



ADVANCED SURGICAL & BARIATRICS OF NJ, PA



Pre-op Diet

Your last official "diet!" Make sure you follow this! It is needed to shrink your liver and it will also help you jump-start your weight loss.

Typically this is started **7-10 days** prior to your surgery. Your surgeon and dietitian will discuss your individual goals with you.

What it is:

- 3 protein shakes per day, one for breakfast, lunch and dinner
 - Recommended protein shake: Baritrack vanilla or chocolate
 - Shakes should be consumed 4-5 hours apart
 - Blend 2 scoops of powder with 8 ounces of milk (almond, soy, skim, 1%, or light coconut) and ice

Other allowed items this week include:

- Tea (can sweeten with lemon wedge or sugar substitute)
- Coffee (can sweeten with sugar substitute)
- Chicken/beef broth, low sodium (1-2 cups per day)
- Sugar free Jell-O
- Sugar free ice pops
- Lots of calorie free beverages: WATER, (try soaking lemon/lime in it for more flavor) Vitamin Water Zero, G2 Gatorade, Life Water, Propel, etc...staying hydrated is extremely important!

You should have your last protein shake early evening the night before your surgery. Drink only clear liquids from this point on until midnight.

Any issues or questions during this time make sure to contact your registered dietitian.



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PRE-OP DIET ADDENDUM

- 1. Please consume a plain Greek yogurt daily for ONE week before surgery. (no sugar or preservatives added)**
- 2. Please drink a 20 oz. bottle of regular Gatorade at midnight the night before surgery and also three hours before surgery. (no particular flavor)**





ADVANCED SURGICAL & BARIATRICS OF NJ, PA



Post Surgery Diet Stages

Sleeve Gastrectomy and Gastric Bypass

These are allowed items: they are not mandatory to consume. Any questions or concerns, please contact your registered dietitian.

Stage 1: CLEAR LIQUIDS

Days: 1-3

Protein Goal: 40 grams

Fluid Goal: 48 ounces or more

- Non carbonated/calorie-free liquids: can dilute 8 ounces low sugar juice with water
- Clear liquid protein shake: Baritrack Creamsicle: blend with water/ice for first 3 days and then can blend with the milk of your choice (almond, skim, soy)
 - You can use 1 scoop of powder with 4 ounces of liquid or 2 scoops with 8 ounces at a time, whichever is easiest for you.
- Sip liquids as tolerated all day: try to keep a water bottle with you
- Take liquid vitamins: mix powder with 4-8 ounces of water, tea, coffee or add to your shake (must consume within 20 minutes once mixed).

Stage 2: FULL LIQUIDS

Days: 4-13

Protein Goal: 50 grams or more

Fluid Goal: 64 ounces or more

- Drinkable or then consistency yogurt (no fruit pieces)
- Protein shakes: milk based- can blend 1 fruit in them to change flavor
- Pudding
- Soup: cream or water based, strained
- Cream of wheat/oatmeal (make with milk or add protein powder)

Stage 3: PUREE/MUSHY

Days: 14-20

Protein Goal: 60 grams or more

Fluid Goal: 64 ounces or more

- Ricotta cheese / cottage cheese / any type of yogurt (Greek yogurt has extra protein)
- Refried beans / guacamole / hummus
- Tuna / egg salad with tablespoon of mayonnaise
- Any type of white fish (broiled/baked tilapia, flounder, etc.)
- Scrambled egg
- Follow up with your registered dietitian so you can discuss your goals

Stage 4: SOFT FOODS/ADVANCE AS TOLERATED

Days: 21+

Protein Goal: 60 grams or more

Fluid Goal: 64 ounces or more

- Slowly reintroduce foods back. You should have your guidelines from your registered dietitian. If not make sure to schedule a follow up appointment.

REMEMBER: PROTEIN FIRST AT MEALS

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ADVANCED SURGICAL & BARIATRICS OF NJ, PA



Post Surgery Diet Stages

STAGE 1: CLEAR LIQUIDS (Days: 1-3)

Day 1 post surgery: begin sipping clear liquids all day to stay hydrated. Allowed items this week: water, unsweetened tea (iced or hot), clear soup/broth (no pieces), Jell-O, sugar free popsicles, Propel, G2 Gatorade, Vitamin Water Zero, Bai 5, LifeWater, etc. (any calorie free beverage).

You can dilute 4-8 ounces of low sugar fruit juice with water. Aim to get in 1-3 CLEAR protein shakes during these days: Baritrack Creamiscle

STAGE 2: FULL LIQUIDS (Days: 4-13)

Continue to sip on clear liquids throughout the day for hydration. Additions: Milk- based protein shakes (Baritrack chocolate / vanilla- try blending in ½ banana or ½ cup berries), yogurt (may want to start out with thin consistency such as drinkable yogurts or other non Greek), thinned oatmeal and cream of wheat (make with milk or add protein powder), soups (cream or clear, strained), pudding (no sugar added), vegetable juice.

Sample Menu: Remember each person is able to tolerate different amounts. You need to consume liquids / solids slowly and mindfully to see what your new stomach can hold. Also, these are not mandatory items- just ideas! Questions contact your registered dietitian.

MEAL	SAMPLE MENU CHOICES
Breakfast	Protein shake
Throughout morning	Drinking fluids
Lunch	6 ounces of yogurt
Throughout afternoon	Drinking fluids
Afternoon snack	Pudding
Throughout late afternoon / early evening	Drinking fluids
Dinner	Cream of tomato soup
Evening	Drinking fluids
Snack	½ protein shake



ADVANCED SURGICAL & BARIATRICS OF NJ, PA



Post Surgery Diet (cont'd)

STAGE 3: PUREE / MUSHY (Days: 14-20)

Protein goal: 60 grams or more/day

Fluid goal: 64 ounces/day

Continue to sip on clear liquids throughout the day for hydration. Additions this week: Mashed up tuna or egg salad made with a tablespoon of mayonnaise, small curd of whipped nonfat / 1% cottage cheese (plain) part skim ricotta cheese, hummus, guacamole, refried beans, scrambled egg, baked white fish, flaked (flounder, cod, tilapia, etc.), bean / lentil soup.

Sample Menu: Remember each person is able to tolerate different amounts. You need to consume liquids / solids slowly and mindfully to see what your new stomach can hold. Also, these are not mandatory items- just ideas! Questions contact your registered dietitian.

MEAL	SAMPLE MENU CHOICES
Breakfast	Protein shake
Throughout morning	Drinking fluids
Lunch	Scrambled egg
Throughout afternoon	Drinking fluids
Afternoon snack	½ cup part skim ricotta cheese with marinara sauce
Throughout late afternoon / early evening	Drinking fluids
Dinner	½ can tuna salad
Evening	Drinking fluids
Snack	Finish the tuna salad or 6 ounces of yogurt



Post Surgery Diet (cont'd)

AGE 4: SOFT FOODS / REGULAR (Days: 21+)

Protein goal: 60 grams or more/day

Fluid goal: 64 ounces/day

You should be doing better getting in your fluids / shakes. Now is the time to start introducing new solids items as tolerated. There is no rush: take your time, eat slowly, and chew thoroughly. Use the guidelines the Nutritionist discussed with you. Try and begin tracking your food intake at this time. There is no rule with how many times to eat- whatever you need to do to get your protein / carbohydrate / fat / fluid requirements.

Sample Menu: This is just a sample – each person is able to tolerate different amounts. You need to eat slowing and mindfully to see what your new stomach can hold.

MEAL	SAMPLE MENU CHOICES
Morning	Protein shake
Mid-morning	Drinking fluids
Lunch	Egg salad and 2-3 crackers
Mid-afternoon	Drinking fluids
Snack	Cheese stick
Remainder of afternoon	Drinking fluids
Dinner	3-4 ounces of grilled or broiled fish
Evening	Drinking fluids
Snack	Few slices of turkey



PRE-OPERATIVE MEDICATION GUIDELINES

**Guidelines apply to patients receiving the following Procedures: **

Laparoscopic Gastric Sleeve

Laparoscopic Gastric Bypass

Laparoscopic Gastric Revision

1. Any anticoagulant such as aspirin, plavix should be stopped 1 week prior to procedure, unless directed otherwise by cardiologist.
2. Coumadin, Effient, Xarelto ect, should be stopped 3 days prior to procedure, unless otherwise directed by a cardiologist.
3. High blood pressure medications should be taken as you normally do. The morning of the procedure you may take the medication with a sip of water.
4. Diabetes oral medication SHOULD NOT be taken the morning of surgery.
5. Insulin should be taken the morning of surgery BUT only 1/2 the dose the morning of surgery.
6. All other medications should be held except high blood pressure and heart medication, as stated above.



POST-OPERATIVE MEDICATION GUIDELINES

Congratulations! you've completed your surgery. There is a bit of information you should be aware of depending on the surgery you've chosen. Because the Gastric Bypass and Gastric Sleeve surgeries alter the digestive tract, certain medications will be absorbed differently in the body after the operation. On the other hand, this is not the case with the Gastric Balloon and Gastric Band surgeries. Please refer to the table below for general information about medicines and the surgery you've underwent. If you have any further questions, you may refer to our office or your prescribing specialist. You should inform your specialist about the surgery you've underwent so you can discuss with them your medications and proper dosing schedules accordingly.

Medication	Gastric Bypass	Gastric Band	Gastric Sleeve	Gastric Balloon	Biliopancreatic Diversion DS
NSAIDs	No	No	No	Yes	No
Acetaminophen	Yes	Yes	Yes	Yes	Yes
Opiates	Yes	Yes	Yes	Yes	Yes
Insulin and Diabetes Pills	Yes, under strict blood glucose control				
Hypertension Pills (except Lasix)	Yes, under strict blood glucose control				
Antidepressants	Yes	Yes	Yes	Yes	Yes
Extended-Release Coated Medications	No	Yes	Yes	Yes	No

As a general rule, we do not advise having medications sitting in the digestive tract as it may cause ulcers or jeopardize the integrity of the staple line. We advise crushing your medication if the medicine can be crushed. The link below is a list of medications that cannot be crushed.

Link: <http://www.ismp.org/tools/donotcrush.pdf>

Medication and Surgery

BEFORE YOUR OPERATION



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:

Highest Standards. Better Outcomes

Your medications may have to be adjusted before your operation. Some medication can affect your recovery and response to anesthesia. Write down all of the medications you are taking. A blank medication list is provided if you need it.

Make a list. Your list should include:

- Any prescription medications
- Over-the-counter (OTC) medications (such as aspirin or Tylenol)
- Herbs, vitamins, and supplements
- Tell your doctor if you smoke and how often you drink alcohol or use other recreational drugs.



Check with your doctor about:

- When to stop taking all vitamins, herbs, and diet supplements. This could be 10 to 14 days before and up to 7 days after your test or operation.
- How to take your medication on the morning of your operation. You may be instructed to take some of your medications even though you won't be able to eat that morning. Take your medications with a sip of water only.
- How to adjust your insulin the morning of your operation since you will not be eating. The doctor who normally manages your insulin often develops the plan for your operation.
- If you need to adjust your medication that affects blood clotting. These drugs may be adjusted up to 7 days before your operation. Your doctor will let you know when to restart taking these drugs. (See following list.)

List of medications that affect blood clotting:*

- **Antiplatelet Medication:** Anagrelide (Agrylin[®]), aspirin (any brand, all doses), cilostazol (Pletal[®]), clopidogrel (Plavix[®]), dipyridamole (Persantine[®]), dipyridamole/aspirin (Aggrenox[®]), enteric-coated aspirin (Ecotrin[®]), ticlopidine (Ticlid[®])
- **Anticoagulant Medication:** Anisindione (Miradon[®]), Arixtra, enoxaparin (Lovenox[®]) injection, Fragmin, heparin injection, Pradaxa, pentosan polysulfate (Elmiron[®]), warfarin (Coumadin[®]), Xarelto
- **Nonsteroidal Anti-Inflammatory Drugs:** Celebrex, diclofenac (Voltaren[®], Cataflam[®]), diflunisal (Dolobid[®]), etodolac (Lodine[®]), fenoprofen (Nalfon[®]), flurbiprofen (Ansaid[®]), ibuprofen (Motrin[®], Advil[®], Nuprin[®], Rufen[®]), indomethacin (Indocin[®]), ketoprofen (Orudis[®], Actron[®]), ketorlac (Toradol[®]), meclofenamate (Meclomen[®]), meloxicam (Mobic[®]), nabumetone (Relafen[®]), naproxen (Naprosyn[®], Naprelan[®], Aleve[®]), oxaprozin (Daypro[®]), piroxicam (Feldene[®]), salsalate (Salflex[®], Disalcid[®]), sulindac (Clinoril[®]), sulfapyrazone tolmetin (Tolectin[®]), trilisate (salicylate combination)
- **Herbs/Vitamins:** Ajoene birch bark, cayenne, Chinese black tree fungus, cumin, evening primrose oil, feverfew, garlic, ginger, ginkgo biloba, ginseng, grape seed extract, milk thistle, Omega 3 fatty acids, onion extract, St. John's wort, tumeric, vitamins C and E

*The above list includes common medications but is not a complete list.

This information is published to educate you about preparing for your surgical procedures. It is not intended to take the place of a discussion with a qualified surgeon who is familiar with your situation. It is important to remember that each individual is different, and the reasons and outcomes of any operation depend upon the patient's individual condition.

The American College of Surgeons is a scientific and educational organization that is dedicated to the ethical and competent practice of surgery; it was founded to raise the standards of surgical practice and to improve the quality of care for the surgical patient. The ACS has endeavored to present information for prospective surgical patients based on current scientific information; there is no warranty on the timeliness, accuracy, or usefulness of this content.

Patient Education

Partners in Your Surgical Care[®]

Medication List

Patient Education

Partners in Your Surgical Care[®]

Name _____

Surgeon Name _____

Primary Doctor Name _____

PATIENT — PLEASE COMPLETE

Allergy	Reaction

I have no allergies.

Medication/Supplements	Your dose (How much—for example 10 mg)	When do you take it? (List times—for example 9:00 am)

I take no medications, vitamins, or herb supplements.

HEALTH CARE PROVIDERS — PLEASE COMPLETE

BEFORE YOUR OPERATION—MEDICATION CHANGES

- Keep taking all medications before your operation. Take your morning medications with a sip of water on the day of your operation.
- Talk to your primary doctor about changes in your insulin.
- Talk to your primary doctor/specialist about changes in blood thinners.
- Change the following medications.

Medication	Your Changes

AFTER YOUR OPERATION

At discharge, you will be given a list or instructions about restarting your previous medications.
You will be given prescriptions for any new medication.

Doctor's Notes

Quit Smoking Before Your Operation

Smoking increases your risk of problems during and after your operation. Quitting 4 to 6 weeks before your operation and staying smoke-free 4 weeks after it can decrease your rate of wound complications by 50 percent. Quitting permanently can add years to your life.

Your chance for a better recovery



Prepare for your Quit Day

As listed on the American Cancer Society website:

- Pick the date and mark it on your calendar.
- Tell friends and family about your Quit Day.
- Get rid of all the cigarettes and ashtrays in your home, car, and place of work.
- Stock up on oral substitutes (sugarless gum, carrot sticks, hard candy, cinnamon sticks, coffee stirrers, straws, and/or toothpicks).
- Decide on a plan. Will you use nicotine replacement therapy (NRT) or other medicines? Will you attend a stop-smoking class? If so, sign up now.
- Practice saying, “No thank you, I don’t smoke.”
- Set up a support system, which could be a group program such as Nicotine Anonymous or a friend or family member who has successfully quit. Ask family and friends who still smoke not to smoke around you or leave cigarettes out where you can see them.
- If you are using bupropion or varenicline, take your dose each day of the week leading up to your Quit Day.
- Think back to your past attempts to quit. Try to figure out what worked and what did not work for you.

Your Quit Day

On your Quit Day:

- Do not smoke. This means none at all—not even one puff!
- Keep active. Try walking, exercising, or hobbies.
- Drink lots of water and juices.
- Begin using nicotine replacement if that is your choice.
- Attend a stop-smoking class or follow your self-help plan.
- Avoid situations where the urge to smoke is strong.
- Avoid people who are smoking.

- Reduce or avoid alcohol.
- Think about how you can change your routine. Use a different route to go to work, drink tea instead of coffee, eat breakfast in a different place, or eat different foods.

Dealing with Withdrawal

Nicotine replacement and other medicines can help reduce many of the physical symptoms of withdrawal. Most smokers find that the bigger challenge is the mental part of quitting. If you have been smoking for any length of time, smoking has become linked with nearly everything you do—waking up in the morning, eating, and drinking coffee. It will take time to “un-link” smoking from these activities, which is why, even if you are using a nicotine replacement, you may still have strong urges to smoke.

RESOURCES TO HELP YOU QUIT

Talk to your healthcare provider about the best option to help you with quitting, but know how truly important it is that you quit before your operation.

The [National Alliance for Tobacco Cessation](#) provides the latest information on how to quit smoking with its program called “Become an EX.” Proven methods to teach smokers how to quit and stay quit are provided.

The [American Lung Association](#) has information and plans like its “Freedom from Smoking” program, an online program that takes you through modules and provides you with the tools you need to quit.

The American Cancer Society has helpful detailed information and a hotline number on its website. Call the American Cancer Society at 1-800-227-2345.

Extensive help resources from government and professional associations offering quit help.

www.CDC.gov/tobacco

Support by phone or Internet including “talk to an expert.” [HYPERLINK](http://www.smokefree.gov/)
"http://www.smokefree.gov/"

Robert Wood Johnson | RWJBarnabas University Hospital HEALTH

BEFORE YOUR SURGERY....

PATIENT PRE-REGISTRATION

Thank you for choosing Robert Wood Johnson University Hospital for your healthcare needs. Pre-registering for your scheduled procedure saves you time, prevents authorization penalties, helps expedite the admissions process and ensures submission of an accurate and timely claim.

One of our Patient Access Representatives will contact you to validate demographic, insurance information and inform you of any Hospital financial responsibility such as a copay, deductible, co-insurance and/or self-pay estimate. Payments for estimated charges can be made with a Credit Card, Check or Cash prior to your service.

CONTACT US AT YOUR CONVENIENCE

- Phone:1-844-RWJ-4YOU (1-844-795-4968)
- Business Hours: Monday through Friday, 8am to 8pm.

What should I bring on the day of my visit?

Please be prepared with your insurance cards, driver's license or other photo identification and form of payment for financial responsibility. Scheduled inpatients are advised to bring a copy of their Advanced Directives or Living Will for hospital records.

BILLING PROCESS:

We will file claims to your insurance carrier(s) for services rendered. For expedited claim processing, please provide accurate insurance information. We will contact your insurance company for eligibility, benefit coverage information, coordination of benefits and authorization and referral requirements.

If you opt not to use insurance; your procedure Self-Pay hospital charge will be - _____ . Payment is due prior to the day of service. For payment or further questions, please contact us at 1-844-RWJ-4YOU (1-844-795-4968).

**The above charge is for hospital services ONLY. You will receive an extra charge for the Physician, Anesthesiologist and additional services **



ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL

Where we move from cracking open a cold soda to cracking open an egg for our protein needs.



NEW!! Bariatric Surgery MORNING Support Group
3rd Tuesday Monthly at 8am
(Starting July 19, 2016)

WHERE:

- Next to Robert Wood Johnson University Hospital New Brunswick –
- At 10 Plum Street, 3rd Floor (inside Breast Care Connection)
- New Brunswick, New Jersey, 08901

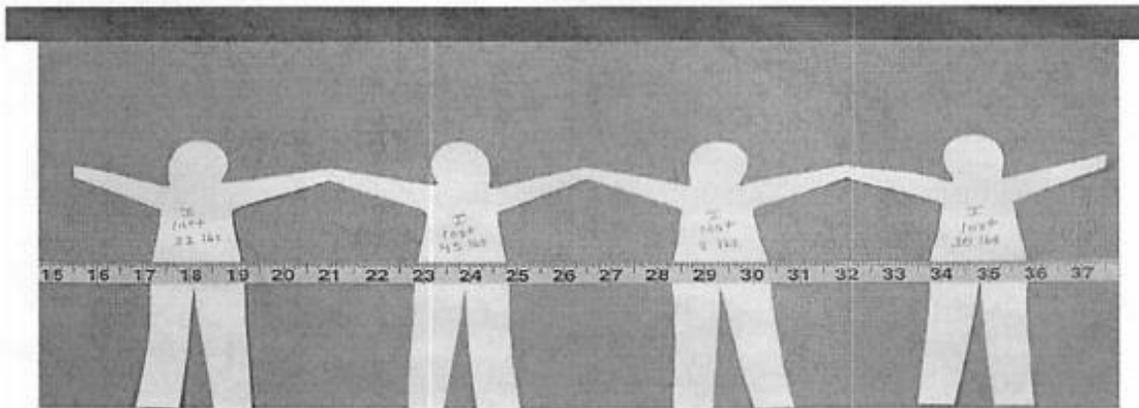
RSVP:

- bariatrics@rwjuh.edu or at 732-253-3156

WHAT:

- Support group for pre-op and post-op bariatric surgical patients

Facilitator: Kimberly Brennan, RN, BSN, CBN, BCS Bariatric Program Manager
Light breakfast to be served when available.



Why do I feel this way after I eat? Is this normal?

Any good ideas for battling my night time snacking?

Come get those answers and connect with others who have had bariatric surgery. Participate with peers for continued support and open discussion about life after surgery at our:

Bariatric Support Group

The support group meets

The 1st Tuesday of each month

7:00 to 8:30 P.M.

RWJ Fitness & Wellness Center Community Room

(Directions and parking information noted below)

Facilitators:

Kimberly Brennan, RN, BSN, CBN RWJ Bariatric Program Manager and
Bariatric Registered Dietician Please register at: bariatrics@rwjuh.edu

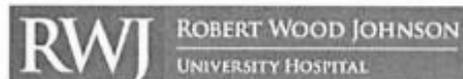
"There are no shortcuts to any place worth going"

Directions from Route 27 New Brunswick

The RWJ Fitness and Wellness Center, RWJUH Community Education Room
100 Kirkpatrick Street, New Brunswick NJ 08901

Entrance to Wellness Center Parking Deck is on Paterson St., at the corner of Joyce Kilmer Ave. & Paterson St.

Proceed on Rt 27 to Joyce Kilmer Ave (the traffic light one block south from the railroad station). Turn left onto Joyce Kilmer Ave. Go one block and turn left onto Paterson Street. The entrance to the parking deck is immediately on your left. Proceed to any parking deck level and take the elevator to floor 2. Bring your parking ticket with you. Free 3-hour parking. On floor 2 you will see the entrance to the fitness and Wellness Center. The staff at the front desk will ask you to sign in and will validate your parking ticket for free 3 hour parking. The Community Room is halfway down the hall on the right.



10 Questions to Ask Before Having an Operation

1. Why do I need this operation?
2. How will the operation be performed?
3. Are there other treatment options, and is this operation the best option for me?
4. What are the risks, benefits, and possible complications for this operation? Will my health history and the medications I am currently taking mean the risks, possible complications, and benefits will be different for me?
5. What are my anesthesia options?
 - a. What kind of anesthesia is best for me considering my health history, the prescription medications, and vitamins/herbs I take?
 - b. How will I be monitored during the operation?
6. What can I expect before the operation?
 - a. Will I need any special preparation – tests, blood donation, blood thinners, change in my routine medications?
 - b. Will I need any special diet?
 - c. When do I have to stop eating and drinking?
 - d. Should I take my home medication on the day of my operation?
7. What can I expect for my recovery in terms of treatment, medication, diet, and home care?
 - a. What type of care will I have to provide for myself at home?
 - b. When will I be able to return to my regular activities (work, lifting, driving, and exercise)?
 - c. Will I need any medication—antibiotics, pain medication?
 - d. What can I do to help with my recovery?
8. Could you tell me about your experience with this operation?
 - a. Do you perform this operation regularly?
 - b. What is your success rate, and how often do your patients experience any problems?
 - c. Are you board certified?
 - d. Are you a member of the American College of Surgeons?
 - e. How can I contact you if I have more questions?
9. Is the surgical facility accredited and properly staffed?
10. How much will the operation cost me, and what type of insurance do you take?