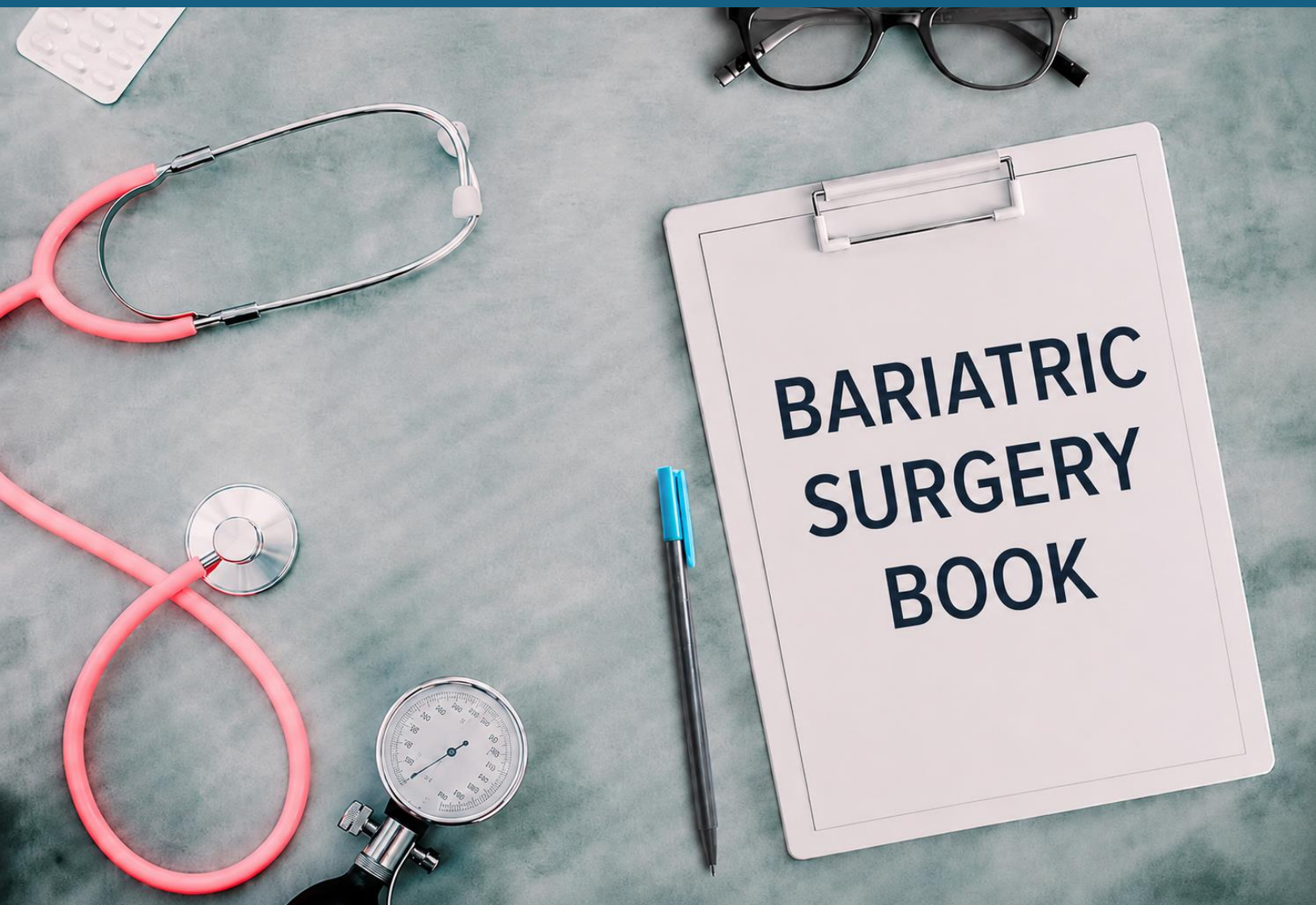




**NEW MEXICO
BARIATRIC
INSTITUTE**



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**New Mexico Bariatric Institute
Bariatric Surgery Book**

**Authored by Theresa Jackson, MD
Edited by New Mexico Bariatric Institute**

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This educational material is intended for patients of New Mexico Bariatric Institute and should not replace individualized medical advice from your healthcare provider.

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INTRODUCTION TO THE PROGRAM

Welcome

Congratulations! You have taken the first step to a healthier you. We are happy to support you on your journey.

In this book, you will find helpful information to prepare you for bariatric surgery, and we will walk you through what to expect after surgery. Our goal is for you to feel well-prepared and to give you the tools to be successful for the rest of your life.

The New Mexico Bariatric Institute uses a team-based approach to help patients manage obesity and lose weight. Your team includes bariatric surgeons, bariatric nurse practitioners, psychologists, patient navigators, and many more support staff.

The surgery itself can change your life, but it is only a tool. Long-term success after bariatric surgery depends on lifelong changes in eating habits, physical activity, and support systems.

Please read the entire book.

Preparing now can help your recovery go smoothly. However, it is important to remember that every patient is unique, and no two recoveries are the same.

If you have questions that are not answered in this book, please contact your bariatric surgery team.

(575) 556-1849

We care about your health today, tomorrow, and for the rest of your life!

QUALIFICATIONS FOR SURGERY

Who Qualifies for Surgery?

You may qualify for bariatric surgery if you are 18 years old and have a:

- Body Mass Index (BMI) greater than 40 or
- Body Mass Index (BMI) greater than 35 with a weight-related problem

Common health problems linked to weight include diabetes, high blood pressure, high cholesterol, and sleep apnea.

Each insurance company has its own rules for covering bariatric surgery. Our team will help you through this process and work with your insurance company.

Having support from your friends and family before and after surgery is also very important.

The decision to move forward with surgery is made together by you and your care team. Your health history and readiness for change will help decide if surgery is right for you.

Getting Started

If you meet the guidelines and feel bariatric surgery may be right for you, your primary care provider can send a referral to our clinic. You may also call our office or visit our website to share your information. A member of our team will help set up your first visit.

The Ideal Bariatric Surgery Patient

Qualifying for bariatric surgery is the first step. The best bariatric surgery patients are those who:

- Have tried to lose weight before
- Understands the risks and benefits
- Is ready for the lifestyle changes
- Have support from friends and family

Contact us today!

(575) 556-1849

www.newmexicobariatricinstitute.com

MEET THE TEAM

Bariatric Surgeons

Fermin Fontan, MD, FACS, FASMBS
Theresa Jackson, MD, ABOM

Bariatric Nurse Practitioners

Jimmie Hauser, MSN, FNP-BC
Melissa Livingston, DNP, FNP-BC
Stephanie Giambelluca, AGPCNP-BC

Bariatric Psychologists

Justin Boland, PhD
Samiah Rahman, LMHC

Program Coordinators

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Susie Aguilar, RN

Patient Navigators

Jeanie Perez, MA
Juan Prado

Registered Nurse

Dawndarie Lopez, RN
Rhonda Skattum, RN

Surgery Scheduling

April Garcia
Rena Rodriguez

Clinic Manager

Damaris Frye

New Mexico Bariatric Institute

Monday – Friday
8:00 am – 5:00 pm

Phone Number: 575.556.1849

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YOUR BARIATRIC SURGEON

Fermin Fontan, MD, FACS, FASMBS



Fermin Fontan is the Director of Bariatric Surgery for the New Mexico Bariatric Institute. He specializes in minimally invasive robotically assisted bariatric surgery including revisional surgery, heartburn surgery, and endoscopy. Born and raised in Argentina, Dr. Fontan speaks English and Spanish fluently, bringing a bilingual treatment option for his patients. Dr. Fontan studied medicine at the Universidad de Buenos Aires in Buenos Aires, Argentina. He completed his residency at Johns Hopkins Hospital in Baltimore, MD and at St. Elizabeth's Medical Center in Boston, MA. He completed a fellowship in Minimally Invasive Bariatric Surgery at the University of Iowa Hospital and Clinics in Iowa City, Iowa. Dr. Fontan has led the development of the only comprehensive and multidisciplinary reflux and bariatric program within Southern New Mexico. When not at work, Dr. Fontan likes to paint, hike, and spend time with his family.

Theresa Jackson, MD, ABOM



Theresa Jackson is a minimally invasive laparoscopic and robotic surgeon who specializes in bariatric surgery including revision surgery, heartburn surgery, and endoscopy. She received her medical degree from the University of Oklahoma followed by general surgery training at the University of Oklahoma – Tulsa. She went on to complete a Bariatric Surgery Fellowship at Kaiser Permanente South Sacramento. Dr. Jackson practice bariatric and robotic surgery in Washington, D.C. before joining the New Mexico Bariatric Institute in Las Cruces. Outside of work, Dr. Jackson enjoys hiking, traveling, and spending time with her family and friends. She is passionate about helping patients improve their health, feel better, and take back control of their lives. Her favorite part about bariatric surgery is seeing patients gain confidence and improve their quality of life.

BARIATRIC SURGERY PROVIDERS

Jimmie Hauser, MSN, FNP-BC



Jimmie Hauser is a family nurse practitioner specializing in weight management, bariatric nutrition, and obesity-related conditions. She provides nutrition counseling, prevention and treatment of obesity-related conditions, and medical weight loss management. A New Mexico native, she is dedicated to improving health outcomes through sustainable lifestyle changes, education, and compassionate care.

Melissa Livingston, DNP, FNP-BC



Melissa Livingston holds a doctorate in nursing practice. Her care incorporates holistic and preventative approaches with an emphasis on patient education. She is certified in obesity medicine and integrates nutrition and wellness to support long-term health across diverse populations. She delivers compassionate care with enthusiasm that empowers patients to achieve lasting health and improved well-being.

Stephanie Giambelluca, CNP, AGPCNP-BC



Stephanie Giambelluca is a New Mexico experienced nurse practitioner specializing in bariatric and reflux medicine. She is passionate about helping patients achieve sustainable health improvements. Her approach emphasizes individualized, culturally sensitive and goal-oriented care, with a focus on engagement, communication, and building strong relationships to support long-term success.

BARIATRIC SURGERY PSYCHOLOGIST

Justin Boland, PhD



Dr. Justin Boland is a clinical psychologist specializing in bariatric behavioral health and medical psychology. He provides pre-surgical evaluations and ongoing support to promote post-surgical success. His approach uses cognitive, behavioral and mindfulness-based techniques to address barriers, improve coping, and support lasting change. His areas of focus include anxiety, sleep, substance use, and lifestyle behaviors that impact overall health.



BARIATRIC PROGRAM POLICIES

Protein Intake

Protein helps your body stay strong and healthy. It builds muscles and helps your skin, hair, and organs heal. Because your stomach will be smaller after surgery, getting enough protein every day is very important.

Most bariatric surgery patients will need 60-80 grams or 90-120 grams of protein per day, depending on the type of surgery. In rare cases, your daily goal may be less if you have a health condition like end stage kidney disease. Your team will work with you to set a daily goal that fits your surgery and your health needs.

Right after surgery you will use protein shakes to help meet your protein goal. Some patients may need to use protein shakes and supplements long-term. It's important to plan ahead for this expense to make sure it fits within your budget.

Remember, eating more protein than recommended does not add benefit and may cause problems like kidney stones or gout.

Not getting enough protein can lead to slow healing, hair loss, weakness, and muscle loss.

Vitamin Supplementation

After bariatric surgery, your body does not absorb vitamins the same. All patients must take a bariatric multivitamin for life.

Vitamins are very important. Low vitamin levels can cause serious problems, even before you feel symptoms. These can include anemia, bone loss, nerve damage, and memory problems.

At first, we will check your vitamin levels every 3 months while losing weight quickly. After that, you will need yearly blood work to track your levels. If a deficiency is found, you may need extra supplements.

There are many vitamin options at different price points. Depending on your surgery you may need a higher-strength bariatric multivitamin (ADEK vitamin). Our team will help you choose what fits your health needs and your budget.

Nicotine Use

Smoking, vaping, and using nicotine increases the risk of serious problems after bariatric surgery. This includes poor healing, ulcers, bleeding, leaks, infections, and the need for more surgery. Because of these risks, nicotine use, as well as non-nicotine vaping, is not allowed before or after bariatric surgery.

Patients must stop all nicotine and tobacco products at least 3 months before surgery. This includes cigarettes, vaping, cigars, chewing tobacco, nicotine pouches, and nicotine gum or patches.

Testing may be done before surgery to confirm that patients are nicotine-free.

Quitting nicotine is one of the most important things you can do to improve your health and risk of serious disease.

Talk with our team. We are here to support you and find safe ways to quit.

Substance Use

Patients may not use recreational drugs for at least 12 months before surgery. Marijuana (cannabis) is the only exception.

Patients who use marijuana should stop all forms (smoking, vaping, and edibles) at least 6 weeks before surgery. Marijuana use may resume 4 weeks after surgery. For patients who have a gastric bypass, edibles or tinctures are recommended instead of smoking to lower the risk of ulcers.

Weight Check / Remote Visits

We know it can be hard to take time off work, arrange childcare, or travel long distances for appointments. When possible, we offer remote visits to make it easier to stay connected with your team.

Some visits, like weigh-ins and physical exams, must be done in person. If your internet or video connection is not strong enough, we may also need to see you in clinic.

Our goal is to make your care as accessible and supportive as possible for your convenience.

BARIATRIC SURGERY PROGRAM STEPS

Bariatric Surgery Consultation

Nutrition Program

- Preoperative vitamin levels and lab work
- Bariatric Nutrition Class #1
- Bariatric Nutrition Consultation
- Bariatric Nutrition Class #2
- Additional follow-up (as needed)

Behavioral Health Evaluation

- Behavioral Health Consultation
- Behavioral Health Clearance
- Additional follow-up (as needed)

Medical Steps to Improve Safety (as needed)

- Sleep study and CPAP use if recommended
- Diabetes control (A1C less than 10)
- Esophagogastroduodenoscopy (EGD)
- Primary Care or Specialist Clearance

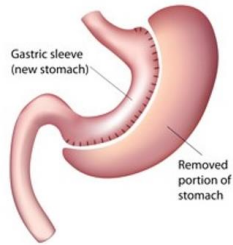
Surgery Preparation

- Anesthesia Preoperative Evaluation
- Bariatric Nurse Preoperative Class
- Bariatric Surgeon Preoperative Appointment

REMEMBER, EVERY PATIENT'S JOURNEY IS A LITTLE DIFFERENT.

COMPARING BARIATRIC SURGERIES

Sleeve Gastrectomy



What is the sleeve gastrectomy?

The sleeve gastrectomy is the most common weight-loss surgery done worldwide. During surgery, about 80% of the stomach is removed. The stomach is shaped into a narrow tube, about the size of a banana. This smaller stomach helps you feel full faster and eat less.

What are the benefits?

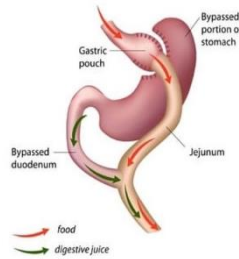
The sleeve gastrectomy is a simpler operation than the gastric bypass or SADI-S and has short- and long-term complications.

What are the long-term risks?

About 20-30% of patients may develop new or worse heartburn (GERD) after a sleeve gastrectomy. This can often be treated with medication, but in some cases, another surgery may be recommended.

Weight regain can happen after any bariatric surgery. The sleeve has the highest chance of weight regain over time (about 1 out of 3 patients).

Gastric Bypass



What is the gastric bypass?

The Roux-en-Y gastric bypass works by making the stomach much smaller and changing how food moves through the intestines.

A small stomach pouch is created, about the size of an egg. The small intestine is then rerouted and connected to this pouch. This limits how much you can eat and changes hormones that affect hunger and blood sugar.

What are the benefits?

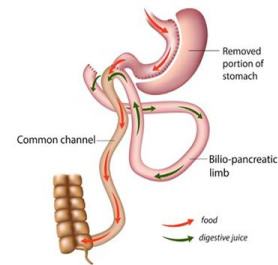
Gastric bypass is effective at not only weight loss but also reversing medical problems like diabetes and treating severe heartburn (GERD).

What are the long-term risks?

Some patients can develop marginal ulcers especially if they smoke, drink alcohol, or take medications like NSAIDs (ibuprofen, naproxen, aspirin) or steroids.

Because the intestines are rearranged, there is also a risk of an internal hernia, which is a twisting of the intestines that may need emergency surgery. These are rare.

SADI-S



What is the SADI-S?

The single anastomosis duodenal-ileal bypass with sleeve gastrectomy (SADI-S) combines a sleeve gastrectomy and a long bypass. The stomach is made smaller, and food is rerouted through a shorter length of the intestine. This limits how much you eat and how many calories or nutrients your body absorbs.

What are the benefits?

The SADI-S allows for a larger amount of weight loss. On average, patients lose 35% of their body weight. It is also the most effective surgery to reverse or improve diabetes.

What are the risks?

Because the intestines are shorter, patients often have more bowel movements (usually 2-3 per day).

Some people may have trouble digesting fatty foods or foods that cause gas. This can lead to loose stools, bloating, or cramping. Diet changes usually help.

Patients need higher protein intake (90-120 grams per day) and must take extra fat-soluble vitamins for life (Bariatric ADEK multivitamin).

	SLEEVE GASTRECTOMY	GASTRIC BYPASS	SADI-S
RESULTS & RECOVERY			
WEIGHT LOSS	25% Weight Loss	30% Weight Loss	35% Weight Loss
DIABETES	~50% remission	~75% remission	~85% remission
RECOVERY TIME	No difference. Most patients return to work or school in 2-4 weeks.		
RISKS & COMPLICATIONS			
COMPLICATIONS (30 DAY)	3% Risk	6% Risk	7% Risk
GERD / HEARTBURN	20-30% worsen	90% improve	75% improve
DUMPING SYNDROME	Rare	Common	Rare
BOWEL MOVEMENTS	Constipation common	Mixed	2-3 per day on average
WEIGHT REGAIN	~35% Regain	~25% Regain	~15% Regain
REOPERATION	Weight regain or GERD	Internal hernias, bowel blockage, or ulcers	Uncontrolled diarrhea or too much weight loss
LIFELONG REQUIREMENTS			
VITAMINS	Bariatric Multivitamin	Bariatric Multivitamin	Bariatric ADEK Multivitamin
PROTEIN INTAKE	60-80 grams per day	60-80 grams per day	90-120 grams per day
DAILY LIFE CHANGES			
NSAIDs (E.G. IBUPROFEN)	Okay to take	Short term use only	Okay to take
TOBACCO OR NICOTINE	Increased risk of cancer, heart and lung disease, stroke, and diabetes.	Marginal ulcers that can perforate, as well as standard risk.	Increased risk of cancer, heart and lung disease, stroke, and diabetes.
ALCOHOL USE	Small amounts okay, but absorption may change.	May cause painful marginal ulcers that can perforate.	Small amounts okay, but absorption may change.

WHICH SURGERY IS BEST?

Bariatric surgery is a big life decision. Many patients know someone who has done very well after weight-loss surgery. It is important to remember though that every person is different, and the best surgery for YOU may not be the same surgery that worked for a friend or family member.

Our Bariatric Program is here to teach you about the risks, benefits, and differences between each type of surgery. As a team, you and your surgeon will talk about your health, goals, and preferences. Your surgeon will also look at your medical history and personal health goals.

Together, you and your surgeon will choose the best surgery for you.

OBESITY & EXPECTED RESULTS

Why does obesity matter?

Body mass index (BMI) is a number that uses your height and weight to estimate your body fat. The BMI number helps doctors understand health risks even if people are very different heights.

For example, a person who is 5 feet 6 inches tall has a BMI of 25 if they weigh 155 pounds. A person who is 6 feet 2 inches tall has a BMI of 25 if they weigh 195 pounds. Even though the weights are different, the health risk level is the same.

One of the goals of bariatric surgery is to help patients lose enough weight to lower their health risk. Obesity (BMI more than 30) affects more than appearance. It is a medical condition that raises the risk of many serious problems, including diabetes, high blood pressure, heart disease, and certain cancers. Obesity is also linked to a shorter lifespan.

Will I lose enough weight?

Weight loss is different for every person. Depending on your starting weight and health, you may not reach a BMI under 30. This does not mean surgery has failed.

Success is measured by better health, not just the number on the scale. Many patients see major improvements in medical problems, daily function, and quality of life.

On average, people who have bariatric surgery live 5-10 years longer. These years are often healthier years with less pain and fewer health problems.

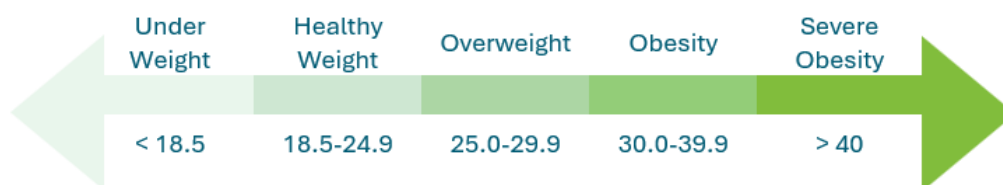
How fast will I lose weight?

Most weight loss after bariatric surgery happens during the first 6 to 18 months after surgery. This is when the stomach is smallest and hunger hormones are reduced. It is important not to take this time for granted.

Over time, weight loss will slow down and level off. This is normal. After your weight has plateaued, the surgery is no longer doing most of the work. Instead, your daily habits become the most important part of keeping weight off.

Long-term success depends on healthy food choices, smaller portions, regular movement, and limiting snacking. Surgery gives you a powerful tool, but your choices protect the results.

Weight Categories Based on BMI



Will I regain weight?

Most bariatric patients regain a small amount of weight (about 10-15 pounds) within the first few years after surgery. This is normal and happens as the body adjusts to the new weight loss.

However, with any bariatric surgery, it is possible to regain a larger amount of weight over time. This usually happens when people slowly return to old habits, such as frequent snacking, grazing, or drinking high-calorie foods and drinks.

Even so, bariatric surgery gives patients the best long-term chance of weight loss compared to medications or diet and exercise alone. Long-term success depends on continuing healthy habits and staying connected with your care team.

How much weight will I lose?

Each type of bariatric surgery has an expected amount of weight loss. Your results may be higher or lower based on your starting weight, health conditions, and healthy habits after surgery.

On average, patients lose about:

- Sleeve: 25% of body weight
- Bypass: 30% of body weight
- SADI-S: 35% of body weight

Example: Maria weighs 240 pounds before surgery.

After surgery, she should expect:

- Sleeve: 180 lbs (60 lb weight loss)
- Bypass: 170 lbs (70 lb weight loss)
- SADI-S: 155 lbs (85 lb weight loss)

Remember, these are estimates, not guarantees. Setting realistic goals is an important part of long-term success so that you stay motivated and proud of your achievement.

Will I be off all medications?

For many bariatric patients, improving medical problems and reducing medications can be just as important as weight loss.

After bariatric surgery, many health conditions often improve or even go away. These include diabetes, high blood pressure, high cholesterol, sleep apnea, fatty liver disease, polycystic ovarian syndrome (PCOS), and arthritis pain.

Whether a condition fully resolves depends on how severe it was before surgery and how long you have had it. Some conditions improve quickly, while others improve more slowly or only partially.

Even if a condition does not completely go away, quality of life often improves greatly. For example, a patient who has had diabetes for many years and requires insulin may feel a major improvement simply by no longer needing insulin (even if they still take a daily pill for diabetes).

It is also important to remember that bariatric surgery can help prevent future health problems as you age. Surgery has been shown to lower the risk of many obesity-related diseases, including certain cancers such as breast and endometrial cancer.

COMMON QUESTIONS

Can I eat my favorite foods?

Right after surgery, your diet will be limited while your stomach and intestines heal. Swelling after surgery can make thicker or firmer foods (like raw vegetables and red meat) hard to tolerate at first.

Your diet will slowly progress from liquids to soft foods and then to regular foods. Over time, most patients can eat all types of foods again.

However, even though you **CAN** eat anything, making unhealthy food choices on a regular basis can lead to weight regain. Long-term success depends on using surgery as a tool to build healthier eating habits.

Do I have to take vitamins?

Yes. No matter which bariatric surgery you choose, you will need to take vitamins every day for the rest of your life.

A standard one-a-day multivitamin is not enough after bariatric surgery. To prevent vitamin and mineral deficiencies, bariatric patients should take a bariatric-specific multivitamin for life. There are many options available, and it is important to choose one that fits into your long-term budget before surgery.

See Page 51 for Vitamin Suggestions

Vitamin and mineral deficiencies can cause serious health problems, including anemia, fatigue, nerve damage, bone loss, and memory problems. Often, patients do not notice symptoms until permanent damage has occurred.

Your bloodwork will be checked every 3 months for the first year after surgery, and then yearly. If a deficiency is found, your bariatric team may recommend additional supplements.

During the first few weeks and months after surgery, patients are especially at risk for vitamin B1 (thiamine) deficiency. This can cause serious and permanent nerve and memory problems. To reduce this risk, we recommend taking extra vitamin B1 in addition to your bariatric multivitamin.

Patients who undergo a SADI-S procedure will need additional fat-soluble vitamin supplementation due to the shorter intestinal length. Bariatric ADEK multivitamins are specially formulated for SADI-S patients and are recommended for long-term use.

Are protein shakes forever?

For the first few months after surgery, your diet will be limited. You will start with liquids, then move to soft foods, and later return to regular foods.

During this time, it can be hard to get enough protein from food alone. Because of this, most of your protein early on will come from low-calorie protein shakes.

Protein is very important for your body. It helps your muscles grow and heal, and it keeps your skin, hair, nails, and organs healthy.

Depending on the surgery type you will need to eat **60-80 grams** or **90-120 grams** of protein per day. In rare cases, such as severe kidney disease, you may be told to eat less protein.

There are many protein shakes and powders available, including flavored and unflavored options. You may not like every brand. We recommend trying different options before surgery so you know what you like and can plan for the cost. This is important because your taste may change after surgery.

See Page 39 for Protein Suggestions

As you begin eating more solid foods, you will get more protein from meals and need fewer shakes. Most patients can stop using protein shakes by about 6 months after surgery. However, if your daily protein goal is higher, you may need to continue drinking one protein shake each day long-term.

Remember, eating more protein than recommended does not help and can cause kidney stones, gout or weight gain.

Can I prevent loose skin?

Loose skin is a common concern after bariatric surgery. Not everyone will have excess skin after surgery.

Loose skin depends on many factors, including how much weight you lose, how fast you lose it, your age, where your body stores fat, and your genetics. You cannot tighten loose skin with diet alone. However, building muscle with strength training may help your skin look firmer.

Some patients choose plastic surgery to remove excess skin from areas such as the belly, breasts, arms, back, or thighs. These surgeries are often not covered by insurance.

Most plastic surgeons recommend waiting until your weight has been stable for at least 6 months before considering skin removal surgery. Many surgeons also require a BMI below 40, and sometimes below 32, depending on the procedure.

When can I get pregnant?

Problems with fertility are common in people with obesity. Conditions like polycystic ovarian syndrome (PCOS) can make it harder to get pregnant. Weight loss after bariatric surgery often improves fertility and makes pregnancy safer. It can lower the risk of gestational diabetes, preeclampsia, cesarean section, and other complications of pregnancy.

Because fertility can improve quickly after surgery, many people are able to get pregnant sooner than expected. For this

reason, it is very important to use reliable birth control after surgery.

Pregnancy should be avoided for 18 months after bariatric surgery. During this time, the body is losing weight rapidly and may not absorb enough nutrients to support a healthy pregnancy. Getting pregnant too soon can increase the risk of Miscarriage, birth defects, poor fetal growth, preterm birth, and NICU admission.

Effective birth control options after bariatric surgery include an IUD or Nexplanon implant. Birth control pills may be less effective after surgery because of changes to digestion and absorption. Some birth control pills also contain estrogen, which increases the risk of blood clots around the time of surgery. You will need to stop estrogen-containing birth control for 1 month before surgery, but you may restart your birth control pills 1 month after surgery.

The New Mexico Bariatric Institute encourages all patients who can become pregnant to discuss birth control options with their OB-GYN.

Can I drink alcohol?

Alcohol affects the body differently after bariatric surgery. Even small amounts can cause stronger and faster effects than before surgery. Because of this, it is important to avoid driving after any amount of alcohol to protect yourself and others.

Alcohol is also high in sugar and calories. This can slow weight loss or cause with regain.

Patients who have had gastric bypass should avoid alcohol for life. Alcohol increases the risk of marginal ulcers, which can be painful, hard to treat, and may require emergency surgery. It is always better to prevent, then repent.

Some patients may notice they used food to cope with stress, boredom, or emotions before surgery. After surgery, some people may turn to alcohol instead. Building a strong support system and healthy coping skills before surgery can help prevent this.

Can I lower my surgical risk?

All surgeries carry some risk. Your personal health can raise or lower that risk. Before bariatric surgery, it is important that medical conditions are well controlled, including mental health.

Before surgery, you will work closely with our care team to make sure you are as healthy as possible. This may include extra testing, such as a sleep study or cardiac clearance. These steps are taken to improve your safety.

In the months before surgery, increasing your activity can help lower your risk. Improving your strength and endurance helps your heart and lungs work better and can speed up recovery after surgery.

Even small amounts of weight loss before surgery can help. Losing as little as 5% of body weight can shrink the liver, reduce organ fat, improve blood sugar, and help surgery go smoothly.



What is a sleep study?

A sleep study checks for obstructive sleep apnea (OSA). OSA happens when the airway closes during sleep, causing breathing to stop briefly. This can lower oxygen levels and increase the risk of heart problems and stroke.

Many people with OSA do not know they have it. Common signs include loud snoring, gasping or choking during sleep, and feeling very tired during the day.

Most sleep studies are done at home using a small device that tracks breathing, oxygen, and heart rate. If results are unclear, an overnight lab study may be done.

If OSA is diagnosed, treatment may include weight loss, a mouthpiece or a CPAP machine. After bariatric surgery, many patients see improvement or resolution of sleep apnea.

How much time will I need off?

You may return to work when you feel comfortable and are meeting fluid, protein, and activity goals. Most patients need 2 weeks off from work or school.

We can provide a work note for up to 4 weeks if needed, especially because there is a 20-pound lifting restriction for 4 weeks after surgery.

The first 2 weeks after surgery can be challenging because your stomach is swollen and you will need to take small, frequent sips of fluid. Drinking too fast or too much at once can cause discomfort. Staying hydrated takes time and focus.

To lower the risk of blood clots, it is important to stay active. While awake, take a short 5-minute walk every hour around your home or outside. Returning to work too early may make it harder to take these important walks.

EARLY PROBLEMS AFTER SURGERY

Bariatric surgery is a big step, especially if you have never had surgery before. It can be hard to know what to expect. This guide is meant to answer common questions, ease concerns, and help you prepare for a smooth recovery.

Pain

It is normal to have some pain after surgery. Most patients have mild pain because bariatric surgery is done using minimally invasive techniques.

Incision pain is usually limited, and our program is designed to manage pain safely and effectively without the use of narcotic (opioid) medications.

Pain is typically controlled by Tylenol, Celebrex (similar to Ibuprofen), and Gabapentin. Using an ice pack or a bag of frozen peas on the incisions can also help reduce discomfort.

Most patients feel discomfort during the first 3 days after surgery, but each day the pain improves. Most patients no longer need pain medication after this time.

Many patients describe a “crampy” or “bloated” pain in the upper abdomen. This pain is caused by fluid and gas in your swollen stomach and usually does not improve with pain medication. Walking helps move the gas out of the stomach and is the best ‘medicine’. So, remember to walk, walk, walk.

Some patients also notice shoulder pain. This comes from the air used during

surgery and is not related to the shoulder itself. Walking helps, and the air is typically absorbed within 24-48 hours.

If a hiatal hernia is repaired, you will feel chest pressure or pain that can spread to the back or shoulders. This is common and lasts for about 7 days with steady improvement each day.

Dehydration

Getting enough fluids can be challenging after bariatric surgery. You will need to sip consistently throughout the day to reach your daily goal and prevent dehydration.

Most patients need 60 ounces of fluids every day. In rare cases, your provider may recommend less fluid if you have a medical condition such as end-stage renal disease (ESRD) or congestive heart failure (CHF).

All liquids (like broth and protein shakes) count toward your fluid goals (not just water)!

During the first 2 weeks after surgery, you may only be able to drink 4-6 ounces per hour. Most patients use 1-ounce medicine cups to help track intake. You can use the fluid tracking sheet at the back of this book to help. As drinking gets easier, you can switch back to drinking from a cup or water bottle.



Constipation

Constipation is common after bariatric surgery. For many patients, it improves after the first month, but it may last longer for others.

The most common cause is not drinking enough fluids. Low fluid intake leads to hard stools that are difficult to pass. Even if you are meeting your fluid goals, you may need to increase your fluid intake, as fluid needs vary.

We recommend a daily stool softener (such as MiraLAX) during the first month after surgery. Aim for a small bowel movement each day.

If you go for more than 3 days without a bowel movement, contact the clinic.

Nausea and Vomiting

Nausea and sometimes vomiting are common after bariatric surgery, especially during the first few days. Anti-nausea medication like Ondansetron (Zofran) may help.

Sip fluids slowly, especially during the first week. Drinking too fast or taking large gulps can lead to pain or nausea.

Low fluid or vitamin intake can cause nausea. Follow diet progression instructions closely. Foods that are too thick or advanced too quickly can cause nausea, vomiting, or blockage.

Some foods (such as tough meats, bread or pasta) may not be tolerated early on. If symptoms occur, wait a few weeks before trying that food again.

Taste & Smell Changes

Changes in taste and smell are common after surgery due to hunger hormone changes. Foods you once enjoyed may taste different and smells may seem stronger.

These changes can be emotional, especially for patients who used food to cope with stress or emotions. Developing healthy coping skills before surgery can help.

Taste and smell changes usually improve by 6 months and go away by 1 year after surgery.

Bleeding

Bleeding can happen during or after surgery. It occurs in about 1% of patients.

Bleeding may happen inside the stomach or intestines and can cause blood in vomit or stool. It can also happen along staple lines or surgical connections inside the abdomen. In some cases, a blood transfusion or another procedure may be needed to stop bleeding.

Leak

A leak can happen at a staple line or surgical connection. Most leaks occur within the first few weeks after surgery.

Leaks are rare:

- About 0.1% after sleeve
- About 1% after bypass or SADI-S)

Leaks are a serious complication. Treatment may require another procedure, a longer hospital stay, and antibiotics.

Possible Additional Procedures

During surgery, other procedures may sometimes be needed. These can include:

- Endoscopy
- Hiatal hernia repair
- Scar tissue removal (adhesions)
- Drain placement
- Liver biopsy
- Gallbladder removal
- Feeding tube placement
- Hernia repair

Other Complications

All surgeries carry risks. Serious complications are uncommon, but it is important to understand that risks exist with any surgery.

Possible additional complications:

- Allergic reactions
- Medication side effects
- Infections (pneumonia, wound, UTI)
- Wound problems & scarring
- Blood clots
- Heart attacks
- Strokes
- Injury to nearby organs (spleen)
- Death (0.1%)

LATE PROBLEMS AFTER SURGERY

Hair Loss

Hair loss is a big concern for many patients after bariatric surgery. The hair loss is due to rapid weight loss and hormone changes, similar to after pregnancy. Hair loss is usually temporary, and most patients begin to see regrowth within 3-6 months.

Taking your bariatric vitamins as directed and meeting protein goals can help reduce hair loss. Avoid harsh treatments such as dyes, chemicals, heat styling, and tight pulling or braiding during this time.

Loose Skin & Skin Rashes

Loose skin is a common question before bariatric surgery, but not all patients will have excess skin that requires plastic surgery. Loose skin depends on how much weight you lose, how you carry your weight, your age, and your genetics. Building muscle with exercise can help skin appear firmer.

Skin rashes may occur in warm, sweaty, skin folds and are most often caused by yeast. Keeping skin clean and dry or using antifungal powders may help.

Some patients choose plastic surgery to remove excess skin from areas such as the belly, breasts, arms, back, hips, or thighs. These procedures are often not covered by insurance unless the excess skin is causing skin rashes or challenges with hygiene.

Plastic surgeons usually recommend waiting until weight has been stable for at least 6 months or until you are 18 months out from bariatric surgery. Some plastic surgeons will not offer surgery unless BMI is sufficiently low (for example, less than BMI 35). Waiting allows your weight and nutrition to stabilize to help with healing.

Dental erosion

Some patients may develop dental problems years after bariatric surgery, including cavities, weaker teeth, or enamel erosion. The cause is not always clear. Taking recommended vitamins and calcium, maintaining good oral hygiene, and seeing a dentist regularly can reduce this risk.

Hypoglycemia (Low Blood Sugar)

Low blood sugar can occur after bariatric surgery. It is most common after Roux-en-Y gastric bypass and usually happens 1-4 hours after eating or drinking high sugary foods. Food can move quickly into the small intestine after surgery. This can cause the body to release too much insulin, making blood sugar drop too low.

Hypoglycemia Symptoms:

- Sweating
- Shaking
- Feeling lightheaded or weak
- Dizziness
- Fast heart rate
- Confusion
- Fainting or loss of consciousness

Dumping syndrome

Dumping syndrome can occur after eating or drinking foods high in sugar. It is most common after gastric bypass but can happen after any bariatric surgery.

Common Symptoms:

- Abdominal cramping
- Nausea
- Diarrhea
- Feeling lightheaded or weak
- Sweating
- Fast heart rate
- Rapid breathing
- Chest and back tightness

Dumping Syndrome Treatment:

- Lay down for 30-40 minutes
- Avoid trigger foods
- Limit meals to 5 grams of sugar

Gas and Bloating

Gas and bloating can increase after bariatric surgery, especially after gastric bypass and SADI-S. Certain foods can increase gas, including beans, broccoli, cauliflower, cabbage, and dairy products.

Tips to Avoid Gas:

- Limit foods that cause gas
- Use a food diary to find triggers
- Avoid lactose-containing foods
- Avoid sugar alcohols (such as fiber gummies and sugar-free candies)
- Avoid using straws
- Use Beano, Gas-X, or simethicone
- Take a daily probiotic
- Deodorizers (like Devrom) can help

Gallbladder problems

Rapid weight loss can increase the risk of gallstones. Some patients may need surgery to remove the gallbladder.

Symptoms may include pain on the right side of the abdomen, infection of the gallbladder, or pancreatitis. Contact your provider for ongoing abdominal pain.

Marginal Ulcers

Marginal ulcers occur in about 2-5% of patients after gastric bypass. They can develop months or even years after surgery.

Risk Factors for Marginal Ulcers:

- Smoking or Vaping (including THC)
- Alcohol use
- NSAID medication (like Ibuprofen)
- Oral steroids (such as Prednisone)
- *Helicobacter pylori* infection

Symptoms of Marginal Ulcers:

- Stomach pain, often after eating
- Nausea or Vomiting

To prevent ulcers, eliminate risk factors. Untreated ulcers can worsen leading to serious complications that require hospitalization or surgery, like perforation (hole in stomach or intestine).

Stricture

A stricture is a narrowing at a staple line or surgical connection. This can happen during normal healing or from scar tissue and ulcers.

Symptoms may include trouble swallowing, nausea, vomiting, or food getting “stuck”. Treatment usually involves endoscopy with gentle dilating of the narrowed area.

Internal Hernias

An internal hernia is a twisting of the intestines that can happen after gastric bypass surgery. Symptoms may come and go and can include belly pain, nausea, or vomiting. In some cases, it can become an emergency.

Because symptoms can be intermittent, internal hernias can be hard to diagnose. Contact your surgeon or seek urgent care for new, severe, or ongoing abdominal pain, especially after gastric bypass.

Kidney Stones

The risk of kidney stones is higher after bariatric surgery, especially during the first year and if you have had stones before. The risk is higher after gastric bypass and SADI-S.

Tips to Avoid Kidney Stones:

- Take calcium citrate with meals
- Drink at least 60 ounces daily
- Avoid high-oxalate foods (like leafy greens, soy, almonds, potatoes)
- Limit salt intake
- Avoid high dose vitamin C (more than 1,000 mg daily)
- Spread your protein across meals.

Vitamin Deficiencies & Anemia

After bariatric surgery, your body does not absorb vitamins as well. Taking a bariatric multivitamin every day for life is required to stay healthy.

Blood work is checked every 3 months during the first year and once a year after that. Iron deficiency is the most common problem and can cause anemia if not treated.

Osteoporosis

Osteoporosis means weak bones that break more easily. After bariatric surgery, it is important to take calcium supplements as directed to help keep our bones strong and lower the risk of bone breaks over time.

Depression & Mental Health

Depression can occur before or after bariatric surgery. Emotional changes around surgery and rapid weight loss can increase the risk of mood changes, substance use, or relationship stress.

It is important to continue your mental health medications after surgery and stay in close contact with the provider who prescribes them.

After surgery, some medications may not absorb as well. Dose changes or a different medication may be needed. Let your prescribing provider know if your symptoms change so adjustments can be made early.



Pregnancy & Birth Control

You should not become pregnant for 18 months after surgery. Weight loss during pregnancy can limit nutrition for the baby and increase risks like miscarriage, birth defects, preterm birth, and NICU stays.

Fertility often increases quickly with weight loss. Birth control pills may not work well after surgery, especially during the first month. Use reliable birth control during this time.

Avoid birth control with estrogen and Depo-Provera around the time of surgery due to blood clot risk. Safer options include progesterone-only pills, Nexplanon, or IUDs. Talk with your OB-GYN about the best choice for you.

Hormonal Changes

Rapid weight loss can change hormone levels, especially estrogen. These changes can improve medical conditions such as PCOS and may increase fertility. Weight loss can also change your menstrual cycle. Some patients may notice more regular, heavier, or more frequent periods. If symptoms are bothersome, talk with your gynecologist.

GERD AFTER BARIATRIC SURGERY

GERD, Heartburn, & Reflux

Gastroesophageal reflux disease (GERD) happens when stomach acid or food flows back into the esophagus (the tube that carries food to the stomach).

Common Symptoms of GERD:

- Burning in the chest (heartburn)
- Sour or bitter taste in mouth
- Food or liquid coming back up
- Frequent burping
- Feeling of a lump in the throat

GERD after Bariatric Surgery

Some bariatric surgeries improve GERD, while others can make it worse. The gastric bypass and SADI-S often improve reflux symptoms. However, the sleeve gastrectomy can worsen GERD in 20-30% of patients. This happens because the natural angle between the stomach and esophagus is changed, and the sleeve creates a narrow stomach with higher pressure. These changes make it easier for acid to flow upward.

Managing GERD after Surgery

Many people can improve GERD symptoms with simple lifestyle changes.

Lifestyle Changes:

- Avoid spicy, acidic, and fatty foods
- Limit coffee, tea, and caffeine
- Do not eat right before bedtime
- Raise the head of your bed
- Lose weight if BMI higher than 25

If lifestyle changes are not enough, medications may help.

Common Medications:

- Antacids (Tums, Mylanta)
- H2 Blocker (Famotidine, Pepcid)
- PPI (Pantoprazole, Omeprazole)

Antacids like Tums work fast and can be used as needed, but if you are needing antacids 2 or more times a week, a daily preventative medication like famotidine or pantoprazole may be needed.

Important: Strong acid-blocking medicines called proton pump inhibitors (PPIs) can have risks when used long-term. These may include bone loss, kidney problems, and colon infections. Talk with our doctor about the risks and benefits.

Revision Surgery for GERD

If GERD is severe and not controlled with lifestyle changes or medication, revision surgery may be an option. There are several revision options to help control reflux. Not all surgeries are covered by insurance, and each option has pros and cons.

Together, you and your surgeon will help choose the best surgery option based on your symptoms, health history, testing, and goals.

Testing Before Surgery

Before revision surgery, testing may be needed. These tests help your surgeon choose the safest and most effective treatment.

You may need to repeat parts of the bariatric surgery program, such as the nutrition program, behavioral health evaluation, clearances, or a sleep study.

Upper GI (Barium Swallow)

This test looks at the shape and structure of your esophagus and stomach. You will swallow liquid and eat a marshmallow and piece of bagel. Images are taken while you are sitting and lying down.

This test can show hiatal hernias, narrowing (strictures), abnormal anatomy, and how well food moves.

Esophageal Manometry

This test checks how well your esophagus squeezes when you swallow.

Your nose and throat will be numbed. A thin tube is passed through your nose into your stomach. You will swallow small sips of water. Sensors on the tube measure the strength and coordination of your swallow.

EGD (Upper Endoscopy)

An esophagogastroduodenoscopy (EGD) uses a small camera to look inside your esophagus and stomach. You are asleep during the test. A camera is passed through your mouth and into your stomach.

This test can show inflammation of your esophagus or stomach, ulcers, Barrett's esophagus, and hiatal hernias.

Bravo pH Study

If acid damage is not clearly seen on EGD, a Bravo study may be done to measure acid levels.

A tiny capsule is attached to the lower esophagus. It stays in place for 3-4 days and passes naturally in your stool. You will not need to retrieve it.

While the capsule is in place, you cannot take acid-reducing medications. You will press buttons on a small recorder when you feel symptoms.

If you have a metal allergy, a traditional 24-hour pH study may be done instead.

24-Hour pH Study

This test measures acid over one full day. A thin tube is placed through your nose into your stomach. You go home with the tube in place for 24 hours. You record symptoms during that time. This helps confirm how severe your reflux is.

EndoFLIP Test

In some cases, an EndoFLIP may be used instead of manometry. It is done during an EGD while you are asleep. A small balloon measures the size and flexibility of the esophagus. It can also check that the esophagus squeezes, and it measures the tightness of the lower esophagus.

COMPARING REFLUX SURGERIES AFTER SLEEVE

LINX



What is the LINX?

LINX is a small flexible ring made of magnetic beads. It is placed around the lower part of the esophagus. The ring helps keep stomach acid and food from coming back up while still allowing you to swallow normally.

What are the benefits?

LINX improves or resolves reflux symptoms in about 90% of patients. It is particularly good at preventing acid and food from coming back up (regurgitation).

LINX is the lowest risk surgical option for GERD after sleeve, but it does not lead to any weight loss.

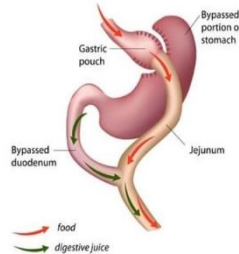
What are the long-term risks?

Most patients feel temporary trouble swallowing for the first few weeks to months. Long-term swallowing problems occur in 1-2% of patients.

Rarely, the device can erode into the esophagus (1-2 per 1,000 patients).

Unfortunately, not all insurances cover the LINX device.

Gastric Bypass



What is the gastric bypass?

The Roux-en-Y gastric bypass works by making the stomach much smaller and changing how food moves through the intestines. This keeps acid made in the lower part of the stomach from flowing back into the esophagus.

What are the benefits?

Gastric bypass is very effective at reflux control. Like the LINX device, 90% of patients have improvement or resolution of reflux.

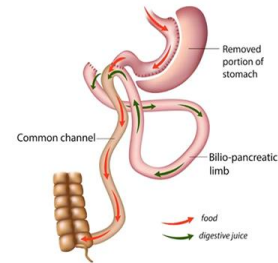
Patients also lose about 15% of their body weight on average.

What are the long-term risks?

Revision to gastric bypass has higher short-term complications compared to the other options.

Patients also have the long-term risk of marginal ulcers (especially with smoking, alcohol use, or NSAIDs) and internal hernias (which are a surgical emergency).

SADI-S



What is the SADI-S?

SADI-S combines sleeve gastrectomy with a long intestinal bypass. During revision surgery, the stomach is not changed. Instead, the small intestine is rerouted to reduce absorption.

What are the benefits?

The SADI-S allows for more weight loss compared with revision to gastric bypass. On average, patients lose 25% of their body weight.

About 75% of patients have improvement or resolution of reflux symptoms.

What are the risks?

Because the intestines are shorter, patients have more bowel movements (2-3 per day). Some people may have trouble digesting fatty foods or foods that cause gas.

Patients need more daily protein (90-120 grams) and a higher strength Bariatric ADEK Multivitamin.

If reflux remains uncontrolled, a LINX device may be needed to further control symptoms.

	Sleeve to LINX	Sleeve to Bypass	Sleeve to SADI-S
RESULTS & RECOVERY			
WEIGHT LOSS	No Weight Loss	15% Weight Loss	25% Weight Loss
DIABETES	No change	Improves	Improves
RECOVERY TIME	No difference. Most patients return to work or school in 2-4 weeks.		
RISKS & COMPLICATIONS			
COMPLICATIONS (30 DAY)	3% Risk	12% Risk	5% Risk
GERD / HEARTBURN	90% Improve	90% improve	75% improve
DUMPING SYNDROME	Rare	Common	Rare
BOWEL MOVEMENTS	Constipation common	Mixed	2-3 per day on average
WEIGHT REGAIN	~35% Regain	~25% Regain	~15% Regain
REOPERATION	Dysphagia or Erosion	Internal hernias, Bowel blockage, or Ulcers	Uncontrolled diarrhea or Too much weight loss
LIFELONG REQUIREMENTS			
VITAMINS	Bariatric Multivitamin	Bariatric Multivitamin	Bariatric ADEK Multivitamin
PROTEIN INTAKE	60-80 grams per day	60-80 grams per day	90-120 grams per day
DAILY LIFE CHANGES			
NSAIDs (E.G. IBUPROFEN)	Okay to take	Short term use only	Okay to take
TOBACCO OR NICOTINE	Increased risk of cancer, heart and lung disease, stroke, and diabetes.	Marginal ulcers that can perforate, as well as standard risk.	Increased risk of cancer, heart and lung disease, stroke, and diabetes.
ALCOHOL USE	Small amounts okay, but absorption may change.	May cause painful marginal ulcers that can perforate.	Small amounts okay, but absorption may change.

WEIGHT REGAIN AND WEIGHT PLATEAU

After bariatric surgery, weight loss is different for everyone. Depending on where you start, you may not reach your goal weight or a BMI under 30. This does **not** mean surgery failed. Many patients still gain major health benefits from their weight loss.

Most weight loss occurs in the first year after surgery. Many keep this weight off long term. However, weight regain can happen. Over time, hunger returns, portion sizes may increase, and food choices matter more.

Maintaining weight loss takes work.

About one year after surgery, most patients can eat 1/3 to 1/2 of a plate of food. If meals are high in sugar, processed foods, or fat, weight regain may occur.

Bariatric surgery is a **tool**, not a cure. It helps with portion control, but long-term success depends on healthy habits.

If weight loss slows or weight regain occurs, there are options.

WEIGHT LOSS MEDICATIONS

Weight loss medications can be safe and helpful after surgery. Some medications are weekly injections. Some are pills. The newer injections are often not covered by all insurance plans. Older pill medications are often more affordable.

On average, pills may lead to 5-10% weight loss in one year. Injections average 15-20% weight loss in one year.

So, if a patient weighs 200 pounds, you can expect to lose 10-20 pounds in one year on older medications or 30-40 pounds using the newer injections.

Medications work best when paired with healthy eating and activity. It's important to know that when medications are stopped, the weight is often regained within 1 year of stopping the medication.

Work with your weight loss provider to slowly wean off your weight loss medications. Suddenly stopping these medications leads to more weight regain.

Some patients need long-term medication to prevent weight regain or to keep their body weight in a normal or healthy range. You can think of these medications like staying on high blood pressure medication to keep your blood pressure in a normal range.

Important Reminders

Rapid weight loss can lead to muscle loss. Strength training helps protect bones and muscles. Aim for **150 minutes** of dedicated exercise per week.

REVISION WEIGHT LOSS SURGERY

Weight changes after bariatric surgery are common. Many patients work hard and still struggle to reach their goal weight.

Revision surgery may be an option. The type of revision depends on your original surgery.

After a sleeve gastrectomy SADI-S can be performed. For those with a history of gastric bypass, a distal gastric bypass, may be an option.

How Revision Surgeries Work

With both revision options, your stomach size is not changed. Instead, the intestines are rerouted. This changes your hunger hormones making you feel less hungry and full sooner. It also causes less calories and nutrients to be absorbed.

Because your body is not absorbing as many nutrients, you will need more protein and vitamins. Most patients need **90-120 grams of protein** per day (instead of 60-80 grams) and will need to change to a **bariatric ADEK multivitamin**.

What is a Sleeve to SADI-S?

In a sleeve to SADI-S revision, the stomach is left unchanged. Food is rerouted further down the small intestine.

This reduces calorie absorption. The length of the intestine can be adjusted based on your goals and muscle mass.

What is a Distal Gastric Bypass?

A distal gastric bypass is less common. In this surgery, the second connection is moved further down so that more intestine is bypassed allowing for less calorie and nutrient absorption.

Who is a Good Candidate?

Revision surgery works best for patients who are willing to make long-term habit changes and are committed to nutrition follow-up care because of the higher risk for protein and vitamin deficiencies.

Weight loss after revision surgery is usually slower than after the first surgery. This is normal.

How Much Weight Will I Lose?

Weight loss varies by surgery and patient. On average, a sleeve to SADI-S leads to 25% total weight loss, and a distal gastric bypass leads to 15-20% total weight loss.

So, for a patient who weighs 200 pounds, they can expect to lose about 50 pounds with a sleeve to SADI-S or 30-40 pounds with a distal gastric bypass.

Possible Side Effects

After surgery, bowel habits often change. Bowel movement number may increase and may be looser. On average, patients have 2-3 bowel movements per day.

Gas or bloating can happen with certain foods. Foods that cause symptoms tend to be fatty foods, beans and gas-producing vegetables like broccoli or cabbage, and dairy products.

BARIATRIC NUTRITION PROGRAM

Hydration

- Drink enough fluids each day (usually about 60 ounces per day)
- Stop drinking sugary drinks like soda and juice
- Understand after surgery drinking changes (small sips with medicine cups)
- Know the risks of drinking alcohol after surgery

Macronutrients (Protein / Fat / Carbohydrates)

- Learn how to read food labels
- Recognize foods high in carbohydrates and how to count carbohydrates
- Identify foods high in protein and how to count protein grams
- Choose healthy fats and proper portion sizes
- Meet your daily protein goals and reduce your daily carbohydrates
- Understand after surgery protein goals (typically 60-80 or 90-120 grams)
- Choose and buy an approved protein shake before starting the preop diet

Eating Habits

- Find new ways to cope with stress, sadness, or boredom
- Avoid snacking and grazing
- Use the plate method to prioritize protein
- Eat 3 meals per day, spaced 4-5 hours apart
- Use a protein shake as a meal replacement (if desired)

Physical Activity

- Increase activity before surgery to lower your surgical risk
- Aim for 150 minutes per week
- Understand that movement improves health, strength, and quality of life

Multivitamin Supplements

- Understand that all bariatric patients need bariatric multivitamins for life
- Select and purchase a bariatric multivitamin (regular or ADEK)
- Learn the risks of vitamin B1 deficiency and how to prevent
- Realize the importance of calcium supplements after surgery

Surgical Requirements

- Control blood sugar and meet the A1C goal (less than 10)
- Reach and maintain your preop goal weight (if required)
- Understand the importance and follow the preop liver shrinkage diet

HYDRATION

Drinking enough fluid each day helps control appetite. Thirst can feel like hunger, and water can reduce unnecessary snacking.

Staying hydrated also improves energy, which supports movement and weight loss.

Aim for at least **60 ounces** of fluid, unless your provider gives you a different goal.

Sugary Drinks

Stop high-sugar drinks before surgery. Avoid soda, sweetened coffee drinks, juice, and energy drinks.

Sugary drinks are a common cause of weight regain. They add calories quickly and do not keep you full.

Replacing sugary drinks with water can remove hundreds of calories per day without changing what you eat.

Start building these habits now!

Carbonation and Straws

After surgery, avoid carbonated drinks and straws for at least 2 months. Both can cause gas and pressure. Some patients cannot tolerate them long-term.

How to Drink After Surgery

After surgery, your stomach will be small and swollen.

- Take small sips
- Don't gulp
- Drink slowly

Most patients should aim for more than **60 ounces** per day, unless told otherwise.

The First Week:

- Use 1-ounce medicine cups
- Aim for 4-6 ounces per hour
- Each cup should take 10 minutes
- Use the fluid tracker (next page)

Drinking too fast can cause pain and pressure. Most patients stop using the medicine cups after 4-7 days as drinking becomes easier.

Alcohol

Do not drink alcohol for at least 2 months after surgery.

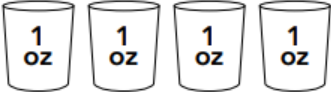
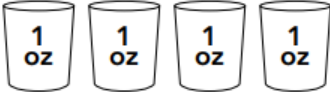
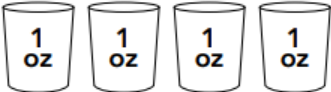
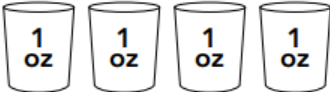
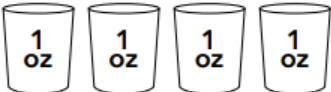
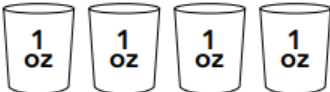
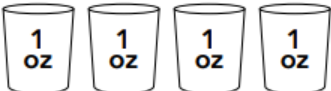
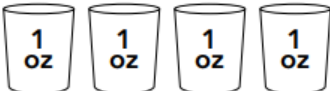
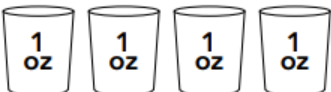
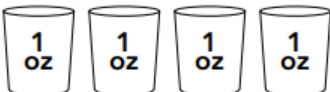
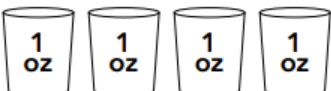
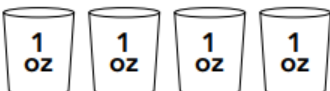
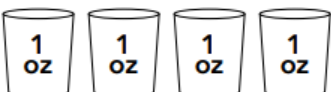
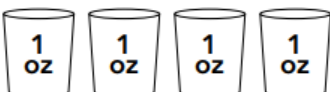
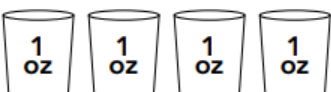
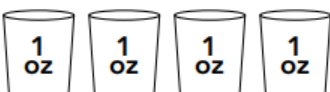
If you had a gastric bypass, avoid alcohol long-term due to ulcer risk.

After surgery, alcohol is absorbed faster. One drink may feel like several drinks. Never drive after drinking.

Alcohol can slow weight loss, cause weight regain and become an unhealthy coping habit. If food was used for comfort before surgery, be mindful not to replace it with alcohol.

FLUID TRACKING AFTER SURGERY

- Check off **1 cup** for each **1 ounce** you drink.
- **All fluids count**, including Jell-O, popsicles, and protein shakes.
- Sip **1 ounce every 10-15 minutes**. Aim for **4-6 ounces per hour**.
- Use the **1-ounce medicine cups** from the hospital to pace yourself.
- Aim for **60 ounces per day**. It is normal to get **40-50** ounces during the first few days.
- You do not need to follow the schedule exactly. This is a tool to keep you on track.
- Once you are comfortable drinking 60 ounces daily, you may stop using the cups.

7am		3pm	
8am		4pm	
9am		5pm	
10am		6pm	
11am		7pm	
12pm		8pm	
1pm		9pm	
2pm		10pm	

Date: ___/___/___ Total ounces of fluid: _____ Total grams of protein: _____

PROTEIN & PROTEIN SHAKES

Protein is the body's building block. It helps your body heal, preserves muscle, and keeps you feeling full.

Protein first!

Start every meal with protein. Eating protein will help you feel full sooner and longer. This helps control hunger and prevents overeating.

After surgery, not getting enough protein can lead to weakness, hair loss, and slower recovery.

Protein tracking

Start learning how to track your protein intake. Read food labels, count protein grams, and choose lean protein foods. Before surgery, try different protein shakes to find flavors that you enjoy.

How Much Protein

Most patients need 60-80 grams or 90-120 grams per day, depending on surgery type. You may need more protein if you are tall, have more muscle mass, or do regular strength training.

Some medical conditions require less protein. Your healthcare team will set your personal goal.

There is no benefit to eating more protein than your body needs.

Protein Shakes

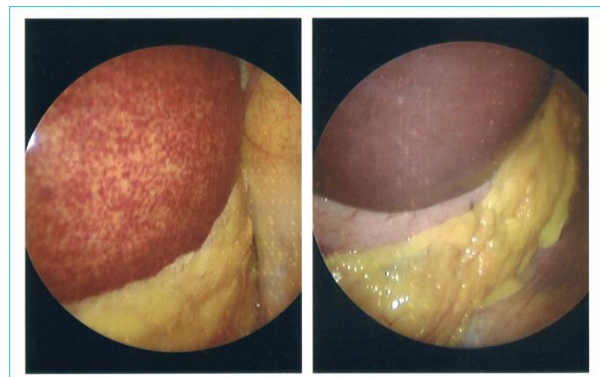
Early after surgery, most of your protein will come from protein shakes. Choose a protein shake that has less than 7 grams of total carbohydrates and at least 20 grams of protein.

Preop Liver Shrinkage Diet

Before surgery, you will follow a liver-shrinking diet for 2-4 weeks.

This usually includes:

- 2 low-carb protein shake
- 1 small, healthy meal
- 800 calories or less per day
- Last 2 days = full liquids only



The image above shows a liver before and after the preop diet. Extra weight can cause the liver to become enlarged and fatty. Shrinking the liver makes surgery safer and easier. This lowers the risk of complications.

Postop Staged Diet

After surgery, you will follow a staged diet to protect your healing stomach.

Stage 1: Full Liquids (2 weeks)

- Focus on hydration and protein.

Stage 2: Soft Diet (2 weeks – 8 weeks)

- Start trying new foods and flavors
- Learn your new “full” feeling

Full Liquid Protein Examples:

- Protein shakes
- Protein water
- Protein Jell-O Jiggler (see recipe)
- Broth (like bone broth)
- Greek yogurt
- Cottage cheese

As your diet advances, you will move to soft, moist proteins. Dry or tough foods may be harder to tolerate.

Soft Diet Protein Examples:

- Eggs
- Flaky fish
- Soft cheeses
- Lean ground meat
- Tofu and Tempeh
- Cooked beans and lentils

Staying strong

Eating enough protein helps preserve muscle as you lose weight.

Strength training is also important. Aim to do strength training exercises several times a week. This helps rebuild muscle loss during rapid weight loss.

JELL-O JIGGLER RECIPE

1 PACKAGE (3 OZ) SUGAR-FREE JELL-O (ANY FLAVOR)

1 CUP BOILING WATER

1 CUP COLD WATER

0.5 CUP PROTEIN POWDER (EXAMPLE = 2 SCOOPS UNFLAVORED UNJURY)

DISSOLVE JELL-O POWDER IN 1 CUP OF BOILING WATER. MIX THE PROTEIN POWDER IN 1 CUP OF COLD WATER UNTIL IT DISSOLVES. ALLOW HOT MIX TO COOL PARTIALLY. COMBINE THE PROTEIN AND JELL-O WATERS. STIR WELL. POUR INTO MOLD OR DISH. REFRIGERATE FOR AT LEAST 4 HOURS. CUT INTO 16 SQUARES.

PROTEIN: DEPENDING ON PROTEIN POWDER, EACH SQUARE HAS ABOUT 2-3 GRAMS OF PROTEIN.

PROTEIN SHAKES

PREMIER PROTEIN



FAIRLIFE PROTEIN



ENSURE MAX PROTEIN



FLAVORED PROTEIN POWDERS

BARIATRIC FUSION



UNJURY



ISOPURE ZERO CARB



UNFLAVORED PROTEIN POWDERS

BARIATRIC FUSION



UNJURY UNFLAVORED



ISOPURE ZERO CARB



PROTEIN WATER

PROTEIN 20



SEEQ CLEAR PROTEIN



ISOPURE INFUSIONS



PLANT-BASED PROTEIN SHAKES & POWDERS

OWYN



ORGAIN



KOS



PROTEIN SOUPS

BARIATRIC PAL



UNJURY PROTEIN SOUP



BARIWISE



CARBOHYDRATES



Carbohydrates give your body energy. Some carbohydrates also provide fiber, which helps with digestion, blood sugar control, and cholesterol.

However, eating too many carbohydrates can lead to weight gain. Extra carbohydrates are easily stored as fat and can cause blood sugar spikes.

Carbohydrate Tracking

Start tracking carbohydrates before surgery to build good habits.

- Before surgery: No more than 50 grams of total carbs per day.
- After surgery: No more than 30 grams of total carbs per day.

Track carbohydrates by reading nutrition labels. Look for **total carbohydrates** and always check the **servings size**.

Using a phone app (like MyFitnessPal) or keeping a food journal can help track your intake.

Choose Healthy Carbohydrates

When choosing carbohydrates, focus on foods that are high in fiber and minimally processed.

Processed foods often contain added sugar and salt, lack fiber and nutrients, and are easy to overeat.

Processed Food Examples:

- Sugary drinks (soda, sweet tea, juice)
- Chips, crackers, cheese puffs
- Cookies, cakes, pastries, donuts
- Candy and chocolate
- Sweetened breakfast cereals
- Fast food (burgers, fries, pizza)
- Frozen meals / Boxed dinners
- Hot dogs, deli meat, chicken nuggets
- White breads, buns, tortillas

TRAFFIC LIGHT EATING

After bariatric surgery, your food choices will be limited at first because of the postoperative diet. This is temporary. Over time, you will be able to eat all types of foods again. Learning how to choose healthy foods is key to long-term success.

Traffic light eating is a simple way to group foods using stoplight colors. Your goal is to eat green-light foods most of the time, yellow-light foods in small amounts, and red-light foods only once in a while.

Being flexible is important. Cutting out all favorite foods can feel restrictive and make long-term success harder.

Remember! The goal is not perfection. Aim to eat mostly green-light foods, some yellow-light foods, and red-light foods only once in a while.



Green-Light Foods

Foods you can eat often. They are usually less processed foods that are high in protein and fiber to help you feel full.

Examples:

- Lean meats
- Eggs
- Vegetables
- Fruits
- Beans

Yellow-Light Foods

Foods to eat in smaller portions. These foods are easy to overeat.

Examples:

- Whole grains
- Potatoes
- Rice
- Pasta
- Nuts
- Cheese
- Healthy fats (like avocado)

Red-Light Foods

Foods to limit. These are often processed and high in sugar or fat. They do not keep you full for long.

Examples:

- Sweets
- Chips
- Fried foods
- Sugary Drinks

HEALTHY EATING HABITS

A big part of success after bariatric surgery is noticing what you eat and drink each day. Small “extra bites” can add up over time.

Try this today:

Think about last week. Where might extra calories be sneaking in (bites, sips, tasting while cooking)?

Tracking

Tracking helps many patients lose weight and keep it off. It also helps you stay honest and see patterns.

Tracking Tools:

- Paper journal
- Spreadsheet
- Apps: Baritastic, MyFitnessPal
- Photo food journal
- Fitness trackers (watch)

Take some time to think about what you ate or drank last week. Fill out the food journal below.

What are you willing to change right now? Pick one small change today.

FOOD JOURNAL

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
BREAKFAST							
LUNCH							
DINNER							
SNACKS							
DRINKS							



Nutrition Labels

Nutrition labels can be tricky. The most important part is the serving size.

Start here:

- Check the serving size
- Look at protein and total carbs
- Make sure your portion matches

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per 2/3 cup	
Calories	230
% DV*	
12%	Total Fat 8g
5%	Saturated Fat 1g
	Trans Fat 0g
0%	Cholesterol 0mg
7%	Sodium 160mg
12%	Total Carbs 37g
14%	Dietary Fiber 4g
	Sugars 1g
	Added Sugars 0g
	Protein 3g
10%	Vitamin D 2mcg
20%	Calcium 260mg
45%	Iron 8mg
5%	Potassium 235mg
* Footnote on Daily Values (DV) and calories reference to be inserted here.	

PORTION
SIZE

USE THIS

NOT THIS

Meal Plan

Planning meals helps you control what and how much you eat. When meals are planned, you are less likely to snack, overeat, or make last-minute food choices.

Eat regular, balanced meals. Aim for 3 meals each day, spaced by 4-5 hours. Avoid skipping meals. If you need a snack due to hunger, plan a healthy option.

Calories After Surgery

After surgery, your body needs less calories. This happens because your body is smaller and more efficient. This is normal.

Many patients do best around 1,200-1,500 calories per day, but needs vary based on body size and activity level. Your care team will guide you.

If weight loss slows or stops, consider reducing daily intake by about 500 calories. One option is replacing one meal with a protein shake and avoid snacking between meals.

The Plate Model

Eat Protein First

Start every meal with protein. Protein helps you feel full and protects your muscles.

Most patients need 60-80 grams per day after sleeve or gastric bypass and 90-120 grams per day after SADI-S or distal gastric bypass.

Quick Guide:

- 1 egg or 1 ounce of meat = 7 grams
- 4 ounces of chicken = 28 grams

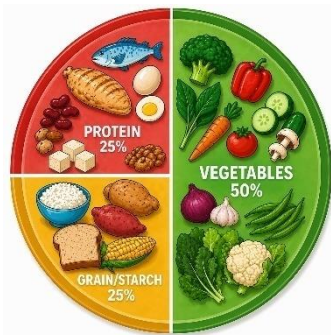
Limit Carbohydrates

Limiting carbohydrates and processed foods helps you feel full longer and prevents extra calories from sneaking into your day.

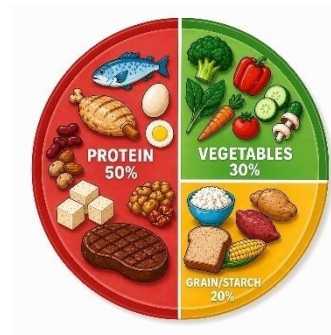
Before surgery, keep carbohydrates to under 30 grams per meal. After surgery, aim for no more than 30 grams per day.

Read nutrition labels and check serving sizes. Focus on total carbohydrates when tracking your food.

**Before Surgery
(10 – 12” plate)**



**After Surgery
(6 – 9” plate)**



The plate model makes meals simple.

NON-STARCHY VEGETABLES	LEAN PROTEINS	STARCHES / CARBOHYDRATES
BROCCOLI	CHICKEN	POTATOES
GREEN BEANS	TURKEY	SWEET POTATOES
LETTUCE GREENS	LEAN RED MEAT	CORN
BRUSSELS SPROUTS	FISH	GREEN PEAS
PEPPERS	SEAFOOD	WINTER SQUASH
CUCUMBERS	EGGS	PLANTAINS
ZUCCHINI	LOW-FAT CHEESE	RICE
ONIONS	NONFAT GREEK YOGURT	PASTA
MUSHROOMS	BEANS	GRITS
ASPARAGUS	LENTILS	CEREAL
SNAP PEAS	TOFU	BREAD
GREENS (KALE, COLLARD)	TEMPEH	CRACKERS
CAULIFLOWER	NUTS OR SEEDS	TORTILLAS

After Surgery Eating Techniques

After surgery, these habits help prevent pain and help you feel full. Remember, early on, you may only be able to eat a few bites. As time goes on, you will be able to eat about 1/3 of a plate to 1/2 of a plate before feeling full

Sip Slowly (No Gulping)

Right after surgery, 1 ounce medicine cups to remind you to sip slowly and to track your intake. Your goal is 1 ounce of fluid every 10-15 minutes. As time goes on, your sips will get bigger. But, even years after surgery, you may never be able to chug a bottle of water.

Avoid Straws & Carbonation

Straws and fizzy drinks add gas and pressure to your new smaller stomach which can cause pain. Avoid both straws and carbonation for at least 2 months after surgery. Some patients may need to avoid both long-term.

Separate Fluids from Food

Drinking fluids with meals can push food through your stomach too fast causing you to feel hungry sooner.

Rule: Stop drinking 30 minutes before meals and wait 30 minutes after meals to drink again.

Mindful Eating

Our lives are fast paced. Mindful eating means paying attention to how, why, and how much we eat.

Eat slowly and chew well. This helps your brain notice when you are full.

Tips:

- Sit down to eat
- Put your fork down between bites
- Chew until food is soft (30 bites)
- Make meals last 20-30 minutes



Learn Your New “Full” Feeling

After surgery, feeling full will feel different. Stop eating when you feel comfortable, not stuffed.

Signs you ate too much:

- Runny nose
- Hiccups
- Burping
- Chest pressure

Stomach “growling” is no longer a sign of hunger. Because your stomach is smaller, it makes louder digestive noises.

Types of Hunger

Understanding the different types of hunger helps patients recognize when they truly need food versus when they are eating out of habit, cravings, or emotions.

- **Stomach hunger:** Your body needs fuel. You may feel low energy or a growling stomach.
- **Mouth hunger:** You want food because it tastes or smells good.
- **Head hunger:** You eat because of habit or feelings like stress, boredom, or sadness.

Emotional Eating

Emotional eating is eating because of feelings (stress, anxiety, boredom, loneliness), not hunger.

Before surgery, it is important to notice when our emotions may be impacting our eating habits.

Pause and ask:

“What am I feeling right now?”

“Am I hungry, or do I need comfort?”

Try a 10-minute reset:

Short walk

Stretch

Journal

Call/text a friend

Drink a warm cup of tea

Listen to music

Then Ask:

“Do I still feel hungry?”

“Do I feel comfort and relaxed now?”

Grazing / Extended Meals

Two common habits that can lead to weight regain after surgery are grazing and extended meals.

Grazing: Small bites of food all day, even when not hungry. Causes worse food noise and head hunger.

Extended meals: Eating a little, stopping, then going back for more until you finish a large portion of food. The stomach empties every 45 minutes allowing more ‘room’ to eat.

Tips to Prevent:

Use a small plate

Slow down

Put food away when you are done

Plan meals and snacks

Avoid “just a bite” while cooking

PHYSICAL ACTIVITY

Bariatric surgery improves health and lifespan, but keeping weight off requires healthy habits, including regular physical activity. Exercise supports weight maintenance and improves heart health, mood, strength, and energy.

Exercise is not the most effective tool for weight loss, but it is one of the most important tools for keeping weight off and staying healthy long term. Regular activity lowers the risk of diabetes, heart disease, depression, dementia, and some cancers.

How Much Activity Do I Need?

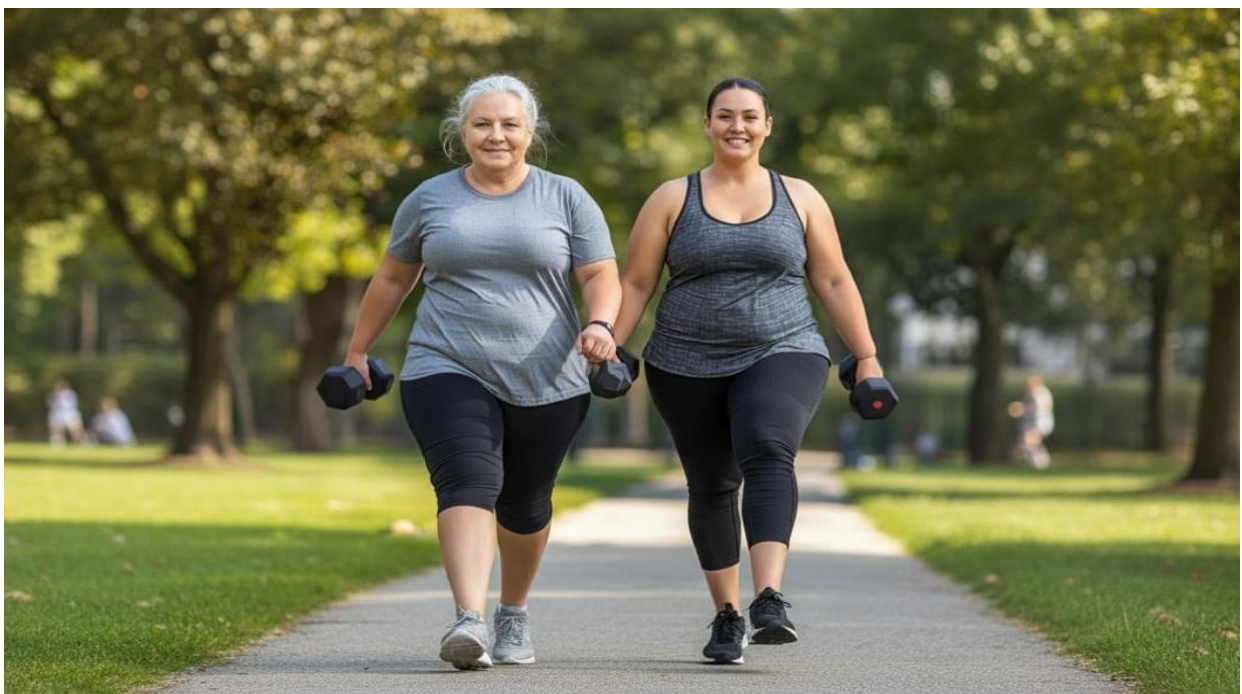
Aim for 150 minutes of moderate activity per week. This can be broken into smaller sessions. Even 5-10 minutes counts.

SET REALISTIC GOALS AND BE FLEXIBLE. PROGRESS MATTERS MORE THAN PERFECTION!

Making Activity Fit Your Life

You do not need to exercise every day. Instead, aim for 150 minutes per week in any form you can manage. Walking is an excellent place to start and is often the first step toward increasing activity.

Some weeks this may look like short walks and 10 minutes of strength training during lunch breaks. Other weeks, you may find it easier for longer walks or workouts on the weekends.



Tracking Movement

Tracking activity helps build habits and motivation.

Tracking Tools:

- Watch or Fitness tracker
- Pedometer
- Phone app

Start by finding your average daily steps. Each week, increase your steps slightly. By surgery day, aim for at least 40 minutes of dedicated walking per day and more than 6,000 steps per day.

Why Activity Matters Long-Term

Regular physical activity:

- Helps maintain weight loss
- Keeps muscles strong
- Supports bone health
- Prevents osteoporosis
- Improves balance and mobility
- Prolongs lifespan

Making exercise social can help you stay consistent. Walk with a friend or family member, join a walking club, or go to the gym with a friend to keep each other accountable. Finding an activity you enjoy and making exercise a social activity helps you stay motivated to continue it lifelong.

Strength Training

Strength or resistance training is important after surgery, especially during rapid weight loss. When losing weight, your body will mobilize fat stores, but it will also break down muscle. Strength training helps protect muscle, maintain strength, and support metabolism.

Aim for strength training for at least 2 days per week. This can include body-weight exercises, resistance bands, or weights. Adequate protein and vitamins help prevent muscle loss.

What Counts as Moderate Activity

Moderate activity raises your heart rate but still allows you to talk.

Examples:

- Walking briskly or on an incline
- Gardening or yard work
- Housework (mopping, scrubbing)
- Biking at a steady pace (10 mph)
- Swimming laps in a pool
- Elliptical at a comfortable pace
- Tennis or pickleball
- Strength or resistance training

MULTIVITAMINS

After bariatric surgery, your body cannot absorb enough vitamins and minerals from food alone. Bariatric multivitamins are specially designed for your new stomach and digestive tract.

You will need to take a bariatric multivitamin with iron every day for **life**. You will also need regular blood work to monitor vitamin levels.

During the first year after surgery, we will check your vitamin levels every 3 months. But, after your weight stabilizes, we will check your vitamin labs only once a year.

Even with daily vitamins, some patients still develop deficiencies. Vitamin and mineral deficiencies can cause serious problems and may not cause symptoms at first. Complications can include poor wound healing, fatigue, weak/brittle bones, anemia, and vision loss.

Vitamin B1 (Thiamine)

Vitamin B1 deficiency can develop quickly (within weeks) and can cause serious complications, including nerve damage and heart problems.

To prevent vitamin B1 deficiency, we recommend your Bariatric Multivitamin + **100 mg of Vitamin B1**.

There is no known risk from excess Vitamin B1.

Calcium

Calcium is not included in bariatric multivitamins because it interferes with iron absorption.

Most patients need 1,200 – 1,500 mg of Calcium per day. Early after surgery, protein shakes often provide enough



Calcium. Most protein shakes have 500-600 mg of Calcium. But, as you reduce protein shakes, begin taking Calcium (500-600 mg) supplements.

Example:

- 2 Protein Shakes = No Calcium
- 1 Protein Shake = 1 Calcium
- 0 Protein Shakes = 2 Calcium

It's important to space out your Calcium doses so that your body can absorb the Calcium. You should also take your Calcium supplements at least 2 hours apart from your multivitamin to allow for iron absorption.




















Special Considerations

If you have a SADI-S or distal gastric bypass, you will need a bariatric ADEK multivitamin with iron due to reduced absorption of fat-soluble vitamins (A, D, E, K).

Before surgery, start practicing yb taking a daily multivitamin with iron. This builds the habit and helps optimize vitamin levels before surgery.

Think of your bariatric multivitamin like a daily medication. It is just as important as diabetes or blood pressure medication.

Bariatric Multivitamin Options

Brand	Chewable	Capsule	Melt	ADEK	Where to Buy
Bariatric Fusion					BariatricFusion.com Sold at the New Mexico Bariatric Institute.
Bariatric Advantage					BariatricAdvantage.com
Barimelts				 (Must take both)	Barimelts.com
Celebrate					Celebratevitamins.com
Bariatric Pal				 (Must add iron)	Store.bariatricpal.com
BariLife		 (Tablet)			Barilife.com
BariSlim					Barislim.com

EMOTIONAL HEALTH & SOCIAL SUPPORT



Bariatric surgery is a big decision and an opportunity to improve your health and quality of life. Surgery changes your stomach, but long-term success depends on the habits you build.

Weight loss happens quickly after surgery, but keeping weight off requires ongoing effort. If making time for healthy eating, movement, and self-care feels hard now, it will not become easier after surgery.

Change Starts Today!

Before surgery, start making small changes to your eating habits.

- Cut out high-sugar drinks
- Increase protein intake
- Eat with intention
- Start a daily multivitamin
- Increase physical activity
- Build healthy coping skills
- Set up your support system

Who Is Your Support Team?

Having support after surgery is essential. Bariatric surgery changes your stomach, but life stress, routines, and relationships do not change overnight.

Rapid weight loss can bring many emotions. Some of these emotions are happy. Some are difficult. Knowing who you can turn to when you feel overwhelmed, sad, or discouraged helps prevent setbacks. Your support team helps you stay accountable and solve problems as they arise.

Support can include:

- Family and friends
- Bariatric support groups
- A therapist or counselor

Support groups are especially helpful because members understand the challenges of surgery, validate your experience, and share practical strategies.

Common Emotional Changes

Feeling deprived.

Early after surgery, tastes often change. Foods you one loved may no longer taste good, and emotional eating is no longer an option. You may miss certain foods or the social side of eating.

These changes are **temporary**. By about one year after surgery, most taste changes improve, and you can enjoy a wider variety of foods while maintaining healthy habits.

Physical changes.

Weight loss improves health, but body changes do not always match expectations. Loose skin or muscle loss can affect how you feel about your body. Plastic surgery may help, but coverage varies by insurance.

Unwanted attention.

A smaller body may bring more attention or comments from others. This can trigger anxiety or vulnerability. Talking openly about these feelings with trusted people can help.

Changing relationships.

As your habits and confidence change, relationships may shift. You may feel more energetic and motivated, while others may feel confused or unsure how to respond. Open communication and support from friends and family can help navigate these changes.

Setting Realistic Goals

Setting realistic goals is key to long-term success. Goals that are too aggressive can lead to frustration and self-criticism, even when real progress is being made.

Set goals that are:

- Challenging
- Healthy
- Achievable

When goals are realistic, success builds confidence and motivation, and it helps you stay consistent over time.