

Eating after sleeve gastrectomy

Introduction

The long-term success of your sleeve gastrectomy operation is dependent upon you following the dietary recommendations outlined in this leaflet. You will need to eat a balance diet to make sure your body gets all the nourishment it needs. Many people report that the first few months after surgery are difficult. This is not surprising, as you are recovering from surgery as well as having to change your eating habits. We hope this leaflet will give you some guidance and information to make those changes.

Do's

- Drink plenty of water between meals
- Making changes through better food choices, increasing exercise and getting necessary follow-up care can help you reach your goals.
- Attend the monthly patient support group meetings at Spire Bushey as part of follow-up.
- Stick to liquids for the first 2 weeks
 - Remember, although you feel great, it will take time for your stomach to completely heal! It is very important that you follow the suggested diet plan.
- Eat soft/mushy food during week 3-4
 - Eat slowly! Enjoy your meal; meals should take 20-30 minutes. It takes 20 minutes for the brain to respond, to send you "I'm full" signal.
 - Use a smaller serving plate for your main meals. It makes it look like you have a big meal!
 - Try to eat at regular mealtimes. It is best to have a meal breakfast, lunch and dinner.
 - Snacking is not recommended, but if you find yourself not being able to make it to your next meal, stick to suggested snacks given in the back of this leaflet.
 - Planning meals in advance really helps! Planned meals can keep you on track, especially when you are busy with work and family.

Don'ts

- Do not stray from the liquid diet for the first 2 weeks! Your stomach needs time to heal from the sleeve gastrectomy procedure.
- Do not overeat or drink fizzy drinks – otherwise your stomach will stretch again over time!
- Follow the calorie guidelines.
- Do not eat starchy vegetables such as corn, white potatoes, peas etc. except in small amounts and sparingly.

- Do not drink soft drinks or alcohol (as these are high in calories and will leave you feeling thirsty and tired within a few hours) – diet juices, herbal teas, skimmed or low-fat milk are healthier alternatives.
- Avoid white bread, soft doughy breads, pasta, cream sauces, buttery foods, fast foods, junk food and all fried food – whole wheat tortillas or pita bread, red / white / black beans or steamed vegetables are healthier alternatives.
- Do not use sugar or sweeteners with sugar products such as corn syrup, maltose, fructose etc.

Example of a food and exercise diary:

Date: _____

Sun Mon Tues Wed Thurs Fri Sat

<u>Time</u>	<u>Breakfast</u>	<u>Calories</u>
<u>Time</u>	<u>Lunch</u>	<u>Calories</u>
<u>Time</u>	<u>Dinner</u>	<u>Calories</u>
<u>Time</u>	<u>Misc. / Snack</u>	<u>Calories</u>

6-8 glasses of water (✓ off squares)

Exercise
Minutes

Step 1: Weeks 1 and 2 – A liquid diet

For the first 2 weeks you will need to take liquids only. Solid food can cause pressure on your stitches and stretch your new stomach pouch. This can lead to vomiting and discomfort. The liquid diet will also give the tissue around your band time to heal.

To ensure an adequate intake of protein, calcium and other nutrients, the liquid diet must be based on **milk**. Ideally low fat milk should be chosen, e.g. semi-skimmed or skimmed.

Suitable fluids

Milk - Aim for at least two pints (1.2L) of milk or a milk alternative a day
 Milk can be flavoured with Nesquick or low calorie hot chocolate
 Slimming drinks e.g. Slimfast or chemist/supermarket own brand
 Complan or Build-up shakes or soups
 Yogurt drinks and smoothies
 Still mineral water, if taking the flavoured types make sure they are low sugar
 Still low-sugar squashes
 Smooth soups e.g. cream of tomato or chicken; or oxtail
 Tea and coffee without sugar
 Unsweetened pure fruit juice

You will need to drink at least 2L of total liquid per day to make sure you do not become dehydrated. You may need even more if the weather is hot.

Take things slowly over the first few days until you establish the amount of liquid that can be tolerated. Over the weeks, you will find that you can take more and drink faster.

Tips

- Start with a couple of sips of fluid and slowly build up the quantity until a sensation of fullness occurs.
- It is important to stop drinking as soon as you feel full.
- If stomach pain or nausea is experienced while drinking, stop until the feeling passes.
- If the quantity of fluid taken is too large the stomach will overfill and vomiting will occur.
- DO NOT drink fizzy drinks at any time after sleeve gastrectomy as the gases cause bloating and will increase your stomach size.

Multivitamins and Minerals

A sleeve gastrectomy reduces the quantity of food you are able to eat at any one meal. In order to get all the vitamins and minerals your body needs, you will need to take daily vitamin and mineral supplements **for life**. To start with it should be in a liquid or chewable form, after a few months you can take solid tablets.

Recommended Multivitamin and minerals:

Chewable versions:

- **Bassett's Adult Chewable multivitamins with prebiotics & minerals**
- **Wellkid Smart / Sanatogen A-Z Kids Chewable**
- **Haliborange Chewable multivitamins**
- Whole tablet - **Sanatogen Gold** or **Centrum** (after 3 months)

Plus

- **Chewable Calcium** – 1000mg calcium /day
- **Liquid iron or iron drops** - 50mg of iron/day

Step 2: Weeks 3 and 4 – A soft moist diet

After 2 weeks, gradually start introducing foods with a soft moist texture. Foods should be broken into pieces or mashed with a fork. Some people prefer to blend or puree their foods. This is really up to you but not essential. To start with you can only manage a few mouthfuls at each meal but this will increase. To start with try things such as Weetabix with milk or mashed potato with gravy. Remember to stick to small portions and it helps to eat from a side plate.

Below are suitable foods, why you can take in small amounts.

	Food suggestions
Cereals	1 Weetabix or 1 sachet of instant oats/Ready Brek with low fat milk
Main courses	Fish in white sauce Minced meat or chicken in tomato sauce Tender meat casseroles or stews Soft pulses with stock/sauce e.g. dhal Soft omelette/scrambled egg Macaroni cheese/cauliflower cheese Fish pie Cottage pie Lasagne/cannelloni Cottage cheese
Vegetables/ Potatoes	Mashed potato/jacket potato without the skin Sweet potato Carrot, broccoli, cauliflower, courgette, swede mashed with a fork
Fruit	Stewed fruit Tinned fruit without syrup (not pineapple) Mashed banana
Puddings	Low calorie yoghurt/ fromage frais Low calorie mousse or custard

Step 3: Week 5 onwards – A protein rich, low calorie diet

It is now safe to gradually start experimenting with different textured solid foods. Although you may not need to blend food, but you should make sure that it is tender and chew your food well. You will need to chew each mouthful at least 20 times; until the food feels like a puree in your mouth. See suitable options in the table above.

It is really important to eat 3 meals a day, with suitable small snacks in between, even if you don't feel hungry. Take your time over your meal; it is likely that it will take about 30minutes.

Your portion sizes are now restricted, so your protein intake can fall. It is very important to make sure that you have enough protein in your diet every day. If you do not eat enough, your body will start breaking down your muscles for protein, leaving you feeling very weak. Protein foods are also very good at filling you up for longer. Listed below are good protein sources.

Examples of good sources of protein

Aim for 2 to 3 portions a day from a variety of foods.

Dairy	Skimmed or semi skimmed milk Add skimmed milk powder to milk & sauces Low calorie/diet yogurts, yogurt drinks Low sugar/low fat custard and milky puddings Low fat cheese & cottage cheese
Eggs	Scrambled, omelette, poached
Pulses	Lentils, beans (add them to stews & casseroles)
Meat	Minced meat in gravy or sauce Casserole meats
Fish	Canned oily fish e.g. tuna, sardines, pilchards Soft white fish – try it in sauce
Protein shakes	Build Up soup, Build Up/Complan shakes Slim fast shakes/smoothies/soups

Foods that may be difficult to introduce back into your diet

There are likely to be some foods that you may now have problems introducing back into your diet. The ability to tolerate various foods depends on how well you chew and how you cook and prepare the food. Try a food by eating a very small amount of it, if you can't tolerate it wait a week or so and then try it again.

Foods	Alternatives
Fresh Bread	Toast or crackers
Pasta	Serve in a generous sauce Use small shapes
Rice	Risotto
Certain meats e.g. steak, dry chicken, fried or roast meat, BBQ's	Small pieces/minced meat Marinade/slow cook/stew or casserole
Fibrous vegetables e.g. sweetcorn, celery, raw vegetables, courgette, aubergine	Peel off skins Cook for a long time Cauliflower, broccoli, skinned tomato, beetroot
Fruit e.g. oranges, grapefruit	Peel fruit Puree or stew Tinned fruit in juice e.g. peaches, pears

Snack options

Generally, snacks are not recommended. However, if you feel that you cannot wait until the next meal without eating, then you can choose one of the following:

- 7 whole wheat crackers
- Popcorn, air popped (675g, no butter)
- 1 small orange
- 250ml unsweetened apple sauce
- 1 medium banana
- 225g cups baby carrots
- 125ml plain low-fat yogurt

- 100g low fat cottage cheese
- 15 grapes
- 125 ml skimmed milk
- 2 rice cakes
- Low-fat string cheese
- 100g cooked oatmeal
- 2tbsp hummus + vegetable to dip
- Sugar-free ice lollies

Possible problems following a sleeve gastrectomy

Dysphagia (difficulty in swallowing)

Compared to your stomach before the operation, the gastric sleeve functions more like a transport tube. Therefore, if you eat large mouthfuls or do not chew well or eat too fast then the remaining stomach sleeve may find it difficult to pass the swallowed food. You

Dietary changes that will help

- Avoid or limit foods that are difficult to swallow.
- Try to eat smooth soft food such as low fat milk puddings, mashed potato, Ready Brek, cereal soaked in milk, cottage cheese, scrambled egg and flaked fish.
- If these are tolerated, restart solid foods with various different textures remembering to chew well until the food reaches a puree-like texture.

Heartburn /Ulcer

You may occasionally develop an ulcer at the staple line, especially if you have a history of ulcers before – you may experience some heartburn.

Dietary changes that will help

- Avoid acidic foods.
- Avoid taking medication like nurofen, aspirin in empty stomach.

Reflux / Choking on food / Effortless vomiting

You may experience reflux or choking on food if you eat quickly, eat a large meal or forget to chew carefully following your gastric band surgery, especially if you have a history of hiatus hernia before. Occasionally, this may be a result of your band being too tight or if the band has slipped.

Dietary changes that will help

- Eat smaller meals.
- Chew your food well before swallowing.
- Eat slowly.
- Avoid food that produces these symptoms.
- Avoid lying down immediately after a meal.

Important things to remember following a sleeve gastrectomy

Make sure you eat enough protein

- Eat your protein foods first.
- Drink 3 cups of skimmed or semi skimmed milk, or calcium fortified soya milk each day to provide enough protein and calcium to keep you healthy.

Eat three meals a day

- It is really important to establish regular meal patterns. This means eating, breakfast, lunch and an evening meal and 2-3 small snacks a day.
- Don't be tempted to miss a meal. Missing meals leads to snacking on crisps, biscuits and chocolates. If you do this regularly then the body doesn't get the good nutrition it needs. Also the weight loss will stop because of the high calories you eat.
- Although eating set meals and snacks may feel unusual to you, it is very important and gradually over time it will become more automatic and natural.

Do not drink and eat at the same time

- Drinking fluids with meals may overfill your small stomach, which will lead to vomiting.
- It can also stretch the stomach and "wash" food through too quickly. As a result you will not sense the early signs of fullness and may over eat.
- Avoid drinking at least 30 minutes before and after each meal.
- You will need to drink 8-10 drinks a day in between meals to get enough fluid

Chew food well and eat foods slowly.

- Take your time over your meal; it is likely that it will take about 30minutes.
- It takes this long to ensure you are chewing properly.
- If the food isn't chewed well you may block the outlet of your stomach, which will cause pain, discomfort, nausea and vomiting.
- Explain to others why you must eat slowly so they don't rush you.

Pay attention to your body's signals of fullness.

- As soon as you feel full or you feel pressure in the centre of your abdomen stop eating or drinking.
- If you feel nauseous stop eating. One extra mouthful of food after these early signals could lead to pain, discomfort and vomiting.

If you do experience problems try to think back and identify the cause.

- Have you eaten too fast or not chewed the food well enough?
- Have you eaten too much, taken fluids with the meal or taken fluids too soon before or after the meal?
- Have you eaten foods that are difficult to digest?
- Identifying the cause of your discomfort will help you make the necessary changes the next time you eat.
- Keeping a food diary may help.
- If you experience regular vomiting seek advice from a member of the obesity team at Spire Bushey or your GP.

Advice on constipation

- It is natural to expect some change in the frequency of your bowel habits
- This is because the quantity of food you are now eating is considerably smaller than before the operation.
- Try to include high fibre foods e.g. Whole-wheat breakfast cereals pulses, whole-wheat crackers, fruit and vegetables
- Constipation can also be a result of poor fluid intake. Make sure you are drinking enough.

It is also important to drink plenty of fluid between meals. Aim for 8-10 cups/glasses a day

- If constipation persists, try taking liquid senna or lactulose or movicol, all of which are available from your local pharmacy.
- If this does not help, talk to your GP or the Bariatric Clinical Nurse Specialist

Follow the rules of healthy eating

- To help achieve your weight loss goal, keep in mind that your new diet needs to be **low fat, low calorie and portion controlled**.
- Although your smaller stomach will limit the amount of food that can be eaten, weight gain can still occur if high calorie foods are eaten frequently.

- Try to use low calorie sweeteners and low fat spreads.
- Limit the amount of sugar and fats eaten.
- Alcohol is best avoided as it is high in calories and stimulates your appetite. It will also be absorbed more quickly, so even a small amount of alcohol will have a significant effect.

How much weight will I lose?

Listed below is a rough guide as to much weight you can expect to lose. You will lose the most weight within the first year and after that the weight loss slows down and eventually will stop. Don't worry if your weight loss isn't following this pattern exactly. If you are either losing weight faster or much slower it is best to discuss with your surgeon, clinical nurse specialist or dietitian.

	Per week	Per Month
First 3 months	1.5-3kg	6-12 kg
6-9 months	0.77-1.5kg	3-6kg
9- 1 year	0.77kg	3

Contact details

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