

Full Liquid Diet- 2 weeks

You will begin this liquid diet once you come home from the hospital. Follow this liquid diet for 2 weeks, until you come in for your 2 week post-op visit.

You need to **sip** small amounts of fluids or small spoonfuls of liquids throughout the day. You will need to take in a **minimum** of 64 oz. of sugar free/no sugar added, decaf fluids **every** day to prevent dehydration. Let your stomach be your guide. If you have nausea, stomach pain, intestinal pain, vomiting or diarrhea for more than a day, **call the bariatric office!** You will need to drink at least 8 oz. of your no-sugar-added, high-protein supplement 3 times per day for adequate healing. (This can count towards your total fluid).

Daily protein goal: 70g/day

Follow this diet for 2 weeks. Do **not** advance yourself, wait until you see the RD at your 2-week visit. If your appointment is scheduled beyond 2 weeks, please contact our office and ask to speak with the RD.

The following are fluids/foods allowed on full liquid phase of the diet:

- Cream of wheat or cream of rice cereals (**no** oatmeal) made with skim/low fat milk and thinned with milk to a "soupy" consistency.
- Mashed potatoes (boxed is best) made with skim/low fat milk and thinned with milk to a "soupy" consistency, no chunks.
- No-sugar-added puddings
- No-sugar-added, smooth yogurts (Examples: Dannon Light & Fit- carb & sugar control, plain non-fat Greek yogurt, Kroger Carb Master)

Adult Bariatric Surgery Department

- 1 -

- Non-fat or 1% cottage cheese blended and thinned with skim milk
- Chicken, beef, vegetable broth or bouillon
- Smooth tomato soup
- Strained cream soups (Healthy Request or 98% fat free varieties)
- Tomato juice (No V-8 fusion/splash)
- No-sugar-added popsicles, fudge bars, fruits bars
- Sugar-free Jello
- Any sugar free electrolyte drinks can help prevent dehydration! (Powerade Zero, Propel, Electrolyte Water, Smart Water)
- Any non-caffeinated, non-carbonated, calorie-free water or beverage
- Skim or low fat (1%) milk
- Decaffeinated/herbal tea or decaffeinated coffee
- No-sugar-added, high-protein supplement, in liquid or powder form (refer to protein supplement list)

Helpful Hints:

Maximize your protein intake. Try adding unflavored protein powder or powdered skim milk to almost everything you drink/eat. It will seem as though you are drinking/eating all day long, and you may need to in order to get your protein and fluids in.

Take all your medications, vitamins and minerals as prescribed!

sip, sip, sip!

Pureed Diet-4 weeks

This diet comes after the full liquid diet. **You will be on this diet for 4 weeks**. Continue sipping fluids throughout the day. You still need **at least** 64 oz. of sugar free/no sugar added, decaf fluids **every** day.

Daily protein goal: 70g/day

Adult Bariatric Surgery Department Gastric Bypass Diets to Follow at Home Do not drink liquids for at least half an hour **before or after** eating solid foods. Drinking while eating will cause solid foods to be washed out of your pouch, causing you to be hungrier sooner. Continue to let your stomach be your guide: if you have nausea, vomiting, stomach pain, intestinal pain, or diarrhea, call the office. **Follow this diet for 4 weeks**.

The following are fluids/foods can be added during pureed phase of the diet:

Puree everything very well, to baby food or applesauce consistency.

- Very soft meats: the moister they are, the better you will tolerate them (crockpot works best). Refer to "lean meats" section on the last page of this document.
- Over-cooked frozen vegetables or canned vegetables, no sodium added. Add dry milk powder. No raw vegetables until 6 weeks post-op.
- Canned fruits, packed in water, splenda or natural juice. No raw fruit until 6 weeks post-op.
- No added sugar applesauce
- Beans, including refried beans (choose vegetarian or fat free).
- Soups, stews, etc. Chili, lentil soup, split pea with ham soup, navy bean soups are ok. You must puree chunky soups and stews.
- Cream soups (Healthy Request or 98% fat free varieties) no longer need to be strained

The following do not need to be pureed, just chew very well before swallowing:

- Eggs/egg whites/cheese omelet
- Oatmeal- make with skim or low fat milk
- Creamy peanut butter and PB2
- Non-fat or Low fat (1%) cottage cheese no longer need to blend/thin
- Low fat ricotta cheese
- Low fat **soft** cheeses; chewed **very** well (i.e. Laughing Cow, string cheese, low fat mozzarella, etc.)

Adult Bariatric Surgery Department Gastric Bypass Diets to Follow at Home • Baby food- stages 1 & 2

No pasta, no rice, no crackers, no bread

It will seem as though you are constantly eating/drinking all day long until you get familiar with your own individual schedule.

Take all your medications, vitamins and minerals as prescribed!

Call your dietitian if you have any questions about any foods. You will receive a "how to puree" handout at your 2-week visit.

Soft Diet – 2 Weeks:

Follow the same food list from the pureed diet. You do not need to puree. We recommend not trying raw vegetables & fruit until about 6 weeks after your surgery. The pouch is usually unable to tolerate this type of fiber, and gas may be very uncomfortable while your pouch is healing.

Regular diet for life:

This diet follows the pureed diet. It is a low fat, no-sugar-added diet. Basically, you can consume the foods on the pureed phase but no longer need to puree them. For optimal success, we don't recommend carbonated beverages nor alcoholic beverages. Do not drink liquids for half an hour before or after eating foods. Making healthy choices the majority of the time is crucial, along with some form of daily exercise or activity to maximize your weight loss and maintain your goal weight!

General guidelines:

- The goal is to eat small quantities of food every 3-4 hours. Total, you should aim for 4-6 meals/day. You may not be able to eat enough at one meal for several months, therefore you may need to have several small meals throughout the day.
- Chew each bite at least 25 times, to applesauce consistency, take small bites, and eat *slowly*.
- Take 20-30 minutes for every meal. This will slow down your eating and give you the opportunity to feel satisfied.
- Use smaller plates and bowls for all meals.
- Once you are able to eat about 40-50 gm of protein through food, start cutting back on your protein supplements.
- Read nutrition labels. You will be instructed on this in the pre-surgery nutrition education class.
- All fruits & vegetables (except excessive amounts of coconuts, avocados & olives) you may have unlimited amounts, especially fresh produce.
- Low fat choices:
 - Avoid/minimize all deep fried foods.
 - When pan frying, use a non-stick frying pan. Do not add fat or oil, and drain off the fat as it collects in the pan.
 - Choose lean meats, trimming away all visible fat. See attached information in this packet.
 - Use cooking methods that remove fat, such as boiling, grilling, or baking.
 - Avoid/minimize desserts, cakes, candies, cookies, pies, donuts, pastries, regular puddings, custards, etc.
 - Choose lower fat dairy products such as skim or 1%, low-fat milk, yogurt, and cheeses.

- In many recipes, ingredients such as butter, margarine, and oil can be reduced by 25% or more. Experiment with your favorite recipes to obtain a lower fat product.
- Limit the use of visible fat, such as butter, margarine, gravy, lard,
 vegetable oil, salad dressings, visible fat on meat, and skin on chicken.
- Avoid/limit regular luncheon meat, unless the package indicates "low" fat.
- Drink at least 64 oz. of fluids every day. Sip on these between meals.
 - Do not drink with meals.
 - Drink all your fluids between meals, but do not drink for ½ hour before and after eating foods.
 - Drink only water, skim or non-fat milk, and calorie-free beverages.
- Limit caffeine. Caffeinated beverages and foods increase your risk of dehydration while healing after surgery.
- Avoid all carbonated beverages, **forever**. Drinking these will distend/expand your pouch, requiring more food to make you feel full/satisfied.
- *Take all your vitamins, minerals, and medications as prescribed by our team.* See your primary care physician for adjusting your other medications.

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Patient Education by <u>Michigan Medicine</u> is licensed under a <u>Creative Commons Attribution</u>. <u>NonCommercial-ShareAlike 3.0 Unported License</u>. Last Revised 04/2018