairlife milk
- Water flavored with fresh fruit, herbs

Cruise the Tea and Water Aisle

You don't have to drink plain water. You can if you want; however, there are multiple options to flavor your water.

- Mio water enhancer
- Wyler's powder
- Crystal light
- Fresh mint, basil, rosemary
- Fresh berries, citrus
- Decaf/herbal teas
- Decaf coffee
- Diet juices
- True lime and true lemon powder can be used for both drinks and to season foods!

Pre-Surgery Meal Examples

Protein Shake & Water Recommendations



Fairlife

30 grams protein
2 grams sugar
150 calories



Premier

30 grams protein
1 gram sugar
160 calories



Protein2o

20 grams protein
1 gram sugar
90 calories



Premier Clear

20 grams protein
2 grams sugar
90 calories

Breakfast Options

- Two eggs scrambled, poached, hard or soft boiled, or fried with cooking spray
- 6 ounces of Greek yogurt—use sugar-free syrup such as Torani's, DaVinci's; fresh or frozen berries; powdered or liquid drink mix to flavor
- Overnight oats - mix 1/2 cup steel cut oats with 1/2 cup Greek yogurt or 1/2 cup Fairlife milk and refrigerate overnight. Add fresh berries, almond slivers, chia seeds and/or cinnamon for additional flavoring.

Lunch Options

- 4 ounces of (choose one) lean chicken, turkey, salmon, tilapia, or tuna, baked, boiled, broiled, grilled, or poached
- Unlimited non-starchy vegetables (see list on page 119)
- 1 cup low-fat cottage cheese seasoned with everything but the bagel or ranch or other savory-style seasoning; combine with leafy green salad or tomato slices
- 1/2 cup of whole grain pasta



REMINDER

Spread out your meals throughout the day and make sure to include a serving of carbs at each meal.

Dinner Options

- 4 ounces of (choose one) lean chicken, turkey, salmon, tilapia or tuna, baked, boiled, broiled, grilled or poached
- Unlimited non-starchy vegetables (see list on page 119)
- 1 cup low-fat cottage cheese seasoned with everything but the bagel or ranch or other savory-style seasoning; combine with leafy green salad or tomato slices
- 1/2 cup rice

Snacks

- 1 cup sugar-free pudding
- 1 cup sugar-free Jell-O®
- 6 ounces sugar-free yogurt
- 1 piece fruit or 100 calorie bag of popcorn



Prepare Old Foods in New Ways

Transition from frying to air frying, baking, broiling, grilling and poaching.

Transition from gravies and sauces to a drizzle of olive oil or balsamic vinegar.

Ask your dietitian about easy ways to modify your favorite recipes so you can continue to include them!

Try New Food Choices

Try including higher fiber grains and starches to help maximize your fullness and start experimenting with adding fruit and/or vegetables to your meals.

Try reducing how often you eat out and try experimenting more with meal prepping and packing your lunch. With a small time investment, you'll save money and calories.



Eat Regularly Throughout the Day

Begin your day with breakfast. Try prepping ahead of time by making overnight oats (use a protein drink or Fairlife milk), Greek yogurt parfaits or omelets to go (mix two eggs, a sprinkle of cheese and your favorite chopped veggies and put them in a glass jar to microwave before you leave for work or once you're there).

Super quick alternative: grab a protein shake and fruit!



Focus Your Fluid Intake Between Meals

After surgery, you will need to stop drinking 30 minutes before your meal and not resume drinking for an hour after your meal. This allows an empty pouch to hold the food and keeps you feeling full longer.

Our patients tell us this is the most difficult transition they make, so get started now.

Pre-Surgery Diet

BEGIN TWO WEEKS PRIOR TO SURGERY DATE



Key Points

- 1,000 calories per day
- 115 grams of protein per day
- 60 grams coming from either protein shakes 30 grams each x2 or protein water 15 g each x4
- The remaining 55 g can come from a lean protein source or an additional protein supplement if preferred
- 125 grams of carbs per day
- Typically looks like 30 gram carb meals x 3 and 15 gram carb snacks x 2
- 64-80 ounces non-carbonated, non-caloric fluids daily (can include protein supplement ounces)
- Unlimited non-starchy vegetables

Non-starchy Vegetables

- Artichoke
- Artichoke hearts
- Asparagus
- Baby corn
- Bamboo sprouts
- Beets
- Broccoli
- Brussels sprouts
- Cabbage
- Carrots
- Cauliflower
- Celery
- Coleslaw
- Eggplant
- Green onions
- Greens
- Green beans
- Jicama
- Kohlrabi
- Leeks
- Lettuce
- Mixed vegetables
- Mung bean sprouts
- Mushrooms
- Okra
- Onions
- Radish or diakon
- Peapods
- Peppers
- Rutabaga
- Sauerkraut
- Soybean sprouts
- Spinach
- Squash
- Sugar snap peas
- Swiss chard
- Tomato
- Tomato sauce
- Turnips
- Water chestnuts

REMINDER

Vegetables can be fresh, frozen or canned (recommended low-sodium, no salt added or rinsing).



On Your Plate

Options for 15 grams of carbs

- 1 small piece of fruit
- ½ cup fresh or canned fruit
- 1 cup melon or berries
- 2 tablespoons of dried fruit
- 1 piece high fiber bread
- ⅓ cup rice or pasta
- ½ cup starchy vegetables (corn, peas, potato)
- 1 small baked or sweet potato (the size of a computer mouse)
- ½ English muffin
- 3 cups air popped popcorn
- 6 saltine-size crackers
- 6 ounces plain or low-sugar yogurt
- ½ cup of oatmeal
- ½ cup beans (black, pinto/kidney)

Options for 20 grams of protein

- 3 ounces of chicken breast
- 3 ounces tuna (packed in water)
- 5 ounces of codfish
- 4 ounces of scallops
- 3 ounces of shrimp
- 3 ounces of turkey
- 6 ounces of low-fat cottage cheese
- 4 ounces of lean ground beef
- 3 ounces of sardines
- 3 whole eggs or 5 egg whites
- 4 ounces of salmon
- 6 ounces of edamame
- ¾ cup low fat cottage cheese

Flavor Options

- Mustard
- Vinegars
- Everything but the Bagel seasoning
- Packet seasonings (great for a savory yogurt option)
- Sugar substitutes
- Sugar-free syrups (Torani's, DaVinci's—these are great in coffee, tea, yogurt)
- Dried/fresh herbs and spices
- Mrs. Dash

30 grams of carbs

Breakfast options:
Two eggs

Lunch options:
4 ounces chicken

Dinner options:
4 ounces grilled fish

Add-on options:
2 slices whole grain toast

Add-on options:
½ cup rice and roasted green beans

Add-on options:
small sweet mashed potato and 6 ounces low fat/low added sugar yogurt



REMINDER

If you have diabetes, check with the health care provider that manages your diabetes and let them know you will be on a 125 grams of carbs per day diet for the next two weeks.

Hydration For Surgical Weight Loss

YOUR GOAL

64-80 ounces of water a day

AVOID

- Caffeine
- Alcohol
- Carbonation
- Sugar (including fruit juice)
- Straws

Drinking with your meals. Stop drinking 30 minutes before your meal. Start drinking again 30 minutes after finishing your meal.

TIPS TO STAY HYDRATED

Make it tasty:

- Add sliced fruit, berries or herbs
- Use sugar-free flavor enhancers like MiO or Crystal Light
- Drink decaf coffee or decaf tea



Water Bottle with Times



Baritastic App



Hidrate Spark Water Bottle

Keep Track:

- Write it down
- Use your Baritastic App
- Get a water bottle with times of day markings
- The Hidrate Spark Water Bottle will link to your phone and light up www.hidratespark.com

KNOW THE SIGNS AND SYMPTOMS OF DEHYDRATION:

- Decreased urine
- Dry mouth
- Dark urine
- Nausea
- Dizziness
- Lack of energy
- Headaches
- Dry skin

AM I HYDRATED?

Urine Color Chart

| | | |
|---|--|---|
| 1 | | |
| 2 | | If your urine matched the colors 1, 2, or 3, you are properly hydrated. |
| 3 | | Continue to consume fluids at the recommended amounts. |
| | | |
| 4 | | If your urine color is below the RED line, you are |
| 5 | | DEHYDRATED and at risk for cramping and/or a heat illness! |
| 6 | | You need to drink more water! |
| 7 | | |
| 8 | | |

Food Diary

| Date | Meal | Time (start & end of meal or snack) | Location (kitchen, living room, bedroom, car, work) | Activity (reading, watching tv, cooking) | Mood (happy, tense, bored, rushed, tired, neutral) | Hunger (1 = starving, 5 = satisfied) | Food/Beverage AND Amount | Fullness (6 = pleasantly full, 10 = so full you feel sick) |
|------|-----------|--|--|---|---|---|--------------------------|---|
| | Breakfast | | | | | | | |
| | Lunch | | | | | | | |
| | Dinner | | | | | | | |
| | Snack | | | | | | | |
| | Breakfast | | | | | | | |
| | Lunch | | | | | | | |
| | Dinner | | | | | | | |
| | Snack | | | | | | | |
| | Breakfast | | | | | | | |
| | Lunch | | | | | | | |
| | Dinner | | | | | | | |
| | Snack | | | | | | | |

STAGE 1

Post-Op Diet Clear Liquids

Days 1-2 after Surgery



This stage begins as soon as your surgeon clears you to begin sipping clear liquids. You will begin with slow sips from a medicine cup (the little clear medicine cups that only hold one ounce).

Day 1 and Day 2, you will sip one ounce every 15 minutes or so. This results in four ounces per hour. Sipping this way over 16 hours, you will reach your goal of 64 ounces.

- Water - you may use MiO to flavor
- Crystal Light - dilute with water
- Fruit2O
- Propel fitness water
- Bone broth (liquid only)
- Beef, chicken, turkey, vegetable, mushroom broth (liquid only)
- Sugar-free Jell-O®
- Decaffeinated tea, no creamer, sugar substitute only
- Ice
- Popsicles
- Tea only

Do not begin your vitamin or protein supplements.
Don't be afraid to ask for something for nausea.

FLUID TIPS:

Room temperature fluids may be better tolerated than extremes in temperature; however, sip your fluids at the temperature that tastes best to you and goes down the easiest.

ACTIVITY TARGETS:

Multiple short walks per day
Ankle pumps hourly

STAGE 2

Post-Op Diet Full Liquids

Begins Day 3 and Lasts until Day 7 after Surgery



SHAKE TIPS:

While ready-to-drink versions are more expensive, they come with the benefit of not needing additional items.

ACTIVITY TARGETS:

Multiple short walks per day
Ankle pumps hourly

Continue to focus on liquids during this time. All of the options on Stage 1 are included in Stage 2. The only thing different on Stage 2 is you have additional options for protein shakes. Please only use the options below.

- Fairlife protein drink (30 grams of protein, 2 grams of sugar, 150 calories)
- Premier protein drink (30 grams of protein, 1 gram of sugar, 160 calories)
- Nectar protein (si03.com/nectar.php)
- Unjury protein (unjury.com)
- Bariatric fusion high protein meal replacement BariatricFusion.com
- Bariatric advantage high protein supplement mix BariatricAdvatage.com or SpringfieldClinic.com and enter code SC Bari

Make sure your protein drink is working with you, not against you! Trial in no more than one to two ounces of liquid protein supplement each hour to start. Protein supplements could cause nausea initially due to their slower emptying time from the stomach.

Choose supplements made from 100% whey or soy isolate. Avoid whey concentrate and hydrolyzed collagen-based products because they don't contain complete proteins. They may be cheaper, so don't be fooled by the price. Read the label.

If you want to change up the flavors, try mixing shakes or adding sugar-free syrups from brands like Torani's, DaVinci's and Skinny Girl.

After surgery, you may find that sweet tastes are magnified. As a result, you may want to dilute drinks like Crystal Light or other drink mixes.

Check out unjury savory protein options or Trial Unjury's savory protein options.

STAGE 2

Post-Op Diet Full Liquids

Unjury chicken broth:

1. Measure eight ounces (one cup) of water and place in a microwave safe container. Heat for about 45 seconds. Check the temperature with a meat thermometer. Microwave for about 10 seconds at a time until desired temperature is reached. Do not heat above 130 degrees Fahrenheit.
2. Measure one scoop of Unjury chicken soup flavor protein and mix in water until completely dissolved.

Protein: 21 grams **Calories:** 100, per 8-ounce serving

Unjury cream of chicken soup:

1. Measure eight ounces (one cup) of skim or 1% milk, low-fat Lactaid milk or light soy milk and place in a microwave-safe container. Heat for about 45 seconds. Check the temperature with a meat thermometer. Microwave for about 10 seconds at a time until desired temperature is reached. Do not heat above 130° F.
2. Measure one scoop of Unjury chicken soup flavor protein and mix in liquid until completely dissolved.

**Do not use in liquids hotter than 130 degrees Fahrenheit. In hot liquids, the proteins tend to clump. Heat slowly and use a thermometer to monitor the temperature.*

Protein: 30 grams **Calories:** 200, per 8 ounce serving

High protein milk:

1. Measure eight ounces (one cup) of skim or 1% milk, low fat Lactaid milk, or light soy milk and one scoop of your favorite protein. We suggest some of the following: Unjury’s unflavored protein vanilla protein, chocolate splendor flavored protein, or chocolate classic flavored protein, Nectar’s chocolate truffle protein, double stuffed cookie protein, strawberry mousse protein, vanilla bean torte protein or cappuccino latte protein.
2. Blend, stir or shake ingredients until smooth. Place in refrigerator.

Protein: 30 grams **Calories:** 200, per 8 ounce serving

STAGE 2

Post-Op Diet Full Liquids

Mocha proticcino:

1. Measure eight ounces (one cup) of skim or 1% milk, low-fat Lactaid milk, or light soy milk and one scoop of the following: Unjury’s chocolate splendor flavored protein, chocolate classic flavored protein, vanilla protein or Nectar’s chocolate truffle protein, double stuffed cookie protein, vanilla bean torte protein. Add one tablespoon of decaffeinated instant coffee.
2. Blend, stir or shake ingredients until smooth. Place in refrigerator.

Protein: 30 grams **Calories:** 200, per 8-ounce serving

High-protein Jell-O:

1. Choose any flavor of sugar-free Jell-O (4 servings package) add mix with any Unjury or Nectar protein flavor.
2. Take eight ounces (one cup) of boiling water and follow the instructions for preparing the Jell-O on the package.
3. Set aside to cool for five minutes.
4. Measure one cup of cold water and place in a different bowl.
5. Add two scoops of any flavor Unjury to cold water, one scoop at a time, stirring slowly to dissolve.
6. Quickly chill. The protein may settle at the bottom creating a cloud but the taste will not change.

Protein: 11.5 grams per ½ cup **Calories:** 60 calories per ½ cup. **Makes 4 servings**

Protein packed punch:

1. Measure one cup (eight ounces) of cold water and one scoop of your favorite Nectar flavor protein: Roadside lemonade, Strawberry kiwi, Caribbean cooler, Lemon tea, Strawberry mousse, Twisted cherry, Apple ecstasy, Pink grapefruit, Crystal sky or Wild grape.
2. Blend, stir or shake ingredients until dissolved. Store in refrigerator.

Protein: 21 grams **Calories:** 100, per 8 ounce serving

**Recipes obtained from <http://www.unjury.com>*

STAGE 2

Post-Op Diet Full Liquid Examples

| Time | Amount and type of clear liquids | Amount and type of liquid protein | Notes: |
|---------|---|--|------------------------------|
| 8 a.m. | 7 ounces sugar-free Tang | 1 ounce high-protein milk | |
| 9 a.m. | 4 ounces MiO with water, 3 ounces decaf coffee | 1 ounce Mocha Proticcino | |
| 10 a.m. | 7 ounces decaf tea | 1 ounce high-protein milk | Felt nauseated after protein |
| 11 a.m. | 7 ounces fat-free broth | 1 ounce Unjury chicken broth | |
| 12 p.m. | 4 ounces sugar-free jello, 3 ounces diet V-8 Splash | 1 ounce high-protein JellO | |
| 1 p.m. | 7 ounces water | 1 ounce protein packed punch | Overly full this hour |
| 2 p.m. | 2 ounces sugar free popsicle, 5 ounces SOBE Lean | 1 ounce plain skim or 1% milk, low fat Lactaid milk, or light soy milk | |
| 3 p.m. | 8 ounces Crystal Light (without calcium) | | |
| 4 p.m. | 8 ounces Aquafina Flavor Splash | | |
| 5 p.m. | 8 ounces of fat-free broth | | |
| 6 p.m. | 8 ounces of water | | |
| 7 p.m. | 7 ounces decaf tea | 1 ounce Mocha Proticcino | |

STAGE 3

Post-Op Diet (Soft Foods)

Begins Day 8 after Surgery



FLUID TIPS:

If at any point after surgery you experience food intolerance, go back to the Stage 1 or Stage 2 liquid diet for 24–48 hours to allow your stomach to settle, then slowly reintroduce foods.

ACTIVITY TARGETS:

2,000 steps per day
Ankle pumps hourly

MEAL SIZE:

1/4 - 1/3 cup (four to six tablespoons) one to two protein shakes between meals as scheduled snacks.
Track grams of protein fluid intake

This stage begins as soon as your surgeon or dietitian clears you to advance your diet. Continue the focus on liquids during this time. All of the options for Stage 1 and Stage 2 are included in Stage 3.

This is when you begin separating drinking and eating. Stop drinking 30 minutes before your soft food meal and wait 30 minutes up to an hour after eating to resume drinking. At this point, you should be able to drink an ounce approximately every five minutes.

Choose one of the following for three to four meals per day. Don't push yourself. If you don't feel like eating the soft foods, continue with the protein shakes.

- One egg or two tablespoons of egg substitute
 - Poached, soft-scrambled, soft boiled
- 1/4 cup cottage cheese, low-fat or fat-free
- 1/4 cup Greek yogurt, such as Oikos Triple Zero
- 1/4 cup cooked beans (black, navy, pinto, red, cannellini), fat-free refried beans
- 1/4 cup protein oatmeal (make overnight oats by mixing 1/4 cup steelcut oats and 1/4 cup Fairlife milk in a glass jar and refrigerate overnight—makes two servings)
- 1/4 cup water-packed tuna
- 2 ounces low-fat cheese or two wedges laughing cow
- 2 ounces minced/chopped skinless chicken/fish
- 1/4 piece toast (no crust)
- 1-2 crackers

It is time to begin your vitamin supplements as per the recommendations on page 122. If the soft foods make you queasy or nauseous, just focus on the liquid options.

Allow 20-30 minutes for your meal, take small bites and chewy slowly.

STAGE 3

Soft Food Recipes

High-Protein Egg Salad

- 1 Mix together:
 - 4 large hard-boiled eggs (cooled and shelled)
 - 1/8 cup of mayonnaise
 - 1/4 cup fat-free plain yogurt
 - Salt and pepper to taste

NOTE: You can add pickle juice and or other spices to season.

- 2 Remember to chop egg into tiny pieces to avoid frothing. Per 1/4 cup serving:
 - **Calories:** 130 calories
 - **Protein:** 8 grams protein



Overnight Protein Oatmeal Makes Four Bari Servings

- 1 Combine 1/2 cup steel cut oats with 1/2 cup remier protein shake in a 15-ounce glass jar. Seal and shake.
- 2 Refrigerate overnight. Makes four servings, 1/4 cup each.
- 3 If needed, add additional protein shake to thin in the morning. Alternatives: instead of the protein drink, use Fairlife, Almond, Cashew or soy milk.



STAGE 3

Soft Food Recipes

Sugar-Free Protein Pudding Makes Eight Bari Servings



- 1 Combine one package of sugar-free pudding mix with two cups cold ready-to-drink Premier protein shake
- 2 Refrigerate until set. Makes eight servings, 1/4 cup each. Mix & match suggestions:
 - Chocolate pudding, caramel shake
 - Cheesecake pudding, strawberry shake
 - Vanilla pudding, any flavor shake

Baked Ricotta Cheese Makes Four Bari Servings

- 1 Mix together:
 - 8 ounces ricotta cheese
 - 1/2 cup shredded parmesan cheese
 - 1 large beaten egg
 - 1 tablespoon Italian seasoning
 - salt and pepper to taste
- 2 Place in oven-proof ramekins. Spread 1 tablespoon of marinara on top and top with mozzarella cheese. Bake in the oven at 450° for 15-20 minutes or until bubbly. This is a great dish to prepare and freeze prior to surgery so all you have to do is thaw and heat.



STAGE 3

Soft Food Recipes

NOTE: NO DRINKING WITH YOUR MEALS



Baked Eggs Makes 12 Bari Servings

1

Preheat oven to 425°. Spray muffin tin with cooking spray.

2

Crack one large egg in each muffin cup. Season to preference with pepper, Italian seasoning or Everything but the Bagel seasoning.

3

Top each egg with shredded cheddar, mozzarella or parmesan cheese. Bake 15-20 minutes until set.

This is another great dish to prep and freeze before surgery.

Post-Op Vitamin Regimen

Choose one option from each list or purchase a bundle at SpringfieldClinic.BariatricAdvantage.com with code SCBari.

Must be chewable first four weeks then you can transition to capsule option. Start when Stage 3 diet begins.

1

Multi-vitamin Bariatric Advantage

- Ultra Solo Capsules
- Chewable Ultra Solo
- Chewable Advanced Multi
- Multi Chewy Bite
- High ADEK Multivitamin (capsules or chewable)*

Bariatric Fusion

- Complete chewable multivitamin with iron
- Bariatric multivitamin capsule with iron

Celebrate

- Multi-Complete 45 with iron (capsule)
- CelebrateONE 45 with iron (capsule or chew)

4

Iron (if not present in multivitamin)

- **Bariatric Advantage 45 mg capsule**
- **Bariatric Fusion Soft Chew (45 mg)**
- **Celebrate; soft chew (45 mg)**

* SADI-S, RYGB, DJB-S required.

2

Calcium Bariatric Advantage

- Calcium Citrate Chewy Bite 500 mg
- Non-chewable Calcium Citrate tablet 500 mg

Bariatric Fusion

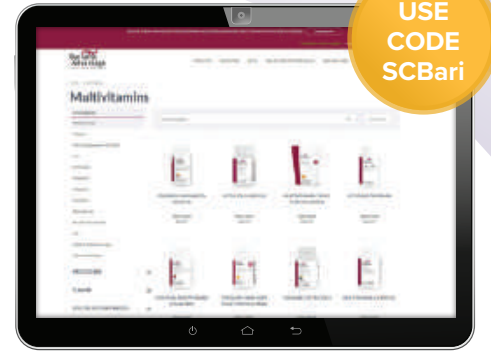
- Calcium Citrate Soft Chews

Celebrate

- Calcium Citrate Soft Chews

Tips

- Take calcium two hours apart from multivitamin with iron
- Think of your calcium as an after dinner treat—one after each meal



3

B-12 Bariatric Advantage

- Vitamin B12 1000 mcg

Bariatric Fusion

- Vitamin B12 1000 mcg

Celebrate

- Vitamin B12 1000 mcg

5

Probiotic Bariatric Advantage

- Preop Patients - FloraVantage Control
- Sleeve, Bypass, DJBS - FloraVantage Balance
- Duodenal Switch - FloraVantage Control

Tips

- Download apps like Pill Boxie or Medisafe to track your vitamins.

Daily Food, Fluid & Vitamin Routine

Eating will feel like a job initially after surgery. Hunger levels will be very low. Make sure to include three small meals every four to five hours and use your protein shakes as snacks.

Morning

- 8 a.m. Take your multivitamin
- 8 – 8:30 Drink water, decaffeinated tea
- 8:30 – 9 Stop drinking
- 9 – 9:30 Breakfast based on stage
- 9:30 – 10:30 Wait 30 minutes to drink
- 10:30 – 12 p.m. Drink your fluids, take first dose of calcium, probiotic, B12



Afternoon and Evening

- 12 – 12:30 p.m. Stop drinking
- 12:30 – 1 Lunch based on stage
- 1 – 2 Wait 30 minutes to resume drinking
- 2 – 5:30 Drink water, decaffeinated tea, take second dose of calcium
- 6 – 6:30 Dinner based on stage
- 7:30 – 10 Drink your fluids, take third dose of calcium at bedtime



Snacks

If you're not meeting your protein goals or you experience hunger between meals, add a protein shake from the approved list. Try baking or cooking with protein powder.

Once you are six months or further from surgery if you experience hunger between meals, add one to two additional mini meals.

Mini Meals

- Low-fat cheese stick wrapped in low-fat deli meat
- Oikos Triple Zero yogurt
- Cottage cheese cup
- Veggies and Greek yogurt dip
- Hard-boiled eggs

STAGE 4

Post-Op Diet (Bari Regular)

Begins Week 4-6 after Surgery



REMINDER

1. No drinking with your meals
2. Eat your protein first
3. Non-starchy vegetables next
4. Stop eating before you feel full

Do not advance your diet until cleared by the surgeon, nurse or dietitian to do so. Then, introduce new foods slowly, one at a time. If you eat something that makes you vomit, go back on liquids for 24-48 hours to allow your stomach time to recover. If you experience more than one episode of vomiting within 24 hours or if you are unable to get your 64 ounces of fluids in—call the surgeon's office.

Foods that are easier to tolerate (introduce first)

- Fish, boneless, skinless: salmon tilapia, walleye, catfish, roughy
- Chicken, boneless, skinless: dark meat may be better tolerated; ground turkey
- Beans/lentils: navy, pinto, red, white, lima, chickpeas, edamame
- Non-starchy, cooked vegetables: green beans, beets, eggplant, mixed vegetables, mushrooms, okra, squash, spinach

Food that are more difficult to digest may take up to six months or longer to tolerate

- Beef
- Pork
- Shrimp
- Citrus fruits
- Raw vegetables: specifically, asparagus, celery, onions, broccoli, cauliflower, iceberg lettuce—any fibrous vegetable may be harder to digest

To help increase tolerance to more dense foods:

- Taking small bites (pencil eraser size)
- Chew 20-30 times (applesauce consistency) before swallowing
- Eat slowly for 20-30 min at mealtimes without distraction
- Use moist cooking methods (braising, stewing, crockpot) and refrain from overcooking foods
- Try a combination of soft/solid proteins to help meet your protein goals at meals.

STAGE 4

Post-Op Diet (Bari Regular)

Don't overcomplicate this! Don't overthink it. Don't get on the Facebook Groups and follow diets from other programs. Trust the process. Make wise choices following the guidelines we give you. Take small bites. Chew really well. Stop eating before you feel full. Most importantly, believe in yourself—you got this!



Make sure to log your fluids and food every day in the Baritastic app. Worst case scenario, take a picture before eating, then add it later.



Add the weekly support group dates for this month to your calendar!

ACTIVITY TARGETS:

Month 1

2,500 steps per day

Month 2

5,000 steps per day

Month 3

7,500 steps per day

Month 4

10,000 steps per day

STAGE 4

Post-Op Diet (Bari Regular)

Don't think of this stage as a temporary means to an end. To achieve the greatest amount of weight loss and to maintain that weight loss long-term, continue to follow these guidelines. Once you master them, they will become second nature.

1

Don't drink with your meals.

3

Follow the protein with non-starchy vegetables then carbs.

5

Take your vitamins daily.

2

Protein first of every meal.

4

Follow the post op plate model to ensure you are meeting your nutritional goals.

6

Get your fluids and steps in daily.



REMINDER

Your eyes will likely be larger than your stomach and old habits die hard. You do not have to clean your plate!

IMPORTANT

Cut your food into small pencil eraser-size bites, chew until baby food consistency.

How much is too much?

- The amount of food you can eat comfortably will vary day to day and meal to meal.
- Stop eating before you feel full. One bite can make the difference between comfortably full and nausea.

What is normal?

- Greek yogurt, cottage cheese, protein oatmeal, cooked vegetables = serving size of ¼ to ½ cup
- Fish, chicken, turkey, seafood = serving size of 2-3 ounces
- At 9-12 months after surgery, you may be able to eat up to double the amounts above.

How many meals do I eat?

- Initial post-op goals are 600-800 calories with 60-90 grams of protein by one month after your surgery. This will increase to 800-1000 calories the first several months after surgery. Your dietitian will help you to meet these goals at your visits.
- Begin with three scheduled eating times four to five hours apart; you may only be able to tolerate a few tbsps to start, and that's okay. Use your protein shakes in between your meals to help make up the calories and protein you aren't able to eat at your meals.
- As you get further out from surgery, your food volume and calorie needs will naturally increase (this is normal, don't worry!) so you will be able to meet your nutrition needs with food a little easier.

Quality Protein Content

Protein Daily Goal:

70-90 grams

Protein Meal Goal:

20-25 grams

Protein Snack Goal:

10-15 grams per snack

As an estimate...

One ounce of cooked meat or protein is approximately seven grams. For example, if you consume three ounces of cooked chicken, this would equal approximately 21 grams of protein.

Always eat your protein foods first before eating the vegetable, fruit or complex carbohydrate.

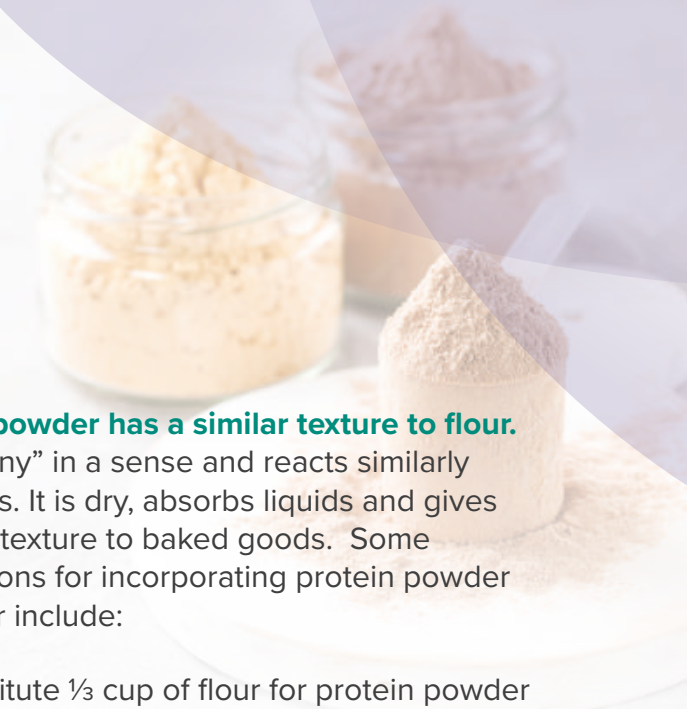


| | | | |
|--|---|--|---|
| Chicken breast (skinless)  3 ounces 141 calories 28 grams of protein | Turkey breast  3 ounces 135 calories 25 grams of protein | Ground turkey breast 99%  3 ounces 120 calories 26 grams of protein | Canned chicken  3-ounce can 70 calories 12 grams of protein |
| Tilapia  3 ounces 108 calories 22 grams of protein | Canned tuna  3 ounces 70 calories 16 grams of protein | Frozen salmon patty  3 ounces 110 calories 16 grams of protein | Shrimp  3 ounces 101 calories 20 grams of protein |
| Pork (loin/round)  3 ounces 122 calories 22 grams of protein | Beef (loin/round)  3 ounces 158 calories 26 grams of protein | Ground beef (90%)  3 ounces 200 calories 22 grams of protein | Beef jerky  1 ounce 80 calories 7 grams of protein |
| Egg whites  3 tablespoons 25 calories 5 grams of protein | Egg  1 egg 80 calories 6 grams of protein | Chia Seeds  2 tablespoons 110 calories 5 grams protein | Soy milk  1 cup 132 calories 8 grams of protein |
| Skim milk  1 cup 86 calories 8 grams of protein | Greek yogurt  6 ounces 100 calories 18 grams of protein | String cheese (nonfat)  1 piece 50 calories 6 grams of protein | Cottage cheese (1%)  4 ounces 81 calories 14 grams of protein |
| Beans (black)  ½ cup 115 calories 8 grams of protein | Edamame  ½ cup 95 calories 9 grams of protein | Nuts (almonds)*  1 ounce 160 calories 6-7 grams of protein | Quinoa*  ½ cup 111 calories 4 grams of protein |

NOTES

*Nuts are a good source of fats with some protein. Quinoa is a good source of carbohydrates with some protein. Meats are based on cooked weights. Calories and protein may vary based on brand.

Baking & Cooking with Protein Powders



Choose a high-quality protein powder

supplement (e.g., whey protein isolate, soy protein, egg protein). These sources of protein are much more readily available for use to muscles and are complete in containing all the amino acids that are needed to make your muscles happy.

Know your conversions! If a recipe says one “scoop” of protein, it generally means one-third cup and will provide 20-24 grams of protein.

All proteins may not think the same way!

Experimentation is key. One brand may mix well in smoothies and with milk but will curdle when heated. Some may do great when baking but clump when making a smoothie. If at first you don't succeed, try again!

Don't over mix! Protein can tend to toughen baked goods if over blended.

If stove top cooking, DO NOT add before cooking.

You will get a clumpy mess. Cook the food first, then either allow it to cool a few minutes and stir in protein powder or mix the powder with a small amount of milk or water (approximately two tablespoons) in a separate bowl until smooth. Then, pour over or into cooked food.

Protein powders can react when exposed to high, extended heat.

As baking and microwaving uses lower temperatures or shorter cooking times than pan frying or other high heat cooking methods, it is safe and can be considered to be an ideal way to heat protein powder. Heating protein doesn't change the nutrient value, but excessive heating may make the protein less bioavailable. Don't overcook it!

Protein powder has a similar texture to flour.

It is “grainy” in a sense and reacts similarly in recipes. It is dry, absorbs liquids and gives a similar texture to baked goods. Some suggestions for incorporating protein powder with flour include:

- Substitute ⅓ cup of flour for protein powder when baking muffins or pancakes. Stir into the batter and bake as recommended for your original recipe.
- Substitute ⅓ or ½ cup chocolate protein powder (or other desired flavor) for that fraction of the flour called for in your cake or cookie recipe.
- Combine unflavored protein powder into pizza or bread dough making recipes. One to two scoops will not affect the flavor, but will increase the protein notably!
- Substitute 25% to 50% flour in baking recipes with flavorless protein powder according to your personal preference. The flakiness may be altered slightly with larger amounts of protein powders added. Experiment to determine your personal preference.

STAGE 4

Menus & Recipes

Crackers and Cheese:

One slice of 2% cheese and four Wheat thins (try different flavors and varieties of cheese/wheat thins to add variety)

- **Calories:** 95
- **Protein:** 5 grams

High Protein Tuna/Chicken Salad:

Two or three tablespoons of low fat greek yogurt, one can tuna or chicken, onion and garlic powder to taste, salt & pepper to taste. Per ¼ cup serving:

- **Calories:** 115
- **Protein:** 15 grams

High-Protein Egg Salad:

- 4 large hard-boiled eggs (cooled and shelled)
- ⅛ cup mayonnaise
- ¼ cup fat-free plain yogurt
- Salt and pepper to taste
- Pickle juice to taste (if desired)

Remember to chop egg into tiny pieces to avoid frothing. Per ¼ cup serving:

- **Calories:** 130
- **Protein:** 8 grams

Tiny Tuna Melt:

- Toast 1 piece of healthy life bread (cut crust off and cut into 4 pieces)
- Make high protein Tuna Salad. Add 1-2 TBSP on ¼ piece of the toast. Add ¼ piece of 2% cheese and top with another ¼ piece of toast.

Hummus Among Us:

- 2 (15.5-ounce) cans garbanzo beans; rinsed & drained
- 2 garlic cloves, crushed
- ½ cup water
- ¼ cup tahini (sesame seed paste)
- 3 tablespoons fresh lemon juice
- 2 tablespoons extra virgin olive oil
- ¾ tsp salt
- 1 tsp black pepper



Place beans and garlic in a food processor; pulse five times or until chopped. Add ½ cup water and remaining ingredients; pulse until smooth, scraping down sides as needed.



Refrigerate after preparing (one day is best). Let stand at room temp 30 minutes prior to serving.

Nutritional Information

Amount per two tablespoon serving

Calories: 44

Calories from fat: 51%

Fat: 2.5 grams

Saturated fat: 0.3 grams

Monounsaturated fat: 1.2 grams

Polyunsaturated fat: 0.7 grams

Protein: 1.5 grams

Add a protein punch: add one tablespoon of greek yogurt to two tablespoons of hummus to add creamy texture and 3 grams of protein. Or one tablespoon of nonflavored or chicken soup flavored (savory sauce, low-fat gravy, broth or thin soup bases) protein powder to add an additional 6 grams of protein.

STAGE 4

Menus

Day 1:

| Meal | Foods | Calories | Protein |
|--------------|---|------------|-----------|
| Breakfast | ¼ cup high-protein oatmeal | 70 | 10 |
| Snack | 1 protein shake with skim milk | 200 | 30 |
| Lunch | 3 tablespoons of cottage cheese and 4 wheat thins | 65 | 6 |
| Snack | 1 protein shake with 12 ounces of skim milk | 245 | 30 |
| Dinner | ¼ cup high protein egg salad and ¼ piece of toast | 140 | 8 |
| Snack | 1 cup skim milk | 90 | 8 |
| TOTAL | | 810 | 92 |

Day 2:

| Meal | Foods | Calories | Protein |
|--------------|--|------------|-----------|
| Breakfast | 1 egg omelet with 1 tablespoons of cheese | 125 | 11 |
| Snack | 1 protein shake with 8 ounces skim milk | 200 | 30 |
| Lunch | Tiny tuna melt | 110 | 11 |
| Snack | 1 Protein Shake with 8 ounces skim milk | 200 | 30 |
| Dinner | 3 tablespoons high-protein hummus and 4 melba crackers | 90 | 7 |
| Snack | 1 sugar-free hot chocolate made with 6 ounces of skim milk | 90 | 8 |
| TOTAL | | 815 | 97 |

Day 3:

| Meal | Foods | Calories | Protein |
|--------------|---|------------|-----------|
| Breakfast | Light and Fit Greek yogurt | 80 | 12 |
| Snack | 1 protein shake with 12 ounces skim milk | 245 | 34 |
| Lunch | 1 low-fat cheese stick and 4 wheat thins | 105 | 6 |
| Snack | 1 protein shake with 12 ounces skim milk | 245 | 34 |
| Dinner | ¼ cup bean soup (Campbells or other variety) with 1 tablespoons of unflavored protein added to it | 100 | 9 |
| Snack | 2 tablespoons sugar-free applesauce | 30 | 0 |
| TOTAL | | 805 | 95 |

Day 4:

| Meal | Foods | Calories | Protein |
|--------------|--|------------|-----------|
| Breakfast | 1 whole egg scrambled with laughing cow cheese | 135 | 9 |
| Snack | 1 protein shake with 8 ounces milk | 200 | 30 |
| Lunch | 3 tablespoons high protein chicken salad on ¼ piece of toast | 120 | 11 |
| Snack | 1 protein shake with 8 ounces milk | 200 | 30 |
| Dinner | 3 tablespoon fat-free refried beans topped with 1 tablespoon nonfat greek yogurt (like sour cream), and 1 tablespoon shredded cheese | 70 | 7 |
| Snack | 1 sugar-free hot chocolate made with 6 ounces of skim milk | 90 | 8 |
| TOTAL | | 815 | 95 |

Day 5:

| Meal | Foods | Calories | Protein |
|--------------|--|------------|-----------|
| Breakfast | 3 tablespoons oatmeal with splenda and 2 tablespoons PB2 mixed in | 95 | 7 |
| Snack | 1 protein shake with 8 ounces skim milk | 200 | 30 |
| Lunch | 1 sugar-free pudding with 1 tablespoon chocolate protein powder mixed in | 90 | 7 |
| Snack | 1 protein shake with 8 ounces skim milk | 200 | 30 |
| Dinner | 3 tablespoon high-protein chicken salad and 4 wheat thins | 135 | 11 |
| Snack | 8 ounces skim milk | 90 | 8 |
| TOTAL | | 810 | 93 |

Day 6:

| Meal | Foods | Calories | Protein |
|--------------|---|------------|-----------|
| Breakfast | 3 tablespoon 1% cottage cheese and 2 tablespoon sugar-free applesauce | 60 | 6 |
| Snack | 1 protein shake with 12 ounces milk | 245 | 34 |
| Lunch | 3 tablespoon Greek yogurt and ½ graham cracker | 125 | 5 |
| Snack | 1 protein shake with 8 ounces milk | 200 | 30 |
| Dinner | 3 tablespoon high-protein egg salad and ½ piece of toast | 115 | 7 |
| Snack | 1 sugar-free hot chocolate made with 6 ounces of skim milk | 90 | 8 |
| TOTAL | | 835 | 90 |

Day 7:

| Meal | Foods | Calories | Protein |
|--------------|---|------------|-----------|
| Breakfast | 1 egg omlet with 1 tablespoon cheese | 125 | 11 |
| Snack | 1 protein shake with 12 ounces milk | 245 | 34 |
| Lunch | ¼ cup bean soup (Campbells or other variety) with 1 tablespoon unflavored protein added to it | 100 | 9 |
| Snack | 1 protein shake with 12 ounces milk | 245 | 34 |
| Dinner | 3 tablespoon high-protein chicken salad and 4 wheat thins | 110 | 11 |
| Snack | | | |
| TOTAL | | 825 | 99 |

STAGE 4

Menus and Recipes

The one week menu on the previous page supplies is about 850 calories about 80 grams of protein daily in three meals and two snacks. If you require more energy and protein to support increased exercise, you may add in an additional snack daily.

The time you will be on the Stage 5 diet is a time of great variety and change. In the early weeks and months following bariatric surgery, meal volume is generally four to six tablespoons and food variety is limited. As time progresses through the first year, the amount and the variety of textures that are tolerated increase. **This is normal and a natural part of diet progression following weight loss surgery.** The following menu is reflective of a typical week about six months following weight loss surgery.

Tips to remember:

- Practice eating mindfully: take small bites, chew thoroughly, and slow down. A meal should take 20 to 30 minutes to complete. After surgery, most food intolerances are brought on by taking too large of a bite, not chewing well enough or eating too quickly.
- It is a good idea to eat your protein foods first, but don't forget to include other foods, such as vegetables, fruits, and high-fiber starches in your meals as well. About half your meal volume should be from a protein source with the other half divided into vegetables and fruits/starches.
- Measure your portions with a scale or measuring cups to ensure accurate tracking of calorie and protein intake.
- Remember to stop eating at the first sign of fullness.
- It is a good idea to avoid foods that are high in added sugars and/or fats to minimize dumping and maximize nutrition benefit.
- Keep up with your food journal! This will help ensure adequate intake of energy and protein to maximize weight loss.

MONDAY



Breakfast

Mixed berry shake
(recipe to follow)



Lunch

2-3 ounce grilled chicken breast
3-4 tablespoons finely shredded salad greens
2-3 tablespoons small croutons
1 tablespoon low fat dressing



Afternoon Snack

¼ - ½ cup plain Greek yogurt with dry ranch seasoning
15 Special K cracker chips



Dinner

2-3 ounce grilled chicken breast
1-2 tablespoons baked potato *(without skin)*
Spray butter
1-2 tablespoons of steamed broccoli florets



Night Time Snack

1 high-protein peanut butter truffle
(recipe to follow)

TUESDAY



Breakfast

Protein bar (about 200 calories, 20 grams of protein, less than 7 grams of fat)



Lunch

2-3 ounce leftover chicken
1-2 tablespoon potato (*without skin*)
mashed with fat-free sour cream
4-6 green beans



Afternoon Snack

1/3 cup cottage cheese, 2 slices canned peaches



Dinner

2-3 ounce ground turkey
4 tablespoon marinara sauce
1/4 piece crustless toasted bread with garlic salt and spray butter
3-5 green beans



Night Time Snack

1/2 cup frozen Greek yogurt with 1 tablespoon ground almonds and 1 tablespoon low-sugar chocolate syrup

WEDNESDAY



Breakfast

Peanut butterscotch shake
(*recipe follows*)



Lunch

“Pizza”: 1/2 toasted sandwich thin
1/4 cup ground turkey with marinara sauce
2 tablespoon shredded mozzarella cheese with 1-2 tablespoon steamed broccoli florets



Afternoon Snack

1/3 cup low-fat hummus (*recipe follows*), 1/4 cup matchstick carrots (or other vegetable)



Dinner

Taco Night: 2-3 oz ground turkey with taco seasoning added
2-3 baked tortilla chips
1-2 TB salsa
1/2 TB fat free Sour cream
shredded lettuce if desired



Night Time Snack

High-protein hot chocolate
(*recipe follows*)

THURSDAY



Breakfast

1/2 cup Greek yogurt with 1-2 tablespoon low sugar granola or breakfast cereal



Lunch

Lunch--“Taco salad”:
2 oz ground turkey taco meat
1 tablespoon Fat Free refried beans
1 tablespoon shredded cheese
2 tablespoon salsa
shredded lettuce if desired



Afternoon Snack

Protein shake mixed with milk



Dinner

2-3 ounce baked tilapia
1 tablespoon mango salsa
2 tablespoon vinegar-dressed coleslaw (*shredded fine*)



Night Time Snack

Protein bar

FRIDAY



Breakfast

3/4 cup milk with
1/2 cup high-protein breakfast cereal
2 canned peach slices



Lunch

2-3 ounces canned tuna
1 tablespoon light mayo
diced tomatoes and cucumbers
6-8 wheat thins crackers



Afternoon Snack

Protein bar



Dinner

1/2 cup thick chili made with lean ground beef, kidney beans, diced tomatoes, green peppers. Top with 1 tablespoon shredded cheese, 1/2 tablespoon low fat sour cream, thin sliced green onions.



Night Time Snack

1/2 cup high protein pumpkin pudding
(*recipe follows*)

SATURDAY



Breakfast

1 egg
scrambled with cooked diced onions and peppers
1 tablespoon shredded cheese and ¼ piece crustless toast



Lunch

2 ounces lunch meat with ½ tablespoon of light cream cheese and thinly sliced radishes on ½ toasted sandwich thin



Afternoon Snack

8-10 tiny twist pretzels and 2 slices low fat cheese



Dinner

2-3 ounces crock pot pork loin
1 tablespoon green peas
1-2 tablespoon steamed carrots



Night Time Snack

Protein shake mixed with milk

SUNDAY



Breakfast

¼ whole grain frozen waffle
¼ cup Greek yogurt
1 tablespoon Banana, cut up small



Lunch

2-3 ounces leftover pork loin shredded with 1 tablespoon tangy BBQ sauce
(lowest sugar you can find)
4 canned Pineapple tidbits
5-6 wheat thins crackers



P.M. Snack

8-10 tiny twist pretzels and 2 slices low fat cheese



Dinner

2-3 ounces oven fried chicken breast
½ ounce low-sugar corn bread, stewed tomatoes and okra *(watch out for seeds)*



Night Time Snack

High protein iced vanilla latte
(recipe follows)

STAGE 4

Menus & Recipes

Mixed Berry Shake

Combine all ingredients in a blender and blend until smooth. If you like a thicker shake, you can increase the yogurt and decrease the milk as desired.

- ¼ cup frozen mixed berries
- ½ cup nonfat yogurt (any flavor)
- 1 scoop vanilla protein powder
- ½ cup milk
- Splash of almond or vanilla extract (optional, to taste)



Nutrition info (per shake): Calories: 235 | Protein: 30 grams

Peanut Butterscotch Shake

Put cottage cheese in blender. Add additional ingredients in order written, blending for about 5-10 seconds after each addition. This prevents clumps from forming. If at any time the shake gets too thick, add one tablespoon of water to blender and mix in.

- ⅓ cup low-fat cottage cheese
- 1 Scoop protein powder (either chocolate or vanilla works well)
- 1-2 tablespoon PB2 (to taste)
- 1 tablespoon butterscotch instant pudding mix
- ½ cup milk
- Up to ½ cup ice (optional)
- Splenda (or other sweetener), to taste

Nutrition info (per shake): Calories: 235 | Protein: 34 grams

Hummus Among Us

Combine all ingredients in a food processor or powerful blender and blend until smooth. If mixture is too thick, add water by teaspoonful until desired consistency. Using Greek yogurt will boost protein content of this dip, but increases tangy taste as well.

- 1 (15 ounces) can of chickpeas, rinsed and drained
- ½ cup plain yogurt
- 1-2 teaspoon garlic powder, to taste
- ½-1 teaspoon cumin, to taste
- 1 tablespoon lemon juice
- salt, to taste

Nutrition info: Calories: 88 | Protein: 6 grams

STAGE 4

Menus & Recipes

High-Protein Peanut Butter Truffles (from the Unjury website)

With a spoon, mix chocolate protein powder into peanut butter one scoop at a time, mixing well after each addition. It may be helpful to gently heat the peanut butter in a microwave for 10-12 seconds first. Using a melon baller or teaspoon, divide dough into 11 balls. Place on cookie sheet and freeze overnight.

- ¾ cup reduced-fat peanut butter
- 3 scoops chocolate flavored protein

Nutrition info (per Ball): Calories: 131 | Protein: 10 grams

High-Protein Hot Chocolate

Heat the milk in the microwave or on the stove top until thermometer measures 130-140 degrees. Do not mix protein powder into milk that is hotter than 140, or protein will clump. Mix in protein powder and chocolate syrup slowly, stirring constantly to avoid clumps. Top with whipped topping.

- 8 ounces skim or 1% milk
- ½ scoop chocolate protein powder
- 1-2 tablespoon sugar-free chocolate syrup (optional, for a richer flavor)
- 1-2 tablespoon light whipped topping (optional, for a festive touch)

Nutrition info (per drink): Calories: 175 | Protein: 18 grams



High-Protein Pumpkin Pudding

Mix dry ingredients together. Stir in pumpkin, making sure no lumps form. Slowly add in milk, stir to combine. Divide into four servings of about ½ cup each. Chill for at least five minutes. This pudding tastes best if left in the fridge for several hours to let flavors meld. Before serving, top each with two tablespoons of whipped topping and a sprinkle of cinnamon, if desired.

- 1 box (1.4 ounces) sugar-free instant butterscotch pudding mix (vanilla works, too)
- 1 scoop vanilla protein powder
- ¼ teaspoon cinnamon or pumpkin pie spice
- 2-4 packets Splenda (or other sweetener), sweeten to taste
- ½ cup canned pumpkin
- 1 ½ cup skim or 1% milk
- ½ cup light whipped topping and extra cinnamon, for topping

Nutrition info (per serving): Calories: 115 | Protein: 8 grams

STAGE 4

Menus & Recipes

Iced Vanilla Latte

Mix first three ingredients well. Add ice.

- 1 scoop vanilla protein powder
- ½ cup decaf coffee
- ½ cup light vanilla soy milk
- Ice, to taste

Nutrition info (per latte): Calories: 135 | Protein: 13 grams



Greek Yogurt Chicken

4 SERVINGS

Preheat oven to 375 degrees. Combine Greek yogurt, cheese and seasonings in bowl. Line baking sheet with foil and spray with cooking spray. Coat each chicken breast in Greek yogurt mixture and place on foiled baking sheet. Bake for 45 minutes.

- 4 boneless skinless chicken breasts (4 ounces each)
- 1 cup plain Greek yogurt
- ½ cup grated parmesan cheese
- 1 teaspoon garlic powder
- 1 ½ teaspoons seasoning salt
- ½ teaspoon pepper

Nutrition info (per serving):

Total calories: 266 | Total fat: 4 grams | Saturated Fat: 3 grams | Total carbohydrates: 3 grams
Dietary Fiber: 0 grams | Sugars: 2 grams | Protein: 46 grams

Cottage Cheese High-Protein Pancakes

4 SERVINGS

Combine all ingredients in a large bowl. Heat a large skillet over medium heat and coat with cooking spray. Pour ⅓ cup of batter onto skillet at a time and cook until bubbles appear on the surface. Flip and cook on the other side until brown. Serve with low-calorie syrup.

- 1 cup low-fat cottage cheese
- ⅓ cup all-purpose flour
- 1 ½ tablespoons canola oil
- 3 eggs, lightly beaten

Nutrition info (per serving):

Total calories: 174 | Total fat: 9 grams | Total carbohydrates: 9 grams | Dietary Fiber: 1 gram
Sugars: 2 grams | Protein: 13 grams

STAGE 4

Menus & Recipes

Faux Fried Chicken

3 SERVINGS

- 1** In a large sealable container or plastic bag, combine buttermilk with paprika and mix well. Add chicken and coat completely.
- 2** Seal and refrigerate for at least one hour. Preheat oven to 375 degrees.
- 3** Prepare a large baking sheet by spraying it with nonstick spray. Set aside.
- 4** Using a blender or food processor, grind cereal to a breadcrumb-like consistency. Pour crumbs into a large bowl. Add panko breadcrumbs and onion soup mix. If you like, add a dash or two of salt. Mix thoroughly. One at a time, remove each piece of chicken from container/bag, give it a shake (to get rid of excess buttermilk), coat it evenly with the crumb mixture, and lay it flat on the baking sheet.
- 5** Bake in the oven for 10 minutes. Flip carefully (tongs work well!), and then bake for an additional 10 minutes, or until outsides are crispy and chicken is cooked through.

- 1/3 cup reduced-fat buttermilk
- 1/8 teaspoon paprika
- 12 ounces raw boneless skinless lean chicken breast tenders (about 10 pieces)
- 1/3 cup bran cereal (Original Fiber One® or similar type)
- 1/3 cup panko breadcrumbs
- 1 tablespoon dry onion soup mix
- Optional: salt, to taste

Nutrition info (1/3 recipe or about 3 pieces):

Total calories: 210 | Total fat: 3.5 grams | Total carbohydrates: 17 grams | Total Fiber: 3.5 grams
Sugars: 2 grams | Protein: 29 grams

STAGE 4

Menus & Recipes

Creamy Cauliflower Puree

4 SERVINGS

- 1 large (6-7" diameter) head of cauliflower
- 3 cloves of garlic (cooked/steamed with cauliflower)
- 1/3 cup low-fat buttermilk
- 4 teaspoons extra-virgin olive oil
- 1 teaspoon butter, salted
- 1/2 teaspoon of garlic salt
- 1/2 teaspoon of black pepper



- 1** Break cauliflower into 2" x 2" pieces (or smaller) and put in large microwave safe bowl with 1/4 cup water and three whole garlic cloves and cover.
- 2** Microwave for five minutes or until cauliflower is very tender.
- 3** Use garlic press to crush three garlic cloves and add them to food processor. Add cooked cauliflower to the food processor. Add buttermilk, 2 teaspoons olive oil, butter, garlic salt, and pepper. Process ingredients until smooth and creamy.
- 4** Drizzle the remaining 2 teaspoons of olive oil on top and serve.

Nutrition info (3/4 cup serving):

Total calories: 113 | Total fat: 6 grams | Total carbohydrates: 13 grams | Cholesterol: 3 milligrams
Sodium: 383 milligrams | Sugars: 6 grams | Protein: 5 grams

STAGE 4

Menus & Recipes

Creamy Slow Cooker Chicken

6 SERVINGS

- 6 skinless, boneless chicken breasts (2 ½ pounds)
- 1 10 ¾ ounce reduced fat cream of mushroom soup
- 1 cup pureed cottage cheese or plain Greek yogurt
½ cup chicken stock
- 1 -7 ounces envelope Italian dressing mix
- 1- 8 ounces package of mushrooms
- Cooking spray

Nutrition info (One six ounce serving):

Total calories: 128
Total fat: 1.68 grams
Sugars: 2.28 grams
Protein: 18.5 grams

1 Spray a large skillet with cooking spray. Cook chicken in batches over medium-high heat for two to three minutes on each side or until just browned. Transfer chicken to a 5-qt. slow cooker.

2 Add soup, cottage cheese or yogurt, chicken stock and Italian dressing mix to skillet. Cook over medium heat, stirring constantly, two to three minutes, or until cheese is melted and mixture is smooth.

3 Arrange mushrooms over chicken in slow cooker. Spoon soup mixture over mushrooms. Cover and cook on LOW four hours. Stir well before serving.

TO MAKE AHEAD:

Prepare recipe as directed. Transfer to a 13 x 9-inch baking dish, and let cool completely. Freeze up to one month. Thaw in refrigerator 8 to 24 hours. To reheat, cover tightly with aluminum foil, and bake at 325° for 45 minutes. Uncover and bake 15 minutes or until thoroughly heated.

STAGE 4

Menus & Recipes

Creamy Alfredo Sauce

6 SERVINGS

- 4 tablespoons fat-free margarine
- 1 cup fat-free sour cream
- ¼ cup egg substitute
- 1 cup grated parmesan cheese (or some other strong-flavored cheese)
- Pinch of ground nutmeg Salt and pepper to taste

Nutrition info (per serving):

Total calories: 105
Total fat: 4 grams
Protein: 8 grams
Cholesterol: 14 milligrams
Sodium: 387 milligrams
Sugar: 4 grams

1 Melt margarine over medium heat.

2 Add sour cream.Reduce heat to low and whisk until margarine is incorporated into sour cream. Add egg substitute and continue to whisk (if heat is too high, eggs will scramble!) When completely mixed, add cheese and continue stirring until cheese is melted into mixture.

3 Remove from heat. Add nutmeg and season to taste.

SERVING SUGGESTION:

Serve over pasta or as a topping for cooked boneless, skinless chicken breast, salmon or other fish.



STAGE 4

Menus & Recipes

Good Morning Casserole

4 SERVINGS

- 4 slices of bread, crust trimmed
- 1 ½ cups of egg substitute
- 1 ½ cups skim milk
- 4 slices cooked turkey bacon, crumbled
- ¼ cup (1 ounces) shredded reduced-fat cheddar cheese
- ¼ cup (1 ounces) shredded reduced-fat Swiss cheese
- ½ cup sliced mushrooms
- ¼ teaspoon seasoned salt
- ½ cup frozen hash brown potatoes, thawed

Nutrition info (¼ pan):

Total Calories: 253
Fat: 8 grams
Protein: 2 grams
Carbohydrate: 22 grams
Cholesterol: 18 milligrams
Sodium: 674 milligrams
Sugar: 7 grams
Fiber: 2 grams

1 Across bottom of lightly greased 9x9= inch baking dish, arrange bread slices, slightly overlapping. Set aside.

2 In large bowl, beat together egg substitute, milk, turkey bacon, 2 tablespoons each of cheddar and Swiss cheeses, mushrooms and salt.

3 Pour mixture over bread slices.

4 Sprinkle potatoes and remaining cheese over egg mixture.

5 Cover and refrigerate overnight.

6 Bake, uncovered, in pre-heated 350° F oven until lightly browned and knife inserted near center comes out clean (about 40-45 minutes).

STAGE 4

Menus & Recipes

Egg Muffin

12 SERVINGS

- 6 large eggs
- 12 slices pre-cooked turkey bacon (sliced into thirds)
- ¾ cup shredded low fat Swiss or Monterey jack cheese
- ½ cup 1% milk
- ¼ teaspoon salt
- ¼ teaspoon pepper
- ¼ teaspoon Italian seasoning

1 Spray muffin tin with nonstick cooking spray.

2 Preheat oven to 350° F.

3 Place 3 bacon pieces in the bottom of each muffin cup.

4 In a separate bowl, mix together all ingredients until well blended, except for ¼ cup of the shredded cheese. Fill each muffin cup with ¼ cup of the egg mixture. Sprinkle extra ¼ cup of cheese on top of the muffins.

5 Bake for 20-25 minutes or until eggs are set.

Nutrition info (1 muffin):

Total Calories: 98
Total Fat: 7g
Saturated fat: 2g
Total Carbohydrates: 1g
Total Fiber: 0g
Total Sugar: 1g
Protein: 8g



STAGE 4

Menus & Recipes

Magically Moist Chicken

4 SERVINGS

- 3 pounds skinless, boneless chicken breasts
- 1 and ¼ cups Italian bread crumbs
- ½ cup fat-free mayonnaise

Nutrition info (per serving):

Calories: 233
Fat: 5 grams
Protein: 37 grams
Carbohydrate: 8 grams
Cholesterol: 8 grams
Sodium: 268 milligrams
Sugar: 0 grams

1

Preheat oven to 425 degrees.

3

Place bread crumbs in bag and shake one piece of chicken at a time.

2

Brush mayonnaise on chicken.

4

Place chicken breasts in foil-lined pan and bake for 40-45 minutes.

Protein Packed Pesto

4 SERVINGS

Combine all ingredients in blender or food processor. Blend or process until smooth. Spoon ½ cup of mixture on poultry or fish.

- ½ cup water
- 10 oz package frozen, chopped spinach (thawed and well drained)
- ½ cup 1% cottage cheese
- ½ cup fresh basil (or 2 tablespoon dried basil) – fresh preferred
- 2 tablespoon grated parmesan cheese
- 1 tablespoon olive oil
- 2 cloves garlic, minced

Nutrition info (½ cup):

Calories: 77 Cholesterol: 3 mg
Fat: 5g Sodium: 292 mg
Protein: 6g Sugar: 1g
Carbohydrate: 4g

STAGE 4

Menus & Recipes

Slow Cooker Chicken Taco Filling

4 SERVINGS

- 16 ounces (1 lb) skinless, boneless chicken breasts
- 1 cup chicken broth
- 1 (1.25 ounce) package dry taco seasoning mix

Nutrition info (1 serving, 4 ounces):

Calories: 148 | Total Fat: 2.4 grams | Total Carbohydrates: 6 grams | Sugars: 0 grams
Protein: 23 grams | Sodium: 930 milligram (use low sodium broth and seasonings to reduce sodium content)

1

Mix chicken broth and taco seasoning in a bowl.

5

Shred chicken.

2

Place chicken breast in slow cooker.

6

Cook on low for additional 30 minutes to absorb excess juices.

3

Pour broth and seasoning mixture over chicken.

7

Serve as filling for tacos, topping for a salad or by itself for a protein source.

4

Cover and cook on low for six to eight hours.

Lemon-Broiled Orange Roughy

4 SERVINGS

- 3 tablespoons lemon juice
- 1 tablespoon Dijon mustard
- 1 tablespoon margarine, soft, melted
- ¼ teaspoon ground pepper
- 16 ounces orange roughy fillets (4 ounces each)
- 8 medium lemon wedges

Nutrition info (per serving):

Calories: 114
Fat: 4 grams
Protein: 17 grams
Carbohydrate: 3 grams
Cholesterol: 23 milligrams
Sodium: 157 milligrams
Sugar: 0 milligrams

1

Combine first four ingredients, stirring well. Coat the rack of a broiler pan with nonfat cooking spray. Place rack on pan. Place fish fillets on rack.

2

Brush with half of the lemon juice mixture, reserving the remaining half.

3

Broil for five minutes or until fish flakes easily. Drizzle the reserved lemon juice mixture over the fillets and add pepper to taste. Serve with lemon wedges.

STAGE 4

Menus & Recipes

Baked Breaded Cod Fillet

4 SERVINGS

- Non-stick cooking spray
- 4 (6-ounce) pieces skinless cod fillets
- ¾ teaspoon fine sea salt
- ¼ teaspoon freshly ground black pepper
- 3 tablespoons melted unsalted margarine
- divided juice of 1 lemon, divided
- ¼ cup dried whole wheat bread crumbs
- 3 tablespoons finely chopped parsley
- 2 tablespoon finely chopped chives

Nutrition info (6 ounce fillet):

Total Calories: 150 | Total Fat: 9 grams | Saturated Fat: 6 grams | Total cholesterol: 45 milligrams
 Sodium: 530 milligrams | Total Carbohydrates: 6 grams | Dietary Fiber: 0 grams | Sugar: 1 grams
 Protein: 11 grams

- 1 Preheat oven to 425°F.
- 2 Spray a 9x13-inch baking dish or medium oval baking dish with non-stick cooking spray.
- 3 Sprinkle cod with salt and pepper and arrange it in the dish. Drizzle it with half the margarine and half the lemon juice.
- 4 In a small bowl, combine bread crumbs, parsley and chives. Sprinkle the mixture over the cod and drizzle with remaining margarine and lemon juice.
- 5 Bake just until bread crumbs are crisped and cod flakes easily with a fork, about 12 minutes.

STAGE 4

Menus & Recipes

Turkey and Quinoa Meatloaf

6 SERVINGS

- ¼ cup quinoa
- ½ cup water
- 1 small onion, chopped
- 1 large clove garlic, chopped
- 1 (20 ounce) package ground turkey breast (Italian seasoning flavored)
- 1 tablespoon tomato paste
- 1 tablespoon hot pepper sauce
- 2 tablespoons Worcestershire sauce
- 1 egg
- 1 ½ teaspoons salt
- 1 teaspoon ground black pepper

Topping Paste (Optional)

- 2 tablespoons brown sugar
- 2 teaspoons Worcestershire sauce
- 1 teaspoon water

Nutrition info (156 grams or ¼ of recipe):

Calories: 206 | Total Fat: 9 grams | Total Carbohydrates: 11 grams | Dietary Fiber: 1 grams
 Protein: 19 grams

- 1 Bring the quinoa and water to a boil in a saucepan over high heat.
- 2 Reduce heat to medium-low, cover and simmer until the quinoa is tender and the water has been absorbed, about 15 to 20 minutes. Set aside to cool.
- 3 Preheat an oven to 350°F (175 degrees C).
- 4 Use non-stick cooking spray to coat a pan for cooking onion. Cook onion until it has softened and turned translucent, about five minutes. Add the garlic and cook for another minute; remove from heat to cool.
- 5 In a large bowl mix together turkey, cooked quinoa, onions, tomato paste, hot sauce, 2 tablespoons Worcestershire sauce, egg, salt, and pepper until well combined. The mixture will be very moist. Shape into a loaf on a foil lined baking sheet.
- 6 Combine the brown sugar, 2 teaspoons Worcestershire, and 1 teaspoon water in a small bowl. Rub the paste over the top of the meatloaf.
- 7 Bake in the preheated oven until no longer pink in the center, about 50 minutes. An instant-read thermometer inserted into the center should read at least 160° F (70° C).
- 8 Let the meatloaf cool for ten minutes before slicing and serving.

STAGE 4

Menus & Recipes

Zucchini Boat

8 SERVINGS

- 4 medium zucchini
- 1 pound ground turkey breast
- ½ cup chopped onion
- 1 egg, beaten
- ½ pounds sliced mushrooms
- 1 large tomato— diced
- ¾ cup spaghetti sauce
- ¼ cup seasoned whole wheat bread crumbs
- ¼ teaspoon salt
- ¼ teaspoon pepper
- 1 cup (4 ounces) shredded low fat mozzarella cheese

Nutrition info (1 zucchini boat or 1/8 recipe):

Total calories: 195 | Total fat: 7.5 grams | Saturated Fat: 3 grams | Sodium: 294 milligrams
Total carbohydrates: 16 grams | Dietary Fiber: 4 grams | Sugars: 5 grams | Protein: 17.5 grams

1 Cut zucchini in half lengthwise; cut a thin slice from the bottom of each with a sharp knife to allow zucchini to sit flat. Scoop out pulp, leaving 1/4-in. shells. Set pulp aside.

2 Place shells in an ungreased 3-quart microwave-safe dish. Cover and microwave on high for three minutes or until crisp-tender; drain and set aside.

3 In a large skillet, cook ground turkey and onion over medium heat until meat is no longer pink; drain. Remove from the heat.

4 In a large bowl mix together zucchini pulp, beaten egg, spaghetti sauce, bread crumbs, mushrooms, tomato, salt, pepper, ½ cup cheese and cooked ground turkey.

5 Spoon about 1/4 cup mixture into each shell. Sprinkle with remaining cheese.

6 Bake uncovered for 20 minutes at 350°F or until brown.

STAGE 4

Menus & Recipes

Turkey Turnover

24 SERVINGS

- 1 envelope dry onion soup
- 1 pound ground turkey (breast meat only)
- 1 cup shredded 2% low fat cheese
- 3 tubes reduced fat refrigerated crescent rolls (8 in each tube)

1 Preheat oven to 350 degrees

2 Mix soup with meat in skillet and brown well. Blend in cheese.

3 Unroll dough, separate rolls and cut each triangle in half.

4 Place spoonful of meat mixture in center of each triangle. Fold over, seal edges and place on cookie sheet.

5 Bake for 15 minutes. Freeze leftovers.

Nutrition info (2 Turnovers):

Calories: 155
Fat: 7 grams
Protein: 9 grams
Carbohydrate: 13 grams
Cholesterol: 14 milligrams
Sodium: 472 milligrams
Sugar: 3 grams

BBQ Roasted Salmon

4 SERVINGS

- ¼ cup pineapple juice
- 2 tablespoons fresh lemon juice
- 4 salmon fillets (6 ounces each)
- 2 tablespoons brown sugar
- 4 teaspoons chili powder
- 2 teaspoons grated lemon rind
- ¾ teaspoon ground cumin
- ½ teaspoon salt
- ¼ teaspoon cinnamon

1 Preheat oven to 400°F degrees.

2 Combine first three ingredients in Ziploc bag. Marinate in refrigerator for one hour, turning occasionally. Remove salmon from bag and discard marinade.

3 Combine remainder of ingredients and rub over fish. Place fillets in baking dish coated with cooking spray. Bake for 12-15 minutes or until desired doneness. Serve with lemon slice garnish.

Nutrition info (per serving):

Calories: 225
Fat: 6 grams
Protein: 34 grams
Carbohydrate: 7 grams
Cholesterol: 88 milligrams
Sodium: 407 milligrams
Sugar: 6 grams

STAGE 4

Roasted Vegetables

Roasting Pointers

- Preheat the oven to 450°F. Roasting vegetables should be done at high heat so they caramelize on the outside. If the oven is too low, the vegetables will overcook before achieving the desired browning.
- A heavy 13x9x2-inch roasting pan works well for roasting vegetables, but you can also use a large baking pan. To keep cleanup to a minimum, you can line the pan with foil. Place the vegetables that take the longest to cook in the pan. Do not crowd the vegetables or they will steam instead of roast. If you like, add one or two heads garlic with the tops trimmed off, several sprigs of thyme and/or snipped fresh rosemary, oregano, or sage.
- Tossing the vegetables with a seasoned oil mixture keeps them from drying out and helps to flavor the vegetables. In a small bowl combine olive oil with lemon juice, salt and ground black pepper. Drizzle the seasoned oil over the vegetables in the pan and toss lightly to coat all of the vegetables. A basting brush also works well to help coat the vegetables with the oil.



Tip

If you prefer, you can omit the heads of garlic and fresh herbs from the vegetable mixture in the pan and add minced garlic and snipped fresh herbs or dried herbs (one tablespoon snipped fresh herb equals one teaspoon dried herb) to the oil mixture.

- Roast the vegetables, uncovered, about 30 minutes, stirring once. Remove the pan from the oven and add vegetables with shorter cooking times. Toss to combine and return to the oven. Continue to cook about 10 to 15 minutes more or until the vegetables are tender and brown on the edges, stirring occasionally. The timings here are approximate and will depend on the vegetables you choose.
- Preparation and approximate roasting times at 450° F. Roast vegetables until crisp-tender.



STAGE 4

Roasted Vegetables

Carrots

- Trim and peel or scrub baby carrots or regular carrots.
- Cut regular carrots into bite-size pieces or julienne strips.
- 40 to 45 minutes (julienne strips may cook faster)

Parsnips

- Trim and peel parsnips.
- Cut into bite-size pieces or julienne strips.
- 40 to 45 minutes (julienne strips may cook faster)

New potatoes or regular potatoes

- Whole tiny new potatoes, quartered, work especially well. For large potatoes, cut into bite-size pieces. Peeling is not necessary, but scrub well before using.
- 40 to 45 minutes

Sweet potatoes

- Scrub and peel
- Cut into bite-size pieces.
- 40 to 45 minutes

Onions

- Remove papery outer layer.
- Cut into fairly thin wedges.
- 30 to 45 minutes

Fennel

- Trim the stalks and cut a thin slice from the bottom of the bulb. Cut bulb into fairly thin wedges.
- 30 to 40 minutes

Brussels sprouts

- Trim stems and remove any wilted outer leaves; wash.
- Cut any large sprouts in half lengthwise.
- 30 to 40 minutes

Baby beets or regular beets

- Scrub and peel beets.
- Trim off stem and root ends. If desired, halve or quarter baby beets.
- Cut regular beets into 1-inch pieces.
- 30 to 40 minutes (you may want to cover the beets if they start to burn).



STAGE 4

Roasted Vegetables

Roma tomatoes

- Wash and halve lengthwise.
- 20 to 30 minutes

Zucchini, pattypan, or yellow summer squash

- Baby zucchini, pattypan, or summer squash can be roasted whole.
- For larger squash, cut into bite-size pieces or slices.
- 10 to 15 minutes

Eggplant

- Peel if desired.
- Cut into quarters lengthwise, and cut into ½-inch-thick slices.
- 10 to 15 minutes

Sweet peppers

- For regular-size peppers, wash, seed and cut into ½-inch-wide strips.
- For small peppers, if desired, roast whole, then remove stems and seeds.
- 10 to 15 minutes

Asparagus

- Wash and break off woody bases where spears snap easily.
- Leave spears whole or cut into 1-inch pieces.
- 10 to 15 minutes

Baby leeks

- Trim and halve lengthwise. Rinse well and pat dry with paper towels.
- 10 to 15 minutes

Cauliflower

- Wash and remove leaves and woody stem. Break into florets.
- 10 to 15 minutes

STAGE 4

Menus & Recipes

Zucchini Noodles or Ribbons

2 SERVINGS | PREP TIME: 15 MINUTES

- 2 medium-sized raw zucchini squash, washed, dried, and trimmed at both ends
- 2 tablespoon fresh-squeezed lemon juice
- Salt and pepper to taste
- Herbs of your choice

PREPARATION

1

Using the julienne blade of a mandolin or a spiral vegetable slicer, slice zucchini lengthwise into long, thin strands. Slice the zucchini just until you reach the seeds in the middle and then stop (the seeds will cause the noodles to fall apart).

NOTE:

If you don't have a mandoline or a spiral slicer, you can either use a vegetable peeler or a knife.

2

Separate the zucchini strands. Transfer zucchini strands to a colander set over a mixing bowl. Toss the zucchini strands with salt; let stand 15 minutes at room temperature.

3

After 15 minutes, gently squeeze the zucchini strands to extract any excess water. Transfer drained zucchini strands to a bowl and toss with lemon juice, salt, and pepper.

4

To serve, twirl small amounts of zucchini strands with a long-tined fork and slip off onto individual serving plates. Garnish with herbs of your choice.

SERVING IDEAS

- Top with pesto, tomato sauce, or guacamole sauce.
- Use in place of pasta for a delicious spaghetti dish.
- Top with grilled marinated shrimp.
- Top with grilled chicken and peanut sauce.
- Toss with pan-fried tofu.
- Let your imagination be your guide!

STAGE 4

Menus & Recipes

Skinny Funfetti Cupcakes

MAKES 24 CUPCAKES | 110 CALORIES PER FROSTED CUPCAKE

CUPCAKES:

- 1 package Pillsbury Funfetti Cake Mix (just the powder, not the recipe on the box)
- 1 (12 ounce) can Sprite Zero

FROSTING:

- 1 (8 ounce) container Fat Free Cool Whip
- 1 (1.5 ounce) pkg. Fat Free Vanilla Jello Instant Pudding (just the powder, not the recipe on the box)

1

Cupcakes:

Preheat oven to 350 degrees. Line 24 cupcake tins with paper liners. In a large bowl, combine cake mix and Sprite together. Continue to mix until the batter is smooth without any lumps. Pour approximately 1/4 cup of batter into every cupcake wrapper. Bake for 20 minutes. Let cool before frosting.

2

Frosting:

In a mixing bowl, add Cool Whip and pudding. Mix with a whisk by hand or an electric hand mixer until smooth. Spread over cooled cupcakes. Makes enough frosting for 24 cupcakes.

STAGE 4

Menus & Recipes

Skinny Peanut Butter Cookie Granola

10 SERVINGS | ESTIMATED TIME: 45 MINUTES

- 2 ½ cups rolled oats
- 2 tablespoons butter (Smart Balance™)
- ½ cup baking stevia OR 1 cup sweetener of choice that measures like sugar one
- ⅛ cup sugar-free honey
- ¼ cup mini chocolate chips
- ¼ cup and 2 tablespoons cup egg whites (or egg white substitute)
- ½ cup peanut butter
- 1 teaspoon baking powder
- Pinch Salt (to taste)

OPTIONAL ADD

- 1 scoop of protein powder for a protein packed version
- 1 NuNaturals More Fiber Stevia Baking Blend

NOTE:

If using packets of Stevia, use about 8-12, or adjust according to taste.

1

Preheat oven to 325°. Line a baking sheet with foil or parchment paper. (If using foil, spray with non-stick cooking spray).

2

Place peanut butter and butter in a microwave safe bowl, and microwave for 30 seconds, or until softened. Mix all of the ingredients together in a medium sized bowl and add softened butter and peanut butter. Stir until everything is well combined. Bake for 15 minutes, then remove from oven and stir to break granola apart. Return to the oven for another 10-15 minutes, or until granola is crisp.

3

Let cool completely, and store in an air-tight container for up to 7 days.

Nutrition info (½ cups):

Calories: 200 per ½ Cup
Carbohydrates: 34 grams
Protein: 7 grams
Fiber: 6 grams
Sugar: 3 grams

STAGE 4

Menus & Recipes

Peanut Butter Overnight Oats

1 SERVING

Mix all ingredients together. Place in Mason jar and let sit overnight. Ready to enjoy in the morning.

- ½ cup dry old fashioned oats
- ¼ cup low fat Greek yogurt
- 1 tablespoon PB2
- 1 teaspoon flax seed
- 1 teaspoon chia seed
- 1 tablespoon chocolate chips
- 2 packets sweetner
- milk (to cover)

Nutrition info (per serving):

Calories: 276
Total Fat: 7.6 grams
Saturated Fat: 3 grams
Sodium: 82 milligrams
Total Carbohydrates: 46.5 grams
Fiber: 4 grams
Sugar: 16.5 (coming from yogurt, milk and chocolate chips)
Protein: 13 grams



STAGE 4

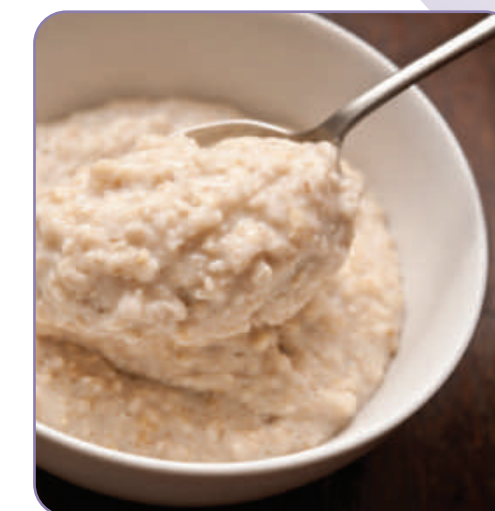
Menus & Recipes

High-Protein Oatmeal or Cream of Wheat:

1 Make ¼ cup oatmeal (according to directions on package) and mix in one to two tablespoons of vanilla or unflavored protein powder.

- **Calories:** 70
- **Protein:** 10 grams

2 Note: You can add sugar-free coffee syrups, PB2 (powdered peanut butter) and/or Splenda and cinnamon to flavor oatmeal/cream of wheat.



Egg—tastic Eggs

1 Make an omelet with 1 egg and 1 tablespoon 2% reduced-fat cheese of your choice

- **Calories:** 125 | **Protein:** 11 grams

Egg Beater:

- **Calories:** 65 | **Protein:** 9 grams

OR

Scramble an egg or ¼ cup egg beater and add one wedge of flavored Laughing Cow cheese to add additional moisture.

Whole egg

- **Calories:** 135 | **Protein:** 9 grams

Egg Beater

- **Calories:** 65 | **Protein:** 7 grams

(Note: Try scrambling eggs in microwave for softer/more moist scrambled eggs).

Cottage cheese and fruit:

1 Mix 2 tablespoons of sugar free applesauce with 3 tablespoons of cottage cheese.

- **Calories:** 60
- **Protein:** 6 grams



FREQUENTLY ASKED QUESTIONS

You may be wondering...

Q: Is it normal to have loose stools while on the liquid diet?

Short answer, yes. When you have only liquids going in, you may have only liquids coming out; however, once you begin the Stage 3 (soft foods) or Stage 4 (bariatric regular) diets, you will see your bowel movements return to a more formed state.

Q: What medications can I take after surgery?

You will stop taking all non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, Motrin®, Advil®, Aleve®, naproxen, meloxicam, toradol, nabumentone, and Pepto-Bismol®, two weeks prior to surgery. These are now “never ever drugs.” **Ask your physician when to safely resume any aspirin or any blood-thinning medications, such as Coumadin®, Eliquis®, Pradaxa®, and Xarelto®, after surgery.

Q: When can I restart my regular medications?

You can resume taking your omeprazole, allergy medications and any other routine medications after you come home from surgery.

Q: Is it normal to have nausea after surgery?

You’ve had general anesthesia, narcotics and major abdominal surgery—it’s not unusual to experience some nausea in the first few days to weeks after surgery. Long-term, it’s not unusual for certain odors, like greasy food odors, to cause some nausea. If it’s to the level it prevents you from getting your 64 ounces of fluids in each day, then please call the office for medication.

Q: Is it normal to have vomiting after surgery?

No, you should never expect to vomit after surgery. There’s a difference between spitting up a bite or two of food and actually vomiting. If you eat too quickly, you may take a bite or two too much and there’s nowhere for it to go, so you spit that bite or two up. If you eat something that your stomach dislikes enough to propel it up and out, true vomiting, we need to figure out what’s going on. That’s not normal; call the office.

FREQUENTLY ASKED QUESTIONS

You may be wondering...

Q: What vitamins should I be taking and when do I start taking them?

Please refer to the earlier section of the book for recommended brands and types of vitamins. Wait until you begin Stage 3, soft foods, to begin your vitamin routine. While the vitamins are bariatric-friendly, they can cause some nausea right after surgery. We prefer you focus on getting your fluids and protein in this week, then begin the vitamins when you begin food.

1. From the list provided, you will need to choose a bariatric-formulated multivitamin with iron and take it according to the directions on the bottle.
2. You will need to choose one of the specific types of calcium listed and take three daily. Each option listed comes in a 500-milligram dose, and the daily recommended dose is 1500 milligrams. Take the calcium two hours apart from the multivitamin with iron.
3. Choose one of the options for B12 and make sure to put the dissolvable tablet under your tongue and allow it dissolve fully.
4. Choose one of the probiotics on the list and take it daily. Probiotics will help with your overall gut health.

Q: When can I begin eating “real food” again?

Please look at the post-op stages listed earlier in this book for specific guidelines. The condensed version: You will be on clear liquids (Stage 1) for the first two days after surgery. Beginning day three, you may add protein drinks (Stage 2). At approximately 7-10 days after surgery, the dietitian, nurse or surgeon will advance you to a soft food diet (Stage 3). At approximately 4-6 weeks after surgery, the dietitian, surgeon or nurse will advance you to a bariatric regular diet (Stage 4). To minimize the risk of complications, specifically the risk of developing a post-operative leak, do not advance your diet until advised to do so by our dietitian, nurse or surgeon.

Q: Am I losing weight fast enough?

Everyone loses weight at a different pace. There are multiple variables that will affect how quickly you lose weight, including your age, your gender, your health conditions (for example, if you have diabetes you will likely lose at a slower pace), your beginning weight and how many times you’ve gained and lost weight in the past. Celebrate the weight you’ve lost, celebrate the weight others have lost, and don’t make comparisons.

It’s also important to make sure you are meeting your calorie/protein needs.

Contact Information



Bariatric-related Appointments

To schedule any of your bariatric-related appointments, call Springfield Clinic at 217.528.7541 and ask for Bariatric Surgery at ext. 49712.



217.528.7541 ext. 49712.



Springfield Clinic Ambulatory Surgery & Endoscopy Center

To reach the Springfield Clinic Ambulatory Surgery & Endoscopy Center, call 217.528.7541 and ask for the Ambulatory Surgery & Endoscopy Center.



217.528.7541



HSHS St. John's Hospital

To reach HSHS St. John's Hospital, call 217.544.6464 and ask for the Nursing Unit (8th Surgical) at ext. 47505.



217.544.6464 ext. 47505



Springfield Memorial Hospital

To reach Admitting and Outpatient Unit (IE), call 217.788.3909.



To reach the Nursing Unit (2G), call 217.788.3295.



UnityPoint Methodist Hospital

Ask for the bariatric unit on 4 Hamilton.




309.672.5522

Notes



A COMMUNITY OF CARING

 Follow us on Instagram @SCBari

Copyright © 2023