

LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING (LAP-BAND™ or Realize™ Band)

DIET INSTRUCTIONS

Name: _____

Date: _____

Dietitian: _____

Phone: _____

Revision 08/28/2012

PRESURGICAL DIET

Your diet is important in the months and weeks prior to surgery. Gaining weight can make the technical aspects of your surgery more difficult. Losing weight prior to surgery can significantly reduce operative complication rates.

In the final two weeks prior to surgery strict liquid protein diet is mandatory to reduce conditions such as a fatty liver, which can get in the way during surgery and can significantly increase the risk of the procedure.

Our top recommendations include the Bariatric Meal by Metagenics[®], which is a balanced protein medical grade food product, as well as the Bariatric Advantage[®] High Protein Meal Replacements and powders, the Bariatric Fusion[®] Meal Replacement, and the Unjury[®] Protein products.

They are available through our website (http://www.commonwealthsurgical.com/bariatric_webstore.htm) or directly from the manufacturers over the internet!

Please maintain a sensible diet as you await your surgery. Significant weight gain may result in cancellation of your surgery and re-evaluation of your candidacy for surgery.

The day before surgery consume only protein shakes and after 5 pm clear liquids (water, broth, tea, ginger ale, jello). It is of outmost importance that the stomach is completely empty at the time of surgery.

NON-ADHERENCE TO THE ABOVE MAY RESULT IN CANCELLATION OF YOUR SURGERY!

Consume nothing by mouth after midnight.

Nutrition goals to help you prepare for surgery:

1. Eat three meals at regular times each day.
2. Reduce non-hunger snacking.
3. Eliminate sweetened beverages.
4. Lose at least 10-15 lb. Prior to surgery.

Other Goals:

LAP-BAND® and REALIZE® Band Adjustable Gastric Banding Systems Immediate Post-Op Diet Instructions

- Stay away from carbonated or citrus drinks to decrease nausea
- No foods that are “doughy” or “sticky” - like soft white bread, coconut, chips, popcorn, or dried fruits - they could obstruct the band
- Very fibrous foods such as broccoli, asparagus, celery, artichokes, pineapple, and rhubarb could also obstruct the band if not overcooked and cut into small pieces
- Food that is difficult to digest includes nuts, almonds, and peanuts
- Caffeinated drinks are not usually an issue
- Drink lots of water (48 oz – 64 oz/day). Avoid gulping water, sip small amounts slowly and gradually through a straw. You may find that cold water tastes better than lukewarm
- Do not drink while you eat or within an hour before and after eating
- **If you overeat** during your immediate post-operative phase, **you will vomit and increase the risk of having the stomach tissue slip** up through the band. In addition, vomiting will result in swelling of the stomach tissue encircled by the band resulting in prolonged obstruction.

IMMEDIATE POST OP DIET:

Ice chips, 30cc of water q 15 min or NPO.

There will be a barium swallow scheduled the next a.m.

DAY ONE:

Following your x-ray swallow test clear liquids first (liquids you could see through: broth, Jell-O, apple juice, tea or popsicles), then, if there were no problems noted, also protein drinks to maintain 60-70 grams of protein intake a day.

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Protein powders (nutritional supplements)

Product Name	Protein (grams) per scoop	Manufacturer
BARIATRIC MEAL®	10	Metagenics®
Bariatric Advantage® High Protein Meal Replacement	27	Bariatric Advantage®
Bariatric Fusion® Meal Replacement	27	Bariatric Fusion®
UNJURY® Protein	20	Unjury®

The nutrient-enriched supplements and the protein powders can be purchased at a local pharmacy, online via our webstore or online via the manufacturer's website:

http://www.commonwealthsurgical.com/bariatric_webstore.htm

Check with your dietitian if you wish to use other supplements or protein powders.

We do not recommend Carnation Instant Breakfast® or Boost® products for weight loss surgical patients! Although, they taste good and are easy to consume, they were designed for an entirely different purpose and carry a lot more calories than you want to take at this phase.

It is common to have post-operative tissue swelling around the band as a result of surgery. Do not be alarmed if you are unable to tolerate or swallow liquids easily. You will not be given anything by mouth and you will be hydrated intravenously if there is an obstruction due to swelling and "wait it out" – do not panic.

If there is excessive burping and saliva build-up, a nasogastric tube may be indicated and placed into the esophagus (only by an MD), NOT past the obstruction (otherwise, there is a risk perforating an organ).

FIRST TWO WEEKS:

Continue with full liquid diet including skim milk and tomato juice (a good source of protein) and one of the protein supplements from the previous page at least 2-3 times a day.

It is a good idea to try sample “protein drinks” before surgery to see which one you prefer. Chances are if you like it before, you would like and drink it following surgery. You can also experiment and make your own “protein drinks.”

You at this time can consume **sugared drinks like fruit juices**; however, these **can be very high in caloric content and result in weight gain** instead of weight loss.

You can anything that goes through a straw but check the calorie content first!

TWO TO FOUR WEEKS:

Pureed or blended foods (for example, baby food, applesauce, yogurt, creamy soups, cooked cream of wheat, farina, cream of rice, pudding). You can puree the following foods with skim/soy milk or broth:

- Vegetables
- Meats
- Casseroles

You may also use:

- *·Blenderized soup*
- *·Oatmeal, grits, cream of wheat*
- *·Scrambled eggs*
- *·Cottage cheese*
- *·Yogurt with fruit pieces*
- *·Soft fruit (banana, melon, strawberries)*
- *·Soft Vegetables cooked well (skinless)*
- *·Soft cooked eggs, chopped/ground well*
- *·Toast or crackers with peanut butter*
- *·Light white fish, such as haddock or scrod*

Patients who eat solid food too soon run the risk of dislocating the band, thereby developing an enlarged upper gastric pouch!

TRANSITIONAL PERIOD TO SOLID FOOD OR ABOUT THE FIFTH WEEK:

Regular diet until first scheduled adjustment (if you are losing weight, 1 – 2 lbs/week, there is no need to adjust).

“Sugar-free” products are OK to use now and are encouraged.

You should be eating ½ cup of food at a time or 1 ounce – 1 ½ ounce by the 5th week

Beware: the majority of patients will find it difficult, if not impossible, to eat whole chunks of meat, although ground beef is generally tolerated if well chewed.

IMPORTANT: food must be chewed well and that it is important to make good food choices (to avoid hair loss, etc., due to lack of protein).

Alcohol has a lot of calories, but an occasional glass of wine or other alcoholic beverage is not harmful to weight loss. One expert surgeon has experienced that those who drink a glass of wine in the evening have better weight-loss results than those who don't drink at all (Dixon J. et al. Light to Moderate Alcohol Consumption: Obesity and the Metabolic Syndrome. *Am J Bariatric Medicine* 2002; 17(4): 11-14.)

TWELVE IMPORTANT RULES FOR PATIENTS TO BE AWARE OF:

1. Eat only 3 small meals a day. Plan your meal ahead of time, prepare your food before going to work (this will make smart choices much easier).
2. Eat slowly and chew thoroughly (15 – 20 times a bite)
3. Stop eating as soon as the you feel full
4. Do not drink while eating
5. Schedule small low calorie, high protein content snacks in between main meals
6. Eat only good quality food. Solid food is more important than liquid food. In fact, the band will have no effect if you only consume liquid food (like ice cream) as it will pass right through
7. Avoid fibrous food (asparagus, pineapple, rhubarb, broccoli, artichokes, celery), as it may not digest well. Dried fruits are likely to swell and get stuck in the new opening of the stomach. Doughy or sticky foods like white bread, popcorn, and coconut can also obstruct the LAP-BAND.
8. Drink at least 6 – 8 glasses of water per day
9. Drink only low-calorie or zero-calorie liquids
10. Exercise daily
11. SLEEPING--Sleep an average of at least 7 hours each night. EXERCISE--Exercise at least four times a week for 40 minutes or more.
12. PERSONAL RESPONSIBILITY--Take personal responsibility for staying in control. Monitor weight weekly. Monitor intake to control weight.

CONSULT WITH THE DOCTOR REGARDING VITAMINS AND MEDICATIONS:

Because you will be eating smaller amounts of food or could be making poor food choices, it may be necessary for them to take a multivitamin and extra calcium daily to ensure they are getting an adequate amount of vitamins and minerals in their diet. Any chewable or liquid multivitamin (adult dose) supplement that you choose is OK. Women who are menstruating should take a multivitamin with iron in it. All patients need to take 1200 mg of calcium daily with vitamin D supplementation as well. Women approaching menopause may need additional calcium.

Chewable and liquid multivitamins

1. MULTIVITAMIN

1. **Bariatric Fusion® Complete Chewable Vitamin and Mineral Supplement (recommended dose 1 tablet twice a day) – additional Calcium and Vitamin D supplement is not necessary with this product**
2. **OPURITY® BYPASS & SLEEVE Optimized Multivitamin – 1 tablet a day (but additional Calcium + D supplement is needed)**
3. **CELEBRATE MULTI-COMPLETE – 1 tablet twice a day (but additional Calcium + D supplement is needed)**
4. **Alternatives (see list on last page, take 2 of these tablets daily): - Chewable Centrum Ultra Women's Tablets, CVS Spectravite Performance Tablets, Walgreens One Daily Healthy Weight, Walgreens A to Z Active Performance or Flintstones Complete Chewable Tablets.**

2. CHEWABLE CALCIUM WITH VITAMIN D:

Calcium Citrate + D chewable 3 tablets daily (*the citrate forms absorbs better after gastric bypass*) or **Caltrate 600 + D** chewable 3 tablets daily or **Viactiv Calcium +D** chewable 3 tablets daily
 Later, in stage 5, non-chewable formula can be used. Active ingredients should be 600 mg calcium and least 400 IU of vitamin D per tablet. The calcium citrate form is preferred.

You should continue to take your prescribed medications, though you will need to make sure that all medications are in liquid form unless approved by their surgeon and physician. Another option is to cut or grind pills.

If you are diabetic and taking insulin or hypoglycemic medication, work with your physician to monitor dosage during weight loss – dosage amounts may vary. You will continue to monitor blood sugar levels at home as usual.