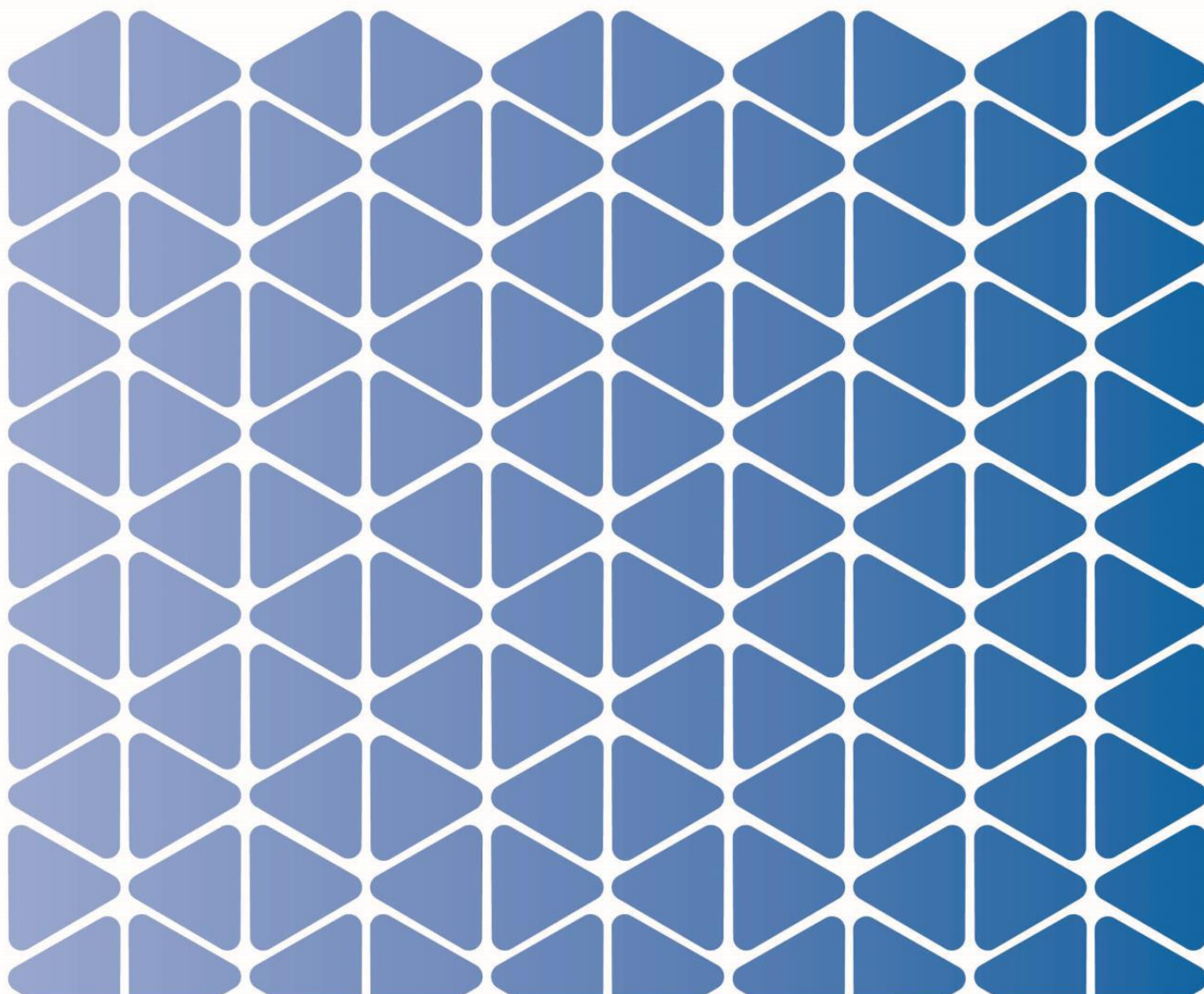


PATIENT INFORMATION
SLEEVE GASTRECTOMY
INFORMATION PACK



What is in your pack?

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Worcestershire Royal Hospital Bariatric Services Team

Welcome to the Bariatric Team at Worcestershire Royal Hospital.

We specialise in Bariatric Surgery (known as weight loss or metabolic surgery).

We are a multi-disciplinary team who are experienced in bariatric surgery.

We work together to carry out a surgical assessment, provide advice and support before and after surgery to deliver a seamless service.

Bariatric Surgeons

Mr Anthony Perry
Mr Martin Wadley
Mr John Robinson

Endocrinologists

Dr Ramalingam Bhaskar
Dr Mohammad Abdus Salam

Radiologist

Specialist Nurses

Karen Abolghasemi-Malekabadi
Fridi Levine

Specialist Dietitians-Tier 3

Penny Lock-Pullan
Henry Tellwright
Ishbel Cherry

Specialist Dietitians-Tier 4

Emma White
Madeleine Williams

Counselling Psychologist

Dr Claire Parkes

Bariatric Team Co-Ordinator

Christopher Hogg

Bariatric Secretaries

Jackie Pinches
Debbie Winters
Pauline Parker

Appointments Co-Ordinator

Rebecca Vernalls

Pre-Operative eating plan for bariatric surgery

You will need to follow an exceptionally strict diet for 3 weeks before your operation unless your surgeon gives you different advice.

This reduces the size of your liver and makes surgery possible with a much reduced risk of complications.

If you do not follow the advice meticulously then your surgeon may not be able to carry out the operation.

Your liver is a large organ inside the abdomen that lies over your stomach and needs to be moved aside during surgery.

In people referred for bariatric surgery, the liver tends to be particularly large with expanded stores of glycogen (a form of carbohydrate), water and fatty deposits.

Following one of the recommended diet plans will reduce these stores so the overall size of your liver will shrink. Your liver can then be safely moved aside during the operation so that your surgery can be carried out.

What if I have diabetes?

If you have diabetes and take medication or injections, it is important that you have spoken to a member of the team **before starting your pre-op diet**, and that you understand any changes that have been recommended.

If you take tablets, your Tier 3 dietitian will have provided advice for you about the changes you need to make before starting the pre-op diet, and will advise what to do on the day of surgery.

If you take insulin, your tier 3 dietitian will have referred you to the Diabetes Specialist Nurse for an initial assessment before starting the pre op diet, and it is your responsibility to keep in contact with your nurse if you have any queries before or after surgery.

PRE-OP DIET OPTIONS

Option 1- Meal replacements-up to 4 daily- (total 900 calories)

You will find a variety of meal replacement shakes and powders in supermarkets and pharmacies, for example Celebrity Slim, Slimfast, Superdrug Slenderplan, Forza Shake It Slim, Tesco Ultralim, Asda Great Shape Meal Replacement Shakes or Morrisons In Shape Meal Replacement Shakes. They contain a range of vitamins and minerals and less than 250 calories per item.

Most meal replacement drinks are milk based, but Celebrity Slim and Superdrug Slenderplan have a range of soups, if you prefer savoury options.

Some varieties are ready to drink, but others need to be made up with **water** or **skimmed milk**. It is important to make up the drinks exactly as directed to ensure you are getting the correct balance of nutrients.

Meal replacement bars can also be used e.g. Slimfast or Celebrity slim. They can replace 1 of your meal replacement shakes.

Dairy free options

Celebrity Slim has a range of dairy and gluten free meal replacement powders, and Purition has a range of dairy free meal replacement powders. Check with your dietitian that your dairy free milk is suitable. Slimfast also have a dairy free powder – Slimfast Advanced Intense Mint Chocolate flavour.

Lactose free options

Readymade Slimfast Vitality Blast in Choc Caramel and Berry Blast flavours are both lactose free alternatives.

If you find any other alternatives not listed here please speak with your Dietitian who will be able to advise you. Only use alternatives if your Dietitian agrees.

Follow these instructions regardless of which pre-op diet you choose.

- Spread your food and drink out over the day.
- Drink a minimum of 2 litres of very low-calorie fluid every day (more if the weather is hot or if you sweat more than usual).
- Drink at regular intervals throughout the day. Include unlimited amounts of water, still no added sugar squash, other beverages such as Oxo, (or other powdered stock cubes) dissolved in water. Bovril, tea, coffee.
- Do not use sugar in your drinks but you can use a sweetener if you wish.
- Do not drink alcohol
- Take a multivitamin & mineral tablet daily.
- Monitor your bowels, as you may need to take a laxative

Option 2 - Milk and yogurt

Each day you can have:

- 1 pint (600mls) semi-skimmed or skimmed milk **AND**
- 8-10 x 125g pots of Diet yogurt e.g.

Shape 0% fat 120g, Weight Watchers Yoghurt Dessert Style 120g, Activia 0% fat yoghurt 125g, Danone Light & Free 115g.

Muller Light Fat Free Yogurt 175g are also suitable but you can have a maximum of 7 as they are a bigger portion size.

Please note that other varieties of yogurt may be suitable but please check with your dietitian.

Ensure that yogurts are around **60-70 calories (kcal) per 125g pot.**

Remember to follow general instructions on the bottom of page 4 of this pack.

If you find other yogurts not listed here please speak with your Dietitian who will be able to advise you on their suitability.

Option 3 Milk Diet

Each day you can have

3 pints of semi skimmed milk and 1 portion of fruit

OR 3 pints of skimmed milk and 2 portions of fruit

What is a portion?

1 medium apple, or banana, or pear, or peach, or a slice (2 inch) of melon OR
2 medium plums, or 2 small satsumas, or 2 kiwi fruits

Choose which diet you are going to follow and follow it strictly for 3 weeks. It is useful to try some meal bars and meal replacement milkshakes and soups leading up to the pre-op diet so that you can see which diet you prefer.

You can follow a different option for each week of the diet if you wish.

Remember to follow general instructions on the bottom of page 4 of this pack.

If you find any other alternatives not listed in this booklet please speak with your Dietitian who will be able to advise you on their suitability.

Sleeve Gastrectomy

The sleeve gastrectomy is a surgical operation to help you lose weight. Surgery is performed laparoscopically (keyhole surgery) under a general anesthetic.

Through a series of 5-6 small incisions across your upper abdomen, the surgeon will use laparoscopic instruments and a telescopic camera to perform the operation which will last around 1.5-2 hours. There is always a small possibility of having to convert to an open operation which means making a larger cut if there are difficulties.

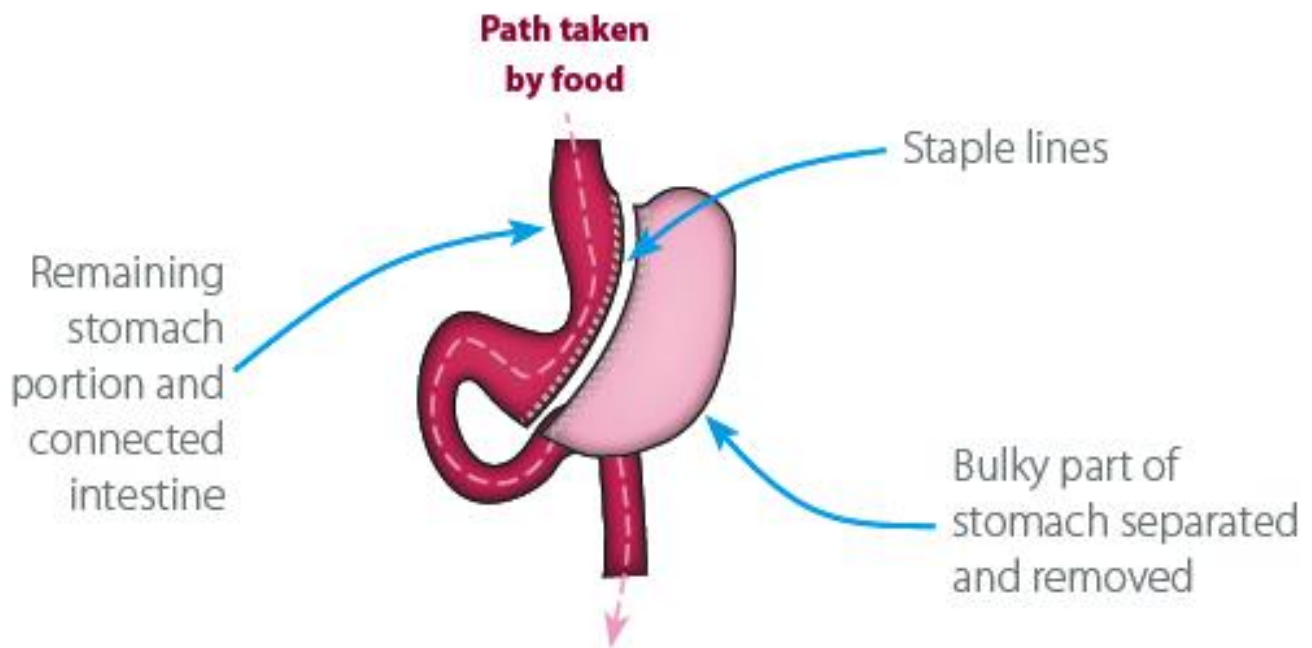


Diagram courtesy of Dendrite

During the operation, your surgeon will reduce your stomach size by about 75-80% by dividing your stomach vertically from top to bottom with a line of staples.

This leaves a banana shaped section of stomach along the inside curve (see diagram below). The valve at the bottom of the stomach which regulates how fast food leaves your stomach is preserved and the rest of your digestive system is unaffected.

The size of your stomach is reduced which limits the amount of food you can eat and results in you feeling full with smaller amounts of food.

Although the stomach is reduced in size, it otherwise functions normally and the problem of dumping (side-effect associated with bypass surgery) is generally avoided as the valve at the bottom of the stomach (pylorus) is retained.

Some research indicates that there is an area of stomach responsible for producing hormones that stimulate hunger. This area of the stomach is removed in a sleeve gastrectomy so could help you to feel less hungry. As digestion is unaffected, nutritional

problems such as protein, vitamin and mineral deficiencies are less common than with gastric bypass surgery.

Straight after your operation you will have an intravenous drip to keep you hydrated. You will also be encouraged to get up out of bed the same day as your operation.

It is important that you follow our dietary guidance after surgery to ensure you remain healthy and reduce the risk of any problems occurring

Risks, Disadvantages and Side Effects

The sleeve gastrectomy is not reversible. Complications are rare, but it is important that you are aware of potential problems.

Because the procedure requires stapling of your stomach, one of the greatest hazards is that a leak may develop along the staple line. If this were to occur, a second operation may be required. Occasionally you may develop other complications such as a chest, wound or intra-abdominal infection. This may delay your recovery. Other side effects are vomiting due to over-eating.

Long term risks include developing a hernia. Dilation of the new stomach over time may lead to inadequate weight loss or weight gain. Vitamin and mineral deficiencies are less common than with gastric bypass surgery, but you will be required to take vitamin and mineral supplements for the rest of your life, together with regular blood tests to ensure you are not developing vitamin deficiencies.

Some people can suffer with gastro-oesophageal reflux after surgery. If you suffer with reflux before surgery, your surgeon may want to investigate this further and will discuss the best operation for you.

How much weight will you lose after a sleeve gastrectomy?

There is no definite answer as many factors are involved such as age, gender, activity, but most patients lose approximately 50-60% over a 2-year period. If you are motivated to follow a healthy eating plan and increase your physical activity, you are more likely to achieve a greater weight loss. The operation is a tool to help your weight loss and not a magic wand.

The operation will cause you some pain and discomfort initially, and this will be managed with pain relief medication. Straight after your operation you will have an intravenous drip, but you will be able to start drinking sips of water quite soon after the operation. You will also be encouraged to get up out of bed the same day as your operation.

You must follow a special diet after your sleeve gastrectomy. You need to avoid solid food in the first few weeks to allow the surgery to heal. Your diet should progress as below.

Stage 1 First 2 weeks after surgery (day 1-13)	Stage 2 Week 2-4 after surgery (day 14-27)	Stage 3 part 1 Week 4-6 after surgery (day 28-41)	Stage 3 part 2 Week 6-8 after surgery (day 42-56)	Stage 4 8 weeks after surgery onwards
Thin fluids only (page 9)	Pureed/blended foods (page 13)	Fork mashable foods (page 16)	Moving onto textured foods (page 17)	Lifelong normal textured diet (page 18)

Post-op eating plan

Immediately after your surgery you need to allow time for your internal stitches to heal properly, the swelling around your stomach to settle and allow your digestive system to adjust to the new way you will be eating.

It will take months to learn how get used to your new way of eating after sleeve gastrectomy surgery.

It is important that you follow our guidance and **do not rush these stages**.

Stage 1 First 2 weeks after surgery – Fluids only

- You will start taking sips of water on the day of your operation and will usually be allowed to take other fluids the following day.
- Sip slowly and frequently.
- Do not drink fizzy drinks.
- Stop if you think you are feeling full and aim to consume 2 litres (about 10 cups) of fluid every day.
- You may struggle over the first few days to take 2 litres of fluid but sip slowly and persevere until you can. Ensure that you progress towards this amount as the first week goes by or you may become dehydrated and suffer with headaches, urine infections or constipation.

Stage 1 General guidelines for the first 2 weeks after surgery.

- Liquids must be smooth and not contain any 'bits or lumps' as they may cause discomfort or pain or get stuck; use a sieve to remove bits.
- If a drink will go through a straw, then it is the correct consistency but do not use a straw as you may take in lots of air, causing discomfort.
- Drink slowly but frequently; it may take around 10 minutes to drink a small cupful to start with.
- If you experience pain, discomfort or regurgitate your drinks, try taking smaller sips and allow more time between sips.

- Some people find hot drinks go down more easily to start with; others find that sucking ice cubes can help if struggling to get fluids down.
- Spread out your drinks over the day. If you go for long gaps without anything to drink you may start to feel light headed and nauseous.
- Some people report their mouth feels furry when taking only liquids, so it may be useful to use mouthwash and brush teeth more frequently.
- **Continue to take your chewable multivitamin & mineral supplement twice daily** and take your other vitamin and mineral supplements as prescribed. In hospital you will usually be given the following to go home with;
 - **Adcal D3**; Dissolve 1 tablet twice daily (calcium and Vitamin D) or **Adcal D3** chewable 1 tablet twice daily,
 - **Fersamal**; (ferrous fumarate) 5mL twice per day (iron).
 - **Lansoprazole, Omeprazole or equivalent**; take as directed by your consultant (usually only for 4-6 weeks after surgery to protect your new stomach from any acid)

Please obtain further stocks from your GP when your supplies run out; remember, you will usually only need liquid/chewable medications for the first month following surgery, after this you should be able to re-commence your normal preparations.

Multivitamin & Mineral supplements

For the first month after surgery, you need to buy a chewable Adult multivitamin & mineral supplement from a Pharmacy or Supermarket and can include Centrum Fruity Chewables for adults, Superdrug A-Z Chewable Multivitamin and Mineral tablets, Boots Pharmaceuticals A-Z chewable tablets, Bassetts Soft and Chewy everyday health. Start these with your pre-op diet. After this first month, you should no longer require your vitamins to be chewable.

Medications

As you lose weight, both before and after surgery, your GP may need to monitor and advise more frequently on doses of some medication as these may need to be reduced.

Although you should be able tolerate small tablets after surgery, you may struggle with bigger tablets in the first few weeks. Check before surgery whether your medicines can be crushed, just in case. If it is not safe to do so, you may need preparations in liquid, chewable or dispersible form after surgery if you struggle to manage some tablets.

Stage 1 Fluid diet for 2 weeks after sleeve (Day 1-13)

Protein Portion Essential list (3-4 items per day)

- 400mls ($\frac{2}{3}$ rd. pint) semi-skimmed, skimmed milk or soya milk.

- 2 smooth diet yogurts (125g each) to blend with milk or water to a 'drinkable' consistency.
- 1 meal replacement drink (e.g. Slimfast, Celebrity Slim, Tesco Ultralim, Asda Meal Replacement Shake Mix, Forza Shake It Slim, Superdrug Slenderplan).
- 1 sachet of Complan milkshake, or Meritene Energis (Shake or soup) or Aymes retail (Shake or soup). N.B Meritene and Aymes are both available from your pharmacy.
- 3 heaped tablespoons skimmed milk powder (e.g. marvel or supermarket own brand of milk powder).

Free list –unlimited

- Water; plain or low calorie flavoured (not carbonated/fizzy).
- Low calorie, no added sugar or sugar free squash.
- Oxo, Bovril, Marmite, Miso or Stock cubes dissolved in water.
- Soups; tinned, dried, homemade. You may need to dilute them then sieve to ensure there are no 'bits or lumps'.
- Coffee or tea including herbal teas.

Limited list (optional 1-2 items per day)

These drinks are limited because they have a high natural sugar content:

- 1 small glass (150mls) unsweetened fruit juice. If you have a juicing machine, then you can make your own combinations e.g. beetroot and orange, carrot, celery and apple. Always dilute with water then sieve to ensure there are no 'bits or lumps'.
- 1 glass (200mls) vegetable juice e.g. carrot, tomato, V8 vegetable juice.
- 1 x 100-150mls Actimel or other Smoothie drinks (low sugar).
- Low calorie Hot chocolate, or light malted drinks.

Sample Menu fluid diet post sleeve gastrectomy

8.00am	200mls tea or coffee or low-calorie squash or water
9.30am	200mls meal replacement drink
11.00am	200mls Bovril
1.30pm	200mls meal replacement drink
3.00pm	200mls coffee made with milk
4.30pm	200mls cuppa soup (no bits) with 1 ½ tablespoons skimmed milk powder
6.00pm	1 glass (150mls) unsweetened orange juice diluted with 150mls water
7.30pm	200mls soup (no bits) with 1 ½ tablespoons skimmed milk powder added

9.00pm 200mls milk

10.30pm 200mls Low calorie Ovaltine

Recipe ideas to use your Essential protein portions (see page 10 for protein portions).

Fortified milk

Mix 3 heaped tablespoons of skimmed milk powder with 400mls of semi-skimmed (or skimmed) milk. Use this 'fortified milk' when you have tea or coffee or add vanilla essence. **(This uses 2 'Protein' portions)**

Strawberry Yogurt shake

Blend 1 smooth, diet yogurt with 200mls skimmed or semi-skimmed milk and 6 fresh or frozen strawberries. Dilute to a drinkable consistency with milk and sieve to ensure no 'bits'. **(This uses 1 Protein' portion)**

Easy Pesto Tomato soup

Measure about 200mls of tomato juice into a small pan. Dilute with 100mls water and stir in 1 rounded teaspoon of pesto and heat gently.

Is this normal after sleeve gastrectomy surgery?

Tiredness

For the first two weeks after your operation you may feel tired and although we encourage you to walk daily, do not overdo things. Even when your wounds look healed on the outside, they are still healing inside, and you may be aware of a 'pulling' feeling as you become more active and take fewer painkillers. This is a normal part of the healing process.

Discomfort

You may notice pain in your neck and left shoulder area. This is common after any laparoscopic surgery and the pain will diminish over time. You may find peppermint tea or peppermint cordial helpful.

Bloating

Your stomach may feel bloated for a few days after surgery and it may be uncomfortable to belch.

Diarrhoea

Some people develop diarrhoea in the first few weeks after surgery. This can be due to changes in your medications, a change to a liquid diet or an increase in your milk consumption. Make sure that you drink even more fluid to replace what you are losing. If the diarrhoea is particularly troublesome, arrange to see your GP to check that you do not have an infection. It may be helpful to take oral rehydration sachets to replace the

salts you are losing. Occasionally some people suffer from lactose intolerance after surgery which will usually settle down quite quickly. You may need to change to a lactose free milk e.g. Lactofree or soya milk. Candia Just Milk Lactose Free Semi-skimmed milk is another option. Speak to your dietitian for more advice.

Constipation

More commonly, your bowel frequency will be much less than before surgery because you are taking much smaller quantities with very little fibre and if you are taking strong pain killers, this can add to the problem. If you suspect that you are constipated-

- Ensure you are drinking **at least** 2 litres of fluid per day.
- Include 1-2 cups of diluted fruit or vegetable juice per day or try syrup of figs or prune juice as a gentle bowel stimulant.
- Make sure that you are active (gravity helps to get things moving). We may suggest that you take a non-bulk forming laxative such as Lactulose, Senna or Benefiber. If you are still uncomfortable, discuss with the team or GP for further advice.

Hunger

You may lose your appetite completely after surgery and it is important that you follow your meal plans and eat/drink regularly. You may also find that some foods do not seem to taste the same and that you do not enjoy your food. It is important to persevere, and things will get easier in time.

Stage 2- Weeks 2–4 after surgery (Day 14-28) – Puréed/blended food

Once you have taken liquids comfortably for 2 weeks, you can begin to have slightly thicker foods.

Remember that tissues around the stomach are still healing and it remains important not to stretch the small stomach with foods that are hard or indigestible.

You should begin to make the gradual transition from liquids to soft food. Do not eat larger quantities than recommended even if you feel that you could.

If you begin to eat larger quantities of food, your newly created stomach could stretch, and you may lose sensitivity to fullness and your gullet may become over-stretched as well. This will lead to you eating larger quantities, not recognising when you are full, and you will not lose weight.

Start by blending foods, aiming for a consistency like thick yogurt.

An **example** would be, starting off with mixing porridge with plenty of low fat milk and reducing the amount of milk gradually over a few weeks so that your porridge becomes much more solid.

Fish and white meat are generally more 'digestible' than red meat but well-cooked lean minced meat in sauce would be fine. You will still have to blend the meat further to

achieve the correct consistency. At this stage, add gravy or sauce to keep foods soft and moist.

Remember

Blend food for at least 2 weeks before progressing to fork mashed food

When taking blended foods aim for 5 small meals per day (maximum of 3 tablespoons of food per meal). This varies but 1-2 tablespoons may be enough.

Serve your meals on a 7-inch side plate or use a small ramekin dish.

Eat very slowly, taking about 20 minutes for each meal. Aim to chew every teaspoon size mouthful of food 20 times and put your knife and fork down between each mouthful. After 20 minutes throw away any remaining food- do not be tempted to reheat it and eat it later.

Drink frequently through the day, and up to 15-30 minutes before your meal, then leave at least 30 minutes after your meal before drinking again.

Continue to take your vitamin & mineral supplements.

Tips for making Puréed/blended food

In stage 2 you are aiming to achieve a consistency like runny yogurt. You may find a blender, food processor or liquidizer useful. You may need to serve food with extra gravy or sauce to achieve the correct consistency.

Meat, fish and poultry should be free from skin, bones and fat, and cooked without additional fat. Cut into small pieces and blend with gravy or a low-fat sauce to achieve the required consistency. You could casserole or stew your meat before blending.

Potatoes can be mashed with lots of semi-skimmed or skimmed milk. Pass them through a sieve if still lumpy. You can also try instant or frozen mash.

Pasta should be well cooked and liquidized. Choose a tomato-based sauce not a creamy sauce. You may find pasta too stodgy at this stage.

Vegetables should be cooked until soft. They should be drained, and blended. Use the cooking water to achieve the correct consistency.

Fruit can be tinned, fresh, or stewed. Blend and add extra fruit juice if required. Add sweetener if needed but do not add sugar.

Try liquidizing dishes separately to improve the appearance of your food.

Try liquidizing healthy eating ready meals. One ready meal could make 3 or 4 meals.

You can liquidize many healthy foods that the family are eating. You can try liquidizing mild curries, bolognaise, stews and tinned meats.

It is a good idea to plan ahead before surgery and liquidize left over meals and freeze them. Ice cube trays can be useful as each ice cube tray will hold approximately 1 tablespoon of food. This helps with portion control and can also save you money.

Some companies including Wiltshire Farm Foods and Oakhouse foods have a range of blended foods. Be aware that the portion sizes may be quite large, and these can work out to be quite expensive. Ensure that you only choose healthy options, and do not choose sugary desserts.

Stage 2 Puréed/blended food- Weeks 2-4 after surgery

Include ½ pint skimmed or semi-skimmed milk to have in drinks during the day and one small (125ml) glass natural fruit juice diluted with water.

Try to include some meat or fish or alternative protein source, potato and vegetables at each main meal.

Aim for 3 main meals and 2 snacks daily.

Stage 2 sample meal ideas

Breakfast

- ½-1 Weetabix with lots of skimmed or semi-skimmed milk
- 1-3 tablespoons Readybrek / Porridge or 1 sachet instant porridge
- Small pot of smooth diet/low fat yogurt with blended fruit
- Thick fruit smoothie (150-200ml milk with 2 portions of fruit)

Lunch/Evening meal- Blended meal-3 tablespoons (tbsp.) maximum per meal.

- 1 tbsp. blended tender fish such as cod/haddock/plaice in a parsley sauce with 1tbsp. blended vegetables and blended mashed potato.
- 1 tbsp. meat blended with gravy, with 1tbsp. blended potato and 1tbsp. blended vegetables
- 1tbsp. minced meat/Quorn/soya protein alternative blended with tomato sauce with 1 tbsp. blended pasta and 1 tbsp. of blended vegetables.
- 1-2 tbsp. blended beans with 1tbsp. blended potato/instant mash.
- 1-3 tbsp. of mild curry for example lentil or vegetable curry
- 1-3tbsp. blended broccoli and macaroni cheese.
- 1-3tbsp. casserole/stew blended
- 1-2 tbsp. blended cottage pie or fish pie with 1tbsp blended vegetables

Mid-morning/afternoon/supper snack ideas

- 1 small diet/low fat smooth yogurt or fromage frais
- 1-2 tbsp. low fat low sugar custard
- 1-2 tbsp. blended/stewed fruit
- 1-2 tbsp. No Added Sugar Angel delight or Instant Whip with low fat milk
- Glass of semi Skimmed milk or milky hot drink
- 150ml fruit smoothie made with fresh fruit and low fat milk

Alternatively, you may find it easier to take up to ¼ - ½ a ‘one person’ ready meal and blend it

Stage 3 Part 1 Weeks 4-6 – Fork mashable moist diet

Take small 20 pence sized bites, eat slowly, consciously and chew slowly but thoroughly. Remember to wait 30 minutes between eating and drinking.

You can include ½ pint skimmed or semi-skimmed milk to have in drinks during the day and one small (150ml) glass natural fruit juice diluted with water.

Continue eating the same sort of food you were for Stage 2 (week 2-4), but as long as you can mash it with the back of a fork it does not need to be puréed.

Keep to the same small quantities. If you can only manage 1-2 tbsp. per meal it is important to have 2-3 small snacks per day as well. If you are starting to manage 5-6 tablespoons or a small 7-inch side plate, then aim for 3 meals per day.

Continue to take your multivitamin and mineral supplements.

See meal plan for Stage 2 purée foods for a reminder of the types of foods you should be including.

It is important to experiment with fork mashable foods for 2 weeks before moving onto Stage 3 part 2 which includes some more textured foods. Try;

- Fish in parsley sauce or white sauce with mashed potatoes and broccoli.
- Omelette or scrambled egg with tinned tomatoes.
- Casserole or stew, served with mashed potato or couscous, sweet potatoes or yam and mashable vegetables.
- Soft-boiled or poached egg
- Macaroni cheese/cauliflower cheese with mashable vegetables.
- Fish pie/cottage pie/Shepherd’s pie/Cannelloni with mashable vegetables.
- Jacket potato with no skin with fillings such as cottage cheese, tinned tuna or salmon, baked beans, reduced fat soft or hard cheese, or ratatouille,

- Tinned meats such as stewed steak and beef mince with boiled potato and mashed carrots.
- Mashed vegetables or lentil-based curry with couscous.
- Softer fruit such as ripe melon, ripe mango, banana, strawberries, and tinned fruit in natural juice. Some frozen fruits can also be softer and worth trying.

Before moving onto the next stage, it is important that you have gained confidence with a wide variety of fork mashable foods. You may find that you wish to stay with mashable foods for longer and this is fine. Remember that everyone is different and in time you will be the expert. You may find that you do not tolerate some foods initially. Do not worry, it does not mean you will not tolerate it in the future. Just leave it out for a while and try again.

Stage 3 Part 2 Weeks 6-8 after surgery Sample meal plan

When you have established a mashable diet for at least two weeks and you feel confident you can include some 'crunchy' foods such as crisp breads or crackers but make sure they are chewed very well and there are no hard pieces by the time you swallow.

Start with crackers, crisp breads, breadsticks, or melba toast first and then move onto toasted pitta bread sandwich thins or tortilla wraps with a soft moist filling. When trying bread, toasting it makes it easier to manage and granary or wholemeal bread and thin bread is easier to manage. **Avoid white bread.**

You should be eating a maximum of 6 tablespoons of food or using a 7-inch side plate. Listen to your body and stop when you have had enough.

Breakfast

3-6 tbsp. Bran flakes **OR**

1 Weetabix with skimmed/ semi-skimmed milk **OR**

3-6 tbsp. of thick porridge/ Readybrek **OR**

½ slice toast with scraping of low fat margarine **OR**

2 crackers/ crisp breads, with a scraping of margarine

Midday

1-2 crisp breads or crackers & 1-2 tablespoons cottage cheese **OR**

½ slice toast & 1 soft scrambled egg **OR**

½-1 small tortilla wrap with 1-2 tablespoons hummus or cottage cheese **OR**

1 small pitta bread with light cream cheese **OR** tinned tuna

½ slice of toast with 2-3 tablespoons baked beans **OR**

½ slice of toast with tinned tomatoes **OR**

Thick soup with ½ slice granary bread/toast

Evening meal

3-6 tbsp. minced meat served with vegetables and potatoes **OR**

3-6 tbsp. of beef casserole with mashed potato and vegetables **OR**

3-6 tbsp. lasagne with vegetables **OR**

Small baked potato with 2 tablespoons of chilli con carne **OR**

3-6 tbsp. macaroni cheese with vegetables **OR**

3-6 tbsp. pasta bolognaise

Alternatively, you may want to try ½ of a shop bought soft ready meal

Stage 4 After the first 8 weeks- lifelong plan

Remember, you are not just eating small amounts to reduce your calorie intake and lose weight but aiming for a healthy nutritious eating plan as well. Everyone differs in the foods they tolerate, but there are a few golden rules to follow after a sleeve gastrectomy:

Avoid high sugar foods – You are less likely to suffer with the effects of dumping syndrome after a sleeve gastrectomy, but it is sensible to avoid sugary foods as they contain extra calories and often do not contain vitamins and minerals that you need. Including sugary foods could mean that you do not achieve the expected amount of weight loss.

Eat three small meals per day - you should be satisfied eating three meals a day without getting hungry in between. Beware of developing 'grazing' eating patterns but you may need to include small nutritious snacks to meet vitamin and mineral requirements- your dietitian will advise you.

Eat healthy, solid food - soft food slips down easily but you can end up eating more over the course of the day. Many soft foods are high in fat or carbohydrate and therefore you may be taking more calories and your weight loss will slow down or stop. Choose solid foods without too much sauce (e.g. small meal of chicken and vegetables with a spoonful of gravy or sauce) and you will eat less overall and stay full for longer.

Alcohol - This is full of calories and for optimum weight loss and maintenance best kept to rare occasions. Do not drive if you have consumed even a small amount of alcohol as you could be over the safe legal limit to drive. We would recommend avoiding alcohol for 6 months after surgery.

Eat slowly, chew well and stop as soon as you feel full - Many people are used to rushing their meals and as there is a time lag from stretching the wall of your stomach and telling your brain you are full. You need to eat slowly or risk pain and vomiting. Take tiny bites (cut meat up to the size of a pencil-top rubber) and chew each piece 20 times. Once you start to feel full, stop eating.

Keep your fluid intake up - Prior to your surgery you would have obtained a lot of your fluids from meals, but with eating smaller quantities you need to increase your liquid

intake. Drink ½ hour before eating then leave about ½ hour afterwards before drinking again. If you drink immediately before your meal you may find that your stomach is full, and you can't eat your meal. **Fizzy drinks** (including alcohol and sparkling water) can cause bloating and discomfort and we would advise you not to consume any.

Keeping Healthy

There are five main food groups and a healthy eating plan comprises a mix of them:

Protein foods - such as meat, chicken, fish, eggs, beans and pulses - include 2 to 3 60-90g (2-3oz) portions per day. You will have to be particularly careful to chew meat, chicken and fish thoroughly before you swallow - the recommended bite size is the size of a pencil-tip eraser.

Milk and dairy - choose low-fat cheese, skimmed or semi-skimmed milk and low-fat or 'diet' yogurts. Aim to have three portions each day to give a good calcium intake.

Fruit and vegetables - try to have 2-5 portions per day. A small glassful of unsweetened tomato juice counts as one portion. Salads tend to be easily digested, and green vegetables are also generally easy to digest.

Carbohydrates - bread, potatoes and cereals - 2 portions per day. For many people with a gastric bypass, this group is somewhat harder to digest so you naturally develop an in-built mechanism of reducing your carbohydrate intake! Replace soft bread with granary or wholemeal or crisp breads which are easier to digest. One small portion of 60-90g (2-3oz) at each meal will be fine. Choose wholegrain and high fibre options.

Fats and sugary foods – Avoid sugar and use fats and oils sparingly. As mentioned above, avoid the calorie-laden foods such as chocolate, sweets or ice cream which can cause dumping syndrome.

Physical Activity is a very important part of developing a new lifestyle to maintain your lower weight. We recommend walking for 1 hour every day. This can be accumulated in small bouts throughout the day. In addition, choose activities that you enjoy. Start gently and make it part of your new life. People are more successful at maintaining weight loss if they increase their regular activity during and after weight loss.

Activity can include both aerobic exercise such as walking, swimming, cycling, dancing etc. and resistance and core strength type exercises such as lifting weights, sit ups, squats, pilates etc. Exercise burns calories, helps to keep your metabolic rate higher, stops you from losing too much muscle while you are losing weight and keeps you in better shape as well as making you feel better.

Vitamins & minerals after sleeve gastrectomy

It is very important that you take additional vitamins and minerals after surgery as you are eating such small amounts of food and it can be difficult to achieve a balanced diet. Vitamin and mineral deficiency is an avoidable complication after sleeve gastrectomy surgery. Unfortunately, vitamin levels are hard to detect accurately in the body and you could possibly become deficient before you start to show signs or symptoms, so it is extremely important that you take the following prescribed supplements daily for life.

Multivitamin and mineral supplements

Forceval 1 per day (dissolvable or tablet) on prescription, or If you buy an over the counter vitamin and mineral supplement instead, you should take 2 per day and it is important to choose one of the following which has the correct balance of vitamins, minerals and trace elements. Recommended versions include Sanatogen A-Z complete, Superdrug A-Z Multivitamin & Mineral, Tesco's Complete Multivitamin and mineral, Lloyds Pharmacy A-Z multivitamin and mineral.

Calcium and Vitamin D supplement

Adcal D3 twice per day (dissolvable or chewable) or similar alternative to provide 800-1000mg calcium and 20mcg Vitamin D.

Iron supplement

Fersamal (ferrous fumarate) 5mL twice daily or alternative as recommended by your GP.

Vitamin B12 injections

Guidelines recommend that you should have Vitamin B12 injections every 3 months at your GP surgery- you will need to arrange this. Your body has stores of this vitamin for a few months, but absorption is less efficient after a sleeve gastrectomy, so levels can become low.

Bloods tests will be taken at 3, 6 & 12 months after-surgery and annually after this to check for any deficiencies. You will need to get this done at your GP surgery

If you have any problems with tolerating or getting your regular vitamins, then it is important you contact your dietitian or nurse for advice.

These guidelines are taken from British Obesity and Metabolic Surgery Society Guidelines on peri-operative and postoperative biochemical monitoring and micronutrient replacement for patients undergoing bariatric surgery 2014.

You may need additional supplements if any specific vitamin and mineral deficiencies are identified.

Self-monitoring for success.

You should consider weight loss surgery as an aid to help you make lifestyle changes. It takes patience and practice to change habits of a lifetime and recording your progress in different ways can help to keep you motivated.

You may like to record your progress on the charts included or keep your own records of success.

We suggest that initially you record your weight every week but in addition you can note the many other changes that occur. Even if your weight remains static for a few weeks, you may record a reduction in body measurements or clothes sizes or simply feel better. We suggest that you may want to record measurements every 1-2 months.

You may also want to write down positive changes personal to yourself and positive comments from those around you will also help to keep you on track.

How we measure your progress.

When you attend follow up appointments at our clinics we will calculate the excess weight that you were carrying when we first met you.

Excess weight means any weight that you carry above ideal weight.

Weight loss following surgery is highly individual and depends on many factors including: gender, age, mobility etc., and tends to be more rapid in the first few months.

Whether you lose weight by conventional means or surgery, any weight loss should be considered a success, and writing down small achievable goals and recording your progress always helps.

It is also important to celebrate non weight related achievements, and these will be personal to you.

Support and advice

WIs info -Weight Loss Surgery Information

Website www.wlsinfo.org.uk

Telephone 0151-222-4737

British Obesity Surgery Patient Association

Website www.bospa.org

British Obesity & Metabolic Surgery Society (BOMSS)

Website www.bomss.org.uk

National Obesity Forum

Website www.nationalobesityforum.org.uk

Obesity Empowerment Network

Oen.org.uk

NDR Nutrition & diet resources

www.ndr-uk.org

You can purchase a recipe booklet called Recipes for Life- Before and after a sleeve gastrectomy or gastric bypass. The booklet is written by dietitians and costs £6.50. It can be ordered from NDR Nutrition and diet resources by quoting your dietitian's name.

Our contact details

Please contact your Bariatric team using the telephone numbers below, depending on the nature of your query.

If your call is urgent you can call 01905 763333 and the switchboard will page your Dietitian or Specialist Nurse for during their working hours given below.

During evenings, weekends or Bank Holidays, or for conditions unrelated to your bariatric surgery please contact your GP or call NHS 111.

If you are very unwell, please attend the A&E department.

Bariatric Nurse Specialists

Karen Abolghasemi-Malekabadi & Fridi Levine

01905 733965

Monday – Fridays 08:00 – 16:00

Specialist Bariatric Dietitians

Emma White & Madeleine Williams

01905 733965

Monday – Fridays 08:00 – 16:00

Bariatric Co-ordinator

Christopher Hogg

01905 763333 ext. 30807

Bariatric Secretaries

Debbie Winters Secretary to Mr Perry

01905 760363

Jackie Pinches Secretary to Mr Wadley

01905 733022

Pauline Parker Secretary to Mr S J Robinson

01527 503030 ext. 44337

Appointments Co-ordinator Rebecca Vernalls

01905 768947

Email address wah-tr.weight.managementservice@nhs.net

NHS 111

Telephone: **111**

Website: www.nhs.uk/111

Patient Experience

Being admitted to hospital can be a worrying and unsettling time. If you have any concern or questions you should speak to a member of staff in the ward or department who will do their best to reassure you. If you are not happy with their response, you can ask to speak to someone in charge.

Patient Advice and Liaison Service (PALS)

Our PALS staff will provide advice and can liaise with staff on your behalf if you feel you are unable to do so. They will also advise you what to do if your concerns have not been addressed. If you wish to discuss making a formal complaint PALS can provide information on how to do this. Telephone: 0300 123 1732. Monday to Thursday 8.30am to 4.30pm. Friday 8.30am to 4pm. An answerphone operates outside office hours. Or email us at: wah-tr.PET@nhs.net

Feedback

Feedback helps us highlight good practice and where we need to improve. There are lots of ways you can give feedback including completing a Friends and Family Test card or undertaking a survey. For further information please speak to a member of staff, see our Patient Experience leaflet or visit

www.worcsacute.nhs.uk/contact-us

If you would like this leaflet in an alternative language or format, such as audio or braille, please ask a member of staff.

Polish

Jeżeli są Państwo zainteresowani otrzymaniem niniejszej ulotki w innej wersji językowej lub formacie, prosimy zwrócić się w tej sprawie do członka naszego personelu.

Bengali

আপনি যদি এই লফিলেটটি অন্য ভাষায় বা ফর্ম্যাটে পতে চান যমেন, অডিও বা ব্রহেল তাহলে অনুগ্রহ করে সদস্য বা কর্মীদরেক তা জানান।

Urdu

اگر اس کتابچہ کو آپ کسی متبادل زبان یا ہیئت جیسے آڈیو یا بریل میں چاہتے ہیں، تو برائے کرم اسٹاف رکن سے مانگیں۔

Romanian

Pentru a obține această broșură în altă limbă sau în alt format fie audio sau limbajul Braille, vă rugăm să apelați la un membru al personalului.

Portuguese

Caso deseje este folheto numa língua ou formato alternativos, tal como ficheiro áudio ou em Braille, por favor dirija-se a um dos nossos funcionários.

Chinese(Mandarin)

如果您想要本手册的替代语言或格式的版本，如音频或盲文，请向工作人员咨询