



Legacy's Weight Loss Surgery Program

Legacy Weight and Diabetes Institute



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Welcome to the Legacy Health Weight-Loss Surgery Program



Welcome!

Our weight management program is composed of a team of experts supporting you to safely meet your weight loss goals. Our team of professionals — including surgeons, nurses, nurse practitioners, physician assistants, certified diabetes educators, dietitians, physical therapists and behavioral health specialists — will work with you and your individual needs to develop a path to weight loss that works best for you.

Why choose an MBSAQIP accredited center?

Legacy Good Samaritan Medical Center's bariatric surgery (or weight-loss surgery) program holds national accreditation from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), a joint program of the American College of Surgeons (ACS) and the American Society for Metabolic and Bariatric Surgery (ASMBS).

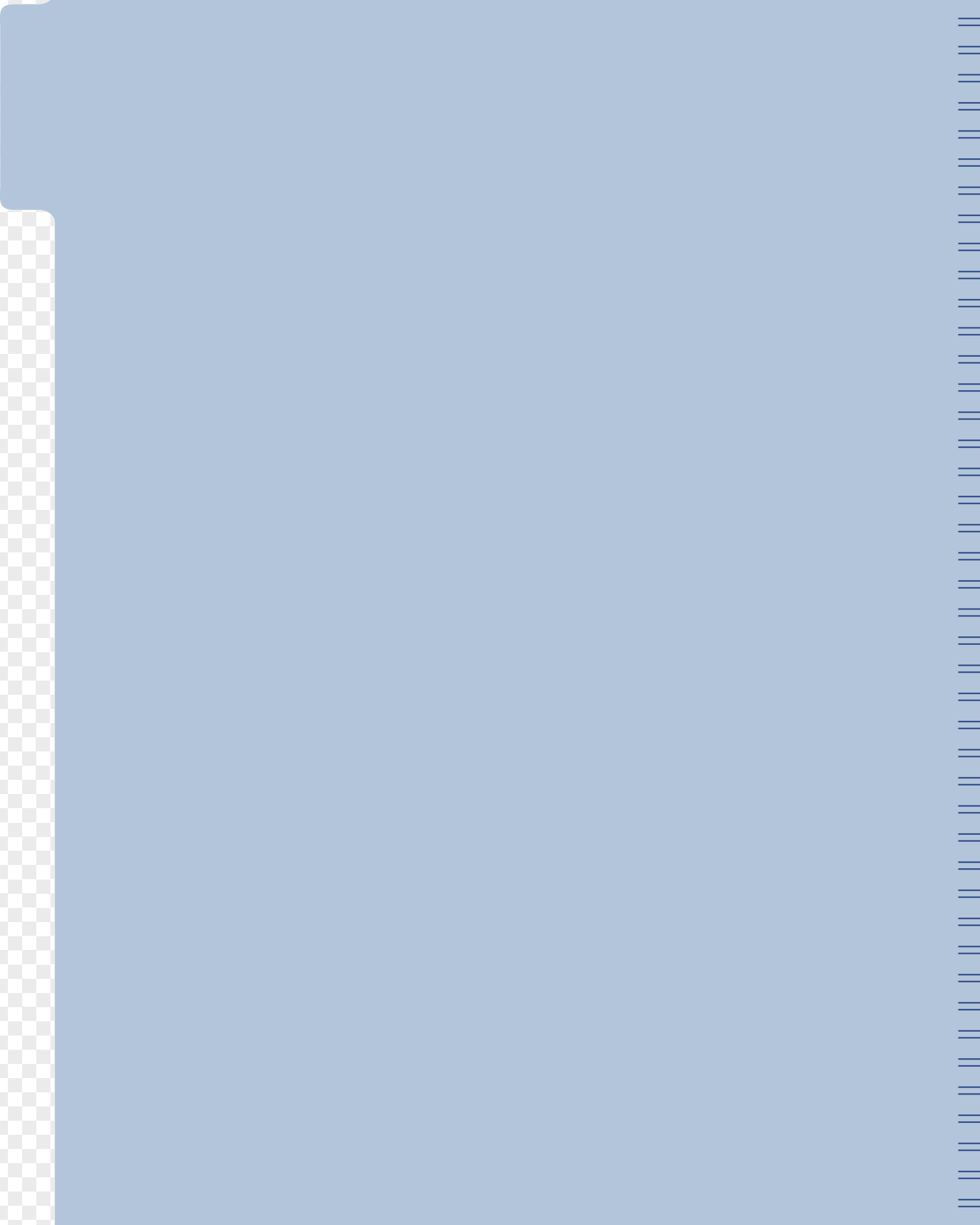


This type of accreditation signifies a level of excellence in the field of bariatric surgery. Along with having the most experienced surgeons in the area, we have invested in creating a supportive environment, both in safety and compassion. Insurance companies understand the importance of investing in high-quality programs such as ours. We are proud of our excellent outcomes, caring staff and ability to provide such an amazing service to our community.

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Understanding your weight loss journey

Weight-loss surgery program steps

Step 1

- Check insurance coverage for bariatric surgery.
- Does your insurance have any specific requirements?
- Attend welcome group to learn more about our program.
- Turn in new patient paperwork.

Step 2

- Attend the four initial consult appointments (medical, dietitian, physical therapy, behavioral health).
- Your behavioral health consult will last two hours; your other three consults will be one hour each.
- During your medical appointment you will review your health history with the provider. Orders will be placed for EKG and labs, and you will be referred to a sleep medicine doctor for a sleep study (if not already complete).
- You may need follow-ups with one or all of the providers based upon individual needs and insurance requirements.
- If you are smoking, you will need to stop.

Step 3

- After the above steps are complete, you will meet with the surgeon to discuss your surgery options and the best procedure for you.
- After your surgeon appointment you may be asked to have some additional tests.
- Before having surgery, you will also need to complete any weight management appointments required by your insurance.

Step 4

- After the above steps are complete, our office will request final approval from your insurance company to move forward with surgery.
- Once we receive approval from your insurance company we will schedule your surgery and pre-operative visits to review information you will need to know before and after surgery.

Step 5

- Surgery and follow-up appointments.
- We will see you for follow-up appointments three weeks after surgery and several more times over the next two years. After two years, we recommend you follow up with us yearly.
- These appointments are very important for your long-term success after surgery.

Your program plan

	Date, time and notes	Done
Step One		
Check insurance coverage		
Attend welcome group		
Turn in new patient forms		
Step Two		
Medical appointment		
Nutrition appointment		
Physical therapy appointment		
Behavioral health appointment		
Weight management (if needed)		
Follow-up appointments (if needed)		
EKG	Ordered at medical consult	
Labs	Ordered at medical consult	
Sleep study		
Stop smoking		
Other:		
Step Three		
Surgeon visit		
Endoscopy (EGD) or other test (if requested by surgeon)		
Finish weight management visits (if needed by insurance)		
Step Four		
Pre-op visits to prepare for surgery		
Step Five		
Surgery		
Follow-up appointments after surgery	See follow-up schedule on page 6	

Meeting your team

Welcome group

This group visit will provide you with more information about our program and the surgeries we offer. You are encouraged to bring a support person with you to this visit.

Nurse navigator

This contact person will help guide you on your journey. The nurse navigator is available to answer questions about program requirements and ensure your individual needs are being met.

Medical provider

You will have an individual visit with a medical provider whose goal is to help you become as healthy as possible before surgery. They will review your medical history with you and order initial labs, an EKG and sleep study if needed.

Sleep study

A sleep study is required in order to have surgery in our program. There is a high risk of sleep apnea in people with obesity. You will meet with a sleep medicine doctor in their office, who will then schedule you to return for an overnight sleep study.

Dietitian

You will meet with a provider trained to help you better understand food and nutrition, and its role in helping you lose weight and maintain health.

Physical therapist

Our physical therapists are trained to help you move and safely engage in physical activities. Our goal is to help you develop a safe plan to stay or become active, and to minimize muscle loss as you lose weight.

Behavioral health specialist

Our behavioral health specialists are trained to partner with you to develop strategies for behavior change related to weight loss, as well as provide emotional support along your journey. We may also recommend ongoing support with a community counselor of your choice.

Surgeon

You will have an individual visit with a surgeon who is trained in weight loss surgery. It is okay if you do not know what surgery you would like when you come to the appointment. You will discuss the different surgery options to decide which may be best for you.

Pre-op visits

The dietitian and medical provider will review what to expect during your hospitalization and in the early weeks after surgery. They will review when to call with any concerns after surgery.

Recommended follow-up after surgery

The schedule detailed in the table below is what we generally recommend for follow-up visits after surgery in order to have the best outcome.

Your individual needs may vary, and additional or different appointment types may be recommended.

Recommended follow-up after surgery

Provider	Months after surgery						
	1	3	6	12	18	24	Yearly
Surgeon	✓			✓			
Medical provider		✓	✓		✓	✓	✓
Dietitian	✓	✓	✓	✓	✓	✓	✓
Physical therapist	✓	✓	✓	✓	✓	✓	✓
Behavioral health		✓	✓	✓	✓	✓	✓
Labs		✓	✓	✓	✓	✓	✓

Support groups

Monthly support group attendance helps with long-term weight loss. A support group schedule is available at the front desk.

We also have an online Facebook support group. Search "LWDI online support group" and request to join. It is a private group, only for our patients.

Frequently Asked Questions: Sleep apnea and sleep studies

What is sleep apnea?

Sleep apnea is when you stop breathing while sleeping — it can last from 10 seconds to more than a minute. As a result you don't get enough oxygen and wake up so breathing can start again. This often happens without you even knowing. Sometimes, it occurs more than 100 times per hour!

When I had surgery for something else they didn't require a sleep study. Why do I need one now?

A: Sleep apnea is very common in people who have obesity — it's estimated to be present in 2 out of 3 people. The longer sleep apnea goes untreated, the higher your risk of problems. Even if you have not had problems with previous surgeries, the longer you have untreated sleep apnea the greater your risk for problems.

I don't wake up at night, so why would it need to be treated?

Treating sleep apnea can decrease your risk of heart attack, stroke and high blood pressure. It also can improve mood and fatigue and may make it easier to lose weight.

How is sleep apnea treated?

A therapy called continuous positive airway pressure (CPAP) is the most common way to treat sleep apnea. A CPAP machine creates the pressure needed to keep your airway open, usually through a mask. There are

many different kinds of CPAPs. The sleep specialists will work with you to find one that is most comfortable.

Does everyone having bariatric surgery need a sleep study?

Yes, we require all patients to be tested for sleep apnea prior to surgery. If you are diagnosed with sleep apnea, you will need to be treated with a CPAP before surgery. It will be very important to wear this after surgery as well.

How do I schedule a sleep study?

You can ask your primary doctor to refer you to a sleep medicine clinic or we can refer you during your medical visit. The process can take several months, so get started on this right away! (See the boxed item below.)

Recommended Sleep Centers

Legacy Medical Group—Sleep Medicine
multiple locations
503-413-7067

Vancouver Sleep Center
360-839-4532

You may see a provider not included on this list if you prefer.

How to schedule a sleep study

Option 1 Have your primary care provider send a referral to a sleep center now to speed up the process.

Option 2 Wait for your medical appointment and we will order your sleep study.

Note: You will first see the sleep doctor in a clinic for an initial consult. Then you will be scheduled for your overnight sleep study.



CPAP tips from Legacy Sleep Medicine

- There are dozens of mask styles available. If you are not comfortable in the mask you are using, contact your durable medical equipment (DME) company to try something new.
- The silicone part (cushion) has a limited lifespan. Most insurances pay for these to be replaced twice a month, and it's recommended to replace them at least once every couple months.
- Even if you clean your mask daily, the oils on your skin break down the silicone, making it leak and trap bacteria.
- If you're still struggling even after trying multiple masks, talk to your sleep doctor (or the doctor who prescribed your CPAP). For people with very mild sleep apnea, dental devices that move the lower jaw forward to open the airway can sometimes be effective. Your doctor can evaluate whether you might be a good candidate for a mandibular advancement device.
- Very few people love CPAP after wearing it for one night – it takes time to get used to. It will also take at least a few weeks before you pay down the “sleep debt” that accumulates with untreated sleep apnea and to feel rested.
- Even if you don't notice a difference in how you feel, treating sleep apnea is crucial to heart health. In the case of moderate to severe sleep apnea, treating it cuts the risk of a stroke in half.
- Do not hesitate to contact your DME company or doctor's office. They are there to help you be successful with therapy. If you aren't happy with your DME, ask your doctor if they can send your prescription and records to a different company.



A CPAP machine creates the pressure needed to keep your airway open, usually through a mask.



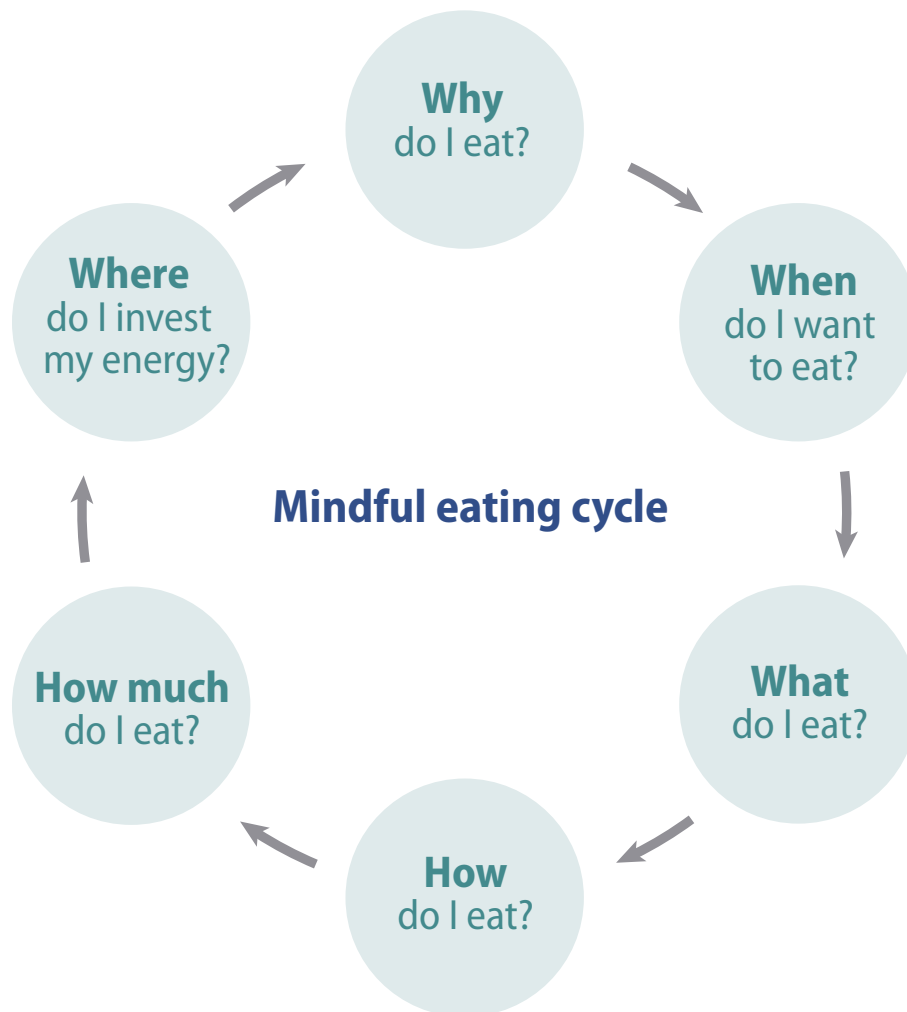
A comparison of two approaches to weight loss

Diet world — <i>The common approach to weight loss</i>	Our approach — <i>A healthier approach to weight loss</i>
Reason for change	
<ul style="list-style-type: none"> • Being fat is bad. Being thin is good. • Believing you must weigh XXX pounds • Hating your body • Thinking your life will be fixed when you lose weight 	<ul style="list-style-type: none"> • Moving toward health, energy and fitness • Understanding that everybody is different • Becoming your own best friend • Treating yourself like the wonderful person you are
Attitude	
<ul style="list-style-type: none"> • Seeking a quick fix (being impatient) • Developing temporary behaviors • Trying to be perfect • Wanting all the weight off now • Thinking you should be able to do it alone 	<ul style="list-style-type: none"> • Learning slowly (being patient) • Developing new, life-long healthy habits • Remaining flexible and open • Knowing that you will make mistakes
Behavior	
<ul style="list-style-type: none"> • Depriving and restricting yourself • Seeing foods and eating behavior as good or bad • Exercising just to lose weight • Doing exercises you don't like and then giving up • Exercising too much and being hard on your body 	<ul style="list-style-type: none"> • Being kind to yourself • Asking for help in making healthy changes • Eating foods that you enjoy and that nourish your body • Practicing being aware of what and why you eat • Eating when you are hungry and stopping when you first feel full • Doing activities that you enjoy and that feel good
Results	
<ul style="list-style-type: none"> • You may lose weight, but you usually gain it back, and then some • You feel like a failure when you gain weight back 	<ul style="list-style-type: none"> • Your small steps will lead to health. • You'll start to believe you can achieve other personal goals.

Mindful eating (eating with awareness)

Mindful eating is...

- Listening to your body and using all of your senses to choose food that is both satisfying to you and nourishing to your body.
- Acknowledging your own physical and emotional responses to food (cravings, desires, likes, dislikes or neutral) without judgment.
- Becoming aware of physical hunger and fullness signals to guide your decisions about when to start and stop eating.



Hunger management

Hunger management = portion control = weight management

It is normal to be hungry every three to four hours. If you wait longer to eat, you will be more hungry. Then it will be harder to resist higher-calorie foods and larger portions. You might also eat faster than usual.

It takes your body 20 minutes from the time you start eating to tell you that you are full or satisfied.

Eating more slowly helps you recognize how full you are. You then eat less.

Protein and fiber will help you stay full longer.

You can manage your hunger and calories better if you eat protein and fiber at each meal. Try to eat at least 10 grams of protein and more than 4 grams of fiber for each meal and snack. The table below gives some examples.

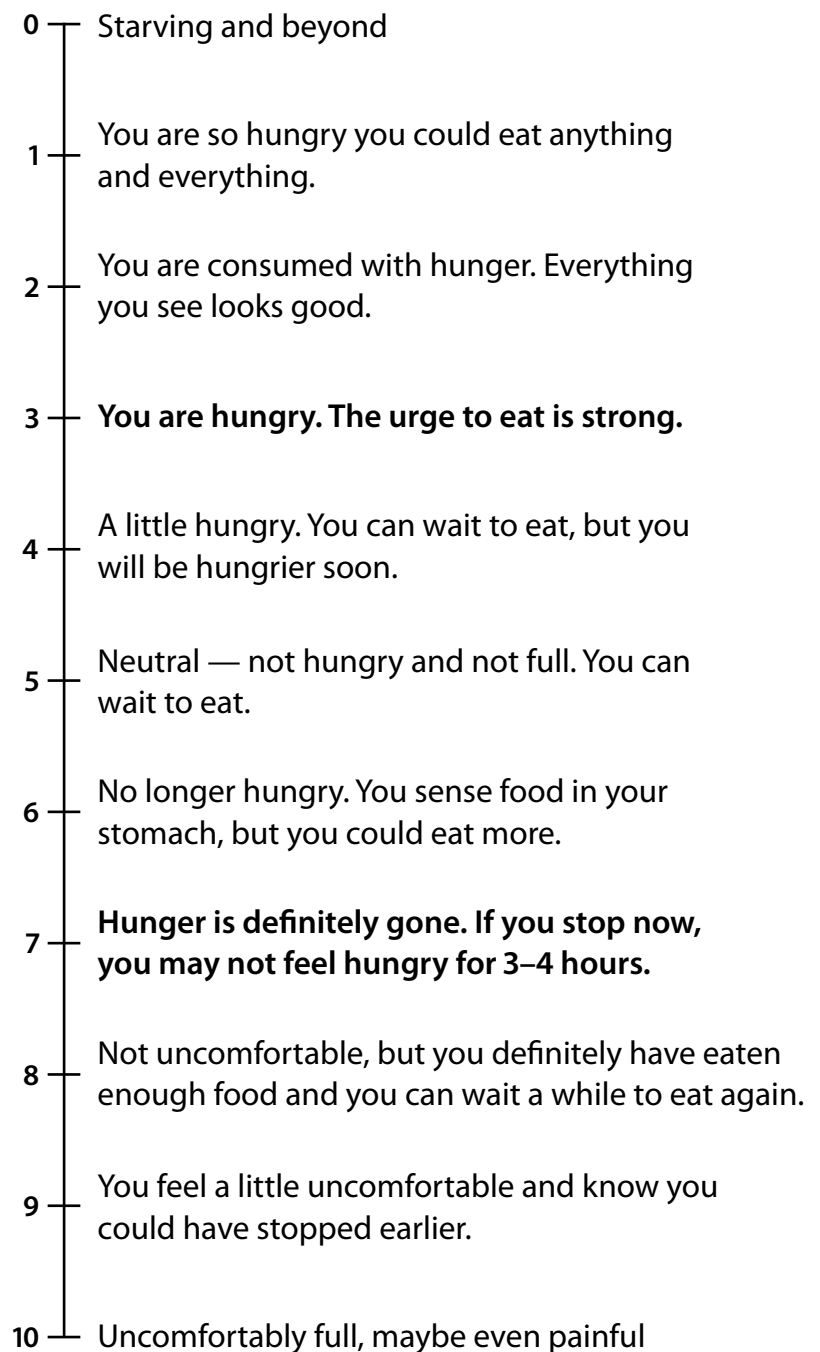
	Fiber (grams)	Protein (grams)
Breakfast		
1½ cup wheat bran flakes	8	4
¾ cup milk	0	6
½ cup blueberries	1.7	0.5
Snack		
8 whole-grain crackers	3	3
1 Tbsp peanut butter	1	4
Lunch		
Salad including 2½ cups spinach	5	3
3 oz. chicken	0	25
½ cup garbanzo beans	7	9
Snack		
3 carrot sticks (1 medium)	6	3
String cheese	0	8
Dinner		
3 oz. salmon	0	21
1 cup green beans	2	1
Snack		
1 cup plain yogurt	0	13
1 cup raspberries	8	1.5
Total	41.7	102

Hunger and fullness scale

Choosing to eat when you feel just a little bit of hunger, and stopping when you feel just a little full, can go a long way to help with weight loss.

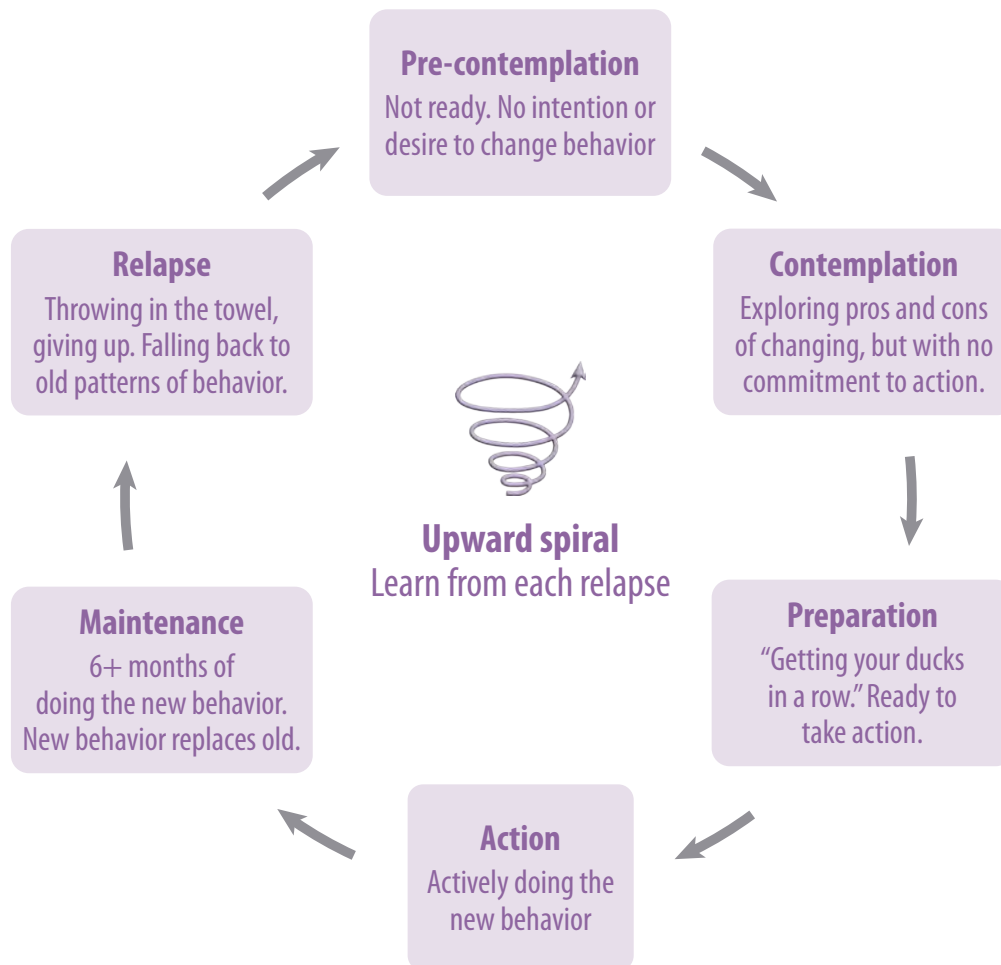
Some people find it hard and worry they will not be satisfied with eating smaller amounts of food. We all find it hard to eat smaller amounts when we are really hungry. We may also eat faster when we're really hungry, which makes it hard to stop eating before we are too full.

Use the hunger scale at right to help you think about how you feel before, during and after meals. **Aim to stay between 3 and 7.** Tell your dietitian where on the scale you usually are before and after meals.



Making life changes for weight loss

Making life changes for weight loss and better health can be hard and takes time. Even if you're ready to lose weight, you may not feel ready for some of the changes you will need to make. We go through many stages as we work on making lasting changes. Look at the stages below and think about which stage you are in for each of your goals, such as becoming more physically active, or eating healthier.



SMART goals

- S** Specific
- M** Measurable
- A** Achievable
- R** Realistic
- T** Timely

SMART goal examples

- **Not** a SMART goal: "I will exercise more."
- A SMART goal: "I will walk for 10 minutes on my lunch break at least 4 days in the next week."
- **Not** a SMART goal: "I will eat better."
- A SMART goal: "I will eat breakfast 3 times this week."

Pros and cons of changing to healthier habits

PROS	CONS
<i>Start doing regular physical activity/do physical activity more often</i>	
Examples: <i>Increased energy, will feel better</i>	Examples: <i>Have to wake up early to do physical activity</i> <i>Takes too much time</i>
<i>Prepare food at home more often</i>	

The blueprint for a new life

I want my life to include:	Rating
Examples: <i>Increased energy, will feel better: living longer, travel, going on hikes, getting rid of medications, playing on the floor with children/grandchildren, etc.</i>	

Notes

Your eating behavior

When do you find yourself wanting to eat?

- Anger or frustration
- Anxiety
- Availability
- Boredom or restlessness
- Celebration
- Comfort
- Cravings
- Depression
- Distraction
- For a reward
- For sedation or food coma
- Habit
- Happiness
- Hunger
- It looks and tastes good
- Loneliness
- Low blood sugar
- Other people eating
- PMS
- Pressure from others
- Procrastination
- Punishment
- Satisfying your senses
- Social events
- Stress
- Time of day
- Tiredness or fatigue
- TV ads
- Other:

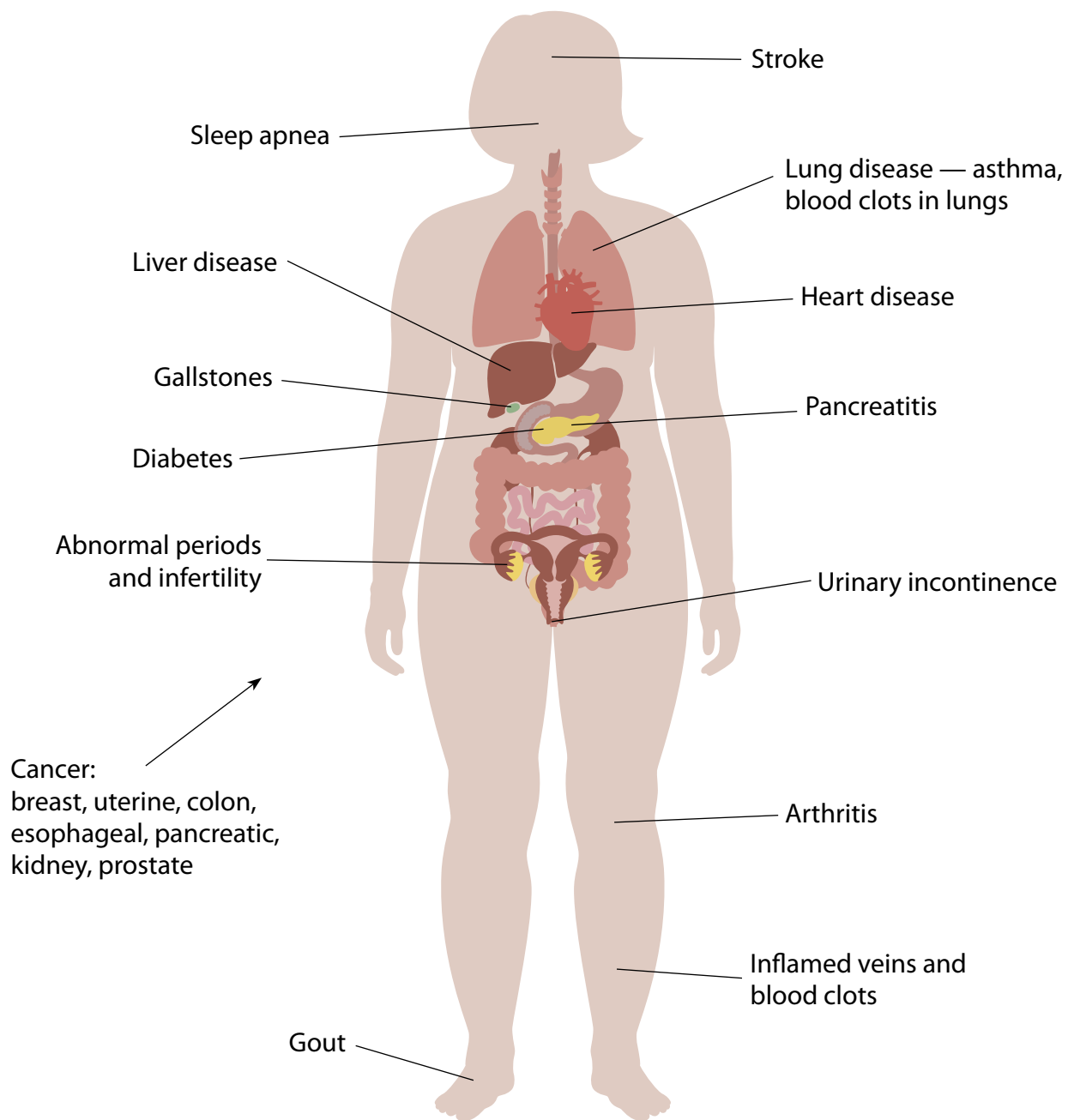
Where do you eat?

- Bathroom
- Bedroom
- Car
- Computer room, study or office
- Closet
- Dining room
- Garage
- Hallway
- Kitchen
- TV or living room
- Other:

If you are not hungry but want to eat, what else can you do?

Example: Use crafts to keep your hands busy, call a friend, go for a walk

Health risks related to obesity



Health risks related to obesity

Weight loss can improve or resolve many of these conditions

- Abnormal periods and infertility
- Arthritis
- Cancer — breast, uterine, colon, esophageal, pancreatic, kidney, prostate
- Diabetes
- Gallstones
- Gout
- Heart disease
- Inflamed veins and blood clots
- Lung disease — asthma, blood clots in lungs
- Sleep apnea
- Stroke
- Liver disease
- Pancreatitis
- Urinary incontinence

Depression

Depression may be described as feeling sad, blue, unhappy, miserable or down in the dumps for more than a few days. Most of us feel this way at one time or another for short periods.

Diabetes

Diabetes is a lifelong disease marked by high levels of sugar in the blood. It can be caused by the body producing too little insulin (a hormone produced by the pancreas to regulate blood sugar), the body not responding properly to insulin, or both. Most people who are diagnosed with type 2 diabetes are overweight or obese. Nearly 37 million people in the U.S. have type 2 diabetes or prediabetes, which is a strong risk factor for developing diabetes later in life.

Gallbladder disease

Gallbladder disease includes inflammation, infection, stones or blockage of the gallbladder.

Heart disease

Heart disease is any disorder that impacts the heart's ability to function normally. The most common cause of heart disease is narrowing or blockage of the coronary arteries, which supply blood to the heart.

High cholesterol

High cholesterol (lipids) is when you have higher amounts of fat, like cholesterol and triglycerides, in your blood. Having a lipid disorder makes you more likely to develop heart disease.

High blood pressure

Blood pressure is measured in millimeters of mercury (mm Hg). Hypertension (high blood pressure) is when your blood pressure frequently goes over 130/80 mm Hg.

Joint pain

Osteoarthritis is a chronic disease causing the wear and tear of joint cartilage (the softer parts of bones that provide cushion between joints) and the development of new bone (bone spurs).

Sleep apnea

Sleep apnea is a serious sleep disorder. Symptoms of sleep apnea may include snoring, breathing pauses, choking noises during sleep and feeling tired even after a full night's sleep. However, some people may not notice any symptoms. Even if you do not notice symptoms, it still can be dangerous.



Surgical options

Roux-en-Y gastric bypass

The basics

- A small stomach pouch about the size of a golf ball is created.
- The new, smaller stomach pouch is connected directly to the middle portion of the small intestine, called the jejunum.
- The rest of the stomach and the upper portion of small intestine, called the duodenum, is bypassed.

How it works

- Restricts how much you can eat at one time.
- Makes you feel full with less food.
- Not all energy or calories from food are absorbed or used in the body.

Benefits

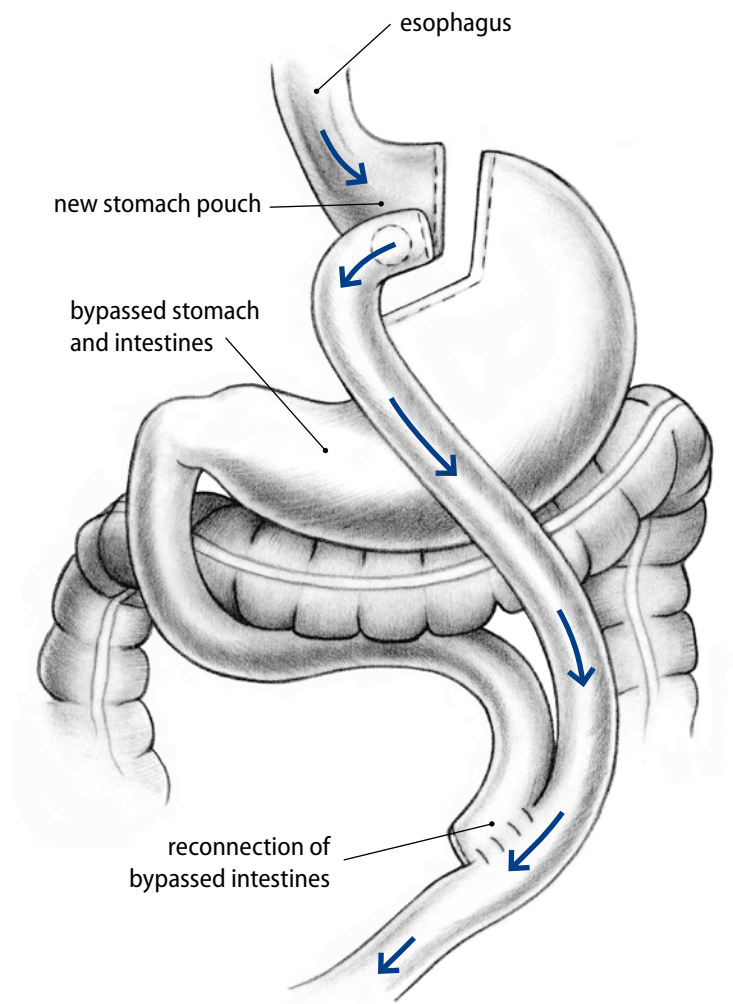
- Average weight loss is 55–60% of excess body weight* long-term.
- Improves diabetes management.
- Improves heartburn.

Risks

Risks include, but are not limited to:

- Ulcer
- Scarring
- Bowel obstruction
- Low vitamin levels (deficiencies)
- Death

*“Excess body weight” means how many pounds you weigh over your ideal body weight. For example, if you are 100 pounds overweight, you could expect to lose on average 55–60 pounds.



Surgical options

Sleeve gastrectomy

The basics

- Most of the stomach is removed
- A long tube-like stomach is left that is about the size of a banana
- The intestines are left in original state and not rearranged.

How it works

- Restricts how much you can eat at one time
- Makes you feel full with less food.
- Less ghrelin (the hormone that causes hunger) is produced

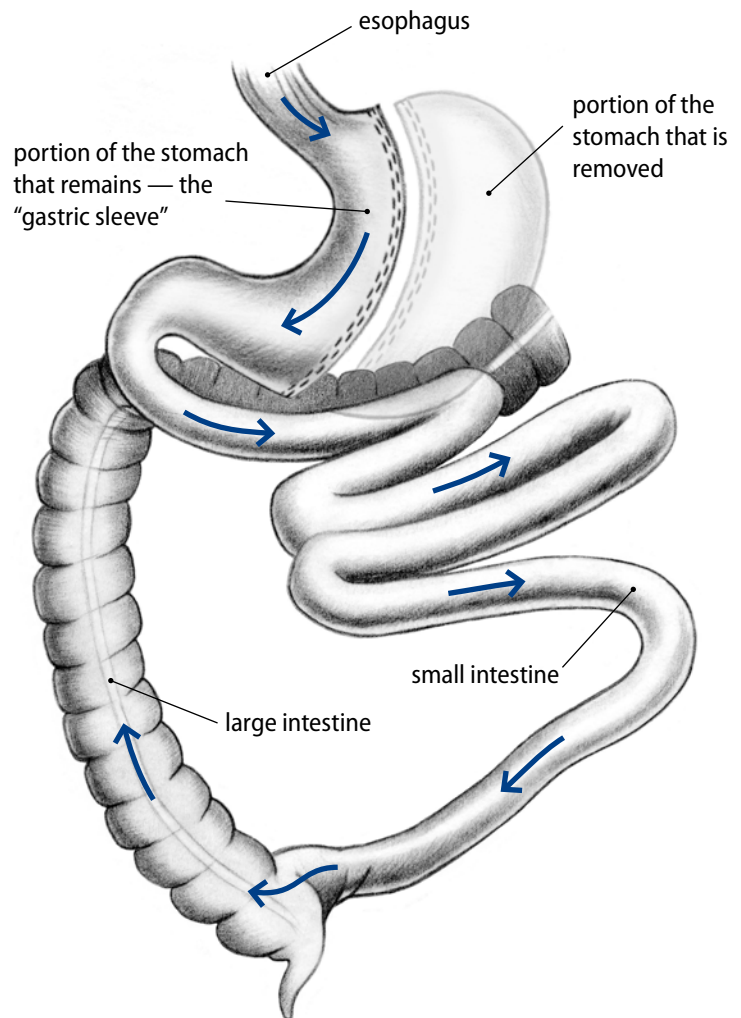
Benefits

- Average weight loss is 50–55% of excess body weight.
- Less likely than gastric bypass to have ulcers or develop a bowel blockage.

Risks

Risks include, but not limited to:

- Heartburn
- Scarring
- Long-term weight loss is unknown
- Death



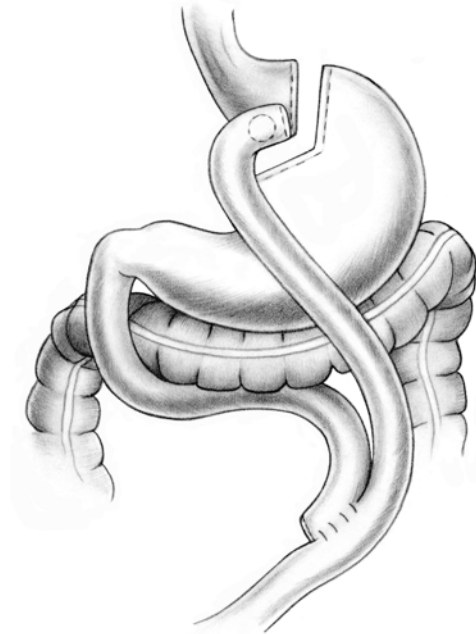
Revisions

Some people need additional surgery after a previous weight loss surgery, either for additional weight loss or for issues such as gastroesophageal reflux disease.

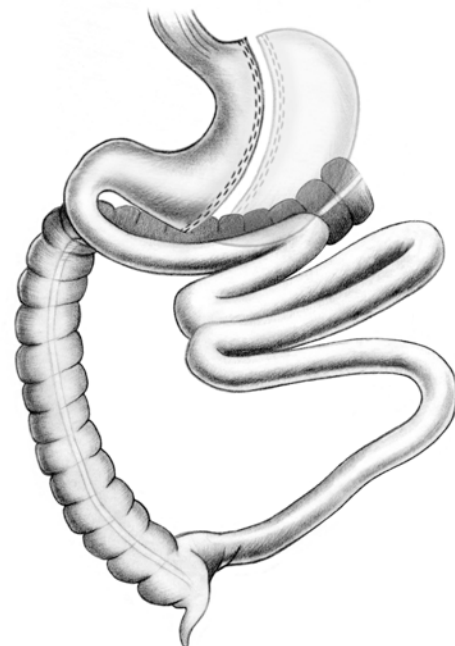
Before a revision, additional tests are usually needed. Examples of additional tests include:

- Upper endoscopy — A camera is passed through your mouth into your esophagus and stomach. You are sedated for this procedure.
- Upper GI series — An X-ray is taken as you swallow a special dye, called a contrast medium. The X-ray shows how the contrast medium moves through your esophagus and stomach.
- Esophageal pH testing — This test measures how much acid refluxes from your stomach back into your esophagus.
- Esophageal motility testing — This test measures how well the muscles in your esophagus squeeze.
- Abdominal CT scanning — A computerized tomography (CT) scan combines a series of X-ray images taken of your body to create images of your internal organs.
- Blood tests to measure vitamin levels

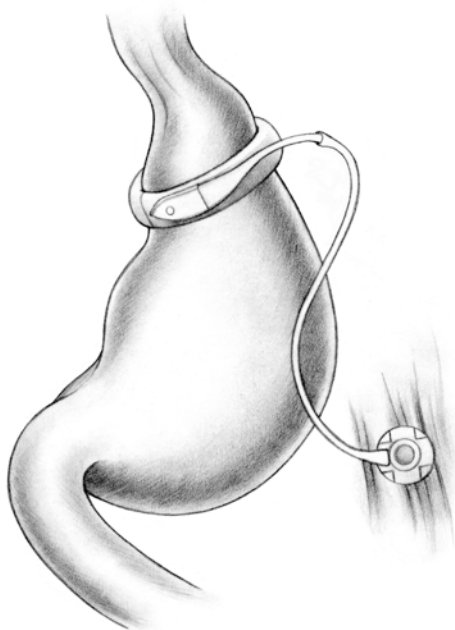
You and your surgeon will discuss what options may be available to you after any needed testing is completed.



Gastric bypass



Sleeve gastrectomy



Lap band

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Preparing for surgery

Three weeks before surgery
Start the pre-op diet
Try different protein shakes and have some ready for after surgery
Continue using your CPAP if you have sleep apnea
Arrange for a ride home from the hospital and someone to help care for you
Watch the “Preparing for Surgery” video and attend pre-op visits
You will get prescriptions for pain and nausea medications at the pre-op visit. Fill those prescriptions before surgery so you have the medicines on hand.
One week (seven days) before surgery
Seven days before your surgery, stop taking any aspirin or anti-inflammatory medications. That includes: <ul style="list-style-type: none"> • Ibuprofen (Advil, Motrin) • Naproxen (Aleve) • Meloxicam (Mobic)
For patients taking an injectable GLP-1 agonist weekly, stop 7 days before surgery. These include: <ul style="list-style-type: none"> • Dulaglutide (Trulicity) • Exenatide (Bydurean) • Semaglutide (Ozempic, Wegovy) • Tirzepatide (Mounjaro, Zepbound)
Four days before surgery
Stop taking SGLT-2 inhibitors. These include: <ul style="list-style-type: none"> • Steglatro (ertugliflozin) • Invokana (canagliflozin) • Jardiance (empagliflozin) • Farxiga (dapagliflozin)
The day before surgery
Liquid-only diet — protein shakes, water, juice, broth, milk, yogurt (without any fruit), Jell-O
Do not eat or drink for 8 hours before your surgery arrival time.
Take a shower with soap; your partner should also do that.
Use freshly washed towel and wear freshly washed sleepwear
Your bedsheets should be freshly washed. Do not allow your pet to sleep with you.
For patients who take GLP-1 agonists daily, stop taking them the day before surgery. These include: <ul style="list-style-type: none"> • Exenatide (Byetta) • Liraglutide (Victoza, Saxenda) • Lixisenatide (Adlyxin) • Semaglutide (Rybelsus)
The morning of surgery
Take only the medications recommended by the nurse, with a sip of water.
Take another shower with soap and do not use lotions or powders.
Clean your belly with the wipes given to you at pre-op visit.
Bring your CPAP or BIPAP with you if you have sleep apnea. You <i>must</i> have it with you in order to have surgery!
Remove all piercings and jewelry.
You will talk with your surgeon and the anesthesiologist before surgery.

Your pre-operation diet

- Three weeks before surgery, start the pre-op diet to help decrease the size of your liver and lose weight, both of which make surgery safer.
- You should take at least 20 minutes to eat your meals because that will help you recognize fullness with smaller portions. It is a good habit to develop after surgery.
- Include three small meals and one to three snacks per day
- Meals should include protein and veggies; can also include a small serving of a starch, grain or fruit.
- Snacks should include at least a protein and ideally a veggie as well, **or** optional fruit or grain



Sample meal plan

Breakfast

- 1 cup yogurt
- ½ cup blueberries

Snack

- Mozzarella string cheese
- Baby carrots

Lunch

- Salad (leafy greens, cucumbers, tomato, bell pepper)
- 1 tbsp salad dressing
- 3 to 5 oz. grilled chicken

Snack

- Protein shake

Dinner

- 3 to 5 oz. fish
- 2 cups cauliflower
- ½ cup brown rice

Fluids

- At least 64 oz.

Sample vegan meal plan

Breakfast

- Protein shake

Snack

- ¼ cup almonds
- Small apple

Lunch

- 3 oz. tempeh
- ½ cup black beans, cauliflower rice, tomato, salsa
- 1 tbsp avocado salsa dressing

Snack: ¼ cup hummus + baby carrots

Dinner: 6 oz. tofu + 2 cups broccoli + ½ cup quinoa

Fluids

- At least 64 oz.

Pre-op diet — Foods to choose and foods to avoid

Vegetables <i>At least 3–5 servings daily</i>	
Foods to choose	Foods to avoid or limit
Non-starchy vegetables — unlimited Vegetables should be raw, steamed, roasted, or grilled; if sautéed, use no more than 1 tsp oil	Avoid frozen vegetables with high fat or buttery sauces Limit starchy options such as corn, peas, potato to ½ cup
Proteins <i>Needs are individualized; average of 60–100 grams daily. See also the Dairy table below.</i>	
Foods to choose	Foods to avoid or limit
Cooked skinless chicken or turkey: 3–5 oz Fish or shrimp: 3–5 oz — <i>Poultry and seafood should be baked, grilled or boiled</i> Eggs: 1–2 Beans, lentils: ½ cup Hummus: ¼ cup Nut butter: 1–2 tbsp, with no added sugar or oils Protein shake: 8–12 oz Tofu: 6 oz Tempeh: 3–4 oz	Fried foods High fat meats such as bacon, salami, pepperoni Limit red meats
Dairy <i>Low-fat dairy counts as protein. Limit high-fat dairy to 1–3 servings daily.</i>	
Foods to choose	Foods to avoid
High-protein/low-sugar yogurt, 6 to 8 oz • Greek yogurt is highest in protein • At least 10 g protein, <15 g carbs per serving Low-fat milk: 1 cup Low-fat cottage cheese: ½ cup Low-fat cheese such as mozzarella: 1 oz	Milkshakes Ice cream Sugar-sweetened milks such as hot cocoa, chocolate milk, latte Highly sweetened yogurt
Grains <i>Limit to 1–2 servings daily</i>	
Foods to choose	Foods to avoid
Whole grain bread — look for ~5g fiber per slice High-fiber, low-sugar cereal Oatmeal: ½ cup (measured dry) Brown rice: ½ cup Whole wheat or alternative pasta such as chickpea pasta: ½ cup Quinoa: ½ cup	Pastries Sweet rolls, donuts, croissants Sweetened breads such as cinnamon-raisin bread Sweetened hot or cold cereals Pancakes or waffles with syrup Crackers Bagels
Fruit <i>Limit to 1–2 servings daily</i>	
Foods to choose	Foods to avoid
Fresh fruit Canned fruit, unsweetened and drained Frozen fruit, unsweetened	Fruits canned in heavy or light syrup Sweetened frozen fruit Pre-made smoothie mixes Juices
Fats and Condiments <i>1–3 servings daily</i>	
Foods to choose	Foods to avoid
Small amounts of butter, oil, salad dressing or vinegar — 1 serving = 1 tsp of mayo/butter/oil; 1 tbsp salad dressing Herbs and spices Ketchup, relish, barbecue sauce: 1 tbsp each Salsa, no sugar added Sugar substitutes such as stevia, monk fruit	Creamy dressings and dips Cream cheese Natural sugars such as honey, agave, maple syrup, etc.

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After surgery — Discharge instructions

Diet

- Liquids only weeks 1 and 2, pureed weeks 3 and 4, soft solids weeks 5 and 6
- Drink at least 3 to 4 ounces every hour while awake. Alternate protein and water.
- No alcohol

Activity

- Lift no more than 15 pounds for 4 weeks — that includes children, pets, laundry, groceries, etc.
- Avoid bending and twisting
- Get up once every hour while awake
- Walk as much as possible.
 - Goal: be able to walk a total of 30 min/day by the time of the 3-week follow-up appointment
 - If you cannot walk, any movement or activity you can tolerate.
 - It is fine to break this activity up into several 5–10 minute sessions.
- No driving until you are off narcotic (opioid) pain medicine.

Medicine

- Taking certain medicines, especially anxiety and sleeping medicine, can cause problems after surgery and even lead to death. **Do not take sleep aids.**
- **Do not take any medicines other than what is listed on your hospital discharge instructions.**
- Take a chewable or liquid multi-vitamin daily (no gummy vitamins)
- Medication must be small enough to fit inside a Chapstick cap. Medication larger than that should be cut smaller for the first four weeks after surgery.
- After four weeks you no longer need to cut or crush your medications, and you may take a multi-vitamin tablet if desired instead of a chewable.
- If you had gastric bypass surgery, you should not take NSAID (anti-inflammatory) medications for life, because they increase the risk of stomach ulcers.

Constipation

Constipation is common after surgery and is made worse with narcotic pain medications.

To treat constipation:

- Decrease narcotic pain medication.
- Increase the amount of fluids you are drinking.
- Take a fiber supplement with no sugar added.
- Take a stool softener such as Colace, Peri-Colace, Dulcolax or senna, as directed.
- If those measures do not work, take a Dulcolax suppository. Lastly, try a Fleets enema.

Wound care

- You may shower, but no baths, swimming pools, or hot tubs until wounds have healed (about 2 to 3 weeks). Pat wounds dry after showering.
- Your wounds are stitched closed and then covered with skin glue. The glue will start to peel off; do not pull it off.
- Watch for signs of infection: increased redness, swelling, drainage, fever.

Call your surgeon if you have

- Shortness of breath or chest pain.
- Rapid heart rate (more than 120 beats per minute).
- Incision problems: redness, drainage, swelling,
- Worsening abdominal pain or abdominal pain for more than one hour.
- Fever, chills, weakness, extreme sweating, faintness.
- Persistent nausea or vomiting.
- Any other concern, please call.
- If you go to any emergency room outside of Legacy Good Samaritan Medical Center, make sure your surgeon is called.

A bariatric surgeon is on call at all times and can be reached by calling the office telephone number, 503-413-7557.

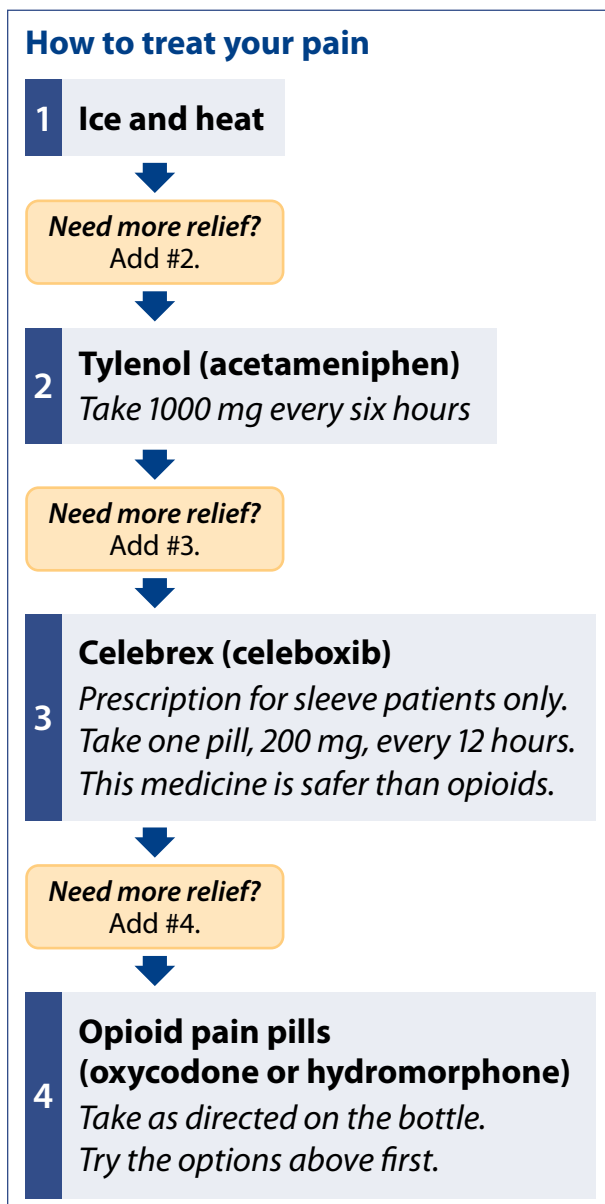
Pain management after weight-loss surgery

Understanding pain goals after surgery

Our goal is to control your pain so you can walk, sleep and take deep breaths. These things will help you heal.

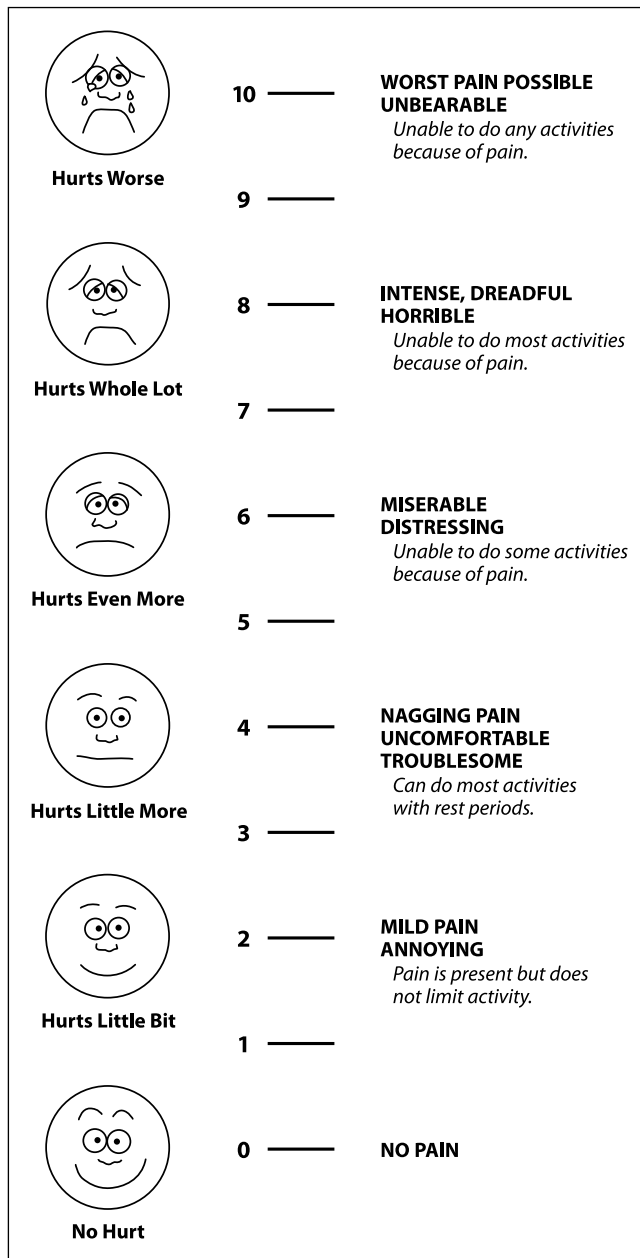
What you should know:

- Pain after surgery is normal.
- Everyone feels pain differently.
- Pain is usually worse for the first 2–3 days after surgery.



Assessing your pain

We may ask you to rate your pain after surgery on a scale of 1 to 10. Based on the rating you provide, we can offer you a safe dose of medication to try and keep you comfortable. You will likely still have some discomfort, but should be able to do light activity.



Using opioids to manage your pain after weight-loss surgery

What is an opioid?

Opioids are strong prescription medicines that are used to manage severe pain.

Common names of opioids, followed by brand names:

- Oxycodone — Percocet, OxyContin
- Hydromorphone — Dilaudid
- Hydrocodone — Vicodin, Norco
- Codeine — Tylenol #3
- Fentanyl
- Tramadol — Ultram
- Morphine
- Methadone

Using opioids safely

- Try over-the-counter medicines first.
- Use your opioids if you still have severe pain that is not controlled with other medicine.
- As your pain gets better, wait longer between doses.
- Only use your opioids for surgical pain. Do not use your pills for other reasons.
- Take the medication only as instructed.
- If you think you need more medication, contact the office so that a plan can be discussed. **Taking more than directed can lead to death!**
- If you have sleep apnea, make sure to always use your CPAP machine while sleeping.

Know the facts about opioid addiction

You are at higher risk of developing a dependence or an addiction to opioids if you:

- Have a history of depression or anxiety.
- Have a history of using or abusing alcohol, tobacco, or drugs (including prescription and street drugs).
- Have a history of long term (chronic) pain.
- Take opioids for more than a week.
- Take more pills than your doctor prescribed.

Opioids in combination with other drugs

Do not take opioids with:

- Benzodiazepines (Valium or Xanax)
- Sleeping pills (Ambien or Lunesta)
- Muscle relaxants (Soma or Flexeril)
- Other prescription opioid medicines
- Alcohol
- Illicit drugs or marijuana

Dealing with unused medicines

Safely store pills, and dispose of any that you do not use. The pharmacy on the first floor of our building has a safe and confidential medicine disposal box.

The Apothecary
Legacy Good Samaritan Medical Center
Building 2
1040 N.W. 22nd Ave., Suite 100

Your safety is our priority. Please call the office at 503-413-7557 if you have any questions or concerns.

Getting into and out of bed after surgery

Log roll technique

After surgery, it's especially important to use safe technique for getting in and out of bed to prevent unneeded pain.

Getting into bed



STEP 1

Step 1

- Sit on your bed close enough so that your head will rest on the pillow.
- Scoot back as far as you can so that you are not sitting on the edge of the bed.
- Slowly lower yourself onto your side so that you rest on your elbow.



STEP 2

Step 2

- Then, place your top hand onto the bed in front of your chest.
- As you're lowering your body onto the bed, bend your knees and pull your legs onto the bed.



STEP 3

Step 3

- Try to keep your knees bent and your legs together as you pull them onto the bed.
- After you've pulled your legs onto the bed, you should end up lying on your side, facing the outside of the bed.
- Your knees should remain bent, one lying on top of the other.



STEP 4

Step 4

- Keep your knees bent as you slowly roll onto your back.
- Use your bottom arm to push your body onto your back.
- Be sure to keep your shoulders and hips together as a unit as you roll, so that you do not twist your spine or torso.

Getting out of bed



Step 1

- Start by bending your knees one at a time.
- As you move, keep your knees and shoulders pointing in the same direction.



Step 2

- Roll onto your side by turning toward the outside of your bed.
- Let your knees slowly fall to the side.
- Keep your knees bent as you roll onto your side.



Step 3

- Use your arms to slowly lift your body to a sitting position.
- Try to keep your back straight and minimize twisting.



Step 4

- Slowly bring your feet off the bed.
- Sit in place for a few minutes before standing up. Standing up too quickly may make you feel dizzy.

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Eating after weight-loss surgery

Weight-loss surgery does not cure obesity. It is a tool that helps you lose weight when combined with a healthy diet and regular exercise. Your ultimate success depends on your lifestyle choices!

You are about to begin a long process. We want you to feel well. You will be changing your life and lifestyle, and it takes time to develop new eating and exercise habits. Just take small steps and work on one thing at a time. We are always here to help.

Remember that you need to change your lifestyle for good. That will help prevent you from regaining weight.

Please follow these guidelines closely after surgery. You will need to make regular follow-up appointments with one of our dietitians. We want to make sure that you are getting enough nutrients during each phase.

The dietitian will help you learn about nutrition so you can take charge of your food choices.

If you have questions about your diet, please call one of our dietitians at 503-413-7557.

Important things to remember

To help your stomach heal after surgery, you need to introduce foods slowly. The following guidelines will help you heal properly and have the most success with weight loss.

You should have a follow-up appointment with one of our dietitians three to four weeks after surgery. Please bring at least three days of food records to your appointment.

Stay hydrated

Drink 64 ounces of fluid a day. You should sip fluids consistently between meals.

Stop drinking fluids about 30 minutes before eating solid food and wait 30 minutes after eating solid food to resume drinking fluids.

Do not drink carbonated or sugared drinks.

Get enough protein

It may be hard for you to meet your protein needs at first, but you should work up to this amount. Always focus on your protein needs first when deciding what to eat. Have a daily plan. You will need a protein powder or drink for the first few months after surgery.

Supplements

You will need a chewable or liquid multivitamin for the first four weeks. *Do not buy gummy vitamins*, because they do not have all the nutrients needed. We will discuss other vitamins you might need during your first follow-up appointments.

Things to avoid after surgery

- **Carbonated beverages** — To reduce belching, gas, and stomach discomfort we recommend avoiding.
- **Sugars and fats** — Candy, cookies, fruit juice, and other foods high in sugar; as well as fatty foods like potato chips and french fries may cause dumping syndrome. Symptoms of dumping syndrome are lightheadedness, shakiness, vomiting or diarrhea. If you have these foods on a regular basis, you could lose weight more slowly and even gain weight back.
- **Coffee and caffeine** — Some individuals experience upset stomach or acid reflux symptoms with coffee and caffeine intake. If you experience those problems, you might want to try eliminating coffee and caffeine from your diet to see if your symptoms improve.
- **Tomato- and citrus-based foods or drinks** — Avoid if you are experiencing gastroesophageal reflux disease (GERD) or acid reflux.
- **Alcohol** — Avoid alcohol for at least three months. We can discuss how to safely incorporate small amounts of alcohol into your diet several months after surgery, if desired.
- **No raw vegetables, fruit with skin or seeds, sweets, breads, pasta or rice** for the first six weeks after surgery. V8 and strained vegetable juices are okay.
- **Introduce new foods one at a time** — If you cannot tolerate a food, avoid it for a week or two, then retry.
- **Dairy intolerance** — Some people cannot tolerate dairy products after surgery. If you cannot tolerate dairy, try using Lactaid or a milk alternative with non-dairy protein powder.

Nutrition after surgery

Six phases

We have split this information into six phases to help you focus on what is most important during each phase after surgery. (Phases 5 and 6 involve longer term dietary guidelines; see pages 35–36.)

Phase 1 — All liquids

Weeks 1–2

Milk
Protein shake
Water
Vegetable juice
Yogurt (without chunks)
Soups (must pass through a mesh strainer)
Anything that dissolves in your mouth into a liquid.

Phase 2 — All pureed

Weeks 3–4

Everything with chunks needs to go through a blender
Consistency of cottage cheese
Food should be moist
No seeds
No fruits or vegetables with skin
No raw vegetables.

Phase 3

Weeks 5–6

Start with soft solids
Food should be moist
Avoid sweets, bread, pasta, rice
No dry meat
No raw vegetables
No fruits or vegetables with skin or seeds

Phase 4

Advance to more solid foods as you can tolerate
It is very important to follow this diet
Your stomach needs time to heal
Advancing your diet too quickly can cause major complications

Phase 1 — Foods you can eat weeks 1 and 2 after surgery

Only liquids!

Alternate between 1 oz. of protein and 1 oz. of water every 15 minutes. The goal is to consume at least 64 oz. of fluids daily. You may not reach that goal at first. Gradually increase volume as tolerated.



Protein

- Limit protein to 40g per day for the first 72 hours. Do not drink more than one protein drink a day in the first 72 hours.
- After the first three days you can work up to 60g a day over the first two weeks
- Protein shake (20 to 30g of protein with less than 15g total carbohydrates)
- Protein water
- Milk (Add protein powder to boost protein content.)
- Non-dairy milk alternatives, no sugar added (Add protein powder to boost protein content.)
- Low-sugar yogurt without seeds or chunks. Greek yogurt is highest in protein.

Other fluids

- Sugar-free Jell-O without seeds or chunks
- Soups without lumps or chunks
 - Pacific Natural Foods, Trader Joe's and Fred Meyer offer tomato, gingered carrot, roasted red pepper, broth, bone broth, etc.
 - Try adding milk, powdered dry milk, protein powder or plain yogurt to soups
 - Strained, pureed or homemade soups must pass through a sieve.
- Vegetable juice, herbal tea, water, sugar-free non-carbonated drinks such as Crystal Light. You can also squeeze lemon juice into your water.
- Do not drink fruit juice.



In Phase 1, all soups must be smooth, must not have lumps or chunks and must be able to pass through a mesh strainer.

Multivitamin

You will need a chewable or liquid multivitamin for the first month after surgery (*see page 44*). Your surgeon will make additional recommendations at your post-op visit.

Phase 2 — Foods you can eat weeks 3 and 4 after surgery

- All foods should be a smooth, blended consistency. No solid foods.
- You may start to increase your protein and fluid intake as tolerated.
- Introduce one new food at a time
- Begin to get back into routine of having 4 to 6 small meals a day.
- Try small amounts and listen to your body for signs of fullness.
- Sip fluids between meals.
- Stop drinking fluids about 30 minutes before eating solid food and wait 30 minutes after eating solid food to resume drinking fluids.

Proteins		
Must blend these foods in food processor or blender		Do not need to blend these foods
Tofu Chili or other soups — Choose poultry or vegetarian option — Avoid soups with dumplings, pasta and rice Ground turkey or chicken — blend with no-added-sugar marinara or barbecue sauce or low-fat gravy		Cottage cheese Canned fish or chicken — must be mashed and moist; mash with mayo or mustard Hard boiled eggs — must be mashed and moist; mash with mayo or mustard Ricotta cheese Protein shake Greek yogurt — no chunks of fruit or seeds Vegetarian refried beans; can add 1 oz. of shredded melted cheese Hummus
Fruits and vegetables — <i>No raw vegetables, no fruit or vegetables with skins or seeds</i>		
Must blend in food processor or blender		Do not need to be blended
Canned peaches or pears — no added sugar Berries — strain to remove seeds Carrots, peeled and cooked Broccoli, cooked Potato, peeled and cooked — sweet potatoes and yams have more fiber		Avocado, mashed Applesauce — no added sugar Cauliflower mash — homemade or from frozen department
Other foods, condiments and sauces — <i>These do not need to be blended</i>		
Sugar-free Jell-O — No fruit chunks — Can make with protein powder Sugar-free pudding — Can make with protein powder Oatmeal or Cream of Wheat — No added sugar — Can add protein drink, milk or protein powder Herbs and spices, finely ground or chopped Mustard Oils such as olive oil, butter or avocado oil — Limit to 1 tsp serving		Ketchup — no added sugar Salsa — chunky salsa needs to be blended Barbecue sauce, no added sugar Light sour cream — Try plain Greek yogurt as a substitute Light mayonnaise Avoid bread, rice, pasta, crackers and tortillas.
Beverages		
<ul style="list-style-type: none"> • Avoid carbonated drinks, drinks with added sugar, alcohol and fruit juice. • Caffeinated drinks should be limited to less than 1 cup a day. 		
Water	Gatorade and Powerade, sugar-free	Unsweetened herbal tea
Crystal Lite and True Lemon	Carrot or tomato juice	Protein drinks

Phase 3 — Foods you can eat weeks 5 and 6 after surgery

Introducing new foods

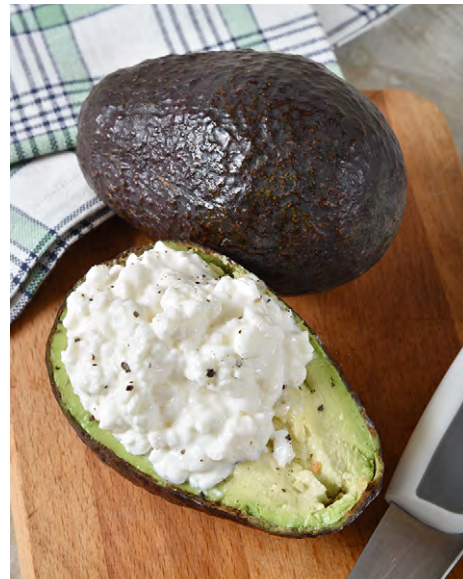
Most of your diet should now be soft foods that are moist. Introduce new foods one at a time. That will help you see how well you tolerate each food.

Foods to avoid

- Sweets
- Breads
- Pasta
- Rice
- Dry meat
- Raw vegetables
- Vegetables with skins and seeds
- Fruits with skins and seeds
- Fruit juice

Healthy ideas

- ¼ cup cottage cheese with small amount of fruit
- 1 thin slice of lean deli turkey
- V8® vegetable juice
- 4 oz. low-sugar yogurt with high-fiber cereal (more than 5 grams fiber per serving)
- Hardboiled egg
- Cauliflower rice with ground turkey and marinara
- ¼ cup black beans with melted cheese
- ¼ cup edamame, cooked
- Soft cheese
- Soft cooked vegetables
- Salmon or other baked fish
- Avocado
- Smooth nut or seed butters without added oils or sugars



Phase 4 — Eating 7 to 12 weeks after surgery

Introducing more new foods

It is time to start introducing more foods into your diet. Remember to eat slowly. Food texture, bite size, how well you chew and portion size will affect how you feel.

- Try all kinds of moist and cooked meats. Trim off the fat.
- You can now have raw vegetables. Just be careful with tough or stringy parts such stalks of broccoli and celery.
- You can try 1 to 2 servings per day of whole grain bread, pasta, rice, quinoa
- Breads can be better tolerated if toasted.
- Pasta and rice can be better tolerated when cooked soft.
- Fruits with tough skins might be hard for you to eat and might need to be peeled.

Chew foods well

- Chew foods well. That helps with digestion.
- Food that is not chewed well can make you feel uncomfortable.
- Moist foods are usually easier to digest than drier foods.
- Foods heated in a microwave can often be dry. You can add a small amount of liquid to microwave foods.

Keep your meals consistent

- Keep meals and snacks in the same amounts and at the same time. Do not graze or nibble all day long.
- Plan your meals and snacks so that you can make healthy choices.
- Protein is still important, plan well to help yourself get enough protein.
- If you skip meals or go too long without eating, you might eat more quickly, which can lead to problems tolerating foods or overeating.

Eat a variety of foods

- Eat a variety of foods throughout the day and week.
- Each meal should have at least one high-protein food.
- Although you may not be able to handle some foods at first, you might be able to later. Try a food more than once.

Phase 5 — Eating 3 to 6 months after surgery

Introducing more new foods

At three to four months after surgery, most patients have tried and can handle most foods. Most people can get enough protein from foods and may be able to stop using supplemental protein if they have a high protein food at each meal and snack.

Pay close attention to your body signals

When you are able to eat a variety of food, it becomes easier to overeat. This is a crucial time to determine emotional hunger versus physical hunger. Know when you are full. You should not feel stuffed, just satisfied.

If it is hard for you to stop emotionally eating, you can seek support from one of our behavioral health specialists, or a community mental health professional. You could also attend a support group (ask the front desk for a schedule).

Chew well and chew slowly

As you introduce more plant foods, it becomes especially important to chew foods well. Foods can get stuck or cause discomfort if not chewed well.

It is also important to take time with your meals. Eating quickly can cause stomach pain and discomfort.

Keep your meals small and consistent

Have a routine or pattern for meal times, amounts and types of food.

Meal planning will help you eat healthier and continue to lose weight.



Eat a variety of foods throughout the day and week. You can eat raw vegetables, but be careful with tough or stringy parts such stalks of broccoli and celery.

Drink plenty of water

You will need to drink plenty of fluids. Most of your fluids should be calorie-free. Sometimes carbonation can upset the stomach. Plain water, water with lemon and flavored water are good choices.

Remember to avoid drinking with your meals. Allow 30 minutes before and after eating.

Be careful with alcohol

Your body now absorbs alcohol quickly, which will cause you to become intoxicated with very little alcohol.

Alcohol is high in calories with little nutritional value. Even if you drink only small amounts on a regular basis, you can slow your rate of weight loss.

See page 41 for more information.

Phase 6 — Life-long dietary guidelines

These are general guidelines that will help you with weight loss and maintenance.

The best diet for weight loss and weight maintenance is adequate in protein, moderate in fat, high in fiber, and low in sugar and refined grains. All dietary phases since surgery have encouraged this way of eating. Below are some tips for staying healthy and maintaining weight loss.

- Eat three well-balanced meals each day. If you are hungry between meals, plan for some healthy snacks.
- Always eat enough protein. Prioritize eating protein first and have protein rich food at each meal.
- Watch how much fat you eat. Choose more healthy fats, such as monounsaturated and polyunsaturated fats. High-fat foods are higher in calories so be mindful of portion sizes.
- Eat a variety of foods focusing on protein and color. For the most nutritious meals, aim for at least three different kinds of food. An example is scallops, green beans, and a quarter of a small sweet potato.
- Eat mostly whole foods. Limit heavily processed and packaged foods.
- Avoid liquid calories. Stick to water and other calorie-free drinks
- Eat slowly and chew food well. Eating fast can lead to eating more.
- You should be able to enjoy all foods. The key is moderation. Be moderate with the portion size and how often you eat something.
- Always listen to your body. If you are comfortably full or satisfied, stop eating. If you are hungry, eat!

Remember — Our dietitians are available for more

Remember — do not skip meals. Eat breakfast, lunch and dinner.



help developing a healthy diet. If you are struggling to maintain weight or get to a healthy weight, come in for an appointment. Support is key for weight management!

Alcohol use and bariatric surgery

Alcohol should be used with extreme caution, if at all, after weight loss surgery.

Alcohol has a stronger effect after surgery. The way alcohol is absorbed changes. The stomach enzyme that starts the absorption process is reduced, and alcohol reaches your intestines sooner. This means alcohol hits you faster and affects you more than before surgery.

Alcohol may cause weight gain. Alcohol has a lot of calories. This can cause you to gain weight or have difficulty losing weight after bariatric surgery. A glass of wine or beer is about 100–150 calories.

Alcohol can cause malnutrition. Alcohol does not have any good nutrients. It also can cause low vitamin levels.

Alcohol may lead to dumping syndrome. Most drinks with alcohol have a lot of sugar that could cause dumping syndrome. Signs include nausea, diarrhea, feeling faint, shakiness and feeling the need to lie down.

Alcohol might affect your liver. Alcohol can damage your liver. The liver breaks down alcohol so it can be removed from the body. After surgery, alcohol makes your liver work harder. That could hurt the liver if you drink too much alcohol.

Alcohol can contribute to dehydration. Alcohol can make you urinate (pee) more. Vomiting after drinking alcohol also can make you dehydrated (low on fluids).

Alcohol impairs judgment. People may make poor choices after drinking. This includes driving but also food choices. People tend to eat more when drinking.

Alcohol can increase risk of ulcers. Drinking alcohol increases the risk of stomach ulcers.

Alcohol is addictive. People who have bariatric surgery are at greater risk for alcohol problems. Even if you have never had any problems with alcohol. People with a previous history of addiction (alcohol, drugs, binge eating, etc.) have a greater risk.

Recommendations

- It is recommended you do not use alcohol after bariatric surgery.
- If you choose to drink, limit yourself to one or less.
- Do not drink as you are rapidly losing weight.
- Eat if you plan to drink.
- ***Never drive if you have been drinking, even if only a sip.***

Dumping syndrome

Dumping syndrome sometimes happens after stomach surgery. Dumping syndrome is caused by large amounts of food passing quickly into the small intestine. That causes symptoms such as abdominal pain or fullness, nausea, diarrhea, dizziness, weakness and fatigue.

If you think you are experiencing dumping syndrome, please reach out to a dietitian or Legacy Weight and Diabetes Institute medical staff. Before your appointment, complete a detailed food journal with time eaten, what is eaten, symptoms and time of symptoms.

Here are some tips to help avoid dumping syndrome, and help relieve symptoms

- Everyone tolerates foods differently. Avoid the foods that cause you problems.
- Avoid sugar, sweets and fatty or fried foods.
- Eat small, frequent meals (see sample menus below).
- Do not drink liquids with your meal. Allow 30 minutes between eating and drinking.
- Lie down as soon as you finish eating (unless you have GERD or acid reflux). Lying down slows how quickly foods leave your stomach.
- Avoid foods that are very hot or very cold. They can trigger symptoms.

Sample menus			
Phase 1 (Liquids)	Phase 2 (puréed)	Phase 3 (soft)	Phase 4 and beyond
Breakfast			
Protein shake	Protein shake	Sugar-free oatmeal	Scrambled egg with pinch of cheese and peppers/onion
Snack			
Low-carb high-protein yogurt	Cottage cheese	Unsweetened apple sauce and tsp no-sugar-added nut butter	Low-carb and high-protein yogurt 1 mandarin orange
Lunch			
Broth or bone broth Low-sugar thin soup	Refried beans	Thin slice of deli turkey	Quinoa with black beans and avocado on a bed of greens
Snack			
Sugar-free popsicle Sugar-free Jell-O	Cooked cauliflower mashed with bone broth	Mozzarella cheese stick	1–2 tbsp no-sugar-added nut butter with apple slices
Dinner			
Protein shake Vegetable juice	Blended tuna and avocado	Baked salmon and cooked edamame	2 oz. chicken breast, roasted sweet potato and roasted broccoli

Dumping syndrome diet ideas

Foods to choose	Foods to avoid
Vegetables	
All vegetables you tolerate Can be cooked (or raw after 6 weeks post-op)	Any not tolerated Limit starchy vegetables such as corn, peas and potatoes Frozen vegetables with high fat buttery sauces
Proteins	
2–3 oz cooked meat Tuna or chicken salad Egg Beans and hummus Lentils Nut or seed butter without added sugar or oils Protein shake	Fried meats High-fat meats such as bacon, salami, pepperoni
Dairy	
High-protein and low-sugar yogurt — Greek is highest in protein — 15 grams or less carb per serving Low-fat milk (or non-dairy milk, unsweetened) Cottage cheese Cheese	Milkshakes and ice cream Sugar sweetened milks — hot cocoa, chocolate milk, latte Highly sweetened yogurt
Fruits	
Fresh fruit Drained, unsweetened canned fruit Unsweetened frozen fruit	Fruits canned in heavy or light syrup; sweetened frozen fruit Pre-made smoothie mixes Fruit juices
Grains	
Whole-grain bread — look for ~5 grams fiber per slice High-fiber and low-sugar cereal Oatmeal Brown rice Whole wheat or alternative pasta, e.g., chickpea, edamame Quinoa	Pastries — sweet rolls, donuts, croissants Sweetened hot or cold cereals Pancakes and waffles with syrup Crackers Sweetened breads such as cinnamon-raisin
Fats, condiments and beverages	
Herbs and spices Small amounts of butter, oils, salad dressing or vinegar Salsa, no sugar added Sugar-free beverages Black coffee or tea with sugar substitute Fruit-infused water Sugar-free flavored water	Excess condiments with added sugars — barbecue sauce, ketchup, sweet pickle, relish Lemonade, punch, soda Sugary coffee creamer Sweetened milk (dairy or non-dairy)
Sweets and desserts	
Sugar-free gelatin Sugar-free pudding Sugar-free candy Sugar substitutes <i>Note: These foods have little to no nutritional value and should be eaten only occasionally. Sugar alcohols (end in -ol) can have a laxative effect if eaten in excess and mimic dumping symptoms.</i>	Sugar, honey, agave, brown sugar, maple, white sugar Jelly or jam Candy and chocolate Cakes and cookies Ice cream and sherbert Frosting, caramel sauce High fructose corn syrup

Protein content of various foods

Food or beverage	Serving size*	Protein	Calories
Meat, fish, poultry, and eggs			
Tuna, canned in water	3 oz	21 gm	100
Salmon	3 oz	20 gm	125
Shrimp, boiled	3 oz	21 gm	85
Sardines	~4 oz (1 can)	23 gm	191
Crab, dungeness	3 oz	15 gm	80
Turkey, breast without skin	3 oz	25 gm	120
Scallops, large, steamed	3 oz (~6 scallops)	15 gm	75
Chicken, no skin, stewed	3 oz	22–25 gm	135–165
Pork chop	3.5 oz	21 gm	150
Roast	3 oz	19 gm	200
Ground beef or lamb	3 oz	21 gm	241
Bone broth	1 cup	9 gm	41
Egg, large	1 egg	7 gm	65
Nuts and seeds			
Peanut butter	2 tbsp	8.5 gm	190
Almonds – dry roasted	1 oz (~20 nuts)	6 gm	165
Pumpkin seeds, hemp seeds	~ ¼ cup	9 gm	165
Sunflower seeds	¼ cup	6 gm	175
Legumes and grains			
Lentils	½ cup	9 gm	113
Refried beans, fat-free	½ cup	9 gm	135
Black beans, canned, drained	½ cup	7.5 gm	120
Garbanzo beans (chickpeas)	½ cup	7 gm	140
Tofu	½ cup	10 gm	95
Tempeh	½ cup	17 gm	162
Quinoa (cooked)	1 cup	8 gm	222
Millet	1 cup	6 gm	207
Oats (dry)	½ cup	5 gm	153
Dairy			
Cottage cheese	½ cup	14 gm	90
Mozzarella cheese	1 oz	6 gm	85
Cheddar cheese	1 oz	7 gm	110
Goat cheese	1 oz	5 gm	75
Greek yogurt	1 cup	20 gm	220
Milk, whole	1 cup	8 gm	149

*3 oz = about the size of a deck of cards

1 oz = 2 tbs

2 oz = ¼ cup

3 oz = ⅓ cup

4 oz = ½ cup

Protein supplements

The products in the following tables have been approved by our dietitians. If you are choosing a product not on this list, look for 20 to 30g of protein with less than 15g carbohydrates per 8–12 oz. serving. Our dietitians are available if you have any questions.

Note: Items in the tables are arranged by protein source.

Brand name	Protein source	Where to buy	Nutrition info	Approximate price per serving
Slimfast Advanced Nutrition (pre-made)	Milk protein concentrate	Walmart Target Most grocery stores	<i>Per bottle</i> Protein: 20 g Carbs: 6 g Calories: 180	\$2
Muscle Milk (pre-made and powder) — MM Zero — Genuine Zero Sugar — 100% Whey Protein Powder	Milk protein concentrate / isolate Whey protein concentrate / isolate	Target Walgreens Walmart Amazon Target Fred Meyer	<i>Per bottle</i> Protein: 23 g Carbs: 5 g Calories: 130	\$1.96
Fair Life (pre-made) — Core Power — Nutrition Plan	Milk protein	Target Walmart Safeway Fred Meyer Amazon Walgreens Costco	<i>Per bottle</i> Protein: 28 g Carbs: 6 g Calories: 160	\$2.61
Ensure Max (pre-made)	Milk protein isolate	Target Fred Meyer Walmart Safeway Walgreens	<i>Per bottle</i> Protein: 30 g Carbs: 6 g Calories: 150	\$2.59
Ghost (pre-made and powder) — Whey Protein	Whey protein isolate	Ghost website GNC	<i>Per scoop</i> Protein: 25 g Carbs: 6 g Calories: 140	\$3.33 (pre-made) \$1.73 (powder)
Premier Protein (pre-made)	Milk protein concentrate	Costco Safeway Fred Meyer Target Amazon Walmart	<i>Per bottle</i> Protein: 30 g Carbs: 5 g Calories: 160	\$2.06
Premier Protein Clear drink	Whey protein isolate	Costco Amazon	<i>Per bottle</i> Protein: 20 g Carbs: 1 g Calories: 90	\$2.92
Equate High Performance Protein Shake	Milk protein concentrate Milk protein isolate Whey protein concentrate	Walmart	<i>Per bottle</i> Protein: 30 g Carbs: 4 g Calories: 170	\$1.46

(continues)

Protein supplements, continued

Brand name	Protein source	Where to buy	Nutrition info	Approximate price per serving
Isopure Unflavored (powder)	Whey protein isolate	GNC Walmart Target	<i>Per scoop</i> Protein 25 g Carbs: 0 g Calories: 100	\$1.25
Protein2O (pre-made and powder) — Plus — Whey Protein Isolate	Whey protein isolate	Walmart Costco Amazon	<i>Per bottle</i> Protein: 20 g Carbs: 6 g Calories: 90	\$2.44
Unjury (pre-made and powder)	Milk protein isolate Whey protein isolate	unjury.com	<i>Per serving</i> Protein: 20 g Carbs: 2 g Calories: 100	\$1.72
Biochem	Whey protein isolate	biochemprotein.com	<i>Per serving</i> Protein: 20 g Carbs: <1 g Calories: 90	\$1.60
Atkins Protein Plus (pre-made)	Milk protein concentrate	Safeway Walgreens Fred Meyer	<i>Per bottle</i> Protein: 30 g Carbs: 8 g Calories: 190	\$1.87
Orgain (pre-made and powder)	Milk protein concentrate Whey protein concentrate	Costco Fred Meyer Walgreens/Rite Aid Walmart Safeway	<i>Per serving</i> Protein: 20 g Carbs: 11 g Calories: 130	\$2.08
Syntrax Nectar (powder)	Whey protein isolate	Walmart Amazon bariatricadvantage.com si03.com	<i>Per serving</i> Protein: 23 g Carbs: 0 g Calories: 25	\$0.46
Vega Sport Protein Vega Essentials (powders)	Complete plant protein	myvega.com New Seasons Fred Meyer Target	<i>Per scoop</i> Protein: 25 g Carbs: 6 g Calories: 160	\$2.22
Happy Viking (pre-made)	Complete plant protein	Fred Meyer	<i>Per bottle</i> Protein: 20 g Carbs: 9 g Calories: 150	\$2.50
Orgain Plant-Based (powder)	Complete plant protein	Costco Fred Meyer Walgreens Walmart Safeway	<i>Per serving</i> Protein: 21 g Carbs: 15 g Calories: 160	\$2.36
Garden of Life (powders) — Raw Organic Fit — Raw Organic — Protein + Greens — SPORT™ — Raw Organic Meal Shake & Meal Replacement	Complete plant protein	New Seasons Whole Foods GNC Walmart Fred Meyer	<i>Per scoop</i> Protein: 25 g Carbs: 9 g Calories: 150	\$2.40–3.00

(continues)

Protein supplements, *continued*

Brand name	Protein source	Where to buy	Nutrition info	Approximate price per serving
Ghost Vegan (powder)	Complete plant protein	Ghost website GNC	<i>Per scoop</i> Protein: 20 g Carbs: 5 g Calories: 115	\$1.61
OWYN (pre-made) (powder)	Complete plant protein	Liveowyn.com Amazon Vitamin Shoppe	<i>Per serving</i> Protein: 20 g Carb: 8-11 g Kcal: 140-180	\$2.00–3.25
OWYN (pre-made and powder)	Complete plant protein	Liveowyn.com Walmart Amazon Target	<i>Per serving</i> Protein: 20 g Carb: 6 g Calories: 140	\$2.74

Vitamins and supplements after gastric bypass

You will only need a chewable or liquid multivitamin for the first month. After that you can resume regular tablets, and you should take them as listed below.

- **Multivitamin** such as Bariatric Advantage, Rainbow Light, Twinlab, Centrum, One a Day, Flintstones Complete, or a prenatal vitamin. The brand should contain at least 100% of the recommended daily intake (RDI) standards. Take one daily unless another dosage is recommended. **Do not take gummy vitamins** because they do not contain all of the nutrients needed.
- **Calcium citrate** — Take 1200–1500mg of calcium. Calcium citrate is preferred over calcium carbonate because it absorbs better.
- **Vitamin B-12** — 500mcg daily, in a form that dissolves under your tongue (sublingual)
- **Vitamin D** — Take at least 3000 IU vitamin D3 daily. Vitamin D deficiency is common. Supplements will be recommended based on your blood levels. .
- **Iron** — Some people may need an iron tablet (ferrous fumarate, ferrous gluconate, carbonyl iron), with chewable vitamin C, 250–500mg. An alternative is a pre-natal vitamin, which typically contains 40–65mg elemental iron. Avoid ferrous sulfate because that form can be irritating and is not absorbed as well. Do not take your iron tablet with calcium or dairy products because that decreases iron absorption

These recommendations may be individualized by your provider based on your lab values.

For your convenience we carry bariatric multivitamins in our pharmacy. Ask your provider for more information.

Vitamins and supplements after sleeve gastrectomy

You will only need a chewable or liquid multivitamin for the first month. After that you can resume regular tablets and should take as listed below:

- **Multivitamin** such as Bariatric Advantage, Rainbow Light, Twinlab, Centrum, One a Day, Flintstones Complete, or a prenatal vitamin. The brand should contain at least 100% of the recommended daily intake (RDI) standards. Take one daily unless another dosage is recommended. ***Do not take gummy vitamins*** because they do not contain all of the nutrients needed.
- **Calcium citrate** — Take 1200–1500mg of calcium. Calcium citrate is preferred over calcium carbonate because it absorbs better.
- **Vitamin B-12** — 500mcg daily, in a form that dissolves under your tongue (sublingual).

Vitamins and supplements for other procedures

Some procedures, such as duodenal switch and SADI, require additional vitamin supplements.

- **Multivitamin** such as Bariatric Advantage, Rainbow Light, Twinlab, Centrum, One a Day, Flintstones Complete, or a prenatal vitamin. The brand should contain at least 100% of the recommended daily intake (RDI) standards. Take one daily unless another dosage is recommended. **Do not take gummy vitamins** because they do not contain all of the nutrients needed.
- **Vitamins A and K** — Take 10,000 IU vitamin A and 300mcg vitamin K. There are bariatric-specific vitamins that have higher levels of these and other fat-soluble vitamins. Ask your dietitian for more information.
- **Vitamin B-12** — 500mcg daily, in a form that dissolves under your tongue (sublingual)
- **Calcium** — For biliopancreatic diversion and duodenal switch, 1800–2400mg calcium. Include the calcium content of food. We recommend calcium citrate supplements when needed, taken in divided doses.
- **Vitamin D** — Take at least 3000 IU vitamin D3 daily. Vitamin D deficiency is common. Supplements will be recommended based on your blood levels.
- **Iron** — Some people may need an iron tablet (ferrous fumarate, ferrous gluconate, carbonyl iron), with chewable vitamin C, 250–500mg. An alternative is a prenatal vitamin, which typically contains 40–65mg elemental iron. Avoid ferrous sulfate because that form can be irritating and is not absorbed as well. Do not take your iron tablet with calcium or dairy products because that decreases iron absorption

These recommendations may be individualized by your provider based on your lab values.

For your convenience we carry bariatric multivitamins in our pharmacy. Ask your provider for more information.

Lifetime support

We are committed to supporting you before and after your weight loss surgery. Behavior changes such as eating healthy and being active will be important in maintaining long term weight loss. We are here to help you through the ups and downs that come with making lifelong behavior changes for as long as you need us.



Support groups

Monthly support group attendance helps with long-term weight loss. These 90 minute meetings are facilitated by one of our staff providing expertise in diet, exercise and emotional support, etc.

Ask us for an up-to-date schedule with meeting locations.

Health and wellness resources

Online support group

LWDI Facebook Support Group — Past and current patients provide a safe and supportive environment for anyone going through our program. This is a closed group, which provides privacy to our patients. Anyone can search for the group and see who is in it but only members can see the posts. Search [facebook.com/groups/lwdionlinesupportgroup](https://www.facebook.com/groups/lwdionlinesupportgroup) and join. Once you are verified as a patient within our program, you will be allowed to access the group.

Nutrition websites

- mybariatricdietitian.com — Recipes, general bariatric nutrition information
- hungrygirl.com - recipes, shopping lists, motivation
- thecenterformindfuleating.org — Learn how to apply mindfulness practices to their relationships with food and eating.
- theworldaccordingtoeggface.blogspot.com — A blog by a person who had weight loss surgery. She shares recipes and other resources, as well as stories from her own weight loss journey.
- [youtube.com/playlist?list=PLIBTKdPfQVDs9VNsVaV-uBqWO3DPo8HGZ](https://www.youtube.com/playlist?list=PLIBTKdPfQVDs9VNsVaV-uBqWO3DPo8HGZ) — A YouTube channel created by LWDI dietitians. Includes educational webinars, cooking demonstrations and other helpful nutrition-focused videos.

Physical activity websites

- The Arthritis Foundation — This website offers a variety of resources for managing arthritis, including exercise videos, apps and pain management tips. Visit www.arthritis.org for details.
- National Institutes of Health (NIH) — A resource from the National institute on Aging is designed to help you fit exercise and physical activity into your daily life. Visit nia.nih.gov and click the Health Information link. Then click the Exercise and Physical Activities link.
- There are many great free physical activity videos on [youtube.com](https://www.youtube.com). Ask one of the LWDI physical therapists if you are interested in specifics.

Healthy living websites

- fitday.com — Online food and exercise tracking
- blog.myfitnesspal.com — Articles on nutrition, being active and general healthy living

Informational websites

- asmbs.org/patients
- obesityaction.org
- weightlossurgery.thehealthpartner.com/compare-surgeries
- niddk.nih.gov/health-information/weight-management

Book recommendations

Please ask one of our providers for specific recommendations.

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Apps

- Baritastic
- Fooducate
- MyFitnessPal
- Mapmyfitness
- Lose it

Community resources

- YMCA — The YMCA offers a variety of classes and programs geared toward healthy living. Visit ymcacw.org for details. YMCA offers financial assistance <http://ymcacw.org/clark-financial-assistance>.
- Legacy Health classes — Legacy offers a variety of fitness- and health-based classes. Visit legacyhealthevents.org for details: .

Scholarship programs

- Silver Sneakers — A fitness program for seniors provided to you at no cost by your health care plan.

It allows access to a variety of local gyms and fitness classes. Contact your insurance company or visit www.silversneakers.com for more details.

- Silver and Fit — Exercise at your gym, join classes from home and access personalized resources to support your healthy aging journey. Available through participating Medicare plans. Visit silverandfit.com for details.
- Portland Parks and Recreation discounts — Portland Parks and Recreation believes recreation is for everyone and recognizes that cost can be a barrier to participation. They offer payment options for City of Portland residents with payment levels based on your needs. Visit portland.gov/parks/discount for information.
- The Vancouver Parks, Recreation and Cultural Services Department makes the benefits of recreation programs available to children from low-income families throughout our community and people with disabilities. Search for “City of Vancouver Parks and Rec” and click on “recreation scholarship” for details. .

Directions to

Legacy Good Samaritan Medical Center



Legacy Good Samaritan Medical Center

1015 N.W. 22nd Ave.
 Portland, OR 97210
 503-413-7711
legacyhealth.org

From the north

- Travel south on I-5.
- Take exit 302B, I-405 South Beaverton/St. Helens.
- Cross the Willamette River on the Fremont Bridge, stay to the right and take exit 3.
- Take Vaughn Street exit.
- Turn left onto NW 23rd Avenue (first light after Vaughn St. exit).
- Turn left onto NW Northrup Street.
- Turn right onto NW 22nd Avenue
- Turn left onto NW Marshall to parking structures 2 and 3.

From the east

- Travel west on I-84.
- Follow signs to I-5 North (right lanes).
- Follow I-5 North to Exit 302B.
- Take exit 302B across the Fremont Bridge.
- Cross Willamette River on Fremont Bridge, stay to the right and take exit 3.
- Take Vaughn Street exit.
- Turn left onto NW 23rd Avenue (first light after Vaughn St. exit).
- Turn left onto NW Northrup Street.
- Turn right onto NW 22nd Avenue.
- Turn left onto NW Marshall to parking structures 2 and 3.

From the south

- Travel north on I-5.
- I-5 splits south of downtown, stay left.
- Follow signs to I-405/City Center/Beaverton exit (exit 299B).
- Take exit 2B, Everett Street, onto 14th Street.
- Continue on 14th Street. Turn left on NW Marshall Street to parking structures 2 and 3.

From the west

- Travel east on US 26/Sunset Highway.
- Exit onto I-405 –Seattle/St. Helens.
- Take exit 2B, Everett Street, onto 14th Street.
- Continue on 14th Street. Turn left on NW Marshall Street to parking structures 2 and 3.

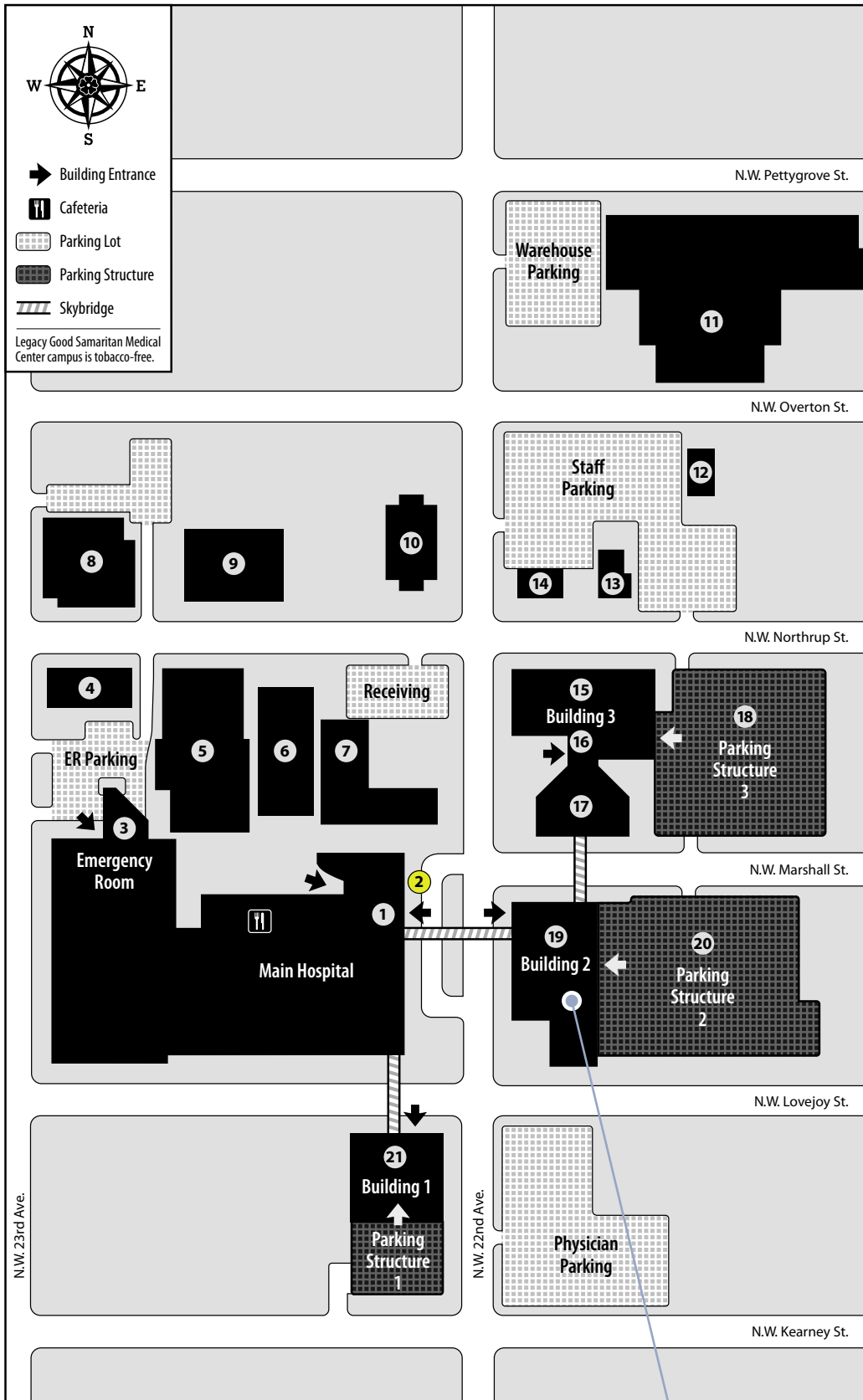




Legacy Good Samaritan Medical Center

1015 N.W. 22nd Ave.
Portland, OR 97210
503-413-7711

legacyhealth.org



- 1 **Main Hospital**
1015 N.W. 22nd Ave.
- 2 **Free Valet Parking**
- 3 **Emergency Room**
- 4 **Northrup Building**
2282 N.W. Northrup St.
- 5 **Plant Facilities**
- 6 **Library**
- 7 **Wilcox Building**
- 8 **Legacy Medical Group–Good Samaritan**
1200 N.W. 23rd Ave.
- 9 **Peterson Hall**
2225 N.W. Northrup St.
- 10 **Lovridge Hall**
2215 N.W. Northrup St.
- 11 **Overton Building**
2145 N.W. Overton St.
- 12 **Legacy Federal Credit Union**
2148 N.W. Overton St.
- 13 **2169 House**
2169 N.W. Northrup St.
- 14 **Green Gables Guest House**
2183 N.W. Northrup St.
- 15 **Good Samaritan Building 3**
1130 N.W. 22nd Ave.
- 16 **Legacy Medical Group–Northwest**
1130 N.W. 22nd Ave., Suite 220
- 17 **Comprehensive Cancer Center**
1130 N.W. 22nd Ave.
- 18 **Parking Structure 3**
- 19 **Good Samaritan Building 2**
1040 N.W. 22nd Ave.
- 20 **Parking Structure 2**
- 21 **Good Samaritan Building 1 Parking Structure 1**
2222 N.W. Lovejoy St.

Legacy Weight and Diabetes Institute office
Building 2
 1040 N.W. 22nd Ave., Suite 500
 503-413-7557

Legacy Weight and Diabetes Institute

*A department of
Legacy Good Samaritan Medical Center*

503-413-7557

legacyhealth.org

