

Bariatric Patient Manual

PANHANDLE

WEIGHT LOSS

CENTER

Pre-Operative Visit Schedule

2 tracks exist depending on your decision to use an insurance product or pay cash

Insurance Track (based on a 3 month requirement – will vary depending on your specific plan)

1. Initial Visit

- At this visit, you meet with Dr. Schniederjan, Dr. Neichoy, or Dr. Peterson to discuss surgery options & formulate a plan. The doctors will get to know you & decide what procedure would be most beneficial for you & your weight loss journey.
- Next, our Bariatric Coordinators, Kelly, will discuss the process of proceeding through the preoperative requirements. In addition, they will review your bariatric insurance coverage and the specific requirements your plan requires for approval. They will also discuss the cost of surgery if you are a cash pay patient and the various financing options available to you.
- We will schedule your BMR and DEXA scan along with your next appointments with our Registered Dietitians and Physician Extender (Physician Assistant or Registered Nurse Practitioner)

2. BMR and DEXA scan Testing Visit

- The BMR test stands for your Basal Metabolic Rate and measures your individual metabolism. It is not a blood test. This will require you to sit for approximately 5-10 minutes and breathe normally into a tube. The result will be used as a baseline and will help us track your progress throughout your entire journey. Knowing your specific metabolism is also helpful in determining what surgery will work best for you. **BE FASTING** for 6 hours prior to this office visit. Please have nothing to eat or drink besides water for 4 hours prior to your appointment. **Also, **NO NICOTINE** (no smoking, chewing, patches, e-cig. No nicotine in any form) and **NO STRENUOUS EXERCISE** for 6 hours prior to your appointment. We will discuss the results of this with you at your next appointment.
- The DEXA scan is a measurement of your body composition. It is a non-invasive test that measures bone mineral density along with the percentage of lean muscle and fat. It is extremely accurate and allow us to establish a baseline and aid in tracking your process throughout your entire journey. This will typically be done on the same day as your BMR test. The DEXA results will also be used by your Health Coach to guide your post-operative progress

3. 2nd Visit

- Meet with one of our Physician Extenders to discuss your BMR and DEXA results and the importance of self-monitoring with calorie tracking and exercising to maintain and improve metabolism. She will also address any medical conditions you have and what diagnostic testing you will require. You will also discuss any referral appointments needed such as Psychological Evaluation, Sleep Study, Cardiac testing, etc. You will also discuss scheduling either an EGD (Esophagogastroduodenoscopy) or TNE (Transnasal Endoscopy). This is performed to evaluate your esophagus, stomach and the first part of your small intestine prior to surgery. Start tracking your progress on the PWLC Baritastic app now! Use code 77952.
- Visit with your Registered Dietitian.
- At the conclusion of this visit you will be given information to access our Pre and Post Op video course curriculum. These courses walk you through everything you need to know about your bariatric surgery. From medications to what to expect the day of surgery.

4. 3rd Visit

- Meet with one of our Physician Extenders to review the results of previous studies and along with lifestyle issues. You will discuss issues such as stress and emotional eating and how it contributes to weight gain. We will review the results of any lab and diagnostic testing you have had performed. If you were found to have a hiatal hernia on EGD or TNE and/or have significant heartburn you may be referred back to your surgeon to discuss options.
- Visit with your Registered Dietitian.

5. Pre-Op Visit

- This is your final visit at which you meet with your surgeon. Dr. Schniederjan, Dr. Neichoy, or Dr. Peterson will explain what the surgery day will look like. Please bring your spouse or family member with you to this appointment.
- Surgical consents will be obtained and any final questions regarding recovery, medications, or diets will be

answered at this time. You will also be given a date and time for your pre-anesthesia visit at the hospital.

- You will be scheduled a consult with one of our Health Coaches to discuss the 12 month post-operative program that has been designed specifically for you. This consult will occur at the 2 week Post Op visit

6. 2 week Post-Op Visit

- This is your first visit after surgery at which you meet with your Physician Extender to identify surgical complications, adjust or eliminate medications, and evaluate your surgical wounds.
- You will meet with one of our Health Coaches to discuss the 12 month post-operative program that has been designed specifically for you. This course will be guided by your Health Coach and consists of an extensive curriculum designed to unpack information on nutrition, movement and lifestyle to help you reach your health, wellness, and weight loss goals. The curriculum is located on the Teachable platform that was used for the Pre and Post Op video series and you will be enrolled at this time.

FAST Track

- This track is designed is designed to consolidate all the pre-operative appointments, diagnostic testing, pre-surgery dietary education associated with your bariatric surgery to minimize your time away from work or home prior to surgery.

1. First Visit

- Initial consult with Surgeon to answer questions, evaluate you for surgery and discuss your surgical options

2. Pre-surgical Office Visit and Testing

- Dietary Visit with our nutritionist to discuss pre-surgical dietary requirements and introduce our online resources
- BMR (Basal Metabolic Rate) testing,
- TNE (Transnasal esophagoscopy) testing
- DEXA body composition scan
- Pre Op Consultation with PWLC Advanced Practitioner

3. One Week Prior to Surgery

- Phone visit with a PWLC Advanced Practitioner to go over any questions and confirm we have everything needed to move forward with your surgery.

Thursday - Week of Surgery Surgery Center of Amarillo

Friday - Post Surgery Post Op Phone Visit with PWLC nurse

Two Weeks Post Surgery Follow Up Visit in our office with a PWLC Advanced Practitioner

If you have insurance but do not have bariatric coverage we will bill your insurance for TNE and BMR testing. Any amounts paid by your insurance for these tests will be credited back to you.

Once you decide on an approximate date you'd like to have surgery, we can schedule your phone appointments and in office appointments accordingly. We will need an up-to-date letter of cardiac clearance and any lab results from the last 6 months. If you haven't done blood work in the last 6 months we will work with you to get that done and the results to us. If you don't have a letter of cardiac clearance for surgery we can work to schedule the required testing here in our office. If you have insurance we will bill your insurance for cardiac clearance if not our cash price for cardiac clearance testing is \$395.00 We will also need to request your last office note from your primary care physician or any other specialist you have seen for our provider to review your medical history.

In addition to these required appointments and clearances, you must have a companion come to surgery with you - This is to assure you have transportation and someone with you after surgery. Unfortunately, they will cancel surgery if you arrive without a companion.

LIFE AFTER SURGERY – FOLLOW UP APPOINTMENTS

Patients who follow up after surgery are more successful.

There are many reasons follow-up is important after weight loss surgery.

1. Nutritional counseling
2. Identify surgical complications
3. Adjust or eliminate medicines
4. Monitor for vitamin and mineral deficiencies
5. Accountability
6. Identify and treat problems early
7. Identify and treat plateaus or weight regain

TIME	APPOINTMENT TYPE
2 WEEKS AFTER SURGERY	FOLLOW UP W/ PHYSICIAN EXTENDER CONSULT WITH HEALTH COACH
6 WEEKS	FOLLOW UP W/ PHYSICIAN EXTENDER & DIETITIAN
3 MONTHS	FOLLOW UP W/ SURGEON, PRIMARY CARE PROVIDER, LABS AS NEEDED, & PSYCHOLOGIST AS NEEDED
6 MONTHS	FOLLOW UP W/ PHYSICIAN EXTENDER, DIETITIAN, LABS REQUIRED, PRIMARY CARE PROVIDER, PSYCHOLOGIST AS NEEDED
9 MONTHS	FOLLOW UP W/ PHYSICIAN EXTENDER
1 YEAR	FOLLOW UP W/ PHYSICIAN EXTENDER, LABS REQUIRED, PRIMARY CARE PROVIDER
18 MONTHS	FOLLOW UP W/ PHYSICIAN EXTENDER
ANNUAL	FOLLOW UP W/ PHYSICIAN EXTENDER, LABS REQUIRED, PRIMARY CARE PROVIDER

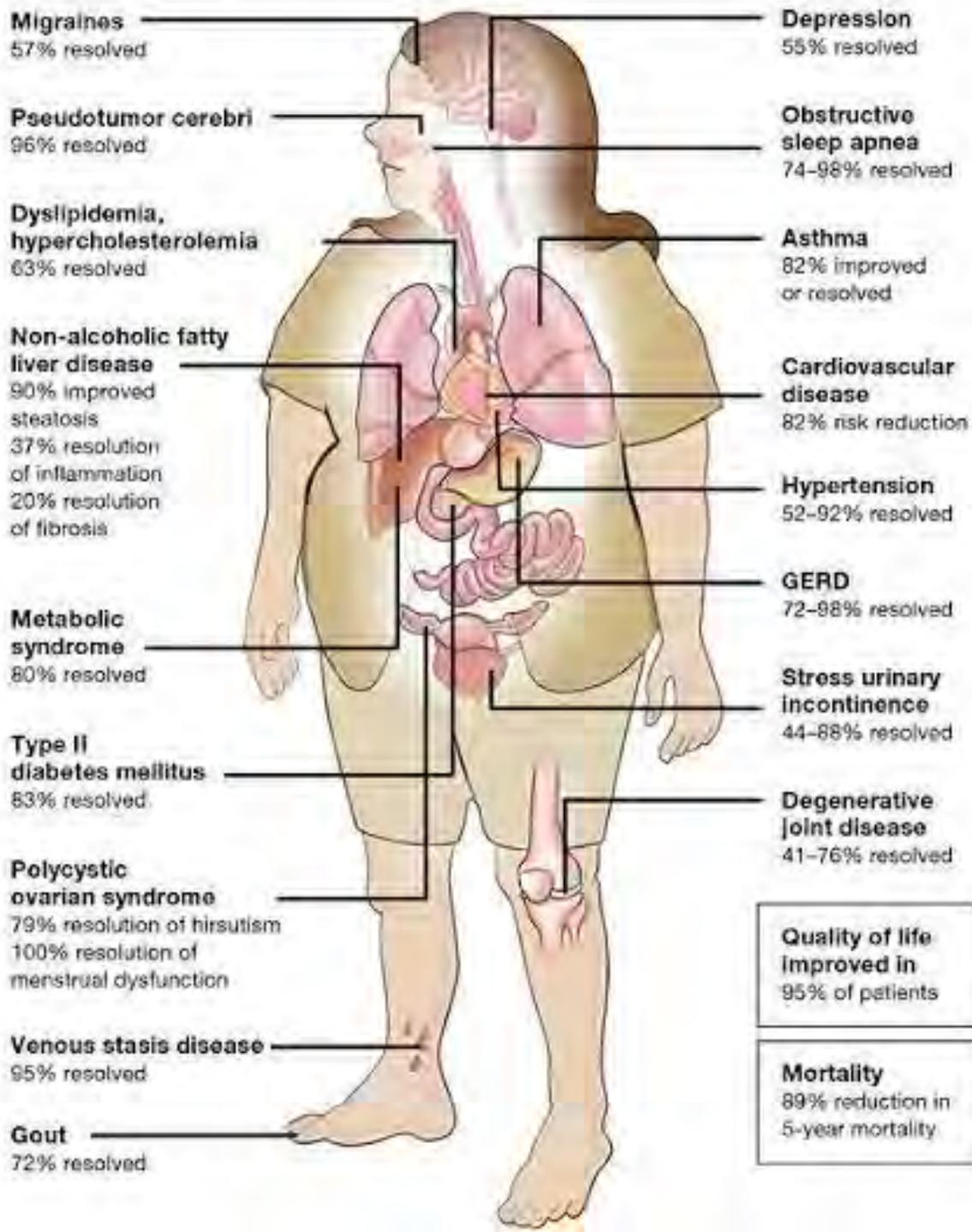
IMPORTANT INFORMATION & NUMBERS

Panhandle Weight Loss Center: 806-677-7952

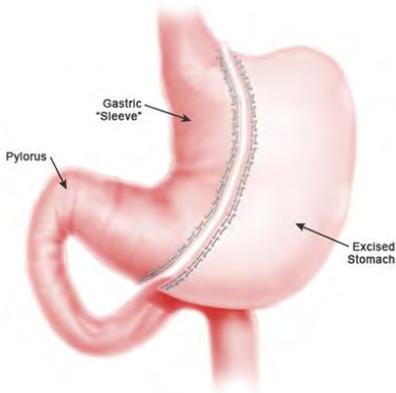
- If you experience a medical emergency at any time, you should call 911 or go to the emergency room and notify Panhandle Weight Loss Center as soon as possible. If possible, return to the Emergency Room at the facility you had surgery.
- During normal business hours, if you are experiencing a non-emergent post-operative complication or think you need to be seen by the surgeon, please call our office for an appointment 806-677-7952.
- If you are having a medical problem or are going to the emergency room after normal business hours, please call our office immediately. The on-call physician will immediately be notified. There are many medical personnel that are unfamiliar with weight loss surgery and serious errors in treatment could occur, therefore it is crucial that Drs. Schniederjan, Neichoy, or Peterson be notified of any emergency.
- ***Notify any medical personnel about your bariatric surgery before they treat you, especially if they plan on inserting a stomach tube for any reason!***

*We know the process prior to surgery can be lengthy and time consuming. Please understand you may have to take time off from work to come to multiple appointments and have lab and or diagnostic testing performed. Metabolic and bariatric surgery is a very effective tool for sustainable weight loss and improvement and potential resolution of the co-morbidities associated with obesity. However, you have to put in the necessary time to learn how to make this tool effective for you. We are asking you to make a commitment when choosing to allow Drs. Schniederjan, Neichoy, and Peterson and their staff guide you through this journey prior to, during, and after surgery. In return, please know that we are **COMMITTED** to making your journey a **SUCCESS!***

Comorbidity Reduction After Bariatric Surgery

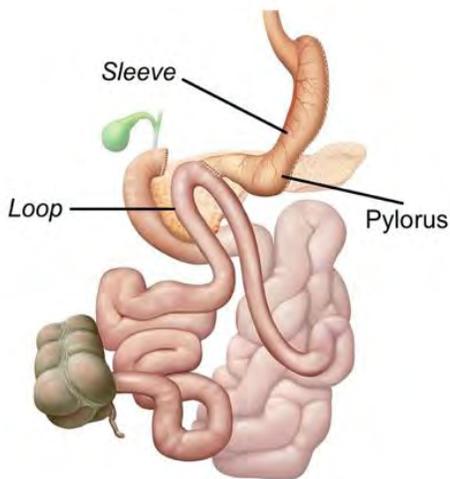


Procedures Performed at Panhandle Weight Loss Center



Sleeve Gastrectomy

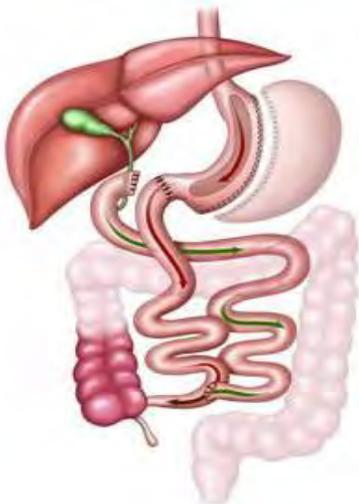
1. Restriction
2. MVI, B12, Calcium & Iron
3. No significant changes in stools
4. Average 65% excess weight loss
5. 81% remission Diabetes
6. Potential for weight regain
7. Commitment to lifelong follow-up



Loop Duodenal Switch (SADI-S)

A safe and highly effective modification of the historic duodenal switch (DS) procedure, also known as biliopancreatic diversion with duodenal switch (BPD-DS).

1. Restriction and Malabsorption
2. MVI, B12, Calcium, Iron, Fat-Soluble Vitamins
3. On average 1-3 soft to loose stools/day
4. Average 85% excess weight loss
5. 95% remission Diabetes
6. Minimal to no weight regain
7. Commitment to lifelong follow up



SADI-S (single anastomosis duodeno-ileal bypass with sleeve gastrectomy) performed at Panhandle Weight Loss Center has a single stitch point compared to two on the DS. The SADI-S also has a 300cm Common Channel compared to 100cm on the DS.

Historic Duodenal Switch (DS) is NOT performed at Panhandle Weight Loss Center

Frequently Asked Questions

- **When can I get pregnant after surgery?** It is strongly recommended you wait at least 18 months after surgery before trying to conceive. Approximately 18 months post-op, your body will be fairly stable from a weight and nutrition standpoint. You should also know that fertility usually increases with weight loss so be sure to take extra precautions.
- **What do I do about gas?** Walk, walk, walk! Most gas pain are from the carbon dioxide was use during surgery and will be absorbed over the first 2-3 days. Excess gas is also very common in the first few weeks after surgery. You can take Gas-X strips, Mylicon Drops, or Simethicone (generic) to help relieve gas pains.
- **What do I do about constipation?** Constipation can be caused by pain medication or dehydration. If constipation becomes a problem, you may try MiraLax which is available over the counter. You may also need to increase your fluid intake. Constipation can also be relieved through insoluble fiber supplements such as Fiber-con/Benefiber or Metamucil. We recommend starting with about ¼ to ½ the recommended amount. Half a cup of warm prune juice will also help with constipation. Call our office if the constipation persists more than 2-3 days.
- **What do I do about diarrhea?** For the first few weeks after surgery, it is normal to feel cramping or diarrhea. You may take Imodium AD or try some yogurt. Diarrhea is a more frequent problem with patients undergoing the Duodenal Switch procedure and can lead to dehydration. Make sure to increase your water consumption beyond the normal recommendations. Call our office if the diarrhea persists past 2-3 days.
- **What do I do if I am feeling nauseous or vomiting?** Nausea can be expected in the first few weeks after surgery. Watch your eating behavior. Are you eating too much, too fast or foods high in sugar or fat? Are you drinking with your meals? You may also be dealing with food intolerances. If you are feeling nauseous or vomiting wait about two hours until symptoms subside then go back to full liquids again. If vomiting continues for more than a 24-hour period call our office.
- **Why do I need to drink so much water?** Proper hydration is critical during recovery from surgery. When food intake is low, it becomes even more important to drink fluids to meet the needs of your body. Dehydration is one of the most common reasons for re-hospitalization. It can cause weakness, fatigue, light-headedness, dizziness and constipation. Shrinking cells are buoyed by water, which plumps the skin and leaves it clear, healthy and resilient. You should sip constantly on water between meals. Your goal is to get up to 64 ounces of water a day.
- **Why do I sometimes feel tightness in my chest area after eating?** This can be caused by eating too fast, not chewing well enough, taking too big of a bite or drinking with meals. Stop what you are doing. Stand up and pace the floor. This may help tightness to go away sooner.

What to Expect After Surgery

- Up and walking shortly after surgery
- Expect some pain, but it should be tolerable – 5 or less on a scale of 1 to 10.
- If pain medication is not working once you get home, call 806- 677-7952 and have your pharmacy number available.
- Left shoulder pain and incisional pain is common.
- You may shower and wash your incisions with antibacterial soap but do not scrub or attempt to pull off scabs. Let the warm soapy water run over the incisions.
- Do not use alcohol or peroxide to clean incisions.
- Your extender will instruct you on resuming your regular medications after surgery.
- No lifting anything over 10 lbs. for 3 weeks after surgery.
- No strenuous exercise for 4 weeks after surgery. Work up to walking 30 minutes a day.
- Return to work when ready - Usually 1 week
- When back at work, be sure to get up every hour and walk to help prevent blood clots for first 4 weeks.
- You may resume driving as soon as you feel comfortable – As long as you are not taking any pain medications.
- No baths, hot tubs, or swimming for 10 days after surgery.

When to Notify Your Surgeon

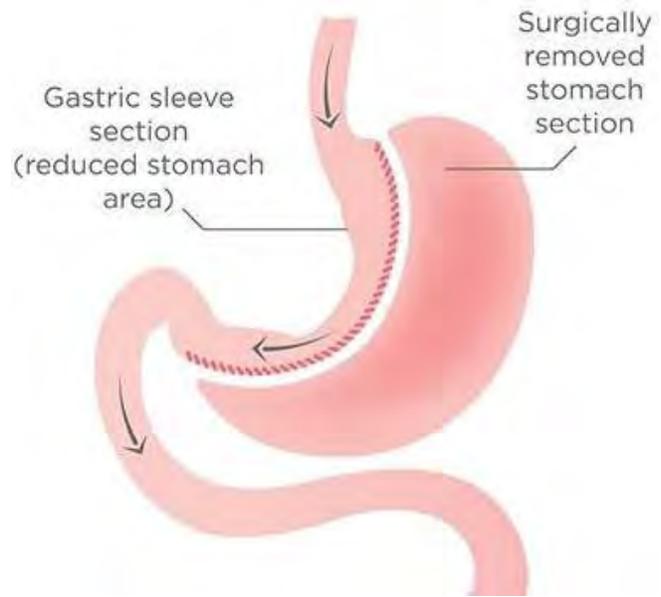
- Bright red blood in your vomit or stools
- Excessive pain in chest
- Pain, redness or swelling in legs
- Difficulty breathing or increased shortness of breath
- Inability to keep fluids down and no urination
- Frequent vomiting or diarrhea lasting more than 24 hours or abdominal pain that persists for more than 4 hours
- No bowel movements, even after Colace or Milk of Magnesia
- Uncontrollable pain or severe pain around incisions
- Increasing redness or milky, malodorous discharge from incisions
- Fever over 100.5

Sleeve Gastrectomy Vitamin Protocol

Altering your GI structure, means changes in how much and what vitamins can be easily absorbed. Following a bariatric vitamin regimen for life, not for the first year or so after surgery, is extremely important to prevent nutrient deficiencies that can lead to permanent health issues like blindness or neuropathy.

Why is it important to take supplements?

- Consuming mainly protein after surgery and limited variety of fruits/vegetables decreases nutrient intake from foods.
- Decrease in overall volume of food/ calorie intake does not allow adequate nutrient intake from food sources alone.
- Removing part of the stomach decreases the amount of gastric acids that are released. This decreases how much nutrients can be absorbed from foods.



Why are over the counter vitamins not adequate after surgery?

- General, over the counter multivitamins are very inadequate after bariatric surgery.
- Typically they are inadequate in vitamin A, D, K, B12, thiamin, Calcium, and Iron.
- The cost of taking over the counter vitamins can add up due to having to buy all of these vitamins in addition to the multivitamin. This also requires >6 supplements daily to meet needs.

Do I need a multivitamin before surgery?

- Yes! Taking a multivitamin regularly before surgery can improve health prior to surgery and decrease the risk for nutrient deficiencies prior to surgery.
- If you have vitamins at home that are not expired, continue taking them regularly. If you do not have them at home, you may purchase one from the PWLC store in preparation of your upcoming surgery.
- Continue any prescription vitamins your doctor has prescribed and make sure you inform your dietitian of any supplements that you are taking prior to surgery. This may need to be adjusted after surgery.

Sleeve Gastrectomy Vitamin Protocol

General Vitamin Instructions:

- START taking vitamins when you start your full liquid diet after surgery. Contact your dietitian if you have any trouble tolerating your vitamins.
- Take multivitamins 4 hours away from thyroid or antacid medication
- Take any additional calcium or iron 2 hours away from each other and multivitamins
- Take any iron, or multivitamins with iron, 2 hours away from dairy foods that are high in calcium.

Multivitamin Options: Choose one option below.

PWLC Multi ADEK (Mixed Berry)	Take 2 chewable tablets twice daily.	\$40.00 for 1 month supply
PWLC Multi Complete (Strawberry or Orange)	Take 2 chewable tablets twice daily.	\$30.00 for 1 month supply
Bariatric Fusion Multivitamin Capsule with Iron	Take 1 capsule once daily. Will need additional calcium.	\$50.00 for 3 month supply
** Multivitamin Capsule w/o Iron available if needed.		

Additional Calcium Options:

ONLY NEEDED WITH CAPSULE VITAMINS – Chewable vitamins contain adequate calcium for SG

500 mg Calcium Citrate Soft Chew (variety, watermelon, or caramel)	Take 1 soft chew twice daily.	\$32.50 for 1.5 month supply
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Additional Iron Options:

*Only needed with history of iron deficiency within the last 6 months or if currently menstruating.

PWLC Iron Soft Chews: 1 chew = 45 mg Iron	Take 1 soft chew daily	\$34.00 for a 2 month supply
Bariatric Advantage Iron Capsules 2 capsules = 45 mg Iron	Take 2 capsules daily.	\$20.00 for a 1 month supply

PWLC Bundles:

Bariatric Fusion Multivitamin with Iron Capsule Vitamin Bundle	Contains 3 month supply of multivitamin and calcium (soft chews)	\$100.00 for 90-day supply of Multivitamin and calcium soft chews
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Managing Nausea with Vitamins

- Try taking your vitamins with food.
- This can be challenging immediately post-op as there generally is not enough room (i.e., space in your new smaller stomach) for both food and vitamins. Many patients report feeling full with just taking their chewable vitamins. If that is the case, consider taking them after drinking a liquid protein shake or meal replacement.
- There are also some products that combine the multivitamin supplement with fiber in a liquid consistency that may decrease the effect of nausea. Other products combine the multivitamin supplement with fiber and protein, which may further decrease the effect of nausea.
- Consider splitting up your dose.
- Cut your chewable tablet in half and increase the number of supplement sessions to further decrease the risk of nausea during this short-term period.

Shop online at www.pwlcstore.com
and in the clinic store!

Duodenal Switch Vitamin Protocol

Altering your GI structure, means changes in how much and what vitamins can be easily absorbed. Following a bariatric vitamin regimen for life, not for the first year or so after surgery, is extremely important to prevent nutrient deficiencies that can lead to permanent health issues like blindness or neuropathy.

Why is it important to take supplements?

- Consuming mainly protein after surgery and limited variety of fruits/vegetables decreases nutrient intake from foods.
- Decrease in overall volume of food/ calorie intake does not allow adequate nutrient intake from food sources alone.
- Removing part of the stomach decreases the amount of gastric acids that are released. This decreases how much nutrients can be absorbed from foods.

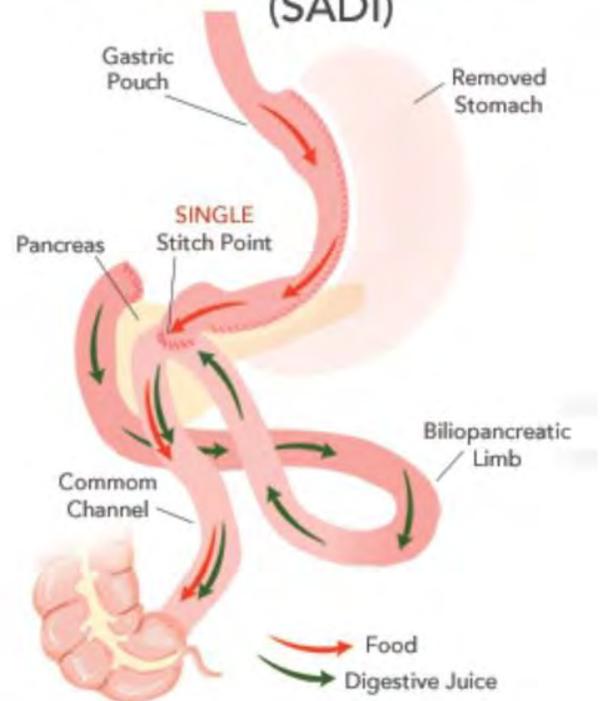
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- Typically they are inadequate in Vitamin A, D, K, B12, Thiamin, Calcium, and Iron.
- The cost of taking over the counter vitamins can add up due to having to buy all of these vitamins in addition to the multivitamin. This also requires >6 supplements daily to meet needs.

Do I need a multivitamin before surgery?

- Yes! Taking a multivitamin regularly before surgery can improve health prior to surgery and decrease the risk for nutrient deficiencies prior to surgery.
- If you have vitamins at home that are not expired, continue taking them regularly. If you do not have them at home, you may purchase one from the PWLC store in preparation of your upcoming surgery.
- Continue any prescription vitamins your doctor has prescribed and make sure you inform your dietitian of any supplements that you are taking prior to surgery. This may need to be adjusted after surgery.

Single Anastomosis Duodeno-Ileal (SADI)



Duodenal Switch Vitamin Protocol

General Vitamin Instructions:

- START taking vitamins when you start your full liquid diet after surgery. Contact your dietitian if you have any trouble tolerating your vitamins.
- Take multivitamins 4 hours away from thyroid or antacid medication
- Take any additional calcium or iron 2 hours away from each other and multivitamins
- Take any iron, or multivitamins with iron, 2 hours away from dairy foods that are high in calcium.
- STOP taking vitamins 3 days prior to any vitamin lab draw to show actual vitamin stores in your body.

Multivitamin Options: Choose one option below.

PWLC Multi ADEK (Mixed Berry)	Take 2 chewable tablets twice daily. Will need to add calcium (500 mg), B-Complex, and probiotic*	\$40.00 for 1 month supply Bundle options available
Bariatric Advantage Ultra Multi with Iron	Take 3 capsules once daily or divided doses. Will need to add calcium (1500 mg), B-Complex, and probiotic*	\$55.00 for 3 month supply Bundle options available

*Not required, but strongly recommended after Duodenal Switch.

Additional Required Calcium.

Recommend total of 1800 mg daily (with food and supplements)

500 mg Calcium Citrate (variety, watermelon, or caramel)	Recommended dose for chewable vitamin: Add 1 soft chew once daily Recommended dose for capsule vitamin: Add 1 soft chew three times daily.	\$32.50 per bag
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Additional Required Vitamins

PWLC B-50 Complex	Take 1 capsule in the morning	\$14.50 for a 3 month supply
Celebrate Probiotic	Take 1 capsule daily	\$28.00 for a 1 month supply

Additional Iron

*Only needed with history of iron deficiency within the last 6 months or if currently menstruating.

PWLC Iron Soft Chews: 1 chew = 45 mg Iron	Take 1 soft chew daily	\$34.00 for a 2 month supply
Bariatric Advantage Iron Capsules 2 capsules = 45 mg Iron	Take 2 capsules daily.	\$20.00 for a 1 month supply

PWLC Bundles

Loop Duodenal Switch Chewable Vitamin Bundle	1 month supply of the Multi ADEK and Celebrate Probiotic 3 month supply of B-Complex and Calcium Soft Chews	\$100.00
Duodenal Switch 3 month Ultra Multi with Iron Bundle	3 month supply of the Multivitamins, B- Complex, and Calcium.	\$140.00

Managing Nausea with Vitamins

- Try taking your vitamins with food.
- This can be challenging immediate post-op as there generally is not enough room (i.e., space in your new smaller stomach) for both food and vitamins. Many patients report feeling full with just taking their chewable vitamins. If that is the case, consider taking them after drinking a liquid protein shake or meal replacement.
- There are also some products that combine the multivitamin supplement with fiber in a liquid consistency that may decrease the effect of nausea. Other products combine the multivitamin supplement with fiber and protein, which may further decrease the effect of nausea.
- Consider splitting up your dose.
- Cut your chewable tablet in half and increase the number of supplement sessions to further decrease the risk of nausea during this short-term period.

Shop online at www.pwlcstore.com
and in the clinic store!

Side Effects of NOT Taking Bariatric Vitamins

Not following your physician's recommendations to take the appropriate vitamin and mineral supplements can lead to severe consequences, including death. In addition, it is extremely important to be sure to follow-up with your physician to have your nutritional laboratory studies completed as recommended. Getting your labs done can help your physician to make adjustments to your supplement plan decreasing the risk of nutritional deficiencies. Below are some of the more common potential nutritional deficiencies and the potential side effects of not achieving proper nutritional balance.

Vitamin A. Vitamin A plays a role in vision, immunity, and many other processes. Deficiencies of vitamin A may lead to the inability to adapt to darkness, night blindness, and blindness (27). Patients suffering from vitamin A deficiency may also experience an increased susceptibility to infectious diseases and diarrhea (27). It has been shown that a vitamin A deficiency may worsen iron deficiency anemia (27). Low levels of zinc may alter vitamin A metabolism (28,29).

Vitamin C. Vitamin C cannot be made by humans and therefore must be obtained vitamin C from the diet and/or supplements. A deficiency of vitamin C may lead to scurvy resulting in weakness, fatigue, curly hair, and sore arms and legs. Patients may also experience bleeding gums with a vitamin C deficiency.

Vitamin D. A deficiency in vitamin D causes the body to not absorb calcium effectively. In addition, it may lead to liver and kidney disorders, as well as, softening of the bones. The softening of the bones may increase the risk of bone fractures.

Vitamin E. Vitamin E deficiency is rare, but it does affect the ability to use other fat-soluble vitamins (vitamins A, D, and K). It may also lead to sterility in males and spontaneous abortions in females.

Vitamin K. A deficiency of vitamin K increases the risk of osteoporosis and heart disease. It also causes you to bruise more easily. In addition, it lengthens the time it takes for your blood to clot (after a cut for example or larger internal injury).

Thiamin. A thiamin deficiency affects the heart, digestive system, and nervous system and can result in severe consequences, including death. If this deficiency is not detected and quickly treated, the patient's learning and memory can be permanently altered. Coma and death can be the end result if treatment is not initiated.

- The initial stages of thiamin deficiency include indigestion, constipation, malaise, heaviness and weakness of the legs, tender calf muscles, "pins and needles" feeling and numbness in the legs, and increased pulse rate and heart palpitations.
- Wet beriberi leads to edema, tense calf muscles, a fast pulse, distended neck veins, an increase in blood pressure, and decreased urine output.
- Dry beriberi leads to worsening of the early stage symptoms, such as the weakness and numbness of the hands and feet, difficulty walking, and Wernike-Korsakoff syndrome (WKS). WKS leads to a loss of immediate memory, disorientation, jerky movement of the eyes, and a staggering gait.
 - While this condition is relatively rare among bariatric surgery patients, it is possible after surgery due to the changes in eating habits, and a potential reduction in nutrient absorption. This risk of WKS is increased if the patient is experiencing frequent vomiting.
- Ultimately, if not caught and left untreated, a thiamin deficiency can lead to cardiac failure and death.

Keep in mind this nutrient is not stored in large amounts in the body and MUST be replenished daily through either food or supplementation (or a combination of the two).

Riboflavin. A riboflavin deficiency may lead to tearing, burning, or itching of the eyes; soreness and burning of the lips, mouth, or tongue; inflammation or swelling at the corner(s) of the mouth; a purple and swollen tongue; and peripheral neuropathy. Peripheral neuropathy results in damage to the peripheral nerves that often causes weakness, numbness, and pain generally in the hands and feet.

Niacin. A deficiency in niacin may lead to muscular weakness, indigestion, tremors, a sore tongue, confusion, disorientation, and pellagra. Pellagra is characterized by the 4 D's - dermatitis (condition related to the skin), diarrhea, dementia, and death).

Vitamin B6. A deficiency in vitamin B6 may lead to a type of anemia, peripheral neuropathy (results in damage to the peripheral nerves that often causes weakness, numbness, and pain generally in the hands and feet), convulsions, and irritability.

Folate. A folate deficiency may also lead to a type of anemia. If a deficiency occurs during pregnancy, this may result in neural tube defects of the child.

Vitamin B12. A deficiency in vitamin B12 may lead to fatigue, pale skin, tingling in the hands, and may eventually lead to anemia, and neurological disorders. Other symptoms of vitamin B12 deficiency include heart palpitations, shortness of breath, lightheadedness, diarrhea, vision loss, memory loss, and depression.

Iron. Iron deficiency may cause anemia (when the body does not have enough red blood cells and is not able to carry enough oxygen throughout the body), which results in fatigue, pallor (unhealthy pale appearance), hair loss, and an inability to be physically active to your full potential (i.e., you feel winded doing things that were relatively easy previously).

Calcium. Calcium deficiency may lead to osteoporosis and/or an increased risk of bone fracture.

Magnesium. A magnesium deficiency may lead to muscle tremors, convulsions, irritability, and tetany (a condition marked by intermittent muscle spasms). This deficiency may also lead to hyperreflexia which involves overactive or overresponsive reflexes. Another possibility is hypoflexia which involves below normal or absent reflexes.

Zinc. A zinc deficiency may lead to brittle nails, hair loss, and skin changes. A zinc deficiency also makes it take longer for wounds to heal and may lead to hypogonadism (when the sex glands produce too little or no sex hormones). A mild anemia may also occur due to low levels of zinc. Patients may experience a change in taste acuity (tastes are not as strong) with a zinc deficiency. Another possible symptom related to zinc deficiency is diarrhea.

Selenium. A selenium deficiency can lead to muscle pain and tenderness, and more importantly cardiomyopathy (a condition that causes heart muscle weakness that can lead to an increased risk of death). In addition a deficiency in selenium may lead to the pancreas not functioning at 100%, meaning that it is not as effective at secreting enzymes that help aid in digestion and hormones that help regulate the metabolism of sugars.

Copper. A copper deficiency may lead to an unhealthy appearance, edema, an increased risk of osteoporosis, testicular failure, changes in eye health, and cardiomyopathy (a condition that causes heart muscle weakness that can lead to an increased risk of death). A deficiency in copper may also reduce your immune function.

The only way to find out if you have some of the above deficiencies is through regular nutritional laboratory testing. Some symptoms from nutritional deficiencies will look like other side effects associated with bariatric surgery and a physical exam may not be enough to diagnose some of these deficiencies. Keep in mind, if you are not seeing your bariatric surgeon for post-operative care, it is important to see a physician that understands your post-operative needs. In general, the standard yearly physical labs that your family doctor (or primary care physician) may complete DO NOT cover the nutritional laboratory tests necessary following bariatric surgery.

<https://celebratevitamins.com/pages/bariatric-vitamin-ultimate-guide>

On Line Bariatric Course Curriculum

We have developed a comprehensive Pre and Post-Operative video course series. It has been designed to assist and prepare you for your journey ahead and may be done from the comfort of your home. Designed to minimize office visits, you may work through this curriculum at your own speed.

Pre-Operation Video Course – FAST TRACK

This course walk you through everything you need to know about your bariatric surgery. From payment options to surgery details, from nutrition plans to behavior modifications, from what to expect the day of surgery to setting goals for long-term success.

Having bariatric surgery is a big decision and can't be taken lightly. You need to know exactly which surgery is best for you and what you should expect in the process. With this course, most patients can reduce the number of in-person visits to our clinic. This means avoiding the trouble of arranging your schedule and getting all the knowledge you need from your own home.

The 19 modules in the course cover everything you need to know to feel confident about your decision to get your life back. You are required to complete all the modules in this section before proceeding to surgery and a certificate will be issued upon completion.

Post-Operation Video Course

This course teaches everything you need to know to get the most out of your bariatric surgery. It includes virtual office visits, dietary tips, lessons on managing the mind and emotions, and even an exercise plan for the beginner.

Surgery is a tool. To see results, you must use the tool properly. Now that you've completed surgery, it's time to focus on the behaviors that will maximize results and transform your life. With this course, most patients can reduce the number of in-person visits to our clinic. This means avoiding the trouble of arranging your schedule and getting all the knowledge you need from your own home.

The 23 module in the course cover everything you need to know to stay on the fast track to the new you. The videos in the course are NOT required to complete but may be used as a reference as you may need.

Post-Operation Finish Strong Course

The Finish Strong program was designed specifically for our patients who have used surgery as a tool in their weight loss toolbox. This course was designed to prepare your body for transformation. Beginning 8 weeks after surgery we will engage you through the remainder of your first post operative year. Our Health Coaches and Personal Trainers will help you unpack information on nutrition, movement and lifestyle strategies to help you reach your health, wellness and weight loss goals. We are so excited to come alongside you on this journey. The course utilizes the Teachable platform with an extensive online curriculum in conjunction with Health Coaches who will guide you through the process. The pace of this course is designed to allow you time to absorb and integrate the information in a slow and systematic fashion.

Pre-Op Bariatric Surgery Diet

Notes:

- **Start 2 weeks prior to surgery**
- **Nutrition Goals:**
 - **Calories: 1000-1200 per day**
 - **Protein:80-100 gm per day**
 - **Fiber: 25 gm per day**
 - **Carbs: < 50 gm per day**
 - **Water: 64+ oz per day**

2 Week Pre-Op Diet

- **Following a High Protein – Low Calorie diet in this phase will allow the body to use stored energy, such as fat stored in the liver. The goal of this diet is to help shrink the liver, which will aid in lowering surgical risks.**
- **The pre and post-operative diets are designed to making your system “fat adapted”. Fat adaption is a term you will learn about in your 12 month post op course.**

Week 1:

Breakfast: 1 protein shake (10-14 oz; < 250 calories, 20-30 g protein, <5 g sugar)

Lunch: 3-4 oz protein of choice, 1-2 cups of non-starchy vegetables

Dinner: 3-4 oz protein of choice, 1-2 cups of non-starchy vegetables

Optional Snacks: 1 cup of non-starchy vegetables, 1 oz nuts, 1 string cheese, protein drink

*Please see next page for sample menu

Week 2:

Breakfast: 1 protein shake (10-14 oz; < 250 calories, 20-30 g protein, <5 g sugar)

Lunch: 1 protein shake (10-14 oz; < 250 calories, 20-30 g protein, <5 g sugar)

Dinner: 3-4 oz protein of choice, 1-2 cups of non-starchy vegetables

Optional Snacks: 1 cup of non-starchy vegetables, 1 oz nuts, 1 string cheese, protein drink

Week 1

Breakfast:

Almond Shake

[Calories: 348, Carbs: 9 g, Protein: 24 g, Fat: 23 g]

- 2 scoops keto shake powder (found in PWLC store)
- 1 tbsp almond butter
- 6-8 oz unsweetened almond milk

Directions: Mix ingredients together in a blender along with ice. Blend until desired consistency and enjoy

Lunch:

Tuna Wrap

[Calories: 312, Carbs: 6 g, Protein 25 g, Fat: 19 g]

- 2 oz canned tuna
- 2 tbsp. unsweetened olive oil or avocado mayonnaise
- 1 tsp olive oil
- ½ cup shredded green pepper
- 1 cup romaine lettuce (~2 large leaves)

Directions: Mix tuna, mayonnaise, and green pepper together. Wrap with lettuce leaves, drizzle evenly with olive oil, and enjoy. May top with salsa if desired.

Dinner:

Picnic Spread

[Calories: 441, Carbs: 16 g, Protein: 17 g, Fat: 35 g]

- 2 oz. rotisserie chicken OR 1 oz mozzarella
- ¾ cup raw celery
- ¾ cup sliced cucumber
- ½ cup sliced red, yellow, or green bell peppers
- 4 tbsp. mashed/sliced avocado
- 1 oz almonds

Directions: On a plate, assemble all ingredients. Use veggies to dip in avocado

Snacks:

Celery & Nut Butter

[Calories: 121, Carbs: 6 g, Protein: 5 g, Fat: 9 g]

- 1 cup celery, cut into strips
- 3 tsp almond butter

Directions: Spoon almond butter onto each piece of celery or use it for dipping.

➤ Alternative options:

- Protein powder of choice
- Available in the PWLC store
- Premier Protein
- Muscle Milk

Week 2

Breakfast:

Vanilla Flaxseed Shake

[Calories: 355, Carbs: 11 g, Protein: 25 g, Fat: 25 g]

- 2 scoops keto shake powder (found in PWLC store)
- 3 tbsp. ground flaxseed
- 6-8 oz unsweetened almond milk

Directions: Mix ingredients together in a blender along with ice. Blend until desired consistency and enjoy

Lunch:

Chicken Salad

[Calories: 312, Carbs: 6 g, Protein 25 g, Fat: 19 g]

- 3-4 oz grilled chicken
- 2 cups spinach or mixed greens
- ¼ onion
- ½ tomato
- ¼ cucumber
- ¼ avocado
- 10 olives
- 1 tsp olive oil

Directions: Mix all ingredients together in a bowl. Squeeze fresh lemon juice, drizzle with olive oil, and add sea salt and pepper to taste.

Dinner:

Coconut Shake

[Calories: 320, Carbs: 8 g, Protein: 21 g, Fat: 24 g]

- 2 scoops keto shake powder
- 3 tbsp. unsweetened shredded coconut
- 6-8 oz unsweetened almond milk

Directions: Mix ingredients together in a blender along with ice. Blend until desired consistency and enjoy

Snacks:

Egg & Yogurt

[Calories: 274, Carbs: 8 g, Protein: 16 g, Fat: 20 g]

- 1 whole egg, hard-boiled
- ½ cup Greek yogurt
- 6 almonds

Directions: Slice hard-boiled egg and sprinkle with salt and pepper. Add side of Greek yogurt topped with crushed almonds.

➤ Alternative options:

- Protein powder of choice
- Available in the PWLC store
- Premier Protein
- Muscle Milk
-

Medication List and Instructions

Pre op medications (Before Surgery)

1. **Hibiclens:** 4 oz soap: Use half of the bottle the night before surgery and scrub from collar bones to top of thighs, then morning of surgery use other half of the bottle and follow same directions as above.
2. **Emend 40mg: (generic name Aprepitant)** Take 1 capsule 3 hours prior to surgery with a sip of water. This medication is used to decrease nausea after surgery. (Please note, this can alter birth control, please use alternate options in conjunction with your birth control)
3. **Tylenol Extra Strength 500mg (1000mg total) (generic Acetaminophen) – OTC (over the counter)** Take 2 capsules 2 hours prior to surgery with a sip of water. This is used to begin pain control.
4. **Celebrex 200mg (May substituted with any other NSAID)** Take 2 capsules 2 hours prior surgery with a sip of water. This is used to begin pain control.
5. **Lyrica 75mg (May be substituted with Gabapentin 300mg)** Take 1 capsule 2 hours prior to surgery with a sip of water. This is used to begin pain control.

Post-op medications (After surgery)

1. **Zofran 4 mg: (generic name Ondansetron)** Take 1 every 4 hours as needed for nausea and vomiting.
2. **Prevacid 15 mg: (generic name lansoprazole)** Take 1 tablet by mouth daily for at least 6 weeks. This medication is used to decrease the acid production in your stomach. **If you are already taking a Proton Pump Inhibitor (PPI) continue this for 6 weeks after surgery.**
3. **Colace 100 mg: (generic name Docusate)** Take one by mouth twice a day for one month to decrease constipation.
4. **Mylicon 0.6 ml Drops: (generic name Simethicone 125 mg tablets or Gas X)** Take every 4 hours by mouth as needed to help decrease gas. You will experience increased gas production for the first couple of weeks after bariatric surgery. (You may also experience some shoulder pain which is very common. This is due to the gas that is used to inflate your abdomen during surgery. The best way to alleviate this pain is to get up and walk and take deep breaths.)
5. **Eliquis 2.5 mg tablets:** 1 tablet twice daily, starting 3 days after surgery for 30 days. (make sure to do paperwork for coverage)

PAIN CONTROL TO BEGIN ONCE HOME FOR 7 DAYS CONTINUOUSLY

6. **Celebrex 200mg (May substitute with any other NSAID)** Take 1 capsule twice daily for 7 days post op. This is used for pain control.
7. **Lyrica 75mg (May be substituted with Gabapentin 300mg)** Take 1 capsule twice daily for 7 days post op. This is also used for pain control.
8. **Tylenol extra Strength 500mg (generic Acetaminophen) – OTC (over the counter)** Take 2 every 6 hours for 7 days post op. This is used for pain control.

PAIN MEDICATION TO USE IF ABOVE DOESN'T MANAGE PAIN

9. **Tramadol 50 mg tablets:** Take 1-2 tablets by mouth every 4-6 hours as needed for pain.

Vitamins Needed by Case

VERY IMPORTANT!!

SLEEVE

OPTION 1: PWLC Multi ADEK (Mixed Berry) or PWLC Multi Complete (Strawberry & Orange) – take 2 chewable tablets twice daily. No other vitamins needed.

OPTION 2: Bariatric Fusion Multi Capsule with Iron – take 1 capsule once daily. Will need ADDITIONAL Calcium.

OPTION 3: PWLC Multi Capsule WITHOUT Iron – take 2 capsules daily. Will need ADDITIONAL Calcium & Iron.

SWITCH

OPTION 1: PWLC Multi ADEK (Mixed Berry) – take 2 chewable tablets twice daily. Will need ADDITIONAL Calcium, B-Complex and Probiotic.

OPTION 2: Bariatric Advantage Ultra Multi with Iron – take 3 capsules once daily or divided doses. Will need ADDITIONAL Calcium, B-Complex, and Probiotic.

Shop online at www.pwlcstore.com

and in the clinic store!

Post-Op Bariatric Surgery Diet

Notes:

- No caffeine for 30 days!
- No carbonation- avoid lifelong after surgery!
- No straws! (for minimal 2 weeks to prevent taking in additional air)
- Sip-sip-sip!
 - Sip fluids slowly towards goal of 48-64 oz daily
- Protein Goals:
 - Sleeve Gastrectomy:
 - Women 60-80 grams per day
 - Men 80-100 grams per day
 - LDS:
 - Women 80-100 grams per day
 - Men 100-120 grams per day

Foods List!

Clear protein drinks:

- Health wise fruit drinks
- Protein 2o
- Isopure
- Atkins lift

Meals:

- Bouillon (beef, chicken, vegetable)
- Broth (beef, chicken, vegetable)
- Sugar free jello

Other beverages:

- Decaf tea, coffee
- Dasani flavored water
- Water enhancers (crystal light, Mio, infused waters with fruits & vegetables)
- Sugar free fruit juices (apple, cranberry, grape)
- Ocean Spray light juices
- Welches light juices
- V8 Fusion (fruit juices) light

Electrolyte replacements: (choose sugar free, or ZERO)

- Gatorade Zero
- PowerAde Zero
- Pedialyte
- Propel workout water

Clear Liquids (24 hours after surgery)

- **Begin right after surgery.**
- Will be on clear liquid diet in the hospital
- Stay on **clear liquids for no longer than 48 hours** but you may advance to full liquids at 24 hours after surgery.
- **Begin bariatric multivitamin regimen once you start full liquids.**

Notes:

- **Fluid Goals: At least 64oz**
- **Protein Goals for Sleeve Gastrectomy:**
 - Women 60-80 grams per day
 - Men 80-100 grams per day
- **Protein Goals for LDS:**
 - Women: 80-100 grams per day
 - Men: 100-120 grams per day

- **Exercise goal: walk 5 minutes every 1-2 hours will help prevent blood clots.**

Full liquids

(Begin 24 hours after your surgery - thru day 14)

Helpful tips for nausea:

- Avoid overeating

- Drink plenty of fluids (nausea is often triggered due to dehydration)

- Continue tracking protein & fluids (either on phone app such as Baritastic and/or written journal)

- Avoid carbonated beverages of any kind!

- Avoid eating and drinking at the same time!

- Avoid foods that may cause dumping syndrome (anything high in sugar).

- May be sensitive to lactose (gas/bloating/nausea/upset stomach)

- Foods high in salt are OK if tolerated for extra electrolytes if having trouble staying hydrated.

Foods List!

Full protein drinks (protein powders)

- Bari life whey protein powder
- Bariatric fusion protein powder
- Frog fuel protein shots
- Unflavored protein powders (Genepro, Unjury, Primal Kitchen Collagen, Vital Protein)

Mixed with:

- Water
- Milk (May need to avoid Lactose –protein found in milk)
- Soy milk
- Rice milk
- Almond milk
- Coconut milk
 - All milk alternatives should be sugar-free/unsweetened

Remember! MOST pre-made protein shakes bought in the store are high in volume- Aim to avoid volumes larger than 6oz at 1 time for the first 1-2 weeks after bariatric surgery.

Meals:

- Cream soups (chicken, vegetable, etc.)
***MUST BE: STRAINED- NO CHUNKS ***
- Cream of wheat, Malt-O-Meal, Grits, Oatmeal (very thin) – enjoy these foods in moderation due to highly carbohydrate content
- Yogurt (Dannon Greek Light & Fit, Yoplait Greek 100, Dannon Greek OIKOS Triple Zero)

SUGAR FREE OPTIONS – should be enjoyed in moderation! Just because it says “SUGAR FREE or NO SUGAR ADDED” does not mean it is the healthiest option for you long-term.

- Sugar free fudgesicle
- Sugar free pudding
- Applesauce

Clear + Full Liquids Sample Menus

Protein		
20-30g	Breakfast	Protein shake
		Stay within 4-6 fl oz
15g	Snack	8-16oz clear protein drink
		Sipping on 8-16oz of a clear protein drink in between meals will count towards your overall fluid goal for the day and count towards protein goal for the day.
20-30	Lunch	4oz broth + 2oz yogurt
		Add unflavored protein powder if needed to meet protein goals only
0g	Snack	Sugar free popsicles or sugar free fudgsicle
20-30	Dinner	Protein shake or cream soup
		Stay within 4-6 fl oz
		Add unflavored protein powder if needed to meet protein goals only
Total:		Can utilize products fortified with protein in them such as Health Wise soups
75-105g		

Protein		
20-30g	Breakfast	Protein shake (made with protein powder)
		Stay within 4-6 fl oz
0-15g	Snack	Sugar free jello
20-30	Lunch	6oz drinkable yogurt or 5-6oz greek yogurt
		Add unflavored protein powder if needed to meet protein goals only
0-15g	Snack	Sugar free pudding
		Add unflavored protein powder if needed to meet protein goals only
20-30	Dinner	Broth or cream soup
		Stay within 4-6 fl oz
		Add unflavored protein powder if needed to meet protein goals only
Total:		
60-120g		

Protein		
20-30g	Breakfast	Cream of wheat or malt-o-meal
		Stay within 4-6 fl oz
		Add unflavored or vanilla protein powder
		Add 4oz Fair Life milk for additional 6-7g protein
15-17g	Snack	1 clear protein drink
20-30	Lunch	Protein shake
		Stay within 4-6 fl oz
0-15g	Snack	Unsweetened apple sauce
		Add unflavored protein powder
20-30	Dinner	5-6oz greek yogurt + 1-2 tablespoons powdered peanut butter
Total:		
75-122g		

Post-Op (Weeks 1-2) Bariatric Surgery Meal Schedule

Plan ahead and create a time schedule that best suits your day!

	6:30-7:00 am	Water- 4 oz
	7:00-7:30 am	No Food/Fluids
	7:30-8:00 am	Breakfast (6-8 oz full liquid meal)
	8:00-8:30 am	No Food/Fluids
	8:30-11:30 am	Water- sip, sip, sip- 12 oz (4 oz every hr) 1 protein water drink if needed to meet protein requirements
	11:30- 12:00 pm	No Food/Fluids
	12:30- 1:00 pm	Lunch (6-8 oz full liquid meal)
	1:00- 1:30 pm	No Food/Fluids
	1:30- 2:30 pm	Water- sip, sip, sip- 4 oz
	2:30- 3:00 pm	No Food/Fluids
	3:00- 3:30 pm	PM Snack (6-8 oz full liquid meal)
	3:30- 4:00 pm	No Food/Fluids
	4:00- 5:30 pm	Water- sip, sip, sip- 6 oz (4 oz every hr) 1 protein water drink if needed to meet protein requirements
	5:30- 6:00 pm	No Food/Fluids
	6:00- 6:30 pm	Dinner (6-8 oz full liquid meal)
	6:30- 7:00 pm	No Food/Fluids
	7:00- Bedtime	Water- sip, sip, sip- 4 oz fluids/hr until bedtime

- Aim for 20-30 g protein per meal/ 5-15 g protein/snack: Add protein powder if needed
- Aim for 48-64 oz decaf, sugar-free, non-carbonated fluids/day

Notes:

- **Fluid Goal: 48-64oz per day**
- **Meet protein goals! See initial page for goals.**

Soft & Moist Proteins (Week 3 & 4)

- Stay on this phase for 2 weeks!**
- 30/30 RULE!** Stop drinking fluids 30 minutes before a meal & wait 30 minutes after your meal before drinking fluids again
- This is to help prevent filling up on fluids before a meal.

- Prevent overloading the stomach after eating which could cause nausea, regurgitation, heartburn, and early gastric emptying.

- Take small nickel size bites
- Practice mindful eating (20-30 minutes to complete a meal)
- 3 meals + 2 snacks (eating about every 3 hours)

Foods List!

Meat- Must be MOIST, TENDER MEATS. (Ground, Diced, Pureed).

- o Fish: tuna, salmon, cod, tilapia, shrimp
- o Chicken
- o Turkey
- o Pork
- o Ground Beef (limit if necessary)- NO STEAK OR FAJITA BEEF
- o Baby food meats (if necessary)

TIPS:

- Can cook in crock pot to add moisture to meats
- Use only 1-2 tablespoons of olive oil at 1 time
- Can add reduced sodium & sauces to soften meat such as: gravies, bouillon, light mayo (made with olive oil)

Eggs & Egg Substitutes & Dairy:

- o Eggs
- o Egg whites
- o Eggbeaters
- o Cottage cheese
- o Mozzarella
- o Cheddar
- o Feta cheese

TIPS:

- Can prepare scrambles eggs, poached eggs.
- Use only 1-2 tablespoons of olive oil at 1 time

Plant Proteins: **Consume in moderation**

- o Refried beans (1/4 cup serving at 1 time)
- o Hummus (chickpeas)
- o Legumes
- o Lentils
- o Black beans
- o Kidney beans
- o Pinto beans
- o Peas (split, cooked)

Remember! NO POTATOES, BREAD, PASTA, RICE, SIMPLE SUGARS (cake/cookies/sweets), or FRUITS

Soft & Moist Proteins Sample Menus

Breakfast	Cream of wheat with milk or milk alternative
	Stay within 4-6 fl oz
Snack	Protein 2o (clear protein drink)
	Sipping on 8-16oz of a clear protein drink in between meals will count towards your overall fluid goal for the day and count towards protein goal for the day.
Lunch	2-3oz Tuna (canned in water, add 1 tablespoon mayo) + 2oz cottage cheese
Snack	Protein shake
	Stay within 4-6 fl oz
Dinner	2-3oz shredded chicken + 1/3 cup kidney or black beans

Breakfast	Protein shake
	Stay within 4-6 fl oz
Snack	Unsweetened applesauce
	Add unflavored protein powder
Lunch	4oz greek yogurt + 1-2oz thin sliced deli turkey + sugar free popsicle
Snack	8-16oz clear protein drink
Dinner	2-3oz fish + 2oz cream soup (tomato, chicken) with sprinkle of shredded cheese

Breakfast	1 soft scrambled egg or 1 egg white with sprinkle of shredded cheese + 2-4oz greek yogurt
Snack	Protein 2o (clear protein drink)
	Sipping on 8-16oz of a clear protein drink in between meals will count towards your overall fluid goal for the day and count towards protein goal for the day.
Lunch	2oz ricotta cheese with spaghetti sauce + 2-3oz lean ground turkey meat
Snack	Sugar free pudding or sugar free jello
Dinner	2-3oz soft/chopped pork tenderloin +2oz cottage cheese

Post-Op (Weeks 3+) Bariatric Surgery Meal Schedule

Plan ahead and create a time schedule that best suits your day!

	6:30-7:00 am	Water- 4 oz
	7:00-7:30 am	No Food/Fluids
	7:30-8:00 am	Breakfast
	8:00-8:30 am	No Food/Fluids
	8:30-9:30 am	Water- sip, sip, sip- 8 oz
	9:30- 10:00 am	No Food/Fluids
	10:00- 10:30 am	AM snack
	10:30- 11:00 am	No Food/Fluids
	11:00 am- 12:00 pm	Water- sip, sip, sip- 16 oz
	12:00- 12:30 pm	No Food/Fluids
	12:30- 1:00 pm	Lunch
	1:00- 1:30 pm	No Food/Fluids
	1:30- 2:30 pm	Water- sip, sip, sip- 8 oz
	2:30- 3:00 pm	No Food/Fluids
	3:00- 3:30 pm	PM Snack
	3:30- 4:00 pm	No Food/Fluids
	4:00- 5:30 pm	Water- sip, sip, sip- 16 oz
	5:30- 6:00 pm	No Food/Fluids
	6:00- 6:30 pm	Dinner
	6:30- 7:00 pm	No Food/Fluids
	7:00- 8:00 pm	Water- sip, sip, sip- 8 oz
	8:00- 8:30 pm	No Food/Fluids
	8:30- 9:00 pm	Bedtime Snack
	9:00- 9:30 pm	No Food/Fluids
	9:30- Bedtime	Water- sip, sip, sip- 8 oz

- Aim for 20-30 g protein per meal/ 5-15 g protein/snack. Add protein powder if needed
- Schedule above provides 68 oz of water/day- goal is >64 oz decaf, sugar-free, non-carbonated fluids/day

Foods List! (Add these foods onto the previously shown “soft & moist proteins” list)

Fruits: MUST be soft, chew well

- Blueberries
- Blackberries
- Raspberries
- Strawberries

TIP

- Stick with these fruits for a lower-glycemic option, which will help keep your blood sugar stabilized and promote weight loss.

Vegetables: MUST BE SOFT, NOT RAW **CAUTION SKINS**

- Avocados
- Beets
- Carrots
- Eggplant
- Green beans
- Pumpkin
- Bell pepper
- Onion
- Spaghetti squash
- Spinach
- Yellow squash
- Zucchini

NOTE: Refer to Food List attached to your Pre-Op diet information for more vegetable options

BE MINDFUL OF THESE: Introduce these vegetables one at a time to assess tolerance – CAN CAUSE BLOATING, EXCESS GAS, AND ABDOMINAL DISCOMFORT.

- Asparagus
- Broccoli
- Cauliflower
- Celery
- Green bell pepper
- Cabbage

STARCHY/COMPLEX CARBS: **These are easy to mash up, but keep in mind they are “starchy”, which means they will break down into sugar**

- Sweet potatoes
- Squash (winter, acorn, butternut)
- Yams

Remember! NO BREAD, PASTA, RICE, SIMPLE SUGARS

Soft Proteins/ Low Fiber (Week 5-7)

- IF you are comfortable with soft protein foods, begin adding into diet SOFT/COOKED fruits & vegetable.
- **Stay on this phase for at least 2 Weeks! May advance early if tolerating**
- Aim to consume protein first, then fruits & vegetables second. Starches always last!
- **Make sure you are taking the recommended bariatric multivitamin-multimineral.**

Notes:

- **Fluid Goal:** At least 64 oz/day
- **Protein Goal (SG):**
 - Women 60-80 g/day
 - Men 80-100 g/day
- **Protein Goal (LDS):**
 - Women 80-100 g/day
 - Men 100-120 g/day

Soft Proteins/Low Fiber Sample Menus

Breakfast	1 egg omelet with diced 1-2oz ham + shredded cheese + ¼ cup fruit
Snack	Protein shake
	Stay within 4-8 fl oz
Lunch	2-3oz thin sliced deli meat (chicken, ham, turkey) + sprinkle shredded cheese & spread with cream cheese rolled up (low carb pinwheel) + ¼ cup steamed non-starchy vegetables
Snack	2-3oz greek yogurt topped with ¼ cup fruit
Dinner	2-3oz moist rotisserie chicken + ¼ cup mashed sweet potatoes with unflavored protein powder added if needed

Breakfast	1 egg white omelet with diced 1-2oz ham + shredded cheese + ¼ cup fruit
Snack	Unsweetened sugar-free applesauce with added cinnamon
	Add unflavored protein powder
Lunch	2-3oz thin sliced deli meat + 1/3 cup steamed green beans
Snack	String cheese wrapped in deli meat of choice
Dinner	2-3oz lean meat (chicken, fish, pork, beef) + 1/3 cup stir-fry vegetables (in low sodium soy sauce)

Breakfast	Protein shake
	Stay within 4-8 fl oz
Snack	Parfait: 2-3oz greek yogurt + 1-2 Tbsp powdered peanut butter + fruit
Lunch	2-3oz deli meat + ¼ cup hummus + few cucumber slices
Snack	¼ cup cottage cheese w/ sliced tomatoes and avocado (add pepper to taste)
Dinner	2-3oz boiled shrimp with 1 Tbsp cocktail sauce+ 1/3 cup sautéed spinach

Breakfast	Protein pancake (1 egg+ 1-2 egg whites + 1 small ripe banana + ½ scoop protein powder)
Snack	2-3oz cottage cheese + fruit
Lunch	2oz chicken + <¼ cup lentils + ¼ cup steamed non-starchy vegetable
Snack	1oz cheese cubes + 5-8 grapes
Dinner	4oz tomato soup + 1-2oz chopped/diced chicken + sprinkle shredded cheese

Notes:

- Fluid Goal: 64oz per day
- Protein Goal:
 - Women 60-80 grams per day
 - Men 80-100 grams per day
- Calorie Goals:
 - Women 650-800 calories per day
 - Men 750-900 calories per day
- Carb Goals:
 - About 30-60 grams per day
- Fat Goals:
 - 20-30 grams per day
 - 4-6 grams saturated

** Protein requirements are high in the first few weeks after surgery. New protein requirements will be calculated following a repeat DEXA scan when you begin the 12 month post-op program.

Solid Foods: (Week >8)

- Wait 2 months after surgery before beginning this phase.
- IF able to reach recommended protein and fluid goals most days (5 or more days out of the week), then can begin to trial more solid foods.

Foods List!

Stringy Meats: 2-3oz serving at 1 time

- Beef fajita meat- steak
- Brisket
- Beef jerky
- Scallops
- Calamari

Fruits: CAN HAVE SKIN & SEEDS OF FRUITS

- Strawberries
- Blackberries
- Blueberries
- Raspberries
- Peaches
- Pears
- Plums
- Prunes
- Apples

The berry family is low in sugar and high in antioxidants. Preferred fruits.

NOTE: Remember to eat fruit in moderation and be mindful of serving size

Vegetables: CAN HAVE RAW VEGETABLES NOW

- Asparagus
- Broccoli
- Cauliflower
- Celery
- Green bell pepper
- Salad
 - Choose 'SPRING MIX OR 50/50 SPRING & SPINACH MIX

Remember! NO SIMPLE SUGARS

- Due to the increase in density and increase in fiber content of foods, monitor and take note of your tolerance to any food that is being reintroduced into your diet.

Notes:

- Continue tracking calories at least 1-3 times per week using an app such as Baritastic, My Fitness Pal, or keep written food journal before seeing Health Coach for dietary follow-up.

Foods List!

Citrus fruits:

- Clementine
- Grapefruit
- Kiwi
- Lemons & limes
- Tomatoes
- Oranges
- Pineapples
- Tangerines

Nuts & Seeds

- Almond butter
- Cashew butter
- Avoid Peanut butter

- Almonds
- Cashews
- Peanuts
- Pecans
- Pistachios
- Walnuts

- Chia seeds
- Flaxseeds
- Pumpkin seeds
- Sunflower seeds

PROTEIN BARS

- <250 calories per protein bar
- <5 grams of sugar
- 15-30 grams of protein per serving
- Pay attention to the number of carbohydrates in your selected protein bar. Many are very high in carbohydrates.

**Pay special attention to the
Primal Blueprint Food Pyramid
and Primal Approved Foods
on the next 2 pages!**

Advanced Solid Foods:

Add these foods in at the end of week 8!

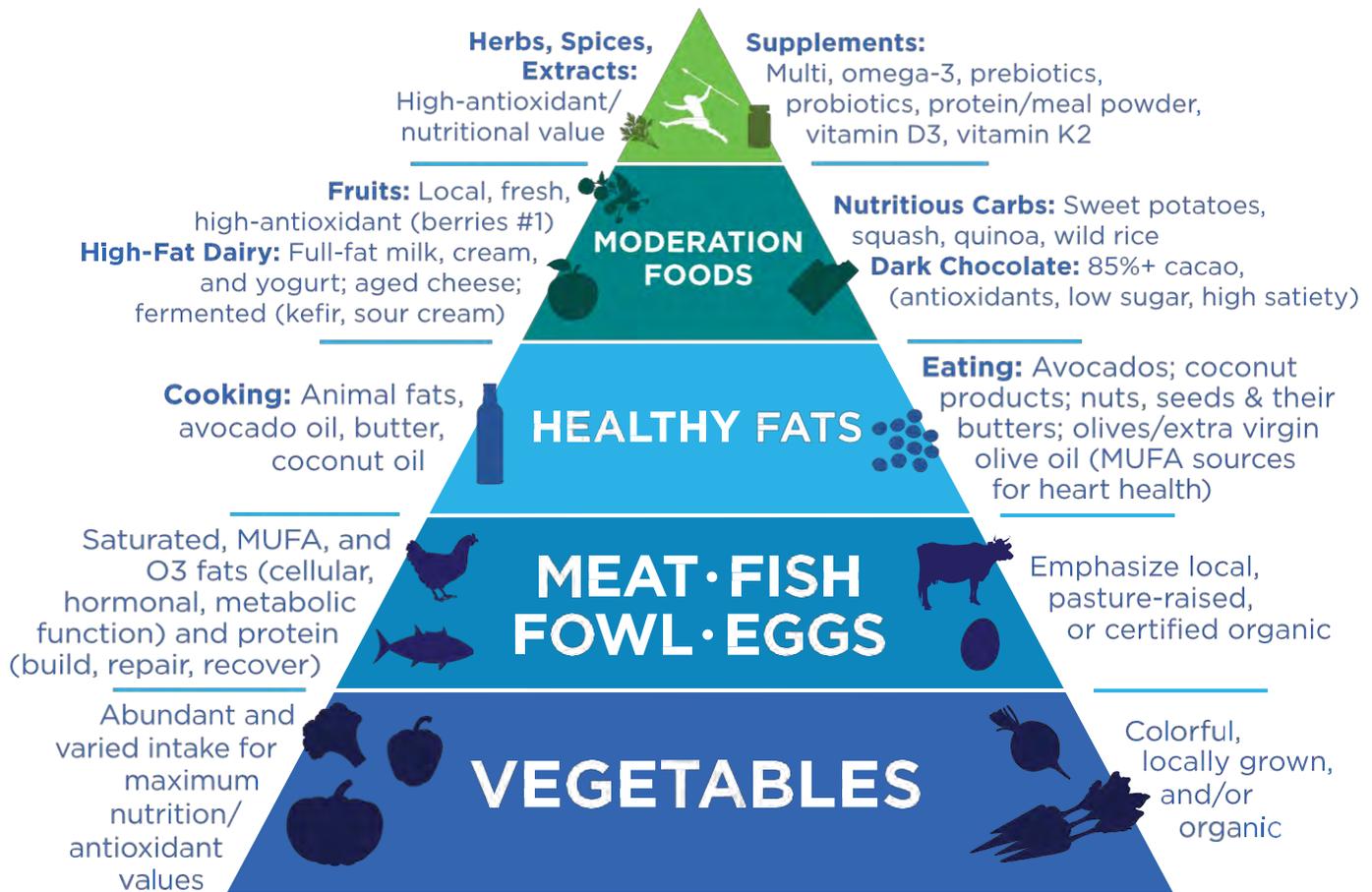
- Due to the increase in acidic and increase in fiber content of foods, monitor and take note of your tolerance to any food that is being reintroduced into your diet.

PRIMAL BLUEPRINT FOOD PYRAMID

Nutritious, satisfying, high-nutrient-value, low-insulin-stimulating foods.

Low carbohydrate, moderate protein, ample nutritious fats.

- Flexible choices and meal habits by personal preference.
- Free of grains, sugars, and refined vegetable oils.



Pyramid Notes: The Primal Blueprint Food Pyramid conveys which foods and categories to emphasize in the model of our hunter-gatherer ancestors. Meal emphasis should be on vegetables; think heaping portions crowding the plate, instead of the small-serving accoutrements we are accustomed to. However, most of your calories will come from animal foods (meat, fish, fowl, and eggs) due to their caloric density.

The most critical distinction between primal-style eating and the Standard American Diet (SAD) is the complete absence of the most offensive modern foods: refined sugars, grains and vegetable oils. These inflammatory, oxidative, nutrient devoid “food-like substances” (as author Michael Pollan says) comprise an estimated two-thirds of total SAD calories. Ditching these agents opens you up to colorful, nutrient dense, highly satisfying foods that promote optimal gene expression.

PRIMAL APPROVED FOODS

VEGETABLES

Artichoke
Arugula
Asparagus
Avocado
Beets/Beet Greens
Bell Peppers
Bok Choy
Broccoli
Broccoli Rabe
Brussels Sprouts
Cabbage
Carrots
Collards
Cucumbers
Eggplant
Endive
Fennel
Fiddlehead Ferns
Garlic
Green Beans
Jerusalem Artichoke
Jicama
Kale
Kohlrabi
Leeks
Mushrooms
Mustard Greens
Olives
Onions
Parsnips
Peppers (all kinds)
Pumpkin
Purslane
Radish
Romaine Lettuce
Rutabaga
Sea Vegetables
Spinach
Swiss Chard
Tomatoes
Turnip Greens
Watercress

STARCHES IN MODERATION

Cassava
Potatoes
Sweet Potatoes
Wild Rice
Yams
Taro

FISH

Anchovies
Bass
Catfish
Cod
Eel
Haddock

Halibut
Herring
Mackerel
Mahi Mahi
Monkfish
Mullet
Northern Pike
Orange Roughy
Perch
Red Snapper
Rockfish
Salmon
Sardines
Tilapia
Tuna
Walleye
Any other wild fish

SHELLFISH

Abalone
Clams
Crab
Crayfish
Lobster
Mussels
Oysters
Prawns
Scallops
Shrimp

MEAT & POULTRY

Beef
Chicken
Goat
Lamb
Pork
Game Meat
Alligator
Bear
Buffalo
Caribou
Duck
Elk
Emu
Goose
Pheasant
Kangaroo
Ostrich
Quail
Rabbit
Snakes
Turkey
Venison

ORGAN MEAT

Hearts
Kidney
Liver
Bone Marrow
Sweetbreads
Tongue

EGGS

Chicken
Duck
Emu
Goose
Pheasant
Quail
Roe/Caviar
Other Bird Eggs

NUTS & SEEDS

Almonds
Brazil Nuts
Hazelnuts
Macadamia
Pecans
Pine Nuts
Pistachios
Pumpkin Seeds
Sesame Seeds
Sunflower Seeds
Walnuts
Derivative Butters

HEALTHY FATS & OILS

Avocado Oil
Extra Virgin Avocado Oil
Butter/Ghee
Coconut Oil/Milk
Lard
Macadamia Oil
Olive Oil
Sesame Oil
Tallow
Unprocessed Palm Oil

PREFERRED FRUIT

Blackberries
Blueberries
Boysenberries
Cranberries
Gooseberries
Raspberries

OTHER FRUITS

Apple
Apricot
Banana
Cantaloupe
Cherries
Coconuts
Figs
Goji Berries
Grapefruit
Grapes
Guava
Honeydew Melon
Kiwi
Lemon
Lime
Lychee
Mango
Nectarine
Orange
Papaya
Passion Fruit
Peaches
Pears
Persimmon
Pineapple
Plums

Pomegranate
Rhubarb
Star Fruit
Strawberries
Tangerine
Watermelon
All other fruits

SPICES & HERBS

Anise
Basil
Black Pepper
Cayenne Pepper
Chili Pepper
Cilantro
Coriander Seeds
Cinnamon
Cloves
Cumin
Dill
Fennel
Ginger
Mint
Mustard Seeds
Nutmeg
Oregano
Paprika
Parsley
Peppermint
Rosemary
Sage
Tarragon
Thyme
Turmeric

CONDIMENTS & DRESSINGS

Avocado oil mayonnaise
Avocado oil salad dressings
Olive oil salad dressings
Vinegar
Clean/organic/low sugar ketchup, BBQ sauce, steak sauce, mustard

OTHER

Stevia
Tamari
Tea (green, black, white, oolong)

OTHER IN MODERATION

100% Full Fat Cream
Cheese
Coffee
Grass-fed & Organic Full Fat Yogurt
Coconut Milk Yogurt Alternative
Cashew Milk Yogurt Alternative
Almond Milk
Yogurt Alternative

OCCASIONAL INDULGENCES

Dark Chocolate