

The Gastric Bypass Toolkit

This is the beginning.

Only you make the choices that

One day at a time, will change your

Life!

Keep on track.

Implement change, and

TAKE CONTROL.





Congratulations on your decision to undergo Gastric Bypass Surgery! Surgery is the most effective tool available to overcome obesity. You have made a very important, life changing decision and it is our job to provide you with the information and education that you need to make the most effective use of this very powerful tool.

This guide is designed to provide you with an understanding of the procedure itself and information on how to navigate through your recovery and achieve the health and weight loss that you desire.

You must enter this process fully committed and with a solid understanding of the risks of surgery, the health and weight loss expectations and what we need of you as a patient in order to assist you in the most effective way possible. We are here to support you. The surgery is only the beginning and you must enter into it with the expectation that it's a life-commitment and a lifetime of follow-up and strict adherence to the program is essential.

Ellner Bariatric
5555 Reservoir Dr, Ste 203
San Diego, CA 92120
Phone 619-286-7866
Fax 619-286-7867
www.EllnerBariatric.com

Your WEPNSS for Success:

- **Water: Drink 64oz of water per day.**
- **Exercise with a combination of aerobic and resistance training every day.**
- **Protein should always be eaten first.**
- **Never Snack!!**
- **Supplement with your vitamins.**
- **Support Group: Attend regularly!**

Table of Contents

The Pre-Op Day.....	5
Day of Surgery.....	7
How the Operation is Performed.....	8
In the Hospital.....	13
Week One	
After Hospital Discharge.....	15
Care of Your Incisions.....	15
Activity	17
Eating and Drinking	19
Medications.....	19
When to call the office.....	19
Week Two	
Classes.....	20
Eating.....	21
The Long Term	
How to Eat.....	22
What to Eat.....	24
Eating Weeks 3-4.....	24
Eating Month 2.....	25
Eating Months 3-6.....	26
Eating Months 6+.....	27
Alcohol and Medications.....	27
Side Effects.....	28
WEPNSS: Discussion.....	30
Vitamins.....	34
What to Buy for After Surgery.....	35

What to Expect Before Surgery

The Pre-Op Day:

You will be expected to arrive a couple of days prior to your surgery date and go through the pre-operative process. This day is somewhat long, so we recommend that you bring a book, or something to occupy yourself in between appointments. You must also be **fasting, with no food or drink, except water, after midnight the night before.** You should bring a lunch so you can have something to eat as soon as the testing is done. We do make every effort to get the testing done right away, so your fasting time is minimized. **Please also note that it is important to eat light foods for a few days before surgery. You should avoid heavy steaks, fried foods and other high fat foods.**

The events of the day are as follows:

- **Exercise Education:** You will meet with our physical therapist/personal trainer who will provide both a lecture and hands-on instruction in the hospital gym. You will be provided with the exercise and safety guidelines which will be important for your recovery and success.
- **Meeting with your surgeon:** You will meet with your surgeon to go over all the details of your medical records one last time. This will also be your opportunity to ask any questions that you have regarding any aspect of your surgery or recovery. If you have lots of questions, you might find it helpful to make a list to bring with you. After your discussion, you will undergo a full physical examination by your surgeon.
- **Meeting with an Internist:** You may also have an appointment with an Internal Medicine doctor who will be seeing you after surgery as well, to manage medical issues (diabetes, hypertension, etc) after surgery. He or she will also perform an EKG and a brief physical exam.

- **Nursing education and registration:** You will receive pre-operative education from our nursing staff on exactly what to do on the day of surgery, where to go at what time, etc. You will also receive very important instructions on how to deep breathe after surgery, so you minimize your risk of complications. You will complete hospital registration information, which will also verify your insurance coverage. Please have all insurance cards with you.
- **X-Ray and Blood Draw:** You will undergo a chest x-ray, abdominal ultrasound examination (and vaginal, for females) to check for last minute abnormalities before surgery. It is very important to make sure that females don't have any abnormalities of the ovaries, fallopian tubes, or vagina before proceeding with surgery, as obesity increases the risk of "female" cancers and this is evaluated with the vaginal ultrasound. It is necessary even for those who have had a hysterectomy. These x-rays are quite painless. You will undergo a last set of lab testing on your blood, to ensure that you are not anemic and that you haven't caught an infection that would complicate your surgery.

The Day Before Surgery:

We advise that you stay in San Diego the night before surgery.

You should eat a very light breakfast the day before surgery, with only clear liquids to follow for the rest of the day. Around 1 or 2 pm, you should drink your bottle of **Magnesium Citrate** (the nurses will have told you about this in the pre-op day), followed by water only, until midnight. **After midnight, you should not eat or drink anything.** unless advised by your surgeon to take certain medicines in the morning. The Magnesium Citrate will clean out your digestive tract so your surgery goes well and so that we will be operating on clean bowel. You might find that the laxative effects of this compound last several hours, so we advise starting it in the early afternoon, to avoid being up all night in the bathroom. The effects may last into the morning, which is one of the reasons that you should remain in San Diego the night before, so as to avoid being caught in traffic without access to a bathroom.

What to Expect the Day of Surgery

You must arrive a couple of hours before your scheduled operation in the Same Day Surgery Department. If you would like to bring a family member with you to keep you company during this time, you may do so. During this time, you will be answering the same questions from several different staff. Be patient, as this is for your safety – we check and double check all of our information with you so no mistakes are made. You will sign the operative consent, an IV will be started, antibiotics and blood thinners will be administered and you will put on your designer, one-of-a-kind, backless daywear. Actually, it's a hospital gown.

You will then be transported to the Pre-Op Holding Area, right next to the Operating Room. You will meet your anesthesiologist and one of the nurses that will be in the room with you during your surgery. You may ask the anesthesiologist for a dose of anti-anxiety medication at this time if you like. We are very sensitive to the fact that this might be a scary time for many folks, so don't be shy about asking for this.

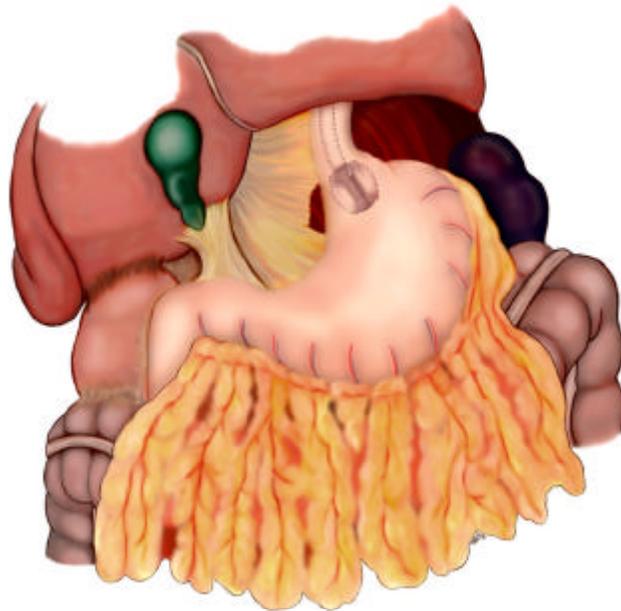
In the Operating Room:

When the room is prepared for you, you will be taken, on a gurney, into the operating room. You might find that it is a little chilly, but we will bundle you up with blankets so you will be quite warm. The nurse will place a safety belt across your body, and pads and pillows may be placed underneath your legs. Your arms will be extended out from your sides and softly padded.

The anesthesiologist will give you IV medications that will make you drowsy and you will inhale oxygen and anesthetic gases that will make you drift off to sleep. Once you are asleep, a tube will be placed through your mouth, into your trachea (your windpipe) to deliver oxygen and anesthetic gases to your lungs. A combination of IV and inhaled gases will keep you safe and asleep for the surgery. The tube will be removed as soon as you start to awaken, so you will likely have no recollection of its having been there at all.

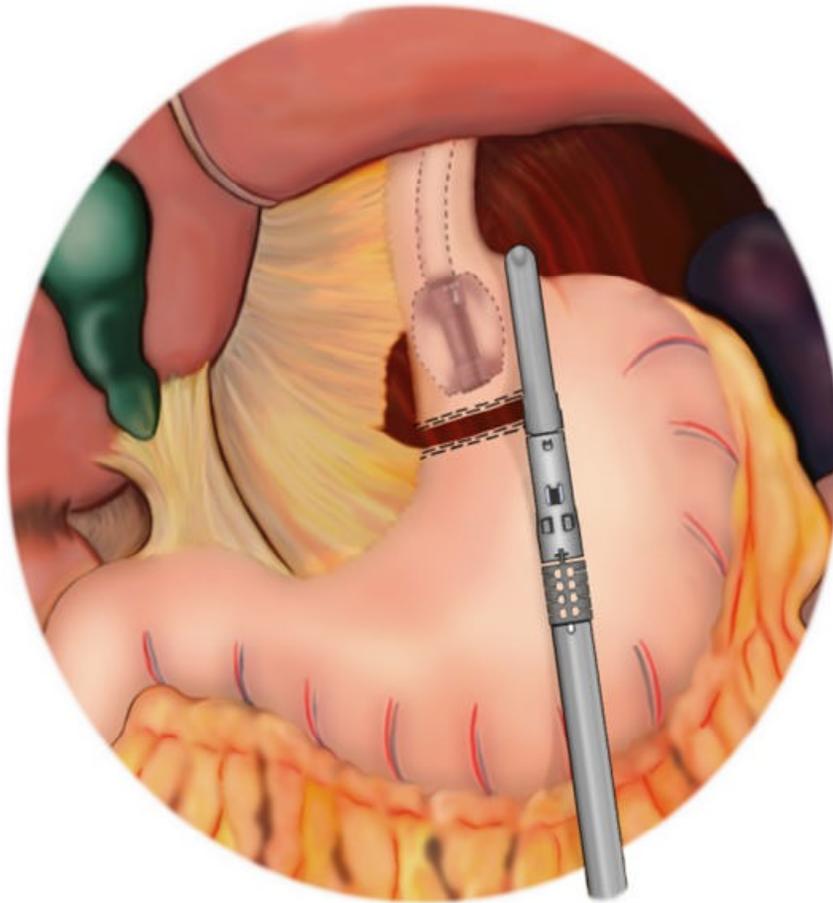
How the operation is performed:

The operation may be performed by the laparoscopic technique (through 6 small incisions) or the open technique (one vertical incision in the middle upper abdomen). The operation is the same on the inside in either case. The photos you see below are using laparoscopic instruments.



Measuring the stomach:

It is very important to measure the stomach accurately, to make a stomach “pouch” that is about $\frac{1}{2}$ an ounce, or 15ml. We do this by running a soft, flexible tube, with an inflatable balloon on the end, through the mouth and into the stomach. We then blow the balloon up with 15ml of saline and slide it up to the very top of the stomach.



©2000  ETHICON ENDOTEC INC. All rights reserved.

Dividing the stomach with the stapler:

We then staple around the outside of the balloon. Our stapler works by stapling on both sides, then cutting between the staple lines, so the stomach is sealed on both sides before division. This minimizes leakage and bleeding from cut edges. A series of “fires” with the stapler gets all the way across the stomach, until the stomach is completely divided into two separate pieces. The balloon is then deflated and removed.

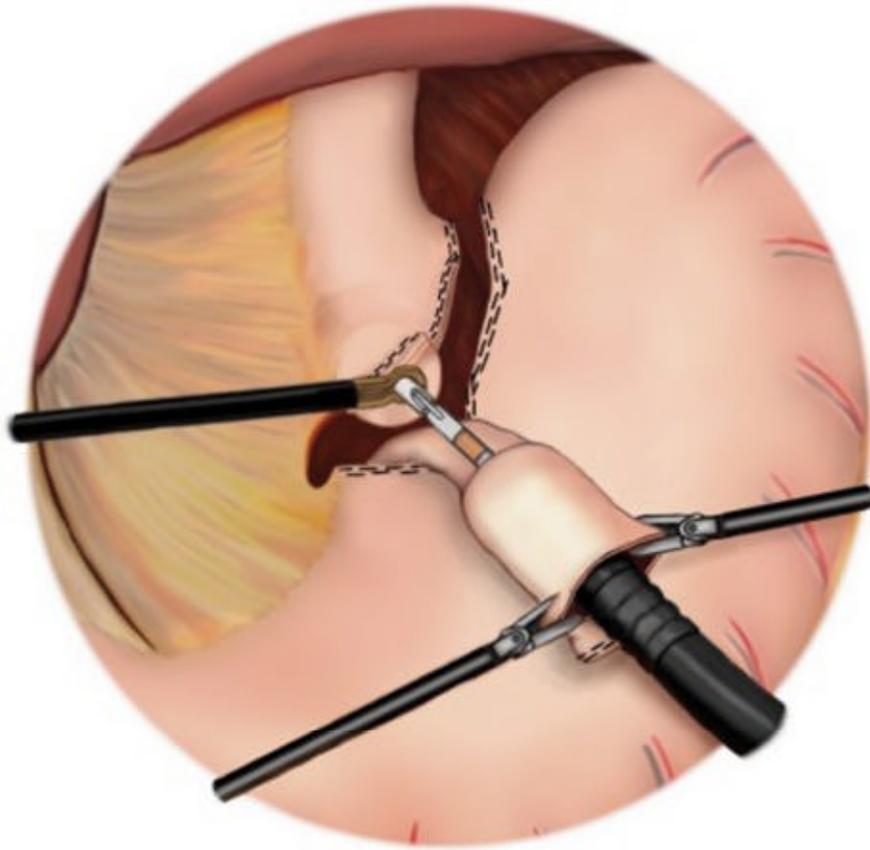


Dividing the Intestine:

The “old” stomach is traced down to the small intestine, where it is divided a few inches below the stomach and the “downstream” end is measured to 75cm. The end that is on the “stomach side” is attached into the side of the other limb, at the 75cm mark. (See below)

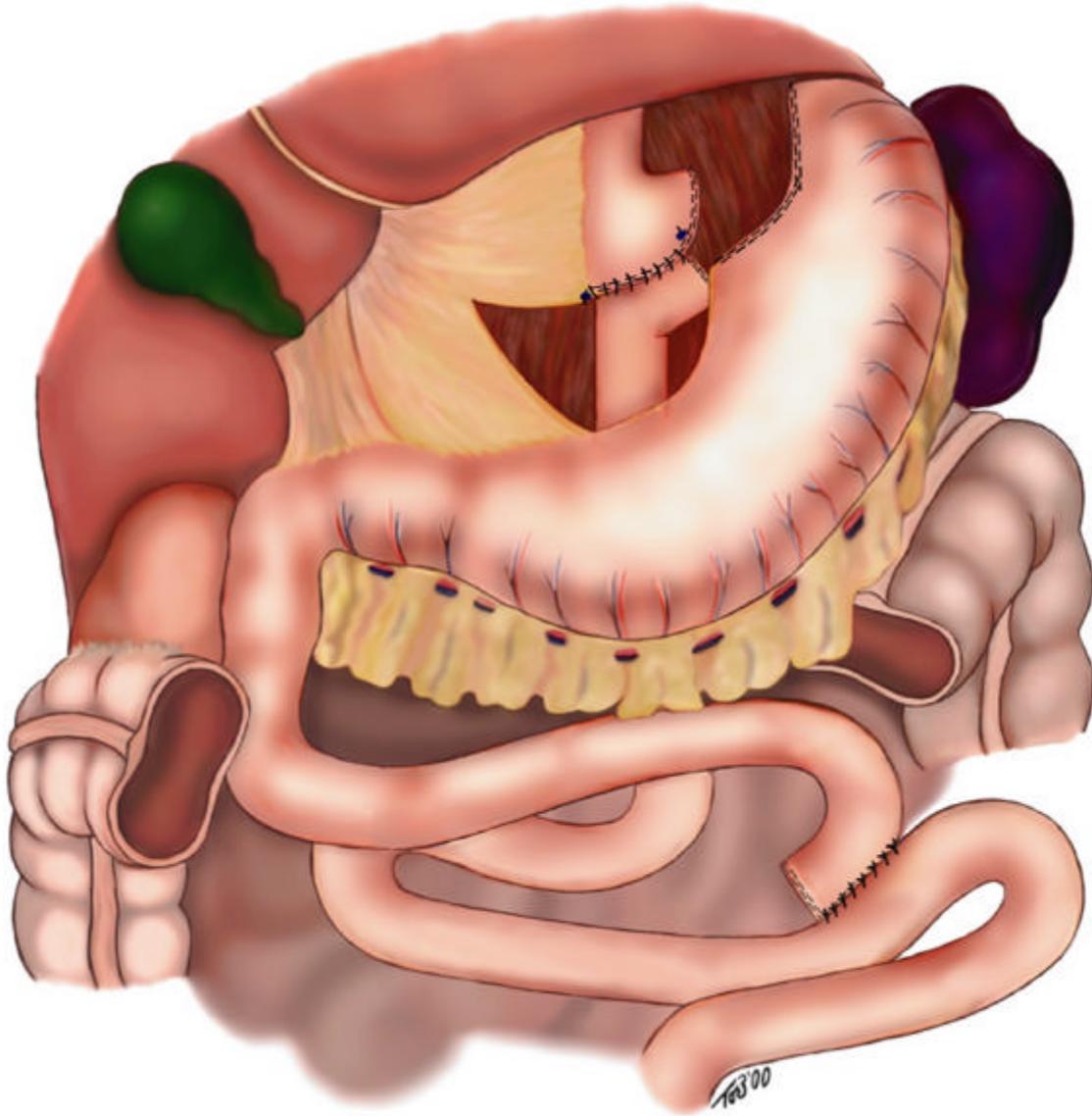


The 75cm limb is now delivered up behind the colon and the “old” stomach, to meet with the “new” stomach.



Making the Connection:

A round stapler is introduced into the end of the intestine (this is called The Roux Limb) and the “anvil” of the stapler is separately passed through the mouth and pulled down into the little stomach pouch. The two pieces are united and clamped together. A circular staple line is fired, with a circular blade cutting a hole on the inside of the staples (like a hole-puncher). When you eat, the food will pass from the stomach, through the little 12mm hole, into the intestine. This staple line is then over sewn with sutures, like double stitching, and the connection is tested for leaks. The open end of the intestine that the stapler passed through is then stapled closed.



The main part of the operation is now over.

When you eat a small amount of food, it will pass into the stomach pouch and when it does so, you will feel very full. As it passes into the intestine, you will immediately have a sense of satisfaction with that small amount of food. As it passes downstream, it will meet up with the acids and enzymes from the “old” stomach and normal digestion can occur throughout the rest of the digestive tract.

All drawings courtesy of Ethicon Endosurgery.

What to Expect In the Hospital

The First Day:

You will spend approximately 1 ½ - 2 hours in the recovery room as you slowly wake up after surgery. You will be closely attended by your nurse, who will administer pain and nausea medicine as needed. Due to the amnesic nature of the medications that you get in the operating room, you will likely have little recollection of this period of time.

When you are fully awake, you will be taken to the regular nursing unit. You will still be quite groggy, so if family members wish to visit, it is advised that they wait another few hours. As soon as you are awake enough, the nurses will ensure that you use your incentive spirometer (the breathing machine to help you clear your lungs) and walk in the hall as soon as you are steady on your feet.

It is very important to follow the instructions of the nursing staff –walk and deep breathe as much and as often as you can –as this is an extremely critical time in your recovery!!

Keep the nurses apprised of your pain control so that they may alter medication dosages immediately if necessary. You will have an On-Q, which is a tiny pump that instills pain medication directly into the largest of the incisions, as well as a PCA, which is a button that you can push to give yourself a small dose of narcotic in the IV. You cannot overdose yourself as long as you are the only one pushing it. Do NOT allow family members to push the button for you while you sleep! You will remain without eating or drinking anything for the night. You may, however, use wet swabs which are provided by the nurses, to refresh your mouth.

The Day after Surgery:

After spending a vigorous night walking, coughing and deep breathing, you will undergo an X-Ray (this is the Upper GI Study) the following morning. This X-Ray will demonstrate whether the connection between the stomach and the small intestine is sealed well enough for you to start taking liquids by mouth.

If your kidneys have been working well throughout the night, the nurses will remove your urinary catheter upon your return from the X-Ray department. This is painless.

If the UGI shows that your stomach and intestine are well healed, you will start taking ice chips by mouth, followed by sips of water, broth and sugar free jello. It is important to take small sips only, leaving plenty of time for the fluid to pass into your stomach before taking another sip. If you drink too much or too quickly, you may feel very nauseated and vomit. Just take a small sip every couple of minutes and you will get plenty of fluids in throughout the day. Once you are doing well with the drinking, we will unhook the IV and you will be able to take pain medicine by mouth. You may break the pills into small pieces and take them in fragments if you wish. It is still imperative that you continue walking, coughing and deep breathing frequently and vigorously throughout the day. 10 breaths every 30 minutes, with the machine, is the rule for this day.

Second Day after Surgery:

This is a marvelous day because you finally get to take a shower! The nurses will help you in the shower and afterward, they will remove the staples from your incisions. Steri-strips (butterfly bandages) will be applied to keep the skin closed together. Do not worry if the incisions tend to open slightly –they will heal well anyway, and will look just as nice in the end.

As long as you are walking, coughing, deep breathing and taking enough water, broth and jello by mouth, you will be discharged from the hospital –generally in the middle of the day. You will take your incentive spirometer home with you, as you must continue to use it every day. 10 breaths per hour is the rule, for the next week.

After Hospital Discharge

If you have not done so already, please take the time to carefully review all further information in this manual at the time of your discharge. It contains the information that will not only answer many of your questions, but it will guide you through the processes of initial healing, activity, eating patterns and general rules that you must follow to be successful with and recover safely from Gastric Bypass Surgery (GBPS). Remember that this section of the manual refers only to the period of time right after surgery.

Care of Your Incisions:

Whether you had laparoscopic or open surgery, your incision care is the same. Simple cleansing in the shower, **(do not soak in a tub)** letting the soapy water run across the incisions is the best method. Simply pat them dry with a towel, without rubbing across the incisions. You may follow by applying dry gauze and tape (silk tape is the most adherent, paper tape is the least aggravating to skin) if any of the incisions are still draining clear yellow or clear pink fluid. You may also find that a gauze dressing will protect your lower incisions from getting irritated from the waistband on your pants. If your incisions are dry and healing nicely, there is no need for any dressing at all. **Do not apply any ointments of any kind unless instructed to do so by your doctor.** If you wish to apply ointments or cream, you must wait until the incision has completely healed and the scab has fallen off, in approximately 3-4 weeks.

Pain in the Incisions:

It is common to have discomfort in your fresh incisions, particularly with activity, so you might find that the discomfort increases temporarily as you increase your activity level each day. After the laparoscopic surgery, the left lower incision will typically be the most troublesome, as it is the largest and it is the only one with large internal stitches in the muscle. Many people find that a heating pad works well for relieving the muscle discomfort after a big day of walking. Many women have reported that wearing supportive undergarments provides ongoing relief as well.

Drains and Drainage:

If you have a drain in place when you leave the hospital, you may shower as described above. Just be sure to secure the drain with strong tape before your shower so it doesn't get accidentally dislodged during showering.

“Normal” drainage is clear pink or clear yellow fluid. This may trickle out throughout the day or it may come out all at once, in a “gush”, typically when you are getting up from a chair or bed, or out of a car, etc. This is normal and not to be worried about. If your drainage turns green, brown, murky or has a foul odor, contact your physician immediately. Note that the drainage coming from *around* JP or G-tubes frequently turns thick and yellow. This is normal and will cease after the tube is removed.

Infections:

If your incisions develop redness that spreads out from the incision, or develop abnormal drainage (described above), you may have an infection and you should contact your physician immediately.

Swimming, Soaking and Submerging:

You must wait until your scabs have all fallen off and all drainage is entirely gone before submerging your incisions in water. This will be approximately 4-6 weeks.

Scarring:

All incisions will leave a scar. People all heal differently and cosmetic results vary tremendously. The most important consideration in obtaining best cosmetic result from a given scar is to avoid exposing your scars to sun for at least 2 years. The best way is to place a band-aid over the area, but at the very least, use SPF 50 sunscreen. Your scars will mature over a period of 2 years and they will typically soften and fade over this period of time.

Diarrhea:

It is normal to experience watery diarrhea for about a week after surgery. This

should clear up within a day or two after starting solid food. If you experience cramping, bloody stools or diarrhea that lasts beyond a week, contact the office immediately.

Activity

It is **extremely** important to walk frequently and consistently after your surgery. You are at risk for blood clots and pneumonia in the period following your surgery and it is imperative to avoid these potentially life-threatening complications. The best way is to walk frequently while breathing deeply. These are absolutely the best things you can do to avoid complications! Note that the instructions in this part of the manual are for the period right after surgery. Your exercise requirements will change at the end of the first month. Please refer to the Exercise portion of the manual for a full discussion.

Walking:

You must walk at least every 2 hours, for at least 15 minutes per time. This means getting out of your hotel room or bedroom and walking through the halls or house, or outdoors. You may allow yourself a good night's rest by not getting up in the middle of the night, but do not be in bed for more than 8 hours per night.

We strongly advise that each patient take an "outing" each day - go to the beach or boardwalk, the mall, the zoo or wild animal park, the harbor, the museums or Balboa Park. Make sure that you take little rests along the way, so you are sure to get back to the car! Get out and enjoy San Diego. Just pace yourself so you can keep up with the rest of your short walks through the rest of the day.

Deep Breathing:

Just like in the hospital, you must continue to use your incentive spirometer (your plastic breathing machine), 10 breaths every hour while you are awake. You do not have to take it with you when you go out on an excursion, but watch the clock when you're back at home or in the hotel and make sure that you stay on schedule.

You must get the valve to at least 2000cc with each breath. You may stop using the machine one week after discharge, unless your doctor advises you to continue. Bring the machine with you to the lectures and office visits after surgery, as you will be required to use it each hour.

Sitting:

Please sit with your legs elevated, so your legs don't dangle or sit in a bent position for more than 20-30 minutes. If you are flying home, please inform the flight attendants that you just had surgery and you are required to walk the aisles every 30 minutes. If you are driving a distance, stop every 30 minutes and walk and stretch your legs and calves to avoid blood clots.

Eating and Drinking:

For the first several days after surgery, you will be taking only water, broth and jello. (Your diet will be "advanced" to more interesting foods after the lectures.) It is important to get at least two or three cups of chicken, beef or soy broth per day, as this is your source of protein. **Your total intake of all fluids combined must be at least 64oz per day.** Please keep close track of your intake throughout the day so you don't find yourself "behind" and unable to catch up at the end of the day. The first sign of dehydration is your urine getting darker colored and having a stronger odor. In general, you should urinate every 3-4 hours and it should be very clear in color if you are well hydrated.

Do not ever eat or drink anything that you have not been advised by your doctor to take. Eating the wrong foods, especially right after surgery, can cause you to be very sick and may lead to death!

Medications

You have been provided with a prescription for pain medication and you may take it as directed. Sometimes it is easier to swallow the pill if you take it with warm broth rather than cold water. You must take enough pain medication, whether it's your prescription or just Tylenol, in order for you to be reasonably comfortable when doing your walking and deep breathing after surgery. Remember, pain raises your blood pressure, interferes with your sleep and inhibits your ability to walk, cough and deep breathe. It is more dangerous to feel pain than to take the medication.

Do not take any medication that has not been "cleared" by your doctor. Many of the medications that you took before surgery will no longer be necessary and could be harmful after surgery. This is particularly true of anti-inflammatory medications. **You must avoid Ibuprofen (Motrin, Advil, generic Ibuprofen, and cold medications containing Ibuprofen), Aspirin (and Aspirin containing products) and Naprosyn (Aleve) for life, unless otherwise advised by your surgeon.** Remember, you are always welcomed to contact the office if you or your primary doctor has questions!

When to call the office: (619) 229-3340

- Fever above 101.5 or shaking chills
- Swelling, redness or abnormal drainage of incisions (see "Drainage")
- Swelling of or pain in legs
- Swelling or increased pain in abdomen
- Repeated vomiting
- Pain or burning with urination
- Difficulty breathing or coughing up green or brown phlegm

Week Number Two:

Monday

Call the office, as scheduled on your itinerary, to check in and provide a report of your condition and how much you are drinking, walking and deep breathing. If you are having difficulty, the nurse may instruct you to come into the office for an exam or test.

Tuesday

This is a big day. You will attend lectures on Nutrition, Exercise, Vitamins and details of how and what to eat as you recover from surgery and progress through the months. It is essential that you attend and be prompt as it will last 2-3 hours and the entire group of patients who went through the surgery with you last week will all be in attendance.

Bring the following with you to the lecture:

- Water
- Incentive Spirometer
- This manual, with a pen to take notes

We encourage you to include family or close friends at the lecture. It is important that your support people understand the process, as your eating and lifestyle habits will be drastically different from now on. The more they understand about your surgery and your new life, the better they will be able to support you and share in your success!

You will normally start eating solid food right after the classes. As you will be told in the class, you will start on soft, easy-to-digest foods. You should eat **ONLY** until you are satisfied that you are no longer hungry. Do **NOT** take a bite beyond where you feel comfortable or you will most likely throw up. You may find that a few bites is all you need, which is normal. It is also normal to eat only once or twice a day. If you are truly hungry for a third meal, it is most likely because you aren't drinking enough water between meals!

Please read the “How to Eat ” section of this guide before taking any solid food!

Here are the ONLY foods you should eat for 5-7 days after the Tuesday lecture:

(This is considered Week 2)

- a soft-boiled or scrambled egg (be sure not to overcook it – you don’t want it dry)
- refried beans (low-fat)
- lentil or split pea soup (no ham or vegetables in the soup)
- low or non-fat cottage cheese
- low-fat, light yogurt (get the blended kind, without big pieces of fruit in it)
- **ALWAYS** drink 64oz of water per day
- (Here’s a hint: in most cases, the yogurt is the easiest to tolerate.)

You will find that you fill up very quickly and it might take you 15-20 minutes to eat one egg or less than ½ cup of yogurt. This is the result that we want... it means that your surgery and your stomach are working just the way they should.

Remember: stop drinking 30 minutes before a meal and wait 30 minutes after your meal to start again. From now on, mealtime is only for food. Drinking with your food will wash it out of your stomach quickly and you will be hungry again!

Wednesday/Thursday

You will most likely be scheduled for official discharge on one of these days. The staff will review your medications with you and answer any questions that you and your family have. Be sure to make your first follow-up appointment (one month) before you leave. Review the instructions in the activity section in the previous pages so your trip home is safe and comfortable.

The Long-Term: How and What to Eat After Surgery

It is extremely important to read and understand how to eat after surgery. The “cues” that you will receive from your new stomach will be completely new to you. When people become very overweight, the normal sensation of being full and satisfied with food diminishes. This leaves people with a “disconnection” between stomach and brain, and it is impossible to determine when there is enough food in the system. This changes after surgery and the full and satisfied feeling will return very quickly, frequently after a very small amount of food. It is imperative to pay close attention to what your stomach is telling you after each bite of food and stop when the immediate hunger goes away. If you overeat by a single bite, you may feel very sick for several hours and/or vomit, leading you to be intolerant of any solid food for several days thereafter.

HOW to Eat After Surgery

- **ALWAYS eat your protein first.**
- Each meal should contain **at least 50% protein**. This is the most important part of your meal and since you don't have much room in your stomach, you must be sure to get enough in each meal. Additionally, protein is what gives us a sense of fullness and satisfaction, so it's important to put that into the system first.
- Don't drink within 30 minutes of a meal, either before or after. Drinking before a meal fills up your stomach and inhibits your ability to get enough protein. Drinking after a meal washes the food out of your stomach, leaving you feeling hungry.
- Eat slowly, putting the fork down between bites and waiting for the food to “settle” before taking your next bite. Sometimes it takes a few minutes for the signal from your stomach to reach your brain and you must wait for that to happen.

- Chew, chew, chew... The connecting “stoma” between your stomach and your intestine is less than ½ inch wide and a piece of un-chewed food can block it, irritate it and potentially tear the connection. This can make you become very sick, very quickly and potentially lead to death. The food must be completely pureed in your mouth before you swallow it.
- For the same reason, always make sure that your food is moist.
- When you eat, make it a *meal*. Wait until your body tells you that it is truly physically hungry (not just head hunger!) and then sit down for a meal. You will soon be able to recognize early cues of hunger so you can sit down to a meal before you feel excessively hungry.
- Set aside a special place to eat – a kitchen or dining table, or special chair away from your desk at work should be your designated place to eat. Never eat on the run or when you could be distracted, as this results in snacking and eating too much, too fast or not chewing ...and this could make you very sick and damage your stoma.
- Sit down to eat. It is important to make mealtime a time just for eating, with no distractions. Many people have a tendency to overeat simply because they aren't paying attention due to family and children, television and conversation. Since it is embarrassing and potentially dangerous to overeat after the surgery, take the time to eat slowly with attention to every bite. This will give you the best opportunity to be successful at “re-connecting” with your stomach in the long-term.
- Limit your meals to 20 minutes. This is about the length of time that it takes your stomach to empty out into the small intestine. If you draw out a meal to over 20 minutes, the food will be “going in through the top and out through the bottom” simultaneously and you will eat too much.
- Stop eating when you stop feeling hungry. This will fulfill your needs and keep you from overeating and being sick.

- Do not eat between meals. You should eat 1-2 meals per day in the beginning, possibly increasing to 3 many months down the line if you are exercising a lot and subsequently needing more energy. **Eating between meals is snacking and this is the leading cause of weight re-gain!**

WHAT to Eat After Surgery

Week 2:

Refer to the food list in the previous section for the foods to eat during this time.

Weeks 3-4:

The foods during this time should be high in protein and low in fat. ***You will notice that there are NO fruits or vegetables during this time.*** The fiber in fruit and vegetables can obstruct your “stoma” and potentially break your connection open, as it has not yet fully healed. There are no starches or grains for the same reason.

You may have the following foods at this time:

- Thinly sliced deli meats such as turkey, chicken, ham
- Low fat string cheese, Skim ricotta cheese, feta
- Soft fish – not dry or overcooked
- Canned chicken and tuna (you may mix it up with a bit of plain yogurt, mustard or low fat mayonnaise)
- Boiled shrimp (try a little cocktail sauce but be careful of taking too much because the sugar in it might make you dump – see “Dumping Syndrome”)
- Pan-seared scallops (lime or lemon juice is okay)
- Real or imitation lobster and crab (no real butter, but try imitation flakes, i.e. Molly McButter)
- Egg salad (use plain yogurt, mustard or lowfat mayonnaise, or even salsa – the finely pureed kind)
- Tofu
- Low fat hot-dog (no bun)
- Well cooked beans and legumes

Month 2:

Congratulations! If you are doing well with last month's foods, you get to add vegetables and fruit to your diet. ***Remember the 50% protein rule and always eat your protein first.*** Please also remember that you must start slowly, with soft vegetables that are somewhat overcooked and only when you are comfortable with these, you may cook them "al-dente".

You may add the following foods:

- Soft cooked, "non-stringy" vegetables (Avoid celery, squash, etc)
- Chili with ground beef or ground turkey
- Rotisserie style or grilled, soft chicken
- Soup with vegetables and turkey, chicken (Avoid chunks of pork and beef)
- Low-fat Lite yogurt with fruit
- Fruit that is soft, without fibrous strands
 - bananas, strawberries, kiwi, melon
 - apples, pears, plums, apricots, peaches, all without peels
 - Avoid** fruit with fibers such as oranges, grapefruits, tangerines but canned mandarin oranges are okay

Avoid starches such as potatoes, yams, rice
Avoid pasta, bread, crackers

Remember that fruit is largely SUGAR and with your current vitamin plan, it contributes virtually nothing to your diet that you need. You should therefore use fruit as a treat at the end of your protein meal. Never eat fruit on its own and between meals. This would be a full sugar snack! (Remember: don't try any new sugars in a public restaurant!)

A note on the preparation of meats: The 3 B's

- **Bake, Broil or BBQ** (this means on the grill, not with bbq sauce).
- It is important to avoid frying as this adds tremendous amounts of fat and may make you sick!
- Watch carefully to avoid overcooking and drying of edges.
- Feel free to spice your foods up, but without adding extra fat or sugar.

Months 3-6:

If you are doing well with the previous month's food, you may add the following:

- Sashimi (no rice)
- All vegetables, cooked (chew 'em up well and eat slowly!)
- If you're doing well with the cooked ones, try raw vegetables (here's a hint: try a little plain, low fat yogurt with dill for a dip)
- Chunky salsa
- Salad (finally!) with low or non-fat dressing
- All fruit, as tolerated (remember, this is a small treat/dessert to be enjoyed AFTER protein, at the end of the meal.

Month 6+:

Now is the time to add:

- Beef/Steak (get a quality cut, without gristle, and eat from the middle, where it's not hard or dry)
- Ham, Pork and other Chops (eat from the middle)

Alcohol and Medications

Medications:

The general rule is that you are cleared to take virtually all medications **except:**

- Long-acting medications – this refers to anything that has the letters XR (extended release), SR (sustained release), or is noted to be long-acting or 24-hour. Simply inform your physician that you need the short-acting/regular release form.
- Aspirin, Ibuprofen, Naprosyn (as noted on page 21)
- Cold and flu remedies that contain alcohol, ibuprofen, aspirin, or sugar.

It is generally acceptable to take anti-inflammatory Cox-2 Inhibitors after one month after surgery, but there is some increased risk of stomach irritation and ulcers, so do not take these unless you and your regular physician have tried alternatives. Always take these medications with a little food (a bite of yogurt or cheese will do).

Estrogen and birth control pills may be restarted one month after surgery.

Alcoholic Beverages

You will absorb 4 times as much alcohol from a single drink after surgery. You will get very drunk, very quickly. If you are to get pulled over by the police and an alcohol breath or blood test is administered, it will indicate 4 times as much alcohol as you would expect. In order to be safe, you should only drink alcohol on special occasions and no more than 1-2 drinks in a 24 hour period. Needless to say, NEVER drive within 24 hours of a single alcoholic beverage. Additionally, it may also lead to increased risk for alcoholic liver cirrhosis if you drink regularly, and due to the high carbohydrate content, it will slow your weight loss significantly.

Side Effects

Constipation:

Patients can experience less frequent bowel movements following surgery, due to the fact that there is less volume of food going in to the system. It is normal to have 2-3 bowel movements per week, but the stools should not be painful or dry. **The most common reason for constipation after gastric bypass surgery is dehydration.** This is one important reason to drink at least 64 ounces of water per day!

If you experience hard painful bowel movements, or if 5 days pass without a bowel movement, you may use the following: **Milk Of Magnesia, Colace or other gentle stool softeners.** You should then pay close attention to ensuring that you are staying well hydrated thereafter. Very few patients develop constipation after surgery if they are drinking enough water. It is not advisable to use fiber based laxatives for the first 6-12 months after surgery, as the bulk of the fiber, coupled with the inability to drink adequate amounts of water all at once, leads to intestinal discomfort and possible obstruction.

Hair Thinning:

Hair thinning occurs between the 3rd and 6th months after surgery. Hair thins as a result of surgical, emotional, nutritional and hormonal stress. The gastric bypass surgery results in some degree of each of these. The hair follicles are “turned off” at the time of surgery, and “turned back on” a few months thereafter. However, hair grows in three month cycles, so you don’t see the effects of the surgery until three months afterward. The hair returns completely in women, after the 6th month. Men have different balding patterns, so some men may find that their hair doesn’t return entirely.

Dumping:

Dumping Syndrome is the body's reaction to foods that are high in fat and/or sugar. Following gastric bypass surgery, food passes directly from the new small stomach into the small intestine. The small stomach pouch doesn't have the capacity to digest foods to a significant extent before it passes it into the small intestine:

- When undigested fats and sugars enter the intestine, the pancreas releases a large amount of insulin to the blood, causing the blood sugar level to drop.
- Large amounts of water are also drawn from the bloodstream into the intestine, leading to decreased blood pressure and increased heart rate.
- A given patient may experience one or all of the following symptoms: heart racing, sweating, sudden tiredness, nausea, intestinal cramping, diarrhea and sudden anxiety.
- Symptoms are different for everyone and different for a given food.
- Dumping is self-limited and not dangerous in and of itself but it is VERY uncomfortable. It is important, therefore, to be aware of your own sensitivities after surgery, as you wouldn't want to have a dumping episode in a restaurant or at a party, etc.
- Remember, sugar and fat can hide in foods where you wouldn't normally expect it. Be aware that "natural" sugars like fructose (in fruit) and lactose (in dairy products) are sugars all the same, and may cause dumping just like the sugar in chocolate.

The Long Term Commitments: Your “WEPNSS” for Success

Discussed below are the keys to success, which you must adopt immediately and incorporate into your lifestyle in order to achieve long-term health and maintenance of a healthy body weight. ALL ARE IMPERATIVE and not embracing even one will be detrimental to your success. You have one chance to do this right.

Remember the following, for life:

1. Water:

It is extremely important that you drink 64 ounces, or 2 quarts, of water throughout each day. This may be a challenge in the beginning, but you must become used to it as quickly as possible. Here are some of the reasons why water is so important:

- Drinking enough water and exercising appropriately are the **ONLY** things that you can do to minimize the excess skin after weight loss!
- Your body can only work at its best in burning the fat if it is well hydrated. If you are dehydrated, you won't burn off the fat as well, and therefore you won't lose weight as well or as quickly, or in a healthy way.
- Water is used by the body to build and tone muscle tissue as you lose the fat.
- Rapid weight loss can stress your kidneys if you aren't well hydrated and drinking 64oz of water per day will help you to avoid getting kidney stones.
- You may mix a *small* amount of Crystal Light, Propel, sliced lemons, oranges or limes, in with your water. **DO NOT** make Crystal Light or other such drinks stronger than 1/8th strength because drinking sweet drinks, even if they are diet, will cause cravings for sweets and make resisting sweets very difficult indeed.

- The same applies to diet drinks such as Snapple, Cola, Propel, and the artificially sweetened flavored waters. Plain water is by far the best, but IF YOU MUST drink flavored beverages due to temporary nausea, dilute them 8:1 with water.
- Hint: Very diluted herbal tea often settles an upset stomach if the cold water is causing nausea.

2. Exercise:

Establishing a routine for exercise is sometimes the most daunting element of “The Rules”. Many people who have weight loss surgery have never felt comfortable exercising, due to pain, fatigue, self-consciousness, lack of positive results... but the fact is that now that you have had surgery, exercise is not only essential to protect your muscles from getting broken down, but it becomes a lot more *fun*. The pain in the joints disintegrates, energy skyrockets, the scale shows progress every week (our patients are the ones who see results faster than everyone else in the gym!) so self-confidence gets a real boost and suddenly people feel down and fatigued if they don't exercise.

- It is important to combine **aerobic** type exercise (this is anything that gets your heart rate up to about 20 beats in 10 seconds) with **resistance training** (lifting weights).
- Aerobic exercise burns more fat while you're doing the exercise, but resistance training increases your metabolism more overall, both while you are doing the aerobic part and for hours after you have already stopped exercising. **In plain terms, lifting light weights in addition to your aerobic workout makes you burn more calories during your aerobic workout and it keeps your body burning calories long after you have stopped exercising.**
- Those who have a balanced exercise routine tend to do better in the long run than those who do just aerobic workouts.

- The patients who do the best and are happiest with their health and their bodies are those who get the help of a personal trainer.
 - Getting a personal trainer, even on a temporary basis while you are losing weight rapidly, will provide an environment in which you can be safe and productive. Try it for just a few months and then see what you think!!
 - Trainers who are physical therapists as well have an understanding of how to exercise around prior injuries and painful joints, while at the same time strengthening weak areas. They also have a keen ability to find the little muscles that we often neglect if left to our own devices, like the back (which sometimes starts to hurt *after* weight loss if it hasn't stayed in shape *during* weight loss) and the triceps (the area between the shoulder and elbow that sags down when you raise your arm).
 - Many patients have said that second to the surgery itself, getting a personal trainer was the best thing they could have done with their money. Trainers make exercise safe, more effective and more fun, and they keep us accountable! Many trainers will even come to your home if you don't have a gym near your house.
 - **If cost is an issue, many at-home trainers will design a home program for you, check in with you by email, and visit you only once per month, adapting your programs for your needs and desired results as time goes by. This much less expensive and is a better option for most people than trying to go it alone.**
- Exercise is one of the two things that you can do to minimize the amount of extra skin that results from weight loss. (the other is drinking enough water)
- Exercise increases overall energy, reduces stress, improves sleep, fights hunger and elevates mood.

3. Protein (and protein drinks)

Protein should always be eaten first. It is the most important part of your meal and your stomach is very small, so you must be sure that you always get enough in before eating anything else.

- Eating protein (and exercising) protects your muscles from getting broken down while your body is losing weight. Muscle loss results in people who look gaunt, skinny and bony. These people feel fatigued all the time and in general, don't look or feel good.
- Protein is what makes us feel full and satisfied with a meal. (carbohydrates make us hungry)
- Protein keeps the blood sugar at a steady level and helps to prevent "bottoming out" and getting ravenously hungry.

A word on protein drinks:

Protein drinks are, in general, okay to use as a supplement to eating "real food". *They are not to be used in place of a meal.* We recommend getting 60grams of protein per day. If, especially in the beginning when it's sometimes difficult to get that much protein in the form of real food, protein drinks can help make up the difference. They can give you the energy you need to have until you get enough by eating your meals. Some people just like the energy they provide and they use them as supplements to their meals in the long-term.

But be careful when selecting protein supplements! The ones that are made to be "shakes" are frequently high in calories and carbohydrates. Read the labels to find one that has:

- High amounts of protein (whey is a good source to look for). At least 15 grams per serving is a good amount.
- Low carbohydrates (less than 4gm)
- Low (less than 4gm) or no sugars

Do not blend protein powders with fruit, juice or milk as this adds unnecessary calories and stimulates appetite by being too sweet. Many people find that mixing a protein powder or liquid into their water and drinking it throughout the day gives them a day-long boost and minimizes the chances of stimulating appetite due to being too strong all at once. Ask the staff in the office for recommendations on favorites of our patients.

4. Never Snack!!

Snacking is the most common reason why people re-gain weight. You may feel as though you can snack and lose weight anyway in the beginning and this is true. But **the weight will come back if you snack**, even if you don't eat more than you did before. The weight will come right back on and you will **never** have the opportunity to lose weight as easily ever again.

Interestingly, the body frequently can't tell the difference between hunger and thirst. So when we feel "hungry", it's often because we are actually thirsty and drinking a glass of water is all it takes to give the body what it needs and make the feeling go away.

The surgery doesn't stop you from eating little bits throughout the day. It only stops you from eating too much at once and it takes away the true hunger between meals. YOU must overcome the "head hunger" that leads to snacking. Identify your stressors, your triggers, which make you snack, so you can deal with them directly and not have to use food as security and comfort.

5. Supplementation:

You will absorb vitamins normally, but due to the decreased volume of food, coupled with your extra needs during the stress of weight loss, you must take your vitamins every day, without fail, for life. The requirements for vitamin supplementation are:

- Two Adult High Potency Multivitamins per day
- Calcium Citrate, 1800-2000mg per day
- Ferrous Fumerate, 15-60mg per day (this is your Iron)
- B12, 1000mcg, sublingual, once per week
- B-Complex, UNcoated, one per day

Do not take your Calcium and your Iron within 6 hours of each other.
B12 gives you energy, so some people like to take it 2-3 times per week.

6. Support Groups:

Support groups are VERY helpful to the great majority of patients. People frequently feel that their new bodies are “unfamiliar” to them and they don’t know themselves as slender and healthy. It’s a pleasant, but sometimes not an easy, adjustment. You will find that strangers will treat you very differently when you are slender versus when you were overweight. This is a sad but very true fact. Relationships with friends, family and strangers will change, sometimes dramatically.

We strongly advise attending support groups so you can adjust to these changes and deal with them in a healthy, constructive way. It is important to encourage your friends and family, especially spouses, to attend as well, because they will frequently be intimately involved in the adjustment to the new you. Support groups also keep people accountable for their actions, so patients are less likely to “stray”. Patients who attend support groups do better in the long run. It’s as simple as that.

Extra Help

What to Buy for After Surgery:

- **Loose fitting pants:** People are most comfortable in sweatpants or drawstring pants after surgery, as jeans may rub on the incisions.
- **Good Quality Scale:** it doesn’t have to be expensive, just consistent. You should choose one that reads the same when you step on and off several times in succession. Always make a note of the difference between your scale and the one in our office. Make sure that you weigh in on the same scale **every day**. You will also be able to take that time, during your daily weigh-in, to run through the rules and assess your compliance. You must do this every day.
- **Journal:** It’s a good idea to chart your weight once per week. You will notice that your weight fluctuates up and down and you will sometimes lose several pounds all at once. You will go through “plateaus” where you won’t

lose any weight for days. This is all normal and it is important to weigh every day so you can become accustomed to your body's natural plateaus.

- Take stock of what you are doing, not to punish yourself for misbehaving, but to make a mental plan every day to follow the rules and be the best you can be. Take this time to congratulate yourself on what you are doing well and make a plan to improve on other areas.
 - You should keep a journal of activities: exercise, pleasure, work, stressors and you will see how these things affect your appetite, your mood, your compliance with the program on a given day and your weight loss! You will notice how carbohydrates make you feel (they can lead to fatigue, bloat and depression) versus how protein will make you feel (generally more invigorated and alert).
 - Look on **Remedy MD** for lots of neat computer journals and programs that will graph your weight loss, follow your food intake, etc.
- **Camera:** It's worth it to get a camera and take photos of yourself every month. You should take them standing in the same place in your house, near a picture or doorway, for instance, so you have a point of reference as you start to shrink. You will be amazed at how you may not notice just how much smaller you have become until you see the photos.
 - Take the photos from the front, back and side each time, and put them in your journal.
 - If you have a digital camera, you can enter them in your online journal.
 - If someone close to you is looking for a nice gift for you as congratulation on your surgery, this is a nice gift that will provide lots of positive feedback.
- **Hot Water Bottle or Heating Pad:** These may be helpful for painful incisions or muscle strain.
 - **Walking/Workout Shoes:** If you are starting out walking, be sure to get a supportive set of shoes, made for walking. You may develop back and joint pain if you try to walk in old sneakers. Nordstrom's' shoes are sometimes a little more expensive but they will replace them for free when they wear down. Movin' Shoes have locations in and around San Diego and they will

let you try the shoes in their parking lot before you buy them. They have knowledgeable staff and can help you find the shoe that's right for your arches and the type of workout you will be doing and they can help you quite a bit. Your feet will most likely become narrower as you lose weight, so don't be surprised if you have to replace your shoes down the line.

- **Hand Weights:** You don't need to buy an entire set of dumbbells, but if you can find hand weights that have removable weights that screw in to the ends of the bars, you will be able to increase the weight as time goes by.
- **Heart Rate Monitor:** It's very important to monitor your pace to get the most out of your workout. Get one that fits around your chest, as the ones on watches aren't as accurate. This will be discussed in the lectures after surgery.

Final Note:

We are here for you not only before, during and after your surgery, but for life. We're proud of you as you regain the health, vigor and enjoyment you so richly deserve. We are always only a phone call away if we can help you in any way throughout your journey...Your trust in us is so important.

Thank you and congratulations!

Dr. Ellner & Team