



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Having Bariatric Surgery: Book 1





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This book is for informational purposes only. Talk to your healthcare provider if you have any questions about your care.

For a digital copy of “Having Bariatric Surgery: Book 1,” please visit go.osu.edu/pted3689.

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Welcome

At The Ohio State University Wexner Medical Center, we know that many factors can influence a person's weight, from genetics and medicines to access to healthy food. Obesity is a complex health condition that requires personalized medical care.

We are not only concerned with helping you lose weight. We are also focused on your overall health to help lower your risk of related health conditions, from type 2 diabetes to sleep apnea.

In every stage of your journey to lose weight, we are fully dedicated to your long term success as a healthier, happier person.

The type of surgery you have will depend on your medical history, lifestyle, and nutritional habits. As you begin meeting with our experts, having open and honest discussions with them can provide you with all the necessary information to choose a procedure that fits your needs.

You will have an extensive evaluation and be given a personalized plan of care. Bariatric surgery is a tool to help you lose weight. It is important that you are willing to make diet and behavior changes, or you may gain back the weight. If you are not ready to make these changes, bariatric surgery may not be right for you at this time. We are here to guide you through the process, but long term weight loss is the result of your hard work and dedication.

The education in this book helps prepare you for surgery. It is our pleasure to guide you through the coming months and onto a healthier life.

To your good health!



Contact information

Ohio State Bariatric Surgery in Martha Morehouse Outpatient Care

2050 Kenny Road
Concourse Suite 1222
Columbus, OH 43221

Phone: 614-366-6675

**Monday through Friday
8 a.m. to 4 p.m.**

If you have any urgent questions or concerns outside of normal business hours, please call the hospital operator at 614-293-8000. They will connect you with the general surgery resident on call.

You may also send a MyChart message to your healthcare provider for questions that are not urgent, which are responded to within 3 business days.

If you are unable to reach your provider and it is a medical emergency, dial 911 or go to the nearest emergency department for evaluation.

For more information about Ohio State Bariatric Surgery, please visit wexnermedical.osu.edu/locations/martha-morehouse-outpatient-care/bariatric-surgery.

My Medicine List

Name _____ Date of Birth _____

Primary care provider _____ Phone _____

Pharmacy _____ Phone _____

Medicine Name	Dose (mg, units, drops)	When Taken (daily, at bedtime, as needed)	Reason for taking (reflux, asthma, etc.)

Making the Most of Your Clinic Visits

Clinic information

Appointment Information

Please plan on arriving 30 to 45 minutes before all scheduled appointments. The clinic is not able to see walk-in patients. This clinic has a cancellation policy. **If you need to cancel your appointment, please call 614-366-6675 at least 24 hours before your scheduled visit.** If you cancel your appointment late or miss your appointment, you may be sent a no-show letter. After 3 no-show or late cancellations, you may be discharged from the practice.

Telephone Calls

Calls are answered Monday through Friday, 8 a.m. to 4 p.m.

When you call during these hours, the call center takes a message, places it in the computer, and then directs the message to the right staff member. Non-urgent calls will be returned within 3 business days.

MyChart Messages

You may also send a non-urgent MyChart message to your healthcare provider, which will be responded to within 3 business days.

After Hours and Emergency Calls

If you have any urgent questions or concerns outside of normal business hours, please call the hospital operator at 614-293-8000 and ask for the general surgery resident on call. **If you are unable to reach your provider and it is a medical emergency, dial 911 or go to the nearest emergency department to be checked.**

Before your visit

Organize Your Health Information

- You may choose to use a mobile device app called MyChart to keep your medical appointments, test results, medicines, and medical history organized. MyChart is a free service available to you. You can log in using any up-to-date internet browser or by downloading the Ohio State MyHealth app. MyChart lets you send and receive messages securely with your healthcare team and manage your health information and appointments. To sign up, ask for a MyChart activation code at your next appointment, and then visit mychart.osu.edu/osumc or the MyHealth app. Click on “Create Your Account,” and use your code to log in to create a username and password. After you create your account, MyChart will email you when you have messages or to remind you of upcoming appointments. For help with MyHealth or MyChart, please call 866-966-6975.
- You may keep your health information in a binder or in a folder. You may find it helpful to bring this information with you to your appointments.

- Keep notes about your personal health history, including the dates, for the following:
 - Your past and present health problems and illnesses
 - Any pregnancies, including if you are currently pregnant, planning on becoming pregnant, or are breastfeeding
 - Any surgeries, dental work, or procedures, including the date and name of the provider who provided the treatment
 - Tests and the results, if known (ask for copies of your tests and lab reports for your records)
 - Any allergies, such as to medicine, food, or the environment
 - Date and type of vaccines that you have received
 - Your medicines
 - Health information about your parents, grandparents, or siblings, if known

Prepare for Your Visit

- **Before your first clinic visit, view our online information session at go.osu.edu/bariatricinfo or attend an in-person information session, if available.**
- Write down any questions you have for your provider or any member of your healthcare team.
 - Underline or highlight the questions that you want to make sure are answered.
 - Some examples of questions you may want to ask:
 - What are the benefits and risks of the surgeries?
 - What surgery do you think is best for me and why?
- Write down any symptoms or problems, especially any new symptoms you have had since your last visit. For example:
 - Share information from recent appointments with your other medical specialists. Include changes in your medicines or treatments that may have taken place after a trip to an urgent care or the emergency department.
 - If you have pain, tell us where it is located, how it feels (burning, cramping, aching, dull, stinging, or sharp), and if it prevents you from doing your normal activities.
 - Tell your provider about any nausea, vomiting, diarrhea, constipation, bloating, or symptoms of reflux or heartburn since your last appointment.
 - Keep track of your liquid and protein intake and bring the information with you to your appointment.
- Keep a list of all the medicines you are taking, including:
 - Medicines prescribed by all your providers
 - Herbs or dietary supplements
 - Vitamins
 - Creams, inhalers, and eye drops
 - Over the counter medicines
 - Street drugs that you are currently using or have used in the past

- Write down the following information about each medicine:
 - The name of the medicine
 - The name of the provider who ordered this medicine
 - When the medicine was started
 - How much you take and how often you take it
 - When you take it
 - Why you take it
- Be prepared to bring in all your medicines (in their original containers), so your provider can review them with you at your visit. Tell your provider if any medicine is causing side effects or if you have any problems taking the medicine as directed.
- Let us know (before your appointment if possible) if you do not read, speak, or understand spoken English. We can arrange for someone who speaks your language, called an interpreter, to help at your clinic visit. An interpreter may come in person to your appointment or talk to you over the telephone or video screen.
- Ask a family member or friend to come with you to the visit. This person can listen and take notes while you are talking to your provider or other members of your healthcare team.
- If a family member or friend is unable to come with you to the appointment, they can join the visit as a “virtual companion” over the phone or on video using FaceTime, Zoom, or Updox. Once you are taken to the exam room, you will be asked to connect with your virtual companion. Your virtual companion needs to be in a quiet place without distractions, so they can listen, ask questions, and take notes during your visit.
- **Please do not bring children under 12 to your appointment.** Safety is our priority and we want to make the most of your clinic visit. Also, we understand that making the decision to have bariatric surgery is an important one. We want you to be able to focus on the information provided. This is an important part of your success.
- **Please do not use your cellphone or let your guests use their cellphones for calls, texts, games, or other reasons** during clinic visits to avoid disruption of your care and distractions to other patients. We value your time and want to provide the best care possible and make the most of your visit.

Things to Bring

- Insurance information
- Photo ID, such as your driver’s license
- Your list of questions
- Your list of medicines
- Glasses or hearing aids, if needed

What to expect

- Your clinic visit will last at least 1 hour.
- Your vital signs, weight, and biometric information will be checked, as needed.
- You will be given the opportunity to sign up for SeamlessMD. This program is an interactive step-by-step guide to help keep you on track and get you to surgery faster.
- You will be asked questions to complete your check in. Some of the questions may be repeated from the last time that you were checked in. This process makes sure that we get all the information that we need.
- Your provider will review your medical history, current condition, and then do a physical exam.
- Testing may be ordered during your visit.
- If you are having lab work done and have a MyChart account, you will receive your test results as soon as they are ready. Some results may take 7 to 10 days to come back. **When all of your results are back, your provider will reach out to review your test results with you** and let you know if you need to make any changes. **Please wait at least 2 weeks before contacting the clinic for your results.** Your provider will be told if there is an urgent test result before the rest of your results come in, in which case you will be contacted right away.

During your visit

- Share your list of questions or problems you have prepared with your provider or other members of your healthcare team.
- Ask questions until you understand what you want to know about your condition, treatment, and medicines.
- Ask your healthcare team to explain anything you do not understand. It is important for you to know what has been said, so you can take care of yourself. It is helpful for you to repeat back any instructions to make sure you understand them clearly.
- **Make sure that you:**
 - Ask for written instructions or make your own notes about how to care for yourself, such as changes in your diet or activity level, special treatments, and any equipment or supplies you may need. If you have problems reading written material, let your healthcare team know. They can use other ways to give you needed information.
 - Understand the medicine you need to take, including how much you should take, the time of day you should take it, and for how many days.
 - Ask about any side effects you should watch for and what you should do.
 - Know who to call if you have more questions or need help.
 - Talk with your provider or other members of your healthcare team if you do not feel comfortable with the proposed plan of care due to your culture or religion. Tell your healthcare team about your beliefs and cultural needs, so they can work with you to find a way to meet your healthcare needs, while respecting your values. Consider avoiding surgery around times of religious fasting.

Telehealth visits

- If you are scheduled for a telehealth visit, you will be sent information through email or MyChart on how to prepare.
- During your telehealth visit, go to a quiet place where you will not be disturbed and can easily talk with your provider.
- If you are going to have a video part to your visit, choose a place that is well lit, but does not have a bright light or sunlight behind you. This will help your provider see you better during your visit.
- Make sure any cellphone that is being used is charged, and your location has a strong internet signal.
- You may be contacted by a nurse to complete the check in process prior to your telehealth visit. This is a normal part of the visit and does not take the place of online registration.

Things to know

- People respond to treatments or medicines differently.
- It is important to let your healthcare team know if you have an Advance Directive, such as a Living Will or Durable Power of Attorney for Healthcare, so they can honor your healthcare choices. If you would like to have an Advance Directive, ask your provider for more information.
- You have choices. You may get a second opinion.
- **It is important to ask your provider for refills on your prescriptions at each appointment.** If that is not possible, be sure to let them know of your need for a refill 1 week before your medicine will be gone. Our clinic does not respond to prescription requests sent from the pharmacy.
- Let your provider or other members of your healthcare team know if you have problems that may make it hard for you to follow their instructions. This may include filling prescriptions, scheduling tests, or making follow up appointments. They may be able to make changes to a part of your plan of care or find resources to help.
- It is helpful if you can schedule your next appointment at the end of each office or clinic visit. Be sure to mark your appointments on a calendar as a reminder or sign up for text message reminders to receive a text 3 days and 1 day prior to your appointment. With text message reminders, you have the ability to cancel or confirm your appointment.
 - Signing up for text alerts is easy. Just text — OSUWMC — to 622-622. You will receive a confirmation text message back.
 - Text message reminders are offered for outpatient provider appointments only.

Frequently Asked Questions

How long until I can have surgery?

The length of time depends on how long it takes to complete your insurance and program requirements. This is generally no less than 6 months. Bariatric surgery is a life changing event. It is important that you are medically stable for surgery. We also want you to have the information that you need for long term success.

Will I have to diet before surgery?

You will meet with a dietitian who will give you an eating plan. Most patients are put on a special pre-operative eating plan, often 2 to 3 weeks before surgery. This eating plan helps to shrink the liver and reduce fat in the abdomen, which makes the procedure safer.

Some insurance companies also require a weight management plan monitored by a doctor for 3 to 6 months before surgery. These visits will discuss the diet and behavior changes that will lead you to success long term after your surgery. You will start making these changes after your first visit with the dietitian and continue until surgery.

How long does surgery and recovery take?

If you have a Roux-en-Y gastric bypass or sleeve gastrectomy, you can expect to spend 1 to 2 days in the hospital and up to 6 weeks recovering.

What do I need to do after surgery?

After surgery, regular and long term follow up with your healthcare provider and dietitian is needed to:

- Make sure you are healing as expected
- Look for complications and other changes in your health
- Check your weight loss
- Provide nutrition counseling

If you have a complication or any new major health problems, please call the office at 614-366-6675.

When do I follow up after surgery?

You will be seen in the clinic at 2 weeks after surgery. After that visit, you will have appointments at 4 or 6 weeks, 6 months, and 1 year. Typically, patients will see the surgeon at the first visit or at one of the early visits. After that, they will follow up with the advanced practice provider (nurse practitioner, physician assistant, or physician associate).

When will I have lab work done?

Typically, lab work is done at 6 months after surgery, 1 year after surgery, and then annually. If you do not have an order 2 weeks before your clinic appointment, call 614-366-6675 or send a MyChart message to request an order for lab work from your provider, so it can be done before your appointment. If you would like your lab work done at a lab outside of the Ohio State Wexner Medical Center, please provide us with the name and fax number of the facility where you would like the order for lab work sent.

How much weight will I lose after surgery?

With a Roux-en-Y gastric bypass, most patients lose 50% to 80% of excess weight in 12 to 18 months. With a sleeve gastrectomy, most patients lose 50% to 70% of excess weight in 24 months. Refer to the handouts “Roux-en-Y Gastric Bypass” and “Sleeve Gastrectomy” in this book to learn how to calculate your expected weight loss.

Will I have to take vitamins and minerals after surgery?

You will need to take vitamins and minerals for life. Failure to do so may cause problems with your brain, nerves, blood, or heart. You may need higher doses of certain vitamins or minerals, especially iron, calcium, and vitamin D. Insurance usually does not pay for vitamin and mineral supplements. **We do not do prior authorizations for vitamins, minerals, supplements, or protein drinks.** Vitamins and minerals can be purchased over the counter at your pharmacy or online.

Can I go off my medicines after surgery?

As you lose weight after bariatric surgery, you may be able to reduce or stop taking many of the medicines you take for high blood pressure, heart disease, arthritis, cholesterol, and diabetes. But, it is very important that you **check with your healthcare provider(s) before stopping or changing any of your medicines.** Failure to do so may cause problems with your brain, nerves, blood, or heart.

Will I regain weight after surgery?

Patients with a BMI greater than 50 at the time of bariatric surgery are more likely to regain weight. This may occur due to gradually not following the diet plan, increasing habits that lead to weight gain, gradual enlargement of the gastric pouch, or other changes. As a patient gets further out from surgery, they are more likely to revert to previous eating and exercise habits. However, studies find that most bariatric surgery patients maintain successful weight loss long term when following all of their healthcare providers' recommended goals and guidelines. If you begin to gain weight, please follow up with your bariatric provider. Our team is here to help you be successful!

When can I start exercising after surgery?

Right away! You will take gentle, short walks even while you are in the hospital. The key is to start slow. Listen to your body and follow instructions from your providers. No lifting, pushing, or pulling more than 10 pounds for 2 weeks after surgery, and then, no lifting, pushing, or pulling more than 25 pounds for 4 more weeks. If you lift weights or do sports, stay “low impact” for the first 6 weeks. Focus on participation and avoid competition. Build slowly over several weeks. If you swim, your incisions need to be healed over before you get back in the water. For more information on exercise, see pages 50 to 51.

What is the process for skin removal after bariatric surgery?

Referrals to plastic surgery are typically made at least 12 to 18 months after bariatric surgery. Patients considering skin removal should be at a stable weight for 6 months and close to their goal weight. Contact your bariatric provider to schedule an appointment for an evaluation and referral. If you have skin irritation, rashes, or infections, it may be helpful to take pictures. You can send the pictures through MyChart to have them documented in your medical record.

Can I become pregnant after bariatric surgery?

After bariatric surgery, your menstrual cycle may change, and you may become more fertile. It may be easier for you to become pregnant. You should use effective birth control for the first 12 to 18 months after bariatric surgery. Rapid weight loss and inability to eat normal portion sizes can impact your nutritional status. The physical demands of pregnancy can affect the health of the fetus. For the safety of patients and babies, it is recommended that you wait at least 12 to 18 months after bariatric surgery to become pregnant. If you become pregnant, make sure that your obstetrician is aware that you have a history of bariatric surgery and follow up with your dietitian to discuss your and your baby’s nutritional needs.

Will I need to change my form of birth control?

Check with your bariatric provider to see if you need to change your form of birth control before and after surgery.

- **One month before surgery**, you will need to stop taking birth control that contains estrogen. This reduces your chance of having blood clots after surgery. Work with your provider to pick another form of birth control during this time.
 - Women using an etonogestrel implant (Nexplanon or Implanon), intrauterine device (IUD), or progestin-only oral birth control do not need to make changes.
- **After bariatric surgery**, if you are up and moving around, you may restart birth control that contains estrogen 4 weeks after bariatric surgery. Please note that with Roux-en-Y surgery, reduced absorption of oral birth control may make this form of birth control less effective. Female patients may want to consider the vaginal ring, transdermal patch, IUDs, or a progestin-only implant or injection. Please discuss this with your bariatric provider and women’s health provider.

Goals for Long Term Success

As part of the bariatric surgery process, you will have a thorough evaluation. Based on your medical history, your insurance requirements, and the bariatric surgery program requirements, recommendations may be made for things such as meal plans, dietary changes, water intake, and exercise. It is important that you follow these recommendations to the best of your ability. You will need to stick to these changes before bariatric surgery and continue them after surgery.

Healthy habits

Make these changes before surgery to avoid problems after surgery:

- **Eat 5 to 6 small meals or snacks per day.**
 - Your smaller stomach will hold less food, so you will need to eat regularly throughout the day to get enough calories and nutrients for your health. Make this a habit now, as you may have little appetite or desire to eat after surgery.
- **Eat slowly and rest about 1 minute between bites.**
 - Avoid eating in distracted environments, such as eating in front of the TV, which can lead to overeating or eating too fast.
 - The goal is to chew foods to a paste-like consistency. Large chunks of food can be uncomfortable to swallow and digest after surgery.
 - Eating slowly will allow you to better judge when to stop eating. Eating just 1 extra bite may lead to discomfort or vomiting when eating.
- **Choose liquids and foods low in sugar.** Limit sugars to 10 grams or less per meal. This includes added sugars and sugar alcohols.
 - Sugars travel quickly through the digestive tract. Eating too much sugar may cause dumping syndrome and symptoms like diarrhea, nausea, and vomiting.
 - Sugar alcohols are not well absorbed and can cause gas and diarrhea.
- **Drink at least eight, 8 ounce cups (64 ounces total) of water a day.**
 - Eating less food gives your body less fluid. To prevent dehydration, drink more liquids between meals.
- **Sip liquids and practice eating meals without beverages.** Stop 10 minutes before eating and wait at least 30 minutes after eating before you resume drinking.
 - Drinking liquids too quickly can cause discomfort or vomiting.
 - Drinking liquids with your meals can “flush” the food through your system too quickly, leading to uncomfortable symptoms such as nausea, vomiting, and diarrhea. It can also make you feel less full and hungry sooner.
- **Start cutting out caffeine, carbonated drinks, and alcohol.**
 - Caffeine increases your risk of dehydration and stomach ulcers while healing.
 - Carbonation can cause discomfort, and may lead to stretching of the stomach.
 - Alcohol has no nutritional value and may increase the risk of stomach ulcers.

- **Take a complete multivitamin and mineral supplement daily to promote long term health.**
 - Eating less food puts you at risk for vitamin and mineral deficiencies.
- **Focus on protein** to promote wound healing and to preserve lean muscle tissue during weight loss.
 - Choose lean versions of meat, fish, and dairy. Include beans, nuts, and seeds for variety.
 - If you follow a vegetarian or vegan diet, meet with a dietitian to discuss plant-based protein options.
- **Eat less fried foods, added fats, and processed food items.**
 - High fat foods are generally not well tolerated and may cause gas, bloating, and diarrhea.
 - Processed foods are often high in calories, salt, and unhealthy fats.
- **Focus on meal planning, eating at home, and packing meals.** Limit dining out to 1 or 2 times a week.
 - Cooking gives you control of the ingredients you eat and how they are prepared. It also helps you avoid uncomfortable symptoms that can occur with eating fried, processed, high fat, or high sugar foods from restaurants.
- **Stop smoking and get rid of any nicotine products. Before surgery, you must be free from nicotine for at least 90 days and be committed to remaining nicotine free for life.** For more information, read “Smoking Before and After Bariatric Surgery” on pages 25 to 27.

Behaviors for long term success

- Keep track of the foods you eat and your activity with a food log on paper or a mobile app. Track all foods and liquids, time eaten, portion sizes, calories, protein, and exercise.
- Exercise regularly. Include aerobic exercise, strength training, and stretching exercises.
- Plan balanced meals that include lean proteins, fruits, and vegetables.
- Surround yourself with positive social, emotional, and behavioral support.
- Get enough sleep. Aim for at least 6 to 8 hours per night.
- Weigh yourself weekly to track your progress.

Behaviors that are red flags for weight gain

- Starting to eat sweets.
- Eating fast food often.
- Skipping meals.
- Eating after your stomach is full.
- Eating rapidly.
- Grazing mindlessly or nibbling on food.
- Eating to feel better when bored, upset, angry, or depressed.
- Spending a lot of “low activity” time while you are awake watching TV, playing video games, or scrolling on your phone — especially if you are not exercising.
- Choosing favorite carbs first.
- Snacking from vending machines.
- Eating and drinking at the same time.

Bariatric Surgery Overview

How bariatric surgery works

Bariatric surgery, also known as metabolic surgery or weight loss surgery, is a medical procedure that helps you lose weight and improve your overall health. There are different types of surgeries, but in general, they all work to:

- Limit your food intake by making your stomach smaller
- Change the digestive process
- Affect the gut hormones that make you feel hungry and full

Overall metabolic benefits

“Metabolic” refers to those processes in the body that keep you alive and healthy. They include converting the food you eat into the energy that your body needs to function and how your body processes sugar (glucose).

The metabolic benefits of bariatric surgery may improve or resolve:

- Type 2 diabetes
- High blood pressure (hypertension)
- Lipid profile (cholesterol)
- Cardiovascular risk
- Liver disease — fatty liver (simple steatosis) or fatty liver that is also inflamed (metabolic dysfunction-associated steatohepatitis or MASH)
- Sleep apnea
- Obesity related cancer risk

How well and how quickly you see metabolic benefits may vary based on these factors:

- The type of bariatric surgery you have
- Your health conditions
- How well you follow guidelines after surgery
- How well you make healthy lifestyle changes

Also, regular follow ups are crucial for maintaining metabolic benefits long term.

General safety information

Bariatric surgery is as safe or safer than some of the most commonly performed surgeries. The risks of severe obesity outweigh the risk of having bariatric surgery for most patients. Bariatric surgery may reduce a patient’s risk of early death by 30% to 50%. The risk of death associated with bariatric surgery is about 0.1%. The risk of major complications is about 4%.¹

Possible Bariatric Surgery Complications

- Infection
- Bleeding
- Nausea or vomiting
- Dehydration — where the body loses more fluid than you take in
- Diarrhea
- Constipation
- Gastritis — inflamed stomach lining
- Reflux — stomach contents come back up into the esophagus
- Heartburn — painful burning feeling in the middle of the chest
- Stomach ulcer — sore in the lining of the stomach
- Injury to the stomach, intestines, or other organs during surgery
- Blood clots in the body such as the legs (deep vein thrombosis or DVT) or in the lungs (pulmonary embolism or PE) — blood clots block the flow of blood in an artery
- Perforations — leaking from the incision where the stomach has been stapled together
- Stomach or intestinal (bowel) blockage
- Hernia – a weak spot in the abdominal wall or intestines where tissue may push through
- Gallstones — hard, pebble-like material that develops in the gallbladder
- Vitamin and mineral deficiencies
- Body image changes
- Weight regain

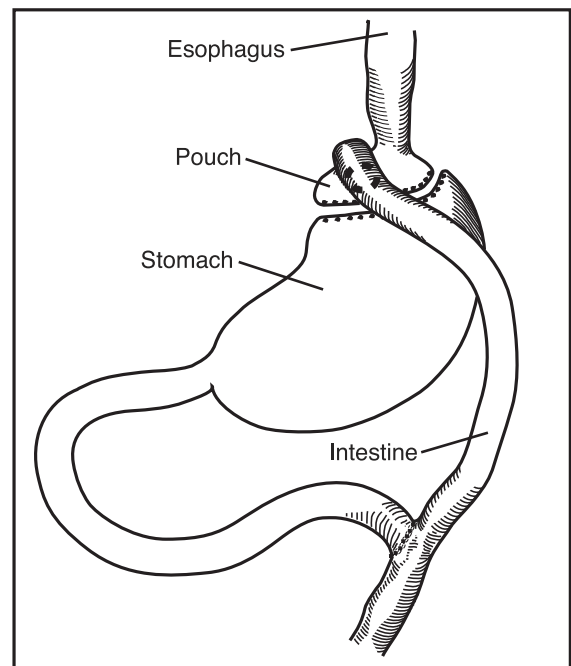
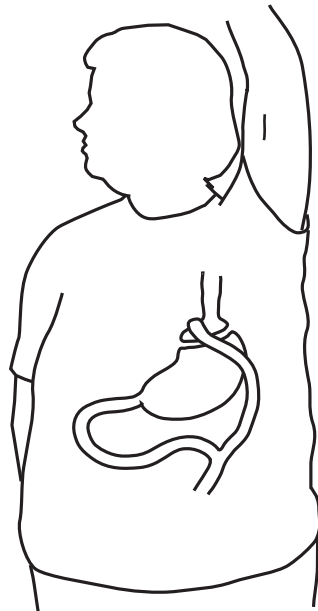
Talk to your provider about your risk for complications with bariatric surgery.

¹Metabolic and bariatric surgery fact sheet: ASMBS. American Society for Metabolic and Bariatric Surgery. (2021, August 6). <https://asmbs.org/resources/metabolic-and-bariatric-surgery>

Roux-en-Y Gastric Bypass

Roux-en-Y gastric bypass helps you lose weight in 2 ways. It reduces the size of your stomach and decreases nutrient absorption.

A normal stomach is about the size of a football. It can hold 1 to 2 quarts of food and liquid at a time. After surgery, your new pouch will be about the size of an egg. It can hold $\frac{1}{4}$ to $\frac{1}{2}$ cup. A small amount of food will make you feel full.



Absorptive area after surgery is reduced by at least $\frac{1}{3}$ of the original area. Certain nutrients are not easily absorbed in the amounts your body needs. You will need to take vitamin and mineral supplements as directed by your healthcare team.

Weight loss

You can expect a realistic weight loss of 50% to 80% of excess weight by 12 to 18 months after surgery.

For example: A person who weighs **300 pounds** and whose **ideal body weight is 150 pounds** (150 pounds of excess body weight) would have a successful weight loss at 2 years of 75 to 120 pounds. This person would then weigh **180 to 225 pounds**.

- 300 pounds (current weight) - 150 pounds (ideal body weight) = 150 pounds (excess weight)
- 300 pounds - (50% x 150 pounds) = 300 pounds - 75 pounds = 225 pounds
- 300 pounds - (80% x 150 pounds) = 300 pounds - 120 pounds = 180 pounds

Ideal body weight is equal to 100 pounds for the first 5 feet plus 5 pounds for each added inch for women. For men, it is equal to 106 pounds for the first 5 feet plus 6 pounds for each added inch.

Your expected weight loss

Take your current weight in pounds and subtract your ideal weight to find the amount of your excess weight.

$$\begin{array}{rcccc} \underline{\hspace{2cm}} & - & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\ \text{current weight} & & \text{ideal body weight} & & \text{excess weight} \end{array}$$

To find your range of weight loss over 2 years, find 50% and 80% of your excess weight.

$$\begin{array}{rcccc} \underline{\hspace{2cm}} & \times & 0.5 & = & \underline{\hspace{2cm}} \\ \text{excess weight} & & & & \text{50\% of excess weight} \end{array}$$

$$\begin{array}{rcccc} \underline{\hspace{2cm}} & \times & 0.8 & = & \underline{\hspace{2cm}} \\ \text{excess weight} & & & & \text{80\% of excess weight} \end{array}$$

$$\begin{array}{rcccc} \text{Expected range of weight loss by 2 years} & = & \underline{\hspace{2cm}} & \text{to} & \underline{\hspace{2cm}} \text{ pounds} \\ & & \text{50\% of excess weight} & & \text{80\% of excess weight} \end{array}$$

Sleeve Gastrectomy

Sleeve gastrectomy, also called vertical sleeve or laparoscopic sleeve gastrectomy, helps you lose weight by removing a large part of your stomach. Your stomach is smaller, so you feel full sooner and eat less.

A normal stomach is about the size of a football. It can hold 1 to 2 quarts of food and liquid at a time. After surgery, your new stomach will be less than half of its normal size and be the shape of a banana. It will be able to

hold 1 to 1¼ cups of food 12 to 18 months after surgery. Meal size is often limited to ¼ to ½ cup during the first 18 months after surgery.

After surgery, stomach acid may be reduced. This makes it harder for some nutrients to be absorbed into the body. You will need to take vitamin and mineral supplements as directed by your healthcare team.

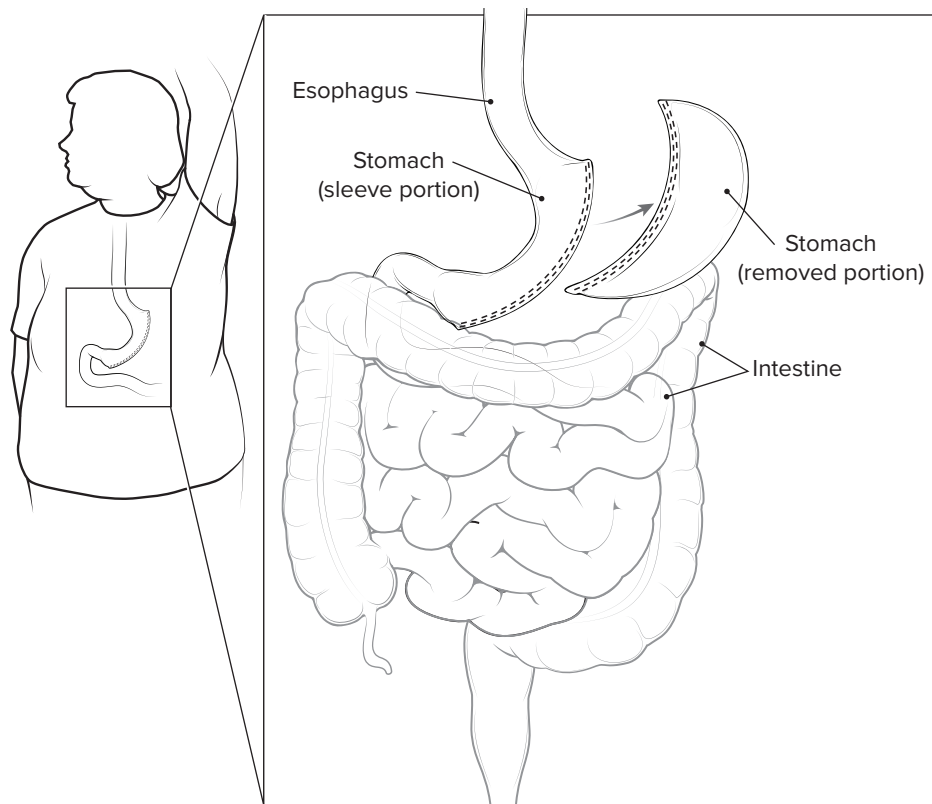
Weight loss

You can expect a realistic weight loss of 50% to 70% of excess weight by 24 months (2 years) after surgery.

For example: A person who weighs **300 pounds** and whose **ideal body weight is 150 pounds** (150 pounds of excess body weight) would have a successful weight loss at 2 years of 75 to 105 pounds. This person would then weigh **195 to 225 pounds**.

- 300 pounds (current weight) - 150 pounds (ideal body weight) = 150 pounds (excess weight)
- 300 pounds - (50% x 150 pounds) = 300 pounds - 75 pounds = 225 pounds
- 300 pounds - (70% x 150 pounds) = 300 pounds - 105 pounds = 195 pounds

Ideal body weight is equal to 100 pounds for the first 5 feet plus 5 pounds for each added inch for women. For men, it is equal to 106 pounds for the first 5 feet plus 6 pounds for each added inch.



Your expected weight loss

Take your current weight in pounds and subtract your ideal weight to find the amount of your excess weight.

$$\begin{array}{rcccl} \text{_____} & - & \text{_____} & = & \text{_____} \\ \text{current weight} & & \text{ideal body weight} & & \text{excess weight} \end{array}$$

To find your range of weight loss over 2 years, find 50% and 70% of your excess weight.

$$\begin{array}{rcccl} \text{_____} & \times & 0.5 & = & \text{_____} \\ \text{excess weight} & & & & \text{50\% of excess weight} \end{array}$$

$$\begin{array}{rcccl} \text{_____} & \times & 0.7 & = & \text{_____} \\ \text{excess weight} & & & & \text{70\% of excess weight} \end{array}$$

$$\begin{array}{rcccl} \text{Expected range} & = & \text{_____} & \text{to} & \text{_____} & \text{pounds} \\ \text{of weight loss by} & & \text{50\% of excess} & & \text{70\% of excess} & \\ \text{2 years} & & \text{weight} & & \text{weight} & \end{array}$$

Recommended Weight Loss Before Surgery

We understand that our patients have come to us for surgery because they have had a hard time losing weight, and they need help.

Bariatric surgery is a tool, and we think it is a very powerful tool, for losing a large amount of weight. However, we believe that losing weight before surgery will help you be safer and more ready for your surgery and your weight loss journey. Our surgeons may delay or cancel surgery for patients who do not lose weight or who gain weight before surgery.

Patients who lose weight before surgery have fewer problems during and after surgery

This is especially true for larger patients who have a BMI of 60 or more.

- Weight loss makes the liver smaller. The stomach is behind part of the liver. The liver has to be moved aside during the surgery for the surgeon to work.
- Smaller patients are less likely to have problems such as blood clots after surgery.
- Making changes to eating and exercise habits while you get ready for surgery makes continuing these changes after surgery easier.

Our surgeons recommend losing 5% to 10% of your weight before surgery. At your first appointment with the dietitian, you will discuss your weight loss goals. For most patients, the goal is to eat 500 to 1,000 calories less per day. This is done by changing your diet and adding more exercise. These changes will help you lose 1 to 2 pounds per week.

Our staff is here to help you

- If you want or need more help with losing weight, let us know!
- If you are having trouble losing weight, we can give you more help, such as meeting with a dietitian or nurse practitioner for more advice and possibly using medicine to help with weight loss.

To continue weight loss before surgery, you may be placed on a liver shrink diet

- You will meet with your surgeon and dietitian. They will give you detailed instructions for the liver shrink diet.
- The diet usually lasts for 2 to 4 weeks before surgery.
- The diet is low in calories and low in carbohydrates.

- It uses shakes to replace some of your meals. They are low in calories and high in protein.
- There are different levels to the diet specific to your weight and health needs. Your level is determined by your surgeon and dietitian.
- If you have diabetes, you may need to lower your diabetes medicines while on this diet to avoid low blood sugar. Talk to your healthcare provider about changes to your medicines.

Smoking Before and After Bariatric Surgery

People often feel that smoking calms them and reduces their stress, but tobacco use harms nearly every organ system of the body. It causes many harmful health conditions, affecting the health of both tobacco users and those around them (secondhand smoke).

Tobacco exposes the body to many harmful chemicals. When you smoke, chemicals like carbon monoxide and nicotine, go into your body.

- Carbon monoxide competes with the oxygen in your body.
- Nicotine is an addictive chemical found in tobacco products. It causes your blood vessels to constrict or narrow, which limits the amount of blood that flows to your organs. Nicotine is most commonly associated with cigarette smoking, but it is also found in e-cigarettes, chewing tobacco, cigars, snuff, and pipe tobacco.

Cigarette smoking and using other products with nicotine can increase your risk for problems after bariatric surgery. Secondhand smoke exposure and recreational drug use, such as marijuana, can also increase your risk for problems after surgery.

Before surgery, you must be free from nicotine for 90 days and be committed to remaining nicotine free for life. This includes the use of nicotine patches, vapes, gum, lozenges, nasal sprays, and inhalers.

Problems that can occur after surgery if you smoke or use nicotine

Ulcers

Smoking causes ulcers to form. Ulcers are sores located in the digestive system. They can bleed, block, or make a hole in the stomach. This can be life threatening and require emergency surgery.

Examples of ulcer symptoms are:

- Pain
- Nausea
- Vomiting
- Dehydration (water loss)
- Not able to eat and/or drink

Cigarette smoking is the leading cause of medicines not working well to treat ulcers.

Strictures

Strictures can occur when there is a narrowing of the connection at the bottom of the pouch to the small bowel.

Examples of symptoms of strictures are:

- Nausea
- Vomiting
- A feeling of being too full
- Pain when swallowing
- Feeling like food or medicine is stuck
- Not able to eat and/or drink

Fistulas

A fistula is an abnormal opening in the stomach or intestines (bowels), which allows contents to leak.

Examples of symptoms of fistulas are:

- Abdominal pain
- Gastrointestinal (GI) bleeding
- Bloating
- Diarrhea
- Nausea
- Vomiting
- Heartburn
- Dehydration (water loss)
- Decreased appetite
- Fever
- Unplanned weight loss

Fistulas can be life threatening.

Problems Healing

Smoking and nicotine use can lead to:

- Slower healing
- Increased infections
- The splitting open or rupturing of an incision or wound, called dehiscence

Other Problems That Can Occur

- Pneumonia
- Malnutrition, which may cause vitamin and mineral deficiency, weight loss, fatigue, and mood changes
- High blood pressure
- Blood clots that can lead to a heart attack or stroke
- Cardiovascular disease where the blood vessels and arteries of the body get blocked or narrow from the buildup of plaque
- Lung and other cancers
- Chronic obstructive pulmonary disorder (COPD), such as emphysema or chronic bronchitis
- Type 2 diabetes

These problems can lead to:

- Hospital readmission
- More and longer hospital stays
- Urgent care or emergency department visits
- More follow up visits
- More tests
- More medicines

Weight gain after quitting smoking

Weight gain is common after quitting smoking and many patients are concerned about this, especially while they prepare for bariatric surgery. But quitting smoking is one of the best things that you can do to improve your overall health. It can reduce the risk of complications and lead to a faster recovery after surgery. Also, bariatric surgery is a tool to help you lose weight. Most patients will lose weight for 1 to 2 years after surgery, but it is important to maintain your diet and lifestyle behaviors lifelong.

Resources to quit

Ohio State Resources

- If you have an Ohio State primary care provider, talk to them about a referral to the office's pharmacist for smoking cessation counseling. Ohio State's family medicine and internal medicine providers are your health partners to quit tobacco use.
- You may also call **614-293-QUIT (7848)** to connect with a pharmacist for one-on-one assessment, counseling, and treatment. For more information about this program, please visit wexnermedical.osu.edu/heart-vascular/clinical-pharmacist-services/smoking-cessation.

Quit Lines

- American Cancer Society, 800-227-2345
- American Lung Association, 1-800-LUNGUSA (1-800-586-4872)
- BeTobaccoFree.gov, 877-448-7848
- Ohio Tobacco Quit Line, 1-800-QUITNOW (1-800-784-8669)

Mobile Apps

- Search your mobile device's app store for quit smoking apps, such as QuitGuide and QuitSTART.

Quitting Tobacco Use Book

- Visit go.osu.edu/pted3430 for education to support your efforts to quit tobacco use.

Please contact our office at 614-366-6675 so that we can assist you with resources to quit. We want to help you be successful.

Step Diets After Bariatric Surgery

You will follow "Step" diets after bariatric surgery to slowly ease back into eating solid foods. Food portions will be small to help prevent vomiting, and high in protein to help your new stomach pouch heal.

Your dietitian and other healthcare providers will work closely with you to slowly advance your diet as your body recovers from surgery. **Please follow their instructions closely to prevent complications after surgery.** This is key to developing lifelong healthy habits and successful long term weight loss.

As your body heals, you will advance to the below Step diets:

- Step 1 diet – Liquids
- Step 2 diet – Adding food the consistency of applesauce (“If you have to chew, it is not Step 2”)
- Step 3 diet – Adding solid foods slowly
- Step 4 diet – Adding fresh fruits and vegetables slowly

More information on Step diets will be provided in the book "Having Bariatric Surgery: Book 2."

Carbohydrates After Bariatric Surgery

Your body uses carbohydrates for energy. The 3 main types of carbohydrates in foods are starches, fiber, and sugars. Your body needs all 3 types to function well. A product's total carbohydrate, dietary fiber, and sugars are listed on Nutrition Facts food labels. You will need to read food labels after bariatric surgery to know how many carbohydrates are in a serving of food.

Carbohydrates are simple or complex:

- **Simple carbohydrates**, also called simple sugars, are sugars that can be easily digested, so they are a quick source of energy. Some, like fruit and milk, are healthy. Others, which include processed or refined sugars, are not.
- **Complex carbohydrates**, also called dietary starches, are foods that are rich in vitamins, minerals, antioxidants, and fiber. Complex carbohydrates take longer to digest. Thus they are more filling.

Most carbohydrates eaten should be complex instead of simple.

Complex carbohydrates sources

Complex carbohydrates are often found in whole plant foods, such as:

- Whole grain or whole wheat breads
- Whole grain cereals, like oatmeal
- Whole grain or whole wheat pasta
- Brown rice
- Quinoa
- Beans, lentils, and peas
- Potatoes
- Vegetables

Nutrition Facts	
6 servings per container	
Serving size	1 cup (140g)
Amount per serving	
Calories	170
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 3g	15%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 5mg	0%
Total Carbohydrate 22g	8%
Dietary Fiber 2g	7%
Total Sugars 16g	
Includes 8g Added Sugars	16%
Protein 2g	
Vitamin D 0mcg	0%
Calcium 20mg	2%
Iron 1mg	6%
Potassium 240mg	6%

*The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2000 calories a day is used for general nutrition advice.

Simple carbohydrates sources

Simple carbohydrates, like fruit and low fat milk (fat free skim and 1%), are healthy for you. They have vitamins and minerals your body needs.

Other simple carbohydrates need to be avoided. As they are quickly digested, they can lead to dumping syndrome in patients who have had gastric bypass. Simple carbohydrates also lead to weight gain.

Avoid these foods most of the time:

- Baked goods, such as cakes, cookies, muffins, doughnuts, or pies, that are made with white flour and not whole wheat flour
- Dairy-based goods, such as ice cream, pudding, frozen yogurt, Fudgsicles, chocolate milk, hot chocolate, and regular yogurt
- Fruit juices, drinks, or products, such as orange juice, fruit punch, lemonade, Kool-Aid, frozen juice bar, gelatin, Popsicles, Pop-Tarts, or fruit bars
- White rice
- Sweetened cereals
- Granola – some products are high in sugar, so check the nutrition label before buying
- Sweetened tea
- Sugar products, with molasses, corn syrup, table sugar, syrup, or honey
- Jam and jelly
- Sweetened cereals
- Candy

Drinking Liquids After Bariatric Surgery

Water is essential before and after surgery. It is found in every cell of your body and functions in many important ways. Water:

- Helps to break down stored fat.
- Promotes kidney function and gets rid of body waste.
- Is the best treatment for fluid retention (swelling).
- Maintains proper muscle tone and helps prevent sagging skin.
- Helps relieve constipation, which is common on Step 2 and Step 3 diets.

After surgery, it may be hard to drink enough liquids.

- Keep track of how much liquid you are drinking daily.
- Drink at least 64 ounces of liquid each day.
- Take a sip of liquid (protein shake or water) every 3 minutes to finish 1 ounce every 10 minutes. If you have nausea, choose water and other clear, sugar free liquids.
- You may count soups, broths, and foods that are liquid at room temperature as part of your liquid total.

Red flag: Not drinking enough liquids can cause dehydration. This could result in readmission to the hospital.

Carbonated drinks

Avoid carbonated drinks after surgery. Carbonated (“fizzy”) drinks may cause painful gas and give a false sense of fullness. Even flat carbonated drinks may cause discomfort.

Red flag: Carbonated drinks should not be consumed in the place of water, meals, or healthy snacks.

Caffeine drinks

Avoid caffeine for at least the first 2 months or until you start the Step 4 diet. You are at the greatest risk for dehydration the first few months after surgery. **Drink liquids with no caffeine.** Caffeine causes:

- Stomach irritation, which can cause ulcers
- Unwanted stimulation of the heart
- Loss of fluids

Drinks that may contain caffeine, include:

- Coffee, cappuccino, and other flavored coffee drinks
- Energy drinks
- Protein drinks (check ingredients to also limit sugar alcohols to 10 grams or less per serving)
- Soft drinks
- Tea, such as black, green, and oolong (check with a dietitian about herbal tea)

Red flag: Drinks with caffeine should not be consumed in place of water, meals, or healthy snacks.

Alcohol

When a person drinks alcohol, it moves from the stomach to the intestines. Digestion moves the alcohol from the intestines and into the bloodstream. This is when a person feels the effects of drinking alcohol.

Gastric bypass and sleeve gastrectomy patients

Gastric bypass and sleeve gastrectomy have an effect on alcohol digestion and absorption into the blood stream.

- Digestion is faster because most of the stomach has been bypassed or removed.
- Alcohol absorption into the blood is much higher even with small amounts of alcohol.
- It may take longer for blood alcohol levels to return to normal level after alcohol has been consumed.

If you have had gastric bypass or sleeve gastrectomy, do not drink alcohol for the first 6 months after surgery. Your body needs time to adjust. Food and liquids must be carefully balanced, so your body gets important vitamins and minerals for body function. Alcohol also adds unwanted calories that can lead to weight gain.

Alcohol will always affect you faster, longer, and stronger than before. If you do drink alcohol after 6 months, do so in small amounts and infrequently. People with a history of obesity are at a higher risk of unhealthy alcohol use (heavy drinking and alcoholism). Talk to your healthcare providers for support to reduce or stop alcohol use.

Red flag: Use caution if you choose to drink alcohol.

Vitamins, Minerals, and Supplements

Gastric Bypass and Sleeve Gastrectomy

It is important to take vitamins, minerals, and supplements after surgery. Gastric bypass and sleeve gastrectomy change how your body absorbs vitamins and minerals. **You will need to take vitamins for the rest of your life.** Please consider this expense before having surgery. Our office does not do prior authorizations for vitamins, minerals, or supplements.

If you do not take the vitamins and minerals as directed, you may develop health issues, which can be serious. To have your body work normally, vitamins and minerals are needed to control:

- Appetite and hunger
- Nutrient absorption
- Metabolic rate or how fast your body burns calories
- Thyroid and adrenal function
- Energy stores
- Glucose regulation or how your body uses sugar
- Wound healing from surgery

Before surgery

Take a general multivitamin **every day** before surgery.

Every day after surgery

Chew 1 adult, **chewable**, complete vitamin and mineral supplement **twice a day**. You will meet with your healthcare provider to discuss other dietary supplement options 2 to 4 weeks after surgery when you start the Step 3 diet.

Beginning with the Step 3 diet

Take:

- A complete vitamin and mineral supplement (200% of the Recommended Daily Value). Your dose may vary depending on the supplement option you choose. Talk to your healthcare provider about your options.
- 500 mcg of vitamin B12 dissolved under the tongue (sublingual) each day. Many over the counter sublingual vitamin B12 supplements are larger than 500 mcg. Ingesting greater than a 500 mcg dose each day is generally safe. Follow the dosing instructions that come with the vitamin's packaging. Vitamin B12 may also be taken each day as mouth drops or nasal spray, or 1,000 mcg injected monthly.
- 1,200 to 1,500 mg of calcium citrate each day. Split into 500 to 600 mg doses and take 4 hours apart until you meet your total for the day. **Take calcium citrate at least 2 hours before or after taking your multivitamin and other supplements.**
- **Talk to your care team about your needs.** You may need other supplements for your health.

Protein Supplements After Bariatric Surgery

Protein is important after bariatric surgery. It helps to heal your incision and keep muscle mass after weight loss. Because you will be eating smaller amounts with your new stomach pouch, it can be hard to eat enough protein. When you can't meet your protein needs through food, try protein supplements, such as protein drinks or protein bars, to boost your nutrition.

What to look for in protein powders or pre-mixed shakes

- 1. Protein source and quality:** Aim for 10 to 30 grams of protein for each drink or shake with these ingredients.
Some of the best protein sources for your body are whey protein, casein, soy protein (for those with lactose intolerance or vegetarians), and egg-based supplements.
Protein quality is different by food group. Protein from animal sources, such as meat and milk products, is better quality than protein from plant sources. Protein from animal sources provides all of the amino acids your body needs.
- 2. Sugar content:** Choose drink products with 10 grams or less total sugars per serving. When milk is used, it adds sugar to your daily total, but also has more protein than water.
- 3. Serving size:** Look on the nutrition label for serving size.
- 4. Brand:** There are many brands of protein supplements. Talk with your dietitian about what brand you should choose.

What to look for in protein bars

You can start eating protein bars on the Step 3 diet if you chew them up very well, and they do not contain hard pieces, like nuts and seeds.

- 1. Protein source and quality:** Choose a protein bar with less than 200 calories per serving. If there are 200 calories or more, eat only $\frac{1}{2}$ to $\frac{3}{4}$ of the bar.
Most bars have 5 to 20 grams of protein per serving. Try to eat protein bars with at least 10 grams of protein.
- 2. Sugar content:** Choose a protein bar with 10 grams or less total sugars per serving.

Please note: You will need to buy high protein drinks when you begin the liver shrink diet before surgery and for about 6 months after surgery. Our office does not do prior authorizations for vitamins, minerals, supplements, or protein drinks. These are considered to be part of your normal grocery items as a bariatric surgery patient.

Nutrient Loss

Gastric Bypass and Sleeve Gastrectomy

After surgery, you will have less room in your stomach to eat. It can be hard to get all of the nutrients your body needs for healing and health. You may also hear the terms “nutrient deficiency,” “deficit,” or “insufficiency.” These terms mean that you are not getting enough vitamins and minerals. Your healthcare provider will talk with you about your blood tests and what is normal. This chart will help you to better understand the signs of nutrient loss.

Nutrient and Normal Range	Signs	Food Sources and Treatment
Thiamin or B1 10 to 64 nanogram/milliliter (ng/ml)	Not hungry, muscle cramps, numbness, or tingling. Low levels can cause heart failure, breathing problems, or fast heart rate.	100 mg/day for 7 days, and then 50 mg/day. Found in meat, sunflower seeds, grains, and vegetables.
Cobalamin or B12 200 to 1,000 picogram/milliliter (pg/ml)	Tiredness, anemia or low blood, light headed, ringing in the ears, not hungry, or diarrhea. Very low signs can cause fast heart rate and breathing problems.	<input type="checkbox"/> 1,000 mcg/week for 8 weeks, and then 1,000 mcg/month for life, or <input type="checkbox"/> 1,000 mcg/day for 8 weeks, and then 500 mcg/day for life. Found in meat, milk, and eggs.
Folate 280 to 791 nanogram/milliliter (ng/ml)	Anemia (low iron in blood) or diarrhea.	<input type="checkbox"/> 1 to 2 mg/day, often found in a prenatal vitamin, or <input type="checkbox"/> 2 general multivitamins. Found in leafy green vegetables, fruit, and enriched grains, such as bread, pasta, and rice.

Nutrient and Normal Range	Signs	Food Sources and Treatment
<p>Iron</p> <p>People with female anatomy: 12 to 150 nanogram/milliliter (ng/ml)</p> <p>People with male anatomy: 15 to 200 nanogram/milliliter (ng/ml)</p>	<p>Anemia (low iron in blood), trouble swallowing, tired, fast heart rate, or hard to focus.</p>	<p>50 to 60 mg of iron 2 or 3 times a day. Should be taken on an empty stomach to improve absorption.</p> <p>Found in meat, fish, poultry, eggs, enriched grains, dried fruit, and some beans and vegetables.</p> <p>Please note: if taking a multivitamin with calcium or a calcium supplement, wait at least 2 hours before taking iron supplements.</p>
<p>Calcium</p> <p>8.5 to 10.2 milligram/deciliter (ml/dL)</p>	<p>Leg cramps and bone loss.</p>	<p>600 mg, 2 times a day of calcium citrate with vitamin D.</p> <p>Found in milk products, leafy green vegetables, beans, and fortified foods, such as juices and breads.</p>
<p>Vitamin D</p> <p>25 to 40 nanogram/milliliter (ng/ml)</p>	<p>Leg cramps and bone loss.</p>	<p>50,000 international units (IU) per week for 8 weeks, and then 800 to 1,000 IU a day.</p> <p>Found in milk, liver, fatty fish, such as salmon, eggs, and fortified cereals with calcium and vitamin D.</p>
<p>Vitamin A</p> <p>20 to 80 microgram/deciliter (mcg/dL)</p>	<p>Poor wound healing and trouble seeing at night.</p>	<p><input type="checkbox"/> 2 general multivitamins, or</p> <p><input type="checkbox"/> 1 prenatal vitamin.</p> <p>Found in liver, milk, fish, carrots, dark leafy greens, sweet potatoes, and broccoli.</p>
<p>Protein</p> <p>6 to 8 grams/deciliter (g/dL)</p>	<p>Tiredness, swelling in the legs, feet, and ankles, dry, flaky skin, brittle hair, and slow healing wounds.</p>	<p>Take supplements as directed.</p> <p>Found in meat, eggs, milk, beans, and legumes.</p>

Healthy Eating Tips

Watch your portions: Be mindful of portion sizing. Treat yourself to your favorite dishes, but in small portions.

Be realistic: Do not try to lose weight when you are under a lot of stress or during the holidays. Instead, focus on maintaining your weight.

Do not leave the house hungry: This can lead to overeating. It is best to maintain your eating schedule and limit any meal skipping.

Do some homework: If you are eating out, ask what dishes will be served, so you can prepare ahead of time. If going to a restaurant, most post menus online. Review them in advance to plan your meal. Aim for foods that are “grilled” and “broiled.”

Eat slowly: Spend 30 minutes on your meals. Eating slowly leads to less food consumption.

Avoid unconscious eating: Eat when you are hungry and not because food is near. It is best to avoid socializing near food.

Drink plenty of water: Alcohol can dehydrate your body. Drink water to keep yourself hydrated.

Focus on socializing: Focus on conversations with friends and family. Position yourself away from food, if possible. If you are hosting a party, make your environment safe by removing any triggers.

Plan time to exercise: Exercise relieves stress and prevents weight gain.

Make a healthy dish: Take a healthy dish to share at events, so there is at least one dish you know you can have.

Lower Fat Food and Cooking Choices

Many high fat foods are known as “slider” foods. They easily pass through the stomach unhindered and thus give you no sense of fullness. Slider foods include:

- Chips
- Crackers
- Popcorn
- Nuts
- Chocolate
- Ice cream
- Oils
- Salad dressings
- Cheese
- Creamy soups

You may find yourself drawn toward high fat foods because they are easy to digest. This can slow your weight loss and cause weight gain.

Eat low fat meals and snacks after bariatric surgery to help you lose weight. Try these low fat foods and cooking methods to help you make lower fat choices.

Instead of:	Try:
Sour cream	Low fat yogurt or light sour cream. You can also make your own with 1 cup of low fat cottage cheese blended with 1 tablespoon lemon juice.
Regular cottage cheese (4% fat)	Low fat cottage cheese (1% fat), pot cheese, or farmer’s cheese
Ricotta cheese	Part skim ricotta cheese
Heavy cream	Evaporated skim milk, low fat milk, or fat free half-n-half
Whole milk	Low fat milk (1% fat) or fat free skim milk
Butter	Olive oil or butter substitute with no trans fats
Salad dressing	Low fat salad dressing
Mayonnaise	Low fat mayonnaise
Deli meats, hot dogs, or sausage	Choose low fat varieties
Tuna packed in oil	Water-packed tuna or tuna pouch
Potato chips and corn chips	Pretzels, air popped popcorn, fat free chips <ul style="list-style-type: none"> • Use portion control. Mindless snacking can cause you to stop losing weight.
Ice cream and ice milk	No sugar added frozen yogurt or frozen banana
Hard cheese, cheddar	Low fat cheddar, Swiss, part skim Swiss, Muenster, mozzarella. Pick 2% varieties.
Cooking vegetables in butter	Steam vegetables and flavor with herbs or butter flavor sprays.
Biscuits and croissants	Hard rolls, pita pockets, Italian bread, sandwich bread

Instead of:	Try:
High fat crackers	Bread sticks, graham crackers, whole grain crackers, flat breads, Melba toast, oyster crackers, soda crackers, low fat crackers <ul style="list-style-type: none"> • Use portion control. Mindless snacking can cause you to stop losing weight.
Sautéing foods in fat	Sauté in nonstick skillet without oil or use skillet sprayed with nonstick cooking spray
Browning meats in fat	Brown meats in their own fat

When:	Try to:
Preparing gravy	Chill until fat congeals. Lift off fat, dip paper towel in gravy to absorb fat, use a gravy skimmer, or use low fat gravy mixes.
Cooking poultry	Remove skin then cook as recipe directs.
Cooking meats	Trim all visible fat from meat before cooking. Roast, bake, broil, or grill meats and fish.

Tips for Lowering Cholesterol and Fat in Your Diet

Cholesterol is a fat-like substance that is needed for good health. However, high cholesterol levels in the blood can cause heart and blood vessel diseases. Our bodies make cholesterol. We also get it from eating foods from animals, such as meat, milk, eggs, cheese, and butter. Foods from plants, like fruits, vegetables, and grains, do not contain cholesterol.

Saturated fats are generally solid at room temperature. They tend to increase the amount of cholesterol in your blood.

Monounsaturated fat and polyunsaturated fats are generally liquid at room temperature. They tend to lower blood cholesterol levels.

How can I lower my blood cholesterol level?

- **Increase fiber (soluble fiber in particular) by including at least 5 servings of fruits and vegetables per day.** Other sources of soluble fiber include oat products and dried beans. Be sure to drink plenty of water when increasing your fiber intake.
- **Substitute monounsaturated fat (olive, avocado, peanut, and canola oils) or polyunsaturated fat (safflower, corn, and sunflower oils) for saturated fat in your diet.** Although monounsaturated and polyunsaturated fats are a better choice than saturated fats, all fats should be used in moderation.
- **Limit high cholesterol foods**, such as egg yolks, fatty meats, organ meats, butter, whole milk, cheese, and other high fat milk products.
- **Decrease total fat intake, especially saturated fat.** Saturated fat is mainly in animal fats, but it is also present in some foods from plants, such as solid shortenings (Crisco), cocoa butter, and coconut and palm oils. These products are used in store bought baked goods, non-dairy whipped toppings, cream substitutes, some peanut butters, and some margarines. The names of common saturated fat and cholesterol sources in foods are listed below.

Sources of saturated fat and cholesterol

- Bacon fat
- Beef fat
- Butter
- Chicken fat and skin
- Chocolate
- Cocoa butter
- Coconut
- Coconut oil
- Cream
- Egg and egg yolk solids
- Ham fat
- Hardened fat or oil
- Lamb fat
- Lard
- Meat fat
- Palm kernel oil
- Palm oil
- Partially hydrogenated oil of any type
- Pork fat
- Turkey fat and skin
- Vegetable shortening
- Whole milk solids

To lower the cholesterol and saturated fat in your diet:

Meat and Meat Substitutes

- Bake, broil, roast, or grill meats. Do not fry meats. Drain off any fat. Use a non-stick skillet and vegetable spray, such as PAM.
- Trim all visible fat from meats.
- Do not eat poultry skin. Remove skin before or after cooking and thoroughly clean poultry of fat before cooking.
- Refrigerate meat drippings and remove hardened fat. This can also be done with soups.
- Choose lean cuts of red meat, such as:
 - Beef: Round, sirloin, or loin cuts
 - Veal: All trimmed cuts, except commercially ground
 - Pork: Loin, sirloin, and tenderloin
 - Lamb: Leg, arm, or loin
- Use lean ground round or sirloin instead of ground chuck or regular ground hamburger. Better yet, try ground turkey. Be sure the turkey skin has not been ground into the meat. Ground turkey can be used as a substitute for ground beef in any recipe. If you are limiting sodium, do not use turkey sausage or deli meats, as they are very high in salt.
- Consider replacing a meat meal with fish, beans, vegetable patties, or tofu.
- Fish has a higher content of polyunsaturated fat than red meat. The fat in fish is omega-3 fatty acids. Try adding fish to your diet a few times each week.
- Limit use of egg yolks in baking or eating. Consider using egg whites or egg substitutes (Egg Beaters). Substitute 2 egg whites for 1 whole egg in recipes.

Milk Products

- Use fat free skim or 1% low fat milk whenever possible for drinking and cooking.
- Choose low fat or nonfat milk products (with 5 grams of fat or less per serving):
 - Part skim mozzarella cheese
 - Part skim ricotta cheese
 - Nonfat plain yogurt or low fat flavored yogurt
 - Evaporated skim milk
 - Nonfat or 1% low fat cottage cheese
- Replace regular sour cream, cream cheese, and gravies with reduced fat or fat free versions.
- Replace cream, half-n-half, sour cream, whipped cream, non-dairy, or frozen whipped toppings with lower fat versions or use these products occasionally in moderation.
- Replace high fat ice cream with reduced fat ice cream, ice milk, low fat frozen yogurt, sherbet, or sorbet.
- If you make pudding or custard, use fat free skim or 1% low fat milk.

Fruits and Vegetables

- Use raw or fresh cooked vegetables, plain frozen vegetables, or low sodium canned vegetables.
- Use fresh, frozen, or canned fruits (lite, no sugar added, or 100% juice). Drain canned fruits before eating.
- Avoid deep fried vegetables, such as French fried potatoes, zucchini, or mushrooms.
- Use herbs to add flavor without adding fat.

Breads and Starches

- Use enriched or whole grain breads and cereals, bagels, and English muffins. Other good choices are spaghetti, noodles, macaroni, rice, and tortillas, but watch your portion sizes.
- Limit commercially prepared biscuits, pancakes, cornbread, waffles, muffins, sweet rolls, coffee cakes, and baked desserts. These items can be used in moderation if made at home with low fat ingredients, such as vegetable oil and egg substitutes.
- Limit packaged potato mixes, like au gratin or scalloped potatoes, as they are high in calories and sodium.
- Frozen meals may be eaten on occasion if they have less than 300 calories and at least 15 grams of protein. Look for Healthy Choice, Lean Cuisine, and other low fat brands.
- Avoid potato chips, corn chips, and buttered popcorn. Use pretzels, fat free chips, air-popped, or reduced fat microwave popcorn.

Fats

- Use low calorie or diet margarine instead of butter. Look for liquid vegetable oil or water as the first ingredient on the margarine label. Avoid margarines that list “partially hydrogenated” vegetable oils on the ingredient list.
- Use low calorie or low fat mayonnaise and salad dressings. Good choices are:
 - Hellmann’s Light or Low Fat Mayonnaise
 - Miracle Whip Light or Miracle Whip Fat Free
 - Any Weight Watcher’s mayonnaise or margarine
 - Any reduced fat or light salad dressings
- When dining out, order salad dressings and mayonnaise to be served on the side, and then use only part of the portion they serve you. Dip your fork in the salad dressing, and then into your salad.
- Avoid gravies and rich sauces, like Hollandaise or cheese sauces. Use low fat or fat free gravy.
- Avoid cream sauces on vegetables. Avoid any vegetable cooked with meat fat or bacon.
- Avoid fried food, especially if it is breaded. Frying food can actually triple the amount of calories, all from added fat! Use non-stick vegetable oil spray, such as PAM, for quick frying.

Lean Dining Tips

Restaurant foods are often high in calories, fat, cholesterol, and sodium. For this reason, limit eating restaurant foods to 1 or 2 times a week. This includes fast food, sit down restaurants, and carry out. When you do choose to eat out, review these tips.

Note: We do not recommend eating restaurant foods while you are on the Step 2 and Step 3 diets.

Plan ahead

- Know your nutrition concerns, such as low fat, low sugar, and smaller portions.
- Call the restaurant and ask to speak to the manager if you have questions. The best time is from 9:00 to 11:00 a.m. and 2:00 to 5:00 p.m. Ask about serving sizes and how food is prepared.
- Most restaurants have websites with nutrition information, which you can use to plan your meal before going out.

General tips

- When your order is not what you requested, send it back or modify it at the table.
- Think about your priorities. This may change with each dining experience. Is your choice worth the calories and fat?
- Remember the hunger scale where 1 = beyond hungry and 10 = beyond full, and listen to your body's cues for hunger and fullness. Learn to eat when you feel slightly hungry (level 4) and stop when you are satisfied (level 6). Plan what to do when you are satisfied, such as asking for a doggie bag at the beginning or end of the meal, placing your napkin on your plate, or having your server clear your plate.

Tips to reduce calories, fat, and cholesterol

- Restaurant meal portions are large and contain more than 1 serving. Share a meal with another person or take the extra food home for leftovers.
- Ask your server about ways to make a healthier meal. Avoid deep fried foods, remove skin from poultry, and cut off visible fat. Try grilled chicken instead of fried chicken to reduce fat and calories.
- Consider ordering an appetizer for your meal. The size is often 2 to 4 ounces compared to 8 to 10 ounces for an entrée. Ask questions about how appetizers are prepared. Many appetizers are fried.
- Choose no-calorie drinks, such as water with lemon. Avoid alcohol, caffeine, and carbonation.

- If you can eat bread, plain is a better choice. Garlic bread is 2 times the calories. Same with cornbreads, croissants, buttered breadsticks, and muffins.
- Choose leaner cuts of meat, fish, or poultry prepared with no added fat. Broiling, grilled, baked, and roasted are usually good choices.
- Get sauces, gravies, margarine, butter, salad dressing, and sour cream on the side. Use small amounts of these for flavor.
- Ask for other high fat ingredients on the side, like croutons, cheese, nuts, and seeds. Many salads are loaded with high fat ingredients like these. You can still eat some of them, but if you get them on the side, you can control the amount.
- Pizza is usually high in fat and sodium because of the large amount of cheese. Choose a thin crust to lower calories and select vegetables over pepperoni, bacon, ham, and sausage. If you want meat on a pizza, chicken is a better choice. Remember to eat pizza in moderation. Reduce the amount of pizza you eat by eating a side salad first.
- Ask if fresh fruit is available for dessert. It is often available even when not listed on the menu. Other desserts are often 400 to 1,000 calories per portion.
- Watch the amount of sugar in desserts and share with others if you must have a taste.
- Ask if there is added cream or liquor in desserts.

Tips to reduce sodium

- Salt is the main source of sodium in the diet. When eating out, talk to your server to find out how foods are prepared. Ask that foods be prepared without salt when possible.
- Avoid soy sauce and teriyaki sauce, which contain large amounts of sodium or ask them to prepare your meal without these ingredients.
- Order foods plain or ask for condiments and sauces on the side. Ask that salt not be added to French fries and hamburgers. Plain hamburgers are usually not too high in sodium.
- Cheeseburgers, specialty burgers, sauces, Southern-style chicken, and condiments (ketchup, barbecue sauce, and prepared mustard) contain large amounts of sodium. Try lettuce, tomato, and onion instead.
- Avoid sausage, hot dogs, bacon, ham, and all cured meats. They contain too much sodium. Plain grilled chicken may have less sodium.
- Select a fresh fruit cup or vegetable salad to start your meal as an appetizer instead of soup or other appetizers.
- Choose fresh meats (broiled or baked), fish, or poultry prepared without sauces and gravies.
- Choose plain rolls instead of salted bread sticks or crackers.
- Ask that salad dressing, sauces, and gravies not be added to foods or that they be served on the side and only use small amounts.
- Baked potatoes and steamed vegetables are good side choices. Avoid potato chips, potato sticks, onion rings, hash brown potatoes, and au gratin potatoes.
- Select a restaurant that has a salad bar. Assemble your salad with fresh, raw vegetables. Use only small amounts of these high sodium foods: olives, pickled beets, bacon bits, ham, regular salad dressing, and cheese. Consider oil and vinegar for salad dressing.

Restaurant foods to choose

Below are some key words to help you choose low fat foods. However, some low fat foods are very high in sodium. If you need to limit your sodium, avoid those marked as such.

American food

Choose	Limit
<ul style="list-style-type: none">• BBQ sauce (high sodium)• Cocktail sauce (high sodium)• Green or red onions• Honey mustard• Lettuce and tomatoes• Mustard• Sautéed onions, peppers, or mushrooms (with little or no oil)• Foods that are mesquite marinated, grilled, charbroiled, or broiled• Guacamole (eat in small amounts as it is high in fat, but healthy monounsaturated fat)	<ul style="list-style-type: none">• Bacon (strips, crisps, or crumbled)• Blue cheese• Butter or garlic butter• Cheese (grated, melted, topped, or smothered)• Sausage• Sour cream• Food that is battered or fried• Food that is described as large, jumbo, piled high, stacked, layered, or stuffed

Chinese food

Choose	Limit
<ul style="list-style-type: none">• Assorted vegetables• Bean curd• Light wine sauce• Lobster sauce (high sodium)• Sizzling platter• Foods that are simmered, steamed, roasted, or stir fried	<ul style="list-style-type: none">• Duck• Egg foo young with cashews• Hoisin sauce• Foods that are breaded, fried, or crispy

Continental / French food

Choose	Limit
<ul style="list-style-type: none"> • Cajun spiced • Cilantro • Roasted red peppers • Vinaigrette • Wine and herbs • Wine sauce • Foods that are blackened, roasted, steamed, poached, grilled, marinated, or broiled 	<ul style="list-style-type: none"> • Foods that are au gratin or with cheese sauces or melted cheese • Bacon or sausage • Casserole • Cream sauce • Creamy, mushroom sauce • Drawn butter or butter sauce • Hollandaise • Pastry shell or phyllo dough • Foods that are stuffed with bread crumbs

Italian food

Choose	Limit
<ul style="list-style-type: none"> • Artichoke hearts • Cacciatore (high sodium) • Capers • Clam sauce (high sodium) • Florentine • Herbs and spices • Light mushroom sauce (high sodium) • Light red or wine sauce • Mushrooms • Peppers • Primavera • Shallots or onions • Spicy marinara sauce (high sodium) • Sun dried tomatoes • Sautéed or grilled foods 	<ul style="list-style-type: none"> • Alfredo sauce • Cannelloni • Pasta alla carbonara • Creamy sauce • Egg and cheese batter • Manicotti • Oil • Pancetta • Parmigiana • Prosciutto • Saltimbocca • Veal sausage • Foods that are stuffed with cheese or fried

Mexican food

Choose	Limit
<ul style="list-style-type: none">• Black bean soup (high sodium)• Enchilada sauce• Lettuce and tomatoes• Mole sauce• Picante sauce (high sodium in large amounts)• Salsa (high sodium in large amounts)• Soft corn tortillas• Spicy beef or chicken• Foods that are grilled, marinated, or simmered• Guacamole (eat in small amounts as it is high in fat, but healthy monounsaturated fat)	<ul style="list-style-type: none">• Bacon• Cheese sauce• Chorizo• Fried taco bowls• Refried beans• Sour cream• Tortilla chips• Foods that are covered with cheese• Fried foods

Getting Facts on Fast Food

With today's busy lifestyle, many of us find it easier to stop at a fast food restaurant than to take the time to make a home cooked meal. Use these tips to make healthier choices.

Tips for better health choices

- Have grilled chicken instead of beef. This will reduce fat and calories.
- Avoid breaded meats and deep fried choices.
- Limit or avoid cheese and bacon.
- "Hold the mayo" or ask for reduced fat mayo to cut back on fat and calories.
- Select a baked potato with reduced fat sour cream instead of French fries.
- Try salads but stick with fresh greens and other fresh vegetables or fruits. Ask for fat free or light salad dressing. If you use regular dressing, use a small amount. Also, try salsa on the side to use as a dressing.
- Try fat free or light condiments, like ketchup, mustard, lettuce, and tomatoes, on sandwiches. They add flavor without as many calories and fat.
- Be careful with drinks! A large soda is 300 calories and a large shake is 800 calories. Pick water, unsweetened tea, or low fat milk to cut out these calories.
- Try to eat out no more than 1 to 2 times a week. By limiting the times you eat at restaurants, you will be able to avoid large amounts of calories, fat, and sodium.

Making better choices

Portion control is very important! Portion sizes for most restaurant foods and convenience foods have grown to be sometimes 2 or 3 times normal size. Try ordering a kid's meal or the smallest size available to cut back on calories and fat. Here are some examples of calories you can avoid by making better choices. Best choices are usually salads or items that are not deep fried.

Restaurant	Instead of this (calories)	Choose this (calories)	Calorie savings
Arby's arbys.com	Double Roast Beef (510) and Curly Fries Large (650)	Roast Beef Slider (210) and Curly Fries Snack (250)	700
Burger King bk.com	Whopper Sandwich (678) and Small Onion Rings (280)	Whopper Jr. Sandwich (340) and Small Onion Rings (280)	338
Chick-fil-A chick-fil-a.com	Breaded Chicken Sandwich (440) and French Fries (420)	Grilled Chicken Sandwich (380), Fruit Cup (60), and Kale Crunch Side (120)	300

Restaurant	Instead of this (calories)	Choose this (calories)	Calorie savings
Chipotle chipotle.com	Burrito with chicken, white rice, pinto beans, fresh tomato salsa, sour cream, and cheese (1,085)	Burrito bowl with chicken, brown rice, pinto beans, fajita vegetables, fresh tomato salsa, and romaine lettuce (570)	515
McDonald's mcdonalds.com	Double Quarter Pounder with Cheese (740) and Large French Fries (480)	Cheeseburger (300), Small French Fries (230), and Apple Slices (15)	675
Subway subway.com	Italian BMT on Plain Wrap (680)	6 inch Italian BMT Sandwich (360)	320
Wendy's wendys.com	Baconator (960) and Large Classic Chocolate Frosty (590)	Grilled Chicken Sandwich (350) and Jr. Classic Chocolate Frosty (200)	1,000

Exercise

Exercise is an essential part of your weight loss journey. Increasing your physical activity levels through structured exercise before surgery can improve your recovery time and make the transition to a healthy, active lifestyle after surgery much easier. For long term weight loss to be successful, you must be ready to add exercise into your lifestyle.



Many struggle with barriers to exercise, including not knowing what to do or how to do it, physical limitations, lack of motivation, etc. The resources provided below are intended to help overcome these barriers, making this lifestyle change seem less overwhelming.

Talk with your primary care provider to make sure that whatever exercise you choose is safe for you.

Why exercise? Find motivation and create a plan.

First, ask yourself these questions:

- What did it look like when I was successful with my exercise goals?
- Why might I want to change my level of activity right now? Why might I want it to stay the same?
- What has made exercise hard for me in the past? What has made it easier for me?
- What has helped me make hard changes in the past? How can this help me now?
- If I am ready to start increasing my exercise, what would be the first step?

You do not need to join a gym to exercise. The types of exercise mentioned in the next section can be done at home with little or no equipment.

If your activity is outside, find indoor spaces for when the weather is bad.

Find a workout partner. Everything is easier when you have someone by your side.

Make sure that you wear appropriate clothing and footwear.

What kind of exercise should I do?

What kind of exercise do you like to do? Are there activities that have been a good fit for you in the past?

Types of Exercise

- **Aerobic exercise** – Think of this as any body movement that increases your heart rate above your resting heart rate. Examples include walking, biking, and gardening.

- **Strength training** – Specific movements that increase muscle strength or endurance. Examples include squats and biceps curls.
- **Stretching exercise** – Movements that increase the range of motion for a joint and help prevent injuries.

How often should I exercise (frequency)?

Bariatric surgery patients should exercise every day. The minimum amount of exercise should be 5 days per week. If this is not where you currently are, there are many ways to work toward this as a long term goal. For now, you may be ready to start in small ways to make a short term goal. **What is one small thing that could you do this week to begin to be more active?**

Here are some tips:

- No matter where you start, it is important to set goals that are achievable and can help you make progress toward your long term goals. No starting goal is too small if it will help you move toward being more active and building an exercise routine.
- Start with low intensity exercises. You should be able to hold a conversation with someone while you are exercising.
- In the beginning, it is better to focus on the frequency and duration of your exercises rather than the level of intensity.
- Gradually increase the frequency, duration, and intensity of your exercise over time.

Track your progress

- Keep an exercise log or use your smartphone, fitness watch, or exercise app to track your progress.
- Track the successes that you are noticing during this process of change. Keep an eye out for these “health wins” to help you stay motivated and focused on what you can achieve!
- When you run into challenges:
 - Ask for help.
 - Move forward by focusing on making your next decision a healthy one.
 - Revisit the reasons you want to make these changes. By remembering the “whys” of your decision to lose weight, it can help you move through barriers and challenges that come with changing your lifestyle.

Visit these resources for more support

- Exercise is Medicine: go.osu.edu/eim
- Healthy Living: wexnermedical.osu.edu/weight-management/weight-management-nonsurgical/healthy-living
- Living Well: wexnermedical.osu.edu/weight-management/weight-management-nonsurgical/living-well
- Warm Water Pool: wexnermedical.osu.edu/weight-management/weight-management-nonsurgical/warm-water-pool

Helpful Resources and Tools

Recipes

- “Bariatric Surgery Cookbook” at go.osu.edu/pted4643
- My Bariatric Dietitian at mybariatricdietitian.com/mbd-recipes
- Pinterest at pinterest.com
- Unjury® at unjury.com/resources/recipes: You can use any brand of protein supplement other than Unjury® in the recipes on this website

Portion Control Containers

- “5 Best Bariatric Food Storage Containers” at bariatricbody.co/post/5-bariatric-food-containers-that-are-portion-sized-for-after-weight-loss-surgery

Books

- “Fresh Start Bariatric Cookbook: Healthy Recipes to Enjoy Favorite Foods After Weight-Loss Surgery” by Sarah Kent, MS, RDN, CD, ISBN-13: 978-1623157739
- “The Gastric Sleeve Bariatric Cookbook: Easy Meal Plans and Recipes to Eat Well & Keep the Weight Off” by Sarah Kent, MS, RDN, CSOWM, CD, ISBN-13: 978-1939754707

Smartphone App Tracking Tools

- MyFitnessPal
- MyNetDiary
- Baritastic
- BariatricPal
- Loselt
- MyPlate.gov
- Macrosapp

Columbus Area Walking and Running Clubs

- AARP: Mall Walking around Columbus, Ohio, local.aarp.org/columbus-oh/mall-walking
- Buckeye Striders Walking and Race Walking Club, buckeyestridders.com
- The City of Columbus Neighborhood Walking Clubs, columbus.gov/publichealth/programs/Healthy-Places/Neighborhood-Walking-Clubs
- Walk with a Doc, walkwithadoc.org
- Columbus Running Company:
 - ▶ Social Runs and Walks: columbusrunning.com/social-runs-walks
 - ▶ Walk and Run 101: Beginner 5K Program: columbusrunning.com/training/walk-run-101-beginner-5k-program

Food Pantries in Franklin County

Call or visit the websites below for the most current information, including days and hours of operation and covered service areas.

Visit **FreshTrak** at freshtrak.com to find food access resources in your community.

Mid-Ohio Food Collective

3960 Brookham Drive
Grove City, OH 43123
614-277-FOOD (3663)
mofc.org

Heart to Heart Food Pantry

First Community South
1320 Cambridge Blvd.
Columbus, OH 43212
614-488-0681
h2h.fcchurch.com/

Bishop Griffin Resource Center

Mid-Ohio Choice Pantry
4009 East Broad St.
Whitehall, OH 43213
614-338-8220
bgrc-svd.org/gethelp

Franklin County Department of Job and Family Services

Food Assistance
1721 Northland Park Ave.
Columbus, OH 43229
844-640-OHIO (6446), Option 2
jfs.franklincountyohio.gov/food-assistance

St. Stephens Community House

Mid-Ohio Market at St. Stephen's
1500 E. 17th Ave.
Columbus, OH 43219
614-294-6347
saintstephensch.org/the-mid-ohio-market

Gladden Food Pantry

318 S. Glenwood Ave.
Columbus, OH 43223
614-228-2498
gladdenhouse.org/food-pantry

Inprem Holistic Community Resource Center

5757 Karl Road
Columbus, OH 43229
614-516-1812
inprem.org

Group Setting Resources

Exercise Support

- Review the resources on page 51 for exercise support.

Ohio State Bariatric Surgery Support Group

osubariatricsurgerysupportgroup@osumc.edu

- Participation in this group is free and available to any patients in our clinic.
- The group meets the 1st and 3rd Wednesday at 5:00 p.m. via Zoom.
- The group also provides access to many other resources.

Bariatric Surgery Support Groups – Facebook

- There are many support groups available on Facebook for those who have had or are considering having bariatric surgery.
- Ohio State does not sponsor these groups, and the information that they provide may not reflect best practices. Always seek the advice of your doctor or other healthcare provider before you start or stop any treatment or with any questions you may have about a medical condition.

Resources for Eating Disorders

- **Ohio State Binge Eating and Emotional Eating Virtual Therapy Group**
bariatric.psychology@osumc.edu
 - › Binge eating or emotional eating may happen when we eat to try to calm down, numb out, or to lessen or avoid negative feelings. Emotional eating can provide temporary relief or self soothing, but can lead to more long term problems like depression, anxiety, increased eating, or problems managing weight.
 - › This group is a chance to learn new strategies that can help improve eating habits and work toward weight loss.
 - › You may be referred to this group by your healthcare provider. Participation in this group requires enrollment and is a billable service.
 - › The group meets for 4 sessions total, 1 hour per week.
 - › Group facilitators are Eva Panigrahi, PhD, and Ashleigh Pona, PhD.
- **Ask your provider for a referral to a dietitian** at The Ohio State University Wexner Medical Center who specializes in eating disorders.
- **Ask your provider about additional resources**, including resources available outside of Ohio State.

Behavioral Health Providers

If you are struggling with problems related to anxiety, depression, or moodiness, alcohol or drug abuse, or another mental or behavioral condition, a behavioral health provider can help you better understand your condition, thoughts, feelings, and behaviors. They include licensed therapists, counselors, psychologists, and social workers.

To find a provider:

- Learn more about the providers listed below by calling or visiting their websites.
- Ask your primary care provider for a referral.
- Call your health insurance company or visit their website for behavioral health providers near you who are covered by your insurance.
- Visit [psychologytoday.com](https://www.psychologytoday.com) and use their “Find a Therapist” locator to find a provider near you and learn about their specialties and insurances they accept.

Caution: If there is a risk of suicide or violence, call 988.

Some mental and behavioral health conditions can contribute to the risk of suicide and to acts of violence. If you or another individual have suicidal thoughts or thoughts about harming yourself or someone else, call 988 right away and ask for help. Once the crisis is averted, a behavioral health provider like those listed below can help to diagnose and treat any underlying mental or behavioral health conditions.

Behavioral health providers

The below list of providers is current as of December 2023.

Access Ohio

6400 E. Broad St., Suite 400
Columbus, OH 43213
Visit the website for other locations
614-376-7700
[accessoh.com](https://www.accessoh.com)

Affirmations Psychological Services, LLC

620 E. Broad St., Suite 301
Columbus, OH 43215
614-674-6076
[affirmationstherapy.com](https://www.affirmationstherapy.com)

Central Ohio Behavioral Medicine

2000 W. Henderson Road, Suite 325
Columbus, OH 43220
614-538-8300
[mycobm.com](https://www.mycobm.com)

Clintonville Counseling & Wellness

5354 N. High St., Suite 206
Columbus, OH 43214
614-948-7300
[clintonvillecounselingandwellness.com](https://www.clintonvillecounselingandwellness.com)

Columbus Behavioral Health

Locations in Westerville and New Albany
614-360-2600
[columbusbehavioralhealth.com](https://www.columbusbehavioralhealth.com)

Concord Counseling Services

700 Brooksedge Blvd.
Westerville, OH 43081
614-882-9338
[concordcounseling.org](https://www.concordcounseling.org)

Eating & Behavioral Health Associates

5202 Bethel-Reed Pk #200

Columbus, OH 43220

614-431-1418

info@eatingandbehavioralhealth.com

eatingandbehavioralhealth.com

Enliven Health & Wellness

929 Harrison Ave., Suite 304

Columbus, OH 43215

614-940-4868

enlivenhealthandwellness.com

Holistic Consultation

3857 N. High St.

Columbus, OH 43214

614-607-0980

holisticconsultationllc.com

LifeStance Health

Multiple locations in Central Ohio

216-468-5000

lifestance.com

Ohio State Mental and Behavioral Health

Multiple locations

For appointments, call 614-293-9600

wexnermedical.osu.edu/mental-behavioral

OhioHealth Outpatient Behavioral Health Offices – Central Ohio

3820 Olentangy River Road

Columbus, OH 43214

614-566-4414

ohiohealth.com/services/neuroscience/our-programs/behavioral-and-mental-health

PrimaryOne Health

Multiple locations

614-645-5500

primaryonehealth.org

Providers for Healthy Living

8351 N. High St., Suite 155

Columbus, OH 43235

614-664-3595

providersforhealthyliving.com

Total Health and Wellness at Ohio State East Hospital

181 Taylor Ave., Suite 1203

Columbus, OH 43203

614-685-9994

thw.osu.edu

Drug and Alcohol Treatment Centers

Ohio State Substance Use Disorder Treatment Programs

wexnermedical.osu.edu/mental-behavioral/substance-use-disorder-addiction-treatment

614-257-3760

Ohio Addiction Recovery Center

ohioarc.com

614-321-8818

Columbus Springs

columbussprings.com/substance-abuse-treatment

614-908-4880

The Woods at Parkside

thewoodsatparkside.com

614-881-4823

BrightView

brightviewhealth.com/locations/columbus-addiction-treatment-center

614-367-5843

The Recovery Village

therecoveryvillage.com/locations/columbus

877-780-5187



**THE OHIO STATE
UNIVERSITY**

WEXNER MEDICAL CENTER

wexnermedical.osu.edu