



*My Weight* IS OVER  
ST. LUKE'S BARIATRIC SERVICES





# **What You Need to Know About Bariatric Surgery**

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# Procedures

**RNY Gastric Bypass**

**Sleeve Gastrectomy**

**Single Anastomosis Duodeno-Ileal  
Bypass - SADI**



# Chapter 1

## Introduction





Welcome to the St Luke's Weight Management Center. We understand what it means to constantly struggle with your weight. We are pleased to offer the opportunity for a solution. We have helped many people achieve weight loss through surgery, the only proven long-term solution for severe obesity.

In choosing to have surgery with us, you have joined a comprehensive program that is staffed by a team of experts. Our surgeons are Board Certified, fellowship trained and members of the American Society of Metabolic and Bariatric Surgery (ASMBS). In addition to our surgeons, our multidisciplinary team consists of physician assistants, registered nurses, nurse practitioners, dietitians, social workers and physicians who are obesity medicine specialists. You will benefit from our commitment to personalized care.

Bariatric surgery can provide lifelong weight loss. In fact, people who are able to maintain an appropriate weight may also enjoy longer life expectancy than those who are severely overweight.

Most of our patients attain substantial weight loss very soon after surgery. They also see significant improvement in their health and quality of life.

Surgery is only one component of our approach. Just as important is what comes before and after: our careful and thorough pre-operative evaluation and education, and the follow up and support our team provides. Before you enter the operating room, you will know exactly what to expect from the actual surgery to what steps you will need to take post operatively to maximize your weight loss. You will have our full support as you take those very first steps settling into new routines and habits. No question is too small. If you have concerns about food, an activity or getting through a food centered event, we are only a phone call away. We are committed to being there with you every step of the way.

One measure of success is the community of patients that grows out of our program. We have established ways to stay connected from our monthly support groups, pod casts, multiple social media avenues, our Baritastic app and patient run Patients Encouraging Patients (PEP) Rallies. Our patients are our best asset. Many of them will be happy to speak with you about weight loss surgery and their personal experience.

Choosing to have bariatric surgery is one of the most significant decisions you will ever make. For most, it will be life transforming. For us, there is no greater satisfaction than watching our patients emerge healthier with an improved self esteem and a new outlook on life. On behalf of our entire team, we wish you improved health and success.



## **Making the Most Out of Your Bariatric Manual**

Undergoing bariatric surgery is a life changing experience. We want to make that experience the best possible. You will find a wealth of information in this manual. The first section consists of six lesson plans. Some insurance companies have specific requirements. They may require participation in our weight loss program for multiple visits prior to approving surgery. You will be able to use these plans for your visits. Each plan offers diet, exercise and new bariatric behavioral tips. If you are not required to complete a weight loss program, **you will need to complete and implement the diet, exercise and behavioral changes outlined in each lesson plan at least one month prior to your surgery.**

Once you receive your manual, you must bring it with you to all your appointments and meetings that you have along the pre-certification process. You must have it for all the following if applicable:

- All appointments with your surgeon
- Nutrition evaluation
- Psychological evaluation
- Monthly weigh-ins
- Appointments with Bariatric Team members including the dietitian, behavioral health specialist, nurse, pre-cert specialist, and for any weigh-ins and education sessions such as the pre-op education class.

*You do not need to bring the manual to support group*



## OFFICE LOCATIONS and PHONE NUMBERS

### **St. Luke's Weight Management Center - Allentown**

240 Cetronia Road, Suite 205 N, Allentown, PA 18104

Main Telephone Number 484-426-2600

Main Fax Number 833-816-7512

### **St. Luke's Weight Management Center – Bethlehem**

306 S. New St, Suite 302, Bethlehem, PA 18015

Main Telephone Number 908-847-6722

Main Fax Number 833-541-5799

### **St. Luke's Weight Management Center - Monroe**

1581 North 9th St, Suite 101, Stroudsburg, PA 18360

Main Telephone Number 272-212-0620

Main Fax Number 833-485-0134

### **St. Luke's Weight Management Center - Warren**

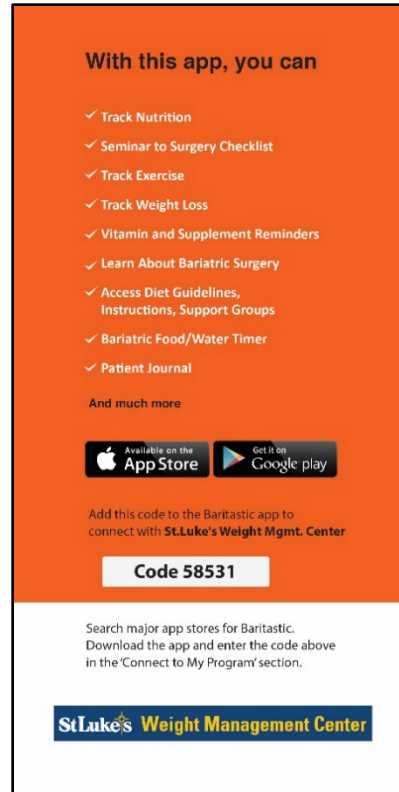
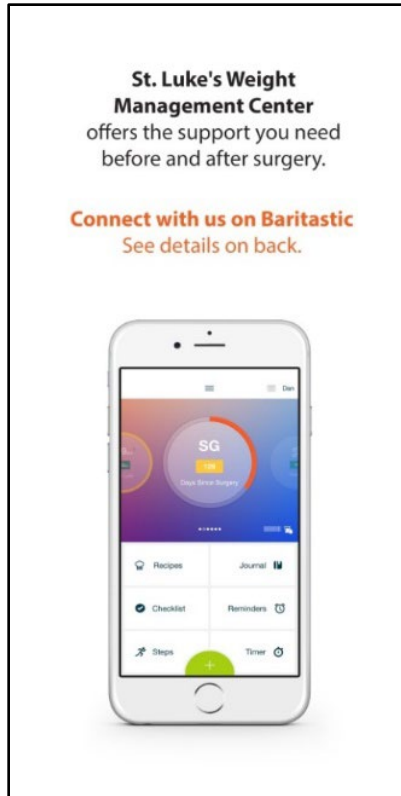
St Luke's Hillcrest Plaza, 755 Memorial Parkway  
Building 300, Suite 302, Phillipsburg, NJ 08865

Main Telephone Number 908-847-6722

Main Fax Number 833-541-5799



Download our app by searching **Baritastic**:



Join our private *Facebook Page* group entitled “St. Luke’s Bariatric Patient Forum”.

- Once you are an established patient in our office, please ask to join.
- You must answer **all** preliminary questions before you will be accepted into the group.

Group’s description:

- We post suggestions based on what St. Luke’s Weight Management Center teaches.
- Friends that like to help and support each other.
- Rated PG topics only, please.
- Never use this site for medical or urgent issues. You must call your doctor's office for anything requiring an answer quickly or anything medical that needs individual attention.
- This is not the place to air complaints. Please call the director to voice your concerns.

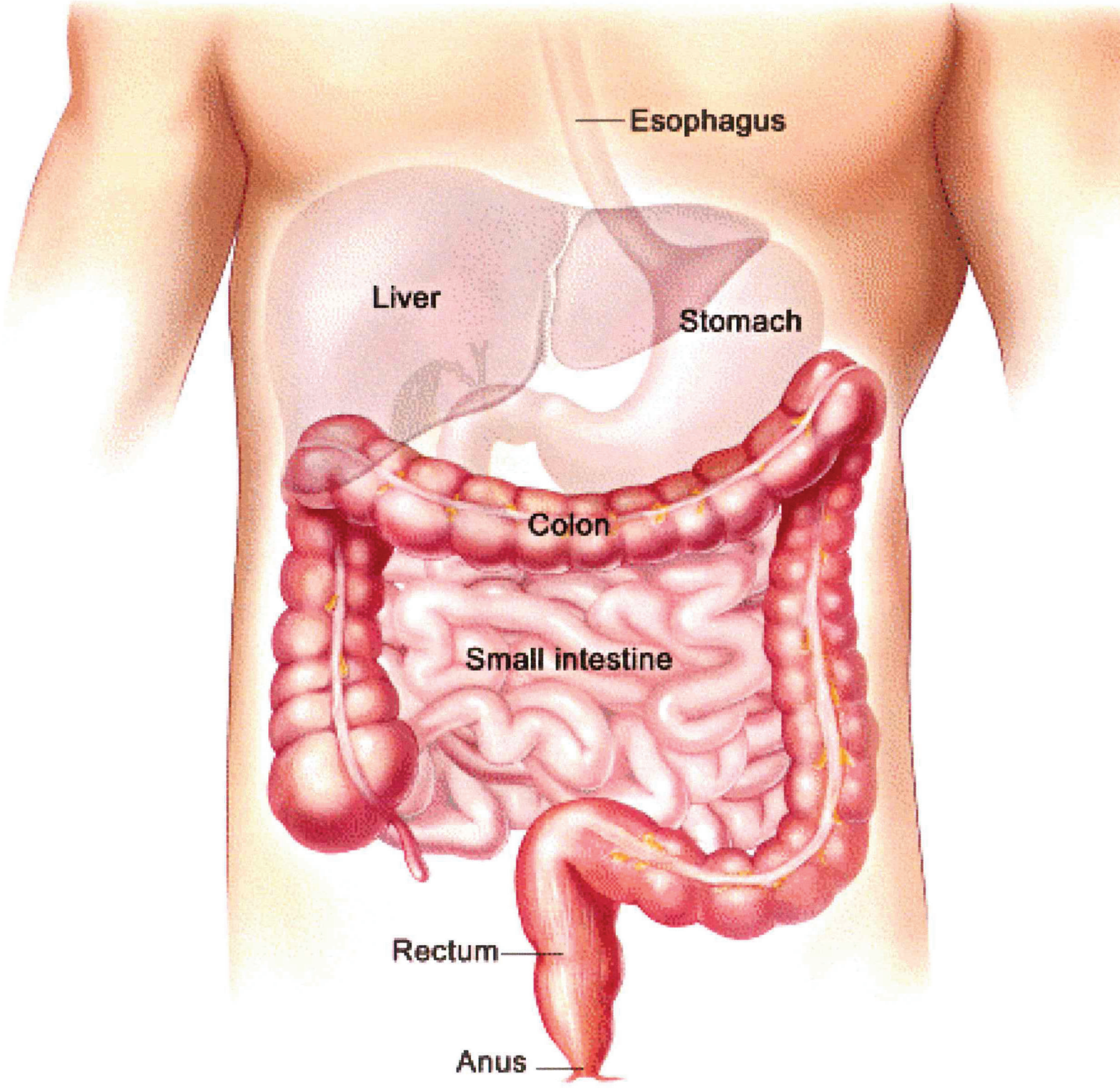
Follow us on *Pinterest* by searching St. Luke’s Weight Management Center where you will find:

- Tips for success



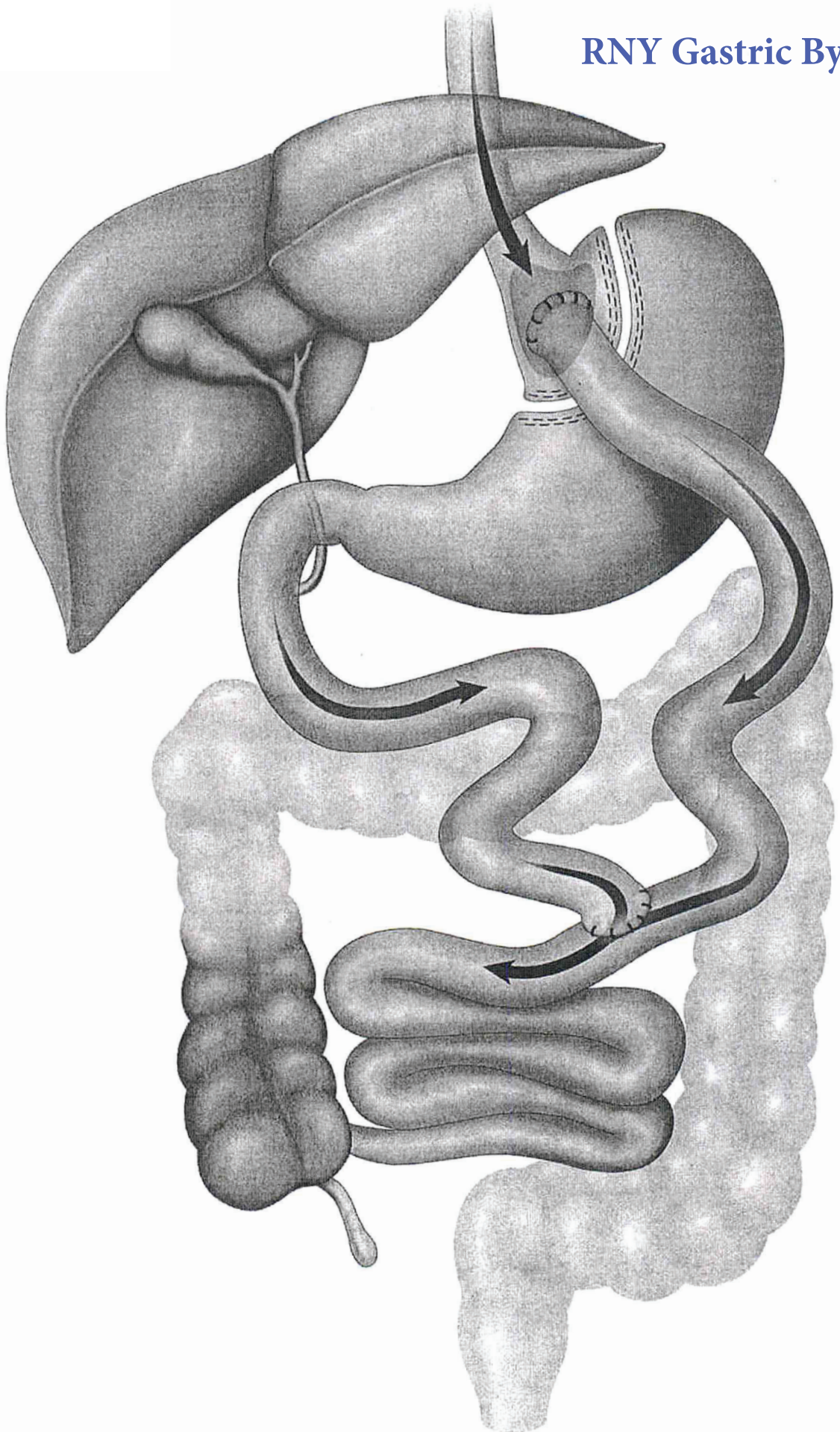


Normal Anatomy



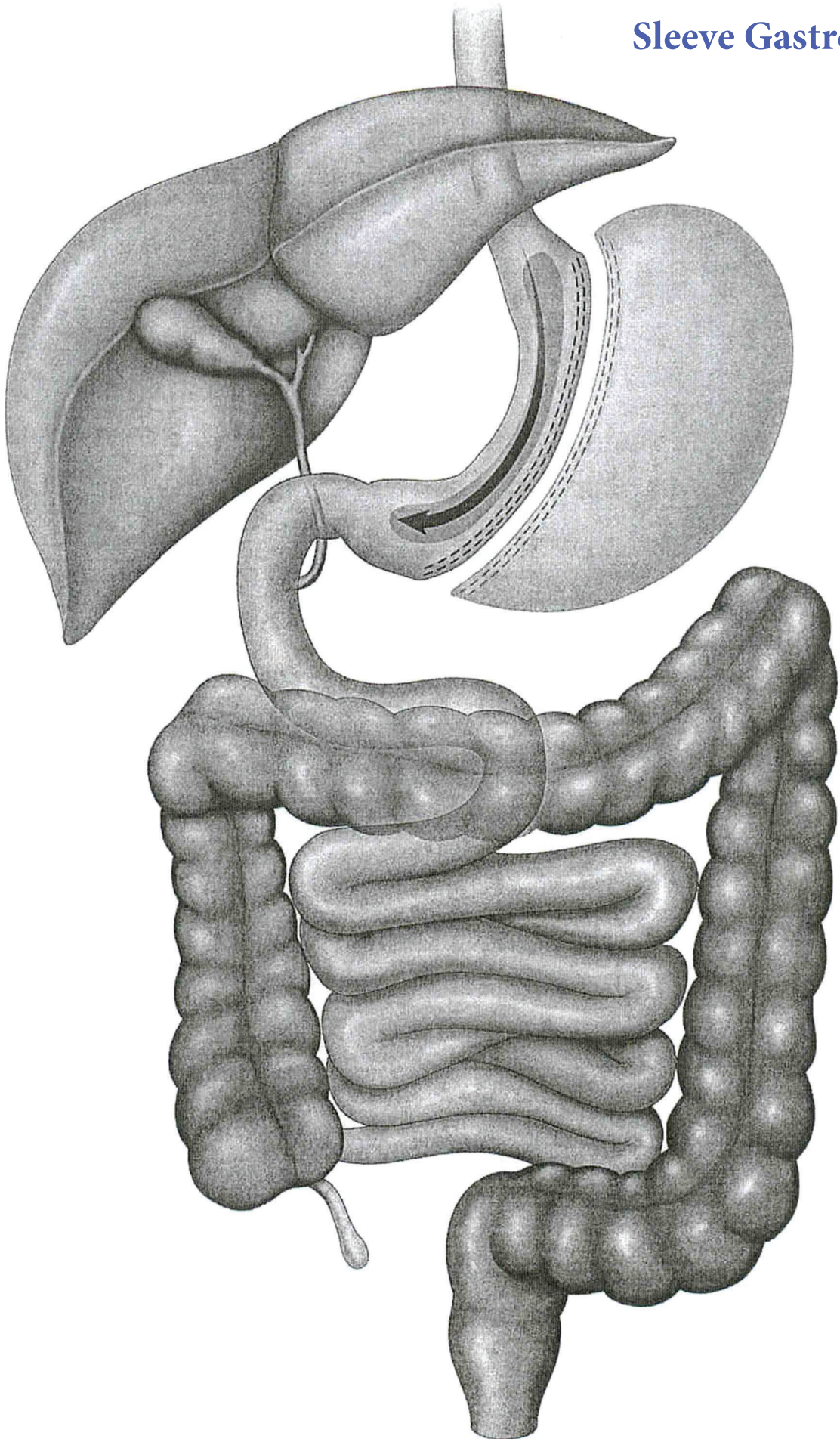


# RNY Gastric Bypass



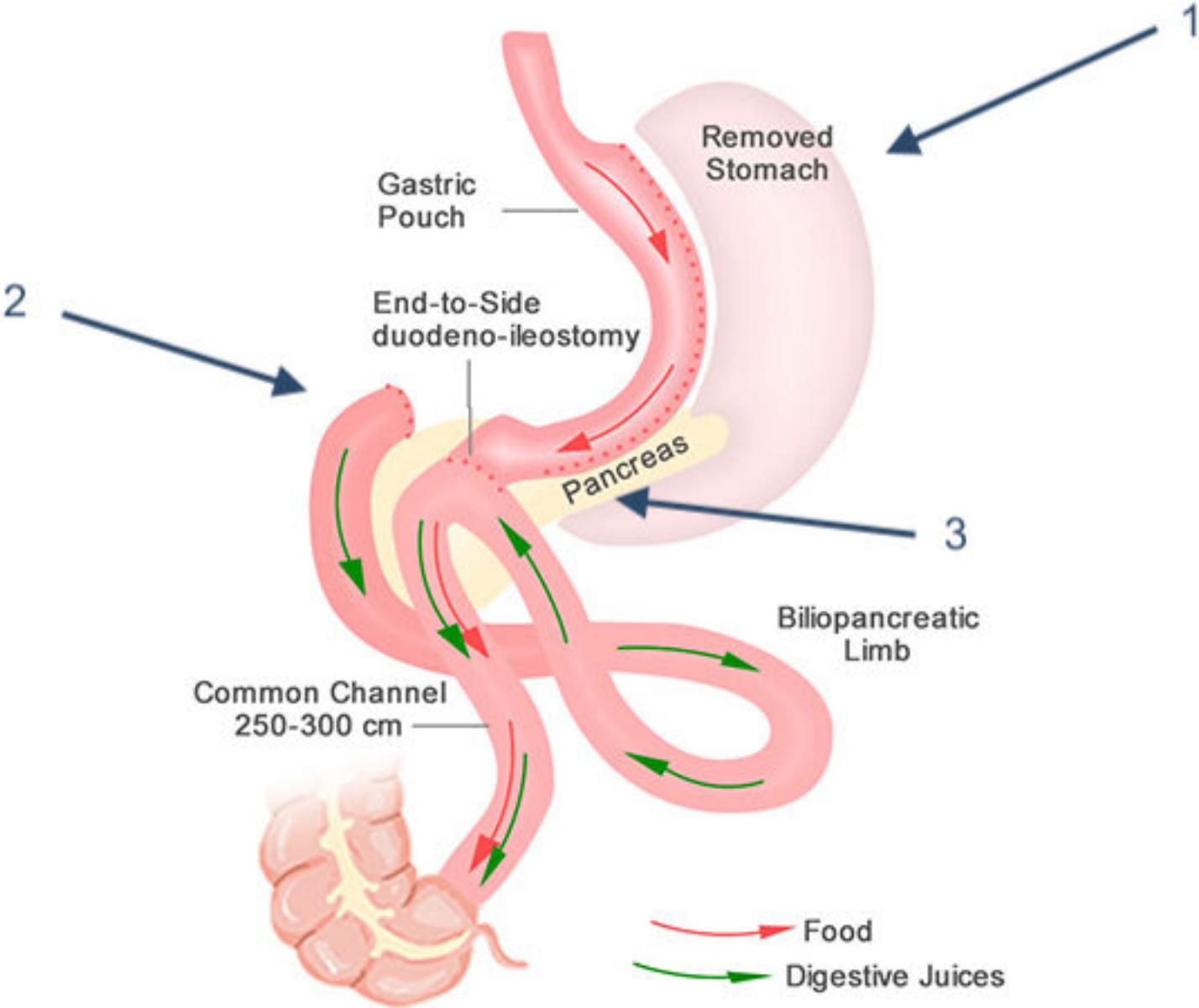


# Sleeve Gastrectomy





# Single Anastomosis Duodenal Ileal Bypass







# Pre-surgery Goals

## To prepare you for your new lifestyle after surgery

***Complete all 6 lesson plans before surgery. Start today.***

- Do not skip meals—eat three meals per day.
- Include a lean protein (lean meats, fish, eggs, milk, beans, Greek yogurt, cottage cheese, peanut butter or nut butter) source at every meal/snack.
- Learn to eat protein first. (Refer to list in Chapter three)
- Start to decrease portion sizes. Purchase measuring cups. Begin measuring your portions.
- Limit eating away from home to no more than twice a week; begin to review menus for post-surgery options.
- Start to increase fruits, vegetables, and whole grains in the diet.
- Start to decrease desserts/candy /high fat and processed foods. (i.e. ice cream, chips, cookies, fried foods etc.)
- Decrease caffeinated beverages.
  - No caffeine, or decaf coffee, in the first month after surgery. Decaf tea is allowed.
  - After the first month, limit to no more than 400mg caffeine post-surgery unless other health issues restrict more. (12oz coffee has 150-250mg)
- No carbonation is allowed after surgery for at least the first year.
- Be cautious when drinking through a straw as it could allow air into the stomach and cause you to feel uncomfortable.
- Practice the “30/60 minute rule”: Stop drinking 30 minutes before eating, no drinking during eating and no drinking for 60 minutes after eating.
- Drink at least 64 oz. of water or other calorie free beverages per day outside the “30/60 rule”.
- Practice sipping beverages—no “chugging” or gulping.
- Practice chewing foods thoroughly—to liquid consistency—before swallowing.
- Practice placing utensil down in between bites. Make your meal last 20-30 minutes.
- Alcohol is not medically recommended after bariatric surgery.
- Begin keeping a food journal.
- Start taking a general multi-vitamin and 2000 IU of vitamin D3. Your dietitian or physician may also recommend other vitamins/minerals based on your lab work results or past medical history.
- You should exercise 150 to 300 minutes per week or 30 to 60 minutes per day, 5 days per week.

Set your goal:

\_\_\_ minutes / \_\_\_ days per week.

Activity: \_\_\_\_\_



Chapter 2  
Pre-Operative  
Lesson Plans





## Lesson Plan One

- ◆ Start to decrease high calorie and high sugar foods
- ◆ Eat off a 8-9” plate
- ◆ Make ½ your plate vegetables
- ◆ Start measuring your food
- ◆ Drink at least one 8 oz. glass of water every day
- ◆ Start moving
  - Invest in a fitness tracker such as a Fitbit, an Apple Watch, a pedometer or download a fitness app on your phone (ie: Health app on iPhone, Map My Walk or Walking Tracker) to start tracking your activity.
  - Park further away from entrances
  - Use the steps instead of elevators
  - Avoid service by drive through windows
- ◆ **You will need to stop any use of nicotine or tobacco products, to include Hookah, vaping and chewing after surgery, therefore we require you to stop using all products prior. You will be tested before surgery!**
- ◆ **It is encouraged to lose weight before surgery with diet and lifestyle changes. In addition, a pre-op liver shrinking diet may be prescribed by your team. We advise to be under your initial weight when it is time to submit to insurance as some insurance companies require weight loss prior to surgery.**
  - If you do not own a scale, please purchase one.
    - Weigh yourself at least weekly to keep track of your progress. Document your weight on your lesson plan.

Your Successes:

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Your Challenges:

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Your Objective for Next Month:

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Your initial weight: \_\_\_\_\_

**DO NOT gain weight during the pre-op process**



## Harmful health effects of smoking

You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information

### Why should I worry about smoking?

Smoking is **extremely** bad for your health. It can cause health problems that you have to deal with throughout your life. It can also shorten your life. Smoking has harmful effects on the health of people around you, too, including children.

People become addicted to smoking because of a harmful chemical called "nicotine" that is found in cigarettes. But smoking releases many other toxic substances into your body, too. These include:

- Carbon monoxide – This is a poisonous gas that gets into your blood when you smoke.
- Tar – This is a sticky substance that has many cancer-causing chemicals. It sticks to the inside of your lungs and makes it hard to breathe.
- Cancer-causing metals – These include lead, arsenic, and nickel.
- Harmful chemicals – These include ammonia, butane, formaldehyde, and many others.

Smoking is most harmful to your heart and lungs. But it affects **every** part of your body. It changes how you look and sound, and how well you can taste and smell.

How often you smoke and how long you have smoked are the 2 biggest factors in how much damage smoking will do to you. But even smoking every once in a while is very bad for your health.

Even if you do not smoke, you can still have negative health effects from being around:

- Secondhand smoke – This means the smoke that people breathe in when they're near a person who is smoking.
- Thirdhand smoke – This means the chemicals that are left behind in a home, building, or car when people smoke inside. It can stay on carpets, walls, and other surfaces for a long time. When people come into contact with these things, they are exposed to some of the same chemicals as people who smoke.

### Does smoking cause cancer?

**Yes.** Smoking is the most common cause of lung cancer, which is very difficult to treat.

Smoking (and using other forms of tobacco) also increases the risk of other types of cancers. These include:

- Mouth cancer
- Bladder cancer
- Esophageal cancer
- Throat cancer
- Kidney cancer
- Liver cancer
- Stomach, colon, and rectal cancer
- Pancreatic cancer
- Cervical cancer

- Blood cancers, including leukemia
- Skin cancer

### What other health problems can smoking cause?

Smoking affects your entire body, including:

- **Your lungs** – If you smoke, you are more likely to have lung problems, such as:
  - Lung infections, like pneumonia or bronchitis
  - Lung diseases, such as chronic obstructive pulmonary disease ("COPD")
  - Asthma
- **Your heart** – Smoking can harm your heart. It can:
  - Cause heart disease and stroke
  - Make you more likely to have high blood pressure
  - Make you more likely to get blood clots
  - Decrease the blood flow to all of your body
- **Your digestive system** – Smoking increases the risk of problems with your digestive system, including:
  - Your body making more stomach acid than normal – This can cause sores called "ulcers" in your stomach or intestines. You might also have heartburn, which is caused by acid reflux. This is when stomach acid flows back up to your throat.
  - Crohn disease – The symptoms can include diarrhea, belly pain, feeling tired, weight loss, and fever.
- **Your bones** – Smoking is bad for your bone health. If you smoke:
  - Your bone-forming cells don't grow as fast – This can lead to weaker bones (called "osteoporosis").
  - You might have a greater risk of breaking bones.
  - Broken bones take longer to heal.
  - You are more likely to have low back pain and arthritis.
- **Your skin** – Smoking affects how your skin looks and feels. It can:
  - Make you look older than you are – Smoking can lead to more wrinkles around your eyes and mouth, and overall thinner skin.
  - Increase your risk of psoriasis – This is a condition that can make your skin dry, itchy, and flaky.
  - Stain your fingers and fingernails yellow
- **Your eyes** – Smoking increases your risk of:
  - Cataracts – This is an eye problem that makes your vision blurry or cloudy.
  - Age-related macular degeneration – This is an eye problem that makes the center of your vision look blurry.
- **Your mouth and teeth** – If you smoke:
  - Your teeth can be stained yellow or brown by the smoke.
  - You have a higher chance of getting gum disease. Gum disease can cause your teeth to loosen and fall out.
  - Your sense of taste and smell can start to go away.
  - Your breath smells bad.



- **Your brain** – Smoking can:
  - Lead to nicotine addiction
  - Affect your mood in a negative way
  - Make you more likely to have depression than people who do not smoke
  - Make you more likely to have a stroke
- **Your sexual and reproductive health** – Smoking can cause problems with sex:
  - For males, this can include trouble getting or keeping an erection.
  - For females, smoking might make it harder to get pregnant. It can also cause you to go through menopause (when monthly periods stop) earlier than usual. For females who are older than 35, many hormonal forms of birth control like the pill are not safe if you smoke. These forms put you at risk for heart attack and stroke.

### **What if I have diabetes?**

If you smoke and have diabetes, it might be harder for you to keep your blood sugar under control. Smoking also increases the risk of problems that can happen in people with diabetes, like heart disease.

Smoking can also make people more likely to get diabetes.

### **What if I have children?**

If you smoke, your children:

- Are more likely to start smoking
- Can breathe in your secondhand smoke, which can harm them

Most people who smoke start before the age of 18. It is important to tell your children about the harmful health effects of smoking.

### **What if I am pregnant?**

Smoking can be very dangerous for a developing baby. If you smoke while you are pregnant, it increases the chances of:

- Ectopic pregnancy – This is when a fertilized egg starts growing outside of the uterus. This is extremely dangerous. If you have an ectopic pregnancy, your doctor will need to give you medicine or do a procedure to remove the ectopic pregnancy.
- Stillbirth – This is when a baby dies before it is born, in the second half of a pregnancy (after 20 weeks) or during labor.
- Preterm birth – This is when a baby is born too early.
- Problems in the baby – Smoking might increase the chance of some problems babies can be born with, including certain disabilities.

When your baby is born, smoking can:

- Cause your baby to weigh less than normal at birth
- Make your baby more likely to have health problems
- Make your baby more likely to die of sudden infant death syndrome ("SIDS") – This is when an otherwise healthy baby dies for no known reason.

### **What if I use a form of tobacco other than cigarettes?**

Other forms of tobacco include chewing tobacco, snuff, cigars, hookahs or water pipes, electronic cigarettes ("vaping"), and "heat-not-burn" products.

All forms of tobacco come with risks. Avoiding tobacco in all forms is best for your health.

### **What other problems can smoking cause?**

Besides the negative effects to your body, smoking has other harmful effects. Some people have a negative view of people who smoke, and they might be less likely to want to interact with you if you smoke.

Smoking is also very expensive. For example, people in the US who smoke 1 pack a day (20 cigarettes) can spend more than \$2000 a year on cigarettes. It can also make your health care costs higher. This is because people who smoke are more likely to have health problems.

### **What should I do when I am ready to quit smoking?**

Deciding to quit is one of the best things you can do for your health and future. While quitting isn't easy, it can dramatically improve your health and help you live longer.

Even if you have smoked for many years, it is never too late to quit. Your body starts to heal as soon as you stop smoking. Quitting smoking will improve your health no matter how old you are, even if you have smoked for a long time.

If you are thinking about quitting, it's a good idea to start by talking with your doctor or nurse. It is possible to quit smoking on your own, without help. But getting help greatly increases your chances of quitting successfully.

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## Quitting smoking

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### What are the benefits of quitting smoking?

Quitting smoking can dramatically improve your health and help you live longer. It lowers your risk of heart disease, lung disease, kidney failure, cancer, infection, stomach problems, and diabetes.

Quitting smoking can also lower your chances of getting osteoporosis, a condition that makes your bones weak.

Quitting is not easy for most people, and it might take several tries to completely quit. But help and support are available. Quitting smoking will improve your health no matter how old you are, even if you have smoked for a long time.

### What should I do if I want to quit smoking?

It's a good idea to start by talking with your doctor or nurse. It is possible to quit on your own, without help. But getting help greatly increases your chances of quitting successfully.

When you are ready to quit, you will make a plan to:

- Set a quit date.
- Tell your family and friends that you plan to quit.
- Plan ahead for the challenges you will face, such as cigarette cravings.
- Remove cigarettes from your home, car, and work.

### How can my doctor or nurse help?

Your doctor or nurse can give you advice on the best way to quit. They can also give you medicines to:

- Reduce your craving for cigarettes
- Reduce your "withdrawal" symptoms (symptoms that happen when you stop smoking)

Your doctor or nurse can also help you find a counselor to talk to. For most people who are trying to quit smoking, it works best to use both medicines **and** counseling.

You can also get help from a free phone line (1-800-QUIT-NOW, or 1-800-784-8669) or go online to [www.smokefree.gov \(https://smokefree.gov/\)](https://smokefree.gov/).

### What are the symptoms of withdrawal?

When you stop smoking, you might have symptoms such as:

- Trouble sleeping
- Feeling irritable, anxious, or restless
- Getting frustrated or angry
- Having trouble thinking clearly

These symptoms can be hard to deal with, which is why it can be so hard to quit. But medicines can help.

Some people who stop smoking become temporarily depressed. Some people need treatment for depression, such as counseling or medicines or both. People with depression might:

- No longer enjoy or care about doing the things they used to like to do
- Feel sad, down, hopeless, nervous, or cranky most of the day, almost every day
- Lose or gain weight
- Sleep too much or too little
- Feel tired or like they have no energy
- Feel guilty or like they are worth nothing
- Forget things or feel confused
- Move and speak more slowly than usual
- Act restless or have trouble staying still
- Think about death or suicide

If you think you might be depressed, tell your doctor or nurse right away. They can talk to you about your symptoms and recommend treatment if needed.

### **Get help right away if you are thinking of hurting or killing yourself!**

Sometimes, people with depression think of hurting or killing themselves. If you ever feel like you might hurt yourself, help is available:

- In the US, contact the 988 Suicide & Crisis Lifeline:
  - To speak to someone, call or text **988**.
  - To talk to someone online, go to [www.988lifeline.org/chat](https://988lifeline.org/chat/) (<https://988lifeline.org/chat/>).
- Call your doctor or nurse, and tell them that it is an emergency.
- Call for an ambulance (in the US and Canada, call 9-1-1).
- Go to the emergency department at your local hospital.

If you think your partner might have depression, or if you are worried that they might hurt themselves, get them help right away.

### **How does counseling work?**

A counselor can help you figure out:

- What triggers you to want to smoke, and how to handle these situations
- How to resist cravings
- What you can do differently if you have tried to quit before

You can meet with a counselor in 1-on-1 sessions or as part of a group. There are other ways to get counseling, too, such as over the phone, through text messaging, or online.

## How do medicines help you stop smoking?

Different medicines work in different ways:

- Nicotine **replacement therapy** – Nicotine is the main drug in cigarettes, and the reason they are addictive. These medicines reduce your body's craving for nicotine. They also help with withdrawal symptoms.

There are different forms of nicotine replacement, including skin patches, lozenges, gum, nasal sprays, and inhalers. Most can be bought without a prescription. Also, health insurance might cover some or all of the cost.

It often helps to use 2 forms of nicotine replacement. For example, you might wear a patch all the time, plus use gum or lozenges when you get a craving to smoke.

- Varenicline – Varenicline (brand names: Chantix, Champix) is a prescription medicine that reduces withdrawal symptoms and cigarette cravings. Varenicline can increase the effects of alcohol in some people. It's a good idea to limit drinking while you're taking it, at least until you know how it affects you.

Even if you are not yet ready to commit to a quit date, varenicline can help reduce cravings. This can make it easier to quit when you are ready.

- Bupropion – Bupropion (sample brand names: Wellbutrin, Zyban) is a prescription medicine that reduces your desire to smoke. It is also available in a generic version, which is cheaper than the brand name medicines. Doctors do not usually prescribe bupropion for people with seizures or who have had seizures in the past.

It might also be helpful to combine nicotine replacement with bupropion or varenicline. In some cases, a person might even take both bupropion **and** varenicline. Your doctor or nurse can help you figure out the best combination for you.

## Can vaping help me quit?

Sometimes, people wonder if vaping can help them quit smoking. Vaping is using electronic cigarettes, or "e-cigarettes."

Doctors recommend using medicines and counseling to quit smoking. These methods have been studied the most. But for people who have tried these and not been able to quit, switching to vaping might be an option. There are some things to remember:

- Vaping might be less harmful than smoking regular cigarettes. But e-cigarettes still contain nicotine as well as other substances that might be harmful.
- If you decide to try vaping to help you quit, it's important to switch **completely** from regular cigarettes to e-cigarettes. Using both will probably not be helpful, and might increase the risks of harm.
- It's not clear how vaping can affect a person's health in the long term.

For these reasons, doctors recommend that if you do try vaping to help you quit smoking, you still make a plan to quit vaping eventually.

If you are interested in trying vaping to help you quit smoking, it's a good idea to talk to your doctor or nurse first.

## What if I am pregnant and I smoke?

If you are pregnant, it's really important for the health of your baby that you quit. Ask your doctor what options you have, and what is safest for your baby.

## What if I have already smoked for a long time?

The longer you have smoked, the higher your chances are of having health problems. But it is **never** too late to quit smoking. It helps your health even if you are older or have smoked for many years. The best thing you can do to lower your chance of having a health problem caused by smoking is to quit.

## Will I gain weight if I quit?

You might gain a few pounds. This can be frustrating for some people. But it's important to remember that you are improving your health by quitting smoking. You can help prevent gaining a lot of weight by staying active and eating a healthy diet.

## What if I am not able to quit?

If you don't quit on your first try, or if you quit but then start smoking again, don't give up hope. Lots of people have to try more than once before they are able to completely quit.

It might help to try to understand why quitting did not work. There might be something you can do differently when you try again. It can help to figure out which situations make you want to smoke, so you can avoid them.

## What else can I do to improve my chances of quitting?

You can:

- Get regular exercise. Any type of physical activity, even gentle forms of movement, is good for your health. Physical activity can also help reduce stress.
- Stay away from people who smoke and places that make you want to smoke. If people close to you smoke, ask them to quit with you or avoid smoking around you.
- Carry gum, hard candy, or something to put in your mouth. If you get a craving for a cigarette, try 1 of these instead.
- Don't give up, even if you start smoking again. It takes most people a few tries before they succeed.

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## Making Healthy Choices When You Grocery Shop

You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information

### About this topic

Shopping for healthy foods can help you meet your health goals. Making healthy choices while you grocery shop can help you lose or maintain your weight and meet your health goals.

### What foods are good to eat?

Choose these foods more often:

- Meats and meat alternates:
  - Beef loin, round, and sirloin
  - Pork tenderloin and sirloin
  - White meat chicken and turkey without the skin
  - Canned fish and chicken packed in water
  - Fish
  - Eggs
  - Lean ground beef or ground turkey (at least 93% lean)
  - Soy products like tofu or tempeh
  - Nuts, seeds, or nut butters
  - Beans and peas
- Dairy:
  - 1% or skim milk
  - Low fat or fat free cottage cheese
  - Reduced fat or low fat cheese
  - Low fat or fat free sour cream
  - Low fat or fat free yogurt
- Breads, grains, and cereals:
  - Whole grain bread or bagels with at least 3 grams of fiber per serving
  - Whole grain cereal with at least 5 grams of fiber per serving
  - Whole grain pasta or noodles
  - Whole grain pita bread
  - Brown or wild rice
  - Whole wheat tortillas

- Fruits:
  - Canned fruit packed in juice or water
  - Fresh, frozen, or dried fruit
  - 100% fruit juice
- Vegetables:
  - Salt free or low sodium canned vegetables
  - Fresh or frozen vegetables
  - Low sodium vegetable juice
- Fats and oils:
  - Liquid tub margarine
  - Reduced fat or light mayonnaise
  - Avocados
  - Olive oil, canola oil, or peanut oil

**What foods should be limited or avoided?**

Choose these foods less often:

- Meats and meat alternates:
  - High fat cuts of meat or poultry like beef ribs or dark meat chicken with the skin
  - Fried meats
  - Cured meats like ham, sausage, or hot dogs
  - Prepackaged lunch meats
- Dairy:
  - Whole milk or 2% milk
  - Full fat cottage cheese
  - Cheese high in saturated fat and sodium
  - Full fat sour cream
  - Full fat yogurt or yogurt with added sugar
- Breads, grains, and cereals:
  - Bread or bagels with less than 3 grams of fiber per serving
  - Breakfast cereals with added sugar or with less than 5 grams of fiber
  - Pasta or noodles made with refined grains
  - White rice
  - Tortillas made with refined grains
- Fruits:
  - Canned fruit packed in syrup



- Vegetables:
  - Vegetables with cream or cheese sauces
  - Canned vegetables with added salt
- Fats and oils:
  - Stick margarine and butter
  - Coconut oil
  - Lard
  - Partially hydrogenated oils

### **Helpful tips**

- Shop after a meal. You are more likely to make poor choices when you shop hungry.
- Plan meals out before going to the grocery store. Make a list ahead of time and stick to it.
- Shop the edges of the grocery store. This is where you will find vegetables, fruits, whole grains, fish, lean meats, and dairy products. Head to the center aisles for healthy staples like canned or frozen fruits and vegetables, canned fish or chicken packed in water, beans, cereals, nut butters, nuts, and seeds.
- Buy fruits and vegetables when they are in season. This can help save money and get a variety of foods in your diet throughout the year.
- Learn to read the nutrition facts label. This will help you know what is in the food you choose.
- When buying breads and grains, look for items that list whole grain first. Avoid breads and grains that list enriched flour or multigrain.
- Choose foods with no trans fats. Shop for foods that do not have a lot of salt, saturated fat, or added sugar.
- Understand nutrient label claims. For example, “Low Sodium” means it has 140 milligrams of sodium or less.
- Learn how you can substitute beans, eggs, tofu, legumes, or applesauce in a recipe to make it more healthy. It can also save on cost.
- Use herbs and spices to season foods instead of salt. Try things like sodium-free seasoning blends, allspice, basil, bay leaves, chili powder, cinnamon, ginger, onion powder, oregano, paprika, pepper, rosemary, sage, tarragon, and thyme.
- Limit foods high in sodium, like prepackaged or frozen dinner entrees, canned soups, rice mixes, and pasta sauces.
- Drain and rinse canned vegetables and beans to get rid of excess sodium.
- Have fruit for dessert. Limit ice cream, doughnuts, cookies, muffins, pies, and cakes to special occasions.
- Divide snack foods into single servings when you get home from the store. This will help you avoid overeating.
- Drink water. Avoid buying sodas, energy drinks, and punches.

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# Active at Any Size



National Institute of  
Diabetes and Digestive  
and Kidney Diseases

WIN Weight-control  
Information Network

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## Introduction

Would you like to make physical activity a part of your life, but are not sure how to do it?

Good news—you can be active at any size—and have fun and feel good doing it!

Physical activity may seem difficult when you are overweight or obese. You may get short of breath quickly. Your feet or joints may hurt. It may be hard or costly to find the right clothes and equipment. And you may feel self-conscious working out in front of others.

Facing these challenges may be hard—but it can be done! This brochure will give you many tips and resources for being more active and healthier at any size.

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► See the Weight-control Information Network (WIN) website at <http://www.win.niddk.nih.gov> for more resources to help you improve your health.

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## TOOLS YOU CAN USE

### Do I need to see my health care provider before I start?

Talk to your health care provider if you

- have a chronic disease like diabetes, high blood pressure, and/or heart disease
- have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity
- are unsure of your health status or have any concerns that exercise might be unsafe for you

If any of these concerns apply to you, ask your doctor about ways to safely make physical activity part of your life.

## Why should I be active?

Physical activity may help you live longer and protect you from developing serious health problems, like type 2 diabetes, heart disease, and stroke. Regular physical activity is linked to many health benefits. It helps you feel better because it may

- ▶ lower blood pressure and blood sugar
- ▶ help build healthy bones, muscles, and joints
- ▶ help your heart and lungs work better
- ▶ boost energy during the day, aid in sleeping at night, and improve mood

When combined with a healthy eating pattern, regular physical activity may also help you control your weight.

Being active with others can be a lot of fun! It may give you a chance to meet new people or spend more time with family and friends.

## How can I be active safely?

The activities in this brochure are safe for most people. But if you have health concerns or any problems moving or being steady on your feet, talk to your health care provider before you start. See the box “Do I need to see my health care provider before I start?” for more information.

If you have been inactive for a while, start slowly and check how you are feeling. Avoid high-impact activities, as jumping and landing on a hard surface could lead to injury. Make your workouts harder and longer as you feel more comfortable.

When you do physical activity, your body tries to cool itself down by sweating. You can lose water when you are working out. To keep your body hydrated, remember to drink fluids. Water is a great choice. Sports beverages are also an option, but they have a lot of sugar and will give you extra calories.

When outdoors, protect yourself from the sun by putting on sunscreen and wearing a hat or visor and protective clothing.

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► Stay safe while working out. Slow down and stop if you see any of the warning signs in the **“Tools You Can Use”** box on page 4.

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## TOOLS YOU CAN USE

### What are the warning signs that I should stop?

Stop your activity right away and seek help if you

- have pain, tightness, or pressure in your chest or neck, shoulder, or arm
- feel dizzy or sick
- are extremely short of breath
- feel pain in your joints, feet, ankles, or legs. You could hurt yourself if you ignore the pain

Ask your health care provider what to do if you have any of these symptoms.

## What kinds of activities can I do?

You do not need special skills or equipment to make physical activity part of your life. Many types of activities may help improve your health—from things you do every day, like walking your dog, to planned exercises.

Try different activities that you enjoy. Read on for some ideas. Anything that gets you moving around—even for a few minutes at a time—is a healthy start to getting fit.

### Walking

Walking is the most popular physical activity among adults. It is low cost, convenient, and generally doesn't require any special clothes or equipment.

Walking will help you

- ▶ improve your fitness
- ▶ burn calories
- ▶ feel more energetic



Concerns about safety can keep some people from walking. Choose a safe and well-lit area to walk. Try walking in places you enjoy, like a park or shopping mall. Bring along a friend or family member to chat with you, as this type of social support may help you meet your activity goals. Many malls and parks have benches where you can take a quick break if it is hard for you to walk for a long time.

If you don't have time for a long walk, add short walks instead. For example, instead of a 30-minute walk, add three 10-minute walks to your day. This makes it easier to fit your activity into a busy schedule.



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▶ To learn how to create your own walking plan, see the WIN brochure *Walking...A Step in the Right Direction*, listed in the Resources section

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▶ **Tips for Walking**

- Wear comfortable walking shoes that offer a lot of support.
- Warm up by walking more slowly for the first few minutes of your walk before picking up the pace. When you are ready to stop, cool down by slowing your pace.
- Start by walking short distances and add more as you feel comfortable.

## TOOLS YOU CAN USE

### What should I wear when working out?

- Wear clothes made of fabrics that absorb sweat and remove it from your skin.
- Wear lightweight, loose-fitting tops that allow you to move easily. Women should wear a good support bra.
- Wear stretchy bottoms that are comfortable and prevent inner-thigh chafing, such as tights or spandex shorts.

## Dancing

Dancing can be a lot of fun. You can dance in a health club, a dance studio, or even at home. To dance at home, just move your body to some lively music or to a dance workout on your TV or computer.

Dancing may help

- ▶ tone your muscles
- ▶ make your heart stronger
- ▶ make your lungs work better

If it is hard for you to stand on your feet for a long time, dancing while sitting down may be an option. Sometimes called chair dancing, this activity lets you move your arms and legs to music while taking the weight off your feet.

## Bicycling

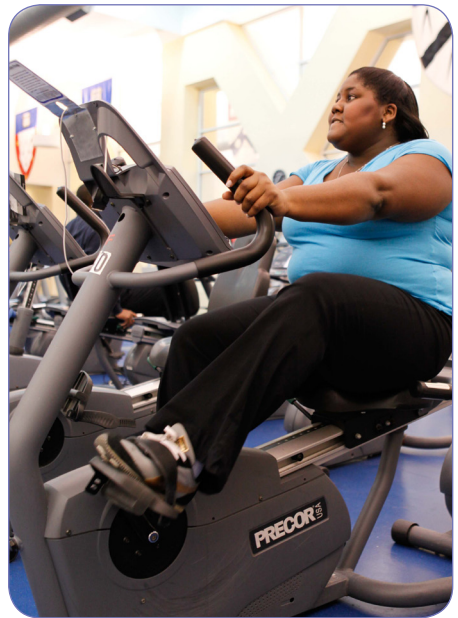
Riding a bike does not stress any one part of the body—your weight is spread among your arms, back, and hips. You can bicycle indoors on a stationary bike, or outdoors on a road bike.

You may want to use a recumbent bike. On this type of bike, you sit lower to the ground with your legs reaching forward to

the pedals. This may feel better than sitting upright. The seat on a recumbent bike is also wider than the seat on an upright bike.

For biking outdoors, you may want to try a mountain bike. These bikes have wider tires and are sturdy. You can also buy a larger seat to put on your bike.

If you decide to buy a bike, check its weight rating (the number of pounds it can support) to make sure it is safe for you.



## Water Workouts

Swimming and water workouts put less stress on your joints than walking, jogging, or biking because you do not have to lift or push your own weight. If your feet, back, or joints hurt when you stand, these activities may be best for you. If you feel self-conscious or cannot find a good bathing suit, you can wear shorts and a T-shirt while you swim.

Exercising in water

- ▶ **helps flexibility.** You can move your body in water in ways you cannot on land.
- ▶ **reduces risk of injury.** Water makes your body float. This keeps your joints from being pounded or jarred and helps prevent sore muscles and injury.
- ▶ **keeps you refreshed.** You can keep cool in water—even when you are working hard.

You do not need to know how to swim to work out in water—you can do shallow-water or deep-water exercises without swimming.

For **shallow-water workouts**, the water level should be between your waist and your chest. Try walking in place, moving your arms from side to side, and throwing punches in front of you.

During **deep-water workouts**, most of your body is underwater. For safety and comfort, wear a foam belt or life jacket.

## TOOLS YOU CAN USE

### What if I don't want to mess up my hair in the pool?

If you are worried about damage to your hair from the pool water or don't want to mess up your hairstyle, try these tips:

- A swim cap may protect your hair from getting wet. After your workout, remove the cap, refresh your style, and go.
- A natural hairstyle, short braids, or locs may be easier than long hair to take care of after a water workout.
- If your hair does feel damaged after a swim, you can find shampoos to remove chlorine buildup at most drug stores.

## Strength Training

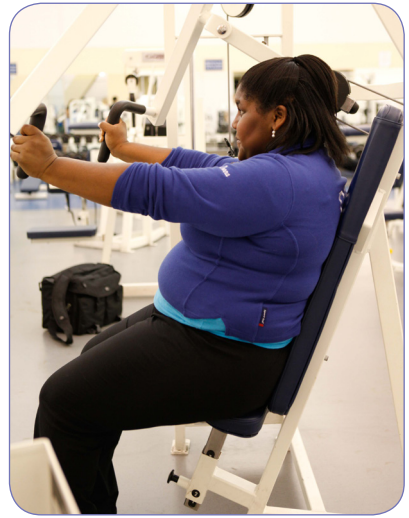
This type of activity uses free weights, weight lifting machines, resistance bands, or your own body weight to strengthen your muscles.

Strength training may help you

- ▶ build and maintain strong muscles as you get older
- ▶ maintain function in daily activities
- ▶ keep your bones strong

If you are just starting out, using a weight lifting machine may be safer than dumbbells. As you increase your muscle fitness, you may want to add free weight exercises.

You do not need weight benches or large dumbbells to do strength training at home. You can use a pair of hand weights or even two soup cans or milk jugs filled with water or rice. You can also use your own body weight—for example, by getting up and down from a chair or doing push-ups.



Proper form is very important when lifting weights. You may want to schedule a session with a personal trainer to learn what exercises to do and how to do them safely. You may need to check with your health insurer about whether this service is covered by your plan.

If you decide to buy a home gym, check its weight rating (the number of pounds it can support) to make sure it is safe for you.

### ▶ **Strength Training Tips**

- Aim for 2 to 3 days per week of strength training activities.
- For each exercise, aim for 8 to 12 repetitions. If that's too hard, the weight you are lifting is too heavy. If it's too easy, your weight is too light.
- Give your muscles time to recover. Do not work the same muscles 2 days in a row.

## Mind and Body Exercise

Your local fitness center may also offer classes like yoga, tai chi, or Pilates. These types of activities may help you

- ▶ become more flexible and increase strength
- ▶ feel more relaxed
- ▶ improve balance and posture

These types of classes can add variety to your workout routine and be a lot of fun. If some movements are hard for you to do or if you have any injuries you are concerned about, talk to the instructor about ways to adapt the exercises and poses to meet your needs or start with a class for beginners.

## Daily Life Activities

Lifestyle activities, such as gardening or washing the car, are great ways to get moving. Small changes can add more physical activity to your day and improve your health. Try these:

- ▶ If possible, take 2- to 3-minute walking breaks at work several times a day.
- ▶ Stand or walk in place during TV commercials.
- ▶ Take the stairs instead of the elevator or escalator whenever possible.



Even a shopping trip can be exercise, because it is a chance to walk and carry your bags. Doing chores like lawn mowing, raking leaves, gardening, and housework also count.

## Where can I be active?

There are many fun places to be active. Here are some options:

- ▶ Join a local fitness center or community recreation center (see the “Tools You Can Use” box on this page for questions to ask when choosing a fitness center).
- ▶ Enjoy the outdoors by going for a walk at a safe local park.
- ▶ Work out in the comfort of your living room by checking out a workout DVD at your local public library.



### **TOOLS YOU CAN USE**

#### **What questions should I ask when choosing a fitness center?**

- Do you have exercise equipment appropriate for people who weigh more? What kind of support will your staff provide on how to use the equipment?
- Do you offer any special classes for people who are starting out, older adults, or people with mobility issues?
- Can I try out the center before I sign up?

# How can I get past my roadblocks?

Think about your barriers to being active. Then try to come up with creative ways to address them. Here are a few examples to help you get started.

Barrier	Solution
I don't have enough time!	Instead of doing one long session of exercise, build in several short bursts (3 to 5 minutes) that will not disrupt your day. Try to walk more while doing your errands and walk in place during commercials or while on the phone. Simply standing up instead of sitting at your desk also has benefits.
I just don't like exercise.	Good news—you do not have to run or do push-ups to get the benefits of physical activity. Try dancing to the radio or being active with friends to make exercise more enjoyable. Many people find that they like exercise better the more they do it.
I'm worried about my health or injury.	If you have a hard time being active because of your health, talk to a health care provider first. A certified fitness professional can also guide you on how to be active safely.
I feel self-conscious working out in front of others.	Start with exercise at home until you feel confident. Be active with friends who will support and encourage you. Having someone "in your corner" may make you feel less self-conscious.
<i>(Add your barrier.)</i>	<i>(Add your solution.)</i>
<i>(Add your barrier.)</i>	<i>(Add your solution.)</i>



## How can I stick with my healthy habits?

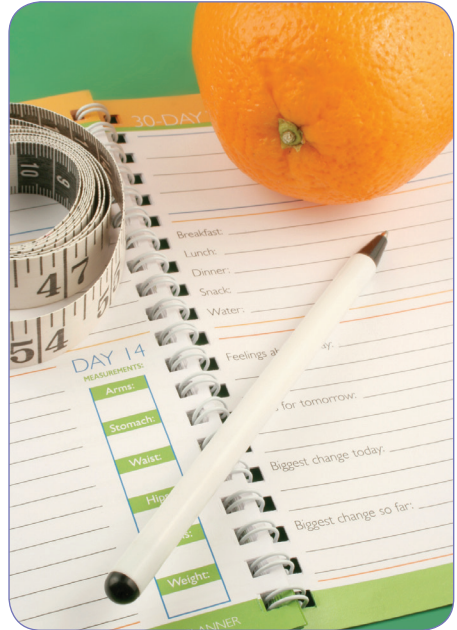
Keeping an activity journal is a useful tool to help you stay motivated, stay on track, and reach your goals. It may be helpful to set a short-term goal, a long-term goal, and rewards for meeting those goals. Use the sample activity journal on page 16 to help you stick with your healthy habits.

**Set short-term and long-term goals.** Getting started with a doable goal is a great way to form a new habit. A short-term goal may be to walk 5 to 10 minutes, 5 days

a week. A long-term goal may be to do at least 30 minutes of physical activity at a moderate intensity level (activity that makes you breathe harder but does not overwork or overheat you) on most days of the week.

To get you started, write down a goal in the sample activity journal. Be specific. For example, instead of “I will be more active,” set a goal like “I will go for a walk after lunch at least 2 days per week.”

**Set rewards.** Whether your goal was to be active for 15 minutes a day, to walk farther than you did last week, or simply to stay positive, recognizing your efforts is an important part of staying on track. Some ideas for rewards include new music to charge you up or 30 minutes of quiet time to yourself.



Write down how you will reward yourself in “My Activity Journal” on page 16.

**Get support.** Get a family member or friend to be physically active with you. It may be more fun and your buddy can cheer you on and help you stick with it.

Write down who will support you in “My Activity Journal.”



**Track progress.** You may not feel like you are making progress but when you look back at where you started, you may be pleasantly surprised! You can make copies of the blank activity journal to keep track of your efforts.

## Sample Activity Journal

### GOALS

**My short-term goal:** Walk at least 3 days this week.

**My long-term goal:** Get 30 minutes of physical activity every day.

### REWARD

**My reward:** I will watch an episode of my favorite TV show with my friends while my wife and kids are out.

### SUPPORT

**My support:** My coworker Bob will go for a walk with me.

Date	Activity	Total Time	How I Felt
<b>MONDAY</b>	Walking Gardening	5 minutes 20 minutes	It was hard, but it felt good to finish.
<b>TUESDAY</b>	Washing the car	60 minutes	Fantastic! What a gorgeous day to be outside. Car looks great now!
<b>WEDNESDAY</b>	Walking	5 minutes, 2 times each	Went with Bob at work—fun!
<b>THURSDAY</b>	Walking Stretching	8 minutes 15 minutes	A little hard to increase...
<b>FRIDAY</b>	Grocery shopping		Had fun walking through the produce section and picking out fresh fruits and veggies for lunch.
<b>SATURDAY</b>	Walking Stretching	8 minutes 10 minutes	Good way to start the weekend.
<b>SUNDAY</b>	Dancing	20 minutes	Pumped up the music and got moving!

### PROGRESS

**Did I meet my goals? Why? If I didn't, what will I change next week?**

I did meet my short-term goal, but not my long-term goal. There just doesn't seem to be enough time in the day. I will keep working toward it by taking longer walks and asking my wife to help me make and stick to a schedule.

Print out this journal page to keep track of your efforts and improvements.

## My Activity Journal

<b>GOALS</b>	<b>My short-term goal:</b> _____ _____		
	<b>My long-term goal:</b> _____ _____		
<b>REWARD</b>	<b>My reward:</b> _____		
<b>SUPPORT</b>	<b>My support:</b> _____		
<b>Date</b>	<b>Activity</b>	<b>Total Time</b>	<b>How I Felt</b>
<b>MONDAY</b>			
<b>TUESDAY</b>			
<b>WEDNESDAY</b>			
<b>THURSDAY</b>			
<b>FRIDAY</b>			
<b>SATURDAY</b>			
<b>SUNDAY</b>			
<b>PROGRESS</b>	<b>Did I meet my goals? Why? If I didn't, what will I change next week?</b> _____ _____ _____ _____		

## Think positive!

Making regular physical activity part of your life is a big step! Start slowly and applaud yourself for every goal you set and achieve.

Be patient. If you cannot achieve your goal the first time or you only stick to the goals for part of the week, remind yourself that this is part of establishing new habits. Review your goals—were they doable? Did you hit a barrier to meeting your goal? Brainstorm some options to overcome it in the future. Reach out to a friend or family member to help support your goals.

Remember to pat yourself on the back for trying, and focus on what you will do differently moving forward. Most importantly, do not give up. Any movement—even for a short time—is a good thing! Remember, each activity you add to your life is another step toward a healthier you.



## Resources

### Additional Reading from the Weight-control Information Network

The following publications are available online at <http://www.win.niddk.nih.gov/publications> and also by calling WIN toll-free at 1-877-946-4627.

- ▶ **Changing Your Habits: Steps to Better Health** explains how people can take small steps to become more physically active and consume healthier foods and beverages (available online at <http://www.win.niddk.nih.gov/publications/changing-habits.htm>).
- ▶ **Tips to Help You Get Active** offers tips to help readers become more physically active, overcome barriers to activity, and stay motivated (available online at <http://www.win.niddk.nih.gov/publications/tips.htm>).
- ▶ **Walking...A Step in the Right Direction** explains how to start a walking program, presents a sample program, and shows stretches for warming up and cooling down (available online at <http://www.win.niddk.nih.gov/publications/walking.htm>).



## Additional Resources

### **2008 Physical Activity Guidelines for Americans**

U.S. Department of Health and Human Services (HHS)

<http://www.health.gov/paguidelines>

### **ChooseMyPlate**

U.S. Department of Agriculture (USDA)

<http://www.choosemyplate.gov>

### **Dietary Guidelines for Americans, 2010**

USDA and HHS

<http://www.health.gov/dietaryguidelines>

### **Go4Life**

National Institute on Aging, National Institutes of Health

<http://go4life.nia.nih.gov>

### **National Diabetes Education Program**

<http://www.yourdiabetesinfo.org>

### **National Kidney Disease Education Program**

<http://nkdep.nih.gov>

### **SuperTracker**

USDA

<http://www.supertracker.usda.gov>

Inclusion of resources is for information only and does not imply endorsement by NIDDK or WIN.

## **Why should I participate in clinical trials?**

Clinical trials are research studies involving people. Clinical trials look at safe and effective new ways to prevent, detect, or treat disease. Researchers also use clinical trials to look at other aspects of care, such as improving the quality of life for people with chronic illnesses. To learn more about clinical trials, why they matter, and how to participate, visit the NIH Clinical Research Trials and You website at <http://www.nih.gov/health/clinicaltrials>. For information about current studies, visit <http://www.ClinicalTrials.gov>.

### **Weight-control Information Network**

1 WIN Way

Bethesda, MD 20892-3665

**Phone:** 202-828-1025

**Toll-free number:** 1-877-946-4627

**Fax:** 202-828-1028

**Email:** [win@info.niddk.nih.gov](mailto:win@info.niddk.nih.gov)

**Internet:** <http://www.win.niddk.nih.gov>

**Find us on Facebook:** <http://www.facebook.com/win.niddk.nih.gov>

The Weight-control Information Network (WIN) is a national information service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), part of the National Institutes of Health (NIH). WIN provides the general public, health professionals, and the media with science-based, up-to-date, culturally relevant materials and tips. Topics include how to consume healthy foods and beverages, barriers to physical activity, portion control, and eating and physical activity myths. Publications produced by WIN are carefully reviewed by both NIDDK scientists and outside experts. This brochure was also reviewed by Steven Blair, P.E.D., Department of Exercise Science, Arnold School of Public Health, University of South Carolina.

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Photography in this brochure was provided on behalf of the Yale Rudd Center for Food Policy & Obesity.



## Diet and health

You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information

### Why is it important to eat a healthy diet?

It's important to eat a healthy diet because eating the right foods can keep you healthy now and later in life. It can lower the risk of problems like heart disease, diabetes, high blood pressure, and some types of cancer. It can also help you live longer and improve your quality of life.

### What kind of diet is best?

There is no 1 specific diet that experts recommend for everyone. People choose what foods to eat for many different reasons. These include personal preference, culture, religion, allergies or intolerances, and nutritional goals. People also need to consider the cost and availability of different foods.

In general, experts recommend a diet that:

- Includes lots of vegetables, fruits, beans, nuts, and whole grains
- Limits red and processed meats, unhealthy fats, sugar, salt, and alcohol

### What are dietary patterns?

A dietary "pattern" means generally eating certain types of foods while limiting others. Some people need to follow a specific dietary pattern because of their health needs. For example, if you have high blood pressure, your doctor might recommend a diet low in salt.

If you are trying to improve your health in general, choosing a healthy dietary pattern can help. This does not have to mean being very strict about what you eat or avoid. The goal is to think about getting plenty of healthy foods while limiting less healthy foods.

Examples of dietary patterns include:

- Mediterranean diet – This involves eating a lot of fruits, vegetables, nuts, and whole grains, and uses olive oil instead of other fats. It also includes some fish, poultry, and dairy products, but not a lot of red meat. Following this diet can help your overall health, and might even lower your risk of having a stroke.
- Plant-based diets – These patterns focus on vegetables, fruits, grains, beans, and nuts. They limit or avoid food that comes from animals, such as meat and dairy. There are different types of plant-based diets, including vegetarian and vegan.
- Low-fat diet – A low-fat diet involves limiting calories from fat. This might help some people keep weight off if that is their goal, but it does not have many other health benefits. If you choose to follow a low-fat diet, it is also important to focus on getting lots of whole grains, legumes, fruits, and vegetables. Limit refined grains and sugar.
- Low-cholesterol diet – Cholesterol is found in foods with a lot of saturated fat, like red meat, butter, and cheese. A low-cholesterol diet focuses on limiting the amount of cholesterol that you eat. Limiting the cholesterol in your diet can also help lower the amount of unhealthy fats that you eat.

## Which foods are especially healthy?

Foods that are especially healthy include:

- Fruits and vegetables – Eating a diet with lots of fruits and vegetables can help prevent heart disease and stroke. It might also help prevent certain types of cancer. Try to eat fruits and vegetables at each meal and also for snacks. If you don't have fresh fruits and vegetables available, you can eat frozen or canned ones instead. Doctors recommend eating at least 5 servings of fruits or vegetables each day.
- Whole grains – Whole-grain foods include 100 percent whole-wheat bread, steel cut oats, and whole-grain pasta. These are healthier than foods made with "refined" grains, like white bread and white rice. Eating lots of whole grains instead of refined grains has been shown to help with weight control. It can also lower the risk of several health problems, including colon cancer, heart disease, and diabetes. Doctors recommend that most people try to eat 5 to 8 servings of whole-grain, high-fiber foods each day.
- Foods with fiber – Eating foods with a lot of fiber can help prevent heart disease and stroke. If you have type 2 diabetes, it can also help control your blood sugar. Foods that have a lot of fiber include vegetables, fruits, beans, nuts, oatmeal, and whole-grain breads and cereals. You can tell how much fiber is in a food by reading the nutrition label (figure 1). Doctors recommend that most people eat about 25 to 34 grams of fiber each day.
- Foods with calcium and vitamin D – Babies, children, and adults need calcium and vitamin D to help keep their bones strong. Adults also need calcium and vitamin D to help prevent osteoporosis. Osteoporosis is a condition that causes bones to get "thin" and break more easily than usual. Different foods and drinks have calcium and vitamin D in them (figure 2). People who don't get enough calcium and vitamin D in their diet might need to take a supplement. Doctors recommend that most people have 2 to 3 servings of foods with calcium and vitamin D each day.
- Foods with protein – Protein helps your muscles and bones stay strong. Healthy foods with a lot of protein include chicken, fish, eggs, beans, nuts, and soy products. Red meat also has a lot of protein, but it also contains fats, which can be unhealthy. Doctors recommend that most people try to eat about 5 servings of protein each day.
- Healthy fats – There are different types of fats. Some types of fats are better for your body than others. Healthy fats are "monounsaturated" or "polyunsaturated" fats. These are found in fatty fish, nuts and nut butters, and avocados. Use plant-based oils when cooking. Examples of these oils include olive, canola, safflower, sunflower, and corn oil. Eating foods with healthy fats, while avoiding or limiting foods with unhealthy fats, might lower the risk of heart disease.
- Foods with folate – Folate is a vitamin that is important for pregnant people, since it helps prevent certain birth defects. It is also called "folic acid." Anyone who could get pregnant should get at least 400 micrograms of folic acid daily, whether or not they are actively trying to get pregnant. Folate is found in many breakfast cereals, oranges, orange juice, and green leafy vegetables.

## What foods should I avoid or limit?

To eat a healthy diet, there are some things that you should avoid or limit. They include:

- Unhealthy fats – "Trans" fats are especially unhealthy. They are found in margarines, many fast foods, and some store-bought baked goods. "Saturated" fats are found in animal products like meats, egg yolks, butter, cheese, and full-fat milk products. Unhealthy fats can raise your cholesterol level and increase your chance of getting heart disease.
- Sugar – To have a healthy diet, it's important to limit or avoid added sugar, sweets, and refined grains. Refined grains are found in white bread, white rice, most pastas, and most packaged "snack" foods.

Avoiding sugar-sweetened beverages, like soda and sports drinks, can also help improve your health.

Avoid canned fruits in "heavy" syrup.

- Red and processed meats – Studies have shown that eating a lot of red meat can increase your risk of certain health problems, including heart disease and cancer. You should limit the amount of red meat that you eat. This is also true for processed meats like sausage, hot dogs, and bacon.

### **Can I drink alcohol as part of a healthy diet?**

Not drinking alcohol at all is the healthiest choice. Regular drinking can raise a person's chances of getting liver disease and certain types of cancers. In females, even 1 drink a day can increase the risk of getting breast cancer.

If you do choose to drink, most doctors recommend limiting alcohol to **no more** than:

- 1 drink a day for females
- 2 drinks a day for males

The limits are different because, generally, the female body takes longer to break down alcohol.

### **How many calories do I need each day?**

Calories give your body energy. The number of calories that you need each day depends on your weight, height, age, sex, and how active you are.

Your doctor or nurse can tell you about how many calories you should eat each day. You can also work with a dietitian (nutrition expert) to learn more about your dietary needs and options.

### **What if I am having trouble improving my diet?**

It can be hard to change the way that you eat. Remember that even small changes can improve your health.

Here are some tips that might help:

- Try to make fruits and vegetables part of every meal. If you don't have fresh fruits and vegetables, frozen or canned are good options. Look for products without added salt or sugar.
- Keep a bowl of fruit out for snacking.
- When you can, choose whole grains instead of refined grains. Choose chicken, fish, and beans instead of red meat and cheese.
- Try to eat prepared and processed foods less often.
- Try flavored seltzer or water instead of soda or juice.
- When eating at fast food restaurants, look for healthier items, like broiled chicken or salad.

If you have questions about which foods you should or should not eat, ask your doctor, nurse, or dietitian. The right diet for you will depend, in part, on your health and any medical conditions you have.

Images

figure 1: Nutrition label – Fiber

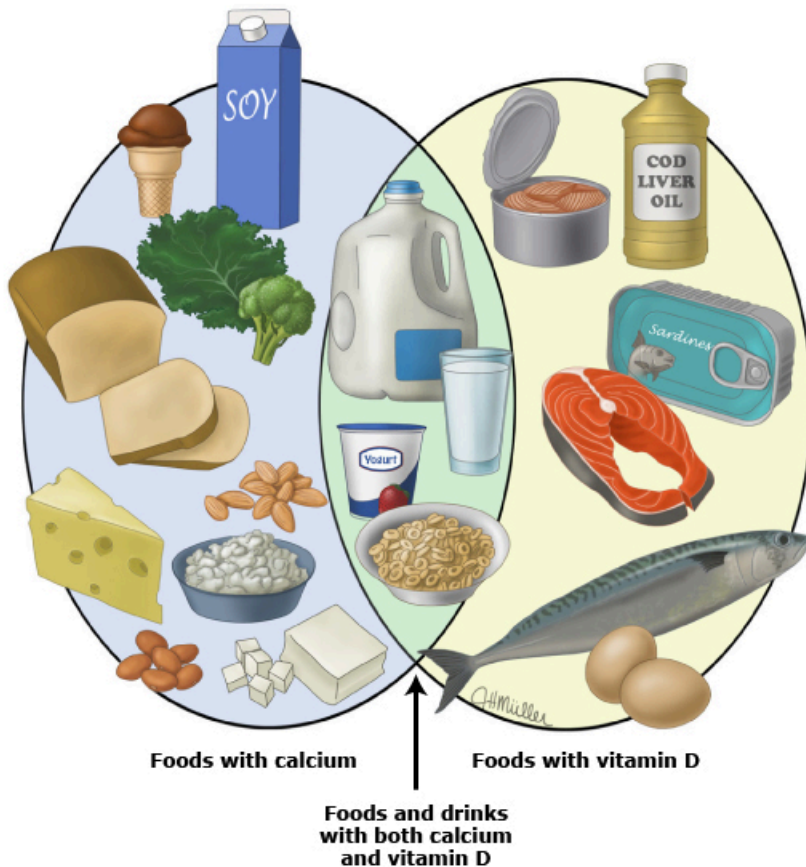
<b>Nutrition Facts</b>	
about 9 servings per container	
<b>Serving size</b>	<b>1 Cup (59g)</b>
<b>Amount per serving</b>	
<b>Calories</b>	<b>190</b>
% Daily Value *	
<b>Total Fat</b> 1g	<b>1%</b>
Saturated Fat 0g	<b>0%</b>
<i>Trans</i> Fat 0g	
Polyunsaturated Fat 0g	
Monounsaturated Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 210mg	<b>9%</b>
<b>Total Carbohydrate</b> 46g	<b>17%</b>
<b>Dietary Fiber</b> 7g	<b>25%</b>
Total Sugars 18g	
Includes 9g Added Sugars	<b>18%</b>
<b>Protein</b> 5g	
Vitamin D 4mcg	20%
Calcium 25mg	0%
Iron 4.4mg	20%
Potassium 390mg	8%
Thiamin	10%
Riboflavin	10%
Niacin	10%
Vitamin B <sub>2</sub>	10%
Folate 80 mcg DFE (48mcg folic acid)	20%
Vitamin B <sub>12</sub>	10%
Phosphorus	20%
Magnesium	20%
Zinc	10%
Copper	10%

\* The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

This is an example of a nutrition label. To figure out how much fiber is in a food, look for the line that says "Dietary Fiber." It's also important to look at the serving size. This food has 7 grams of fiber in each serving, and each serving is 1 cup.

Graphic 51585 Version 8.0

figure 2: Foods and drinks with calcium and vitamin D



Foods rich in calcium include ice cream, soy milk, breads, kale, broccoli, milk, cheese, cottage cheese, almonds, yogurt, ready-to-eat cereals, beans, and tofu. Foods rich in vitamin D include milk, fortified plant-based "milks" (soy, almond), canned tuna fish, cod liver oil, yogurt, ready-to-eat-cereals, cooked salmon, canned sardines, mackerel, and eggs. Some of these foods are rich in both.

Graphic 79375 Version 4.0

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## Lesson Plan Two

- ◆ Continue to follow Lesson Plan 1
- ◆ Start reading food labels
- ◆ Start journaling your daily food intake
- ◆ Stop drinking 30 minutes before you eat
- ◆ Drink at least two 8 oz. glass of water every day
- ◆ Start walking plan

Your Successes:

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Your Challenges:

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Your Objective for Next Month:

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Weight \_\_\_\_\_





## Heart-healthy diet

You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information

### Why do I need a heart-healthy diet?

When you eat a heart-healthy diet, you lower your risk of getting heart disease or having a stroke. You might also lower your blood pressure.

A heart-healthy diet includes lots of fruits, vegetables, and whole grains. It's important to get plenty of fiber. Eating a heart-healthy diet also means limiting salt (also called "sodium"), cholesterol, and unhealthy fats.

A healthy diet also provides the right amount of calories for you. Just eating healthy foods might not help control your weight if you eat too many calories. If you have excess body weight, your doctor or nurse will recommend that you lose weight. They can work with you to do this in a healthy way.

### What can I eat and drink on a heart-healthy diet?

Choose healthy foods (figure 1). The specific amount of each food type that you should eat depends on your age, weight, and sex. But your eating "pattern," or the types of foods in your diet, are also important.

Some examples:

- Grains – Try to eat 6 to 8 servings of whole-grain, high-fiber foods each day. These include whole-grain breads, cereals, brown rice, and pasta.
- Fruits and vegetables – Try to eat 4 to 5 servings each day. Eat many kinds and colors of fruits and vegetables. If possible, eat fresh fruits and vegetables. If that is not possible, eat frozen ones. If you only have access to canned fruits or vegetables, check the labels and look for products without added salt or sugar.
- Dairy – Try to have 3 to 4 servings each day. Choose low-fat (1 percent) or fat-free milk and other dairy products.
- Protein – Try to eat low-fat or lean meats that are baked or broiled, like chicken and turkey without the skin. Eat less red meat, and avoid processed meat such as pre-packaged sausage and hot dogs. Eat more fish, egg whites, and beans instead. Try to eat oily fish at least 2 times a week, such as tuna, salmon, and mackerel. Dried peas, beans, and lentils are also high in protein and fiber.
- Fats – There are different types of fats. Some types are better for your body than others. "Healthy" fats are monounsaturated or polyunsaturated fats. These are found in things like olive oil, canola oil, and sesame oil. They are also found in nuts, seeds, avocados, and nut butters.
- Salt and condiments – Use low-sodium or salt-free broths, soups, soy sauce, and condiments. To add flavor, use pepper, herbs, spices, vinegar, and lemon or lime juices for seasoning. Limit your total salt intake to no more than 2300 mg per day. This is the same as about 1 teaspoon (5 grams) of table salt. Use little or no added salt when making food. If you use sugar, honey, syrup, or jam, limit these to small amounts.
- Sweets – A heart-healthy diet generally involves limiting sugar and sweets. When you eat sweets, choose low-fat products with no trans fats. Sweet fruits are also a good choice.

### What foods and drinks should I avoid on a heart-healthy diet?

It's also important to avoid or limit certain foods and other products. This can be hard, especially if you are used to eating a lot of these things. Even cutting back on some of these things can help your health.

Some examples:

- Grains to **avoid** – These include salted breads, rolls, crackers, quick breads, self-rising flours, biscuit mixes, regular breadcrumbs, instant hot cereals, commercially prepared rice, pasta, and stuffing mixes.
- Fruits and vegetables to **avoid** – These include prepackaged potatoes and vegetable mixes, regular canned vegetables and juices, vegetables frozen with sauce, pickled vegetables, and processed fruits with added sugar or salt.
- Dairy products to **avoid** – These include whole-milk products, including malted milk, chocolate milk, and buttermilk.
- Meat products to **avoid** – These include smoked, cured, salted, or canned meat, fish, or poultry. Bacon and sausages are examples.
- Fats to **avoid** – These include the "unhealthy" fats, which are saturated fats and trans fats. Saturated fats are animal fats. Trans fats are artificially made fats, such as partially hydrogenated oils. These kinds of fats raise your cholesterol. Unhealthy fats are found in meats, egg yolks, butter, cheese, and full-fat milk products. They are also found in some fried foods, butter, margarine, and baked goods like cookies or cakes.
- Condiments and snacks to **avoid** – These include salted and canned peas, beans, and olives, as well as salted snack foods, fried foods, and commercially softened water. Miso, salsa, ketchup, barbecue sauce, Worcestershire sauce, soy sauce, and teriyaki sauce are also high in salt.
- Sweets to **avoid** – These include baked goods that are high in fat, such as muffins, donuts, pastries, and particularly prepackaged bakery products. Avoid products with artificial sweeteners. These are in many "diet" items. Limit fruit juices, and avoid soda and other sweetened drinks.
- Alcohol – The healthiest thing is to avoid drinking alcohol completely. Most doctors recommend that if you are going to drink alcohol, limit the amount to:
  - For females, no more than 1 drink a day
  - For males, no more than 2 drinks a day

### **What else should I know?**

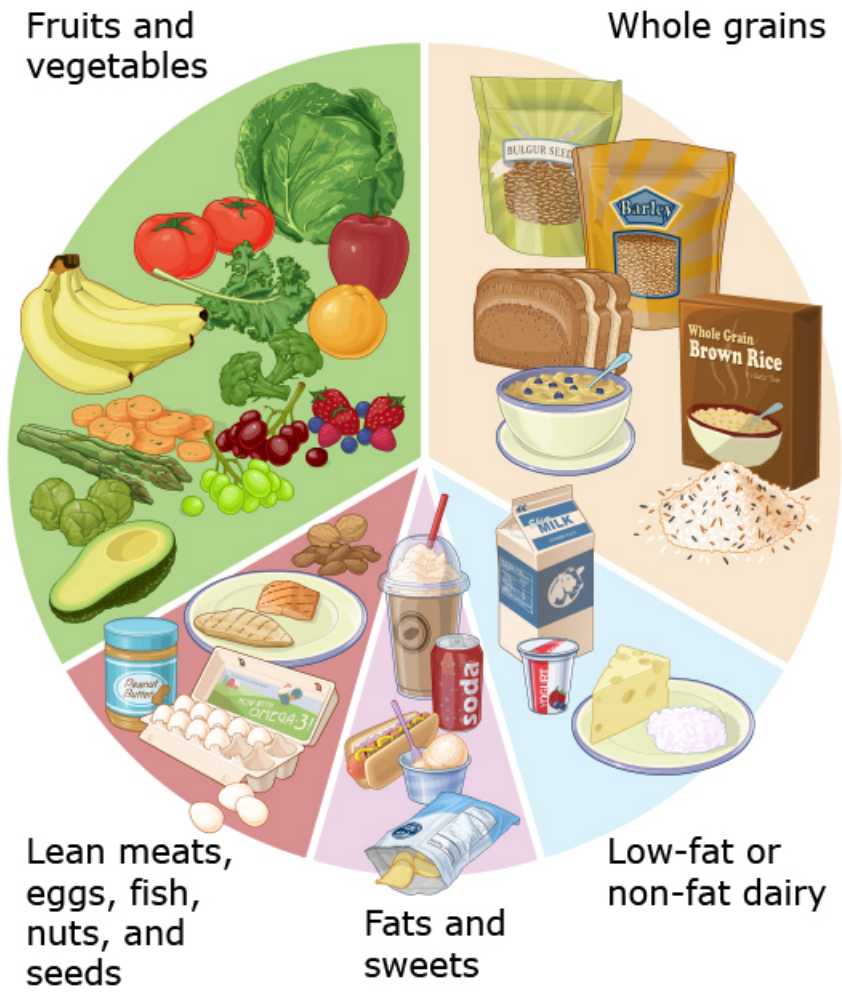
Your doctor or nurse will tell you if there are other guidelines you should follow. They might suggest working with a dietitian (food expert) if you need help changing your diet.

Some other tips:

- When you go to a grocery store, bring a shopping list or a meal plan with you. Try not to shop when you are hungry, since this might make you more likely to buy unhealthy foods.
- Read food labels with care (figure 2). This way, you will know how much sodium and fat are in a product. The labels show you how much of each is in a serving, and how many servings are in a package.
- Avoid eating at fast food restaurants. If you do eat fast food, try to make healthy choices like fruit or salad instead of fries.
- Watch your portions at home and when eating out. When eating out, split an order with someone, or bring home half to eat later for another meal.

Images

figure 1: Healthy diet



When eating a healthy diet, choose whole grains and whole-grain products, low-fat or non-fat dairy foods, lean meats, poultry, fish, nuts and seeds, and fruits and vegetables.

Graphic 139213 Version 1.0

figure 2: Food label

<b>Nutrition Facts</b>	
8 servings per container	
<b>Serving Size</b>	<b>2/3 cup (55g)</b>
<b>Amount Per Serving</b>	
<b>Calories</b>	<b>230</b>
<b>% Daily Value*</b>	
<b>Total Fat</b> 8g	<b>10%</b>
Saturated Fat 1g	<b>5%</b>
<i>Trans</i> Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 160mg	<b>7%</b>
<b>Total Carbohydrate</b> 37g	<b>13%</b>
Dietary Fiber 4g	<b>14%</b>
Total Sugars 12g	
Includes 10g Added Sugars	<b>20%</b>
<b>Protein</b> 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%
<small>* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.</small>	

Graphic 138477 Version 1.0

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## New and Improved Nutrition Facts Label

The U.S. Food and Drug Administration has updated the Nutrition Facts label on packaged foods and beverages with a fresh design that will make it easier for you to make informed food choices that contribute to lifelong healthy eating habits. Explore it today!

### Size Up Servings

**WHAT'S NEW:** Servings per container and serving size are now in larger and/or bolder type. Serving sizes have also been updated to reflect what people eat and drink today. Additionally, there are new requirements for certain size packages, such as those that are between one and two servings or are larger than a single serving but could be consumed in one or multiple sittings.

**Serving size** is based on the amount of food that is customarily eaten at one time and is not a recommendation of how much to eat. The nutrition information listed on the Nutrition Facts label is *usually based on one serving* of the food; however, some containers may also have information displayed per package.

- **When comparing calories and nutrients in different foods, check the serving size in order to make an accurate comparison.**

**Servings per container** shows the total number of servings in the entire food package or container.

- **One package of food may contain more than one serving.** Some containers may also have a label with two columns – one column listing the amount of calories and nutrients in one serving and the other column listing this information for the entire package.

### Consider the Calories

**WHAT'S NEW:** Calories are now in larger and bolder type.

**Calories** refers to the total number of calories, or “energy,” supplied from all sources (fat, carbohydrate, protein, and alcohol) in one serving of the food.

- As a general guide: **100 calories per serving of an individual food is considered a moderate amount, and 400 calories or more per serving of an individual food is considered high in calories.**
- To achieve or maintain a healthy weight, balance the number of calories you consume with the number of calories your body uses. **2,000 calories a day is used as a guide for general nutrition advice. Your calorie needs may be higher or lower** and vary depending on your age, sex, height, weight, and physical activity level. Check your calorie needs at [www.ChooseMyPlate.gov/GetMyPlan](http://www.ChooseMyPlate.gov/GetMyPlan).

### Transitioning to the New Label

**Manufacturers still have time to begin using the new and improved Nutrition Facts label, so you will see both label versions for a while. However, the new label is already starting to appear on products nationwide.**

Nutrition Facts	
4 servings per container	
<b>Serving size 1 1/2 cup (208g)</b>	
Amount per serving	
<b>Calories</b>	<b>240</b>
% Daily Value*	
<b>Total Fat</b> 4g	<b>5%</b>
Saturated Fat 1.5g	<b>8%</b>
Trans Fat 0g	
<b>Cholesterol</b> 5mg	<b>2%</b>
<b>Sodium</b> 430mg	<b>19%</b>
<b>Total Carbohydrate</b> 46g	<b>17%</b>
Dietary Fiber 7g	<b>25%</b>
Total Sugars 4g	
Includes 2g Added Sugars	<b>4%</b>
<b>Protein</b> 11g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 6mg	35%
Potassium 240mg	6%

\* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

To learn more about the new Nutrition Facts label, visit: <http://go.usa.gov/xkHru>

## Use % Daily Value as a Guide

**WHAT'S NEW:** The Daily Values for nutrients have been updated based on new scientific evidence. The Daily Values are reference amounts of nutrients to consume or not to exceed each day (for adults and children 4 year of age and older) and are used to calculate the % Daily Value.

**% Daily Value (%DV)** shows how much a nutrient in a serving of the food contributes to a total daily diet. Use the %DV to determine if a serving of the food is high or low in an individual nutrient and to compare food products (*check to make sure the serving size is the same*).

- As a general guide:  
**5% DV or less of a nutrient per serving is considered low, and 20% DV or more of a nutrient per serving is considered high.**

## Choose Nutrients Wisely

**WHAT'S NEW:** The nutrients that are required on the label have been updated. **Added Sugars** is now required on the label. Added sugars includes sugars that are either added during the processing of foods, or are packaged as such (e.g., a bag of table sugar), and also includes sugars from syrups and honey, and sugars from concentrated fruit or vegetable juices. *Aim for less than 10% of your total daily calories from added sugars.* **Vitamin D and potassium** are also required on the label because many Americans do not get the recommended amounts. Vitamins A and C are no longer required since deficiencies of these vitamins are rare today, but these nutrients can be voluntarily disclosed by manufacturers.

Use the label to choose products that are lower in nutrients you want to get less of and higher in nutrients you want to get more of.

- Nutrients to get less of: saturated fat, sodium, added sugars, and trans fat.** Most Americans exceed the recommended limits for these nutrients, and diets higher in these nutrients are associated with an increased risk of developing some health conditions, such as high blood pressure and cardiovascular disease. Compare and choose foods to **get less than 100% DV of these nutrients each day.** (Note: *Trans fat* has no %DV. Use the amount of grams for comparison and keep the intake of *trans fat* as low as possible)
- Nutrients to get more of: dietary fiber, vitamin D, calcium, iron, and potassium.** Many Americans do not get the recommended amount of these nutrients, and diets higher in these nutrients can reduce the risk of developing some health conditions, such as high blood pressure, cardiovascular disease, osteoporosis, and anemia. Compare and choose foods to **get 100% DV of these nutrients on most days.**

## Nutrition Facts

4 servings per container  
**Serving size 1 1/2 cup (208g)**

Amount per serving  
**Calories 240**

	% Daily Value*
<b>Total Fat</b> 4g	<b>5%</b>
Saturated Fat 1.5g	<b>8%</b>
<i>Trans Fat</i> 0g	
<b>Cholesterol</b> 5mg	<b>2%</b>
<b>Sodium</b> 430mg	<b>19%</b>
<b>Total Carbohydrate</b> 46g	<b>17%</b>
Dietary Fiber 7g	<b>25%</b>
Total Sugars 4g	
Includes 2g Added Sugars	<b>4%</b>
<b>Protein</b> 11g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 6mg	35%
Potassium 240mg	6%

\* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Ingredients: Bulgur, Wheat, Sauce (Water, Half and Half [Milk, Cream], Parmesan Cheese [Pasteurized Skim Milk, Cultures, Salt, Enzymes], Cheddar Cheese [Pasteurized Milk, Cultures, Salt, Enzymes], Olive Oil, Butter, Sugar, Xanthan Gum, Spice), Lentils, Corn, Green Beans, Red Beans, Potatoes.  
 Contains: Wheat, Milk

## Check out the Ingredient List

Although the ingredient list is not part of the Nutrition Facts label, it is also a helpful tool. The Ingredient List shows each ingredient in a food by its **common or usual name**. Ingredients are listed in descending order by weight, so the ingredient that weighs the most is listed first, and the ingredient that weighs the least is listed last.

## Should I stretch before I walk?

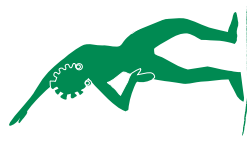
Most experts advise stretching only after you have warmed up. To warm up, walk slowly for a few minutes before picking up the pace.

Stretching gently at the end of your walk may help build flexibility. Do not bounce or hold your breath when you stretch. Do each stretch slowly and move only as far as you feel comfortable.

If you think that stretching before walking may help you, ask your doctor when and how to do so safely. You may want to discuss these exercises as examples.

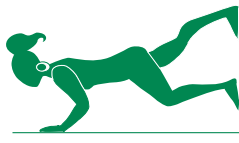
### Side Reach

Reach one arm over your head and to the side. Keep your hips steady and your shoulders straight to the side. Hold for 10 seconds and repeat on the other side.



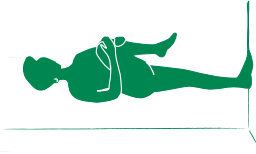
### Wall Push

Lean your hands on a wall and place your feet about 3 to 4 feet away from the wall. Bend one knee and point it toward the wall. Keep your back leg straight with your foot flat and your toes pointed straight ahead. Hold for 10 seconds and repeat with the other leg.



### Knee Pull

Lean your back against a wall. Keep your head, hips, and feet in a straight line. Pull one knee toward your chest, hold for 10 seconds, and then repeat with the other leg.



### Leg Curl

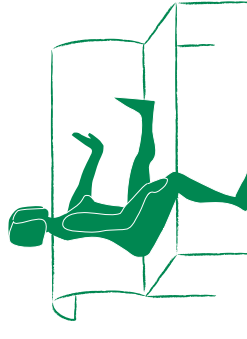
Pull your right foot toward your buttocks with your right hand. Stand straight and keep your bent knee pointing straight down. Hold for 10 seconds and repeat with your other foot and hand.



### Hamstring Stretch

Sit on a sturdy bench or hard surface so that one leg is stretched out on the bench with your toes pointing up. Keep your other foot flat on the surface below.

Straighten your back, and if you feel a stretch in the back of your thigh, hold for 10 seconds and then change sides and repeat. If you do not feel a stretch, slowly lean forward from your hips until you feel a stretch.



## A Sample Daily Walking Program

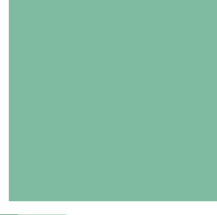
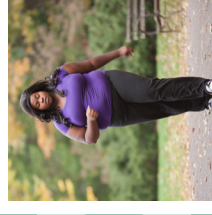
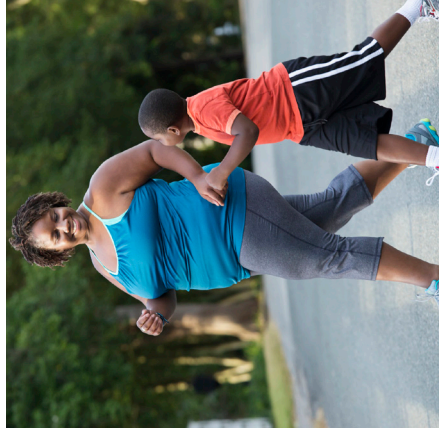
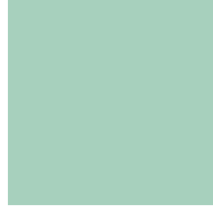
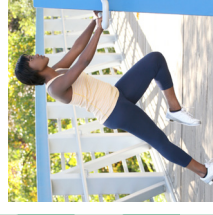
This program is only a guide. Your walking sessions may be longer or shorter based on your ability and the advice of your doctor. If you are walking fewer than three times per week, give yourself more than 2 weeks before adding more.

Warm-up Time <i>Walk Slowly</i>	Brisk-walk Time	Cool-down Time <i>Walk Slowly and Stretch</i>	Total Time
<b>WEEKS 1-2</b>			
5 minutes	5 minutes	5 minutes	15 minutes
<b>WEEKS 3-4</b>			
5 minutes	10 minutes	5 minutes	20 minutes
<b>WEEKS 5-6</b>			
5 minutes	15 minutes	5 minutes	25 minutes
<b>WEEKS 7-8</b>			
5 minutes	20 minutes	5 minutes	30 minutes
<b>WEEKS 9-10</b>			
5 minutes	25 minutes	5 minutes	35 minutes
<b>WEEKS 11-12</b>			
5 minutes	30 minutes	5 minutes	40 minutes
<b>WEEKS 13-14</b>			
5 minutes	35 minutes	5 minutes	45 minutes
<b>WEEKS 15-16</b>			
5 minutes	40 minutes	5 minutes	50 minutes
<b>WEEKS 17-18</b>			
5 minutes	45 minutes	5 minutes	55 minutes
<b>WEEKS 19-20</b>			
5 minutes	50 minutes	5 minutes	60 minutes



# Walking...

## A Step in the Right Direction



The Weight-control Information Network (WIN) offers many free resources to help you begin working on your health and fitness goals. Visit <http://www.win.niddk.nih.gov> to download and share this brochure and other WIN materials. NIH... *Turning Discovery Into Health*<sup>®</sup>

National Institutes of Health  
NIH Publication No. 07-4155  
Updated February 2014

Photo credit (bottom left, front panel):  
Source: Yale Rudd Center for Food Policy & Obesity

### Weight-control Information Network

1 WIN Way  
Bethesda, MD 20892-3665

**Phone:** 202-828-1025

**Toll-free number:** 1-877-946-4627

**Fax:** 202-828-1028

**Email:** [win@info.niddk.nih.gov](mailto:win@info.niddk.nih.gov)

**Internet:** <http://www.win.niddk.nih.gov>

### Like WIN on Facebook:

<http://www.facebook.com/win.niddk.nih.gov>

Have you been thinking of adding more physical activity to your life? Starting a walking program may be a great way to be more active. And walking on a regular basis may lead to many health benefits. This brochure will give you tips on how to make walking a part of your daily routine.

### What are the benefits of walking?

Walking is the most popular physical activity among adults. Taking a walk is low cost and doesn't require any special clothes or equipment.

Walking may

- lower your risk of health problems like high blood pressure, heart disease, and diabetes
- strengthen your bones and muscles
- help you burn more calories
- lift your mood

Make walking fun by going to places you enjoy, like a park or shopping center. Bring along a friend or family member to chat with, or listen to some of your favorite music as you walk. Keep the volume low so that you can hear noises around you.

### Do I need to see a doctor first?

Most people do not need to see a doctor before they start a walking program. But if you answer "yes" to any of the questions below, check with your doctor first.

- Has your doctor told you that you have heart trouble, diabetes, or asthma?
- When you are physically active, do you have pains in your chest, neck, shoulder, or arm?
- Do you often feel faint or have dizzy spells?
- Do you feel very breathless after physical activity?
- Do you have bone or joint problems, like arthritis, that make it difficult for you to walk?
- Are you over 40 years old and have you recently been inactive?
- Do you have a health problem that might keep you from starting a walking program?

### How do I start?

#### 1. Make a plan

The following questions may help you get started:

- Where will you walk?
- How often will you walk?
- Who will walk with you?
- How far or for how long will you walk?

#### 3. Go

Divide your walk into three parts:

1. Warm up by walking slowly.
2. Increase your speed to a brisk walk. This means walking fast enough to raise your heart rate while still being able to speak and breathe easily.
3. Cool down by slowing down your pace.

When walking, be sure to use proper form:

- Keep your chin up and your shoulders slightly back.
- Let the heel of your foot touch the ground first, and then roll your weight forward.
- Walk with your toes pointed forward.
- Swing your arms naturally.

### What about safety?

Keep safety in mind as you plan when and where you will walk.

- Walk with others, when possible, and take a phone and ID with you.
- Let your family and friends know your walking time and route.
- If it is dark outside, wear a reflective vest or brightly colored clothing.
- Be aware of your surroundings.

#### 2. Get ready

Make sure you have anything you may need. Here are some examples:

- shoes with proper arch support, a firm heel, and thick flexible soles
- clothes that keep you dry and comfortable
- a hat or visor for the sun, sunscreen, and sunglasses
- a hat and scarf to cover your head and ears when it's cold outside

#### 4. Add more

As walking becomes easier, walk faster and go farther.

Keep track of your progress with a walking journal or log. Record date, time, and distance. Set goals and reward yourself with a relaxing shower or 30 minutes of quiet time to yourself.

Review the sample walking plan on the back of this brochure for suggestions on how to start and slowly increase walking.

### How much do I need to walk?

## 150 minutes

Amount of time adults need per week of moderate-intensity aerobic activity (activity that speeds up your heart rate and breathing) to stay healthy.

#### ■ Break it down

**30** minutes/day

Walking briskly for 30 minutes per day, 5 days a week will help you meet this goal. But any 10-minute bout of physical activity helps.

**x 5** days/week

**= 150** minutes/week

#### ■ Split it up

10 minutes

10 minutes

10 minutes



If you can't walk for 30 minutes at a time, you can take three 10-minute walks instead.

10 minutes

#### ■ Step it up

For more health benefits and to control your weight, you may need to walk more. Aim for 300 minutes each week, or about 1 hour a day for 5 days. The more you walk, the more health benefits you may gain!

**300 minutes**

1 week

or

**1 hour/day**

5 days





## Lesson Plan Three

- ◆ Continue to follow Lesson Plan 1 and 2
- ◆ Stop eating between meals
- ◆ Start choosing “good” carbohydrates
- ◆ Continue no drinking 30 minutes before eating, begin no drinking while eating
- ◆ Drink at least three 8 oz. glass of water every day
- ◆ Follow week 2 of walking plan

Your Successes:

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Your Challenges:

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Your Objective for Next Month:

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Weight \_\_\_\_\_



## Carb counting for adults with diabetes

You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information

### What is carb counting?

This is a type of meal planning that many people with diabetes use. It is a way to figure out how many carbohydrates, or "carbs," you eat.

The body breaks down the food we eat into 3 main types of nutrients: carbs, proteins, and fats. Carbs are sugars and starches that come from food. The body uses carbs for energy.

### Why do I need to count carbs?

People with diabetes need to pay attention to how many carbs they eat. This is because carbs raise your blood sugar level.

Carb counting helps you:

- Choose the right amount of insulin to take before meals and snacks – If you take insulin before meals, the dose depends on several things, including how many carbs you plan to eat. (It also depends on how much you plan to exercise and your blood sugar level.)
- Plan your meals and snacks for the day – You can use carb counting to figure out how many carbs to eat at each meal and snack. This helps you make sure that you eat the right amount over the entire day.
- Keep your blood sugar levels well managed – Spreading out the carbs you eat over a whole day can help keep your blood sugar from getting too high. If you take insulin or another diabetes medicine that can cause low blood sugar, eating about the same amount of carbs at each meal every day also helps keep your blood sugar from getting too low. Reducing the amount of carbs you eat can help you manage your diabetes better and prevent medical problems that diabetes can cause.

Your doctor, nurse, or dietitian (food expert) can help you figure out how many carbs to try to eat each day. This will depend on your eating habits, weight, activity level, and which diabetes medicines you take.

People who take insulin before meals might need to be **very careful** when they count the carbs in every meal and snack. This is so they can give themselves the right amount of insulin. If the insulin dose doesn't match the amount of carbs, their blood sugar might get too low or too high. Other people might be able to be a little more flexible as long as they get about the same amount of carbs at each meal or throughout the day.

### Which foods have carbs?

Foods with a lot of carbs include:

- Grains – These include bread, pasta, rice, and cereal.
- Fruits and starchy vegetables – Starchy vegetables include potatoes, corn, and squash.
- Milk and other dairy products – Dairy products include cheese and yogurt.
- Foods with added sugar – These include sweets and baked goods like cookies and cakes, as well as sugary drinks like juice and soda.

It is best to get most of your carbs from fruits, vegetables, whole grains (like whole-wheat bread, whole-grain cereals, and brown rice), and low-fat milk and dairy products.

## How do I count carbs?

To count carbs in packaged foods, check the food's nutrition label (if it has one).

On the label (figure 1), check for:

- "Total Carbohydrate" number – This tells you how many carbs are in 1 serving size of the food. If you eat 1 serving, then the number of carbs you eat is the same as the number of total carbohydrates.
- "Serving size" – This tells you how much food is in 1 serving. If you have 2 servings, the number of carbs will be 2 times the number of carbohydrates listed.
- "Dietary Fiber" – Fiber is a carb that is not digested, which means that it does not raise blood sugar. Foods with a lot of fiber can help manage your blood sugar. If a food has more than 5 grams (g) of fiber, you need less insulin to cover the total carbs in that food. So, if you are calculating an insulin dose, only count the carbs that are **not** from fiber (figure 1).

## What is exchange planning?

Exchange planning, or the "exchange system," is a way for people to plan their meals without reading labels. This can be helpful since many foods don't come with a nutrition label.

The exchange system involves knowing how much of different foods have about 15 grams of carbs (table 1 and table 2 and table 3). Your doctor, nurse, or dietitian gives you a certain number of "carb choices" to eat with each meal and snack (table 4). Each "choice" is a portion of food that has about 15 grams of carbs. Knowing your options makes it easier to "exchange" 1 carb choice for another as you plan your meals and snacks. For example, 1 small apple could be exchanged for 1/3 cup of pasta.

## How can I plan my meals?

First, make sure that you know how many carbs you should be eating each day. Ask your doctor, nurse, or dietitian if you are not sure.

Here are some tips that might help:

- Spread out your carbs over 4 to 6 small meals each day instead of 3 big ones.
- Eat a similar number of carbs at each meal, for example, at each dinner.
- Eat your meals at a similar time each day.
- Plan your meals ahead of time.
- Use the "plate method." This is a simpler way to make sure that you get a good balance of carbs and other nutrients with each meal. It is **not** as exact as counting all of your carbs, but it can be helpful for people who prefer a simpler approach. If you take insulin before meals, it is generally better to adjust your insulin dose by counting how many carbs you plan to eat or using the exchange planning strategy.

For the plate method, you start with a plate about 9 inches (23 cm) across. Fill it with (figure 2):

- 1/2 non-starchy vegetables
- 1/4 protein
- 1/4 carbs
- Follow your doctor's instructions for how and when to check your blood sugar. This can help you learn how certain foods affect your blood sugar.
- Keep track of your meals and blood sugar levels. Show this to your doctor or nurse so they can adjust your treatment if needed. If you take insulin, you will also need to keep track of your exercise patterns and how much insulin you give yourself with each dose.

- If you take insulin, make sure that you understand how to use it. This includes knowing how to adjust the dose based on your blood sugar level and what you plan to eat. Foods that have a lot of protein or fat also can affect your blood sugar level. Some people need to adjust their insulin doses when they eat these foods.
- Remember that other things besides carbs can raise or lower your blood sugar level. These things can include exercise, getting sick, drinking alcohol, traveling, and stress. If you take insulin, make sure that you know how and when to adjust your dose in these situations.

If you are having trouble counting carbs or managing your blood sugar, talk to your doctor or nurse. They can help. A dietitian can also help you plan specific menus that will give you the right amount of carbs each day.

For more information, you can also get a book on counting carbs or check the American Diabetes Association website ([www.diabetes.org](http://www.diabetes.org) (<https://diabetes.org/>)).

## Images

figure 1: Counting carbohydrates

<b>Nutrition Facts</b>	
about 9 servings per container	
<b>Serving size</b>	<b>1 Cup (59g)</b>
<b>Amount per serving</b>	
<b>Calories</b>	<b>190</b>
% Daily Value *	
<b>Total Fat</b> 1g	<b>1%</b>
Saturated Fat 0g	<b>0%</b>
<i>Trans</i> Fat 0g	
Polyunsaturated Fat 0g	
Monounsaturated Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 210mg	<b>9%</b>
<b>Total Carbohydrate</b> 46g	<b>17%</b>
Dietary Fiber 7g	<b>25%</b>
Total Sugars 18g	
Includes 9g Added Sugars	<b>18%</b>
<b>Protein</b> 5g	
Vitamin D 4mcg	20%
Calcium 25mg	0%
Iron 4.4mg	20%
Potassium 390mg	8%
Thiamin	10%
Riboflavin	10%
Niacin	10%
Vitamin B <sub>2</sub>	10%
Folate 80 mcg DFE (48mcg folic acid)	20%
Vitamin B <sub>12</sub>	10%
Phosphorus	20%
Magnesium	20%
Zinc	10%
Copper	10%

\* The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

To figure out the "carb count" in 1 serving, start with the number of grams of total carbohydrates (46 grams), then subtract the number of grams of dietary fiber (7 grams). It's also important to look at the serving size. In this example, the carb count is 39 grams. You can use this number when counting carbs for your insulin dose.

table 1: Bread and grains with 15 grams of carbs\*

<b>Bread</b>	
<b>Food</b>	<b>Serving size</b>
Bagel	1/4 large bagel (1 oz)
Biscuit	1 biscuit (2.5 inches across)
Bread, reduced calorie, light	2 slices (1.5 oz)
Cornbread	1.75 inch cube (1.5 oz)
English muffin	1/2 muffin
Hot dog or hamburger bun	1/2 bun (3/4 oz)
Naan, chapati, or roti	1 oz
Pancake	1 pancake (4 inches across, 1/4 inch thick)
Pita (6 inches across)	1/2 pita
Tortilla, corn	1 small tortilla (6 inches across)
Tortilla, flour (white or whole wheat)	1 small tortilla (6 inches across) or 1/3 large tortilla (10 inches across)
Waffle	1 waffle (4-inch square or 4 inches across)
<b>Cereals and grains (including pasta and rice)</b>	
<b>Food</b>	<b>Serving size (cooked)</b>
Barley, couscous, millet, pasta (white or whole wheat, all shapes and sizes), polenta, quinoa (all colors), or rice (white, brown, and other colors and types)	1/3 cup
Bran cereal (twigs, buds, or flakes), shredded wheat (plain), or sugar-coated cereal	1/2 cup
Bulgur, kasha, tabbouleh (tabouli), or wild rice	1/2 cup

Granola cereal	1/4 cup
Hot cereal (oats, oatmeal, grits)	1/2 cup
Unsweetened, ready-to-eat cereal	3/4 cup

\* For bread and grains, 15 grams of carbs is considered 1 serving or "choice" for people who need to count carbs.

Graphic 138706 Version 1.0

table 2: Fruits with 15 grams of carbs\*

Food	Serving size
Applesauce, unsweetened	1/2 cup
Banana	1 extra small banana, about 4 inches long (4 oz)
Blueberries	3/4 cup
Dried fruits (blueberries, cherries, cranberries, mixed fruit, raisins)	2 tbsp
Fruit, canned	1/2 cup
Fruit, whole, small (apple)	1 small fruit (4 oz)
Fruit, whole, medium (nectarine, orange, pear, tangerine)	1 medium fruit (6 oz)
Fruit juice, unsweetened	1/2 cup
Grapes	17 small grapes (3 oz)
Melon, diced	1 cup
Strawberries, whole	1 and 1/4 cups

When listed, weight (oz) includes skin and seeds. If you are not sure if your fruit is the right size for 1 serving, you can use a food scale to check the weight.

\* For fruits, 15 grams of carbs is considered 1 serving or "choice" for people who need to count carbs.

Graphic 135231 Version 1.0

table 3: Starchy vegetables with 15 grams of carbs\*

Food	Serving size (cooked)
Cassava, dasheen, or plantain	1/3 cup

Food	Serving size (cooked)
Corn, green peas, mixed vegetables, or parsnips	1/2 cup
Marinara, pasta, or spaghetti sauce	1/2 cup
Mixed vegetables (with corn or peas)	1 cup
Potato, baked with skin	1/4 large (3 oz)
Potato, French-fried (oven-baked)	1 cup (2 oz)
Potato, mashed with milk and fat	1/2 cup
Squash, winter (acorn, butternut)	1 cup
Yam or sweet potato, plain	1/2 cup (3 and 1/2 oz)

If you are not sure if your vegetable is the right size for 1 serving, you can use a food scale to check the weight.

\* For starchy vegetables, 15 grams of carbs is considered 1 serving or "choice" for people who need to count carbs.

Graphic 135232 Version 1.0

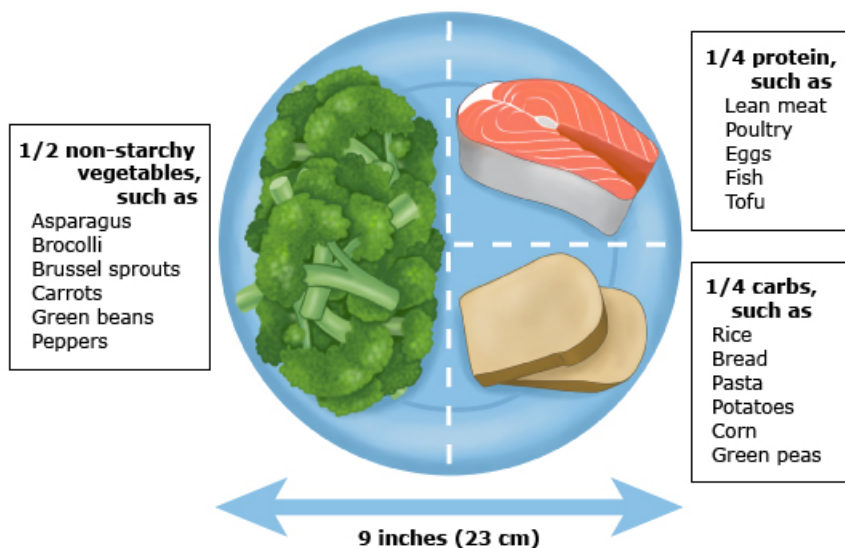
table 4: Sample exchange system meal plan

Time	Exchange pattern	Sample menu	Carbohydrate count (g)
8 am	3 carbohydrate group		
	2 starch	1 English muffin	30
	1 fruit	1 1/4 cup of strawberries	15
	1 protein group	1/4 cup of cottage cheese	-
	1 fat group	1 teaspoon of margarine	-
			<b>Total: 45</b>
12 noon	4 carbohydrate group		
	2 starch	2 slices of bread	30
	1 fruit	1 orange	15



Time	Exchange pattern	Sample menu	Carbohydrate count (g)
	1 vegetable	1 cup of salad	–
	1 milk	8 ounces of skim milk	12
	3 protein group	3 ounces of chicken	–
	1 fat group	1 tablespoon of low-fat mayo	–
			<b>Total: 57</b>
3 pm	1 carbohydrate group		
	1 fruit or 1 starch	1 apple or 6 crackers	15
			<b>Total: 15</b>
6 pm	4 carbohydrate group		
	2 starch	1 cup of potato	30
	1 fruit	1/2 cup of fruit salad	15
	1 vegetable	1 cup of salad	–
	1 milk	8 ounces of skim milk	12
	6 protein group	6 ounces of fish	–
	1 fat group	2 tablespoons of low-fat salad dressing	–
			<b>Total: 57</b>
9 pm	1 carbohydrate group		
	1 starch	6 crackers	15
	1 protein	2 tablespoons of peanut butter	–
			<b>Total: 15</b>

figure 2: The "plate method"



For the plate method, you start with a plate about 9 inches (23 cm) across. Then fill it with **1/2** non-starchy vegetables, **1/4** protein, and **1/4** carbs.

Graphic 135233 Version 2.0

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Topic 16435 Version 11.0

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## Target Heart Rate



### How do you get your heart rate on target?

When you work out, are you doing too much or not enough? There's a simple way to know: Your target heart rate helps you hit the bull's eye. "We don't want people to over-exercise, and the other extreme is not getting enough exercise," says Gerald Fletcher, M.D., a cardiologist and professor in the Mayo Clinic College of Medicine in Jacksonville, Fla.

#### First Things First

Before you learn how to calculate and monitor your target training heart rate, you have to know your resting heart rate. Your resting heart rate is the number of times your heart beats per minute while it's at rest. You can check it in the morning after you've had a good night's sleep and before you get out of bed.

#### According to the National Institute of Health, the average resting heart rate:

- for children 10 years and older, and adults (including seniors) is 60 - 100 beats per minute
- for well-trained athletes is 40 - 60 beats per minute.

#### Hittin' the Target

Now you're ready to determine your target training heart rate. **As you exercise, periodically:**

- Take your pulse on the inside of your wrist, on the thumb side.
- Use the tips of your first two fingers (not your thumb) to press lightly over the blood vessels on your wrist.
- Count your pulse for 10 seconds and multiply by 6 to find your beats per minute. You want to stay between 50 % to 85% of your maximum heart rate. This range is your target heart rate.

## Know Your Numbers

This table shows estimated target heart rates for different ages. Your maximum heart rate is about 220 minus your age.

In the age category closest to yours, read across to find your target heart rate. Heart rate during moderately intense activities is about 50-69% of your maximum heart rate, whereas heart rate during hard physical activity is about 70% to less than 90% of the maximum heart rate.

The figures are averages, so use them as general guidelines.

Age	Target HR Zone 50-85%	Average Maximum Heart Rate, 100%
20 years	100-170 beats per minute	200 beats per minute
30 years	95-162 beats per minute	190 beats per minute
35 years	93-157 beats per minute	185 beats per minute
40 years	90-153 beats per minute	180 beats per minute
45 years	88-149 beats per minute	175 beats per minute
50 years	85-145 beats per minute	170 beats per minute
55 years	83-140 beats per minute	165 beats per minute
60 years	80-136 beats per minute	160 beats per minute
65 years	78-132 beats per minute	155 beats per minute
70 years	75-128 beats per minute	150 beats per minute

**Important Note:** A few high blood pressure medications lower the maximum heart rate and thus the target zone rate. If you're taking such medicine, call your physician to find out if you need to use a lower target heart rate.

## So what's in a number?

If your heart rate is too high, you're straining. So slow down. If it's too low, and the intensity feels "light" or "moderate/brisk," you may want to push yourself to exercise a little harder.

During the first few weeks of working out, aim for the lower ranger of your target zone (50 percent) and gradually build up to the higher range (85 percent). After six months or more, you may be able to exercise comfortably at up to 85 percent of your maximum heart rate.

"It's not an absolute, but it's a good tool to have," says Fletcher, who is also an American Heart Association volunteer. "And if you don't know it, remember, if you're not able to carry on a conversation (while exercising), that may be a bit too much."

If you have a heart condition or you're in cardiac rehab, talk to a healthcare professional about what exercises you can engage in, what your target heart rate should be and whether you need to be monitored during physical activity. This will also help you to choose the types of physical activity that are appropriate for your current fitness level and health goals, because some activities are safer than others.





## Lesson Plan Four

- ◆ Continue to follow Lesson Plan 1, 2 and 3
- ◆ Continue no drinking 30 minutes before eating, continue no drinking while eating, and begin to wait 30 minutes after eating before you start to drink again (this is in preparation for the 30/60 minute rule you will need to follow after surgery)
- ◆ Make your meals last 20 minutes, chew each bite 30-35 times
- ◆ Drink at least four 8 oz. glass of water every day
- ◆ Follow week 3 of walking plan

Your Successes:

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Your Challenges:

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Your Objective for Next Month:

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Weight \_\_\_\_\_





## High-fiber diet

You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information

### What is fiber?

Fiber is a substance found in some fruits, vegetables, and grains. Most fiber passes through your body without being digested. But it can affect how you digest other foods, and it can also improve your bowel movements.

There are 2 kinds of fiber. One kind is called "soluble fiber" and is found in fruits, oats, barley, beans, and peas. The other kind is called "insoluble fiber," and is found in wheat, rye, and other grains.

Both kinds of fiber that you eat are called "dietary fiber."

### Why is fiber important to my health?

Fiber can help make your bowel movements softer and more regular. Adding fiber to your diet can help with problems including constipation, hemorrhoids, and diarrhea. Plus, it can help prevent "accidents" if you have trouble controlling your bowel movements.

Getting enough fiber can also help lower your risk of heart disease, stroke, and type 2 diabetes. That's because fiber can help lower cholesterol and help control blood sugar.

### How much fiber do I need?

The recommended amount of fiber is 20 to 35 grams a day. The nutrition label on packaged foods can show you how much fiber you are getting in each serving (figure 1).

### How can I make sure I'm getting enough fiber?

To make sure that you're getting enough fiber, eat plenty of the fruits, vegetables, and grains that contain fiber (table 1 and figure 2). Many breakfast cereals also have a lot of fiber.

If you can't get enough fiber from food, you can add wheat bran to the foods you do eat. Or you can take fiber supplements. These come in the form of powders, wafers, or pills. They include psyllium seed (sample brand names: Metamucil, Konsyl), methylcellulose (sample brand name: Citrucel), polycarbophil (sample brand name: FiberCon), and wheat dextrin (sample brand name: Benefiber). If you take a fiber supplement, be sure to read the label so you know how much to take. If you're not sure, ask your doctor or nurse.

### What are the side effects of fiber?

When you start eating more fiber, your belly might feel bloated, or you might have gas or cramps. You can avoid these side effects by adding fiber to your diet slowly.

Some people feel worse when they eat more fiber or take fiber supplements. If you feel worse after adding more fiber to your diet, you can try decreasing the amount of fiber to see if that helps.

Images

figure 1: Nutrition label – Fiber

<b>Nutrition Facts</b>	
about 9 servings per container	
<b>Serving size</b>	<b>1 Cup (59g)</b>
<b>Amount per serving</b>	
<b>Calories</b>	<b>190</b>
% Daily Value *	
<b>Total Fat</b> 1g	<b>1%</b>
Saturated Fat 0g	<b>0%</b>
<i>Trans</i> Fat 0g	
Polyunsaturated Fat 0g	
Monounsaturated Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 210mg	<b>9%</b>
<b>Total Carbohydrate</b> 46g	<b>17%</b>
<b>Dietary Fiber</b> 7g	<b>25%</b>
Total Sugars 18g	
Includes 9g Added Sugars	<b>18%</b>
<b>Protein</b> 5g	
Vitamin D 4mcg	20%
Calcium 25mg	0%
Iron 4.4mg	20%
Potassium 390mg	8%
Thiamin	10%
Riboflavin	10%
Niacin	10%
Vitamin B <sub>2</sub>	10%
Folate 80 mcg DFE (48mcg folic acid)	20%
Vitamin B <sub>12</sub>	10%
Phosphorus	20%
Magnesium	20%
Zinc	10%
Copper	10%

\* The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

This is an example of a nutrition label. To figure out how much fiber is in a food, look for the line that says "Dietary Fiber." It's also important to look at the serving size. This food has 7 grams of fiber in each serving, and each serving is 1 cup.

Graphic 51585 Version 8.0

table 1: Amount of fiber in different foods

Food	Serving	Grams of fiber
<b>Fruits</b>		
Apple (with skin)	1 medium apple	4.4
Banana	1 medium banana	3.1

<b>Food</b>	<b>Serving</b>	<b>Grams of fiber</b>
Oranges	1 orange	3.1
Prunes	1 cup, pitted	12.4
<b>Juices</b>		
Apple, unsweetened, with added ascorbic acid	1 cup	0.5
Grapefruit, white, canned, sweetened	1 cup	0.2
Grape, unsweetened, with added ascorbic acid	1 cup	0.5
Orange	1 cup	0.7
<b>Vegetables</b>		
Cooked		
• Green beans	1 cup	4.0
• Carrots	1/2 cup sliced	2.3
• Peas	1 cup	8.8
• Potato (baked, with skin)	1 medium potato	3.8
Raw		
• Cucumber (with peel)	1 cucumber	1.5
• Lettuce	1 cup shredded	0.5
• Tomato	1 medium tomato	1.5
• Spinach	1 cup	0.7

Food	Serving	Grams of fiber
Legumes		
• Baked beans, canned, no salt added	1 cup	13.9
• Kidney beans, canned	1 cup	13.6
• Lima beans, canned	1 cup	11.6
• Lentils, boiled	1 cup	15.6
<b>Breads, pastas, flours</b>		
Bran muffins	1 medium muffin	5.2
Oatmeal, cooked	1 cup	4.0
White bread	1 slice	0.6
Whole-wheat bread	1 slice	1.9
Pasta and rice, cooked		
• Macaroni	1 cup	2.5
• Rice, brown	1 cup	3.5
• Rice, white	1 cup	0.6
• Spaghetti (regular)	1 cup	2.5
<b>Nuts</b>		
Almonds	1/2 cup	8.7
Peanuts	1/2 cup	7.9

To learn how much fiber and other nutrients are in different foods, visit the United States Department of Agriculture (USDA) FoodData Central website.

Graphic 52349 Version 6.0

figure 2: Foods with fiber



Foods with a lot of fiber include prunes, apples, oranges, bananas, peas, green beans, kidney beans, cooked oatmeal, almonds, peanuts, and whole-wheat bread.

Graphic 79063 Version 1.0

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Topic 16251 Version 11.0



## Fitting Exercise and Physical Activity into Your Day

### To get the most out of exercise and physical activity, they need to be a regular part of your life.

Here are some tips to help you put physical activity at the top of your “to do” list every day.

**Make it a priority.** Remember that being active is one of the most important things you can do each day to maintain and improve health. Try being active first thing in the morning before you get too busy.

**Make it easy.** You are more likely to exercise if it’s a convenient part of your day.

- Walk the entire mall or every aisle of the grocery store when you go shopping.
- Join a gym that’s close to your home and easy to get to.
- Take one or more flights of stairs up and two down.

**Make it social.** Many people agree that an “exercise buddy” keeps them going.

- Take a walk during lunch with coworkers.
- Try a dance class—salsa, tango, square dancing—it’s up to you.

**Make it fun.** Do things you enjoy, but pick up the pace a bit. If you love the outdoors, try biking or hiking. Listen to music while you garden or wash the car.

**Make it happen.** Choose to be active in many places and many ways.

- Get off the bus one or two stops early and walk the rest of the way.
- Do toe-stands or wall push-ups while you’re waiting for your spouse to get ready to go out.



### Quick Tip

Try scheduling 30 minutes of exercise every day. Mark it on your calendar.

### VISIT

[www.nia.nih.gov/Go4Life](http://www.nia.nih.gov/Go4Life)

- Order a free exercise guide or DVD.
- Read tips and print useful tools.
- Share your exercise story.







## Be Physically Active without Spending a Dime

**You don't need to spend a fortune to be physically active. In fact, you can be active in many ways without spending any money. Here are a few ideas to get you moving for free!**

### Close to home

- Get some exercise and socialize with friends while you walk the entire mall.
- Get your garden or yard in shape, and you'll shape up, too.
- Make your own weights from household items – plastic milk jugs filled with sand or water, bags of rice, soup cans, or bottles of water.
- Rather than driving, walk when doing errands.

### In your community

- Try out free demonstration exercise classes at your local senior center or fitness center.
- Participate in community-sponsored fun runs or walks.
- Join a basketball or baseball league that plays at your community center.

### In the great outdoors

- Go for a hike in a park.
- Learn about trees and plants while exploring a local arboretum.
- Help your community by participating in a stream clean-up effort.

### All year round

- Borrow a bicycle and ride around the neighborhood to admire the spring flowers.
- Play an early-morning tennis match at your community courts in the summer.
- Jog through the park and breathe in the crisp fall air.
- Go sledding or cross country skiing in the winter.



### Quick Tip

Be creative! The only limit to free physical activity opportunities is your imagination!

### VISIT

[www.nia.nih.gov/Go4Life](http://www.nia.nih.gov/Go4Life)

- Read more tips for adding physical activity to your day.
- Print useful tools.
- Order a free exercise guide or DVD.
- Share your exercise story.







## Lesson Plan Five

- ◆ Continue to follow Lesson Plan 1, 2, 3 and 4
- ◆ Continue no drinking 30 minutes before eating, continue no drinking while eating, and begin to wait 60 minutes after eating before you start to drink again (this is called the 30/60 minute rule. You will follow this rule for the rest of your life.)
- ◆ Watch following video explaining the 30/60 rule:  
<https://vimeo.com/338006056/3f82277147>
- ◆ Eliminate high calorie and high sugar foods
- ◆ Eliminate carbonated drinks like soda, diet soda and seltzer water
- ◆ Stop using straws
- ◆ Drink at least five 8 oz. glass of water every day
- ◆ Follow week 4 of walking plan

Your Successes:

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Your Challenges:

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Your Objective for Next Month:

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Weight \_\_\_\_\_



<b>Prepared For:</b>		<b>Date:</b>	
<b>Prepared By:</b>		<b>Contact:</b>	

## Heart-Healthy Eating: Cooking Tips

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### Tips

### Making Healthier Carbohydrate Choices

- When baking, choose recipes that use whole grains and flours made from whole grains.
- Reduce the amount of sugar in recipes. It can often be cut in half.
- Instead of sugar, use noncaloric sweeteners in drinks and sucralose (Splenda) when baking.
- When stir-frying, include fiber-rich vegetables, such as peppers, cabbage, broccoli, and carrots.
- When making soups, add dried beans or lentils.

### Cutting Back on Fat

- Select lean cuts of beef and pork, such as those labeled “loin” or “round.”
- Take the skin off poultry (such as chicken or turkey) before serving it.
- Bake, broil, roast, stew, or stir-fry lean meats, fish, or poultry.
- Cook ground meat and then drain off the fat.
- When making stews or soups, refrigerate the broth and skim off the fat with a spoon before reheating and serving.
- Eat fish regularly. Try different ways to cook it so that you’ll enjoy it more:
  - Grill salmon on skewers with eggplant, okra, and onions.
  - Dip tilapia in milk and egg white. Next dip it in bread crumbs, and sauté for a short time (about 5 minutes) in a pan sprayed with oil.
  - Bake white fish and vegetables in foil.
  - Poach white fish in milk, tomato juice, or water with lemon juice added.
  - Broil tuna and then squeeze lemon juice on it.
  - Marinate orange roughy for 15 minutes in Italian salad dressing, then bake.
  - Make a tuna salad with red and green peppers.
- When cooking foods on a griddle or in a frying pan, brush the pan with cooking oil just to coat it. Or, use a nonstick spray of vegetable oil or a nonstick pan that requires no greasing.
- To limit saturated fat from milk products:

- Thicken sauces with evaporated nonfat (skim) milk instead of whole milk.
- Use a low-fat cheese or feta cheese in pasta dishes, such as lasagna.
- Get protein from plant foods (such as soy or dried beans and legumes) or egg whites instead of meat:
  - Add soy protein crumbles to chili and spaghetti sauce.
  - Use tofu or tempeh in a stir-fry with lots of vegetables.
  - Make soups with edamame (fresh or frozen soybeans), lentils, split peas, or dried beans.
  - Make an egg white omelet with green peppers, tomatoes, and onions.
- When you do cook with fat, choose healthy, unsaturated fats:
- Use healthier oils, such as canola, olive, or soybean oil, in recipes and for sautéing.
- Make salad dressings with olive, walnut, or pecan oil.
- Cook with lemon juice or herbs. These add flavor to foods, like vegetables, without adding fat or salt.

## **Cutting Back on Sodium**

- Prepare foods at home so you can control the amount of salt and the sodium content.
- Use as little salt in cooking as possible. You can cut at least half of the salt from most recipes.
- Do not salt food at the table.
- Cook without mixes and “instant” products that already contain salt or additives with sodium.
- Select no-sodium or low-sodium canned foods, such as vegetables or tuna.
- Season foods with herbs, spices, garlic, onions, peppers, and lemon or lime juice to add flavor.

### Notes

## 10 Healthy Cooking Tips

One of the best ways to maintain a healthy diet is by eating at home. Here are some tips to help keep your cooking healthy and satisfying.

1. When veggies are overcooked, they lose their color and may lose some nutrients. Preserve their nutrients and colors by cooking them quickly with either steaming or stir-frying.
2. Use herbs, vinegar, tomatoes, onions and/or fat-free or low-fat, low sodium sauces or salad dressings instead of creamy based ones for better health, especially if you have high blood pressure or high cholesterol.
3. Use your time and your freezer wisely. When you cook once, make it last longer by preparing enough for several other meals. Freeze it and have a ready-made healthy treat for the next time you are simply too tired or busy to cook.
4. A smoothie can cover a multitude of needs. Throw a banana (you can keep them in the freezer for weeks) into your blender along with frozen berries, kiwi or whatever fruit is around, 100% orange or other juice, and fat-free or low-fat yogurt (no added sugars). You can get 4–5 servings of fruit in one glass of yummy shake. Try getting your loved one to sip on a smoothie. It's easy, cool, refreshing and healthy. Just be careful, smoothies can be high in calories when they are made with full fat ice cream or full fat yogurt and sugar.
5. Prepared seasonings can have high salt content and increase your risk for high blood pressure. Replace salt with fresh herbs and spices or salt-free seasoning mixes. Use lemon juice, citrus zest or hot chilies to add flavor.
6. Canned, processed and preserved vegetables often have very high sodium content. Look for “low-sodium” or “no salt added” on canned veggies or try the frozen varieties. Compare the sodium content on the Nutrition Facts label of similar products (for example, different brands of tomato sauce) and choose the products with less sodium.
7. Prepare muffins and quick breads with less saturated fat and trans fat and fewer calories. Use three ripe, very well-mashed bananas, instead of 1/2 cup butter, lard, shortening or oil or substitute one cup of applesauce per one cup of these fats.
8. Choose whole grain for part of your ingredients instead of highly refined products. Use whole-wheat flour, oatmeal and whole cornmeal. Whole-wheat flour can be substituted for up to half of all-purpose flour. For example, if a recipe calls for 2 cups of flour, try 1 cup all-purpose flour and 1 cup minus 1 tablespoon whole-wheat flour.
9. In baking, use plain fat-free or low-fat yogurt or fat-free or low-fat sour cream instead of butter, whole milk, or heavy cream.
10. Another way to decrease the amount of fat and calories in your recipes is to use fat-free milk or 1% milk instead of whole or reduced-fat (2%) milk. For extra richness, try fat-free half-and-half or evaporated skim milk.

For more information on heart-healthy eating visit [www.Heart.org/Nutrition](http://www.Heart.org/Nutrition) or contact the American Heart Association at [inquiries@heart.org](mailto:inquiries@heart.org) or (800) 242-8721.





# USE THESE SEASONINGS INSTEAD OF SALT

- Allspice** — Lean meats, stews, tomatoes, peaches, applesauce, cranberry sauce, gravies
- Basil** — Fish, lamb, lean ground meats, stews, salads, soups, sauces, fish cocktails
- Bay leaves** — Lean meats, stews, poultry, soups, tomatoes
- Caraway seeds** — Lean meats, stews, soups, salads, breads, cabbage, asparagus, noodles
- Chives** — Salads, sauces, soups, lean meat dishes, vegetables
- Cider vinegar** — Salads, vegetables, sauces
- Cinnamon** — Fruits (especially apples), breads, pie crusts
- Curry powder** — Lean meats (especially lamb), veal, chicken, fish, tomatoes, tomato soup, mayonnaise
- Dill** — Fish sauces, soups, tomatoes, cabbages, carrots, cauliflower, green beans, cucumbers, potatoes, salads, macaroni, lean beef, lamb, chicken, fish
- Garlic** (not garlic salt) — Lean meats, fish, soups, salads, vegetables, tomatoes, potatoes
- Ginger** — Chicken, fruits
- Lemon juice** — Lean meats, fish, poultry, salads, vegetables
- Mustard (dry)** — Lean ground meats, lean meats, chicken, fish, salads, asparagus, broccoli, Brussels sprouts, cabbage, mayonnaise, sauces
- Nutmeg** — Fruits, piecrust, lemonade, potatoes, chicken, fish, lean meat loaf, toast, veal, pudding
- Onion** (not onion salt) — Lean meats, stews, vegetables, salads, soups
- Paprika** — Lean meats, fish, soups, salads, sauces, vegetables
- Parsley** — Lean meats, fish, soups, salads, sauces, vegetables
- Pimiento** — Salads, vegetables, casserole dishes
- Rosemary** — Chicken, veal, lean meat loaf, lean beef and pork, sauces, stuffing, potatoes, peas, beans
- Sage** — Lean meats, stews, biscuits, tomatoes, green beans, fish, lima beans, onions, lean pork
- Savory** — Salads, lean pork and ground meats, soups, green beans, squash, tomatoes, lima beans, peas
- Thyme** — Lean meats (especially veal and pork), sauces, soups, onions, peas, tomatoes, salads
- Turmeric** — Lean meats, fish, sauces, rice



Nutrition Services 3600 Telegraph Ave. • Oakland, CA 94609 • 510-595-6454 • [www.healthylivingforlife.org](http://www.healthylivingforlife.org)

For CalFresh information, call 1-877-847-3663. Funded by USDA SNAP, an equal opportunity provider and employer.  
Visit [www.cachampionsforchange.net](http://www.cachampionsforchange.net) for healthy tips. •California Department of Public Health





## Lesson Plan Six

- ◆ Continue to follow Lesson Plan 1, 2, 3, 4 and 5
- ◆ Continue to follow the 30/60 minute rule
- ◆ Start making protein 50% of your meal
- ◆ Start taking vitamins
- ◆ Stop all grazing and mindless eating
- ◆ Drink at least six 8 oz. glass of water every day
- ◆ Follow week 5 of walking plan
- ◆ Review Chapter 8 “Exercise” and watch suggested video
- ◆ Review “Countdown to Surgery” in chapter 3
- ◆ **You should be weighing yourself weekly.** Continue to seek guidance from the dieticians if you are struggling to lose weight.

Your Successes:

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Your Challenges:

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Your Objective for Next Month:

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Weight \_\_\_\_\_



# Eating on a Budget — The 3 P's

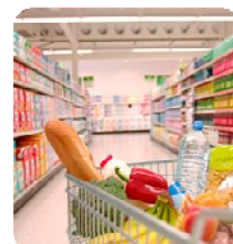
## PLAN

- ✓ Plan meals and snacks for the week according to an established budget.
- ✓ Find quick and easy recipes online.
- ✓ Include meals that will “stretch” expensive food items (stews, casseroles, stir-fried dishes).
- ✓ Make a grocery list.
- ✓ Check for sales and coupons in the local paper or online and consider discount stores.
- ✓ Ask about a loyalty card at your grocery store.



## PURCHASE

- ✓ Buy groceries when you are not hungry and when you are not too rushed.
- ✓ Stick to the grocery list and stay out of the aisles that don't contain items on your list.
- ✓ Buy store brands if cheaper.
- ✓ Find and compare unit prices listed on shelves to get the best price.
- ✓ Purchase some items in bulk or as family packs which usually cost less.
- ✓ Choose fresh fruits and vegetables in season; buy canned vegetables with less salt.
- ✓ Pre-cut fruits and vegetables, individual cups of yogurt, and instant rice and hot cereal are convenient, but usually cost more than those that require a bit more prep time.
- ✓ Good low-cost items available all year include:
  - Protein — beans (garbanzo, black, cannellini)
  - Vegetables — carrots, greens, potatoes
  - Fruit — apples, bananas



## PREPARE

- ✓ Some meal items can be prepared in advance; pre-cook on days when you have time.
- ✓ Double or triple up on recipes and freeze meal-sized containers of soups and casseroles or divide into individual portions.
- ✓ Try a few meatless meals by substituting with beans and peas or try “no-cook” meals like salads.
- ✓ Incorporate leftovers into a subsequent meal.
- ✓ Be creative with a fruit or vegetable and use it in different ways during the week.





## Tips for Eating Healthy When Eating out

- As a beverage choice, ask for water or order fat-free or low-fat milk, unsweetened tea, or other drinks without added sugars.
- Ask for whole-wheat bread for sandwiches.
- In a restaurant, start your meal with a salad packed with veggies, to help control hunger and feel satisfied sooner.
- Ask for salad dressing to be served on the side. Then use only as much as you want.
- Choose main dishes that include vegetables, such as stir fries, kebobs, or pasta with a tomato sauce.
- Order steamed, grilled, or broiled dishes instead of those that are fried or sautéed.
- Choose a small" or "medium" portion. This includes main dishes, side dishes, and beverages.
- Order an item from the menu instead heading for the "all-you-can-eat" buffet.
- If main portions at a restaurant are larger than you want, try one of these strategies to keep from overeating:
  - Order an appetizer-sized portion or a side dish instead of an entrée.
  - Share a main dish with a friend.
  - If you can chill the extra food right away, take leftovers home in a "doggy bag."
  - When your food is delivered, set aside or pack half of it to go immediately.
  - Resign from the "clean your plate club" - when you've eaten enough, leave the rest.
- To keep your meal moderate in calories, fat, and sugars:
  - Ask for salad dressing to be served "on the side" so you can add only as much as you want.
  - Order foods that do not have creamy sauces or gravies
  - Add little or no butter to your food.
  - Choose fruits for dessert most often.
- On long commutes or shopping trips, pack some fresh fruit, cut-up vegetables, low-fat string cheese sticks, or a handful of unsalted nuts to help you avoid stopping for sweet or fatty snacks.







## Core Strengthening Exercises on Stomach or Side

You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information

### About this topic

Your core muscles are in your chest, back, buttock, and stomach area. They are your abdominal, back, and pelvis muscles. These muscles help keep your body stable when using your arms or legs. They also help with balance and posture. There are many exercises you can do to keep these muscles strong.

If you have back problems like a compression fracture or a ruptured disc, doing some of these exercises could make your problem worse. Some of these exercises may cause lower back pain.

### General

Before starting with a program, ask your doctor if you are healthy enough to do these exercises. Your doctor may have you work with a trainer, chiropractor, or physical therapist to make a safe exercise program to meet your needs.

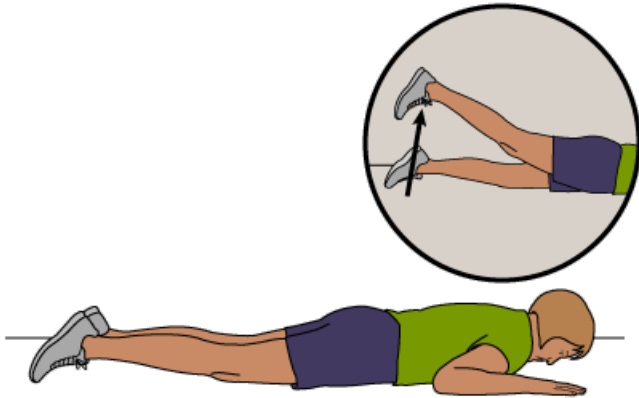
### Strengthening Exercises

Strengthening exercises keep your muscles firm and strong. Start by repeating each exercise 2 to 3 times. Work up to doing each exercise 10 times. Try to do the exercises 2 to 3 times each day. Do all exercises slowly.

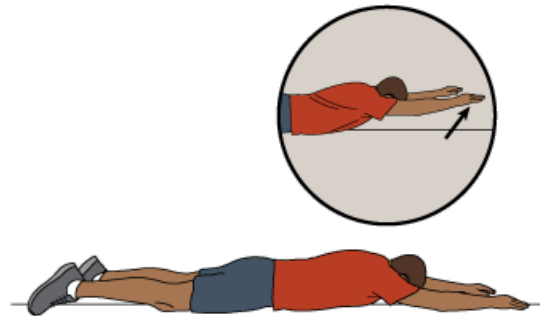
- Leg lifts on stomach – Lie on your stomach. Keeping the knee straight, lift one leg towards the ceiling. Try to keep your back straight. Hold for 3 to 5 seconds. Then, lower leg back to the ground. Repeat with the other leg.
- Upper body lifts on stomach – Lie on your stomach. Extend your arms over your head so your elbows are by your ears. Keep your head aligned with your back and lift your upper body off the floor and hold 3 to 5 seconds. Then, lower back to the ground. If this is too hard, start by lifting one arm at a time off the ground. Hold the arm up, then lower back to the ground. Breathe out when you lift up. Breathe in when you lower yourself down.
- Alternate opposite arm and leg lifts on stomach – Lie on your stomach. Extend your arms over your head so your elbows are by your ears. Keep your head aligned with your back and lift one arm and the opposite leg at the same time and hold 3 to 5 seconds. Then, return to the start position. Repeat with the other arm and leg.
- Arm and leg lifts on stomach also called Superman exercise – Lie on your stomach. Extend your arms over your head so your elbows are by your ears. Lift your upper body and legs up off the floor at the same time and hold 3 to 5 seconds. Lower to the ground. This is a very hard exercise. It may take some time doing the other exercises before you are strong enough to do this one.
- Planks on stomach – Lie on your stomach with your upper body propped up on your elbows. Make sure your shoulders are above your elbows in a straight line. Lift your hips off the ground until your spine is lined up with your head and legs, keeping your body as straight as possible. Your lower arm and toes should be the only parts touching the ground. Hold for up to a minute if you are able to. As you get stronger, hold this position longer.
- Planks on side – Lie on your side. Bend your upper body so you are propped up on your bottom elbow. Make sure your shoulder is above your elbow in a straight line. Now lift your hips up so your body is lined up straight with your head and feet. Your bottom lower arm and foot should be the only parts touching the ground. Hold for 30 seconds if you are able to. Then, switch sides. As you get stronger, hold this position longer.

Image(s)

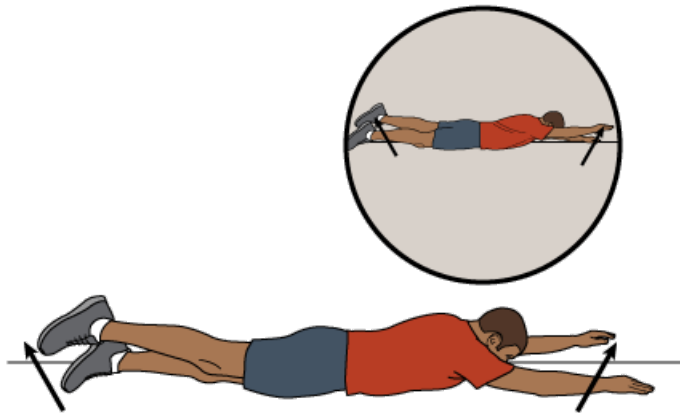
## Leg Lifts on Stomach



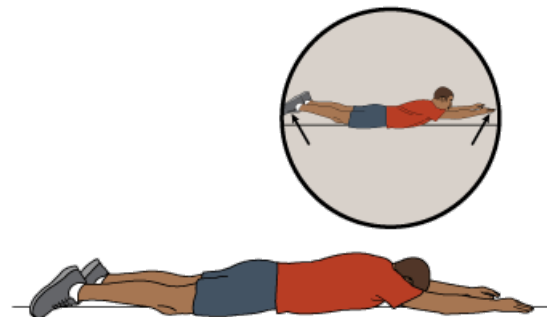
## Upper Body Lifts on Stomach



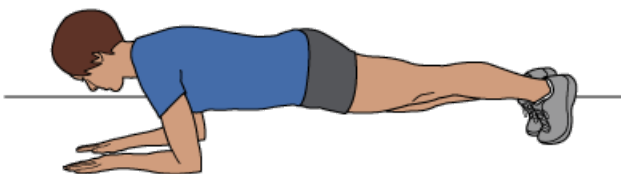
## Alternate Opposite Arm and Leg Lifts on Stomach



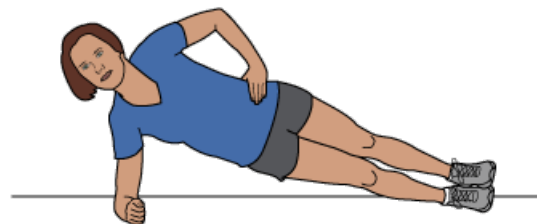
## Arm and Leg Lifts on Stomach



## Planks on Stomach



## Planks on Side



What will the results be?

- Stronger core
- Better balance
- More toned belly and back muscles
- Easier to do daily activities

- Better athletic performance

### **Helpful tips**

- Stay active and work out to keep your muscles strong and flexible.
- Keep a healthy weight to avoid putting too much stress on your spine. Eat a healthy diet to keep your muscles healthy.
- Be sure you do not hold your breath when exercising. This can raise your blood pressure. If you tend to hold your breath, try counting out loud when exercising. If any exercise bothers you, stop right away.
- Try walking or cycling at an easy pace for a few minutes to warm up your muscles. Do this again after exercising.
- Exercise may be slightly uncomfortable, but you should not have sharp pains. If you do get sharp pains, stop what you are doing. If the sharp pains continue, call your doctor.

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## Core Strengthening Exercises on Back or on Hands and Knees

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### About this topic

Your core muscles are in your chest, back, buttock, and stomach area. They are your abdominal, back, and pelvis muscles. These muscles help keep your body stable when using your arms or legs. They also help with balance and posture. There are many exercises you can do to keep these muscles strong.

If you have back problems like a compression fracture or a ruptured disc, doing some of these exercises could make your problem worse. Some of these exercises may cause lower back pain.

### General

Before starting with a program, ask your doctor if you are healthy enough to do these exercises. Your doctor may have you work with a trainer, chiropractor, or physical therapist to make a safe exercise program to meet your needs.

### Strengthening Exercises

Strengthening exercises keep your muscles firm and strong. Start by repeating each exercise 2 to 3 times. Work up to doing each exercise 10 times. Try to do the exercises 2 to 3 times each day. Hold each exercise for 3 to 5 seconds. Do all exercises slowly.

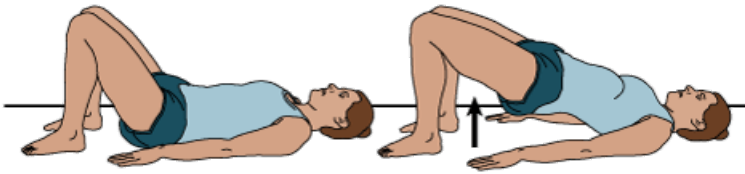
- Hip lifts – Lie on your back with your knees bent and feet flat on the floor. Tighten your stomach muscles and push your heels into the floor to lift your buttocks off the floor. Relax.
- Pelvic tilts – Lie on your back with your knees bent and feet flat on the floor. Tighten your stomach muscles and press your lower back down to the floor. Relax.
- Straight leg raises lying down – Lie on your back with one leg straight. Bend your other knee so the foot is flat on the bed. Keeping your leg straight, lift the leg up to the level of your other knee. Lower it back down. Repeat with the other leg.
- Knee flex lying down – Lie on your back with both knees bent and your feet flat on the floor. Tighten your belly muscles. Raise one leg up and back down as if you are marching in slow motion. Keep belly muscles tight while you move your leg. Switch legs. To make this exercise harder, raise both arms straight up in the air. Tighten your belly muscles. When you raise one leg up, reach the opposite arm over your head. Switch, moving the opposite arm and leg until you have done 10 repetitions on each side.
- Abdominal crunches – Lie on your back with both knees bent. Keep your feet flat on the floor. Place your hands in one of these positions. Try starting with the first position since it is the easiest. As you get better, use the other positions to make it harder.
  - Crunches with arms at sides.
  - Crunches with arms across chest.
  - Crunches with arms behind head. Be careful not to interlock your fingers behind your neck or head while doing crunches. This may add tension to your neck and cause strain.

Look at the ceiling. Tighten your belly muscles and lift your shoulders and upper back off the floor. Breathe out while you are doing this. Lower your shoulders to the floor. Breathe in while you are doing this. Relax your belly muscles all the way before starting another crunch.

- Arm and leg lifts on hands and knees – Start on your hands and knees. With all of these exercises, keep your back as level as possible. If you are having trouble with this, you may want to put a small object on your back such as a book. If it falls off, you are not keeping your back level enough during the exercise.
  - Lift one arm up to shoulder level and hold. Lower it back down. Now, lift up the other arm and hold.
  - Lift one leg up and kick it straight out until it is in line with your back and hold. Lower it back down. Now, lift up the other leg and hold.
  - Lift one arm and the OPPOSITE leg up at the same time and hold. Lower them down. Now, repeat using the other arm and leg. This is a very hard exercise. It may take time to be able to do this.

Image(s)

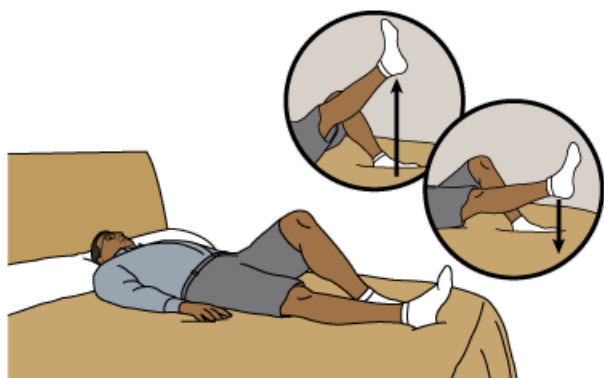
### Hip Lifts



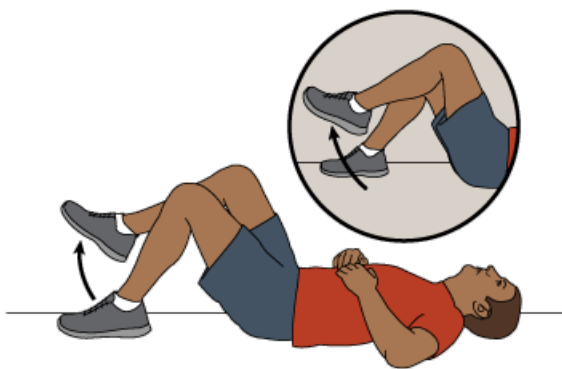
### Pelvic Tilts



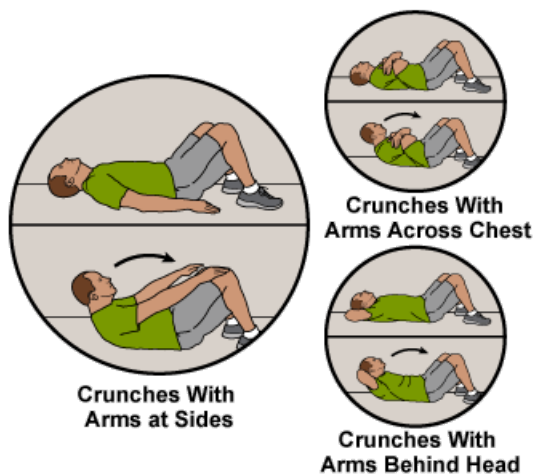
## Straight Leg Raises Lying Down



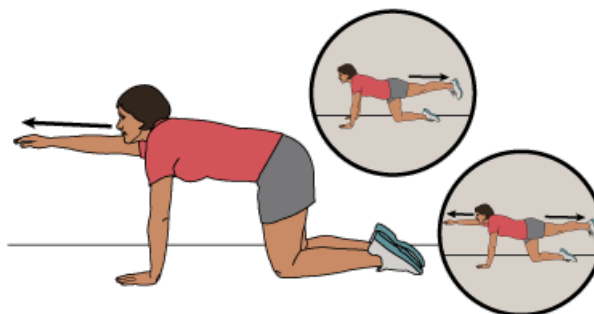
## Knee Flex Lying Down



## Abdominal Crunches



## Arm and Leg Lifts on Hands and Knees



### What will the results be?

- Stronger core
- Better balance
- More toned belly and back muscles
- Easier to do daily activities
- Better sports performance
- Less low back pain

### Helpful tips

- Stay active and work out to keep your muscles strong and flexible.
- Keep a healthy weight to avoid putting too much stress on your spine. Eat a healthy diet to keep your muscles healthy.
- Be sure you do not hold your breath when exercising. This can raise your blood pressure. If you tend to hold your breath, try counting out loud when exercising. If any exercise bothers you, stop right away.
- Try walking or cycling at an easy pace for a few minutes to warm up your muscles. Do this again after exercising.

- Exercise may be slightly uncomfortable, but you should not have sharp pains. If you do get sharp pains, stop what you are doing. If the sharp pains continue, call your doctor.

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# Chapter 3

## Nutrition



# Countdown to Surgery: Preoperative Diet

## What happens in the months before surgery?

It is encouraged to lose weight before surgery with diet and lifestyle changes. A pre-op liver shrinking diet may be prescribed by your team. We advise you to be under your initial weight when it is time to submit to insurance as some insurance companies require weight loss before surgery. This puts you in a healthier state for your surgery. Promise yourself a healthier diet and lifestyle.

### Do:

- Eat a diet high in fiber and protein, low in fat and sugar.
- Start reading labels closely so you can identify the right foods.
- Start measuring your food – this will develop the habit which you will use after surgery.
  - Eat from an 8-9” plate and make ½ your plate vegetables.
- Keep a journal of everything you put in your mouth including the amount.
- Start some type of exercise.
  - Walking is free and does not require equipment.
  - Daily activity should become a habit.
- Follow the lesson plans in your manual.
- Stop eating high carbohydrate and sugary foods.
  - Avoid white breads, rice or pasta, cakes, pies, crackers, cookies, ice cream and candy.
- Choose high fiber cereals and whole grains, brown rice and whole grain pastas.
- Pick lean meats, fish, beans, soy and low or fat-free dairy products.
- Avoid all fast foods and larger restaurant portions.
- Take a multi-vitamin.

### Do Not:

- Drink carbonated beverages.
- Graze (snacking when you are not hungry). If you need a snack, make sure it is a healthy one. Plan it ahead of time.

## What happens in the two weeks before surgery?

People suffering with extreme obesity often have large livers which makes the surgery more difficult. To help shrink the liver and make surgery as safe as possible, add the following rules to those you started in the months before surgery.

### Do:

- Practice the “30/60-minute no-drinking rule”.
- Drink 48 to 64 oz of water or other liquids without calories between and after meals.
- **Start the liver shrinking diet** as instructed. Follow the specific instructions on the handout you will be given.

# Countdown to Surgery: Preoperative Diet

## Do not:

- Graze or snack without planning.
- Have a “last supper” or “last big meal”. This will sabotage all your efforts.

## What happens the day before surgery?

The day before surgery, it is important to follow these rules:

- Follow the liver shrinking diet as instructed
- Drink plenty of sugar free fluids

## What should I do the night before surgery?

- Review what you were told by the anesthesiologist or the pre-admission testing (PAT) nurse about the medicine you should take before surgery
- Take any medicine ordered with a sip of water only.
- Take showers as described in Chapter 5 on the “Pre-Op Showering Instructions for Surgery Patients”.
- Start the ERAS (Enhanced Recover after Surgery) pre-surgery nutrition drinks

## What is ERAS?

- ERAS stands for Enhanced Recovery after Surgery. These guidelines recommend preoperative carbohydrate loading the night before surgery to help your body prepare for and recover faster from surgery. It reduces hunger, thirst, and anxiousness before surgery, decreases insulin resistance, nausea, vomiting and pain symptoms after surgery and decreases the hospital length of stay.
- The Ensure clear liquid pre-surgery nutrition drink will be provided to you prior to surgery.
  - Drink one bottle an hour after dinner on the night before your surgery.
  - Drink one bottle an hour before bed on the night before your surgery.
  - Drink one bottle an hour before you are scheduled to report to the hospital.

# Bariatric Surgery Diet Progression

## Stage 1 (Bariatric Clear Liquids Only)

You will drink sugar free clear liquids for your stay in the hospital. Your diet may be advanced at the decision of your surgeon.

- Sip on one (1) ounce or 30 ml of sugar free clear liquids over 15 minutes while awake
- Drink 48 to 64 ounces of fluids per day to prevent dehydration
- Sugar free clear liquids are liquids that you can see through
- Examples of low sugar/sugar free clear liquids include:
  - Low sugar/sugar free sports drinks
  - Crystal Lite®
  - Propel® (no calories)
  - Sugar free Jell-O®
  - Water
  - Broth/Bone Broth
  - Protein water ie: Premier Clear, Protein2O, etc.
  - Sugar free ice pops: ones that melt into clear liquids and have no fruit pieces
  - Decaf tea without milk, cream, nondairy creamer or sugar
  - No coffee, *regular or decaf*, until discussed with your dietitian. This is due to the acidity of coffee which can be irritating to the stomach and the healing process.

## Stage 2 (Bariatric Full Liquids)

You will be started on Stage 2 after you're discharged from the hospital. You will follow this diet for 7 days after your surgery. The 7 days includes your surgery date. (As an example, if you have surgery on a Monday, you will follow the liquid diet through the end of the day on Sunday after your surgery date).

- Continue to sip on one (1) ounce or 30 ml of liquids over 15 minutes
- Drink 48 to 64 ounces of fluids per day to prevent dehydration
- All liquids allowed on the post-op Stage 1 diet are allowed on the Stage 2 diet, plus the following:
  - Liquid protein supplement (**This is required.** Please refer to the handout provided in the pre-op education class for appropriate options)
  - Fat free milk or lactaid milk
  - High protein non-fat milk such as Fairlife
  - Unflavored soy milk
  - Strained regular and cream soups
  - Low sodium V-8® juice or low sodium tomato juice
  - Diet Splash®

# Bariatric Surgery Diet Progression

## Stage 3 (Bariatric Pureed)

You will start Stage 3 eight (8) days after your surgery. (For example if you had your surgery on a Monday, you will start your Stage 3 diet on the following Monday). If you are having difficulties tolerating Stage 2, talk with your surgeon before advancing to Stage 3. You will be on Stage 3 for 7 days (until 2 weeks post-op).

- Start your 3 meals per day routine and follow the 30/60-minute rule
- Measure your food (1/4 cup)
- Always eat protein first
- Stop when feeling comfortably full, don't force food
- Try one new food at a time
- All foods should be the consistency of applesauce or pudding
- Continue drinking a protein supplement
- Examples of Stage 3 (pureed) foods
  - Part-skim ricotta cheese
  - Small curd, low fat cottage cheese
  - Cream of wheat, rice, or oatmeal (add protein supplement)
  - Sugar free pudding (add protein supplement)
  - Low sugar Greek yogurt with no pieces
  - Blenderized beef, poultry, fish or pork
  - Blenderized tuna, chicken, eggs with low fat mayo
  - Blenderized cooked vegetables
  - Smooth mashed potatoes made with non-fat milk (add protein supplement)
  - Baby food meat, vegetables, and fruit

## Stage 4 (Bariatric Soft)

Normally you can start Stage 4 on day 15 post-op. This diet will continue for 6 to 8 weeks.

- Cut food into small bites and chew 30 to 35 times
- Make sure your food is moist
- Do not be afraid to season your food
- Continue to follow the 30/60 minute rule
- Experiment with different foods. If a food does not agree with you the first time, try it again in a week or two.
- Continue to measure food (1/4 cup per meal)
- Examples of Stage 4 (soft) foods:
  - Eggs
  - Low fat cheese
  - Fish, scallops
  - Ground beef or turkey (soft meatball or meatloaf)
  - Thinly sliced, low-fat deli meat such as turkey or chicken
  - Tuna, canned chicken, or egg salad made with low fat mayo (no celery/onions)
  - Chili
  - Tofu
  - Soft cooked beans
  - Well-cooked soft vegetables
  - Diet canned fruit with juice drained off (containing less than 8 grams of sugar)
  - Ripe banana

# Bariatric Surgery Diet Progression

## Stage 5 (Bariatric Regular)

Normally you can start the Stage 5 (regular) diet when you have tolerated the soft diet for 6 to 8 weeks (about 8-10 weeks post-op).

- Eat protein first. You may find that you are full after the protein portion of your meal; that is OK.
- Eat three (3) small meals per day
- Drink one to two protein supplements per day between meals
- Add raw fruits and vegetables, chewing well
- Add lean beef, pork, and chicken as tolerated
- Add nuts and natural peanut butter
- At 6 months you can, if tolerated, gradually add in other sources of carbohydrates such as brown rice and whole grain pasta (only eat as a side dish after protein is eaten) or whole grain toast
- Follow the 30/60 minute rule
- Drink 48 to 64 ounces of sugar free liquids throughout the day
- This is how you will eat the rest of your life
- The amount of food per meal will increase over time (a maintenance portion is about 1 ¼ cup total)
- You must always follow the rules

## Foods to avoid

- Pasta – tends to swell in your pouch
  - If you must have pasta:
    - make sure it is whole grain
    - limit the amount
    - eat it after you finish the protein part of your meal
- Rice – may also swell in your pouch
- Breads – may expand in your pouch
  - If you try bread, toast it and make it whole grain
  - Eat hard crackers or Melba toast instead
- Avoid desserts, candy and all high sugar foods
  - These foods will cause dumping syndrome and possibly eventual weight gain
- Caffeine
  - Limit caffeine to no more than 400mg/day (12oz cup of coffee has 150-250mg)
- Alcohol is not medically recommended after bariatric surgery
  - Alcohol is dehydrating, high in calories and has no nutritional value. In gastric bypass patients, alcohol can make you feel drunk very quickly and high sugar mixers can cause dumping.





# Nutrition rules and facts

## Bariatric Surgery

### 1. Protein

- Protein will be the main focus of your diet
- Always eat protein first. If you feel full quickly you will have at least consumed your needed protein.
- Protein will keep you feeling full longer.
- **Females should eat 60 grams of protein per day.**
- **Males should eat 75 grams of protein per day.**
- Protein supplements
  - We recommend 1 to 2 protein drinks per day for the first 6 months after surgery. These shake supplements should not be used as a meal but rather can be sipped between meals.
  - You may have a protein shake made with water, non-fat milk or soy milk. .
  - Protein supplements should have at least 20 grams of protein per serving and should be under 220 calories once mixed with liquid of choice
  - We don't recommend protein bars because they can contain high fat and high sugar content.

### 2. Sugar

- Do not eat sugary foods, snacks, sodas, alcoholic beverages or fruit juices
- Eight (8) grams of sugar per meal in the first 2 weeks may be the most you can tolerate.
- You should eat no more than 15 grams of sugar per meal after the first several weeks.
- Fresh fruits have sugar but are usually tolerated better than simple sugars.
- You can use sugar substitutes such as Splenda, Equal, Sweet & Low, Stevia or Truvia

### 3. Nutritional Rules

- Stop drinking 30 minutes before a meal, no drinking during the meal, and no drinking for 60 minutes after your meal. This is called the 30/60 minute rule.
- Drink 6 to 8 cups (48 to 64 oz) of fluids per day. These fluids include water, decaf tea or decaf coffee (once discussed with your RD) and sugar free fluids.
- It is advised to avoid all caffeine, and decaf coffee, in the first month after surgery. After the first month it is recommended to limit to no more than 400 mg of caffeine per day.
- Eat only 3 meals and one planned snack per day.
- Cut food into small pieces and chew thoroughly. We recommend chewing 30 to 35 times before swallowing.
- Foods should be moist. You may add fat-free gravies if needed
- Use small plates and utensils. Baby utensils work well!

## **Nutrition rules and facts**

### **Bariatric Surgery**

- Stop eating when you are full even if you do not finish your measured portion and feel you did not eat very much.
- Make your meal last 20 minutes. This way your pouch has time to let your brain know that you are full. This will prevent overeating.
- Do not take more than 30 minutes to eat a meal to avoid grazing and consuming extra calories.
- No grazing (snacking without thinking or planning)! If you feel like you are hungry between meals, fill up with sugar free liquids.
- Be cautious when drinking through a straw as it could allow air into the stomach and cause you to feel uncomfortable.

#### **4. Will this surgery work for me?**

- This surgery is a tool. You must learn how to use this tool to be successful.
- Follow the rules to increase your weight loss success. As you move away from your surgery date, if you have not mastered the rules, you will most likely not be successful with weight loss.
- Take your vitamins and minerals for life to keep you healthy. Get your blood work done as your doctor orders,
- You must add exercise to your routine to be successful. Current recommendations for exercise time are 150 to 300 minutes per week. Start walking right away! All other activity can be started once you are cleared by your surgeon, but always listen to your body!

#### **5. What do I do if my weight loss stalls?**

- Weight loss plateaus (times when you do not lose weight) are normal. This is your body's way of protecting itself from the rapid weight loss. Your body thinks you are starving and holds onto every calorie.
- Stick to the rules
- Concentrate on protein
- Get back on track with journaling to help determine if there is anything dietary that could be contributing to the stall.
- Are you exercising? If not start getting into a steady exercise routine.
- Change up your exercise routine if you have been doing the same thing for the past 8-12 weeks. Change the time, intensity or type of exercise.
- Ensure you are doing at least 2 days a week of strength training to maintain and build muscle mass; muscle burns more calories than fat.
- Take your measurements. You may still be losing inches.
- Focus on non-scale victories ie: less medications, smaller clothes, move without pain, no longer need a seatbelt extender on the plane, etc.

## Lean Protein Foods

**After surgery, women need 60-70 grams per day; men need 75-85 grams per day.  
Each of the following servings of lean protein foods contains approximately:  
7 grams of protein, 0-3 grams of fat, and 45 calories**

Food	Serving Size
Beef: ground round, roast (chuck, rib, rump), round, sirloin, steak (cubes, flank, porterhouse, T-bone), tenderloin; beef jerky	1 oz
Low-fat cheeses (3 grams of fat or less)	1 oz
Egg substitute	¼ cup
Eggs or egg white	1
Fish: catfish, codfish, flounder, haddock, halibut, orange roughy, salmon, tilapia, trout, tuna	1 oz
Wild game: buffalo, ostrich, rabbit, venison	1 oz
Lamb chop, leg, or roast	1 oz
Organ meats: heart, kidney, liver	1 oz
Oysters (fresh or frozen)	6 medium
Pork: Canadian bacon, rib or loin chop/roast, ham, tenderloin	1 oz
Poultry without skin: Cornish hen, chicken, duck, goose, turkey	1 oz
Processed sandwich meats with 3 grams of fat or less: chipped beef, deli thin-sliced meats, turkey ham, turkey kielbasa, turkey pastrami	1 oz
Canned salmon	1 oz
Canned sardines	2 medium
Sausage with 3 grams of fat or less	1 oz
Shellfish: clams, crab, imitation shellfish, lobster, scallops, shrimp	1 oz
Tuna canned in water	1 oz
Veal, lean chop, roast	1 oz
Cooked beans: black, garbanzo, kidney, lima, navy, pinto, white	½ cup
Soy-based beef or sausage crumbles	2 oz
Edamame	½ cup
Soy-based hot dog	1 (1.5 oz)
Lentils: brown, green, or yellow	½ cup
Black eyed peas or split peas	½ cup
Refried beans	½ cup
Light tofu	4 oz (½ cup)

**Low-fat/fat-free dairy is another good protein source.**

**One serving of a fat-free or low-fat dairy product contains:**

**12 grams carbohydrate, 7-8 grams protein, 0-3 grams fat, and 100 calories:**

Food	Serving size
Fat-Free or 1% milk, buttermilk, acidophilus milk, lactaid, or soy milk	1 cup (8 oz)
Yogurt, plain or flavored with an artificial sweetener	⅔ cup (6 oz)

Source: "Choose Your Foods: Exchange List for Diabetes". American Diabetes Association, American Dietetic Association.



## Nutritional Goals After Bariatric Surgery

You should focus on the AMOUNT of food you eat and the percentage of each food type per meal. This does not mean that you need to ignore calories. We believe that measuring your food and remembering to do the following will keep you successful:

- Eat your protein (Pro) first
- Make ½ of your meal protein
- Make ¼ of your meal vegetables and/or fruit
- Make the last ¼ of your meal whole grain or non-refined carbohydrates
- It is still important to eat the “right” things too – read your labels!

<b>Time post-operative</b>	<b>Total amount of food per <i>meal</i></b>	<b>Calories</b>	<b>Macros Women</b>	<b>Macros Men</b>
0 – 3 months	¼ cup to ⅓ cup	600	60 gm: 40% Pro 20 gm: 27% Fat 50 gm: 33% Carbs	70 gm: 45% Pro 15 gm: 22% Fat 50 gm: 33% Carbs
3 – 6 months	⅓ cup to ½ cup	800	70 gm: 35% Pro 27 gm: 30% Fat 70 gm: 35% Carbs	80 gm: 40% Pro 27 gm: 30% Fat 60 gm: 30% Carbs
6 – 9 months	½ cup to ¾ cup	1000	75 gm: 30% Pro 34 gm: 30% Fat 100 gm: 40% Carbs	85 gm: 34% Pro 34 gm: 30% Fat 90 gm: 36% Carbs
9-12 months	1 cup	1200	75 gm: 21% Pro 47 gm: 30% Fat 135 gm: 45% Carbs	85 gm: 28% Pro 40 gm: 30% Fat 126 gm: 42% Carbs
12 – 18 months	1 cup to 1 ¼ cup	1400	75 gm: 21% Pro 40 gm: 30% Fat 172 gm: 49% Carbs	85 gm: 24% Pro 47 gm: 30% Fat 161 gm: 46% Carbs
18 months and beyond (maintenance)	No more than 1 ¼ cup	Varies based on age, gender, and activity level		

These daily measurement amounts are general guidelines. Everyone may have different needs within the time frames described.

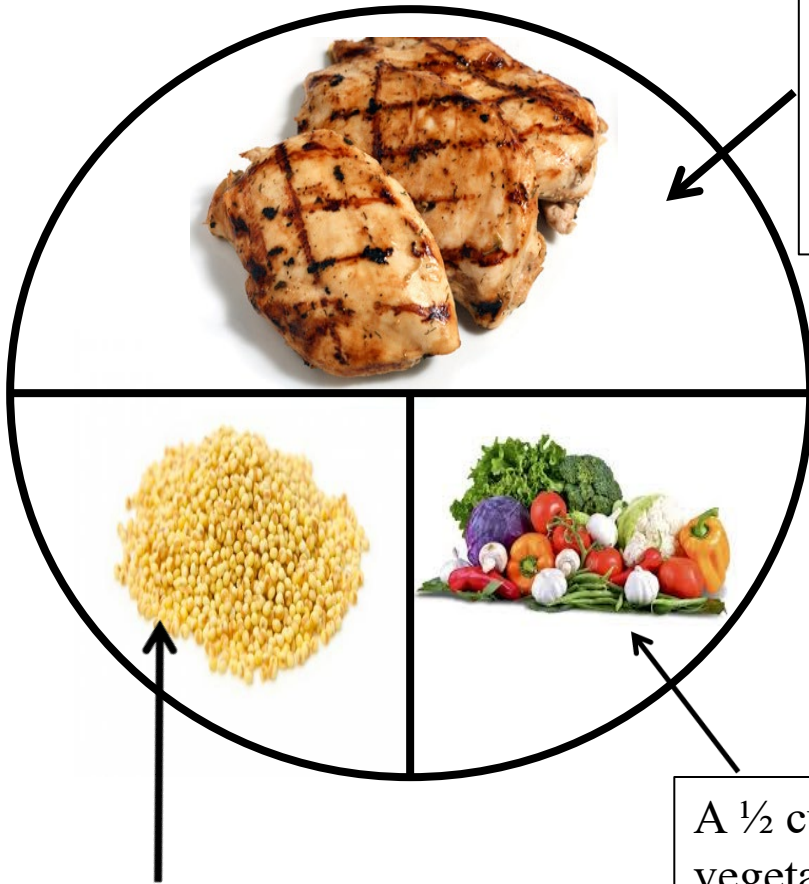
**You need to gradually increase calories to increase metabolism and continue losing weight.** At maintenance you will be eating approximately 1200 to 1500 calories.



# Post-Surgical Plate

After surgery, your food volume per meal will increase gradually over time.

Your meals will not exceed 1¼ cup after surgery.



Make half your meal protein: ½ cup or about 3 oz: chicken, fish, turkey, tofu, etc.

A ¼ cup of starch/carbohydrate: potato, rice, pasta, bread, etc.; aim for whole-grain choices.

A ½ cup of non-starchy vegetables: carrots, broccoli, cucumber, tomatoes, cauliflower, asparagus, etc.





# Chapter 4

# Vitamins



# Vitamins after Roux-en-Y Gastric Bypass or Sleeve Gastrectomy Surgery

## ***ALL VITAMINS NEED TO BE CHEWABLE OR LIQUID FOR THE FIRST 1 MONTH***

Due to the decreased absorption and the amount of food that is eaten it is difficult to obtain all the nutrients needed from food alone. **We highly recommend a BARIATRIC FORMULATED VITAMIN for the rest of your life.** The basic post-surgery vitamin regimen is a bariatric multivitamin with iron and 1500 mg of chewable calcium per day (500 mg 3x/day). The post-op bariatric vitamin options will be reviewed with you in detail during your pre-op process.

\*If you do wish to use over the counter vitamins please understand you may not get all the recommended daily requirements. Use the below guidelines for over-the-counter vitamins only:

### **Multivitamins**

- We recommend 2 **adult** chewable multivitamins with iron for the first month.
  - Must contain 100% of the daily value for 22 nutrients (including zinc and copper) **then:**
- You can continue with the chewable or take multivitamin in capsule form.
  - Must contain 100% of the daily value for 22 nutrients (including zinc and copper)
- “Gummie” chewable vitamins are NOT recommend as they do not contain thiamine.
- If you decide to take a bariatric vitamin the number of vitamins that you need to take will vary. Refer to the chart provided at your pre-op education class.

**Calcium** – Calcium is absorbed in the part of the small bowel that is bypassed in gastric bypass patients. In addition, as you lose weight, you are more at risk for loss of bone density leading to osteoporosis.

- There are two forms recommended – calcium citrate and calcium carbonate.
  - The best form of calcium is Calcium **Citrate**. This form of calcium is better absorbed after your surgery.
  - Calcium carbonate should be taken with food to increase absorption.
- Recommended daily dose is 1200 - 1500 mg. Take 600 mg in two (2) divided doses or 500 mg in three (3) divided doses. You can only absorb 500 – 600 mg at a time.
- Calcium supplements must contain vitamin D

**Vitamin D** – Vitamin D absorption is affected, as it is a fat- soluble vitamin and fat absorption is decreased in bariatric procedures

- You will need to take an additional 2000 IUs of Vitamin **D3** above what is in your calcium supplements for a total of 3000 IU (75 mcg) per day
- Bariatric vitamins contain 3000 IU of vitamin D3
- If you were instructed to take a higher dose based on a deficiency, then continue to take the higher vitamin D dose.

**Iron** – Iron absorption is decreased in bariatric procedures

- Men and postmenopausal women without anemia should take 18 mg of elemental iron per day. This is the amount in most adult multivitamin and mineral for women.
- Menstruating women will need a total of 45-60 mg of elemental iron per day.
- If you are anemic, your provider will make specific recommendations for your dosage.
- Follow the instructions on the package or bottle unless your physician has given other dosage amounts

## Vitamins after Roux-en-Y Gastric Bypass or Sleeve Gastrectomy Surgery

**B12 (Cyanocobalamin)** - Intrinsic factor is needed for absorption of B12 and there is less of this after bariatric procedures.

- Additional Vitamin B12 is recommended if you are not taking a bariatric vitamin.
- Take 350 to 500 micrograms (mcg) per day of B12 (Cyanocobalamin) in a sublingual form (for under the tongue).

**B1 (Thiamine)** - supplementation above RDA is recommended to prevent deficiencies

- All post bariatric procedure patients should take 12 to 50 mg thiamin to maintain normal blood levels of thiamin.
- If you are taking an over-the-counter multi-vitamin, you will need to take additional thiamine to meet your needs.
- Bariatric vitamins contain 12 mg of thiamine

**Vitamin A-** Vitamin A is a fat-soluble vitamin. Fat absorption is affected by bariatric procedures.

- You will need to take 5,000-10,000 IUs (1500-3000 mcg) of vitamin A per day
- As vitamin A can be toxic, it is recommended that your supplement contain a combination of preformed vitamin A (retinyl acetate or palmitate) and pro-vitamin A (B carotene or carotenes).
  - Carotenes require conversion in the body to vitamin A, it is not toxic but is not as well absorbed.
- Bariatric vitamins contain 5,000-10,000 IU (1500-3000 mcg) of vitamin A
- Pregnant women should discuss preformed vitamin A supplementation with their OB

**Zinc-** Zinc is absorbed in the part of the bowel that is bypassed

- You will need to take 15-30 mg of zinc per day.
- Check the label of your multivitamin, you may need to take extra zinc to meet your needs
- Most bariatric multivitamins contain 15 to 30 mg of zinc
- You should also take 1 mg of copper for each 15 mg of zinc to prevent copper deficiency. For instance, if your vitamin contains 30 mg of zinc, it should contain 2 mg of copper.

- **Note: Calcium interferes with the absorption of iron, so it is recommended that you take the calcium at least 2 hours apart from iron. Tannins in tea also interfere with the absorption of iron.**

- **Note: Anti-ulcer medications interfere with the absorption of calcium iron and B12. Space your anti-ulcer medication 2 hours apart from your vitamins.**

# Vitamins after Single Anastomosis Duodenal Ileal Bypass Surgery (SADI)

## *ALL VITAMINS NEED TO BE CHEWABLE OR LIQUID FOR THE FIRST 1 MONTH*

Due to the decreased absorption and the amount of food that is eaten it is difficult to obtain all the nutrients needed from food alone. **We highly recommend a BARIATRIC FORMULATED VITAMIN for the rest of your life.** The basic post-surgery vitamin regimen is a bariatric multivitamin with iron and 1500 mg of chewable calcium per day (500 mg 3x/day). The post-op bariatric vitamin options will be reviewed with you in detail during your pre-op process.

\*If you do wish to use over the counter vitamins, please understand you may not get all the recommended daily requirements. Use the below guidelines for over-the-counter vitamins only:

### **Multivitamins**

- We recommend 2 **adult** chewable multivitamins with iron for the first month
  - Must contain 100% of the daily value for 23 nutrients (should include vitamin E, vitamin K, selenium, copper, and zinc) **then:**
- You can continue with two chewable or take two multi vitamins in capsule form
  - Must contain 100% of the daily value for 23 nutrients (should include vitamin E, vitamin K, selenium, copper, and zinc)
- “Gummie” chewable vitamins are NOT recommended as they do not contain thiamine
- If you decide to take a bariatric vitamin, the number of vitamins that you need to take will vary. Refer to the chart provided at your pre-op education class.

**Calcium** – Calcium is absorbed in the part of the small bowel that is bypassed in SADI patients. In addition, as you lose weight, you are more at risk for loss of bone density leading to osteoporosis.

- There are two forms recommended – calcium citrate and calcium carbonate
  - The best form of calcium is Calcium **Citrate**. This form of calcium is better absorbed after your surgery.
  - Calcium carbonate should be taken with food to increase absorption
- Recommended daily dose is 1800 to 2000 mg. Take 600 mg in three (3) divided doses or 500 mg in (4) divided doses. You can only absorb 500 – 600 mg at a time.
- Calcium supplements should contain vitamin D

**Vitamin D** – Vitamin D absorption is affected, as it is a fat- soluble vitamin and fat absorption is decreased in bariatric procedures

- You will need to take an additional 2000 IUs of Vitamin **D3** above what is in your calcium supplements for a total of 3000 IU to 5000 IU (75 mcg -125 mcg) per day
- Bariatric vitamins contain 3000 IU of vitamin D3
- If you were instructed to take a higher dose based on a deficiency, then continue to take the higher vitamin D dose

**Iron** – Iron absorption is decreased in bariatric procedures

- Men and postmenopausal women without anemia should take 18 mg of elemental iron per day. This is the amount in most adult multivitamin and mineral for women.
- Menstruating women will need a total of 45-60 mg of elemental iron per day
- If you are anemic, your provider will make specific recommendations for your dosage
- Follow the instructions on the package or bottle unless your physician has given other dosage amounts

**B12 (Cyanocobalamin)** - Intrinsic factor is needed for absorption of B12 and there is less of this after bariatric procedures

- Additional Vitamin B12 is recommended if you are NOT taking a bariatric vitamin
- Take 350 to 500 micrograms (mcg) per day of B12 (Cyanocobalamin) in a sublingual form (for under the tongue)

**B1 (Thiamine)** - supplementation above RDA is recommended to prevent deficiencies

- All post bariatric procedure patients should take 12 to 50 mg thiamin to maintain normal blood levels
- If you are taking an over-the-counter multi-vitamin, you will need to take additional thiamine to meet your needs
- Bariatric vitamins contain 12 mg of thiamine

**Vitamin A-** Vitamin A is a fat-soluble vitamin. Fat absorption is affected by bariatric procedures.

- You will need to take 10,000 IUs (3000 mcg) of vitamin A per day
- As vitamin A can be toxic, it is recommended that your supplement contain a combination of preformed vitamin A (retinyl acetate or palmitate) and pro-vitamin A (B carotene or carotenes)
  - Carotenes require conversion in the body to vitamin A, it is not toxic but is not as well absorbed
- Bariatric vitamins contain 10,000 IU (3000 mcg) of vitamin A
- Pregnant women should discuss preformed vitamin A supplementation with their OB

**Zinc-** Zinc is absorbed in the part of the bowel that is bypassed

- You will need to take 15-30 mg of zinc per day.
- Check the label of your multivitamin, you may need to take extra zinc to meet your needs
- Most bariatric multivitamins contain 15 to 30 mg of zinc
- You should also take 1 mg of copper for each 15 mg of zinc to prevent copper deficiency. For instance, if your vitamin contains 30 mg of zinc, it should contain 2 mg of copper.

**Vitamin E-** Vitamin E is a fat- soluble vitamin. Fat absorption is affected by the SADI procedure.

- 15mg of Vitamin E is recommended
- Bariatric Multivitamins contain extra Vitamin E. If your multivitamin contains at least 15mg you do not need to add a separate Vitamin E supplement.

**Vitamin K-** Vitamin K is a fat-soluble vitamin. Fat absorption is affected by the SADI procedure.

- 120-300 mcg of vitamin K is recommended
- Some bariatric formulations contain extra vitamin K. Check the label. You may need to take extra vitamin K if the amount is less than 120 mcg.
- If you are on anti-coagulation therapy (Coumadin®/Warfarin®) you need to discuss your vitamin K supplementation with your doctor or cardiologist

- **Note: Calcium interferes with the absorption of iron, so it is recommended that you take the calcium at least 2 hours apart from iron. Tannins in tea also interfere with the absorption of iron.**

- **Note: Anti-ulcer medications interfere with the absorption of calcium iron and B12. Space your anti-ulcer medication 2 hours apart from your vitamins.**

# Chapter 5

## Hospital Stay





## My Hospital Stay Bariatric Surgery

### What do I do before coming to the hospital?

- Know your medicines
  - If you are on a blood thinner or aspirin, talk to your surgeon about when to stop this medicine before surgery
  - **If you take birth control or oral contraceptives or estrogen replacement, you should stop taking it at least 2 weeks before surgery through 4 weeks after surgery. You should use two other forms of birth control if this applies. Talk to your doctor about this.**
  - The Pre-Admission Testing department will instruct you on what medicine to take the day of surgery.
    - If instructed to take medicine the day of surgery, take medicine with a sip of water only.
- Read the “Same Day Surgery Brochure” given to you at preadmission testing or during the Pre-Op Education class.
- Shower the night before and the morning of your surgery as directed by the “Pre-Op Showering Instructions for Surgery Patients” form also in this chapter.
- Drink your pre-surgery nutritional drinks as instructed in Chapter 3 and reviewed during your pre-op educational class.
- If you are using CPAP, bring your machine, mask and solution to the hospital with you.

### What happens upon arrival to the hospital?

- You will be directed to the pre-surgery area
- An IV (intravenous) will be started to give you fluids.
- You will be weighed.
- You may be given several medications with a small sip of water and you may have a patch placed behind your ear.
- You will be taught how to use an incentive spirometer to help expand your lungs.
- Personal belongings will be given to your family or be delivered to your room once it is assigned.
- Questions about allergies, anxiety, history, name, birthday, and surgical procedure will be reviewed with you. This is a system of double checks and you will be asked multiple times by several staff members.
- At the time of your surgery, your family will be able to stay with you as directed by hospital visiting policy
- Depending on your procedure and medical history, you may receive a blood thinner.

# **My Hospital Stay Bariatric Surgery**

## **What happens in the Holding Room and Operating Room?**

- You will meet operating room (OR) staff, anesthesiologist and nurse anesthetist in the holding room. You will be asked many questions again.
- You may receive medicine in the holding room before your ride to the OR. This will help you relax and you may not remember moving to the OR.
- Compression boots will be placed on your lower legs. These are sleeves that wrap around your lower legs that will gently squeeze and release your leg intermittently. These sleeves will help with circulating your blood and help prevent blood clots.
- Multiple safety straps will be placed and secure you when you are on the OR table.
- It may be cold in the OR but you will be kept warm with blankets and a warmer.
- You will go to the recovery room or post anesthesia care unit (PACU) after your surgery. Here your heart rate, breathing and blood pressure will be monitored closely.

## **What happens on the bariatric surgery unit?**

- You will have to ask for pain medications as needed, therefore, you must let your nurse know if you have pain so he or she can give you medicine. You will be given pain meds by IV until you are sipping liquids. Once you can sip liquids you will be given oral pain medications.
- Compression boots must remain on your lower legs while you are in bed or sitting in the chair. They can be removed only to walk in the halls or go to the bathroom.
- The first time you walk to the bathroom you will need help. You most likely will not have a catheter or tube in your bladder to drain your urine or be given a bedpan. Remember – walking helps relieve gas pain.
- Get moving as soon as possible. Walking will help decrease pain and nausea and help prevent blood clots and pneumonia. Bring a small pillow to splint or hold in your incision

## **What role do I play during my hospital admission?**

- Use your incentive spirometer 10 times every hour while you are awake. You will use this at home for 7 days after discharge.
- You must walk the halls as soon as you can. This will help get rid of the gas pain.
- Upon discharge, someone will accompany you as you walk to the lobby.
- Your Stage 1 diet – you will need to measure your fluids in small, one ounce (30cc) plastic cups. These will be given to you in the hospital.
  1. You will sip one ounce over 15 minutes. No gulping, no guzzling
  2. You will monitor and keep track on your flow sheet
  3. All fluids will be sugar free
  4. No straws
  5. No carbonation
  6. 48-64 ounces (1.5 to 2 liters) of fluid a day

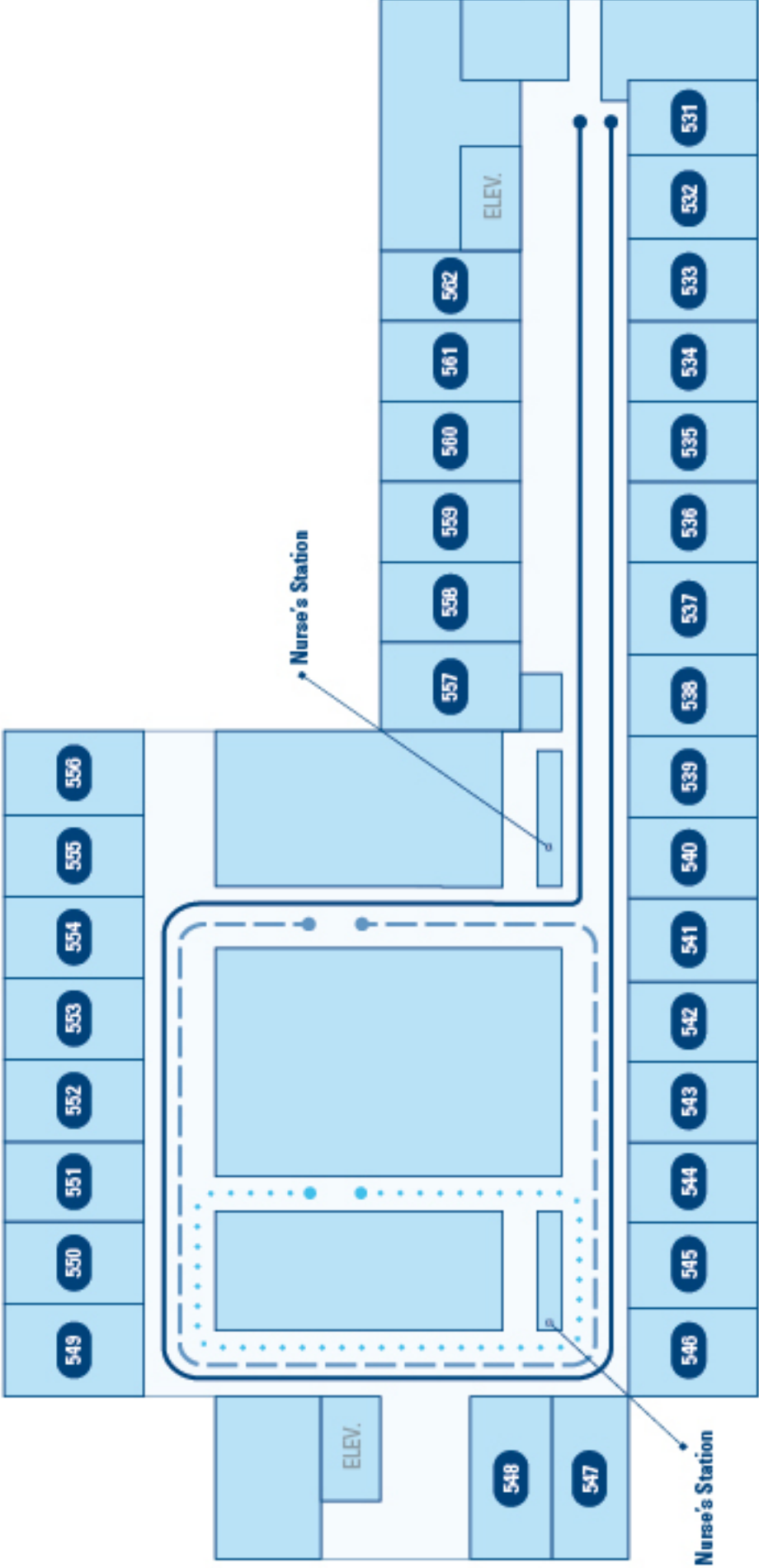


**E5 – ALLENTOWN**  
WALKING LOG

- ..... 1/4 LAP
- 1/2 LAP
- FULL LAP

DATE	TIME	# OF LAPS	# OF LAPS

DATE	TIME	# OF LAPS	# OF LAPS







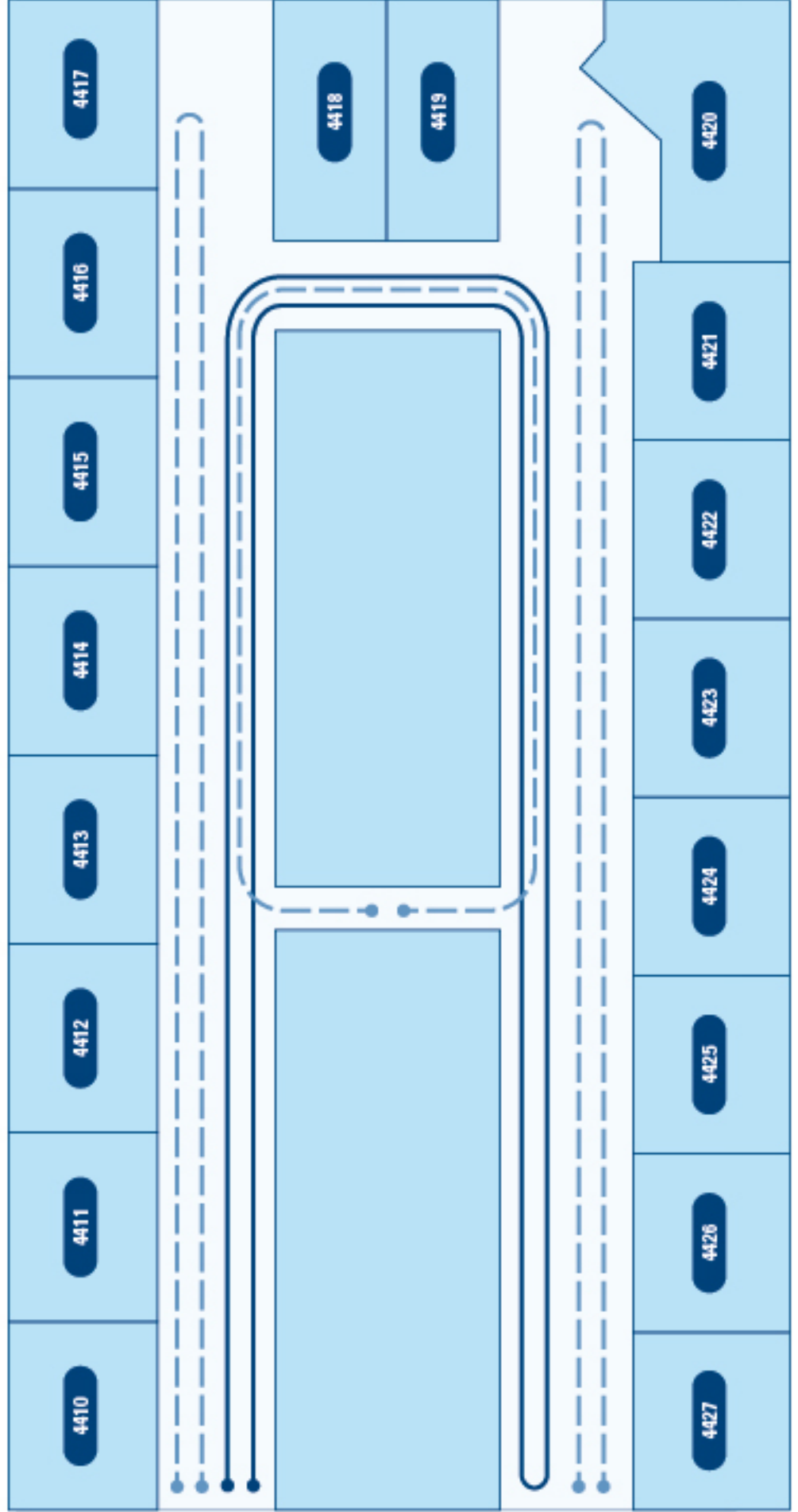
**MS4 – MONROE**  
WALKING LOG

--- 1/2 LAP

— FULL LAP

DATE	TIME	# OF LAPS	DATE	TIME	# OF LAPS

DATE	TIME	# OF LAPS



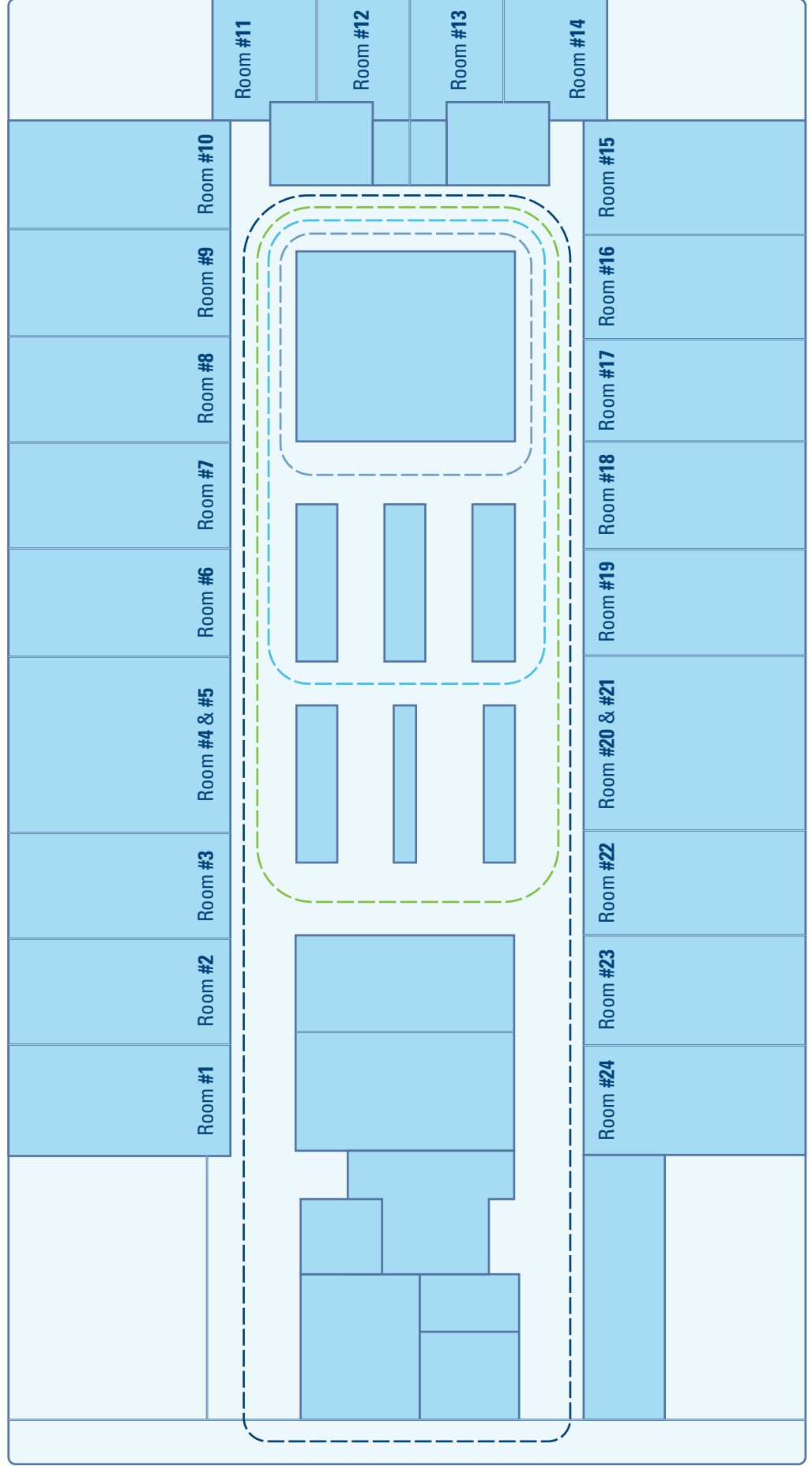




- 1/8 Lap
- 1/4 Lap
- 1/2 Lap
- Full Lap

DATE	TIME	# OF LAPS


DATE	TIME	# OF LAPS







## Patient Bariatric Fluid Log

\*Place an X over a cup for every 1 ounce you finish drinking. Example:  = 1 ounce

\*Bariatric Clear Diet: Sip slowly throughout the day, drinking 48 to 64 ounces per day. Do not drink an entire 1 ounce at once. Each 1 ounce should take several sips.

Date \_\_\_\_\_



Date \_\_\_\_\_





# **My Procedure, My Body**

## **Roux En Y Gastric Bypass**

### **What happens during the surgical procedure?**

- 5-6 tiny incisions or cuts are made
- The larger of these incisions may cause discomfort for several weeks
- Your belly is filled with gas to create a space for your surgeon to operate. Some gas may remain after surgery and could cause pain in your chest or abdomen.
- A slim tube called a laparoscope is placed into one of the incisions. The laparoscope is connected to a camera which shows the inside of your belly on a TV screen for the surgeon to see.
- Special tools are placed into the other incisions by the surgeon to help with the operation.
- Fluid is used to irrigate and rinse the area. Some fluid may remain and you may leak a little from the incision sites during the first day or two after surgery. This is normal.

### **What changes happen to my body?**

- A small pouch is made from the upper part of your stomach. The pouch is about the size of an egg. You will lose weight because you will eat very little. Losing weight this way is called restriction.
- The small bowel is cut about 18 inches below the stomach and is attached to the smaller new pouch. Where the small bowel meets the new pouch a new opening, or stoma, is made. This new connection is called an anastomosis. The opening is about the size of a dime and is why you need to take small bites and chew very well.
- The rest of your stomach is not removed and will continue to make gastric enzymes or juices. These enzymes will meet up with the food in the intestine where your doctor makes another anastomosis.
- Your larger stomach has a valve (pyloric sphincter) at the end of it to regulate food going out into the small bowel. After surgery, this sphincter is bypassed and food is able to “slide” from the pouch into the small bowel without resistance. This is why the 30/60 minute rule must be followed.
- Food will bypass a large portion of your stomach and the upper portion of your small bowel, the duodenum. Bypassing these areas will decrease the amount of calories and nutrients absorbed. This is one of the reasons for rapid weight loss and why you must take vitamins and minerals for life.
- All anastomoses are made with titanium staples which mean that you may have MRIs or go through metal detectors without a problem.

## **My Procedure, My Body Roux En Y Gastric Bypass**

### **Why isn't my gall bladder removed?**

- Adding a procedure makes your surgery and anesthesia last longer.
- The incisions used for gastric bypass are not in the best place to remove your gall bladder.
- Leaking from the gall bladder site is not as serious as leaking from a gastric bypass anastomosis although you might have similar symptoms. The doctor could have a hard time knowing which problem was causing your symptoms.
- Your hospital stay could be longer.
- Only 30% of gastric bypass patients will develop gall stones.

### **Will I need a drain?**

- A drain may need to be placed but happens rarely.
- If you have a drain, it will be removed before discharge from the hospital or at your first follow up appointment.

# **My Procedure, My Body**

## **Laparoscopic Sleeve Gastrectomy**

### **What happens during the surgical procedure?**

- 5-6 tiny incisions or cuts are made
- The larger of these incisions may cause discomfort for several weeks.
- Your belly is filled with gas to create a space for your surgeon to operate. Some gas may remain after surgery and could cause pain in your chest or abdomen.
- A slim tube called a laparoscope is placed into one of the incisions. The laparoscope is connected to a camera which shows the inside of your belly on a TV screen for the surgeon to see.
- Special tools are placed into the other incisions by the surgeon to help with the operation.
- Fluid is used to irrigate and rinse the area. Some fluid may remain and you may leak a little from the incision sites during the first day or two after surgery. This is normal.

### **What changes happen to my body?**

- The stomach is made much smaller by stapling and separating the stomach long-ways, making the new “tube-like” stomach approximately the size and shape of a banana. The size will be approximately 3 ounces in volume.
- The remaining stomach, approximately 80 to 85% of your original size, is removed after the stapling and separation.
- All the nerves and functions of the stomach, including the valve at the end, remain intact. Weight loss is due to the drastic restriction in size of the stomach and the amount of food that can be eaten at one sitting.
- This procedure does not involve bypassing the small bowel.
- This procedure is not reversible as the remnant stomach is removed. The part of the stomach that is removed is the part that stretches the most. The remaining “tube-like” stomach is the part that is most unlikely to expand and is more resistant to larger food volumes. The longer and thinner the tube, the more resistance there is. This is what makes this procedure work. You will feel full after very little food.
- The staples are made of titanium which means that you may have MRIs or go through metal detectors without a problem.

### **Why isn't my gall bladder removed?**

- Adding a procedure makes your surgery and anesthesia last longer.
- The incisions used for gastric bypass are not in the best place to remove your gall bladder.
- Leaking from the gall bladder site is not as serious as leaking from the staple lines along your new stomach although you might have similar symptoms. The doctor could have a hard time knowing which problem was causing your symptoms.
- Your hospital stay could be longer.
- Only 30% of bariatric surgery patients will develop gall stones.

### **Will I need a drain?**

- A drain may need to be placed.
- If you have a drain, it will be removed before discharge from the hospital or at your first follow up appointment.



## **My Procedure, My Body**

### **Single Anastomosis Duodenoileal Bypass (SADI)**

#### **What happens during the surgical procedure?**

- 5-6 tiny incisions or cuts are made
- The larger of these incisions may cause discomfort for several weeks.
- A slim tube called a laparoscope is placed into one of the incisions. The laparoscope is connected to a camera which shows the inside of your belly on a TV screen for the surgeon to see.
- Special tools are placed into the other incisions by the surgeon to help with the operation.
- Your belly is filled with gas to create a space for your surgeon to operate. Some gas may remain after surgery and could cause pain in your chest or abdomen.
- Fluid is used to irrigate and rinse the area. Some fluid may remain and you may leak a little from the incision sites during the first day or two after surgery. This is normal.

#### **What changes happen to my body?**

- The stomach is made much smaller by stapling and separating the stomach long-ways, making the new “tube-like” stomach approximately the size and shape of a banana. The size will be approximately 3 ounces in volume.
- The remaining stomach, approximately 80 to 85% of your original size, is removed after the stapling and separation. This is not reversible.
- The duodenum is then transected and reattached to the small intestine. The valve that releases food to the small intestine is left in place.
- The decreased size of the stomach, bypassing of much of the small bowel, and bile and digestive juices meeting up with food late in the digestion process all contribute to weight loss by decreasing calorie intake and absorption.
- The staples are made of titanium which means that you may have MRIs or go through metal detectors without a problem.
- The gall bladder is removed with this procedure

#### **Will I need a drain?**

- A drain may need to be placed.
- If you have a drain, it will be removed before discharge from the hospital or at your first follow up appointment.





# Chapter 6

## Going Home



## DERMABOND ADVANCED®

# How to Care for Your Wound After It Is Treated with DERMABOND ADVANCED® Topical Skin Adhesive<sup>1</sup>

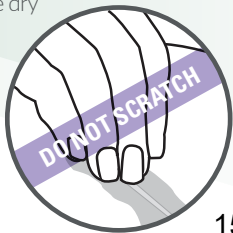
DERMABOND ADVANCED Adhesive is a sterile, liquid skin adhesive that holds wound edges together. The film will usually remain in place for 5 to 10 days, then naturally fall off your skin. The following will answer some of your questions and provide instructions for proper care for your wound while it is healing.

### Check Wound Appearance

- Some swelling, redness, and pain are common with all wounds and normally will go away as the wound heals. If swelling, redness, or pain increases, or if the wound feels warm to the touch, contact a doctor. Also contact a doctor if the wound edges reopen or separate

### Caring for Bandages

- If your wound is bandaged, keep the bandage dry
- When changing the dressing, do not place tape directly over the DERMABOND ADVANCED Adhesive, because removing the tape later may also remove the film



## **Avoid Topical Medications**

- Do not apply liquid or ointment medications or any other product to your wound while the DERMABOND ADVANCED Adhesive is in place. These may loosen the film before your wound is healed

## **Keep Wound Dry and Protected**

- Apply a clean, dry bandage over the wound if necessary to protect it
- You may occasionally and briefly wet your wound in the shower or bath. Do not soak or scrub your wound, do not swim, and avoid periods of heavy perspiration until the DERMABOND ADVANCED Adhesive has naturally fallen off
- After showering or bathing, gently blot your wound dry with a soft towel. If a protective dressing is being used, apply a fresh, dry bandage, keeping the tape off the DERMABOND ADVANCED Adhesive
- Protect your wound from injury until the skin has had sufficient time to heal
- Do not scratch, rub, or pick at the DERMABOND ADVANCED Adhesive. This may loosen the film before your wound is healed
- Protect the wound from prolonged exposure to sunlight or tanning lamps while the film is in place

If you have any questions or concerns about this product, please consult your doctor.

Reference:

1. DERMABOND ADVANCED® Topical Skin Adhesive Instructions for Use. Ethicon, Inc.

## Possible Complications and Side Effects Bariatric Surgery

The first several of the complications listed below can occur with ANY operation.

**Deep Vein Thrombosis (DVT)** – a blood clot that usually occurs in the lower leg

- **What are the signs and symptoms?**
  - Cramping, swelling, pain, warmth, and/or redness in the calf or behind the knee
- **What should I do?**
  - Call the doctor
- **How do I prevent this from happening?**
  - Get up and get moving as soon as possible
  - Keep the compression boots on your legs while in bed or chair during your hospital stay
  - Do not smoke. If you smoke, you are at greater risk.
  - All sleeve gastrectomy patients will be on lovenox for 14 days post op

**Pulmonary Embolus/Emboli** - blood clot that goes to the lungs

- **What are the signs and symptoms?**
  - Sudden shortness of breath or inability to breathe
  - Shoulder pain
- **What should I do?**
  - Call 911 or go to the nearest emergency room
- **How do I prevent this from happening?**
  - Get up and get moving as soon as possible
  - Keep the compression boots on your legs while in bed or chair during your hospital stay
  - Do not smoke. If you smoke, you are at greater risk.
  - All sleeve gastrectomy patients will be on 14 days of Lovenox post op in order to prevent mesenteric blood clots.

### **Pneumonia**

- **What are the signs and symptoms?**
  - Shortness of breath
  - Cough
  - Yellow or green mucus with a cough
  - Chest pain
  - Fever
- **What should I do?**
  - Call the doctor. If shortness of breath is severe, go to the emergency room.
- **How do I prevent this from happening?**
  - Get up and moving to expand your lungs
  - Use your incentive spirometer 10 times per hour while you are awake for one week after your operation

## Possible Complications and Side Effects Bariatric Surgery

**Infection** - Incisions may feel hard or bumpy as healing occurs. This is part of the normal healing process. You may have some normal drainage from your incision. It may be pale yellow to pale pink. Infection would look different.

- **What are the symptoms?**
  - Change in drainage appearance like thickening, green or yellow in color, and/or foul odor
  - Fever greater than 101 degrees
  - Increased pain, swelling, warmth or redness around the incisions
  - Redness around all incisions may be due to the dermabond
- **What should I do?**
  - Call the office of the doctor that performed your surgery
    - You will be asked to establish a MyChart account. This will allow you to send photos of your incisions to your provider resulting in quicker examination of the incisions.
    - Do not call your primary care physicians office. The weight management providers need to see your incisions.
- **How do I prevent this from happening?**
  - Keep incisions clean and dry
  - No lotions, creams or ointments on incisions until completely healed
  - No submersion in water (no tub bath, swimming or hot tub) until incisions are completely healed
  - Do not pick at the Dermabond (glue). Let the Dermabond flake off on its own.

### **Nausea and Vomiting**

- If you are less than 10 days from your surgery date, call your surgeon. Otherwise, you should:
  - Make sure you follow the 30/60 minute rule
  - Chew thoroughly
  - Eat slowly (meal should last 20 minutes)
  - Stop eating when full
  - If you are following all the rules, consider expanding the 30/60 rule to 60/75. If symptoms improve, follow this new rule for 2-3 weeks and then return to the 30/60 rule. If symptoms do not improve, call the office for additional consultation.

**Small Bowel Obstruction**- an obstruction or blockage caused by surgery connections (anastomosis) (Roux En Y Gastric Bypass, SADI)

- **What are the symptoms?**
  - Abdominal pain that will not go away
  - Persistent vomiting or not being able to eat
  - No or greatly decreased bowel movements or having diarrhea only
- **What should I do?**
  - Call your doctor
  - If pain is unbearable, go to the emergency room

## Possible Complications and Side Effects Bariatric Surgery

**Dehydration** – not getting enough fluids

- **What are the symptoms?**
  - Dark or concentrated urine
  - Dizziness or weakness when you sit or stand up
  - Confusion
- **How do I prevent this from happening?**
  - Drink 48 to 64 ounces of fluid every day
- **What should I do for dizziness?**
  - Change your position slowly
  - If you take medicine for high blood pressure, check with the doctor who ordered it
  - If symptoms worsen, call your doctor

**Ulcers** – you are at higher risk of forming ulcers along the new connections (anastomosis) or staple line.

- **What are the symptoms?**
  - Abdominal pain or pain in the lower, mid chest area
  - Vomiting or vomiting blood
  - Black stools or bowel movements
- **How can I help prevent this?**
  - Do not smoke or chew tobacco!
  - Take your anti-ulcer medicine as prescribed by your doctor.
  - Stay away from aspirin and NSAIDS (non-steroidal anti-inflammatory drugs) See “List of Medications to Avoid”.
- **What should I do?**
  - Call your doctor
  - If you vomit blood, go to the emergency room
  - If you are more than a week after surgery and you have tarry, black stools, call the surgeon’s office

**Gerd (Gastroesophageal Reflux Disease)** – risk of GERD may increase after Sleeve Gastrectomy and SADI which could increase the risk for other medical problems.

- What are the symptoms?
  - Heart burn
  - Difficulty swallowing
  - Chest Pain
  - Bringing up food or sour liquid
  - Feeling like there is a lump in the throat
- What should I do?
  - See your weight management provider regularly and if experiencing these symptoms

## Possible Complications and Side Effects Bariatric Surgery

**Leak** – fluid from the stomach or bowel leaks into the belly cavity at the new surgery connection sites (anastomosis) or along a staple line

- **What are the symptoms?**

- Racing heart rate
- Temperature greater than 101 degrees Fahrenheit
- Difficulty breathing
- Abdominal pain
- Shoulder pain
- Extreme urge to have a bowel movement but not being able to
- Feeling of impending doom/anxiety

- **What should I do?**

- Call 911. It is best to go to the emergency room at the hospital where you had your surgery. If that is not possible, go to the nearest emergency room. Check now for hospitals in your area that performs gastric bypass surgery.

**Stoma Blockage** – food is blocking or gets stuck in the new opening from the pouch into the small bowel (primarily for Roux En Y Gastric Bypass, however sleeve and SADI patients may experience similar symptoms and should follow the same instructions)

- **What are the symptoms?**

- The feeling of very bad indigestion
- The feeling of something stuck in upper chest area

- **What should I do?**

- **Scenario 1** – stop eating. Take a sip of warm water. If you do not vomit, continue sipping on warm water every 20 minutes until the food passes or the feeling passes
- **Scenario 2** – Stop eating. Take a sip of warm water. If you vomit, wait 20 minutes and sip warm water again. If you vomit again, call your doctor. If there is not vomiting with the second sip, follow Scenario 1.
- If you ever vomit twice, call the doctor

- **How can I prevent this?**

- Eat slowly
- Cut up your food into small pieces
- Chew your food very well
- Do not drink with your meals

**Strictures** – Sometimes the opening from the pouch or sleeve into the small bowel gets too small

- **What are the symptoms?**

- Feels like food is stuck all the time or like really bad indigestion. This happens every time you eat
- Frothing or foaming in mouth
- Nausea and vomiting every time you eat
- Only liquids can stay down. It is possible that nothing stays down.

- **What should I do?**

- Call your doctor



## Possible Complications and Side Effects Bariatric Surgery

**Gall bladder attack** – any rapid weight loss can cause gall stones leading to gall bladder problems

- **What are the symptoms?**
  - Pain under the right side of your ribs
  - Pain moving around to your back
  - Nausea and vomiting especially after eating
- **What should I do?**
  - Call your doctor
  - If the pain is unbearable go to the emergency room

**Dumping Syndrome** – There are two stages: early and late dumping

- **Early Dumping** : symptoms are caused by eating foods higher in sugar or fats
  - **What are the symptoms?**
    - Nausea
    - Diarrhea and abdominal cramping
    - Sweatiness
    - Runny nose
    - Rapid heart rate
    - Feeling tired
    - Dizziness
  - **What should I do?**
    - You will have to wait for the symptoms to pass. Symptoms usually pass within 30 minutes
    - Stay away from foods high in sugar or high in fats
- **Late Dumping, or Reactive Hypoglycemia** : symptoms occur one to two hours after early dumping. Your blood sugar drops below a level of 70 mg/dl or less.
  - **What are the symptoms?**
    - Blurred vision or changes in vision
    - Dizziness, lightheadedness, or shakiness
    - Fatigue and weakness
    - Fast or pounding heartbeat
    - Sweating more than usual
    - Headache
    - Nausea or hunger
    - Anxiety, irritability, or confusion
  - **What should I do?**
    - Eat or drink 15 grams of fast acting carbohydrate. Fast acting carbohydrate will raise your blood sugar quickly Examples of 15 grams :
      - 4 ounces (½ cup) regular fruit juice
      - 6 life savers, 15 smarties candies, 1 tablespoon honey
      - 1 tube of glucose gel or 4 chewable glucose tablets

## Possible Complications and Side Effects Bariatric Surgery

- Wait 15 minutes. If you have a glucometer, check your blood sugar. If it is below 100 mg/dl, treat again with 15 grams of carbohydrate. If you do not have a glucometer, treat again if you still have symptoms.
- Once your level is 100 mg/dl, or you no longer have symptoms, eat a small meal to prevent another drop in blood sugar
- **How do I prevent late dumping/reactive hypoglycemia?**
  - Eat 5 to 6 small meals instead of 3 large meals
  - Include protein and carbohydrate at each meal
  - Limit processed carbohydrates such as white bread, baked goods, regular soda or candy
  - Do not drink alcohol, especially on an empty stomach

**Change in Bowel Habits** - (Sleeve, RNY and SADI) you may have less bowel movements than you did before the operation causing constipation. Constipation is having difficulty making a bowel movement, or having a hard dry bowel movement or when you go longer than usual between bowel movements. Symptoms of constipation include difficulty passing your bowel movement, pain or bleeding during your bowel movement, a feeling that you did not finish having a bowel movement, bloating and nausea. Constipation is common the first months after weight loss surgery.

- **What causes this?**
  - You are eating less food
  - You are taking extra vitamins
  - You may not be drinking enough fluids
  - You may not be getting enough fiber
  - Narcotic pain medicine like the one you were given when you left the hospital can cause constipation
- **What should I do?**
  - **Medicinal recommendations**
    - Take MiraLAX® for 3 days prior to your surgery. You will continue MiraLAX® after surgery until you have a bowel movement. MiraLAX® is NOT a stimulant laxative. It uses the water in your body to hydrate, soften and eases the stool through the colon.
    - Do NOT go more than 4 days without a bowel movement. If you have not had a bowel movement in 4 days, we work from the bottom up, do the following:
      - ◆ Glycerin Suppository – you may use 2 times in 24h, if this does not work
      - ◆ Dulcolax Suppository – you may use 2 times in 24h, if this does not work
      - ◆ Warm water enema – purchase a Fleet Saline enema, empty contents and fill with warm water. Follow the package instructions for administration.
    - Once you have had a good bowel movement, take MiraLAX® daily in the evening. If your bowel movement becomes too loose or too frequent, adjust the use of MiraLAX® to every other day.
    - Oral Stimulant laxative: Do not start use until 2 weeks after your surgery. Your bowels need to heal. Stimulant laxatives can cause dependence and should not be used on a regular basis; instead they should only be used to resolve constipation.
      - ◆ Examples: Bisacodyl, Exlax, Correctol, *Smooth Move Tea*, etc
    - Stool softeners: may try a stool softener such as Colace, once or twice per day

## Possible Complications and Side Effects Bariatric Surgery

### ▪ **Dietary recommendations**

- Drink: 4oz Plum Smart Lite or Lite Prune juice
- Pureed Diet: include ¼ cup pureed fruit per day or baby food (prunes, plums, peaches, pears). Avoid bananas and applesauce if you are constipated.
- Soft Diet: include ¼ cup fruit per day. Use canned or jarred in light syrup or fruit juice – Rinse off the syrup/fruit juice. Avoid bananas and applesauce. NO RAW fruit.
- Fiber: Add fiber to your diet if you had your operation more than 2 weeks before your symptoms. You can use over the counter gummies or powder. Limit to 5 grams per day. If using fiber, make sure you are drinking extra fluids. Fiber needs the fluids in order to form the bulk.
- Drink 48 to 64 ounces of fluid every day

**Change in Bowel Habits** – (Early post op SADI procedure) you may have more frequent and/or loose bowel movements than you did before the operation. You may have more foul-smelling stool or gas. This will improve over time as your bowel adjusts.

#### • **What causes this?**

- The bypass of the first part of your bowel affects absorption of carbohydrates. As a result, more carbohydrate is delivered to the large bowel. Bacteria in the large bowel will digest the carbohydrate, which results in diarrhea, oily stools and smelly gas as a byproduct.

#### • **What should I do?**

- Avoid simple carbohydrates or sweets
- Try eliminating lactose containing (dairy) products
- Take a probiotic (some bariatric vitamins contain probiotics)
- Try Devron, to reduce odor from gas or stool
- Speak to your surgeon

**Back or hip pain**- as you lose weight you may walk or sit differently due to a change in your center of gravity

#### • **What can I do?**

- Exercise to strengthen the muscles of your legs and back
- Be aware of your posture
- Be patient, this change will eventually stop as your weight loss slows down

**Vitamin Deficiencies** – due to the decreased amount of food you are eating and the decreased absorption of some vitamins and minerals, you are at risk of having low vitamin and/or mineral levels

#### • **What are the symptoms?**

- Weakness or tiredness
- Confusion
- Tingling or “pins and needles” feelings in hands or feet
- Any unusual changes from the normal

#### • **What else could happen**

- If left go too long, vitamin or mineral deficiencies can cause permanent damage
- Bones can become weak

#### • **What should I do?**

- Take your vitamins and minerals for life
- Get your blood tests on a regular basis as ordered by your doctor
- Call your doctor if you have symptoms so your blood can get checked

# Possible Complications and Side Effects

## Bariatric Surgery

### Hair thinning

- **When does this happen and why?**
  - Hair thinning usually occurs anywhere from 3 to 9 months after your operation
  - Hair loss should be temporary
  - It is caused by a sudden drop in the amount of calories and protein you are eating and the hormone changes caused by rapid weight loss
- **What should I do?**
  - You can shampoo with Nioxin®
  - Take 1000 mg of flax seed oil daily
  - Make sure you are getting 60 to 80 grams of protein per day
  - Take your vitamins and minerals as ordered
  - Take no more than 600mcg Biotin per day
    - Your bariatric multivitamin should be sufficient without adding extra
    - Too much biotin can alter lab results such as thyroid panel and cardiac enzymes
  - Take 500-550mg L-Lysine, or Keratin or Collagen

### Large folds of skin – it is possible that you will have sagging skin

- **How can I prevent this?**
  - Take your vitamins and minerals. Eat healthy
  - Drink 48 to 64 ounces of fluids every day
  - Exercise
  - You may not be able to prevent this. Age and genetics may determine how well your skin will recoil.
- **Will insurance cover the removal of excess skin? Insurance may cover this:**
  - If you get rashes or skin breakdown under skin folds take pictures and have your doctor write in your chart about these problems
  - If excess skin interferes with normal movement or causes back pain have your doctor write in your chart about these problems
  - If you wait until you lost all your weight or are at least 18 months to 2 years after your operation

### Hormonal changes – Hormones are fat-loving. When you lose weight the fat cells release hormones back into your blood.

- **What could happen?**
  - Females may become more fertile. Menstrual cycles can become irregular causing increased risk of pregnancy. You need to prevent pregnancy even if you struggled to get pregnant before you had your operation. It is recommended to not get pregnant for at least 1 years after surgery.
    - ✓ Use 2 forms of birth control if taking oral birth control pills
      - One form of birth control needs to be a barrier type such as a condom or diaphragm
  - Periods or menses could be heavier and longer
  - If you have already entered menopause, you may have several periods again

## St. Luke's Weight Management Patient Follow-up Schedule After Bariatric Surgery

- Prior to first surgeon post op appt.....appointment with primary care physician
- Day 10 or 11 after surgery date.....first post op visit with surgeon and dietitian
- 5 weeks after surgery.....post op class with dietitian
- 3 months after surgery.....2<sup>nd</sup> post op visit – with physician assistant (PA)
  - Blood work will be ordered – advise to get blood work before 6 month visit
- 6 months after surgery.....3<sup>rd</sup> post op visit – with physician assistant (PA)
  - Blood work will be ordered – advise to get blood work before 1 year visit
- 1 year after surgery.....1<sup>st</sup> annual visit with physician assistant (PA)
- 18 months.....18 month visit with physician assistant (PA)
- Annually forever.....annual visits
  - Blood work will be ordered annually
- ◆ **Social Workers & Dietitians** are available for follow up when needed. Call the office to set up an appointment.



## **My Reminders Bariatric Surgery**

### **DO:**

- Plan for discharge before coming to the hospital:
  - If needed, determine who is going to help you at discharge
  - Purchase liquids, protein and vitamins as outlined in sections 3 and 4 of this manual.
  - Purchase measuring cups to measure portion size once you are eating food.
- Respond to surveys from our department.
- Schedule your first follow up appointment with the surgeon. Continue to follow annually. Refer to the “Follow Up Schedule after Bariatric Surgery” on previous page for time intervals
- Quit smoking if you have not already quit. Let your surgeon know if you need help.
- Get your lab work done when ordered by your surgeon
- Come to Support Group monthly
- Take your vitamins and minerals daily
- Call the office or bariatric team with any questions.
  - Keep in touch and let us know how you are doing.
- Join us on our private Facebook page for questions, answers, announcements and conversation. Search Facebook for “St Luke’s Bariatric Patient Forum” and request to join.
- Watch gum chewing. It can cause gas and can block your stoma if swallowed.
- Download our Baritastic App, use program code 58531 to connect to our program
- Exercise – it is vital for your success
- Get a Medical Alert Bracelet – see enclosed information
- Take your measurements before surgery and monthly thereafter
- Stay committed when you hit plateaus, periods when you do not lose weight. This is your body’s normal response to rapid weight loss. You will get over the plateau if you follow the rules.

### **DO NOT:**

- Lift more than 10 pounds for the first week after surgery
- Gobble food
- Talk while eating – you will get air in your pouch
- Drink < 30 minutes before, during or < 60 minutes after meals
- Drink alcohol – you will have decreased tolerance which may cause you to become intoxicated easily. Alcohol can cause dumping syndrome and can be dehydrating.
- Use straws for first 6 months
- Drink carbonated beverages for at least one year
- Take aspirin or NSAIDS (non steroidal anti-inflammatory drugs) - Refer to the medicine list. If you take aspirin for cardiac (heart) reasons, speak with your surgeon about this.
- Smoke
- Drive while taking prescription (narcotic) pain medicine





# Chapter 7

## Behavioral and Lifestyle Changes



## **Behavioral and Lifestyle Changes before and after Bariatric Surgery**

Welcome to your bariatric program, we are so happy to be walking this journey with you! Your bariatric team is here to support you with all the medical, dietary, behavioral and lifestyle changes you will experience on your way to lifelong health and wellness. This chapter will specifically focus on some of those behavioral and lifestyle changes, offering you education and solutions to common weight management struggles. In this chapter, you will:

- Receive education on dietary, medical, behavioral and lifestyle changes
- Explore your reasons for seeking surgery and the emotions you may experience
- Come to a greater understanding of emotional eating and mindless snacking as well as ways to manage it
- Look at the benefits of having a positive body image and how it can support your physical and mental wellbeing.
- Managing slip ups and setbacks in your weight management journey.
- Have a list of resources, books, apps, journals and supports to use now and throughout your post-surgical life.

Your Bariatric Social Worker will be talking with you about various lifestyle and behavior topics during your office visits now and after surgery and may encourage you to look at some of these areas. Look through this chapter as much as you need, make notes, ask questions, and try to include some of these practices into your daily life. Share what you learn with your family, friends, and support people; it helps them understand what you're going through and reinforces what you're learning. And feel free to contact your Social Worker with any questions or concerns you may have. Your entire Weight Management team is here for you!



## BARIATRIC SURGERY EDUCATION CHECKLIST

I have received education related to my bariatric surgery process and understand:

1. Patients may be required to complete a psychiatric evaluation and receive clearance for surgery from their psychiatrist.
2. Patients who undergo weight loss surgery are at higher risk of increased mental health concerns and suicide attempts.
3. Patients may be required to complete a full substance abuse evaluation and then complete all treatment recommendations prior to surgery.
4. If diagnosis of abuse/dependence results, patient may be required to remain sober for one (1) year before having bariatric surgery.
5. Patients on psychiatric medicines should check with their provider to discuss psychiatric medicines and the changes in absorption. Patients should discuss all time release medicines with provider and take all medicines as prescribed.
6. The recommendation is that there is no use of any tobacco products, Hookah or vapes for the bariatric post-operation patient.
7. Bariatric surgery patients should not consume alcohol as a post-operative patient as it may increase risk of numerous health conditions including but not limited to alcohol abuse and ulcers.
8. There is a possibility of weight regain if patient does not follow all program guidelines and recommendations.
9. Bariatric surgery patients should exercise thirty (30) to sixty (60) minutes per day to maintain post-surgical weight loss.
10. Research indicates that bariatric patients are more successful when they see a therapist for up to two (2) years post-op.
11. Patients will follow all medical and dietary recommendations provided.
12. Patient will keep all scheduled appointments and follow up with their physician for a minimum of five (5) years.
13. Patient will take all vitamins as recommended. Post-operative vitamins are life-long.
14. There is a goal month set. All requirements should be met by this time. Don't wait to get started!
15. There is a deadline month set. All requirements must be finished by this time and if not, the patient will be halted in the surgery process. The patient can be referred to the medical weight management program or can come back to the surgical program once the unfinished tasks from the previous program are completed.
16. Female patients of child-bearing years are informed that pregnancy is not recommended until 12 months post-op.



# My Bariatric "Why"

<b>What is motivating me to have bariatric surgery/lose weight?</b>	
<b>How do I expect the surgery to help?</b>	
<b>What habits/behaviors do I have that get in the way of losing weight/managing my health?</b>	
<b>What skills do I have now that will help me lose weight/manage my health with surgery?</b>	
<b>What will keep me motivated once I meet my weight loss/health goals?</b>	





# 20

# MINDEFUL EATING HANDOUTS

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TO HELP YOU END OVEREATING,  
ENJOY FOOD AND STOP FEELING GUILT NOW!

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By: Dr. Susan Albers  
New York Times Bestselling Author  
& Psychologist

# BENEFITS OF MINDFUL EATING



- Not a fad diet
- Realistic & Do-able
- It lasts! You can do it long term
- A behavioral plan for everyone (you can be vegetarian, Kosher, a meat eater etc.)!
- You don't feel deprived or starved
- It's works! Research shows that mindful eating is helpful in reducing emotional eating, weight, Diabetes II, and developing a healthier relationship to food.

## What is **Mindless** Eating?

- » Eating when you are bored, stressed, anxious, happy etc. and not truly physically hungry
- » Munching in front of the T.V.
- » Eating while you are doing something else or distracted (driving, walking, working, texting).
- » Eating food just because it is there and looks good not because you are hungry
- » Falling back into old habits/routines
- » Zoned out or eating in a trance like state
- » Following rules not body cues

## DESCRIBE AN EXAMPLE OF YOUR OWN **MINDFUL** AND **MINDLESS** EATING

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.....

## What is **Mindful** Eating?

- » Mindful Eating is not a diet
- » There are NO menus or recipes. It is about balancing how to eat, not what to eat.
- » Being aware and present when you eat
- » Noticing each bite
- » Using your senses (taste-spicy, bland), (texture-smooth, crunchy), (aroma, sound-sizzle or crunch)
- » Noticing your habits
- » Determining your hunger level (a little or a lot?)
- » Being truly in the moment
- » Savoring/Enjoying food
- » Feeling in charge of how much you are eating, consciously deciding
- » No guilt or judgement

# 5 S'S OF MINDFUL EATING

By Dr. Susan Albers

**1) SIT DOWN.** Have a seat! Avoid nibbling in front of the refrigerator or snacking in your car. Put food on a plate. You will enjoy food more and eat less when you give eating your full attention. "Only eat off your feet."

**2) SLOWLY CHEW.** Eat with your non-dominant hand (if you are right handed eat with your left). Research indicates that eating with your opposite hand can reduce how much you eat by 30%. Intentionally chew slower than the person you are eating with. "Pace, don't race."

**3) SAVOR.** Take a mindful bite. Smell. Taste. Notice and look at each spoonful. Turn off the TV and other distractions. "When you eat, just eat."

**4) SIMPLIFY.** Put healthy foods in a convenient place like on the counter. Place treats out of view. Research indicates that people tend to eat what is in their immediately reach. "In sight, in mind, out of sight, out of mind."

**5) SMILE.** Smiling can create a brief pause between your current bite and the next one. During that gap, ask yourself if you are just satisfied, not full. "Take a breath, to manage stress."



# MINDEFUL EATING EXERCISE



## 1. MINDFULLY PICK.

Choose a piece of food (nuts, fruit, a piece of chocolate, orange slice).

## 2. LOOK CLOSELY.

Describe it to yourself. Color? Shape?

## 3. SMELL.

Notice how the smell impacts you. Does it remind you of anything? What memories or thoughts does it trigger?

## 4. TRULY TASTE.

Do you like it? Texture? Spices? Flavor?

## 5. NOTICE THOUGHTS AND FEELINGS

Pay attention to whatever emotions and thoughts come to mind. Happy? Sad? Craving more?

## 6. SLOWLY CHEW.

Notice how the texture changes.

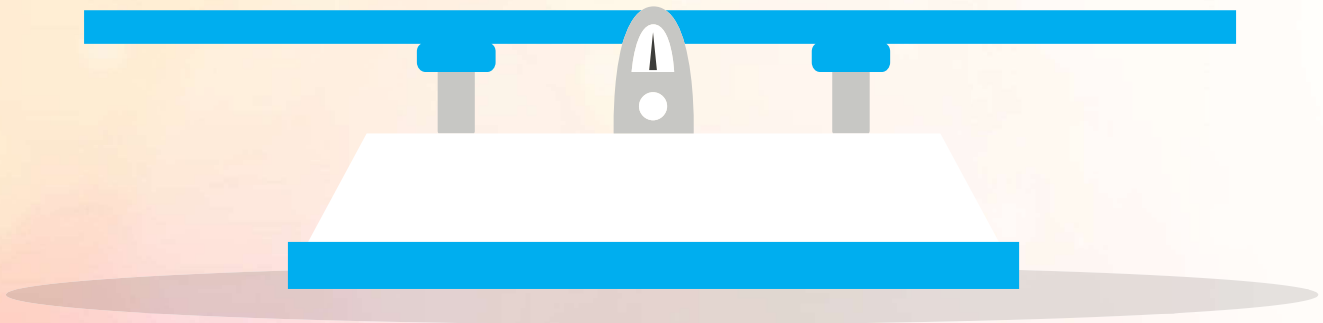
## 7. FOLLOW

The sensation down your throat as you swallow.

## 8. PRATICE

Taking a mindful bite.

# MINDFULNESS OF HUNGER SCALE



- 10 Overly full. Uncomfortable feeling in the stomach. Bloating. Feeling regret.
- 9 Very full. You can tell you've eaten a large amount. Emotional and/or physical discomfort.
- 8 Comfortably full.
- 7 Slightly full and satisfied.
- 6 Satiated. Quenched. Appeased stomach.
- 5 Not hungry or full.
- 4 A little hungry. Need a snack. Hunger pangs begin.
- 3 Hungry. Ready for a light meal.
- 2 Ravenously hungry. In need of a complete meal.
- 1 Famished. Extremely hungry. Growling stomach, low energy, headache.

## Awareness Level

- 10 Hyper aware thinking about each calorie. Worried about each bite.
- 9
- 8
- 7
- 6
- 5 Aware and in-the-moment. Savoring.
- 4
- 3
- 2
- 1 Zoned out, trance like eating. Not tasting each bite.

Rate your hunger throughout the day. Choose a time to check in and evaluate your hunger level (on the hour) or a cue (when your mobile phone rings).

.....

.....

.....

.....

# PACE NOT RACE

## 6 EASY WAYS TO EAT SLOWER



**1)** If you want to slow down, eat with your non-dominant hand (if you are right-handed, eat with your left). Research indicates that you eat 30% less when you eat with your non-dominant hand. It interrupts the automatic hand to mouth flow.

**2)** Say to yourself at least two adjectives to describe the food you are about to eat. For example, say “cold” and “creamy” before you take a bite of yogurt. This action can insert just the right amount of time you need to pause.

**3)** Sit Down. It sounds simple enough. However, people tend to eat more rapidly when standing.

Think about snacking while standing over the sink or nibbling from a plate while standing at a party.

**4)** Stagger your bites with another activity. For example, one bite and then one comment to your dining partner.

**5)** Just observe. Notice how quickly or slowly other people eat. Use their pace to help you set your own. Intentionally eat slower or in tandem with another person's bites.

**6)** Consider your fork or spoon to be like a tool you need to reload. Carefully, and intentionally fill your fork slowly and deliberately.

## THE PACE MAKER

USE THIS METER TO CHECK IN AND INTENTIONALLY SET YOUR EATING PACE.

**Eating  
SLOW**

**Eating  
FAST**



# THE MINDFUL EATING PLATE

## Mindful Eating

[www.eatingmindfully.com](http://www.eatingmindfully.com)



Susan Albers PsyD @2014 [www.eatingmindfully.com](http://www.eatingmindfully.com)



# Mindful Eating Quiz

**THIS IS A BRIEF ASSESSMENT OF YOUR MINDFUL EATING SKILLS (IT ISN'T A DIAGNOSTIC ASSESSMENT). IT IS TO HELP YOU TO IDENTIFY WHICH SKILLS YOU MAY WANT TO BOOST. DON'T FORGET TO NOTICE WHAT YOU ALREADY DO WELL. AFTER YOU COMPLETE THIS QUIZ, WRITE DOWN A MINDFUL EATING GOAL.**

1. I tend to stop eating when I am full				
All of the time	Most of the time	Occasionally	Sometimes	Almost Never
2. I eat when I am hungry rather than emotional				
All of the time	Most of the time	Occasionally	Sometimes	Almost Never
3. I try not to "pick" or graze on food				
All of the time	Most of the time	Occasionally	Sometimes	Almost Never
4. I taste each bite before reaching for the next				
All of the time	Most of the time	Occasionally	Sometimes	Almost Never
5. When I eat, I think about how nourishing the food is for my body				
All of the time	Most of the time	Occasionally	Sometimes	Almost Never
6. I am nonjudgmental of myself, my body and when I accidentally overeat				
All of the time	Most of the time	Occasionally	Sometimes	Almost Never
7. I don't multitask while I eat. When I eat, I just eat				
All of the time	Most of the time	Occasionally	Sometimes	Almost Never
8. I don't have to eat everything on my plate, I can leave what I don't want				
All of the time	Most of the time	Occasionally	Sometimes	Almost Never
9. I tend to eat slowly, chewing each bite				
All of the time	Most of the time	Occasionally	Sometimes	Almost Never
10. I recognize when I slip into mindless eating (zoned out, popping food into my mouth)				
All of the time	Most of the time	Occasionally	Sometimes	Almost Never

**LIST YOUR MINDFUL EATING GOALS:**

(ex: learn to be more present when I eat, slow down, stop when I'm full)



# DIETING VS. MINDFUL EATING

## **Dieting**

- Willpower
- Rules
- Cultural Conformity
- Weight Loss
- Avoidance
- Rigid
- Counting Calories
- Deprivation
- Denial
- Quick Fix
- Guilt
- Short Term
- Fight Food

## **Mindful Eating**

- Consciousness
- Listen to Internal Signals
- Empowerment
- Health vs. Weight
- Acceptance
- Flexible
- Nutrition
- Permission
- Long Term Approach
- Compassion
- Lifestyle
- Celebrate and Savor Food



1) What diets have you tried in the past?

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2) What was helpful about the diet?

---

3) What aspects of the diet were difficult?

---

4) What is your most difficult food struggle?

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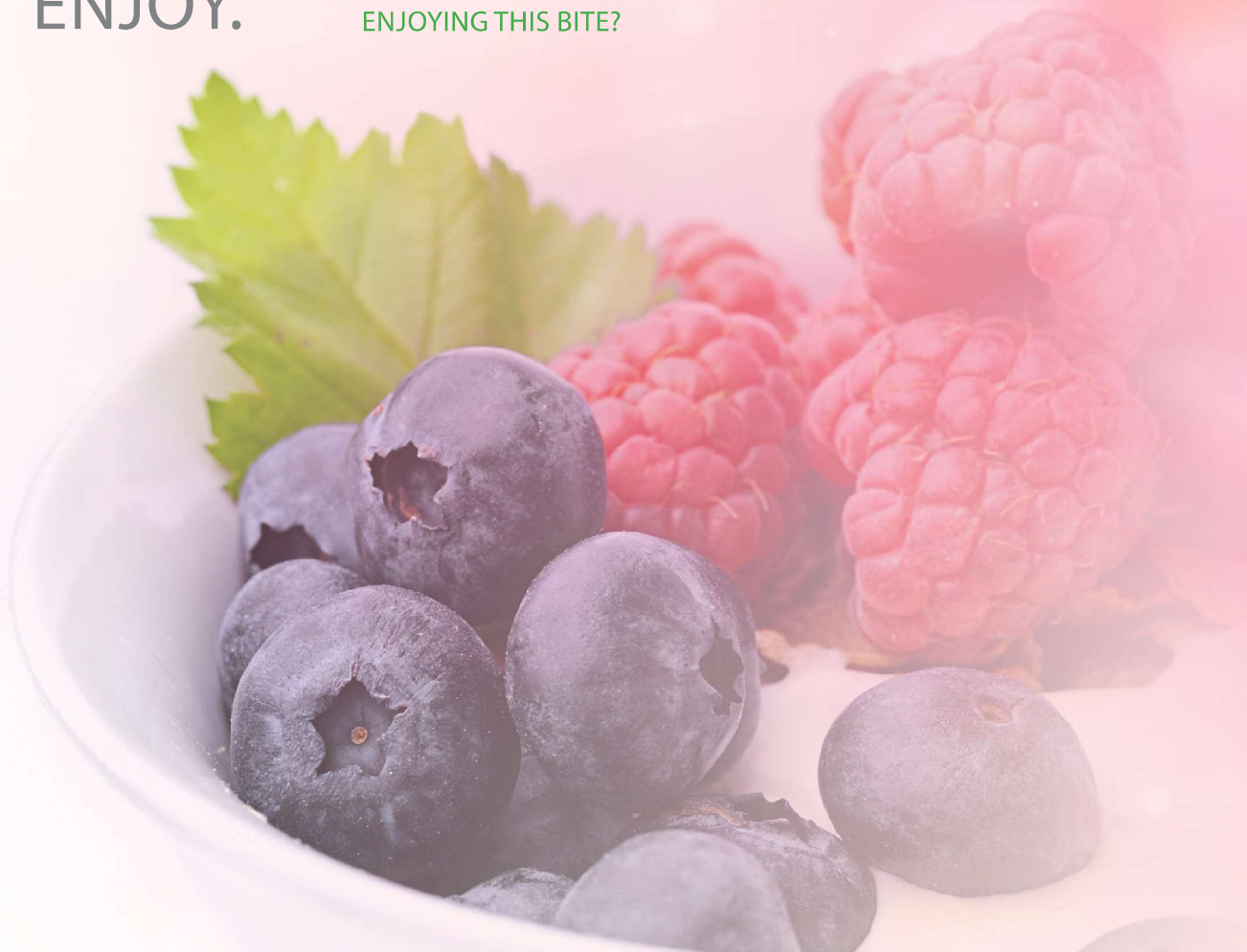
5) Which foods are easy and difficult to eat mindfully?

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# PAUSE MINDFULLY

REMEMBER TO PAUSE MINDFULLY WHEN YOU EAT.  
INTENTIONALLY CREATE A "GAP" BETWEEN EACH BITE.

- P PRESENT.** STOP MULTITASKING. WHEN YOU EAT, JUST EAT.
- A AWARENESS.** ASK YOURSELF, HOW PHYSICALLY HUNGRY AM I?
- U UNDERSTAND.** HOW ARE MY FEELINGS IMPACTING MY FOOD CHOICE?
- S SAVOR.** TAKE A MINDFUL BITE. SMELL, TASTE, TOUCH, LISTEN!
- E ENJOY.** ARE YOU REALLY ENJOYING THIS BITE?



# ACCEPTANCE OF CRAVINGS

## ACCEPTANCE

When you have a craving, your first inclination may be to tell it to, “JUST GO AWAY.” Turning off a craving is not so easy. “Acceptance based strategies” advise you to do the opposite—welcome in the craving. Mindfully talking yourself through it gives you much more power over how much you eat.

## ACKNOWLEDGE:

Say to yourself, “I’m having a craving!” It has arrived—whether you like it or not.

## ACCEPT:

Tell yourself, “It’s okay.” Don’t try to talk yourself out of the craving, judge or rationalize it. If your mind goes there anyway, just take note of it. Remember: the craving is just a feeling not a fact and nothing more. Just because you have a thought doesn’t mean you have to do it.

## ALERT:

Tune into what you are feeling. Is it hard to wait? Where does it bother you the most in your body?

## AWAIT:

Your mind might say, “You have to give in or the craving will never go away.” Remind yourself, this is just a thought. Tell yourself, “I can take it.” The craving will change in form and nature. When you don’t respond to the first urge to eat, the craving often lessens and sometimes even passes completely. Ride out the craving like you are on a wave in the ocean, not sinking into it, just skimming on top of it.

## AWARENESS:

Be aware of your options. Mindfully CHOOSE rather than acting on autopilot. Eat it mindfully-slowly and with intention.

---

This approach may seem radical and goes against the grain of most diets. Try it! Research in the journal of Appetite has found it to be effective in coping effectively with cravings.



# MINDFUL & MINDLESS EATING HABIT TRACKER

Some mindless eating is just a habit—something you do out of routine rather than triggered by emotion. For example eating the same foods, munching at your desk, eating at the same time each day. Take notes and gather data on your habits for one week.

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

# MINDFUL EATING

## B I N G O

SIT DOWN WHILE EATING	EAT WITH CHOPSTICKS	LISTEN TO YOUR BODY'S CUES OF HUNGER & FULLNESS	SAVOR YOUR FOOD	TAKE A MINDFUL WALK
STOP EATING WHEN SATISFIED	RESPOND RATHER THAN REACT	PUT YOUR FORK DOWN BETWEEN BITES	EAT LESS, NOURISH MORE	SHIFT OUT OF AUTOPILOT
EAT WITHOUT DISTRACTION	PACE, NOT RACE: EAT SLOWLY	EAT, DRINK & BE MINDFUL	SAVE YOUR FAVORITE FOOD FOR LAST	ADD ONE PIECE OF FRUIT/VEGETABLE
MINDFULLY CHECK IN: AM I HUNGRY?	EAT WITH YOUR NON-DOMINANT HAND	DRINK ONE EXTRA GLASS OF WATER	PLAN FOR TOMORROW	TAKE MINDFUL BITES
TAKE A MINDFUL PAUSE BEFORE EATING	BE RIGHT HERE, RIGHT NOW	CHEW YOUR FOOD 30 TO 50 TIMES PER BITE	RESIST JUDGMENT: LOSE THE CRITICISM	EAT TO FEEL BETTER WHEN YOU FINISH



# EMOTIONAL EATING

## PHYSICAL

Stomach growling  
Thinking, about food, considering options  
Low energy  
Hunger slowly grows  
Time passes since last meal/snack  
Food is satisfying

## EMOTIONAL

No physical cues (quiet stomach)  
Specific cravings  
Eating feels like the best/only option  
Little time has passed since last bite  
Food doesn't feel satisfying

## YOUR PHYSICAL CUES OF HUNGER

What triggered your hunger?  
(Situations? Feelings?)  
Where were you when the craving began?  
(Are there places that prompt you to eat?)  
When did it start?  
(When was the last time you ate? When did the  
craving start?)  
Why are you desiring to eat?

## EMOTIONAL CUES OF HUNGER

What triggered your hunger?  
(Situations? Feelings?)  
Where were you when the craving began?  
(Are there places that prompt you to eat?)  
When did it start?  
(When was the last time you ate? When did the  
craving start?)  
Why are you desiring to eat?



# 5-5-5-5-5 EXERCISE

Feeling the urge to comfort eat? Avoid emotional eating by having a solid plan in place. Write down a list of 5 strategies for each category. Hang this sheet in hot spots for emotional eating like on your desk or refrigerator.

5 Activities that **RELAX** you (ex. Flip through a magazine, a 5 minute break, lay on the couch).

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

5 Activities that **DISTRACT** you (ex. email, games, cleaning).

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

5 Activities **PLACES** you can go that are comforting to you (ex. Your bed, garden, cozy chair).

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

5 **PEOPLE** to call and connect with you (ex. your best friend, mother, sister, mentor).

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

5 **THINGS** that soothe your senses (cool cloth on head, comfortable clothing, turn down lights)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**CHOOSE ONE OF THESE ACTIVITIES TO DO FOR *5 MINUTES* OR UNTIL THE URGE TO EAT EMOTIONALLY PASSES.**

# EMOTIONAL VS. PHYSICAL HUNGER

## 4 WAYS TO TELL THE DIFFERENCE

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### 1) SATISFACTION VS. RELIEF

Do I want to eat for energy to fuel my body to make it through the day or am I looking for relief or a sense of safety/security?

**TEST:** Place your hand on the part of your body that needs attention. Does it go to your stomach because it is rumbling? Or, does it go to your brain that feels dull and bored?

**Fix:** Aim to satisfy the part of the body that your hand rests on. If your brain is bored, give it some mentally stimulating material. If your hand traveled to your shoulders, lift and release your shoulders five times to relax your muscles. If it lands on your stomach, mindfully choose a nourishing food.

### 2) EMOTIONAL VS. PHYSICAL HUNGER

Am I eating in response to physical hunger (rumbling stomach, low energy, etc) versus feeling scared, frustrated, overwhelmed or happy.

**Test:** Ask yourself, "How physically hungry am I on a scale from 1-10 (1=starving, 5=satiated 10=overly full)?" If you are a 1-5, it's likely that you do need something to eat. If so, that is okay. If you answer 6-10, it's likely that food isn't going to help a bit.

**Fix:** Try eating a Mandarin orange. They are a great food to help curb emotional eating and to de-stress. It is easy to peel and the segments are perfectly portioned to mindfully eat one at a time. The sweet flavor is satisfying and citrus aromas have been shown to be calming, according to research. Also, a Mandarin orange gives a little boost of vitamin C, just what you need when stressed or emotional.

### 3) NUTRITIOUS VS. PALATABLE

Am I choosing nutrient rich foods vs. sugary, fatty salty foods?

**Test:** A truly hungry person, will eat a large range of foods that will quickly quiet a rumbling stomach. Someone with an emotionally driven craving often only craves a specific type of food or taste—not just chocolate, but chocolate with caramel. If only a salty snack will do, it's likely that this is an urge for comfort.

**Fix:** It's important to keep on hand healthy snacks that do taste good to you. Often, people keep diet foods around that are bland and don't taste good. Kick up the taste of vegetables with hummus, sprinkle yogurt with some nuts, drizzle chocolate on berries, dash in spices to vegetable soup etc.

### 4) LIFELONG VS. TRANSIENT

Am I building a healthy relationship with food vs. anxiety, guilt or fear.

**Test:** Before you eat, ask yourself how you will likely feel a minute after you finish this bite. If a negative emotion springs to mind, take a pause. Too often we wait until after we eat to check in with the emotional impact of what we consume.

**Fix:** Mindful eating can help you build a healthy and balanced relationship with food. Use the 5 S's of Mindful Eating no matter what you are eating 1) Sit down 2) Slowly Chew 3) Sense—taste, smell, listen 4) Savor-enjoy 5) Smile (pause before taking another bite). Remember it's okay to eat the foods you love, as long as you do it mindfully!



# EMOTIONAL VS. PHYSICAL HUNGER



A close-up, profile photograph of a woman with long, dark, wavy hair. She is holding a sliced orange in her right hand and bringing it to her nose, appearing to smell it. The background is softly blurred, showing what looks like a white pillar and a light-colored wall.

# 5 WAYS TO RESPOND TO FOOD PUSHERS

Picture this. You are at a party. A friend pushes a piece of pie into your hands and says, "Have another piece, it's a party after all. You can afford to eat more." How do you respond?

**1) HUMOR:** Say, "No, thank you! I couldn't eat another piece! I'm starting to feel like a turkey—just a little too stuffed! Keep it light-hearted.

**2) TEACHING MOMENTS:** Hold up your hand and make a fist. Say, "Did you know this is the actual size of your stomach?" It's amazing to think about how much we try to put in there!"

**3) NO THANK YOU!:** It's okay to say no. It's as simple as that. Too often, we are afraid to put down limits. Say "no" politely but with conviction. Practice when you are by yourself

to make it come out effortlessly. Other people easily push past a wishy-washy no.

**4) REASSURANCE:** Remember that the comments people make are often a reflection of their own fears and insecurities. Offering reassurance may help to take the pressure and focus off of you. Say, "It sounds like you would like another piece. Go for it!"

**5) DIVERT AND DEFLECT:** Be sure to hand out a compliment, "The pie is fantastic! Do you have the recipe?" This can redirect the focus from eating to learning how to make it.

# HELPERS VS. HINDERER

## CHARACTERISTICS OF HELPERS

- » Encouraging words
- » Supportive social media posts
- » Cuts out articles/give you helpful information
- » Cheerleading & good listening
- » Positive role modeling of eating/choosing healthy foods
- » Reassuring
- » No pressure
- » Helps you shops for healthy food
- » Provides healthy food
- » Sits down at a table to eat with you
- » Encourages you to take charge
- » Uses non-food rewards
- » Healthy ways to de-stress

## CHARACTERISTICS OF HINDERERS

- » Competitive
- » Critical
- » Brings you unhealthy foods
- » Pressures you to eat
- » Makes fun of your efforts
- » Mixed messages or unhelpful comments
- » Stocks home with unhealthy foods
- » Tries to control your eating
- » Negative comments about your body
- » Rewards with food
- » Suggests comforting yourself with food
- » Name calling (ex. lazy)

## WHO ARE YOUR HELPERS?

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## WHO ARE YOUR HINDERS?

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# S.W.A.P. TECHNIQUE

**SWAP MOMENT:** Instead of emotional eating, try the S.W.A.P. approach. Swap out emotional eating and insert something else (an activity, breathing exercise, movement) else in its place.

**SAY:** Say clearly how you feel. Angry? Hurt? Bored? Stressed? Be mindful of your feelings. If you are genuinely hungry, eat. If not, move on to the next step.

**WAIT:** Don't act immediately. Imagine creating a gap between the thought "I want to eat" and the response or action of doing it. Count to 5 if you have to or say, "Pause." Use imagery to freeze in place as if playing a game of Simon Says.

**ADDRESS THE FEELING NOT THE FOOD:** Target the feeling instead of the desire to eat. It's tempting

## **BODY**

(Hot bath, comfortable clothing, exercise)

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## **SENSES**

(Cool cloth on your forehead, feet up)

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to try to remove food or wrestle with your hunger. Instead, think about the feeling and what will help soothe and calm yourself without calories.

**PURSUE ANOTHER ACTIVITY:** If you take out comfort eating, you have to put something else in its place. Choose 1 activity to do from 50 Ways to Soothe Yourself Without Food to help you to replace emotional eating with a healthier behavior. Try it for just five minutes. If you are truly engaged in the urge to emotionally eat, inserting something else in its place can help you to break free.

## **MIND**

(Hot bath, comfortable clothing, exercise)

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## **CONNECT**

(Vent to a friend, email, social media)

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# 10 FOODS TO HELP BUFFER STRESS

Some foods buffer your body against the effects of stress while others contribute to it. Here is a list of 10 foods that may help prevent emotional eating and soothe your mood.

**1) Dark Chocolate:** Contains flavonoids and helps release mood boosting chemicals such as dopamine.

**2) Oatmeal:** The fiber will keep you feeling full for a long period of time and helps regulate your blood sugar. Complex carbs are involved in the release of serotonin which produces a sense of calmness.

**3) Oranges** are high in vitamin C which boosts the immune system and reduces cortisol levels.

**4) Spinach** is high in magnesium—this plays a key role in regulating and lowering blood pressure naturally (blood pressure is often raised by stress!)

**5) Skim Milk** helps to reduce stress-related PMS symptoms and also produces a calming sensation.

**6) Salmon** contains Omega-3 which helps reduce inflammation and pain.

**7) Black Tea** naturally reduces cortisol levels, the stress hormone that makes you crave sugary, fatty foods.

**8) Avocados** contain healthy fats which keeps you more satisfied and helps regulate nerve communication, which makes you think clearer.

**9) Almonds** have Vitamin E to boost the immune system and well as B Vitamins. Both nutrients can make you more resilient to stress.

**10) Pistachios** are the lowest fat and calorie nut. They help to keep your blood sugar regulated and your mood stable.

## FOODS THAT BOOST MY MOOD:

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## FOODS THAT DEFLATE MY MOOD:

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TODAY'S MOTTO: "EAT FOODS THAT ENHANCE YOUR MOOD."

# 70 WAYS TO CALM & COMFORT YOURSELF

Focus meditation	Walk your dog/pet your cat
Wrap in a blanket	Jumping jacks in place 10X
Create a tent to snuggle under	Doorway stretches
Turn down lights, turn down noise	Move mindfully, listen to your feet hit the floor
Soothing music slows your heartbeat	Power Poses, like Wonder Woman
Deep breathing	Dance like you are on stage
Choose and repeat a mantra	Call a friend, ask a specific question
5 minute Time Out	Walk your dog in the park, talk to other pet owners
Put on comfy pants and sweatshirt	Pursue social media or Pinterest
Write a Haiku	List 15 things you like about a friend, share it
Squeeze bubble wrap	Email or text someone
Blow bubbles and meditate	Vent to someone who will listen
Power journal, write about your best and worst moments	Intentionally smile
Google an intriguing topic	Delegate a task
Read or study something new	Make play doh or wiggly jello
Talk out loud to an empty chair	Knit, get your hands moving
Visualize what you want	Scrapbook, pictures
Daydream about a vacation	Make jewelry
Make a calendar or list, organize	Decorate a room, or rearrange
Memorize a poem	Create a vision board or comic book
Make a timeline of important life events	Create reminders, post-it notes
Soak in the tub with Epsom salt	Scribble, doodle, Zentangle
Essential oils, rub lotions	Draw with sidewalk chalk
Green therapy, go outside or for a hike	Repurpose old clothing
Change sensations, drink hot or cold water	Turn on the TV, host a movie or Netflix marathon
Take a power or cat nap	Flip through a magazine, tear out soothing pictures
Wind down ritual	Make a gingerbread house or food sculpture
Drink black tea or fruit herbal tea	Clean one drawer, organize your books
Self massage	Origami
Make a bucket list	Change scenery, move to a different room/space
Rub worry beads	Play a game on your phone
Run up and down the stairs 5X	Do your own pedicure or manicure
Wash your car	Make a gratitude list as long as you can
Walk for 20 minutes	Learn one new word
5 yoga poses	Chew on a toothpick

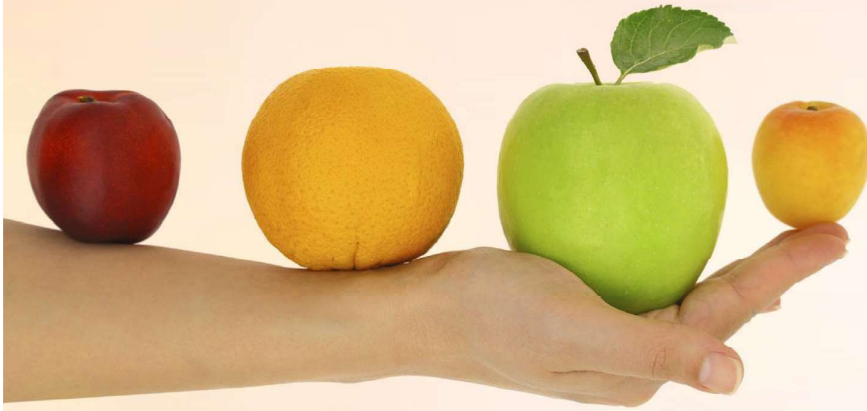
# SOOTHING YOUR SENSES

## COUNTING ON YOUR SENSES 5-4-3-2-1

Clear your thoughts of food by focuses on your senses.

1. State one scent you can smell. (Touch your pointer finger to your thumb).
2. Name two sounds you can hear. (Touch your middle finger to your thumb).
3. Describe 3 sensations your body is feeling, such as temperature, the texture of your sweater, your feet against the ground. (Touch your ringer finger to your thumb).
4. Identify four colors you see. (Touch your pinky to your thumb).
5. To yourself, name five things you see in front of you. (Make a fist, then open your hand, stretch your fingers out in a fan, and close your hand again, repeat).





# 5 STRATEGIES FOR LETTING GO

INSTEAD OF STEWING, DWELLING OR RANTING, LET YOUR THOUGHT GO AND COOL DOWN HOT FEELINGS WITH THESE TECHNIQUES!

**1) TEACHING MOMENTS:** Think about what wisdom this experience teaches you.

**2) BIG PICTURE:** Ask yourself, will this situation really matter in 5 minutes, 5 months, 5 years?

**3) NAME THE FEELING:** Naming your feelings can help to manage them. For example, think of a word that represents a strong emotion or craving that you have and write that down on a piece of paper so that the word is vertical on the center of a page. For example if I chose the emotion anxiety, I would write it like this:

**A N X I E T Y**

Now you are going to create a poem by using each letter to start a word, A—Am angry at my mother. N—Nothing I eat will make it better, etc. You can also start a sentence to the left ending with a word that begins with the letter listed on that particular line. A—I think I'm craving an Apple. This can be a lot of fun!

**1) IMAGERY:** Imagine that you are sitting in a car in front of train tracks. On each car is one of your thoughts. You are watching the thoughts travel in front of you and continue on into the distance.

**2) DETACH:** Imagine watching your thoughts written in smoke rising from a fire. The thoughts disappear into a puff.

**3) DISTORTION:** Identify whether there are any common thinking distortions. Black & White thinking. Catastrophizing or jumping to conclusions.

**4) ACCEPTANCE:** You don't have to like the situation but work on accepting it. Remind yourself, "It is what it is."

**5) MANTRA:** Find a calming mantra like "this too will pass" or "progress, not perfection." Prayers, quotes, motivational sayings can help.

**6) SLEEP ON IT:** Don't react to your thoughts, respond to them. Sleep on it. Allow yourself some distance from the situation before acting on your feelings. This can cool down hot feelings.



# Mindful Eaters...

10 HABITS



**1** Are choosy about what they eat. If they don't really like it, they don't eat it.



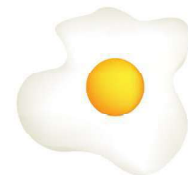
**2** Are intentional about each bite (not just because food is "there").



**3** Really taste food. Savoring and enjoying the food they love.



**4** Tailor food to their particular taste.



**5** Eat until they are no longer hungry or satisfied, not full.



**6** Pace themselves. Eat slowly.



**7** Are mentally present at the table, in-the-moment.



**8** Don't multitask at meals. Minimize distraction while eating.



**9** Soothe and comfort themselves without food.



**10** Recognize eating "habits" that help and hinder healthy eating.



# BOOKS BY DR. ALBERS:

## **EATING MINDFULLY**

A handbook with the basics of mindful eating.  
Tips & techniques.

## **EAT, DRINK & BE MINDFUL**

A workbook on learning mindful eating skills.

## **EATQ**

Emotional intelligence skills blended with  
mindfulness. Scientifically based new skills.

## **BUT I DESERVE THIS CHOCOLATE**

50 strategies for getting past excuses,  
rationalizations and self-sabotage and boosting  
your motivation.

## **50 WAYS TO SOOTHE YOURSELF WITHOUT FOOD**

50 strategies for replacing emotional eating with  
healthy activities.

## **50 MORE WAYS TO SOOTHE YOURSELF FOOD**

The sequel to Dr. Albers' book 50 Ways to Soothe  
Yourself Without Food.

## **MINDFUL EATING 101**

A handbook for college students  
to learn mindful eating.



# PHYSICAL

VS.

# EMOTIONAL

## HUNGER



AM I HUNGRY?

## PHYSICAL

- Stomach growling/low energy
- Thinking/considering options
- Low energy
- Hunger grows slowly
- Time has passed since last meal
- Food is satisfying



## EMOTIONAL

- No physical cues (quiet stomach)
- Specific cravings (like chocolate)
- Eating food feels like best/only option
- Little time has passed since last bite
- Food doesn't totally satisfy
- Wandering around kitchen, Searching

YES

EAT

HEALTHY

VS.

UNHEALTHY

EAT IT MINDFULLY



NO

DISTRACTION

OR

SOOTHING

- Get out of Kitchen
- Keep Hands Busy
- Connect
- Clean
- Read
- Exercise/Move
- Mindless activity

- Relax
- Breathe Deeply
- Sleep/Lay Down
- Unplug from Electronics
- Connect/Be Social
- Soothe Body
- Comfy Clothing



# Body Image

## What is body image?

Body image is a combination of the thoughts and feelings that you have about your body. Body image may range between positive and negative experiences, and one person may feel at different times positive or negative or a combination of both. Body image is influenced by internal (e.g., personality) and external (e.g., social environment) factors.

## What is positive body image or body acceptance?

When a person is able to accept, appreciate and respect their body, they may be described as having a positive body image. This is not the same as body satisfaction, as you can be dissatisfied with aspects of your body, yet still be able to accept it for all its limitations. Positive body image is important because it is one of the protective factors which can make a person less susceptible to developing an eating disorder (1).

A positive body image is associated with:

- **Higher self-esteem**, which dictates how a person feels about themselves, can impact on every aspect of life and contribute to happiness and wellbeing.
- **Self-acceptance**, making a person more likely to feel comfortable and happy with the way they look and less likely to feel impacted by unrealistic images in the media and societal pressures to look a certain way.
- **Having a healthy outlook and behaviours**, as it is easier to lead a balanced lifestyle with healthier attitudes and practices relating to food and exercise when you are in tune with, and respond to, the needs of your body.

## What are the four aspects of body image?

1. The way you see your body is your **perceptual body image**. This is not always a correct representation of how you actually look.
2. The way you feel about your body is your **affective body image**. Feelings may include happiness or disgust, but are often summarised as the amount of satisfaction or dissatisfaction you feel about your shape, weight and individual body parts.
3. The way you think about your body is your **cognitive body image**. This can lead to preoccupation with body shape and weight.
4. The behaviours you engage in as a result of your body image are your **behavioural body image**. When a person is dissatisfied with the way they look, they may isolate themselves or employ unhealthy behaviours as a means to change appearance.

## What is body dissatisfaction?

Body dissatisfaction occurs when a person has persistent negative thoughts and feelings about their body. Body dissatisfaction is an internal emotional and cognitive process but is influenced by external factors such as pressures to meet a certain appearance ideal. Body dissatisfaction can drive people to engage in unhealthy weight-control behaviours, particularly disordered eating. This places them at heightened risk for developing an eating disorder.

## What are the signs of body dissatisfaction?

If you suspect that you or someone in your life may be experiencing body dissatisfaction, these are some of the things you may notice:

- **Repetitive dieting behaviour** (e.g., fasting, counting calories/kilojoules, skipping meals, avoidance of certain food groups)
- **Compulsive or excessive exercise patterns** (e.g., failure to take regular rest/recovery days, experiencing distress if exercise is not possible)
- **Valuing appearance as essential to self-worth** (e.g., the belief that others judge you based only on how you look, and that you cannot be successful, valued or loved if you are not 'attractive', 'fit', 'built' or 'beautiful')
- **Checking behaviours** (e.g., checking appearance in reflection, measuring body parts, pinching skin)
- **Spending a lot of time** on appearance, hair, make-up or clothing
- **Thinking or talking** a lot about thinness, muscles or physique
- **Consistent negative talk** about themselves and/or people with higher weight
- **Self-surveillance** (e.g., monitoring own appearance and attractiveness)
- **Self-objectification** (e.g., when people see themselves as objects to be viewed and evaluated based upon appearance)
- **Aspirational social comparison** (e.g., comparing themselves, generally negatively, to others they wish to emulate)
- **Body avoidance** (e.g., avoiding situations where body image may cause anxiety such as swimming, socialising).

## Why is body dissatisfaction a serious problem?

Body image is ranked in the top three concerns for young people in Australia (2). Body dissatisfaction and overvaluing body image in defining one's self-worth are risk factors making some people more susceptible to developing an eating disorder than others. People experiencing body dissatisfaction can become fixated on trying to change their body shape, which can lead to unhealthy practices such as with food, exercise or supplements. Over time, these practices do not achieve desired results and often create a trap leading to intense feelings of disappointment, shame, guilt and, ultimately, increase the risk of developing an eating disorder.



## Who is at risk of body dissatisfaction?

Any person, at any stage of their life, may experience body dissatisfaction. The following factors make some people more likely to develop negative body image than others:

- **Age:** Body image is frequently shaped during late childhood and adolescence, but body dissatisfaction can occur in people of all ages.
- **Gender:** Women are more likely to experience body dissatisfaction than men, however people of all genders may experience negative body image (3).
- **Gender dysphoria:** People with gender dysphoria are more likely to experience body dissatisfaction than people without gender dysphoria (4). This body dissatisfaction can extend beyond sex characteristics only (5).
- **Friends and family who diet and express body image concerns:** Role models expressing body image concerns and modelling weight-loss behaviours can increase the likelihood of a person developing body dissatisfaction regardless of actual body type.
- **Body size:** People with higher weight are at an increased risk of body dissatisfaction due to societal focus on weight.
- **Low self-esteem and/or depression:** People who experience low self-esteem or depression are at an increased risk of body dissatisfaction.
- **Teasing and bullying:** People who are bullied about appearance and/or weight, regardless of actual body type, have an increased risk of developing body dissatisfaction (6).
- **Personality traits:** People with perfectionist tendencies, high achievers, rigid 'black and white' thinkers, those who internalise beauty ideals, and those who often compare themselves to others, are at higher risk of developing body dissatisfaction (7).

### Body image and the media

Longstanding research has documented the impact of viewing traditional appearance-focused media on the development of body image concerns (8, 9, 10).

In recent years, one of the common external contributors to body dissatisfaction is social media. Social media portrays images that are filtered and edited and tends to show the 'highlights' of a person and their life. These images promote an unrealistic appearance ideal that cannot be achieved in real life.

Research shows that social media use is associated with increased body dissatisfaction and disordered eating (11). Body dissatisfaction may occur when a person is viewing and comparing themselves to social media images and reading the appearance-related comments on social media, and feeling that they cannot live up to the ideal images presented.

Careful consideration of how you use social media and the people you engage with is important in building and maintaining a positive relationship with your body.



## How can you improve your body image?

There is no right or wrong when it comes to weight, shape, size and appearance. Challenging beauty ideals and learning to accept your body shape is a crucial step towards positive body image. We have the power to change the way we see, feel and think about our bodies.

Here are some helpful tips to improve body image:

- Focus on your **positive qualities, skills and talents**, which can help you accept and appreciate your whole self
- **Say positive things** to yourself every day
- **Avoid negative self-talk**
- Focus on **appreciating and respecting** what your body can do, which will help you to feel more positively about it
- Set **positive, health-focused goals** rather than weight-related ones, which are more beneficial for your overall wellbeing
- **Avoid comparing yourself to others**, accept yourself as a whole and remember that everyone is unique
- **Unfollow or unfriend people on social media** who trigger negative body image thoughts and feelings

## Getting help

If you feel that you or someone in your life may be experiencing body image or eating concerns, seek professional help. Professional support can help guide you to change negative beliefs and behaviours, and build a positive relationship with your body.

To find help in your local area go to [NEDC Support and Services](#).





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To find help or learn more, visit  
[nedc.com.au](http://nedc.com.au)



# 11 setback recovery tips

Don't worry, plateaus and lapses are normal. Recommit to your goals with these strategies.

Has it been a while since the scale moved in the right direction? Is motivation waning? Whether you've hit a plateau or started slipping back into old habits, it's never too late to get back on course. The key? Stay positive and don't be hard on yourself. Simply be curious about your choices and use your experiences as learning opportunities for the future. Don't give up — use these tips to get back on track.

## Plateaus

It's normal to hit plateaus. Most people reach one after six months of weight loss. Try these solutions:

- Review your food and activity records to make sure you haven't let yourself backtrack with larger portions or less exercise.
- Reduce your daily calorie intake by 200 calories, unless this puts you in a range that's too low for good health.
- Gradually increase your daily exercise time by 15 to 30 minutes. If possible, also increase the intensity.
- Focus on three- to four-week trends in weight loss instead of daily changes.
- Reassess your program and goals. If it's too much to decrease calories or increase activity, it's better to be satisfied with the weight you have lost than to throw in the towel and regain it.

**Dealing with lapses** - A lapse occurs when you revert to your old behaviors temporarily. If several lapses have occurred in a short time, it's tempting to think your weight-loss plan is too challenging. Not to worry; a lapse is just a short-term bump in the road. Following these tips will help you regain ground:

- Don't let negative thoughts take over. Mistakes happen, and each day is a chance to start anew.
- Take another small step. Changing your life doesn't happen all at once. Keep in mind that changing behaviors in small ways can add up to a big difference in your life.
- Ask for and accept support. Accepting support from other people isn't a sign of weakness, nor does it mean that you're failing. Get support from others when you have difficult days.
- Plan your strategy. Clearly identify the problem, and then create a list of possible solutions. If one solution doesn't work, try another until you find one that does.
- Work out your frustration with exercise. Keep it upbeat and even fun — don't use physical activity as a punishment.

## Recommit to your goals.

Review them to make sure they're still realistic.

Although lapses can be disappointing, they can also teach you a lot. Perhaps your goals are unrealistic or certain strategies don't work. Most importantly, realize that all hope isn't lost when you lapse. Just recharge your motivation, recommit to your program and return to healthy behaviors.

Mayo Foundation for Medical Education and Research. (n.d.). *11 setback recovery tips | mayo clinic diet*. Mayo Clinic. <https://diet.mayoclinic.org/us/blog/2021/11-setback-recovery-tips/>

# S.M.A.R.T. Goals

Setting goals is the key to making long term, sustainable change.

When creating a goal they should be:

**Specific** – what exactly do you want to accomplish?

**Measurable** – how do you know if you're meeting your goal?

**Attainable** – how will you accomplish your goal?

**Relevant** – how does this goal help you?

**Timely** – when will you meet your goal?

Example: I will increase my daily water intake by finishing at least one 16oz bottle of water every day for the next two weeks.

Make your own S.M.A.R.T. Goal:

Specific: \_\_\_\_\_  
\_\_\_\_\_

Measurable: \_\_\_\_\_  
\_\_\_\_\_

Attainable: \_\_\_\_\_  
\_\_\_\_\_

Relevant: \_\_\_\_\_  
\_\_\_\_\_

Timely: \_\_\_\_\_  
\_\_\_\_\_

My SMART Goal: \_\_\_\_\_  
\_\_\_\_\_



# My Supports

<b>People I've told I'm having Bariatric surgery:</b>	
<b>People who would help me stay focused on my weight management journey:</b>	
<b>People who would help me with chores, responsibilities, and getting to appointments:</b>	
<b>People who would help me if I needed to barrow money:</b>	
<b>People I would trust to help me get accurate information:</b>	
<b>People I feel safe talking to about my problems or worries:</b>	
<b>People who would cheer me up when I'm feeling down:</b>	
<b>People who are there for me no matter what:</b>	





# **Support Available at St Luke's Weight Management**

## **Support Group:**

The St. Luke's bariatric support group is a group that provides support and education to its members and is open to both pre- and post-surgery patients. The group is offered both virtually and in-person. Live groups rotate monthly among the Allentown-Cetronia Rd Office and the Warren and Monroe campuses. The virtual groups are streamed via Microsoft TEAMS. To find out more information please check out the private FaceBook page "St Luke's Bariatric Patient Forum", the Baritastic app, St Luke's Event Calendar or talk to one of our weight management staff members.

## **Private Facebook Page:**

Join our private Facebook Group by searching "St. Luke's Bariatric Patient Forum". Once you are an established patient in our office please ask to join. It is a good opportunity to talk to staff and other patients who are in the program, ask questions, see testimonials, and get support.

## **PEP Rally (Patients Encouraging Patients):**

This is a group of patients, no staff members present, helping each other navigate the bariatric weight loss journey. Offered at various times, dates, and locations. Please check our private Facebook page "St Luke's Bariatric Patient Forum" for details.

## **Back to Basics:**

Our goal is to help you succeed. The St. Luke's "Back to Basics After Weight Loss Surgery" program is designed for any weight-loss surgery patient (from any program) who is at least 12 months post-surgery and may be struggling to get to their goal weight or who has been regaining weight. Nutrition and behavioral education are provided and the group is encouraged to discuss their own experiences and struggles with their weight management journey. Please ask the office staff for details.

## **Pinterest:**

Search for St. Luke's Weight Management Center and you will find several helpful Pinterest boards ranging in topics from post-op diet, recipes and bariatric tools to exercise, emotional eating, and positive mindset.

## **St Luke's Fitness & Sports Centers:**

The Fitness Centers provide a welcoming environment for anyone who wants to get active and improve their fitness. You'll have access to machines, weights, classes, and a fitness assessment as a part of your membership at any of the five locations: Allentown, Bethlehem, Easton, Jim Thorpe and Phillipsburg.

\*Please ask the Weight Management staff for further information and details on the above support options if needed.



# Resources:

**St. Luke's Weight Management website:** [www.slhn.org/weightloss](http://www.slhn.org/weightloss)

**St. Luke's Event Calendar:** [www.go.activecalendar.com/slhn](http://www.go.activecalendar.com/slhn)

This website will provide you with a list of dates and times of bariatric events, to include support groups and PEP rallies, through the network.

**St. Luke's HomeStar Pharmacy:** Your "one stop shop" for all your bariatric supplies. Locations at Allentown, Bethlehem, and Anderson hospitals and online at [www.homestarparmacy.com](http://www.homestarparmacy.com)

**Baritastic App (program code: 58531):** An app for iPhone and Android specific to bariatric patients. It will assist you in logging food, activity, and water. It will allow you to set reminders, set timers and obtain information specific to the St. Luke's program. You can also refer to the app for a list of St. Luke's support groups and PEP rallies in your area.

**MyFitnessPal:** Food tracking app that can be found in iPhone and Android app stores.

**Overeater Anonymous:** [oa.org](http://oa.org)

**Alcoholics Anonymous:** [aa.org](http://aa.org)

Contact your **County Mental Health Agency and Crisis Hotline** if needed.

## Books:

- Cook, C. M. (2012). *The success habits of weight-loss surgery patients*. Bariatric Support Centers International.
- El Char MD, M. (2016). *Dr. E's Guide to Weight Loss Surgery...the Weight is Over!*
- Chozen Bay MD, J. (2017). *Mindful Eating: A Guide to Rediscovering a Healthy and Joyful Relationship with Food*. Shambhala Publications, Inc.
- Albers PsyD, S. (2012). *Mindful Eating: How to end Mindless Eating and Enjoy a Balanced Relationship with Food*. New Harbinger Publications
- Albers PsyD, S. (2009). *50 Ways to Soothe Yourself Without Food*. New Harbinger Publications
- Duhigg, C. (2014). *The Power of Habit: Why We Do What We Do in Life and Business*. Random House Publishing Group







# Chapter 8

## Exercise





# Lifestyle Education & Exercise

## Bariatric Surgery

Please review the bariatric exercise video on the St. Luke's Bariatric website under "*Post Bariatric Surgery Sessions and Podcasts*" section. Or copy this address in your browser

<https://www.youtube.com/watch?v=Oqf5o2OW3XM&feature=youtu.be>

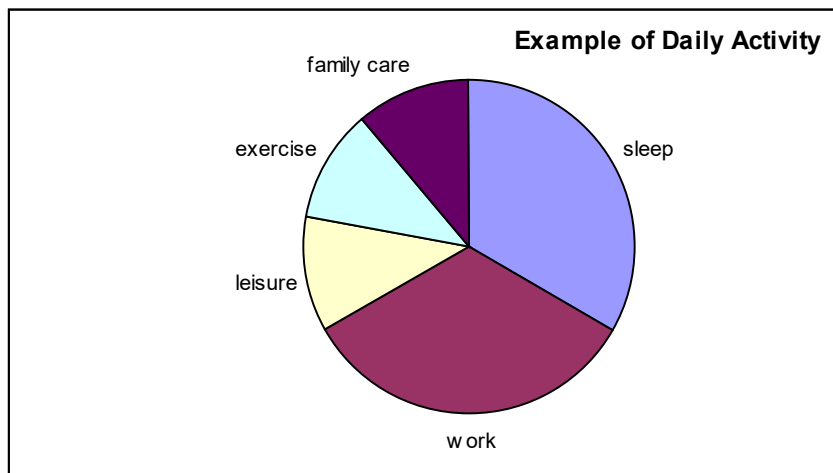


### 1. Developing goals

- a. What is your overall goal?
  - (1) Examples: "I want to play with my grandchildren."; "I want to walk a mile without feeling winded.", "to have more energy throughout the day", "to feel physically better".
  - (2) Being realistic. Set goals that are obtainable.
- b. Knowing your interest/hobbies/leisure pursuits
  - (1) Finding interests that require a physical component (i.e., hiking, walking, fishing, sports, yard sales, taking care of pets, gardening, yard work, finding activities that incorporate other family members).
  - (2) Finding interests that involve other people. It's always a good idea to have someone that can motivate you to stay interested in your hobbies/interest.

### 2. Activity Configuration

- a. How do you spend your time in the following areas: sleep, work, leisure, family care.
- b. Draw a pie chart.
- c. How can this change? Where can I find the time to exercise?



## **Lifestyle Education & Exercise Bariatric Surgery**

### **3. Changing habits.**

- a. What do I do when I get stressed? Anxious? Bored? Lonely? Sad?
- b. Stress Management---Why is it important?
  - (1) What are my triggers?
  - (2) What are my coping skills?
  - (3) What do I need to change?
- c. How can I make a bad habit into a good habit?

### **4. Benefits of exercise**

- a. Improves blood sugar, blood pressure, triglycerides levels
- b. Increases stamina/energy
- c. Improves the condition of your heart and lungs
- d. Decreases tension, allows better management of stress
- e. Better control over appetite
- f. Creates toned muscles
- g. Promotes quicker healing
- h. Improves ability to sleep and stay asleep
- i. Decrease chance of injury
- j. Improves bone density
- k. Makes you eat better

### **5. What is fitness?**

- a. Definition – A condition of being physically fit and healthy
- b. Facts
  - (1) A pound of body fat equals 3,500 calories
  - (2) Each pound of muscle burns 75-100 calories everyday simply by being.
  - (3) Muscle cells burn calories faster than fat cells
  - (4) Fat burns throughout the body, not just one part of the body
  - (5) Exercise stimulates development of blood vessels. While you exercise, your body uses 50x more blood vessels than while you are at rest. More blood vessels improve circulation and reduce risks for vascular disease.
  - (6) The first 3 days a person is immobile, they can lose about 1/5 of their max muscle strength
  - (7) Moderate aerobic exercise increases calorie burning up to 40mins after the activity
  - (8) No matter what the age, a person's level of fitness can improve with regular participation in exercise
  - (9) A well-trained athlete can achieve a cardiac output that is 6 times greater than a sedentary individual

## **Lifestyle Education & Exercise Bariatric Surgery**

## **6. Types of exercise: aerobic vs. strength training**

- a. Aerobics – provides cardiovascular conditioning
  - (1) Ideal - 30 mins a day of moderately intense physical activity (i.e., 3-4 mph-walking)
  - (2) Any aerobic activity is better than no activity at all
  - (3) Ways to incorporate exercises into daily activities
    - (a) Walking to get the mail
    - (b) Take the stairs instead of the elevator (i.e., not taking the elevator during the workday)
    - (c) Picking parking spaces that are not so close to the store
    - (d) Changing the TV channel without the remote
    - (e) Doing your own chores (i.e., housework)
    - (f) Daily walks with the dog
    - (g) Cut down on the TV. Enjoy the outdoors
  - (4) Knowing your heart rate (HR)
    - (a) Resting heart rate equals count beats per minute
    - (b) Maximum HR equals 220 minus your age
    - (c) Finding target heart rates
      - (ii) Low target heart rate equals (.5) times Max HR
      - (iii) High target heart rate equals (.75) times Max HR
    - (d) For moderate aerobic exercise, keep heart rate between your low target heart rate and your high target heart rate
- b. Strength training
  - (1) Definition - introduction of resistance to an exercise that promotes a muscle or groups of muscles to respond by producing force
  - (2) Resistive exercise promotes improve muscle tone; definition - sustained, small contractures that give firmness to a relaxed skeletal muscle
  - (3) Over time, a body reacts to resistive exercise by rebuilding muscle cells and increasing muscle mass
  - (4) Strength training frequency - 2-3 times per week, 20-30 minutes as a start
  - (5) Number of repetitions, 8-12 reps for strengthening, 12-15 reps for toning
  - (6) Raise weights slowly and control movements. If you can not control your movement, then you are lifting too much weight
  - (7) Remember not to hold your breath, exhale during exertion
  - (8) Weight training should not be started until 3 weeks after surgery
  - (9) Rule of thumb: if you are having pain with an exercise then you are probably doing it with improper form and you should stop
  - (10) Stop exercising if you develop chest pain, arrhythmias, or dizziness

## **Lifestyle Education & Exercise Bariatric Surgery**

## **7. Developing a routine**

- a. Make exercising a daily habit, like brushing your teeth
- b. Find a time of day that is good for you; morning/afternoon/evening

- c. Find activities that are enjoyable to you so exercising does not becoming a chore, but more of an outlet

### **Notes and Questions**

1. When do I have the most energy?
2. What do I enjoy doing?
3. What activity would I like to work up to being able to do?

**Remember, fitness improves an individual's way of life today, tomorrow, and the distant future.**

# Strength Training Exercises

## Chest Exercises:

### 1. Chest press

1. Lie on your back on the floor, knees bent and feet flat on the floor.
2. Hold a dumbbell in each hand at chest level, about shoulder width apart. Your elbows should be bent and your palms should face your knees.
3. Slowly straighten your arms toward the ceiling, directly above your chest to a count of two.
4. Pause. Slowly lower the dumbbells back to your chest, to a count of four.



### 2. Chest Fly



1. Lie on a bench or stand, and hold the weights straight up over your chest, with your elbows slightly bent.
2. Slowly lower your arms, keeping them extended, until the weights are level with your chest, or slightly lower.
3. Slowly raise your arms, keeping them extended, until you are in the original position.

## Shoulder Exercises:

### 1. Shoulder Press

1. With a dumbbell in each hand, stand with shoulder-width apart. Keep the knees slightly bent.
2. Raise the dumbbells to the sides of your shoulders with the palms facing front. Your elbows should be close to the body, pointing down. The top of the dumbbells should be about level with the tops of your shoulders.
3. Lift the dumbbells overhead till your arms are straight with the elbows just slightly bent.
4. Slowly lower the dumbbells to starting position.



### 2. Lateral Raises

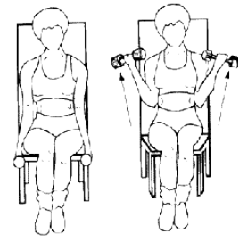
1. Stand with your feet about a shoulder width apart, grasping a pair of dumbbells in each hand. The dumbbells should be in front of your thighs.
2. Keeping your elbows bent slightly and your palms facing the floor, raise the dumbbells in a semi-circle arc until they are parallel with your shoulders.
3. Lower the dumbbells to the starting position.



## Bicep Exercises:

### 1. Bicep Curl

- Sit on bench with back support. or stand
- Grasp a dumbbell in each hand, palms facing your sides.
- Curl the weight up by flexing elbow
- Simultaneously rotate your forearm
- Make sure to keep your upper arm against your body and elbows into sides.
- This exercise can be done one arm at a time



### 2. Hammer Curl



1. Sit or Stand with feet roughly shoulder width apart, arms at your side with your palms facing each other.
2. Curl the dumbbells toward your shoulders while keeping your torso still.
3. Lower the dumbbells slowly.

## Tricep Exercises:

### 1. Tricep Extensions

1. Stand or Sit on a bench with your back straight, arm extended above your head, with one hand holding a dumbbell, slowly, under control, lower the dumbbell behind your head (allowing the arms to bend) and inhale.
2. Pause momentarily and press the dumbbell to the start position while exhaling.
3. Repeat the set with the other arm.



### 2. Tricep Kickbacks

1. Start with a light dumbbell in your right hand, with your palms facing in towards your body. Your right foot should be on the ground; your left knee and your left hand should rest on a bench for support.
2. Position your upper arms so that from your shoulder to your elbow is parallel to the floor and stationary at all times. Your elbow should remain in close to your body. Your back should be straight and roughly parallel to the floor.



## Back Exercises

### 1. One-arm row

2. Stand with a chair to your left, feet hip-width apart, knees slightly bent. Keeping back straight, contract abs and bend forward from hips until back is almost parallel to floor. Hold a dumbbell in right hand, arm hanging down; put left hand on chair.
3. Squeezing shoulder blades together, bend elbow back and toward waist (don't rotate hips or shoulders). Slowly straighten arm. Do reps. Switch arms.

## 2. Bent over Fly

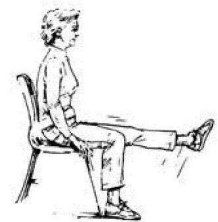


1. Holding a dumbbell in each hand, sit on edge of a chair, knees bent and over ankles. Pull abs in and shoulders down. Bend forward from hips so chest is close to thighs and arms hang straight down from shoulders, palms facing in, elbows slightly bent.
2. Squeezing shoulder blades together, lift arms out to sides, then up, so elbows are slightly behind you. Slowly lower arms. Do reps.

## Leg Exercises

### 1. Leg Extensions

1. Sit upright.
2. Lift left leg off the floor and extend it till you feel your thigh contract.
3. Lower it very slowly.
4. Free weights can be used; placed on thigh or ankle weight



### 2. Calf raises

1. Rest both hands on the back of your chair for balance.
2. Lift your heels and rise up on the toes of both feet, hold, then slowly lower your heels.
3. Add ankle weight for extra resistance



### 3. Leg Raises

1. Rest both hands on the back of your chair for balance.
2. Lift one leg slowly to the side with your knee straight.
3. Slowly lower to the ground. Repeat for the other leg.
4. Add ankle weights for added resistance.



## Additional Strength Training Tips

- ✔ Do **1 set** of exercises for **10-15 repetitions**
- ✔ Do between **8-10 exercises**. (Minimum of 1 exercise per major muscle group)
- ✔ Do Resistance Training **2-3 days/ week** (Alternate workout days)
- ✔ Train with **light weights (1-5 lbs or resistance bands), high repetition**
- ✔ Raise weights will **slow, controlled** movements
- ✔ Remember to **breathe** (exhale during exertion phase of lift)
- ✔ Stop exercising in the event of warning signs or symptoms, especially dizziness, arrhythmias, unusual shortness of breath, and/ or anginal discomfort.
- ✔ **Weight Training should NOT be started until 3 weeks post bariatric surgery.**





## Range of Motion Exercises

Start off doing 1 set of 10 repetitions of each exercise then increase to 2 sets. Do not use weights until about 3 weeks after bariatric surgery or after discussing with your surgeon.

### Neck Tilt

Tilt head slowly toward left shoulder and then toward the right shoulder



### Arm Circles

Bring arms up to your side so that they are in line with your shoulders. Rotate your arms forward in small circles followed by backward rotation.



### Lateral Arm Raises

Raise arms with palms down, raise to shoulder height. Return to starting position.



### Leg Extension

While sitting in a chair or at the edge of the bed, extend leg out to front. Don't lock your knee out, go to the point where you can feel the contraction in your thigh.



### Leg Curl

Grasp onto a stationary object and slowly curl your right foot upward, stopping just short of touching your butt or as far as comfortably possible. Contract your right hamstring and then reverse direction, returning back to the start position. After performing the desired number of repetitions, repeat the process on your left.



### Lateral Leg Raises

Stand straight, directly behind table or chair, feet slightly apart. Hold onto table or chair for balance. Slowly lift one leg out to side. Keep your back and both legs straight.



### Ankle Rotations

Circle your foot inward followed by outward rotations





# Whole-body Exercise Band Workout

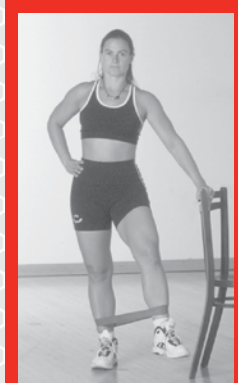
Exercise bands are great exercise accessories. Not only are they portable and easy to use, they're extremely effective for developing muscular strength and endurance.

And, as we show you here, it's easy to get a whole-body workout. Ten to 20 minutes, twice a week is all you need to build and maintain muscular strength and endurance. Complete one or more sets of 20 repetitions of each of the following exercises. Proper form is essential. Follow the directions given and concentrate on performing each exercise in a slow and controlled manner while using a relaxed grip. Once the exercises begin to feel too easy, you may need to graduate to a band with greater resistance.



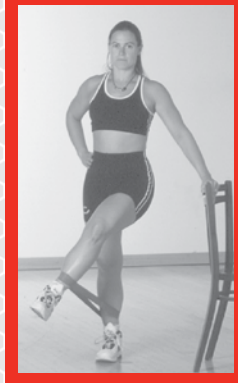
## 1. Leg Abduction

Stand behind a chair and step both feet inside the loop and position around your ankles. Place your hand on the chair for support and balance. Maintaining erect posture with contracted abdominals, shift your body weight onto leg closest to the chair. Keep supporting leg softly bent at the knee throughout the exercise. Flex your foot and lift your outer leg out as far as comfortably possible, keeping the hip and shoulder stationary. Slowly lower and repeat.



## 3. Leg Adduction

Stand behind a chair and step both feet inside the loop and position around your ankles. Place your hand on the chair for support and balance. Maintaining erect posture with contracted abdominals, shift your body weight onto leg furthest from the chair. Keep this leg softly bent at the knee throughout the exercise. With your foot flexed and toes pointed outward, lift the leg closest to the chair slightly forward. From this starting position, cross the leg in front of the body, leading with the heel. Keep the hips and shoulders stable as you slowly return to the starting position and repeat.



## 5. Lateral Raise

Stand with feet shoulder-width apart and place one end of the band under the right foot. Comfortably grasp the other end of the band in the right hand, maintaining a slight bend in the elbow. Position the right arm straight down from the shoulder with the thumb pointing forward. Keep your knees soft, your posture erect and abdominals contracted. Lift your arm laterally to shoulder height, keeping your wrist firm, thumb pointed up and palm facing forward. Slowly lower and repeat.



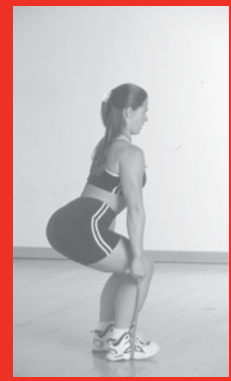
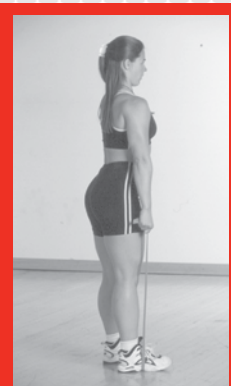
## 2. Hamstring Curl

Stand behind a chair, placing one or both hands on it for balance. Step both feet inside the loop and position around your ankles. With good posture and contracted abdominals, shift your body weight on to one leg. Keep supporting leg softly bent at the knee throughout the exercise. With knees aligned and foot flexed, contract the hamstring and bend your "free" leg ninety degrees toward the buttocks. Slowly return to starting position and repeat.



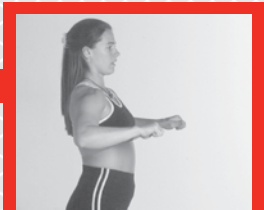
## 4. Squat

Stand with feet approximately shoulder-width apart. Place the band under the arches of both feet, holding the ends comfortably in each hand. Look at a point slightly higher than your head and contract your abdominals to maintain proper posture. Bend your knees until your upper legs are just above parallel in relation to the floor. Keep your heels down, your body weight over the ankles and your abdominals tight with your low back in a natural arch. Make sure you can see your toes as you bend your knees. Return to starting position and repeat.



## 6. Chest Press

Stand with feet shoulder-width apart, knees soft, posture erect and abdominals tight. Grasp the ends of the band in both hands and place behind your back, under the arms, at chest level. Bend and raise your elbows to chest level. Keeping your wrists firm and palms parallel with the floor, extend your arms straight in front of the body; do not lock out the elbows. Return to starting position and repeat.





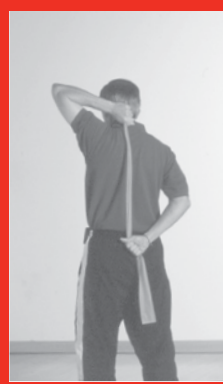
### 7. Upper Back

Stand with feet shoulder-width apart, knees soft, posture erect and abdominals tight. Grasp the band so hands are slightly wider than shoulder-width apart. With your palms facing the floor, bend your elbows and lift your arms to chest height. Expand your chest and pull your shoulder blades back and together. Keep your lower body stationary and maintain good posture throughout the exercise. Return to starting position and repeat.



### 8. Lat Pulldown

Stand with feet shoulder-width apart, knees soft and abdominals tight. Grasp the band so hands are slightly wider than shoulder-width apart. Lift your arms just above your head, palms facing front; look straight ahead. Extend arms laterally at shoulder height with firm wrists and slightly bent elbows. Pull your shoulder blades back and together and expand the chest. Return to starting position and repeat.



### 9. Triceps Extension

Stand with feet shoulder-width apart, knees soft and abdominals tight. Grasp the band on either end, placing one hand behind your back with the back of your hand against your waistline, and the other hand at the back of your neck with your thumb pointing down. There should be no slack in the tube, so adjust as necessary to create a slight tautness. Keeping your hand stationary at the waist, extend the top arm above your head by moving just the elbow; your shoulder should remain stable in order to isolate the triceps muscle. Keep your hand directly over your shoulder, so your palm faces forward and your knuckles face the ceiling. Slowly lower and repeat.



### 11. Back Extension

Lie face down with your arms by your sides, palms facing up and legs extended and relaxed. Hold your head up slightly or rest your forehead on the floor. Relax your shoulders into the floor, but keep your abdominals tight. Contract the gluteals and use your lower back muscles to slowly lift your shoulders and chest off the floor. Lower and repeat.

### 10. Biceps Curl

Stand comfortably with feet shoulder-width apart, knees soft and abdominals tight. Grasp the loop in front of you with both hands, keeping your left hand slightly below waist level with palm facing down, and your right hand just above it with palm facing up. Tuck your right elbow in close to your side. Without moving your left arm, bend your right elbow and bring your palm up until it is facing the front of your left shoulder, with your thumb pointing out and away from the body. Be sure to keep your wrist straight. Slowly lower and repeat.



### 12. Reverse Crunch

Lie on your back with your thighs perpendicular to the floor and your knees bent at a 90-degree angle. Grasp the loop in both hands and place it on the front of your thighs just above the knees. Position hands against the outside of your thighs, palms facing the floor as they hold the band. Rest your head, neck, shoulders and lower back on the floor. This is your starting position. Contract your abdominals, roll your hips up and bring knees toward your face as you lift the upper body slightly off the floor. With each crunch, press your hands toward the feet, pushing against the resistance of the loop. Try to relax your shoulders and neck and don't lock out your elbows. Return to starting position and repeat.

For additional exercises using resistance bands,  
visit [ACEfitness.org/GetFit](http://ACEfitness.org/GetFit).

# Chapter 9

## Miscellaneous



## **Non-Steroidal Anti-Inflammatory Drugs (NSAID) or Medicines containing NSAID**

**You should take caution or avoid these medicines as they could  
harm your pouch or sleeve.**

**\*\*This is a sample list and is not all inclusive. Please read labels  
carefully.\*\***

### **Non- Steroidal anti- inflammatory drugs**

Advil<sup>®</sup> (ibuprofen)  
Aleve<sup>®</sup> (naproxen)  
Anaprox<sup>®</sup> (naproxen)  
Ansaid<sup>®</sup> (flurbiprofen)  
Azolid<sup>®</sup> (phenylbutazone)  
Bextra<sup>®</sup> (valdecoxib)  
Butazolidin<sup>®</sup> (phenylbutazone)  
Celebrex<sup>®</sup> (celecoxib)  
Clinoril<sup>®</sup> (sulindac)  
Dolobid<sup>®</sup> (diflunisal)  
Excedrin<sup>®</sup>-IB (ibuprofen)  
Feldene<sup>®</sup> (piroxicam)  
Ibuprin<sup>®</sup> (ibuprofen)  
Indocin<sup>®</sup> (indomethacin)  
Lodine<sup>®</sup> (etodolac)  
Meclomen<sup>®</sup> (meclofenamate)  
Midol<sup>®</sup>- IB (ibuprofen)  
Mobic<sup>®</sup> (meloxicam)  
Motrin<sup>®</sup>-IB (ibuprofen)  
Nalfon<sup>®</sup> (fenoprofen)  
Naprosyn<sup>®</sup> (naproxen)  
Nuprin<sup>®</sup> (ibuprofen)  
Orudis<sup>®</sup> (ketoprofen)  
Oruvail<sup>®</sup> (ketoprofen)  
Pamprin<sup>®</sup>-IB (ibuprofen)  
Ponstel<sup>®</sup> (mefenamic acid)  
Rexolate<sup>®</sup> (sodium thiosalicylate)  
Tandearil<sup>®</sup> (oxyphenbutazone)  
Tolectin<sup>®</sup> (tolmetin)  
Voltaren<sup>®</sup> (diclofenac)

### **Barbiturate**

Fiorinal<sup>®</sup> (butalbital/aspirin/caffeine)

### **Salicylates**

Amigesic<sup>®</sup> (salsalate)  
Anacin<sup>®</sup> (aspirin)  
Arthropan<sup>®</sup> (choline salicylate)  
Ascriptin<sup>®</sup> (buffered aspirin)  
Aspirin<sup>®</sup> (aspirin)  
Aspirtab<sup>®</sup> (aspirin)  
Bufferin<sup>®</sup> (buffered aspirin)  
Disalcid<sup>®</sup> (salsalate)  
Ecotrin<sup>®</sup> (aspirin)  
Uracel<sup>®</sup> (sodium salicylate)

### **Analgesics**

Equagesic<sup>®</sup> (meprobamate/aspirin)  
Micrainin<sup>®</sup> (meprobamate/aspirin)  
Percodan<sup>®</sup> (oxycodone/aspirin)

### **OTC**

Pepto-Bismol<sup>®</sup>  
Alka-Seltzer<sup>®</sup>  
Excedrin<sup>®</sup>

### **RNY and SADI Patients Should Avoid:**

Extended-Release Medicines,  
Sustained-Release Medicines,  
& Timed- Release Medicines







# My Surgical Experience





**THANK YOU** for choosing St. Luke's  
for your surgical procedure.

We want to make your visit to our hospital  
as comfortable and convenient as possible.  
Our expert surgical team will provide you  
with the best care and recovery.

If you wish to discuss questions or  
concerns surrounding your surgical  
decision, please feel free to contact your  
surgeon directly and/or the Surgical  
Optimization Center at 484-526-0020.

---

**Please read the following instructions  
to prepare for your surgical procedure.**

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## Pre-Admission Testing

After your surgeon schedules your surgery, a nurse from the Surgical Optimization Center (SOC) will review your medical information. During your telephone call appointment, we will interview you to obtain detailed information about your medical and surgical history.

***Please write down the following information and have it available for your interview with the nurse:***

- A list of all medicines you take including:
  - Prescription
  - Non-prescription
  - Vitamins, herbs, supplements
  - Inhalers
  - Eye drops
  - Ointments

*Also write down the dose, frequency, and time that you take the medicines.*

- A list of all your known allergies and/or reactions you have had to any medicines
- A list of all past health problems and operations
- A list of any implanted devices (eg. pacemaker) or medical equipment (eg. insulin pump)
- A list of any questions or concerns you may have about your surgery
- The phone number where you can be reached the day BEFORE your surgery

In an effort to make sure you have the best experience, we will ask you about information that may already be in your record. This is to be sure everything is still accurate and up to date.

---

## Day Before Surgery

You will receive a phone call between 2-8 pm one business day prior to surgery with your arrival time. If you haven't heard from anyone by 8 pm, please call the hospital supervisor through the hospital operator at 484-526-4000. (Warren: 1-908-847-6700)

### ***What do I need to do before coming to the hospital?***

- Arrange for a responsible person to drive you to and from the hospital.
- Arrange for your children to be taken care of at home.  
*Children are not permitted in the surgical recovery areas of the hospital.*
- Plan to wear casual clothing that is easy to take on and off.
- We recommend that you stop smoking four weeks prior to your surgery date. Try not to smoke at least 24 hours prior to your surgery.
- Do not drink alcohol in the 24 hours before your surgery. **Do not use any type of marijuana on the day of surgery.**
- Do not eat or drink anything after midnight the night before your surgery, including candy, mints, life-savers or chewing gum.

### ***Follow specific instructions provided by your surgeon or anesthesiologist related to liquids you may drink or be required to drink before your surgery.***

- Follow specific instructions you received from your nurse, surgeon or anesthesia provider regarding which medicine you may take on the day of surgery.
- If instructed to take medicine on the morning of surgery, take pills with just a *small* sip of water.
- **Remove nail polish, including gel polish, and any artificial, gel, or acrylic nails, if possible.**
- **Remove false eyelashes if possible.**
- **Remove all jewelry including rings and any body piercing jewelry.**
- **Do not use a blade to shave the surgical area 1 week before surgery. It is ok to use clean electric clippers up to 24 hours before surgery.**
- ***Do not apply any lotions/creams, including makeup, astringents, colognes, deodorant or perfumes to your skin after showering on the day of your surgery***
- ***Do not use dry shampoo, hair spray, hair gel, or any type of hair products.***
- If instructed to complete a bowel prep/cleanse, follow the specific instructions you received from your surgeon.

## INSTRUCTIONS FOR PEDIATRIC PATIENTS



1. Stop all solid food/candy at midnight regardless of surgical time
2. If currently formula fed, formula can be continued up to 6 hours prior to scheduled arrival time at hospital
3. If currently breast milk fed, breast milk can be continued up to 4 hours prior to scheduled arrival time at hospital
4. Clear liquids are encouraged to be continued up to 2 hours prior to scheduled arrival time at hospital. Clear liquids include water, clear apple juice (no pulp), Pedialyte, and Gatorade. For infants, Pedialyte is the recommended clear liquid of choice

### ***What do I need to bring with me the day of my surgery?***

- Photo ID and insurance card
- Prescription drug card
- Crutches or walker if you have them for foot, knee, or hip surgery
- Any splints or immobilizers for hand arm or shoulder surgery
- A list of the daily medicines, vitamins, minerals, herbs and supplements you take including the dosages and the time you take them each day
- Glasses, dentures or hearing aids
- Minimal clothing
- If you have a living will or power of attorney, bring a copy
- If you have an ostomy, bring an extra pouch and any supplies you use
- If you have an insulin pump, bring any supplies you use
- If you have an implanted pacemaker or AICD, bring the card or contact information
- If you are staying overnight and require a C-PAP, bring your C-PAP machine
- If you have an implanted stimulator – bring the remote control and your card or contact information
- Did you complete your pre-op bathing?

**DO NOT BRING MEDICINES, MONEY, VALUABLES, ELECTRONICS or JEWELRY.**

## ***What other information should I have about the day of surgery?***

- You will be provided with directions on where to report during your arrival time phone call (*Please see pages 8-9*).
- You should notify your surgeon if you develop a cold, sore throat, cough, fever, rash or any other illness.
- Inform your driver that if they do not stay, they will be asked, by the staff, to leave a phone number where they can be reached.
- We may need to reach you on the day of your surgery. Please make sure the nurse knows what number we may call to reach you. The schedule may change and we may need to ask you to come in earlier or later than expected.

## **WASHING INSTRUCTIONS**

### **Pre-Operative Showering Instructions**

Before your operation, you play an important role in decreasing your risk for infection. Washing your body thoroughly in order to reduce bacteria on the skin can help to prevent infections at the surgical site.

***Please read the following directions THE WEEK BEFORE SURGERY so you are ready!***

Your surgeon may instruct you to use a special antiseptic soap containing chlorhexidine gluconate (CHG) prior to surgery.

- Common brand names include: Aplicare<sup>®</sup>, Endure, and Hibiclens<sup>®</sup>.
- CHG soap is available from some doctor's offices, St. Luke's HomeStar Pharmacy or most retail pharmacies and the PAT Center.
- If you are allergic or sensitive to chlorhexidine, please let your doctor know so another antiseptic soap can be suggested.
- **If you are unable to purchase soap containing CHG, use regular soap.**  
*Notify the nurse on arrival the day of surgery.*

**Do not use a blade to shave the surgical area 1 week before surgery. It is ok to use clean electric clippers up to 24 hours before surgery.**



## DAY BEFORE SURGERY

You will need to shower the night before AND the morning of your surgery. You will need to prepare your bed and clothing so they are clean and ready after your showers.

- Place clean linens (sheets) on your bed; you should sleep on clean sheets after your evening shower.
- Get clean towels and washcloths ready – you will need enough for 2 showers.
- Set aside clean underwear, pajamas, and clothing to wear after your showers.



## EVENING BEFORE SURGERY

The evening before your operation, take your first shower.

### Shower 1:

- First, shampoo your hair with regular shampoo and rinse it completely before you wash your body.
- Next, wash your body from head to toe with soap and a clean washcloth.
- If you were instructed by your surgeon to wash with CHG soap:
- Use  $\frac{1}{2}$  of the bottle of soap for this shower (*you will use the other  $\frac{1}{2}$  of the bottle for your shower in the morning*).
- Do not use CHG soap on your eyes, ears, nose, mouth, or genital area.
- If you are using regular soap, try to use a new bar if possible.
- Pay special attention to the area where your incision will be; *lather this area well with the CHG soap for about 2 minutes*.
- **DO NOT** use any other soap or body rinse on your skin during or after the antiseptic soap.
- Rinse yourself completely with running water.
- Use a clean towel to dry off.
- Put on clean underwear and clothing/pajamas.
- Sleep on clean bed sheets/linens.



## DAY OF SURGERY

The morning of your operation, take your second shower.

### Shower 2:

- Follow the same steps as Shower 1.
- If you were instructed by your surgeon to wash with CHG soap, use the second ½ of the bottle of CHG soap.

### REMINDERS:

- ***Do not apply any lotions/creams, including makeup, astringents, colognes, deodorant or perfumes to your skin after showering on the day of your surgery.***
- ***Do not use dry shampoo, hair spray, hair gel, or any type of hair products.***

## Anesthesia

At St. Luke's, anesthesia is chosen to fit the patient's surgical and personal needs. You and your anesthesia provider will discuss an anesthetic plan that uses one or more different types of anesthesia. Plans may include the following:

**GENERAL ANESTHESIA** – refers to a very deep sleep that prevents you from feeling or remembering any discomfort from the surgery. It is the result of a specific combination of anesthetic agents chosen specifically for you based on your medical history. It is not unusual for patients to require a breathing tube to assist with breathing as well as devices to monitor vital signs.

**REGIONAL/LOCAL ANESTHESIA** – refers to the injection of local anesthetic into certain parts of the body in order to prevent pain during or after a procedure.

Examples of this type of anesthetic include epidurals, spinals and peripheral nerve blocks and/or catheters. Certain peripheral nerve block catheters may be taken home for post-operative pain control at home. You may or may not also require general anesthesia or monitored anesthesia care.

**MONITORED ANESTHESIA CARE (MAC)** – your anesthesia provider will monitor your vital signs and pain while administering pain medication and sedatives in order to make sure you are comfortable and safe during your procedure. While the depth of sleep associated with MAC is not as deep as with general anesthesia, most patients still do not remember their surgery. MAC may be used along with different types of regional anesthesia.

>>>



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*Risks and complications of anesthesia vary according to the type of surgery as well as your medical history. Your anesthesia provider will discuss the risks, complications and side effects as they pertain to your history on the day of surgery. For safety reasons, please follow all pre-operative instructions that you receive from your surgeon or nurse from the Surgical Optimization Center.*

## **Pain**

Recovering from surgery is associated with at least some pain or discomfort. While it is reasonable to expect some pain, we will do our best to reduce your pain and speed your recovery. This may include the use of regional anesthesia including pain devices that patients can continue to use at home, non-opioid pain medicine, opioid pain medicine, and referral to our dedicated inpatient Pain Service.

## **Infection Prevention During Your Surgery**

At St. Luke's, our Infection Prevention Program focuses on preventing our patients from developing infections related to their surgery. Our doctors, nurses, and other healthcare workers follow strict infection prevention guidelines from the Centers for Disease Control and Prevention (CDC).

The surgery team will do the following:

- Wear a special hair cover, mask, gown, and gloves during surgery to keep the surgery area clean.
- Clean their hands and arms up to their elbows with a special surgical soap that kills germs just before the surgery.
- Remove any hair that is present in the area where the incision will be; they will use electric clippers. Keep in mind, only electric clippers will be used for this hair removal!
- Clean the skin at the site of your surgery with a special soap that kills germs.
- *By following the best Antimicrobial Stewardship (AMS) practices, we are dedicated to prescribing antibiotics only when they are needed and will avoid giving them to you when they might do more harm than good. If antibiotics are prescribed, be sure to take them as directed by your provider to help prevent complications.*

In addition to the guidelines above, healthcare workers are expected to clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.

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## Before You Are Discharged

- You will receive printed discharge instructions regarding your surgery prior to discharge.
- If there is a pharmacy on campus you can choose to fill your prescriptions before discharge.
- You can expect a follow-up phone call from a nurse to answer any questions you may have about your surgery and to check on your post operative status.
- Make sure you know whom to contact if you have questions or problems after you get home.

## Infection Prevention After Your Surgery

Patients can also play an important role in preventing infections.

- Ask family and friends to clean their hands before and after visiting you, either with soap and water or with alcohol-based hand cleaner.
- Do not allow visitors to touch the surgical site, wound or dressings.
- Do not allow your pets to come in contact with your wound.
- Make sure you understand how to care for your wound before you leave the medical facility. You should be provided with paperwork at discharge to explain how to care for your wound.
- Always clean your hands **before and after** caring for your wound.
- If you have any symptoms of an infection, such as **redness** and **pain** at the surgery site, **drainage** from your incision, or **fever** (*temperature over 100.5*), **call your surgeon immediately**.

## LOCATIONS

### Allentown

1736 Hamilton Street  
Allentown, PA 18104

Patients please report to  
*South Lobby* to check in.

Surgical Optimization and  
Pre-Admission Testing Department:  
610-776-4633 or 610-776-4646

Ambulatory Procedure Unit:  
610-628-8639

### Anderson

MAIN HOSPITAL:  
1872 St. Luke's Boulevard  
Easton, PA 18045

For patients having surgery, report to the *main hospital entrance* and register at the front desk.

Surgical Optimization and Pre-Admission  
Testing Department:  
484-526-4493 or 484-526-4490

Ambulatory Procedure Unit:  
484-503-1432

**Anderson**

AMBULATORY SURGERY CENTER:  
2200 St. Luke's Boulevard  
Easton, PA 18045  
3rd Floor

Surgical Optimization and  
Pre-Admission Testing Department:  
484-526-4493 or 484-526-4490

Ambulatory Surgery:  
484-822-3890 or 484-503-3520

**Bethlehem**

801 Ostrum Street  
(*Borough of Fountain Hill*)  
Bethlehem, PA 18015

If you are being admitted *after having surgery*, report to admitting in Lobby B. You will then be directed to the Surgical Services Family Waiting Room located on the first floor.

Outpatient surgery patients (*patients going home that day*), report to the Surgical Services Family Waiting Room located on the first floor.

Surgical Optimization and  
Pre-Admission Testing Department:  
484-526-4493 or 484-526-4490

Ambulatory Procedure Unit:  
484-526-4441

**Carbon**

500 St. Luke's Drive  
Lehighton, PA 18235

Surgical Optimization and  
Pre-Admission Testing Department:  
610-776-4633

Ambulatory Procedure Unit:  
484-464-9915

*Register at main entrance.*

**Easton**

250 S. 21st Street  
Easton, PA 18042

Surgical Optimization and  
Pre-Admission Testing Department:  
484-526-4493 or 484-526-4490

Ambulatory Procedure Department:  
866-785-8537

Report to the *main entrance* and  
register at the desk.

**Miners**

360 West Ruddle Street  
Coaldale, PA 18218

All patients report to the *registration desk in the main lobby* prior to coming to the third floor.

Surgical Optimization and  
Pre-Admission Testing Department:  
484-526-4493 or 484-526-4490

Ambulatory Procedure Unit:  
570-645-8130 or 8131  
*After 5:00 pm, 570-645-8105*

**Monroe**

100 St. Luke's Lane  
Stroudsburg PA 18360

All patients should report to the  
*main hospital entrance* and register  
at the front desk.

Surgical Optimization and  
Pre-Admission Testing Department:  
484-526-4493 or 484-526-4490

Ambulatory Procedure Unit:  
272-212-1435

*Continued on back cover >>*

## LOCATIONS *continued*

### **Sacred Heart**

421 Chew Street  
Allentown PA 18102

Patients should report to the  
*main lobby* to register.

Surgical Optimization and  
Pre-Admission Testing Department:  
610-776-4646 or 610-776-4633

Ambulatory Procedure Unit:  
610-776-4588

### **Upper Bucks**

3000 St. Luke's Drive  
Quakertown, PA 18951

Please enter through the main entrance  
and immediately on right will be the  
registration and check-in area.

Surgical Optimization and  
Pre-Admission Testing Department:  
610-776-4646 or 610-776-4633

Ambulatory Procedure Unit:  
267-985-1114

### **Warren**

185 Roseberry Street  
Phillipsburg, NJ 08865

Surgical Optimization and  
Pre-Admission Testing Department:  
484-526-4493 or 484-526-4490

Eye patients, pain management  
and outpatient GI patients, report  
to first floor of The Roseberry  
Surgery Center.

All other patients (*outpatient and  
same day surgery patients as well  
as OP Bronchs*) report to the  
Main Hospital and go directly to  
the second floor reception desk.

*Before 5 pm*, call 1-908-847-6778  
*After 5 pm*, call the Supervisor  
1-908-847-6570

### **West End**

Orthopedic Hospital  
West End Campus  
521 Cetronia Road  
Allentown, PA 18104

Surgical Optimization and  
Pre-Admission Testing Department:  
610-776-4646 or 610-776-4633

Ambulatory Procedure Unit:  
484-658-9217



## Information for medical alert bracelet/jewelry

Sleeve Gastrectomy Surgery

Do not place NG tube blindly

NSAIDS/Aspirin with caution

OR

RNY Gastric Bypass

Do not place NGT blindly

No NSAIDS/No Aspirin

OR

Biliopancreatic Diversion

Do not place NGT blindly

No NSAIDS/No Aspirin



# Medical IDs Save Lives!

From \$19.99



**American Medical ID**  
Identify Yourself For Life

Shop More Selections

**Med-ID.com**

or call 1.800.363.5985

## Circle Your ID Options

Shop More Selections at [Med-ID.com](http://Med-ID.com)

### Classic Bracelet

#### Circle Metal

Stainless Steel	\$29.99
Sterling Silver	\$59.99
10Kt Gold-Filled	\$89.99

### Premier Bracelet

#### Circle Metal

Stainless Steel	\$39.99
Sterling Silver	\$79.99
10Kt Gold-Filled	\$109.99

Circle Bracelet Length: measure wrist-add 1/2" to 1": 7" 8" 9" Other \_\_\_\_\_

More sizes available by phone or online.

### Classic Necklace

#### Circle Metal

Stainless Steel (Sm)	\$19.99
Stainless Steel	\$29.99
Sterling Silver	\$59.99
10Kt Gold-Filled	\$89.99

### Premier Necklace

#### Circle Metal

Stainless Steel	\$39.99
Sterling Silver	\$79.99
10Kt Gold-Filled	\$109.99

### Silicone Bracelets

#### Sleek

Stainless Steel	\$24.99
-----------------	---------

Includes 9 Colors  
Interchangeable Bands

#### Flex

Stainless Steel	\$29.99
-----------------	---------

Includes 9 Colors  
Interchangeable Bands

Circle Band Length:  
6" 7" 8"

Circle Band Length:  
6" 6 3/4" 7 1/2" 8 1/2"

### Dog Tag

#### Circle Metal

Stainless Steel	Embossed \$39.99
Sterling Silver	\$81.99
10Kt Gold-Filled	\$131.99
Stainless Steel	Red \$39.99
Sterling Silver	\$91.99
10Kt Gold-Filled	\$141.99

### Alert Charm

Add to your Classic, Premier or Dog tag ID to make your ID more noticeable!

Not Engraved

Stainless Steel	\$4.00
Sterling Silver	\$14.00
10Kt Gold-Filled	\$20.00

## To Be Engraved

Print clearly and attach a separate piece of paper if you require more room. Engraving space is limited, if you need help please give us a call or you can shop online.

Name \_\_\_\_\_ This ID is for a \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ (If Child)

Conditions \_\_\_\_\_

Medicines Taken /Other Info \_\_\_\_\_

Allergic To \_\_\_\_\_

## Calculate Payment

Medical ID	\$
Custom Engraving	\$ 7.00
Alert Charm	\$

### SHIPPING & HANDLING (Must Choose One)

<input type="radio"/> Standard (2-3 Weeks)	\$ 7.00
<input type="radio"/> Rush (Credit Card Orders Only)	\$ 16.00

Made Next Business Day.  
Shipped Standard Mail)

### TEXAS RESIDENTS ONLY

State Sales Tax (Add 8.25%) \$

TOTAL \$

## Billing / Shipping Address

Attach a sheet of paper if your shipping address is different from billing.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please Bill My Credit Card

Check/Money Order Enclosed

Name on Card \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Mail with payment to **AMID, P.O. Box 925617, Houston, TX 77292-5617** Or Call Us **1.800.363.5985**

Prices subject to change. For current pricing and products shop at [Med-ID.com](http://Med-ID.com).





## Bariatric Surgery Review Quiz

Check your understanding by taking the quiz. Answers are on the next page.

Please read each statement carefully then write T (true) or F (false) on the line next to the statement.

1. \_\_\_\_\_ Diabetes, high blood pressure, back pain and other ailments related to obesity are **guaranteed** to get better after obesity surgery.
2. \_\_\_\_\_ I only need to have the surgery and do not need to change my behaviors in order to be successful with weight loss.
3. \_\_\_\_\_ In order to keep my meal in my pouch for a longer period and to keep me feeling more full, I should not drink liquids 30 minutes before my meal, during my meal, or 60 minutes after my meal.
4. \_\_\_\_\_ I will want at least half of my meal to be carbohydrates.
5. \_\_\_\_\_ In order to be more successful with my weight loss, I should measure my foods, eat 3 meals per day, follow the rules of the pouch and exercise.
6. \_\_\_\_\_ If I am feeling well, I probably do not need to take my vitamins anymore.
7. \_\_\_\_\_ Dumping syndrome can occur if I eat foods high in sugar or fat.
8. \_\_\_\_\_ Three very important jobs you will have right after surgery and for the next week are to sip fluids a small amount at a time to reach 48-64 ounces a day, get up and get moving, and use your incentive spirometer to keep your lungs clear.
9. \_\_\_\_\_ Re-operations are sometimes necessary due to certain complications that can occur like bleeding, a leak at the staple lines, hernias, blockage of the intestines or other causes.
10. \_\_\_\_\_ Studies show that going to support group on a regular basis will increase your chances of success after weight loss surgery.
11. \_\_\_\_\_ NSAIDs or non-steroidal anti-inflammatory drugs and aspirin should not be used for pain control and can be found in many over the counter medications.
12. \_\_\_\_\_ If I experience severe shortness of breath or increasing abdominal pain not relieved by pain medicine, I should go to the emergency room.
13. \_\_\_\_\_ It is OK if I stop following up with my surgeon since I am losing weight and feeling good.
14. \_\_\_\_\_ Grazing, or snacking when I am not hungry, will increase my chances at failing with weight loss.
15. \_\_\_\_\_ There is a risk of death with bariatric surgery, but I also understand there is risk of death with remaining obese.

## **Bariatric Surgery Review Quiz Answers**

**No peeking before you take the quiz!**

1. **F** - Although you reduce your risk of these conditions greatly with having bariatric surgery, there is not a guarantee that you will be completely free of them.
2. **F** – You must commit to lifestyle changes like exercising, eating the right foods in the right amounts and at the right time.
3. **T** – This is the “30/60 minute” rule and you should follow this for life!
4. **F** – Half of your meal should be protein. Protein keeps you feeling fuller longer. One quarter of your meal can be a good carbohydrate (complex).
5. **T** – These are things you should do for life to help remain successful.
6. **F** – You will need to take vitamins and minerals for life. It is possible for your vitamin or mineral levels to be declining and still feel well. It may be much later that you feel symptoms. Always take your supplements.
7. **T** – You should avoid foods high in sugar and fats to avoid dumping syndrome and to avoid gaining weight.
8. **T** – you should concentrate on these things for the first week after surgery
9. **T** – Know the signs and symptoms of possible complications.
10. **T** – Get to support group as much as possible.
11. **T** – Read labels carefully and refer to your list of medications to avoid. Make sure your doctors have this list too.
12. **T** – We prefer you come to this emergency room but if you live a distance, you should always go to the nearest one.
13. **F** – You should follow up with your surgeon for at least 5 years. You should always follow up with your family doctor.
14. **T** – If you must have a snack, it should be planned ahead of time and should be healthy. You should always eat at a table.
15. **T** – Know the signs and symptoms of complications.

# Chapter 10

## Notes









