

Dr. Burruss

903-337-1246

Sleeve Gastrectomy Pre-op and Post-op Instructions:

Guidelines one week prior to your surgery: Five Premier Protein shakes daily and at least 64oz of water. **DO NOT START YOUR LIQUID DIET UNTIL A SURGERY DATE HAS BEEN ARRANGED WITH SURGEON.**

1. Eliminate foods high in sugar content, high fatty foods, carbonated beverages, and high processed foods.
2. Continue taking all medications as prescribed, **WITH THE EXCEPTION OF BLOOD THINNERS. STOP ALL BLOOD THINNERS 7-10 DAYS BEFORE SURGERY.** Dr.Burruss will discuss this further as appropriate.
3. DEHYDRATION- Your body is going to go through surgery and needs to be replenished of any lost fluids. **DRINK 8-8OZ GLASSES OF FLUID PREFERABLE WATER A DAY!!!**

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE THE SURGERY. You may only take medications approved by anesthesia with a sip of water.

Arrive at the hospital at your instructed time. Have a family member or friend with you. You will not be allowed to drive yourself home when discharged.

Common problems that may occur after surgery:

GAS- This is from a gas used during the surgery to inflate the inside of your stomach. Take Gas-X or Di-Gel for relief. Pain in the shoulder is common with gas in your body as well. Walking will help rid your body of these gases.

CONSTIPATION- You have decreased your food amount so this is common. Take a fiber supplement such as Metamucil and drink plenty of fluids. You may also use Milk of Magnesia or Dulcolax or Miralax.

Stage One Diet: Water

1st day after surgery

You will be taken to radiology after your surgery. Here you will undergo a “swallow study”. The purpose of this study is to make sure fluid travels through your stomach as expected without any staple line breaks. Once Dr. Burruss is made aware of your test results, your nurse will bring you a bottle of room temperature water, an optional Crystal light packet, and 1oz medicine cups. The small medicine cups will help you learn to take sips and drink slowly. DO NOT use straws and remember to sip slowly. If you experience any nausea or vomiting, stop and call your nurse immediately.

Stage Two Diet: Liquid Diet

Hospital through two weeks post op

If you tolerated the Stage one diet, you will advance to the Stage Two Diet the next day after surgery. You will continue this liquid diet for 2 weeks. You will sip on 2oz of Premier protein 4 times daily and try and consume 60-70oz of water daily. Staying hydrated is very important. REMEMBER TO SIP SLOWLY.

WHEN YOU GO HOME:

Continue Stage Two Diet: you will sip on 2oz of Premier protein 4 times daily and try and consume 60-70oz of water daily. Staying hydrated is very important. REMEMBER TO SIP SLOWLY.

1. No Driving for 3 days after surgery or if you are still taking pain medications.
2. May shower after the 2nd day after surgery with water and soap all over incisions and around the drain.
3. Do not smoke or use any nicotine products.
4. Each day increase your daily activities, including walking. Do not lift, push, or pull no more than 15lbs for 6 weeks after surgery.
5. You may continue to take your medications, whole with sips of water.

CALL THE OFFICE 903.337.1246 IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING: persistent nausea and or vomiting, a fever over 101.5, increased or uncontrolled abdominal pain, rapid heart rate, or any difficulty eating.

Stage Three Diet: Soft foods

If you tolerated the Stage two diet, you will advance to Stage Three Diet two weeks after your surgery. After two weeks of liquids you will start a soft food diet, if you have any questions or concerns call the office. Continue to stay away from foods that are that are highly processed or high in sugar and limit your carbohydrate intake. Do not consume carbonated beverages. When you eat, listen to your body. **When you feel full, stop eating.** In most cases, you will consume 1/4-1/2 cup of food per meal. The amount may vary from person to person.

Avoid breads, rice, pasta, and potatoes. Try to focus on eating protein at every meal with fruits and vegetables. Remember to eat SLOWLY and CHEW!

WEEK 3

Food Name	Portion	Protein, grams per serving	When to add after surgery
Cheese, cottage 1% milk fat	¼ cup	7 grams	Week 3
Cheese, ricotta, part skim	¼ cup	8 grams	Week 3
Cheese, mozzarella, part skim	¼ cup	8 grams	Week 3
Cheese, parmesan, shredded	¼ cup	11 grams	Week 3
Cheese, cheddar, 2 %	¼ cup	8 grams	Week 3
Cheese, feta	¼ cup	4 grams	Week 3
Eggs, hard boiled, poached or scrambled	¼ cup	6 grams	Week 3
Milk skim or 1 %	¼ cup	2 grams	Week 3
Soymilk, Plain	¼ cup	1 gram	Week 3
Yogurt, plain, non-fat	¼ cup	2 grams	Week 3
Yogurt, Greek, plain, non-fat	¼ cup	5-7 grams	Week 3
Peanut butter, smooth or chunky (higher fat item)	2 tbsp	8 grams	Week 3
Hummus(plain)	¼ cup	3 grams	Week 3

WEEK 4

Beans, black	¼ cup	4 grams	Week 4
Beans, kidney	¼ cup	4 grams	Week 4
Beans, navy	¼ cup	4 grams	Week 4
Beans, pinto	¼ cup	4 grams	Week 4
Beans, northern	¼ cup	4 grams	Week 4
Beans, white	¼ cup	5 grams	Week 4
Beans, lima	¼ cup	3 grams	Week 4
Beans, re-fried, fat free	¼ cup	4 grams	Week 4
Soy burger (choose patties with less than 5 grams)	½ patty or ¼ cup	7-10 grams	Week 4
Soy breakfast sausage (choose product with less than 5 grams of fat)	½ a link or ¼ cup	4 grams	Week 4
Fish, cod, flounder, tilapia	1 oz or ¼ cup	7 grams	Week 4
Salmon and tuna (these are higher fat fishes and may cause some GI distress)	¼ cup	7 grams	Week 4
Tuna canned in water	1 oz or ¼ cup	8 grams	Week 4
Steamed shrimp, scallops, lobster, crab	¼ cup	6-8 grams	Week 4
Nuts, peanuts, cashews, mixed Chew these well!	¼ cup	10-14 grams	Week 4
Soynuts	¼ cup	15 grams	Week 4
Quinoa	¼ cup	5 grams	Week 4

WEEK 5

Chicken(white meat)	1 oz or ¼ cup	7 grams	Week 5
Turkey (white meat)	1 oz or ¼ cup	7 grams	Week 5

WEEK 6

Pork tenderloin	1 oz or ¼ cup	7 grams	Week 6
Center cut pork chops	1 oz or ¼ cup	7 grams	Week 6
Ham, lean (look for lower sodium ham)	1 oz or ¼ cup	7 grams	Week 6
Beef, ground 93% lean	1 oz or ¼ cup	7 grams	Week 6
Beef, sirloin steak	1 oz or ¼ cup	7 grams	Week 6
Beef, roast	1 oz or ¼ cup	7 grams	Week 6

STAGE 3 DIET INSTRUCTIONS:

Week 7 after surgery to 3 months

You can begin eating soft foods now; however, you need to change your eating habits to avoid pain and vomiting, rupture of the staple lines and to aid in weight loss. At this time, the tissue around the staples and sutures in the stomach are very swollen and needs to heal.

All foods need to be “fork tender” or softer. Always, always, always, eat high protein foods first; you may eat carbohydrate foods if you have room after eating protein. Your goal is 80 to 100 grams of protein daily (15-20 grams per meal). 15-20 grams per meal is equal to 2-3 oz. of lean meat, poultry, fish, or eggs. It may take some time before you can eat the volume needed to get all of your protein in, so try adding unflavored protein to our favorite foods, or add non-fat dry milk powder to casseroles, soups, cooked cereals, etc. to increase their protein content. As time goes by, you will be able to increase your protein intake.

Look for foods with no more than 2-3 grams of fiber/serving. You will be encouraged to increase your fiber intake at your 3-month appointment when your diet is advanced to regular/high protein.

You should also avoid foods that are high in fat and/or high sugar. High fat and high sugar foods will inhibit your weight loss. **Look for foods with no more than 5 grams of fat/serving.**

STAGE DIET: EATING TECHNIQUES AND GOALS

- Try 1 new food at a time and monitor your tolerance of that food.
- Limit your food volume to ½ cup (4 oz.)
- Take 20-30 minutes to eat every meal; take small bites and chew each bite 20-30 times. A small bite is the size of a dime. Even this dime-sized needs to be chewed 20-30 times, until it is the consistency of applesauce.

To help you take small bites and control portions, you may want to use a saucer instead of a plate. Pay attention to taste; learn how to savor your food. Most importantly, SLOW DOWN. If you eat too fast, you do not give your stomach time

RECOMMENDED SOFT FOODS

HIGH PROTEIN FOODS:

Eggs
Light low fat yogurt
Low fat cottage cheese
Soft fish
Small/baby shrimp, scallops, or crab
Tuna fish
Shredded or soft low fat cheese; low fat string cheese
Bean & lentil dishes or soups
Fat-free refried beans
Hummus
Tofu (soy) mixed in soup or vegetables

OTHER FOODS:

Oatmeal, cream of wheat, grits (thinned)
Softened cold cereal

OTHER FOODS:

Soft fruits without skin or canned in
Cooked, soft vegetables
Soft lettuce (green leaf or Boston bib)
Potatoes (no skin)
Low fat soup

SOFT FOODS TO AVOID DURING STAGE 3

STICKY FOODS:

Bread
Pasta
Rice
Peanut Butter

CRUNCHY FOODS:

Raw vegetables Dried fruit
Olives & pickles Chips
Fruit/vegetables skins
Coconut
Nuts
Iceberg lettuce
Corn & popcorn

TOUGH FOODS:

Overcooked or dry poultry/meat/fish
Hot dogs

TOUGH FOODS:

Beef jerky natural juice

HIGH FAT FOODS:

Fried Foods
Cream cheese
Butter
Regular salad dressing
Margarine
gravy
Sour Cream
Bacon, Bologna, Salami, Whole milk,
And Mayonnaise

HIGH SUGAR FOODS:

Desserts, Cookies, Candy, Cakes, Pastries,
Soda, Kool-Aid and Sweet Tea

Stage Four Diet: **After 3 months and Beyond**

At 3 months, you will again be seen by Dr. Burruss. You are ready to progress from soft foods to regular consistency foods. Below you will find some tips on how to transition from soft foods to solids foods. Remember to try solid foods one at a time, to test your tolerance to them. Do not worry if you cannot tolerate foods that you used to eat. Most people experience some problems at first. Eventually, you will be able to eat most of the healthy foods that you were eating before surgery, only in smaller portions. Overall, you should be making healthy food choices, including lean meat and low-fat dairy, incorporating fruit, vegetables and whole grains regularly, and avoiding empty calories or “junk foods” as they are typically high in fat and sugar.

Long term, you must choose foods with good nutritional value. Each meal should have 3 oz. of protein balanced with a selection of vegetables. Food labels are a valuable source of information; learn to read them. The volume of food that you can tolerate will always be limited, so choose foods wisely and avoid filling up on foods with little nutritional value.

STAGE 4: LIFELONG EATING TECHNIQUES

1. **EAT SLOWLY AND BE AWARE OF WHEN YOU FEEL SATISFIED.** When you are no longer hungry stop eating. If you continue to eat, you may develop intense chest pain or vomit.
2. **CHEW, CHEW, CHEW.** You need to make sure that you chew your food very well before you swallow it, which makes it easier to digest and pass to the small intestine. Take dime-sized bites and chew 20-30 times to the consistency of applesauce.
3. **LIMIT LIQUIDS TO 4 OZ. WITH A MEAL.**
4. **FOCUS ON PROTEIN & PRODUCE.** Remember to eat 3 oz of lean protein with every meal, and then add vegetable and occasional fruit.
5. **AVOID FOODS & BEVERAGES THAT ARE HIGH IN SUGAR.**

6. **LIMIT HIGH FAT FOODS.** These foods may make you feel nauseated or cause diarrhea. They will slow your weight loss or lead to weight regain. Choose light, reduced fat, or low-fat products.

NAUSEA AND VOMITING

Vomiting is usually the result of eating inappropriately and rarely a complication of surgery. Common eating-related causes of nausea and vomiting are:

- Eating too fast-you should take 20-30 minutes to complete every meal.
- Eating too much food.
- Eating solid foods too soon after surgery.
- Eating foods that do not agree with you. (If you have found that you do not tolerate certain foods, it is best to avoid them).
- Eating foods that are sticky-bread, pasta, sticky rice, and peanut butter tend to cause problems.
- Eating foods that are high in fat-high fat foods can cause diarrhea or nausea.
- Eating foods or drinking liquids that are too hot or too cold-extremes in temperatures can cause spasm and cramps.
 - ****Contact the office if this persists at (903) 337-1246.**
 - **PROLONGED VOMITING – MORE THAN 12 HOURS IS NOT NORMAL****NOTIFY DR. BURRUSS AS SOON AS POSSIBLE!!!!!!!!!!!!!!!!!!!!!!**
 -
 - If you go to the Emergency Room, please go to Texoma Medical Center and have them contact Dr. Burruss **before** treating you for problems associated with your stomach.

Texoma Medical Center has a Bariatric Coordinator and a free monthly support group. The monthly support group meets the last Tuesday of each month at 6:00pm in Conference room 3. Contact Patsy Mitchusson at 903.416.4180 for further information.

Medical concerns with the Sleeve

You need to let your primary care physician know that you are having the Sleeve Gastrectomy. You should not swallow whole any pill larger than a pencil eraser. Almost all medications are available in a liquid form or can be crushed.

- Liquid Tylenol is recommended for pain, but liquid ibuprofen may be taken **upon approval** by Dr. Burruss.
- Capsules may be opened and taken in liquid or small amount of food if you approve it with your doctor or pharmacist.
- **Chewable multivitamins, iron, sublingual B-12, and Calcium Citrate daily, are recommended to replenish your body's vitamins and help you recover and stay healthy. You may start taking chewable medication on Day 21 after surgery.**
- DO NOT take multiple pills at once without crushing them.
- Do not crush, open, or break extended release medications. Check with your doctor or pharmacist for alternatives.

Female Patients- it is NOT recommend that you become pregnant within 18 months of surgery.

The hospital will call for a follow up appointment when you are released from hospital. At each follow up appointment, please come prepared with a current list of medication and any questions or concerns that you need addressed.