

The Surgical Weight Loss Institute of the Central Coast: Dietary Guidelines for Roux-en-Y Gastric Bypass

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“Bypass Basics”

- * Consume only the foods allowed on the puree/soft diet (approximately 4 weeks) until otherwise informed by RD/MD
- * Eat slowly- it should take 20 to 30 minutes for each meal!
- * Chew slowly and thoroughly- at least 25 times!
- * Avoid concentrated sugars; they can cause “Dumping Syndrome”
- * Limit fats; they can lead to nausea and weight gain
- * Remember the stomach can only hold a few Tablespoons after surgery, and eventually it can hold about 1/2 to 1 cup
- * Stop eating when you feel comfortably satisfied- if ignored, vomiting will follow
- * Drink at least 6 - 8 cups (8oz) of fluid per day to prevent dehydration and constipation
- * Stop drinking liquids 30 - 45 minutes before meals and resume 30 - 45 minutes after meals
- * Eat 3 small nutrient dense meals +1 high protein snack a day
- * Meals should include: protein first, then fruits and vegetables, and then whole grains
- * Set up a schedule for supplements (refer to supplement page) and medications; remember to take Calcium with meals and separate from iron supplements
- * Introduce new foods one at a time in order to rule out intolerance. If a food is not tolerated, reintroduce it in 1 week.
- * If you cannot tolerate dairy, substitute Lactaid for milk. You may need to take lactase pills with dairy to help digest the lactose.

Gastric Bypass

Your diet progression during and after your hospital stay:

- **Bariatric Surgery Clear Liquids** – *First 2-4 meals.* You are on this diet immediately after surgery. It is composed of clear, sugar free fluids.

- You will be drinking water, tea, broth, and Powerade® (has ½ the sugar of juice).
- Try to sip fluids at the rate of ½ to 1 oz per 20 minutes (=1 ½ to 3 oz per hour).
- You will also receive sugar free jello.
- Sipping fluids out of bottles or straws may cause gas. Gas is already a problem after surgery so you will not want to make it worse.

*Powerade® can be used in the hospital and should be discontinued when you return home. If you experience diarrhea or vomiting, Powerade® can be used during that time to help re-hydrate. Otherwise, fluids should be no or low-calorie such as: water, tea, Vitamin Water 10®, Crystal Light®, or G2®.

- **Bariatric Surgery Pureed** – After you tolerate Clear Liquids, you will progress to a diet composed of pureed foods low in fat and with no sugar. *You will remain on this diet until you get discharged.*






- You will be given foods like mashed potatoes and unsweetened applesauce.
- You will only be able to eat a few tablespoons of food, but the hospital will give normal sized portions.
- It is up to you to control how much you eat.

- **Home diet part 1** - You will be discharged on this diet and follow it until your RD or MD says otherwise. *Approximately 3-4 weeks.* Please see the next page for more food suggestions.

- Unsweetened applesauce, pureed canned peaches (not in syrup), mashed ripe bananas
- Blenderized meat and poultry, soft poached eggs
- Low fat cottage cheese, sugar free puddings
- Oatmeal, grits
- Blended soft cooked vegetables, or mashed with a fork

- **Home diet part 2** – If all foods in part 1 are tolerated, you will gradually advance to this stage. This is a modified diet which emphasizes lean protein, fruits/vegetables, and whole grains and de-emphasizes fat and sugar.
 - This stage is very individualized. It is normal to experience intolerance to food. Try and reintroduce that food a week later while focusing on eating slowly, chewing thoroughly, and not overeating.
 - You will eventually be able to tolerate a variety of foods from each of the food groups.

Food Suggestions for Soft/Puree Diet (Home diet part 1, first 3-4 weeks)

Food Group	Food Choices
<p><i>Bread, Cereal, Pasta, and Rice</i></p> <p><i>1-2 serving/d 1= ¼ cup</i></p>	<p>Hot cereal (make with milk) – unsweetened oatmeal, cream of wheat, and grits.</p>
<p><i>Fruit</i></p>  <p><i>1-2 serving/d 1 = ¼ cup</i></p>	<p>Unsweetened applesauce, pureed canned / jarred peaches and pears in their own juice (not syrup), any fruit pureed without the skin, mashed ripe banana.</p>
<p><i>Vegetable</i></p>  <p><i>1-2 serving/d 1 = ¼ cup</i></p>	<p>Any vegetable (except corn) cooked soft and blended or mashed with the back of a fork. Make sure broccoli and cauliflower are cooked very well.</p>
<p><i>Meat, Poultry, Fish, Nuts, Beans and Eggs</i></p>  <p><i>2-3 serving/d 1 = ¼ cup</i></p>	<p>Chopped up soft poached eggs or scrambled eggs (egg whites might be “too light”). Blenderized meat and poultry and flaked fish cooked very soft and moist, blenderized tuna salad without vegetables. Very soft/moist meatloaf (after one week), gefilte fish, and silken tofu.</p>
<p><i>Milk, Cheese, and Yogurt</i></p>  <p><i>3-4 serving/d 1 = ¼ cup</i></p>	<p>Low fat or non fat cottage cheese or ricotta cheese, sugar free custards and puddings, non-fat unsweetened / low sugar yogurt (Dannon Light and Fit ®, Columbo Light ®), sugar free frozen yogurt, and sugar free fat free ice cream.</p>
<p><i>Fats and Oils</i></p>	<p>Limit all</p>
<p><i>Miscellaneous</i></p>  <p><i>2-3 servings/d 1 = ¼ cup</i></p>	<p>Blended soups (no chunks of vegetables or meat) - limit cream soups – Healthy choice ®, Progresso Lite ®, and Healthy Request ®, egg drop soup and miso soup.</p> <p>Sugar free jello, sugar free popsicles (Dole ®, Starburst ®), Pedialyte ® popsicles, sugar free/fat free ice cream.</p>
<p>Liquids (sip as much liquid as you can tolerate. Do not drink during meals. Try and drink at least 6 to 8 8oz cups of fluid per day) No carbonated drinks No Straws</p>	<p>Flat diet soda, Skim milk or Skim Plus, Crystal Light ®, Vitamin Water-10® ,G2®, decaf coffee and tea, all broths, any sugar free beverages (sugar free Kool Aid ® and sugar free Tang ®, and water!</p>

For people who do not want to do any preparing, all canned and jarred baby foods are acceptable. Choose the ones low in sugar and higher in protein (meat and chicken). All foods can be eaten (low in sugar and fat) as long as they are put into a blender and the final consistency is puree.

Sample Menus
(Home diet part 1/first 3-4 weeks)

Breakfast 8 AM	Breakfast 8 AM	Breakfast 8 AM
<p>1/4-1/2 cup cooked cereal 1/4- 1/2 cup skim plus or fat free Lactaid milk</p>	<p>1/4 cup unsweetened applesauce 1/4- 1/2 cup non fat cottage cheese</p>	<p>1/2- 1 soft poached egg 1/4 cup unsweetened applesauce</p>
Supplement 10 AM	Supplement 10 AM	Supplement 10 AM
<p>1/2 cup skim plus or skim Lactaid milk with 1 scoop acceptable protein powder</p>	<p>1/2 cup skim plus or skim Lactaid milk with 1 scoop acceptable protein powder</p>	<p>1/2 cup skim plus or skim Lactaid milk with 1 scoop acceptable protein powder</p>
Lunch 12 PM	Lunch 12 PM	Lunch 12 PM
<p>1/4 - 1/2 cup sugar free yogurt 1/4 cup pureed fruit</p>	<p>1/4 - 1/2 cup blended soup 1/4 cup egg salad with low fat mayo</p>	<p>1/4- 1/2 cup blended soup 1/4 cup tuna fish with low fat mayo</p>
Snack 2 PM	Snack 2 PM	Snack 2 PM
<p>1/4 -1/2 cup unsweetened applesauce 1 sugar free popsicle</p>	<p>1/2 cup cottage cheese 1 sugar free popsicle</p>	<p>1/4 -1/2 cup low fat ricotta cheese with cinnamon</p>
Dinner 6 PM	Dinner 6 PM	Dinner 6 PM
<p>1/4- 1/2 cup blended soup 1/4 cup pureed fruit</p>	<p>1/4 -1/2 cup souffle 1/4 cup mashed potato</p>	<p>1-2 oz flaked fish 1/4 cup puree vegetable</p>

Dumping Syndrome

“Dumping Syndrome” occurs when food passes rapidly from the stomach into the small intestine. Dumping is usually provoked by: **ingestion of concentrated sweets**. There have been reports of symptoms after overeating, consuming liquids with meals, and after ingesting foods high in salt or fat. The partially digested food in the small intestine draws water out of the blood vessels from the body into the small intestine, thereby causing the following symptoms about ½ hour after eating: nausea, faintness, fullness, cramping, weakness, sweating, rapid heart rate, and possibly diarrhea.

Alternative sweeteners such as Aspartame/Equal ®, Saccharine/Sweet & Low ®, Sucralose/Splenda ®, and Stevia/Truvia® are acceptable substitutes for sugar. The following foods and beverages should be avoided.

Foods/Beverages to avoid:

Ice cream

Chocolate milk

Pudding

Sweetened, fruited or frozen yogurt

Dried fruits

Canned or frozen fruits in syrup

Fruit juice

Sugar coated cereal

Doughnut

Popsicles

Cakes

Pies

Cookies

Jellies

Regular soft drinks

Lemonade

Kool Aid

Sugared ice tea

Snapple or fruit drinks

Table sugar

Honey

Candy

Regular Jell-O

Sugar gum

Molasses

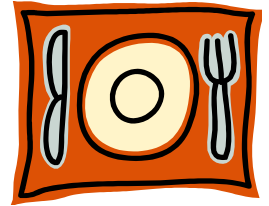
Syrups

Sherbet / Sorbet

Jams

*Should this syndrome occur, it usually passes within 15-20 minutes. Drink lots of water and take Imodium AD or Pepto-Bismol and wait for symptoms to pass.

Diet Progression for Gastric Bypass



These are general guidelines regarding when to introduce various foods. Everyone is different and may not progress at the same rate. The dietitian will review and provide written materials regarding the advancement of your diet at your 3 week post-op visit.

- **Day 1 Post-op:** Nothing by Mouth.
- **2-4 Days Post-op:** Progress from Weight Loss Surgery Stage 1 (Clear Liquids, No concentrated Sweets) to Weight Loss Surgery Stage 2 (No Concentrated Sweets, Low Fat Puree/Soft diet). Try to consume 4oz of fluid every hour you are awake.
- **4 Days to 4 Weeks Post-op:** Puree / Soft high protein foods (see attached sheet). Try and consume 4-6 oz of fluids every hour. Your goal is to consume approximately 550-700 calories and at least 60 grams of protein.
- **4-6 Weeks Post-op:** All foods previously tolerated, tofu, fish and seafood, thinly sliced deli turkey or ham and other luncheon meats, slices of low fat cheese, **unsweetened canned or cooked** fruit, potatoes, squash, unsweetened cereal with skim milk (ie. Cheerios and Rice Krispies), boiled chicken in broth (cut up in small pieces), crisp toast and crackers, beans and peas, small pasta (pastina), and lean, moist ground turkey and beef.
- **2 Months Post-op:** Diced Poultry (no skin), vegetable burgers, soft cooked vegetables, soft fruits (watermelon, honeydew, peaches, plums).
- **3 Months Post-op:** Rice, soft bread, lean and moist meat and poultry.
- **4 Months Post-op:** Crunchy fruits and vegetables including salads can be added back into your diet.
- **6 Months Post-op:** Beef and Pork can be added (choose poultry and fish more often in view of lower fat content).

The diet should always be high in protein and low in refined carbohydrates. Choose protein first, then fruits and vegetables, and then preferably whole grains.

Supplement Rx

Gastric Bypass Surgery



You will require vitamin and mineral supplements for the rest of your life in order to prevent deficiencies. Remember, you are eating much less food, as well as absorbing fewer nutrients, and therefore require extra vitamins and minerals.

First 3 Weeks after surgery:

- Chewable Multi-Vitamin: Centrum Silver Chewables, Flintstone Complete, Centrum Jr.
(chew 1 in the AM and 1 in the PM- best if taken with food)
- Chewable Calcium with vitamin D: Caltrate Chewables, Viactiv chewable calcium
(chew 1 in the AM and 1 in the PM- best if taken with food)
- Protein shakes: These must be:
 - High protein (15 to 25 grams/serving)
 - Low sugar (less than 6 grams/serving)
 - Read product labels!
 - Choose from 2 types of protein shakes:

Pre-mixed (Ready to Drink)	Powders mixed with milk*
Atkins, Myoplex Original **, Myoplex Low Carb, Perfect Zero Carb Isopure, Slimfast Meal Low Carb Diet **	Designer Protein, GNC Challenge 95, Whey Supreme, No Added Sugar Carnation Instant Breakfast, Revival Soy**, Lindora, Maxihealth Naturemax Plus**

*Directions for powders: Add protein powder by the scoop/tablespoon to 8 oz Skim Plus Milk, Skim Milk, or Fat Free Lactaid daily. You may choose to drink your shake in 4 oz servings.

** These products are Kosher or have "OU" D

After surgery you will need between 60-80 grams of protein daily. In order to meet your protein needs, protein shakes such as the ones listed above, will supplement your meal plans. Once you are able to get enough protein from your food, you will not need to continue using protein shakes on a daily basis.

Supplements after 3 Weeks (Daily):

Vitamin / Mineral / Supplement	Suggestions
<p>1-2 Adult Multi-Vitamin with minerals</p> <p>(Best taken just before a meal; avoid time released pills/capsules; must include zinc and selenium)</p>	<p>Centrum Silver, Centrum Silver Chewables, Adult Chewables</p>
<p>1200 mg of Calcium Citrate, with Vitamin D</p> <p>(Best taken in 2 doses just before meals; avoid calcium carbonate which is not absorbed as well)</p>	<p>Citracal with D, Twinlab Chewable Calcium Citrate, Bariatric Advantage Chewable Calcium Citrate, Solgar Calcium Citrate with D, Tropical Oasis Liquid Calcium Citrate.</p>
<p>Vitamin D 50,000 IU per WEEK (1 pill per week)</p>	<p>As prescribed by MD/RD and in addition to vitamin D in the calcium pills.</p>
<p>Iron</p> <p>(1-2 capsules/day best taken on an empty stomach. Do not take with milk, calcium, coffee, tea, or antacids!)</p>	<p>As prescribed by MD- examples: SeVate 21/7, PruVate 21/7, Repliva 21/7, Ferrex 150 Forte Plus, Niferex Gold, Chromagen Forte, Niferex 150 Forte</p>
<p>Protein Shakes as above</p>	<p>If unable to consume 60-80gms of protein / day from diet, then protein supplement may be indicated. Discuss with nutritionist</p>
<p>2 "Gall Bladder" pills (Ursodiol)</p>	<p>This is used only for 6 months, and only if you still have your gall bladder. It helps to prevent gallstones due to rapid weight loss.</p>
<p>Vitamin B12</p>	<p>As determined by your lab results and MD/RD; Sublingual Vitamin B12 1000 Mcg once a week dissolved under tongue</p>

Labs will be followed and other supplements may be prescribed as needed. Labs should be checked before your 3-month visit.

Protein Power

Food Name	Portion	Pro gm
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Food Name	Portion	Pro gm
Beans, Cnd, Baked	1/2 cup	7
Beans, Kidney, Cnd	1/2 cup	8
Beef Eye of Round	3oz.	21
Beef Top Loin	3oz.	21
Cheese, American Fat Free	1 oz.	6
Cheese, Cottage, 1% Fat	1/2 cup	14
Cheese, Cottage Creamed	1/2 cup	13
Cheese, Parmesan, Grated	1/4 cup	12
Cheese, Mozzarella, Part-skim	1 oz.	8
Cheese, Ricotta, Part skim	1/2 cup	14
Cheese, Part Skim Ricotta	1/4 cup	8
Chicken, White Breast Meat w/o skin	3 oz.	26
Chicken, Leg w/o skin	3 oz.	21
Cod, White, Baked	3 oz.	21
Crab, steamed	3 oz.	17
Egg, Hard Cooked	1	6
Flounder	3 oz.	21
Halibut	3 oz.	21
Ham, Lean, 5% Fat	3 oz.	21
Hamburger (90% lean ground beef)	3 oz.	21
Lobster, Steamed	3 oz.	16
Milk, Skim	1 cup	8
Milk, Skim Plus	1 cup	11

Peas, Chick, Cnd	1/2 cup	7
Pork Tenderloin	3oz.	21
Pork Loin Chop	3oz.	21
Protein Powder (There are many different brands which vary in amount of protein. Read labels.)	1 scoop	16
Salmon, Baked	3 oz.	21
Shrimp, Steamed	3 oz. (15 large)	18
Soybeans (edemami)	1/2 cup	14.3
Soy Flour, defatted	1/4 cup	12.8
Soymilk, plain	1 cup	6.6
Soynuts	1/4 cup	15
Steak, Sirloin, trimmed	3 oz.	26
Swordfish, Baked	3 oz.	21
Tempeh	1/2 cup	15.7
Texturized Soy Protein	1/2cup	11
Tofu	1/2 cup	10
Tuna, Cnd, Water Packed	3 oz.	25
Turkey, White Meat	3 oz.	21
Veal Loin	3 oz.	21
Veal Leg (top round)	3 oz.	21
Yogurt (sugar free), Frozen, Vanilla	1/2 cup	5
Yogurt, Fruit, Fat Free, low sugar	1 cup	8
Yogurt, w/o Fruit, Lowfat	1 cup	8

FOOD LOG SAMPLE

Date: 3/22/03

Name: Joyce Smith

Amount of time Post-op: 2 Months

Time	Amount (tsp, oz, Tbs, cups)	Food/Condiment/Supplement (be as detailed possible- brands, method of cooking, etc.)	Grams of Protein
Breakfast			
8:00 AM	1	Hard boiled egg	6
	½ piece	Whole wheat toast	1
Lunch			
12:30 PM	2 oz	Tuna, canned in water	16
	1 teaspoon	Light mayonnaise	0
	3	Low fat Triscuits ®	1
	1	Tomato, medium, sliced thin	0
Dinner			
6:00 PM	2 oz	Chicken thigh, roasted, in lemon sauce, cut into small pieces	14
	2 tablespoons	Carrots, steamed, cut up	0
	1 tablespoon	Peas, green, cooked	1
Snack(s)			
8:00 PM	½ cup	Lowfat cottage cheese	14
	2 pieces	Canned (no added sugar) pears	0
Beverages			
7:00 AM	4 oz	water	0
9:00 AM	12 oz	Skim Plus milk	11
2- 4 PM	20 oz	Crystal Light ®	0
7:00 PM	12 oz	Diet Snapple ®	0
9:00 PM	16 oz	water	0

Total Grams of Protein = 64

FOOD LOG (1) ONE PAGE PER DAY

Date:

Name:

Amount of time Post-op:

<i>Time</i>	<i>Amount</i> (tsp, oz, Tbs, cups)	<i>Food/Condiment/Supplement</i> (be as detailed possible- brands, method of cooking, etc.)	<i>Grams of Protein</i>
Breakfast			
Lunch			
Snack(s)			
Dinner			
Beverages			

Total Grams of Protein =

FOOD LOG (2) ONE PAGE PER DAY

Date:

Name:

Amount of time Post-op:

<i>Time</i>	<i>Amount</i> (tsp, oz, Tbs, cups)	<i>Food/Condiment/Supplement</i> (be as detailed possible- brands, method of cooking, etc.)	<i>Grams of Protein</i>
Breakfast			
Lunch			
Snack(s)			
Dinner			
Beverages			

Total Grams of Protein =

