

Three vertical bars of varying heights and colors: green, orange, and red, positioned to the left of the main title.

One Month Post-Op Class

Bariatric Surgery Follow-Up

Nutrition

1 Month After Surgery



Class Outline

- Eating Techniques
- Importance of Protein
- Introduction of New Foods
- Vitamin and Mineral Review



Eating Techniques



Techniques of Eating



Cut food into
small pieces



Chew food well



Eat slowly



Separate liquids
and solids



Stop eating
when full



Why they are important

- To prevent pain/discomfort
- To prevent food from being stuck
- To prevent nausea/vomiting/"foamies"



What if food is stuck:

- Take it as a learning opportunity
- Pat the chest
- Change your position
- Walk around
- Avoid drinking to flush it down



Nutrition Complications

Nausea and
vomiting

Dehydration

Constipation

Low Blood
Sugars

Hair Loss

Dumping
Syndrome

Gas/Bloating

Lack of
Appetite

Food
Intolerance



Dehydration

- Remember to take small sips
- Always have a water bottle on-hand
- If necessary, shorten window of drinking before eating to 5-10 minutes
 - But **MUST** wait 30 minutes after eating
- Water may feel heavy/not sit well, try:
 - Change the temperature
 - Add sugar-free additives or fruit



Dehydration

- This all counts towards your fluids:
Sugar-free popsicles, jello, soups,
protein shakes, herbal tea, decaf coffee
- Don't have caffeine until you can get 6-8
cups of non-caffeinated beverages
- Signs of dehydration:
dry mouth/skin/eyes, thirst, dark
urine, infrequent urine



Frequent Soft Stools/Diarrhea

- Up to 10 times daily in the first 1-2 years
- 2-4 daily for life
- Very high fat meals --> diarrhea
- If you have diarrhea make sure you drink extra fluids
- You can try
 - Taking a fibre supplement
 - Eating bananas, applesauce or oatmeal



Constipation

- Gradually incorporate high-fibre foods
 - e.g. bran-based cereals, beans, lentils, legumes
- Increase fluids
- Movement after meals
- Gradually wean off medications for constipation



Hair Loss

- Usually short-term, unless vitamin/mineral/protein deficiency
- Usually a response to rapid weight loss
- Once weight loss slows, hair can start to grow back
- Caution against hair supplements/oils/shampoos
 - DON'T take extra biotin supplements for hair loss



Lack of Appetite

- Very common
- Very variable
- Eating becomes mechanical
- Appetite usually comes back (but not to the extent it was pre-surgery)



Vitamin and Mineral Supplements



Chewable vitamin and Mineral supplements

- For the first 4-6 weeks after surgery, take chewable forms of vitamin/mineral supplements
- No chewable option available for vitamin A, E, K,
 - Crush the tablets/open the gel capsules and mix it in yogurt or applesauce
 - Exception: ADEK multivitamin from US Bariatric Advantage or Celebrate

Multivitamin-mineral

Multivitamin-mineral

- Take 2 per day
- Each must contain at least 18 milligrams (mg) iron
- If your multivitamin-mineral does not have enough iron take one iron supplement a day
- Take with meals
- Do not take children's multis or gummies

Some Approved Options



See 'Multivitamin Supplement' handout for pricing, dosing, and other options.

Calcium with vitamin D

Calcium with vitamin D

- Aim for a total of 1500 – 1800mg of calcium citrate per day
- Take it in separated doses
- Aim for 1000 – 1200 IU vitamin D per day from your calcium supplements

Some Approved Options



See 'Calcium Citrate Vitamin D' handout for pricing, dosing, and other options.

Vitamin B12

Vitamin B12

Pick **1 option** from the following:

- 500 mcg twice a day
- 1000 mcg every day
- Injection from your doctor every month

Some Approved Options



Ask your RD if you have questions about dosing or have trouble finding the right supplement!

Vitamin ADEK

Vitamin ADEK

- Vitamin A: 10,000 units/day
- Vitamin D: 2000 units/day
- Vitamin E: 400 units/day
- Vitamin K: 300mcg/day

Some Approved Options



Ask your RD if you have questions about dosing or have trouble finding the right supplement!



Example Supplement Schedule

TIME	SUPPLEMENT
BREAKFAST	Prenatal Multivitamin x 2 pills Vitamin A 10,000 units B12 1000 mcg or B12 1000 mcg injection monthly
SNACK	Calcium Citrate 500 - 600 mg Vitamin D 1000 units
LUNCH	Calcium Citrate 500 - 600 mg Vitamin D 1000 units Vitamin E 400 units
DINNER	Calcium Citrate 500 - 600 mg Vitamin K 300 mcg
BEDTIME	Iron 300 mg or Feramax 150 mg (as needed based on bloodwork)

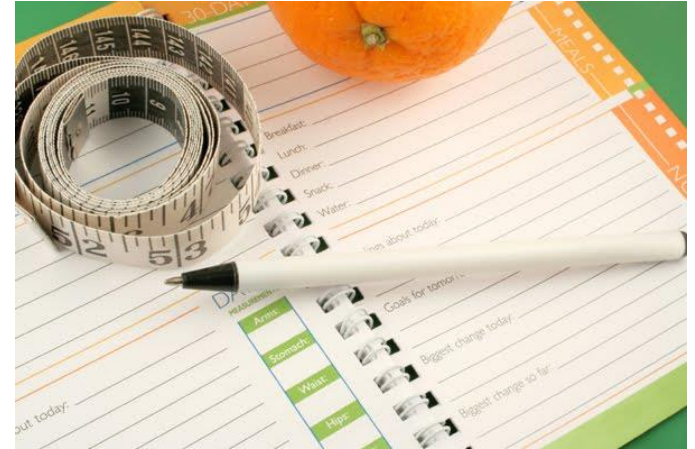
*Speak to your family doctor or local pharmacist about possible interactions with other medications you may be taking. This may affect your vitamin and mineral schedule.



Protein

Protein Goal

- Minimum 100 to 120 grams a day
- Log your food intake
- Use the list of protein rich foods
- Read food labels
- Add up grams of protein for a day



Protein Foods

Animal Sources



Protein Foods

Dairy

Yogurt



Skyr



Milk



Cheese



Protein Foods

Vegetarian Sources




Protein Foods

Beans and Legumes, Nuts and Seeds



High Protein Milks





What does 100 to 120 grams of protein look like on the soft diet?

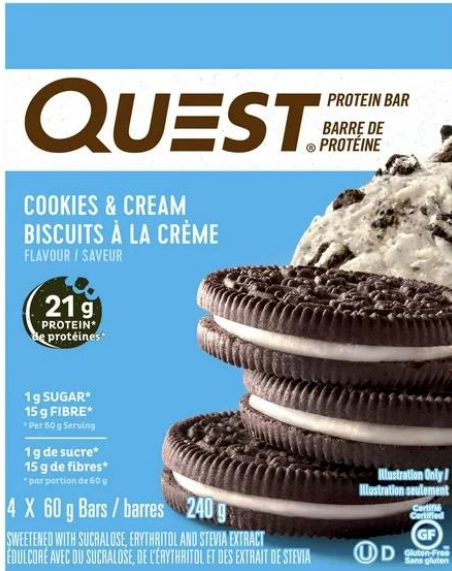
	Name of Food	What is in it
Breakfast	Omelette	1-2 whole egg 2 tbsp – ¼ cup diced ham 1 tbsp shredded low fat cheese
	Whole wheat toast	½ slice whole wheat bread well toasted
Morning Snack	Protein smoothie	1 protein shake blended with ¼-½ cup frozen or fresh fruit
Lunch	Chili	¾-1 cup chili
	Cheese	30 grams cheese
Afternoon Snack	Canned tuna	½ tin canned tuna
	Crackers	4-5 whole wheat crackers
Dinner	Fish	3oz baked fish
	Mashed potato	¼ cup
	Green beans	½ cup well-cooked green beans
Evening Snack	Greek yogurt	1 small container SF greek yogurt
	Fruit	¼ cup of chopped canned, frozen or fresh fruit



Protein Supplements

- Aim for 120 g/day of protein
- Use 1 protein shake a day or as needed to meet protein goal
- You can also try protein bars
 - Each bar should have:
 - Less than 250 kcal
 - Less than 10 grams of sugar
 - At least 14 grams of protein

Protein Bars





Advancing the Diet

Everybody is Different!



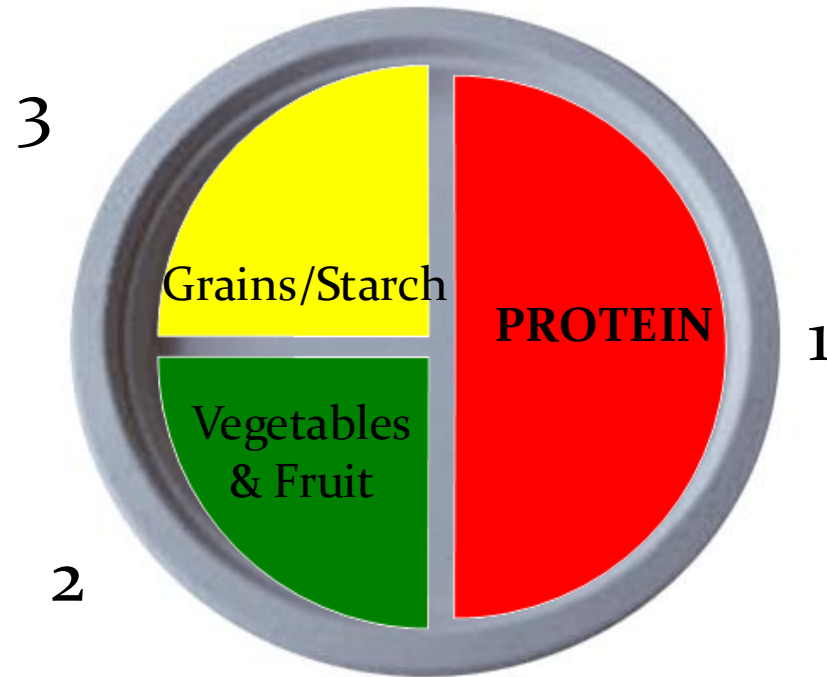
Advancing the Diet

- Gradually increase the texture of foods
- Try one new food at a time
- Keep your total meal size to no more than **1 cup (8 ounces by volume)**





Bariatric Meal





What do we recommend instead of counting calories?

- Focus on meeting protein needs
- Distribute protein throughout the day
- Balance your meals and snacks with fruits, vegetables and grains and starches
- Listen to your body

Soft Diet - Protein

Type of food	Examples
High protein foods (lean, low fat)	<ul style="list-style-type: none">• Chicken moist, dark meat• Fish, water packed tuna• Extra lean ground beef, chicken or turkey• Eggs or egg white substitutes (scrambled, poached, hard boiled)• Legumes (beans, lentils, chickpeas, soy beans)• Low fat chili, lean meatballs, or meatloaf• Lean or low fat deli meat• Tofu• Cheese
Protein rich hearty soups	<ul style="list-style-type: none">• Lentil or bean soup• Chicken vegetable soup• Minestrone soup

Once you are able to eat and tolerate a variety of the foods listed above you can then try the following foods slowly:

- Red meats (lean cuts)
- Grilled meats (chicken breast, pork chop)



Soft Diet – Vegetables and Fruit

Type of food	Examples
Vegetables	<ul style="list-style-type: none">• Very well cooked soft vegetables that are not stringy, do not have seeds or tough skins
Fruit	<ul style="list-style-type: none">• Soft, canned fruit packed in water or cooked fruits (no skins or seeds)

Once you are able to eat and tolerate a variety of the foods listed above you can then try the following foods slowly:

- Raw vegetables and salads
- Raw fruit (apple skins should be peeled)



Soft Diet – Grains and Starches

Type of food	Examples
Grain products or starch foods	<ul style="list-style-type: none">• Unsweetened or low sugar cold cereal soaked in low fat milk (example Fibre 1, Kashi Go Lean)• Potatoes, sweet potato (boiled or baked)• Pita bread or wrap – look for whole grain or whole wheat• Low fat crackers

Once you are able to eat and tolerate a variety of the foods listed above you can then try the following foods slowly:

- Toasted bread
- Whole wheat pasta or brown rice

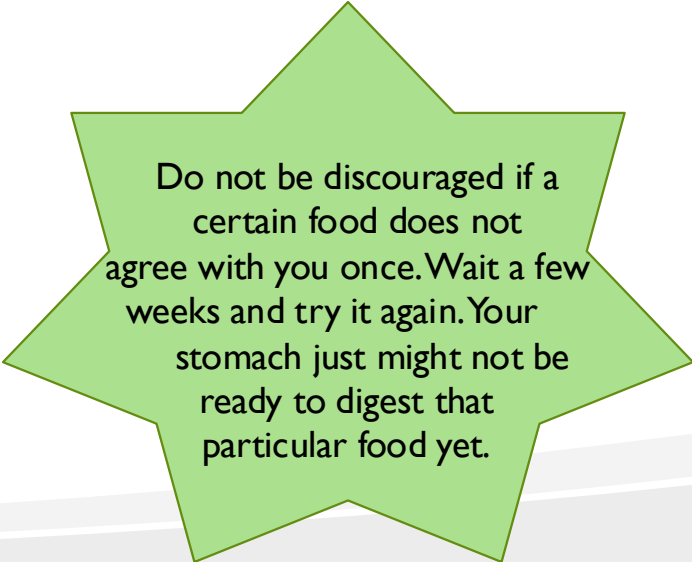


Food Intolerance

- One individual may tolerate a food that disagrees with another person
- It is important to try a variety of foods

The following foods may be difficult to eat:

- Dry or tough meats
- Leftovers
- Bread
- Rice
- Pasta
- Eggs



Do not be discouraged if a certain food does not agree with you once. Wait a few weeks and try it again. Your stomach just might not be ready to digest that particular food yet.

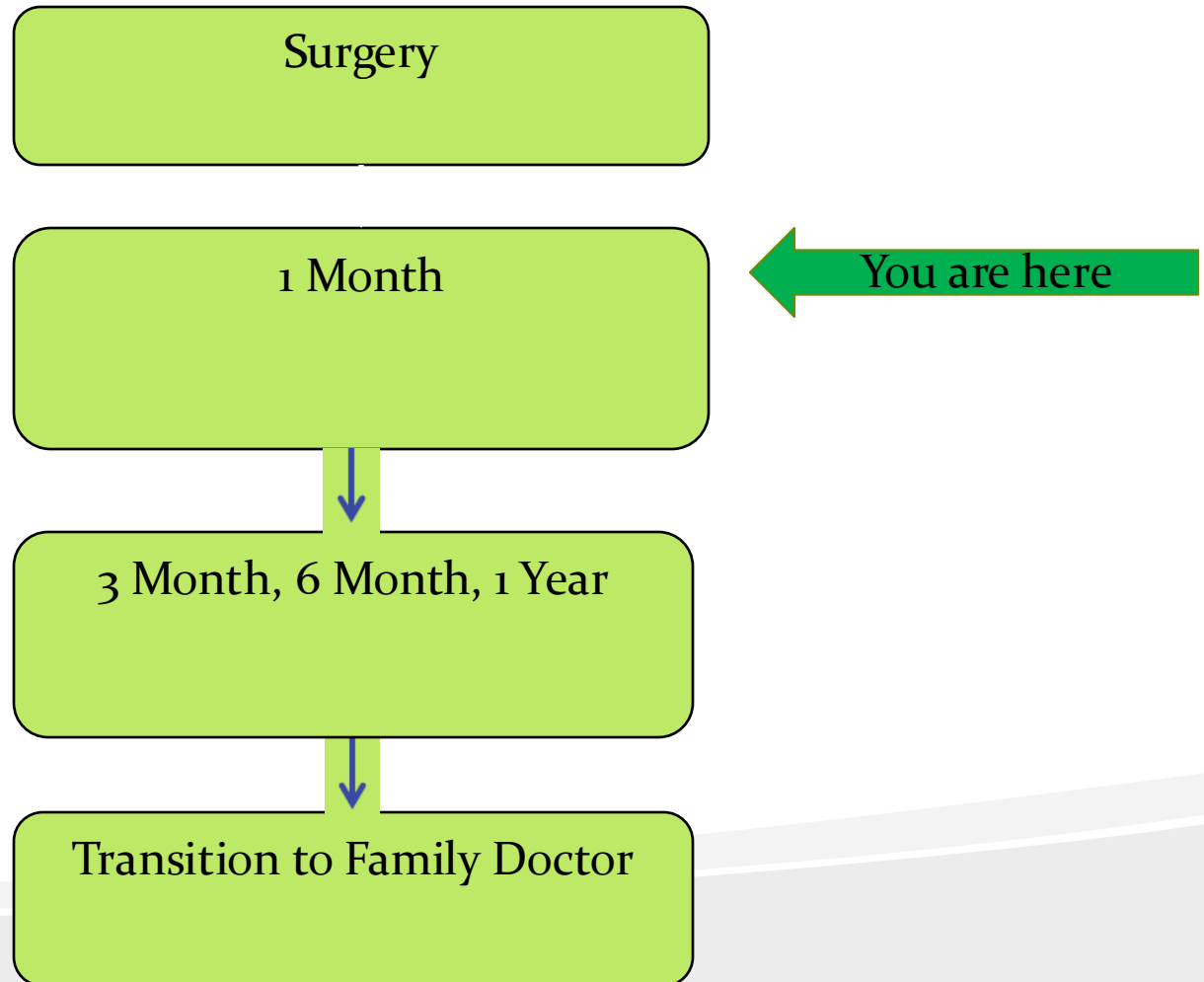


Next Steps

- Follow-up at about 3 months after surgery
 - Blood work requisition
 - Have your blood work done at a local lab **3 weeks** before your next appointment at our clinic.
- For the next Dietitian appointment, **bring** your vitamins and minerals



Follow-Up Appointments: 1 Year



Bariatric Clinic Dietitians

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Nursing

1 Month After Surgery

What is expected at 1 month after surgery?

Incision sites:

- All steri-strip dressing should be off
- All incisions should be closed.
- Muscle tissue continues to heal for a few months
- Bumpiness due to scar tissue may develop.
- Soreness at the incision site with movement may be felt.





What is expected at 1 month after surgery?

- Energy should be improving
- May resume sexual activity when you feel well enough
- May return to work at 4 to 6 weeks after surgery



Physical Activity Guidelines

Activity	Up to 1 month	Month 1-3	Month 3 and beyond
Lifting <small>*more than 20lbs</small>	No	Yes <small>*as tolerated</small>	Yes
Water exercises	No	Yes <small>*if incisions healed</small>	Yes
Abdominal exercises	No	Yes <small>*as tolerated</small>	Yes
Cardio	Light	Moderate	High



Recommendations

- Take your PPI (eg. lansoprazole, pantoprazole) prescription daily for 2.5 months then every other day for the last 2 weeks then stop. You do not need a prescription renewal
- Continue Senekot and pain medication as needed
- Do not drive if you are still taking narcotic pain medication
- No NSAID use (ASA 81 mg for heart health is ok)
- If you are taking timed release or extended-release medication, talk to your prescribing doctor about switching to a regular release or closer monitoring



Recommendations

- Do not use birth control pills for contraception
- Wait 12-18 months or longer post surgery before planning for pregnancy
- No smoking



Recommendations

- Continue to:
 - Use your CPAP (follow-up study at 1 year postop)
 - Check blood sugar levels (for diabetic patients)
 - See your specialists
 - Follow-up with your bariatric clinic appointments



See your **local health care provider** (doctor/nurse practitioner) for:

- Medication adjustment (BP and DM meds, etc.) and refills
- Low blood sugars
- Do not discontinue your medication without medical advice
- Medical concerns outside of bariatric surgery
- Concerns about your incisions
- Return to work/school letter or insurance/disability forms



Go to the **Emergency** for:

- Severe abdominal pain
- Not able to eat or drink
- Fainting episodes or loss of consciousness
- Blood in the stool (bright red) or dark stool
- Suicidal thoughts, homicidal thoughts
- Limb swelling, pain, warmth, redness





Contact the Bariatric clinic for:

- Constant nausea and vomiting
- Increased or new abdominal pain
- Increased or new heartburn
- Daily constipation

Tel: 416-603-5800 ext. 6145



Additional Information

Make sure to check out our website for more videos that can help you navigate through your recovery after having bariatric surgery:

https://www.uhn.ca/Surgery/Clinics/Bariatric_Clinic#information