



Getting Started

Weight loss surgery

Losing weight is difficult. Weight loss surgery can help you achieve your goals in a more long-lasting way.

Surgery may sound like an easy answer but it is not magic. It requires lifelong changes in your eating habits and your attitude about food. Every day you will need to make good food and physical activity choices.

For a healthy lifestyle after surgery, you will need to make behavior changes as well as nutrition changes. Your full commitment and the support of family and friends can help you be successful.

You will get support from your weight loss surgery team. They will give information, help, encouragement and guidance.

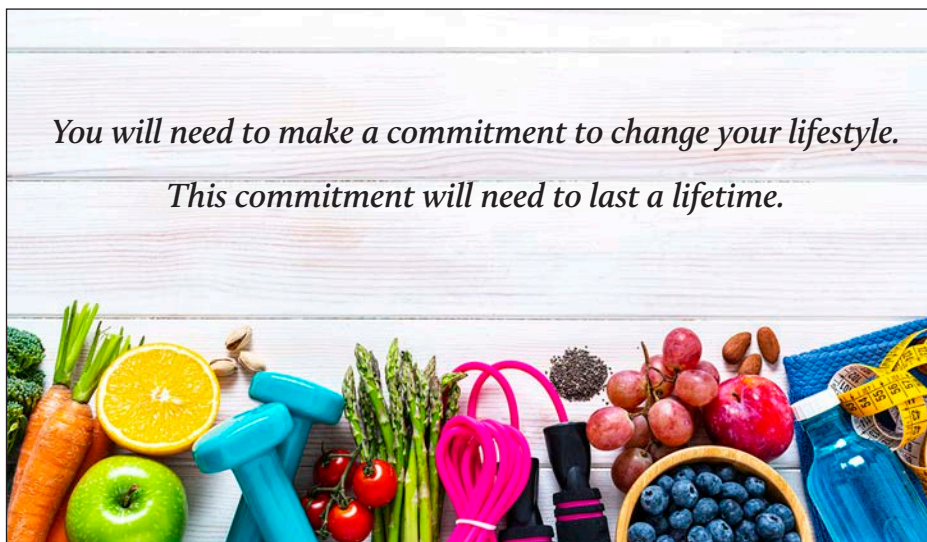
Is there a chance you could regain weight?

Weight loss surgery helps you *manage* your weight. It is not a cure. The choices you make after surgery will affect your results. Becoming an active, lifelong participant in managing your health will help you achieve and maintain success.

Your weight loss surgery team is available to help you. You may become frustrated or discouraged if you get stuck at the same weight for a while or if you regain some weight. Think of your weight loss surgery team as your coaches. Seek their support whenever you need it.

You will need to make a commitment to change your lifestyle.

This commitment will need to last a lifetime.



My Goals and Plan

Date: _____

Program area: medical / nutrition / physical activity / wellness / behavior change/sleep

Date: _____

Program area: medical / nutrition / physical activity / wellness / behavior change/sleep

Date: _____

Program area: medical / nutrition / physical activity / wellness / behavior change/sleep

My Goals and Plan

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Program area: medical / nutrition / physical activity / wellness / behavior change/sleep

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Program area: medical / nutrition / physical activity / wellness / behavior change/sleep

Date: _____

Program area: medical / nutrition / physical activity / wellness / behavior change/sleep

How Are You Doing?

Check the box that represents how often you are currently able to follow each of the guidelines.

Guidelines	Every Day	Most Days	Some Days	Never
I eat no more than 3 well-balanced meals each day.				
I am mindful when eating and avoid distractions.				
I stop eating when I feel satisfied.				
I measure my portions.				
I only snack when I feel physically hungry.				
I use small plates, bowls and utensils at mealtimes.				
I take small bites and eat slowly.				
I do not drink beverages that are high in calories or sweetened with sugar.				
I do not drink fruit or vegetable juice.				
I choose proteins first.				
I limit processed foods.				
I practice self-monitoring by journaling or using an app for tracking.				
I get 30 minutes of physical activity each day.				
I get at least 7 hours of restful sleep each day.				
I have meaningful social connections.				
Weight Loss Surgery Guidelines	Every Day	Most Days	Some Days	Never
I follow the 30/30 rule.				
I drink 64 ounces (8 cups) of liquids each day.				
I sip liquids				
I limit beverages that are carbonated.				
I chew each bite 20 to 30 times to the consistency of applesauce.				
I take vitamin and mineral supplements every day as directed.				

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Introduction

Obesity

Obesity is a disease that happens when your body stores too much energy. Each day, your body takes in energy through food and liquids. Your body also uses energy continuously to do things such as move, breathe and think.

When you have more energy coming in than going out, this causes an energy “mismatch.” This eventually leads to weight gain. It might not seem like it, but the amount of energy your body stores is always changing. When you have a “mismatch” with too much energy coming in, your body must store the extra energy. It does this by storing it as fat. Weight gain is a way that your body protects itself by converting the energy (glucose) into fat so that your blood glucose does not get too high.

Why is it important to not have high blood glucose? Overtime, high blood glucose can cause inflammation (swelling) and chronic (long-lasting) diseases including heart disease, cancer and dementia.

Your body can avoid these problems for a little while by storing the extra energy as fat. However, this eventually stops working and you may develop diseases from carrying the extra weight. These diseases may include high blood pressure, high cholesterol, diabetes, obstructive sleep apnea, joint pain or cancer.

The good news is that most of these diseases are reversible or can be slowed by changes in lifestyle and losing weight.

Body Mass Index (BMI)

Date: _____

My weight: _____

My BMI: _____

One way to measure obesity is using the body mass index (BMI). This number is based on your height and weight. The weight may come from muscle, bone, fat and/or body water.

The higher your BMI, the greater your risk is for diseases such as diabetes, high blood pressure, heart disease, stroke, arthritis, respiratory disorders, high cholesterol, infertility (not able to have children), certain cancers and early death.

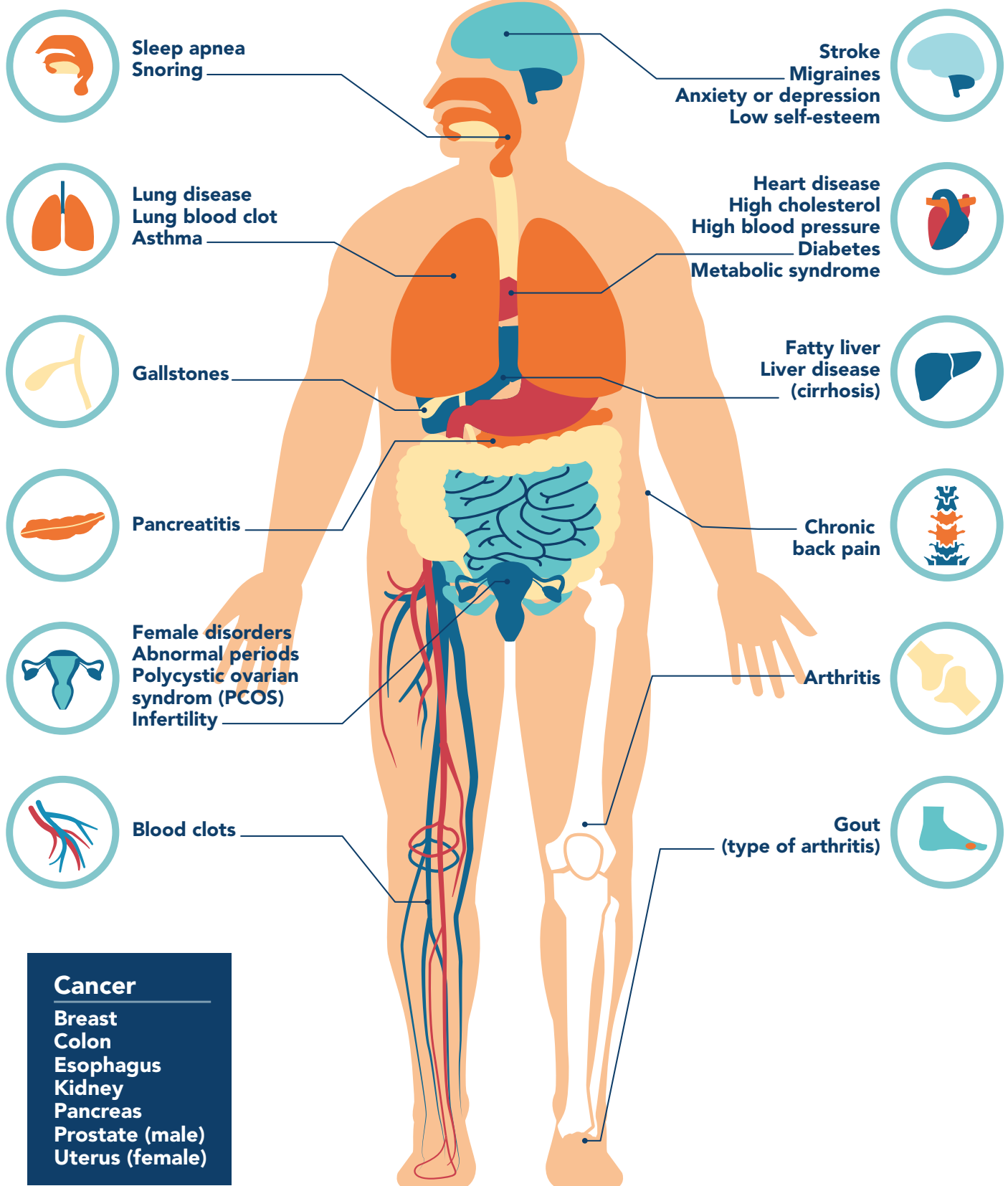
You can calculate your BMI on the next page.

Body Mass Index (BMI) Chart

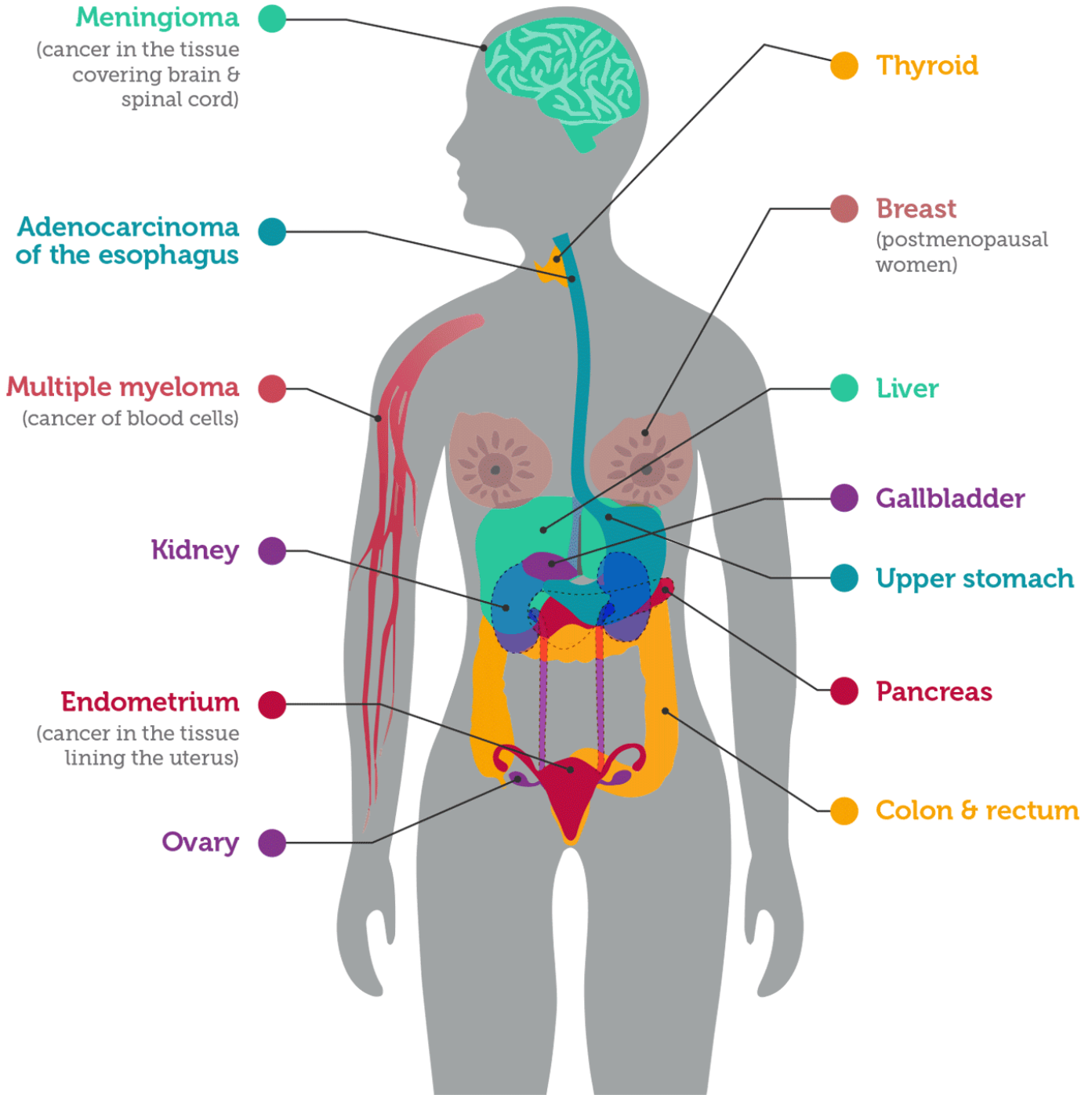
BMI	Healthy										Overweight										Obese																																																																																																																																																																																																																																																																																																																																																																																										
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Morbid Obesity																															
BMI	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
Height (inches)	Weight (pounds)																														
58	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258	263	268	273	278	283	287	292	297	302	307	311	316	321	326	330	335
59	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267	273	278	282	287	292	297	302	307	312	317	322	327	332	337	342	347
60	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276	282	287	292	297	302	307	313	318	323	328	333	338	343	348	354	359
61	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285	292	297	302	307	313	318	323	328	334	339	344	350	355	360	365	371
62	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295	301	306	312	317	323	328	334	339	345	350	356	361	367	372	378	383
63	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304	311	316	322	328	333	339	345	350	356	362	367	373	379	384	390	395
64	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314	321	326	332	338	344	350	356	361	367	373	379	385	391	397	402	408
65	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324	331	337	343	349	355	361	367	373	379	385	391	397	403	409	415	421
66	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334	341	347	354	360	366	372	378	384	391	397	403	409	415	422	428	434
67	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344	352	358	364	371	377	383	390	396	402	409	415	422	428	435	441	447
68	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354	362	369	375	382	389	395	401	408	415	421	428	434	441	448	454	461
69	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365	373	380	387	393	400	407	413	420	427	434	440	447	454	461	468	475
70	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376	384	390	398	405	412	419	426	433	440	447	453	460	468	475	481	488
71	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386	395	402	409	416	423	430	438	445	452	459	466	473	481	488	495	502
72	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397	406	413	420	428	435	443	450	458	465	472	480	487	495	502	509	516
73	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408	417	425	432	440	448	455	463	470	478	486	493	500	508	516	523	531
74	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420	429	437	444	452	460	468	475	483	491	499	506	514	522	530	538	545
75	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431	440	448	457	464	472	480	488	496	505	513	520	528	536	545	552	560
76	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443	452	460	468	477	485	493	501	509	518	526	534	542	551	559	567	575

Health Problems Linked to Obesity



Cancers Linked to Obesity



[cancer.gov/obesity-fact-sheet](https://www.cancer.gov/obesity-fact-sheet)
Adapted from Centers for Disease Control & Prevention

Causes of Obesity

There are many factors that can play a part in developing the disease of obesity.

Energy balance

Weight gain happens when you eat more food than your body can use right away.

Family history and genetics

- You have a higher risk of being overweight if one or both of your parents are overweight or obese.
- Genes from your parents can affect the amount of fat you store in your body and where you carry extra fat on your body.
- Children often adopt eating and physical activity habits from their parents.

Hormones

A hormone imbalance can also cause weight gain.

Examples include:

- insulin resistance (your body cannot use insulin properly)
- hypothyroidism (underactive thyroid)
- polycystic ovarian syndrome or PCOS (a woman's ovaries make more male hormones than normal)
- Cushing's syndrome (caused by a high level of the hormone cortisol)
- menopause.

Medicines

Some medicines can cause weight gain by increasing your appetite, holding onto extra water in your body (water retention), or slowing down the rate your body burns calories.

Examples include:

- antidepressants
- seizure medicines
- corticosteroids.

Did You Know?

Insulin helps your body use glucose for fuel.

Important

Do not stop taking any medicines you are currently taking without first talking to your health care provider.

Sleep

Not getting enough sleep can:

- increase the hormone that makes you feel hungry (ghrelin) and decrease the hormone that makes you feel full (leptin)
- affect the fat cells ability to respond to insulin which can cause higher than normal blood glucose levels.

Lifestyle

Weight gain can be caused by:

- not getting enough physical activity
 - spending too much time in front of the TV and computer
 - having less physical demands at work or home
 - relying on vehicles or public transportation instead of walking
- stress
 - you may eat more than usual, and over time, this can cause weight gain
 - your food choices might be those that are high in fat, sugar and salt
 - long-term stress can lead to a change in your hormones, such as cortisol, which can cause weight gain
- a history of trauma.

Social connection

Weight gain can be caused by not having:

- close connections with others
- fun or play in your life.

Environment

Your environment can cause you to gain weight for reasons such as:

- large food portions at restaurants
- not having access to or being able to afford healthful foods
- having easier access to processed foods
- feeling like you need to be part of the “clean plate club”
- work and home schedules that do not allow much time for physical activity.

Weight Management Program: Low-carbohydrate Diet

To lose weight, it is important to change how much you eat, what you eat and when you eat.

How much you eat

There are many hormones that control weight. The most important one is insulin.

Imagine your fat cells as an expandible party room with two doors. One door is the entrance and the other door is the exit.

In a person with a normal metabolism, people (energy) are constantly entering and exiting the party during the day. The people (energy level) in the room varies throughout the day depending on your activity and eating. Insulin acts as the door attendant at each door and controls how many people (energy) go in and come out.

In a person that does not have a normal metabolism (obesity, diabetes, nonalcoholic fatty liver disease) the doors do not work correctly. When insulin is elevated, it opens the entrance door and closes the exit door. This makes it impossible to burn fat (no one can leave the party room). Elevated insulin is constantly pushing people (energy) into the room. Eventually the room becomes too full and must expand to allow more people (energy) into the room. Fat cells do not increase in number. They increase in size. Sometimes the room is so full that extra insulin (door attendants) is needed to push people into the room. This is insulin resistance, prediabetes and type 2 diabetes. This eventually leads to insulin injections because your body simply cannot make enough insulin on its own.

How do you lower your insulin level? The main ways to lower your insulin level are changing what you eat and when you eat.

What you eat

The foods that you eat fall into three main categories: protein, fat and carbohydrates.

Protein is important for healing, building muscles, strengthening your immune system, and helping your body recover from stress. Common types of protein are meat, fish, poultry, seafood, eggs, dairy and nuts.

Fats are a source of energy for your body. They help transport many important vitamins and minerals. Fats also help to regulate inflammation (swelling) and immune response. Common types of fat are:

- saturated fat such as butter and ghee (clarified butter), lard, cheese, cream, coconut oil, whipping cream and coconut cream
- monounsaturated fat such as olives and olive oil, avocados and avocado oil, macadamia nuts and macadamia oil, almonds, pecans, peanuts, and other nuts and lard
- polyunsaturated fat such as fatty fish (salmon, mackerel, herring, sardines, anchovies), grass-fed animals, dairy from grass-fed animals, eggs from pastured chickens, chia seeds, flaxseeds, hemp seeds and walnuts.

Carbohydrates raise your insulin level more than any other food group (pushing more people — energy — into the room). Examples of carbohydrates are sugar, fructose, lactose, candy, chips, crackers, bread, pasta, rice, beans, and starchy vegetables (potatoes, corn). Almost all processed (packaged) food has carbohydrates.

Low-carbohydrate diet

The best way to avoid stimulating insulin is to eat a low-carbohydrate diet.

For slow, steady weight loss, follow a low-carbohydrate diet with no more than 100 grams of carbohydrates each day. For a faster weight loss, have less than 50 grams of carbohydrates each day. It is important to eat whole foods as processed or packaged foods can be high in carbohydrates.

Some common types of low-carbohydrate diets include ketogenic (keto), paleo, Atkins™, low-carb Mediterranean, or low-carb/high-fat. Talk with your dietitian if you would like to learn more about these low-carbohydrate diets.

Low carbohydrate diets can help you lose weight, especially when combined with correct meal timing (when you eat.)

Important

It is possible to eat a low-carbohydrate diet and not lose weight if you eat too much protein or fat.

Tip

Fasting means to go without any food or drink for periods of time.

When you eat

The quickest way to lower your insulin level is to fast. Every time you eat, you stimulate insulin and stop fat burning.

Intermittent fasting

This is an eating plan that alternates periods of fasting and eating. The fasting period is longer than the eating period.

As you start the weight management program, pay attention to how many hours you are eating each day — when is your first meal and when is your last meal of the day.

An easy goal is to start shortening the window of eating time by 30 to 60 minutes each day. For example, if you eat your first meal at 6:30 a.m. and finish dinner and snacks at 8 p.m., try moving breakfast to 7 a.m. and having your last meal done by 7:30 p.m.

If you would like to try fasting, talk with your dietitian to learn more or to decide which plan is best for you. Together you and the dietitian will choose a plan that works best for your goals and lifestyle.

There are three different plans:

- **time restricted:** You eat and fast each day.

Example: fast for 16 hours (7 p.m. to 11 a.m.) and eat healthful foods for 8 hours (11 a.m. to 7 p.m.).

You can start with a shorter fasting period (12 or 14 hours) and work your way up to 16 hours.

- **5:2 plan:** You eat healthful foods for 5 days and you fast for 2 full days each week. You can only eat 500 calories on fasting days.

For example: eat on Monday and Tuesday; fast on Wednesday; eat on Thursday, Friday and Saturday; and fast on Sunday.

- **alternate day fasting:** You fast every other day. You can only eat 500 calories on fasting days.

Fasting allows your body and especially your gastrointestinal tract time to rest and recover. Research has shown benefits to fasting including improved thinking, heart health, physical performance, and correction of type 2 diabetes.

Fasting takes practice and can be uncomfortable at first. You will want to start small and work your way up to different levels of fasting.

Nutrition

Nourish Your Body

Tip

Committing a little extra time and energy in your health today (one choice at a time) will help you toward achieving a healthier lifestyle!

Good nutrition is essential for a healthy body. Eating healthful foods will help your body get the nutrients it needs to help you feel your best. Every choice you make is an opportunity to nourish your body and give it what it needs.

Making good choices starts with changing the way you think about food. Instead of thinking about being on a “diet,” think of moving toward a new, lifelong way of healthy eating.

Follow the recommendations listed below to help you get started. Remember, making changes in your lifestyle will take time and effort. Make one better choice at a time and stick with it! Soon, you will start seeing positive changes in yourself.

Core Lifestyle Recommendations

- Eat no more than 3 well-balanced meals each day.
- Follow a low-carbohydrate diet with no more than 100 grams of carbohydrates each day.
- Eat healthful sources of protein, non-starchy vegetables and fruit at each meal.
- Eat three or more servings of non-starchy vegetables each day.
- Most of the foods you eat should be whole foods, instead of processed foods with many ingredients.
- Decrease or stop eating out (sit-down, takeout or fast food). If you do eat out, make healthful choices.
- Drink enough liquids. (Water should be at least half of your daily liquids.)
- Focus on reducing the time you are eating food (fed time) to 12 hours or less each day. This will help your body access stored fat.
- Practice mindful eating. (You can read more on page 39.)
- Practice self-monitoring by journaling or using an app for tracking.
- Aim for 30 minutes of physical activity each day.
- Focus on getting restful sleep.
- Identify ways to reduce stress.

Are you having weight loss surgery?

This nutrition section provides information on how to start eating healthful foods and beverages **before** you have weight loss surgery.

After surgery, you will need to follow specific nutrition guidelines. Throughout this section, you will see this icon next to some information.



It will refer you to pages in the sections “Nutrition Guidelines: Before Surgery” and “Nutrition Guidelines: After Surgery.” Be sure to follow any instructions given to you by your dietitian.

When To Eat

The best meal pattern is one that keeps you energized and satisfied during your day. You will better manage your weight long-term if you eat healthful sources of protein, non-starchy vegetables and fruit at each meal. The ideal time to eat is when you feel physically hungry.

Irregular, unplanned meal patterns tend to lead to less healthful food choices and mindless snacking.

What To Eat

Your dietitian will work with you to create a plan that is right for you.

Important



Learn more about how much protein you should have each day on pages 78 to 79.

Protein

It is important to get enough protein during weight loss to prevent muscle loss. Not eating enough protein will cause your body to breakdown its own lean muscle just to get the protein it needs to make hormones and keep bones, muscles, cartilage, skin and blood healthy.

Protein helps you feel fuller longer. It can also keep blood glucose levels steady throughout the day which might help control cravings.

Did You Know?

Omega-3 fatty acids help protect your heart against heart disease.

Limit the amount of processed foods you eat: sausages and hot dogs; some luncheon meats (bologna and salami).

Eat meats and poultry. Seafood, especially salmon, trout, tuna, mackerel, and herring, is high in omega-3 fatty acids.

Protein serving sizes



1 ounce = 4 dice ($\frac{1}{4}$ cup)



3 ounces = deck of cards

Good Protein Sources

Type of Protein	Serving	Average Grams of Protein
Plain Greek yogurt	¾ cup	17
Whey protein shake	1 scoop/1 cup	25
White milk	1 cup	8
Ultra-filtered milk (such as fairlife® or Hood® Simply Smart®)	1 cup	13
Plain soymilk	1 cup	8
Cottage cheese	½ cup	15
String cheese stick	1 stick	7
Shredded cheese	4 tablespoons	7
Canned tuna or chicken	½ cup	18
White fish/salmon/tuna	3 ounces	20
Shrimp, scallops, lobster, crab	3 ounces	20
Pork (tenderloin, chop)	3 ounces	20
Skinless chicken, turkey	3 ounces	23
Venison, bison, elk, lamb, veal	3 ounces	20
Beef (sirloin, tenderloin, ground 96 percent)	3 ounces	20
Ground turkey	3 ounces	20
Deli meats (turkey, ham, chicken)	3 ounces	20
Egg	1 egg	6 to 7
Egg whites	2 egg whites	6 to 7
Nuts	¼ cup	3 to 7
Nut butters	1 tablespoon	4
Soy burger	1 patty	15
Beans (garbanzo, black, pinto, kidney)	½ cup	7
Refried beans	½ cup	7
Tempeh	3 ounces	18
Tofu	½ cup	14
Vegan crumbles	½ cup	14
Edamame	¼ cup	7

Tip

Saturated fats and trans fats are solid at room temperature (butter or stick margarine).

Monounsaturated and polyunsaturated fats are liquid at room temperature (oils).

Whenever possible, replace saturated fats, trans fats and refined oils with monounsaturated and polyunsaturated fats.

Did You Know?

Refined oils (such as corn oil, soybean oil and margarine) are very processed and have been changed by using chemicals. They are not healthy and are harmful to your body.

Fats

Fats are an essential nutrient and your body needs fat to work properly. They help you feel full and satisfied. Fats also do not increase your insulin levels. But, too much trans fat or refined oil can increase your cholesterol and your risk of heart disease.

Listed below are the types of fat found in food.

- **Trans fats** are also known as “partially hydrogenated vegetable oil” or “vegetable shortening.” They are made when vegetable oils are processed (or hydrogenated) into shortening and stick margarine. Sources of trans fats include snack foods, baked goods and fried foods. **These types of fat should be avoided.**
- **Saturated fats** are found in animal products such as butter, cheese, whole milk, ice cream and fatty meats. They are also found in some vegetable products (coconut, palm and palm kernel oil).
- **Unsaturated fats** come from both animal and plant products. There are two types:
 - **Monounsaturated fats** usually come from seeds or nuts such as avocado, olive, peanut and canola oils.
 - **Polyunsaturated fats** usually come from vegetable products such as corn, safflower, sunflower, soybean and sesame seed oils.
 - **Omega-3 fatty acids** are polyunsaturated fats. They include ground flaxseed, flaxseed oil, canola oil, walnuts, chia seeds and fatty fish (such as salmon, mackerel, herring and trout).

Oil serving sizes



1 teaspoon = 1 poker chip



1 ounce = 1 golf ball

Healthy Fats to Choose

- avocado
- olives
- avocado, canola, coconut, olive, peanut and sesame oils
- butter, ghee (clarified butter)
- half & half
- salad dressing or mayonnaise made with recommended oil
- unsalted nuts and seeds: almonds, cashews, pistachios, pecans, macadamia nuts, pine nuts, pumpkin seeds, walnuts, ground flaxseeds, sunflower seeds

Eat Less of These Fats

- solid fats and shortenings: lard, salt pork, bacon drippings
- partially hydrogenated vegetable oil
- corn, cottonseed, grapeseed, rice bran, safflower, soybean and sunflower oils
- palm oil or palm kernel oil (often used in bakery products)
- gravy containing meat fat, shortening or suet
- margarines: spray, tub or squeeze
- chocolate, cocoa butter
- nondairy creamers, whipped toppings, candy, fried foods

Cooking with Oils and Fats

Oil or Fat	Smoke point	Best uses
Avocado oil	520 F	high-heat cooking, searing, browning, Sautéing, frying, sauces, salad dressings
Butter	350 F	high-heat cooking, baking
Canola oil	400 to 450 F	high-heat cooking, baking, oven cooking, stir-frying, frying
Coconut oil	350 F	high-heat cooking, frying, sautéing, baking
Extra virgin olive oil	325 to 375 F	sautéing, sauces, salad dressings
Ghee (clarified butter)	450 F	high-heat cooking, sautéing, roasting, baking
Olive oil	465 to 470 F	searing, browning, sautéing, roasting
Peanut oil	475 F	high-heat cooking, searing, stir-frying, baking, oven cooking, frying, roasting, grilling
Sesame oil	450 F	high-heat cooking, but mainly used as flavoring, light sautéing, sauces, marinades, and salad dressings

Carbohydrates

Carbohydrates give your body energy. All carbohydrate foods turn into glucose. Examples of carbohydrates are:

- starches (bread, crackers, cereal, rice, pasta)
- fruit and fruit juice
- milk, yogurt
- starchy vegetables (potatoes, dried beans, corn, sweet potatoes, winter squash)
- sweets

Fiber

Dietary fiber is the part of plants that your body cannot digest. There are two types of fiber:

- soluble (such as oats, legumes, seeds)
- insoluble (such as fruits, vegetables, whole grains).

Both types are important to good health and helping you manage your weight. They will help you feel fuller longer. Fiber can also keep blood glucose levels steady throughout the day which might help control cravings.

Tip

Stress hormones are made in your gut. Eating a variety of fiber helps reduce the production of these hormones and helps healthy gut bacteria grow.

Tip

- If you feel hungry after a meal, you probably did not have enough healthy fat in your meal. Keep track of how much healthy fat you have at each meal.
- The amount of food you eat is important but so is the quality of the food you eat.
- You will control physical hunger better if you eat foods high in protein, fat and fiber.
- Your body will work and feel better if you choose foods that have the vitamins and minerals you need.

Non-starchy vegetables

Non-starchy vegetables play an important part in helping you manage your weight. They have many nutrients such as fiber, potassium, and vitamins A, E and C. Each color gives you a different set of nutrients, so try to eat a variety of colors each day. Find ways to eat them that you enjoy so they can be a central part of your meals.

Non-starchy Vegetables		
Choose a variety of vegetables and eat 3 or more cups each day.		
artichoke, artichoke hearts	cucumber	radishes
asparagus	daikon	rutabaga
bamboo shoots	eggplant	salsa
beans (green, wax, Italian)	greens (collard, kale, mustard, turnip)	salad greens (chicory, endive, escarole, lettuce, romaine, spinach, arugula, radicchio, watercress)
bean sprouts	hearts of palm	sprouts
beets	jicama	squash (cushaw, summer, crookneck, spaghetti, zucchini)
broccoli	kohlrabi	sugar snap peas
Brussels sprouts	leeks	Swiss chard
cabbage (green, bok choy, Chinese)	mushrooms	tomatoes
carrots	okra	turnips
cauliflower	onions	water chestnuts
celery	pea pods	yard-long beans
chayote squash	peppers	
coleslaw (packaged, no dressing)	pickles	

Starchy Vegetables	
Each of the choices below are 1 carbohydrate serving (15 grams).	
½ cup potatoes, corn, peas, lima beans	¼ cup baked beans
½ cup sweet potatoes	1 corn on the cob (6 inches) or half an ear of a large cob
¾ cup winter squash (acorn, butternut)	

Snack Idea

Put ½ cup black beans in salsa and use cucumber slices as “chips.”

Tips for eating vegetables

- Add spinach, onions or mushrooms to your morning omelet.
- Use lettuce as a wrap for your sandwich, wrap or burrito. Then add tomato, cucumber or onions!
- Pack an extra serving of vegetables in your lunch.
- Add chopped broccoli, carrots or red peppers in place of noodles in your favorite broth-based soup.
- Add chopped cauliflower, zucchini, summer squash or asparagus in place of rice or pasta in your favorite dish.

Fruit

Whole fruits, frozen fruits without added sugars, or fruit packed in water are healthier choices than fruit in a cup with syrup or candied fruit.

Fruit		
Each of the choices below are <u>1 carbohydrate serving</u> (15 grams)		
Apple: 1 small (tennis ball size)	Dried fruit: ¼ cup	Peach: 1 medium
Apricot, fresh: 4 whole	Figs: 1 ½ fresh	Orange: 1 small (tennis ball size)
Banana: ½ large or 1 small (6 inches)	Grapefruit: ½ large	Plums: 2 small
Blackberries: ¾ cup	Grapes: 1 cup	Raisins: 2 tablespoons
Blueberries: ¾ cup	Honeydew: 1 cup	Raspberries: 1 cup
Canned fruit: ½ cup packed in water or its own juice (not syrup)	Kiwi: 1 whole	Strawberries: 1 ¼ cup
Cantaloupe: 1 cup	Mandarin oranges: ¾ cup	Tangerines/clementine oranges: 2 small
Cherries: 12 whole	Mango: ½ small or ½ cup cubed	Watermelon: 1 ¼ cup
Dates: 3 whole	Papaya: ½ large or 1 cup cubed	

Eating Out

Did You Know?

You can ask your server to:

- remove foods from the table like chips and salsa or bread and butter
- remove your plate as soon as you finish so you are less likely to pick at leftover food.

Did You Know?

Meal planning once a week can help decrease how often you eat out. Learn more about meal planning on pages 52 to 54.

Tip

If you did not make the meal yourself, you won't know what is in it.

Weight loss can be hard when you eat out often. You should decrease or stop eating out (sit-down, takeout or fast food). If that is not possible, you can still plan ahead and make healthful choices.

Tips for eating out

- Plan what to order before going to the restaurant. Call ahead or look on the website to find your best choices so you can order without looking at the menu at the restaurant. Ordering first can help.
- Eat a small, protein-based snack or drink a calorie-free beverage before going to the restaurant.
- Ask how foods are prepared.
 - Good choices: steamed, meat or fish in its own juice, garden fresh, broiled, roasted, poached.
 - These choices should be avoided: fried, breaded, battered, melted cheese on top, creamed, escalloped, butter sauce, pan-fried, sautéed, au gratin.
- Ask if foods can be cooked in a different way such as steamed, grilled or broiled.
- Substitute fruit or vegetables for potato chips or French fries.
- Order salad dressings and sauces to be served on the side so you control the amount that goes on your food.
- Order a half portion or split a main dish with someone.
- To reduce calories and carbohydrates, order entrées without “extras” such as a burger without the bun.
- Ask for a “to go” box and place half of your meal in the box before eating.

Drink Enough Liquids

Important



Learn more about how many cups of liquids you should have each day on page 80.

Important

If you are taking a diuretic (water pill), please talk with your health care provider to determine the right amount of water for you.

Tip

Drinking more water is one of the simplest things you can do to be healthier.

Did You Know?

Artificial sweeteners (such as aspartame or sucralose) can increase insulin production and cause increased insulin resistance. This leads to weight gain.

The benefits of getting enough liquids are endless. Some benefits include less hunger, constipation, headaches and indigestion.

The current recommended amount of total liquids is 64 ounces (8 cups) each day.

Each person's needs are different and can change from day-to-day. Replacing high-calorie and sweetened beverages with water will help you lose weight, but water does not have to be your only beverage.

Guidelines

Follow these guidelines to meet your daily recommended amount of liquids and stay well hydrated.

■ At least half of your daily liquids should come from water.

— Women: 40 ounces (4 ½ cups)

— Men: 50 ounces (6 ½ cups)

— You can drink more water – up to 100 percent of your daily amount.

■ You can have unsweetened coffee or tea.

If you do not drink coffee or tea, choose water instead.

— If you are pregnant, or have a hard time controlling your blood pressure or blood glucose, you may want to consider switching to decaffeinated coffee or tea.

— If you flavor your coffee or tea, reducing the amount of sugar, cream and flavored mixers would help you manage your weight.

■ You can have up to 2 cups of milk. This includes soy milk and ultra-filtered milk such as fairlife®.

You can have less, but just make sure you get your calcium from another source.

Important



Learn more about alcohol use on pages 86 to 87.

Tip

You can flavor water in healthful ways by adding:

- slices of lemon, lime or orange
- slices of cucumber or fresh ginger root
- fresh herbs such as mint, basil, cilantro or dill
- fresh fruit like watermelon or strawberries
- extracts such as mint, vanilla, almond, cinnamon or chocolate
- flavored stevia drops.

You can also try these ideas with sparkling water, decaffeinated coffee and herbal tea.

Avoid or limit these beverages

■ Alcoholic beverages

- Calories and carbohydrates from alcohol can add up quickly. Alcohol can also make you feel hungry.
- You should drink alcohol in moderation. This means no more than 1 to 2 drinks for men, and no more than 1 drink for women each day.
- One drink contains 12 grams (.5 ounce) of pure alcohol. Examples of standard drinks include:
 - 12 ounces of beer or wine cooler
 - 5 ounces of wine
 - 1.5 ounces of distilled spirits (such as vodka, gin or scotch).

■ “Diet” drinks made with artificial sweeteners

- These types of drinks **may** cause weight gain and increase cravings.
- Examples of diet drinks include Crystal Light[®] or sugar-free Kool-Aid[®]
- Up to 1 to 2 cups (8 to 16 ounces) is OK.

■ Sugar-sweetened drinks

- Avoid sugar-sweetened drinks because they are very high in calories and carbohydrates and will cause weight gain.
- Examples of sugar-sweetened drinks include sweetened tea, coffee or pop, or adding sugar or honey to a beverage.
- You may see weight loss if you stop having these types of drinks.
- Sports drinks such as Gatorade[®], Powerade[®] or BODYARMOR[®] are not needed.
- You should avoid energy drinks. They are often high in sugar, calories and caffeine. It has not been proven that energy drinks are safe. Some ingredients may be harmful to your health.

Hunger and Satiety

Did You Know?

Satiety is the feeling that “I have had enough.”

People are born with a natural ability to identify and respond to hunger and satiety (fullness). But overtime, life and busy schedules can affect this ability.

Use the hunger-satiety scale to rate your hunger. Ideally you should start a meal or snack when at a “3” and end at a “6.”

Hunger-satiety Scale
10 = Sick (You feel painfully full and nauseated.)
9 = Stuffed (Your stomach feels bloated.)
8 = Discomfort (You feel uncomfortable.)
7 = Very Full (You feel like you have overeaten.)
6 = Full (Your stomach feels comfortable.)
5 = Satisfied (You are not hungry or full.)
4 = Pangs (Your stomach is growling and starting to feel empty.)
3 = Hungry (You cannot concentrate. All you can think about is that you are hungry.)
2 = Starving (You are irritable and want to eat everything in sight.)
1 = Ravenous (You feel like you will pass out.)

Tip

People eat for many reasons other than hunger. Learn more on pages 40 to 41.

How you eat is as important as **what** you eat. It takes about 20 minutes for your brain to get the signal you are no longer hungry. Slowing down your pace of eating will help you:

- digest your food better
- be more aware of what you are eating and when you are satisfied so you do not overeat.

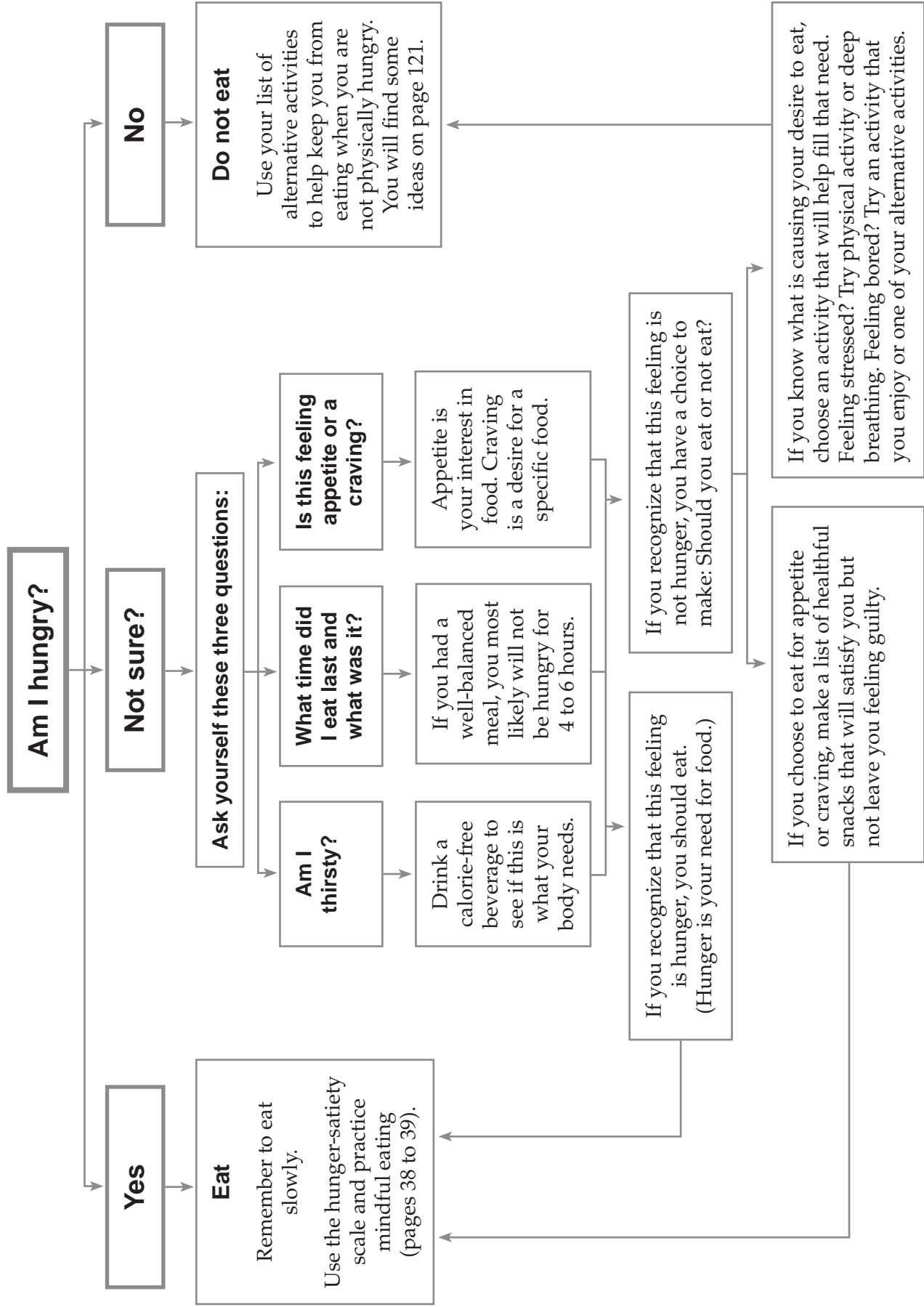
Try these tips to practice slowing down your eating until it feels more natural.

- Put down your fork and take a break between bites.
- Have a conversation during meals.
- Play relaxing music.
- Use your non-dominant hand to hold the utensil.
- Eat with chop sticks or a baby spoon.
- Take small bites and chew food 25 times before swallowing.
- Choose foods that naturally take longer to eat like pomegranate, nuts in the shell or crab legs, or see how many times you can divide string cheese before it is gone.
- Wait 5 minutes before taking seconds.

- Practice mindful eating using all five senses (sight, smell, touch, taste and sound). It will help you become aware your senses while you eat: hunger, when you stop feeling hunger and when you feel satisfied. Try to find a quiet space and make it enjoyable.

Steps for Mindful Eating	What to Do	How Did You Feel
Take a few deep breaths before your start eating.	<ul style="list-style-type: none"> ■ Look at the color, shape and texture of your food. <ul style="list-style-type: none"> — Is it appealing? How does it smell? — How does it make you feel? 	
Be aware as you start to eat.	<ul style="list-style-type: none"> ■ Notice as you: <ul style="list-style-type: none"> — move your hand slowly to your utensil — pick up your utensil and move it slowly to your food — put your utensil into your food. 	
Move the food to your mouth.	<ul style="list-style-type: none"> ■ Watch your hand move the food to your mouth. <ul style="list-style-type: none"> — Notice the smell of the food. — Did you start to salivate? 	
Take your first bite.	<ul style="list-style-type: none"> ■ Notice your teeth chewing the food. <ul style="list-style-type: none"> — How is the food positioned in your mouth? — Does your tongue move to get the food closer to your teeth? 	
Chew slowly.	<ul style="list-style-type: none"> ■ Notice the sensations in your mouth and on your tongue. What tastes do you notice? ■ Where is your hand on the utensil? Did you put the utensil back on the table? 	
Be aware as you swallow the food.	<ul style="list-style-type: none"> ■ Try to notice the muscles in your esophagus contract as they push the food to your stomach. <ul style="list-style-type: none"> — Can you feel the food in your stomach? — Is your stomach empty, full or somewhere in between? 	
Keep eating your meal until you are finished.	<ul style="list-style-type: none"> ■ Try to notice as many sensations as possible. <ul style="list-style-type: none"> — How do you feel when your stomach starts to feel full? — Does your food taste as good as the first bite? 	

Before Eating: Stop and Think



Before Eating: Stop and Think

My Strategies for Non-hunger Eating			
Eating Strategy	Environment	Non-eating Strategy	Environment
Sugar-free chocolate pudding pop	Home	Take a walk to the water cooler and fill my water bottle	Work
Fruit	Work	Read my book	Home

How to cope with some common triggers

Here are some way to cope with some common triggers that may urge you to overeat.

Site and smell of food

- Avoid the kitchen or breakroom with alternate routes. Do not go by bakeries, fast food restaurants or vending machines.
- Keep high-calorie, irresistible foods out of the house or work space – or at least out of sight.
- Remove candy dishes and cookie jars. Move doughnuts away from you at work to another part of the office. Keep healthful options easy to reach, in sight and ready to eat. Keep bottled water within arms reach.
- Turn off the lights in the kitchen when it is not meal time. Put a “kitchen closed” sign on the refrigerator or pantry.
- Limit your eating to one place. Store food only in the kitchen or breakroom.
- If leftovers are an issue, make less of the more tempting option, or divide and place it in freezer bags and put them in the freezer right away.
 - Place the container in the back of the freezer.
 - Keep serving bowls off the table.
 - Put leftovers away before you sit down to eat.
 - Share with family or friends.
 - Put the container in the back of the refrigerator.
- Keep things around you at home and at work that make you want to eat healthy.

Cooking

- Do not cook when you are hungry. Make several meals at once to decrease how often you cook.
- Have cut-up fruits and vegetables on the table for you and your family to snack on while making the meal to take the edge off your hunger.
- Brush your teeth before making a meal or chew gum while making meal.

Tip

Learn more about how to read labels on pages 44 to 45.

Grocery shopping

- Order groceries online.
- Find a local farmers' market.
- Make a shopping list ahead of time to limit impulse buys.
- Look for coupons or sales for fresh vegetables and fruits.
- Do not shop when you are hungry.
- Do not go to sections in the store that tempt you.
- Read labels.
- Shop from a basket rather than a cart if you only need a few items to limit impulse buys.
- Put food away right when you get home.
- When buying in bulk, freeze or dehydrate the extra portions to use later.

Social gathering/dining out

- Eat your usual food before the gathering or dining out to avoid being too hungry.
- Position yourself away from where the food is located.
- Plan to attend special occasions only for a certain length of time. It is OK to have an escape plan or exit strategy. Or just get some fresh air to regroup. Focus on eating protein and non-starchy vegetables.
- Avoid or limit drinking alcohol.
- Hold a glass of water while mingling at a party. Sparkling water gives the illusion of a bubbly "drink."
- Decide in advance what you plan to say to others who might be food pushers. Some examples are:
 - "No thank you."
 - "I may have some later."
 - "I'm not hungry right now."
- Take one bite or split a serving with someone.
- Order smaller or half portions when you dine out or give your leftovers to someone else.
- Try doing non-food activities with family and friends such as walking at the park or mall, going to the zoo or playing mini-golf.

Smart Shopping

Learning how to read labels will help you make wise choices. On the next page are some guidelines you can follow when shopping for healthful foods.

Ingredient list

- Avoid foods that have “partially hydrogenated” and “hydrogenated” oils. These are sources of trans fat.
- Choose foods that have whole grain as a first ingredient.
- Choose foods with fewer ingredients listed.
- Look for added sugars in the ingredients list. The higher up added sugars are on the list, the more added sugar is in the product. Added sugars go by a lot of different names. Here are some examples.

Basic Sugars		
■ dextrose	■ lactose	■ trehalose
■ fructose	■ maltose	
■ glucose	■ sucrose	
Solid or Granulated Sugars		
■ brown sugar	■ confectioner’s powdered sugar	■ raw sugar
■ cane sugar	■ dextrin	■ turbinado sugar
■ coconut sugar	■ maltodextrin	■ white granulated sugar
		■ yellow sugar
Liquid or Syrup Sugars		
■ brown rice syrup	■ fruit juice	■ malt syrup
■ cane juice	■ high fructose corn syrup	■ maple syrup
■ caramel	■ honey	■ molasses
■ corn syrup	■ invert sugar	■ nectars
Sugar alcohols		
■ erythritol	■ mannitol	■ xylitol
■ maltitol	■ sorbitol	

Calories

- 40 calories per serving = low
- 100 calories per serving = moderate
- 400 calories or more per serving = high

Total per day: _____

Total fat

- 5 grams (g) = 1 serving of fat

Total per day: _____

Saturated fat

- 3 g or less per serving

Total per day: _____

Trans fat

- 0 g per serving

Total per day: _____

Sodium

- Less than 500 milligrams (mg) per serving for a main entree
- Less than 150 mg per serving for snack, side dish or ingredient

Total per day: _____

Total carbohydrate

- 15 g = 1 serving of carbohydrate or starch

Total per day: _____

Fiber

- 3 g per serving = good choice
- 5 g or more per serving = great choice

Total per day: _____

Sugar

- 7 g or less per serving

Total per day: _____

Nutrition Facts

8 servings per container

Serving size **2/3 cup (55g)**

Amount per serving

Calories **230**

% Daily Value*

Total Fat 8g	10%
Saturated Fat 1g	5%
<i>Trans</i> Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

*The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Source of labels: U.S. Food and Drug Administration

Protein

- 7 g = 1 serving of protein

Total per day: _____

My Mindful Eating Plan

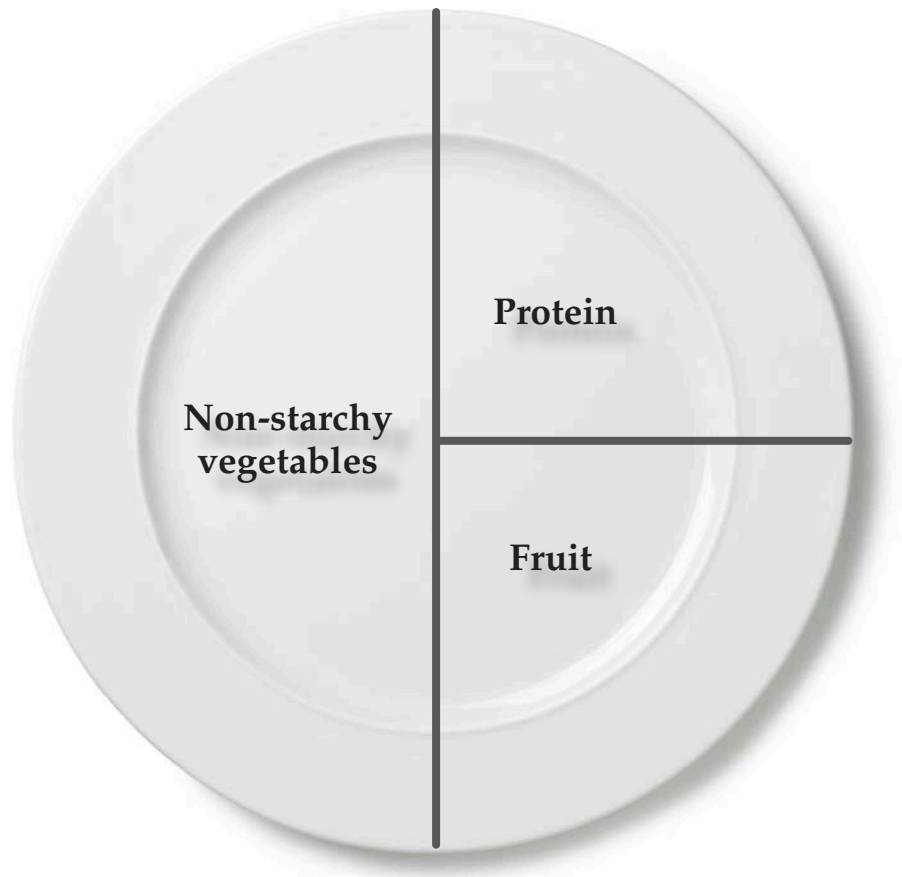


Important



Learn more about portion sizes on pages 59 to 62.

- Create an intentional meal space such as eating at a table.
- Reduce distractions during meal time.
- Eat slowly. Make each meal last 20 to 30 minutes.
- Weigh or measure my food and beverages.
- Choose smaller plates, bowls, cups and utensils.
- Use plates, bowls, cups and utensils that have measurements printed on them or write in measurements.
- Fill half my plate with non-starchy vegetables, fruit or both.
- Limit seconds to only non-starchy vegetables.
- Use a list or a meal plan.
- Buy just enough to get you through to the next grocery store visit.
- Buy single portion servings or repackage food into the right serving size.
- Eat foods high in carbohydrates less often, in smaller portions or find a replacement that works for you.
- Drink one 8-ounce glass of water before eating a meal.



Maintaining Your New Lifestyle

Lapses or setbacks are normal. They are also temporary. Something triggers you to lapse and you return to old behaviors. Do not let a bad day or week turn into a bad month or year!

A relapse is a return to an old lifestyle. It often can happen when a crisis or a big change happens in your life that changes your routine. Relapse prevention is key to maintaining positive changes for a lifetime.

Tip

Create your relapse prevention plan using the worksheet on page 50. You will find a sample plan on page 49.

Create a relapse prevention plan

Create an ongoing plan around the following areas to help prevent lapses from turning into a relapse. If you have a relapse, have an “emergency mode” plan that is more intense than your ongoing plan.

- **Reconnect with your weight loss provider and dietitian.** This visit will review of your total health and wellness. Your providers will check your labs, review vitamin and mineral supplements, provide the most up-to-date nutrition recommendations and provide support, guidance and connection to other resources if needed. There may be a medical reason if you are struggling.
- **Reconnect or establish care with a mental health provider.** Weight loss does not fix every part of your life. Mental health providers can help provide ideas for stress management, emotional or relationship issues, body image, depression or anxiety.
- **Create a “get back on track” plan for nutrition and physical activity.**
 - **Nutrition:** This will vary from person to person. Some people follow something that feels effortless for a short amount of time until they can get back to their ongoing plan. For example, they might follow a specific, simple menu for a period of time (usually 1 to 7 days). It may include meal replacements, high-protein frozen dinners, or pre-prepared fresh fruits and vegetables.
 - **Physical activity:** It is better to cut-back than to stop completely. If you have stopped completely, exercise right away to re-establish the habit, even if just for 1 or 2 minutes each day.

- **Scan/inventory your environment.** Take time to identify what was the trigger that got you off track in the first place.
 - What can you do differently next time?
 - Are there any obstacles?
 - Did trigger foods start trickling back into the house? Clear them out and restock your kitchen with healthful foods.

When other members of your household have “favorite foods” that trigger you, put those foods in a container with this person’s name on it to remind you that those foods belong to someone else.

- **Self-monitor.** Try not to become comfortably complacent (content). Use self-monitoring tools every once in a while to help you notice if you are off track. If you are off track, keep track of your weight, food and physical activity each day until you feel confident again.
- **Be intentional about building motivation.** Read about finding and keeping your motivation on pages 109 to 110.
- **Use positive thoughts.** Remember where you started when you began your weight loss journey. Remember how you looked and felt and how much you have now changed.
- **Use a life line.** Ask your support network for help. Subscribe to magazines or blogs or read books to keep learning and growing. Call your health and wellness coach.

Sample Relapse Prevention Plan

Ongoing Plan	Emergency Mode Plan If the scale ever says 200 pounds, I will...
Nutrition and Physical Activity <ul style="list-style-type: none"> ■ Go grocery shopping on Sunday and write out meals for the next week. ■ Complete the 30 Day Fit Challenge Workout app. 	Nutrition and Physical Activity <ul style="list-style-type: none"> ■ Follow my set regroup meal plan exactly for 1 week. ■ Sign-up for a community 5K event
Scan/Inventory Environment <ul style="list-style-type: none"> ■ Keep temptations like chocolate in the top cupboard and do an extra clearing out after holidays or special gatherings. 	Scan/Inventory Environment <ul style="list-style-type: none"> ■ Remove all temptations from the house.
Self-Monitoring <ul style="list-style-type: none"> ■ Weigh myself each month. ■ Track vegetables every day. 	Self-Monitoring <ul style="list-style-type: none"> ■ Weigh myself every week. ■ Track everything I eat using a food tracker app or notebook.
Motivation <ul style="list-style-type: none"> ■ Every 3 months, schedule a time to look at my weight loss graph to remind me of how far I have come. 	Motivation <ul style="list-style-type: none"> ■ Create a non-food reward system for when I reach my next milestone.
Positive Thoughts <ul style="list-style-type: none"> ■ Tell myself, "This is a journey that starts with hope and ends with success." 	Positive Thoughts <ul style="list-style-type: none"> ■ Tell myself, "Falling off the wagon is not the problem. It is how long you stay off that is the problem."
My Life Lines <ul style="list-style-type: none"> ■ Reach out to my accountability partner whenever I feel off track. 	My Life Lines <ul style="list-style-type: none"> ■ Go to a support group. ■ Schedule an extra visit with Allina Health Weight Management.

My Relapse Prevention Plan

Ongoing Plan	Emergency Mode Plan If the scale ever says _____ pounds, I will...
Nutrition and Physical Activity	Nutrition and Physical Activity
Scan/Inventory Environment	Scan/Inventory Environment
Self-Monitoring	Self-Monitoring
Motivation	Motivation
Positive Thoughts	Positive Thoughts
My Life Lines	My Life Lines

Tips for Cooking Meat and Chicken

Tips

Grilling and broiling are good options for cooking meat, but they can dry out the meat if overcooked or cooked too fast.

Pressure cookers (such as Instant Pot®) and air fryers are good alternatives to slow cooking methods.

Meat (such as beef and pork) and poultry tend to be less tender and drier. Here are some tips to make them taste good.

- Tenderize meat and chicken by pounding it thin with a special mallet or cut it into strips before cooking. You can also tenderize meat by using marinades with citrus juices, vinegar, salad dressings or pineapple juice. The longer you marinate the meat the more tender it will be.
- Use slow cooking methods or moisture cooking methods.
 - Baking: Cover with lid or foil to retain moisture.
 - Braising: Add a small amount of liquid such as broth, wine or vegetable juice and heat in a covered container in the oven or on a stove top.
 - Roasting: Place food on a rack to prevent food from sitting in drippings. Do not use the drippings for basting. Use vegetable or fruit juices, broth or wine instead.
 - Smoking: Makes meat tender and moist.
 - Sautéing: Use broth or wine instead of oil.
 - Steaming: Add herbs and spices to the water.
- You can also substitute fish which is naturally tender.

Flavoring Ideas

Vegetables, potatoes	broth or bouillon; Greek or plain yogurt; tahini; herbs and spices; salsa or mustard; lemon or lime juice; cooking spray or spray butters; grill them
Salads	salad dressing; salad spritzers; flavored vinegars; salsa; tahini; fresh herbs; citrus juice (lemon, lime, orange or grapefruit); add juicy vegetables like tomatoes or cucumber to add moisture
Bread, sandwiches	cream cheese; horseradish; mustard
High-protein pancakes	crushed berries; lite syrup; nut butter; Greet yogurt
Soup, stews	herbs and spices; wine; vegetable juice; strong flavored vegetables like onion, broccoli or garlic

Herb and Spice Suggestions

Tip

- Store your dried herbs and spices in a cool, dark place.
- Add mild herbs, such as marjoram and parsley, right before serving the food.
- You can substitute dried herbs for fresh herbs. Be sure to only use one-third of the amount. (Instead of 1 tablespoon fresh parsley, use 1 teaspoon of dried parsley.)

Try these flavor ideas:

- **beef:** bay leaf, curry, dry mustard, sage, marjoram, mushrooms, nutmeg, onion, pepper, thyme
- **lamb:** curry, garlic, mint, pineapple, rosemary
- **pork:** apples, applesauce, garlic, onion, sage, peaches
- **veal:** apricots, bay leaf, curry, ginger, marjoram, oregano
- **fish:** bay leaf, lemon juice, marjoram, mushrooms, paprika
- **chicken:** cranberries, paprika, thyme, sage
- **asparagus:** lemon juice
- **corn:** green pepper, tomato
- **green beans:** marjoram, lemon juice, nutmeg, dillweed
- **peas:** onion, mint, mushrooms, green pepper
- **potatoes:** onion, mace, green pepper
- **squash:** ginger, mace, onion, cinnamon
- **tomatoes:** basil, marjoram, onion.

Meal Planning

Tip

Try not to make separate meals. Offer the same foods for everyone. Your entire family can benefit from healthful eating.

Most people who have lost weight and kept it off make almost all (90 percent) of their own meals. Try these tips to get back in the kitchen.

- Plan meals and snacks for up to 1 week at a time.
- Create a list of preferred meals that are healthful and you and your family enjoy.
- Stock your cupboard with staples, those foods your family eats often.
- Set aside times to slice, dice and chop foods you will use for cooking, such as carrots, onions and peppers. Store your prepped ingredients in clear plastic bags for easy identification.
- Use ingredients that have already been partially prepared such as chopped vegetables or pre-assembled kabobs or rotisserie chicken. Though more expensive, it is still cheaper than eating out often.
- Involve family in the meal preparation and clean-up process.



Tip

Visit allinahealth.org/recipes for healthful recipe ideas.

Tip

You will find meal planning worksheets on pages 188 to 192.

- Cook in quantity on weekends for quick and easy meals all week. Buy a lot of small containers to freeze individual servings.
- Balance time-consuming entrees with easy side dishes.
- Try including at least three different foods at each meal.

Lunch

- Cook up big batches of chili, stew or soup to freeze in individual portions. It will keep for 2 to 3 months in 0 F or below.
- Change up your salad.
 - Try different types of protein: eggs, black beans or garbanzo beans, cottage cheese, imitation crab, nuts or seeds, or tuna or chicken salad made creamy with plain Greek yogurt.
 - Try new greens: bok choy cabbage, spinach, romaine, arugula or fresh herbs.
 - Add fruit: apples, pears or berries.
- Vary your condiments on your sandwich: hummus, guacamole, mayo, horseradish or mustard.
- If you have a frozen entree, enjoy vegetables, fruit or both with the meal.

Dinner

- Organize a weekly “make your own” night. Put out the fixings for tacos, fajitas, individual pizzas or stir-fries and have your family make their own creations.
- Have a mid-winter cookout using the grill.
- Eat your favorite breakfast at dinner.
- Get to know your neighbors with a United Nations potluck. Each family brings a dish from a different country.
- Each week, try something new from one of the food groups. Maybe couscous from the grain group, daikon radish from the vegetable group, star fruit from the fruit group, soft goat cheese from the dairy group, and bison from the meat group. Take the kids on a supermarket safari. Pick a food group and let each of them hunt down one food they have never tried before.

- Try something new. How about kefir, quinoa, kohlrabi or tabbouleh?
- Try a new recipe every 1 to 2 weeks.
- Use different cooking methods: bake/roast, grill/broil, sauté, stir-fry, braise, simmer/boil, steam, smoke or slow cooker. Each cooking method brings out different flavors and textures in a food.

Nutrition Guidelines: Before Surgery

Lifelong Guidelines

Did You Know?

When following these lifelong guidelines, the average weight loss ranges from 3 to 10 pounds each month in the first year after surgery.

Important

Do not force yourself to eat breakfast in the morning if you are not hungry and you can still make good choices at your first meal.

Tip

Start to practice taking small sips of liquids. You will not want to chug or gulp liquids after your surgery.

Weight loss surgery requires lifelong changes in your eating habits and your attitude about food. Every day you will need to make good food and physical activity choices. Following these guidelines will help you be successful after your weight loss surgery.

- Follow a low-carbohydrate diet with no more than 100 grams of carbohydrates each day.**
- Eat no more than 3 well-balanced meals each day.**
 - Include a protein with each meal and eat it first. You need to have **at least** 60 grams of protein each day.
 - Stop eating when you feel satisfied.
 - Most of the foods you eat should be whole foods, instead of processed foods with many ingredients.
 - Be mindful when eating and avoid distractions.
- Measure your portions.**
 - Use small plates, bowls and utensils at mealtimes.
- Take 20 to 30 minutes to eat each meal.**
 - Take small bites and eat slowly.
 - Chew each bite 20 to 30 times to the consistency of applesauce.
 - Cut food into pea-size bites.
- Drink 64 ounces (8 cups) of liquids each day.**
 - Drink your liquids throughout the day instead of all at one time.
 - Water should be at least half of your liquids.
 - Limit beverages that are carbonated.
 - Do not drink beverages that are sweetened or high in calories.
- Follow the 30/30 rule.**
 - Do not drink liquids 30 minutes before meals, while you are eating and 30 minutes after meals.
- Take vitamin and mineral supplements every day as directed.**
- Get 30 minutes of physical activity each day.**
- Practice self-monitoring by journaling or using an app for tracking.**

Making Lifestyle Changes Before Weight Loss Surgery

As you prepare for weight loss surgery, it is important to know more about the lifelong changes you will need to make to help you be successful after your surgery.

If you have any questions about making these changes, please ask a member of your weight loss surgery team.

Protein

- You will need to have **at least** 60 grams of protein each day
 - Depending on the type of surgery you will be having, your dietitian may recommend that you have more protein each day.
 - You will be able to have a protein shake (protein supplement) in between meals to help get enough protein. You will not need protein shakes for the long term.

Did You Know?

It takes about 20 minutes for your body to register that it is full.

Why protein is important

Protein is needed for proper healing, maintaining lean muscle mass during weight loss and maintaining proper nutrition. Each cell in your body needs protein every day.

Not eating enough protein may cause fatigue (tiredness), a slower metabolism, increase hunger sensation, hair loss and can lead to poor nutrition.

The total amount of food you will be able to eat will be limited, so it is important to eat high-protein foods at each meal and to eat them first.

Food

- Eat no more than 3 well-balanced meals each day.
 - Include a protein with each meal.
 - Always eat protein foods first. Non-starchy vegetables, fruit or both should be next.
 - Eat high-fiber and high-protein foods at each meal to promote satiety (the feeling that “I have had enough”).
- Do not snack between meals or in the evening.

Important

Right after surgery, you may not feel physical hunger. To prepare for this feeling, start planning your meals 4 to 6 hours apart.

Did You Know?

- **Hunger** is your need for food. Your body is telling you that you need to eat. For example, your stomach is growling, you cannot concentrate and all you can think about is that you are hungry.
- **Appetite** is your interest in food. It is a coordinated effort between your brain and your stomach. Appetite is a learned behavior. For example, your co-worker is eating a dessert and your mouth starts to water – you would love to have a piece.
- **Craving** is a desire for a specific food. They will change over time, but only one certain food will satisfy a craving. For example, you feel stressed and eat chocolate.

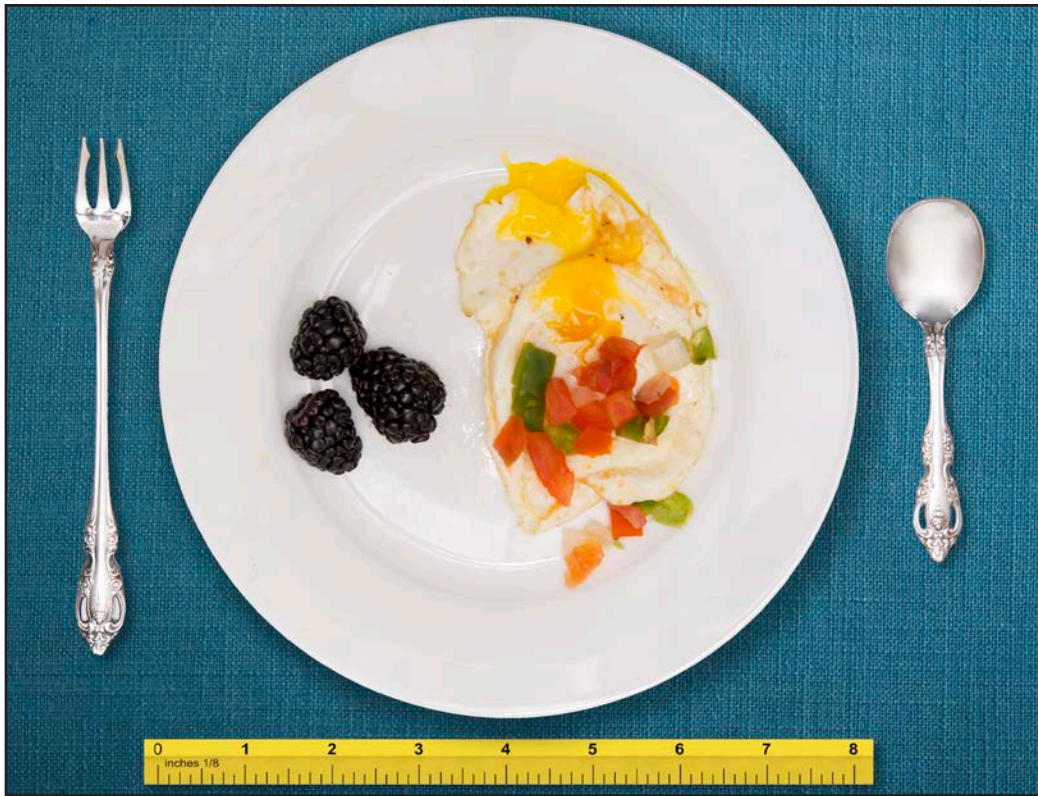
- Practice taking 20 to 30 minutes to eat a meal.
 - Cut food into pea-size bites.
 - Chew each bite 20 to 30 times to the consistency of applesauce. You may need to take smaller bites of some foods.
- Practice reading food labels.
 - Count the amount of protein. You will need to have **at least** 60 grams of protein each day.
 - Limit your amount of added sugars. Learn more about dumping syndrome on pages 82 to 83.
 - Count the amount of carbohydrates. You should follow a low-carbohydrate diet with no more than 100 grams of carbohydrates each day.
- Practice measuring your food and beverages. This will help you better understand portion sizes.
- Limit eating out (sit-down, take-out, fast food). If you do eat out, make healthful food choices.

Portion sizes

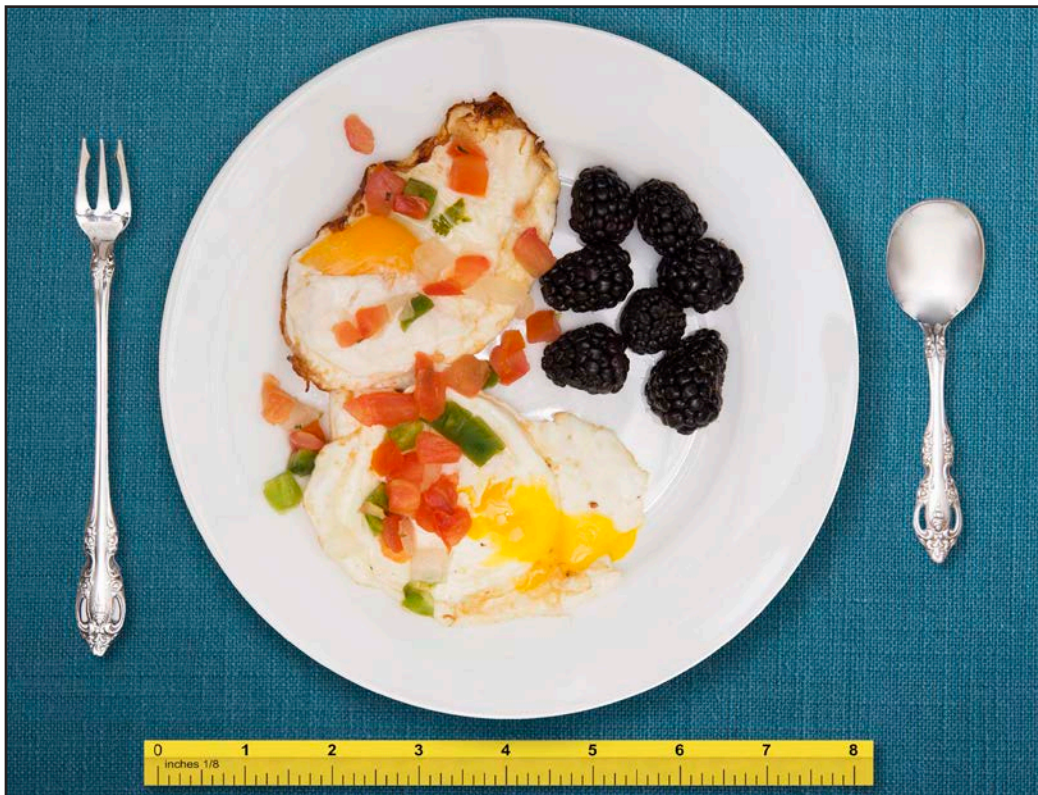
Weight loss surgery will change the size of your stomach. This means that eating the right portion sizes after surgery will help you be successful at losing weight.

On the next three pages, there are some examples of what portion sizes will look like after surgery.

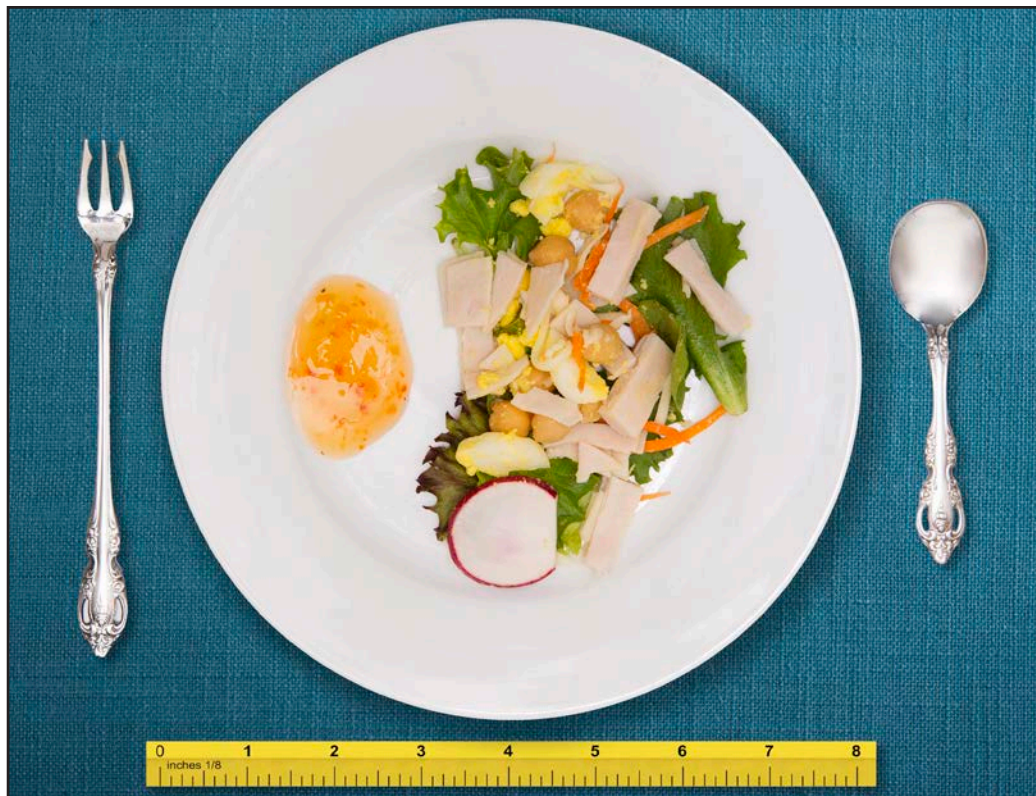
Please note: You do not need to eat these portion sizes before surgery. Your dietitian will help you with nutrition changes and portion sizes before you have surgery.



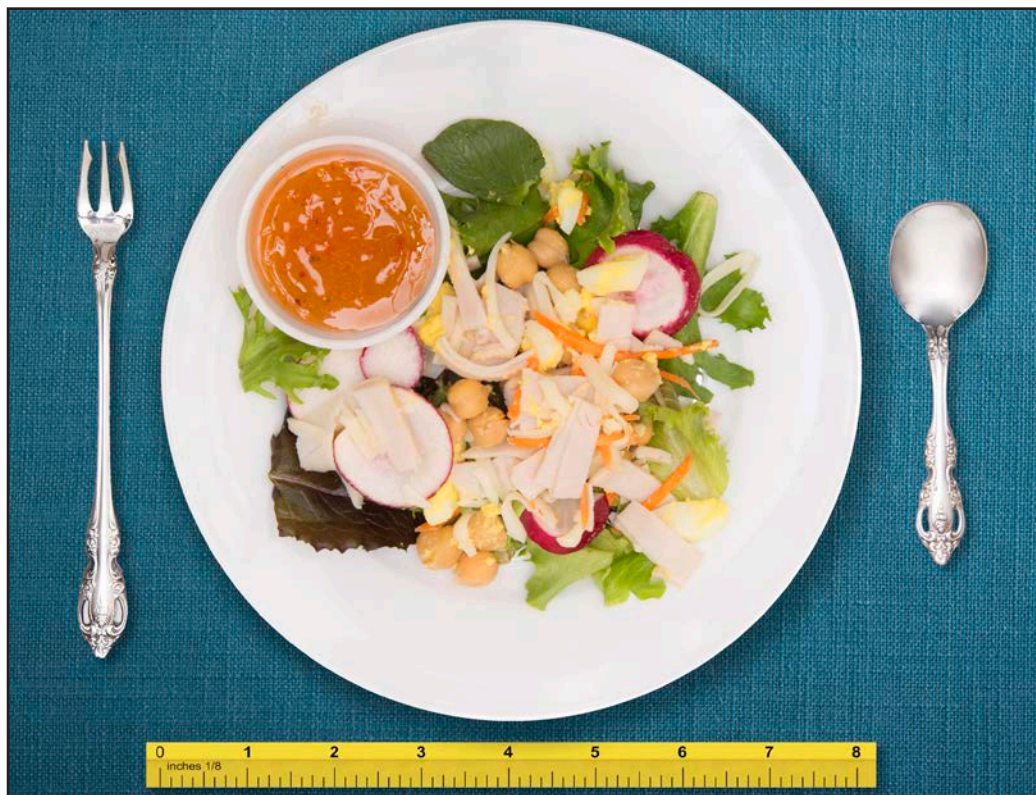
An example of a meal for breakfast 3 months after surgery.



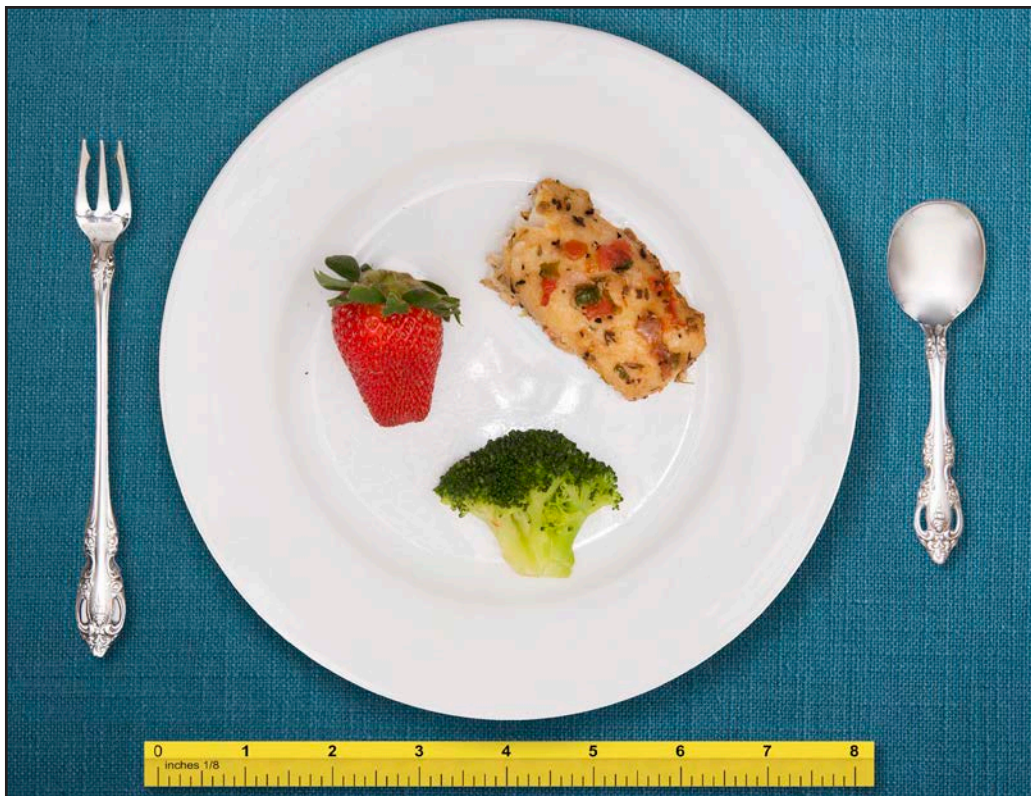
An example of a meal for breakfast 1 year after surgery.



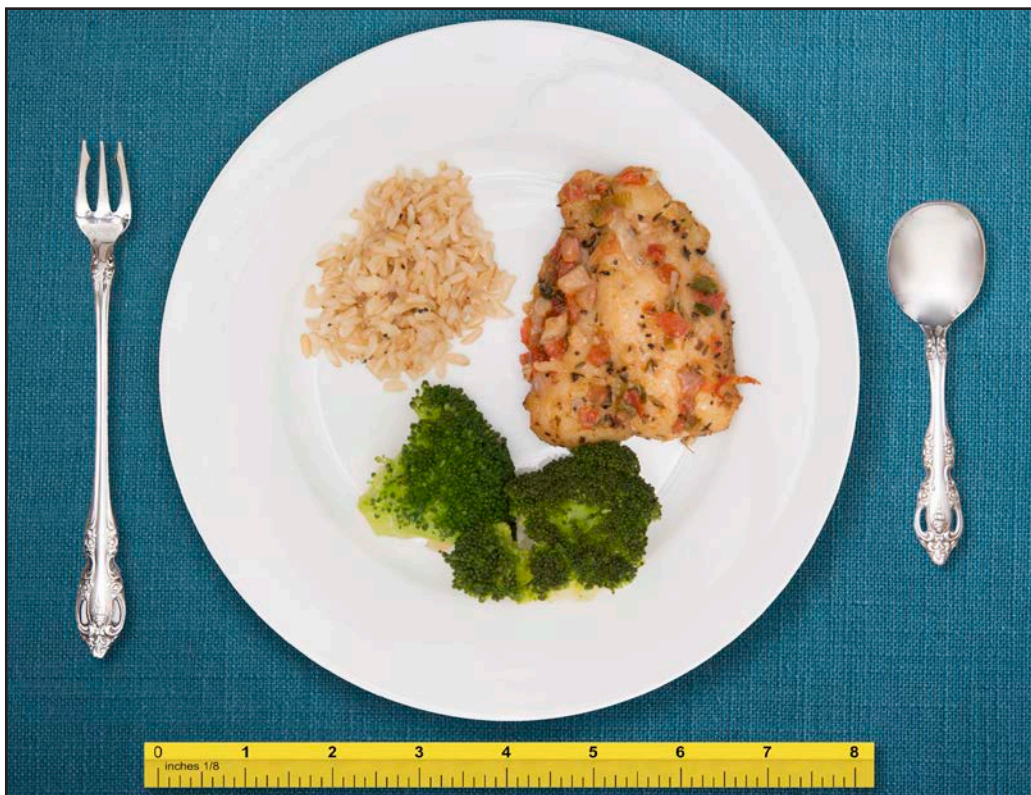
An example of a meal for lunch 3 months after surgery.



An example of a meal for lunch 1 year after surgery.



An example of a meal for dinner 3 months after surgery.



An example of a meal for dinner 1 year after surgery.

Sample menus

Here are some sample menus of how your meals will be different after weight loss surgery.

Three months after surgery	One year after surgery
Breakfast ¼ cup Greek yogurt 1 tablespoon strawberries	Breakfast 4 to 6 ounces Greek yogurt ¼ cup strawberries
Lunch 1 to 2 ounces baked fish 1 to 2 ounces green beans	Lunch 2 to 3 ounces baked fish ¼ to ½ cup green beans
Supper 2 tablespoons chicken 1 tablespoon berries 1 tablespoon broccoli	Supper ½ cup chicken ¼ cup mashed potatoes ¼ cup broccoli

Did You Know?

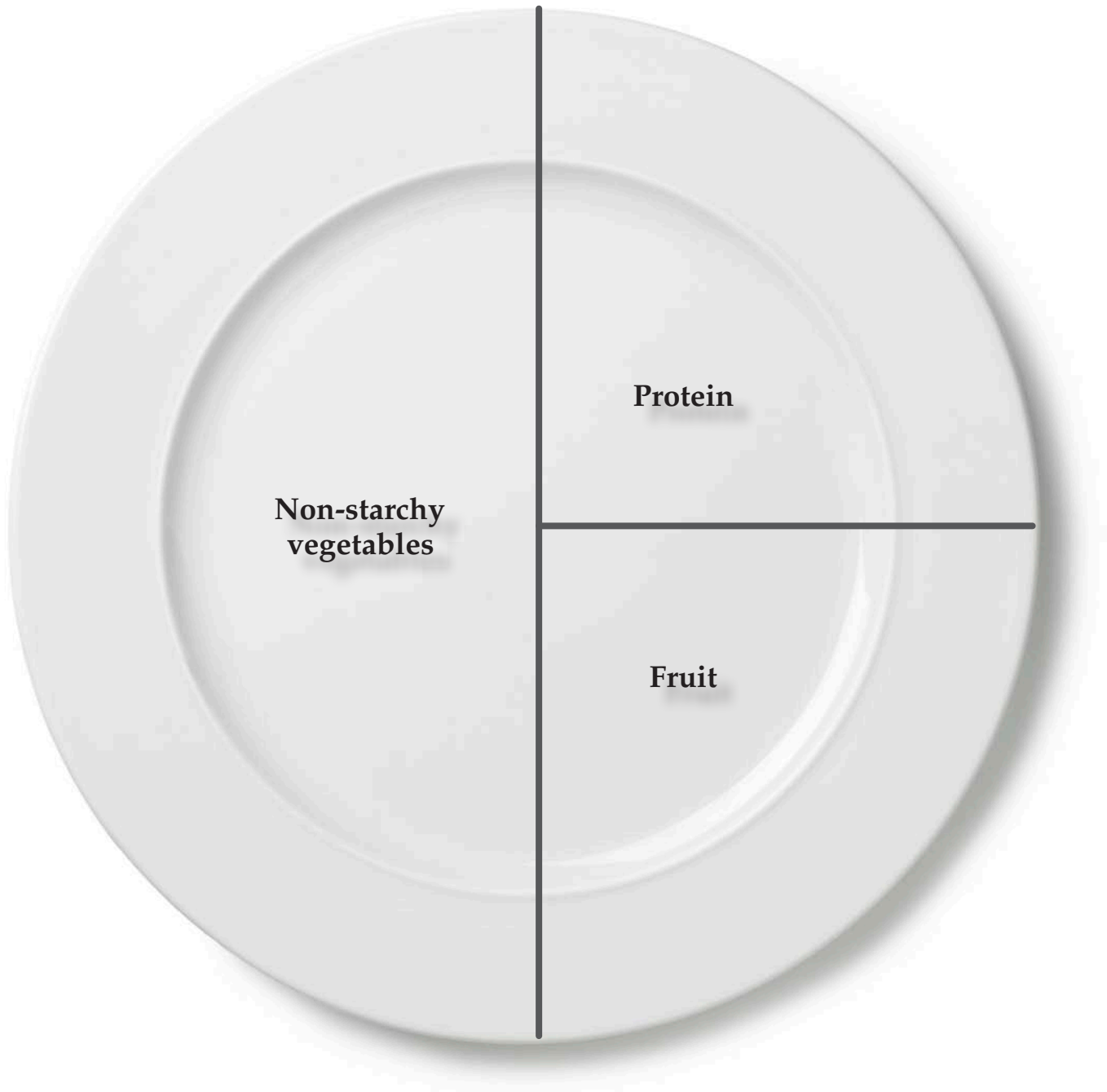
All types of fruit are carbohydrates. Be sure to count fruit as a carbohydrate when meal planning or if you count carbohydrates.

Sample meal plate

The sample meal plate below shows how a well-balanced meal will look 1 year after your surgery when you are eating about 1 cup of food.

Protein should always be eaten first. Vegetables, fruits or both should be next. These are high in nutrients and fiber.

You can learn more about meal planning on pages 52 to 54.



Tip

Learn more about how to flavor water in healthful ways on page 37.

Tip

When using drink mixes, you do not have to follow the instructions on the package. You can add more water to dilute the concentration of artificial sweetener.

Tip

Your weight loss surgery team may also recommend other types of supplements.

Liquids

- ❑ Drink 64 ounces (8 cups) of liquids each day. This will help prevent dehydration.
 - Choose beverages that do not have carbonation or more than 5 to 10 calories per serving. Drinking plain water is the best beverage choice. Other good choices include Crystal Light[®], Hint[®], SoBe[®], vitaminwater[®] zero[™].
 - Limit beverages with artificial sweeteners to 16 ounces each day.
 - It is OK to have 1 to 2 cups of milk each day.
 - Your urine should be pale yellow to clear by midday.
- ❑ Start following the 30/30 rule.
 - Do not drink liquids 30 minutes before meals, while you are eating and 30 minutes after meals.
 - It is important to follow this rule because it will allow enough space in your stomach for high-protein foods and other essential nutrients.
 - When food and liquids mix together it can increase the rate that food empties out of your stomach. This can cause you to eat too much at a meal. It will also not help you feel full until your next meal. This can be a major cause of poor weight loss or weight regain after surgery.
- ❑ Stop drinking beverages that are sweetened or high in calories.

Vitamin and mineral supplements

Weight loss surgery will change the way your body absorbs vitamins and minerals from the food you eat. You will need to take supplements for the rest of your life. These may include:

- a multivitamin with iron
- calcium citrate
- vitamin D₃
- vitamin B₁₂ sublingual (under the tongue).

Vitamin Patches

Vitamin patches are not recommended. It is currently unknown how well vitamins are absorbed into the body when using the patches after weight loss surgery. You may have to have lab tests more often if you choose to use the patches. Your body absorbs vitamins and minerals better when taking them by mouth.

Important

After surgery, you will start taking 2 multivitamins each day.

Important

- Take your calcium at least 2 hours apart from any supplements that contain iron such as your multivitamin and any additional iron. This will help your body better absorb the calcium.
- Your doses of calcium should be taken at least 2 hours apart from each other.

Important

You will not take calcium or vitamin D₃ supplements for 5 weeks after surgery.

Start taking these supplements

- ❑ **Start taking 1 chewable multivitamin with iron each day.**
 - Examples include Equate™ Children's Chewable Complete Multivitamin or Up & Up™ Kids' Multivitamin Complete.
 - The multivitamin needs to have 18 milligrams (mg) of iron.
 - Do not take "gummy" vitamins.
 - They may get "stuck" in your new stomach.
 - They are not absorbed as well as taking pill vitamins.
 - They do not have all the vitamins and minerals you need, even though the label may say "complete."
- ❑ **Start taking 500 to 600 mg of calcium citrate 2 to 3 times each day.** This is a total of 1,200 to 1,500 mg of calcium citrate each day.
 - One example of calcium citrate is Citracal® calcium citrate caplets.
 - Do not take calcium if your health care provider tells you otherwise.

Sample supplement facts label for calcium citrate

Supplement Facts		
Serving Size 2 caplets		
Servings Per Container 125		
	Amount Per Serving	% Daily Value*
Vitamin D	500 IU	125%
Calcium citrate	630 mg	63%
Sodium	10 mg	< 1%

Be sure to read the label to make sure you are taking the right amount of calcium citrate.

- ❑ **Start taking 5,000 international units (IU) of vitamin D₃ each day.**
 - This amount is in addition to the vitamin D₃ found in your multivitamin and calcium.

Sample Supplement Schedule After Surgery

	Multivitamin with iron	Vitamin B ₁₂ sublingual (1,000 mcg)	Calcium citrate (1,200 to 1,500 mg total each day)		Vitamin D ₃ (5,000 IU)
			2 pills = 500 mg	2 pills = 600 or 630 mg	
Breakfast	X	X			
Lunch			X	X	X
Afternoon			X	X	
Dinner	X				
Bedtime			X		

Tip

You can learn more about the benefits of physical activity and how to start a program on pages 91 to 101.

Did You Know?

You should get at least 7 hours of restful sleep each day.

You can learn more about sleep on page 116.

Physical activity

- Get 30 minutes of physical activity each day.
 - Physical activity is important before and after weight loss surgery.
 - Regular physical activity:
 - increases your metabolism (rate which you burn calories)
 - strengthens your heart, bones and muscles
 - relieves stress.
 - Start out slowly if you are not used to exercising. Do 5 minutes one day and keep increasing the time. Work up to at least 30 minutes of physical activity each day.

Self-monitoring

- Keep a food and physical activity journal to help you stay on track.
- Track your goals and the progress you have made.
- Weigh yourself each week.
- Try a new health and fitness app to track your food, physical activity or both. Examples include MyFitnessPal, Lose It!, Fitbit or Baritastic.

You can read more about self-monitoring on page 117.

Pre-surgery Diet

Start Date

Start your pre-surgery diet on:

You will need to be on this diet for 14 days before your surgery.

Tip

On page 70, you will find examples of protein powders and ready-to-drink protein supplements.

Important

During your pre-surgery diet, do not add blended fruit to protein shakes. This may cause you to have too many carbohydrates.

Tip

You can make your own ice pops or slushies out of any of these calorie-free, sugar-free liquids.

Your pre-surgery diet will be high in protein and low in carbohydrates to make the size of your liver smaller before surgery. This can help reduce your risk of complications (problems) during weight loss surgery.

Goals

Each day you will need to have:

- 80 grams or more of protein
- 50 grams of carbohydrates or less
- 64 ounces (8 cups) of liquids.

Liquid meal options for breakfast, lunch and dinner

- Protein-rich shake made with protein powder and milk (or other non-dairy unsweetened milk)
- Protein-rich, low-sugar, ready-to-drink shakes with at least 20 to 30 grams of protein, less than 250 calories and less than 10 grams of carbohydrate per serving.

Approved snack options

- ½ cup creamed soup or tomato soup
- ½ cup yogurt (plain Greek yogurt is preferred) or ½ cup cottage cheese
- ½ cup sugar-free pudding
- 1 cheese stick
- 1 egg

Calorie-free, sugar-free liquids

You may have **any amount** of the following liquids each day:

- water
- low-sodium chicken, vegetable or beef broth
- bone broth
- decaffeinated coffee or decaffeinated unsweetened tea
- Propel® zero
- vitaminwater® zero™
- SoBe® lifewater® zero calorie
- Crystal Light®
- Powerade Zero™ or Gatorade® Zero
- sugar-free Kool-Aid®
- sugar-free gelatin or sugar-free Popsicle®

Tip

You can also mix your protein powder with unsweetened almond milk or soy milk.

Sample menu

■ Snack:

- 1 hard-boiled egg

■ Breakfast

- protein powder with milk or a ready-to-drink option
- 1 cup decaffeinated unsweetened tea
- 8 ounces water

■ Snack:

- ½ cup plain Greek yogurt

■ Lunch:

- protein powder with milk or a ready-to-drink option
- 1 cup of chicken, vegetable or beef broth
- ½ cup sugar-free gelatin
- 1 sugar-free Popsicle

■ Snack:

- ½ cup cottage cheese

■ Dinner:

- protein powder with milk or a ready-to-drink option
- ½ cup tomato soup
- 8 ounces Crystal Light

■ Snack:

- 1 cheese stick

Sample Protein Supplements

Product	Where to find
Ancient Nutrition Bone Broth Protein™ powder	Hy-Vee, Fresh Thyme, GNC
Bariatric Advantage® High Protein Meal Replacement (powder) (available in a variety of flavors)	bariatricadvantage.com
BiPro® (powder)	biprousa.com
BiPro® protein water	biprousa.com
Body Fortress® Super Advanced Whey Protein (powder)	CVS, Wal-Mart, Walgreens
EAS® 100% Whey (powder)	amazon.com, Hy-Vee, Target, Wal-Mart
EAS® AdvantEDGE® protein shake (ready-to-drink)	Sam's Club, Target
fairlife® Core Power® protein shake (ready-to-drink)	amazon.com, Target, Walmart
fairlife® Nutrition Plan® nutrition shake (ready-to-drink)	Target, Walmart
Muscle Milk® Genuine protein shakes or 100 calorie protein shakes	Sam's Club, Target
Nature's Best® Isopure® Zero Carb (powder) (available in a variety of flavors)	amazon.com, GNC, VitaminShoppe
Premier Protein® (ready-to-drink)	amazon.com, Costco, Sam's Club, Target, Wal-Mart
Premier Protein® Clear™ Protein Drink (protein water)	Sam's Club
Pure Protein® (powder and ready-to-drink)	Costco, CVS, Sam's Club, Target, Vitamin Shoppe
Quest® Protein Powder™ or Quest Ready-To-Drink Protein Shake	Hy-Vee, Target, VitaminShoppe
Syntrax (Nectar™ Whey Protein Isolate) (powder)	amazon.com , bariatricadvantage.com, si03.com
UNJURY® (powder)	unjury.com

Nutrition Guidelines: After Surgery

Lifelong Guidelines

It is important to follow these lifelong guidelines after having weight loss surgery. They will help you be successful at losing weight, living a healthier life and avoiding weight regain.

- ❑ **Follow a low-carbohydrate diet with no more than 100 grams of carbohydrates each day.**
- ❑ **Eat no more than 3 well-balanced meals each day.**
 - Include a protein with each meal and eat it first. You need to have **at least** 60 grams of protein each day.
 - Stop eating when you feel satisfied.
 - Most of the foods you eat should be whole foods, instead of processed foods with many ingredients.
 - Be mindful when eating and avoid distractions.
- ❑ **Measure your portions.**
 - Use small plates, bowls and utensils at mealtimes.
- ❑ **Take 20 to 30 minutes to eat each meal.**
 - Take small bites and eat slowly.
 - Chew each bite 20 to 30 times to the consistency of applesauce.
 - Cut food into pea-size bites.
- ❑ **Drink 64 ounces (8 cups) of liquids each day.**
 - Drink your liquids throughout the day instead of all at one time.
 - Water should be at least half of your liquids.
 - Limit beverages that are carbonated.
 - Do not drink beverages that are sweetened or high in calories.
- ❑ **Follow the 30/30 rule.**
 - Do not drink liquids 30 minutes before meals, while you are eating and 30 minutes after meals.
- ❑ **Take vitamin and mineral supplements every day as directed.**
- ❑ **Get 30 minutes of physical activity each day.**
- ❑ **Practice self-monitoring by journaling or using an app for tracking.**

Diet Progression: When to Change Your Diet After Surgery

After weight loss surgery, you will need to slowly return to eating solid foods. This will help your body heal and help you get used to your new eating habits.

Please follow the diet progression listed in the chart below. Do not change your diet ahead of schedule. Changing your diet too quickly may cause serious problems such as a constipation or abdominal pain.

It is OK to change your diet more slowly or go back to a previous diet based on how you are feeling. Talk with your dietitian if you have any questions or concerns.

Type of Diet	Start Date	How Long	When to Change Your Diet
Clear liquid diet		1 week	You will start this diet while you are in the hospital. When you leave the hospital, you can add protein shakes. You will be on this diet until your first follow-up visit.
Full liquid diet		2 weeks	You will start a full liquid diet 1 week (or 8 days) after your surgery.
Pureed diet		2 weeks	You will start a pureed diet 3 weeks (or 22 days) after your surgery.
Regular diet			You will start a regular diet 5 weeks (or 36 days) after your surgery after your 5-week follow-up visit with your dietitian and bariatric nurse clinician.

Important Reminders When Drinking Liquids

- Do not drink very hot or very cold liquids.
- Do not swallow ice.
- Do not drink any type of carbonated beverage.
- Sit up straight when drinking liquids.
- Do not drink through a straw.

Clear Liquid Diet

Important

You may have at least 1 protein shake each day while on a clear liquid diet.

Note: Your protein shake does not have to be clear.

It is OK to mix your protein powder with milk, ultra-filtered milk, unsweetened almond milk or soy milk. You can water it down to make it thinner.

Do not mix protein powder with flavored milk (such as chocolate, strawberry). Flavored milks are high in sugar and will upset your stomach after surgery.

During your hospital stay, you will be on a clear liquid diet. You will be able to have water, broth, sugar-free gelatin, or unsweetened tea or coffee.

After you leave the hospital, you will be on a clear liquid diet with protein shakes. You will stay on this diet for 1 week.

Important: Drinking enough liquids is more important than getting enough protein for the first week after surgery. You do not have to drink protein shakes.

You should work toward drinking 64 ounces (8 cups) of liquids each day.

At home, you can choose from the following liquids:

- water
- protein shakes
- bone broth
- broth, bouillon or granules
- sugar-free drink mixes, such as Crystal Lite® or sugar-free Kool-Aid®
- sugar-free gelatin
- unsweetened tea or coffee
- sugar-free Popsicles® (melt in your mouth before swallowing)
- sugar-free lemonade
- Propel® Fitness Water diluted with one-half water (This is a good source of potassium and vitamins.)

Full Liquid Diet

Important

Try to have 2 protein shakes each day while on a full liquid diet. If you cannot or have any questions, please talk with your dietitian.

You will start a full liquid diet 1 week after your surgery. You will be able to increase how much you drink over the first several weeks.

Along with the clear liquids listed above, you can also choose from the following:

- milk or ultra-filtered milk (such as fairlife®)
- V8® 100 percent vegetable juice or Diet V8 Splash®
- tomato juice
- cream soups, strained. (Mix soup with one-half water and one-half milk, or all water if you cannot tolerate milk.)

Pureed Diet

Important

Pureed foods should be the consistency of applesauce.

You will start a pureed diet 3 weeks after your surgery.

- You can start adding foods that you puree in a blender.
- Be sure to eat protein foods first and take small bites.
- Start following the 30/30 rule.
- Drink at least 64 ounces (8 cups) of liquids each day.
- Drink at least 1 protein shake each day in between meals.
- Start having more structure to your meals: breakfast, lunch and dinner.

In general, you will eat about 1 tablespoon to ½ cup (at most) of food at each meal.

Food	Pureed Diet Examples	
Proteins (Eat First)	<ul style="list-style-type: none"> ■ pureed soft meats, poultry, fish, tuna ■ pureed chili ■ pureed tofu ■ small curd cottage cheese ■ milk or soy milk 	<ul style="list-style-type: none"> ■ Greek yogurt or other high-protein/low-sugar yogurt without chunks of fruit ■ pureed hard-boiled eggs with mayo or plain Greek yogurt ■ baby food meats
Healthy fats	<ul style="list-style-type: none"> ■ avocado ■ nut butters ■ hummus ■ olives 	
Vegetables	<ul style="list-style-type: none"> ■ pureed soft cooked vegetables (such as squash, carrots or beets) ■ baby food vegetables 	
Fruits	<ul style="list-style-type: none"> ■ unsweetened pureed fruit (such as peaches or pears) ■ baby food fruits 	
Starches	<ul style="list-style-type: none"> ■ Cream of Wheat® ■ Malt-O-Meal® ■ rice cereal ■ thinned mashed potatoes ■ thinned mashed sweet potatoes 	
Miscellaneous	<ul style="list-style-type: none"> ■ soups (any strained or pureed) ■ sugar-free pudding 	
Flavorings or seasonings	<ul style="list-style-type: none"> ■ dried or powdered herbs and spices ■ bone broth, broth (chicken, beef, vegetable) ■ artificial sweeteners and sugar (use very sparingly) 	

Sample Pureed Diet Menu		
Breakfast	Lunch	Dinner
<ul style="list-style-type: none"> ■ 2 tablespoons yogurt ■ 1 tablespoon baby food berries <p style="text-align: center;">or</p> <ul style="list-style-type: none"> ■ 2 tablespoons pureed hard-boiled egg ■ 1 tablespoon avocado 	<ul style="list-style-type: none"> ■ 2 tablespoons cottage cheese ■ 1 tablespoon pureed peaches <p style="text-align: center;">or</p> <ul style="list-style-type: none"> ■ 2 tablespoons pureed deli turkey* ■ 1 tablespoon pureed green beans 	<ul style="list-style-type: none"> ■ 2 tablespoons pureed chicken* ■ 1 tablespoon pureed squash <p style="text-align: center;">or</p> <ul style="list-style-type: none"> ■ 2 tablespoons tuna (pouch or canned) ■ 1 tablespoon mayo or plain Greek yogurt
* Add broth before blending meat		

Regular Diet

You will start a regular diet 5 weeks after your surgery.

Tip

You will find meal planning worksheets on pages 188 to 192.

- You can now try any texture of food at this time. There may be foods that you will not be able to tolerate. You can read more about problem foods on the next page.
- The amount of food you eat will depend on what you eat and your feeling of fullness. **Stop eating when you feel satisfied.**
- Continue to drink 1 protein shake until you are at 60 grams of protein each day. Stop drinking protein shakes once you are getting 60 grams of protein through food. You should no longer need protein shakes 3 months after your surgery.
- Continue to at least drink 64 ounces (8 cups) of liquids each day and follow the 30/30 rule.

Sample Regular Diet Menu		
Breakfast	Lunch	Dinner
<ul style="list-style-type: none"> ■ ½ cup yogurt or 1 egg with 1 strawberry ■ 30 minutes later, start drinking unsweetened beverages 	<ul style="list-style-type: none"> ■ ¼ cup chili with 1 to 2 cooked baby carrots ■ 30 minutes later, start drinking unsweetened beverages 	<ul style="list-style-type: none"> ■ 1 to 2 ounces meat, fish or poultry ■ 1 to 2 tablespoons cut green beans, cooked ■ 30 minutes later, start drinking unsweetened beverages

Problem Foods

Tip

Start with one new food at each meal and try only a small portion. Each person will tolerate food differently.

After surgery, it is possible that you may not be able to tolerate some foods. For the first 3 months after surgery, avoid the following food or beverages:

- high-carbohydrate foods:
 - rice and pasta
 - soft textured breads
 - tortillas
 - potatoes
 - popcorn
- tough meats (such as steak, pork chops)
- fried foods
- fruits and vegetables with peels or skins
- vegetables that can cause gas such as cabbage or broccoli
- dried fruits, nuts and seeds
- raw vegetables
- stringy foods such as asparagus or celery
- carbonated beverages.

Protein

Did You Know?

Most protein supplements are lactose-free unless they are mixed with milk.

Tip

Use almond, vanilla or coconut extracts to improve flavor.

The total amount of food you can eat is small, so it is important to eat high-protein foods at each meal and to eat them first. You will need to have **at least** 60 grams of protein each day.

Protein supplements

You can have a protein drink (protein supplement) in between meals to help get enough protein until you are getting 60 grams of protein through food.

You can mix protein powder with water, milk or an unsweetened dairy alternative. When you are on a regular diet, you may also add fruit or vegetables to protein shakes.

Choosing a protein supplement

Protein powders or a ready-to-drink protein supplement should have:

- at least 20 grams of protein per serving
- less than 250 calories total (including the milk) per serving
- less than 10 grams total carbohydrate per serving.

Whey or soy protein powders are the most common “complete” or good quality proteins. Please talk with your dietitian first if you want to use another type of protein powder.

Sample Protein Supplements	
Product	Where to find
Ancient Nutrition Bone Broth Protein™ powder	Hy-Vee, Fresh Thyme, GNC
Bariatric Advantage® High Protein Meal Replacement (powder) (available in a variety of flavors)	bariatricadvantage.com
BiPro® (powder)	biprousa.com
BiPro® protein water	biprousa.com
Body Fortress® Super Advanced Whey Protein (powder)	CVS, Wal-Mart, Walgreens
EAS® 100% Whey (powder)	amazon.com, Hy-Vee, Target, Wal-Mart
EAS® AdvantEDGE® protein shake (ready-to-drink)	Sam’s Club, Target
fairlife® Core Power® protein shake (ready-to-drink)	amazon.com, Target, Walmart
fairlife® Nutrition Plan® nutrition shake (ready-to-drink)	Target, Walmart
Muscle Milk® Genuine protein shakes or 100 calorie protein shakes	Sam’s Club, Target
Nature’s Best® Isopure® Zero Carb (powder) (available in a variety of flavors)	amazon.com, GNC, VitaminShoppe
Premier Protein® (ready-to-drink)	amazon.com, Costco, Sam’s Club, Target, Wal-Mart
Premier Protein® Clear™ Protein Drink (protein water)	Sam’s Club
Pure Protein® (powder and ready-to-drink)	Costco, CVS, Sam’s Club, Target, Vitamin Shoppe
Quest® Protein Powder™ or Quest Ready-To-Drink Protein Shake	Hy-Vee, Target, VitaminShoppe
Syntrax (Nectar™ Whey Protein Isolate) (powder)	amazon.com , bariatricadvantage.com, si03.com
UNJURY® (powder)	unjury.com

Liquids

Tip

Limit “diet” drinks made with artificial sweeteners Crystal Light® or sugar-free Kool-Aid®. Up to 1 to 2 cups (8 to 16 ounces) each day is OK.

- Drink at least 64 ounces (8 cups) of liquids each day.
 - It is OK to have 1 to 2 cups of milk each day, or as directed by your health care provider.
- Follow the 30/30 rule.
 - Do not drink liquids 30 minutes before meals, while you are eating and 30 minutes after meals.
- Take small sips all day. Do not drink liquids too fast. It can cause discomfort in the chest, back or shoulder blade area.
- Carbonation can increase bloating and discomfort.
- Good choices for calorie-free beverages include:
 - water
 - Gatorade® Zero, Propel® zero, Hint® (Do not drink regular Gatorade unless your surgeon says it is OK.)
 - Crystal Light®, Sugar Free Kool-Aid®, and other sugar-free lemonade or flavored waters
 - unsweetened tea or coffee.

Vitamin and Mineral Supplements

Vitamin Patches

Vitamin patches are not recommended. It is currently unknown how well vitamins are absorbed into the body when using the patches after weight loss surgery. You may have to have lab tests more often if you choose to use the patches. Your body absorbs vitamins and minerals better when taking them by mouth.

Tip

Be sure to read the label to make sure you are taking the right amount of calcium citrate.

Physical Activity

After your first follow-up clinic visit, you will start taking:

- ❑ 2 chewable multivitamins with iron each day
 - Examples include Equate™ Children’s Chewable Complete Multivitamin or Up & Up™ Kids’ Multivitamin Complete.
 - The multivitamin needs to have 18 mg of iron.
 - Do not take “gummy” vitamins. They do not have all the vitamins and minerals you need, even though the label may say “complete.”
- ❑ 1,000 mcg vitamin B₁₂ sublingual

After your 5-week follow-up clinic visit, you will start taking:

- ❑ 500 to 600 mg of calcium citrate 2 to 3 times each day
- ❑ 5,000 IU of vitamin D₃ each day.

If you are a woman who still gets menstrual periods, you may need to take:

- ❑ 500 mg of vitamin C
- ❑ 325 mg of ferrous sulfate (a type of iron supplement).

Your lab test results will help decide if you need to take other types of supplements or make changes to your current supplements.

It is important to start a regular physical activity program soon after surgery. This will increase your metabolism. If you do not exercise when losing large amounts of weight quickly, your metabolism will slow and your energy level will decrease.

Physical activity will help you maintain your weight loss in the future. You can learn more about starting a physical activity program on page 94.

Complications (Problems) after Surgery

Dumping Syndrome

Dumping syndrome can happen when the food you have eaten has too much sugar or fat and moves out of your stomach too quickly. When you eat these foods, they now enter your intestines without being partially digested by the gastric juices of your old stomach.

Dumping syndrome can also happen if you:

- eat too much at one time
- eat too fast or drink liquids too fast.

After surgery, you could have dumping syndrome. Your chance of having it usually goes away or decreases within 18 months after surgery and by eating the right food and beverages.

Symptoms

Dumping usually occurs shortly after eating (5 to 15 minutes). When this happens, you may have one or more of the following symptoms:

- nausea (upset stomach)
- diarrhea
- bloating
- cramps
- weakness
- fast heartbeat
- shakes
- sweating.

Dumping syndrome may also cause low blood glucose up to 2 hours after eating. This is also known as reactive hypoglycemia or late dumping syndrome.

How to prevent dumping syndrome

To help prevent dumping syndrome:

- Eat protein foods first.
- Eat slowly. Take 20 to 30 minutes to eat a meal.
- Limit unhealthful snacks.
- Do not have food and beverages that are high in sugar such as regular pop, sweetened juices, ice cream, candy, cookies and cake.
- Sip on water or calorie-free beverages throughout the day. Drink liquids between meals only.

Lying down for 30 to 60 minutes after eating can help slow how fast food moves out of your stomach.

Reactive Hypoglycemia

Reactive hypoglycemia (also known as late dumping syndrome) is low blood glucose (sugar). This is a normal side effect after weight loss surgery if you eat certain foods.

It happens when your pancreas makes too much insulin in response to the carbohydrates you are eating. Insulin is a hormone that allows glucose to be used. But the insulin stays in the blood after the glucose from the meal has been used. This causes low blood glucose, or hypoglycemia.

Important

Call your bariatric nurse clinician if you are having symptoms more than 3 to 5 times a week.

Symptoms

Reactive hypoglycemia happens 1 to 2 hours after eating a meal or snack, especially one that is high in carbohydrates or low in protein.

Symptoms you may feel include:

- hungry
- weak or tired
- sweaty
- racing heart
- the need to lie down.

Tip

Keep a journal of the foods you were eating before you started to have symptoms of low blood glucose. This will help you prevent reactive hypoglycemia.

Treatment

Treatment of reactive hypoglycemia is to have a small meal that is high in protein and low in carbohydrates.

If you have low blood glucose (less than 70), do **one** of the following:

- have 2 glucose tablets
- drink 2 ounces of juice
- drink 2 ounce of milk.

Then, eat a small portion of a protein source such as:

- 1 ounce meat or cheese
- 3 tablespoons cottage cheese
- ¼ cup peas and 1 ounce cheese.

How to prevent reactive hypoglycemia

To help prevent reactive hypoglycemia:

- Eat no more than 3 well-balanced meals that include protein, vegetables and fruits. Eat the protein first.
- Avoid eating pasta, rice, cereal, bread and potatoes.
- Do not have food and beverages that are high in sugar such as regular pop, sweetened juices, ice cream, candy, cookies and cake.

Foods to Eat and Not Eat to Help Prevent Hypoglycemia	
Foods to Eat	Foods Not to Eat
Protein <ul style="list-style-type: none">■ meat■ fish and shellfish■ eggs■ peanut butter, nuts■ soy products, tofu■ legumes (such as lentils, beans and peas)	Protein <ul style="list-style-type: none">■ meat prepared with a sweetened sauce or gravy■ meats high in fat (pastrami, salami, ribs, hotdogs, bacon, sausage, fried chicken or fish, and 85 percent lean meats or lower)
Milk, yogurt, cheese <ul style="list-style-type: none">■ milk■ yogurt (less than 15 grams of sugar per serving)■ cheese	Milk, yogurt, cheese <ul style="list-style-type: none">■ chocolate or other flavored milk■ ice cream■ sweetened milk drinks

Foods to Eat and Not Eat to Help Prevent Hypoglycemia

Foods to Eat	Foods Not to Eat
Vegetables <ul style="list-style-type: none"> ■ fresh, frozen or canned 	Vegetables <ul style="list-style-type: none"> ■ vegetables with sauces or glazes
Fruit <ul style="list-style-type: none"> ■ fresh ■ frozen or canned with no added sugar 	Fruit <ul style="list-style-type: none"> ■ fruit drinks, juice and punch ■ canned or frozen fruit in sugar or syrup
Fats and oils <ul style="list-style-type: none"> ■ vegetable oils: olive, avocado, canola, peanut, and soybean oil 	Fats and oils <ul style="list-style-type: none"> ■ creamy sauces or gravies made with fat ■ high fat cream cheese and sour cream
Other <ul style="list-style-type: none"> ■ coffee or tea ■ herbs and spices 	Other <ul style="list-style-type: none"> ■ alcoholic beverages ■ sweetened beverages (more than 10 calories per 8 ounces) ■ sugar, brown sugar, powdered sugar, honey, jam, syrup, molasses, candy ■ regular gelatin, pie, cookies, cake, pudding, sweet desserts ■ artificial sweeteners in beverages, jams, syrup and gelatin
	Grains, crackers, cereals, pasta, rice <ul style="list-style-type: none"> ■ bread, tortillas, pasta, rice ■ English muffins, muffins ■ sweetened cereals, sweet rolls, pastries ■ saltines, Wheat Thins® ■ waffles, pancakes

Alcohol Use

Weight loss surgery changes the size of your stomach as well as your ability to absorb calories. It also changes how your body absorbs alcohol.

Alcohol is absorbed into your bloodstream faster than before surgery. This can lead to unsafe blood alcohol levels.

Six months after having surgery, having just one 5-ounce glass of wine could make you legally intoxicated (drunk) with a blood alcohol level of 0.08 percent.

It only takes a short amount of time for blood alcohol levels to rise when drinking. It takes a longer time to get sober.

Alcohol and food

Alcohol has nothing that your body needs. It only adds carbohydrates and empty calories which can slow weight loss or cause weight regain.

- 12 ounces of beer has about 153 calories.
- 5 ounces of wine has about 125 calories.
- 1.5 ounces of distilled spirits (such as vodka, gin or scotch) has about 97 calories.

Alcohol can block the absorption of many vitamins and minerals. Since weight loss surgery also limits absorption of nutrients, drinking alcohol adds to the risk that your body cannot absorb enough vitamins and minerals.

Alcohol and your body

After surgery, alcohol use can affect many parts of your body.

- Brain. It can damage your brain.
- Esophagus. It can cause acid reflux (heartburn) or make it worse. It increases your chance for esophageal cancer.
- Heart. It can cause heart disease. It can cause you to lose consciousness (pass out).
- Liver. It can damage your liver leading to cirrhosis (liver disease).
- Stomach. It can cause gastritis (swelling of your stomach lining). It increases your chance for stomach cancer.
- Pancreas. It can cause low blood glucose levels.
- Intestines. It can cause inflammation (swelling) in your intestines.

Alcohol use could even cause death.

Did You Know?

Many studies have shown that there is a higher rate of alcoholism after weight loss surgery.

Alcohol use disorders

There is a risk of alcohol use disorders after surgery that could affect your health, relationships and well-being. This includes alcohol dependence (alcoholism) or alcohol abuse.

If you find yourself using alcohol to cope or provide comfort, please talk with your surgeon or primary care provider right away.

Guidelines

Do not drink alcohol after weight loss surgery.

If you do choose to drink alcohol:

- do not drive, even if you only drink a small amount
- do not drink alcohol on an empty stomach
- remember that even small amounts of alcohol can lead to unsafe blood alcohol levels.

Make sure you always take your recommended vitamin and mineral supplements.



Physical Activity

Getting Regular Physical Activity



One size does not fit all for physical activity. Try a variety of activities and choose the ones you enjoy most.

Physical activity has many benefits. In addition to helping build strong bones and muscles, regular physical activity can:

- help maintain a healthy weight
- reduce the risk for heart disease, diabetes, obesity, certain cancers and joint conditions
- help maintain good blood pressure and cholesterol levels
- help control blood glucose levels
- reduce levels of anxiety and stress
- improve your self-esteem and confidence
- help improve concentration and memory
- build endurance and increase your metabolism
- improve your ability to do daily activities
- help you relax and sleep better
- give you an overall feeling of well-being
- help you live a longer life.

Boost Your Brain Power!

- Try activities that are physically and mentally challenging such as martial arts or dancing.
- Exercise in the morning. It can increase your brain activity, and help you deal with stress and remember more information.

“Sitting Disease”

Did You Know?

The average American spends about 7.7 hours sitting each day.

(Source: 2008 American Journal of Epidemiology)

“Sitting disease” is used to describe what happens when you have an inactive (sedentary) lifestyle – when you sit too much.

How much do you sit each day? Think about how long you sit at work or in the car, or in front of a TV or computer.

Being inactive can increase your risk for heart disease, diabetes and some cancers. It can also:

- lower your metabolism (how your body uses energy)
- cause bad posture and balance
- cause poor circulation.

Are you still at risk if you exercise most days? Yes. Studies show that only exercising or doing moderate to vigorous physical activity a few hours a week does not “undo” the risks of sitting too much during the day.

Do not stop exercising! There are still many benefits to regular exercise or physical activity.

What you can do

How do you get more active? Move more! Your goal is to move more during the day, not just when exercising or doing a physical activity.

The easiest way to get started is to start standing instead of sitting whenever you get the chance. Here are some more ideas to help you get moving.

- Set a timer or alarm to remind yourself stand up for a couple minutes each hour.
- Take a few 10 to 15 minutes walks throughout the day.
- Break up your sitting time.
 - Walk while talking on the phone.
 - Get up and change the TV channel instead of using a remote control.
 - During TV commercials, walk around the house or up and down the stairs.
- Sneak in bits of activity whenever you can.
 - Use the stairs instead of an elevator.
 - Walk to the mailbox instead of driving to the post office.
 - Park your car at the end of the parking lot and walk to the store.

- Get more NEAT.
 - Non-exercise activity thermogenesis (NEAT) is the energy you use for everything you do, except exercise.
 - Examples of NEAT include folding laundry, feeding a pet, cooking, raking leaves, fidgeting, stretching and bending.

Tip

You can read more about getting enough physical activity on page 101.

How do you know if you are moving enough?

You can track your steps, activity or both. It can be as simple as using a pedometer (step counter) or as fancy as an activity tracker (such as a Fitbit®). These devices can be purchased at local retail or sports stores. You can also download a health and fitness app to your smartphone.

The goal is to make you aware of how active you really are during the day. To get the right amount of activity you should take 10,000 steps a day, which includes your physical activity.

To get started, keep track of how many steps you take each day for 1 week. At the end of the week, make a goal for adding steps.

A good starting goal is to increase the total number of steps you take by 10 to 15 percent each week. This will help you avoid injury and becoming overwhelmed by doing too much too soon.

When you start reaching your goal 5 of the 7 days, continue to increase the number of steps you take by 10 to 15 percent, until you reach 10,000 steps each day.

Did You Know?

You will get the same benefits if you exercise for 10 minutes three times a day, 15 minutes two times a day, or 30 minutes one time a day

Starting a Physical Activity Program

Before you start or increase a physical activity program, or if you have a health concern, please talk with your health care provider.

Tip

Be sure to wear comfortable clothes and the right footwear when exercising.

Once you have been told it is OK to start exercising, you may start a physical activity program. You will want to start slowly to avoid injury or over exertion. You can read more about how to create a physical activity program on pages 95 to 100.

Signs you are doing too much

You always need to be aware of the way your body responds to what you are doing. This will tell you if you are working at a level that is good for you. This is especially true if you are not used to exercising on a regular basis. Stop exercising if you have or feel:

- chest pain or pressure in your arm, jaw, neck or between your shoulder blades.
- dizziness or lightheadedness
- nausea (upset stomach) and vomiting (throwing up)
- shortness of breath, are unable to catch your breath, or are gasping for air
- fatigue (more than just being “tired”)
- numbness or tingling in your arms or legs
- changes in your vision.

Tip

When you start a physical activity program, start slowly and progress slowly. This will help prevent soreness and feeling frustrated.

Stop and rest if you feel any of these symptoms. Call your health care provider if they continue to limit your activity or exercise.

If your symptoms continue, call 911 or your emergency ambulance service. If you are out of an emergency service area, have someone drive you to the hospital emergency room. Do not drive yourself.

Physical Activity Program

Tip

Be sure to warm up before doing any physical activity. Do at least 3 to 5 minutes of light exercises such as walking, biking or dancing.

After finishing the physical activity, cool down with 3 to 5 minutes of light exercises and stretching as well. This will help you avoid injury.

There are three main parts of a physical activity program:

- aerobic activity
- stretching
- strength training.

Aerobic activity

Aerobic activity is any physical activity that increases your heart rate and breathing. It helps improve your heart and lung fitness. Some examples include:

- brisk walking
- hiking
- jogging/running
- biking
- swimming
- rowing
- jumping rope
- dancing
- aerobics class.

Frequency

This is how often you should exercise. You should try to exercise every day.

Duration

This is how long you should exercise. Your long-term goal is to work toward a minimum of 30 minutes each day.

Start slowly with 5 to 15 minutes. Then add 1 to 3 minutes of exercise each week as tolerated to reach 30 minutes or more.

Intensity

This is how hard you are doing the physical activity. It can be measured by:

- **The "talk test."** This means you should be working at an intensity that would make talking somewhat challenging. You should be breathing heavy but not be gasping for air. This is the easiest method.

- **Your heart rate.** Your heart beats faster during physical activity to supply more blood and oxygen to your muscles. Usually the higher your heart rate is the more intensely you are working.

The right heart rate zone will be different for everyone. An exercise specialist can help you determine what is right for you, and if you need to or want to monitor your heart rate. Some medicines can affect your heart rate.

- **The Rate of Perceived Exertion (RPE).** Ask yourself “How hard am I working?” when using this rating scale. Try to assess your overall feeling of exertion.

When first starting out, try to keep your effort between an 11 and 14 on the Borg RPE Scale®.

6	No exertion at all
7	
8	Extremely light
9	Very light
10	
11	Light
12	
13	Somewhat hard
14	
15	Hard (heavy)
16	
17	Very hard
18	
19	Extremely hard
20	Maximal exertion

Borg-RPE-skalan®
© Gunnar Borg, 1970, 1985, 1994, 1998

The scale with correct instructions can be obtained from Borg Perception, see the home page: www.borgperception.se/index.html.

Stretching

Stretching enhances your stability and flexibility. When stretching, follow these guidelines.

- Stretch after you have exercised, right after your 3 to 5 minute cool down, when your muscles are still warm.
- Stretch slowly. Do not move quickly through each stretch.
- Do not bounce.
- You should not feel pain. Stretch as far as you can without feeling pain.
- Breathe normally. Do not hold your breath.
- Hold each stretch for 60 seconds. You can break this time up, if needed. For example 2 sets of 30 seconds.

You should try to do some stretching exercises every day, or at least 2 to 3 times each week. This will help improve your flexibility.

If you do stretching on a day you did not exercise or right when you get out of bed, it is important to warm up your muscles with light physical activity before you begin stretching.



Practicing yoga can help to improve your stability and flexibility.

Flexibility

Flexibility is being able to move your body in a wide range of motion without resistance or feeling stiff. Muscles and joints that are flexible are less likely to be injured or become sore.

Being flexible:

- lowers your risk of being injured
- relieves muscle tension and soreness
- improves posture
- helps relieve low back pain
- increases relaxation
- improves circulation.

Important

Before you start strength training, make sure you are doing the exercises correctly. A certified trainer, physical therapist or exercise physiologist would be able to guide you in creating a safe strength training routine.

Strength Training

Strength training uses free weights (dumbbells, soup cans or other weight objects), resistance bands, weight machines and your own body weight.

Strength training:

- improves your muscle strength and tone
- reduces body fat
- may reduce pain in your lower back
- increases your metabolism
- helps prevent injuries
- lowers fatigue (tiredness) from normal daily activities
- lowers cholesterol and blood pressure levels
- may slow bone loss
- increases balance, coordination and body awareness
- helps improve your shape, self-esteem and self-confidence.

Strength training tips

- **Warm up:** Before you start any type of strength training, you should warm up by doing light aerobic activity for 3 to 5 minutes. This will help your muscles slowly warm up and help reduce your chance of injury.
- **Choose the right amount of weight:** When selecting how much weight to lift, choose an amount in which you are able to do at least 10 to 15 repetitions with good form and without stopping.

Over time, you can increase the amount of weight you are lifting by the smallest increment if you are able to do more than 15 repetitions on multiple sets.

- **Repetitions (reps):** Start by doing 10 to 15 repetitions of each exercise.
- **Sets:** Start by doing 1 to 2 sets of each exercise for the first couple of sessions/weeks (until you are comfortable with the exercise and weight). This will give your body time to adjust to the exercises while learning the proper form and technique.

When you are comfortable with the exercise and weight, you can do 3 sets of each exercise.



Physical activity is good for the body and mind!

- **Frequency:** Strength train 2 to 3 times per week. It is important to rest 1 day between full body strength training sessions to allow your muscles to recover. Important things to remember:
 - Start with the larger muscle group first (such as quads, back, abs, chest) and then the smaller muscle groups (such as biceps, triceps, shoulders, calves).
 - Do not lift the same muscle group on consecutive days.
 - Do not hold your breath. You should breathe out (exhale) during the hardest part of the exercise. Breathe in (inhale) during the easy part of the exercise.
 - Do not lock your joints in the fully extended position.
 - Control the weight during the entire exercise by using slow and controlled reps with a full range of motion.
 - Keep your back straight and flat. You can do this by keeping your head up, chest out, shoulders back and core engaged.
 - Rest 30 to 60 seconds between sets.

Muscle soreness

- When starting a new strength training routine, it is normal for that muscle group to be sore, stiff or both the next day or two.
- If you have increased soreness 4 days after you exercise, then you have overused that muscle group and you need to lower the amount of weight you lift.
- If the soreness continues for more than 5 days, and you have swelling, bruising or redness, get medical attention.
- It is important to always take at least 1 day of rest between a full body strength routine so that the muscles can repair and get stronger.

Beginner Physical Activity Program

Tip

You do not need to join a health club or buy expensive equipment — simply find activities you enjoy and someone to help keep you motivated!

Tip

If the number of minutes one week is too much, do what you did the previous week.

Find a physical activity that you enjoy doing and that will increase your heart rate. If you have any physical limitations or chronic (long-lasting) pain, try choosing low-impact exercises such as water aerobics or a stationary bike.

Sample workout

- **Warm-Up.** Start at an easy pace for 3 to 5 minutes. This will help get your muscles, joints and ligaments warmed up.
- **Physical activity.** Increase your pace a little bit now. You should be comfortable, but working at an intensity that would make talking somewhat challenging. You should be breathing heavy but not be gasping for air.
- **Cool-down.** Finish at an easy pace for 3 to 5 minutes. This will help lower your heart rate and help your body cool down.

You will increase your physical activity time by 1 to 3 minutes each week for the first 9 weeks of the program. This will allow your body to adjust slowly and reduce your chance of injury.

Start by trying to get 2 days of physical activity in each week for the first 3 weeks. Then try to get 3 days in by week 4. Try to be as consistent as possible. If you miss a week, just pick up where you left off.

10 Week Beginner Activity Schedule				
Week	Warm up (minutes)	Physical Activity (minutes)	Cool down (minutes)	Number of days each week
1	3 to 5	10	3 to 5	2
2	3 to 5	12	3 to 5	2
3	3 to 5	15	3 to 5	2
4	3 to 5	18	3 to 5	3
5	3 to 5	20	3 to 5	3
6	3 to 5	22	3 to 5	3
7	3 to 5	25	3 to 5	4
8	3 to 5	28	3 to 5	4
9	3 to 5	30	3 to 5	5
10	3 to 5	35	3 to 5	5

Getting Enough Physical Activity

Tip

It is OK if you cannot get 10,000 steps a day when you first start exercising. Your goal is to gradually increase your daily activity to reach 10,000 steps.

To get the right amount of activity you should take 10,000 steps each day, which includes your physical activity.

You can use a step counter to easily track your steps when walking, running or jogging. (There are 2,000 steps in 1 mile.)

If you like to do other activities (such as swim, bike or play golf), you can use those in place of walking, running or jogging

Below is a chart on how to calculate your steps doing other activities.

Activity Level	Examples of Activities	Steps
Moderate	<ul style="list-style-type: none"> ■ hiking ■ gardening/light yard work ■ dancing ■ playing golf (walking and carrying your clubs) ■ bicycling (at least 10 mph) ■ weight training 	20 minutes of activity = 4,000 steps
Vigorous	<ul style="list-style-type: none"> ■ bicycling (more than 10 mph) ■ swimming (freestyle laps) ■ aerobics ■ heavy yard work ■ weight lifting (vigorous effort) 	25 minutes of activity = 6,000 steps

Sources: Centers for Disease Control and Prevention, Shape Up America!, American College of Sports Medicine



Wellness

Your Wellness Vision

Your wellness vision is what will keep you moving in the right direction to lose weight and keep it off in the future. When you have a clear and meaningful vision, it will help you better understand what is really important to you.

It is also important to have a positive supporter who knows your vision and can help keep you motivated long-term.

Tip
You will complete your wellness vision during your first visit with a health and wellness coach.

My wellness vision is:

My supporter is: _____

The behaviors that help me feel my best are:

The things that help me be successful with goals are:

The motivators I can use to help me move toward my vision are:

My strengths are:

My resources are:

My first steps:

Goal Setting

Tip

Use the “My Goals and Plan” worksheets on pages 3 to 6 to write down your goals throughout your journey.

Setting goals and achieving them not only helps move you closer to your wellness vision, it is also a proven way to enhance your happiness.

Do not confuse goals and outcomes. An outcome is the result of setting goals. For example:

- Outcome: I want to be more fit.
- Goal: I will exercise 4 times a week for 30 minutes.

Goals

A goal is something you work to achieve. Your motivation (desire to change) will affect how well you reach your goal.

The following guidelines can help you set, track and achieve your goals.

- **Make it realistic.** It should be challenging but believable.
- **Make it specific.** Understand clearly what you are trying to accomplish.
- **Make it measurable.** How will you know you have succeeded?
- **Make it agreeable.** This is your goal, not anyone else’s goal. You need to agree to work toward it.
- **Make it forgiving.** It is OK to make mistakes. Try to stay motivated and get back on track.

There are two types of goals:

- **short-term:** This is a goal you can accomplish in a reasonably short time that contributes to a longer-range goal. Examples:
 - “I will chew gum if I have a craving for a cigarette.”
 - “I will start walking for 15 minutes each day.
- **long-term:** This is a series of many short- term goals. Example:
 - “I will stop smoking within 1 year.”
 - “I will join my friend in doing a 5K race in the fall.

Goals are easier to accomplish when they are clear, specific and divided into steps you can manage. Short-term goals are the building blocks of long-term goals.

Important

- Do not set too many goals at one time.
- Make sure your goals are connected with your wellness vision.
- Do not be “married” to a goal. Sometimes you change or circumstances change.
- Sometimes the goals you achieve can be at the expense of other more important things in your life. Your experience may not be as positive if it affects other areas in your life in a negative way.

How to set goals

Use the following steps to set your goals.

- **Understand yourself.** Ask yourself: “What do I do well?” “What do I enjoy doing?” “What are the most important things in my life?”
- **Make clear, specific goals.** A goal should tell you exactly what you want and it should be measurable. For example, “I will pre-plan meals at least 5 days each week,” is clear and specific.
- **Make your goal positive.** Say “I will eat a protein and vegetable at each meal” instead of “I will not eat sweets.”
- **Set time limits.** Give yourself a reasonable deadline in which to accomplish your goal.
- **Divide long-term goals into smaller, short-term goals.** If your long-term goal is to lose 50 pounds, a realistic short-term goal would be to lose 5 pounds.
- **Write down your goals.** Keep the log where you can see it to remind you to stay focused on achieving them.
- **Check your progress.** Evaluate your progress. Are you doing what needs to be done to meet your goals? If not, what can you do to get back on track?

Finding and Keeping Your Motivation

It is normal to lose your motivation sometimes. If you are struggling with motivation, take a few minutes to complete this worksheet.

Think of a time when you were really motivated to change or to try something new and then experienced success. It does not need to be health-related. **Ask yourself:**

How did I get started?

What made me want to change?

What other factors contributed to my success?

Will the motivators that worked then apply now? If so, which ones?

Tips to stay motivated

Once you find your motivation, it can be hard to keep the motivation and commitment going. Here are some tips to try.

- Review your wellness vision every so often.
- Make a list of all the reasons you want or need to lose weight.
- Make a visual of your progress. (For example: Two safety pin chains – Use large pins for pounds lost and use small pins for pounds to lose.)
- Make a list of 15 non-food rewards when you reach a weight loss milestone. Rewards can be used to reinforce positive action.
 - This tool works best if you get the reward right after reaching the goal.
 - Examples of rewards: A massage from a loved one, new nail polish or a fishing lure, or 1 hour of private time to read a book or listen to music.
- Use motivational visuals such as a mental or actual picture of you at your goal weight.
- Make your own motivational poster online or create a vision board that reflects what you want.
- Read inspirational stories or buy a book of quotes.
- Try success journaling. Write down just your successful moments each day or at the end of each day and ask yourself whether you were better today than you were yesterday. Look for small measures of improvement.
- Go to all program appointments or add extra visits if needed.
- Be a wellness leader where you live, work, and play. (For example join the wellness committee at work or start a walking group at your church.)
- Sign-up for wellness challenges at work or in the community.
- Tell people about your plan, have an accountability partner, or both.
- Find a role model who has recently lost weight and kept it off who can remind you of what the end result feels like.
- Join a support group, cooking group or walking group.

Overcoming Obstacles

You have your wellness vision in mind. You are making great progress. And then all of a sudden – life happens! Maybe you or a family member got sick, you got stuck working on a big project at work or you went on vacation.

Whatever the reason, obstacles are a normal part of life. When they arise, it is important to figure out what you need to do to get back on track. You can also plan ahead for these obstacles so you have some strategies ready to go when you need them most.

Common obstacles

These are the most common obstacles that may happen when making lifestyle changes. If any of these apply to you, write down a couple of strategies for each obstacle.

Not enough time

Time is probably the most common obstacle for people. Everyone is busy. See if you can figure out if there are things you can rearrange to help manage time. You may also need to review your priorities. Are there things you spend time doing (like social media) that you can do less?

When I feel like there is not enough time, the one small thing I can do is _____

When I look at my schedule, I can rearrange or change _____

_____ in order to work toward my vision.

My strategies for prioritizing my time are _____

Tip

If you struggle with this worksheet, you may want to think of an example in your life where you faced an obstacle (it does not need to be health-related) and how you were able to overcome it.

“All or nothing” thinking

Do you do really well until you have a minor slip-up? Do you find yourself saying, “I messed up at lunch, so I might as well go all out for dinner, too?” If you answered yes to either of these questions, you might have “all or nothing” thinking.

While it is good to want to do your best, expecting perfection will only get in your way. Life is not perfect and you will have slip-ups. The important thing is to get back on track.

It might be helpful to come up with a “reset button” in your life. Think about what could be a conscious decision point that may help you reset. Your reset button could be a class you go to, a quote or reminder on your calendar, or a specific meal (like breakfast) that seems easy to do.

My “reset buttons” are _____

My strategies to get back on track after a slip-up are _____

Too much, too soon

It is normal to want to sprint out of the blocks instead of taking your time and making small, manageable steps. People rarely quit something because they started too slowly, but they often quit because they started too quickly. Think about running a race. You would not just step out of your house and expect to run a marathon. The same thing goes for lifestyle changes.

When you set goals, take a realistic view of your life and make sure you are able to accomplish those things. Another way to check is to ask yourself, on a scale of 1 to 10 (1 being not confident at all, 10 being very confident), how confident you are that you can accomplish that task. If your answer is a 6 or less, change that goal to make it more manageable.

Focus on one goal at a time. If you have too many goals, your chances of being successful get lower.

The realistic steps I can take are _____

If I get overwhelmed by making too many changes or changing too fast, I can _____

Lack of support

While ultimately you need to make these changes on your own, it is important to have supportive people around you while you make lifestyle changes.

If you have tried losing weight without success before, you may even be afraid of telling people you are trying again, for fear of failure. However, if you tell people what you are doing, it not only builds in accountability, those people can also support you when you need it.

Think about what support is helpful for you (an exercise buddy) and what is not (someone policing your food).

The people who I can count on for support are _____

The support I need in order to succeed is _____

Competing priorities and values

With all the different hats you wear (parent, spouse, co-worker, volunteer, cleaning person, chauffeur, etc.), it is no surprise you may feel overwhelmed. When you add weight loss to the mix, it can be hard to figure out how to do it all.

It is not uncommon to have competing priorities. The key is figuring out how to manage them. Are there things you have committed to that you would like to stop doing? What do you get back from some of these commitments?

For example, volunteering is a wonderful thing, but does it drain you more than you get back? Or maybe keeping a clean house is a priority for you, but is it really that bad if it does not get done? Take a minute and think about your priorities.

The priorities or commitments that may get in the way of my success are _____

These are the strategies I have to manage competing commitments _____

Support Group

Learn more about the Surgical Weight Management Virtual Support Group at allinahealth.org/wmsg or talk to your bariatric nurse clinician for more information.

This is just a small sample of the obstacles you may experience. However, just like in all areas of your life, when you meet an obstacle, you can either change your path or figure out a way to get over that obstacle.

Try these steps to find the solution the next time you are faced with an obstacle.



How to Manage Stress

Stress is a part of life. It plays a role in your ability to manage your weight. Here are a few tips to help you manage it better.

- Take three deep breaths. Deep breathing interrupts the stress response and puts you back into the relaxation response.
- Move your body. Physical activity helps use up the chemicals and hormones that are released when you are stressed. It can help put you back in relaxation mode.
- Get enough sleep. Being constantly tired can cause stress. If you are well rested, you can cope better with what life throws at you.
- Write down your entire schedule for a few days. Are there things you can let go of or delegate to someone else? Do you need to ask for help?
- Make time for activities that you enjoy. When you get overwhelmed, it is common to let go of things that really are important. Make time for painting, going to church, spending time with loved ones or whatever is important to you!
- Listen to relaxing music. Did you know your heart rate will match the tempo of the music you listen to? Put in something with a slower beat and your body will respond.
- Find a form of meditation that works for you. There are many types of meditation such as mindfulness and spiritual. Try a couple of different types and find the form that works best for you. You can also talk to your health and wellness coach about resources for meditation.
- Practice gratitude. Take a moment to think about and appreciate the good things in your life. Perhaps you can start a gratitude journal and write down three things each day you are thankful for.
- If you are a worrier, allow yourself a specific time each day as your “worry time.” If you catch yourself worrying outside of that time, postpone it. Chances are, over time, you will not need that worry time!

Sleep

Not getting enough sleep can affect your weight, so it is good to practice good sleep hygiene.

Sleep hygiene refers to the sleep habits that you develop over a period of time. Good sleep habits promote restful sleep and daytime alertness. They can also prevent the development of sleep problems and disorders.

Here are a few ways to create good sleep hygiene.

- Take some time (30 to 60 minutes) to wind down before you go to bed. Do something that is relaxing such as read, take a bath or talk with your partner.
- Turn off your electronics at least 30 minutes before bed. This includes cell phones, tablets and lap tops. They give off “blue light,” a light similar to daylight. This tells your brain it is time to be awake. If you read on an e-reader or tablet, see if there is an option to have a black screen with white lettering.
- Wake up at the same time every day. When you do this, your body establishes a normal pattern and makes you feel more alert.
- Invest in a quality bed and bedding. It can seem daunting to invest a lot of money in this, but you spend nearly a third of your life sleeping. Think how much you spend on a car and you do not spend nearly as much time in it.
- If you cannot fall asleep within 30 minutes of lying down, leave the room and find something quiet to do (such as reading). When you are tired go back to bed.
- Try not to eat large meals before going to bed. If you go to bed feeling full, you are more likely to wake up with heartburn or reflux.
- Stop drinking caffeine and alcohol 4 to 6 hours before bedtime. Caffeine can make your body more alert. Alcohol can make you sleepy right after drinking it, but a few hours later your body becomes alert.
- Use your bed only for sleep and sexual activity. Let your body “know” that the bed is for sleeping.

Behavior Change

To lose weight and keep it off, you will need to make behavior changes.

To make these changes, it is important to create a plan that is specific to you. It needs to help you manage high-risk situations such as dining out, treats in the breakroom, or feeling tired or sick.

Self-monitoring



Self-monitoring helps you:

- stay accountable to your goals
- identify patterns and specific behaviors that are ruining your weight loss plan.

My self-monitoring plan is:

- _____ Weigh myself each week.
(Consider making a visual of your progress such as a graph or two safety pin chains – Use large pins for pounds lost and use small pins for pounds to lose.)
- _____ Track my food and beverages.
(Consider tracking everything at first. If that gets to be too much, transition to doing at least a little tracking such as 1 week each month or track daily the things you struggle with such as eating vegetables.)
- _____ Track number of steps or minutes of physical activity.
- _____ Record progress toward meeting the goals I made.
- _____ Journal thoughts, emotions, and situations to connect the unconscious thoughts with conscious choices.
This can help you see patterns and relationships that you may not have been aware of before starting your journey to a healthier lifestyle.
- _____ Check my hunger and satiety at the beginning, middle or end of a meal or snack.

Reframing Your Thoughts

Tips

- Ignore “all or nothing” thinking. Focus on the big picture, not the day-to-day ups and downs.
- Keep a healthy attitude and eat favorite foods so you can enjoy them on purpose. Do **not** view food as either good or bad. **All** foods can and should be eaten in moderation.
- If you struggle with the idea of needing to be perfect, try starting a “freedom hour.” Schedule an hour at the same time every 1 to 2 weeks where it is OK to eat anything you want.

Reframing is taking a negative thought and changing it into a positive thought.

When people think about improving their health, they can sometimes have negative thoughts related to physical activity, food, their weight or their ability to manage stress.

If you can change some of these thoughts to more positive ones, they can change the way you feel about making lifestyle changes.

Here are a few examples of some common negative thoughts and how to reframe them.

■ **I do not have time to grocery shop and meal plan.**

I will find time to get to the store to buy healthful foods because it is important to me.

■ **There will always be stress, so why bother learning how to manage it?**

I can learn how to manage stress in a more healthful way.

■ **I am too overweight to go to the gym.**

I can accept my body the way it is and find somewhere comfortable to exercise.

Try these three steps the next time you have a negative thought.

- **Step 1:** Stop. Be aware of your negative thought to stop it from getting worse.
- **Step 2:** Ask. Is your thought good or bad? It is bad if it is not helpful and true.
- **Step 3:** Choose. Choose a more positive thought that is true and helpful.

Example: “I cannot control myself from overeating.”

- **Step 1:** Stop. This is a negative thought.
- **Step 2:** Ask. Is it helpful? No. Is it true? Maybe. Since it is not helpful, it is bad.
- **Step 3:** Choose. The new thought is, “I can stop my eating as long as I do not keep tempting foods such as sweets in my house.”

Source: *The Rules of “Normal” Eating: A Commonsense Approach for Dieters, Overeaters, Undereaters, Emotional Eaters, and Everyone in Between!*, written by Karen Koenig (2005).

Write down some of your thoughts that make it hard for you to exercise or manage your weight. Then write down new statements that reframe those thoughts into more positive statements.

Negative Thought	Positive Thought
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

If you are struggling to come up with ideas, here are some examples of negative and positive thoughts.

Negative Thoughts	Positive Thoughts
<ul style="list-style-type: none"> ■ I cannot eat the foods I like when I am trying to lose weight. ■ A lifestyle change that includes healthful foods has to be hard and restrictive. ■ Thin people are lucky and can eat whatever they want. ■ What other people think about my body is more important than what I think about it. 	<ul style="list-style-type: none"> ■ It is time to put me first. ■ I am worth it. ■ I am a healthier person every time I make a healthier choice. ■ I am feeling better than I have in years.

Overcoming Triggers

Did You Know?

A trigger is something that causes you to overeat.

Many people overeat from time to time. But overeating often will stop you from achieving long-term healthy weight loss.

Watch for triggers. These are activities, situations, times, places, and emotions that may give you the urge to eat even when you are not physically hungry. For example, sights, smells, time of day, feeling sad or bored, or being invited to eat with others might trigger you to eat.

When you know what your triggers are, you can plan ahead and make better choices.

There are three general ways to try to cope with triggers.

- **Avoid** the negative trigger or keep it out of sight. For example, keep tempting foods in an opaque container.
- **Add** a new positive trigger (such as an object, thought, person or music) that helps you lead a healthier life. For example, put a picture of yourself at the weight you would like to get to in a strategic place.
- **Do.** Practice reacting to the negative trigger in a healthier way. For example, try doing an alternative activity when stressed rather than eating.

As you learn what your triggers are, here are some ways to help prevent overeating.

- Eat no more than 3 meals each day, plus 1 to 2 healthful snacks if physically hungry.
- Do not multi-task. When eating, do not do anything else that can take your attention away from your meal or snack. This includes watching TV, using the computer or talking on the phone.
- Try not to keep foods in your house that you tend to eat when you are feeling emotional such as chips or chocolate.
- Do activities that keep your hands, mind or mouth busy. This will give you some time to decide if you are really hungry or not.
- Practice positive thoughts. You can learn more about overcoming obstacles on pages 111 to 114.

Tip

On the next page, you will find a list of alternative activities that may help keep you from eating when you are not really hungry.

Try making just one change at a time. Focus on making choices for better health. You will soon start to see positive changes in yourself. If you need more help coping with your triggers, talk with a member of your health care team.

Alternative Activities

Make a list of activities you will turn to instead of food if you are eating for reasons other than physical hunger. Here are some ideas.

<p>Try an activity that keeps your hands, mind or mouth busy.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Chew gum. <input type="checkbox"/> Play a card game. <input type="checkbox"/> Play a sport. <input type="checkbox"/> Knit or crochet. <input type="checkbox"/> Drink a zero-calorie beverage. <input type="checkbox"/> Rearrange furniture. <input type="checkbox"/> Reorganize the junk drawer. <input type="checkbox"/> Suck on sugar-free mints or candy. <input type="checkbox"/> Call a family member or a friend. 	<ul style="list-style-type: none"> <input type="checkbox"/> Try origami. <input type="checkbox"/> Practice tying knots. <input type="checkbox"/> Iron clothes. <input type="checkbox"/> Pull weed in the garden. <input type="checkbox"/> Plan a vacation. <input type="checkbox"/> Write thoughts in a journal. <input type="checkbox"/> Doodle. <input type="checkbox"/> Surf the internet or play video games. 	<ul style="list-style-type: none"> <input type="checkbox"/> Start a house project. <input type="checkbox"/> Research your hometown <input type="checkbox"/> Play catch. <input type="checkbox"/> Learn a new language. <input type="checkbox"/> meditation or deep breathing <input type="checkbox"/> _____ <input type="checkbox"/> _____
<p>Try an activity that gives you joy, relaxes or energizes you.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Go for a walk. <input type="checkbox"/> Learn to play an instrument. <input type="checkbox"/> Learn a new sport or skill. <input type="checkbox"/> Take up a new hobby. <input type="checkbox"/> Go visit a friend or invite some friends over. <input type="checkbox"/> Go to the library or a bookstore. <input type="checkbox"/> Go fishing. <input type="checkbox"/> Do yoga, Tai chi or stretch. <input type="checkbox"/> Volunteer. 	<ul style="list-style-type: none"> <input type="checkbox"/> Read a book. <input type="checkbox"/> Do tourist activities. <input type="checkbox"/> Get a massage. <input type="checkbox"/> Take a nap. <input type="checkbox"/> Draw or paint <input type="checkbox"/> Listen to your favorite music <input type="checkbox"/> Be with someone you love or call them. <input type="checkbox"/> Do crafts or woodworking. <input type="checkbox"/> Do a physical activity. <input type="checkbox"/> Ride your bike. 	<ul style="list-style-type: none"> <input type="checkbox"/> Take a leisurely drive. <input type="checkbox"/> Play with your pet. <input type="checkbox"/> Play with your children or grandchildren. <input type="checkbox"/> Go to a movie, concert or a play. <input type="checkbox"/> Pray or meditate. <input type="checkbox"/> Take a long bubble bath. <input type="checkbox"/> _____ <input type="checkbox"/> _____

Tracking Non-scale Victories

Weight is one way to measure positive change after weight loss. Other non-scale victories can include:

- the way clothes fit
- better sleep
- more energy
- breathing is easier
- less body aches
- decrease use or being able to stop using a CPAP while sleeping
- being able to take a walk with your family or friends
- being able to fly on a plane without a seat belt extender
- decrease in the number of medicines taken for other health conditions
- being able to cross legs when sitting
- being able to ride on amusement park rides
- being able to play with children or grandchildren
- comparing before and after pictures.

Before Weight Loss Surgery

To Do List

Important

If you use tobacco or nicotine products, you will need to quit 2 months before you have surgery.

Using tobacco or nicotine products at the time of surgery may double your risk of complications (problems) during and after surgery.

Read more about how quitting tobacco will benefit your health and how to quit on pages 136 to 138.

Tip

Learn more about insurance approval on pages 126 and 132.

- Attend the “Introduction to Weight Loss Surgery” class or watch the online webinar at allinahealth.org/weightloss.
- Call your insurance provider to find out your coverage for weight loss surgery. (See insurance coverage worksheet on page 127.)
- Fill out a health history form.
- Schedule a first appointment with a surgeon and bariatric nurse clinician.
 - Bring a list of any questions you may have with you to this appointment.
- Schedule an appointment with a registered dietitian from the weight management program.
 - You will need to have at least two visits with a dietitian. Your insurance provider may have other requirements. Check with your insurance provider.
- Schedule an appointment with a mental health provider.
- Have any tests, exams or procedures needed before surgery. These may include lab work, imaging or a sleep study.

When all of the steps above have been completed, an insurance specialist will submit a request for surgery to your insurance provider.

When you are approved for surgery:

- Schedule a second visit with your surgeon.
- Schedule your surgery.

You will be scheduled to attend a pre-surgery class. You have to attend this class to have weight loss surgery.

Insurance Coverage

Did You Know?

It may take 3 to 12 months to complete all steps needed to get ready for surgery. During this time, start putting your new healthful lifestyle habits into practice.

Important

If you meet all of your insurance provider's criteria, you may be a candidate for weight loss surgery. You and your surgeon will work together to decide if weight loss surgery is right for you.

Health care benefits are constantly changing and differ from plan to plan and provider to provider. It is your responsibility to understand *your* health care benefits before you have weight loss surgery.

Now is a good time to call your insurance provider and find out exactly what is and is not covered under your plan. Use the worksheet on the next page to help you determine your insurance coverage.

Please note: If your insurance changes while you getting ready for surgery, it is your responsibility to give your updated plan information to your weight loss surgery team.

Insurance approval

Your insurance provider will have criteria that you will need to meet before you are approved to have surgery. You may need to provide information such as:

- a document that shows how long you have been obese and if you have any other medical conditions
- documents that show any a medically-supervised dietary weight loss attempts over a specific time period
- a letter of support from your primary care provider
- an evaluation from a dietitian or nutritionist for a certain number of visits (at least two)
- a completed psychological evaluation
- completed lab testing.

You can read more about insurance approval on page 132.

Determining Your Health Insurance Coverage

Questions to ask your insurance provider before your surgery

To learn about your specific coverage, call your insurance provider before you start the steps toward having weight loss surgery.

Look for the telephone number on your membership card. Use this worksheet as a guide to help you get a clear idea of your coverage.

Date/time of call _____

Person spoken to _____

Reference number of call _____

1. Is weight loss surgery covered under my insurance plan if I meet all the criteria needed to have the surgery? yes no
2. Is weight loss surgery at _____ (hospital) covered under my insurance plan. yes no
3. Is Dr. _____ (name of surgeon) in-network? yes no

If "yes" to the first three questions:

1. Is laparoscopic _____ (name of surgery) covered? yes no
(Choose from: Roux-en-Y gastric bypass, sleeve gastrectomy or duodenal switch)
2. What is the effective date of my insurance plan? _____
Is this a plan year or calendar year? _____
If a plan year, plan start date _____ to _____
3. What is my maximum out-of-pocket? _____
4. What is my deductible? _____
5. What is my co-pay for clinic visits? _____
6. Do I need to have a BMI of 40 or higher to qualify for surgery? yes no

Important

The person you speak with may need the following information:

- Diagnosis code: E66.01
- CPT codes:
 - Roux-en-Y gastric bypass: 43644
 - Sleeve gastrectomy: 43775
 - Duodenal switch: 43659

(over)

7. If I have a BMI of 35 or higher, what other medical (co-morbid) conditions qualify me for surgery?

8. Will I need to have nutritional counseling before surgery?

yes no

If yes, how many months? _____

Will these appointments be covered? yes no

Nutrition Counseling

CPT codes:

■ 97802

■ 97803

9. Will my psychological evaluation be covered? yes no

10. Is there a weight history requirement? yes no

If yes, how many years? _____

11. Is there any other criteria I need to meet before having surgery? yes no

Insurance and Billing Tips

As part of the Weight Management program, you will have appointments with nurses, registered dietitians and your surgeon. These visits are an important part of the program.

It is important for you to understand your benefits, deductibles and coinsurance. You may be responsible for part or all of the payment for these appointments.

Important

- If additional testing or procedures are needed, check with your insurance provider to find out if you need a referral from your primary care provider **before** you have the test or procedure.
- If you have a secondary insurance, prior authorization will need to be received from that insurance provider as well. Please tell a weight loss surgery staff member or referral specialist all of your insurance plan information.
- If you have any changes in your insurance coverage during your care, make sure a weight loss surgery staff member or referral specialist is aware of the change, termination or addition of insurance.

Your Weight Loss Surgery Team

As you prepare for your weight loss surgery, hospital stay and recovery, you will be cared for by a variety of health care providers who will make up your weight loss surgery team. Members of your team may include:

■ **Advance practice provider**

An advance practice provider can treat illnesses and diseases such as obesity. An advance practice provider and doctor work together as a team. Advance practice providers include:

- clinical nurse specialists
- nurse practitioners
- physician assistants.

Bariatrician

A bariatrician is a doctor who can help you reach and maintain a healthy weight with lifestyle changes, medicine or meal replacement. They also work closely with the surgery weight loss team before and after surgery.

Bariatric nurse clinician

A bariatric nurse clinician is a registered nurse who will provide care and coordinate a care plan specific for you. They will educate you about your weight loss surgery, and provide support to you and your family.

Health coach

A health coach will help you address any barriers to change and create achievable goals to help you be successful at losing weight.

Insurance specialist

An insurance specialist will verify your insurance coverage and any criteria that you will need to meet before you are approved to have surgery. They will submit a request for surgery to your insurance provider.

Physical therapist

A physical therapist will help you develop a plan for movement, activity and exercise.

Psychologist

A psychologist uses “talk therapy” methods to make sure you are ready for weight loss surgery.

Registered dietitian

A registered dietitian will work with you and your weight loss surgery team to meet your nutritional needs. They will educate you how and what to eat before and after surgery.

Surgeon

A surgeon will review your health history and goals for weight loss, and then create a plan with you to determine the best surgery to meet your goals.

Your Appointments with a Registered Dietitian

At your first appointment with a registered dietitian, you will begin learning about the lifelong nutrition changes you will need to make such as eating a low-carbohydrate diet. Your dietitian will also begin to review the information in the sections “Nutrition Guidelines: Before Surgery” and “Nutrition Guidelines: After Surgery.”

You will meet with a dietitian at least three times before your surgery. (This may vary depending on your insurance provider’s requirements as well as how you progress toward being ready for surgery.)

After your surgery, you will continue to meet with a dietitian. This will help to keep you on track and make sure you always have updated information. Generally, your visits with the dietitian will be:

- 5 weeks after surgery
- 3 months after surgery
- 6 months after surgery
- 1 year after surgery
- 18 months after surgery
- 2 years after surgery
- every year after that.

You can meet with a dietitian more often, if needed.

Your First Appointment with Your Surgeon

At your first appointment with your surgeon, he or she may:

- review your health and surgery history
- review your current medicines
- do a physical exam.

Tip

Read more about the different types of weight loss surgery on pages 133 to 135.

You and your surgeon will talk about if weight loss surgery is the best option for you. Your surgeon will talk about the different types of surgery. Together you will decide which surgery would be best for you.

Based on your health history, physical exam and which surgery you will be having, your surgeon may require additional tests or exams. You must complete them and any follow-up before you have surgery.

Tip

If you have any questions or concerns about having weight loss surgery, please contact your bariatric nurse clinician.

After this appointment, you will also meet with your bariatric nurse clinician who will make sure you understand the:

- instructions that you were given by your surgeon
- tests or exams you need to get done before surgery.
Your surgeon may order one or more of the following:
 - **CBC (complete blood count):** This blood test measures the main parts of your blood to see if you have anemia (low hemoglobin), an infection, or other diseases.
 - **CMP (comprehensive metabolic panel):** This blood test is done to check your blood glucose levels and see how well your heart, kidneys and liver are working.
 - **TSH (thyroid stimulating hormone):** This blood test is done to see how well your thyroid gland is working.
 - **vitamin D:** This blood test is done to make sure you have high enough levels of vitamin D before surgery.
 - **lipid panel:** This blood test checks the total cholesterol in your body.
 - **A1c test:** This blood test reflects average blood glucose level over the past 2 or 3 months.
 - **H. pylori stool test:** This test looks for the bacteria *Helicobacter pylori* (*H. pylori*) in your stool. *H. pylori* can cause an infection in your stomach as well as ulcers. If the bacteria is found, you will receive treatment before surgery.
 - **radiology tests** such as:
 - gallbladder and liver ultrasound: This exam looks for gallstones and fat deposits in your liver.
 - upper endoscopy: This exam looks for ulcers or irritation in the stomach, signs of acid reflux or a hiatal hernia.
 - **sleep study:** This study will help diagnose the underlying cause of your sleep problems such as sleep apnea.

Psychological Evaluation

Support Group

Learn more about the Surgical Weight Management Virtual Support Group at allinahealth.org/wmsg or talk to your bariatric nurse clinician for more information.

All patients having weight loss surgery are required to have a psychological evaluation. Your bariatric nurse clinician will help you find a psychologist who has experience working with patients who want to have weight loss surgery.

The goal of this evaluation is to:

- educate you on how to be successful after surgery and reduce or manage any risk factors
- determine if you are at risk for any psychological or social problems after surgery
- refer you to a mental health provider, if additional care is needed.

Why do you need to see a psychologist?

You need to be emotionally and mentally ready to have this surgery and ready for the lifestyle changes after surgery.

Many people have depression and feelings of failure or low self-esteem. Some people have unrealistic expectations of how their lives will change after surgery. A psychological evaluation can begin to address some of these feelings.

After surgery, you may find talking with a psychologist can be a helpful resource to deal with issues of eating, self-image and changing relationships.

Insurance Approval

When you have finished all the required appointments, paperwork, and tests, exams or procedures, an insurance specialist will submit a request for surgery to your insurance provider.

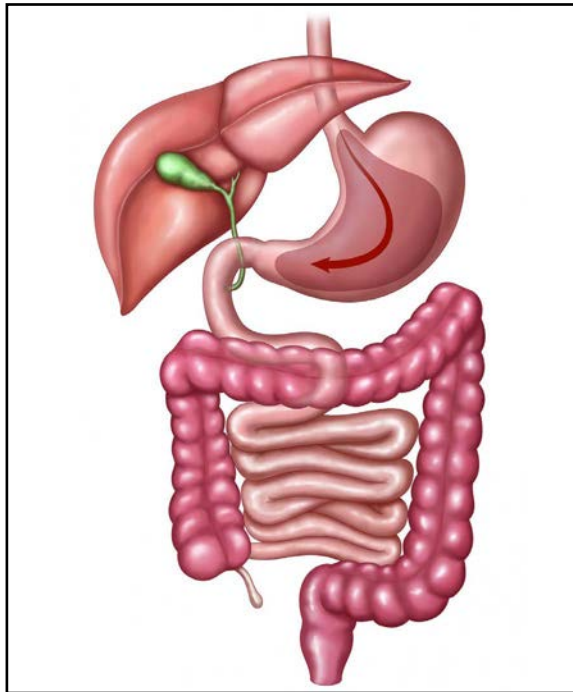
It may take up to 30 days to receive a response from your insurance provider. A member of your weight loss surgery team will contact you as soon a response has been received.

- When you have been approved for surgery, you will be contacted to schedule a second visit with your surgeon.
- If you have **not** been approved for surgery, your weight loss surgery team will work with you to figure out why this has happened and if there is anything else that can be done for you to be approved.

Types of Weight Loss Surgery

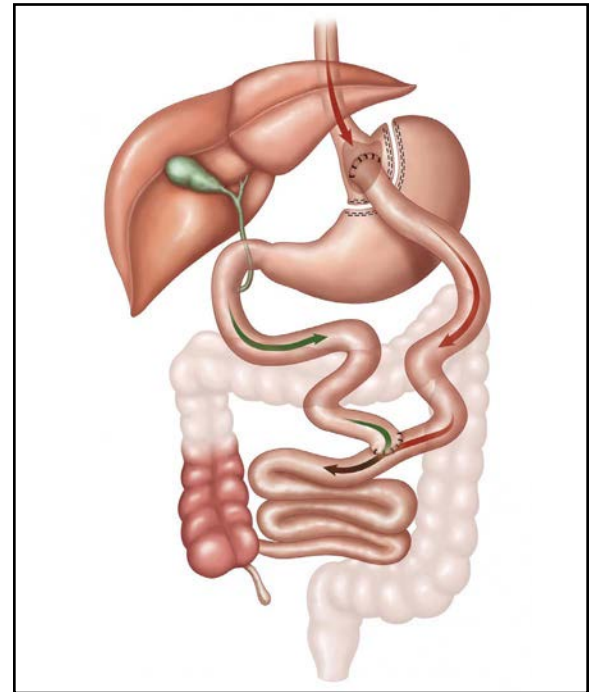
□ Laparoscopic Roux-en-Y gastric bypass

Roux-en-Y gastric bypass surgery changes the size of your stomach as well as your ability to absorb calories to help you succeed at long-term weight loss.



Used with permission by Ethicon US, LLC.

Before Roux-en-Y gastric bypass surgery.



Used with permission by Ethicon US, LLC.

After Roux-en-Y gastric bypass surgery.

Important

This surgery cuts down the amount of food and liquid you can hold at one time. Your stomach will hold about 1 to 2 tablespoons of food at the beginning.

As you fill this stomach, a signal is sent to your brain that you feel “satisfied” and should stop eating. If you try to eat too much or too quickly, you may feel a wave of nausea or abdominal pain, or you may throw up.

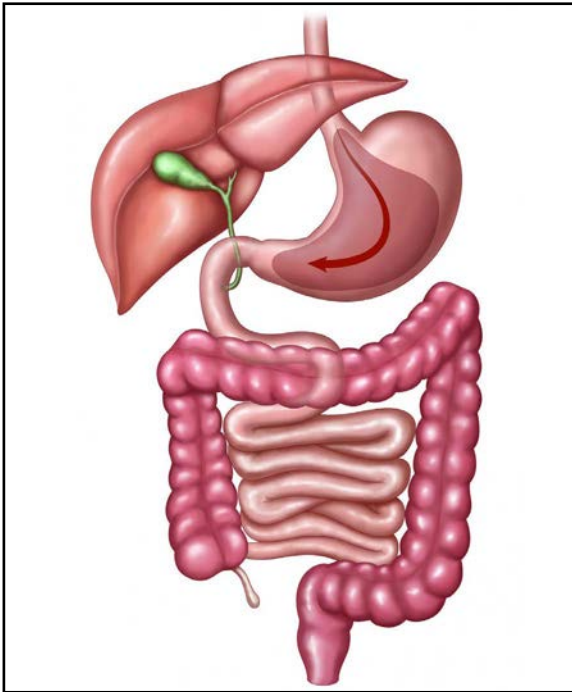
Your surgeon will reduce the size of your stomach with this surgery. Your stomach will be stapled and then divided, making two different sections: the new stomach (pouch) and the bypassed stomach.

Part of your small intestine will be separated and attached to the stomach so your food will go right into the small intestine after it goes through the stomach. The bypassed portion of the stomach and small intestine may limit the absorption of vitamins and minerals.

The bypassed stomach will continue to produce acid and digestive juices that drain into your digestive tract. Because the small intestine is separated and part of it is attached to your new stomach, it will look like a “Y” and that is where the surgery got the “Y” in its name.

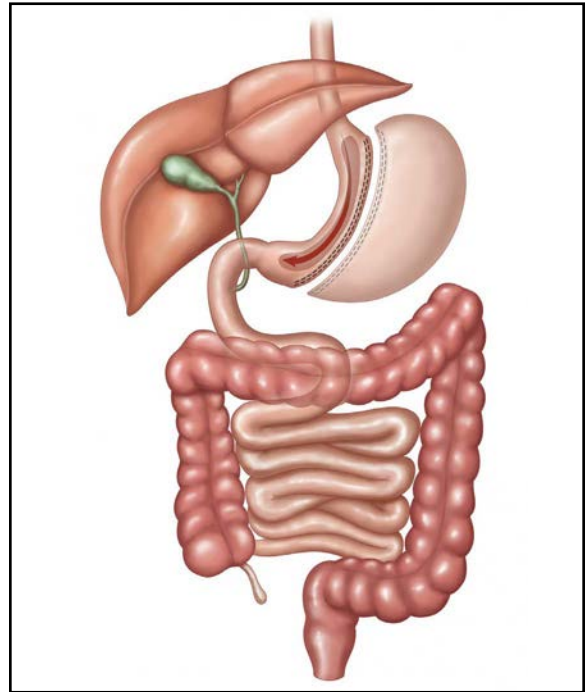
□ Laparoscopic sleeve gastrectomy

This surgery reduces the size of your stomach and limits the amount of food and liquids your stomach can hold. This results in weight loss.



Used with permission by Ethicon US, LLC.

Before a sleeve gastrectomy.



Used with permission by Ethicon US, LLC.

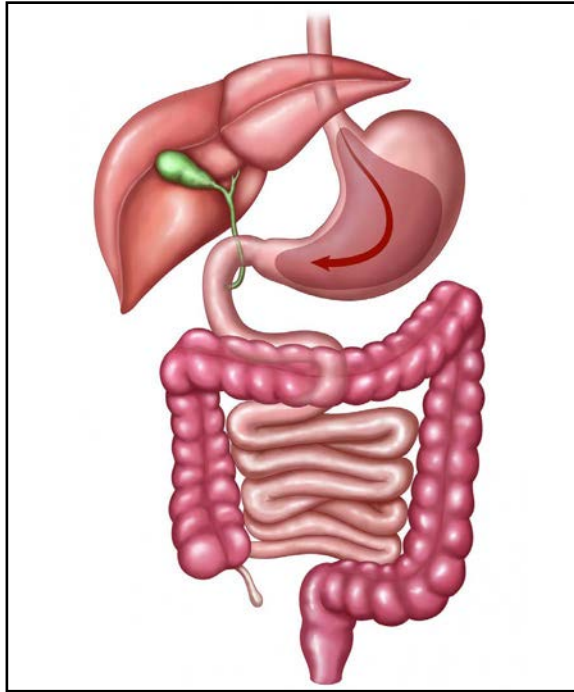
After a sleeve gastrectomy.

During surgery, your surgeon will reduce the size of your stomach with this surgery. Your stomach will be stapled and then divided. About 80 percent of your stomach is removed during surgery.

Your new stomach will hold a few tablespoons of food at first. As you fill the stomach, your brain receives a signal that you feel “satisfied” and should stop eating. It is important to allow 20 to 30 minutes to eat each meal. If you try to eat too much or too quickly, you may feel a wave of nausea or stomach pain, or you may regurgitate or vomit (throw up).

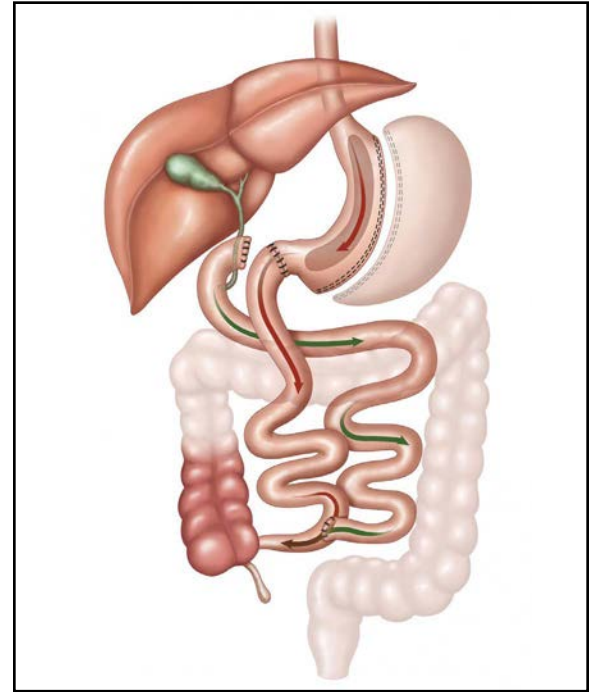
□ Laparoscopic duodenal switch

This surgery is a combination of the sleeve gastrectomy and Roux-en-Y gastric bypass. It changes the amount of food you can eat and your ability to absorb calories to help you succeed at long-term weight loss. Weight loss is rapid.



Used with permission by Ethicon US, LLC.

Before duodenal switch surgery.



Used with permission by Ethicon US, LLC.

After duodenal switch surgery.

During surgery, your surgeon will reduce the size of your stomach with this surgery. Your stomach will be stapled and then divided. About 80 percent of your stomach is removed during surgery. A portion of your small intestine will also be bypassed.

Quit Tobacco For Your Surgery

Learn More

Maybe you tried to quit tobacco already. Maybe this is your first time.



The good news is there are many ways to quit. It's important to choose methods that appeal to you.

It may take practice to find the best way for you to quit but keep working on it. You can do this!



Visit allinahealth.org/quit to learn more.

Tobacco and surgery risks

Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes), cigars, smokeless tobacco (dip or chew), hookahs, pipes, roll-your-own, and oral nicotine products.

Using tobacco increases your risk of the following during and after surgery:

- heart problems
- lung problems (complications) such as pneumonia
- infections such as infections of your surgery site (incision)
- blood clots
- slower healing of your surgery site
- higher levels of pain and more problems with pain control.

Tobacco use keeps oxygen from reaching your surgery site and it can increase your recovery time.

Benefits of quitting

- Research shows that quitting 4 weeks before surgery can reduce any problems after surgery up to 30 percent.
- People who quit smoking report having better pain control.
- Your body responds quickly to quitting:
 - **8 hours:** the carbon monoxide level in your blood drops to normal. The oxygen level in your blood increases to normal.
 - **48 hours:** Nerve endings start to grow again.
 - **2 weeks:** Your circulation improves and your lung function increases. (Source: World Health Organization.)

Did You Know?

Using your surgery as a motivator to quit tobacco increases your success rate of quitting for good.

Nicotine Replacement Therapy (NRT)

NRT can nearly double your chances of successfully staying off cigarettes. It works best if you use it with the help of a doctor or counselor.

Ask your doctor about using NRT around the time of surgery.

Go to quitforsurgery.com to learn more.

When you should quit

Ideally, you should quit as soon as possible. Research shows that:

- the harmful effects from cigarettes begin to go down about 12 hours after your last cigarette smoked
- at least 8 weeks without cigarettes is the best way to reduce problems almost as low as people who do not smoke.

The American College of Surgeons recommends at least 4 weeks without cigarettes.

You should not use tobacco the day of surgery up to 1 week after your surgery. Your doctor may tell you when to quit before your surgery.

If you quit for surgery, you double the chance of staying off cigarettes for good. Many people report they have no cravings while in the hospital.

Not ready to quit? Consider taking a break!

If quitting tobacco makes you feel nervous and seems overwhelming, consider taking a break or a vacation from tobacco use.

- You will get the physical benefits for the period of time that you are not using tobacco.
- You will reduce your risk of problems during surgery and still increase your chances of a smooth recovery after surgery.

If you can, set a goal to stop using tobacco for 1 month after your surgery. This will allow your body to heal the best after your surgery.

Ways to quit or take a break

- abrupt stop (cold turkey)
- nicotine replacement therapy (gum, lozenge, patch or inhaler)
- medicines (varenicline and Zyban®)
- behavioral strategies (such as calling a friend or going for a walk)
- aromatherapy (black pepper oil)
- take a break (vacation) from tobacco.

Any step you take without tobacco is going to help you. Small steps are better than nothing!



Product-specific Resources

- financial aid Nicotrol® inhaler
 - 1-844-989-PATH (7284)
 - pfizerrxpathways.com
- Plant Extracts aromatherapy
 - 1-877-999-4236
 - plantextractsinc.com

Resources to help you quit

Allina Health (for your hospital stay)

- Tobacco Intervention Program at Abbott Northwestern Hospital
 - 612-863-1648
- Tobacco Intervention Program at Mercy Hospital
 - 763-236-8008
- Tobacco Intervention Program at River Falls Area Hospital
 - 715-307-6075
- Tobacco Intervention Services at Allina Health United Hospital – Hastings Regina Campus
 - 715-307-6075
- *United Hospital Lung and Sleep Clinic Tobacco Cessation Program
 - 651-726-6200
- *Penny George™ Institute for Health and Healing (LiveWell Center) tobacco intervention coaching
 - 612-863-5178

Other

- Quit Partner
 - 1-800-QUIT-NOW (1-800-784-8669) or quitpartnermn.com
 - American Indian: 1-833-9AI-QUIT or aiquit.com
 - Spanish: 1-855-DEJELO-YA (1-855-335-3569) or quitpartnermn.com/es
 - asiansmokersquitline.org
- online tobacco cessation support
 - smokefree.gov
- American Lung Association/Tobacco Quit Line
 - 651-227-8014 or 1-800-586-4872
- *Mayo Clinic Nicotine Dependence Center's Residential Treatment Program
 - 1-800-344-5984 or 1-507-266-1930

***There may be a cost to you. Check with your insurance provider.**

Preparing for Weight Loss Surgery

To Do List

- Most people are able to return back to work 2 weeks after surgery. Talk with your employer about taking this time off from work.
- Learn more about medicine use before and after surgery.
- Schedule a health history and physical exam with your primary care provider.
- Schedule your pre-surgery education class.
- Schedule your follow-up appointments for after your surgery:
 - Within 5 days: You will need to see your primary care provider to talk about your medicines.
 - 1 week: You will need to see your surgeon, or a bariatrician, physician assistant or nurse practitioner.
 - 5 weeks: You will need to see your dietitian and bariatric nurse clinician.
- Arrange to have a responsible adult drive you home.
- Start a pre-surgery diet 14 days before surgery. (See pages 68 to 69.)

Medicine Use Before Surgery

Important

Please bring your medicine list to the hospital on the day of your surgery.

Certain medicines can cause problems (complications) with your surgery unless you stop taking them before surgery. The chart below lists common medicines not to take before surgery. **It does not include all the medicines you may be taking.**

If you have questions, please call your surgeon's office as soon as possible.

Medicines Not to Take Before Surgery	
<p>Please note: These are general guidelines for medicines not to take before surgery. Follow all instructions you receive from your surgeon or primary care provider.</p>	
Medicine	General Guidelines
Herbal products, vitamins or minerals	<p>Stop taking any herbal supplement or product, vitamin or mineral 2 weeks before surgery.</p> <p>However, you can continue to take your recommended multivitamin, calcium and vitamin D₃ until the day before your surgery.</p>
Diabetes insulin by injection	<p>Talk with your doctor who manages your diabetes before you stop taking your medicine. You may have other instructions.</p>
Diabetes medicines you take by mouth	<p>Do not take these medicines the morning of your surgery.</p>
Methotrexate (Mexate [®] , Amethopterin [®])	<p>Stop taking this medicine 2 weeks before your surgery.</p> <p>You can start taking this medicine again 4 weeks after your surgery.</p>
Birth control (pills, patches, NuvaRing [®] , Depo-Provera [®] injections)	<p>Stop taking this medicine 1 month before your surgery.</p> <p>If you have an IUD (intrauterine device), you do not need to have it removed. It can stay in place.</p> <p>You may start using birth control again 1 month after your surgery. During this time you will need to use two form of reliable birth control (such as an IUD and condoms).</p>

Medicines Not to Take Before Surgery

Please note: These are general guidelines for medicines not to take before surgery. Follow all instructions you receive from your surgeon or primary care provider.

Medicine	General Guidelines
Hormone replacement therapy, such as Premarin®	<p>Stop taking this medicine 1 month before your surgery.</p> <p>You may start taking this medicine again 4 weeks after your surgery.</p>
<p>Blood thinner medicine</p> <ul style="list-style-type: none"> ■ apixaban (Eliquis®) ■ aspirin (including low dose and baby aspirin) ■ aspirin combined with dipyridamole (Aggrenox®) ■ cilostazol (Pletal®) ■ clopidogrel (Plavix®) ■ dabigatran etexilate (Pradaxa®) ■ dipyridamole (Persantine®) ■ prasurgrel (Effient®) ■ rivaroxaban (Xarelto®) ■ ticegrelor (Brilinta®) ■ ticlopidine (Ticlid®) ■ warfarin (Jantoven®) 	<p>If you are taking any of these medicines, talk with the health care provider who prescribed the medicine to find out when you should stop taking it before surgery.</p>
phentermine	<p>Stop taking this medicine 10 days before your surgery.</p>

Medicines Not to Take Before Surgery

Please note: These are general guidelines for medicines not to take before surgery. Follow all instructions you receive from your surgeon or primary care provider.

Medicine	General Guidelines
<p>Non-steroidal and anti-inflammatory medicines (NSAIDs)</p> <ul style="list-style-type: none"> ■ ibuprofen (Advil[®], Motrin[®]) ■ naproxen (Naprosyn[®], Aleve[®], Anaprox[®]) ■ piroxicam (Feldene[®]) ■ sulindac (Clinoril[®]) ■ tolmetin (Tolectin[®]) ■ celecoxib (Celebrex[®]) ■ diclofenac (Voltaren[®]) ■ indomethacin (Indocin[®]) ■ nambumetone (Relafen[®]) ■ flurbiprofen (Ansaid[®]) ■ ketoprofen (Orudis[®]) ■ etodolac (Lodine[®]) ■ meloxicam (Mobic[®]) ■ oxaprozin (Daypro[®]) ■ Fenoprofen (Nalfon[®]) ■ Diflunisal (Dolobid[®]) 	<p>Stop taking any of the listed NSAIDs 10 days before surgery.</p>
<p>Diuretic (water pill)</p> <ul style="list-style-type: none"> ■ bumetanide (Bumex[®]) ■ furosemide (Lasix[®]) ■ hydrochlorothiazide (HCTZ) ■ spironolactone (Aldactone[®]) ■ torsemide (Demadex[®]) 	<p>If you are on a pre-surgery diet, stop taking this medicine 2 weeks before your surgery, unless you have heart failure.</p> <p>If you have heart failure, continue to take your diuretic (water pill). Talk with your primary care provider at your health history and physical exam about if you need to stop taking this medicine before surgery.</p> <p>Talk with your surgeon or primary care provider about when to start taking this medicine after surgery.</p>

Medicines Not to Take Before Surgery

Please note: These are general guidelines for medicines not to take before surgery. Follow all instructions you receive from your surgeon or primary care provider.

Medicine	General Guidelines
Blood pressure medicine that is combined with a diuretic, such as hydrochlorothiazide (HCTZ)	Talk with your primary care provider about when to stop this medicine before your surgery. Talk with your surgeon or primary care provider about when to start taking this medicine after surgery.
MAO inhibitors	Stop taking these medicines 2 weeks before your surgery. Talk with your mental health provider about when to start taking these medicines again after your surgery.

Supplement and Medicine Use After Surgery

Supplements

Weight loss surgery will change the way your body absorbs vitamins and minerals from the food you eat. You will need to take supplements for the rest of your life.

Supplement	How Much to Take	Preferred Brand or Type
<p>Multivitamin with iron</p> <p>(Do not take until after your first follow-up clinic visit.)</p>	<p>Roux-en-Y gastric bypass and sleeve gastrectomy:</p> <ul style="list-style-type: none"> Take 2 chewable multivitamins with iron each day. <p>Duodenal switch or distilization:</p> <ul style="list-style-type: none"> Take 2 chewable multivitamins with iron two times each day. Take 2 ADEK vitamins each. 	<ul style="list-style-type: none"> Examples include Equate™ Children's Chewable Complete Multivitamin or Up & Up™ Kids' Multivitamin Complete. The multivitamin needs to have 18 mg of iron. Do not take "gummy" vitamins. They do not have all the vitamins and minerals you need, even though the label may say "complete." They may get "stuck" in your new stomach. <p>Important: Vitamin patches are not recommended. It is currently unknown how well vitamins are absorbed into the body when using the patches after weight loss surgery. You may have to have lab tests more often if you choose to use the patches. Your body absorbs vitamins and minerals better when taking them by mouth.</p>
<p>Vitamin B₁₂</p> <p>(Do not take until after your first follow-up clinic visit.)</p>	<ul style="list-style-type: none"> 1,000 mcg vitamin B₁₂ sublingual (dissolves under your tongue) 	
<p>Calcium Citrate*</p> <p>(Do not take until after your 5-week follow-up clinic visit.)</p>	<ul style="list-style-type: none"> 500 to 600 mg of elemental calcium citrate* 2 to 3 times each day 	<ul style="list-style-type: none"> One example of calcium citrate is Citracal® calcium citrate caplets.
<p>Vitamin D₃</p> <p>(Do not take until after your 5-week follow-up clinic visit.)</p>	<ul style="list-style-type: none"> 5,000 IU of vitamin D₃ each day. 	

*Elemental calcium is not always listed on the front of the bottle. Turn the bottle over to read the serving size and how much elemental calcium is in each tablet.

Important

If you had Roux-en-Y gastric bypass surgery, you should **never** take NSAIDs medicines.

These medicines will hurt your new stomach.

If you had sleeve gastrectomy surgery or duodenal switch surgery, you can start using NSAIDs 4 weeks after surgery while taking a proton pump inhibitor such as omeprazole (Prilosec®).

Medicines

After weight loss surgery, you should not take non-steroidal anti-inflammatory medicines (NSAIDs). These medicines can hurt your new stomach. They may cause ulcers and bleeding.

Examples of NSAIDs include ibuprofen (such as Advil, Motrin), naproxen (such as Aleve), ketorolac (such as Toradol®), nabumetone (such as Relafen) and celecoxib (such as Celebrex).

See the table below for more examples.

Examples of NSAIDs not to take after surgery

Brand Name	Generic Name
Advil, Motrin	ibuprofen
Naprosyn, Aleve, Anaprox	naproxen
Celebrex	celecoxib
Orudis	ketoprofen
Indocin	indomethacin
Feldene	piroxicam
Lodine	etodolac
Ansaid	flurbiprofen
Clinoril	sulindac
Tolectin	tolmetin
Relafen	nabumetone
Mobic	meloxicam
Voltaren	diclofenac
Daypro	oxaprozin
Nalfon	fenoprofen
Dolobid	diflunisal

Acetaminophen (such as Tylenol®) is the only safe over-the-counter pain medicine you can take after weight loss surgery. Talk to your pharmacist when buying medicines for coughs, colds or sleep. Many of these medicines have NSAIDs.

Aspirin

You, your surgeon and primary care provider will decide if taking aspirin after your surgery is right for you.

Important

Do not take Pepto-Bismol™ after surgery. One of the main ingredients is salicylic acid (aspirin). This can cause bleeding.

How to choose an over-the-counter medicine

After surgery you may need medicine for seasonal allergies, a cold or other health issues. These medicines are usually available without a prescription from your health care provider.

Here are some tips to help you choose an over-the-counter medicine.

- Read the package label of the medicine carefully. Look for words such as “long acting” or “extended-release” on the package. Do not use these types of medicines for 6 weeks after your surgery.
- Do not use any combination medicines that have the following ingredients: corn syrup, high fructose corn syrup or sugar. These types of medicines may cause dumping syndrome.
- Medicines that come in the form of a liquid, chewable tablet or a tablet that dissolves under your tongue are generally safe to take.

Health History and Physical Exam

Important

Your health history and physical exam needs to be done 10 to 30 days before your surgery.

Before your surgery, your primary care provider should do a health history and physical exam. Call your primary care provider to schedule your appointment.

During the exam, your primary care provider will:

- evaluate your current health status
- review and/or perform any tests needed before surgery
- make sure you are ready for surgery.

If you currently take any medicines, make sure your doctor provides you with the following information:

- instructions for taking your medicines the morning of surgery
- instructions for stopping any prescription medicines before your surgery
- instructions for stopping any over-the-counter medicines before your surgery, including herbal medicines.

Pre-surgery Education

Important

You will need to arrange to have a responsible adult drive you home.

If you do not have someone to drive you home, your surgery may be canceled.

You are required to receive pre-surgery education. When you have your surgery date, you will be scheduled for this class. This usually happens 2 to 4 weeks before your surgery.

This education will include:

- what will happen the day of your surgery and the rest of your hospital stay
- what to expect when you leave the hospital (care after surgery).

You will also be able to ask any questions and talk about any concerns you may have before your surgery.

Health Care Directive

Planning for your future health care

A health care directive is a written document of your health care choices in case illness or injury prevents you from telling them yourself.

Members of your care circle (family, friends or others close to you) and your health care team use this to interpret and understand your wishes, goals and values for future health care.

You can write:

- who you want to make your health care choices (known as a health care agent)
- what kind of care and treatment you do or do not want
- your wishes about the quality of your life.



Scan the QR code for the health care directive and guide.

How to get started

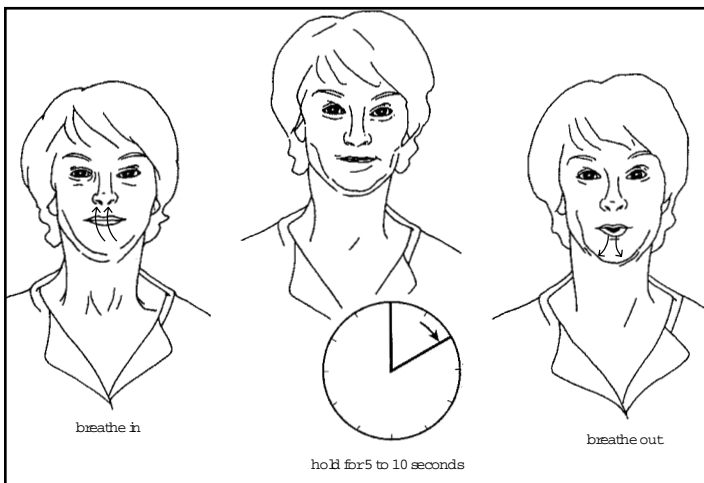
Go to allinahealth.org/hcd or scan the QR code.

- Print the form of your choice. You can also ask your health care provider for a copy.
- Read the [guide](#) if you need help filling out your health care directive.

You can also fill out a free, secure health care directive online. Go to account.allinahealth.org to create an account.

Respiratory Exercises (Breathing Exercises)

Performing respiratory exercises will help you prevent respiratory system complications. Deep breathing, coughing, and incentive spirometer exercises may speed your recovery and lower your risk of lung problems, such as pneumonia. Learn the following exercises and practice them every day before your surgery.



© Allina Health System

To use the deep breathing technique, see at right.

Deep breathing

To deep breathe correctly, you must use your abdominal muscles, as well as your chest muscles.

- Breathe in through your nose as deeply as possible.
- Hold your breath for 5 to 10 seconds.
- Let your breath out through your mouth, slowly and completely. As you breathe with pursed lips (like blowing out a candle), your stomach should be going in. Exhale twice as long as you inhale.
- Rest and then repeat these steps with 10 repetitions.

Before and after surgery, your nurse will teach you how to use an incentive spirometer. This is a hand-held breathing exercise device to help you inflate your lungs after surgery. This will help keep your lungs healthy after surgery and may help reduce nausea (upset stomach).

You will continue to use the incentive spirometer at home for at least 1 week after you leave hospital.

Tip

After your surgery, hold a pillow against your stomach to provide more support when coughing.

Coughing

To help you cough:

- Hold a pillow against your stomach.
- Take a slow deep breath. Breathe in through your nose and concentrate on fully expanding your chest.
- Breathe out through your mouth and concentrate on feeling your chest sink downward and inward.
- Take a second breath in the same manner.
- Take a third breath. This time hold your breath for a moment, then cough vigorously. As you cough, concentrate on forcing all the air out of your chest.
- Repeat this exercise 2 more times.

What to Bring for Your Hospital Stay

Important

Please do not bring any of the following:

- valuables
- large amounts of money
- jewelry (piercings anywhere on your body need to be removed)
- electrical items (battery-operated items are OK).

Please bring the following to the hospital.

- this education book
- a current list of your medicines
- a copy of your health care directive (if you have one)
- loose, comfortable clothes
- glasses or contacts (if you wear them) and storage containers
- your insurance card, driver's license or photo ID
- CPAP machine (if you use one)

The Day Before Your Surgery

- Tell your surgeon if you have any changes in your health (sore throat, cold, fever, dental problem, urinating problem) or skin condition (rash, abrasions, etc.).
- Make a list of your current medicines and allergies.
 - Include prescription and over-the-counter medicines, vitamins and herbals
 - Include the name of the medicine, how much you take, and the last time you took the medicine.

The Night Before Your Surgery

Cleanse your skin using the instructions below or as directed by your surgeon.

- Please shower and wash your skin with soap and water the night before or morning of your surgery.
- Wash from your rib cage to your hips, including the inside of your belly button.
- Check your skin (including your belly button and skin folds) for rashes, infections and wounds. If you notice any skin changes, please tell your bariatric nurse clinician.
- Do not shave or mark your skin anywhere near your surgery site.
- Do not apply any oils, lotions or powders to your abdomen after cleaning your skin.
- Put on clean clothes or sleepwear.
- If you are showering the night before surgery, put clean sheets on your bed.

Food and Liquid Restrictions Before Surgery

Follow the instructions you received at your final surgeon visit for pre-surgery diet.

The Morning of Your Surgery

- If you were given instructions by your primary care provider to take medicines the morning of your surgery, take them as directed with a small sip of water.
- You may brush your teeth, but do not swallow any water.
- Arrive at the hospital 2 hours before your surgery.

Surgery, Hospital Stay and Beyond

What to Expect the Day of Surgery

- You will need to arrive at the hospital 2 hours before your scheduled surgery time.
- When you arrive, you will complete your registration with a member of the hospital staff.
- You will be taken to the pre-surgery area. A nurse will meet with you to start your care plan and review what you can expect before and after your surgery.
- You will be given hospital clothing to wear.
- Your support person(s) can wait with you in the pre-surgery area before surgery.
- You will meet with your surgeon and an anesthesiologist (doctor who specializes in anesthesia and pain management).
- You will need to sign a surgery consent form.
- An intravenous (IV) catheter will be inserted into your arm.
- You will then be taken to the operating room.
- While you are in surgery and in recovery, your support person(s) will go to the surgery waiting room.
- Your surgery time will vary from 1 to 3 hours. It is possible that your surgery may take longer.
- Your surgeon will talk with your support person(s) when your surgery is done.
- After surgery, you will be taken to the recovery area. The time you spend in recovery will depend on how fast you recover from your anesthetic. Your nurse will monitor your vital signs and help you if you have any side effects from the anesthesia (such as nausea).
- You will start your breathing exercises while you are in the recovery area.
- You may have some discomfort and pain when you wake up. Everyone reacts to pain differently. Your nurse will work with you to make you as comfortable as possible.
- You will see your support person(s) when you get to your hospital room.

General Anesthesia

General anesthesia is a combination of medicines that block the feelings of pain and put you to sleep during surgery. It acts mainly on your brain and nervous system and affects your entire body.

Important

You will receive other pain medicine to give you pain relief during and after surgery.

You will receive it by an intravenous (IV) line or by inhaling it. A breathing tube allows you to breathe while you are under the anesthesia.

Before surgery you will meet an anesthesiologist and a registered nurse anesthetist who will work with the anesthesiologist. The anesthesiologist will review your medical history and talk with you about general anesthesia.

Side effects

Minor side effects such as sore throat, hoarseness, nausea and drowsiness are the most common. These side effects usually go away in 1 day.

How to Manage Your Pain After Surgery

Important

Having no pain while in the hospital is not realistic, but pain can be controlled.

Your health care team will work closely with you to help manage your pain during your hospital stay and when you return home.

You and your health care team will establish a “pain goal” – the amount of acceptable pain you can tolerate during your hospital stay.

For most people, a pain goal of 3 or 4 out of 10 is an OK pain level that balances pain control with your ability to do daily activities.

Types of pain

Pain can last less than 3 to 6 months (acute), last a long time (chronic) or be severe and intense (breakthrough). Pain can come and go with injury, recovery and/or illness.

Your right to pain management

All patients have the right to have their pain managed. Proper treatment of pain is necessary for you to achieve the best results during your recovery.

If you do not think that your pain is being treated well, please tell your nurse or doctor. He or she will talk with you about your pain and your pain management needs.

Pain scale

Using a number scale (0 to 10) to rate your pain will help the health care team members know how severe your pain is and help them make decisions about how to treat it.

Allina Health Pain Assessment Scale

10	Worst Pain You Can Imagine
7-9	Severe Pain Pain keeps you from doing your regular activities. ⑨ Pain is so bad that you can't do any of your regular activities, including talking or sleeping. ⑧ Pain is so intense that you have trouble talking. ⑦ Pain distracts you and limits your ability to sleep.
4-6	Moderate Pain Pain may interfere with your regular activities. ⑥ Pain makes it hard to concentrate. ⑤ You can't ignore the pain but you can still work through some activities. ④ You can ignore the pain at times.
1-3	Mild Pain Pain doesn't interfere with your regular activities. ③ You may notice the pain but you can tolerate it. ② You may feel some twinges of pain. ① You may barely notice the pain.
0	No Pain

Adapted with permission by Dr. Armaan Singh, 2015.

Your role in managing pain

After weight loss surgery, it is common to have some pain. Your nurse will monitor your pain level often and help you manage the pain.

Since you are the only one who knows where and how severe your pain is, you have an important part in managing your pain. If you have pain, tell your nurse or doctor.

All of the following information will help your doctor(s) prescribe the right medicine and therapy for your pain, and avoid serious complications (side effects). Tell your nurse or doctor:

- where you feel pain and how much pain you have (use words to describe how the pain feels)
- what makes your pain better or worse
- what methods of pain control have worked or have not worked well in the past
- if you take pain medicines on a regular basis
- if you have allergies or reactions to pain medicine(s)
- your goals for managing your pain
- what vitamins, herbal and natural products you are taking
- if you smoke
- if you drink more than two alcoholic drinks each day
- if you take illegal (street) drugs
- if you are in a methadone maintenance program.

Treatments for pain

Managing your pain is more than taking prescription (opioid) pain medicine. There are many different types of treatments for pain including:

- medicines
- physical therapy
- heat or cold (ice packs)
- integrative therapies: music, acupuncture, acupressure, relaxation techniques, massage therapy, aromatherapy
- rest (Listen to your body. It knows when you have done too much.)
- psychological therapies.

Important

Do not use heat on your incision. This can affect the healing process.

Your comfort menu

This menu of comfort options was designed to help you, your nurse, and your health care provider make decisions about your comfort together.

Your nurses will use your care board to write down your plan for comfort. Depending on your plan of care, you may use a combination of the comfort options.

Try medicine for comfort



- Ask for medicine before your pain returns or gets worse.
- Check with your doctor or nurse about adjusting your pain medicines if they don't give you relief.
- Ask your nurse about medicine to:
 - prevent constipation (unable to have a regular bowel movement)
 - prevent or treat nausea (upset stomach)
 - help you sleep.
- Use your care board to know when your next dose is available.

Try relaxation therapies



Ask a member of your health care team to try any of these:

- aromatherapy
- breathing exercises
- relaxation exercises
- guided imagery
- listening to music or the relaxation channel.

Consider doing any religious or spiritual practices that are meaningful to you, such as prayer, meditation, reflection or positive thoughts.

Try comfort actions



Ask a member of your health care team for help with any of these:

- walk (as you are able)
- change positions
- take a wheelchair ride
- do gentle stretches or exercises
- talk or visit with caregivers
- limit visitors so you can rest
- dim the lighting or open or close the door or curtains
- speak with a chaplain or social worker
- therapies such as acupressure, massage, reflexology or music therapy. Ask your doctor about acupuncture.

Try comfort items



Ask a member of your health care team for any of these:

- extra pillows
- warm pack or ice pack
- warm blanket
- warm washcloth
- ear plugs
- hot tea or ginger tea.

Ask a member of your care circle (family member or friends) to bring in any of these:

- personal items (such as a toothbrush, floss, comb, ear swab, mouth swab and lip balm).

Try keeping busy



Ask a member of your care circle (family members or friends) to bring in any of these:

- reading materials
- playing cards
- puzzle books
- coloring books
- personal music player and earphones
- light hobby (like knitting)
- phone and charger.

Pain medicine side effects

All medicines have some side effects, but not everyone gets them. When side effects occur, it is usually within a few hours after taking the medicine. Most side effects can be managed and go away in time.

Tell your doctor or nurse right away if you have:

- constipation
- sleepiness
- dizziness
- itching and/or rash
- nausea (upset stomach) and vomiting (throwing up)
- slowed breathing
- trouble concentrating
- forgetfulness
- increased anxiety.

Ways to give pain medicine

Your doctor will help you decide which way to get pain medicine might be best for you:

- tablets or pills
- intravenous (into a vein).

When medicines are used correctly to manage pain, addiction rarely occurs. If you have concerns about this issue, please talk with your nurse or doctor.

Pain control can help you

The right pain control can help:

- you be more comfortable
- you get back to your normal routine
- you participate more completely in your exercises and therapy
- promote healing.

Take pain medicine when pain first begins. If you know your pain may get worse with activity, take your pain medicine before the activity. Do not wait for pain to get worse before taking medicine.

Important

Tablets or pills may take up to 30 minutes to begin working. Timing of when to take medicines is important. Talk to your nurse about how to time your pain medicines before therapy or activity.

Before you go home

Your doctor or health care team will give you instructions for managing your pain at home. Be sure to have written instructions with a health care provider's name/number who will manage your pain after you go home.

It is important you follow your doctor's instructions for taking pain medicine. If you need help, ask your doctor or pharmacist.

If you have concerns or side effects from pain medicine, call the doctor who prescribed the medicine, or call your primary care provider.

Planning for Leaving the Hospital

Making plans for when you leave the hospital is an important part of your recovery. Your health care team will work with you and your family to help develop your discharge plan. By using this plan, you and your family can make most discharge arrangements before your surgery.

When you leave the hospital will depend on your surgery and your recovery.

You will be able to leave the hospital when you:

- are able to eat and drink without problems
- can take your pain medicine by mouth
- are able to urinate without problems
- return to your level of activity before surgery (such as walking or using a cane or wheel chair).

Care After Weight Loss Surgery

To Do List

Important

The clinic visit schedule on the right is a general guideline.

If you ever have a problem, question, concern, or feel like you need more support or education, you can schedule a clinic visit at anytime.

After your surgery, you will need to go to the following clinic visits:

- Within 5 days:** You will need to see your primary care provider to talk about your medicines.
- 1 week:** You will see your surgeon, or a bariatrician, physician assistant or nurse practitioner.
- 5 weeks:** You will see your dietitian and bariatric nurse clinician.
- 3 months:** You will see your dietitian.
- 6 months:** You will see your dietitian and transition to the Lifestyle Aftercare program. (You can read more about this program on page 174.)
- 1 year:** You will see your dietitian and surgeon, and a bariatrician, physician assistant or a nurse practitioner.
- 18 months:** You will see your dietitian and a bariatrician, physician assistant or nurse practitioner.
- 2 years:** You will see your dietitian and a bariatrician, physician assistant or nurse practitioner.
- Every year after that:** You will need to see your dietitian and surgeon, and a bariatrician, physician assistant or a nurse practitioner.

When To Call Your Weight Loss Surgery Team

Important

Call your weight loss surgery team if you have any questions or concerns about your recovery.

After surgery, it will take time to heal completely. It is important to call a member of your weight loss surgery team if you notice any of the following signs or symptoms.

Fever

If you feel freezing cold, sweaty or very warm, take your temperature to see if you have a fever. Call your weight loss surgery team if your temperature is higher than 100.5 F.

Trouble breathing, a fast heartbeat or both

Call your weight loss surgery team if you have any of the following:

- shortness of breath or if it hurts to breathe
- wheezing
- heart is beating faster than usual
- abdominal pain that gets worse
- do not feel well
- feel anxious.

Leg pain

You are at an increased risk of developing a blood clot in your leg after surgery, especially if you are obese. Signs and symptoms of a blood clot are:

- pain in one leg only
- sudden leg swelling
- enlarged veins near the surface of the skin
- reddish-blue skin
- warm skin at the site.

During the day you need to get up and move every hour for 5 minutes. This will help prevent blood clots.

Tip

Examples of clear liquids include

- water
- bone broth or broth
- Gatorade® Zero
- Propel® Fitness Water
- unsweetened tea or coffee.

Not able to drink or keep liquids down

Call your weight loss surgery team if you:

- cannot keep liquids down
- feel like something is “stuck.”

After weight loss surgery, it is important that you drink 48 to 64 ounces of clear liquids each day. This will help prevent dehydration. By your second day at home, you should be drinking 64 ounces of liquids each day.

Symptoms of dehydration include:

- decreased urine volume
- urine that is dark amber in color
- nausea (upset stomach)
- dizziness
- muscle cramping (abdomen or legs)
- fast heartbeat
- headache.

Redness or drainage from your incision

If you have any drainage or redness around the incision, wash the area gently with soap and warm water. Pat it dry. Put a thin layer of antibiotic ointment on the incision site. Cover with a bandage. Call your weight loss surgery team if your incision does not get better in 24 hours.

Care After Weight Loss Surgery

After your surgery, there is a variety of things you need to know for your safety, recovery and comfort. If you have any questions, ask your surgeon or nurse; they want your recovery to be as smooth as possible.

Incision care

Your recovery from surgery will be much quicker since you do not have a large incision in your abdomen.

- During the first few weeks, you may have sensations of itching, pulling, tingling and tightness as your incisions heal.
- Numbness around the incision is normal and may take up to 1 year to disappear.
- When and if your scars fade to your normal skin color can vary. This process may also take up to 1 year. As your incision heals, avoid sun exposure. This can cause the scar to discolor.
- You may take a shower. Pat your incision dry.
- Do not swim or soak in a bathtub or hot tub until your incisions have completely healed (about 4 weeks).
- If you have Steri-Strips® (small strips of tape) over your incisions, they will curl up and fall off. This will not cause your incisions to open. If the strips have not fallen off by 2 weeks after surgery, you may remove them.
- If Dermabond® (a surgical glue) was put over your incisions, it will fall off as your incision heals. Do not scratch, rub or pick at the glue.
- Do not pull off any scabs.
- You may have drainage from one or more of your incisions. Wash the area with mild soap and water two times a day. If the drainage stains your clothing, cover the area with a light bandage.

Activity

- Your first few days at home, continue the same activity level as at the hospital.
- Gradually increase your activity. Walk short distances many times each day and increase your distance as your strength allows. You should walk at least 30 minutes each day by 6 weeks after surgery.

- You may climb stairs.
- You may sit at the table for meals.
- You will likely be able to drive 1 week after you leave the hospital. To be able to drive you should no longer be taking prescription pain medicine and you should be pain free enough to make an emergency stop.
- By 1 week after surgery, you can return to your activity level before surgery. Be sure to stop any activity if it hurts.
- Do not sit for more than 30 minutes at one time. This will help prevent blood clots.
- Most people are able to return back to work 2 weeks after surgery.

Discomfort

- Aches in your shoulders and upper chest are common and likely caused from a build-up of the gas you received during surgery. You can expect these aches for up to 48 hours.
- You may have incision pain, which should only last a few days. You will receive a prescription for pain medicine before you leave the hospital.

Nutrition, liquids and supplements

Follow all the guidelines in the “Nutrition Guidelines: After Surgery” section (pages 73 to 87).

Important

If you had Roux-en-Y gastric bypass surgery, you should never take NSAIDs medicines. These medicines will hurt your new stomach.

If you had sleeve gastrectomy surgery or duodenal switch surgery, you can start using NSAIDs 4 weeks after surgery while taking a proton pump inhibitor such as omeprazole (Prilosec®).

Non-steroidal anti-inflammatory medicines (NSAIDs) or aspirin

Right after weight loss surgery, you should not take non-steroidal anti-inflammatory medicines (NSAIDs). These medicines can hurt your new stomach. They may cause ulcers and bleeding.

Examples of NSAIDs are listed on page 147.

Acetaminophen (such as Tylenol®) is the only safe over-the-counter pain medicine you can take after weight loss surgery.

Aspirin

You, your surgeon and primary care provider will decide if taking aspirin after your surgery is right for you.

Important

If you have constipation for more than 3 days or it starts to affect your daily life, call your bariatric nurse clinician.

Important

Do not take “gummy” fiber supplements. These may get stuck in your new stomach.

Diarrhea

If you have diarrhea, try not to eat food high in fat or sugar. Be sure to follow the 30/30 rule. Try to drink room temperature liquids and limit very hot or very cold liquids.

If you have diarrhea for more than 3 days or it starts to affect your daily life, call your bariatric nurse clinician.

Constipation

Constipation often happens after surgery. You may have gas or bloating, your stools may be hard to pass, or you may not go every day. Constipation can be relieved by drinking at least 64 ounces (8 cups) of liquids each day and getting 30 minutes of physical activity each day.

For 5 weeks after surgery

- When you leave the hospital, you will be given docusate sodium (a stool softener). Take 1 capsule by mouth two times each day unless you have diarrhea.
- If the docusate sodium does not help relieve constipation, you can take milk of magnesia, use a Fleet® saline enema, or use a Dulcolax® laxative suppository. Follow the package instructions.

For 6 weeks or longer after surgery

- You can continue to take docusate sodium as needed. Follow package instructions.
- When you are on a regular diet, you can start taking a fiber supplement such as Metamucil® or Benefiber® as needed. Follow the package instructions.

Nausea and vomiting

Sometimes eating or drinking too much or too fast as well as not chewing foods well can cause nausea (upset stomach) and vomiting (throwing up). It may be helpful to return to pureed food or liquids for a couple days.

If nausea and vomiting happen after trying a food for the first time, wait several days before trying it again.

If you have nausea and vomiting for more than 24 hours or it starts to affect your daily life, call your bariatric nurse clinician.

Important

Do not stop taking any mental health medicines (such as Celexa[®], Effexor[®], Prozac[®], Wellbutrin[®] or Zoloft[®]) without first talking to your health care provider.

Important

You will not be able to take birth control pills for 1 month after your surgery.

Tip

There are many resources available to help you quit tobacco. You will find a list on page 138.

Heartburn

If you have heartburn, do not drink carbonated beverages and do not use straws. Sitting up right after meals may help decrease heartburn. Try to drink room temperature liquids and limit very hot or very cold liquids.

If you have heartburn for more than 3 days or it starts to affect your daily life, call your bariatric nurse clinician.

Emotional care

You will likely go through ups and downs when you are at home. These feelings are normal. If you are feeling sad or “blue,” or are having trouble dealing with emotional issues, find someone you trust and share your feelings. It may help to seek professional counseling or attend a support group. This will help you go through the changes more smoothly and help you to be more successful with your weight loss.

Birth control (for women)

It is important to use a reliable birth control until you are at a stable weight. This is usually 2 years after your surgery.

It is recommended to use two forms of birth control such as the pill and a condom. You can also talk with your primary care provider about having the Mirena[®] IUD (intrauterine device) placed in your uterus.

Start taking a prenatal vitamin before you begin trying to have a baby. If you get pregnant, call your primary care provider or an obstetrician (childbirth specialist) to make an appointment.

Tobacco use

Do not use tobacco after weight loss surgery. It increases your chance of getting a stomach ulcer or having chronic (long-lasting) stomach pain.

Tobacco use can also cause the opening between your stomach and small intestine to get smaller. This can make it harder to swallow food and medicine, which can cause acid reflux and stomach pain.

Alcohol

Weight loss surgery changes the size of your stomach as well as your ability to absorb calories. It also changes how your body absorbs alcohol. Read more about alcohol use on pages 86 to 87.

Physical activity

Physical activity is important after weight loss surgery. You will have very few calories right after surgery and this could cause your body to think it is starving. Your body will search for more energy (calories) and can burn muscle instead of fat.

To keep this from happening, it is important to start a regular physical activity program soon after surgery. This will change your body's metabolism (the rate at which you burn calories) and your body will burn fat instead of muscle.

If you do not exercise when you are losing large amounts of weight quickly, your metabolism will slow and your energy level will decrease.

Being overweight puts stress on your body. As you lose weight, the stress on your body decreases. Your body can improve with the right nutrition, supplements and exercise.

Starting a physical activity program right after surgery will create a healthful behavior that will help you maintain weight loss in the future.

Traveling

- No travel for the first week after surgery.
- Travel is not recommended until after your 1 week follow-up clinic visit. If you plan to travel during the first month after your surgery, please talk with your surgeon.
- It is OK to travel 1 month after your surgery.

Tip

Learn more about starting a physical activity program on page 94.

30/30 Rule

Do not drink liquids 30 minutes before meals, while you are eating and 30 minutes after meals.

Dental care

Good dental care after surgery is important because you have to follow the 30/30 rule. Since you're not drinking liquids with your meals, food is more likely stay on or in between your teeth. This can increase your risk for cavities. The following can also cause problems with your teeth:

- a decrease of saliva in your mouth
- an increase in reflux or vomiting (throwing up)
- softer food sticks to your teeth more
- not taking your vitamin and mineral supplements as directed.

Here are some ways to care for your teeth:

- Brush your teeth after each meal.
- Floss your teeth once a day.
- Rinse your mouth with water or mouthwash after each meal.
- Use a mouthwash that will help with a dry mouth (such as Biotène®).
- Chew gum with xylitol or have sugar-free candies to increase saliva.
- Take your vitamin and mineral supplements every day as directed.
- Get regular dental care (every 6 months).

How to Take Prescription Pain Medicine at Home

Resources

Managing your pain continues when leave the hospital.

For more information on managing your pain, visit allinahealth.org/surgery to watch a series of four short videos on pain.

The topics are:

- pain expectations
- how to use the pain scale
- how to treat pain in the hospital
- how to manage pain at home

You can watch the videos as often as you like.

Tip

It may be helpful to take your pain medicine with a protein shake or supplement.

Pain

It is important that your pain is under control so you can be active every day. Your health care team will help you manage your pain.

Follow the instructions you received before you left the hospital.

How to take pain medicine

- Take the medicine as directed.
- Know the side effects of your medicine. Read the information that came with your prescription.
- Take the medicine at the same time the first few days you are home.
- Write down the time you take your medicine.
- Take the medicine before the pain gets too strong. This may be:
 - when you wake up in the morning
 - before you start certain activities
 - when you are ready for bed.

How to cut back your pain medicine

Cut back on the pain medicine when you think the pain is under control. This means that you:

- can go for longer times between doses
- can take one pill instead of two
- may take over-the-counter pain medicine such as acetaminophen (Tylenol) instead of your prescription pain medicine.

Important reminders

- Many pain medicines have acetaminophen (like Tylenol®).
 - Pharmacists advise that you take no more than 4,000 mg (four grams) of acetaminophen in 24 hours. More than that could damage your liver.
 - Acetaminophen is also found in cough and cold medicines.
- Do not mix any prescribed pain medicine with alcohol.
- Use caution, especially when your dose changes. Check with your health care provider about driving when you take prescription pain medicine.

When to call your health care provider or pharmacist

Call your health care provider or pharmacist right away if you:

- have side effects after taking your pain medicine. This includes feeling dizzy, itchy or sick to your stomach. Take less of the medicine and call your health care provider. Side effects may be treated.
- take several medicines, make sure your health care provider knows what you are taking. Some medicines can be harmful when taken with others.
- need a prescription pain medicine refill close to the weekend. Most health care providers on call will not reorder prescription pain medicine for other doctors' patients. Please call your health care provider by noon on Friday.

Medicines For When You Go Home

The following are some medicines that you may take at home when you leave the hospital:

- **acetaminophen (Tylenol®)**: This medicine helps with pain.
- **hyoscyamine (Levsin®)**: This medicine helps with stomach spasms. It allows your stomach to relax, especially after a sleeve gastrectomy, and makes it easier to drink liquids. Levsin is a pill that dissolves under your tongue and should be taken as directed.
- **omeprazole (Prilosec®)**: This medicine helps heal and protect the lining of your stomach. It has to be taken every day for 30 days after your surgery or you will not build up a good blood level. Omeprazole should be taken on an empty stomach before breakfast.
- **ondansetron (Zofran®)**: This medicine is for nausea (upset stomach). It is a pill that dissolves on the top of your tongue and can be taken as needed.
- **docusate sodium (Colace®)**: This medicine is to help prevent constipation. Take 1 capsule by mouth two times each day until you have a bowel movement. Stop taking docusate sodium if you start to have diarrhea.
- **Milk of Magnesia®**: This medicine is used to treat constipation. If you have not had a bowel movement by the third day after your surgery, take 1 dose of Milk of Magnesia. Follow the instructions on the bottle.
- **simethicone (Gas-X®)**: This medicine is for abdominal gas and bloating. Follow package instructions.

Lifestyle Aftercare Program

Important

Regular follow-up with your weight loss surgery team and early intervention is important to address weight regain.

Six months after your weight loss surgery, you will transition to the Weight Management Lifestyle Aftercare program.

This program will:

- support your overall health and wellness
- focus on a lifestyle approach to help support long-term weight management
- allow you to stay connected to your weight loss surgery team.

A lifestyle approach includes practices known to help people and their families improve their health and quality of life in these six areas:

- eating a healthful diet (nutritional support)
- getting more active (physical activity)
- managing stress
- getting good, quality sleep
- reducing or eliminating tobacco and alcohol
- supporting good, quality relationships (social connectedness).

Common Reasons for Weight Regain After Surgery

It is easy to become frustrated or discouraged if you regain some weight after surgery. Your weight loss surgery team knows that weight regain can happen and is here to support you.

Weight regain often happens about 9 to 12 months after surgery. Studies show an average of 5 to 10 percent weight regain from your lowest weight after surgery.

Accountability and follow-up are the best things you can do to manage weight regain after surgery. Using trackers can help you keep track of what you are eating and drinking, along with your physical activity. They are a great way to set personal goals and see how you are doing. Regular follow-up helps your weight loss surgery team see the weight regain and they can help figure out what is causing it.

The following are some common reasons for weight regain after surgery and what you should do.

Eating the wrong foods or not following the 30/30 rule

This is the most common cause of weight regain and usually happens 12 to 16 months after surgery.

- If you move away from eating no more than 3 meals each day, this can lead to “grazing” (mindless snacking throughout the day). There can also be a shift away from carbohydrate counting.
- When you do not follow the 30/30 rule, food and liquids mix together and this can increase the rate that food empties out of your stomach. This can cause you to eat too much at a meal. It will also not help you feel full until your next meal.

What you should do: Eat no more than 3 well-balanced meals each day. Follow a low-carbohydrate diet with no more than 100 grams of carbohydrates each day. Do not drink liquids 30 minutes before meals, while you are eating and 30 minutes after meals.

Decrease in physical activity

After surgery, you may feel tired and not have enough energy to be active. This does go away with time. Physical activity may also decrease as you get further out from surgery.

What you should do: It is important to get up and move throughout the day. Physical activity such as aerobic activity, stretching and strength training will help increase your overall energy.

Learn more about starting a physical activity program on pages 94 to 100. If you need help creating a plan, ask a member of your weight loss surgery team for more information on meeting with a physical therapist.

Depression

Depression may happen 6 to 8 months after surgery. Sometimes people use food to “self-medicate” and can fall into a “grazing” pattern when eating.

What you should do: It may be helpful to connect with a mental health provider to talk about how you are feeling and how to deal with issues of eating, self-image and changing relationships.

Important

Do not stop taking any medicines you are currently taking without first talking to your health care provider.

Medicine use

Some medicines can cause weight gain by increasing your appetite, holding onto extra water in your body (water retention), or slowing down the rate your body burns calories.

What you should do: You and your weight loss surgery team should review the medicines you are taking at each follow-up visit to make sure these are not causing you to gain weight.

Anatomy changes after surgery

This is not common, but sometimes there is a change in the anatomy of the surgery that was done. The surgery team will do a thorough review and testing to see if that is the cause of your weight regain.

What you should do: If you are having significant weight gain or other problems after your surgery, please call your surgeon or Lifestyle Aftercare program provider.

Resources

Allina Health

For More Information

For more information on services or classes offer by the Penny George Institute, or to schedule an appointment, call 612-863-3333.

You can also learn more about Penny George Institute by visiting allinahealth.org/pennygeorge.

The Penny George™ Institute for Health and Healing

The Penny George Institute for Health and Healing offers education to promote wellness, the prevention of illness and healing. The Penny George offers services such as :

- **acupuncture:** An acupuncturist, a person who has special training, gently inserts fine, sterile acupuncture needles through your skin to help promote health and treat illness or pain.
- **guided imagery:** It uses words and images to help move your attention away from the worry, stress and pain and help you find your own inner strength and creativity to support healing.
- **healing coach:** He or she provides ongoing emotional support, and information and education on integrative therapies (such as massage, guided imagery and acupuncture).
- **healing touch:** It is an energy-based approach to health. The practitioner uses gentle touch and a variety of hand motions to clear your energy field.
- **integrative nutrition:** It focuses on the potential to reduce chronic (long-term) disease by providing the nutrients needed to make your body work as well as it can.
- **pre-hospital coaching:** It is available to patients who are preparing for surgery or a procedure. It teaches patients techniques to cope with pain after surgery.
- **reflexology:** It is based on the principle that there are reflex maps in each foot and hand. These maps correspond to all body parts and organs. When pressure techniques and massage are applied to your hands and feet, it causes physical changes in your body.
- **therapeutic massage:** It is the treatment of the skin and soft tissues of the body to enhance health and healing and promote relaxation. Massage can help to restore or maintain balance in your mind and body.
- **therapeutic yoga:** It uses breathing techniques, gentle movement and meditation to relax the body as well as increase strength and flexibility.

LiveWell® Fitness Center

The LiveWell Fitness Center offers a wide array of special programs and services. Personal training, fitness assessments, metabolism testing, body composition analysis, blood pressure screenings, heart rate training programs, group fitness classes, fun incentive programs and seminars on a variety of health and fitness topics are just a few of the offerings.

A more complete description and schedule is available at the center's reception desk or call 612-863-5178 for more information.

Websites

- **Allina Health**
allinahealth.org
- **Academy of Nutrition and Dietetics**
eatright.org
- **Cooking Light**
cookinglight.com
- **Eating Well**
eatingwell.com
- **Obesity Action Coalition**
obesityaction.org
- **Overeaters Anonymous**
oa.org
- **Skinnytaste®**
skinnytaste.com
- **United States Department of Agriculture**
 - Dietary Guidelines for Americans
(cnpp.usda.gov/dietary-guidelines)
 - MyPlate (choosemyplate.gov)
 - What's Cooking? USDA Mixing Bowl
whatscooking.fns.usda.gov

Smartphone Apps

- Baritastic - Bariatric Tracker
- Carb Manager: Keto Diet
- Lose It! – Calorie Counter
- Mealime - Meal Planner, Recipes & Grocery List
- MyFitnessPal
- Start Simple with MyPlate

Books

- *50 Ways to Soothe Yourself Without Food*
Susan Albers
- *The Obesity Code: Unlocking the Secrets of Weight Loss*
Jason Fung
- *Eating Mindfully: How to End Mindless Eating and Enjoy a Balanced Relationship with Food*
Susan Albers
- *Good Morning, I Love You: Mindfulness and Self-Compassion Practices to Rewire Your Brain for Calm, Clarity, and Joy*
Shauna Shapiro PhD
- *Intuitive Eating: A Revolutionary Program That Works*
Evelyn Tribole and Elyse Resch
- *Life in the Fasting Lane: How to Make Intermittent Fasting a Lifestyle - and Reap the Benefits of Weight Loss and Better Health*
Dr. Jason Fung, Eve Mayer, Megan Ramos
- *Mindless Eating: Why We Eat More Than We Think*
Brian Wansink
- *Operation Beautiful: Transforming the Way You See Yourself One Post-it Note at a Time*
Caitlin Boyle
- *The Primal Blueprint 21-Day Total Body Transformation*
Mark Sisson
- *The Primal Connection: Follow Your Genetic Blueprint to Health and Happiness*
Mark Sisson
- *Recipes for Life After Weight-Loss Surgery*
Margaret Furtado, Lynette Schultz, Joseph Ewing
- *The Success Habits of Weight Loss Surgery Patients*
Colleen Cook



Keeping Track of How Much You Drink

Preventing Dehydration

After weight loss surgery, it is important that you drink 48 to 64 ounces of clear liquids each day. This will help prevent dehydration.

Examples of clear liquids include water, broth, Gatorade®, Propel® Fitness Water, and unsweetened tea or coffee.

Drink two half-full medicine cups (1 ounce total) of a clear liquid at least every 15 minutes while you are awake. You will be given a timer in the hospital.

Do not drink liquids too fast. It can cause discomfort in your chest, back or shoulder blade area. To help prevent discomfort:

- Drink one-half ounce (or 1 half-full medicine cup) of a clear liquid.
- Put the cup down.
- Think about how full you feel.
- When you feel ready, drink the next one-half ounce (or 1 half-full medicine) cup of clear liquid.

Repeat these steps at least every 15 minutes.

Symptoms of Dehydration

- decreased urine volume
- urine that is dark amber in color
- headache
- nausea (upset stomach)
- dizziness
- muscle cramping (abdomen or legs)
- fast heartbeat.

If you have any symptoms, please call a member of your weight loss surgery team.

Tip

- 1 teaspoon = 5 cc
- 1 tablespoon = 15 cc
- 1 ounce = 30 cc

Important

- Do not go more than 1 hour without drinking liquids during the day.
- Sit up straight when drinking liquids.
- Do not drink through a straw.
- Do not drink very hot or very cold liquids.
- Do not swallow ice.
- Do not drink carbonated beverages.

Tracking

Measure the liquid and then use the charts on the back to record the amount that you drink.

- Each box equals 1 ounce.
- Place an "X" in one box for each ounce of liquid you drink.

At Home

Use the medicine cups you were given for drinking liquids until you are comfortable with the amount to swallow.



- **First day home:**
Drink at least 52 ounces of liquids.
- **Every day after the first day home:**
Drink at least 64 ounces of liquids.

Important: If you can tolerate drinking more liquids than what is listed for each day, feel free to do so.

(over)

**First Day After Surgery:
Drink at least 48 ounces**

Date: _____

At Home Day 1: Drink at least 52 ounces

Date: _____

At Home Day 2: Drink at least 64 ounces

Date: _____

At Home Day 3: Drink at least 64 ounces

Date: _____

At Home Day 4: Drink at least 64 ounces

Date: _____

At Home Day 5: Drink at least 64 ounces

Date: _____

Tip: 1 box equals 1 ounce

Track Your Progress

Date:			
Weight: _____ pounds	Blood pressure: _____ / _____	Waist: _____ inches	Hips: _____ inches
Notes			

Date:			
Weight: _____ pounds	Blood pressure: _____ / _____	Waist: _____ inches	Hips: _____ inches
Notes			

Date:			
Weight: _____ pounds	Blood pressure: _____ / _____	Waist: _____ inches	Hips: _____ inches
Notes			

Date:			
Weight: _____ pounds	Blood pressure: _____ / _____	Waist: _____ inches	Hips: _____ inches
Notes			

Date:			
Weight: _____ pounds	Blood pressure: _____ / _____	Waist: _____ inches	Hips: _____ inches
Notes			

Date:			
Weight: _____ pounds	Blood pressure: _____ / _____	Waist: _____ inches	Hips: _____ inches
Notes			

Date:			
Weight: _____ pounds	Blood pressure: _____ / _____	Waist: _____ inches	Hips: _____ inches
Notes			

Date:			
Weight: _____ pounds	Blood pressure: _____ / _____	Waist: _____ inches	Hips: _____ inches
Notes			

Date:			
Weight: _____ pounds	Blood pressure: _____ / _____	Waist: _____ inches	Hips: _____ inches
Notes			

Date:			
Weight: _____ pounds	Blood pressure: _____ / _____	Waist: _____ inches	Hips: _____ inches
Notes			

Date:			
Weight: _____ pounds	Blood pressure: _____ / _____	Waist: _____ inches	Hips: _____ inches
Notes			

Date:			
Weight: _____ pounds	Blood pressure: _____ / _____	Waist: _____ inches	Hips: _____ inches
Notes			

Date:			
Weight: _____ pounds	Blood pressure: _____ / _____	Waist: _____ inches	Hips: _____ inches
Notes			

Date:			
Weight: _____ pounds	Blood pressure: _____ / _____	Waist: _____ inches	Hips: _____ inches
Notes			

Meal Planning

Use the charts below to help plan out your meals.

Date:	Breakfast	Lunch	Dinner
Protein			
Non-starchy vegetable			
Fruit			
Healthy Fats			

Date:	Breakfast	Lunch	Dinner
Protein			
Non-starchy vegetable			
Fruit			
Healthy Fats			

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Date:	Breakfast	Lunch	Dinner
Protein			
Non-starchy vegetable			
Fruit			
Healthy Fats			

Shopping List

Here is a list of items you will need to buy to prepare for your weight loss surgery.

You will need these items before surgery

- clear liquids such as water, broth or bouillon, sugar-free drink mixes (such as Crystal Light® or sugar-free Kool-Aid®), sugar-free gelatin, unsweetened tea or coffee

You will need these items after surgery

- chewable multivitamin (Examples include Equate™ Children's Chewable Complete Multivitamin or Up & Up™ Kids' Multivitamin Complete.)
- vitamin B-12, 1000 mcg (It needs to say "sublingual" or "SL" on the bottle.)
- Citracal® or another calcium citrate supplement
- vitamin D3, 5000 IU (pill or capsule)
- oral thermometer
- acetaminophen such as Tylenol® (tablet)
Do not take liquid acetaminophen. It has sugar and may cause discomfort.
- milk of magnesia (over-the-counter laxative)
- Gas-X®
- protein shaker with mix screen insert
- high-protein supplements (powder or ready-to-drink)



You may want these items after surgery




- blender
- immersion blender
- measuring cups
- baby or toddler spoons
- "before" photos and measurements




Weight Loss Surgery

In general, this Care Map is what you can expect during your hospital stay of 2 days. Your health care team will make changes unique to your recovery. You will be discharged by 2 p.m. You and your nurse will fill this out as you work on discharge planning together.

<p>Plan for Leaving the Hospital (Discharge)</p> 	<p>Hospital Day 1 (Surgery)</p> <p>Date: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> You can expect to stay in the hospital for 1 night. <input type="checkbox"/> Make plan ahead of time for who will pick you up when you leave the hospital (usually by 11 a.m.). <input type="checkbox"/> Have a responsible adult pick you up. 	<p>Hospital Day 2 (Discharge)</p> <p>Date: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> You may leave the hospital when: <ul style="list-style-type: none"> <input type="checkbox"/> All of your questions are answered. <input type="checkbox"/> You have been seen by your doctor, physician assistant or nurse practitioner. <input type="checkbox"/> All paperwork is done.
<p>Comfort</p>  <p>Your pain goal:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> You will receive fast-acting pain medicine through your intravenous (IV) line or by mouth. <input type="checkbox"/> Ask for pain medicine when the pain starts. <input type="checkbox"/> Your nurse will ask you often about your pain and your pain goal. 	
<ul style="list-style-type: none"> <input type="checkbox"/> You will receive pain medicine by mouth. Pills may be split so they are no larger than the eraser on a standard pencil. <input type="checkbox"/> Ask for pain medicine when the pain starts. <input type="checkbox"/> Your nurse will ask you often about your pain and your pain goal. 		

	Hospital Day 1 (Surgery)	Hospital Day 2 (Discharge)
<p>Tests, Labs and Procedures</p> 	<p>Date: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> You will receive fluids through your IV. <input type="checkbox"/> Your temperature, breathing rate, heart rate, blood pressure and oxygen rate will all be checked (vital signs). <input type="checkbox"/> You may: <ul style="list-style-type: none"> <input type="checkbox"/> have blood drawn from your arm veins <input type="checkbox"/> be hooked up to a heart monitor to check your heart rate <input type="checkbox"/> receive a shot of heparin in your abdomen. <p>Heparin is a medicine to prevent blood clots.</p>	<p>Date: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> You will receive fluids through your IV until you are ready to go home. <input type="checkbox"/> Your vital signs will be checked regularly. <input type="checkbox"/> You may receive a shot of heparin in your abdomen. Heparin is a medicine to prevent blood clots.
<p>Activity</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> After surgery, the nursing staff will encourage you to cough, turn, move and raise your legs. <input type="checkbox"/> You will wear compression devices on your legs while you are in bed to help prevent clots. <input type="checkbox"/> You will go for at least 1 walk in the hallways during the evening. Your nurse will help you. <input type="checkbox"/> Your nurse will help you to change positions in bed, if needed. 	<ul style="list-style-type: none"> <input type="checkbox"/> Walk in the halls at least 7 times with help, if needed. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> For most of the day: sit in a chair or walk. This could be for 15 to 60 minutes, depending on your energy level. <input type="checkbox"/> Wear the compression devices when you are in bed. They help prevent blood clots. <input type="checkbox"/> You may take a shower. Leave the Steri-Strips® (thin, paper-like strips), the Dermabond® (surgical glue) or bandages on.
<p>Diet</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Ask for anti-nausea medicine if needed. <input type="checkbox"/> If ordered by your doctor: <ul style="list-style-type: none"> <input type="checkbox"/> You should drink water every 15 minutes. Use the tracking tool you received in class. <input type="checkbox"/> If you can handle water, you may move to a clear liquid diet. <input type="checkbox"/> Sit up in a chair for meals. 	<ul style="list-style-type: none"> <input type="checkbox"/> You will have a special clear liquid diet. <input type="checkbox"/> To help prevent dehydration, drink 1 ounce (or 2 half-full medicine cups) of clear liquid every 15 minutes while you are awake. <input type="checkbox"/> Ask for anti-nausea medicine if needed.

	<p>Hospital Day 1 (Surgery)</p> <p>Date: _____</p>	<p>Hospital Day 2 (Discharge)</p> <p>Date: _____</p>
<p>Breathing</p> 	<ul style="list-style-type: none"> <input type="checkbox"/> Take deep breaths and cough often. <input type="checkbox"/> Use the incentive spirometer as directed. <input type="checkbox"/> An oxygen machine will check the oxygen level in your blood. <input type="checkbox"/> You may receive oxygen (common during the first night). <input type="checkbox"/> If you use a CPAP machine, you will have it on when you sleep. 	<ul style="list-style-type: none"> <input type="checkbox"/> Use the incentive spirometer every hour while you are awake. <input type="checkbox"/> Take it home and use it every hour while you are awake. Use it for 1 week. <input type="checkbox"/> An oxygen machine may check the oxygen level in your blood. <input type="checkbox"/> If your oxygen levels are OK, your nurse will remove the oxygen from your nose. <input type="checkbox"/> If you use a CPAP machine, you will have it on when you sleep.

Did You Receive

- After Visit Summary
- prescriptions
- other _____

Discharge Plan

Who will help you at home: _____

What are your needs at home: _____

Who is taking you home: _____

Managing Your Pain

Pain

Pain is your body's response to injury, illness or surgery. It can come on suddenly (acute) or last a long time (chronic). Pain can be constant or it can come and go.

Severe pain affects every part of your life: eating, sleeping, work, interests and relationships. It can cause you to be stressed, depressed, tired or angry.

Pain is unique. No two people feel pain in the same ways. Pain that is intense to one person may be mild to another.

Your health care team is committed to helping you get well and manage your pain.

Treatments to Manage Pain

Keeping your pain managed can help you be more comfortable, get back to your normal routine, and promote healing.

Your health care team will work with you to manage your pain. Your options may include:

- medicines
- physical therapy

- heat or cold therapy
- nerve blocks
- integrative therapies: acupuncture, relaxation techniques, massage therapy or music.

What To Expect From Your Health Care Team

When you are admitted to the hospital:

- A nurse will ask you if you have pain. This includes all pain, not just pain from an illness or surgery. For example, tell your nurse if you have pain from an old injury.
- A nurse will review your medicines with you. Do you take ibuprofen or acetaminophen for pain at home? If so, it is just as important to know about these medicines as it is to know about your prescriptions.
- Your nurses will ask you to rate the strength of your pain using a pain scale. (There is no "correct" number for your pain level.) They will also ask you what your pain feels like.



(over)

When you are getting ready for tests, procedures or surgery:

- Your health care team will tell you what to expect and how your pain will be managed. Ask if you still have questions or think your health care team missed something.
- Your health care team may recommend that you have pain medicine before a procedure.
- If you take long-acting pain medicines, you may be asked to take a dose on the morning of surgery. Check with your surgeon or regular doctor before surgery.

Your Role in Managing Pain

You are the only one who knows where and how severe your pain is. You have a key role in managing your pain.

Tell your nurse or doctor if you have pain. Your health care team will create a pain relief plan to meet your needs. Tell your nurse or doctor:

- what makes your pain better or worse
- what methods of pain control have worked or have not worked well in the past
- if your pain starts to get worse
- if you feel new pain.

Your nurse will work with you to create a pain goal during your hospital stay.

Questions and Answers About Pain Medicines

Q: When and how often should you take pain medicine?

A: Take pain medicine when your pain begins. If you know your pain gets worse with activity, take the medicine before you do the activity. Don't wait for the pain to get worse before taking medicine. Tablets or pills may take up to 20 minutes to begin working.

Q: How can you take pain medicine?

A: There are many ways to give medicine for pain. Your doctor will help you decide which way might be best for you:

- tablets or pills
- intravenous (into a vein)
- patient controlled analgesia pump
- injection (shot) through the skin
- shot or infusion in the spinal canal.

Q: What are the side effects?

A: All medicines have possible side effects. When side effects occur, it is usually within a few hours after taking the medicine. Most side effects can be managed and go away in time. Tell your doctor or nurse right away if you have:

- constipation
- sleepiness
- dizziness
- itching, rash or both
- upset stomach or throwing up
- slowed breathing
- confusion.

Before You Go Home

- Your doctor or health care team will give you directions for managing your pain at home. Be sure to have written instructions with a health care provider's name and number who will manage your pain after you go home.
- It is important you follow your doctor's directions for taking pain medicine. If you need help, ask your doctor or pharmacist.
- If you have concerns or side effects from pain medicine, call the doctor who prescribed the medicine, or call your regular doctor.

Get connected

Communicate with your Allina Health clinic, hospital and provider

Sign up for your free Allina Health account and get instant access to your health information. You can:

- schedule appointments
- get lab results
- email your care team
- manage a child or another adult's account
- and more!

Fewer steps. Greater access.

- email with your care team*
- view immunizations
- read visit notes* and follow-up instructions



Never run out. We're always open online.

- refill prescriptions at Allina Health pharmacies with the click of a button



Sign up for your account at allinahealth.org today

Your account is a free service of Allina Health.

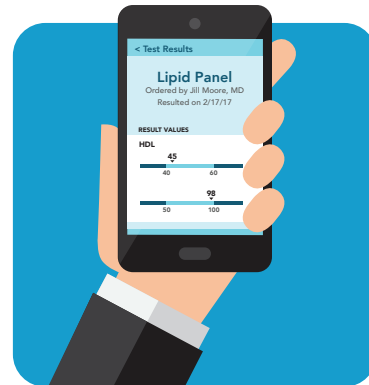
*Availability varies by location. Ask your clinic or hospital if this service is available.

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On the calendar. Off your mind.

- quickly schedule appointments*
- do online visits for common conditions



Less waiting. More knowing

- get lab results fast – usually same day



Small effort. Big reward.

- take a wellness assessment
- set and track health goals
- create a health care directive



Allina Health 

Nondiscrimination in Health Programs and Activities

Affordable Care Act – Section 1557

Allina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex. Allina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

Allina Health:

- provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ◊ qualified sign language interpreters, and
 - ◊ written information in other formats (large print, audio, accessible electronic formats, other formats)
- provides free language services to people whose primary language is not English, such as:
 - ◊ qualified interpreters, and
 - ◊ information written in other languages.

If you need these services, ask a member of your care team.

If you believe that Allina Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance with:

Allina Health Grievance Coordinator
P.O. Box 43
Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
GrievanceCoordinator@allina.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Allina Health Grievance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.





allinahealth.org