

# Great Lakes Weight Loss Center

Appts: 313-617-0335

Coordinators: 313-745-8476

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.

The document has been arranged to address questions in an order that they generally arise:

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## **Discharge Medications for Gastric Band Patients**

Upon discharge you will be given either one or two 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.

### **Pain Medications (Hycet, Lortab, Vicodin, Percocet)**

Take your pain medication only as often as prescribed. Do not exceed the prescription limits. You can choose to take or not to take this medication based on how you are feeling. All narcotics can make patients nauseous and constipated. Tylenol or 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.

Even with the band in place you should be able to tolerate pain medications in a tablet form. The tablets can be crushed and placed in Jell-O or a liquid before taking. Liquid forms of pain medication are available but not every pharmacy stocks these items. If you feel that you will need a liquid pain medication have your prescription filled in the Harper out patient pharmacy located on the ground floor of the Harper Professional Building.

Harper out patient pharmacy hours:

Monday, Wednesday, Friday: 8:30am-7:00 pm

Tuesday, Thursday: 7:30 am-7:00 pm

Saturday: 9:00 am -1:00 pm

Sunday: closed

### **Lovenox (Enoxaparin)**

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

Patients that are traveling by car/train more than three hours or that are returning home by plane will be given a prescription for Lovenox. 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. You will be given a prescription for the number of doses that it will require for you to get back home plus one dose the day after you have returned home.

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.

## **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 may have to be altered after undergoing gastric band 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 band 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.

Some patients may have had a hiatal hernia repaired during the placement of their band. A hiatal hernia is a very common problem in people that are overweight or obese. In this hernia, a small portion of the upper stomach intermittently slides into the lower part of the chest, the result is usually heartburn. If this hernia is identified it is usually repaired at the time of surgery. Patients that have been taking an anti acid medication prior to surgery should discontinue taking these medications. This allows the surgeon to see if the reflux has improved. Should you begin to develop reflux symptoms please contact your surgeon. This is not necessarily a problem and all you will likely need to do is restart your anti acid therapy.

## 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 (2<sup>nd</sup> 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 (3<sup>rd</sup> 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 4<sup>th</sup> 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.***

### **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**

The risk of malnutrition is substantially lower after gastric band surgery than with the gastric bypass or biliopancreatic diversion. Malnutrition, although rare, is the result of diminished food intake and not the inability to absorb nutrients. Despite this, patients should begin to take 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 band 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 surgeon's 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](http://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 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

The major component for success after undergoing gastric band surgery is follow up. Your surgeon will tell you when to make your first appointment after your discharge. Generally, band patients are seen within two to four 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: 2-4 weeks after surgery, every 2-6 weeks for adjustments until you are in the "green zone".

Second year: 2-4 visits, spaced 2-4 months apart

Third year and beyond: 1-2 visits 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 should 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.*

## Band Adjustments

Band adjustment is the key component for weight loss success after undergoing placement of the gastric band. This underscores the importance of maintaining close follow up with your surgeon. The adjustments are generally done in our out patient clinics. The process takes just a few minutes and the overwhelming majority of patients report absolutely no discomfort during the procedure.

The decision to perform a band adjustment is made by the surgeon and the patient. If the surgeon feels that it is not in the patient's best interest to have an adjustment then the surgeon's decision will stand. Believe it or not, a common cause for weight regain after band surgery is the band being too tight. Patients are unable to tolerate appropriate food items and inappropriate, soft, calorie dense substitutions are made with resulting high calorie intake and weight regain.

In general, the decision to perform a band adjustment is based on:

- Weight loss
- Volume of food that a patient can eat at any one meal
- State of appetite
- Degree of food obsession (excessive thinking about next meal)

The first band adjustment is generally done at or after 6 weeks to allow for the position of the band to be firmly in place. Additional adjustments are performed at the discretion of your surgeon on a 2 to 8 week interval. Most patients will require on average 6 adjustments during their first year. Some patients may require as many as 10 or 11 adjustments until the "tightness" of the band has been optimized. After the band has been appropriately adjusted most patients will require one or two adjustments during their second year and possibly one or two adjustments thereafter on an annual basis.

If you have an appointment and are reasonably sure that an adjustment will need to be performed there is generally very little that you need to do to prepare. We recommend that you do not eat anything for 4 hours prior to the adjustment. You can drink liquids until one hour prior to your appointment.

Adjustments are generally performed in the office. The area is sterilized with either alcohol or iodine. The port is accessed with a specialized needle and sterile saline is injected into the band. The area is not anesthetized with an injection or a topical cream. The injection can make feeling the port difficult and thus interfere with performing the adjustment. Topical creams are discouraged because of the concern of introducing an infection into the port. Topical numbing ointments are also very limited in their efficacy. If the port cannot be accessed in the office because of difficulty feeling the port the adjustment may have to be done under fluoroscopy (X-ray). This is done by the surgeon

in the radiology suite. It may require that a scheduled appointment depending on the day and time.

After the adjustment you will be asked to follow a “post band fill diet”. This is simply the post operative diet in a rapid form. Weeks one through four (see Dietary Guidelines below) would be condensed down to single day steps.

For example:

Day of adjustment: week 1 diet  
1<sup>st</sup> day after adjustment: week 2 diet  
2<sup>nd</sup> day after adjustment: week 3 diet  
3<sup>rd</sup> day after adjustment: regular diet

If at any point you find that you are having difficulty during your progression then step back to the day’s previous diet. Over a period of a few days you will likely be able to make your way back to a regular diet. If you continue to have difficulty please contact your surgeon. If at any point you are unable to tolerate liquids you should contact your surgeon immediately.

## **Emergencies**

Gastric band 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.

## **Dietary Guideline for the Gastric Band Patient**

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

The band has been placed around the upper portion of your stomach and is held into position by sutures placed in key positions. Any event that leads to early pouch distension, retching or vomiting can adversely affect the position of the band. It is extremely rare for a patient to develop a positioning 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 4<sup>th</sup> 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 band placement. 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 band patients have the same finger prints, and no two band 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 adjustable gastric band and reduce the chances of having an uncomfortable experience and possibly avoid late complications such as pouch dilatation or “band slippage”.

# The Ten Commandments of the Gastric Band

## 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 (15 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 15 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 band. 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, beef, pork, veal, 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 band with little to no sense of restriction. Patients can easily obtain 1000-1500 calories each day from nutritiously empty, high caloric beverages.

## 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.

# The Michigan Obesity Surgical Specialists

## PostOperative Diet

### *Week 1 (post operative day 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 drink 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 are 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 first week after the operation.

#### **Week 1 food items**

- Water
- Sugar free Jell-O
- Chicken, beef or vegetable stock broth (low sodium is a better choice)

- Crystal Light, Minute Maid Lite, etc.
- Sugar free popsicles
- diet Snapple

## ***Week 2 (post operative day 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”.

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**

- Reduced sugar yogurt
- Sugar free pudding
- Creamy soups (cream of potato, cream of broccoli, cream of tomato)
  - STRAIN ALL CHUNKS FROM SOUP
- Healthy shakes: use a blender to mix low fat yogurt, protein powder, ice and 3-4 ounces of skim milk.
- All week 1 items

## ***Week 3 (post operative day 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.

Many patients will begin to note their first sensation of feeling full with the band during this stage. 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**

#### **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
- 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**

- 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 band. After the sixth postoperative week you can begin to try ground beef and advance slowly to other cuts.

## *Week 5 (post-operative days 30-36)*

### **FRUITS & VEGETABLES**

At this point begin to reintroduce fruits and vegetables into your diet. 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 band. 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.

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. Start with ground beef before moving on to cuts of beef. 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 band. 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 it on its 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**

**Reintroduce red meat. Start with ground beef and slowly progress to different cuts of beef. Be sure the beef is moist and the bites are very small. Chewing is the key component. Try multigrain breads and crackers. If you have some difficulty with breads try toasting them.**