

Lap Band Post-Surgery Diet and Exercise Instructions

Amount of food The surgery reduces the size of the stomach which limits the amount of food consumed to about 1 to 2 ounces (2 to 4 tablespoons). The diameter of this new stomach pouch's exit is also small which delays emptying. Overeating results in distressing pain and/or vomiting.

Frequency and duration of meals Because volume is limited and stomach emptying is delayed, it is important to eat and drink slowly patients start with an ounce of food (1 tablespoonful) over about 10 to 15 minutes. Eventually, each meal should take no less than 20 to 30 minutes. In the long run, eating about 6 small "meals" allows for a more nutritionally balanced diet.

Food texture Initially liquid meals are recommended until the stomach heals. The diet is progressed to puree foods to avoid blocking the small opening. Texture is advanced according to how well foods can be chewed. Taking small bites and chewing foods to a pureed consistency is essential.

Liquids Only small amounts of liquids should be consumed with meals. This prevents fullness and allows necessary foods to be eaten. However, liquids are crucial to prevent dehydration. They should be sipped between meals.

Nutritious foods Because the quantity of food eaten is reduced, it is important to select food with the best nutritional value. This is not only important to ensure healing after surgery, but also to ensure that weight loss occurs and is maintained in the long run. The psychological urge to eat will test the capacity of the gastric pouch with increased amounts and varieties of foods. It can be stretched and the purpose of the surgery can be defeated. Food intolerances vary from individual to individual. Vitamin, mineral and other nutritional supplements may also be indicated. It is important to work with a dietitian to ensure that "nutrient rich and calorie poor" foods are eaten.

Follow-up after surgery is essential to monitor weight loss, for blood tests to assess hydration, presence of specific vitamin, mineral, or other nutrient deficiencies, and psychological adaptation to lost weight and lifestyle changes. With time, a gradual increase in types and amounts of foods may be eaten. Within 1 year, most people stop losing weight and attention is directed to diet and lifestyle changes that maintain the weight that has been lost and to prevent regain.

When you are discharged from the hospital, you must continue to follow very specific instructions for about three weeks. You will return to your surgeon about one week after your surgery, at which time you will begin specific diet instructions as to what types of food you can eat. It is important to follow the instructions below:

(progression to solid food will vary w/ each individual)

WATER: 64 oz. (8 glasses) of water/day

Water helps the body metabolize fat, eliminates fluid retention, suppresses the appetite, maintains proper muscle tone, prevents the sagging skin that usually follows weight loss, eliminates waste, and relieves constipation.

First Week - Liquid Diet

Time Frame	1st week after surgery for 7 days
Purpose	Prevents dehydration, allows connection between stomach and small intestines to heal
Do	Drink slowly (sips) and avoid gulping
Don't	Do not use a straw or drink extreme hot/cold liquids (may swallow air)
Examples	Water, low-salted chicken or beef broth, bouillon, crystal light, unsweetened or diluted fruit juices, decaffeinated tea/coffee, sugar-free gelatin/popsicles/italian ices

Second Week - Pureed/Soft Food Diet

Time Frame	2nd week after surgery for 7days
Purpose	More nutritional value, especially protein, progression toward solid food Prevent discomfort/pain the stomach & intestine may experience with solid food. Transition to solid (regular) food.
Do	Drink slowly (sips) and avoid gulping, use a teaspoon Blend/chew food very well, eat/drink slowly, sit up straight when eating, use a baby spoon or teaspoon, stop eating before you become full, put spoon down between bites. *Introduce one food at a time
Don't	Don't drink and eat meals at same time. Stop drinking 15 minutes before meals and resume drinking 60 minutes after a meal, do not read or watch television while eating. Stop eating when you are satisfied---NOT FULL.
Examples	PUREED: tuna, chicken, vegetables, turkey, cottage cheese, oatmeal, farina, mashed potato, PROTEIN SUPPLEMENTS, tofu, low-sodium crackers. Pureed vegetables in soups, creamed soups, skim/low-fat milk, sugar-free & low-fat pudding/fruit juices/yogurt/custards, sliced cheese.

Third Week - Regular Food Diet

Time Frame	3rd week after surgery for 2-4 weeks (progression to solid food will vary w/ each individual)
Purpose	
Do	Eat foods whole without chopping; for an example, eat Leafy vegetables without cutting the leaves down to smaller pieces. The whole leaf benefits the diet by its contribution of cellulose (plant's venous group), also eat poultry, fish, and meat similarly, this will allow the food to slowly move through the pouch and lose weight at a healthy rate.
Don't	Avoid fatty, fried foods. Avoid foods high in calories/fat, i.e.: salad dressings, mayonnaise. Do not force yourself to clean your plate. Don't drink fluids and eat meals at same time. Stop drinking 15 minutes before meals and resume drinking 60 minutes after a meal, do not read or watch television while eating. Stop eating when you are satisfied NOT FULL.
Examples	

3 Meals/Day

Time Frame	Approximately 6 weeks after surgery
Purpose	Introduce one new food one day at a time. If food is not tolerated, re-introduce in a week. Can apply salt and pepper if needed.
Do	Introduce one new food one day at a time. If food is not tolerated, re-introduce in a week. Can apply salt and pepper if needed.
Don't	Refrain from fast foods, mushy/pureed foods, and eat dairy products in moderation.
Examples	Chicken, fish, beef, eggs, vegetables, baked potato, dry cereal, crackers, rice, pasta, toast, PROTEIN SUPPLEMENTS if do not consume 60 gms of protein from diet.

	NOTE: The common food intolerance are bread, rice, pasta and red meat. Better tolerated initially are chicken and fish.
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Dietary Guidelines

Remember: the new stomach can hold 1/8 cup to 1 cup

- Drink at least 6-8 (8 oz.) glasses/day of water to prevent dehydration and constipation.
- Stop drinking water 15 minutes before meals and resume drinking 60 minutes after meals.
- No carbonated beverages.
- Eat 3-5 small meals/day. NEVER SKIP MEALS.
- Chew food thoroughly until mushy and eat slowly.
- Do not over-eat. Stop when you are satisfied. The feeling of fullness may present as pressure or pain in the center of your ribcage or nausea.
- No concentrated sugar—BEWARE of Dumping Syndrome.
- Avoid using straws—may sip air into stomach and cause irritation and feel full.
- Introduce new foods one day at a time. If food is not tolerated, re-introduce in a week.
- No fiber, or laxatives without consulting your doctor.
- Initially, avoid foods with high fiber such as beans, popcorn, raw vegetables.
- Avoid talking, driving, working or watching television while eating. Be conscious of how you are eating and how you are chewing and the consistency of the food.

Dumping Syndrome (Not usual for Lap Band)

One reason for dumping is the ingestion of foods high in concentrated sugars (see list below). Patients may experience the following symptoms: sweating, rapid heart beat, weakness, dizziness, abdominal pain/distention, diarrhea. Many patients will be affected within six months after surgery. Most will be able to overcome these symptoms approximately 12 months after surgery. However, there are a percentage of patients who will always experience these symptoms when consuming sugar-rich foods. Avoid sweets including sugar, honey, chocolate, fruit ice, frozen yogurt, ice cream, milkshakes, candy, syrup, cookies, donuts, sweetened gelatin, sugared gum, jam, cakes, sherbet, pudding. Substitute with LOW SUGAR FOODS.

Exercise

Exercise is key to being healthy and losing weight. Walking is allowed when you get home from the hospital. Walk around at home but don't overdo it. Once you feel tired, rest. After two weeks, you should have energy to walk around the neighborhood. By six weeks, you can start weight training. Don't forget to drink water to replenish and hydrate your cells.

Post-Operative Bariatric Medications

Start immediately after surgery when you get home:

Pepcid	20 mg twice a day for 1 month
Tylenol with codeine elixir	1 tablespoonful every 6 hours for pain when needed
B12	1000mcg, sublingual (under the tongue) twice a week. Purchase at a vitamin/drug store
Calcium Citrate	It is advised to take calcium citrate (better absorbed) rather than calcium carbonate (poorly absorbed), i.e.: Citracal. These come in pill, wafer, or chewable form. 1,600 mg

Start 3rd week after surgery:

Multi-vitamin	One in the morning w/ food and one in the evening w/ food. If the multi-vitamins are liquid, chewables, or sub-lingual, then start immediately after surgery.
Iron	Chromagen FA, Niferex Forte--1 tablet/day. Take on an empty stomach. Do not take with milk, calcium, coffee, tea or antacids.
Ursodiol	(If you still have your gallbladder) 250mg twice a day for 6 months. This is to lower the risk of forming gallstones.

Medications not allowed because they may irritate the stomach: Aspirin, Advil, Aleve, Naproxen, Motrin, Celebrex, Vioxx

Pain Medication allowed: Tylenol, Tylenol with Codeine