

# Weight Loss Surgery Guide

## Lawton Bariatrics

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## **A Message from our Medical Staff**

Obesity is more than just your weight on a scale. Obesity is a complex medical disorder. You may know that it involves an excess amount of body fat, but did you know that it also increases your risks of other diseases? If you are obese, you are also at an increased risk of developing heart disease, diabetes, high blood pressure, osteoarthritis, gynecological problems and sleep apnea.

In addition to the medical aspect of obesity, there are also social and psychological problems one faces. Everyday life tasks are harder: getting out of cars, simple daily hygiene, tying your shoe laces. Obese people often face social problems as well. These can include a negative self-image, job discrimination, and negative attitudes from peers. Many people who struggle with their weight also suffer from depression at some point during their life.

As you can see, obesity affects lives negatively. It is a very powerful disease, and many people cannot conquer it on their own. Many people struggle for years, or even most of their lives and begin to feel defeated because they cannot change their weight. Just like any other disease, obesity needs intervention and should not be ignored. Statistics show that despite diet plans, 95 percent of people will regain their weight. The only proven long term solution to obesity and its related illnesses is weight loss surgery.

Bariatric surgery can greatly improve your life. There are risks to having surgery, but there are also substantial health risks to continuing to live with obesity. Bariatric surgery is a very useful tool that you can use to make better choices and live a healthier life. Our center offers different surgical procedures, as well as medical guided weight loss to treat obesity.

There will be lots of questions that you will have about what option is right for you. This booklet serves as a stepping point to understanding weight loss surgery, and your journey to a healthier you. We look forward to working with you.

# **The Steps to Weight Loss Surgery at Lawton Bariatrics**

**STEP 1:** Schedule a consultation

**STEP 2:** Complete Medical Assessments

**STEP 3:** Insurance Coverage/ Approval for Weight Loss Surgery

**STEP 4:** Medical Qualification for Weight Loss Surgery

**STEP 5:** Appointment to discuss Surgery and Pre-Op

**STEP 6:** Schedule Surgery

**STEP 7:** Follow up Visits

**STEP 8:** Continue to follow up with your Primary Care Provider as well

Each of the steps listed above are explained in greater detail on the following pages.

## **STEP 1: Schedule a consultation**

Contact our office to schedule a consultation. We will go over your medical history, general health and weight control issues. This information will be used to determine whether you are a candidate for surgery. We will discuss the different procedures and assist you in choosing the one that is right for you.

## **STEP 2: Complete Medical Assessments**

Before your surgery, you will need to complete several tests, assessments, and consults. You may need blood work and other medical screening tests done. The nurse practitioner will help guide through what will be needed.

Lab work needed: CBC, CMP, Lipid Panel, Thyroid Panel, Hgb A1C (if you have had these recently with your PCP, bring them with you to your consultation)

In general all bariatric patients will need to schedule an appointment with a dietician for pre and post bariatric surgery counseling. You may call and schedule:

Diabetic Dietary Consult: 580-355-8620 Ext 5554

Non-diabetic Dietary Consult: 580-250-5800

Bariatric patients must also schedule an appointment with a psychiatrist. This is required to discuss the psychological aspects of weight loss treatment, and other issues. It is important to understand the life style change that will occur after surgery.

Dr Brady: 580-355-7474

Dr Lynch: 580-536-3900

Dr Mirza: 580-581-1500

Leah Dick (Psychologist): 580-248-8644

## **STEP 4: Medical Qualification for Weight Loss Surgery**

When you have completed all the necessary assessments and submitted the documents necessary for your insurance company, we will submit a letter of recommendation to your insurance company requesting approval of your bariatric surgery. It can take anywhere from a few weeks to several months for an insurance company to return its decision. If you are denied, we do offer self-pay options. Our on-site Financial Counselor and Pre-authorization coordinator will assist you through this process.

## **STEP 5: Appointment to discuss surgery and the pre and post-operative periods**

Once you have been medically qualified, you will make an appointment to discuss your surgery, what to expect pre and post op. We will discuss your surgery in greater detail, discuss the risks and benefits of your surgery, and you will sign the surgery consent form. Any remaining questions that you have will be answered.

## **STEP 6: Schedule Surgery**

Once your method of payment has been settled, you can pick a date schedule your surgery.

## **STEP 7: Follow up Visits**

We look forward to working with you in reaching and maintaining your health goals. Compliance to a follow up schedule is very important. Regular follow up visits are **essential** to helping you achieve your personal and health goals and will help us evaluate your compliance with lifestyle changes.

In the days, weeks, and months after your surgery, you will have scheduled follow-up visits. This is an example of a surgical follow up schedule, but each patient's schedule will be individualized for them:

1 week after surgery	9 Months after surgery
1 month after surgery	12 months after surgery
3 months after surgery	18 months after surgery
6 months after surgery	Annual

**Please note – The scheduling of all appointments are the patient's responsibility. If unable to make a scheduled appointment, please call 580-510-7042 to reschedule.**

## **STEP 8: Follow up with your Primary Care Provider**

We will take of your surgical visit before and after your procedure, however, your primary care provider will continue to care for your chronic conditions. It is important to discuss your plan of bariatric surgery with your PCP so that they are aware of your goals and will be able to better manage your care. Your PCP will continue to care for you during your weight loss journey, titrate any medications that need to be adjusted, and follow any lab work they feel is necessary. It is your responsibility to be an active participant in your care and follow up with your PCP.

## What is Obesity?

Obesity is a condition that is associated with having an excess of body fat, defined by genetic and environmental factors that are difficult to control when dieting. Obesity is classified as having a Body Mass Index (BMI) of 30 or greater. BMI is a tool used to measure obesity. Obesity increases your risk of developing related conditions such as diabetes, hypertension and sleep apnea, to name a few. Many individuals are affected by obesity and are not aware of it.

## How Obesity is Measured

Obesity is measured by various means, but the most common methods used are Body Mass Index (BMI) and Waist Circumference. There is no perfect method to measuring obesity, however these two indicators are most commonly used by clinicians as a tool to diagnose weight.

Body Mass Index Table																																																					
Normal						Overweight					Obese										Extreme Obesity																																
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Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.

## What it means

BMI from **18.5 to 24.9** is a healthy weight

BMI from **25.0 to 29.9** is an overweight condition

BMI from **30.0 to 39.9** is moderate obesity

BMI of **40 or above** is severe obesity

## **Am I A Candidate?**

For patients who remain severely obese after conventional approaches to weight loss – such as diet and exercise – have failed, or for patients who have an obesity-related disease, surgery may be the best treatment option. For other patients, however, greater efforts toward weight control – such as changes in eating habits, behavior modification and increasing physical activity – may be more appropriate.

Answering the following questions may help you decide if surgery is right for you:

Are you morbidly obese (have a BMI over 40)?

Do you have a BMI greater than 35 with one or more significant obesity related conditions including high blood pressure, diabetes, arthritis, sleep apnea, high cholesterol, and a family history of early coronary heart disease?

Have you tried – for at least five years – to lose weight through diet; exercise and behavior modification but cannot maintain the weight loss?

Have you tried dieting in the past? Has it been combined with simultaneous behavior therapy and exercise?

Have you been carefully evaluated by a team of medical, surgical, behavioral and nutrition experts?

Do you understand the gastric bypass and/or gastric banding procedure?

Are you committed to lifelong follow-up care and lifestyle changes?

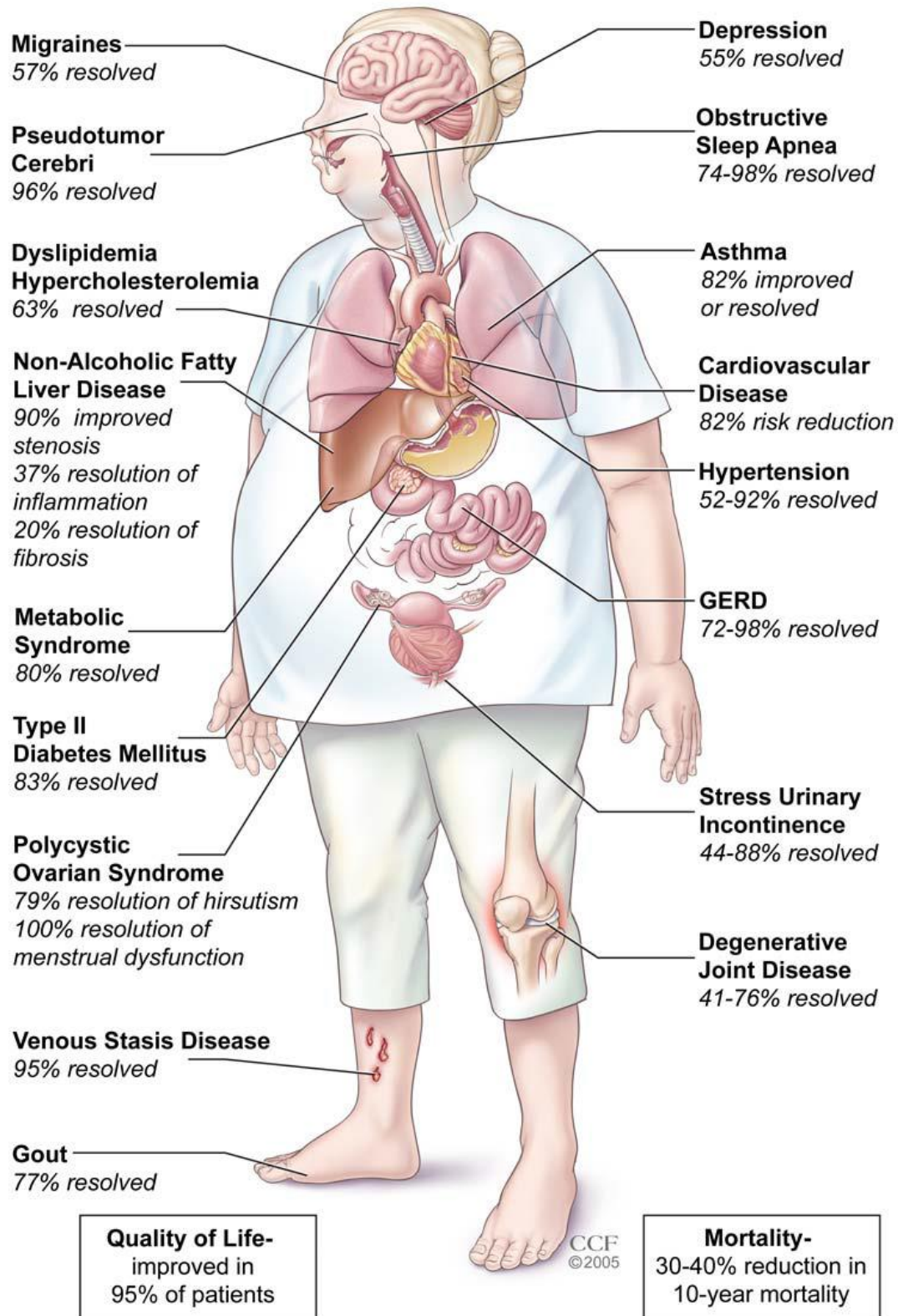
If you have depression or excessive stress, has it been adequately treated?

Do you have realistic expectations and are motivated?

Are you between 16 and 70 years old (with some exceptions?)



## Benefits of Surgical Weight Loss



## Benefits of Surgical Weight Loss

In our section about the health consequences of severe obesity, we listed problems, or comorbidities that affect most of the organs in the body. Most of these problems can be greatly improved, or entirely resolved, with successful weight loss. Most people have actually observed this, at least for short periods, after a weight loss by dieting. Unfortunately, with dieting, such benefits usually do not last, because weight loss from diets does not often last. We have shown that the weight loss achieved with Bariatric Surgery can be maintained for years following surgery. We instruct patients in a very simple program, which is much easier to follow when one is not constantly deprived on a diet.

### *Medical conditions that may be greatly improved after surgery includes:*

- **High blood pressure.** At least 70 percent of patients who have high blood pressure, and who are taking medications to control it, are able to stop all medications and have a normal blood pressure, usually within two to three months after surgery. When medications are still required, their dosage can be lowered, with reduction of the annoying side effects.
- **High cholesterol.** More than 80 percent of patients will develop normal cholesterol levels within two to three months after the operation.
- **Heart disease.** Although we can't say definitively that heart disease is reduced, the improvement in problems such as high blood pressure, high cholesterol, and diabetes certainly suggests that improvement in risk is very likely. In one recent study, the risk of death from cardiovascular disease was profoundly reduced in diabetic patients who are particularly susceptible to this problem.
- **Diabetes.** More than 90 percent of Type II diabetics obtain excellent results, usually within a few weeks after surgery: normal blood sugar levels, normal Hemoglobin A1C values, and freedom from all their medications, including insulin injections. Based upon numerous studies of diabetes and the control of its complications, it is likely that the problems associated with diabetes will slow in their progression when blood sugar is maintained at normal values. There is no medical treatment for diabetes that can achieve as complete and profound an effect as surgery - which has led some physicians to suggest that surgery may be the best treatment for diabetes in the seriously obese patient. Abnormal glucose tolerance, or "borderline diabetes," is even more reliably reversed by gastric bypass. Since this condition becomes diabetes in many cases, the operation can frequently prevent diabetes as well.
- **Respiratory insufficiency.** Improvement of exercise tolerance and breathing ability usually occurs within the first few months after surgery. Often, patients who have barely been able to walk find that they are able to participate in family activities, and even sports.
- **Sleep apnea syndrome.** Dramatic relief of sleep apnea occurs as our patients lose weight. Many report that within a year of surgery, their symptoms were completely gone, and they had even stopped snoring completely—and their spouses agree. Many patients who require an

accessory breathing apparatus to treat sleep apnea no longer need it after surgically induced weight loss.

- **Gastroesophageal reflux disease.** Relief of all symptoms of reflux usually occurs within a few days of surgery for nearly all patients. We are now beginning a study to determine if the changes in the esophageal lining membrane, called Barrett's esophagus, may be reversed by the surgery as well—thereby reducing the risk of esophageal cancer.

- **Gallbladder disease.** When gallbladder disease is present at the time of the surgery, it is "cured" by removing the gallbladder during the operation. If the gallbladder is not removed, there is some increase in risk of developing gallstones after the surgery, and occasionally, removal of the gallbladder may be necessary at a later time.

- **Stress urinary incontinence.** This condition responds dramatically to weight loss and usually becomes completely controlled. A person who is still troubled by incontinence can choose to have specific corrective surgery later, with much greater chance of a successful outcome with a reduced body weight.

- **Low back pain, degenerative disk disease, and degenerative joint disease.** Patients usually experience considerable relief of pain and disability from degenerative arthritis and disk disease and from pain in the weight-bearing joints. This tends to occur early, with the first 25 to 30 pounds lost, usually within a month after surgery. If there is nerve irritation or structural damage already present, it may not be reversed by weight loss, and some pain may persist.

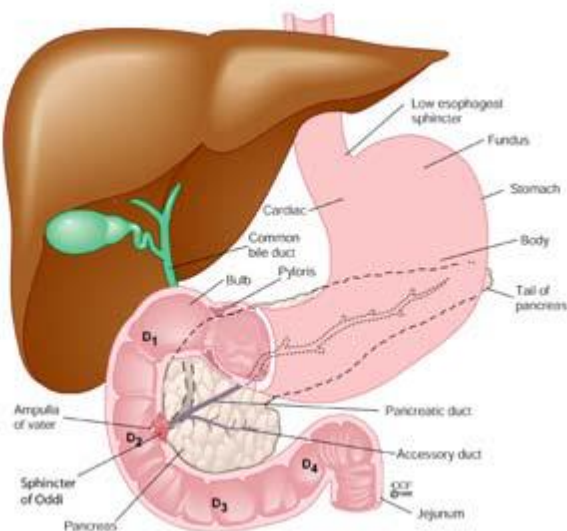
## Weight Loss Surgery Overview

# *Normal Digestion*

### **The Digestive Process**

To better understand how weight loss surgery works, it is helpful to know how the normal digestive process works. As food moves along the digestive tract, special digestive juices and enzymes arrive at the right place at the right time to digest and absorb calories and nutrients. After we chew and swallow our food, it moves down the esophagus to the stomach, where a strong acid and powerful enzymes continue the digestive process. The stomach can hold about three pints of food at one time.

### *Your Normal Digestive Tract*



# ***Bariatric Surgery Procedures***

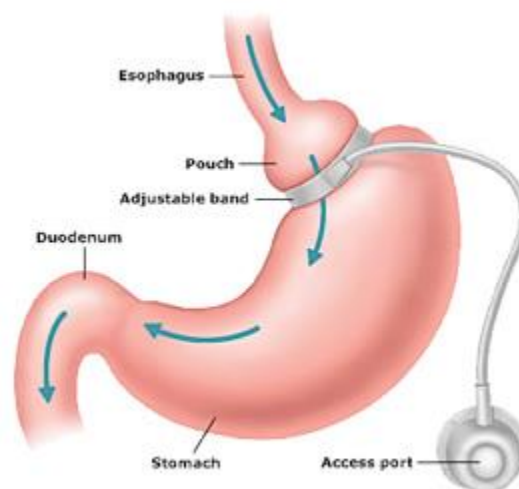
## **Laparoscopic Adjustable Gastric Banding (LAGB)**

During the procedure, surgeons typically use laparoscopic techniques and instruments to implant an inflatable silicone band around the upper portion of the stomach. The band creates a new, tiny pouch that limits and controls the amount of food consumed. The band also creates a small outlet that slows the emptying process into the stomach and the intestines allowing the patient to experience an earlier sensation of fullness and increased satisfied with smaller amounts of food. This ultimately results in weight loss.

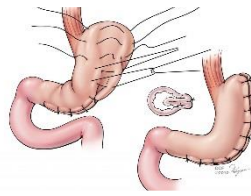
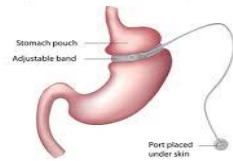
The LAGB patient can expect a reduced hospital stay of one to two days; in some instances there may be an increased stay if the surgery required an abdominal incision or complications occurred. Patients may resume normal activities in one to two weeks; again, expect a delay if there is an abdominal incision or complications occurred.

The LAGB procedure requires no cutting or stapling of the stomach and bowel and is considered the least invasive weight loss surgery available. The band is also adjustable and can be modified by inflating or deflating the inner surface with saline solution. The surgeon can control the amount of saline in the band using a fine needle through the skin. The adherence to monthly appointments for band adjustments the first 6-12 months after surgery is very important to achieve optimal results. Once the band is adjusted properly, the duration between visits can be lengthened. The adjustments are made in the surgeon's exam room and patients have minimal discomfort. Finally, should the band need to be removed, the stomach will return to its original form and function.

Weight loss is slow with this procedure, expect 5 years to goal weight.



Adjustable Gastric Band (Lap Band)



Lap-  
Band

Gastric  
Plication

iBand

### Lap-Band with Sleeve Plication (iBand)

The Band Plication procedure is a new procedure offered for weight loss. It involves adding the safety and ease of the Lap Band procedure with a plication of the stomach to get faster weight loss. It begins by placing a Lap Band as is normally done. After placing the band, the stomach below the band is rolled in on itself, or plicated, and sewn in place. This significantly decreases the volume of the stomach, and creates a “sleeve”. The plication “sleeve” works very much like a sleeve gastrectomy in that it significantly limits the volume of the stomach and thus how much food can be eaten.

By limiting the amount of food that can be consumed, overall calories are reduced and weight loss occurs. You will feel very full eating a much smaller amount of food. Unlike the sleeve gastrectomy which involves stapling across and removing a majority of the stomach, there is no cutting or stapling with plication.

Once you have lost the initial weight that the plication provides, the true beauty is that you still have the band to push you to further weight loss. You get all the benefits of a band including the ability to adjust it to meet your needs.

The band plication is a new procedure and therefore does not have any long-term follow-up. We feel the band plication will at a minimum provide the same or more weight loss as the stand alone Lap-Band procedure, and at best will provide the speed of weight loss as a sleeve gastronomy with lower risks.

There is no malabsorption, so all vitamins and minerals are absorbed normally. The procedure usually requires an overnight stay, with returning to work the following week. Early results are showing an average of over 50% excess weight the first 6 months before utilizing their band.

The iBand is not covered by most insurance companies in the U.S so our program does not yet charge an additional fee for plication when done with Lap-Band

## Sleeve Gastrectomy

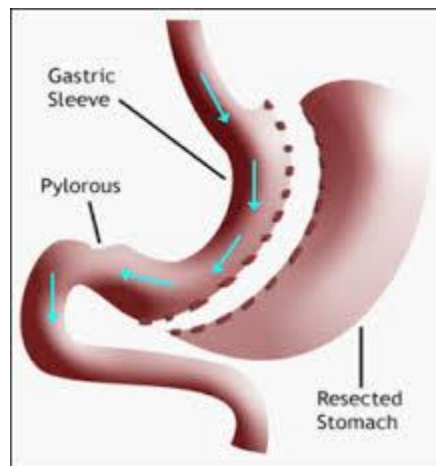
Gastric sleeve surgery works by removing a large portion of the stomach, leaving a banana-shaped "sleeve" that connects the esophagus to the small intestines.

Unlike the more invasive gastric bypass and duodenal switch, gastric sleeve surgery does not rearrange the digestive system. This results in a lower complication rate, fewer malabsorption problems and a quicker recovery.

Sleeve Gastrectomy is a restrictive procedure. It greatly reduces the size of your stomach and limits the amount of food that can be eaten at one time. It does not cause decreased absorption of nutrients or bypass your intestines. After eating a small amount of food, you will feel full very quickly and continue to feel full for several hours.

Sleeve Gastrectomy may also cause a decrease in appetite. In addition to reducing the size of the stomach, Sleeve Gastrectomy may reduce the amount of "hunger hormone" produced by the stomach which may contribute to weight loss after this procedure.

Depending on their pre-operative weight, patients can expect to lose between 40% to 70% of their excess body weight in the first year after surgery.



## **What are the risks of Bariatric Surgery**

Bariatric Surgery carries risk, just like any other invasive procedure or surgery. It is important that you understand your risk of possible complications.

You must carefully weigh the pros of having bariatric surgery on your current and future health with the possible complications associated with surgery.

## **Potential Complications associated with Lap-Band**

- Band Problems
- Blood clots
- Bowel function changes
- Bowel perforations
- Food trapping
- Gall stones
- Nausea and vomiting
- Port Problems
- Pouch dilation
- GERD
- Gastric prolapse
- Infection
- Inadequate weight loss

## **Potential Complications associated with Sleeve Gastrectomy**

- Leakage from staple lines
- Infection
- Narrowing or stenosis
- Bleeding
- Death



# Preparing for Surgical Weight Loss

## **Behavioral Health and Nutritional Consultations**

Weight loss surgery is a life-altering, stressful process and procedure that requires careful thought, considerable awareness, and adjustment. Changes occur both emotionally and physically. Weight loss surgery is not a “cure-all”. Instead, it is a tool to help you achieve a healthier weight. We want you to be as successful as you can with weight loss surgery!

In order to have a successful long-term outcome, it is necessary to make a number of **permanent** lifestyle changes. You will need to permanently change your behaviors, eating habits and activity patterns. A behavioral health evaluation is a requirement before surgery because many habits, behaviors, thoughts and emotions can affect the success of weight loss surgery. Minimally, the behavioral health evaluation will include a one-hour interview and brief questionnaire(s) assessing eating habits, weight history, stress factors, coping patterns, and lifestyle behaviors. Sometimes additional visits may be needed to complete this evaluation. The behavioral health team member will make individualized recommendations to build upon your strengths and help you address challenges so that you can best lose weight and keep it off.

You will also meet with the Nutritionist before surgery, and you may continue to meet with her after surgery. It is important to understand how your diet will be altered long term following bariatric surgery. She will help you understand your pre and post op diet. She can answer questions you have about nutrition. The nutritionist is a very important tool for your weight loss.

It your responsibility for getting these reports to our office for us to review for your approval. You will also need to call and schedule your own appointments for Behavioral Health and Nutrition Consults.

We are here to help you every step of the way.

### ***Psychiatric Evaluation Contact Phone Numbers:***

Dr Brady: 580-355-7474

Dr Lynch: 580-536-3900

Dr Mirza: 580-581-1500

Leah Dick (Psychologist): 580-248-8644

### ***Nutritionist Consult Contact Phone Numbers:***

Diabetic Dietary Consult: 580-355-8620 ext 5554

Non- diabetic Dietary Consult: 580-250-5800

# Exercise

Commit to an exercise plan preoperatively and get started. Check with your PCP before beginning any exercise program.

## **Benefits of Exercise:**

The Surgeon General's report on physical activity and health states that exercise helps to:

1. Reduce the risk of dying prematurely
2. Reduce the risk of dying from heart disease
3. Reduce the risk of developing diabetes
4. Reduce the risk of developing high blood pressure
5. Reduce blood pressure in people who already have high blood pressure
6. Reduce the risk of developing colon cancer
7. Build and maintain healthy bones, muscles and joints
8. Reduce feelings of depression and anxiety
9. Control weight

## **Getting Started:**

Remember: The key to weight loss is using more calories than you take in!!!!

## **Walking is an excellent way to start an exercise program.**

1. A walking program can be started before surgery and resumed once home from the hospital.
2. A walking program can be followed year round. Walk outside during good weather and move indoor to a gym or mall on cold, rainy or humid days.
3. Start by walking on a flat surface and gradually add hills or slopes, as you get stronger.
4. Gradually increase the distance or amount of time you walk.
5. Alternate your walking routes will keep you from getting bored with your walking program.
6. It may help to join a walking club or walk with a family member or friend to keep you motivated.
7. Walk only where you feel safe.
8. If you can, invest in a good pair of walking shoes.
9. If you have not exercised in a long time, it might make you feel better to take a cell phone with you on your walks.
10. Take a bottle of water with you on longer walks. Sip water at intervals, especially if you walk outside on hot days.

## **Aerobic Exercise:**

1. Check with your doctor before starting any form of strenuous exercise program.
2. The best form of aerobic exercise is one that you will enjoy. It is difficult to stick with an exercise program you don't enjoy.
3. A variety of aerobic activities can help you from becoming bored with your exercise program. Try doing different activities on different days.
4. Swimming and water aerobics are a good form of exercise, especially if you have joint problems or joint pain.
5. If you want to take an aerobic class, always start with a low impact class. Make sure the class is geared for beginners.
6. Research has shown that increasing lifestyle activities can have the same effect on health and weight loss as a structured exercise program.

Examples include:

Taking the stairs instead of the elevator

Parking at the far end of the parking lot and walking to the office or store

Mowing the lawn and raking leaves

Getting up from your desk to deliver a message instead of using E-mail

Walking to do errands instead of driving

## **Strength Training:**

Note: strength training is not recommended for the first three months post-operative.

1. Check with your doctor before starting a strength-training program.
2. Strength training may include the use of weight machines, "free" weights (hand-held weights), and resistance bands.
3. It is very important to use correct form when doing strength training. This will help to prevent injuries.
4. When starting a strength-training program, it may be helpful to take a class or hire a personal trainer. The instructor or trainer will show you the correct way to use the equipment.
5. Strength training workouts should always be preceded by a 10-15 minutes warm-up (such as walking, using the treadmill, riding an exercise bike). This will raise the core body temperature and ready the joints and muscles for the workout.

## **Goals and Motivation**

Goal: 30 minutes of exercise most days of the week. This can be broken down into 3-10 minute sessions.

Tips to help you maintain your exercise program:

1. Begin your exercise program gradually and progress slowly over time
2. Vary workouts to alleviate boredom
3. Develop specific, realistic and achievable goals
4. Anticipate obstacles—have a back-up plan
5. Keep your walking shoes or exercise clothes in the car.

# **Tobacco and Alcohol**

## **Tobacco**

It is highly recommend patients stop smoking eight weeks prior to surgery and refrain permanently.

Smoking Effects:

1. Impedes proper lung function.
2. Increases risk of pneumonia post-op.
3. Reduces circulation by constriction.
4. Inhibits healing of surgical sites.
5. Increases risk of blot clots (DVT)
6. Stimulates production of stomach acid.
7. Increase risk of ulcer formation

The Oklahoma Tobacco Helpline is a great resource to assist you in smoking cessation. They offer free one-on-one coaching by phone with a highly trained quit coach and materials to help them stay on track between calls. Participants may also be eligible for free nicotine patches or gum, or may be referred to their insurance provider for cessation medications.

They can be reached at 1 800 QUIT NOW (1-800-784-8669).

## **Alcohol**

1. Excessive use of alcohol may substantially increase operative risks or may result in cancellation of surgery.
2. Post-operative alcohol use the first three months should be avoided while your surgical sites are healing. Alcohol can cause gastric irritation and lead to ulcer formation.
3. It is best to abstain from alcohol.
4. Use caution with alcohol consumption, a few sips can be highly intoxicating.
5. Alcohol is highly caloric and may impede weight loss and/or maintenance.

# Nutritional Guidelines

## Purpose:

This diet is designed to restrict caloric intake to produce desired weight loss, to help develop appropriate eating habits and to prevent disruption of your pouch.

In addition, it is strongly recommended that you pursue weight loss in preparation for surgery. Even a small amount of weight loss may contribute to decreased surgical risk.

## Main Focus:

- 1) Drink enough fluids to keep your body hydrated
- 2) Eat adequate protein
- 3) Take vitamin and mineral supplements to ensure recommended daily allowances are met.

## Diet Principles:

1. Drink 6-8 cups of fluid each day
  - a) Sip one cup of liquid over an hour
  - b) Stop drinking within 30-60 minutes of eating a meal, during meals, and 30 minutes after meals
  - c) Sip slowly
  - d) Do not use a straw
2. High Calorie foods, beverages and snacks are omitted
3. When Dr Sawyer gives you permission, vitamin/mineral and calcium supplements may be taken daily.
4. Eat very slowly. Foods need to be thoroughly chewed to prevent blockage.
5. Stop eating as soon as you are full. Indications of fullness are:
  - a) a feeling of pressure in the center just below your rib cage
  - b) a feeling of nausea
  - c) a pain in your shoulder area or upper chest. Contact your doctor if the above symptoms persist or worsen.
6. Include protein first at each meal to help maximize protein intake. As your pouch expands, you may only need to eat 3 meals and 1-2 high protein snacks each day.
7. The diet will be advanced gradually, depending on tolerance

## **Pre-Operative Diet**

### **Instructions for Liquid Diet Before Surgery**

Once you are given your surgery date you will be asked to follow an **800 calorie full liquid diet for 2 weeks before your surgery.**

The reason for following this liquid diet is to initiate rapid weight loss which will result in a decrease in the size of your liver. This will make the surgery easier for your surgeon to perform and safer for you. You will also become more familiar with the full liquid diet you will be following once discharged from the hospital.

Below are 2 options that are recommended for the 800 calorie full liquid diet. If you would like to use other products discuss this with your dietitian, to ensure you are also meeting the recommended protein amount of 60 grams per day. You will also be able to include water, Crystal Light, decaf tea, sugar free gelatin or sugar free popsicles in addition to the 800 calories in full liquids.

1) 4 ½ cans of “High Protein” Slim Fast daily

OR

2) 5 ½ packets of “No Sugar Added” Carnation Instant Breakfast Drink mixed with fat free or 1% milk daily

OR

3) 5 individual cartons of Atkins Advantage daily

OR

4) 4 ½ bottles of “Glucose Controlled” Boost daily

**\*\*If you have diabetes and are taking oral medications and/or insulin you will want to discuss this with your doctor that manages your diabetes. You may also choose to use products that are NOT “low carbohydrate” versions. Make sure to monitor your blood sugars more closely as this is a very drastic change in your diet. Call your doctor if you are experiencing high or low blood sugars**

# Post Operative Diet Phases

**Phase 1:** Clear liquid diet (in hospital only)

**Phase 2:** Full liquid diet (1-2 weeks)

**Phase 3:** Puree diet (1-2 weeks)

**Phase 4:** Soft diet (2 weeks)

**Phase 5:** Regular diet (1-2 months)-after surgery

## Phase 1: Clear Liquids (1-2 days)

1. After surgery, you will not eat any food or drink any liquids until approved by the surgeon.
2. Once approved, you will receive water, unsweetened apple or grape juice, sugar-free gelatin (no red)\*, or decaffeinated\*\* tea. You will only be able to drink 30mL (1 oz) every hour. If you tolerate 1 oz of liquid each hour, you may advance to 60mL (2 oz) of liquid every hour. If you experience nausea decrease amount to 30mL (1 oz) every hour.
3. Once at home, you may drink as tolerated. You **SHOULD NOT** continue to drink 2 ounces an hour. Listen to your body, stop when you feel full.
4. Remember to drink liquids **SLOWLY**. **DO NOT** use a straw\*\*\*.
5. There may be large quantities of liquids brought to you on your tray. You do **NOT** have to finish everything. When you feel full **STOP!**
6. It is not unusual to experience nausea and/or vomiting during the first few days following surgery. Make sure that you drink slowly. If nausea or vomiting persists contact your nurse.

*\*If “red foods” are consumed after surgery and you vomit, it may be mistaken for blood. “Red foods” include foods on the clear liquid diet such as sugar-free gelatin, sugar-free popsicles, or any “red” sugar-free beverages.*

*\*\*Caffeine should be avoided after surgery because it is a diuretic. This will cause you to lose fluids and make it more difficult for you to keep yourself hydrated.*

*\*\*\*If you drink from a straw after surgery you will cause air to enter into your new pouch. This will create a full feeling and you will have less room for liquids needed to keep hydrated as well as nutritious foods when you advance to those stages.*

### Sample meal plan:

- Breakfast 2-3 oz clear juice
- Mid-morning: 2-3 oz Jell-O
- Lunch: 2-3 oz clear juice
- Mid-afternoon: 2-3 oz Jell-O
- Dinner 2-3 oz clear juice
- Evening: 2-3 oz Jell-O

## Phase 2: (1-2 weeks) Protein Based Full Liquid Diet

After your discharge from the hospital you will start the Full Liquid Diet

Drink Fluids Slowly!

Sip ¼ cup (2oz) or more if tolerated of a liquid protein source over 30 minutes. You do not have to finish everything. When you feel full STOP!

Drink at least 6-8 cups of water or low calorie drinks between high protein beverages.

Remember to avoid carbonation, caffeine and citrus.

Keep track of the amount of protein you are taking in per day. You need a minimum of **60 grams of protein each day!**

Below is a sample meal plan that you may use while on the Full Liquid Diet. This meal plan provides 60 grams of protein and 6-8 cups of fluid. Portions may vary with EACH INDIVIDUAL. Make meals last 30 minutes.

### Phase 2 Sample Meal Plan

Time	Amount	Food	Protein (grams)
8:00 am	2 Tbsp	Cream of Wheat	2
	¼ Cup	Unsweetened Fruit Juice	0.7
	¼ Cup	Skim Milk	4
11:00 am	1 cup	High Protein Drink	14
1:00 pm	½ cup	Blended cream Soup	2
	¼ cup	Vegetable Juice	1
3:00 pm	1 cup	High Protein Drink	14
5: 00 pm	½ cup	Broth	1.5
	¼ cup	Yogurt	3
7:00 pm	1 cup	High Protein Drink	14
Total Protein:			56.2

\*The “liquid between meal” should be sipped slowly between meal times. If you feel full STOP, you do not have to finish everything!

\*\* If you do not tolerate milk, try lactose-free milk (Lactaid) or soy milk instead.

\*\*\* Recipes for the “Yogurt Smoothie” and “Creamy Peanut Butter Shake” are on the following page. You may choose from the other recipes and make substitutions. If you find additional recipes, check with your dietitian first to make sure they meet the diet guidelines.



### **Phase 3 (2 weeks) Pureed/Soft Diet**

- In this phase you will be able to slowly add foods of a thicker consistency. They should be **BLENDED** to a **BABY FOOD** consistency.
- You can still include all of the foods from Phase 2 throughout this stage.
- Meal size is 4-6 tablespoons or 2-3 oz
- 3 small meals a day with high protein liquids between meals
- **REMEMBER:** Eat protein first, you need a minimum of **60 grams of protein each day**.
- **DO NOT drink liquids right before, during, or 30 minutes after a meal.**
- Drink 64 oz water or flavored liquids per day, between meals.

#### **Meat Group (7 grams protein per serving)**

2 Tbsp (1 ounce) cooked pureed lean meats (chicken, fish, turkey are best tolerated)  
¼ cup (2 ounces) baby food meats  
¼ cup fat free or 1% cottage cheese (mash it with a fork to a smooth consistency)  
¼ cup low fat ricotta cheese  
¼ cup egg substitutes

#### **Milk Group (8 grams protein per serving)**

1 cup fat free or 1% milk  
¾ cup light or non-fat yogurt (no fruit pieces)  
1 cup sugar free pudding made with fat free or 1% milk  
1 cup strained low fat cream soup made with milk (no tomato, no mushroom or corn pieces)

#### **Starch Group (3 grams protein per serving)**

½ cup cream of wheat/rice/baby oatmeal  
½ cup mashed potatoes, sweet potatoes, winter squash  
1 cup broth based soup

#### **Fruit Group (0 grams protein per serving)**

½ cup pureed peaches, apricots, pears, melon, banana (no skins or seeds)  
½ cup unsweetened applesauce  
½ cup baby food fruits  
½ cup diluted unsweetened fruit juice (limit to 1 serving a day)

#### **Vegetable Group (2 grams protein per serving)**

½ cup pureed carrots, green beans (no skins or seeds)  
½ cup baby food vegetables

### Phase 3 Sample Meal Plan

Time	Amount	Food	Protein (grams)
8:00 am	2-3 ounces	Yogurt	3
11:00 am	1 cup	High Protein Drink	14
1:00 pm	2 Tbsp	Flakey Fish	7
	2 Tbsp	Mashed Potatoes	3
	2 Tbsp	Soft Cooked Vegetables	0.6
3:00 pm	1 cup	High Protein Drink	14
5: 00 pm	2 Tbsp	Lean Chicken	7
	2 Tbsp	Cottage Cheese	4.5
	2 Tbsp	Apple Sauce	0.2
7:00 pm	1 cup	High Protein Drink	14
Total Protein:			67.3

## **Phase 4 (2 weeks) Soft Diet**

- \* You no longer have to blend your foods. You can slowly add that are soft in consistency. Soft foods can be cut easily with a fork.
- \* You will remain on the Soft Diet for 2 weeks. Remember to try one new food at a time.
- \* For better portion control, use smaller plates and baby spoons and forks. Stop eating when you feel full.
- \* Keep yourself hydrated! Drink 6-8 cups of water and low calorie beverages between your meals. Don't drink with your meals. Don't drink 30 minutes before and 30 minutes after meals.
- \* Continue to take your supplements as prescribed.
- \* Continue to keep track of the kind and amount of protein you eat every day. Remember, your goal is a minimum of 60 grams of protein each day.

### **Meat Group (7 grams protein per serving)**

2 Tbsp (1 ounce) cooked lean meats: fish, ground turkey, lean ground beef (moist meats are usually tolerated best, beef is usually least tolerated)  
2 Tbsp (1 ounce) water packed tuna or chicken  
¼ cup egg substitute or 1 egg scrambled  
¼ cup fat free or 1% cottage cheese  
1 oz (1 slice) low fat mild cheese  
2 Tbsp CREAMY peanut butter – reduced fat  
¼ cup tofu (3.5 grams of protein)  
1 oz lean meatballs  
½ cup chili

### **Milk Group (8 grams protein per serving)**

1 cup fat free or 1% milk  
¾ cup light or non-fat yogurt (no fruit pieces)  
1 cup sugar free pudding made with fat free or 1% milk  
1 cup low fat cream soup made with milk (no tomato, no mushroom or corn pieces)

### **Starch Group (3 grams protein per serving)**

1 slice of bread (toasted)  
4-6 crackers  
½ cup cooked cream of wheat/rice/oatmeal  
½ cup mashed potatoes, sweet potatoes, winter squash  
1 cup broth based soup

### **Fruit Group (0 grams protein per serving)**

½ cup canned peaches or pears (in own juices or water packed)  
 ½ soft banana  
 ½ cup unsweetened, diluted fruit juice (limit to 1 serving a day)

**Vegetable Group (2 grams protein per serving)**

½ cup soft cooked carrots or green beans (no skins or seeds)

**Important Tips:**

1. All foods should be cooked without added fats. Bake, grill, broil, or poach meats. You may season meats with herbs and spices instead of fats.
2. Moist meats are tolerated better at this phase. Add chicken or beef broths, fat free gravies and low fat cream soups to moisten meats. Finely dice meats and chew well.
3. Add 1-2 Tbsp of a new food at a time, if you feel nauseated or bloating after eating then you are not ready for this food. Wait a few days before trying this food again.
4. Everyone progresses differently. Listen to your body

***Phase 4 Sample Meal Plan***

Time	Amount	Food	Protein (grams)
8:00 am	4 Tbsp 1/2	Scrambled Eggs Small Banana	7 1
12:00 pm	4 Tbsp 2	Tuna Saltine Crackers	15 1
3:00 pm	1 cup	High Protein Drink	14
5: 00 pm	4 Tbsp 2 Tbsp 2 Tbsp	Baked Chicken Sweet Potato Cooked Carrots	14 3 0.6
7:00 pm	1 cup	High Protein Drink	14
Total Protein:			69.6

## **PHASE 5: REGULAR DIET (1-2 MONTHS AFTER SURGERY)**

- After 2 weeks on the Soft Diet, you may begin the Regular Diet if ready. You may be ready for this phase at 1 month after surgery or possibly not until 2 months after surgery. Everybody progresses differently.
- This is the last stage of the diet progression. Continue to add new foods in slowly. Raw fruits and vegetables can be added in as tolerated. You may want to avoid the skin and membranes on fruit. Citrus fruits can be added back into diet as tolerated.
- Follow a low fat diet and avoid simple sugars for life. Your protein goal remains at a minimum of 60 grams each day. For successful weight loss, caloric intake may range between 800-1200 calories each day. Ask your registered dietitian how many calories are appropriate for you.
- Continue to eat 5-6 small meals each day. As your pouch expands, 3 small meals and 1-2 high protein snacks may be more appropriate.
- Continue to take your prescribed supplements for life.
- Keep yourself hydrated! Always include 6-8 cups of water and low calorie beverages daily.
- Continue to track your daily intake and activities. Include calories, protein, fluids, supplements, and exercise.

### **Meat Group (7 grams protein per serving)**

¼ cup egg substitutes, 2 egg whites  
¼ cup fat free or 1% cottage cheese  
1 ounce cooked lean meats (chicken, turkey, pork, fish, beef)  
2 Tbsp peanut butter – reduced fat  
1 ounce lean luncheon meats  
1 ounce low-fat cheese  
½ cup cooked beans, peas, lentils

### **Milk Group (8 grams protein per serving)**

1 cup fat free or 1% milk  
¾ cup no sugar added/low fat “lite” yogurt  
1 cup sugar free pudding made with fat free or 1 % milk  
1 cup low fat cream soup made with milk

### **Starch Group (3 grams protein per serving)**

1 slice of bread (may be tolerated better toasted)  
4-6 crackers  
½ cup cooked cream of wheat/rice/oatmeal  
¾ cup unsweetened dry cereal  
½ cup potatoes, winter squash, corn, or peas  
½ cup rice, pasta – whole wheat  
1 cup broth based soup

### **Fruit Group (0 grams protein per serving)**

½ cup canned “lite” fruit  
 ½ banana or small fresh fruit (avoid skins and membranes)  
 ½ cup unsweetened, diluted fruit juice (limit to 1 serving a day)

**Vegetable Group (2 grams protein per serving)**

½ cup cooked non-starch vegetables  
 1 cup raw non-starchy vegetables

**Fat Group**

1 tsp margarine or oil  
 2 tsp diet margarine  
 1 tsp mayonnaise  
 1 tbs low fat mayonnaise or salad dressing

***Sample Meal Plan***

<b>Time</b>	<b>Amount</b>	<b>Food</b>	<b>Protein (grams)</b>
8:00 am	½ Cup ½ Cup	Low Fat Cottage Cheese Canned Light Pineapple	14
Liquid Between Meal Mid-morning	1 Cup	Water or low calorie beverage	0
Liquid Between Meal Mid-afternoon	1 cup	Fat Free Milk	8
12:00 pm	2 oz 1 tsp 1 slice ¼ cup	Canned Tuna Light Mayo Wheat Bread Cooked Green Beans	14
Liquid Between Meal	1 cup	Water or low calorie beverage	0
3:00 pm	½ cup	Sugar Free Vanilla Pudding made with fat free milk	4
Liquid Between Meal	1 cup	Fat Free Milk	8
6:00 pm	2 oz ¼ cup ¼ cup	Baked Chicken Mashed Potatoes Soft Cooked Carrots	14
Liquid Between Meal	1 cup	Water or low calorie beverage	0
Total Protein			62

\*The “liquid between meal” should be sipped slowly between meal times. If you feel full STOP, you do not have to finish everything

\*\* If you do not tolerate milk, try lactose-free milk (Lactaid) or soy milk instead

# Protein: A Necessity!

## WHAT IS PROTEIN?

Protein is the nutrient responsible for maintenance of all of the tissues in your body. This includes bone, muscle, organs and even hair and skin. In addition, protein helps the body function properly and is essential for healing. The average woman needs 50-60 grams of protein a day and the average man needs 60-70 grams of protein a day to stay healthy.

After weight loss surgery, your minimum protein intake is **60 grams a day**.

Your best sources of protein are: lean beef, poultry, fish, milk, dairy products and eggs. Make sure you use low-fat dairy products, lean cuts of meat, white or dark meat of poultry without the skin, eggs or egg substitutes.

When preparing your foods avoid frying. This adds extra fat and may cause you discomfort. Bake, broil, poach, or grill your food instead. Also, choose low-fat or fat-free products, as much as possible.

There are several protein rich foods that may help you maintain an adequate protein intake as your diet advances after surgery:

- As soon as your doctor allows, begin to drink fat free milk throughout the day (if milk makes you feel bloated or nauseated, you may want to switch to low fat lactose free milk, such as Lactaid® or soy milk).
- It is important to start your meal with the protein portion and finish as much of it as you can.

During the pureed and soft phases:

- Try strained low-fat cream soups like cream of chicken (many condensed soups can be made with fat free milk to reduce the fat).
- Use low-fat cottage cheese, ricotta, and light or non-fat yogurt at meals.
- Begin pureeing low-fat cuts of meat, poultry, or fish or use baby food meats.
- Eat scrambled eggs or egg substitutes.

As your diet advances further, continue to:

- Eat the high protein foods first.
- Drink fat free milk throughout the day.
- 

If you have trouble tolerating milk or other protein sources, you may want to use a commercial protein powder as recommended by your dietitian.

- These items can be found in pharmacies, nutrition stores, and supermarkets.

## Protein Supplements

The following are a few examples of protein supplements available on the market. These products should be used as a meal replacement.

**Rule of thumb:** Protein supplements should be less than 200 calories, 30 of carbohydrates and at least 10-15 of protein.

Product	Portion Size	Calories	Carbohydrates (grams)	Protein (grams)
Advant Edge	11 oz	100	2	17
EAS Whey Protein Powder	39 gram	150	7	26
Glucerna	8 oz	220	19	24
GNC Pro Performance 100% Whey	1 scoop	140	6	24
Kellog's Special K Protein	1 Bottle (296 ml)	190	29	10
Muscle Milk Lean Protein Powder	2 scoops	210	6-7	25
Optisource High Protein Drink	8 oz	200	12	24
Slim Fast High Protein	1 Bottle (295 ml)	180	4	20
Unjury	1 Scoop	100	4	21



# Bariatric Surgery Support

Support is very important following bariatric surgery to ensure your success. Your family and friends are the biggest support you have. Enlist your entire family in becoming healthier with you. It is much easier to stay with life style changes if everyone is involved. Cook healthy meals together, get active together, support each other.

## ***Support Group Meetings***

There are several Support Group Meetings set up for the bariatric patient. Here are a few:

### **WeightWise Banding Together-Oklahoma**

Foundation Bariatric Hospital of Oklahoma

1800 S. Renaissance Blvd.

Edmond, OK 73013

Phone: 1-866-WGTWISE

Meeting Times: First Tuesday of Each Month; 6-8 pm

Contact Person: Jim R. Keller, PhD

### **WeightWise StapleMates-Oklahoma**

Foundation Bariatric Hospital of Oklahoma

1800 S. Renaissance Blvd.

Edmond, OK 73013

Phone: 1-866-WGTWISE

Meeting Times: First Thursday of each Month; 6-8 pm

Contact Person: Jim R. Keller, PhD

### **Banding Together (Lap Band Support Group)**

Foundation Bariatric Hospital of Oklahoma

1800 S. Renaissance Blvd. 2nd Floor Education Room

Edmond, OK 73013

Phone: 1-866-WGT-WISE

Meeting Times: 1st Tuesday of Each Month from 6pm to 8pm

Contact Person: Jim R. Keller, PhD

### **RNY or AGB Support Groups**

HealthPlex Conference Room 3rd Floor

3400 W. Tecumseh Road

Norman, OK 73072

Phone: 405-360-7100

Meeting Times: 6-7 pm

Contact Person: Lisa Gibson

**Norman Regional Hospital**

Norman Regional Hospital in Norman Oklahoma

901 S. Porter

Norman, OK 73132

Phone: 405-307-3028

Meeting Times: 1st and 3rd Thursday evenings at 7 pm and on the 3rd Saturday at 11 am.

Contact Person: Patricia McKinney

**Oklahoma Weight Loss Surgery Support Group**

Conference Room H at Baptist Medical Center

3300 NW Expressway

Oklahoma City, OK 73112

Phone: 405-713-4450

Meeting Times: 6:30-8 pm

## ***Online Bariatric Surgery Support***

Bariatric Surgery Support Group

<https://www.facebook.com/BariatricSurgerySupportGroup>

Daily Strength Bariatric Surgery Support Group

<http://www.dailystrength.org/c/Gastric-Bypass-Surgery/support-group>

Bariatric Pal

<http://www.bariatricpal.com/forum/757-gastric-bypass-surgery-support-groups/>

National Association for Weight Loss Surgery

<http://www.nawls.com/>

## ***Reading List***

**\*\*\****The BIG Book on Gastric Sleeve: Everything You Need to Know to Lose Weight and Live Well with the Vertical Sleeve Gastrectomy.*

By Alex Brecher

*Or*

**\*\*\****The BIG Book on Lap-Band: Everything You Need to Know to Lose Weight and Live Well with the Adjustable Gastric Band.*

By Alex Brecher

*Eating Well After Weight Loss Surgery: Over 140 Delicious Low-Fat High-Protein Recipes to Enjoy in the Weeks, Months and Years After Surgery.*

By Patt Lavine and Michele Bontempo-Saray

*Recipes for Life After Weight-Loss Surgery, Revised and Updated: Delicious Dishes for Nourishing the New You and the Latest Information on Lower-BMI Gastric Banding Procedures.*

By Margaret Furtado, Lynette Schultz and Joseph Ewing

*Never Goin' Back: Winning the Weight Loss Battle For Good*

By Al Roker

**\*\*\*** Required reading prior to surgery

# Lawton Bariatrics

## Weight Loss Surgery Contract

Name: \_\_\_\_\_

You have decided to consider weight loss (bariatric) surgery for treatment of your obesity. This surgery alone cannot make you thin and you will not necessarily lose weight just because you have a weight loss surgery. Weight loss requires significant and lifelong changes in your attitudes and habits about food and exercise. You must make a commitment to be successful.

You agree to the following principles:

\_\_\_\_ I have read and understood the Weight Loss Surgery Guide given to me and I plan to adhere to the guidelines outlined in the guide.

\_\_\_\_ I have been informed of my personal medical problems, the dangers of morbid obesity and the operations available to me.

\_\_\_\_ The dangers and complications of surgery have been completely explained to my satisfaction, including the possibility of dying.

\_\_\_\_ I realize the importance of lifelong, regular and post-operative follow up.

\_\_\_\_ Behavior modification is an important part of weight loss surgery and will enhance the success of weight loss. I understand that it involves exercise, changes in the types of food I eat and liquids I drink, the number of meals I eat each day and how thoroughly I chew my food.

\_\_\_\_ I am committed to contacting the surgeon and staff should I have a surgically related medical complication.

\_\_\_\_ I have read and understand the required reading: *The BIG Book on Lap-Band: Everything You Need to Know to Lose Weight and Live Well with the Adjustable Gastric Band*. Or *The BIG Book on Gastric Sleeve: Everything You Need to Know to Lose Weight and Live Well with the Vertical Sleeve Gastrectomy*, By Alex Brecher

***I have read the above contract. I understand and agree to abide by the terms.***

Patient Signature/ Date \_\_\_\_\_

Witness Signature/ Date \_\_\_\_\_

Surgeon Signature/ Date \_\_\_\_\_