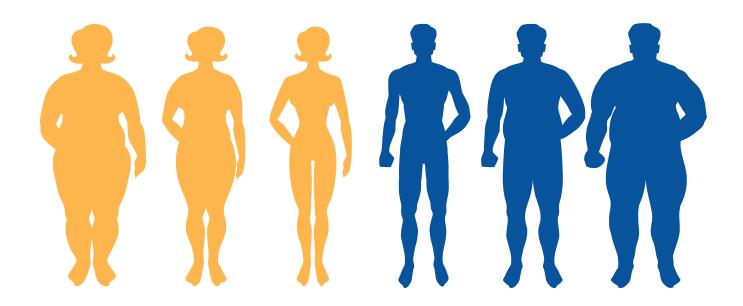


www.hrh.ca

Humber River Health Bariatric Surgery Program

A Resource Book for Patients Having Gastric Bypass Surgery



Please bring this booklet with you for your appointments.

English: This information is important! If you have trouble reading this, ask someone to help you.

Italian: Queste informazoni sono importanti! Se ha difficoltà a leggere questo, chieda aiuto a qualcuno.

Spanish: ¡Esta información es importante! Si tiene dificultad en leer esto, pida que alguien le ayude.

INTRODUCTION

Welcome to the Humber River Health (HRH) Bariatric Program.

Like so many other Canadians, you are struggling with your weight. The good news is that you have decided to seek help. **Congratulations** on making this difficult first step!

You are about to begin a journey that could change your entire life. However, success takes hard work. For safety, as well as success, pay close attention to the instructions and guidelines in this book, and follow the advice of your Bariatric Team.

While the Bariatric Team is here to guide you through each stage of your surgery, this book will serve as an important reference.

You will learn:

- How to prepare for surgery
- What potential nutritional complications can occur from the surgery
- How to eat safely after surgery, and
- How to begin to make the dietary and behavioural changes you need for long-term success.

Did you know?

The HRH Bariatric Team has many years of experience. We have received an accreditation from both the Canadian and American bariatric licensing bureaus, allowing us the distinction of a "Bariatric Centre of Excellence."

MBSAQIP ACCREDITED -COMPREHENSIVE CENTER



Remember!

Bariatric surgery is just a "tool." You will have to make changes to your lifestyle and eating habits to reach your goals.

My Notes:



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WHERE DO I BEGIN?

The Approval Process

Doctor or nurse practitioner submits a referral to the Ontario Bariatric Network (OBN)

OBN assigns you to the Bariatric Centre and surgeon.

You attend a 3-hour information session and submit forms.

You are triaged based on your primary care doctor and the patient questionnaire.

You have an appointment with the medical internist.

You have an initial assessment or reassessment with the nurse, dietitian, social worker/
Team Rounds.

You meet with the surgeon and have pre-op blood work done. You receive appointment dates within 10 to 12 weeks (note: it may take 4 to 6 months until your initial assessments).

You have a 2nd visit with the surgeon - receive surgery date and buy Optifast®.

You start Optifast® as per the surgeon's instructions (2 to 4 week before surgery).

You attend a pre-screening assessment.

Bariatric Surgery

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MY BARIATRIC TEAM

Who is part of my bariatric team?

You are the number one member of the team! You have come to us to receive help with losing weight and learning how to live a healthier lifestyle.



When do I meet my bariatric team?

Before the surgery

You will first meet with the bariatric team to help decide if bariatric surgery is right for you.

Surgeon: After you attend the Information Session and decide that you want to proceed with the surgery, the surgeon is usually the first member of the team you will meet. Your surgeon:

- Explains the various surgical options available and discuss risks and complications of each.
- · Does a brief medical history.
- Gives you an overview of how you will proceed through the program.

Registered Nurse ("nurse" or "RN"): The nurse:

- Makes sure that you are medically stable and healthy enough to proceed with surgery.
- Refers you to the right resources, either within the hospital or in your community, based on their assessment
- Works with our medical team and your family doctor to ensure you have a continuity of care as you move through the program.

Internist: This doctor does additional tests to make sure that you are medically stable for bariatric surgery. It continues the nurse's medical assessment.

Registered Dietitian ("dietitian" or "RD"):

The dietitian:

- Discusses your past attempts at weight loss, and helps you understand why traditional diets have not worked.
- Asks why you feel this surgery will work for you.
- Assesses your current diet by doing a 'diet history' and looking at your relationship with food.
- Educates you on healthier eating behaviors.
- Assesses your bloodwork and makes recommendations to your supplements based on the results.

Social Worker (SW): The social worker:

- Spends time getting to know you better, as a person.
- Asks about support systems, both personal and professional.
- · Looks at your mental health history.
- Helps you figure out if you are able to afford the miscellaneous costs associated with the surgery.



For more information on body image and support systems, see Psychosocial Perspectives on page 72.

Psychiatrist: If your social worker feels you would benefit from an assessment by our program psychiatrist, they can refer you. This referral does not mean that we do not consider you a good candidate for surgery. It is simply an additional assessment that may help us better prepare you for the lifestyle changes associated with surgery.

After the surgery

After your surgery, you must attend various follow-up appointments. This is an up to 5-year relationship with your bariatric team that will help you reach your weight loss goals and keep them.

<mark>_մ—մ</mark> My	When do I see my				
Appointments At-a-Glance	Surgeon	Registered Nurse	Registered Dietitian	Social Worker/ Psychiatrist	Internist
Before Surgery	✓	✓	✓	✓	✓
24 HOURS after surgery	✓				
2 WEEKS after surgery	✓				
1 MONTH after surgery	✓	✓	In class		
3 MONTHS after surgery	✓	✓	✓		
6 MONTHS after surgery		✓	✓	✓	
9 MONTHS after surgery			As needed		
1 YEAR after surgery	✓	✓	✓		
Once a year for up to 5 years	✓	✓	✓		



For information on recommended blood work before and after Roux-en-Y Gastric Bypass, see Appendix A on page 83.

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BARIATRIC SURGERY OVERVIEW

Bariatric surgery is a procedure of the gastrointestinal tract that results in substantial weight loss. There are different types of bariatric surgery available, each with its own risks and success rates:

 The procedure our centre performs most often is the Roux-en-Y. This is considered the "Gold Standard" of bariatric surgery. It has shown the best results for long-term weight loss and reducing comorbidities* linked to obesity.

*Comorbidity is the condition of having 2 or more diseases at the same time.

- **Gastric Sleeve** is another type of bariatric surgery. Your surgeon would only perform this surgery at their discretion, based on your comorbidities and medicine treatment plan.
- Lap Band surgery is the last type of bariatric surgery. It is not covered by OHIP.

The following section describes how a normal digestive system works. This will help you understand how your body and digestion will change after bariatric surgery. This section also discusses the 2 types of bariatric surgery we perform at Humber River Health.

Bariatric surgery is not a "quick fix", but a lifelong commitment. When making the decision to have this surgery, please do not take it lightly. To succeed with your weight loss goals after this surgery, you must make permanent changes to your diet and lifestyle.

In this section:

How does a normal digestive system work?

What is Gastric Bypass (Rouxen-Y) surgery?

What happens during Rouxen-Y surgery?

How does Roux-en-Y surgery change my digestive system?

What is Gastric Sleeve surgery?

What are the risks associated with bariatric surgery?

How much weight can I expect to lose after bariatric surgery?

How quickly will my weight come off?

Will I regain weight after surgery?

How can I measure success?

How does a normal digestive system work?

Digestion is the process your body goes through to get nutrients and energy from the food you eat. Your body needs energy and nutrients to stay healthy. Digestion involves many organs in your body, working together to

form the "digestive system".

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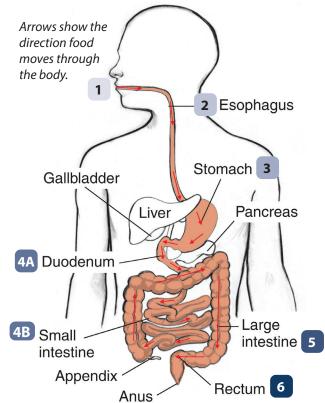
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Mouth: Digestion starts in the mouth.
Chewing and chemicals in your saliva, called enzymes, start to break down food.

Esophagus: When you swallow your food, it moves down the esophagus. This is a long tube running from your mouth to your stomach. Wave-like muscle movements move food to the stomach.

Stomach: The breakdown of food begins when food reaches the stomach. The average stomach can hold up to 6 cups of food. It is about the size of a football. Food is mixed and churned with enzymes and acid. Food moves to the small intestine to continue digestion.



Small Intestine: Made up of three parts – the duodenum, jejunum, and ileum:

- **A) Duodenum:** Food moves from the stomach, through a valve called the pyloric sphincter, and then enters the first part of the small intestine, called the duodenum. The duodenum absorbs many of the vitamins and minerals from the food with help from 2 organs:
 - Gall bladder: This organ releases bile into the small intestine to digest the fat in the food.
 - **Pancreas:** This organ produces hormones, like insulin and digestive enzymes. Insulin helps move sugar into the cells and the enzymes keep breaking the food down.
- **B) Jejunum and Ileum:** Food then passes through the last 2 parts of the small intestine, called the jejunum and ileum. These areas continue to absorb the nutrients from the broken down food.
- **Large intestine:** The digestive system pushes food that is not absorbed into the large intestine. As the food moves through this tube, the tube absorbs some water and electrolytes from the remaining food.
- **Rectum:** The rectum stores solid waste. It will later pass through the anus as a "bowel movement."

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What is Gastric Bypass (Roux-en-Y) surgery?

Gastric Bypass surgery, or "**Roux-en-Y**" surgery, is the main type of bariatric surgery we perform at Humber River Health. It is a procedure that results in significant weight loss.

Roux-en-Y gastric bypass helps you lose weight because you will:

- 1. Have a new smaller stomach that holds less food.
- 2. Produce fewer hunger hormones, making you **feel less hungry**.
- Absorb fewer calories at first since food no longer goes through the duodenum.
 We refer to this as "malabsorption".
 Malabsorption only lasts for a short time.
 Over time, your body will adjust and absorb every calorie that you eat.

We perform the surgery **laparoscopically**. This means that instead of making a large incision (cut) in your abdomen (belly area) and exposing your organs, your surgeon will make five small incisions around the belly area and insert "ports" to access your digestive system. This method of surgery gives minimal scarring and allows you to heal faster.

During the surgery, we do not remove any part of the stomach or intestines from your body, but we do change your digestive system significantly.

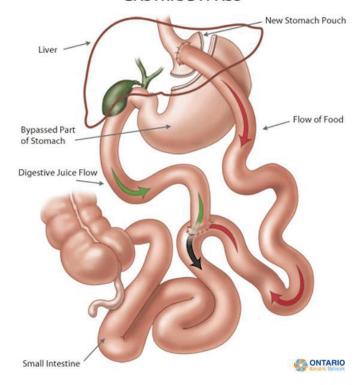
What happens during Roux-en-Y surgery?

The surgeon will insert a camera into one port and use the other ports to insert the tools he needs to complete the surgery.

During Roux-en-Y surgery:

- Your surgeon cuts and staples the stomach into 2 sections. The small section at the top will be your new stomach pouch. The larger stomach section stays in place.
- 2. Your surgeon cuts the small intestine, where the duodenum meets the jejunum.
- Your surgeon moves the open jejunum end up to join the new smaller stomach pouch.
 The other end of the jejunum is still attached to the rest of intestine.
- 4. Finally, your surgeon reconnects the open duodenum end to a new opening made lower down in the small intestine. The other end of the duodenum is still attached to the large stomach section.

GASTRIC BYPASS



How does Roux-en-Y surgery change my digestive system?

After Roux-en-Y surgery, your body will digest food differently.

Your New Digestive System

Mouth

Digestion still begins in your mouth. You must now chew food very well to prepare it for the new smaller stomach pouch. This extra chewing replicates the work of your original larger stomach.



Esophagus

You swallow the food and it goes down the esophagus to the stomach, just like before surgery.



Stomach

Small Stomach: The food goes into the new smaller stomach pouch. This pouch does not churn or mix the food and produces very little stomach acid.

Large Stomach: Food does not go through the larger stomach anymore, but it still produces acid and enzymes.



Small Intestine Jejunum and Ileum: Food now moves from the small stomach pouch through a new opening and right into the jejunum. This opening that the surgeon creates is the size of a dime.

Duodenum: Food no longer passes through the duodenum. Instead, the acid from the old stomach, the enzymes from the pancreas, and the bile from the gall bladder go through the duodenum and meet the food lower down in the intestine (where your surgeon has reconnected the duodenum end to an opening).

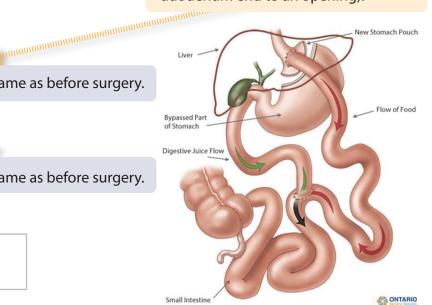
Large intestine

This process is the same as before surgery.



Rectum

This process is the same as before surgery.





Food

Digestive juices (stomach acids, enzymes, bile)

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What is Gastric Sleeve surgery?

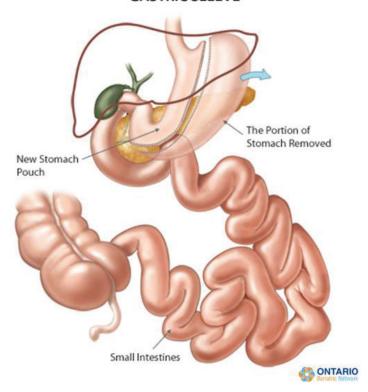
Another type of bariatric surgery is **Gastric Sleeve** surgery. Your surgeon may decide that the gastric sleeve surgery is a better option for you if:

- 1. You have had previous abdominal surgeries.
- 2. You have a medical condition that makes it unsafe to have the Roux-en-Y surgery.

In Gastric Sleeve surgery, the surgeon cuts away the outer portion of the stomach. This leaves a new smaller stomach that can hold about 1 cup of food.

We leave the rest of digestion process unchanged, but because your stomach is smaller, your system may not absorb some nutrients as well as before.

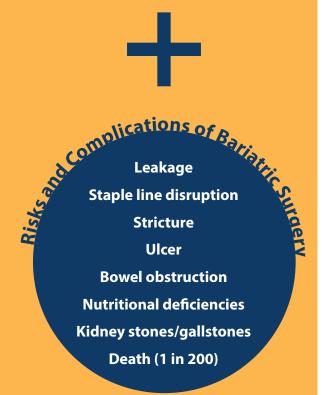
GASTRIC SLEEVE



What are the risks associated with bariatric surgery?

Your bariatric surgeon will discuss the risks and complications of bariatric surgery with you in detail. If you have questions speak with your bariatric team.

Pneumonia
Risk of anaesthesia
Infection
Hemorrhage/blood transfusion
Blood clots
Incisional hernia
Stroke, heart attack



How much weight can I expect to lose after bariatric surgery?

Because every person is different, it is hard to predict how much weight you will lose. A typical weight loss within the first year of surgery is 100 pounds.

On average, after 3 to 5 years, most patients are able to maintain a successful weight loss of **60% of their excess weight.**

Excess Weight

= Current Weight - Ideal Weight (BMI 24.9)

My excess weight is _____ pounds

Expected Weight Loss

= Excess Weight x .70

My expected weight loss is _____ pounds

New Weight after Surgery

= Current Weight - Expected Weight Loss

My new weight after surgery will be _____ pounds

Your dietitian can help you calculate your "percent excess body weight" at your initial visit.

How quickly will my weight come off?

Everyone loses weight at a different rate. Weight loss is more rapid in the first 6 months. Weight loss plateaus between 12 to 18 months after surgery.

The surgery is only a tool. Your rate of weight loss depends on how committed and motivated you are to make changes in your eating and activity.

What you need to know:

- In general, the higher your body mass index (BMI) is, the faster you will lose weight initially.
- If you have lost a substantial amount of weight before surgery, your weight loss may be slower after surgery.
- Your metabolic rate influences how fast you lose weight. Men tend to lose weight faster than women because they have more muscle mass.
 If you have a slower metabolic rate, you will lose weight slower.

Will I regain weight after surgery?

Bariatric surgery is not a guarantee you will lose weight or maintain your weight loss.

After 18 to 24 months, it is common to re-gain about 5% to 10% of the weight you lost. For example, if you have lost 100 pounds, it would be normal to gain back 5 to 10 pounds.

You might regain weight if you:

- Drink empty calories such as juice, alcohol and specialty coffees.
- Eat high fat and high sugar choices.
- · Snack or graze excessively.
- Consume large portion sizes resulting in stretching of the pouch.
- Do not exercise or you limit your physical activity.
- Do not pay attention to your hunger and fullness cues.
- Get too comfortable with the weight loss.

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How can I measure success?

It can be frustrating if you are following the guidelines but you are not seeing changes on the scale.

A weight loss goal does not need to be a number. Look for **milestones**. One day you may notice:

- · You are not as short of breath.
- Your health conditions, such as diabetes or high blood pressure may improve.
- You feel less pain in your back, hips, knees, ankles, and feet.
- · You can tie your shoes.
- · You do not need a seat belt extender.
- You are sleeping more soundly.
- Your clothes fit better or are loose.
- · You have increased energy.

While you are actively losing weight, weigh yourself no more than once a week. Weighing yourself every day, or several times a day, does not show your weight loss accurately and can make you frustrated.

There are many important benefits to surgery other than a number on the scale.

Remember to celebrate all of your successes!

Write your weight loss goals here:

0	

PREPARING FOR SURGERY: MAKING LIFESTYLE CHANGES

In this section:

Lifestyle Change #1: Establish a Consistent Meal Routine

Lifestyle Change #2: Eat Well-"Balanced" Meals

Lifestyle Change #3: Read Nutrition Facts Labels

Lfestyle Change #4: Plan your Meals

Lifestyle Change #5: Track your Food Intake by Keeping a Food Journal

Lifestyle Change #6: Be Aware of your Triggers and Cues for Emotional Eating

Prioritize your Lifestyle and Behaviour Changes: Set SMART Goals

Lifestyle Changes Checklist

Other Considerations Before Surgery

Before committing to bariatric surgery, you will need to evaluate your diet and lifestyle. You will likely need to change some of your eating habits and meal planning routines to ensure optimal weight loss and good health after your surgery. Making these changes now will set you up for success after the surgery!

Read through the following section and prioritize the areas that you feel you need to work on. At the end of the section, you will learn how to set S.M.A.R.T. goals that help to make goal setting more effective. Let's get started making changes to your lifestyle!

Remember!

- 1. Gastric bypass is not a diet.
- 2. Lifestyle changes and healthy food choices must be for LIFE.
- 3. To maintain long-term weight loss, you MUST:
 - Exercise
 - Follow a healthy diet LIFELONG

Ask yourself, "Is this right for me?", "Can I do this for life?"



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Lifestyle Change #1: Establish a Consistent Meal Routine

After bariatric surgery, you must eat regular meals and snacks to make sure you are meeting your nutritional requirements. An erratic eating schedule, long gaps between meals, or skipping meals can result in sub-optimal weight loss, nutrient deficiencies, malnutrition or, ultimately, regaining your weight.

You need a consistent meal routine before your surgery. This is an important part in preparing for post-bariatric life.

A consistent meal routine is:

- · Not skipping meals
- Eating 3 well-balanced meals per day
- Eating your first meal within 90 minutes of waking
- Not going longer than 4 to 6 hours between meals
- Adding a small snack between meals, if it is more than 5 hours until your next meal
- Having a snack 2 to 2.5 hours after a meal, if needed
- Having snacks that have between 100 to 150 calories each.

An example of a typical meal routine:		
6:30 a.m.	Rise	
7:30 a.m.	Breakfast	
10:00 a.m.	Morning snack	
1:00 p.m.	Lunch	
3:30 p.m.	Afternoon snack	
6:30 p.m.	Dinner	

An example of a meal routine for someone who works night shifts:	
4:00 p.m.	Rise
5:30 p.m.	Dinner
9:00 p.m.	Snack
11:30 p.m.	Lunch
2:00 a.m.	Snack
8:00 a.m.	Breakfast

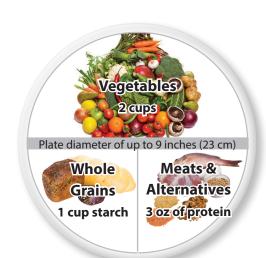
Lifestyle Change #2: Eat Well-"Balanced" Meals

A well-balanced meal includes foods from the different food groups and provides a variety of nutrients. After bariatric surgery, you will need to consume "balanced" meals to make sure you are getting the vitamins and minerals you need to stay healthy.

The "Healthy Plate" is a visual diagram that can help you eat well-balanced meals.

If you eat according to the "Healthy Plate", it ensures you:

- Eat appropriate serving sizes to manage weight
- Optimize your nutrition
- Increase your sense of fullness
- Stabilize blood sugars, which lessens your cravings
- Avoid eating too much of any one food group
- · Are eating a source of lean protein at each meal, which is essential after surgery.



To use the "Healthy Plate":

- 1. Start with a round plate, 9" diameter.
- 2. Fill 1/4 of the plate with lean protein (about 85-113 g (3-4 oz)).
- 3. Fill 1/4 of the plate with starch or whole grains (about 1 cup).
- 4. Fill 1/2 the plate with at least 2 kinds of non-starchy vegetables (about 250-500 ml (1-2 cups).

Examples of vegetables and fruits

- Green, leafy vegetables
- Fruit (no more than
 - 2 servings of fruit a day)
- Berries (limit to 1 cup, equal to 1 serving of fruit)
- Low-starch vegetables, such as cucumbers, tomatoes, zucchini, broccoli, etc.

Examples of starches and grains

- Whole grain bread
- Quinoa
- Whole grain rice
- Millet
- Whole grain pasta
- Amaranth
- such as potato, sweet potato, yams, turnips, corn, peas

Starchy vegetables,

- Oats
- Barley

Meats & **Alternatives** 1 cup starch 3 oz of protein

Vegetables

2 cups

Plate diameter of up to 9 inches (23 cm)

Whole

Grains

- Poultry
- Fish
- Tofu
- Texturized vegetable protein (TVP)
- Eggs

Examples of protein

- · Low-fat dairy products, such as cottage cheese, Greek yogurt and cheese
- Lean meats
- · Beans, lentils and legumes

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Lifestyle Change #3: Read Nutrition Facts Labels

Reading and understanding labels are important ways to ensure you are meeting your nutrition needs and making healthy food choices.

How can a Nutrition Facts label help after surgery?

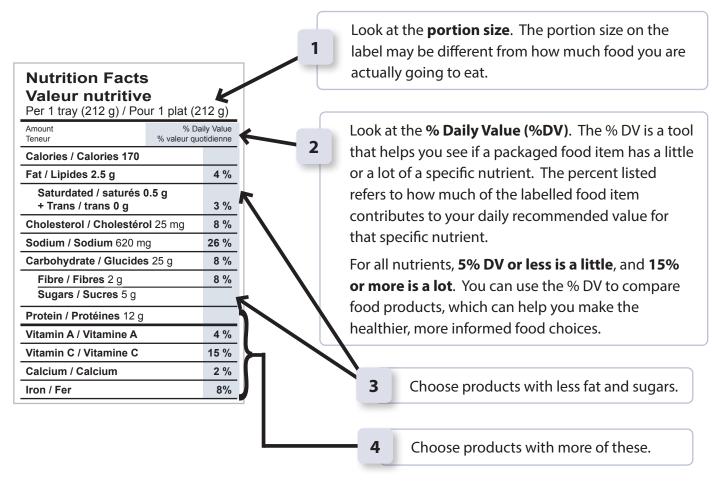
Use Nutrition Facts labels to help:

- Find out how a food fits into your diet goals
- · Compare products and pick the best one for you
- Find out the serving size of a food and the amount of servings in a package
- Find out how many calories and how much fat, sugars, sugar alcohols, and fibre are in a food
- Prevent dumping syndrome, which can be caused by eating high fat and high sugar food.



For tips on the how to prevent dumping syndrome, see page 62.

How do I read a Nutrition Facts label?



Calories

Low calorie foods have 40 or fewer calories per serving.

Fats

To prevent dumping syndrome, choose foods with less than 5% DV, or 3 g, of fat per serving.

Foods are low in fat if they:

- Have less than 5% of the daily value (DV) of fat.
- Have 3 g or less of fat per 99 g (3.5 oz) serving, or if fat makes up less than 30% of the calories.



Choose foods especially low in saturated fat and trans fat:

- Limit saturated fat to 1 g or less when selecting a food item or 15% of the calories in a main dish.
- Avoid trans fat completely, if possible.

Carbohydrates

Popular weight loss programs have given carbohydrates a bad reputation. However, not all carbohydrates are bad. Many have high amounts of vitamins, minerals and fibre.

Choose:	Avoid:
 Whole grains 	Sweets and candies
 Fruits 	• Desserts
 Vegetables and 	Soft drinks
legumes	• Foods that have more than 10 grams
	of added sugar per serving

Nutrition Facts Valeur nutritive Per 1 tray (212 g) / Pour 1 plat (212 g) Amount % Daily Value Teneur % valeur quotidienne Calories / Calories 170 4 % Fat / Lipides 2.5 g Saturated / saturés 0.5 g 3 % + Trans / trans 0 g Cholesterol / Cholestérol 25 mg 8 % Sodium / Sodium 620 mg 26 % Carbohydrate / Glucides 25 g 8 % Fibre / Fibres 2 g 8 % Sugars / Sucres 5 g Protein / Protéines 12 g Vitamin A / Vitamine A 4 % Vitamin C / Vitamine C 15 % Calcium / Calcium 2 % Iron / Fer 8 %

Test vour knowledae

Is this product high or low in fat? High Low Why?

Nutrition Facts Total Fat 3g Saturated Fat 0g Trans Fat 0g olesterol omg Potassium 20mg **Sodium** 300mg Total Carbohydrate 13g Dietary Fiber 3g Sugars 3g 4% Protein 3g 12% Vitamin A 80% Calcium 4% Vitamin K 10% Percent Daily Values are based on a 2,000 call Values may be higher or lower depending on y

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Fibre

Fibre helps to prevent constipation and can help you feel full longer. Good sources of fibre will have 4 g of fibre or more per serving.

Nutrition Facts Valeur nutritive

Amount % Dai Teneur % valeur quo	/	
Calories / Calories 170		
Fat / Lipides 2.5 g	4	%
Saturated / saturés 0.5 g + Trans / trans 0 g	3	%
Cholesterol / Cholestérol 25 mg	8	%
Sodium / Sodium 620 mg	26	%
Carbohydrate / Glucides 25 g/	8	%
Fibre / Fibres 2 g	8	%
Sugars / Sucres 5 g		
Protein / Protéines 12 g		
Vitamin A / Vitamine A	4	%
Vitamin C / Vitamine C	15	%
Calcium / Calcium	2	%

Iron / Fer

Sugars

To prevent dumping syndrome and avoid empty calories, limit sugar to 10 g per serving.

- If the label lists "sugar alcohols", they will appear below Sugars.
 Not all labels list sugar alcohols. Sugar alcohols count half as much as sugar toward your limit.
- For milk or yogurt containing lactose, the tolerable sugar level is typically 12 g per serving for milk and 7 g per serving for yogurt. Look for unsweetened or "no added sugar" milk and yogurt.
- Fresh whole fruit (which usually does not have a food label)
 is slower to leave the pouch. It does not tend to promote
 dumping if you eat moderate amounts.

Protein

8 %

Aim to eat 70 g to 100 g of protein every day. However, watch for the fat content of these foods. Foods that are high in protein can also be high in fat. This food contains 12 g of protein.

Choose: Lean cuts of red meat Skinless chicken breast Vegetarian sources of protein, like tofu and legumes Low fat products Fatty cuts of red meat Chicken and turkey with the skin on it Battered and fried meat High-fat products

Nutrition Facts Serving Size: 6 ounces Servings Per Container: 1 Amount per serving: Calories 160 Calories from Fat 25 % Daily Value Total Fat 2.5g 8% Saturated Fat 1.5g Trans Fat Og Cholesterol 10mg Sodium 105mg 9% Total Carbohydrate 26g Dietary Fiber 0g (Sugars 25g 1696 Calcium 25% Vitamin A 0% Iron 0% Vitamin C 0%

Test vour knowledge

Is this product high or low in sugar? High Low Why?



How do I read the Ingredient List?

In addition to checking the **Nutrition Facts** label, it is useful to get in the habit of reading the **Ingredient List**. This list tells you what the food is made of, which is important if you have a food allergy or intolerance. Ingredients are listed in order by weight. The first ingredient is highest in weight.

Checking for Sugars in Packaged Foods without a Nutrition Facts Label

Sugar: Look at the ingredient list and find 'sugar'. If sugar is listed as one of the first 3 ingredients on the Ingredient List, do not eat that food as they are too high in sugar and may cause Dumping Syndrome.

Sugar can be called many names on a food label, such as:

- Sucrose
- Honey

- Maple sugar
- Brown rice syrup

- Dextrose
- White sugar
- Corn syrup
- Fruit juice

- Fructose
- Brown sugar
- High fructose corn
- concentrateBarley malt

- GlucoseMaltose
- Invert sugarCane sugar
- syrup • Molasses
- Dextrin

What about sugar-free foods?

Sugar-free foods and beverages are usually sweetened with sugar alcohols or sugar substitutes.

Sugar alcohols: Sugar alcohols are a type of carbohydrate. Your body only partly absorbs sugar alcohols, so they are lower in calories than regular sugar. They are used in sugar-free products like gum, mints, candies, ice cream, chocolates and protein bars.

Sugar alcohols are listed in the ingredients list under any of the following names:

- Sorbitol
- Polyols

Isomalt

Xylitol

- Palatinit
- Malitol

- Mannitol
- Erythritol
- Lactilol

Sugar alcohols are safe, but eating too much of a food containing sugar alcohol could cause gas, bloating, or diarrhea.

Sugar substitutes: Sugar substitutes are natural sweeteners or chemical sweeteners. They provide very few calories and do not have an effect on blood sugar or cause Dumping Syndrome.

Sugar substitutes are listed in the ingredients list under the following names:

- Sucralose (Splenda®)
- Saccharine
 (Hermesetas®)
- Neotame
 (NutraSweet®)
- Cyclamate (Sucaryl®,

- Aspartame (Equal®
 & Nutrasweet®)
- Acesulfame
 Potassium (Ace-K®)
- Steviol Glycosides (Stevia®)
- Sugar Twin® & Sweet N' Low®)

Lifestyle Change #4: Plan your Meals

Planning meals in advance will help you stay on track with your meal routine and overall weight management goals. It helps you manage your time better, makes preparing meals easier, and prevents you from making poor food choices when you are busy. It can help turn a hectic week into one that is nearly stress-free.

To simplify meal planning, break it down into four steps: Plan, Purchase, Prepare, and Pack.

STEP 1 Plan:

- Start by planning 1 or 2 days' worth of meals and snacks at a time. Make sure that before you go to sleep at night, you know what you are going to eat the next day. Eventually, you will be able to work up to planning a weeks' worth of meals.
- To keep track of the meals you have chosen, use a menu planner template or create one on a whiteboard.
- Once you have chosen your meals, go through your pantry, fridge, and freezer to see what ingredients you already have.
 Create a grocery list for the ingredients that you need to buy.
 Organize your list into sections (Fruits & Vegetables, Meat/Poultry, Dairy, etc.).
- Try 1 new recipe a week to avoid boredom and keep you creative.
 Remember to plan for leftovers to take for lunches the next day.

Tip! You can browse the internet for recipes or visit your local library or bookstore for cookbooks.

• Plan using the "Healthy Plate". The "Healthy Plate" is a helpful tool to get you to eat well-balanced meals throughout the day!



For a Menu Planner template,

Here is an example of what a day of eating balanced meals would look like using the "Healthy Plate": BREAKFAS UNCH Protein Starch/ Starch/ Protein Protein Grain Grain Starch/ Fruit 2 Vegetables 2 Vegetables Grain **SNACK SNACK SNACK** Protein + Protein + 100 to Vegetable/Fruit Vegetable/Fruit 150 calories **Protein:** Choose lean meats, poultry, fish & beans & low fat dairy. **Grain/Starch:** Look for whole grains items. **Vegetables/Fruit:** Choose a variety of colours.

SEAKEAS Starch/ Grain / Protein Fruit

cinnamon, 14 g (1 tbsp) nuts and seeds, and Example: 125 ml (1/2 cup) oatmeal with 15 ml (1 tbsp) almond butter and 60 ml (1/4 cup) skim milk stirred in. Top with 1/2 a banana.

Choose 1 or 2 Protein foods:

- 1 to 2 poached or scrambled eggs
- 125 ml (1/2 cup) cottage cheese
- · 15 to 30 ml (1 to 2 tbsp) nut butter
 - · 28 g to 57 g (1 to 2 oz) lean ham
- 125 ml (1/2 cup) low fat plain Greek yogurt

Choose 1 or 2 Grains/Starch foods:

- 1 to 2 pieces toast (whole grain)
- 1 whole wheat English muffin
- 3 to 4 Ryvita® crackers
- 175 ml (3/4 cup) oatmeal or high fibre cereal
- 28 g to 43 g (2 to 3 tbsp) Bran Buds

Choose 1 or 2 Vegetables/Fruits:

- · 1 small pear, apple, orange
- 2 to 3 slices tomato
- 125 ml (1/2 cup) strawberries, canned fruit (in water), diced melon, blueberries
- 1/2 banana

Choose 1 Healthy Fat:

- 7.5 ml (1/2 tbsp) margarine (non-hydrogenated)
- 7 nuts (almonds)
- 28 g (2 tbsp) ground flax seed

/ Protein Grain 2 Vegetables

UNCA

1/8 avocado. Sprinkle with lettuce and cheese **Example:** Fill one small whole wheat tortilla 57 g (2 oz) chicken breast, 15 ml (1 tbsp) salsa, and serve with 250 ml (1 cup) of garden salad. wrap with 20 g (1/4 cup) black beans,

Choose 1 or 2 Protein foods:

- 2 to 4 slices deli meat
- 57 g to 85 g (2 to 3 oz) canned tuna, chicken breast, etc.
- 125 ml (1/2 cup) cottage cheese
- 125 ml (1/2 cup) black beans
- Egg salad (1 to 2 eggs)

75 g (2.5 oz) Tofu

Choose 1 or 2 Grains/Starch foods:

- 5 to 8 Triscuits®
- 3 to 4 Ryvita® crackers
- 1 slice toast
- 1 small (6") whole wheat tortilla or pita
- 85 ml (1/3 cup) pearl barley

Choose 1 or 2 Vegetables/Fruits:

85 ml (1/3 cup) pineapple

· 1 small pear, apple, orange

- 5 to 6 cucumber slices
- 250 ml (1 cup) garden salad
- 125 ml (1/2 cup) steamed vegetables
- 250 ml (1 cup) raw vegetables

Choose 1 Healthy Fat:

- 2 to 3 slices avocado (1/8 of fruit)
- · 14 g (1 tbsp) nuts or seeds
- 15 ml (1 tbsp) vinaigrette dressing

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2 Vegetables

Example: 85 g (3 oz) poached salmon with emon, olive oil and herbs. Serve with 125 ml

(1/2 cup) quinoa, 125 ml (1/2 cup) asparagus and

125 ml (1/2 cup) sautéed red pepper.

Choose 1 or 2 Protein foods:

- · 125 ml (1/2 cup) chili with beans or lean ground beef/turkey
- 125 ml (1/2 cup) chicken stew
- 85 g (3 oz) baked/poached fish
- 85 g (3 oz) baked/poached chicken, pork, beef, lamb
- 125 ml to 250 ml (1/2 to 1 cup) beans/lentils
- 85 g (3 oz) veggie burger
 - 75 g (2.5 oz) Tofu

Choose 1 or 2 Grains/Starch foods:

- 5 to 8 Triscuits®
- 3 to 4 Ryvita® crackers
- 1 slice toast
- 1 small (6") whole wheat tortilla or pita
- 1/2 sweet potato
- 85 ml (1/3 cup) pearl barley

Choose 1 or 2 Vegetables/Fruits:

- 1 small pear, apple, orange
 - 85 ml (1/3 cup) pineapple
 - 5 to 6 cucumber slices
- 250 ml (1 cup) garden salad
- 125 ml (1/2 cup) steamed vegetables
- 250 ml (1 cup) raw vegetables

Choose 1 Healthy Fat:

- 2 to 3 slices avocado (1/8 of fruit)
- 14 g (1 tbsp) nuts or seeds
- 15 ml (1 tbsp) vinaigrette dressing
- 5 ml (1 tsp) oil: olive oil, canola oil (monounsaturated)

SNACKS

You may need a snack if there is a long stretch between your meals. Well-planned snacks help manage your hunger and prevent you from overeating later in the day. Use the ideas below to help you plan snacks. The best snacks include carbohydrates to help fuel your body and protein to manage your hunger.

Choose 1 Carbohydrate food:

- 250 ml (1 cup) raw vegetables
- 250 ml (1 cup) low sodium vegetable soup
- 250 ml (1 cup) frozen berries
- 125 ml (1/2 cup) canned fruit (packed in water)
- 1 medium piece of fruit
- 2 to 4 high fibre crackers (Ryvita®, Wasa®, Triscuits®)
- 1/2 of a whole wheat pita or 1 small whole wheat tortilla
- · 1 small homemade low-fat, high-fibre muffin
- 125 ml (1/2 cup) of high fibre cereal (Bran Buds® with Psyllium, Spoon Size Shredded Wheat®)

Choose 1 Protein Food

- 1 hard-boiled egg
- 125 ml (1/2 cup) of chickpeas, kidney beans, navy beans, black beans, baked beans, split peas or lentils
- · 250 ml (1 cup) low fat plain or artificially sweetened yogurt
- 125 ml (1/2 cup) of 1% cottage cheese
- 10 to 12 dry roasted almonds
- · 85 ml (1/3 cup) pistachios (with shell)
- 30 ml (2 tbsp) dry roasted sunflower or pumpkin seeds
- 30 g (1 oz) skim milk cheese
- 85 ml (1/3 cup) of hummus
- 30 ml (2 tbsp) peanut butter or nut butter
- 250 ml (1 cup) skim or 1% milk

Snack Ideas!

- 1 small container of yogurt (less than 100 calories, check label)
- 3 slices of deli ham, chicken, or turkey (28 g or 1 oz each) rolled up
- 60 ml (1/4 cup) low-fat tuna salad on 3 whole wheat crackers
- 125 ml (1/2 cup) fresh veggies, dipped in 30 ml (2 tbsp) hummus
- 1 hardboiled egg (soft and mashed)
- 1/2 small apple (skin off) and 1 slice of reduced-fat cheese
- 10 walnuts or almonds
- 60 ml (1/4 cup) low-fat cottage cheese and 3 whole wheat crackers
- 60 ml (1/4 cup) low-fat cottage cheese mixed with 60 ml (1/4 cup) unsweetened applesauce
- 125 ml (1/2 cup) low-fat, low-sugar yogurt with 60 ml (1/4 cup) blueberries or raspberries
- 4 slices honey ham with 10 ml (2 tsp) honey mustard, rolled in lettuce leaf
- 1 slice deli ham, turkey or chicken, rolled with 1 slice low-fat cheese
- 125 ml (1/2 cup) veggies, dipped in 15 ml (1 tbsp) of light cream cheese
- 2 medium dill pickles, zucchinis, or cucumber spears, each wrapped in 1 slice of deli ham

STEP



Purchase:

Once your have planned your meals and prepared your grocery list, it is time to go shopping. Here are some tips:



- Only buy items on your list. This helps prevent buying extra items that you do not need, saving you money and extra calories!
- Use flyers and coupons to buy foods that are in season and on sale. However, keep your healthy eating goals in mind! Avoid buying high-fat or high-sugar foods just because they are on sale.
- Buy frozen fruit and vegetables as they are great foods to keep on hand to prepare quick and easy meals.

· Read labels carefully.

- Note the portion size listed on the package when you are comparing products. Not all products use the same serving size. For example, you may see a cereal box stating 100 calories **per 1/2 cup** compared to another cereal box stating 100 calories **per 1 cup**.
- Aim to buy products with less than 10 g of sugar per serving and less than 5% daily value, or 3 g, of fat per serving.
- Read the ingredients. Labels list ingredients in order from the most to the least, so if sugar is listed in the first few ingredients, stay away! Not sure if there is sugar? If an ingredient ends in "-ose" (such as fructose, sucrose, sucralose), it is a sugar.



For more information on sugars, see page 20.

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STEP 3 Prepare:

To get your meals on the table, identify your barriers or challenges in preparing meals. This may include not having enough time, feeling tired, having unpredictable schedules, or simply not knowing how to cook. If any of these barriers apply to you, you need to come up with some ways that you can overcome these challenges. You also need to ask yourself what will be different after surgery.

You can:

- Prepare meals in advance, on a day that you have more free time. Separate meals into portions and keep them in the fridge or freezer.
- Browse some cookbooks at your local library, borrow books from a friend, or search for recipes online to find healthy, tasty options that you can easily prepare.
- Use your slow cooker and save time by buying healthy convenience foods such as rotisserie chickens, bagged salads or pre-cut fruits and vegetables.

What are your barriers?

- I don't know how to cook
- I'm too tired
- I can't stand to cook
- Fast foods taste better
- My family's schedule is unpredictable
- · I don't have time.

Ask yourself: "Will these barriers be any different for you after gastric bypass?"



STEP 4 Pack

Remember to plan for meals away from home. Here are some tips to make eating meals away from home easier:

- Buy a lunch bag, ice packs and reusable storage containers.
- Pack your lunch the night before.
- Have your breakfast plates, bowls, and cutlery ready for the morning.
- Have some foods that are more convenient on hand to "grab and go", such as fruit cups and applesauce cups, low-fat yogurt, and cheesestrings or light Babybel® cheeses.



Lifestyle Change #5: Track your Food Intake by Keeping a Food Journal

There is no denying the power of food journals. Research shows that people who keep food journals lose more weight and are more successful at maintaining their weight loss. A food journal is the only way to know exactly what you are eating.

Think of your food journal as a guide to help you make decisions about what you eat. It is a great investigational tool to help you learn more about yourself, your habits, patterns, challenges and successes. It can help you identify your emotional and mindless eating behaviours, which we will discuss in "Lifestyle Change #6: Be Aware of your Triggers and Cues for Emotional Eating".

To keep a food journal:

1. Start recording the following information:

- · What and how much you ate or drank
- · What time you ate or drank
- When your episodes of hunger or cravings were; how dramatic they were; were you able to manage the hunger or cravings
- Which emotions, thoughts, or concerns you may be having
- Which triggers you can identify that are linked to food choices and behaviours.

2. Once you have all that information, you can start to notice trends. Try to figure out:

- When are you hungriest?
- What are your cues and triggers?
- What strategies did you use to help yourself?
- What would you do differently next time you are in that situation?

3. Use the information to guide your decisionmaking and help you plan to make better food choices.

The following page is a sample sheet that you can use to create your Food Journal. Photocopy this sheet and fill this out every day to track your food intake.

To get the most out of your food journal, make sure to be:

- ✓ Accurate: Weigh and measure your food as often as possible.
- ✓ **Detailed:** A half completed food record does not give you much information.
- ✓ **Consistent:** Stick to it for at least a few weeks so that you can start seeing trends in the data.

Tip! Explore using a digital application, if that works better for you than handwriting. Good examples of online food journals are:

My Fitness Pal

https://www.myfitnesspal.com

Baritastic App

http://www.baritastic.com



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My	Food	Journal	l - DAY	

0	

Name:	Date:

Time	What did I eat or drink?	How much did I eat or drink?	What is my mood? What do I feel?
a.m.			
p.m.			
a.m.			
p.m.			
a.m.			
p.m.			
a.m.			
p.m.			
a.m.			
p.m.			
a.m.			
p.m.			
a.m.			
p.m.			
2 m			
a.m. p.m.			
a.m.			
p.m.			
a.m.			
p.m.			
a.m.			
p.m.			

Lifestyle Change #6: Be Aware of your Triggers and Cues for Emotional Eating

Why do I eat?

Humans need to eat so our bodies and brains function properly, but sometimes we eat for reasons other than actual hunger. "Emotional eating" is a term that refers to eating when we feel certain emotions, including:

- Anger
- Rushed
- Stress
- Tense
- Frustration
- Tiredness or boredom
- Happiness
- Loneliness

We might also eat because we are at a social occasion, on vacation, or when we "see food".

What is mindful eating?

Our modern way of life has us racing from one task to the next. Often, we are not aware of what we are doing in the moment, including what we are eating.

Have you ever sat down in front of the television with a bag of chips and become so caught up in the show that you didn't realize you ate the whole bag? Do you think about how your stomach feels before you eat and as you progress through a meal? Do you stop eating when you are full? Do you eat when you are not hungry?

Becoming aware of why you eat is very important. This is called "mindful eating". Mindful eating is paying close attention to what you eat. Use your food records to help you identify your emotional and mindless eating habits.

What are some tips for mindful eating?

Slow Down

- Sit down and focus on your food; avoid distractions like the TV, computer or driving.
- Set a timer. Plan to take 30 minutes for a meal. Aim to eat half of your meal by the 15-minute mark.
- Chew each bite 20 to 25 times.
- Put your fork or spoon (or chopsticks) down between each bite.
- Eat with chopsticks or a baby spoon to get smaller bites.

Notice Your Food

To notice your food, ask yourself:

- How much am I eating? Weigh and measure your food to learn portion sizes.
- What are the colours of each food?
- What is the texture of each food?
- What are the smells?
- What does the food feel like in my mouth?
- How does the food taste? Salty? Bitter? Starchy? Rich?
- Which bite is most enjoyable?

Decrease Distractions

- Eat in only one place at home and only one place at work (P.S., not at your desk!).
- Turn off the television and talk radio.
- Close your eyes while you eat each bite to fully notice the taste, smell, and feel.
- Journal about any distressing thoughts before you sit down to eat. Set them aside after you have written them down.

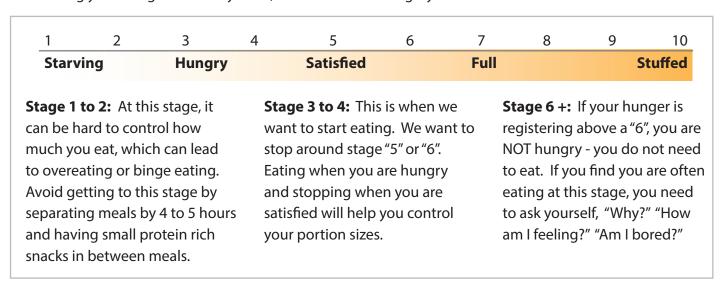
Notice Your Body

- How do you feel before you eat? How can you tell you are hungry? What sensations do you experience?
- Notice how you feel after each bite.
- How can you tell when you are full and satisfied?
- Before each bite, ask yourself, "Do I really want this next bite, or am I mindlessly eating it because it is in front of me?"

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Using a Hunger Scale

Using a hunger scale can help you identify the **type of hunger** you are experiencing. Try differentiating between these types of hunger to ensure that you are eating due to physical hunger and not because of emotional hunger or cravings ("mouth hunger"). Eating regularly will help prevent you from feeling really hungry or really full. Make sure your meals are 4 to 5 hours apart, with snacks 2 hours in between. Start monitoring your hunger on a daily basis, before and after surgery.



Using Coping Strategies

To prepare for bariatric surgery, you need to evaluate your eating habits honestly, and notice if you are eating for reasons other than hunger. If you find that you are not hungry but still want to eat, use coping strategies and see if the urge goes away. Use the strategies below to change the way you deal with emotions. Look at the examples listed. Can you think of others?

Sample Coping Strategies

- Keep snack foods that are "trigger foods" out of the house.
- Learn relaxation techniques. Instead of eating to relax, listen to music or practice deep breathing.
- Try engaging in an enjoyable activity, such as reading, knitting, puzzles.
- To cope with feelings of hopelessness, call a family member or support person.
- During periods of stress or in social situations, plan ahead to eat carrots or fat-free cookies, instead of cookies.
- Think about the long-term consequences of overeating on your general health.
- Distract yourself by thinking about work, travel plans, or other issues, instead of eating when lonely.

For more information, see Psychosocial Perspectives on page 72. For an Emotional Food Journal, see the tear-away handout on page 107.

Prioritize your Lifestyle and Behaviour Changes: Set S.M.A.R.T. Goals

Now that you have read through this section, you can prioritize the lifestyle and behaviour changes that you are ready to make. Setting S.M.A.R.T. goals is an effective way to help you meet your goals.

, , , , , , , , , , , , , , , , , , , ,	, , , , ,
Step 1: Write down your goal in as few words as po	ossible.
My goal is to:	
Step 2: Make your goal detailed and SPECIFIC. An	swer who/what/where/how/when
Step 2. Make your goar actanea and St Ech Ic. 7111	swer who, what, where, now, when.
LIOW. will you was shathis would list at locat 2 action at	
HOW will you reach this goal? List at least 3 action ste	eps you ii take (be specific):
1.	
2.	
3.	
Step 3: Make your goal is MEASURABLE. Add deta	ils, measurements and tracking details.
I will measure/track my goal by using the following nu	
I will know I've reached my goal when:	
will know i ve reactied my goal when.	
Step 4: Make your goal ATTAINABLE. What additio	
Items I need to achieve this goal:	Things I need to learn more about:
How I'll find the time:	People I can talk to for support:
Step 5: Make your goal RELEVANT.	
List why you want to reach this goal:	
Step 6: Make your goal TIMELY. Put a deadline on y	our goal and set some benchmarks.
I will reach my goal by (date):	
My halfway measurement will be:	on (date):

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Lifestyle Changes Checklist

Use this tool to help manage your diet and lifestyle goals below:

Lifestyle Change	Date Goal	Date Goal	Comments
Eat 3 meals per day, including	Started	Completed	,
breakfast, lunch, dinner and snacks.			
Limit eating out to 1 or 2 times			
a week.			
Do not drink with meals.			
Stop eating when you are no longer hungry.			
Put your fork down between bites.			
Chew food 20 to 25 times per bite.			
Take small bites.			
Start meal planning.			
Eliminate carbonated drinks.			
Eliminate caffeine.			
Eliminate alcohol.			
Eliminate juice.			
Eliminate simple sugars.			
Limit snacks/nibbles to 3 per day.			
Eat protein with each meal and snack.			
Limit fried foods and high-fat condiments.			
Begin regular physical activity.			
Record food and beverage intake and physical activity.			
Clean out your pantry of "junk" food.			

Other Considerations Before Surgery

Bariatric life requires motivation and long-term commitment to bariatric recommendations. Although you may want to lose weight, consider the circumstances in your life that may prevent you from achieving and adhering to your goals. It is a good idea to take some time to **THINK** about your life.

Can I commit?

Consider the following statements before you have your surgery.

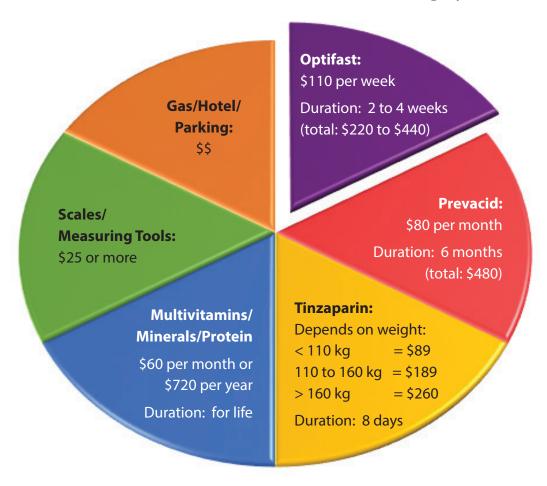
Think	Do you agree or disagree?	Why or why not?
This is the right time for me to have bariatric surgery.	☐ Agree☐ Disagree	
 Ask yourself: Am I having family problems? Divorce? Separation? Empty nest syndrome? Am I considering getting pregnant? It is recommended that women of childbearing age avoid pregnancy for at least 18 months after surgery. Do I have good support systems in place? How do my friends and family feel about the surgery? Will they support me? Will my employer be supportive? Do I have the financial means? How will I feel at holidays and celebrations when I won't be able to eat like every one else? 		
I am committed to following the recommendations that my bariatric surgery team gave to me to maintain my weight loss.	☐ Agree ☐ Disagree	
3. I am committed to taking vitamin and mineral supplements for the rest of my life.	☐ Agree☐ Disagree	
4. I am committed to engaging in regular physical activity for the rest of my life.	☐ Agree☐ Disagree	

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Can I afford the costs associated with surgery?

There are some financial aspects of bariatric surgery that you are responsible for. It is important to review your finances and make sure you are able to cover the cost of your out-of-pocket expenses.

Estimated Costs Associated with Bariatric Surgery





For more information on estimated costs for bariatric surgery at HRH, see the tear-away handout on page 101.

PREPARING FOR SURGERY: REPLACING MEALS WITH THE OPTIFAST® DIET

In this section:

What is the Optifast® diet?

How do I add variety to the Optifast® diet?

What can I do to prevent the side effects of taking Optifast®?

What is the Optifast® diet?

Before your surgery, your surgeon will start you on a meal replacement product called Optifast® 900. Optifast® is product that is low in carbohydrates, very low in fat, and high in protein.

You may be on Optifast® for 2 to 4 weeks, or longer, depending on your BMI. The cost is approximately \$110/week.

How to take Optifast®:

• You will drink 4 to 5 packages of Optifast® powder mixed with water each day. It comes in 2 flavours: chocolate and vanilla.



DO NOT eat or drink any other food while on the Optifast® diet, except for:

- A maximum of 2 cups a day of the following vegetables: lettuce, green pepper, celery, cucumber, and broccoli. If you would like to add dressing, only use vinegar or lemon juice.
- Calorie-free clear fluids, such as decaffeinated tea, coffee, broth, and sugar-free drinks (for example, Crystal light®).
- Keep yourself well-hydrated by drinking 1.5 L to 2 L
 (6 to 8 cups) of water per day. This includes the water you mix in your Optifast[®].
- You may add a little flavouring to the Optifast®. Try instant coffee granules, a couple of drops of diet food flavouring or extracts (for example, peppermint, rum, or banana), or artificial sweeteners, like Crystal light®.
- Optifast® has no fibre in it, so you may experience constipation while on Optifast®. To help resolve constipation, you can add Benefibre® powder to your drink or have the chewable Benefibre®.

NOTE:

If you have diabetes, let your doctor know before you start Optifast®. Your doctor may need to adjust your diabetes medicines or insulin. We highly recommend testing your blood sugar level more often while on Optifast®.

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How do I add variety to the Optifast® diet?

These recipes can add some variety to your Optifast® diet.

Chocolate Raspberry Shake

280 ml to 375 ml Water

(10 to 12 oz)

500 ml (2 cups) Crushed ice

1 package Chocolate Optifast®

1 package Raspberry sugar-free

drink crystals

How to prepare it: Blend until smooth.

Orange Creamsicle™ Shake

280 ml to 375 ml Water

(10 to 12 oz)

500 ml (2 cups) Crushed ice

1 package Vanilla Optifast®

1 to 2 drops Orange extract

How to prepare it: Blend until smooth.

Bananas Foster

280 ml to 375 ml Water

(10 to 12 oz)

500 ml (2 cups) Crushed ice

1 package Chocolate Optifast®

5 ml (1 tsp) Rum extract

5 ml (1 tsp) Banana extract

1 package Artificial sweetener

How to prepare it: Blend until smooth.

Root Beer Float

375 ml (12 oz) Water

1 package Vanilla Optifast®

0.6 ml (1/8 tsp) Root beer extract

Pinch Cloves

How to prepare it:

1. Blend together.

2. Put it in the freezer for 1.5 to 2 hours.

3. Take it out of the freezer and blend it again until slushy.

Black Forest Chocolate Pudding

175 ml (6 oz) Water

1 package Chocolate Optifast®

5 ml (1 tsp) Rum extract

30 ml (2 tbsp) Sugar-free cherry

Kool Aid® powder

1 package Artificial sweetener

How to prepare it: Blend until smooth.

What can I do to prevent the side effects of taking Optifast®?

Side Effects of the Optifast® Diet	What You Can Do to Prevent It	
Hunger A very low carbohydrate diet, like your Optifast® diet, will cause your body to go into "ketosis". This means your body has started to create ketones. After 3 to 4 days, these ketones will make you feel less hungry. However, if you eat extra calories, this can stop ketosis and make you feel hungrier.	 Only have 4 packages of Optifast® a day. Drink Optifast® at regular meal times. You may want to avoid sitting with others when they eat. 	
Headache	 Drink all your fluids. You should drink 1.5 to 2 L (6 to 8 cups) of calorie-free fluid every day. This amount does not include your 4 servings of Optifast®. Speak to your pharmacist about over-the-counter pain relief medicines. 	
Bad breath that smells like alcohol	Use sugar free mints.	
Diarrhea	 Drink all your fluids. You should drink 1.5 to 2 L (6 to 8 cups) of calorie-free fluid every day. This amount does not include your 4 servings of Optifast[®]. Take 1 to 2 sugar-free fibre capsules with each package of Optifast[®] you drink. 	
Constipation	 Drink all your fluids. You should drink 1.5 to 2 L (6 to 8 cups) of calorie-free fluid every day. This amount does not include your 4 servings of Optifast®. Drink a glass of warm water or herbal tea with each Optifast® drink. 	

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AFTER YOUR SURGERY: EATING GUIDELINES

The following are guidelines for the dietary phases that you must follow **after your surgery**. Following the recommendations helps you tolerate food better and prevents nausea, vomiting, malnutrition, or poor weight loss. It also prevents any damage to your pouch. This section outlines each diet phase in detail.

NOTE:

Your doctor will prescribe you Prevacid[®]. Take this first thing in the morning for the first 6 months after surgery. Wait 30 minutes after consuming the Prevacid[®] before your first meal.

Remember to renew your prescription after 3 months.

In this section:

Stage 1: Clear Fluids

Stage 2: Full Fluids

Stage 3: Puréed or Blended

Foods

Stage 4: Minced Foods

Stage 5: Soft Solid Foods

Which foods may be difficult to tolerate after surgery?

How should I cook my food after surgery?

How can I reduce fat and sugar when cooking my food?

Summary of Diet Stages after Surgery

Stage	Duration	Food Options
Diet Stage 1 Clear Fluids	1 to 2 days	 Clear fluids Non-carbonated drinks No sugar No caffeine
Diet Stage 2 Full Fluids	For 2 weeks following Diet Stage 1	Blenderized soupsStrained soupsLow-fat dairy productsProtein shakes
Diet Stage 3 Puréed Foods from all 4 Food Groups	For 1 week following Diet Stage 2	Puréed protein foodsPuréed foods from all food groupsProtein shakes
Diet Stage 4 Soft minced meats, soft vegetables and fruits	For 1 week following Diet Stage 3	 Soft minced protein foods Well-cooked soft vegetables Soft or peeled ripe fruit Cereal (cold or hot) Protein shakes Avoid pasta, bread, rice, wraps, and pita.
Diet Stage 5 Soft Solid Foods	Lifelong Start after completing all phases of Diet Stage 4 (usually start to introduce about 6 weeks after surgery)	Continue to introduce a variety of acceptable foods.

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Stage 1: Clear Fluids

Duration: 1 to 2 days, while in hospital

Food Options: Clear broth, diet Jell-O[®], water

Goals:

- During this stage, the medical team will make sure that your digestive system is working properly.
- Take 15 ml (1 tbsp) of Clear Fluids every 15 minutes while on this dietary phase.

Stage 2: Full Fluids

Start Date (Usually 1 day after surgery):

Duration: 2 weeks (14 days)

Goals:

- Eat/Drink 70 to 100 g of protein each day.
- Drink 1.5 L to 2 L (6 to 8 cups) of fluid each day (this includes water, milk and protein drinks, or broth).
- · Start taking your chewable or liquid vitamin and mineral supplements.
- Start taking your protein shakes.

How long will I need to have Full Fluids?

You will start Full Fluids once you demonstrate that you are able to tolerate Clear Fluids. This is usually the day after surgery. You should be able to tolerate Full Fluids before you leave the hospital.

You will continue with Full Fluids for 2 weeks (14 days) after Gastric Bypass Surgery.

What are Full Fluids?

Full Fluids are fluids or liquids and foods that are easy to swallow. You do not generally need to chew Full Fluids. This diet is mainly milk-based, high in protein, low in sugar, and low in fat.

What types of Full Fluids can I have?

Food Group	Foods Allowed	Foods to Avoid
Milk & Alternatives (high protein)	 Milk (1% or skim) Lactose-reduced milk (1% or skim) Fortified soy milk (unsweetened) Yogurt (smooth, no added sugar, without chunks, 0% fat) Cottage cheese (low fat) Ricotta cheese (low fat) Cream soup (low fat and strained) 	 Chocolate milk Flavoured soy milk Milkshakes Smoothies
Vegetables & Fruits	 Vegetable juice Tomato juice Unsweetened fruit purées	Sweetened fruit purées
Grain Products	 Cream of Wheat® Oatmeal Cream of Rice® Steel-cut oats Oat Bran® hot cereal 	Sugary varieties of instant oatmeal
Protein Supplements	Protein drink (20 to 40 g of protein)Protein powder (added to food)	 Protein drinks with too much sugar or fat Meal-replacement drinks, like Boost® and Ensure®
Beverages	 Water Crystal light®, MiO®, diet Kool-Aid® Decaffeinated coffee or tea Non-carbonated Nestea Zero® 	 Juice Coffee V8® Splash and Iced tea Alcohol Vitamin water Carbonated drinks

How do I eat Full Fluids?

- At each meal, you may be able to eat or drink about 125 to 175 ml (1/2 cup to 3/4 cup) of Full Fluids.
- To eat, take 30 ml (2 tbsp or 1 oz) of Full Fluids every 15 minutes through the course of your meal. It will take you about 60 to 90 minutes to finish your meal.
- Make sure you sit down while you eat. Take your time and eat slowly. You need to focus while eating.
- If you feel pain or discomfort when you eat, stop eating and take a break. Try again later.

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What is a typical Full Fluids menu?

Full Fluids Menu Sample

TIPS:

- Have 3 small meals and 3 small snacks to keep you nourished (this includes the protein drinks).
- Focus on the techniques of eating to prevent vomiting or discomfort.
- Consume fluids at room temperature for the first week to preventing cramping/pain.
- Remember that you need to focus on high protein to help you heal.
- · Always eat high protein foods FIRST.
- · Remember to sip on water throughout the day.

Breakfast	60 ml (1/4 cup) hot cereal, made with 60 ml (1/4 cup) skim milk (add 15 ml (1 tbsp) skim milk powder or sprinkle some unflavoured protein powder) 60 ml (1/4 cup) yogurt 85 ml (1/3 cup) protein drink
Morning Snack	85 ml (1/3 cup) protein drink
Lunch	60 ml (1/4 cup) strained low fat cream soup, made with skim milk (add 15 ml (1 tbsp) skim milk powder or some unflavoured protein powder) 60 ml (1/4 cup) unsweetened fruit sauce 85 ml (1/3 cup) protein drink
Afternoon Snack	85 ml (1/3 cup) protein drink
Dinner	60 ml (1/4 cup) low fat mashed cottage cheese (add 15 ml (1 tbsp) skim milk powder or some unflavoured protein powder) 60 ml (1/4 cup) yogurt 85 ml (1/3 cup) protein drink
Evening Snack	85 ml (1/3 cup) protein drink

Stage 3: Puréed or Blended Foods

Start Date (Usually 2 weeks after surgery):

Duration: 1 week (7 days)

Goals:

- Eat 70 to 100 g of protein each day.
- Drink 1.5 L to 2 L (6 to 8 cups) of fluid per day, sipped between meals.
- Blend all foods to a baby food or applesauce consistency.
- Eat protein foods first, followed by fruits and vegetables, then grains.
- Avoid spicy foods, as well as very hot or very cold foods. They may cause discomfort.
- Try only one new food at each meal, so that you know what you can tolerate.
- Take protein shake and vitamin/mineral supplements.

How long will I need to have Puréed/ Blended Foods?

After having Full Fluids for the first 2 weeks, introduce a Puréed or Blended Foods diet. Start on the third week after Gastric Bypass Surgery.

You will have Puréed or Blended Foods for 1 week (7 days).

What are Puréed/Blended Foods?

Puréed/Blended Foods are foods blended to a smooth consistency. Foods should be low in fat and sugar. There are some food exceptions that do not need to be puréed and are generally welltolerated (see list on the next page).

How do I purée foods?

To purée food, you need a food blender or a hand blender. The final consistency of the food should be smooth and thick enough to scoop with a fork or spoon.

Meat & Fish:

- Boil, roast, or bake until the meat separates easily from the bones or the fish flakes easily with a fork.
- 2. Remove bones and skin, trim off the fat.
- 3. Cut meat or flake fish into small pieces.
- 4. Blend. You may need to use some cooking water to get the right texture.

Meat Alternatives:

- Cook legumes such as beans, lentils and chickpeas according to package directions.
- 2. Blend with a little water.

Vegetables & Fruits:

- 1. Wash, peel, pit and/or seed.
- 2. Cut into smaller pieces.
- 3. Steam or boil until soft.
- 4. Drain and save the cooking water.
- 5. Blend. You may need to use some cooking water to get the right texture.

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What types of Puréed Foods can I have?

Try to include food from all four of Canada's Food Groups - Vegetables & Fruits, Grain Products, Milk & Alternatives, and Meat & Alternatives. At each meal, eat the higher protein food first.

Food Group	Foods Allowed	Foods to Avoid
Meat & Alternatives	 Puréed meat, chicken, or turkey Extra lean ground beef Puréed fish Puréed beans, lentils, and other legumes Puréed tofu Textured vegetable protein Poached eggs 	 High-fat meats (sausage, hot dogs, ribs, chicken wings, fried chicken, hamburgers) Fried eggs Oil-packed tuna, salmon or sardines
Milk & Alternatives (high protein)	Same as Full Fluids	High-fat cheeses
Vegetables & Fruits	 Puréed vegetables cauliflower, broccoli carrots, beets, green beans Puréed fruits, skinless and seedless, such as apple, pears, peach, nectarines 	Sweetened fruit sauces
Grain Products, Cereals & Starchy Foods	 Soda crackers (saltines) Melba toast Cornmeal Mashed potatoes, yams, sweet potatoes 	High-fat crackers Buttery mashed potatoes

NOTE:

- Do not purée or eat pasta, bread, noodles, rice, or muffins.
- Do not have anything with nuts, seeds, tough skins or dried fruits.
- · Limit added fats and oils.
- · Limit sugars.
- · Limit spicy foods.

Amount of Protein in Puréed/Blended Foods		
Food	Portion	Protein (g)
Chicken, fish, turkey, eggs	30 ml (2 tbsp)	7 g
Cottage cheese/ricotta cheese (fat free or 1%), tofu, yogurt	30 ml (2 tbsp)	4 g
Cheese, fat-free or low-fat	28 g (1 oz or 1 slice)	7 g
Milk (1% or skim)	125 ml (1/2 cup)	4 g
Protein shake		Check label

How do I eat Puréed/Blended Foods?

- At each meal, you may be able to eat about 125 ml to 175 ml (1/2 to 3/4 cup) of puréed or blended foods.
- To eat, take 30 to 60 ml (2 to 4 tbsp or 1 to 2 oz) every 15 minutes. It will take you about 1 hour to 90 minutes to finish your meal.
- Make sure you sit down while you eat. Take your time and eat slowly. You need to focus while eating.
- If you feel pain or discomfort when you eat, stop eating and take a break. Try again later.

What is a typical Puréed/Blended Foods menu?

Puréed/Blended Foods Menu Sample

TIPS:

- Eat 3 small meals and 3 small snacks to keep you nourished.
- Focus on the techniques of eating to prevent vomiting or discomfort.
- Focus on high protein foods to help heal. At each meal, eat the protein-rich food first, followed by vegetables or fruit, and then grain products.
- Add some water or low sodium broth to foods before reheating food on the stove or in a microwave.
- · Remember to sip on water throughout the day.

Breakfast	60 ml (1/4 cup) hot cereal made with low fat milk (add 15 ml (1 tbsp) skim milk powder or sprinkle some unflavoured protein powder) or 1 poached egg 60 ml (1/4 cup) yogurt 30 to 60 ml (2 to 4 tbsp) puréed fruit or unsweetened fruit sauce
Morning Snack	125 ml (1/2 cup) protein drink 30 ml (2 tbsp) puréed fruit
Lunch	30 to 60 ml (2 to 4 tbsp) low fat puréed soup (add 15 ml (1 tbsp) skim milk powder or sprinkle some unflavoured protein powder) 1 to 2 crackers 85 ml (1/3 cup) vegetable or tomato juice (optional) 125 ml (1/2 cup) protein drink
Afternoon Snack	30 to 60 ml (2 to 4 tbsp) yogurt 125 ml (1/2 cup) protein drink
Dinner	30 to 60 ml (2 to 4 tbsp) puréed meat or puréed fish 30 ml (2 tbsp) mashed potato 30 ml (2 tbsp) puréed vegetables
Evening Snack	125 ml (1/2 cup) protein drink

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Stage 4: Minced Foods

Start Date (Usually 3 weeks after surgery):

Duration: 1 week (7 days)

Goals:

- Eat 70 to 100 g of protein each day.
- Drink 1.5 L to 2 L (6 to 8 cups) of fluid per day, sipped between meals.
- Eat protein foods first, followed by fruits and vegetables, then grains.
- Avoid spicy foods and very hot or very cold foods. They may cause discomfort.
- Try only one new food at each meal, so that you know what you can tolerate.
- Take protein shakes and vitamin/mineral supplements.

How long will I need to have Minced Foods?

After having Puréed Foods for 1 week, introduce a Minced Food diet. You will start on the fourth week after gastric bypass surgery.

You will have Minced Foods for 1 week (7 days).

What are Minced Foods?

In this stage of the diet, you will be able to eat some solid foods that you have chopped or minced to a fine texture. These foods should:

- Be soft in texture and easy to chew.
- Have a thicker consistency than puréed foods.
- Be easy to swallow or mashed with a fork.

Do not eat foods with coarse textures, such as nuts and raw fruits or vegetables.

How do I mince foods?

To mince food, use cooking methods that will keep foods moist and soft, such as boiling, poaching, steaming and stewing.

Meat & Fish:

- 1. Cook the food until it is tender.
- 2. Remove bones and skin, trim off the fat.
- 3. Using either a knife or a food processor, chop the food until the pieces are about 1 cm or 1/2-inch cubes.

Vegetables & Fruits:

- 1. Wash, peel, and/or seed.
- 2. Cut into small pieces.
- 3. Steam or boil until well cooked.

What types of Minced Foods can I have?

Try to include food from all 4 of Canada's Food Groups - Vegetables & Fruits, Grain Products, Milk & Alternatives and Meat & Alternatives. At each meal, eat the higher protein food first.

Food Group	Foods Allowed	Foods to Avoid
Meat & Alternatives	 Minced meat, chicken or turkey Minced fish Canned, water-packed tuna, salmon or sardines, mashed with a fork Low-fat chili Poached eggs 	 High-fat meats (sausage, hot dogs, ribs, chicken wings, fried chicken, hamburgers) Fried eggs Oil-packed tuna, salmon or sardines
Vegetables & Fruits	 Well-cooked soft vegetables (steamed carrots, broccoli florets, green beans) Well-cooked soft, skinless, seedless fruits (apple, pears, peach, nectarines) Canned, water-packed fruit 	 Gritty or very fibrous vegetables (corn, asparagus) Raw vegetables and salads Oranges and other citrus fruits Fruits with seeds (blackberries, raspberries, strawberries), unless strained Canned fruit packed in juice or syrup
Grain Products, Cereals & Starchy Foods	 Other low-fat crackers Low-sugar and high-fibre cold cereal (soaked in milk) 	 Pasta, rice, noodles, breads, wraps, or muffins (avoid these starches until you can tolerate at least 60 g of protein a day and eat a variety of foods from stage 4) Sugary or low-fibre cold cereal French fries

How do I eat Minced Foods?

- At each meal, you may be able to eat about 125 ml to 175 ml (1/2 cup to 3/4 cup) of minced foods.
- To eat, take 30 to 60 ml (2 to 4 tbsp or 1 to 2 oz) every 15 minutes. It will take you about 1 hour to 90 minutes to finish your meal.
- Make sure you sit down while you eat. Take your time and eat slowly. You need to focus while eating.
- If you feel pain or discomfort when you eat, stop eating and take a break. Try again later.

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What is a typical Minced Foods menu?

Minced Foods Menu Sample

TIPS:

- Eat 3 small meals and 3 small snacks to keep you nourished.
- Focus on the techniques of eating to prevent vomiting or discomfort.
- Focus on high protein foods to help heal. At each meal, eat the protein-rich food first, followed by vegetables or fruit, and then grain products.
- Remember to sip on water throughout the day.

Breakfast	1 poached egg 60 ml (1/4 cup) yogurt 1/2 small banana, diced or mashed
Morning Snack	125 ml (1/2 cup) protein drink 30 ml (2 tbsp) applesauce
Lunch	57 g (2 oz) low-fat flaked ham 85 ml (1/3 cup) steamed (soft) broccoli minced 125 ml (1/2 cup) protein drink (drink 30 minutes after eating lunch)
Afternoon Snack	60 ml (1/4 cup) yogurt 125 ml (1/2 cup) protein drink
Dinner	60 ml (1/4 cup) poached chicken, flaked or minced finely 30 ml (2 tbsp) mashed potato 60 ml (1/4 cup) boiled or steamed green beans, chopped or minced finely
Evening Snack	125 ml (1/2 cup) protein drink

Stage 5: Soft Solid Foods

Start Date (Usually 4 weeks after surgery):

Goals:

- Eat 70 to 100 g of protein each day.
- Drink 1.5 L to 2 L (6 to 8 cups) of fluid per day, sipped between meals.
- Eat high protein foods first, followed by fruits and vegetables, then grains.

When can I start to introduce Solid Foods?

If you were able to tolerate the Full Fluids, Puréed/Blended Foods, and Minced Foods, you may start to introduce Soft Solid Foods 4 weeks (1 month) after surgery.



DO NOT start any solids earlier than 1 month after surgery. This can be very harmful to you. Be sure to try only one new food at a time, progressing slowly.

What types of Soft Solid Foods can I have?

Food	Instructions	Examples of Soft Solid Foods
1. High Prot Foods (le low fat)	START with these foods FIRST!	 Chicken (moist) Fish, water-packed tuna Flaked chicken, ham or turkey (low-fat) Extra-lean ground beef, chicken, or turkey Eggs or egg-white substitutes (scrambled, poached, hardboiled) Tofu Beans, lentils, legumes Lean or low-fat luncheon or deli meat Low-fat chili, lean meatballs or meatloaf Veggie hot dogs Low-fat cheese
2. Protein-r Soups (no puréed)	 Try these soups if you can tolerate a variety of high-protein foods listed above. * DO NOT eat soups containing noodles, pasta, or rice.	 Lentil soup Bean soup Chicken vegetable soup Lean meatball soup Minestrone soup

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Food	Instructions	Examples of Soft Solid Foods
3. Vegetables	Try these once you are able to tolerate high-protein foods and proteinrich soups.	Canned or very well-cooked soft vegetables that are not stringy, and do not have seeds or tough skins
4. Fruits	Try these once you are able to tolerate soft vegetables.	Soft, canned fruit, packed in waterCooked fruit (no skins or seeds)
5. Grain Products	Try these grain products LAST, once you are able to tolerate a variety of proteins, vegetables, and fruits.	 Unsweetened or low-sugar cold cereal, soaked in low-fat milk Potatoes, sweet potatoes, yams (boiled or baked) Pita breads and wraps - Look for whole wheat or thin pita bread, mini pita pockets, and whole wheat and low-fat wraps. You can make a small sandwich by adding high-protein food. Other low-fat crackers (other than saltines and melba toast)

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

- 1. Raw vegetables and salads
- 2. Raw fruits (apple skins should be peeled)
- 3. Toasted whole wheat bread or toasted rye bread
- 4. Whole wheat pasta or rice
- 5. Red meat (lean cuts)

Tip! Initially avoid peanut butter, nut butter and tough dry meats.

Amount of Protein in Soft Solid Foods		
Food	Portion	Protein (g)
Meat, fish, or poultry	28 g (1 oz)	7 g
Firm tofu	50 g	7 g
Greek-style yogurt (plain)	125 ml	15 g
	(4 oz or 1/2 cup)	
Low-fat cottage cheese or	125 ml	12 g to 14 g
ricotta cheese	(4 oz or 1/2 cup)	
Soybean (edamame)	125 ml (1/2 cup)	12 g
Textured vegetable	60 ml (1/4 cup)	12 g
protein		
Chili	125 ml (1/2 cup)	7 g
Egg (boiled, scrambled,	1 large	7 g
poached)		
Cheese, low-fat	28 g (1 oz or 1 slice)	5 g to 7 g
Legumes	60 ml (1/4 cup)	3 g
Low-fat milk/soy	125 ml	4 g
beverage, unsweetened	(4 oz or 1/2 cup)	
Low-fat/low-sugar yogurt	100 g	3 g

How do I eat Soft Solid Foods?

- At first, you will eat very small amounts of food about 30 to 45 ml (2 to 3 tbsp) of each item on your plate (or about 60 ml (1/4 cup) of solid food).
- Over time, the pouch will stretch and will allow you to eat larger portions, but you should restrict your portions to 125 ml to 175 ml (1/2 to 3/4 cup or 4 to 6 oz) at each meal.
- Stop eating as soon as you feel full. If you eat too much, you will feel sick.

Do I need to eat snacks?

You only need snacks if:

- You are not able to eat enough during meal times.
- There are more than 3 to 4 hours in between meals.
- · You are very active.

Your dietitian will help you decide when you need a snack, if any. If you are having a snack, try to include a protein source.

If you had too much, you may feel:

- · Nauseous or want to throw up
- Pressure or fullness in the centre, below your rib cage
- Pressure or discomfort in your throat
- If you feel any of the above, you should stop eating, even if you have not finished your meal. Try to eat again later.

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What is a typical Soft Solid Foods menu?

Soft Solid Foods Menu Sample

TIPS:

- Eat 3 nutritious meals, spaced out during the day. DO NOT skip meals.
- Eat foods high in quality and full of nutrition. Make every bite count.
- At each meal, eat high protein food first. After eating high protein food, eat fruit or vegetable, then starch or grain.
- Add foods slowly, one at a time, to test your tolerance.
- If you feel full or feel pain, stop eating or drinking. Try again later.
- Stop drinking protein shakes when you are able to eat about 28 g of protein at breakfast, 57 g (2 oz) at lunch and 85 g (3 oz) at dinner. Your dietitian will help you decide when you no longer need protein drinks.
- Remember to sip on water throughout the day.

Breakfast	1 egg or 60 ml (1/4 cup) of low fat cottage cheese or ricotta cheese with low fat milk 125 ml (1/2 cup) of low fat milk 125 ml (1/2 cup) of yogurt	
Morning Snack	60 ml (1/4 cup) canned fruit (packed in water) 60 ml (1/4 cup) low fat yogurt	
Lunch	60 g (2 oz) of moist, lean protein (such as chicken or canned tuna fish) 60 ml (1/4 cup) vegetables 60 ml (1/4 cup) low fat milk or yogurt	
Afternoon Snack	30 g (1 oz) low fat cheese 2 to 4 crackers 125 ml (1/2 cup) milk	
Dinner	60 to 90 g (2 to 3 oz) of moist, lean protein (such as chicken, fish or ground meat) 60 ml (1/4 cup) vegetables 60 ml (1/4 cup) starch or grain product (such as potato) 125 ml (1/2 cup) milk	
Evening Snack	125 ml (1/2 cup) of milk or protein drink 2 melba toast crackers with 30 g (1 oz) low fat cheese	

Which foods may be difficult to tolerate after surgery?

Meat & Alternatives

Steak

Pork chops

Poultry or fish

Tip! Try moist cooked meat & poultry.

• Fried or fatty meats (such as ribs, sausage)

Fruits

- · Apples, unpeeled
- Fruit juice
- Dried fruits

Tip! Read the label on dried fruits for sugar content.

Tip! Try water

Tip! Try jams or jelly

with no added sugar.

with Crystal Light®.

Starches

 White bread or whole-grain bread (not toasted)

Rice

Pasta/noodles

Tip! Try different grains, like quinoa.

Miscellaneous

- Carbonated beverages
- Nuts or seeds
- · Sugar alcohols
- · Highly seasoned and spiced foods

Vegetables

- Fibrous vegetables (such as corn, cabbage, dried beans, peas, celery)
- Raw vegetables
- Mushrooms
- Lettuce

Sweets

- Candy
- Desserts
- Jam or jelly
- Sweetened beverages (Vitamin water, hot drinks and iced drinks)

How should I cook my food after surgery?

It is important to make sure your food is moist and tender after surgery. The following cooking methods and tips can help keep your food moist:

- ✓ Braise, boil, steam, poach, or simmer your food.
- ✓ Use a slow cooker, crock pot, or a pressure cooker.
- ✓ Cook with tomato juice, stock, broth, or low fat cream soups.
- ✓ Use sauces, such as mild salsa or low fat gravy.
- Avoid grilling, barbequing, roasting, or pan frying your food.

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How can I reduce fat and sugar when cooking my food?

When a recipe calls for a high fat or sugar ingredient, you can choose a healthier option as a substitute:

When a recipe calls for:	Try this instead:	
Butter, margarine, shortening or oil in cookies, cakes, muffins and quick breads	 Replace up to 1/2 of the fat with mashed fruit or vegetables, such as unsweetened applesauce or puréed pumpkin. Reduce the overall fat called for by 1/4 to 1/3. In yeast breads, replace up to 1/4 of the fat ricotta cheese. 	
Eggs	Use 2 egg whites or just under 125 ml (1/2 cup) egg substitute for each whole egg.	
Cream for cream soup	 Use 1% or 2% milk instead of cream. Thicken soups using puréed potatoes, carrots, lentils or tofu. 	
Full-fat hard cheese	Use reduced fat (<20% MF) cheese.	
Full-fat cream cheese	Use fat-free or low-fat cream cheese or use low-fat cottage cheese puréed until smooth.	
Regular ground beef	Use lean or extra lean ground beef and drain off the fat with a strainer after browning.	
Fruit packed in syrup	Choose fruit packed in its own juices or water.	
Syrup (as a topping)	Use puréed fruit, such as unsweetened applesauce.	
White, brown or icing sugar in baking	 Reduce the sugar by 1/4 to 1/3. Use extracts, such as vanilla, almond, maple. Replace sugar with Splenda®: 250 ml (1 cup) of white sugar is equal to 250 ml (1 cup) of Splenda®. When replacing brown sugar with Splenda® brown sugar, use half the amount listed in the recipe. 	

Portion Control for the First 6 Months

Paying attention to portion size is important when it comes to weight loss or maintenance. Some people buy snacks with low calorie counts and then, without realizing, they might eat 2 to 3 servings in one sitting. If you're not accounting for these extra calories, it's easy for your weight to start to sneak back up. Even if it's healthy food, if you're consistently eating large portions, you may not see the weight loss results you were expecting.

Use food scales, measuring cups, and measuring spoons as often as possible, because this is the most reliable way to ensure you are not overeating.

How much should I eat at meals?

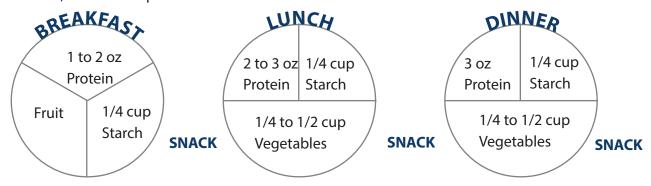
At 1 month to 3 months:

- At lunch and dinner, use the "plate model" to guide meal balance.
 Aim for 1 to 2 oz protein + 1/4 cup vegetables + 2 tbsp of starch (cooked).
- At breakfast, aim for 1 oz protein + 1 serving of fruit.
- At snacks, aim for 1 oz protein.
- · Or, you should still be using protein shakes.

Note: 1 oz of protein contains about 7 g of protein.

At 3 months to 6 months:

- At lunch and dinner, use the "plate model" to guide meal balance.
- At breakfast, aim for 1 oz protein + 1 serving of fruit.
- At snacks, aim for 1 oz protein.



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AFTER YOUR SURGERY: PROTEIN REQUIREMENTS

Meeting your protein requirements is very important after bariatric surgery. Protein speeds wound healing, preserves lean body mass, enhances fat-burning metabolism, and reduces hair loss.

How much protein do I need?

Your protein goal is a minimum of 70 to 100 g per day after bariatric surgery. As you lose weight, your protein needs may change. This is something that you can discuss with your dietitian at follow-up appointments.

How can I sneak in extra protein?

- Fortify your milk with non-fat dry milk powder.
- Add an egg white to your egg.
- Add unflavored protein powder to your soup, hot cereal, or stew.
- Use Greek yogurt or cottage cheese as a base for dips and dressings.



For protein content of common foods, see Appendix B on page 84.

What are protein supplements?

Protein supplements play an important part in helping you meet your protein needs. You can choose a protein supplement in the form of either protein powder or pre-made protein shakes drinks.

After bariatric surgery, you must take protein shakes for at least 3 months to help meet daily protein needs. You will likely not be able to meet protein needs from food alone.

You will need 1 to 3 shakes per day until you are meeting your protein goals from food.

In this section:

How much protein do I need?

How can I sneak in extra protein?

What are protein supplements?

How do I choose a protein powder or drink?

Protein Supplement Worksheet

How do I choose a protein powder or drink?

There are many options available when it comes to choosing a protein shake. The protein powder or shake should have:

- 100% whey protein isolate, soy protein isolate, or calcium caseinate as the first ingredient (avoid collagen-based protein!)
- 20 to 40 g of protein per serving
- 0 to 5 g of carbohydrate per serving
- Less than 200 calories.

Fighting Flavour Fatigue:

- Use sugar-free syrups or extracts to add flavour.
- Blend a teaspoon of smooth natural peanut butter or 1/4 banana into your protein drink.
- Drink protein drinks when they are cold or blend them with ice.
- Make your drinks with fat-free or low-fat milk, or unsweetened plain soy milk.
- Buy an unflavoured protein powder or shake and mix it into your soups, stews, hot cereal, or with sugar-free Kool-Aid® or Crystal Light®.

Protein Supplement Worksheet

My protein goal after weight loss
surgery is to grams each day
Protein drink:
The first ingredient is:
The amount of protein is grams
mixed with ounces of liquids.

Ask yourself:

- Does this drink have at least 20 to 40 g of protein per serving?
- Does this drink have less than 5 g of sugar per serving?
- · Do I like the taste of this drink?
- Have I tried mixing it in different ways or temperatures?
- How much of this drink will I need to meet my protein goal?

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AFTER YOUR SURGERY: VITAMIN AND MINERAL SUPPLEMENTS

After gastric bypass surgery, most of your stomach and all of your duodenum is bypassed. This impacts the absorption of vitamins and minerals and puts you at risk of developing nutritional deficiencies.

To prevent these deficiencies, you need to take vitamin and mineral supplements for the rest of your life. You will not be able to meet all of your nutritional needs with diet alone. It is important that you are prepared to commit to this when you decide to have bariatric surgery. These vitamin and mineral supplements will allow you to stay healthy and maintain optimal health.

For the rest of your life, you must take:

- 1. **Multivitamin with minerals**: Choose a multivitamin that has an equal amount of vitamins and minerals.
 - If your multivitamin only has 4 to 9 mg of iron, take it twice a day.
 - Do not take gummy or children's multivitamins.
- 2. **Calcium Citrate**: Take 1500 to 2000 mg, in divided doses, a day.
 - You should have 500 to 650 mg each time, 3 times a day.
- 3. Vitamin B12: You need 500 mcg a day.
- 4. Vitamin D: You need 3000 IU a day.

We may prescribe other vitamins based on your blood work.



Do not take time-release vitamins.

What type of supplement should I take?

For the first 3 months after surgery, all supplements you take must be chewable, liquid, crushed, sublingual (dissolves under your tongue), or given by injection.

After 3 months, you can switch to tablets, as long as they are smaller than the size of an M&M[®]. You can cut larger tablets into smaller pieces.

In this section:

What type of supplements should I take?

When do I take my vitamin and mineral supplements?

When do I take my vitamins and mineral supplements?

You need to take your vitamins and mineral supplements separately because some of the different nutrients interact with each other and affect their absorption. The following are sample **Supplement Schedules** to help you know when it is time to take each supplement.

SAMPLE 1 - Vitamin and Mineral Schedule		
Time	Supplement	
After Breakfast Time:	Multivitamin and Vitamin B12	
Morning Snack Time:	Calcium citrate with Vitamin D	
After Lunch Time:	Calcium citrate with Vitamin D	
After Dinner Time:	Multivitamin	
Evening Snack Time:	Calcium citrate with Vitamin D	

SAMPLE 2 - Vitamin and Mineral Schedule				
Time	Supplement			
After Breakfast Time:	Multivitamin and Vitamin B12			
Morning Snack Time:	Calcium citrate with Vitamin D			
After Lunch Time:	Calcium citrate with Vitamin D			
Afternoon Snack Time:	Calcium citrate with Vitamin D			
After Dinner Time:	Multivitamin			
Evening Snack Time:	Iron with Vitamin C			

SAMPLE 3 - Vitamin and Mineral Schedule			
Time	Supplement		
After Breakfast	Multivitamin (x2) and		
Time:	Vitamin B12		
Morning Snack	Calcium citrate with Vitamin D		
Time:			
After Lunch	Calcium citrate with Vitamin D		
Time:			
Afternoon Snack	Iron with Vitamin C		
Time:			
After Dinner	Calcium citrate with Vitamin D		
Time:			
Evening Snack	Iron with Vitamin C		
Time:			

MY Vitamin and Mineral Schedule			
Time	Supplement		
Time:			
Time:			
Time:			
Time:			
Time:			

Tips for Remembering to Take Your Supplements:

- Set the alarm on your cell phone or a pop-up reminder on your computer.
- Put all your supplements in a pill container.
- Put supplements in places you go to at certain times.
- Take supplements when you do certain daily tasks, such as eating meals or going to bed.
- Do not take multivitamin-minerals at the same you take your calcium supplement. They can block each other from being absorbed.

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AFTER YOUR SURGERY: COMMON NUTRITIONAL PROBLEMS

After bariatric surgery, nutritional complications can occur because of changes to your diet and digestive tract. The following are possible complications and the strategies to prevent them.

TIP! Speak to a health care professional, such as your family doctor, surgeon, pharmacist or dietitian, if you need more help with any of these problems after surgery.

A note about pregnancy

Avoid pregnancy for the first 18 months after surgery. Pregnancy during this time could cause complications and nutritional deficiencies for you and your baby and may result in birth defects.

Rapid weight loss increases fertility so even if you had problems getting pregnant before surgery, you should still be careful to prevent pregnancy. **Make sure** to speak with the nurse about appropriate birth control after bariatric surgery.

In this section:

Constipation

Gas and Bloating

Lactose Intolerance

Dumping Syndrome

Malnutrition

Lack of Appetite

Nausea and Vomiting

Hypoglycemia (Low Blood Sugar)

Hair Loss

Dehydration

Diarrhea

Constipation

Normal bowel movements (BMs) range from a few times a week to two to three times daily. After bariatric surgery, the number and consistency of your BMs will change.

Missing a bowel movement does not mean you have constipation. True constipation happens when stool is hard, dry or difficult to pass.

Constipation may be a result of:

- A lack of dietary fibre, fluids or physical activity.
 If you consume less fluids and high fibre foods,
 and have general weakness and fatigue, your
 body is less able to keep regular BMs.
- Some medicines, such as narcotic pain killers, etc.
- Iron supplements
- · An obstruction in the gastrointestinal tract
- Irritable bowel syndrome (IBS). This disorder is a major cause of constipation. Spasms of the colon slow down the movement of the intestines, allowing the stool to harden. Often, people with IBS go back and forth between constipation and diarrhea.
- Ignoring the urge to go. If you do not use your digestive muscles, they will eventually stop moving. This causes the stool to sit in your colon, harden, and become painful to pass.

You may have constipation if you have:

- No regular BM for 3 or more days
- · Small, hard stools
- · A leakage of stools, resembling diarrhea
- A stomachache or cramps, bloated abdomen (belly), feeling of fullness or discomfort
- Passing excess gas or belching
- Nausea or vomiting

PREVENTION TIPS

To improve your bowel movements, you can:

- Drink 8 or more glasses (2 L or more) of non-caffeinated fluids each day.
- Eat more fibre-containing foods (such as bran, fruits, vegetables, stewed prunes, figs).
- Take 10 ml (2 tsp) of inulin-based fibre,
 2 to 3 times per day. Bariatric patients
 tolerate inulin fibre better. Inulin-based
 fibres are colourless, odourless, and tasteless.
 For example, Fiberiffic®, Benefiber®, or
 Metamucil® simply clear. Avoid laxatives
 that contain psyllium such as Metamucil®.
- Try probiotics.
- Take a calcium supplement containing magnesium.
- Avoid caffeine (it may dehydrate you, which raises your risk for constipation).
- Keep normal bowel habits. For example, do not delay BMs.
- · Get physical activity every day.
- If you have not had a BM for 2 days, take
 15 ml of Senekot S (for the first 3 months after surgery, take this in liquid form).
- If you have not had a BM on day 3 after taking the Senekot S, take 15 to 30 ml of Milk of Magnesia. If you have a heart or kidney problem, talk with your pharmacist or doctor before taking this medicine.

If you are still constipated, seek medical attention. Contact your doctor, bariatric nurse, or pharmacist.

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Gas and Bloating

Gas and bloating is common during the first few weeks after surgery. Intestinal **gas** usually happens when the colon ferments (breaks down) undigested food, such as plant fibre. Gas can also form when your digestive system does not completely break down certain components in foods, such as gluten or the sugar in dairy products and fruit.

If you do not pass gas through belching or flatulence, it can build up in the stomach and intestines and lead to **bloating**. With bloating, you may also have abdominal pain that can vary from mild and dull, to sharp and intense. Passing gas or having a bowel movement may relieve the pain.

Gas or bloating may be a result of:

- Changes in intestinal bacteria due to taking antibiotics or other medicines
- Swallowed air that moves to your colon
- Drinking carbonated beverages or eating gassy foods
- Eating too quickly, drinking through a straw, chewing gum, or other actions that cause you to swallow air
- Conditions, such as lactose intolerance, where the intestines are not able to digest and absorb certain components of food
- A gastrointestinal infection, blockage, or disease
- Irritable bowel syndrome (IBS)
- Constipation, since the longer food waste remains in your colon, the more time it has to ferment

If you have chronic belching, this may be related to inflammation of the stomach lining (gastritis) or to an infection with Helicobacter pylori, the bacteria responsible for some stomach ulcers.

PREVENTION TIPS

To prevent gas and bloating, you can:

- Limit liquids to 60 ml (4 tbsp or 2 oz) at one time.
- Avoid or reduce the amount of gas-producing foods you eat. Some of the foods that cause gas/bloating are:
 - Beans or legumes
- Lettuce
- Broccoli
- Milk and milk products
- Brussel sprouts
- Onions
- Cabbage
- Whole wheat bread
- Sugar alcohols in
- Cauliflower
- sugar-free foods
- Fruits (such as apples, peaches and pears)
- (sorbitol, mannitol and xylitol).
- Avoid carbonated drinks. They release carbon dioxide gas.
- Skip the gum. When you chew gum, you swallow more often than normal. Part of what you are swallowing is air.
- Eat and drink slowly. Taking your time can help you swallow less air.
- Get moving. It may help to take a short walk after eating.
- Try an over-the-counter remedy. Some products such as (chewable) Lactaid® can help digest lactose. Beano® helps reduce the amount of gas you produce.

If you followed these tips and are still experiencing gas and bloating, then you may have lactose intolerance.

Lactose Intolerance

You may have lactose intolerance if consuming milk and dairy products causes you to bloat, or have gas, cramping, or diarrhea.

PREVENTION TIPS

To improve lactose intolerance, you can:

- Limit lactose-containing foods or drink.
- Try lactose-reduced milk or natural, unsweetened soymilk.
- Use whey protein isolate protein supplements instead of whey protein concentrates.
- Take Lactaid® pills or drops before having milk and dairy products.

Dumping Syndrome

You may experience dumping syndrome after consuming foods or drinks that are high in fat or sugar. Dumping syndrome occurs when these foods move too quickly through your stomach pouch and into the small intestine. As food is 'dumped' into the intestine, it does not have time to be broken down.

Many patients will experience dumping syndrome with foods that have more than 10 g of sugar per serving. Early dumping syndrome happens 15 to 30 minutes after eating. Late dumping syndrome happens 1 to 3 hours after eating.

Symptoms can include:

- Sweating
- Vomiting
- Dizziness
- Diarrhea
- Weakness
- Loose stools

Nausea

- Heart palpitations
- Cramping

PREVENTION TIPS

To prevent dumping syndrome, you can:

- Avoid consuming anything that is high in fat or sugar.
- Avoid foods such as sweets, candy, cookies, donuts, muffins, pies, cake, fries, fried foods, wings, syrups, ice cream, fruit drinks, and fruit juice.
- Read the ingredients on food or drink labels.
 If sugar (in the form of glucose, fructose,
 sucrose, cane sugar and syrups) is listed in the
 first 3 ingredients, then do not eat or drink
 the product.
- Aim for less than 10 g of sugar per serving.
 The lower the number, the better.
- Choose foods that are low in fat. Read the label on foods and look for less than 5% Daily Value (% DV) of fat.
- Avoid drinking while eating, or 30 minutes before or after eating.

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Malnutrition

Your body may find it difficult to get all of the nourishment it needs now that you are eating a smaller amount of food. You may also be experiencing vomiting or diarrhea, which can cause you to lose nutrients.

You will need more protein after surgery for healing. However, you may find it difficult to eat enough protein if you are intolerant to the meat, if you are eating dry or tough meat, or if you are only eating a small amount of food, in general.

Lack of Appetite

Experiencing a poor or decreased appetite is common after surgery.

Nausea and Vomiting

Nausea and vomiting are common during the first couple of weeks after surgery but can continue if you do not follow the proper eating and cooking techniques.

PREVENTION TIPS

To prevent malnutrition:

- · Never skip meals.
- · Only eat the most nutritious foods.
- Take protein supplements! This is essential for the first 3 months after surgery.



For protein shake criteria, see page 56.

- Take multivitamin and mineral, calcium and vitamin B12 supplements.
- To prevent vomiting, stop eating when you are full.
- · Focus on eating techniques.

PREVENTION TIPS

To improve your appetite:

- Be sure to have nutritious foods at each meal and snack.
- Set a clock or timer to remind you to eat.

PREVENTION TIPS

To prevent nausea and vomiting, you can:

- Take small bites of food and sip on fluids slowly. Chew your food very well.
- Take your time meals should take a minimum of 30 to 45 minutes.
- Wait several days after eating a new food that has caused nausea and vomiting.
- · Avoid drinking with meals.
- Avoid beverages that are cold, caffeinated or carbonated.

If nausea and vomiting persists, contact your surgeon.

Hypoglycemia (Low Blood Sugar)

Low blood sugars below 4 mmol can happen quickly. If you do not get it treated right away, low blood sugar can cause a medical emergency.

Symptoms of hypoglycemia can include:

- Shakiness or dizziness
- Hungry

Sweaty

- Headache
- Weak or tired
- Upset or nervous.



For the treatment of hypoglycemia, see Appendix G on page 93.

PREVENTION TIPS

To prevent hypoglycemia:

- · Never skip meals.
- Do not go more than 4 hours without eating food, especially if you are physically active.
- Choose balanced meals, with carbohydrate and protein choices.
- If you are doing vigorous physical activity for more than 1 hour, eat a small snack with a carbohydrate and protein of choice.

Strictures

A stricture occurs when the small opening between your pouch and small intestine is too tight.

You may have a stricture if:

- You are following the proper eating techniques, but continue to vomit.
- · Your saliva is white, sticky and foam-like.

PREVENTION TIPS

If you think you may have a stricture, contact your surgeon or health care professional. You may need to go to the hospital emergency department.

Hair Loss

This is common between 4 to 8 months after surgery, usually due to rapid weight loss. Hair re-growth may start around 8 months after surgery.

PREVENTION TIPS

To promote hair re-growth:

- · Eat nutritious meals.
- · Get enough protein.
- Take the recommended supplements.

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Dehydration

Dehydration can happen when you do not drink enough fluids. It can also occur if you are vomiting or have diarrhea.

PREVENTION TIPS

To prevent dehydration, you can:

- Limit caffeinated drinks, such as coffee or tea.
- Aim for at least 1.5 L to 2 L (6 to 8 cups) of fluid per day.
- Drink more fluids if you are very active, sweat excessively, are vomiting, or have diarrhea.

If nausea and vomiting persists, contact your surgeon.

Diarrhea

Diarrhea can happen due to:

- · Bacterial or viral infections
- Choosing high-fat, high-sugar food or beverages (related to Dumping syndrome)
- Eating too fast, or eating and drinking at the same time (related to Dumping syndrome)

If you have 6 to 8 (or more) loose bowel movements every day for more than 2 days, call your doctor or nurse. You may need treatment to reduce or stop the diarrhea.

TREATMENT

To treat diarrhea:

REHYDRATE: Drink at least 2 L (8 cup) of fluids a day. This can include water, broth, soup, or sugar-free sports drinks (for example, G2®), diet Jell-O®, decaffeinated tea or decaffeinated coffee.

DIET: Try having banana, rice, unsweetened applesauce, or toast, if tolerated. These foods help decrease diarrhea. Avoid spicy foods, fried foods, regular coffee, regular tea, carbonated beverages, cola, and alcohol.

MEDICINES: Try the antidiarrheal IMODIUM® (loperamide). Take 2 tablets immediately, then 1 tablet after each loose bowel movement. The maximum dose is normally 8 tablets per day, until diarrhea-free for 12 hours, but in some cases or situations, you may exceed this dose. Talk to your doctor or pharmacist.

AFTER YOUR SURGERY: ALCOHOL AFTER GASTRIC BYPASS SURGERY

In this section:

How does a normal digestive system metabolize alcohol?

What happens to alcohol in my new digestive system?

What are the risks of alcohol intake after Roux-en-Y gastric bypass surgery?

Does alcohol metabolism change after gastric sleeve or lap band surgery?



Abstain from alcohol and other substances for at least 6 months *before* gastric bypass surgery.



Do not drink alcohol for the first year <u>after</u> gastric bypass surgery. After the first year, we recommend very little intake, if any, for the rest of your life.



Do not drive or operate heavy equipment after you consume alcohol - even a small amount.

How does a normal digestive system metabolize alcohol?

In a normal digestive system, the stomach metabolizes (or breaks down) the alcohol with an enzyme called, "alcohol dehydrogenase". This process is called "first pass gastric alcohol metabolism".

There are some conditions that affect alcohol breakdown in the stomach. Being a female, older, or using medicines such as H2 blockers and aspirin can reduce metabolism in the stomach, increasing blood alcohol levels and its effects.

What happens to alcohol in my new digestive system?

With gastric bypass, more than 95 percent of the stomach is bypassed during digestion, including the pylorus. Alcohol now passes directly from the stomach pouch, via gravity, into the intestines. Due to the large surface area of the intestines, alcohol is now rapidly absorbed into the blood, increasing the alcohol levels in the blood (blood alcohol concentration or BAC).

Blood Alcohol Concentration (BAC) Limits in Canada

In Canada, the maximum legal BAC for fully licensed drivers is 80 milligrams of alcohol in 100 milliliters of blood or "0.08".

Driving with BAC over 0.08 is a criminal offence.

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What are the risks of alcohol intake after Roux-en-Y gastric bypass surgery?

Based on current studies, drinking alcohol after Roux-en-Y gastric bypass surgery, can cause patients to:

- Absorb alcohol into the blood faster
- Have higher peak alcohol levels in the blood (or blood alcohol concentration (BAC))
- Get rid of alcohol from the blood slower (for both men and women) (that is, it takes the patient longer to reach zero or no alcohol levels in blood).
- Raise their risk of developing Alcohol Use
 Disorder or AUD (which includes alcoholism).

Does alcohol metabolism change after gastric sleeve or lap band surgery?

The data is less clear regarding changes to metabolism after sleeve gastrectomy. There is also no evidence that gastric lap banding affects alcohol absorption.

What is Alcohol Use Disorder or AUD?

AUD is a pattern of alcohol use that includes:

- Problems controlling your drinking
- Being preoccupied with alcohol
- Continuing to use alcohol even when it causes problems
- Having to drink more to get the same effect, or
- Having withdrawal symptoms when you rapidly decrease or stop drinking.

Patients should be aware that Alcohol Use Disorder can occur in the long term after bariatric surgery. Some patients gradually develop AUD several years after their gastric bypass surgery. A study noted that patients with a family history of alcohol abuse have a higher chance of developing alcohol dependence post surgery, even if the patient had no history of excessive alcohol use.

AFTER YOUR SURGERY: LIFESTYLE RECOMMENDATIONS

In this section:

Rules of the Tool

The following "rules" will help you to use your new "tool" and adjust to your new lifestyle more effectively. They will also help you avoid complications and optimize your weight loss.

Bariatric surgery is not a quick fix. It is a tool that only works when combined with permanent diet and lifestyle changes.

Remember, long-term success is dependent upon how you use your "tool"!

Rules of the Tool

- 1. Eat 3 meals and 1 to 2 snacks a day.
- 2. Eat well-balanced meals.
- 3. Aim for 70 to 100 g of protein a day.
- 4. Eat small portions. Weigh and measure your food!
- 5. Stop eating when you are full!
- 6. Introduce new foods, one at a time.
- 7. Chew your food well.
- 8. Take 60 minutes to eat each meal, and 30 minutes to eat each snack.
- 9. Do not drink with your meals.
- 10. Use moist cooking methods.
- 11. Take vitamin and mineral supplements as prescribed, for LIFE.
- 12. Drink at least 1500 ml (6 cups) of water a day.
- 13. Avoid high-fat and high-sugar foods. Read labels!
- 14. Avoid high-calorie foods and beverages.
- 15. Avoid carbonated beverages, caffeine, alcohol, and drinking from straws.
- 16. Engage in physical activity, as tolerated, on a regular basis.
- 17. Make a commitment for a lifestyle change.

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Rule 1. Eat 3 meals and 1 to 2 snacks a day

Bariatric surgery reduces the amount of food you can eat at one time. If you eat less than 3 meals a day, you will have trouble meeting your nutritional needs.

Rule 2. Eat well-balanced meals

Due to the small amount of food you can eat after surgery, it is essential that you choose healthy foods at each meal and snack. A well-balanced meal includes protein, carbohydrates, and vegetables. Also include a source of protein in your snacks. Use low-fat cooking methods and avoid high calorie sauces and condiments.

Rule 3. Aim for 70 to 100 g of protein a day

It is very important to eat enough protein following bariatric surgery. Remember to eat the protein portion of your meal first. If you find it hard to meet the recommended amounts of protein solely through food, then drink a protein shake.

Rule 4. Eat small portions. Weigh and measure your food!

Your new pouch (stomach) is about the size of an egg. Right after surgery, it can hold about 30 ml to 60 ml (2 to 4 tbsp), depending on the consistency of the food.

The pouch naturally stretches, so you may be able to increase the amount of food you eat at a meal. However, remember to limit portion size to help prevent overstretching the pouch or vomiting.

Measure and weigh your food to make sure you are not overeating. Try eating meals on a salad plate for the "less-is-more" appearance.

Rule 5. Stop eating when you are full

This may be easier said than done. People may have different perceptions about what "full" is.

Stop eating as soon as you feel mild pressure or fullness in the area just beneath the rib cage. Overeating can cause overstretching of the pouch and vomiting.

Rule 6. Introduce new foods, one at a time

After surgery, food tolerance varies from person to person. Try one new food at a time, and chew thoroughly before swallowing. If a food causes discomfort, don't eat it. As time passes, you may be able to eat this food.

Foods and liquids that commonly cause discomfort include bread, pasta, rice, meat, raw vegetables, and milk. Food textures that are not tolerated well include dry, tough, sticky, or stringy foods.

Rule 7. Chew your food well

Chew foods thoroughly to prevent nausea, vomiting and blockage of the pouch.

Begin by cutting food into "pea"-sized pieces. Then, chew the food until it is a "mushy" or "paste" consistency. Chewing food well also moistens it and starts the digestive process.

Chew every bite of food 20 to 25 times.

Rule 8. Take 60 minutes to eat each meal, and 30 minutes to eat each snack

Eating slowly will help prevent overeating and vomiting. Take 60 minutes to eat each meal, even when the portions are small.

It takes about 15 to 20 minutes for your brain to recognize fullness. Eating quickly can cause you to overeat.

Do not spend longer than 60 minutes at a meal. Stop eating if you become full before you have finished your meal.

Rule 9. Do not drink with your meals

Stop drinking 30 minutes before your meal and wait 30 minutes after a meal to resume drinking.

Drinking too soon before a meal will prevent you from being able to eat the nutritious food that you need.

Drinking with a meal can turn the meal into a "soupy" consistency that will cause the pouch to empty too quickly and affect your hunger. You may take a sip of water if needed for dry foods.

Rule 10. Use moist cooking methods

Foods that are dry, tough, and stringy are not well-tolerated after surgery. Use moist cooking methods to ensure your food is soft. Avoid dry cooking methods such as barbecuing, pan frying, baking, and grilling.

Rule 11. Take vitamins and mineral supplements as prescribed, for LIFE

Bariatric surgery affects how you absorb certain vitamins and minerals that are vital for proper body function. Deficiencies can cause major medical problems, which may not show up until years after surgery. Most problems are caused by patients failing to take the recommended supplements. Some of the effects can be permanent.

Rule 12. Drink at least 1500 ml (6 cups) of water a day

It is important that you drink enough fluid to prevent dehydration. This can be challenging with the small pouch capacity.

Carry a water bottle with you throughout the day and sip water continuously. The majority of the fluids you drink should be low or no-calorie. Dehydration is also the main cause of constipation after surgery.

Rule 13. Avoid high-sugar and highfat foods. Read labels!

Eating high-fat and high-sugar foods may cause a number of problems. First, they are typically high calorie foods with little nutritional value. High-fat and high-sugar foods can also cause dumping syndrome. Refined sugars may affect insulin and glucose levels in your body, which can prevent weight loss and create hunger.

You may use artificial sweeteners as a sugar replacement. Some people report that the use of artificial sweeteners makes them feel hungrier. If this happens to you, avoid artificial sweeteners.

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Rule 14. Avoid high-calorie foods and beverages

High-calorie foods and beverages will slow down your weight loss or may prevent you from losing weight.

Two types of food can add significant calories to your diet. "Crispy" foods and foods that "melt in your mouth" take up a much smaller volume after you eat them, which allows you to eat a much larger portion. "Crispy" foods include potato chips, pretzels and crackers. Foods that "melt in your mouth" include ice cream, chocolate and white breads and pastries.

Avoid high calorie beverages such as smoothies, specialty coffees, juices, hot chocolate, and alcohol.

Rule 15. Avoid carbonated beverages, caffeine, alcohol, and drinking from straws

Avoid carbonated beverages and straws after surgery. The bubbles can stretch the pouch when it warms and expands in the pouch. Drinking from a straw can introduce air into your pouch and cause discomfort or pain.

Avoid caffeine for 3 months after surgery. Caffeine can irritate the pouch and increase your risk for ulcers. After 3 months, drink beverages containing caffeine sparingly (limit to 250 ml to 500 ml (1 to 2 cups) per day).

Avoid alcohol for 1 year after surgery. Alcohol can increase your risk for ulcers or cause dumping syndrome. Alcohol is absorbed rapidly into the bloodstream after surgery, which may result in feeling intoxicated with small amounts of alcohol. This can lead to poor decision making around food choices. (See the previous section on Alcohol after Gastric Bypass Surgery on page 66)

Rule 16. Engage in physical activity, as tolerated, on a regular basis

Exercise is an important part of any successful weight loss and maintenance program. Besides helping with weight loss, it provides many other medical benefits. You should find exercising is easier as you lose weight and have increased energy. Aim to have 30 minutes of physical activity each day. This can be as simple as taking three 10-minute walks. Choose activities that you enjoy doing.

Rule 17. Make a commitment for a lifestyle change

You must commit to lifelong diet and lifestyle changes if you want to maintain your weight loss. This involves:

- Choosing healthy, low-fat, nutritious foods.
- · Changing your activity level and exercising.
- Making changes to deal with any obstacles or challenges that may interfere with your success.

AFTER YOUR SURGERY: PSYCHOSOCIAL PERSPECTIVES

In this section:

Emotional Eating and Coping

Mindful Eating: Conquering Emotional Eating

Body Image

Support Systems

Emotional Eating and Coping

Individuals don't always eat simply to satisfy hunger. People also turn to food for comfort, stress relief, or as a reward. Unfortunately, emotional eating doesn't fix emotional problems.

What is emotional eating?

Using food from time to time as a pick me up, a reward, or to celebrate isn't necessarily a bad thing. But when eating is your primary emotional coping mechanism - when your first instinct is to look for a snack whenever you're upset, angry, lonely, stressed, exhausted, or bored - you get stuck in an unhealthy cycle where you never address the real feeling or problem.

Are you an emotional eater?

- Do you eat more when you're feeling stressed?
- Do you eat when you're not hungry or when you're full?
- Do you eat to feel better (such as when you're sad, mad, bored, anxious)?
- Do you reward yourself with food?
- Do you regularly eat until you've stuffed yourself?
- Does food make you feel safe? Do you feel like food is a friend?
- Do you feel powerless or out of control around food?
- Has eating at a certain time of day become a habit for you? (for example, you snack at 9:00 p.m. daily)

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What is the difference between emotional hunger and physical hunger?

Emotional Hunger	Physical Hunger
Comes on suddenly.	Comes on gradually.
Feels like it needs to be satisfied instantly	• Can wait.
Craves specific comfort foods.	Is open to options - lots of things sound good.
Isn't satisfied with a full stomach.	Stops when you're full.
Also	
Eating to satisfy emotional hunger triggers feelings of guilt, powerlessness, and shame.	Eating to satisfy physical hunger doesn't make you feel bad about yourself.

What are the common causes of emotional eating?

Stress: Ever notice how stress makes you hungry? It's not just in your mind. When stress is chronic, as it so often is in our chaotic, fast-paced world, it leads to high levels of the stress hormone, cortisol. Cortisol triggers cravings for salty, sweet, and high-fat foods - foods that give you a burst of energy and pleasure. The more uncontrolled stress in your life, the more likely you are to turn to food for emotional relief.

Hiding emotions: Eating can be a way to temporarily silence uncomfortable emotions, including anger, fear, sadness, anxiety, loneliness, resentment, and shame. While you're numbing yourself with food, you can avoid the emotions you'd rather not feel.

Childhood habits: Think back to your childhood memories of food. Did your parents reward good behaviour with ice cream, take you out for pizza when you got a good report card, or serve you sweets when you were feeling sad? These emotionally-based childhood eating habits often carry over into adulthood.

Boredom or feelings of aloneness: Do you ever eat simply to give yourself something to do, to relieve boredom, or as a way to fill a void in your life? You feel unfulfilled and empty, and food is a way to occupy your mouth and your time. In the moment, it fills you up and distracts you from underlying feelings of purposelessness and dissatisfaction with your life.

Social influences: Getting together with other people for a meal is a great way to relieve stress, but it can also lead to overeating. It's easy to overindulge simply because the food is there or because everyone else is eating. You may also overeat in social situations out of nervousness. Or, perhaps your family or circle of friends encourages you to overeat, and it's easier to go along with the group.

What can I do?

Most emotional eaters feel powerless over their food cravings. When the urge to eat hits, it's all you can think about. You feel an almost unbearable tension that demands to be fed, right now!

Because you've tried to resist in the past and failed, you believe that your willpower just isn't up to snuff. But the truth is that you have more power over your cravings than you think.

Keep an Emotional Eating Diary

One of the best ways to identify the patterns behind your emotional eating is to keep track with a **Food and Mood Diary**.

Every time you overeat or feel compelled to reach for your version of comfort food, take a moment to figure out what triggered the urge. If you reflect, you'll usually find an upsetting event that kicked off the emotional eating cycle.

Write it all down in your food and mood diary:

- What you ate (or wanted to eat)
- · What happened to upset you
- · How you felt before you ate
- What you felt as you were eating, and
- · How you felt afterward.

Over time, you'll see a pattern emerge. Once you identify your emotional eating triggers, the next step is to identify healthier ways to feed your feelings.



Healthy Lifestyle Habits

- Make <u>daily exercise</u> a priority. Physical activity does wonders for your mood and your energy levels, and it's also a powerful stress reducer.
- Make time for <u>relaxation</u>. Give yourself permission to take at least 30 minutes every day to relax, decompress, and unwind. This is your time to take a break from your responsibilities and recharge your batteries.
- Connect with others. Don't underestimate
 the importance of close relationships and social
 activities. Spending time with positive people
 who enhance your life will help protect you from
 the negative effects of stress.

Sleep and Weight Gain

Lack of sleep has a direct link to stress, overeating, and weight gain.

There are two hormones in your body that regulate normal feelings of hunger and fullness. **Ghrelin** stimulates appetite, while **leptin** sends signals to the brain when you are full. When you don't get the sleep you need, your ghrelin levels go up, stimulating your appetite so you want more food than normal. Your leptin levels go down, meaning you don't feel satisfied and want to keep eating. So, the more sleep you skip, the more food your body will crave.

As well as making it harder to fight food cravings, feeling tired can also increase your stress levels, leading to more emotional eating.

To control your appetite and reduce food cravings, try to get plenty of rest - about 8 hours of quality sleep every night.

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Alternatives to Emotional Eating

- If you're depressed or lonely, call someone who always makes you feel better, play with your dog or cat, or look at a favorite photo or cherished memento.
- If you're anxious, expend your nervous energy by dancing to your favorite song, squeezing a stress ball, or taking a brisk walk.
- If you're exhausted, treat yourself with a hot cup of tea, take
 a bath, light some scented candles, or wrap yourself in a
 warm blanket.
- If you're bored, read a good book, watch a comedy show, explore the outdoors, or turn to an activity you enjoy (woodworking, playing the guitar, shooting hoops, scrapbooking, etc.).



Mindful Eating: Conquering Emotional Eating

Mindful eating means paying attention to what you are eating, when you're eating it, before it's all gone! It also means learning to listen to your body and knowing when you are hungry and when you are full. Reconnecting with and listening to your body and feelings of fullness and hunger are the first steps to addressing emotional eating tendencies.

Tips

- Assess your hunger cues how hungry are you?
- Engage in self talk. Focus on feelings, not judgments (that is, "I am not hungry, I am just feeling stressed/happy/sad/bored/excited/ anxious/tired/depressed").
- Eat at the table; avoid distractions while eating (such as TV, computer, work).
- · Look at your food.
- · Eat slowly.
- Put your fork down in between bites.
- Assess your feelings of comfortable fullness.
- Set up a support system!

What is self care?

There are lots of fun things to do that can help to nurture yourself. Make sure that you are giving yourself a mental health break at least once a week. The goal would be for 1 to 2 times daily. Here are some ideas:

- Scrapbook, make cards
- Woodworking
- Puzzles
- Candle making
- Poetry
- Collect coins/stamps
- Knit, crochet, sew, rug hooking
- Soap making
- Listen to music, learn to play an instrument
- Have a manicure/ pedicure/facial
- Read
- Photography
- Ceramics
- Watch movies

- Volunteer at school, shelter, church
- Walk
- Play with your companion animals
- Colouring books for adults
- Visit an art gallery or museum
- Garden/visit a greenhouse
- Board games, Crosswords
- Build model cars
- Jewelry making
- Redesign your room
- · Talk on the phone
- Internet searches re: interests

Body Image

It is important to have a healthy body image after bariatric surgery, as there may be issues with excess skin.

Body image is defined as, "A subjective picture of one's own physical appearance, established both by self-observation and by noting the reactions of others."

Ouestions to consider are:

- 1. How satisfied are you with your body image?
- 2. How invested are you in having your body image define your self-worth?
- 3. Do you avoid mirrors?
- 4. Do you work hard at concealing your body by wearing baggy clothing?
- 5. Are you accurate in how you estimate your body size?

Body image is linked closely to self-esteem. It is normal for your sense of body image to change over time. A negative body image does affect how we feel about ourselves and how we connect with others.

What can I do to build a healthy body image?

- Pay attention to the words you use when discussing yourself with others or engaging in self-talk.
- 2. Work on being more mindful of your thoughts and words.
- 3. Do things for you on a regular basis (for example, buy a new body lotion, get a massage).

Ultimately, if you find your body image is so negative that it is disrupting your everyday activities, speak to your family doctor and call the clinic to book an appointment with one of our social workers.

Support Systems

When considering bariatric surgery, having a healthy support system can help you on your journey.

There are 2 types of support systems:

Personal: A personal support system would include family, close friends, colleagues.

Professional: A professional support system would include your family doctor, the bariatric team, and psychiatrist/psychologist, if present.

Having a consistent, reliable source of support is an important component of preparing for bariatric surgery. You will have the opportunity to receive both subjective and objective support.

For example, having access to the bariatric team will allow you to receive information based on our clinical experience, from both research and working with many individuals who have had bariatric surgery.

Your personal support network can also include people in a support group you may attend. It is nice to hear from people who have actually had the surgery and can give you their thoughts. Moreover, it is nice to know that you are not alone.

There may be days you may be frustrated or scared. This is when your support networks will come into play.



For information about the Bariatric Surgery Support Group, see page 97.

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AFTER YOUR SURGERY: ACHIEVING LONG-TERM WEIGHT MANAGEMENT SUCCESS

Bariatric surgery is a tool to help you with your weight loss. Surgery on its own does not cause weight loss, or weight maintenance. To achieve long term success, it is important that you make healthy food choices and maintain a healthy lifestyle.

What are the top 10 things I can do to keep myself healthy?

- 1. **Plan your meals.** Plan out what you will eat for the next day, or even for the next week. Write out a meal schedule and get all of the groceries you need for those meals.
- 2. **Keep a food journal.** Write down what you eat at each meal. Research shows that people who record their meals lose more weight than people who do not.
- Attend your appointments with the registered dietitian, and bring this book with you. Keeping your appointments with the bariatric team is very important.
- 4. **Eat breakfast daily.** Research shows that eating breakfast is an important tool for weight loss and maintenance.
- 5. **Eat 3 well-balanced meals a day.** This will help your body meet its nutritional needs. Eat a meal every 4 to 6 hours.
- 6. **Eat 1 to 3 small snacks a day.** This keeps your body fueled between meals. However, it is important not to overeat.
- Measure your meals and use portion control. Even though your small pouch will help with portion control, it is still possible to overeat. Measure out your meals so you know how much you should be eating.
- 8. **Drink 1.5 L to 2 L (6 to 8 cups) of low-calorie fluid each day.** It is important to keep your body hydrated. Some drinks can be high in calories. Avoid extra calories by drinking low-calorie fluids throughout the day.
- 9. **Be physically active for at least 30 minutes a day.** Physical activity is important for your overall health. Aim for 30 minutes above and beyond your daily activities.
- 10. **Join a support group.** Meet with other people that have had the surgery. Sharing your experiences and ideas is important for your weight loss journey.

In this section:

What are the top 10 things I can do to keep myself healthy?

What are the skills I need to manage my weight for life?

Once you have completed the bariatric program, remember to visit your family doctor once a year to complete blood work.

Which skills do I need to manage my weight for life?

Successful long-term weight loss requires permanent lifestyle changes.

If you go back to your old eating habits, you will start to regain your weight. It may start out as only a few pounds per year, but that can add up to a significant weight gain if the pattern continues.

Meal Planning Skills

The most important thing you need to do is make sure that your environment is set up for success. Think back to the tools you used when you first had surgery. If you find that you are starting to gain weight, use your measuring cups and food scales, make your meal plans and grocery lists, and start keeping a food journal again.

Sticking with your meal routine, eating balanced meals, and ensuring you're making healthy food choices is very difficult if you don't have healthy food ingredients on hand. Meal planning, even if only for 1 to 2 days in advance, is a key skill to help you maintain your weight loss.

Easy tips for meal planning:

- Try one new recipe a week to stay creative in the kitchen and avoid boredom.
- Plan for leftovers to take for lunches the next day.
- Keep items on hand for easy grab-and-go snacks.
- Organize your week to ensure you have the time to go shopping.
- Make sure you have a grocery list to help avoid buying unwanted items.
- Practice your label reading skills at the grocery store and make your selections wisely.
- Fill your cart with fresh or frozen fruits and vegetables, low fat dairy, lean protein, and whole grains.
- Use the plate model when planning meals.

Easy Meal Ideas

- Tuna melt on a whole grain English muffin with a bowl of vegetable soup
- A small whole grain wrap filled with black beans, salsa and low-fat cheese, with a side salad
- Grilled cheese sandwich on 2 pieces of whole grain bread with raw vegetables
- · Fish tacos with side salad
- Homemade whole wheat pita pizzas made with low fat cheese & vegetable

Easy Snack Ideas

Choose 1 item from each column for a healthy snack:

· ·	
Column 1	Column 2
 3 small whole grain crackers 2 Melba toast 1/2 banana, pear, or apple 1 to 2 large whole grain crackers 1 apple 1 pear 1 orange 15 grapes 250 ml (1 cup) of melon 2 medium plum 1/2 cup of fruit canned in water 250 ml (1 cup) berries 	 60 ml (1/4 cup) low-fat cottage cheese 1 low-fat string stick or Babybel® cheese 60 ml (1/4 cup) ricotta cheese 60 ml (1/4 cup) hummus 1 egg 85 ml (1/3 cup) edamame 85 ml (1/3 cup) bean salad

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Tips for Eating Out:

Eating away from home may be an important part of your social life, but it is challenging to maintain your weight when you eat out too often. Even sit-down restaurants can be hazardous to healthy eating as the choices are often high in calories, fat and sodium!

Make sure your 'meal' fits into your meal plan. It is best if you can limit eating away from home to one or fewer times per week.

When eating at a restaurant:

- Share your meal with someone.
- Choose water or skim milk, instead of sweetened or carbonated beverages.
- Order a half portion or appetizer size as your main dish.
- Ask for no cheese.
- Ask for half of the meal to be put in a takeout container.
- Avoid breaded, battered, pan-fried or fried food.
- Choose baked, grilled, steamed, or broiled options.
- Ask for dressings and sauces on the side.
- Ask how the food is prepared.
- Ask the server not to bring a bread basket.
- Avoid ordering off the kids menu.
- · Ask for skinless protein choices.
- Take your time eating.
- Review menus online before going to the restaurant.

On special occasions:

- Do not skip meals the day of the event.
- Do not go to an event or restaurant hungry.

Remember: You won't be able to make good choices and will likely overeat if you arrive hungry.

Tips to Avoid Over-Restriction:

Real life includes the occasional chocolate, ice cream, pizza, or fries. If you try to cut out all foods you have labelled as "bad", then over time those feelings of being restricted or deprived can lead to cravings and possibly binging on a "forbidden" food.

Instead of labelling food as "bad" or "off limits", work them into your meal plan and plan for the occasional treat. However, before you eat one of these foods, ask yourself the following:

- Is it worth the calories?
- What is the smallest amount of this food I can have and still be happy?
- What is the smallest amount of this food I can have and still work towards my weight loss goals?
- Why am I craving this food? Did I skip meals or snacks? Did I eat enough at my meals? Did I balance my plate? Am I eating in response to a cue or trigger?

FREQUENTLY ASKED QUESTIONS

In this section:

Should I fast before surgery?

What can I eat or drink while taking Optifast®?

How long will I be in hospital?

Is it important to stay exactly within the guidelines for each diet stage?

When should I start taking supplements?

What should I look for when shopping for a multivitamin-mineral?

How much calcium do I need?

Will I have to use liquid or chewable vitamin and mineral supplements for life?

How much protein do I need?

How much water do I need?

Is it okay to drink soy milk or almond milk if I am lactose intolerant?

Is it important to take small bites of all foods?

Will I be able to eat red meat?

How much weigth should I expect to lose?

When will my bowel movements be normal again?

Do I need to fast for blood work?

How often should I come for follow-up?

Before Surgery

Should I fast before surgery?

The day before your surgery, you may drink only clear liquids, including water, coffee and tea (no cream or milk added), and low-sodium broth. At your pre-operative appointment, your surgeon will discuss instructions on how to prepare your bowel. It is very important that you follow these instructions.



After midnight on the day before your surgery, **do not** take anything by mouth except the medicines that your surgeon has approved.

What can I eat or drink while taking Optifast®?

For 2 to 4 weeks before surgery, you will be drinking Optifast®. The usual recommendation is to drink 4 packages a day, mixed with water.

Some people report constipation while taking Optifast®, so you may need to take fibre supplements or laxatives as your health care team recommends.

You may flavour your Optifast® drinks with flavour extracts (such as vanilla or almond), sugar-free beverage powders (such as Crystal Light®) or decaffeinated instant coffee grounds. While taking Optifast®, keep drinking water or other sugar-free liquids to stay hydrated. If you need something to chew on, you may eat no more than 500 ml (2 cups) a day of plain low-calorie vegetables, such as lettuce, celery, broccoli, bell peppers, or cucumber. Measure your vegetables to make sure that you are not eating more than 500 ml (2 cups) a day.

After Surgery

How long will I be in hospital?

Most patients stay in the hospital for 24 hours. If you have complications, we may keep you in hospital longer. You will begin Stage 1 (Clear Fluids) of your post-surgical diet in the hospital.

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Is it important to stay exactly within the quidelines for each stage of the diet?

Yes! These guidelines are in place to allow your stomach to heal correctly. It is very important to follow the stages of the diet and consume enough protein and water.

Even if you do not feel hungry for several weeks after surgery or you feel nauseated when eating (which are normal), you must still try to consume the amounts of nutrients instructed in each diet stage to allow for healing.

Even if you feel you are ready to progress to solid foods ahead of the guidelines, do not rush through the stages of the diet. This may cause early stretching of your pouch and can make you feel ill.

Speak with your dietitian if you are having a hard time tolerating some foods during each diet stage or if you feel that you are ready to progress to the next stage ahead of schedule.

When should I start taking supplements?

Once you have had your surgery, you can begin taking your supplements. It is best to use only liquid or chewable supplements at this time.

At a minimum, you will need to take a multivitaminmineral, a calcium supplement with Vitamin D, and a B12 supplement. Your health care team may discuss other supplements with you.

What should I look for when shopping for a multivitamin-mineral?

Look for a product that provides 100% daily value of all vitamins and minerals. You should aim for **at least 18 mg of iron** and **5 mg of zinc** from your multivitamin-mineral (may be between two doses). You will need to use women's multivitamins (even if you are not a woman), as men's and children's options do not contain enough iron. Speak

with your dietitian about brands that will meet these needs.

How much calcium do I need?

Aim to take **1500 mg of calcium in divided doses**. For example, take 3 doses of 500 mg calcium supplements per day. Look for a supplement that contains calcium citrate, as this is the most readily absorbed form.

Will I have to use liquid or chewable vitamin and mineral supplements for life?

For the first 3 to 4 months after surgery, you should use liquid, chewable, or crushed forms of supplements.

After about 3 to 4 months, you will be able to tolerate swallowing pills. Depending on the size of the pill, you may need to use a pill splitter to ease with swallowing.

How much protein do I need?

Aim for **70 to 100 grams of protein a day**. Protein drinks and powders can help to ensure that you are meeting your daily protein goal.

How much water do I need?

You should drink at least 1500 mL to 2000 mL (6 to 8 cups) of fluid every day, or more, if you are exercising or sweating. Keep a bottle of water near you at all times to remind you to drink.

If you are experiencing **signs of dehydration**, such as a dry mouth, thirst, dizziness, nausea, or dark urine, increase your fluid intake. **If these symptoms persist, contact your surgeon for follow up.**

Is it OK to drink soy milk or almond milk if I am lactose intolerant?

Many gastric bypass patients develop lactose intolerance after surgery as the body loses the ability to break down lactose (the sugar present in milk and dairy products).

Lactose intolerance may cause symptoms such as abdominal pain, cramping, bloating, gas, diarrhea and nausea.

If you are experiencing these symptoms after consuming milk products:

- Try lactose-free milk or unsweetened, plain soy milk. Do not choose almond milk as it contains very little protein.
- Try yogurt, cottage cheese and cheese. Most patients who become lactose intolerant are still able to tolerate these milk products.
- Speak with your doctor about taking Lactaid® pills before consuming dairy products.

Is it important to take small bites of food?

Yes! You will need to take very small, pea-sized bites of all foods and be sure to chew everything very well. Chew each bite of food about 20 to 25 times to ensure that it is soft enough to be digested in your smaller stomach, and fit through the opening to your intestine.

Will I be able to eat red meat?

Yes, however wait at least 3 to 4 months after surgery before trying to eat red meat. Red meats, such as steak, tend to be difficult to break down and tolerate after surgery.

When you try meat, be sure to choose a lean cut. Prepare red meat using a method that will ensure that the meat is moist, such as stewing or braising, to make it easier to chew and digest thoroughly.

How much weight should I expect to lose?

In your first year, expect to lose 60% of your excess body weight, or 100 pounds. Usually, your weight loss will be most rapid in the first 3 to 6 months and may slow down after this. You will still continue to lose, but at a slightly slower pace until at least your first year after surgery.

When will my bowel movements be normal again?

It is normal to have 1 to 3 soft bowel movements a day after surgery, though this may change as you introduce more solid foods. You may experience less frequent bowel movements, or even constipation. If you experience difficulty, your doctor may recommend a stool softener. If you experience persistent diarrhea, speak to your surgeon.

Do I need to fast for blood work?

No. You do not need to fast before blood work. We will take non-fasting blood work:

- Before your surgery
- At 3, 6 and 12 months, and then every year up until 5 years after surgery.



For more information on recommended blood work before and after Roux-en-Y Gastric Bypass, see Appendix A on page 83.

How often should I come for follow-up?

We will schedule you for follow-up visits with your bariatric health care team at 1 month after surgery, and then again at 3 months, 6 months, and 12 months.

After your first year, you will follow-up once a year. This will continue for 4 more years for a total of 5 years after surgery.

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APPENDIX A: RECOMMENDED BLOOD WORK



Before and After Roux-en-Y Gastric Bypass

Patient ID:			Date Faxed to Lab (yyyy/mm/dd):		
TEST	Baseline*	3 months	6 months	12 months	Yearly
СВС					
INR	N/A	N/A	N/A	N/A	
RBG					
HbA1c		☐ DM/IFG	☐ DM/IFG	☐ DM/IFG	☐ DM/IFG
2 hour OGTT	as CDA guidelines	N/A	N/A	N/A	N/A
Electrolytes					
Urea					
Creatinine					
Alt					
Alc phos, Ast, BT					
Albumin		N/A			
Lipid profile		N/A			
Calcium		N/A			
Phosphate		N/A			
PTH		N/A			
TSH		N/A	N/A	N/A	N/A
25-OH D					
Zn		N/A			
Iron					
Ferritin					
Folate		N/A		N/A	
Vit A		N/A			
B1 (Thiamine)*	N/A	N/A	N/A	N/A	N/A
B12		N/A			
Vitamin C	N/A	N/A			
H. Pylori Serology		N/A	N/A	N/A	N/A
Urine Microalbumin	DM/IFG	N/A	N/A	N/A	☐ DM/IFG

APPENDIX B: FOOD SOURCES OF PROTEIN

Protein Content of Some Common Foods

Meat /		
Food	Amount	Protein (g)
Egg, whole	1 large	6
Scrambled liquid	125 ml (1/2 cup)	12
egg substitute (Egg Beaters®)		
Tofu	125 ml (1/2 cup)	20
Tempeh	125 ml (1/2 cup)	16
Veggie burgers	1 patty	9
(Gardenburger®, Boca		
Burger®)		
Ground Soy	125 ml (1/2 cup)	11
Edamame (soybeans)	125 ml (1/2 cup)	12
Lentils	125 ml (1/2 cup)	9
Canned beans	125 ml (1/2 cup)	8
Hummus	30 ml (2 tbsp)	8
Texturized vegetable	125 ml (1/2 cup)	24
protein, prepared		
Peanut butter	15 ml (1 tbsp)	4
Bean or split pea soup	125 ml (1/2 cup)	9

Milk and Milk Alternatives		
Food	Amount	Protein (g)
Milk (skim, 1%)	125 ml (1/2 cup)	4
Soy beverage, plain	125 ml (1/2 cup)	3
Yogurt, low fat (plain or flavoured)	100 g (1/2 cup)	4
Cheddar cheese	1-inch cube	7
Cheese slices, processed	1 slice	3
Cheese string	1 string (21 g)	6
Mini Babybel, light	1 serving	7
Laughing Cow® cheese wedge, light	1 serving (16 g)	6
Yogurt, Greek-style	6 oz	17
Cheese, ricotta	125 ml (1/2 cup)	14
1% Cottage cheese	125 ml (1/2 cup)	15
Skim milk powder	30 ml (2 tbsp)	5

Animal Protein Sources			
Food	Amount	Protein (g)	
Chicken or turkey breast without skin	85 g (3 oz)	25	
Tuna, packed in water	85 g (3 oz)	20 - 22	
Fish (sole, haddock, halibut, etc.)	85 g (3 oz)	21 - 23	
Fatty fish (salmon, trout, etc.)	85 g (3 oz)	21 - 23	
Ground meat extra lean (beef, chicken, pork, turkey, etc.)	85 g (3 oz)	21 - 23	
Shrimp, Scallops, crabmeat	85 g (3 oz)	14 - 18	
Imitation seafood	85 g (3 oz)	10	
Turkey chili	125 ml (1/2 cup)	8	
Deli meats (low-fat ham, low-fat turkey)	1 slice, 1 oz	5	
Pork tenderloin	85 g (3 oz)	21	

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APPENDIX C: FOOD SOURCES OF FIBRE

"Food Sources of Fibre" © 2012 Dietitians of Canada - Source: "Canadian Nutrient File 2015". www.hc-sc.gc.ca/fnan/nutrition/fiche-nutri-data/index-eng.php [Accessed June 2016]

Information about Fibre

- Fibre includes all parts of plant foods that your body can't digest or absorb. Fibre is also known as roughage or bulk.
- Insoluble fibre helps promote regularity and a healthy digestive system. You get this type of fibre from wheat bran, whole grains, and some vegetables.
- Soluble fibre helps lower blood cholesterol levels and control blood glucose (sugar) levels. You get this type of fibre from oats, barley, psyllium, oranges, dried beans and lentils.
- A high fibre diet may also help prevent colon cancer.
- Eating high fibre foods may help you feel full for a longer time, which helps with appetite and weight control.

How much fibre should I aim for?

- Most Canadians only get half of the fibre they need every day.
- Increase your fibre intake slowly and drink more fluids as your fibre intake increases. This will help the fibre to work better and prevent gas, bloating and diarrhea.
- So far, there is no upper limit for fibre. Therefore a high intake of fibre from food should not be a problem for healthy people.

Age in Years	Aim for an intake of grams (g)/day	Stay below
Men, 19 to 50	38	
Men, 51 and older	30	Thoug
Women, 19 to 50	25	There is no
Women, 51 and older	21	upper
Pregnant women,	28	limit for
19 and older		fibre.
Breastfeeding women,	29	indic.
19 and older		

Fibre Content of Some Common Foods

Fibre is found only in plant foods. The best sources of fibre include whole grains, vegetables, fruit, beans, peas, lentils, nuts and seeds.

Vegeta		
Food	Serving Size	Fibre (g)
Artichoke, cooked	1 medium	10.3
French beans, cooked	125 ml (1/2 cup)	8.8
Green peas, cooked	125 ml (1/2 cup)	3.7 - 5.6
Kohlrabi, raw	250 ml (1 cup)	5.1
Lima beans, cooked	125 ml (1/2 cup)	4.8
Potato, with skin, cooked	1 medium	2.9 - 4.3
Edamame/baby soybeans, cooked	125 ml (1/2 cup)	4.3
Sweet potato, with skin, cooked	1 medium	3.8
Pumpkin, canned	125 ml (1/2 cup)	3.8
Spinach, cooked	125 ml (1/2 cup)	2.3 - 3.7
Taro, cooked	125 ml (1/2 cup)	3.6
Brussels sprouts, cooked	125 ml (1/2 cup)	3
Yam, cooked	125 ml (1/2 cup)	2.8
Collards or turnip greens, cooked	125 ml (1/2 cup)	2.7 - 4
Parsnips, cooked	125 ml (1/2 cup)	2.7
Cauliflower, cooked	125 ml (1/2 cup)	1.5 - 2.6
Broccoli, fresh or frozen, cooked	125 ml (1/2 cup)	2 - 2.3
Baby carrot, raw	8 carrots	2.3
Carrot, cooked	125 ml (1/2 cup)	2.2
Squash (acorn, butternut), cooked	125 ml (1/2 cup)	1.8 - 2.1
Corn, fresh or frozen, cooked	125 ml (1/2 cup)	1.7
Snap beans (green, yellow, Italian), cooked	125 ml (1/2 cup)	1.6

Fruits			
Food	Serving Size	Fibre (g)	
Avocado	1/2 fruit	6.7	
Kumquat	5 fruit	6.2	
Persimmon, Japanese	1 fruit	6	
Breadfruit	125 ml (1/2 cup)	5.7	
Pear, with skin	1 medium	5.3	
Guava	1 fruit	4.9	
Raspberries or blackberries, fresh or frozen	125 ml (1/2 cup)	4 - 4.2	
Passion fruit	2 fruit	3.7	
Figs, dried	60 ml (1/4 cup)	3.7	
Orange	1 fruit	2.3 - 3.6	
Prunes, dried and/or cooked	60 ml (1/4 cup)	3.6	
Cherries	20	3.4	
Apricots, canned	125 ml (1/2 cup)	3.1	
Kiwi fruit	1 large	2.7	
Papaya	1/2 fruit	2.6	
Apple with skin	1 medium	3.5	
Star fruit	1 medium	2.5	
Raisins	60 ml (1/4 cup)	2.5	
Nectarine	1 medium	2.3	
Grapefruit (pink, red, white)	1/2 fruit	2.3	
Apricots, fresh or dried	3 fruit (6 halves)	1.5 - 2.1	
Plum	2 fruits	2.2	
Banana	1 medium	2.1	
Currant, dried	60 ml (1/4 cup)	2	
Peach	1 medium	2.9	

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Grain Products			
Food	Serving Size	Fibre (g)	
Cereal - check product label for serving size			
Bran cereals	30 g	10.2 - 11.2	
Oat bran, cooked	175 ml (3/4 cup)	2.4 - 5.1	
Hot multigrain cereal, cooked	175 ml (3/4 cup)	4 - 5	
Bran flakes, bran flakes with raisins, wheat biscuits	30 g	3.8 - 5	
Corn bran	30 g	4.4	
Wheat germ cereal, toasted	30 g (1/4 cup)	4.5	
Bread products			
Muffin, oat bran	1 small	3	
Bread (whole wheat, pumpernickel)	1 slice (35 g)	2.2	
Bread (rye)	1 slice (35 g)	1.4	
Pita, whole wheat	1/2 pita	2.4	
English muffin, whole wheat	1/2 muffin	1.9	
Other Grain Products			
Corn bran, raw	20 g (1/4 cup)	15.8	
Wheat bran, raw	30 g (1/4 cup)	11.4	
Cracker, rye	3 crackers	7.5	
Rice bran, raw	20 g (1/4 cup)	4.2	
Wheat germ, raw	30 g (1/4 cup)	3.5	
Psyllium fibre husks	15 ml (1 tbsp)	3.4	
Bulgar, cooked	125 ml (1/2 cup)	2.7	
Pasta, whole wheat, cooked	125 ml (1/2 cup)	2.4	
Pasta, spinach, cooked	125 ml (1/2 cup)	2.4	
Barley, cooked	125 ml (1/2 cup)	2	
Rice (brown, wild), cooked	125 ml (1/2 cup)	1.5 to 2	
Pasta, white, cooked	125 ml (1/2 cup)	1.3	
Quinoa, cooked	125 ml (1/2 cup)	2.7	
Pasta, egg noodles, cooked	125 ml (1/2 cup)	1	

Milk and Alternatives			
Food	Serving Size	Fibre (g)	
Almond, coconut, rice beverage	250 ml (1 cup)	0.5 - 1	

Meat and Alternatives			
Food	Serving Size	Fibre	
1111		(g)	
Legumes (dried beans, po	eas and lentils)		
Beans (small white, yellow, cranberry, adzuki, black, pinto, kidney, navy, Great Northern, white, refried), cooked	175 ml (3/4 cup)	8.6 - 13.8	
Baked beans (plain, with weiners, with pork), canned	175 ml (3/4 cup)	7.7 - 10.3	
Peas (black-eyed, pigeon), cooked	175 ml (3/4 cup)	8.3	
Soybeans, mature, cooked	175 ml (3/4 cup)	8.0	
Lentils, cooked	175 ml (3/4 cup)	6.2	
Chickpeas/garbanzo beans, cooked	175 ml (3/4 cup)	5.5	
Hummus	60 ml (1/4 cup)	3.7	
Nuts and Seeds			
Coconut meat, dried, shredded	125 ml (1/2 cup)	7.8	
Almonds, whole	60 ml (1/4 cup)	3.6 - 4	
Pumpkin or squash seeds	60 ml (1/4 cup)	3.7	
Sunflower seeds, without shell	60 ml (1/4 cup)	3.6	
Nuts (hazelnuts, macadamia, pine, pistachio), without shell	60 ml (1/4 cup)	3.1 - 3.3	
Flaxseed (whole, ground)	15 ml (1 tbsp)	3	
Soy nuts, roasted	60 ml (1/4 cup)	2.3	
Chia seeds, dried	15 ml (1 tbsp)	3.7	
Miscellaneous			
Textured vegetable protein (TVP)	1/4 cup (24 g) dried granules	4	

APPENDIX D: FOOD SOURCES OF IRON

"Food Sources of Iron" © 2016 Dietitians of Canada - Source: Health Canada, "Canadian Nutrient File 2015". www.hc-sc.gc.ca/fnan/nutrition/fiche-nutri-data/index-eng.php [Accessed June 2016].

Information about Iron

- Iron is a mineral that is important for good health.
- Iron carries oxygen to all parts of your body.
- Low iron levels can leave you tired, pale-looking and irritable.

How much iron should I aim for?

Age in Years	Aim for an intake* of milligrams (mg)/day	Stay below*
Men, 19 and older	8	45
Women, 19 to 50	18	45
Women, 51 and older	8	45
Pregnant women, 19 and older	27	45
Breastfeeding women, 19 and older	9	45

*This includes sources of iron from food and supplements.

 Vegetarians need almost twice the daily recommended amount of iron compared with non-vegetarians. Iron from plant-based foods is not absorbed as well by our bodies as animal food sources.

Iron Content of Some Common Foods

You can find iron in both animal and plant foods.

- Animal sources (called "heme iron") include meat, fish and poultry. Our bodies easily absorb this type of iron.
- Plant sources (called "non-heme iron") include dried beans, peas and lentils and some fruits and vegetables.
- In Canada, grain products like flour, pasta and breakfast cereals are fortified with iron. Our bodies better absorb this type of iron when taken along with meat/chicken/fish or a source of vitamin C. Vitamin C-rich foods include citrus fruits and juices, cantaloupe, strawberries, broccoli, tomatoes and peppers.

The tables on the following pages will show you which foods are sources of iron.

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Vegetables and Fruit		
Food	Serving Size	Iron (mg)
Spinach, cooked	125 ml (1/2 cup)	2 - 3.4
Tomato purée	125 ml (1/2 cup)	2.4
Edamame/baby soybeans, cooked	125 ml (1/2 cup)	1.9 - 2.4
Lima beans, cooked	125 ml (1/2 cup)	2.2
Asparagus, raw	6 spears	2.1
Hearts of palm, canned	125 ml (1/2 cup)	2
Potato, with skin, cooked	1 medium	1.3 - 1.9
Snow peas, cooked	125 ml (1/2 cup)	1.7
Turnip or beet greens, cooked	125 ml (1/2 cup)	1.5 - 1.7
Prune juice	125 ml (1/2 cup)	1.6
Apricots, dried	60 ml (1/4 cup)	1.6
Beets, canned	125 ml (1/2 cup)	1.6
Kale, cooked	125 ml (1/2 cup)	1.3
Green peas, cooked	125 ml (1/2 cup)	1.3
Tomato sauce	125 ml (1/2 cup)	1.2

Grain Products		
Food	Serving Size	Iron (mg)
Oatmeal, instant, cooked	175 ml (3/4 cup)	4.5 - 6.6
Cream of wheat, all types, cooked	175 ml (3/4 cup)	5.7 - 5.8
Cereal, dry, all types	30 g (check product label for serving size)	4 - 4.3
Granola bar, oat, fruits and nut	1 bar (32 g)	1.2 - 2.7
Cracker, soda	6 crackers	1.5 - 2.3
Oat bran cereal, cooked	175 ml (3/4 cup)	2
Pasta, egg noodles, enriched, cooked	125 ml (1/2 cup)	1.2

Milk and Alternatives		
Food	Serving Size	Iron (mg)
Yogurt, soy	175 ml (3/4 cup)	2.1

Meat and Alternatives		
Food	Serving Size	Iron (mg)
Meat and Poultry		
Duck, cooked	75 g (2.5 oz)	1.8 - 7.4
Moose or venison, cooked	75 g (2.5 oz)	2.5 - 3.8
Beef, various cuts, cooked	75 g (2.5 oz)	1.4 - 3.3
Ground meat (beef, lamb), cooked	75 g (2.5 oz)	1.3 - 2.1
Lamb, various cuts, cooked	75 g (2.5 oz)	1.3 - 2.1
Chicken, various cuts, cooked	75 g (2.5 oz)	0.4 - 2
Pork, various cuts, cooked	75 g (2.5 oz)	0.5 - 1.5
Ground meat (turkey, chicken, pork), cooked	75 g (2.5 oz)	0.7 - 0.8
Turkey, various cuts, cooked	75 g (2.5 oz)	0.3 - 0.8
Organ meats		
Liver, pork, cooked*	75 g (2.5 oz)	13.4
Liver (chicken, turkey, lamb), cooked*	75 g (2.5 oz)	6.2 - 9.7
Kidney, lamb, cooked	75 g (2.5 oz)	9.3
Liver, beef, cooked*	75 g (2.5 oz)	4.9
Kidney (beef, veal, pork), cooked	75 g (2.5 oz)	2.3 - 4.4
*Pregnant women should serving per week.	d limit intake of	liver to one
Fish and Seafood		
Octopus, cooked	75 g (2.5 oz)	7.2
Oysters, cooked	75 g (2.5 oz)	3.3 - 9
Seafood (shrimps, scallops, lobster),	75 g (2.5 oz)	0.2 - 0.4
cooked		
	75 g (2.5 oz)	0.6 - 2.2
cooked	75 g (2.5 oz) 75 g (2.5 oz)	0.6 - 2.2 1.7 - 2.2

Meat and Alternatives			
Food	Serving Size	Iron (mg)	
Fish (mackerel, trout, bass), cooked	75 g (2.5 oz)	1.4 - 1.7	
Fish and Seafood (conti	nued)		
Tuna, light, canned in water	75 g (2.5 oz)	1.2	
Meat Alternatives			
Tofu, cooked	150 g (3/4 cup)	2.4 - 8	
Soybeans, mature, cooked	175 ml (3/4 cup)	6.5	
Lentils, cooked	175 ml (3/4 cup)	4.1 - 4.9	
Beans (white, kidney, navy, pinto, black, roman/cranberry, adzuki), cooked	175 ml (3/4 cup)	2.6 - 4.9	
Pumpkin or squash seeds	60 ml (1/4 cup)	1.4 - 4.7	
Peas (chickpeas/ garbanzo beans, black- eyed, split), cooked	175 ml (3/4 cup)	1.9 - 3.5	
Tempeh/fermented soy product, cooked	150 g (3/4 cup)	3.2	
Meatless (sausage, chicken, meatballs, fish sticks), cooked	75 g (2.5 oz)	1.5 - 2.8	
Baked beans, canned	175 ml (3/4 cup)	2.2	
Nuts (cashews, almonds, hazelnuts, macadamia, pistachio nuts), without shell	60 ml (1/4 cup)	1.3 - 2.2	
Egg, cooked	2 large	1.2 - 1.8	
Sesame seeds, roasted	15 ml (1 tbsp)	1.4	
Meatless, luncheon slices	75 g (2.5 oz)	1.4	
Hummus	60 ml (1/4 cup)	1.5	
Almond butter	30 ml (1 tbsp)	1.1	
Miscellaneous			
Blackstrap molasses	15 ml (1 tbsp)	3.6	
Yeast extract spread (marmite or vegemite)	30 ml (2 tbsp)	1.5	

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APPENDIX E: GASTRIC BYPASS FOOD GUIDE PYRAMID



Grains/Starches (2 servings a day) 1 serving equals:

- 125 ml (1/2 cup) oatmeal
- 125 ml (1/2 cup) dry cereal
- 1 small corn tortilla
- 60 ml (1/4 cup) brown rice or pasta
- 1 slice whole wheat/rye bread



Healthy Fats (4 servings a day) 1 serving equals:

- 5 ml (1 tsp) oil
- 1/8 avocado
- 15 ml (1 tbsp) salad dressing
- 14 g (1 tbsp) nuts/seeds 7.5 ml (1/2 tbsp) mayonnaise
 - 30 ml (2 tbsp) guacamole

Fruit (2 servings a day) 1 serving equals:

- 1 medium fruit or 1/2 large fruit
 125 ml (1/2 cup) cooked
- 125 ml (1/2 cup) canned fruit



Vegetables (2 servings a day) 1 serving equals:

- vegetables
- 125 ml (1 cup) raw vegetables

Protein (8 to 10 servings a day) 1 serving equals:

- 28 g (1 oz) poultry, fish or lean meat
- 60 ml (1/4 cup) of low-fat cottage cheese or ricotta cheese
- 125 ml (1/2 cup) of legumes
- 1 whole egg, 2 egg whites or 60 ml (1/4 cup) egg substitute
- 175 ml (6 oz) non-fat/low-fat yogurt
- 125 ml (4 oz) non-fat Greek yogurt
- 250 ml (8 oz) skim milk
- 28 g (1 oz) low-fat cheese



APPENDIX F: MY MENU PLANNER

Plan a menu to suit you!

DATE:					
	Breakfast	Lunch	Dinner	Snack	Snack
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

APPENDIX G: LOW BLOOD SUGAR (HYPOGLYCEMIA) AFTER BARIATRIC SURGERY



Low blood sugar can happen quickly. If you do not get it treated right away, low blood sugar can cause a medical emergency.

What causes low blood sugar?

- Skipping meals
- · Not eating on time
- Eating less than you should
- Drinking alcohol
- · Doing more physical activity than usual
- Taking too much medicine.

What are symptoms of low blood sugar?

If you have one or more of the following symptoms, you may have low blood sugar:

- Shaky or dizzy
- Sweaty
- · Weak or tired
- Hungry
- Headache
- Upset or nervous
- Nauseous
- Anxious
- Drowsy
- Difficulty concentrating
- Confused
- Changes in vision



Seek medical help right away if you are confused, disoriented or having a seizure.

What should I do if I have symptoms of low blood sugar?

- 1. Check your blood sugar right away. If it is below 4 mmol, treat for low blood sugar. If you cannot check, treat anyway, to be safe.
- 2. To treat low blood sugar, eat or drink a fastacting, high-sugar food with 15 grams of carbohydrate, such as:
 - 4 glucose tablets each tablet has 4 grams of carbohydrates.
 - 3 packets or 15 ml (1 tablespoon) of table sugar dissolved in water
 - ¾ cup of juice
 - 6 Lifesavers®
- 3. Wait for 15 minutes, and then check your blood sugars again. If it is still low, treat again. Repeat until your blood sugar is above 4 mmol/L.
- 4. If your next meal is more than one hour away, or you are going to be active, eat a snack, such as cheese and crackers.



Please contact your family doctor if you continue to have low blood sugars below 4 mmol.

APPENDIX H: HELPFUL RESOURCES

Websites

Obesity Help

www.obesityhelp.com

An interactive website that allows you to track your weight loss goals and interact with other members through blog posts. You will need to become a member to access these resources. Membership to this website is free.

My Fitness Pal

www.myfitnesspal.com

A free website that allows you to track the food you eat and your exercise. You do not need a membership to use this site.

Canadian Physical Activity Guidelines www.csep.ca/guidelines

This website allows you to download the Canadian Physical Activity Guidelines.

Books

The Complete Weight-Loss Surgery Guide & Diet Program

(Sue Ekserci and Dr. Laz Klein)

This book is written by the registered dietitians and surgeons of the Humber River Health Bariatric Surgery Program. It provides information on bariatric surgery procedures and the risks and benefits of these surgeries. It is the only Canadian weight loss surgery cookbook and includes 150 recipes.

Weight Loss Surgery Cookbooks for Dummies

(Brian Davidson, David Fouts and Karen Meyers)

This book offers recipe ideas for different diet phases after bariatric surgery.

Eating Well After Weight Loss Surgery

(Patt Levine and Michele Bontempo-Saray)

Co-written by Patt Levine, who had lap-band surgery in 2003, this book offers recipe ideas for different diet phases after surgery.

Recipes for Life After Weight-Loss surgery (Margaret Furtado and Lynette Schultz)

Written by a clinical dietitian and chef, this book provides recipe ideas and information on entertaining and eating on the go.

Smartphone Applications/Podcasts

Myfitnesspal or Lose It!

These free applications allows you to track your food and daily activity. The database contains food from restaurants and grocery stores.

Baritastic

This free application allows you to track your journey, goals, set reminders, and upload photos and notes

Eat, Chew, Rest

This free application has an adjustable timer that will help you eat slower during meals and snacks.

Eat Slower

This free application will help you eat slower during meals and snacks. There is an adjustable timer that is set between bites.

Eating Mindfully: Eat, Drink & Be Mindful

This free application will help you eat mindfully. You can track your hunger level before and after meals.

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Spark People

This application has a diet and fitness tracker. To download this application, you must pay a fee.

Weight loss surgery Podcast (Reeger Cortell, NP)

This free podcast allows you to listen to conversations about bariatric surgery with health professionals and patients.

Community Resources

There are valuable community resources that can help you continue to manage your weight and work towards your goals.

Bariatric Medical Weight Loss Programs

Medical Weight Loss is a non-surgical, medically supervised treatment program that helps patients lose weight safely. The programs focus on developing lifestyle skills that promote healthy eating habits and physical activity.

Ontario has the following Medical programs. Ask your family doctor about referring you to one in your area:

- · Humber River Health
- · Hotel Dieu Hospital Kingston
- Sudbury Regional Hospital
- The Ottawa Hospital
- · Windsor Regional Hospital
- Guelph General Hospital
- Hamilton General Hospital
- Thunder Bay Regional Health Sciences

Family Health Teams

Family Health Teams are primary health care organizations that include a team of family physicians, nurse practitioners, registered nurses, social workers, dietitians, and other professionals who work together to provide primary health care for their community. They ensure that people receive the care they need in their communities, as each team is set-up based on local health and community needs.

For a list of Family Health Teams in your area visit: http://www.health.gov.on.ca/en/pro/programs/fht/fhttprogress.aspx

Community Health Centres

Community Health Centres are interprofessional teams that respond to people's individual health issues. All services are carefully tailored to respond to the diverse needs of the communities they serve.

For a list of Community Health Centres in your area visit: http://www.health.gov.on.ca/en/common/system/services/chc/locations.aspx



Humber River Health

BARIATRIC SURGERY SUPPORT GROUP Life after weight loss surgery...

The support group can provide the moral support needed to face the various challenges that may arise before and after surgery.

A social worker from Humber River Health will facilitate the group through the Ontario Telemedicine Network (OTN) system.

Topics discussed include:

- Emotional eating
- Mindful eating
- Relapse prevention
- · Body image
- · Techniques on handling stress
- · And many other topics!



This support group will be held at:

Humber River Health

Bariatric Clinic 1235 Wilson Ave., Toronto, ON Located at the South Entrance, Level 1, Portal of Care C.

This group meets on the last Wednesday of every month, from 6:00 p.m. to 8:00 p.m.

If you have any questions, please call the Humber River Health Bariatric Social Worker at (416) 242-1000 ext. 23328



Humber River Health

EATING EXPLORED: A Skills and Therapy Based Group

- Do you feel you are an emotional eater?
- Do you want to learn about your eating patterns?
- Do you have challenges controlling your food cravings?
- Do you need motivation to optimize your weight loss journey?
- Do you want to learn some key strategies to promote healthy eating patterns?





Therapeutic Interventions: Integrated approach of Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT).

Topics: Motivation, Coping, Mind Over Mood, Mindfulness, Body Image, Interpersonal Effectiveness and Relapse Prevention

Time: 6:00 p.m. to 7:30 p.m.

How Do I Sign Up?

For more information, please call the Bariatric Clinic at Humber River Health at 416-242-1000 ext. 23300



Bariatric Surgery Program

Estimated Costs for Bariatric Surgery at HRH

			789%±
Items	Estimated Costs	Duration	Comments 4 5 6 X 2
Optifast [®]	\$200 to \$400	2 to 4 weeks	
Prevacid®	\$80/month (or \$480 total)	6 months	Prevacid® can be covered by OHIP/ Ontario Drug Benefit covered programs. The LU CODE is 401.
Tinzaparin	\$100 to \$300	6 to 10 days	Example: Tinzaparin cost for 8 days if your weight is:
			• Less than 110 kg (242 lb): \$104
			• Between 110 - 160 kg (242-352 lb): \$220
			• Greater than 160 kg (352 lb+): \$300
			May be covered by private insurance.
Multivitamins, minerals, protein	\$40 to \$60/month	For life	

Other	Estimated Costs	
Scales/measuring tools	• \$50 or more	
Hotels	Ask for a "patient care rate"	
	• Holiday Inn Toronto (3450 Dufferin St., Tel: 416-789-5161): Savings of about \$9, on average	
	Toronto Plaza Hotel (1677 Wilson Ave., Tel: 416-249-8171)	
	Montecassino Hotel & Event Venue (3710 Chesswood Dr., Tel: 416-630-8100)	
	Hotel Novotel Toronto (3 Park Home Ave., Tel: 416-733-2929): 20% discount	
Parking at HRH	• Each half hour or less: \$4.00 • Weekly Pass: \$60.00	
(subject to change)	Daily Maximum 6am-6pm: \$20.00 Monthly Pass: \$150.00	
	• 24 hr In/Out Pass: \$23.00 • 15-Day In/Out Passes: \$120.00	



Questions for your Bariatric Team



My questions are:
My nutrition/lifestyle goals are:
r i de la companya d



Tracking your Weight Loss Progress



Visit	Date	Weight	ВМІ	Weight Loss
Initial Assessment				
Reassessment				
1-month follow up				
3-month follow up				
6-month follow up				
12-month follow up				
2-year follow up				
3-year follow up				
4-year follow up				
5-year follow up				



Bariatric Surgery Program

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	How much did I eat?			
	What did I eat?			
	What did I do? Did I eat the food or do something else?			
urnai	What was my mood or my feeling at that time?			
my Emotional ood Jodinal	When did I get the urge to eat? What was the time and date?			



Bariatric Surgery Program

My Emotional Food Journ

		When did I get the urge to eat? What was the time and date?
		What was my mood or my feeling at that time?
		What did I do? Did I eat the food or do something else?
		What did I eat?
		How much did I eat?

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Sample Menu - 800 calories (800 kcal)



	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast	Protein drink, made with 175 ml (3/4 cup) of 1% or skim milk	1 egg 28 g (1 oz) low-fat cheese 1/2 slice whole wheat toast 1/2 pear	15 g (1/4 cup) high- fibre cereal 60 ml (1/4 cup) fat- free milk 1/4 banana, sliced	125 ml (1/2 cup) cottage cheese 1/2 slice whole wheat toast	125 ml (1/2 cup) low-sugar Greek yogurt, with 28 g (2 tbsp) high-fibre cereal	40 g (1/2 cup) oatmeal with protein powder or skim milk powder 9 g (1 tbsp) raisins	1 egg + 1 egg white scrambled, with vegetables and 28 g (1 oz) low-fat cheese 1/4 whole wheat pita pocket
Snack	1 low-fat cheese stick 1/2 apple	60 ml (1/4 cup) low- fat cottage cheese 78 g (1/2 cup) berries	180 ml (6 oz) fat- free sugar-free yogurt	Protein drink made with 250 ml (1 cup) skim or 1% milk 55 g (1/4 cup) canned peaches, packed in water	1 apple 18 g (1 tbsp) peanut butter	60 ml (1/4 cup) Greek yogurt 2 to 3 strawberries	60 ml (1/4 cup) cottage cheese, with 1/2 banana
qэun¬	1/2 slice whole wheat bread 57 g (2 oz) chicken 5 ml (1 tsp) light mayo Tomato slices	57 g (2 oz) tuna salad with 5 to 10 ml (1 to 2 tsp) light mayo 1/2 tortilla (6-inch) Lettuce and tomato slices 15 g (1/4 cup) baby carrots	125 ml (1/2 cup) minestrone soup with 14 g (1 tbsp) parmesan cheese 1 boiled egg 2 to 4 whole grain crackers	57 g (2 oz) meatloaf Garden salad with 10 ml (2 tsp) dressing	Salad with 57 g (2 oz) poached chicken and 10 ml (2 tsp) vinaigrette dressing 23 g (2 tbsp) quinoa	57 g (2 oz) sliced low-fat ham 28 g (1 oz) low-fat cheese 1/2 slice whole wheat bread Mustard, lettuce, tomato 6 baby carrots	57 g (2 oz) salmon 41 g (1/4 cup) broccoli 49 g (1/4 cup) quinoa
Snack	120 ml (4 oz) fat- free yogurt 2 to 3 strawberries	1 low-fat cheese stick 1 small peach	Protein bar with less than 150 calories	1 piece turkey jerky 49 g (1/2 cup) grapes	Protein drink	1 apple 18 g (1 tbsp) peanut butter	Protein drink
Dinner	Stuffed cabbage with 85 g (3 oz) lean beef 32 g (1/4 cup) potatoes	175 ml (3/4 cup) minestrone soup with 28 g (1 oz) low- fat cheese Spinach salad with 10 ml (2 tsp) dressing	57 g to 85 g (2 to 3 oz) meatloaf 41 g (1/4 cup) broccoli 53 g (1/4 cup) brown rice	57 g to 85 g (2 to 3 oz) grilled chicken 41 g (1/4 cup) cauliflower 41 g (1/4 cup) Brussel sprouts	57 g to 85 g (2 to 3 oz) pork tenderloin 36 g (1/4 cup) green beans 53 g (1/4 cup) brown rice	57 g to 85 g (2 to 3 oz) salmon 41 g (1/4 cup) broccoli 49 g (1/4 cup) quinoa 10 grapes	57 g to 85 g (2 to 3 oz) meat sauce 41 g (1/4 cup) spaghetti squash 32 g (1/4 cup) carrot coins





	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast	Protein drink made with 250 ml (1 cup) of 1% or skim milk 1/4 banana	1 egg 28 g (1 oz) low-fat cheese 1/2 slice whole wheat toast 1/2 pear	15 g (1/4 cup) high- fibre cereal 60 ml (1/4 cup) fat- free milk 1/2 banana, sliced	125 ml (1/2 cup) cottage cheese 1/2 slice whole wheat toast 110 g (1/2 cup) canned peaches, packed in water	125 ml (1/2 cup) low-sugar greek yogurt oatmeal with protei with 28 g (2 tbsp) powder or skim mill high-fibre cereal powder 78 g (1/2 cup) berries 18 g (2 tbsp) raisins	63 g (3/4 cup) oatmeal with protein powder or skim milk powder 18 g (2 tbsp) raisins	1 egg + 1 egg white scrambled, with vegetables and 28 g (1 oz) low-fat cheese 1/2 slice rye toast
Snack	1 low-fat cheese stick 60 to 120 ml (1/4 to 1/2 apple cottage cheese 78 g (1/2 cup) be	60 to 120 ml (1/4 180 ml (6 c to 1/2 cup) low-fat sugar-free cottage cheese 43 g (1/4 c 78 g (1/2 cup) berries pineapple	180 ml (6 oz) fat-free sugar-free yogurt 43 g (1/4 cup) pineapple	nde up)	1 apple 18 g (1 tbsp) peanut butter	120 ml (1/2 cup) Greek yogurt 6 strawberries	60 ml (1/4 cup) cottage cheese with 1/2 banana
qэunŢ	1 slice of whole wheat bread 57 g (2 oz) chicken 5 ml (1 tsp) light mayo Tomato slice and cucumber	57 g (2 oz) tuna salad with 5 to 10 ml (1 to 2 tsp) light mayo 1/2 tortilla (6-inch) Lettuce and tomato slices 15 g (1/4 cup) baby carrots	minestrone soup with 28 g (2 tbsp) parmesan cheese 1 boiled egg 4 whole grain crackers	85 g (3 oz) meatloaf Garden salad with 10 ml (2 tsp) dressing	Salad with 57 g (2 oz) chicken and 10 ml (2 tsp) vinaigrette dressing 23 g (2 tbsp) quinoa	57 g (2 oz) sliced low-fat ham 28 g (1 oz) low-fat cheese 1 slice of whole wheat bread Mustard, lettuce, tomato 6 baby carrots	85 g (3 oz) salmon 82 g (1/2 cup) broccoli 49 g (1/4 cup) quinoa
Snack	180 ml (6 oz) fat-free yogurt 6 strawberries	1 low-fat cheese stick Protein bar with less than 150 calories	Protein bar with less than 150 calories	1 piece turkey jerky 49 g (1/2 cup) grapes	Protein drink	1 apple 18 g (1 tbsp) peanut butter 1 rice cake	Protein drink
Dinner	Stuffed cabbage with 85 g (3 oz) lean beef 32 g (1/4 cup) potatoes	175 ml (3/4 cup) minestrone soup with 28 g (1 oz) low- fat cheese Spinach salad with 10 ml (2 tsp) dressing	85 g (3 oz) meatloaf 82 g (1/2 cup) broccoli 53 g (1/4 cup) brown rice	85 g (3 oz) grilled 85 g (3 oz) pork chicken tenderloin 82 g (1/2 cup) 72 g (1/2 cup) green cauliflower beans 41 g (1/4 cup) Brussel 53 g (1/4 cup) brown sprouts rice	85 g (3 oz) pork tenderloin 72 g (1/2 cup) green beans 53 g (1/4 cup) brown rice	85 g (3 oz) salmon 85 g (3 oz) meat 82 g (1/2 cup) sauce broccoli 41 g (1/4 cup) 49 g (1/4 cup) quinoa spaghetti squash 10 grapes 64 g (1/2 cup) car coins	85 g (3 oz) meat sauce 41 g (1/4 cup) spaghetti squash 64 g (1/2 cup) carrot coins

Sample Menu - 1200 calories (1200 kcal)

Sample menu approximately 1200 calories, 60 to 80 grams of protein per day.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast	Protein drink made with 250 ml (1 cup) of 1% or skim milk 1/4 banana	1 egg 28 g (1 oz) low-fat cheese 1/2 slice whole wheat toast 1/2 pear	15 g (1/4 cup) high- fibre cereal 60 ml (1/4 cup) fat- free milk 1/2 banana, sliced	125 ml (1/2 cup) cottage cheese 1/2 slice whole wheat toast 110 g (1/2 cup) canned peaches, packed in water	125 ml (1/2 cup) low- 63 g (3/4 cup) sugar Greek yogurt oatmeal with protei with 28 g (2 tbsp) powder or skim mill high-fibre cereal powder 78 g (1/2 cup) berries 18 g (2 tbsp) raisins	63 g (3/4 cup) oatmeal with protein powder or skim milk powder 18 g (2 tbsp) raisins	1 egg + 1 egg white scrambled, with vegetables and 28 g (1 oz) of low-fat cheese 1/2 slice rye toast
урвек	1 low-fat cheese stick 60 to 120 ml (1/4 to 1/2 cup) low-factorian cottage cheese (78 g (1/2 cup) be	at rries	180 ml (6 oz) fat-free sugar-free yogurt 43 g (1/4 cup) pineapple	Protein drink made with 250 ml (1 cup) skim or 1% milk	1 apple 18 g (1 tbsp) peanut butter	125 ml (1/2 cup) Greek yogurt 6 strawberries	60 ml (1/4 cup) cottage cheese with 1/2 banana
үрип	1 slice of whole wheat bread 57 g (2 oz) chicken 5 ml (1 tsp) light mayo Spinach, tomato slice, and cucumber	57 g (2 oz) tuna salad with 5 to 10 ml (1 to 2 tsp) light mayo 1 tortilla (6-inch) Lettuce and tomato slices 30 g (1/2 cup) baby carrots	minestrone soup with 28 g (2 tbsp) parmesan cheese 1 boiled egg 4 whole grain crackers	85 g (3 oz) meatloaf Garden salad with 10 ml (2 tsp) dressing	Salad with 57 g (2 oz) grilled chicken and 10 ml (2 tsp) vinaigrette dressing 23 g (2 tbsp) quinoa	57 g (2 oz) sliced low-fat ham 28 g (1 oz) low-fat cheese 1 slice of whole wheat bread Mustard, lettuce, tomato 6 baby carrots	85 g (3 oz) salmon 82 g (1/2 cup) broccoli 49 g (1/4 cup) quinoa
Suack	180 ml (6 oz) fat-free yogurt 6 strawberries	1 low-fat cheese stick Protein bar with less than 150 calories	Protein bar with less than 150 calories	1 piece turkey jerky 49 g (1/2 cup) grapes	Protein drink	1 apple 18 g (1 tbsp) peanut butter 1 rice cake	Protein drink
Dinner	Stuffed cabbage 175 ml (3/4 cup) with 85 g (3 oz) lean minestrone soup beef with 28 g (1 oz) low- 42 g (1/3 cup) fat cheese potatoes Spinach salad with 82 g (1/2 cup) Brussel 10 ml (2 tsp) dressing sprouts		85 g (3 oz) meatloaf 82 g (1/2 cup) broccoli 53 g (1/4 cup) brown rice	85 g (3 oz) grilled 85 g (3 chicken tendel 82 g (1/2 cup) 72 g (1 cauliflower with 5 ml beans (1 tsp) oil 53 g (1 60 g (1/4 cup) rice mashed potatoes rice	oz) pork doin /2 cup) green /4 cup) brown	85 g (3 oz) salmon 82 g (1/2 cup) broccoli 49 g (1/4 cup) quinoa 10 grapes	85 g (3 oz) meat sauce 41 g (1/4 cup) spaghetti squash 64 g (1/2 cup) carrot coins





	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Pro wit 1/2	Protein drink made with 250 ml (1 cup) 1% or skim milk 1/2 banana	1 egg 28 g (1 oz) low-fat cheese 1 slice whole wheat toast 1/2 orange	30 g (1/2 cup) high- fibre cereal 125 ml (1/2 cup) fat- free milk 1/2 banana, sliced	125 ml (1/2 cup) cottage cheese 1/2 slice whole wheat toast 110 g (1/2 cup) canned peaches packed in water	sugar Greek yogurt cut oatmeal with with 28 g (2 tbsp) protein powder or high-fibre cereal skim milk powder 78 g (1/2 cup) berries 18 g (2 tbsp) raisins	40 g (1/2 cup) steel cut oatmeal with protein powder or skim milk powder 18 g (2 tbsp) raisins	1 egg + 1 egg white, scrambled, with vegetables and 28 g (1 oz) of low-fat cheese 1/2 slice rye toast
7 7	1 low-fat cheese stick 1 apple	1 low-fat cheese stick 125 ml (1/2 cup) low- 180 reple fat cottage cheese low- 78 g (1/2 cup) berries 86 g pine.	nl (6 oz) low-fat, sugar yogurt (1/2 cup) apple	Protein drink made with 250 ml (1 cup) skim or 1% milk	1 apple 18 g (1 tbsp) peanut butter 1 rice cake	125 ml (1/2 cup) Greek yogurt 6 strawberries	60 ml (1/4 cup) cottage cheese with 1/2 banana
	85 g (3 oz) leftover chicken 6 whole grain crackers 6 baby carrots	85 g (3 oz) tuna salad with 5 to 10 ml (1 to 2 tsp) light mayo 1 tortilla (6-inch) Lettuce and tomato slices 30 g (1/2 cup) baby carrots	minestrone soup with 28 g (2 tbsp) parmesan cheese 1 boiled egg 4 whole grain crackers	85 g (3 oz) meatloaf Garden salad with 10 ml (2 tsp) dressing	Salad with 85 g (3 oz) grilled chicken and 10 ml (2 tsp) vinaigrette dressing 23 g (2 tbsp) quinoa on top of salad	57 g (2 oz) sliced low-fat ham 28 g (1 oz) low-fat cheese 1 slice of whole wheat bread Mustard, lettuce, tomato 6 baby carrots	85 g (3 oz) salmon 82 g (1/2 cup) broccoli 49 g (1/4 cup) quinoa
X	180 ml (6 oz) Greek yogurt (low-sugar) 6 strawberries	1 low-fat cheese stick Protein bar with less than 150 calories		1 piece turkey jerky 49 g (1/2 cup) grapes	Protein drink	1 apple 18 g (1 tbsp) peanut butter 1 rice cake	Protein drink
258 472 472 pc pc sp sp sp	85 g (3 oz) grilled chicken breast 42 g (1/3 cup) potatoes 82 g (1/2 cup) Brussel sprouts	minestrone soup with 14 g (2 tbsp) shredded cheese on top Spinach salad with 10 ml (2 tsp) dressing	85 g (3 oz) meatloaf 82 g (1/2 cup) broccoli 53 g (1/4 cup) brown rice	85 g (3 oz) grilled chicken 82 g (1/2 cup) cauliflower 120 g (1/2 cup) mashed potatoes 78 g (1/2 cup) berries	85 g (3 oz) pork tenderloin 72 g (1/2 cup) green beans 69 g (1/3 cup) brown rice	85 g (3 oz) salmon 85 g (3 oz) meat 82 g (1/2 cup) sauce broccoli 82 g (1/2 cup) 65 g (1/3 cup) quinoa spaghetti squash 10 grapes 64 g (1/2 cup) car coins	85 g (3 oz) meat sauce 82 g (1/2 cup) spaghetti squash 64 g (1/2 cup) carrot coins

Sample Menu - 1800 calories (1800 kcal)

Sample menu approximately 1800 calories, 70 to 90 grams of protein per day

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast	Protein drink made with 250 ml (1 cup) 1% or skim milk	1 egg 28 g (1 oz) low-fat cheese 1 slice whole wheat toast 1 peach	40 g (1/2 cup) steel cut oatmeal with protein powder or skim milk 18 g (2 tbsp) raisins	Greek yogurt with 28 g (2 tbsp) high-fibre cereal 78 g (1/2 cup) berries	1 egg + 1 egg white, scrambled with vegetables, and 28 g (1 oz) of low-fat cheese	28 g (1 oz) turkey sausage 1 egg 1 slice rye toast 126 g (1/2 cup) fruit salad	Protein drink made with 250 ml (1 cup) skim milk or 1% milk
Suack	1 low-fat cheese stick 60 to 120 ml (1/4 to 1 apple 1/2 cup) of low-fat cottage cheese 78 g (1/2 cup) berrie	60 to 120 ml (1/4 to 1/2 cup) of low-fat cottage cheese 78 g (1/2 cup) berries	180 ml (6 oz) fat-free, sugar-free yogurt 80 g (1/2 cup) melon	Protein drink made with 250 ml (1 cup) skim or 1% milk	1 apple 18 g (1 tbsp) peanut butter 2 rice cakes	125 ml (1/2 cup) Greek yogurt 6 strawberries	60 ml (1/4 cup) cottage cheese with 1/2 banana
qэun¬	2 slices whole wheat bread 85 g (3 oz) turkey or chicken 5 ml (1 tsp) light mayo Lettuce, tomato slices and 1 dill pickle	85 g (3 oz) tuna salad with 5 to 10 ml (1 to 2 tsp) light mayo 1 tortilla (6-inch) Lettuce and tomato slices 30 g (1/2 cup) baby carrots	250 ml (1 cup) minestrone soup with 28 g (2 tbsp) shredded cheese 1 boiled egg 4 whole grain crackers	85 g (3 oz) meatloaf Garden salad with 5 ml (2 tsp) dressing	Salad with 85 g (3 oz) grilled chicken and 10 ml (2 tsp) vinaigrette dressing 46 g (4 tbsp) quinoa on top of salad	85 g (3 oz) sliced low-fat ham 28 g (1 oz) low-fat cheese 1 slice whole wheat bread Mustard, lettuce, tomato 6 baby carrots	85 g (3 oz) salmon 82 g (1/2 cup) broccoli 49 g (1/4 cup) quinoa
Suack	18 g (1 tbsp) peanut butter 2 rice cakes 1/2 apple	1 low-fat cheese stick Protein bar with less than 150 calories		1 piece turkey jerky 49 g (1/2 cup) grapes	Protein drink	1/2 apple 18 g (1 tbsp) peanut butter 2 rice cakes	Protein drink
Dinner	85 g (3 oz) chicken as 5 g (3 oz) baked chicken parmagian 64 g (1/2 cup) as with marinara sauc with marinara sauc sprouts as adad with 5 ml (1 tsp) olive oil and vinegar	e ta	85 g (3 oz) meatloaf 82 g (1/2 cup) broccoli 106 g (1/2 cup) brown rice	85 g (3 oz) grilled 85 g (3 chicken tender 82 g (1/2 cup) 72 g (1 cauliflower with 5 ml beans (1 tsp) oil 69 g (1 120 g (1/2 cup) rice mashed potatoes 78 g (1/2 cup) berries	3 oz) pork rloin /2 cup) green /3 cup) brown	85 g (3 oz) salmon 85 g (3 oz) meat 82 g (1/2 cup) sauce 41 g (1/4 cup) 65 g (1/3 cup) quinoa spaghetti squash 1/2 orange coins	85 g (3 oz) meat sauce 41 g (1/4 cup) spaghetti squash 64 g (1/2 cup) carrot coins

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