

Nutrition FAQ

1. What is the purpose of a probiotic?

Probiotics are live bacteria and yeasts that keep your gut healthy and can help with the digestion of food before and after surgery. They can also help prevent gas, diarrhea, and cramping caused by antibiotics taken after surgery to prevent infections.

When shopping for a probiotic, the CFU on the product stands for Colony Forming Unit and this tells you how many good bacteria you are getting.

* We recommend a probiotic with a minimum of 50 billion CFU and as many strains as possible.

2. Why shouldn't I have coffee before/after surgery?

- Caffeine is acidic, and it can irritate the lining of your stomach pouch or sleeve.
- Coffee and other sources of caffeine can cause acid reflux..
- After bariatric surgery, too much caffeine can interfere with nutrient consumption. It can reduce your body's absorption of calcium and iron.
- Caffeine dehydrates you and has a diuretic effect.

Before surgery: Best to wean yourself off coffee so you are not doing it cold turkey right after surgery, which can cause withdrawals.

3. Why can't I have dairy during pre-op?

Patients are more prone to becoming Lactose Intolerant after bariatric surgery. After bariatric surgery, dairy products can move too quickly from the stomach to the small intestine, resulting in gas, bloating and/or cramps.

We recommend eliminating dairy during pre-op as a precaution that you may experience this after surgery. In addition, Milk and other forms of dairy can be high in carbohydrates, coming from the milk sugar, lactose. It is important to limit the amount of carbohydrates during your pre-op diet.

4. Why can't I have carbonation before/after surgery?

Carbonated beverages contain gas, which can cause bloating and pain. It can be difficult for a patient to distinguish between gas pain and more serious post-op pain. Carbonation can also place added stress on your incision, which can interfere with the healing process. It is recommended to avoid carbonated drinks of all kinds for a minimum of 6 weeks after weight loss surgery. If you decide to add them back into your diet, make sure to have small amounts at a time and never with your meal. Do not drink carbonated beverages containing sugar, such as soda.

5. How many calories should I be aiming for in pre-op?

Your suggested pre-op is 2-3 protein shakes and two meals consisting of 4 or more oz protein and unlimited vegetables, as well as two healthy fats per day. Calories will differ depending on the items you

chose, as well as the portion sizes, but on average this meal plan will give you somewhere between 1000-1500 calories.

6. How many calories should I aim for in post-op?

Your calories should increase as you transition through the phases in your post-op. By one month after surgery, your calorie goal should be around 1000. Beyond that, 1,000-1200 is a general ongoing calorie goal to shoot for while you continue to lose weight, and should give you an average of 2 lb loss/week after the first month.

Just following surgery calories will be much lower while on the clear liquids and into the thick liquid stage. As a rule of thumb, calories should be increased by 200 each week. You should try to have a minimum of 400 calories/day by week one, 600/day by week two, 800/day by week three, and 1000 by week four. Many people hit stalls during this first month due to TOO LITTLE calories. Yes, it is not only possible, but very common.

7. How often should I weigh myself?

Due to fluctuations in your body, fluid retention, and changes in diet shortly after surgery, it is not recommended to weigh yourself more than once a week. Best to weigh yourself in the morning before you have had anything to eat/drink, nude, and on the same day each week (example: every Monday morning when you wake up).

8. I hit a stall within the first month of surgery...what do I do?

First you should track everything you eat and drink for at least a couple days. There are many applications that make this very simple, such as MyFitness Pal. Once you have done this, take a look at your calories consumed. Does it meet the suggested calorie goals for the phases listed above? If not, you will need to make changes to your diet to get you to the correct calorie goal. If you need help with this you can email our nutritionist with your 2 day food journal so she can make suggestions. It is also important to increase water intake. The body rids itself of the byproducts of fat breakdown through the urine. Water flushes the body of fat breakdown. Without a constant flow of water fat can break down, but it has no way to leave the body. More water=more fat flushing.

9. Suggested macronutrients?

Most important For weight loss, the first goal is to hit the desired calorie range. Then you can start focusing on macronutrients which can speed up your weight loss when you find the correct balance for your body's needs.

In general, this is what we recommend for macronutrients:

- Carbohydrates: less than 75g (75g is considered low-carb, but you may find quicker loss in the 25-50g range)
- Protein: 75-105g
- Fat: 40-50g
- Sugars:<25g

10. Can I have artificial sweeteners?

You can use products with artificial sweeteners in moderation as a way of limiting sugar in your diet, however we recommend using stevia, which is a calorie-free all natural sugar substitute (extracted from the leaves of the plant species *Stevia rebaudiana*). It will always be better to choose all-natural ingredients in anything you consume to limit additives and chemicals in your body.

11. Can I drink alcohol?

After bariatric surgery you become more sensitive to alcohol. As you get lower in weight, you will feel increased effects with less of it, and for a longer period of time. The overall recommendation is to keep drinking to a minimum, having only small amounts on special occasions. If you choose to consume alcohol, it is advised to limit yourself to one or two social drinks per week. Alcohol has a lot of calories and can prevent you from losing weight if consumed in excess. It also can cause ulcers.

12. Why can't I drink with Meals?

After weight-loss surgery, the size of your stomach has drastically decreased. You have gone from the size of a flattened football to the size of a small egg. There is only so much room for foods or liquids.

Overall reasons:

- If you eat food and then drink, you can overfill your new pouch, resulting in a reaction to vomit.
- If you eat and drink at the same time, you can fill your pouch up with fluids and will not be able to take in the minimum 4 ounces of food at one sitting, which may lead to snacking.
- If you drink after you eat, you will push the food through your stomach faster, causing you to feel hungry sooner.

13. What kind of vitamins are best to take: patch, pills, chewables, or gummies?

We recommend taking chewable or liquid bariatric vitamins. Pills are not recommended to take for a minimum of 3 months after bariatric surgery as they may not be absorbed as well depending on the type of procedure. This is especially true of gastric bypass and duodenal switch, as these surgeries tend to cause absorptive issues with many medications. Chewable or liquid vitamins will be easiest for your body to absorb after surgery, and contain less sugar than gummies. Gummies do not supply a sufficient amount of each vitamin needed, unless you are taking several gummies (and also consuming many grams of sugar). While it may sound appealing, there is not enough research on the vitamin patch to know if they actually work or how well they are absorbed into your body.

14. Are postoperative vitamins necessary after weight-loss surgery?

After weight-loss surgery, your nutritional intake is drastically decreased. Taking [bariatric vitamins and minerals is essential for your health](#), including energy, skin, hair growth, and long term success.

15. Why do I have to follow a pre-op diet? What will happen if I don't?

it is common for people to question why it is necessary to lose weight before having weight-loss surgery. The main reason is medical; it will assist in shrinking your liver before surgery, improving the safety of the operation by reducing the amount of abdominal fat, providing more space, allowing better access to the surgical site by the surgeon.

It is possible to be denied surgery if the surgeon deems it unsafe to operate due to not following the pre-op diet.

16. I have acid reflux. What can I do?

Here are basic recommendations:

- Eat Smaller more frequent meals. Over eating can trigger acid reflux.
- Stop eating 3 hours before bed, eating right before bed can affect your sleep.
- Start taking a probiotic that has at least 50 billion CFU. Follow directions on bottle.
- Optional: taking 1 TBSP diluted in water of apple cider vinegar in morning and before you go to bed.
- Do not overeat
- Chew food thoroughly before swallowing and eat slowly

Foods to **AVOID**:

- Chocolate
- Sugar substitutes
- coffee
- peppermint
- greasy/fried or spicy foods, sausages
- tomatoes and tomato products
- Orange Juice, citrus fruit and beverages
- Soda or carbonated beverages
- Corn, potato chips, and many grains like rice

I feel like food is getting stuck, what do I do?

Our natural urge when we feel something is stuck is to take another bite or wash it down with a drink. **DO NOT DO THIS.** To prevent the “stuck” feeling, chew food well and wait 60 seconds between bites. For drinks, during week 1-2 after surgery, only take ½ ounce of liquid at a time and wait 60 seconds between ounces. A medicine cup is helpful for measuring this out, or you can use the screw cap to a water bottle .

I experience slime or foam after eating. Why? How do I make it stop?

When the esophagus feels pressure from food it triggers a hyper secretion of mucous to help get the food down. This excessive mucous can trigger nausea and vomiting. This can be prevented by taking smaller bites, chewing thoroughly and waiting 60 seconds between bites.