

The Gastric Bypass Toolkit

This is the beginning.

Only you make the choices that

One day at a time, will change your

Life!

Keep on track.

Implement change, and

TAKE CONTROL.





Congratulations on your decision to undergo Gastric Bypass Surgery! Surgery is the most effective tool available to overcome obesity. You have made a very important, life changing decision and it is our job to provide you with the information and education that you need to make the most effective use of this very powerful tool.

This guide is designed to provide you with an understanding of the procedure itself and information on how to navigate through your recovery and achieve the health and weight loss that you desire.

You must enter this process fully committed and with a solid understanding of the risks of surgery, the health and weight loss expectations and what we need of you as a patient in order to assist you in the most effective way possible. We are here to support you. The surgery is only the beginning and you must enter into it with the expectation that it's a life-commitment and a lifetime of follow-up and strict adherence to the program is essential.

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Your WEPNSS for Success:

- **Water: Drink 64oz of water per day.**
- **Exercise with a combination of aerobic and resistance training every day.**
- **Protein should always be eaten first.**
- **Never Snack!!**
- **Supplement with your vitamins.**
- **Support Group: Attend regularly!**

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What to Expect Before Surgery

Pre Op Appointments:

Approximately one to two weeks before surgery, you will go through the pre-operative appointments. The appointment in Dr Ellner's office could involve group discussions/teaching and may potentially take several hours so please be prepared and bring water and protein drinks with you. All of your appointments and payments due are outlined in your Confirmation of Surgery email that you will receive ahead of time. **READ THIS LETTER CAREFULLY** and follow every detail. You will have separate appointments with Dr Ellner and the hospital staff so please pay close attention to your instructions.

You will undergo the following:

- **Meeting with your surgeon:** You will meet with Dr. Ellner to go over all the details of your medical records one last time. This will also be your opportunity to ask any questions that you have regarding any aspect of your surgery or recovery. If you have lots of questions, you might find it helpful to make a list to bring with you. After your discussion, you will undergo a full physical examination by Dr. Ellner.
- **You will be given written instructions to follow before and during the hospitalization.** You need to bring this list with you to the hospital.

- **Nursing education and registration:** Hospital nursing staff will tell you what to do on the day of surgery. You will also receive instructions on how to deep breathe after surgery, to minimize lung complications. You will complete hospital registration information, including insurance coverage. Have all insurance cards with you. **The date and time for this appointment will be outlined for you on your Confirmation of Surgery email that is sent to you ahead of time.**
- **X-Rays and Blood Draw:** You MAY undergo a chest x-ray, EKG, abdominal ultrasound examination to check for last minute abnormalities before surgery. You will undergo a last set of blood testing, to ensure that you haven't caught an infection that would complicate your surgery. **Instructions for where to go for these tests are in the Confirmation of Surgery email.**

Phase 2 of the diet - ALL LIQUIDS:

The Confirmation of Surgery email will tell you when to start Phase 2 of the pre op diet. Remember that this is liquids only, with no solid food.

Women drink 60grams of protein each day. Men drink 60-80 grams per day.

Drink at least 40oz of SUGAR FREE Gatorade/Powerade ZERO per day, in addition to your protein drinks.

One Week Before Surgery:

Stop all Vitamins at this time. Ask Dr. Ellner for clarification if you're not sure.

The Night Before Surgery

Drinks lots of liquids, protein and Gatorade/Powerade Zero right up until midnight. **After midnight, you should not eat or drink anything.** unless advised by your surgeon to take certain medicines in the morning.

What to Expect the Day of Surgery

You must arrive a couple of hours before your scheduled operation in the pre-op area of the hospital. If you would like to bring a family member with you to keep you company during this time, you may do so. During this time, you will be answering the same questions from several different staff. Be patient, as this is for your safety – we check and double check all of our information with you so no mistakes are made. You will sign the operative consent, an IV will be started, antibiotics and blood thinners will be administered and you will put on your designer, one-of-a-kind, backless daywear. Actually, it's a hospital gown. You will meet with Dr. Ellner, your anesthesiologist and one of the nurses that will be in the room with you during your surgery. You may ask the anesthesiologist for a dose of anti-anxiety medication at this time if you like. We are very sensitive to the fact that this might be a scary time for many folks, so don't be shy about asking for this. You will then be transported to the OR.

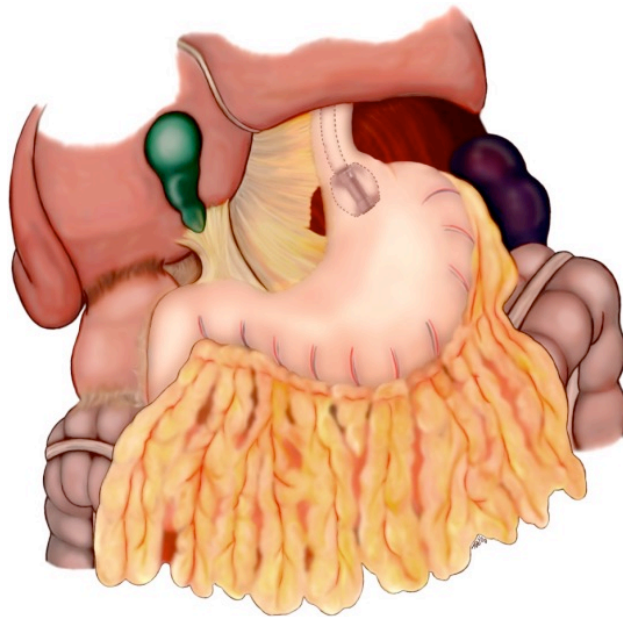
In the Operating Room:

When the room is prepared for you, you will be taken, on a gurney, into the operating room. You might find that it is a little chilly, but we will bundle you up with blankets so you will be quite warm. The nurse will place a safety belt across your body, and pads and pillows may be placed underneath your legs. Your arms will be extended out from your sides and softly padded.

The anesthesiologist will give you IV medications that will make you drowsy and you will inhale oxygen and anesthetic gases that will make you drift off to sleep. Once you are asleep, a tube will be placed through your mouth, into your trachea (your windpipe) to deliver oxygen and anesthetic gases to your lungs. A combination of IV and inhaled gases will keep you safe and asleep for the surgery. The tube will be removed as soon as you start to awaken, so you will likely have no recollection of its having been there at all.

How the operation is performed:

The operation may be performed by the laparoscopic technique (through 6 small incisions) or the open technique (one vertical incision in the middle upper abdomen). The operation is the same on the inside in either case. The photos you see below are using laparoscopic instruments.



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Measuring the stomach:

It is very important to measure the stomach accurately, to make a stomach “pouch” that is about $\frac{1}{2}$ an ounce, or 15ml. We do this by running a soft, flexible tube, with an inflatable balloon on the end, through the mouth and into the stomach. We then blow the balloon up with 15ml of saline and slide it up to the very top of the stomach.



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Dividing the stomach with the stapler:

We then staple around the outside of the balloon. Our stapler works by stapling on both sides, then cutting between the staple lines, so the stomach is sealed on both sides before division. This minimizes leakage and bleeding from cut edges. A series of “fires” with the stapler gets all the way across the stomach, until the stomach is completely divided into two separate pieces. The balloon is then deflated and removed.



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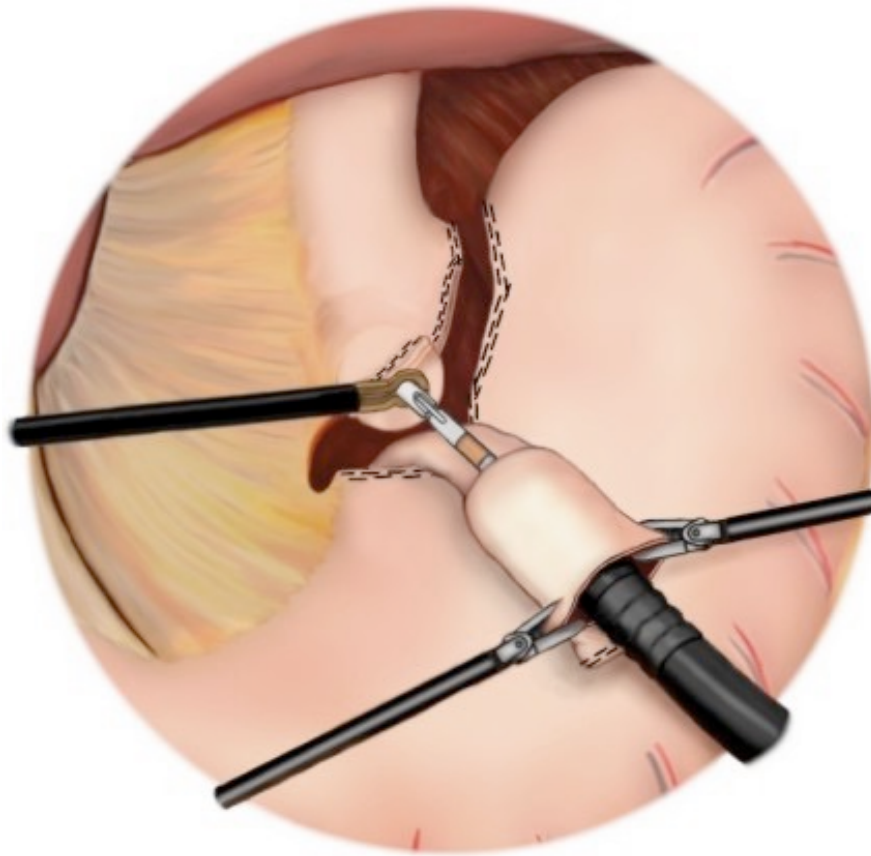
Dividing the Intestine:

The “old” stomach is traced down to the small intestine, where it is divided a few inches below the stomach and the “downstream” end is measured to 75cm. The end that is on the “stomach side” is attached into the side of the other limb, at the 75cm mark. (See below)



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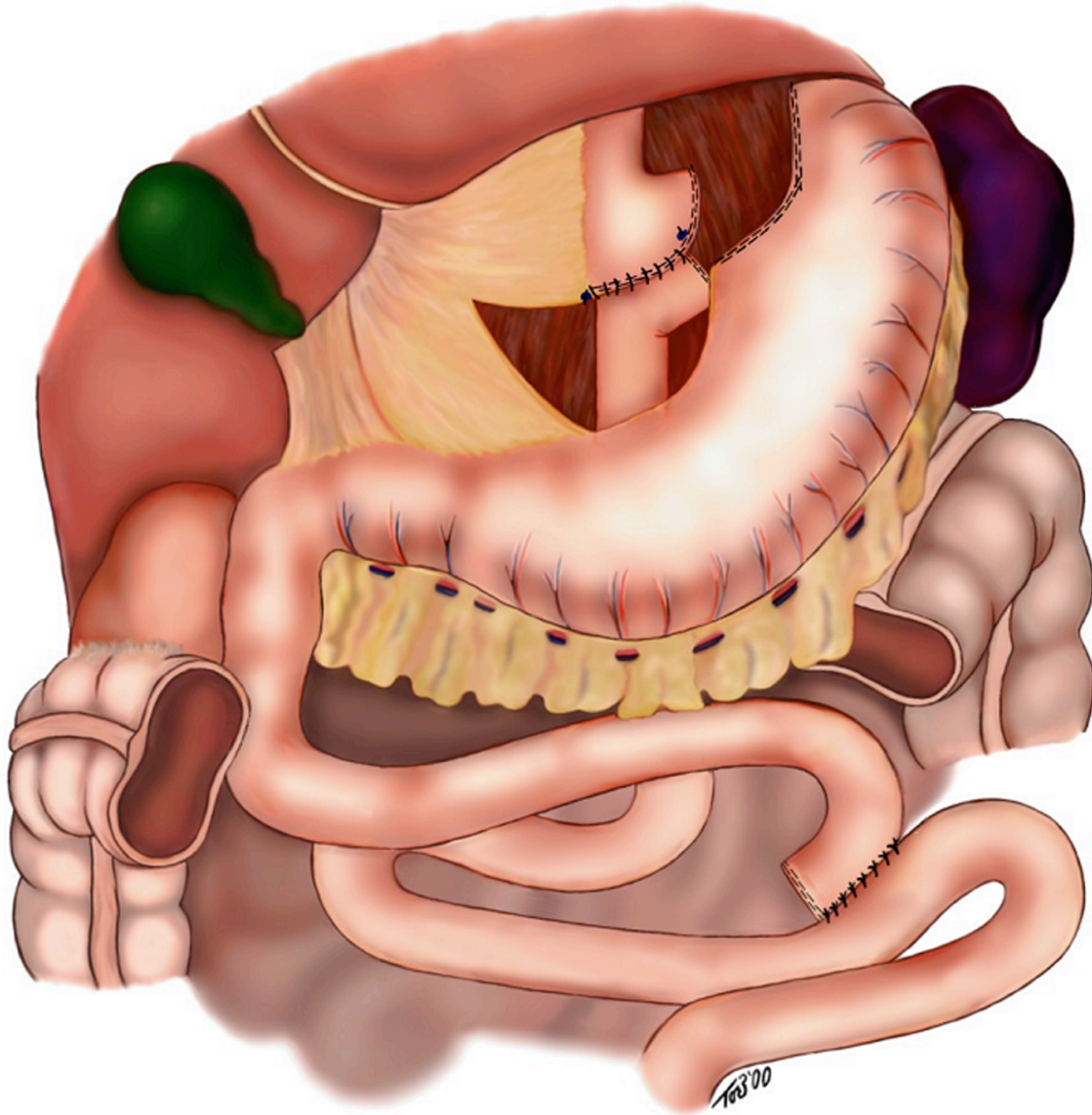
The 75cm limb is now delivered up behind the colon and the “old” stomach, to meet with the “new” stomach.



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Making the Connection:

A round stapler is introduced into the end of the intestine (this is called The Roux Limb) and the “anvil” of the stapler is separately passed through the mouth and pulled down into the little stomach pouch. The two pieces are united and clamped together. A circular staple line is fired, with a circular blade cutting a hole on the inside of the staples (like a hole-puncher). When you eat, the food will pass from the stomach, through the little 12mm hole, into the intestine. This staple line is then over sewn with sutures, like double stitching, and the connection is tested for leaks. The open end of the intestine that the stapler passed through is then stapled closed.



The main part of the operation is now over.

When you eat a small amount of food, it will pass into the stomach pouch and when it does so, you will feel very full. As it passes into the intestine, you will immediately have a sense of satisfaction with that small amount of food. As it passes downstream, it will meet up with the acids and enzymes from the “old” stomach and normal digestion can occur throughout the rest of the digestive tract.

All drawings courtesy of Ethicon Endosurgery.

What to Expect In the Hospital

The First Day:

You will spend approximately 1 ½ - 2 hours in the recovery room as you slowly wake up after surgery. You will be closely attended by your nurse, who will administer pain and nausea medicine as needed. Due to the amnesic nature of the medications that you get in the operating room, you will likely have little recollection of this period of time.

When you are fully awake, you will be taken to the regular nursing unit. You will still be quite groggy, so if family members wish to visit, it is advised that they wait another few hours. As soon as you are awake enough, the nurses will ensure that you use your incentive spirometer (the breathing machine to help you clear your lungs) and walk in the hall as soon as you are steady on your feet.

It is very important to follow Dr. Ellner's instructions—walk every two hours and deep breathe on your machine 10 breaths every 30 minutes – this is an extremely critical time in your recovery and these things keep you safe!!

Keep the nurses apprised of your pain control so that they may alter medication dosages immediately if necessary. You will remain without eating or drinking anything for the night. You may, however, use wet swabs which are provided by the nurses, to refresh your mouth.

The Day after Surgery:

After spending a vigorous night walking, coughing and deep breathing, you MAY undergo an X-Ray the following morning. This X-Ray is painless.

If your kidneys have been working well throughout the night, the nurses will remove your urinary catheter. This too is painless.

If your lab testing and vital signs are showing that you are healing well, you will start taking ice chips by mouth, followed by sips of water, broth and sugar free jello. You will also drink your own protein drinks and Gatorade/Powerade Zero that you have brought from home. It is important to take small sips every few minutes. Your goal is to reach ½ cup per hour. If you drink too much or too quickly, you may feel overfull. Just take a small sip every couple of minutes and you will get plenty of fluids in throughout the day.

It is imperative that you continue walking, coughing and deep breathing on schedule and vigorously throughout the day. 10 breaths every 30 minutes, with the machine, is the rule. PLEASE BRING YOUR OWN PROTEIN DRINKS AND GATORADE/POWERADE TO THE HOSPITAL TO SIP ON THROUGHOUT YOUR STAY.

The nurses will help you into the shower and afterward, they will remove the staples from your incisions. Do not worry if the incisions tend to open slightly – they will heal closed, and will look just as nice after healing.

As long as you are walking, coughing, deep breathing and taking enough water, broth, protein drinks, Gatorade/Powerade and jello by mouth, you will be discharged from the hospital –generally in the early evening. You will take your incentive spirometer home with you, as you must continue to use it every day. 10 breaths per 30 minutes is the rule, for the next week.

After Hospital Discharge

You must take the time to carefully review all further information in this manual at the time of your discharge. It contains the information that will not only answer many of your questions, but it will guide you through the processes of initial healing, activity, eating patterns and general rules that you must follow to be successful with and recover safely after surgery. Remember that this section of the manual refers only to the period of time right after surgery. **Remember that you MUST stay in San Diego, within 30 minutes of the hospital, for a week from the day of your surgery. This is for your safety and there are no exceptions to this very important regulation.**

Care of Your Incisions:

Whether you had laparoscopic or open surgery, your incision care is the same. Simple cleansing in the shower, **(do not soak in a tub)** letting the soapy water run across the incisions is the best method. Simply pat them dry with a towel, without rubbing across the incisions. You may follow by applying dry gauze and tape (silk tape is the most adherent, paper tape is the least aggravating to skin) if any of the incisions are still draining clear yellow or clear pink fluid. You may also find that a gauze dressing will protect your lower incisions from getting irritated from the waistband on your pants. If your incisions are dry and healing nicely, there is no need for any dressing at all. **Do not apply any ointments of any kind unless instructed to do so by your doctor.** If you wish to apply ointments or cream, you must wait until the incision has completely healed and the scab has fallen off, in approximately 4 weeks.

Pain in the Incisions:

It is common to have discomfort in your fresh incisions, particularly with activity, so you might find that the discomfort increases temporarily as you increase your activity level each day. After the laparoscopic surgery, the left lower incision will typically be the most sore, as it is the largest and it is the only one with a large internal stitch in the muscle. Many people find that a heating pad works well for relieving the muscle discomfort after a big day of walking. Many women have reported that wearing supportive undergarments provides ongoing relief as well.

Drains and Drainage:

If you have a drain in place when you leave the hospital, you may shower as described above. Just be sure to secure the drain with strong tape before your shower so it doesn't get accidentally dislodged during showering. Remove all gauze from your incisions and gently wash the incisions with soap and water daily.

“Normal” drainage is clear pink or clear yellow fluid. This may trickle out throughout the day or it may come out all at once, in a “gush”, typically when you are getting up from a chair or bed, or out of a car, etc. This is normal and not to be worried about. If your drainage turns green, brown, murky or has a foul odor, contact your physician immediately. Note that the drainage coming from *around* G-tubes frequently turns thick and yellow. This is normal and will cease after the tube is removed.

It is also normal for your G-tube (if you have one) to move in and out a little bit. It's inside your old stomach and your stomach thinks it's a piece of food and it's trying to pull it downstream into your digestive tract. This is normal, and it's a good sign that your old stomach is working properly.

Infections:

If your incisions develop redness that spreads out from the incision, or develop abnormal drainage (described above), you may have an infection and you should contact your physician immediately.

Swimming, Soaking and Submerging:

You must wait until your scabs have all fallen off and all drainage is entirely gone before submerging your incisions in water. This will be approximately 4-6 weeks.

Scarring:

All incisions will leave a scar. People all heal differently and cosmetic results vary tremendously. The most important consideration in obtaining best cosmetic result from a given scar is to avoid exposing your scars to sun for at least 2 years. The best way is to place a band-aid over the area, but at the very least, use SPF 50

sunscreen. Your scars will mature over a period of 2 years and they will typically soften and fade over this period of time.

Bowel Function After Surgery:

It is normal to experience **watery diarrhea** for about a week after surgery. This should clear up after starting solid food in one week. If you experience cramping, bloody stools or diarrhea that lasts beyond a week, contact the office immediately.

Activity

It is **extremely** important to walk frequently and consistently after your surgery. You are at risk for blood clots and pneumonia in the period following your surgery and it is imperative to avoid these potentially life-threatening complications. The best way is to walk every two hours while breathing deeply. These are absolutely the best things you can do to avoid complications! Note that the instructions in this part of the manual are for the period right after surgery. Your exercise requirements will change at the end of the first month. Please refer to the Exercise portion of the manual for a full discussion.

Walking:

You must walk at least every 2 hours, for **at least 15 minutes per time.** This means getting out of your hotel room or bedroom and walking through the halls or house, or outdoors. You may allow yourself a good night's rest by not getting up in the middle of the night, but do not be in bed for more than 8 hours per night.

We strongly advise that each patient take an "outing" each day - go to the beach or boardwalk, the mall, the zoo or wild animal park, the harbor, the museums or Balboa Park. Make sure that you take little rests along the way, so you are sure to get back to the car! Get out and enjoy San Diego. Just pace yourself so you can keep up with the rest of your short walks through the rest of the day.

Deep Breathing:

You must continue to use your incentive spirometer (your plastic breathing machine), 10 breaths every 30 minutes while you are awake. You must get the valve to at least 2000cc with each breath. You may stop using the machine one week after discharge, unless Dr Ellner advises you to continue.

Sitting:

Please sit with your legs elevated, so your legs don't dangle or sit in a bent position for more than 20-30 minutes. If you are flying home, please inform the flight attendants that you just had surgery and you are required to walk the aisles every 30 minutes. If you are driving a distance, stop every 30 minutes and walk and stretch your legs and calves to avoid blood clots.

Eating and Drinking:

For the first seven days after surgery, you will be taking only water, broth, protein drinks, Gatorade/Powerade Zero, sugar free popsicles/jello. (Your diet will be "advanced" to more interesting foods after the first appointment.) It is important to get 60 grams of protein per day, in your drinks and at least 40oz of Gatorade/Powerade Zero daily. **Your total intake of all fluids combined must be at least 64oz per day.** Please keep close track of your intake throughout the day so you don't find yourself "behind" and unable to catch up at the end of the day. The first sign of dehydration is your urine getting darker colored and having a stronger odor. In general, you should urinate every 3-4 hours and it should be very clear in color if you are well hydrated.

Do not ever eat or drink anything that you have not been advised by Dr Ellner to take. Eating the wrong foods, especially right after surgery, can cause you to be very sick and may lead to death!

Medications

Dr Ellner will tell you which of your medications to take after surgery. Pills are easier to swallow if you take them with warm broth rather than cold water. You will likely need to take Tylenol in order for you to be reasonably comfortable when doing your walking and deep breathing after surgery.

You must take your Prilosec (Omeprazole), also prescribed by Dr Ellner, twice a day, for 3 months.

Do not take any medication that has not been “cleared” by Doctor Ellner. Many of the medications that you took before surgery will no longer be necessary and could be harmful after surgery. This is particularly true of anti-inflammatory medications. **You must avoid Ibuprofen (Motrin, Advil, generic Ibuprofen, and cold medications containing Ibuprofen), Aspirin (and Aspirin containing products) and Naprosyn (Aleve) for life, unless otherwise advised by Dr Ellner.** Remember, you are always welcomed to contact the office if you or your primary doctor has questions!

When to call the office: (619) 286-7866

- Fever above 101.5 or shaking chills
- Swelling, redness or abnormal drainage of incisions (see “Drainage”)
- Swelling of or pain in legs
- Swelling or increased pain in abdomen
- Repeated vomiting
- Pain or burning with urination
- Difficulty breathing or coughing up green or brown phlegm

Week Number Two:

Post-Op Education and Visit with Dr. Ellner

Be sure to double check the date and time of your appointment, which is printed on your itinerary. **You will need to watch the post-op educational video that the office emails to you BEFORE the appointment.** Be sure you watch it carefully and ensure that you understand it completely. We encourage you to ask your family to watch it as well, so they will not be anxious about your recovery.

Bring the following with you to the appointment:

- Gatorade/Powerade ZERO
- Protein drink
- This manual and any questions that you have about it or the video that you watched

We encourage you to include family or close friends at the visit. It is important that your support people understand the process, as your eating and lifestyle habits will be drastically different from now on. The more they understand about your surgery and your new life, the better they will be able to support you and share in your success!

Be sure to make your first follow-up appointment before you leave. Review the instructions in the activity section so your trip home is safe and comfortable.

You will normally start eating solid food right after the visit. As you will be told in the video, you will start on soft, easy-to-digest foods. You should eat **ONLY** once a day, and drink your protein drink and Gatorade/Powerade throughout the day. Eat **NO MORE** than a medicine cup sized amount of food, and only once per day. Do **NOT** take a bite beyond where you feel comfortable or you may vomit and potentially tear your stomach.

Please read the “How to Eat” section of this guide before taking any solid food!

Here are the ONLY foods you should eat for 7 days after the lecture. Eat only once per day and NO MORE than a medicine cup of food:

(This is considered Week 2)

- refried beans (low-fat) – water them down with chicken broth or water
- lentil or split pea soup (no ham or vegetables in the soup)
- low-fat or non-fat cottage cheese
- low-fat, light yogurt (Greek style is best. Get the blended kind, without big pieces of fruit in it)
- **ALWAYS** drink 64oz of total fluids per day
- **ALWAYS** drink 60 grams (women) and up to 80 grams (men) of protein per day
- **ALWAYS** drink AT LEAST 40oz of Gatorade/Powerade Zero per day
- (Hint: in most cases, the yogurt and beans are the easiest to tolerate.)

You will find that you fill up very quickly and it might take you 15-20 minutes to eat a medicine cup sized amount of yogurt. This is the result that we want... it means that your surgery and your stomach are working just the way they should.

Remember: stop drinking 30 minutes before a meal and wait 30 minutes after your meal to start again. From now on, mealtime is only for food. Drinking with your food will wash it out of your stomach quickly and you will be hungry again!

The Long-Term: How and What to Eat After Surgery

It is extremely important to read and understand how to eat after surgery. The “cues” that you will receive from your new stomach will be completely new to you. When people become very overweight, the normal sensation of being full and satisfied with food diminishes. This leaves people with a “disconnection” between stomach and brain, and it is impossible to determine when there is enough food in the system. This changes after surgery and the full and satisfied feeling will return very quickly, frequently after a very small amount of food. It is imperative to pay close attention to what your stomach is telling you after each bite of food and stop when the low blood sugar feeling goes away. If you overeat by a single bite, you may feel very sick for several hours and/or vomit, leading you to be intolerant of any solid food for several days thereafter.

HOW to Eat After Surgery

- **ALWAYS eat your protein first.**
- Each meal should contain at least **75% protein**. This is the most important part of your meal and since you don't have much room in your stomach, you must be sure to get enough in each meal. Additionally, protein is what gives us a sense of fullness and keeps blood sugar normal for a longer period of time, so it's important to put that into the system first.
- Don't drink within 30 minutes of a meal, either before or after. Drinking before a meal fills up your stomach and inhibits your ability to get enough protein. Drinking after a meal washes the food out of your stomach, leaving you feeling hungry.
- Eat slowly, putting the fork down between bites and waiting for the food to “settle” before taking your next bite. Sometimes it takes a few minutes for the signal from your stomach to reach your brain and you must wait for that to happen.

- Chew, chew, chew... The connecting “stoma” between your stomach and your intestine is less than ½ inch wide and a piece of un-chewed food can block it, irritate it and potentially tear the connection. This can make you become very sick, very quickly and potentially lead to death. The food must be completely pureed in your mouth before you swallow it.
- For the same reason, always make sure that your food is moist.
- When you eat, make it a *meal, no matter how small*. Wait until your body tells you that it is truly physically hungry – when your blood sugar feels low (not just head hunger!) and then sit down for a meal. You will soon be able to recognize early cues of hunger so you can sit down to a meal before you feel excessively hungry.
- Set aside a special place to eat – a kitchen or dining table, or special chair away from your desk at work should be your designated place to eat. Never eat on the run or when you could be distracted, as this results in snacking and eating too much, too fast or not chewing ...and this could make you very sick and damage your stoma.
- Sit down to eat. It is important to make mealtime a time just for eating, with no distractions. Many people have a tendency to overeat simply because they aren't paying attention due to family and children, television and conversation. Since it is embarrassing and potentially dangerous to overeat after the surgery, take the time to eat slowly with attention to every bite. This will give you the best opportunity to be successful at “re-connecting” with your stomach in the long-term.
- Limit your meals to 20 minutes. This is about the length of time that it takes your stomach to empty out into the small intestine. If you draw out a meal to over 20 minutes, the food will be “going in through the top and out through the bottom” simultaneously and you will eat too much.
- Once you are eating more than a medicine cup full (2-3 months after surgery) you will learn to stop eating when your blood sugar feels normal. Dr. Ellner will help you discover this feeling if you aren't familiar with it. This method will fulfill your needs and keep you from overeating and being sick.

- Do not eat between meals. You should eat 1 meal per day in the beginning, possibly increasing to 2 or 3 many months down the line if you are exercising a lot and subsequently needing more energy. **Eating between meals, when you don't feel low blood sugar is snacking and this is one of the leading causes of weight re-gain!**

WHAT to Eat After Surgery

Week 2:

Refer to the food list in the previous section for the foods to eat during this time.

Weeks 3-4:

The foods during this time should be high in protein and low in fat. ***You will notice that there are NO fruits or vegetables during this time.*** The fiber in fruit and vegetables can obstruct your “stoma” and potentially break your connection open, as it has not yet fully healed. There are no starches or grains for the same reason. Remember that you are eating only a medicine cup sized amount of food!

You may have the following foods at this time:

- Thinly sliced deli meats such as turkey, chicken, ham
- Low fat string cheese, Skim ricotta cheese, feta
- Soft fish – not dry or overcooked
- Canned chicken and tuna (you may mix it up with a bit of plain yogurt, mustard or low fat mayonnaise)
- Boiled shrimp (try a little cocktail sauce but be careful of taking too much because the sugar in it might make you dump – see “Dumping Syndrome”)
- Pan-seared scallops (lime or lemon juice is okay)
- Real or imitation lobster and crab (no real butter, but try imitation flakes)
- Egg salad (use plain yogurt, mustard or lowfat mayonnaise, or even salsa – the finely pureed kind)
- Tofu
- Well cooked beans and legumes
- Soft boiled or poached eggs

Month 2:

Congratulations! If you are doing well with last month's foods, you get to add vegetables and fruit to your diet. **Remember the 75% protein rule and always eat your protein first.** Please also remember that you must start slowly, with soft vegetables that are somewhat overcooked and only when you are comfortable with these, you may cook them "al-dente".

You may add the following foods:

- Soft cooked, "non-stringy" vegetables (Avoid celery, squash, etc)
- Chili with ground beef or ground turkey
- Rotisserie style or grilled, soft chicken
- Soup with vegetables and turkey, chicken (Avoid chunks of pork and beef)
- Low-fat Lite yogurt with fruit
- Fruit that is soft, without fibrous strands
 - bananas, strawberries, kiwi, melon
 - apples, pears, plums, apricots, peaches, all without peels
 - Avoid** fruit with fibers such as oranges, grapefruits, tangerines for now, but canned mandarin oranges are okay

**Always avoid popcorn and protein bars – for LIFE!
Avoid starches such as potatoes, yams, rice,
pasta, bread, crackers – for now.**

Remember that **fruit is largely SUGAR** and with your current vitamin plan, it contributes virtually nothing to your diet that you need. You should therefore use fruit as a treat at the end of your protein meal. Never eat fruit on its own and between meals. This would be a full sugar snack!

A note on the preparation of meats: The 3 B's

- **B**ake, **B**roil or **BBQ** (this means on the grill, not with bbq sauce).
- Avoid frying as this adds large amounts of fat and may make you sick!
- Watch carefully to avoid overcooking and drying of edges.
- Feel free to spice your foods up, but without adding extra fat or sugar.

Months 3-6 (90 days and beyond):

If you are doing well with the previous month's food, you may add the following but remember that lean protein is 75% of your meal:

- Sashimi (no rice)
- All vegetables, cooked (chew 'em up well and eat slowly!)
- If you're doing well with the cooked ones, try raw vegetables (here's a hint: try a little plain, low fat yogurt with dill for a dip)
- Chunky salsa
- Salad (finally!) with low or non-fat dressing or balsamic vinegar
- All fruit, as tolerated (remember, this is a small treat/dessert to be enjoyed AFTER protein, at the end of the meal.

Month 6+:

- Beef/Steak (get a quality cut, without gristle, and eat from the middle, where it's not hard or dry)
- Ham, Pork and other Chops (eat from the middle)

How to Know When to Eat:

- Your new hunger signal after surgery will be a symptom of **low blood sugar**. This will likely be a sense of fatigue, foggy-headedness, slight dizziness or shakiness of the hands. **Your stomach grumbling does NOT mean that you are hungry.**

Alcohol, Medications and Smoke Exposure

Medications:

The general rule is that **virtually all medications are okay to take except:**

- **Long-acting, extended release medications** –Inform your physician that you need the short-acting/regular release form. These medications don't harm you but they may not work 100% effectively.
- **NSAIDs – Aspirin, Ibuprofen, Naprosyn – these are VERY harmful!**
- Cold and flu remedies that contain alcohol, ibuprofen, aspirin, or sugar.

Estrogen and birth control pills may be restarted one month after surgery.

Alcoholic Beverages

You will absorb 4 times as much alcohol from a single drink after surgery. You will get very drunk, very quickly. A breathalyzer will indicate 4 times as much alcohol as you would expect. Needless to say, NEVER drive within 24 hours of a single alcoholic beverage. Additionally, it leads to increased risk for alcoholic liver cirrhosis if you drink regularly, and due to the high carbohydrate content, it will lead to weight regain.

Smoke Exposure:

It is NEVER safe to smoke anything before or after surgery. Smoking anything, even non-nicotine products, is extremely harmful and causes severe, life-threatening damage to your stomach and intestine. Even exposure to second-hand smoke from other people is harmful so you must make the lifestyle decision to avoid exposure to smoke. **Smoking anything before or at any time after surgery is considered self-harming behavior and you will be discharged from the practice as Dr Ellner can't be responsible for your care if you are knowingly harming yourself.**

Side Effects

Constipation:

Patients can experience less frequent bowel movements following surgery. It is normal to have 1-2 bowel movements per week, but the stools should not be painful or dry. **The most common reason for constipation after gastric bypass surgery is dehydration.** This is one important reason to drink at least 64 ounces of fluids per day!

If you experience hard painful bowel movements, or if 4 days pass without a bowel movement, you may use the following: **Milk Of Magnesia, Colace, Fleet enemas or other gentle stool softeners.** Call the office if you try these options and you are still constipated. You should then pay close attention to ensuring that you are staying well hydrated thereafter. Very few patients develop constipation after surgery if they are drinking enough fluid.

Hair Thinning:

Hair thinning occurs between the 3rd and 6th months after surgery. Hair thins as a result of surgical, emotional, nutritional and hormonal stress. The gastric bypass surgery results in some degree of each of these. Some of the hair follicles are put “on pause” at the time of surgery, and “turned back on” a few months thereafter. However, you don’t see the effects of this until three months afterward. The hair returns in women, after the 6th month. Men have different balding patterns, so some men may find that their hair doesn’t return entirely. Using a product like Nioxin shampoo and scalp treatment helps the new hair to come in stronger and faster (not earlier, it just grows faster). Nioxin is available in beauty supply stores.

Dumping:

Dumping Syndrome is the body's reaction to foods that are high in fat and/or sugar. Following gastric bypass surgery, food passes directly from the new small stomach into the small intestine. The small stomach pouch doesn't have the capacity to digest foods to a significant extent before it passes it into the small intestine:

- When undigested fats and sugars enter the intestine, the pancreas releases a large amount of insulin to the blood, causing the blood sugar level to drop.
- Large amounts of water are also drawn from the bloodstream into the intestine, leading to decreased blood pressure and increased heart rate.
- A given patient may experience one or all of the following symptoms: heart racing, sweating, sudden tiredness, nausea, intestinal cramping, diarrhea and sudden anxiety.
- Symptoms are different for everyone and different for a given food.
- Dumping is self-limited and not dangerous in and of itself but it is VERY uncomfortable. It is important, therefore, to be aware of your own sensitivities after surgery, as you wouldn't want to have a dumping episode in a restaurant or at a party, etc.
- Remember, sugar and fat can hide in foods where you wouldn't normally expect it. Be aware that "natural" sugars like fructose (in fruit) and lactose (in dairy products) and sugar alcohols in alcoholic drinks and "sugar free" foods are still sugars all the same, and may cause dumping just like the sugar in chocolate.

The Long Term Commitments: Your “WEPNSS” for Success

Discussed below are the keys to success, which you must adopt immediately and entirely. Incorporate them into your lifestyle in order to achieve long-term health and maintenance of a healthy body weight. ALL ARE IMPERATIVE and not embracing even one will be detrimental to your success. You have one chance to do this right!

Remember the following, for life:

1. Water:

It is extremely important that you drink 64 ounces, or 2 quarts, of water throughout each day. This may be a challenge in the beginning, but you must become used to it as quickly as possible. Here are some of the reasons why water is so important:

- Drinking enough water and exercising appropriately are the **ONLY** things that you can do to minimize the excess skin after weight loss!
- Your body can only work at its best in burning the fat if it is well hydrated. If you are dehydrated, you won't burn off the fat as well, and therefore you won't lose weight as well or as quickly, or in a healthy way.
- Water is used by the body to build and tone muscle tissue as you lose the fat.
- Rapid weight loss can stress your kidneys if you aren't well hydrated and drinking 64oz of water per day will help you to avoid getting kidney stones.
- You may mix a *small* amount of Crystal Light, Propel, sliced lemons, oranges or limes, in with your water.
- **Never drink cola of any kind (diet or not), coffee of any kind or black, green or white tea.** They all have acids that can damage your stomach and appetite stimulants that will sabotage you! Herbal tea is fine to drink and counts toward your 64oz of water.

- Hint: Very diluted herbal tea or chicken broth with ginger slices often settles an upset stomach if the cold water is causing nausea.

2. Exercise:

Establishing a routine for exercise is sometimes the most daunting element of “The Rules”. Many people who have weight loss surgery have never felt comfortable exercising, due to pain, fatigue, self-consciousness, lack of positive results... but the fact is that now that you have had surgery, exercise is not only essential to protect your muscles from getting broken down, but it becomes a lot more *fun*. The pain in the joints disintegrates, energy skyrockets, the scale shows progress every week (our patients are the ones who see results faster than everyone else in the gym!) so self-confidence gets a real boost and suddenly people feel down and fatigued if they ***don't*** exercise.

Remember that you must submit your exercise logs for every appointment. The forms are available under the “Eating and Exercising” part of the website.

- It is important to combine **aerobic** type exercise (this is anything that gets you to **your goal heart rate**— discuss this number with Dr. Ellner) with **resistance training** (lifting weights). The combination of the two is what raises your metabolism, which keeps the weight off and helps skin to shrink.
- Aerobic exercise burns more fat while you're doing the exercise, but resistance training increases your metabolism more overall, both while you are doing the aerobic part and for hours after you have already stopped exercising. **In plain terms, lifting light weights in addition to your aerobic workout makes you burn more calories during your aerobic workout and it keeps your body burning calories long after you have stopped exercising.**
- Those who have a balanced exercise routine tend to do better in the long run than those who do just aerobic workouts.
- **Lack of appropriate exercise leads to loss of muscle, which is the leading cause of weight re-gain!!**

Exercise Requirements:

- **Cardio – 6 days per week**

Reach your goal heart rate (ask Dr. Ellner what yours is) doing walking, jogging, stairclimbing, hiking, etc. Do not strain your abdominal muscles until 1 month after surgery, but be sure to reach your goal heart rate. **Keep exercising at a pace that maintains your goal heart rate for 30-40 minutes, 6 days per week.** You may break it up into different sessions in one day if necessary.

Do not swim/submerge until your scabs have all fallen off, about 6 weeks after surgery.

- **Weight Lifting – 5 days per week**

You must do proper weight training to protect from muscle loss that leads to weight regain!

For the first month after surgery, lift weights with your arms and legs only, being careful to not use/strain your abdominal muscles. Do not bend over and pick up/lift anything more than 10 pounds for one month.

After one month, you may use your abdominal muscles without limitation, as follows:

You require **TOTAL BODY weight lifting,** using all of your muscles. You may alternate upper and lower body each day if you want, to give ½ of your body a rest on alternate days. You may lift weights in the gym, using a circuit of machines that uses all of your muscle groups, or a lifting class or strengthening yoga/pilates.

How do you know how much weight to lift??

Use the Rule of 15 as follows:

If using free weights or machines, put enough weight on the machine so you can do 15 repetitions (15 lifts) but you should not be able to get beyond the 15th rep. Your goal is to do 3 sets of 15 reps on each

muscle group. As you get into better shape, you will have to increase the weight on the machine so you always maintain the 15 rep rule, without being able to go over.

- The patients who do the best and are happiest with their health and their bodies are those who get the help of a personal trainer.
 - Getting a personal trainer, even on a temporary basis while you are losing weight rapidly, will provide an environment in which you can be safe and productive. Try it for just a few months and then see what you think!!
 - NEVER take nutritional advice from your personal trainer!
 - Many patients have said that second to the surgery itself, getting a personal trainer was the best thing they could have done with their money. Trainers make exercise safe, more effective and more fun, and they keep us accountable! Many trainers will even come to your home if you don't have a gym near your house.
 - **If cost is an issue, many at-home trainers will design a home program for you, check in with you by email, and visit you only once per month, adapting your programs for your needs and desired results as time goes by. This much less expensive and is a better option for most people than trying to go it alone.**
- Exercise is one of the two things that you can do to minimize the amount of extra skin that results from weight loss. (the other is drinking enough water)
- Lack of appropriate exercise is the leading cause of weight regain!!

3. Protein (and protein drinks)

If you are about to eat solid food, **protein should always be eaten first.** It is the most important part of your meal and your stomach is very small, so you must be sure that you always get enough in before eating anything else.

- **Protein should be 75% of every meal**

- Eating protein (and exercising) protects your muscles from getting broken down while your body is losing weight. Muscle loss results in people who look gaunt, skinny and bony. These people feel fatigued all the time and in general, don't look or feel good, **and they regain their weight!**
- Protein is what makes us feel full and satisfied with a meal. (carbohydrates make us hungry)
- Protein keeps the blood sugar at a steady level and helps to prevent dumping and “bottoming out” and getting ravenously hungry.

A word on protein drinks:

Protein drinks are a very good way to get adequate protein/ nutrition, in addition to regular food, without the added fats and sugars that regular food has. It is critical that you take in 60 grams of protein in drinks per day, until this plan is altered by Dr. Ellner as time progresses. These supplements give you the energy you need and the protein to protect and feed your muscles, until you are taking enough nutrition by eating your regular meals. Some people just like the energy they provide and they choose to use them in the long-term for this reason.

Be careful when selecting protein supplements! Read the labels to find one that has:

- At least 20 grams Protein per serving
- Less than 4 grams of total carbohydrates
- Less than 4grams of sugar

Never blend protein powders/drinks with anything other than water or ice. The instructions on your Liver Shrinking Diet still apply. You should make 15-20 grams last at least one hour, to maximize absorption. Read your TIPS on protein drinks.

Many people find that mixing a protein powder or liquid into their water and drinking it throughout the day gives them a day-long boost and minimizes the chances of stimulating appetite due to being too strong all at once. Ask the staff in the office for recommendations on favorites of our patients.

4. Never Snack!!

Snacking is defined as eating when your body isn't chemically hungry (ie eating when your blood sugar feels normal) and is one of the most common reasons why people re-gain weight. You may feel as though you can snack and lose weight anyway in the beginning. But **the weight will come back if you snack**, even if you don't eat more than you did before. The weight will come right back on and you will **never** have the opportunity to lose weight as easily ever again.

The body frequently can't tell the difference between hunger and thirst. So when we feel "hungry", it's often because we are actually thirsty and drinking a glass of water is all it takes to give the body what it needs and make the feeling go away.

The surgery doesn't stop you from eating little bits throughout the day. It only stops you from eating too much at once and it takes away the true hunger between meals. YOU must overcome the "head hunger" that leads to snacking. Identify your stressors, your triggers, which make you snack, so you can deal with them directly and not have to use food as security and comfort.

5. Supplementation:

For your SAFETY, you must take your vitamins as directed, without fail, for life. The lifetime requirements for vitamin supplementation are:

AM

- Two Adult High Potency Multivitamins per day
- Calcium Citrate, 2000mg per day

PM

- Ferrous Fumarate, 30-60mg per day (this is your Iron)
- B12, 1000mcg, sublingual, 1-3 times per week
- B-Complex, UNcoated, one per day

<p>Do not take your Calcium and your Iron within 6 hours of each other. The same applies to your Multivitamin and B Complex.</p>
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Remember that anything you consume with calcium in it within 6 hours before or after your iron will BLOCK your iron and cause iron deficiency! ALL protein drinks have calcium in them, so finish your drinks at least 6 hours before your evening iron. Avoid high calcium foods within 6 hours of your iron as well.

It is critical that you NEVER EVER run out of vitamins, or stop taking them, or substitute for other types/dosages. Making these mistakes is extremely harmful, and potentially fatal.

6. Support Groups:

Support groups are VERY helpful to the great majority of patients. People frequently feel that their new bodies are “unfamiliar” to them and they don’t know themselves as slender and healthy. It’s a pleasant, but sometimes not an easy, adjustment. Relationships with friends, family and strangers will change, sometimes dramatically. We strongly advise attending support groups so you can adjust to these changes and deal with them in a healthy, constructive way. Patients who engage in support groups do better in the long run. It’s as simple as that.

Extra Help

What To Do One Month Before Surgery:

- **Buy Vitamins:** Dr. Ellner has all of the necessary vitamins that you will need for purchase in the office. They are generally cheaper to buy in the office, so you don’t have to pay shipping from the bariatric vitamin companies. If you choose to try to buy vitamins over the counter instead of in the office, you MUST bring them in to your pre op appointment.
- **Stock up on Protein Drinks and Gatorade/Powerade ZERO:** Have a few different options for drinks for after surgery. Remember NOT to use vanilla or chocolate flavors after surgery, as they trigger cravings. Many people like to have a savory flavor in addition to their sweet drinks, so having a hot savory soup protein drink or unflavored protein powder in your own chicken/beef broth will work nicely.
- **Arrange for transportation:** You will be unable to drive for two weeks from the day of your surgery, so you will need a ride to your 1 week post-op appointment, as well as to work if you choose to return to work within this time period.

- **Hot Water Bottle or Heating Pad:** This is an important part of feeling good after surgery. It will warm your abdomen and promote healing, but most importantly for you, it decreases soreness.

What to Buy for After Surgery:

- **Loose fitting pants:** People are most comfortable in sweatpants or drawstring pants after surgery, as jeans may rub on the incisions.
- **Good Quality Scale:** Ask Dr Ellner for specific recommendations. Make sure that you weigh in on the same scale **every day**. You will also be able to take that time, during your daily weigh-in, to run through the rules and assess your compliance. You must do this every day.
- **Body Fat % Monitor/Scale:** Discuss this with Dr. Ellner. This is especially critical for out of town patients, who don't have access to Dr. Ellner's body fat % scale in the office.
- **Journal:** Chart your weight once per week. You will notice that your weight fluctuates up and down and you will sometimes lose several pounds all at once. You will go through "plateaus" where you won't lose any weight for days. This is all normal and it is important to weigh every day so you can become accustomed to your body's natural plateaus.
 - Take stock of what you are doing, not to punish yourself for misbehaving, but to make a mental plan every day to follow the rules and be the best you can be. Take this time to congratulate yourself on what you are doing well and make a plan to improve on other areas.
- **Walking/Workout Shoes:** Get a supportive set of shoes, made for walking. You may develop back and joint pain if you try to walk in old sneakers. Your feet will most likely become narrower as you lose weight, so don't be surprised if you have to replace your shoes down the line.
- **Heart Rate Monitor:** It's very important to monitor your pace to ensure that you are in the fat burning zone. Get one that fits around your chest, as the ones on watches aren't accurate.

Final Note:

You require the care of a bariatric surgeon not just before, during and after your surgery, but for life. Follow-up is critical to your health and success, so never miss any of your appointments or lab tests!

Your primary doctor cannot take care of you from a bariatric surgery standpoint. Follow-up with a bariatric surgeon in addition to your primary doctor is critical for life.

We're proud to be a part of your journey toward the health, vigor and enjoyment you so richly deserve.

We are only a phone call away for any medical questions between appointments. You may email the post-op coordinator with non-urgent, non-medical matters.

Never use email for medical issues.

**Thank you for your trust in us....
And congratulations!**

Dr. Ellner & Team