

YOUR Guide Book to Bariatric Surgery





WELCOME TO YOUR NEW JOURNEY TO HEALTHY LIVING!

YOUR NAME

SURGERY DATE

TYPE OF SURGERY

WHERE YOU ARE HAVING YOUR SURGERY

┌ **Michael Bilof, MD**

△ **Basil M. Yurcisin, II MD**

GSBWC SURGEON

Please bring this book with you to:

- **Any pre-operative educational classes at the ACC**
- **Your pre-operative NUTRITIONAL visits**
- **The hospital you are having the surgery**
- **All follow-up visits to our office after surgery**

North Jersey Office

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INTRODUCTION

Weight loss is more than a surgery

Congratulations on taking the first step in your weight loss journey! As you know, having bariatric surgery can help you lose a significant amount of weight, but a successful outcome requires a **permanent** and life-long commitment to a healthy lifestyle. The goal of gastric bypass surgery, gastric sleeve, or gastric banding surgery is to provide a "tool" to assist you with your weight loss and to decrease the long-term risk of medical complications caused by obesity. It is crucial to adhere to the proper diet and exercise program and to receive psychological support. In addition, working closely with your healthcare team will ensure that your weight loss is safe as well as successful.

A successful program incorporates the expertise of a multidisciplinary team

Garden State Bariatrics Center for Diabetic Surgery (Garden State Bariatrics & Wellness Center) (GSBWC), works closely with many different organizations to ensure your renewed health and ongoing success is something you have for the rest of your life. We work with the Hospitals and Surgery Centers that have the same commitment and expertise you demand of the team here at GSBWC. The team at the facilities we work with are a group of certified health professionals that are experts in their field and have experience with the health implications of morbid obesity.



GSBWC performs procedures at an accredited MBSAQIP® Center

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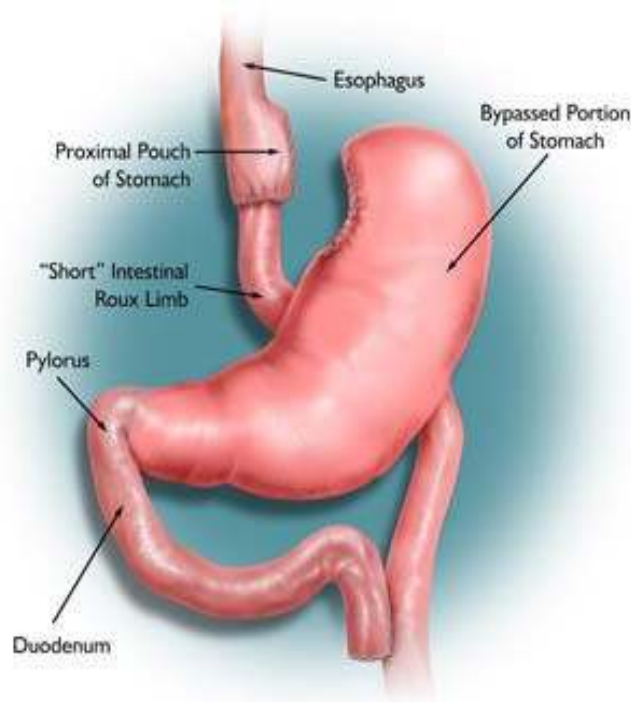
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OVERVIEW OF BARIATRIC SURGERIES

Roux-en-Y Gastric Bypass

The gastric bypass operation is both a restrictive and malabsorptive procedure. It is designed to limit the amount of food you eat and absorb. This surgery reduces the stomach to the size of an egg. This surgery will change the way food passes through the intestine. Your new stomach can hold only about one (1) ounce of food. Over time, the stomach pouch will stretch to hold approximately 4-6 ounces at a time. The smaller opening recreated between the stomach and small intestine slows the rate of the food emptying from the stomach into the small intestine. This increases the feeling of fullness, therefore, helping you to eat less.



Roux-en-y Illustration

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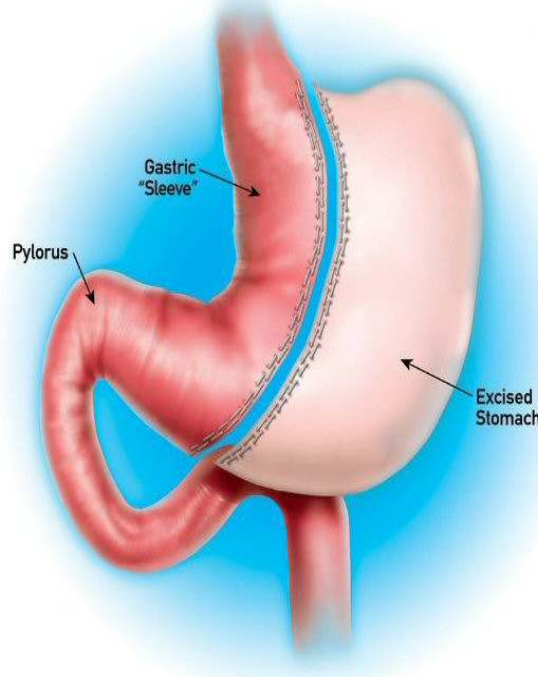
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OVERVIEW OF BARIATRIC SURGERIES

Sleeve Gastrectomy

This procedure generates weight loss through gastric restriction (reduced stomach volume) and chemical/hormonal changes. A large proportion of the hormone called Ghrelin, known to control appetite, is located in the part of the stomach that is removed. The stomach is restricted by stapling and dividing it vertically and removing more than 85% of it. This part of the procedure is not reversible. The stomach that remains is shaped like a very slim banana and measures from 1-5 ounces. The nerves to the stomach and the outlet valve (pylorus) remain intact with the idea of preserving the functions of the stomach while drastically reducing the volume.



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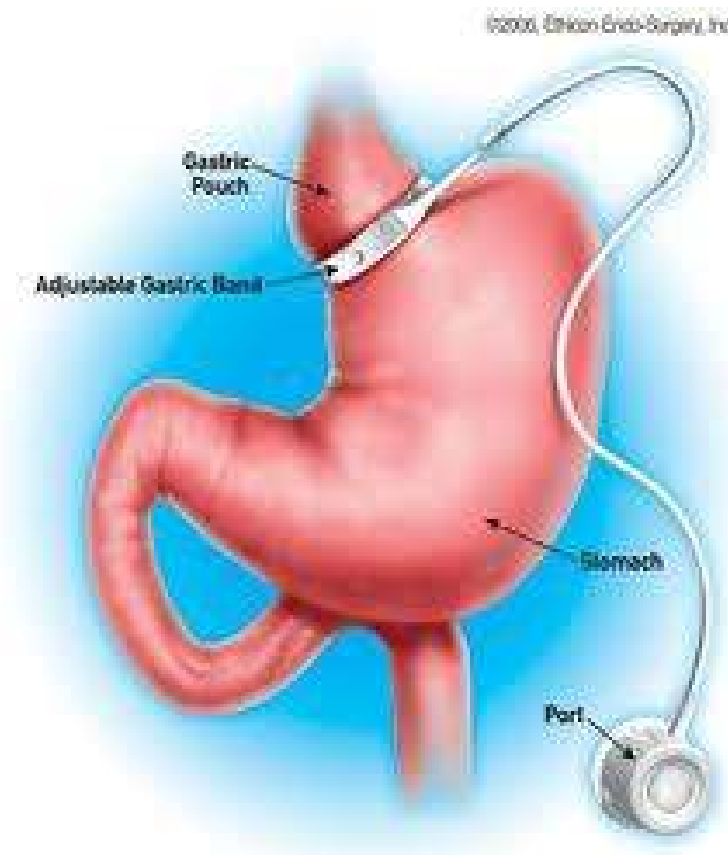
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OVERVIEW OF BARIATRIC SURGERIES

Gastric Lap Band

The adjustable gastric band is a restrictive procedure that limits the amount of food that enters the stomach. In this surgery, a hollow band made of silicon is placed around the stomach near its upper end, creating a small pouch and a narrow passage into the larger remainder of the stomach. The band is then inflated with a sterile water solution. It can be tightened or loosened over time to change the size of the passage by increasing or decreasing the amount of sterile water solution. The band is not filled at the time of surgery. The initial adjustment is approximately one month after surgery.



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PREOPERATIVE CHECKLIST

✓ **Obtain Medical and Psychological Clearance**

After meeting with your surgeon, consults will be referred as necessary. You will also need to see your primary care physician for a pre-operative medical evaluation and medical clearance. Our Surgical Coordinator will work with you to support your entire process in being prepared for surgery. If referrals are required from your insurance company, we will let you know.

✓ **Obtain Laboratory Tests**

Once you are scheduled for surgery, you will be given prescriptions for blood work. Our Surgical Coordinator will be available to help you schedule your preoperative blood work at a laboratory and/or Hospital. If there are additional tests needed or, if there are accelerated programs and requirements available, we will let you know and work with you on obtaining the needed tests.

✓ **Start Preoperative Exercises and Diet**

We recommend that patients who are undergoing bariatric surgery start a diet and exercise program that are similar to the one you will be having *after* the surgery. To ensure your life-long success, The Weight Loss Institute of New Jersey in Livingston NJ offers you preoperative nutrition, exercise and psychological consults free of charge. If there are other programs in your area, we will let give you the information to assist you in attending the local program and support your preoperative success.

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ONE WEEK PRIOR TO SURGERY

✓ Stop Taking Medications That Increase Bleeding

Anti-inflammatory medications such as ibuprofen, aspirin, Motrin, Naproxen, Vitamin E, etc, may cause increased bleeding and therefore, need to be stopped at least one week prior to having surgery. Taking these medications after surgery may also cause ulcers. If you are taking a blood thinner, or medications such as Coumadin, Warfarin, and/or Plavix your surgeon will give you special instructions on when to stop taking them.

✓ Shopping List

You will be on a special diet for the first few weeks after surgery. It is highly recommended that you do your shopping a week before surgery to make sure that you have everything ready when you go home.

Here is a list of the recommended items:

- Diet Jell-O® (avoid red-colored jello)
- Sugar-free beverages (non-carbonated)
- Broth – Low Sodium
- Decaffeinated coffee or tea
- Protein shakes (please see list of recommended shakes)
- Chewable or liquid multivitamins
- Chewable Vitamin D with Calcium
- Sugar-free popsicles

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DAY PRIOR TO SURGERY

Find Out Your Arrival Time at Hospital

Whether it is St. Barnabas Hospital in Livingston, NJ, Monmouth Medical Center in Long Branch, NJ or Florham Park Surgery Center, the Surgery staff at the facility you are having your surgery will call you the evening before your surgery to provide you with information on time and location. You may receive the call on Friday evening or Saturday morning if you are scheduled to have surgery on a Monday. If they missed you at home please call:

St. Barnabas Medical Center: 973.322.5130 M-F until 9:00 p.m. and 8am-noon on Saturday.

Monmouth Medical Center: 973.923.7200 M-F until 9:00pm and 8am-noon Saturday

Florham Park Surgery Center: 973.805.9960 M-F until 9:00 p.m. and 8am-noon on Saturday

You will be asked to come to the hospital facility 2 hours prior to the scheduled surgery to give the nursing staff sufficient time to start IVs, prep and answer questions. It is important that you arrive on time to the hospital because sometimes the surgical time is moved up the last minute and your surgery could start earlier. If you are late, it might create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time.

NIGHT PRIOR TO SURGERY

- ✓ **Do Not Eat or Drink**
 - ┆ Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed to do so.

- ✓ **What to Bring to the Hospital**
 - Your Patient Guide Book
 - A copy of your advance directives
 - Your insurance card, driver's license or photo I.D., and any co-payment required by your insurance company
 - A List of ALL your medications

- ✓ **Special Instructions**
 - Check with your primary care physician prior to taking any medication for diabetes on the day of surgery
 - Please leave jewelry, valuables, and large amounts of money at home
 - Makeup must be removed before your procedure
 - Nail polish may be left on, remove nail tips

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HOSPITAL CARE

Registration

You are required to arrive 2 hours prior to scheduled time of surgery. If having your procedure at St. Barnabas Medical Center, proceed to the Same Day Surgery area on the first floor to register. They will be asking you for your driver's license or photo I.D., insurance card, and if you have an advance directive (please bring a copy if you have one). After registration, you will be asked to be seated in the waiting area until they call you into the pre-operative area.

Pre-operative Area

You will be asked to change into a cotton hospital gown. All jewelry should be removed. You will be provided a garment bag where you can put your clothes and shoes which can be kept in the closet and delivered to your room in the afternoon/evening after your surgery. Please do not leave valuables, jewelry and money in the garment bag.

Nurses will be checking your blood pressure, temperature, etc. and will verify information obtained from you previously. Please let the staff know the exact time you had anything to eat or drink. They will also insert an intravenous catheter in your arm and start giving you IV fluids. Your IV catheter can also be used for administering medications.

OR Holding Area

You will be transported to this area via stretcher or bed. This is where you will be waiting while they are getting the operating room ready for your surgery. The nurses will be verifying all your information and are available to answer your questions. If medications are ordered prior to surgery, you will be receiving them here. The anesthesiologist will be seeing you in this area before the surgery.

O.R.

When the surgeon and the operating room staff are ready for your procedure, they will take you to the operating room via stretcher or bed. You will then be transferred on to the operating room table where you will be put in the proper position for surgery. The anesthesiologist will then give you medications to make you go to sleep before starting the procedure.

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Post Anesthesia Care Unit

After the procedure, you will be transferred to the post-anesthesia care unit. Your family members and friends in the waiting room will be given an update by your surgeon. The length of your stay here varies from a half an hour to several hours depending on several factors such as pain level, presence of nausea or vomiting, etc. Pain medications and anti-nausea medications will be available for you. You will have flowtrons boots on your legs that alternately pump to prevent blood clots.

4700 Bariatric Stepdown Unit- (St. Barnabas Medical Center Only)

Once your vital signs, pain and nausea are stable, you will be moved to your room. You will be transferred in your bed. For Gastric Bypass and Sleeve Gastrectomy patients, you will have a pulse oximeter applied on your finger overnight that measures the amount of oxygenation in your blood, and a telemetry monitor will also be applied on your chest to monitor your heart. You will be given an incentive spirometer for your deep breathing exercises.

After Surgery

You will be encouraged to use your incentive spirometer for deep breathing exercises and to walk around the nurses' station to help mobilize the gas in your abdomen. You will be provided small, 1-ounce cups to measure your fluid intake.

Lap Banding patients will be started on bariatric stage I diet (clear liquids) after the surgery and the Gastric Bypass and Sleeve Gastrectomy patients will be started the day after the surgery unless ordered otherwise. Your nurse will explain the amount of intake that you are allowed to take per hour. Your urine output will also be measured. There will be medications available for your pain, nausea, and vomiting. Nurses are always available to answer your questions. You will be allowed to take a shower on the second day after the surgery.

You will also be seen by your surgeon as well as other doctors such as a Metabolic Physician, and possibly other medical specialists (depending on your individual medical conditions) the day after your surgery. You will be weighed prior to discharge. You will attend a discharge class where the Bariatric Team will give you information you need when you go home on the morning of your discharge.

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UNDERSTANDING NUTRIENTS

Remember, you have just had a major surgery. To help with healing, maintain health and prevent disease, it is crucial to modify key nutrients in your diet. In general, your new diet will be high in protein and low in fat, calories, and sugar. Important vitamins and minerals will be supplemented. Let's review the key nutrients.

Protein

Protein is the nutrient that the body uses to build new tissue and help with wound healing. This is particularly true after surgery. Adequate protein intake will also help to limit or prevent hair loss following significant weight loss. Over the long term, protein will help preserve muscle tissue so that weight loss will consist primarily of fat and not muscle. Sources:

- lean meats such as skinless chicken, turkey, veal and pork tenderloin
- fish
- egg whites
- low-fat or fat-free dairy such as cheese, milk, yogurt, soy products
- protein supplements –see appendix for more details

Fluids

One of the main challenges for the post-bariatric patient is to prevent dehydration by consuming adequate fluids. After surgery, fluids must be separated from food. Fluids should not be consumed for 30 minutes prior to eating and for at least 30 to 60 minutes after eating. A minimum of 48-64 ounces of fluid should be consumed per day. A challenge may be drinking enough fluids without feeling full so, sip slowly and avoid using straws or drinking carbonated beverages (increases air pulled into the body causing gas and bloating).

Sources:

- water
- no-calorie beverages
- protein drinks count as fluids!

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Fiber

There is initially less space in the stomach to hold bulky, high fiber foods and less gastric juices available to digest them. If high fiber foods are not chewed thoroughly, they may get stuck in the pouch or block the narrow opening into the small intestine. Wait about 2 months after surgery before introducing high fiber foods.

Sources:

- whole grain crackers
- vegetables
- fruits

Fat

Too much fat in the diet delays emptying of the stomach and fills you up; leaving no room for other nutrients that can better sustain you. In addition, consumption of fat increases the risk of gastric reflux and adds unneeded extra calories. Fat may also cause diarrhea, nausea and/or stomach discomfort.

Sources:

- fried foods
- fatty meats such as beef, chicken or turkey with the skin still on
- cream sauces and full-fat cream-based soups
- mayonnaise
- butter
- margarine
- full-fat dairy products such as whole milk, regular cheese and full-fat yogurt
- regular salad dressing, oils, etc.

High Sugar Food: High sugar foods are high in calories and/or fat. Even in small amounts they can make weight loss difficult. Eating foods high in sugar may promote "dumping syndrome" (gastric bypass patients only). Symptoms of dumping syndrome may include: bloating, nausea, uncomfortable fullness, abdominal pain/cramping, diarrhea, weakness, sweating, and fast heart rate.

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High Sugar Food continued

Most sugary foods do not provide many vitamins or minerals despite their calorie content. Since calories are limited on the gastric bypass/gastric banding diet, it is important that every food by nutrient dense. . Look for "sugar free", "no added sugar", or "zero calorie" products.

Although milk and fruit contain sugar, it is a natural sugar with nutritional value and is acceptable to incorporate as part of a healthy diet.

Check the ingredient list on products to **Avoid**:

- sugar
- high fructose corn syrup
- brown sugar
- honey
- hydrolyzed corn syrup
- glucose

Artificial sweeteners are **acceptable**:

- Splenda® (Sucralose)
- Sweet N Low® (Saccharin)
- Equal®, Nutra-Sweet® (Aspartame)

Natural Sweeteners are **acceptable**:

- Stevia®
- Truvia®



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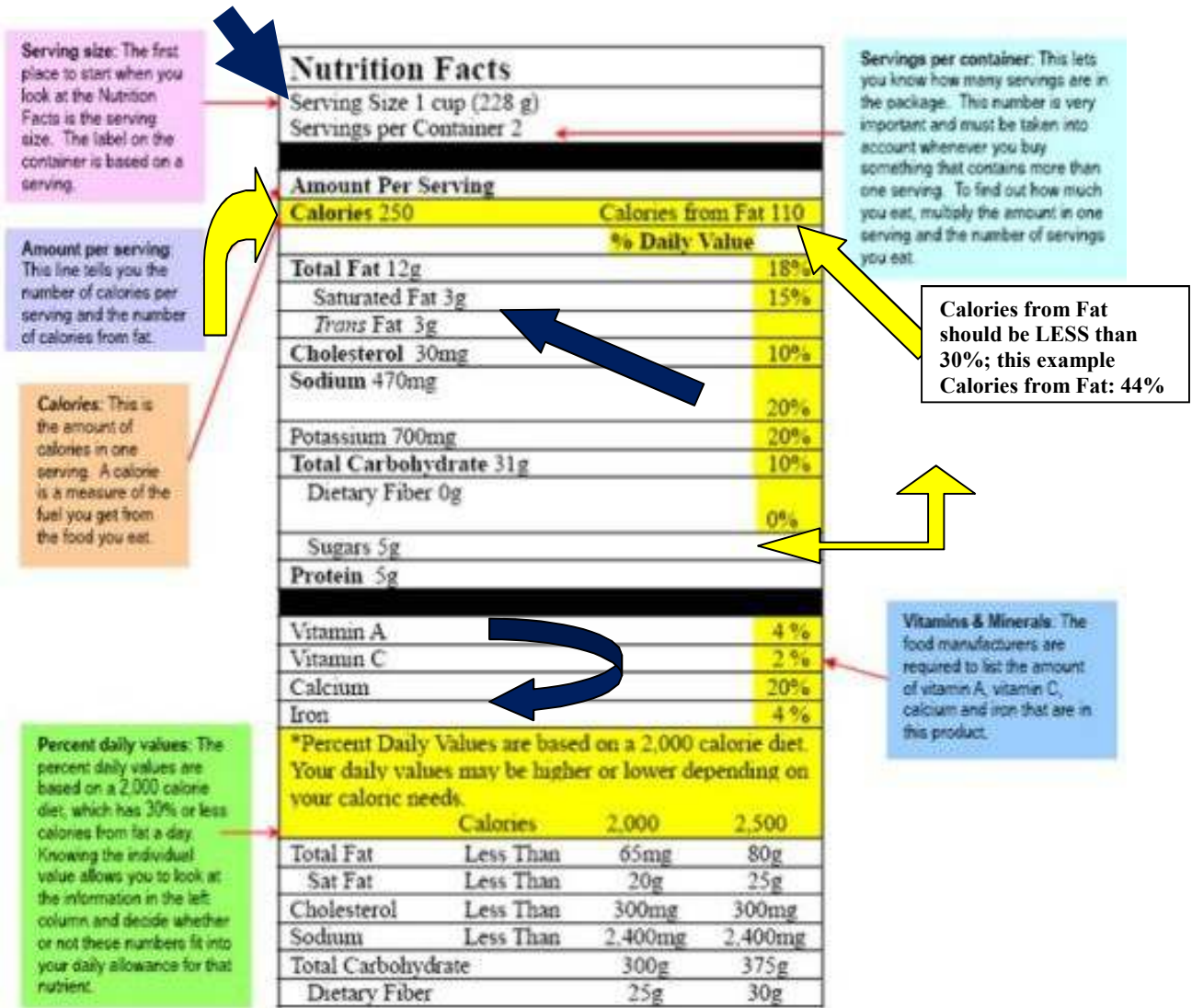
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UNDERSTANDING THE FOOD LABEL



Nutrition Facts

Serving Size 1 cup (228 g)
Servings per Container 2

Amount Per Serving
Calories 250 **Calories from Fat 110**

	% Daily Value
Total Fat 12g	18%
Saturated Fat 3g	15%
Trans Fat 3g	
Cholesterol 30mg	10%
Sodium 470mg	20%
Potassium 700mg	20%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your caloric needs.

	Calories	2,000	2,500
Total Fat	Less Than	65mg	80g
Sat Fat	Less Than	20g	25g
Cholesterol	Less Than	300mg	300mg
Sodium	Less Than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

1. Servings Per Container tells you how many servings are in the package. Serving Size tells you the volume of food the label is based on. If you eat more than the serving size, then you need to double up on the number on the label (i.e if 1 serving is 8 ounces and 120 calories; and you consume 16 ounces – all measurements for the single serving need to be doubled).
2. Next check calorie- calories are units of energy that vary among different foods. Being mindful of calories can help you manage your weight.

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3. Check Total Fat and sodium - total fat should be 5g or less per serving, Saturated Fat should be 2g or less per serving and Trans Fat should be 0g per serving. Sodium should be limited to 2400mg per day. Total Carbohydrates include dietary fiber and sugar. Choose foods that have 3g or more of dietary fiber per serving.
4. Keep foods low in sugar. Sugar should be ½ or LESS of the total carbohydrates listed per serving.
5. Look for information on vitamins, calcium and iron in this section.
6. Information on the percent of daily value is in this section. Calories from Fat should be **less than 30%**.
7. The information presented in this section of the food label will not be pertinent to you as it shows recommended nutrients based on a daily diet of 2,000 calories. As you know, your daily caloric needs will be much lower.
8. Be sure to review the ingredients listed in this section—keeping in mind that added sugars should be limited to 25g or 100 calories per day. Check ingredient list first to determine if the sugar listed is a naturally occurring sugar from milk or fruit. If so disregard this restriction.
9. Finally, review any allergy information listed on the label (e.g. may contain nuts; wheat whey etc)..



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DAILY NUTRITION REQUIREMENTS

The bariatric diet is designed to bring about significant weight loss. Learning new eating habits and behaviors as well as following the recommended diet will help to maintain long-term weight loss. Since the amount of food you will be able to consume after surgery is limited, your food choices will need to be of high nutritional quality in order to maintain health. In other words you want to get ***"the biggest nutritional bang for the calories."***

The following guidelines will ensure that you are consuming a well-balanced, calorie- controlled diet. These guidelines will also help to reduce your risk of side effects and physical discomfort.

Daily Nutrition Requirements after Surgery

Calories	900-1100 do not expect to reach this daily calorie level for several months after surgery
Protein	50-70 grams (food and supplements)
Carbohydrates	100 grams
Fat	limit to 30 grams or less (preferable healthy fats: mono and polyunsaturated fats—ask your Dietitian for this information)
Fluid	Minimum of 48 ounces (water, calorie-free, decaffeinated beverages—includes liquid protein supplements)
Supplements	multi-vitamin, calcium, sublingual B-12, and vitamin D

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QUICK NUTRITION AND EATING TIPS

- Chew food thoroughly before swallowing
- Eat slowly (30-35 minutes per meal)
- Eat protein first at each meal
- Learn proper portion sizes (weigh & measure foods)
- Use smaller plates & toddler size utensils-which helps reduce portion size
- Use protein shakes to increase daily protein and liquid intake
- Sip liquids slowly
- No liquids from 30 minutes before and 30 to 60 minutes after food
- No fluids with food
- Eat 3 nutritious meals everyday
- Keep food records to track calories and grams of protein
- Take a liquid or chewable multivitamin with iron daily
- Take additional 1000-1500mg calcium daily (split dose)
- Exercise regularly (consult with your physician for exercise clearance)

Your dietitian will go over this information in more detail during you nutrition consultation sessions.

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DIET PROGRESSION AFTER SURGERY

After surgery, your diet will progress through four stages. It is important to follow these stages for a smooth, safe recovery. If you are not tolerating a diet stage, contact your doctor as it may be suggested that you return to the previous stage and then advance at your own pace. It is advisable to keep track of any food that causes discomfort and wait two weeks before re-trying that food.

One of the most important messages is **don't eat until you feel full**. The nerves of satiety (feeling of stomach fullness and eating satisfaction) are 'slow' nerves. There is a delay of about 15 minutes from the time your stomach pouch gets comfortably filled to the time that your brain becomes aware of that fact. If you swallow even one additional bite, the pouch can become overfilled and you may experience stomach pain, nausea and possibly vomiting. Realistically, every patient will probably experience this overfilled feeling at one time or another. The goal is to learn from the experience. Try to make a mental note of the appropriate amount of food so that you will know when to stop eating, before you feel full. Adjusting to this new concept/eating behavior may take time.

In order to ensure that you can be successful in attaining your weight loss goals, it is important to understand situations that can lead to weight regain such as:

- Frequent overeating -this may lead to stretching of the pouch. This can be one of the causes of weight regain several years after surgery. It is very important not to overeat after surgery.
- Over time, the absorption of calories will improve and as a result you will be absorbing more calories, possibly leading to weight regain.

Although this booklet contains food and nutrition guidelines, more individualized information will be discussed with our Bariatric Registered Dietitian during your nutrition consultations.

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Stage 1 Diet

Clear Liquid Diet (Week 1)

- 3-4 ounces clear liquids every hour
- Minimum of 48 ounces liquids per day
- Sip fluids very slowly
- No carbonated drinks
- No sugar or caffeine
- NO FRUIT JUICE!

Clear Liquids:

- Water
- Sugar-free jello
- Bouillon or clear broth – Low Sodium
- Decaf coffee/tea
- Diet Snapple
- Crystal Light and other no-calorie drinks
- Sugar-free beverages
- Sugar-free popsicles
- Isopure Liquid Protein

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Stage 2 Diet

Full Liquid Diet

- Minimum of 48 -64 ounces liquids per day
- Minimum of 50 -70 grams protein per day
- Sip liquids very slowly
- NO FRUIT JUICE!

Full Liquids

- Fat free or 1 % milk
- Pudding (reduced or non-sugar)
- Protein shakes (refer to appendix for recommended shakes)
- Sugar-free yogurt
- mashed cottage cheese (small curds) No FAT
- Soups – Low-Fat no meat (blend them up)
- Thinned hot cereal *
- Thinned baby food vegetables/fruits, vegetable juice *
- Mashed Potatoes

**To thin foods: add water, fat free milk or low- sodium chicken broth*

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Stage 3 Diet

Soft Solid Diet (usually advance to this stage at week 3)

- 3-4 tablespoons of food per meal
- Include protein at every meal- **Eat protein first at your meal**
- Meals should last 30-35 minutes
- If you feel full, STOP EATING IMMEDIATELY
- No fluids 30 minutes before and 30 to 60 minutes after eating
- Fluid minimum of 48 ounces per day
- Protein minimum of 50 grams protein per day

Protein Foods:

- egg beaters, scrambled eggs, egg whites
- baby food meats
- tuna fish, canned salmon,
- non-fat cottage cheese, low-fat or non-fat soft cheeses
- mashed tofu
- flaky fish
- no added sugar yogurt
- pureed bean soups
- protein shakes
- fat-free or 1 % milk

Fruits

- canned fruit (in own juices)
- unsweetened applesauce
- mashed bananas
- pureed/soft fruits (peaches, pears, etc.)-peeled fruit
- NO FRUIT JUICE!
-

Vegetables

- soft/pureed vegetables (well-cooked)

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Stage 4 Diet

Regular Diet (Advancing to this stage varies; can be anywhere between week 4 and 8)

- Slowly begin introducing solid foods
- Add 1 new food per day to determine tolerability
- Eventually include 2-3 ounces. of protein at every meal
- Protein should be cut or ground into extremely small pieces
- Eat protein foods first
- Fluid- Minimum of 48 – 64 ounces per day
- Protein- Minimum of 50-70 grams protein per day (continue to supplement with protein shakes)

Foods that may **not** be initially well tolerated:

- red meat
- bread, pasta, rice
- tough or dry chicken/turkey
- raw fruits, raw vegetables, salad.

Gastric Bypass and Sleeve Gastrectomy patients will transition to a regular diet at different rates. Expect to start on a regular diet anywhere from 4-8 weeks after surgery.

Banding patients will need to restart diet stages after each fill or adjustment. Verify progression with your surgeon, as requirements may vary slightly.

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CHOOSING A PROTEIN SUPPLEMENT

Although there are numerous protein supplements available on the market today, it is important to choose a supplement that meets all of the unique requirements that are appropriate for the bariatric patient. Even though a protein supplement is labeled "bariatric", it does not necessarily mean it is a good choice. Please use the guide below to help you determine good choices.

Also, please note that your sense of taste may change in the weeks after your surgery, which can influence your choice of a protein supplement.

Protein supplements come in many forms: powders, ready to drink, bars etc. Choose one that you will use and integrate easily into your lifestyle.

Guidelines for choosing a
bariatric protein shake

Per Serving:

Calories:	100-180 calories
Protein:	12-25 grams (55-70% protein)
Sugar:	0-5 grams
Fiber:	1-5 grams
Total Saturated Fat:	less than 2 grams

See Appendix for list of protein supplements

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VITAMIN & MINERAL SUPPLEMENTATION

Why do I need to supplement?

It will be difficult to get enough vitamins and minerals from food alone as the post-bariatric diet has limited food quantities. Deficiencies can develop in a matter of months. Iron, folate, B-12, and calcium are the nutrients most affected. Fat-soluble vitamins, such as vitamins A, D, E, and K may also be affected.

How long will I need to take supplements?

Within one week of your surgery you will begin your dietary supplements. VITAMIN AND MINERAL SUPPLEMENTS MUST BE TAKEN FOR LIFE. Also remember your vitamin and mineral levels will need to be checked every 3-6 months by a metabolic physician.

A daily vitamin and mineral regimen after surgery should include:

- ✓ Chewable or liquid multivitamin with iron
- ✓ 1000-1500 mg calcium citrate (split 2x-3x/day)
- ✓ Folic Acid
- ✓ Additional B-12 (sublingual), iron, or other supplements as recommended

You may experience some skin and hair changes after surgery, including dry skin or hair loss. While this may be a benign short-term condition, it may also be the result of a vitamin or mineral deficiency. Please let your doctor or metabolic physician know if you experience these changes so that adjustments may be made.

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SIX MONTHS AFTER SURGERY

And Beyond ...

By this time your new stomach pouch and small intestine will most likely have learned how to work together and become more pliable. Many patients notice a dramatic increase in the amount of foods they can handle comfortably. This is the crucial time to continue with good eating and exercise habits developed in the first few months, to help support further weight loss. Below is a sample menu for approximately 6-12 months out from your surgery. As always, this is a guide; check with our registered dietitian for details.

	CALORIES	PROTEIN (grams)	FLUID (ounces)	CARB (grams)	FIBER (grams)
Breakfast (8:00 am)					
1 slice whole grain bread	90	2	0	15	2
1 egg	35	7	0	0	1
1 tsp. no sugar added jelly	10	0	0	3	0
1 piece fresh fruit	60	0	0	15	3
Fluid (8:30-11:30am)					
16 oz. water/sugar free beverage	0	0	16	0	0
Lunch (12:30pm)					
3 oz. turkey	105	21	0	0	0
1 slice of whole grain bread	90	2	0	15	2
½ c. berries	60	0	0	7	4
1 cup of mixed salad	25	0	0	5	2

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1 tbsp. fat free dressing	50	0	0	5	0
Fluid/Protein (1:30-6:00pm)					
8 oz. protein shake	180	22	8	23	4
8 oz. water/sugar free beverage	0	0	8	0	0
Dinner (6:30pm)					
3 oz. broiled salmon	150	21	0	0	0
1 cup of broccoli/carrots sauteed	25	0	0	5	5
w/ tsp olive oil & garlic	30	0	0	0	0
½ small sweet potato	40	2	0	7	2
Fluid/Protein (7:30pm)					
16 oz. water/sugar free beverage	0	0	16	0	0
4 oz. protein shake	90	11	4	11	2
TOTAL	1040	88g	52 oz.	111g	27g

Patients can expect to progress to this meal plan anywhere from 6-12 months after surgery.

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COMPLAINTS, PROBLEMS AND SOLUTIONS

Complaint/Problem	Likely Cause	Solution
Burping/Hiccups	Swallowing too much air	<ul style="list-style-type: none"> • Chew with mouth closed • Avoid using straws • Eat slowly • Avoid carbonated beverages • Avoid chewing gum
Nausea/Vomiting	Food intolerability, eating large portions of food <i>(Unrelieved nausea/vomiting can be a sign of a more serious problem. Please consult your surgeon if you are vomiting more than twice a month (banding patients), or if you are unable to tolerate anything including liquids (bypass patients))</i>	<ul style="list-style-type: none"> • Avoid concentrated sugars, fried and high-fat foods • Eat/Chew slowly • Limit portion sizes • Drink liquids <i>between</i> meals not with meals
Dizziness/Headache	Dehydration	<ul style="list-style-type: none"> • Consume at least 48 ounces fluid daily (If you are on blood pressure medication, contact your doctor immediately)

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Complaint/Problem	Likely Cause	Solution
Dumping Syndrome	By-pass patients only-consumption of food comprised of highly concentrated sugar	<ul style="list-style-type: none"> • Avoid concentrated sugars, sweets
Food “getting stuck”	Eating too much or too quickly	<ul style="list-style-type: none"> • Eat smaller portions • Eat/chew slowly • cut food into a smaller bite size • Avoid “dry” & “tough” foods
Hair Loss (typically occurs at 3-9 months post-op)	Rapid weight loss and/or not consuming enough protein	<ul style="list-style-type: none"> • Eat the recommended protein daily and hair will grow back! • Take recommended vitamin/mineral supplements
Dry skin, Dry eyes	Dehydration or a nutrient deficiency	<ul style="list-style-type: none"> • Consult your Metabolic Physician
Constipation	Not consuming enough fluids or fiber	<ul style="list-style-type: none"> • Consume at least 48 ounces of fluids daily • Discuss w/your doctor the need for adding more fiber to your diet
Abdominal Pain/Feeling Bloating	Eating too quickly at one time	<ul style="list-style-type: none"> • SLOW down at each meal-strive to take 30-35 minutes for each meal
Weight Loss stops or weight gain occurs	Consumption of large portion sizes and high-calorie foods	<ul style="list-style-type: none"> • Evaluate your portion sizes • Limit high calorie foods <i>and</i> beverages • Increase physical activity • Consult your Registered Dietitian and/or Physician

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YOUR BARIATRIC HEALTHCARE TEAM

Metabolic Physician

Post-operative metabolic monitoring is an essential component for the bariatric patient. The Metabolic Physician is an Internal Medicine specialist with advanced training and certification in clinical nutrition; they are experts in obesity management. These physicians will:

- adjust any medications
- perform metabolic monitoring and
- assure that you are employing proper strategies for a successful outcome.

Medication Adjustments may be required due to pill size/format and your recent surgery. Based on your medical history, additional medications such as acid blockers or anticoagulants may be recommended. Bariatric surgery patients are often able to decrease or discontinue many medications; however sudden discontinuation of certain medications can be dangerous. On the other hand, continuing drugs when they are unnecessary can lead to serious side effects. The metabolic physician will guide you through this process.

Metabolic Monitoring protects patients from developing deficiencies of vital nutrients such as protein, electrolytes, vitamins and minerals. Hair loss, dry skin, dry eyes, altered taste, and numbness may be signs of early nutrient deficiency. More serious conditions including visual disturbance, osteoporosis and cardiac dysfunction can occur if nutritional deficiencies are not properly corrected. Regular blood tests and clinical examinations are scheduled to prevent post-operative deficiencies.

Maximizing Successful Strategies after bariatric surgery ensures that you make the most of your operation. The metabolic physician is in a unique position to help you develop these components. For a list of Metabolic Physicians, please contact our office or your insurance company for a list of metabolic specialists in your area.

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Surgical Coordinator/Ongoing Support Team

We are committed to you and making sure that you have ongoing success. To ensure your successful outcomes, GSBWC has a trained team of professionals available to you before, during and after surgery. We partner with various support groups (both North and South Jersey) and work with approved, Accredited Bariatric programs to support your ongoing participation and success on your new and healthy lifestyle. Please be sure to ask about it from anyone on our team. We are here to help!

Bariatric Clinical Coordinator (Registered Nurse)

The Bariatric Clinical Coordinator will be in charge of you while in the hospital. She is a valuable resource for information such as: post-operative protocol, medications, dietary/fluid concerns, referrals to other bariatric team members, and many other questions/concerns the bariatric patient may have. She organizes and leads the three support groups that are offered to the post-up patients. The Bariatric Clinical Coordinator's goal is to assist each patient in a successful recovery and to empower them to reach their goals.

BASIC POST-SURGICAL QUESTIONS:

*Our Surgical Certified Physician Assistant – **Bella Baum** -is here to assist you on any questions you may have regarding your post-surgery questions/concerns. If it is a non-medical emergency and general in nature, you can email her at bella@gsbwc.com. If you are not sure, please do NOT email – call our offices at 973.218.1990. Bella is part of the surgical team, a key part of your surgery as well as your ongoing care at GSBWC.*

Kathleen Glorioso, R.N. has just joined our Toms River team to also support our bariatric patients with questions and support. She can be reached at 732.269.6800 or email her with your non-medical emergency questions to kathy@gsbwc.com.

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Registered Dietitian (R. D.)

Bariatric surgery alone does not change long-standing food behaviors. Weight loss surgery requires lifelong nutritional management. It is important to find a registered dietitian that specializes in bariatric patients. The R.D. can help ensure that the patient is eating the proper amount of calories and protein, while still obtaining all vital nutrients. They will work with the patient on making appropriate food choices, brand selection, and Supplements for your ongoing care. Individualized meal plans also allow your new way of eating to be compatible with your lifestyle.

Patients suddenly have more "food rules" than any diet they have ever followed. How do they eat enough to sustain themselves, yet continue to lose weight? Patients will no longer have the relationship with food they had prior to surgery. Issues that the R.D. addresses are:

- Modifying eating behaviors
- selecting proper food choices
- preventing nutritional complications
- how to avoid grazing and over eating
- preparing healthy meals
- making good choices when eating out

It should not be assumed that patients, who appear to have met their goals for weight loss after 12-18 months, no longer need continued follow-up. It is common for patients to be less aware of their eating habits a year after surgery and often fall back into "old habits". Lifetime follow-up is essential to reinforce proper food choices and good eating habits. A Registered Dietitian can provide education, resources and understanding that will help patients develop new, healthy, and positive relationships with food.

***NUTRITIONAL COUNSELING: Contact Us:
Millburn Office: 973.218.1990
Toms River Office: 732.269.6800***

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Exercise Physiologist

Before increasing physical activity and beginning any type of formal exercise program, it is important to get clearance from your surgeon.. A clinically trained Exercise Physiologist can help you make sure you are performing a program that suits your needs.

Regular exercise after surgery is crucial to the weight loss process and long-term success. Some of the benefits of exercise:

- Burns calories and allows you to lose weight at a quicker and more consistent rate
- Promotes the loss of fat mass and improves your muscle mass
- Increases your metabolism
- Improves the ease of performing everyday tasks

Beginning an exercise program within the first few months after surgery, will make it easier for exercise to become part of your regular routine, as well as promote continued weight loss and eventually weight maintenance. It is recommended that post surgical patients begin exercise approximately 4 weeks after surgery.

Bariatric patients need two distinct forms of exercise, strength training and cardiovascular work. Strength training will consist of:

- body weight machine
- free weight exercises

This form of exercise not only burns calories but is also the only form of exercise that can maintain and build muscle. Cardiovascular exercise is equally important, as it

burns calories and fat mass in addition to improving heart, lung and circulatory functioning. Cardiovascular work consists of such exercise as:

walking, jogging, bike riding, hiking, and swimming. It is important to note that as a bariatric patient strength work and cardiovascular work are two very separate qualities that should be trained as such.



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Psychologist/Psychiatrist

Bariatric surgery results in physical changes that affect how much food your body can intake and may also affect how it is digested and absorbed. However, it may not lead to changes in your emotional need to eat. Most patients are aware that they will have to forgo favorite foods following surgery, yet they are often ill prepared to deal with the severe emotional ties to food. Patients who have had an extensive history of issues that involve food and disordered eating may experience more challenges post-operatively than patients who do not.

A therapist can help you to develop the appropriate emotional tools to transition into a healthy relationship with food and exercise. Cognitive behavior therapy will teach you how to focus on becoming more aware of your behavior and feelings and learning strategies to cope with your emotions. Additionally, therapy will challenge dysfunctional thinking, identify feelings and develop non-food coping skills. Gaining and maintaining motivation and inner strength will contribute to promoting adherence to your new lifestyle changes.

Change is hard! It is crucial to understand how to handle the physical, mental, and emotional challenges after bariatric surgery.

PSYCHOLOGICAL COUNSELING: CONTACT our office to obtain a list of psychologists we use in our practice: 973.218.1990 for Millburn office or 732.269.6800 for our Toms River office. If you already have a psychologist, please check with our office to ensure your surgeon is 'in the loop' with your care.

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SUPPORT GROUPS AND RESOURCES

Support Groups for Post-Surgical Patients have been proven to be a key component in your ongoing support and success.

There are several support groups available – for both our North Jersey and South Jersey patients.

Please visit our website for a list of support centers available. www.gsbwc.com

Resources

- American Society for Bariatric Surgery (www.asbs.org)
- Obesity Help (www.obesityhelp.com)
- The Obesity Society (www.obesity.org)
- American Dietetic Association (eatright.org)
- Weight Control Info Network (www.win.niddk.nih.gov)
- FitDay.com (calorie counter)
- Foodnetwork.com
- PEERtrainer.com

Weight Loss is a Journey – a Lifelong Path of Celebrated Success – It begins with the 1st step!

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APPENDIX

Food Guide

Food Group	Daily Servings	Recommended	Avoid
Bread, Grain, Cereal, Rice, Pasta, Starch	1 Serving Weekly (1/2 cup or slice each)	Low fat crackers, rice cakes, pasta, plain bread/rolls, pretzels, squash, hot/cold cereals, legumes, peas	Sugar-coated cereals, granola, French fries, potato/tortilla chips, high fat crackers, pasta in cream or cheese sauce, potato skins, cheese curls
Vegetables (reintroduce raw vegetables/salad gradually)	2-3 servings (1/2 cup each)	Plain raw or cooked vegetables, juice	Vegetables made with added fat (cream cheese sauces, etc.) deep fried vegetables
Fruits (reintroduce raw fruits gradually)	2-3 servings (1/2 cup or 1/2 whole fruit)	Fresh fruit, frozen canned fruit, (natural juice), unsweetened applesauce	Dried fruits, canned fruits or frozen fruits in syrup, fruit juice, coconut
Meat, Poultry, Fish, Protein Foods	3 servings (2-3 ozs. each)	Baked, broiled, steamed, lean cuts meat, chicken & fish, tofu, eggs, egg substitutes, egg low fat lunch meats	Fried foods, fatty cuts of meat, hot dogs, bacon, sausage, pepperoni, salami
Milk or Milk Products	4 servings (1/2 cup each)	Fat free or 1% milk, calorie puddings, fat yogurt, low-fat or free cheese	Whole/2% milk, ice cream, chocolate milk, frozen yogurt, milkshakes, cocoa mixes, cheese, egg-nog, cream

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Food Group	Daily Servings	Recommended	Avoid
Fats	2-3 servings (1 tsp. each)	Low-fat or fat free salad dressing, low fat mayonnaise, low-fat cream cheese, low-fat sour cream, cooking sprays, olive/canola oils	Regular salad dressing, mayonnaise, cream cheese, sour cream, butter, margarine
Beverages	48 oz. minimum	Calorie-free beverages, water	Beverages containing sugar

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Protein Supplements

Because there are so many protein supplements on the market, it is important to follow the guidelines mentioned on page 25 when purchasing a supplement. Many products are available both ready to drink/eat and in powder form. Because personal tastes vary, it is recommended that you start with the following supplements and purchase subsequent supplements based on your individual preferences:

Available in both powder and liquid

Protein Supplements

Products	Serving Amount	Protein per Serving (grams)	Calories per Serving
Muscle Milk Lite Protein Shake (vanilla & Chocolate flavors)	1 bottle- 14 oz.	20	160 -170
New Whey 25 Liquid	1 vial	25	100
New Whey 42 Liquid	1 vial	42	176
Nature's Best Isopure Protein Drink	20 oz.	40	160
Nature's Best Isopure Protein Powder	1 scoop	25	110

Do not use Ensure, Boost or Carnation Instant Breakfast-they are too high in sugar and do NOT provide the Needed Protein!

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Recommended Vitamins and Minerals

Multi-Vitamins

- Centrum® Chewable
- Nature's Plus® Chewable
- Puritan's Pride® Chewable
- Isotonix® Liquid
- Resource® Optisource (Novartis) Chewable
- Rainbow Light® Powder
- Bariatric Advantage® Chewable
- GNC Liquid Ultra Mega Multi
- Flintstone's Vitamins with Iron (2 per day)
- Flintstone's Vitamins Complete (1 per day)
- If not listed here – please check with our R.D.

Calcium (with added vitamin D)

- Caltrate® (calcium carbonate)
- TwinLabs® chewable (calcium citrate)
- Viactiv® chewable (calcium carbonate)
- Rainbow Light® chewable (calcium Citrate)
- Bariatric Advantage® chewable (calcium citrate)
- Oscal® (calcium carbonate)
- Citracal® (calcium citrate)

Iron

- Fergon® Tablet (gluconate)
- Ferrous Gluconate
- Ferrous Sulfate

Vitamin B₁₂

- Nature's Bounty® Sublingual
- GNC® Liquid B₁₂

Above products can be purchased at Vitamin Shoppe, GNC, Whole Foods, health food stores, drugstores and/or via the internet.

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Smoking Cessation Programs

Quitting is not easy. It is critical to quit smoking prior to surgery and as part of your lifestyle shift and new health. There are many programs available to our patients. Below is one of the programs we use with our patients looking to have weight-loss surgery. Our surgeons are adamant about you quitting – and sensitive to what it takes to stop. Check with our office – programs at Monmouth Medical Center for our South Jersey patients.

Support Information

Quit Line:
1-866-NJ-STOPS


Quit Net:
www.nj.quitnet.com

Siegler Center for
Integrative Medicine:
(973) 322-7007

Outpatient Tobacco Dependence
Treatment Program:
(973) 926-7978

National Hotline:
1-800-QuitNow


Women's Health Education:
973-322-2387



**Tobacco
Treatment
Program**

**What is this
program about?**

Saint Barnabas Medical
Center in conjunction
with The New Jersey
Medical Society has
designed a Tobacco
Treatment Program
geared towards nicotine
addiction treatment.



**SAINT BARNABAS
HEALTH CARE SYSTEM**
Saint Barnabas Medical Center
94 Old Short Hills Road Livingston, N.J. 07039
www.saintbarnabas.com

How can this program help you?

This program is designed to help you target behavior modification and create a customized clinical treatment that suits your needs. The combination of these two processes will ensure a successful and supportive method towards quitting nicotine addiction — the single most important step to living a healthy lifestyle.

How do I get started?

A treatment specialist will visit you to explain in detail how the program works, and to help you determine whether or not you are interested in participating.

Should you feel that it is not the right time to participate in such a program, additional informational and educational resources are included in this packet. These materials will be of interest when you do feel ready to quit.

How long is the program?

The length of the program varies with each individual and their commitment to the success in quitting.

For further information please call extension 25767 or 28978 from inside the hospital.

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Smoking Cessation Programs

Need Help to Quit?

The Institute For Prevention TOBACCO QUIT CENTER

**TAKE THIS QUICK QUIZ
TO FIND OUT IF OUR
PROGRAM CAN HELP YOU
TO QUIT TOBACCO**


- Have you tried to quit smoking on your own without success?
- Do you feel like you have lost control of how often you smoke?
- Do you feel self conscious about smelling like smoke?
- Are you embarrassed by your smoking habits?
- Is your smoking affecting your relationships with your family and friends?
- Has your doctor encouraged you to quit tobacco?
- Do you feel your health has been negatively affected by your smoking?
- Have you damaged any clothing, furniture or personal property from your cigarette?
- Do you want to quit, but you're not sure how?

If you answered yes to any of these questions, the Institute for Prevention's Quit Center can help you! Call us now to find out how.

Essex and Union Counties
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PROJECT FUNDED BY
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