Our Mission

Our mission is to improve our patients’ health through lasting weight loss that reduces life-threatening risk factors, improves self-esteem and enhances daily living. We use scientific knowledge, medical technology, advanced surgical expertise and spiritual support to help our patients succeed. We employ a comprehensive pre-op program-oriented approach to reduce the risks of surgery and enhance long-term health and safe weight loss.
This handbook was developed to provide information on the surgical management of morbid obesity. Pacific Bariatric Surgical Medical Group, Inc. and Scripps Mercy Hospital believe that patient education is the foundation for long-term and successful weight loss. Surgery is a serious step and should only be considered after all other weight-loss methods have failed, and the patient has done considerable research, discussed all other options with his or her family physician, attended an educational lecture, and has spoken with other patients who have undergone weight-loss surgery.

Although this surgery is an elective procedure it is not without risk. Preparation time before the surgery will help to achieve a positive outcome.

Please study this material carefully. You will be asked to complete a written examination to ensure that you fully understand the risks, benefits and potential complications, as well as the level of lifetime commitment involved. Your knowledge of the information provided in this brochure will help in the success of your surgery and long-term weight loss.
Morbid Obesity

Obesity is a major health concern that is responsible for heart disease, hypertension, diabetes and a number of other serious conditions. The World Health Organization and the National Institutes of Health define obesity in terms of body mass index (BMI), a measure of body fat based on height and weight. They define “overweight” as a BMI of 25 to 29.9 and obesity as a BMI greater than 30. A BMI of 35 (or a body weight 100 pounds above an ideal weight) to 40 is considered moderately severe obesity, and a BMI above 40 is considered severe obesity.

In the United States, more than half of the adults 20 years or older (54.9%) are overweight, and nearly one-fourth (22.3%) are obese. The condition of obesity affects men and women of all income and educational levels, as well as all ethnic, racial and cultural groups. It affects women more frequently than men by a ratio of eight to one. Obesity costs the nation $118 billion annually in lost wages and medical and nursing care.

Weight-loss efforts that are focused on diet and exercise are often inadequate, and for the morbidly obese, surgery may offer the only hope of weight loss combined with improved overall health. The Roux-en-Y gastric bypass surgery, which creates a “Y” shape in a portion of the gastrointestinal tract, is one type of bariatric surgery. The LAP-BAND is another option. These operations, when combined with intensive follow-up, have a success rate of almost 85%, defined as maintaining a 50 to 75% loss of excess weight for up to 10 years.

Patient Selection

The option of surgical treatment should be offered to patients who are morbidly obese, well-informed, motivated and have acceptable operative risk factors. The patient should be able to participate in treatment and long-term follow-up. A decision to elect surgical treatment requires an assessment of the risks and benefits in each case. The Pacific Bariatric surgeons require all potential candidates to undergo a thorough workup in internal medicine, psychiatry and surgery.

Patients whose BMI exceeds 40 are potential candidates for surgery if they strongly desire substantial weight loss because obesity severely impairs the quality of their lives. They must clearly and realistically understand how their lives may change after the operation. In some cases, less severely obese patients (with BMIs between 35 and 40) also may be considered for surgery. Included in this category are patients with other high-risk (comorbid) conditions caused by obesity, such as serious heart and lung problems, diabetes, sleep apnea and degenerative joint disease.
Am I a Weight-Loss Surgery Candidate?

A person who is a candidate for surgical weight loss:

- Has a BMI between 35 and 40 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.

- Other possible indications for patients with BMIs between 35 and 40 include obesity-induced physical problems that interfere with one’s lifestyle (e.g., joint disease or a body size that interferes with employment).

- Has a BMI greater than 40, with or without obesity-related medical conditions.

- Understands and accepts the operative risks.

- Has failed attempts with diet plans and behavioral and medical therapies.

- Has realistic expectations and is motivated.

- Is capable of understanding the procedure and its implications.

- Has a commitment to prolonged lifestyle changes and long-term follow-up.

- Has a commitment to a lifetime of vigorous exercise.

Patients who fall within the accepted guidelines will be selected carefully following an evaluation by a multidisciplinary team with access to medical, psychiatric and nutritional expertise. The surgeons rely on this evaluation process to make the final decision about the advisability of surgery for each individual patient. The Pacific Bariatric team must determine that each patient is prepared to cope with the surgery and will be able to make the necessary lifestyle adjustments after surgery.

Choosing bariatric surgery requires careful consideration. While self-image is improved, this is major surgery – not a cosmetic procedure. The goal is that each patient experiences improved quality of daily living, lives a healthier and longer life, has resolution or improvement of medical problems and benefits from improved confidence and self-esteem.
Who Is Not a Candidate for Surgery?

Candidates may be excluded from consideration if surgical treatment presents an unacceptable risk or if the patient meets any of the following:

- Is not prepared to make the necessary lifestyle and/or behavioral changes
- Has active alcoholism, drug abuse or nicotine dependence
- Has severe liver cirrhosis with impaired liver function tests
- Has serious psychiatric disability
- Is unable to comply with the treatment protocol
- Has had a Nissen procedure (Nissen fundoplication) previously performed

Careful consideration will be given to patients:

- Under 18 or 70+ years of age. Patients in this category will be considered on an individual basis
- With previous blood clots in their lungs or legs
- With peptic ulcer disease
- Who have had previous obesity surgery

History of Bariatric Surgery

The term bariatric comes from two Greek words meaning “weight” and “treatment.” Surgical treatment of obesity causes weight loss through two different methods: malabsorption and restriction. Malabsorptive procedures cause incomplete digestion or absorption of food intake. If food is not absorbed, weight loss will result. Jejunoileal bypass, an early weight-loss procedure, used malabsorption as its primary method for weight loss. However, it led to severe vitamin, protein and mineral deficiencies, as well as diarrhea, so it is no longer used. Restrictive procedures decrease or limit the intake of food with small amounts of food giving a feeling of fullness.

A procedure known as vertical banded gastroplasty uses restriction as its primary method for weight loss. Studies have shown that procedures that use restriction (versus malabsorption) are less successful at achieving long-term weight loss. The Roux-en-Y gastric bypass combines the two methods of restriction and malabsorption to achieve, on average, a weight loss of two-thirds of excess body weight within one year and to maintain a 50 to 60% reduction in excess weight for five to 10 years.
To restrict the amount of food eaten, the surgeon forms a small stomach (gastric) pouch by dividing the stomach into two parts, leaving the larger portion of the stomach unused. In addition, the stomach outlet is also restricted, slowing the passage of food into the intestinal tract. These two strategies cause the patient to feel full after eating a small amount of food and prolong this feeling of fullness. Normally the body begins absorption of nutrients in the duodenum, the first part of the small intestine. After Roux-en-Y gastric bypass, the duodenum is “bypassed,” and the gastric pouch is surgically connected to the jejunum, thereby reducing the amount of calories and nutrients the body can absorb. For this reason, Roux-en-Y gastric bypass is considered primarily a restrictive procedure with a modest malabsorptive component.

The Procedure

The abdominal cavity is entered through a Laparoscopic or Open Approach. Your surgeon will determine which procedure is best for you. The upper part of the stomach is then divided using an automatic stapling device. This creates the small stomach pouch (approximately the size of a small egg). The small intestine is then divided and re-connected to the remaining small intestine about three feet below the point of division. This connection, called the Roux-en-Y anastomosis, is seen in the picture below.

Gastrojejunostomy

The stomach, duodenum and several feet of upper small intestine are bypassed. The connection between the stomach pouch and “Roux-en-Y” limb of the small intestine is created with sutures or a circular-stapling device. This procedure is routinely accomplished in 90 to 120 minutes. Abdominal drains are sometimes necessary. Because bleeding is rare, the surgical team uses blood products less than one percent of the time. Patients rarely need to go to the Intensive Care Unit, and most patients leave the hospital on the third day following surgery.
Risks

As with any surgery, there are operative and long-term complications and risks associated with weight-loss surgical procedures that should be discussed with your surgeon. Possible risks include, but are not limited to:

- Perforation of the stomach or intestine
-Leaks from staple line breakdown
-Internal bleeding
-Infections
-Opening of the wound
-Injury to the spleen requiring removal
-Bowel obstruction
-Blood clots in the legs
-Pulmonary embolism (blood clots that travel from the legs to the lungs)
-Cardiac complications
-Death

As with any other surgery, the unlikely risk of heart attack, heart failure, irregular heartbeat, stroke, and liver and kidney problems exist.

Although rare, death may occur with any surgery. We are proud of our low complication rate.

Methods Used to Prevent Complications

Inflatable boots and frequent walking after surgery assist in decreasing the incidence of blood clots. A blood thinner is used to prevent clots from forming during the patient’s hospital stay.

Gallbladder disease is common in association with morbid obesity. The gallbladder will be removed if gallbladder disease is noted before or during surgery. A prescription medication (Actigall®), taken during the weight-loss phase usually prevents gallstone formation and the risk of gallbladder disease in the future.

Ulcers (or bleeding) at the site of the new stomach opening may occur. Smoking, overeating and using Aspirin® or non-steroidal anti-inflammatory drugs may cause stomach ulcers. Cortisone used in the early postoperative period may also lead to a higher incidence of ulcers. If ulcers occur they usually can be treated with medications, such as Tagamet® and Zantac®

Vitamin, mineral and protein deficiencies are possible after gastric bypass surgery. Therefore, it is very important to follow recommendations for diet and vitamin supplements for life.
The surgeons of Pacific Bariatric believe that bariatric surgery requires a state-of-the-art, programmatic approach, unlike an appendectomy, hernia repair or gallbladder removal. Our patients are provided with a multidisciplinary designed bariatric team that provides state-of-the-art disease management that comprises:

- Professional staff who are fully trained in bariatric medicine
- Dignified, supportive hospital care
- Nursing staff who specialize in bariatric care
- Internal medicine and specialty consultations as required
- Psychiatric evaluation and support
- Anesthesia professionals who are trained and accomplished in bariatric surgery
- Nutritional guidance provided by registered dietitians
- Exercise instructions
- A lifelong follow-up program and support groups

Our internal medicine panel has expertise in the challenges related to clinically severe obesity.

The psychiatric and psychosocial consultations are performed to assess that there are no potential circumstances that might hinder postoperative recovery and long-term success. Issues include an evaluation of realistic expectations of the surgery, appropriate psychological readiness, risk of postoperative depression, ability to comprehend and carry out required postoperative lifestyle changes and commitment to long-term follow-up.

Scripps Mercy Hospital’s Nutritional Services is available for individual and group education.
Exercise is essential for the successful treatment of clinically severe obesity and is given a prominent role in the team’s approach to the continuum of care. A physical therapy team is also available to give exercise instructions to improve weight loss and weight maintenance. Physical Therapy also offers a daily exercise class for all inpatients to prevent blood clots.

**New Eating Patterns**

To achieve weight loss, it is important to develop proper eating habits **before and after surgery**. Structural changes after surgery lead to new eating patterns; however, many behavioral changes are also required. Failure to modify your eating habits can result in possible complications (e.g., disruption of the staple line and/or obstruction at the opening of the upper stomach) and less weight-loss success.

**Structural Change**

Take a few minutes to visualize your “new” stomach. Reduced to the size of an egg, this new pouch will act as a reservoir. The outlet leading from the pouch to the jejunum (upper segment of the small intestine) is approximately the size of a dime. This prevents the new stomach from emptying its contents into the intestine too quickly. In turn, a feeling of fullness is created for a longer period, resulting in reduced food intake and desired weight loss.
Behavioral Change
Before surgery, you should begin to change your eating habits. Try incorporating the following ideas:

- Schedule routine eating times, and only eat in designated areas (e.g., the dining table).
- Avoid eating while doing other activities, like watching television or reading.
- Use a cocktail fork or child-size flatware along with a small plate to help you reduce meal portions.
- Practice leaving food on your plate at the end of each meal.
- Set your fork down between bites to slow your eating pace.
- Clean out kitchen cabinets to rid yourself of unapproved foods.
- **Avoid snacking at all times.** Excess calories can sabotage successful weight loss.
- Avoid carbonated beverages and those containing caffeine.
- Your healthy diet will consist of three small meals that are adequate in protein but low in fat and simple sugar. Foods that are high in fat and/or simple sugar will not only cause discomfort but will limit the success of your surgery.
- Drink a minimum of 32 to 64 ounces (or four to eight 8-ounce glasses) of water daily.

The diet will progress after surgery from NPO (nothing by mouth) to clear liquids, then the addition of a liquid protein supplement, then semi-soft foods based on individual patient tolerance and healing. This slow progression is important to minimize bloating, pain, nausea, vomiting and diarrhea. It will help to maintain the integrity of your surgical anastomosis and minimize pouch stretching after surgery. Your physician will advance you to each stage based on your progress.

A registered dietitian is available to provide nutritional education during your hospital stay, and a Bariatric Surgery Support Group can assist patients after discharge from the hospital.
These guidelines are designed to help you reduce health risks following surgery. They will help decrease the risk of death, pulmonary emboli, wound infection, pneumonia and many other complications. By following these guidelines you can also decrease the amount of pain you will experience and increase your ability to move around after surgery. You should begin following these guidelines as soon as you have made the decision to have surgery.

**Following These Guidelines Will Prevent a Delay of Your Surgery**

**Diet:** Begin a high-protein, low-fat, low-carbohydrate diet. Include a protein supplement of at least 50 grams of protein per serving. Also start taking a multi-vitamin and mineral supplement once a day.

**Smoking:** Stop smoking, and be nicotine free for at least six weeks before surgery.

**Fluids:** Increase your water intake to at least 64 ounces per day. Limit fruit juice to four ounces a day. Avoid caffeine and carbonated beverages. Taper down caffeine beverages. (Abruptly stopping all caffeine products can lead to severe headaches.) Crystal Light; herbal teas, decaffeinated coffee and other non-caloric liquids are permitted.

**Activity:** Daily exercises to strengthen and build muscles will help you during your recovery. Begin walking or riding a stationary bike. Start at a level with which you are comfortable. Your goal is to exercise 30 minutes a day before surgery. A personal trainer is highly recommended when developing an exercise plan.

**Breathing:** Deep breathing exercises twice a day enhance lung capacity in preparation for general anesthesia. If you are diagnosed with sleep apnea, you are required to use a CPAP (Continuous Positive Airway Pressure) machine consistently for at least two months before your surgery.

**Failure to lose the required amount of weight or gaining weight may result in the cancellation of your surgery date.**
The Hospital Stay

Your surgery is performed at Scripps Mercy Hospital in San Diego. Scripps Mercy is San Diego’s largest and longest-operating, as well as only Catholic hospital. Centrally located in the Hillcrest area, the hospital has 700 acute-care licensed beds, more than 3,000 employees and 1,300 physicians.

Scripps Mercy Hospital has one of the nation’s leading surgical centers for the treatment of obesity and offers comprehensive support programs to help with weight loss and long-term maintenance. Scripps Mercy is devoted to quality patient care with an emphasis on dignity and support for all patients and provides state-of-the-art medical equipment for the special needs of the bariatric patient.

Participating in a center of excellence approach is an important focus of our team. Only qualified anesthesiologists have been selected to be part of our surgical team. Our nurses are specially trained to care for our bariatric patients. Registered dietitians are available for nutritional advice. Our physical and occupational therapy teams are qualified to offer exercise classes during your hospital stay. In addition, you will have the opportunity to discuss and learn new strategies to manage your daily activities and begin a regular exercise regimen that will be essential to your new lifestyle.
Preparing for Your Surgery

Please bring the following items with you to the hospital on the day of your surgery:

- Slippers and robe
- Ankle socks
- Deodorant, a toothbrush and toothpaste
- Brush or comb
- Loose clothing for going home after discharge
- CPAP machine if used at home

All males must be clean shaven (no mustache or beard) to ensure that the oxygen mask fits properly during anesthesia.

On the Day before Your Surgery

Start a clear liquid diet one day before surgery. Only drink tea, broth, decaffeinated coffee (no cream), apple juice and water, or eat Jell-O® or Popsicles®. Do not eat any solid food. It is important to drink 120 ounces of liquids on this day. If you are a diabetic, monitor your blood sugar level very carefully. Take your usual medications up until the morning of surgery. Do not take any insulin on the day of surgery.

Between 6 a.m. and noon on the day before the surgery, take three tablespoons of Milk of Magnesia®. This will help to empty the intestinal tract.

You will be scheduled to attend the Pre-Registration Education Program (PREP) on the afternoon before the day of your surgery. We advise out-of-town patients to come to San Diego one day before surgery to complete the preadmission requirements. Here you will meet the anesthesiologist and the dietitian, and learn about different hospital routines. The anesthesiologist will need a telephone number where you can be reached the night before your surgery. You will also be weighed at this time.

Please bring a list of all your current medications and dosages. It is your responsibility to ensure that your surgeon has the most recent laboratory results the day before your surgery.

**Do not eat or drink after midnight.**
The Day of Surgery

Shower using the presurgical scrub you received the day before. Arrive at the hospital three hours before your scheduled surgery time (but not before 5 a.m.).

Your family and friends can wait in the surgical waiting area on the second floor. They will see you after you are transferred to the floor. Hospital visiting hours are from noon until 8:30 p.m.

Upon awakening after surgery, you will be taken to the Recovery Room and remain there for about two to four hours. Once stable, you will then be transferred to the appropriate hospital care setting. Whether transfer is made to the surgical floor or Intensive Care Unit will depend on your specific circumstances and will be determined by the surgeon.

Treating your pain is important to us. As a patient at Scripps Mercy, you will be:

- Given information about pain, pain relief measures and pain-rating scales.
- Encouraged to participate in decisions about pain relief.
- Supported by concerned health care professionals who are committed to pain prevention and management.
- Assured your reports of pain will be relieved.

After surgery you will have a Patient Controlled Analgesia (PCA) pump to control your pain. We encourage you to use it frequently to receive the full benefit of it.

Some pain may be experienced at the area of the incision when coughing, laughing or moving around in bed. To reduce this pain, place a pillow or folded blanket over the incision and apply firm pressure to the area. A Velcro® abdominal binder will also be provided for this purpose.

To prevent blood clots and respiratory problems, we will encourage you to get out of bed and walk within four hours after your arrival to the hospital unit. We expect you to initiate your own walking routines. Early activity is essential to a speedy recovery. Walking at least 10 times a day around the hospital unit will increase the likelihood of early discharge from the hospital, help decrease postoperative pain and decrease the risk of potentially serious complications.

Coughing and deep breathing are very important after surgery to prevent pneumonia. A device called an incentive spirometer is given to you before admission. Perform breathing exercises with this device 10 times every hour while awake during your hospital stay and for four weeks after discharge.

We encourage you to participate in the daily exercise program for our bariatric patients. Physical and occupational therapists will guide you through some mild exercises to prevent blood clots and give you advice on how to start an exercise program after your discharge from the hospital.
Nutrition

Gastric bypass surgery is designed to help people lose weight after previous weight-loss attempts have failed. However, safe and successful weight loss with this procedure requires you to make a commitment to change your current eating habits and behavior.

The surgery greatly reduces the size of your stomach to that of a small egg. Therefore, your nutritional intake after your surgery is one of the most important aspects of your treatment. Adequate nutrition helps in the following three ways: (1) healing your incision, (2) preventing gastric discomfort and (3) maintaining your nutritional health.

The following information is offered to help you have a greater understanding of nutrition. Please remember that you are not on a “diet.” After surgery you will be eating very small amounts; therefore, it is important that you enjoy high-quality food.

Following these guidelines for life will keep you healthy and strong, and help prevent nutrient deficiencies. Depending on laboratory results, supplements may be adjusted periodically.
## STAGE ONE (While in the Hospital)

<table>
<thead>
<tr>
<th>START:</th>
<th>You may begin ice chips and sips of water once approved by your surgeon on the morning following surgery.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DURATION:</td>
<td>Usually the first day after surgery</td>
</tr>
<tr>
<td>FLUID LIMIT:</td>
<td>One ounce of water or ice per hour maximum</td>
</tr>
</tbody>
</table>

**REMINDEERS:**
- Use a one-ounce medicine cup provided by the nurse to measure ice or water intake.
- Do not use a spoon, straw or sipper cup to drink liquids, as use may encourage swallowing air and result in painful gas and bloating.

## STAGE TWO

<table>
<thead>
<tr>
<th>START:</th>
<th>Usually the second day after surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>DURATION:</td>
<td>Usually through your hospital stay</td>
</tr>
<tr>
<td>DIET:</td>
<td>Clear liquids without added sugar</td>
</tr>
<tr>
<td>FLUID LIMIT:</td>
<td>Maximum of two ounces of fluid per hour</td>
</tr>
</tbody>
</table>

**REMINDEERS:**
- Follow directions from previous stage.
- Sip slowly, taking one hour to consume two ounces of liquid.
- Stop sipping at the first feeling of fullness or nausea. Wait for this feeling to resolve.
- No caffeine or carbonated beverages.
STAGE THREE

START: When discharged (usually the third or fourth day after surgery)

DURATION: Follow until the first appointment with your surgeon.

DIET: Clear liquids without added sugar (Stage Two liquids)  
Liquid protein supplement (after discharge from the hospital)

FLUID GOAL: One ounce every 15 to 30 minutes, which comes to two to four ounces per hour, while awake. Water is best to drink to minimize caloric intake. Avoid fruit juice for this reason.

AFTER DISCHARGE FROM THE HOSPITAL:

- Protein drink: mixing directions are as follows:
  1. 45 to 60 grams daily. Mix according to the package instructions.

We recommend that you not use a blender, as this introduces too much air into the liquid. Stir with a spoon.

Do not use juice, as this contains too much natural sugar.

- After two to three days, try nonfat milk or lactose-free, nonfat milk.

Additional choices include calorie-free, noncarbonated beverages.

- After mixing, allow beverage to set for two to three minutes to avoid consumption of foam that may cause gas.

- You may change the quantity of ice and/or liquid used to alter the beverage’s consistency (i.e., thin versus thick), as needed to improve your tolerance of the supplement. For variety you may freeze portions.

REMINDERS:

- Follow directions from previous stages.
- No alcoholic beverages.
- Start vitamin and mineral supplementation. (See page 25.)
- Take two chewable tablets of a multivitamin/mineral supplement with iron each day.
- Take a sublingual (under the tongue) vitamin B12 weekly.
**NUTRITION FACTS:**
Calculate the amount of daily protein powder needed (45 to 60 grams) by looking at the serving size and protein amount per serving.

<table>
<thead>
<tr>
<th>Serving Size: 2 Scoops (68g)</th>
<th>Servings Per Container: 29</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount Per Serving</strong></td>
<td></td>
</tr>
<tr>
<td>Total Calories</td>
<td>260</td>
</tr>
<tr>
<td>Calories From Fat</td>
<td>30</td>
</tr>
<tr>
<td>Total Fat</td>
<td>3 g</td>
</tr>
<tr>
<td>Saturated Fat</td>
<td>1.5 g</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>40 mg</td>
</tr>
<tr>
<td>Sodium</td>
<td>250 mg</td>
</tr>
<tr>
<td>Potassium</td>
<td>150 mg</td>
</tr>
<tr>
<td>Total Carbohydrates</td>
<td>3 g</td>
</tr>
<tr>
<td>Dietary Fiber</td>
<td>0 g</td>
</tr>
<tr>
<td>Sugars</td>
<td>2 g</td>
</tr>
<tr>
<td><strong>Protein</strong></td>
<td><strong>55 g</strong></td>
</tr>
</tbody>
</table>
STAGE FOUR

START: As directed by the surgeon

Add one new food at a time to assess tolerance.

Foods Recommended (First two weeks after surgery):

- Always eat high-protein foods first from now on.
- All foods from previous stages plus those listed below

HIGH-PROTEIN FOODS – EAT FIRST, primarily of animal origin

- Eggs with yolk or egg substitute – soft boiled or scrambled and cooked with non-stick cooking spray. Do not use butter or margarine.
- Cheese or cottage cheese – low-fat or nonfat varieties (mozzarella or string)
- Yogurt – nonfat plain or flavored, no sugar added and no fruit unless blended
- Nonfat or low-fat cream soup made with nonfat milk* and blended
- Tofu – soft, not fried
- Tuna packed in water
- Baby shrimp

OTHER PROTEIN FOODS

- Dried beans or peas – navy beans, kidney beans, pinto beans, lima beans, lentils and split peas cooked without added fat until very tender. (These foods may cause abdominal discomfort and/or gas.)
- Cream of Wheat®, Cream of Rice® or Malt-o-Meal® (unflavored)

FLUID GOAL

- Drink a minimum of 30 ounces of water per day to prevent dehydration.
- Carry a water bottle with you at all times.
- Drink one ounce every 15 minutes if possible.
- Avoid liquids with meals.
- Eliminate juice and sports drinks to minimize caloric intake.
- A protein drink may be used as a meal replacement for breakfast – four ounces or quantity as directed by your surgeon.

* If milk is not tolerated try lactose-free, nonfat milk.
REMINDERS

- All reminders from previous stages.
- Add one food at a time to assess tolerance.
- Protein-rich foods must be eaten first to ensure sufficient intake.
- Do not eat past the first feeling of fullness.
- Eat slowly, take small bites, and chew thoroughly. It should take 30 to 45 minutes to finish a meal.
- Chew food well until it resembles pureed consistency before swallowing.
- Avoid foods with high sugar or fat content to prevent dumping syndrome.
- Do not drink caffeinated beverages.
- Do not chew gum, as obstruction may occur if swallowed or excessive salivation.
- Do not take Aspirin® or non-steroidal, anti-inflammatory drugs. If you are unsure about a medicine containing these items, consult a pharmacist.
- If nausea and vomiting occur, stop eating solids and return to clear liquids for 24 hours. (See page 33.) If symptoms persist, call the office immediately.

TEST ALL FOODS FOR TOLERANCE FIRST!

- In the first week or two following your surgery, you can eat foods that are high in protein but are soft and mushy.
- Eggs or egg substitutes – scrambled, soft boiled and in the form of egg salad made with fat-free mayonnaise. Fried eggs are usually too “rubbery.”
- Dairy products: soft cheeses, low-fat yogurt, cottage cheese and feta cheese are the best dairy products. Avoid whole milk and high-fat cheeses.
- Legumes: includes beans, lentils and peas. These should be in a mushy form. Examples would be split pea soup, bean soup and moist, fat-free refried beans.
- Three small meals per day. High-protein food with every meal.
- Each meal should be at least ¾ “high protein” and ¼ or less carbohydrate sources. Refer to the portion sizes on the next page. Remember: stop eating at the first feeling of fullness.
Guidelines

1. Add only one new food to your diet at a time.
2. Keep the portion size small. Follow this guide with each new food:
   Day 1 – One thimbleful for each meal.
   Day 2 – If tolerated, increase to two thimblefuls.
   Day 3 – If tolerated, increase to four thimblefuls or the size of a domino game piece.
3. If a food causes discomfort, wait one week before trying it again, or use a different preparation method, and eat slower.
4. These guidelines may be adjusted by your physician.

THREE TO FOUR WEEKS AFTER SURGERY

**Seafood** – moist, white fish, baby shrimp or other shellfish. Do not start with clams or oysters, as they are too chewy. **Do not fry.**

SIX WEEKS AFTER SURGERY

**Cold cereals (unsweetened)** – refer to the guide on reading food labels.

EIGHT WEEKS AFTER SURGERY

**Vegetables** – cooked carrots and green vegetables. Avoid corn.
**Fruits** – bananas and melon
**Turkey** – moist dark meat works best

12 WEEKS AFTER SURGERY

**Vegetables** – cooked greens, broccoli* and cabbage*
**Vegetables/raw fruit** – peeled (chew well), no citrus
**Salad with romaine lettuce**
**Ground beef (well-drained)** – with surgeon’s approval

* May cause abdominal discomfort and gas.
SIX TO 12 MONTHS AFTER SURGERY

**Chicken, red meat and pork (with surgeon’s approval)** – (lean). Trim visible fat. **Do not fry.** (Chew well.)

**Raisins, grapes, corn and peas**

**CHICKEN ALERT!**

Chicken has caused severe vomiting with many of our patients. We recommend waiting six months after surgery to eat chicken.

**ALWAYS AVOID**

- Drinking with meals, since there is limited space for your food.
- Alcohol (for one year).
- Sugar.
- Saturated fats and oils (replace with olive oil, canola oil, etc.).
- **SNACKING.**
- Carbonated beverages.
- Caffeine.
- Fresh coconut chunks – they can obstruct the new stomach outlet.
- Nicotine.
- **NSAID** (non-steroidal, anti-inflammatory drugs). A few examples are: Advil®, Aleve®, Motrin®, Ibuprofen and Aspirin®.
Food Label Guidelines for Fat

Once you are able to eat a wider variety of foods, it is important to limit fat intake.

■ Excess calories from high fat foods will result in weight gain.
■ Eating high-fat foods can cause gastrointestinal distress and cramping (late dumping).

Use the following guide to help you select foods that are low in fat:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Less than three grams of fat per serving</td>
</tr>
<tr>
<td>Moderate</td>
<td>Four to five grams of fat per serving</td>
</tr>
<tr>
<td>High</td>
<td>Six grams or more of fat per serving</td>
</tr>
</tbody>
</table>

LOW-FAT COOKING

■ Use a non-stick vegetable spray instead of oil or butter.
■ Sparingly use fat-free salad dressings, mayonnaise and cream cheese. Limit the use of butter, oil and margarine.
■ If your recipe calls for sour cream, cottage cheese, milk, yogurt or cheese, use a nonfat or low-fat variety.
■ Bake, poach, steam, grill or broil instead of frying. Use a rack to allow fat to drip away from food while cooking.
■ Increase the flavor of food by using herbs, spices or vinegar.
■ When reading labels, avoid products advertised as “lite” or reduced fat. The labeling guidelines only require that the food with this label be 25% less calories than the original product. Therefore it is possible to find a “lite” or reduced fat product that is still very high in fat or calories.

Food Label Guidelines for Carbohydrates (Sugar)

SUGAR

Being aware of sugar consumption is important for two reasons:

■ A high sugar intake will slow your rate of weight loss.
■ Consumption of too much sugar can lead to “dumping syndrome.” Your “new” stomach allows sugar-containing foods to enter the intestines quickly and may cause one or more of the following symptoms: a warm, dizzy, weak or faint feeling; rapid heart beat; abdominal fullness; nausea; cramping and diarrhea.

Check the ingredient list on food labels for these words indicating that the product contains sugar or added sugar:

■ Sugar
■ Brown sugar
■ Powdered sugar
■ Molasses/honey
■ Sucrose
■ Fructose
■ Dextrose
■ Maltose
■ Corn syrup
■ Corn sweeteners
■ Natural sweeteners
■ Modified food starch
Do not eat food containing any of these “sugars” if listed as one of the first four ingredients. These foods are simple carbohydrates that provide little nutritional value and may cause dumping syndrome.

**COMPLEX CARBOHYDRATE**

Although the quantity of carbohydrate in your diet is very small (¼ of your meal), it remains an essential component. Choose complex carbohydrates high in fiber for optimum nutritional value. Identify complex carbohydrates by referring to fiber on the Nutrition Facts label on your food products. Choose products with three or more grams of fiber per serving. Remember to check the ingredient list for simple carbohydrates (sugar).

**SUGAR-FREE FOODS AND SUBSTITUTES**

- Some foods generally containing sugar are available “sugar free” or “no sugar added.” Examples include yogurt, gelatin and drink mixes. These products are acceptable when included as part of your meal plan.
- Beware of sugar alcohols (e.g., sorbitol, mannitol and xylitol) that are used in several sugar-free foods, as they may cause discomfort and diarrhea.

**NATURAL SUGARS**

These sugars are acceptable when naturally consumed in foods that are part of a balanced meal plan.

- Fructose is a sugar found naturally in fruit.
- Lactose is a sugar found naturally in milk and other dairy products.

Lactose is digested in the intestines by the lactase enzyme. After surgery some people are unable to digest large amounts of lactose that can result in cramping and diarrhea. Tolerance to lactose is variable. Most people can consume some lactose without symptoms, especially if eaten with other food. If you experience discomfort after consuming milk or dairy products, use the following guide to limit lactose to six grams or less per meal:

<table>
<thead>
<tr>
<th>Product</th>
<th>Serving Size</th>
<th>Lactose (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk or yogurt (nonfat or low fat)</td>
<td>4 oz.</td>
<td>6 - 7</td>
</tr>
<tr>
<td>Cottage cheese (nonfat or low fat)</td>
<td>1/4 cup</td>
<td>1 - 2</td>
</tr>
<tr>
<td>Low lactose milk (nonfat or low fat)</td>
<td>4 oz.</td>
<td>&lt; 1</td>
</tr>
<tr>
<td>Cheese (nonfat or low fat)</td>
<td>1 oz.</td>
<td>&lt; 1</td>
</tr>
</tbody>
</table>

The best source of calcium is from milk or dairy products. The recommended intake is two cups per day.
One of the most important issues for the bariatric patient is eating a diet adequate in protein. Protein builds and maintains body tissues and is necessary for metabolic functions. You must consume good sources of protein to avoid nutrition-related complications. Good protein sources are considered “complete” as they contain all the essential amino acids. Complete proteins are primarily of animal origin (e.g., eggs, fish, poultry, milk, cheese, cottage cheese and meat) while grains and vegetable proteins are “incomplete.”

### Protein Sources:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Food</th>
<th>Protein grams</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Egg</td>
<td>7</td>
</tr>
<tr>
<td>1/4 cup</td>
<td>Egg substitute</td>
<td>7</td>
</tr>
<tr>
<td>1/4 cup</td>
<td>Cottage cheese, nonfat</td>
<td>7</td>
</tr>
<tr>
<td>1 oz.*</td>
<td>Cheese, nonfat or low fat</td>
<td>7</td>
</tr>
<tr>
<td>1/4 cup</td>
<td>Tuna (water packed)</td>
<td>7</td>
</tr>
<tr>
<td>1 oz.*</td>
<td>Poultry, fish, beef or pork</td>
<td>7</td>
</tr>
<tr>
<td>1/4 cup</td>
<td>Tofu</td>
<td>5</td>
</tr>
<tr>
<td>4 oz.</td>
<td>Milk or yogurt, nonfat</td>
<td>4</td>
</tr>
<tr>
<td>1/4 cup</td>
<td>Beans and lentils</td>
<td>3</td>
</tr>
<tr>
<td>1/2 cup</td>
<td>Most vegetables, cooked</td>
<td>2</td>
</tr>
</tbody>
</table>

* One ounce equal in size to a domino game piece.

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**REMINDEERS**

- Include a high-protein source with each meal.
- **Eat your protein source first at each meal**, and then proceed with vegetables, fruits, complex grains and cereals.
- Supplement protein in your diet with a protein powder.
- At least 45 to 60 grams of protein a day might help prevent hair loss associated with rapid weight loss.
**Vitamin and Mineral Supplements**

**MULTIVITAMINS AND MINERAL SUPPLEMENTS**

- Help supplement essential micronutrients your body needs.

**Begin:** Day of discharge from the hospital

**Dose:** Take two (2) sugar-free, chewable tablets of a complete multivitamin/mineral supplement. Non-chewable tablets can be started 6 weeks after surgery at a dose of one tablet per day.

**VITAMIN B-12**

- To prevent vitamin B-12 deficiency that can occur after gastric bypass surgery because of malabsorption and to prevent a certain type of anemia (low blood count). Failure to take this medication can lead to loss of energy and permanent damage to the nerves of your spinal cord.

**Begin:** Day of discharge from the hospital

**Dose:** 1,000 mcg under your tongue (sublingual) once a week

**CALCIUM**

- To prevent osteoporosis, or fragile, brittle and porous bones.

**Begin:** Three months after surgery

**Dose:** 1,500 mg per day

**Brand:** Choose brands that contain vitamin D, magnesium and zinc

**IRON**

- To prevent and treat anemia

**Begin:** Only if prescribed by your surgeon

**Dose:** Ferrous sulfate 325 mg tablet once a day

- Take on an empty stomach.

- If unable to tolerate, you can take with food or after meals.

- May cause black stools, constipation or diarrhea

- Must take two hours before or two hours after certain medications (such as tetracycline, glucoquinolones, synthroid or antacids) or these beverages (tea, milk or coffee) and all vitamins (calcium, multivitamins and minerals). They can bind iron and decrease absorption, or iron can stop your medication from working.
ANTI-ACID MEDICATIONS

- To prevent bleeding from the stomach after surgery and to prevent stomach ulcers because of high acid production.

**Begin:** Day after discharge from the hospital and continue for 30 days

**Dose:** Take as directed on your prescription bottle.

**Brand:** Omeprazole (Prilosec®), Pantoprazole (Protonix®), Lansoprazole (Prevacid®), Rabeprazole (Aciphex®) or Esomeprazole (Nexium®)

- Do not chew, open or crush capsules.

- Swallow whole before eating

ANTI-GALLSTONE MEDICATION

- To prevent gallstone formation because of rapid weight loss after surgery

- Only provided at the physician’s discretion

**Begin:** 30 days after surgery

**Dose:** 300 mg capsule twice daily for three to six months

**Brand:** Ursodiol (Actigall®)
Planning for your discharge is a process that begins when you are admitted and involves you, your family and members of the health care team. Your doctor will decide when you are ready for discharge. If needed, other members of the health care team (like the dietitian, physical therapist and discharge planner) will assist the physician to plan for your aftercare.

Changing lifelong habits is a big challenge. That is why it is so important to continue regular, structured contact with your surgeon following your discharge from the hospital. We will provide the necessary guidance and support to help you adjust to and maintain your new lifestyle. As time passes, reading this information several times will provide new perspectives regarding your recovery. Plan to attend our support groups, the annual patient reunions and periodically a new patient lecture to remain current with the latest information.
Discharge from the Hospital

When your surgeon determines that it is safe for you to return home or to your hotel, you will be discharged. We treat all patients individually, and discharge time will vary with each patient.

**Discharge Instructions**

Call the Pacific Bariatric office at (619) 298-9931 to make an appointment to see the surgeon within five days after discharge. Please call to confirm the appointment if you were scheduled for the appointment while you were in the hospital.

You must remain in the San Diego area until after your first appointment with the surgeon.

Make an appointment with your primary care physician three weeks after your surgery.

Please call the Pacific Bariatric office at (619) 298-9931 if you develop any of the following:

- Temperature of 100.5°F or more
- Redness and drainage from incision
- Increased abdominal pain
- Increased heart rate over 110 beats per minute
- Shortness of breath
- Pain or redness in your calves
- Chest pain
- Continued nausea or vomiting

For any other routine questions or concerns, please call the Pacific Bariatric nursing staff during office hours (8 a.m. to 5 p.m.) at (619) 298-9931.
**Nutrition**

- Clear liquid diet without added sugar four ounces per hour. Use Crystal Light® instead of juice.
- Only water or calorie-free or no-added sugar clear liquids
- Protein drink (45 to 60 grams of protein daily). Refer to the Nutrition Facts label on the container.
- No alcoholic, caffeinated or carbonated beverages
- Start a vitamin and mineral supplementation – chewable/sugar free.

**Medications**

- Resume medications as instructed by your surgeon. Do not resume diuretics (Lasix® or Maxzide®) or diabetic medications without discussing your dosage with the surgeon.
- Begin taking Protonix® or Prevacid® the day after you get out of the hospital.
- Use Lortab® or Tylenol® with Codeine elixir as prescribed for pain.
- Do not begin taking Actigall®, if prescribed, until four weeks after surgery.
- Pills can be swallowed with water. Do not crush or chew your pills.

**Incision**

- Carefully wash your incision with soap and water, using your hand rather than a washcloth. Rinse it well.
- You may have Steri-Strip closure strips in place. Let them fall off by themselves, unless otherwise directed by your physician.

**Activity**

- Wear your Velcro binder for two weeks after surgery. Wear it over a shirt to prevent a rash.
- Walk at least 10 minutes, four times a day. Increase as tolerated.
- Do not drive for two to three weeks after surgery.
- No heavy lifting (more than 20 pounds) or strenuous activity for four weeks.
- If you drive or fly home, get up and walk at least every hour to prevent blood clots in your legs.

Out-of-town patients are required to stay in San Diego approximately three to five days from the hospital discharge day until the first follow-up visit with the surgeon.
Arrange to have the following items available at the time of your discharge. Please complete your shopping before being admitted to the hospital.

- Bottled water
- Crystal Light® or Propel®
- Broth
- Sugar-free Jell-O®
- Sugar-free Popsicles®
- Protein powder
- Peppermint extract

If vomiting occurs, return to clear liquids for 24 hours. Peppermint extract is very helpful if you experience nausea. Place a couple of tiny drops into a cup of ice chips.

**Returning Home**

Continuing an exercise program is essential to progressing into your new lifestyle. Develop a program that is easy for you to work into your busy day, such as walking briskly for 15 minutes up to four times a day following your discharge from the hospital. You can use a treadmill, go to the shopping malls or walk outside. Gradually increase your activity to include a brisk one-hour walk daily for the first six to eight weeks or until the physician recommends an increase in activity or aerobic workouts.

In order to assure that you do not over exert your new self, listen to your body. If you feel the activity is too light, increase the pace of your exercise. If the exercise feels too hard, slow your pace.

Walking may not be enough after one month because of your body’s ability to adjust to your metabolism. Most patients can go to the gym one month after surgery. Other activities, such as biking, swimming and aerobic exercises, are usually necessary to continue weight loss.

Weight training and muscle strengthening will help with skin elasticity and will help prevent weight regain.

Only weigh yourself once a month to monitor your weight loss. Use a measuring tape to track lost inches.
Pacific Bariatric Support Group

Our support group was formed to assist you with any problems or challenges that may occur after your surgery. These meetings are offered as an avenue to meet and discuss solutions with other patients. Family members, friends, former and new patients, or anyone investigating the surgery are encouraged to attend.

While varied in topic and style, discussion or lecture, our patients will usually find a specific “topic of the month.”

Meetings are held at varied locations throughout California. We feel the support group is an important part of the recovery process and are proud of the unique commitment by our entire team to the long-term health and success of our patients.

Follow-Up Visits

Follow-up visits assist in the ultimate success of your surgery. We strongly encourage everyone to keep postoperative visits. Please bring the laboratory studies ordered by your surgeon to each follow-up visit.

We will ask your commitment to a minimum of the following:

- Immediate postoperative visit as ordered by your surgeon
- One month after surgery
- Three months after surgery
- Six months after surgery
- Twelve months after surgery
- Annually thereafter

*It is your responsibility to schedule follow-up visits and obtain necessary lab studies.*
MEDICATIONS

- If you were taking medications before your surgery, the surgeon and your primary care physician will advise you whether these need to be continued upon discharge.
- Do not stop taking any medication unless you are asked to do so by your physician.
- If you required medications to control your blood sugar before surgery, it is important to check your blood sugar daily. If your blood sugar becomes too low, contact your physician immediately. Your medication might need adjusting.
- Medications obtained over the counter (without prescription) are permitted as long as they do not contain Aspirin® or a class of drugs known as non-steroidal anti-inflammatories (NSAIDS). Medications like Motrin; Advil; Aleve; Naprosyn; Toradol; Mobic; Voltaren; Celebrex; Vioxx® and Bextra® are known as NSAIDS. If in doubt, please ask your pharmacist.
- Avoid cough syrups since they contain alcohol. Ask for sugar-free diabetic preparations.

Remember to always read the medication label, or ask your pharmacist if you have any questions, as these medications can lead to complications and bleeding ulcers that will damage your new gastric bypass reservoir.

ALCOHOL

Alcohol is another potential problem for gastric bypass patients. Because the new pouch empties the alcohol into the intestine much faster than a normal stomach would, the effect is quicker and more toxic. A gastric bypass patient will also reach a higher blood alcohol level than a person who has not had the surgery even though both might consume the same amount.

Alcohol is problematic for two additional reasons. It is packed with calories that defeat the goal of balanced nutrition. It also dehydrates the body, impeding optimum kidney functioning and waste removal.
PREGNANCY

Pregnancy can be safely experienced once a stable postoperative weight has been achieved – 12 to 18 months postoperatively.

Although several patients have conceived within that period and have borne healthy children, we strongly recommend against pregnancy during the first 12 to 18 months after surgery due to the potential for nutritional stress and adverse effects on the fetus.

A glucose tolerance test should be avoided during pregnancy, since the sugar load cannot be tolerated after gastric bypass surgery.

Important Considerations (Troubleshooting)

NAUSEA AND VOMITING

If nausea and vomiting occur, they may cause undue stress on the new stomach and result in irritation or, even worse, rupture of the staple line. If you experience nausea or vomiting, review the following checklist, and make adjustments as necessary.

- How long did I take to eat and/or drink?
- Did I drink fluids with my meal or too soon before/after the meal?
- Did I eat more than I should have?
- Did I chew my food until it reached a pureed consistency?
- Did I lie down too soon after my meal?
- Did I eat hard-to-digest foods like tough meat?
- Did I eat foods from the next stage of the menu plan before being cleared by the physician to do so?

If vomiting occurs, return to the Stage Two clear liquid diet for 24 hours.

If you are unable to tolerate clear liquids and vomiting persists, contact Pacific Bariatric immediately at (619) 298-9931.

Once vomiting subsides, slowly advance to soft food and then solids as tolerated.
DEHYDRATION

Dehydration can occur with inadequate fluid intake over time. To avoid dehydration, be aware of the following signs and symptoms:

- Increased thirst
- Dry mouth or dry skin
- Concentrated urine
- Increased body temperature
- Increased breathing rate
- Increased pulse rate

If you are dehydrated and unable to increase fluid intake, call your physician.

CONSTIPATION

- After surgery, it is normal to have less frequent bowel movements because the amount of food you eat is decreased. Many people report having a bowel movement every two to three days. Decreased stool frequency is not the same as constipation (hard stools).

- To keep stools soft, drink adequate amounts of fluid (48 to 64 ounces per day) between meals and include appropriate types of fiber-containing foods. For example, wheat germ is a good source of fiber that can be sprinkled on foods.

- If constipation occurs and is not corrected through diet, it is safe to use prune juice diluted 1:1 with water or a natural fiber laxative containing polycarbophil (Fiberlax®, FiberCon® or Konsyl®). In addition, Metamucil® may be used. If constipation is persistent, contact Pacific Bariatric at (619) 298-9931.

Tips for Dining Out

Once solid food is tolerated, feel free to enjoy dining out with friends and family. You must be very conscientious, however, about the quality of food chosen, the quantity eaten and the length of time it takes to eat. Also, it will be very important that foods are well chewed. Review the following tips to help make dining out part of a healthy diet:

1. **Plan ahead.** Decide what to order before going to the restaurant. Once the main course arrives, decide how much to eat and stick to it. Ask for a “doggie bag” before you get your food.

2. **Be familiar with menu descriptions.** Interpret “breaded,” “fried,” “creamed,” “scalloped,” “au gratin” and “rich” as sources of extra calories and fat. Instead, choose items that are poached, roasted, broiled, steamed or stir-fried, as they are usually lower in fat.
3. **Ask about ingredients and preparation.** Ask that items be prepared without butter, gravy, cream sauce or other fats. Trim all visible fat from meat, and remove skin from poultry before eating.

4. **Ask about serving sizes.** Restaurants may not be able to accommodate every request, but most will make reasonable changes or assist in making appropriate choices. Request half portions, share a full entree with a dining partner or order a la carte. Some restaurants permit ordering off the seniors’ menu.

5. **Ask for items that are not on the menu.** Nonfat or low-fat milk is usually available upon request. Light, broth-based soups and fresh fruit are often available even though they may not be included on the menu.

6. **Beware of the bread basket.** Ask that bread, chips and crackers not be brought to the table before your entree is served. This will allow you to save room for foods with more nutritional value.

7. **Caution at the salad bar!** Be careful with salad dressings, toppings and creamy salads (potato, macaroni or coleslaw). These can quickly add up to many calories and loads of fat. Remember to control portion sizes.

8. **Avoid desserts.** They can be loaded with unnecessary calories and can cause “dumping.” Instead, try seasonal fresh fruit or sugar-free gelatin.

9. **No alcoholic beverages.** They are not only high in calories but can also irritate the new stomach.

10. **Try new foods at home first** to avoid embarrassment should you develop nausea, vomiting or dumping syndrome.

11. **Always** remember to follow the same eating principles observed at home when dining out.

### Additional Information

You can obtain additional information about gastric bypass surgery at the following websites:

- Pacific Bariatric Surgical Medical Group, Inc.  
  www.pbsmg.com

- American Society for Bariatric Surgery  
  www.asbs.org

- www.obesityhelp.com

- Body Mass Index Calculator  
  www.obesityhelp.com/morbidobesity/bmi-start.phtml
On this page you can document the progress of your weight loss. Weigh yourself no more than once a month. Minor fluctuations in weight are normal and should not discourage you.

<table>
<thead>
<tr>
<th>Date</th>
<th>Weight in Pounds</th>
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<tbody>
<tr>
<td>Day before surgery</td>
<td></td>
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<tr>
<td></td>
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</tbody>
</table>
Foods I Should Avoid

Write down any food that you have trouble tolerating or not digesting well.


A joint program of Scripps Mercy Hospital and Hillcrest Surgical Medical Group, Inc.

Hillcrest Surgical Medical Group, Inc. has an 80-year tradition of surgical excellence and leadership in San Diego County.

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Post-Op Appts.: (619) 298-9931
Post-Op Questions: (619) 298-9931
www.pacificbariatric.com

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