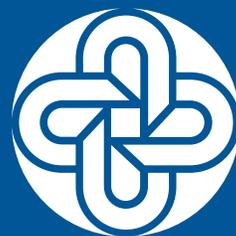


Bariatric Services Program Education



Fairfield
Medical Center

Here you'll find guides to:

Bariatric Program Pathway

Understanding Obesity

Types of Bariatric Surgery

Bariatric Surgery FAQs

Habits for Success

Understanding Macronutrients

Understanding Micronutrients

Diet Before Bariatric Surgery

Bariatric Surgery Experience

Diet After Bariatric Surgery

Vice Advice and Medication Safety

Your Guide to the Bariatric Program Pathway



Fairfield
Medical Center

This guide has been prepared to assist you and your family with understanding what to expect from Fairfield Medical Center's bariatric program. This handout will give you a brief overview of the patient pathway to success.

A WORD FROM OUR TEAM

Our goal in the preparatory process is to educate you and make sure you are medically cleared for surgery, so that – when we obtain an approval from your insurance company – we can schedule your procedure without any delays. We ask that you take advantage of the knowledge our team has to offer, both before and after your surgery.

In the upcoming months, there will be some tasks and requirements that are going to be your responsibility to complete, and we want you to know that we are here to help you whenever you get overwhelmed, worried or even stuck. We're in your corner, and we want to see you be successful!

Please understand that there are no loopholes regarding the list of requirements that need to be met before surgery. As flexible as we are, insurance is not – and we don't want documentation or a checklist item to be the reason you don't achieve your goal.

All documentation must be obtained before you are able to move on to surgery. This includes an agreement to quit nicotine usage, proof of counseling (if required), as well as additional dietary and bariatric-related education. Insurance requires documentation to be received in a certain order and time frame, so missing appointments can set you back if you're not careful.

If you need to cancel or change any appointments, please call us to ensure that you are rescheduled within any insurance-mandated time frames.

The process to prepare for bariatric surgery can be overwhelming at times, but rest assured that our team of specialists is here to support you and make sure that you are properly prepared for surgery and your new life. We are honored to be part of your success story, and we look forward to assisting you through this program.

We invite you to contact us at any time during this process. Whether you need help, guidance or just some encouragement, our team is here to support you.

Sincerely,

Your Bariatric Services Team



EDUCATION

The decision to pursue weight loss surgery shouldn't be taken lightly: this is a *huge* lifestyle change. With that being said, it's important that you educate yourself about the details of this procedure and what it means for your future. Your final decision to proceed with this program should be informed and made with confidence.

If you have not already done so, please plan to attend a free information session; call 740-689-6718 for details.

If you have already attended an information session and would like to take the next step, please call 740-475-0442.

PHONE INTERVIEW AND INSURANCE VERIFICATION

Once you reach out to the office, our program coordinator will contact you for a quick phone interview. This conversation includes a quick screening survey, and our program coordinator will collect your insurance information.

As soon as we have your insurance information, we will perform an insurance verification. This will tell us what specific requirements need to be met in order for you to obtain coverage. If your plan does not cover bariatric surgery, we'll assist you in exploring other options.

When the insurance verification is completed, we'll get you scheduled for an initial surgical consultation.

- **It is extremely important that you commit to this appointment after careful consideration and research.**
- You are expected to have a working understanding of the options available to you (Roux-en-Y gastric bypass and sleeve gastrectomy).
- These appointments are scheduled weeks in advance. If you must cancel, please give us a 24 hour notice. Failure to do so may disqualify you from the program.

INITIAL SURGICAL CONSULTATION

We believe it's important for you to connect with our team early on in this process: we will be working together closely for years to come. At the time of your consultation, you will meet with our bariatric surgeon and our program coordinator.

During this appointment, you can expect:

- A review of your medical history
- A discussion regarding which surgical procedure would work best for you and why.
 - Again, while we are happy to clarify any questions you may have, please keep in mind that you are expected to arrive at this appointment with basic knowledge of the surgical options available to you.
- A review of our preparatory program
 - You will receive a tentative schedule and a timeline. If you have any questions about your plan of action, please do not hesitate to ask. It's important you understand these expectations clearly.

We encourage you to bring a family member or support person to this visit.

PREPARATORY PROGRAM, CASE REVIEW AND APPROVAL

After your consultation, we'll enroll you in our preparatory program. This program has two goals:

1. To satisfy any insurance requirements that are needed for coverage.
2. To ensure you are well-prepared for surgery and the changes that you will experience afterwards.

This program is expected to take approximately 12 weeks, and includes meeting with multiple members of the team.

PREPARATORY PROGRAM, CASE REVIEW AND APPROVAL (CONT.)

The preparatory program includes:

- Two individual meetings with our registered dietitian
- Group classes focused on nutritional and lifestyle habits that are critical to your success
- A self-study program: you will be expected to review materials outside of class
- A psychological evaluation (if required); this will help identify ways to make you more successful. Please note this appointment may take several hours. For more information, please call 740-689-6600.
- Referral for medical clearance, pre-surgery weight loss and/or additional testing (if needed)

Once you have completed the program, the team will review your case to ensure you are prepared for surgery.

After the team has determined you're ready for your procedure, our staff will submit a letter of recommendation along with all necessary documentation to your insurance carrier for approval. If any issues arise, we will work through them on a case-by-case basis.

Please note that the preparatory program is required for all patients, even if you are bypassing your insurance company and paying out-of-pocket.

PRE-OPERATIVE APPOINTMENT

After approval is granted from your insurance company (if applicable), you will come back for a visit much like your initial consultation appointment. This is a great opportunity for you to discuss any questions or concerns that you may have identified during the preparatory program stage.

Additionally, our surgeon and program coordinator will discuss the following:

- The details of your anticipated procedure
- What to expect before, during and after your surgery
- Risks of surgery
 - Keep in mind that there is a certain amount of risk associated with any medical procedure. You have reached this point in the process because your care team has decided that the benefits far outweigh the risks.
- Dietary phases, including:
 - Your pre-operative diet, which will be followed one week prior to surgery
 - Your recovery diet, which will be followed 6-8 weeks following surgery
 - Your long-term postoperative diet, which will need to be adopted as your "new normal" to ensure success
- **We will be taking your "before" photo at this appointment; please dress accordingly.**
 - You will appreciate this photo a year from now when it is sitting side-by-side with your after photo.

SURGERY: BEFORE, DURING AND AFTER

You will receive a separate guide that outlines what to expect on the day of surgery and during your recovery.

Remember, it is normal to be nervous before surgery. If you have any fears or concerns, speak to your team about them. They are here to support you every step of the way.

PATIENT EXPECTATIONS

Our team is excited to be part of your journey. You have our complete dedication and commitment, and we simply ask the same from you. **Remember, this program will only work if you do.**

Here are some ways you can help ensure your success:

- ***Make the effort to educate yourself***
 - We will make education materials available to you that are designed to enhance your understanding and promote your success: take advantage of them.
 - Be an active learner. If there is something you do not understand, do some research, ask your team or revisit your education materials.
 - Understanding the procedure and program requirements will help quiet any fears or doubts you have. The phrase "knowledge is power" has stuck around so long for good reason.
- ***Show up***
 - This sounds simple, but may be difficult if you're not fully committed to this transformation. If you find yourself skipping classes and missing appointments, it may be a sign that you're not ready to take this step.
 - We understand that "life happens," and that sometimes absences or the rescheduling of appointments can't be avoided: if that's the case, we'll work with you to figure it out.
 - Keep your team informed about any scheduling conflicts that may arise.
- ***Participate***
 - Ask questions, participate in discussions and take notes. It will help you remember information and build a support group. Remember, everyone in class is working towards the same goal, and there are no "bad" questions.
- ***Do what we ask***
 - Any instructions that you receive have been given with good intent and have a purpose: we are not here to waste your time, we are here to make you successful.
 - The time to start adopting new habits and building a healthier lifestyle is right now.
- ***Commit to your follow-up appointments***
 - Disclaimer: this process is not over once surgery is completed. You will be expected to follow up routinely for at least one year after surgery, and we hope our relationship with you lasts even longer than that.
- ***Call us with any problems or concerns***
 - This does not mean you should not seek medical attention when necessary! But anytime an issue arises, we want to know. We are experts in the field of bariatrics, and we can offer advice, insight and knowledge that other medical providers may not be familiar with.



Your Guide to Understanding Obesity



Fairfield
Medical Center

This guide has been prepared to assist you and your family with understanding obesity, BMI and factors that influence weight.

WHAT IS OBESITY?

Obesity is a condition that occurs when individuals carry excess body fat. It is often broken into categories, or levels of severity, depending on a person's BMI (body mass index).

CALCULATING BMI

BMI is most simply calculated by dividing your weight (in kilograms) by your height (in meters). BMI calculators are available on a variety of websites; you can also get a general idea by utilizing the chart below.

BODY MASS INDEX

Weight (pounds)

	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330
4'5"	30	33	35	38	40	43	45	48	50	53	55	58	60	63	65	68	70	73	75	78	80	83
4'6"	29	31	34	36	39	41	43	46	48	51	53	56	58	60	63	65	68	70	72	75	77	80
4'7"	28	30	33	35	37	40	42	44	47	49	51	54	56	58	61	63	65	68	70	72	75	77
4'8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65	67	70	72	74
4'9"	26	28	30	33	35	37	39	41	43	46	48	50	52	54	56	59	61	63	65	67	69	72
4'10"	25	27	29	31	34	36	38	40	42	44	46	48	50	52	54	57	59	61	63	65	67	69
4'11"	24	26	28	30	32	34	36	38	40	43	45	47	49	51	53	55	57	59	61	63	65	67
5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65
5'1"	23	25	27	28	30	32	34	36	38	40	42	44	45	47	49	51	53	55	57	59	61	62
5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60
5'3"	21	23	25	27	28	30	32	34	36	37	39	41	43	44	46	48	50	51	53	55	57	59
5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43	45	46	48	50	52	53	55	57
5'5"	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	50	52	53	55
5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	49	50	52	53
5'7"	19	20	22	24	25	27	28	30	31	33	35	36	38	39	41	42	44	46	47	49	50	52
5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38	40	41	43	44	46	47	49	50
5'9"	18	19	21	22	24	25	27	28	30	31	33	34	36	37	38	40	41	43	44	46	47	49
5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36	37	39	40	42	43	45	46	47
5'11"	17	18	20	21	22	24	25	27	28	29	31	32	34	35	36	38	39	41	42	43	45	46
6'0"	16	18	19	20	22	23	24	26	27	29	30	31	33	34	35	37	38	39	41	42	43	45
6'1"	16	17	19	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	40	41	42	44
6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41	42
6'3"	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36	38	39	40	41
6'4"	15	16	17	18	20	21	22	23	24	26	27	28	29	30	32	33	34	35	37	38	39	40
6'5"	14	15	17	18	19	20	21	23	24	25	26	27	29	30	31	32	33	34	36	37	38	39
6'6"	14	15	16	17	19	20	21	22	23	24	25	27	28	29	30	31	32	34	35	36	37	38
6'7"	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	32	33	34	35	36	37
6'8"	13	14	15	17	18	19	20	21	22	23	24	25	26	28	29	30	31	32	33	34	35	36
6'9"	13	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	31	32	33	34	35
6'10"	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	34	35

*data source - National Obesity Education Initiative

- Under Weight
BMI = under 18.5
- Normal Weight
BMI = 18.5 - 24.9
- Over Weight
BMI = 25 - 29.9
- Obesity
BMI = 30 - 39.9
- Extreme Obesity
BMI = 40 and over

CALCULATING BMI

According to the chart, a BMI of 30 or greater is considered obese, and a BMI of 40 or greater is classified as extreme obesity – otherwise referred to as "morbid obesity."

The term morbid obesity is applied when excess fat becomes a contributing factor in multiple secondary disease processes. Morbid obesity has the ability to impact quality and length of life, and it is considered a disease within itself. Typically, it will only respond to radical treatment, such as weight loss surgery.

Diabetes, hypertension (high blood pressure), heart disease, sleep apnea and life-limiting osteoarthritis or joint disease may all be classified as obesity-related comorbidities.

You may qualify for bariatric surgery if you have a BMI of 40 or greater, or a BMI of 35 or greater with at least one obesity-related health condition.

CAUSES OF OBESITY

It is easy to feel overwhelmed by obesity: it is a chronic condition that is difficult to manage and can be (quite literally) impossible to overcome without surgical intervention. If you feel like you have tried everything and you can't lose weight, or you can't lose weight and keep it off, you're not alone. To understand this, you must understand the causes of obesity.

There are several factors that contribute to obesity; some of them are factors that we have control over, like our eating habits and activity level, while others are more complex in nature. Genetic factors, environmental and behavioral factors and our metabolism are all major contributing factors in our relationship with weight.

- **Genetic factors**

- Like many other traits, such as eye color or skin tone, your genetic makeup can influence how easily you gain or lose weight. While this is a contributing factor, its effects can sometimes be offset by eating a healthy, balanced diet and exercising more. *Your genetics do not define your destiny.*

- **Environmental and Behavioral Factors**

- Environmental factors include things like where we live, the resources we have available and who we surround ourselves with.
 - Unfortunately, America is full of fast-food restaurants and unhealthy diet choices, and – as a society – we spend a lot of time indulging in sugary, greasy, fried and fatty foods.
 - In regards to activity and exercise, the majority of the nation spends significantly more time watching TV or sitting in front of a computer than they do riding bikes, going for a walk or hitting the gym.
 - » *These environmental factors influence our behavior.*
- Behavioral factors are, most simply, the things you choose to do. *You have 100% control over your own behavior.*
 - You have a choice between eating a fast-food burger with fries or a piece of grilled chicken with a side salad.
 - You have a choice between drinking a large soda or a glass of water.
 - You have a choice between watching TV or going for a walk.
 - » These habits can be hard to break, but they are necessary changes: even if you're making them alone.



CAUSES OF OBESITY (CONT.)

- **Metabolism**

- If the food you consume is not turned into energy, it is stored in the body as fat.
- Your metabolism is the process that converts food into energy. Essentially, it is considered "fast" or "slow" depending on how quickly your body is able to complete this process.
 - For example, people with a high (or "fast") metabolism burn calories quickly and tend to store less fat, while individuals with a low (or "slow") metabolism convert calories into energy more slowly – this means that more of what they eat goes into "storage," resulting in weight gain.
- **"The Set Point Theory"**
 - The Set Point Theory has been widely accepted and states that each person has a "set point." This set point is the weight or weight range that a control mechanism in the brain has determined will allow the body to function most efficiently. Essentially, once efforts to lose weight are stopped, your body "resets" to the set point.
 - » Think of the "set point" as a thermostat. If you set the thermostat in your home to 72° on a 90° day, your air conditioning unit will run and run, allowing the house to stay cool. Once the air conditioning unit shuts off, however, your house will return to the higher temperature.
 - » Now, apply that thought process to body weight: say your "set point" is 250 lbs. Through hard work and dieting, you were able to lose 70 lbs. and get down to 180 lbs. As soon as you stop the diet, however, you regain the weight, returning to your "set point" of 250 lbs.
 - › This theory explains why medical weight loss (like diet, exercise and medication) doesn't work for some people. In fact, weight regain is experienced in 95-100% of individuals.
 - * You will hear time and time again that **you must exercise daily in order to be successful**. This is because exercise is the only known way to offset your body's tendency to return to its set point.

HOW OBESITY IMPACTS HEALTH

Obesity takes a toll on the entire body; specifically, it effects the organs and how they function. Listed below are some of the most common obesity-related diseases.

While this information may seem discouraging, there is something important to keep in mind: damage and disease processes can be minimized or completely reversed with significant weight loss, and you are already on track to making that happen!

- **Type II Diabetes**
 - Obesity increases your risk of developing type II diabetes by 400%. Over time, diabetes increases your risk of infection, heart disease, kidney failure, nerve damage, eye complications and foot problems.
- **Cardiovascular Disease**
 - This includes a 300% increased risk of heart disease and a 200% increased risk of high blood pressure. These conditions can lead to heart attack, angina (chest pain), arrhythmias (irregular heart beat) and stroke.
- **Hyperlipidemia**
 - This refers to high cholesterol and triglycerides in the blood. Increased fat in the blood can lead to blockages of the arteries, as well as vascular damage.
- **Respiratory Insufficiency**
 - There are two major problems that can occur with your breathing: obstructive sleep apnea and hypoventilation syndrome. Obstructive sleep apnea is the more common of the two, and can increase your risk for heart disease, stroke and even death. It can also keep you from feeling rested, even after a full night's sleep.

HOW OBESITY IMPACTS HEALTH (CONT.)

- GERD
 - GERD, or acid reflux, occurs when stomach acid or bile flows back into the tube connecting your mouth to your stomach (esophagus). Over time, this can cause a pre-cancerous condition called Barrett's esophagus, which can significantly increase your risk of esophageal cancer.
- Venous Insufficiency
 - Decreased blood circulation in your legs can put you at risk for blood clots and pulmonary embolisms, which can be fatal. It can also result in swelling and discomfort in the legs on a day-to-day basis.
- Cancer
 - The risk of developing colon, breast, endometrial, kidney or esophageal cancer is increased in individuals struggling with obesity. This risk returns to normal with weight loss.
- Osteoarthritis
 - Cartilage is the soft tissue that "cushions" your joints. Because obesity increases the amount of stress placed on your knees, hips and ankles, this cartilage is more likely to breakdown, resulting in "bone-on-bone" damage. This condition is extremely uncomfortable and can be debilitating, making everyday tasks feel impossible.
- Female Reproductive Dysfunction
 - Obesity can contribute to infertility, irregular periods and polycystic ovarian syndrome. These issues are almost always reversed with weight loss.
- Stress Incontinence
 - This condition occurs when increased abdominal pressure causes the involuntary leakage of urine, particularly when laughing, sneezing or exercising. This condition is more common in women; while it's not life-threatening, it can be embarrassing or overwhelming at times.
- Steatohepatitis ("Fatty Liver")
 - This condition is characterized by the build up of fat inside the liver, and it often doesn't cause any noticeable or immediate symptoms. If it's not addressed, however, it can lead to fatal liver failure.
- Benign Intracranial Hypertension
 - This condition causes headaches, nausea, dizziness and fatigue. In some cases, it can even cause vision loss. This disease most commonly effects young women, and can resolve with weight loss.
- Depression
 - Nearly 25% of individuals struggling with obesity have faced depression at some point in their lives. In these cases, successful, long-term weight loss has been associated with an improvement in mental health.

IN CONCLUSION

If medical weight loss efforts – like diet, exercise and medications – are not effective, weight loss surgery should be strongly considered. The health benefits of weight loss surgery far outweigh the risks: it is often more dangerous to continue a life of obesity-related disease than it is to undergo the procedure.

In fact, according to the National Institutes of Health (NIH), bariatric surgery, along with the necessary behavioral changes, is the *only* reliable way to treat morbid obesity. If you have any additional questions, don't hesitate to reach out to our team.

Your Guide to Types of Bariatric Surgery



Fairfield
Medical Center

This guide has been prepared to assist you and your family with understanding the different types of bariatric surgery offered at Fairfield Medical Center and how they work.

KNOWLEDGE IS POWER

Weight loss surgery has proven to be the only successful treatment for morbid obesity, but it's important to recognize that these types of surgeries are not "one size fits all." Whether or not they work will largely depend on your commitment to making the necessary lifestyle changes.

The decision to undergo weight loss surgery isn't one that should be taken lightly, and it's critical to your success that you have a clear understanding of what comes along with this life-changing procedure. Fairfield Medical Center offers two different types of weight loss surgery: the Roux-en-Y gastric bypass and the sleeve gastrectomy.

This guide has been designed to help you understand the aspects, or mechanisms, that make weight loss surgery effective and how each of the two procedures works.

SURGICAL MECHANISMS

There are four specific aspects that contribute to the significant weight loss associated with bariatric surgery: restriction, malabsorption, hormonal and metabolic changes, and dumping syndrome. Not every procedure utilizes all four mechanisms. Generally speaking, however, the more mechanisms that a procedure *does* utilize, the greater the amount of weight loss.

- Restriction
 - This concept applies to **all** weight loss surgeries: it most simply means that the stomach is made smaller. Most often, the "revised" stomach only has 10-20% of the capacity, or space, that it used to. In a Roux-en-Y gastric bypass procedure, this is done by creating a small "pouch." In a gastric sleeve procedure, this is done by creating a long, slender tube.
- Malabsorption
 - This concept is utilized by the Roux-en-Y gastric bypass procedure. When the intestines are re-routed, the food you consume does not mix with digestive enzymes like it used to. This means the amount of calories and nutrients absorbed by the body is decreased or limited.
- Hormonal and metabolic changes
 - When the intestines are re-routed and the stomach is made smaller, the levels of certain gastrointestinal (GI) hormones are altered or changed. There are two specific effects that have been noticed: feelings of hunger are significantly reduced, and certain disease processes are cured within days of surgery.
 - Most notably, type II diabetes is resolved in 85% of patients following Roux-en-Y gastric bypass.
 - Because the intestines are left untouched during the gastric sleeve procedure, patients may notice similar effects, but they may not be as significant.
- Dumping syndrome
 - You may hear dumping syndrome listed as a complication or side effect of weight loss surgery, but it can actually serve an important purpose: diet maintenance.
 - Because food goes directly into the intestines instead of being held and digested in the stomach, very rich foods (especially sweets) can irritate the intestines. This irritation can cause nausea, vomiting, cramping and sweating.
 - 90% of Roux-en-Y gastric bypass patients develop an aversion to sweets for this reason.

CALCULATING EWL

You'll often hear the success of a weight loss surgery measured in terms of percentage of excess weight loss (% EWL). In most cases, a surgery is considered successful if it resulted in 50% excess weight loss.

If you'd like to keep track of your % EWL at home, the formula is:

$$\% \text{ EWL} = \text{weight lost} \div \text{excess body weight} \times 100$$

For example, suppose an individual is 5'6" tall and weighs 250 lbs. At this height, an ideal body weight is 150 lbs. This means they have 100 lbs. of excess body weight. If they lose 50 lbs., then their % EWL is:

$$\% \text{ EWL} = 50 \text{ lbs. (weight lost)} \div 100 \text{ lbs. (excess body weight)} \times 100$$

$$\% \text{ EWL} = 0.5 \times 100$$

$$\% \text{ EWL} = 50\%$$

ROUX-EN-Y GASTRIC BYPASS

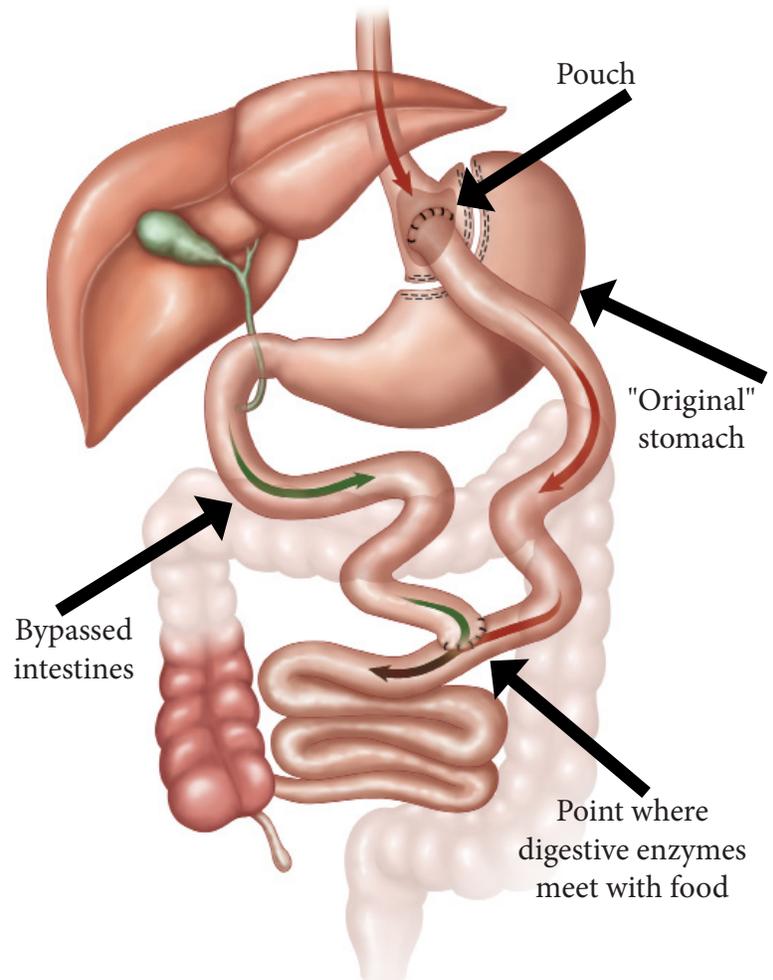
The Roux-en-y gastric bypass procedure, most simply known as gastric bypass, is the most popular type of weight loss surgery. It utilizes all four surgical mechanisms, and 90% of patients who undergo this procedure lose over 50% of their excess body weight. On average, weight loss equals 70% of excess body weight after two years.

Restriction is accomplished by creating a pouch approximately the size of an egg. This decreases the size of the stomach by 90%; you'll feel full after only a few bites.

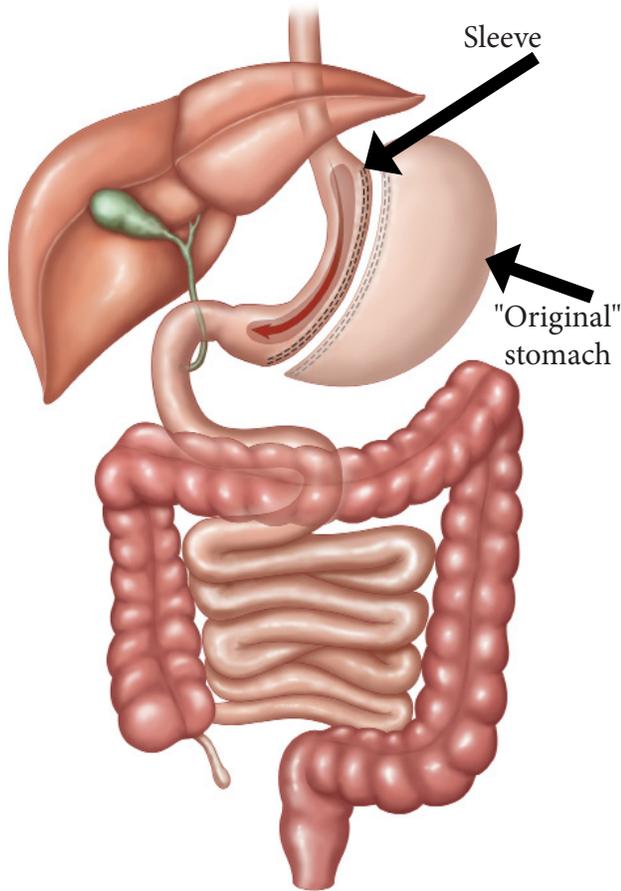
Malabsorption occurs because a segment of the small intestine is bypassed, or skipped over. After food empties from the pouch, it is not digested until it meets back up with the digestive enzymes (shown in green). This means your body absorbs less calories.

Hormonal changes occur when the stomach is divided and the intestines are re-routed. This results in reduced feelings of hunger – 90% of patients report that they're "just not hungry" after the procedure. This is a long-term and very useful effect.

Dumping syndrome is likely to occur when carbohydrate-heavy meals are consumed because your food enters directly into the intestines instead of being diluted and broken down in the stomach. You likely won't even *want* to eat sweets.



SLEEVE GASTRECTOMY



The sleeve gastrectomy procedure utilizes two of the four mechanisms of weight loss surgery, and most patients experience anywhere from a 35-85% loss of excess body weight. On average, weight loss equals approximately 60% of excess body weight after five years.

Restriction is accomplished by removing 75-85% of the stomach, leaving behind a thin tube (or sleeve) approximately the size of a banana. The intestines are left untouched. The banana-sized stomach is approximately three times larger than the pouch of gastric bypass, but still significantly smaller than the "original" stomach.

The part of the stomach that's removed is called the fundus, and it's the part of the stomach that expands, or stretches, when you eat a large meal. Because the portion that's left behind can't stretch quite the same, you will feel full after a much smaller meal.

Hormonal changes occur because the part of the stomach that's removed is responsible for producing the hormone that tells your brain that you're hungry – 75% of patients report that they're "just not hungry" after the procedure.

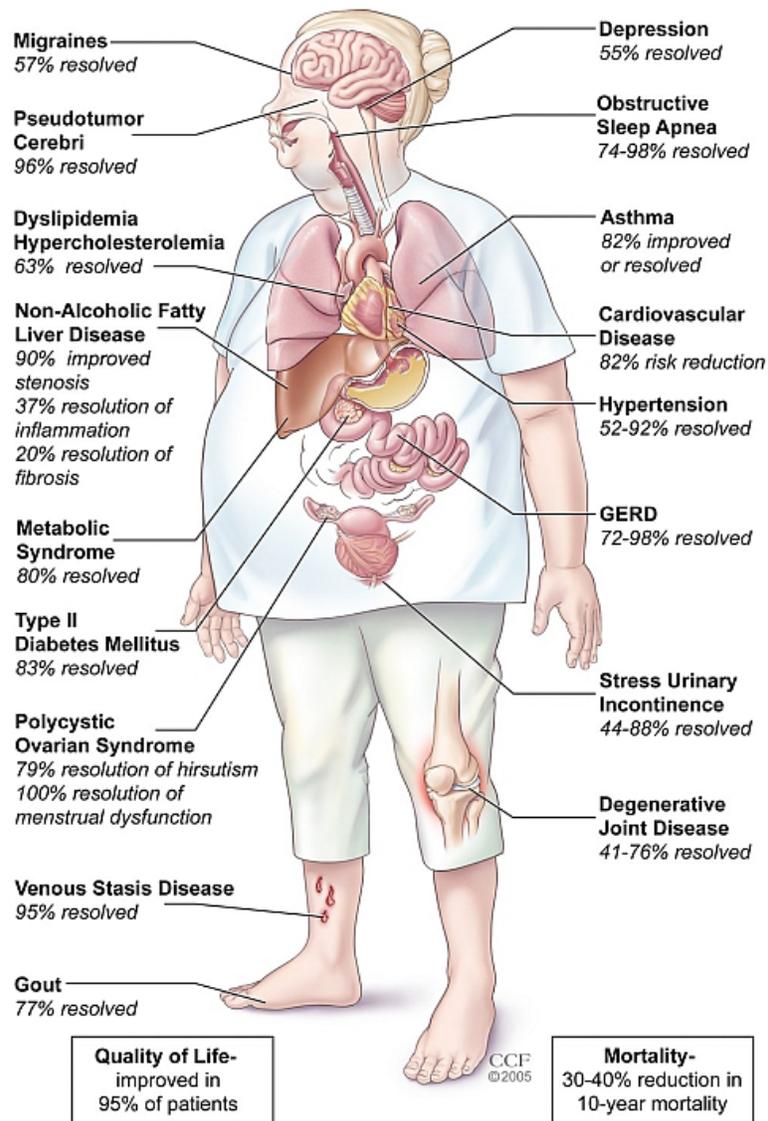
Because the intestines are not changed, there is no malabsorption and most patients will not experience dumping syndrome.

BENEFITS OF SURGERY

The benefits of surgery are incredible, and include an increased life expectancy, a vastly improved lifestyle and, of course, dramatically improved health.

- Increased life expectancy
 - Because weight loss surgery resolves and improves a variety of medical conditions and diseases, it also increases your life expectancy. When following up with patients five years after surgery, studies have shown a 40-90% reduction in the death rate amongst previously obese patients.
- Improved lifestyle
 - While it's great to undergo bariatric surgery for the health benefits, the real magic of the procedure can be found in your day-to-day life. Patients have reported an increase in mobility and energy: together, those things make life a lot more enjoyable.
 - After losing weight, patients have proudly reported that they are now able to shop freely at the mall, mow the lawn, play with their kids, enjoy a day at the amusement park, go for a bike ride and see the world through traveling by airplane. And that doesn't even include all the *new* hobbies waiting to be discovered!
 - Think about it: what are you looking forward to doing?

BENEFITS OF SURGERY (CONT.)



- Improved health
 - Bariatric surgery is unique because it is one of the few (if not only) procedures that can resolve multiple disease processes with a single intervention.
 - It's important to note that the necessary behavioral changes must be made in order for this to hold true.
 - Commonly resolved or improved diseases and conditions include:
 - Diabetes
 - High blood pressure
 - Sleep apnea
 - Hyperlipidemia
 - Joint disease
 - GERD (acid reflux)

RISKS OF SURGERY

As with any medical procedure, there is a certain amount of risk involved with weight loss surgery. The good news? The benefits often far outweigh the risks. In fact, living with unaddressed obesity is likely more dangerous than undergoing the surgery itself.

RISKS OF SURGERY (CONT.)

The mortality rate of bariatric surgery is extremely low; it is actually equal to the risk associated with more common procedures, such as hysterectomies and gallbladder surgeries. Other risks of gastric bypass and sleeve gastrectomy procedures include bleeding complications (2-3%), blood clots or pulmonary embolisms (1-3%) and wound infections (5%).

Depending on which surgery is determined to be best for you, the Bariatric Services Team will discuss the specific risks of said procedure with you during your consultation.

Below you will find some of the most commonly discussed risks and complications, their descriptions and the rate of occurrence associated with each procedure:

Associated with both procedures
 Associated with gastric bypass
 Associated with sleeve gastrectomy

Complication	Description	Gastric Bypass	Sleeve Gastrectomy
Mortality	Chance of death as a result of surgery	0.1-0.5%	0.1-0.4%
Anastomotic Leak	Poor healing at the connection site of the stomach/intestine may cause contents of the GI tract to “leak” into the abdominal cavity – requires immediate surgery.	1%	N/A
Staple Line Leak	Poor healing of the recently divided and stapled stomach may cause contents of the GI tract to “leak” into the abdominal cavity – requires immediate surgery.	N/A	1%
Bowel Obstruction	Scar tissue or surgery-related hernias can cause intestinal blockages, preventing digested materials from passing normally – requires immediate surgery.	1-2%	N/A
Gastric Stricture	Scar tissue/swelling may cause the sleeve to narrow, preventing food from passing. This can be corrected endoscopically with dilation (stretching), but may require surgery.	N/A	0.5-1%
Anastomotic Stenosis	Narrowing at the connection site of the stomach/intestine may cause frequent vomiting, this can occur 6-12 weeks after surgery. This can be corrected endoscopically with dilation (stretching), but may require surgery.	5%	N/A
Splenectomy	The spleen, which lives close to the stomach, can cause bleeding complications during surgery. In very rare cases, the spleen may need to be removed.	0.5%	0.5%
Bleeding	May occur secondary to damage to the spleen, blood vessels or other abdominal sources. In severe cases, blood transfusion and/or return to surgery may be necessary.	3%	2%
Trocar Injuries	Trocars are surgical instruments used during laparoscopic surgery. If damage occurs to bowel or blood vessels, repair may require open surgery/delay of your procedure	0.05%	0.05%
DVT/Pulmonary Embolism (PE)	When DVT blood clots, which are formed deep in the legs, break loose and travel to the lungs, emergency treatment is required. Pulmonary embolism can be deadly.	1-3%	1-3%
Marginal Ulcer	An ulcer, or sore, may occur in the gastric pouch or near the anastomosis (connection site). These may cause pain, vomiting or bleeding, and treatment is required.	5%	N/A
Gastric Pouch/ Anastomotic Dilation	Over time, the gastric pouch may expand, resulting in the ability to eat more food and ultimately leading to weight gain. This may require surgical revision.	10%	N/A
Wound Infection	Redness, warmth and yellow or green discharge may indicate an infection at the surgical site. Treatment is required, and may include a procedure to open and drain the wound, along with several weeks of daily wound care.	5%	5%
Fascial Dehiscence	This occurs when the muscle layer comes apart within days of surgery, typically secondary to infection – requires immediate surgical repair.	1%	1%
Incisional Hernia	An incision may cause weakness in the abdominal wall, allowing tissue – and sometimes intestines – to protrude at the affected site. Externally, this may appear as a bulge beneath the skin. This complication is much more common (20%) in open surgeries than laparoscopic.	1%	1%
Kidney Failure	This complication is rare, but may occur due to dehydration, medication or muscle breakdown from prolonged use of anesthetics. Full recovery is expected, but may require temporary dialysis.		
Protein deficiency	Inadequate absorption of protein following weight loss surgery is uncommon. To avoid complication, consume 60 grams of protein daily.		
Vitamin/Mineral Deficiency	Vitamin and mineral deficiencies occur more commonly than protein deficiencies. These can typically be corrected by taking the appropriate supplements.		

Your Guide to Bariatric Surgery FAQs



Fairfield
Medical Center

This guide has been prepared to assist you and your family with understanding some of the most frequently asked questions about weight loss surgery.

FREQUENTLY ASKED QUESTIONS

If you have a question about bariatric surgery, there's a very good chance that someone else has wondered the same thing. In this guide, you'll find answers to some of the most frequently asked questions in regard to weight loss surgery.

I'VE BEEN WONDERING ...

• What about excess skin after weight loss?

- Any adult who loses a significant amount of weight is likely to have some excess, or redundant, skin. This is because our skin lacks the elasticity, or stretch, to "bounce back" after we shed the pounds.
- The appearance of excess skin will depend on two things: how much weight is lost, and where you carry your weight. For example, if you carry excess weight in your abdomen, you can expect to see some redundant skin on your belly. Conversely, if you carry your weight more evenly across your body, you will still see redundant skin, but it may be more widespread or less pronounced than the first example.
- Excess skin is a cause for celebration! It means your surgery was a success, as excess skin generally isn't noticeable until about 50% weight loss.
- Daily exercise is extremely important, but it won't "tone up" loose skin. Excess skin must be removed through body contouring, a form of plastic surgery, which is typically performed 18-24 months after weight loss surgery.

• Will my insurance pay for plastic surgery?

- The short answer is probably not. Body contouring is considered a cosmetic surgery and is generally not covered by commercial insurances.
- In cases of chronic or recurrent skin infections, the removal of excess skin is considered a "medical necessity," and insurance may cover a portion of the procedure.

• What about hair loss?

- Some hair loss is common during the rapid weight loss period 3-6 months following surgery. This occurs because your hair follicles are always in the process of going through a "growth" phase and an "inactive" phase – during the "inactive" phase, the hair falls out. This cycle usually takes about 100 days, but after bariatric surgery, the process is accelerated, resulting in more noticeable hair loss than your usual "shedding." Once weight loss slows, your hair growth should return to normal.
- Pregnancy, child birth, thyroid disease and certain medications can have a similar effect on hair.
- Sometimes, hair loss is associated with vitamin and nutrient deficiencies. If the team is concerned this may be contributing to your hair loss, they may refer you for some blood work and recommend taking certain supplements.



I'VE BEEN WONDERING ... (CONT.)

- **What if I want to get pregnant?**

- This is – understandably – a common concern for women who are looking to begin or grow their family. Don't worry. Studies have shown that weight loss surgery is beneficial for both pregnancy and child birth.
- You should avoid pregnancy for at least 18 months after weight loss surgery. During this time, your body will be going through rapid and significant changes. You should identify an alternative to oral contraceptives (birth control pills), and you are encouraged to discuss family planning with your healthcare team and providers.
- After surgery, once weight loss stabilizes, the chance of getting pregnant increases while the risk of delivery-related complications decreases. Plus, there is less weight gain during pregnancy, making it easier to return to a "normal" post-pregnancy weight. Lastly, and most importantly, neither mother nor baby are expected to experience malnutrition or any other weight loss-specific adverse health effects during pregnancy after bariatric surgery.

- **What is the recovery time?**

- The answer to this question will vary on a case-by-case basis, and it will especially depend on what type of surgery was performed.
- Generally speaking, you can expect a 48 hour hospital stay and a minimum of 2-3 weeks off work. You may or may not have activity restrictions for the first several days to weeks following surgery. A lot of this decision will depend on how comfortable you feel more than it depends on following any set of hard and fast guidelines.

- **Can you work with my insurance carrier to get me approved for weight loss surgery?**

- That's what our team is here for! We will guide you through the process, submit the necessary paperwork and help you meet the requirements set forth by your insurance company.
- Please keep in mind, however, that insurance coverage and benefits depend completely upon the details laid out in each specific plan. If your coverage directly excludes bariatric surgery, there is not much we can do to convince them otherwise.
- If coverage is declined, we'll work with you to either set it right or find an alternative.

- **How does your body know when to stop losing weight after surgery?**

- This is a really interesting question. After weight loss surgery, your body will experience a significant decrease in the amount of calories it's used to consuming, contributing to rapid weight loss. Then, after several months, your "new" stomach and intestinal tract will expand a bit, and your body will adjust to your "new normal." This will allow you to eat slightly larger meals, absorb calories more efficiently and strike a balance that will stabilize weight loss.
- Additionally, it is believed that weight loss surgery lowers your body's "set point," or "natural" weight. Once you reach your body's new set point, your body is likely to stop losing weight. But make no mistake: maintaining a new weight will require continued effort. For example, if a gastric bypass patient begins to consume more than 1,000 calories/day, they are likely to begin gaining weight.
- It is extremely rare to see a patient lose too much weight. The real challenge will likely always be preventing weight regain, not stopping weight loss.

- **Why do some people regain their weight after bariatric surgery – and how can I avoid being one of them?**

- Unfortunately, 10-20% of weight loss surgery patients may gain most, if not all, of their weight back. This is heartbreaking, and we will do whatever we can to keep it from happening. The honest truth, however, is that it's not up to us: it's up to you.
- Adopting healthy habits and being committed to your goals will do wonders for your long-term success. In fact, the most successful bariatric patients are very disciplined and tend to eat several small, healthy meals each day, consistently avoid sweets and fried foods, weigh themselves once to twice weekly, drink lots of water and exercise for one hour every day. For these people, weight regain is exceedingly rare.
- If you make unhealthy choices, skip your workouts and refuse to track your progress, the outcome may be less desirable. This is why it's important for you to know what you're getting into before you decide to have surgery.

I'VE BEEN WONDERING ... (CONT.)

- **Will I have to take vitamins after surgery?**
 - Yes. You'll be instructed to take vitamin supplements after surgery.
- **Does gastric bypass surgery cause malnutrition?**
 - Malnutrition is extremely unlikely after a well-performed and uncomplicated procedure; although, vitamin deficiencies may occur if you do not take the recommended supplements as instructed. Most commonly, you can expect to take a multi-vitamin, a vitamin B12 supplement and a calcium supplement. In some cases, an iron supplement may be necessary. Protein malnutrition is rare, and only occurs in about 1% of patients.
- **Are there any negative, long-term effects associated with bariatric surgery?**
 - Typically not – especially if you make it a point to stick to your follow-up schedule and continue to take the recommended supplements. That being said, if complications of any sort do arise, our team will be here to tackle them with you.
- **Do I really need to exercise?**
 - Yes! It may seem impossible right now, but 3-6 months after surgery, this goal will become a lot more achievable. Start slow, be persistent and never give up. The vast majority of people that lose massive amounts of weight and keep it off long-term exercise for up to one hour each day.
- **Isn't bariatric surgery the easy way out?**
 - Absolutely not. Bariatric surgery is not a shortcut to success – it's a bold choice that requires a tremendous amount of discipline. Anyone who is not willing to commit to changing their life completely should not pursue weight loss surgery. But if you're prepared to jump in with both feet and do the hard work, it may very well be the best decision you've ever made. The life that is waiting for you is worth every single ounce of effort.



Your Guide to Habits that Ensure Success



Fairfield
Medical Center

This guide has been prepared to assist you and your family with understanding how to best set yourself up for success following bariatric surgery.

WEIGHT LOSS SURGERY AS A TOOL

Anyone familiar with bariatric surgery will tell you this: weight loss surgery is not a cure, it's a tool. And like any tool, it won't work unless you use it correctly.

No matter how well the surgery goes, you will not be successful if you don't change your lifestyle – and these new habits won't "just happen" once surgery is completed. You'll have to be committed to making good choices day in and day out in order to create the long-lasting transformation you're hoping to achieve, and there's no better time to start than right now.

In fact, the first 12-18 months are critical in the weight loss process: minimal weight loss or significant weight regain in this time period could spell disaster for long-term success. As scary as that sounds, there's good news: avoiding it is simple. With a little dedication and discipline, you're unstoppable.

In this guide, you'll find detailed descriptions of seven habits that all successful patients have adopted.

PRACTICING PERSONAL ACCOUNTABILITY

1) Throw out all excuses, and 2) be totally honest with yourself: these are two of the most important steps in practicing personal accountability. When you have been battling something for a long time, it's easy to feel defeated. It's easy to feel like a victim, or like the world is working against you – we understand, but that ends now. You are in charge of your future.

If you do not take complete responsibility for your choices, you will never reach your full potential. You – and only you – are responsible for what you eat, how much you eat and when you eat it. Again and again and again, you'll have to make a decision: do you give into temptation or stay on track?

When Millie Pritchard, who had bariatric surgery in 2017, is faced with the choice, she has a trick up her sleeve: "I have to remind myself that I like the way this feels more than I like the way that tastes."

Decide right now that you are going to be successful. Visualize your goals becoming a reality and make a plan to get there.

These tips may help:

- **Examine your goals**
 - Take a look at where you are now and determine what you want to accomplish with bariatric surgery.
 - How much weight do you want to lose?
 - What do you want to be able to do that you can't do right now?
 - What dreams do you have that your weight has kept you from pursuing?
 - Where do you want to be in one year? How about in 5-10 years?
 - Some of these things may seem unattainable, but once you start this process, you are one step closer every. single. day.

PRACTICING PERSONAL ACCOUNTABILITY (CONT.)

- **Write your goals down**
 - Get a journal, grab a pen and write down your goals in black and white.
 - This sounds simple, but it can be scary: it solidifies your commitment, and there's no turning back.
 - Be as specific as possible.
 - What health issues do you want to resolve?
 - » Instead of "I want to be healthy," write, "I want my blood pressure to be normal without using medication."
 - How much weight do you want to lose in what amount of time?
 - » Instead of "I want to lose weight," write, "I want to lose 100 lbs. in six months."
 - What specific activities do you want to be able to enjoy?
 - » Instead of "I want to be more active," write, "I want to be able to help my son train for soccer."
 - When you're identifying and writing down your goals, it may be easier to break them into categories, such as medical, professional, relational and spiritual.
- **Map out your plan to success – and *track your progress***
 - Tracking your progress is a huge step in holding yourself accountable. We recommend keeping three logs:
 - Keep a food log
 - » The simple act of writing down *everything* you eat can help keep you on track. It not only helps you realize how much you've eaten, but the fact that there will be proof of any slip-up helps motivate you to avoid the candy bar or potato chips that might be calling your name.
 - Keep an exercise log
 - » Eventually, you should be exercising for approximately one hour, 4-7 days a week. It may seem impossible right now, but you'll get there. Start with working out two days a week, then three days a week, then five, etc.
 - » The bottom line: make a plan, write it down and hold yourself to it.
 - Keep a weight log
 - » Weigh yourself once a week and write it down.
 - » We recommend weighing yourself at the same time of day and on the same scale each week.
Do not weigh yourself daily or get hung up on the small, natural fluctuations.
 - » Knowing what you weigh is a huge step towards staying on track and keeping those numbers under control.

LISTEN TO YOUR BODY

Your stomach will be completely changed by bariatric surgery; instead of the stomach you once knew, you'll have a "pouch" or "sleeve." This stomach doesn't function like your original one did, so you'll have to be mindful about how you feed it.

You'll also have to learn how to *listen* to it.

"*Restriction*" is part of the reason that weight loss surgery is so effective; most simply, you will feel full after consuming only a small amount of food. This will be most noticeable immediately after surgery: you will only be able to eat a few ounces before feeling full. Within a year's time, you will be able to eat 3/4-1 cup of food at a time.

You will need to learn what "full" feels like in order to know when to stop eating.

Because you have such limited space in your new stomach, you need to make really smart choices: the goal is for you to satisfy your hunger long enough to keep you from being hungry before your next meal. This is called *satiety*.

If you don't achieve post-meal satiety, it will lead to snacking and grazing: this is a recipe for disaster. You will never feel hungry, but you will also never feel full – that's a problem.

LISTEN TO YOUR BODY (CONT.)

There are three principles for achieving and maintaining satiety:

- Your pouch needs to be filled with *adequate* wall distention – or *stretch* – after each meal.
 - You will not achieve this with snacking, so don't do it!
- Your pouch will need to *empty slowly*.
 - You will need to eat **solid foods**, and you need to **avoid drinking liquids** for 15 minutes before meals and 1-2 hours after meals. **This may be one of the most important lifestyle changes after surgery.**
- You will need to eat *several deliberate meals a day*.
 - Do not skip breakfast! Nearly 80% of successful patients eat breakfast every day.
 - Most patients eat about five times a day: three balanced meals and a couple of *mindful* snacks.
 - » Each day, you should have three servings of protein, three servings of vegetables, one serving of fruit and two servings of carbohydrates in the form of bread or starches, like whole grain bread or potatoes.
 - * This meal plan only applies when your pouch can accommodate larger portion sizes, around 6-12 months.

EAT PROTEIN FIRST, ALWAYS

Protein is the foundation of your diet. It takes longer to digest (meaning you will feel more full for a longer period of time), it decreases dumping (an uncomfortable side effect from eating foods that are too rich or unhealthy) and it is the only macronutrient that your body can't make on its own.

Whenever your pouch is full, at least 1/3 of those calories should be from protein.
A good goal is to eat 3-4 ounces per meal, or 20-25 grams, three times a day.

BUDGET YOUR CARBS

Carbs are an important part of a balanced diet, but too much at one time will cause unwanted side effects and curb your success. If your diet contains too many carbohydrates, you may experience dumping, increased fat storage and you'll be left feeling hungry between meals.

A good guideline is to eat 20-30 grams per meal, three times a day. This equates to one non-starchy vegetable (I.E. cauliflower), and one serving of a starchy vegetable (I.E. corn) or grain with each meal.

LIMIT YOUR FATS – EVEN THE HEALTHY ONES

Like protein and carbs, fats are essential to your diet. They are also digested at a slower rate, and will help you to feel full between meals. Fats, however, have more calories per gram than either of their counterparts, so be sure to limit your serving sizes. (One gram of fat has approximately 9 calories, while one gram of protein has approximately 4 calories.)

A good guideline is to eat 10-15 grams per meal. This is equal to one pat of butter or one tablespoon of cooking oil – it's easy to see how a little goes a long way!

You should also try to consume "heart healthy" (monounsaturated or polyunsaturated) fats; avoid trans fats whenever possible. Keep in mind that "heart healthy" doesn't mean you can eat an unlimited amount: any extra fat that is consumed will go straight to "storage."

For more detailed information on protein, carbohydrates and fats, see the "Understanding Macronutrients" guide.

DON'T DRINK YOUR CALORIES

After the first 6-8 months of recovery, essentially all the calories you consume should be solid. Focus on drinking 40-64 ounces of water a day, and avoid carbonated beverages, juices, alcohol and caffeine. Protein shakes are also a significant source of calories, and should be avoided at this stage unless your meal plan accounts for them. (Most commonly, they are used from time to time as supplements between meals due to the fact that they will not keep you full for very long.)

We understand that you still have to enjoy life: one soda or beer at dinner won't derail your success, but you should be extremely mindful of your intake. Your intestinal tract doesn't know the difference between apple juice and a Starbucks® Frappuccino – at the end of the day, it's all sugar. If you would like to try a new drink from the grocery store, check the label first: if it is non-carbonated and has zero grams of carbohydrates, it is a good choice.

Note: alcohol consumption after bariatric surgery may be dangerous to your health, please discuss the potential risks with your care team, and read the "Vice Advice and Medication Safety" guide.

EXERCISE, EXERCISE, EXERCISE

Very few people like to exercise – it's hard, it isn't always fun and motivation can be difficult to come by. Not to mention it's so *easy* to fall into the age-old traps of "there's always tomorrow" or "I'll work twice as hard at my next workout." Throw all of those excuses out the window right now.

The discipline of daily exercise is one of the single most important aspects of success. Of the most successful weight loss surgery patients, 90% of them exercise for 30-60 minutes a day, five or more days a week. This is a long-term lifestyle change, and it is one of the most effective ways to ensure your success and continued health – now *and* well into the future.

Creating an Exercise Plan

Your exercise routine will change as your recovery and weight loss progresses. As you advance, your routine should include three basic types of exercise: cardio, strength training and flexibility training.

Cardio

When you think of exercise, aerobic exercise – or cardio – is likely what comes to mind. These types of exercises focus on raising your heart rate and burning calories. Walking, biking, swimming, hiking, jogging, dancing and even household chores, like mowing the lawn or cleaning the house, can be great ways to incorporate cardiovascular exercise into your routine. Before and immediately following surgery, walking will be important.

Strength Training

While burning fat is the primary focus of exercise before weight loss surgery, maintaining your body's muscle mass becomes an increasingly important factor after weight loss surgery. To preserve and build muscle mass, focus on meeting your body's protein needs and incorporating strength training into your exercise regimen.

Strength training can include the use of equipment – like lifting weights or using resistance bands and machinery – or you can use your own body weight. For example, squats, lunges, push-ups and planks are a few great ways to build muscle, even if you don't have access to a gym or equipment.

Flexibility Training

Stretching should at least be a part of every workout, but it can be done more often. Flexibility helps prevent injuries, reduce joint and back pain and can improve balance. Muscles should be warm before beginning to stretch. Some type of low intensity exercise, like walking or marching in place, can help increase circulation and warm the muscles. When you stretch, use smooth, non-bouncing motions.

Speak with your healthcare team before beginning an exercise regimen – especially after surgery. Failing to comply with the post-operative restrictions set forth by your team may result in delayed or complicated healing.

For additional assistance in your exercise journey, speak with your healthcare team about referral to Fairfield Medical Center's Outpatient Therapy Services.

Your Guide to Understanding Macronutrients



Fairfield
Medical Center

This guide has been prepared to assist you and your family with understanding what macronutrients are, how your body uses them and what role they play in your diet.

WHAT ARE MACRONUTRIENTS?

Macronutrients is a term that refers to the three building blocks of every diet: protein, carbohydrates and fat. *Any* food you eat can be broken down into these three categories, and each type of macronutrient plays an important role in how your body functions.

PROTEIN

When molecules known as amino acids link together, they build protein. Protein is essential for your day-to-day life, and is responsible for building and repairing tissue in the body, like your muscles, skin and bones. Protein also aids in creating enzymes and hormones, as well as maintaining fluid and electrolyte balance.

Protein is the only macronutrient that your body *can't* produce on its own. This means that all the protein you need for healing, building muscle and maintaining normal body function must come from the food and supplements you eat. Examples of protein include meat, eggs, nuts, cheese and dairy products.

Some sources of protein may be high in fat. For example, you shouldn't rely on eating cheese and peanut butter as your primary source of the nutrient. Instead, choose lean – or low-fat – proteins, such as skinless grilled chicken or plain greek yogurt.

The amount of protein you should consume each day varies from individual to individual, but typically, women should consume at least 60 grams per day, and men should consume 75-80 grams per day. You will need to use protein supplements to meet these goals immediately following surgery (approximately 2-3 months), but eventually, you will be able to get all the nutrients you need from eating high protein meals.

Make it a point to always eat protein first. This will help ensure you get the nutrients you need before growing too full to finish your meal. Protein also has the ability to make you feel full for a longer period of time, making you less likely to snack throughout the day. By effectively eating enough protein, you can promote weight loss *and* maintain lean muscle in the body.



CARBOHYDRATES

Carbohydrates, or carbs, have gotten a bad reputation over the years. The truth is, however, that – when they are consumed correctly and with discipline – carbs are a necessary part of your diet, just like protein and fat. This is because they have a *major* job to do. When broken down and digested, carbohydrates supply your body with its primary source of energy: sugar.

There are two categories of carbohydrates: **simple** and **complex**.

Simple Carbohydrates

- Simple carbohydrates may also be called simple sugars.
 - Table sugar, like the sugar you add to your coffee or use to bake a cake, is a simple carbohydrate.
 - Sugar that occurs naturally in fruits and vegetables, known as fructose or "fruit sugar," is also a simple carbohydrate.
- Simple carbohydrates are found in a variety of foods.
 - Processed foods, like candy, soda, donuts and fruit juice, are full of sugar and simple carbohydrates. These have little to no nutritional value and are typically not considered part of a healthy diet.
 - Simple carbohydrates can be found in healthier foods, too, like apples and carrots.
- The term "simple" carbohydrates refers, in part, to the body's response when you eat them. Because they are *already* in the form of sugar, your body does not have to break them down in order to use them. Instead, they are immediately absorbed, resulting in an almost immediate spike of sugar in the blood stream.
 - When the sugar in your blood stream rises, your body produces a hormone known as insulin. Insulin metabolizes the sugar so your body can use it. More often than not, however, there is more sugar than the body needs, and everything that's "extra" is stored in the body as fat.
 - Simple carbohydrates also may give you a quick burst of energy, and then leave you feeling hungry and tired within the hour. This is much like children eating candy: how many times have you witnessed the "sugar rush" and the "crash" that follows?
 - » Consuming simple sugar is likely to cause **dumping syndrome**, which is characterized by stomach upset, including cramping, nausea and diarrhea. For this reason, many people find it easy to resist baked goods, sweets and highly processed foods.

Complex Carbohydrates

- Complex carbohydrates are generally considered the healthier option because they provide vitamins, minerals and fiber.
 - "Starchy" vegetables, like potatoes, corn and peas, are considered complex carbohydrates.
 - Whole grain pasta, whole grain bread, oatmeal, beans, legumes and brown rice are considered complex carbohydrates as well. These all have fiber.
- Complex carbs are eventually broken down and turned into simple sugars so that your body can use them for energy – but the process takes much longer. This means that your blood sugar spikes less quickly, and your insulin response is less aggressive. In turn, you'll have more energy for a longer period of time, and you can maintain your feelings of fullness for hours instead of minutes.



FATS

Like carbohydrates, fats have been labeled as "bad." Again, the reality is that fats are an important and necessary part of your diet. The fat you consume helps your body transport and use the vitamins and nutrients it needs. It also helps with energy storage, vital organ function (especially the brain) and joins together with other substances in the body to make protective layers around the body's nerves and cells.

There are several types of fat, and some of them are much healthier than others. In all cases, however, fats are very high in calories (each gram of fat has approximately twice as many calories as a gram of protein). This means that a little bit goes a long way towards reaching your "calories from fat" intake goal, and reaffirms that fats should be consumed mindfully.

Learning about the different types of fat can be overwhelming; this guide was designed to give you a brief description of the most commonly referenced fats and how to recognize them. If you have questions, we encourage you to take advantage of the knowledge that Fairfield Medical Center's Bariatric Nutritionists can provide.

Saturated Fats

- Saturated fats tend to be solid at room temperature, are associated with animal fats and are considered to be an unhealthy option when compared to most other types of fat.
 - Saturated fats are linked to an increase in bad cholesterol and a higher risk of heart disease.
 - Examples of saturated (animal) fats include butter and lard.

Unsaturated Fats

- Unsaturated fats tend to be liquid at room temperature, are associated with plant and fish sources and are considered to be healthier options than saturated fats.
 - Unsaturated fats help lower cholesterol, and they play the largest role in carrying out the important functions mentioned above.
 - Within the category of unsaturated fats, there are monounsaturated fats and polyunsaturated fats. The "mono" and "poly" come from their chemical makeup, but here's what you really need to know:
 - Monounsaturated fats are liquid at room temperature, but solid when refrigerated. Examples of this include olive oil and canola oil. Avocados, almonds and peanuts are also high in monounsaturated fats.
 - Polyunsaturated fats will remain liquid at room temperature and when refrigerated, and are often known as *essential fatty acids*. Cold water fish (like salmon or cod), nuts (walnuts), seeds (flaxseed) and many vegetable oils contain polyunsaturated fats.
 - › The terms omega-3 and omega-6 essential fatty acids refer to these polyunsaturated fats. It's important to consume essential fatty acids because, much like protein, your body can't produce them on its own. All of the essential fatty acids you need must come from your diet and supplements.

Trans-fats

- You may have heard a lot about trans-fats; these types of fats are actually manufactured in a lab, and are often added to foods to increase their shelf-life. Cookies, crackers, chips, margarine and baked goods are full of trans-fats. As you can tell, foods that include trans-fats aren't often considered healthy, and they should be avoided. Stay away from products that list "hydrogenated" or "partially hydrogenated" oils as one of the first ingredients.

Now that you understand the basics of fats, you can use your knowledge to make better choices in your diet. It's important to remember, however, that any fat consumed in excess will be converted and stored in the body as extra weight. In general, fats should be limited to approximately 10-15 grams per meal, and should be primarily polyunsaturated (from nuts, seeds, vegetable oil and fish).

Your Guide to Understanding Micronutrients



Fairfield
Medical Center

This guide has been prepared to assist you and your family with understanding what micronutrients are, how your body uses them and why it's important to take your vitamin supplements.

WHAT ARE MICRONUTRIENTS?

Simply put, the term *micronutrients* refers to the vitamins and minerals your body needs to function properly. This type of nutrients doesn't provide energy in the form of calories, but it does help your body perform all sorts of necessary processes, such as digestion, waste removal, wound healing, tissue growth and muscle movement.

VITAMINS AFTER SURGERY

Vitamin supplements are necessary after surgery for a few different reasons. Primarily, the vitamins you were previously able to get from your food may not be as easily absorbed after surgery; this is due to the shortened length of your small intestine, as well as the fact that there is less stomach acid to breakdown and digest vitamins before they pass through the digestive tract.

The majority of vitamins and minerals that your body needs will still be absorbed just fine, but there are a few that will need to be supplemented. The most commonly supplemented vitamins include: vitamin B12, iron, calcium and vitamin D. In some cases, vitamin B1 (thiamine) may need supplemented, especially in cases of frequent vomiting.

VITAMIN B12

Vitamin B12 has multiple functions in the body, including protecting nerve function, aiding in blood cell production and regulating your metabolism.

Vitamin B12 can only be absorbed by the small intestine after binding with a special protein in the stomach. After bariatric surgery, however, there isn't as much of this protein available – which explains why B12 deficiency is so commonly seen.

In order to correct the lower-than-normal levels of B12, a dose of *350-500 mcg (micrograms) per day* is needed. This dose is 100 times the normally recommended amount, and only specific bariatric surgery vitamins will provide the supplementation.

IRON

Iron helps the body transport oxygen in the blood and boosts energy levels and immune system function. Typically, it is absorbed by the first part of the intestine, which is bypassed – or skipped over – after surgery.

The mineral is absorbed in the other parts of the intestine, too, but not as effectively. To make up for this loss, supplemental iron is recommended at a dose of *35-100mg per day*.



CALCIUM

Calcium is particularly important for bone health, but it also helps with blood clotting and muscle function. Much like iron, it's best absorbed in the first portion of the intestine. The recommended supplement amount is *1,500-2,000mg per day*.

There are a few notes about calcium that you should note:

- Calcium and iron supplements should not be taken at the same time. If they are, neither will be absorbed as fully as they need to be.
- Your body can only absorb approximately 500mg of calcium at any one time, so the supplement will need to be taken several times throughout the day.
- Calcium supplements come in two forms: calcium citrate and calcium gluconate.
 - Because it's absorbed better, calcium citrate is the best choice.
- Your body has a lot of calcium stored in your bones, and it will use these stores to make up for the deficiency if it has to. Without taking a calcium supplement, however, these stores will eventually run out. If this happens, your bones can become weak and more fragile.

VITAMIN D

Vitamin D's most important function is related to regulating calcium absorption. This deficiency actually has very little to do with bariatric surgery: did you know that nearly 70% of all Americans have vitamin D levels below the recommended amount? Supplementation of *2,000 IU per day* is recommended.

VITAMIN B1 (THIAMINE)

Like vitamin D, thiamine is actually absorbed fine after bariatric surgery – but it can be quickly depleted by frequent vomiting. For this reason, most bariatric vitamin formulations include extra doses to ensure that the body has enough to continue functioning optimally. Note: low thiamine levels can be dangerous, and may require immediate medical attention.

BARIATRIC-SPECIFIC SUPPLEMENTS

While there are over-the-counter versions of all of these supplements available, they do not typically come in the recommended doses. In order to get the right amount of supplemented vitamins and minerals, you must purchase **bariatric-specific supplements**. You should take these multivitamins for the remainder of your life; this will help ensure adequate nutrition for years to come.

On the following page, you will find information about recommended brands and dosing schedule.



RECOMMENDED SUPPLEMENTS

There are two brands of bariatric multivitamins that we recommend: Celebrate (Multi-Complete) and Opurity (Bypass Optimized Multi). These will need to be taken once to twice daily (depending on the brand), and an additional calcium supplement will need to be added in.

Each brand sells a related calcium supplement. And remember, your body can only absorb 500mg of calcium at one time, so doses will need to be separated over the course of the day.

RECOMMENDED DAILY SCHEDULE OF SUPPLEMENTS

Celebrate Brand
(1) Celebrate Multi-Complete Chewable
Wait two hours (minimum)
(1) Celebrate Calcium Plus 500 Chewable
Wait two hours (minimum)
(1) Celebrate Multi-Complete Chewable
Wait two hours (minimum)
(1) Celebrate Calcium Plus 500 Chewable
Wait two hours (minimum)
(1) Celebrate Calcium Plus 500 Chewable

Approximate Expected Cost for Celebrate Supplements

- Celebrate Multi-Complete Chewable
 - 30 day supply: \$19.95
 - Yearly cost: \$239.40
 - 90 day supply: \$49.95
 - Yearly cost: \$200
 - » Flavors: Forest berry & orange, mango-peach
- Celebrate Calcium Plus 500 Chewable
 - 30 day supply: \$19.95
 - Yearly cost: \$239.40
 - 90 day supply: \$42.95
 - Yearly cost: \$171.80
 - » Flavors: Berries & cream, cherry tart or orange burst

Opurity Brand
(1) Opurity Bypass Optimized Multivitamin
Wait two hours (minimum)
(2) Opurity Calcium Citrate Plus
Wait two hours (minimum)
(2) Opurity Calcium Citrate Plus

Approximate Expected Cost for Opurity Supplements

- Opurity Bypass Optimized Multivitamin
 - 90 day supply: \$29.95
 - Yearly cost: \$119.80
 - » Flavors: Orange-berry
- Opurity Calcium Citrate Plus
 - 30 day supply: \$13.95/bottle
 - Yearly cost: \$167
 - » Flavors: Orange

Please note that the approximated values and available flavors are subject to change.

Tip: set alarms on your phone to remind you when to take your supplements throughout the day.

Your Guide to Your Diet Before Bariatric Surgery



Fairfield
Medical Center

This guide has been prepared to assist you and your family with understanding the diet restrictions and recommendations you should plan to follow prior to bariatric surgery.

THE IMPORTANCE OF YOUR DIET BEFORE SURGERY

Following this guide is extremely important, and failure to do so may negatively impact your post-operative results.

This diet is to be followed beginning **7-10 days prior to your surgery date**, and it has been specifically designed to prepare your body for weight loss surgery in a variety of ways. Firstly, you should anticipate to lose 10-20 lbs. during this week. This will decrease abdominal fat and help shrink the liver, making surgery safer and more effective.

POTENTIAL SIDE EFFECTS OF DIET

It may come as no surprise that your body might respond differently to this low calorie diet. Common side effects include: dizziness, dry mouth, ketosis – or sweet smelling – breath, headache, fatigue and bowel changes.

Additionally, if you are diabetic and are being treated with insulin or sulphonylureas (i.e. glipizide), you will need to adjust your medication. *Please contact your primary care provider or endocrinologist prior to starting this diet.*

OVERVIEW OF PRE-OP DIET

Your pre-operative diet is essentially a high protein, low calorie liquid diet with fruits and vegetables. Calorie allowances range from 800-1,200 calories per day, and required protein intake ranges from 70-120 grams per day.

Diet Overview:

- Drink three (3) protein supplements daily
 - Protein choices include protein powder or shakes
- Eat one (1) protein bar daily (optional)
- Eat five (5) servings of fruits and vegetables daily. Examples of servings include:
 - One (1) small piece of fruit
 - 1/2 cup unsweetened applesauce
 - 1/2 cup canned fruit, light syrup
 - 1 cup berries
 - 1/2 cup cooked vegetables
 - 1 cup raw vegetables

This diet was designed to be effective, affordable and easy to follow.



THINGS TO AVOID BEFORE SURGERY

Before we begin discussing sample menus and supplement options, it is important to discuss the things you should *avoid* prior to surgery. For many people, the week before weight loss surgery might be viewed as the perfect time for a "last hoorah": we understand, but we strongly discourage any type of binge eating or "last meals."

You should also avoid eating:

- Fatty foods (fatty meats, fried foods, whole milk products, etc.)
- Sugary foods and beverages (sweets, sodas, juice and specialty coffee drinks)
- High carbohydrate foods (breads and pastas)
- Alcohol and tobacco of any kind
- Binge eating of any kind

In addition to foods you should avoid, you should also **stop smoking**. Remember, if you continue using nicotine-containing products, your procedure may be cancelled or postponed.

You also may have some medication changes during this period. **Speak with your doctor about any over-the-counter or prescription drugs you're taking; adjustments or discontinuation might be necessary.** Most notably, medications that decrease the blood's ability to clot will likely need to be discontinued (i.e. Coumadin, Aspirin, Plavix, NSAIDS, etc.), as will hormone replacement therapy/oral contraceptives (birth control pills). As always, consult a physician before changing or discontinuing medications.

PROTEIN OPTIONS

Protein is an important part of your bariatric diet before *and* after surgery. It is extremely important to choose protein supplements that are low in sugar. When choosing protein supplements, like powders and shakes, find an option that has **15 grams of protein per serving, 5 grams or less of sugar per serving, and less than 5 grams of fat per serving.**

- Examples of protein shakes/powders include:
 - UnJURY® Protein Powder - 1 packet mixed with 8 oz. of water: 100 calories, 21 grams protein, 3 grams sugar
 - UnJURY® can be ordered online at unjury.com or at 1-800-517-5111; there are also weight loss surgery-specific vitamins available on this site.
 - This is one of the protein supplements that is used at Fairfield Medical Center for weight loss surgery patients.
 - Atkins Advantage Shakes - 11 oz.: 160 calories, 15 grams protein, 1 gram sugar
 - SlimFast® High Protein Shake - 11 oz.: 180 calories, 20 grams protein, 2 grams sugar
 - Glucerna Hunger Smart Shake - 11.5 oz.: 180 calories, 15 grams protein, 6 grams sugar
 - Carnation Breakfast Essentials® Drink (*No Sugar Added*) - 1 packet mixed with:
 - 8 oz. skim milk: 150 calories, 12 grams protein, 17 grams sugar
 - 8 oz. water: 60 calories, 5 grams protein, 7 grams sugar
- When choosing protein supplement bars, find an option that has 10 grams of protein and is less than 200 calories with limited sugar (6 grams or less). Examples of protein bars include:
 - Nature Valley Protein Chewy Bars - 1 bar: 190 calories, 10 grams protein, 6 grams sugar
 - Atkins Advantage Meal Bars - 1 bar: 200 calories, 15 grams protein, 2 grams sugar
 - Glucerna Crispy Delight Nutrition Bars - 1 bar: 140 calories, 10 grams protein, 5 grams sugar
 - Pure Protein® Soft-Baked Protein Bars - 1 bar: 190 calories, 17 grams protein, 5 grams sugar
 - Pure Protein® High Protein Bar - 1 (50 gram) bar: 200 calories, 20 grams protein, 2 grams sugar

SAMPLE MENUS

Sample Menu #1

Breakfast	Atkins Advantage Shake
Snack	Nature Valley Protein Chewy Bar and an apple
Lunch	Atkins Advantage Shake and a small salad with 1-2 tbsp of dressing
Snack	1-2 cups raw veggies with dip or hummus
Dinner	UnJURY® Protein Shake blended with a banana
Snack	Orange
Provides approximately 890-915 calories and 60 grams of protein	

Sample Menu #2

Breakfast	UnJURY® Protein Shake blended with strawberries
Snack	Banana
Lunch	SlimFast® High Protein Shake and 1-2 cups cooked vegetables
Snack	Special K Protein Bar
Dinner	UnJURY® Protein Shake blended w/ strawberries and a small salad w/ 1-2 tbsp dressing
Snack	Special K Protein Bar
Provides approximately 780-805 calories and 72 grams of protein	

Sample Menu #3

Breakfast	Glucerna Hunger Smart Shake and a pear
Snack	Pure Protein® High Protein Bar
Lunch	Glucerna Hunger Smart Shake and 1-2 cups raw veggies with dip or hummus
Snack	Apple
Dinner	SlimFast® High Protein Shake and 1-2 cups cooked vegetables
Provides approximately 770-830 calories and 67-70 grams of protein	

Create Your Own Sample Menu

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Provides approximately ____ calories and ____ grams of protein	

Your Guide to the Bariatric Surgery Experience



Fairfield
Medical Center

This guide has been prepared to assist you and your family with understanding what to expect leading up to, during and after weight loss surgery.

CONGRATULATIONS

First and foremost, congratulations on taking this huge step towards a healthier life! You've done a lot of work to get to this point, and you should take a moment to appreciate the progress you've made so far.

The exciting news? The transformation is only beginning!

PRIOR TO SURGERY – TIPS AND CHECKLIST

In the week leading up to surgery, focus on making the necessary lifestyle changes and squaring away your post-operative plan. For example, if you live alone, you may want to make arrangements to have someone come help you during your recovery. If you live further than a 90-minute drive from the hospital, you may want to consider staying in the immediate area until after your first post-op recheck (one week after surgery).

You will need to confirm that you have a responsible, reliable driver available the morning of surgery. This person should plan on driving you to the hospital and staying for the duration of your surgery.

Additionally, take some time to mindfully pack your hospital bag. Staying in the hospital following surgery is necessary for a few days, and bringing some things from home can make your visit more comfortable. For example, plan to bring your favorite pillow, loose-fitting pajamas, slippers, a robe and your favorite entertainment. If you bring a laptop or tablet, Fairfield Medical Center does have WiFi; if you'd like to listen to music or watch videos, please bring headphones.

Week Before Surgery Checklist:

- _ Stop smoking if you have not done so already. Smoking increases the risk of surgical complications.
- _ Purchase the dietary supplements and groceries you'll need for the first stage of your post-operative diet.
- _ Review your nutrition and post-operative diet phases. (See your **Diet After Bariatric Surgery** guide and **Bariatric Services Reference Book** for more details.)
- _ Review your medications: if you are taking Coumadin, Aspirin, Plavix, NSAIDs or other anticoagulant or blood thinning medications, you should have made arrangements with your healthcare provider to discontinue these. Please stop taking them accordingly.
- _ Discontinue the use of hormone replacement and birth control pills. After your surgery, you may not be able to resume oral contraceptives. Discuss alternatives to birth control pills with your healthcare provider.
- _ You will likely require anywhere from 2-6 weeks off work. Use this time to make sure everything is in order. If you need help with any necessary paperwork, our office is happy to help.
- _ Notify your surgeon and the Bariatric Services Team if you feel unwell the week before surgery, including any evidence of a cold, sore throat or fever.
- _ Confirm your ride to and from surgery, and inform them of your post-operative plan.
- _ Pack your bags appropriately, including items of comfort and necessities, like your medication and CPAP/BiPAP machine.
- _ Take a deep breath, and prepare for your transformation.

DAY OF SURGERY

We understand that the morning of surgery can be nerve-wracking. Here's what you can expect the day of your procedure:

Day of Procedure Overview:

- Do not eat or drink anything after midnight the day before your surgery.
- Do not eat breakfast or drink coffee the morning of your surgery.
- Take medications as instructed by your physician with a small sip of water.
- The morning of your surgery, take a shower with antibacterial (i.e. Dial®) soap.
- Do not wear jewelry, makeup, or fingernail polish to the hospital.
- You can expect to arrive at the hospital approximately two (2) hours before your procedure.
- You will check-in at the Surgery Waiting Area located just inside FMC's south entrance.
- Lockers are available for belongings; as a precaution, we recommend leaving anything of significant value with a loved one.
- Please remember to bring your CPAP/BiPAP machine along with you.

DURING SURGERY

When it is time for surgery, you will be placed under general anesthesia: this means you'll be completely asleep and comfortable throughout the duration of the procedure.

Surgery will take approximately 1-2 hours. Your family is welcome to pass the time in the Surgery Waiting Area, where they can track your progress on a privacy-protected board. There will also be patient representatives available to answer any immediate questions your family may have.

IMMEDIATELY FOLLOWING SURGERY

Information

- The surgeon will meet with your family following the surgery.
- You will be transported to Surgical ICU (second floor) for recovery.
- You will remain in the Surgical ICU for 1-2 hours; the nurses will manage visitation during this time.
- After the initial recovery period, you will be transferred to Fairfield Medical Center's Bariatric Unit.
- You should expect to stay in the hospital for 1-3 days following surgery. Throughout your visit, you will be cared for by a group of specially trained nurses.

Equipment and Testing

- You will have a surgical drain in place. This will be removed at your first follow-up appointment, approximately one (1) week after surgery.
- While in bed, you will have compression devices placed on your lower legs. These devices help promote blood flow and prevent blood clots.
- An upper gastrointestinal (UGI) series will be performed following surgery. This test utilizes barium and imaging equipment to evaluate the upper GI tract and confirm there are no "leaks" following your procedure.

Diet & Medications

- Prior to your UGI, you will only be allowed a small amount of ice chips.
- Once the results of your UGI are read and approval is granted, you will begin consuming clear liquids.
 - Fluids will need to be consumed slowly, approximately 1 oz. every 15 minutes. Gulping will cause pain and nausea.

Comfort

- Immediately following surgery, pain will be managed with IV medications, carefully administered by a PCA (patient controlled analgesia) pump.
- Once you're able to tolerate liquids, you will be able to take pain medications by mouth.

IMMEDIATELY FOLLOWING SURGERY (CONT.)

Activity

- Walking is an extremely important part of your recovery. **You will be required to walk every four (4) hours starting the day of your surgery. This will occur around the clock, and is the single most important thing you can do to reduce your risk of complications. You will continue this at home.**

DISCHARGE FROM THE HOSPITAL

Before you leave the hospital, you will meet with our registered dietitian to review your progression through the post-operative dietary phases. You will also receive a complete set of discharge instructions. If you have any questions, don't hesitate ask.

WHAT TO EXPECT AT HOME

As with any surgery, there are some aspects of recovery that may be less-than-pleasant. Our team is here to help you every step of the way: listed below are some common post-operative side effects and tips on how to combat them.

- You will be required to take a PPI (proton pump inhibitor) medication –such as Prilosec® – for the first three (3) months following surgery.
- Some **pain** is normal, but most of it should be appropriately managed with the medications provided at the time of discharge.
 - **Medications you can take:** Tylenol, Tylenol Extra-Strength, Ultram (prescription – take with anti-acid)
 - **Do not take:** NSAIDs, Aspirin, Motrin/Ibuprofen, Prednisone (Steroids), COX-2 Inhibitors
- You may feel tired or **fatigued** following surgery. You should expect to have less energy than normal for the first six (6) weeks after your procedure; try taking a mid-day nap whenever possible.
- You should be able to consume liquids – slowly, a few sips at a time – without much difficulty, although a little **nausea** is normal. You will be sent home with an antiemetic (anti-nausea) medication.
 - **Medications you can take:** Prescribed antiemetic
 - **Do not take:** Pepto-Bismol
- Some patients experience occasional **vomiting**. If this occurs and becomes excessive, revert back to your previous dietary phase. Advance through each stage gradually and as tolerated. If there is a specific food that seems to aggravate your nausea, avoid it. *If you are unable to tolerate fluids for 24-48 hours, call our office.*
- **Constipation** may occur due to decreased food and fluid intake and the use of pain medications. While this is normal, it may be uncomfortable. Taking over-the-counter medications, such as Miralax, once in the morning and once in the evening may help. You can also try taking milk of magnesium three times daily.
 - **Medications you can take:** Milk of Magnesia, Colace, Peri-Colace, Dulcolax, Glycerin Suppositories, Fleet® Enema
- **Diarrhea** isn't as common as some of the other side effects, but it's still considered normal. You may take over-the-counter medications to help symptoms; be sure to stay hydrated.
 - **Medications you can take:** Imodium AD
 - **Do not take:** Pepto-Bismol
- **Gas pains** may be relieved with over-the-counter medications.
 - **Medications you can take:** Gas-X, Phazyme
- While feeling under-the-weather isn't a side effect of weight loss surgery, life happens. If you feel unwell after your procedure, call your doctor. If you happen to get a **common cold** at any point after bariatric surgery, you may take the following medications to relieve symptoms.
 - **Medications you can take:** Robitussin, Dimetapp, Tylenol Cold Products, Triaminics, Sudafed and Benadryl

When at all possible, obtain sugar-free forms of the approved medications.

RETURNING TO WORK

Your return to work will be dependent on a variety of factors; with that said, most people are able to resume work 2-6 weeks following surgery.

Some factors that may effect your return to work include:

- The type of surgery you had
 - Most people with laparoscopic surgery can return to work in 2-3 weeks.
 - If you had an open surgery – and especially if your job requires lifting – it will be closer to 6 weeks.
- Personal limiting factors
 - Your pain and energy level may effect your return-to-work timeline. Pay attention to your body: only you will know if you feel well enough to work again.
 - Tip: Consider returning to work for half-days for the first couple of weeks.

YOUR FOLLOW-UP SCHEDULE

Follow-up appointments are extremely important to your overall success. Please schedule accordingly.

Time	You will meet with your:
1 week after surgery	Surgeon
6 weeks after surgery	Surgeon Dietitian
3 months after surgery	Surgeon Dietitian Routine Labs
6 months after surgery	Surgeon Routine Labs
1 year after surgery	Surgeon Routine Labs
Annual	Surgeon Routine Labs

You will also need to see your primary care provider at regular intervals (every 2-3 months) for the first year, then annually for routine wellness exams.



Your Guide to Your Diet After Bariatric Surgery



Fairfield
Medical Center

This guide has been prepared to assist you and your family with understanding the diet restrictions and recommendations you should plan to follow after bariatric surgery.

DIET RECOMMENDATIONS AFTER SURGERY

During the first 6-8 weeks following bariatric surgery, you will move through several different steps, or phases, of diet restrictions and recommendations. There are five phases total, each consisting of different types and textures of foods.

Protein supplements will be added to create “high protein” options.

Staying hydrated is important as well. Initially, however, you may only be able to tolerate 1/4-1/2 cup of liquid at a time. When you're able, should aim to slowly consume eight ounces every hour, taking small sips every several minutes. Your water intake goal for the day should be at least 48-64 oz., or 6-8 cups. You should avoid straws and carbonation for the first six (6) weeks following surgery.

It may be helpful to keep a record of what you're drinking, how much you're drinking and how much protein you consume to ensure you're on track to promote healing and maintain lean muscle.

OVERVIEW OF DIET PHASES

- Phase 1: Clear liquids (1-2 days after surgery)
- Phase 2: Full liquids (1-2 weeks after surgery)
- Phase 3: Pureed foods (2-4 weeks after surgery)
- Phase 4: Soft foods (4-6 weeks after surgery)
- Phase 5: Regular foods (6-8 weeks after surgery)

As you move onto the next phase, you may continue to include foods and beverages from the previous phase.

During all phases, it is extremely important to:

- Take *small sips* and *eat slowly*.
- Do not drink beverages with your meals. Instead, drink beverages 30 minutes before and 30 minutes after meal.
- Drink plenty of water between meals throughout the day to avoid dehydration – continue to take small sips.
- Take your daily vitamin and mineral supplements.

As you move into phases 3-5, it is also important to:

- Take small bites of food.
- Eat slowly; it should take you at least 15 minutes to finish any meal.
- Limit total volume of food consumed to 3/4-1 cup at all times.
 - You will see this volume reflected in the sample menus provided (1/2 cup + 1/4 cup + 1/4 cup = 1 cup total)



PHASE 1: CLEAR LIQUIDS

In uncomplicated surgeries, the clear liquid phase only lasts for 1-2 days after your surgery. As you may have guessed, clear liquids are most easily defined as liquids you can see through. This means you should avoid anything heavy or very rich.

- Examples of clear liquids:
 - Sugar free or low sugar beverages
 - Sugar free or low sugar gelatin
 - Sugar free or low sugar popsicles
 - Broth and/or Bouillon cubes
 - Diluted fruit juice
 - Water

Notes/Questions:

Phase 1 Sample Menu	
Breakfast	High protein broth, diluted juice (separate from meal time), sugar free gelatin
Snack	Diluted juice
Lunch	High protein broth, high protein gelatin, sugar free popsicle
Snack	High protein gelatin
Dinner	High protein broth, sugar free popsicle, sugar free gelatin
Snack	Sugar free gelatin or sugar free popsicle

PHASE 2: FULL LIQUIDS

In uncomplicated surgeries, the full liquid phase should be followed during weeks 1-2 after your procedure. Full liquids are typically thicker than clear liquids, but still liquid at room temperature. You may only tolerate 1/4-1/2 cup of liquids at a time. Aim for eight (8) oz. every hour, and keep track of what, how much and the amount of protein you are consuming to ensure you're reaching your nutrition goals to promote healing.

- Examples of full liquids:
 - Skim milk
 - Strained cream soups
 - Unsweetened applesauce
 - Cream of wheat or rice cereal (not oatmeal)
 - Artificially sweetened yogurt (Greek yogurt may help you meet protein goals)
 - Sugar free pudding
 - Vegetable juice
 - Sugar free drink mixes

Notes/Questions:

Phase 2 Sample Menu	
Breakfast	1/4-1/2 cup of cream of wheat or rice cereal with 1 scoop of protein powder
Snack	Protein shake (8 ounces sipped over the course of 1 hour)
Lunch	1/4-1/2 cup <i>strained</i> cream of chicken soup
Snack	1/4-1/2 cup Greek yogurt
Dinner	1/4-1/2 cup beef broth with 1 scoop of protein powder
Snack	Protein shake (8 ounces sipped over the course of 1 hour)
Provides approximately 70-90 grams of protein	

PHASE 3: PUREED FOODS

In uncomplicated surgeries, the pureed food phase should be followed during weeks 2-4 after your procedure. Pureed foods are typically blended, smooth or strained – similar to the consistency of baby food. In fact, if you prefer, you can purchase jars of baby food to consume during this stage of food introduction. If you don't want to purchase baby food, we recommend you use a blender or food processor to prepare your meals. Limit total food volume to 3/4-1 cup at a time.

- Examples of pureed foods:
 - Mashed potatoes
 - Strained cottage cheese
 - Blended soft fruits and vegetables
 - Scrambled eggs or egg substitutes
 - Oatmeal
 - Homemade, low-sugar smoothies or puddings
 - Add protein powder
 - Pureed, strained meats
 - Chicken, fish or lean beef
 - Use broth, milk or water to create smooth texture in blender

Notes/Questions:

Phase 3 Sample Menu	
Breakfast	1/4 cup scrambled egg (approximately 1 egg), 1/4 cup cream of wheat or oatmeal, 1/4 cup of unsweetened applesauce
Snack	Strawberry smoothie (2-3 frozen strawberries, 1 scoop protein powder, 1/2 cup milk, 1/2 cup Greek yogurt)
Lunch	1/4 cup pureed beef, 1/4 cup pureed peaches, 1/4 cup pureed peas
Snack	1/2 cup strained cottage cheese, 1/4 cup pureed fruit
Dinner	1/2 cup pureed chicken noodle soup, 1/4 cup mashed potato, 1/4 cup pureed vegetables
Snack	Protein shake (8 ounces sipped over the course of 1 hour)
Provides approximately 75 grams of protein	

PHASE 4: SOFT FOODS

In uncomplicated surgeries, the soft food phase should be followed during weeks 4-6 after your procedure. During this phase, you may begin to introduce soft textured food back into your diet. We recommend you use low fat gravies and/or sauces to moisten your food. Continue to limit total food volume to 3/4-1 cup at a time.

- Examples of soft foods:
 - Tuna, salmon and other flaky fish
 - Beans or lentils, cooked thoroughly
 - Skinless chicken, turkey, lean beef or pork, cooked until tender and cut into small pieces or ground
 - Lean deli meats; low-fat cheese sticks
 - Boiled eggs
 - Canned fruits and vegetables (in light syrup)
 - Baked potato without skin
 - Cooked noodles
 - Cereal soaked in milk until soggy

Notes/Questions:

PHASE 4: SOFT FOODS (CONTINUED)

Phase 4 Sample Menu	
Breakfast	1/2 cup cereal soaked in 1/4 cup skim milk, 1 boiled egg
Snack	1/2 cup Greek yogurt, 1/2 banana
Lunch	1/2 cup tuna salad, 1/4 cup cooked/soft vegetables, 1/2 small baked potato
Snack	Protein shake (8 ounces sipped over the course of 1 hour), low-fat cheese stick
Dinner	1/2 cup ground turkey with 2-3 tablespoons spaghetti sauce and 1/4 cup noodles
Snack	1/2 cup cottage cheese, 1/2 cup canned peaches
Provides approximately 85 grams of protein	

PHASE 5: REGULAR FOODS

In uncomplicated surgeries, your "regular diet" phase should begin 6-8 weeks after surgery. This means that you may begin to introduce normally textured foods back into your diet. Continue to limit total food volume to 3/4-1 cup at a time.

• Examples of recommended foods:

- Lean protein
- Low-fat dairy products
- Fruits
- Vegetables
- Whole grains
 - You may note that, while these foods have been included in previous phases, they no longer need to be cooked or prepared to a specific consistency.

Notes/Questions:

Phase 5 Sample Menu	
Breakfast	1/2 English muffin, 10 grapes, 1/4 cup Greek yogurt
Snack	Protein shake (8 ounces sipped over the course of 1 hour), 1 peach
Lunch	1/2 of a lean turkey sandwich, 1 small apple, a few raw veggies with hummus
Snack	1/2 of a peanut butter sandwich, 1/2 cup skim milk
Dinner	2 oz. of chicken breast, 1/3 cup brown rice, 1/2 cup green beans
Snack	4-6 crackers, low-fat cheese stick
Provides approximately 62 grams of protein	

Create Your Own Sample Menu

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Provides approximately _____ grams of protein	



Your Guide to Vice Advice and Medication Safety

This guide has been prepared to assist you and your family with understanding what behaviors and you should avoid following bariatric surgery.

VICE ADVICE

Kicking bad habits – and avoiding the formation of new ones – can play a pivotal role in determining your success following bariatric surgery. In addition to habits, this guide will discuss behaviors and medications you should avoid for the sake of your health and long-term success.

ADDICTION TRANSFER

For many, food can be an addiction. After bariatric surgery – when this source of comfort, distraction, reward or escape is taken away from those who once used it as a coping mechanism – addiction transfer can occur. This means that compulsive behavior is shifted from one focus to another. For example, instead of food, the new addiction could be a "process addiction," like gambling or shopping, or it could be a "substance addiction," like alcohol or drugs.

For this reason, we work closely with our psychiatry and health psychology team to identify and manage risk factors. Some risk factors may include a personal or family history of eating disorders, substance abuse, emotional or sexual trauma, depression, anxiety and other mood disorders, and isolation or lack of support. It is important for you to be aware of any potentially addictive tendencies following surgery, and to know that our team is here to help you.

TOBACCO

It's no secret that smoking is bad for your health, but choosing to undergo bariatric surgery makes it more important than ever to stop smoking and using tobacco products. Before surgery, this is necessary – and required – as smoking can cause an increase in surgical risks and post-operative complications, including:

- Blood clots
- Heart complications
- Adverse drug reactions
- Ulcers and bleeding complications
- Pneumonia and breathing complications
- Reduced blood flow to stomach and other organs
- Decreased immunity and increased risk of infection

After surgery, you must continue to avoid smoking – even for years to come. In addition to the commonly discussed negative health impacts of tobacco use, choosing to smoke after your procedure will put you at an increased risk for:

- Leaks and stricture, or abnormal scarring, at the surgical meeting place of your stomach and small intestine. These complications may be serious, and will require additional procedures and/or surgery to resolve.
- Ulcers, which can cause pain, nausea and bleeding complications. Ulcers require medical treatment to heal.
- Abdominal pain, inflammation of the stomach lining (gastritis) and heartburn.

Fairfield Medical Center's Tobacco Cessation Program can help you break the habit. To learn more, call the tobacco cessation coordinator at 740-689-4404, email tobaccocessation@fmchealth.org, or visit fmchealth.org.

ALCOHOL

Consuming alcohol during the rapid weight loss period following surgery is dangerous and should be avoided entirely. Once your weight loss begins to slow and stabilize, you may talk to your team about safely consuming small amounts of alcohol in moderation.

Consume with Caution

While alcohol should always be consumed responsibly, this is especially true for weight loss surgery patients. Following bariatric surgery, alcohol is absorbed into the blood stream more rapidly than before, this – coupled with significant weight loss – means that the effects of alcohol are felt much more quickly (and for a longer period of time) after consuming only a small amount. In some patients, less than one drink can lead to a notable increase in blood alcohol levels, putting them above the legal limit and causing them to exhibit the telltale signs of drunkenness.

Never drink and drive after bariatric surgery, even after consuming minimal amounts of alcohol.

Alcohol and Low Blood Sugar

Drinking responsibly is about more than protecting others from harm: it's about protecting yourself. Consuming alcohol – particularly during the rapid weight loss period – can have serious consequences, including brain damage, coma and death. Here's why:

The brain requires sugar to function, and the body typically keeps a supply of this fuel, known as glycogen, in muscles and tissues. Unfortunately, rapid weight loss, low carbohydrate intake – both of which are typical for bariatric surgery patients – and alcohol consumption can all deplete these stores. When these three circumstances are combined, your blood sugar can drop dangerously low.

Low blood sugar, also known as hypoglycemia, is a serious medical condition, and can lead to loss of coordination, confusion, slurred speech and vision changes. If it is not corrected, it can progress to more serious conditions, like those mentioned above. The symptoms of low blood sugar can be easily confused with intoxication, delaying treatment and making for an even more dangerous situation.

Do not drink during the rapid weight loss period. If it is determined safe to drink, you should not do so on an empty stomach: consume a proper meal first, and be mindful of your alcohol intake.

Other Impacts of Alcohol Consumption

In addition to the dangers listed above, consuming alcohol may lead to increased vomiting and poor absorption of vitamins and minerals. Some vitamin deficiencies (like thiamine, or vitamin B1) can lead to conditions that cause nerve, tissue and muscle damage.

You should also be aware that drinking alcohol can lead to addiction; this is more likely if you struggled with food addiction or used food as a coping mechanism prior to surgery.

Lastly, drinking alcohol may reduce your weight loss success. Alcohol has little to no nutritional value, but often contains a high number of calories, preventing weight loss or even leading to weight gain.

- 12 oz. can of beer – 150 calories
- 3.5 oz. of wine – 70 calories
- 1.5 oz. of gin, rum, vodka or whiskey – 97-125 calories
- 1.5 oz. of liqueur – 160 calories



COFFEE AND CAFFEINE

There is a lot of discussion around coffee following bariatric surgery, with the majority of concerns revolving around caffeine and its effects on the body. Here you'll find our conclusions and recommendations:

Caffeine and dehydration: While caffeine is a diuretic, meaning it increases the amount of fluid expelled from the body through urine, it does not typically lead to dehydration – especially when you are meeting your daily water intake goals. Drink water often, and consume coffee in moderation (no more than three [3] cups a day). Do not include coffee in your daily fluid intake log.

Caffeine and calcium absorption: Caffeine does mildly decrease calcium absorption. For this reason, we recommend avoiding coffee for at least 30 minutes before and after taking your calcium supplement.

Caffeine and insulin: If you are diabetic, caffeine may affect how your body responds to insulin; this can make it difficult to keep your blood sugar in a healthy range. Each person responds differently, and you should be aware of how coffee impacts you.

Caffeine and appetite stimulation: Caffeine has no significant effect on appetite.

Caffeine and ulcer formation: There is no evidence that drinking coffee increases the risk of ulcer formation.

In conclusion, it is okay to consume coffee and caffeine in moderation. You should continue to avoid drinks high in sugar, like cappuccinos and specialty coffees.

DIET SODA, ARTIFICIAL SWEETENER AND CARBONATION

Similar to coffee and weight loss surgery, diet soda is a topic of debate – particularly with concerns toward artificial sweeteners and carbonation. Here you'll find our conclusions and recommendations:

Artificial sweetener and increased appetite: Research suggests that artificial sweeteners and sugar substitutes do not cause an increase in appetite, overall calorie intake or weight gain.

Artificial sweetener and your "sweet tooth": For some, sugar or sweet tasting foods can be addictive. While there is little research support for it, there is continued concern that frequent use of sugar substitutes may lead to a "need for sweets." If you are historically prone to being tempted by sweets, you should keep this in mind.

Carbonation and weight loss surgery: Some are concerned that carbonation may cause the stomach to stretch and expand, resulting in loss of "restriction" and leading to weight gain. This is unlikely. Carbonation may cause some discomfort, bloating and belching, but it does not have any significant long-term effect on your "new" stomach.

In conclusion, diet soda is an acceptable substitute for sugar-sweetened beverages. You should avoid carbonated beverages for at least six (6) weeks following surgery, these drinks should not be included in your fluid intake for the day, and they should be consumed in moderation. Limit yourself to no more than a single serving per day.

MEDICATIONS AFTER WEIGHT LOSS SURGERY

When you take a medication by mouth, your stomach and small intestine work together to break it down, allowing it to be absorbed into your blood stream and used by the body. After surgery, it's possible for the reduced size of your stomach and (if you've had gastric bypass) the re-routing of your intestines to change the way your body responds to certain medications. Here's what you should know:

- Regardless of which procedure is performed, the most medications will not be significantly impacted by weight loss surgery. You may need to make some adjustments in the first few weeks following surgery –read on to learn more.
- Because most medications are absorbed in the small intestine (not the stomach), the gastric sleeve procedure is less likely to affect medication absorption. The re-routing of the intestines associated with gastric bypass may cause changes to some.

MEDICATION AND WEIGHT LOSS SURGERY (CONT.)

- Not all medications are effected in the same way. After gastric bypass surgery, some medications may be absorbed into the blood stream more effectively, and others may be absorbed less effectively than before.
- Medications with a narrow therapeutic window, like Coumadin® or Digoxin, should be monitored closely. With these drugs, small differences in blood levels can make a big difference in their effectiveness.
- Extended release or sustained release drugs are designed to be absorbed more slowly than other medications: these could become less effective after gastric bypass surgery, and should be switched to immediate release formulations. We encourage you to see your prescribing provider for any needed adjustments and closely monitored follow-ups.

Medications Commonly Effected by Weight Loss Surgery

Oral Anticoagulant Therapy: Many patients are on drugs like Coumadin® to prevent dangerous blood clotting. These drugs in particular have been found to be less effective following Roux-en-Y gastric bypass. This is likely due to a combination of the altered intestinal tract and lower ingestion of vitamin K following surgery, which is necessary for the drug to work. If you take anticoagulant medications, talk to your provider about post-operative monitoring.

Psychiatric Medications: Many psychiatric medications are designed to be extended, sustained or controlled release. For this reason, psychiatric drugs have been found to be absorbed less effectively following Roux-en-Y gastric bypass. If you take any psychiatric drugs, speak with your prescribing provider about alternatives and follow up plans.

Oral Contraceptives: Some studies have found that birth control pills are less effective following Roux-en-Y gastric bypass, and pregnancy should absolutely be avoided for the first 18 months following surgery. For this reason, along with the increased risk of blood clots associated with oral contraceptives, you should discuss an alternative form of birth control with your provider.

In Conclusion: Medication Safety and Recommendations

- In the first eight (8) weeks following surgery, liquid or chewable versions of medications are preferred. If these forms are not available, pills should be cut into two pieces or crushed when possible. **Note: some medications cannot be safely broken or crushed. Talk to your provider or pharmacist before doing so.** Pills that must be taken whole should be no larger than an M&M™.
- Extended release or sustained release drugs (typically denoted by XR, XL, SR, ER or CR) and enteric coated (EC) medications should be switched over to their immediate release formulations. Please discuss these medication changes with your prescribing provider.
- You should discontinue oral contraceptives (birth control pills) and use an alternative form of birth control for the first 18 months following weight loss surgery. Please discuss these options with your prescribing provider or OB/GYN.
- Psychiatric medications are likely to be absorbed differently after weight loss surgery. Work with your mental health provider to make safe, appropriate adjustments.
- **All NSAIDs (ibuprofen, naproxen, Motrin®, Aleve®, Advil®, etc.), salicylates (aspirin), steroids (prednisone, prednisilone, dexamethasone, etc.) and bisphosphonates (Actonel®, Fosamax®, Boniva®) and COX-2 Inhibitors should be avoided. These medications are likely to cause marginal ulcers.**
- As always, you should keep an up-to-date list of all the medications you are currently taking, both prescribed and over the counter. If any medication changes occur, this list should be updated accordingly. Bring this list with you to any routine appointments or hospital visits – it will help your healthcare team provide you with the best care possible.

We encourage you to share this document with your healthcare team, including your primary care provider and any specialists you receive care from. If you ever find yourself confused or unsure about medication safety, reach out to our team, your providers or your pharmacist: we're here to help.

Feeling Fierce

An article from Fairfield Medical Center's *The Monitor Magazine*



Fairfield
Medical Center

Lisa Fierce shares the story of her struggle with weight, and how Fairfield Medical Center's team of bariatric experts helped her transform her life completely.

LISA'S STORY



On a typical Saturday afternoon, you won't find Lisa Fierce, 50, of Gloucester, sitting at home. Instead, she prefers to spend her free time playing with her new grandchild, traveling with her family, enjoying the outdoors and staying active.

EXPERIENCE THE SUCCESS

It's a lifestyle that was once nothing more than a dream for the loving mother of three, who used to weigh more than 350 pounds. Her decision to undergo weight loss surgery, and ultimately change her life, has since made those dreams a reality in the span of just one year.

"Because of my weight loss surgery, the life I'm living now is the best I've ever lived," Lisa said. "I can do things now with my family – my children, grandchildren, husband, parents – that I've never been able to do before."

THE START OF IT ALL

Lisa's road to bariatric surgery was filled with twists and turns. She initially considered taking the step nearly a decade ago, but the timing wasn't quite right. "I had two young children, I had just started back to work, and I wasn't sure the type of procedure that I was considering at the time was right for me," Lisa recalled.

As her children grew older, life grew busier, and Lisa's personal plans were put on hold: a sentiment many mothers know all too well. When the idea of weight loss surgery was eventually reintroduced, it came about somewhat unexpectedly. For several years, Lisa had been dealing with bothersome urinary issues, including urinary retention, feelings of urgency and straining. "I would feel like I just drank 10 gallons of water, but I would only be able to urinate a tablespoon," Lisa shared. "It was really frustrating."

In search of answers, Lisa paid a visit to her primary care provider who, at the time, suspected the issues may be obesity-related and referred Lisa on to FMC bariatric surgeon Timothy Custer, M.D., FACS. At the time of referral, Lisa weighed 364 lbs. and was also diabetic.

"I am thankful for that referral," Lisa shared. "I was miserable, and I knew that – for my health and if I wanted to be around for my children and grandchildren – I really needed to do something."

ON THE ROAD TO SUCCESS

Her initial consult with bariatric surgeon Dr. Custer and the rest of the bariatric team at Fairfield Medical Center was what Lisa could only describe as "eye-opening." "It can be hard to have an honest conversation about weight," Dr. Custer explained. "I try to approach every conversation in a very straightforward manner: I don't

shy away from the consequences that can be associated with obesity, and I try to explain the science behind the disease while figuring out each patient's goals for the future and how we can best accomplish those together."

For Lisa, this no-nonsense approach confirmed what she had known all along: that she was making the right decision for her health and her family.

"Dr. Custer discussed the risks of continuing on at my weight, and he really struck a nerve that day," Lisa said of her initial consultation. "He didn't mince words. He didn't sugarcoat it. He told me exactly what I needed to hear, and I'm grateful for that."

Shortly after her first appointment, Lisa buckled down and got to work. She faithfully attended the required bariatric education classes, where she learned about the lifestyle and nutrition changes she would need to make in order to be successful. "I don't think I could have done any of this without the bariatric team," she said. "They encouraged me a lot, they were patient and kind, and by the end of my classes, I thought to myself, 'I'm ready. Let's do this thing.'"

After months of preparation, education and anticipation, the day finally arrived: on Sept. 25, 2018, Dr. Custer performed Lisa's Roux-en-Y gastric bypass procedure, marking the start of her new life – and the beginning of a journey Lisa never expected to face.

AN UNEXPECTED DETOUR

On that September day, Lisa's weight loss surgery was nothing short of a shining success. In the midst of her procedure, however, Dr. Custer and his team made a startling discovery: there was blood in Lisa's routinely placed urinary catheter.

The medical staff quickly established that Lisa's lab work was within normal limits, while Dr. Custer – familiar with Lisa's history of urinary concerns – promptly ordered diagnostic testing.

A CT scan soon confirmed that Lisa wasn't in any immediate danger, but it was determined that she would need to schedule an appointment with Derrick L. Reedus, Sr., M.D., of Fairfield Healthcare Professionals Urology following her recovery to learn more about the causes of her urinary issues.

FAIRFIELD MEDICAL CENTER BARIATRIC SERVICES

GETTING BACK ON TRACK

Wonderful blessings arrived in the months that followed. By December, Lisa had already lost 50 lbs., landed a new job that she loved alongside a group of supportive and caring people, and – most notably – welcomed her beautiful granddaughter, Sophia Grace, into the world.

Even so, her urinary issues persisted. “I had cancelled and rescheduled my appointment with Dr. Reedus a couple of times,” Lisa admitted. “There was always something that came up, or something else that needed done, and I just kept putting it off.”

After receiving some tough love from a coworker, Lisa finally obliged – she would attend her appointment with FHP Urology. No exceptions. No excuses. “They scheduled a scope of my bladder and ureters,” Lisa recalled. “When I woke up in recovery, my mom was there waiting. She told me they found something in my bladder.”

During a procedure known as a transurethral resection, Dr. Reedus removed a 13-centimeter mass from Lisa’s urinary tract – a tumor that had grown large enough to partially block her urethra. A sample of the tissue soon confirmed that bladder cancer was to blame for Lisa’s ongoing struggles. Fortunately, the cancer had not spread into the muscle wall of Lisa’s bladder, and Dr. Reedus was able to remove all of the cancerous cells during surgery.

“Had it not been for my primary care provider referring me to Dr. Custer, and had it not been for my gastric bypass surgery and the red flags they found during my procedure, I have no idea how long it would have taken me to find out I had cancer. Bariatric surgery saved my life in more ways than one.”

DESTINATION: HEALTH AND HAPPINESS

Despite the detours, Lisa has finally reached the goal she worked so hard to achieve: a life full of health and happiness. Since her cancer diagnosis, scopes of Lisa’s bladder have continued to come back clear. As for her weight, she’s lost a total of 185 lbs.

“It’s absolutely amazing how much can change in a year,” she marveled. “Because of my weight loss, I no longer have

diabetes, I no longer have acid reflux, my knees and feet don’t hurt anymore, my back doesn’t ache like it used to, my fibromyalgia doesn’t flare up like it did before – and I’m doing things that I never dreamed of.”

Dr. Custer said, for him and his team, watching patients like Lisa find success is the most rewarding part of the experience. “We get the privilege of sharing in the joy of lives changed and dreams coming true. We get to witness people completely transform themselves and share in the exhilaration of folks reaching goals they once felt were unattainable.”

With the burden of her weight in the rearview mirror, Lisa has been making up for lost time. Her summer was filled with days of play and family trips (including a long-awaited vacation to the beach), and her fall a blur of pumpkin patches, corn mazes and sweet memories. Instead of finding herself winded and uncomfortable, Lisa is now leading the pack. “I couldn’t walk long distances before. I was always falling behind or taking a break,” Lisa explained. “These days, my husband is the one asking me to slow down.”

But perhaps the most profound change of all can be found in the quietest of moments.

“I can hold my family so much closer now,” Lisa smiled. “I finally have a lap that the kids can sit on, and when the baby lays her head on me and falls asleep, it’s just an incredible feeling. My biggest regret – my only regret – is not having this surgery sooner.”



Lisa with her granddaughter, Sophia Grace, 1.



Fairfield
Medical Center

FMC Bariatric Services
2405 N. Columbus St., Ste. 250
Lancaster, Ohio 43130
fmchealth.org
740-475-0442