NEW LEAF - NEW LIFE

weight loss surgery

NEW LEAF SUPPORT PACK

Thank you for choosing New Leaf to help you with your weight loss surgery journey.

Here at New Leaf our main objective is to support you all the way through from your very first contact with us, your pre-operative needs, your time in hospital and your weight loss journey after surgery.

This document has been produced to provide you with as much information as possible to help prepare you for your surgery and to give you supporting information that may be useful both pre operatively and post operatively. Please take some time to thoroughly read it. It is important that you understand the possibility of risks and complications and although they are rare, they can occur. Concerning your procedure and care, the hospital takes on the liability of surgery and potential problems associated with it. The service provider (New Leaf) is waived of any liability concerning medical intervention provided by the Hospital.

I hope, like myself, that you will believe that your surgery is one of the best decisions that you ever made. I know for myself and countless other patients, we have gone on to have a happier, healthier and slimmer life because we chose to contact New Leaf and have surgery with our surgeons.

If you have any questions or need help and support at any time, please do not hesitate to contact me and I will do everything that I can to help support you. I and my team, wish you all the very best in your weight loss surgery journey and provider we can guarantee you that we will be there to help and support you every step of the way.

Congratulations for turning over a New Leaf and choosing New Leaf to support you through your weight loss surgery journey and beyond.

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WHAT IS BARIATRIC SURGERY?

Bariatric surgery (weight loss surgery) includes a variety of procedures performed on people who have obesity. Weight loss is achieved by reducing the size of the stomach with a gastric wrap or through removal of a portion of the stomach with a sleeve gastrectomy or by resecting and re-routing the small intestine to a small stomach pouch in gastric bypass surgery.

HOW TO PREPARE YOURSELF FOR WEIGHT LOSS SURGERY

There are various things that you must do to prepare yourself for the surgery to make sure that you are in the best position to be as successful as possible.

PRE-OPERATIVE DIET (LIVER REDUCTION DIET)

Before obesity surgery, it is essential that you follow a strict calorie controlled diet. This will reduce the size of your liver and help to reduce the risk of complications associated with the surgery.

When you are accepted for your surgery you will be given either a time that you should be on your pre op diet for or a weight target to aim for. This is decided by the surgeon when he approves you. If you are given a weight target it is imperative that you hit this target as it will have been given to you to maximise your safety during the surgery.

The liver is a large organ lying over your stomach within the abdomen. If you have a body mass index (BMI) over 35-40kg / m2, your liver is likely to be particularly large due to additional stores of glycogen (storage form of carbohydrate), water and fatty deposits. This can make obesity surgery difficult. This strict diet will reduce the amount of glycogen, water and fatty deposits in the liver, so reducing the overall size of the liver. This will allow the liver to be safely moved aside during the operation.

For the diet to be successful, it is important that you stick to it for the full period of time specified by your surgeon (in your approval e-mail).

There may be a temptation to have a special / larger meal before surgery.

However, if you do this, this will reverse the liver reducing effects of the diet

WHAT DOES THE PRE-OPERATIVE DIET INVOLVE?

There are four possible diets that you can choose from which are outlined below

FOOD GROUP PRE-OP DIET

The diet plan is designed to give you approximately 100g of carbohydrate per day. It is low in fat (although this depends to some extent on the foods you choose) and moderate in protein. The energy value of the diet is between 800-1000 kcal per day (1200 for men).

The diet plan consists of set quantities of foods from five different food groups. This will provide you with a varied and balanced, low calorie diet.

Food Groups	Numbers of Portions Daily
Carbohydrate (CHO)	3
Protein	2
Fruit	2
Vegetables	3-5
Milk	2

Food group portion sizes – See the list below for what constitutes a portion, eg 2 heaped tablespoons of boiled rice equals 1 portion of carbohydrate (CHO).

It is important not to eat less that the specified portions of carbohydrate as this can make you feel unwell.

PORTION SIZES AND ALLOWANCE

See the list below for what constitutes a portion, e.g. 2 heaped tablespoons of boiled rice equals 1 portion of carbohydrate (CHO).

Carbohydrate Food Allowance (3 portions per day)	
1 Portion	1 Portion
1 medium slice of bread or toast with a scraping of margarine	2 egg-sized old potatoes (boiled or mashed) or 3 new potatoes with skin
5 tablespoons all-bran	3 tablespoons boiled rice
1½ weetabix	3 tablespoons boiled pasta
1 shredded wheat	½ bagel
3 tablespoons branflakes or fruit & fibre or cornflakes	2 small oat cakes
3 tablespoons dry porridge oats	1/2 pitta or 1 small pitta
4 tablespoons rice krispies	
1 crumpet	
2 crispbreads	

Protien Food Allowance (2 portions per day)	
1 Portion	1 Portion
100g (4 oz) very lean cooked meat	2 medium eggs (limit to 6 per week) (poached, boiled, scrambled)
55g/2oz low fat soft cheese spread	1 small chicken breast (no skin)
100g (4oz) cooked white fish or tinned tuna (in brine or spring water)	4 tablespoons cooked peas, lentils, beans (including baked beans), kidney beans etc.
60g/2oz low fat cheese	40g/4oz Tofu or Quorn
100g/4oz low fat cottage cheese	

Fruit Food Allowance (2 portions per day)	
1 Portion	1 Portion
1 medium size piece of fresh fruit e.g. apple	3 tablespoons stewed or tinned fruit (no added sugar)
2 small fruit e.g. plums, satsumas	1 small glass fruit juice (150mls)
150g (5oz) strawberries or other berries	1 heaped tablespoon dried fruit
1 handful of grapes	

Portion Sizes and Allowance (continued)	
Vegetable Food Allowance (3-5 portions per day)	
1 Portion	1 Portion
3 heaped tablespoons cooked vegetables	Use a wide variety of raw and cooked vegetables and salads, e.g. aubergine, beetroot, broccoli, cabbage, spinach, celery, courgette, cucumber, fennel, leeks, lettuce, mushrooms, watercress, cress, peppers, radish, spring onions, swede, tomatoes (tinned or fresh).
1 side salad (the size of a cereal bowl)	
1 tomato or	
7 cherry tomatoes	
1 glass (200ml) tomato or vegetable juice	

Milk Food Allowance (2 portions per day)	
1 Portion	1 Portion
200mls (1/3pt) semi or skimmed milk for drinks and cereal	1 small pot of diet or lite light yoghurt
	See also cheese/cottage cheese and soft cheeses in Protein Food Allowance

SUGGESTED MENU

The following sample menu demonstrates what a typical day may include and how many portions of different food groups you can eat.

BREAKFAST
1x CHO - 3 tablespoons cereal with milk from allowance or 1 slice toast with a scraping of low fat spread and marmite or jam

MID MORNING
1x fruit 1 apple

LUNCH
1x protein - 100g (3 ½ oz) lean ham with large mixed salad
1x CHO - 2 'egg-sized' potatoes

MID AFTERNOON
1x milk - 1 diet yogurt

EVENING MEAL
1x protein - 100g (3 ½ oz) roast chicken (no skin)
2x veg - Selection of vegetables
1x CHO - 2 heaped tablespoons boiled rice

EVENING
1x fruit - 150g (5oz) strawberries
or 2 small plums

THROUGHOUT THE DAY
Remainder of milk allowance
Plus calorie free drinks to make up to at least 2 litres

Any of the spices/condiments listed below can be used to add flavour:
Salt, pepper, fresh or dried herbs, spices, mustard, curry powder, lemon/lime juice, vinegar, yeast extract, fish sauce, soy sauce, Worcester sauce, OXO or other stock cubes, vanilla and other essences.

MEAL REPLACEMENT PRE OP DIETS

You can use meal replacement products (examples are slim and save, Exante, Lighter Life, Cambridge)

These products may be milk shakes, smoothies or soups and can be used alone or in combination with a light meal. Each product contains a range of vitamins and minerals and less than 250 calories per item.

Meal replacement products alone
3-4 meal replacement products per day, e.g. 2 milk shakes, 1 soup.

Meal replacement products plus real food
Replace two main meals with two meal replacement products, e.g
Breakfast: 1 meal replacement product
Lunch: 1 meal replacement product
Evening meal: Light meal of 450 calories or use portions from 'Real Food' diet (1 protein portion; 1-2 carbohydrate portions; 1 fruit portion and 2-3 vegetable portions).

Please be aware that some meal replacement products vary in carbohydrate and protein content. Please ensure that your carbohydrate intake does not exceed 100g per day.

CALORIE COUNTED DIET

If you are familiar with calorie counting, you can compose your own diet to a maximum of 1000 calories per day (1200 for men). Include fruit and vegetables and as much variety as you can. Remember to count drinks as well as food in your total calorie intake per day.

May people use online programmes such as myfitnesspal.com to help track calories and nutritional values. This is also invaluable resource for post surgery to ensure you are keeping to a reduced carbohydrate and sugar diet.

IT IS IMPORTANT TO STAY AWAY FROM ALCOHOL AND ADDED SUGAR DURING THE PRE OP DIET STAGE

You should expect to lose 3 - 5kg or 6 – 11 lb during your pre op diet of 2 – 4 weeks, but this is dependent on starting BMI and how long you are asked to diet for. Lower BMI's should not expect to lose as much as higher. If you have been given a target weight loss by your surgeon (In

your acceptance email if you have) then it is imperative that you lose this weight loss and you may need to start your pre op diet earlier or reschedule your surgery date to ensure you achieve this. Contact us if you are worried about this.

WHAT CHANGES SHOULD I EXPECT AFTER THE SURGERY?

After weight-loss surgery, you generally won't be allowed to eat or drink for one to two days so that your stomach and digestive system can heal. Then, you'll follow a specific diet for about 6 weeks. The diet begins with liquids only, then progresses to ground-up or soft foods, and finally to regular foods. You may have many restrictions or limits on how much and what you can eat and drink.

If possible, get your GP on side. You are advised to get blood tests every 3 months for 2 years (certainly recommended following gastric bypass and sleeve), and you may need prescription medication eg omeprazole, prescription vitamins and minerals. He/she maybe able to refer you to a dietician if required, or even for counselling if you are struggling emotionally.

You may experience changes as your body reacts to the rapid weight loss in the first three to six months after weight-loss surgery, including:

- Body aches
- Feeling tired, as if you have the flu
- Feeling cold
- Dry skin
- Hair thinning and hair loss
- Mood changes
- Feeling dizzy particularly after standing up quickly

OTHER IMPORTANT THINGS TO DO BEFORE YOUR SURGERY

- Give up smoking as far ahead as you can, 3 months is ideal. Either give up about 3 months before. It is imperative before any type of bypass surgery as there is more of a tendency to contract uclers in the pouch after surgery and this can be a very painful and difficult complication.
- Try to STAY HEALTHY. There is no point travelling to Turnov with a cold, or other virus, the anaesthetist WILL NOT approve you for surgery, so if you have a cold, you will have to postpone, unfortunately. If you need antibiotics, you will NOT be able to have surgery for 3 weeks after finishing the course.
- Start your multi-vitamin regime at least two weeks pre-operatively.
- Go to your GP for a check up, and to ask for support, you may need them post-operatively.
- Take your surgeon's CV and experience documents with you, so that your GP can have confidence, and wrappers take the NICE document (here; http://www.nice.org.uk/nicemedia/live/13657/61599/61599.pdf and http://www.nice.org.uk/nicemedia/live/13657/61607/61607.pdf They may have never heard of the wrap!
- When you go to see your GP regarding a sleeve or bypass (NOT a wrap), you need to ask for their support in the possible future need for regular blood tests (6 monthly) Possible B12 injections may be required if the blood tests reveal the need for them. Bypass patients would be advised to ask for B12 injections regardless.
- Further prescriptions of omeprazole if required for sleeve and wrap patients. Bypass patients should take them for six months so will need extra prescription from GP.
- Ask your GP if a referral to a dietician would be possible if you get to a point where you feel this is necessary.
- Some CBT-e designed specifically for people with issues around food can be a really helpful tool. See if your GP will refer you to this or look for someone privately if possible.
- Purchase a good quality multivitamin. Our surgeons advise patients take bariatric vitamins after surgery. More importantly for sleeve and bypass patients. Multivitamins should be taken daily for life. Here is a link to the recommended vitamins our surgeons advise, they have different formulations for the specific surgeries. Wrap patients should take 'band' vitamins. https://www.fitforme.co.uk/
- Take bodily measurements, they

help keep you focussed when stalling! Neck, arm, chest, waist, hips, thigh, calf etc

- Shave your private area, or the nurses will give you a razor to do it there. This is in case of catheterization (rare), or open surgery (also very rare).
- Apply for an EHIC travel insurance card, here; https://www.ehic.org.uk/Internet/startApplication.do. You must take this with you, the hospital will probably want to see it.
- Please see the following links regarding whether you need a VISA to visit the Czech Republic. You may need this If you do not hold a European or British passport. This is your responsibility; New Leaf cannot be held responsible if you get turned away at the airport due to not having the required documentation. Please allow 8 weeks to arrange for a Visa;
- http://www.mzv.cz/jnp/en/information_for_aliens/short_stay_visa/index.html
- http://www.mzv.cz/london/en/visa_and_consular_information/visa_information/
- https://czech-republic.visahq.co.uk/
- http://www.pragueexperience.com/information/visas-passports-information.asp
- Consider taking out further travel insurance with; http://medicaltravelshield.com/. Elective travel insurance will cover you for your additional expenses if you have a life threatening complication and need to stay on in Czech Republic because of this.
- Book time off at work asap, and get a sick note from your GP for extended time off if possible.
- You will need at least one week when you return from Turnov and up to a further two weeks for those who have heavy lifting jobs.
- Remove false nails and nail varnish, they need to be able to see your nail beds to monitor oxygen levels in the blood.
- Tell your friends and family you will be out of contact for about 18 hours following surgery, and then only up to a quick text or two. Give them your co-ordinator or Dr's mobile number if they must ring.
- Try to STAY HEALTHY. There is no point travelling to Turnov with a cold, or other virus, the anaesthetist WILL NOT approve you for surgery, so if you have a cold, you will have to postpone. If you have recently taken antibiotics, please check with us to make sure that you can still have the surgery.
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- http://www.mzv.cz/jnp/en/information_for_aliens/short_stay_visa/index.html
- http://www.mzv.cz/london/en/visa_and_consular_information/visa_information/
- https://czech-republic.visahq.co.uk/
- http://www.pragueexperience.com/information/visas-passports-information.asp
- Consider taking out further travel insurance with; http://medicaltravelshield.com/. Elective travel insurance will cover you for your additional expenses if you have a life threatening complication and need to stay on in Czech Republic because of this.
- Book time off at work asap, and get a sick note from your GP for extended time off if possible.
- You will need at least one week when you return from Turnov and up to a further two weeks for those who have heavy lifting jobs.
- Remove false nails and nail varnish, they need to be able to see your nail beds to monitor oxygen levels in the blood.
- Tell your friends and family you will be out of contact for about 18 hours following surgery, and then only up to a quick text or two. Give them your co-ordinator or Dr's mobile number if they must ring.
- Try to STAY HEALTHY. There is no point travelling to Turnov with a cold, or other virus, the anaesthetist WILL NOT approve you for surgery, so if you have a cold, you will have to postpone. If you have recently taken antibiotics, please check with us to make sure that you can still have the surgery.

VITAMINS AND SUPPLEMENTS

It is imperative to take a good qualify multi vitamin for all weight loss surgery patients. However, with sleeve and bypass patients this is absolutely non negotiable. Many patients can get low in vitamins and minerals after surgery, particularly iron, B12, vit D, folate and folic acid. You may not be aware that you are deficient in these vitamins until it is too late and some times irreversible damage can have been done and it is too late.

Start taking your vitamins and supplements at least two weeks before surgery.

Our surgeons recommend the following Bariatric vitamins which are specially formulated for patients after weight loss surgery. We recommend that you purchase these vitamins as they are formulated to give you everything you need. They are very easy to swallow (unlike some other multi vitamins). There should be no need to supplement with B12 injections with these vitamins, although you should have regular blood tests to ensure your B12 is not low. If you wish to have the injections to be on the safe side, you will not come to any harm as any additional B12 will be excreted, but your folate levels must be tested because if they are not sufficient then the B12 is not absorbed properly

For wrap and sleeve patients https://www.fitforme.co.uk/products/wls-optimum-package

For RNY bypass and MGB bypass patients - https://www.fitforme.co.uk/products/wls-forte-package
You can get a free starter pack on their website, where they will also send you some chewable vitamins which are very useful directly post surgery.

Alternatively, you may be able to get your GP to prescribe some bariatric vitamins called Forceval and some Adcal supplements, plus three monthly B12 injections. However, not all GP's will do this and if they do it may only be a short period of time.

Other supplements;
You may also wish to purchase some Biotin, 1000 mcg daily (to hopefully minimise hair loss, isn't guaranteed to work).

Pregnancy Bariatric Surgery; vitamin regime
The chances of a miscarriage are significantly higher for women who have had weight loss surgery within the last year. One year post surgery apparently there is no higher risk than the general population. Therefore it is not advised to get pregnant within the first twelve months after surgery.

In pregnancies even after one year in addition your usual multi-vitamin; taking high levels (prescription only) 5mgs of folic acid and an additional Vitamin D tablet as after wls your body finds it harder to absorb essential pregnancy vitamins. I hope this is useful info to anyone hoping to get pregnant.

If you're feeling a bit under the weather, go to your GP and ask for a post-bariatric blood test. The standard test may not cover what is required testing for bariatric patients, so print this off and take with you;

POST OPERATIVE BLOOD TESTS

Post-Operative Blood Monitoring for All Bariatric Surgery Patients the following blood tests should be checked pre-operatively and every 3-6 months in the first year post-operatively, and at least annually thereafter*:

- Full blood count
- Electrolytes: sodium, potassium, urea, creatinine, phosphate, magnesium
- Glucose
- Liver function test
- Iron
- Ferritin
- Vitamin B12
- Folate / red cell folate
- Lipid profile: total cholesterol, LDL, HDL, triglycerides
- Lipid profile: total cholesterol, LDL, HDL, triglycerides
- 25-Hydroxyvitamin D
- Calcium
- Parathyroid hormone (PTH)

Optional blood tests: Vitamins A and E, zinc, selenium, copper
* If any results abnormal at 12 months will need to continue 3 monthly monitoring until within normal range.

It will be worth it!

WHAT TO EXPECT IN TURNOV (DR HRUBY)

SUNDAY

You will be collected from the airport by the driver who will hold up a board with your name on it at the arrivals gate. If you are arriving at the airport after 4pm local time, please get something to eat at the airport. By the time you arrive at the hospital dinner may be over. Both hospitals have vending machines, Turnov in main foyer and Breclav at the end of the ward so you can get a snack from those.

The journey to the hospital takes about an hour and a half. You may arrive at night time, the hospital will be quiet and dark.

Report to reception (Turnov) or outpatients department (Breclav) and someone will come and take you to the ward. Check in with the nurse on the ward. Settle into your room. I took a diet pack and shaker to have upon arrival. No food is provided on the Sunday, if you arrive after dinner time. However, there are vending machines in the reception area of both hospitals for you to get snacks and drinks at any time of day and night.

If taking a friend, please make sure that they have had a meal before arrival at the hospital. Please let the hospital know of any dietary requirements on arrival. Eg vegetarianism.

MONDAY

Early start! Pre op day. Your surgeon will visit you to discuss your pre-operative tests, surgery, and answer any questions you may have. Pre-operative tests today include blood tests, chest x-ray, lung function tests, ECG, gastroscopy (a sedative will be given) plus taking another medical history and seeing anaesthetist. Also shaving of private area (we suggest that you do it yourself before you leave home), suppository to clear the bowel (self administered). Go to reception and pay your remaining balance. Some people are operated on the Monday sometimes.

Once the pre-op tests are finished and you are not being operated on today, you can go out for a meal, however only something light, is recommended. Please let the nurses know at any time you are going to leave the ward.

Nil by mouth from Midnight.

TUESDAY
Usually surgery day.

They will usually give you a pre-med to calm you, if you are anxious. Cannula fitted. You will wear a gown and no underwear. You will be taken on your bed to the theatre, where your surgery will take place. Afterwards, you will be kept in ICU until you are sufficiently well enough to return to your room, sometimes this can be overnight, particularly if you suffer from sleep apnoea or any respiratory problems, this is to enable you to have a higher level of monitoring. The bell is to be used, use it as much as you want! That's what the nurses are for. They will be there as quick as possible to provide pain relief and anti-sickness meds, or to toilet you (no catheterisation, on the whole). Your relatives may ring the Dr to check on your progress (I will give you the phone number nearer the time), but he may not be able to answer if still in surgery. You are welcome to ring or text me or your co-ordinator and I'll see what I can find out but we will not be able to find any information until later in the day when the surgeon is out of surgery.

WEDNESDAY
Recovery time. You will generally feel pretty rubbish today. You may be vomiting. Get as much rest as you can. Sip fluids (fruit tea provided). Blood thinning injections provided, also omeprazole and an antibiotic. Your drain, if you have one, may be removed today. Wounds will be checked and covered with liquid plaster so that you can shower.

THURSDAY
Further recovery time, you will be feeling slightly better. Sip fluids. Yoghurt drink, thin soup and diet shake provided. Get mobile! Walk the corridors.

FRIDAY
Keep walking and recovering. You'll be feeling much better. Your surgeon will be around in the afternoon to have a chat about post-op eating, and to discharge you, You will be discharged with a letter for your GP and and any medication that your surgeon feels necessary.

SATURDAY
Transfer will return you to the airport for your flight home. They will arrive about 3.5 hours before your flight time and pick you up from your room.

WHAT TO EXPECT IN TURNOV – KINDLY WRITTEN BY A PATIENT

SUNDAY

You will be picked up from the airport by our driver who will dressed smartly in a black suit or trousers and jumper who will hold your name up on a board with the New Leaf logo on it. He will take your bags and then walk you to the car and begin the journey to the hospital. He will provide you with water if you want it and most of the drivers will speak some English. He will drop you off at the hospital where you should go into reception and ask for Dr Hruby and give your name. You will be escorted to your room from there. If early enough you will be given dinner.

When I arrived some pre op tests were down (blood samples, a blood thinning injection (in belly) blood pressure, weight etc.) This was because my operation was moved forward to Monday which can sometimes happen.

After all this was completed the nurses advised I could go out and we went to the square for our "last supper" keep the meal light.

If operation day is tomorrow, then Nil by mouth after midnight. You will be given a sleeping pill.

MONDAY

(other tests above usually done on this day if operation on Tuesday) - Woken early with the nurse taking my temperature (this happened every morning I was there, but they were quiet when doing so, sometimes I didn't hear them come in - it was usually around 5am) More pre-op tests were done - Lung test - which was blowing in to a tube and trying to make the bowling ball roll down the aisle to knock the pins over. We were also weighed again at this point, and blood pressure taken again.
Camera down throat (you are asked to swallow some spray that is placed in your throat to numb it and lay on the bed, the other nurse gives you a sedative and that is all you will remember before being put in to a wheelchair and being wheeled back up to your room. There is nothing to worry about. Expect to feel a bit giddy (like being drunk) for about 20 minutes afterwards, most people sleep for a couple of hours.

A nice lady will come in to ask about any previous operations, or anaesthetic you have had in the past and you are asked to sign some forms

If operation tomorrow nil by mouth after midnight including water. You are given a suppository to empty your bowels the night before surgery. Hold on to this for as long as possible (I lasted 25 minutes).

TUESDAY

(or operation day) You will be given another injection in your belly you will have one of these a day for the whole time you are there. This is an anti-coagulant to ward against DVT's. A few more standard tests are done and you are fitted with your cannula either in your arm or hand depending on where they find a vein.

You will be asked to pay the remaining balance on this day or maybe the day before.

You are asked by the nurses to shower. After doing so they will check that you have shaved your private area and then bandage up your legs, and dress you in an open back gown. You MUST not have any underwear on underneath. If you are menstruating, please remember to take a tampon as they refuse to let you have a towel on.

About 20 minutes before you are taken down for surgery you are given a pre med injection in your buttock. This may make you feel a bit drowsy.

Operation time - You will be wheeled down to theatre on your own bed. Once in the waiting area you will be stripped of your current gown, and put in to another one. There may be male doctors around just to be aware. You will then be placed on a new bed and asked to lay down. You will be wheeled in to the theatre when they are ready for you.
This bit can seem a bit daunting but don't worry! I panicked as I couldn't see Dr H in the room but there is nothing to be worried about.

You will be strapped in on one of your arms, where they will attach a blood pressure pad to you. They will cover your belly in yellow liquid which is to prevent infection.

Lots of things will be taking place to get you prepared for surgery. The lovely lady who came to see you previously to ask about previous operations will

appear with an oxygen mask.

She will ask you to breath normally and explain that you will now be given the anaesthetic. This is the last thing you will remember. Operation usually takes 90 mins for a wrap or bypass and 60 mins for a sleeve.

Recovery - you will wake up in a room on your own bed. You may experience some pain at this point, let the nurse know, most of them speak very good English in recovery. As soon as she sees you are awake and responding she will inject you in the buttock with Morphine/Pethadine to relieve the pain. You stay here for about an hour and a half to recover and let the nurses monitor you. Most people do not remember any of this and wake up in their room. Once they are happy you will be wheeled back up to your room to recover further.

WEDNESDAY

Day after surgery usually Wednesday - You are a bit sore, tender, and may feel sick or even be sick (I was lucky and didn't) you are going to be dizzy and light headed so rest as much as you can. Still you are not allowed any water or food so use your spray to help you. If you need assistance, are in any pain or feel sick, ring the bell the nurses will be there within seconds, no matter how small the job is - use the nurses you don't want to risk hurting yourself.

Another injection in the stomach and any extra pain relief is given to you. You are attached to a drip. Dr H will visit.

THURSDAY

You are still a bit groggy and tired. Take it easy rest up, you can have some water today. Water only take it easy sip all the time. You are also given a sleeping pill later and a omeperazole to help with reflux. If in pain ask for pain relief, say the word pain and the nurses understand they will ask you at night too if you want some more pain relief. Use your buzzer as much as possible.

FRIDAY

You will be tried on some yoghurt drinks, protein shakes and soup. I didn't like the soup and asked for an extra shake. Take it easy and sip all drinks don't worry if it takes a while, I was taking 2-3 hours first of all. Get in as much as you can sip all day but take it slow. Your cannula may now be

removed depending on how many liquids you are getting in.

Dr H will visit and discharge you with paperwork and tablets to go home with if you are leaving this day.

I left on the Friday but purely felt ready because my operation was a day early, I would have struggled otherwise and I had a good recovery with no sickness. I know its boring but try as much as possible to stay as long as possible and might be worth booking special assistance for the way home if travelling alone.

SATURDAY

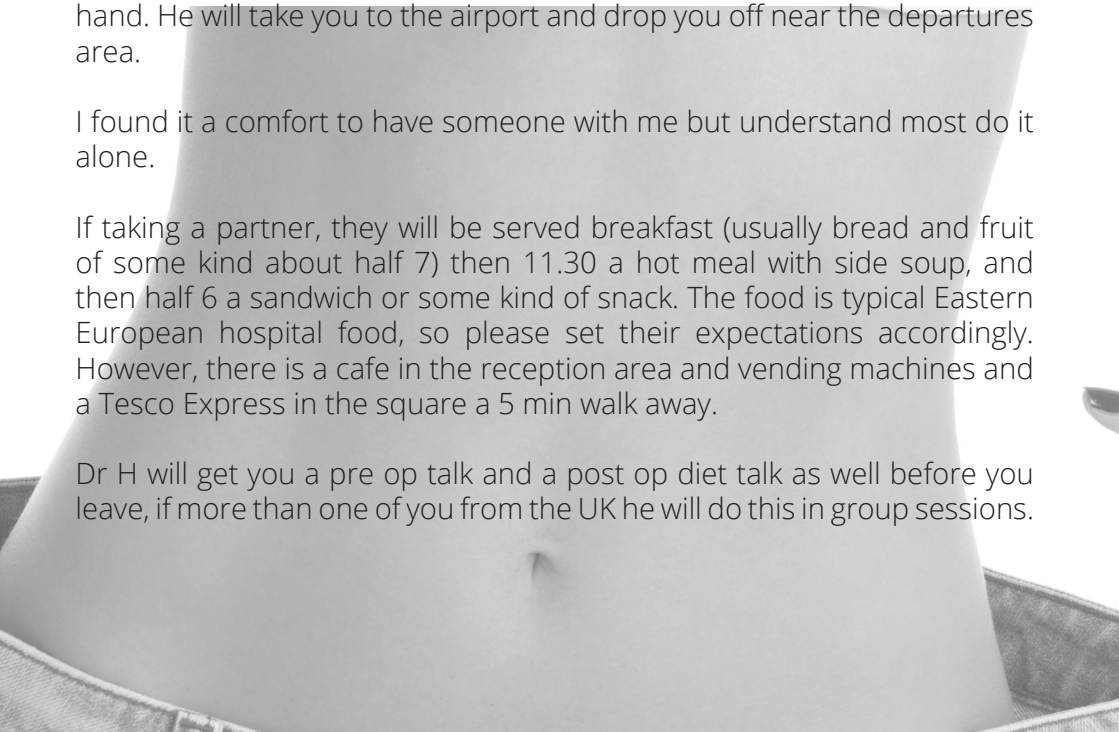
If you stay until the weekend, highly recommended! You will feel stronger each day and will be able to leave the hospital for short walks and wander round the grounds and into Turnov, take your time and don't over do it but walking is good for you and helps to relieve any pain or discomfort you may be getting from wind.

Return to the airport - you will be collected between 3 1/2 and 4 hours before your flight is due. The driver should come and collect you from your room and help you with the luggage. If he struggles to find you, he may phone your mobile so please make sure it is switched on and close to hand. He will take you to the airport and drop you off near the departures area.

I found it a comfort to have someone with me but understand most do it alone.

If taking a partner, they will be served breakfast (usually bread and fruit of some kind about half 7) then 11.30 a hot meal with side soup, and then half 6 a sandwich or some kind of snack. The food is typical Eastern European hospital food, so please set their expectations accordingly. However, there is a cafe in the reception area and vending machines and a Tesco Express in the square a 5 min walk away.

Dr H will get you a pre op talk and a post op diet talk as well before you leave, if more than one of you from the UK he will do this in group sessions.



WHAT TO EXPECT IN BRECLAV

SUNDAY

You need to bring something with you to eat just in case you get here too late. You may be able to buy a sandwich from the vending machine, the nurses will give you Czech Korona change for this if necessary, but also you could get something at the airport or ask the taxi driver to stop at a supermarket as I did, he was very happy to accommodate.
When you arrive you wait outside in the chairs at the outpatients department where you will be escorted to the ward.

In the ward the nurse will take you to the bedroom and ask you to fill in some forms, you will be weighed and your BP taken, possibly some more tests if you arrive earlier in the day. If you want to leave the hospital at any time you need to inform the nurse of this, but you may go out for a walk or go and get a light meal in town.

You must be nil by mouth from midnight for the tests in the morning. If you are nervous you can ask the nurse for a sleeping tablet. Before retiring they will leave a sample pot with you for you to do a mid stream urine sample.

MONDAY

Pre op tests are on Monday. You will be woken up very early about 5.30am and the nurse will put the cannula in your arm, take bloods to go off to the laboratory and take BP and temperature. You will then be able to drift back to sleep until about 7am when the doctors ward round. Dr Cierny will come and introduce himself and his team briefly and will then go on his ward round. He will await the results of all of your pre op tests and then will come back and have a chat with you about the test results and his recommendations for surgery and answer any of your questions.

You will be escorted by a nurse to all of your pre op tests who will show you round the hospital. It is a big hospital so be prepared for a lot of walking!

- Chest X-ray (top half naked)
- ECG
- Spirometry test
- Blood pressure

- Internist examination
- Anaesthetist examination
- Gastroscopy

Most people are worried about the gastroscopy the most. I had to have one for some tests whilst I was there so I can explain the procedure in detail.

You go in the room they will ask you to lie down on your side and at the same time they inject some sedation into your cannula, then ask you to open your mouth into which they insert a plastic tube. I then remember absolutely nothing until an hour and a half later when I woke up in my bed in my room. My room mate does remember something but she says she was in no pain, and it was if anything just slightly uncomfortable, much better than she had ever imagined.

After the gastroscopy you will be visited by Dr Cierny who will discuss the procedure with you and the results of your tests. If all is well, you will go for surgery either that afternoon (if room in theatre schedule) or Tuesday.

If you are not having surgery on the Monday then you may go out for a LIGHT MEAL (soup, salad, fish) but tell the nurse. It is standard procedure for all patients in the hospital to be given a liquid diet the day before surgery, so any food you are given will be soup, or fruit juice, custard, something like this, However, Dr Cierny is usually happy for you to leave the hospital and have a light meal. Just check with him when you speak to him if you are intending to do this but you must be back for approximately 8pm.

At about 8pm the nurse will come and give you a heparin injection and a sleeping tablet to help you relax. Again you must be nil by mouth after midnight.

TUESDAY

Tuesday is usually operation day. You will again be woken at about 5.30pm and given antibiotics, a mineral drink, your blood pressure and temperature will be taken and you will be asked to take a shower. At about 7 am Dr Cierny will visit you to check you have no questions and that you are happy to still go ahead.

About 45 minutes before you are due to go for surgery you will have bandages put on your legs to help against any blood clots and you will be given a pre med which will make you a little bit drowsy and help with any anxiety you may have.

The porter will come and get you and wheel you down in your bed to theatre.

Patient observations – I was wheeled into a waiting area and asked me to get undressed they held up a sheet whilst I got changed, slid across onto the operating bed and they covered me in the sheet.

Wheeled to the operating theatre, put a hat on me and put sleeping bags on legs.

Anaesthetist came, gave me anaesthetic in my cannula, asked me to breath and last thing I knew they were just putting mask on my face and I came round in recovery room. I was a bit nauseous and they gave me a bowl, but I fell back asleep. Two ladies in there who were very nice.

Next thing I was being brought back to my room. Slept most of the day and night and was regularly asked if wanted pain relief and have felt only really discomfort most of the time. In the evening I was encouraged to take a few sips of water.

WEDNESDAY

Encouraged to drink water and fruit tea, given heparin, antibiotics, something to help with bowel movements, dressings changed and drains out (uncomfortable but not painful). Sleep, sleep, sleep moved around the room on drip for hydration.

NEXT FEW DAYS

Recovering and plenty or rest. Heparin injections given daily and some to take home plus omeperazole. Full liquid diet ie diluted natural yoghurt, broth, soup, custard. You may wish to bring some protein shake sachets and cup a soup with you as the food is an acquired taste.

You can get bored, the TV does not have any English channels and the wifi is not great so bring plenty of books, films downloaded on your tablet or laptop etc.

GOING HOME DAY

When you are going home the taxi driver is instructed to pick you up from the ward 4 hours before your flight. This gives plenty of time for if there is a delay. Please be patient as the taxi company is new to us and they may struggle to find the ward.

If they are more than 15 minutes late you can text them or get the nurse on the ward to phone them and tell them where you are.

You are in Block B, Chirurgie Oddelini C on the ground floor.

OBSERVATIONS

Rooms are airy, very clean and comfortable. The toilet and sink are inside the rooms but the shower is just outside the room which is shared between two bedrooms.

For companions – the food is ok, but it is very traditional Czech food which may not be to everyone's taste. There are a couple of shops in the hospital where you can get sandwiches, cakes, milk for tea and coffee etc and there are a couple of supermarkets in town for supplies as you may wish to supplement the food with your own.

Most of the nurses on the ward speak some English and are very pleasant. As everywhere there are one or two that are not as smiley or as helpful as others. Please remember that the Czech citizens as a whole can be a little brusque and are not as demonstrative or smiley as nationals from other countries that you may be used to. This is just their way and they are not being rude or unhelpful. I found it quite unsettling at first when smiling at people in the corridors and they would not return my smile, but I soon got used to it and accepted it as a cultural difference and not a personal reflection of me.

The wifi in the hospital whilst I was there was very poor. It is something that the hospital are looking into but these things in such a large establishment take time. Just in cae, do not rely on the wifi for streaming of videos, facetime calls etc. I suggest you download any films etc that you wish to watch before leaving the UK so that you are not disappointed and bored. If you rely on the internet for work you may want to ensure you can use your phone for email etc and purchase a European package before you leave to

ensure your costs are kept to a minimum.

It is a good idea to bring some protein powder and cup a soups with you in case you do not like the soups etc that they provide you with.

Don't forget dry mouth spray and a towel, also you may want to bring some soft toilet roll.

IMMEDIATE POST OPERATIVE RECOVERY

Quoted from Dr Hruby;

As with any surgery, sometimes things don't go quite as planned.

Normally, every patient is intubated within the surgery, for laparoscopic procedures, general anaesthesia with muscle relaxation is necessary. This means that patients should be artificially ventilated. Post-operatively, most patients can be extubated at the end of the operation, but in some, it is better to postpone the extubation and go on with artificial breathing for a longer time. This is pretty rare, maybe five times in one hundred.

The patient may take longer to come round following the anaesthetic, with persisting action of anaesthesia due to slow elimination of this medication eg in impaired liver function. So, very occasionally, there is a reason to prolong artificial breathing to maintain satisfactory oxygenation. If this happens, the patient is transported to the ICU, intubated, and according to decision of anaesthetist, the patient is woken up and extubated. The patient should be woken up, otherwise (s)he would be under continued sedation with impaired breathing. In fact, every patient should be woken up before extubation. Only some recognize it (or remember it), some not. This is only one simple example. Operating on healthy, slim, young patients is easy. Operating on heavy, sometimes ill patients is a masterpiece, in which sometimes you need to deal with difficult situations. If you are able to solve these situations without complications, you did a good job.

As you would expect, with continued intubation, sometimes catheterisation is necessary.

IN THE UNLIKELY EVENT OF SOMETHING STOPPING THE SURGERY AFTER YOU ARRIVE

Sometimes, due to findings from the pre-operative examinations, it is not

possible to operate. In these cases, the patient may have to return to the UK early. You will be charged your deposit payment to cover the tests and hospital bed.

In case of diagnostic laparoscopy (we start the operation, start laparoscopy, and cannot complete the operation for any reason) the price is 1300-Euro with maximum 5 days of hospital stay.

IN THE UNLIKELY EVENT OF AN EXTENDED STAY

Your fee includes 6 days in the hospital, hopefully any issues can be sorted out in that time (it's very unlikely that there will be any issues, but best to be prepared). However, if an extended stay is required, it depends on the patient's needs. One day's stay in a standard department will be approx. 100 - 150 Euro, one day's stay in intensive care unit will be approx. 500-1000 Euro. On top of this you will be charged any medication or additional theatre costs that you would require. If you had a long period of time there the bill could come to many thousands of Euro. We therefore HIGHLY recommend that you purchase specialist medical insurance, so that you're covered for all eventualities. The only one we are aware of that covers patients for 'elective' surgery insurance is http:// medicaltravelshield.com/. Unfortunately, they currently only offer cover for patients within UK. If you are coming from another country you will have to find cover from a provider in your own country.

For re-do surgery, eg if a wrap comes undone, a fee would need to be paid again. It's a known risk of the wrap, it happens in a very low percentage of wraps (Dr Hruby has had 3, all in the early days of performing the surgery). Our surgeon's fees are so low that it doesn't cover redo surgery, unlike some other companies. However, their fees are much higher in the first place (eg a wrap with Cosmetic Bliss was £5000). We use the same surgeon they did (Dr Cierny) and 6 years later our fees for a wrap are just over 3000 Euro, so you can see that we cannot cover any revision surgery that is needed within that price.

RECOMMENDED THINGS TO TAKE TO THE HOSPITAL

- Towels (they do not supply towels, recommend to take a lightweight microfiber towel)
- Lip balm
- Slippers
- Pyjamas – light ones in summer it can get very hot
- Diet shake packs and a mixer cup. These are not essential, but some have found them useful to have available on standby in case you do not like the food the hospital provides.
- Soft bra
- Chargers
- Phone numbers
- Google translate on smart phone if you have one
- Loose clothes to wear home
- Ear plugs
- Eye mask for snoozing during the day
- iPad/laptop loaded up with things to watch particularly if wifi is slow or down
- E reader
- Mobile phone
- Light Dressing gown (optional but not necessary)
- Toothbrush, paste, soap, flannel, shampoo, conditioner
- Pack of cards
- Moisturiser
- Passport
- European health insurance card (E111)
- Boarding pass for plane
- Dry mouth spray
- All your medication
- Carrier bag for dirty washing
- Baby wipes
- Travel plug adapter and four in line as only one plug per patient
- Hair dryer/straighteners (I didn't but some may want to!)
- Recent tests results that the Dr may find useful
- Tea, coffee, hot chocolate, powdered milk
- A few Czech crowns (especially if you wish to eat out the evening before surgery), debit card is valid in the Czech Republic
- Travel kettle is useful
- Cuppa soup for when you arrive (NOT post op without sieving it!)
- Magazines
- Tag for suitcase
- Lock for suitcase
- Sign up to a VPN service so that you can watch UK TV and Netflix in a foreign country
- Sanitary protection if menstruating.

CARING FOR SURGICAL WOUNDS

- Taking good care of your wound can reduce your risk of infection and help it to heal.
- Your wound heals in three main steps – inflammation, proliferation and maturation.
- You can shower when home from hospital, but please leave bathing until after stitch removal and any scabs have healed. Even then, do not soak the wounds, leave them proud of the water. Don't use any soap, shower gel, body lotion, talcum powder or other bathing products directly over your healing wound. You can let the shower water gently splash onto your healing wound. However, don't rub the area, as this might be painful and could delay the healing process.
- Dry the surrounding area carefully by patting it gently with a clean towel but allow your wound to air dry.
- It's possible that your wound may become infected, but this can usually be treated with antibiotics.
- See your doctor if you have any symptoms of an infection, such as pain or redness around your wound.

WOUND HEALING

- The process by which your surgical wound heals is complex but can be divided up into three main steps.
- Inflammation – this happens straight away and lasts for up to 10 days during which time the blood flow to your wound increases.
- Proliferation – this starts after a few days and can carry on for several weeks. New blood vessels grow to bring nutrients to your wound and new tissue starts to develop. At this point, massaging may help to reduce scarring (though every much individual) with a substance such as bio-oil. Silicone gel sheets are also sometimes used to improve the appearance of scars, but there is only evidence for their effectiveness on certain types of scars.
- Maturation – new skin cells develop to seal your wound and a scar forms. This phase can continue for over a year. The scar can sometimes feel itchy and irritated, this is normal. Just moisturise to alleviate.
- Skin edges usually form a seal within a day or two of an operation, but this can vary from person to person and from operation to operation. Closing your wound surgically (with stitches, clips and staples encourages your wound to heal faster.

DRESSINGS

You may not need to have a dressing on your surgical wound. The purpose of a dressing is to:

- Absorb any leakage from your wound
- Provide the best conditions for healing
- Reduce your risk of infection
- Reduce pain
- Protect the area until your wound has healed
- Apply pressure if this is needed
- Prevent your stitches or clips from catching on clothing

Generally, dressings are not required following laparoscopic surgery though you may be given them if the stitches are catching on your clothes for your journey home. Please wash hands thoroughly with soap and water before changing dressings. Do not use any antiseptic creams.

COMPLICATIONS OF WOUND HEALING

Most surgical wounds will heal without causing you any problems, but it's possible that your wound may become infected after surgery. If you develop an infection, you will usually be treated with a course of antibiotics.

You're more likely to develop an infection if you:

- Smoke
- Have diabetes
- Are overweight or obese.

Your doctors and nurses will do everything they can to prevent your wound from becoming infected, but it's important that you know how to tell if you're developing an infection after you go home. If your wound becomes infected, it may:

- Become more painful
- Look red, inflamed or swollen
- Leak or weep liquid, pus or blood
- Smell unpleasant You may also have a high temperature.

If you have any of these symptoms, contact your GP. Wound infections can usually be treated successfully with antibiotics if they are diagnosed early.

DRUGS THAT MAY HELP IN THE EARLY STAGES

This list of drugs may help if you are struggling to get food down, vomiting, have cramping symptoms, wind or reflux

Promotility drugs

Promotility drugs are drugs that enhance the emptying of the stomach and/or gut and enhance the contractions/co-ordination of the gut. Also sometimes used for reflux.

Obviously check with your GP first!

- Domperidone (Motilium®)
- Metoclopromide (Reglan®, Maxeran®)
- Levosulpiride (Levobren®, Levopraid®, available in Italy/Korea)
- Mosapride Citrate (Gasmotin®, available in Asia, SE Asia, South America, and Japan)
- Itopride hydrochloride (Ganaton®, available in Asia, SE Asia, and Japan)
- Renzapride (2008, a Phase III trial in USA has been completed)
- Pruclopride (Resolor®, available in the UK and EU countries)
- Anti-spasmodics/anti-emetics

These can help with cramping, pain and IBS-type symptoms, nausea and vomiting

- Mebeverine (Colofac, Duspatal, Colotal, Colospa, Rudakol, Boots IBS relieve, Fomac, Mebecon and Duspatalin)
- Hyoscine butylbromide (Buscopan)
- Peppermint oil (usually in capsules)

Wind pain and relief

- Simeticone (Windeze gel capsules in the uk, also Mylicon, Gas-X, Phazyme, Maalox Anti -Gas, has loads of other names so check in the country where you live)
- Peppermint oil
- Mill you arms and get walking!

Reflux

PPIS are the best (Proton pump inhibitors);

- Omeprazole (the usual one, the one you come home from Turnov with) (Losec,

- Prilosec, Zegerid)
- Lanzoprazole (Zoton, Prevacid (and lots of other names), also available in a tongue-melt formulation (FasTab)) these are more expensive than Omeperazole but can really help if people are struggling with acid and omeperazole is not working. Ask your GP to try these

Other drugs for reflux include; H2 Antagonist
- Ranitidine (Zantac)
- Cimetidine (Tagemet)
- Famotidine (Pepsid)

Other antacids
Gaviscon

POST OPERATIVE DIET

Post-operative diet following sleeve gastric resection, gastric plication and gastric bypass

The post-operative regimen requires a strict diet to be maintained in order to avoid a number of complications

You will start with a clear liquid diet, gradually increasing the texture of your foods until you can eat the majority of foods with no problem. Please be patient, this could take a few months. It is like trying to wean a baby, you need to go carefully but keep trying because it can be counterproductive to stay on liquid and mush diet too long.

Clear liquid phase - first couple of days
For the first few hours you will be nil by mouth (sometimes for up to a day), you will really use your dry mouth spray at this time because you will probably feel quite thirsty. Do not worry about dehyrdration because you will be on a drip and your hydration needs will come from that. After the first day you will be on clear liquids only such as fruit tea and water, just taking small sips to get your stomach used to having liquid inside it.

Liquid phase - 2 days to 3 weeks
In the first three weeks a strictly liquid diet is required; the consistency of the food must be no thicker than that of yogurt milk. Emphasis is on consuming the food very carefully, swallowing after each sip with 3-5-minute breaks in

between. The same regimen also applies with drinks, so it can be said with some exaggeration that in the first 2-3 weeks, the patient must learn to just sip at food and drinks all day.

Examples of liquid food – broth, tea, non-sparkling unsweetened drinks, soup that runs through the prongs of a fork and has no bits (use a tea strainer) fruit and vegetable juices, yogurts diluted with low-fat milk, NAS squash, coffee (some may find it irritates stomach so either decaffeinated or drink sparingly) , milky drinks are a good source of protein such as latte coffee, low sugar hot chocolate, chai latte, plus protein drinks (try and get low sugar where the protein content is higher than the sugar content).

Mush stage weeks 3 and 4

During the next two weeks the consistency of the food is thickened to mushy (yogurts, mash potato, semolina pudding).

Suitable foods are: Protein-rich: mixed meats (fish, poultry, pork), eggs, dairy products (low-fat fresh cottage cheese, skimmed milk, unsweetened, low-fat yogurts) Foods other than protein-rich foods can also be eaten: apple juice, banana, potatoes, fruit and vegetables with no seeds or hard skins, sugar-free pudding, gelatine. Weetabix, scrambled egg, yoghurt, peanut butter, custard, blended soup, mashed baked beans with grated cheese, slow cooker stews blended, cottage cheese, melt in the mouth crackerbread with pate, philedelphia, corned beef (chew well), cheesy mash potato, fishcake and mushy peas , stews blended, faggots, mashed fish in sauce, Ready brek, Custard home made with skim milk & sprinkle sweetener, Frozen yogurts, Mousse, Milky hot drinks, Cheese triangles to suck, Semolina, No added sugar angel delight, Sugar free jellies, Slimfast, pureed fruit, scrambled egg and mashed baked beans with grated cheese on the top, cottage cheese (not with pineapple, too fibrous).

Chew everything well!!!

At this stage you do not need to worry about calories, carbohydrate or protein levels but do try and keep sugar low.

Solid diet – 5 weeks onwards

After 5 weeks' patients can try standard meals, although with a preference for more delicate foods that can be chewed completely. As a result, the daily diet is then divided up into around 5-6 small doses, the volume of which should not exceed 100ml(g) per meal.

You will need to suddenly cut down on the amount you eat!

Suitable: High-protein and foods - fish (if tinned, in own juice, not in oil), non-fatty lean beef and pork, chicken and poultry. The meat should be boiled, roasted or grilled. Beans, soya and pulses, eggs and egg white, skimmed, low-fat and semi-skimmed milk and dairy products, tofu, unsweetened and low-fat yogurts. Fruit and vegetables are also suitable (tinned, unsweetened or fresh, frozen and cooked but should make up only 20% of your meal.

In the first few weeks on solids you will find foods with sauces much easier so try things such as cottage pie, fish pie, chilli con carne, Bolognese etc. Then slowly moving up to chicken and steak etc. Remember to chew your food well and stop as soon as you are not full any more. Do not wait until you are full as this will probably be too late and you could suffer from foamies or even be sick. It is all a matter of trial and error. If something doesn't go down well one week, try again in a couple of weeks and it may well be ok.

For optimum weight loss, we recommend that you ensure a protein intake of 80g per day and do not exceed 50g carbohydrates. Sugar and white carbohydrates should be avoided but are fine as an occasional treat. Try and stay away from all sugar, white flour, rice, potato, pasta, biscuits, cakes etc wherever possible. These foods increase blood sugars and can stall or stop weight loss.

EXAMPLE MENUS

Liquid mushy food Breakfast: (maximum 80-100ml) yogurt milk
Elevenses: (maximum 80-100ml) diluted fruit puree
Lunch: (maximum 80-100ml) creamy soup with no solid pieces
Snack: (maximum 80-100ml) diluted vegetable puree
Dinner: (maximum 80-100ml) skimmed or semi-skimmed milk
Supper: (maximum 80-100ml) (2 spoons) blended cooked meat diluted with broth

MUSHY FOOD

Breakfast: (maximum 80-100ml) fruit smoothy made with fruit, milk and protein powder
Elevenses: (maximum 80-100ml) fruit puree or 2 crackerbreads with cream

cheese or pate
Lunch: (maximum 80-100ml) (2-3 spoons) mushed up fish pie (plenty of sauce)
Snack: coffee latte
Dinner: (maximum 80-100ml) (2 spoons) baked beans and cheese
Supper: (maximum 80-100ml) peanut butter and cocoa smoothie made with protein powder, banana, peanut butter and cocoa powder

SOLID FOOD

cut down considerably on carbs in this stage (less than 50g per day)

Example 1st week (soft foods)
Breakfast: 100ml protein fruit smoothie
Elevenses: coffee latte
Lunch: 100ml (2-3 spoons) fish pie with sauce
Snack: 100ml (2-3 spoons) stewed fruit
Dinner: 100g (2-3 spoons) steamed shepherds pie with gravy
Supper: 100g 3-4 slices of Edam cheese

2nd week
Breakfast: oatcakes (20-25g), 20-30g cheese
Elevenses: 100g latte coffee
Lunch: 100ml thick soup
Snack: 100g (2-3 spoons) tomato and egg salad
Dinner: 100ml (2-3 mouthful) blended boiled chicken
Supper: 100ml cottage

5th week
Breakfast: 100g porridge make with milk
Elevenses: 100ml yogurt
Lunch: 20g whole-wheat spaghetti, 70g (2-3 spoons) Bolognese sauce
Snack: protein shake
Dinner: 100g grilled fish or chicken with vegetables
Supper: low sugar hot chocolate

DRINKING REGIMEN

Take care to drink regularly, ideally around 2-3 litres throughout the day, drinking at 10-minute intervals to ensure that the body gets enough liquids and does not get dehydrated when the weather is warm. Ideally

avoid drinks that are sparkling or sweetened. Suitable: Water, tea, fruit and vegetable juices, non-sparkling mineral water.

You can drink up until 5 minutes before a meal but you MUST NOT drink until 30 minutes after your meal is completed. This will flush the food out to quickly and particularly with sleeve patients you will find it will make you feel exceptionally uncomfortable and you may vomit.

EATING AFTER FIRST 12 MONTHS

After the first twelve months (the golden period) you will find that your pouch/sleeve settles and dilates and you can quite suddenly eat much more than you could. This is when the hard work really starts and is why it is important to create good habits within your first twelve months.

Eat Protein first!

It is important to still stick to the rules of eating protein first, but now you need to make sure that 50% of your diet is made up of vegetables and some fruit and still keeping to low carbs, avoiding bread, pastries, cakes, sweet things, rice, pasta, bread etc.

Now you should be eating only 3 meals and one snack per day. Cut down on milky drinks and high calorie protein shakes.

If you stick to these guidelines you will put back on minimal weight. However, expect to put back on about 15% of the weight you have lost. This is very normal and is the bodies way of equilibrating after such rapid weight loss.

VEGETARIANISM AND VEGANISM

For vegetarians and even more so, vegans, eating protein first and foremost is even more important, as, per gram, the protein content is less. (If you're vegetarian, and especially vegan, you MUST research WLS THOROUGHLY beforehand, as it's much harder to follow the post-op eating plan) Vegetarian sources of protein; Obviously dairy and eggs, plus vegan sources which include:

- Tempeh
- Seitan
- Beans, soy, black, kidney etc
- Lentils
- Chick peas
- Veggie burgers
- Baked beans
- Pinto beans
- Black eyed peas
- Adamame
- Tofu
- Textured vegetable protein
- Peanut butter
- Almonds and other nuts
- Soy milk and yoghurt
- Bulgur
- Sunflower seeds and other seeds
- Almond butter
- Spinach
- Broccoli
- Quorn
- Avocadoes
- Oatmeal
- Hummous
- Pumpkin seeds
- Quinoa
- AND find a good protein supplement that you like for the first few weeks. WHEY for veggies, SOY for vegans.

WHAT ABOUT THE FIRST FEW WEEKS POST OP?

You can substitute vegetarian or vegan options for the items on your standard post-op meal plan. Here are some options:

CLEAR LIQUIDS

- Substitute veggie broth for chicken broth. You can even add unflavored protein powder to your broth to boost the protein. See below for guidance on protein powders.
- Skip the Jelly – it's made from the hooves of horses and cows!

FULL LIQUIDS

- Use soy milk instead of skim milk in protein shakes.
- Use a soy protein powder instead of one made with whey, which is a milk product.
- Substitute soy yogurt for regular yogurt.

PUREED FOODS

Puree things like beans, tofu and vegetarian chilli.

PROTEIN SUPPLEMENTS

You may have noticed that protein supplements contain different types of protein.

- Whey isolate and whey concentrate are both types of milk protein. Whey isolate is what is most often recommended for weight loss surgery patients, but there are other good choices, too.
- Soy isolate is not found in as many protein supplements, but it's a good choice for vegetarians and vegans. Make sure you read all the ingredients because even if a supplement contains soy isolate, it might also contain some animal ingredients.
- Rice protein, pea protein and hemp protein powders are likely to be labelled as vegetarian or vegan protein supplements. These are not as good a choice as whey or soy isolate because they don't have all the amino acids we need. If you use one of these, I suggest mixing it with soy milk instead of water because then you get more amino acids.
- Collagen is a form of protein found in those little "protein shots" or "bullets" that promise large amounts of protein in just a few ounces of liquid. The collagen comes from boiling the skin and hooves of horses, cows and pigs, so it's not a vegetarian form of protein. It's also missing

some important amino acids so it's not absorbed well at all (these are a poor choice of protein for all!)

WHAT ABOUT VITAMINS?

All post-ops should be taking vitamins. What kind of vitamins you need depends on what kind of weight loss surgery you had. Vegans can look for vegan forms of vitamins; many supplements contain animal ingredients. All vegans should take a B12 supplement, regardless of what type of surgery you had; even vegans that have not had weight loss surgery need a B12 supplement because plant foods contain very little B12. In summary, what you need to know is:

How do I get enough protein without eating meat?

- Because non-meat food sources have less protein per ounce than meat food sources, you have to be careful to put protein first in every meal. There isn't a lot of room for non-protein foods, especially at first.
- Many foods including beans, tofu and even vegetables like broccoli contain protein.
- here are many vegetarian alternatives to suit each post-op eating stage (clear liquids, full liquids, purees, etc.)
- All post-ops should take vitamins. Vegans need to take a B12 supplement, even if they have not had weight loss surgery.

RESTRICTION IN THE EARLY STAGES

Some don't feel restriction as sudden fullness. Restriction will keep you from binging like you used to, but some find it is more the sense that they are satisfied with much less food, rather than "restriction" per se.

Also, it might be that your stomach nerves are still healing, so all those feelings of satiety or fullness are unreliable right now. The signals are probably still garbled, which is why it is so important not to try to find "full" in the first few weeks. You might be there and not know it. Some are very hungry early on but I think this is more healing-related than restriction- or food-related. You also may have very little swelling in comparison to most, so your sleeve may be behaving like a 3 month old sleeve.

What you should be striving for is a feeling of satiation, or being satisfied, by the food you eat.

This is much less clinical and much harder to learn. The trick, at least for me, was learning to recognize the point at which I am satiated. Sometimes I still miss it - especially if I am talking to someone at dinner or reading something engrossing. I will keep moving that fork without paying attention to my sleeve. Until I feel the restriction kicking in - that uncomfortable feeling that tells me Foamies are the next step if I don't drop the fork. I sometimes eat right past my point of satiety until the restriction is my last resort. We don't want this too often, it isn't pleasant, and we certainly don't want it early on!

For me the signs that I am satiated can be very subtle. They are signs I am not used to looking for since I was a chronic overeater before surgery. Usually the first sign for me is burping. If I am eating too fast this one can easily be missed. I have to try and remind myself to eat SLOWLY. IF I am eating something spicy, my nose will start running. That's a new behaviour for me - never happened before. Its also possible that I never noticed it before because I always wolfed down my food. Your stomach will be very low key in telling you you are full. Try to eat slowly, and listen to your body for its cues. Make it an almost Zen experience.

Please do not push your sleeve faster than Dr Hruby recommends, if anything, hold off longer than the guidelines say. Your stomach is still healing, and there's no reason to advance to denser foods or larger volumes early on. You will have years to test your sleeve all you want to, but just this one chance to heal. If you are hungry, eat less food more often. Try to only eat 80g of food max at a time, because your stomach signals aren't reliable. Trust that restriction will be there!! Oh, and don't compare yourself to others, sleeves, even if the same bougie size, can be different lengths, therefore can hold different capacities. And even if they are a bigger bougie than Dr H does, this is no indication of how well they will lose, as the difference between, say, a 32f and a 48f is tiny, about 0.2 of an inch. A 2012/13 study (a very large poll) on Bougie Sizes in VSG seems to indicate at 3 years post VSG, a LESS than 40F bougie and GREATER than 40F bougie show nodifference whatsoever in EWL. See here:

http://www.ncbi.nlm.nih.gov/pubmed/23023201
All the details are here:
http://www.obesityhelp.com/member/carmelita/blog/2011/03/

Pyloric valve Function (sleeve and wrap patients only)

First, I'm not a doctor.
This is a level one explanation.....there is more to it....but if you understand this....it will make some sense.

This may be old news to some..... But I've noticed a lot of people who have had VSG or wraps do not have any idea how the Pyloric Valve works.

This is my understanding how the Pyloric Valve works.
The Pyloric Valve function and how it pertains to your VSG or wrap.

The function of your Pyloric valve is the single most not talked about important part of understanding how and when you should eat and drink.

The Pyloric Valve is just that....It is a valve that is located at the bottom of your stomach/sleeve. This valve isin between your sleeve and the small intestine. The basic definition of a valve is an apparatus that opens and closes.

When open this valve it is about the diameter of a dime. When closed it's opening is closed down to the diameter of the head of a ballpoint pen. Dense proteins and harder to digest foods will cause the Pyloric valve to close to hold the food in your stomach for pre-digestion..... stomach acids breaking down this "Rough" food. That's why we are told to eat dense proteins first.....To close the Pyloric Valve so food stays in your stomach/sleeve longer so we have a sense of satisfaction/restriction.

It takes about 30-60 minutes for the food to clear the Pyloric Valve..... Then it's OK to drink.

That is also where the term slider food comes into play. A slider food does not close the Pyloric Valve and as the term is intended.....food slides right past an open Pyloric Valve.

So now the other half of the Pyloric Valve function..... You eat a dense protein like chicken that causes your Pyloric Valve to close. Say for example your sleeve has a 4oz. capacity.....and you eat 4oz. of chicken.....your sleeve is full and holding all 4 oz. of chicken for pre-digestion because your Pyloric Valve is closed.

So now try and drink something....where is it going to go? Up.....Up until it hits another valve of sorts..... the Esophageal Sphincter (valve) and above that is a flapper valve. The function of these two valves are to hold food, bile and stomach acids in your stomach and not backing up into your air way. This is a very high pressure system. That's why when you eat too much or drink after eating a hard to digest food and your Pyloric is closed..... It hurts because you pressurized your intake track. Vomiting would be a natural pressure release.

So you can see how learning and understanding how the Pyloric Valve works is important as it pertains to eating and drinking with a Gastric Sleeve.

A sleeve empties faster than a stock unaltered full size stomach so sometimes it's beneficial for you to learn what foods stay in your sleeve longer to extend satisfaction.

Dense proteins are #1 in closing the Pyloric Valve. Chicken, steak, pork, fish.....in that order seems to be the way it goes for many.

Other foods that are hard to digest and help close the Pyloric Valve are foods like:

- Broccoli Stalk
- Asparagus
- Celery
- Cucumber with Skin
- Radish
- Cabbage
- Peppers

So I hope you understand now a little more about the Pyloric Valve and how it effects the way we eat with a VSG or wrap and how important it is to work the Pyloric Valve to your benefit

DRIVING, BATHING, SWIMMING, EXERCISE

You can drive when you feel fine (and you can do a safe emergency stop)! Check with your insurance company for cover.

You can bath one day after stitches removal (please book stitch removal with your local GP surgery for approx day 9 post-op).

You can do gentle walking to begin with. Start exercise with fast walking after one month, and easy swimming is possible then as well. Moderate exercise is allowed after 6 weeks, strenuous after 8 weeks

Feel good about yourself!

BE YOUR OWN ADVOCATE /DIETARY RULES

When people take an active role in their post weight loss surgery care, they fare better, in satisfaction and in how well treatments work. A passive patient who expects the tool to do all the work for them is less likely to do well. Weight loss surgery requires major commitment to huge dietary and lifestyle changes. It isn't the final solution, it can and will be fallible if you do not put the work in. Why go through the stress and expense of such major surgery if you are not prepared to follow the post operative rules? That's why you need to have exhausted every single weight loss avenue before resorting to weight loss surgery. It should be the final resort.

Then, when committed to surgery, become your own advocate, become involved in your dietary, health and fitness requirements, and pass on your knowledge to others. As well as being a resource for them, making you feel good about yourself, you also help to keep yourself motivated and on track. The more committed you are, the more successful your tool will be. At the end of the day, as Dr Hruby says, the surgery will only do part of the job, the rest is down to us!

WLS RULES AND BEHAVIOUR MODIFICATION GUIDELINES

The more closely you follow these guidelines the more likely you are to be successful in your journey. If you are struggling it is a really good idea to look back at these guidelines and see how many you are still doing.

- 70g+ of protein per day, always eat protein first. Dense, solid protein like chicken is more satiating.
- Up to 6 x 100g portions a day, eating every two hours to minimise hunger. The aim is to feel SATISFIED, NOT TO FEEL FULL. If you regularly test your capacity to the max, you will stretch your tool. After one year you should reduce this to 3 meals plus one snack and eat every 3 hours.
- No drinks with your meal and for half an hour afterwards, it will flush the food through your stomach quicker and make you hungry sooner.
- 2L of low-sugar, non-fizzy drinks per day.
- In the first few months keep calories between 800 and 1000 a day. Then, when exercise has been introduced, up them to 1200 and try to stay there for as long as you need to.
- Try to stay away from white carbohydrates, they are not your friends. Eat healthy carbohydrates like vegetables and fruit. Obviously stay away from cakes, chocolate, biscuits, sweets, crisps, high sugar drinks, takeaways and other unhealthy snacks.
- Nothing you can chew for 2/3 hours following a meal
- Nothing to drink for half an hour (at least) following a meal
- Protein then veg then carbs -If not finished at 20mins, STOP
- AVOID drinks with calories
- Choose solid food over soft/liquid food once on solid stage
- 100g or 1 cup size of food per meal
- At least half of every meal should be protein and EAT PROTEIN FIRST
- 2 litres of fluid per day
- CHEW CHEW CHEW
- EXERCISE for 30 min a day minimum
- Fork down between bites
- Side plate for your meal
- No fizzy EVER (if you have to, stir vigorously to get rid of the bubbles, water down with ice, and leave the lid off overnight)
- Vitamins DAILY FOREVER
- If you don't tolerate a food the first time, wait a week and try again
- Protein drinks to boost your protein
- Chew all fibre-containing foods very well

- Keep a food and exercise diary
- Don't eat after 7pm.
- Don't eat carbs that don't grow.

BEHAVIOUR MODIFICATION TECHNIQUES

1. Don't eat in front of the TV.
2. Don't read while eating.
3. Pre-portion your food and put the box or package away.
4. Keep tempting foods out of the house.
5. Don't go to the grocery store hungry.
6. Make a shopping list.
7. Use smaller plates and bowls.
8. Keep healthy foods available.
9. Focus on activities other than eating.
10. Brush your teeth after meals or if feeling the desire to eat.
11. Don't eat standing up at parties or buffets.
12. Don't stand at the food table at the parties.
13. Offer to bring a healthy food item to a party.
14. Park your car far away from your destination.
15. Get up to change the TV channel instead of using the remote control.
16. Take the stairs instead of the elevator.
17. Keep a food and exercise diary.

THE 10 MOST COMMON MISTAKES

National Association for Weight Loss Surgery

This is a great article about potential pitfalls that are all too easy to fall into following WLS. If we can stay away from these mistakes, we can give our WLS the best chance possible to be a long term success :) Taken from http://www.nawls.com/

While weight loss surgery (WLS) is considered the most successful treatment for morbid obesity, it is just the first step toward a fresh start. Weight regain is a common phenomenon, as is illness when weight loss surgery patients do not follow recommended guidelines.

Breaking old patterns, establishing an effective post-WLS lifestyle, and

addressing the emotional issues that often complicate obesity takes more than commitment; it takes support, information, and resources.

The National Association for Weight Loss Surgery (NAWLS) helps WLS patients shape new lives. We teach people what they need to know and help them makes the changes they need to make to achieve long-term WLS success -- physically, mentally, and spiritually.

In a November 2005 poll conducted by NAWLS, the following were identified as the top 10 mistakes WLS patients make:

1st Mistake: Not Taking Vitamins, Supplements, or Minerals
Every WLS patient has specific nutritional needs depending on the type of surgery you have had. Not only is it a good idea to ask your surgeon for guidelines, but also consult with an experienced WLS nutritionist. Understand there is not a standard practice that all surgeons and nutritionists follow in guiding WLS patients. So, it is important to do your own research, get your lab tests done regularly, and learn how to read the results.

Some conditions and symptoms that can occur when you are deficient in vitamins, supplements, or minerals include:

Osteoporosis; pernicious anaemia; muscle spasms; high blood pressure; burning tongue; fatigue; loss of appetite; weakness; constipation and diarrhoea; numbness and tingling in the hands and feet; being tired, lethargic, or dizzy; forgetfulness, and lowered immune functioning.
Keep in mind, too, that some conditions caused by not taking your vitamins, supplements, or minerals are irreversible. For example, a vitamin B-1 deficiency can result in permanent neurological deficits, including the loss of the ability to walk

2nd Mistake: Assuming You Have Been Cured of Your Obesity
A "pink cloud" or honeymoon experience is common following WLS. When you are feeling better than you have in years, and the weight is coming off easily, it's hard to imagine you will ever struggle again. But unfortunately, it is very common for WLS patients to not lose to their goal weight or to regain some of their weight back.

A small weight regain may be normal, but huge gains usually can be

avoided with support, education, effort, and careful attention to living a healthy WLS lifestyle. For most WLSers, if you don't change what you've always done, you're going to keep getting what you've always gotten -- even after weight loss surgery.

3rd Mistake: Drinking with Meals

Yes, it's hard for some people to avoid drinking with meals, but the tool of not drinking with meals is a critical key to long-term success. If you drink while you eat, your food washes out of your stomach much more quickly, you can eat more, you get hungry sooner, and you are at more risk for snacking. Being too hungry is much more likely to lead to poor food choices and/or overeating.

4th Mistake: Not Eating Right

Of course everyone should eat right, but in this society eating right is a challenge. You have to make it as easy on yourself as possible. Eat all your meals--don't skip. Don't keep unhealthy food in sight where it will call to you all the time. Try to feed yourself at regular intervals so that you aren't as tempted to make a poor choice.

And consider having a couple of absolutes: for example, avoid fried foods completely, avoid sugary foods, always use low-fat options, or only eat in a restaurant once a week. Choose your "absolutes" based on your trigger foods and your self knowledge about what foods and/or situations are problematic for you.

5th Mistake: Not Drinking Enough Water

Most WLS patients are at risk for dehydration. Drinking a minimum of 64 oz. of water per day will help you avoid this risk. Adequate water intake will also help you flush out your system as you lose weight and avoid kidney stones. Drinking enough water helps with your weight loss, too.

6th Mistake: Grazing

Many people who have had WLS regret that they ever started grazing, which is nibbling small amounts here and there over the course of the day. It's one thing to eat the three to five small meals you and your doctor agree you need. It's something else altogether when you start to graze, eating any number of unplanned snacks. Grazing can easily make your weight creep up. Eating enough at meal time, and eating planned snacks when necessary, will help you resist grazing.

Make a plan for what you will do when you crave food, but are not truly hungry. For example, take up a hobby to keep your hands busy or call on someone in your support group for encouragement.

7th Mistake: Not Exercising Regularly

Exercise is one of the best weapons a WLS patient has to fight weight regain. Not only does exercise boost your spirits, it is a great way to keep your metabolism running strong. When you exercise, you build muscle. The more muscle you have, the more calories your body will burn, even at rest!

8th Mistake: Eating the Wrong Carbs (or Eating Too Much)

Let's face it, refined carbohydrates are addictive. If you eat refined carbohydrates, they will make you crave more refined carbohydrates. There are plenty of complex carbohydrates to choose from, which have beneficial vitamins. For example, if you can handle pastas, try whole grain Kamut pasta--in moderation, of course. (Kamut pasta doesn't have the flavor some people find unpleasant in the whole wheat pastas.) Try using your complex carbohydrates as "condiments," rather than as the center point of your meal. Try sprinkling a tablespoon of brown rice on your stir-fried meat and veggies.

9th Mistake: Going Back to Drinking Soda

Drinking soda is controversial in WLS circles. Some people claim soda stretches your stomach or pouch. What we know it does is keep you from getting the hydration your body requires after WLS--because when you're drinking soda, you're not drinking water! In addition, diet soda has been connected to weight gain in the general population. The best thing you can do is find other, healthier drinks to fall in love with. They are out there

10th Mistake: Drinking Alcohol

If you drank alcohol before surgery, you are likely to want to resume drinking alcohol following surgery. Dr Hruby insists that clients do not drink alcohol within the first 8 weeks and after that only in moderation. And it is in your best interest to understand the consequences of drinking alcohol before you do it.

Alcohol is connected with weight regain, because alcohol has 7 calories per gram, while protein and vegetables have 4 calories per gram. Also, some people develop an addiction to alcohol after WLS, so be very cautious. Depending on your type of WLS, you may get drunker, quicker after surgery,

which can cause health problems and put you in dangerous situations.

If you think you have a drinking problem, get help right away. Putting off stopping drinking doesn't make it any easier, and could make you a lot sicker.

WEIGHT LOSS STALL OR PLATEAU

A weight loss stall or plateau is a period of time during where there is no weight loss according to the scale and there may be no loss of inches according to the tape measure. This is why it is so important to take body measurements before surgery, so the patient has a reference as the weight loss progresses post-op. We suggest taking measurements of the chest, waist and hip, neck, upper arm, thigh and calf.

Be aware it is very common for weight loss to "stall" shortly after surgery. Diana explains the reason for this below.

A "stall" a few weeks after surgery is not uncommon, and here's why.

Our bodies use glycogen for short term energy storage. Glycogen is not very soluble, but it is stored in our muscles for quick energy -- one pound of glycogen requires 4 lbs. of water to keep it soluble, and the average glycogen storage capacity is about 2 lbs. So, when a patient is not getting in enough food, the body turns first to stored glycogen, which is easy to break down for energy. Then when 2 lbs. of glycogen is used a patient will also lose 8 lbs. of water that was used to store it -- voila -- the "easy" 10 lbs. that most people lose in the first week of a diet.

However, when the body stays in a caloric deficit state the body starts to realize that this is not a short-term problem. Then the body starts mobilizing fat from adipose tissue and burning fat for energy. But the body also realizes that fat can't be used for short bursts of energy. So, it starts converting some of the fat into glycogen, and rebuilding the glycogen stores. As it puts back the 2 lbs. of glycogen into the muscle, 8 lbs. of water has to be stored with it to keep it soluble. So, even though the patient might still be losing energy content to their body, the weight will not go down or it might even gain for a while as the retention of water dissolves the glycogen that is being reformed and stored.

The good news is that during a stall, many people find this is when they lose the most Inches, it is as if the body uses this time to shrink the fat cells. So celebrate thoseStalls, weight loss is in a series of plateaus, it is never linear. Keep following the Guidelines and it will start to move again.

WHAT YOU CAN DO ABOUT A STALL OR PLATEAU (AN EXTENDED ONE)

If a patient is experiencing a post-op weight loss stall or plateau further out there are a few possible causes. First, check that are you really in a stall. If the scale has stopped moving you may be losing inches, so check your measurements.

TOO MANY CARBS?

Carbohydrates can start sneaking into foods without any awareness of how quickly they are adding up. If there is struggling with weight loss the patient may want to examine their daily carb count. Keep the carbs under 50g a day and see if that makes a difference in weight loss. Do not eat carbs before bedtime as it triggers insulin and initiates fat storage.

EATING ENOUGH?

If there is under-eating or going more than 4-5 hours without eating, the body will shift into fasting mode, slow the metabolism and conserve stored energy (fat). This can contribute to a weight loss stall or plateau. Make sure the consumption of food is small meals or small snacks throughout the day, also, ensure to meet daily protein requirements. Try eating some protein with every meal or snack.

DRINKING ENOUGH?

An adequate level of water in the body aids in the effective breakdown of fat. The daily minimum recommendation is 64 fluid ounces of water a day. If a patient is in ketosis they will need to drink even more water to ensure the ketones are flushed out of the system. If there is any exercising or the patient lives in warm/dry weather there needs to be a higher consumption of water.

EXERCISING?

Exercise can increase metabolism and burn fat. Strength training will build muscles and will boost fat burning. In a stall a patient can try increasing the volume of exercise or changing up the routine to overcome a weight loss stall or plateau. If the exercises have been mainly aerobic activity, try doing a bit of strength training; if they have been mainly strength training, try an aerobic work-out.

REGAIN AFTER WEIGHT LOSS SURGERY AND HOW TO AVOID IT

It is possible to not lose enough weight or to regain weight after any type of weight-loss surgery, even if the procedure itself works correctly. This weight gain can happen if you don't follow the recommended lifestyle changes. To help avoid regaining weight, you must make permanent healthy changes in your diet and get regular physical activity and exercise. If you frequently snack on high calorie foods, for instance, you may have inadequate weight loss, or even regain a percentage of your original loss. Your first year following surgery is very important as this is the time to learn new, healthy habits, so that when maintenance arrives, it is not so difficult to contend with. Please make the most of your 'golden time'.

Bariatric surgery is NOT the ultimate solution to your weight issues, but in combination with a healthy lifestyle, it is a great tool. It's up to you how you use it!

To help prevent wait regain you have to learn how and what to eat all over again eg no snacking, stay away from cake, crisps, chocolate, junk-food, take-aways, alcohol, fizzy drinks (fizzy drinks are the quickest way to regain your hard-earned weight loss), minimise carbohydrate based foods (rice, pasta, white bread, potatoes), and eat healthier foods (meat, fish, vegetables, fruit). Also you MUST start an exercise regime that you can stick to permanently.

There are many ideas, many plans and a lot of contention around calories and carbs after weight loss surgery.

I don't think it is as important as some, I think the important thing is persistence and commitment to some plan. But I will say you are in the

period during which it is *easiest* to eat less, and if you are satisfied with 600-800 calories now, you probably will find that pretty skimpy at 6 months out. That's why all the veteran sleevers talk about the "honeymoon phase." Make the most of it! Also, I am not a hard-core low-carb person, but I would cut them out wherever it is easy to do so.

Obesity is chronic and progressive disease that means it never goes away and always gets worse.

- Bariatric surgery is the most successful way known to manage obesity.
- Food addiction is present with many obese patients
- Success for WLS is seen as 50% or more EWL or 20% loss of initial weight and a BMI of less than 35.
- Non surgical clients losing weight only 20% will achieve and maintain 5% weight loss for 1 year.
- A 'normal' fluctuation in weight for surgical and non surgical people is 15%.
- The lower your BMI, the less energy needed to keep yourself at that weight. This is why most people
- find maintaining much harder than initial weight loss as you have to eat less to maintain.
- Watching TV, alcohol consumption and sleep deprivation are the biggest triggers for weight regain
- 75% of patients postoperatively underestimate what they are eating by 20 – 50% on a regular basis.

This is why tracking your food is so important.

- The biggest factor in weight regain is relaxing of adherence over time of strategies, eg journaling and tracking, planning food, increasing portion sizes, grazing (particularly high sugar foods) dropping exercise and activity. I think the further out we get the less it is at the forefront of our minds and we get a bit lax with our strategies.

- Carbs and sugar are the biggest problem for most of us as they are slider foods and we can eat much more of them than lean protein and vegetables. They also increase blood sugar and insulin production which sets us up for a physiological craving, so we then have a psychological craving as well as a physiological craving – double whammy!

Obesity is a type of disease and the majority of obese patients suffer from

food addiction. This is not only physical but it is psychological and requires constant vigilance to 'manage' it. This is not easy.

However, this is what we have and however much we wish we didn't, we do. Therefore, we have to manage it each day the very best we can, but it will never go away. With our new tool, we have a fighting chance to manage it for a healthy and happy life.

With our new tool, we have a fighting chance to manage it for a healthy and happy life.

RISKS, COMPLICATIONS AND LONG-TERM ISSUES FOLLOWING WLS; PLEASE READ!

This is the first part of this support pack and I make no apology for this. It is not here to frighten you but it is here for you to be aware of the risks that are possible with this surgery. As with any major surgery, weight-loss surgeries pose potential health risks, both in the short term and long term. However, the majority of these risks are very, very rare.

- Risks associated with the surgical procedure can include (but are not exclusive to) :
- Excessive bleeding
- Infection
- Advere reactions to anaesthesia
- Blood clots
- Lung or breathing problems
- Leaks in your gastrointestinal system
- Spleen or liver damage
- Small bowel obstruction
- Death (rare)

Longer term risks and complications of weight-loss surgery vary depending on the type of surgery. They can include:

- Bowel obstruction
- Dumping syndrome, causing diarrhoea, nausea or vomiting
- Gallstones
- Hernias
- Low blood sugar (hypoglycemia)
- Malnutrition
- Stomach perforation
- Ulcers
- Vomiting
- Gastric tube stricture
- Stenosis
- Incisional hernia
- Gastrocutaneoous fistula
- Weight regain