

Congratulations! You are on your way to a healthier “new you”. I personally know what you are going through right now! In January 2007, I had the Laparoscopic Roux-n-Y Gastric Bypass surgery. One year post-op, I am down 135 pounds and feeling absolutely wonderful. I am not going to lie; the first few weeks were a bit trying. I questioned what had I done to myself. I wondered if I’d ever really eat again. I wanted my Taco Bell! But I assure you, it will get better, the first year ended up flying by! I am a happier, healthier and active person and the only regret I have is that I didn’t have the surgery sooner. I now have the awesome opportunity to work with bariatric patients such as yourself. I wish you much success during your new journey; please do not hesitate to contact any of our staff with questions.

Best Wishes,

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Michigan Obesity Surgical Specialists/Great Lakes Weight Loss*

The following discharge guide has been developed to help educate and make your recovery as smooth as possible. This pamphlet should be kept and referred to as often as necessary. The purpose of this document is not to replace your contact with the staff but to ensure that all patients have a document that they can reference to help answer some of the more common questions. Please take the time to read through this entire document, it will answer questions that you probably didn’t even know you had. If something is not clear please do not hesitate to contact our staff so that we can answer your question and make necessary updates to this handout.

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Discharge Medications for Gastric Bypass Patients

Upon discharge you will be given three prescriptions. You may have them filled in the out patient pharmacy on the ground floor of the Harper Professional Building or the prescriptions can be filled at your local pharmacy.

Lovenox (Enoxaparin)

Lovenox 40mg, injected subcutaneously, once a day for 14 days

Lovenox is a blood thinner that is used to reduce the risk of developing a blood clot in the pelvic veins and deep veins of the legs. This complication is referred to as deep vein thrombosis (DVT). A DVT can break away from its origin and travel through the bloodstream and enter the lung circulation, referred to as a pulmonary embolism (PE). Lovenox cannot completely eliminate the risk for DVT/PE but has been shown to reduce the likelihood of developing this complication. Getting up and walking around, is just as important as the medication. Constant sitting or lying in bed is a major risk factor for developing a DVT/PE.

Lovenox is administered by the patient (or patient's family) once every morning. It is generally done in the lower abdominal skin after cleaning the area with alcohol swabs. You should have received "Lovenox teaching" prior to discharge.

Zantac (ranitidine)

Zantac 150mg, orally twice a day (AM/PM) for three months

Zantac is an anti-acid medication. The newly created stomach pouch/intestinal connection is susceptible to acid irritation especially within the first 90 days after surgery. Without acid suppression 1 in 20-25 patients can develop a "marginal ulcer". This is erosion along the small intestine side of your stomach pouch/intestinal connection. These erosions generally cause pain or food/liquid intolerance. The best way to avoid this complication is to be fully compliant with your anti-acid medication. This medication is a very small pill and can be swallowed whole or if need be it can be crushed and swallowed.

Pain Medications (Hycet, Lortab, Vicodin, Percocet)

Take your pain medication only as often as prescribed. Do not exceed the prescription limits. This discharge medication is the only medication that you can choose to take or not to take. All narcotics can make patients nauseous and constipated. Tylenol and low dose Ibuprofen (200mg) can be taken as needed instead of the narcotics. Avoid the use of aspirin or other non-steroidal anti-inflammatory medications until your surgeon has given you permission.

Taking Daily Prescribed Medications

Every patient should make an appointment with their primary care physician (PCP) within the first week after the operation. Many prescribed medications for high blood pressure and diabetes will have to be altered relatively quickly after undergoing gastric bypass surgery. Your PCP will manage the types of medications, the dosages and the stopping or starting of any new medications. Your surgeon will not take an active role in managing your medications as prescribed by other physicians.

Almost every medication available, no matter the shape or size can be swallowed and tolerated after gastric bypass surgery. It is unusual for patients to require a liquid form of a medication that was previously prescribed. Despite this, many patients prefer to either crush or cut their pills into a smaller size. Capsules can be opened and the powder dumped into sugar-free Jell-O or sugar-free juice/water. Medications that are time released generally should not be crushed or manipulated. Again, every patient should go over their preoperative medications within the first week after surgery with their prescribing physician.

Basic Post Operative Wound Care

Upon discharge from the hospital you will be given some brief instructions on wound care. The following should act as a reference if you have some basic questions or concerns. Wound care is somewhat dependent on the type of surgery that you had; however, the vast majority of surgical wounds should heal and behave in a similar fashion.

Unless specifically mentioned by your surgeon the following can be used as a reference for basic wound care when you are at home.

- You may **shower 48 hrs after the operation (2nd day after the operation)** unless otherwise specified by your surgeon. At this time the skin over the wound has formed a watertight barrier and the wound can now get wet. However, the initial dressings should be left in place. *Do not bath or swim for four weeks. If the dressings should get wet in the shower, remove and replace with a dry dressing after the area is completely dry.*
- **Remove all temporary dressings 72 hrs (3rd day after the operation).** Inspect the incisions for any signs of infection (see wound infection below). You may replace temporary dressings with dry gauze. Minimize the use of tape over the wounds. Never replace a wound dressing with another watertight dressing unless instructed by your surgeon.
- On the 4th day after the operation, after your dressings have been removed, you may apply antibiotic ointments such as Neosporin if you choose. Remember, any signs of wound infection require that your surgeon be contacted.

Skin Closure, Dressings & Drains

Skin Closure

Before the dressings are applied the skin incisions are closed. Most laparoscopic incisions are closed with dissolvable sutures that are underneath the skin. That is, the stitches will disappear after about two to three weeks.

It is not uncommon to notice a tiny thread protruding from a corner of the wound. If it is very bothersome you may carefully snip the thread at the level of the wound. This will simply prevent the thread from continuously snaring your clothing. If it is not bothersome we recommend letting your surgeon evaluate it during your first post operative visit.

Larger incisions may be closed with stainless steel staples. These are generally left in place for five to fourteen days. The skin can become slightly irritated around the “legs” of the staples and appear somewhat reddened. This is considered normal when there is no associated pain, swelling or drainage from the wound. If the wound appears to be infected contact your surgeon immediately.

Dressings

There are several types of wound dressings that are available and the decision to use one as opposed to another is at the discretion of your surgeon. In general, we use only a few different wound dressings.

Laparoscopic (Minimally Invasive) Incisions

Dermabond: A clear blue, liquid skin adhesive that covers the smallest incisions used during a laparoscopic (minimally invasive) case.

- Waterproof, water may make contact with this dressing.
- It does not need to be removed or reapplied.
- It will flake off in 10 days to 2 weeks.

Tegaderm/Telfa/Steri-strips: Larger laparoscopic incisions may be covered by a clear, square or rectangular sticker-like dressing called Tegaderm. Underneath this clear bandage is a non-stick, white wound cover, often referred to as Telfa. The Telfa covers and protects the wound and keeps the area clean and dry. Sometimes, there are pieces of tape underneath the Telfa. These are called Steri-strips and are used to keep the skin edges together. The Steri-strips can be pulled off in the shower as they begin to curl up after getting wet. They do not need to be replaced once removed.

-If the dressing should get wet then remove the entire dressing and leave open to air. You may cover your wound with a dry bandage to prevent staining your clothing from residual wound fluid.

Open or Midline Incision

Open (midline) Incisions: Depending on your specific situation, you may have needed a larger incision to facilitate the operation. This may or may not require a change in your dressing care.

In general, larger incisions are covered with dry sterile dressings and taped in place. Many patients will find the tape to be quite irritating to their skin. There are many types of bandage tape available in almost every drugstore. Usually, paper tape is less irritating to the skin than silk or cloth tape. The best way to prevent skin irritation is to only use as much tape as necessary to keep the dressing in place over the wound.

The dressing can be changed two to three times per day or after each shower. Never shower with a dressing over a wound that is not water proof. Non water proof dressings should be removed prior to showering and replaced after the area is completely dry.

Do not scrub directly over incision sites with soap and water. It is OK that these areas get wet but excessive scrubbing and soaking should be avoided.

Drains

JP drain: Almost every gastric bypass patient will be discharged home with an indwelling surgical drain. We refer to this drain as the JP or Jackson-Pratt drain. The drain works on suction. It is the surgeons “window into the abdomen”. The drain generally exits from the patient’s lower right abdomen. The purpose of this drain is to alert the surgeon when there may be a problem with the newly constructed stomach pouch and its connection to the small intestine (i.e. Gastrojejunostomy).

It is very unusual for a patient to develop a leak after discharge. Upon discharge patients have undergone three tests developed to identify leaks in the immediate post operative period. Despite this the drain will be left in place and removed in the office usually 5-10 days after the operation.

Drain management:

- The bulb should be emptied three times a day or as often as the bulb fills up.
- Record the quantity after dumping fluid. One Dixie cup is roughly one ounce.
 - The fluid is generally a clear yellow to a red tinted fluid that looks like Kool-Aid. The absolute volume of fluid on any given day is less important than what the fluid looks like.
 - ***If the fluid is foul smelling, or is thick, creamy white, beige or brown call your surgeon immediately.***
- Do not let the drain get snagged and pulled out. Keep the bulb pinned to the inside of your shirt to help prevent this.
- It is very common to have fluid leakage around the drain itself and this can stain your clothing. We recommend that the area be covered with a simple dry dressing to wick up any leaking fluid or simply wear clothing that you are willing to throw out after your recovery.

Passive Drain, often referred to as the Penrose drain, may be left in a wound if the surgeon feels that there may be a substantial risk of developing a wound infection. The drain is generally secured to the skin with one or two stitches. The purpose is to allow the wound to gradually

close around the drain. This allows a contaminated wound to drain so as to not “trap in” an infection.

The drain can be covered with a dry, gauze dressing and changed two to three times each day or as often as needed if the bandages begin to saturate. The drain will be left in place and removed in the office usually 5-10 days after the operation.

Abdominal Binder

If you were given an abdominal binder after your minimally invasive operation and it makes you more comfortable when moving about you can continue to wear it as long as you like. After laparoscopic surgery it is not necessary but some patients have found that they are more comfortable with the binder in place for one to two weeks after the operation.

Patients that required an open operation should wear the binder continuously except when showering. Most patients find that the binder provides relief when getting up or when walking around. In addition, the binder provides some abdominal wall stability as your wound heals and may reduce the chances of developing a hernia down the road. The binder will need to be worn for 4 to 6 weeks or as recommended by your surgeon.

Wound Infection

The chances of developing a wound infection are low. Below are some of the common features that are seen when a wound is either developing an infection or is actively infected.

- Pain, which seems to get more severe each day
- Redness, swelling or drainage from the wound
- The wound feels “hot” to the touch
- Oral temperature of 100.5 or higher

If any of these signs or symptoms should develop please contact your surgeon immediately.

Multi-Vitamins and Calcium Supplements

You should begin to take your multivitamin supplements and calcium supplement at two weeks or unless specified differently by your surgeon. Vitamins should be in a chewable form. Adult forms should be taken as directed, usually one pill a day. Child formulations such as the Flintstones Complete should be taken twice daily.

VIActiv® Multi-Vitamin Chews

Centrum Multivitamin and Multimineral, Chewable Tablets

Flintstones Children's Complete Multivitamin Chewable Tablets

Some multivitamins do not contain iron or do not contain enough to maintain appropriate iron stores and for this reason some patients will need to supplement with other iron supplements. This is especially true for women that are still menstruating (having a period) on a monthly basis. Many young women despite their weight are anemic (low blood count) prior to undergoing gastric bypass surgery.

Calcium supplements are also extremely important, especially in women. Calcium supplements should also have Vitamin D, a necessary component for the absorption of calcium.

Posture-D Calcium Supplement with Vitamin D 600mg

VIACTIV® Calcium Soft Chews plus Vitamin D and K for Women

All patients (men and women) should be taking a multivitamin and calcium supplement on a daily basis.

Exercise

You should begin walking the night of surgery. Each day try to increase the distance that you walk. Not only will walking lessen your chance of developing a blood clot (as discussed previously in this handout) but it will also be a base for your new exercise routine.

Minimally Invasive Patients

Upon your return to home you are encouraged to take walks around the block, walk on a treadmill and even use an exercise bike within the first two weeks after surgery. You can climb steps or go to the mall to walk around. You will not disturb the operation by being active. At 4 weeks, you may begin an exercise routine that consists of both cardio and weights to maximize your weight loss. Walking, swimming, water aerobics, chair exercises, step-aerobics, circuit training are a few ideas to get you started.

Open Operation Patients

If your operation was performed through a larger incision you will need the surgeons permission before beginning an exercise regimen. You are still encouraged to walk throughout the day. If you have steps inside your home do not be afraid to climb them. Do not lift anything heavier than 15 lbs until your surgeon has given you permission.

Sex

Laparoscopic patients can begin to have sex after four weeks only if they feel physically/mentally ready. This is an extremely personal issue and it is not uncommon after surgery to have a markedly diminished sex drive for a few months.

Patients that required an open operation should not engage in sexual activity until their surgeon has given them permission to begin a full exercise regimen.

Support Group

We hold a Support Group on the first Saturday of each month at 11am, in Suite 400 of the Harper Professional Building. Please check our website – www.michiganobesity.com for an updated schedule. Our monthly support group provides a secure, warm setting for patients to share their story or ask questions. You can just sit and listen too! Group members also learn and are given reinforcement for nutrition, exercise, and behavior modification skills. The sessions are generally run by the patients themselves and moderated by either a nutritionist, exercise physiotherapist, clinical coordinator or physician. Regardless of whether a person is just considering bariatric surgery or at any point prior to or after the weight loss procedure, he or she is welcome to attend the sessions.

Follow Up Appointments

A major component for success after undergoing gastric bypass surgery is follow up. Your surgeon will tell you when to make your first appointment after your discharge. Generally, bypass patients are seen within one to two weeks after discharge. **It is the patient's responsibility to make and keep all appointments.**

To schedule an appointment call: (313) 745-4195.

If you are told that your surgeon does not have an opening on the given date that you were directed to see your surgeon let the receptionist know that you were given this specific date. Accommodations are almost always made.

The general follow up schedule is as follows:

First year: 1-2 weeks after surgery, 1 month, 3 months, 6 months, 9 months, 12 months

Second year: 18 months, 24 months

Third year and beyond: one visit annually

Blood work is generally obtained at 6 months and 12 months the first year after the operation. In some situations your surgeon may choose to check your general blood work as well as vitamin and mineral levels more often. You will be required to have your blood work evaluated at least once a year for the rest of your life.

All blood work results should be forwarded to your PCP as well as your surgeon. Your PCP should supplement your vitamin and mineral levels. The surgery clinic is not equipped to provide intramuscular or intravenous injections of vitamins/minerals.

Emergencies

Gastric bypass surgery is a complicated procedure and patients can experience situations that are uncomfortable, painful or simply down-right scary. The surgery staff at MOSS is available 24/7/365. Although the specific surgeon who performed your operation may not be available, one of the three bariatric surgeons will be able to assist you. It is not the responsibility of your surgeon to arrange for hospital to hospital transfer if you should choose to go to another hospital for evaluation. We prefer that all evaluations pertaining to your surgery be done at Harper Hospital

- During normal business hours call (313) 745-4195.
- After hours call: (313) 745-4195, you will be connected to our answering service who will contact the surgeon on call.
- Any situations that you deem an “emergency” call 911.

Useful Phone Numbers

To make an appointment:
(313) 745-4195

To obtain Medical Records:
(313) 745-8023
(313) 993-0446 – Fax

After-hours Emergency:
(313) 745-4195

Dietician:
(313) 745-7255

**Medical Questions &
Prescription Refills:**
(313) 745-4195

Harper Hospital Main Number
(313) 745-8040

Clinical Coordinators

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Dietary Guideline for the Gastric Bypass Patient

The following is to be used as guideline for the next several months. The post operative diet has been created to help reduce the chances of having a complication in the early post operative period. By slowly advancing your diet you are allowing your body time to heal.

The newly constructed pouch is about the size of an egg and holds the volume of a Dixie cup. The connection between the pouch and the small intestine is even smaller. Any event that leads to early pouch distension, retching or vomiting can adversely affect the pouch or the pouch/intestine connection. It is extremely rare for a patient to develop a pouch problem early on when the post operative diet has been abided by.

The stepwise advancement of diet may initially seem to be an eternity, but do not worry. The goal is to advance you to a “normal” diet by the 4th week after surgery. Be mindful that as you progress through the different stages you may notice that you get full quicker or even have a little discomfort after you eat. This is normal and is referred to as “the learning curve” after undergoing gastric bypass surgery. Over time you will learn how quickly you can drink, how much you need to chew and what items you just can’t tolerate no matter what you do. No two gastric bypass patients have the same finger prints, and no two gastric bypass patients can tolerate every food item the same.

Before you proceed with the post operative diet there are a few rules that must be established. Following these rules will maximize the effectiveness of your gastric bypass and reduce the chances of having an uncomfortable experience and possibly avoid late complications.

Whenever you have questions, please feel free to contact our Registered Dietician at (313) 745-7255.

The Ten Commandments of the Gastric Bypass

Commandment 1: Take it slow.

Do not gulp, guzzle or rush through a meal. Rapid eating is the same as not chewing.

Commandment 2: Chew thoroughly (20 times)

Every bite of solid food needs to be chewed thoroughly. The obvious reason is to reduce the size of the food bolus about to be swallowed. Larger pieces are more likely to get “hung up” in the pouch and cause distension and pain. Each bite should be chewed 20 times. Yes, this means that initially you will need to consciously count (in your head, please) every chew. As time progresses, the need to count will be replaced by the innate feeling that this piece of food is “ready to go down without a fight”.

Commandment 3: Space your bites.

Literally, put your fork or spoon down in-between bites. Do not pick up your utensil for 45 seconds. By doing this you will be taking more time to chew and more time to acknowledge your sense of feeling full.

Commandment 4: Wait to drink.

Do not have a beverage at least 20 minutes before any scheduled meal and wait at least 20-30 minutes after you finish eating. Liquids will quickly soften the ingested food allowing it to be washed through the pouch. Your pouch will empty sooner leaving you feeling hungry.

Commandment 5: Eat your protein first.

The most important constituent of food for overall health is protein. Protein can be thought of as the scaffolding of our bodies. From our nails to hair to muscles we are comprised of protein. Eat your protein first at every meal. That is, have your chicken, fish, eggs and seafood before taking your first bite of mashed potatoes. If you're going to fill up quickly then make sure this is from protein.

Commandment 6: Avoid liquid calories.

Not even the finest sieve (colander) can prevent liquids from passing through. The same holds true for the band. Beverages that are high in sugar (apple juice, orange juice, grapefruit juice) will quickly pass through your pouch with little to no sense of restriction. Patients can easily obtain 1000-1500 calories each day from nutritiously empty, high caloric beverages. High sugar liquids can cause symptoms of nausea, vomiting, diarrhea, sweating, heart palpitations, bloating and gas, all components of the syndrome referred to as “dumping”.

Commandment 7: Have three meals each day.

Plan each day to have breakfast, lunch and dinner. If you work at a place where you are limited to poor food choices then pack your meals. Do not substitute meals with frequent snacks. Train your body and your mind to have each meal. If you find that at a certain meal you just don't want to eat, that's okay. Have a smaller size meal, but do not turn around and have multiple snacks awaiting your next meal.

Commandment 8: Avoid snacking between meals.

The need to snack comes from failing to eat scheduled and balanced meals. As you become more used to having three meals each day your need for a snack will begin to dissipate. Instead of eating, drink plenty of water or other non-caloric beverage in between meals.

Commandment 9: Exercise for 30 minutes three times each week.

The importance of exercise cannot be overstated. Aside from the impact it will have on weight loss, exercise will promote better food choices, improve confidence and help reduce cravings for high sugar, nutritiously devoid foods.

Commandment 10: Listen to your pouch.

When you are full, stop eating. When you begin to feel full, stop eating. When you begin to become uncomfortable you have failed to listen to the signals your body is sending you. For some patients the signals may be relatively subtle, maybe some gurgling or a small belch. Take these as cues to stop eating. Wait for 10 minutes and see if you are still hungry.

Week 1 (post operative days 1-7)

CLEAR LIQUIDS (Thin Liquids)

The concept of “clear liquids” is best understood by the phrase: “If you can read a newspaper through it, you can have it.” There are some exceptions to this rule and this will be outlined below.

Clear liquids should be almost free of calories. This is done by choosing beverages that have sugar substitutes such as saccharin (Sweet ‘N Low), aspartame (Equal, NutraSweet), sucralose (Splenda) etc.

There are a number of naturally occurring sweeteners that have a lower calorie index than their sugar counterparts. In moderation, these beverages are fine. **No single serving should have more than 25 calories.**

Caffeine: The bottom line is that one cup of coffee or tea each day is not a problem. The issue is when large volumes of caffeinated beverages are consumed there can be a diuretic effect. That is, it can induce large volumes of urination. The consequence is dehydration and this must be avoided in the first two weeks post operatively. If you need a cup of coffee or tea just be mindful that you may have to make up for water loss with more non-caffeinated beverages. You can use a little milk if necessary, artificial sweeteners are also fine but AVOID using real sugar.

Protein Supplements: Most supplements when mixed with milk will not allow you to read a newspaper through it. This is the only “opaque” fluid you will be drinking during the first post operative week.

Protein supplements can be used 1-3 times each day during the first week. These may be the only source of calories during the early post operative period. Try to space out these drinks having them around standard meal times.

Protein meal supplements are widely available. Most protein supplements have been reconstituted with liquid, usually milk or soy-based. They generally contain about 15-20 grams of protein per serving and are about 200 calories. Other protein supplements can be found that are powdered and require milk or water for mixing. Most patients will require approximately 50-70 grams of protein/day during the two weeks after the operation.

Week 1 food items

- Water, Sugar Free Crystal Light, Minute Maid Lite, Diet Snapple, Fruit 2 O
- Sugar Free/Decaffeinated Coffee or Tea
- Sugar free Jell-O
- Low Sodium Broth - Chicken, beef or vegetable stock
- Sugar free popsicles

EXAMPLES OF PROTEIN DRINKS:

We recommend protein drinks with over 15g of protein per serving.

PROTEIN DRINK	PROTEIN	SUGAR	WHERE TO FIND
Atkins Advantage Shakes 10.99 oz.	15g	1g	Wal-Mart
EAS AdvantEDGE Carb Control 11 oz.	17g	0g	Wal-Mart Sams Club
Optisource 8oz.	24g	0g	Walgreen's novartisnutrition.com
Unjury Powder 1 scoop	20g	1 – 3g	Unjury.com

Beneprotien Instant Powder is a Kosher supplement available at Walgreens' or at novartisnutrition.com. Beneprotien is designed to mix instantly into a wide variety of foods and beverages without compromising taste or texture. One scoop contains 6g of protein and no sugar.

Week 2 (post operative days 8-15)

THICKENED LIQUIDS

Congratulations! You made it through the first week. During the second post operative week you will begin to have "thickened liquids". This term is best thought of as "anything you could potentially drink through a straw". This obviously excludes things like pop, ice cream, etc.

You should continue taking 1-3 protein shakes each day and maintain excellent hydration with as much water or low-caloric beverages as you can.

Week 2 food items

- All of the items from Week 1, plus:
- Low Fat Light Yogurt – No sugar added, made w/ NutraSweet or Splenda
- Sugar Free pudding and fudgesicles
- Sugar Free Hot Chocolate
- No sugar added Carnation Instant Breakfast
- Low fat soymilk, Lactaid Milk, Skim Milk
- Creamy soups (cream of potato, cream of broccoli, cream of tomato)
 - STRAIN ALL CHUNKS FROM SOUP
- Protein Drinks – low carb, low or no sugar, high protein

Week 3 (post operative days 16-22)

SOFT FOODS

Great, you made it through the first two weeks and now it is time to start introducing soft foods back into your diet. The key phases of wound healing are relatively complete just in case there are some foods that just don't want to stay down. Nevertheless, this stage is designed to reduce the likelihood of an episode of retching or vomiting.

Pouch size varies but the general range is a volume capacity of 2 to 4 ounces. That is equivalent of 1/4 cup to 1/2 cup capacity. Take time to appreciate the signals your body is sending you. This is the first step in retraining your mindset about food and eating. Don't be concerned if you do not experience any changes at this time as this is also normal.

Many of the items that are considered "soft" are rich in protein. At this point you can reduce your protein supplements to one beverage each day.

Week 3 food items

- All of the items from Week 1 & 2, plus:

Proteins/Fats

- Eggs – you may prepare virtually in any way, be sure to take small bites and chew thoroughly. This is an outstanding source of protein.
- "Soft Cheeses" – these are high in protein, moderate fat and generally low in carbohydrates.
 - cottage cheese
 - soft cheddar
 - soft mozzarella
- Soy
- Tofu
- Hummus

Carbohydrates

- Mashed potatoes regular or sweet- limit your volume to 1/2-1 cup/day
- Cream of wheat
- Cream of rice
- No sugar added Oatmeal – do not add brown sugar or honey
- Grits
- Farina

- Baby Food- many patients like the small size, the relatively broad choices and convenient packaging.

Week 4 (post-op days 23-29)

SOFT MEATS

At this point “soft meats” are reintroduced into your diet. This will most likely make you feel like you are back on what most would consider a “regular diet”. Although you may feel as though you have been given permission to resume anything and everything, you have not.

Start to add soft meats to your lunch and dinner. At this point you should be able to obtain almost your entire protein requirements through your diet without the aid of protein meal supplements.

Week 4 food items

- All of the items from Week 1, 2 & 3, plus:
- Fish: salmon, whitefish, tilapia, tuna
-Try baking or broiling
- Seafood: shrimp, lobster, crab
-steamed, broiled or barbecued (NOT DEEP FRIED)
Make sure to chew these items extremely well
- Turkey/Chicken
These meats should be prepared so the food is moist. Patients will often mistake their first difficult episode with turkey or chicken as intolerance when in reality the meat is simply too dry.
- Beans and Nuts:
Unsalted peanuts and cashews are an excellent source of protein as are beans.

Red Meat or beef is not recommended at this stage because it can be very difficult to pass through the pouch.

Week 5 (post-operative days 30-36)

FRUITS & VEGETABLES

It is wise to begin with cooked vegetables and soft fruits. Fruits and vegetables have high fiber content and can be difficult for some patients to pass through the pouch. Items that have a peel, like an apple, should initially be peeled until you are certain that the fiber content is not too much. Again, the key is chewing well. You should limit your fruit intake to 3 servings of fruit per week. Some patients experience “dumping syndrome” due to the natural sugar in fruit.

Salads and raw vegetables are OK as long as they are chewed finely before swallowing. Although this sounds trivial, even easy, this is usually the most difficult adjustment for patients to make. It takes a conscious effort to do it right. Just like any habit, once established you will no longer need to be as mindful.

Week 6 and Beyond

RED MEAT & BREADS

Congratulations! You have finally made it. At this point you can reintroduce red meat. Ground beef in the form of hamburger or chili is generally well tolerated. **Cuts of beef such as steak should be avoided until 9-10 months or as otherwise stated by your surgeon.** The importance of chewing well cannot be overemphasized. Keep in mind that 3-4 small bites will probably be all that you can accommodate.

Starches, like bread, pasta and rice can be reintroduced. Some patients will tolerate these items and some will have a difficulty almost every time they try to eat bread or rice. It is common for patients to experience the sensation of pouch distension (with resulting pain and discomfort) or the sensation of these items “getting stuck”. Some patients may find that toasting bread makes all the difference. If you should experience this, slow down, take a few slow deep breaths and the symptoms will usually subside. If the symptoms continue then have a very small sip of water to help the food pass through the pouch. If the bites are too large the fluid can cause bread and rice to expand and the only way for them to pass is by vomiting. This should be viewed as a lesson and not the treatment. **NEVER INDUCE VOMITTING.** If your body needs to vomit to expel the ingested foods it will do so on it's own.

Breads, crackers, rice and pastas are very rich in carbohydrates. Carbohydrates are sugar molecules linked end to end in long chains. Our body has become extremely efficient in storing the excess sugar molecules. A small amount of sugar is stored in muscle and the liver as glycogen and is available during short periods of starvation. Any sugar in excess of storage capacity is quickly converted into another form, far better for storage and will provide plenty of energy should we truly face a state of starvation. You guessed it, that form is called FAT!

Avoid excessive starches. Breads and crackers made from whole wheat or multigrain are much better choices because they have much lower amount sugar. White breads and refined crackers (Wonder Bread and Saltines) should be avoided.

Summary: Weeks 1 - 6 and Beyond

Week 1

Drink, Drink, Drink. Drink clear liquids throughout the day. Do not bother calculating 3-4 ounces per hour as during your hospitalization. You may have one cup of coffee or tea each day. Have one to three liquid protein meal supplements each day.

Week 2

Advance yourself to a “thickened liquid” diet. Be mindful that you may feel full much quicker. Take your drinks slowly, relax during your meals. Start to get a sense of how quickly you are able to drink before you feel full, uncomfortable or burp. Hang in, you’re almost ready for “real food”.

Week 3

Begin “soft foods”, chew well and listen to the signals your stomach is sending you. Space your meals out into breakfast, lunch and dinner. Stay well hydrated in between meals. If you are unable to tolerate three meals a day then have more frequent, smaller meals.

Week 4

Soft meats are added. Chew thoroughly and deliberately. Problems during this stage are almost always related to eating too fast or chewing too little. Continue drinking plenty of liquids between meals. Sensible snacks should include cheese, sugar free pudding and a small amount of nuts.

Week 5

Begin to reintroduce fruits and vegetables. Start with soft cooked items and progress to raw items. Be mindful of chewing everything to a fine pulp before swallowing.

Week 6 & Beyond

Chewing is the key component. Try multigrain breads and crackers. If you have some difficulty with breads try toasting them. After twelve weeks, reintroduce red meat in the form of ground beef. Be sure the beef is moist and the bites are very small.